

ok 2086

Columbia County New Building Permit Application

For Office Use Only Application # 1812-05 Date Received 12/3 By JS Permit # 37525
 Zoning Official LN Date 12-10 Flood Zone X Land Use A Zoning A.3
 FEMA Map # _____ Elevation _____ MFE 1' above Road River _____ Plans Examiner T.C. [initials] Date 12-10-15
 Comments SFLP 1831

NOC EH Deed or PA Site Plan State Road Info Well letter 911 Sheet Parent Parcel # _____
 Dev Permit # _____ In Floodway Letter of Auth. from Contractor F W Comp. letter
 Owner Builder Disclosure Statement Land Owner Affidavit Ellisville Water App Fee Paid Sub VF Form

Septic Permit No. 18-0835 OR City Water Fax 386-867-8053

Applicant (Who will sign/pickup the permit) Dale Burd Phone 386-365-7674

Address 20619 CR 137, Lake City, FL, 32024

Owners Name Devon & Jessica Sheppard Phone 352-318-2726

911 Address 596 SW Clifford Drive, Fort White, FL, 32038

Contractors Name Christopher Scott Collins Phone 386-758-9538

Address 406 Old Mills Road, Lake City, FL, 32055

Contractor Email Daleburd@gmail.com (POC) ***Include to get updates on this job.

Fee Simple Owner Name & Address Devon Sheppard & Jessica Moyer 596 SW Clifford Dr, Fort White, FL, 32038

Bonding Co. Name & Address na

Architect/Engineer Name & Address William Roberts (PH Homes) 605 S Frontage Rd, Plant City, 33566

Mortgage Lenders Name & Address First Federal Bank, 4705 W US Highway 90 Lake City, FL 32055

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

Property ID Number 24-6S-16-03934-127 Estimated Construction Cost \$149,000.00

Subdivision Name Cumorah Hills Unrec Lot 7 Block NA Unit NA Phase NA

Driving Directions from a Major Road 441 South, TR SW Tustenuggee, TR SW Cumorah Hills St, TL Clifford Dr, to corner on right

Construction of New DW on frame Modular Commercial OR Residential

Proposed Use/Occupancy Residential Number of Existing Dwellings on Property 1

Is the Building Fire Sprinkled? No If Yes, blueprints included na 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 208 Side 65 Side 95 Rear 133

Number of Stories 1 Heated Floor Area 2280 Total Floor Area 2280 Acreage 2

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.

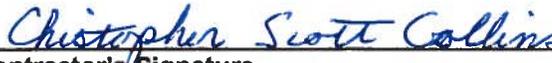
OWNERS CERTIFICATION: I CERTIFY THAT ALL THE FOREGOING INFORMATION IS ACCURATE AND THAT ALL WORK WILL BE DONE IN COMPLIANCE WITH ALL APPLICABLE LAWS REGULATING CONSTRUCTION AND ZONING.

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.

Devon Sheppard & Jessica Moyer  ****Property owners must sign here before any permit will be issued.**
Print Owners Name Owners Signature

****If this is an Owner Builder Permit Application then, ONLY the owner can sign the building permit when it is issued.**

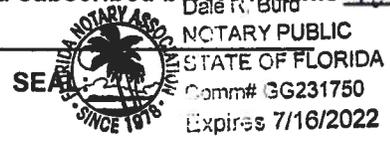
CONTRACTORS AFFIDAVIT: By my signature I understand and agree that I have informed and provided this written statement to the owner of all the above written responsibilities in Columbia County for obtaining this Building Permit including all application and permit time limitations.


Contractor's Signature

Contractor's License Number CBC1252863
Columbia County
Competency Card Number 1043

Affirmed under penalty of perjury to by the Contractor and subscribed before me this 20 day of Nov 2018.

Personally known or Produced Identification



State of Florida Notary Signature (For the Contractor)

Columbia County Property Appraiser

Jeff Hampton

2017 Tax Roll Year

updated: 4/24/2018

Parcel: << **24-6S-16-03934-127** >>

Aerial Viewer Pictometry Google Maps

Owner & Property Info

Result: 3 of 3

Owner	SHEPPARD DEVON & JESSICA MOYER (JTWRS) 596 SW CLIFFORD DR FORT WHITE, FL 32038		
Site	596 CLIFFORD DR, FORT WHITE		
Description*	COMM SE COR OF SEC, W 730.43 FT, N08 DEG E 60.86 FT FOR POB W 348.99 FT, N 236.17 FT, E 389.13 FT, S08 DEG W 239.53 FT TO POB (AKA PART OF LOT 7 CUMORAH HILLS S/D UNR). QC 1341-244		
Area	2 AC	S/T/R	24-6S-16E
Use Code**	MOBILE HOM (000200)	Tax District	3

*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

2017 Certified Values		2018 Working Values	
Mkt Land (2)	\$7,748	Mkt Land (2)	\$8,148
Ag Land (0)	\$0	Ag Land (0)	\$0
Building (1)	\$6,157	Building (1)	\$6,640
XFOB (0)	\$0	XFOB (0)	\$0
Just	\$13,905	Just	\$14,788
Class	\$0	Class	\$0
Appraised	\$13,905	Appraised	\$14,788
SOH Cap [?]	\$0	SOH Cap [?]	\$0
Assessed	\$13,905	Assessed	\$14,788
Exempt	\$0	Exempt	HX H3 \$14,788
Total Taxable	county:\$13,905 city:\$13,905 other:\$13,905 school:\$13,905	Total Taxable	county:\$0 city:\$0 other:\$0 school:\$0

Sales History

Sale Date	Sale Price	Book/Page	Deed	V/I	Quality (Codes)	RCode
6/20/2017	\$100	1341/0244	QC	I	U	11

Building Characteristics

Bldg Sketch	Bldg Item	Bldg Desc*	Year Blt	Base SF	Actual SF	Bldg Value
Sketch	1	MH/NOTITLE (000801)	1985	934	1222	\$6,640

*Bldg Desc determinations are used by the Property Appraisers office solely for the purpose of determining a property's Just Value for ad valorem tax purposes and should not be used for any other purpose.

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
000200	MBL HM (MKT)	1.000 LT - (2.000 AC)	1.00/1.00 0.40/1.00	\$7,398	\$7,398

When recorded, mail to:

Name: Jessica Moyer Devon Sheppard
Address: 596 SW Clifford dr.
City/State/Zip Code: Fort White FL 32038

Inst: 201712013678 Date: 07/21/2017 Time: 8:37AM
Page 1 of 2 B: 1341 P: 244 P.DeWitt Cason, Clerk of Court
Columbia, County, By: BD
Deputy Clerk/Doc Stamp-Deed: 0.70

SPACE ABOVE THIS LINE FOR RECORDER'S USE

QUITCLAIM DEED

KNOW ALL MEN BY THESE PRESENTS:

That I(we), Elven Sheppard and Lisa Sheppard, his wife

the undersigned releasor(s), for the consideration of Ten Dollars (\$10.00), and other valuable considerations, by these presents, do hereby release, remise and forever quitclaim unto Devon Sheppard and Jessica Moyer, joint tenants with right of survivorship all rights, title and interest in that certain real property situated in the County of Columbia, State of Florida, and legally described as follows:

COMMENCE AT THE SE CORNER OF SECTION 24, TOWNSHIP 6 SOUTH, RANGE 16 EAST, COLUMBIA COUNTY, FLORIDA AND RUN S.89°10'04"W., 730.43 FEET; THENCE N.08°48'47"E., 60.86 FEET TO THE POINT OF BEGINNING; THENCE S.89°10'04"W., 348.99 FEET; THENCE N.00°49'56"W., 236.17 FEET; THENCE N.89°10'16"E., 389.13 FEET; THENCE S.08°48'47"W., 239.53 FEET TO THE POINT OF BEGINNING. CONTAINING 2.00 ACRES, MORE OR LESS.

IN WITNESS WHEREOF, I(we) have hereunto set my(our) hand(s) and seal(s) this 20th day of June, 2017.

Elven Sheppard
Printed Name of Releasor

Elven Sheppard
Signature of Releasor

Lisa Sheppard
Printed Name of Co-Releasor

Lisa Sheppard
Signature of Co-Releasor

Jennifer Bonfiglio
Signature of Witness No. 1

Donald Stugart
Signature of Witness No. 2

Jennifer Bonfiglio
Printed Name of Witness No. 1

DONALD STUGART
Printed Name of Witness No. 2

1468 SW Main Blvd Suite 105
Address

1468 SW MAIN BLVD Ste 105
Address

Lake City FL 32025
City/State/Zip Code

Lake City FL 32025
City/State/Zip Code

Acknowledgment

State of Florida)
County of Columbia) ss.

The foregoing instrument was acknowledged before me, the undersigned Notary Public, this 20th day of June, 2017, by Elven Sheppard and Lisa Sheppard, known to me to be the individual(s) who executed the foregoing instrument and acknowledged the same to be his(her)(their) free act and deed.

My Commission Expires: 08-03-2017

Angela Cox
Notary Public Angela Cox

If acknowledged in the State of Florida, complete the section below:
(check one) [] Personally Known. [X] Produced Identification.
Type of Identification produced: Elven Sheppard
FL Driver License exp: 10-28-2018
Lisa Sheppard FL Driver License
exp: 07-07-2018



SUBCONTRACTOR VERIFICATION

APPLICATION/PERMIT # 1812-05 JOB NAME Sheppard

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 site. It is **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 checked="" type="checkbox"/>	Print Name <u>Glenn Whittington</u> Signature:  Company Name: <u>Whittington Electric</u> CC# <u>1074</u> License #: <u>EC 13002957</u> Phone #: <u>386-972-1700</u>	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
MECHANICAL/A/C <input checked="" type="checkbox"/>	Print Name <u>Michael Boland</u> Signature:  Company Name: <u>Ace A/C of Ocala</u> CC# <u>950</u> License #: <u>CAC 1817716</u> Phone #: <u>352-274-9326</u>	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
PLUMBING/GAS <input checked="" type="checkbox"/>	Print Name <u>Melvin Lopez</u> Signature: _____ Company Name: <u>Advanced Electric and Security</u> CC# _____ License #: <u>CFC 1428953</u> Phone #: <u>352-414-7599</u>	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
ROOFING <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ CC# _____ License #: _____ Phone #: _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <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"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
FIRE SYSTEM/SPRINKLER <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ CC# _____ License #: _____ Phone #: _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
SOLAR <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ CC# _____ License #: _____ Phone #: _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
STATE SPECIALTY <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ CC# _____ License #: _____ Phone #: _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE

SUBCONTRACTOR VERIFICATION

APPLICATION/PERMIT #

1812-05

JOB NAME Sheppard

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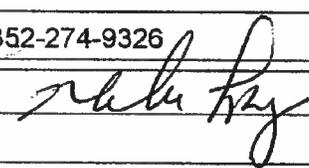
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ELECTRICAL	Print Name <u>Glenn Whittington</u> Signature _____	Need
<input checked="" type="checkbox"/>	Company Name: <u>Whittington Electric</u>	<input type="checkbox"/> Lic
CC# _____	License #: <u>EC 13002957</u> Phone #: <u>386-972-1700</u>	<input type="checkbox"/> Liab
		<input type="checkbox"/> W/C
		<input type="checkbox"/> EX
		<input type="checkbox"/> DE
MECHANICAL/ A/C	Print Name <u>Michael Boland</u> Signature _____	Need
<input checked="" type="checkbox"/>	Company Name: <u>Ace A/C of Ocala</u>	<input type="checkbox"/> Lic
CC# _____	License #: <u>CAC 1817716</u> Phone #: <u>352-274-9326</u>	<input type="checkbox"/> Liab
		<input type="checkbox"/> W/C
		<input type="checkbox"/> EX
		<input type="checkbox"/> DE
PLUMBING/ GAS	Print Name <u>Melvin Lopez</u> Signature 	Need
<input checked="" type="checkbox"/>	Company Name: <u>Advanced Electric and Security</u>	<input type="checkbox"/> Lic
CC# <u>1528</u>	License #: <u>CFC 1428953</u> Phone #: <u>352-414-7599</u>	<input type="checkbox"/> Liab
		<input type="checkbox"/> W/C
		<input type="checkbox"/> EX
		<input type="checkbox"/> DE
ROOFING	Print Name _____ Signature _____	Need
<input type="checkbox"/>	Company Name: _____	<input type="checkbox"/> Lic
CC# _____	License #: _____ Phone #: _____	<input type="checkbox"/> Liab
		<input type="checkbox"/> W/C
		<input type="checkbox"/> EX
		<input type="checkbox"/> DE
SHEET METAL	Print Name _____ Signature _____	Need
<input type="checkbox"/>	Company Name: _____	<input type="checkbox"/> Lic
CC# _____	License #: _____ Phone #: _____	<input type="checkbox"/> Liab
		<input type="checkbox"/> W/C
		<input type="checkbox"/> EX
		<input type="checkbox"/> DE
FIRE SYSTEM/ SPRINKLER	Print Name _____ Signature _____	Need
<input type="checkbox"/>	Company Name: _____	<input type="checkbox"/> Lic
CC# _____	License #: _____ Phone #: _____	<input type="checkbox"/> Liab
		<input type="checkbox"/> W/C
		<input type="checkbox"/> EX
		<input type="checkbox"/> DE
SOLAR	Print Name _____ Signature _____	Need
<input type="checkbox"/>	Company Name: _____	<input type="checkbox"/> Lic
CC# _____	License #: _____ Phone #: _____	<input type="checkbox"/> Liab
		<input type="checkbox"/> W/C
		<input type="checkbox"/> EX
		<input type="checkbox"/> DE
STATE SPECIALTY	Print Name _____ Signature _____	Need
<input type="checkbox"/>	Company Name: _____	<input type="checkbox"/> Lic
CC# _____	License #: _____ Phone #: _____	<input type="checkbox"/> Liab
		<input type="checkbox"/> W/C
		<input type="checkbox"/> EX
		<input type="checkbox"/> DE



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

LICENSED QUALIFIER AUTHORIZATION

I, Michael A Boland (license holder name), licensed qualifier for ACE A/C of Ocala, 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 and sign permits; call for inspections and sign subcontractor verification forms on my behalf.

Printed Name of Person Authorized	Signature of Authorized Person
1. Dale Bird	1. <i>[Signature]</i>
2. Kelly Bishop	2. <i>[Signature]</i>
3. Rocky Ford	3. <i>[Signature]</i>
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.

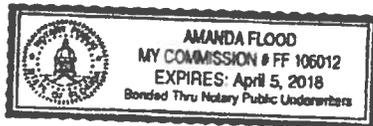
Michael A Boland
 Licensed Qualifiers Signature (Notarized) License Number CA1817716 Date 11/17/15

NOTARY INFORMATION:
 STATE OF: Florida COUNTY OF: Marion

The above license holder, whose name is Michael A. Boland personally appeared before me and is known by me or has produced identification (type of I.D.) TM on this 17th day of November 20 15

Amanda Flood
 NOTARY'S SIGNATURE

(Seal/Stamp)





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

LICENSED QUALIFIER AUTHORIZATION

I, Glen Whittington (license holder name), licensed qualifier for Whittington Electric Inc (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 and sign permits; call for inspections and sign subcontractor verification forms on my behalf.

Printed Name of Person Authorized	Signature of Authorized Person
1. <u>DARRIN</u>	1. <u>[Signature]</u>
2. <u>Rocky Ford</u>	2. <u>[Signature]</u>
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.

Glen Whittington License Number EL13002957 Date 3/7/16
 Licensed Qualifiers Signature (Notarized)

NOTARY INFORMATION:

STATE OF: FL COUNTY OF: Columbia

The above license holder, whose name is Glen Whittington, personally appeared before me and is known by me or has produced identification (type of I.D.) FL DL on this 7 day of MARCH, 2016.

Kelly R Bishop
 NOTARY'S SIGNATURE





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 Scott Collins (license holder name), licensed qualifier
 for Christopher Scott Collins (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. <u>Jim Ford</u>	1. <u>[Signature]</u>
2. <u>Kristy Ford</u>	2. <u>[Signature]</u>
3. <u>Justin Ford</u>	3. <u>Justin Ford</u>
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.

Christopher Scott Collins License Holders Signature (Notarized) CB1252865 License Number 12/12/16 Date

NOTARY INFORMATION:
 STATE OF: Florida COUNTY OF: Columbia

The above license holder, whose name is Christopher Scott Collins, personally appeared before me and is known by me or has produced identification (type of I.D.) _____ on this 12 day of Dec, 2016.

Kelly R Bishop
 NOTARY'S SIGNATURE



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

Permit Application Number 18-0825

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

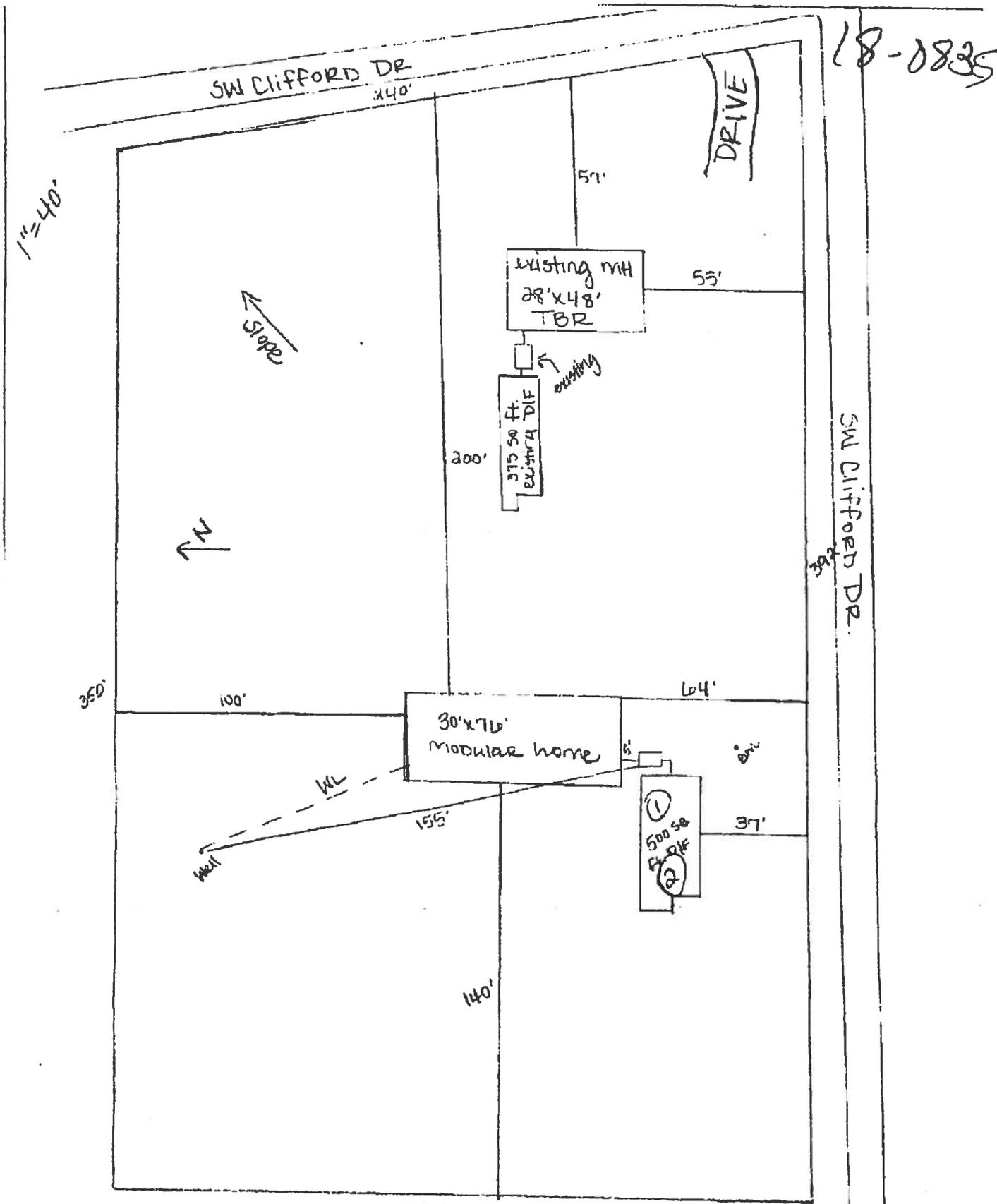
Scale: 1 inch = 40 feet.

See attached

Notes: _____

Site Plan submitted by: Rody DFD MASTER CONTRACTOR
Plan Approved Not Approved _____ Date OCT 06 2018
By Salli Ford Env Health Director. Columbia County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT



Sheppard
 Rudy D 7
 OCT 06 2018



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

PERMIT NO. 18-18835
 DATE PAID: 10/9/18
 FEE PAID: 310.00
 RECEIPT #: 1368065

APPLICATION FOR:

New System Existing System Holding Tank Innovative
 Repair Abandonment Temporary _____

APPLICANT: Devon Sheppard

AGENT: ROCKY FORD, A & B CONSTRUCTION TELEPHONE: 386-497-2311

MAILING ADDRESS: 546 SW Dortch Street, FT. WHITE, FL, 32038

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: NA SUB: Cumorah Hills (unrec) PLATTED: _____

PROPERTY ID #: 24-6S-16-03934-127 ZONING: _____ I/M OR EQUIVALENT: [Y / N]

PROPERTY SIZE: 2 ACRES WATER SUPPLY: PRIVATE PUBLIC [] <=2000GPD [] >2000GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? [Y / N] DISTANCE TO SEWER: N/A FT

PROPERTY ADDRESS: 596 Clifford Dr Fort White FL

DIRECTIONS TO PROPERTY: 47 South Left on 27 Left on CR 18 Left on Tustenuggee Ave
 Left on SW Cumorah Hills St Left on SW Clofford Dr 5th lot on Right

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	SF Residential	4	2280	<u>Held for complete site plan, rec'd 10.17.18</u>
2				
3				

[] Floor/Equipment Drains [] Other (Specify) _____

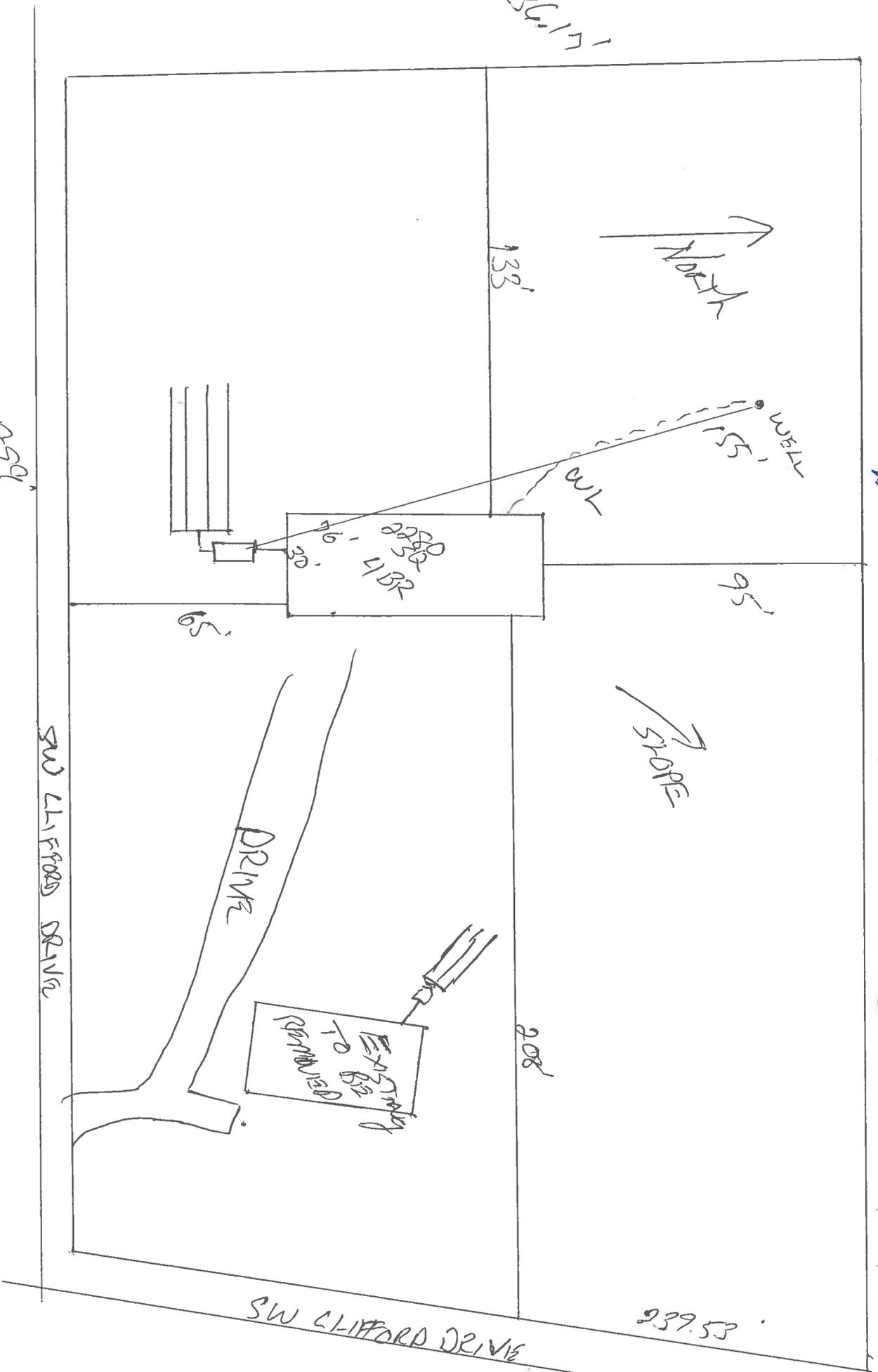
SIGNATURE: Rocky Ford DATE: 10/2/2018

Shippard

389.13'

11/30/18

236.17'



North

WELL

155'

CUL

133'

95'

SLOPE

208'

EXISTING TO BE REMOVED

DRIVE

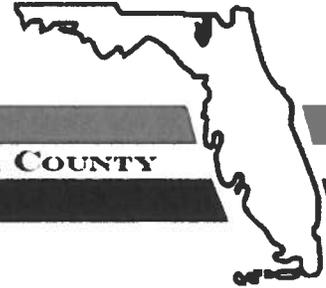
NW CLIFFORD DRIVE

SW CLIFFORD DRIVE

239.53'

348.99'

District No. 1 - Ronald Williams
District No. 2 - Rusty DePratter
District No. 3 - Bucky Nash
District No. 4 - Everett Phillips
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: **10/24/2018 10:32:05 AM**
Address: **596 SW CLIFFORD Dr**
City: **FORT WHITE**
State: **FL**
Zip Code **32038**

Parcel ID **03934-127**

REMARKS: Address Verification.

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

NOTICE OF COMMENCEMENT

Tax Parcel Identification Number: 24-6S-16-03934-127

Clerk's Office Stamp
Inst: 201812024581 Date: 12/03/2018 Time: 4:30PM
Page 1 of 1 B: 1373 P: 1611, 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): Part of Lot 7 Cumorah Hills S/D Unr
a) Street (job) Address: 596 SW Clifford Drive, Fort White, FL, 32038
2. General description of improvements: Replacement Home / New Off Frame Modular Installation
3. Owner Information or Lessee Information if the Lessee contracted for the improvements:
a) Name and address: Devon & Jessica Sheppard 596 SW Clifford Drive, Fort White, FL, 32038
b) Name and address of fee simple titleholder (if other than owner): Same
c) Interest in property: Fee simple title holders
4. Contractor Information
a) Name and address: Christopher Scott Collins 406 Old Mills Road, Lake City, FL 32055
b) Telephone No.: 386-758-9538
5. Surety Information (if applicable, a copy of the payment bond is attached):
a) Name and address: NA
b) Amount of Bond:
c) Telephone No.:
6. Lender
a) Name and address: First Federal Savings Bank of Florida 4705 W US 90, Lake City, FL, 32055
b) Phone No.: 386-755-0600
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: NA
b) Telephone No.:
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: NA 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):

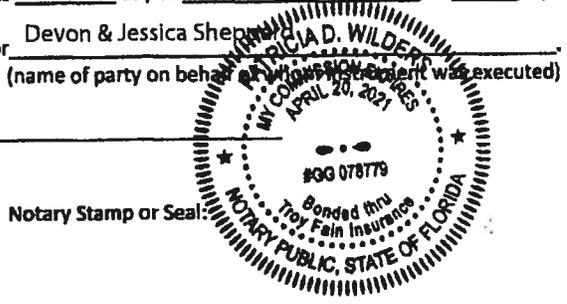
WARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713.13, FLORIDA STATUTES, AND CAN RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY; A NOTICE OF COMMENCEMENT MUST BE RECORDED 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 Lessee, or Owner's or Lessee's Authorized Office/Director/Partner/Manager
Dale Burd / Agent
Printed Name and Signatory's Title/Office

The foregoing instrument was acknowledged before me, a Florida Notary, this 30 day of November, 2018, by:
Dale Burd as Agent for Devon & Jessica Sheppard
(Name of Person) (Type of Authority) (name of party on behalf of whom instrument was executed)

Personally Known X OR Produced Identification Type NA
Notary Signature [Signature]





COLUMBIA COUNTY BOARD OF COUNTY COMMISSIONERS AGENDA ITEM REQUEST FORM

The Board of County Commissioners meets the 1st and 3rd Thursday of each month at 5:30 p.m. in the Columbia County School Board Administrative Complex Auditorium, 372 West Duval Street, Lake City, Florida 32055. All agenda items are due in the Board's office one week prior to the meeting date.

Today's Date: October 25, 2018

Meeting Date: November 1, 2018

Name: Laura Nettles

Department: Building And Zoning

Division Manager's Signature: _____

1. Nature and purpose of agenda item:

Special Family Lot Permit #1831 submitted by Elvin Sheppard, owner of 5.2 acres to deed 2 acres to Devon Sheppard, son

2. Recommended Motion/Action:

Motion to Approve Special Family Lot Permit #1831

3. Fiscal impact on current budget.

This item has no effect on the current budget.

THIS ITEM WAS APPROVED WITHOUT EXCEPTION BY THE BOARD OF
COUNTY COMMISSIONERS ON
11/1/2018