

Columbia County Building Permit Application

clt# 8604

For Office Use Only Application # 071152 Date Received 11/20 By JW Permit # 26507
 Zoning Official BLK Date 11/11/07 Flood Zone X FEMA Map # _____ Zoning A-3
 Land Use A-3 Elevation _____ MFE _____ River _____ Plans Examiner OKSTH Date 11/27-07
 Comments SE 0467 WILL NEED PLAN SHOWING HANDICAP RAMP 5TH
☒ NOC ☒ EH ☒ Deed or PA ☒ Site Plan ☐ State Road Info ☐ Parent Parcel # _____
☐ Dev Permit # _____ ☐ In Floodway ☐ Letter of Authorization from Contractor
☒ Unincorporated area ☐ Incorporated area ☐ Town of Fort White ☐ Town of Fort White Compliance letter

Fax _____

Name Authorized Person Signing Permit John Wes Evacher Phone 386.623.7054Address 216 SW SISTERS WELCOME ROAD, LAKE CITY, FL 32025Owners Name J Wes Evacher Phone 386.623.7054911 Address 256 SE WEEKS LANE, LAKE CITY, FL 32025Contractors Name J. WES EVACHER / OWNER / Builder Phone 386.623.7054Address 216 SW SISTERS WELCOME ROAD, LAKE CITY, FL 32025

Fee Simple Owner Name & Address _____

Bonding Co. Name & Address _____

Architect/Engineer Name & Address 5865 GLENVIEW DR. GOSHENEN, AL 36528
NADER, TOMASBI, PE - IDCA - PLANE - TALLAHASSEE, FLMortgage Lenders Name & Address NACircle the correct power company - FL Power & Light - Clay Elec. - Suwannee Valley Elec. - Progress EnergyProperty ID Number 24-45-1708720-001 Estimated Cost of Construction 20,000

Subdivision Name _____ Lot _____ Block _____ Unit _____ Phase _____

Driving Directions: 141-S to C-252-TR TO C-245, TR TO WEEKS RD, TR TO 141-DIVE ON TR - @ 400 to 500' ON THE RIGHTNumber of Existing Dwellings on Property 0Construction of - MODULAR OFFICE BLDG Total Acreage 40.00 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 118' Side 72' Side 125' Rear 166'Number of Stories 1 Heated Floor Area 480 Total Heated Floor Area 480 Roof Pitch _____

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.

* WAITING ON SCALED FOUNDATION PLAN

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.

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.

OWNERS AFFIDAVIT: I hereby certify that all the foregoing information is accurate and all work will be done in compliance with all applicable laws and regulating construction and zoning. I further understand the above written responsibilities in Columbia County for obtaining this Building Permit.


Owners Signature

Affirmed under penalty of perjury to by the Owner and subscribed before me this 20 day of November 2007.
Personally known _____ or Produced Identification  DL E122-479-67-013-0


State of Florida Notary Signature (For the Owner)

SEAL:



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.


Contractor's Signature (Permittee)

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

Affirmed under penalty of perjury to by the Contractor and subscribed before me this 20 day of November 2007.
Personally known _____ or Produced Identification DL E122-479-67-013-0


State of Florida Notary Signature (For the Contractor)

SEAL:



**COLUMBIA COUNTY BUILDING DEPARTMENT**

135 NE Hemando Ave., Suite B-21
 Lake City, FL 32055
 Office: 386-758-1008 Fax: 386-758-2160

NOTARIZED DISCLOSURE STATEMENT**FOR OWNER/BUILDER WHEN ACTING AS THEIR OWN CONTRACTOR AND CLAIMING EXEMPTION OF CONTRACTOR LICENSING REQUIREMENTS IN ACCORDANCE WITH FLORIDA STATUTES, ss. 489.103(7).**

State law requires construction to be done by licensed contractors. You have applied for a permit under an exemption to that law. The exemption allows you, as the owner of your property, to act as your own contractor with certain restrictions even though you do not have a license. You must provide direct, onsite supervision of the construction yourself. You may build or improve a one-family or two-family residence or a farm outbuilding. You may also build or improve a commercial building, provided your costs do not exceed \$75,000. The building or residence must be for your own use or occupancy. It may not be built or substantially improved for sale or lease. If you sell or lease a building you have built or substantially improved for yourself within 1 year after the construction is complete, the law will presume that you built or substantially improved it for sale or lease, which is a violation of this exemption. You may not hire an unlicensed person to act as your contractor or to supervise people working on your building. It is your responsibility to make sure that people employed by you have licenses required by state law and by county or municipal licensing ordinances. You may not delegate the responsibility for supervising work to a licensed contractor who is not licensed to perform the work being done. Any person working on your building who is not licensed must work under your direct supervision and must be employed by you, which means that you must deduct F.I.C.A. and withholding tax and provide workers' compensation for that employee, all as prescribed by law. Your construction must comply with all applicable laws, ordinances, building codes, and zoning regulations.

I understand that if I am not physically doing the work or physically supervising free labor from friends or relatives, that I must hire licensed contractors, i.e. electrician, plumber, mechanical (heating & air conditioning), etc. I further understand that the violation of not physically doing the work, and the use of unlicensed contractors at the construction site, will cause the project to be shut down by the inspection staff of the Columbia County Building Department. Additionally, state statutes allows for additional penalties. I also understand that if this violation does occur, that in order for the job to proceed, I will have a licensed contractor come in and obtain a new permit as taking the job over. I understand that if I hire subcontractors under a contract price, that they must be licensed to work in Columbia County, i.e. masonry, drywall, carpentry. Contractors licensed by the Columbia County Contractor Licensing Section or the State of Florida are required to have worker's compensation and liability coverage.

TYPE OF CONSTRUCTION

- () Single Family Dwelling () Two-Family Residence () Farm Outbuilding
 (X) Other MODULAR BLDG (X) Addition, Alteration, Modification or other Improvement

I, JOHN WES EVACHER, have been advised of the above disclosure statement for exemption from contractor licensing as an owner/builder. I agree to comply with all requirements provided for in Florida Statutes ss.489.103(7) allowing this exception for the construction permitted by Columbia County Building

Permit Number _____



[Signature]
 Owner Builder Signature

11-20-07
 Date

FLORIDA NOTARY

The above signer is personally known to me or produced identification: D.L. E-122479-67-013

Notary Signature Laurie Hodson Date 11-20-07

FOR BUILDING DEPARTMENT USE ONLY

I hereby certify that the above listed owner/builder has been notified of the disclosure statement in Florida Statutes ss 489.103(7). Date 11-20-07 Building Official/Representative [Signature]

COLUMBIA COUNTY 9-1-1 ADDRESSING

P. O. Box 1787, Lake City, FL 32056-1787

PHONE: (386) 758-1125 * FAX: (386) 758-1365 * Email: ron_croft@columbiacountyfla.com

Addressing Maintenance

To maintain the Countywide Addressing Policy you must make application for a 9-1-1 Address at the time you apply for a building permit. The established standards for assigning and posting numbers to all principal buildings, dwellings, businesses and industries are contained in Columbia County Ordinance 2001-9. The addressing system is to enable Emergency Service Agencies to locate you in an emergency, and to assist the United States Postal Service and the public in the timely and efficient provision of services to residents and businesses of Columbia County.

DATE REQUESTED: 11/20/2007 DATE ISSUED: 11/21/2007

ENHANCED 9-1-1 ADDRESS:

256 SE WEEKS LN

LAKE CITY FL 32025

PROPERTY APPRAISER PARCEL NUMBER:

24-4S-17-08720-001

Remarks:

Address Issued By:



Columbia County 9-1-1 Addressing / GIS Department

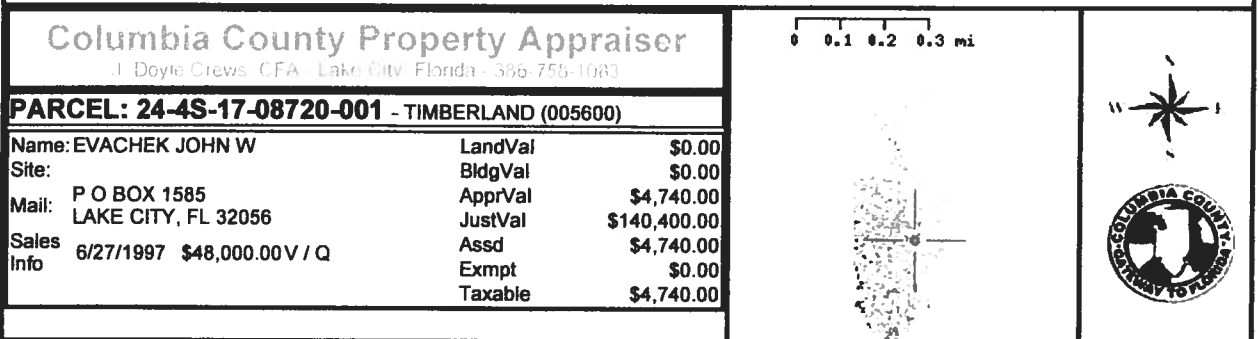
NOTICE: THIS ADDRESS WAS ISSUED BASED ON LOCATION INFORMATION RECEIVED FROM THE REQUESTER. SHOULD, AT A LATER DATE, THE LOCATION INFORMATION BE FOUND TO BE IN ERROR, THIS ADDRESS IS SUBJECT TO CHANGE.

Approved Address

NOV 21 2007

911Addressing/GIS Dept

1030



http://columbia.floridapa.com/GIS/Print_Map.asp?pjboiibchhjbnligafceelbjernolkjkmga... 7/27/2007

This Warranty Deed Made the 27th day of June A. D. 1997 by

GRACE J. ROBERTS, A Married Person

hereinafter called the grantor, to

JOHN W. EVACHEK and his wife, KAREN R. EVACHEK

whose postoffice address is Route 19, Box 1106 Lake City, FL 32025
hereinafter called the grantee:

(Wherever used herein the terms "grantor" and "grantee" include all the parties to this instrument and their heirs, legal representatives and assigns of individuals, and the successors and assigns of corporations)

Witnesseth: That the grantor, for and in consideration of the sum of \$ 10.00 and other valuable considerations, receipt whereof is hereby acknowledged, hereby grants, bargains, sells, aliens, remises, releases, conveys and confirms unto the grantee, all that certain land situate in Columbia County, Florida, viz:

The Northwest 1/4 of the Northwest 1/4, Section 24, Township 4 South, Range 17 East, Columbia County, Florida. LESS AND EXCEPT the North 30 feet for right-of-way of Weeks Road.

Documentary Stamp

Intangible Tax

P. DeWitt Cason

Clerk of Court

By ACK D.C.

\$ 336.00

97-08851

FILED AND RECORDED

1997 JUL 30 PM 2:32

The above described property is not, nor has it ever been the homestead of the grantor, who in fact, resides at Route 1, Box 143, Ona, FL.

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 grantee that the grantor is lawfully seized of said land in fee simple; that the grantor has good right and lawful authority to sell and convey said land; that the grantor 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, 1996

EX 0841 PG 1209

In Witness Whereof, the said grantor has signed and sealed these presents the day and year first above written.

Signed, sealed and delivered in our presence:

[Signature]
[Signature]

Grace J. Roberts
GRACE J. ROBERTS

STATE OF FLORIDA

ROUTE 1, BOX 143
Ona, FL 33865

COUNTY OF COLUMBIA

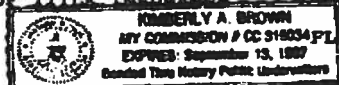
I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the State aforesaid and in the County aforesaid to take acknowledgements, personally appeared
GRACE J. ROBERTS, A Married Person

to me known to be the person described in and who executed the foregoing instrument and she acknowledged before me that she executed the same.

WITNESS my hand and official seal in the County and State last aforesaid this 27th day of June, A.D. 1997

MICHAEL H. HARRELL
ABSTRACT & TITLE SERVICES, INC.
420 WEST BAY AVENUE
LAKE CITY, FL 32025

PURSUANT TO ISSUANCE OF TITLE INSURANCE



[Signature]
NOTARY PUBLIC
PERSONALLY KNOWN TO ME
PRODUCED IDENTIFICATION
FLORIDA DRIVER'S LICENSE

NOTICE OF COMMENCEMENT

County Clerk's Office Stamp or Seal

Tax Parcel Identification Number 24-45-17-08720-001

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): NW 1/4 of the NW 1/4 Sec. 24-45-17 (Columbia County) FL the N' 30 ft. LESS & except to the ROW of WEBER ROAD.
2. General description of improvements: MODULAR
3. Owner Information
 - a) Name and address: JOHN W. EVACHEK, 216 SW NISTERS WELCOME ROAD
 - b) Name and address of fee simple titleholder (if other than owner) —
 - c) Interest in property 100%
4. Contractor Information
 - a) Name and address: JOHN W. EVACHEK
 - b) Telephone No.: 386.623.7054 Fax No. (Opt.) —
5. Surety Information
 - a) Name and address: —
 - b) Amount of Bond: —
 - c) Telephone No.: —
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): —

Inst 200712025917 Date: 11/21/2007 Time: 12:46 PM
P. DeWitt Cason, Columbia County Page 1 of 1

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. John Evachek
Signature of Owner or Owner's Authorized Office/Director/Partner/Manager
John Evachek
Print Name

The foregoing instrument was acknowledged before me, a Florida Notary, this 20 day of November, 20 07, by:
John Evachek as Owner (type of authority, e.g. officer, trustee, attorney
fact) for John W. Evachek (name of party on behalf of whom instrument was executed).
Personally Known — OR Produced Identification ☒ Type D.L. - 122-479-67-013

Notary Signature Laurie Hodson Notary Stamp or Seal:



—AND—

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.

John Evachek
Signature of Natural Person Signing (in line #10 above.)

Florida Energy Efficiency Code For Building Construction
Florida Department of Community Affairs
FLA/COM 2004 v2.5 -- Form 400A-2004
Method A: Whole Building Performance Method for Commercial Buildings

PROJECT SUMMARY

Short Desc: SSI-3595	Description: SSI-3595
Owner: Specialized Structures Inc	
Address1:	City: Tampa
Address2: Enter Address here	State: FL
	Zip: 0
Type: Office	Class: New Finished building
Jurisdiction: TAMPA, HILLSBOROUGH COUNTY, FL (391200)	
Cond Area: 467 SF	Cond & UnCond Area: 467 SF
No of Storeys: 1	Area entered from Plans 467 SF
Permit No: 0	Max Tonnage 2.5
	If different, write in: _____

APPROVED
RADCO
NOV 14 2007
APPROVED

#51556
Nader H. H. H.
NOV 14 2007

Compliance Summary			
Component	Design	Criteria	Result
Gross Energy Use	635.7	649.1	PASSES
LIGHTING CONTROLS			PASSES
EXTERNAL LIGHTING			PASSES
HVAC SYSTEM			PASSES
PLANT			None Entered
WATER HEATING SYSTEMS			PASSES
PIPING SYSTEMS			None Entered
Met all required compliance from Check List?			Yes/No/NA
<p>IMPORTANT NOTE: <i>An input report of this design building must be submitted along with this Compliance Report.</i></p>			

APPROVED
 RADCO
 NOV 14 2007
 APPROVED

CERTIFICATIONS

I hereby certify that the plans and specifications covered by this calculation are in compliance with the Florida Energy Code

Prepared By: Nadu Toward

Building Official: Michael A. Frey

Date: 11-14-07

FL P.E. #56556

Date: 11-14-07

FLORIDA MODULAR PLANS EXAMINER

NO. SMP 37

I certify that this building is in compliance with the FLorida Energy Efficiency Code

Owner Agent: _____

Date: _____

If Required by Florida law, I hereby certify (*) that the system design is in compliance with the FLorida Energy Efficiency Code

Architect: _____

Reg No: _____

Electrical Designer: _____

Reg No: _____

Lighting Designer: _____

Reg No: _____

Mechanical Designer: _____

Reg No: _____

Plumbing Designer: _____

Reg No: _____

(*) Signature is required where Florida Law requires design to be performed by registered design professionals. Typed names and registration numbers may be used where all relevant information is contained on signed/sealed plans.

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Project: SSI-3595
 Title: SSI-3595
 Type: Office
 (WEA File: Tampa.tmy)

Building End Uses

	Design	Reference
Total	97.77	100.00
	\$636	\$649
ELECTRICITY(MBtu/k	97.77	100.00
Wh/\$)	12842	13114
	\$636	\$649
AREA LIGHTS	12.50	12.05
	1641	1572
	\$81	\$78
MISC EQUIPMT	7.81	7.81
	1026	1026
	\$51	\$51
PUMPS & MISC	0.22	0.22
	25	26
	\$1	\$1
SPACE COOL	23.66	19.64
	3106	2567
	\$154	\$127
VENT FANS	53.57	60.27
	7044	7923
	\$349	\$392

Credits & Penalties (if any): Modified Points: = 97.77

PASSES

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Project: SSI-3595
 Title: SSI-3595
 Type: Office
 (WEA File: Tampa.tmy)

External Lighting Compliance

Description	Category	Allowance (W/Unit)	Area or Length or No. of Units (Sqft or ft)	ELPA (W)	CLP (W)
Ext Light 2	Other (doors) than main entries	20.00	6.0	120	60
Design: 120 (W) Allowance: 120 (W)				PASSES	

Project: SSI-3595
 Title: SSI-3595
 Type: Office
 (WEA File: Tampa.tmy)

Lighting Controls Compliance

Acronym	Ashrae ID	Description	Area (sq.ft)	No. of Tasks	Design CP	Min CP	Compliance
Pr0Zo1Sp1	17	Office - Enclosed	467	1	7	1	PASSES
							PASSES

Project: SSI-3595
 Title: SSI-3595
 Type: Office
 (WEA File: Tampa.tmy)

System Report Compliance

Pr0Sy1	System 1	Constant Volume Air Cooled Single Package System < 65000 Btu/hr				No. of Units 1	
Component	Category	Capacity	Design Eff	Eff Criteria	Design IPLV	IPLV Criteria	Compliance
Cooling System	Air Cooled < 65000 Btu/h Cooling Capacity		13.00	13.00	8.00		PASSES
Air Handling System -Supply	Air Handler (Supply) - Constant Volume		0.80	0.90			PASSES
							PASSES

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Plant Compliance								
Description	Installed No	Size	Design Eff	Min Eff	Design IPLV	Min IPLV	Category	Compliance
								None

Project: SSI-3595 Title: SSI-3595 Type: Office (WEA File: Tampa.tmy)								
Water Heater Compliance								
Description	Type	Category	Design Eff	Min Eff	Design Loss	Max Loss	Compliance	
Water Heater 1	Electric water heater	<= 12 [kW]	1.00	0.90			PASSES	
							PASSES	

Piping System Compliance							
Category	Pipe Dia [inches]	Is Runout?	Operating Temp [F]	Ins Cond [Btu-in/hr .SF.F]	Ins Thick [in]	Req Ins Thick [in]	Compliance
							None

RADCO
 NOV 14 2007
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Project: SSI-3595
Title: SSI-3595
Type: Office
(WEA File: Tampa.tmy)

Other Required Compliance

Category	Section	Requirement (write N/A in box if not applicable)	Check
Infiltration	406.1	Infiltration Criteria have been met	<input type="checkbox"/>
System	407.1	HVAC Load sizing has been performed	<input type="checkbox"/>
Ventilation	409.1	Ventilation criteria have been met	<input type="checkbox"/>
ADS	410.1	Duct sizing and Design have been performed	<input type="checkbox"/>
T & B	410.1	Testing and Balancing will be performed	<input type="checkbox"/>
Motors	414.1	Motor efficiency criteria have been met	<input type="checkbox"/>
Lighting	415.1	Lighting criteria have been met	<input type="checkbox"/>
O & M	102.1	Operation/maintenance manual will be provided to owner	<input type="checkbox"/>
Roof/Ceil	404.1	R-19 for Roof Deck with supply plenums beneath it	<input type="checkbox"/>
Report	101	Input Report Print-Out from EnergyGauge FlaCom attached?	<input type="checkbox"/>

APPROVED
RADCO
NOV 14 2007
APPROVED

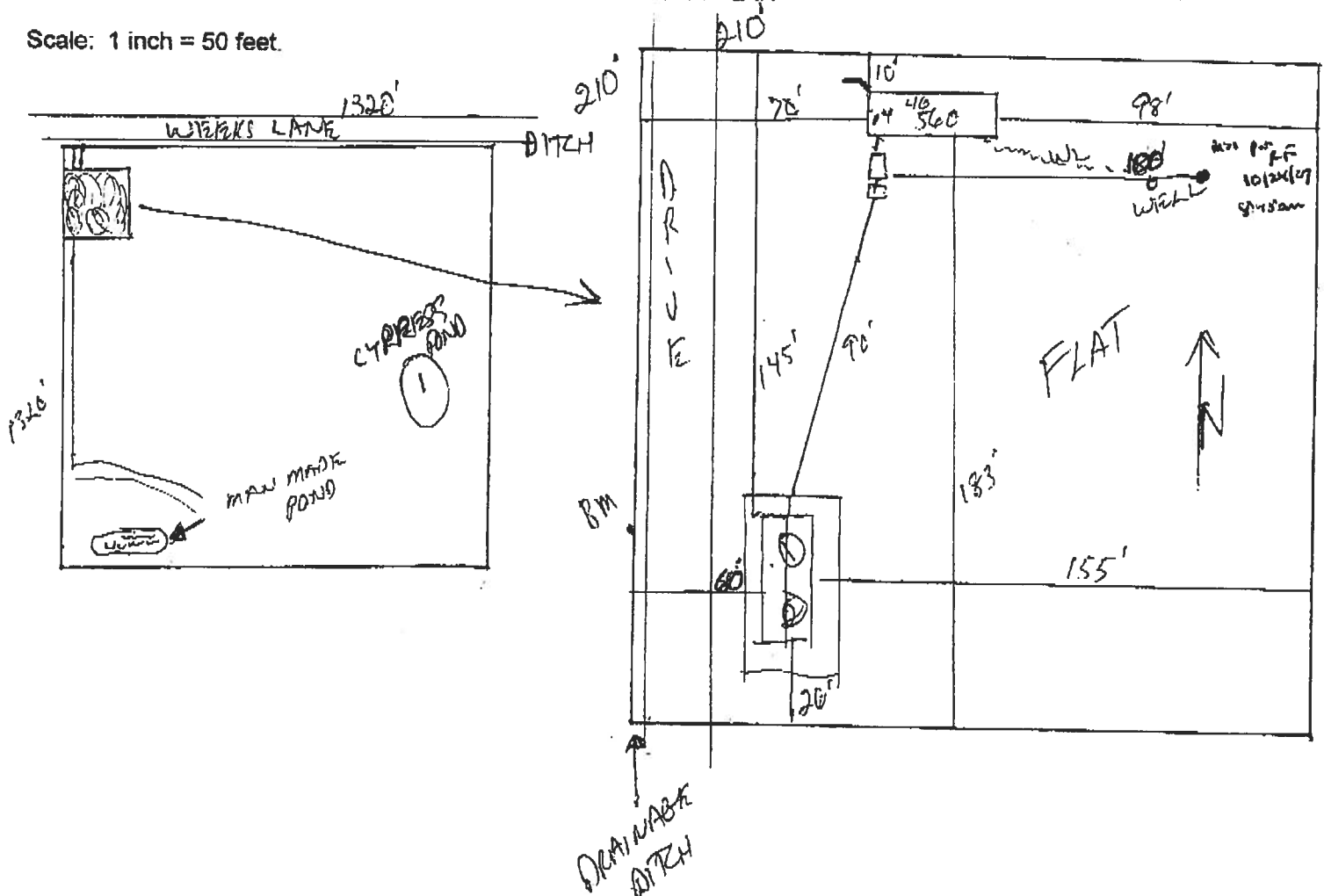
STATE OF FLORIDA
DEPARTMENT OF HEALTH
APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permit Application Number 07-0814-N

Ernst

PART II - SITEPLAN

Scale: 1 inch = 50 feet.



Notes:

1 of 40 Pages

Site Plan submitted by:

Rock 07-0

Plan Approved ☒

Not Approved_____

MASTER CONTRACTOR

Date 10-24-07

By M. O. 21

Columbia

County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

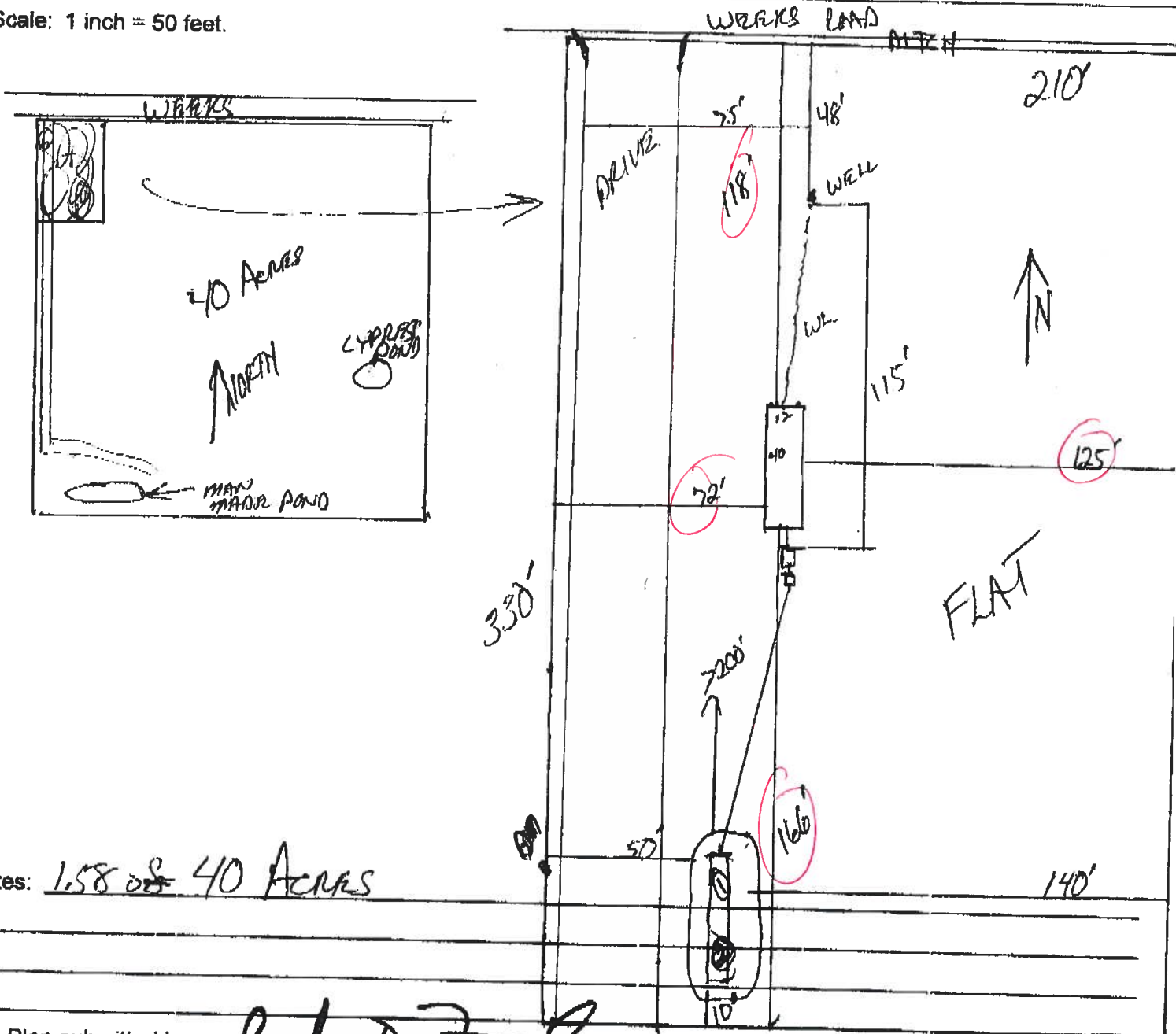
**STATE OF FLORIDA
DEPARTMENT OF HEALTH
APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT**

Permit Application Number _____

EVACHEL

----- PART II - SITEPLAN -----

Scale: 1 inch = 50 feet.



Notes: *1.58 ~~08~~ 40 Acres*

Site Plan submitted by: *Rock D Z*

Plan Approved _____

By _____

Not Approved _____

MASTER CONTRACTOR

Date _____

County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT