

Columbia County Swimming Pool/Spa Permit Application

For Office Use Only Application # 44523 Date Received 2/12 By MG Permit # 39356
 Zoning Official LW/LH Date 2-18-20 Flood Zone X Land Use Ag Zoning PRD
 FEMA Map # _____ Elevation _____ MFE _____ River _____ Plans Examiner JC Date 2-21-20

Comments SFP Permit # 39133
☒ NOC ☒ EH ☒ Deed on 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. 19-0928 Or City Water System ☐ Fax 855-787-6289
 Applicant (Who will sign/pickup the permit) Susan L. Frazee Phone (386) 292-6722
 Address 346 NW Ivy Glen, Lake City, FL 32055
 Owners Name Sabrina & Glenn Colunga Phone (386) 466-9210
 911 Address 147 SW Lotus Glen, Lake City, FL 32055
 Contractors Name Susan L. Frazee Phone (386) 365-5299
 Address 346 NW Ivy Glen, Lake City, FL 32055
 Contractor Email aquaticartpools@bellsouth.net **Include to get updates on this job.

Fee Simple Owner Name & Address _____

Bonding Co. Name & Address _____

Architect/Engineer Name & Address _____

Mortgage Lenders Name & Address _____

Riddle Consulting Engineers
First Federal Bank of Florida

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

Property ID Number 20-3S-16-02202-113 Cost of Construction \$43,000.

Subdivision Name High Pointe S/D Lot 13 Block _____ Unit _____ Phase _____

Driving Directions Lk. Jeffery Rd - left on Nash Rd., left on Bert Ave. -
Rt on Brown Rd., left on Brook Loop, Rt. on High Pointe

Construction of in ground swimming pool Residential ☒ OR Commercial ☐

ADA Compliant ☒ Total Acreage 1.12

Actual Distance of Pool from Property Lines - Front 146' Side 110' Side 55' Rear 85'

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.

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

2/25 - sent email ready for issuance

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.

x Sabrina Colunga
Print Owners Name

x Sabrina Colunga
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.

Susan L. Fray
Contractor's Signature

Contractor's License Number CPC1457969
Columbia County
Competency Card Number 905 ✓

Affirmed under penalty of perjury to by the Contractor and subscribed before me this 12th day of Feb 2020

Personally known ✓ or Produced Identification

Suzanne Stewart

SEAL:



State of Florida Notary Signature (For the Contractor)

SUZANNE STEWART
Commission # GG 932386
Expires November 17, 2023
Bonded Thru Budget Notary Services

NOTICE OF COMMENCEMENT

Tax Parcel Identification Number:

20-35-16-02202-113

Clerk's Office Stamp

Inst: 202012003477 Date: 02/12/2020 Time: 2:24PM
Page 1 of 1 B: 1405 P: 1200, 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): Lot 13, High Pointe S/D
a) Street (job) Address: _____
2. General description of improvements: Inground swimming pool
3. Owner Information or Lessee information if the Lessee contracted for the improvements:
a) Name and address: Glenn and Sabrina Colunga, 147 SW Lotus Glen, LC 32024
b) Name and address of fee simple titleholder (if other than owner) _____
c) Interest in property: owners
4. Contractor Information
a) Name and address: Susan L. Fraze, 346 NW Ivy Glen, Lake City, FL 32055
b) Telephone No.: (386) 212-6722
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: First Federal Bank of Florida
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: _____ OF _____
b) Telephone No.: _____
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. Sabrina Colunga / Glenn Colunga
Signature of Owner or Lessee, or Owner's or Lessee's Authorized Office Director/Partner/Manager

Printed Name and Signatory's Title/Office

The foregoing instrument was acknowledged before me, a Florida Notary, this 27th day of January, 2020 by:

Sabrina Colunga as owners for _____
(Name of Person) (Type of Authority) (name of party on behalf of whom instrument was executed)
Glenn Colunga

Personally Known ☒ OR Produced Identification _____ Type _____

Notary Signature Susan L. Fraze Notary Stamp or Seal:



Susan Lee Fraze
NOTARY PUBLIC
STATE OF FLORIDA
Comm# GG911469
Expires 12/16/2023



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

NOTICE TO SWIMMING POOL OWNERS

Sabrina and Glenn Colunga

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.

x Sabrina Colunga 11/20/2020
Owner Signature / Date

Address: Lot 13, NW High Pointe Drive, Lake City, FL 32055

Susan L. Fraze
Contractor Signature / Date 11/20/2020

CPC1457969
License Number

SUBCONTRACTOR VERIFICATION

APPLICATION/PERMIT # _____ JOB NAME Columbia pool

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.

ELECTRICAL <input checked="" type="checkbox"/>	Print Name <u>Marc Matthews</u> Signature <u>[Signature]</u> Company Name: <u>Matthews Electric</u> License #: <u>EC13005459</u> Phone #: <u>(386) 344-2029</u>	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
MECHANICAL/ A/C <input type="checkbox"/> CC# _____	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
PLUMBING/ GAS <input type="checkbox"/> CC# _____	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
ROOFING <input type="checkbox"/> CC# _____	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
SHEET METAL <input type="checkbox"/> CC# _____	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
FIRE SYSTEM/ SPRINKLER <input type="checkbox"/> CC# _____	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
SOLAR <input type="checkbox"/> CC# _____	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
STATE <input type="checkbox"/> SPECIALTY CC# _____	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE

Columbia County Property Appraiser

Jeff Hampton

2020 Working Values

updated: 1/6/2020

Parcel: << 20-3S-16-02202-113 >>

Aerial Viewer Pictometry Google Maps

Owner & Property Info

Result: 2 of 3

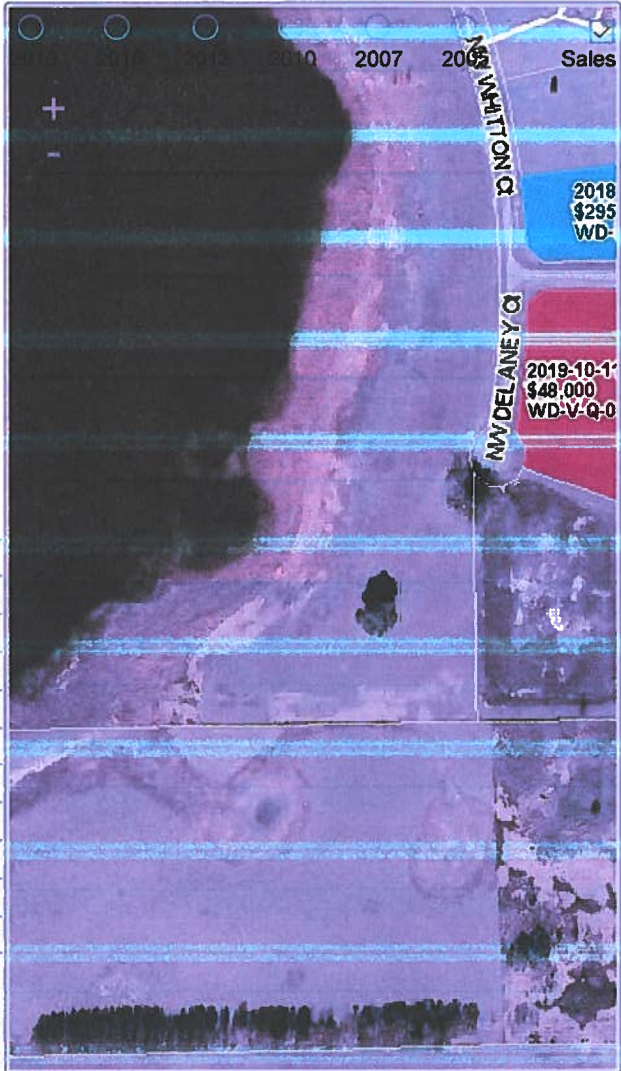
Owner	COLUNGA GLENN G & SABRINA D 147 SW LOTUS GLN LAKE CITY, FL 32024		
Site			
Description*	LOT 13 HIGH POINTE S/D WD 1128-451, WD 1143-439, LE 1213-2305, WD 1399-1520,		
Area	1.12 AC	S/T/R	20-3S-16
Use Code**	VACANT (000000)	Tax District	3

*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

2019 Certified Values		2020 Working Values	
Mkt Land (1)	\$25,500	Mkt Land (1)	\$25,500
Ag Land (0)	\$0	Ag Land (0)	\$0
Building (0)	\$0	Building (0)	\$0
XFOB (0)	\$0	XFOB (0)	\$0
Just	\$25,500	Just	\$25,500
Class	\$0	Class	\$0
Appraised	\$25,500	Appraised	\$25,500
SOH Cap [?]	\$0	SOH Cap [?]	\$0
Assessed	\$25,500	Assessed	\$25,500
Exempt	\$0	Exempt	\$0
Total Taxable	county:\$25,500 city:\$25,500 other:\$25,500 school:\$25,500	Total Taxable	county:\$25,500 city:\$25,500 other:\$25,500 school:\$25,500



Sales History

Sale Date	Sale Price	Book/Page	Deed	V/I	Quality (Codes)	RCode
11/8/2019	\$25,000	1399/1520	WD	V	Q	01
4/20/2011	\$100	1213/2305	QC	V	U	11
8/13/2007	\$69,900	1128/0451	WD	V	U	09

Building Characteristics

Bldg Sketch	Bldg Item	Bldg Desc*	Year Blt	Base SF	Actual SF	Bldg Value
NONE						

Extra Features & Out Buildings (Codes)

Code	Desc	Year Blt	Value	Units	Dims	Condition (% Good)
NONE						

Land Breakdown

--	--	--	--	--	--	--

880354908195



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

PERMIT NO. 19-0928
DATE PAID: 12/29/19
FEE PAID: 435.00
RECEIPT #: 1458243

APPLICATION FOR:

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

APPLICANT: Glen ColungaAGENT: Lora DavidTELEPHONE: 867-5395MAILING ADDRESS: 567 NW High Point Dr LC FL 32055

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: 13 BLOCK: _____ SUBDIVISION: High Pointe PLATTED: _____PROPERTY ID #: 20-35-16-02202-113 ZONING: _____ I/M OR EQUIVALENT: [Y / N]PROPERTY SIZE: 1.12 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC [] ≤ 2000 GPD [] > 2000 GPDIS SEWER AVAILABLE AS PER 381.0065, FS? [Y] ☒ N DISTANCE TO SEWER: _____ FTPROPERTY ADDRESS: 567 NW High Point Dr. LC, FL 32055DIRECTIONS TO PROPERTY: Hwy 90 W to NW Brown Rd, Turn Right then left onto Brook Loop, Then 1st Right onto NW High Pointe Dr. Last lot on the end of cul-de-sac

BUILDING INFORMATION

☒ RESIDENTIAL ☐ COMMERCIAL (Right)

Unit No	Type of Establishment	No. of Bedrooms	Building Area Sqft	Commercial/Institutional System Design Table 1, Chapter 64E-6, FAC
1	SFR	3	2343	
2	Swimming pool			
3	per			
4				

1 SFR 3 2343

2 Swimming pool per Sat 2/12/20

3 _____

4 _____

[] Floor/Equipment Drains [] Other (Specify) _____

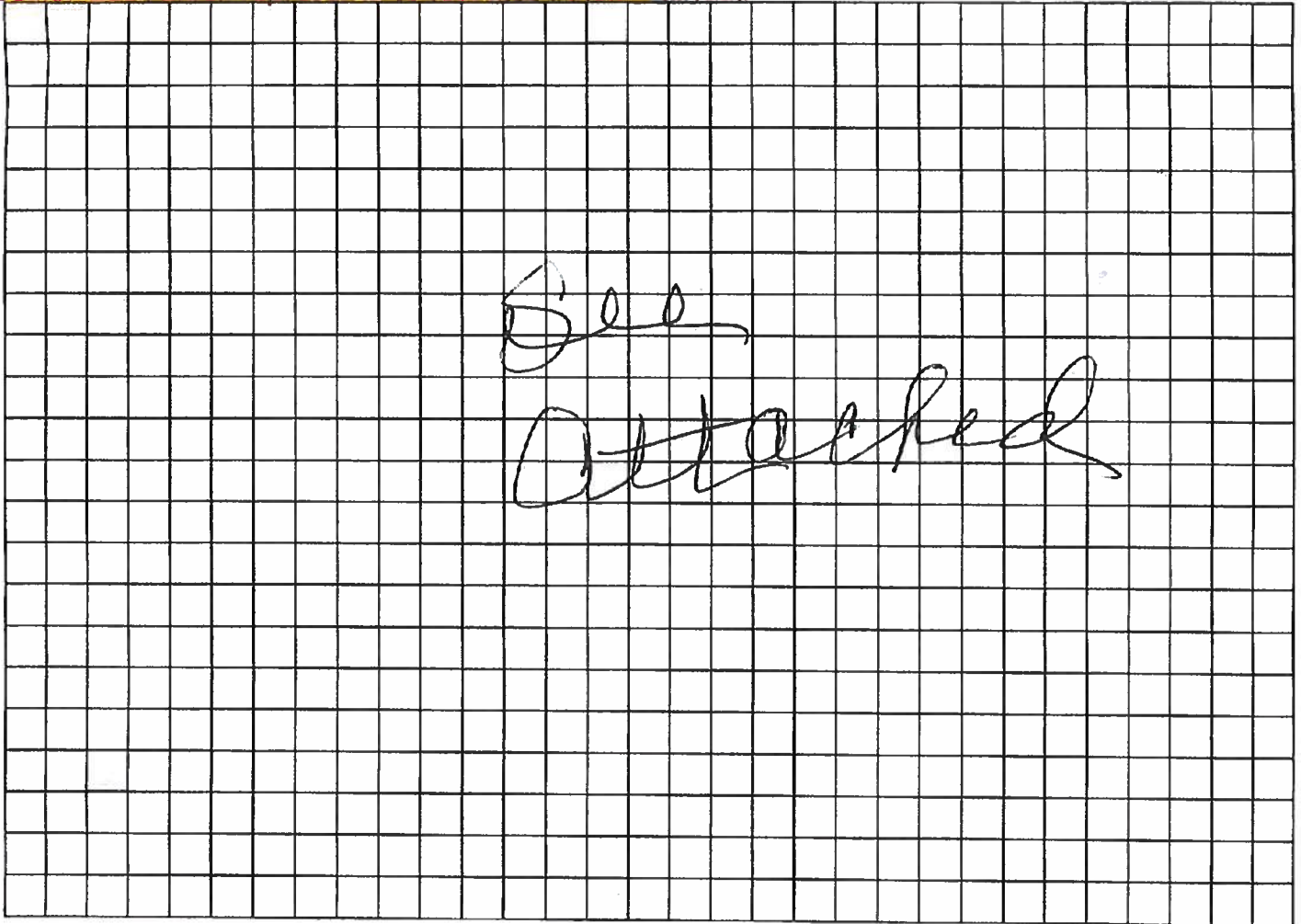
SIGNATURE: Lora DavidDATE: 12/19/19

STATE OF FLORIDA
DEPARTMENT OF HEALTH
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number 19-8928

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

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



Notes: _____

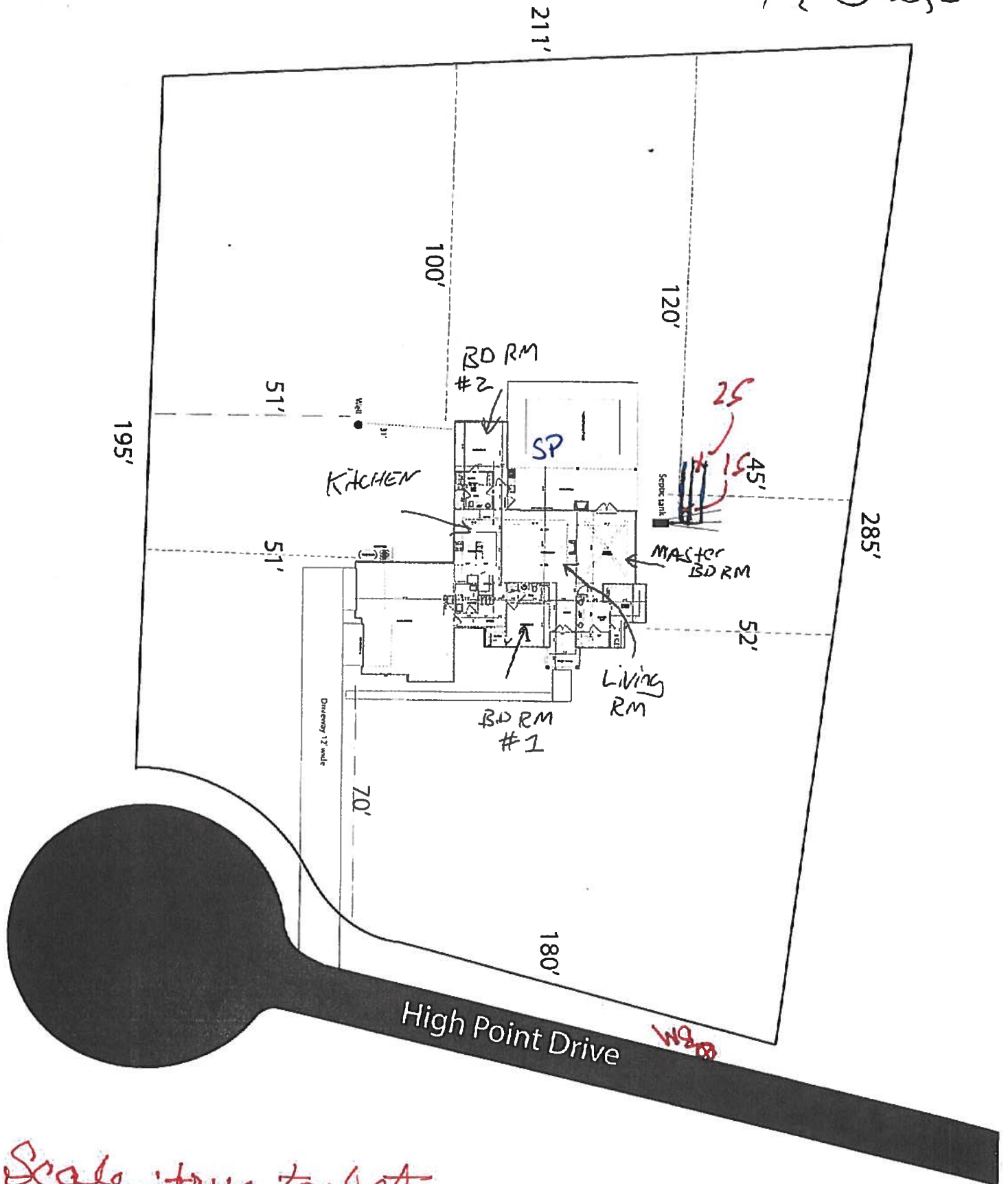
Site Plan submitted by: [Signature] Agent: _____ Owner: _____ Date: 12/19/19

Plan Approved [Signature] Not Approved _____ Date: 1/8/20

By: [Signature] COLUMBIA County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

19-0928



Scale: true to lot