

CODES: 2020 Florida Building Code 7th Edition and the 2017 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.

Joanne E. Diz

DIZ.JOANNE.E.1397838 Digitally signed by
DIZ JOANNE E.1397838826
Date: 2022.12.16 11:42:49 -05'00'

****Property owners must sign here before any permit will be issued.**

Printed Owners NameOwners Signature

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 CGC1519789
Columbia County
Competency Card Number _____

Affirmed and subscribed before me the Contractor by means of X physical presence or _____ online notarization, this 1st day of Jan 20 23, who was personally known X or produced ID _____

State of Florida Notary Signature (For the Contractor)

SEAL:





DEPARTMENT OF THE ARMY AND THE AIR FORCE
FLORIDA NATIONAL GUARD
OFFICE OF THE ADJUTANT GENERAL
ST. FRANCIS BARRACKS, P.O. BOX 1008
ST. AUGUSTINE FL 32085-1008

NGFL-FMO-DR

19 October 2022

MEMORANDUM FOR Whom It May Concern

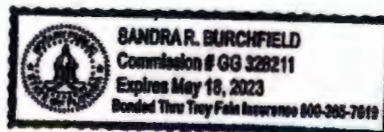
SUBJECT: Designate Signature Authority for USP&FO for Real Property

As the appointed Assistant of USP&FO for Real Property, I hereby designate and authorize Joanne E. Diz, Deputy Construction & Facility Management Officer, Florida Department of Military Affairs to act on my behalf, and on behalf of the Florida National Guard, as the signature authority in processing permit requirements of the agency for construction, renovation, maintenance, and environmental permitting with respect to Real Property improvements within the Florida National Guard Real Property inventory.

RYAN A. LEONARD
LTC, EN, FLARNG
Construction & Facility Management Officer

STATE OF FLORIDA
COUNTY OF ST. JAMES

The foregoing instrument was acknowledged before me this 19th day of OCT 2022, by Ryan A. Leonard, personally known to me.

Signature of Notary Public-State of Florida



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, Breck A. Weingart (license holder name), licensed qualifier
for Charles Perry Partners, 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
permits, call for inspections and sign on my behalf.

Printed Name of Person Authorized	Signature of Authorized Person
1. Nolan Davis	1.
2.	2.
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.

License Holders Signature (Notarized)

CGC1519789 1-11-23
License Number Date

NOTARY INFORMATION:

STATE OF: Florida COUNTY OF: Alachua

The above license holder, whose name is Breck A. Weingart
personally appeared before me and is known by me or has produced identification
(type of I.D.) _____ on this 11 day of Jan, 2023.

NOTARY'S SIGNATURE





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

1/31/2023

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must have **ADDITIONAL INSURED** provisions or be endorsed. If **SUBROGATION** IS **WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER M.E. Wilson Company LLC Waldorff Insurance & Bonding, Inc. 45 Egin Parkway, NE, Ste 202 Fort Walton Beach FL 32548	CONTACT NAME: PHONE (A/C, No, Ext): 850-581-4925 FAX (A/C, No): 850-581-4930 E-MAIL ADDRESS: receptionist@waldorffinsurance.com														
INSURED Charles Perry Partners, Inc. 8200 NW 15th Place Gainesville FL 32606	<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A : The Pacific Insurance Company, Ltd</td> <td>10046</td> </tr> <tr> <td>INSURER B : Amerisure Insurance</td> <td>19488</td> </tr> <tr> <td>INSURER C : Amerisure Mutual</td> <td>23396</td> </tr> <tr> <td>INSURER D : Travelers Prop & Cas Co of America</td> <td>25674</td> </tr> <tr> <td>INSURER E : Amerisure Partners Ins. Co.</td> <td>11050</td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </tbody> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : The Pacific Insurance Company, Ltd	10046	INSURER B : Amerisure Insurance	19488	INSURER C : Amerisure Mutual	23396	INSURER D : Travelers Prop & Cas Co of America	25674	INSURER E : Amerisure Partners Ins. Co.	11050	INSURER F :	
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COVERAGES

CERTIFICATE NUMBER: 180373494

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
B	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		Y	GL 21193650101	1/1/2023	1/1/2024	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$1,000,000 MED EXP (Any one person) \$10,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000 \$
E	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY		Y	CA 21193640105	1/1/2023	1/1/2024	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ PIP \$10,000
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 0		Y	CU 21193660102	1/1/2023	1/1/2024	EACH OCCURRENCE \$10,000,000 AGGREGATE \$10,000,000 \$
B	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y / N <input checked="" type="checkbox"/> N	N / A	WC 21193670101	1/1/2023	1/1/2024	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER USLH E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000
D	Leased Equipment			QT-630-9M842969-23	1/1/2023	1/1/2024	Equip Limit: \$1,000,000
A	Prof. Liab./Poll. Liab.			21 CPI DG0855	1/1/2023	1/1/2024	\$3,000,000 Each Claim
D	Installation Floater			QT-630-9M842969-23	1/1/2023	1/1/2024	Per Jobsite Location \$500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

RE: Department of Military Affairs Statewide Standalone Facility Door Upgrades: 217254 Haines City, 217211 Lake Wales, 217220 Wauchula, 217201 Arcadia, 217218 St. Petersburg, 217215 Palmetto, 217260 Palatka, 217243 Chipley, 217244 Crestview, 217245 Lake City, 217261 Jacksonville Cecil Field Bldg. 1822, 217262 Jacksonville Cecil Field Bldg. 858, 217260 Palatka, 217224 Cocoa, 217207 Ft. Lauderdale

30 Days Notice of Cancellation except 10 days for non-payment of premium as respects to General Liability, Auto, Umbrella and Worker's Compensation.

Waiver of Subrogation applies when required by written contract in favor of the Certificate Holder as respects to General Liability, Auto, Umbrella and Worker's Compensation.

CERTIFICATE HOLDER

CANCELLATION

State of Florida-Department of Military Affairs
Attn: CFMO Contracting Berth
2305 State Road 207
St. Augustine FL 32086

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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