

DATE 01/22/2013

Columbia County Building Permit  
This Permit Must Be Prominently Posted on Premises During Construction

PERMIT  
000030734

APPLICANT RAYMOND PEELER PHONE 386.755.2848  
ADDRESS 9878 S US HWY 441 LAKE CITY FL 32025  
OWNER JACK & REBECCA HERNDON PHONE \_\_\_\_\_  
ADDRESS 261 SW FORD FEAGLE PL LAKE CITY FL 32024  
CONTRACTOR RAYMOND PEELER PHONE 385.755.2848  
LOCATION OF PROPERTY 90-W TO C341-,TL TO FORD FEAGLE,TR STRAIGHT AHEAD TO PRIVATE DRIVE.  
TYPE DEVELOPMENT SWIMMING POOL ESTIMATED COST OF CONSTRUCTION 38000.00  
HEATED FLOOR AREA \_\_\_\_\_ TOTAL AREA \_\_\_\_\_ HEIGHT \_\_\_\_\_ STORIES \_\_\_\_\_  
FOUNDATION \_\_\_\_\_ WALLS \_\_\_\_\_ ROOF PITCH \_\_\_\_\_ FLOOR \_\_\_\_\_  
LAND USE & ZONING RSF-2 MAX. HEIGHT \_\_\_\_\_  
Minimum Set Back Requirments: STREET-FRONT 25.00 REAR 15.00 SIDE 10.00  
NO. EX.D.U. 1 FLOOD ZONE NA DEVELOPMENT PERMIT NO. \_\_\_\_\_

PARCEL ID 11-4S-16-02921-000 SUBDIVISION \_\_\_\_\_  
LOT \_\_\_\_\_ BLOCK \_\_\_\_\_ PHASE \_\_\_\_\_ UNIT \_\_\_\_\_ TOTAL ACRES 40.00

CPC057105  
Culvert Permit No. \_\_\_\_\_ Culvert Waiver \_\_\_\_\_ Contractor's License Number X Applicant/Owner/Contractor \_\_\_\_\_  
EXISTING NA BK TC N  
Driveway Connection \_\_\_\_\_ Septic Tank Number \_\_\_\_\_ LU & Zoning checked by \_\_\_\_\_ Approved for Issuance \_\_\_\_\_ New Resident \_\_\_\_\_

COMMENTS: NOC ON FILE

Check # or Cash 1362

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 \_\_\_\_\_ Insulation \_\_\_\_\_  
date/app. by \_\_\_\_\_ date/app. by \_\_\_\_\_  
Rough-in plumbing above slab and below wood floor \_\_\_\_\_ Electrical rough-in \_\_\_\_\_  
date/app. by \_\_\_\_\_ date/app. by \_\_\_\_\_  
Heat & Air Duct \_\_\_\_\_ Peri. beam (Lintel) \_\_\_\_\_ Pool \_\_\_\_\_  
date/app. by \_\_\_\_\_ date/app. by \_\_\_\_\_ date/app. by \_\_\_\_\_  
Permanent power \_\_\_\_\_ C.O. Final \_\_\_\_\_ Culvert \_\_\_\_\_  
date/app. by \_\_\_\_\_ date/app. by \_\_\_\_\_ date/app. by \_\_\_\_\_  
Pump pole \_\_\_\_\_ Utility Pole \_\_\_\_\_ M/H tie downs, blocking, electricity and plumbing \_\_\_\_\_  
date/app. by \_\_\_\_\_ date/app. by \_\_\_\_\_ date/app. by \_\_\_\_\_  
Reconnection \_\_\_\_\_ RV \_\_\_\_\_ Re-roof \_\_\_\_\_  
date/app. by \_\_\_\_\_ date/app. by \_\_\_\_\_ date/app. by \_\_\_\_\_

BUILDING PERMIT FEE \$ 190.00 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 240.00

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.

NOTICE: ALL OTHER APPLICABLE STATE OR FEDERAL PERMITS SHALL BE OBTAINED BEFORE COMMENCEMENT OF THIS PERMITTED DEVELOPMENT.

"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 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 THE WORK IS COMMENCED. A VALID PERMIT RECIEVES AN APPROVED INSPECTION EVERY 180 DAYS. WORK SHALL BE CONSIDERED NOT SUSPENDED, ABANDONED OR INVALID WHEN THE PERMIT HAS RECIEVED AN APPROVED INSPECTION WITHIN 180 DAYS OT THE PREVIOUS INSPECTION.

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



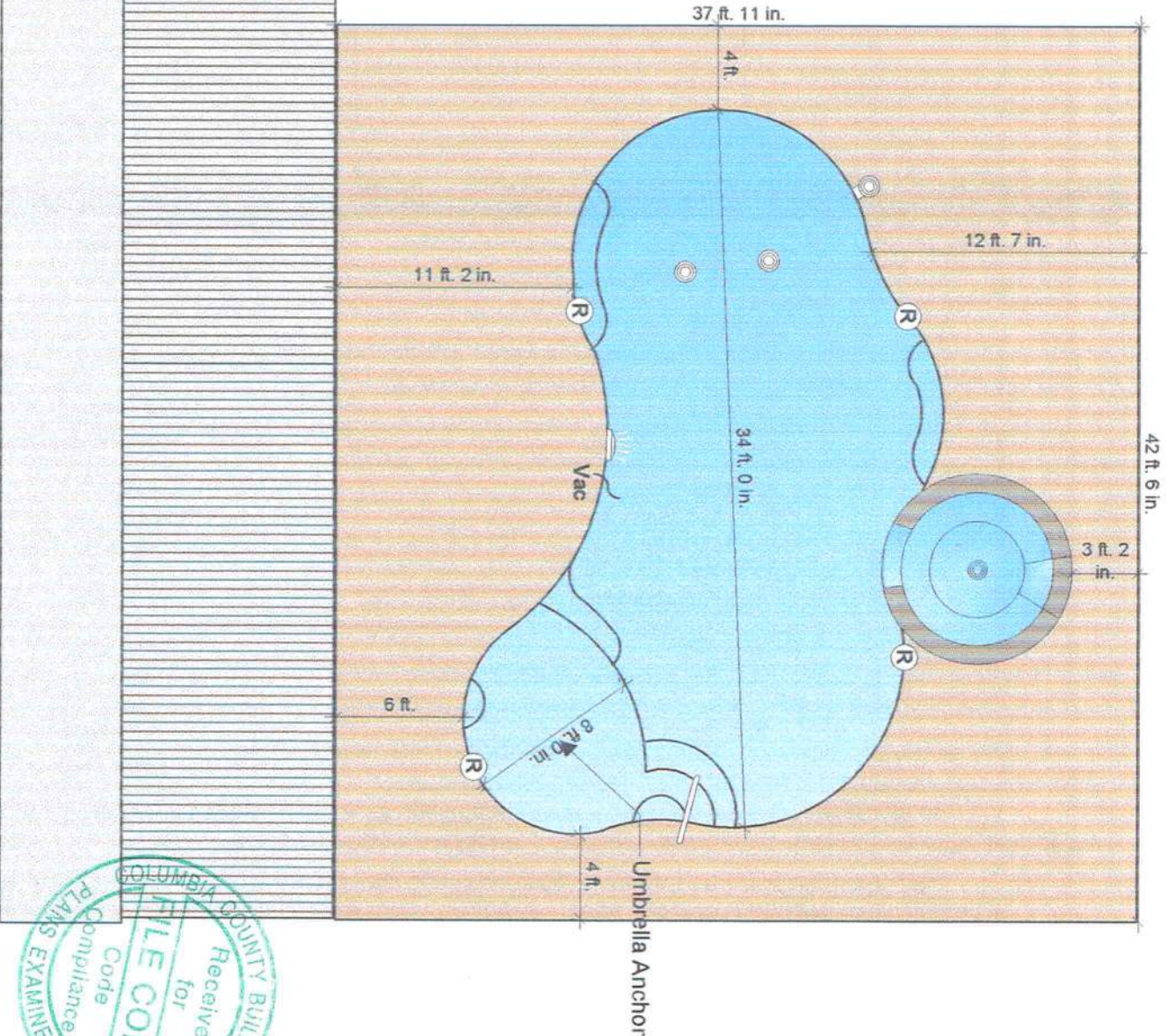
Pool, Spa & Lp Gas Heater  
 Pool Cleaner  
 Salt system  
 L.E.D. Light  
 Umbrella Anchor

1" Paver  
 Deck  
 Concrete  
 Coping

*Distance to  
 Property line  
 200 feet  
 all  
 directions*

Herndon.rebecca@gmail.com

1084 sf Deck  
 527 sf Pool



SCALE: 1/8" = 1'

Peeler Pools  
 9878 S U.S.Hwy 441  
 Lake City FL 32025

Phone: 386-755-2848  
 Fax: 386-755-5577

Designed by:  
 Raymond Peeler  
 12/7/2012

Herndon, Jack & Becky  
 Designed 261 SW Ford-Feagle Place  
 Lake City FI 32024

# PEELER POOLS

## CERTIFIED POOL PLANS

THIS CERTIFICATE IS VALID FOR THE STATE OF FLORIDA ONLY. IT IS NOT VALID FOR ANY OTHER STATE. IT IS THE RESPONSIBILITY OF THE USER TO OBTAIN THE NECESSARY PERMITS AND TO FOLLOW ALL APPLICABLE CODES AND REGULATIONS. THE USER SHALL BE RESPONSIBLE FOR THE PROTECTION OF THE PUBLIC. THE USER SHALL BE RESPONSIBLE FOR THE PROTECTION OF THE PUBLIC. THE USER SHALL BE RESPONSIBLE FOR THE PROTECTION OF THE PUBLIC.

THE USER'S RESPONSIBILITY FOR OBTAINING THE NECESSARY PERMITS AND TO FOLLOW ALL APPLICABLE CODES AND REGULATIONS. THE USER SHALL BE RESPONSIBLE FOR THE PROTECTION OF THE PUBLIC. THE USER SHALL BE RESPONSIBLE FOR THE PROTECTION OF THE PUBLIC. THE USER SHALL BE RESPONSIBLE FOR THE PROTECTION OF THE PUBLIC.

SYMBOL	DESCRIPTION
	ELEVATION MARK
	SECTION MARK
	DETAIL CALLOUT
	ELEVATION INDICATOR
	DOOR TAG
	WINDOW TAG
	ROOM TAG
	REVISION CLOUD

### DRAWING INDEX

#### - BUILDING PACKAGE

SHEET #	SHEET TITLE	REV. #	REV. DATE
T-1.0	TITLE SHEET	0	05-18-10
S-1.0	SECTIONS	0	05-18-10
A-1.0	PLAN VIEW	0	05-18-10

- GENERAL DESIGN REQUIREMENTS:**
- DESIGN DIMENSIONS SHALL COMPLY WITH SPECIFICATIONS IN ANSI/NSPI 5 RESIDENTIAL IN-GROUND POOLS BASED ON THE POOL TYPE AND NSPI 3 PERMANENTLY INSTALLED RESIDENTIAL SPAS.
  - SEE ANSI/NSPI 5 FOR DINING WATER ENVELOPES.
  - SLIDES SHALL MEET MANUFACTURER'S INSTALLATION REQUIREMENTS.
  - ENTRY/EXIT: SHALL COMPLY WITH ANSI/NSPI 5 AND NSPI 3 LOADERS, UNDERWATER SEATS AND SWIM OUTS (MAX. 20" BELOW WATER).
  - CIRCULATION SYSTEMS, COMPONENTS & EQUIPMENT SHALL COMPLY W/ NSF 50.
  - THE MAXIMUM TURNOVER RATE IS 12 HOURS.
  - FILTERS SHALL HAVE AN AIR RELIEF AND PRESSURE GAUGE.
  - CORROSION RESISTANT STRAINER AND MEET THE REQUIRED FLOW.
  - SURFACE SKIMMERS SHALL MEET NSF 50 AND THERE SHALL BE ONE FOR EVERY 800 SQUARE FEET OF SURFACE AREA.
  - RETURN INLETS SHALL BE A MINIMUM OF ONE FOR EVERY 600 SQ. FT.
  - HEATERS SHALL MEET ANSI-Z21.56 OR UL1261 OR UL559.
  - DISINFECTANT EQUIPMENT SHALL COMPLY WITH NSF 50.
  - PRESSURE TEST PIPING AT 35 PSI FOR 15 MINUTES OR MEET LOCAL CODE IF GREATER.
  - POOL SHAPE IS FREE FORM, ABOVE SHAPE AND DIMENSION ARE APPROXIMATE.
  - ASSUMED SOIL BEARING = 1.5 KSF.
  - INSTALL CONTROL JOINTS @ 20'-0" O.C. IN POOL DECKING.
  - CONCRETE STAIRS ARE 12" TREAD WITH AND 10" MAX. HEIGHT.
  - LIGHTING IF INSTALLED WILL BE FIBER OPTIC OR LED.
  - ALL EQUIPOTENTIAL BONDING SHALL BE INSTALLED PER 2008 NEC 680.26.
  - SLAB AND FOOTING : 2500 PSI CONCRETE, GRADE 40 STEEL REBAR.

- SPECIAL SPA REQUIREMENTS:**
- MAXIMUM WATER DEPTH 4', MAXIMUM SEAT DEPTH 28".
  - MAXIMUM FLOOR SLOPE 1:12.
  - STEPS: MINIMUM TREAD = 10"x12", MINIMUM RISE=7" MAXIMUM RISE= 12" EXCEPT THE BOTTOM STEP MAY BE 14" IF IT IS THE SEAT. INTERMEDIATE TREADS AND RISES TO BE UNIFORM.
  - SLIDES SHALL MEET MANUFACTURER'S INSTALLATION REQUIREMENTS.
  - IF THE SPA IS OPERATED INTERMITTENTLY IT SHALL HAVE A ONE HOUR TURNOVER.
  - MAXIMUM TEMPERATURE IS 104° FAHRENHEIT.
  - MEET ANSI/NSPI ARTICLE XVI SAFETY INSTRUCTION/SAFETY SIGN.
  - PRESSURE TEST PIPING AT 35 PSI FOR 15 MINUTES OR MEET LOCAL CODE IF GREATER.
  - ELECTRICAL REQUIREMENTS.
  - WIRING AND BONDING AND ALL ELECTRICAL TO NEC ARTICLE 680 OR LOCAL CODE.
  - NO OUTLET OR OVERHEAD POWER WITHIN 10' IF WITHIN 15' PROTECT BY GFI TRANSFORMER MINIMUM 10' FROM POOL.
  - 8" ABOVE WATER J BOX 4" FROM POOL. BRASS TO J BOX OR TRANSFORMER WHICH EVER IS FIRST EXCEPT WHERE PVC IS APPROVED.
  - EQUIPOTENTIAL BONDING GRID TO BE ACCOMPLISHED PER THE NEC, SECTION 650.26 (C)(3)b.

- ADDITIONAL NOTES:**
- POOL INSTALLATION SHALL BE BY A QUALIFIED AND LICENSED CONTRACTOR, THE INSTALLATION SHALL CONFORM TO ALL LOCAL BUILDING CODES, IE PERMITS, SPECIFICATIONS, CODES, RULES, INSPECTIONS, WORKMANSHIP, ETC.
  - POOL SHELL SHALL BEAR ON UNDISTURBED SOIL, FREE OF PEAT, MUCK, OR OTHER DELETERIOUS MATERIAL OF ANY SIGNIFICANT AMOUNT.
  - BACKFILL MATERIAL MUST NOT CONTAIN ROCKS OR OTHER MATERIALS THAT COULD DAMAGE POOL WALLS.
  - POOL TURNOVER SHALL BE 12 HOURS, MAXIMUM WITH CARTRIDGE FILTER, APPROVED PUMP (MIN 1/2 HP WITH 29 GPM @ 60 TQH).
  - STEPS SHALL BE PROVIDED AT THE SHALLOW END OF THE POOL.
  - LADDERS ARE TO BE PROVIDED IN POOLS WITH GREATER THAN 5' DEPTH WITHOUT SWIMOUTS.
  - INSTALL LOW VOLTAGE LIGHT PER NEC 680.
  - DURING HURRICANE WARNING OR ALERT, THIS POOL SHALL BE FILLED WITH WATER.
  - ALL GLASS WITHIN 5' OF WATERS EDGE SHALL COMPLY WITH R308.4(9) FOR SAFETY GLAZING.

PEELER POOLS  
CERTIFIED POOL PLANS  
FLORIDA



P.O. BOX 167  
130 W. HAWAIIAN STREET  
LAKE OAK, FL 32804  
PHONE (407) 362-4130  
FAX: (407) 362-4130  
GARY J. GILL, PE 51942  
ALTHA \* 0461

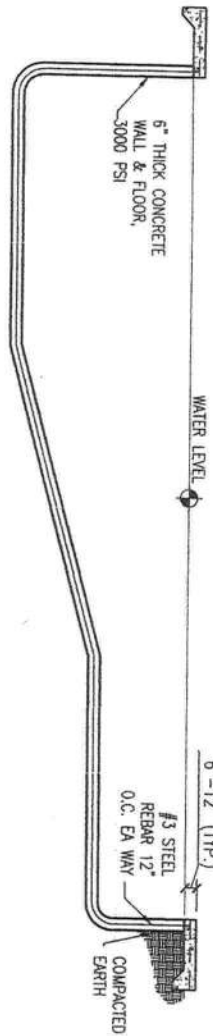
REV. #	DATE	REVISION NOTES
0	05-18-10	ISSUED FOR CONSTRUCTION

TITLE SHEET

T-1.0

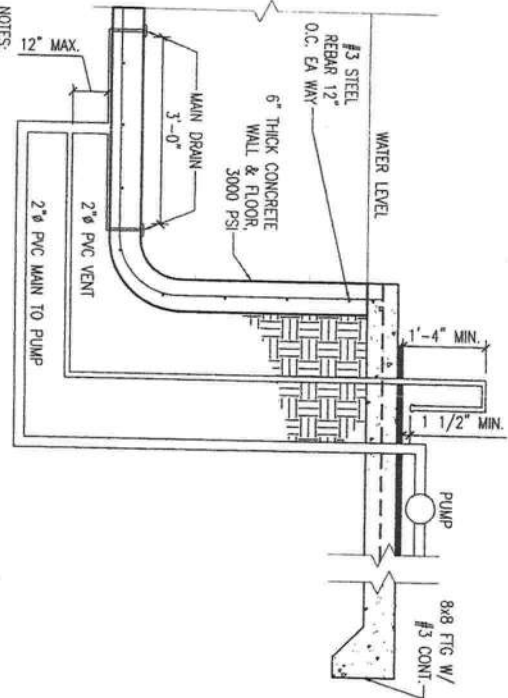
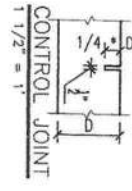
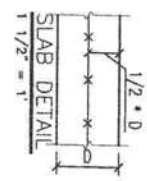
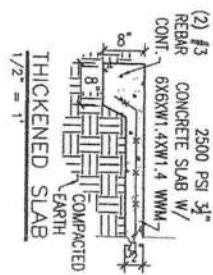
DATE: 05-18-2010  
F. VALENCH  
G.L.B.





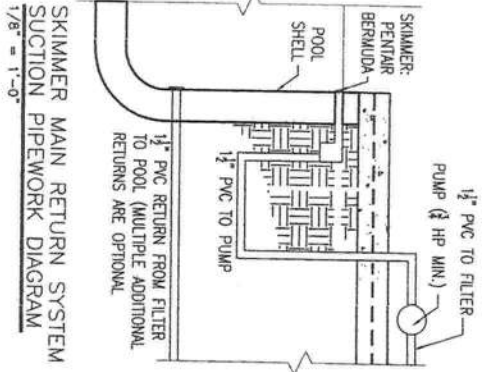
SECTION  
3/16" = 1"

PIPE SIZING CHART (MAX.)			
PIPE	SUCTION	PRESSURE	
1 1/2"	35 GPM	60 GPM	60 GPM
2"	60 GPM	100 GPM	100 GPM

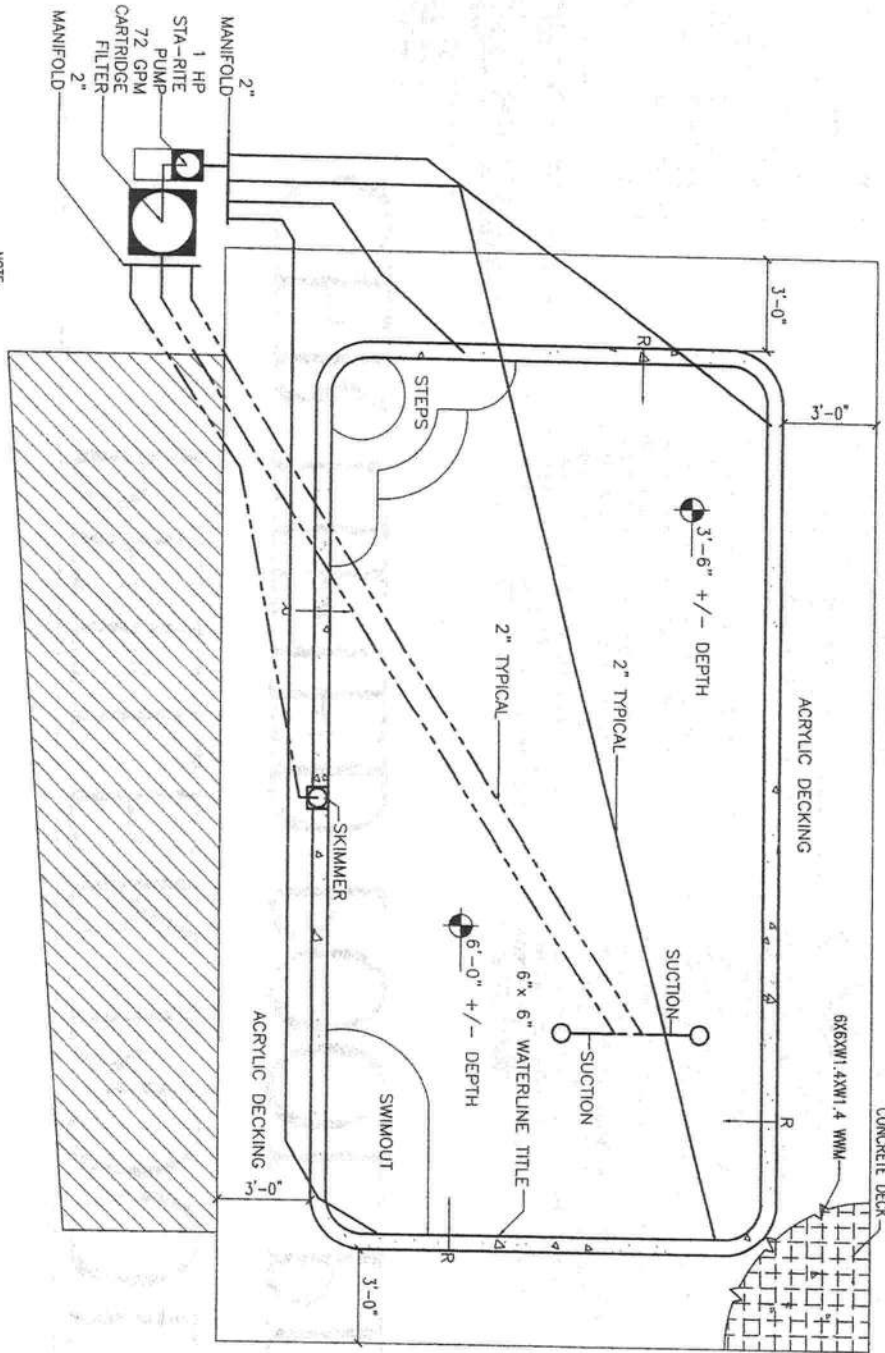


- NOTES:
1. MAIN SUCTION LINE IS TO BE 2"
  2. VENT LINE IS TO BE 2"
  3. LABEL VENT "HANDS-OFF; POOL SAFETY DEVICE"
  4. MAXIMUM UNDERWATER LENGTH OF VENT PIPE IS 30', 90' BENDS SHOULD BE COUNTED AS 3' OF PIPE, 45' BENDS AS 2'
  5. MINIMUM PUMP FLOW REQUIRED IS 42 GPM, TEST FLOW RATE OF 60 GPM CLEARED VENT LINE IN LESS THAN 3 SECONDS

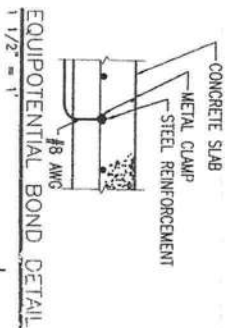
MAIN DRAIN WITH AIR VENT  
1/2" = 1"



SKIMMER MAIN RETURN SYSTEM  
SUCTION PIPEWORK DIAGRAM  
1/8" = 1'-0"



- NOTE:
1. \*EQUIPOTENTIAL BONDING GRID
    - A. USE SOLID #8 AWG OR LARGER COPPER CONDUCT TO BOND ALL THE METAL IN AND AROUND THE POOL TOGETHER INTO AN INTERCONNECTED GRID.
    - B. THE REINFORCED CONCRETE DECK AND POOL SHELL WILL SERVE AS AN EQUIPOTENTIAL BONDING GRID
  2. CONTRACTOR TO SPEC. AND DESIGN FINAL PUMPING AND PIPING



PLAN VIEW

PEELER POOLS  
CERTIFIED POOL PLANS  
FLORIDA



P.O. BOX 167  
130 W. HOWARD STREET  
LIVE OAK, FL 32064  
PHONE: (888) 362-3678  
FAX: (352) 362-6133  
GARY J. GILL, PE 51942  
A1 ITL \* 0424

REV.	DATE	REVISION NOTES
1	01/18/10	REVISED FOR CONSTRUCTION
2		
3		
4		
5		

A-1.0

# **SUBCONTRACTOR VERIFICATION FORM**

APPLICATION NUMBER \_\_\_\_\_ CONTRACTOR \_\_\_\_\_ PHONE \_\_\_\_\_

**THIS FORM MUST BE SUBMITTED PRIOR TO THE ISSUANCE OF A PERMIT**

In Columbia County 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 permit. Per Florida Statute 440 and Ordinance 89-6, a contractor shall require all subcontractors to provide evidence of workers' compensation or exemption, general liability insurance and a valid Certificate of Competency license in Columbia County.

**Any changes, the permitted contractor is responsible for the corrected form being submitted to this office prior to the start of that subcontractor beginning any work. Violations will result in stop work orders and/or fines.**

<b>ELECTRICAL</b>	Print Name _____ License #: _____	Signature _____ Phone #: _____
<b>MECHANICAL/ A/C</b>	Print Name _____ License #: _____	Signature _____ Phone #: _____
<b>PLUMBING/ GAS</b>	Print Name _____ License #: _____	Signature _____ Phone #: _____
<b>ROOFING</b>	Print Name _____ License #: _____	Signature _____ Phone #: _____
<b>SHEET METAL</b>	Print Name _____ License #: _____	Signature _____ Phone #: _____
<b>FIRE SYSTEM/ SPRINKLER</b>	Print Name _____ License #: _____	Signature _____ Phone #: _____
<b>SOLAR</b>	Print Name _____ License #: _____	Signature _____ Phone #: _____

<b>Specialty License</b>	<b>License Number</b>	<b>Sub-Contractors Printed Name</b>	<b>Sub-Contractors Signature</b>
MASON			
CONCRETE FINISHER			
FRAMING			
INSULATION			
STUCCO			
DRYWALL			
PLASTER			
CABINET INSTALLER			
PAINTING			
ACOUSTICAL CEILING			
GLASS			
CERAMIC TILE			
FLOOR COVERING			
ALUM/VINYL SIDING			
GARAGE DOOR			
METAL BLDG ERECTOR			

**F. S. 440.103 Building permits; identification of minimum premium policy.**--Every employer shall, as a condition to applying for and receiving a building permit, show proof and certify to the permit issuer that it has secured compensation for its employees under this chapter as provided in ss. 440.10 and 440.38, and shall be presented each time the employer applies for a building permit.



# COLUMBIA COUNTY FLORIDA

## COMPLETION

### COLUMBIA COUNTY, FLORIDA

#### Department of Building and Zoning Inspection

*This Certificate of Occupancy is issued to the below named permit holder for the building and premises at the below named location, and certifies that the work has been completed in accordance with the Columbia County Building Code.*

Parcel Number 11-4S-16-02921-000

Building permit No. 000030734

Permit Holder RAYMOND PEELER

Type SWIMMING POOL

Owner of Building JACK& REBECCA HERNDON

Location: 261 SW FORD FEAGLE PL, LAKE CITY, FL 32024

Date: 04/01/2013

Building Inspector



POST IN A CONSPICUOUS PLACE  
(Business Places Only)



**Columbia County Building Permit Application**

<b>For Office Use Only</b>		Application # <u>1212-40</u>	Date Received <u>12-20-12</u>	By <u>LH</u>	Permit # <u>30734</u>
Zoning Official <u>BLK</u>	Date <u>21 DEC 2012</u>	Flood Zone <u>X</u>	Land Use <u>RLD</u>	Zoning <u>RSF-2</u>	
FEMA Map # <u>N/A</u>	Elevation <u>N/A</u>	MFE <u>N/A</u>	River <u>N/A</u>	Plans Examiner <u>J.C.</u>	Date <u>12-21-12</u>
Comments _____					
<input checked="" type="checkbox"/> NOC <u>MEH</u>	<input checked="" type="checkbox"/> Deed or PA	<input checked="" type="checkbox"/> Site Plan	<input checked="" type="checkbox"/> State Road Info	<input checked="" type="checkbox"/> Well letter	<input checked="" type="checkbox"/> 911 Sheet
<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 _____	<input checked="" type="checkbox"/> Sub VF Form	
Road/Code _____	School _____	= TOTAL (Suspended) <u>N</u>		Ellisville Water <input checked="" type="checkbox"/>	App Fee Paid <input checked="" type="checkbox"/>

Septic Permit No. N/A Fax 386 755 5577

Name Authorized Person Signing Permit Raymond or Alice Peeler Phone 386 755 2848

Address 9878 S US Hwy 441 Lake City FL 32025

Owners Name Jack & Rebecca Herndon Phone \_\_\_\_\_

911 Address 261 SW Ford Feagle Place Lake City FL

Contractors Name Raymond Peeler Phone 386 867 4888

Address 9878 S US Hwy 441 Lake City FL 32025

Fee Simple Owner Name & Address N/A

Bonding Co. Name & Address A

Architect/Engineer Name & Address N/A

Mortgage Lenders Name & Address A

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

Property ID Number 11 4516 02921-0000 Estimated Cost of Construction 38,000

Subdivision Name N/A Lot \_\_\_\_\_ Block \_\_\_\_\_ Unit \_\_\_\_\_ Phase \_\_\_\_\_

Driving Directions West on 90 - (L) Sisters Welcome - (R) Ford Feagle - go straight up private Drive

Number of Existing Dwellings on Property 1

Construction of Swimming Pool Total Acreage 40 Lot Size \_\_\_\_\_

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 200' Side 200' Side 200' Rear 200'

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 2010 and the 2008 National Electrical Code.

*Spoke to Raymond 12-21-12*

*240.00  
chk  
12/26/12*



**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. You must verify if your property is encumbered by any restrictions or face possible litigation and or fines.

(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.

 Contractor's Signature (Permitee)

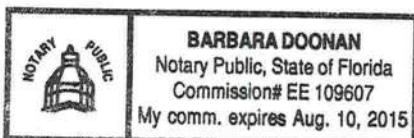
Contractor's License Number CPL057105  
Columbia County  
Competency Card Number \_\_\_\_\_

Affirmed under penalty of perjury to by the Contractor and subscribed before me this 4<sup>th</sup> day of Sept 2012.

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

 SEAL:

State of Florida Notary Signature (For the Contractor)





19 10 01:29p

Raymond Peeler

386-755-5577

p.2

## SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER \_\_\_\_\_

CONTRACTOR

Raymond Peeler

PHONE

755-2848

THIS FORM MUST BE SUBMITTED PRIOR TO THE ISSUANCE OF A PERMIT

In Columbia County 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 permit. Per Florida Statute 440 and Ordinance 89-6, a contractor shall require all subcontractors to provide evidence of workers' compensation or exemption, general liability insurance and a valid Certificate of Competency license in Columbia County.

Any changes, the permitted contractor is responsible for the corrected form being submitted to this office prior to the start of that subcontractor beginning any work. Violations will result in stop work orders and/or fines.

<b>ELECTRICAL</b> OC 314	Print Name: <u>Craig Holder</u> License #: <u>ER 0014642</u>	Signature: <u>[Signature]</u> Phone #: <u>397 3810</u>
<b>MECHANICAL/</b> <b>/C</b>	Print Name: _____ License #: _____	Signature: _____ Phone #: _____
<b>LUMBERING/</b> <b>BAIS</b>	Print Name: _____ License #: _____	Signature: _____ Phone #: _____
<b>ROOFING</b>	Print Name: _____ License #: _____	Signature: _____ Phone #: _____
<b>HEET METAL</b>	Print Name: _____ License #: _____	Signature: _____ Phone #: _____
<b>IRE SYSTEM/</b> <b>SPRINKLER</b>	Print Name: _____ License #: _____	Signature: _____ Phone #: _____
<b>PLUMBING</b>	Print Name: _____ License #: _____	Signature: _____ Phone #: _____

Specialty License	License Number	Sub-Contractors Printed Name	Sub-Contractors Signature
MASON			
CONCRETE FINISHER			
FRAMING			
INSULATION			
TUCCO			
DRYWALL			
PLASTER			
CABINET INSTALLER			
PAINTING			
ACOUSTICAL CEILING			
GLASS			
CERAMIC TILE			
FLOOR COVERING			
CEILING/VINYL SIDING			
GARAGE DOOR			
METAL BLDG ERECTOR			

§ 440.103 Building permits; identification of minimum premium policy.—Every employer shall, as a condition to applying for and receiving a building permit, show proof and certify to the permit issuer that it has secured compensation for its employees under this chapter as provided in ss. 440.10 and 440.38, and shall be presented each time the employer applies for a building permit.



Mar 19 10 01:32p

Raymond Fessler

352-2883177

## SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER \_\_\_\_\_

CONTRACTOR

Raymond Fessler

PHONE

755 2848

THIS FORM MUST BE SUBMITTED PRIOR TO THE ISSUANCE OF A PERMIT

In Columbia County 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 permit. Per Florida Statute 440 and Ordinance 89-5, a contractor shall require all subcontractors to provide evidence of workers' compensation or exemption, general liability insurance and a valid Certificate of Competency license in Columbia County.

Any changes, the permitted contractor is responsible for the corrected form being submitted to this office prior to the start of that subcontractor beginning any work. Violations will result in stop work orders and/or fines.

ELECTRICAL	Print Name _____ License #: _____	Signature _____ Phone #: _____
MECHANICAL/ A/C _____	Print Name _____ License #: _____	Signature _____ Phone #: _____
PLUMBING/ GAS	Print Name _____ License #: _____	Signature _____ Phone #: _____
ROOFING	Print Name _____ License #: _____	Signature _____ Phone #: _____
SHEET METAL	Print Name _____ License #: _____	Signature _____ Phone #: _____
FIRE SYSTEM/ SPRINKLER	Print Name _____ License #: _____	Signature _____ Phone #: _____
SOLAR	Print Name _____ License #: _____	Signature _____ Phone #: _____

Specialty License	License Number	Contractor Signature	Contractor Stamp
MASON			
CONCRETE FINISHER	856	Jeff Nylander	Raymond Fessler
FRAMING			
INSULATION			
STUCCO			
DRYWALL			
PLASTER			
CABINET INSTALLER			
PAINTING			
ACOUSTICAL CEILING			
GLASS			
CERAMIC TILE			
FLOOR COVERING			
ALUM/VINYL SIDING			
GARAGE DOOR			
METAL BLDG ERECTOR			

F. S. 440.105 Building permits; identification of minimum premium policy.--Every employer shall, as a condition to applying for and receiving a building permit, show proof and certify to the permit issuer that it has secured compensation for its employees under this chapter as provided in ss. 440.10 and 440.38, and shall be presented each time the employer applies for a building permit.

Continued Form 12 Subcontractor Form 1-01-00



## SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER \_\_\_\_\_

CONTRACTOR

Raymond Padon

PHONE

755 2848

THIS FORM MUST BE SUBMITTED PRIOR TO THE ISSUANCE OF A PERMIT

In Columbia County 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 permit. Per Florida Statute 440 and Ordinance 89-6, a contractor shall require all subcontractors to provide evidence of workers' compensation or exemption, general liability insurance and a valid Certificate of Competency license in Columbia County.

Any changes, the permitted contractor is responsible for the corrected form being submitted to this office prior to the start of that subcontractor beginning any work. Violations will result in stop work orders and/or fines.

ELECTRICAL	Print Name _____ License #: _____	Signature _____ Phone #: _____
MECHANICAL/ A/C _____	Print Name _____ License #: _____	Signature _____ Phone #: _____
PLUMBING/ GAS	Print Name _____ License #: _____	Signature _____ Phone #: _____
ROOFING	Print Name _____ License #: _____	Signature _____ Phone #: _____
SHEET METAL	Print Name _____ License #: _____	Signature _____ Phone #: _____
FIRE SYSTEM/ SPRINKLER	Print Name _____ License #: _____	Signature _____ Phone #: _____
SOLAR	Print Name _____ License #: _____	Signature _____ Phone #: _____

MASON

CONCRETE FINISHER

FRAMING

INSULATION

STUCCO

DRYWALL

PLASTER 1138

CABINET INSTALLER

PAINTING

ACOUSTICAL CEILING

GLASS

CERAMIC TILE

FLOOR COVERING

ALUM/VINYL SIDING

GARAGE DOOR

METAL BLDG ERECTOR

1138 James Padgett

X James Padgett

F. S. 440.105 Building permits; identification of minimum premium policy. Every employer shall, as a condition to applying for and receiving a building permit, show proof and certify to the permit issuer that it has secured compensation for its employees under this chapter as provided in ss. 440.10 and 440.33, and shall be presented each time the employer applies for a building permit.

Corporate Permit: Subcontractor Form 4/00



**NOTICE OF COMMENCEMENT**

**STATE OF FLORIDA COUNTY OF** Columbia **CITY OF** Lake City

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 \_\_\_\_\_ BLOCK \_\_\_\_\_ SECTION \_\_\_\_\_ TOWNSHIP \_\_\_\_\_ RANGE \_\_\_\_\_  
TAX PARCEL # 11 43 16 02921-0000  
SUBDIVISION: \_\_\_\_\_ PLATBOOK: \_\_\_\_\_ MAP PAGE# \_\_\_\_\_  
STREET ADDRESS: 261 SW Ford Fangle Place  
Lake City FL

**GENERAL DESCRIPTION OF IMPROVEMENT:**

TO CONSTRUCT: Swimming Pool

**OWNER INFORMATION:**

OWNER(S) NAME: Jack & Rebecca Herndon  
ADDRESS: 261 SW Ford Fangle Pl PHONE \_\_\_\_\_  
CITY: Lake City FL STATE FL ZIP 32025  
INTEREST IN THE PROPERTY: Owner  
FEE SIMPLE TITLEHOLDER NAME: N/A  
FEE SIMPLE TITLEHOLDER ADDRESS: (IF OTHER THAN OWNER) N/A

**CONTRACTOR NAME: Peeler Pools, Inc**

ADDRESS: 9878 S US Hwy 441 Lake City, FL 32025 386-755-2848

BONDING COMPANY: N/A ADDRESS: N/A PHONE NUMBER N/A

CITY: N/A STATE N/A ZIP CODE: N/A

LENDER NAME: N/A

ADDRESS: \_\_\_\_\_ PHONE \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

Prepared by: Peeler Pools, Inc. (Raymond Peeler)

Return to : Peeler Pools, Inc. 9878 S. US Hwy 441 Lake City, FL 32025

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: None ADDRESS: N/A

In addition to himself, Owner designates: **Raymond Peeler of Peeler Pools, Inc.**  
**9878 S US Hwy 441 Lake City, FL 32025**

to receive a copy of the Lienor's Notice as provided in Section 713.13 (1) (b), Florida Statutes.

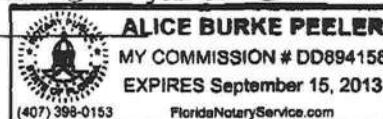
Expiration date is 1 year from date of recording unless a different date is specified.

**SIGNATURE OF OWNER** [Signature]

SWORN to and subscribed before me this 13<sup>th</sup> day of Dec year of 2012

Notary Public \_\_\_\_\_ My commission expires \_\_\_\_\_

Signature: Alice B. Peeler



**\*\*\*WARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF NOTICE OF COMMENCEMENT ARE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART 1, 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 WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.**



## COLUMBIA COUNTY BUILDING DEPARTMENT

135 NE Hernando Ave., Suite B-21

Lake City, FL 32055

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

Application Number 1212-40

### NOTICE TO SWIMMING POOL OWNERS

I Jack ou Beatty Herndon 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 at 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 of 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) **Or;** 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 0515: 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 drowning 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.

[Signature]  
Owner Signature / Date

Address: 261 SW Ford Feagle Pl Lake City FL

[Signature]  
Contractor Signature / Date

CPC051105  
License Number



# Columbia County Property Appraiser

CAMA updated: 10/15/2012

**2012 Tax Year**

[Tax Collector](#) [Tax Estimator](#) [Property Card](#)

[Parcel List Generator](#)

Parcel: 11-4S-16-02921-000

[<< Next Lower Parcel](#) [Next Higher Parcel >>](#)

[Interactive GIS Map](#) [Print](#)

## Owner & Property Info

Search Result: 1 of 2 Next >>

Owner's Name	HERNDON JACK R JR & REBECCA D		
Mailing Address	261 SW FORD FEAGLE PLACE LAKE CITY, FL 32024		
Site Address	261 SW FORD FEAGLE PL		
Use Desc. (code)	IMPROVED A (005000)		
Tax District	2 (County)	Neighborhood	11416
Land Area	40.000 ACRES	Market Area	06
Description	NOTE: This description is not to be used as the Legal Description for this parcel in any legal transaction. NE1/4 OF SE1/4 EX 10 AC OFF W SIDE & 10 AC IN NE COR OF SE1/4 OF SE1/4. (JOINS 12-4S-16-2940-003)		



## Property & Assessment Values

2012 Certified Values		
Mkt Land Value	cnt: (1)	\$4,861.00
Ag Land Value	cnt: (1)	\$6,474.00
Building Value	cnt: (1)	\$115,176.00
XFOB Value	cnt: (5)	\$2,210.00
Total Appraised Value		\$128,721.00
Just Value		\$255,944.00
Class Value		\$128,721.00
Assessed Value		\$124,751.00
Exempt Value	(code: HX H3)	\$50,000.00
Total Taxable Value		Cnty: \$74,751 Other: \$74,751   Schl: \$99,751

## 2013 Working Values

**NOTE:**  
2013 Working Values are NOT certified values and therefore are subject to change before being finalized for ad valorem assessment purposes.

[Show Working Values](#)

## Sales History

[Show Similar Sales within 1/2 mile](#)

Sale Date	OR Book/Page	OR Code	Vacant / Improved	Qualified Sale	Sale RCode	Sale Price
NONE						

## Building Characteristics

Bldg Item	Bldg Desc	Year Blt	Ext. Walls	Heated S.F.	Actual S.F.	Bldg Value
1	SINGLE FAM (000100)	1982	COMMON BRK (19)	2406	4163	\$113,554.00
Note: All S.F. calculations are based on exterior building dimensions.						

## Extra Features & Out Buildings

Code	Desc	Year Blt	Value	Units	Dims	Condition (% Good)
0190	FPLC PF	0	\$1,200.00	0000001.000	0 x 0 x 0	(000.00)
0070	CARPORT UF	1993	\$810.00	0000360.000	18 x 20 x 0	AP (025.00)