

Columbia County Swimming Pool/Spa Permit Application

**For Office Use Only** Application # 1908-26 Date Received 8/8/19 By MG Permit # 38488  
 Zoning Official TC Date 8-14-19 Flood Zone X Land Use AG Zoning A-3  
 FEMA Map # N/A Elevation N/A MFE N/A River N/A Plans Examiner TC Date 8-14-19  
 Comments Front 30' Sides 25' Rear 25'  
☒ NOC ☒ DEED or PA ☒ Site Plan ☐ 911 Sheet (If NO Address Exists) ☐ Owner Builder Disclosure Statement  
☐ Dev Permit # \_\_\_\_\_ ☐ In Floodway ☐ Letter of Auth. from Contractor ☐ F W Comp. letter  
☐ Land Owner Affidavit ☐ Ellisville Water ☒ App Fee Paid ☒ Sub VF Form  
 Notes:

Septic Permit No. 19-0595 Or City Water System ☐ Fax \_\_\_\_\_  
 Applicant (Who will sign/pickup the permit) Brenda Hartzog Phone 352-339-6463  
 Address 21672 NW 142nd Ave High Springs, FL 32643  
 Owners Name Gary or Cherri Shine Phone 352-514-4302  
 911 Address 1415 SW County RD 138 Ft White, FL 32038  
 Contractors Name Carl Hartzog Phone 352-215-5666  
 Address 21672 NW 142nd Ave High Springs, FL 32643  
 Contractor Email hartzogmike@yahoo.com \*\*\*Include to get updates on this job.

Fee Simple Owner Name & Address \_\_\_\_\_

Bonding Co. Name & Address \_\_\_\_\_

Architect/Engineer Name & Address RICHARD TOMMELL - PE

Mortgage Lenders Name & Address 300 ALTERNATE 19 N STEA PALM HARBOR FL 34683

Circle the correct power company ☐ FL Power & Light ☒ Clay Elec. ☐ Suwannee Valley Elec. ☐ Duke Energy

Property ID Number 25-7S-16-04-04321-009 Cost of Construction 43,000.00

Subdivision Name Rum Island Ranches Lot 12 Block \_\_\_\_\_ Unit \_\_\_\_\_ Phase \_\_\_\_\_

Driving Directions West on NE Franklin St toward NE Calhoun Ave, left on nw main blvd, right on fl-47-s, l

47S, L Hwy 27, R CR 138, Property on R just past  
Unity Ct Residential ☒ OR Commercial ☐

Construction of 15' x 30' Inground Swimming Pool ADA Compliant \_\_\_\_\_ Total Acreage 14.61

Actual Distance of Pool from Property Lines - Front 470' Side \_\_\_\_\_ Side \_\_\_\_\_ Rear 152'

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. Stu sent email 8.15.19

**CODE: Florida Building Code 2014 and the 2011 National Electrical Code.**

## 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 a permit has been issued.

**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.

Cheri Shire

Print Owners Name

Cheri Shire

Owners Signature

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

**\*\*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.

[Signature]

Contractor's Signature

Contractor's License Number CPC1457126  
Columbia County  
Competency Card Number 1599 ✓

Affirmed under penalty of perjury to by the Contractor and subscribed before me this \_\_\_\_ day of \_\_\_\_ 20\_\_.

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

[Signature]

State of Florida Notary Signature (For the Contractor)

SEAL:



# SUBCONTRACTOR VERIFICATION

APPLICATION/PERMIT # 1908-26 JOB NAME Shine

**THIS FORM MUST BE SUBMITTED BEFORE A PERMIT WILL BE ISSUED**

Columbia County issues combination permits. 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 general contractors permit.

**NOTE:** It shall be the responsibility of the general contractor to make sure that all of the subcontractors are licensed with the Columbia County Building Department.

Use website to confirm licenses: <http://www.columbiacountyfla.com/PermitSearch/ContractorSearch.aspx>

**NOTE:** If this should change prior to completion of the project, it is your responsibility to have a corrected form submitted to our office, before that work has begun.

Violations will result in stop work orders and/or fines.

<b>ELECTRICAL</b> <input checked="" type="checkbox"/>	Print Name <u>Gary Shine</u> Signature <u>G. Shine</u> Company Name: <u>Shine &amp; Company INC</u> License #: <u>EC-0001119</u> Phone #: <u>454-2034</u>	<b>Need</b> <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
<b>MECHANICAL/A/C</b> <input type="checkbox"/>	Print Name <u>N/A</u> Signature _____ Company Name: _____ License #: _____ Phone #: _____	<b>Need</b> <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
<b>PLUMBING/GAS</b> <input checked="" type="checkbox"/>	Print Name <u>Carl Hartog</u> Signature <u>Carl Hartog</u> Company Name: <u>Hydro Fun Pools LLC</u> License #: <u>CPC 1457 126</u> Phone #: <u>352-215-5666</u>	<b>Need</b> <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
<b>ROOFING</b> <input type="checkbox"/>	Print Name <u>N/A</u> Signature _____ Company Name: _____ License #: _____ Phone #: _____	<b>Need</b> <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
<b>SHEET METAL</b> <input type="checkbox"/>	Print Name <u>N/A</u> Signature _____ Company Name: _____ License #: _____ Phone #: _____	<b>Need</b> <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
<b>FIRE SYSTEM/SPRINKLER</b> <input type="checkbox"/>	Print Name <u>N/A</u> Signature _____ Company Name: _____ License #: _____ Phone #: _____	<b>Need</b> <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
<b>SOLAR</b> <input type="checkbox"/>	Print Name <u>N/A</u> Signature _____ Company Name: _____ License #: _____ Phone #: _____	<b>Need</b> <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
<b>STATE SPECIALTY</b> <input type="checkbox"/>	Print Name <u>N/A</u> Signature _____ Company Name: _____ License #: _____ Phone #: _____	<b>Need</b> <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE



# NOTICE OF COMMENCEMENT

Tax Parcel Identification Number:

25-75-16-04321-009

Clerk's Office Stamp

Inst: 201912018312 Date: 08/08/2019 Time: 9:31AM  
Page 1 of 1 B: 1390 P: 2185, P.DeWitt Cason, Clerk of Court  
Columbia, County, By: BD  
Deputy Clerk

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): AKA Lot 12 RUN Island Ranches Unrec, BEG NE COR of NW1/4 of NW 1/4, Rus S 1271.51ft

a) Street (job) Address: 1415 SW County RD 138 Ft White, FL 32038

2. General description of improvements: In Ground Swimming POOL

3. Owner Information or Lessee information if the Lessee contracted for the improvements:

a) Name and address: Gary or Cherri Shine

b) Name and address of fee simple titleholder (if other than owner) \_\_\_\_\_

c) Interest in property Owner

4. Contractor Information

a) Name and address: Carl Hartzog

b) Telephone No.: 352-215-5666

PO Box 325 High Springs, FL 32659

5. Surety Information (if applicable, a copy of the payment bond is attached):

a) Name and address: \_\_\_\_\_

b) Amount of Bond: \_\_\_\_\_

c) Telephone No.: \_\_\_\_\_

6. Lender

a) Name and address: \_\_\_\_\_

b) Phone No. \_\_\_\_\_

7. Person 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 and address: \_\_\_\_\_

b) Telephone No.: \_\_\_\_\_

8. In addition to himself or herself, 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: Carl Hartzog

b) Telephone No.: 352-215-5666

of PO Box 325 High Spring, FL 32655

9. Expiration date of Notice of Commencement (the expiration date will be 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 YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.**

STATE OF FLORIDA  
COUNTY OF COLUMBIA

10. Cherri Shine  
Signature of Owner or Lessee, or Owner's or Lessee's Authorized Office/Director/Partner/Manager

Cherri Shine  
Printed Name and Signatory's Title/Office

The foregoing instrument was acknowledged before me, a Florida Notary, this 6th day of August, 20 19, by:

Cherri Shine  
(Name of Person)

as Owner  
(Type of Authority)

for \_\_\_\_\_  
(name of party on behalf of whom instrument was executed)

Personally Known ☒ OR Produced Identification \_\_\_\_\_ Type \_\_\_\_\_

Notary Signature

Kristina Shine

Notary





## COLUMBIA COUNTY BUILDING DEPARTMENT

135 NE Hernando Ave., Suite B-21, Lake City, FL 32055

Office: 386-758-1008 Fax: 386-758-2160

[www.columbiacountyfla.com/BuildingandZoning.asp](http://www.columbiacountyfla.com/BuildingandZoning.asp)

### NOTICE TO SWIMMING POOL OWNERS

Gary or Cherri Shine

\_\_\_\_\_ have been informed and I understand that prior to the final inspection approval and use of my pool, I will need all the inspections approved and the required fencing installed in accordance with applicable regulations. The Florida Building Code requires private residential swimming pools, hot tubs, or non-portable spas containing water over 24 inches deep to meet the following pool barrier safety feature requirements:

- The pool access must be isolated by a barrier at least 4 feet high and installed around the perimeter of the pool.  
Unless the pool is equipped with a safety cover complying with the specifications of American Society for Testing and Materials standard F-1346-91.
- The barrier shall not have any gaps or openings which would allow a child to crawl under, squeeze through or climb over and must be placed no less than 20 inches from the water's edge.
- Gates located in the pool barrier must open outward away from the pool and be both self-closing and self latching, with a release mechanism not less than 54" above the standing surface at the gate.
- The barrier must be separate from any other fence, wall, or other enclosure surrounding the yard unless the fence, wall or other enclosure or portion thereof is situated on the perimeter of the pool and meets the pool barrier requirements.
- Where a wall of a dwelling serves as part of the barrier **one** of the following shall apply:
  - 1) All doors and first floor windows with a sill height of less than 48 inches providing direct access from the home to the pool must be equipped with an alarm that has a minimum sound pressure rating of 85 decibels at 10 feet. The alarm shall sound immediately upon opening the window or door unless the temporary bypass mechanism is activated.
  - 2) **Or;** all doors providing direct access from the home to the pool must be equipped with a self-closing, self-latching device with a release mechanism located at least 54 inches above the floor.

According to Florida statutes chapter 515: Residential Swimming Pool Safety Act, failure to comply with these requirements is a misdemeanor of the second degree, punishable by imprisonment for up to 60 days or a fine of up to \$500, except that no penalty shall be imposed if within 45 days after arrest or issuance of a summons or notice to appear, the pool is equipped with the aforementioned safety features and the responsible person attends a drowning prevention education program developed by the Florida Department of Health. I also understand that there are several inspections required in addition to a final inspection for my swimming pool.

Cherri Shine 8-6-19  
Owner Signature / Date

Address: 1415 SW CR 138 Ft. White FL 32038

[Signature]  
Contractor Signature / Date

CPC1457126 ✓  
License Number

**Columbia County Property Appraiser**

Jeff Hampton

**2018 Tax Roll Year**

updated: 6/25/2019

Parcel: &lt;&lt; 25-7S-16-04321-009 &gt;&gt;

Aerial Viewer Pictometry Google Maps

**Owner & Property Info**

Result: 1 of 1

Owner	SHINE GARY LEE & CHERRI FRAN 1415 SW COUNTY RD 138 FT WHITE, FL 32038		
Site	1415 COUNTY ROAD 138 , FT WHITE		
Description*	AKA LOT 12 RUM ISLAND RANCHES UNREC: BEG NE COR OF NW1/4 OF NE1/4, RUN S 1271.51 FT TO A PT ON N R/W CR-138, W ALONG R/W 328.45 FT, N 1273.81 FT, E 328.50 FT TO POB. ORB 777-2075, AKA N1/2 OF LOT 11 RUM ISLAND RANCHES UNREC: COMM NE COR OF NW1/4 OF NE1/4, ...more>>>		
Area	14.61 AC	S/T/R	25-7S-16
Use Code**	SINGLE FAM (000100)	Tax District	3

\*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**

2018 Certified Values		2019 Working Values	
Mkt Land (2)	\$52,148	Mkt Land (2)	\$52,148
Ag Land (0)	\$0	Ag Land (0)	\$0
Building (1)	\$109,173	Building (1)	\$121,145
XFOB (5)	\$6,108	XFOB (5)	\$6,108
Just	\$167,429	Just	\$179,401
Class	\$0	Class	\$0
Appraised	\$167,429	Appraised	\$179,401
SOH Cap [?]	\$2,984	SOH Cap [?]	\$12,862
Assessed	\$163,434	Assessed	\$166,539
Exempt	HX H3 \$50,000	Exempt	HX H3 \$50,000
Total Taxable	county:\$113,434 city:\$113,434 other:\$113,434 school:\$138,434	Total Taxable	county:\$116,539 city:\$116,539 other:\$116,539 school:\$141,539

**▼ Sales History**

Sale Date	Sale Price	Book/Page	Deed	V/I	Quality (Codes)	RCode
7/22/1993	\$0	777/2075	WD	V	U	03

**▼ Building Characteristics**

Bldg Sketch	Bldg Item	Bldg Desc*	Year Blt	Base SF	Actual SF	Bldg Value
Sketch	1	SINGLE FAM (000100)	1993	2407	3705	\$121,145

\*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)**

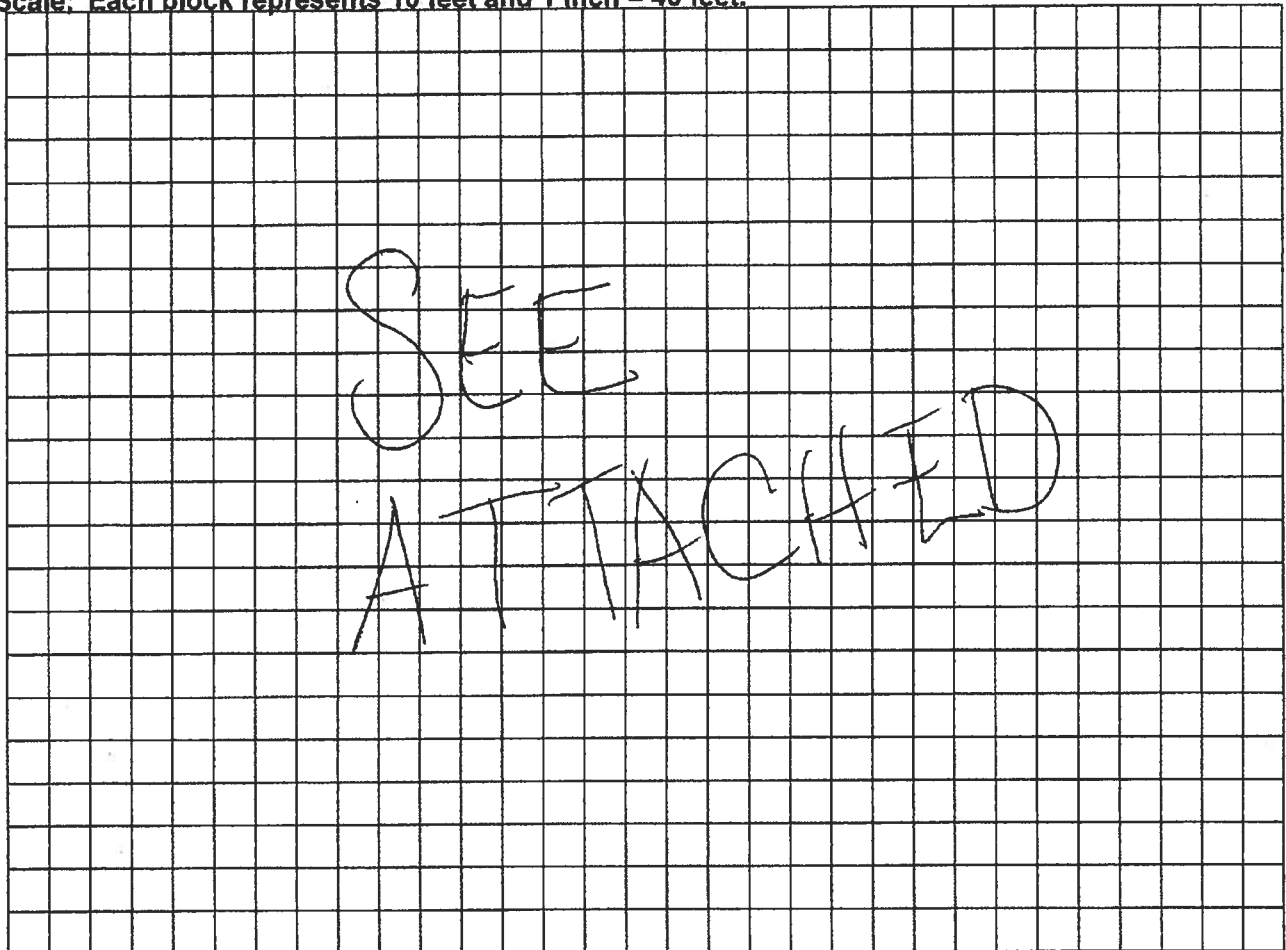
Code	Desc	Year Blt	Value	Units	Dims	Condition (% Good)

STATE OF FLORIDA  
DEPARTMENT OF HEALTH  
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number 19-0595

----- PART II - SITEPLAN -----

Scale: Each block represents 10 feet and 1 inch = 40 feet.



Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Site Plan submitted by: Hydro-Fun Pools, LLC 8/8/19  
Plan Approved *[Signature]* Not Approved \_\_\_\_\_ Date 8/15/19  
By *[Signature]* ESL Columbia County Health Department

**ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT**

DH 4015, 08/09 (Obsoletes previous editions which may not be used) Incorporated: 64E-6.001, FAC  
(Stock Number 5744-002-4015-6)

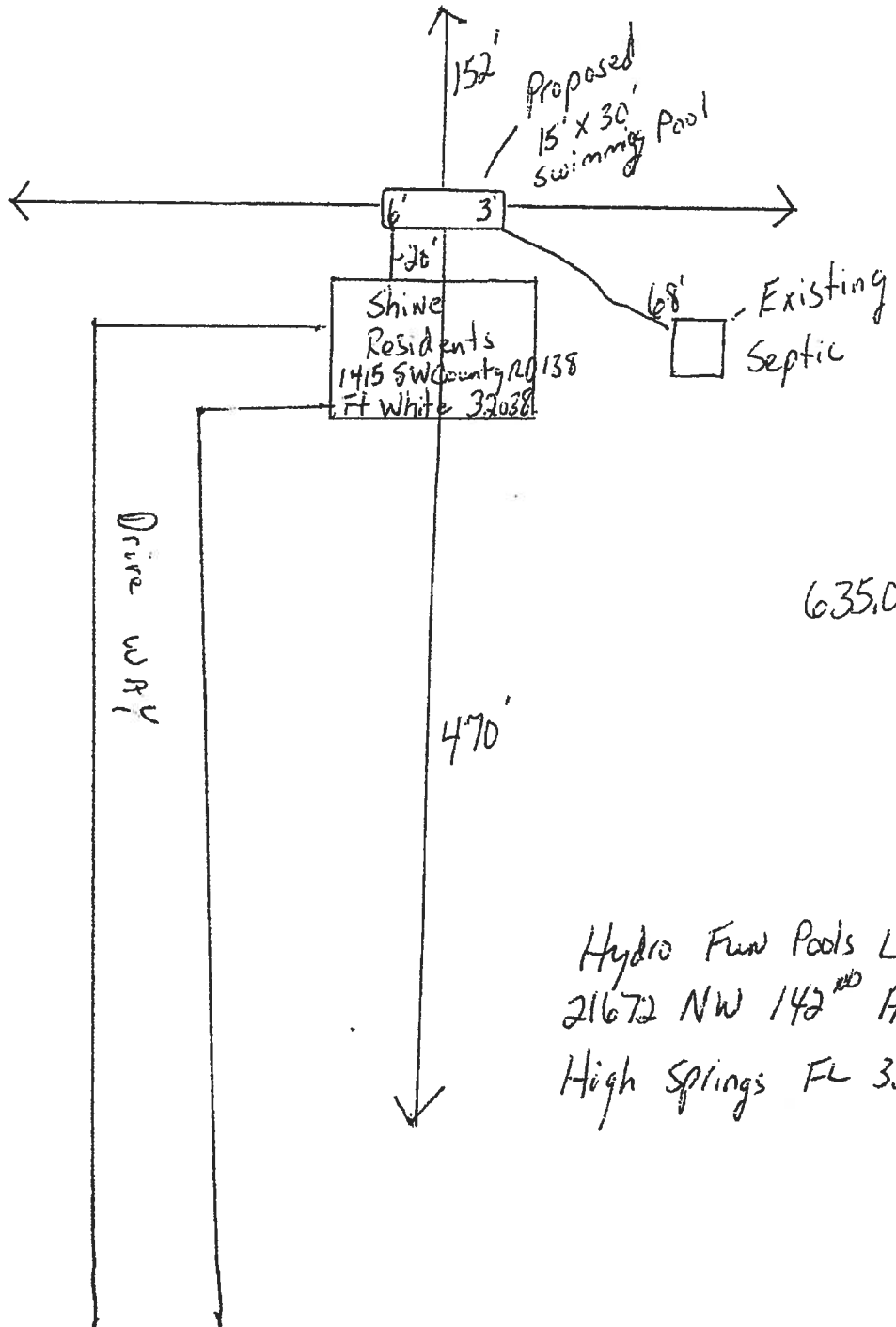
Page 2 of 4

070

19-0599

# Site Survey

Parcel # 25-76-04-04321-009



37.66'

Hydro Fun Pools LLC  
21672 NW 142<sup>nd</sup> Ave  
High Springs FL 32643

N →

County Rd S-138





STATE OF FLORIDA  
DEPARTMENT OF HEALTH  
ONSITE SEWAGE TREATMENT AND DISPOSAL  
SYSTEM  
APPLICATION FOR CONSTRUCTION PERMIT

PERMIT NO. 19-0595  
DATE PAID: 8/9/19  
FEE PAID: \$60.00  
RECEIPT #: 1428038

APPLICATION FOR:

☐ New System ☒ Existing System ☐ Holding Tank ☐ Innovative  
☐ Repair ☐ Abandonment ☐ Temporary ☐

APPLICANT: Gary or Cherri Shine

AGENT: Hydro Fun Pools LLC

TELEPHONE: 352-215-5666

MAILING ADDRESS: 1415 SW County RD 138  
Ft White, FL 32038

TO BE COMPLETED BY APPLICANT OR APPLICANT'S AUTHORIZED AGENT. SYSTEMS MUST BE CONSTRUCTED BY A PERSON LICENSED PURSUANT TO 489.105(3)(m) OR 489.552, FLORIDA STATUTES. IT IS THE APPLICANT'S RESPONSIBILITY TO PROVIDE DOCUMENTATION OF THE DATE THE LOT WAS CREATED OR PLATTED (MM/DD/YY) IF REQUESTING CONSIDERATION OF STATUTORY GRANDFATHER PROVISIONS.

PROPERTY INFORMATION

LOT: \_\_\_\_\_ BLOCK: \_\_\_\_\_ SUBDIVISION: \_\_\_\_\_ PLATTED: \_\_\_\_\_

PROPERTY ID #: 25-75-16-04-04221-009 ZONING: \_\_\_\_\_ I/M OR EQUIVALENT: [ Y / N ]

PROPERTY SIZE: 14 ACRES WATER SUPPLY: ☐ PRIVATE PUBLIC ☐ <2000GPD ☐ >2000GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? [ Y / N ] DISTANCE TO SEWER: \_\_\_\_\_ FT

PROPERTY ADDRESS: 1415 SW County RD 138 Ft White

DIRECTIONS TO PROPERTY: West on NE Franklin St toward NE Calhoun Ave, left on NW Main Blvd, Right on FL-47-S

BUILDING INFORMATION

☐ RESIDENTIAL

☐ COMMERCIAL

Unit No	Type of Establishment	No. of Bedrooms	Building Area Sqft	Commercial/Institutional System Design Table 1, Chapter 64E-6, FAC
1	<u>Existing Home</u>	<u>4</u>	<u>2300</u>	
2				
3				
4				

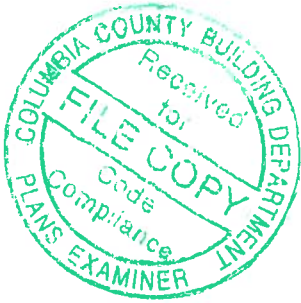
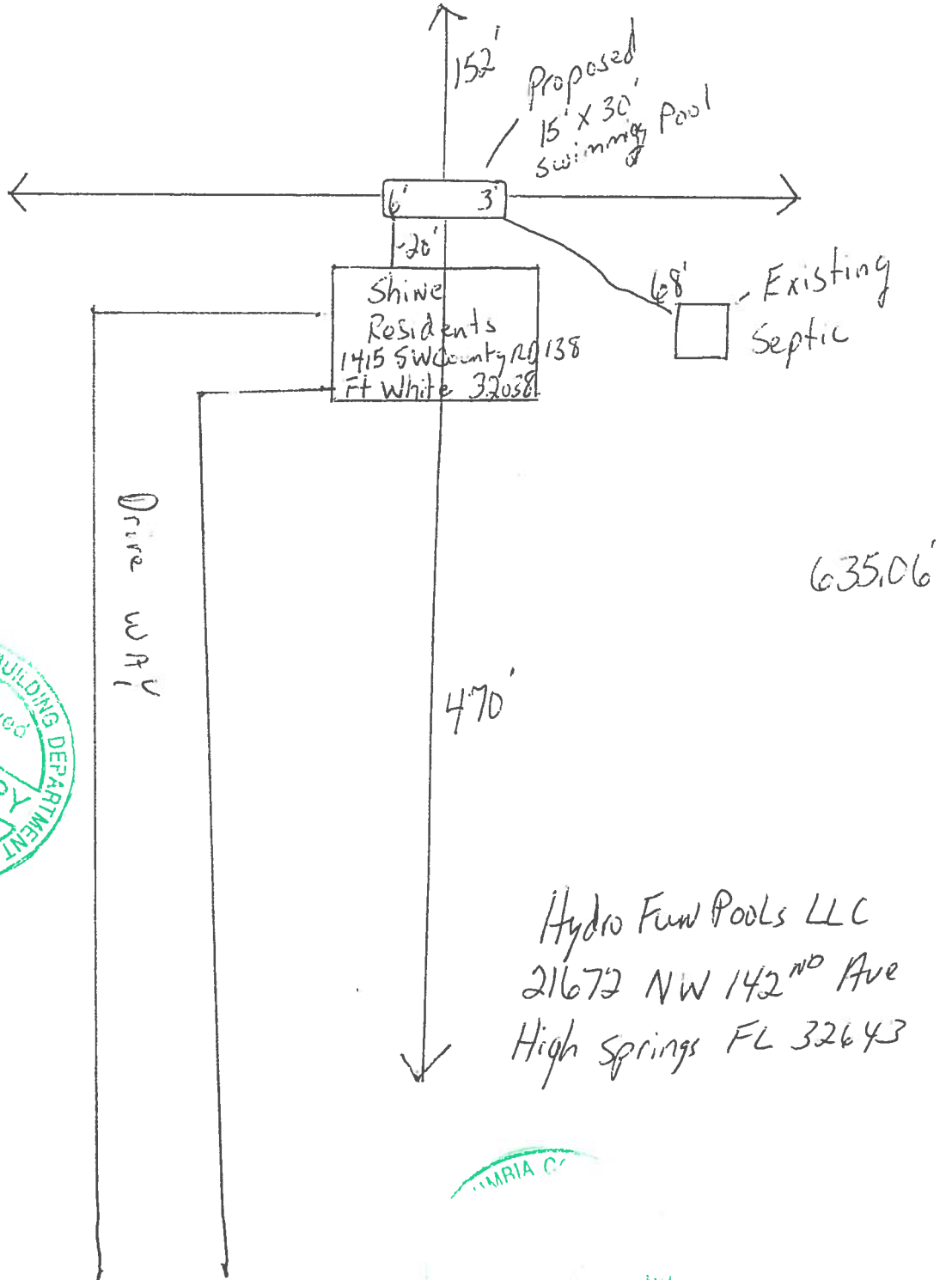
☐ Floor/Equipment Drains ☐ Other (Specify) \_\_\_\_\_

SIGNATURE: Cherri Shine DATE: 8-6-19

342'

# Site Survey

Parcel # 25-76-04-04321-009



Hydro Fun Pools LLC  
21672 NW 142<sup>nd</sup> Ave  
High Springs FL 32643



342'

County Rd S-138