

Columbia County Building Permit Application

Revised 9-23-04

For Office Use Only Application # 0605-41 Date Received 5/11/06 By [Signature] Permit # 24499

Application Approved by - Zoning Official _____ Date _____ Plans Examiner _____ Date _____

Flood Zone _____ Development Permit _____ Zoning _____ Land Use Plan Map Category _____

Comments _____

Applicants Name Lelia Walker-Bailey-Michael Bailey Phone 407-648-4002

Address 1207 SW Homestead Circle Ft. White FL 32038

Owners Name Lelia Walker-Bailey + Michael Bailey Phone 407-648-4002

911 Address 1207 SW Homestead Circle Ft. White FL 32038

Contractors Name Lelia Walker-Bailey + Michael Bailey Phone 407-648-4002

Address 2224 LA Due Ct. Orlando FL 32811

Fee Simple Owner Name & Address Lelia Walker-Bailey + Michael Bailey

Bonding Co. Name & Address N/A

Architect/Engineer Name & Address Home Owner

Mortgage Lenders Name & Address Market Street Mortgage - 2650 McCormick Dr. 33759

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

Property ID Number 14-65-16-03818-121 Estimated Cost of Construction 10,000

Subdivision Name Old Wire Farms Lot _____ Block ☒ Unit _____ Phase _____

Driving Directions Lot 21 - Block A - D - 4.34 - 475 To Elm Church Rd, TL TO Old Wire Rd. TL To Strawberry Pl. Cold Wire Farms to Homestead Ct, TL its 1/4 mile or L.

Type of Construction Block - SFD. completed Number of Existing Dwellings on Property 1

Total Acreage 4.34 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 17.00 Number of Stories 1 Heated Floor Area 2293.00 Roof Pitch 6/12

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.

Lelia Walker-Bailey
Owner/Builder or Agent (Including Contractor)

STATE OF FLORIDA
COUNTY OF COLUMBIA



Sworn to (or affirmed) and subscribed before me

this 04 day of May 20 06

Personally known _____ or Produced Identification ☒

Lelia Walker-Bailey
Contractor Signature
Contractors License Number _____
Competency Card Number _____
NOTARY STAMP/SEAL

Laurie Hodson
Notary Signature

DISCLOSURE STATEMENT

FOR OWNER/BUILDER WHEN ACTING AS THEIR OWN CONTRACTOR AND CLAIMING EXEMPTION OF CONTRACTOR LICENSING REQUIREMENTS IN ACCORDANCE WITH FLORIDA STATUTES, ss. 489.103(7).

State law requires construction to be done by licensed contractors. You have applied for a permit under an exemption to that law. The exemption allows you, as the owner of your property, to act as your own contractor with certain restrictions even though you do not have a license. You must provide direct, onsite supervision of the construction yourself. You may build or improve a one-family or two-family residence or a farm outbuilding. You may also build or improve a commercial building, provided your costs do not exceed \$25,000. The building or residence must be for your own use or occupancy. It may not be built or substantially improved for sale or lease. If you sell or lease a building you have built or substantially improved yourself within 1 year after the construction is complete, the law will presume that you built or substantially improved it for sale or lease, which is a violation of this exemption. You may not hire an unlicensed person to act as your contractor or to supervise people working on your building. It is your responsibility to make sure that people employed by you have licenses required by state law and by county or municipal licensing ordinances. You may not delegate the responsibility for supervising work to a licensed contractor who is not licensed to perform the work being done. Any person working on your building who is not licensed must work under your direct supervision and must be employed by you, which means that you must deduct F.I.C.A. and withholding tax and provide workers' compensation for that employee, all as prescribed by law. Your construction must comply with all applicable laws, ordinances, building codes, and zoning regulations.

TYPE OF CONSTRUCTION

- ☒ Single Family Dwelling ☐ Two-Family Residence
☐ Farm Outbuilding ☐ Other _____
☐ New Construction ☐ Addition, Alteration, Modification or other Improvement

NEW CONSTRUCTION OR IMPROVEMENT

I MICHAEL BAILEY
LEWIS WALKER BAILEY, have been advised of the above disclosure statement for exemption from contractor licensing as an owner/builder. I agree to comply with all requirements provided for in Florida Statutes ss.489.103(7) allowing this exception for the construction permitted by Columbia County Building Permit Number 24499

Michael Bailey 5-03-2006
Signature Date

FOR BUILDING USE ONLY

I hereby certify that the above listed owner/builder has been notified of the disclosure statement in Florida Statutes ss 489.103(7).

Date 5.4.06 Building Official/Representative [Signature]

400978

Notice of Treatment

Applicator: **Florida Pest Control & Chemical Co. (www.flapest.com)**

Address: 1160 NW 16th Ave Phone 376-8661
City Gulf

Site Location: Subdivision _____ Permit # 24499
Lot # _____ Block# _____
Address 1209 SW Homestead Cir Ft Lauderdale

Product used	Active Ingredient	% Concentration
<input type="checkbox"/> Premise	Imidacloprid	0.1%
<input type="checkbox"/> Termidor	Fipronil	0.12%
<input type="checkbox"/> Bora Care	Disodium Octaborate Tetrahydrate	23.0%

Type treatment: ☐ Soil ☐ Wood

Area Treated	Square feet	Linear feet	Gallons Applied
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

As per Florida Building Code 104.2.6 – If soil chemical barrier method for termite prevention is used, final exterior treatment shall be completed prior to final building approval.

If this notice is for the final exterior treatment, initial this line GAC.

9-06
Ret
Time 1:40 Print Technician's Name GAC

Appli

Needard - Borne jh

t File - Canary Permit Holder - Pink
10/05 ©

We, Michael Bailey
& Lelia Walker Bailey need
to go.

Ball Room Counter tops
Shower & Tub Enclosures
Bath mirrors - for 2 baths
2 Toilets 3 Sinks Hot Water heater
Kitchen Sink - Touch up paint
Closet shelves . Put Heat pump
and Generator on line


Lelia Walker Bailey

5-11-06

Site : 1207 SW Homestead Circle
Fort White Fl. 32808

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 is provided in this Notice of Commencement.

Tax Parcel ID Number 14-65-16-0318-121

PERMIT NUMBER _____

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

Parcel Id 14-65-16-0318-121 Subdivision Old Wike Farms
Lot 21 Block # 4.34 Acres
207 SW Homebush Circle
St. Wike FL 32038

2. General description of improvement: companion Single Family Dwelling

3. Owner Name & Address Lelia Walker + Michael Bailey
Interest in Property 100%

4. Name & Address of Fee Simple Owner (if other than owner): Lelia Walker Bailey + Michael Bailey

5. Contractor Name Lelia Walker Bailey + Michael Bailey Phone Number 407-648-4002
Address 2224 LADue Ct.

6. Surety Holders Name Mortgage, market st Phone Number 800-669-3210 ex 7067
Address 2650 McCormick Dr. Suite 200, Clearwater FL 33759
Amount of Bond none

7. Lender Name MARKET ST Mortgage Phone Number 800-669-3210 ex 7067
Address 2650 McCormick Dr. Suite 200, Clearwater FL 33759

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 Lelia Walker Bailey + Michael Bailey Phone Number 407-648-4002
Address 2224 LADue Ct Orlando FL 32811

9. In addition to himself/herself the owner designates none 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
(Unless a different date is specified) _____

Inst:2006010869 Date:05/04/2006 Time:10:31

DC,P.DeWitt Cason,Columbia County B:1082 P:1893

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
day of 5-4, 2006

Lelia Walker Bailey
Signature of Owner



NOTARY STAMP/SEAL

Laurie Hodson
Signature of Notary

COLUMBIA COUNTY OFFICE OF OCCUPANCY

COLUMBIA COUNTY, FLORIDA

Department of Building and Zoning Inspection

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 14-6S-16-03818-121

Building permit No. 000024499

Use Classification COMPLETION OF SFD

Fire: 0.00

Permit Holder MICHAEL & LELIA W. BAILEY

Waste: _____

Owner of Building MICHAEL & LELIA W. BAILEY

Total: 0.00

Location: 1207 SW HOMESTEAD CIRCLE(OLD WIRE, LOT 21)

Date: 06/16/2006

Harry Dickel

Building Inspector



POST IN A CONSPICUOUS PLACE
(Business Places Only)