DATE 09/29	9/2010	Columb	Prominently Posted or	ilding Permit	netruction	PERMIT 000028899
ADDI ICANIT	IANICE AL	MBROSINE	Frommentiy Fosted of	PHONE	365-3032	000028899
APPLICANT ADDRESS	715	SW MIRACLE CT		LAKE CITY	303-3032	FL 32024
OWNER		MBROSINE	18	PHONE	365-3032	
ADDRESS	715	SW MIRACLE CT		LAKE CITY		FL 32024
CONTRACTO	R OWN	NER BUILDER		PHONE		_
LOCATION OF	F PROPERT	Y PINEMOUN	NT RD., TR ON MIRAC	CLE CT., 10TH LOT O	N RIGHT	
				1		-
TYPE DEVELO	OPMENT	RENEWAL REMO	DEL ESTI	MATED COST OF CO	ONSTRUCTION	0.00
HEATED FLO	OR AREA		TOTAL AREA	Λ	HEIGHT	STORIES 1
FOUNDATION	N CONC	RETE WALLS	S FRAMED RO	OOF PITCH	F	FLOOR
LAND USE &	ZONING	AG-3		MAX	K. HEIGHT	35
Minimum Set E	Back Require	ments: STREET-F	RONT 30.00	REAR	25.00	SIDE 25.00
	100		1000	DEVELOPMENT PER		
NO. EX.D.U.	1	FLOOD ZONE	<u>X</u>		MIT NO.	
PARCEL ID	06-4S-16-0	02789-013	SUBDIVISION	JOY ESTATES		
LOT <u>13</u>	BLOCK	PHASE _	UNIT		AL ACRES	4.00
to allowed PAM				240	2 0.	Qu.
Culvert Permit	No.	Culvert Waiver Co	entractor's License Numb	ber	Applicant/Own	er/Contractor
EXISTING		09-0440-N	LH		LH	<u>N</u>
Driveway Conn	nection	Septic Tank Number	LU & Zoning	g checked by Ap	proved for Issuar	nce New Resident
COMMENTS:	FIRE REP	ORT IN FILE, RENEW	VAL OF EXISTING PE	RMIT 28083	8	
NO CHARGE,						- No GHARGE
NO CHARGE,					Check # or	Cash NO CHARGE
NO CHARGE,		LE	LDING & ZONIN	G DEPARTMENT	Check # or	Cash NO CHARGE (footer/Slab)
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PERMIT

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."

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 THE WORK IS COMMENCED. A VALID PERMIT RECIEVES AN APPROVED INSPECTION EVERY 180 DAYS. WORK SHALL BE CONSIDERED NOT SUSPENDED, ABANDONED OR INVALID WHEN THE PERMIT HAS RECIEVED AN APPROVED INSPECTION WITHIN 180 DAYS OT THE PREVIOUS INSPECTION. DATE 09/29/2010

Columbia County Building Permit This Permit Must Be Prominently Posted on Premises During Construction

PERMIT

This ren	mit Must be Frommently Posted	on Fremises During Con	isti uction	000028899
APPLICANT JANICE AMBROSIN	Е	PHONE	365-3032	
ADDRESS 715 SW MIRA	ACLE CT	LAKE CITY	<u>F</u>	<u>FL</u> 32024
OWNER JANICE AMBROSIN	Е	PHONE	365-3032	
ADDRESS 715 SW MIRA	ACLE CT	LAKE CITY	<u>F</u>	FL 32024
CONTRACTOR OWNER BUILT	DER	PHONE	-	
LOCATION OF PROPERTY	PINEMOUNT RD., TR ON MIRA	ACLE CT., 10TH LOT ON	N RIGHT	
TYPE DEVELOPMENT RENEV	WAL REMODEL ES	TIMATED COST OF CO	NSTRUCTION	0.00
HEATED FLOOR AREA	TOTAL ARI	EA	HEIGHT	STORIES 1
FOUNDATION CONCRETE	WALLS FRAMED	ROOF PITCH	FLOO	OR
LAND USE & ZONING AG-3	·	MAX	. HEIGHT 35	
Minimum Set Back Requirments:	STREET-FRONT 30.00	REAR	25.00 SI	IDE 25.00
NO. EX.D.U. 1 FLOO	DD ZONE X	DEVELOPMENT PER	MITNO	
NO. EX.D.U. 1 FLOO	D ZONE X	DEVELOPMENT FER	WIT NO	
PARCEL ID 06-4S-16-02789-013	SUBDIVISIO	ON JOY ESTATES		
LOT 13 BLOCK	PHASE UNIT	TOTA	AL ACRES 4.00	
		201	- 0 0	
Culvert Permit No. Culvert Wa	aiver Contractor's License Nu	make Frie	E. Umber	<u> </u>
EXISTING 09-0440-N			Applicant/Owner/Co .H	N
			proved for Issuance	New Resident
COMMENTS: FIRE REPORT IN FI NO CHARGE, NOC ON FILE	LE, RENEWAL OF EXISTING P	ERMIT 28083	5	
NO CHARGE, NOC ON FILE			Check # or Cash	n NO CHARGE
			Check # of Casi	1 110 011 11102
	FOR BUILDING & ZONII	NG DEPARTMENT	ONLY	(footer/Slab)
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Rough-in plumbing above slab and be			ectrical rough-in	date/app. by
Heat & Air Duct	Peri. beam (Lint	date/app. by	Dool	date/app. by
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Permanent power date/app. by	C.O. Final	Modernoon and accordance	Culvert	
D .		date/app. by		date/app. by
Pump pole Utility Utility	Pole M/H tie o	downs, blocking, electricit	y and plumbing	date/app. by
Reconnection	RV		Re-roof	сасстарр. бу
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BUILDING PERMIT FEE \$ 0.	00 CERTIFICATION FE	EE \$ 0.00	SURCHARGE FI	EE \$ 0.00
CONTRACTOR OF THE PROPERTY OF THE PARTY OF T				memoral and the second

TONING CERT FEE &

NOTICE OF COMMENCEMENT 28899	Inst:201012015748 Date:9/29/2010 Time:3:20 PM DC,P.DeWitt Cason,Columbia County Page 1 of 1 B:1202 P:499
Tax Parcel Identification Number 06 45-16-02	County Clerk's Office Stamp or Seal
THE UNDERSIGNED hereby gives notice that improvements will be n Florida Statutes, the following information is provided in this NOTICE	nade to certain real property, and in accordance with Section 713.13 of the OF COMMENCEMENT.
1. Description of property (legal description): Let 13 a) Street (job) Address: 715 5 m12	ACLE Ct. Lake Ct. Fl. 32024
2. General description of improvements: Fige - R 1001	88
b) Name and address of fee simple titleholder (if other than or c) Interest in property _ こついっと 「	orine 715 SW MIRACLE Ct. L.C. 32054 when the simple
4. Contractor Information	
a) Name and address: CW net	Party (Oct)
5. Surety Information	Fax No. (Opt.)
b) Amount of Bond;	2 Mars 100 -
c) Telephone No.:	Fax No. (Opt.)
6. Lender	t as 170. (Opt.)
a) Name and address: b) Phone No.	
7. Identity of person within the State of Florida designated by owner up	on whom notices or other documents may be served:
a) Name and address:	The state of the s
a) Name and address: b) Telephone No.:	Fax No. (Opt.)
8. In addition to himself, owner designates the following person to receiforida Statutes: a) Name and address: b) Telephone No.:	Fax No. (Opt.)
 Expiration date of Notice of Commencement (the expiration date is is specified); 	one year from the date of recording unless a different date
STATUTES, AND CAN RESULT IN YOUR PAYING TWICE FOR COMMENCEMENT MUST BE RECORDED AND POSTED ON T	TS UNDER CHAPTER 713, PART I, SECTION 713.13, FLORIDA
STATE OF FLORIDA COUNTY OF COLUMBIA 10.	Janin E. anbrown
<u></u>	ignature of Owner or Owner's Authorized Office/Director/Partner/Manager
	JANICE E. Ambresie
P	rint Name
The foregoing instrument was acknowledged before me, a Florida Notary, th	-6 - 1 /
owner as Janice	Ambrosin (type of authority, e.g. officer, trustee, attorney
fact) for Junice Ambrosin	(name of party on behalf of whom instrument was executed).
Personally Known OR Produced Identification Type O	LAIRIE HODGON
Notary Signature La Lockson	MY COMMISSION # DD 805657 EXPIRES: July 14, 2012
	Notary Stamp or Seal: Bonded Thru Notary Public Underwriters

-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 of Natural Person Signing (in line #10 above.)