DATE 09/29/2008

Columbia County Building Permit

This Permit Must Be Prominently Posted on Premises During Construction

PERMIT
000027380

APPLICANT ROBERT MANLEY PHONE 904.486.0937

ADDRESS 6973 HWY AVENUE,STE 108 JACKSONVILLE FL 32216

OWNER SANDRA LIVINGSTON PHONE 386.397.1176

ADDRESS 282 NW ABIGAIL LANE LAKE CITY FL 32055

CONTRACTOR DAVID S. KILLIAN PHONE 904.786.3395

LOCATION OF PROPERTY 41-S TO ABIGAIL LANE,TL & IT'S THE 4TH ON L.

TYPE DEVELOPMENT REROOF/SFD ESTIMATED COST OF CONSTRUCTION 13888.00

HEATED FLOOR AREA _____ TOTAL AREA _____ HEIGHT ____ STORIES ____

FOUNDATION _____ WALLS _____ ROOF PITCH _____ FLOOR _____

LAND USE & ZONING _____ MAX. HEIGHT _____

Minimum Set Back Requirments: STREET-FRONT _____ REAR _____ SIDE _____

NO. EX.D.U. 1 FLOOD ZONE _____ DEVELOPMENT PERMIT NO. _____

PARCEL ID 22-2S-16-01718-017 SUBDIVISION SUWANNEE VALLEY ESTATES

LOT 17/18 BLOCK C PHASE _____ UNIT _____ TOTAL ACRES _____

		CCC1328203	Kurt Manley
Culvert Permit No.	Culvert Waiver	Contractor's License Number	Applicant/Owner/Contractor
EXISTING	X-08-0322		JLW	
Driveway Connection	Septic Tank Number	LU & Zoning checked by	Approved for Issuance	New Resident

COMMENTS: NOC ON FILE.

Check # or Cash 1284

FOR BUILDING & ZONING DEPARTMENT ONLY

(footer/Slab)

Temporary Power _____ date/app. by Foundation _____ date/app. by Monolithic _____ date/app. by

Under slab rough-in plumbing _____ date/app. by Slab _____ date/app. by Sheathing/Nailing _____ date/app. by

Framing _____ date/app. by Rough-in plumbing above slab and below wood floor _____ date/app. by

Electrical rough-in _____ date/app. by Heat & Air Duct _____ date/app. by Peri. beam (Lintel) _____ date/app. by

Permanent power _____ date/app. by C.O. Final _____ date/app. by Culvert _____ date/app. by

M/H tie downs, blocking, electricity and plumbing _____ date/app. by Pool _____ date/app. by

Reconnection _____ date/app. by Pump pole _____ date/app. by Utility Pole _____ date/app. by

M/H Pole _____ date/app. by Travel Trailer _____ date/app. by Re-roof _____ date/app. by

BUILDING PERMIT FEE $ 70.00 CERTIFICATION FEE $ 0.00 SURCHARGE FEE $ 0.00

MISC. FEES $ 0.00 ZONING CERT. FEE $ _____ FIRE FEE $ 0.00 WASTE FEE $ _____

FLOOD DEVELOPMENT FEE $ _____ FLOOD ZONE FEE $ _____ CULVERT FEE $ _____ **TOTAL FEE** 70.00

INSPECTORS OFFICE _____ CLERKS OFFICE CH

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 TO BE IN ACTIVE PROGESS WHEN THE PERMIT HAS RECIEVED AN APPROVED INSPECTION WITHIN 180 DAYS.

The Issuance of this Permit Does Not Waive Compliance by Permittee with Deed Restrictions.

Columbia County Building Permit Application

For Office Use Only Application # 0809-69 Date Received 9/29 By JW Permit # 27386

Zoning Official _____ Date _____ Flood Zone _____ Land Use _____ Zoning _____

FEMA Map # _____ Elevation _____ MFE _____ River _____ Plans Examiner _____ Date _____

Comments _____

~~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 _____

Septic Permit No. _____ Fax (904) 695-2102

Name Authorized Person Signing Permit Robert Manley Phone (904) 486-0937

Address 6973 Highway Ave. Ste 108 Jacksonville, FL 32254

Owners Name Sandra Livingston Phone (386) 397-1176

911 Address 282 NW Abigail Ln. Lake City, FL 32055

Contractors Name Everlast Roofing Professionals (David Gilyard) Phone (904) 786-3395

Address 6973 Highway Ave. Ste 108 Jacksonville, FL 32254

Fee Simple Owner Name & Address —

Bonding Co. Name & Address —

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 22-2S-16-01718-017 HX Estimated Cost of Construction $13,888

Subdivision Name Suwannee Valley Estates Lot 17 18 Block C Unit ___ Phase ___

Driving Directions From I-10 W take US-41 exit toward White Springs, take US-41 N ramp toward White Springs, turn left on US-41, turn left on NW Abigail Ln.

Number of Existing Dwellings on Property 1

Construction of Reroof - S.F.D. Total Acreage .55 Lot Size ___

Do you need a - Culvert Permit or Culvert Waiver or Have an Existing Drive NO Total Building Height ___

Actual Distance of Structure from Property Lines - Front ___ Side ___ Side ___ Rear ___

Number of Stories 1 Heated Floor Area 2,322 Total Floor Area 3,776 Roof Pitch 5/12

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.

Revised 1-10-08

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

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.

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 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 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. I further understand the above written responsibilities in Columbia County for obtaining this Building Permit.

Barbara L Langston
Owners Signature

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.

Dan Sirmon
Contractor's Signature (Permitee)

Contractor's License Number CCC1328203
Columbia County
Competency Card Number _____

Affirmed under penalty of perjury to by the Contractor and subscribed before me this 23rd **day of** Sept. **20**08.

Personally known ✓ **or Produced Identification** _____

Heidi L. Odom
State of Florida Notary Signature (For the Contractor)

SEAL:

HEIDI L. ODOM
Notary Public - State of Florida
My Commission Expires Sep 27, 2009
Commission # DD 476634
Bonded By National Notary Assn.

Revised 1-10-08

LETTER OF AUTHORIZATION

Date: 9/23/08

Columbia County Building Department
P.O. Drawer 1529
Lake City, FL 32056

I David Killian, License No. CCC1328203 do hereby

Authorize Robert Manley to pull and sign permits on my behalf.

Sincerely,

Dai Skin

Sworn to and subscribed before me this 23rd day of Sept, 2008.

Notary Public: Heidi L. Odom

My commission expires: Sept. 27, 2009

HEIDI L. ODOM
Notary Public - State of Florida
My Commission Expires Sep 27, 2009
Commission # DD 476634
Bonded By National Notary Assn.

Personally Known ✓

Produced Valid Identification: _____

EVERLAST ROOFING PROFESSIONALS

Material List

- Shingles: GAFELK Royal Sovereign 25 year 3-tab Florida Product Approval Number – 183.6

EVERLAST ROOFING PROFESSIONALS, INC. 6973 HIGHWAY AVE., STE 108 JACKSONVILLE, FL 32254
PHONE (904-786-3395) FAX (904-695-2102) E-MAIL DAVE@EVERLASTROOFINGPROS.COM

Columbia County Property Appraiser

DB Last Updated: 8/5/2008

Parcel: 22-2S-16-01718-017 HX

2008 Proposed Values

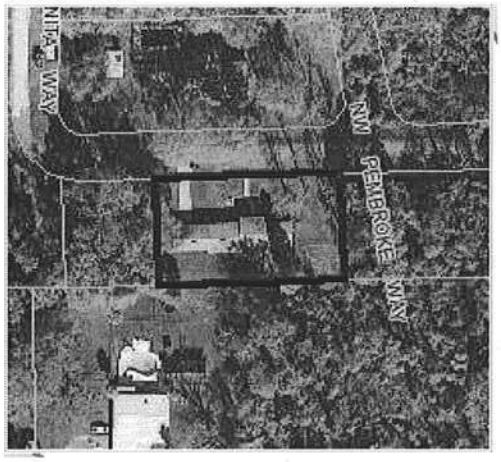
Tax Record | Property Card | Interactive GIS Map | Print

<< Prev Search Result: 3 of 5 Next >>

Owner & Property Info

Owner's Name	LIVINGSTON SANDRA S		
Site Address	ABIGAIL		
Mailing Address	282 NW ABIGAIL LN LAKE CITY, FL 32055		
Use Desc. (code)	SINGLE FAM (000100)		
Neighborhood	22216.02	**Tax District**	3
UD Codes	MKTA03	**Market Area**	03
Total Land Area	0.550 ACRES		
Description	LOTS 17 & 18 BLOCK C SUWANNEE VALLEY ESTATES S/D. ORB 365-73 598-337, 643-102, 678-190, 795-352, 870-2389, 2390, 939-623,		

GIS Aerial



Property & Assessment Values

Mkt Land Value	cnt: (1)	$23,400.00
Ag Land Value	cnt: (0)	$0.00
Building Value	cnt: (1)	$105,941.00
XFOB Value	cnt: (4)	$1,330.00
Total Appraised Value		$130,671.00

Just Value		$130,671.00
Class Value		$0.00
Assessed Value		$93,657.00
Exempt Value	(code: HX)	$50,000.00
Total Taxable Value		$43,657.00

Sales History

Sale Date	Book/Page	Inst. Type	Sale Vlmp	Sale Qual	Sale RCode	Sale Price
11/5/2001	939/623	WD	I	Q	99	$75,500.00
12/11/1998	870/2390	WD	I	U		$0.00
12/11/1998	870/2390	WD	I	U		$0.00

Building Characteristics

Bldg Item	Bldg Desc	Year Blt	Ext. Walls	Heated S.F.	Actual S.F.	Bldg Value
1	SINGLE FAM (000100)	1974	Common BRK (19)	2322	3776	$105,941.00
	Note: All S.F. calculations are based on exterior building dimensions.					

Extra Features & Out Buildings

Code	Desc	Year Blt	Value	Units	Dims	Condition (% Good)
0166	CONC,PAVMT	1993	$465.00	465.000	0 x 0 x 0	AP (50.00)
0120	CLFENCE 4	1993	$585.00	260.000	8 x 10 x 0	AP (50.00)

0296	SHED METAL	1993	$200.00	80.000	8 x 10 x 0	AP (50.00)
0252	LEAN-TO W/	1993	$80.00	80.000	8 x 10 x 0	AP (50.00)

Land Breakdown

Lnd Code	Desc	Units	Adjustments	Eff Rate	Lnd Value
000100	SFR (MKT)	2.000 LT - (.550AC)	1.00/1.00/.90/1.00	$11,700.00	$23,400.00

Columbia County Property Appraiser DB Last Updated: 8/5/2008

<< Prev 3 of 5 Next >>

Disclaimer

This information was derived from data which was compiled by the Columbia County Property Appraiser's Office solely for the government purpose of property assessment. The information shown is a **work in progress** and should not be relied upon by anyone as a determination of the ownership of property or market value. No warranties, expressed or implied, are provided for the accuracy of the data herein, it's use, or it's interpretation. Although it is periodically updated, this information may not reflect the data currently on file in the Property Appraiser's Office. The assessed values are **NOT CERTIFIED** values and therefore are subject to change before finalized for ad-valorem assessment purposes.

Notice:
Under Florida Law, e-mail addresses are public record. 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 this office by phone or in writing.

Scroll to Top

STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

CONSTRUCTION INDUSTRY LICENSING BOARD
1940 NORTH MONROE STREET
TALLAHASSEE FL 32399-0783

(850) 487-1395

KILLIAN, DAVID SCOTT
EVERLAST ROOFING PROFESSIONALS INC
3898 DUPONT CIRCLE
JACKSONVILLE FL 32205

Congratulations! With this license you become one of the nearly one million Floridians licensed by the Department of Business and Professional Regulation. Our professionals and businesses range from architects to yacht brokers, from boxers to barbeque restaurants, and they keep Florida's economy strong.

Every day we work to improve the way we do business in order to serve you better. For information about our services, please log onto **www.myfloridalicense.com**. There you can find more information about our divisions and the regulations that impact you, subscribe to department newsletters and learn more about the Department's initiatives.

Our mission at the Department is: License Efficiently, Regulate Fairly. We constantly strive to serve you better so that you can serve your customers. Thank you for doing business in Florida, and congratulations on your new license!

STATE OF FLORIDA AC# 3917947
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

CCC1328203 08/14/08 080091716

CERTIFIED ROOFING CONTRACTOR
KILLIAN, DAVID SCOTT
EVERLAST ROOFING PROFESSIONALS I

IS CERTIFIED under the provisions of Ch.489 FS
Expiration date: AUG 31, 2010 L08081401622

DETACH HERE

AC# 3917947

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CONSTRUCTION INDUSTRY LICENSING BOARD

SEQ# L08081401622

DATE	BATCH NUMBER	LICENSE NBR
08/14/2008	080091716	CCC1328203

The ROOFING CONTRACTOR
Named below IS CERTIFIED
Under the provisions of Chapter 489 FS.
Expiration date: AUG 31, 2010

KILLIAN, DAVID SCOTT
EVERLAST ROOFING PROFESSIONALS INC
3898 DUPONT CIRCLE
JACKSONVILLE FL 32205

CHARLIE CRIST
GOVERNOR

CHARLES W. DRAGO
SECRETARY

DISPLAY AS REQUIRED BY LAW

ACORD CERTIFICATE OF LIABILITY INSURANCE

OP ID .i
EVERL-2

DATE (MM/DD/YYYY)
09/23/08

PRODUCER
GHG Insurance Inc
A Division of Sihle Ins Group
751 Oak St. Suite 100
Jacksonville FL 32204
Phone: 904-421-8600 Fax: 904-421-8601

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURED

Everlast Roofing
Professionals, Inc.
6973 Hwy Avenue, #108
Jacksonville FL 32254

INSURERS AFFORDING COVERAGE		NAIC #
INSURER A:	Mid Continent Casualty Co	23418
INSURER B:	Bridgefield Employers Ins Co.	
INSURER C:		
INSURER D:		
INSURER E:		

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A		GENERAL LIABILITY [X] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [ ] POLICY [ ] PRO-JECT [ ] LOC	04-GL-000714619	05/02/08	05/02/09	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$ 1,000,000 $ 100,000 $ EXCLUDED $ 1,000,000 $ 2,000,000 $ 2,000,000
A		AUTOMOBILE LIABILITY [ ] ANY AUTO [ ] ALL OWNED AUTOS [ ] SCHEDULED AUTOS [X] HIRED AUTOS [X] NON-OWNED AUTOS	04-GL-000714619	05/02/08	05/02/09	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ 1,000,000 $ $ $
		GARAGE LIABILITY [ ] ANY AUTO				AUTO ONLY - EA ACCIDENT OTHER THAN AUTO ONLY: EA ACC AGG	$ $ $
		EXCESS/UMBRELLA LIABILITY [ ] OCCUR [ ] CLAIMS MADE [ ] DEDUCTIBLE [ ] RETENTION $				EACH OCCURRENCE AGGREGATE	$ $
B		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below	0830391900	04/16/08	04/16/09	[X] WC STATU-TORY LIMITS [ ] OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	 $ 100,000 $ 100,000 $ 500,000
		OTHER					

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
Residential Roofing Roofing-Residential

CERTIFICATE HOLDER

COLCLAK

Columbia County
Building & Zoning Department
135 NE Hernando Ave.
Lake City FL 32055

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

Jack A Nesbitt

Inst 200812017316 Date 9/19/2008 Time 2:11 PM
DC,P DeWitt Cason,Columbia County Page 1 of 1 B 1158 P 2006

NOTICE OF COMMENCEMENT

County Clerk's Office Stamp or Seal

Tax Parcel Identification Number 22-2S-16-01718-017

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**.

1. Description of property *(legal description)*: LOTS 17 & 18 BLOCK C SUWANNEE VALLEY ESTATES S/D.
   a) Street *(job)* Address: 282 NW Abigail Ln. Lake City, FL 32055
2. General description of improvements: RE-ROOF
3. Owner Information
   a) Name and address: Sandra Livingston 282 NW Abigail Ln.
   b) Name and address of fee simple titleholder (if other than owner) _____
   c) Interest in property Self
4. Contractor Information
   a) Name and address: Everlast Roofing Professionals 6973 Highway Ave. Ste 108
   b) Telephone No.: (904) 786-3395 Fax No. (Opt.) (904) 695-2102
5. Surety Information
   a) Name and address: _____
   b) Amount of Bond: _____
   c) Telephone No.: _____ Fax No. (Opt.) _____
6. Lender
   a) Name and address: _____
   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: _____
   b) Telephone No.: _____ Fax No. (Opt.) _____
8. In addition to himself, owner designates the following person to receive a copy of the Lienor's Notice as provided in Section 713.13(l)(b). Florida Statutes:
   a) Name and address: _____
   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. _____ X
Signature of Owner or Owner's Authorized Officer/Director/Partner/Manager

Sandra Livingston
Print Name

The foregoing instrument was acknowledged before me , a Florida Notary, this 17th day of Sept., 20 08, by:

Sandra Livingston as owner **(type of authority, e.g. officer, trustee, attorney fact) for** _____ **(name of party on behalf of whom instrument was executed).**

Personally Known ____ OR Produced Identification ✓ Type DL

Notary Signature Heidi L. Odom Notary Stamp or Seal:

HEIDI L. ODOM
Notary Public - State of Florida
My Commission Expires Sep 27, 2009
Commission # DD 476634
Bonded By National Notary Assn.

---AND---

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.

_____ X
Signature of Natural Person Signing (in line #10 above.)