

DATE 0- 11/2004

Columbia County Building Permit

PERMIT

This Permit Expires One Year From the Date of Issue

000021676

APPLICANT BARRY BLANTON/FUN STATE POOLS PHONE 352.332.7665

ADDRESS 3601 NW 97TH BLVD GAINSVILLE FL 3260

OWNER RAY & DEBBIE KAMINSKAS PHONE 386.454.2211

ADDRESS 498 SW HEFLIN AVENUE FT. WHITE FL 32038

CONTRACTOR FUN STATE POOLS - DOUG SMITH PHONE 352.332.7665

LOCATION OF PROPERTY 441-S TO US 27 W., GO TO FT. WHITE, L @ BLINKING
LIGHT PAST RIVEE, L@ HEFLIN AVENUE

TYPE DEVELOPMENT SWIMMING POOL ESTIMATED COST OF CONSTRUCTION 26400.00

HEATED FLOOR AREA TOTAL AREA HEIGHT 00 STORIES

FOUNDATION WALLS ROOF PITCH FLOOR

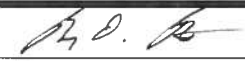
LAND USE & ZONING A-3 MAX HEIGHT 35

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

NO. EX.D.U. 1 FLOOD ZONE N/A DEVELOPMENT PERMIT NO.

PARCEL ID 30-7S-17-10058-622 SUBDIVISION SANTA FE RIVER PLANTATION

LOT 32 BLOCK PHASE UNIT TOTAL ACRES 5.00

CPC044115 

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

EXISTING X-04-0053 BLK RTJ N

Driveway Connection Septic Tank Number LU & Zoning checked by Approved for Issuance New Resident

COMMENTS: 1 FOOT ABOVE ROAD

NOC ON FILE

Check # or Cash 30362**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 Rough-in plumbing above slab and below wood floor
 date/app. by date/app. by

Electrical rough-in Heat & Air Duct Peri. beam (Lintel)
 date/app. by date/app. by date/app. by

Permanent power C.O. Final Culvert
 date/app. by date/app. by date/app. by

M/H tie downs, blocking, electricity and plumbing Pool
 date/app. by date/app. by

Reconnection Pump pole Utility Pole
 date/app. by date/app. by date/app. by

M/H Pole Travel Trailer Re-roof
 date/app. by date/app. by date/app. by

BUILDING PERMIT FEE \$ 135.00 CERTIFICATION FEE \$.00 SURCHARGE FEE \$.00

MISC. FEES \$.00 ZONING CERT. FEE \$ 50.00 FIRE FEE \$ WASTE FEE \$

FLOOD ZONE DEVELOPMENT FEE \$ CULVERT FEE \$ **TOTAL FEE** 185.00

INSPECTORS 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 AND THERE MAY BE ADDITIONAL PERMITS REQUIRED FROM OTHER GOVERNMENTAL ENTITIES SUCH AS WATER MANAGEMENT DISTRICTS, STATE AGENCIES, OR FEDERAL AGENCIES.

"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."

This Permit Must Be Prominently Posted on Premises During Construction

PLEASE NOTIFY THE COLUMBIA COUNTY BUILDING DEPARTMENT AT LEAST 24 HOURS IN ADVANCE OF EACH INSPECTION, IN ORDER THAT IT MAY BE MADE WITHOUT DELAY OR INCONVENIENCE. PHONE 758-1008. THIS PERMIT IS NOT VALID UNLESS THE WORK AUTHORIZED BY IT IS COMMENCED WITHIN 6 MONTHS AFTER ISSUANCE.

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

Columbia County Building Permit Application

For Office Use Only	Application # <u>0403-64</u>	Date Received <u>3/17/04</u>	By <u>GT</u>	Permit # <u>2K676</u>
Application Approved by - Zoning Official <u>PLK</u>		Date <u>26.3.04</u>	Plans Examiner _____	Date _____
Flood Zone <u>N/A</u>	Development Permit <u>N/A</u>	Zoning <u>A-3</u>	Land Use Plan Map Category <u>A-3</u>	
Comments <u>#2676</u>				

Barry D. Blanton

Applicants Name Fun State Pools, Inc. Phone 352-332-7665
 Address 3601 NW 97th Blvd. Gainesville FL 32606
 Owners Name Ray and Debbie Kaminskis Phone 386-454-2211
 911 Address 498 SW Heflin Ave Ft White FL 32038
 Contractors Name Fun State Pools Phone 352-332-7665
 Address 3601 NW 97th Blvd Gainesville FL 32606
 Fee Simple Owner Name & Address Ray and Debbie Kaminskis 498 SW Heflin Ave Ft White
 Bonding Co. Name & Address N/A
 Architect/Engineer Name & Address N/A
 Mortgage Lenders Name & Address N/A

Property ID Number 30-75-17-10058-622 Estimated Cost of Construction \$ 26,400
 Subdivision Name Santa Fe River Plantation Lot _____ Block _____ Unit _____ Phase _____
 Driving Directions 441 south to 27 west to Ft White - Left at
blinking light past river - left at Heflin Ave.

Type of Construction swimming pool Number of Existing Dwellings on Property _____
 Total Acreage _____ Lot Size _____ Do you need a - Culvert Permit or Culvert Waiver or Have an Existing Drive
 Actual Distance of Structure from Property Lines - Front N/A Side N/A Side N/A Rear N/A
 Total Building Height _____ Number of Stories _____ Heated Floor Area _____ Roof Pitch _____

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.

OWNERS AFFIDAVIT: 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.

WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOU PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT.

Owner Builder or Agent (Including Contractor) _____

STATE OF FLORIDA
COUNTY OF COLUMBIA

Sworn to (or affirmed) and subscribed before me
 this 17th day of MARCH 2004.
 Personally known _____ or Produced Identification DL

Contractor Signature _____
 Contractors License Number 44115
 Competency Card Number _____

NOTARY STAMP/SEAL



Notary Signature _____

PERMIT # _____

Notice of Commencement

STATE OF: FLORIDA COUNTY OF: Columbia CITY OF: Ft. White

THE UNDERSIGNED HEREBY gives notice that improvement(s) will be made to certain real property, and in accordance with Chapter 713, Florida Statutes, the following information is provided in this Notice Of Commencement.

DESCRIPTION OF PROPERTY:
 LOT: 32 BLOCK: _____
 SECTION: _____ TOWNSHIP: _____ RANGE: _____
 TAX PARCEL # 30-75-17-10058-122
 SUBDIVISION: Santa Fe River Plantation PLATBOOK: _____ MAP PAGE: _____
 STREET ADDRESS: 498 S.W. Heflin Ave
Ft White FL 32038

GENERAL DESCRIPTION OF IMPROVEMENTS

TO CONSTRUCT: swimming pool

OWNER INFORMATION

OWNER(S) NAME Ray and Debbie Kaminskis
 ADDRESS 498 S.W. Heflin Ave PHONE NO: 386-454-2211
 CITY: Ft. White STATE FL ZIP CODE: 32038
 INTEREST IN PROPERTY: Owner

FEE SIMPLE TITLEHOLDER NAME: _____

FEE SIMPLE TITLEHOLDER ADDRESS: _____

(IF OTHER THAN OWNER)

CONTACTOR NAME: ☒ Fun State Pools

ADDRESS: 3601 NW 97th Blvd. PHONE: 352-332-7665
 CITY: Gainesville STATE: FLORIDA ZIP CODE: 32606

BONDING COMPANY: _____

ADDRESS: _____ PHONE: _____
 CITY: _____ STATE: _____ ZIP CODE: _____

LENDER NAME: _____

ADDRESS: _____ PHONE: _____
 CITY: _____ STATE: _____ ZIP CODE: _____

PERSONS WITHIN THE STATE OF FLORIDA DESIGNATED BY OWNER UPON WHOM NOTICES OR OTHER DOCUMENTS MAY BE SERVED
 AS PROVIDED BY SECTION 713.13(1)(b) 7, FLORIDA STATUTES

NAME _____ ADDRESS: _____

IN ADDITION TO HIMSELF, OWNER DESIGNATES _____

OF _____ TO RECEIVE A COPY OF THE LIENOR'S NOTICE AS PROVIDED IN SECTION 713.13(1)(b),

FLORIDA STATUTES

EXPIRATION DATE IS 1 YEAR FROM DATE OF RECORDING UNLESS A DIFFERENT DATE IS SPECIFIED.

SIGNATURE OF OWNER: X Debbie KaminskisSWORN to and subscribed before me this 15 day of MarNOTARY PUBLIC Troy Fain

noc2003.new

MY COMMISSION EXPIRES

AD. 2004

TROY A. ERNEY

Notary Public, State of Florida

My comm. expires May 8, 2007

Comm. No. DD 194650

Bonded Thru Troy Fain Insurance



3601 N.W. 97th Blvd. • Gainesville, Florida 32606
(352) 332-7665

SEPTEMBER 27, 2000

TO WHOM IT MAY CONCERN:

I, DOUGLAS S. SMITH, PRESIDENT OF FUN STATE POOLS, INC. DO HEREBY
AUTHORIZE BARRY BLANTON TO APPLY FOR PERMITS IN FLORIDA AS AGENT
FOR FUN STATE POOLS, INC.

DOUGLAS S. SMITH, PRESIDENT, FUN STATE POOLS, INC.

SWORN TO AND SUBSCRIBED BEFORE ME THIS SEPTEMBER 27, 2000 IN
GAINESVILLE, ALACHUA COUNTY, FLORIDA AND DOUGLAS S. SMITH IS
PERSONALLY KNOWN TO ME:

NANCY A. ERNEY, NOTARY PUBLIC
STATE OF FLORIDA

Nancy A. Erney
MY COMMISSION # CC814827 EXPIRES
May 8, 2003
REMOVED THROUGH TROY FAIN INSURANCE, INC.

ACORD™ CERTIFICATE OF LIABILITY INSURANCEDATE (MM/DD/YYYY)
12/30/2003PRODUCER (904) 268-7310 FAX (904) 268-2801
J.P. Perry Insurance, Inc.
3342 Kori Road
Jacksonville, FL 32257THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION
ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE
HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR
ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.INSURED Fun State Pools Inc.
3601 NorthWest 97TH Boulevard
Gainesville, FL 32606

INSURERS AFFORDING COVERAGE

NAIC #

INSURER A: Amerisure Insurance Company

09088

INSURER B: Amerisure Mutual Insurance Co.

02545

INSURER C: Summit Consulting Inc.

INSURER D:

INSURER E:

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR	ADD'L	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A		GENERAL LIABILITY	GL201126801	07/01/2003	07/01/2004	EACH OCCURRENCE \$ 300,000
		<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000
		<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person) \$ 5,000
		GEN'L AGGREGATE LIMIT APPLIES PER:				PERSONAL & ADV INJURY \$ 300,000
		<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				GENERAL AGGREGATE \$ 600,000
						PRODUCTS - COM/OP AGG \$ 600,000
B		AUTOMOBILE LIABILITY	CA130210205	07/01/2003	07/01/2004	COMBINED SINGLE LIMIT (Ea accident) \$ 300,000
		<input checked="" type="checkbox"/> ANY AUTO				BODILY INJURY (Per person) \$
		<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident) \$
		<input checked="" type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident) \$
		<input checked="" type="checkbox"/> HIRED AUTOS				
		<input checked="" type="checkbox"/> NON-OWNED AUTOS				
		GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT \$
		<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC \$
						AUTO ONLY: AGG \$
		EXCESS/UMBRELLA LIABILITY				EACH OCCURRENCE \$
		<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE \$
						\$
		<input type="checkbox"/> DEDUCTIBLE				\$
		RETENTION \$				\$
C		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	B03122903605	01/01/2004	01/01/2005	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER
		E.L. EACH ACCIDENT \$ 100,000				
		E.L. DISEASE - EA EMPLOYEE \$ 100,000				
		E.L. DISEASE - POLICY LIMIT \$ 500,000				
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				
		If yes, describe under SPECIAL PROVISIONS below				
		OTHER				

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

CERTIFICATE HOLDER

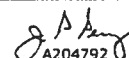
Columbia County
P.O. Drawer 1529
Lake City, FL 32056

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

Joseph Perry, III/SGK


A2047920



REF. NO. _____

3601 N.W. 97th Blvd.
Gainesville, Florida 32606

POOL SHAPE Roman JOB NO. _____
 SIZE 16' x 32' DEPTH 3' TO 6' PERM 88 AREA 470
 DECK 939 / 225 DECK SURFACE Sundeck DECK-O-DRAIN yes
 COPING no CANTILEVER yes
 TILE 6" x 6" COLOR owner
 STEP COLOR yes COLOR owner
 TURNOVER 8hr FILTER TYPE PLM SIZE 150 PUMP 2 hp
 SKIMMER yes INLETS 5 MAIN DRAIN yes
 GRAB RAILS no HAND RAIL no LADDER no
 POOL LIGHT yes VOLTS 120 WATTS 400
 DIVING BOARD no SIZE no
 AUTOMATIC CHLORINATOR Floater TIMER yes FILL LINE no
 CLEANING EQUIPMENT manual SWIMOUT yes SIZE _____ JETS no
 ROPE & FLOATS no ROPE ANCHORS no
 AUTOMATIC CLEANING SYSTEM SHARK POOL HEATER 200,000
 GAS LINE BY: owner SLIDE no SIZE no

SPA SPECIFICATIONS

SIZE 6' DEPTH 3' JETS 5- wall
 BLOWER no SKIMMER no LIGHT yes
 SPILLWAY 1' tile HEATER 200,000 MAIN DRAIN yes
 SCREEN ENCLOSURE owner ROOF owner DOORS owner
 ALUM. ROOF owner GUTTER owner
 REMOVE FENCE owner REPLACE FENCE owner TEMP. FENCE owner
 TREE REMOVAL owner STUMP REMOVAL owner
 SHRUBS owner SAVE owner HAULAWAY owner
 SEPTIC TANK owner SEWER LINE owner
 POWER LINE owner RELOCATE owner
 GAS LINE owner WATER LINE owner
 SPRINKLERS owner REROUTE owner CAP owner
 PHONE LINE owner ACCESS PERMISSION owner
 RETAINING WALL owner

Custom Design...FUN-STATE POOLS

NAME Ray and Debbie Kaminski
 ADDRESS 498 SW Heflin Ave
 CITY Ft White PHONE: 386-454-2211

Part 2 of contract dated _____ for pool at:

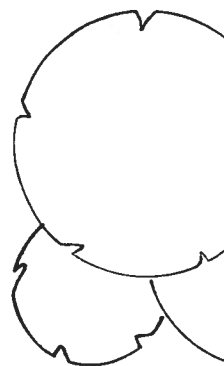
LOT _____ BLOCK _____ SUB _____
 BOOK _____ PAGE _____

ALSO DESCRIBED AS _____

CUSTOMER'S SIGNATURE _____

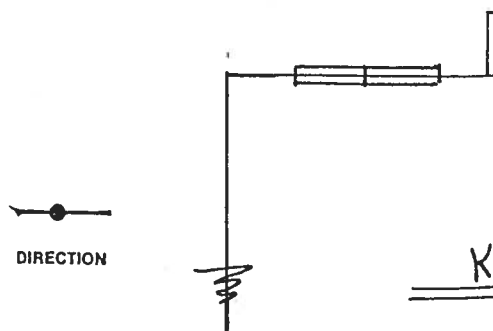
DWN. BY Barry DATE 3/5/04 CHK. BY _____

- ① 16' x 32' pool-spa / \$26,400
- ② screen enclosure - 8' x 8' foot
- ③ 200,000 BTU gas heater
- ④ no glass within 5'
- ⑤ baby barrier fence



PLOT PLAN
SCALE: 1/8" = 1'0"

Robert Kaminski



512.13: Eu.
511.98 PLAY

N 87° 37' 51" W 360.91 F.M.
N 87° 37' 11" W 360.88 PLAT

50

900

STAIRS ESSENCE
- FATHER OF SHIRAZ
ROOF

part
road cam.
SIDE (road)
RIVER (GO ROAD)
(DINT)

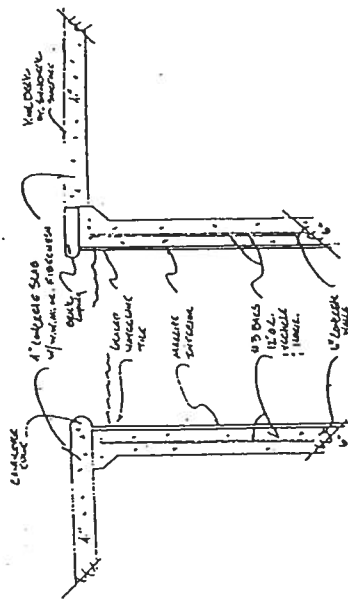
Note - Pool shall be wired as per NEC and all metal within 5' of pool shall be bonded.

Note - Angle of repose of existing foundation shall not be disturbed by pool excavation without engineer's approval.

CANAL = 118 10 32
 MILE = 50.00'
 LENGTH = 103.13'
 CANAL = 533.0' 17.33" W PLAT
 BOUNDING 533.0' 18.41" W F.M.
 CANAL = 85.20' PLAT
 DISTANCE = 400 F.M.

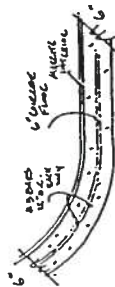
THIS SURVEY IS NOT TRUSTEELABLE FOR USE TO / OTHER PERSON, LENDING INSTITUTION OR ENTITY.

TYPICAL POOL DETAILS



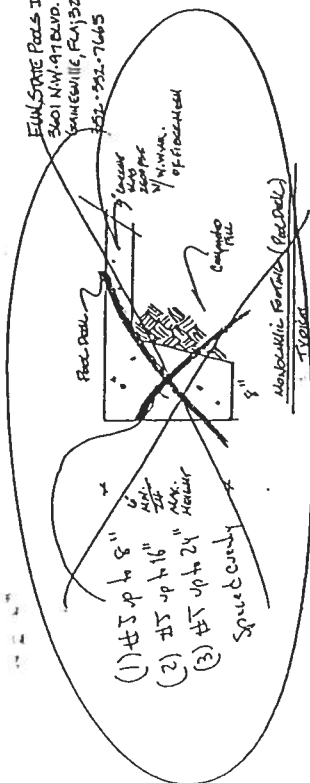
WALL SECTION
TYPICAL

NOTE
CHECK STRENGTH TO BE
CALCULATED TO BE
FURNISHED TO THE
OWNER. FOR DATA (SEE SHEET) FOR THE
OWNER.



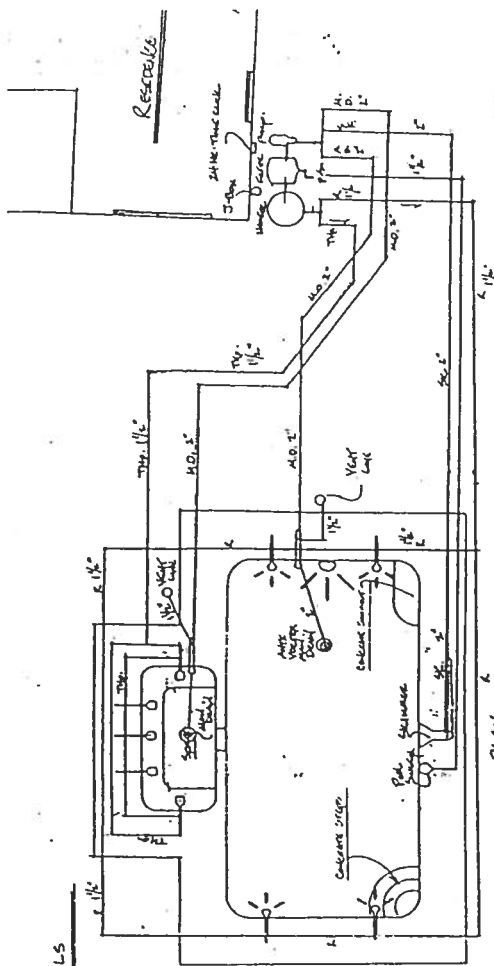
FLOOR SECTION
TYPICAL

ENGINEERING Pools INC.
3601 N.W. 97 BLVD.
GAINESVILLE, FL 32606
352-532-7665



Note - Angle of repose of
existing foundation shall not
be disturbed by pool
excavation without engineering.

Note - Pool shall be wired
as per NEC and all metal
within 5' of pool shall be
bonded.



PLAN
Pools INC.

PIPE SCHEDULE / SCHEDULE
2\"/>

Note - Angle of repose of
existing foundation shall not
be disturbed by pool
excavation without engineering.

ENGINEERING Pools INC.
3601 N.W. 97 BLVD.
GAINESVILLE, FL 32606

Note - Pool shall be wired
as per NEC and all metal
within 5' of pool shall be
bonded.

10/19/17

COMPLAINANT WITH # 424.2.6.6. FLA. BUILDING CODE



Permit #

Residential Swimming Pool, Spa and Hot Tub Safety Act

Notice of Requirements

I (We) acknowledge that a new swimming pool, spa or hot tub will be constructed or installed at
498 S.W. Heflin Ave Ft White FL, and hereby affirm that one of the following
(Please Print Street Address) 32038
methods will be used to meet the requirements of Chapter 515, Florida Statutes.
(please initial the method(s) to be used for your pool)

hm 10/16

The pool will be isolated from access to the home by an enclosure that meets the pool barrier requirements of Florida Statute 515.29;

_____ The pool will be equipped with an approved safety pool cover that complies with ASTM F1346-91 (Standard Performance Specifications for Safety Covers for Swimming Pools, Spas and Hot Tubs);

_____ All doors and windows providing direct access from the home to the pool will be equipped with an exit alarm that has a minimum sound pressure rating of 85 decibels at 10 feet;

_____ All doors providing direct access from the home to the pool will be equipped with self-closing, self-latching devices with release mechanisms placed no lower than 54" above the floor or deck;

I understand that not having one of the above installed at the time of final inspection, or when the pool is completed for contract purposes, will constitute a violation of Chapter 515, F.S. and will be considered as committing a misdemeanor of the second degree, punishable by fines up to \$500 and/or up to 60 days in jail as established in Chapter 775, F.S.

Barry D. Blanton

CONTRACTOR'S SIGNATURE & DATE

Barry D. Blanton
CONTRACTOR'S NAME (PLEASE PRINT)

Ray and Debbie Kaminski

OWNER'S SIGNATURE & DATE

Ray and Debbie Kaminski
OWNER'S NAME (PLEASE PRINT)