

Columbia County Building Permit Application

For Office Use Only Application # 0709-70 Date Received 09-24-07 By CH Permit # 26270
 Application Approved by - Zoning Official _____ Date _____ Plans Examiner _____ Date _____
 Flood Zone _____ Development Permit _____ Zoning _____ Land Use Plan Map Category _____
 Comments _____

☒ NOC ☒ EH ☒ Deed or PA ☒ Site Plan ☐ State Road Info ☐ Parent Parcel # ☐ Development Pa

Name Authorized Person Signing Permit Danell Turner Fax 386-755-8660
 Address P.O. Box 3307 Lake City, FL 32056 Phone 386-755-0086

Owners Name Division of Forestry Control Shop Phone _____
 911 Address 137 SE Forestry Circle Lake City, FL 32025

Contractors Name Danell Turner (D.W. Turner Roofing) Phone 386-755-0086
 Address P.O. Box 3307 Lake City, FL 32056

Fee Simple Owner Name & Address N/A
 Bonding Co. Name & Address N/A

Architect/Engineer Name & Address N/A
 Mortgage Lenders Name & Address N/A

Circle the correct power company - FL Power & Light - Clay Elec. - Suwannee Valley Elec. - Progressive En

Property ID Number 34-35-17-06959-000-100 Estimated Cost of Construction 9500.00
 Subdivision Name Highway Park Lot 7 Block A Unit _____ Phase _____

Driving Directions Hwy 90 east to airport, turn right just before airport

Type of Construction Re-roof Number of Existing Dwellings on Property _____

Total Acreage 20 Lot Size _____ Do you need a - Culvert Permit or Culvert Waiver or Have an Existing

Actual Distance of Structure from Property Lines - Front _____ Side _____ Side _____ Rear _____
 Total Building Height _____ Number of Stories 1 Heated Floor Area 0 Roof Pitch 2/12

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 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 Authorized Person by Notarized Letter

STATE OF FLORIDA
 COUNTY OF COLUMBIA

Sworn to (or affirmed) and subscribed before me
 this 24 day of September 20 07

Personally known ☒ or Produced Identification _____



Danell Turner
 Contractor Signature
 Contractors License Number RC29027074
 Competency Card Number _____
 NOTARY STAMP/SEAL
 [Signature]
 Notary Signature

DW Turner Roofing, Inc.

Estimate

P.O. Box 3307
Lake City, FL 32056
LIC# RC29027074

Date

Estimate #

7/30/2007

588

Name / Address

DIVISION OF FORRESTRY
METAL SHED

23-4043

Project

Description	Qty	Rate	Total
PRICE INCLUDES-PBR COMMERCIAL GRADE METAL NEW METAL ROOF--TEAR OFF OLD METAL METAL PANELS EAVE DRIP RIDGE CAP VENTING SYSTEM BATTEN SYSTEM (1X4) GABLE TRIM VALLEY METAL SCREWS ALL MATERIALS TO FINISH ROOF OFF PIPE FLASHINGS DISPOSAL OF WASTE PERMITS REPLACE ROTTED BEAM IN FRONT ADD GUTTER TO FRONT OF BUILDING		9,500.00	9,500.00

Total

\$9,500.00

Phone #

Fax #

386-755-0086

386-755-4660

NOTICE OF COMMENCEMENT FORM COLUMBIA COUNTY, FLORIDA

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.

Tax Parcel ID Number 34-35-17

1. Description of property: (legal description of the property and street address or 911 address)

Begin at NW Cor. of Lot 7 B/K A Highway
Park / S.D. & Run W. On S. Line of N/W of Lot
No 7, 60 FT. To Boundary Line of Lake Rd.
S. to line line 600 FT. N. Parallel with Lake
Rd. No 7 E. 660 FT. To P.O.B

2. General description of improvement: Re-roof Metal Roof

3. Owner Name & Address State of Florida - Dept. of Agriculture, 137 SE Forestry
Circle, Lake City, FL 32025 Interest in Property _____

4. Name & Address of Fee Simple Owner (if other than owner): _____

5. Contractor Name Danell Turner D.W. Turner Roofing Phone Number 386-755-0066
Address P.O. Box 3301 Lake City 32056

6. Surety Holders Name NA Phone Number _____
Address NA
Amount of Bond NA

7. Lender Name NA Phone Number _____
Address NA

8. Persons within the State of Florida designated by the Owner upon whom notices or other documents may be served as provided by section 718.13 (1)(a) 7; Florida Statutes:

Name _____ Phone Number _____
Address _____

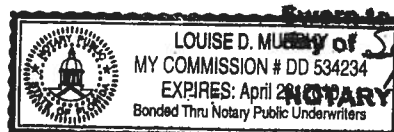
9. In addition to himself/herself the owner designates _____ of _____
_____ to receive a copy of the Lienor's Notice as provided in Section 713.13 (1) -
(a) 7. Phone Number of the designee _____

10. Expiration date of the Notice of Commencement (the expiration date is 1 (one) year from the date of recording, (Unless a different date is specified) _____

NOTICE AS PER CHAPTER 713, Florida Statutes:

The owner must sign the notice of commencement and no one else may be permitted to sign in his/her stead.

L. Dele Murphy
Signature of Owner



Sworn to (or affirmed) and subscribed before
LOUISE D. MURPHY of September 12, 2007

NOTARY STAMP/SEAL