Contraction Contraction	2/2010		IDIA COUNTY BU Be Prominently Posted of	uilding Permit		PERMIT 000028415
A POLICANIT			be 1 folimently 1 osted 6	PHONE		000028413
APPLICANT ADDRESS	WALTER J.	GIBSOTON DRIV	r.	GIBSONTON	813 376-4781	FL 33534
		FOODS, INC.	<u> </u>	PHONE	813 286-2323	<u>1L</u> <u>33334</u>
	Section 19 and 19	N. US HIGHWAY	441	LAKE CITY	013 200-2323	FL 32055
CONTRACTOR	- S	ARLE CORP.		PHONE	813 677-7803	32000
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FOUNDATION		WAI	LLS R	OOF PITCH	FL	OOR
LAND USE & 2	ZONING	CHI		MAX	K. HEIGHT	
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NO. EX.D.U.		FLOOD ZONE	<u>A</u>	DEVELOPMENT PER	MIT NO.	
PARCEL ID	08-3S-17-04	1911-000	SUBDIVISION	N JOY FOOD STOR	E #404	
LOT	BLOCK	PHASE	.00 UNIT 0	тот	AL ACRES	
			CGC1509998	1 (11)	11	6.
Culvert Permit N	lo. (	Culvert Waiver	Contractor's License Num	ber A CV	Applicant/Owner/	/Contractor
EXISTING		P-10-052	BK		HD	N
Driveway Conne	ection S	Septic Tank Number		g checked by Ap	proved for Issuance	e New Resident
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PERMIT

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." EVERY PERMIT ISSUED SHALL BECOME INVALID UNLESS THE WORK AUTHORIZED BY SUCH PERMIT IS COMMENCED WITHIN 180 DAYS AFTER ITS ISSUANCE, OR IF THE WORK AUTHORIZED BY SUCH PERMIT IS SUSPENDED OR ABANDONED FOR A PERIOD OF 180 DAYS AFTER THE TIME THE WORK IS COMMENCED. A VALID PERMIT RECIEVES AN APPROVED INSPECTION EVERY 180 DAYS. WORK SHALL BE CONSIDERED NOT SUSPENDED, ABANDONED OR INVALID

WHEN THE PERMIT HAS RECIEVED AN APPROVED INSPECTION WITHIN 180 DAYS OT THE PREVIOUS INSPECTION.

## **Columbia County Building Permit Application**

For Office Use Only Application # 1003-17 Date Received 3/10/16 By Permit # 28415
Zoning Official BLK Date 2.03.10 Flood Zone A Land Use Aigh Inter Zoning CHI
FEMA Map # N/A Elevation N/A MFE N/A River N/A Plans Examiner N Date 3 - 11 - 10
Comments Now Inhobitable Structure
-S/NOC □/EH □/Deed or PA Site Plan □ State Road Info □ Parent Parcel #
□ Dev Permit # □ In Floodway □ Letter of Auth. from Contractor □ F W Comp. letter
IMPACT FEES: EMS Fire Corr Road/Code
School = TOTAL NA non interestable MVF
Septic Permit No. P-052 In box "Walt" A 813 376-478 Fax 813-677-5696
Name Authorized Person Signing Permit WALTER JONAS Phone 813-677-7803
Address 7001 Gibsonton Drive, Gibsonton, FL 33534
Owners Name San Ann Food Stores, Inc. Phone
911 Address _ 3554 N. US Hwy. 441, Lake City, FL 32055
Contractors Name _CT Earle CorporationPhone _813-677-7803
Address 7001 Gibsonton Drive, Gibsonton, FL 33534
Fee Simple Owner Name & AddressNA
Bonding Co. Name & AddressNA
Architect/Engineer Name & Address
Mortgage Lenders Name & Address
Circle the correct power company + FL Power & Light - Clay Elec Suwannee Valley Elec Progress Energy
Property ID Number 08-3S-17-04911-000 Estimated Cost of Construction 20,000
Subdivision NameLot Block Unit Phase
Subdivision Name Lot Block Unit Phase  Driving Directions 441N, Southside of I-10 on left.
Number of Existing Dwellings on Property1
Construction ofCONC BLOCK (15) CANAPY for diesel tanks otal Acreage 16.790 Lot Size
Do you need a - <u>Culvert Permit</u> or <u>Culvert Waiver</u> or <u>Have an Existing Drive</u> Total Building Height
Actual Distance of Structure from Property Lines - Front 156 Side 338 Side 680 Rear 520
Number of Stories Heated Floor Area Total Floor Area Roof Pitch
CODE:
Page 1 of 2 (Both Pages must be submitted together.) Revised 6-19-09

## Columbia County Building Permit Application

TIME LIMITATIONS OF APPLICATION: An application for a permit for any proposed work shall be deemed to have been abandoned 180 days after the date of filing, unless such application has been pursued in good faith or a permit has been issued; except that the building official is authorized to grant one or more extensions of time for additional periods not exceeding 90 days each. The extension shall be requested in writing and justifiable cause demonstrated.

TIME LIMITATIONS OF PERMITS: Every permit issued shall become invalid unless the work authorized by such permit is commenced within 180 days after its issuance, or if the work authorized by such permit is suspended or abandoned for a period of 180 days after the time work is commenced. A valid permit receives an approved inspection every 180 days. Work shall be considered not suspended, abandoned or invalid when the permit has received an approved inspection within 180 days of the previous approved inspection.

FLORIDA'S CONSTRUCTION LIEN LAW: Protect Yourself and Your Investment: According to Florida Law, those who work on your property or provide materials, and are not paid-in-full, have a right to enforce their claim for payment against your property. This claim is known as a construction lien. If your contractor fails to pay subcontractors or material suppliers or neglects to make other legally required payments, the people who are owed money may look to your property for payment, even if you have paid your contractor in full. This means if a lien is filed against your property, it could be sold against your will to pay for labor, materials or other services which your contractor may have failed to pay.

NOTICE OF RESPONSIBILITY TO BUILDING PERMITEE: YOU ARE HEREBY NOTFED as the recipient of a building permit from Columbia County, Florida, you will be held responsible to the County for any damage to sidewalks and/or road curbs and gutters, concrete features and structures, together with damage to drainage facilities, removal of sod, major changes to lot grades that result in ponding of water, or other damage to roadway and other public infrastructure facilities caused by you or your contractor, subcontractors, agents or representatives in the construction and/or improvement of the building and lot for which this permit is issued. No certificate of occupancy will be issued until all corrective work to these public infrastructures and facilities has been corrected.

WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCMENT MAY RESULT IN YOU PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT.

OWNERS CERTIFICATION: I CERTIFY THAT ALL THE FOREGOING INFORMATION IS ACCURATE AND THAT ALL WORK WILL BE DONE IN COMPLIANCE WITH ALL APPLICABLE LAWS REGULATING CONSTRUCTION AND ZONING.

<u>NOTICE TO OWNER:</u> There are some properties that may have deed restrictions recorded upon them. These restrictions may limit or prohibit the work applied for in your building permit. It may be to your advantage to check and see if your property is encumbered by any restrictions.

Owners Signature

\*\*OWNER BUILDERS MUST PERSONALLY APPEAR AND SIGN THE BUILDING PERMIT.

CONTRACTORS AFFIDAVIT: By my signature I understand and agree that I have informed and provided this written statement to the owner of all the above written responsibilities in Columbia County for obtaining this Building Permit including all application and permit time limitations.

Contractor's License Number CGC1509998

Columbia County

Competency Card Number

Affirmed under penalty of perjury to by the Contractor and subscribed before me this day of Add 20 10.

Personally known or Produced Identification

SEAL CAROLD. WESTERMAN

MY COMMISSION # DD 664612

EXPIRES: April 30, 2011

Bonded Thus Budget Notary Services

(Owners Must Sign All Applications Before Permit Issuance.)

## NOTICE OF COMMENCEMENT

County Clerk's Office Stamp or Seal

Tax Parcel Identification Number _	08-3S-17-04911-000
	s notice that improvements will be made to certain real property, and in accordance with Section 713.13 of the mation is provided in this NOTICE OF COMMENCEMENT.
Description of property (	): COMM NE COR OF W1/2 OF SW1/4, RUN E 76.5 FT TO C/L US-441
	3554 N. U.S. HIGHWAY 441, LAKE CITY, FL 32055
2. General description of improvement	ents: INSTALL NEW CANOPY
	SAN ANN FOOD STORES, INC., 205 S. HOOVER ST. #400, TAMPA, FL 33609
b) Name and address of fe	ee simple titleholder (if other than owner) NA OWNER
<ul> <li>c) Interest in property</li> <li>4. Contractor Information</li> </ul>	OWNER
a) Name and address:	CT EARLE CORPORATION, P.O. BOX 733, RIVERVIEW, FL 33568-0733
b) Telephone No.: 8	13-677-7803 Fax No. (Opt.) 813-677-5696
5. Surety Information	
a) Name and address:	NA
	- Andrews - Andr
	Fax No. (Opt.)
6. Lender	NΔ
a) Name and address:     b) Phone No.	NA .
	e of Florida designated by owner upon whom notices or other documents may be served:
<ul> <li>a) Name and address:</li> </ul>	
b) Telephone No.:	Fax No. (Opt.)
	ignates the following person to receive a copy of the Lienor's Notice as provided in Section 713.13(I)(b),
Florida Statutes:	
h) Telephone No :	Fax No. (Opt.)
-,	
Expiration date of Notice of Comis specified):	mencement (the expiration date is one year from the date of recording unless a different date
WADNING TO OWNED, ANY B	PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF
	SIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713.13, FLORIDA
	IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY; A NOTICE OF
	RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND
	SULT YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING
YOUR NOTICE OF COMMENC	EMENT.
	1/1 0.1
STATE OF FLORIDA COUNTY OF COLUMBIA	10. X Shirty Carte, Ocea.
	Signature of Owner or Owner's Authorized Office/Director/Partner/Manager
	Shirley Carter
	Print Name
The foregoing instrument was acknow	rledged before me, a Elorida Notary, this
Shirland Carde	Tresident. (type of authority, e.g. officer, trustee, attorney
Sith terd you to	(type of authority, e.g. officer, trustee, attorney
fact) for San Unn F	(name of party on behalf of whom instrument was executed).
Personally Known A OR Produce	d Identification Type
description of the description o	1 - 7 CAROL D. WESTERMAN
Notary Signature All M	Notary Stamp or Seal: * EXPINES. April 30, 2011
**************************************	Bonded Thru Budget Notary Services
11. Verification pursuant to Section	on 92.525, Florida Statutes. Under penalties of perjury, I declare that I have read the foregoing and that the
facts stated in it are true to the	e best of my knowledge and belief. 11.1
	X Shicky Carlie
	Signature of Matural Person Signing (in line #10 above.)



## COLUMBIA COUNTY BUILDING DEPARTMENT LETTER OF AUTHORIZATION TO SIGN FOR PERMITS

135 NE Hernando Ave, Suite B-21, Lake City, FL 32055 Phone: 386-758-1008 Fax: 386-758-2160

I,Charles T. Earle, Jr.	(license holder name), licensed qualifier	•
for CT Earle Corporation	(company name), do certify th	at
the below referenced person(s) listed on this for employee leasing arrangement; or, is an officer Florida Statutes Chapter 468, and the said perso control and is/are authorized to purchase permit	m is/are employed by me directly or through a of the corporation; or, partner as defined in on(s) is/are under my direct supervision and	
<b>Printed Name of Person Authorized</b>	Signature of Authorized Person	
1. Walter Janas	1. asle	115 5-37
2.	2.	
3.	3.	
4.	4.	
5.	5.	
I, the license holder, realize that I am responsible under my license and fully responsible for complete Local Ordinances. I understand that the State are authority to discipline a license holder for violation officers, or employees and that I have full responsand ordinances inherent in the privilege granted	iance with all Florida Statutes, Codes, and nd County Licensing Boards have the power a ons committed by him/her, his/her agents, nsibility for compliance with all statutes, codes	ınd
If at any time the person(s) you have authorized must notify this department in writing of the chan form, which will supersede all previous lists. Fail use your name and/or license number to obtain	iges and submit a new letter of authorization ure to do so may allow unauthorized persons	
License Holders Signature (Notarized)	CGC1509998	CTCCLIMA OV
NOTARY INFORMATION: STATE OF: Florida COUNTY O	F <u>: Columbia</u>	
The above license holder, whose name is Char personally appeared before me and is known by (type of I.D.)	me or has produced identification this 2 day of Manch , 2010	
NOTARY'S SIGNATURE	CAROL D. WESTERMAN MY COMMISSION # DD 664612  TSeal/Stairipy011	_

## SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER	CONTRACTOR	CT EARLE CORPORATION	PHONE	813-67	7-7803
TH	S FORM MUST BE SUBMITTED PRICE	OR TO THE ISSUANCE OF A PERMIT	- 72		

In Columbia County one permit will cover all trades doing work at the permitted site. It is <u>REQUIRED</u> that we have records of the subcontractors who actually did the trade specific work under the permit. Per Florida Statute 440 and Ordinance 89-6, a contractor shall require all subcontractors to provide evidence of workers' compensation or exemption, general liability insurance and a valid Certificate of Competency license in Columbia County.

Any changes, the permitted contractor is responsible for the corrected form being submitted to this office prior to the start of that subcontractor beginning any work. Violations will result in stop work orders and/or fines.

	1781 PTS 2008	
ELECTRICAL 192	Print Name_RONALD C MOONEY License #: EC13003265	SignaturePhone #: 813-677-7803
MECHANICAL/ A/C	Print Name License #:	SignaturePhone #:
PLUMBING/ GAS	Print Name License #:	SignaturePhone #:
ROOFING	Print NameLicense #:	SignaturePhone #:
SHEET METAL	Print Name License #:	SignaturePhone #:
FIRE SYSTEM/ SPRINKLER	Print NameLicense#:	SignaturePhone #:
SOLAR	Print Name	SignaturePhone #:

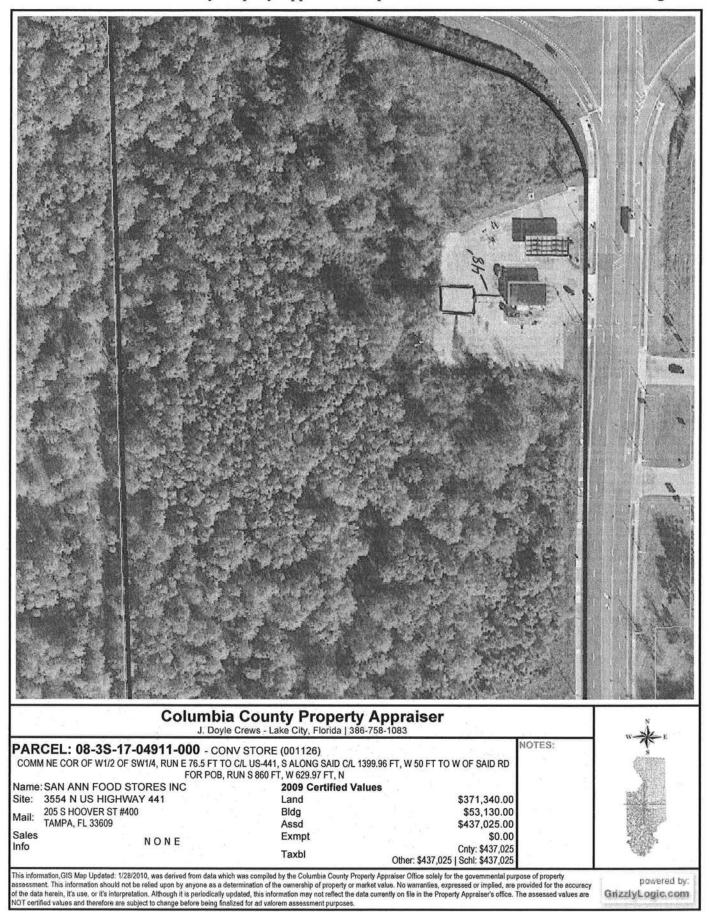
Specialty License	License Number	Sub-Contractors Printed Name	Sub-Contractors Signature
MASON			
CONCRETE FINISHER			
FRAMING			
INSULATION			
STUCCO			
DRYWALL			
PLASTER			
CABINET INSTALLER			
PAINTING			
ACOUSTICAL CEILING			
GLASS			
CERAMIC TILE			
FLOOR COVERING			
ALUM/VINYL SIDING			
GARAGE DOOR			
METAL BLDG ERECTOR			

F. S. 440.103 Building permits; identification of minimum premium policy.--Every employer shall, as a condition to applying for and receiving a building permit, show proof and certify to the permit issuer that it has secured compensation for its employees under this chapter as provided in ss. 440.10 and 440.38, and shall be presented each time the employer applies for a building permit.

Contractor Forms: Subcontractor form: 6/09



1003-17



## Division Chief David L. Boozer

## **COLUMBIA COUNTY FIRE RESCUE**

P.O. BOX 1529 Lake City, Florida 32056 Office (386) 754-7071 Fax (386) 754-7064

27 July 2010

TO:

Troy Crews

Columbia County Building and Zoning

FROM:

David L. Boozer

Division Chief / Fire Marshal

RE:

C.T. EARLE CORP

PERMIT # IS 28415

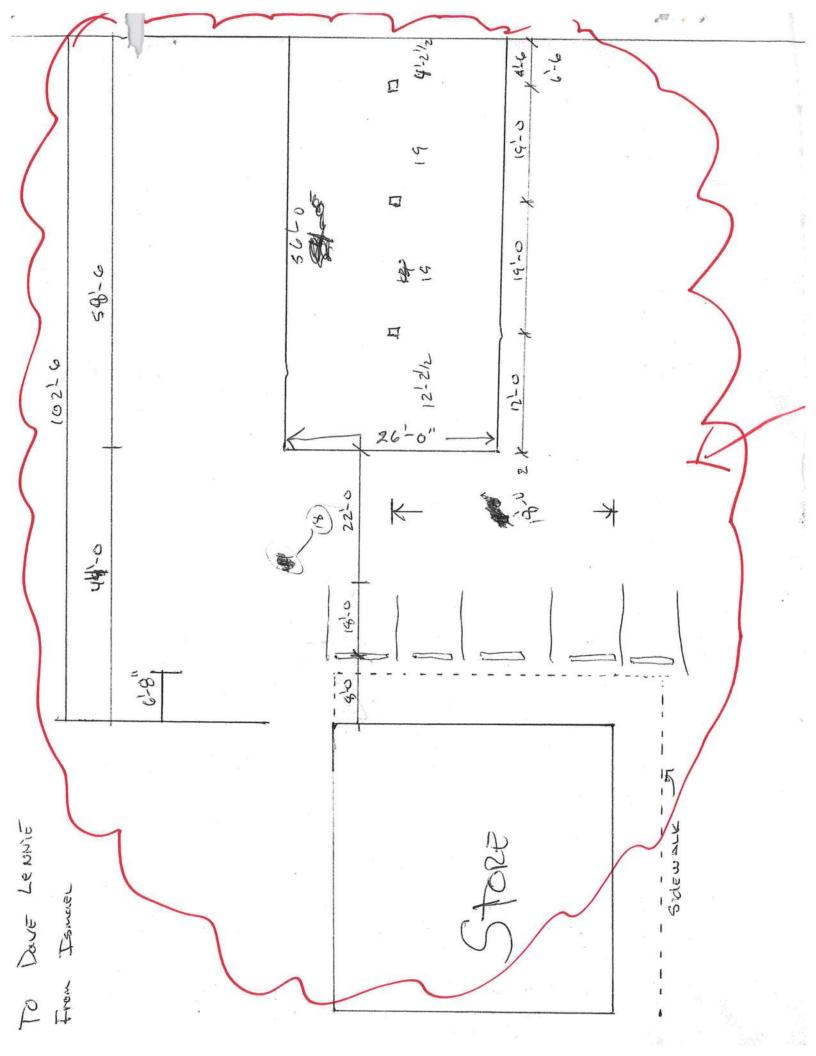
A final inspection was performed of the San Ann Foods, Inc. Store #404 located at 3554 N US 441, Lake City, Florida 30255. At the time of my inspection this canopy met the requirements as set forth in the Florida Fire Prevention Code. I recommend approval.

Should you require any additional information, please feel free to contact my office.

Sincerely,

David L. Boozer

David S. Boger





## **COLUMBIA COUNTY, FLORIDA**

# epartment of Building and Zoning nspection

This Certificate of Occupancy is issued to the below named permit holder for the building and premises at the below named location, and certifies that the work has been completed in accordance with the Columbia County Building Code.

Parcel Number 08-3S-17-04911-000 Building permit No. 000028415

Fire: 0.00

Use Classification CANAPY/DIESEL TANKS

Permit Holder CT EARLE CORP

Owner of Building SAN ANN FOODS, INC.

Total: 0.00

Waste:

Date: 07/26/2010 Location: 3445 B US Hwy 441, LAKE CITY, FL 32055

**Building Inspector** 

POST IN A CONSPICUOUS PLACE (Business Places Only)