

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 _____

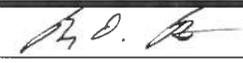
LAND USE & ZONING A-3 MAX HEIGHT 35

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

CPC04115 

Culvert Permit No.	Culvert Waiver	Contractor's License Number	Applicant	Owner	Contractor
<u>EXISTING</u>	<u>X-04-0053</u>	<u>BLK</u>	<u>RTJ</u>	<u>N</u>	<u>N</u>
Driveway Connection	Septic Tank Number	LU & Zoning checked by	Approved for Issuance	New Resident	

COMMENTS: 1 FOOT ABOVE ROAD

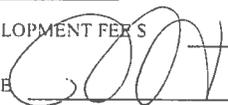
NOC ON FILE

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 \$ <u>135.00</u>	CERTIFICATION FEE \$ <u>.00</u>	SURCHARGE FEE \$ <u>.00</u>
MISC. FEES \$ <u>.00</u>	ZONING CERT. FEE \$ <u>50.00</u>	FIRE FEE \$ _____
WASTE FEE \$ _____	FLOOD ZONE DEVELOPMENT FEE \$ _____	CULVERT FEE \$ _____
		TOTAL FEE <u>185.00</u>
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 # 0403-64 Date Received 3/17/04 By G Permit # 21676
Application Approved by - Zoning Official PLK Date 26.3.04 Plans Examiner Date
Flood Zone N/A Development Permit N/A Zoning A-3 Land Use Plan Map Category A-3
Comments #21676

Applicants Name Barry D. Blanton Fun State Pools, Inc. Phone 352-332-7665
Address 3601 NW 97th Blvd. Gainesville FL 32606
Owners Name Ray and Debbie Kaminskas 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 Kaminskas 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)

Contractor Signature
Contractors License Number 44115
Competency Card Number

STATE OF FLORIDA
COUNTY OF COLUMBIA

Sworn to (or affirmed) and subscribed before me
this 17th day of March 20 04.
Personally known or Produced Identification DL

NOTARY SEAL GALE TEDDER
MY COMMISSION # CC 949260
EXPIRES June 26, 2004
Bonds Through Notary Public Underwriters
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 Kaminskas

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: 352-332-7685

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 Kaminskas

SWORN to and subscribed before me this 15 day of Mar AD. 2004

NOTARY PUBLIC Wanda Erney MY COMMISSION EXPIRES _____

WANDA 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 INSURANCE

DATE (MM/DD/YYYY)
12/30/2003

PRODUCER (904) 268-7310 FAX (904) 268-2801
J.P. Perry Insurance, Inc.
3342 Kori Road
Jacksonville, FL 32257

THIS 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 LTR	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 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					\$
	<input type="checkbox"/> RETENTION \$					\$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	B03122903605	01/01/2004	01/01/2005	<input checked="" type="checkbox"/> WC STATUTORY LIMITS	OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				E.L. EACH ACCIDENT	\$ 100,000
	If yes, describe under SPECIAL PROVISIONS below				E.L. DISEASE - EA EMPLOYEE	\$ 100,000
	OTHER				E.L. DISEASE - POLICY LIMIT	\$ 500,000

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

J.P. Perry
A204792

Fun State Pools Inc.

REF. NO. _____

332-POOL

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 Swadeck 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 Kaminskas
 ADDRESS 498 SW Heflin Ave
 CITY Ft White PHONE: 386-454-2211

Part 2 of contract dated _____ for pool at:

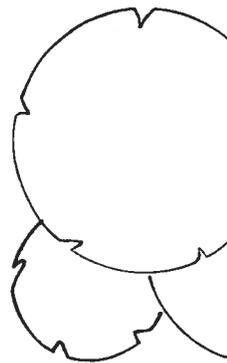
LOT _____ BLOCK _____ SUB _____
 BOOK _____ PAGE _____

ALSO DESCRIBED AS _____

CUSTOMER'S SIGNATURE _____

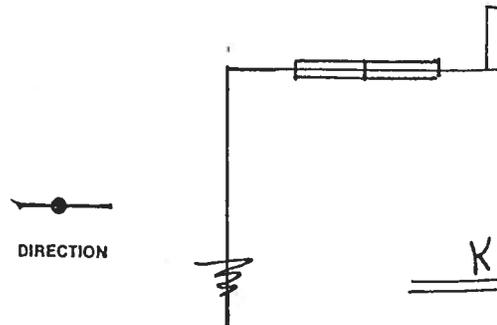
DWN. BY Barry DATE 3/5/04 CHK. BY _____

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



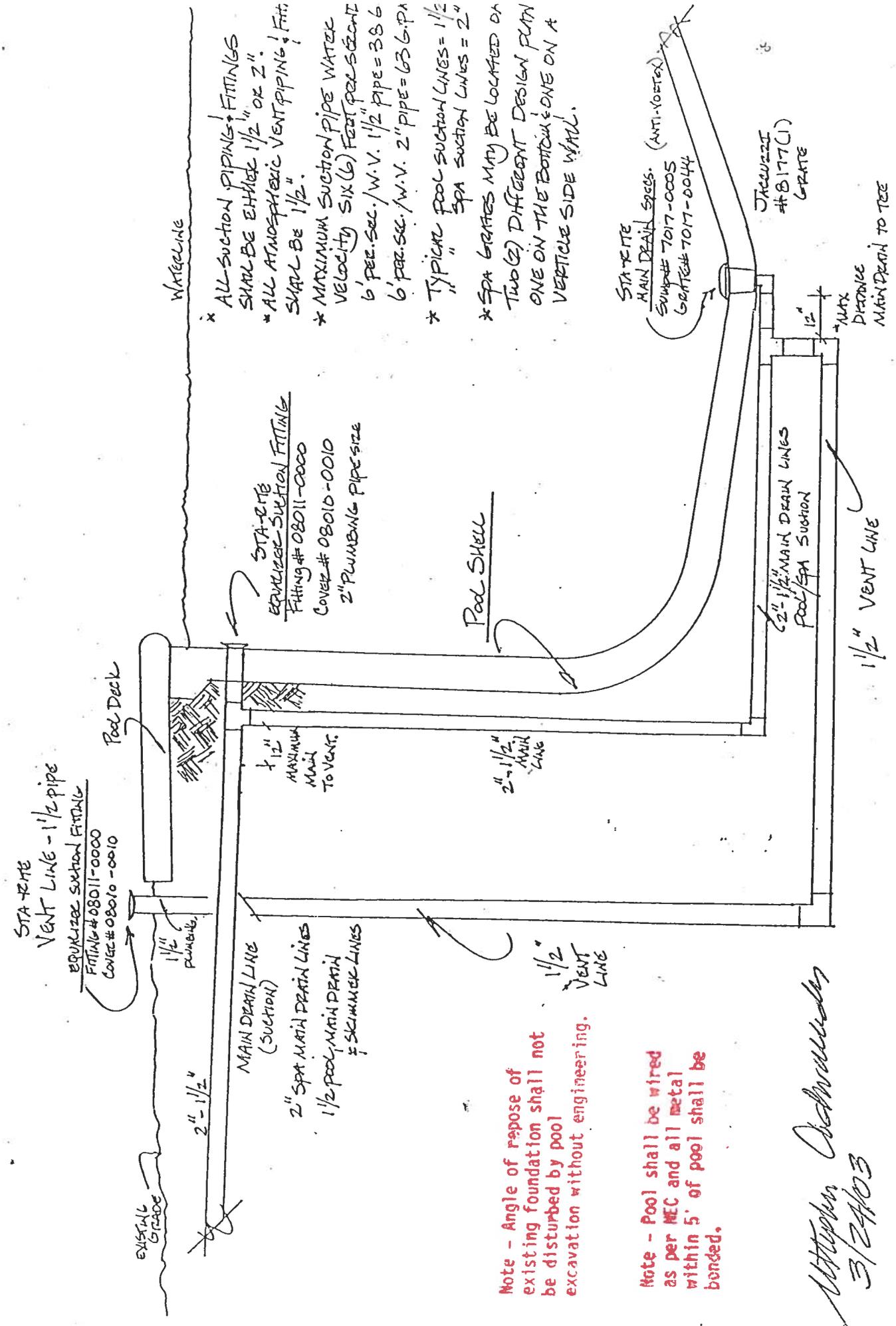
PLOT PLAN
SCALE: 1/8" = 1'0"

Debbie Kaminskas



DUAL MAIN DRAIN ATMOSPHERIC VENT ARRANGEMENT.

COMPLIANT WITH # 424.2.6.6. Fla. BUILDING CODE



- * ALL Suction PIPINGS + FITTINGS SHALL BE EITHER 1 1/2" OR 2"
- * ALL ATMOSPHERIC VENT PIPING + FITTINGS SHALL BE 1 1/2"
- * MAXIMUM Suction PIPE WATER VELOCITY SIX (6) FEET PER SECOND
- 6' PER SEC. / W.V. 1 1/2" PIPE = 38.6
- 6' PER SEC. / W.V. 2" PIPE = 63.6 FPM
- * TYPICAL POOL Suction LINES = 1 1/2"
- * SPA GRATES MAY BE LOCATED ON TWO (2) DIFFERENT DESIGN PANS ONE ON THE BOTTOM & ONE ON A VERTICAL SIDE WALL.

STA-RTITE EQUIVISE Suction FITTING
Fitting # 08011-0000
Cover # 08010-0010
2" PLUMBING PIPE SIZE

Pod Shell

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.

Matthew Dickmiller
3/24/03

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 methods will be used to meet the requirements of Chapter 515, Florida Statutes. (Please Print Street Address) 32038
(please initial the method(s) to be used for your pool)

W

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.

[Signature]

CONTRACTOR'S SIGNATURE & DATE

[Signature]

OWNER'S SIGNATURE & DATE

Barry D. Blanton

CONTRACTOR'S NAME (PLEASE PRINT)

Ray and Debbie Kaminskas

OWNER'S NAME (PLEASE PRINT)