

DATE 03/17/2008

Columbia County Building Permit

PERMIT

This Permit Must Be Prominently Posted on Premises During Construction

000026853

APPLICANT SUSAN SHORT PHONE 352.472.4943  
ADDRESS POB 367 NEWBERRY FL 32669  
OWNER FREDERICK & KATHLEEN SMITH PHONE 386.365.4614  
ADDRESS 402 NW EMERALD LAKES DRIVE LAKE CITY FL 32055  
CONTRACTOR MAC JOHNSON PHONE 352.472.4943  
LOCATION OF PROPERTY 90-W TO BROWN RD,TR TO WINDING PLACE,TL TO EMERALD LAKES,TR  
AND IT'S THE 2ND PROPERTY ON R.  
TYPE DEVELOPMENT REROOF-SFD ESTIMATED COST OF CONSTRUCTION 7536.00  
HEATED FLOOR AREA                      TOTAL AREA                      HEIGHT                      STORIES                       
FOUNDATION                      WALLS                      ROOF PITCH                      FLOOR                       
LAND USE & ZONING                      MAX. HEIGHT                       
Minimum Set Back Requirments: STREET-FRONT                      REAR                      SIDE                       
NO. EX.D.U. 1 FLOOD ZONE                      DEVELOPMENT PERMIT NO.                     

PARCEL ID 28-3S-16-02372-131 SUBDIVISION EMERALD LAKS  
LOT 31 BLOCK                      PHASE                      UNIT                      TOTAL ACRES                     

RC0061384  
Culvert Permit No.                      Culvert Waiver                      Contractor's License Number                      Applicant/Owner/Contractor *Susan Short*  
EXISTING X-08-083 JLW N  
Driveway Connection                      Septic Tank Number                      LU & Zoning checked by                      Approved for Issuance                      New Resident                     

COMMENTS: NOC ON FILE.

Check # or Cash 4975

FOR BUILDING & ZONING DEPARTMENT ONLY

(footer/Slab)

Temporary Power                      Foundation                      Monolithic                       
                     date/app. by                      date/app. by                      date/app. by                       
Under slab rough-in plumbing                      Slab                      Sheathing/Nailing                       
                     date/app. by                      date/app. by                      date/app. by                       
Framing                      Rough-in plumbing above slab and below wood floor                       
                     date/app. by                      date/app. by                       
Electrical rough-in                      Heat & Air Duct                      Peri. beam (Lintel)                       
                     date/app. by                      date/app. by                      date/app. by                       
Permanent power                      C.O. Final                      Culvert                       
                     date/app. by                      date/app. by                      date/app. by                       
M/H tie downs, blocking, electricity and plumbing                      Pool                       
                     date/app. by                      date/app. by                       
Reconnection                      Pump pole                      Utility Pole                       
                     date/app. by                      date/app. by                      date/app. by                       
M/H Pole                      Travel Trailer                      Re-roof                       
                     date/app. by                      date/app. by                      date/app. by                     

BUILDING PERMIT FEE \$ 40.00 CERTIFICATION FEE \$ 0.00 SURCHARGE FEE \$ 0.00  
MISC. FEES \$ 0.00 ZONING CERT. FEE \$                      FIRE FEE \$ 0.00 WASTE FEE \$                       
FLOOD DEVELOPMENT FEE \$                      FLOOD ZONE FEE \$                      CULVERT FEE \$                      TOTAL FEE 40.00  
INSPECTORS OFFICE *[Signature]* CLERKS OFFICE *[Signature]*

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."

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 THE WORK IS COMMENCED. A VALID PERMIT RECIEVES AN APPROVED INSPECTION EVERY 180 DAYS. WORK SHALL BE CONSIDERED TO BE IN ACTIVE PROGRESS WHEN THE PERMIT HAS RECIEVED AN APPROVED INSPECTION WITHIN 180 DAYS.

The Issuance of this Permit Does Not Waive Compliance by Permittee with Deed Restrictions.

## NOTICE OF COMMENCEMENT

This Instrument Prepared By:

Name: SUSAN SHORT

Address: PO BOX 367 Newberry, FL 32669

Permit No: \_\_\_\_\_

Tax Folio No: 28-3S-16-02372-131 HX

STATE OF: FLORIDA

COUNTY OF: ALACHUA

Inst: 200812005204 Date: 3/17/2008 Time: 10:46 AM  
DC, P. DeWitt Cason, Columbia County Page 1 of 1

THE UNDERSIGNED HEREBY gives notice that improvement(s) will be made to certain real property, and in accordance with Chapter 713, Florida Statutes, the following information is provided in this Notice of Commencement.

1. **DESCRIPTION OF PROPERTY:** Street Address: 402 NW EMERALD LAKES DR. LAKE CITY, FL 32055

Legal Description: LOT 31 EMERALD LAKES S/D. ORB 787-1992,830-817

2. **GENERAL DESCRIPTION OF IMPROVEMENT(S):** RE-ROOF SHINGLE HOUSE

3. **OWNER INFORMATION:** a.) Name: FREDERICK & KATHLEEN SMITH Address: 402 NW EMERALD LAKES DRIVE

b.) Interest in Property: OWNER LAKE CITY, FL 32055

c.) Fee Simple Titleholder (if other than owner) Name: N/A

Address: \_\_\_\_\_

4. **CONTRACTOR:** a.) Name: MAC JOHNSON Address: PO BOX 367 Newberry, FL 32669 b.) Phone: 352-472-4943

5. **SURETY:** a.) Name: N/A

Address: \_\_\_\_\_

b.) Amount of bond \$: N/A

c.) Phone: \_\_\_\_\_

6. **LENDER:** a.) Name: N/A

Address: \_\_\_\_\_ b.) Phone: \_\_\_\_\_

7. **Persons 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: N/A Address: \_\_\_\_\_ b.) Phone: \_\_\_\_\_

8. **In addition to himself, Owner designates the following person(s) to receive a copy of Lienor's Notice as provided in Section 713.13(1)(b), Florida Statutes.**

a.) Name: N/A Address: \_\_\_\_\_ b.) Phone: \_\_\_\_\_

9. **Expiration date of notice of commencement (the expiration date is one (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 WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.**

x

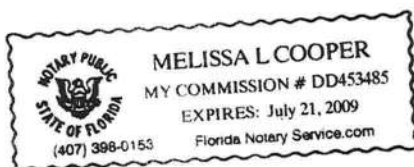
Fred Smith

Signature of Owner or Owner's Authorized Officer/Director  
Partner/Manager

Signatory's Title/ Office \_\_\_\_\_

The foregoing instrument was acknowledged before me this 14 day of March, 2008 (year)

by Fred Smith (name of person) as Self (type of authority, e.g. officer,  
trustee, attorney in fact) for \_\_\_\_\_ (name of party on behalf of whom instrument was executed).



Melissa L Cooper

Signature of Notary Public - State of Florida  
Print, Type, or Stamp Commissioned Name of Notary Public  
Commission Number: \_\_\_\_\_  
Personally Known \_\_\_\_\_ or Produced Identification \_\_\_\_\_

### Verification Pursuant to Section 92.525, Florida Statutes

Under penalties of perjury, I declare that I have read the foregoing and that the facts stated in it are true to the best of my knowledge and belief.

x

Fred Smith

Signature of Natural Person Signing Above



DATE 03/17/2008

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**000026853**

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(footer/Slab)

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                     date/app. by                      date/app. by                      date/app. by                       
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                     date/app. by                      date/app. by                      date/app. by                       
Framing                      Rough-in plumbing above slab and below wood floor                       
                     date/app. by                      date/app. by                      date/app. by                       
Electrical rough-in                      Heat & Air Duct                      Peri. beam (Lintel)                       
                     date/app. by                      date/app. by                      date/app. by                       
Permanent power                      C.O. Final                      Culvert                       
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M/H tie downs, blocking, electricity and plumbing                      Pool                       
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M/H Pole                      Travel Trailer                      Re-roof                       
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MISC. FEES \$ 0.00 ZONING CERT. FEE \$                      FIRE FEE \$ 0.00 WASTE FEE \$                       
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# Columbia County Building Permit Application

For Office Use Only Application # 0803-36 Date Received 3/17 By JW Permit # 26853

Application Approved by - Zoning Official \_\_\_\_\_ Date \_\_\_\_\_ Plans Examiner \_\_\_\_\_ Date \_\_\_\_\_

Flood Zone \_\_\_\_\_ Development Permit \_\_\_\_\_ Zoning \_\_\_\_\_ Land Use Plan Map Category \_\_\_\_\_

Comments \_\_\_\_\_

☒ NOC ☐ EH ☐ Deed or PA ☐ Site Plan ☐ State Road Info ☐ Parent Parcel # ☐ Development Perm

Name Authorized Person Signing Permit Susan Short Fax 352-472-46371

Address PO Box 367 Newberry FL 32669 Phone 352-472-4943

Owners Name Frederick & Kathleen Smith Phone 386-365-4614

911 Address 402 NW Emerald Lakes Dr. Lake City, FL 32055

Contractors Name Mac C Johnson Phone 352-472-4943

Address PO Box 367 Newberry FL 32669

Fee Simple Owner Name & Address N/A

Bonding Co. Name & Address N/A

Architect/Engineer Name & Address N/A

Mortgage Lenders Name & Address N/A

Circle the correct power company - FL Power & Light - Clay Elec. - Suwannee Valley Elec. - Progressive Energy

Property ID Number 08-38-16-02372-131 HX Estimated Cost of Construction 7536-

Division Name Emerald Lakes Lot 31 Block \_\_\_\_\_ Unit \_\_\_\_\_ Phase \_\_\_\_\_

Driving Directions T/L on US90 to Brown Rd T/R to NW Winding Pl

T/L to NW Emerald Lakes Rd T/R 2nd property on right

Type of Construction Re Roof shingles house Number of Existing Dwellings on Property \_\_\_\_\_

Total Acreage \_\_\_\_\_ Lot Size \_\_\_\_\_ Do you need a - Culvert Permit or Culvert Waiver or Have an Existing Driv

Actual Distance of Structure from Property Lines - Front \_\_\_\_\_ Side \_\_\_\_\_ Side \_\_\_\_\_ Rear \_\_\_\_\_

Total Building Height \_\_\_\_\_ Number of Stories \_\_\_\_\_ Heated Floor Area \_\_\_\_\_ Roof Pitch 6/12

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.

OWNERS AFFIDAVIT: I hereby certify that all the foregoing information is accurate and all work will be done in compliance with all applicable laws and regulating construction and zoning.

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Owner Builder or Authorized Person by Notarized Letter

STATE OF FLORIDA  
COUNTY OF COLUMBIA Alachua

Sworn to (or affirmed) and subscribed before me  
this 17th day of March 2008.

Personally known ☒ or Produced Identification \_\_\_\_\_

Contractor Signature  
Contractors License Number RC0061384  
Competency Card Number \_\_\_\_\_  
NOTARY STAMP/SEAL

NOTARY PUBLIC - STATE OF FLORIDA  
Tamara N. Malloy  
Commission # DD622094  
Expires SEP. 05, 2010  
Notary Signature \_\_\_\_\_  
BONDED THRU ATLANTIC BONDING CO. INC. (Revised Sept. 2006)



Customer Order # 29660

**MAC JOHNSON ROOFING, INC.**

Gainesville (352) 379-4752

Fax (352) 472-6371

Newberry (352) 472-4943

P. O. Box 367 Newberry, Florida 32669

STATE CERTIFIED \* LICENSED & BONDED \* INSURED  
CCC-1325497 RC - 0061384

Lake City (386) 755-8311

Titusville (321) 385-3854

Tallahassee (850) 539-0067

**1-866-376-4943**

<b>PROPOSAL SUBMITTED TO:</b>		PHONE: 386-365-4614	DATE: 3-6-08
NAME: <u>Innovative Builders</u>		JOB NAME: <u>Travis Williams (Smith Job)</u>	
STREET: <u>402 NW Emerald Lakes Dr</u>		STREET: <u>19932 NW 244 St</u>	
CITY/STATE: <u>Lake City FL 32055</u>		CITY: <u>High Springs FL 32643</u>	

**We hereby submit specifications and estimates for:**

Mac Johnson Roofing agrees to tear off entire roof down to workable surface, clean up and haul off all trash and debris.

New roof will consist of:

- |  |                                      |  |                                    |   |                               |                            |
|--|--------------------------------------|--|------------------------------------|---|-------------------------------|----------------------------|
| <input checked="" type="checkbox"/> 1. New eave drip                               | <input type="checkbox"/> 5"          | <input checked="" type="checkbox"/> 6" | <input type="checkbox"/> Woodgrain | <input checked="" type="checkbox"/> White | <input type="checkbox"/> Gray | <input type="checkbox"/> B |
| <input checked="" type="checkbox"/> 2. 30 lb. felt                                 | <input type="checkbox"/> 15 lb. felt |  |                                    |   |                               |                            |
| <input checked="" type="checkbox"/> 3. Valley metal                                |                                      |  |                                    |   |                               |                            |
| <input checked="" type="checkbox"/> 4. Reflash chimney if needed                   |                                      |  |                                    |   |                               |                            |
| <input checked="" type="checkbox"/> 5. Lead pipe flashings                         |                                      |  |                                    |   |                               |                            |
| <input checked="" type="checkbox"/> 6. Cement all edges                            |                                      |  |                                    |   |                               |                            |
| <input checked="" type="checkbox"/> 7. 25 year algae resistant 3 Tab shingles      |                                      |  |                                    |   |                               |                            |
| <input checked="" type="checkbox"/> 30 year algae resistant Architectural shingles |                                      |  |                                    |   |                               |                            |
| <input type="checkbox"/> 30 year Duration A/R Architectural shingles               |                                      |  |                                    |   |                               |                            |
| <input type="checkbox"/> Lifetime Duration Premium shingles                        |                                      |  |                                    |   |                               |                            |
| <input checked="" type="checkbox"/> 8. Ridge vents <u>Roll Vent Sun</u>            |                                      |  |                                    |   |                               |                            |
| <input type="checkbox"/> 9. Self-flashing skylights                                |                                      |  |                                    |   |                               |                            |
| <input type="checkbox"/> 10. Low Slope Area of Roof                                |                                      |  |                                    |   |                               |                            |
| <input type="checkbox"/> 11. Preferred Contractor Extended Warranty                |                                      |  |                                    |   |                               |                            |

\$ 7092.00

\$ 1536.00

\$

\$

\$

\$

\$

\$

Estate  
Grav  
Color:

Additional

Additional

Additional

Additional

Any woodwork is additional, labor plus material.

Woodwork is \$ 38<sup>00</sup> per man, per hour. Plywood is \$ 38<sup>00</sup> per sheet. Includes labor.

Grounds will be magnetized.

Yard will be cleaned daily.

Comments:

(10yr) warranty on workmanshipNote: Per Code: Nails may penetrate decking. **Not responsible for gutter guards.**

We hereby propose to furnish labor and materials - complete in accordance with the above specifications, for the sum of:

\_\_\_\_\_ dollars (\$ \_\_\_\_\_)

with payment to be made upon completion of job.

All material is guaranteed to be as specified. All work to be completed in a workmanlike manner according to standard practices. Any alteration or deviation from above specifications involving extra costs will be executed only upon written orders and will become an extra charge over and above the estimate. All agreements contingent upon strikes, accidents or delays beyond our control. This proposal subject to acceptance within 90 days and is void thereafter at the option of the undersigned.

Curtis Lee 352-339-3770

AUTHORIZED SIGNATURE

A carrying charge of 11/2% per month will be added to the unpaid balance after thirty (30) days.

The customer will be responsible for all reasonable costs of collection including attorney's fees.

**ACCEPTANCE OF PROPOSAL**

The above prices, specifications and conditions are hereby accepted. You are authorized to do the work as specified.  
Payment will be made as outlined above.

ACCEPTED: \_\_\_\_\_

SIGNATURE

Jeff SmithCounty  
house  
38P  
Shingle



**Columbia County**  
**BUILDING DEPARTMENT**

RE: Permit # 26853

**Inspection Affidavit**

I Mac Johnson, licensed as a(n) Contractor\* by chapter 489 of the FS  
(please print name and circle Lic. Type)

License #: RC0061384

On or about 3-20-08, I did personally inspect the roof  
(Date & time)

deck nailing and/or secondary water barrier work at \_\_\_\_\_,  
(circle one) (Job Site Address)

402 NW Emerald Lakes Dr. Lake City

Based upon that examination I have determined the installation was done according to the Hurricane Mitigation Retrofit Manual (Based on 553.844 F.S.)

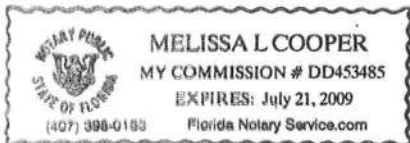
Signature \_\_\_\_\_

STATE OF FLORIDA  
COUNTY OF \_\_\_\_\_

Sworn to and subscribed before me this 21 day of March, 2008

By \_\_\_\_\_

Notary Public, State of Florida



Melissa L Cooper  
(Print, type or stamp name)

Commission No.: \_\_\_\_\_

Personally known \_\_\_\_\_ or

Produced Identification \_\_\_\_\_

Type of identification produced. \_\_\_\_\_

\* General, Building, Residential, or Roofing Contractor certified 489 of the FS.

Or any individual certified under 468 F.S. to make such an inspection. Include photographs of each plane of the roof with the permit or address # clearly shown marked on the deck for each inspection.

## NOTICE OF COMMENCEMENT

This Instrument Prepared By:

Name: SUSAN SHORT

Address: PO BOX 367 Newberry, FL 32669

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3. **OWNER INFORMATION:** a.) Name: FREDERICK & KATHLEEN SMITH Address: 402 NW EMERALD LAKES DRIVE

b.) Interest in Property: OWNER LAKE CITY, FL 32055

c.) Fee Simple Titleholder (if other than owner) Name: N/A Address: \_\_\_\_\_

4. **CONTRACTOR:** a.) Name: MAC JOHNSON Address: PO BOX 367 Newberry, FL 32669 b.) Phone: 352-472-4943

5. **SURETY:** a.) Name: N/A Address: \_\_\_\_\_

b.) Amount of bond \$: N/A c.) Phone: \_\_\_\_\_

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X Fred Smith  
Signature of Owner or Owner's Authorized Officer/Director  
Partner/Manager

Signatory's Title/ Office \_\_\_\_\_

The foregoing instrument was acknowledged before me this 14 day of March, 2008 (year)  
by Fred Smith (name of person) as Self (type of authority, e.g. officer,  
trustee, attorney in fact) for \_\_\_\_\_ (name of party on behalf of whom instrument was executed).



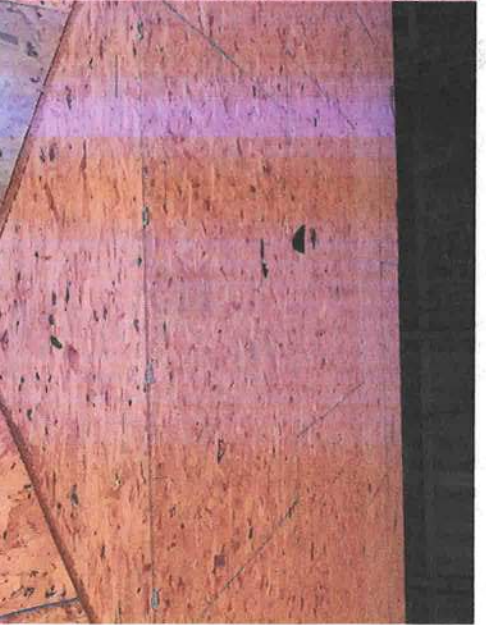
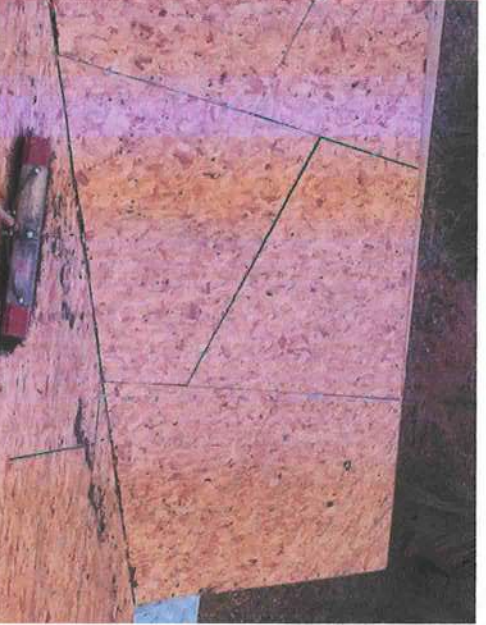
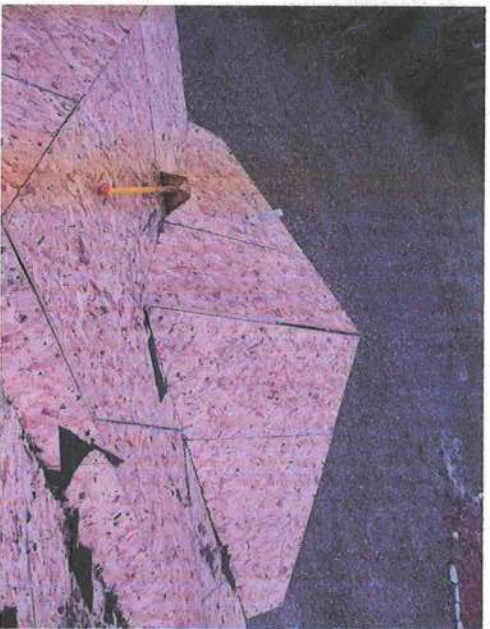
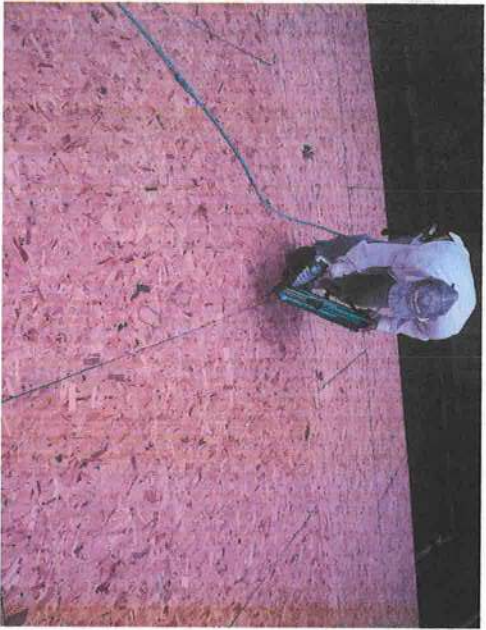
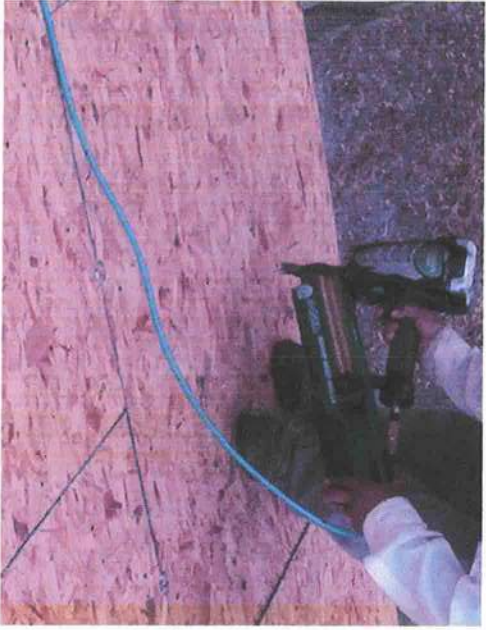
Melissa L. Cooper  
Signature of Notary Public - State of Florida  
Print, Type, or Stamp Commissioned Name of Notary Public  
Commission Number: \_\_\_\_\_  
Personally Known \_\_\_\_\_ or Produced Identification \_\_\_\_\_

### Verification Pursuant to Section 92.525, Florida Statutes

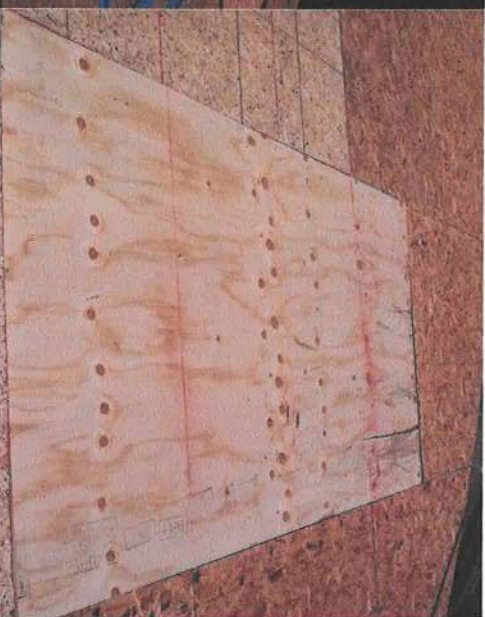
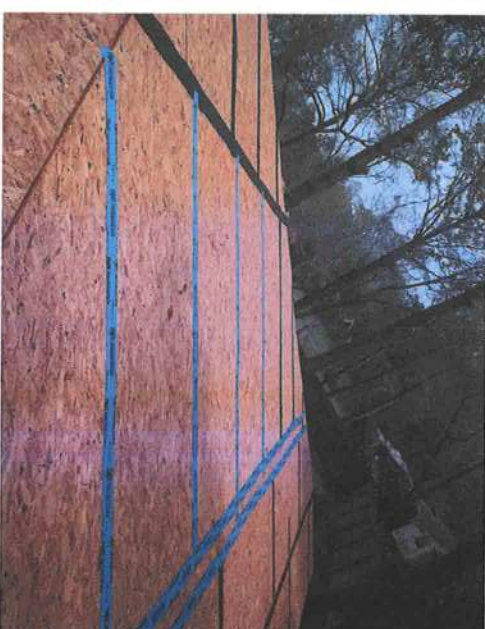
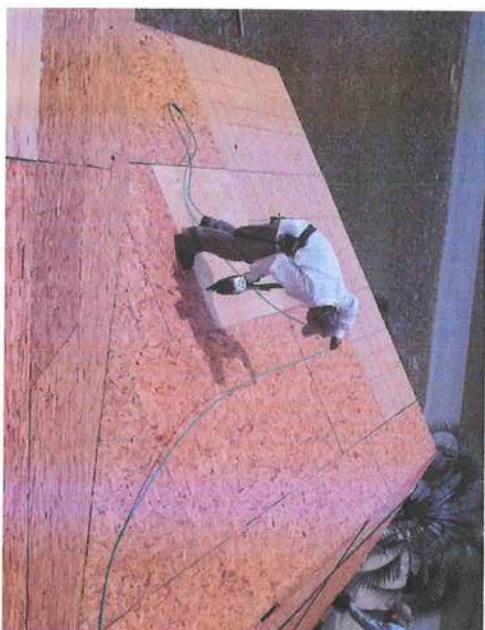
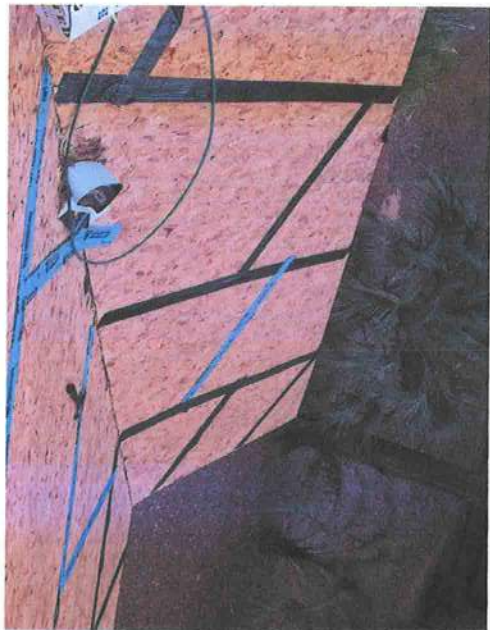
Under penalties of perjury, I declare that I have read the foregoing and that the facts stated in it are true to the best of my knowledge and belief.

X Fred Smith  
Signature of Natural Person Signing Above

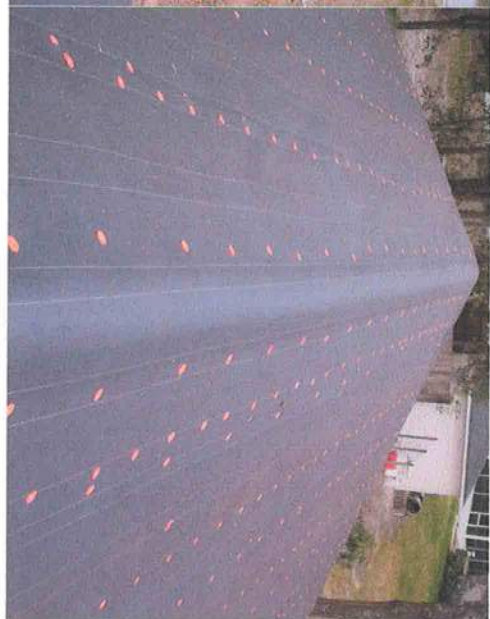
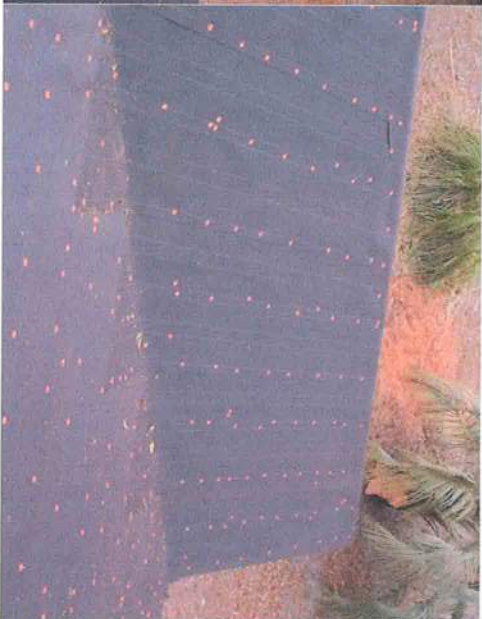












10/10/2023