

DATE 08/20/2010

Columbia County Building Permit
This Permit Must Be Prominently Posted on Premises During Construction**PERMIT**
000028802

APPLICANT MAURICE PERKINS PHONE 386-364-4439
ADDRESS PO BOX 6141 LIVE OAK FL 32064-6141
OWNER LEON & ANNIEMAE ACOSTA PHONE 386-397-2533
ADDRESS 294 NW SUWANNEE VALLEY RD LAKE CITY FL 32055
CONTRACTOR MAURICE PERKINS PHONE 386-364-4439
LOCATION OF PROPERTY 41 N, L SUWANNEE VALLEY RD, 1ST DRIVE ON LEFT

TYPE DEVELOPMENT SFD, UTILITY ESTIMATED COST OF CONSTRUCTION 147700.00
HEATED FLOOR AREA 2177.00 TOTAL AREA 2954.00 HEIGHT 16.00 STORIES 1
FOUNDATION CONCRETE WALLS FRAMED ROOF PITCH 6/12 FLOOR SLAB
LAND USE & ZONING ESA & A-3 MAX. HEIGHT 35
Minimum Set Back Requirements: STREET-FRONT 30.00 REAR 25.00 SIDE 25.00
NO. EX.D.U. 1 FLOOD ZONE FX DEVELOPMENT PERMIT NO. _____

PARCEL ID 21-2S-16-01689-101 SUBDIVISION SUWANNEE HILLS
LOT 1 BLOCK A PHASE _____ UNIT _____ TOTAL ACRES 5.34

CBC1251469 *Maurice Perkins*
Culvert Permit No. _____ Culvert Waiver _____ Contractor's License Number _____ Applicant/Owner/Contractor _____
EXISTING 10-0378-N BK TC N
Driveway Connection _____ Septic Tank Number _____ LU & Zoning checked by _____ Approved for Issuance _____ New Resident _____

COMMENTS: MINIMUM FLOOR ELEVATION 88', NEED ELEVATION CONFIRMATION LETTER

AT SLAB, NOC ON FILE

MH MUST BE REMOVED FROM PROPERTY 90 DAYS FROM CO ISSUANCE Check # or Cash 2549**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 \$ 740.00 CERTIFICATION FEE \$ 14.77 SURCHARGE FEE \$ 14.77
MISC. FEES \$ 0.00 ZONING CERT. FEE \$ 50.00 FIRE FEE \$ 0.00 WASTE FEE \$ _____
FLOOD DEVELOPMENT FEE \$ _____ FLOOD ZONE FEE \$ 25.00 CULVERT FEE \$ _____ **TOTAL FEE** 844.54
INSPECTORS OFFICE *[Signature]* 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 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 INSPECTION.

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

J. Sherman Frier & Associates, Inc.

Land Surveyors

Post Office Box 580
130 West Howard Street
Live Oak, Florida 32064

Telephone (386) 362-4629
FAX (386) 362-5270
Email: JSFA@WINDSTREAM.net
TIMALCORN@WINDSTREAM.net

Post Office Box 226
135 NE Bloxham Street
Mayo, Florida 32066

DECEMBER 21, 2010

#28802

LEON AND ANNIEMAE ACOSTA
294 NW SUWANNEE VALLEY ROAD
LAKE CITY, FLORIDA. 32055

RE: LOT 1, BLOCKA, SUWANNEE HILLS PLAT BOOK 5, PAGE 70,70A,70B, PARCEL NO. 21-2S-16-01689.101

MINIMUM FLOOR ELEVATION PER COLUMBIA COUNTY BUILDING DEPARTMENT	88.40
TOP OF STEM WALL OR CONCRETE SLAB, FINISH FLOOR ELEVATION	93.00
LOWEST ADJACENT GRADE ELEVATION	90.50
HIGHEST ADJACENT GRADE ELEVATION	91.80
BENCHMARK 60D NAIL ELEVATION	88.70
ELEVATIONS BASED ON NAVD 88, TO MATH COUNTY FLOOD DATA	



TIMOTHY B. ALCORN
PSM #6332

JOB NO. 177-2010

WOOD DESTROYING ORGANISMS
Notice of Inspection
and/or Treatment

Hometown Pest Control
of Live Oak, Inc.

28802

property address

12/17/10

inspection date - RE

12/17/10

treatment date - DT - ST - PT

Cyper

pesticide used

Subterranean Termites

wood destroying organism treated

Hometown Pest Control
of Live Oak, Inc.

PESTS - TERMITES

CALL 364-1800

To turn in
manual J
before 1st Insp.

Columbia County Building Permit Application

☒ EH

For Office Use Only Application # 1006-44A Date Received 6/16 By JW Permit # 28802
Zoning Official BLK Date 10.08.10 Flood Zone Floodable X Land Use ESA + A-3 Zoning ESA + A-3
FEMA Map # 0187C Elevation 87' MFE 87' River Suwannee Plans Examiner 71C Date 7-12-10
Comments Elevation confirmation letter at slab
☐ NOC ☒ EH ☐ Deed or PA ☐ Site Plan ☐ State Road Info ☐ Parent Parcel # _____
☐ Dev Permit # _____ ☐ In Floodway ☐ Letter of Auth. from Contractor ☐ F W Comp. letter
IMPACT FEES: EMS _____ Fire _____ Corr _____ Road/Code _____
School _____ = TOTAL SUSPENDED

Septic Permit No. 10-0378-N

Fax _____

Name Authorized Person Signing Permit Maurice E. Perkins Phone (386) 364-4439

Address P.O. Box 6141 Live Oak Fl. 32064-6141 386 208. 2791-Cent

Owners Name Leon and Annie Mac Acosta Phone 386-397-2533

911 Address 294 NW Suwannee Valley Rd., L.C. Fl 32055

Contractors Name Maurice E. Perkins Phone 386-364-4439

Address P.O. Box 6141 Live Oak Fl. 32064

Fee Simple Owner Name & Address N/A

Bonding Co. Name & Address N/A

Architect/Engineer Name & Address David Cason drafting-desig & serv. HARRIS surveying / engineering Co.

Mortgage Lenders Name & Address N/A

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

Property ID Number 21-2516-01689-101 Estimated Cost of Construction App. 180,000.00

Subdivision Name Suwannee Hills Lot 1 Block A Unit _____ Phase _____

Driving Directions 41 North, toward White Springs, turn left on Suwannee valley Road

Turn left the drive way 1st drive on left 294

Number of Existing Dwellings on Property 1 (MH)

Construction of New Home - SFD Total Acreage 5.34 Lot Size _____

Do you need a - Culvert Permit or Culvert Waiver or Have an Existing Drive Total Building Height 16'

Actual Distance of Structure from Property Lines - Front 200' Side 75' Side 120' Rear 360'

Number of Stories 1 Heated Floor Area 2177 Total Floor Area 2954 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.

- JW spoke w/ Maurice 8.10.10 -

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 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 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. It may be to your advantage to check and see if your property is encumbered by any restrictions.



(Owners Must Sign All Applications Before Permit Issuance.)

Owners Signature


****OWNER BUILDERS MUST PERSONALLY APPEAR AND SIGN THE BUILDING PERMIT.**

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 (Permitee)

Contractor's License Number CBC-1251469 Building
Columbia County
Competency Card Number CFC 1426278 Plumbing

Affirmed under penalty of perjury to by the Contractor and subscribed before me this 16 day of June 2010.
Personally known ☒ or Produced Identification ☐



SEAL:

State of Florida Notary Signature (For the Contractor)



SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER 1006-44

CONTRACTOR Maurice E. Perkins

PHONE (386) 208-2791

THIS FORM MUST BE SUBMITTED PRIOR TO THE ISSUANCE OF A PERMIT

In Columbia County 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 permit. Per Florida Statute 440 and Ordinance 89-6, a contractor shall require all subcontractors to provide evidence of workers' compensation or exemption, general liability insurance and a valid Certificate of Competency license in Columbia County.

Any changes, the permitted contractor is responsible for the corrected form being submitted to this office prior to the start of that subcontractor beginning any work. Violations will result in stop work orders and/or fines.

ELECTRICAL	Print Name: _____ License #: _____	Signature: _____ Phone #: _____
MECHANICAL/ A/C B	Print Name: <u>ERVIN FLEMING</u> License #: <u>CAC1814541</u>	Signature: <u>[Signature]</u> Phone #: <u>386-961-9770</u>
PLUMBING/ GAS	Print Name: <u>MAURICE E. PERKINS</u> License #: <u>CFC 1426278</u>	Signature: <u>Maurice E. Perkins</u> Phone #: <u>(386) 208-2791</u>
ROOFING	Print Name: <u>MAURICE E. PERKINS</u> License #: <u>CBC1251469</u>	Signature: <u>Maurice E. Perkins</u> Phone #: <u>(386) 208-2791</u>
SHEET METAL	Print Name: _____ License #: _____	Signature: _____ Phone #: _____
FIRE SYSTEM/ SPRINKLER	Print Name: _____ License #: _____	Signature: _____ Phone #: _____
SOLAR	Print Name: _____ License #: _____	Signature: _____ Phone #: _____

Specialty License	License Number	Sub-Contractors Printed Name		Sub-Contractors Signature	
MASON	<u>CBC1251469</u>	<u>Maurice Perkins</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>
CONCRETE FINISHER	<u>11</u>	<u>11</u>	<u>11</u>	<u>11</u>	<u>11</u>
FRAMING	<u>11</u>	<u>11</u>	<u>11</u>	<u>11</u>	<u>11</u>
INSULATION	<u>11</u>	<u>11</u>	<u>11</u>	<u>11</u>	<u>11</u>
STUCCO					
DRYWALL	<u>11</u>	<u>11</u>	<u>11</u>	<u>11</u>	<u>11</u>
PLASTER					
CABINET INSTALLER	<u>11</u>	<u>11</u>	<u>11</u>	<u>11</u>	<u>11</u>
PAINTING	<u>11</u>	<u>11</u>	<u>11</u>	<u>11</u>	<u>11</u>
ACOUSTICAL CEILING					
GLASS	<u>CBC1251469</u>	<u>Maurice Perkins</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>
CERAMIC TILE	<u>11</u>	<u>11</u>	<u>11</u>	<u>11</u>	<u>11</u>
FLOOR COVERING	<u>11</u>	<u>11</u>	<u>11</u>	<u>11</u>	<u>11</u>
ALUM/VINYL SIDING	<u>11</u>	<u>11</u>	<u>11</u>	<u>11</u>	<u>11</u>
GARAGE DOOR	<u>11</u>	<u>11</u>	<u>11</u>	<u>11</u>	<u>11</u>
METAL BLDG ERECTOR					

F. S. 440.103 Building permits; identification of minimum premium policy.—Every employer shall, as a condition to applying for and receiving a building permit, show proof and certify to the permit issuer that it has secured compensation for its employees under this chapter as provided in ss. 440.10 and 440.38, and shall be presented each time the employer applies for a building permit.

SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER 1006-44CONTRACTOR PERKINS, MAURICE386. 364-4439
PHONE

THIS FORM MUST BE SUBMITTED PRIOR TO THE ISSUANCE OF A PERMIT

In Columbia County 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 permit. Per Florida Statute 440 and Ordinance 89-6, a contractor shall require all subcontractors to provide evidence of workers' compensation or exemption, general liability insurance and a valid Certificate of Competency license in Columbia County.

Any changes, the permitted contractor is responsible for the corrected form being submitted to this office prior to the start of that subcontractor beginning any work. Violations will result in stop work orders and/or fines.

ELECTRICAL	Print Name <u>Richard H SAPP</u>	Signature <u>Richard H Sapp</u>	Phone #: <u>386 362 4056</u>
	License # <u>ERY 30-130-87</u>		
MECHANICAL/ A/C	Print Name _____	Signature _____	Phone #: _____
	License #: _____		
PLUMBING/ GAS	Print Name _____	Signature _____	Phone #: _____
	License #: _____		
ROOFING	Print Name _____	Signature _____	Phone #: _____
	License #: _____		
SHEET METAL	Print Name _____	Signature _____	Phone #: _____
	License #: _____		
FIRE SYSTEM/ SPRINKLER	Print Name _____	Signature _____	Phone #: _____
	License #: _____		
SOLAR	Print Name _____	Signature _____	Phone #: _____
	License #: _____		

Specialty License	License Number	Sub-Contractors Printed Name	Sub-Contractors Signature
MASON			
CONCRETE FINISHER			
FRAMING			
INSULATION			
STUCCO			
DRYWALL			
PLASTER			
CABINET INSTALLER			
PAINTING			
ACOUSTICAL CEILING			
GLASS			
CERAMIC TILE			
FLOOR COVERING			
ALUM/VINYL SIDING			
GARAGE DOOR			
METAL BLDG ERECTOR			

F. S. 440.103 Building permits; identification of minimum premium policy.--Every employer shall, as a condition to applying for and receiving a building permit, show proof and certify to the permit issuer that it has secured compensation for its employees under this chapter as provided in ss. 440.10 and 440.38, and shall be presented each time the employer applies for a building permit.

Mr. & Mrs. Leon Acosta
3281 NW 213 Terrace
Miami Gardens, FL 33056

30 July 2010

Columbia County Florida
Building and Zoning Department
135 NE Hernando Avenue
Lake City, FL 32055

Attention: Mr. Brian Kepner

Building Permit is pending.

This is to affirm that the mobile home will be moved after the new residential structure is built.

Owners: Leon & Annie Acosta
Builder: Mr. Maurice Perkins
Location: 294 Suwannee Valley Road
Lake City, FL 32055

Respectfully,



Leon Acosta & Annie Acosta

PRODUCT APPROVAL SPECIFICATION SHEET

Location: Columbia Co.

Project Name: ACOSTA

As required by Florida Statute 553.842 and Florida Administrative Code 9B-72, please provide the information and the product approval number(s) on the building components listed below if they will be utilized on the construction project for which you are **applying for a building permit on or after April 1, 2004**. We recommend you contact your local product supplier should you not know the product approval number for any of the applicable listed products. More information about statewide product approval can be obtained at www.floridabuilding.org

Category/Subcategory	Manufacturer	Product Description	Approval Number(s)
A. EXTERIOR DOORS			
1. Swinging	MASQUITA	6 Panel	FI-18
2. Sliding			
3. Sectional			
4. Roll up			
5. Automatic			
6. Other			
B. WINDOWS			
1. Single hung	BETTER BUILD	Aluminum	FI 663
2. Horizontal Slider			
3. Casement			
4. Double Hung			
5. Fixed			
6. Awning			
7. Pass-through			
8. Projected			
9. Mullion			
10. Wind Breaker			
11. Dual Action			
12. Other			
C. PANEL WALL			
1. Siding	Key case	Vinyl	FI-1139
2. Soffits	Key case	Vinyl	FI-1146
3. EIFS			
4. Storefronts			
5. Curtain walls			
6. Wall louver			
7. Glass block			
8. Membrane			
9. Greenhouse			
10. Other	Hard: Board James Hardie	Concrete siding	FI - 889.5
D. ROOFING PRODUCTS			
1. Asphalt Shingles	TPARK	Shingles asphalt	FI-623
2. Underlayments			
3. Roofing Fasteners			
4. Non-structural Metal Rf			
5. Built-Up Roofing			
6. Modified Bitumen			
7. Single Ply Roofing Sys			
8. Roofing Tiles			
9. Roofing Insulation			
10. Waterproofing			
11. Wood shingles /shakes			
12. Roofing Slate			

Category/Subcategory (cont.)	Manufacturer	Product Description	Approval Number(s)
13. Liquid Applied Roof Sys			
14. Cements-Adhesives – Coatings			
15. Roof Tile Adhesive			
16. Spray Applied Polyurethane Roof			
17. Other			
E. SHUTTERS			
1. Accordion			
2. Bahama			
3. Storm Panels			
4. Colonial			
5. Roll-up			
6. Equipment			
7. Others			
F. SKYLIGHTS			
1. Skylight			
2. Other			
G. STRUCTURAL COMPONENTS			
1. Wood connector/anchor			
2. Truss plates			
3. Engineered lumber			
4. Railing			
5. Coolers-freezers			
6. Concrete Admixtures			
7. Material			
8. Insulation Forms			
9. Plastics			
10. Deck-Roof			
11. Wall			
12. Sheds			
13. Other			
H. NEW EXTERIOR ENVELOPE PRODUCTS			
1.			
2.			

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) the performance characteristics which the product was tested and certified to comply with, 3) copy of the applicable manufacturers installation requirements.

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

Inspector or Contractor's Authorized Agent Signature

Print Name

Date

Permit # (FOR STAFF USE ONLY)



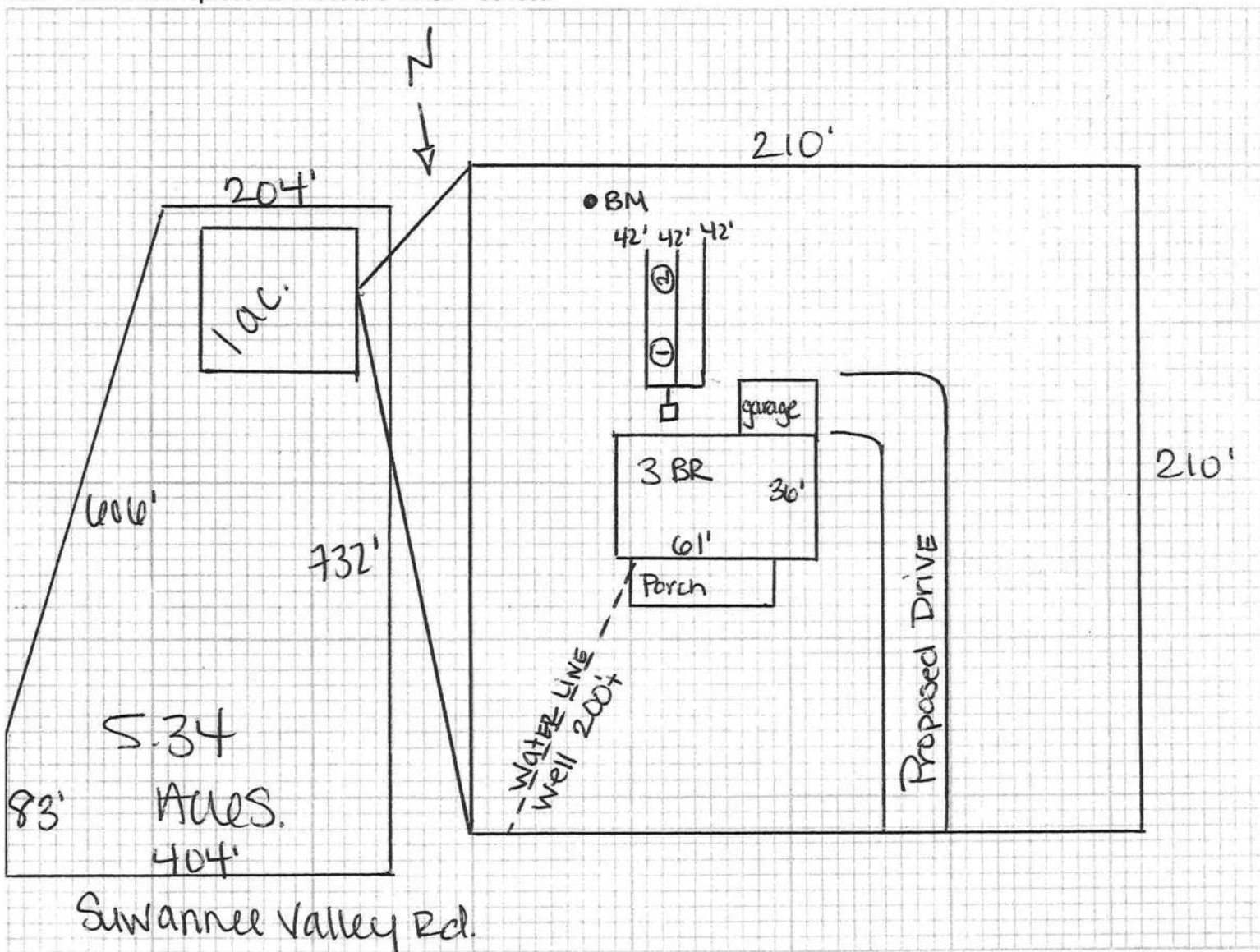
STATE OF FLORIDA
DEPARTMENT OF HEALTH

APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permit Application Number 10-0328N

PART II - SITE PLAN

Scale: Each block represents 5 feet and 1 inch = 50 feet.



Notes: _____

Site Plan submitted by: [Signature] Signature _____ Title _____

Plan Approved X Not Approved _____ Date 7/20/10

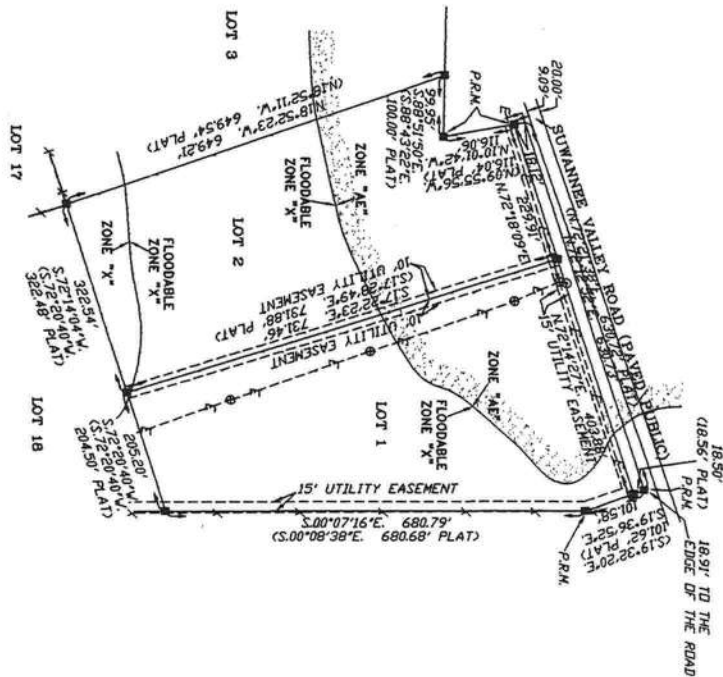
by [Signature] County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

BOUNDARY SURVEY IN SECTION 21, TOWNSHIP 2 SOUTH,
RANGE 16 EAST, COLUMBIA COUNTY, FLORIDA.



SCALE: 1" = 200'



DESCRIPTION:
LOT 1 & 2 OF 'SUNNYSIDE HILLS' AS PER PLAT THEREOF RECORDED IN PLAT BOOK 05, PAGES 70, 70A & 70B OF THE PUBLIC RECORDS OF COLUMBIA COUNTY, FLORIDA.

- SURVEYOR'S NOTES:
1. BOUNDARY BASED ON MONUMENTATION FOUND IN ACCORDANCE WITH THE RETRACEMENT OF THE ORIGINAL SURVEY FOR SAID PLAT OF RECORD.
 2. BEARINGS ARE BASED ON SAID PLAT OF RECORD.
 3. THIS PARCEL IS IN ZONE '4C' AND IS SUBJECT TO FLOODING. A BASE FLOOD ELEVATION IS ESTABLISHED TO BE 88.00' AS PER FLOOD INSURANCE RATE MAP, DATED 6 JAN. 1988 COMMUNITY PANEL NO. 120070 010 B. HOWEVER, THE FLOOD INSURANCE RATE MAPS ARE SUBJECT TO CHANGE.
 4. THE IMPROVEMENTS, IF ANY, INDICATED ON THIS SURVEY DRAWING ARE AS LOCATED ON THE RECORDS OF THE COLUMBIA COUNTY ENGINEERING DEPARTMENT.
 5. IF THEY EXIST AND UNDEGROUND UTILITIES AND/OR UTILITIES WERE LOCATED FOR THIS SURVEY EXCEPT AS SHOWN HEREON.
 6. THIS SURVEY WAS COMPLETED WITHOUT THE BENEFIT OF A TITLE COMMITMENT OR A TITLE POLICY.

CERTIFIED TO:

LEON ACCOSTA

FIELD BOOK 206 PAGE(S) 22

SURVEYOR'S CERTIFICATION

I HEREBY CERTIFY THAT THIS SURVEY WAS MADE UNDER MY RESPONSIBLE CHARGE AND THAT THE MEASUREMENTS, STANDARDS AS SET FORTH BY THE FLORIDA BOARD OF PROFESSIONAL SURVEYORS AND MAPERS IN CHAPTER 600-4, FLORIDA ADMINISTRATIVE CODE, PERSUASION TO SECTION 600.02(2) FLORIDA STATUTES.

DATE: 07/08/99
FIELD SURVEY DATE: 07/09/99
DRAWING DATE: 07/09/99
CERTIFICATION BY: [Signature]
L-9617

NOTES: I MAKE THE SIGNATURE AND THE ORIGINAL SIGNED SEAL OF A FLORIDA LICENSED SURVEYOR AND MAPER THIS DRAWING, SETTING PLAT OF MAP IS FOR PROFESSIONAL PURPOSES ONLY AND IS NOT VALID.



BRITT SURVEYING

LAND SURVEYORS AND MAPPERS
1456 WEST BAYVIEW STREET, SUITE 100, TAMPA, FLORIDA 33605
(904) 752-7163 FAX (904) 752-5573
WORK ORDER # L-9617



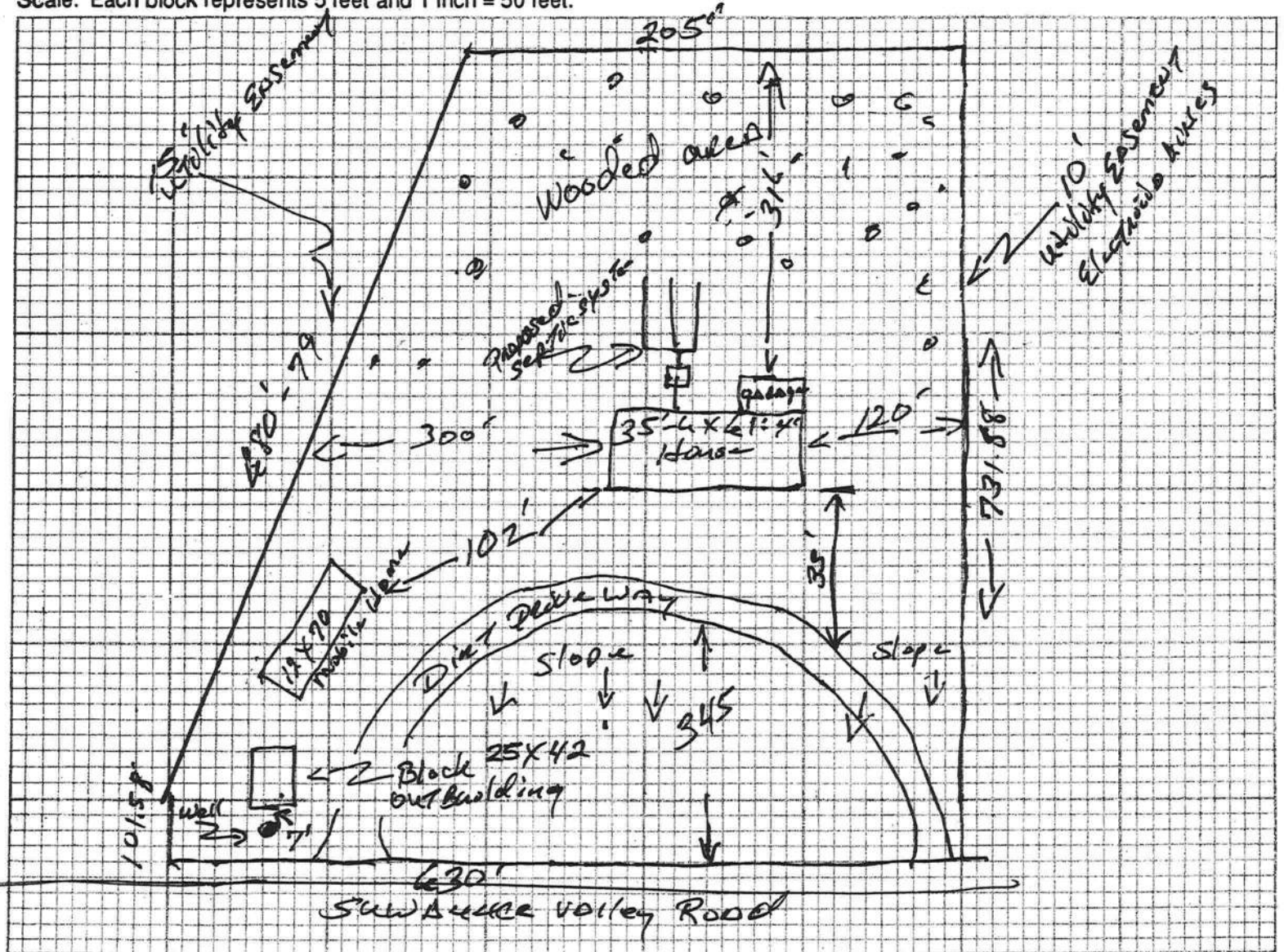
STATE OF FLORIDA
DEPARTMENT OF HEALTH

APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permit Application Number _____

PART II - SITE PLAN -

Scale: Each block represents 5 feet and 1 inch = 50 feet.



Notes: Property has floodable area zone A2, house being built in zone X
NOT floodable Property is high and dry House being built on
lot and lot is clear of construction total Property is 10 acres

Site Plan submitted by: Maurice E. Parker
Signature

Contractor
Title

Plan Approved _____ Not Approved _____

Date _____

By _____ County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

This Instrument Prepared by: Karen Brown,
An Officer of ASSOCIATED LAND TITLE GROUP, INC.,
300 N. MARION STREET, LAKE CITY, FLORIDA 32055,
For Purposes of Title Ins.
File # 170-34158
Parcel ID # 21-2S-16-01689-101

FILED AND RECORDED IN PUBLIC
RECORDS OF COLUMBIA COUNTY, FLA.

97-08536

1997 JUN 23 PM 1:19

Documentary Stamp \$136.50
Intangible Tax _____
P. DeWitt Cason
Clerk of Court
By MCK D.C.

RECORDED
P. DeWitt Cason
CLERK OF COURTS
COLUMBIA COUNTY, FLORIDA
BY MCK D.C.

Warranty Deed

(The terms "grantor" and "grantee" herein shall be construed to include all genders and singular or plural as the context indicates.)

Made June 23, 1997, BETWEEN

Frank A. Schiebel
whose post office address is 38 Spanish Oak Lane Apopka, FL 32703, grantor, and

Leon Acosta and wife, Annie Mae Acosta (SS#: [REDACTED]/266-66-6404)
whose post office address is 3281 NW 213 Terrace Opalocka, FL 33056, grantee,

WITNESSETH: That the said grantor, for and in consideration of the sum of Ten (\$10.00) Dollars, and other good and valuable considerations to said grantor in hand paid by said grantee, the receipt whereof is hereby acknowledged, has granted, bargained and sold to the said grantee, and grantee's heirs, successors and assigns forever, the following described land, situate, lying and being in Columbia County, Florida to-wit:

Lot 1, Block A of SUWANNEE HILLS SUBDIVISION, a subdivision per plat thereof recorded in Plat Book 5, Pages 70, 70A and 70B, public records of Columbia County, Florida.

Subject to easements and restrictions of record, if any, which are specifically not extended or reimposed hereby. Subject to 1997 taxes and assessments.

GRANTOR HEREIN AFFIRMS ABOVE DESCRIBED PROPERTY NOT HOMESTEAD.

BK 0841 PG 0437

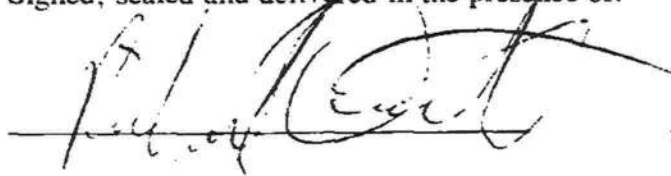
OFFICIAL RECORDS

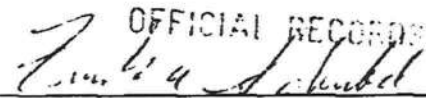
and said grantor does hereby fully warrant the title to said land, and will defend the same against the lawful claims of all persons whomsoever.

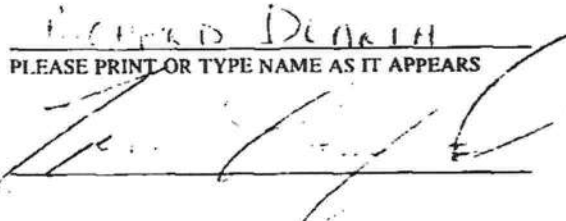
IN WITNESS WHEREOF, Grantor has hereunto set grantor's hand and seal the day and year first above written.

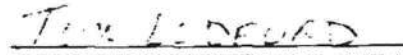
Signed, sealed and delivered in the presence of:

BK 0841 PG 0438



OFFICIAL RECORDS

Frank A. Schiebel


PLEASE PRINT OR TYPE NAME AS IT APPEARS


PLEASE PRINT OR TYPE NAME AS IT APPEARS

STATE OF Florida

COUNTY OF Sumter

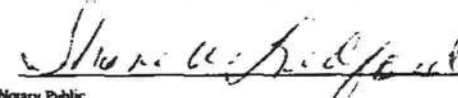
I HEREBY CERTIFY, that on June 19, 1997, before me personally appeared Frank A. Schiebel who is personally known to me or has produced the identification identified below, who is the person described in and who executed the foregoing instrument, and who after being duly sworn says that the execution hereof is free act and deed for the uses and purposes herein mentioned.

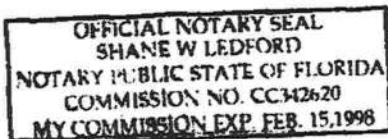
SWORN TO AND SUBSCRIBED before me the undersigned Notary Public by my hand and official seal, the day and year last aforesaid.

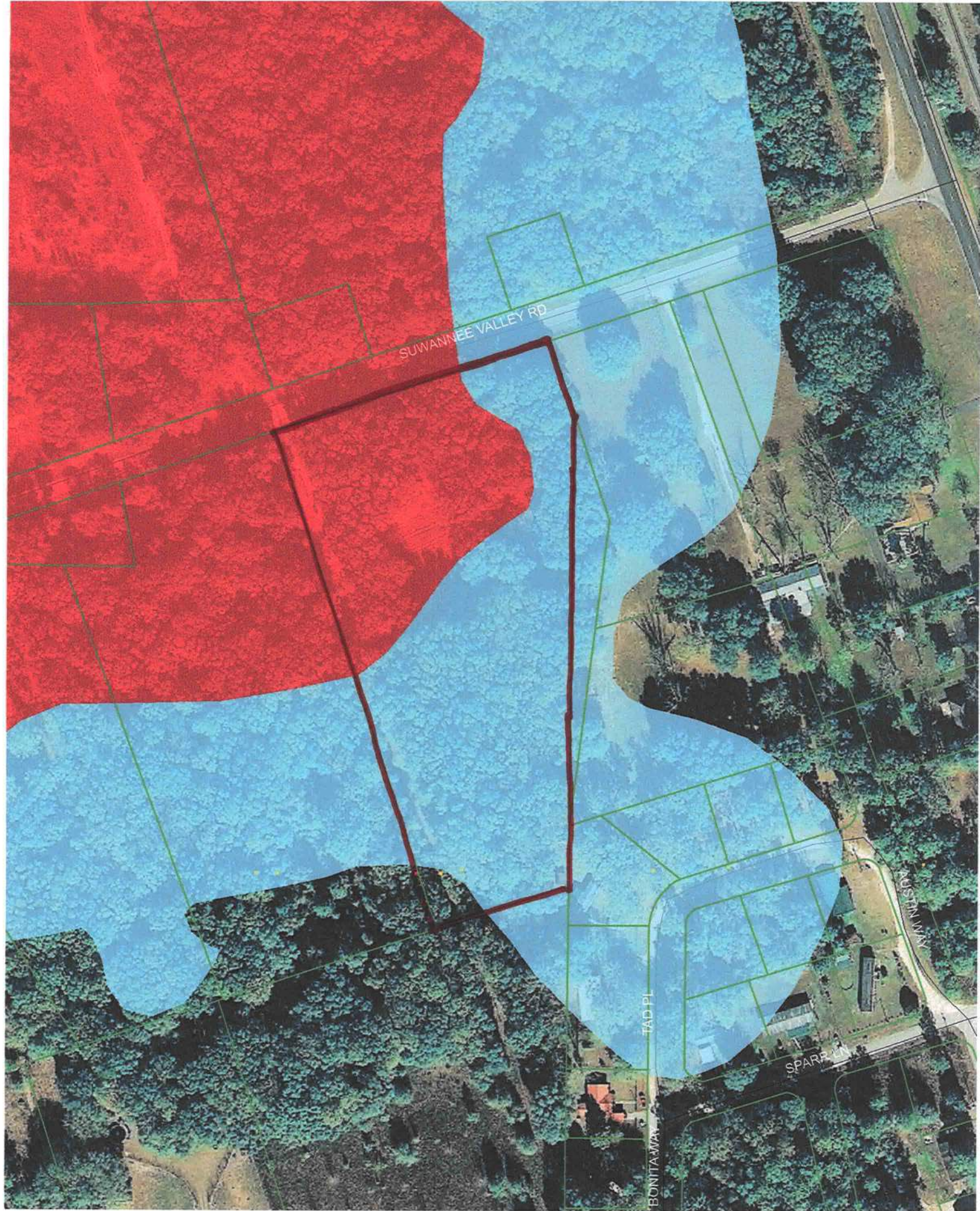
(☒) To me personally known () Identified by Driver's License () Identified by _____

My Commission Expires: 2-15-98

Commission No.: 00392020


Notary Public
SHANE W. LEDFORD
PLEASE PRINT OR TYPE NAME AS IT APPEARS





1006-44

NOTICE OF COMMENCEMENT

County Clerk's Office Stamp or Seal

Tax Parcel Identification Number 162521-01689-101

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): 21-25-16-0200/6200 LOT 1 BLKA SWANEE HILLS S/D ORR 821-353
a) Street (job) Address: 294 NW SWANEE VALLEY RD 841-487
2. General description of improvements: NEW CONSTRUCTION
3. Owner Information
a) Name and address: Leon & Aquila Mae Acosta 294 NW Swanee Valley Rd. Lake City FL 32055
b) Name and address of fee simple titleholder (if other than owner):
c) Interest in property: 100%
4. Contractor Information
a) Name and address: Maurice E. Perkins P.O. Box 6141 Live Oak FL 32064
b) Telephone No.: 386-364-4439 Fax No. (Opt.)
5. Surety Information
a) Name and address:
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: Maurice E. Perkins P.O. Box 6141 Live Oak FL 32064-6141
b) Telephone No.: (386) 208-2791 Fax No. (Opt.) 386-364-5432
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(1)(b), Florida Statutes:
a) Name and address: Maurice E. Perkins, P.O. Box 6141 Live Oak FL 32064-6141
b) Telephone No.: (386) 208-2791 Fax No. (Opt.) (386) 364-5432
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. Leon Acosta
Signature of Owner or Owner's Authorized Officer/Partner/Manager
Leon Acosta
Print Name

The foregoing instrument was acknowledged before me, a Florida Notary, this 1 day of June, 2010, by:
Leon Acosta as owner (type of authority, e.g. officer, trustee, attorney
fact) for Leon Acosta (name of party on behalf of whom instrument was executed).

Personally Known ☒ OR Produced Identification ☒ Type FL ID card

Notary Signature Rose Ann Aiello 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.

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



COLUMBIA COUNTY 911 ADDRESSING / GIS DEPARTMENT

P. O. Box 1787, Lake City, FL 32056-1787
Telephone: (386) 758-1125 * Fax: (386) 758-1365 * Email: ron_croft@columbiacountyfla.com



ADDRESS ASSIGNMENT DATA

The Columbia County Board of County Commissioners has passed Ordinance 2001-9, which provides for a uniform numbering system. A copy of this ordinance is available in the Clerk of Court records, located in the courthouse. This new numbering system will increase the efficiency of POLICE, FIRE AND EMERGENCY MEDICAL vehicles responding to calls within Columbia County by immediately identifying the location of the caller.

A Residential or Other Structure(s) on Parcel Number:

21-2S-16-01689-101 (LOT 1 BLK A SUWANNEE HILLS S/D)

Address Assignment(s):

294 NW SUWANNEE VALLEY RD, LAKE CITY, FL, 32055

Any questions concerning this information should be referred to the Columbia County 911 Addressing / GIS Department at the address or telephone number above.

Compliance with Method B Chapter 6 of the Florida Energy Efficiency Code may be demonstrated by the use of Form 600B for single and multifamily residences of 3 stories or less in height, and additions to existing residential buildings. To comply, a building must meet or exceed all of the energy efficiency prescriptives in any one of the prescriptive component packages and comply with the prescriptive measures listed in Table 6B-1 of this form. An alternative method is provided for additions of 600 square feet or less by use of Form 600C. If a building does not comply with this method, it may still comply under other sections in Chapter 6 of the Code.

PROJECT NAME: AND ADDRESS:	MR. & MRS. ACOSTA COLUMBIA COUNTY, FL.	BUILDER: PERMITTING OFFICE:	Parkins COLUMBIA	CLIMATE ZONE:	7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/>
OWNER:		PERMIT NO.:	28802	JURISDICTION NO.:	221000

GENERAL DIRECTIONS

1. New construction including additions which incorporates any of the following features cannot comply using this method: steel stud walls, single assembly roof/ceiling construction, or skylights or other non-vertical roof glass.
2. Choose one of the component packages "A" through "F" from Table 6B-1 by which you intend to comply with the Code. Circle the column of the package you have chosen.
3. Fill in all the applicable spaces of the "To Be Installed" column on Table 6B-1 with the information requested. All "To Be Installed" values must be equal to or more efficient than the required levels.
4. Complete page 1 based on the "To Be Installed" column information.
5. Read "Minimum Requirements for All Packages", Table 6B-2 and check each box to indicate your intent to comply with all applicable items.
6. Read, sign and date the "Prepared By" certification statement at the bottom of page 1. The owner or owner's agent must also sign and date the form.

Please Print

CK

1. Compliance package chosen (A-F)
2. New construction or addition
3. Single family detached or Multifamily attached
4. If Multifamily—No. of units covered by this submission
5. Is this a worst case? (yes / no)
6. Conditioned floor area (sq. ft.)
7. Predominant eave overhang (ft.)
8. Glass type and area :
 - a. Clear glass
 - b. Tint, film or solar screen
9. Percentage of glass to floor area
10. Floor type, area or perimeter, and insulation:
 - a. Slab on grade (R-value)
 - b. Wood, raised (R-value)
 - c. Wood, common (R-value)
 - d. Concrete, raised (R-value)
 - e. Concrete, common (R-value)
11. Wall type, area and insulation:
 - a. Exterior: 1. Masonry (Insulation R-value)
2. Wood frame (Insulation R-value)
 - b. Adjacent: 1. Masonry (Insulation R-value)
2. Wood frame (Insulation R-value)
12. Ceiling type, area and insulation:
 - a. Under attic (Insulation R-value)
 - b. Single assembly (Insulation R-value)
13. Air Distribution System: Duct insulation, location
Test report (attach if required)
14. Cooling system
(Types: central, room unit, package terminal A.C., gas, none)
15. Heating system:
(Types: heat pump, elec. strip, nat. gas, L.P. gas, gas h.p., room or PTAC, none)
16. Hot water system:
(Types: elec., nat. gas, L.P. gas, solar, heat rec., ded. heat pump, other, none)

1.	A	
2.	NC	
3.	SFD	
4.	—	
5.	—	
6.	1549	
7.		
8a.	Single Pane	Double Pane
8b.	sq. ft.	sq. ft.
9.	15 %	
10a.	R=	lin. ft.
10b.	R=	sq. ft.
10c.	R=	sq. ft.
10d.	R= 5	1549 sq. ft.
10e.	R=	sq. ft.
11a-1	R=	sq. ft.
11a-2	R= 11	2177 sq. ft.
11b-1	R=	sq. ft.
11b-2	R=	sq. ft.
12a.	R= 30	1549 sq. ft.
12b.	R=	sq. ft.
13.	R= 6	ATTIC
14a.	Type: CENTRAL	
14b.	SEER/EER: 13.0	
14c.	Capacity: 4.0T	
15a.	Type: ELECT. STRIP	
15b.	HSPF/COPIAFUE: 8.0	
15c.	Capacity: 4.0T	
16a.	Type: ELECTRIC	
16b.	EF: .92	

I hereby certify that the plans and specifications covered by the calculation are in compliance with the Florida Energy Code.

PREPARED BY:

DATE:

I hereby certify that this building, as designed, is in compliance with the Florida Energy Code.

OWNER AGENT:

DATE:

Review of plans and specifications covered by this calculation indicates compliance with the Florida Energy Code. Before construction is completed, this building will be inspected for compliance in accordance with Section 553.908, F.S.

BUILDING OFFICIAL:

DATE:

ADDENDUM

28802
417

JOB #1027 - MR & MRS. ACOSTA

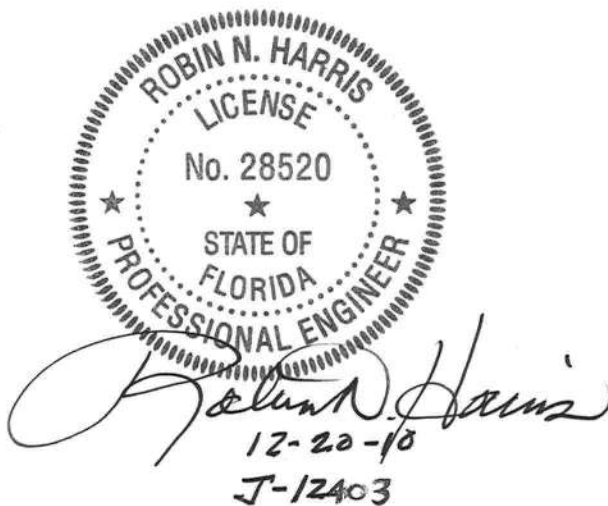
COLUMBIA COUNTY, FLORIDA

CONTRACTOR: MAURICE PERKINS

DESIGNER / DRAFTER: DONALD E. CASON
1424 SHADY OAK DRIVE
JASPER, FLORIDA 32052

- 1.) SHEET No. A-1: REMOVE INTERIOR CONCRETE WALL SUPPORTS FROM CONCRETE SLAB. PLANS WERE ORIGINALLY DESIGNED FOR CONVENTIONAL FRAMED RAFTERS, CHANGED TO ENGINEERED TRUSS SYSTEM. TRUSS SYSTEM IS DESIGNED TO CARRY LOAD ON FRONT & REAR WALLS, NO INTERIOR BEARING WALLS. FINAL DESIGN OF TRUSS SYSTEM TO BE BY TRUSS MANUFACTURER. MANUFACTURER WILL PROVIDE STAMPED DETAILED DRAWING OF SAID TRUSSES.

ENGINEERED BY
HARRIS SURVEYING & ENGINEERING CO., INC.
1207 BAYTREE ROAD
VALDOSTA, GEORGIA 31602
DATE: 12-20-10 SCALE: AS SHOWN
FLA. P.E. NO. 28520
FLA. BUS. LIC. 2917
1-229-244-9735



"REVISED"

SUBCONTRACTOR VERIFICATION FORM

PERMIT

28802

NUMBER

CONTRACTOR

MAURICE PERKINS

PHONE

386.362.166

THIS FORM MUST BE SUBMITTED PRIOR TO THE ISSUANCE OF A PERMIT

In Columbia County 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 permit. Per Florida Statute 440 and Ordinance 89-6, a contractor shall require all subcontractors to provide evidence of workers' compensation or exemption, general liability insurance and a valid Certificate of Competency license in Columbia County.

Any changes, the permitted contractor is responsible for the corrected form being submitted to this office prior to the start of that subcontractor beginning any work. Violations will result in stop work orders and/or fines.

ELECTRICAL 1089 ✓	Print Name <u>J. D. BROWN</u> License #: <u>ER 0002055</u>	Signature <u>[Signature]</u> Phone #: <u>386.362.166</u>
MECHANICAL/A/C	Print Name _____ License #: _____	Signature _____ Phone #: _____
PLUMBING/GAS	Print Name _____ License #: _____	Signature _____ Phone #: _____
ROOFING	Print Name _____ License #: _____	Signature _____ Phone #: _____
SHEET METAL	Print Name _____ License #: _____	Signature _____ Phone #: _____
FIRE SYSTEM/SPRINKLER	Print Name _____ License #: _____	Signature _____ Phone #: _____
SOLAR	Print Name _____ License #: _____	Signature _____ Phone #: _____

Specialty License	License Number	Sub-Contractors Printed Name	Sub-Contractors Signature
MASON			
CONCRETE FINISHER			
FRAMING			
INSULATION			
STUCCO			
DRYWALL			
PLASTER			
CABINET INSTALLER			
PAINTING			
ACOUSTICAL CEILING			
GLASS			
CERAMIC TILE			
FLOOR COVERING			
ALUM/VINYL SIDING			
GARAGE DOOR			
METAL BLDG ERECTOR			

F. S. 440.103 Building permits; identification of minimum premium policy.--Every employer shall, as a condition to applying for and receiving a building permit, show proof and certify to the permit issuer that it has secured compensation for its employees under this chapter as provided in ss. 440.10 and 440.38, and shall be presented each time the employer applies for a building permit.

#28802

J. Sherman Frier & Associates, Inc.

Land Surveyors

Post Office Box 580
130 West Howard Street
Live Oak, Florida 32064

Telephone (386) 362-4629
FAX (386) 362-5270
Email: JSFA@WINDSTREAM.net
TIMALCORN@WINDSTREAM.net

Post Office Box 226
135 NE Bloxham Street
Mayo, Florida 32066


DECEMBER 21, 2010

LEON AND ANNIEMAE ACOSTA
294 NW SUWANNEE VALLEY ROAD
LAKE CITY, FLORIDA. 32055

OK
BLK
27 SEPT. 2011

RE: LOT 1, BLOCKA, SUWANNEE HILLS PLAT BOOK 5, PAGE 70,70A,70B, PARCEL NO. 21-2S-16-01689.101

MINIMUM FLOOR ELEVATION PER COLUMBIA COUNTY BUILDING DEPARTMENT	88.40
TOP OF STEM WALL OR CONCRETE SLAB, FINISH FLOOR ELEVATION	93.00
LOWEST ADJACENT GRADE ELEVATION	90.50
HIGHEST ADJACENT GRADE ELEVATION	91.80
BENCHMARK 60D NAIL ELEVATION	88.70
ELEVATIONS BASED ON NAVD 88, TO MATH COUNTY FLOOD DATA	


TIMOTHY B. ALCORN
PSM #6332

JOB NO. 177-2010

COLUMBIA VALLEY ON

OCCUPANCY

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 21-2S-16-01689-101

Building permit No. 000028802

Use Classification SFD, UTILITY

Fire: 0.00

Permit Holder MAURICE PERKINS

Waste: _____

Owner of Building LEON & ANNIEMAE ACOSTA

Total: 0.00

Location: SUWANNEE VALLEY ROAD, LAKE CITY, FL

Date: 12/01/2011



Joey Cuon

Building Inspector

POST IN A CONSPICUOUS PLACE
(Business Places Only)

COLUMBIA COUNTY OFFICE OF ZONING

OCCUPANCY

COLUMBIA COUNTY, FLORIDA

Department of Building and Zoning Inspection

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Waste:

Owner of Building LEON & ANNIEMAE ACOSTA

Total: 0.00

Location: SUWANNEE VALLEY ROAD, LAKE CITY, FL

Date: 12/01/2011

Ray C.

Building Inspector

POST IN A CONSPICUOUS PLACE
(Business Places Only)



Randy

~~Tony~~

Responsible for the success of
WORLDWIDE PEST CONTROL

Problems of inspection
control treatment

Homelown Pest Control
of Live Oak, Inc.

San Antonio Valley, PA
10/1/11

10/1/11

10/1/11

10/1/11

10/1/11

10/1/11

10/1/11

10/1/11

10/1/11

10/1/11

Homelown Pest Control
of Live Oak, Inc.

Termite and Pest Control

Over 20 Years Experience

"Quality Work At A Fair Price"

28802