

Columbia County Addition Permit Application

For Office Use Only Application # _____ Date Received _____ By _____ Permit # _____
 Zoning Official _____ Date _____ Flood Zone _____ Land Use _____ Zoning _____
 FEMA Map # _____ Elevation _____ MFE _____ River _____ Plans Examiner _____ Date _____
 Comments _____

☐ NOC ☐ Deed or PA ☐ 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
☐ Site Plan ☐ Env. Health Approval _____ ☐ Sub VF Form _____

*This page not required if Online submission.

Fax _____
 Phone 817-501-4922

Applicant (Person authorized to submit forms) Sherrie Ledbetter

Address 2475 Palm Bay Rd. NE Ste 140-1, Palm Bay Fla 32905

Owners Name Lawrence & Deborah Manchester

Phone 386-984-8586

911 Address 1524 SW Little Rd Lake City, Fla 32024

Contractors Name Dayreack Solar

Phone 817-501-4922

Address 2475 Palm Bay Rd. NE Ste 140-1, Palm Bay Fla 32905

Applicants Email Sherrie.ledbetter@daybreakinstall.com

***Include to get updates on this job.

Fee Simple Owner Name & Address _____

Bonding Co. Name & Address _____

Architect/Engineer Name & Address _____

Mortgage Lenders Name & Address _____

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

Property ID Number 01-5S-16-03388-000 (16504) Estimated Construction Cost 39,800.00

Subdivision Name _____ Lot _____ Block _____ Unit _____ Phase _____

Special Driving Instructions - Only - Take NE Hernando Ave to N Marion Ave, Head north on NE Hernando Ave toward NE Justice St

Take FL-47 S to Brentwood Way, Drive to Little Rd,

Construction of Installing 7.245KW roof mounted Solar system Commercial OR ☒ Residential

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

Use/Occupancy of the building now single family home Is this changing no

If Yes, Explain, Proposed Use/Occupancy _____

Is the building Fire Sprinkled? _____ If Yes, blueprints included _____ Or Explain _____

Entrance Changes (Ingress/Egress) _____ If Yes, Explain _____

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

CODES: 2020 Florida Building Code 7th Edition and the 2017 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.

Lawrence Manchester
Printed Owners Name

[Signature]
Owners Signature

****Property owners must sign here before any permit will be 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.

PATLYNEH
Contractor's Signature

Contractor's License Number CXC56966
Columbia County
Competency Card Number _____

Affirmed and subscribed before me the Contractor by means of physical presence or online notarization, this 07 day of June, 2021, who was personally known or produced ID _____

[Signature]
State of Florida Notary Signature (For the Contractor)

SEAL:



SUBCONTRACTOR VERIFICATION

APPLICATION/PERMIT # _____

JOB NAME

Manchester, Lawrence & Debold

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 checked="" type="checkbox"/>	Print Name <u>Tyler Watson</u> Signature <u>[Signature]</u>	Need Lic Liab W/C EX DE
CC# _____	Company Name: <u>Premier Comm. Group</u>	
	License #: <u>EC13006331</u> Phone #: <u>817-501-4922</u>	
MECHANICAL/A/C <input type="checkbox"/>	Print Name _____ Signature _____	Need Lic Liab W/C EX DE
CC# _____	Company Name: _____	
	License #: _____ Phone #: _____	
PLUMBING/GAS <input type="checkbox"/>	Print Name _____ Signature _____	Need Lic Liab W/C EX DE
CC# _____	Company Name: _____	
	License #: _____ Phone #: _____	
ROOFING <input type="checkbox"/>	Print Name _____ Signature _____	Need Lic Liab W/C EX DE
CC# _____	Company Name: _____	
	License #: _____ Phone #: _____	
SHEET METAL <input type="checkbox"/>	Print Name _____ Signature _____	Need Lic Liab W/C EX DE
CC# _____	Company Name: _____	
	License #: _____ Phone #: _____	
FIRE SYSTEM/SPRINKLER <input type="checkbox"/>	Print Name _____ Signature _____	Need Lic Liab W/C EX DE
CC# _____	Company Name: _____	
	License #: _____ Phone #: _____	
SOLAR <input type="checkbox"/>	Print Name _____ Signature _____	Need Lic Liab W/C EX DE
CC# _____	Company Name: _____	
	License #: _____ Phone #: _____	
STATE SPECIALTY <input type="checkbox"/>	Print Name _____ Signature _____	Need Lic Liab W/C EX DE
CC# _____	Company Name: _____	
	License #: _____ Phone #: _____	