

Mark Haddox - Comm

# SUBCONTRACTOR VERIFICATION

APPLICATION/PERMIT #

43776

JOB NAME

Haddox

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.

<b>ELECTRICAL</b> <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ CC# _____ License #: _____ Phone #: _____	<b>Need</b> <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
<b>MECHANICAL/A/C</b> <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ CC# _____ License #: _____ Phone #: _____	<b>Need</b> <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
<b>PLUMBING/GAS</b> <input checked="" type="checkbox"/> 1429	Print Name <u>DAN Mossburg</u> Signature <u>[Signature]</u> Company Name: <u>LIVE OAK Plumbing</u> CC# <u>1429</u> License #: <u>CFC 1427438</u> Phone #: <u>(386) 362-1767</u>	<b>Need</b> <input checked="" type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
<b>ROOFING</b> <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ CC# _____ License #: _____ Phone #: _____	<b>Need</b> <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
<b>SHEET METAL</b> <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ CC# _____ License #: _____ Phone #: _____	<b>Need</b> <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
<b>FIRE SYSTEM/SPRINKLER</b> <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ CC# _____ License #: _____ Phone #: _____	<b>Need</b> <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
<b>SOLAR</b> <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ CC# _____ License #: _____ Phone #: _____	<b>Need</b> <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
<b>STATE SPECIALTY</b> <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ CC# _____ License #: _____ Phone #: _____	<b>Need</b> <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE

43776

CR # 10-7341

PERMIT NO. 19-0765  
DATE PAID: 10/14/19  
FEE PAID: 30.00  
RECEIPT #: 448044



STATE OF FLORIDA  
DEPARTMENT OF HEALTH  
ONSITE SEWAGE TREATMENT AND DISPOSAL  
SYSTEM

APPLICATION FOR CONSTRUCTION PERMIT

APPLICATION FOR:

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

APPLICANT: MARK HADDOX

AGENT: MARK HADDOX

TELEPHONE: 351-288-176

MAILING ADDRESS: P.O. BOX 1755

LAKE CITY

FL 32056

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: METES AND BOUNDS PLATTED: \_\_\_\_\_

PROPERTY ID #: 33-3S-16-02435-001 ZONING: RES I/M OR EQUIVALENT: ☐ NO ☐

PROPERTY SIZE: 5.000 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☒ <=2000GPD ☐ >2000GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? ☐ NO ☐ DISTANCE TO SEWER: N/A FT

PROPERTY ADDRESS: 297 BROWN ROAD

DIRECTIONS TO PROPERTY: TAKE US HWY 90 WEST, TURN RIGHT ON BROWN ROAD, SITE IS 2ND ON THE RIGHT.

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	<u>TRUCK REPAIR SHOP</u>	<u>0</u>	<u>10,619</u>	
2				
3				
4				

☐ Floor/Equipment Drains ☐ Other (Specify) \_\_\_\_\_

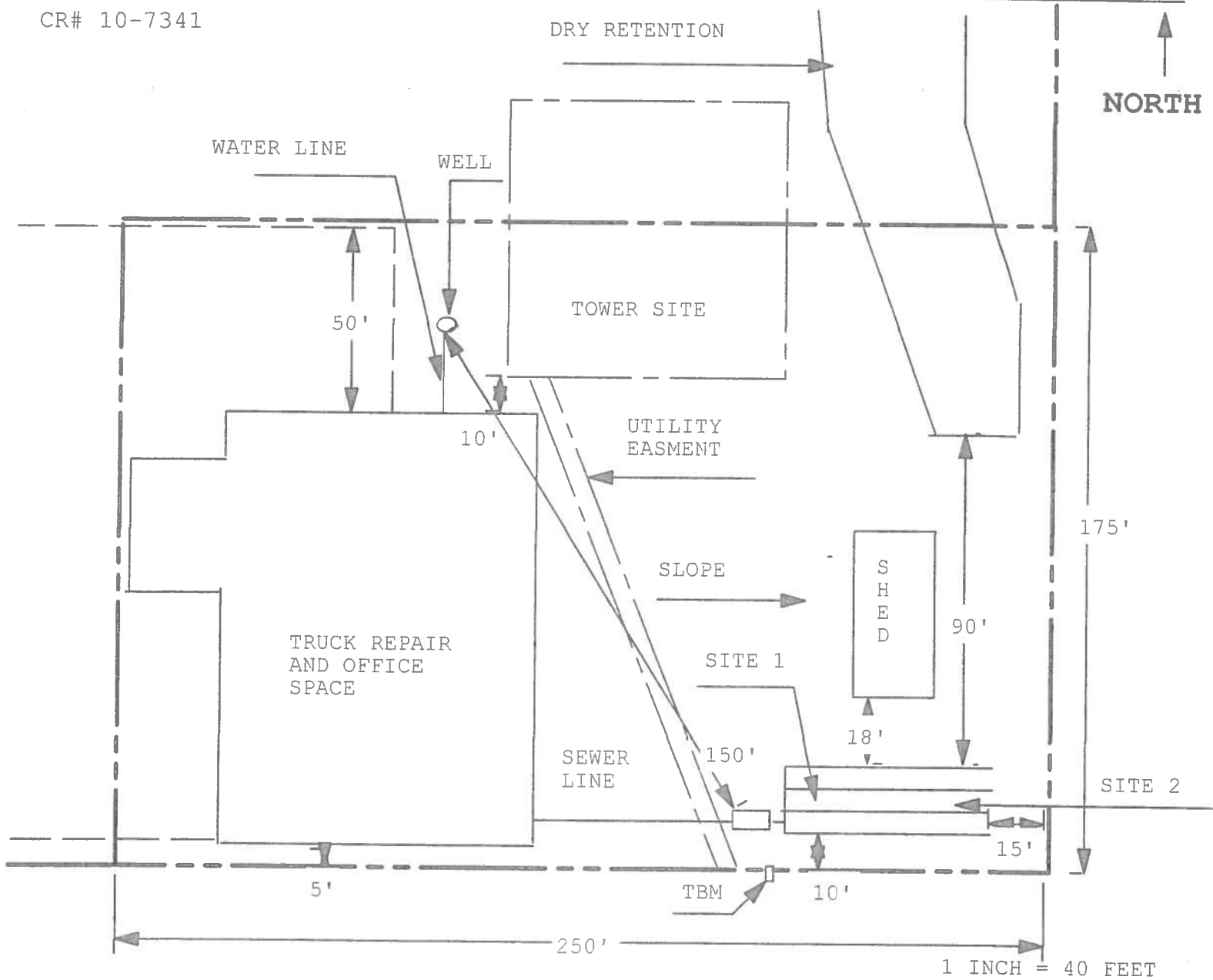
SIGNATURE: [Signature]

DATE: 10-11-19

Application for Onsite Sewage Disposal System  
Construction Permit. Part II Site Plan  
Permit Application Number: 19-8745

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH UNIT

CR# 10-7341



Site Plan Submitted By Paul Lloyd Date 9/22/19  
Plan Approved ✓ Not Approved        Date 11/13/19

By [Signature] Columbus CPHU

Notes:

# NOTICE OF COMMENCEMENT

Tax Parcel Identification Number:

33-35-16-02435-001

Clerk's Office Stamp

Inst: 201912026374 Date: 11/13/2019 Time: 10:00AM  
Page 1 of 1 B: 1398 P: 1976, P. DeWitt Cason, 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:

297 Brown Rd

2. General description of improvements:

Metal Building Truck Repair

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

a) Name and address:

Mark Haddock PO Box 1755 W.C. 32056

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

c) Interest in property

owner

4. Contractor Information

a) Name and address:

Robert Parrish PO Box 537 Lake Butler FL

b) Telephone No.:

386 496 0681

32054

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(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

Mark Haddock

Printed Name and Signatory's Title/Office

The foregoing instrument was acknowledged before me, a Florida Notary, this 13<sup>th</sup> day of November, 2019, by:

Mark Haddock

as

Self

for

(name of party on behalf of whom instrument was executed)

Personally Known OR Produced Identification Type FDL

Notary Signature

Notary Stamp or Seal

