

DA1 /2008

Columbia County Building Permit

This Permit Must Be Prominently Posted on Premises During Construction

PERMIT

000027061

APPLICANT DARRELL TURNER PHONE 755-0086
ADDRESS P.O. BOX 3307 SUITE 1 LAKE CITY FL 32056
OWNER WILLIAM & ANGELA GLOVER PHONE _____
ADDRESS 233 SW THURMAN TERR LAKE CITY FL 32024
CONTRACTOR DARRELL TURNER PHONE 755-0086
LOCATION OF PROPERTY 47 S, R 242, R THURMAN, 4TH HOUSE ON RIGHT

TYPE DEVELOPMENT RE-ROOF ON SFD ESTIMATED COST OF CONSTRUCTION 6500.00
HEATED FLOOR AREA _____ TOTAL AREA _____ HEIGHT _____ STORIES _____
FOUNDATION _____ WALLS _____ ROOF PITCH _____ FLOOR _____
LAND USE & ZONING _____ MAX. HEIGHT _____
Minimum Set Back Requirments: STREET-FRONT REAR SIDE
NO. EX.D.U. _____ FLOOD ZONE N/A DEVELOPMENT PERMIT NO. _____

PARCEL ID 25-4S-16-03153-014 SUBDIVISION _____
LOT _____ BLOCK _____ PHASE _____ UNIT 0 TOTAL ACRES _____

_____ CCC1328465 _____
Culvert Permit No. Culvert Waiver Contractor's License Number Applicant/Owner/Contractor
EXISTING X08-192 BK JH N
Driveway Connection Septic Tank Number LU & Zoning checked by Approved for Issuance New Resident

COMMENTS: NOC ON FILE

Check # or Cash 4273

FOR BUILDING & ZONING DEPARTMENT ONLY

(footer/Slab)

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

BUILDING PERMIT FEE \$ 35.00 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 35.00
INSPECTORS OFFICE _____ CLERKS OFFICE _____

NOTICE: IN ADDITION TO THE REQUIREMENTS OF THIS PERMIT, THERE MAY BE ADDITIONAL RESTRICTIONS APPLICABLE TO THIS PROPERTY THAT MAY BE FOUND IN THE PUBLIC RECORDS OF THIS COUNTY. AND THERE MAY BE ADDITIONAL PERMITS REQUIRED FROM OTHER GOVERNMENTAL ENTITIES SUCH AS WATER MANAGEMENT DISTRICTS, STATE AGENCIES, OR FEDERAL AGENCIES.

"WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT."

EVERY PERMIT ISSUED SHALL BECOME INVALID UNLESS THE WORK AUTHORIZED BY SUCH PERMIT IS COMMENCED WITHIN 180 DAYS AFTER ITS ISSUANCE, OR IF THE WORK AUTHORIZED BY SUCH PERMIT IS SUSPENDED OR ABANDONED FOR A PERIOD OF 180 DAYS AFTER THE TIME THE WORK IS COMMENCED. A VALID PERMIT RECIEVES AN APPROVED INSPECTION EVERY 180 DAYS. WORK SHALL BE CONSIDERED TO BE IN ACTIVE PROGRESS WHEN THE PERMIT HAS RECIEVED AN APPROVED INSPECTION WITHIN 180 DAYS.

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

Columbia County Building Permit Application

For Office Use Only Application # 0602-04 Date Received 6/3/08 By GP Permit # 27061

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. letter

IMPACT FEES: EMS _____ Fire _____ Corr _____ Road/Code _____

School _____ = TOTAL _____

Septic Permit No. _____ Fax 755-4660

Name Authorized Person Signing Permit Danell Turner Phone 755-0085

Address P.O. Box 3300 Lake City FL 32058

Owners Name William & Angela Glone Phone _____

911 Address 233 Thurman Terrace Lake City FL

Contractors Name Danell Turner Phone Same

Address Same

Fee 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 25-45-16-03153-014 Estimated Cost of Construction 6500

Subdivision Name _____ Lot _____ Block _____ Unit _____ Phase _____

Driving Directions 47 West to 242 go 3/4 mile turn Right
on Thurman 4th house on Right

Number of Existing Dwellings on Property _____

Construction of Shingle Layover SFD 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 7 Heated Floor Area _____ Total Floor Area _____ Roof Pitch 5/12

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.



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.



Contractor's Signature (Permitee)

Contractor's License Number C C C 1328465
Columbia County
Competency Card Number _____

Affirmed under penalty of perjury to by the Contractor and subscribed before me this 3 day of June 2008.

Personally known _____ or Produced Identification DL



State of Florida Notary Signature (For the Contractor)

SEAL:



@ CAM110M01 S CamaUSA Appraisal System
5/30/2008 8:31 Property Maintenance
Year T Property Sel
2008 R 25-4S-16-03153-014 ...
Owner GLOVER WILLIAM M III & + Conf
Addr ANGELA L GLOVER
233 THURMAN TERR

Columbia County
20500 Land 001 *
AG 000
108061 Bldg 001
3250 Xfea 003
131811 TOTAL B
.675 Total Acres
Renewal Notice

City,St LAKE CITY
Country

FL Zip 32024
(PUD1)

Retain Cap? N
(PUD2)

(PUD3) MKTA06

Appr By DB Date 3/27/2007 AppCode UseCd 000100 SINGLE FAMILY
TxDist Nbhd MktA ExCode Exemption/% TxCode Units Tp
002 25416.04 06
PICDLY UN

House# 233 Street THURMAN MD TER Dir SW #
City LAKE CITY

Subd N/A Condo .00 N/A
Sect 25 Twn 4S Rnge 16 Subd Blk Lot
Legals COMM SE COR OF NE1/4 OF NW1/4, RUN W 564.32 FT, N 575 FT FOR
POB, CONT N 172.5 FT, E 170 FT, S 172.5 FT, W 170 FT TO +
Map# Mnt 2/04/2008 THRESA

F1=Task F2=ExTx F3=Exit F4=Prompt F11=Docs F10=GoTo PgUp/PgDn F24=More

NOTICE OF COMMENCEMENT FORM
COLUMBIA COUNTY, FLORIDA

THE UNDERSIGNED hereby gives notice that improvement 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.

Tax Parcel ID Number 25-45-16-03153-014

1. Description of property: (legal description of the property and street address or 911 address)

sect 25 Turn 45 Rnge 16 subd

233 Thurman Terrace Lake City, FL 32024

2. General description of improvement: Roof 30 yr architectural
Shingles Shing Layover

3. Owner Name & Address William + Angela Glover 233
Thurman Terr, Lake City, FL

4. Name & Address of Fee Simple Owner (if other than owner): 32024
Interest in Property

5. Contractor Name Danell Turner Phone Number 386-755-0086
Address P.O. Box 3302 Lake City FL 32056

6. Surety Holders Name _____ Phone Number _____
Address _____

Amount of Bond _____

7. Lender Name _____ Phone Number _____
Address _____

8. Persons within the State of Florida designated by the Owner upon whom notices or other documents may be served as provided by section 718.13 (1)(a) 7; Florida Statutes:

Name _____ Phone Number _____
Address _____

9. In addition to himself/herself the owner designates _____ of
_____ to receive a copy of the Lienor's Notice as provided in Section 713.13 (1) -
(a) 7. Phone Number of the designee _____

10. Expiration date of the Notice of Commencement (the expiration date is 1 (one) year from the date of recording, (Unless a different date is specified) _____

NOTICE AS PER CHAPTER 713, Florida Statutes:

The owner must sign the notice of commencement and no one else may be permitted to sign in his/her stead.

Sworn to (or affirmed) and subscribed before
day of 1st of JUNE, 20 08

Signature of Owner



REBECCA G. THOMAS
MY COMMISSION # DD 348501
EXPIRES: August 19, 2008
Bonded Thru Notary Public Underwriters

Rebecca Thomas

DW Turner Roofing, Inc.

Estimate

P.O. Box 3307
Lake City, FL 32056
J C# RC29027074

Date	Estimate #
5/16/2008	750

Name / Address
Mr & Mrs Glover

			Project
Description	Qty	Rate	Total
Reroof for: PRICE INCLUDES: all permits and disposal of waste tear off old shingles #30 felt paper button caps eave drip valley metal 5x5 flashings ridge vents off ridge vents pipe flashings 30 year shingles installed ridge cap installed coil nails, and tar includes rot repair up to 3 sheets		\$300.00	\$300.00
		Total	\$300.00 6500.

Phone #	Fax #
386-755-0086	386-755-4660

FEEES: MH

27057

ROAD IMPACT FEE
10100003632400

\$1,046.00

CODE

210

UNIT

1

EMS IMPACT FEE
10300003632210

\$29.88

FIRE PROTECTION IMPACT FEE
10200003632220

\$78.63

CORRECTIONS IMPACT FEE
00100003632200

\$442.89

SCHOOL IMPACT FEE
00100003632900

\$1,500.00

TOTAL FEES CHARGED

\$3097.40

CHECK NUMBER

1004

375.00
25.68
67.00
467.68