

DATE 01/31/2018

# Columbia County Building Permit

This Permit Must Be Prominently Posted on Premises During Construction

**PERMIT**  
**000036274**

APPLICANT GERALD HARVEY PHONE 352.258.9051

ADDRESS 4107 SW SR 45 NEWBERRY FL 32669

OWNER RICHARD G. PARK PHONE 813.267.1402

ADDRESS 979 SW RIVERSIDE AVE FT. WHITE FL 32038

CONTRACTOR GERALD HARVEY PHONE 352.258.9051

LOCATION OF PROPERTY HIGHWAY 27 WEST OF FT. WHITE TO RIVERSIDE, FL AND IT'S  
3/4 MILE DOWN ON L.

TYPE DEVELOPMENT SFD/UTILITY ESTIMATED COST OF CONSTRUCTION 0.00

HEATED FLOOR AREA                      TOTAL AREA                      HEIGHT                      STORIES                     

FOUNDATION CONC WALLS FRAMED ROOF PITCH 6/12 FLOOR CONC

LAND USE & ZONING ESA-2 MAX. HEIGHT                     

Minimum Set Back Requirements: STREET-FRONT 30.00 REAR 25.00 SIDE 25.00

NO. EX.D.U. 0 FLOOD ZONE AE DEVELOPMENT PERMIT NO. 18-001

PARCEL ID 26-6S-15-00854-004 SUBDIVISION 3 RIVERS STATES

LOT 29/30 BLOCK                      PHASE                      UNIT 11 TOTAL ACRES 1.90

Culvert Permit No.                      Culvert Waiver                      Contractor's License Number CRC058134 Applicant Owner/Contractor                     

EXISTING                      17-0810 BMS TC N

Driveway Connection                      Septic Tank Number                      I.U. & Zoning checked by                      Approved for Issuance                      New Resident                      Time SCHED No.                     

COMMENTS: MFE @ 34.00'. DOES NOT REQUIRE 1 FOOT RISE NEEDED ELEVATION CERT.

BEFORE POWER ON FINISHED CONSTRUCTION, SAME LOCATION AS REMOVED

HOME, NO CHARGE -STORM DAMAGE, INS. REPORT REC'D.

Check # or Cash NO CHARGE

## 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                     

Permanent power                      C.O. Final                      Culvert                     

                     date/app. by                      date app. by                     

Pump pole                      Utility Pole                      M/H tie downs, blocking, electricity and plumbing                     

                     date/app. by                      date/app. by                     

Reconnection                      RV                      Re-roof                     

                     date/app. by                      date app. by                     

BUILDING PERMIT FEE \$ 0.00 CERTIFICATION FEE \$ 0.00 SURCHARGE FEE \$ 0.00MISC. FEES \$ 0.00 ZONING CERT. FEE \$                      FIRE FEE \$ 0.00 WASTE FEE \$                     PLAN REVIEW FEE \$                      DP & FLOOD ZONE FEE \$                      CULVERT FEE \$                      TOTAL FEE 0.00INSPECTORS 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 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 INSPECTION.

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

Storm  
DamageNO Fee  
Columbia County New Building Permit Application

**For Office Use Only** Application # 1712-70 Date Received 12-27-17 By UH Permit # 36274

Zoning Official RKS Date 1-12-18 Flood Zone AE Land Use ESA Zoning ESA-2

FEMA Map # 0458C Elevation 33' MFE 34.0' River Plans Examiner 1.C. Date 1-11-18

Comments Does not require one ft rise. Need Elevation Cert before power on finished construction  
same location as removed home

☒ NOC ☒ DEH ☒ Deed or PA ☒ Site Plan ☐ State Road Info ☒ Well letter ☐ 911 Sheet ☐ Parent Parcel #

☒ Dev Permit # 18-001 ☐ In Floodway ☐ Letter of Auth. from Contractor ☐ F W Comp. letter

☐ Owner Builder Disclosure Statement ☐ Land Owner Affidavit ☐ Ellisville Water ☒ App Fee Paid ☒ Sub VF Form Assign from Ruler

Septic Permit No. 17-0810 OR City Water ☐ Fax \_\_\_\_\_

Applicant (Who will sign/pickup the permit) GERALD HARVEY Phone 352-258-9051

Address 4107 SW SR 45 Newberry FLA. 32669

Owners Name Richard George Park Phone 813.267.402

Address 979 So West Riverside Ave Fort White FL 32038

Contractors Name GERALD HARVEY Phone 352-258-9051

Address 4107 SW SR 45 Newberry FLA. 32669

Contractor Email SJH0330@G.MAIL.COM \*\*\*Include to get updates on this job.

Fee Simple Owner Name & Address \_\_\_\_\_

Bonding Co. Name & Address \_\_\_\_\_

Architect/Engineer Name & Address DON YANSKEY 2421 NW 49TH AVE GAINESVILLE

Mortgage Lenders Name & Address \_\_\_\_\_

Circle the correct power company ☐ FL Power & Light ☒ Clay Elec. ☐ Suwannee Valley Elec. ☐ Duke Energy

Property ID Number R00854-004 Estimated Construction Cost \$300,000.00

Subdivision Name Three Rivers Estates Int Lot 29/2 Block \_\_\_\_\_ Unit 11 Phase -

Driving Directions from a Major Road From Highway 27 West of Fort White Turn Left on 5th Riverside Ave  
3/4 mile down 5th Riverside Ave on Left

Construction of SFD Commercial ☐ OR ☒ Residential

Proposed Use/Occupancy Replacing Home Number of Existing Dwellings on Property 1

Is the Building Fire Sprinkled? NO If Yes, blueprints included \_\_\_\_\_ Or Explain \_\_\_\_\_

Circle Proposed ☐ Culvert Permit or ☐ Culvert Waiver or ☐ D.O.T. Permit or ☒ Have an Existing Drive

Actual Distance of Structure from Property Lines - Front 210' Side 90' Side 22' Rear 190'

Number of Stories 1 Heated Floor Area 2259 Total Floor Area 2868 Acreage 1.9

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

Lt Spoke to George 1-17-18

**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.

Richard G. Prosek [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

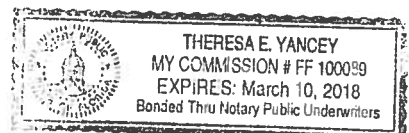
Contractor's License Number CRC058134  
Columbia County  
Competency Card Number 675

Affirmed under penalty of perjury to by the Contractor and subscribed before me this 26<sup>th</sup> day of December 2017.

Personally known X or Produced Identification \_\_\_\_\_

[Signature]  
State of Florida Notary Signature (For the Contractor)

SEAL:



1712-70

Flood Zone Information Sheet

**Zone A** – Requires the floor of the structure to be set 1 foot above the paved road or 2 feet above the graded road.

**Zone X-500** – Requires the floor of the structure to be set at or above the elevation given by the FEMA Flood Maps.

**Zone AE** – A One Foot Rise Letter is required before the development and structure permits will be issued. Then an (Finished Floor) Elevation Certificate is required before the power and or Certificate of Occupancy will be released.

**Zone AE Floodway** – A Zero Rise Letter is required before the development and structure permits will be issued. Then an Elevation Certificate is required before the power and or Certificate of Occupancy will be released.

NOTE:

1. The One Foot Rise Letter and The Zero Rise Letter are given by an Engineer.
2. The (Finished Floor) Elevation Certificate is given by a Surveyor.

OWNER INFORMATION

Owners Name Richard Park Permit # \_\_\_\_\_

Your flood zone is AE

You have turned in Existing Elevation Certificate Date \_\_\_\_\_

You need a \_\_\_\_\_ One Foot Rise Letter.

\_\_\_\_\_ Zero Rise Letter.

☒ (Finished Floor) Elevation Certificate.

Columbia County Building & Zoning Department  
135 NE Hernando Ave., Suite B-21  
Lake City, FL 32055  
PH: 386-758-1008 ~ FAX: 386-758-2160



CITIZENS PROPERTY INSURANCE CORPORATION  
PO Box 19700  
Jacksonville, FL 32245-9700

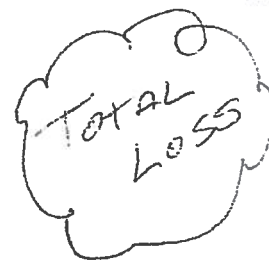
Tel: (904) 411-2742 Fax: (904) 592-6739

February 17, 2017

Richard and Joan Park  
5112 W Platt Street  
Tampa, Florida 33609-3506



RE: Citizens Claim Number: 001-00-086053  
Citizens Policy Number: 01402876  
Date of Loss: 02/07/2017  
Cause of Loss: Wind  
Insured Location: 979 SW Riverside Ave Ft. White, FL



Dear Richard and Joan Park:

Citizens Property Insurance Corporation (Citizens) is continuing its investigation of the above referenced wind claim. Enclosed is our payment in the amount of \$174,000.00. This payment is being made under Coverage A-Dwelling. Payment is being made based upon policy limits of \$184,000.00 less a prior payment in the amount of \$10,000.00. The application of your deductible has been absorbed due to the damages exceeding the policy limits beyond the deductible amount.

Attached is our estimate, which outlines the basis for payment.

If your mortgage holder has been shown as a payee on your draft, please understand we are obligated to do so under the terms of your policy. Please contact your mortgage holder for their procedures for endorsing payments.

Thank you for allowing us to assist you with your claim. If you should have any additional questions, or have any other information you would like us to consider in regards to this claim, documentation may be mailed or faxed to us using the information found in the letterhead, or you may send it by email to [Claims.communications@Citizensfla.com](mailto:Claims.communications@Citizensfla.com). Please be sure to include your claim number on all correspondence.

FEDERAL EMERGENCY MANAGEMENT AGENCY  
NATIONAL FLOOD INSURANCE PROGRAMO.M.B. No. 3087-0077  
Expires July 31, 2002

## ELEVATION CERTIFICATE

Important: Read the Instructions on pages 1 - 7.

## SECTION A - PROPERTY OWNER INFORMATION

BUILDING OWNER'S NAME <u>Richard Park</u>		For Insurance Company Use:
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. <u>979 Riverside Ave</u>		Policy Number
CITY <u>Fort White</u>	STATE <u>FL</u>	ZIP CODE <u>32038</u>
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) <u>LOTS 29 &amp; 30 OF Three Rivers Estates UNIT 11, PB 3 pg 54</u>		
BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use Comments section if necessary.) <u>Residential</u>		
LATITUDE/LONGITUDE (OPTIONAL) (##-##-## or ##.####)	HORIZONTAL DATUM: <input type="checkbox"/> NAD 1927 <input type="checkbox"/> NAD 1983	SOURCE: <input type="checkbox"/> GPS (Type): <input type="checkbox"/> USGS Quad Map <input type="checkbox"/> Other:

## SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER <u>Columbia County Florida 120070</u>		B2. COUNTY NAME <u>Columbia</u>		B3. STATE <u>FL</u>	
B4. MAP AND PANEL NUMBER <u>120070 0225</u>	B5. SUFFIX <u>B</u>	B6. FIRM INDEX DATE <u>JAN 6, 1986</u>	B7. FIRM PANEL EFFECTIVE/REVISED DATE	B8. FLOOD ZONE(S) <u>AE</u>	B9. BASE FLOOD ELEVATION(S) (Zone AE, use depth of flooding) <u>34</u>

B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9.

☐ FIS Profile ☒ FIRM ☐ Community Determined ☐ Other (Describe):B11. Indicate the elevation datum used for the BFE in B9: ☐ NGVD 1929 ☐ NAVD 1988 ☐ Other (Describe):B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? ☐ Yes ☒ No  
Designation Date

## SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)

C1. Building elevations are based on: ☐ Construction Drawings\* ☐ Building Under Construction\* ☒ Finished Construction  
\*A new Elevation Certificate will be required when construction of the building is complete.

C2. Building Diagram Number 1 (Select the building diagram most similar to the building for which this certificate is being completed - see pages 6 and 7. If no diagram accurately represents the building, provide a sketch or photograph.)

C3. Elevations - Zones A1-A30, AE, AH, A (with BFE), VE, V1-V30, V (with BFE), AR, AR/A, AR/AE, AR/A1-A30, AR/AH, AR/AO  
Complete Items C3a-i below according to the building diagram specified in Item C2. State the datum used. If the datum is different from the datum used for the BFE in Section B, convert the datum to that used for the BFE. Show field measurements and datum conversion calculation. Use the space provided or the Comments area of Section D or Section G, as appropriate, to document the datum conversion.  
Datum NAVD 88 Conversion/Comments

Elevation reference mark used RMS Does the elevation reference mark used appear on the FIRM? ☒ Yes ☐ No

<input type="checkbox"/> a) Top of bottom floor (including basement or enclosure)	<u>33.20 ft. (m)</u>
<input type="checkbox"/> b) Top of next higher floor	<u>—</u> ft. (m)
<input type="checkbox"/> c) Bottom of lowest horizontal structural member (V zones only)	<u>—</u> ft. (m)
<input type="checkbox"/> d) Attached garage (top of slab)	<u>32.46 ft. (m)</u>
<input type="checkbox"/> e) Lowest elevation of machinery and/or equipment servicing the building	<u>33.02 ft. (m)</u>
<input type="checkbox"/> f) Lowest adjacent grade (LAG)	<u>32.23 ft. (m)</u>
<input type="checkbox"/> g) Highest adjacent grade (HAG)	<u>33.00 ft. (m)</u>
<input type="checkbox"/> h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade	<u>—</u>
<input type="checkbox"/> i) Total area of all permanent openings (flood vents) in C3h	<u>—</u> sq. in. (sq. cm)

License Number, Embossed Seal, Signature, and Date

## SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION

This certification is to be signed and sealed by a land surveyor, engineer, or architect authorized by law to certify elevation information.  
I certify that the information in Sections A, B, and C on this certificate represents my best efforts to interpret the data available.  
I understand that any false statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 1001.

CERTIFIER'S NAME <u>James E. Brinkman</u>	LICENSE NUMBER <u>FSM 5582</u>
TITLE <u>Professional Surveyor &amp; Mapper</u>	COMPANY NAME <u>Brinkman Surveying &amp; Mapping Inc.</u>
ADDRESS <u>PO Box 1300</u>	CITY <u>Alachua</u>
SIGNATURE <u>James E. Brinkman</u>	STATE <u>FL</u>
DATE <u>11/14/2002</u>	ZIP CODE <u>32616-1300</u>
	TELEPHONE <u>386 462-3001</u>



<b>IMPORTANT: In these spaces, copy the corresponding information from Section A.</b>			<b>For Insurance Company Use:</b>
ELEVATION STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. <u>979 Riverside Ave</u>			Policy Number
CITY <u>Fort White</u>	STATE <u>FL</u>	ZIP CODE <u>32038</u>	Company NAIC Number

**SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION (CONTINUED)**

Copy both sides of this Elevation Certificate for (1) community official, (2) insurance agent/company, and (3) building owner.

COMMENTS

☐ Check here if attachments**SECTION E - BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO AND ZONE A (WITHOUT BFE)**

For Zone AO and Zone A (without BFE), complete Items E1 through E4. If the Elevation Certificate is intended for use as supporting information for a LOMA or LOMR-F, Section C must be completed.

- E1. Building Diagram Number \_\_ (Select the building diagram most similar to the building for which this certificate is being completed - see pages 6 and 7. If no diagram accurately represents the building, provide a sketch or photograph.)
- E2. The top of the bottom floor (including basement or enclosure) of the building is \_\_ ft.(m) \_\_ in.(cm) ☐ above or ☐ below (check one) the highest adjacent grade.
- E3. For Building Diagrams 6-8 with openings (see page 7), the next higher floor or elevated floor (elevation b) of the building is \_\_ ft.(m) \_\_ in.(cm) above the highest adjacent grade.
- E4. For Zone AO only: If no flood depth number is available, is the top of the bottom floor elevated in accordance with the community's floodplain management ordinance? ☐ Yes ☐ No ☐ Unknown. The local official must certify this information in Section G.

**SECTION F - PROPERTY OWNER (OR OWNER'S REPRESENTATIVE) CERTIFICATION**

The property owner or owner's authorized representative who completes Sections A, B, and E for Zone A (without a FEMA-issued or community-issued BFE) or Zone AO must sign here.

PROPERTY OWNER'S OR OWNER'S AUTHORIZED REPRESENTATIVE'S NAME <u>James E Brinkman</u>			
ADDRESS <u>PO Box 1300</u>	CITY <u>Alachua</u>	STATE <u>FL</u>	ZIP CODE <u>32616-1300</u>
SIGNATURE <u>James E Brinkman</u>	DATE	TELEPHONE	
COMMENTS			

☐ Check here if attachments**SECTION G - COMMUNITY INFORMATION (OPTIONAL)**

The local official who is authorized by law or ordinance to administer the community's floodplain management ordinance can complete Sections A, B, C (or E), and G of this Elevation Certificate. Complete the applicable item(s) and sign below.

- G1. ☐ The information in Section C was taken from other documentation that has been signed and embossed by a licensed surveyor, engineer, or architect who is authorized by state or local law to certify elevation information. (Indicate the source and date of the elevation data in the Comments area below.)
- G2. ☐ A community official completed Section E for a building located in Zone A (without a FEMA-issued or community-issued BFE) or Zone AO.
- G3. ☐ The following information (Items G4-G9) is provided for community floodplain management purposes.

G4. PERMIT NUMBER	G5. DATE PERMIT ISSUED	G6. DATE CERTIFICATE OF COMPLIANCE/OCCUPANCY ISSUED
G7. This permit has been issued for: <input type="checkbox"/> New Construction <input type="checkbox"/> Substantial Improvement		
G8. Elevation of as-built lowest floor (including basement) of the building is: _____ ft.(m)		Datum:
G9. BFE or (in Zone AO) depth of flooding at the building site is: _____ ft.(m)		Datum:
LOCAL OFFICIAL'S NAME		TITLE
COMMUNITY NAME		TELEPHONE
SIGNATURE		DATE
COMMENTS		

☐ Check here if attachments

STATE OF FLORIDA  
DEPARTMENT OF HEALTH  
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number 17-0810

----- PART II - SITEPLAN -----

Scale: Each block represents 10 feet and 1 inch = 40 feet.

See Attached																																							
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Notes: \_\_\_\_\_

Site Plan submitted by Don Moon MSTC  
Plan Approved p Not Approved \_\_\_\_\_ Date 1/31/18  
By [Signature] [Signature] County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT



E-mail to (sjh0330@gmail.com)



STATE OF FLORIDA  
DEPARTMENT OF HEALTH  
ONSITE SEWAGE TREATMENT AND DISPOSAL  
SYSTEM  
APPLICATION FOR CONSTRUCTION PERMIT

PERMIT NO. 17-0810  
DATE PAID: 12/27/17  
FEE PAID: 310.00  
RECEIPT #: AP 1320994

APPLICATION FOR:

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

APPLICANT: Richard & Joan Park

AGENT: Ronnie Moore

TELEPHONE: 352-246-3997

MAILING ADDRESS: PO Box 158 FT white FL 32038

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: 29 & 30 BLOCK:            SUBDIVISION: unit 11 Three Rivers Est PLATTED: 1982

PROPERTY ID #: 00-00-00-00854-004 ZONING: SF I/M OR EQUIVALENT: [ Y / (N) ]

PROPERTY SIZE: 1.185 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐ <=2000GPD ☐ >2000GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? ☐ Y ☒ (N) DISTANCE TO SEWER: N/A FT

PROPERTY ADDRESS: 979 SW Riverside Ave FT White FL 32038

DIRECTIONS TO PROPERTY: 47 south to 27 turn right to Riverside Ave turn left to # 979 on left.

BUILDING INFORMATION

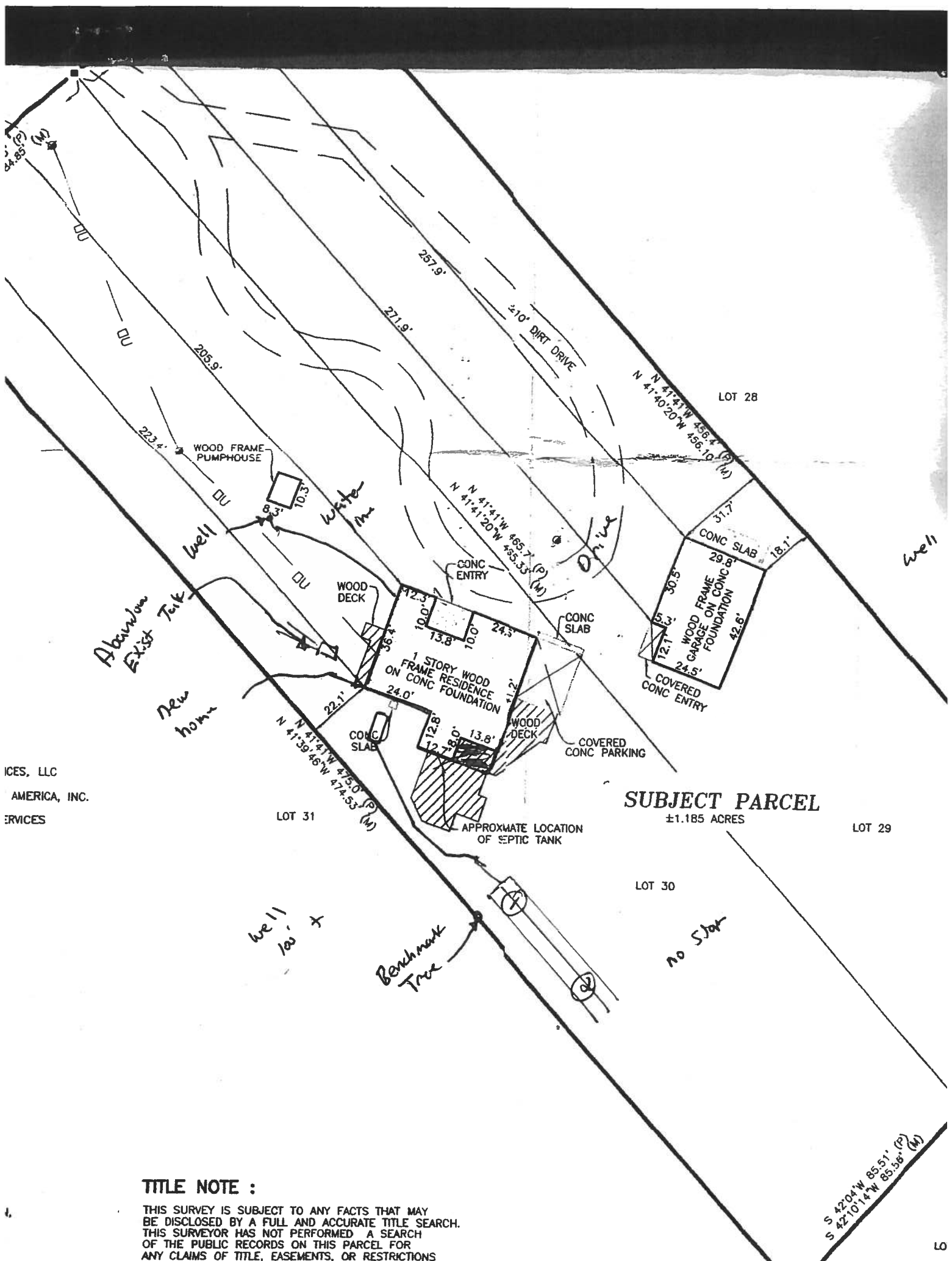
☒ RESIDENTIAL ☐ COMMERCIAL

Unit No	Type of Establishment	No. of Bedrooms	Building Area Sqft	Commercial/Institutional System Design Table 1, Chapter 64E-6, FAC
1	single family	3	2259	
2				
3				
4				

☐ Floor/Equipment Drains ☐ Other (Specify)           

SIGNATURE: Ronnie Moore

DATE: 12/26/17



ICES, LLC  
 AMERICA, INC.  
 SERVICES

**SUBJECT PARCEL**  
 ±1.185 ACRES

**TITLE NOTE :**

THIS SURVEY IS SUBJECT TO ANY FACTS THAT MAY BE DISCLOSED BY A FULL AND ACCURATE TITLE SEARCH. THIS SURVEYOR HAS NOT PERFORMED A SEARCH OF THE PUBLIC RECORDS ON THIS PARCEL FOR ANY CLAIMS OF TITLE, EASEMENTS, OR RESTRICTIONS THAT MAY AFFECT THE PARCEL. THE RECORDS

S 42°04'W 85.51' (P)  
 S 42°10'14"W 85.56' (M)

**SUBCONTRACTOR VERIFICATION**APPLICATION/PERMIT # 1712-70 JOB NAME PARKS**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"/> Lab <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"/> Lab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
<b>PLUMBING/GAS</b> <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ CC# _____ License #: _____ Phone #: _____	<b>Need</b> <input type="checkbox"/> Lic <input type="checkbox"/> Lab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
<b>ROOFING</b> <input type="checkbox"/>	Print Name <u>DANA Johnson</u> Signature <u>[Signature]</u> Company Name: <u>MAC Johnson Roofing, Inc.</u> CC# _____ License #: <u>CCC1325497</u> Phone #: <u>352-472-4943</u>	<b>Need</b> <input type="checkbox"/> Lic <input type="checkbox"/> Lab <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"/> Lab <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"/> Lab <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"/> Lab <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"/> Lab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE

APPLICATION/PERMIT #

1712-20

JOB NAME

Richard Parle

## 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 checked="" type="checkbox"/>	Print Name <u>Ryan Beville</u> Signature <u>Ryan Beville</u>	<b>Need</b> <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
CC# <u>811</u>	Company Name: <u>RBI Electric</u> License #: <u>EC1300-4236</u> Phone #: <u>352-339-2369</u>	
<b>MECHANICAL/A/C</b> <u>A</u> <input checked="" type="checkbox"/>	Print Name <u>Robert Bounds</u> Signature <u>Robert Bounds</u>	<b>Need</b> <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
CC# <u>768</u>	Company Name: <u>Bounds Heating &amp; Air</u> License #: <u>CACC57642</u> Phone #: <u>352-472-2761</u>	
<b>PLUMBING/GAS</b> <input checked="" type="checkbox"/>	Print Name <u>Wayne Hodge</u> Signature <u>Wayne Hodge</u>	<b>Need</b> <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
CC# <u>570</u>	Company Name: <u>Hodge Plumbing Systems</u> License #: <u>CFC1426332</u> Phone #: <u>352-538-9647</u>	
<b>ROOFING</b> <input checked="" type="checkbox"/>	Print Name <u>Dana Johnson</u> Signature _____	<b>Need</b> <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
CC# <u>1129</u>	Company Name: <u>Dana Johnson Roofing</u> License #: <u>CCC1325497</u> Phone #: <u>352-472-4943</u>	
<b>SHEET METAL</b> <input type="checkbox"/>	Print Name _____ Signature _____	<b>Need</b> <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 #: _____	
<b>FIRE SYSTEM/SPRINKLER</b> <input type="checkbox"/>	Print Name _____ Signature _____	<b>Need</b> <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 #: _____	
<b>SOLAR</b> <input type="checkbox"/>	Print Name _____ Signature _____	<b>Need</b> <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 #: _____	
<b>STATE SPECIALTY</b> <input type="checkbox"/>	Print Name _____ Signature _____	<b>Need</b> <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 #: _____	

## Legend

### Roads

- DEFAULT
- DONTIMPORT
- others
- / Dirt
- / Interstate
- Main
- Other
- Paved
- ✓ Private

### Lake City

### Parcels

### 2016Aerials

### Development Zones

#### others

- A-1
- A-2
- A-3
- CG
- CHI
- CI
- CN
- CSV
- ESA-2
- I
- ILW
- MUD-1
- PRD
- PRRD
- RMF-1
- RMF-2
- RO
- RR
- RSF-1
- RSF-2
- RSF-3
- RSF/MH-1
- RSF/MH-2
- RSF/MH-3
- DEFAULT

### Addresses

### BaseFloodElevations

#### DEFAULT

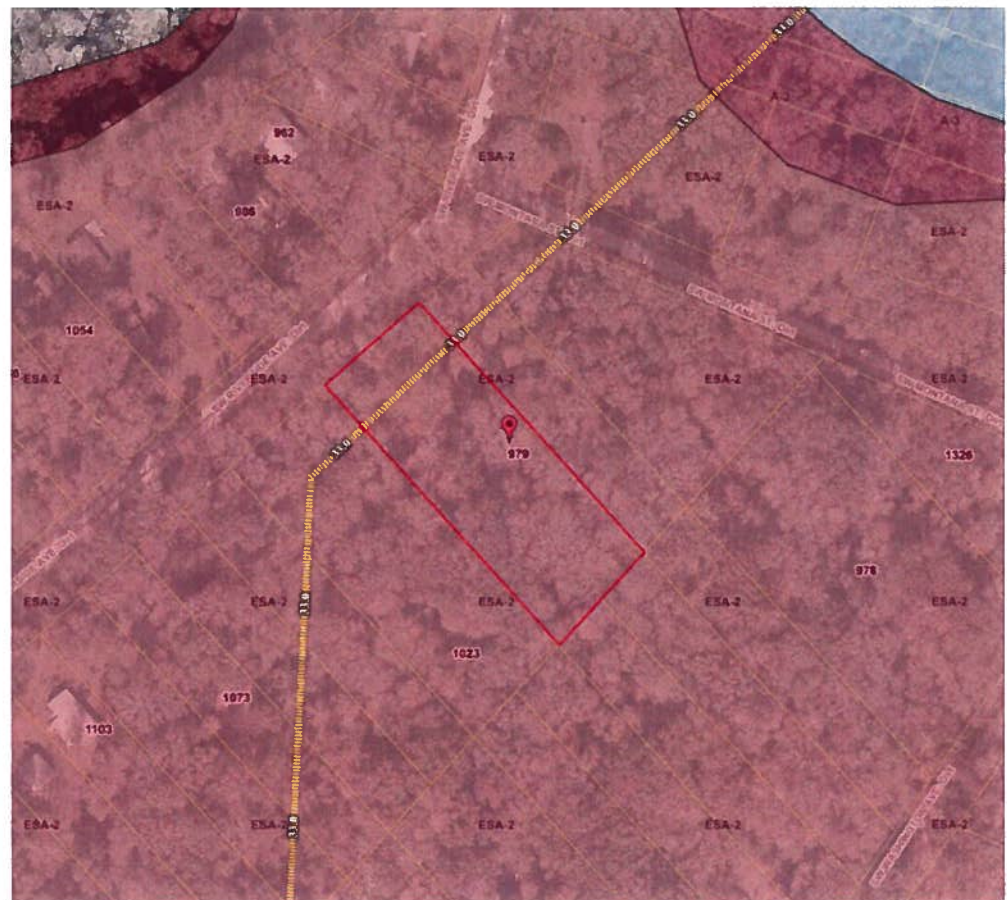
### Base Flood Elevations

### Flood Zones

- 0.2 PCT ANNUAL CHANCE
- A
- AE
- AH

# Columbia County, FLA - Building & Zoning Property Map

Printed: Wed Dec 27 2017 13:34:37 GMT-0500 (Eastern Standard Time)



## Parcel Information

Parcel No: 00-00-00-00854-004

Owner: PARK RICHARD & JOAN

Subdivision: THREE RIVERS ESTATES UNIT 11

Lot:

Acres: 1.81922221

Deed Acres: 1.81 Ac

District: District 2 Rusty DePratter

Future Land Uses: Environmentally Sensitive Areas -1

Flood Zones: AE

Official Zoning Atlas: ESA-2

All data, information, and maps are provided "as is" without warranty or any representation of accuracy, timeliness of completeness. Columbia County, FL makes no warranties, express or implied, as to the use of the information obtained here. There are no implied warranties of merchantability or fitness for a particular purpose. The requester acknowledges and accepts all limitations, including the fact that the data, information, and maps are dynamic and in a constant state of maintenance, and update.

# NOTICE OF COMMENCEMENT

Tax Parcel Identification Number: \_\_\_\_\_

Clerk's Office Stamp

Inst: 201712023569 Date: 12/27/2017 Time: 1:04PM  
Page 1 of 1 B: 1350 P: 1707, P. DeWitt Cason, Clerk of Court  
Columbia, County, By: BS  
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): Section 26 Township 6 S, Range 15 E  
a) Street (job) Address: 919 S.W. Riverside Ave Ft. White
2. General description of improvements: New home
3. Owner Information or Lessee information if the Lessee contracted for the improvements:  
a) Name and address: Richard Park  
b) Name and address of fee simple titleholder (if other than owner): \_\_\_\_\_  
c) Interest in property: New home
4. Contractor Information  
a) Name and address: Harvey Bldg & Const. Gerald Harvey P.O. Box 526  
b) Telephone No.: 352-258-9051 Newberry, FL 32669
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. Richard G. Park  
Signature of Owner or Lessee, or Owner's or Lessee's Authorized Office/Director/Partner/Manager

Richard G. Park  
Printed Name and Signatory's Title/Office

The foregoing instrument was acknowledged before me, a Florida Notary, this 26<sup>th</sup> day of December, 2017, by:

Richard G. Park as owner for \_\_\_\_\_  
(Name of Person) (Type of Authority) (name of party on behalf of whom instrument was executed)

Personally Known \_\_\_\_\_ OR Produced Identification ☒ Type FLDL P620-747-47-127-0

Notary Signature Theresa E. Yancey

Notary Stamp or Seal:









02081656

## TREND TITLE SERVICES, LLC

THIS INSTRUMENT WAS PREPARED INCIDENTAL TO  
THE WRITING OF A TITLE INSURANCE POLICY BY  
AND RETURN TO:

CRAIG J. MULDOON  
TREND TITLE SERVICES  
100 SW 75TH STREET, SUITE 3  
GAINESVILLE, FL 32607

Property Appraisers Parcel I.D. (Folio) Number(s):  
00854-004

Grantee(s) S.S.#(s):

WARRANTY DEED  
IND. TO IND.

We hereby certify this to be a True & Correct  
copy of the Original.

  
Trend Title Services, LLC/Kathy M. Blake

SPACE ABOVE THIS LINE FOR PROCESSING DATA

SPACE ABOVE THIS LINE FOR RECORDING DATA

**This Warranty Deed** Made the 18TH day of NOVEMBER A. D. 2002 by  
WALTER R. KOZIOL and ANNE E. KOZIOL, husband and wife

hereinafter called the grantor, to RICHARD PARK and JOAN PARK, husband and wife

whose postoffice address is 979 RIVERSIDE AVENUE FT. WHITE, FL 32038

hereinafter called the grantee:

(Wherever used herein the terms "grantor" and "grantee" include all the parties to this instrument and  
the heirs, legal representatives and assigns of individuals, and the successors and assigns of corporations)

**Witnesseth:** That the grantor, for and in consideration of the sum of \$ 10.00 and other valuable considerations,  
receipt whereof is hereby acknowledged, hereby grants, bargains, sells, aliens, remises, releases, conveys and confirms unto the grantee,  
all that certain land situated in Columbia County, Florida, viz:

Lots 29 and 30, of THREE RIVERS ESTATES, INC., UNIT NO. 11, as  
per plat thereof, recorded in Plat Book 3, Page 54, of the  
Public Records of Columbia County, Florida.

**Together** with all the tenements, hereditaments and appurtenances thereto belonging or in anywise appertaining.  
**To Have and to Hold**, the same in fee simple forever.

**And** the grantor hereby covenants with said grantee that the grantor is lawfully seized of said land in fee simple, that the grantor  
has good right and lawful authority to sell and convey said land; that the grantor hereby fully warrants the title to said land and will  
defend the same against the lawful claims of all persons whomsoever; and that said land is free of all encumbrances, except taxes  
accruing subsequent to December 31, 2001, restrictions, reservations, covenants and easements of record.

**In Witness Whereof**, the said grantor has signed and sealed these presents the day and year first above written.

Signed, sealed and delivered in our presence:

  
Witness Signature

Danna Mallard  
Printed Signature

  
Witness Signature

Kathy M. Blake  
Printed Signature

Printed Signature

Witness Signature

Printed Signature

  
WALTER R. KOZIOL

L.S.

Post Office Address

  
ANNE E. KOZIOL

L.S.

Post Office Address

**This Warranty Deed** Made the 18TH day of NOVEMBER A. D. 2002 by  
WALTER R. KOZIOL and ANNE E. KOZIOL, husband and wife

hereinafter called the grantor, to RICHARD PARK and JOAN PARK, husband and wife

whose postoffice address is 979 RIVERSIDE AVENUE FT. WHITE, FL 32038

hereinafter called the grantee:

(Wherever used herein the terms "grantor" and "grantee" include all the parties to this instrument and the heirs, legal representatives and assigns of individuals, and the successors and assigns of corporations)

**Witnesseth:** That the grantor, for and in consideration of the sum of \$ 10.00 and other valuable considerations, receipt whereof is hereby acknowledged, hereby grants, bargains, sells, aliens, remises, releases, conveys and confirms unto the grantee, all that certain land situated in Columbia County, Florida, viz:

Lots 29 and 30, of THREE RIVERS ESTATES, INC., UNIT NO. 11, as per plat thereof, recorded in Plat Book 3, Page 54, of the Public Records of Columbia County, Florida.

**Together** with all the tenements, hereditaments and appurtenances thereto belonging or in anywise appertaining.  
**To Have and to Hold**, the same in fee simple forever.

**And** the grantor hereby covenants with said grantee that the grantor is lawfully seized of said land in fee simple, that the grantor has good right and lawful authority to sell and convey said land; that the grantor hereby fully warrants the title to said land and will defend the same against the lawful claims of all persons whomsoever; and that said land is free of all encumbrances, except taxes accruing subsequent to December 31, 2001, restrictions, reservations, covenants and easements of record.

**In Witness Whereof**, the said grantor has signed and sealed these presents the day and year first above written.

Signed, sealed and delivered in our presence:

Witness Signature

Printed Signature

Witness Signature

Printed Signature

Witness Signature

Printed Signature

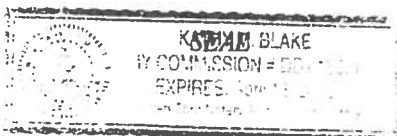
Witness Signature

Printed Signature

STATE OF FLORIDA  
COUNTY OF ALACHUA

The foregoing instrument was acknowledged before me this 18TH day of NOVEMBER 2002, by WALTER R. KOZIOL and ANNE E. KOZIOL, husband and wife

who is personally known to me or who has produced FL-DRIVERS LICENSE as identification and who did not take an oath.



Notary Signature

Kathy M. Blake

Printed Notary Signature

My Commission Expires:

L.S.

L.S.

Ronnie Brannon, Tax Collector  
Proudly Serving The People Of Columbia County  
35 NE Hernando Ave, Suite 125  
Lake City, Florida 32055-4006  
www.columbiataxcollector.com

NOTICE OF AD VALOREM TAXES AND NON-AD VALOREM ASSESSMENTS  
2017 RE ESTATE

Account #: R00854-004

003

Skip The Trip! [www.columbiataxcollector.com](http://www.columbiataxcollector.com)

- eCheck (Electronic payment from your checking account with no fee)
  - Credit Card (Fee added by payment processor - see website for fees)
- Print Your Receipt Instantly Online



8 - 19091

PARK RICHARD & JOAN  
5112 W PLATT ST  
TAMPA FL 33609-3506



00-00-00 0100/0100 1.819 acres  
LOTS 29 & 30 UNIT 11 THREE  
RIVERS ESTATES. ORB 472-495,  
687-818, 796-2133, 968-2414.

Pay  
11/30

AD VALOREM TAXES

TAXING AUTHORITY	MILLAGE RATE	ASSESSED VALUE	EXEMPTION	TAXABLE VALUE	TAXES LEVIED
BOARD OF COUNTY COMMISSIONERS	8.0150	112,575		112,575	902.29
COLUMBIA COUNTY SCHOOL BOARD					
DISCRETIONARY	0.7480	112,575		112,575	84.21
LOCAL	4.3200	112,575		112,575	486.32
CAPITAL OUTLAY	1.5000	112,575		112,575	168.86
SUWANNEE RIVER WATER MGT DIST	0.4027	112,575		112,575	45.33
LAKE SHORE HOSPITAL AUTHORITY	0.9620	112,575		112,575	108.30
TOTAL MILLAGE					15.9477
TOTAL TAXES					\$1,795.31

Will send back

Pay this  
2018 TAX BILL  
Vncmt  
Lmt

eBill



Scan to view your  
bill or sign up to  
receive future bills  
by email.



[columbiataxcollector.com](http://columbiataxcollector.com)  
Click "Register for eBilling"

NON-AD VALOREM ASSESSMENTS

LEVYING AUTHORITY	RATE	AMOUNT
FFIR FIRE ASSESSMENTS	Per Parcel	219.98
GGAR SOLID WASTE - ANNUAL	Per Parcel	193.00
TOTAL ASSESSMENTS		\$412.98

11.40  
11/6/17

Debra

COMBINED TAXES AND ASSESSMENTS

\$2,208.29

IF POSTMARKED BY:  
PLEASE PAY ONLY  
ONE AMOUNT

NOV 30 2017  
\$2,119.96

DEC 31 2017  
\$2,142.04

JAN 31 2018  
\$2,164.12

FEB 28 2018  
\$2,186.21

MAR 31 2018  
\$2,208.29

112.70

Ronnie Brannon, Tax Collector  
Proudly Serving The People Of Columbia County  
135 NE Hernando Ave. Suite 125  
Lake City, Florida 32055-4006  
www.columbiataxcollector.com

NOTICE OF AD VALOREM TAXES AND NON-AD VALOREM ASSESSMENT  
2017 REAL ESTATE

Skip The Trip! [www.columbiataxcollector.com](http://www.columbiataxcollector.com)

- eCheck (Electronic payment from your checking account with no fee)
  - Credit Card (Fee added by payment processor - see website for fees)
- Print Your Receipt Instantly Online

Account #: R00854-004

003

R

PARK RICHARD & JOAN  
5112 W PLATT ST  
TAMPA FL 33609-3506



1424

30-7426/3140

RICHARD G. PARK  
JOAN F. PARK  
LT COL, USAF/RETIRED, 813-267-1402  
5112 W. PLATT STREET  
TAMPA, FL 33609

AD VALOREM  
TAXING  
AUTHORITY

BOARD OF  
COLUMBIA  
DISCREET  
LOCAL  
CAPITAL O  
SUWANNE  
LAKE SHOT



PAY TO THE  
ORDER OF

Ronnie Brannon, Tax Collector \$ 219.96  
two hundred one hundred ninety dollars - 96/100 DOLLARS

USAA FEDERAL SAVINGS BANK  
10750 MCDERMOTT FWY.  
SAN ANTONIO, TX 78288-0544  
(210) 456-8000 1-800-531-2265

2017 Property Taxes  
FOR ACCT # R00854-004

1424

TAXES  
PAID

902.29

84.21

486.32

168.86

45.33

108.30

TOTAL TAXES

15.9477

TOTAL TAXES

\$1,795.31

eBill



Scan to view your  
bill or sign up to  
receive future bills  
by email.



[columbiataxcollector.com](http://columbiataxcollector.com)  
Click "Register for eBilling"

NON-AD VALOREM ASSESSMENTS

LEVYING AUTHORITY

RATE

AMOUNT

FFIR FIRE ASSESSMENTS  
GGAR SOLID WASTE - ANNUAL

Per Parcel  
Per Parcel

219.98  
193.00

TOTAL ASSESSMENTS

\$412.98

COMBINED TAXES AND ASSESSMENTS

\$2,208.29

IF POSTMARKED BY:  
PLEASE PAY ONLY  
ONE AMOUNT

NOV 30 2017

\$2,119.96

DEC 31 2017

\$2,142.04

JAN 31 2018

\$2,164.12

FEB 28 2018

\$2,186.21

MAR 31 2018

\$2,208.29

NOTICE OF AD VALOREM TAXES AND NON-AD VALOREM ASSESSMENT  
2017 REAL ESTATE

Pay online at [www.columbiataxcollector.com](http://www.columbiataxcollector.com)

AMOUNT DUE

I am paying the following amount (check only one box) based  
on the date paid online, in the office or postmarked:

- |   |            |
|---|------------|
| <input type="checkbox"/> NOV 30, 2017 (4% discount) | \$2,119.96 |
| <input type="checkbox"/> DEC 31, 2017 (3% discount) | \$2,142.04 |
| <input type="checkbox"/> JAN 31, 2018 (2% discount) | \$2,164.12 |
| <input type="checkbox"/> FEB 28, 2018 (1% discount) | \$2,186.21 |
| <input type="checkbox"/> MAR 31, 2018 (no discount) | \$2,208.29 |

Please Pay in U.S. Funds to Ronnie Brannon, Tax Collector  
135 NE Hernando Ave., Suite 125, Lake City, FL 32055

Ronnie Brannon, Tax Collector  
Proudly Serving The People Of Columbia County  
135 NE Hernando Ave. Suite 125  
Lake City, Florida 32055-4006

Account #: R00854-004

003

532.0000

R

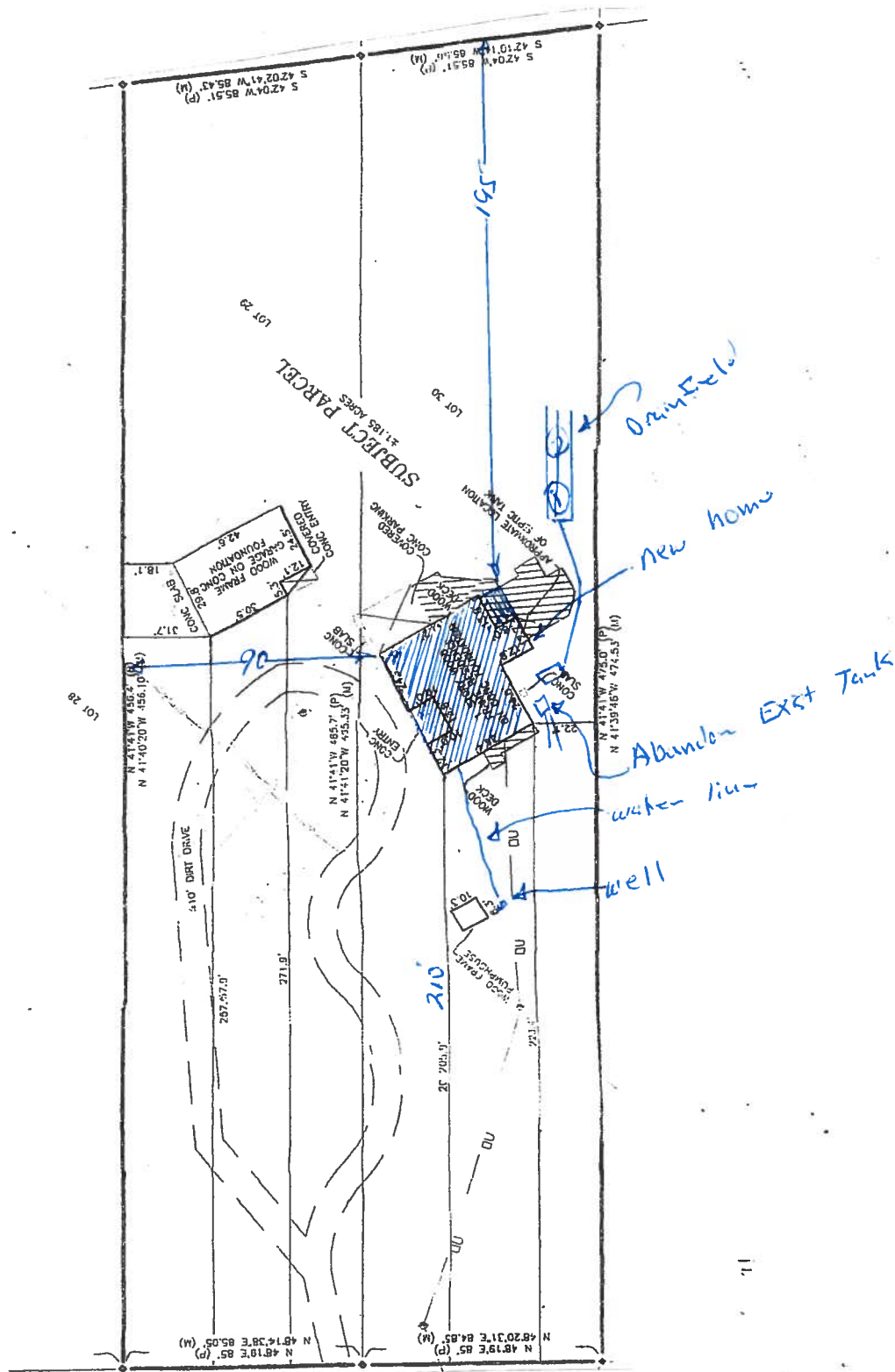
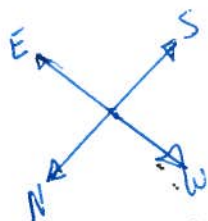
00-00-00 0100/0100 1.819 acres  
LOTS 29 & 30 UNIT 11 THREE  
RIVERS ESTATES. ORB 472-495,  
687-818, 796-2133, 968-2414.

PARK RICHARD & JOAN  
5112 W PLATT ST  
TAMPA FL 33609

Permit # 17-0810

Property ID# 00-00-00-00854-004

Scale 1 inch = 60 feet



Site Plan submitted by

Ron Moon

M.S.T.C.

Plan Approved \_\_\_\_\_

Not Approved \_\_\_\_\_

Date \_\_\_\_\_

County Health Department

By \_\_\_\_\_

**Development Permit**  
**F 023- 18-001**

DATE	<u>01/31/2018</u>		BUILDING PERMIT NUMBER	<u>000036274</u>		
APPLICANT	<u>GERALD HARVEY</u>			PHONE	<u>352.258.9051</u>	
ADDRESS	<u>4107</u>	<u>SW SR 45</u>		<u>NEWBERRY</u>	<u>FL</u>	<u>32669</u>
OWNER	<u>RICHARD G. PARK</u>			PHONE	<u>813.267.1402</u>	
ADDRESS	<u>999</u>	<u>SW RIVERSIDE AVE</u>		<u>FT. WHITE</u>	<u>FL</u>	<u>32038</u>
CONTRACTOR	<u>GERALD HARVEY</u>			PHONE	<u>352.258.9051</u>	
ADDRESS	<u>4107</u>	<u>SW SR 45</u>		<u>NEWBERRY</u>	<u>FL</u>	<u>32669</u>
SUBDIVISION	<u>3 RIVERS ESTATES</u>			Lot <u>29/30</u>	Block <u>    </u>	Unit <u>11</u> Phase <u>    </u>
TYPE OF DEVELOPMENT	SFD/UTILITY			PARCEL ID NO. 26-6S-15-00854-004		

FLOOD ZONE AE BY BMS 2-4-2009 FIRM COMMUNITY # 120070 - PANEL # 0458C  
FIRM 100 YEAR ELEVATION 33.00' PLAN INCLUDED YES or NO  
REQUIRED LOWEST HABITABLE FLOOR ELEVATION 34.00'  
IN THE REGULATORY FLOODWAY YES or NO RIVER not on file  
SURVEYOR / ENGINEER NAME \_\_\_\_\_ LICENSE NUMBER \_\_\_\_\_

ONE FOOT RISE CERTIFICATION INCLUDED

**ZERO RISE CERTIFICATION INCLUDED**

\_\_\_\_\_ SRWMD PERMIT NUMBER \_\_\_\_\_  
(INCLUDING THE ONE FOOT RISE CERTIFICATION)

DATE THE FINISHED FLOOR ELEVATION CERTIFICATE WAS PROVIDED

INSPECTED DATE BY

COMMENTS \_\_\_\_\_

135 NE Hernando Ave., Suite B-21  
Lake City, Florida 32055  
Phone: 386-758-1008  
Fax: 386-758-2160



PERMIT EXPIRES ONE YEAR FROM THE DATE OF ISSUANCE