| This Permit Expires One Y | Building Permit PERMIT Vear From the Date of Issue 000022801 |
|---|--|
| APPLICANT TOM BUSH/FUNSTATE POOLS,INC. | PHONE 352.332.7665 |
| ADDRESS 3601 NW 97 BLVD | GAINESVILLE FL 32606 |
| OWNER PHILLIP & CAROLYN HOXWORTH | PHONE <u>330.420.9043</u> |
| ADDRESS 3952 SW CR 18 | FT. WHITE FL 32038 |
| CONTRACTOR FUNSTATE POOLS, DOUG SMITH | PHONE 352.332.7665 |
| LOCATION OF PROPERTY 441-S TO CR 18,TR GO TO 395 L. | 2 SW CR 18 ON L.(8 MILES DOWN ON |
| TYPE DEVELOPMENT SWIMMING POOL E | STIMATED COST OF CONSTRUCTION 16809.00 |
| HEATED FLOOR AREA TOTAL AR | EA HEIGHT .00 STORIES |
| FOUNDATION WALLS | ROOF PITCH FLOOR |
| LAND USE & ZONING A-3 | MAX. HEIGHT 35 |
| Minimum Set Back Requirments: STREET-FRONT 30.00 | REAR 25.00 SIDE 25.00 |
| NO. EX.D.U. 1 FLOOD ZONE | DEVELOPMENT PERMIT NO. |
| PARCEL ID 36-6S-16-04076-125 SUBDIVISION | ON PARKER WOODS |
| LOT 25 BLOCK PHASE UNIT | TOTAL ACRES |
| CPC044115 | How Tom Brist |
| Culvert Permit No. Culvert Waiver Contractor's License Nur | 1175 |
| EXISTING X-05-0027 BLK | HD N |
| Driveway Connection Septic Tank Number LU & Zoni | ng checked by Approved for Issuance New Resident |
| COMMENTS: | |
| | |
| | |
| | Check # or Cash 32100 |
| FOR BUILDING & ZONIN | IG DEPARTMENT ONLY |
| FOR BUILDING & ZONIN Temporary Power Foundation | ONTO ON OUR OWN |
| PRO-001270-00000000000000000000000000000000 | NG DEPARTMENT ONLY (footer/Slab) |
| Temporary Power Foundation date/app. by Under slab rough-in plumbing Slab | NG DEPARTMENT ONLY (footer/Slab) Monolithic |
| Temporary Power Foundation date/app. by Under slab rough-in plumbing Slab date/app. by | MG DEPARTMENT ONLY Monolithic date/app. by date/app. by Sheathing/Nailing date/app. by date/app. by |
| Temporary Power Foundation date/app. by Under slab rough-in plumbing Slab date/app. by | MG DEPARTMENT ONLY Monolithic date/app. by Sheathing/Nailing date/app. by date/app. by ove slab and below wood floor |
| Temporary Power Foundation date/app. by Under slab rough-in plumbing Slab date/app. by Framing Rough-in plumbing at date/app. by Electrical rough in | Monolithic date/app. by Sheathing/Nailing date/app. by date/app. by ove slab and below wood floor date/app. by |
| Temporary Power Foundation date/app. by Under slab rough-in plumbing Slab date/app. by Framing Rough-in plumbing at date/app. by | MG DEPARTMENT ONLY Monolithic date/app. by date/app. by Sheathing/Nailing date/app. by date/app. by ove slab and below wood floor Peri. beam (Lintel) |
| Temporary Power Foundation date/app. by Under slab rough-in plumbing Slab date/app. by Framing Rough-in plumbing at date/app. by Electrical rough-in date/app. by Electrical rough-in C.O. Final | Monolithic date/app. by Sheathing/Nailing date/app. by date/app. by ove slab and below wood floor date/app. by |
| Temporary Power Foundation date/app. by Under slab rough-in plumbing date/app. by Framing Rough-in plumbing about date/app. by Electrical rough-in Heat & Air Duct date/app. by Permanent power C.O. Final date/app. by M/H tie downs, blocking, electricity and plumbing | Monolithic date/app. by Sheathing/Nailing date/app. by date/app. by ove slab and below wood floor Peri. beam (Lintel) date/app. by Culvert ate/app. by Pool |
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| Temporary Power | Monolithic date/app. by date/app. by Sheathing/Nailing date/app. by Sheathing/Nailing date/app. by Sheathing/Nailing date/app. by Peri. beam (Lintel) date/app. by Culvert date/app. by Culvert date/app. by Description of the date/app. by Pool date/app. by Lility Pole date/app. by Re-roof date/app. by Surcharge FEE \$.00 FIRE FEE \$ WASTE FEE \$ |
| Temporary Power date/app. by Under slab rough-in plumbing Slab date/app. by Framing Rough-in plumbing at date/app. by Electrical rough-in date/app. by Permanent power C.O. Final date/app. by M/H tie downs, blocking, electricity and plumbing date/app Reconnection Pump pole date/app. by M/H Pole date/app. by BUILDING PERMIT FEE \$ 85.00 CERTIFICATION FEE MISC. FEES \$.00 ZONING CERT. FEE \$ 50.00 | Monolithic date/app. by date/app. by Sheathing/Nailing date/app. by Sheathing/Nailing date/app. by Sheathing/Nailing date/app. by Over slab and below wood floor Peri. beam (Lintel) date/app. by Culvert date/app. by Culvert date/app. by Pool date/app. by Utility Pole date/app. by Re-roof date/app. by Size in a control of the |

"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 INCONVIENCE, PHONE 758-1008. THIS PERMIT IS NOT VALID UNLESS THE WORK AUTHORIZED BY IT IS COMMENCED WITHIN 6 MONTHS AFTER ISSUANCE.

Columbia County Building Permit Application

| For Office Use Only Application # 0501-85 Date Received 1/31/05 By W Permit # 22801 |
|--|
| Application Approved by - Zoning Official BLK Date 8.02.05 Plans Examiner Date 2-9-05 |
| Flood Zone N/A Development Permit N/A Zoning A-3 Land Use Plan Map Category A-3 |
| Comments Letter) Authorization Decorn; - NOC- Needed before 145 Inspect. |
| |
| |
| Applicants Name T.M Bush Phone 352 332 7665 |
| Address 3601 NW 97BCVD GAINESVILLE FL 32606 |
| Owners Name PHILLIP CAROLYN HOXWORTH Phone 330-420-9043 |
| 911 Address 3952 SW CR 18 FORT WHITE FL. 32038 |
| Contractors Name FUN STATE POOLS INC DONCLAS S SMITH Phone 352 332 7665 |
| Address 360/ NW 97 BUD GANGSVILLE FL. 32606 |
| Fee Simple Owner Name & Address |
| Bonding Co. Name & Address |
| Architect/Engineer Name & Address Funfate Cas -, 3601 NW 57th BURP, Carille 31 Mortgage Lenders Name & Address 32606 |
| Mortgage Lenders Name & Address |
| 1200 K October 125 |
| Property ID Number 36-65-16-04076-135 Estimated Cost of Construction # 16,809. ∞ |
| Subdivision Name Parker Woods p8 81 Lot 25 Block Unit Phase |
| Driving Directions Leave Lave City and 441 South To COUNTY ROAD 18 TURN RIGHT (WEST) |
| CO TO 3952 SW CR 18 ON LEFT |
| |
| Type of Construction CONCRETE SWIMMING TOX INCOMINUMBER of Existing Dwellings on Property |
| Total Acreage Lot Size Do you need a - <u>Culvert Permit</u> or <u>Culvert Waiver</u> of <u>Have an Existing Drive</u> |
| Actual Distance of Structure from Property Lines - Front |
| 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 COMMENCMENT 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. |
| |
| 1 Multistap T. m Bush Ross |
| Owner Builder or Agent (Including Contractor) Contractor Signature Contractors License Number |
| STATE OF FLORIDA Competency Card Number |
| NAINLY A EDNITY |
| this day of Allendula 20 04 |
| Personally known or Produced Identification Round Round Round Insurance |
| Notary Signature |
| |
| |

| Year T Property 2,0,0,5, R 3,6,-6,5,-1,6,-0, | Legal Description 4076-125 | Sel | Columbia 15000 Land AG Bldg Xfea 15000 TOTAL | 001 * 000 000 000 |
|--|----------------------------|---------------------------------|--|----------------------------|
| 3 W.D. 1.0.1.1-9.5.2 5 7 9 11 13 | | ORB 77.9-1,07.3., 7.9.3-8.1.5., | 10 | }) } |
| 19 21 23 | | Mnt 4/07/200 | 20 | |

| | PERMIT # |
|-------|--|
| | Notice of Commence |
| | Notice of Commencement STATE OF: FLORIDA COUNTY OF: COUNTY OF: FORT WHITE |
| | 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 imformation is provided in this Notice Of Commencement. |
| | DESCRIPTION OF PROPERTY: |
| | LOT: Z5 BLOCK: — BLOCK: |
| | SECTION: TOWNSHIP: RANGE |
| | TAX PARCEL# |
| | SUBDIVISION: PARKER WOODS PLATBOOK; 81 MAP PAGE: |
| | STREET ADDRESS: 3952 SW CR 18 FORT WHITE FL. 32038 |
| | GENERAL DESCRIPTION OF IMPROVEMENTS |
| | TO CONSTRUCT: _ THEROUND Swimm INC POOL |
| . 1 - | OWNER INFORMATION |
| ING | OWNERISI NAME PHILLO, CAROLYN HOXWORTH |
| | ADDRESS _ 42032 CHMECH HILL Rd. PHONE NO: 330-420-9013 |
| | CITY: CISPON STATE OH OHIO ZIP CODE: |
| | INTEREST IN PROPERTY: TEE SIMPLE |
| | FEE SIMPLE TITLEHOLDER NAME: · |
| | FEE SIMPLE TITLEHOLDER ADDRESS: |
| | UF OTHER THAN OWNER! |
| | CONTACTOR NAME: FUN STATE POOLS INC. DOUGLAS S. SMITH |
| | ADDRESS: 3601 NW 97 BLVD PHONE: 352-332-7665 |
| | CITY; CANTENIUS STATE: FLORIDA ZIP CODE: 32606 |
| (0.0) | BONDING COMPANY: |
| | ADDRESS: PHONE: |
| | CITY; STATE: ZIP CODE: |
| | LENDER NAME: MARKET STREET MORGAGE CORD |
| | ADDRESS: 2650 McCormicx Dr. Str 200 PHONE: 352-336-7766 |
| | CITY; CHARDATER STATE: FL. ZIP CODE: 33759 |
| | 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) Id 7, FLORIDA STSTUTES |
| | NAMEADDRESS: |
| | IN ADDITION TO HIMSELF, OWNER DESIGNATES OF TO RECEIVE A COPY OF THE LIENOR'S NOTICE AS PROVIDED IN SECTION 713.13 (II) BI, |
| | SIGNATURE OF OWNER: X - HULLA J. MOYUVOUL |
| | 01100111 |
| | NOTARY PUBLIC MY COMMISSION EXPIRES |
| | NANCY A FRNEY |
| | Notary Public, State of Florida My comm. expires May 8, 2007 |
| | Comm. No. DD 194650 Bonded Thru Troy Fain Insurance |
| | |

STATE OF FLORIDA, COUNTY OF COLUMBIA I HEREBY CERTIFY, that the above and foregoing is a true copy of the original filed in this office. P. DeWITT CASON, CLERK OF COURTS

Date Feb 10, 2005





SEPTEMBER 1, 2004

TO WHOM IT MAY CONCERN:

I, DOUGLAS S. SMITH, PRESIDENT OF FUN STATE POOLS, INC. DO HEREBY AUTHORIZE TOM BUSH TO APPLY FOR PERMITS IN FLORIDA AS AGENT FOR FUN STATE POOLS, INC.

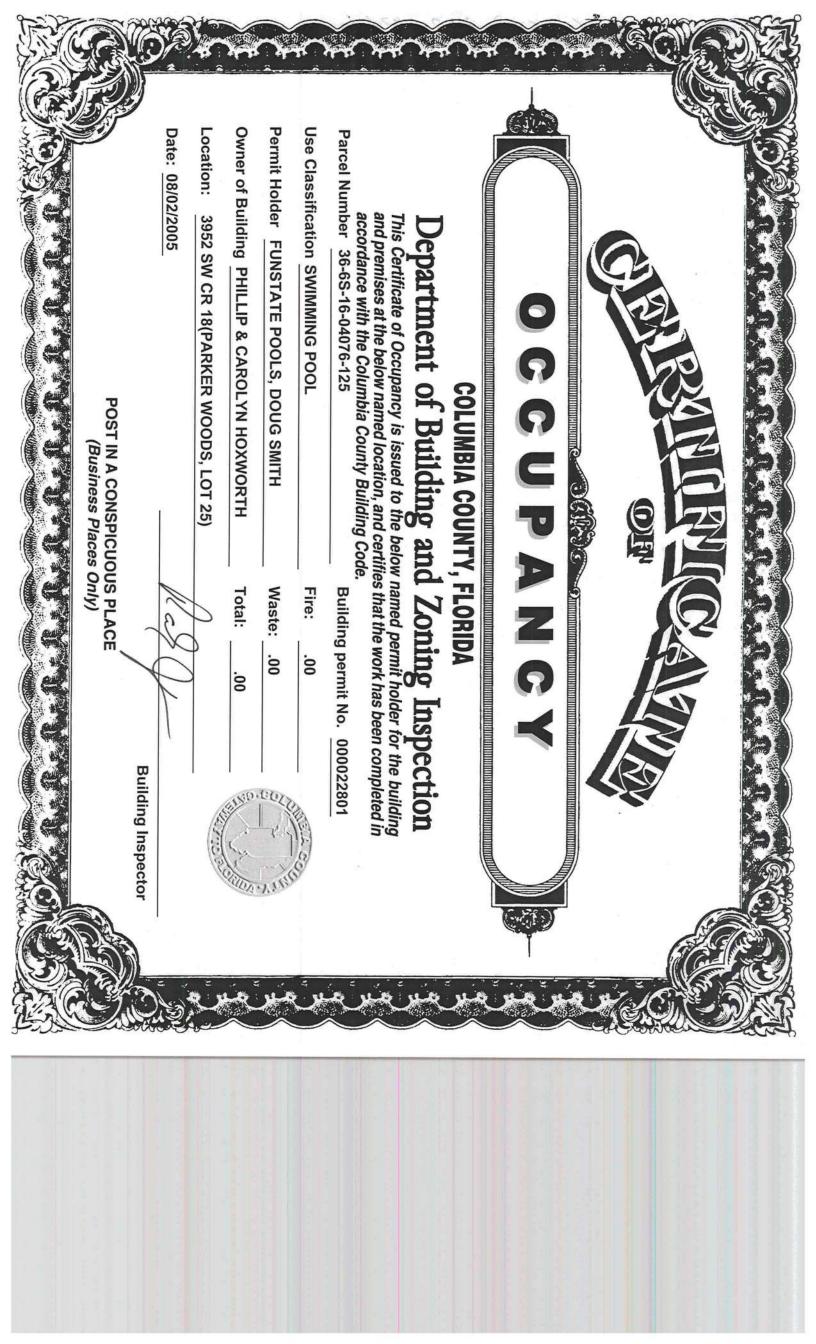
DOUGLAS S. SMITH, PRESIDENT, FUN STATE POOLS, INC.

SWORN TO AND SUBSCRIBED BEFORE ME THIS SEPTEMBER 1, 2004 IN GAINESVILLE, ALACHUA COUNTY, FLORIDA AND DOUGLAS S. SMITH IS PERSONALLY KNOWN TO ME.

NANCY A. ERNEY, NOTARY PUBLIC STATE OF FLORIDA

NANCY A. ERNEY Notary Public, State of Florida My comm. expires May 8, 2007 Cemm. No. DD 194650 Bonded Thru Troy Fain Insurance

"We Build the Best...and Service the Rest"



| STEP COLOR STEP COLOR STEP COLOR STEP COLOR STEP COLOR STEMBER STEP COLOR STEP COLO |
|--|
| PLOT PLAN SCALE: 1/8" = 1'0" |
| SOURCE III = IU |

Note - Pool shall be wired as per NEC and all metal within 5' of pool shall be bonded.

DWN. BY GAY DATE 3-3/104 CHK. BY

DIRECTION

Part 2 of contract dated.
LOT 25
BOOK

BLOCK

SUB PARKER WOOD

CITY

PHONE

ALSO DESCRIBED AS

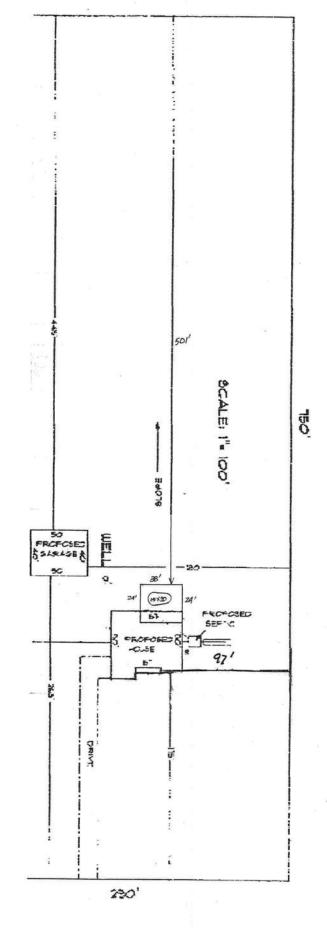
Note - Angle of repose of existing foundation shall not be disturbed by pool excavation without engineering

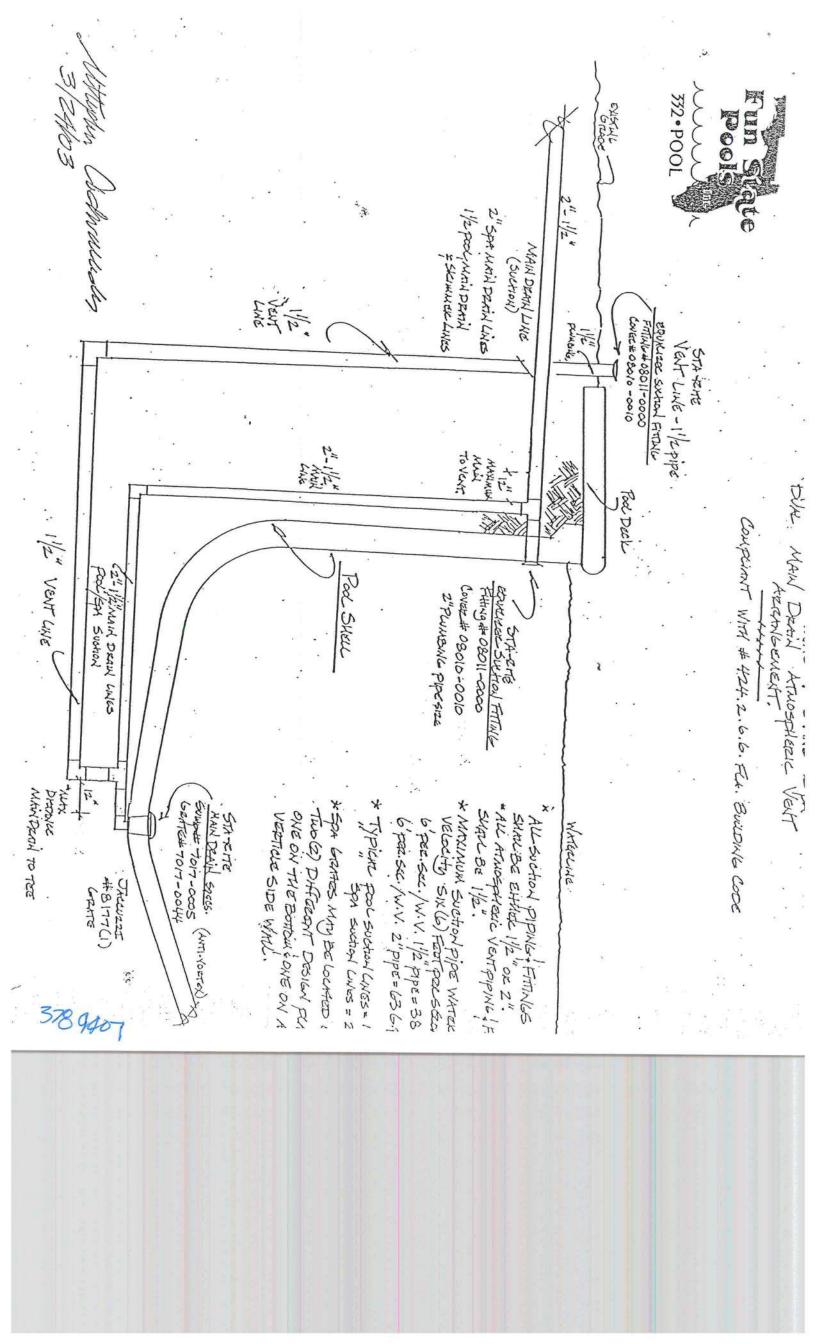
3-30-04 Tracks) + American Decam Customfomes + DECK ODAWN Stoap steps) Columbia Co. FORT WHITE RESIDENCE HOXWORTH Colered Gusses IN Porall N3 (STUBOUT 88 SANDOR CO CHATHLEVER EDER Supposed 8x8 footing OVEN 7 SOREN

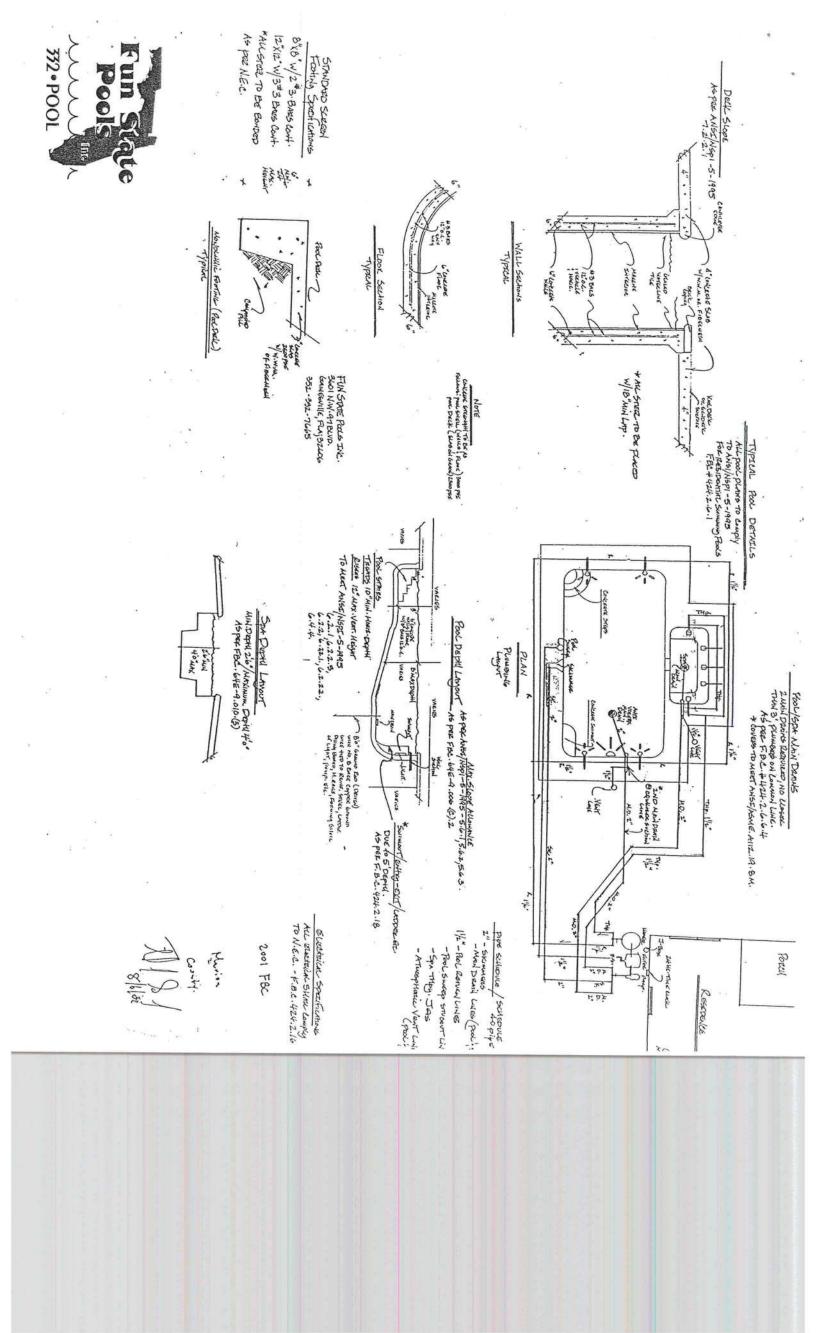
ponstruction permit application * Application for onsite semage disposal system

SITH PLAN FOR: HOXWORTH 3952 SW &

11 3952 SW CRIB FOOT WHITE FL. 32038







Permit#

Residential Swimming Pool, Spa and Hot Tub Safety Act

Notice of Requirements

| - 5752 Ju | owledge that a new swimming pool, spa or hot tub will be constructed or installed at All FORT WHITE FL., and hereby affirm that one of the following | |
|--|---|--|
| methods WI | Il be used to meet the requirements of Chapter 515, Florida Statutes. | |
| STATE VALUE OF STREET | The pool will be isolated from access to the home by an enclosure that meets the pool barrier requirements of Florida Statute 515.29; CHILD FENCE | |
| | The pool will be equipped with an approved safety pool cover that complies with ASTM F1346-91 (Standard Performance Specifications for Safety Covers for Swimming Pools, Spas and Hot Tubs); | |
| | All doors and windows providing direct access from the home to the pool will be equipped with an exit alarm that has a minimum sound pressure rating of 85 decibels at 10 feet; | |
| * | All doors providing direct access from the home to the pool will be equipped with self-closing, self-latching devices with release mechanisms placed no lower than 54" above the floor or deck; | |
| I understand that not having one of the above installed at the time of final inspection, or when the pool is completed for contract purposes, will constitute a violation of Chapter 515, F.S. and will be considered as committing a misdemeanor of the second degree, punishable by fines up to \$500 and/or up to 60 days in jail as established in Chapter 775, F.S. | | |
| CONTRACTOR | R'S SIGNATURE & DATE OWNER'S SIGNATURE & PATE OWNER'S SIGNATURE & PATE | |
| EUJ STATE CONTRACTOR | 'S NAME (PLEASE PRINT) WNER'S NAME (PLEASE PRINT) | |
| c. | | |
| | | |