

38787

## Columbia County Swimming Pool/Spa Permit Application

SCANNED

For Office Use Only Application # 43862 Date Received 10/21 By MG Permit # 38816

Zoning Official T.C. Date 10-23-19 Flood Zone X Land Use \_\_\_\_\_ Zoning RSF-2

FEMA Map # N/A Elevation N/A MFE N/A River N/A Plans Examiner T.C. Date 10-23-19

Comments Front 25' Sides 10' Rear 15'

☒ NOC ☒ DEH ☒ Deed or PA ☒ Site Plan ☒ 911 Sheet (If NO Address Exists) ☒ Owner Builder Disclosure Statement

☐ Dev Permit # 10-24-19 ☐ In Floodway ☐ Letter of Auth. from Contractor ☐ F W Comp. letter

☐ Land Owner Affidavit ☐ Ellisville Water ☒ App Fee Paid ☒ Sub VF Form

## Notes:

Septic Permit No. 19-0783 Or City Water System ☐ Fax 855-787-6289

Applicant (Who will sign/pickup the permit) Susan Frazee Phone (386)292-6722

Address 346 NW Ivy Glen, Lake City, FL 32055

Owners Name Bryan Altadonna Phone (754)224-1375

911 Address 315 SW Pheasant Way, Lake City, FL 32024

Contractors Name Susan L. Frazee Phone (386)365-5299

Address 346 NW Ivy Glen, Lake City, FL 32055

Contractor Email aquaticart@bellsouth.net \*\*\*Include to get updates on this job

Fee Simple Owner Name &amp; Address

Bonding Co. Name &amp; Address

Architect/Engineer Name &amp; Address

Mortgage Lenders Name &amp; Address

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

Property ID Number 15-45816-03023-359 Cost of Construction \$30,500.00

Subdivision Name Callaway S/D Lot 59 Block \_\_\_\_\_ Unit \_\_\_\_\_ Phase 3

Driving Directions Main Blvd to Hwy 90 to SR247 - 2.8 miles - to Callahan Drive - Rt. - to Callaway Dr. (.03 miles) - 600 ft. turn Rt onto SW Pheasant Way - on left.

Residential ☒ OR Commercial ☐

Construction of inground swimming pool ADA Compliant ☒ Total Acreage 0.654

Actual Distance of Pool from Property Lines - Front 136' Side 45' Side 100' Rear 40'

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 2014 and the 2011 National Electrical Code.

**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 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.

Print Owners Name Bryan Altdorfer  \*\*Property owners must sign here before any permit will be issued.

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

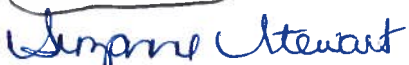
**CONTRACTORS AFFIDAVIT:** By my signature I understand and agree that I have informed and provided this written statement to the owner of all the above written responsibilities in Columbia County for obtaining this Building Permit including all application and permit time limitations.

  
Contractor's Signature

Contractor's License Number CPC1457969  
Columbia County  
Competency Card Number 905 ✓

Affirmed under penalty of perjury to by the Contractor and subscribed before me this 16<sup>th</sup> day of October 2019.

Personally known or Produced Identification



State of Florida Notary Signature (For the Contractor)

SEAL:



SUZANNE STEWART  
MY COMMISSION # FF 936523  
EXPIRES: November 16, 2019  
Bonded Thru Budget Notary Services

# SUBCONTRACTOR VERIFICATION

APPLICATION/PERMIT # 43862 JOB NAME Altodonna, Bryan

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>Marc Matthews</u> Signature <u>[Signature]</u>	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
CC# <u>76</u>	Company Name: <u>Matthews Elect</u> License #: <u>EC13005459</u> Phone #: <u>(386)344-2029</u>	
MECHANICAL/ A/C <input type="checkbox"/>	Print Name _____ Signature _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
CC# _____	Company Name: _____ License #: _____ Phone #: _____	
PLUMBING/ GAS <input type="checkbox"/>	Print Name _____ Signature _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
CC# _____	Company Name: _____ License #: _____ Phone #: _____	
ROOFING <input type="checkbox"/>	Print Name _____ Signature _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
CC# _____	Company Name: _____ License #: _____ Phone #: _____	
SHEET METAL <input type="checkbox"/>	Print Name _____ Signature _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
CC# _____	Company Name: _____ License #: _____ Phone #: _____	
FIRE SYSTEM/ SPRINKLER <input type="checkbox"/>	Print Name _____ Signature _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
CC# _____	Company Name: _____ License #: _____ Phone #: _____	
SOLAR <input type="checkbox"/>	Print Name _____ Signature _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
CC# _____	Company Name: _____ License #: _____ Phone #: _____	
STATE SPECIALTY <input type="checkbox"/>	Print Name _____ Signature _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
CC# _____	Company Name: _____ License #: _____ Phone #: _____	



## COLUMBIA COUNTY BUILDING DEPARTMENT

135 NE Hernando Ave., Suite B-21, Lake City, FL 32055

Office: 386-758-1008 Fax: 386-758-2160

[www.columbiacountyfla.com/BuildingandZoning.asp](http://www.columbiacountyfla.com/BuildingandZoning.asp)

### NOTICE TO SWIMMING POOL OWNERS

Bryan Altodonna have been informed and I understand that prior to the final inspection approval and use of my pool, I will need all the inspections approved and the required fencing installed in accordance with applicable regulations. The Florida Building Code requires private residential swimming pools, hot tubs, or non-portable spas containing water over 24 inches deep to meet the following pool barrier safety feature requirements:

- The pool access must be isolated by a barrier at least 4 feet high and installed around the perimeter of the pool unless the pool is equipped with a safety cover complying with the specifications of American Society for Testing and Materials standard F-1346-91.
- The barrier shall not have any gaps or openings which would allow a child to crawl under, squeeze through or climb over and must be placed no less than 20 inches from the water's edge.
- Gates located in the pool barrier must open outward away from the pool and be both self-closing and self-latching with a release mechanism not less than 54" above the standing surface of the gate.
- The barrier must be separate from any other fence, wall, or other enclosure surrounding the yard unless the fence, wall or other enclosure or portion thereof is situated on the perimeter of the pool and meets the pool barrier requirements.
- Where a wall or a dwelling serves as part of the barrier one of the following shall apply:
  1. All doors and first floor windows with a sill height of less than 48 inches providing direct access from the home to the pool must be equipped with an alarm that has a minimum sound pressure rating of 85 decibels at 10 feet. The alarm shall sound immediately upon opening the window or door unless the temporary bypass mechanism is activated.
  2. On all doors providing direct access from the home to the pool must be equipped with a self-closing, self-latching device with a release mechanism located at least 54 inches above the floor.

According to Florida statutes chapter 515: Residential Swimming Pool Safety Act, failure to comply with these requirements is a misdemeanor of the second degree, punishable by imprisonment for up to 60 days or a fine of up to \$500, except that no penalty shall be imposed if within 45 days after arrest or issuance of a summons or notice to appear, the pool is equipped with the aforementioned safety features and the responsible person attends a swimming prevention education program developed by the Florida Department of Health. I also understand that there are several inspections required in addition to a final inspection for my swimming pool.

  
Owner Signature / Date

Address: 315 SW Pheasant Way, Lake City, FL 32024

Susan L. Trapp 10/2/19 CPC1457969  
Inspector Signature / Date License Number



# Columbia County Property Appraiser

Jeff Hampton

## 2019 Preliminary Certified Values

updated: 8/14/2019

Parcel: << 15-4S-16-03023-359 >>

### Owner & Property Info

Result: 1 of 1

Owner	ALTODONNA BRYAN 315 SW PHEASANT WAY LAKE CITY, FL 32024		
Site	315 PHEASANT WAY, LAKE CITY		
Description*	LOT 59 CALLAWAY S/D PHASE 3. WD 1029-1858, WD 1055-29, WD 1244-2480, WD 1251-2764(CORR		
Area	0.65 AC	S/T/R	15-4S-16
Use Code**	SINGLE FAM (000100)	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

2018 Certified Values		2019 Preliminary Certified	
Mkt Land (1)	\$14,500	Mkt Land (1)	\$17,000
Ag Land (0)	\$0	Ag Land (0)	\$0
Building (1)	\$155,780	Building (1)	\$168,271
XFOB (4)	\$7,226	XFOB (4)	\$7,226
Just	\$177,506	Just	\$192,497
Class	\$0	Class	\$0
Appraised	\$177,506	Appraised	\$192,497
SOH Cap [?]	\$1,503	SOH Cap [?]	\$12,480
Assessed	\$176,660	Assessed	\$180,000
Exempt	HX H3 \$50,000	Exempt	HX H3 \$50,000
Total Taxable	county:\$126,660 city:\$126,660 other:\$126,660 school:\$151,660	Total Taxable	county:\$130,000 city:\$130,000 other:\$130,000 school:\$155,000

Aerial Viewer Pictometry Google Maps



### ▼ Sales History

Sale Date	Sale Price	Book/Page	Deed	V/I	Quality (Codes)	RCode
11/13/2012	\$100	1251/2764	WD	I	U	11
11/13/2012	\$125,000	1244/2480	WD	I	U	38
6/10/2005	\$217,900	1055/0029	WD	I	Q	
10/29/2004	\$26,900	1029/1858	WD	V	Q	

### ▼ Building Characteristics

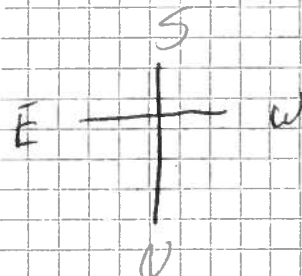
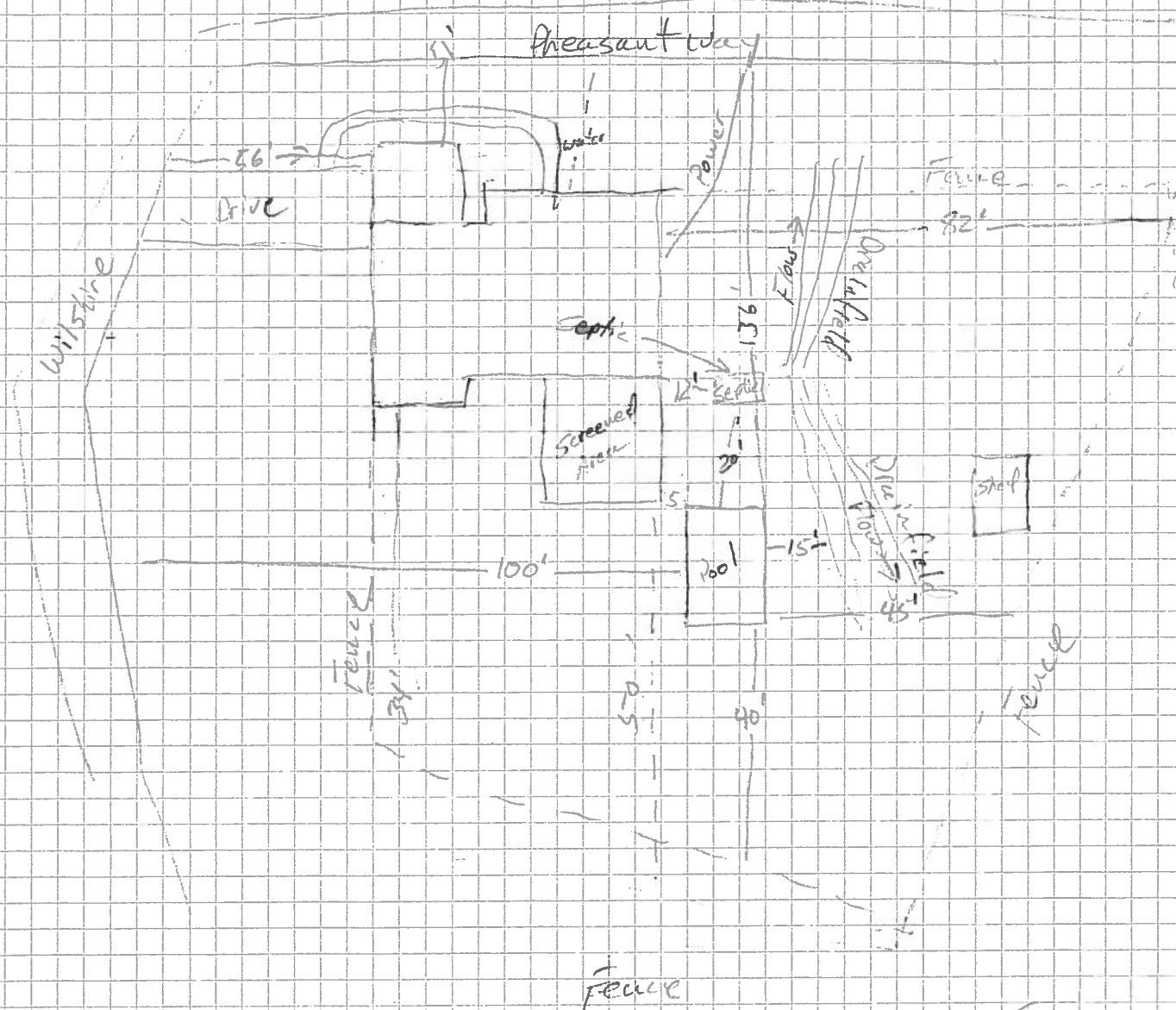
Bldg Sketch	Bldg Item	Bldg Desc*	Year Blt	Base SF	Actual SF	Bldg Value
Sketch	1	SINGLE FAM (000100)	2005	1971	3247	\$168,271

\*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)
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Altodonna Pool  
315 SW Pheasant Way  
Lake City, FL 32024



# NOTICE OF COMMENCEMENT

Tax Parcel Identification Number:

15-4S-16-03023-359

Clerk's Office Stamp

Inst: 201912024315 Date: 10/21/2019 Time: 2:09PM  
Page 1 of 1 B: 1396 P: 2294, P. DeWitt Cason, Clerk of Court  
Columbia, County, By: LK  
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): Lot 59, Callaway SD, Phase 3  
a) Street (job) Address: 315 SW Pheasant Way, Lake City, FL 32024
2. General description of improvements: inground swimming pool
3. Owner Information or Lessee information if the Lessee contracted for the improvements:  
a) Name and address: Bryan Altodonna, 315 SW Pheasant Way, Lake City, FL 32024  
b) Name and address of fee simple titleholder (if other than owner):  
c) Interest in property:
4. Contractor Information  
a) Name and address: Susan Frazee, 346 NW Ivy Glen, Lake City, FL 32055  
b) Telephone No.:
5. Surety Information (if applicable, a copy of the payment bond is attached):  
a) Name and address: n/a  
b) Amount of Bond:  
c) Telephone No.:
6. Lender  
a) Name and address:  
b) Phone No.:
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: n/a  
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: \_\_\_\_\_ 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 of Owner or Lessee, or Owner's or Lessee's Authorized Officer/Director/Partner/Manager

Bryan Altodonna, owner

Printed Name and Signatory's Title/Office

The foregoing instrument was acknowledged before me, a Florida Notary, this 2nd day of October, 2019, by:  
Bryan Altodonna owner for \_\_\_\_\_  
(Name of Person) (Type of Authority) (name of party on behalf of whom instrument was executed)

Personally Known ☒ OR Produced Identification \_\_\_\_\_ Type \_\_\_\_\_

Notary Signature Susan L. Frazee Notary Stamp or Seal:



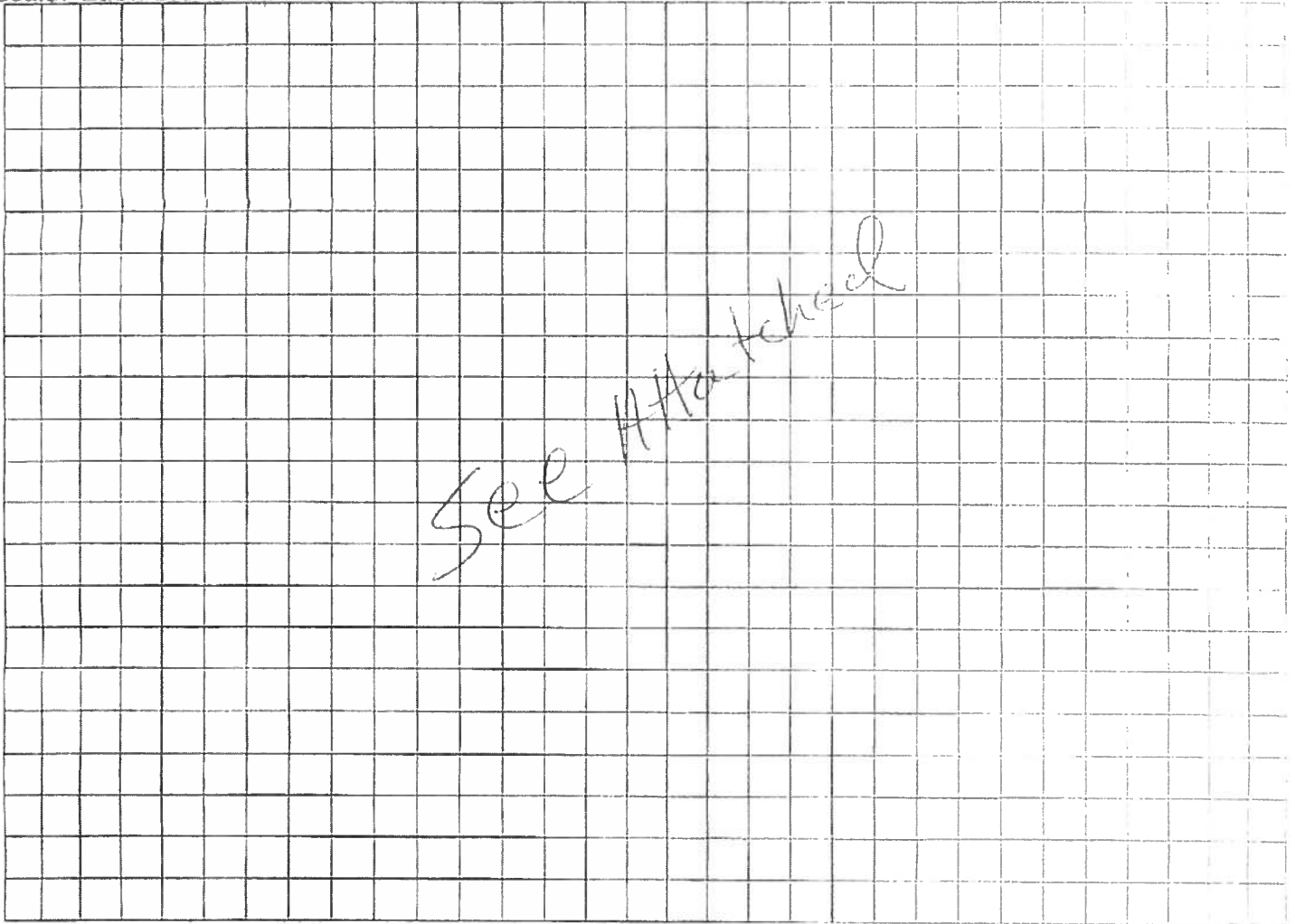
Susan Lee Frazee  
NOTARY PUBLIC  
STATE OF FLORIDA  
Comm# FF944375  
Expires 12/16/2019

STATE OF FLORIDA  
DEPARTMENT OF HEALTH  
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number 19-0783

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

Scale: Each block represents 10 feet and 1 inch = 40 feet.



Notes: \_\_\_\_\_

Site Plan submitted by: Susan L. Fray

Plan Approved Y Susan L. Fray Not Approved \_\_\_\_\_

By [Signature] Date 10/2/19 County Health Department

**ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT**



Altodonna Pool  
315 SW Pheasant Way  
Little City, FL 32024

19-0783





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

PERMIT NO. 19-4783  
DATE PAID: 10/2/19  
FEE PAID: 68.00  
RECEIPT #: 449492

APPLICATION FOR:

☐ New System ☒ Existing System ☐ Holding Tank ☐ Innovative  
☐ Repair ☐ Abandonment ☐ Temporary ☐

APPLICANT: Bryan Alton donna

AGENT: Susan L Frazee

TELEPHONE (386) 292-6122

MAILING ADDRESS: 346 NW Ivy Glen, Lake City, FL 32055

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: 59 BLOCK: SUBDIVISION: Callaway S/D PLATTED: 12/1/04

PROPERTY ID #: 15-45-16-03023-359 ZONING: Res I/M OR EQUIVALENT: ☐ Y ☒ N

PROPERTY SIZE: 0.65 AC ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐ <=2000GPD ☐ >2000GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? ☒ Y ☐ N DISTANCE TO SEWER: FT

PROPERTY ADDRESS: 315 SW Pheasant Way, Lake City, FL 32024

DIRECTIONS TO PROPERTY: Main Blvd. to Hwy 90W to Hwy 247 - 2.8 miles to Calla a Drive, Rt. - to Callaway Dr. left + turn R on SW Pheasant Way. Home on left

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 inground swim. pool — 300 ORIGINAL ATTACHED

2  
3  
4

☐ Floor/Equipment Drains ☒ Other (Specify)

SIGNATURE:

DATE: 10/2/19