

Columbia County New Building Permit Application

\$1019.78

For Office Use Only Application # 440 89 Date Received 11/26 By MG Permit # 39052

Zoning Official 1W Date _____ Flood Zone _____ Land Use Fort White Zoning _____

FEMA Map # _____ Elevation _____ MFE _____ River _____ Plans Examiner V.C. Date 12-4-19

Comments Town of Fort White

☐ NOC ☒ VEH ☒ Deed or PA ☐ Site Plan ☐ State Road Info ☒ Well letter ☒ 911 Sheet ☐ Parent Parcel # _____

☐ Dev Permit # _____ ☐ In Floodway ☒ Letter of Auth. from Contractor ☒ LPW Comp. letter

☐ Owner Builder Disclosure Statement ☐ Land Owner Affidavit ☐ Ellisville Water ☒ App Fee Paid ☒ Sub VF Form

Septic Permit No. 19-0880 OR City Water ☒ Fax _____

Applicant (Who will sign/pickup the permit) Christopher Chemerys Phone (352) 222-6964

Address 22025 NW County Road 236, High Springs, FL 32643

Owners Name Chemerys Construction LLC Phone (352) 222-6964

911 Address 109 SW Round House Ct Fort White, FL 32038

Contractors Name Christopher Chemerys Phone (352) 222-6964

Address 22025 NW CR 236, High Springs, FL 32643

Contractor Email cjchemerys@hotmail.com ***Include to get updates on this job.

Fee Simple Owner Name & Address Chemerys Construction LLC 22025 NW CR 236 High Springs, FL 32643

Bonding Co. Name & Address _____

Architect/Engineer Name & Address Schafer Engineering LLC 14705 Main St, Alocua, FL 32615

Mortgage Lenders Name & Address _____

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

Property ID Number 34-65-16-04059-107 Estimated Construction Cost 175,000

Subdivision Name Fort White Station Lot 7 Block _____ Unit _____ Phase _____

Driving Directions from a Major Road From CR 18 turn South on SW Depot way then turn east on SW Caboose Dr., then turn North on SW Roundhouse Ct.

Construction of Single family 3 bed 2 bath Residential Commercial OR ☒ Residential

Proposed Use/Occupancy _____ Number of Existing Dwellings on Property 0

Is the Building Fire Sprinkled? No If Yes, blueprints included _____ Or Explain _____

Circle Proposed ☐ Culvert Permit or ☐ Culvert Waiver or ☐ D.O.T. Permit or ☒ Have an Existing Drive

Actual Distance of Structure from Property Lines - Front 90' Side NO' Side 40' Rear 120'

Number of Stories 1 Heated Floor Area 1867 Total Floor Area 2470 Acreage 1.02

Zoning Applications applied for (Site & Development Plan, Special Exception, etc.) _____

Columbia County Building Permit Application

CODE: Florida Building Code 2017 and the 2014 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.

Chemerys Construction LLC
Print Owners Name

[Signature]
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.

[Signature]
Contractor's Signature

Contractor's License Number CRC 133 1778

Columbia County

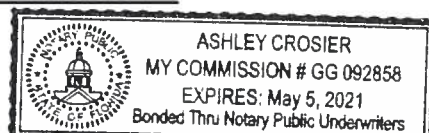
Competency Card Number 2245 ✓

Affirmed under penalty of perjury to by the Contractor and subscribed before me this 20th day of November 2019

Personally known ☐ or Produced Identification [Signature]

[Signature]
State of Florida Notary Signature (For the Contractor)

SEAL:



44089

SUBCONTRACTOR VERIFICATION

APPLICATION/PERMIT # _____

JOB NAME

Fort White Station

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 location. **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 type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need: <input type="checkbox"/> Lic <input type="checkbox"/> Lab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
MECHANICAL/A/C <input checked="" type="checkbox"/> CC# 768	Print Name Robert Beards Signature [Signature] Company Name: Beards Heating & Air License #: CHC057642 Phone #: 214-111-1111	Need: <input type="checkbox"/> Lic <input type="checkbox"/> Lab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
PLUMBING/GAS <input type="checkbox"/> CC# 3	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need: <input type="checkbox"/> Lic <input type="checkbox"/> Lab <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"/> Lab <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"/> Lab <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"/> Lab <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"/> Lab <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"/> Lab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE

SUBCONTRACTOR VERIFICATION

APPLICATION/PERMIT #

44089

JOB NAME

Fort White Station Lot 7

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ELECTRICAL <input checked="" type="checkbox"/> CCR	Print Name <u>Marcus Matthews</u> Company Name: <u>Matthews Electric LLC</u> License #: <u>EC13005459</u>	Signature <u>[Signature]</u> Phone #: <u>386-344-2029</u>	Need <input checked="" type="checkbox"/> Lic <input type="checkbox"/> Lab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
MECHANICAL/A/C <input type="checkbox"/> CCR	Print Name _____ Company Name: _____ License #: _____	Signature _____ Phone #: _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Lab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
PLUMBING/GAS <input type="checkbox"/> CCR	Print Name _____ Company Name: _____ License #: _____	Signature _____ Phone #: _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Lab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
ROOFING <input type="checkbox"/> CCR	Print Name _____ Company Name: _____ License #: _____	Signature _____ Phone #: _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Lab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
SHEET METAL <input type="checkbox"/> CCR	Print Name _____ Company Name: _____ License #: _____	Signature _____ Phone #: _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Lab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
FIRE SYSTEM/SPRINKLER <input type="checkbox"/> CCR	Print Name _____ Company Name: _____ License #: _____	Signature _____ Phone #: _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Lab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
SOLAR <input type="checkbox"/> CCR	Print Name _____ Company Name: _____ License #: _____	Signature _____ Phone #: _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Lab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
STATE SPECIALTY <input type="checkbox"/> CCR	Print Name _____ Company Name: _____ License #: _____	Signature _____ Phone #: _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Lab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE

SUBCONTRACTOR VERIFICATION

APPLICATION/PERMIT # 44089 JOB NAME Fort White Station Lot 7

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MECHANICAL/A/C <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Lab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
PLUMBING/GAS <input checked="" type="checkbox"/>	Print Name <u>Coely R Barrs</u> Signature <u>[Signature]</u> Company Name: <u>Barrs Plumbing, Inc.</u> License #: <u>CFC1407145</u> Phone #: <u>386-623-0509</u>	Need <input type="checkbox"/> Lic <input type="checkbox"/> Lab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
ROOFING <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Lab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
SHEET METAL <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Lab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
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District No. 1 - Ronald Williams
District No. 2 - Rocky Ford
District No. 3 - Bucky Nash
District No. 4 - Toby Witt
District No. 5 - Tim Murphy



BOARD OF COUNTY COMMISSIONERS • COLUMBIA COUNTY

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: **10/8/2019 7:47:24 PM**
Address: **109 SW ROUND HOUSE Ct**
City: **FORT WHITE**
State: **FL**
Zip Code **32038**

Parcel ID **04059-107**

REMARKS: Address for proposed structure on 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.

Address Issued By: **Signed:/ Matt Crews**

Columbia County GIS/911 Addressing Coordinator

**COLUMBIA COUNTY
911 ADDRESSING / GIS DEPARTMENT**

**263 NW Lake City Ave., Lake City, FL 32055 Telephone: (386) 758-1125
Email: gis@columbiacountyfla.com**

App# 44089

CERTIFICATE OF COMPLIANCE & REQUEST FOR ISSUANCE OF BUILDING PERMIT

The undersigned hereby certify the following property is in compliance with the Town of Fort White's Comprehensive Plan and Land Development Regulations for the stated development purposes:

FILE No. **19-006**

OWNER'S NAME: Christopher Chemerys

ADDRESS: Fort White Station Lot 7

PARCEL: 34-6S-16-04059-107

PROPERTY DESCRIPTION: LOT 7 FORT WHITE STATION S/D. 800-1052, 913-1067, WD 1352- 1130,

DEVELOPMENT: Residential

You are hereby authorized to issue the appropriate permits

Please email a copy of the Applicants permit to town@fortwhitefl.com

DATE October 11, 2019

AUTHORIZED BY: Katye Hughes, Town Clerk

All Fort White City Limit Lots Connect to
City water only. JWS



COLUMBIA COUNTY BUILDING DEPARTMENT
135 NE Hernando Ave, Suite B-21, Lake City, FL 32055
Phone: 386-758-1008 Fax: 386-758-2160

LETTER OF AUTHORIZATION TO SIGN FOR PERMITS

I, Christopher J. Chemerys (license holder name), licensed qualifier for Chemerys Construction LLC (company name), do certify that the below referenced person(s) listed on this form is/are contracted/hired by me, the license holder, or is/are employed by me directly or through an employee leasing arrangement; or, is an officer of the corporation; or, partner as defined in Florida Statutes Chapter 468, and the said person(s) is/are under my direct supervision and control and is/are authorized to purchase permits, call for inspections and sign on my behalf.

Printed Name of Person Authorized	Signature of Authorized Person
1. Christopher J. Chemerys	1.
2.	2.
3.	3.
4.	4.
5.	5.

I, the license holder, realize that I am responsible for all permits purchased, and all work done under my license and fully responsible for compliance with all Florida Statutes, Codes, and Local Ordinances. I understand that the State and County Licensing Boards have the power and authority to discipline a license holder for violations committed by him/her, his/her agents, officers, or employees and that I have full responsibility for compliance with all statutes, codes and ordinances inherent in the privilege granted by issuance of such permits.

If at any time the person(s) you have authorized is/are no longer agents, employee(s), or officer(s), you must notify this department in writing of the changes and submit a new letter of authorization form, which will supersede all previous lists. Failure to do so may allow unauthorized persons to use your name and/or license number to obtain permits.

License Holders Signature (Notarized)

CRC 1331778
License Number

11-20-19
Date

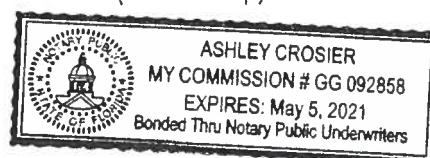
NOTARY INFORMATION:

STATE OF: Florida COUNTY OF: Alachua

The above license holder, whose name is Christopher Chemerys, personally appeared before me and is known by me or has produced identification (type of I.D.) CS 211079100 on this 20 day of November, 2019.

NOTARY'S SIGNATURE

(Seal/Stamp)



1 Inch = 40 ft.

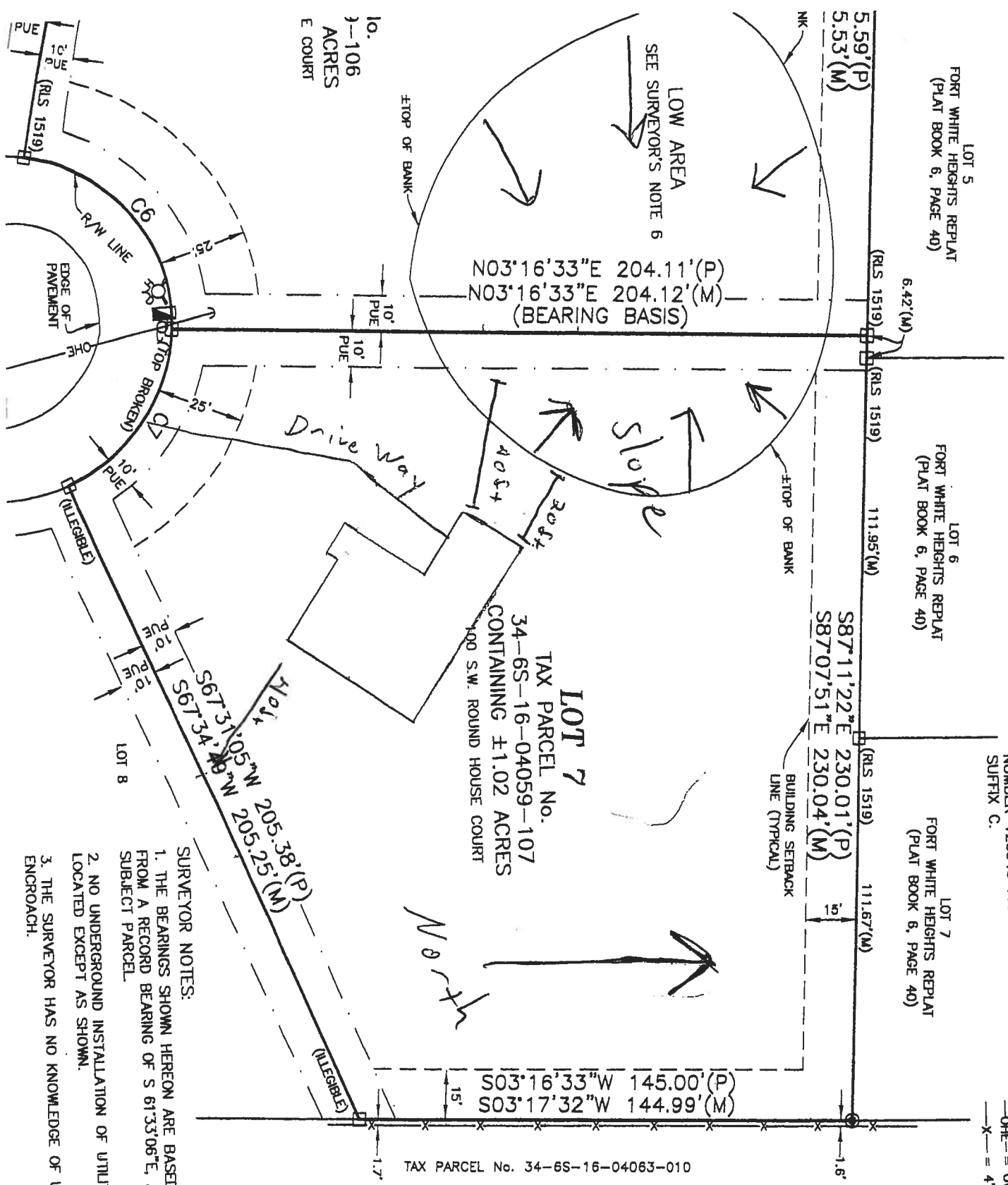
BE OUTSIDE THE U.S. NATIONAL FLOOD PLAN) AS SHOWN ON FLOOD INSURANCE RATE MAP NUMBER 1202300490C FOR COLUMBIA COUNTY, FLORIDA AND INCORPORATED AREAS, EFFECTIVE DATE FEBRUARY 4, 2009, FOR THE TOWN OF FORT WHITE, COMMUNITY NUMBER 120349 PANEL NUMBER 0490 SUFFIX C.

LOT 5
FORT WHITE HEIGHTS REPLAT
(PLAT BOOK 6, PAGE 40)

LOT 6
FORT WHITE HEIGHTS REPLAT
(PLAT BOOK 6, PAGE 40)

LOT 7
FORT WHITE HEIGHTS REPLAT
(PLAT BOOK 6, PAGE 40)

- (M) = PLAT DATA
- (P) = PLAT DATA
- ⊗ = FIRE HYDRANT
- ⊠ = WATER METER
- ⊕ = GUY ANCHOR
- ⊖ = WOOD POWER POLE
- O— = OVERHEAD ELECTRIC LINE
- X— = 4" METAL FENCE LINE



CURVE TABLE						
CURVE	LENGTH	RADIUS	DELTA	TANGENT	CHORD	CHORD BEARING
C1(P)	72.81'	50.00'	83°25'51"	44.57'	66.54'	S51°33'38"W
C1(M)	72.73'	50.00'	83°20'26"	44.50'	66.48'	S51°38'21"W
C2(P)	56.06'	50.00'	64°14'35"	31.39'	53.17'	N54°36'10"W
C2(M)	56.05'	50.00'	64°13'35"	31.38'	53.16'	N54°38'51"W

- SURVEYOR NOTES:
- THE BEARINGS SHOWN HEREON ARE BASED ON FIELD MEASUREMENTS PROJECTED FROM A RECORD BEARING OF S 61°33'06"E, ALONG THE NORTHERLY LINE OF THE SUBJECT PARCEL.
 - NO UNDERGROUND INSTALLATION OF UTILITIES OR IMPROVEMENTS HAVE BEEN LOCATED EXCEPT AS SHOWN.
 - THE SURVEYOR HAS NO KNOWLEDGE OF UNDERGROUND FOUNDATIONS WHICH MAY ENCRUSCH.

SUBCONTRACTOR VERIFICATION

APPLICATION/PERMIT # _____

JOB NAME

Fort White Station Lot 7

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ROOFING <input type="checkbox"/>	Print Name <u>Robert Ogles</u> Signature <u>[Signature]</u> Company Name: <u>Ogles Roofing</u> CC# <u>001 019</u> License #: <u>CCC 1328699</u> Phone #: <u>386-364-4838</u>	Need <input type="checkbox"/> Lic <input type="checkbox"/> Lab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
SHEET METAL <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ CC# _____ License #: _____ Phone #: _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Lab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
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Ref: F.S. 440.103; ORD. 2016-30

Prepared by and return to:

Crystal Curran

Alachua Title Services, LLC

16407 Northwest 174th Drive Suite C

Alachua, FL 32615

(386) 418-8183

File No 19-184

Parcel Identification No 34-6S-16-04059-106; 34-6S-16-04059-107

[Space Above This Line For Recording Data]

WARRANTY DEED

(STATUTORY FORM – SECTION 689.02, F.S.)

This indenture made the 19th day of June, 2019 between Legra Real Estate and Investments Corp., a Florida corporation (as to Parcel 1) Inc., a Florida Corporation and Elias Legra, Sr., Individually and as Trustee of the Elias Legra Sr. Revocable Trust dated December 15, 2009 (as to Parcel 2), whose post office address is 525 East 9th Street Hialeah, FL 33010, of the County of Miami-Dade, State of Florida, Grantors, to Chemerys Construction, LLC, a Florida Limited Liability Company, whose post office address is 22025 NW County Road 236, High Springs, FL 32643, of the County of Alachua, State of Florida, Grantee:

Whenever used herein the term "grantor" and "grantee" include all the parties to this instrument and the heirs, legal representatives and assigns of individuals, and the successors and assigns of corporations.

Witnesseth, that said Grantors, for and in consideration of the sum of TEN DOLLARS (U.S.\$10.00) and other good and valuable considerations to said Grantors in hand paid by said Grantee, the receipt whereof is hereby acknowledged, has granted, bargained, and sold to the said Grantee, and Grantee's heirs and assigns forever, the following described land, situate, lying and being in Columbia, Florida, to-wit:

Parcel 1:

Lot 6, Fort White Station, according to the map or plat thereof, as recorded in Plat Book 5, Page(s) 128 and 128A, of the Public Records of Columbia County, Florida.

Parcel 2:

Lot 7, Fort White Station, according to the map or plat thereof, as recorded in Plat Book 5, Page(s) 128 and 128A, of the Public Records of Columbia County, Florida.

Grantor, Elias Legra Sr., warrants that this is not his homestead property nor is it contiguous to his homestead property.

Together with all the tenements, hereditaments and appurtenances thereto belonging or in anywise appertaining.

Subject to taxes for 2019 and subsequent years, not yet due and payable; covenants, restrictions, easements, reservations and limitations of record, if any.

TO HAVE AND TO HOLD the same in fee simple forever.

And Grantors hereby covenant with the Grantee that the Grantors are lawfully seized of said land in fee simple, that Grantors have good right and lawful authority to sell and convey said land and that the Grantors hereby fully warrant the title to said land and will defend the same against the lawful claims of all persons whomsoever.

In Witness Whereof, Grantors have hereunto set Grantors' hand and seal the day and year first above written.

Signed, sealed and delivered in our presence:

Esther L Ortiz
WITNESS

Esther L Ortiz
WITNESS

Esther L Ortiz
WITNESS

Esther L Ortiz
WITNESS

Legra Real Estate and Investments Corp., a Florida corporation
(as to Parcel 1) Inc., a Florida Corporation

By: Elias Legra Sr.
Elias Legra, Sr., President

Elias Legra, Sr. as Trustee of the Elias Legra Sr. Revocable
Trust dated December 15, 2009 (as to Parcel 2)

By: Elias Legra Sr.
Elias Legra, Sr., Individually and as Trustee

STATE OF FLORIDA
COUNTY OF MIAMI DADE

The foregoing instrument was acknowledged before me this 19 day of June, 2019, by Elias Legra, Sr., President of Legra Real Estate and Investments Corp., a Florida corporation (as to Parcel 1) and Elias Legra, Sr., Individually and as Trustee of Elias Legra, Sr. as Trustee of the Elias Legra Sr. Revocable Trust dated December 15, 2009 (as to Parcel 2).

Maria I. Quesada
Signature of Notary Public
Print, Type/Stamp Name of Notary



MARIA I. QUESADA
Commission # GG 173020
Expires January 23, 2022
Bonded Thru Budget Notary Services

Personally Known: ✓ OR Produced Identification: _____
Type of Identification
Produced: _____

CERTIFICATE OF COMPLIANCE & REQUEST FOR ISSUANCE OF BUILDING PERMIT

The undersigned hereby certify the following property is in compliance with the Town of Fort White's Comprehensive Plan and Land Development Regulations for the stated development purposes:

FILE No. 19-006

OWNER'S NAME: Christopher Chemerys

ADDRESS: Fort White Station Lot 7

PARCEL: 34-6S-16-04059-107

PROPERTY DESCRIPTION: LOT 7 FORT WHITE STATION S/D. 800-1052, 913-1067, WD 1352- 1130,

DEVELOPMENT: Residential

You are hereby authorized to issue the appropriate permits

Please email a copy of the Applicants permit to town@fortwhitefl.com

DATE October 11, 2019

AUTHORIZED BY: Katy Hughes, Town Clerk

Columbia County Property Appraiser

Jeff Hampton

2020 Working Values
updated 10/30/2019

Parcel: << 34-6S-16-04059-107 >>

Owner & Property Info

Result: 1 of 1

Owner	LEGRAS, ELIAS SR AS TRUSTEE 525 EAST 9TH ST HIALEAH, FL 33010		
Site	ROUND HOUSE CT, FORT WHITE		
Description*	LOT 7 FORT WHITE STATION S/D. 800-1052, 913-1067, WD 1352- 1130,		
Area	1.02 AC	S/T/R	34-6S-16
Use Code**	VACANT (000000)	Tax District	4

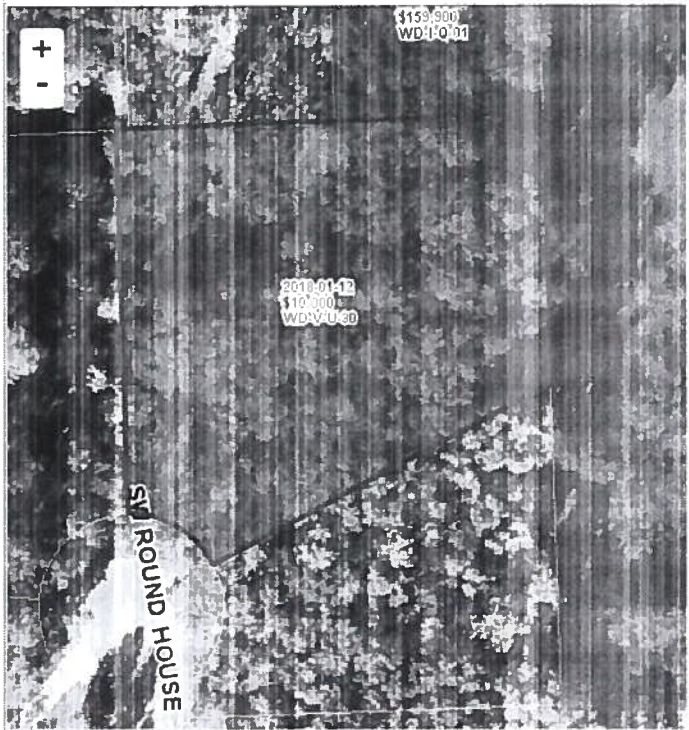
*The Description above is not to be used as the Legal Description for this parcel in any legal transaction
 **The Use Code is a FL Dept. of Revenue (DOR) code and is not maintained by the Property Appraiser's office. Please contact your city or county Planning & Zoning office for specific zoning information.

Property & Assessment Values

2019 Certified Values		2020 Working Values	
Mkt Land (1)	\$16,724	Mkt Land (1)	\$16,724
Ag Land (0)	\$0	Ag Land (0)	\$0
Building (0)	\$0	Building (0)	\$0
XFOB (0)	\$0	XFOB (0)	\$0
Just	\$16,724	Just	\$16,724
Class	\$0	Class	\$0
Appraised	\$16,724	Appraised	\$16,724
SOH Cap [?]	\$0	SOH Cap [?]	\$0
Assessed	\$16,724	Assessed	\$16,724
Exempt	\$0	Exempt	\$0
Total Taxable	county:\$16,724 city:\$16,724 other:\$16,724 school:\$16,724	Total Taxable	county:\$16,724 city:\$16,724 other:\$16,724 school:\$16,724

Aerial Viewer Pictometry Google Maps

2019 2016 2013 2010 2007 2005 Sales



Sales History

Sale Date	Sale Price	Book/Page	Deed	V/I	Quality (Curies)	RCode
1/12/2018	\$10,000	1352/1130	WD	V	U	30
10/3/2000	\$100	913/1067	QC	V	U	01
1/12/1995	\$2,400	800/1052	WD	V	U	03
11/29/1988	\$35,000	670/0551	WD	V	U	

Building Characteristics

Bldg Sketch	Bldg Item	Bldg Desc*	Year Blt	Base SF	Actual SF	Bldg Value
			NONE			

Extra Features & Out Buildings (Codes)

Code	Desc	Year Blt	Value	Units	Dims	Condition (% Good)
				NONE		

Land Breakdown

Land Code	Desc	Units	Adjustments	Eff Rate	Land Value
000000	VAC RES (MKT)	1.000 LT - (1.020 AC)	1.00/1.00 1.50/0.85	\$16,724	\$16,724

Search Result 1 of 1

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by Caddisfly.com

SSD 338903455



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

PERMIT NO. 19-8880
DATE PAID: 12/3/19
FEE PAID: 225.00
RECEIPT #: 125580

APPLICATION FOR:

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

APPLICANT: Christopher J. ChemerysAGENT: Christopher J. ChemerysTELEPHONE: (352) 222-696MAILING ADDRESS: 22025 NW County Road 236, High Springs, FL 32641

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: 7 BLOCK: SUBDIVISION: Fort White Station PLATTED: 1988 5

PROPERTY ID #: 34-65-16-04059-107 ZONING: I/M OR EQUIVALENT: ☒ Y ☐ N

PROPERTY SIZE: 1.02 ACRES WATER SUPPLY: ☐ PRIVATE PUBLIC ☐ $\leq 2000\text{GPD}$ ☒ $> 2000\text{GPD}$

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

PROPERTY ADDRESS: 100 SW Round House Court, Fort White, FL 3203

DIRECTIONS TO PROPERTY: From CR 18, South on SW Depot Way, east on SW Caboose Dr., North on SW Round House Ct.

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	Single Family	3	2470	
2				
3				
4				

☐ Floor/Equipment Drains ☐ Other (Specify)

SIGNATURE: [Signature]DATE: 12-2-19

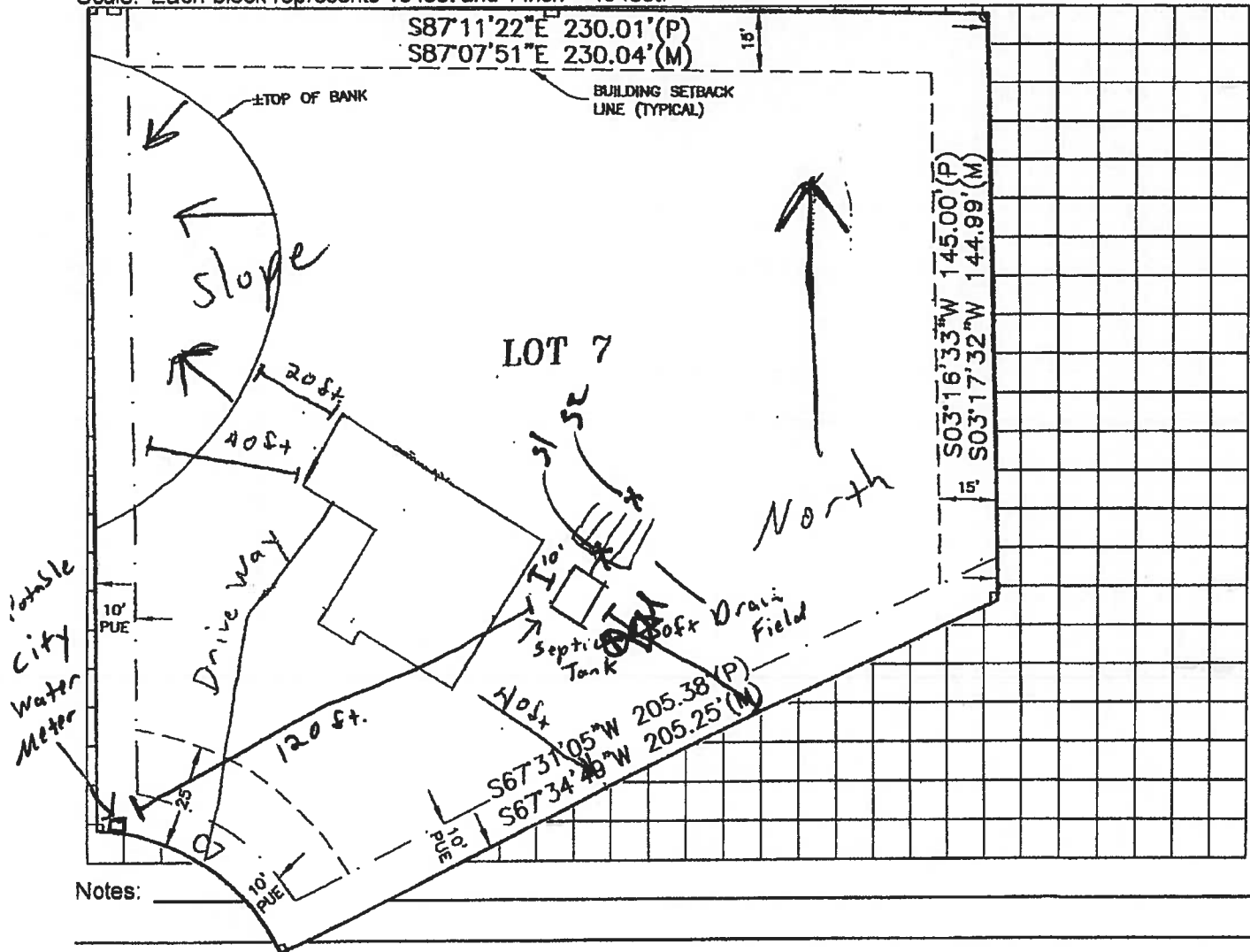
STATE OF FLORIDA
DEPARTMENT OF HEALTH
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number

19-0880

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

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



Site Plan submitted by: _____

Plan Approved _____

Not Approved _____

Date 12/17/19

By _____

County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

NOTICE OF COMMENCEMENT

Tax Parcel Identification Number:

34-65-16-04059-107

Clerk's Office Stamp

Inst: 201912029584 Date: 12/18/2019 Time: 3:03PM
Page 1 of 1 B: 1401 P: 1322, 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): Fort White Station, As recorded in plat Book 5, 128 & 128A
a) Street (job) Address: 109 SW Ruess House Ct. Fort White, FL 32058
2. General description of improvements: New Construction
3. Owner Information or Lessee information if the Lessee contracted for the improvements:
a) Name and address: Chemerys Construction LLC 22025 NW CN 236, High Springs, FL 32643
b) Name and address of fee simple titleholder (if other than owner) _____
c) Interest in property _____
4. Contractor Information
a) Name and address: Chemerys Construction LLC 22025 NW CN 236, High Springs, FL 32643
b) Telephone No.: 352-222-6864
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: Chemerys Construction
b) Telephone No.: 352-222-6864
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): 12-18-20

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 of Owner or Lessee, or Owner or Lessee's Authorized Office/Director/Partner/Manager

Christopher Chemerys
Printed Name and Signatory's Title/Office

The foregoing instrument was acknowledged before me, a Florida Notary, this 18 day of December, 2019 by:

Christopher Chemerys as owner for Christopher Chemerys
(Name of Person) (Type of Authority) (name of party on behalf of whom instrument was executed)

Personally Known _____ OR Produced Identification ☒ Type FLDL

Notary Signature

Paula Bailey

Notary Stamp or Seal:

