

\$90⁰⁰

CK# 3571

Columbia County Building Permit Application
Re-Roof's, Roof Repairs, Roof Over's

For Office Use Only	Application # <u>1909-76</u>	Date Received <u>9/23/19</u>	By <u>MG</u>	Permit # <u>38644</u>
Plans Examiner _____ Date _____ <input type="checkbox"/> NOC <input checked="" type="checkbox"/> Deed or PA <input checked="" type="checkbox"/> Contractor Letter of Auth. <input type="checkbox"/> F W Comp. letter <input checked="" type="checkbox"/> Product Approval Form <input type="checkbox"/> Sub VF Form <input type="checkbox"/> Owner POA <input type="checkbox"/> Corporation Doc's and/or Letter of Auth.				
Comments _____				

Applicant (Who will sign/pickup the permit) Paul McDaniel FAX 386-755-7272
 Address 2230 SE Baya Dr. Ste. 101 Lake City, FL 32025 Phone 386-752-4072
 Owners Name David Day Phone 860-462-8378
 911 Address 527^{NW} Indian Springs Dr., Lake City, FL 32055
 Contractors Name Don Reed Construction, Inc. Phone 386-752-4072
 Address 2230 SE Baya Dr. Ste. 101 Lake City, FL 32025

Contractors Email Kalie.drc@gmail.com ***Include to get updates for this job.

Fee Simple Owner Name & Address _____

Bonding Co. Name & Address _____

Architect/Engineer Name & Address _____

Mortgage Lenders Name & Address _____

Property ID Number 12-35-15-00167-029

Subdivision Name Oakhaven Lot 14 Block B Unit _____ Phase _____

Driving Directions Head North on US-41/Main Blvd. toward Bascom Norris Dr.;
left on Bascom Norris; right onto Lake Jeffery Rd.; in 7.9 miles turn
left onto NW Indian Springs Dr.; Destination on left after 0.4 miles

Construction of (circle) Re-Roof - Roof repairs Roof Overlay or Other _____

Cost of Construction \$18,000 Commercial OR ☒ Residential

Type of Structure (House; Mobile Home; Garage; Exxon) _____

Roof Area (For this Job) SQ FT 4600 Roof Pitch 8 /12, _____ /12 Number of Stories 1

Is the existing roof being removed No If NO Explain metal w/purlins over shingles

Type of New Roofing Product (Metal; Shingles; Asphalt Flat) Metal

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: 2014 Florida Building Code.**

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 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.

David D. Day [Signature] ****Property owners must sign here before any permit will be issued.**
Print Owners Name Owners Signature

****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.

[Signature]
Contractor's Signature

Contractor's License Number CCC1330117
Columbia County
Competency Card Number 6266 ✓

Affirmed under penalty of perjury to by the Contractor and subscribed before me this ____ day of _____ 20__.

Personally known X or Produced Identification _____

Kale Egan
State of Florida Notary Signature (For the Contractor)

SEAL:



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			
B. SLIDING			
C. SECTIONAL/ROLL UP			
D. OTHER			
2. WINDOWS			
A. SINGLE/DOUBLE HUNG			
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			
B. NON-STRUCTURAL METAL	Tri - County	Metal	4595.3 R2
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

NOTES: _____

Columbia County Property Appraiser

Jeff Hampton

2019 Preliminary Certified Values

updated: 8/14/2019

Parcel: << 12-3S-15-00167-029 >>

Aerial Viewer Pictometry Google Maps

Owner & Property Info

Result: 1 of 1

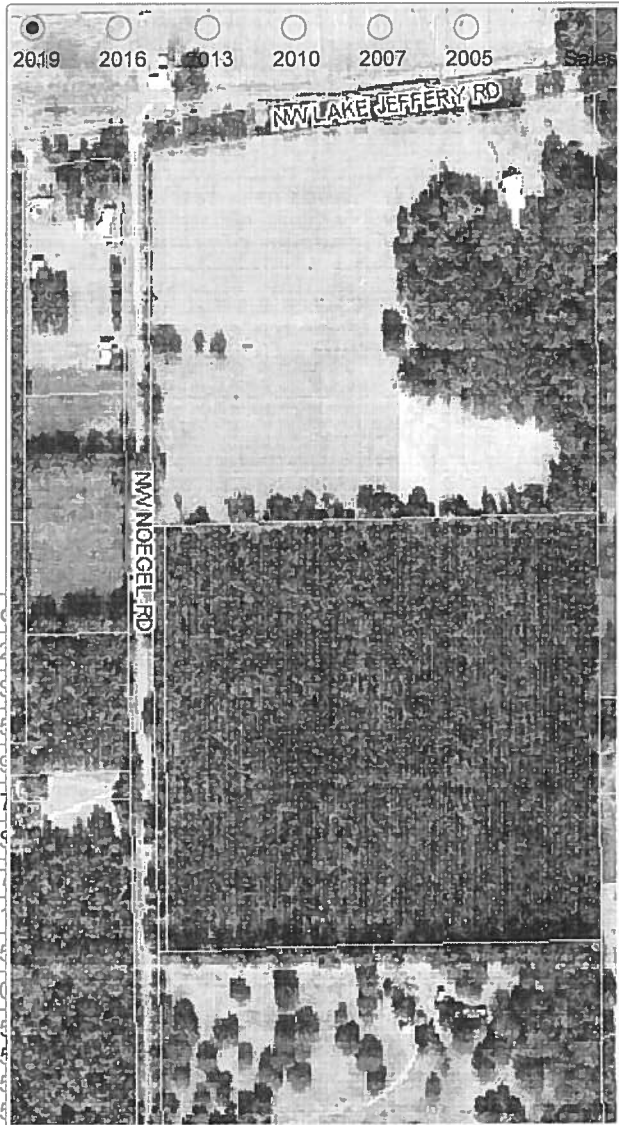
Owner	DAY DAVID M & DEANA L AS CO TRUSTEES 527 NW INDIAN SPRINGS DR LAKE CITY, FL 32055		
Site	527 INDIAN SPRINGS DR, LAKE CITY		
Description*	LOT 14 BLOCK B OAKHAVEN S/D. 946-1386, 972-1209, QC 1125- 456, WD 1125-457, WD 1125-464, WD 1334-29, WD 1361-2461,		
Area	4.49 AC	S/T/R	12-3S-15E
Use Code**	SINGLE FAM (000100)	Tax District	3

*The Description above is not to be used as the Legal Description for this parcel in any legal transaction.

**The Use Code is a FL Dept. of Revenue (DOR) code and is not maintained by the Property Appraiser's office. Please contact your city or county Planning & Zoning office for specific zoning information.

Property & Assessment Values

2018 Certified Values		2019 Preliminary Certified	
Mkt Land (1)	\$25,725	Mkt Land (1)	\$25,725
Ag Land (0)	\$0	Ag Land (0)	\$0
Building (1)	\$217,792	Building (1)	\$235,158
XFOB (3)	\$4,191	XFOB (3)	\$4,191
Just	\$247,708	Just	\$265,074
Class	\$0	Class	\$0
Appraised	\$247,708	Appraised	\$265,074
SOH Cap [?]	\$0	SOH Cap [?]	\$81,411
Assessed	\$180,235	Assessed	\$183,655
Exempt	HX H3 \$50,000	Exempt	HX H3 \$50,000
Total Taxable	county:\$130,235 city:\$130,235 other:\$130,235 school:\$155,235	Total Taxable	county:\$133,655 city:\$133,655 other:\$133,655 school:\$158,655

**Sales History**

Sale Date	Sale Price	Book/Page	Deed	V/I	Quality (Codes)	RCode
5/29/2018	\$100	1361/2461	WD	I	U	11
3/31/2017	\$265,000	1334/0029	WD	I	Q	01
7/12/2007	\$290,000	1125/0464	WD	I	Q	
7/28/2006	\$387,000	1125/0457	WD	I	Q	
12/31/2002	\$183,000	972/1209	WD	I	Q	
2/8/2002	\$27,000	946/1386	WD	V	Q	

Building Characteristics

Bldg Sketch	Bldg Item	Bldg Desc*	Year Blt	Base SF	Actual SF	Bldg Value
Sketch	1	SINGLE FAM (000100)	2002	2688	4904	\$235,158

*Bldg Desc determinations are used by the Property Appraisers office solely for the purpose of determining a property's Just Value for ad valorem tax purposes and should not be used for any other purpose.

NOTICE OF COMMENCEMENT

Tax Parcel Identification Number:

12-3S-15-00167-029

Clerk's Office Stamp

Inst: 201912022165 Date: 09/23/2019 Time: 3:20PM
Page 1 of 1 B: 1395 P: 177, P. DeWitt Cason, Clerk of Court Colum
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): 12-3S-15-00167-029
a) Street (job) Address: 527 NW Indian Springs Dr., Lake City, FL 32055
2. General description of improvements: Metal
3. Owner Information or Lessee information if the Lessee contracted for the improvements:
a) Name and address: David Day 527 NW Indian Springs Dr., Lake City, FL 32055
b) Name and address of fee simple titleholder (if other than owner) N/A
c) Interest in property OWNER
4. Contractor Information Don Reed Construction, Inc 2230 SE Baya Dr. Ste. 101 Lake City, FL 32025
a) Name and address:
b) Telephone No.: 386-752-4072
5. Surety Information (if applicable, a copy of the payment bond is attached):
a) Name and address:
b) Amount of Bond:
c) Telephone No.:
6. Lender
a) Name and address:
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(4)(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): 90 days

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

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

David Day
Printed Name and Signatory's Title/Office

The foregoing instrument was acknowledged before me, a Florida Notary, this 12th day of September, 2019, by:
_____, as _____, for David Day
(Name of Person) (Type of Authority) (name of party on behalf of whom instrument was executed)

Personally Known ☒ OR Produced Identification _____ Type _____

Notary Signature Kalie Egan No

