DATE 01/27/2006 CO	lumbia County	Building Pe	rmit	PERMIT
	his Permit Expires One Yea	ar From the Date of PHONE	f Issue 386.758.7522	000024086
APPLICANT MICHAEL LUSSIER	47. CTP 101	LAKE CITY	360.736.7322	FL 3205
	47, STE 101	PHONE	386.755.0219	
	LOLLY PL	LAKE CITY		FL 32024
CONTRACTOR RAY LUSSIER		PHONE	386.758.7522	
	SR-247-S TO FOREST COUNTRY	——— Y S/D,TL @ STOP SIGN	,TL TO LOBLOL	LY
	TR AND IT'S THE 1ST. HOME O			
TYPE DEVELOPMENT SWIMM	MING POOL EST	TIMATED COST OF CO	NSTRUCTION	30000.00
HEATED FLOOR AREA	TOTAL ARE	A	HEIGHT	STORIES
FOUNDATION	WALLS R	OOF PITCH	FLO	OOR
LAND USE & ZONING RSF-2	2	MAX	. HEIGHT	
Minimum Set Back Requirments:	STREET-FRONT 25.00	REAR	15.00	SIDE 10.00
NO. EX.D.U. 1 FLOO	DD ZONE	DEVELOPMENT PER	MIT NO.	
PARCEL ID 16-4S-16-03048-009	SUBDIVISIO	N FOREST COUNT	RY	
LOT 9 BLOCK	PHASE 1 UNIT	ТОТА	AL ACRES	
		- W	1100	
	CPC1456754	2 Mills	Trust	>
Culvert Permit No. Culvert Wa	•	15.8%	Applicant/Owner/0	
EXISTING X-06-021 Driveway Connection Septic Tan	BLK LIL & Zonin	<u>-</u>	TH roved for Issuance	New Resident
•	ik Number – Le & Zemin	ig encored by	10 7 04 101 100441104	
COMMENTS: NOC ON FILE				
			Check # or Ca	ash 0131
	FOR BUILDING & ZONIN	IG DEPARTMENT		
	FOR BUILDING & ZONIN	IG DEPARTMENT	ONLY	(footer/Slab)
Temporary Powerdate/app.	Foundation	G DEPARTMENT		
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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.

CK#0131

MOMUR

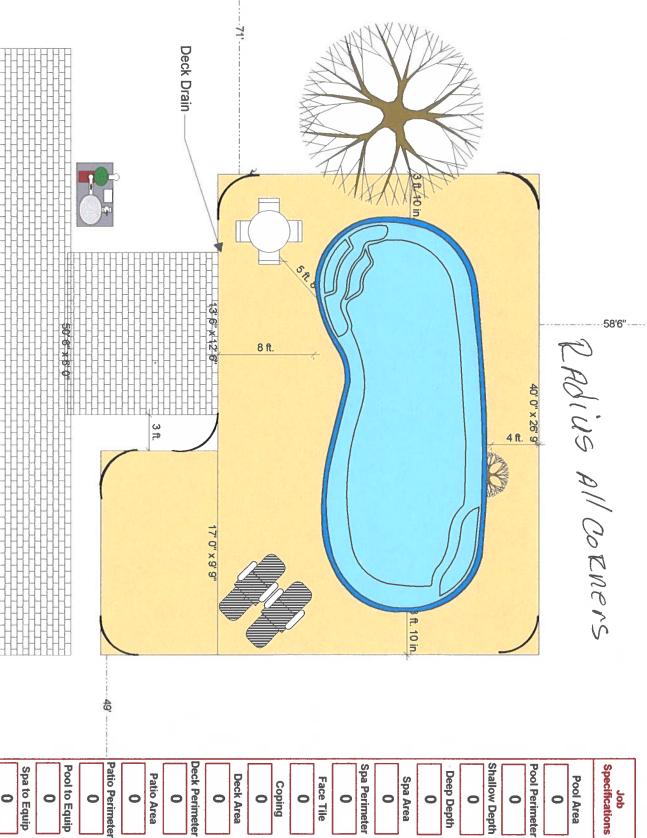
Notary Signature

day of

Personally known__/

or Produced Identification





Face Tile

0

Deck Area

Coping 0

Advantage Pools Phone: 386-758-7522 Lake City FL 32025

Fax: 386-758-6932

Designed by: Ray Lussier

Accepted

Spa to Equip

Pool to Equip

Patio Area

0

Job Specifications

Pool Area

0

0

Deep Depth

Spa Area

Columbia County Property

Appraiser
DB Last Updated: 10/21/2005

Parcel: 16-4S-16-03048-009 HX

2006 Proposed Values

Tax Record **Property Card**

<< Prev

Total Land

Area

Interactive GIS Map

Search Result: 5 of 7

0.734 ACRES

Next >>

Owner & Property Info

Owner's Name	MCCARDLE JOSHUA NATHAN &			
Site Address	LOBLOLLY			
Mailing Address	MCCARDLE AMY CASSIDY 336 SW LOBLOLLY PLACE LAKE CITY, FL 32024			
Brief Legal	LOT 9 FOREST COUNTRY PHASE I ORB 894-1204, 945-1323,			

Use Desc. (code)	SINGLE FAM (000100)
Neighborhood	16416.02
Tax District	3
UD Codes	MKTA06
Market Area	06

Property & Assessment Values

Mkt Land Value	cnt: (1)	\$20,000.00
Ag Land Value	cnt: (0)	\$0.00
Building Value	cnt: (1)	\$134,293.00
XFOB Value	cnt: (1)	\$3,946.00
Total Appraised Value		\$158,239.00

Just Value		\$158,239.00
Class Value		\$0.00
Assessed Value		\$145,741.00
Exempt Value	(code: HX)	\$25,000.00
Total Taxable Value		\$120,741.00

Sales History

Sale Date	Book/Page	Inst. Type	Sale VImp	Sale Qual	Sale RCode	Sale Price
12/29/1999	894/1204	WD	٧	U	01	\$0.00

Building Characteristics

Bldg Item	Bldg Desc	Year Blt	Ext. Walls	Heated S.F.	Actual S.F.	Bldg Value
1	SINGLE FAM (000100)	2003	Common BRK (19)	1951	2607	\$134,293.00
	Note: All S.F. calculations are based on exterior building dimensions.					

Extra Features & Out Buildings

Code	Desc	Year Blt	Value	Units	Dims	Condition (% Good)
0166	CONC,PAVMT	2003	\$3,946.00	1973.000	0 x 0 x 0	(.00)

Land Breakdown

Lnd Code	Desc	Units	Adjustments	Eff Rate	Lnd Value
000100	SFR (MKT)	1.000 LT - (.734AC)	1.00/1.00/1.00/1.00	\$20,000.00	\$20,000.00

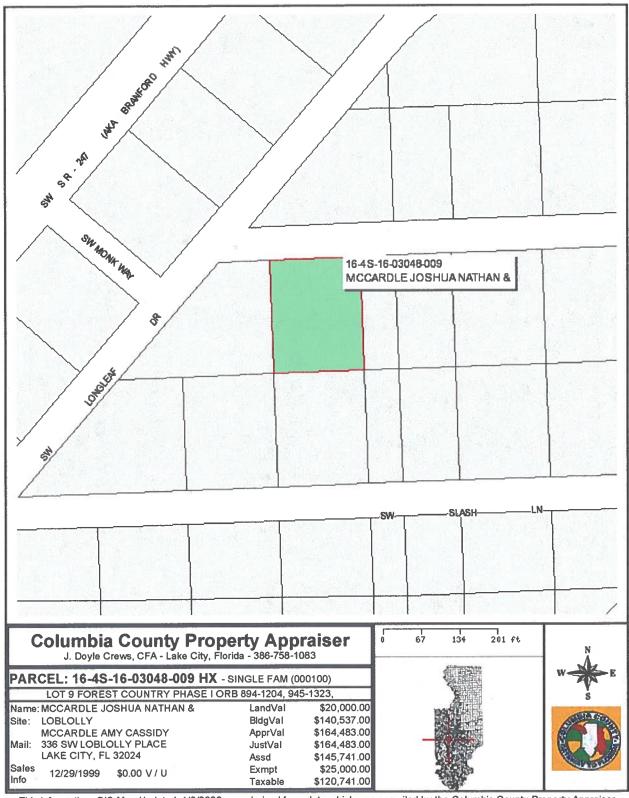
Columbia County Property Appraiser

DB Last Updated: 10/21/2005

<< Prev

5 of 7

Next >>



This information, GIS Map Updated: 1/9/2006, was derived from data which was compiled by the Columbia County Property Appraiser Office solely for the governmental purpose of property assessment. This information should not be relied upon by anyone as a determination of the ownership of property or market value. No warranties, expressed or implied, are provided for the accuracy of the data herein, it's use, or it's interpretation. Although it is periodically updated, this information may not reflect the data currently on file in the Property Appraiser's office. The assessed values are NOT certified values and therefore are subject to change before being finalized for advalorem assessment purposes.

Return to: (enclose self-addressed stamped envelope

Name: Advantage Pools

Address: 757 S.W. SR. 247 Suite 101 Lake City FL 32025

This Instrument Prepared by:

Name: Advantage Pools

Address: 757 S.W. SR. 247 Suite 101 Lake City FL 32025

Property Appraisers Parcel Identification

Inst:2006001446 Date:01/20/2006 Time:10:38 _DC,P.DeWitt Cason,Columbia County B:1071 P:1743

7522 NOTICE OF	F COMMENCEMENT	
Permit No		Tax Folio No
State of Florida County of Olumbia	}	
The undersigned hereby gives notice that improvement 713 of the Florida Statutes, the following information is	s provided in this NOTICE UP CUMM	ENCERENT.
Legal description of property (include Street Address, if a Lot City, FI. 32024. Lot 894-1204 943-1323.	TOTEST COMM	y phose 10
General description of improvements Swimming Pools Owner's Name & John & Amy N Address 336 56 67 67 610 610 610 610	cliarale.	DD 24
Owner's Interest in site of the improvement		
Fee Simple Title holder (if other than owner)		(3,30)
Aridrasa	Phone:	Fax:
Adventage Pools		
757 S.W. SR. 247 Suite 101 Lake City FL 320	Phone: 386-758-7522	Fax: 386-758-6932
Surety	Phone:	Fax:
Address	Amount of bond 5)
		1
Lender's Name	Phone:	Fax:
Persons within the State of Florida designated by or	mer upon whom notices or other do	cuments may be served as
I vided by Section 713.13(1)(s)7, Fiorida Statutes.		7.0
i Name	- Phone:	Fax:
in addition to himself, owner designates Rout		1
or Advoctor Rivas	Phone: 30 a-458-73	22 Fax: 380-798-69
OF FRINCING SUNS		7
to receive a copy of the Lienor's Notice as provided in S	ection /13.13(1)(b), Pionda Statutes.	ه ما منماء نصورها الله مرماس سيال
Expiration date of Notice of Commencement (the expirati	on date is 1 year from the date of record	THIS ALIBERT & CHIEFERS CONTROL TO S
4 ' , /W (D 4001	
in Simple Milliall	K AM	y me aranc

Carman James MY COMMISSION # DD223375 EXPIRES June 16, 2007 BONDED THRU TROY FAIN INSURANCE, INC.

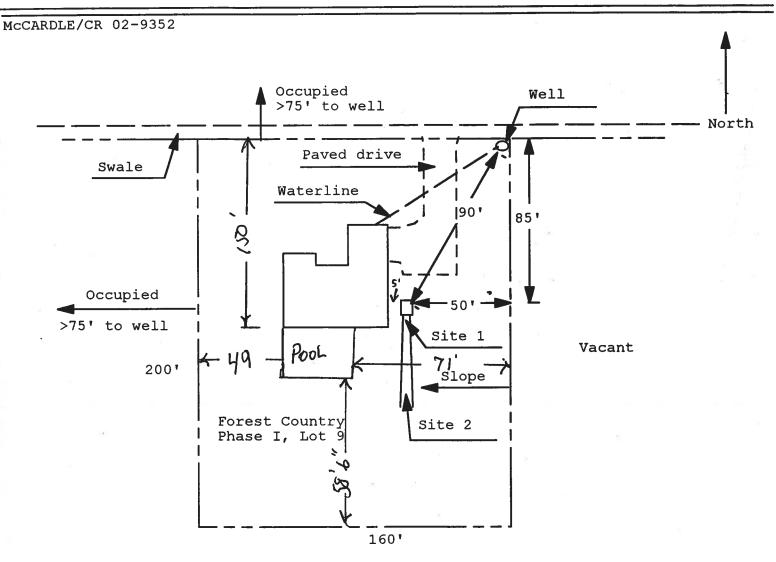
Residential Swimming Pool Spa and Hot Tub Safety Act Requirement

I	hereby affirm that one of the following
I	nethods will be used to meet the requirements of Chapter 515, Florida Statutes.
777 **	The pool will be isolated from access to the home by an enclosure that meets the pool barrier requirements of Florida Statute 515.29;
••	The pool will be equipped with an approved safety pool cover that complies with ASTM F1346-91 (Standard Performance Specifications for Safety Covers for Swimming Pools, Spas and Hot Tubs);
	· Y
	All doors and windows providing direct access from the home to the pool will be equipped with an exit alarm that has a minimum sound pressure rating of 85 decibels at 10 feet;
	All doors providing direct access from the home to the pool will be equipped with a self-closing, self-catching device with a release mechanism placed no lower than 54" above the floor or deck.
inspec	I understand that not having one of the above installed at the time of final tion will constitute a violation of Chapter 515 F.S., and will be considered as a titing a misdemeanor of the second degree.
comm	imng a misdemeator of the second degree
OVAT	EDIS SIGNATURE AMU MODULO
OWN	ER'S SIGNATURE MM MULLISHED

ADVANTAGE POOLS Kay Kusus

Application for Unsite Sewage Dispusal System Construction Permit. Part II Site Plan Permit Application Number: 02-0806N

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH UNIT



Vacant

1 inch = 50 feet

1. 63		
Site Plan Submitted Plan Approved	By Our Joyan Not/Approved Date/2	Date /0/29/02
By Jan d	Cops / The Avery ES 11	Colmbia CPHU
Notes:		