DATE 12/20	0/2007	Colum	idia County	y Building P	ermit	PERMIT
APPLICANT	RALPH	This Per	mit Expires One	Year From the Date PHONE	of Issue 904.635.9313	000026539
ADDRESS	7255	SALISBURY ROA	AS, STE I	JACKSONVILLE		FL 32256
OWNER	FRANCE	S V. DOW		PHONE	386.755.6543	
ADDRESS	253	SE POLK LN		LAKE CITY		FL 32025
CONTRACTO	-	FRED NYMAN		PHONE	904.470.0115	
LOCATION O	F PROPER		COUNTRY CLUB,TR H LOT ON R.	GO 3 MILES TO POLK,	TR AND IT'S	
TYPE DEVEL	OPMENT	VINYL SIDING	i E	ESTIMATED COST OF CO	ONSTRUCTION	8974.00
HEATED FLO	OR AREA		TOTAL AI	REA	HEIGHT	STORIES
FOUNDATION	1	WA	LLS	ROOF PITCH	 FL	OOR
LAND USE &	ZONING			MAX	K. HEIGHT	
Minimum Set B	Back Requir	ments: STREET	T-FRONT	REAR		SIDE
NO. EX.D.U.	1	FLOOD ZONE		DEVELOPMENT PER	MIT NO.	
PARCEL ID	15-48-17-	08360-016	SUBDIVISI	ON VILLAGE WOOD		
LOT <u>16</u>	BLOCK	PHASE	UNIT	TOTA	AL ACRES	
EXISTING		X-7-0423			LW	N
Driveway Connec		Septic Tank Number	LU & Zon		roved for Issuance	
-		FILE.		ing checked by App	Check # or Ca	
-	NOC ON I	FOR BI		ing checked by App	Check # or Ca	
COMMENTS: Temporary Power	NOC ON I	FOR BI	UILDING & ZONI Foundation	ing checked by App	Check # or Ca ONLY Monolithic	sh 3017 (footer/Slab) date/app. by
COMMENTS:	NOC ON I	FOR BU	UILDING & ZONI Foundation Slab	NG DEPARTMENT date/app. by	Check # or Ca ONLY Monolithic	sh 3017 (footer/Slab) date/app. by Vailing
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NOTICE: IN ADDITION TO THE REQUIREMENTS OF THIS PERMIT, THERE MAY BE ADDITIONAL RESTRICTIONS APPLICABLE TO THIS PROPERTY THAT MAY BE FOUND IN THE PUBLIC RECORDS OF THIS COUNTY. AND THERE MAY BE ADDITIONAL PERMITS REQUIRED FROM OTHER GOVERNMENTAL ENTITIES SUCH AS WATER MANAGEMENT DISTRICTS, STATE AGENCIES, OR FEDERAL AGENCIES.

"WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT."

This Permit Must Be Prominently Posted on Premises During Construction

PLEASE NOTIFY THE COLUMBIA COUNTY BUILDING DEPARTMENT AT LEAST 24 HOURS IN ADVANCE OF EACH INSPECTION, IN ORDER THAT IT MAY BE MADE WITHOUT DELAY OR INCONVIENCE, PHONE 758-1008. THIS PERMIT IS NOT VALID UNLESS THE WORK AUTHORIZED BY IT IS COMMENCED WITHIN 6 MONTHS AFTER ISSUANCE.

253 SE Pelk AVE FRANCES V. DOW CUSTOMER ___ ADDRESS LAKE CITY, FL 32025 DATE /2-/5-07 GABLES - Horizontal - H X W = X .7 Vertical - H X W = X .7 RAKES - H X W = + 40% S + F / GABLE - H + W Siding CEIling LIPAPS CARPORT cailing 20' FRONT OF HOUSE INDICATE NORTH Н T/C ☐ SOFFIT & FASCIA ☐ FASCIA ONLY FRONT-205 FRONT-14 x 8.3 107 **GABLE** x .7 GABLE HGT = LEFT SIDE-130 LEFT SIDE-GABLE GABLE HGT = BACK __ 55 x S 275 BACK-_ **GABLE** GABLE HGT = 30 6 x 5 RIGHT SIDE . RIGHT SIDE- , 20 x 83 166 GABLE GABLE HGT = **ADDITIONAL** ADDITIONAL S&F+ (-1100) **OPENINGS** CORNERS SUBTOTAL. 823 10%WASTE **5% WASTE** 42 TOTAL RUNNING FT. = S/F FO TOTAL SQ. FT. 865 DIMENSIONS SOFFIT-_ FASCIA 842 **TOTAL SQUARES** PORCH CEILING WALL HEIGHT 5' Except CARport WALLS 97" 1 STORY 2 STORY OTHER ADDITIONAL COMMENTS Note | Barck or Bottom Section of hease Please want 2x5 breder 128 (41 FRONT 26 LEF ENd

				6 Raf End	
41" - 50" = 4.2' 51" - 60" = 5' 61" - 70" = 4.2' 71" - 80" = 6.7' 81" - 90" = 7.5'	HORIZONTAL WAY 91" - 100" = 8.3' 101" - 110" = 9.2' 111" - 120" = 10' 121" - 130" = 10.8' 131" - 140" = 11.7'	ALL HEIGHT TABLE 141"- 150" = 12.5' 151"- 160" = 13.3' 161"- 170" = 14.2' 171"- 180" = 15' 181"- 190" = 15.8'	191"- 200" = 16.7' 201"- 210" = 17.5' 211"- 220" = 18.3' 221"- 230" = 19.2' 231"- 240" = 20'	SS BACK VERTICAL WALL HEIGHT TABLE 12.2'	<u> </u>

STATE OF FLORIDA, COUNTY OF COLUMBIA I HEREPY CERTIFY, that the above and foregoing is a true copy of the original filed in this office. This Instrument Prepared by DEWITT CASON, CLERK OF COURTS Name: SEARS HOME IMPROVEMENT PRODUCTS, INC. 1024 Florida Central Parkway MBIA COUNT Longwood, FL, 32750 Phone: 407-551-6000 NOTICE OF COMMENCEMENT Sears Home Imp. Prods 7255 Salisbury Rd. Ste. 1 Permit No. Jacksonville, FL 32256 (904) 470-0115 15-45-17-08360-016 HX THE UNDERSIGNED hereby gives, informs you that the improvement 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 16 Village Wood a) Street Address: 253 2. General description of improvements: 3. Owner Information a) Name and address: RANCES LAKE b) Name and address of fee simple titleholder (if other than owner) c) Interest in property: 100 8 4. Contractor Information: PLFRED NYMAN SEARS HOME IMPROVEMENT PRODUCTS, INC. a) Name and address: 1024 FLORIDA CENTRAL PARKWAY, LONGWOOD, FL 32750 b) Telephone No: 407-551-6000 _Fax No. (Opt.) _ 5. Surety Information: a) Name and address: b) Amount of Bond: c) Telephone No.: 6. Lender Inst:200712028039 Date:12/20/2007 Time:10:59 AM a) Name and address: 19- DC,P.DeWitt Cason,Columbia County Page 1 of 1 7. Identity of person within the State of Florida designated by owner upon who notices or other documents may be served: a) Name and address: b) Telephone No.: 8. In addition to himself, owner designates the following person to receive a copy of the Lien or's Notice as provided in Section 713.13 (1) (b), Florida Statutes: a) Name and address: b) Telephone No.: Fax No. (Opt.) 9. Expiration date of Notice of Commencement (the expiration date is one 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 Signature of Owner or Owner's Authorized Officer/Director/Partner/Manager Dow The foregoing instrument was acknowledged before me this _, 20<u>67</u>, by ORVILLE E. Hill as ___ (type of authority, e.g. officer, trustee, attorney in fact) for

(name of

TARY PUBLIC-STATE OF FLORIDA Orville E. Hill

Commission # DD581922

Signature of Natural Person Signing Above

Notary Signature

Name (print)

Verification pursuant to Section 92.525, Florida Statutes. Under penalties of perjury, I statistical that it have the interconnegoing and that

__OR Produced Identification ____

FORMS/NOC/VER2007

Personally Known

party on behalf of whom instrument was executed).

Type of Identification Produced Defound License.

the facts stated in it are true to the best of my knowledge and belief.