

DATE 04/01/2004

**Columbia County Building Permit****PERMIT**

This Permit Expires One Year From the Date of Issue

**000021675**

APPLICANT JERRY CASTAGNA/UNIQUE POOLS PHONE 386.752.1014

ADDRESS \_\_\_\_\_ FL \_\_\_\_\_

OWNER MARCELL0 & DEBORAH RIVERA PHONE 752.1014

ADDRESS 175 SW PHILLIPS CIRCLE LAKE CITY FL 32024

CONTRACTOR WALLACE LOWRY/UNIQUE POOLS SPA PHONE \_\_\_\_\_

LOCATION OF PROPERTY 90 TO C-252 TO C-252-B. LEFT. 1 MILE DOWN ON RIGHT.

LOT 2

TYPE DEVELOPMENT SWIMMING POOL ESTIMATED COST OF CONSTRUCTION 15500.00

HEATED FLOOR AREA \_\_\_\_\_ TOTAL AREA \_\_\_\_\_ HEIGHT .00 STORIES \_\_\_\_\_

FOUNDATION \_\_\_\_\_ WALLS \_\_\_\_\_ ROOF PITCH \_\_\_\_\_ FLOOR \_\_\_\_\_

LAND USE & ZONING RSF-2 MAX HEIGHT 35

Minimum Set Back Requirements: STREET-FRONT 25.00 REAR 15.00 SIDE 10.00

NO. EX D.U. 1 FLOOD ZONE N/A DEVELOPMENT PERMIT NO. \_\_\_\_\_

PARCEL ID 03-4S-16-02739-202 SUBDIVISION TURKEY RUN

LOT 2 BLOCK \_\_\_\_\_ PHASE \_\_\_\_\_ UNIT \_\_\_\_\_ TOTAL ACRES \_\_\_\_\_

RP0067172

Culvert Permit No. \_\_\_\_\_ Culvert Waiver \_\_\_\_\_ Contractor's License Number RP0067172 Applicant Owner/Contractor Jerry Castagna

EXISTINF \_\_\_\_\_ X-04-0049 \_\_\_\_\_ JLW \_\_\_\_\_ RJ \_\_\_\_\_ N \_\_\_\_\_

Driveway Connection \_\_\_\_\_ Septic Tank Number \_\_\_\_\_ LU & Zoning checked by \_\_\_\_\_ Approved for Issuance \_\_\_\_\_ New Resident \_\_\_\_\_

COMMENTS: 1 FOOT ABOVE ROAD

NOC ON FILE

Check # or Cash 1056**FOR BUILDING & ZONING DEPARTMENT ONLY**

(footer Slab)

Temporary Power \_\_\_\_\_ Foundation \_\_\_\_\_ Monolithic \_\_\_\_\_  
date/app. by \_\_\_\_\_ date/app. by \_\_\_\_\_ date/app. by \_\_\_\_\_

Under slab rough-in plumbing \_\_\_\_\_ Slab \_\_\_\_\_ Sheathing/Nailing \_\_\_\_\_  
date/app. by \_\_\_\_\_ date/app. by \_\_\_\_\_ date/app. by \_\_\_\_\_

Framing \_\_\_\_\_ Rough-in plumbing above slab and below wood floor \_\_\_\_\_  
date/app. by \_\_\_\_\_ date/app. by \_\_\_\_\_

Electrical rough-in \_\_\_\_\_ Heat & Air Duct \_\_\_\_\_ Peri. beam (Lintel) \_\_\_\_\_  
date/app. by \_\_\_\_\_ date/app. by \_\_\_\_\_ date/app. by \_\_\_\_\_

Permanent power \_\_\_\_\_ C.O. Final \_\_\_\_\_ Culvert \_\_\_\_\_  
date/app. by \_\_\_\_\_ date/app. by \_\_\_\_\_ date/app. by \_\_\_\_\_

M/H tie downs, blocking, electricity and plumbing \_\_\_\_\_ Pool \_\_\_\_\_  
date/app. by \_\_\_\_\_ date/app. by \_\_\_\_\_

Reconnection \_\_\_\_\_ Pump pole \_\_\_\_\_ Utility Pole \_\_\_\_\_  
date/app. by \_\_\_\_\_ date/app. by \_\_\_\_\_ date/app. by \_\_\_\_\_

M/H Pole \_\_\_\_\_ Travel Trailer \_\_\_\_\_ Re-roof \_\_\_\_\_  
date/app. by \_\_\_\_\_ date/app. by \_\_\_\_\_ date/app. by \_\_\_\_\_

BUILDING PERMIT FEE \$ 80.00 CERTIFICATION FEE \$ .00 SURCHARGE FEE \$ .00

MISC. FEES \$ .00 ZONING CERT. FEE \$ 50.00 FIRE FEE \$ \_\_\_\_\_ WASTE FEE \$ \_\_\_\_\_

FLOOD ZONE DEVELOPMENT FEE \$ \_\_\_\_\_ CULVERT FEE \$ \_\_\_\_\_ **TOTAL FEE** 130.00

INSPECTORS OFFICE [Signature] CLERKS OFFICE CH

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."

**This Permit Must Be Prominently Posted on Premises During Construction**

PLEASE NOTIFY THE COLUMBIA COUNTY BUILDING DEPARTMENT AT LEAST 24 HOURS IN ADVANCE OF EACH INSPECTION, IN ORDER THAT IT MAY BE MADE WITHOUT DELAY OR INCONVENIENCE. PHONE 758-1008. THIS PERMIT IS NOT VALID UNLESS THE WORK AUTHORIZED BY IT IS COMMENCED WITHIN 6 MONTHS AFTER ISSUANCE.

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

COLUMBIA COUNTY  
BUILDING PERMIT APPLICATION

#21695

3/15/04

Date 3-4-04

Application No. 0403-SU

Applicants Name & Address Unique Pools & Spas Phone (386) 752-1014  
PO Box 1867 Lake City, FL 32056

Owner's Name & Address Marcello + Deborah Rivera Phone (386) 416-0056  
175 SW Phillips Circle, Lake City, FL 32024

Fee Simple Owners Name & Address \_\_\_\_\_ Phone \_\_\_\_\_

Contractors Name & Address Unique Pools + Spas Phone (386) 752-1014  
PO Box 1867 Lake City, FL 32056

Legal Description of Property 175 SW Phillips Circle, Lake City  
Lot #7 Turkey Run a subdivision according to the plat thereof as recorded in  
Location of Property Plat book 7, pages 116-117 of the public records of Columbia County, FL

Tax Parcel Identification No. 0345-16-02739-202 Estimated Cost of Construction \$15,500.00

Type of Development pool Number of Existing Dwellings on Property 1

Comprehensive Plan Map Category Res. Low Den. Zoning Map Category RSF-2

Building Height \_\_\_\_\_ Number of Stories \_\_\_\_\_ Floor Area \_\_\_\_\_ Total Acreage in Development \_\_\_\_\_

Distance From Property Lines (Set Back) Front N/A Side N/A Rear N/A Street N/A

Flood Zone N/A Certification Date \_\_\_\_\_ Development Permit N/A

Bonding Company Name and Address: \_\_\_\_\_

Architect/Engineer Name and Address: \_\_\_\_\_

Mortgage Lenders Name & Address: \_\_\_\_\_

Application is hereby made to obtain a permit to do the 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 will 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 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.

Marcello Rivera  
Owner or Agent (including contractor)

Unique Pool + Spa  
Contractor

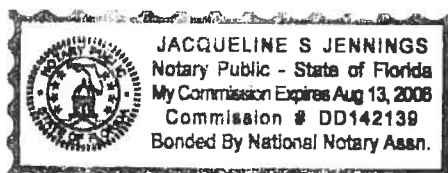
RP0067172  
Contractor License Number

STATE OF FLORIDA  
COUNTY OF COLUMBIA  
Sworn to (or affirmed) and subscribed before me  
this 5th day of March by 2004

STATE OF FLORIDA  
COUNTY OF COLUMBIA  
Sworn to (or affirmed) and subscribed before me  
this \_\_\_\_\_ day of \_\_\_\_\_ by \_\_\_\_\_

Personally known \_\_\_\_\_ OR Produced Identification

Personally Known \_\_\_\_\_ OR Produced Identification \_\_\_\_\_



Notified - via phone  
3/11/04  
#1056J

call by 2 pm

After Recording return to:  
Unique Pools & Spas  
PO Box 1867  
Lake City, FL 32056  
Permit No. \_\_\_\_\_

Inst: 2004005369 Date: 03/10/2004 Time: 10:13  
MK DC, P. DeWitt Cason, Columbia County B: 1009 P: 890

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.

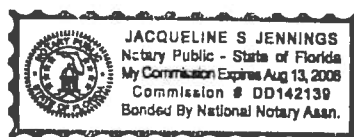
- 1 Legal description of property and street address if available: 175 SW Phillips Circle, Lake City Lot # 2 Turkey Run, a subdivision according to the plat thereof as recorded in Plat Book 7, pages 116-117 of the public records of Columbia County, FL  
General description of improvement: Installing in-ground, concrete swimming pool.
2. Owner Information: Name and address:  
Marcelo & Deborah Rivera  
175 SW Phillips Circle, Lake City, FL 32024  
b. Interest in property: 100%  
c. Name and address of fee simple titleholder (if other than Owner) See above
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
5. 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 and address): See above  
Phone numbers of designated persons (386) 466-0056  
Fax number (optional, if service by fax is acceptable) NONE
6. In addition to himself or herself, Owner designates NONE of \_\_\_\_\_  
to receive a copy of the Lienor's Notice as provided in Section 713.13(1)(b), Florida Statutes.  
Phone number of person or entity designated by owner N/A Fax number (optional, if service by fax is acceptable) N/A
7. Expiration date of Notice of Commencement (the expiration date is one (1) year from the date of recording unless a different date is specified)

Marcelo Rivera  
Signature of Owner

STATE OF FLORIDA  
COUNTY OF Columbia

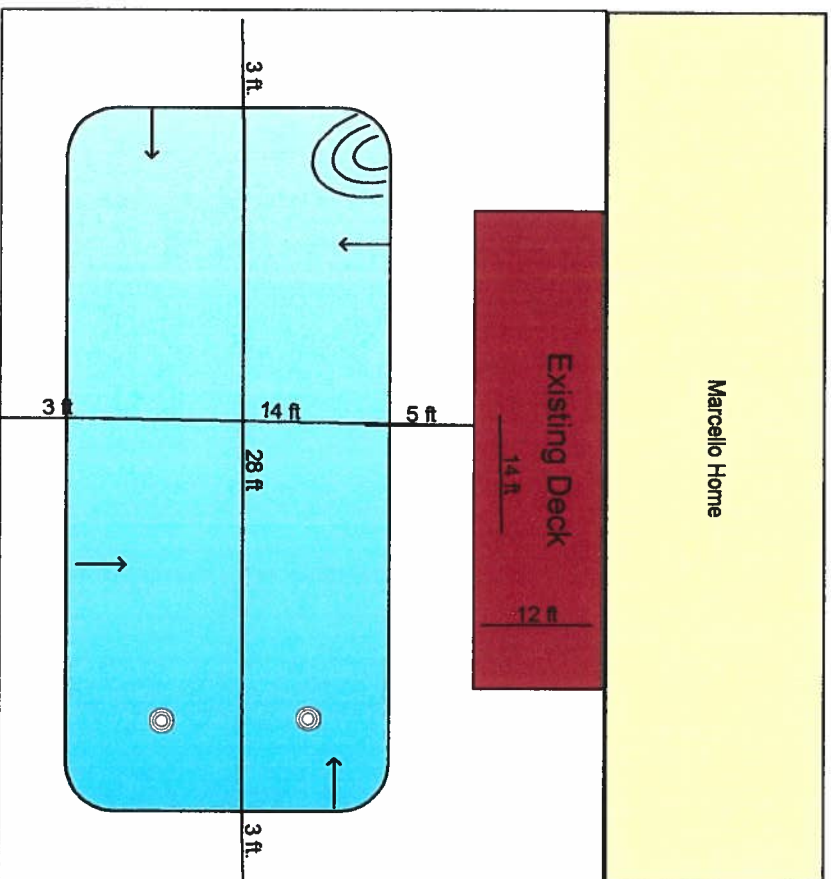
Sworn to (or affirmed) and subscribed before me this 5<sup>th</sup> day of March, 2004  
by Marcelo Rivera, who is personally known to me  
or who has produced Drivers License as identification  
and who did    or did not    take an oath

Jacqueline S. Jennings  
Notary Public (Signature)





Property line



**Job Specifications**

Pool Area	389
Pool Perimeter	81
Shallow Depth	3
Deep Depth	6
Spa Area	N/A
Spa Perimeter	N/A
Face Tile	81
Coping	81
Deck Area	723
Deck Perimeter	112
Patio Area	0
Patio Perimeter	0
Pool to Equip	0
Spa to Equip	0

Unique Pools & Spas  
PO Box 1867  
Lake City

Phone: (904) 752-1014  
FL 32025  
Fax: (904) 752-5613

Designed by:  
3/12/2004

U-00 0001  
Designed  
for: Marcello