

DATE 05/23/2019

Columbia County Building Permit**PERMIT**

This Permit Must Be Prominently Posted on Premises During Construction

000038157

APPLICANT	KELLY JOYNER	PHONE	866.959.7663
ADDRESS	POB 2147	LAKE CITY	FL 32056
OWNER	MERRILL E. WILLIAMS, TRUSTEE-P&M TRUSTEE	PHONE	850.973.0033
ADDRESS	1384 SE BAYA DR.	LAKE CITY	FL 320
CONTRACTOR		PHONE	
LOCATION OF PROPERTY	EAST BAYA TO MERRILL WILLIAMS INSURANCE BUILDING a CORNER OF MARGARET & BAYA...		
TYPE DEVELOPMENT	ROOF OVERLAY/SED	ESTIMATED COST OF CONSTRUCTION	0.00
HEATED FLOOR AREA		TOTAL AREA	
FOUNDATION	WALLS	ROOF PITCH	4:11
LAND USE & ZONING		MAX. HEIGHT	
Minimum Set Back Requirements:	STREET-FRONT	REAR	SIDE
NO. EX.D.U.	1	FLOOD ZONE	
DEVELOPMENT PERMIT NO.			
PARCEL ID	33-3S-17-06798-000	SUBDIVISION	ODOM HIGHLIGHTS
LOT	1	BLOCK	1
PHASE		UNIT	
TOTAL ACRES	0.27		

Culvert Permit No. _____ Culvert Waiver _____ Contractor's License Number 1 Ky Rj
 Applicant Owner Contractor
 JLW N
 Driveway Connection _____ Septic Tank Number _____ LU & Zoning checked by _____ Approved for Issuance _____ New Resident _____ Time STUP No. _____
 COMMENTS: NOC ON FILE.

Check # or Cash 6856

FOR BUILDING & ZONING DEPARTMENT ONLY

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 \$ 75.00 ZONING CERT. FEE \$ _____ FIRE FEE \$ 0.00 WASTE FEE \$ _____
 PLAN REVIEW FEE \$ _____ DP & FLOOD ZONE FEE \$ _____ CULVERT FEE \$ _____ TOTAL FEE 75.00
 INSPECTOR'S OFFICE _____ CLERK'S OFFICE shape

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.
 NOTICE: ALL OTHER APPLICABLE STATE OR FEDERAL PERMITS SHALL BE OBTAINED BEFORE COMMENCEMENT OF THIS PERMITTED DEVELOPMENT.

"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 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 INSPECTION.

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

ck # 6856

Columbia County Building Permit Application
Re-Roof's, Roof Repairs, Roof Over's

For Office Use Only Application # 1905-78 Date Received 5/23 By du Permit # 38157
Plans Examiner _____ Date _____ ☒ NOC ☒ Deed or PA ☒ Contractor Letter of Auth. ☐ F W Comp. letter
☒ Product Approval Form ☐ Sub VF Form ☒ Owner POA ☒ Corporation Doc's and/or Letter of Auth. PR
Comments _____ doc

Applicant (Who will sign/pickup the permit) Kelly Joyner FAX 386-719-4472
Address P.O. Box 2147 Lake City, FL 32056 Phone 866-959-7663

Owners Name Williams Merrill E Trustee P & M Trust Phone 850-973-0033
911 Address 1384 E Baya Dr. Lake City, FL 32055

Contractors Name Lewis Walker Roofing, Inc. Phone 866-959-7663
Address P.O. Box 2147 Lake City, FL 32056

Contractors Email _____ ***Include to get updates for this job.
Fee Simple Owner Name & Address _____
Bonding Co. Name & Address _____
Architect/Engineer Name & Address _____
Mortgage Lenders Name & Address _____

Property ID Number 33-35-17-06798-000
Subdivision Name Odom Heights Lot 1 Block 1 Unit _____ Phase _____
Driving Directions N on NE Hernando Ave toward NE Madison St.; 1st L on NE Madison St; 1st L on N Marion Ave; L on SE Baya Dr.;
Building is on R

Construction of (circle) Re-Roof - Roof repairs Roof Overlay or Other _____
Cost of Construction 8905.00 ☒ Commercial OR ☐ Residential
Type of Structure (House) Mobile Home; Garage; Exxon) _____
Roof Area (For this Job) SQ FT 2900 Roof Pitch 4 /12, _____/12 Number of Stories 1
Is the existing roof being removed Yes If NO Explain _____

Type of New Roofing Product (Metal; Shingles; Asphalt Flat) 29 Ga Rib Metal

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: 2014 Florida Building 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 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.

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.

Kimberly Paige Wells
Print Owners Name

Kimberly Paige Wells
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 RC-0067442
Columbia County
Competency Card Number 001174

Affirmed under penalty of perjury to by the Contractor and subscribed before me this 22 day of May 2019.

Personally known ☒ or Produced Identification

Barbara A Johnston
State of Florida Notary Signature (For the Contractor)

SEAL:



BARBARA JOHNSTON
Commission # GG 306135
Expires May 6, 2023
Bonded thru Budget Notary Services

As required by Florida Statute 553.842 and Florida Administrative Code 9B-72, please provide the information and approval numbers on the building components listed below if they will be utilized on the construction project for which you are applying for a building permit. We recommend you contact your local product supplier should you not know the product approval number for any of the applicable listed products. Statewide approved products are listed online @ www.floridabuilding.org

Category/Subcategory	Manufacturer	Product Description	Approval Number(s)
1. EXTERIOR DOORS			
A. SWINGING			
B. SLIDING			
C. SECTIONAL/ROLL UP			
D. OTHER			
2. WINDOWS			
A. SINGLE/DOUBLE HUNG			
B. HORIZONTAL SLIDER			
C. CASEMENT			
D. FIXED			
E. MULLION			
F. SKYLIGHTS			
G. OTHER			
3. PANEL WALL			
A. SIDING			
B. SOFFITS			
C. STOREFRONTS			
D. GLASS BLOCK			
E. OTHER			
4. ROOFING PRODUCTS			
A. ASPHALT SHINGLES			
B. NON-STRUCTURAL METAL	Agri-metal	29 Ga Rib	13768.1
C. ROOFING TILES			
D. SINGLE PLY ROOF			
E. OTHER			
5. STRUCTURAL COMPONENTS			
A. WOOD CONNECTORS			
B. WOOD ANCHORS			
C. TRUSS PLATES			
D. INSULATION FORMS			
E. LINTELS			
F. OTHERS			
6. NEW EXTERIOR			
ENVELOPE PRODUCTS			

The products listed below did not demonstrate product approval at plan review. I understand that at the time of inspection of these products, the following information must be available to the inspector on the jobsite; 1) copy of the product approval, 2) performance characteristics which the product was tested and certified to comply with, 3) copy of the applicable manufacturers installation requirements.

Further, I understand these products may have to be removed if approval cannot be demonstrated during inspection.

Contractor OR Agent Signature

5/22/19
Date

NOTES: _____

Columbia County Property Appraiser

Jeff Hampton

2018 Tax Roll Year

updated: 5/9/2019

Parcel: (<<) 33-3S-17-06798-000 (>>)

Aerial Viewer Pictometry Google Maps

Owner & Property Info

Result: 1 of 1

Owner	WILLIAMS MERRILL E TRUSTEE P & M TRUST 4227 NW US 221 GREENVILLE, FL 32331		
Site	1384 BAYA DR,		
Description*	LOT 1 BLOCK 1 ODOM HEIGHTS S/D ORB 362-491, 711-889-891, 720-897, 795-1286, DC 859-2368, 953-1039. PROB 1129-987, PROB 1140-493		
Area	0.278 AC	S/T/R	33-3S-17
Use Code**	INSURANCE (002400)	Tax District	2

*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 (1)	\$16,402	Mkt Land (1)	\$16,402
Ag Land (0)	\$0	Ag Land (0)	\$0
Building (1)	\$79,626	Building (1)	\$77,383
XFOB (3)	\$2,755	XFOB (3)	\$2,755
Just	\$98,783	Just	\$96,540
Class	\$0	Class	\$0
Appraised	\$98,783	Appraised	\$96,540
SOH Cap [?]	\$0	SOH Cap [?]	\$0
Assessed	\$98,783	Assessed	\$96,540
Exempt	\$0	Exempt	\$0
Total Taxable	county:\$98,783 city:\$98,783 other:\$98,783 school:\$98,783	Total Taxable	county:\$96,540 city:\$96,540 other:\$96,540 school:\$96,540

**▼ Sales History**

Sale Date	Sale Price	Book/Page	Deed	V/I	Quality (Codes)	RCode
4/8/2002	\$100	953/1039	WD	I	U	01
8/1/1994	\$0	795/1286	WD	V	U	02 (Multi-Parcel Sale) - show
1/29/1990	\$5,000	711/0889	WD	V	U	

▼ Building Characteristics

Bldg Sketch	Bldg Item	Bldg Desc*	Year Blt	Base SF	Actual SF	Bldg Value
Sketch	1	OFFICE LOW (004900)	1994	2100	2202	\$77,383

*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)
0166	CONC,PAVMT	0	\$555.00	370.000	0 x 0 x 0	(000.00)
0260	PAVEMENT-A	1993	\$2,000.00	1.000	0 x 0 x 0	(000.00)
0253	LIGHTING	1993	\$200.00	1.000	0 x 0 x 0	(000.00)

▼ Land Breakdown

NOTICE OF COMMENCEMENT

Tax Parcel Identification Number:

33-35-17-06798-000

Clerk's Office Stamp

Inst: 201912011823 Date: 05/23/2019 Time: 10:20AM
Page 1 of 1 B: 1385 P: 439, 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 1 Block 1 Odom Heights S/d Orb 362-491, 711-89-891, 720-897, 795-1286
a) Street (job) Address: 1384 E. Baya Dr. Lake City, FL 32055
2. General description of improvements: Reroof
3. Owner Information or Lessee Information if the Lessee contracted for the improvements:
a) Name and address: Williams Merrill E Trustee, P & M Trust 4227 NW US 221 Greenville, FL 32331
b) Name and address of fee simple titleholder (if other than owner):
c) Interest in property: Owner
4. Contractor Information
a) Name and address: Lewis Walker Roofing, Inc. P.O. Box 2147 Lake City, FL 32056
b) Telephone No.: 866-959-7663
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: 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. Kimberly Paige Wells, Trustee Pand M Trust
Signature of Owner or Lessee, or Owner's or Lessee's Authorized Office/Director/Partner/Manager
Kimberly Paige Wells, Trustee, Pand M Trust
Printed Name and Signatory's Title/Office

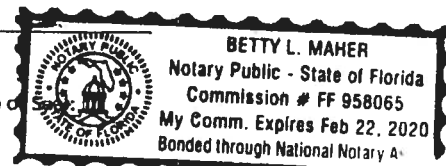
The foregoing Instrument was acknowledged before me, a Florida Notary, this 20th day of May, 2019, by:
Kimberly Paige Wells as Trustee for P & M Trust
(Name of Person) (Type of Authority) (name of party on behalf of whom instrument was executed)

Personally Known OR Produced Identification OR Type

Notary Signature

Betty L. Maher

Notary Stamp



38157

Prepared by:

C. Randolph Coleman
9250 Baymeadows Road, Suite 450
Jacksonville, FL 32256-1813

When recorded return to:

C. Randolph Coleman
9250 Baymeadows Road, Suite 450
Jacksonville, FL 32256-1813

Inst:200712028195 Date: 12/26/2007 Time:9:51 AM
Doc Stamp-Deed:0.70
DC, P. DeWitt Cason, Columbia County Page 1 of 3

(Space above this line reserved for recording office use only)

PERSONAL REPRESENTATIVE'S DEED

STATEMENT OF FACTS:

A. Merrill Edward Williams ("Decedent"), a resident of Columbia County, Florida, died on February 10, 2007.

B. At the time of Decedent's death, Decedent was the owner of the Real Property described below.

C. Grantor is the Personal Representative of the Estate of the Decedent pursuant to proceedings filed in the Circuit Court for Columbia County, Florida in Case No. 07-176-CP.

CONVEYANCE:

1. IDENTIFICATION OF GRANTOR

Grantor's name and address is: Kimberly Paige Williams
as Personal Representative of the Estate of Merrill
Edward Williams, Deceased
260 NE Old Valdosta Road
Pinetta, Florida 32350

The word "I" or "me" as hereafter used means the Grantor.

2. IDENTIFICATION OF GRANTEE

Grantee's name and address is: Kimberly Paige Williams
as Trustee of The P & M Trust dated December 6, 2001
260 NE Old Valdosta Road
Pinetta, Florida 32350

Kimberly Paige Williams's tax identification number is: [REDACTED]

The word "you" as hereafter used means the Grantee as Trustee of The P & M Trust dated

unlimited as to duration, disposition and descendability) forever.

7. REPRESENTATION OF PERSONAL REPRESENTATIVE

I represent to you that:

(a) I am duly appointed and qualified to act as Personal Representative of the Estate of the Decedent as identified in the Statement of Facts; and

(b) I have the power and authority to execute this Deed. Note: if the Property was the constitutional homestead of Decedent, and descended to heirs at law, such heirs at law must execute deeds conveying their interests in the subject property.

Executed on December 18th, 2007.

Kimberly Paige Williams 12.18.07
Kimberly Paige Williams (Date)

260 NE Old Valdosta Road
Pinetta, Florida 32350

as Personal Representative of the Estate of
Merrill Edward Williams, Deceased

Signed in the presence of:

Signed in the presence of:

Melanie S. G. 12/18/07 Linda Keebler 12.18.07
Witness (Date) (Date)

Witness

STATE OF FLORIDA
COUNTY OF COLUMBIA

The foregoing instrument was acknowledged before me this 18th day of December, 2007, by Kimberly Paige Williams, who is personally known to me or has produced _____ as identification.

Angela D. Altman
Notary Public - State of Florida

American Title Services
09-142

SUCCESSOR TRUSTEE'S AFFIDAVIT

I/We, Kimberly Williams Wells, individually and as Personal Representative of the Estate of MERRILL E. WILLIAMS, hereby confirm that the said Trust Agreement, and any and all amendments thereto, has/have not been revoked and remains in full force and effect and the Trustee(s) still remain(s) vested with all the powers enumerated in said Trust Agreement, and that there have not been any amendments or modifications to the Trust other than the amendment(s) noted herein; and that; Trustee of said Trust died Feb. 10, 2007, and that I/We KIMBERLY WILLIAMS WELLS shall serve as Successor Trustee.

I/We further certify to my/our personal knowledge that all expenses incurred at the date of death of MERRILL E. WILLIAMS, including nursing home, medical expenses, funeral expenses and any and all creditors have been paid in full, excluding any Federal, State and Local Tax Requirements.

I/We KIMBERLY WILLIAMS WELLS, as Successors Trustee(s) of said Trust, shall take such steps as may be necessary to comply with any Federal, State and/or Local Tax Requirements and pay such tax as set forth in said Trust.

IN WITNESS WHEREOF, I/We have executed this instrument under seal this 5th day of MAY, 2009, A.D.

Signed, sealed and delivered in our presence:

[Signature]
Witness
[Signature]
Witness

[Signature]
KIMBERLY WILLIAMS WELLS

STATE OF FL

Inst 200912007694 Date 5/8/2009 Time 2:59 PM
EX: P DeWitt Cason Columbia County Page 1 of 1 B 1172 P 2393

COUNTY OF SWANNEE

The foregoing instrument was acknowledged before me this 5th day of MAY, 2009 by KIMBERLY WILLIAMS WELLS, individually and as Personal Representative of the Estate of MERRILL E. WILLIAMS, who is/are personally known to me or has/have produced a Drivers License as identification and who DID NOT take an oath.

(seal)

[Signature]
Notary Public
Print Name: Kathy S. Avriett
My Commission Expires: 5/3/2010

09-142

