

**Columbia County Remodel or Addition Permit Application**

**For Office Use Only** Application # 59454 Date Received \_\_\_\_\_ By \_\_\_\_\_ Permit # 46882  
 Zoning Official \_\_\_\_\_ Date \_\_\_\_\_ Flood Zone \_\_\_\_\_ Land Use \_\_\_\_\_ Zoning \_\_\_\_\_  
 FEMA Map # \_\_\_\_\_ Elevation \_\_\_\_\_ MFE \_\_\_\_\_ River \_\_\_\_\_ Plans Examiner \_\_\_\_\_ Date \_\_\_\_\_  
 Comments \_\_\_\_\_  
☐ NOC ☐ Deed or PA ☐ Dev Permit # \_\_\_\_\_ ☐ In Floodway ☐ Letter of Auth. from Contractor  
☐ F W Comp. letter ☐ Owner Builder Disclosure Statement ☐ Land Owner Affidavit ☐ Ellisville Water ☐ App Fee Paid  
☐ Site Plan ☐ Env. Health Approval \_\_\_\_\_ ☐ Sub VF Form \_\_\_\_\_

*\*This page not required if Online submission.*

Fax \_\_\_\_\_

**Applicant** (Person authorized to submit forms) Megan Craft **Phone** 386-688-9896  
**Address** 13869 NW 77th Lane Lake Butler, FL 32054  
**Owners Name** Megan Craft **Phone** 386-688-9896  
**911 Address** 338 SE Community Drive Lulu, FL 32061  
**Contractors Name** Owner **Phone** \_\_\_\_\_  
**Address** \_\_\_\_\_

**Applicants Email** megan.craft31@gmail.com **\*\*\*Include to get updates on this job.**  
 Fee Simple Owner Name & Address \_\_\_\_\_  
 Bonding Co. Name & Address \_\_\_\_\_  
 Architect/Engineer Name & Address \_\_\_\_\_  
 Mortgage Lenders Name & Address \_\_\_\_\_  
**Circle the correct power company** ☐ FL Power & Light ☒ Clay Elec. ☐ Suwannee Valley Elec. ☐ Duke Energy  
**Property ID Number** \_\_\_\_\_ **Estimated Construction Cost** \$200,000  
**Subdivision Name** \_\_\_\_\_ **Lot** \_\_\_\_\_ **Block** \_\_\_\_\_ **Unit** \_\_\_\_\_ **Phase** \_\_\_\_\_  
**Special Driving Instructions - Only -** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Construction of** Remodel \_\_\_\_\_ **Commercial** OR **Residential** \_\_\_\_\_  
**Type of Structure** (House; Mobile Home; Garage; Exxon) House  
**Use/Occupancy of the building now** \_\_\_\_\_ **Is this changing** \_\_\_\_\_  
**If Yes, Explain, Proposed Use/Occupancy** \_\_\_\_\_  
**Is the building Fire Sprinkled?** \_\_\_\_\_ **If Yes, blueprints included** \_\_\_\_\_ **Or Explain** \_\_\_\_\_  
**Entrance Changes** (Ingress/Egress) NO **If Yes, Explain** \_\_\_\_\_  
**Zoning Applications applied for** (Site & Development Plan, Special Exception, etc.) \_\_\_\_\_



**CODES: 2020 Florida Building Code 7<sup>th</sup> Edition and the 2017 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.

Megan Croft

**Printed Owners Name**

Megan Croft

**Owners Signature**

**\*\*Property owners must sign here before any permit will be 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.

Contractor's Signature

Contractor's License Number

Columbia County

Competency Card Number

Affirmed and subscribed before me the Contractor by means of      physical presence or      online notarization, this      day of      20    , who was personally known      or produced ID     

State of Florida Notary Signature (For the Contractor)

**SEAL:**





## **COLUMBIA COUNTY BUILDING DEPARTMENT**

135 NE Hernando Ave., Suite B-21

Lake City, FL 32055

Office: 386-758-1008 Fax: 386-758-2160

### **OWNER BUILDER DISCLOSURE STATEMENT**

#### **Florida Statutes Chapter 489.103:**

1. I understand that state law requires construction to be done by a licensed contractor and have applied for an owner-builder permit under an exemption from the law. The exemption specifies that I, as the owner of the property listed, may act as my own contractor with certain restrictions even though I do not have a license.
2. I understand that building permits are not required to be signed by a property owner unless he or she is responsible for the construction and is not hiring a licensed contractor to assume responsibility.
3. I understand that, as an owner-builder, I am the responsible party of record on a permit. I understand that I may protect myself from potential financial risk by hiring a licensed contractor and having the permit filed in his or her name instead of my own name. I also understand that a contractor is required by law to be licensed in Florida and to list his or her license numbers on permits and contracts.
4. I understand that I may build or improve a one-family or two-family residence or a farm outbuilding. I may also build or improve a commercial building if the costs do not exceed \$75,000. The building or residence must be for my own use or occupancy. It may not be built or substantially improved for sale or lease, unless I am completing the requirements of a building permit where the contractor listed on the permit substantially completed the project. If a building or residence that I have built or substantially improved myself is sold or leased within 1 year after the construction is complete, the law will presume that I built or substantially improved it for sale or lease, which violates the exemption.
5. I understand that, as the owner-builder, I must provide direct, onsite supervision of the construction.
6. I understand that I may not hire an unlicensed person to act as my contractor or to supervise persons working on my building or residence. It is my responsibility to ensure that the persons whom I employ have the licenses required by law and by county or municipal ordinance.



7. I understand that it is a frequent practice of unlicensed persons to have the property owner obtain an owner-builder permit that erroneously implies that the property owner is providing his or her own labor and materials. I, as an owner-builder, may be held liable and subjected to serious financial risk for any injuries sustained by an unlicensed person or his or her employees while working on my property. My homeowner's insurance may not provide coverage for those injuries. I am willfully acting as an owner-builder and am aware of the limits of my insurance coverage for injuries to workers on my property.

8. I understand that I may not delegate the responsibility for supervising work to a licensed contractor who is not licensed to perform the work being done. Any person working on my building who is not licensed must work under my direct supervision and must be employed by me, which means that I must comply with laws requiring the withholding of federal income tax and social security contributions under the Federal Insurance Contributions Act (FICA) and must provide workers' compensation for the employee. I understand that my failure to follow these laws may subject me to serious financial risk.

9. I agree that, as the party legally and financially responsible for this proposed construction activity, I will abide by all applicable laws and requirements that govern owner-builders as well as employers. I also understand that the construction must comply with all applicable laws, ordinances, building codes, and zoning regulations.

10. I understand that I may obtain more information regarding my obligations as an employer from the Internal Revenue Service, the United States Small Business Administration, the Florida Department of Financial Services, and the Florida Department of Revenue. I also understand that I may contact the Florida Construction Industry Licensing Board at **850-487-1395** or **<http://www.myfloridalicense.com/>** for more information about licensed contractors.

11. I am aware of, and consent to, an owner-builder building permit applied for in my name and understand that I am the party legally and financially responsible for the proposed construction activity at the following address:

338 SE Community Drive Lake City FL 32054  
(Write in the address of jobsite property)



12. I agree to notify Columbia County Building Department immediately of any additions, deletions, or changes to any of the information that I have provided on this disclosure. Licensed contractors are regulated by laws designed to protect the public. If you contract with a person who does not have a license, the Construction Industry Licensing Board and Department of Business and Professional Regulation may be unable to assist you with any financial loss that you sustain as a result of a complaint. Your only remedy against an unlicensed contractor may be in civil court. It is also important for you to understand that, if an unlicensed contractor or employee of an individual or firm is injured while working on your property, you may be held liable for damages. If you obtain an owner-builder permit and wish to hire a licensed contractor, you will be responsible for verifying whether the contractor is properly licensed and the status of the contractor's workers' compensation coverage.

**Florida Statutes Chapter 489.503:**

State law requires electrical contracting to be done by licensed electrical contractors. You have applied for a permit under an exemption to that law. The exemption allows you, as the owner of your property, to act as your own electrical contractor even though you do not have a license. You may install electrical wiring for a farm outbuilding or a single-family or duplex residence. You may install electrical wiring in a commercial building the aggregate construction costs of which are under \$75,000. The home or building must be for your own use and occupancy. It may not be built for sale or lease, unless you are completing the requirements of a building permit where the contractor listed on the permit substantially completed the project. If you sell or lease more than one building you have wired yourself within 1 year after the construction is complete, the law will presume that you built it for sale or lease, which is a violation of this exemption. You may not hire an unlicensed person as your electrical contractor. Your construction shall be done according to building codes and zoning regulations. It is your responsibility to make sure that people employed by you have licenses required by state law and by county or municipal licensing ordinances.

An owner of property completing the requirements of a building permit, where the contractor listed on the permit substantially completed the project as determined by the local permitting agency, for a one-family or two family residence, townhome, accessory structure of a one-family or two-family residence or townhome or individual residential condominium unit or cooperative unit. Prior to the owner qualifying for the exemption, the owner must receive approval from the local permitting agency, and the local permitting agency must determine that the contractor substantially completed the project. An owner who qualifies for the exemption under this paragraph is not required to occupy the dwelling or unit for at least 1 year after the completion of the project.



Before a building permit shall be issued, this notarized disclosure statement must be completed and signed by the property owner and returned to the local permitting agency responsible for issuing the permit.

**TYPE OF CONSTRUCTION**

☐ *Single Family Dwelling*    ☐ *Two-Family Residence*    ☐ *Farm Outbuilding*

☒ *Addition, Alteration, Modification or other Improvement*    ☐ *Electrical*

☐ *Other* \_\_\_\_\_

☐ *Contractor substantially completed project, of a* \_\_\_\_\_

☐ *Commercial, Cost of Construction* \_\_\_\_\_ *for construction of* \_\_\_\_\_

I Megan Croft, have been advised of the above disclosure  
(Print Property Owners Name)

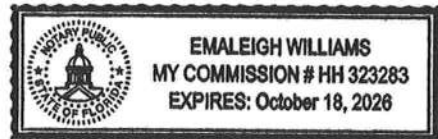
statement for exemption from contractor licensing as an owner/builder. I agree to comply with all requirements provided for in Florida Statutes allowing this exception for the construction permitted by Columbia County Building Permit.

Signature: Megan Croft Date: 3/14/2023  
(Signature of property owner)

**NOTARY OF OWNER BUILDER SIGNATURE**

The above signer is personally known to me or produced identification FL DL

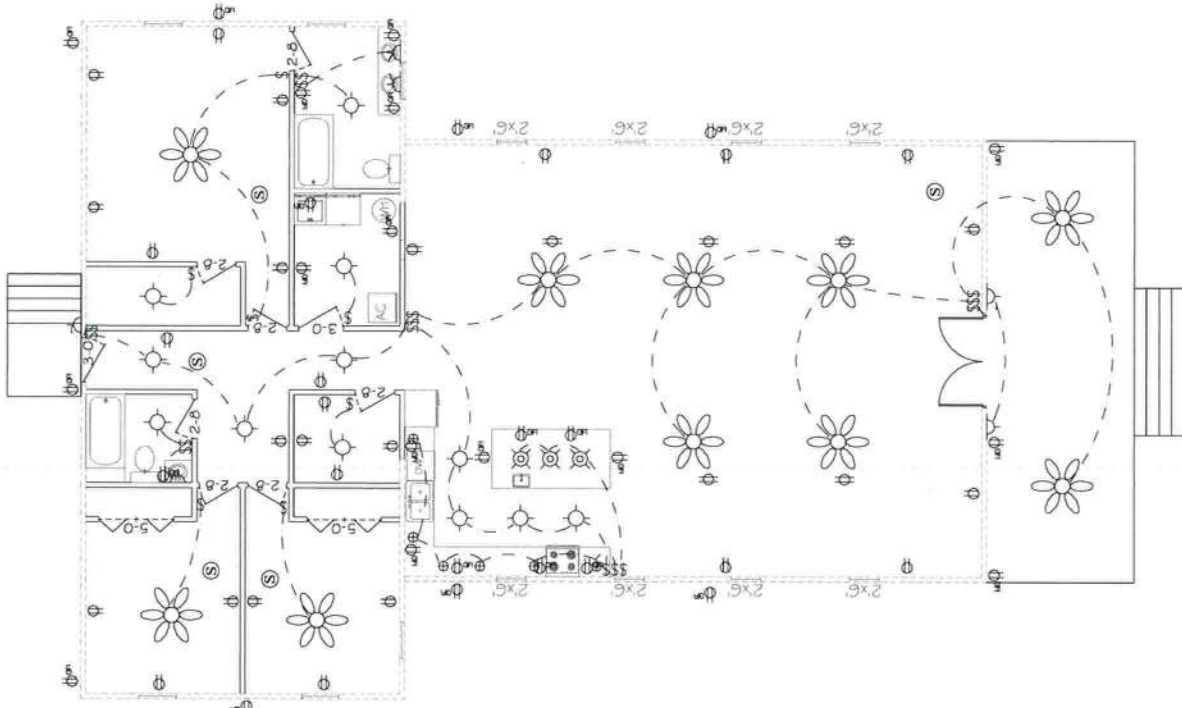
Notary Signature Emaleigh Williams Date 3/14/23 (Seal)





# LEGEND

- ⊕ DUPLEX FLOOR RECEPTACLE
- ⊕ DUPLEX WALL RECEPTACLE
- ⊕ GFI DUPLEX WALL RECEPTACLE
- ⊕ SPST WALL SWITCH
- ⊕ LIGHT (BATHROOM SHALL HAVE FAN)
- ⊕ PENDENT LIGHT
- ⊕ UNDER-CABINET LIGHT
- ⊕ 120V SMOKE DETECTOR
- ⊕ AIR HANDLER
- ⊕ CEILING FAN



ALL ELECTRICAL TO BE INSTALLED CURRENT NEC CODE.

1. PROVIDE INTERIOR SWITCH AND EXTERIOR LIGHT IN THE VICINITY OF DOORS.
2. PROVIDE RECEPTACLE OUTLET 6\" FROM OPENINGS, ENDS OF WALL AND 6\" ON CENTER AT AIR CONDENSER UNIT AND NEAR GARAGE DOOR OPENING.
3. PROVIDE ONE GFI DUPLEX WALL RECEPTACLE IN EACH BATHROOM.
4. PROVIDE SMOKE DETECTOR AS BY CODE IN THE BEDROOMS AND HALLWAYS WITHIN 17\" OF SERVING BATH ROOMS.
5. ALL BRANCH CIRCUITS THAT SUPPLY 25-VOLT, SINGLE PHASE IS AND 30 AMPERE OUTLETS INSTALLED IN DUELING UNIT SHALL BE PROTECTED BY AN ARCH-FULT CIRCUIT INTERRUPTER LISTED TO PROVIDE PROTECTION OF THE ENTIRE BRANCH CIRCUIT.
6. UNDER-CABINET LIGHTING SHALL BE SURFACE-MOUNTED NEARBY THE SINKS WITH COMPLETELY ENCLOSED LAMP ON THE WALL ABOVE DOOR OR ON CEILING WITH 1\" MIN 2\" CLEAR TO STORAGE AREA.
7. FLUORESCENT GENERAL LIGHTING IS REQUIRED IN BATHROOM AND KITCHEN.
8. A 40 LUMENS PER WATT EFFICIENCY LAMP IS REQUIRED.
9. LIGHT FIXTURES IN TUB OR SHOWER ENCLOSURES MUST HAVE LABEL.
10. RECESSED CEILING FIXTURES MUST BE IC RATED.
11. ALL BRANCH CIRCUITS MUST BE IDENTIFIED.
12. PROVIDE TWO MINIMUM SEPARATE 20-AMP CIRCUITS TO KITCHEN APPLIANCES.
13. EACH SEPARATE KITCHEN COUNTER SPACE 12\" OR WIDER SHALL HAVE A RECEPTACLE OUTLET MORE THAN 24\" FROM A RECEPTACLE OUTLET.
14. ISLAND AND PENINSULA COUNTER TOPS 12\" OR WIDER SHALL HAVE AT LEAST ONE RECEPTACLE OUTLET FOR EACH 4\" OF COUNTER OR PENINSULA COUNTER TOP.
15. PERMANENTLY INSTALLED LIGHTING FIXTURES SHALL BE HIGH-EFFICIENCY LAMPS OR NOT LESS THAN 3/4\" OF THE PERMANENTLY INSTALLED LIGHTING FIXTURES SHALL CONTAIN ONLY HIGH-EFFICIENCY LAMPS.
16. ALL CIRCUITS IN GARAGE AREA TO BE GFI RATED 25 VOLT SINGLE PHASE 30 AMPERE

PROJECT: CROFT RESIDENCE

DATE: 01/10/2024

SCALE: 1/4\" = 1'-0\"

DESIGNED BY: [Signature]

CHECKED BY: [Signature]

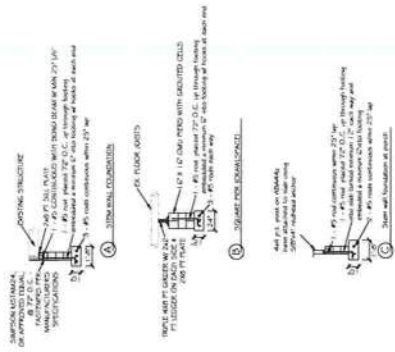
DATE: 01/10/2024

PROJECT: CROFT RESIDENCE

DATE: 01/10/2024

SCALE: 1/4\" = 1'-0\"





1. COMBUSTIBLE SHALL HAVE GASE POLY VAPOR BARRIER w/ 2" LAPS SEALED w/ POLY TAP EXTER THREAT TREATED SOIL
2. BOTTOM OF EXTERIOR FOOTINGS SHALL BE A MINIMUM OF 12" BELOW UNDISTURBED SOIL OR ENGINEERED FILL PER LOCALS SECTION 8003.4

NOTE:  
50% UNDER FLOORING SHALL BE  
COMPRESSED TO 2000 PSI AT  
95% DENSITY. CONCRETE  
STRENGTH SHALL BE 2500 PSI.





## Columbia County Property Appraiser

Jeff Hampton

2023 Working Values

updated: 3/9/2023

Parcel: &lt;&lt; 00-00-00-10420-004 (45578) &gt;&gt;

## Owner &amp; Property Info

Owner	CROFT ROBERT CHET CROFT MEGAN 13869 NW 77TH LANE LAKE BUTLER, FL 32054		
Site	338 SE COMMUNITY DR, LULU		
Description*	PART OF BLOCK 10 TOWN OF LULU DESC AS: COMM NW COR OF SAID BLOCK 10, S 37 DEG W 250 FT TO C/L OF CLOSED ST, S 52 DEG E ALONG C/L 200 FT FOR POB, S 52 DEG E 200 FT TO W/R/W OF SE SHADY WAY, N 37 DEG E 30 FT, S 52 DEG E 60 FT TO SW COR OF BLOCK 11, N 37 DEG ...more>>>		
Area	1.45 AC	S/T/R	27-4S-18
Use Code**	TIMBERLAND 80-89 (5500)	Tax District	3

\*The Description above is not to be used as the Legal Description for this parcel in any legal transaction.

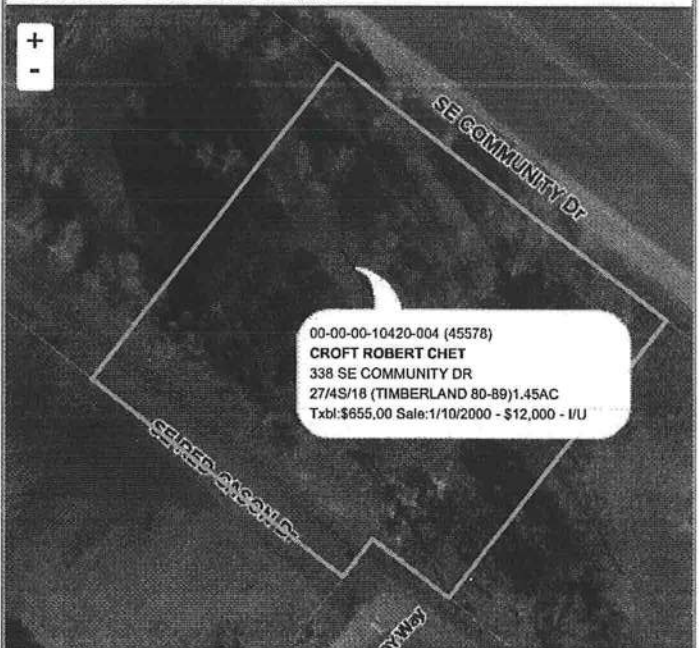
\*\*The Use Code is a FL Dept. of Revenue (DOR) code and is not maintained by the Property Appraiser's office. Please contact your city or county Planning &amp; Zoning office for specific zoning information.

## Property &amp; Assessment Values

2022 Certified Values	2023 Working Values	
There are no 2023 Certified Values for this parcel	Mkt Land	\$0
	Ag Land	\$655
	Building	\$0
	XFOB	\$0
	Just	\$1,740
	Class	\$655
	Appraised	\$655
	SOH Cap [?]	\$0
	Assessed	\$655
	Exempt	\$0
	Total	county:\$655 city:\$0
	Taxable	other:\$0 school:\$655

Aerial Viewer Pictometry Google Maps

2022 2019 2016 2013 2010 Sales



## Sales History

Sale Date	Sale Price	Book/Page	Deed	V/I	Qualification (Codes)	RCode
5/14/2021	\$100	1437/1617	QC	I	U	11
10/12/2020	\$100	1421/1379	QC	I	U	11
1/10/2000	\$12,000	0898/0626	WD	I	U	01

## Building Characteristics

Bldg Sketch	Description*	Year Blt	Base SF	Actual SF	Bldg Value
NONE					

## Extra Features &amp; Out Buildings (Codes)

Code	Desc	Year Blt	Value	Units	Dims
NONE					

## Land Breakdown

Code	Desc	Units	Adjustments	Eff Rate	Land Value
5500	TIMBER 2 (AG)	1.450 AC	1.0000/1.0000 1.0000/ /	\$452 /AC	\$655
9910	MKT.VAL.AG (MKT)	1.450 AC	1.0000/1.0000 1.0000/4000000 /	\$1,200 /AC	\$1,740

© Columbia County Property Appraiser | Jeff Hampton | Lake City, Florida | 386-758-1083

by: GrizzlyLogic.com



215 SSO 046302727



STATE OF FLORIDA  
DEPARTMENT OF ENVIRONMENTAL PROTECTION  
ONSITE SEWAGE TREATMENT AND DISPOSAL  
SYSTEM (OSTDS)

PERMIT NO. 23-0103  
DATE PAID: 2/15/23  
FEE PAID: 725.00  
RECEIPT #: 1937357

APPLICATION FOR CONSTRUCTION PERMIT

APPLICATION FOR:

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

APPLICANT: Megan Croft

EMAIL: megan.croft31@gmail.com

AGENT:

TELEPHONE: (386) 688-9896

MAILING ADDRESS: 13869 NW 77th Lane, Lake Butler, FL 32054

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

OSTDS REMEDIATION PLAN? ☐ Y ☒ N

LOT: 10-B BLOCK: 10 SUBDIVISION: Town of Lulu PLATTED: 2023

PROPERTY ID #: 00-00-00-10420-004 ZONING: \_\_\_\_\_ I/M OR EQUIVALENT: ☐ Y ☒ N

PROPERTY SIZE: 1.45 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐  $\leq 2000$  GPD ☐  $> 2000$  GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? ☐ Y ☒ N DISTANCE TO SEWER: \_\_\_\_\_ FT

PROPERTY ADDRESS: TBD 3385E Community Drive, Lulu, FL

DIRECTIONS TO PROPERTY: \_\_\_\_\_

BUILDING INFORMATION

☒ RESIDENTIAL ☐ COMMERCIAL

Unit No. Type of Establishment No. of Bedrooms Building Area Sqft Commercial/Institutional System Design Table I, Chapter 62-6, FAC

1 single family 3 2200 sq ft

2

3

4

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

SIGNATURE: Megan Croft

DATE: 02/06/23

DEF 4015, 06-21-2022 (Obsoletes previous editions which may not be used)

Incorporated 62-6.004, FAC

Page 1 of 4





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

PERMIT #: 12-SC-2639498  
APPLICATION #: AP1937357  
DATE PAID: 2/15/23  
FEE PAID: 425.00  
RECEIPT #:  
DOCUMENT #: PR1894443

CONSTRUCTION PERMIT FOR: OSTDS New  
APPLICANT: MEGAN\*\*23-0103 CROFT  
PROPERTY ADDRESS: 338 SE COMMUNITY Lulu, FL 32061  
LOT: 10-B BLOCK: 10 SUBDIVISION: Town of Lulu  
PROPERTY ID #: 10420-004 [SECTION, TOWNSHIP, RANGE, PARCEL NUMBER]  
[OR TAX ID NUMBER]

SYSTEM MUST BE CONSTRUCTED IN ACCORDANCE WITH SPECIFICATIONS AND STANDARDS OF SECTION 381.0065, F.S., AND CHAPTER 64E-6, F.A.C. DEPARTMENT APPROVAL OF SYSTEM DOES NOT GUARANTEE SATISFACTORY PERFORMANCE FOR ANY SPECIFIC PERIOD OF TIME. ANY CHANGE IN MATERIAL FACTS, WHICH SERVED AS A BASIS FOR ISSUANCE OF THIS PERMIT, REQUIRE THE APPLICANT TO MODIFY THE PERMIT APPLICATION. SUCH MODIFICATIONS MAY RESULT IN THIS PERMIT BEING MADE NULL AND VOID. ISSUANCE OF THIS PERMIT DOES NOT EXEMPT THE APPLICANT FROM COMPLIANCE WITH OTHER FEDERAL, STATE, OR LOCAL PERMITTING REQUIRED FOR DEVELOPMENT OF THIS PROPERTY.

SYSTEM DESIGN AND SPECIFICATIONS

T [ 900 ] GALLONS / GPD Septic Tank CAPACITY  
A [ ] GALLONS / GPD N/A CAPACITY  
N [ ] GALLONS GREASE INTERCEPTOR CAPACITY [MAXIMUM CAPACITY SINGLE TANK: 1250 GALLONS]  
K [ ] GALLONS DOSING TANK CAPACITY [ ] GALLONS @ [ ] DOSES PER 24 HRS #Pumps [ ]  
D [ 375 ] SQUARE FEET Drainfield SYSTEM  
R [ ] SQUARE FEET N/A SYSTEM  
A TYPE SYSTEM: [ ] STANDARD [ ] FILLED [X] MOUND [ ]  
I CONFIGURATION: [X] TRENCH [ ] BED [ ]  
N  
F LOCATION OF BENCHMARK: Nail in pine w/ green tape.  
I ELEVATION OF PROPOSED SYSTEM SITE [ 26.00 ] [ INCHES ] FT [ ] ABOVE / [ BELOW ] BENCHMARK/REFERENCE POINT  
E BOTTOM OF DRAINFIELD TO BE [ 3.00 ] [ INCHES ] FT [ ] ABOVE / [ BELOW ] BENCHMARK/REFERENCE POINT  
L  
D FILL REQUIRED: [ 41.00 ] INCHES EXCAVATION REQUIRED: [ 26.00 ] INCHES

The system is sized for 3 bedrooms with a maximum occupancy of 6 persons (2 per bedroom), for a total estimated flow of 300 gpd.  
T \*\*Excavate all Spodic material (0-26"). \*\*Remove all Organic surface material (0-6") from DF site prior to construction of the  
H Mound \*\*Include L&W of shoulder/slopes) \*\*\*NO excavation material is to be used on any part of the drainfield fill area  
E including shoulder and slopes.  
R

SPECIFICATIONS BY: Dustin W Jones TITLE: Environmental Specialist II  
APPROVED BY: Dustin W Jones TITLE: Environmental Specialist II Columbia CHD  
DATE ISSUED: 02/27/2023 EXPIRATION DATE: 08/27/2024  
DR 4016, 08/09 (Obsoletes all previous editions which may not be used)  
Incorporated: 64E-6.003, FAC

SF



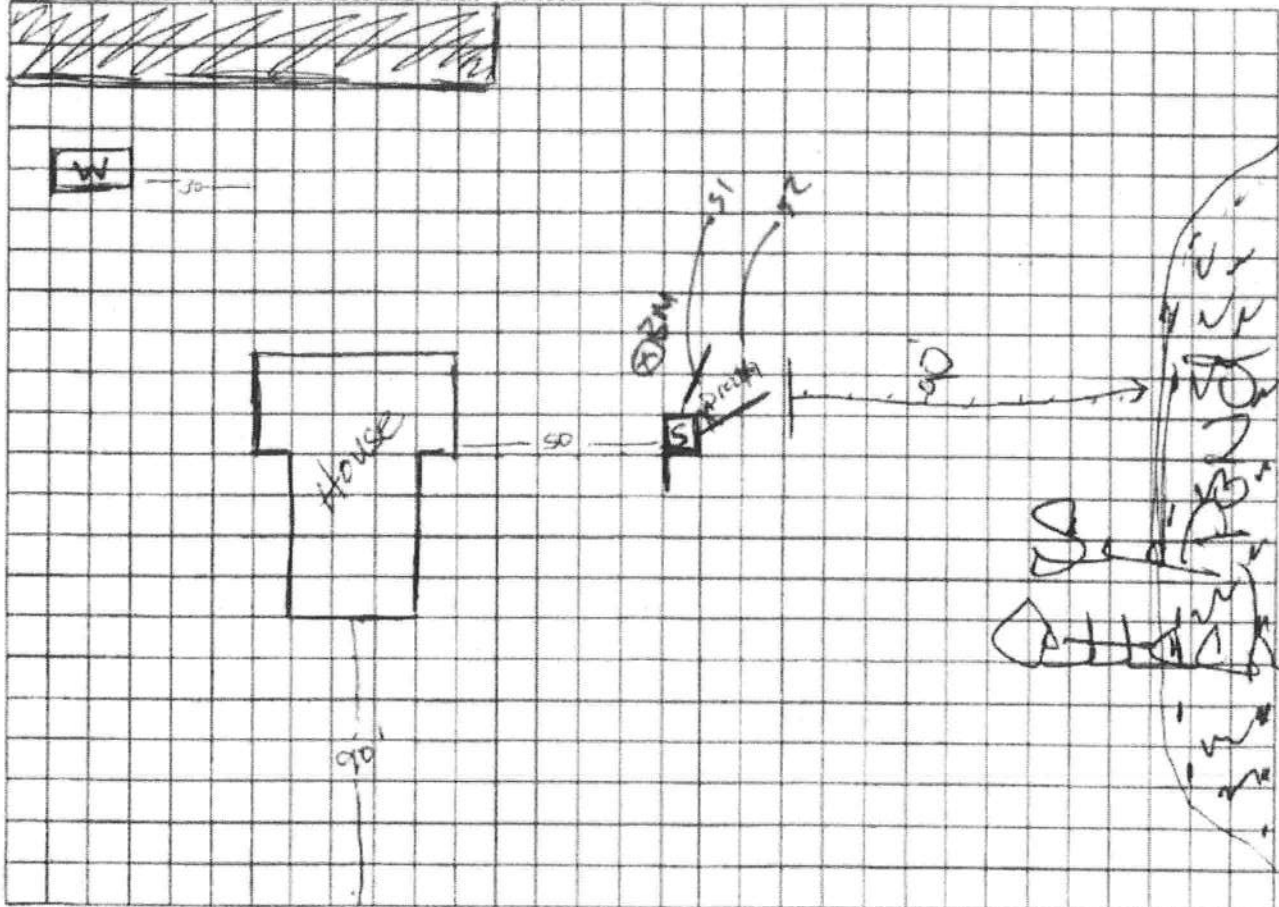
STATE OF FLORIDA  
DEPARTMENT OF ENVIRONMENTAL PROTECTION  
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number

23-0109

PART II - SITEPLAN

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



Notes: The septic system will be 50' off the side of the house.  
90' from roadway to front of house & 130' from road to septic  
1.45 acres

Site Plan submitted by:

Plan Approved

Not Approved

By

Date 2/27/23

County Health Department

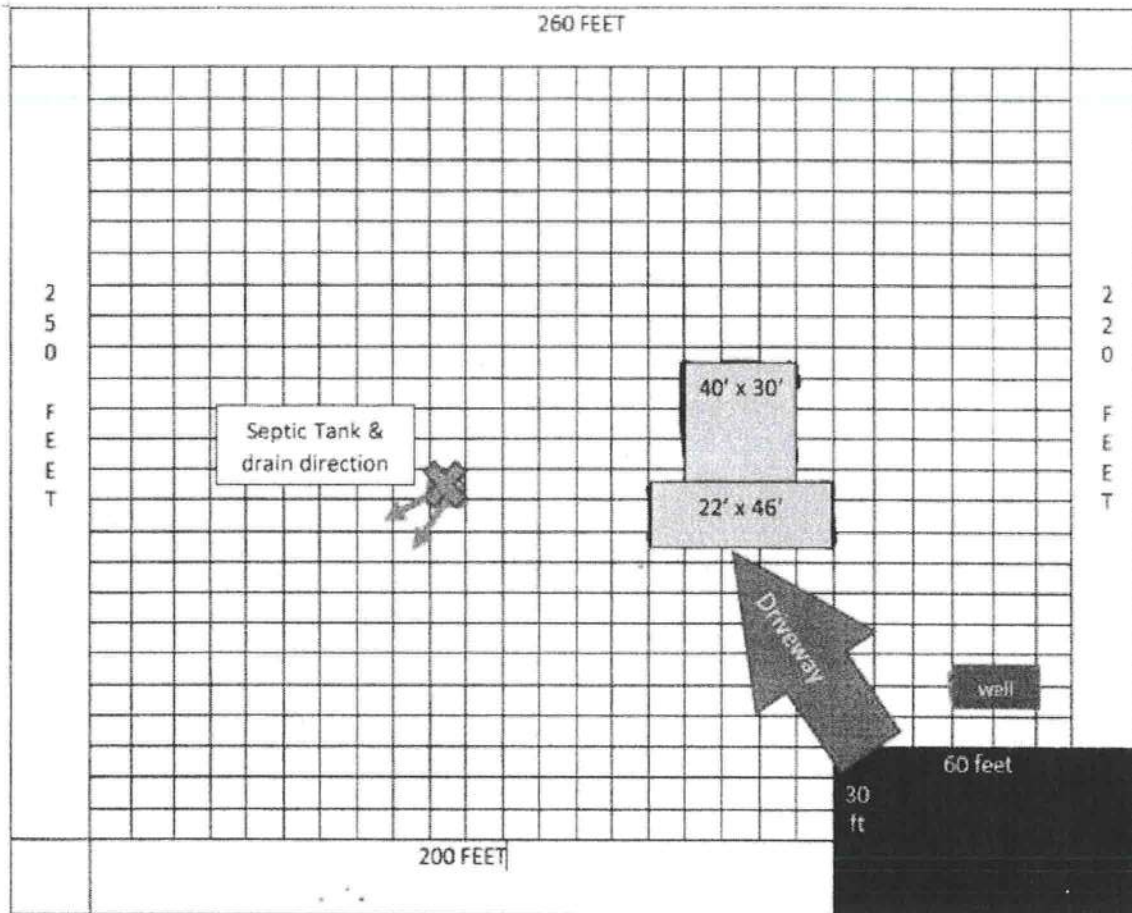
ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

DEP 4015, 06-21-2022 (Obsoletes previous editions which may not be used)

Incorporated: 62-6.004, F.A.C



23-0103



Specifics:

	House	Septic
Community Drive	+95 feet	130 feet
Red Cason Dr (old)	+95 feet	110 feet
Well	+60 feet	+140 feet

Lot Visual



Acres: 1.45

By: Megan Croft

Date: 02/08/2023



### Address Assignment and Maintenance Document

To maintain the county wide Addressing Policy you must make application for a 9-1-1 Address at the time you apply for a building permit. The established standards for addressing and posting numbers to all principal buildings, dwellings, businesses and industries are contained in Columbia County Ordinance 2001-9. The addressing system is to enable Emergency Services Agencies to locate you in an emergency, and to assist the United States Postal Service and the public in the timely and efficient provision of services to residents and businesses of Columbia County

Date/Time Issued: 2/14/2023 1:34:39 PM

Address: 338 SE COMMUNITY Dr

City: LULU

State: FL

Zip Code 32061

Parcel ID 10420-004

REMARKS: New address for Habitable structure (family home, business, etc.) on the parcel.

**NOTICE: THIS ADDRESS WAS ISSUED BASED ON LOCATION AND ACCESS INFORMATION RECEIVED FROM THE REQUESTER. SHOULD, AT A LATER DATE, THE LOCATION AND/OR ACCESS INFORMATION BE FOUND TO BE IN ERROR OR CHANGED, THIS ADDRESS IS SUBJECT TO CHANGE.**

**Issuance of a 9-1-1 address for your property should not be construed by you or anyone else to mean that your property is buildable pursuant to the Columbia County Land Development Regulations. To determine whether your property is eligible for a building permit please contact the Building and Zoning Department.**

Address Issued By: MOORE, DAVID R.



Address: 338 SE Community Drive Lulu FL 32061

Scope of Work:

Remodeling a building which will include a new roof, AC system, plumbing and electrical. The interior will also receive improvements by re-establishing a few existing walls.



## SUBCONTRACTOR VERIFICATION

APPLICATION/PERMIT # \_\_\_\_\_ JOB NAME \_\_\_\_\_

### 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"/> CC# _____	Print Name <u>Megan Croft</u> Signature <u>Megan Croft</u> Company Name: _____ License #: _____ Phone #: _____	<u>Need</u> <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"/> CC# _____	Print Name <u>Megan Croft</u> Signature <u>Megan Croft</u> Company Name: _____ License #: _____ Phone #: _____	<u>Need</u> <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 type="checkbox"/> CC# _____	Print Name <u>Megan Croft</u> Signature <u>Megan Croft</u> Company Name: _____ License #: _____ Phone #: _____	<u>Need</u> <input 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"/> CC# _____	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	<u>Need</u> <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"/> CC# _____	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	<u>Need</u> <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"/> CC# _____	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	<u>Need</u> <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"/> CC# _____	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	<u>Need</u> <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"/> CC# _____	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	<u>Need</u> <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE



# NOTICE OF COMMENCEMENT

Tax Parcel Identification Number:

10420-004

Clerk's Office Stamp

Inst: 202312004322 Date: 03/14/2023 Time: 10:10AM  
Page 1 of 1 B: 1486 P: 925, James M Swisher Jr, Clerk of Court  
Columbia, County, By: AM  
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): 338 SE Community Drive, Lulu, FL 32061  
a) Street (job) Address: \_\_\_\_\_
2. General description of improvements: remodel
3. Owner Information or Lessee information if the Lessee contracted for the improvements:  
a) Name and address: Megan Croft 13269 NW 77th Lane, Lake Butler, FL 32054  
b) Name and address of fee simple titleholder (if other than owner): \_\_\_\_\_  
c) Interest in property: owner
4. Contractor Information  
a) Name and address: owner  
b) Telephone No.: 386-688-9896
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. Megan Croft  
Signature of Owner or Lessee, or Owner's or Lessee's Authorized Office/Director/Partner/Manager

Megan Croft  
Printed Name and Signatory's Title/Office

The foregoing instrument was acknowledged before me, by means of X physical presence or \_\_\_\_\_ online notarization, a Florida Notary, this 14 day of march, 2023, by: Megan Croft as Self  
(Name of Person) (Type of Authority)  
for N/A who is personally known \_\_\_\_\_ OR produced identification X  
(name of party on behalf of whom instrument was executed)

Notary Signature Emaleigh Williams

Notary Stamp or Seal

