

PERMIT
000027388

Check # or Cash 3917

(footer/Slab)

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

09/29/2008 15:22

3867582150

BUILDING AND ZONING

PAGE 02/04

Columbia County Building Permit Application

For Office Use Only Application # 0810-02 Date Received 10/01 By JW Permit # 27388

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 _____

Name Authorized Person Signing Permit Randy Sherrouse Phone 755-8887

Address 295 NW Commons Loop Lake City FL 32055

Owners Name Jerome McIntee Phone 386 466 8824

911 Address 1240 NW Frontier Dr. Lake City, FL 32055

Contractors Name Beck & S. Crawford Clearspan, Inc. DBA Southeastern Roofing Phone 386-4887 755-8887

Address 295 NW Commons Loop Ste 115-391 Lake City, FL 32055

Fee Simple Owner Name & Address Jerome McIntee McIntee

Bonding Co. Name & Address N/A

Architect/Engineer Name & Address N/A

Mortgage Lenders Name & Address N/A

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

Property ID Number 26-35-16-02308-085 Estimated Cost of Construction 8,000

Subdivision Name FAIRWAY VIEW Lot 8 Block _____ Unit 4 Phase _____

Driving Directions From US 90 east hand West to Commerce - Turn R. & Lt
Then Turn Right on Egret - Then Left on Harris Lake - Right
on Frontier - 5th Home on Right Number of Existing Dwellings on Property 1

Construction of Re-Roof - SFO Total Acreage _____ Lot Size 1/2 acre

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 _____ Side _____ Side _____ Rear _____

Number of Stories _____ Heated Floor Area _____ Total Floor Area _____ Roof Pitch 3'12"

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.

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

Revised 1-10-08

ELK (Arch) Shingle

09/29/2008 15:22

3867582160

BUILDING AND ZONING 954-772-1550 PAGE 03/04

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

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

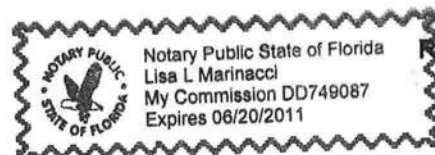
Competency Card Number

Affirmed under penalty of perjury to by the Contractor and subscribed before me this 1 day of Oct 2008
Personally known or Produced Identification


State of Florida Notary Signature (For the Contractor)

SEAL:

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



Revised 1-10-08

**STATE OF FLORIDA****DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION****CONSTRUCTION INDUSTRY LICENSING BOARD
1940 NORTH MONROE STREET
TALLAHASSEE FL 32399-0783****(850) 487-1395****CRAWFORD, BRIAN S
SOUTHEASTERN ROOFING CONTRACTORS INC
2109 W US HIGHWAY 90 SUITE 170-144
LAKE CITY FL 32055-4742**

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
DEPARTMENT OF BUSINESS AND
PROFESSIONAL REGULATION****AC# 3908874****CCC1326779 08/12/08 088028301****CERTIFIED ROOFING CONTRACTOR
CRAWFORD, BRIAN S
SOUTHEASTERN ROOFING CONTRACTORS****IS CERTIFIED under the provisions of Ch.489 FS
Expiration date: AUG 31, 2010 L08081201827****DETACH HERE****AC# 3908874****STATE OF FLORIDA****DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CONSTRUCTION INDUSTRY LICENSING BOARD****SEQ# L08081201827**

DATE	BATCH NUMBER	LICENSE NBR
08/12/2008	088028301	CCC1326779

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

**CRAWFORD, BRIAN S
SOUTHEASTERN ROOFING CONTRACTORS INC
2109 W US HIGHWAY 90 SUITE 170-144
LAKE CITY FL 32055-4742****CHARLIE CRIST
GOVERNOR****CHARLES W. DRAGO
SECRETARY****DISPLAY AS REQUIRED BY LAW**

ACORD CERTIFICATE OF LIABILITY INSURANCE		OP ID NS NUCON-1	DATE (MM/DD/YYYY) 08/25/08
PRODUCER FIRST SOUTH INSURANCE 577 SW BASCOM NORRIS DR LAKE CITY FL 32025 Phone: 386-755-1666 Fax: 386-755-3629		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 Nucon Global, Inc Lisa 295 NW Commons Loop Ste115-391 Lake City FL 32055		INSURERS AFFORDING COVERAGE INSURER A: Auto Owners Insurance Company INSURER B: INSURER C: INSURER D: INSURER E:	NAIC # 18988

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 ADD'L	LTR INSR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A		GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	08-9556	08/04/08	08/04/09	EACH OCCURRENCE	\$ 1,000,000
		DAMAGE TO RENTED PREMISES (Ea occurrence)				\$ 300,000	
		MED EXP (Any one person)				\$ 10,000	
		PERSONAL & ADV INJURY				\$ 1,000,000	
		GENERAL AGGREGATE				\$ 1,000,000	
		PRODUCTS - COM/POP AGG	\$ 1,000,000				
		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"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	 \$ \$ \$ \$
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT OTHER THAN EA ACC AUTO ONLY AGG	 \$ \$ \$
A		EXCESS/UMBRELLA LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE RETENTION \$	08-9585	08/25/08	08/25/09	EACH OCCURRENCE	\$ 1,000,000
		AGGREGATE				\$ 1,000,000	
						\$	
						\$	
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below OTHER Commercial Applica				<input type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	 \$ \$ \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS Erection of Pre Fab Metal Buildings Prefabricated building erecti on; off ice
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CERTIFICATE HOLDER <div style="text-align: center; border: 1px solid black; padding: 10px; margin: 10px auto; width: 80%;"> FOR INFO For information purposes </div>	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL _____ 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
--	--

Columbia County Property Appraiser

DB Last Updated: 8/5/2008

2008 Proposed Values

Tax Record

Property Card

Interactive GIS Map

Print

Parcel: 26-3S-16-02308-085 HX

Search Result: 1 of 1

Owner & Property Info

Owner's Name	MCINTEE JEROME S III		
Site Address	FRONTIER		
Mailing Address	1240 NW FRONTIER DR LAKE CITY, FL 32055		
Use Desc. (code)	SINGLE FAM (000100)		
Neighborhood	26316.03	Tax District	2
UD Codes	MKTA06	Market Area	06
Total Land Area	0.000 ACRES		
Description	LOT 8 FAIRWAY VIEW UNIT 4. ORB 688-559, 772-947, PROB #97-120-CP FOR JOHN H RICKSECKER ORB 843-2457 THRU 2474, POA 878-1350, PROB #01- 92-CP ORB 926-190 THRU 206. 929-1044, 1046, 971-539. WD 1143-1926,		

GIS Aerial



Property & Assessment Values

Mkt Land Value	cnt: (1)	\$41,300.00
Ag Land Value	cnt: (0)	\$0.00
Building Value	cnt: (1)	\$147,786.00
XFOB Value	cnt: (2)	\$3,600.00
Total Appraised Value		\$192,686.00

Just Value	\$192,686.00
Class Value	\$0.00
Assessed Value	\$158,376.00
Exempt Value	(code: HX) \$50,000.00
Total Taxable Value	\$108,376.00

Sales History

Sale Date	Book/Page	Inst. Type	Sale VImp	Sale Qual	Sale RCode	Sale Price
2/19/2008	1143/1926	WD	I	Q		\$192,500.00
12/23/2002	971/539	TR	I	Q		\$162,000.00
6/8/2001	929/1046	WD	I	Q		\$150,000.00

Building Characteristics

Bldg Item	Bldg Desc	Year Blt	Ext. Walls	Heated S.F.	Actual S.F.	Bldg Value
1	SINGLE FAM (000100)	1986	Common BRK (19)	2224	3438	\$147,786.00
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	0	\$1,300.00	1.000	0 x 0 x 0	(.00)
0180	FPLC 1STRY	0	\$2,300.00	1.000	0 x 0 x 0	(.00)

Land Breakdown

Lnd Code	Desc	Units	Adjustments	Eff Rate	Lnd Value
000100	SFR (MKT)	1.000 LT - (.000AC)	1.00/1.00/1.40/1.00	\$41,300.00	\$41,300.00

Columbia County Property Appraiser

DB Last Updated: 8/5/2008

1 of 1

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:

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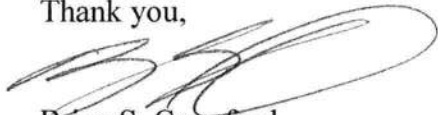
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October 1, 2008
Columbia County Building & Zoning

To Whom It May Concern:

I hereby authorize Randy Sherrouse, an employee of Clearspan Inc dba Nucon Global/Southeastern Roofing, to sign for permits and all other documents related to our projects. Please call our office if you have any questions. (386) 755-8887.

Thank you,


Brian S. Crawford
President, Clearspan, Inc.

STATE OF Florida COUNTY OF Columbia

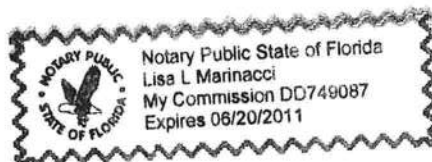
The foregoing instrument was acknowledged before me this 1 day of Oct,
2008, by Brian Crawford and Randy Sherrouse as owner, a
Clearspan corporation, on behalf of the corporation. They are (personally
known to me) (or have produced _____ as identification) and (did/did not)
take an oath.


Signature

Lisa L. Marinacci
Printed Name

Owner
Title or Rank

2011
My Commission Expires



NOTARY SEAL (NOTARY PUBLIC, STATE OF _____)