

DATE 01/10/2007

**Columbia County Building Permit****PERMIT**

This Permit Expires One Year From the Date of Issue

000025390

APPLICANT THOMAS SOLBERG PHONE 352.472.8484  
 ADDRESS 18308 SW 15TH AVENUE NEWBERRY FL 32669  
 OWNER W. LYN & LYNNETTE BURKS PHONE 386.454.1804  
 ADDRESS 367 SW BLUEBIRD COURT FT. WHITE FL 32038  
 CONTRACTOR THOMAS SOLBERG PHONE 352.472.848  
 LOCATION OF PROPERTY 47S, TL O 27, TL O 138, TL ON WOODLAND, TR ON FOX  
SQUIRREL PL, 1ST LOT ON LEFT.  
 TYPE DEVELOPMENT SWIMMING POOL ESTIMATED COST OF CONSTRUCTION 25000.00  
 HEATED FLOOR AREA \_\_\_\_\_ TOTAL AREA \_\_\_\_\_ HEIGHT \_\_\_\_\_ STORIES \_\_\_\_\_  
 FOUNDATION \_\_\_\_\_ WALLS \_\_\_\_\_ ROOF PITCH \_\_\_\_\_ FLOOR \_\_\_\_\_  
 LAND USE & ZONING A-3 MAX. HEIGHT \_\_\_\_\_  
 Minimum Set Back Requirements: STREET-FRONT 30.00 REAR 25.00 SIDE 25.00  
 NO. EX.D.U. 1 FLOOD ZONE \_\_\_\_\_ DEVELOPMENT PERMIT NO. \_\_\_\_\_

PARCEL ID 31-7S-17-10070-117 SUBDIVISION BLUEBIRD LANDING  
 LOT 17 BLOCK \_\_\_\_\_ PHASE \_\_\_\_\_ UNIT \_\_\_\_\_ TOTAL ACRES \_\_\_\_\_

CPC1456716  
 Culvert Permit No. \_\_\_\_\_ Culvert Waiver \_\_\_\_\_ Contractor's License Number \_\_\_\_\_  
 EXISTING \_\_\_\_\_ X-07-004 \_\_\_\_\_ BLK \_\_\_\_\_ JTH \_\_\_\_\_ N \_\_\_\_\_  
 Driveway Connection \_\_\_\_\_ Septic Tank Number \_\_\_\_\_ LU & Zoning checked by \_\_\_\_\_ Approved for Issuance \_\_\_\_\_ New Resident \_\_\_\_\_

COMMENTS: NOC ON FILE. PLEASE GIVE GATE COMBO @ THE TIME OF EACH INSPECTION.

Check # or Cash 1117

**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 \$ 125.00 CERTIFICATION FEE \$ 0.00 SURCHARGE FEE \$ 0.00  
 MISC. FEES \$ 0.00 ZONING CERT. FEE \$ 50.00 FIRE FEE \$ 0.00 WASTE FEE \$ \_\_\_\_\_  
 FLOOD DEVELOPMENT FEE \$ \_\_\_\_\_ FLOOD ZONE FEE \$ \_\_\_\_\_ CULVERT FEE \$ \_\_\_\_\_ **TOTAL FEE** 175.00  
 INSPECTORS OFFICE L. H CLERKS OFFICE CH

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 INCONVENIENCE. 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 # 0701.02 Date Received 1-2-07 By G Permit # 25390  
 Application Approved by - Zoning Official BLK Date 05.01.07 Plans Examiner OK JTH Date 1-2-07  
 Flood Zone N/A Development Permit N/A Zoning A-3 Land Use Plan Map Category A-3  
 Comments \_\_\_\_\_

☒ NOC ☒ EH ☐ Deed or PA ☒ Site Plan ☐ State Road Info ☐ Parent Parcel # ☐ Development Permit

Fax 352-472-4525

Name Authorized Person Signing Permit Thomas Seiberg Phone 352-472-8484

Address \_\_\_\_\_

Owners Name Lyn & Lynnette Bunks Phone 386-454-1804

911 Address 367 SW Bluebird Court, Fort White, FL 32038

Contractors Name Paradise Pool Company of Gainesville Phone 352-472-8484

Address 18308 SW 15th Ave, Newberry, FL 32669

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

Bonding Co. Name & Address \_\_\_\_\_

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

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

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

Property ID Number 31-75-17-10070-117 Estimated Cost of Construction 25,000

Subdivision Name Bluebird Landing Lot 17 Block \_\_\_\_\_ Unit \_\_\_\_\_ Phase \_\_\_\_\_

Driving Directions From High Springs - Take US Hwy 27N to SW Mapleton St.

Turn left go to Woodland Ave Turn Left - Enter Bluebird landing

Gate Code (Key Button 014208) go to SW Fox Squirrel Place take Right go to

Bluebird Court take left Type of Construction Swimming 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 Drive

Actual Distance of Structure from Property Lines - Front \_\_\_\_\_ Side 181' +/- Side \_\_\_\_\_ Rear 140' +/-

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 of 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.

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Owner Builder or Authorized Person by Notarized Letter \_\_\_\_\_

STATE OF FLORIDA  
COUNTY OF COLUMBIA

Sworn to (or affirmed) and subscribed before me

this 2nd day of January 20 07.

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

24428

-1.1 ADVISED - 1.1.2007



Contractor Signature \_\_\_\_\_

Contractors License Number CPC1456714

Competency Card Number \_\_\_\_\_

NOTARY STAMP/SEAL

Notary Signature Gale Tedder

Notary Signature

(Revised Sept. 2006)

**NOTICE OF COMMENCEMENT**

PERMIT NUMBER: \_\_\_\_\_

STATE OF FLORIDA COUNTY OF: Columbia CITY OF: Fort White

THE UNDERSIGNED HEREBY gives notice that improvement(s) 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.

**DESCRIPTION OF PROPERTY**LOT: 17 BLOCK: 7 SECTION: 31 TOWNSHIP: 7 RANGE: 17ETAX PARCEL NUMBER: 31-75-17-10070-117SUBDIVISION: Bluebird Landing PLATBOOK: \_\_\_\_\_ MAP PAGE: \_\_\_\_\_STREET ADDRESS: 367 SW Bluebird Ct, Ft White, FL 32038**GENERAL DESCRIPTION OF IMPROVEMENTS**TO CONSTRUCT: Swimming Pool**OWNER INFORMATION**OWNER NAME: Lyn i Lynnette BurksADDRESS: 367 SW Bluebird CtPHONE NUMBER: 386.454.1804CITY: Ft WhiteSTATE: FLZIP CODE: 32038

INTEREST IN PROPERTY: \_\_\_\_\_

FEE SIMPLE TITLEHOLDER NAME: \_\_\_\_\_

FEE SIMPLE TITLEHOLDER ADDRESS: \_\_\_\_\_

(If other than owner)

CONTRACTOR NAME: Paradise Pool Company of GainesvilleADDRESS: 18308 SW 15<sup>th</sup> Avenue PHONE NUMBER: 352-472-8484CITY: Newberry STATE: FLORIDA ZIP CODE: 32669

BONDING COMPANY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ Inst: 2007000041 Date: 01/02/2007 Time: 12:59

CITY: \_\_\_\_\_ STATE: FL DC, P. DeWitt Cason, Columbia County B: 1106 P: 1599

LENDER NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

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:

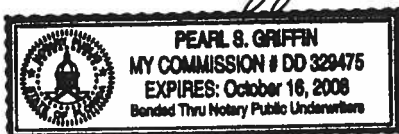
NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

In addition to himself, Owner designates \_\_\_\_\_

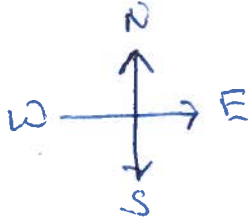
of \_\_\_\_\_ to receive a copy of Lienor's Notice as provided in Section 713.13(1)(b), Florida Statutes. Expiration date is one (1) year from date of recording unless a different date is specified.

SIGNATURE OF OWNER: [Signature]SWORN to and subscribed before me this 2 day of January, A.D. 2007.Notary Public: [Signature]

My commission expires: \_\_\_\_\_



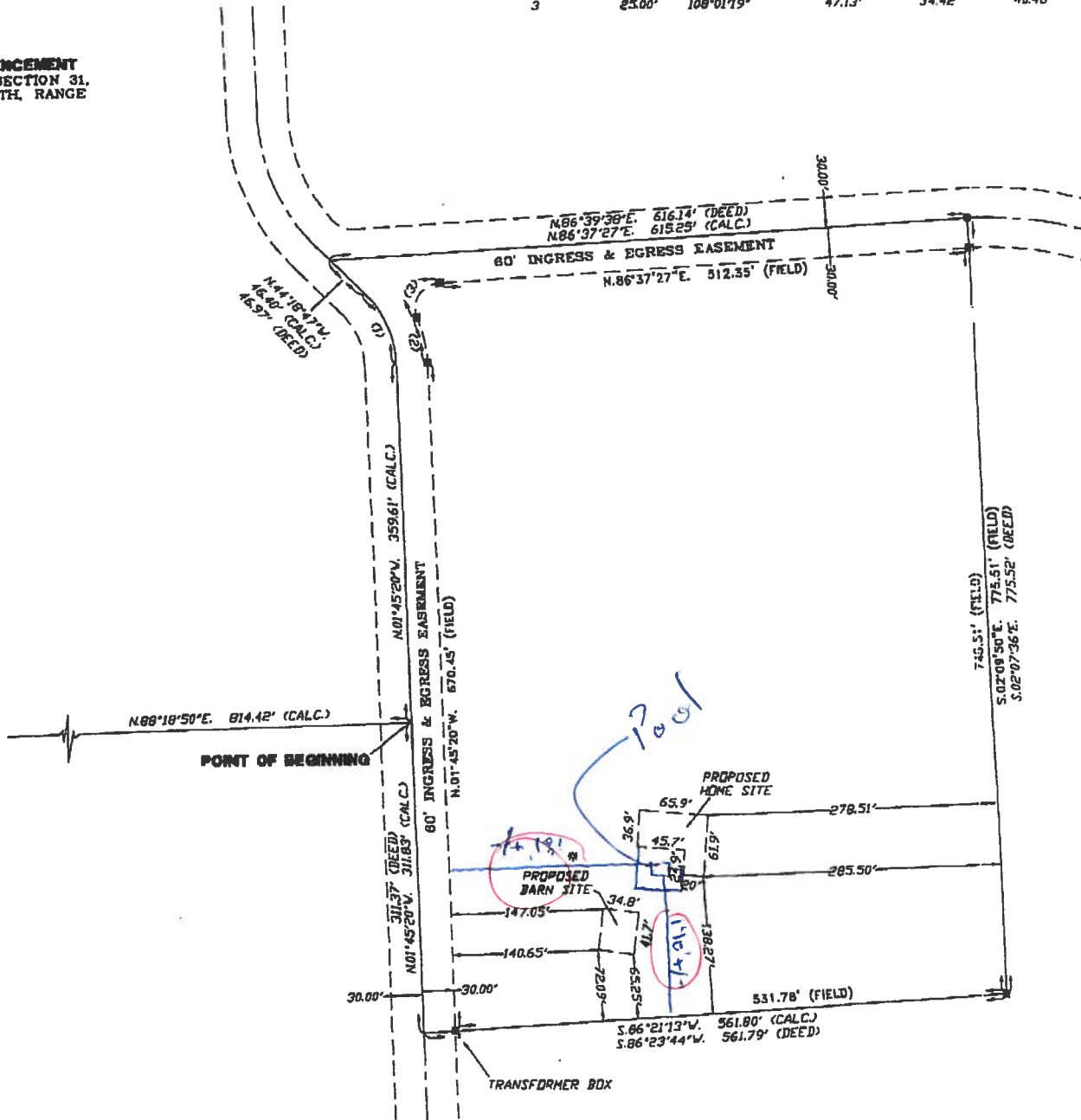
# A BOUNDARY SURVEY SECTION 31, TOWNSHIP 7 SOUTH COLUMBIA COUNTY

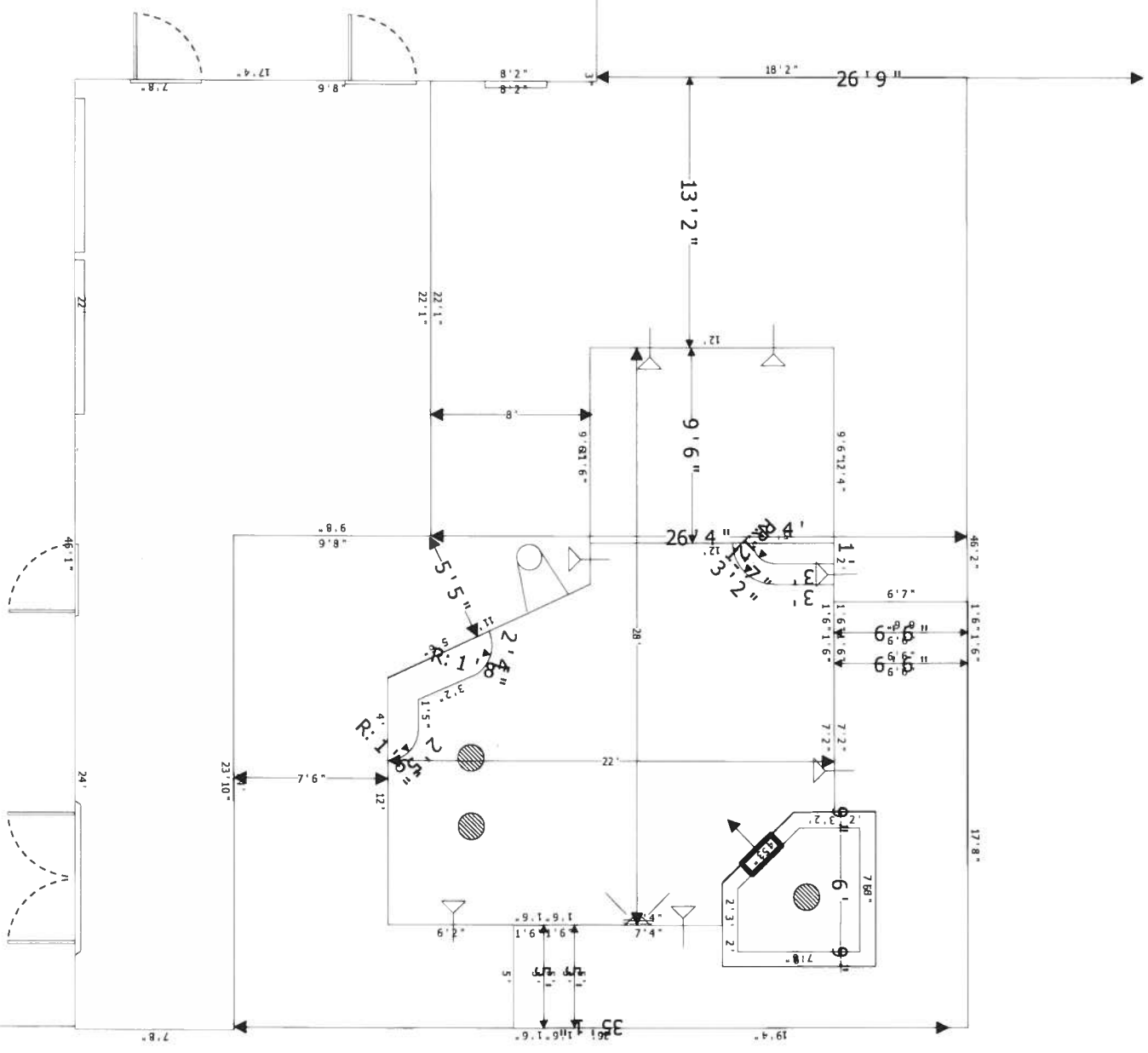


CURVE TABLE

NO.	RADIUS	DELTA	ARC	TANGENT	CHORD
1	105.00'	42°33'27"	77.99'	40.89'	76.21'
2	135.00'	19°24'42"	45.74'	23.09'	45.52'
3	25.00'	108°01'19"	47.13'	34.42'	40.46'

INCIDENT  
SECTION 31,  
T14, RANGE





Scale: 1/8 in. per ft.



STATE OF FLORIDA

AC# 2716783

DEPARTMENT OF BUSINESS AND  
PROFESSIONAL REGULATION

CPC1456716

08/15/06 050854772

CERT RESIDENTIAL POOL/SPA CONTR  
SOLBERG, THOMAS DAVID  
PARADISE POOL COMPANY OF GAINESVI

IS CERTIFIED under the provisions of Ch.489 FS.

Expiration date: AUG 31, 2008

L06081501378

PERMIT NUMBER \_\_\_\_\_

## Residential Swimming Pool, Spa and Hot Tub Safety Act Requirement

I, Thomas Solberg, License # CPC 1456716  
hereby affirm that one of the following methods will be used to meet the requirements of  
Chapter 515, Florida Statutes.

☒

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

☐

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);

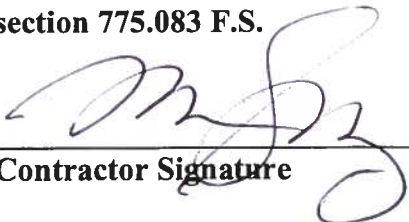
☒


All door 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;

☐

All doors providing direct access from the home to the pool will be equipped with a self-closing, self-latching device with a release mechanism 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 will constitute a violation of Chapter 515 F.S., and will be considered as committing a misdemeanor of the second degree, punishable as provided in section 775.082 or section 775.083 F.S.**

  
Contractor Signature

  
Owner's Signature  
Lynnette G Burks  
Owner's Name (Please Print)