DATE 07/03/2008

Columbia County Building Permit

This Permit Must Be Prominently Posted on Premises During Construction

PERMIT 000027138

APPLICANT DARIN SUMMERLIN	PHONE 288-5426	
ADDRESS 679 SW AAMO DRIVE	LAKE CITY FL	32025
OWNER MT. CARMEL BAPTIST CHURCH OF LAKE CITY	PHONE 965-1261	
ADDRESS 1205 SW MT CARMEL AVE	LAKE CITY FL	32024
CONTRACTOR DARIN SUMMERLIN	PHONE 288-5426	
The second state of the second second state of the second	ND AT MT CARMEL AVE, SEE CHURCH	
ACROSS ROAD		
TYPE DEVELOPMENT RE-ROOF ON CHURCH ES	TIMATED COST OF CONSTRUCTION 2150	0.00
HEATED FLOOR AREA TOTAL AR	EA HEIGHT S	TORIES
FOUNDATION WALLS	ROOF PITCH FLOOR	
LAND USE & ZONING	MAX. HEIGHT	
Minimum Set Back Requirments: STREET-FRONT	REAR SIDE	,
NO. EX.D.U. FLOOD ZONE	DEVELOPMENT PERMIT NO.	
PARCEL ID 09-4S-16-02826-000 SUBDIVISIO	ON _	
LOT BLOCK PHASE UNIT	0 TOTAL ACRES	
CCC1326192	May be &	
Culvert Permit No. Culvert Waiver Contractor's License Nu	mber Applicant/Owner/Contracto	or
EXISTING X08-225 BK	RJ	<u>N</u>
Driveway Connection Septic Tank Number LU & Zon	ing checked by Approved for Issuance Ne	ew Resident
COMMENTS: NOC ON FILE		
Section Control to the Control of th		
	Check # or Cash 315	88
FOR BUILDING & ZONI	NC DEPARTMENT ONLY	88 footer/Slab)
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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. AND THERE MAY BE ADDITIONAL PERMITS REQUIRED FROM OTHER GOVERNMENTAL ENTITIES SUCH AS WATER MANAGEMENT DISTRICTS, STATE AGENCIES, OR FEDERAL AGENCIES.

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"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 TO BE IN ACTIVE PROGESS WHEN THE PERMIT HAS RECIEVED AN APPROVED INSPECTION WITHIN 180 DAYS.

Columbia County Building Permit Application

For Office Use Only Application # 0807-11 D	Date Received 7/3/68 By Permit # 27/38
Zoning Official Date Flood Zoning Date Plood Zoning Date	ne FEMA Map # Zoning
	River Plans Examiner Date
Comments	
□ NOC □ EH □ Deed or PA □ Site Plan □ State Road In	ifo = Parent Parcel #
□ Dev Permit # □ In Floodway □ Lett	ter of Authorization from Contractor
□ Unincorporated area □ Incorporated area □ Town of	f Fort White Town of Fort White Compliance letter
Septic Permit No	Fax
Name Authorized Person Signing Permit DANN L. SUM	Merlin Phone 386-288-5426
Address 679 S.W. HAMO Drive LAKE RITY, F	L 32025
Owners Name Mount CAME BAptist Church	Phone 152-5277
911 Address 1205 S.W. Mount CArmel Ave	e. Lake City, FL 32024
Contractors Name DANN L. SUMMER IN	
Address 679 S-W. Alamo Drive Lake Ci	H, FL 32025
Fee Simple Owner Name & Address	
Bonding Co. Name & Address NA	
Architect/Engineer Name & Address//	
Mortgage Lenders Name & Address 1/1	
Circle the correct power company — FL Power & Light (Clay Elec. – Suwannee Valley Elec. – Progress Energy
	Estimated Cost of Construction \$21,500.00
Subdivision Name	Lot Block Unit Phase
Driving Directions 247 to Troy Road, Dear	dends at church.
	Number of Existing Dwellings on Property
Construction of	
	ive an Existing Drive Total Building Height
	Side Side Rear
Number of Stories Heated Floor Area	Total Floor AreaRoof Pitch
Application in boundary and to abtain a growth to the condi-	and installations as indicated. Locatify that no work or

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.

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WERNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCMENT MAY RESULT IF 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.

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.

OWNERS CERTIFICATION: I hereby certify that all the foregoing information is accurate and all work will be done in compliance with all applicable laws and regulating construction and zoning. I further understand the above written responsibilities in Columbia County for obtaining this Building Permit.

wners Signature DEALTON 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. Contractor's License Number <u>CCC1326192</u> Contractor's Signature (Permitee) **Columbia County** Competency Card Number_ Affirmed under penalty of perjury to by the Contractor and subscribed before me this 22 day of <u>January</u> 20 08. Personally known or Produced Identification SEAL: State of Florida Notary Signature (For the Contractor) LAURIE HODSON MY COMMISSION # DD 333503 EXPIRES: June 28, 2008 Bonded Thru Notary Public Underwriter

Page 2 of 2 (Both Pages must be submitted together.)

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		ZONE ROAD {UD1 TOPO UTIL {UD2 A-1 0003 0002 0003	LEN L 12	1494 59561		1398 55734 52 2073 36 1435 8 319	% N/F AREA SUB V	UD-8 N/A	МФИИ	DEPR 52 UD-1 N/A UD-2 N/A		STYS 1.0			BATH 2.00	TO W R/W NG R/W 50
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		UNITS UT 4.850 AC	PRICE AI 5.000 2.500	# GRJ	# GRJ	# 2387 # 2366 # EOOK	# # N	# *	# BA	* * *	+ +	+ -+ -+		1960 EYB	DIS	PRINTED
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NOTICE OF COMMENCEMENT	
Tax Parcel Identification Number 09-45-16-02826-000 County Cl	erk's Office Stamp or Seal
THE UNDERSIGNED hereby gives notice that improvements will be made to certain real property, and Florida Statutes, the following information is provided in this NOTICE OF COMMENCEMENT.	
1. Description of property (legal description): 09-45-16-02826-000 a) Street (job) Address: 1205 5. W. Mount Carmel AVE Lake City 2. General description of improvements: Percof	FL. 32624
2. General description of improvements: Percof	
b) Name and address of fee simple titleholder (if other than owner) A)	
4. Contractor Information a) Name and address: DATIN L. SMMWerlin b) Telephone No: 386-288-5426 Fax No. (Opt.)	12012620 Date:7/3/2008 Time:9:09 AM
4. Contractor Information	C,P.DeWitt Cason,Columbia County Page 1 of 1 B:1153 P:2
a) Name and address: MTIN L. MMWerlin	
b) Telephone No: 386-288-5426 Fax No. (Opt.)	And the second s
5. Surety Information a) Name and address: N/A	
b) Amount of Bond:	TO MALE AND AND ADDRESS OF THE PARTY OF THE
b) Amount of Bond: c) Telephone No.: Fax No. (Opt.)	
6 Lender	
6 Lender a) Name and address: NA b) Phone No.	
7. Identity of person within the State of Florida designated by owner upon whom notices or other docur	nents may be served:
a) Name and address: NA Fax No. (Opt.)	
h) Telephone No.: Fax No. (Opt.)	
Florida Statutes: a) Name and address: b) Telephone No.: Fax No. (Opt.)	
 Expiration date of Notice of Commencement (the expiration date is one year from the date of receis specified): 	ording unless a different date
WARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRAT COMMENCEMENT ARE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, STATUTES, AND CAN RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YO	PART I, SECTION 713.13, FLORIDA FUR PROPERTY; A NOTICE OF
COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE TH	E FIRST INSPECTION, IF YOU INTEND
TO OBTAIN FINANCING, CONSULT YOUR LENDER OR AN ATTORNEY BEFORE COMMOUNT NOTICE OF COMMENCEMENT.	MENCENO YORK OR RECORDING
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STATE OF FLORIDA COUNTY OF COLUMBIA	
Signature of Owner or Owner's A	nthorized Office/Director/Partner/Manager
Dania / Si	umerlin
Print Name	Article St. 1.
The foregoing instrument was acknowledged before me, a Florida Notary, this day of	70/4 20 08 hv:
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	ype of authority, e.g. officer, trustee, attorney
- 1/7KIII Valence	on behalf of whom instrument was executed).
Personally Known V OB Produced Identification Type	GALE TEDDER
Notary Signature Notary Stamp or Seal:	MY COMMISSION # DD 333586 EXPIRES: June 28, 2008 Bonded Thru Notary Public Underwriters
AND	the Character of the Ch
 Verification pursuant to Section 92.525, Florida Statutes. Under penalties of perjury. I declare facts stated in it are true to the best of my knowledge and belief. 	that I have read the foregoing and that the

Signature of Natural Person Signing (in line #10 above.)

Summerlin Roofing, Inc.

Estimate

License	# CCC	1326192
PO Box	1533	

Lake City, FL 32056

Phone: (386)719-9440 Cell: (386) 288-5426

Date Estimate # 4/15/2008 283

Name / Addres	SS			
Mt. Carmel Baptis	t Church			
		P.O. No.	Terms	Project
Item	Desc	cription		Total
Reroof - Shingles	Installation of new 30 year Elk Architectural shingles. Included: Removal of all existing shingles on roof All materials associated with this project including: 30 Year Elk Architectural shingles 30 lb felt, nails, tar, plumbing flashings, valley metal, a Replacement of eavesdrip 100 pcs. Installation of Cobra ridgevent system All labor associated with this project Removal of all waste materials associated with this produled: Removal or replacement of any gutters or gutter material (This price includes labor & material for each sheet) Replacement of other rotten or damaged wood (fascia, \$30.00 per man hour plus cost of materials Homeowner will be notified before any additional wood Price subject to change if not accepted within 30 days Signing below will constitute an acceptance of this estiquoted project. This estimate will serve as a contract, to Payment is due as follows: 50% down, 50% due upon the Signature Signature Signature Signature	and other misc materials oject ial @ \$40.00 per sheet rafters, etc.) @ odwork is performed imate, and authorization to erms to commence as of di	o begin work on the above	21,500.00
Thank you for your	business.	To	otal	\$21,500.00

	*	PRODUCT	APPRO	VAL S	PECIFICATION	SHEET	, ,	, ,
Location: 12	055.1	V. Mount	Armel	AVE.	Project Name:	Mt. Carme	BAPTIST Ch	uel

As required by Florida Statute 553.842 and Florida Administrative Code 9B-72, please provide the information and the product approval number(s) on the building components listed below if they will be utilized on the construction project for which you are applying for a building permit on or after April 1, 2004. We recommend you contact your local product supplier should you not know the product approval number for any of the applicable listed products. More information about statewide product approval can be obtained at

Category/Subcategory	Manufacturer	Product Description	Approval Number(s)
A. EXTERIOR DOORS			
Swinging			
2. Sliding			
3. Sectional			
4. Roll up			
5. Automatic			
6. Other			
B. WINDOWS			
Single hung			
Horizontal Slider			
3. Casement			
Double Hung			
5. Fixed			
6. Awning		190	
7. Pass -through			
8. Projected			
9. Mullion			
10. Wind Breaker			
11 Dual Action			
12. Other			
C. PANEL WALL	1		
1. Siding			
2. Soffits			
3. EIFS			
4. Storefronts	T		
5. Curtain walls			
6. Wall louver			
7. Glass block	 		
8. Membrane			
9. Greenhouse			-
10. Other			
D. ROOFING PRODUCTS	GAF/EIK	30 your Architectural Shingles	F1 728-R1
Asphalt Shingles	THE !	De low Winder	P1 166-KI
2. Underlayments		<u> </u>	
3. Roofing Fasteners			
4. Non-structural Metal Rf			
5. Built-Up Roofing			
Modified Bitumen			
7. Single Ply Roofing Sys			
8. Roofing Tiles			
Roofing Insulation			
10. Waterproofing			
11. Wood shingles /shakes			
12. Roofing Slate			
12. Roofing State			

Category/Subcategory (cont.)	Manufacturer	Product Description	Approval Number(s
13. Liquid Applied Roof Sys			
14. Cements-Adhesives –			
Coatings			
15. Roof Tile Adhesive			
16. Spray Applied			
Polyurethane Roof			
17. Other			
E. SHUTTERS			
1. Accordion			
2. Bahama			
Storm Panels			
Colonial			
5. Roll-up			
6. Equipment			
7. Others			
SKYLIGHTS			
1. Skylight			
2. Other			
S. STRUCTURAL			
COMPONENTS			
Wood connector/anchor			
2. Truss plates			
Engineered lumber			
4. Railing			
5. Coolers-freezers			
Concrete Admixtures			
7. Material			
8. Insulation Forms			
9. Plastics			
10. Deck-Roof			
11. Wall			
12. Sheds			
13. Other			
. NEW EXTERIOR			
ENVELOPE PRODUCTS			
1.			
2.			

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) the performance characteristics which the product was tested and certified to comply with, 3) copy of the applicable manufacturers installation requirements.

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

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(1) s D = 1.		
Hu Loula	DADIN L. SU	morliN 07/03/08
Contractor of Contractor's Authorized Agent Signature	Print Name	Date/ /
Location 32d24	Permit # (FOR STAFF US	SE ONLY)

02/02/04 - 2 of 2

Website:

Effective April 1. 2004