

Columbia County Building Permit Application

Revised 9-23-04

For Office Use Only Application # 0603-30 Date Received 3/10/06 By GA Permit # 24222
 Application Approved by - Zoning Official _____ Date _____ Plans Examiner _____ Date _____
 Flood Zone _____ Development Permit _____ Zoning _____ Land Use Plan Map Category _____
 Comments _____

Applicants Name Duffield Home Improvement (William Duffield) Phone 352-375-7008
 Address P.O. Box 365 Archer, FL 32618
 Owners Name Hazel Shaw Phone 392-4195
 911 Address 20393 Hwy 441 South High Springs,
 Contractors Name Duffield Home Phone 352-375-7008
 Address P.O. Box 365 Archer, FL 32618
 Fee Simple Owner Name & Address Same
 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. - Progressive Energy

Property ID Number 03-75-17-09879-008HX Estimated Cost of Construction 5,250

Subdivision Name _____ Lot _____ Block _____ Unit _____ Phase _____

Driving Directions Out of Lake city to 441 So to High Springs
Property on right - Intersection of Old Bellamy Rd & 441 S
Box # 20393 Hwy 441

Type of Construction Re Roof Number of Existing Dwellings on Property 1

Total Acreage _____ Lot Size _____ Do you need a - Culvert Permit or Culvert Waiver or Have an Existing Drive

Actual Distance of Structure from Property Lines - Front _____ Side _____ Side _____ Rear _____

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 COMMENCEMENT 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)

STATE OF FLORIDA
COUNTY OF COLUMBIA

Sworn to (or affirmed) and subscribed before me

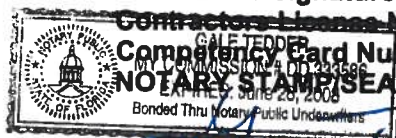
this 10th day of March 2006

Personally known _____ or Produced Identification SL

Contractor Signature

Contractors License Number CCC1325785

Competency Card Number _____



Notary Signature

Proposal

Page No.

of

Pages

DUFFIELD HOME IMPROVEMENT

P.O. BOX 365
Archer, FL 32618
(352) 375-7008
(352) 486-4297
Lic. #CCC1325785

Jes
+
CRS 2 1/2" each

454-7676 Home

PROPOSAL SUBMITTED TO

PHONE

DATE

Jean Shaw

342-4195

2-13-06

STREET

JOB NAME

20393 Hwy 441

CITY, STATE and ZIP CODE

JOB LOCATION

High Springs

ARCHITECT

DATE OF PLANS

JOB PHONE

We hereby submit specifications and estimates for:

Remove & haul away existing roof system. Dryin with 30lb felt paper & tabs. Install new Drip edge, valley metal, & lead vent stack boots, & Roof vents. Seal all edges and valleys. Apply tamko 25 yr 3 tab shingles. Rustic Black. Nailed down to code. Permit & Cleanup Included.

Any wood change out is 3" per Foot min 20 ft or 50" per crew hour Plus materials.

5 Year No leak warranty

We Propose hereby to furnish material and labor — complete in accordance with above specifications, for the sum of:

Payment to be made as follows:

dollars (\$ 5250.).

Down Payment paid 1000.00 2-13-06

Balance on Completion.

All material is guaranteed to be as specified. All work to be completed in a workmanlike manner according to standard practices. Any alteration or deviation from above specifications involving extra costs will be executed only upon written orders, and will become an extra charge over and above the estimate. All agreements contingent upon strikes, accidents or delays beyond our control. Owner to carry fire, tornado and other necessary insurance. Our workers are fully covered by Workman's Compensation Insurance.

Authorized Signature

Note: This proposal may be withdrawn by us if not accepted within _____ days.

Acceptance of Proposal — The above prices, specifications and conditions are satisfactory and are hereby accepted. You are authorized to do the work as specified. Payment will be made as outlined above.

Signature

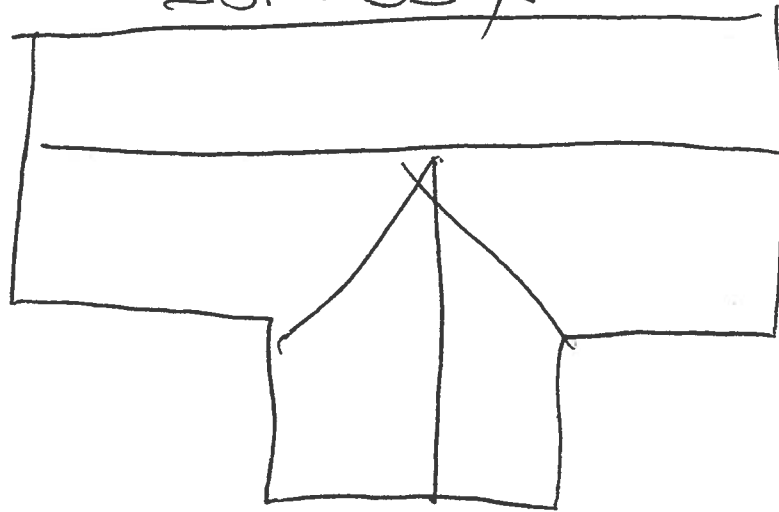
Signature

Date of Acceptance:

Shaw

25yr Rustic Black

Sold 25~~yr~~



25~~yr~~ 3 TAB Rustic Black Shingles (25yr)

1 Roll Valley

30 pc Drip Edge

1 5 Gal Roofing Cement

2 Boxes 1 1/4" Coil Roofing Nails

NOTICE OF COMMENCEMENT

PERMIT NUMBER: _____
STATE OF: FLORIDA COUNTY OF: Columbia CITY OF: High Springs
THE UNDERSIGNED HEREBY gives notice that improvement(s) 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.

DESCRIPTION OF PROPERTY

LOT: _____ BLOCK: _____ SECTION: _____ TOWNSHIP: _____ RANGE: _____
TAX PARCEL NUMBER: 03-78-17-09879-008 HX
SUBDIVISION: _____ PLATBOOK: _____ MAP PAGE: _____
STREET ADDRESS: 20393 Hwy 441

GENERAL DESCRIPTION OF IMPROVEMENTS

TO CONSTRUCT: _____

OWNER INFORMATION

OWNER NAME: John & Jean Shaw
ADDRESS: 20393 Hwy 441 PHONE NUMBER: 392-4195
CITY: High Springs STATE: FL ZIP CODE: _____

INTEREST IN PROPERTY: _____

FEE SIMPLE TITLEHOLDER NAME: _____

FEE SIMPLE TITLEHOLDER ADDRESS: _____
(if other than owner)

CONTRACTOR NAME: Duffield Home Improvement
ADDRESS: P.O. Box 365 PHONE NUMBER: _____
CITY: Archer STATE: FL ZIP CODE: 32618

BONDING COMPANY: _____

ADDRESS: _____ PHONE NUMBER: _____

CITY: _____ STATE: _____ ZIP CODE: _____

LENDER NAME: _____

ADDRESS: _____ PHONE NUMBER: _____

CITY: _____ STATE: _____ ZIP CODE: _____

Persons 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:

NAME: _____ ADDRESS: _____

In addition to himself, Owner designates _____
of _____ to receive a copy of Lienor's Notice as provided in Section 713.13(1)(b), Florida Statutes.

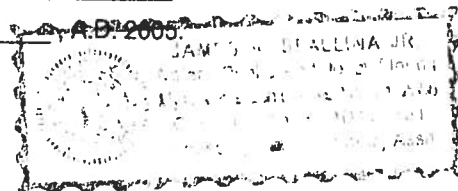
Expiration date is one (1) year from date of recording unless a different date is specified.

SIGNATURE OF OWNER: X Hazel J Shaw

SWORN to and subscribed before me this _____ day of _____

Notary Public: _____

My commission Expires: _____



Not: 2005005989 Date: 03/10/2006 Time: 15:31
DC, P. Dewitt Cason, Columbia County B: 1076 P: 2403

POB 4967
32616
21



STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND
PROFESSIONAL REGULATION
AC# 1442272

CCCL325785 06/09/04 030713148

CERTIFIED ROOFING CONTRACTOR
DUFFIELD, WILLIAM P
DUFFIELD HOME IMPROVEMENTS

IS CERTIFIED under the provisions of Ch. 489 FS.
Expiration date: AUG 31, 2006 L04060900991

FAKED
3/21/06
C

COLUMBIA COUNTY OFFICE OCCUPANCY

COLUMBIA COUNTY, FLORIDA

Department of Building and Zoning Inspection

This Certificate of Occupancy is issued to the below named permit holder for the building and premises at the below named location, and certifies that the work has been completed in accordance with the Columbia County Building Code.

Parcel Number 03-7S-17-09879-008

Building permit No. 000024222

Use Classification RE-ROOF

Fire: 0.00

Permit Holder DUFFIELD HOMES

Waste:

Owner of Building HAZEL SHAW

Total: 0.00

Location: 2039 S HIGHWAY 441, HIGH SPRINGS, FL

Date: 03/21/2006



[Signature]

Building Inspector

POST IN A CONSPICUOUS PLACE
(Business Places Only)