

DATE 10/12/2018

Columbia County Building Permit
This Permit Must Be Prominently Posted on Premises During Construction

PERMIT
000037310

APPLICANT EMMA BROWN PHONE 386-623-9228
ADDRESS 12471 SW TUSTENUGGEE AVE FORT WHITE FL 32038
OWNER EMMA J. BROWN PHONE 623-9228
ADDRESS 12471 SW TUSTENUGGEE AVE FORT WHITE FL 32038
CONTRACTOR EMMA BROWN PHONE 623-9228
LOCATION OF PROPERTY 441 S. R CR-778, R US-27, 2 MILES ON THE RIGHT
TYPE DEVELOPMENT REMODEL HOUSE ESTIMATED COST OF CONSTRUCTION 0.00
HEATED FLOOR AREA TOTAL AREA HEIGHT STORIES
FOUNDATION WALLS ROOF PITCH FLOOR
LAND USE & ZONING AG-3 MAX. HEIGHT 35
Minimum Set Back Requirments: STREET-FRONT 30.00 REAR 25.00 SIDE 25.00
NO. EX.D.U. 1 FLOOD ZONE X DEVELOPMENT PERMIT NO.

PARCEL ID 11-7S-16-04175-001 SUBDIVISION
LOT BLOCK PHASE UNIT TOTAL ACRES
OWNER
Culvert Permit No. Culvert Waiver Contractor's License Number Applicant/Owner/Contractor
EXISTING X18 LN TC N
Driveway Connection Septic Tank Number LU & Zoning checked by Approved for Issuance New Resident Time/STUP No.
COMMENTS: EXISTING DWELLING, NOC ON FILE
OWNER DISCLOSURE STATEMET ON FILE
Check # or Cash 1004

FOR BUILDING & ZONING DEPARTMENT ONLY

Temporary Power Foundation Monolithic (footer/Slab)
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 Insulation
date/app. by date/app. by
Rough-in plumbing above slab and below wood floor Electrical rough-in
date/app. by date/app. by
Heat & Air Duct Peri. beam (Lintel) Pool
date/app. by date/app. by date/app. by
Permanent power C.O. Final Culvert
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 date/app. by
Reconnection RV Re-roof
date/app. by date/app. by date/app. by

BUILDING PERMIT FEE \$ 0.00 CERTIFICATION FEE \$ 0.00 SURCHARGE FEE \$ 0.00
MISC. FEES \$ 75.00 ZONING CERT. FEE \$ 50.00 FIRE FEE \$ 0.00 WASTE FEE \$
PLAN REVIEW FEE \$ 19.00 DP & FLOOD ZONE FEE \$ CULVERT FEE \$ TOTAL FEE 144.00
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."

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.

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

Columbia County Remodel Permit Application

✓ Scope of Work

For Office Use Only Application # 1809-70 Date Received 9/21 By [Signature] Permit # 37310
 Zoning Official [Signature] Date 10-4 Flood Zone X Land Use A Zoning A3
 FEMA Map # _____ Elevation _____ MFE _____ River _____ Plans Examiner 12 Date 10-4-18
 Comments _____
☒ NOC ☒ Deed or PA ☐ Dev Permit # _____ ☐ In Floodway ☐ Letter of Auth. from Contractor
☐ F W Comp. letter ☐ Owner Builder Disclosure Statement ☐ Land Owner Affidavit ☐ Ellisville Water ☒ App Fee Paid
☐ Site Plan ☐ Env. Health Approval _____ ☒ Sub VF Form ☒ Elevation Signature [Signature]

Fax _____

Applicant (Who will sign/pickup the permit) Emma S. Brown Phone 386-623-9228
 Address 12421 SW Tustenuggee Ave, Ft. White, FL 32038
 Owners Name Emma S. Brown Phone 386-623-9228
 911 Address 4907 SW State Road 27, Fort White, FL 32038
 Contractors Name Emma S. Brown Phone 386-623-9228
 Address _____

Contractor Email _____ ***Include to get updates on this job.

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. ☐ Duke EnergyProperty ID Number 11-75-16-04175-001 Estimated Construction Cost 6000Subdivision Name N/A Lot _____ Block _____ Unit _____ Phase _____

Driving Directions from a Major Road Take Marion St/441 North to C.R. 778,
Make (R) on 778, make (R) on SR 27, Location is 2 miles on
the (R) 4907 SR 27,

Construction of EXT/Interior remodel Commercial OR ☒ Residential

Type of Structure (House; Mobile Home; Garage; Exxon) Frame houseUse/Occupancy of the building now Residential Is this changing _____If Yes, Explain, Proposed Use/Occupancy ResidentialIs the building Fire Sprinkled? NO If Yes, blueprints included _____ Or Explain _____

Entrance Changes (Ingress/Egress) _____ If Yes, Explain _____

Zoning Applications applied for (Site & Development Plan, Special Exception, etc.)

See scope w/ MS Brown 10.4.18

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.

Emma J. Brown
Print Owners Name

Emma J. Brown
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 _____ day of _____ 20____.

Personally known _____ or Produced Identification _____

SEAL:

State of Florida Notary Signature (For the Contractor)

SUBCONTRACTOR VERIFICATION

APPLICATION/PERMIT # 1809-70 JOB NAME Brown

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"/>	Print Name <u>Thomas J. Thomas</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
CC# <u>557</u>	Company Name: <u>Steve Thomas Electric LLC</u> License #: <u>EC 00061121</u> Phone #: <u>386.752.5125</u>	
MECHANICAL/A/C <input checked="" type="checkbox"/>	Print Name <u>Ervin Fleming</u> Signature <u>[Signature]</u>	Need <input checked="" type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
CC# <u>557</u>	Company Name: <u>Fleming Air & Electric INC</u> License #: <u>CAC1814541</u> Phone #: <u>386-623-4089</u>	
PLUMBING/GAS <input checked="" type="checkbox"/>	Print Name <u>Emme S. Brown</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
CC#	Company Name: _____ License #: _____ Phone #: <u>386-623-9228</u>	
ROOFING <input type="checkbox"/>	Print Name _____ Signature _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
CC#	Company Name: _____ License #: _____ Phone #: _____	
SHEET METAL <input type="checkbox"/>	Print Name _____ Signature _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
CC#	Company Name: _____ License #: _____ Phone #: _____	
FIRE SYSTEM/SPRINKLER <input type="checkbox"/>	Print Name _____ Signature _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
CC#	Company Name: _____ License #: _____ Phone #: _____	
SOLAR <input type="checkbox"/>	Print Name _____ Signature _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
CC#	Company Name: _____ License #: _____ Phone #: _____	
STATE SPECIALTY <input type="checkbox"/>	Print Name _____ Signature _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
CC#	Company Name: _____ License #: _____ Phone #: _____	



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:

4907 SW 45th Ave

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 of 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.

(scope of work on reverse side)

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 _____
(4) Other Intervenor Permit

I _____, 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.

Emmy B... Date 9/24/18
Owner Builder Signature

NOTARY OF OWNER BUILDER SIGNATURE

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

Notary Signature [Signature] Date _____


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 [Signature]

Scope of Work

- 1) Installation of HVAC
- 2) Upgrading of Electrical (100 Amp to 200 Amp)
- 3) Interior remodeling
 - a) insulation
 - b) Kitchen cabinets
 - c) bathroom fixtures
 - d) drywall repair
 - e) Painting
- 4) Exterior remodeling
 - a) handle plant covering
 - b) painting



updated: 8/1/2018

Parcel: 11-7S-16-04175-001

<< Next Lower Parcel	Next Higher Parcel >>
----------------------	-----------------------

2017 Tax Roll Year

Tax Collector

Tax Estimator

Property Card

Parcel List Generator

2018 TRIM (pdf)

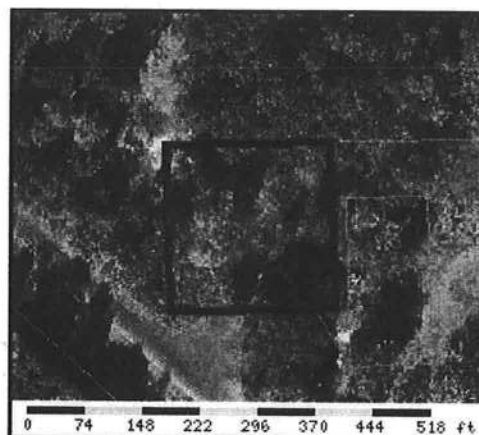
Interactive GIS Map

Print

<< Prev Search Result: 82 of 298 Next >>

Owner & Property Info

Owner's Name	BROWN EMMA J		
Mailing Address	12471 SW TUSTENUGGEE AVE FORT WHITE, FL 32038		
Site Address	4907 SW US HIGHWAY 27		
Use Desc. (code)	MISC RES (000700)		
Tax District	3 (County)	Neighborhood	11716
Land Area	1.000 ACRES	Market Area	02
Description	NOTE: This description is not to be used as the Legal Description for this parcel in any legal transaction.		
1 AC OF LAND LYING IN NW COR OF MIDDLE PART OF SE1/4 OF NE1/4. 419-368, TD 1339-1683,			



Property & Assessment Values

2017 Certified Values		
Mkt Land Value	cnt: (0)	\$7,931.00
Ag Land Value	cnt: (1)	\$0.00
Building Value	cnt: (1)	\$18,600.00
XFOB Value	cnt: (0)	\$0.00
Total Appraised Value		\$26,531.00
Just Value		\$26,531.00
Class Value		\$0.00
Assessed Value		\$26,531.00
Exempt Value		\$0.00
Total Taxable Value		Cnty: \$26,531 Other: \$26,531 Schl: \$26,531

2018 Working Values		(Hide Values)
Mkt Land Value	cnt: (0)	\$8,725.00
Ag Land Value	cnt: (1)	\$0.00
Building Value	cnt: (0)	\$0.00
XFOB Value	cnt: (1)	\$2,448.00
Total Appraised Value		\$11,173.00
Just Value		\$11,173.00
Class Value		\$0.00
Assessed Value		\$11,173.00
Exempt Value		\$0.00
Total Taxable Value		Cnty: \$11,173 Other: \$11,173 Schl: \$11,173

NOTE: 2018 Working Values are NOT certified values and therefore are subject to change before being finalized for ad valorem assessment purposes.

Sales History

[Show Similar Sales within 1/2 mile](#)

Sale Date	OR Book/Page	OR Code	Vacant / Improved	Qualified Sale	Sale RCode	Sale Price
6/27/2017	1339/1683	TD	I	U	18	\$9,100.00

Building Characteristics

Bldg Item	Bldg Desc	Year Blt	Ext. Walls	Heated S.F.	Actual S.F.	Bldg Value
NONE						

NOTICE OF COMMENCEMENT

Tax Parcel Identification Number:

11-75-16-04175-001

Clerk's Office Stamp

Inst: 201812020041 Date: 09/27/2018 Time: 10:20AM
Page 1 of 1 B: 1369 P: 1394, P. DeWitt Cason, Clerk of Court
Columbia, County, By: PT
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): 4907 SW 27, Ft. White, FL 32038
a) Street (job) Address: 4907 SW 27, Fort White, FL 32038
2. General description of improvements: HVAC, Electrical upgrade, Interior & Exterior remodeling
3. Owner Information or Lessee information if the Lessee contracted for the improvements:
a) Name and address: Emma S. Brown, 12471 SW Tustenuggee Ave, Ft White 32038
b) Name and address of fee simple titleholder (if other than owner): N/A
c) Interest in property: _____
4. Contractor Information
a) Name and address: Emma S. Brown
b) Telephone No.: 386-623-9228
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: _____
b) Phone No.: N/A
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: N/A
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.: N/A
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. Emma S. Brown
Signature of Owner or Lessee, or Owner's or Lessee's Authorized Office/Director/Partner/Manager

Emma S. Brown
Printed Name and Signatory's Title/Office

The foregoing instrument was acknowledged before me, a Florida Notary, this September day of 2018, by:

Emma Brown as OWNER for Emma J. Brown
(Name of Person) (Type of Authority) (name of party on behalf of whom instrument was executed)

Personally Known ☒ OR Produced Identification _____ Type _____

Notary Signature

[Signature]

Notary Stamp or Seal

