

DATE 02/23/2011

Columbia County Building Permit**PERMIT****This Permit Must Be Prominently Posted on Premises During Construction****000029208**

APPLICANT SUE SHORT PHONE 352.472.4943
 ADDRESS POB 367 NEWBERRY FL 32669
 OWNER VIRGIL KELTNER PHONE _____
 ADDRESS 476 SW KELTNER CT FORT WHITE FL 32038
 CONTRACTOR MAC JOHNSON PHONE 352-472-4943
 LOCATION OF PROPERTY 47 S, L 27, L CR 18, R NIBLACK, R HILLARD, L, ON KELTNER CT.
DEAD ENDS INTO PROPERTY.

TYPE DEVELOPMENT REROOF/SFD ESTIMATED COST OF CONSTRUCTION 5510.00
 HEATED FLOOR AREA _____ TOTAL AREA _____ HEIGHT _____ STORIES _____
 FOUNDATION _____ WALLS _____ ROOF PITCH 4'12 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 01-7S-16-04108-001 SUBDIVISION JOEL GLENN'S UNREC.
 LOT 1 BLOCK _____ PHASE _____ UNIT _____ TOTAL ACRES _____

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

COMMENTS: NOC ON FILE.Check # or Cash 18192**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 _____ Insulation _____
 date/app. by _____ date/app. by _____
 Rough-in plumbing above slab and below wood floor _____ Electrical rough-in _____
 date/app. by _____ date/app. by _____
 Heat & Air Duct _____ Peri. beam (Lintel) _____ Pool _____
 date/app. by _____ date/app. by _____ date/app. by _____
 Permanent power _____ C.O. Final _____ Culvert _____
 date/app. by _____ date/app. by _____ date/app. by _____
 Pump pole _____ Utility Pole _____ M/H tie downs, blocking, electricity and plumbing _____
 date/app. by _____ date/app. by _____ date/app. by _____
 Reconnection _____ RV _____ Re-roof _____
 date/app. by _____ date/app. by _____ date/app. by _____

BUILDING PERMIT FEE \$ 30.00 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** 30.00
 INSPECTORS OFFICE _____ CLERKS OFFICE CH

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 NOT SUSPENDED, ABANDONED OR INVALID WHEN THE PERMIT HAS RECIEVED AN APPROVED INSPECTION WITHIN 180 DAYS OT THE PREVIOUS INSPECTION.

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



Columbia County
BUILDING DEPARTMENT

RE: Permit # 000029208

Inspection Affidavit

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

License #: 12C0061384

On or about 2.21.11, I did personally inspect the roof
(Date & time)

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

476 Keltner Ct.

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

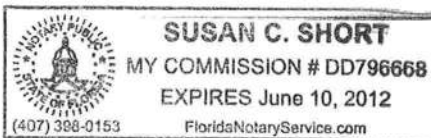
Signature

STATE OF FLORIDA
COUNTY OF

Sworn to and subscribed before me this 21 day of February, 2011

By Mac Johnson

Notary Public, State of Florida



Susan C. Short
(Print, type or stamp name)

Commission No.: _____

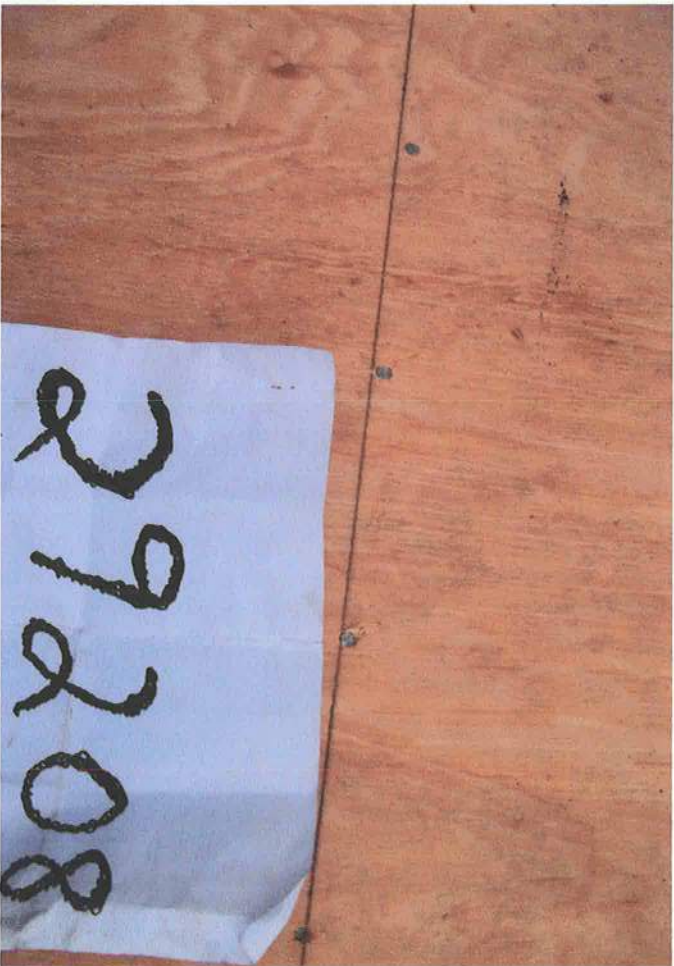
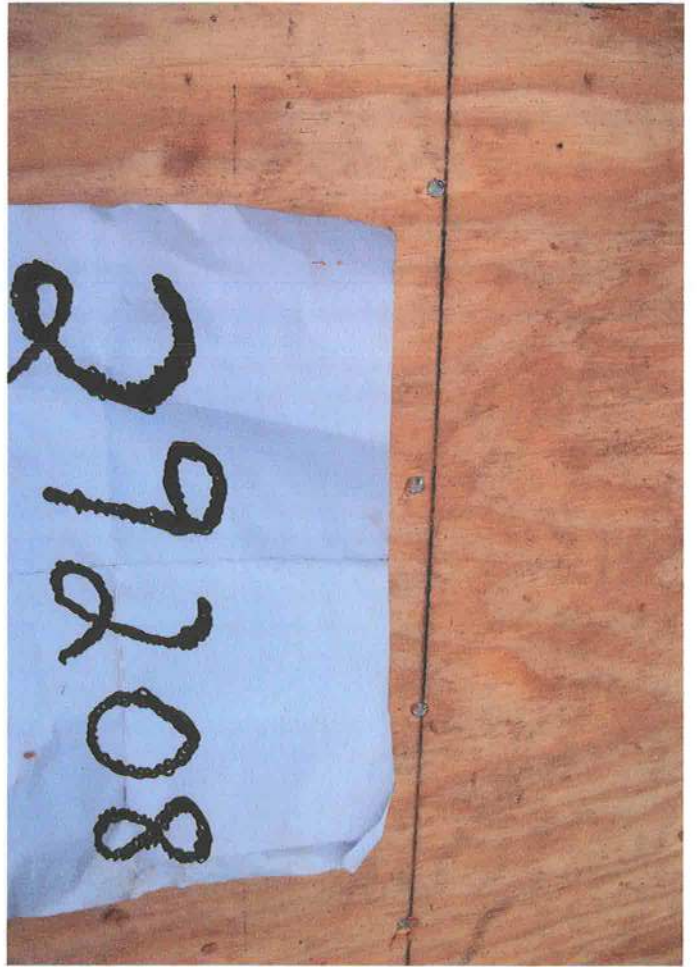
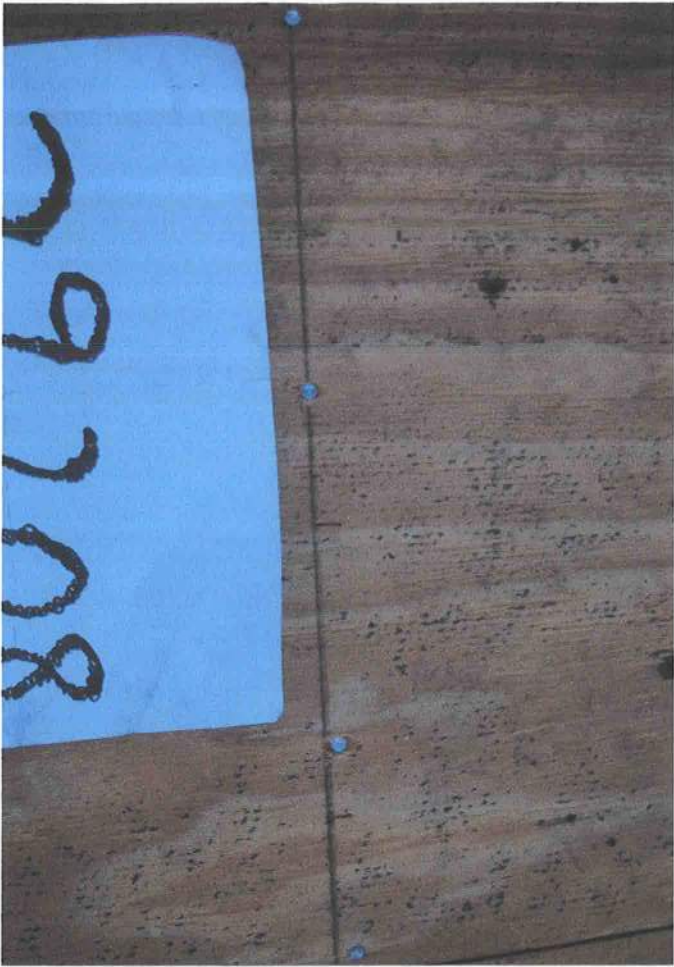
Personally known ☒ or

Produced Identification _____

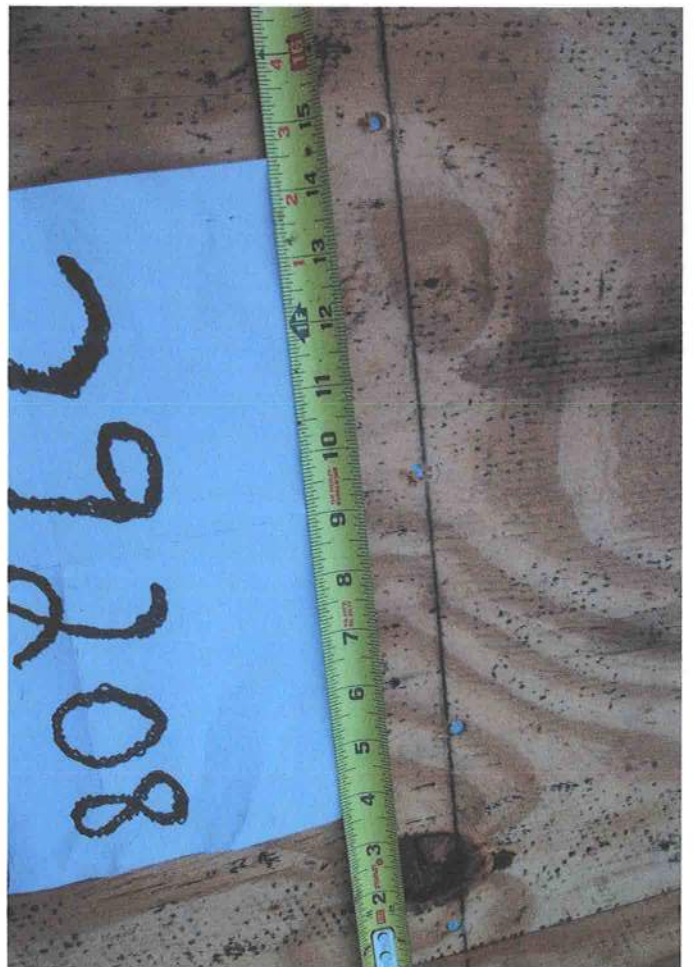
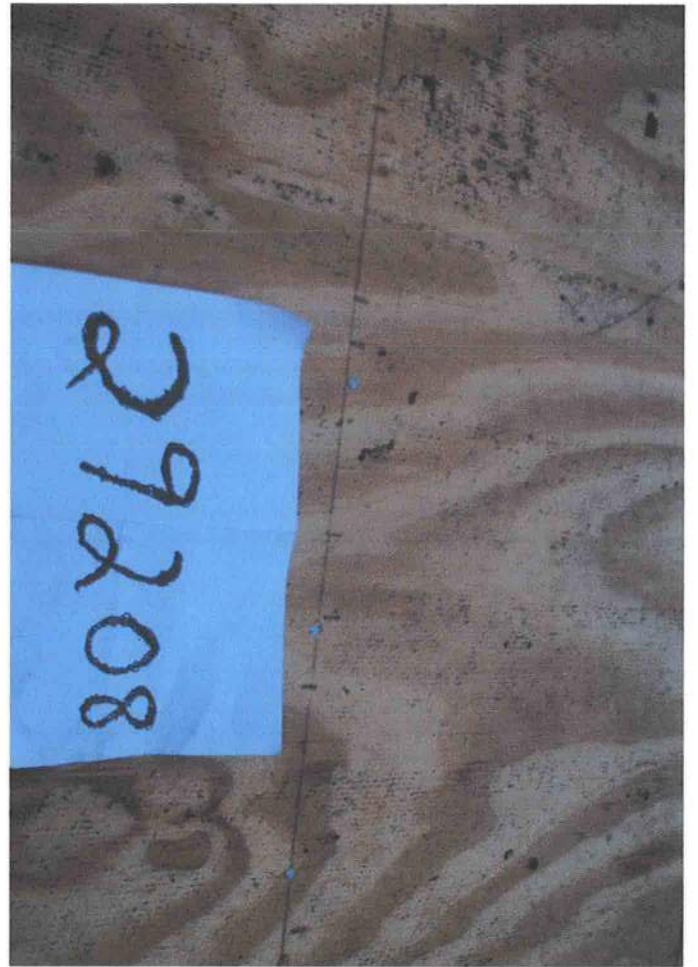
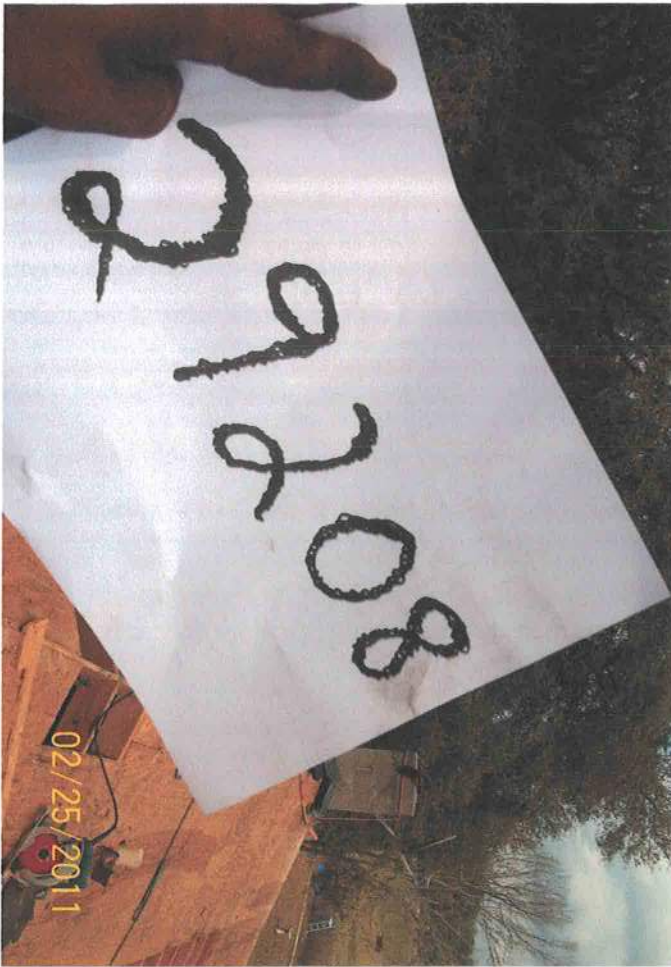
Type of identification produced. _____

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

* 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.







COLUMBIA COUNTY
ON
CALDWELL

COMPLETION

COLUMBIA COUNTY, FLORIDA

Department of Building and Zoning Inspection

This Certificate of Occupancy is issued to the below named permit holder for the building and premises at the below named location, and certifies that the work has been completed in accordance with the Columbia County Building Code.

Parcel Number 01-7S-16-04108-001

Building permit No. 000029208

Permit Holder MAC JOHNSON

Owner of Building VIRGIL KELTNER

Location: 476 SW KELTNER CT FORT WHITE FL 32038

Date: 03/08/2011



Harry Dickie

Building Inspector

POST IN A CONSPICUOUS PLACE
(Business Places Only)

Columbia County Building Permit Application

#187
updates andFor Office Use Only Application # 110247 Date Received 2/23 By JW Permit # 29208

Zoning Official _____ Date _____ Flood Zone _____ Land Use _____ Zoning _____

FEMA Map # _____ Elevation _____ MFE _____ River _____ Plans Examiner _____ Date _____

Comments _____

☐ NOC ☐ EH ☒ Deed or PA ☐ Site Plan ☐ State Road Info ☐ Parent Parcel # _____☐ Dev Permit # _____ ☐ In Floodway ☒ Letter of Auth. from Contractor ☐ F W Comp. letterIMPACT FEES: EMS _____ Fire _____ Corr on file Road/Code _____School _____ = TOTAL 0Septic Permit No. _____ Fax 352 472 6371Name Authorized Person Signing Permit Susan Short Phone 352 472 4943Address PO Box 367 Newberry FL 32669Owners Name Virgil + Geraldine Keltner Phone _____911 Address 476 SW Keltner Ct. Ft White FL 32038Contractors Name Mac Johnson Roofing Inc. Phone 352 472 4943Address PO Box 367 Newberry FL 32669☐ Simple Owner Name & Address _____

Bonding Co. Name & Address _____

Architect/Engineer Name & Address _____

Mortgage Lenders Name & Address _____

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

Property ID Number 01-7S-16-04108-001 Estimated Cost of Construction 5510Subdivision Name Joel Glenn's "UNREC" Lot 1 Block _____ Unit _____ Phase _____Driving Directions T/R on 90 T/L on 41 T/R on CR 131 14.5 milesT/R on CR 18 T/L on old Niblake Ave T/R on SW Hillard Ln T/L onKeltner Ct street dead ends into prop. Number of Existing Dwellings on Property _____Construction of re roof house w/ shingles 176 Total Acreage _____ Lot Size _____Do you need a - Culvert Permit or Culvert Waiver or Have an Existing Drive Total Building Height _____

Actual Distance of Structure from Property Lines - Front _____ Side _____ Side _____ Rear _____

Number of Stories _____ Heated Floor Area _____ Total Floor Area 1700 Roof Pitch 4/12

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.

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.

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 BUILDING PERMITEE:

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 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. I further understand the above written responsibilities in Columbia County for obtaining this Building Permit.

Virginia D. Skelton
Owners Signature

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.

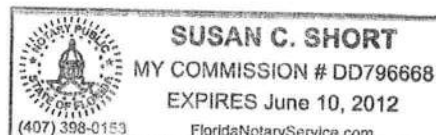
X *[Signature]*
Contractor's Signature (Permitee)

Contractor's License Number RC0061384
Columbia County
Competency Card Number 000187

Affirmed under penalty of perjury to by the Contractor and subscribed before me this 21 day of Feb. 2011.
Personally known ☒ or Produced Identification _____

Susan C. Short
State of Florida Notary Signature (For the Contractor)

SEAL:



Columbia County Property Appraiser

DB Last Updated: 1/6/2011

2010 Tax Year

Tax Collector

Tax Estimator

Property Card

Parcel List Generator

Interactive GIS Map

Print

Parcel: 01-7S-16-04108-001

<< Next Lower Parcel

Next Higher Parcel >>

Search Result: 1 of 1

Owner & Property Info

Owner's Name	KELTNER VIRGIL E JR &		
Mailing Address	GWENDLINE 476 SW KELTNER CT FT WHITE, FL 32038		
Site Address	476 SW KELTNER CT		
Use Desc. (code)	IMPROVED A (005000)		
Tax District	3 (County)	Neighborhood	1716
Land Area	20.000 ACRES	Market Area	02
Description	NOTE: This description is not to be used as the Legal Description for this parcel in any legal transaction.		
S1/2 OF NE1/4 OF SW1/4, EX RD R/W. (AKA PRCL 1 JOEL GLENN'S UNR S/D). ORB 460-686. (JOINS RE# 04104-133)			



Property & Assessment Values

2010 Certified Values		
Mkt Land Value	cnt: (1)	\$9,495.00
Ag Land Value	cnt: (1)	\$3,800.00
Building Value	cnt: (1)	\$51,121.00
XFOB Value	cnt: (2)	\$2,000.00
Total Appraised Value		\$66,416.00
Just Value		\$141,566.00
Class Value		\$66,416.00
Assessed Value		\$54,298.00
Exempt Value	(code: HX)	\$29,298.00
Total Taxable Value	Cnty: \$25,000 Other: \$25,000 Schl:	\$29,298

2011 Working Values

NOTE:

2011 Working Values are NOT certified values and therefore are subject to change before being finalized for ad valorem assessment purposes.

[Show Working Values](#)

Sales History

[Show Similar Sales within 1/2 mile](#)

Sale Date	OR Book/Page	OR Code	Vacant / Improved	Qualified Sale	Sale RCode	Sale Price
NONE						

Building Characteristics

Bldg Item	Bldg Desc	Year Blt	Ext. Walls	Heated S.F.	Actual S.F.	Bldg Value
1	SINGLE FAM (000100)	1982	CB STUCCO (17)	1472	1600	\$48,961.00
Note: All S.F. calculations are based on exterior building dimensions.						

Extra Features & Out Buildings

Code	Desc	Year Blt	Value	Units	Dims	Condition (% Good)
0190	FPLC PF	0	\$1,200.00	0000001.000	0 x 0 x 0	(000.00)
0030	BARN,MT	1993	\$800.00	0000001.000	0 x 0 x 0	(000.00)

Land Breakdown

Lnd Code	Desc	Units	Adjustments	Eff Rate	Lnd Value
006200	PASTURE 3 (AG)	19 AC	1.00/1.00/1.00/1.00	\$200.00	\$3,800.00

Inst. 201112002789 Date: 2/23/2011 Time: 9:36 AM
DC, P. DeWitt Cason, Columbia County Page 1 of 1 B: 1210 P: 782

NOTICE OF COMMENCEMENT

This Instrument Prepared By:

SUSAN SHORT

PO BOX 367 Newberry, FL 32669

FLORIDA

Doc No: 01-7S-16-04108-001

STATE OF FLORIDA

COUNTY OF ALACHUA

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: 476 SW KELTNER COURT FT. WHITE, FL 32038

Legal Description: S1/2 OF NE 1/4 OF SW 1/4 EX RD RW (AKA PRCL 1 JOEL CLENNIS UNR S/D) ORB 460-688

2. GENERAL DESCRIPTION OF IMPROVEMENT(S): RE ROOF HOUSE WITH SHINGLES

3. OWNER INFORMATION: a.) Name: VIRGIL JR & CWENDLINE KELTNER Address: 476 SW KELTNER COURT

b.) Interest in Property: OWNERS FT. WHITE, FL 32038

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

4. CONTRACTOR: a.) Name: MAC JOHNSON ROOFING Inc 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.) ONE YEAR FROM DATE RECORDED

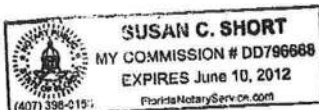
WARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713.13, FLORIDA STATUTES, AND CAN RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED 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.

K 435-865-43-089.0

X *Virgil D. Keltner*
Signature of Owner or Owner's Authorized Officer/Director
Partner/Manager

Signatory's Title/ Office _____

The foregoing instrument was acknowledged before me this 15 day of February, 2011 (year)
by Virgil Keltner (name of person) as Self (type of authority, e.g. officer, trustee, attorney in fact) : _____ (name of party on behalf of whom instrument was executed).



Susan C. Short
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 *Virgil D. Keltner*
Signature of Natural Person Signing / I have

Customer Order # 34400

MAC JOHNSON ROOFING, INC.

Lake City (386) 755-8311

Newberry (352) 472-4943

Fax (352) 472-6371

P. O. Box 367 • Newberry, Florida 32669

Jacksonville (904) 359-4565

(866) 376-4943

STATE CERTIFIED • LICENSED & BONDED • INSURED

CCC-1325497

RC - 0061384

1-866-376-4943

PROPOSAL SUBMITTED TO:		PHONE: 904-905-6363	DATE: 2/7/11
NAME: EROY KULTNER		JOB NAME: E-MAIL: E KULTNER	
STREET: 470 KULTNER CT		STREET: @ EROY KULTNER & ASSOC	
CITY/STATE: FOOT WHITE, FLA		CITY:	

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 type="checkbox"/> 6" | <input type="checkbox"/> Woodgrain | <input type="checkbox"/> White | <input type="checkbox"/> Gray | <input checked="" type="checkbox"/> BROWN |
| <input checked="" type="checkbox"/> 2. 30 lb. felt | <input type="checkbox"/> 15 lb. felt | | | | | |
| <input 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 type="checkbox"/> 7. 25 year algae resistant 3 Tab shingles | \$ | _____ | | | | |
| <input 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 | \$ | 5510.00 | | | | |
| <input type="checkbox"/> 8. Ridge vents | \$ | _____ | Additional | | | |
| <input type="checkbox"/> 9. Self-flashing skylights | \$ | _____ | Additional | | | |
| <input type="checkbox"/> 10. Low Slope Area of Roof | \$ | _____ | Additional | | | |
| <input type="checkbox"/> 11. Preferred Contractor Extended Warranty | \$ | _____ | Additional | | | |

Color: DESERT TAN

Any woodwork is additional. labor plus material.

Woodwork is \$ _____ per man, per hour. Plywood is \$ _____ per sheet including labor.

above the estimate. All agreements containing 90 days and is void thereafter at the option of the undersigned.

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.

DATE: 2-15-11

SIGNATURE _____