

PERMIT

000028377

Columbia County Building Permit

This Permit Must Be Prominently Posted on Premises During Construction

DATE 02/17/2010

APPLICANT STEPHANIE WRIGHT

PHONE 755-8887

ADDRESS 294

SW COMMONS LOOP

LAKE CITY

FL

32025

OWNER

PATRICIA BEAR

PHONE

FL

32055

ADDRESS 782

SW CR 242

LAKE CITY

FL

32055

CONTRACTOR

CLEARSPAN

PHONE

755-8887

LOCATION OF PROPERTY

475, TR ON CR 242, JUST BEFORE CURVE HOUSE ON LEFT

TYPE DEVELOPMENT

RE-ROOF ON SFD

ESTIMATED COST OF CONSTRUCTION

4500.00

HEATED FLOOR AREA

TOTAL AREA

HEIGHT

STORIES

FOUNDATION

WALLS

ROOF PITCH

FLOOR

LAND USE & ZONING

MAX. HEIGHT

Minimum Set Back Requirements: STREET-FRONT REAR SIDE

NO. EX.D.U.

FLOOD ZONE

N/A

DEVELOPMENT PERMIT NO.

PARCEL ID

25-4S-16-03121-010

SUBDIVISION

LOT

BLOCK

PHASE

UNIT

TOTAL ACRES

Culvert Permit No.

Culvert Waiver

Contractor's License Number

CCC1326779

Applicant/Owner/Contractor

Stephanie Wright

EXISTING

Driveaway Connection

Septic Tank Number

X10-041

BK

LU & Zoning checked by

HD

Approved for Issuance

N

New Resident

COMMENTS: NOC ON FILE

FOR BUILDING & ZONING DEPARTMENT ONLY

(Footer/Slab)

Temporary Power

Foundation

Monolithic

Under slab rough-in plumbing

Slab

Sheathing/Nailing

Framing

Insulation

Rough-in plumbing above slab and below wood floor

Heat & Air Duct

Peri. beam (Lintel)

Pool

Permanent power

C.O. Final

Culvert

Pump pole

Utility Pole

M/H tie downs, blocking, electricity and plumbing

Reconnection

RV

Re-roof

MISC. FEES \$

0.00

ZONING CERT. FEE \$

FIRE FEE \$

0.00

WASTE FEE \$

BUILDING PERMIT FEE \$

25.00

CERTIFICATION FEE \$

0.00

SURCHARGE FEE \$

0.00

FLOOD DEVELOPMENT FEE \$

CULVERT FEE \$

TOTAL FEE

25.00

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

ABANDONED FOR A PERIOD OF 180 DAYS AFTER THE WORK IS COMMENCED, A VALID PERMIT RECEIVES AN APPROVED INSPECTION EVERY 180 DAYS. WORK SHALL BE CONSIDERED NOT SUSPENDED, ABANDONED OR INVALID

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

Year Roof

1006

Columbia County Building Permit Application

For Office Use Only	Application # <u>1002-27</u>	Date Received <u>2/17/10</u>	By <u>GT</u>	Permit # <u>28377</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 Stephanie Wright Phone 217-10 386-755-8887

Address 294 SW Commons Loop, Suite 110-391, Lake City, Florida 32025

Owners Name Patricia A Bear Phone _____

911 Address 782 SW CR 242 Lake City, FL

Contractors Name Clearspan Inc Phone 386-755-8887

Address 295 NW Commons Loop # 115-391 LC FL 32055

Fee Simple Owner Name & Address N/A

Bonding Co. Name & Address N/A

Architect/Engineer Name & Address N/A

Mortgage Lenders Name & Address N/A

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

Property ID Number 25-45-16-03121-010 HA Estimated Cost of Construction 4500

Subdivision Name Pickadilly Park South S/D Lot 4 Block B Unit _____ Phase _____

Driving Directions 47 S turn R on 242 just before curve house on L

Number of Existing Dwellings on Property _____

Construction of re-roof on single-family dwelling Total Acreage _____ Lot Size .604

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

Actual Distance of Structure from Property Lines - Front _____ Side _____ Side _____ Rear _____

Number of Stories _____ Heated Floor Area _____ Total 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. **CODE: Florida Building Code 2007 with 2009 Supplements and the 2008 National Electrical Code.**

Page 1 of 2 (Both Pages must be submitted together.) Revised 6-19-09

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.

Saturno G. Bar

(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.

Mark L. Gault
Contractor's Signature (Permitee)

Contractor's License Number CC 1326779
Columbia County
Competency Card Number _____

Affirmed under penalty of perjury to by the Contractor and subscribed before me this 10 day of Feb 2010.

Personally known ☒ or Produced Identification _____

James R. Pucka
State of Florida Notary Signature (For the Contractor)

SEAL:





COLUMBIA COUNTY BUILDING DEPARTMENT
LETTER OF AUTHORIZATION TO SIGN FOR PERMITS
135 NE Hernando Ave, Suite B-21, Lake City, FL 32055
Phone: 386-758-1008 Fax: 386-758-2160

I, Brian Crawford (license holder name), licensed qualifier
for Clearspan | Concept Construction (company name), do certify that
the below referenced person(s) listed on this form 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. Stephanie Wright	1. Stephanie Wright
2. Lisa Marinacci	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 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)

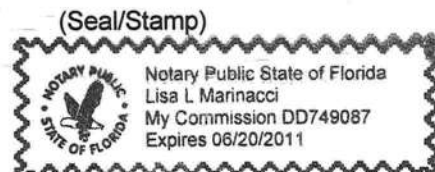
CCC13267792-16-10
License Number Date

NOTARY INFORMATION:

STATE OF: Florida COUNTY OF: Columbia

The above license holder, whose name is Brian Crawford,
personally appeared before me and is known by me or has produced identification
(type of I.D.) _____ on this 16 day of Feb, 2010.


NOTARY'S SIGNATURE



STATE OF FLORIDA
COUNTY OF COLUMBIA

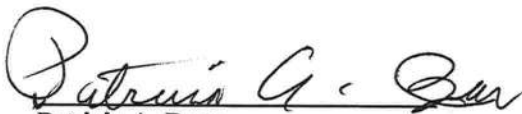
TAX NO: 25-4S-16-03121-010 HX

This instrument was Prepared By:
Stanley Crawford Construction, Inc.
1482 S.W. Commercial Glen
Lake City, Florida 32025

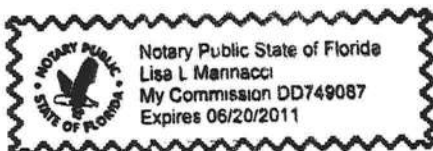
NOTICE OF COMMENCEMENT

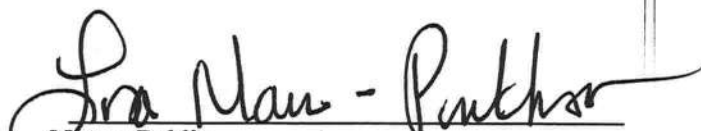
The undersigned hereby gives notice that improvement will be made to certain real Property, and in accordance with Chapter 713, Florida Statutes, the following information is provided in this Notice of Commencement.

1. Description of property: Lot 4, Block b Piccadilly Park South S/D
2. General description of improvement: Reroof
3. Owner Name & Address Mrs. Patricia A. Bear
4. Interest in property: Fee Simple
5. Name and address of fee simple title holder (if other than owner): NONE
6. Contractor: Clear Span
Stanley Crawford Construction, Inc.
1482 SW Commercial Glen
Lake City, Florida 32025
7. Surety N/A
 - a. Name and address:
 - b. Amount of bond:
8. Lender: N/A
9. 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 : NONE
10. In addition to himself, Owner designates N/A to receive a copy of the Lienor's Notice as provided in section 713.13 (1) (b), Florida Statutes.
11. Expiration date of notice of commencement (the expiration date is 1 year from The date of recording unless a different date is specified).


Patricia A. Bear

The foregoing instrument was acknowledged before me this 10 day of Feb, 2010, by _____, who are personally known to me and who did not take an oath.




Notary Public
My Commission Expires 06/20/2011

Recording Fees: \$
Documentary Stamps: +
Total: \$
Prepared By And Return To:

TITLE OFFICES, LLC
1089 SW MAIN BLVD.,
LAKE CITY, FL. 32025

File #03Y-06101BS/Brenda Styons

Property Appraisers Parcel I.D. Number(s):
03121-010

Inst: 2003013887 Date: 07/02/2003 Time: 14:00
oc Stamp-Deed: 812.00
DC, P. DeWitt Cason, Columbia County B: 987 P: 1691

WARRANTY DEED

THIS WARRANTY DEED made and executed the 30th day of June, 2003 by
JAMES D. DRAKE and MARTHA A. DRAKE, HIS WIFE, hereinafter called the Grantor, to
ROBERT L. BEAR and PATRICIA A. BEAR, HIS WIFE, whose post office address is:
Rt 15 Box 3798, Lake City, FL 32024
hereinafter called the Grantee:

(Wherever used herein the terms "Grantor" and "Grantee" shall include singular and plural, heirs, legal representatives, and assigns of individuals, and the successors and assigns of corporations, wherever the context so admits or requires.)

WITNESSETH: That the Grantor, for and in consideration of the sum of TEN DOLLARS (\$10.00) and other valuable considerations, receipt whereof is hereby acknowledged, by these presents does grant, bargain, sell, alien, remise, release, convey and confirm unto the Grantee all that certain land situate, lying and being in COLUMBIA County, State of Florida, viz:

Lot 4, Block B, Piccadilly Park South, a subdivision according to the plat thereof recorded in Plat Book 4, page 73, Public Records of Columbia County, Florida.

If this box is checked, the Grantor warrants that the above described property is not his/her constitutional homestead as defined by the laws of the State of Florida. He/she resides at

TOGETHER with all the tenements, hereditaments and appurtenances thereto belonging or in anywise appertaining. **TO HAVE AND TO HOLD** the same in fee simple forever.

AND the Grantor hereby covenants with said Grantee that the Grantor is lawfully seized of said land in fee simple; that the Grantor has good right and lawful authority to sell and convey said land, and hereby warrants the title to said land and will defend the same against the lawful claims of all persons whomsoever; and that said land is free of all encumbrances, except easements, restrictions and reservations of record, if any, and taxes accruing subsequent to December 31, 2002.

IN WITNESS WHEREOF, the said Grantor has signed and sealed these presents the day and year first above written.

Signed, sealed and delivered
in the presence of:

MARTHA BRYAN
Witness:

MARTHA BRYAN
Witness:

Brenda Styons
Witness:

BRENDIA STYONS
Witness:

James D. Drake
JAMES D. DRAKE
Address: Rt 13, Box 320, Lake City, FL 32025

MARTHA A. DRAKE
MARTHA A. DRAKE
Address:

STATE OF FLORIDA
COUNTY OF COLUMBIA

I hereby certify that on this day, before me, an officer duly authorized in the State and County aforesaid to take acknowledgments, personally appeared JAMES D. DRAKE and MARTHA A. DRAKE, HIS WIFE, who produced the identification described below, and who acknowledged before me that they executed the foregoing instrument. Witness my hand and official seal in the county and state aforesaid this 30 day of June, 2003.



Martha Bryan
Notary Public
Commission Expires
August 14, 2003

Martha Bryan
Notary Public:
Identification Examined: Driver's License

Ronnie Brannon

Ad Valorem Taxes and Non-Ad Valorem Assessments

Columbia County Tax Collector

REAL ESTATE 2009 112849

Account Number	Payor	Exemptions	Taxable Value	Millage Code
R03121-010		See Below	See Below	002

BEAR ROBERT L & PATRICIA A
782 SW CR 242
LAKE CITY FL 32024

25-4S-16 0100/0100 .60 Acres LOT 4
BLOCK B PICCADILLY PARK SOUTH S/D
ORB 767-1278, 813-926, 955-766,
987-1691.

Ad Valorem Taxes					
Taxing Authority	Rate	Assessed Value	Exemption Amount	Taxable Value	Taxes Levied
BOARD OF COUNTY COMMISSIONERS	7.8910	127,000	50,000	\$77,000	\$607.61
COLUMBIA COUNTY SCHOOL BOARD					
DISCRETIONARY	0.9980	127,000	25,000	\$102,000	\$101.80
LOCAL	5.3630	127,000	25,000	\$102,000	\$547.03
CAPITAL OUTLAY	1.5000	127,000	25,000	\$102,000	\$153.00
SUWANNEE RIVER WATER MGT DIST	0.4399	127,000	50,000	\$77,000	\$33.87
LAKE SHORE HOSPITAL AUTHORITY	2.0468	127,000	50,000	\$77,000	\$157.60
COLUMBIA COUNTY INDUSTRIAL	0.1240	127,000	50,000	\$77,000	\$9.55
Total Millage		18.3627	Total Taxes	\$1,610.46	

Non-Ad Valorem Assessments		
Code	Levyng Authority	Amount
FFIR	FIRE ASSESSMENTS	\$77.00
GGAR	SOLID WASTE - ANNUAL	\$201.00
Total Assessments		\$278.00
Taxes & Assessments		\$1,888.46

PRODUCT APPROVAL SPECIFICATION

SHEET

Location: 782 SW 42nd Ave - 32024

Project Name: Bear Roof

As required by Florida Statute 553.342 and Florida Administrative Code 9B-72, please provide the information and the product approval number(s) on the building components listed below if they will be utilized on the construction project for which you are applying for a building permit on or after April 1, 2004. We recommend you contact your local product supplier should you not know the product approval number for any of the applicable listed products. More information about statewide product approval can be obtained at www.floridabuilding.org

Category/Subcategory	Manufacturer	Product Description	Approval Number(s)
A. EXTERIOR DOORS			
1. Swinging			
2. Sliding			
3. Sectional			
4. Roll up			
5. Automatic			
6. Other			
B. WINDOWS			
1. Single hung			
2. Horizontal Slider			
3. Casement			
4. Double Hung			
5. Fixed			
6. Awning			
7. Pass-through			
8. Projected			
9. Mullion			
10. Wind Breaker			
11. Dual Action			
12. Other			
C. PANEL WALL			
1. Siding			
2. Soffits			
3. EIFS			
4. Storefronts			
5. Curtain walls			
6. Wall Louver			
7. Glass block			
8. Membrane			
9. Greenhouse			
10. Other			
D. ROOFING PRODUCTS			
1. Asphalt Shingles	Atlas	33 year ARCH. Shingles	APFL5444
2. Underlayments			
3. Roofing Fasteners		1 1/4" Coil Roofing Nails	
4. Non-structural Metal			
5. Built-Up Roofing			
6. Modified Bitumen			
7. Single Ply Roofing Sys			
8. Roofing Tiles			
9. Roofing Insulation			
10. Waterproofing			
11. Wood shingles /shakes			
12. Roofing Slate			

Driving Directions

782 SW CR 242

Lake City, FL 32024

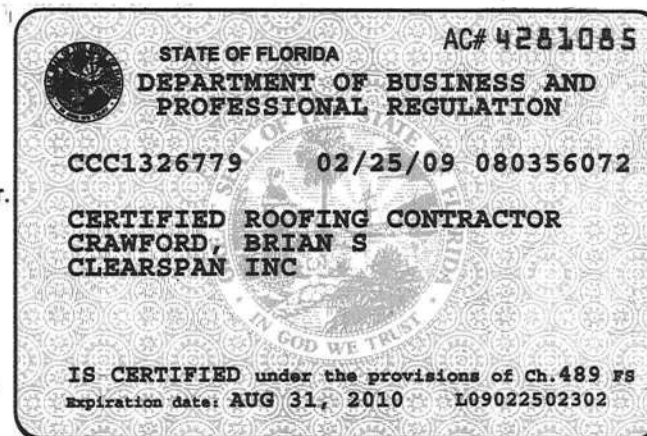
- Take 47 South
- Turn Right on CR 242
- House is located on the left just before the curve in the road.

**STATE OF FLORIDA****DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION****CONSTRUCTION INDUSTRY LICENSING BOARD
1940 NORTH MONROE STREET
TALLAHASSEE FL 32399-0783****(850) 487-1395****CRAWFORD, BRIAN S
CLEARSPAN INC
295 NW COMMONS LOOP
STE 115-323
LAKE CITY****FL 32055**

Congratulations! With this license you become one of the nearly one million Floridians licensed by the Department of Business and Professional Regulation. Our professionals and businesses range from architects to yacht brokers, from boxers to barbeque restaurants, and they keep Florida's economy strong.

Every day we work to improve the way we do business in order to serve you better. For information about our services, please log onto www.myfloridalicense.com. There you can find more information about our divisions and the regulations that impact you, subscribe to department newsletters and learn more about the Department's initiatives.

Our mission at the Department is: License Efficiently, Regulate Fairly. We constantly strive to serve you better so that you can serve your customers. Thank you for doing business in Florida, and congratulations on your new license!

**DETACH HERE****AC# 4281085****STATE OF FLORIDA****DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CONSTRUCTION INDUSTRY LICENSING BOARD****SEQ# L09022502302**

DATE	BATCH NUMBER	LICENSE NBR
02/25/2009	080356072	CCC1326779

The ROOFING CONTRACTOR
Named below IS CERTIFIED
Under the provisions of Chapter 489 FS.
Expiration date: AUG 31, 2010

**CRAWFORD, BRIAN S
CLEARSPAN INC
1140 SW BASCOM NORRIS DR
STE 101
LAKE CITY****FL 32025****CHARLIE CRIST
GOVERNOR****CHARLES W. DRAGO
SECRETARY****DISPLAY AS REQUIRED BY LAW**

ACORD CERTIFICATE OF LIABILITY INSURANCE

CERTIFICATE NO. / DATE
AC09-13100465-832506
12/15/2009 11:48:19AM

PRODUCER
Highpoint Risk Services LLC
14160 Dallas Parkway #500
Dallas, TX 75254
(800) 632-5096 (972) 715-0959
Fax: (972) 404-4450

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURERS AFFORDING COVERAGE

INSURED: AMS I/c/f:
CLEARSPAN (L)
295 NW COMMONS LOOP STE 115
LAKE CITY, FL 32055
(386) 487-0135 Fax: (386) 755-1989

INSURER A: Companion Property and Casualty Insurance C
INSURER B:
INSURER C:
INSURER D:
INSURER E:

COVERAGE

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY				EACH OCCURRENCE \$
	<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY				FIRE DAMAGE (Any One Fire) \$
	<input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR				MED EXP (Any one person) \$
					PERSONAL & ADV INJURY \$
					GENERAL AGGREGATE \$
					PRODUCTS - COM/OP AGG \$
	GENT. AGGREGATE LIMIT APPLIES PER:				
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				
	AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person) \$
<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident) \$	
<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident) \$	
<input type="checkbox"/> HIRED AUTOS					
<input type="checkbox"/> NON-OWNED AUTOS					
A	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT \$
	<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC \$
					AUTO ONLY: AGG \$
A	EXCESS LIABILITY				EACH OCCURRENCE \$
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE \$
					\$
	DEDUCTIBLE				\$
	RETENTION \$				\$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	WC77779990901	04/01/2009	04/01/2010	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER
					E.L. EACH ACCIDENT \$ 1000000
					E.L. DISEASE - EA EMPLOYEE \$ 1000000
					E.L. DISEASE - POLICY LIMIT \$ 1000000
A	OTHER				LIMITS \$
					LIMITS \$

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

1. This certificate remains in effect, provided the client's account is in good standing with AMS. Coverage is not provided for any employee for which the client is not reporting wages to AMS. Applies to 100% of the employees of AMS leased to CLEARSPAN (L), effective 04/01/2009.
PLEASE SEE ATTACHED EMPLOYEE ROSTER.

CERTIFICATE HOLDER

ADDITIONAL INSURED; INSURER LETTER:

COLUMBIA COUNTY BUILDING DEPARTMENT
135 NE FERNANDO AVE - SUITE B21
LAKE CITY, FL 32055

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE



ACORD™ CERTIFICATE OF LIABILITY INSURANCE		OP ID NS CLEAR-2	DATE (MM/DD/YYYY) 02/16/10
PRODUCER FIRST SOUTH INSURANCE 677 SW BASCOM NORRIS DR LAKE CITY FL 32025 Phone: 386-755-1666 Fax: 386-755-3629		THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW	
INSURED ClearSpan, Inc Formerly known as Nucon Global Lisa/Brian 295 NW Commons Loop Ste115-391 Lake City FL 32025		INSURERS AFFORDING COVERAGE INSURER A: Auto Owners Insurance Company INSURER B: INSURER C: INSURER D: INSURER E:	NAIC # 18988

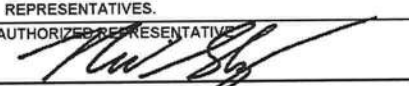
COVERAGES

INSR ADD'L LTR INSRD		TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	<input checked="" type="checkbox"/>	GENERAL LIABILITY	78751114	08/04/09	08/04/10	EACH OCCURRENCE	\$ 1,000,000
		<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
		<input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR				MED EXP (Any one person)	\$ 10,000
						PERSONAL & ADV INJURY	\$ 1,000,000
		GENERAL AGGREGATE	\$ 2,000,000				
		PRODUCTS - COM/OP AGG	\$ 1,000,000				
		GEN'L AGGREGATE LIMIT APPLIES PER:					
	<input checked="" type="checkbox"/>	POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					
A	<input checked="" type="checkbox"/>	AUTOMOBILE LIABILITY	78751114	08/04/09	08/04/10	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
		<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person)	\$
		<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident)	\$
		<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident)	\$
A	<input checked="" type="checkbox"/>	HIRED AUTOS	78751114	08/04/09	08/04/10		
A	<input checked="" type="checkbox"/>	NON-OWNED AUTOS	78751114	08/04/09	08/04/10		
		GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	\$
		<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC	\$
						AUTO ONLY: AGG	\$
A	<input checked="" type="checkbox"/>	EXCESS/UMBRELLA LIABILITY	47751114	08/04/09	08/04/10	EACH OCCURRENCE	\$ 1,000,000
		<input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE	\$ 1,000,000
		<input type="checkbox"/> DEDUCTIBLE				Hired/Non	\$ Included
		<input type="checkbox"/> RETENTION \$					\$
							\$
							\$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATU-TORY LIMITS	\$
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				E.L. EACH ACCIDENT	\$
		If yes, describe under SPECIAL PROVISIONS below				E.L. DISEASE - EA EMPLOYEE	\$
						E.L. DISEASE - POLICY LIMIT	\$
		OTHER					

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

CERTIFICATE HOLDER

CANCELLATION

COLUMCB Columbia County Bldg & Zone 135 NE Hernando Ave Lake City FL 32055	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>10</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE: 
--	---