

DATE 06/30/2004

# Columbia County Building Permit

PERMIT

This Permit Expires One Year From the Date of Issue

000022029

APPLICANT JACKIE JENNINGS PHONE 752-1014  
ADDRESS P.O. BOX 1867 LAKE CITY FL 32056  
OWNER CARMEN & LEONARDO ROLDAN PHONE 758-9254  
ADDRESS 333 NW HERITAGE DR. LAKE CITY FL 32055  
CONTRACTOR UNIQUE POOLS & SPAS PHONE 752-1014  
LOCATION OF PROPERTY 90W, TR ON BROWN RD., TL ON WINDING WAY, TL EMERALD LAKES DR  
TR ON HERITAGE LAKE DR., HOUSE IS 2ND AFTER LAKE  
TYPE DEVELOPMENT SWIMMING POOL ESTIMATED COST OF CONSTRUCTION 25290.00  
HEATED FLOOR AREA TOTAL AREA HEIGHT .00 STORIES  
FOUNDATION CONC WALLS ROOF PITCH FLOOR  
LAND USE & ZONING RSF-2 MAX. HEIGHT  
Minimum Set Back Requirements: STREET-FRONT 25.00 REAR 15.00 SIDE 10.00  
NO. EX.D.U. 1 FLOOD ZONE X DEVELOPMENT PERMIT NO.

PARCEL ID 28-3S-16-02372-509 SUBDIVISION ARBOR GREEN  
LOT 9 BLOCK PHASE UNIT TOTAL ACRES .67

Culvert Permit No. Culvert Waiver Contractor's License Number RP0067172  
EXISTING X04-0150 BK HD N  
Driveway Connection Septic Tank Number LU & Zoning checked by Approved for Issuance New Resident

COMMENTS: NOC ON FILE

Check # or Cash 1146

## FOR BUILDING & ZONING DEPARTMENT ONLY

(footer/Slab)

Temporary Power Foundation Monolithic  
date/app. by date/app. by date/app. by  
Under slab rough-in plumbing Slab Sheathing/Nailing  
date/app. by date/app. by date/app. by  
Framing Rough-in plumbing above slab and below wood floor  
date/app. by date/app. by  
Electrical rough-in Heat & Air Duct Peri. beam (Lintel)  
date/app. by date/app. by date/app. by  
Permanent power C.O. Final Culvert  
date/app. by date/app. by date/app. by  
M/H tie downs, blocking, electricity and plumbing Pool  
date/app. by date/app. by  
Reconnection Pump pole Utility Pole  
date/app. by date/app. by date/app. by  
M/H Pole Travel Trailer Re-roof  
date/app. by date/app. by date/app. by

BUILDING PERMIT FEE \$ 130.00 CERTIFICATION FEE \$ .00 SURCHARGE FEE \$ .00  
MISC. FEES \$ .00 ZONING CERT. FEE \$ 50.00 FIRE FEE \$ WASTE FEE \$  
FLOOD ZONE DEVELOPMENT FEE \$ CULVERT FEE \$ TOTAL FEE 180.00

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. 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.



After Recording return to:

Unique Pools & Spas

PO Box 1867

Lake City, FL 32056

Permit No. \_\_\_\_\_

Inst:2004014053 Date:06/17/2004 Time:13:43

DC, P. DeWitt Cason, Columbia County B:1018 P:1436

## 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 9 Abor Greene at Emerald Lakes a subdivision according to the plat thereof as recorded in Plat Book 7 pages 82 + 83  
General description of improvement: Installing in-ground, concrete swimming pool.

2. Owner Information: Name and address:

Carmen + Leonardo Roldan

333 NW Heritage Dr. Lake City, FL 32055

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 \$ \_\_\_\_\_

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.

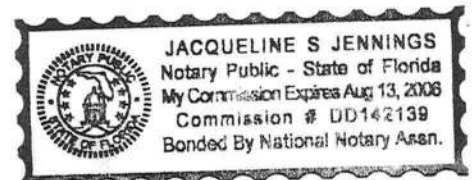
Phone number of person or entity designated by owner \_\_\_\_\_ Fax number (optional, if service by fax is acceptable) \_\_\_\_\_

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)

May 10<sup>th</sup>, 2004

Carmen Roldan

Signature of Owner



STATE OF FLORIDA

COUNTY OF Columbia

Sworn to (or affirmed) and subscribed before me this 10<sup>th</sup> day of May, 2004, by Carmen Roldan, who is

personally known to me or who has produced Drivers License

as identification and who did \_\_\_\_\_ or did not \_\_\_\_\_ take an oath.

Jacqueline S. Jennings

Notary Public (Signature)



# Columbia County Building Permit Application

**For Office Use Only** Application # 0406-59 Date Received 6/12/04 By JW Permit # 22029  
 Application Approved by - Zoning Official LH Date 6-24-04 Plans Examiner HD Date 6-24-04  
 Flood Zone X Development Permit N/A Zoning RSF-2 Land Use Plan Map Category RSF-2  
 Comments \_\_\_\_\_

Applicants Name Unique Pools + Spas Phone 386-752-1014  
 Address PO Box 1867 Lake City, FL 32056  
 Owners Name Carmen + Leonardo Roldan Phone 386-758-9254  
 911 Address 333 NW Heritage Dr. Lake City, FL 32055  
 Contractors Name Unique Pools + Spas Phone 386-752-1014  
 Address PO Box 1867 Lake City, FL 32056  
 Fee Simple Owner Name & Address Carmen + Leonardo Roldan  
 Bonding Co. Name & Address \_\_\_\_\_  
 Architect/Engineer Name & Address Unique Pools + Spas  
 Mortgage Lenders Name & Address Lyon's Services Group Florida Funding Account  
642 Carpenter Avenue Mooresville, NC 28115  
 Property ID Number R02372-509 Estimated Cost of Construction \$25,290.00  
 Subdivision Name Arbor Green Lot 9 Block \_\_\_\_\_ Unit \_\_\_\_\_ Phase \_\_\_\_\_  
 Driving Directions Brown Rd to Winding Way turn left, turn left on Emerald Lakes Dr., turn right on NW Heritage Lake Dr. House is 2nd after lake 333 on House  
 Type of Construction Swimming pool Number of Existing Dwellings on Property \_\_\_\_\_  
 Total Acreage .6745 Lot Size \_\_\_\_\_ Do you need a - Culvert Permit or Culvert Waiver or Have an Existing I  
 Actual Distance of Structure from Property Lines - Front 65' Side 35' Side 75' Rear 42'  
 Total Building Height \_\_\_\_\_ Number of Stories \_\_\_\_\_ Heated 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 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.

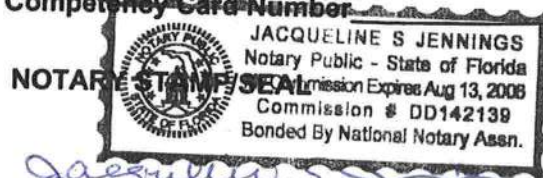
**WARNING TO OWNER:** YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOU PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOU LENDER OR ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT.

Carmen Roldan  
 Owner Builder or Agent (Including Contractor)

STATE OF FLORIDA  
COUNTY OF COLUMBIA

Sworn to (or affirmed) and subscribed before me  
 this 10th day of June 2004.  
 Personally known \_\_\_\_\_ or Produced Identification ✓

Contractor Signature \_\_\_\_\_  
 Contractors License Number \_\_\_\_\_  
 Competency Card Number \_\_\_\_\_



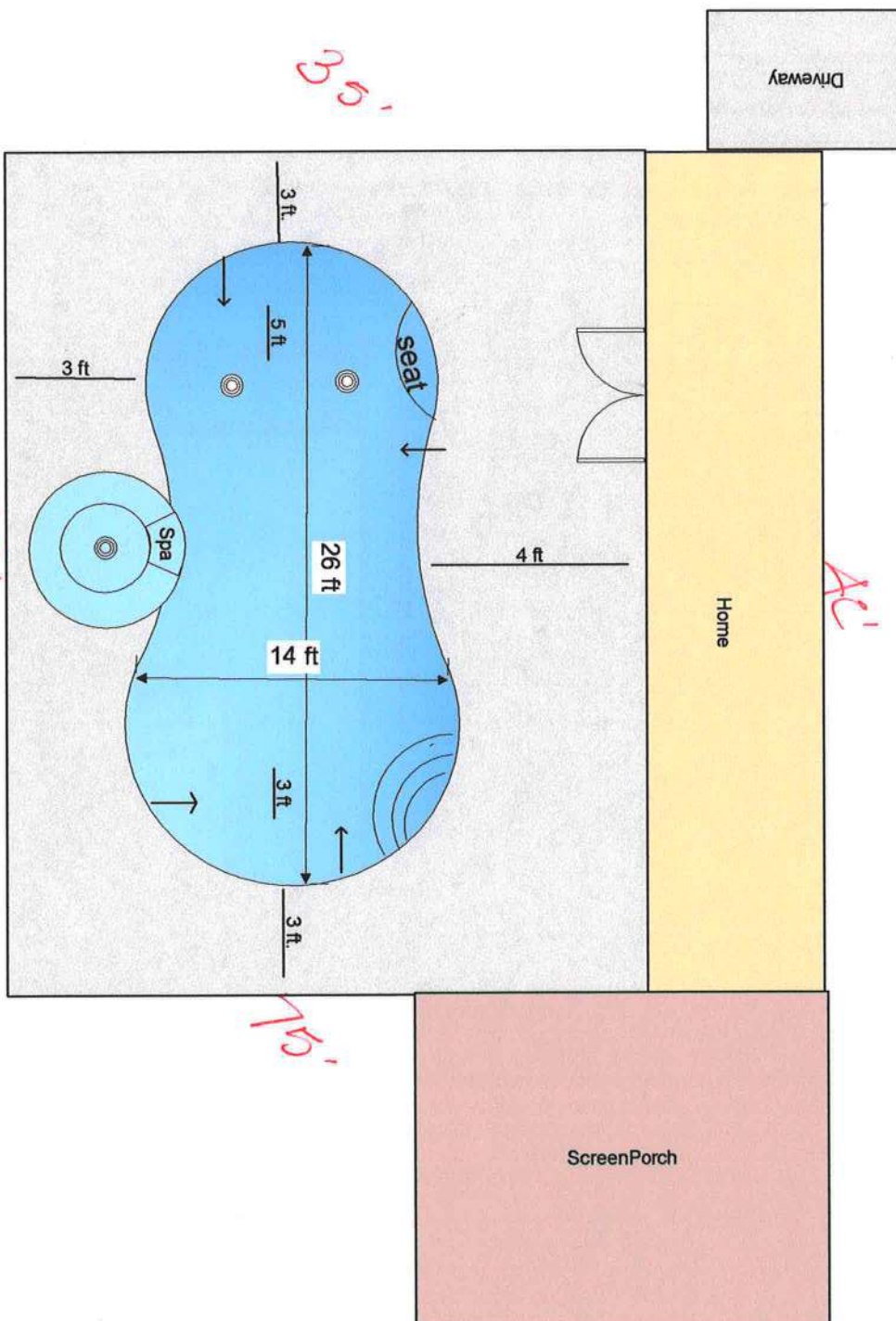
Notary Signature Jacqueline S. Jennings





Property line

Property line



Unique Pools & Spas  
PO Box 1867  
Lake City FL 32025

Phone: 752-1014  
Fax: 752-5613

Designed by: Ashli Metcalf  
Designed for: Mr. & Mrs. Leonardo  
Roldan Jr.

5/26/2004

AMENDED

## Homeowners Policy Broad Declarations

**THIS POLICY CONTAINS A SEPARATE DEDUCTIBLE FOR  
HURRICANE LOSSES, WHICH MAY RESULT IN HIGH  
OUT-OF-POCKET EXPENSES TO YOU**

### Summary

<b>NAMED INSURED(S)</b> Carmen Or Leonardo Roldan 333 NW Heritage Dr Lake City FL 32055-5033	<b>YOUR ALLSTATE AGENT IS:</b> Beverly H Dillashaw 166 S W Main Blvd Lake City FL 32025	<b>CONTACT YOUR AGENT AT:</b> (386) 758-7779
<b>POLICY NUMBER</b> 9 41 482640 11/30	<b>POLICY PERIOD</b> Begins on Nov. 30, 2003 at 12:01 A.M. standard time, with no fixed date of expiration	<b>PREMIUM PERIOD</b> Nov. 30, 2003 to Nov. 30, 2004 at 12:01 A.M. standard time
<b>LOCATION OF PROPERTY INSURED</b> Arbor Glen Lot 9, Lake City, FL 32055		
<b>MORTGAGEE</b> • WASHINGTON MUTUAL BANK FA 908 ITS SUCCESSORS &/OR ASSIGNS P O Box 25064 Santa Ana CA 92799-5064 Loan # 0606952141		

### **Total Premium for the Premium Period** (Your bill will be mailed separately)

Premium for Property Insured	\$883.00
<b>TOTAL</b>	<b>\$885.00</b>

*Your policy change(s) are effective as of Nov. 30, 2003*

- ✓ The above total premium includes a \$102 hurricane premium.
- ✓ The above total premium includes a \$781 non-hurricane premium.
- ✓ The above total premium includes a \$2.00 EMPA trust fund surcharge.

PROP \*510000903111453030480402\*



Information as of  
November 14, 2003

# Allstate Floridian Indemnity Company

Policy Number: 9 41 482640 11/30 Your Agent: Beverly H Dillashaw (386) 758-7779  
For Premium Period Beginning: Nov. 30, 2003

**State Floridian**  
Policy Number: 9 41 482640 11/30  
Premium Period Beginning: Nov. 30, 2003

**Your Policy Documents**  
Your Homeowners policy consists of this  
- Floridian Indemnity Broad Policy of this  
- Broad and Special HO Amend. Form  
- Hurricane Deductible Endorsement  
- Lender's Loss Payment Endorsement

## POLICY COVERAGES AND LIMITS OF LIABILITY

### COVERAGE AND APPLICABLE DEDUCTIBLES (See Policy for Applicable Terms, Conditions and Exclusions)

### LIMITS OF LIABILITY

Dwelling Protection - with Building Structure Reimbursement Extended Limits	\$134,000
• \$500 Other Peril Deductible Applies	
• \$2,680 Hurricane Deductible Applies	
Other Structures Protection	\$2,680
• \$500 Other Peril Deductible Applies	
• \$2,680 Hurricane Deductible Applies	
Personal Property Protection - Reimbursement Provision	\$67,000
• \$500 Other Peril Deductible Applies	
• \$2,680 Hurricane Deductible Applies	
Additional Living Expense	Lesser of \$13,400 or 12 months
Family Liability Protection	\$100,000 each occurrence
Guest Medical Protection	\$1,000 each person

**DISCOUNTS** Your premium reflects the following discounts on applicable coverage(s):  
Age of Home 19 %

### RATING INFORMATION

The dwelling is of Brick construction and is occupied by 1 family  
Your dwelling is 3 mile(s) to the fire department

Premium adjusted 3 % for Building Code Effectiveness Grading adjustments range from 1% surcharge to 11% discount.