

APPLICANT	<u>DARRELL TURNER</u>		PHONE	<u>755-0086</u>		
ADDRESS	<u>          P.O. BOX 3307</u>	<u>LAKE CITY</u>			<u>FL</u>	<u>32056</u>
OWNER	<u>ROCKY &amp; AMY LEE</u>		PHONE	<u>755-7288</u>		
ADDRESS	<u>248</u>	<u>SW JUSTIN ST</u>	<u>LAKE CITY</u>		<u>FL</u>	<u>32024</u>
CONTRACTOR	<u>DARRELL TURNER</u>		PHONE	<u>755-0086</u>		
LOCATION OF PROPERTY	247S, TL ON JUSTIN GLEN, 6TH HOUSE ON RIGHT					

TYPE DEVELOPMENT	RE-ROOF/SFD		ESTIMATED COST OF CONSTRUCTION		7700.00
HEATED FLOOR AREA	TOTAL AREA		HEIGHT	STORIES	
FOUNDATION	WALLS	ROOF PITCH	FLOOR		
LAND USE & ZONING				MAX. HEIGHT	
Minimum Set Back Requirments:	STREET-FRONT		REAR	SIDE	
NO. EX.D.U.	FLOOD ZONE	N/A	DEVELOPMENT PERMIT NO.		

PARCEL ID	10-4S-16-02866-006		SUBDIVISION	
LOT	BLOCK	PHASE	UNIT	TOTAL ACRES

Culvert Permit No.		Culvert Waiver	Contractor's License Number	Applicant/Owner/Contractor	
EXISTING		X09-211	CS	HD	N
Driveway Connection		Septic Tank Number	LU & Zoning checked by	Approved for Issuance	New Resident
COMMENTS: NOC ON FILE					

Check # or Cash 5346

**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 \$	40.00	CERTIFICATION FEE \$	0.00	SURCHARGE FEE \$	0.00
MISC. FEES \$	0.00	ZONING CERT. FEE \$		FIRE FEE \$	0.00
				WASTE FEE \$	
FLOOD DEVELOPMENT FEE \$		FLOOD ZONE FEE \$		CULVERT FEE \$	
<b>TOTAL FEE</b>					40.00
INSPECTOR'S OFFICE			CLERK'S 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 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.**



## Columbia County Building Permit Application

5346

**For Office Use Only** Application # 0907-23 Date Received 7/16/09 By GT Permit # 27950  
Zoning Official \_\_\_\_\_ Date \_\_\_\_\_ Flood Zone \_\_\_\_\_ Land Use \_\_\_\_\_ Zoning \_\_\_\_\_  
FEMA Map # \_\_\_\_\_ Elevation \_\_\_\_\_ MFE \_\_\_\_\_ River \_\_\_\_\_ Plans Examiner \_\_\_\_\_ Date \_\_\_\_\_  
Comments \_\_\_\_\_  
☐ NOC ☐ EH ☐ Deed or PA ☐ Site Plan ☐ State Road Info ☐ Parent Parcel # \_\_\_\_\_  
☐ Dev Permit # \_\_\_\_\_ ☐ In Floodway ☐ Letter of Auth. from Contractor ☐ F W Comp. letter  
IMPACT FEES: EMS \_\_\_\_\_ Fire \_\_\_\_\_ Corr \_\_\_\_\_ Road/Code \_\_\_\_\_  
School \_\_\_\_\_ = TOTAL \_\_\_\_\_

Septic Permit No. \_\_\_\_\_ Fax 755-4664  
Name Authorized Person Signing Permit Danell Turner Phone 755-0086  
Address P.O. Box 3307 Lake City FL 32056  
Owners Name Rocky & Army Lee Phone 755-7288  
911 Address 2475<sup>th</sup> Justin St. Lake City FL 32024  
Contractors Name Danell Turner Phone 755-0086  
Address Same

Fee Simple Owner Name & Address \_\_\_\_\_  
Bonding Co. Name & Address \_\_\_\_\_  
Architect/Engineer Name & Address \_\_\_\_\_  
Mortgage Lenders Name & Address \_\_\_\_\_

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

Property ID Number 10-45-16-02866-006 Estimated Cost of Construction \$7700.

Subdivision Name \_\_\_\_\_ Lot \_\_\_\_\_ Block \_\_\_\_\_ Unit \_\_\_\_\_ Phase \_\_\_\_\_

Driving Directions 247 South to Justin Gln turn left  
6th house on Right

Number of Existing Dwellings on Property \_\_\_\_\_  
Construction of Re-roof Shingles - House Total Acreage \_\_\_\_\_ 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 \_\_\_\_\_ Side \_\_\_\_\_ Side \_\_\_\_\_ Rear \_\_\_\_\_  
Number of Stories 1 Heated Floor Area \_\_\_\_\_ Total Floor Area \_\_\_\_\_ Roof Pitch 5/12

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.

\$ 40



**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 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.

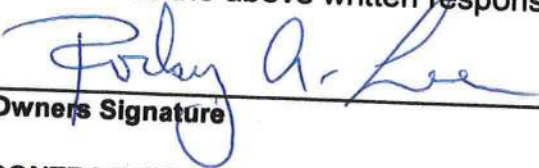
**TIME LIMITATIONS OF PERMITS:** Every permit issued shall become invalid unless the work authorized by such permit is commenced within 180 days after its issuance, or if the work authorized by such permit is suspended or abandoned for a period of 180 days after the time work is commenced. A valid permit 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 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. I further understand the above written responsibilities in Columbia County for obtaining this Building Permit.

  
Owners Signature

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

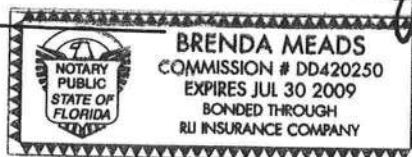
  
Contractor's Signature (Permitee)

Contractor's License Number 5501328465  
Columbia County  
Competency Card Number \_\_\_\_\_

Affirmed under penalty of perjury to by the Contractor and subscribed before me this 16 day of July 2009.  
Personally known ☒ or Produced Identification \_\_\_\_\_

  
State of Florida Notary Signature (For the Contractor)

SEAL:



@ CAM110M01 S CamaUSA Appraisal System Columbia County  
 7/16/2009 9:21 Property Maintenance 29000 Land 001  
 Year T Property Sel AG 000  
 2009 R 10-45-16-02866-006 ... \* 81108 Bldg 001  
 Owner LEE ROCKY A & AMY G + Conf 2500 Xfea 003  
 Addr 248 SW JUSTIN GLN HX 112608 TOTAL B\*  
 -Cap?- .900 Total Acres  
 SOH 10% ApYr ERnwl ARnwl Notc  
 Y Y 1997  
 City,St LAKE CITY FL Zip 32024  
 Country (PUD1) (PUD2) (PUD3) MKTA06  
 Splt/Co JVChgCd pud4 pud5 pud6  
 Appr By DF Date 1/07/2008 AppCode UseCd 000100 SINGLE FAMILY  
 TxDist Nbhd MktA ExCode Exemption/% TxCode Units Tp  
 003 10416.04 06 HX 25000  
 LAUREL MED  
 House# 248 Street JUSTIN MD GLN Dir SW #  
 - City Zip  
 Subd N/A Condo .00 N/A  
 Sect 10 Twn 45 Rnge 16 Subd Blk Lot  
 Legals COMM AT SE COR OF N1/2 OF SE1/4 OF SE1/4, RUN N 199.88  
 FT TO POB, CONT N 259.73 FT, RUN W 155.03 FT TO A POINT ON +  
 Map# Mnt 1/22/2008 PINKY  
 F1=Task F2=ExTx F3=Exit F4=Prompt F11=Docs F10=GoTo PgUp/PgDn F24=More



NOTICE OF COMMENCEMENT

County Clerk's Office Stamp or Seal

Tax Parcel Identification Number R02866-066

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. (Comm AT SEC OF N 120 F SE 1/4  
O F SE 1/4 RUN N 199.88' to POB, CONT N 259.73', RUN W 155.63' to A POINT ON JUSTIN AVE,

1. Description of property (legal description): RUN S 196.48', RUN S 69. Deg E 165.93' To POB AKA LOTS 5 LAKE  
a) Street (job) Address: 248 SW Justin Glen, Lake City, FL 32024

2. General description of improvements: Re Roof

3. Owner Information

a) Name and address: Rocky A. & Amy G. Lee, 248 SW Justin Glen  
b) Name and address of fee simple titleholder (if other than owner): Lake City, FL 32024  
c) Interest in property: \_\_\_\_\_

4. Contractor Information

a) Name and address: D.W. Turner Roofing P.O. Box 3307 Lake City, FL 32056  
b) Telephone No.: 386-755-0086 Fax No. (Opt.): 386-755-4660

5. Surety Information

a) Name and address: N/A  
b) Amount of Bond: \_\_\_\_\_  
c) Telephone No.: \_\_\_\_\_ Fax No. (Opt.): \_\_\_\_\_

6. Lender

a) Name and address: N/A  
b) Phone No.: \_\_\_\_\_

7. Identity of person within the State of Florida designated by owner upon whom notices or other documents may be served:

a) Name and address: N/A  
b) Telephone No.: \_\_\_\_\_ Fax No. (Opt.): \_\_\_\_\_

8. In addition to himself, owner designates the following person to receive a copy of the Lienor's Notice as provided in Section 713.13(l)(b), Florida Statutes:

a) Name and address: N/A  
b) Telephone No.: \_\_\_\_\_ Fax No. (Opt.): \_\_\_\_\_

9. Expiration date of Notice of Commencement (the expiration date is one 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

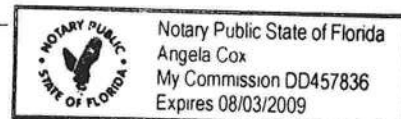
10. Amy G. Lee  
Signature of Owner or Owner's Authorized Office/Director/Partner/Manager  
Amy G. Lee  
Print Name

The foregoing instrument was acknowledged before me, a Florida Notary, this 15th day of July, 20 09, by:

Amy G. Lee as owner (type of authority, e.g. officer, trustee, attorney  
fact) for Self - Amy G. Lee (name of party on behalf of whom instrument was executed).

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

Notary Signature Angela Cox Notary Stamp or Seal:



11. Verification pursuant to Section 92.525, Florida Statutes. Under penalties of perjury, I declare that I have read the foregoing and that the facts stated in it are true to the best of my knowledge and belief.

Amy G. Lee  
Signature of Natural Person Signing (in line #10 above.)

D.W. Turner Roofing Inc.  
Proudly Serving Lake City  
& Surrounding Counties  
LIC# CCC1328465

Date	Estimate #
7/7/2009	1159

Name / Address
Rocky Lee 248 SE Justin Glenn, Lake City, FL Cell: 365-8099 Home: 755-7288

			Project
Description	Qty	Cost	Total
Reroof for: PRICE INCLUDES: 30yr Architectural Shingle all permits and disposal of waste tear off old shingles #30 felt paper button caps eave drip valley metal 5x5 flashings ridge vents off ridge vents pipe flashings ridge cap installed coil nails, and tar includes rot repair up to 3 sheets plywood  Warranty on Workmanship 5yrs		7,700.00	7,700.00
<b>Total</b>			<b>\$7,700.00</b>

Phone #	Fax #	E-mail
386-755-0086	386-755-4660	dwturnerroofing@gmail.com