

DATE 12/29/2004

Columbia County Building Permit

PERMIT

This Permit Expires One Year From the Date of Issue

000022648

APPLICANT DONNY WILLIAMS PHONE 755-0764

ADDRESS 541 SW AIRPARK GLEN LAKE CITY FL 32025

OWNER VICTOR & PENNE HAINES PHONE _____

ADDRESS 332 SW CESSNA CT LAKE CITY FL 32025

CONTRACTOR DONNY WILLIAMS PHONE 755-0764

LOCATION OF PROPERTY S 341, L BROTHERS WELCOME AIRPARK, 1ST RD TO THE LEFT, 1/4 M
DOWN, 1ST ON TE RIGHT PAST THE DIP IN THE ROAD

TYPE DEVELOPMENT DETACHED GARAGE ESTIMATED COST OF CONSTRUCTION 30000.00

HEATED FLOOR AREA _____ TOTAL AREA 1368.00 HEIGHT 20.00 STORIES 1

FOUNDATION CONCRETE WALLS FRAMED ROOF PITCH 6/12 FLOOR SLAB

LAND USE & ZONING RMF-1 MAX. HEIGHT 35

Minimum Set Back Requirments: STREET-FRONT 25.00 REAR 15.00 SIDE 10.00

NO. EX.D.U. 1 FLOOD ZONE X DEVELOPMENT PERMIT NO. _____

PARCEL ID 12-4S-16-02935-031 SUBDIVISION BROTHERS WELCOME AIRPARK

LOT 29 BLOCK _____ PHASE 1 UNIT _____ TOTAL ACRES .69

CGC004692

Culvert Permit No. _____ Culvert Waiver _____ Contractor's License Number BK Applicant/Owner/Contractor RJ N

Driveway Connection _____ Septic Tank Number _____ LU & Zoning checked by _____ Approved for Issuance _____ New Resident _____

COMMENTS: NOC ON FILECheck # or Cash 543

FOR BUILDING & ZONING DEPARTMENT ONLY

(footer/Slab)

Temporary Power _____ Foundation _____ Monolithic _____
date/app. by _____ date/app. by _____ date/app. by _____

Under slab rough-in plumbing _____ Slab _____ Sheathing/Nailing _____
date/app. by _____ date/app. by _____ date/app. by _____

Framing _____ Rough-in plumbing above slab and below wood floor _____
date/app. by _____ date/app. by _____

Electrical rough-in _____ Heat & Air Duct _____ Peri. beam (Lintel) _____
date/app. by _____ date/app. by _____ date/app. by _____

Permanent power _____ C.O. Final _____ Culvert _____
date/app. by _____ date/app. by _____ date/app. by _____

M/H tie downs, blocking, electricity and plumbing _____ Pool _____
date/app. by _____ date/app. by _____

Reconnection _____ Pump pole _____ Utility Pole _____
date/app. by _____ date/app. by _____ date/app. by _____

M/H Pole _____ Travel Trailer _____ Re-roof _____
date/app. by _____ date/app. by _____ date/app. by _____

BUILDING PERMIT FEE \$ 150.00 CERTIFICATION FEE \$ 6.84 SURCHARGE FEE \$ 6.84

MISC. FEES \$.00 ZONING CERT. FEE \$ 50.00 FIRE FEE \$ _____ WASTE FEE \$ _____

FLOOD ZONE DEVELOPMENT FEE \$ _____ CULVERT FEE \$ _____ TOTAL FEE 213.68

INSPECTORS OFFICE L.H.A. CLERKS OFFICE CN

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

Revised 9-23-04

For Office Use On Application # 0411-403 Date Received 11/29/04 By GT Permit # 22648
Application Approved by - Zoning Official BLK Date 28.12.04 Plans Examiner _____ Date _____
Flood Zone A Development Permit N/A Zoning RMF-1 Land Use Plan Map Category RES. MTD. DEN.
Comments _____

Applicants Name DONNY WILLIAMS CONSTRUCTION LLC Phone 386-755-0764
Address 541 SW AIRPARK GLEN
Owners Name VICTOR & PENNE HAINES Phone _____
911 Address 332 SW CESSNA CT, LAKE CITY, FL 32025
Contractors Name DONNY WILLIAMS CONSTRUCTION LLC Phone 386-755-0764
Address 541 SW AIRPARK GLEN
Fee Simple Owner Name & Address SAME AS ABOVE
Bonding Co. Name & Address NONE
Architect/Engineer Name & Address Delhene & Disosway
Mortgage Lenders Name & Address NONE
Circle the correct power company - FL Power & Light - Clay Elect. - Suwannee Valley Elect. - Progressive Energy
Property ID Number 12-45-16-02935-031 Estimated Cost of Construction \$30,000.00
Subdivision Name BROTHERS WELCOME AIRPARK Lot 29 Block _____ Unit _____ Phase 1
Driving Directions SOUTH ON COUNTY ROAD #341 APPROXIMATELY 1.5 MILES TO BROTHERS WELCOME AIRPARK
SUBDIVISION LEFT INTO SUBDIVISION AND PROCEED TO THE FIRST ROAD TO THE LEFT, GO APPROX. 1/4 MILE TO THE
FIRST ON THE RIGHT PAST THE DIP IN THE ROAD.
Type of Construction ~~NEW HOUSE~~ Garage (Detached) Number of Existing Dwellings on Property _____
Total Acreage .688 ACRE Lot Size .688 ACRES Do you need a - Culvert Permit or Culvert Waiver or Have an existing Drive
Actual Distance of Structure from Property Lines - Front 80.1 Side 35.2 Side 18.8 Rear 83.9
Total Building Height 20 FT Number of Stories 1 ~~1.5~~ Floor Area 1368 Roof Pitch 6

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.

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.

David E. Wilkin
Owner Builder or Agent (including Contractor)

STATE OF FLORIDA
COUNTY OF COLUMBIA

Sworn to (or affirmed) and subscribed before me

this _____ day of _____ 20____

Personally known _____ or Produced Identification _____

Contractor Signature

Contractors License Number _____

Competency Card Number _____

NOTARY STAMP/SEAL

Notary Signature

NOTICE OF COMMENCEMENT FORM
COLUMBIA COUNTY, FLORIDA

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.

Tax Parcel ID Number 12-4s-16-02935-031

1. Description of property: (legal description of the property and street address or 911 address)

LOT 29 BROTHERS WELCOME AIRPARK, COLUMBIA COUNTY, FLORIDA

Inst: 2004028954 Date: 12/29/2004 Time: 15:08

mk DC, P. DeWitt Cason, Columbia County B: 1034 P: 1029

2. General description of improvement: 1 GARAGE ADDITION

3. Owner Name & Address VICTOR HAINES

322 CESSNA CT., LAKE CITY, FL 32025

Interest in Property _____

4. Name & Address of Fee Simple Owner (if other than owner): SAME AS ABOVE

5. Contractor Name DONNY WILLIAMS CONSTRUCTION LLC

Phone Number 386-755-0764

Address 541 SW AIRPARK GLEN, LAKE CITY, FL 32025

6. Surety Holders Name NA

Phone Number _____

Address _____

Amount of Bond NA

7. Lender Name NONE

Phone Number _____

Address _____

8. Persons within the State of Florida designated by the Owner upon whom notices or other documents may be served as provided by section 718.13 (1)(a) 7; Florida Statutes:

Name VICTOR HAINES

Phone Number 386-446-1845

Address 332 SW CESSNA CT. LAKE CITY, FLORIDA 32025

9. In addition to himself / herself the owner designates NA of

_____ to receive a copy of the Lienor's Notice as provided in Section 713.13 (1) -

(a) 7. Phone Number of the designee _____

10. Expiration date of the Notice of Commencement (the expiration date is 1 (one) year from the date of recording, (Unless a different date is specified) _____

NOTICE AS PER CHAPTER 713, Florida Statutes:

The owner must sign the notice of commencement and no one else may be permitted to sign in his/her stead.

V. Haines
Signature of Owner



Sworn to (or affirmed) and subscribed before
day of November, 2004 ^{24th}

NOTARY STAMP/SEAL

Worth D. Morris
Signature of Notary



STATE OF FLORIDA
DEPARTMENT OF HEALTH

APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permit Application Number 04-1133E

PART II - SITE PLAN

Scale: Each block represents 5 feet and 1 inch = 50 feet.

Notes:

Site Plan submitted by: David E. Austin Signature Agent Title

Plan Approved ☒ Not Approved ☐ Date 11-23-04

By M. S. M. Columbia County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

