

APPLICANTTRAVIS LAMONDAPHONE438-3201

ADDRESS144SW WATERFORD CTLAKE CITYFL32025

OWNERMARETER ROBERTS/CHARLES BROWNPHONE752-5673

ADDRESS5918S HIGHWAY 441LAKE CITYFL32025

CONTRACTORERIC EHRLUNDPHONE352 732-2322

LOCATION OF PROPERTY441S, 1/2 MILE PAST OASIS BAR ON RIGHT

TYPE DEVELOPMENTRENOVATION/SFDESTIMATED COST OF CONSTRUCTION0.00

HEATED FLOOR AREATOTAL AREAHEIGHTSTORIES

FOUNDATIONWALLSROOF PITCHFLOOR

LAND USE & ZONINGA-3MAX. HEIGHT

Minimum Set Back Requirments:STREET-FRONT30.00REAR25.00SIDE25.00

NO. EX.D.U.1FLOOD ZONEXDEVELOPMENT PERMIT NO.

PARCEL ID28-4S-17-08805-000SUBDIVISION

LOTBLOCKPHASEUNITTOTAL ACRES

CGC042165

Culvert Permit No.Culvert WaiverContractor's License NumberApplicant/Owner/Contractor

EXISTING08-408BKJHN

Driveway ConnectionSeptic Tank NumberLU & Zoning checked byApproved for IssuanceNew Resident

COMMENTS: NOC ON FILE, BURN OUT-NO CHARGE

Check # or Cash

FOR BUILDING & ZONING DEPARTMENT ONLY

(footer/Slab)

Temporary Powerdate/app. byFoundationdate/app. byMonolithicdate/app. by

Under slab rough-in plumbingdate/app. bySlabdate/app. bySheathing/Nailingdate/app. by

Framingdate/app. byRough-in plumbing above slab and below wood floordate/app. by

Electrical rough-indate/app. byHeat & Air Ductdate/app. byPeri. beam (Lintel)date/app. by

Permanent powerdate/app. byC.O. Finaldate/app. byCulvertdate/app. by

M/H tie downs, blocking, electricity and plumbingdate/app. byPooldate/app. by

Reconnectiondate/app. byPump poledate/app. byUtility Poledate/app. by

M/H Poledate/app. byTravel Trailerdater/app. byRe-roofdate/app. by

BUILDING PERMIT FEE \$0.00CERTIFICATION FEE \$0.00SURCHARGE FEE \$0.00

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

FLOOD DEVELOPMENT FEE \$FLOOD ZONE FEE \$CULVERT FEE \$TOTAL FEE0.00

INSPECTORS OFFICECLERKS OFFICE

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 PROGRESS 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 # 0803.44 Date Received 3/24/08 By LT Permit # 27078

Application Approved by - Zoning Official BLK Date 05.06.08 Plans Examiner AKJH Date 6-5-08

Flood Zone X Development Permit N/A Zoning A-3 Land Use Plan Map Category A-3

Comments Need 1/2" seal Impact Fee Exempt - no charge fire damage

☒ NOC ☒ EH ☐ Deed or PA ☐ Site Plan ☐ State Road Info ☐ Parent Parcel # ☐ Development Permit

Cell 438-3201 TRAVIS LAMONDA Fax 386-755-2726

Name Authorized Person Signing Permit GREGORY D ROBERTS Phone 386-487-0297

Address 144 SW WATERFORD CT #103 LAKE CITY, FL 32025 Cell 352-359-1713 386-3205

Owners Name ROBERTS MARETER S, CHARLES RONALD BROWN Phone 386-752-5673 - Home #

911 Address 5918 SOUTH HWY 441 LAKE CITY FL 32025 386-344-0469 - cell #

Contractors Name ERIC EHRLUND - RESTORATION SPECIALISTS Phone 352-732-2322 - office #

Address 244 NW 9TH STREET OCALA FL 34475 352-425-2901 - cell #

Fee Simple Owner Name & Address _____

Bonding Co. Name & Address _____

Architect/Engineer Name & Address BODO AND ASSOCIATES, INC. P.O. Box 648 GAINESVILLE FL

Mortgage Lenders Name & Address PHONE # 352-378-8806 - TOLL FREE 1-800-621-3262

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

Property ID Number 28-45-17-0805-000 HX WX SX Estimated Cost of Construction 49,148.01

Subdivision Name 28417.00 Lot N/A Block N/A Unit N/A Phase N/A

Driving Directions Go Hwy 441 South APPROX. 1/2 MILE SOUTH PAST OASIS BAR

ON Right side of 441

Type of Construction REPAIRS - REMODEL Number of Existing Dwellings on Property 1

Total Acreage 1 Lot Size 0 Do you need a - Culvert Permit or Culvert Waiver or Have an Existing Drive

Actual Distance of Structure from Property Lines - Front N/A Side N/A Side N/A Rear N/A

Total Building Height 8'-0" Number of Stories 1 Heated Floor Area 1080 Roof Pitch 4/12

22.66 sq ft

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.

GREGORY D ROBERTS
GREGORY D ROBERTS

Owner/Builder or Authorized Person by Notarized Letter

Contractor Signature CCC 042165

Contractors License Number CCC 056803

Competency Card Number _____

NOTARY STAMP/SEAL

STATE OF FLORIDA
COUNTY OF COLUMBIA

Sworn to (or affirmed) and subscribed before me
this 6th day of MARCH 2008.

Personally known _____ or Produced Identification _____

Notary Signature _____ (Revised Sept. 2006)

Please sign and return to the Building Dept. (Self addressed envelope)

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

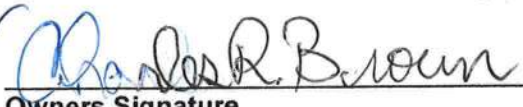
According to Florida Law, those who work on your property or provide materials, and are not paid-in-full, have a right to enforce their claim for payment against your property. This claim is known as a construction lien. If your contractor fails to pay subcontractors or material suppliers or neglects 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 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 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.



Owners Signature



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.

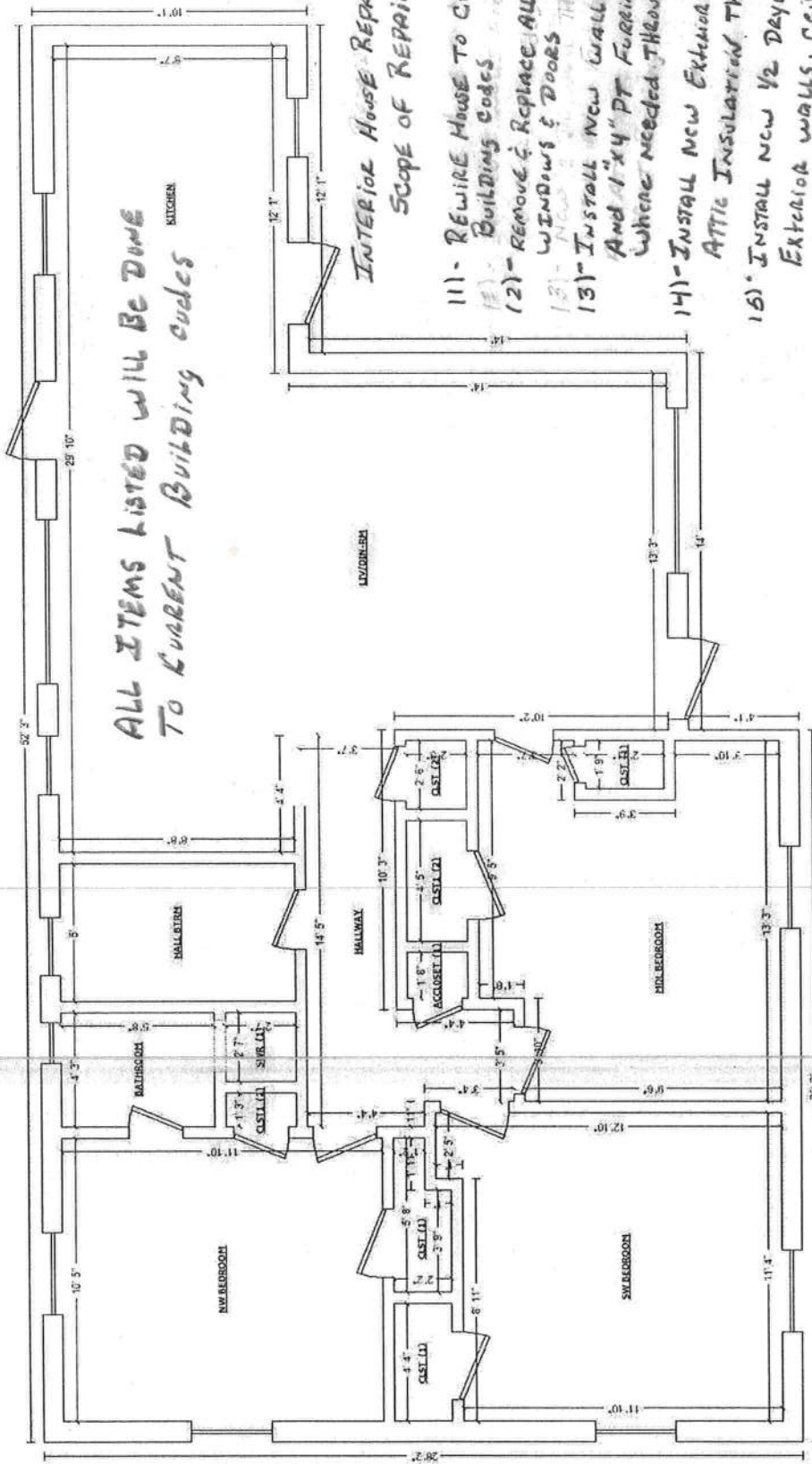
Contractor's Signature (Permitee)

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

Affirmed under penalty of perjury to by the Contractor and subscribed before me this ____ day of _____ 20____.
Personally known _____ or Produced Identification _____

State of Florida Notary Signature (For the Contractor)

SEAL:



ROBERTS-BROWN

3/5/2008

Page: 46

THIS IS EXISTING HOUSE

INTERIOR

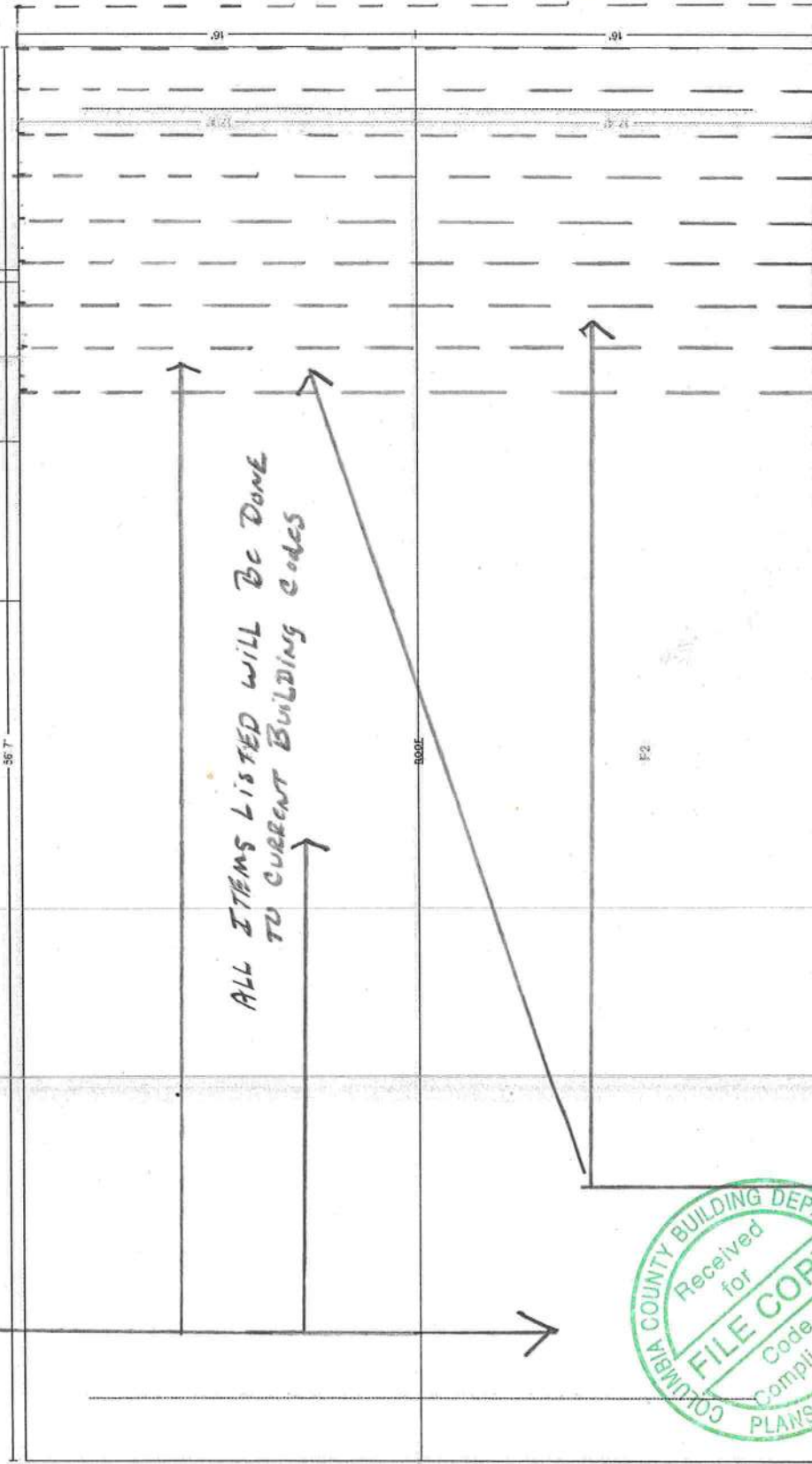
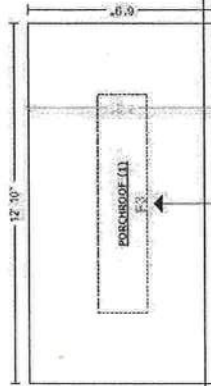
ALL ITEMS LISTED WILL BE DONE TO CURRENT BUILDING CODES

EXTERIOR ROOF REPAIR FROM FIRE

SCOPE OF REPAIRS

- (11) - REMOVE & REPLACE 25 YEAR SHINGLE ROOF WITH LEAK BARRIER, DAVE DRID, VENTS AND LEAD BOOTS

THIS IS EXISTING ROOF



ALL ITEMS LISTED WILL BE DONE TO CURRENT BUILDING CODES

EXTERIOR ROOF REPAIR FROM FIRE

SCOPE OF REPAIRS

- (11) - REMOVE & REPLACE 2"x6" #2 PINE RAFTERS, RIDGE BOARD, BARGE RAFTER, CEILING JOIST, BRACING, 1"x6" ROOF DECKING AND METAL CONNECTORS

- (12) - REMOVE & REPLACE 1"x6" #2 PINE FASCIA

THIS IS EXISTING HOUSE



ROBERTS-BROWN

EXTERIOR

EXTERIOR HOUSE REPAIR FROM FIRE
SCOPE OF REPAIRS

- 11) - REMOVE & REPLACE DAMAGED 8"X8"X16" CONCRETE BLOCKS, WITH #18 STEEL BARS AND CONCRETE

THIS IS EXISTING HOUSE

ALL ITEMS LISTED WILL BE DONE TO CURRENT
BUILDING CODES

EXTERIOR HOUSE REPAIR FROM FIRE
SCOPE OF REPAIRS

- 11) REMOVE & REPLACE HOUSE WRAP, 1"X6" EXTERIOR SIDING, CEDAR TRIM FOR EXTERIOR BEAMS, CROWN MOULDING AND 1/2" GREEN BOARD FOR CEILINGS

- 12) REMOVE & REPLACE EXTERIOR ELECTRICAL WIRING, METAL BOX, WEATHER HEAD, OUTLETS, ELECTRICAL BOXES & LIGHT FIXTURES

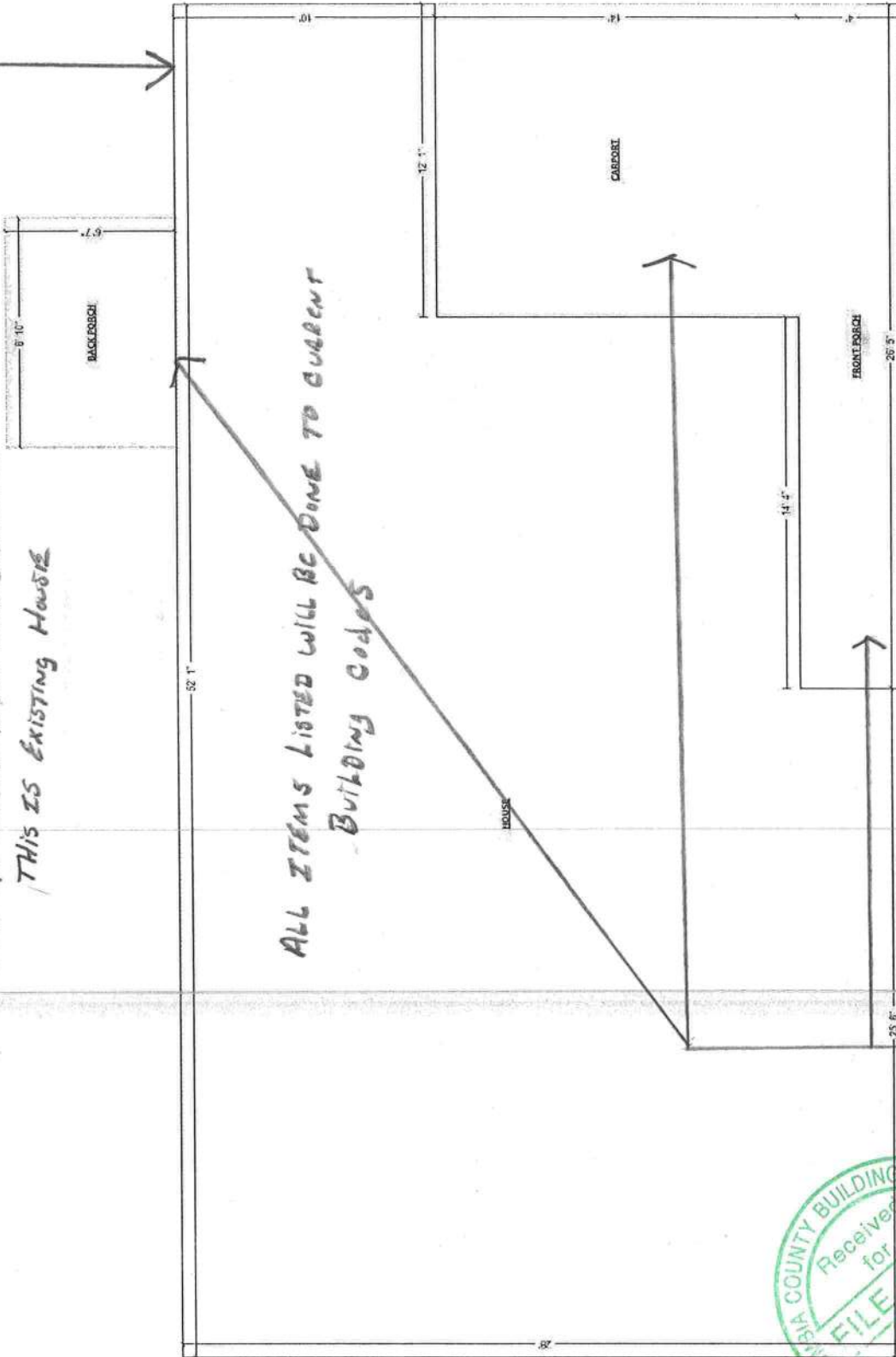
THIS IS EXISTING HOUSE

ROBERTS-BROWN

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EXTERIOR

N
↑



AC# 2608315

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CONSTRUCTION INDUSTRY LICENSING BOARD

SEQ# 108050700991

DATE	BATCH NUMBER	LICENSE NBR
06/07/2005	060805830	CGC042165

The GENERAL CONTRACTOR
Named below is CERTIFIED

Under the provisions of Chapter 489 FS
Expiration date: AUG 31, 2008

CHREUND, ERIC BRUNO
RESTORATION SPECIALISTS
244 NW 9TH STREET
OCALA, FL 34475



JEB BUSH
GOVERNOR

SIMONE MARSTILLER
SECRETARY

DISPLAY AS REQUIRED BY LAW

AC# 2608169

STATE OF FLORIDA

AC# 2608315

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CONSTRUCTION INDUSTRY LICENSING BOARD

SEQ# 108060700991

DATE	BATCH NUMBER	LICENSE NBR
06/07/2006	050805830	CC0042165

The GENERAL CONTRACTOR
Named below is CERTIFIED
Under the provisions of Chapter 489, FS.
Expiration date: AUG 31, 2008

THE STATE OF FLORIDA
IN GOD WE TRUST

ERHUND, ERIC BRUNO
RESTORATION SPECIALISTS
244 NW 9TH STREET
OCALA, FL 34475

JOHN BUSH
GOVERNOR

SIMONE MARSHALL
SECRETARY

DISPLAY AS REQUIRED BY LAW

DATE	BATCH NUMBER	LICENSE NBR
06/07/2006	050805830	CC0042165

The ROOFING CONTRACTOR
Named below is CERTIFIED
Under the provisions of Chapter 489, FS.
Expiration date: AUG 31, 2008

THE STATE OF FLORIDA
IN GOD WE TRUST

ERHUND, ERIC BRUNO
RESTORATION SPECIALISTS
244 NW 9TH STREET
OCALA, FL 34475

JOHN BUSH
GOVERNOR

SIMONE MARSHALL
SECRETARY

DISPLAY AS REQUIRED BY LAW

OCCUPATIONAL TAX

No. 27857

CITY OF GAINESVILLE - TAX RECEIPT

TAX YEAR BEGINS OCTOBER 1, 2006
AND ENDS SEPTEMBER 30, 2007

CATEGORY	DESCRIPTION	TAX/FEE
1000	STATE LICENSE/CERTIFICATION REQUIRED	\$0.00
1320	CONTRACTOR-BUILDING	\$131.25
1450	CONTRACTOR-ROOFER, ROOF DECK, CLEANING	\$131.25
8958	ENTERPRISE ZONE	\$0.00
8955	EXEMPT - ENTERPRISE ZONE (CREDIT .50%)	(\$131.25)
TOTAL FEES		\$131.25

ALL CITY, STATE AND FEDERAL REQUIREMENTS MUST BE MET IN ORDER TO
LEGALLY OPERATE A BUSINESS, PROFESSION OR OCCUPATION WITHIN THE
CORPORATE LIMITS OF GAINESVILLE, FLORIDA

RESTORATION SPECIALIST'S

244 NW 9TH ST
STE. 8
OCALA, FL 34475

224 NW 8TH AVE

PLEASE DISPLAY PROMINENT
IN YOUR PLACE OF BUSINESS

ADDITIONAL INFORMATION: CITY OF GAINESVILLE, FLORIDA
OFFICE OF THE CITY CLERK
1000 W. GAINESVILLE BLVD., SUITE 200
GAINESVILLE, FL 32609
(352) 336-1234

ACORD™ CERTIFICATE OF LIABILITY INSURANCE		450MXXH3	DATE (MM/DD/YYYY) 12/18/2007
PRODUCER SRM Insurance Brokerage LLC 40 Mantago Avenue 971-948-3000 Branchville, NJ 07000		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 Selective HR Solutions, Inc. L/C/F President & Associates, Inc. dba Restoration Specialists 6920 Professional Parkway East Sarasota, FL 34240 941 755-4834 ext 191 fax 941-756-4724		INSURERS AFFORDING COVERAGE INSURER A: Selective Ins. Co of America INSURER B: Selective Ins. Co of Southeast INSURER C: INSURER D: INSURER E:	NAIC #

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.

INSURANCE TYPE	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
GENERAL LIABILITY	COMMERCIAL GENERAL LIABILITY				EACH OCCURRENCE \$
	CLAIMS MADE <input type="checkbox"/> OCCUR <input type="checkbox"/>				LIABILITY TO RENTED PREMISES (Per occurrence) \$
					MED EXP (Any one person) \$
					PERSONAL & ADV INJURY \$
					GENERAL AGGREGATE \$
					PRODUCTS - COMPROP AGG \$
AUTOMOBILE LIABILITY	ANY AUTO				COMBINED SINGLE LIMIT (Per accident) \$
	ALL OWNED AUTOS				BODILY INJURY (Per person) \$
	SCHEDULED AUTOS				BODILY INJURY (Per person) \$
	HIRED AUTOS				PROPERTY DAMAGE (Per accident) \$
	NON-OWNED AUTOS				
GARAGE LIABILITY	ANY AUTO				AUTO ONLY - EA ACCIDENT \$
					OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
EXCESS/UMBRELLA LIABILITY	OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/>				EACH OCCURRENCE \$
					AGGREGATE \$
					\$
					\$
					\$
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	WC7920572	01/01/2008	01/01/2009	X WC STATUTORY LIMITS WITH EMP.
		WC7920572			E.L. EACH ACCIDENT \$ 1,000,000
		WC7920658			E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
		WC7920660			E.L. DISEASE - POLICY LIMIT \$ 1,000,000
OTHER					

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

CERTIFICATE HOLDER

City of Lake City Building Dept
 150 NW Alachua Avenue
 Lake City, FL 32055-3907
 ACORD 25 (2001/08)

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 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

Page 1 of 1

Charles D. Mince

© ACORD CORPORATION 1988

ACORD CERTIFICATE OF LIABILITY INSURANCE		OP ID NM RESTOR2	DATE (MM/DD/YYYY) 02/18/08
PRODUCER Brown & Brown Insurance 47 SW 17th Street Ocala FL 34471-8141 Phone: 352-732-5010 Fax: 352-732-5344		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 Restoration Specialists Freugler & Associates Inc. dba 244 NW 9th Street Ocala FL 34479		INSURERS AFFORDING COVERAGE INSURER A: Handvex Insurance INSURER B: First Mercury Insurance Co INSURER C: American International INSURER D: INSURER E:	NAIC # 22292 26883

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 POLICY LTR INSR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
B	<input checked="" type="checkbox"/> GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR	FMFL002671	04/06/07	04/06/08	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (EA OCCURRENCE) \$150,000 MED EXP (Any one person) \$10,000 PERSONAL & ADULTERY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMPLET AGG \$2,000,000
	<input type="checkbox"/> AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC				
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NONOWNED AUTOS	AZJB628951	04/06/07	04/06/08	COMBINED SINGLE LIMIT (EA ACCIDENT) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
	<input type="checkbox"/> GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				
C	<input checked="" type="checkbox"/> EXCESSUMORELLA LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION \$10,000	BR9231305	04/06/07	04/06/08	EACH OCCURRENCE \$1,000,000 AGGREGATE \$1,000,000 \$ \$ \$ WC STATUTORY LIMITS <input type="checkbox"/> OTHER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below OTHER				
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS					

CERTIFICATE HOLDER City of Lake City Building Dept 150 NW Alachua Avenue Lake City FL 32091	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 <i>Scott J. Mayes</i>
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Restoration Specialists

General Contractors -- State Certified -- License #CG C42165
244 NW 9th Street, Ocala, FL 34475 (352) 732-2322 Fax (352) 732-8950
2323 Griffin Road, Leesburg, FL 34748 (352) 787-4223 Fax (352) 314-9320
224 NW 8th Avenue, Gainesville, FL 32601 (352) 376-0721 Fax (352) 373-0341
36 W. Gulf To Lake Highway, Lecanto, FL 34461 (352) 746-4878 Fax (352) 746-4128

5/31/2007

LICENSE HOLDER: ERIC EHRLUND

STATE LICENSE: CC-C056803/CG-C042165

THE FOLLOWING PERSON(S) ARE AUTHORIZED TO APPLY, SIGN, AND PICK UP
PERMITS FOR THE ABOVE REFERENCED LICENSE HOLDER:

NAME

SIGNATURE

Greg Roberts

Greg Roberts

Travis Lamonda

Travis Lamonda

Mike Mitchell

Mike Mitchell

Jon McKenney

Jon E. McKenney

Jennifer Rutters

Jennifer Rutters

THANK YOU FOR YOUR COOPERATION ON THIS MATTER.

ERIC EHRLUND

AUTHORIZATIONS ARE GOOD FOR (1) YEAR FROM ABOVE DATE.

STATE OF FLORIDA
COUNTY OF Alachua

The foregoing instrument was acknowledged before me this 31st day of June, 2007,
by Eric Ehrlund who personally known to me or has produced

as identification

Misty Prince
Notary Public

NOTARY PUBLIC-STATE OF FLORIDA
Misty Prince
Commission # DD577395
Expires: JULY 24, 2010
BONDED THRU ATLANTIC BONDING CO., INC.

Columbia County Property Appraiser

DB Last Updated: 3/10/2008

Parcel: 28-4S-17-08805-000 HX WX SX

2008 Proposed Values

Tax Record

Property Card

Interactive GIS Map

Print

Owner & Property Info

<< Prev Search Result: 69 of 148 Next >>

Owner's Name	ROBERTS MARETER S &		
Site Address	HIGHWAY 441		
Mailing Address	CHARLES RONALD BROWN 5918 S HWY 441 LAKE CITY, FL 32025		
Use Desc. (code)	SINGLE FAM (000100)		
Neighborhood	28417.00	Tax District	2
UD Codes	MKTA02	Market Area	02
Total Land Area	1.000 ACRES		
Description	COMM INTERS OF W R/W US-41 & S LINE OF SW1/4 OF NW1/4, RUN NW ALONG R/W 143 FT FOR POB, SW 200 FT, NW 100 FT, NE 200 FT TO RD R/W, SE 140 FT TO POB ORB 370-423, PROB#03-290-CP ORB 1000-1668 THRU 1679, WD 1066-994.		

GIS Aerial**Property & Assessment Values**

Mkt Land Value	cnt: (1)	\$26,000.00
Ag Land Value	cnt: (0)	\$0.00
Building Value	cnt: (1)	\$46,354.00
XFOB Value	cnt: (0)	\$0.00
Total Appraised Value		\$72,354.00

Just Value	\$72,354.00
Class Value	\$0.00
Assessed Value	\$29,748.00
Exempt Value	(code: HX WX SX) \$29,748.00
Total Taxable Value	\$0.00

Sales History

Sale Date	Book/Page	Inst. Type	Sale Vlmp	Sale Qual	Sale RCode	Sale Price
NONE						

Building Characteristics

Bldg Item	Bldg Desc	Year Blt	Ext. Walls	Heated S.F.	Actual S.F.	Bldg Value
1	SINGLE FAM (000100)	1959	Conc Block (15)	1080	1519	\$46,354.00
Note: All S.F. calculations are based on exterior building dimensions.						

Extra Features & Out Buildings

Code	Desc	Year Blt	Value	Units	Dims	Condition (% Good)
NONE						

Land Breakdown

Lnd Code	Desc	Units	Adjustments	Eff Rate	Lnd Value
000100	SFR (MKT)	1.000 AC	1.00/1.00/1.00/1.00	\$26,000.00	\$26,000.00

Columbia County Property Appraiser

DB Last Updated: 3/10/2008

<< Prev

69 of 148

Next >>



Columbia County Tax Collector

 Site Provided by...
 governmax.com T1.1:

Tax Record

 print ↩ ↲ ↳ ↴ Account Number
 1 of 1

Last Update: 3/24/2008 10:19:00 AM EDT

Details

Tax Record

 » Print View
 Legal Desc.
 Appraiser Data
 Tax Payment
 Payment History

Ad Valorem Taxes and Non-Ad Valorem Assessments

The information contained herein does not constitute a title search and should not be relied on as such.

Searches

 Account Number
 GEO Number
 Owner Name
 Property Address
 Certificate **NEW!**
 Mailing Address

Site Functions

 Disclaimer
Tax Search
 Local Business Tax
 Tax Sale List
 Contact Us
 County Login
 Home

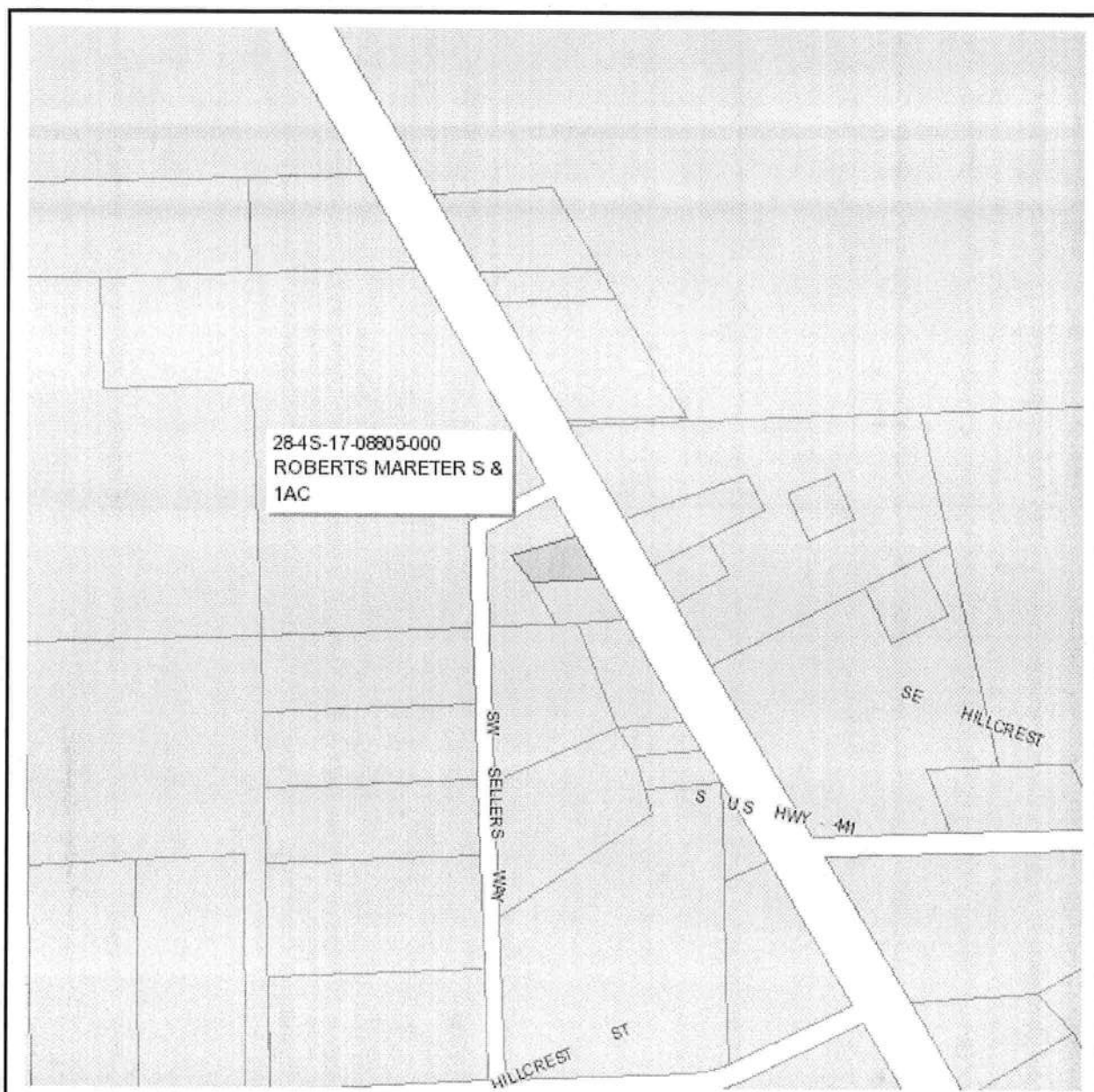
Account Number	Tax Type	Tax Year		
R08805-000	REAL ESTATE	2007		
Mailing Address ROBERTS MARETER S & CHARLES RONALD BROWN 5918 S HWY 441 LAKE CITY FL 32025		Property Address 5918 HIGHWAY S GEO Number 174S28-08805-000		
Assessed Value	Exempt Amount	Taxable Value		
\$28,882.00	\$25,500.00	\$3,382.00		
Exemption Detail HX 25000 WX 500		Millage Code 002 Escrow Code		
Legal Description (click for full description) 28-4S-17 0100/0100 1.00 Acres COMM INTERS OF W R/W US-41 & S LINE OF SW1/4 OF NW1/4, RUN NW ALONG R/W 143 FT FOR POB, SW 200 FT, NW 100 FT, NE 200 FT TO RD R/W, SE 140 FT TO POB ORB 370-423, PROB#03-290-CP ORB 1000-1668 THRU 1679, WD 1066-994.				
Ad Valorem Taxes				
Taxing Authority	Rate	Exemption Amount	Taxable Value	Taxes Levied
BOARD OF COUNTY COMMISSIONERS	7.8530	28,882	\$0	\$0.00
COLUMBIA COUNTY SCHOOL BOARD				
DISCRETIONARY	0.7600	25,500	\$3,382	\$2.57
LOCAL	4.7800	25,500	\$3,382	\$16.17
CAPITAL OUTLAY	2.0000	25,500	\$3,382	\$6.76
SUWANNEE RIVER WATER MGT DIST	0.4399	25,500	\$3,382	\$1.49
LAKE SHORE HOSPITAL AUTHORITY	2.0220	25,500	\$3,382	\$6.84
COLUMBIA COUNTY INDUSTRIAL	0.1240	28,882	\$0	\$0.00
Total Millage		17.9789	Total Taxes \$33.83	
Non-Ad Valorem Assessments				
Code	Levying Authority	Amount		
FFIR	FIRE ASSESSMENTS	\$77.00		
GGAR	SOLID WASTE - ANNUAL	\$201.00		
Total Assessments			\$278.00	
Taxes & Assessments				\$311.83
If Paid By			Amount Due	

3/31/2008	\$311.83
4/30/2008	\$321.18

Prior Years Payment History

Prior Year Taxes Due
NO DELINQUENT TAXES

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MANATRON



Columbia County Property Appraiser

J. Doyle Crews, CFA - Lake City, Florida - 386-758-1083

PARCEL: 28-4S-17-08805-000 HX WX SX - SINGLE FAM (000100)

Name: ROBERTS MARETER S &	LandVal	\$26,000.00
Site: HIGHWAY 441	BldgVal	\$46,354.00
CHARLES RONALD BROWN	ApprVal	\$72,354.00
Mail: 5918 S HWY 441	JustVal	\$72,354.00
LAKE CITY, FL 32025	Assd	\$29,748.00
Sales	Exmpt	\$29,748.00
Info	Taxable	\$0.00

0 200 400 600 ft



This information, GIS Map Updated: 3/10/2008, was derived from data which was compiled by the Columbia County Property Appraiser Office solely for the governmental purpose of property assessment. This information 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, its use, or its 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 being finalized for ad valorem assessment purposes.

NOTICE OF COMMENCEMENT

This Instrument Prepared By:

Name: TRAVIS LAMONDA

Address: 144 SW WATERFORD CT #103

Permit No: LAKE CITY FL 32025

Tax Folio No: _____

STATE OF: FLORIDA

COUNTY OF: Columbia

Inst: 200812005701 Date: 3/24/2008 Time: 2:50 PM

DC, P. DeWitt Cason, Columbia County Page 1 of 1 B: 1146 P: 501

THE UNDERSIGNED HEREBY gives notice that Improvement(s) 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.

1. DESCRIPTION OF PROPERTY: Street Address: 5918 SOUTH HWY 441 LAKE CITY, FL 32025
Legal Description: 28-45-17 0100/0100 1.00 ACRES COMM INTERS OF W R/W US-41 & S.W. 1/4 OF NW 1/4, R/W
NW 1/4, R/W 143 FT E 1/2 R/W, S.W. 1/4, R/W 143 FT E 1/2 R/W, NW 1/4, R/W 143 FT E 1/2 R/W, SE 1/4 OF
TO DOB ORB 375-423, PROD 03-290-CP ORB 1200-1668 THRU 1674, WD 1066-994.

2. GENERAL DESCRIPTION OF IMPROVEMENT(S): Masonry, Flooring, Insulation, Driveway, Windows
Doors, Trim work & cabinets that was damaged from fire

3. OWNER INFORMATION: a.) Name: ROBERTS, MARCET S E Address: 5918 S. HWY 441

b.) Interest in Property: OWNER

c.) Fee Simple Titleholder (if other than owner) Name: _____ Address: _____

4. CONTRACTOR: a.) Name: Restoration Specialists Address: 244 NW 9TH STREET b.) Phone: 352-732-2322 - office
ORLA FL 34475 352-425-2401 - cell

5. SURETY: a.) Name: _____ Address: _____

b.) Amount of bond \$: _____ c.) Phone: _____

6. LENDER: a.) Name: _____ Address: _____ b.) Phone: _____

7. Persons within the State of Florida designated by Owner upon whom notices or other documents may be served as provided by Section 713.13(1)(a) 7., Florida Statutes:

a.) Name: _____ Address: _____ b.) Phone: _____

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

a.) Name: ROBERTS, MARCET S. Address: 5918 SOUTH HWY 441 b.) Phone: 386-752-5623 - Home
LAKE CITY FL 32025 386-344-0464 - cell

9. Expiration date of notice of commencement (the expiration date is one (1) 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 WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.

Signature of Owner or Owner's Authorized Officer/Director

Partner/Manager

Signatory's Title/Office _____

The foregoing instrument was acknowledged before me this 7th day of MARCH 2008 (year)

by ROBERTS, MARCET S (name of person) as OWNER (type of authority, e.g. officer, trustee, attorney in fact) for ROBERTS, MARCET S (name of party on behalf of whom instrument was executed).

Gregory D Roberts

Signature of Notary Public - State of Florida

Print, Type, or Stamp Commissioned Name of Notary Public

Commission Number: # DD566397

Personally Known X or Produced Identification _____

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.

Signature of Natural Person Signing Above

Signature of Natural Person Signing Above

REVISED 7-1-07

NOTARY PUBLIC-STATE OF FLORIDA
Gregory D. Roberts
Commission # DD566397
Expires: JUNE 20, 2010
BONDED THRU ATLANTIC BONDING CO., INC.


be filled solid with concrete. Simpson META16 straps should be embedded 4" into the bond beam at each rafter location.

- b. The first eleven pairs of rafters from the northwest end sustained extensive damage and should be replaced. The gable rafter is the second rafter from the northwest. See photograph 3. New rafters should be connected to the ridge board using Simpson A34 anchors attached with (8) 8dx1½" common nails. A Simpson LSTA18 strap tie should be centered on the ridge board at each pair of new rafters and should be attached to each rafter with (7) 10d common nails. New rafters should be connected to straps embedded in the bond beam using (12) 10dx1½" common nails. The strap should be wrapped over the rafter.
- c. The damaged segment of the ridge board should be replaced from the northwest end to the first supported point of the undamaged segment near the southeast side of the living room.
- d. Damaged deck boards should be removed and replaced between the northwest end and a distance of approximately 2 ft to the southeast of the last pair of rafters to be replaced. See photograph 3.
- e. The first five ceiling joists from the northwest end over the kitchen sustained extensive damage and should be replaced. See photograph 3.
- f. The two ceiling joists closest to the kitchen over the carport sustained extensive damage and should be replaced. See photograph 4.
- g. Replacement pieces for rafters, ridge board, and ceiling joists should be 2x6 SYP No. 2 lumber. Deck boards may be replaced with boards or plywood sheathing of the same thickness as the existing boards.
- h. Except as noted herein, all connections and connectors used in the repair work should be the same size, type, and material, as those used in the original construction.
- i. Cosmetic repairs to other damaged elements may be made after completion of structural repairs.

We appreciate the opportunity to provide our services. If you have any questions, or require additional information or assistance, please advise.



Sincerely,
BODO AND ASSOCIATES, INC.


Attila A. Bodo, P.E., President
Florida Registration No. PE 15834

12.1.07



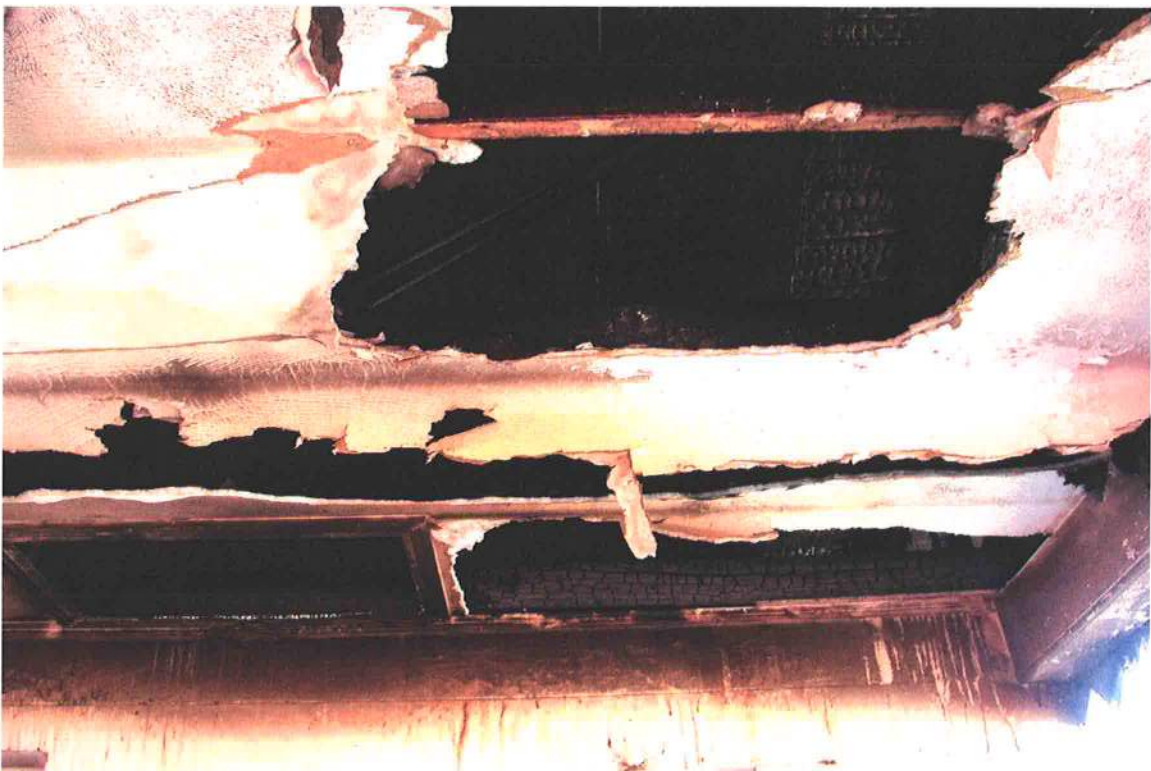
Photograph 1. View of kitchen. Carport is to the left.



Photograph 2. View of damaged exterior wall near west corner of house. The top eleven courses should be removed and rebuilt from the corner to the southeast side of the window.



Photograph 3. View of damage to roof and ceiling framing over the kitchen.



Photograph 4. View of damaged ceiling joists over carport. Kitchen is behind wall.

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	JELD WEN	05. 3'-0" x 6'-8" OPAQUE X	FL # 539.20
B. SLIDING			
C. SECTIONAL/ROLL UP			
D. OTHER			
2. WINDOWS			
A. SINGLE/DOUBLE HUNG	Energy Savings Products OF FLORIDA	130 SINGLE HUNG WINDOW	FL # 5768.1
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	TAMKO	25 YEAR CLASS SEAL AR SHINGLES	FL # 1936.2
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.

Gregory D. Riel
APPLICANT SIGNATURE

03-21-08
DATE



0803-44

Permit Application Number _____

BODO AND ASSOCIATES, INC.

Consulting Engineers

P. O. Box 698

Gainesville, FL 32602-0698

email: bodoinc@aol.com

Tel.: 352.378.8806

Fax: 352.378.6488

State of Florida Certificate of Authorization No.: 2719

Restoration Specialists
Attention: **Greg Roberts**
224 NW 8th Avenue, Suite B
Gainesville, FL 32601

24 November 2007

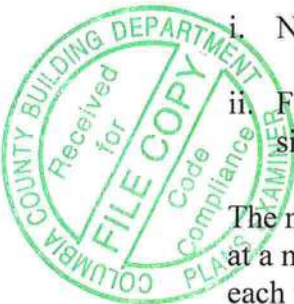
**RE: Damage Evaluation and Remediation
Roberts Residence, 5918 S US 441, Lake City, Florida
Our Project No.: 5090109**

Gentlemen:

Per your request, we visited the referenced site on 14 November 2007 to inspect fire damage to the structure. Based on our observations and evaluation we offer the following for your consideration:

1. For orientation in this report, the front door is assumed to be on the northeast side. The house is a one-story structure with a rectangular footprint and with concrete masonry exterior walls and an elevated floor over a crawlspace. Roof framing consists of 1x6 T&G deck boards supported on 2x6 rafters spaced at approximately 24" o.c. A 2x6 ridge board provides support for the rafters along the long center axis of the house. 2x6 ceiling joists are spaced nominally at 24" o.c.
2. The fire appears to have started in the kitchen of the single-family residence. The kitchen is located in the east quadrant of the house behind the carport. See photograph 1.
3. Resultant structural damage visible at the time of our visit, and the remedial work recommended to restore the structural integrity of affected elements, includes the following:
 - a. Twelve courses above floor level of the following masonry walls sustained extensive damage and should be replaced:
 - i. Northwest side of the kitchen.
 - ii. From the west corner of the house to the southeast edge of the window on the southwest side of the kitchen (approximately 9'-4" in length). See photograph 2.

The new wall should be reinforced with (1) #5 vertical bar in a filled cell at the corner and at a maximum spacing of 48". A #5x3'-0" dowel should be epoxied 6" into the footing at each vertical bar. The vertical bar should lap the dowel 30" and extend 6" into the bond beam at the top of the wall. The bond beam should contain (1) #5 horizontal bar and should

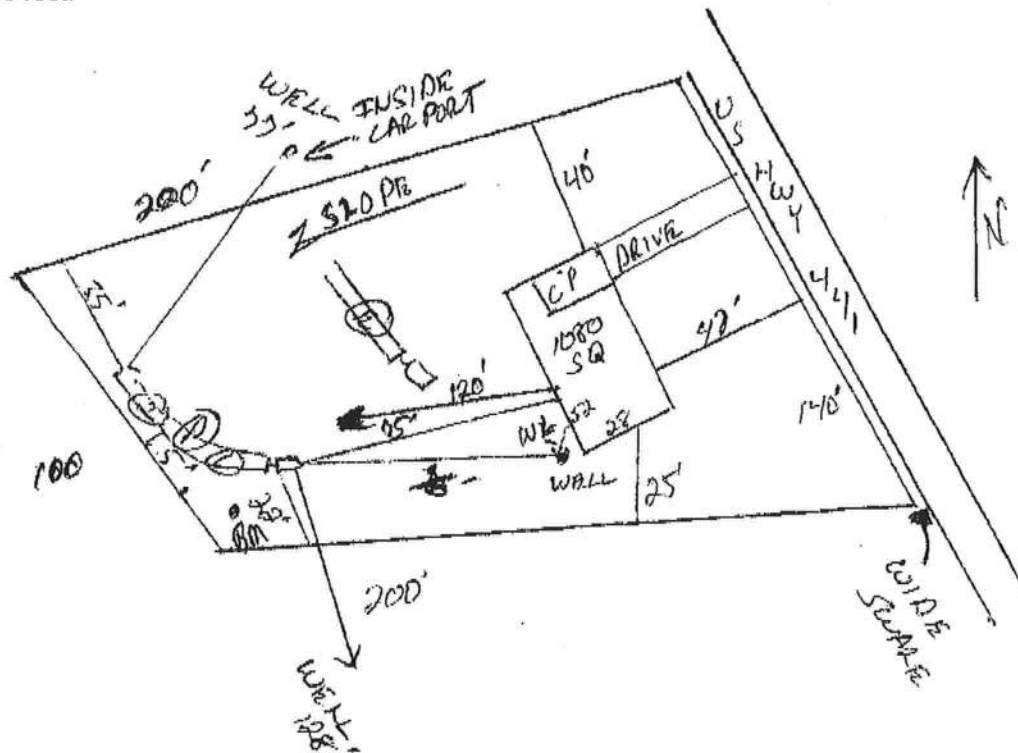


**STATE OF FLORIDA
DEPARTMENT OF HEALTH
APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT**

Permit Application Number 08-0408R

----- PART II - SITEPLAN -----

Scale: 1 inch = 50 feet.



Ⓔ = EXISTING — TO BE ABANDONED
Ⓓ = PROPOSED

Notes: _____

Site Plan submitted by: Rock D 7-0

MASTER CONTRACTOR

Plan Approved ✓

Not Approved

Date 6/6/8

By [Signature]

APPROVED

Columbia CHD

County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

CERTIFICATE OF OCCUPANCY

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 28-4S-17-08805-000

Building permit No. 000027078

Use Classification RENOVATION/SFD

Fire: 0.00

Permit Holder ERIC EHRLUND

Waste:

Owner of Building MARETER ROBERTS/CHARLES BROWN

Total: 0.00

Location: 5918 S HIGHWAY 441, LAKE CITY, FL

Date: 09/02/2008

Wayne H. Ruse

Building Inspector

POST IN A CONSPICUOUS PLACE
(Business Places Only)

