

Columbia County Swimming Pool/Spa Permit Application

cc # 455

For Office Use Only Application # 1710-40 Date Received 10/12 By SW Permit # 35913
Zoning Official 245 Date 10/29/17 Flood Zone _____ Land Use RLD Zoning RSF-2
FEMA Map # _____ Elevation _____ MFE N/A River _____ Plans Examiner TC Date 10-19-17

Comments

- ☒ NOC ☒ DEH ☐ Deed or PA ☒ Site Plan ☐ 911 Sheet (If NO Address Exists) ☐ Owner Builder Disclosure Statement
☐ Dev Permit # _____ ☐ In Floodway ☐ Letter of Auth. from Contractor ☐ F W Comp. letter
☐ Land Owner Affidavit ☐ Ellisville Water ☒ App Fee Paid ☒ Sub VF Form GRAHAM, KIALT

Notes:

Septic Permit No. 17-0654 Or City Water System ☐ Fax _____

Applicant (Who will sign/pickup the permit) Brent Handy Phone 386-984-0917

Address 295 NW Commons Loop STE 115-343, Lake City, FL 32055

Owners Name Forrest & Marilyn Rossborough Phone 386-755-0210

911 Address 339 SW Black Pine Ter, Lake City, FL 32024

Contractors Name Brent Handy Phone 386-984-0917

Address 295 NW Commons Loop STE 115-343, Lake City, FL 32055

Contractor Email brent@ParagonPoolsOnline.com ***Include to get updates on this job.

Fee Simple Owner Name & Address N/A

Bonding Co. Name & Address N/A

Architect/Engineer Name & Address _____

Mortgage Lenders Name & Address N/A

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

Property ID Number 15-4S-16-03000-146 Cost of Construction 45,000

Subdivision Name Forest Country Lot 6 Block C Unit _____ Phase _____

Driving Directions Hwy 90 to Hwy 247, South 4 miles to Forest Country Subdivision, Turn Left into subdivision on SW Monk Way, Left on SW Long Leaf BLVD, Right on SW Loblolly PL, Right on SW Black Pine Ter

295 NW L. Residential ☒ OR Commercial ☐

Construction of Inground Swimming Pool ADA Compliant _____ Total Acreage 1.43

Actual Distance of Pool from Property Lines - Front 58' Side 11'6" Side 278 Rear 97

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: Florida Building Code 2014 and the 2011 National Electrical 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 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.

Forrest Rossborough

Print Owners Name


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.


Contractor's Signature

Contractor's License Number CPC1456799

✓ Columbia County

Competency Card Number 570

Affirmed under penalty of perjury to by the Contractor and subscribed before me this 12th day of OCTOBER 2017

Personally known ☒ or Produced Identification ☐

SEAL:

State of Florida Notary Signature (For the Contractor)





COLUMBIA COUNTY BUILDING DEPARTMENT

135 NE Hernando Ave., Suite B-21, Lake City, FL 32055

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

www.columbiacountyfla.com/BuildingandZoning.asp

NOTICE TO SWIMMING POOL OWNERS

Forrest Rossborough

_____ have been informed and I understand that prior to the final inspection approval and use of my pool, I will need all the inspections approved and the required fencing installed in accordance with applicable regulations. The Florida Building Code requires private residential swimming pools, hot tubs, or non-portable spas containing water over 24 inches deep to meet the following pool barrier safety feature requirements:

- The pool access must be isolated by a barrier at least 4 feet high and installed around the perimeter of the pool.
Unless the pool is equipped with a safety cover complying with the specifications of American Society for Testing and Materials standard F-1346-91.
- The barrier shall not have any gaps or openings which would allow a child to crawl under, squeeze through or climb over and must be placed no less than 20 inches from the water's edge.
- Gates located in the pool barrier must open outward away from the pool and be both self-closing and self latching, with a release mechanism not less than 54" above the standing surface at the gate.
- The barrier must be separate from any other fence, wall, or other enclosure surrounding the yard unless the fence, wall or other enclosure or portion thereof is situated on the perimeter of the pool and meets the pool barrier requirements.
- Where a wall of a dwelling serves as part of the barrier **one** of the following shall apply:
 - 1) All doors and first floor windows with a sill height of less than 48 inches providing direct access from the home to the pool must be equipped with an alarm that has a minimum sound pressure rating of 85 decibels at 10 feet. The alarm shall sound immediately upon opening the window or door unless the temporary bypass mechanism is activated.
 - 2) **Or;** all doors providing direct access from the home to the pool must be equipped with a self-closing, self-latching device with a release mechanism located at least 54 inches above the floor.

According to Florida statutes chapter 515: Residential Swimming Pool Safety Act, failure to comply with these requirements is a misdemeanor of the second degree, punishable by imprisonment for up to 60 days or a fine of up to \$500, except that no penalty shall be imposed if within 45 days after arrest or issuance of a summons or notice to appear, the pool is equipped with the aforementioned safety features and the responsible person attends a drowning prevention education program developed by the Florida Department of Health. I also understand that there are several inspections required in addition to a final inspection for my swimming pool.

4 For Rossborough

Owner Signature / Date

Address: 339 SW Black Pine Ter, Lake City, FL 32024

[Signature]

Contractor Signature / Date 10-12-17

CPC1456799

License Number

Columbia County Property Appraiser

updated: 8/17/2017

2016 Tax Year

Parcel: 15-4S-16-03000-146

Tax Collector

Tax Estimator

Property Card

Parcel List Generator

<< Next Lower Parcel

Next Higher Parcel >>

2017 TRIM (pdf)

Interactive GIS Map

Print

Owner & Property Info

<< Prev

Search Result: 5 of 6

Next >>

Owner's Name	ROSSBOROUGH FORREST W &		
Mailing Address	ROSSBOROUGH MARILYN K 339 SW BLACK PINE TER LAKE CITY, FL 32024		
Site Address	339 SW BLACK PINE TER		
Use Desc. (code)	SINGLE FAM (000100)		
Tax District	3 (County)	Neighborhood	15416
Land Area	1.430 ACRES	Market Area	06
Description	NOTE: This description is not to be used as the Legal Description for this parcel in any legal transaction.		
LOT 6 BLOCK C FOREST COUNTRY 3RD ADDITION. ORB 829-2129 & LOT 33 FOREST COUNTRY 6TH ADDITION WD 1243-2167			



Property & Assessment Values

2016 Certified Values		
Mkt Land Value	cnt: (0)	\$39,600.00
Ag Land Value	cnt: (2)	\$0.00
Building Value	cnt: (1)	\$167,486.00
XFOB Value	cnt: (6)	\$7,656.00
Total Appraised Value		\$214,742.00
Just Value		\$214,742.00
Class Value		\$0.00
Assessed Value		\$194,629.00
Exempt Value	(code: HX H3)	\$50,000.00
Total Taxable Value	Cnty: \$144,629 Other: \$144,629 Schl: \$169,629	

2017 Working Values			(...Hide Values)
Mkt Land Value	cnt: (0)	\$39,600.00	
Ag Land Value	cnt: (2)	\$0.00	
Building Value	cnt: (1)	\$167,139.00	
XFOB Value	cnt: (6)	\$7,656.00	
Total Appraised Value		\$214,395.00	
Just Value		\$214,395.00	
Class Value		\$0.00	
Assessed Value		\$198,716.00	
Exempt Value	(code: HX H3)	\$50,000.00	
Total Taxable Value	Cnty: \$148,716 Other: \$148,716 Schl: \$173,716		

NOTE: 2017 Working Values are NOT certified values and therefore are subject to change before being finalized for ad valorem assessment purposes.

Sales History

Show Similar Sales within 1/2 mile

Sale Date	OR Book/Page	OR Code	Vacant / Improved	Qualified Sale	Sale RCode	Sale Price
10/23/2012	1243/2167	WD	V	Q	01	\$22,500.00
10/16/1996	829/2129	WD	V	Q		\$18,000.00

Building Characteristics

Bldg Item	Bldg Desc	Year Blt	Ext. Walls	Heated S.F.	Actual S.F.	Bldg Value
1	SINGLE FAM (000100)	2000	COMMON BRK (19)	2036	3988	\$167,139.00
Note: All S.F. calculations are based on exterior building dimensions.						

Extra Features & Out Buildings

Code	Desc	Year Blt	Value	Units	Dims	Condition (% Good)
0166	CONC,PAVMT	1999	\$1,650.00	0001100.000	0 x 0 x 0	(000.00)
0180	FPLC 1STRY	2000	\$2,000.00	0000001.000	0 x 0 x 0	(000.00)
0120	CLFENCE 4	1993	\$1,181.00	0000350.000	0 x 0 x 0	AP (025.00)
0070	CARPORT UF	2007	\$825.00	0000330.000	30 x 11 x 0	(000.00)
0296	SHED METAL	2014	\$800.00	0000001.000	0 x 0 x 0	(000.00)

Land Breakdown

Lnd Code	Desc	Units	Adjustments	Eff Rate	Lnd Value
000100	SFR (MKT)	1 LT - (0000000.730AC)	1.00/1.00/1.00/1.00	\$19,800.00	\$19,800.00

NOTICE OF COMMENCEMENT

Tax Parcel Identification Number:

15-45-16-03000-146

Clerk's Office Stamp

Inst: 201712018719 Date: 10/12/2017 Time: 9:51AM
Page 1 of 1 B: 1345 P: 2374, 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): Lot 6 Block C Forest Country 3rd Addition ORB 829-2129
a) Street (job) Address: 339 SW Black Pine Ter, Lake City, FL 32024
2. General description of Improvements: Inground Swimming Pool & Screen Enclosure
3. Owner Information or Lessee information if the Lessee contracted for the improvements:
a) Name and address: Forrest & Marilyn Rossborough, 339 SW Black Pine Ter, Lake City, FL 32024
b) Name and address of fee simple titleholder (if other than owner) owner
c) Interest in property owner
4. Contractor Information
a) Name and address: Paragon Pools, 295 NW Commons Loop STE 115-343, Lake City, FL 32055
b) Telephone No.: 386-755-7300
5. Surety Information (if applicable, a copy of the payment bond is attached):
a) Name and address: N/A
b) Amount of Bond: N/A
c) Telephone No.: N/A
6. Lender
a) Name and address: N/A
b) Phone No. N/A
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: Forrest & Marilyn Rossborough, 339 SW Black Pine Ter, Lake City, FL 32024
b) Telephone No.: 386-755-0210
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: owner 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): Feb 15, 2018

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

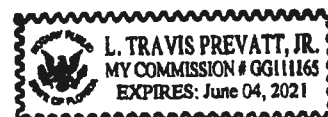
10. X Forrest Rossborough
Signature of Owner or Lessee, or Owner's or Lessee's Authorized Office/Director/Partner/Manager
Forrest Rossborough
Printed Name and Signatory's Title/Office

The foregoing instrument was acknowledged before me, a Florida Notary, this 17th day of October, 2017, by:
Forrest Rossborough Owner for _____
(Name of Person) (Type of Authority) (name of party on behalf of whom instrument was executed)

Personally Known ✓ OR Produced Identification _____ Type _____

Notary Signature

Notary Stamp or Seal:



Rosborough Job – Site Plan

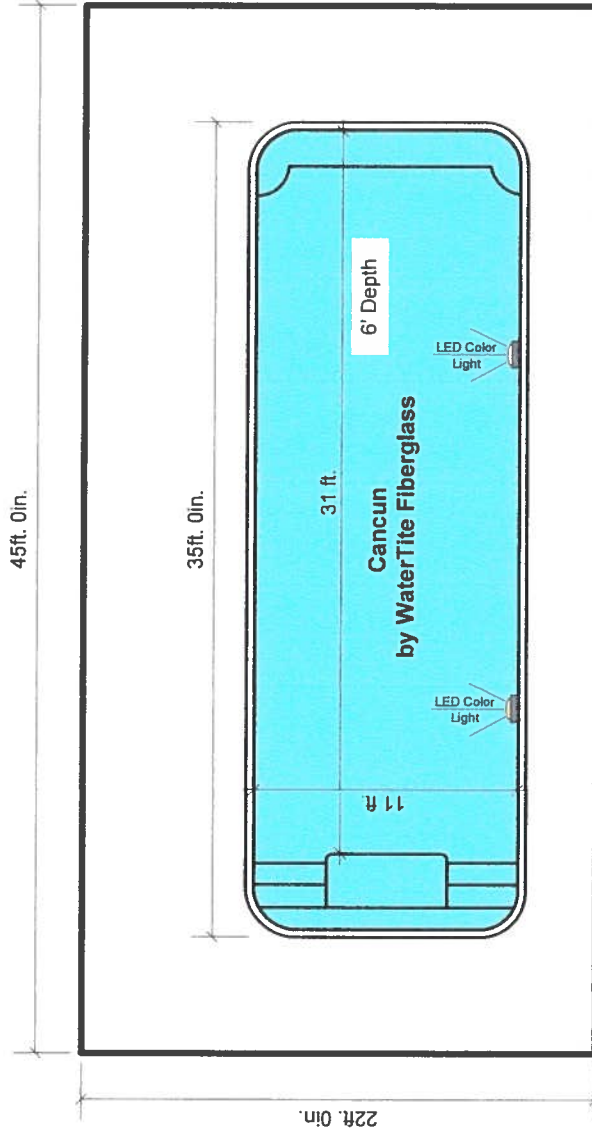


Do not duplicate - This drawing is the property of Paragon Pools and may be purchased separately. No duplication allowed.

Mr & Mrs Forrest Rossborough
339 SW Blackpine Ter
Lake City, FL 32024


Paragon Pools
CPC1456799

PAGE	DEPT	DESIGNER	REV
		Brent Handy Brent@ParagonPoolsOnline.com	
		2017	SHEET 1 OF 1



Final Design - Homeowner Approval: _____ Date: _____

X

				Mr & Mrs Forrest Rossborough 339 SW Blackpine Ter Lake City, FL 32024			
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PAGE	DEPT.	DESIGNER	Brent Handy	REV			
		Brent@ParagonPoolsOnline.com			2017	SHEET	1 OF 1
SCALE		1/8" = 1'					

SUBCONTRACTOR VERIFICATION

APPLICATION/PERMIT # 1710-40 JOB NAME Rossborough, Forrest

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.

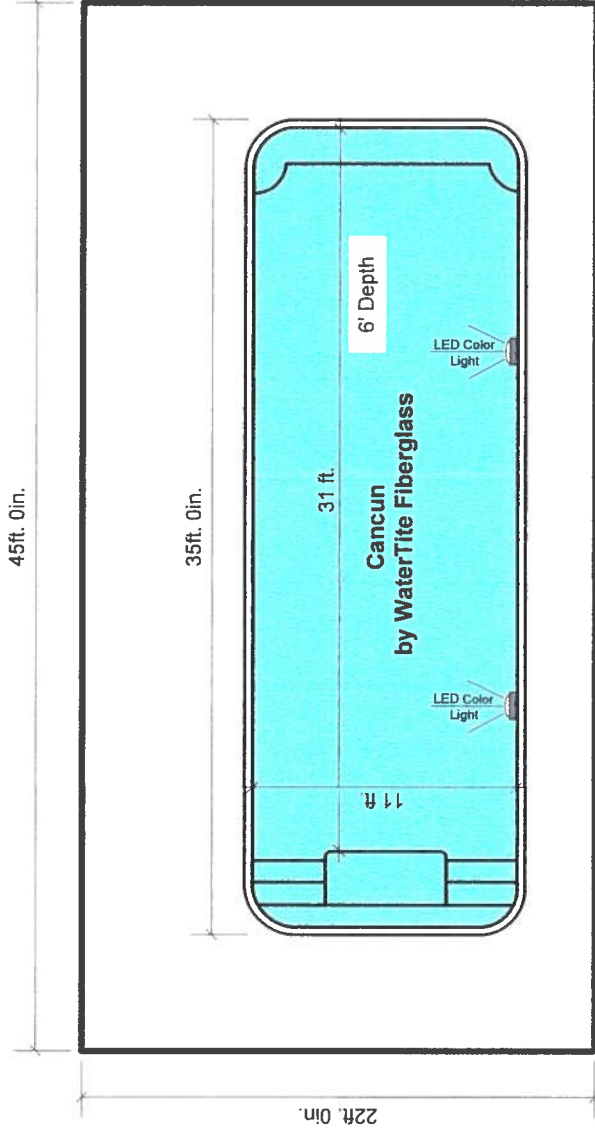
NOTE: It shall be the responsibility of the general contractor to make sure that all of the subcontractors are licensed with the Columbia County Building Department.

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.

ELECTRICAL <input checked="" type="checkbox"/> CC# <u>564</u>	Print Name <u>WALTER I. GRAHAM</u> Signature <u>[Signature]</u> Company Name: <u>GRAHAM+SONS ELECTRIC INC</u> License #: <u>EC#0000683</u> Phone #: <u>386-867-0006</u>	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
MECHANICAL/A/C <input type="checkbox"/> CC# _____	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
PLUMBING/GAS <input type="checkbox"/> CC# _____	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
ROOFING <input type="checkbox"/> CC# _____	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
SHEET METAL <input type="checkbox"/> CC# _____	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
FIRE SYSTEM/SPRINKLER <input type="checkbox"/> CC# _____	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
SOLAR <input type="checkbox"/> CC# _____	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
STATE SPECIALTY <input type="checkbox"/> CC# _____	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE



Final Design - Homeowner Approval: _____ Date: _____

				Mr & Mrs Forrest Rossborough 339 SW Blackpine Ter Lake City, FL 32024			
Do not duplicate - This drawing is the property of Paragon Pools and may be purchased separately. No duplication allowed.				Paragon Pools CPC1456799			
PAGE	DEPT.	DESIGNER	Brent Handy	REV			
		Brent@ParagonPoolsOnline.com					
SCALE		1/8" = 1'		2017		SHEET 1 OF 1	

Rosborough Job – Site Plan



Do not duplicate - This drawing is the property of **Paragon Pools** and may be purchased separately. No duplication allowed.

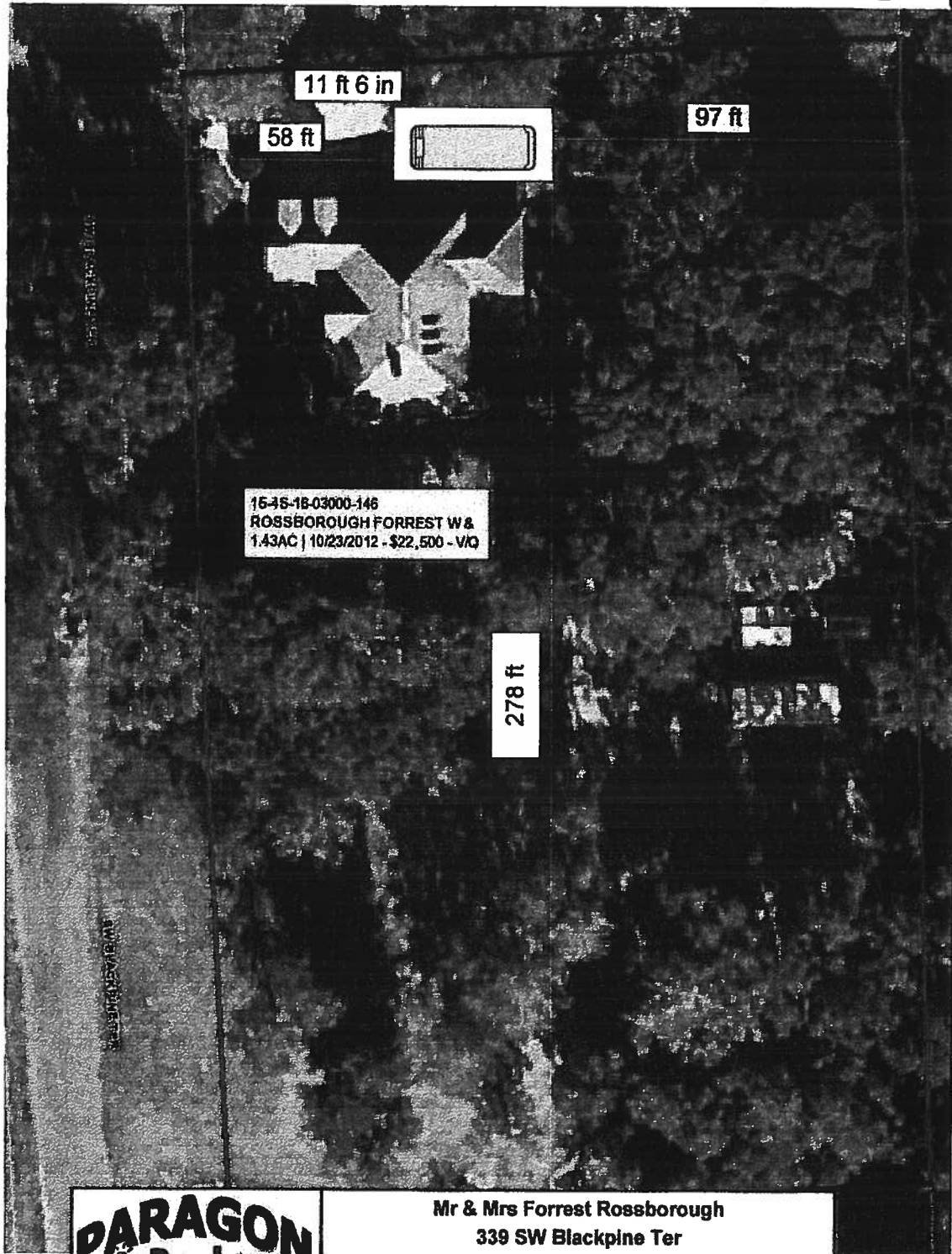
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Paragon Pools
CPC1456799

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		2017	SHEET 1 OF 1

Rossborough Job - Site Plan

17-0654



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Lake City, FL 32024

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CPC1456799

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		2017	SHEET 1 OF 1

STATE OF FLORIDA
DEPARTMENT OF HEALTH
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number _____

12-0654

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

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

See Attached

Notes:

Site Plan submitted by:

Plan Approved

Not Approved

Bv

Celubon

County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT



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

PERMIT NO. 17-KK54EDATE PAID: 10/2/17FEE PAID: 80.00RECEIPT #: 1310749

APPLICATION FOR:

☐ New System☐ Repair☒

Existing System

☒

Abandonment

☐ Holding Tank☐ Temporary☐ Innovative☒ Swimming Pool
ClearanceAPPLICANT: Forrest RossboroughAGENT: Brent HandyTELEPHONE: 386-755-7300MAILING ADDRESS: 295 NW Commons Loop, Suite 115-343
Lake City, FL 32055

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: 6 BLOCK: C SUBDIVISION: Forrest Country PLATTED: 8/3/78PROPERTY ID #: 15-4S-16-03000-146 ZONING: Res I/M OR EQUIVALENT: ☐ Y ☒ NPROPERTY SIZE: 1.43 ACRES WATER SUPPLY: ☐ PRIVATE PUBLIC ☐ ≤ 2000 GPD ☐ > 2000 GPDIS SEWER AVAILABLE AS PER 381.0065, FS? ☐ Y ☒ N DISTANCE TO SEWER: _____ FTPROPERTY ADDRESS: 339 SW Black Pine Ter

DIRECTIONS TO PROPERTY: Hwy 90 to Hwy 247, 4 miles to Forest Country subdivision
Turn left into subd onto SW Monk Way, Left on SW Long Leaf Dr, Right on SW Loblolly Pl,
Right on SW Black Pine Ter

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	SFD <u>ex</u>		3988	
2	Garage <u>ex</u>			
3	Swimming Pool <u>Adding</u>		385	
4				

☐ Floor/Equipment Drains ☐ Other (Specify) _____

SIGNATURE: _____

DATE: 10-12-17

DH 4015, 08/09 (Obsoletes previous editions which may not be used)
Incorporated 64E-6.001, FAC