

DATE 04/20/2006

Columbia County Building Permit

This Permit Expires One Year From the Date of Issue

PERMIT

000024436

APPLICANT SAMANTHA HELMICK PHONE 752-1014

ADDRESS 180 NW AMENITY CT LAKE CITY FL 32055

OWNER TRUDY FORMAN/JOE WHITTAKER PHONE 466-1942

ADDRESS 198 SW CYPRESSWOOD GLN LAKE CITY FL 32025

CONTRACTOR UNIQUE POOLS & SPA PHONE 752-1014

LOCATION OF PROPERTY 41-S TO CR 349,TR TO MAGNOLIA PLCE,TL TO END,TURN R,
3RD LOT ON L.

TYPE DEVELOPMENT SWIMMING POOL ESTIMATED COST OF CONSTRUCTION 18500.00

HEATED FLOOR AREA TOTAL AREA HEIGHT STORIES

FOUNDATION WALLS ROOF PITCH FLOOR

LAND USE & ZONING A-3 MAX. HEIGHT 35

Minimum Set Back Requirments: STREET-FRONT 30.00 REAR 25.00 SIDE 25.00

NO. EX.D.U. FLOOD ZONE XPP DEVELOPMENT PERMIT NO.

PARCEL ID 27-5S-17-09415-113 SUBDIVISION MAGNOLIA PLACE

LOT 13 BLOCK PHASE UNIT 0 TOTAL ACRES 5.00

CPC1456899

Culvert Permit No. Culvert Waiver Contractor's License Number Applicant/Owner/Contractor

EXISTING X06-0132 BK JH N

Driveway Connection Septic Tank Number LU & Zoning checked by Approved for Issuance New Resident

COMMENTS: NOC ON FILE

Check # or Cash 20300

FOR BUILDING & ZONING DEPARTMENT ONLY

(footer/Slab)

Temporary Power Foundation Monolithic

Under slab rough-in plumbing Slab Sheathing/Nailing

Framing Rough-in plumbing above slab and below wood floor

Electrical rough-in Heat & Air Duct Peri. beam (Lintel)

Permanent power C.O. Final Culvert

M/H tie downs, blocking, electricity and plumbing Pool

Reconnection Pump pole Utility Pole

M/H Pole Travel Trailer Re-roof

BUILDING PERMIT FEE \$ 95.00 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 \$ TOTAL FEE 95.00

INSPECTORS OFFICE CLERKS 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."

This Permit Must Be Prominently Posted on Premises During Construction

PLEASE NOTIFY THE COLUMBIA COUNTY BUILDING DEPARTMENT AT LEAST 24 HOURS IN ADVANCE OF EACH INSPECTION, IN ORDER THAT IT MAY BE MADE WITHOUT DELAY OR INCONVIENCE, PHONE 758-1008. THIS PERMIT IS NOT VALID UNLESS THE WORK AUTHORIZED BY IT IS COMMENCED WITHIN 6 MONTHS AFTER ISSUANCE.

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

Prepared By/Return To:

Unique Pools & Spas

PO Box 1867

Lake City, FL 32056

Permit No.

NOTICE OF COMMENCEMENT
FS 713.13

State of Florida

County of Columbia

THE UNDERSIGNED hereby gives notice that improvement 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.

1. Legal description of property and street address if available: Lot 13 Magnolia Place S/D WD 1017-1246, 198 SW Cypress Wood Glen, Lake City, FL 32025

General description of improvement: Installing in-ground, concrete swimming pool.

2. Owner Information: Name and address:

Trudy Forman and Joe Wludyka, 198 SW Cypress Wood Glen, Lake City, FL 32025

b. Interest in property: 100%

c. Name and address of fee simple titleholder (if other than Owner)

3. Contractor: Name and address: Unique Pools & Spas - PO Box 1867

Lake City, FL 32056

Phone number (386) 752-1014 Fax number (optional, if service by fax is acceptable) (386) 752-5613

4. Surety: Name and address N/A

Phone number N/A Fax number (optional, if service by fax is acceptable)

Amount of Bond \$ N/A

Lender: Name and address N/A

Phone number N/A Fax number (optional, if service by fax is acceptable) N/A

5. 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 and address):

Phone numbers of designated persons

Fax number (optional, if service by fax is acceptable)

6. In addition to himself or herself, Owner designates _____ of _____ to receive a copy of the Lienor's Notice as provided in Section 713.13(1)(b), Florida Statutes.

Phone number of person or entity designated by owner _____ Fax number (optional, if service by fax is acceptable)

7. Expiration date of Notice of Commencement (the expiration date is one (1) year from the date of recording unless a different date is specified)

Trudy Forman

Signature of Owner

STATE OF FLORIDA

COUNTY OF Columbia

Sworn to (or affirmed) and subscribed before me this 20th day of April, 2006, by Trudy Forman who is personally known to me or who has produced as identification and who did or did not take an oath.

Miranda M. Koon
Notary Public (Signature)



Inst:2006009636 Date:04/20/2006 Time:12:14

17 DC, P. DeWitt Cason, Columbia County B:1081 P:358