

DATE 01/02/2015

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

PERMIT
000032585

APPLICANT GEORGE A. PRESCOTT PHONE 904.838.5467
ADDRESS 8024 W BEAVER STREET JACKSONVILLE FL 32220
OWNER MARLENE COUCHON PHONE 386.438.8096
ADDRESS 216 SW SHADY OAK WAY LAKE CITY FL 32024
CONTRACTOR GEORGE A. PRESCOTT PHONE 904.781.7381
LOCATION OF PROPERTY 90-W TO SR. 247-S, TL TOC-242, TR TO SHADY OAK, TR AND IT'S
4TH ON L.
TYPE DEVELOPMENT WEATH/SHIP REPAIRS ESTIMATED COST OF CONSTRUCTION 6485.00
HEATED FLOOR AREA TOTAL AREA HEIGHT STORIES
FOUNDATION WALLS ROOF PITCH FLOOR
LAND USE & ZONING MAX. HEIGHT
Minimum Set Back Requirments: STREET-FRONT REAR SIDE
NO. EX.D.U. 1 FLOOD ZONE DEVELOPMENT PERMIT NO.

PARCEL ID 20-4S-16-03078-015 SUBDIVISION SHADY OAKS
LOT 15 BLOCK 1 PHASE UNIT 1 TOTAL ACRES 0.50

CGC1509141
Culvert Permit No. Culvert Waiver Contractor's License Number Applicant/Owner/Contractor JLW N
Driveway Connection Septic Tank Number LU & Zoning checked by Approved for Issuance New Resident

COMMENTS: NOC ON FILE.

Check # or Cash 4267

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 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 \$ 35.00 CERTIFICATION FEE \$ 0.00 SURCHARGE FEE \$ 0.00
MISC. FEES \$ 0.00 ZONING CERT. FEE \$ FIRE FEE \$ 0.00 WASTE FEE \$
FLOOD DEVELOPMENT FEE \$ FLOOD ZONE FEE \$ CULVERT FEE \$ TOTAL FEE 35.00
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 Building Permit Application 4267

For Office Use Only Application # 1501-04 Date Received 1/2 By JS Permit # 32585

Zoning Official _____ Date _____ Flood Zone _____ Land Use _____ Zoning _____

FEMA Map # _____ Elevation _____ MFE _____ River _____ Plans Examiner _____ Date _____

Comments _____

☐ 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

IMPACT FEES: EMS _____ Fire _____ Corr _____ ☐ Sub VF Form

Road/Code _____ School _____ = TOTAL (Suspended) ☐ Ellisville Water ☐ App Fee Paid

Septic Permit No. _____ Fax 904.693.2702

Name Authorized Person Signing Permit Mr. A. Prescott Phone 904.838.5467

Address 8004 W Beaver St. Jct. 1.32220

Owners Name Marlene Couchon Phone 386.438.8096

911 Address 216 SW SHADY DAK Way Lake City 1.32024

Contractors Name Mr. Prescott Const Inc. Phone 904.781.7381

Address 8004 W. Beaver St. Jct. 1.32220

Fee Simple Owner Name & Address NA

Bonding Co. Name & Address NA

Architect/Engineer Name & Address NA

Mortgage Lenders Name & Address NA

Circle the correct power company - FL Power & Light - Clay Elec. - Suwannee Valley Elec. - Progress Energy

Property ID Number 20-48-16-03078-015 Estimated Cost of Construction \$6485.00

Subdivision Name Shady Dake Lot 15 Block 1 Unit 1 Phase _____

Driving Directions Ex 247 So. Passed I 75 Continue to R on 18th St (CR 242)
R on SW Shady Dake Way (Unstreeter Rd) 4th lot on left

Number of Existing Dwellings on Property _____

Construction of Weatherization SHTP Total Acreage 50 Lot Size _____

Do you need a - Culvert Permit or Culvert Waiver or Have an Existing Drive Total Building Height _____

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

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.**

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 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.

(Owners Must Sign All Applications Before Permit Issuance.)

Maureen Corman
Owners Signature

****OWNER BUILDERS MUST PERSONALLY APPEAR AND SIGN THE BUILDING PERMIT.**

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 (Permitee)

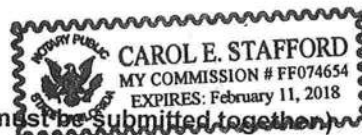
Contractor's License Number Cgc1509141
Columbia County
Competency Card Number 803

Affirmed under penalty of perjury to by the Contractor and subscribed before me this 24 day of Nov 2014

Personally known ✓ or Produced Identification _____

Carol E. Stafford
State of Florida Notary Signature (For the Contractor)

SEAL:



386 362 4078

SREC

**COLUMBIA COUNTY S.H.I.P. PROGRAM
EMERGENCY REPAIR
WORK WRITE-UP BID FORM**

Wednesday, November 05, 2014

Wednesday, November 12, 2014

OWNER: Marlene Couchon JOB ADDRESS: 216 SW Shady Oak Way
Lake City, FL 32024
PHONE: (386) 438-8096

HOMES BUILT PRIOR TO 1978 MAY CONTAIN LEAD-BASED PAINT

ITEM #	DESCRIPTION OF WORK	MATERIALS	LABOR
<u>1</u>	<u>Take Out Plastic Shower Pan - Pour Concrete & Tile Trim in</u> <u>Turquoise Green Around Window</u>	<u>\$2,165.00</u>	<u>\$1,100.00</u>
<u>2</u>	<u>Install New High Rise Toilet & Move</u>	<u>\$195.00</u>	<u>\$105.00</u>
<u>3</u>	<u>New Tall Vanity, Mechanicals, Sink, Counter Top Repair Wall From</u> <u>Shower Water</u>	<u>\$315.00</u>	<u>\$210.00</u>
<u>4</u>	<u>Lighted Exhaust Fan</u>	<u>\$110.00</u>	<u>\$75.00</u>
<u>5</u>	<u>Grab Bars for Toilet & 4' For Shower</u>	<u>\$165.00</u>	<u>\$110.00</u>
<u>6</u>	<u>New Window Bath Frosted</u>	<u>\$185.00</u>	<u>\$100.00</u>
<u>7</u>	<u>Florescent Light Kitchen (1)</u>	<u>\$75.00</u>	<u>\$75.00</u>
<u>8</u>	<u>Base Cabinet Counter Top, Stainless Sink & Mech. (Kit)</u>	<u>\$1,050.00</u>	<u>\$450.00</u>
TOTAL MATERIALS & LABOR:		<u>\$4,260.00</u>	<u>\$2,225.00</u>
GRAND TOTAL:		<u>\$6,485.00</u>	


Contractor's Signature

Columbia County Property Appraiser

CAMA updated: 10/16/2014

2014 Tax Year

Parcel: 20-4S-16-03078-015

Tax Collector

Tax Estimator

Property Card

Parcel List Generator

<< Next Lower Parcel Next Higher Parcel >>

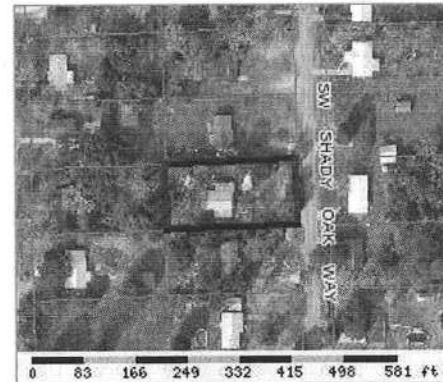
Interactive GIS Map

Print

Search Result: 1 of 1

Owner & Property Info

Owner's Name	COUCHON MARLENE A		
Mailing Address	216 SW SHADY OAK WAY LAKE CITY, FL 32024		
Site Address	216 SW SHADY OAK WAY		
Use Desc. (code)	SINGLE FAM (000100)		
Tax District	3 (County)	Neighborhood	20416
Land Area	0.506 ACRES	Market Area	01
Description	NOTE: This description is not to be used as the Legal Description for this parcel in any legal transaction. LOT 15 BLOCK 1 SHADY OAKS LOT 15 BLOCK 1 SHADY OAKS ACRES UNIT 1. ORB 491-129. ACRES UNIT 1. ORB 491-129, AFF OF DEATH 1105-268(HENRY AFF OF DEATH 1105-268(HENRY COUCHON) COUCHON)		



Property & Assessment Values

2014 Certified Values		
Mkt Land Value	cnt: (0)	\$10,368.00
Ag Land Value	cnt: (1)	\$0.00
Building Value	cnt: (1)	\$47,576.00
XFOB Value	cnt: (1)	\$500.00
Total Appraised Value		\$58,444.00
Just Value		\$58,444.00
Class Value		\$0.00
Assessed Value		\$48,636.00
Exempt Value	(code: HX H3 WX DX SX)	\$48,636.00
Total Taxable Value		Cnty: \$0 Other: \$22,636 Schl: \$22,636

2015 Working Values

NOTE:

2015 Working Values are NOT certified values and therefore are subject to change before being finalized for ad valorem assessment purposes.

Show Working Values

Sales History

Show Similar Sales within 1/2 mile

Sale Date	OR Book/Page	OR Code	Vacant / Improved	Qualified Sale	Sale RCode	Sale Price
7/1/1979	431/641	03	I	Q		\$27,000.00

Building Characteristics

Bldg Item	Bldg Desc	Year Blt	Ext. Walls	Heated S.F.	Actual S.F.	Bldg Value
1	SINGLE FAM (000100)	1977	(31)	1312	1785	\$47,576.00
Note: All S.F. calculations are based on exterior building dimensions.						

Extra Features & Out Buildings

Code	Desc	Year Blt	Value	Units	Dims	Condition (% Good)
0120	CLFENCE 4	1993	\$500.00	0000001.000	0 x 0 x 0	(000.00)

Land Breakdown

Lnd Code	Desc	Units	Adjustments	Eff Rate	Lnd Value
000100	SFR (MKT)	1 LT - (0000000.506AC)	1.00/1.00/1.00/1.00	\$10,368.00	\$10,368.00

Columbia County Property Appraiser

CAMA updated: 10/16/2014

DISCLAIMER

This information was derived from data which was compiled by the Columbia County Property Appraiser Office solely for the governmental purpose of property assessment. This information should not be relied upon by anyone as a determination of the ownership of property or market value. No warranties, expressed or implied, are provided for the accuracy of the data herein, it's use, or it's interpretation. Although it is periodically updated, this information may not reflect the data currently on file in the Property Appraiser's office. The assessed values are NOT certified values and therefore are subject to change before being finalized for ad valorem assessment purposes.

Notice of Commencement Form
Columbia County, Florida

***THIS DOCUMENT MUST BE RECORDED AT THE
COUNTY CLERKS OFFICE BEFORE YOUR FIRST
INSPECTION***

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 in this Notice of Commencement:

Tax Parcel ID Number: 20-45-16-03078-015

Description of property: (legal description of the property and street address or 911 address)

216 SW Shady Oak Way Lake City, FL 32004

2. General description of improvement: Water Pumps ADA Bathroom Kit Counters

3. Owner Name & Address: Marlene Couchon 216 SW Shady Oak Way 32004
Interest in Property DD Owner X

4. Name & Address of Fee Simple Owner (if other than owner): na

5. Contractor Name: Mr. Prosser Chas. Inc. Phone Number: 904-781-7381

Address: 204 W Beaver St Apt 4 32220

6. Surety Holders Name: na Phone Number: _____

Address: _____

Amount of Bond: _____

7. Lender Name: na Phone Number: _____

Address: _____

8. Persons within the State of Florida designated by the Owner upon whom notices or other documents
may be served as provided in section 718.13 (1)(a) 7: Florida Statutes

Name: D.R.C. Inc. Phone Number: 980-362-4115

Address: PO Box 70 River Dale IL 32004

9. In addition to himself/herself the owner designates na
of _____ to receive a copy of the Lender's Notice as provided in Section 713.13 (1)-

(a) 7. Phone number of designee: _____

10. Expiration date of the Notice of Commencement (the expiration date is 1 (one) year from date of recording. Unless
a different date is specified: _____

NOTICE AS PER CHAPTER 713, FLORIDA STATUTES

The Owner must sign the Notice of Commencement and no one else may be permitted to sign in his/her stead:

Sworn to (or affirmed) and subscribed before me
this 14 day of Dec 2015

Marlene Couchon
Signature of Owner

NOTARY STAMP/SEAL

Matthew L Pearson

Signature of Notary MATTHEW L PEARSON
COMMISSION # EE150583
EXPIRES JAN 22 2016
BONDED THROUGH
RLI INSURANCE COMPANY