

#3090

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

For Office Use Only Application # 1907-54 Date Received 7/15 By MG Permit # 38359

Plans Examiner _____ Date ✓ NOC ✓ Deed or PA _____ Contractor Letter of Auth. _____ F W Comp. letter _____

☒ Product Approval Form ☐ Sub VF Form ☐ Owner POA ☐ Corporation Doc's and/or Letter of Auth.

Comments _____

Applicant (Who will sign/pickup the permit) Paul Spicer FAX _____ Phone 590-1040

Address _____

Owners Name Aleida Lavastida Phone 628-6136

911 Address 195 SE Camron Ter Lake City FL 32025

Contractors Name Paul Spicer Phone 590-1040

Address 1880 SW CR 278 Ft White FL 32058

Contractors Email cgdd-man@live.com ***Include to get updates for this job.

Fee Simple Owner Name & Address N/A

Bonding Co. Name & Address N/A

Architect/Engineer Name & Address N/A

Mortgage Lenders Name & Address N/A

Property ID Number 33-35-17-06783-000

Subdivision Name GOLF manor Lot 6 Block 4 Unit _____ Phase _____

Driving Directions Go E To country club Rd Right on SE Tim St Left on SE camron St Home on Left

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

Cost of Construction 8500 Commercial OR _____ Residential _____

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

Roof Area (For this Job) SQ FT 2000 Roof Pitch 4 /12, _____ /12 Number of Stories 1

Is the existing roof being removed No If NO Explain 29 Gs metal Roof over 1x4s

Type of New Roofing Product (Metal; Shingles; Asphalt Flat) 29 Gs metal

Application is hereby made to obtain a permit to do work and installations as indicated. I certify that no work or installation has commenced prior to the issuance of a permit and that all work be performed to meet the standards of all laws regulating construction in this jurisdiction. **CODE: 2014 Florida Building Code.**

Columbia County Building Permit Application

TIME LIMITATIONS OF APPLICATION: An application for a permit for any proposed work shall be deemed to have been abandoned 180 days after the date of filing, unless such application has been pursued in good faith or a permit has been issued; except that the building official is authorized to grant one or more extensions of time for additional periods not exceeding 90 days each. The extension shall be requested in writing and justifiable cause demonstrated.

TIME LIMITATIONS OF PERMITS: Every permit issued shall become invalid unless the work authorized by such permit is commenced within 180 days after its issuance, or if the work authorized by such permit is suspended or abandoned for a period of 180 days after the time work is commenced. A valid permit receives an approved inspection every 180 days. Work shall be considered not suspended, abandoned or invalid when the permit has received an approved inspection within 180 days of the previous approved inspection

FLORIDA'S CONSTRUCTION LIEN LAW: Protect Yourself and Your Investment: According to Florida Law, those who work on your property or provide materials, and are not paid-in-full, have a right to enforce their claim for payment against your property. This claim is known as a construction lien. If your contractor fails to pay subcontractors or material suppliers or neglects to make other legally required payments, the people who are owed money may look to your property for payment, even if you have paid your contractor in full. This means if a lien is filed against your property, it could be sold against your will to pay for labor, materials or other services which your contractor may have failed to pay.

NOTICE OF RESPONSIBILITY TO CONTRACTOR AND AGENT: YOU ARE HEREBY NOTIFIED as the recipient of a building permit from Columbia County, Florida, you will be held responsible to the County for any damage to sidewalks and/or road curbs and gutters, concrete features and structures, together with damage to drainage facilities, removal of sod, major changes to lot grades that result in ponding of water, or other damage to roadway and other public infrastructure facilities caused by you or your contractor, subcontractors, agents or representatives in the construction and/or improvement of the building and lot for which this permit is issued. No certificate of occupancy will be issued until all corrective work to these public infrastructures and facilities has been corrected.

WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOU PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT

OWNERS CERTIFICATION: I CERTIFY THAT ALL THE FOREGOING INFORMATION IS ACCURATE AND THAT ALL WORK WILL BE DONE IN COMPLIANCE WITH ALL APPLICABLE LAWS REGULATING CONSTRUCTION AND ZONING.

NOTICE TO OWNER: There are some properties that may have deed restrictions recorded upon them. These restrictions may limit or prohibit the work applied for in your building permit. You must verify if your property is encumbered by any restrictions or face possible litigation and or fines.

Aleida Diaz-Lavastida
Print Owners Name

[Signature]
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.

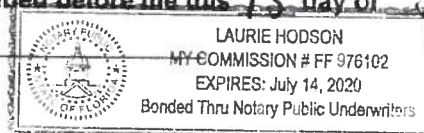
[Signature]
Contractor's Signature

Contractor's License Number CCC047156
Columbia County
Competency Card Number 394

Affirmed under penalty of perjury to by the Contractor and subscribed before me this 15 day of July 2019.
Personally known ☒ or Produced Identification ☐

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

SEAL:





COLUMBIA COUNTY
BUILDING DEPARTMENT
Roof Inspection Affidavit

Permit Number: _____

Paul Spiller
Print name

licensed as a(n) Contractor* /Engineer/Architect
FS 468 Building Inspector*

License # CCC048156 On or about 7-16-19
did personally inspect the (Date & time)

☐ Metal attachment per manufacturer's instructions ☒ Nailing of purlin per metal
manufacturer's instructions

☐ Roof deck attachment ☐ Secondary water barrier ☐ Roof to wall connection

work at 195 SE Cameron Ter Lake City FL 32025
(Job Site Address)

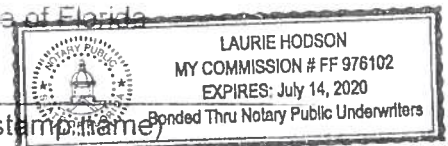
Based upon that examination I have determined the installation was done according
to the Hurricane Mitigation Retrofit Manual (Based on 553.844 F.S.)

[Signature]
Contractor's Signature

STATE OF FLORIDA
COUNTY OF COLUMBIA

Sworn to and subscribed before me this 17 day of July 2019

By [Signature] Notary Public, State of Florida



Personally known ☒ or

Produced Identification _____ Type of identification produced _____

* Include photographs of each plane of the roof with the permit
number clearly shown marked on the deck for each inspection.
Place a tape measure next to the nailing pattern to show distance
between nails.

* Photographs must clearly show all work and have the permit
number indicated on the roof.

* Affidavit and Photographs must be provided when final
inspection is requested.

* Metal overlay & purlin installations shall have photographs of
purlins or underlayment, whichever applies.

Columbia County 2019 R
CARD 001 of 001
BY JEFF
9:01
DERP

```

----- BLDG TRAVERSE -----
BAS1993=W44 FST1993=W12 S6 E12N6S6 W12 S1
9 FOP1993=S5 E18 N5 W18S E56 N25$ PTR=N20
UCP1993=N18 W11S18 E11$ S20$.

```

PERMITS	AMT	ISSUED
---------	-----	--------

SALE

TOTAL	1688	1435	67843	---
EXTRA FEATURES	---	---	---	---
FIELD CK:	---	---	---	---

LAND	DESC	ZONE	ROAD	{UD1	{UD3	FRONT	DEPTH	FIELD	CK:
AE	CODE	TOPO	UTIL	{UD2	{UD4	BACK	DT	ADJUSTMENTS	
Y 000100	SFR	RSF-2	0007			80	125	1.00	1.00
		0001	0006					1.00	1.00

As required by Florida Statute 553.842 and Florida Administrative Code 9B-72, please provide the information and approval numbers on the building components listed below if they will be utilized on the construction project for which you are applying for a building permit. We recommend you contact your local product supplier should you not know the product approval number for any of the applicable listed products. Statewide approved products are listed online @ www.floridabuilding.org

Category/Subcategory	Manufacturer	Product Description	Approval Number(s)
1. EXTERIOR DOORS			
A. SWINGING			
B. SLIDING			
C. SECTIONAL/ROLL UP			
D. OTHER			
2. WINDOWS			
A. SINGLE/DOUBLE HUNG			
B. HORIZONTAL SLIDER			
C. CASEMENT			
D. FIXED			
E. MULLION			
F. SKYLIGHTS			
G. OTHER			
3. PANEL WALL			
A. SIDING			
B. SOFFITS			
C. STOREFRONTS			
D. GLASS BLOCK			
E. OTHER			
4. ROOFING PRODUCTS			
A. ASPHALT SHINGLES			
B. NON-STRUCTURAL METAL	Tri County	29 GA Metal over 1x4s	FL-4595.10
C. ROOFING TILES			
D. SINGLE PLY ROOF			
E. OTHER			
5. STRUCTURAL COMPONENTS			
A. WOOD CONNECTORS			
B. WOOD ANCHORS			
C. TRUSS PLATES			
D. INSULATION FORMS			
E. LINTELS			
F. OTHERS			
6. NEW EXTERIOR ENVELOPE PRODUCTS			

The products listed below did not demonstrate product approval at plan review. I understand that at the time of inspection of these products, the following information must be available to the inspector on the jobsite, 1) copy of the product approval, 2) performance characteristics which the product was tested and certified to comply with, 3) copy of the applicable manufacturers installation requirements.

Further, I understand these products may have to be removed if approval cannot be demonstrated during inspection.

Contractor OR Agent Signature

Date

NOTES

NOTICE OF COMMENCEMENT

Tax Parcel Identification Number:

Clerk's Office Stamp

Inst: 201912016178 Date: 07/15/2019 Time: 2:46PM
Page 1 of 1 B: 1388 P: 2317, 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): 33-35-17-06783-000
a) Street (job) Address: 195 SE Cameron Ter Lake City FL 32025
2. General description of improvements: Re-Roof
3. Owner Information or Lessee information if the Lessee contracted for the improvements:
a) Name and address: Aleida Lavastria 195 SE Cameron Ter L.C. FL 32025
b) Name and address of fee simple titleholder (if other than owner): N/A
c) Interest in property: 100%
4. Contractor Information
a) Name and address: Paul Spicer 1880 SW CR 778 Ft. White FL 32038
b) Telephone No.: 386 590 1040
5. Surety Information (if applicable, a copy of the payment bond is attached):
a) Name and address: N/A
b) Amount of Bond: _____
c) Telephone No.: _____
6. Lender
a) Name and address: N/A
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: 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: N/A 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. Paul Spicer
Signature of Owner or Lessee, or Owner's or Lessee's Authorized Office/Director/Partner/Manager
Paul Spicer
Printed Name and Signatory's Title/Office

The foregoing instrument was acknowledged before me, a Florida Notary, this 15 day of July, 2019, by:
Paul Spicer as Spicer Const for Contractor
(Name of Person) (Type of Authority) (name of party on behalf of whom instrument was executed)

Personally Known ☒ OR Produced Identification _____ Type _____

Notary Signature

