

**Columbia County New Building Permit Application**

ekr  
1629

<b>For Office Use Only</b>		Application # <u>44142</u>	Date Received <u>12/5/19</u>	By <u>UH</u>	Permit # <u>39095/39096</u>
Zoning Official <u>LW/CH</u>	Date <u>12-5-19</u>	Flood Zone <u>X</u>	Land Use <u>Ag</u>	Zoning <u>A-3</u>	
FEMA Map # _____	Elevation _____	MFE <u>97'</u>	River _____	Plans Examiner <u>TC</u>	Date <u>12-13-19</u>
Comments <u>See Computer Notes</u>					
<input checked="" type="checkbox"/> NOC <input checked="" type="checkbox"/> DEH <input checked="" type="checkbox"/> Deed or PA <input type="checkbox"/> Site Plan <input type="checkbox"/> State Road Info <input checked="" type="checkbox"/> Well letter <input type="checkbox"/> 911 Sheet <input type="checkbox"/> Parent Parcel # _____ <input type="checkbox"/> Dev Permit # <u>19-0898</u> <input type="checkbox"/> In Floodway <input checked="" type="checkbox"/> Letter of Auth. from Contractor <input type="checkbox"/> F W Comp. letter <input type="checkbox"/> Owner Builder Disclosure Statement <input type="checkbox"/> Land Owner Affidavit <input type="checkbox"/> Ellisville Water <input checked="" type="checkbox"/> App Fee Paid <input checked="" type="checkbox"/> Sub VF Form					

Septic Permit No. \_\_\_\_\_ OR City Water ☐ Fax \_\_\_\_\_

Applicant (Who will sign/pickup the permit) JoAnn T Lev Phone 941-713-4497

Address 1804 SW Wester Dr, Lake City, FL 32024

Owners Name Peter L & JoAnn T Lev Phone 941-713-4497

911 Address 570 SE Holly Terrace, Lake City, FL 32025

Contractors Name JoAnn T Lev, Exceptions Realty, LLC Phone 941-713-4497

Address 1804 SW Wester Dr, Lake City, FL 32024

Contractor Email anna@exceptionsrealty.com \*\*\*Include to get updates on this job.

Fee Simple Owner Name & Address Peter L & JoAnn T Lev 1804 SW Wester Dr, Lake City, FL 32024

Bonding Co. Name & Address N/A

Architect/Engineer Name & Address Will Myers, WM Design 426 SW Commerce Dr, Lake City, FL 32025

Mortgage Lenders Name & Address N/A

Circle the correct power company ☐ FL Power & Light ☒ Clay Elec. ☐ Suwannee Valley Elec. ☐ Duke Energy

Property ID Number 08631-103 Estimated Construction Cost 175000

Subdivision Name Creek Run Plantation Lot 3 Block \_\_\_\_\_ Unit \_\_\_\_\_ Phase \_\_\_\_\_

Driving Directions from a Major Road US 41 to CR 252 to right on Holly Terrace. Lot is on the right

Construction of single family residence \_\_\_\_\_ Commercial OR ☒ Residential

Proposed Use/Occupancy Residential Number of Existing Dwellings on Property 0

Is the Building Fire Sprinkled? NO If Yes, blueprints included \_\_\_\_\_ Or Explain \_\_\_\_\_

Circle Proposed ☒ Culvert Permit or ☐ Culvert Waiver or ☐ D.O.T. Permit or ☐ Have an Existing Drive

Actual Distance of Structure from Property Lines - Front 71 Side 122 Side 60 Rear 454

Number of Stories 1 Heated Floor Area 1683 Total Floor Area 2339 Acreage 5

Zoning Applications applied for (Site & Development Plan, Special Exception, etc.) N/A

**Columbia County Building Permit Application**

**CODE: Florida Building Code 2017 and the 2014 National Electrical Code.**

Application is hereby made to obtain a permit to do work and installations as indicated. I certify that no work or installation has commenced prior to the issuance of a permit and that all work be performed to meet the standards of all laws regulating construction in this jurisdiction.

**TIME LIMITATIONS OF APPLICATION :** An application for a permit for any proposed work shall be deemed to have been abandoned 180 days after the date of filing, unless pursued in good faith or a permit has been issued.

**TIME LIMITATIONS OF PERMITS:** Every permit issued shall become invalid unless the work authorized by such permit is commenced within 180 days after its issuance, or if the work authorized by such permit is suspended or abandoned for a period of 180 days after the time work is commenced. A valid permit receives an approved inspection every 180 days. Work shall be considered not suspended, abandoned or invalid when the permit has received an approved inspection within 180 days of the previous approved inspection.

**FLORIDA'S CONSTRUCTION LIEN LAW: Protect Yourself and Your Investment:** According to Florida Law, those who work on your property or provide materials, and are not paid-in-full, have a right to enforce their claim for payment against your property. This claim is known as a construction lien. If your contractor fails to pay subcontractors or material suppliers or neglects to make other legally required payments, the people who are owed money may look to your property for payment, even if you have paid your contractor in full. This means if a lien is filed against your property, it could be sold against your will to pay for labor, materials or other services which your contractor may have failed to pay.

**NOTICE OF RESPONSIBILITY TO CONTRACTOR AND AGENT:** **YOU ARE HEREBY NOTIFIED** as the recipient of a building permit from Columbia County, Florida, you will be held responsible to the County for any damage to sidewalks and/or road curbs and gutters, concrete features and structures, together with damage to drainage facilities, removal of sod, major changes to lot grades that result in ponding of water, or other damage to roadway and other public infrastructure facilities caused by you or your contractor, subcontractors, agents or representatives in the construction and/or improvement of the building and lot for which this permit is issued. No certificate of occupancy will be issued until all corrective work to these public infrastructures and facilities has been corrected.

**WARNING TO OWNER:** YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOU PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT.

**OWNERS CERTIFICATION:** I CERTIFY THAT ALL THE FOREGOING INFORMATION IS ACCURATE AND THAT ALL WORK WILL BE DONE IN COMPLIANCE WITH ALL APPLICABLE LAWS REGULATING CONSTRUCTION AND ZONING.

**NOTICE TO OWNER:** There are some properties that may have deed restrictions recorded upon them. These restrictions may limit or prohibit the work applied for in your building permit. You must verify if your property is encumbered by any restrictions or face possible litigation and or fines.

JoAnn T Lev

Print Owners Name

Owners Signature

**\*\*Property owners must sign here before any permit will be issued.**

**\*\*If this is an Owner Builder Permit Application then, ONLY the owner can sign the building permit when it is issued.**

**CONTRACTORS AFFIDAVIT:** By my signature I understand and agree that I have informed and provided this written statement to the owner of all the above written responsibilities in Columbia County for obtaining this Building Permit including all application and permit time limitations.

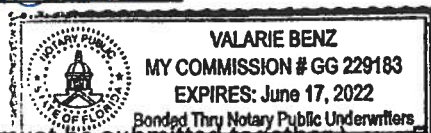
Contractor's Signature

Contractor's License Number CRC1329719  
Columbia County  
Competency Card Number 002216

Affirmed under penalty of perjury to by the Contractor and subscribed before me this 5th day of December 2019.  
Personally known ☐ or Produced Identification Drivers License

State of Florida Notary Signature (For the Contractor)

SEAL:



# SUBCONTRACTOR VERIFICATION

APPLICATION/PERMIT # 44142 JOB NAME 570 SE Holly Terrace

**THIS FORM MUST BE SUBMITTED BEFORE A PERMIT WILL BE ISSUED**

Columbia County issues combination permits. One permit will cover all trades doing work at the permitted site. It is **REQUIRED** that we have records of the subcontractors who actually did the trade specific work under the general contractors permit.

**NOTE:** It shall be the responsibility of the general contractor to make sure that all of the subcontractors are licensed with the Columbia County Building Department.

Use website to confirm licenses: <http://www.columbiacountyfla.com/PermitSearch/ContractorSearch.aspx>

**NOTE:** If this should change prior to completion of the project, it is your responsibility to have a corrected form submitted to our office, before that work has begun.

Violations will result in stop work orders and/or fines.

<b>ELECTRICAL</b> <input checked="" type="checkbox"/>	Print Name <u>Dennis Conklin</u> Signature <u>[Signature]</u> Company Name: <u>D&amp;S Lighting, Inc</u> License #: <u>EC13003800</u> Phone #: <u>386-755-5255</u>	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
<b>MECHANICAL/A/C</b> <input checked="" type="checkbox"/>	Print Name _____ Signature _____ Company Name: <u>Franks &amp; Lane Heating and Air, LLC</u> License #: <u>CAC1818631</u> Phone #: <u>386-466-7514</u>	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
<b>PLUMBING/GAS</b> <input checked="" type="checkbox"/>	Print Name _____ Signature _____ Company Name: <u>Barrs Plumbing, Inc</u> License #: <u>CFC1427145</u> Phone #: <u>386-752-8656</u>	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
<b>ROOFING</b> <input checked="" type="checkbox"/>	Print Name _____ Signature _____ Company Name: <u>Mac Johnson Roofing, Inc</u> License #: <u>CCC1325497</u> Phone #: <u>352-472-4943</u>	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
<b>SHEET METAL</b> <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
<b>FIRE SYSTEM/SPRINKLER</b> <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
<b>SOLAR</b> <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
<b>STATE SPECIALTY</b> <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE

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<b>ELECTRICAL</b> <input checked="" type="checkbox"/>	Print Name _____ Signature _____ Company Name: <u>D&amp;S Lighting, Inc</u> License #: <u>EC13003800</u> Phone #: <u>386-755-5255</u> CC# <u>000871</u>	<u>Need</u> Lic _____ Liab _____ W/C _____ EX _____ DE _____
<b>MECHANICAL/A/C</b> <input checked="" type="checkbox"/>	Print Name <u>Anthony Franks</u> Signature <u>[Signature]</u> Company Name: <u>Franks &amp; Lane Heating and Air, LLC</u> License #: <u>CAC1818631</u> Phone #: <u>386-466-7514</u> CC# <u>002024</u>	<u>Need</u> Lic _____ Liab _____ W/C _____ EX _____ DE _____
<b>PLUMBING/GAS</b> <input checked="" type="checkbox"/>	Print Name _____ Signature _____ Company Name: <u>Barrs Plumbing, Inc</u> License #: <u>CFC1427145</u> Phone #: <u>386-752-8656</u> CC# <u>000715</u>	<u>Need</u> Lic _____ Liab _____ W/C _____ EX _____ DE _____
<b>ROOFING</b> <input checked="" type="checkbox"/>	Print Name _____ Signature _____ Company Name: <u>Mac Johnson Roofing, Inc</u> License #: <u>CCC1325497</u> Phone #: <u>352-472-4943</u> CC# <u>001129</u>	<u>Need</u> Lic _____ Liab _____ W/C _____ EX _____ DE _____
<b>SHEET METAL</b> <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____ CC# _____	<u>Need</u> Lic _____ Liab _____ W/C _____ EX _____ DE _____
<b>FIRE SYSTEM/SPRINKLER</b> <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____ CC# _____	<u>Need</u> Lic _____ Liab _____ W/C _____ EX _____ DE _____
<b>SOLAR</b> <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____ CC# _____	<u>Need</u> Lic _____ Liab _____ W/C _____ EX _____ DE _____
<b>STATE SPECIALTY</b> <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____ CC# _____	<u>Need</u> Lic _____ Liab _____ W/C _____ EX _____ DE _____

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<b>MECHANICAL/A/C</b> <input checked="" type="checkbox"/> <b>CC#</b> 002024	Print Name _____ Signature _____ Company Name: <u>Franks &amp; Lane Heating and Air, LLC</u> License #: <u>CAC1818631</u> Phone #: <u>386-466-7514</u>	<b>Need</b> <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
<b>PLUMBING/GAS</b> <input checked="" type="checkbox"/> <b>CC#</b> 000715	Print Name <u>Cody Barrs</u> Signature <u>Cody Barrs</u> Company Name: <u>Barrs Plumbing, Inc</u> License #: <u>CFC1427145</u> Phone #: <u>386-752-8656</u>	<b>Need</b> <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
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<b>ROOFING</b> <input checked="" type="checkbox"/> CC# <u>001129</u>	Print Name <u>Dana Johnson</u> Signature <u>[Signature]</u> Company Name: <u>Mac Johnson Roofing, Inc</u> License #: <u>CCC1325497</u> Phone #: <u>352-472-4943</u>	<b>Need</b> <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
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# NOTICE OF COMMENCEMENT

Tax Parcel Identification Number:

21-4S-17-08631-103

Clerk's Office Stamp

Inst: 201912025729 Date: 11/04/2019 Time: 12:32PM  
Page 1 of 1 B: 1397 P: 2743. P. DeWitt Cason, Clerk of Court  
Columbia County, By: PT  
Deputy Clerk

THE UNDERSIGNED hereby gives notice that improvements will be made to certain real property, and in accordance with Section 713.13 of the Florida Statutes, the following information is provided in this NOTICE OF COMMENCEMENT.

1. Description of property (legal description): LOT 3 CREEK RUN PLANTATION S/D WD 1386-572  
a) Street (job) Address: 570 SE Holly Terrace, Lake City, Florida, 32025
2. General description of improvements: Construction of a single family Home
3. Owner Information or Lessee information if the Lessee contracted for the improvements:  
a) Name and address: Peter L Lev & JoAnn T Lev  
b) Name and address of fee simple titleholder (if other than owner): \_\_\_\_\_  
c) Interest in property: Owners
4. Contractor Information  
a) Name and address: JoAnn T Lev, 160 SW Merciful Place, FT White, FL 32038  
b) Telephone No.: 941-713-4497
5. Surety Information (if applicable, a copy of the payment bond is attached):  
a) Name and address: N/A  
b) Amount of Bond: \_\_\_\_\_  
c) Telephone No.: \_\_\_\_\_
6. Lender  
a) Name and address: N/A  
b) Phone No.: \_\_\_\_\_
7. Person within the State of Florida designated by Owner upon whom notices or other documents may be served as provided by Section 713.13(1)(a)7., Florida Statutes:  
a) Name and address: JoAnn T Lev, 160 SW Merciful Place, FT White, FL 32038  
b) Telephone No.: 941-713-4497
8. In addition to himself or herself, Owner designates the following person to receive a copy of the Lienor's Notice as provided in Section 713.13(1)(b), Florida Statutes:  
a) Name: N/A OF \_\_\_\_\_  
b) Telephone No.: \_\_\_\_\_
9. Expiration date of Notice of Commencement (the expiration date will be 1 year from the date of recording unless a different date is specified): \_\_\_\_\_

**WARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713.13, FLORIDA STATUTES, AND CAN RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY; A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.**

STATE OF FLORIDA  
COUNTY OF COLUMBIA

*Sarasota*

10. 

Signature of Owner or Lessee, or Owner's or Lessee's Authorized Office/Director/Partner/Manager

JoAnn T Lev

Printed Name and Signatory's Title/Office

The foregoing instrument was acknowledged before me, a Florida Notary, this 1 day of November, 2019, by:

JoAnn T. Lev as Owner for Owner  
(Name of Person) (Type of Authority) (name of party on behalf of whom instrument was executed)

Personally Known ☐ OR Produced Identification ☒ Type Drivers Lic

Notary Signature



Notary Stamp or Seal:



After Recording Return to  
Heather Parker  
Stewart Title Company  
101 Riverfront Blvd, Suite 180  
Bradenton, FL 34205

This Instrument Prepared by  
Heather Parker  
Stewart Title Company  
101 Riverfront Blvd, Suite 180  
Bradenton, FL 34205  
as a necessary incident to the fulfillment of conditions  
contained in a title insurance commitment issued by it

Property Appraisers Parcel I D (Folio) Number(s)  
214S1708631103  
File No 424518

## WARRANTY DEED

This Warranty Deed, Made the 10 day of June, 2019, by Peter W. Giebeig, a single man, whose post office address is: 839 SW State Road 247, Lake City, FL 32025, hereinafter called the "Grantor", to Peter L. Lev and JoAnn T. Lev, husband and wife, whose post office address is: 4166 Central Sarasota Parkway #533, Sarasota, FL 34238, hereinafter called the "Grantee".

**WITNESSETH:** That said Grantor, for and in consideration of the sum of **Thirty Six Thousand Nine Hundred Fifty Dollars and No Cents (\$36,950.00)** and other valuable considerations, receipt whereof is hereby acknowledged, hereby grants, bargains, sells, aliens, remises, releases, conveys and confirms unto the Grantee, all that certain land situate in **Columbia County, Florida**, to wit:

Lot 3, CREEK RUN PLANTATION, according to the Plat thereof, recorded in Plat Book 9, Pages 55 and 56, of the Public Records of Columbia County, Florida

The property is not the homestead of the Grantor(s) under the laws and constitution of the state of Florida in that neither Grantor(s) or any member of the household of Grantor(s) reside thereon.

**TOGETHER** with all the tenements, hereditaments and appurtenances thereto belonging or in anywise appertaining.

**To Have and to Hold**, the same in fee simple forever.

**And** the Grantor hereby covenants with said Grantee that the Grantor is lawfully seized of said land in fee simple; that the Grantor has good right and lawful authority to sell and convey said land; that the Grantor hereby fully warrants the title to said land and will defend the same against the lawful claims of all persons whomsoever; and that said land is free of all encumbrances, except taxes accruing subsequent to December 31, 2018, reservations, restrictions and easements of record, if any.

*(The terms "Grantor" and "Grantee" herein shall be construed to include all genders and singular or plural as the context indicates)*

**IN WITNESS WHEREOF**, Grantor has hereunto set Grantor's hand and seal the day and year first above written

SIGNED IN THE PRESENCE OF THE FOLLOWING WITNESSES  
**TWO SEPARATE DISINTERESTED WITNESSES REQUIRED**

Witness Signature: Donald Shingert

Printed Name: Donald Shingert

Peter W. Giebeig

Witness Signature: Karin Miller

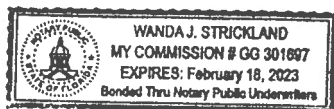
Printed Name: Karin Miller

State of Florida  
County of Columbia

The foregoing instrument was acknowledged before me this 24 day of May, 2019 by **Peter W. Giebeig, a single man**, who has produced driver license(s) as identification.

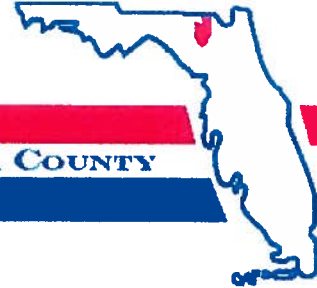
Wanda J. Strickland  
Notary Public Signature  
Printed Name: Wanda J. Strickland

My Commission Expires: 02-18-2023  
(SEAL)





District No. 1 - Ronald Williams  
District No. 2 - Rocky Ford  
District No. 3 - Bucky Nash  
District No. 4 - Toby Witt  
District No. 5 - Tim Murphy



**BOARD OF COUNTY COMMISSIONERS • COLUMBIA COUNTY**

**Address Assignment and Maintenance Document**

To maintain the county wide Addressing Policy you must make application for a 9-1-1 Address at the time you apply for a building permit. The established standards for addressing and posting numbers to all principal buildings, dwellings, businesses and industries are contained in Columbia County Ordinance 2001-9. The addressing system is to enable Emergency Services Agencies to locate you in an emergency, and to assist the United States Postal Service and the public in the timely and efficient provision of services to residents and businesses of Columbia County

Date/Time Issued: **9/18/2019 4:12:25 PM**

Address: **570 SE HOLLY Ter**

City: **LAKE CITY**

State: **FL**

Zip Code **32025**

Parcel ID **08631-103**

REMARKS: Address for proposed structure on parcel.

**NOTICE: THIS ADDRESS WAS ISSUED BASED ON LOCATION AND ACCESS INFORMATION RECEIVED FROM THE REQUESTER. SHOULD, AT A LATER DATE, THE LOCATION AND/OR ACCESS INFORMATION BE FOUND TO BE IN ERROR OR CHANGED, THIS ADDRESS IS SUBJECT TO CHANGE.**

Address Issued By: **Signed:/ Matt Crews**

Columbia County GIS/911 Addressing Coordinator

**COLUMBIA COUNTY  
911 ADDRESSING / GIS DEPARTMENT**

**263 NW Lake City Ave., Lake City, FL 32055 Telephone: (386) 758-1125  
Email: [gis@columbiacountyfla.com](mailto:gis@columbiacountyfla.com)**

Legend

Water Lines  
/ Others  
/ CANAL / DITCH  
/ CREEK  
/ STREAM / RIVER  
LidarElevations

Columbia County, FLA - Building & Zoning Property Map

Printed: Mon Dec 16 2019 16:57:36 GMT-0500 (Eastern Standard Time)



Parcel Information

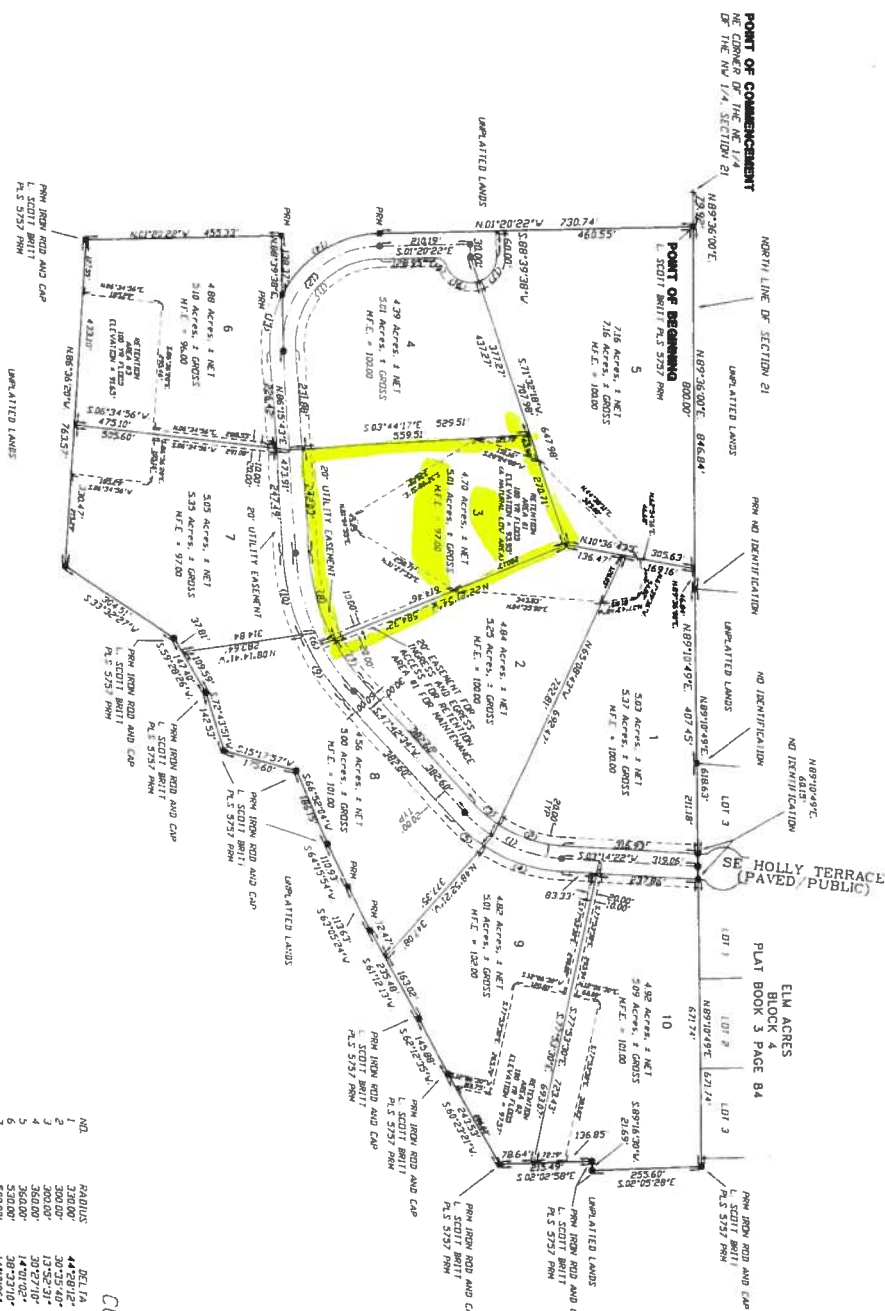
Parcel No: 21-4S-17-08631-103  
Owner: GIEBEIG PETER W  
Subdivision:  
Lot: 3  
Acres: 4.71192074  
Deed Acres: 4.7 Ac  
District: District 4 Toby Witt  
Future Land Uses: Agriculture - 3  
Flood Zones:  
Official Zoning Atlas: A-3

Roads  
Roads  
others  
Dirt  
Interstate  
Main  
Other  
Paved  
Private  
2018Aerials

All data, information, and maps are provided "as is" without warranty or any representation of accuracy, timeliness of completeness. Columbia County, FL makes no warranties, express or implied, as to the use of the information obtained here. There are no implied warranties of merchantability or fitness for a particular purpose. The requester acknowledges and accepts all limitations, including the fact that the data, information, and maps are dynamic and in a constant state of maintenance, and update.

## COLUMBIA COUNTY, FLORIDA

PLAT BOOK 9  
PAGES 56  
SHEET 2 OF 2



CURVE TABLE

NO.	ARC	TANGENT	CHORD	CURVED BEARING
1	33.00°	134.91'	249.75'	55.29°28'10"
2	35.00°	138.54'	264.25'	56.50°28'10"
3	36.00°	142.52'	276.45'	57.46°18'10"
4	36.00°	147.00'	286.50'	58.12°57'10"
5	36.00°	151.88'	294.75'	58.46°03'10"
6	36.00°	157.00'	301.50'	58.46°03'10"
7	35.00°	162.44'	306.75'	58.12°57'10"
8	33.00°	168.18'	310.88'	57.46°18'10"
9	30.00°	174.25'	313.91'	55.29°28'10"
10	25.00°	181.64'	315.93'	52.54°47'10"
11	20.00°	190.37'	316.98'	50.00°00'00"
12	15.00°	199.50'	317.07'	47.46°18'10"
13	10.00°	209.00'	316.25'	45.00°00'00"
14	5.00°	218.88'	314.50'	42.54°47'10"
15	0.00°	229.00'	311.81'	40.00°00'00"
16	6.00°	239.37'	308.25'	37.46°18'10"
17	12.00°	249.75'	303.81'	35.00°00'00"
18	18.00°	260.25'	298.50'	32.54°47'10"
19	24.00°	270.81'	292.37'	30.00°00'00"
20	30.00°	281.50'	285.35'	27.46°18'10"
21	36.00°	292.25'	277.50'	25.00°00'00"
22	42.00°	303.00'	268.75'	22.54°47'10"
23	48.00°	313.75'	259.13'	20.00°00'00"
24	54.00°	324.50'	248.64'	17.46°18'10"
25	60.00°	335.25'	237.31'	15.00°00'00"
26	66.00°	346.00'	225.00'	12.54°47'10"
27	72.00°	356.75'	211.81'	10.00°00'00"
28	78.00°	367.50'	200.00'	7.46°18'10"
29	84.00°	378.25'	187.50'	5.00°00'00"
30	90.00°	389.00'	174.25'	2.54°47'10"
31	96.00°	399.75'	160.00'	0.00°00'00"
32	102.00°	410.50'	144.75'	2.54°47'10"
33	108.00°	421.25'	128.50'	5.00°00'00"
34	114.00°	432.00'	111.25'	7.46°18'10"
35	120.00°	442.75'	93.00'	10.00°00'00"
36	126.00°	453.50'	73.75'	12.54°47'10"
37	132.00°	464.25'	53.50'	15.00°00'00"
38	138.00°	475.00'	32.25'	17.46°18'10"
39	144.00°	485.75'	10.00'	20.00°00'00"
40	150.00°	496.50'	-12.25'	22.54°47'10"
41	156.00°	507.25'	-34.00'	25.00°00'00"
42	162.00°	518.00'	-54.25'	27.46°18'10"
43	168.00°	528.75'	-73.00'	30.00°00'00"
44	174.00°	539.50'	-89.25'	32.54°47'10"
45	180.00°	550.25'	-104.00'	35.00°00'00"
46	186.00°	561.00'	-117.25'	37.46°18'10"
47	192.00°	571.75'	-129.00'	40.00°00'00"
48	198.00°	582.50'	-139.25'	42.54°47'10"
49	204.00°	593.25'	-148.00'	45.00°00'00"
50	210.00°	604.00'	-155.25'	47.46°18'10"
51	216.00°	614.75'	-161.00'	50.00°00'00"
52	222.00°	625.50'	-165.25'	52.54°47'10"
53	228.00°	636.25'	-168.00'	55.00°00'00"
54	234.00°	647.00'	-169.25'	57.46°18'10"
55	240.00°	657.75'	-169.00'	60.00°00'00"
56	246.00°	668.50'	-167.25'	62.54°47'10"
57	252.00°	679.25'	-164.00'	65.00°00'00"
58	258.00°	690.00'	-158.25'	67.46°18'10"
59	264.00°	700.75'	-150.00'	70.00°00'00"

5. Y M B E L E M E N D  
 FIVE ELEMENT REFERENCE MONUMENT  
 PLS PROFESSIONAL LAND SURVEYOR  
 & CENTERLINE  
 4"X4 CONCRETE MONUMENT  
 H/E MINIMUM FLOOD ELEVATION  
 TYPE TYPICAL  
 PERMANENT CONTROL POINT

UNLESS OTHERWISE SHOWN HEREON ALL CORNERS  
 MONUMENT HEREON ARE L.S. BRITTS PLS 893752

DEVELOPER:  
PETER V GILBERT  
386-752-7968  
P.O. BOX 1384  
LAKE CITY, IL 60046

PROJECT ENGINEER  
HLEY HAWKINS  
6055 S. FLIM CHURCH ROAD  
FORT WHITE, FL 32038  
Contact Arnold Terry  
(386) 755-2795  
(386) 797-6491  
(386) 503-2354 ext. 1.

NOTE: THIS PLAT AS RECORDED IN ITS GRAPHICAL FORM, IS THE OFFICIAL DEPICTION OF THE SUBDIVIDED LANDS DESCRIBED IN HEREIN AND WILL IN NO CIRCUMSTANCES BE SUPPLANTED IN AUTHORITY BY OTHER GRAPHICAL OR DIGITAL FORM OF THE PLAT. THERE MAY BE ADDITIONAL RESTRICTIONS THAT ARE NOT RECORDED ON THIS PLAT THAT MAY BE FOUND IN THE PUBLIC RECORDS OF THIS COUNTY.



BRITT SURVEYING

1426 WEST DUVAL STREET  
LAKE CITY, FLORIDA 32055  
TEL: (386) 552-7163 FAX: (386) 752-5573  
WORK ORDER # L-17077



COLUMBIA COUNTY BUILDING DEPARTMENT  
135 NE Hernando Ave, Suite B-21, Lake City, FL 32055  
Phone: 386-758-1008 Fax: 386-758-2160

Already  
on file  
2216

### LETTER OF AUTHORIZATION TO SIGN FOR PERMITS

I, JoAnn T Lev (license holder name), licensed qualifier  
for Exceptions Realty, LLC (company name), do certify that  
the below referenced person(s) listed on this form is/are contracted/hired by me, the license  
holder, or is/are employed by me directly or through an employee leasing arrangement; or, is an  
officer of the corporation; or, partner as defined in Florida Statutes Chapter 468, and the said  
person(s) is/are under my direct supervision and control and is/are authorized to purchase  
permits, call for inspections and sign on my behalf.

Printed Name of Person Authorized	Signature of Authorized Person
1. Peter L Lev	1.
2. James Hickmon	2.
3.	3.
4.	4.
5.	5.

I, the license holder, realize that I am responsible for all permits purchased, and all work done  
under my license and fully responsible for compliance with all Florida Statutes, Codes, and  
Local Ordinances. I understand that the State and County Licensing Boards have the power and  
authority to discipline a license holder for violations committed by him/her, his/her agents,  
officers, or employees and that I have full responsibility for compliance with all statutes, codes  
and ordinances inherent in the privilege granted by issuance of such permits.

If at any time the person(s) you have authorized is/are no longer agents, employee(s), or  
officer(s), you must notify this department in writing of the changes and submit a new letter of  
authorization form, which will supersede all previous lists. Failure to do so may allow  
unauthorized persons to use your name and/or license number to obtain permits.

License Holders Signature (Notarized)

CRC1329719

License Number

12-5-19  
Date

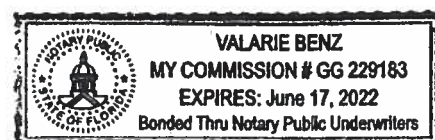
#### NOTARY INFORMATION:

STATE OF: Florida COUNTY OF: Columbia

The above license holder, whose name is JoAnn T. Lev,  
personally appeared before me and is known by me or has produced identification  
(type of I.D.) Drivers License on this 5th day of December, 20 19.

NOTARY'S SIGNATURE

(Seal/Stamp)







# STATE OF FLORIDA PERMIT APPLICATION TO CONSTRUCT, REPAIR, MODIFY, OR ABANDON A WELL

PLEASE, FILL OUT ALL APPLICABLE FIELDS  
(\* Denotes Required Fields Where Applicable)  
The water well contractor is responsible for completing this form and forwarding the permit application to the appropriate delegated authority where applicable.

Permit No:	3-023-235921-1		
Florida Unique ID			
Permit Stipulations Required (See Attached)			
62-524 Quad No.	5021SW	Delination No	
CUP/WUP Application No.			
ABOVE THIS LINE FOR OFFICIAL USE ONLY			

1. Lev Peter	160 SW Merciful PI	Ft. White	FL	32038	555555555
*Owner, Legal Name if Corporation	*Address	*City	*State	*Zip	*Telephone Number
2. SE Holly Terrace, Lake City, FL 32025					
*Well Location - Address, Road Name or Number, City					
3. 21-4S-17-08631-103					
*Parcel ID No. (PIN) or Alternate Key (Circle One)			Lot	Block	Unit
4. 21	4S	17E	Columbia		
*Section or Land Grant	*Township	*Range	*County	Subdivision	Check if 62-524: Yes <input checked="" type="checkbox"/> No
5. WILLIAM SHULER	5002	3863306099	cassieshuler@gmail.com		
*Water Well Contractor	*License Number	*Telephone Number	E-mail Address		
6. 19288 127TH DR	OBRIEN	FL	32071		
*Water Well Contractor's Address	*City	*State	ZIP		
7. *Type of Work: <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Repair <input type="checkbox"/> Modification <input type="checkbox"/> Abandonment					
Reason for Repair, Modification, or Abandonment					
8. *Number of Proposed Wells 1					
9. *Specify Intended Use(s) of Well(s):					
<input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Landscape Irrigation <input type="checkbox"/> Agricultural Irrigation <input type="checkbox"/> Site Investigation <input type="checkbox"/> Bottled Water Supply <input type="checkbox"/> Recreation Area Irrigation <input type="checkbox"/> Livestock <input type="checkbox"/> Monitoring <input type="checkbox"/> Public Water Supply (Limited Use/DOH) <input type="checkbox"/> Nursery Irrigation <input type="checkbox"/> Test <input type="checkbox"/> Public Water Supply (Community or Non-Community/DEP) <input type="checkbox"/> Commercial/Industrial <input type="checkbox"/> Earth-Coupled Geothermal <input type="checkbox"/> Class I Injection <input type="checkbox"/> Golf Course Irrigation <input type="checkbox"/> HVAC Supply <input type="checkbox"/> Class V Injection: <input type="checkbox"/> Recharge <input type="checkbox"/> Commercial/Industrial Disposal <input type="checkbox"/> Aquifer Storage and Recovery <input type="checkbox"/> Drainage <input type="checkbox"/> Remediation: <input type="checkbox"/> Recovery <input type="checkbox"/> Air Sparge <input type="checkbox"/> Other (Describe) _____ Other (Describe) _____ (Note: Not all types of wells are permitted by a given permitting authority)					
10. *Distance from Septic System if $\leq 200$ ft. <input checked="" type="checkbox"/> > 200 ft. 11. Facility Description Vacant Residential 12. Estimated Start Date					
13. *Estimated Well Depth 120 ft. *Estimated Casing Depth 80 ft. *Primary Casing Diameter 4 in. Open Hole: From 80 To 120 ft					
14. Estimated Screen Interval: From _____ To _____ ft.					
15. *Primary Casing Material: <input type="checkbox"/> Black Steel <input type="checkbox"/> Galvanized <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Stainless Steel					
<input type="checkbox"/> Not Cased <input type="checkbox"/> Other: _____					
16. Secondary Casing: <input type="checkbox"/> Telescope Casing <input type="checkbox"/> Liner <input type="checkbox"/> Surface Casing Diameter _____ in.					
17. Secondary Casing Material: <input type="checkbox"/> Black Steel <input type="checkbox"/> Galvanized <input type="checkbox"/> PVC <input type="checkbox"/> Stainless Steel <input type="checkbox"/> Other					
18. *Method of Construction, Repair, or Abandonment: <input type="checkbox"/> Auger <input type="checkbox"/> Cable Tool <input type="checkbox"/> Jetted <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Sonic					
<input type="checkbox"/> Combination (Two or More Methods) <input type="checkbox"/> Hand Driven (Well Point, Sand Point) <input type="checkbox"/> Hydraulic Point (Direct Push)					
<input type="checkbox"/> Horizontal Drilling <input type="checkbox"/> Plugged by Approved Method <input type="checkbox"/> Other (Describe) _____					
19. Proposed Grouting Interval for the Primary, Secondary, and Additional Casing:					
From 0 To 55 Seal Material ( <input type="checkbox"/> Bentonite <input type="checkbox"/> Neat Cement <input checked="" type="checkbox"/> Other Cement )					
From 55 To 80 Seal Material ( <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Neat Cement <input type="checkbox"/> Other )					
From _____ To _____ Seal Material ( <input type="checkbox"/> Bentonite <input type="checkbox"/> Neat Cement <input type="checkbox"/> Other )					
From _____ To _____ Seal Material ( <input type="checkbox"/> Bentonite <input type="checkbox"/> Neat Cement <input type="checkbox"/> Other )					
20. Indicate total number of existing wells on site _____ List number of existing unused wells on site _____					
21. *Is this well or any existing well or water withdrawal on the owner's contiguous property covered under a Consumptive/Water Use Permit (CUP/WUP) or CUP/WUP Application? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, complete the following: CUP/WUP No. _____ District Well ID No. 137562					
22. Latitude 300755.1928 Longitude 823652.0596					
23. Data Obtained From: <input type="checkbox"/> GPS <input checked="" type="checkbox"/> Map <input type="checkbox"/> Survey Datum: <input type="checkbox"/> NAD 27 <input checked="" type="checkbox"/> NAD 83 <input type="checkbox"/> WGS 84					
I hereby certify that I will comply with the applicable rules of Title 40, Florida Administration Code, and that a water use permit or artificial recharge permit, if needed, has been or will be obtained prior to commencement of well construction. I further certify that information provided in this application is accurate and that I will obtain necessary approval from other federal, state, or local governments, if applicable. I agree to provide a well completion report to the District within 30 days after completion of the construction, repair, modification, or abandonment authorized by this permit, or the permit expiration, whichever occurs first.					
WILLIAM SHULER		5002	WILLIAM SHULER		12/03/2019
*Signature of Contractor		*License No.	*Signature of Owner or Agent		Date
BELOW THIS LINE - FOR OFFICIAL USE ONLY					
Approval Granted By <u>Stefani Weeks</u> Issue Date 12/03/2019 Expiration Date 03/02/2020 Hydrologist Approval _____					
Fee Received \$ 40 Receipt No. 137657 Check No. OnLine-023894-264126					
THIS PERMIT IS NOT VALID UNTIL PROPERLY SIGNED BY AUTHORIZED OFFICER OR REPRESENTATIVE OF THE WMD OR DELEGATED AUTHORITY. THE PERMIT SHALL BE AVAILABLE AT THE WELL SITE DURING ALL CONSTRUCTION, MODIFICATION, OR ABANDONMENT ACTIVITIES.					





STATE OF FLORIDA  
DEPARTMENT OF HEALTH  
ONSITE SEWAGE TREATMENT AND DISPOSAL  
SYSTEM  
APPLICATION FOR CONSTRUCTION PERMIT

PERMIT NO. 19-0898  
DATE PAID: 12/10/19  
FEE PAID: 31000  
RECEIPT #: AP/456466

## APPLICATION FOR:

☒ New System ☐ Existing System ☐ Holding Tank ☐ Innovative  
☐ Repair ☐ Abandonment ☐ Temporary ☐

APPLICANT: Bann LevAGENT: Robert W. Ford Jr. North Florida SepticTELEPHONE: 755-10372MAILING ADDRESS: 741 SE State Rd 100 Lake City, FL 32025

TO BE COMPLETED BY APPLICANT OR APPLICANT'S AUTHORIZED AGENT. SYSTEMS MUST BE CONSTRUCTED BY A PERSON LICENSED PURSUANT TO 489.105(3)(m) OR 489.552, FLORIDA STATUTES. IT IS THE APPLICANT'S RESPONSIBILITY TO PROVIDE DOCUMENTATION OF THE DATE THE LOT WAS CREATED OR PLATTED (MM/DD/YY) IF REQUESTING CONSIDERATION OF STATUTORY GRANDFATHER PROVISIONS.

## PROPERTY INFORMATION

LOT: 3 BLOCK: — SUBDIVISION: Creek Run Plantation PLATTED: 4/1/08PROPERTY ID # 21-45-17-08631-103 ZONING: SE I/M OR EQUIVALENT: ☐ Y ☒ NPROPERTY SIZE: 4.7 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐  $\leq 2000$  GPD ☐  $> 2000$  GPDIS SEWER AVAILABLE AS PER 381.0065, FS? ☒ Y ☐ N DISTANCE TO SEWER: — FTPROPERTY ADDRESS: 468 SE Holly Terrace Lake City, FL 32025DIRECTIONS TO PROPERTY: 441 South to CE 252 +/L head to Holly Terr +/R to site on (P)

## BUILDING INFORMATION

☒ RESIDENTIAL ☐ COMMERCIAL

Unit No	Type of Establishment	No. of Bedrooms	Building Area Sqft	Commercial/Institutional System Design Table 1, Chapter 64E-6, FAC
1	<u>New home</u>	<u>3</u>	<u>1683</u>	
2				
3				
4				

☐ Floor/Equipment Drains ☐ Other (Specify) —SIGNATURE: Robert W. Ford JrDATE: 12/10/19

DH 4015, 08/09 (Obsoletes previous editions which may not be used)  
Incorporated 64E-6.001, FAC

**STATE OF FLORIDA  
DEPARTMENT OF HEALTH  
APPLICATION FOR CONSTRUCTION PERMIT**

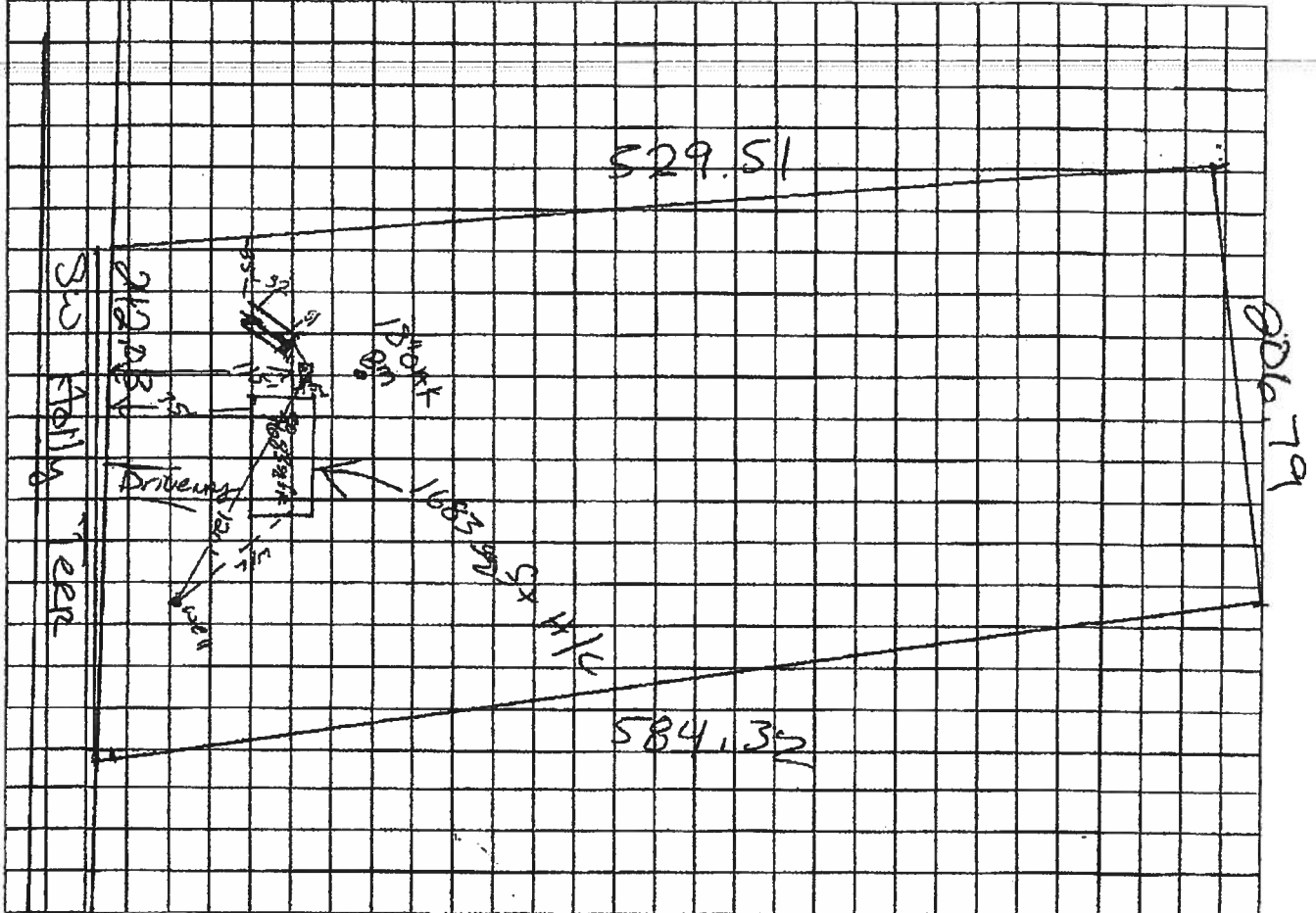
**Permit Application Number.**

190898

## PART II SITE PLAN

Leu

Scale: Each block represents <sup>60</sup>~~10~~ feet and 1 inch = <sup>80</sup>~~10~~ feet.



**Notes:**

Site Plan submitted by: Robert W. Ford, Jr. DATE

### Plan Approved

**Not Approved**

Date 12/13/19

**By** \_\_\_\_\_

County Health Department

**ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT**



## COLUMBIA COUNTY BUILDING DEPARTMENT RESIDENTIAL CHECK LIST

MINIMUM PLAN REQUIREMENTS: FLORIDA BUILDING CODE RESIDENTIAL 2017 EFFECTIVE 1 JANUARY 2018  
AND THE NATIONAL ELECTRICAL 2014 EFFECTIVE 1 JANUARY 2018

### ALL REQUIREMENTS ARE SUBJECT TO CHANGE

**ALL BUILDING PLANS MUST INDICATE COMPLIANCE WITH THE CURRENT FLORIDA BUILDING CODES RESIDENTIAL AND THE NATIONAL ELECTRICAL CODE. ALL PLANS OR DRAWINGS SHALL PROVIDE CALCULATIONS AND DETAILS THAT HAVE THE SEAL AND SIGNATURE OF A CERTIFIED ARCHITECT OR ENGINEER REGISTERED IN THE STATE OF FLORIDA, OR ALTERNATE METHODOLOGIES, APPROVED BY THE STATE OF FLORIDA BUILDING COMMISSION FOR ONE-AND-TWO FAMILY DWELLINGS, FBC 1609.3.1 THRU 1609.3.3.**

**FOR DESIGN PURPOSES THE FOLLOWING BASIC WIND SPEEDS ARE PER FLORIDA BUILDING CODE FIGURE 1609-A THROUGH 1609-C ULTIMATE DESIGN WIND SPEEDS FOR RISK CATEGORY AND BUILDINGS AND OTHER STRUCTURES**

Revised 7/1/18

**Website:** <http://www.columbiacountyfla.com/BuildingandZoning.asp>

Items to Include-  
Each Box shall be  
Circled as  
Applicable  
Select From Drop down

### GENERAL REQUIREMENTS:

**APPLICANT – PLEASE CHECK ALL APPLICABLE BOXES BEFORE SUBMITTAL**

1	Two (2) complete sets of plans containing the following:	<input checked="" type="checkbox"/>			
2	All drawings must be clear, concise, drawn to scale, details that are not used shall be marked void	<input checked="" type="checkbox"/>			
3	Condition space (Sq. Ft.) 1683	Total (Sq. Ft.) under roof	anna@exce	Yes	No NA

Designers name and signature shall be on all documents and a licensed architect or engineer, signature and official embossed seal shall be affixed to the plans and documents as per the FLORIDA BUILDING CODES RESIDENTIAL 107.1.

### Site Plan information including:

4	Dimensions of lot or parcel of land	Yes		
5	Dimensions of all building set backs	Yes		
6	Location of all other structures (include square footage of structures) on parcel, existing or proposed well and septic tank and all utility easements.	Yes		
7	Provide a full legal description of property.	Yes		

### Wind-load Engineering Summary, calculations and any details are required.

GENERAL REQUIREMENTS: APPLICANT – PLEASE CHECK ALL APPLICABLE BOXES BEFORE SUBMITTAL		Items to Include- Each Box shall be Circled as Applicable		
8	Plans or specifications must show compliance with FBCR Chapter 3	Yes	No	NA
Select From Drop down				
9	Basic wind speed (3-second gust), miles per hour	Yes		
10	(Wind exposure – if more than one wind exposure is used, the wind exposure and applicable wind direction shall be indicated)	Yes		
11	Wind importance factor and nature of occupancy	Yes		
12	The applicable internal pressure coefficient, Components and Cladding	Yes		
13	The design wind pressure in terms of psf (kN/m <sup>2</sup> ), to be used for the design of exterior component, cladding materials not specifiably designed by the registered design professional.	Yes		

### Elevations Drawing including:

14	All side views of the structure	Yes		
15	Roof pitch	Yes		
16	Overhang dimensions and detail with attic ventilation	Yes		
17	Location, size and height above roof of chimneys	NA		
18	Location and size of skylights with Florida Product Approval	NA		
19	Number of stories	Yes		
20	Building height from the established grade to the roofs highest peak	Yes		

**Floor Plan Including:**

21	Dimensioned area plan showing rooms, attached garage, breeze ways, covered porches, deck, balconies	Yes		
22	Raised floor surfaces located more than 30 inches above the floor or grade	NA		
23	All exterior and interior shear walls indicated	Yes		
24	Shear wall opening shown (Windows, Doors and Garage doors)	Yes		
25	Show compliance with Section FBCR 310 Emergency escape and rescue opening shown in each bedroom (net clear opening shown) and Show compliance with Section FBC 1405.13.2 where the opening of an operable window is located more than 72 inches above the finished grade or surface below, the lowest part of the clear opening of the window shall be a minimum of 24 inches above the finished floor of the room in which the window is located. Glazing between the floor and 24 inches shall be fixed or have openings through which a 4-inch-diameter sphere cannot pass.	Yes		
26	Safety glazing of glass where needed	NA		
27	Fireplaces types (gas appliance) (vented or non-vented) or wood burning with Hearth (see chapter 10 and chapter 24 of FBCR)	NA		
28	Show stairs with dimensions (width, tread and riser and total run) details of guardrails, Handrails	NA		
29	Identify accessibility of bathroom (see FBCR SECTION 320)	Yes		

**All materials placed within opening or onto/into exterior walls, soffits or roofs shall have Florida product approval number and mfg. installation information submitted with the plans (see Florida product approval form)**

<b>GENERAL REQUIREMENTS:</b> <b>APPLICANT – PLEASE CHECK ALL APPLICABLE BOXES BEFORE SUBMITTAL</b>		Items to Include- Each Box shall be Circled as Applicable	
---	--	--	--

**FBCR 403: Foundation Plans**

Select From Drop down

30	Location of all load-bearing walls footings indicated as standard, monolithic, dimensions, size and type of reinforcing.	Yes		
31	All posts and/or column footing including size and reinforcing	Yes		
32	Any special support required by soil analysis such as piling.	NA		
33	Assumed load-bearing value of soil 941-713-446 Pound Per Square Foot	NA		
34	Location of horizontal and vertical steel, for foundation or walls (include # size and type) For structures with foundation which establish new electrical utility companies service connection a Concrete Encased Electrode will be required within the foundation to serve as an grounding electrode system. Per the National Electrical Code article 250.52.3	NA		

**FBCR 506: CONCRETE SLAB ON GRADE**

35	Show Vapor retarder (6mil. Polyethylene with joints taped 6 inches and sealed)	Yes		
36	Show control joints, synthetic fiber reinforcement or welded fire fabric reinforcement and Supports	Yes		

**FBCR 318: PROTECTION AGAINST TERMITES**

37	Indicate on the foundation plan if soil treatment is used for subterranean termite prevention or Submit other approved termite protection methods. Protection shall be provided by registered termiticides	Yes		
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**FBCR 606: Masonry Walls and Stem walls (load bearing & shear Walls)**

38	Show all materials making up walls, wall height, and Block size, mortar type	Yes		
39	Show all Lintel sizes, type, spans and tie-beam sizes and spacing of reinforcement	Yes		

**Metal frame shear wall and roof systems shall be designed, signed and sealed by Florida Prof. Engineer or Architect**

**Floor Framing System: First and/or second story**

40	Floor truss package shall including layout and details, signed and sealed by Florida Registered Professional Engineer	NA		
41	Show conventional floor joist type, size, span, spacing and attachment to load bearing walls, stem walls and/or piers	NA		
42	Girder type, size and spacing to load bearing walls, stem wall and/or piers	NA		
43	Attachment of joist to girder	NA		
44	Wind load requirements where applicable	NA		
45	Show required under-floor crawl space	NA		
46	Show required amount of ventilation opening for under-floor spaces	NA		
47	Show required covering of ventilation opening	NA		
48	Show the required access opening to access to under-floor spaces	NA		
49	Show the sub-floor structural panel sheathing type, thickness and fastener schedule on the edges & intermediate of the areas structural panel sheathing	NA		
50	Show Draftstopping, Fire caulking and Fire blocking	NA		
51	Show fireproofing requirements for garages attached to living spaces, per FBCR section 302.6	NA		
52	Provide live and dead load rating of floor framing systems (psf).	NA		

**FBCR CHAPTER 6 WOOD WALL FRAMING CONSTRUCTION**

<b>GENERAL REQUIREMENTS:</b> <b>APPLICANT – PLEASE CHECK ALL APPLICABLE BOXES BEFORE SUBMITTAL</b>		<b>Items to Include- Each Box shall be Circled as Applicable</b>		
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**Select from Drop down**

53	Stud type, grade, size, wall height and oc spacing for all load bearing or shear walls	NA		
54	Fastener schedule for structural members per table FBC-R602.3.2 are to be shown	NA		
55	Show wood structural panel's sheathing attachment to studs, joist, trusses, rafters and structural members, showing fastener schedule attachment on the edges & intermediate of the areas structural panel sheathing	NA		
56	Show all required connectors with a max uplift rating and required number of connectors and oc spacing for continuous connection of structural walls to foundation and roof trusses or rafter systems	Yes		
57	Show sizes, type, span lengths and required number of support jack studs, king studs for shear wall opening and girder or header per FBC-R602.7.	NA		
58	Indicate where pressure treated wood will be placed	NA		
59	Show all wall structural panel sheathing, grade, thickness and show fastener schedule for structural panel sheathing edges & intermediate areas	NA		
60	A detail showing gable truss bracing, wall balloon framing details or/ and wall hinge bracing detail	NA		

**FBCR :ROOF SYSTEMS:**

61	Truss design drawing shall meet section FBC-R 802.10. 1 Wood trusses	Yes		
62	Include a layout and truss details, signed and sealed by Florida Professional Engineer	Yes		
63	Show types of connector's assemblies' and resistance uplift rating for all trusses and rafters	Yes		
64	Show gable ends with rake beams showing reinforcement or gable truss and wall bracing details	Yes		
65	Provide dead load rating of trusses	Yes		

**FBCR 802:Conventional Roof Framing Layout**

66	Rafter and ridge beams sizes, span, species and spacing	-		
67	Connectors to wall assemblies' include assemblies' resistance to uplift rating	-		
68	Valley framing and support details	-		
69	Provide dead load rating of rafter system	-		

**FBCR 803 ROOF SHEATHING**

70	Include all materials which will make up the roof decking, identification of structural panel sheathing, grade, thickness	Yes		
71	Show fastener Size and schedule for structural panel sheathing on the edges & intermediate areas	Yes		



## ROOF ASSEMBLIES FRC Chapter 9

72	Include all materials which will make up the roof assemblies covering	Yes		
73	Submit Florida Product Approval numbers for each component of the roof assemblies covering	Yes		

## FBCR Chapter 11 Energy Efficiency Code for Residential Building

Residential construction shall comply with this code by using the following compliance methods in the FBCR Chapter 11 Residential buildings compliance methods. **Two of the required forms are to be submitted, N1100.1.1.1 As an alternative to the computerized Compliance Method A, the Alternate Residential Point System Method hand calculation, Alternate Form 600A, may be used. All requirements specific to this calculation are located in Sub appendix C to Appendix G. Buildings complying by this alternative shall meet all mandatory requirements of this chapter. Computerized versions of the Alternate Residential Point System Method shall not be acceptable for code compliance.**

GENERAL REQUIREMENTS: APPLICANT – PLEASE CHECK ALL APPLICABLE BOXES BEFORE SUBMITTAL		Items to Include- Each Box shall be Circled as Applicable		
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*Select from Drop Down*

74	Show the insulation R value for the following areas of the structure	Yes		
75	Attic space	Yes		
76	Exterior wall cavity	NA		
77	Crawl space	NA		

## HVAC information

78	Submit two copies of a Manual J sizing equipment or equivalent computation study	Yes		
79	Exhaust fans shown in bathrooms <b>Mechanical exhaust capacity of 50 cfm intermittent or 20 cfm continuous required</b>	Yes		
80	Show clothes dryer route and total run of exhaust duct	Yes		

## Plumbing Fixture layout shown

81	All fixtures waste water lines shall be shown on the foundation plan	Yes		
82	Show the location of water heater	Yes		

## Private Potable Water

83	Pump motor horse power	Yes		
84	Reservoir pressure tank gallon capacity	Yes		
85	Rating of cycle stop valve if used	NA		

## Electrical layout shown including

86	Show Switches, receptacles outlets, lighting fixtures and Ceiling fans	Yes		
87	Show all 120-volt, single phase, 15- and 20-ampere branch circuits outlets required to be protected by <b>Ground-Fault Circuit Interrupter (GFCI) Article 210.8 A</b>	Yes		
88	Show the location of smoke detectors & Carbon monoxide detectors	Yes		
89	Show service panel, sub-panel, location(s) and total ampere ratings	Yes		
90	On the electrical plans identify the electrical service overcurrent protection device for the main electrical service. This device shall be installed on the exterior of structures to serve as a disconnecting means for the utility company electrical service. Conductors used from the exterior disconnecting means to a panel or sub panel shall have four-wire conductors, of which one conductor shall be used as an equipment ground. Indicate if the utility company service entrance cable will be of the overhead or underground type.  <b>For structures with foundation which establish new electrical utility companies service connection a Concrete Encased Electrode will be required within the foundation to serve as an Grounding electrode system. Per the National Electrical Code article 250.52.3</b>	Yes		
91	Appliances and HVAC equipment and disconnects	Yes		
92	Show all 120-volt, single phase, 15- and 20-ampere branch circuits supplying outlets installed in dwelling unit family rooms, dining rooms, living rooms, parlors, libraries, dens, bedrooms, sunrooms, recreation rooms, closets, hallways, or similar rooms or areas shall be protected by a listed <b>Combination arc-fault circuit interrupter, Protection device.</b>	Yes		

**Notice Of Commencement:**

A notice of commencement form **RECORDED** in the Columbia County Clerk Office is required to be filed with the Building Department **BEFORE ANY INSPECTIONS** can be performed.

<b>GENERAL REQUIREMENTS:</b> APPLICANT – PLEASE CHECK ALL APPLICABLE BOXES BEFORE SUBMITTAL	Items to Include- Each Box shall be Circled as Applicable
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**\*\*ITEMS 95, 96, & 98 Are Required After APPROVAL from the ZONING DEPT.\*\****Select from Drop down*

93	<b>Building Permit Application</b> A current Building Permit Application is to be completed, by following the Checklist all supporting documents must be submitted. There is a \$15.00 application fee. The completed application with attached documents and application fee can be mailed.	Yes		
94	<b>Parcel Number</b> The parcel number (Tax ID number) from the Property Appraisers Office (386) 758-1083 is required. A copy of property deed is also required. <a href="http://www.columbiacountyfla.com">www.columbiacountyfla.com</a>	Yes		
95	<b>Environmental Health Permit or Sewer Tap Approval</b> A copy of a approved Columbia County Environmental Health (386) 758-1058	Yes		
96	<b>City of Lake City</b> A City Water and/or Sewer letter. Call 386-752-2031	NA		
97	<b>Toilet facilities shall be provided for all construction sites</b>	Yes		
98	<b>Town of Fort White</b> (386) 497-2321 If the parcel in the application for building permit is within the Corporate city limits of Fort White, an approval land use development letter issued by the Town of Fort is required to be submitted with the application for a building permit.	NA		
99	<b>Flood Information:</b> All projects within the Floodway of the Suwannee or Santa Fe Rivers shall require permitting through the Suwannee River Water Management District, before submitting a application to this office. Any project located within a flood zone where the base flood elevation (100 year flood) has been established shall meet the requirements of Section 8.5.2 of the Columbia County Land Development Regulations. Any project located within a flood zone where the base flood elevation has not been established (Zone A) shall meet the requirements of Section 8.5.3 of the Columbia County Land Development Regulations ( <a href="http://Municode.com">Municode.com</a> )	NA		
100	<b>CERTIFIED FINISHED FLOOR ELEVATIONS</b> will be required on any project where the approved FIRM Flood Maps show the property is in a AE, Floodway, and AH flood zones. Additionally One Foot Rise letters are required for AE and AH zones. In the Floodway Flood zones a Zero Rise letter is required.	NA		
101	A Flood development permit is also required for AE, Floodway & AH. Development permit cost is \$50.00	NA		
102	<b>Driveway Connection:</b> If the property does not have an existing access to a public road, then an application for a culvert permit (\$25.00) must be made. County Public Works Dept. determines the size and length of every culvert before instillation and completes a final inspection before permanent power is granted. If the applicant feels that a culvert is not needed, they may apply for a culvert waiver (\$50.00) Separate Check when issued. If the project is to be located on an F.D.O.T. maintained road, then an F.D.O.T. access permit is required.	Yes		
103	<b>911 Address:</b> An application for a 911 address must be applied for and received through the Columbia County Emergency Management Office of 911 Addressing Department (386) 758-1125.	Yes		

**Ordinance Sec. 90-75. - Construction debris.** (e) It shall be unlawful for any person to dispose of or discard solid waste, including construction or demolition debris at any place within the county other than on an authorized disposal site or at the county's solid waste facilities. The temporary storage, not to exceed seven days of solid waste (excluding construction and demolition debris) on the premises where generated or vegetative trash pending disposition as authorized by law or ordinance, shall not be deemed a violation of this section. The temporary storage of construction and demolition debris on the premises where generated or vegetative trash pending disposition as authorized by law or ordinance shall not be deemed in violation of this section; provided, however, such construction and demolition debris must be disposed of in accordance with this article prior to the county's issuance of a certificate of occupancy for the premises. The burning of lumber from a construction or demolition project or vegetative trash when done so with legal and proper permits from the authorized agencies and in accordance with such agencies' rules and regulations, shall not be deemed a violation of this section. No person shall bury, throw, place, or deposit, or cause to be buried, thrown, placed, or deposited, any solid waste, special waste, or debris of any kind into or on any of the public streets, road right-of-way, highways, bridges, alleys, lanes, thoroughfares, waters, canals, or vacant lots or lands within the county. No person shall bury any vegetative trash on any of the public streets, road right-of-way, highways, bridges, lanes, thoroughfares, waters, canals, or lots less than ten acres in size within the county.

As required by Florida Statute 553.842 and Florida Administrative Code 9B-72, please provide the information and approval numbers on the building components listed below if they will be utilized on the construction project for which you are applying for a building permit. We recommend you contact your local product supplier should you not know the product approval number for any of the applicable listed products. Statewide approved products are listed online @ [www.floridabuilding.org](http://www.floridabuilding.org)

Category/Subcategory	Manufacturer	Product Description	Approval Number(s)
<b>1. EXTERIOR DOORS</b>			
A. SWINGING	Masonite	Front Door with sidelights	7091.1
B. SLIDING	MI Windows		15332.1
C. SECTIONAL/ROLL UP			
D. OTHER	Masonite	Fire rated garage door	7091.1
<b>2. WINDOWS</b>			
A. SINGLE/DOUBLE HUNG	MI Windows	Single Hung Impact	21637.5
B. HORIZONTAL SLIDER			
C. CASEMENT			
D. FIXED	MI Windows	Fixed	21639.6
E. MULLION			
F. SKYLIGHTS			
G. OTHER			
<b>3. PANEL WALL</b>			
A. SIDING			
B. SOFFITS			
C. STOREFRONTS			
D. GLASS BLOCK			
E. OTHER			
<b>4. ROOFING PRODUCTS</b>			
A. ASPHALT SHINGLES			
B. NON-STRUCT METAL			
C. ROOFING TILES			
D. SINGLE PLY ROOF			
E. OTHER			
<b>5. STRUCT COMPONENTS</b>			
A. WOOD CONNECTORS			
B. WOOD ANCHORS			
C. TRUSS PLATES			
D. INSULATION FORMS			
E. LINTELS			
F. OTHERS			
<b>6. NEW EXTERIOR ENVELOPE PRODUCTS</b>			

The products listed below did not demonstrate product approval at plan review. I understand that at the time of inspection of these products, the following information must be available to the inspector on the jobsite; 1) copy of the product approval, 2) performance characteristics which the product was tested and certified to comply with, 3) copy of the applicable manufacturers installation requirements.

Further, I understand these products may have to be removed if approval cannot be demonstrated during inspection.

NOTES: \_\_\_\_\_

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