This Permit Must Be Prominently Posted on Premises During Construction 000030800 APPLICANT DAVID BROOM PHONE 352.246.7004 NW 13TH STREET ADDRESS **GAINSVILLE** 32609 OWNER JOAN DUCKETT PHONE 386.454.7568 **ADDRESS** 607 SW HEFLIN AVENUE 32038 CONTRACTOR **BRENDA CHILA** 352.375.7800 PHONE LOCATION OF PROPERTY 47-S TO FT.WHITE PAST C-138,TO 1ST.R THEN TO HEFLIN,TR AND IT'S 1/4 MILE ON R. ESTIMATED COST OF CONSTRUCTION TYPE DEVELOPMENT SWIMMING POOL 30000.00 TOTAL AREA HEATED FLOOR AREA FOUNDATION **ROOF PITCH FLOOR** WALLS LAND USE & ZONING MAX. HEIGHT A-3 Minimum Set Back Requirments: STREET-FRONT 30.00 REAR 25.00 SIDE 25.00 NO. EX.D.U. FLOOD ZONE DEVELOPMENT PERMIT NO. PARCEL ID 29-78-17-10058-022 SUBDIVISION SANTA FE RIVER PLANTATION LOT 2 BLOCK PHASE UNIT CPC056966 Culvert Permit No. Culvert Waiver Contractor's License Number Applicant/Owner/Contractor **EXISTING** BLK TC Driveway Connection Septic Tank Number LU & Zoning checked by Approved for Issuance New Resident COMMENTS: NOC ON FILE. ACCESSORY USE. 1031 Check # or Cash FOR BUILDING & ZONING DEPARTMENT ONLY (footer/Slab) Temporary Power Monolithic date/app. by date/app. by date/app. by Under slab rough-in plumbing Sheathing/Nailing Slab date/app. by date/app. by date/app. by Framing Insulation date/app. by date/app. by Electrical rough-in Rough-in plumbing above slab and below wood floor date/app. by date/app. by Heat & Air Duct Peri. beam (Lintel) date/app. by date/app. by date/app. by Permanent power C.O. Final date/app. by date/app. by date/app. by Pump pole Utility Pole M/H tie downs, blocking, electricity and plumbing date/app. by date/app. by Reconnection date/app. by date/app. by date/app. by 150.00 BUILDING PERMIT FEE \$ **CERTIFICATION FEE \$** 0.00 SURCHARGE FEE \$ MISC. FEES \$ ZONING CERT. FEE \$ 50.00 FIRE FEE \$ 0.00 WASTE FEE \$ FLOOD DEVELOPMENT FEE \$ CULVERT FEE \$ FLOOD ZONE FEE \$ 200.00 INSPECTORS OFFICE **CLERKS 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. NOTICE: ALL OTHER APPLICABLE STATE OR FEDERAL PERMITS SHALL BE OBTAINED BEFORE COMMENCEMENT OF THIS PERMITTED DEVELOPMENT. "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.

Columbia County Building Permit

DATE

PERMIT

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 NOT SUSPENDED, ABANDONED OR INVALID WHEN THE PERMIT HAS RECIEVED AN APPROVED INSPECTION WITHIN 180 DAYS OT THE PREVIOUS INSPECTION.

| Du uphites - CK# 1051 |
|---|
| CHILA'S Columbia County Building Permit Application DEATH CENTICIE |
| For Office Use Only Application # 1302 - 21 Date Received 7/4 By 15 Permit # 30860 |
| Zoning Official Q1k Date 22 FES 26/2 Flood Zone X Land Use A-3' Zoning A-3 |
| FEMA Map # NA Elevation NA MFE NA River NA Plans Examiner 1.c. Date 2-18-13 |
| Comments Accessory Use |
| NOC TEH Deed or PA Liste Plan State Road Info Well letter 911 Sheet Parent Parcel # |
| Dev Permit # In Floodway b Letter of Auth. from Contractor I F W Comp. letter |
| IMPACT FEES: EMS Fire Corr Sub VF Form & Cypnatic |
| Road/Code School = TOTAL (Suspended) = Ellisville Water App Fee Paid LC F G |
| Septic Permit No Fax |
| Name Authorized Person Signing Permit David Broom Phone 352-246-7004 |
| Address 4404 NW 13th of Gainesville, Pl 32609 |
| Owners Name Joan Duckest (Folia Julke 1 -decented) Phone 386-454-7568 |
| 911 Address 607 SW Hellin Ave Ft. While, Ft. 32038 |
| Contractors Name E'- BRENDA CHILA - Phone 352-375-7900 |
| Address 4404 NW13th st, Gainesville, FL 32609 |
| 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 29-75-17-10056-022 Estimated Cost of Construction 30,000 |
| Subdivision Name Sanda Fe Raver Plandation Lot 2 Block Unit Phase |
| Driving Directions 47 past C.R. 138 torn 1st (R.) |
| Shen (R.) on Hestlin Ave house on (R.) Red |
| Number of Existing Dweilings on Property |
| Construction of Inground Pool Total Acreage 5 Lot Size |
| Do you need a - <u>Cuivert Permit</u> or <u>Culvert Waiver</u> or <u>Have an Existing Drive</u> <u>Total Building Relight</u> |
| Actual Distance of Structure from Property Lines - Front 90 Side 60+ Side 60+ Rear 60+ |
| 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

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 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 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.)

Commission # EE 197387 Expires May 27, 2016

| Owners Signature | **OWNER BUILDE | RS MUST PERSONALLY APPEAR AND SIGN THE BUILDING PERMIT | |
|---------------------------|---------------------------|---|---|
| written statement to the | e owner of all the abov | understand and agree that I have informed and provided this ve written responsibilities in Columbia County for obtaining and permit time limitations. | |
| Centractor's Signature (P | ermitoe) | Contractor's License Number <u>CPC056966</u> Columbia County Competency Card Number <u>1378</u> | |
| | r Produced Identification | actor and subscribed before me this/3th day of Abruary 2013 | 5 |

State of Florida Notary Signature (For the Contractor)

COLUMBIA COUNTY BUILDING DEPARTMENT



135 NE Hernando Ave., Suite B-21 Lake City, FL 32055

Office: 386-758-1008 Fax: 386-758-2160

| Application N | Jumber | |
|-----------------|-----------|--|
| 1 ipplication 1 | 1 dilloci | |

NOTICE TO SWIMMING POOL OWNERS

| 1 | Joan | Dockett | have been informed and I understand that prior to the final inspection |
|-------|------------------|----------------------------|--|
| appro | oval and use o | f my pool, I will need all | the inspections approved and the required fencing installed in accordance with |
| appli | cable regulation | ons. The Florida Building | g Code requires private residential swimming pools, hot tubs, or non-portable |
| spas | containing wa | ter over 24 inches deep t | o 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.
 - 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.

| Owner Signature / Date | 2-11-13 | |
|------------------------|---------|--|
| Address: | | |

Contractor Signature / Date

License Number

of the County of Alachua Served.

ROBERT T. DUCKETT 10723 LaPlacida, Unit #1 Corel Springs, Florida 33063

as Camber

of the County of

WITNESSETH, That said grantor, for and in consideration of the sum of Ten Dollars (\$10.00) and other good and valuable considerations to said grantor in hand paid by said grantee, the receipt wherever a hereby acknowledged, has granted, bargained and sold to the said grantee, and grantee's heirs and sesigns foreser. County, Florida, to-wit.

Lot Two (2) of SANTA FE RIVER PLANTATIONS, a subdivision, as per plat thereof recorded in Plat Book 4, page 55, 55A and 55B of the Public Records of Columbia County, Florida.

SUBJECT TO: Declaration of Restrictive Covenants for SANTA FE RIVER PLANTATIONS, dated August 19, 1977 and recorded in Official Records Book 385, page 93, et seq., of the Public Records of Columbia County, Florida

ALSO, SUBJECT TO: taxes for the year 1983 and all subsequent





and said granter using bereby fully warrant the title to said land, and will defend the same against the lawful claims (A CO CHESCOLOS O DEDICADOS CONTRA ""Grantor" and "grantee" are used for singular or plural, as context restures,

IN WPINESS WHEREOF, the Grantor has executed this deed under seal on the day and year first above eritten.

Signed, walled and degivered in our presence as witnesses.

NOWARD W. O'STEEN

SUBCONTRACTOR VERIFICATION FORM

| UPPRATE NUMBER | (3x) 2.21 | CONTRACTOR | BILLOR | Chica | PHONE 362. 376.3855 |
|----------------|-----------|-----------------------------|------------------|--------------------|---------------------|
| | TOUR ED | DAA SALUTY DE CUMBATTIEN BO | IOU TO THE ISSUE | IANCE PE A GCONSIT | |

color of County and period will lover all trades doing work at the permitted site. It is <u>REQUIRED</u> that we have cores the subcontractors who we failly did the trade specific work under the permit. Per Florida Statute 440 and ordinance 89-6, a contractor shall lequire all subcontractors to provide evidence of workers' compensation or macmptons, 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 for fines.

| ELECTRICAL | Print Name Alexander | |
|--|----------------------|--|
| MECHANICAL/ | Print Name | Signature |
| A/C | License #: | Phone #: |
| PLUMBING/ | Print Name | Signature |
| GAS | License #: | Phone #: |
| RODFING | Print Name | Signuture |
| | license#: | Phone It: |
| SHEET METAL | Print Name | Signature |
| | License # | Phone #: |
| FIRE SYSTEM/ | Print Name | Signature |
| SPRINKLER | Licensett: | Phone #: |
| SOLAR | Print Name | 5ignature |
| | License #: | Phone #: |
| Specialty L | cense License Number | Silu-Contractors Printed Name (Sylu-Contractors Signature) |
| MASON | | |
| CONCRETE FIL | | l |
| FRAMING | | l |
| INSULATION | | |
| STUCCO | | |
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METAL BLDG ERECTOR

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F. S. 440.103 Bullding 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 comployees under this chapter as provided in ss. 440.10 and 440.38, and shall be presented each

Inst. Number: 201312002312 Book: 1249 Page: 1516 Date: 2/14/2013 Time: 10:27:19 AM Page 1 of 1 P.DeWitt Cason Clerk of Courts, Columbia County, Florida

| NOTICE OF COMMENCEMENT | |
|---|--|
| | County Clerk's Office Stamp or Seal |
| Tax Parcel Identification Number 29-75-17-10056 | -022 |
| THE UNDERSIGNED hereby gives notice that improvements will be ma Florida Statutes, the following information is provided in this NOTICE O | OF COMMENCEMENT. |
| 1. Description of property (legal description): 09-78-17 a) Street (job) Address: 607 8W Heef lin Aw | 0100/0100, 5.00 Acres Jot 2 Sombate river plants |
| 7 | 100000000000000000000000000000000000000 |
| b) Name and address of fee simple titleholder (if other than ow c) Interest in property | |
| 4. Contractor Information a) Name and address: Show(asc Pool 3 500) b) Telephone No: 352-375-7800' | _ 4404 DW 134 5d. Gainesulle, FC 32607 |
| 5. Surety Information | |
| a) Name and address: | DC,P.DeWitt Cason, Columbia County Page 1 of 1 B:1249 P:1516 |
| c) Telephone No.: | 201312002312 Date:2/14/2013 Time:10:27 AM |
| 6 Lender | DC, P. DeWitt Cason, Columbia County Page 1 of 1 B:1249 P:1516 |
| a) Name and address: | |
| 7 Identity of person within the State of Florida designated by owner upon | |
| 1) Name and address: | Fax No. (Opt.) |
| b) Telephone No.: | Pax No. (Opt.) |
| 8. In addition to himself, owner designates the following person to receive Florida Statutes: | |
| n) Telephone No | Fax No. (Opt.) |
| Of Telephone 110. | |
| Expiration date of Notice of Commencement (the expiration date is o is specified): | |
| TO OBTAIN FINANCING, CONSULT YOUR LENDER OR AN AT YOUR NOTICE OF COMMENCEMENT. STATE OF FLORIDA COUNTY OF COLUMBIA 10. Signature Signature 10. | S UNDER CHAPTER 713, PART I, SECTION 713.13, FLORIDA IMPROVEMENTS TO YOUR PROPERTY; A NOTICE OF HE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND |
| | |
| The foregoing instrument was acknowledged before me, a Florida Notary, thi | |
| - GOW WELTT as BIND | (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 K Type FL Notary Signature Office B- They Re | PAMELA B. PAYNE Commission # EE 197387 Expires May 27, 2016 Bonded Tru Tey Fain Insurance 800-385-7019 |
| | ND- |
| facts stated in it are true to the best of my knowledge and belief | enalities of perjury, I declare that I have read the foregoing and that the |
| 75 | ignature of Natural Person Signing (in line #10 above.) |

STATE OF FLORIDA

OFFICE of VITAL STATISTICS

CERTIFICATION OF DEATH

STATE FILE NUMBER: 2013016205

DATE ISSUED: February 6, 2013

STATE FILE DATE: February 5, 2013

DECEDENT INFORMATION NAME: ROBERT THOMAS DUCKETT

DATE OF DEATH: February 2, 2013

SEX: MALE

AGE: 075 YEARS

DATE OF BIRTH: November 24, 1937

BIRTHPLACE: DETROIT, MICHIGAN

PLACE WHERE DEATH OCCURRED: INPATIENT

FACILITY NAME OR STREET ADDRESS: NORTH FLORIDA REGIONAL MEDICAL CENTER LOCATION OF DEATH: GAINESVILLE, ALACHUA COUNTY

SURVIVING SPOUSE, DECEDENT'S RESIDENCE AND HISTORY INFORMATION

MARITAL STATUS: MARRIED

SPOUSE: JOAN CATHERINE GANSEN

RESIDENCE: 607 SW HEFLIN AVENUE, FORT WHITE, FLORIDA 32038

COUNTY: COLUMBIA

OCCUPATION, INDUSTRY: SUPERVISOR, COMPUTER

RACE: X White Black or Alrican American
American Indian or Aláskan Native—Tribe:

___Asian Indian Chinese ___Vletnamese __Other Pacific Ist:

Guarnian or Chamorro __Semoan Other Asian;
HISPANIC OR HAITIAN ORIGIN? NO, NOT OF HISPANIC/HAITIAN ORIGIN

EDUCATION: SOME COLLEGE, BUT NO DEGREE

EVER IN U.S. ARMED FORCES?NO

PARENTS AND INFORMANT INFORMATION

FATHER: WILLIAM DUCKETT MOTHER: GECELIA ROSE KAPTURE INFORMANT: JOAN C DUCKETT

RELATIONSHIP TO DECEDENT: WIFE

INFORMANT'S ADDRESS: 607 SW HEFLIN AVENUE, FORT WHITE, FLORIDA 32036

PLACE OF DISPOSITION AND FUNERAL FACILITY INFORMATION

PLACE OF DISPOSITION: FOREST MEADOWS CREMATORY GAINESVILLE, FLORIDA

METHOD OF DISPOSITION: CREMATION

FUNERAL DIRECTOR/LICENSE NUMBER: DANIEL WORTH, F043649

FUNERAL FACILITY: A DIRECT CREMATIONS - GAINESVILLE F082866 \$131 NW 13TH STREET SUITE 1, GAINESVILLE, FLORIDA 32609

CERTIFIER INFORMATION

TYPE OF CERTIFIER: CERTIFYING PHYSICIAN

MEDICAL EXAMINER CASE NUMBER: NOT APPLICABLE

TIME OF DEATH (24 hr): 1020

CERTIFIER'S NAME: TIMOTHY CHARLES WALTERS

CERTIFIER'S LICENSE NUMBER: ME106651

NAME OF ATTENDING PHYSICIAN (If other than Certifier): NOT ENTERED

WARNING:

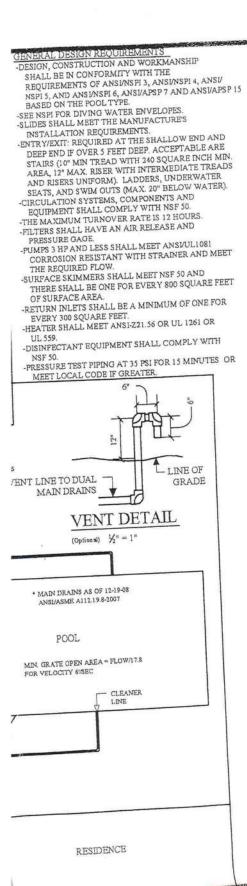
A TIPISTO PROGRESSIONE SERVICE SERVICE DE LA CONTRACTION DEL CONTRACTION DE LA CONTRACTION DEL CONTRACTION DE LA CONTRAC

9524605 *

🛱 CERTIFICATION OF VITAL RECORD 💥

REQ: 2013509573

Unknown



SPECIAL SPA REQUIREMENTS:

-MAXIMUM WATER DEPTH 4', MAXIMUM SEAT DEPTH 28", MAX

-FLOOR SLOPE 1:12

-STEPS: MIN. TREAD 10" X 12", 7" MIN. RISER, 12" MAX. RISER EXCEPT THE BOTTOM STEP MAY BE 14° IF IT IS THE SEAT. INTERMEDIATE TREADS AND RISERS TO BE UNIFORM. IF THE SPA IS OPERATED INTERMITTENTLY IT SHALL HAVE A ONE HOUR TURNOVER, IF CONTINUOUS A SIX HOUR TURNOVER

-MAXIMUM TEMPERATURE 104 DEGREES. -MEET ANSINSPI ARTICLE XVII, SAFETY

INSTRUCTION/SAFETY SIGNS -PRESSURE TEST PIPING AT 35 PSI FOR 15 MINUTES OR MEET LOCAL CODE IF GREATER.

ELECTRICAL REQUIREMENTS:

-WIRING AND BONDING AND ALL ELECTRICAL TO COMPLY WITH CHAPTER 27, FLORIDA BUILDING CODE 2010 AND NEC 2008.

-NO OUTLET OR OVERHEAD POWER WITHIN 10' IF WITHIN 15' PROTECT BY GFL TRANSFORMER MIN. 10' FROM POOL, 8" ABOVE WATER, I BOX 4' FROM POOL, BRASS TO J BOX OR TRANSFORMER WHICH EVER IS FIRST EXCEPT WHERE PVC IS APPROVED.

FLORIDA BUILDING CODE R4101

THE POOL CONTRACTOR IS RESPONSIBLE FOR FURNISHING ALL DETAIL DESIGN REQUIREMENTS FOR EACH INDIVIDUAL POOL IN ACCORDANCE WITH THE FLORIDA BUILDING CODE, AND ALL CONSTRUCTION SHALL MEET ALL APPLICABLE CODES INCLUDING PLUMBING, ELECTRICAL AND GAS. PIPING SHALL BE SCH. 40 PVC, NSFpw, MAX. PRESSURE VELOCITY 10 FPS, SUCTION 6 FPS. THE POOL PLAN SHALL SHOW THE DESIGN PLUMBING AS PER THE SAMPLE WITH THE INFORMATION REQUIRED SHOWN. MAIN DRAIN PLUMBING SHALL BE TWO DRAINS SEPARATED BY 3 WITH APPROVED ANSI/ASME A112.19.8.2007 COVERS. AS AN ALTERNATE THE APPROVED DRAINS MAY BE PLACED ON DIFFERENT PLANES. THE TWO DRAINS SHALL HAVE A COMMON SUCTION LINE. SUCTION GRATES MAY BE USED IF APPROVED AT A MAXIMUM OF 1 1/2 FPS AND THE SUCTION PIPING IS RECESSED FROM THE GRATE THE DISTANCE EQUAL TO THE SUCTION PIPE SIZE. IN ADDITION A SAFETY VACUUM RELEASE SYSTEM MAY BE INSTALLED. THIS MAY CONSIST OF AN AIR RELEASE SYSTEM. THE VENT PIPE SHALL BE TIED TO THE MAIN DRAIN LINES, SIZED THE SAME AS THE MAIN DRAIN SUCTION LINE WITH A MAXIMUM LENGTH OF VENT PIPING TO BE 30'. THE VENT PIPE WILL BE ELBOWED UP AND OVER WITH A GRATE FOR PROTECTION AND LABELED "SAFETY VENT" AND/OR "SAFETY VENT LINE". SKIMMERS DO NOT REQUIRE PROTECTION AND MUST BE DESIGNED FOR A MINIMUM 25 gpm THE FOLLOWING SHALL BE LABELED WITH LABEL MARKER TAPE AT THE FILTER LOCATION: PIPES, VALVES, PUMP(S) OFF SWITCH. IT HAS BEEN CERTIFIED THAT THESE DESIGN REQUIREMENTS ARE IN COMPLIANCE WITH THE FLORIDA BUILDING CODE R4101, 424.2-2010, ANSI/NSPI 3,

Standard Residentia

Certificate of Authorization 27934

(121) 442

Percet SP 33

Collins Engineering

865

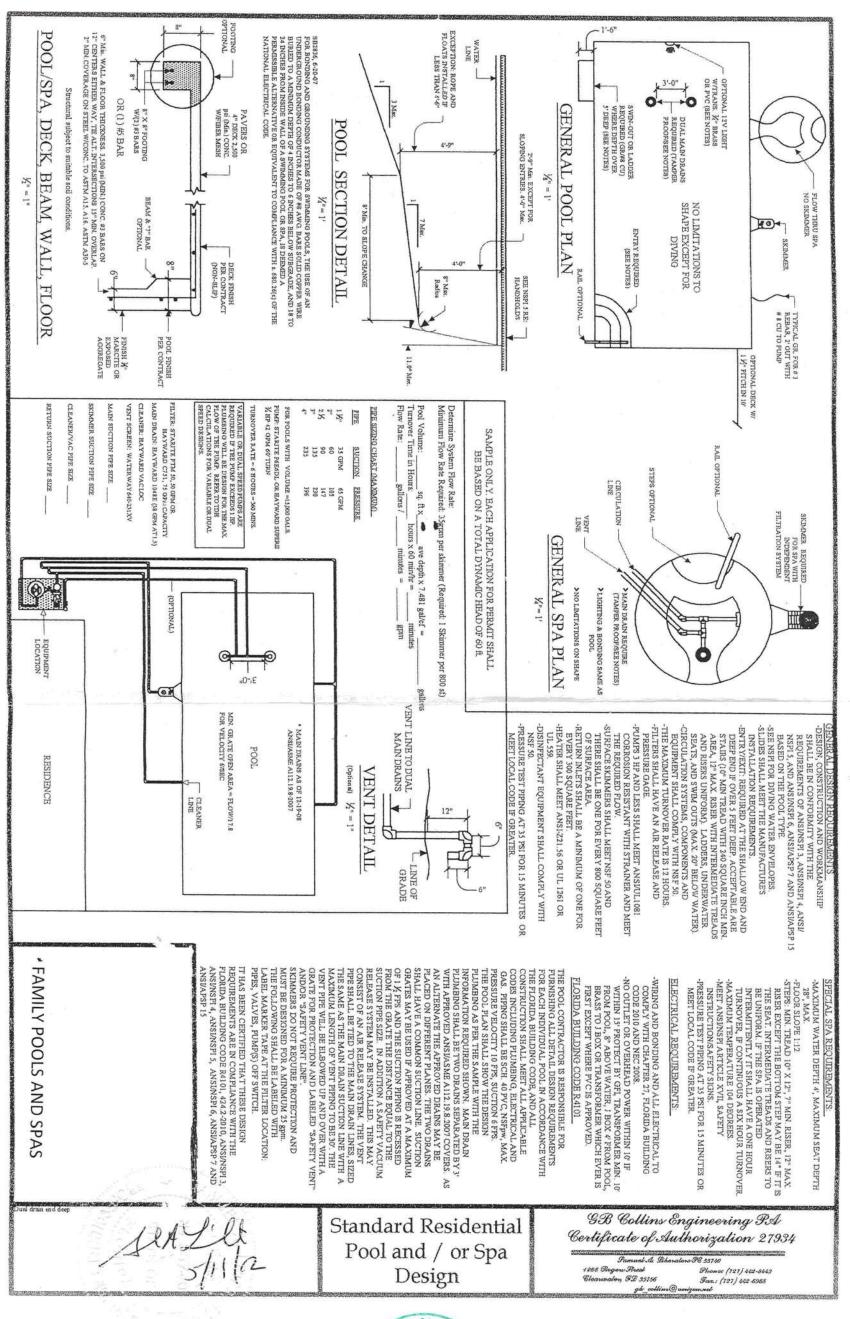
or Spa Pool and /



FAMILY POOLS AND SPAS

ANSINSPI 4, ANSINSPI 5, ANSINSPI 6, ANSI/APSP 7 AND

ANSVAPSP 15







H2O Industries, Inc.

dba Showcase Pool & Spa 4404 NW 13th Street, Gainesville, Florida 32609 352-375-7800 License Number: CPC 056966



Customer: Joan Duckett

Contract #: 200551

Installation Address:

607 SW Heflin Ave., Ft. White, FL 32038

Mailing Address: 607 SW Heflin Ave., Ft. White, FL 32038

Home Phone:

(386) 454-7568

Work Phone:

Cell Phone:

LIEN NOTICE - REVISED MANDATORY PROVISION FOR RESIDENTIAL CONSTRUCTION CONTRACTS EFFECTIVE 7/1/2007:

ACCORDING TO FLORIDA'S CONSTRUCTION LIEN LAW (SECTIONS 713.001-713.37, FLORIDA STATUTES), THOSE WHO WORK ON YOUR PROPERTY OR PROVIDE MATERIALS AND SERVICES 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 OR A SUBCONTRACTOR FAILS TO PAY SUBCONTRACTORS, SUB-SUBCONTRACTORS OR MATERIAL SUPPLIERS, THOSE PEOPLE WHO ARE OWED MONEY MAY LOOK TO YOUR PROPERTY FOR PAYMENT, EVEN IF YOU HAVE ALREADY PAID YOUR CONTRACTOR IN FULL. IF YOU FAIL TO PAY YOUR CONTRACTOR, YOUR CONTRACTOR MAY ALSO HAVE A LIEN ON YOUR PROPERTY. THIS MEANS IF A LIEN IS FILED, YOUR PROPERTY COULD BE SOLD AGAINST YOUR WILL TO PAY FOR LABOR, MATERIALS, OR OTHER SERVICES THAT YOUR CONTRACTOR OR A SUBCONTRACTOR MAY HAVE FAILED TO PAY. TO PROTECT YOURSELF, YOU SHOULD STIPULATE IN THIS CONTRACT THAT BEFORE ANY PAYMENT IS MADE, YOUR CONTRACTOR IS REQUIRED TO PROVIDE YOU WITH A WRITTEN RELEASE OF LIEN FROM ANY PERSON OR COMPANY THAT HAS PROVIDED TO YOU A "NOTICE TO OWNER." FLORIDA'S CONSTRUCTION LIEN LAW IS COMPLEX AND IT IS RECOMMENDED THAT YOU CONSULT AN ATTORNEY.



POOL SPECIFICATIONS

Pool Type: Concrete
 Design: rectangle
 Length: 28 ft
 Width: 14 ft

5. **Depth:** 3-6 ft

Plaster Color: blue gem
 Liner Selection: n/a
 Tile Selection: blue
 Mosaic Selection: n/a

SPA SPECIFICATIONS

1. Spa: None Size: n/a

2. Acrylic/Fiberglass Spa Size/Model: n/a

3. Spa Heater Type: n/a Size: n/a

4. Spa Raised: Not Set Size: n/a Each

5. Number of Therapy Jets: n/a Blower Size: n/a

6. Spillover #: n/a Size: n/a

DECKING SPECIFICATIONS

Termite Company: homeowner
 Homeowner pays for termite treatment. Initial_____

2. Deck Size Sq Ft: 387 sq ft

3. Deck Material: brushed concrete

4. Pavers Sq Ft: n/a sq ft

5. Pavers Style/Color: n/a

6. Coping Style: Cantilever

7. Screen Footer LF: 84

8. Other:

Owner must secure permission for access of Contractor's equipment, if such access is across property other than Owner's. Any trees, bushes, sod, walls, fences, sprinklers, septic tanks, water or sewer lines, driveways and sidewalks, or other obstructions above or below ground, in the areas required for construction under this contract are the responsibility of the owner. Initial:

| Owner l | has | read | and | understands | all | specifications. |
|-----------|-----|------|-----|-------------|-----|-----------------|
| [nitial:_ | | | | | | |

CONSTRUCTION SPECIFICATIONS

Ladder: n/a
 Handrail: yes

Pool Light Type: SAM/LED
 Pool Light Location: house side

5. Dirt In (#loads): n/a
6. Dirt Out (#loads): n/a

EQUIPMENT/PLUMBING/ELECTRICAL

1. Pump: variable speed

2. Filter: cartridge

3. Automatic Cleaner: n/a

4. Automatic Chlorinator: n/a

5. Salt to Chlorine Generator: yes

6. Heater: None

(Applicable gas lines, piping, hook-up, tank installation and permits BY OWNER.) Initial

7. Heat Pump: n/a

8. Electric: By-Owner

9. Door/Window Alarms: n/a

10. Pool Barrier: n/a ft

11. Other: Solar Heating with blanket and reel

OPTIONAL FEATURES

Deck Jets: n/a Each
 Sheer Descent: n/a
 Rock Feature: n/a
 Waterfall: n/a

5. Other: 22x41 screen enclosure

6. Other: n/a

| Total Contract Amount: | \$ 39,746.00 |
|------------------------------|--------------|
| Deposit with Contract: | \$19,623.00 |
| Upon Placement of Shell: | \$ 9,811.50 |
| Upon Completion of Deck: | \$ 9,811.50 |
| Upon Placement of Equipment: | \$ 500.00 |

^{*} All change orders must be in writing and monies are due at the time of the change.