

✓ # 33913

Columbia County Swimming Pool/Spa Permit Application

For Office Use Only Application # 44469 Date Received 2/5 By MG Permit # 39309
Zoning Official WJ/CH Date 2-10-20 Flood Zone X Land Use Ag Zoning A-3
FEMA Map # _____ Elevation _____ MFE _____ River _____ Plans Examiner T.C. Date 2-12-20
Comments _____
☒ NOC ☒ EH ☒ Deed or PA ☒ Site Plan ☒ 911 Sheet (If NO Address Exists) ☒ Owner Builder Disclosure Statement
☐ Dev Permit # _____ ☐ In Floodway ☐ Letter of Auth. from Contractor ☐ F W Comp. letter
☐ Land Owner Affidavit ☐ Ellisville Water ☒ App Fee Paid ☒ Sub VF Form
Notes: _____

Septic Permit No. 20-0088 Or City Water System ☐ Fax 855-787-6289
Applicant (Who will sign/pickup the permit) Susan L. Frazee Phone (386) 292-6722
Address 346 NW Ivy Glen, Lake City, FL 32055
Owners Name Charlie & Cecilia Cothran Phone (386) 365-4025
911 Address 281 SW Breezy Drive, Lake City, FL 32025
Contractors Name Susan L. Frazee Phone (386) 365-5299
Address 346 NW Ivy Glen, Lake City, FL 32055
Contractor Email aquaticartpools@bellsouth.net ***Include to get updates on this job.

Fee Simple Owner Name & Address _____
Bonding Co. Name & Address _____
Architect/Engineer Name & Address Riddle Consulting Engineers
Mortgage Lenders Name & Address First Federal Bank of Florida
Circle the correct power company ☐ FL Power & Light ☒ Clay Elec. ☐ Suwannee Valley Elec. ☐ Duke Energy

Property ID Number 33-4S-17-08944-017 Cost of Construction \$47,500.
Subdivision Name Hillcrest S/D Lot (B1) Block _____ Unit _____ Phase _____
Driving Directions 41S - turn Rt. on SE Superior Rd - turn left onto Wendy Rd. (3.0 miles) continue onto SW Wendy Terrace. 1 mi

Residential ☒ OR Commercial ☐
Construction of inground swimming pool ADA Compliant ☒ Total Acreage 5.17
Actual Distance of Pool from Property Lines - Front 422' Side 241' Side 158' Rear 132'

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 2014 and the 2011 National Electrical Code.

2/12-MG sent email

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 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.

Cecilia Cothran

Print Owners Name

Cecilia Cothran

Owners Signature

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

****If this is an Owner Builder Permit Application then, ONLY the owner can sign the building permit when it is 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.

Suzanne P. Frage

Contractor's Signature

Contractor's License Number

Columbia County

Competency Card Number

CPC1457969

905 ✓

Affirmed under penalty of perjury to by the Contractor and subscribed before me this

24th day of

January 2020

Personally known ☒ or Produced Identification

Suzanne Stewart

SEAL:

State of Florida Notary Signature (For the Contractor)



SUZANNE STEWART
Commission # GG 932386
Expires November 17, 2023
Bonded Thru Budget Notary Services



COLUMBIA COUNTY BUILDING DEPARTMENT

135 NE Hernando Ave., Suite B-21, Lake City, FL 32055

Office: 386-758-1008 Fax: 386-758-2160

www.columbiacountyfla.com/BuildingandZoning.asp

NOTICE TO SWIMMING POOL OWNERS

I Charlie and Cecilia Gothran


have been informed and I understand that prior to the final inspection approval and use of my pool, I will need all the inspections approved and the required fencing installed in accordance with applicable regulations. The Florida Building Code requires private residential swimming pools, hot tubs, or non-portable spas containing water over 24 inches deep to meet the following pool barrier safety feature requirements:

- The pool access must be isolated by a barrier at least 4 feet high and installed around the perimeter of the pool.
Unless the pool is equipped with a safety cover complying with the specifications of American Society for Testing and Materials standard F-1346-91.
- The barrier shall not have any gaps or openings which would allow a child to crawl under, squeeze through or climb over and must be placed no less than 20 inches from the water's edge.
- Gates located in the pool barrier must open outward away from the pool and be both self-closing and self latching, with a release mechanism not less than 54" above the standing surface at the gate.
- The barrier must be separate from any other fence, wall, or other enclosure surrounding the yard unless the fence, wall or other enclosure or portion thereof is situated on the perimeter of the pool and meets the pool barrier requirements.
- Where a wall of a dwelling serves as part of the barrier **one** of the following shall apply:
 - 1) All doors and first floor windows with a sill height of less than 48 inches providing direct access from the home to the pool must be equipped with an alarm that has a minimum sound pressure rating of 85 decibels at 10 feet. The alarm shall sound immediately upon opening the window or door unless the temporary bypass mechanism is activated.
 - 2) **Or;** all doors providing direct access from the home to the pool must be equipped with a self-closing, self-latching device with a release mechanism located at least 54 inches above the floor.

According to Florida statutes chapter 515: Residential Swimming Pool Safety Act, failure to comply with these requirements is a misdemeanor of the second degree, punishable by imprisonment for up to 60 days or a fine of up to \$500, except that no penalty shall be imposed if within 45 days after arrest or issuance of a summons or notice to appear, the pool is equipped with the aforementioned safety features and the responsible person attends a drowning prevention education program developed by the Florida Department of Health. I also understand that there are several inspections required in addition to a final inspection for my swimming pool.


Owner Signature / Date

Address: 281 SW Breezy Drive, Lake City, FL 32025

 1/23/2020 CPC1457969
Contractor Signature / Date License Number

SUBCONTRACTOR VERIFICATION

APPLICATION/PERMIT # _____ JOB NAME Cothran pool

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>Marc Matthews</u>	Signature <u>[Signature]</u>	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
CC# <u>76</u>	Company Name: <u>Matthews Electric</u>	License #: <u>EC13005459</u>	Phone #: <u>(386)344-2029</u>
MECHANICAL/A/C <input type="checkbox"/>	Print Name _____	Signature _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
CC# _____	Company Name: _____	License #: _____	Phone #: _____
PLUMBING/GAS <input type="checkbox"/>	Print Name _____	Signature _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
CC# _____	Company Name: _____	License #: _____	Phone #: _____
ROOFING <input type="checkbox"/>	Print Name _____	Signature _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
CC# _____	Company Name: _____	License #: _____	Phone #: _____
SHEET METAL <input type="checkbox"/>	Print Name _____	Signature _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
CC# _____	Company Name: _____	License #: _____	Phone #: _____
FIRE SYSTEM/SPRINKLER <input type="checkbox"/>	Print Name _____	Signature _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
CC# _____	Company Name: _____	License #: _____	Phone #: _____
SOLAR <input type="checkbox"/>	Print Name _____	Signature _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
CC# _____	Company Name: _____	License #: _____	Phone #: _____
STATE SPECIALTY <input type="checkbox"/>	Print Name _____	Signature _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
CC# _____	Company Name: _____	License #: _____	Phone #: _____

Columbia County Property Appraiser

Jeff Hampton

2020 Working Values

updated: 1/6/2020

Parcel: << **33-4S-17-08944-017** >>

Aerial Viewer Pictometry Google Maps

Owner & Property Info

Result: 2 of 11

Owner	COTHRAN CHARLIE R & CECILIA L 281 SW BREEZY DR LAKE CITY, FL 32025		
Site	281 BREEZY DR, LAKE CITY		
Description*	(AKA PRCL "B1" OF HILLCREST S/D UNREC DESC AS): COMM NE COR OF NW1/4 OF SW1/4, RUN E 1337.61 FT FOR POB, RUN S 6 DG W 625.32 FT, S 79 DG W 459.78 FT TO PT OF CURVE, RUN NWRLY ALONG CURVE 217.49 FT, N 50 DG E 844.62 FT TO POB. WD 1275-1838,		
Area	5.17 AC	S/T/R	33-4S-17E
Use Code**	SINGLE FAM (000100)	Tax District	3

*The Description above is not to be used as the Legal Description for this parcel in any legal transaction.

**The Use Code is a FL Dept. of Revenue (DOR) code and is not maintained by the Property Appraiser's office. Please contact your city or county Planning & Zoning office for specific zoning information.

Property & Assessment Values

2019 Certified Values		2020 Working Values	
Mkt Land (1)	\$32,801	Mkt Land (1)	\$32,801
Ag Land (0)	\$0	Ag Land (0)	\$0
Building (1)	\$187,724	Building (1)	\$192,065
XFOB (1)	\$2,490	XFOB (1)	\$2,490
Just	\$223,015	Just	\$227,356
Class	\$0	Class	\$0
Appraised	\$223,015	Appraised	\$227,356
SOH Cap [?]	\$15,368	SOH Cap [?]	\$13,488
Assessed	\$207,647	Assessed	\$213,874
Exempt	HX H3 \$50,000	Exempt	HX H3 \$50,000
Total Taxable	county:\$157,647 city:\$157,647 other:\$157,647 school:\$182,647	Total Taxable	county:\$163,874 city:\$163,874 other:\$163,874 school:\$188,874



▼ Sales History

Sale Date	Sale Price	Book/Page	Deed	V/I	Quality (Codes)	RCode
5/30/2014	\$35,800	1275/1838	WD	V	Q	03

▼ Building Characteristics

Bldg Sketch	Bldg Item	Bldg Desc*	Year Blt	Base SF	Actual SF	Bldg Value
Sketch	1	SINGLE FAM (000100)	2014	2276	3148	\$192,065

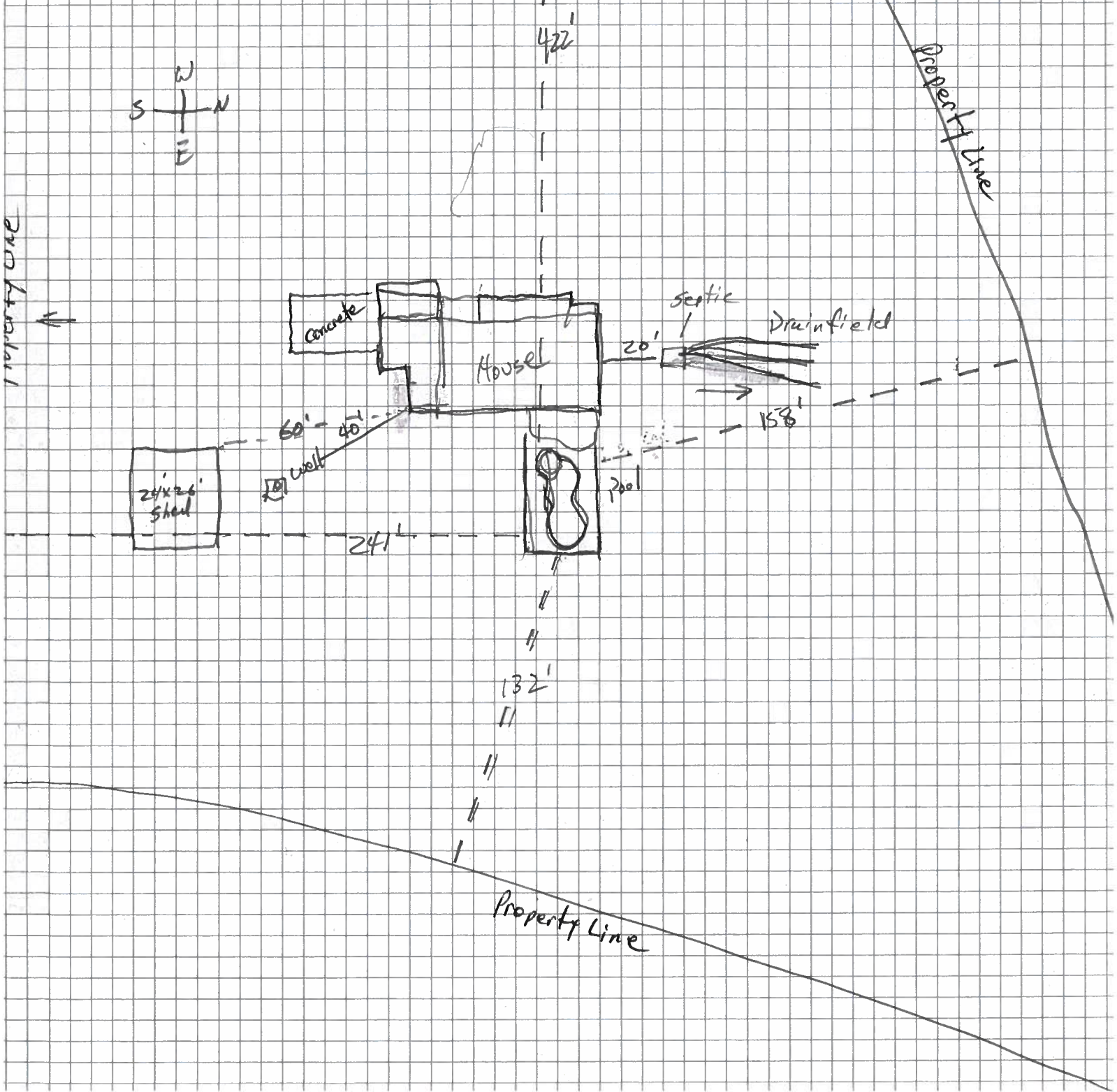
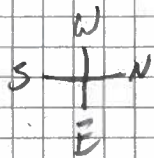
*Bldg Desc determinations are used by the Property Appraisers office solely for the purpose of determining a property's Just Value for ad valorem tax purposes and should not be used for any other purpose.

▼ Extra Features & Out Buildings (Codes)

Code	Desc	Year Blt	Value	Units	Dims	Condition (% Good)
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Site Plan
Cottrnan Residence
281 SW Breezy Drive
Lake City 32025

By: Aquatic Art Pools and Spas LLC



NOTICE OF COMMENCEMENT

Tax Parcel Identification Number:

33-4S-17-08944-017

Clerk's Office Stamp

Inst: 202012002920 Date: 02/05/2020 Time: 2:01PM
Page 1 of 1 B: 1405 P: 32, P.DeWitt Cason, Clerk of Court Colum
County, By: PT
Deputy Clerk

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): B1 of Hillcrest S/D
a) Street (job) Address: 281 SW Breezy Drive, Lake City, FL 32025
2. General description of improvements: in ground swimming pool
3. Owner Information or Lessee information if the Lessee contracted for the improvements:
a) Name and address: Charlie & Cecilia Cothran
b) Name and address of fee simple titleholder (if other than owner):
c) Interest in property: owners
4. Contractor Information
a) Name and address: Susan L. Frazee, 346 NW Ivy Glen, Lake City, FL 32055
b) Telephone No.: (386) 292-6722
5. Surety Information (if applicable, a copy of the payment bond is attached):
a) Name and address: n/a
b) Amount of Bond:
c) Telephone No.:
6. Lender
a) Name and address: n/a
b) Phone No.:
7. Person 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:
a) Name and address:
b) Telephone No.:
8. In addition to himself or herself, 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: OF
b) Telephone No.:
9. Expiration date of Notice of Commencement (the expiration date will be 1 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. Cecilia L. Cothran
Signature of Owner or Lessee, or Owner's or Lessee's Authorized Office/Director/Partner/Manager
Cecilia L. Cothran
Printed Name and Signatory's Title/Office

The foregoing instrument was acknowledged before me, a Florida Notary, this 23rd day of January, 2020 by:
Cecilia L. Cothran as owner for _____
(Name of Person) (Type of Authority) (name of party on behalf of whom instrument was executed)

Personally Known ☒ OR Produced Identification ☐ Type _____

Notary Signature Susan L. Frazee Notary Stamp or Seal:



Susan Lee Frazee
NOTARY PUBLIC
STATE OF FLORIDA
Comm# GG911489
Expires 12/16/2023



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

PERMIT NO: 20-0088
DATE PAID: 2/18/20
FEE PAID: 200.00
RECEIPT #: 1466177

APPLICATION FOR:

☐ New System ☒ Existing System ☐ Holding Tank ☐ Innovative
☐ Repair ☐ Abandonment ☐ Temporary ☐

APPLICANT: Charlie and Cecilia CothranAGENT: Susan L. FrazeeTELEPHONE: (386) 292-672MAILING ADDRESS: 346 NW Ivy Glen, Lake City, FL 32055

TO BE COMPLETED BY APPLICANT OR APPLICANT'S AUTHORIZED AGENT. SYSTEMS MUST BE CONSTRUCTED BY A PERSON LICENSED PURSUANT TO 489.105(3)(m) OR 489.552, FLORIDA STATUTES. IT IS THE APPLICANT'S RESPONSIBILITY TO PROVIDE DOCUMENTATION OF THE DATE THE LOT WAS CREATED OR PLATTED (MM/DD/YY) IF REQUESTING CONSIDERATION OF STATUTORY GRANDFATHER PROVISIONS.

PROPERTY INFORMATION

LOT: B1 BLOCK: _____ SUBDIVISION: Hillcrest S/D PLATTED: _____PROPERTY ID #: 33-4S-17-08944-017 ZONING: _____ I/M OR EQUIVALENT: ☐ Y ☒ NPROPERTY SIZE: 5.17 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐ <=2000GPD ☐ >2000GPDIS SEWER AVAILABLE AS PER 381.0065, FS? ☐ Y ☒ N DISTANCE TO SEWER: _____ FTPROPERTY ADDRESS: 281 SW Breezy Drive, Lake City, FL 32025DIRECTIONS TO PROPERTY: 41S - Rt. on SE Superior Rd. -
turn left onto Wendy Rd. - continue onto
Wendy Terrace. 1 mile.

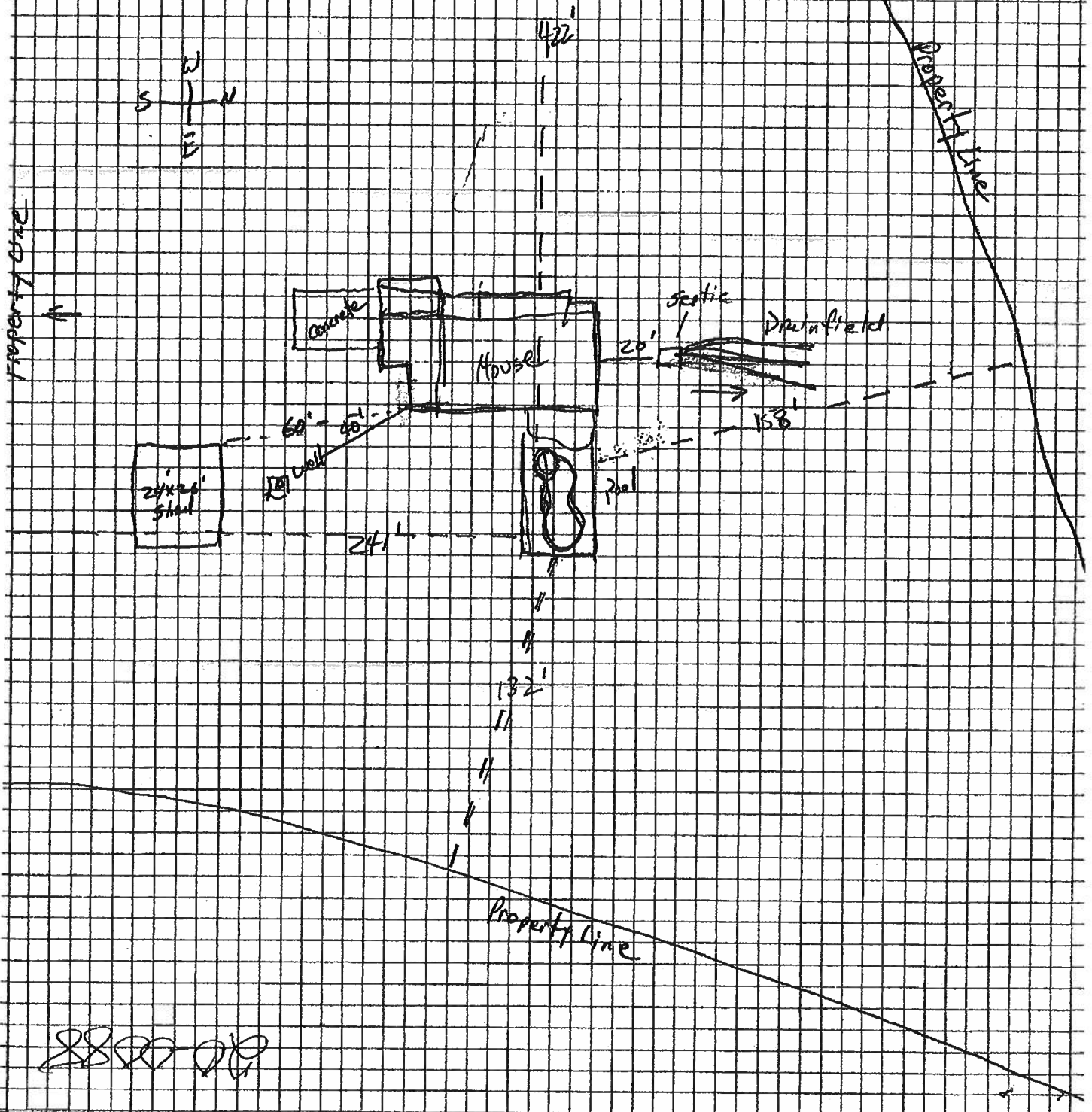
BUILDING INFORMATION

☒ RESIDENTIAL ☐ COMMERCIAL

Unit No	Type of Establishment	No. of Bedrooms	Building Area Sqft	Commercial/Institutional System Design Table 1, Chapter 64E-6, FAC
1	inground swimming pool			
2				
3				
4				

☐ Floor/Equipment Drains ☐ Other (Specify) _____SIGNATURE: Susan L. FrazeeDATE: 1/23/2020

Site Plan
Cathman Residence
2581 SW Greezy Drive
Lake City 32025
By: Aquatic Art Pools and Spas LLC

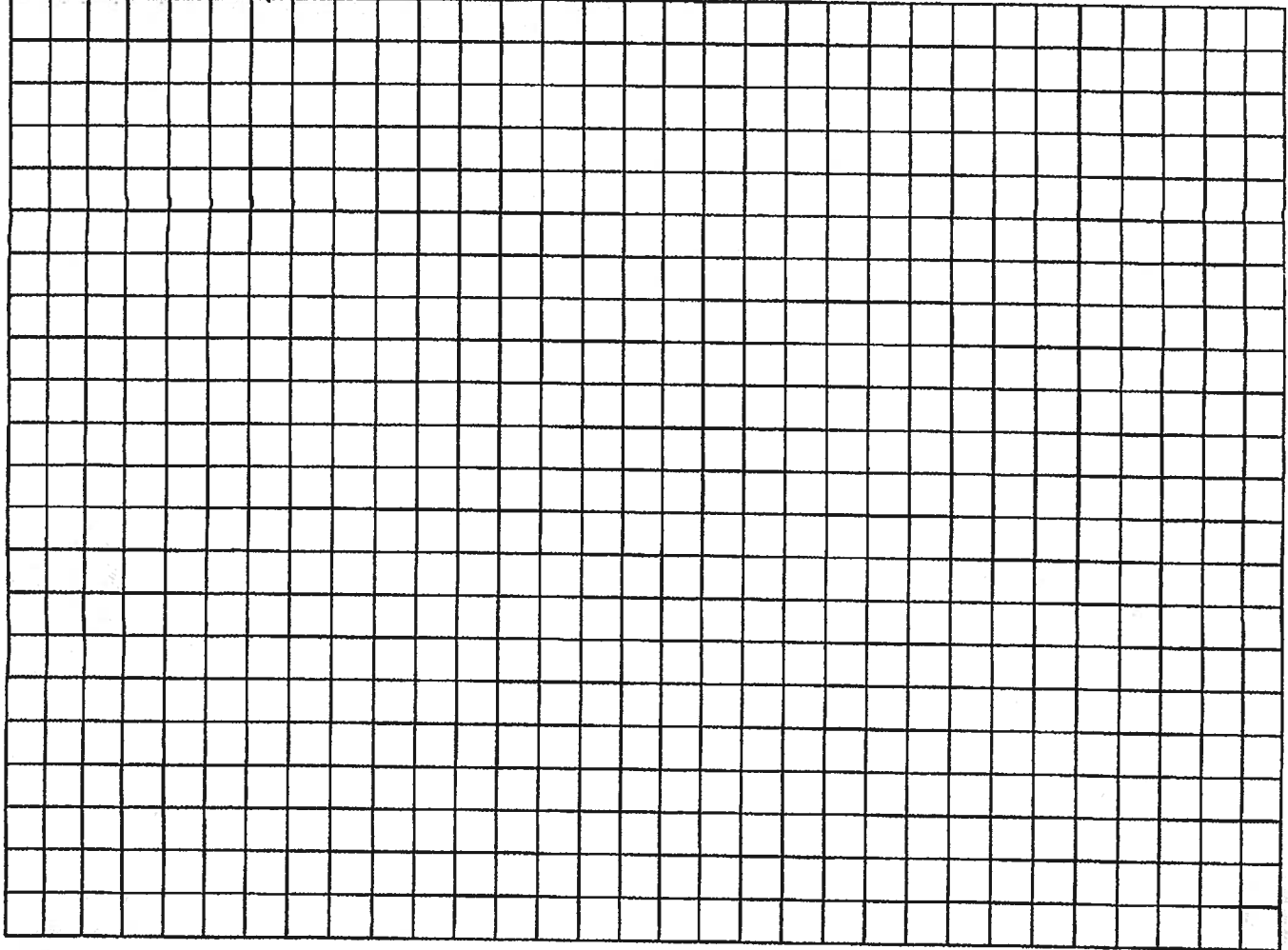


STATE OF FLORIDA
DEPARTMENT OF HEALTH
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number 20-0588

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

Scale: Each block represents 10 feet and 1 inch = 40 feet.



Notes: _____

see attached

Site Plan submitted by: Susan L. Fray

Plan Approved X

Not Approved _____

By _____

Date 1/23/2020

County Health Department

2/12/20

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT