

DATE 03/15/2010

Columbia County Building Permit

PERMIT

This Permit Must Be Prominently Posted on Premises During Construction

000028419

APPLICANT ROBERT FEASEL PHONE 755-5137  
ADDRESS 628 SW BLANTON LANE LAKE CITY FL 32024  
OWNER GEORGE RANDELL COMBS PHONE 466-7577  
ADDRESS 555 SE STILES WAY LAKE CITY FL 32025  
CONTRACTOR ROBERT FEASEL PHONE 755-5137  
LOCATION OF PROPERTY 41S, TL ON CR 252, TL PRICE CREEK, TR CHASTEEN,  
TL STILES WAY, 4TH HOUSE ON RIGHT(APPROX 1/4 MILE)  
TYPE DEVELOPMENT RE-ROOF ON SFD ESTIMATED COST OF CONSTRUCTION 5200.00  
HEATED FLOOR AREA TOTAL AREA HEIGHT STORIES  
FOUNDATION WALLS ROOF PITCH FLOOR  
LAND USE & ZONING MAX. HEIGHT  
Minimum Set Back Requirments: STREET-FRONT REAR SIDE  
NO. EX.D.U. FLOOD ZONE N/A DEVELOPMENT PERMIT NO.

PARCEL ID 24-4S-17-08726-007 SUBDIVISION  
LOT BLOCK PHASE UNIT TOTAL ACRES

RC0032600  
Culvert Permit No. Culvert Waiver Contractor's License Number Applicant/Owner/Contractor  
EXISTING X10-057 BK HD N  
Driveway Connection Septic Tank Number LU & Zoning checked by Approved for Issuance New Resident

COMMENTS: NOC ON FILE

Check # or Cash 922

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 Insulation  
date/app. by date/app. by  
Rough-in plumbing above slab and below wood floor Electrical rough-in  
date/app. by date/app. by  
Heat & Air Duct Peri. beam (Lintel) Pool  
date/app. by date/app. by date/app. by  
Permanent power C.O. Final Culvert  
date/app. by date/app. by date/app. by  
Pump pole Utility Pole M/H tie downs, blocking, electricity and plumbing  
date/app. by date/app. by date/app. by  
Reconnection RV Re-roof  
date/app. by date/app. by date/app. by

BUILDING PERMIT FEE \$ 30.00 CERTIFICATION FEE \$ 0.00 SURCHARGE FEE \$ 0.00  
MISC. FEES \$ 0.00 ZONING CERT. FEE \$ FIRE FEE \$ 0.00 WASTE FEE \$  
FLOOD DEVELOPMENT FEE \$ FLOOD ZONE FEE \$ CULVERT FEE \$ TOTAL FEE 30.00  
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."

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.

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



**Columbia County Building Permit Application**

<b>For Office Use Only</b>	Application # <u>1003-22</u>	Date Received <u>3/15/10</u>	By <u>GF</u>	Permit # <u>28419</u>
Zoning Official _____	Date _____	Flood Zone _____	Land Use _____	Zoning _____
FEMA Map # _____	Elevation _____	MFE _____	River _____	Plans Examiner _____
Date _____				
Comments _____				
<input type="checkbox"/> NOC <input type="checkbox"/> EH <input type="checkbox"/> Deed or PA <input type="checkbox"/> Site Plan <input type="checkbox"/> State Road Info <input type="checkbox"/> Parent Parcel # _____				
<input type="checkbox"/> Dev Permit # _____ <input type="checkbox"/> In Floodway <input type="checkbox"/> Letter of Auth. from Contractor <input type="checkbox"/> F W Comp. letter				
IMPACT FEES: EMS _____ Fire _____ Corr _____ Road/Code _____				
School _____ = TOTAL _____				

Septic Permit No. \_\_\_\_\_ Fax \_\_\_\_\_

Name Authorized Person Signing Permit Robert Frasel Phone 386-755-5137

Address 628 S.W. BLANTON LN. LAKE CITY FL. 32024

Owners Name George Randall Combs Phone 466-7577

911 Address 555 S.E. STILES way LAKE CITY FL. 32025

Contractors Name Robert Frasel Phone 386-755-5137

Address 628 S.W. BLANTON LN. LAKE CITY FL. 32024

Fee Simple Owner Name & Address \_\_\_\_\_

Bonding Co. Name & Address Na

Architect/Engineer Name & Address \_\_\_\_\_

Mortgage Lenders Name & Address \_\_\_\_\_

Circle the correct power company - FL Power & Light - Clay Elec. - Suwannee Valley Elec. - Progress Energy

Property ID Number 24-45-17-087-26-007 Estimated Cost of Construction \$5200.00

Subdivision Name \_\_\_\_\_ Lot \_\_\_\_\_ Block \_\_\_\_\_ Unit \_\_\_\_\_ Phase \_\_\_\_\_

Driving Directions 41 SOUTH TO Hiway 252 go EAST TO price creek TURN

LEFT go TO Chasteen TURN right go TO STILES way TURN LEFT  
go 1/4 mile house is on right Number of Existing Dwellings on Property 1

Construction of new METAL ROOF SFD Total Acreage \_\_\_\_\_ Lot Size \_\_\_\_\_

Do you need a - Culvert Permit or Culvert Waiver or Have an Existing Drive Total Building Height 1 Story

Actual Distance of Structure from Property Lines - Front \_\_\_\_\_ Side \_\_\_\_\_ Side \_\_\_\_\_ Rear \_\_\_\_\_

Number of Stories 1 Heated Floor Area \_\_\_\_\_ Total Floor Area \_\_\_\_\_ Roof Pitch 4/12

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 of all laws regulating construction in this jurisdiction.



## Columbia County Building Permit Application

**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 such application has been pursued in good faith or a permit has been issued; except that the building official is authorized to grant one or more extensions of time for additional periods not exceeding 90 days each. The extension shall be requested in writing and justifiable cause demonstrated.

**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 BUILDING PERMITEE:** **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. It may be to your advantage to check and see if your property is encumbered by any restrictions.

(Owners Must Sign All Applications Before Permit Issuance.)

Owners Signature

**\*\*OWNER BUILDERS MUST PERSONALLY APPEAR AND SIGN THE BUILDING PERMIT.**

**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.

Contractor's Signature (Permitee)

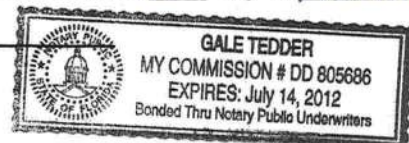
Contractor's License Number PL0032600  
Columbia County  
Competency Card Number \_\_\_\_\_

Affirmed under penalty of perjury to by the Contractor and subscribed before me this 15th day of March 2010.

Personally known or Produced Identification \_\_\_\_\_

SEAL:

State of Florida Notary Signature (For the Contractor)



# SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER \_\_\_\_\_ CONTRACTOR \_\_\_\_\_ PHONE \_\_\_\_\_

**THIS FORM MUST BE SUBMITTED PRIOR TO THE ISSUANCE OF A PERMIT**

In Columbia County one permit will cover all trades doing work at the permitted site. It is **REQUIRED** that we have records of the subcontractors who actually did the trade specific work under the permit. Per Florida Statute 440 and Ordinance 89-6, a contractor shall require all subcontractors to provide evidence of workers' compensation or exemption, general liability insurance and a valid Certificate of Competency license in Columbia County.

***Any changes, the permitted contractor is responsible for the corrected form being submitted to this office prior to the start of that subcontractor beginning any work. Violations will result in stop work orders and/or fines.***

<b>ELECTRICAL</b>	Print Name _____ License #: _____	Signature _____ Phone #: _____
<b>MECHANICAL/ A/C _____</b>	Print Name _____ License #: _____	Signature _____ Phone #: _____
<b>PLUMBING/ GAS</b>	Print Name _____ License #: _____	Signature _____ Phone #: _____
<b>ROOFING</b>	Print Name <u>Robbie's Roofing Inc.</u> License #: <u>RC 0032600</u>	Signature <u>Robert Fernald</u> Phone #: <u>386-755-5137</u>
<b>SHEET METAL</b>	Print Name _____ License #: _____	Signature _____ Phone #: _____
<b>FIRE SYSTEM/ SPRINKLER</b>	Print Name _____ License #: _____	Signature _____ Phone #: _____
<b>SOLAR</b>	Print Name _____ License #: _____	Signature _____ Phone #: _____

Specialty License	License Number	Sub-Contractors Printed Name	Sub-Contractors Signature
MASON			
CONCRETE FINISHER			
FRAMING			
INSULATION			
STUCCO			
DRYWALL			
PLASTER			
CABINET INSTALLER			
PAINTING			
ACOUSTICAL CEILING			
GLASS			
CERAMIC TILE			
FLOOR COVERING			
ALUM/VINYL SIDING			
GARAGE DOOR			
METAL BLDG ERECTOR			

**F. S. 440.103 Building permits; identification of minimum premium policy.**--Every employer shall, as a condition to applying for and receiving a building permit, show proof and certify to the permit issuer that it has secured compensation for its employees under this chapter as provided in ss. 440.10 and 440.38, and shall be presented each time the employer applies for a building permit.





Professional & Licensed

Specializing in  
New & Old Work

Phone: 755-5137

MARCH 15, 2010

TO: MRS. COMBS

RE: COST FOR NEW METAL ROOF

I WILL INSTALL 1X4 WOOD PERLINS AND 29 GAUGE METAL ROOF

COST FOR NEW ROOF: \$5,200.00

THANK-YOU,

  
ROBERT FEASEL

ROBBIE'S ROOFING (LIC.# RC0032600)  
(386)755-5137

NOTE: FL. 4586.3 IS FL. NO. FOR METAL ROOFING

@ CAM110M01	CamaUSA Appraisal System	Columbia County
3/15/2010 13:36	Property Maintenance	15402 Land 003
Year T Property	Sel	AG 000
2010 R 24-4S-17-08726-007	...	78345 Bldg 001
Owner COMBS GEORGE RANDALL	Conf	2100 Xfea 004
Addr 555 SE STILES WAY	HX	95847 TOTAL B*
	-Cap?-	3.750 Total Acres
	SOH 10% ApYr	ERNwl ARnwl Notc
City,St LAKE CITY	FL Zip 32025	Y Y
Country	(PUD1)	(PUD2)
Splt/Co	JVChgCd	(PUD3) MKTA04
Appr By DF	pu4	pu5
Date 10/17/2005	pu6	
AppCode	UseCd 000100	SINGLE FAMILY
TxDist Nbhd	MktA	ExCode
003 24417.00	04	HX
		Exemption/%
		25000
		TxCode Units Tp
House#	555	Street STILES
		City LAKE CITY
		MD WAY Dir SE #
		Zip
Subd	N/A	Condo
Sect	24 Twn	17 Subd
		Blk
		Lot
Legals	THE W 463.40 FT OF THE N 94 FT	OF S1/2 OF NW1/4 OF SW1/4 OF
	NE1/4, EX RD R/W. ORB 411-170,	727-810 AND COMM SE COR OF
		+
Map#		Mnt 10/20/2005 PINKY
F1=Task	F2=ExTx	F3=Exit
F4=Prompt	F11=Docs	F10=GoTo
	PgUp/PgDn	F24=More

# NOTICE OF COMMENCEMENT

County Clerk's Office Stamp or Seal

Tax Parcel Identification Number 24-45-17-087+26-007

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):  
a) Street (job) Address: 555 Stiles Way
2. General description of improvements: new metal roof
3. Owner Information  
a) Name and address: Geore Randall Combs/555 SE Stiles Way, Lake City, FL 32055  
b) Name and address of fee simple titleholder (if other than owner)  
c) Interest in property
4. Contractor Information  
a) Name and address: Robbie's Roofing 628 S.W. BLANTON LN. G.C. 3204  
b) Telephone No.: 386-753-5137 Fax No. (Opt.)
5. Surety Information  
a) Name and address: Na  
b) Amount of Bond: Na Fax No. (Opt.)  
c) Telephone No.:
6. Lender  
a) Name and address: Na  
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: Na Fax No. (Opt.)  
b) Telephone No.:
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(1)(b), Florida Statutes:  
a) Name and address: Na Fax No. (Opt.)  
b) Telephone No.:
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. Kimberley Combs  
Signature of Owner or Owner's Authorized Officer/Director/Partner/Manager  
Kimberley Combs  
Print Name

The foregoing instrument was acknowledged before me, a Florida Notary, this 9 day of March, 20 10, by:

\_\_\_\_\_ as \_\_\_\_\_ (type of authority, e.g. officer, trustee, attorney)  
\_\_\_\_\_ (name of party on behalf of whom instrument was executed).

Personally Known ☒ OR Produced Identification \_\_\_\_\_ Type \_\_\_\_\_

Notary Signature Renee J. Morgan Notary Stamp or Seal:

NOTARY PUBLIC-STATE OF FLORIDA  
Renee J. Morgan  
Commission # DD717617  
Expires: SEP. 23, 2011  
BONDED THRU ATLANTIC BONDING CO., INC.

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.

Kimberley Combs  
Signature of Natural Person Signing (in line #10 above.)