

Columbia County Building Permit Application

CE# 15617

For Office Use Only Application # 0709-21 Date Received 9/7 By JW Permit # 26275
 Application Approved by - Zoning Official BLK Date 11.09.03 Plans Examiner OK JTH Date 9-10-
 Flood Zone X Pptat Development Permit N/A Zoning A-3 Land Use Plan Map Category A-3

Comments Accessory Use
☒ NOC ☒ EH ☒ Deed or PA ☒ Site Plan ☒ State Road Info ☒ Parent Parcel # N/A Development Pa

Name Authorized Person Signing Permit Gary M. Danie / Frank Fax 954-974-6300
 Address 1100 S.W. Morning STAR GLEN Phone 954-974-3500

Owners Name Gary M. Danie Phone 386 497-2032

911 Address 1100 S.W. Morning STAR GLEN

Contractors Name owner / Builder Phone 386 497-2032

Address 1100 S.W. Morning STAR GLEN

Fee Simple Owner Name & Address Frank + Gary M. Danie

Bonding Co. Name & Address N/A

Architect/Engineer Name & Address Mark Discosway

Mortgage Lenders Name & Address N/A

Circle the correct power company - FL Power & Light - Clay Elec. - Suwannee Valley Elec. - Progressive En

Property ID Number 35-55-16-03752-210 Estimated Cost of Construction 60,000.

Subdivision Name Ancient Oaks Lot 10 Block --- Unit --- Phase ---

Driving Directions 47 S TO MORNING STAR GLEN LEFT. 1 MILE ON RT.

11th on right, at 3rd from the end

ATTACHED

Type of Construction Garage STICK FRAME Number of Existing Dwellings on Property 1

Total Acreage 5 Lot Size --- Do you need a - Culvert Permit or Culvert Waiver or Have an Existing

Actual Distance of Structure from Property Lines - Front 425' Side 138' Side 220' Rear 130'

Total Building Height 20' Number of Stories 2 Heated Floor Area 0 Roof Pitch 8/12

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 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.

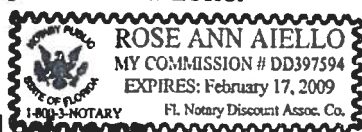
WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOU PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT.

Owner/Builder or Authorized Person by Notarized Letter

STATE OF FLORIDA
 COUNTY OF COLUMBIA

Sworn to (or affirmed) and subscribed before me
 this 7 day of September 2007.

Personally known --- or Produced Identification FLDL



Contractor Signature
 Contractors License Number
 Competency Card Number
 NOTARY STAMP/SEAL

Rose Ann Aiello

Notary Signature

JW ADVISED Mr. McDaniel 9.11.07

NOTORIZED DISCLOSURE STATEMENT

FOR OWNER/BUILDER WHEN ACTING AS THEIR OWN CONTRACTOR AND CLAIMING EXEMPTION OF CONTRACTOR LICENSING REQUIREMENTS IN ACCORDANCE WITH FLORIDA STATUTES, ss. 489.103(7).

State law requires construction to be done by licensed 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 contractor with certain restrictions even though you do not have a license. You must provide direct, onsite supervision of the construction yourself. You may build or improve a one-family or two-family residence or a farm outbuilding. You may also build or improve a commercial building, provided your costs do not exceed \$75,000. The building or residence must be for your own use or occupancy. It may not be built or substantially improved for sale or lease. If you sell or lease a building you have built or substantially improved yourself within 1 year after the construction is complete, the law will presume that you built or substantially improved it for sale or lease, which is a violation of this exemption. You may not hire an unlicensed person to act as your contractor or to supervise people working on your building. 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. You 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 your building who is not licensed must work under your direct supervision and must be employed by you, which means that you must deduct F.I.C.A. and withholding tax and provide workers' compensation for that employee, all as prescribed by law. Your construction must comply with all applicable laws, ordinances, building codes, and zoning regulations.

TYPE OF CONSTRUCTION

- ☐ Single Family Dwelling
☐ Farm Outbuilding

- ☐ Two-Family Residence
☐ Other _____

NEW CONSTRUCTION OR IMPROVEMENT

- ☐ New Construction

- ☐ Addition, Alteration, Modification or other Improvement

I Gary M. Daniel, have been advised of the above disclosure statement for exemption from contractor licensing as an owner/builder. I agree to comply with all requirements provided for in Florida Statutes ss.489.103(7) allowing this exception for the construction permitted by Columbia County Building Permit Number _____

Owner Builder Signature

Date

07/07/07

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

Notary Signature

Date

9/7/07



FOR BUILDING USE ONLY

I hereby certify that the above listed owner/builder has been notified of the disclosure statement in Florida Statutes ss 489.103(7).

Date _____ Building Official/Representative _____

NOTICE OF COMMENCEMENT

Tax Parcel Identification Number 34-55-16-03752-210

County Clerk's Office Stamp or Seal

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 410 of Ancient Oaks s/b Plot Bk. 7 Page 78 of
a) Street (job) Address: Pub. Records of Columbia Co. FL Sec. 34+35
2. General description of improvements: Attached Garage
3. Owner Information
a) Name and address: Fran & Gary M. Daniel
b) Name and address of fee simple titleholder (if other than owner) 1100 S.W. Monny Star Glen.
c) Interest in property _____
4. Contractor Information
a) Name and address: Gary M. Daniel 1100 S.W. Monny Star Glen.
b) Telephone No.: 954-974-3500 Fax No. (Opt.) 954-974-6300
5. Surety Information
a) Name and address: _____
b) Amount of Bond: _____
c) Telephone No.: _____
6. Lender
a) Name and address: N/A
b) Phone No. _____
7. Identity of person within the State of Florida designated by owner upon whom notices or other documents may be served:
a) Name and address: Phil Sigurdson 411 S.W. Sedge Field Lane Ft. White, FL 32038
b) Telephone No.: 386-447-2032 Fax No. (Opt.) _____
8. In addition to himself, owner designates the following person to receive a copy of the Lienor's Notice as provided in Section 713.13(l)(b).
Florida Statutes:
a) Name and address: _____
b) Telephone No.: _____ Fax No. (Opt.) _____
9. Expiration date of Notice of Commencement (the expiration date is one 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.

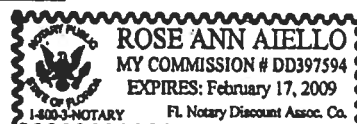
STATE OF FLORIDA
COUNTY OF COLUMBIA

10. [Signature]
Signature of Owner or Owner's Authorized Officer/Director/Partner/Manager
Gary M. Daniel
Print Name

The foregoing instrument was acknowledged before me, a Florida Notary, this 7 day of Sept, 2007, by:
Michael Gary McDaniel as owner (type of authority, e.g. officer, trustee, attorney
fact) for _____ (name of party on behalf of whom instrument was executed).

Personally Known _____ OR Produced Identification ☒ Type FL DL

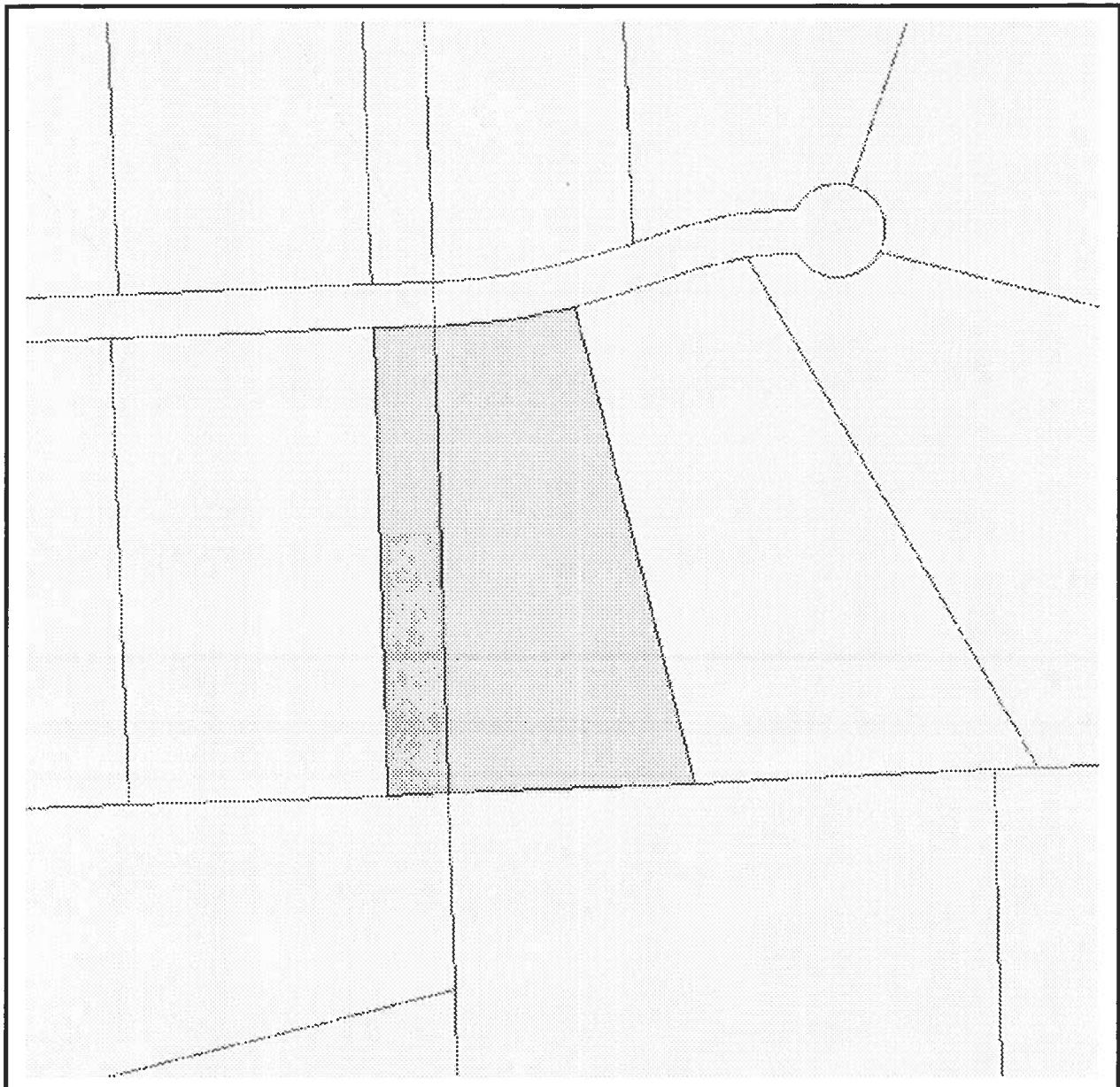
Notary Signature Rose Ann Aiello Notary Stamp or Seal:



—AND—

11. Verification pursuant to Section 92.525, Florida Statutes. Under penalties of perjury, I declare that I have read the foregoing and that the facts stated in it are true to the best of my knowledge and belief.

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



Columbia County Property Appraiser

J. Doyle Crews, CFA Lake City, Florida - 336-753-1083

PARCEL: 35-5S-16-03752-210 - VACANT (000000)

LOT 10 ANCIENT OAKS S/D. WD 1014-259.

Name:	MCDANIEL MICHAEL G & FRANCES A	LandVal	\$30,000.00
Site:	MORNING STAR	BldgVal	\$0.00
Mail:	3532 SW 12TH PL	ApprVal	\$30,000.00
	FT LAUDERDALE, FL 33312	JustVal	\$30,000.00
Sales	3/22/2004 \$45,000.00 V / Q	Assd	\$30,000.00
Info		Exmpt	\$0.00
		Taxable	\$30,000.00

0 91 182 273 ft



This information, GIS Map Updated: 1/4/2005, was derived from data which was compiled by the Columbia County Property Appraiser Office solely for the governmental purpose of property assessment. This information should not be relied upon by anyone as a determination of the ownership of property or market value. No warranties, expressed or implied, are provided for the accuracy of the data herein, its use, or its interpretation. Although it is periodically updated, this information may not reflect the data currently on file in the Property Appraiser's office. The assessed values are NOT certified values and therefore are subject to change before being finalized for ad valorem assessment purposes.



STATE OF FLORIDA
DEPARTMENT OF HEALTH

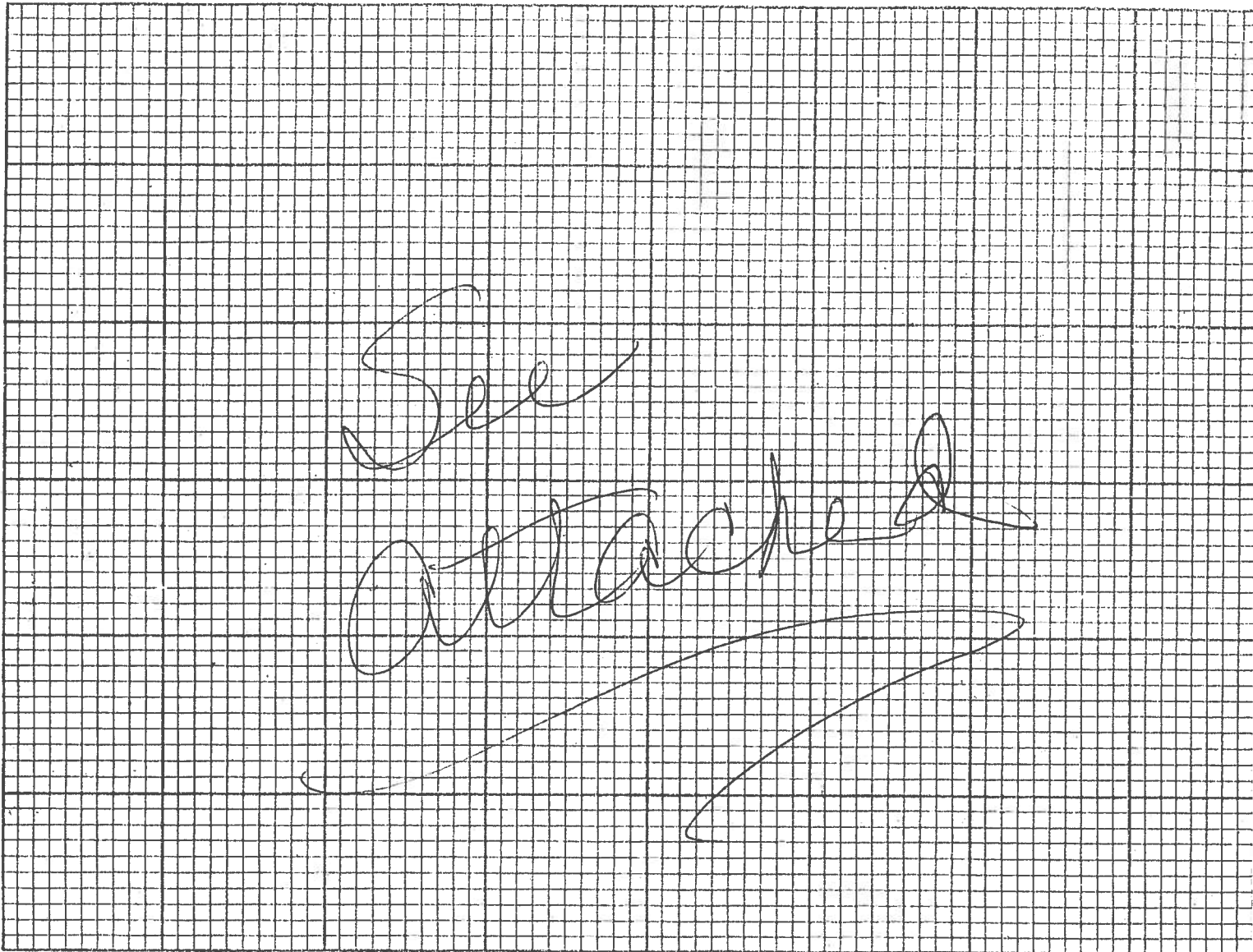
5109 Dept 0704-21

APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permit Application Number 07-0217E

PART II - SITE PLAN

Scale: Each block represents 5 feet and 1 inch = 50 feet.



Notes:

Site Plan submitted by:

[Signature]

Signature

owner/bu. ltr.
Title

Plan Approved ☒

Not Approved ☐

Date 9/12/07

By *M. O. H.*

Columbia

County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT



The Florida Department of Community Affairs Building Code Information System

SITE NAVIGATION



Home



Course
Accredita-
tion



Florida
Building
Code



Manufact.
Buildings



Prototype
Building



Surcharges



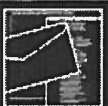
Training



Product
Approval



License
Search



Mailing
List



Florida
Building
Commission

PRODUCT APPROVAL

Product Type Detail

Overview Product Search Organization Search Product Application

User: Public User - Not Associated with Organization -

[Need Help ?](#)

Application #: FL5108
Date Submitted: 08/05/2005
Code Version: 2004

Product Manufacturer: MI Windows and Doors
Address/Phone/email: 650 W Market St
Gratz, PA 17030
(717) 365-3300

Category: Windows

Subcategory: Single Hung

Evaluation Method: Certification Mark or Listing

Referenced Standards from the Florida Building Code:	Section	Standard	Year
		ANSI/AAMA/NWWDA	1997
		101/I.S.2	

Certification Agency: American Architectural Manufacturers Association

Quality Assurance Entity:

Validation Entity:

Authorized Signature: Andrew Brill
abrill@mihp.com

Evaluation/Test Reports Uploaded:

Installation Documents Uploaded:

[PTID_5108_I_AAMA_Cert_Letter_185-3185_SH_Fin_Equal_36x62_50360.02.pdf](#)
[PTID_5108_I_AAMA_Cert_Letter_185-3185_SH_Fin_Equal_52x78_50360.02.pdf](#)
[PTID_5108_I_AAMA_Cert_Letter_185-3185_SH_Fin_Equal_Ins_36x72_50360.02.pdf](#)

[PTID_5108_I_AAMA Cert Letter 185-3185 SH Fin Oriel 52x90 50360.02.pdf](#)
[PTID_5108_I_AAMA Cert Letter 185-3185 SH Fin Oriel Temp 36x90 50360.02.pdf](#)
[PTID_5108_I_AAMA Cert Letter 185-3185 SH Fin Oriel Temp Ins 52x90 50360.02.pdf](#)
[PTID_5108_I_AAMA Cert Letter 185-3185 SH Flg Equal 36x62 50360.02.pdf](#)
[PTID_5108_I_AAMA Cert Letter 185-3185 SH Flg Equal 53x73 46984.02.pdf](#)
[PTID_5108_I_AAMA Cert Letter 185-3185 SH Flg Equal Ins 36x72 50360.02.pdf](#)
[PTID_5108_I_AAMA Cert Letter 185-3185 SH Flg Oriel 52x90 50360.02.pdf](#)
[PTID_5108_I_AAMA Cert Letter 185-3185 SH Flg Oriel 53x73 46984.02.pdf](#)
[PTID_5108_I_AAMA Cert Letter 185-3185 SH Flg Oriel Temp 52x90 50360.02.pdf](#)
[PTID_5108_I_AAMA Cert Letter 185-3185 SH Flg Oriel Temp Ins 52x90 50360.02.pdf](#)
[PTID_5108_I_AAMA Cert Letter 3540 SH 36x72 59093.01.pdf](#)
[PTID_5108_I_AAMA Cert Letter 3540 SH Oriel 48x96 59093.01.pdf](#)
[PTID_5108_I_AAMA Cert Letter IMPACT 185-3185 SH Fin Equal 52x78 54975.02.pdf](#)
[PTID_5108_I_AAMA Cert Letter IMPACT 185-3185 SH Fin Oriel 36x90 54975.02.pdf](#)
[PTID_5108_I_AAMA Cert Letter IMPACT 185-3185 SH Flg Oriel 36x90 54975.02.pdf](#)
[PTID_5108_I_Installation Instructions - 185-3185 Flange Single Hung.pdf](#)
[PTID_5108_I_Installation instructions - MIWD Nail Fin Alum Windows.pdf](#)

Product Approval Method:

Method 1 Option A

Application Status:

Approved

Date Validated:

08/05/2005

Date Approved:

08/24/2005

Date Certified to the 2004 Code:

Page:

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App/Seq #	Product Model # or Name	Model Description	Limits of Use
5108.1	185/3185 Fin Frame Equal-Lite	36x72 Insulated 1/8" Annealed	R-55 DP+57.1/-69.3 Per manufacturers installation instructions.
		36x62 Single	R-55 DP+57.1/-69.3 Per

5108.2	185/3185 Fin Frame Equal-Lite	Glazed 3/16" Annealed	manufacturers installation instructions.
5108.3	185/3185 Fin Frame Equal-Lite	52x78 Single Glazed 1/8" Tempered	R-55 DP+57.1/-55 Per manufacturers installation instructions.
5108.4	185/3185 Fin Frame Equal-Lite	52x78 Laminated consisting of 1/8" Temp - .090 Lami - 1/8" Temp	R-55 DP+56.7/-69.3 Missile Level D - Wind Zone 3 - Conforms to ASTM E 1886 and E 1996. Per manufacturers installation instructions.
5108.5	185/3185 Fin Frame Oriel	36x90 Single Glazed 1/8" Tempered	R-55 DP+57.1/-69.3 Per manufacturers installation instructions.
5108.6	185/3185 Fin Frame Oriel	52x90 Single Glazed 3/16" Annealed	R-35 DP+35/-35 Per manufacturers installation instructions.
5108.7	185/3185 Fin Frame Oriel	52x90 Fixed Glass Insul 1/8" Temp / Sash Insul 3/16" Ann	R-55 DP+57.1/-69.3 Per manufacturers installation instructions.
5108.8	185/3185 Fin Frame Oriel	36x90 Laminated consisting of 1/8" Temp - .090 Lami - 1/8" Temp	R-55 DP+56.7/-69.3 Missile Level D - Wind Zone 3 - Conforms to ASTM E 1886 and E 1996. Per manufacturers installation instructions.
5108.9	185/3185 Flange Frame Equal-Lite	53x73 Single Glazed 1/8" Tempered	R-55 DP+56.7/-61.5 Per manufacturers installation instructions.
5108.10	185/3185 Flange Frame Equal-Lite	36x62 Single Glazed 3/16" Annealed	R-55 DP+57.1/-69.3 Per manufacturers installation instructions.
5108.11	185/3185 Flange Frame Equal-Lite	36x72 Insulated 1/8" Annealed	R-55 DP+57.1/-69.3 Per manufacturers installation instructions.
5108.12	185/3185 Flange Frame Oriel	53x73 Single Glazed 1/8" Tempered	R-55 DP+56.7/-69.3 Per manufacturers installation instructions.
5108.13	185/3185 Flange Frame Oriel	52x90 Fixed Glass Insul 1/8" Temp / Sash Insul 3/16" Ann	R-55 DP+57.1/-69.3 Per manufacturers installation instructions.
5108.14	185/3185 Flange Frame Oriel	52x90 Single Glazed 3/16" Annealed	R-35 DP+35/-35 Per manufacturers installation instructions.
5108.15	185/3185 Flange Frame Oriel	52x90 Single Glazed 1/8" Tempered	R-55 DP+57.1/-55 Per manufacturers installation instructions.
5108.16	185/3185 Flange Frame Oriel	36x90 Laminated consisting of 1/8" Temp - .090 Lami - 1/8" Temp	R-55 DP+56.7/-69.3 Missile Level D - Wind Zone 3 - Conforms to ASTM E 1886 and E 1996. Per manufacturers installation instructions.
5108.17	3540 Finless Frame Equal-Lite	36x72 Insulated 3/32" Annealed	R-35 DP+35.3/-50 Per manufacturers installation instructions.

5108.18	3540 Finless Frame Oriel	48x96 Insulated 3/32" Annealed	R-30 DP+30/-30 Per manufacturers installation instructions.
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Next

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New Construction Subterranean Termite Soil Treatment Record

OMB Approval No. 2502-0525

This form is completed by the licensed Pest Control Company.

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This information is mandatory and is required to obtain benefits. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

Section 24 CFR 200.926d(b)(3) requires that the sites for HUD insured structures must be free of termite hazards. This information collection requires the builder to certify that an authorized Pest Control company performed all required treatment for termites, and that the builder guarantees the treated area against infestation for one year. Builders, pest control companies, mortgage lenders, homebuyers, and HUD as a record of treatment for specific homes will use the information collected. The information is not considered confidential.

This report is submitted for informational purposes to the builder on proposed (new) construction cases when soil treatment for prevention of subterranean termite infestation is specified by the builder, architect, or required by the lender, architect, FHA, or VA.

All contracts for services are between the Pest Control Operator and builder, unless stated otherwise.

#26275

Section 1: General Information (Treating Company Information)

Company Name: Aspen Pest Control, Inc.
Company Address: 321 N.W. Cole Terrace, Suite 107 City Lake City State FL Zip 32055
Company Business License No. JB129476 Company Phone No. 386-755-3611 • 352-494-5751
FHA/VA Case No. (if any) _____

Section 2: Builder Information

Company Name: Bury McDaniel Company Phone No. _____

Section 3: Property Information

Location of Structure(s) Treated (Street Address or Legal Description, City, State and Zip) 1100 Morning Star Dr. #101
FL 32055

Type of Construction (More than one box may be checked) ☒ Slab ☐ Basement ☐ Crawl ☐ Other _____
Approximate Depth of Footing: Outside _____ Inside _____ Type of Fill _____

Section 4: Treatment Information

Date(s) of Treatment(s) 11-14-07
Brand Name of Product(s) Used B-Terminator
EPA Registration No. 53643-144
Approximate Final Mix Solution % 10%
Approximate Size of Treatment Area: Sq. ft. 1200 Linear ft. _____ Linear ft. of Masonry Voids _____
Approximate Total Gallons of Solution Applied 120
Was treatment completed on exterior? ☒ Yes ☐ No
Service Agreement Available? ☒ Yes ☐ No

Note: Some state laws require service agreements to be issued. This form does not preempt state law.

Attachments (List) _____

Comments _____

Name of Applicator(s) Steve Brown Certification No. (if required by State law) _____

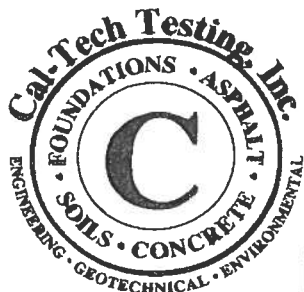
The applicator has used a product in accordance with the product label and state requirements. All treatment materials and methods used comply with state and federal regulations.

Authorized Signature [Signature] Date 11-14-07

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Form NPCA-99-B may still be used

form HUD-NPCA-99-B (04/2003)



Cal-Tech Testing, Inc.

• Engineering
• Geotechnical
• Environmental
Laboratories

P.O. Box 1625 • Lake City, FL 32056-1625 • Tel(386)755-3633 • Fax(386)752-5456
4784 Rosselle St., Jacksonville, FL 32254 • Tel(904)381-8901 • Fax(904)381-8902
2230 Greensboro Hwy • Quincy, FL 32351 • Tel(850)442-3495 • Fax(850)442-4008

26275

REPORT OF IN-PLACE DENSITY TEST

JOB NO.: 07-00572-01

DATE TESTED: 11/14/07

DATE REPORTED: 11/15/07

PROJECT:	Gary McDaniel Addition
CLIENT:	Gary McDaniel, 1100 Morningstar Glen, Fort White, FL 32038
GENERAL CONTRACTOR:	Phil Swindell
EARTHWORK CONTRACTOR:	Phil Swindell
INSPECTOR:	Chad Day
ASTM METHOD	SOIL USE
(D-2922) Nuclear ▼	BUILDING FILL ▼
SPECIFICATION REQUIREMENTS: 95%	

TEST NO.	TEST LOCATION	TEST DEPTH	WET DENSITY (lb/ft ³)	MOISTURE PERCENT	DRY DENSITY (lb/ft ³)	PROCTOR TEST NO.	PROCTOR VALUE	% MAXIMUM DENSITY
1	South End Approximate Center, 10' North	12"	115.3	9.7	105.1	*	103.1	102%
2	North End Approximate Center, 5' South	12"	118.0	10.7	106.6	*	103.1	103%
3	West Footer, Approximate Center	12"	110.1	9.3	100.7	*	103.1	98%

REMARKS:

The Above Tests Meet Specification Requirements.

PROCTORS				
PROCTOR NO.	SOIL DESCRIPTION	MAXIMUM DRY UNIT WEIGHT (lb/ft ³)	OPT. MOIST.	TYPE
*	Light Tan Sand Pete Richardson Pit	103.1	10.8	MODIFIED (ASTM D-1557) ▼

Respectfully Submitted,
CAL-TECH TESTING, INC.

Reviewed By:

Linda M. Creamer
President - CEO

ee

Date: 11/15/07
Licensed, Florida No: 57842

The test results presented in this report are specific only to the samples tested at the time of testing. The tests were performed in accordance with generally accepted methods and standards. Since material conditions can vary between test locations and change with time, sound judgement should be exercised with regard to the use and interpretation of the data.