

cross plans

01/15/33

Columbia County New Building Permit Application

For Office Use Only Application # 1712-62 Date Received 12/22 By JW Permit # 36295

Zoning Official LC Date 7/19/18 Flood Zone X Land Use A Zoning A3

FEMA Map # _____ Elevation _____ MFE 1' above road River _____ Plans Examiner J.C. Date 1-17-18

Comments home being built in FZ 'X'

☒ NOC ☒ EH ☒ Deed or PA ☐ Site Plan ☐ State Road Info ☐ Well letter ☐ 911 Sheet ☐ Parent Parcel # _____

☐ Dev Permit # _____ ☐ In Floodway ☐ Letter of Auth. from Contractor ☐ F W Comp. letter Incomplete

☒ Owner Builder Disclosure Statement ☐ Land Owner Affidavit ☐ Ellisville Water ☒ App Fee Paid ☒ Sub VF Form Plum

Septic Permit No. 16-0557-10 OR City Water ☐ Fax 386-719-4472

Applicant (Who will sign/pickup the permit) Lewis Walker Phone 386-365-4071

Address 11394 SE CR 245 Lulu, FL 32061

Owners Name Olivia Rae Farms, Inc Phone 386-365-4071

911 Address 11394 SE CR 245 Lulu, FL 32061

Contractors Name Lewis Walker (owner/builder) Phone 386-365-4071

Address 11394 SE CR 245 Lulu, FL 32061

Contractor Email walker889@aol.com - Any & all concerns!! ***Include to get updates on this job.

Fee Simple Owner Name & Address _____

Bonding Co. Name & Address _____

Architect/Engineer Name & Address NICOLAS GEISLER, AR 1758 NW BROWN RD

Mortgage Lenders Name & Address LAKES CITY, FL 32055

Circle the correct power company ☐ FL Power & Light ☒ Clay Elec. ☐ Suwannee Valley Elec. ☐ Duke Energy

Property ID Number 24-5S-17-09369-000 Estimated Construction Cost 191,000.00

Subdivision Name _____ Lot _____ Block _____ Unit _____ Phase _____

Driving Directions from a Major Road 441 SOUTH, LEFT ON MYRTIS ROAD, RIGHT ON CR 245, THREE DRIVES PAST LESLIE WOOD LANE, DRIVE ON THE RIGHT

Construction of SFR Commercial OR X Residential

Proposed Use/Occupancy RESIDENCE Number of Existing Dwellings on Property 1 Phase Garage

Is the Building Fire Sprinkled? NO If Yes, blueprints included _____ Or Explain _____

☒ Circle Proposed ☐ Culvert Permit or ☐ Culvert Waiver or ☐ D.O.T. Permit or ☒ Have an Existing Drive

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

Number of Stories 2 * Heated Floor Area 2632 * Total Floor Area 5719 Acreage 112

Zoning Applications applied for (Site & Development Plan, Special Exception, etc.) SW 1st MS9 1.19.18

Columbia County Building Permit Application

CODE: Florida Building Code 2014 and the 2011 National Electrical Code.

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.

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 pursued in good faith or a permit has been issued.

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 CONTRACTOR AND AGENT: **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 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.

LEWIS WALKER

Print Owners Name

Owners Signature

****Property owners must sign here before any permit will be issued.**

****If this is an Owner Builder Permit Application then, ONLY the owner can sign the building permit when it is issued.**

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 including all application and permit time limitations.

Contractor's Signature

Contractor's License Number

Columbia County

Competency Card Number

Affirmed under penalty of perjury to by the Contractor and subscribed before me this 7 day of Dec 2017.

Personally known ☒ or Produced Identification ☐

Barbara A. Johnston
State of Florida Notary Signature (For the Contractor)

SEAL:



BARBARA A. JOHNSTON
MY COMMISSION # FF 211259
EXPIRES: May 6, 2019
Bonded thru Budget Notary Service



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

PERMIT NO. 16-015-1N
DATE PAID: 9/24/16
FEE PAID: 510.00
RECEIPT #: 11254600
AP 1257670

APPLICATION FOR:

☒ New System ☐ Existing System ☐ Holding Tank ☐ Innovative
☐ Repair ☐ Abandonment ☐ Temporary ☐

APPLICANT: OLIVIA RAE FARMS, INC.

AGENT: Ronald Ford - Ford's Septic Tank Service, LLC

TELEPHONE: 386-755-6288

MAILING ADDRESS: 116 N.W. Lawtey Way Lake City, Florida 32055

FAX: 386-755-6944

TO BE COMPLETED BY APPLICANT OR APPLICANT'S AUTHORIZED AGENT. SYSTEMS MUST BE CONSTRUCTED BY A PERSON LICENSED PURSUANT TO 489.105(3)(m) OR 489.552, FLORIDA STATUTES. IT IS THE APPLICANT'S RESPONSIBILITY TO PROVIDE DOCUMENTATION OF THE DATE THE LOT WAS CREATED OR PLATTED (MM/DD/YY) IF REQUESTING CONSIDERATION OF STATUTORY GRANDFATHER PROVISIONS.

PROPERTY INFORMATION

LOT: N/A BLOCK: N/A SUBDIVISION: MEETS AND BOUNDS PLATTED: _____

PROPERTY ID #: 24-5S-17-09369-000 ZONING: _____ I/M OR EQUIVALENT: ☐ Y ☐ N

PROPERTY SIZE: 112.00 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐ ≤ 2000 GPD ☐ > 2000 GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? ☒ Y ☐ N DISTANCE TO SEWER: N/A FT

PROPERTY ADDRESS: 11394 SE COUNTY ROAD 245 LULU, FLORIDA 32061

DIRECTIONS TO PROPERTY: Hwy 100 East. (R) on CR 245.
go approx ten miles to property #11394 on (R)

BUILDING INFORMATION

☒ RESIDENTIAL

☐ COMMERCIAL

Unit No	Type of Establishment	No. of Bedrooms	Building Area Sqft	Commercial/Institutional System Design Table 1, Chapter 64E-6, FAC
1	SFR	5	3632 heated	(5719 TOTAL SQUARE FEET)
2			4803	
3				
4				

☐ Floor/Equipment Drains ☐ Other (Specify) _____

SIGNATURE: Rc Ford DATE: 9-21-2016

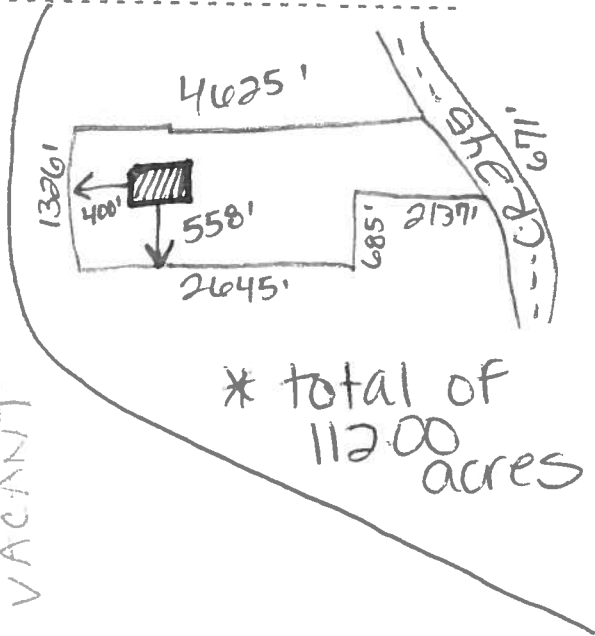
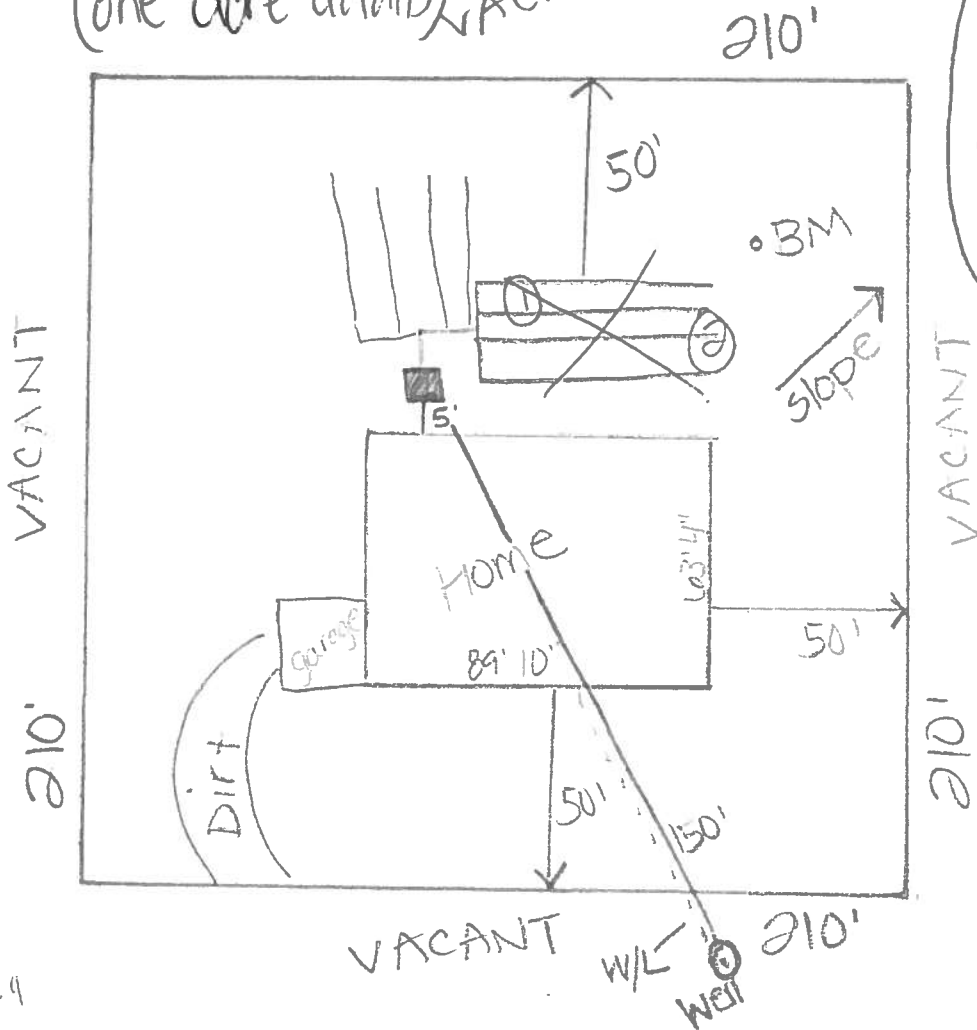
STATE OF FLORIDA
DEPARTMENT OF HEALTH
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number 16-0557N

NORTH ↑
(Scale: one inch = 50 feet)

PART II - SITEPLAN

(one acre details) VACANT



* total of 112.00 acres

Notes: _____

11394 SE County Road 245
Lulu, Florida 32061

Site Plan submitted by: RC Inf - Ronald Ford

Plan Approved ☒ Not Approved _____

By Karen J Evans ESI

Date 10-11-16
Columbia County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

SUBCONTRACTOR VERIFICATION

APPLICATION/PERMIT # 1712-62 JOB NAME Olivia Rae Farms, Inc

THIS FORM MUST BE SUBMITTED BEFORE A PERMIT WILL BE ISSUED

Columbia County issues combination permits. One permit will cover all trades doing work at the permitted site. It is REQUIRED that we have records of the subcontractors who actually did the trade specific work under the general contractors permit.

NOTE: It shall be the responsibility of the general contractor to make sure that all of the subcontractors are licensed with the Columbia County Building Department.

Use website to confirm licenses: <http://www.columbiacountyfla.com/PermitSearch/ContractorSearch.aspx>

NOTE: If this should change prior to completion of the project, it is your responsibility to have a corrected form submitted to our office, before that work has begun.

Violations will result in stop work orders and/or fines.

ELECTRICAL <input checked="" type="checkbox"/> CC# <u>380</u>	Print Name <u>Donnie Davis</u> Company Name: <u>High Springs Electric</u> License #: _____ Phone #: <u>386 623 0499</u>	Signature <u>Donnie Davis</u>	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
MECHANICAL/A/C <input checked="" type="checkbox"/> CC# <u>802</u>	Print Name <u>Clint Wilson</u> Company Name: <u>Wilson Heat + Air</u> License #: <u>CAE 057886</u> Phone #: <u>386 496 9000</u>	Signature <u>Clint Wilson</u>	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
PLUMBING/GAS <input type="checkbox"/> CC# _____	Print Name <u>LEWIS WALKER</u> Company Name: <u>LEWIS WALKER</u> License #: <u>owner</u> Phone #: <u>386 438 9635</u>	Signature <u>[Signature]</u>	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
ROOFING <input checked="" type="checkbox"/> CC# <u>1174</u>	Print Name <u>Lewis Walker</u> Company Name: <u>Lewis Walker Roofing Inc</u> License #: <u>KC0067442</u> Phone #: <u>866 959 7663</u>	Signature <u>[Signature]</u>	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
SHEET METAL <input type="checkbox"/> CC# _____	Print Name _____ Company Name: _____ License #: _____ Phone #: _____	Signature _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
FIRE SYSTEM/SPRINKLER <input type="checkbox"/> CC# _____	Print Name _____ Company Name: _____ License #: _____ Phone #: _____	Signature _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
SOLAR <input type="checkbox"/> CC# _____	Print Name _____ Company Name: _____ License #: _____ Phone #: _____	Signature _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
STATE SPECIALTY <input type="checkbox"/> CC# _____	Print Name _____ Company Name: _____ License #: _____ Phone #: _____	Signature _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE

SUBCONTRACTOR VERIFICATION

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NOTE: If this should change prior to completion of the project, it is your responsibility to have a corrected form submitted to our office, before that work has begun.

Violations will result in stop work orders and/or fines.

ELECTRICAL <input type="checkbox"/> CC# _____	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
MECHANICAL/A/C <input type="checkbox"/> CC# _____	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
PLUMBING/GAS <input type="checkbox"/> CC# <u>1018</u>	Print Name <u>GEORGE DEXLER</u> Signature <u>[Signature]</u> Company Name: <u>A PROUD PLUMBER</u> License #: <u>CFL 1427133</u> Phone #: <u>386-438-9635</u>	Need <input checked="" type="checkbox"/> Lic <input checked="" type="checkbox"/> Liab <input checked="" type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
ROOFING <input type="checkbox"/> CC# _____	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
SHEET METAL <input type="checkbox"/> CC# _____	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
FIRE SYSTEM/SPRINKLER <input type="checkbox"/> CC# _____	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
SOLAR <input type="checkbox"/> CC# _____	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
STATE SPECIALTY <input type="checkbox"/> CC# _____	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE



COLUMBIA COUNTY BUILDING DEPARTMENT

135 NE Hernando Ave., Suite B-21

Lake City, FL 32055

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

OWNER BUILDER DISCLOSURE STATEMENT

I understand that state law requires construction to be done by a licensed contractor and have applied for an owner-builder permit under an exemption from the law. The exemption specifies that I, as the owner of the property listed, may act as my own contractor with certain restrictions even though I do not have a license.

I understand that building permits are not required to be signed by a property owner unless he or she is responsible for the construction and is not hiring a licensed contractor to assume responsibility.

I understand that, as an owner-builder, I am the responsible party of record on a permit. I understand that I may protect myself from potential financial risk by hiring a licensed contractor and having the permit filed in his or her name instead of my own name. I also understand that a contractor is required by law to be licensed and bonded in Florida and to list his or her license numbers on permits and contracts.

I understand that I may build or improve a one-family or two-family residence or farm outbuilding. I may also build or improve a commercial building if the costs do not exceed \$75,000. The building or residence must be for my own use or occupancy. It may not be built or substantially improved for sale or lease. If a building or residence that I have built or substantially improved myself is sold or leased within 1 year after the construction is complete, the law will presume that I built or substantially improved it for sale or lease, which violates the exemption.

I understand that, as the owner-builder, I must provide direct, onsite supervision of the construction.

I understand that I may not hire an unlicensed person to act as my contractor or to supervise persons working on my building or residence. It is my responsibility to ensure that the persons whom I employ have the licenses required by law and by county or municipal ordinance.

I understand that it is frequent practice of unlicensed persons to have the property owner obtain an owner-builder permit that erroneously implies that the property owner is providing his or her own labor and materials. I, as an owner-builder, may be held liable and subjected to serious financial risk for any injuries sustained by an unlicensed person or his or her employees while working on my property. My homeowner's insurance may not provide coverage for those injuries. I am willfully acting as an owner-builder and am aware of the limits of my insurance coverage for injuries to workers on my property.

I understand that I may not delegate the responsibility for supervising work to a licensed contractor who is not licensed to perform the work being done. Any person working on my building who is not licensed must work under my direct supervision and must be employed by me, which means that I must comply with laws requiring the withholding of federal income tax and social security contributions under the Federal Insurance Contributions Act (FICA) and must provide workers' compensation for the employee. I understand that my failure to follow these laws may subject me to serious financial risk.

I agree that, as the party legally and financially responsible for this proposed construction activity, I will abide by all applicable laws and requirements that govern owner-builders as well as employers. I also understand that the construction must comply with all applicable laws, ordinances, building codes, and zoning regulations.

I understand that I may obtain more information regarding my obligations as an employer from the Internal Revenue Service, the United States Small Business Administration, the Florida Department of Financial Services, and the Florida Department of Revenue. I also understand that I may contact the Florida Construction Industry Licensing Board at 850-487-1395 or Internet website address <http://www.myfloridalicense.com/dbpr/> for more information about licensed contractors.

I am aware of, and consent to, an owner-builder building permit applied for in my name and understand that I am the party legally and financially responsible for the proposed construction activity at the following address:

11394 SE CR 245 Lulu, FL 32061

I agree to notify Columbia County Building Department immediately of any additions, deletions, or changes to any of the information that I have provided on this disclosure. Licensed contractors are regulated by laws designed to protect the public. If you contract with a person who does not have a license, the Construction Industry Licensing Board and Department of Business and Professional Regulation may be unable to assist you with any financial loss that you sustain as a result of a complaint. Your only remedy against an unlicensed contractor may be in civil court. It is also important for you to understand that, if an unlicensed contractor or employee of an individual or firm is injured while working on your property, you may be held liable for damages. If you obtain an owner-builder permit and wish to hire a licensed contractor, you will be responsible for verifying whether the contractor is properly licensed and the status of the contractor's workers' compensation coverage.

I understand that if I hire subcontractors they must be licensed for that type of work in Columbia County, ex: framing, stucco, masonry, and state registered builders. Registered Contractors must have a minimum of \$300,000.00 in General Liability insurance coverage and the proper workers' compensation. Specialty Contractors must have a minimum of \$100,000.00 in General Liability insurance coverage and the proper workers' compensation coverage.

Before a building permit can be issued, this disclosure statement must be completed and signed by the property owner and returned to Columbia County Building Department.

TYPE OF CONSTRUCTION

- ☒ Single Family Dwelling () Two-Family Residence () Farm Outbuilding
() Addition, Alteration, Modification or other Improvement
() Commercial, Cost of Construction _____ for construction of _____
() Other _____

I, LEWIS WALKER, have been advised of the above disclosure statement for exemption from contractor licensing as an owner/builder. I agree to comply with all requirements provided for in Florida Statutes allowing this exception for the construction permitted by Columbia County Building Permit.

Owner Builder Signature

Date

12-7-17

NOTARY OF OWNER BUILDER SIGNATURE

The above signer is personally known to me or produced identification _____

Notary Signature

Barbara Johnston

Date

12-7-17

(Seal)

FOR BUILDING DEPARTMENT USE ONLY

I hereby certify that the above listed owner builder has been given notice of the restriction stated above.

Building Official/Representative

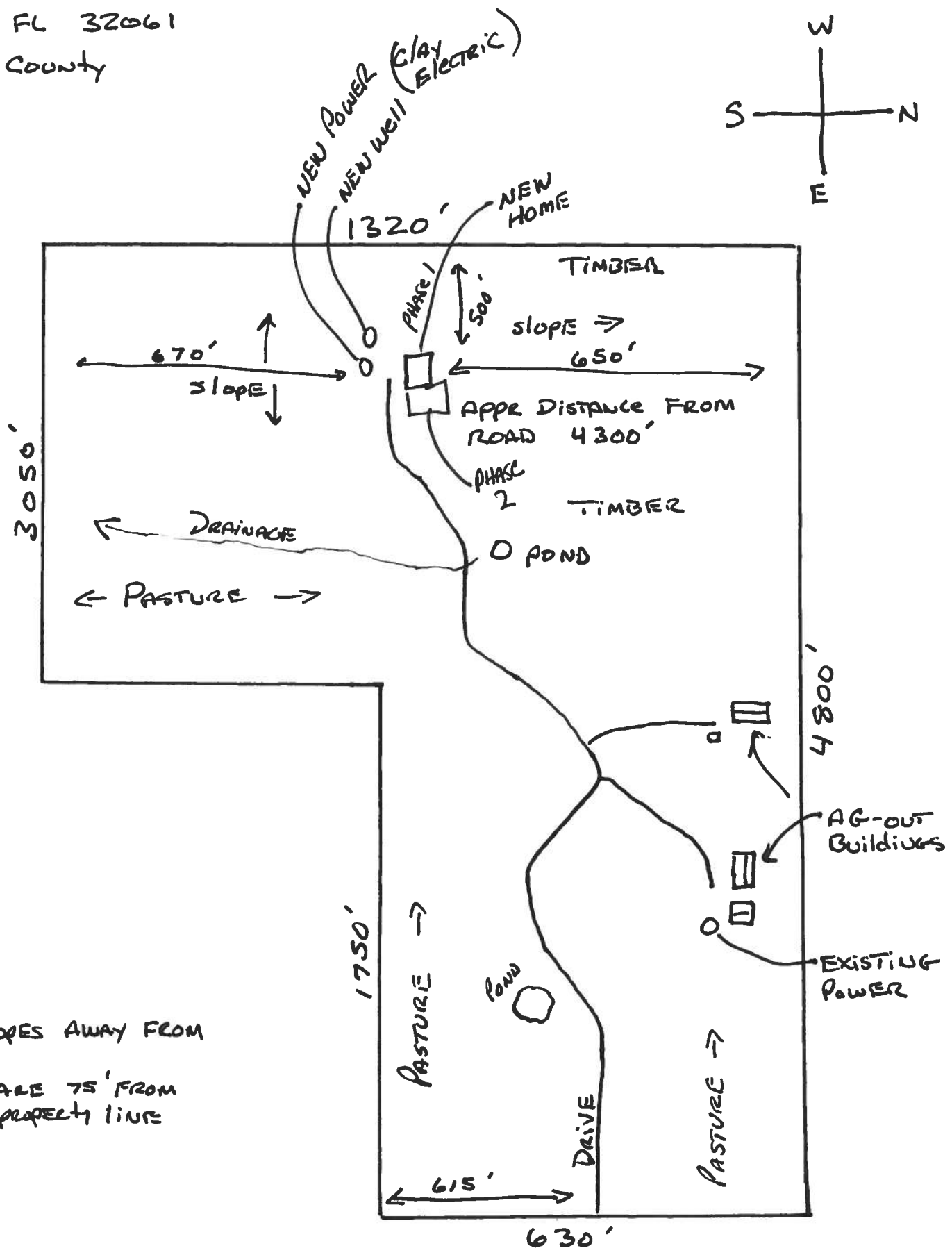
David Gamm



BARBARA A. JOHNSTON
MY COMMISSION # FF 211259
EXPIRES: May 6, 2019
Bonded Thru Budget Notary Services

Revised: 7-1-15
DISCLOSURE STATEMENT 15
Documents: B&Z Forms

11394 SE CR 245
LU LU FL 32061
Columbia County



- NOTES :
1. ALL SLOPES AWAY FROM HOME
 2. BARNs ARE 75' FROM NORTH PROPERTY LINE



COLUMBIA COUNTY 911 ADDRESSING / GIS DEPARTMENT

P. O. Box 1787, Lake City, FL 32056-1787

263 NW Lake City Ave., Lake City, FL 32055

Telephone: (386) 758-1125 * Fax: (386) 758-1365 * Email: ron_croft@columbiacountyfla.com



ADDRESS ASSIGNMENT DATA

The Columbia County Board of County Commissioners has passed Ordinance 2001-9, which provides for a uniform numbering system. A copy of this ordinance is available in the Clerk of Court records, located in the courthouse. This new numbering system will increase the efficiency of POLICE, FIRE AND EMERGENCY MEDICAL vehicles responding to calls within Columbia County by immediately identifying the location of the caller.

A Residential(s) or Other Structure(s) on Parcel Number:
24-5S-17-09369-000

Address Assignment(s):
11394 SE COUNTY ROAD 245, LULU, FL 32061

Any questions concerning this information should be referred to the Columbia County 911 Addressing / GIS Department at the address or telephone number above.

NOTICE OF COMMENCEMENT

Tax Parcel Identification Number:

24-5517-09369-000

Clerk's Office Stamp

Inst: 201712023400 Date: 12/22/2017 Time: 8:49AM
Page 1 of 1 B: 1350 P: 1243, P. DeWitt Casen, Clerk of Court
Columbia, County, By: BD
Deputy Clerk

THE UNDERSIGNED hereby gives notice that improvements will be made to certain real property, and in accordance with Section 713.13 of the Florida Statutes, the following information is provided in this NOTICE OF COMMENCEMENT.

1. Description of property (legal description):

a) Street (job) Address: 11394 SE CR 245 LUCH FL 32061

2. General description of improvements: SFL

3. Owner Information or Lessee information if the Lessee contracted for the improvements:

a) Name and address: OLIVIA RAE FARM INC

b) Name and address of fee simple titleholder (if other than owner):

c) Interest in property: Owner

4. Contractor Information

a) Name and address: Lewis Walker PO Box 2147 Lake City FL 32056

b) Telephone No.: 386 365 4071

5. Surety Information (if applicable, a copy of the payment bond is attached):

a) Name and address:

b) Amount of Bond: N/A

c) Telephone No.:

6. Lender

a) Name and address: N/A

b) Phone No.:

7. Person 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 and address:

b) Telephone No.:

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

a) Name: _____ OF _____

b) Telephone No.: _____

9. Expiration date of Notice of Commencement (the expiration date will be 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 YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.

STATE OF FLORIDA
COUNTY OF COLUMBIA

10. _____

Signature of Owner or Lessee, or Owner's or Lessee's Authorized Office/Director/Partner/Manager

LEWIS WALKER President
Printed Name and Signatory's Title/Office

The foregoing instrument was acknowledged before me, a Florida Notary, this 7 day of Dec, 2017, by:

Lewis Walker as President for Lewis Walker Roofing
(Name of Person) (Type of Authority) (name of party on behalf of whom instrument was executed)

Personally Known ☒ OR Produced Identification _____ Type _____

Notary Signature Barbara A Johnston Notary Stamp or Seal:



BARBARA A. JOHNSTON
MY COMMISSION # FF 211259
EXPIRES: May 6, 2019
Bonded Thru Budget Notary Services

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	MASONITE INTERNATIONAL		FL 4904
B. SLIDING	MI HOME PRODUCTS		FL 251.1
C. SECTIONAL/ROLL UP			
D. OTHER			
2. WINDOWS			
A. SINGLE/DOUBLE HUNG	MAGNOLIA WINDOW & DOOR		FL 16475.1
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	GAF	TIMBERLINE SHINGLES	FL 10124-R15
B. NON-STRUCTURAL METAL			
C. ROOFING TILES			
D. SINGLE PLY ROOF			
E. OTHER			
5. STRUCTURAL COMPONENTS			
A. WOOD CONNECTORS			
B. WOOD ANCHORS			
C. TRUSS PLATES			
D. INSULATION FORMS			
E. LINTELS			
F. OTHERS			
6. NEW EXTERIOR ENVELOPE PRODUCTS			

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.

Contractor OR Agent Signature

Date

12-7-17

NOTES: _____

When recorded, mail to:

Name: _____

Address: _____

City/State/Zip Code: _____

Inst 201512012967 Date: 7/31/2015 Time: 1:03 PM
Doc Stamp-Deed 0.70

DC, P.DeWitt Cason, Columbia County Page 1 of 2 B. 1298 P. 2049

Space above this line for Recorder's use

WARRANTY DEED

KNOW ALL MEN BY THESE PRESENTS,

That I (we), LEWIS WALKER
the undersigned grantor(s), for the consideration of Ten (10) Dollars, and other valuable considerations,
do hereby convey to OLIVIA RAE FARMS INC
all right, title and interest to and in that certain parcel of Real Property situated in COLUMBIA
County, State of FLORIDA, and described as follows:

A PART OF THE SOUTH HALF OF THE SOUTH HALF OF SECTION 24, TOWNSHIP 5 SOUTH, RANGE 17 EAST, COLUMBIA COUNTY, FLORIDA, MORE PARTICULARLY DESCRIBED AS FOLLOWS:
COMMENCE AT THE NORTHEAST CORNER OF THE SE 1/4 OF SAID SECTION 24, AND RUN SOUTH 01 DEGREES 37 MINUTES 34 SECONDS WEST, ALONG THE EAST LINE THEREOF, A DISTANCE OF 1311.46 FEET; THENCE NORTH 89 DEGREES 12 MINUTES 49 SECONDS WEST, A DISTANCE OF 685.92 FEET TO A CONCRETE MONUMENT ON THE WESTERLY RIGHT OF WAY LINE OF STATE ROAD #245 FOR A POINT OF BEGINNING. THENCE CONTINUE NORTH 89 DEGREES 12 MINUTES 49 SECONDS WEST A DISTANCE OF 4625.72 FEET TO THE WEST LINE OF SAID SECTION 24; THENCE SOUTH 01 DEGREES 00 MINUTES 16 SECONDS WEST ALONG SAID WEST LINE A DISTANCE OF 1326.00 FEET TO THE SOUTHWEST CORNER OF SAID SECTION 24; THENCE NORTH 89 DEGREES 13 MINUTES 11 SECONDS EAST ALONG THE SOUTH LINE OF SAID SECTION 24, A DISTANCE OF 2644.59 FEET TO THE SOUTHEAST CORNER OF THE SW 1/4 OF SAID SECTION 24; THENCE NORTH 01 DEGREES 18 MINUTES 36 SECONDS EAST, A DISTANCE OF 664.36 FEET; THENCE NORTH 89 DEGREES 13 MINUTES 00 SECONDS EAST, A DISTANCE OF 2133.01 FEET TO THE SAID WESTERLY RIGHT OF WAY LINE OF STATE ROAD #245; THENCE NORTH 12 DEGREES 39 MINUTES 35 SECONDS WEST, ALONG SAID RIGHT OF WAY LINE, A DISTANCE OF 687.89 FEET TO THE POINT OF BEGINNING.

And I (we) do warrant the title against all persons whomsoever, subject only to those encumbrances or liens of Record, or as above set forth, if any.

IN WITNESS WHEREOF, I (we) have hereunto set my (our) hand(s) and seal this 31 st
day of July 2015.

LEWIS WALKER

Print Name of Grantor

Print Name of Grantor

Signature of Grantor

Signature of Grantor

Heather C Walker

Print Name of Witness (if required by State Laws)

Ted Mitchell

Print Name of Witness (if required by State Laws)

Heather C Walker

Signature of Witness (if required by State Laws)

Ted Mitchell

Signature of Witness (if required by State Laws)

ACKNOWLEDGMENT
(States Other Than California)

State of FLORIDA)
County of Union) ss.

On this 31 day of JULY, 2015, before me, the undersigned Notary Public,
personally appeared LEWIS WALKER

known to me to be the individual(s) who executed the foregoing instrument and acknowledged the same
to be his(her)(their) free act and deed.

My Commission Expires: 05/06/19

Barbara A Johnston
Notary Public

If acknowledged in State of Florida, complete section below:
(Check One) ☒ Personally Known (or) ☐ Produced Identification

If applicable, Type of Identification Produced: _____

Seal



BARBARA A. JOHNSTON
MY COMMISSION # FF 211259
EXPIRES: May 6, 2019
Bonded Thru Budget Notary Services

ACKNOWLEDGMENT
(State Of California)

State of California)
County of _____) ss.

On this _____ day of _____, before me, _____,
the undersigned Notary Public, personally appeared,

personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose
name(s) is(are) subscribed to the attached instrument and acknowledged to me that he(he)(they)
executed the same in his(her)(their) authorized capacity(ies), and that by his(her)(their) signature(s) on
the instrument, the person(s) or the entity upon behalf of which the person(s) acted, executed the
instrument.

WITNESS my hand and official seal.

Notary Public

Seal

**Electronic Articles of Incorporation
For**

P15000060269
FILED
July 14, 2015
Sec. Of State
jahickman

OLIVIA RAE FARMS INC

The undersigned incorporator, for the purpose of forming a Florida profit corporation, hereby adopts the following Articles of Incorporation:

Article I

The name of the corporation is:

OLIVIA RAE FARMS INC

Article II

The principal place of business address:

11394 SE COUNTY RD 245
LULU, FL. US 32061

The mailing address of the corporation is:

11394 SE COUNTY RD 245
LULU, FL. US 32061

Article III

The purpose for which this corporation is organized is:

ANY AND ALL LAWFUL BUSINESS.

Article IV

The number of shares the corporation is authorized to issue is:

100

Article V

The name and Florida street address of the registered agent is:

LEWIS G WALKER
11394 SE COUNTY RD 245
LULU, FL. 32061

I certify that I am familiar with and accept the responsibilities of registered agent.

Registered Agent Signature: LEWIS G WALKER

P15000060269
FILED
July 14, 2015
Sec. Of State
jahickman

Article VI

The name and address of the incorporator is:

LEWIS G WALKER
11394 SE COUNTY RD 245

LULU, FL 32061

Electronic Signature of Incorporator: LEWIS G WALKER

I am the incorporator submitting these Articles of Incorporation and affirm that the facts stated herein are true. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of this corporation and every year thereafter to maintain "active" status.

Article VII

The initial officer(s) and/or director(s) of the corporation is/are:

Title: P
LEWIS G WALKER
PO BOX 554
LAKE BULTER, FL. 32054 FL

Title: SEC
HEATHER C WALKER
PO BOX 554
LAKE BULTER, FL. 32054 US

Article VIII

The effective date for this corporation shall be:

07/14/2015

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P15000060269

Entity Name: OLIVIA RAE FARMS INC

Current Principal Place of Business:

11394 SE COUNTY RD 245
LULU, FL 32061

FILED
Aug 11, 2016
Secretary of State
CC3128881931

Current Mailing Address:

11394 SE COUNTY RD 245
LULU, FL 32061 US

FEI Number: 47-4586298

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WALKER, LEWIS G
11394 SE COUNTY RD 245
LULU, FL 32061 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title P
Name WALKER, LEWIS G
Address PO BOX 2147
City-State-Zip: LAKE CITY FL 32056

Title SEC
Name WALKER, HEATHER C
Address PO BOX 2147
City-State-Zip: LAKE CITY FL 32056

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: LEWIS G WALKER

PRESIDENT

08/11/2016

Electronic Signature of Signing Officer/Director Detail

Date