

Columbia County New Building Permit Application

111

39004

For Office Use Only Application # 44034 Date Received 11/14 By MG Permit # 39003

Zoning Official LW Date 11-18-19 Flood Zone X Land Use Ag Zoning A-3

FEMA Map # _____ Elevation _____ MFE _____ River _____ Plans Examiner J.C. Date 12-2-19

Comments 1' above road

☒ NOC ☒ EH ☐ Deed or PA ☒ Site Plan ☐ State Road Info ☒ Well letter ☒ 911 Sheet ☐ Parent Parcel # _____

☐ Dev Permit # _____ ☐ In Floodway ☒ Letter of Auth. from Contractor ☐ F W Comp. letter

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

Septic Permit No. 19-0781 OR City Water ☐ Fax _____

Applicant (Who will sign/pickup the permit) Michael Chaddock Phone 269-207-5920

Address 12250 Wilson Rd Fruitport MI 49415

Owners Name Michael Chaddock Phone 269-207-5920

911 Address 230 SW Marynik Dr Hl Springs FL 32643

Contractors Name Michael Chaddock Phone 269-207-5920

Address 12250 Wilson Rd Fruitport MI 49415

Contractor Email WHITEBIRCHFARM58@GMAIL ***Include to get updates on this job.

Fee Simple Owner Name & Address _____

Bonding Co. Name & Address _____

Architect/Engineer Name & Address COLACINO DESIGN / MARK DISOSWAY P.E.

Mortgage Lenders Name & Address SELF - 163 Sd Midtown PL Lakeland, FL 32015

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

Property ID Number 16-75-17-10006-209 Estimated Construction Cost 200,000

Subdivision Name RIVER RISE Lot 9 Block _____ Unit 1 Phase _____

Driving Directions from a Major Road 441 TO 778 WEST TO MARYNIK SW
TO 230 SW MARYNIK DR.

Construction of NEW HOME Commercial OR ☒ Residential

Proposed Use/Occupancy HOME Number of Existing Dwellings on Property 0

Is the Building Fire Sprinkled? NO If Yes, blueprints included _____ Or Explain _____

Circle Proposed ☒ Culvert Permit or ☐ Culvert Waiver or ☐ D.O.T. Permit or ☐ Have an Existing Drive

Actual Distance of Structure from Property Lines - Front 120 Side 230 Side 65 Rear 400+

Number of Stories 1 Heated Floor Area 2025 Total Floor Area 3249 Acreage 5

Zoning Applications applied for (Site & Development Plan, Special Exception, etc.) _____

SCANNED

Columbia County Building Permit Application

CODE: Florida Building Code 2017 and the 2014 National Electrical Code.

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.

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 pursued in good faith or 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.

Michael Chaddock

Print Owners Name

Michael Chaddock

Owners Signature

****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

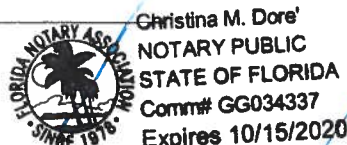
Columbia County

Competency Card Number

Affirmed under penalty of perjury to by the Contractor and subscribed before me this ____ day of ____ 20__.

Personally known ☐ or Produced Identification ☐

SEAL:



State of Florida Notary Signature (For the Contractor)



COLUMBIA COUNTY BUILDING DEPARTMENT

135 NE Hernando Ave., Suite B-21

Lake City, FL 32055

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

OWNER BUILDER DISCLOSURE STATEMENT

Florida Statutes Chapter 489.103:

1. I understand that state law requires construction to be done by a licensed contractor and have applied for an owner-builder permit under an exemption from the law. The exemption specifies that I, as the owner of the property listed, may act as my own contractor with certain restrictions even though I do not have a license.
2. I understand that building permits are not required to be signed by a property owner unless he or she is responsible for the construction and is not hiring a licensed contractor to assume responsibility.
3. I understand that, as an owner-builder, I am the responsible party of record on a permit. I understand that I may protect myself from potential financial risk by hiring a licensed contractor and having the permit filed in his or her name instead of my own name. I also understand that a contractor is required by law to be licensed in Florida and to list his or her license numbers on permits and contracts.
4. I understand that I may build or improve a one-family or two-family residence or a farm outbuilding. I may also build or improve a commercial building if the costs do not exceed \$75,000. The building or residence must be for my own use or occupancy. It may not be built or substantially improved for sale or lease, unless I am completing the requirements of a building permit where the contractor listed on the permit substantially completed the project. If a building or residence that I have built or substantially improved myself is sold or leased within 1 year after the construction is complete, the law will presume that I built or substantially improved it for sale or lease, which violates the exemption.
5. I understand that, as the owner-builder, I must provide direct, onsite supervision of the construction.
6. I understand that I may not hire an unlicensed person to act as my contractor or to supervise persons working on my building or residence. It is my responsibility to ensure that the persons whom I employ have the licenses required by law and by county or municipal ordinance.

7. I understand that it is a frequent practice of unlicensed persons to have the property owner obtain an owner-builder permit that erroneously implies that the property owner is providing his or her own labor and materials. I, as an owner-builder, may be held liable and subjected to serious financial risk for any injuries sustained by an unlicensed person or his or her employees while working on my property. My homeowner's insurance may not provide coverage for those injuries. I am willfully acting as an owner-builder and am aware of the limits of my insurance coverage for injuries to workers on my property.

8. I understand that I may not delegate the responsibility for supervising work to a licensed contractor who is not licensed to perform the work being done. Any person working on my building who is not licensed must work under my direct supervision and must be employed by me, which means that I must comply with laws requiring the withholding of federal income tax and social security contributions under the Federal Insurance Contributions Act (FICA) and must provide workers' compensation for the employee. I understand that my failure to follow these laws may subject me to serious financial risk.

9. I agree that, as the party legally and financially responsible for this proposed construction activity, I will abide by all applicable laws and requirements that govern owner-builders as well as employers. I also understand that the construction must comply with all applicable laws, ordinances, building codes, and zoning regulations.

10. I understand that I may obtain more information regarding my obligations as an employer from the Internal Revenue Service, the United States Small Business Administration, the Florida Department of Financial Services, and the Florida Department of Revenue. I also understand that I may contact the Florida Construction Industry Licensing Board at **850-487-1395** or <http://www.myfloridalicense.com/> for more information about licensed contractors.

11. I am aware of, and consent to, an owner-builder building permit applied for in my name and understand that I am the party legally and financially responsible for the proposed construction activity at the following address:

230 S.W. MARYNICK HI SPRINGS FLA 32643

(Write in the address of jobsite property)

12. I agree to notify Columbia County Building Department immediately of any additions, deletions, or changes to any of the information that I have provided on this disclosure. Licensed contractors are regulated by laws designed to protect the public. If you contract with a person who does not have a license, the Construction Industry Licensing Board and Department of Business and Professional Regulation may be unable to assist you with any financial loss that you sustain as a result of a complaint. Your only remedy against an unlicensed contractor may be in civil court. It is also important for you to understand that, if an unlicensed contractor or employee of an individual or firm is injured while working on your property, you may be held liable for damages. If you obtain an owner-builder permit and wish to hire a licensed contractor, you will be responsible for verifying whether the contractor is properly licensed and the status of the contractor's workers' compensation coverage.

Florida Statutes Chapter 489.503:

State law requires electrical contracting to be done by licensed electrical contractors. You have applied for a permit under an exemption to that law. The exemption allows you, as the owner of your property, to act as your own electrical contractor even though you do not have a license. You may install electrical wiring for a farm outbuilding or a single-family or duplex residence. You may install electrical wiring in a commercial building the aggregate construction costs of which are under \$75,000. The home or building must be for your own use and occupancy. It may not be built for sale or lease, unless you are completing the requirements of a building permit where the contractor listed on the permit substantially completed the project. If you sell or lease more than one building you have wired yourself within 1 year after the construction is complete, the law will presume that you built it for sale or lease, which is a violation of this exemption. You may not hire an unlicensed person as your electrical contractor. Your construction shall be done according to building codes and zoning regulations. It is your responsibility to make sure that people employed by you have licenses required by state law and by county or municipal licensing ordinances.

An owner of property completing the requirements of a building permit, where the contractor listed on the permit substantially completed the project as determined by the local permitting agency, for a one-family or two family residence, townhome, accessory structure of a one-family or two-family residence or townhome or individual residential condominium unit or cooperative unit. Prior to the owner qualifying for the exemption, the owner must receive approval from the local permitting agency, and the local permitting agency must determine that the contractor substantially completed the project. An owner who qualifies for the exemption under this paragraph is not required to occupy the dwelling or unit for at least 1 year after the completion of the project.

Before a building permit shall be issued, this notarized disclosure statement must be completed and signed by the property owner and returned to the local permitting agency responsible for issuing the permit.

TYPE OF CONSTRUCTION

☒ *Single Family Dwelling* ☐ *Two-Family Residence* ☐ *Farm Outbuilding*

☐ *Addition, Alteration, Modification or other Improvement* ☐ *Electrical*


☐ *Other* _____

☐ *Contractor substantially completed project, of a* _____

☐ *Commercial, Cost of Construction* _____ *for construction of* _____


I MICHAEL CHADDOCK, have been advised of the above disclosure
(Print Property Owners Name)

statement for exemption from contractor licensing as an owner/builder. I agree to comply with all requirements provided for in Florida Statutes allowing this exception for the construction permitted by Columbia County Building Permit.

Signature:  Date: 11-14-19
(Signature of property owner)

NOTARY OF OWNER BUILDER SIGNATURE

The above signer is personally known to me or produced identification MIDL

Notary Signature  Date 11/14/19 (Seal)



SSO 295812221



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

PERMIT NO. 19-0781
DATE PAID: 10/22/19
FEE PAID: 725.218
RECEIPT #: 1479445

APPLICATION FOR:

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

APPLICANT: Michael ChaddockAGENT: LDM Const. Co., Inc. / Lee Holloway TELEPHONE: 352-665-1775MAILING ADDRESS: 218 S.W. Grey Way, High Springs, FL 32643

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: 9 BLOCK: SUBDIVISION: River Rise PLATTED: PROPERTY ID #: 16-75-17-10006-209 ZONING: R I/M OR EQUIVALENT: ☒ Y ☐ NPROPERTY SIZE: 5 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐ ≤ 2000 GPD ☐ > 2000 GPDIS SEWER AVAILABLE AS PER 381.0065, FS? ☒ Y ☐ N DISTANCE TO SEWER: FTPROPERTY ADDRESS: 203 S.W. Marynik Dr.DIRECTIONS TO PROPERTY: 441 South To CR 778 - Right to S.W.Marynik Dr. - Left To 203

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	<u>SFR</u>	<u>2</u>	<u>4017 sqft</u>	<u>2025 Living</u>
2			<u>Under Roof</u>	
3				
4				

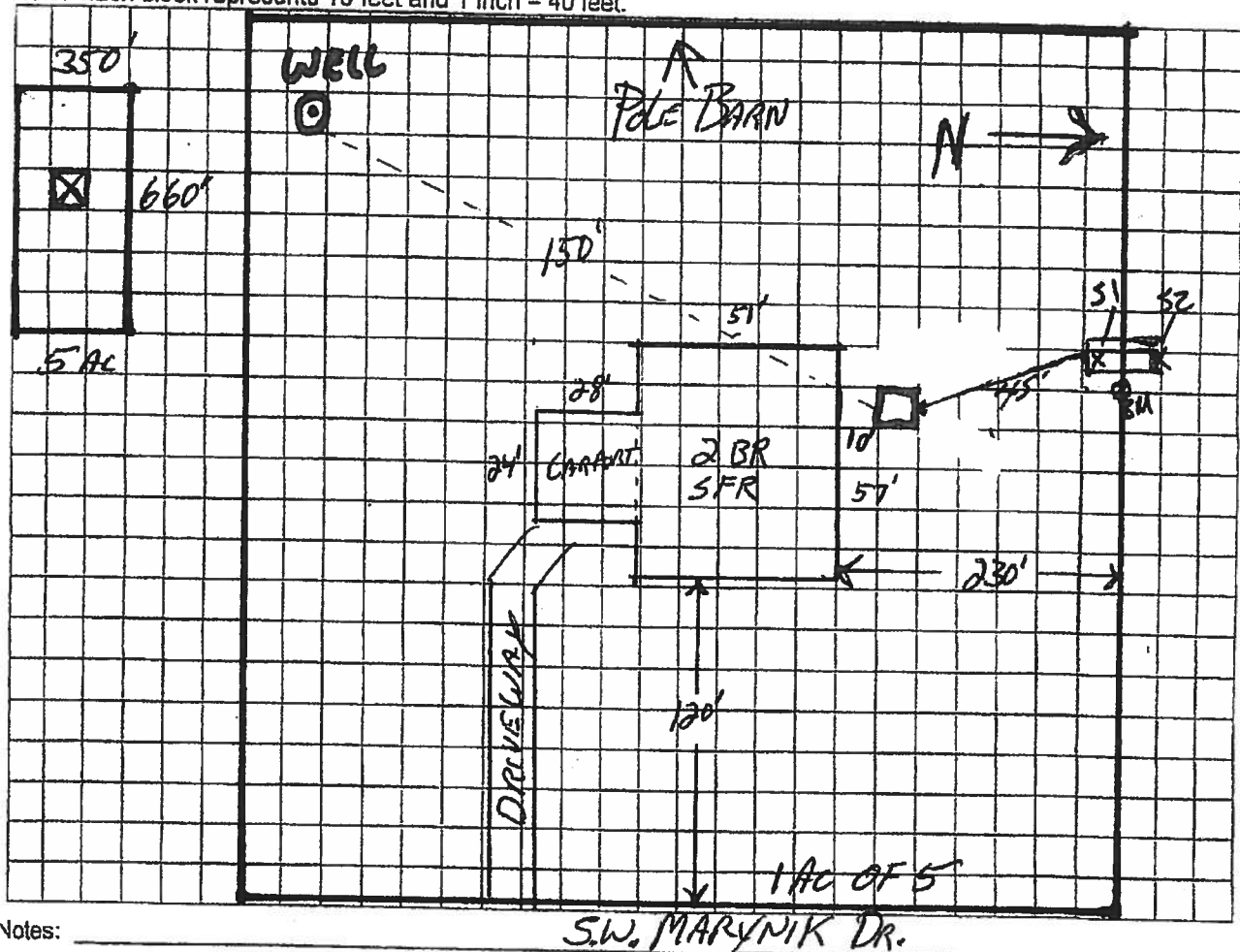
☐ Floor/Equipment Drains ☐ Other (Specify) SIGNATURE: [Signature] DATE: 10-17-2019

STATE OF FLORIDA
DEPARTMENT OF HEALTH
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number 19-0781

Chaddock Res. PART II - SITEPLAN

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



Notes:

S.W. MARYNIK DR.

Site Plan submitted by: LDM Const. Co., Inc. / Lee Holloway

Plan Approved X

Not Approved

Date 10-17-2019

By [Signature]

[Signature]

County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

DH 4015, 08/09 (Obsoletes previous editions which may not be used) Incorporated: 64E-6.001, FAC
(Stock Number: 5744-002-4015-6)

Page 2 of 4

Revised
10/25/19

[Signature]

NOTICE OF COMMENCEMENT

Tax Parcel Identification Number:

R10006-209

Clerk's Office Stamp

Inst: 201912026521 Date: 11/14/2019 Time: 1:09PM
Page 1 of 1 B: 1398 P: 2304, P. DeWitt Cason, Clerk of Court
Columbia, County, By: BD
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 9 OF RIVER RISE RESIDENTIAL SUBDIVISION UNIT 1
a) Street (job) Address: 230 SW MARYNICK DR HI SPRINGS FL 32643
2. General description of improvements: NEW HOME
3. Owner Information or Lessee information if the Lessee contracted for the improvements:
a) Name and address: MICHAEL CHADDOCK 12250 WILSON RD FRUITPORT MI 49415
b) Name and address of fee simple titleholder (if other than owner):
c) Interest in property: _____
4. Contractor Information
a) Name and address: _____
b) Telephone No.: _____
5. Surety Information (if applicable, a copy of the payment bond is attached):
a) Name and address: NA
b) Amount of Bond: NA
c) Telephone No.: NA
6. Lender
a) Name and address: NA
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: JOHN WOOD 323 FOREST TERRACE WEST PALM BEACH 33415
b) Telephone No.: 561-603-7800
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: VAL CHADDOCK OF 12250 WILSON RD FRUITPORT MI 49415
b) Telephone No.: 616-299-6319
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. Michael Chaddock
Signature of Owner or Lessee, or Owner's or Lessee's Authorized Office/Director/Partner/Manager

Printed Name and Signatory's Title/Office

The foregoing instrument was acknowledged before me, a Florida Notary, this 14 day of November, 2019, by:
Christina M. Dore as NOTARY for MICHAEL CHADDOCK
(Name of Person) (Type of Authority) (name of party on behalf of whom instrument was executed)

Personally Known OR Produced Identification ✓ Type C320603525303

Notary Signature Christina M. Dore Notary Stamp or Seal:



Christina M. Dore
NOTARY PUBLIC
STATE OF FLORIDA
Comm# GG034337
Expires 10/15/2020

Columbia County Property Appraiser

Jeff Hampton

2020 Working Values

updated 10/30/2019

Parcel: << 16-7S-17-10006-209 >>

Owner & Property Info

Result: 1 of 1

Owner	CHADDOCK MICHAEL LLOYD & VALERIE ANN CHADDOCK 9213 SPARTA AVE SPARTA, MI 49345		
Site	230 MARYNIK DR, HIGH SPRINGS		
Description*	LOT 9 RIVER RISE S/D UNIT 1. WD 1074-906,907, WD 1197-2229, QC 1298-1624, WD 1351-2210.		
Area	5.01 AC	S/T/R	16-7S-17E
Use Code**	VACANT (000000)	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

2019 Certified Values		2020 Working Values	
Mkt Land (1)	\$46,000	Mkt Land (1)	\$46,000
Ag Land (0)	\$0	Ag Land (0)	\$0
Building (0)	\$0	Building (0)	\$0
XFOB (0)	\$0	XFOB (0)	\$0
Just	\$46,000	Just	\$46,000
Class	\$0	Class	\$0
Appraised	\$46,000	Appraised	\$46,000
SOH Cap [?]	\$0	SOH Cap [?]	\$0
Assessed	\$46,000	Assessed	\$46,000
Exempt	\$0	Exempt	\$0
Total	county:\$46,000	Total	county:\$46,000
Taxable	city:\$46,000	Taxable	city:\$46,000
	other:\$46,000		other:\$46,000
	school:\$46,000		school:\$46,000

Aerial Viewer Pictometry Google Maps

2019 2016 2013 2010 2007 2005 Sales



Sales History

Sale Date	Sale Price	Book/Page	Deed	V/I	Quality (Codes)	RCode
1/17/2018	\$47,500	1351/2210	WD	V	Q	01
7/21/2015	\$39,600	1298/1624	QC	V	U	11
7/6/2010	\$41,000	1197/2229	WD	V	U	30
2/15/2006	\$77,700	1074/0906	WD	V	Q	
2/11/2006	\$116,150	1074/0907	WD	V	Q	

Building Characteristics

Bldg Sketch	Bldg Item	Bldg Desc*	Year Blt	Base SF	Actual SF	Bldg Value
NONE						

Extra Features & Out Buildings (Codes)

Code	Desc	Year Blt	Value	Units	Dims	Condition (% Good)
NONE						

Land Breakdown

Land Code	Desc	Units	Adjustments	Eff Rate	Land Value
000000	VAC RES (MKT)	1.000 LT - (5.010 AC)	1.00/1.00 1.00/1.00	\$46,000	\$46,000

Search Result: 1 of 1

© Columbia County Property Appraiser | Jeff Hampton | Lake City, Florida | 386-758-1083

by C:\data\app\app



STATE OF FLORIDA PERMIT APPLICATION TO CONSTRUCT, REPAIR, MODIFY, OR ABANDON A WELL

Southwest PLEASE, FILL OUT ALL APPLICABLE FIELDS
Northwest ('Denotes Required Fields Where Applicable)
St. Johns River The water well contractor is responsible for completing this
South Florida form and forwarding the permit application to the
Suwannee River appropriate delegated authority where applicable
DEP
Delegated Authority (If Applicable)

44034

Permit No: 3-023-235624-1
Florida Unique ID
Permit Stipulations Required (See Attached)
62-524 Quad No: 4821SW Delineation No:
CUP/WUP Application No.
ABOVE THIS LINE FOR OFFICIAL USE ONLY

1. Chaddock Michael Lloyd & *Owner, Legal Name if Corporation	Valerie Ann Chaddock *Address	Sparta City	MI State	49345 Zip	2692075920 Telephone Number
2. 230 SW Marynik Drive, High Springs, FL 32643 *Well Location - Address, Road Name or Number, City					
3. 16-7S-17-10006-209 *Parcel ID No. (PIN) or Alternate Key (Circle One)			9 Lot		
4. 16 *Section or Land Grant	7S *Township	17E *Range	Columbia *County		
5. CHESTER SHEFFIELD *Water Well Contractor			2665 *License Number	3864549355 *Telephone Number	sheffielddwells@windstream.net E-mail Address
6. PO Box 2662 *Water Well Contractor's Address			High Springs City	FL State	32655 Zip
7. Type of Work: <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Repair <input type="checkbox"/> Modification <input type="checkbox"/> Abandonment Reason for Repair, Modification, or Abandonment					
8. *Number of Proposed Wells 1					
9. *Specify Intended Use(s) of Well(s): <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Landscape Irrigation <input type="checkbox"/> Agricultural Irrigation <input type="checkbox"/> Site Investigation <input type="checkbox"/> Bottled Water Supply <input type="checkbox"/> Recreation Area Irrigation <input type="checkbox"/> Livestock <input type="checkbox"/> Monitoring <input type="checkbox"/> Public Water Supply (Limited Use/DOH) <input type="checkbox"/> Nursery Irrigation <input type="checkbox"/> Test <input type="checkbox"/> Public Water Supply (Community or Non-Community/DEP) <input type="checkbox"/> Commercial/Industrial <input type="checkbox"/> Earth-Coupled Geothermal <input type="checkbox"/> Class I Injection <input type="checkbox"/> Golf Course Irrigation <input type="checkbox"/> HVAC Supply <input type="checkbox"/> Class V Injection: <input type="checkbox"/> Recharge <input type="checkbox"/> Commercial/Industrial Disposal <input type="checkbox"/> Aquifer Storage and Recovery <input type="checkbox"/> Drainage <input type="checkbox"/> Remediation: <input type="checkbox"/> Recovery <input type="checkbox"/> Air Sparge <input type="checkbox"/> Other (Describe) Other (Describe) (Note: Not all types of wells are permitted by a given permitting authority)					
10. *Distance from Septic System if ≤ 200 ft. <input checked="" type="checkbox"/> > 200 ft. 11. Facility Description Residential 12. Estimated Start Date 10/15/2019					
13. *Estimated Well Depth 85 ft. Estimated Casing Depth 75 ft. *Primary Casing Diameter 4 in. Open Hole: From 75 To 85 ft					
14. Estimated Screen Interval: From To ft.					
15. *Primary Casing Material: <input type="checkbox"/> Black Steel <input type="checkbox"/> Galvanized <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Stainless Steel <input type="checkbox"/> Not Cased <input type="checkbox"/> Other:					
16. Secondary Casing: <input type="checkbox"/> Telescope Casing <input type="checkbox"/> Liner <input type="checkbox"/> Surface Casing Diameter in.					
17. Secondary Casing Material: <input type="checkbox"/> Black Steel <input type="checkbox"/> Galvanized <input type="checkbox"/> PVC <input type="checkbox"/> Stainless Steel <input type="checkbox"/> Other					
18. *Method of Construction, Repair, or Abandonment: <input type="checkbox"/> Auger <input type="checkbox"/> Cable Tool <input checked="" type="checkbox"/> Jetted <input type="checkbox"/> Rotary <input type="checkbox"/> Sonic <input type="checkbox"/> Combination (Two or More Methods) <input type="checkbox"/> Hand Driven (Well Point, Sand Point) <input type="checkbox"/> Hydraulic Point (Direct Push) <input type="checkbox"/> Horizontal Drilling <input type="checkbox"/> Plugged by Approved Method <input type="checkbox"/> Other (Describe)					
19. Proposed Grouting Interval for the Primary, Secondary, and Additional Casing: From 0 To 3 Seal Material (<input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Neat Cement <input type="checkbox"/> Other) From 3 To 75 Seal Material (<input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Neat Cement <input type="checkbox"/> Other) From To Seal Material (<input type="checkbox"/> Bentonite <input type="checkbox"/> Neat Cement <input type="checkbox"/> Other) From To Seal Material (<input type="checkbox"/> Bentonite <input type="checkbox"/> Neat Cement <input type="checkbox"/> Other)					
20. Indicate total number of existing wells on site List number of existing unused wells on site					
21. *Is this well or any existing well or water withdrawal on the owner's contiguous property covered under a Consumptive/Water Use Permit (CUP/WUP) or CUP/WUP Application? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, complete the following: CUP/WUP No. District Well ID No. 137224					
22. Latitude 295307.3104 Longitude 823645.1656					
23. Data Obtained From: <input type="checkbox"/> GPS <input checked="" type="checkbox"/> Map <input type="checkbox"/> Survey Datum: <input type="checkbox"/> NAD 27 <input checked="" type="checkbox"/> NAD 83 <input type="checkbox"/> WGS 84					
I hereby certify that I will comply with the applicable rules of Title 40, Florida Administration Code, and that a water use permit or artificial recharge permit, if needed, has been or will be obtained prior to commencement of well construction. I further certify that information provided in this application is accurate and that I will obtain necessary approval from other federal, state, or local governments, if applicable. I agree to provide a well completion report to the District within 30 days after completion of the construction, repair, modification, or abandonment authorized by this permit, or the permit expiration, whichever occurs first.					
I certify that I am the owner of the property, that the information provided is accurate, and that I am aware of my responsibilities under Chapter 373, Florida Statutes, to maintain or properly abandon this well, or, to certify that I am the agent for the owner, that the information provided is accurate, and that I have informed the owner of his responsibilities as stated above. Owner consents to allowing personnel of the WMD or Delegated Authority access to the well site during the construction, repair, modification, or abandonment authorized by the permit.					
CHESTER SHEFFIELD *Signature of Contractor		2665 *License No.	Signature of Owner or Agent		10/15/2019 Date
BELOW THIS LINE - FOR OFFICIAL USE ONLY					
Approval Granted By <u>Stefani Weeks</u> Issue Date 10/15/2019 Expiration Date 01/13/2020 Hydrologist Approval initials					
Fee Received \$ 40 Receipt No. 137382 Check No. OnLine-48107561-256126					
THIS PERMIT IS NOT VALID UNTIL PROPERLY SIGNED BY AUTHORIZED OFFICER OR REPRESENTATIVE OF THE WMD OR DELEGATED AUTHORITY. THE PERMIT SHALL BE AVAILABLE AT THE WELL SITE DURING ALL CONSTRUCTION, MODIFICATION, OR ABANDONMENT ACTIVITIES.					

SUBCONTRACTOR VERIFICATION

APPLICATION/PERMIT # 44034 JOB NAME CHADDOLK RESIDENCE

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 type="checkbox"/>	Print Name <u>MICHAEL CHADDOLK</u> Signature <u>Michael Chaddolk</u> Company Name: <u>SELF</u> License #: _____ Phone #: <u>269-207-5920</u>	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
MECHANICAL/A/C <input type="checkbox"/>	Print Name <u>MICHAEL CHADDOLK</u> Signature <u>Michael Chaddolk</u> Company Name: _____ License #: _____ Phone #: _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
PLUMBING/GAS <input type="checkbox"/>	Print Name <u>MICHAEL CHADDOLK</u> Signature <u>Michael Chaddolk</u> Company Name: _____ License #: _____ Phone #: _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
ROOFING <input type="checkbox"/>	Print Name <u>MICHAEL CHADDOLK</u> Signature <u>Michael Chaddolk</u> Company Name: _____ License #: _____ Phone #: _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
SHEET METAL <input type="checkbox"/>	Print Name <u>MICHAEL CHADDOLK</u> Signature <u>Michael Chaddolk</u> Company Name: _____ License #: _____ Phone #: _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
FIRE SYSTEM/SPRINKLER <input checked="" type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
SOLAR <input checked="" type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
STATE SPECIALTY <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE

Legend

Roads

- Roads
- others
- Dirt
- Interstate
- Main
- Other
- Paved
- Private

2018 Flood Zones

- 0.2 PCT ANNUAL CHANCE
- A
- AE
- AH

Parcels

2018Aerials

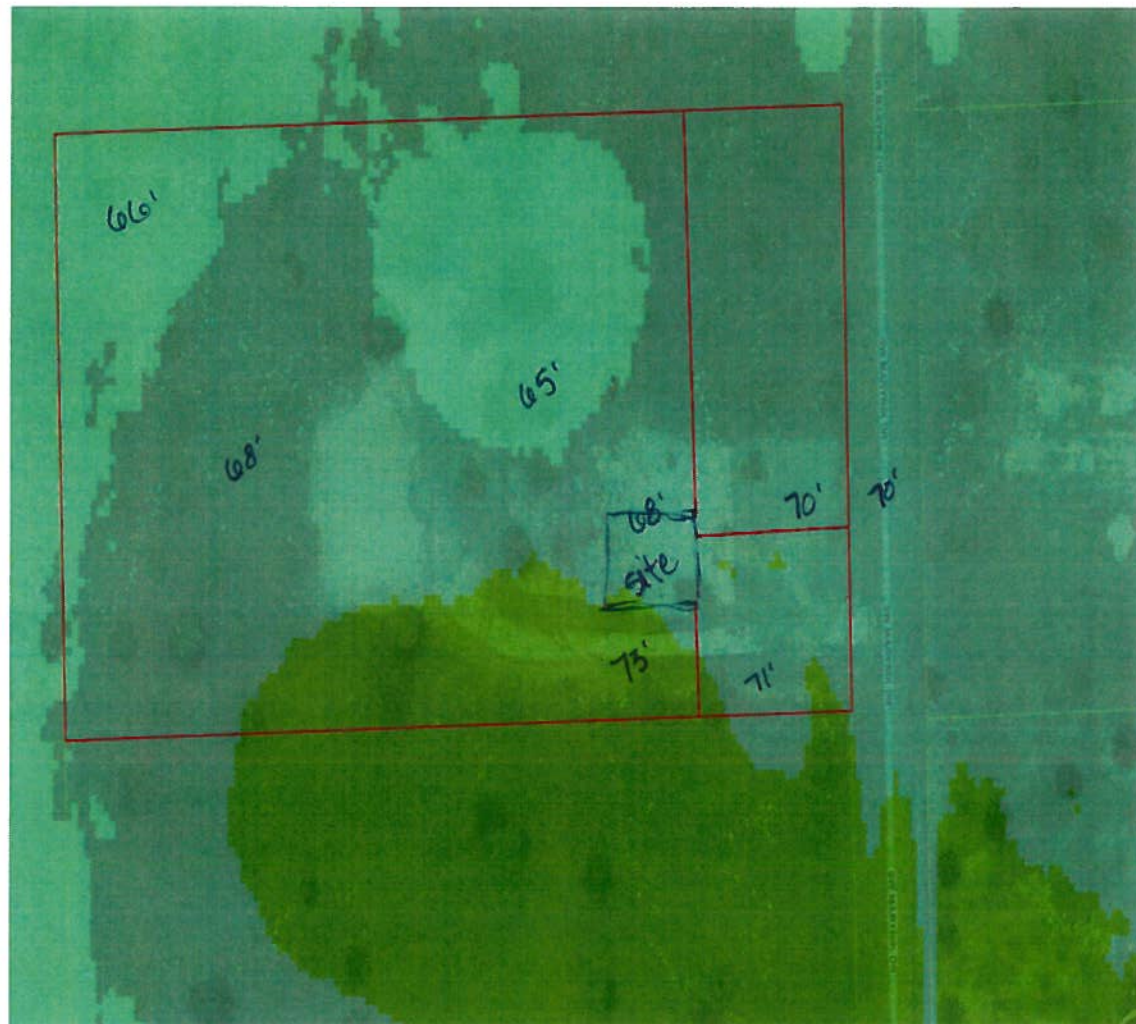
- SRWMD Wetlands

LidarElevations



Columbia County, FLA - Building & Zoning Property Map

Printed: Mon Nov 18 2019 10:33:53 GMT-0500 (Eastern Standard Time)



Parcel Information

Parcel No: 16-7S-17-10006-209

Owner: CHADDOCK MICHAEL LLOYD &

Subdivision: RIVER RISE RESIDENTIAL UNIT 1

Lot: 9

Acres: 5.00908566

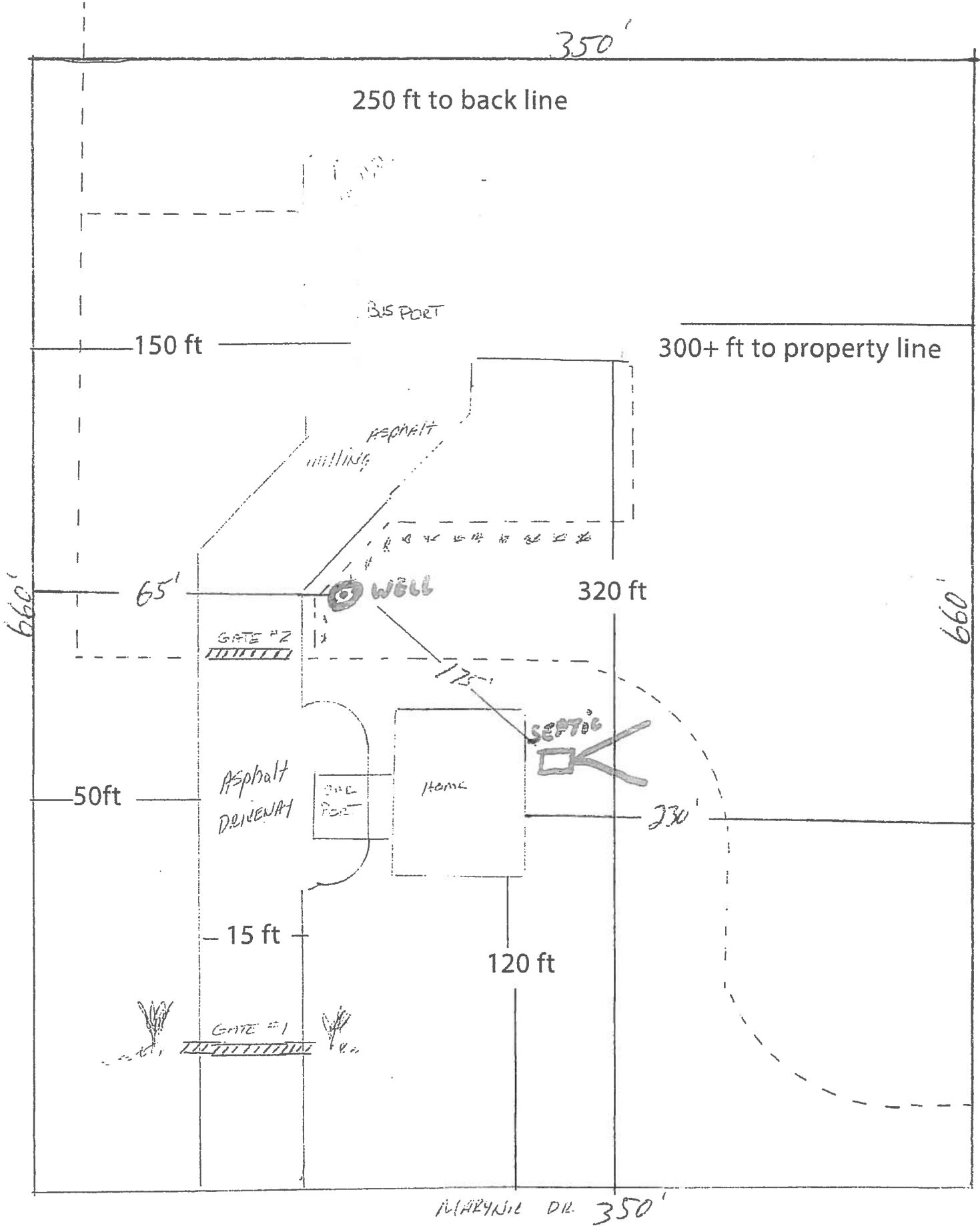
Deed Acres: 5.01 Ac

District: District 4 Toby Witt

Future Land Uses: Agriculture - 3

Flood Zones:

Official Zoning Atlas: A-3



WARRANTY DEED

(STATUTORY FORM - SECTION 689.02, F.S.)

This document prepared by and to be returned to

Gary D. Grunder
Grunder & Petteway, P. A.
23349 NW CR 236, Suite 10
High Springs, Florida, 32643

Tax Parcel Number:
R10006-209

THIS INDENTURE made January 17, 2018,

BETWEEN Jerry A. Gardner and Diana Welsh Gardner, whose post office address is 23480 NW 187th Ave., High Springs, Florida, 32643, herein called Grantor, and

Michael Lloyd Chaddock and Valerie Ann Chaddock, husband and wife, whose post office address is 9213 Sparta Ave., Sparta, MI, 49345, herein called Grantee,

Witnesseth that said grantor, for and in consideration of the sum of TEN AND NO/100 (\$10.00) Dollars, and other good and valuable considerations to said grantor in hand paid by said grantee, the receipt whereof is hereby acknowledged, has granted, bargained and sold to the said grantee, and grantee's heirs and assigns forever, the following described land, situate, lying and being in the county(ies) of Columbia state of Florida, to wit:

Lot 9 of River Rise Residential Subdivision Unit 1, a subdivision, according to the Plat thereof, as recorded in Plat Book 8, Page 51, of the Public Records of Columbia County, Florida.

AND SAID GRANTOR does hereby fully warrant the title to said land, and will defend the same against the lawful claims of all persons whomsoever.

Grantor and grantee are used for singular or plural, as context requires.

The subject property is not the homestead of either Grantor.

In Witness Whereof, grantor has hereunto set grantor's hand and seal the day and year first above written.

Summer E. McLaughlin
Witness 1: Print Name Summer E. McLaughlin Jerry A. Gardner

Gary D. Grunder
Witness 2: Print Name Gary D. Grunder

Summer E. McLaughlin
Witness 1: Print Name Summer E. McLaughlin Diana Welsh Gardner

Gary D. Grunder
Witness 2: Print Name Gary D. Grunder

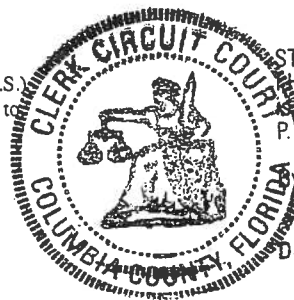
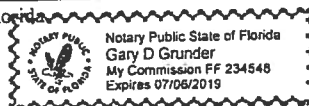
State of Florida
County of Alachua

The foregoing instrument was acknowledged before me this 17 day of January, 2018 by Jerry A. Gardner and Diana Welsh Gardner who

(☒) are personally known to me
() who have produced a valid Florida driver's license as identification
() who produced _____ as identification

Gary D. Grunder
Notary Public at Large, State of Florida

(SEAL)
11306



STATE OF FLORIDA, COUNTY OF COLUMBIA
HEREBY CERTIFY that the above and foregoing
is a true copy of the original filed in this office
P. DeWITT CASON, CLERK OF COURTS

Donnie Dow
Deputy Clerk
Date: Feb 7, 2019

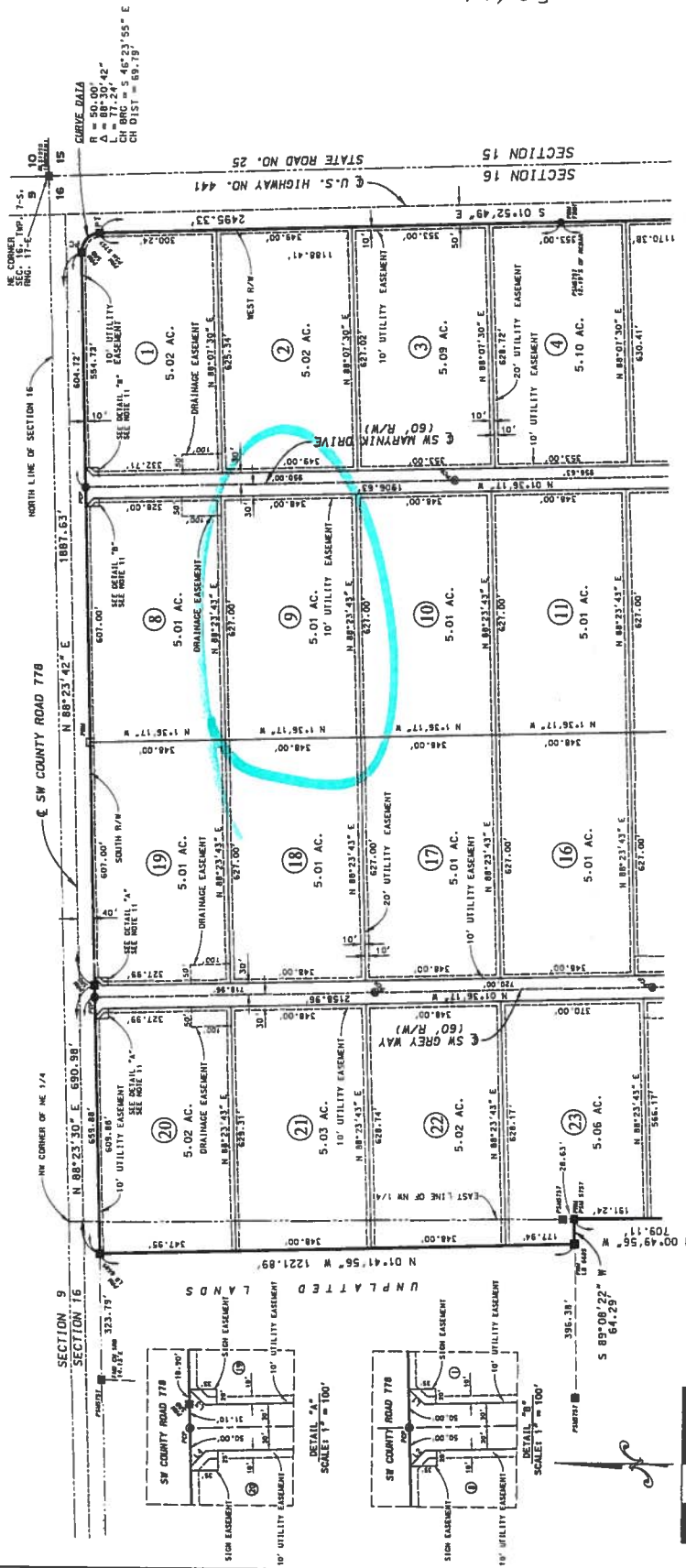


BAILEY BISHOP & LANE, INC.
404 SW COMMERCE DRIVE, SUITE 135
P.O. BOX 3717
LAKE CITY, FL 32056-3717
PH: (386) 752-5040 FAX: (386) 755-7771
E-MAIL: BBL@BBLINC.COM
BBL JOB NO. 0401185UM

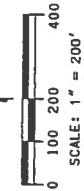
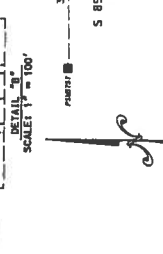
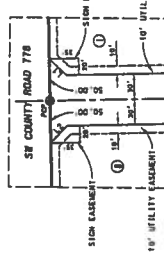
RIVER RISE RESIDENTIAL SUBDIVISION, UNIT 1

PLAT BOOK 8 PAGE 52
SHEET 2 OF 3

IN
SECTION 16, TOWNSHIP 7 SOUTH, RANGE 17 EAST
COLUMBIA COUNTY, FLORIDA



CURVE DATA
R = 50.00'
L = 17.24'
CH BEC = 5.46°23'55" E
CH DIST = 69.79'



LINE TABLE		
LINE	BEARING	DISTANCE
L1	N 43°23'43" E	28.28'
L2	N 45°35'17" W	28.28'
L3	N 43°23'42" E	28.28'
L4	N 45°35'24" W	28.28'

LEGEND	
○	DENOTES 5/8" IRON ROD & CAP SET (L166685)
□	DENOTES IRON PIPE OR REBAR FOUND
■	DENOTES 4" x 4" CONCRETE MONUMENT FOUND (L166685)
□	DENOTES 4" x 4" CONCRETE MONUMENT FOUND
○	DENOTES MAIL & DISK SET
○	DENOTES MAIL & DISK FOUND
+	MORE OR LESS
PC	POINT OF CURVATURE
PT	POINT OF TANGENCY
PRC	POINT OF REVERSE CURVATURE
PCC	POINT OF COMPOUND CURVATURE
R	RADIUS
L	LENGTH
Δ	CENTRAL ANGLE
CH	CHORD BEARING & DISTANCE
PCP	PERMANENT CONTROL POINT
PM	PERMANENT MONUMENT
PRM	PERMANENT REFERENCE MONUMENT
PRD	FLORIDA DEPARTMENT OF TRANSPORTATION
100-	DENOTES CONTIGUOUS
LI	LINE NUMBER
AC	ACRE(S)
LOT	LOT NUMBER
LS	ALLEGED BUSINESS
LB	LICENSED SURVEYOR
SRD	STATE ROAD DEPARTMENT
RNG	RANGE

DEVELOPER:
NEW TRAILS END
11240 TRAILS END ROAD
ANCHORAGE, AL 36507
(907) 646-1263

SURVEYOR:
BRIAN SCOTT DANIEL
P.O. BOX 3717
LAKE CITY, FL 32056
(386) 752-5040

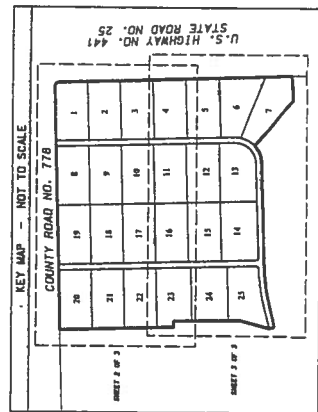
ENGINEER:
JEROME J. LESZKIEWICZ
P.O. BOX 3717
LAKE CITY, FL 32056
(386) 752-5040

SPECIAL NOTES

NOTICE: THIS PLAT, AS RECORDED IN ITS GRAPHIC FORM, IS THE OFFICIAL DEPICTION OF THE SUBDIVIDED LANDS. IT IS NOT TO BE USED FOR ANY OTHER GRAPHIC OR SURVEY PURPOSES. ANY OTHER GRAPHIC OR SURVEY SHALL BE SUPPLEMENTED IN ACCORDANCE WITH THE RESTRICTIONS THAT ARE NOT RECORDED IN THIS PLAT THAT MAY BE FOUND IN THE PUBLIC RECORDS OF THIS COUNTY.

NOTICE: ALL PLATTED UTILITY EASEMENTS SHALL PROVIDE CONSTRUCTION, INSTALLATION, MAINTENANCE AND OPERATION OF UTILITY LINES AND STRUCTURES IN ACCORDANCE WITH THE CONSTRUCTION, INSTALLATION, MAINTENANCE AND OPERATION OF UTILITY LINES AND STRUCTURES ACT, CHAPTER 350, F.S. FACILITIES RELAYED TO THE PUBLIC SHALL BE INTERFERED WITH BY THE PUBLIC. THE PUBLIC SHALL BE RESPONSIBLE FOR THE DAMAGES OF PUBLIC UTILITY LINES AND STRUCTURES THAT ARE NOT RECORDED IN THIS PLAT THAT MAY BE FOUND IN THE PUBLIC RECORDS OF THIS COUNTY.

NOTICE: WATER RUN OFF FROM EXISTING PUBLIC ROAD RIGHTS OF WAY MAY OCCUR DURING HEAVY RAINS.



OFFICIAL RECORDS
BOOK PAGE
1070/2025



RESIDENTIAL SUBDIVISION, UNIT 1

SECTION 16, TOWNSHIP 7 SOUTH, RANGE 17 EAST
COLUMBIA COUNTY, FLORIDA

PART OF SECTION 16, TOWNSHIP 7 SOUTH, RANGE 17 EAST, COLUMBIA COUNTY, FLORIDA, BEING MORE PARTICULARLY DESCRIBED AS FOLLOWS:

[illegible]

CERTIFICATE OF DEDICATION & OWNERSHIP:

KNOW ALL MEN BY THESE PRESENTS THAT NEVIN C. SUMMERS, AS OWNER, AND MILLENNIUM BANK, AS MORTGAGEE, HAVE CAUSED THE LANDS HEREON SHOWN TO BE SURVEYED, SUBDIVIDED AND PLATTED, TO BE KNOWN AS RIVER RISE RESIDENTIAL SUBDIVISION, UNIT 1 AND THAT ALL RIGHTS-OF-WAY AND EASEMENTS ARE HEREBY DEDICATED FOR THE PERPETUAL USE OF THE PUBLIC FOR USES AS SHOWN HEREON.

MEVIN G. JENNERS

WAGE: *James D. [illegible]*
 WAGE: *ARMED & DANGEROUS*
 WAGE: *PRESIDENT JAMES W. WAGE*

ACKNOWLEDGEMENT:
STATE OF FLORIDA. COUNTY OF COLUMBIA.

THE FOREGOING DEDICATION WAS ACKNOWLEDGED BEFORE ME THIS DAY OF December BY KEVIN G. SUMMERS, AS HE IS PERSONALLY KNOWN TO ME OR HAS PRODUCED

SIGNED: [Signature]
 NOTARY PUBLIC
 My Commission Expires: 12/31/2010
 My Commission ID# 12138
 Expires 06/1/2010
 Florida Public State of Florida
 Gladys R Hunter

ACKNOWLEDGEMENT: STATE OF FLORIDA, COUNTY OF COLUMBIA

FURNISHING INDICATION WAS ACKNOWLEDGED BEFORE ME, JOHN J. HANNY WILLIAMS, DAY OF DECEMBER, 1963, AT CHOCOMA, MINNETONKA, MINN. I HEREBY CERTIFY THAT THE WILLIAMS IS THE PERSONAL SIGNATURE OF WILLIAMSON BANK IN THE REPLY OF WILLIAMSON BANK TO THE WILLIAMS OF WILLIAMSON BANK. HE IS PERSONALLY KNOWN TO ME OR HAS PRODUCED AS IDENTIFICATION.

NOTARY PUBLIC
COMMISSION EXPIRES: 3/16/2009

CERTIFICATE OF COUNTY SURVEYOR

ALL MEN BY THESE PRESENTS, THAT THE UNDERSIGNED, BEING A LICENSED REGISTERED LAND SURVEYOR AND MAPPER, AS PROVIDED UNDER CHAPTER 177, FLORIDA STATUTES AND IS IN GOOD STANDING WITH THE BOARD OF LAND SURVEYORS, DOES HEREBY CERTIFY THAT ON BEHALF OF COLUMBIA COUNTY, FLORIDA, HE HAS REVIEWED THIS PLAT FOR CONFORMITY TO CHAPTER 177, FLORIDA STATUTES! SAID PLAT MEETS ALL THE REQUIREMENTS OF CHAPTER 177, AS AMENDED.

Timothy A. Williams
TIMOTHY A. WILLIAMS, A.S.
11/6/05

REGISTRATION NUMBER LS# 5594

NOTES:

1. BEARINGS ARE BASED ON THE BEARING BETWEEN FOOT GPS CONTROL POINTS 2903006GP53 AND 2903006GP54, BEING N 02°15'57" W.
2. SUBJECT PROPERTY LIES IN FLOOD ZONE "X", OUTSIDE OF THE 500-YEAR FLOOD PLAIN PER FLOOD INSURANCE RATE MAP COMMUNITY PANEL NO. 1700700000, EFFECTIVE DATE 06/01/2004. THE 100-YEAR FLOOD PLAIN PER FLOOD INSURANCE RATE MAP COMMUNITY PANEL NO. 1700700000, EFFECTIVE DATE 06/01/2004, IS 1,189 FLOOD ZONE LINES. IF ANY, ARE SCALED FROM FLOOD INSURANCE RATE MAPS PROVIDED BY FEMA.
3. TOTAL ACRES IN SUBDIVISION IS 135.30 ACRES.
4. SUBDIVISION CONSISTS OF 25 LOTS, RANGING IN SIZE FROM 5.01 ACRES TO 5.58 ACRES.
5. -BM DATUM IS NAD 1929. CONTIGUOUS DETERMINED FROM FIELD DATA.
6. PROPERTY IS ZONED A-3 (AGRICULTURAL - 3).
7. CLOSURE EXCEEDS 11' 10000.
8. ALL LOT-CORNERS ARE SET-JURON 1000-A-CAP-1186683), UNLESS OTHERWISE INDICATED.
9. BUILDING SETBACKS ARE AS FOLLOWS:
FRONT - 30 FEET
REAR - 25 FEET
SIDE - 25 FEET
10. PRELIMINARY PLAT WAS APPROVED ON DECEMBER 16, 2004.
COLUMBIA COUNTY IS NOT RESPONSIBLE FOR THE MAINTENANCE OF THE SIGN EASEMENTS.

**CERTIFICATE OF APPROVAL BY THE BOARD OF
COUNTY COMMISSIONERS OF COLUMBIA COUNTY FLORIDA**

THIS IS TO CERTIFY THAT ON Dec. 15, 2005 THE AFOREGOING PLAT WAS APPROVED BY THE BOARD OF COUNTY COMMISSIONERS FOR COLUMBIA COUNTY, FLORIDA



WITNESS: _____
CLERK OF CIRCUIT COURT

CERTIFICATE OF SUBDIVIDER'S ENGINEER

THIS IS TO CERTIFY THAT ON 12/21/05, GEROME J. LESTKIEWICZ,
REGISTERED FLOORING MANUFACTURER, AS SPECIFIED WITHIN CHAPTER 471, FLORIDA
STATUTES, LICENSE NO. 53482, DOES HEREBY CERTIFY THAT ALL REQUIRED
IMPROVEMENTS HAVE BEEN INSTALLED IN COMPLIANCE WITH THE APPROVED
CONSTRUCTION PLANS AND, IF APPLICABLE, ANY SUBMITTED "AS BUILT" BLUEPRINTS
IN ACCORDANCE WITH THE REQUIREMENTS OF THE BOARD OF COUNTY COMMISSIONERS OF

REGISTERED FLORIDA ENGINEER

BAILEY, BISHOP & LANE, INC.
P.O. BOX 3717
LAKE CITY, FLORIDA 32056-3717
8 6585

DATE 12-19-05

Scott Daniel
BRIAN SCOTT DANIEL
PROFESSIONAL SURVEYOR & MAPPER
FLORIDA REGISTRATION NO. 6448

BAILEY, BISHOP & LANE, INC.
P.O. BOX 3717
LAKE CITY, FLORIDA 32056-3717
8 6585

ACCEPTANCE FOR MAINTENANCE

I HEREBY CERTIFY THAT THE IMPROVEMENTS HAVE BEEN CONSTRUCTED IN AN ACCEPTABLE MANNER AND IN ACCORDANCE WITH COUNTY SPECIFICATIONS OR THAT A PERFORMANCE BOND OR INSTRUMENT IN THE AMOUNT OF \$ _____ HAS BEEN POSTED TO ASSURE COMPLETION OF ALL REQUIRED IMPROVEMENTS AND MAINTENANCE IN CASE OF DEFAULT.

SIGNED: Wayle Crowden
DIRECTOR OF PUBLIC WORKS

**CERTIFICATE OF APPROVAL BY THE
ATTORNEY FOR COLUMBIA COUNTY, FLORIDA**

EXAMINED ON Aug 5, 2006

APPROVED AS TO LEGAL FORM AND SUFFICIENCY BY

Mr. Joseph
COUNTY ATTORNEY

CLERK'S CERTIFICATE

HIS PLAT HAVING BEEN APPROVED BY THE COLUMBIA COUNTY BOARD OF COUNTY COMMISSIONERS IS ACCEPTED OR FILED AND RECORDED THIS 10 DAY OF January 2006 IN PLAT BOOK 8, PAGES

51-531
SIGNED: P. Denhart

CERTIFICATE OF SURVEYOR

THE UNDERSIGNED PROFESSIONAL SURVEYOR AND MAPPER, HEREBY CERTIFY THAT THIS PLAT IS A TRUE AND CORRECT REPRESENTATION OF THE LANDS SURVEYED, THAT THE SURVEY DATA COMPLIES WITH ALL REQUIREMENTS OF CHAPTER 177, FLORIDA STATUTES AND THE COLUMBIA COUNTY LAND DEVELOPMENT CODE AND THAT THE PERMANENT REFERENCE MONUMENTS WERE INSTALLED AS OF THE 19TH DAY OF DECEMBER, 2005. THE PERMANENT CORNER POINTS AND LOT CORNERS WERE INSTALLED ON THE 19TH DAY OF DECEMBER, 2005.

12-19-05

DAVID SCOTT DANIEL
PROFESSIONAL SURVEYOR & MAPPER
FLORIDA REGISTRATION NO. 6449

BAILEY, BISHOP & LANE, INC.
P.O. BOX 3717
LAKE CITY, FLORIDA 32056-3717
8 6585

44034

Address Assignment and Maintenance Document

To maintain the county wide Addressing Policy you must make application for a 9-1-1 Address at the time you apply for a building permit. The established standards for addressing and posting numbers to all properties, buildings, dwellings, businesses and industries are contained in Columbia County Ordinance 2001-9. The addressing system is to enable Emergency Services Agencies to locate you in an emergency, and to enable the United States Postal Service and the public in the timely and efficient provision of services to residents and businesses of Columbia County.

Date/Time Issued: 2/7/2019 10:42:38 AM
Address: 230 SW MARYNIK Dr
City: HIGH SPRINGS
State: FL
Zip Code: 32643

Parcel ID: 10006-209

REMARKS: Address for proposed structure on parcel.

NOTICE: THIS ADDRESS WAS ISSUED BASED ON LOCATION AND ACCESS INFORMATION RECEIVED FROM THE REQUESTER. SHOULD, AT A LATER DATE, THE LOCATION AND/ OR ACCESS INFORMATION BE FOUND TO BE IN ERROR OR CHANGED, THIS ADDRESS IS SUBJECT TO CHANGE.

Issued By: **Signed:/ Matt Crews**

Columbia County GIS/911 Addressing Coordinator

**COLUMBIA COUNTY
911 ADDRESSING / GIS DEPARTMENT**

263 NW Lake City Ave. Lake City, FL 32055