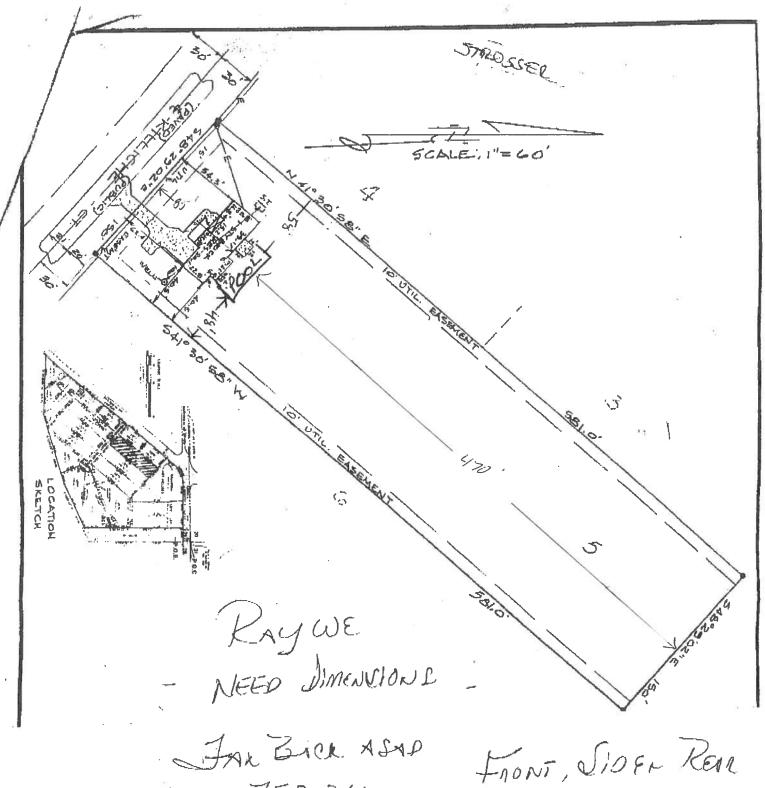
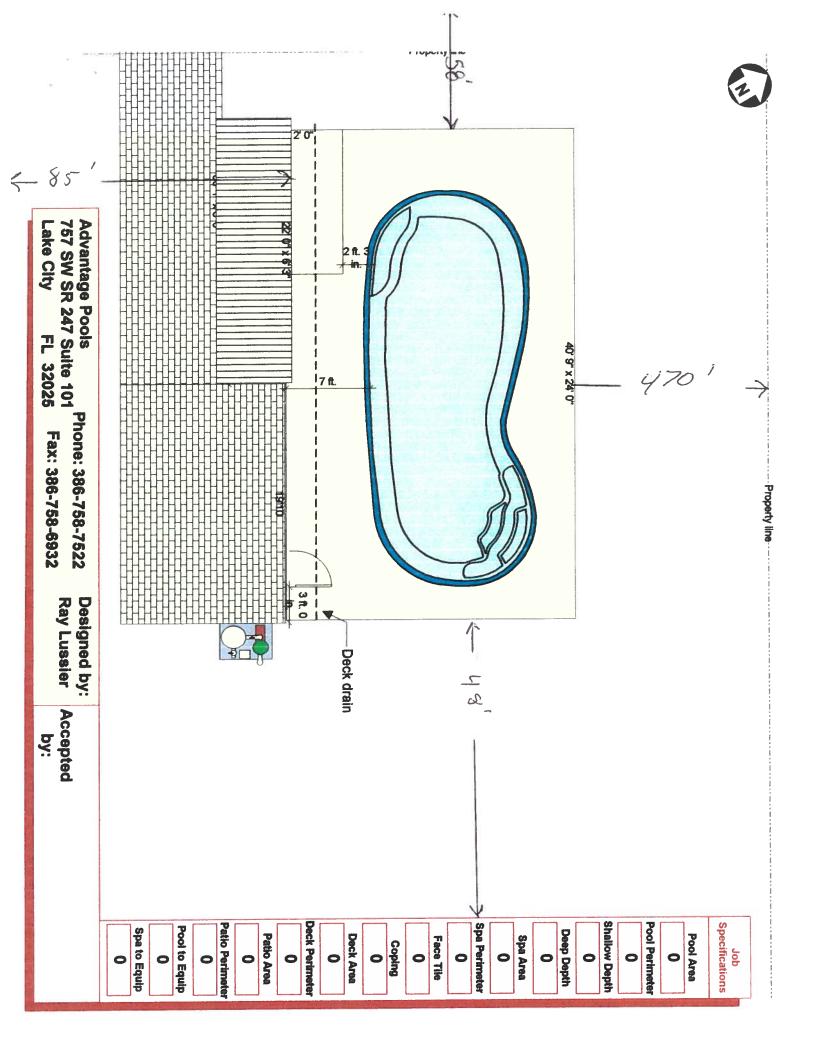
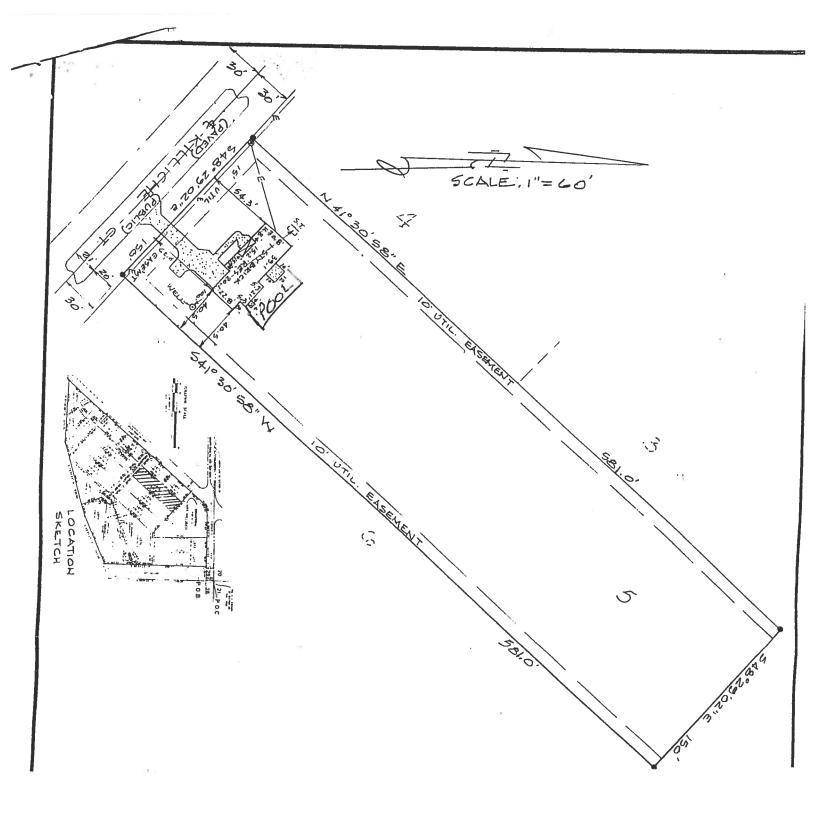
| For Office Use Only Application # (30 05- 31) Date Received 5/10/06 By Ju Permit # 24 526   |
|---|
| Application Approved by - Zoning Official BLK Date 6.05.06 Plans Examiner 2K 77H Date 5-16-06   |
| Flood Zone $\frac{MA}{A}$ Development Permit $MA$ Zoning $A-3$ Land Use Plan Map Category $A-3$   |
| Comments  |
| Ray or Mike Lussier   |
| Applicants Name Accorded 20015 Phone 386-758-7522   |
| Address 757 SW Sl 247 Ste. IN Calcain, H. 32025   |
| Owners Name Stephanie & Dillian Strosser Phone 719-911010   |
| 911 Address 157 SW Kelliche Estates Late City H. 32024  |
| Contractors Name Advantage Pools Phone 386-758-7522   |
| Address 757 SW SR 247 Suite 101 Lake City, Florida 32025  |
| Fee Simple Owner Name & Address   |
| Bonding Co. Name & Address  |
| Architect/Engineer Name & Address SAN JUNE TOOKS  |
| Mortgage Lenders Name & Address   |
| Circle the correct power company - <u>FL Power &amp; Light</u> - <u>Clay Elec.</u> - <u>Suwannee Valley Elec.</u> - <u>Progressive Energy</u>   |
| Property ID Number 39-45-16-03-36 105 #X Estimated Cost of Construction x 40 648.00   |
| Subdivision Name (EUICHE ECHOC Lot 5 Block Unit Phase   |
| Driving Directions Hoy 247 90 through light @ 242 rest left Kellicha  |
| Glan (Kstates) 2nd house on left white picket ferce.  |
|   |
| Type of Construction Swimming Pool Number of Existing Dwellings on Property   |
| Total Acreage Lot Size Do you need a - <u>Cuivert Permit</u> or <u>Cuivert Waiver</u> or <u>Have an Existina Drive</u>  |
| Actual Distance of Structure from Property Lines - Front $470'$ Side $58'$ Side $48'$ Rear $85'$  |
| Total Building Height Number of Stories Heated Floor Area Roof Pitch  |
|   |
| 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.  |
| OWNERS AFFIDAVIT: 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.  |
| WARNING TO OWNER; YOUR FAILURE TO RECORD A NOTICE OF COMMENCMENT MAY RESULT IN YOU PAYING   |
| TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR ATTORNEY, BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT.   |
|   |
| Owner Builder or Agent (Including Contractor)  Contractor Signature   |
| Contractors License Number 1456754  |
| STATE OF FLORIDA  Comman James  Competency Card Number  MY COMMISSION # DD223375 ENGTARY STAMP/SEAL   |
| Sworn to (or affirmed) and subscribed by the meonded thru troy fain insurance, inc.   |
| this 10th day of that 20 ch. Couran James   |
| Personally known or Produced Identification Notary Signature  |



758-266





#### **SURVEY AFFIDAVIT**

BEFORE ME, the undersigned authority, personally appeared Affiants, LOUIS DUSINA and RUBY L. DUSINA who, being by me first duly sworn on oath, depose and say:

1. Affiants are the owners of the following described property:

157 SW KELLICHE GLEN, LAKE CITY, FLORIDA 32024 LOT 5 KELLICHE ESTATES; COLUMBIA COUNTY, FLORIDA County of Columbia, State of FLORIDA

- 2. That Affiants have this day executed and delivered a certain Mortgage dated February 28, 2005 covering the Property.
- 3. The attached survey dated SEPTEMBER 19, 1995 prepared by BRITT SURVEYING is an accurate representation of the current status of the real property being refinanced.
- 4. Since the date of said survey, Affiants state as follows:
  - a. No improvements (e.g., additions to the house, swimming pools, hot tubs, decks, fences added by either the affiants or adjoining landowner) have been made to the Property;
  - b. No alterations of the boundaries or fences of the Property have occurred; and
  - c. No other changes to the Property have occurred which would be reflected by a current, accurate Survey.
- 5. Affiants are familiar with the nature of an oath and with the penalties as provided by the laws of the State of Florida for falsely swearing to statements in an instrument of this nature. Affiants affirm they have read the foregoing affidavit and fully understand the facts contained herein. For the purposes of this affidavit, the use of the word "he" is intended and understood to mean all persons executing this affidavit be it "he", "she" or "they", and singular shall include plural, when indicated.

FURTHER, Affiants sayeth naught.

|  | LOUIS DUSINA   | <del></del>                                 |
|--|--|---|
| a e  | DUDY I DUCTNIA                                       |   |
|  | RUBY L. DUSINA                                       |   |
|  | ·  |   |
|  |  |   |
|  |  |   |
| STATE OF FLORIDA<br>COUNTY OF COLUMBIA   |  |   |
| THE FOREGOING INSTRUMENT was acknown L. DUSINA who are personally known to me or h | ledged before me on February 28, 2005, nave produced | by LOUIS DUSINA and RUBY as identification. |
|  | Signature:   |   |
|  | Print Name:  | 27 . 72.11                                  |
| Seal   |  | Notary Public                               |
| My commission expires:   | ·  |   |

Botara ta: (casioco seif-addressed stamped envelope

Name: Advantage Pools

Address: 757 S.W. SR. 247 Suite 101 Lake City FL 32025

This Instrument Prepared by: Name: Advantage Pools

757 S.W. SR. 247 Suite 101 Lake City FL 32025

Property Appraisers Parcel Identification

Inst:2006011382 Date:05/10/2006 Time:08:44
\_\_\_\_\_\_\_\_DC,P.DeWitt Cason,Columbia County B:1083 P:67:

| NOTICE OF C  | OMMENCEMENT  | Tax Folio No.  |
|--|--|--|
| Parmit No  |  | 18X PORO 140.  |
| State of Florida   | · •  |  |
| State of Florida}  |  |  |
| The undersigned hereby gives notice that improvements w  | til be made to certain real property   | , and in accordance with civil   |
| The undersigned hereby gives notice that improvements was 713 of the Floride Statutes, the following information is properly (include Street Address, if available of Floride Street Address is a second of Floride Street Address.  | wided in this NOTICE OF COMME  | 1 Ectotoc 9  |
| Least description of amounty (include Street Address, if availa  | ible) LOIS RELIC   | hely mich  |
| 19-45-16-03236-105   | HX   |  |
|  |  |  |
| General description of improvements Swimming Pools &   | Sereen   |  |
| General description of improvements Symmung Cell Owner's Name & STEPHANIE L Kell   | (iche  | F. 603 - 111   |
| Owner's Name & STEPHANIE L. Reli<br>Address 157 SW Kelliche GL   | en LAKE CII  | 9 320 77   |
| Owner's Interest in sits of the improvement  |  |  |
| - 18 To 18 T |  |  |
| Pee Simple Tibe Holder (ii duter trial divisor)  | Phone:   | Fex:   |
| II Deale   |  |  |
| II are over on 047 Suite 101 lake City FL 32UZD  | Phone: 386-758-7522  | Fax: 386-758-6932  |
| Address 757 S.W. Sr. 247 Suits 101 Earls Stry 1  | Phone:   | Fax:   |
| Surety   | Amount of bond S   |  |
| Address  | range in the second sec |  |
| Lender's Name  | Phone:   | Fax:   |
| Address:   | Priorie:   | uments may be served as pr   |
|  | Thou anom nonces or early and  |  |
| Persons within the State of Florida designated by owner  | •  |  |
| Persons within the State of Florida designated by owner vided by Section 713,13(1)(a)7, Florida Statutes.  | •  |  |
| Persons within the State of Florida designated by owner  g vided by Section 713.13(1)(a)7, Florida Statutes.  Name   | Phone:   | Fax:   |
| Persons within the State of Florida designated by owner  vided by Section 713.13(1)(a)7, Florida Statutes.  Name Address   | Phone:   | Fax:   |
| Persons within the State of Florida designated by owner  vided by Section 713.13(1)(a)7, Florida Statutes.  Name  Address  | Phone:   | · · · · · · · · · · · · · · · · · · ·  |
| Persons within the State of Florida designated by owner  vided by Section 713,13(1)(a)7, Florida Statutes.  Name  Address In addition to himself, owner designates TRAY  Or BAURNTAGE POOLS  | Phone:Phone: 258-753   | <u> </u>   |
| Persons within the State of Florida designated by owner  vided by Section 713,13(1)(a)7, Florida Statutes.  Name  Address In addition to himself, owner designates IRAY  Of HANATAGE FOOLS   | Phone:Phone:Phone: <u>258-753</u> on 713.13(1)(b), Florida Statules.   | 2 Fax 258-69.32.   |
| Persons within the State of Florida designated by owner vided by Section 713.13(1)(a)7, Florida Statutes.  Name  Address In addition to himself, owner designates IRAY  Of HANDTAGE FOOLS  | Phone:Phone:Phone: <u>258-753</u> on 713.13(1)(b), Florida Statules.   | 2 Fax 258-69.32.   |
| Persons within the State of Florida designated by owner  vided by Section 713,13(1)(a)7, Florida Statutes.  Name  Address In addition to himself, owner designates TRAY  Of PANANTAGE PROCES   | Phone:Phone:Phone: 258-750  Phone: 258-750  on 713.13(1)(b), Florida Statutes.  ate is 1 year from the date of recording the statutes.   | Fax: $258-6932$ .  In gunless a different date is specific. $S+rosSeV$                     |
| Persons within the State of Florida designated by owner vided by Section 713.13(1)(a)7, Florida Statutes.  Name  Address In addition to himself, owner designates  | Phone:Phone:Phone: 258-753 on 713.13(1)(b), Florida Statules. ate is 1 year from the date of recording   | 2 Fax: 257-69.32.  Ing unless a different date is specificated the specification of Owner. |
| Persons within the State of Florida designated by owner vided by Section 713.13(1)(a)7, Florida Statutes.  Name  Address In addition to himself, owner designates TRAY  Of Advance Fools  to receive a copy of the Lienor's Notice as provided in Section Expiration date of Notice of Commencement (the expiration date of Notice of Commencement)  | Phone:Phone:Phone: 258-750  Phone: 258-750  on 713.13(1)(b), Florida Statutes.  ate is 1 year from the date of recording the statutes.   | 2 Fax: 257-69.32.  Ing unless a different date is specificated the specification of Owner. |



MY COMMISSION # DD223375 EXPIRES June 16, 2007 BONDED THRU TROY FAIN INSURANCE, INC.

# **Columbia County Property**

Appraiser
DB Last Updated: 3/7/2008

Parcel: 29-4S-16-03236-105 HX

## **2006 Proposed Values**

Property Card Tax Record

Area

Interactive GIS Map

Search Result: 1 of 1

**Owner & Property Info** 

| Owner's Name       | STROSSER STEPHANIE L &  |
|--------------------|---|
| Site Address       | KELLICHE  |
| Mailing<br>Address | WILLIAM A STROSSER<br>157 SW KELLICHE GLN<br>LAKE CITY, FL 32024                |
| Brief Legal        | LOT 5 KELLICHE ESTATES S/D ORB 758-1245,<br>774-891, 812-2417-19. WD 1039-1364. |

| Use Desc. (code) | SINGLE FAM (000100) |
|------------------|---------------------|
| Neighborhood     | 29416.01            |
| Tax District     | 3                   |
| UD Codes         | MKTA01              |
| Market Area      | 01                  |
| Total Land       | 2.000 ACRES         |

### **Property & Assessment Values**

| Mkt Land Value              | cnt: (1) | \$30,000.00  |
|-----------------------------|----------|--------------|
| Ag Land Value               | cnt: (0) | \$0.00       |
| <b>Building Value</b>       | cnt: (1) | \$90,898.00  |
| XFOB Value                  | cnt: (2) | \$4,048.00   |
| Total<br>Appraised<br>Value |          | \$124,946.00 |

| Just Value             |            | \$124,946.00 |
|------------------------|------------|--------------|
| Class Value            |            | \$0.00       |
| Assessed<br>Value      |            | \$124,946.00 |
| Exempt Value           | (code: HX) | \$25,000.00  |
| Total Taxable<br>Value |            | \$99,946.00  |

#### **Sales History**

| Sale Date  | Book/Page | Inst. Type | Sale Vimp | Sale Qual | Sale RCode | Sale Price   |
|------------|-----------|------------|-----------|-----------|------------|--------------|
| 2/28/2005  | 1039/1364 | WD         | I         | Q         |            | \$149,900.00 |
| 11/1/1995  | 812/2419  | WD         | I         | Q         |            | \$75,000.00  |
| 10/12/1995 | 812/2417  | WD         | V         | U         | 12         | \$10,000.00  |

#### **Building Characteristics**

| Bldg Item  | Bldg Desc           | Year Bit | Ext. Walls      | Heated S.F. | Actual S.F. | Bldg Value  |
|--|---------------------|----------|-----------------|-------------|-------------|-------------|
| 1  | SINGLE FAM (000100) | 1995     | Common BRK (19) | 1533        | 2173        | \$90,898.00 |
| Note: All S.F. calculations are based on exterior building dimensions. |                     |          |                 |             |             |             |

#### Extra Features & Out Buildings

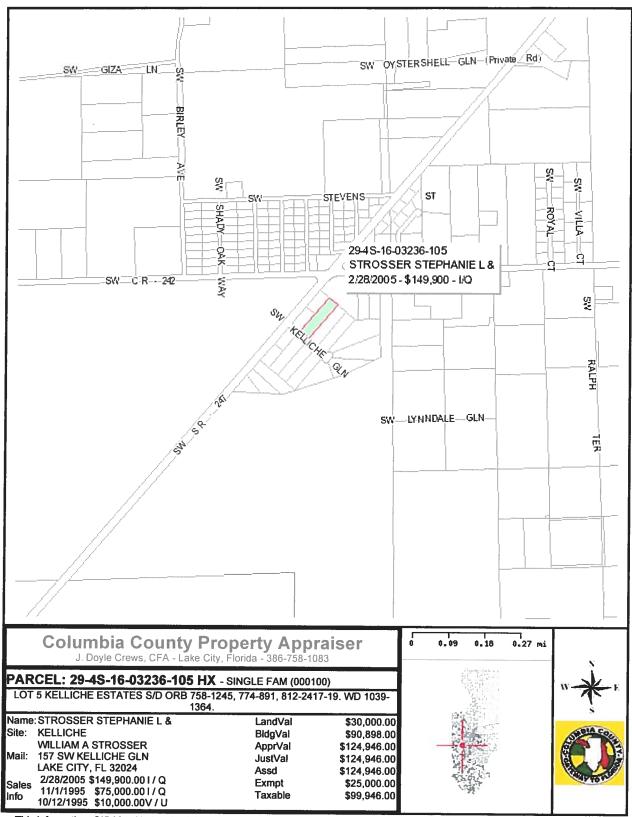
| Code | Desc       | Year Blt | Value      | Units    | Dims      | Condition (% Good) |
|------|------------|----------|------------|----------|-----------|--------------------|
| 0166 | CONC,PAVMT | 1995     | \$3,048.00 | 1524.000 | 0 x 0 x 0 | (.00)              |
| 0169 | FENCE/WOOD | 1996     | \$1,000.00 | 1.000    | 0 x 0 x 0 | (00.)              |

#### **Land Breakdown**

| Lnd Code | Desc      | Units                | Adjustments         | Eff Rate    | Lnd Value   |
|----------|-----------|----------------------|---------------------|-------------|-------------|
| 000100   | SFR (MKT) | 1.000 LT - (2.000AC) | 1.00/1.00/1.00/1.00 | \$30,000.00 | \$30,000.00 |

Columbia County Property Appraiser

DB Last Updated: 3/7/2006



This information, GIS Map Updated: 4/6/2006, was derived from data which was compiled by the Columbia County Property Appraiser Office solely for the governmental purpose of property assessment. This information should not be relied upon by anyone as a determination of the ownership of property or market value. No warranties, expressed or implied, are provided for the accuracy of the data herein, it's use, or it's interpretation. Although it is periodically updated, this information may not reflect the data currently on file in the Property Appraiser's office. The assessed values are NOT certified values and therefore are subject to change before being finalized for ad valorem assessment purposes.

# Residential Swimming Pool Spa and Hot Tub Safety Act Requirement

| I, Stephane Syd55CV hereby affirm that one of the following methods will be used to meet the requirements of Chapter 515, Florida Statutes.   |
|---|
| the second source that meets the  |
| The pool will be isolated from access to the home by an enclosure that meets the pool barrier requirements of Florida Statute 515.29;   |
| The pool will be equipped with an approved safety pool cover that complies with ASTM F1346-91 (Standard Performance Specifications for Safety Covers for Swimming Pools, Spas and Hot Tubs);                      |
|   |
| All doors and windows providing direct access from the home to the pool will be equipped with an exit alarm that has a minimum sound pressure rating of 85 decibels at 10 feet;                                   |
| ** All doors providing direct access from the home to the pool will be equipped with a self-closing, self-catching device with a release mechanism placed no lower than 54" above the floor or deck.              |
| I understand that not having one of the above installed at the time of final inspection will constitute a violation of Chapter 515 F.S., and will be considered as committing a misdemeanor of the second degree. |
|   |
| OWNER'S SIGNATURE SYMULL STONE  |
| $\sim$   |
| ADVANTAGE POOLS / Cary fuelled  |