	For Office Use Only Application # 0601 - 46 Date Received 1/8 By W Permit # 24055
	Application Approved by - Zoning Official SLX Date 17.01.06 Plans Examiner of 37# Date 1-19-06
	Flood Zone W/A Development Permit W/A Zoning (SF-2 Land Use Plan Map Category)
	Comments
4	
50	Applicants Name Miranda M. Koon Phone 386.752, 1014
J	Address 1900 NW Amenity CT, Lake City FL 32055
	Owners Name Bernice Brown Phone 386,755, 2986 911 Address LO3 SW Groveland CT, Lake City, FL 32024
	911 Address LO3 SW Groveland CT, Lake City, FL 32024
7	Contractors Name Unique Pools 35 pas - Wallace Lowry Phone 3016.752.1014
3	Address 100 Amenuty, CT, Lake ( Lty FL 32055
Ď	Fee Simple Owner Name & Address NA
3	Bonding Co. Name & Address NA
-	Architect/Engineer Name & Address UNIQUE POOLS 3 Spas
3 2	Mortgage Lenders Name & Address N/A
3	
111	Circle the correct power company - FL Power & Light - Clay Elec Suwannee Valley Elec Progressive Energy
77.11	Property ID Number 15-45-14-03023-239 Estimated Cost of Construction \$ 19,000.99
7	Subdivision Name Callaway Subdivision Lot 39 Block Unit Phase
5	Driving Directions From Hwy 40 W. take the Branford Hwy (247), go thru
2	the first ked light, over the I 75 overpass to the first caution light. Take
2	a left at the caution light onto Callanan Road to Callaway Sto on the
3	Type of Construction Wimming POOI Number of Existing Dwellings on Property
	Total Acreage . 5 Lot Size Do you need a - <u>Culvert Permit</u> or <u>Culvert Walver</u> or <u>Have an Existing Drive</u>
	Actual Distance of Structure from Property Lines - Front 314 Side 75 14 ft Side 299 ft Rear 21.3ft
	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.
i	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.
;	VARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCMENT MAY RESULT IN YOU PAYING
4	WICE FOR IMPROVEMENTS TO YOUR PROPERTY. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR ENDER OR ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT.
	$\Lambda(i)$ $\Lambda(i)$ $\Lambda(i)$ $\Lambda(i)$
	Where Builder or Agent (Including Contractor)  Contractor Signature
7	Owner Builder or Agent (Including Contractor)  Contractor Signature  Contractors License Number
	STATE OF FLORIDA SHARON D. JOHNSON Competency Card Number
	COUNTY OF COLUMBIA  MY COMMISSION #DD366021 EXPIRES: OCT 26, 2008  Sworn to (or affirmed) and subscribed form me rough 1st State Insurance
	this day of
	Personally known or Produced Identification  Notary Signature
	STOCKET TO THE VICE TO THE TOUR OF THE THE TOUR TOUR TOUR TOUR TOUR TOUR TOUR TOUR

JW ADVISED MIRANDA ON 1.20.06

7	Inst:2006001
3	1161
P Dellitt Cason	Date: 01/18/2
7	900
olumbia	Time:10

Prepared By/Return To:	
Unique Pools & Spas	
PO Box 1867	
Lake City, FL 32056	
Permit No.	

## NOTICE OF COMMENCEMENT FS 713.13

### State of Florida

### **County of Columbia**

**THE UNDERSIGNED** hereby gives notice that improvement 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.

1.	Legal description of property and street address if available: LOT 39 Callaway S/D phase 2. ORB 976-1727, WD 991-1940, 163 SW Groveland CT., Lake City, FL 32024		
	eneral description of improvement: <u>Installing in-ground, concrete swimming pool and screen</u> closure		
2.	Bernice Brown, 163 SW Groveland CT., Lake City, FL 32024		
	b. Interest in property: 100%		
	c. Name and address of fee simple titleholder (if other than Owner)		
3.	Contractor: Name and address: Unique Pools & Spas – PO Box 1867		
	Lake City, FL 32056		
	Phone number (386) 752-1014 Fax number (optional, if service by fax is acceptable) (386) 752-5613		
4.	Surety: Name and address N/A		
	Phone number N/A Fax number (optional, if service by fax is acceptable)		
	Amount of Bond \$ N/A		
	Lender: Name and address_N/A		
	Phone number N/A Fax number (optional, if service by fax is acceptable) N/A		
E	Dersons within the State of Florida designated by Owner upon whom notices or other		

THIS INSTRUMENT WAS PREPARED BY: TERRY McDAVID POST OFFICE BOX 1328 LAKE CITY, FL 32056-1328

Rec. 10.50 Doc.

RETURN TO: TERRY McDAVID POST OFFICE BOX 1328 LAKE CITY, FL 32056-1328

Inst:2003017338 Date:08/15/2003 Time:11:43 OC Stamp-Deed: 1050.00

Property Appraiser's Parcel Identification No.:

DC, P. DeWitt Cason, Columbia County B:991 P:1940

### WARRANTY DEED

THIS INDENTURE, made this 11th day of August, 2003, between AARON SIMQUE HOMES, INC., a corporation existing under the laws of the State of Florida, whose post office address is Route 9, Box 785-33, Lake City, FL 32024 and having its principal place of business in the County of Columbia, State of Florida, party of the first part, and BERNICE BROWN, whose post office address is Route 22, Box 2750, Lake City, FL 32024, of the County of Columbia, State of Florida, parties of the second part,

WITNESSETH: that the said party of the first part, for and in consideration of the sum of Ten Dollars (\$10.00), to it in hand paid, the receipt whereof is hereby acknowledged, has granted, bargained, sold, aliened, remised, released, conveyed and confirmed, and by these presents doth grant, bargain, sell, alien, remise, release, convey and confirm unto the said party of the

TOGETHER with all the tenements, hereditaments and appurtenances, with every privilege, right, title, interest and estate, reversion, remainder and easement thereto belong or in anywise appertaining:

TO HAVE AND TO HOLD the same in fee simple forever.

And the said party of the first part doth covenant with said party of the second part that it is lawfully seized of said premises; that they are free of all encumbrances, and that it has good right and lawful authority to sell the same; and the said party of the first part does hereby fully warrant the title to said land, and will defend the same against the lawful claims of all persons whomsoever.

IN WITNESS WHEREOF, the party of the first part has caused these presents to be signed in its name by its President, the day and year above written.

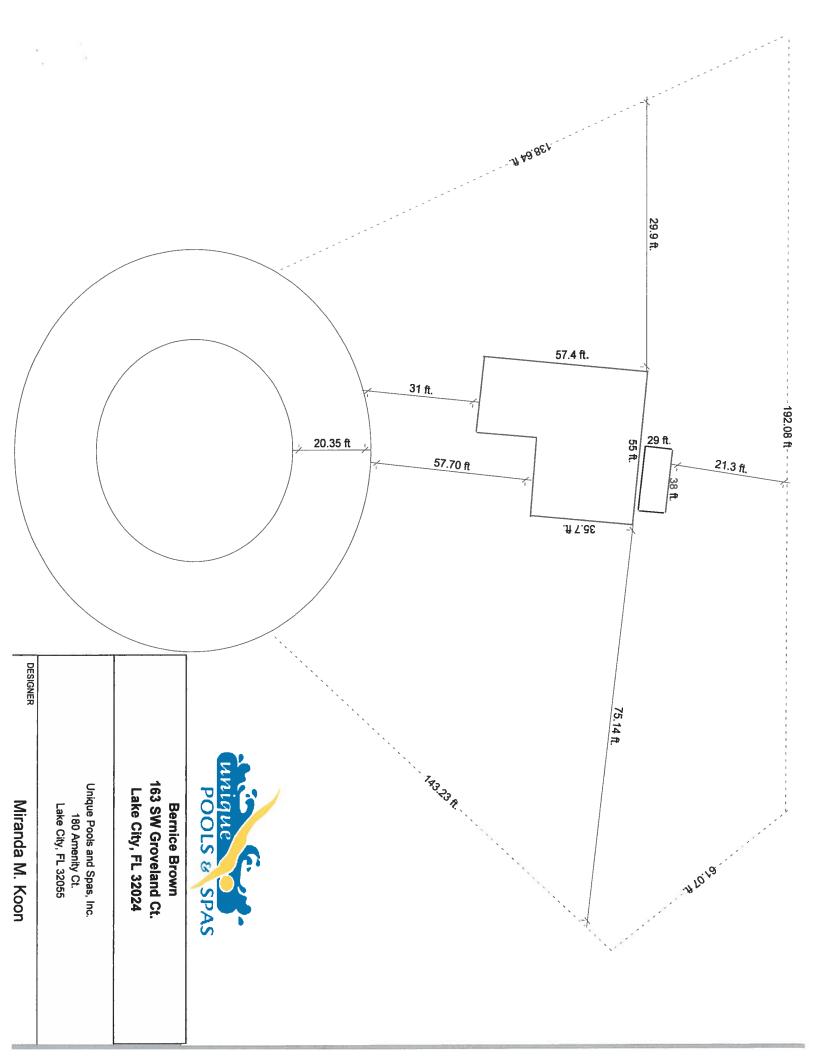
Signed, sealed and delivered in our presence:

Terry McDay

Crystal/L. Brunner

AARON SIMQUE HOMES, INC.

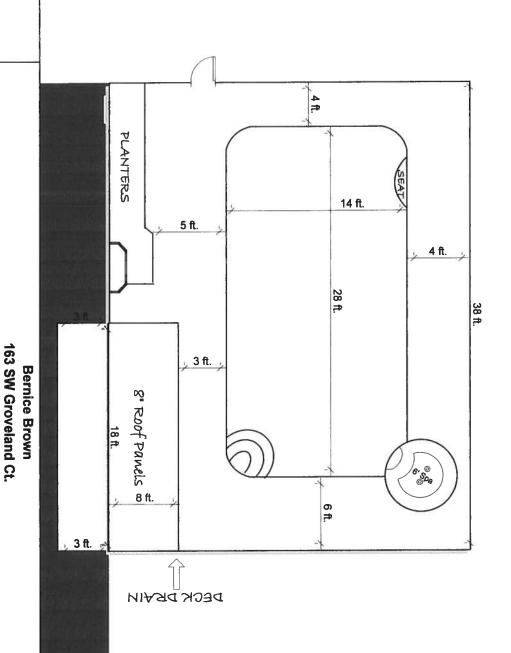
AARON SIMOUE, President



Final Design - Homeowner Approval:

×

Date:



Do not duplicate - This drawing is the property of Unique Pools and Spas and may be purchased separately for \$250. No duplication allowed. Violators may be prosecuted.

1/8" = 1"

DEPT.

Unique Pools and Spas 180 Amenity Ct., Lake City, FL 32055 386.752.1014 FAX 386.752.5613

Miranda M. Koon

SHEET 1 OF 1

REV

Lake City, FL 32024

POOLS & SPAS



# 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

accordance with the Columbia County Building Code. and premises at the below named location, and certifies that the work has been completed in

Parcel Number 15-4S-16-03023-239 Building permit No. 000024055

**Use Classification SWIMMING POOL** Fire:

Permit Holder UNIQUE POOLS & SPA Location: Owner of Building BERNICE BROWN 163 SW GROVELAND CT(CALLAWAY,LOT 39) Waste: Total: 0.00

Date: 05/12/2006

POST IN A CONSPICUOUS PLACE (Business Places Only)

**Building Inspector**