Columbia County Building Permit Application

Re-Roof's, Roof Repairs, Roof Over's

#2869

For Office Use Only Application # 43718 Date Received 10/7 By MG Permit # 38700

Plans Examiner _____ Date _____ ☑ NOC ☐ Deed or PA ☐ Contractor Letter of Auth. ☐ F W Comp. letter

☑ Product Approval Form ☐ Sub VF Form ☐ Owner POA ☐ Corporation Doc's and/or Letter of Auth.

Comments _____

Applicant (Who will sign/pickup the permit) ~~Jeremy Butler~~ Judy Schossler **FAX** **Phone** 3525073090

Address 14351 NE 130th Street Chiefland, FL 32626

Owners Name John Derek Jenkins Tina Lane Jenkins **Phone** 3522223893

911 Address 445 SW Miracle CT Lake City, FL 32024

Contractors Name Jeremy Butler **Phone** 3525073090

Address 14351 NE 130th Street Chiefland, FL 32626

Contractors Email grahamelectric@live.com ***Include to get updates for this job.

Fee Simple Owner Name & Address N/A

Bonding Co. Name & Address N/A

Architect/Engineer Name & Addres N/A

Mortgage Lenders Name & Address

Property ID Number 06-4S-16-02789-010

Subdivision Name Joy Estates **Lot** 10 **Block** **Unit** **Phase**

Driving Directions US 90 Left onto CoRd 252B, R onto SW Deputy J Davis lane, L to Pinemount Rd, R onto SW Miracle CT

Construction of (circle) Re-Roof - Roof repairs - Roof Overlay or Other Roof Overlay

Cost of Construction 21,100.00 **Commercial OR** X **Residential**

Type of Structure (House; Mobile Home; Garage; Exxon) House

Roof Area (For this Job) SQ FT 44 ± 0 **Roof Pitch** 8 /12, _____/12 **Number of Stories** 2

Is the existing roof being removed No **If NO Explain**

Type of New Roofing Product (Metal; Shingles; Asphalt Flat) Metal Roof Panels

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: 2014 Florida Building Code.**

Columbia County Building Permit Application

TIME LIMITATIONS OF APPLICATION : An application for a permit for any proposed work shall be deemed to have been abandoned 180 days after the date of filing, unless 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 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.

JOHN D JENKINS
Print Owners Name

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 CCC1326747
Columbia County
Competency Card Number 1837

Affirmed under penalty of perjury to by the Contractor and subscribed before me this 5th day of October 20 19

Personally known X or Produced Identification

State of Florida Notary Signature (For the Contractor)

SEAL:

JUDY E SCHOSSLER
Notary Public-State of Florida
Commission # GG 905966
My Commission Expires
August 21, 2023

NOTICE OF COMMENCEMENT

Tax Parcel Identification Number:

06-4S-16-02789-010

Clerk's Office Stamp
Inst: 201912023273 Date: 10/07/2019 Time: 9:32AM
Page 1 of 1 B: 1395 P: 2744, 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 10 Joy Estates ORB 772-1113, 788-620
   a) Street (job) Address: 445 SW Miracle CT. Lake City, FL 32024
2. General description of improvements: metal roof over shingles
3. Owner Information or Lessee information if the Lessee contracted for the improvements:
   a) Name and address: John Jenkins 445 SW Miracle CT Lake City, FL 32024
   b) Name and address of fee simple titleholder (if other than owner) _____
   c) Interest in property _____
4. Contractor Information
   a) Name and address: Jeremy Butler 14351 NW 30th Ave Chiefland, FL 32626
   b) Telephone No.: 352 500 3090
5. Surety Information (if applicable, a copy of the payment bond is attached):
   a) Name and address: Ø
   b) Amount of Bond: Ø
   c) Telephone No.: Ø
6. Lender
   a) Name and address: Ø
   b) Phone No. Ø
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: Ø
   b) Telephone No.: Ø
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: Ø OF _____
   b) Telephone No Ø
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

BY: _____
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 5th day of October, 2019, by:

John Jenkins as Owner for John D. Jenkins
(Name of Person) (Type of Authority) (name of party on behalf of whom instrument was executed)

Personally Known X OR Produced Identification _____ Type _____

Notary Signature _____ Notary Stamp or Seal:

JUDY E SCHOSSLER
Notary Public-State of Florida
Commission # GG 905966
My Commission Expires
August 21, 2023

As required by Florida Statute 553.842 and Florida Administrative Code 9B-72, please provide the information and approval numbers on the building components listed below if they will be utilized on the construction project for which you are applying for a building permit. We recommend you contact your local product supplier should you not know the product approval number for any of the applicable listed products. Statewide approved products are listed online @ www.floridabuilding.org

Category/Subcategory	Manufacturer	Product Description	Approval Number(s)
1. EXTERIOR DOORS			
A. SWINGING			
B. SLIDING			
C. SECTIONAL/ROLL UP			
D. OTHER			
2. WINDOWS			
A. SINGLE/DOUBLE HUNG			
B. HORIZONTAL SLIDER			
C. CASEMENT			
D. FIXED			
E. MULLION			
F. SKYLIGHTS			
G. OTHER			
3. PANEL WALL			
A. SIDING			
B. SOFFITS			
C. STOREFRONTS			
D. GLASS BLOCK			
E. OTHER			
4. ROOFING PRODUCTS			
A. ASPHALT SHINGLES			
B. NON-STRUCTURAL METAL	Reed's Metals, Inc.	26 Ga. Roof Panel	12725.3R3
C. ROOFING TILES			
D. SINGLE PLY ROOF			
E. OTHER			
5. STRUCTURAL COMPONENTS			
A. WOOD CONNECTORS			
B. WOOD ANCHORS			
C. TRUSS PLATES			
D. INSULATION FORMS			
E. LINTELS			
F. OTHERS			
6. NEW EXTERIOR ENVELOPE PRODUCTS			

The products listed below did not demonstrate product approval at plan review. I understand that at the time of inspection of these products, the following information must be available to the inspector on the jobsite; 1) copy of the product approval, 2) performance characteristics which the product was tested and certified to comply with, 3) copy of the applicable manufacturers installation requirements.
Further, I understand these products may have to be removed if approval cannot be demonstrated during inspection.

Contractor OR Agent Signature Date NOTES: _____

Columbia County Property Appraiser

Jeff Hampton

2019 Preliminary Certified Values

updated: 8/14/2019

Parcel: << 06-4S-16-02789-010 >>

Owner & Property Info

Result: 1 of 2

Owner	JENKINS JOHN DEREK & TINA LANE JENKINS 445 SW MIRACLE CT LAKE CITY, FL 32024		
Site	445 MIRACLE CT, LAKE CITY		
Description*	LOT 10 JOY ESTATES ORB 772-1113, 798-620		
Area	4.02 AC	S/T/R	06-4S-16
Use Code**	SINGLE FAM (000100)	Tax District	3

*The Description above is not to be used as the Legal Description for this parcel in any legal transaction.
**The Use Code is a FL Dept. of Revenue (DOR) code and is not maintained by the Property Appraiser's office. Please contact your city or county Planning & Zoning office for specific zoning information.

Aerial Viewer | Pictometery | Google Maps

2019 | 2016 | 2013 | 2010 | 2007 | 2005 | ✔ Sales

Property & Assessment Values

2018 Certified Values		2019 Preliminary Certified	
Mkt Land (1)	$21,528	Mkt Land (1)	$21,528
Ag Land (0)	$0	Ag Land (0)	$0
Building (1)	$161,575	Building (1)	$174,434
XFOB (4)	$15,960	XFOB (4)	$15,960
Just	$199,063	Just	$211,922
Class	$0	Class	$0
Appraised	$199,063	Appraised	$211,922
SOH Cap [?]	$5,263	SOH Cap [?]	$14,806
Assessed	$193,441	Assessed	$197,116
Exempt	HX H3 $50,000	Exempt	HX H3 $50,000
Total Taxable	county:$143,441 city:$143,441 other:$143,441 school:$168,441	Total Taxable	county:$147,116 city:$147,116 other:$147,116 school:$172,116

Sales History

Sale Date	Sale Price	Book/Page	Deed	V/I	Quality (Codes)	RCode
3/11/1993	$0	772/1113	WD	V	U	02 (Multi-Parcel Sale) - show
3/11/1993	$0	798/0620	WD	V	U	12

Building Characteristics

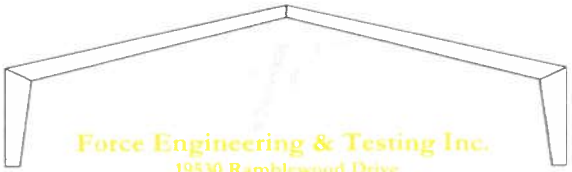
Bldg Sketch	Bldg Item	Bldg Desc*	Year Blt	Base SF	Actual SF	Bldg Value
Sketch	2	SINGLE FAM (000100)	2001	2822	4392	$174,434

*Bldg Desc determinations are used by the Property Appraisers office solely for the purpose of determining a property's Just Value for ad valorem tax purposes and should not be used for any other purpose.

Extra Features & Out Buildings (Codes)

Code	Desc	Year Blt	Value	Units	Dims	Condition (% Good)
0280	POOL R/CON	2001	$13,300.00	700.000	20 x 35 x 0	(000.00)
0166	CONC,PAVMT	2001	$1,560.00	1040.000	30 x 58 x 0	(000.00)
0169	FENCE/WOOD	2001	$800.00	1.000	0 x 0 x 0	(000.00)
0261	PRCH, UOP	2014	$300.00	1.000	0 x 0 x 0	(000.00)

Land Breakdown



Force Engineering & Testing Inc.
19530 Ramblewood Drive
Humble, TX 77338

REED'S METALS, INC.

Florida Product Approval

Florida Building Code 2017
Per Rule 61G20-3
Method: 1 –D

Category: Roofing
Subcategory: Metal Roofing
Compliance Method: 61G20-3.005(1)(d)
NON HVHZ

Product Manufacturer:

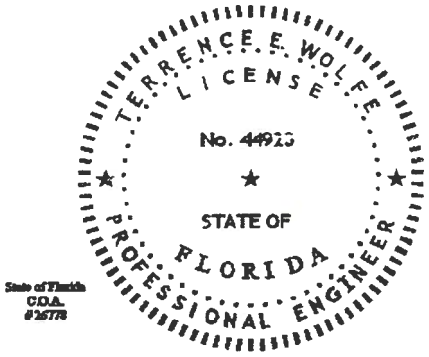
19 E. Lincoln Drive NE
Brookhaven, MS 39601

Engineer Evaluator:

Florida Evaluation ANE ID: 1920

Validator:

Contents:



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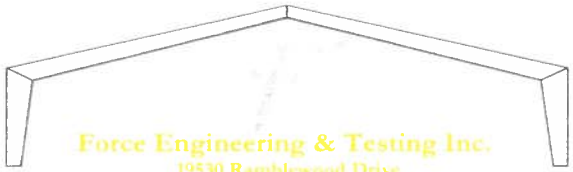
FL# 12725.3 R3



Compliance Statement: The product as described in this report has demonstrated compliance with the Florida Building Code 2017, Sections 1504.3.2, 1504.7.

Product Description: Residential Roof Panel, Min. 26 Ga. Steel, 36" Wide, through fastened roof panel over 1x4 wood purlins over 15/32" APA Plywood decking. Non-Structural Application.

Panel Material/Standards: Material: Minimum 26 Ga. Steel, ASTM A792 or ASTM A653 G90 conforming to Florida Building Code 2017 Section 1507.4.3. Paint finish optional.
Yield Strength: Min. 80.0 ksi
Corrosion Resistance: Panel Material shall comply with Florida Building Code 2017, Section 1507.4.3.

Panel Dimension(s):
Thickness: 0.0185" min.
Width: 36" maximum coverage
Rib Height: ¾" major rib at 9" O.C.
Panel Rollformer: MRS Metal Rollforming Systems

Panel Fastener: #9-15 x 1-1/2" HWH Woodgrip with sealing washing or approved equal
¼" minimum penetration through plywood
Corrosion Resistance: Per Florida Building Code 2017, Section 1507.4.4.

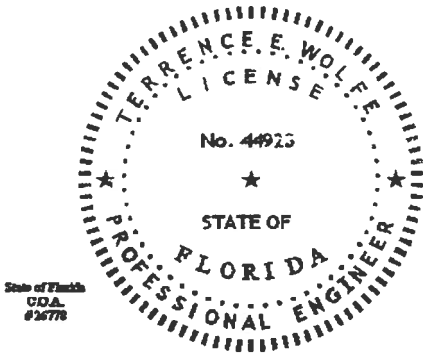
Substrate Description: Min. 1x4 No. 2 SYP wood purlins over min. 15/32" thick, APA Rated plywood over supports at maximum 24" O.C. The 1x4 wood purlins shall be fastened to the plywood with minimum 8Dx2 ½" Ring Shank Nails at 4" O.C. Design of 1x4 wood purlins, plywood and plywood supports are outside the scope of this evaluation. Substrate must be designed in accordance w/ Florida Building Code 2017.

Allowable Design Uplift Pressures:

Table "A"

Maximum Total Uplift Design Pressure:	109.25 psf	123.5 psf
Fastener Pattern:	9"-9"-9"-9"	6.5"-2.5"-6.5"-2.5"-6.5"-2.5"-6.5"
Fastener Spacing:	24" O.C.	24" O.C.

*Design Pressure includes a Safety Factor = 2.0.



State of Florida
COA
#26778

FL# 12725.3 R3

Force Engineering & Testing Inc.
19530 Ramblewood Drive
Humble, TX 77338

Code Compliance:

The product described herein has demonstrated compliance with The Florida Building Code 2017, Section 1504.3.2, 1504.7.

Evaluation Report Scope:

The product evaluation is limited to compliance with the structural wind load requirements of the Florida Building Code 2017, as relates to Rule 61G20-3.

Performance Standards:

The product described herein has demonstrated compliance with:

- UL 580-06 - Test for Uplift Resistance of Roof Assemblies
- UL 1897-2012 - Uplift Test for Roof Covering Systems
- FM 4471-1992 - Foot Traffic Resistance Test

Reference Data:

1. UL 580-94 / 1897-98 Uplift Test
   Force Engineering & Testing, Inc. (FBC Organization # TST-5328)
   Report No. 101-0304T-05 & 101-0508T-08, Dated 05/05/05 & 11/04/08
2. FM 4471-95, Section 5.4 Foot Traffic Resistance Test
   Force Engineering & Testing, Inc. (FBC Organization # TST-5328)
   Report No. 101-0241T-09, Dated 07/06/2009
3. Certificate of Independence
   By Terrence E. Wolfe, P.E. (No. 44923) @ Force Engineering & Testing, Inc.
   (FBC Organization # ANE ID: 1920)

Test Standard Equivalency:

1. The UL 580-94 test standard is equivalent to the UL 580-06 test standard.
2. The UL 1897-98 test standard is equivalent to the UL 1897-2012 test standard.
3. The FM 4471-95 Foot Traffic Resistance test standard is equivalent to the FM 4471-92, Foot Traffic Resistance test standard.

Quality Assurance Entity:

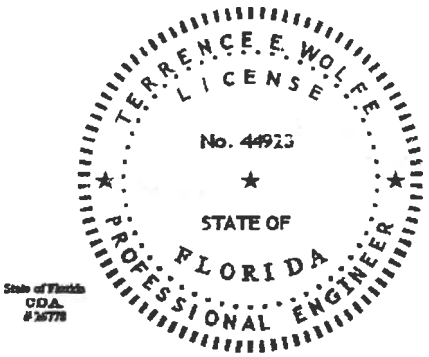
The manufacturer has established compliance of roof panel products in accordance with the Florida Building Code and Rule 61G20-3.005 (3) for manufacturing under a quality assurance program audited by an approved quality assurance entity.

Minimum Slope Range:

Minimum Slope shall comply with Florida Building Code 2017, including Section 1507.4.2 and in accordance with Manufacturers recommendations. For slopes less than 3:12, lap sealant must be used in the panel side laps.

Installation:

Install per manufacturer's recommended details.



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FL# 12725.3 R3

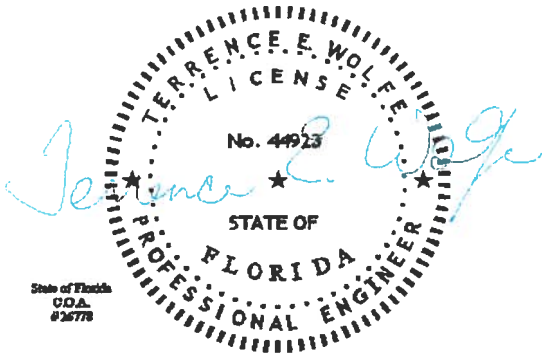
Force Engineering & Testing Inc.
19530 Ramblewood Drive
Humble, TX 77338

Underlayment: Per Florida Building Code 2017, Section 1507.1.1 and manufacturer's installation guidelines.

Roof Panel Fire Classification: Fire classification is not part of this acceptance.

Shear Diaphragm: Shear diaphragm values are outside the scope of this report.

Design Procedure: Based on the dimensions of the structure, appropriate wind loads are determined using Chapter 16 of the Florida Building Code 2017 for roof cladding wind loads. These component wind loads for roof cladding are compared to the allowable pressure listed above. The design professional shall select the appropriate erection details to reference in his drawings for proper fastener attachment to his structure and analyze the panel fasteners for pullout and pullover. Support framing must be in compliance with Florida Building Code 2017 Chapter 22 for steel, Chapter 23 for wood and Chapter 16 for structural loading.



State of Florida
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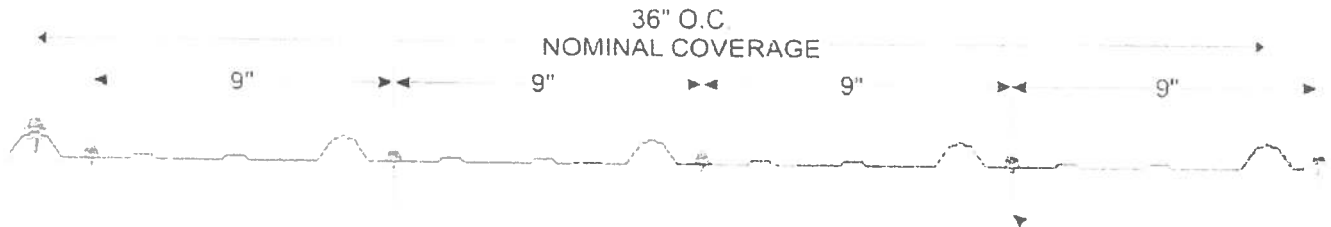
FL# 12725.3 R3

October 2, 2017

26 ga. Residential over 1x4 Wood Purlins

EXPOSED FASTENER SYSTEM



TYPICAL FASTENER PATTERN

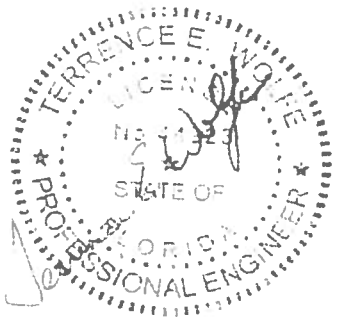
TYPE 1

9-15 X 1½" WOOD SCREW W/WASHER

¼ x 14–7/8 LAP TEK W/WASHER 24" O.C. AND CONTINUOUS TAPE SEAL REQUIRED IF LESS THAN 3/12 PITCH

FASTENER PATTERN @ PANEL END & LAPS

TYPE 2



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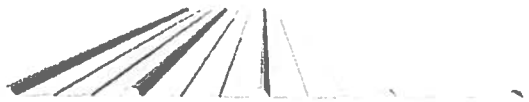

October 2, 2017

RICK SCOTT, GOVERNOR

JONATHAN ZACHEM, SECRETARY

Florida dbpr

STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

CONSTRUCTION INDUSTRY LICENSING BOARD

THE ROOFING CONTRACTOR HEREIN IS CERTIFIED UNDER THE
PROVISIONS OF CHAPTER 489, FLORIDA STATUTES

BUTLER, JEREMY D

TRI-COUNTY ROOFING & REPAIR, INC
1225 CR 2788
BALDWYN MS 38824

LICENSE NUMBER: CCC1326747

EXPIRATION DATE: AUGUST 31, 2020

Always verify licenses online at MyFloridaLicense.com

Do not alter this document in any form.

This is your license. It is unlawful for anyone other than the licensee to use this document.

TRI-ROO-03 CORBETTA

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 9/3/2019

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER License # 0E67768	CONTACT NAME:	
Insurance Office of America, Inc. 1 Sleiman Parkway Suite 130 Jacksonville, FL 32216	PHONE (A/C, No, Ext): (904) 448-9777	FAX (A/C, No): (904) 448-9788
	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : Bridgefield Casualty Insurance Company	10335
INSURED Tri-County Roofing & Repair, Inc 14351 NW 30th Ave Chiefland, FL 32626	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$
	☐ CLAIMS-MADE ☐ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$
							MED EXP (Any one person)	$
							PERSONAL & ADV INJURY	$
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$
	☐ POLICY ☐ PRO-JECT ☐ LOC						PRODUCTS - COMP/OP AGG	$
	☐ OTHER:							$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$
	☐ ANY AUTO						BODILY INJURY (Per person)	$
	☐ OWNED AUTOS ONLY ☐ SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	☐ HIRED AUTOS ONLY ☐ NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
	☐ UMBRELLA LIAB ☐ OCCUR						EACH OCCURRENCE	$
	☐ EXCESS LIAB ☐ CLAIMS-MADE						AGGREGATE	$
	☐ DED ☐ RETENTION $							$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N						X PER STATUTE ☐ OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? ☐ (Mandatory in NH)	N / A		0196-48749	6/8/2019	6/8/2020	E.L. EACH ACCIDENT	$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

Columbia County Building Department
135 NE Hernando Ave
Lake City, FL 32055

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 09/02/2019

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Custom Contractors Insurance, LLC PO Box 3430 Sedona AZ 86340	**CONTACT NAME:** Paul Renken **PHONE (A/C, No, Ext):** (888) 652-4513 **FAX (A/C, No):** (888) 274-7438 **E-MAIL ADDRESS:** info@customcontractorsinsurance.com
INSURED Tri-County Roofing & Repair, Inc. 14351 Northwest 30 Avenue CHIEFLAND FL 32626	**INSURER(S) AFFORDING COVERAGE** — **NAIC #** **INSURER A :** AIX SPECIALTY INSURANCE COMPANY **INSURER B :** **INSURER C :** **INSURER D :** **INSURER E :** **INSURER F :**

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	[X] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS-MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [X] POLICY [ ] PRO-JECT [ ] LOC [ ] OTHER:	X	X	SIZGL1003A218111	05/16/2019	05/16/2020	EACH OCCURRENCE	$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 50,000
							MED EXP (Any one person)	$ 5,000
							PERSONAL & ADV INJURY	$ 1,000,000
							GENERAL AGGREGATE	$ 2,000,000
							PRODUCTS - COMP/OP AGG	$ 1,000,000
								$
	AUTOMOBILE LIABILITY [ ] ANY AUTO [ ] OWNED AUTOS ONLY [ ] SCHEDULED AUTOS [ ] HIRED AUTOS ONLY [ ] NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident)	$
							BODILY INJURY (Per person)	$
							BODILY INJURY (Per accident)	$
							PROPERTY DAMAGE (Per accident)	$
								$
	[ ] UMBRELLA LIAB [ ] OCCUR [ ] EXCESS LIAB [ ] CLAIMS-MADE [ ] DED [ ] RETENTION $						EACH OCCURRENCE	$
							AGGREGATE	$
								$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y / N [ ] If yes, describe under DESCRIPTION OF OPERATIONS below	N / A						[ ] PER STATUTE [ ] OTH-ER	
							E.L. EACH ACCIDENT	$
							E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

HOLDER NAMED AS ADDITIONAL INSURED & WAIVER OF SUBROGATION APPLIES

CERTIFICATE HOLDER

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AUTHORIZED REPRESENTATIVE