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Columbia County, FL | Permit Application

Search columbiacountyfla.com

Application for Roof Replacement or Repair Permit

* indicates a required field. Incomplete applications that are submitted may be deleted.

↓ Please scroll down and complete each section ↓

Project Name

Please give your application a project name. This is used so that you can more easily track your applications.

Project Name:



Required Documents

This type of application requires that these documents are uploaded prior to submission. You may continue to fill out the application but it cannot be submitted until these documents are provided.

The forms that are uploaded on this page can be found on the Build and Zoning's homepage.
(<https://www.columbiacountyfla.com/BuildingandZoning.asp>).

Owner and Contractor Signature Page

 Required before application can be submitted.

No file chosen

*Pauline Griffin
Jenny P... ..*

Property Appraiser Parcel Details Printed Page

 Required before application can be submitted.

No file chosen

Job Location

[Change location \(LocationSearch.aspx?MyPortalID=11332&Auth=Gj51rl&uid=ef816c56-1c2e-4d79-966e-2e8c6bdd9de8\)](#)

Property Address:

1286 NW COUNTY ROAD 25A
LAKE CITY, FL 32055

Parcel Number:

18-3S-17-05062-000

Property Owner: *

GRIFFIN PAULINE

Owner's Phone:

386-361-1868



Owner's Email Address:

n/a

Applicant

Applicant Name (First Mid.Last) *

William Dewey Pournelle

Applicant Phone *

386364.9057

Applicant Address *

PO Box 933

Architect/Engineer Name And Address

n/a

Fee Simple Owner Name And Address

N/a

Bonding Company Name And Address

n/a

Mortgage Lender Name And Address

n/a

Contractor



Contractor Name *

William Dewey Pournelle

Business Name

Pournelle Construction Co.

State License

CGC051133

Phone

3863649057

Cell**Email**

wdewey@windstream.net

Address

PO Box 933

City

Live Oak

State

FL

Zip

32064

**Subcontractors****Electrician Company**

n/a

Last Name, First

State License

Air Conditioning Company

Last Name, First

State License

Plumbing Company

Last Name, First

State License

Roofing Company

Last Name, First



State License

Fire Safety Company (for Commercial Permit)

Last Name, First

State License

Sign Company (for Commercial Permit)

Last Name, First

State License

Specialty Company

Last Name, First

State License

ROOFING JOB DETAILS



Type of roofing job *

Further Job Details (if needed)

Type of structure *

House

**Further Structure Details (if needed)**

i.e. Single Family Residential, Exxon, Applebees, etc...

Total Estimated Cost *

9200.00

Commercial or Residential *

Residential

**Roof Area (for this job) Sq Ft**

971

No. of Stories

1

Roof Pitch *

4/12

Is the existing roof being removed? *

Yes

**If the existing roof is not being removed, please explain why.****Type of New Roofing Product ***

Metal

**Florida Product Approval Number ***

12725.3 R3

Other Roofing Product Type Not Listed

Product Manufacturer**Product Description**

Submit Application

After clicking "Submit Application", the applicant must confirm this application by clicking on a confirmation link that will be sent to the provided email address.

Once confirmed, Building and Zoning will begin the review process and may notify you for further information or with instructions for payment.

Once payment is recieved, the Building and Zoning Department will issue the permit via email. A copy of the permit can be picked up at any time at the Building and Zoning Office.

As required by Florida Statute Chapter 713.13

THIS APPLICATION is hereby made to obtain a permit to do the 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 will be performed to meet the standards of all laws regulating construction in this jurisdiction. I understand that a separate permit must be secured for ELECTRICAL WORK, PLUMBING, SIGNS, WELLS, POOLS, FURNACES, BOILERS, HEATERS, TANKS, and AIR CONDITIONERS, etc.

I **UNDERSTAND** the in COLUMBIA COUNTY, FLORIDA the issuance of this permit is a "Combination Permit" and unless specifically stated, includes ALL of the above mentioned separate permits.

OWNER'S AFFIDAVIT: 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.



WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY 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.

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.

ADDITIONALLY: This permit does not waive compliance by the permittee with any deed restrictions recorded for this property.

OWNER'S ELECTRONIC SUBMISSION STATEMENT:



Under penalty of perjury, I declare that all the information contained in this building permit application is true and correct.

Cancel & Return to My BNZ Portal (MyBNZPortal.aspx?MyPortalID=11332&Auth=Gj51rl&uid=ef816c56-1c2e-4d)

[Back to Top](#)

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Columbia County Property Appraiser

Jeff Hampton

2020 Working Values

updated: 6/5/2020

Parcel: << **18-3S-17-05062-000** >>

Aerial Viewer Pictometry Google Maps

Owner & Property Info

Result: 1 of 1

Owner	GRIFFIN PAULINE & DAVID HARPS JR 1286 NW CR 25-A LAKE CITY, FL 32055		
Site	1286 COUNTY ROAD 25A, LAKE CITY		
Description*	SW1/4 OF SE1/4 LYING S OF RD NO 2. ORB 521-549, 727-237, 770-242, 884-820, DC BERRY 909-1684, 985-1306. (JOINS RE# 05069 IN SEC 19)		
Area	1.35 AC	S/T/R	18-3S-17
Use Code**	SFRES/SFRE (000101)	Tax District	2

*The Description above is not to be used as the Legal Description for this parcel in any legal transaction.

**The Use Code is a FL Dept. of Revenue (DOR) code and is not maintained by the Property Appraiser's office. Please contact your city or county Planning & Zoning office for specific zoning information.

Property & Assessment Values

2019 Certified Values		2020 Working Values	
Mkt Land (2)	\$7,343	Mkt Land (2)	\$7,343
Ag Land (0)	\$0	Ag Land (0)	\$0
Building (2)	\$36,582	Building (2)	\$39,178
XFOB (2)	\$600	XFOB (2)	\$600
Just	\$44,525	Just	\$47,121
Class	\$0	Class	\$0
Appraised	\$44,525	Appraised	\$47,121
SOH Cap [?]	\$3,735	SOH Cap [?]	\$4,602
Assessed	\$40,790	Assessed	\$42,519
Exempt	OTHER H3 \$14,878	Exempt	OTHER H3 \$15,209
Total Taxable	county:\$25,912 city:\$25,912 other:\$25,912 school:\$25,912	Total Taxable	county:\$27,310 city:\$27,310 other:\$27,310 school:\$27,310

**▼ Sales History**

Sale Date	Sale Price	Book/Page	Deed	V/I	Quality (Codes)	RCode
7/13/1999	\$50,000	884/0820	WD	I	Q	
1/19/1992	\$16,000	770/0242	WD	I	U	35

▼ Building Characteristics

Bldg Sketch	Bldg Item	Bldg Desc*	Year Blt	Base SF	Actual SF	Bldg Value
Sketch	1	SINGLE FAM (000100)	1945	749	971	\$28,282
Sketch	2	NCLUB/BARS (003300)	1945	740	1060	\$8,300

*Bldg Desc determinations are used by the Property Appraisers office solely for the purpose of determining a property's Just Value for ad valorem tax purposes and should not be used for any other purpose.

▼ Extra Features & Out Buildings (Codes)

Code	Desc	Year Blt	Value	Units	Dims	Condition (% Good)
0070	CARPORT UF	0	\$200.00	1.000	20 x 21 x 0	(000.00)
0296	SHED METAL	2011	\$400.00	1.000	0 x 0 x 0	(000.00)

▼ Land Breakdown

6/16/2020

Columbia County Property Appraiser

Land Code	Desc	Units	Adjustments	Eff Rate	Land Value
000100	SFR (MKT)	1.000 AC	1.00/1.00 1.00/1.00	\$5,288	\$5,287
000100	SFR (MKT)	0.350 AC	1.00/1.00 1.00/1.00	\$5,876	\$2,056

Search Result: 1 of 1

© Columbia County Property Appraiser | Jeff Hampton | Lake City, Florida | 386-758-1083

by: GrizzlyLogic.com

Columbia County Property AppraiserJeff Hampton
updated: 6/5/2020[Download / Print Report](#)[Print](#)Records 1 thru 1
(1 Total)

#	Parcel ID	Owner's Name	Address	Brief Description	Recent Sale	Map
1	18-3S-17-05062-000	GRIFFIN PAULINE & (SFRES/SFRE)	1286 NW COUNTY ROAD 25A LAKE CITY	SW1/4 OF SE1/4 LYING S OF RD NO 2. ORB 521-549, 727-237, 770-242, 884-820, DC BE	7/13/1999 \$50,000	GIS Map

^^ Click Parcel ID for Record Details

Jump to:

Page: 1 of 1 ▼

[Click Here to display GIS Map ^^](#)

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by: [GrizzlyLogic.com](#)

NOTICE OF COMMENCEMENT

County Clerk's Office Stamp or Seal

Tax Parcel Identification Number _____

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): 18-35-17-05062-000
a) Street (job) Address: 1286 NW 25A Lake City FL 32055
2. General description of improvements: _____
3. Owner Information
a) Name and address: PAULINE GRIFFIN
b) Name and address of fee simple titleholder (if other than owner) _____
c) Interest in property _____
4. Contractor Information
a) Name and address: William D Pounelle
b) Telephone No.: 386-364-9057 Fax No. (Opt.) _____
5. Surety Information
a) Name and address: N/A
b) Amount of Bond: N/A
c) Telephone No.: _____ Fax No. (Opt.) _____
6. Lender
a) Name and address: N/A
b) Phone No. _____
7. Identity of person within the State of Florida designated by owner upon whom notices or other documents may be served:
a) Name and address: _____
b) Telephone No.: _____ Fax No. (Opt.) _____
8. In addition to himself, owner designates the following person to receive a copy of the Lienor's Notice as provided in Section 713.13(l)(b), Florida Statutes:
a) Name and address: N/A
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

10. Pauline Griffin
Signature of Owner or Owner's Authorized Office/Director/Partner/Manager
Pauline Griffin
Print Name

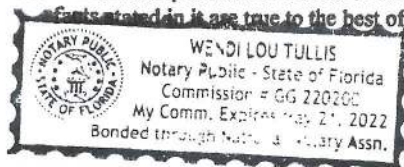
The foregoing instrument was acknowledged before me, a Florida Notary, this 16th day of June, 2020, by:
Pauline Griffin as _____ (type of authority, e.g. officer, trustee, attorney
fact) for _____ (name of party on behalf of whom instrument was executed).

Personally Known _____ OR Produced Identification _____ Type PO

Notary Signature Wendy Tullis Notary Stamp or Seal:

11. 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.

Signature of Natural Person Signing (in line #10 above.)



Columbia County Building Permit Application

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 such application has been pursued in good faith or a permit has been issued; except that the building official is authorized to grant one or more extensions of time for additional periods not exceeding 90 days each. The extension shall be requested in writing and justifiable cause demonstrated.

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.

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

Paulina Griffin

Print Owners Name

Paulina Griffin

Owners Signature

****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.

William J. Pownell

Contractor's Signature

Contractor's License Number CCC053286

Columbia County

Competency Card Number CC051133

Affirmed under penalty of perjury to by the Contractor and subscribed before me this 16th day of June 2020

Personally known ✓ or Produced Identification

Wendy Tullis
State of Florida Notary Signature (For the Contractor)



Columbia County Building Permit Application
Re-Roof's, Roof Repairs, Roof Over's

For Office Use Only Application # _____ Date Received _____ By _____ Permit # _____

Plans Examiner _____ Date _____ ☐ NOC ☐ Deed or PA ☐ Contractor Letter of Auth. ☐ F W Comp. letter
☐ Product Approval Form ☐ Sub VF Form ☐ Owner POA ☐ Corporation Doc's and/or Letter of Auth.

Comments _____

Applicant (Who will sign/pickup the permit) William D Pournelle ^{EMAIL} wdewey@windstream.net ^{FAX} 386-364-9057 ^{Phone} 386-364-9057

Address PO Box 933 LIVE OAK FL 32064

Owners Name Pauline Griffin Phone 386-364-1868

911 Address 1286 NW CR 25-A LAKE CITY FL

Contractors Name William D Pournelle Phone 386-364 9057

Address PO Box 933 LIVE OAK FL 32064

Contractors Email wdewey@windstream ***Include to get updates for this job.

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

Property ID Number 18-35-17-05062-000

Subdivision Name _____ Lot _____ Block _____ Unit _____ Phase _____

Driving Directions From Court House go out 441 N T-Left 25A 1286 NW County ROAD 25A is down on Left. 2-3 miles Has fence with Gate

Construction of (circle) Re-Roof - Roof repairs - Roof Overlay or Other _____

Cost of Construction 9200 _____ Commercial OR ☒ Residential

Type of Structure (House; Mobile Home; Garage; Exxon) House

Roof Area (For this Job) SQ FT 971 Roof Pitch 4 /12, _____ /12 Number of Stories 1

Is the existing roof being removed Yes If NO Explain _____

Type of New Roofing Product (Metal; Shingles; Asphalt Flat) Shingles

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. **CODE: 2014 Florida Building Code.**

Owner or Contractor's Affidavit

Application is hereby made to obtain a permit to do work and installations as indicated. I certify that no work or installation will be commenced prior to the issuance of a permit and that all work will be performed to meet the standards of all laws regulating construction in this jurisdiction. I certify that all the foregoing information is accurate and that all work will be done in compliance with all applicable laws. I also acknowledge that my failure to record a notice of commencement may result in me paying twice for improvements to my property, and that if I am intending to obtain financing, I should consult with my lender or my attorney before recording a notice of commencement.

Based on this information, I hereby acknowledge that I have been advised that I should research and be aware of any and all Deed Restrictions and/or Covenants on the use of the site associated with this permit application.

Owner

Print Name

Contractor/Agent

Signature

Contractor

Print Name

William D Pavanelle

William D Pavanelle

STATE OF FLORIDA, COUNTY OF CLICHIST

The foregoing information was acknowledged before me this 11th day of June 20 20

by William Pavanelle, who is personally known to me or has produced identification, and did not take an oath.

Notary Public, State of Florida

Wendy Lou Tullis

6/11/20

Date:

