

DATE 01/29/2004

Columbia County Building Permit**PERMIT**

This Permit Expires One Year From the Date of Issue

000021458

APPLICANT JACKIE JENNINGS/UNIQUE POOLS PHONE 752.5218
 ADDRESS POB 1867 LAKE CITY FL 32056
 OWNER JACK & LYNDA PRESCO PHONE 752.0501
 ADDRESS RT. 22, BOX 22601 LAKE CITY FL 32024
 CONTRACTOR ROBERT LOWRY/UNIQUE POOLS/SPA PHONE 752.1014
 LOCATION OF PROPERTY C-242 TO KIRBY ROAD, L, HOME IS ACROSS FROM PERSIMMONS ROAD ON KIRBY

TYPE DEVELOPMENT SWIMMING POOL ESTIMATED COST OF CONSTRUCTION 13000.00
 HEATED FLOOR AREA TOTAL AREA HEIGHT .00 STORIES
 FOUNDATION WALLS ROOF PITCH FLOOR
 LAND USE & ZONING RSF-2 MAX. HEIGHT 35
 Minimum Set Back Requirements: STREET-FRONT 25.00 REAR 15.00 SIDE 10.00
 NO. EX.D.U. 1 FLOOD ZONE N/A DEVELOPMENT PERMIT NO.

PARCEL ID 11-4S-16-02905-301 SUBDIVISION
 LOT BLOCK PHASE UNIT TOTAL ACRES 50

RP0067172
 Culvert Permit No. Culvert Waiver Contractor's License Number Jackie Jennings
 EXISTING X-03-231 BLK RTJ N
 Driveway Connection Septic Tank Number LU & Zoning checked by Approved for Issuance New Resident

COMMENTS: 1 FOOT ABOVE ROAD

NOC ON FILE

Check # or Cash 2034

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/Nailting 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 \$ 65.00 CERTIFICATION FEE \$.00 SURCHARGE FEE \$.00
 MISC. FEES \$.00 ZONING CERT. FEE \$ 50.00 FIRE FEE \$ WASTE FEE \$
 FLOOD ZONE DEVELOPMENT FEES CULVERT FEE \$ TOTAL FEE 115.00
 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."

This Permit Must Be Prominently Posted on Premises During Construction

PLEASE NOTIFY THE COLUMBIA COUNTY BUILDING DEPARTMENT AT LEAST 24 HOURS IN ADVANCE OF EACH INSPECTION, IN ORDER THAT IT MAY BE MADE WITHOUT DELAY OR INCONVENIENCE, PHONE 758-1008. THIS PERMIT IS NOT VALID UNLESS THE WORK AUTHORIZED BY IT IS COMMENCED WITHIN 6 MONTHS AFTER ISSUANCE.

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

COLUMBIA COUNTY
BUILDING PERMIT APPLICATION

#21458

Date 11/26/03 Application No. 0312-64
UNIQUE POOLS - SPA'S
Applicants Name & Address Jack & Linda Presno Phone 752-0501 752-1014
Rt 22 Box 32001 Lake City, FL 32024
Owner's Name & Address Jack & Linda Presno Phone 752-0501
Rt 22 Box 32001 Lake City, FL 32024
Fee Simple Owners Name & Address _____ Phone _____
Contractors Name & Address Unique Pools + Spas Phone 752-1014
PO Box 1807 Lake City, FL 32056
Legal Description of Property 242 to Kirby Rd, house is across
from Persimmons Rd. on Kirby.
Location of Property Lot 1 of "Woodcrest Unit 2" of S11 T4S, R16E
as recorded in Plat Book 6 Page 186, 187, 188 + 189
Tax Parcel Identification No. 11-45-16-05905-301 Estimated Cost of Construction \$13,000
Type of Development Pool Number of Existing Dwellings on Property 1
Comprehensive Plan Map Category RES - Low DEN Zoning Map Category R5F-2
Building Height _____ Number of Stories _____ Floor Area _____ Total Acreage in Development _____
Distance From Property Lines (Set Back) Front 736' Side 55' Rear 10' Street _____
Flood Zone N/A Certification Date _____ Development Permit N/A
Bonding Company Name and Address: N/A
Architect/Engineer Name and Address: N/A
Mortgage Lenders Name & Address: N/A

Application is hereby made to obtain a permit to do the 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 will 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 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.

Owner or Agent (including contractor)

Contractor

RP0067172

Contractor License Number

STATE OF FLORIDA
COUNTY OF COLUMBIA

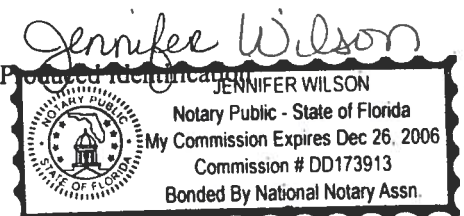
Sworn to (or affirmed) and subscribed before me
this _____ day of _____ by _____

STATE OF FLORIDA
COUNTY OF COLUMBIA

Sworn to (or affirmed) and subscribed before me
this 23 day of Dec by Frank Savane K

Personally known _____ OR Produced Identification

Personally Known ☒ OR Produced Identification



21458

DRIVER LICENSE
CLASS E
Florida



Lynda P. Presco

The Sunshine State

LICENSE NUMBER

P620-535-47-666-0

LYNDA P PRESKO

RT 22 BOX 22801

LAKE CITY, FL 32024-0000

BIRTH DATE	SEX	HGT.	REST.	ENDORSE.
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05-06-47	F	5-06	A	
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ISSUED	EXPIRES	DUPLICATE
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10-28-03	05-06-10	00-00-00
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D010310280010

SAFE DRIVER

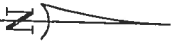
Operation of a motor vehicle constitutes consent to any sobriety test required by law.

BOUNDARY SURVEY IN SECTION 11, TOWNSHIP 4 SOUTH,
RANGE 16 EAST, COLUMBIA COUNTY, FLORIDA.

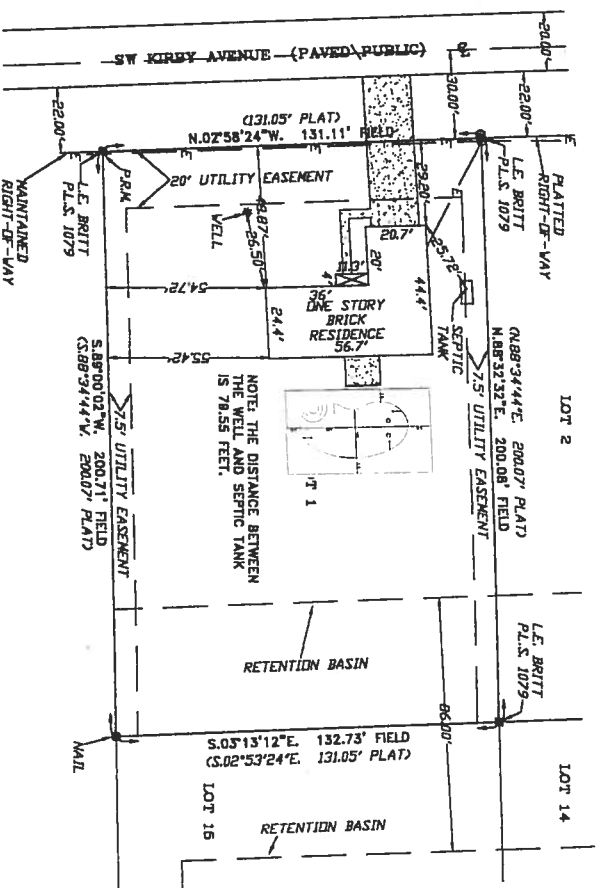
SYMBOL LEGEND

- 4"x4" CONCRETE MONUMENT FOUND
- 4"x4" CONCRETE MONUMENT SET
- IRON PIN AND CAP SET
- POWER POLE
- ▲ WATER METER
- ⊕ CENTERLINE
- ⊙ WELL
- ⊙ SATELLITE DISH
- ⊙ TELEPHONE BOX
- E— ELECTRIC LINES
- X— WIRE FENCE
- O— CHAIN LINK FENCE
- O— WOODEN FENCE

SCALE: 1" = 40'



DESCRIPTION
LOT 1 OF "WOODCREST UNIT 2" AS PER PLAT THEREOF RECORDED IN PLAT BOOK 6, PAGES 186, 187, 188 & 189 OF THE PUBLIC RECORDS OF COLUMBIA COUNTY, FLORIDA.



- SURVEYOR'S NOTES:
1. BOUNDARY BASED ON MEMORANDUM FOUND IN ACCORDANCE WITH THE RETRACEMENT OF THE ORIGINAL SURVEY FOR SAID PLAT OF RECORD.
 2. BEARINGS ARE BASED ON SAID PLAT OF RECORD.
 3. THIS PARCEL IS IN ZONE "X" AND IS DETERMINED TO BE OUTSIDE THE 500 YEAR FLOOD PLAIN AS PER FLOOD RATE MAP, DATED 6 JANUARY, 1998 COMMUNITY PANEL NUMBER 120070 075 B. HOWEVER, THE FLOOD INSURANCE RATE MAPS ARE SUBJECT TO CHANGE.
 4. THE IMPROVEMENTS, IF ANY, INDICATED ON THIS SURVEY DRAWING ARE AS LOCATED ON DATE OF FIELD SURVEY AS SHOWN HEREIN.
 5. IF THEY EXIST, NO UNDERGROUND ENCROACHMENTS AND/OR UTILITIES WERE LOCATED FOR THIS SURVEY EXCEPT AS SHOWN HEREIN.
 6. THIS SURVEY WAS COMPLETED WITHOUT THE BENEFIT OF A TITLE COMMITMENT OR A TITLE POLICY.

CERTIFIED TO:
CLIFFORD R. NELSON
FIRST FEDERAL SAVINGS BANK OF FLORIDA
ABSTRACT AND TITLE SERVICES, INC.
CHICAGO TITLE INSURANCE COMPANY

FIELD BOOK 222 PAGE(S) 24

SURVEYOR'S CERTIFICATION

I HEREBY CERTIFY THAT THIS SURVEY WAS MADE UNDER MY PERSONAL CHARGE AND WITH THE NEAREST TECHNICAL SKILLS AS SET FORTH BY THE FLORIDA BOARD OF PROFESSIONAL SURVEYORS AND MAPERS IN COMPLIANCE WITH THE FLORIDA ADMINISTRATIVE CODE, PERTINENT TO SECTION THIRTY, FLORIDA STATUTES.

10/22/00
FIELD SURVEY DATE

10/23/00
DRAWING DATE

CLIFFORD R. NELSON
SURVEYOR

NOTED UNDER IT BEARS THE SIGNATURE AND THE PERSONAL RATED SEAL OF A FLORIDA LICENSED SURVEYOR AND MAPER THIS SURVEYING SECTION PLAT OR MAP IS FOR INFORMATION, PURPOSES ONLY AND IS NOT VALID.

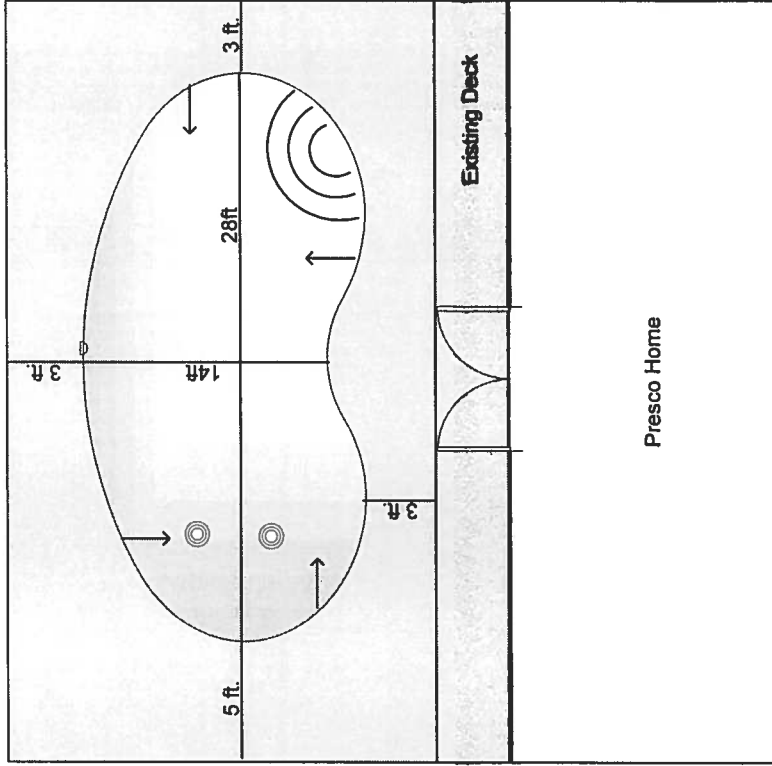


BRITT SURVEYING
LAND SURVEYORS AND MAPERS
1488 WEST ROYAL STREET LAKELAND, FLORIDA 33803
(804)782-7163 FAX (804)782-2572
WORK ORDER # L-10827



Property line

Property line



Job Specifications	
Pool Area	389
Pool Perimeter	81
Shallow Depth	3
Deep Depth	6
Spa Area	N/A
Spa Perimeter	N/A
Face Tile	81
Coping	81
Deck Area	723
Deck Perimeter	112
Patio Area	0
Patio Perimeter	0
Pool to Equip	0
Spa to Equip	0

Unique Pools & Spas Phone: (904) 752-1014 Designed by: U-00 0001
PO Box 1867 J. Wilson Designed Mr. Jack Presco
Lake City FL 32025 Fax: (904) 752-5613 12/23/2003 for:

After Recording return to:

Unique Pools & Spas

PO Box 1867

Lake City, FL 32056

Permit No. _____

NOTICE OF COMMENCEMENT

FS 713.13

State of Florida

County of Columbia

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.

1. Legal description of property and street address if available: Lot 1 of "Woodcrest Unit #2" Section 11 T4S, R16E, as recorded in Plat Book 6pg 186, 187, 188 & 189

General description of improvement: Installing in-ground, concrete swimming pool.

2. Owner Information: Name and address:

Jack & Lynda Presco

Rt. 22 Box 22601 - Lake City, FL 32024

Interest in property: 100%

c. Name and address of fee simple titleholder (if other than Owner) _____

3. Contractor: Name and address: Unique Pools & Spas - PO Box 1867

Lake City, FL 32056

Phone number (386) 752-1014 Fax number (optional, if service by fax is acceptable) (386) 752-5613

4. Surety: Name and address N/A

Phone number N/A Fax number (optional, if service by fax is acceptable) _____

Amount of Bond \$ N/A

5. Lender: Name and address N/A

Phone number N/A Fax number (optional, if service by fax is acceptable) N/A

6. 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: (name and address): _____

Phone numbers of designated persons _____

Fax number (optional, if service by fax is acceptable) _____

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

Phone number of person or entity designated by owner _____ Fax number (optional, if service by fax is acceptable) _____

8. Expiration date of Notice of Commencement (the expiration date is one (1) year from the date of recording unless a different date is specified) _____

[Signature]

Signature of Owner

STATE OF FLORIDA
COUNTY OF Columbia

Sworn to (or affirmed) and subscribed before me this 26 day of November, 2003, by Lynda Presco, who is personally known to me or who has produced X as identification and who did _____ or did not _____ take an oath.

Jessica M. Cassady
Notary Public (Signature)

