

Columbia County Building Permit Application

For Office Use Only Application # 0701-100 Date Received 1/29 By TW Permit # 25476
 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 Permit

Name Authorized Person Signing Permit MICHAEL PARNELL Phone 386 590 1740

Address 1612 NW FRONTIER DR LAKE CITY FL 32055

Owners Name JAMES + JUDITH SPRING Phone _____

911 Address 1612 NW FRONTIER DR LAKE CITY FL 32055

Contractors Name MICHAEL W PARNELL Phone 386 590 1740

Address 323 S. MARION AVE LAKE CITY FL 32025

Fee Simple Owner Name & Address JAMES + JUDITH SPRING 1612 NW FRONTIER DR LC FL 32055

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 Energy

Property ID Number 27-35-16-02310-127 Estimated Cost of Construction 15960

Subdivision Name VILLAGE ON THE GREEN Lot 2/27 Block _____ Unit _____ Phase _____

Driving Directions US 90 W TO COMMERCE (R) TO EGRET (R) TO HARRIS LAKE (L) TO FRONTIER DR (L) APPROX 1/4 MILE ON (L)

Type of Construction WOOD FRAME RE-ROOF - SFD 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 1 Heated Floor Area _____ Roof Pitch 7/12

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 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.

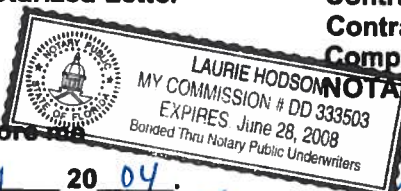
Owner Builder or Authorized Person by Notarized Letter

STATE OF FLORIDA
COUNTY OF COLUMBIA

Sworn to (or affirmed) and subscribed before me
this 29 day of January 2004.

Personally known _____ or Produced Identification ☒

Contractor Signature Michael W Parnell
Contractors License Number CCC 1325866
Competency Card Number _____



Notary Signature Laurie Hodson
(Revised Sept. 2006)

@ CAM112M01	S	CamaUSA Appraisal System	Columbia County
1/29/2007 12:37		Legal Description Maintenance	82600 Land 002 *
Year T Property		Sel	AG 000
2007 R 27-3S-16-02310-127		...	198671 Bldg 001
1612 FRONTIER DR NW LAKE CITY			6482 Xfea 004
HX SPRING JAMES D & JUDITH A			287753 TOTAL B*

1	LOTS 26 & 27 VILLAGE ON THE	GREEN S/D.. ORB 627-770,, 633-08	2
3	882-2336,		4
5			6
7			8
9			10
11			12
13			14
15			16
17			18
19			20
21			22
23			24
25			26
27			28

Mnt 7/14/1999 TERRY

F1=Task F3=Exit F4=Prompt F10=GoTo PgUp/PgDn F24=More

25478

PRODUCT APPROVAL SPECIFICATION SHEET

As required by Florida Statute 553.842 and Florida Administrative Code 9B-72, please provide the information and approval numbers on the building components listed below if they will be utilized on the construction project for which you are applying for a building permit. We recommend you contact your local product supplier should you not know the product approval number for any of the applicable listed products. Statewide approved products are listed online @ www.floridabuilding.org

Category/Subcategory	Manufacturer	Product Description	Approval Number(s)
1. EXTERIOR DOORS			
A. SWINGING			
B. SLIDING			
C. SECTIONAL/ROLL UP			
D. OTHER			
2. WINDOWS			
A. SINGLE/DOUBLE HUNG			
B. HORIZONTAL SLIDER			
C. CASEMENT			
D. FIXED			
E. MULLION			
F. SKYLIGHTS			
G. OTHER			
3. PANEL WALL			
A. SIDING			
B. SOFFITS			
C. STOREFRONTS			
D. GLASS BLOCK			
E. OTHER			
4. ROOFING PRODUCTS			
A. ASPHALT SHINGLES	CERTAINTEED	30 YEAR ARCHITECTURAL SHINGLES	FL 250-R1
B. NON-STRUCT METAL			
C. ROOFING TILES			
D. SINGLE PLY ROOF			
E. OTHER			
5. STRUCT COMPONENTS			
A. WOOD CONNECTORS			
B. WOOD ANCHORS			
C. TRUSS PLATES			
D. INSULATION FORMS			
E. LINTELS			
F. OTHERS			
6. NEW EXTERIOR ENVELOPE PRODUCTS			
A.			

The products listed below did not demonstrate product approval at plan review. I understand that at the time of inspection of these products, the following information must be available to the inspector on the jobsite; 1) copy of the product approval, 2) performance characteristics which the product was tested and certified to comply with, 3) copy of the applicable manufacturers installation requirements. Further, I understand these products may have to be removed if approval cannot be demonstrated during inspection.

Michael W. Panell
APPLICANT SIGNATURE

1-29-07
DATE

Notice of Commencement Form
Columbia County, Florida

***THIS DOCUMENT MUST BE RECORDED AT THE
COUNTY CLERKS OFFICE BEFORE YOUR FIRST
INSPECTION.***

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 in this Notice of Commencement.;

Tax Parcel ID Number : 27-3S-16-02310-111

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

Lot 11 Village on the Green,

2. General description of improvement: Complete Re-Roof
3. Owner Name & Address : James & Judith Spring, 1612 NW Frontier Drive, Lake City, FL 32055
4. Interest in Property Owner
4. Name & Address of Fee Simple Owner (if other than owner): _____
5. Contractor Name: Michael W. Parnell Phone Number: 386-755-7878
Address : 323 S. Marion Avenue, Lake City, FL 32025
6. Surety Holders Name: _____ Phone Number _____
Address _____
Amount of Bond _____
7. Lender Name: _____ Phone Number _____
Address _____
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 Lenoir'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.:

Sworn to (or affirmed) and subscribed before me this _____
day of _____, 20____

Michael W Parnell
Signature of Owner

NOTARY STAMP/SEAL



Brenda J Parnell
Signature of Notary