

DATE 12/15/2004

Columbia County Building Permit

PERMIT

This Permit Expires One Year From the Date of Issue

000022602

APPLICANT JERRY CASTAGNA PHONE 752.1014
ADDRESS POB 1867 LAKE CITY FL 32056
OWNER DALE & ROSE SMITH PHONE 386.752.1014
ADDRESS 167 SW DEPOT WAY FT. WHITE FL 32038
CONTRACTOR WALLACE LOWRY-UNIQUE POOLS PHONE 752.1014
LOCATION OF PROPERTY 47-S TO FT. WHITE TO US 27 TO C-18,TL GO 2 BLKS TO
DEPOT WAY,2ND HOME ON L.

TYPE DEVELOPMENT SWIMMING POOL ESTIMATED COST OF CONSTRUCTION 30000.00
HEATED FLOOR AREA TOTAL AREA HEIGHT .00 STORIES
FOUNDATION WALLS ROOF PITCH FLOOR
LAND USE & ZONING FORT WHITE MAX. HEIGHT
Minimum Set Back Requirments: STREET-FRONT REAR SIDE
NO. EX.D.U. 1 FLOOD ZONE DEVELOPMENT PERMIT NO.

PARCEL ID 34-6S-16-04059-404 SUBDIVISION FT. WHITE HEIGHTS
LOT 4 BLOCK PHASE UNIT TOTAL ACRES

Culvert Permit No. Culvert Waiver Contractor's License Number CPC1456899 Applicant/Owner/Contractor
FT. WHITE X-04-0305 HD N
Driveway Connection Septic Tank Number LU & Zoning checked by Approved for Issuance New Resident

COMMENTS: NOC ON FILE
LETTER OF COMPLIANCE REC'D. FROM FT. WHITE.

Check # or Cash 1463

FOR BUILDING & ZONING DEPARTMENT ONLY

(footer/Slab)

Temporary Power date/app. by Foundation date/app. by Monolithic date/app. by
Under slab rough-in plumbing date/app. by Slab date/app. by Sheathing/Nailing date/app. by
Framing date/app. by Rough-in plumbing above slab and below wood floor date/app. by
Electrical rough-in date/app. by Heat & Air Duct date/app. by Peri. beam (Lintel) date/app. by
Permanent power date/app. by C.O. Final date/app. by Culvert date/app. by
M/H tie downs, blocking, electricity and plumbing date/app. by Pool date/app. by
Reconnection date/app. by Pump pole date/app. by Utility Pole date/app. by
M/H Pole date/app. by Travel Trailer date/app. by Re-roof date/app. by

BUILDING PERMIT FEE \$ 150.00 CERTIFICATION FEE \$.00 SURCHARGE FEE \$.00
MISC. FEES \$.00 ZONING CERT. FEE \$ FIRE FEE \$ WASTE FEE \$
FLOOD ZONE DEVELOPMENT FEE \$ CULVERT FEE \$ TOTAL FEE 150.00
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."

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 INCONVIENCE, 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 # 0411-44 Date Received 11-12-04 By JW Permit # 22602
 Application Approved by - Zoning Official BLK Date 02-26-04 Plans Examiner HO Date 12-6-04
 Flood Zone _____ Development Permit HA Zoning _____ Land Use Plan Map Category _____
 Comments NEEDS TO BE A FT WHITE ZONING COMPLIANCE

Applicants Name Unique Pools & Spa Phone (386) 752-1014
 Address PO Box 1867 Lake City, FL 32050
 Owners Name Dale & Rose Smith Phone (386) 445-3825
 911 Address 1607 SW Depot Way, Ft White FL 32038
 Contractors Name Unique Pools & Spa Phone (386) 752-1014
 Address PO Box 1867 Lake City, FL 32050
 Fee Simple Owner Name & Address _____
 Bonding Co. Name & Address _____
 Architect/Engineer Name & Address _____
 Mortgage Lenders Name & Address _____

Property ID Number 24-66-16-04059-404 Estimated Cost of Construction \$30,000
34-16-04-059
 Subdivision Name FORT WHITE HEIGHTS REPLAT Lot 4 Block _____ Unit _____ Phase _____

Driving Directions Attached on another sheet.

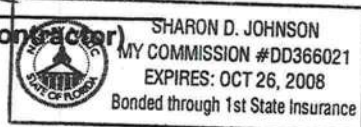
Type of Construction Pool Number of Existing Dwellings on Property 1
 Total Acreage _____ Lot Size _____ Do you need a - Culvert Permit or Culvert Waiver or Have an Existing
 Actual Distance of Structure from Property Lines - Front 200 Side 46' Side 46' Rear 100'
 Total Building Height _____ Number of 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 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.

Unique Pools & Spa
 Owner Builder or Agent (Including Contractor)



STATE OF FLORIDA
 COUNTY OF COLUMBIA

Sworn to (or affirmed) and subscribed before me
 this 5th day of November 2004.
 Personally known ✓ or Produced Identification _____

Unique Pool & Spa
 Contractor Signature
 Contractors License Number CPC 1456899
 Competency Card Number _____

NOTARY STAMP/SEAL

Sharon D. Johnson
 Notary Signature
 # 21935

CAILED 12-6-04 - LEFT MESSAGE TO CALL OUR OFFICE. JW



Customer / Job

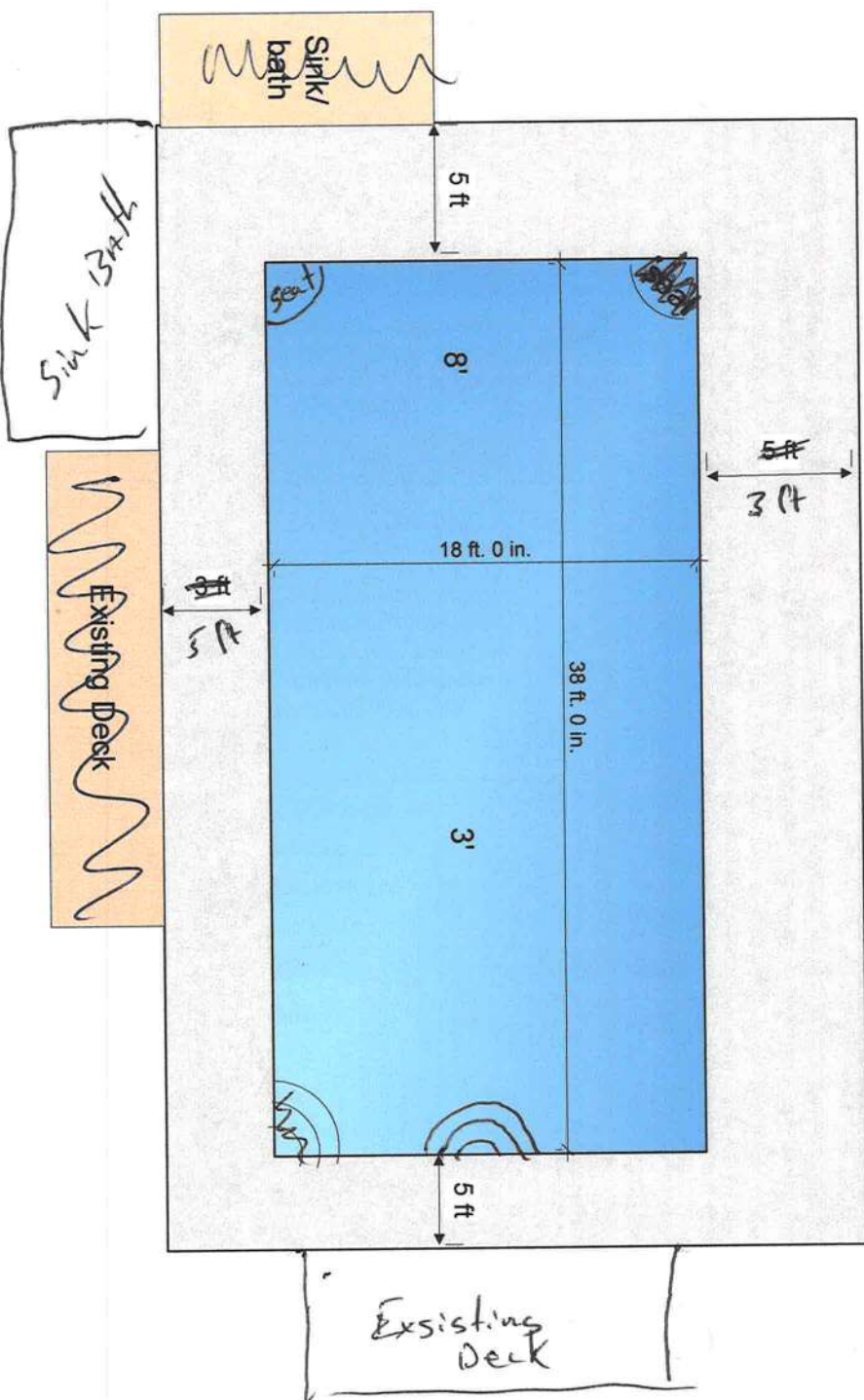
Location / Engr.

Smith Pool ~~XXXXXXXXXX~~

Date _____

PRICES VALID FOR _____ DAYS

Colaon Printing Co. 15503



**Designed for:
Dale & Rose
Smith**

FLORIDA DRIVER LICENSE
The Sunshine State

LEIGHTON DALE SMITH
37 SAN JOSE DRIVE
PALM COAST, FL 32137-0000

DATE OF BIRTH: 06-06-31 M SEX: M HEIGHT: 6-00 BA RESTRICTIONS: ENDORSEMENTS:

LICENSE ID NUMBER: S530-524-31-206-0 ISSUED: 05-10-1994 EXPIRES: 06-06-2000

CLASS: E
SAFE DRIVER

Leighton D Smith

FLORIDA DRIVER LICENSE
The Sunshine State

ROSE MARVE SMITH
37 SAN JOSE DRIVE
PALM COAST, FL 32137-0000

DATE OF BIRTH: 04-09-31 F SEX: F HEIGHT: 5-04 RESTRICTIONS: ENDORSEMENTS:

LICENSE ID NUMBER: S530-733-31-629-0 ISSUED: 03-18-1993 EXPIRES: 04-09-1999

CLASS: E
SAFE DRIVER

Rose M Smith



City of Lake City

150 NORTH ALACHUA STREET
LAKE CITY, FLORIDA 32055

TELEPHONE: (386) 752-2031
FAX: (386) 752-4896

POST OFFICE BOX 1687

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 167 SW Depot Way, and hereby affirm that one of the following methods will be used to meet the requirements of Chapter 515, Florida Statutes. (please initial the method(s) to be used for your pool)

SSS The pool will be isolated from access to the home by an enclosure that meets the pool barrier requirements of Florida Statute 515.29;

SSS 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);

SSS 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;

SSS 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.

Frank Soucinsek 11/6/04
Contractor's Signature & Date

Frank Soucinsek
Contractor's Name (please print)

Leighton D. Smith 11-6-04
Owner's Signature & Date

LEIGHTON D. SMITH
Owner's Name (please print)

After Recording return to:

Unique Pools & Spas

PO Box 1867

Lake City, FL 32056

Permit No. _____

Inst:2004025243 Date:11/12/2004 Time:08:50

DC, P. DeWitt Cason, Columbia County B:1030 P:1143

NOTICE OF COMMENCEMENT

FS 713.13

State of Florida

County of _____

THE UNDERSIGNED hereby gives notice that improvement 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.

1. Legal description of property and street address if available:

Tax Parcel
#34-06-04-059-404 - Ft. White Heights S/D Lot #4
167 SW Depot Way, Ft. White, FL 32038

General description of improvement: Installing in-ground, concrete swimming pool.

2. Owner Information: Name and address:

Dale & Rose Smith
167 SW Depot Way Ft. White, FL 32038

b. Interest in property: 100%

c. Name and address of fee simple titleholder (if other than Owner) _____

3. Contractor: Name and address: Unique Pools & Spas - PO Box 1867

Lake City, FL 32056

Phone number (386) 752-1014 Fax number (optional, if service by fax is acceptable) (386) 752-5613

4. Surety: Name and address N/A

Phone number N/A Fax number (optional, if service by fax is acceptable) _____

Amount of Bond \$ N/A

Lender: Name and address N/A

Phone number N/A Fax number (optional, if service by fax is acceptable) N/A

5. 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)(a)7., Florida Statutes: (name and address): _____

Phone numbers of designated persons _____

Fax number (optional, if service by fax is acceptable) _____

6. In addition to himself or herself, Owner designates _____ of _____ to receive a copy of the Lienor's Notice as provided in Section 713.13(1)(b), Florida Statutes.

Phone number of person or entity designated by owner _____ Fax number (optional, if service by fax is acceptable) _____

7. Expiration date of Notice of Commencement (the expiration date is one (1) year from the date of recording unless a different date is specified)

_____, _____

Signature of Dale Smith 7/26/2004
Rose M. Smith
Signature of Owner

STATE OF FLORIDA

COUNTY OF Columbia

Sworn to (or affirmed) and subscribed before me this 26th day of July 2004
by _____, who is personally known to me
as identification



To property line:

100' 200'

200

44

Diagram of a bathroom floor plan showing a sink, toilet, and shower area. The dimensions are as follows:

- Sink area: 5 ft wide, 3 ft deep.
- Toilet area: 5 ft wide, 5 ft deep.
- Shower area: 5 ft wide, 5 ft deep.

Existing Deck

Sink/
bath

Unique Pools & Spas
PO Box 1887
Lake City FL 32056

Phone: (386) 752-5218
Fax: (386) 752-5613

Designed by:
Keryn
Breedon

**Designed for:
Dale & Rose
Smith**

Property line-

12/02/2004 10:25 Legal Description Maintenance
Year T Property Sel
2005 R 34-6S-16-04059-404
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Columbia County
9000 Land 001
AG 000
Bldg 000
Xfea 000
9000 TOTAL B

SMITH LEIGHTON DALE &

1	LOT 4 FORT WHITE HEIGHTS	REPLAT. ORB 727-693, 977-119,	2
3	QCD 1003-1393, WD 1027-2308.		4
5			6
7			8
9			10
11			12
13			14
15			16
17			18
19			20
21			22
23			24
25			26
27			28

Mnt 10/20/2004 KYLIE

F1=Task F3=Exit F4=Prompt F10=GoTo PGUP/PGDN F24=MoreKeys

TOWN OF FORT WHITE
APPLICATION FOR BUILDING PERMIT

\$25.00 FEE

PERMIT #: _____

DATE: 12/13/04

Applicant's Name: Unique Pools and Spas Phone: 386-752-1014

Address: 180 NW Amenity Ct LC FL 32056

Owner's Name: Dale and Rose Smith Phone: (386) 497-3763

Address: 167 SW Depot Way, Ft White FL 32038

Contractor's Name: Unique Pools & Spas

Address: 180 NW Amenity Court Lake City, FL 32056

****Location of property: Fort white Heights

****Type of development: Swimming Pool

Land use & zoning: _____
Minimum set-back: Street-front/side 46 rear 100 side 200

Legal Description (acres): tax parcel 34-06-16-04-059-404
ft White heights, S/P lot #4

I certify that all work will be performed to meet the standards of all laws regulating construction in this jurisdiction and that all the foregoing information is accurate and all work will be done in compliance with all laws regulating construction and zoning.

CPC1456899
Contractor's License Number

12/14/04
Date

[Signature]
Applicant/Owner Contractor

Janice E. Revels EA
Approved by Janice E. Revels, Town Clerk

*****IF PROPERTY IS NOT OWNED BY APPLICANT, A STATEMENT FROM THE OWNER AUTHORIZING USE OF PROPERTY FOR THE TYPE OF DEVELOPMENT STATED ON THIS APPLICATION WILL BE REQUIRED.