

This Permit Expires One Year From the Date of Issue

APPLICANTSAMANTHA HELMICKPHONE752-1014

ADDRESS180NW AMENITY CTLAKE CITYFL32055

OWNERMICHAEL & DEBRA BOYERPHONE752-8653

ADDRESS512SW CR 349LAKE CITYFL32025

CONTRACTORUNIQUE POOLS & SPAPHONE386-752-1014

LOCATION OF PROPERTY441 S, R 349, .5 MILES ON THE LEFT JUST PAST
MAGNOLIA PLACE ENTRANCE

TYPE DEVELOPMENTSWIMMING POOLESTIMATED COST OF CONSTRUCTION19500.00

HEATED FLOOR AREATOTAL AREAHEIGHTSTORIES

FOUNDATIONWALLSROOF PITCHFLOOR

LAND USE & ZONINGA-3MAX. HEIGHT35

Minimum Set Back Requirments:STREET-FRONT35.00REAR25.00SIDE25.00

NO. EX.D.U.1FLOOD ZONEXPPDEVELOPMENT PERMIT NO.

PARCEL ID27-5S-17-09415-124SUBDIVISIONMAGNOLIA PLACE

LOT24BLOCKPHASEUNIT0TOTAL ACRES5.00

CPC1456899

Culvert Permit No.Culvert WaiverContractor's License NumberApplicant/Owner/Contractor

EXISTINGX06-0131BKJHN

Driveway ConnectionSeptic Tank NumberLU & Zoning checked byApproved for IssuanceNew Resident

COMMENTS:

NOC ON FILE

Check # or Cash20300

FOR BUILDING & ZONING DEPARTMENT ONLY

(footer/Slab)

Temporary PowerFoundationMonolithic

date/app. bydate/app. bydate/app. by

Under slab rough-in plumbingSlabSheathing/Nailing

date/app. bydate/app. bydate/app. by

FramingRough-in plumbing above slab and below wood floor

date/app. bydate/app. by

Electrical rough-inHeat & Air DuctPeri. beam (Lintel)

date/app. bydate/app. bydate/app. by

Permanent powerC.O. FinalCulvert

date/app. bydate/app. bydate/app. by

M/H tie downs, blocking, electricity and plumbingPool

date/app. bydate/app. by

ReconnectionPump poleUtility Pole

date/app. bydate/app. bydate/app. by

M/H PoleTravel TrailerRe-roof

date/app. bydate/app. bydate/app. by

BUILDING PERMIT FEE \$100.00CERTIFICATION FEE \$0.00SURCHARGE FEE \$0.00

MISC. FEES \$0.00ZONING CERT. FEE \$FIRE FEE \$0.00WASTE FEE \$

FLOOD DEVELOPMENT FEE \$FLOOD ZONE FEE \$CULVERT FEE \$TOTAL FEE100.00

INSPECTORS OFFICECLERKS 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 INCONVENIENCE, 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 24 Magnolia Place S/D WD 1021-1456; 512 CR 349, Lake City, FL 32024

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

2. Owner Information: Name and address:

Michael and Debra Boyer; 512 CR 349, Lake City, FL 32024

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)

Mike Boyer

Signature of Owner

STATE OF FLORIDA
COUNTY OF Columbia

Sworn to (or affirmed) and subscribed before me this 14th day of April, 2006, by Mike Boyer, 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: 2006009635 Date: 04/20/2006 Time: 12:14
J. P. DC, P. DeWitt Cason, Columbia County B: 1081 P: 357

This Instrument Prepared by & return to:

Name: **NANCY AMY MURPHY, an employee of
TITLE OFFICES, LLC**

Address: **1089 SW MAIN BLVD.
LAKE CITY, FLORIDA 32025'
04Y-06059NM**

Parcel I.D. #: **09415-000**

Inst:2004016894 Date:07/22/2004 Time:09:05

Doc Stamp-Deed : 339.50

B DC, P. DeWitt Cason, Columbia County B:1021 P:1456

SPACE ABOVE THIS LINE FOR PROCESSING DATA

SPACE ABOVE THIS LINE FOR RECORDING DATA

THIS WARRANTY DEED Made the 12th day of July, A.D. 2004, by **GLENN FARMS, INC., A FLORIDA CORPORATION**, having its principal place of business at **P.O. BOX 66, FORT WHITE, FLORIDA 32038**, hereinafter called the grantor, to **DEBRA K. BOYER, TRUSTEE OF THE DEBRA K. BOYER TRUST U/A/D 3/29/89 AND AS AMENDED**, and **MICHAEL J. BOYER, TRUSTEE OF THE MICHAEL J. BOYER TRUST U/A/D 3/29/89 AND AS AMENDED**, EACH AS TO AN UNDIVIDED ONE HALF INTEREST, whose post office address is **1046 SW 57TH ST, CAPE CORAL, FL 33914**, hereinafter called the grantees:

(Wherever used herein the terms "grantor" and "grantees" include all the parties to this instrument, singular and plural, the heirs, legal representatives and assigns of individuals, and the successors and assigns of corporations, wherever the context so admits or requires.)

Witnesseth: That the grantor, for and in consideration of the sum of \$10.00 and other valuable consideration, receipt whereof is hereby acknowledged, does hereby grant, bargain, sell, alien, remise, release, convey and confirm unto the grantees all that certain land situate in **Columbia County, State of FLORIDA**, viz:

Lot 24, **MAGNOLIA PLACE**, according to the map or plat thereof as recorded in Plat Book 7, Page 174-179, of the Public Records of Columbia County, **FLORIDA**.

THE ABOVE DESCRIBED PROPERTY IS NOT THE HOMESTEAD PROPERTY OF THE GRANTOR.

Together with all the tenements, hereditaments and appurtenances thereto belonging or in anywise appertaining.

To Have and to Hold the same in fee simple forever.

And the grantor hereby covenants with said grantees that it is lawfully seized of said land in fee simple; that it has good right and lawful authority to sell and convey said land, and hereby fully warrants the title to said land and will defend the same against the lawful claims of all persons whomsoever, and that said land is free of all encumbrances, except taxes accruing subsequent to December 31, 2003.

In Witness Whereof, the said grantor has caused these presents to be executed in its name and its corporate seal to be hereunto affixed by its proper officers thereunto duly authorized, the day and year first above written.

Signed, sealed and delivered in the presence of:

GLENN FARMS, INC.

Nancy A. Murphy
Witness Signature

NANCY A. MURPHY
Printed Name

Joyce Kirpach
Witness Signature

Joyce Kirpach
Printed Name

By: Judy Glenn L.S.

Name **JUDY GLENN**

Title: **PRESIDENT** Secretary