

DATE 04/19/2011

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

PERMIT
000029333

APPLICANT DALE BURD PHONE 497-2031
ADDRESS PO BOX 39 FORT WHITE FL 32038
OWNER KATHRYN E. TERRY PHONE
ADDRESS PO BOX 406 FORT WHITE FL 32038
CONTRACTOR PHONE
LOCATION OF PROPERTY 47 S, R WILSN SPRINGS RD, R NEWARK, L COPPERHEAD, R CENTRAL
L DOT, BEAR R ON SANTA FE DRIVE 6 TENTHS ON RIGHT
TYPE DEVELOPMENT UTILITY POLE ESTIMATED COST OF CONSTRUCTION 0.00
HEATED FLOOR AREA TOTAL AREA HEIGHT STORIES
FOUNDATION WALLS ROOF PITCH FLOOR
LAND USE & ZONING AG-3 MAX. HEIGHT
Minimum Set Back Requirments: STREET-FRONT REAR SIDE
NO. EX.D.U. 0 FLOOD ZONE NA DEVELOPMENT PERMIT NO.

PARCEL ID 26-6S-15-00713-000 SUBDIVISION THREE RIVERS ESTATES
LOT 61 BLOCK PHASE UNIT 8 TOTAL ACRES

Culvert Permit No. Culvert Waiver Contractor's License Number Applicant/Owner/Contractor
EXISTING 07-208 LH LH N
Driveway Connection Septic Tank Number LU & Zoning checked by Approved for Issuance New Resident

COMMENTS: UTILITY

Check # or Cash 7603

FOR BUILDING & ZONING DEPARTMENT ONLY

(footer/Slab)

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

BUILDING PERMIT FEE \$ 0.00 CERTIFICATION FEE \$ 0.00 SURCHARGE FEE \$ 0.00
MISC. FEES \$ 50.00 ZONING CERT. FEE \$ FIRE FEE \$ 0.00 WASTE FEE \$
FLOOD DEVELOPMENT FEE \$ FLOOD ZONE FEE \$ CULVERT FEE \$ TOTAL FEE 50.00

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

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

29333

Columbia County Property Appraiser

DB Last Updated: 3/22/2011

2010 Tax Year

Parcel: 00-00-00-00713-000

Owner & Property Info

<< Prev Search Result: 21 of 38 Next >>

Owner's Name	TERRY KATHRYN E		
Mailing Address	P O BOX 406 FT WHITE, FL 32038		
Site Address	P O BOX 406		
Use Desc. (code)	VACANT (000000)		
Tax District	3 (County)	Neighborhood	100000
Land Area	0.000 ACRES	Market Area	02
Description	NOTE: This description is not to be used as the Legal Description for this parcel in any legal transaction. LOT 61 UNIT 8 THREE RIVERS ESTATES. ORB 516-309, 899-1145, WD 1078-1088, WD 1154-2576		

Property & Assessment Values

2010 Certified Values	
Mkt Land Value	cnt: (0) \$14,490.00
Ag Land Value	cnt: (1) \$0.00
Building Value	cnt: (0) \$0.00
XFOB Value	cnt: (0) \$0.00
Total Appraised Value	\$14,490.00
Just Value	\$14,490.00
Class Value	\$0.00
Assessed Value	\$14,490.00
Exempt Value	\$0.00
Total Taxable Value	Cnty: \$14,490 Other: \$14,490 Schl: \$14,490

2011 Working Values

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

Sales History

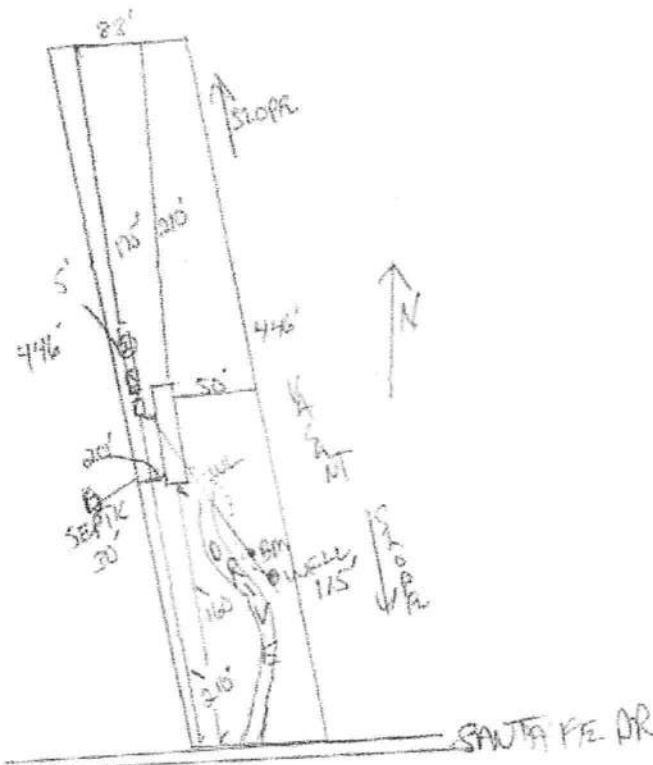
Sale Date	OR Book/Page	OR Code	Vacant / Improved	Qualified Sale	Sale RCode	Sale Price
7/17/2008	1154/2576	WD	V	Q		\$30,000.00
3/21/2006	1078/1088	WD	V	Q		\$24,000.00
3/12/2000	899/1145	WD	V	Q		\$5,000.00
8/1/1983	516/309	WD	V	Q		\$4,500.00

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

Permit Application Number 07-208
1256-112721

PART II - SITEPLAN

Scale: 1 inch = 100 feet.



Notes:

Site Plan submitted by:

Robert D. F...

MASTER CONTRACTOR

Plan Approved

Not Approved

Date 3-23-07

By

Mark S. Lander

County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

DH 4015, 10/96 (Replaces HRS-H Form 4016 which may be used)
(Stock Number: 5744-002-4015-8)

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A & B Construction, Inc.

P. O. Box 39

Ft. White, FL, 32038

386-497-2311-Phone

386-497-4866-Fax

March 14, 2011

I, Rocky Ford give Rocky Ford or Dale Burd of A & B Construction, Inc. ,permission to act as my agent in pulling power pole permit

Rocky Ford

Dale R. Burd
DALE R. BURD
NOTARY PUBLIC
STATE OF FLORIDA
Comm# EE002925
Expires 7/16/2014

3/14/11

SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER _____ CONTRACTOR _____ 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>Michael S Connor</u>	Signature <u>Michael S Connor</u>
	License #: <u>ER 13013192</u>	Phone #: <u>386-965-9005</u>
MECHANICAL/ A/C	Print Name _____	Signature _____
	License #: _____	Phone #: _____
PLUMBING/ GAS	Print Name _____	Signature _____
	License #: _____	Phone #: _____
ROOFING	Print Name _____	Signature _____
	License #: _____	Phone #: _____
SHEET METAL	Print Name _____	Signature _____
	License #: _____	Phone #: _____
FIRE SYSTEM/ SPRINKLER	Print Name _____	Signature _____
	License #: _____	Phone #: _____
SOLAR	Print Name _____	Signature _____
	License #: _____	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.