

DATE 01/14/2013

Columbia County Building Permit

PERMIT

This Permit Must Be Prominently Posted on Premises During Construction

000030715

APPLICANT GARY JOHNSON PHONE 386-752-3444
ADDRESS PO BOX 1016 LAKE CITY FL 32056
OWNER JEAN M. FROST PHONE 386-438-8284
ADDRESS 436 SW CHRIS TERR LAKE CITY FL 32024
CONTRACTOR GARY JOHNSON PHONE 752-3444
LOCATION OF PROPERTY 47 S, R 242, R ARROWHEAD TERR, R CHRIS TERR, SFD ON LEFT
@ FIRST CURVE.

TYPE DEVELOPMENT REROOF/SFD ESTIMATED COST OF CONSTRUCTION 10000.00
HEATED FLOOR AREA TOTAL AREA HEIGHT STORIES
FOUNDATION WALLS ROOF PITCH 4/12 FLOOR
LAND USE & ZONING MAX. HEIGHT
Minimum Set Back Requirments: STREET-FRONT REAR SIDE
NO. EX.D.U. 1 FLOOD ZONE DEVELOPMENT PERMIT NO.

PARCEL ID 24-4S-16-03104-043 SUBDIVISION CANNON CREEK ACRES S/D
LOT 42 BLOCK PHASE UNIT TOTAL ACRES 2.00

RC0026693
Culvert Permit No. Culvert Waiver Contractor's License Number Applicant/Owner/Contractor
EXISTING JLW N
Driveway Connection Septic Tank Number LU & Zoning checked by Approved for Issuance New Resident

COMMENTS: Check # or Cash 4815

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 \$ 50.00 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 50.00
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.

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

"WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT."

EVERY PERMIT ISSUED SHALL BECOME INVALID UNLESS THE WORK AUTHORIZED BY SUCH PERMIT IS COMMENCED WITHIN 180 DAYS AFTER ITS ISSUANCE, OR IF THE WORK AUTHORIZED BY SUCH PERMIT IS SUSPENDED OR ABANDONED FOR A PERIOD OF 180 DAYS AFTER THE TIME THE WORK IS COMMENCED. A VALID PERMIT RECIEVES AN APPROVED INSPECTION EVERY 180 DAYS. WORK SHALL BE CONSIDERED NOT SUSPENDED, ABANDONED OR INVALID WHEN THE PERMIT HAS RECIEVED AN APPROVED INSPECTION WITHIN 180 DAYS OT THE PREVIOUS INSPECTION.

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

Columbia County Building Permit Application

For Office Use Only Application # 1301-22 Date Received 4/12 By 16 Permit # 230715

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 ☐ Well Letter ☐ 911 Sheet ☐ Parent Parcel # _____

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

IMPACT FEES: EMS _____ Fire _____ Corr _____ ☐ Sub VF Form

Road/Code _____ School _____ = TOTAL (Suspended) ☐ Ellisville Water ☒ App Fee Paid

Septic Permit No. _____ Fax 386-752-3444

Name Authorized Person Signing Permit GARY JOHNSON Phone 386 752 3444

Address PO BOX 1016 LCF 32056

Owners Name JEAN & KEITH FROST Phone 365-3271

911 Address 436 SW CHRIS TER LCF 32025

Contractors Name GARY JOHNSON CONST INC Phone 386 961 3031

Address PO BOX 1016 LCF 32056

Fee Simple Owner Name & Address _____

Bonding Co. Name & Address N/A

Architect/Engineer Name & Address N/A

Mortgage Lenders Name & Address _____

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

Property ID Number 24-45-16
03104-043 Estimated Cost of Construction 10,000

Subdivision Name CANNON CREEK ACRES Lot 42 Block _____ Unit _____ Phase _____

Driving Directions 47 S. TO 242 RGT TO LIQUOR STORE TRN RGT

GO 1/2 MILE MAKE LEFT CURVE TO CHRIS TER ON RGT GO

TO 1ST CURVE, HOUSE ON LEFT. Number of Existing Dwellings on Property 2

Construction of RE ROOF - 570 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 4/12

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. **CODE: Florida Building Code 2010 and the 2008 National Electrical 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.

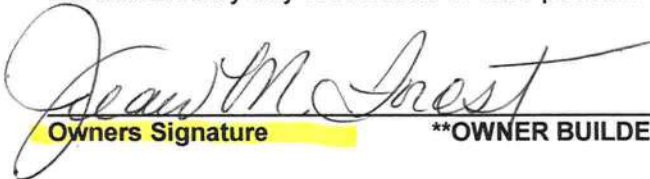
NOTICE OF RESPONSIBILITY TO BUILDING PERMITEE: **YOU ARE HEREBY NOTIFIED** as the recipient of a building permit from Columbia County, Florida, you will be held responsible to the County for any damage to sidewalks and/or road curbs and gutters, concrete features and structures, together with damage to drainage facilities, removal of sod, major changes to lot grades that result in ponding of water, or other damage to roadway and other public infrastructure facilities caused by you or your contractor, subcontractors, agents or representatives in the construction and/or improvement of the building and lot for which this permit is issued. No certificate of occupancy will be issued until all corrective work to these public infrastructures and facilities has been corrected.

WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOU PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT.

OWNERS CERTIFICATION: I CERTIFY THAT ALL THE FOREGOING INFORMATION IS ACCURATE AND THAT ALL WORK WILL BE DONE IN COMPLIANCE WITH ALL APPLICABLE LAWS REGULATING CONSTRUCTION AND ZONING.

NOTICE TO OWNER: There are some properties that may have deed restrictions recorded upon them. These restrictions may limit or prohibit the work applied for in your building permit. You must verify if your property is encumbered by any restrictions or face possible litigation and or fines.

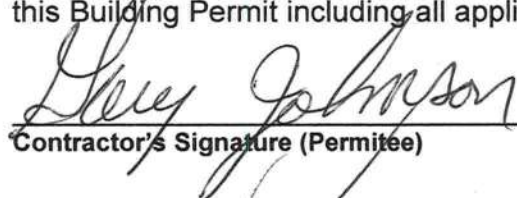
(Owners Must Sign All Applications Before Permit Issuance.)



Owners Signature

****OWNER BUILDERS MUST PERSONALLY APPEAR AND SIGN THE BUILDING PERMIT.**

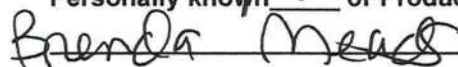
CONTRACTORS AFFIDAVIT: By my signature I understand and agree that I have informed and provided this written statement to the owner of all the above written responsibilities in Columbia County for obtaining this Building Permit including all application and permit time limitations.



Contractor's Signature (Permittee)

Contractor's License Number RC0026693
Columbia County
Competency Card Number _____

Affirmed under penalty of perjury to by the Contractor and subscribed before me this 14 day of January 2014.
Personally known ☒ or Produced Identification _____



State of Florida Notary Signature (For the Contractor)

SEAL:



| | | | |
|------------------------------|--------------------------|--------------------------|-------------------------------|
| @ CAM110M01 | S | CamaUSA Appraisal System | Columbia County |
| 1/11/2013` 9:23 | Property Maintenance | 15863 | Land 001 * |
| Year T Property | Sel | | AG 000 |
| 2013 R 24-4S-16-03104-043 | * | 76018 | Bldg 001 |
| Owner FROST KEITH F & JEAN M | + Conf | 6168 | Xfea 004 |
| Addr 436 SW CHRIS TER | HX | 98049 | TOTAL B* |
| | -Cap?- | 1.130 | Total Acres |
| City,St LAKE CITY | FL | Zip 32024 | SOH 10% ApYr ERnwl ARnwl Notc |
| Country | (PUD1) | (PUD2) | (PUD3) MKTA06 |
| Splt/Co | JVChgCd | pu4 | pu5 |
| Appr By RP | Date 11/29/2009 | AppCode | UseCd 000100 SINGLE FAMILY |
| TxDist 002 | Nbhd 24416.01 | MktA 06 | ExCode HX |
| | | | Exemption/% 25000 |
| | | | |
| House# | 436 | Street CHRIS | MD TER Dir SW # |
| | | City LAKE CITY | Zip |
| Subd | N/A | Condo | .00 N/A |
| Sect | 24 | Twn | 4S Rnge 16 |
| Legals | LOT 42 | CANNON CREEK ACRES S/D. | ORB 462-361,643-303,659-100 |
| | 726-455,758-055,793-1789 | | WD 1115-1505, QC 1148-346 |
| Map# | | | Mnt 3/25/2010 PINKY |
| F1=Task | F2=ExTx | F3=Exit | F4=Prompt |
| | F11=Docs | F10=GoTo | PgUp/PgDn |
| | | | F24=More |

PRODUCT APPROVAL SPECIFICATION SHEET

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.

| Category/Subcategory | Manufacturer | Product Description | Approval Number(s) |
|----------------------------------|--------------|---------------------|--------------------|
| 1. EXTERIOR DOORS | | | |
| A. SWINGING | | | |
| B. SLIDING | | | |
| C. SECTIONAL | | | |
| D. ROLL UP | | | |
| E. AUTOMATIC | | | |
| F. OTHER | | | |
| 2. WINDOWS | | | |
| A. SINGLE HUNG | | | |
| B. HORIZONTAL SLIDER | | | |
| C. CASEMENT | | | |
| D. DOUBLE HUNG | | | |
| E. FIXED | | | |
| F. AWNING | | | |
| G. PASS THROUGH | | | |
| H. PROJECTED | | | |
| I. MULLION | | | |
| J. WIND BREAKER | | | |
| K. DUAL ACTION | | | |
| L. OTHER | | | |
| 3. PANEL WALL | | | |
| A. SIDING | | | |
| B. SOFFITS | | | |
| C. EIFS | | | |
| D. STOREFRONTS | | | |
| E. CURTAIN WALLS | | | |
| F. WALL LOUVER | | | |
| G. GLASS BLOCK | | | |
| H. MEMBRANE | | | |
| I. GREENHOUSE | | | |
| J. OTHER | | | |
| 4. ROOFING PRODUCTS | | | |
| A. ASPHALT SHINGLES | | | |
| B. UNDERLAYMENTS | | | |
| C. ROOFING FASTENERS | | | |
| D. NON-STRUCTURAL METAL ROOFING | USION | Master RIB | FL 4586.3 |
| E. WOOD SHINGLES AND SHAKES | | | |
| F. ROOFING TILES | | | |
| G. ROOFING INSULATION | | | |
| H. WATERPROOFING | | | |
| I. BUILT UP ROOFING ROOF SYSTEMS | | | |
| J. MODIFIED BITUMEN | | | |
| K. SINGLE PLY ROOF SYSTEMS | | | |
| L. ROOFING SLATE | | | |
| M. CEMENTS-ADHESIVES COATINGS | | | |

| Category/Subcategory | Manufacturer | Product Description | Approval Number(s) |
|----------------------|--------------|---------------------|--------------------|
|----------------------|--------------|---------------------|--------------------|

| | | | |
|--|--|--|--|
| N. LIQUID APPLIED ROOF SYSTEMS | | | |
| O. ROOF TILE ADHESIVE | | | |
| P. SPRAY APPLIED POLYURETHANE ROOF | | | |
| Q. OTHER | | | |
| 5. SHUTTERS | | | |
| A. ACCORDION | | | |
| B. BAHAMA | | | |
| C. STORM PANELS | | | |
| D. COLONIAL | | | |
| E. ROLL-UP | | | |
| F. EQUIPMENT | | | |
| G. OTHERS | | | |
| 6. SKYLIGHTS | | | |
| A. SKYLIGHT | | | |
| B. OTHER | | | |
| 7. STRUCTURAL COMPONENTS | | | |
| A. WOOD CONNECTORS/ ANCHORS | | | |
| B. TRUSS PLATES | | | |
| C. ENGINEERED LUMBER | | | |
| D. RAILING | | | |
| E. COOLERS-FREEZERS | | | |
| F. CONCRETE ADMIXTURES | | | |
| G. MATERIAL | | | |
| H. INSULATION FORMS | | | |
| I. PLASTICS | | | |
| J. DECK-ROOF | | | |
| K. WALL | | | |
| L. SHEDS | | | |
| M. OTHER | | | |
| 8. NEW EXTERIOR ENVELOPE PRODUCTS | | | |
| A. | | | |
| B. | | | |

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) the 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.


APPLICANT SIGNATURE

1-14-13
DATE

NOTICE OF COMMENCEMENT

Tax Parcel Identification Number:

03104-043

Clerk's Office Stamp

Inst. 201312000460 Date: 1/11/2013 Time: 3:07 PM
DC, P. DeWitt Cason, Columbia County Page 1 of 1 B: 1247 P: 1867

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): R 24-45-116
a) Street (job) Address: 436 SW CHERRY TERR, Lake City, FL 32024
2. General description of improvements: Re-Roof
3. Owner Information
a) Name and address: Jean M. + Keith F. Frost 5/A
b) Name and address of fee simple titleholder (if other than owner)
c) Interest in property: owners
4. Contractor Information
a) Name and address: Gray Johnson Construction Inc. PO Box 1016 Lake City, FL 32056
b) Telephone No.: 386-752-3444 Fax No. (Opt.)
5. Surety Information
a) Name and address:
b) Amount of Bond:
c) Telephone No.: Fax No. (Opt.)
6. Lender
a) Name and address:
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:
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(1)(b), Florida Statutes:
a) Name and address:
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. Keith Frost
Signature of Owner or Owner's Authorized Office/Director/Partner/Manager
Keith Frost
Printed Name

The foregoing instrument was acknowledged before me, a Florida Notary, this 11 day of Jan, 20 13 by:
as _____ type of authority, e.g. officer, trustee, attorney
fact) for _____ (name of party on behalf of whom instrument was executed).

Personally Known ☒ OR Produced Identification _____ Type _____

Notary Signature Angie 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.

Keith Frost
Signature of Natural Person Signing (in line #10 above.)