

Columbia County Building Permit Application

D646-York-Lich
w/c

For Office Use Only Application # 1205-34 Date Received 5-15-12 By UT Permit # 30176
Zoning Official B2K Date 18 MAY 2012 Flood Zone N/A Land Use A-3 Zoning A-3
FEMA Map # N/A Elevation N/A MFE N/A River N/A Plans Examiner T.C. Date 5-16-12
Comments Accessary use
☒ NOC ☒ EH ☒ Deed or PA ☒ Site Plan ☒ State Road Info ☒ Well letter ☒ 011 Sheet ☐ Parent Parcel #
☐ Dev Permit # ☐ In Floodway ☐ Letter of Auth. from Contractor ☐ F W Comp. letter
IMPACT FEES: EMS _____ Fire _____ Corr _____ Sub VF Form ☒
Road/Code _____ School _____ = TOTAL (Suspended) ☐ Ellisville Water ☐ App Fee Paid

Septic Permit No. NA

Fax _____

Name Authorized Person Signing Permit Dennis OndrakoPhone 352-283-1549Address 4011 NW 23rd. Terr. Gainesville, FL. 32605Owners Name Rosemary UphasPhone 386-755-6607911 Address 214 SW Neighbors Gln. Lake City, FL. 32024Contractors Name Marion E. YorkPhone 352-283-1549Address 4404 NW 13 St. Gainesville, FL. 32609Fee Simple Owner Name & Address Rosemary Uphas 214 Neighbors Gln. Lake City, FL. 32024Bonding Co. Name & Address n/aArchitect/Engineer Name & Address n/aMortgage Lenders Name & Address n/a

Circle the correct power company - FI Power & Light - Clay Elec. - Suwannee Valley Elec. - Progress Energy

Property ID Number 32-3S-16-02430-004Estimated Cost of Construction \$15,000.00Subdivision Name Kal-WayLot 4 Block _____ Unit _____ Phase _____Driving Directions Hwy 90 W To Thomas Rd. Turn "L" To
SW Neighbors Glen Turn "L" To house on RT.Number of Existing Dwellings on Property 3Construction of Inground Swimming PoolTotal Acreage 0.000 Lot Size _____Do you need a - Culvert Permit or Culvert Waiver or Have an Existing Drive

Total Building Height _____

Actual Distance of Structure from Property Lines - Front 111' Side 26' Side 112' Rear 115'

Number of Stories _____ Heated Floor Area _____ Total 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. **CODE: Florida Building Code 2010 and the 2008 National Electrical Code.**

Page 1 of 2 (Both Pages must be submitted together.)

Revised 3-15-12

9 w spoke w/ Dennis 5.18.12

*cliff
1784*

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 NOTIFIED** 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 COMMENCEMENT 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.

NOTICE TO OWNER: 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. You must verify if your property is encumbered by any restrictions or face possible litigation and or fines.

(Owners Must Sign All Applications Before Permit Issuance.)

Rosemary V. Phaus
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.

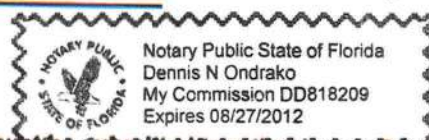
[Signature]
Contractor's Signature (Permittee)

Contractor's License Number CPC1457036
Columbia County
Competency Card Number 646

Affirmed under penalty of perjury to by the Contractor and subscribed before me this 14th day of May 2012
Personally known X or Produced Identification _____

Dennis N. Ondrako
State of Florida Notary Signature (For the Contractor)

SEAL:





COLUMBIA COUNTY BUILDING DEPARTMENT

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

Application Number 1205-34

NOTICE TO SWIMMING POOL OWNERS

I **Rosemary Uphaus** have been informed and I understand that prior to the final inspection approval and use of my pool, I will need all the inspections approved and the required fencing installed in accordance with applicable regulations. The Florida Building Code requires private residential swimming pools, hot tubs, or non-portable spas containing water over 24 inches deep to meet the following pool barrier safety feature requirements:

- The pool access must be isolated by a barrier at least 4 feet high and installed around the perimeter of the pool. Unless the pool is equipped with a safety cover complying with the specifications of American Society for Testing and Materials standard F-1346-91.
- The barrier shall not have any gaps or openings which would allow a child to crawl under, squeeze through or climb over and must be placed no less than 20 inches from the water's edge.
- Gates located in the pool barrier must open outward away from the pool and be both self-closing and self latching, with a release mechanism not less than 54" above the standing surface at the gate.
- The barrier must be separate from any other fence, wall, or other enclosure surrounding the yard unless the fence, wall or other enclosure or portion thereof is situated on the perimeter of the pool and meets the pool barrier requirements.
- Where a wall of a dwelling serves as part of the barrier one of the following shall apply:
 - 1) All doors and first floor windows with a sill height of less than 48 inches providing direct access from the home to the pool must be equipped with an alarm that has a minimum sound pressure rating of 85 decibels at 10 feet. The alarm shall sound immediately upon opening the window or door unless the temporary bypass mechanism is activated.
 - 2) Or; all doors providing direct access from the home to the pool must be equipped with a self-closing, self-latching device with a release mechanism located at least 54 inches above the floor.

According to Florida statutes chapter 0515: Residential Swimming Pool Safety Act, failure to comply with these requirements is a misdemeanor of the second degree, punishable by imprisonment for up to 60 days or a fine of up to \$500, except that no penalty shall be imposed if within 45 days after arrest or issuance of a summons or notice to appear, the pool is equipped with the aforementioned safety features and the responsible person attends a drowning prevention education program developed by the Florida Department of Health. I also understand that there are several inspections required in addition to a final inspection for my swimming pool.

Rosemary Uphaus
Owner Signature / Date

Address: **214 SW Neighbors Gln. Lake City, Florida 32024**

[Signature]
Contractor Signature / Date

CPC1457036

License Number

Inst. 201212007414 Date: 5/15/2012 Time: 10:55 AM
D.C. DeWitt Cason, Columbia County Page 1 of 1 B:1234 P:2122

NOTICE OF COMMENCEMENT

County Clerk's Office Stamp or Seal

Tax Parcel Identification Number **32-35-16-02430-004**

THE UNDERSIGNED hereby gives notice that improvements will be made to certain real property, and in accordance with Section 713.13 of the Florida Statutes, the following information is provided in this NOTICE OF COMMENCEMENT.

214 SW NEIGHBORS GLN LAKE CITY FL 32024
1. Description: COMM 12 FT E OF NW COR OF SEC WHICH IS E R/W OF A CO RD, RUN S 1018.14 FT. E 495 FT FOR POB, RUN E 171.71 FT, S 284.50 FT, W 166.22 FT, N 284 FT TO POB. (AKA LOT 4 KAL-WAY S/D UNIT 1) DRE 497-696,
2. General description of improvements: 676-845, 770-1349, 771-686 775-2200

INGROUND SWIMMING POOL

3. Owner Information

a) Name and address: Rosemary Uphaus 214 NEIGHBORS Gln. Lake City, FL 32024

b) Name and address of its simple titleholder (if other than owner)

c) Interest in property

4. Contractor Information

a) Name and address: Marion E. York 4404 NW 13 St. Gainesville, FL 32609

b) Telephone No: 352-283-1848

Fax No. (Opt.)

5. Surety Information

a) Name and address: n/a

b) Amount of Bond

c) Telephone No.

Fax No. (Opt.)

6. Lender

a) Name and address: n/a

b) Phone No.

7. Identity of person within the State of Florida designated by owner upon whom notices or other documents may be served:

a) Name and address: n/a

b) Telephone No.

Fax No. (Opt.)

8. In addition to himself, owner designates the following person to receive a copy of the Lender's Notice as provided in Section 713.13(1)(b) Florida Statutes:

a) Name and address: n/a

b) Telephone No.

Fax No. (Opt.)

9. Expiration date of Notice of Commencement (the expiration date is one year from the date of recording unless a different date is specified):

WARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713.13, FLORIDA STATUTES, AND CAN RESULT IN YOUR 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 YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.

STATE OF FLORIDA
COUNTY OF COLUMBIA

10.

Rosemary Uphaus
Signature of Owner or Owner's Agent (Owner's Agent must be a Licensed Professional Manager)

Rosemary Uphaus

Print Name

The foregoing instrument was acknowledged before me, a Florida Notary, this 15th day of May, 2012, by:

(Type of authority, e.g. officer, trustee, attorney)

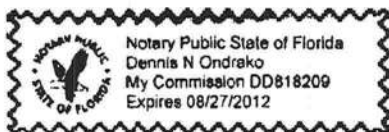
for Rosemary Uphaus (name of party on behalf of whom instrument was executed).

Personally Known ☐ OR Produced Identification ☒ Type DL # U180-780-36-784-0

Notary Signature Dennis N. Ondrako Notary Stamp or Seal:

11. Verification pursuant to Section 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 best of my knowledge and belief.

Rosemary Uphaus
Signature of Natural Person Signing (in line 10 above.)



8:28:38 AM 5/16/2012

Licensee Details**Licensee Information**

Name: **SINCLAIR, STEPHEN M (Primary Name)**
(DBA Name)
Main Address: **8259 NORTH MILITARY TRAIL**
SUITE 2
WEST PALM BEACH Florida 33418
County: **PALM BEACH**
License Mailing:

LicenseLocation: **8259 NORTH MILITARY TRAIL**
SUITE 2
PALM BEACH GARDENS FL 33418
County: **PALM BEACH**

License Information

License Type: **Professional Engineer**
Rank: **Prof Engineer**
License Number: **35631**
Status: **Current,Active**
Licensure Date: **02/14/1985**
Expires: **02/28/2013**

Special Qualifications **Qualification Effective**
Building Code Core
Course Credit

[View Related License Information](#)**[View License Complaint](#)**

[1940 North Monroe Street, Tallahassee FL 32399](#) :: Email: **[Customer Contact Center](#)** :: Customer Contact Center: 850.487.1395

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Under Florida law, e-mail addresses are public records. If you do not want your e-mail address released in response to a public-records request, do not send electronic mail to this entity. Instead, contact the office by phone or by traditional mail. If you have any questions, please contact 850.487.1395.

UNITED STATES DEPARTMENT OF AGRICULTURE
FARMERS HOME ADMINISTRATION
QUITCLAIM DEED

DOCUMENTARY STAMP \$193.
INTANGIBLE TAX
P. DeWITT CASON, CLERK OF
COURTS, COLUMBIA COUNTY
BY *Paul K...* D.C.

OFFICIAL RECORDS

THE UNITED STATES OF AMERICA, acting through the Administrator of the Farmers Home Administration, United States Department of Agriculture, CONVEYS AND QUITCLAIMS to SAMUEL L. UPHAUS AND ROSEMARY UPHAUS, husband and wife

whose Post Office address is Route 2, Box 734, Branford, Florida 32008 for and in consideration of the sum of TWENTY-SEVEN THOUSAND FOUR HUNDRED FIFTY AND NO/100----- DOLLARS (\$27,450.00), the receipt of which is hereby acknowledged, all interest in the following described real estate, situate in the County of COLUMBIA, State of Florida, to-wit:
Township 3 South, Range 16 East, Section 32-Commence at the NW corner of Section 32, T3S, R16E, and run thence N 89 degs 02'56"E, along the North line of said Section 32, 12.00 feet to the East R/W line of a county maintained road, thence S 4 degs 23'04"W, along said East R/W line 1018.14 feet, thence N 89 degs 39'E, 495.00 feet to the FOB, thence continue N 89 degs 39'E, 171.71 feet to the East line of the W 1/2 of NW 1/4 of NW 1/4 of said Section 32, thence S 5 degs 34'10"W, 264.50 feet to the Southeast corner of said W 1/2 of NW 1/4 of NW 1/4, thence S 89 deg 39' W, along the South line of said W 1/2 of NW 1/4, 166.22 feet, thence N 4 degs 23'04" E, 264.00 feet to the FOB.

This deed is executed and delivered pursuant to the provisions of authority set forth in 7 C.F.R. 1800.22.

No Member of Congress shall be admitted to any share or part of this deed or to a benefit that may arise therefrom.

Dated: June 2, 19 93.

UNITED STATES OF AMERICA

By *Ronald J. Berry*
RONALD J. BERRY
Acting State Director
Farmers Home Administration
U.S. Department of Agriculture
P.O. Box 147010
Gainesville, FL 32614-7010

FILED AND INDEXED IN PUBLIC
RECORDS OF COLUMBIA COUNTY, FL.

Signed, sealed and delivered
in our presence:

Brenda B. Stormant
BRENDA B. STORMANT
Alberta L. Wood
ALBERTA L. WOOD

ACKNOWLEDGMENT
93-06623

1993 JUN 11 PM 3:11

STATE OF FLORIDA
COUNTY OF ALACHUA

The foregoing instrument was acknowledged before me this 2nd day of June, 19 93, by RONALD J. BERRY, as Acting Florida State Director of the Farmers Home Administration, United States Department of Agriculture, who is personally known to me and who did take an oath.

NOTARY SEAL

My commission expires: 5-14-94

Alberta L. Wood
Notary Public
ALBERTA L. WOOD

SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER _____ CONTRACTOR Marion E. York PHONE 352-283-1549

THIS FORM MUST BE SUBMITTED PRIOR TO THE ISSUANCE OF A PERMIT

In Columbia County one permit will cover all trades doing work at the permitted site. It is REQUIRED 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.

ELECTRICAL 1231	Print Name <u>Jeremy Turner</u> License #: <u>EC13004791</u>	Signature <u>[Signature]</u> Phone #: <u>352-871-0385</u>
MECHANICAL/A/C	Print Name _____ License #: _____	Signature _____ Phone #: _____
PLUMBING/GAS	Print Name _____ License #: _____	Signature _____ Phone #: _____
ROOFING	Print Name _____ License #: _____	Signature _____ Phone #: _____
SHEET METAL	Print Name _____ License #: _____	Signature _____ Phone #: _____
FIRE SYSTEM/SPRINKLER	Print Name _____ License #: _____	Signature _____ Phone #: _____
SOLAR	Print Name _____ License #: _____	Signature _____ Phone #: _____

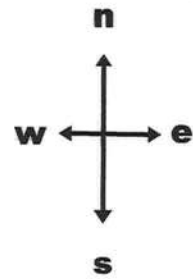
Specialty License	License Number	Sub-Contractors Printed Name	Sub-Contractors Signature
MASON			
CONCRETE FINISHER			
FRAMING			
INSULATION			
STUCCO			
DRYWALL			
PLASTER			
CABINET INSTALLER			
PAINTING			
ACOUSTICAL CEILING			
GLASS			
CERAMIC TILE			
FLOOR COVERING			
ALUM/VINYL SIDING			
GARAGE 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 Form Subcontractor Form 5/09

alachuaelectric@gmail.com

Cal. Co. Fax: 386-758-2160



SW NEIGHBORS GLN.

