



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

EXISTING RESIDENTIAL OR COMMERCIAL EXTERIOR ~ INTERIOR ~ REMODELS ~ UPGRADES

PERMIT EXEMPTION: If the construction job cost is \$4000.00 or less, no permit is required. (County Ord.2012-2) This does not change the requirement for the use of licensed contractors and the requirement of recording a Notice of Commencement when the cost is \$2500.00 or more. (F.S. ch:489, F.S. ch:713)

The Deeded Property Owner must sign the 2nd page of the application. If the customer has a **notarized Power of Attorney for from the Deeded Property Owner**, then that named person can sign for the owner.

For Corporate Ownership we must have documents to prove the person signing as the owner has the Authority to do so. (By: Articles of Incorporation, Proper contract documents, officer's authority on company letterhead, or other notarized documents; these documents will be reviewed prior to permit issuance.)

Agents cannot sign the Application for the contractor this must be the license holder.

- ☐ Two page Permit Application with *PROPERTY OWNER'S SIGNATURE* & *notarized* contractor signature on 2nd page **and, if** a plan review is required the \$15.00 application fee.
- ☐ Subcontractors Verification Form, **signed** by the license holder/contractor that is subcontracted the job, if subcontractors are being used.
- ☐ License Holders (Contractors) must complete a "Letter of Authorization" for who signs the permit.
- ☐ If an Owner Builder, Notarized Disclosure Statement (Owner Builders **must** sign for the Permit).
- ☐ Recorded deed or Property Appraiser's parcel details printout; **and if**
- ☐ Owner is Corporation or Trust, **provide** corporate articles listing the signor, trust executor or POA forms.
- ☐ Product Approval Code Spec sheet, if adding or replacing products with Florida approval numbers.
- ☐ Recorded Notice of Commencement; before the 1st inspection.
- ☐ Provide information on Development Permits/Zoning Applications applied for, if applicable.
- ☐ **List of the job details including all stages of construction and all work being performed; STAFF WILL THEN FURTHER DETERMINE IF A PLAN REVIEW IS REQUIRED,**

PLAN REVIEW IS REQUIRED FOR: Any property located within a Flood Zone OR any Substantial Improvement- Any repair, reconstruction, rehabilitation, alteration, addition or other improvement of a building or structure, the cost of which equals or exceeds 50 percent of the market value of the structure before the improvement or repair is started. If the structure has sustained substantial damage, any repairs are considered substantial improvement regardless of the actual repair work performed. The term does not, however, include either: (1) Any project for improvement of a building required to correct existing health, sanitary, or safety code violations identified by the Building Official and that is the minimum necessary to ensure living conditions; or (2) Any alteration of a historic structure, provided that the alteration will not preclude the structure's continued designation as a historic structure.

Which may include...

- ☐ Site Plan with dimensions from each property line to the new addition. **Required if adding square footage.**
- ☐ 2 sets of blueprints **or** floor plans for safety review, Signed & Sealed Engineering, if any structural changes.
- ☐ 2 sets of Signed & Sealed truss engineering, if any roof changes.
- ☐ 2 sets of energy code & Manual J forms, if required.
- ☐ Septic Release or Septic Signed site plan from Environmental Health Department, call 386-758-1058.

Applications can be mailed, include the \$15.00 fee, checks to BCC or Board of County Commissioners. Revised 7-1-15

Columbia County Remodel 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

Fax _____

Applicant (Who will sign/pickup the permit) Permits Plus, LLC / Christy Galas Phone (352) 300-3360

Address 355 SE Tevis Ave Lake City, FL 32025

Owners Name Tracy McAuliffe Phone (386) 984-7780

911 Address 355 SE Tevis Ave Lake City, FL 32025

Contractors Name Peter Cafaro/Lowe's Home Centers Phone (407) 572-1322

Address P.O. Box 621497 Oviedo, FL 32762

Contractor Email permits@permitsplusfl.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 14-4S-17-08345-029 Estimated Construction Cost _____

Subdivision Name Price Creek Phase 2 Lot _____ Block _____ Unit _____ Phase 2

Driving Directions from a Major Road From US-90 E, slight right onto State Rte 100 E, right onto SE County Rd 245/

Price Creek Rd, left onto Tevis Ave

Construction of _____ Commercial OR ☒ Residential

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

Use/Occupancy of the building now Residential 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.) _____

As required by Florida Statute 553.842 and Florida Administrative Code 9B-72, please provide the information and approval numbers on the building components listed below if they will be utilized on the construction project for which you are applying for a building permit. We recommend you contact your local product supplier should you not know the product approval number for any of the applicable listed products. Statewide approved products are listed online @ www.floridabuilding.org

Category/Subcategory	Manufacturer	Product Description	Approval Number(s)
1. EXTERIOR DOORS			
A. SWINGING			
B. SLIDING			
C. SECTIONAL/ROLL UP			
D. OTHER			
2. WINDOWS			
A. SINGLE/DOUBLE HUNG			
B. HORIZONTAL SLIDER			
C. CASEMENT			
D. FIXED			
E. MULLION			
F. SKYLIGHTS			
G. OTHER			
3. PANEL WALL			
A. SIDING	Plygem	Siding	35331.1
B. SOFFITS			
C. STOREFRONTS			
D. GLASS BLOCK			
E. OTHER			
4. ROOFING PRODUCTS			
A. ASPHALT SHINGLES			
B. NON-STRUCTURAL METAL			
C. ROOFING TILES			
D. SINGLE PLY ROOF			
E. OTHER			
5. STRUCTURAL COMPONENTS			
A. WOOD CONNECTORS			
B. WOOD ANCHORS			
C. TRUSS PLATES			
D. INSULATION FORMS			
E. LINTELS			
F. OTHERS			
6. NEW EXTERIOR			
ENVELOPE PRODUCTS			

The products listed below did not demonstrate product approval at plan review. I understand that at the time of inspection of these products, the following information must be available to the inspector on the jobsite; 1) copy of the product approval, 2) performance characteristics which the product was tested and certified to comply with, 3) copy of the applicable manufacturers installation requirements.

Further, I understand these products may have to be removed if approval cannot be demonstrated during inspection.

9/9/22

Contractor OR Agent Signature

Date

NOTES: _____



COLUMBIA COUNTY BUILDING DEPARTMENT
135 NE Hernando Ave, Suite B-21, Lake City, FL 32055
Phone: 386-758-1008 Fax: 386-758-2160

LETTER OF AUTHORIZATION TO SIGN FOR PERMITS

I, Peter Cafaro (license holder name), licensed qualifier
for Lowe's Home Centers (company name), do certify that
the below referenced person(s) listed on this form is/are contracted/hired by me, the license holder, or is/are employed by me directly or through an employee leasing arrangement; or, is an officer of the corporation; or, partner as defined in Florida Statutes Chapter 468, and the said person(s) is/are under my direct supervision and control and is/are authorized to purchase permits, call for inspections and sign on my behalf.

Printed Name of Person Authorized	Signature of Authorized Person
1. Silvia Abreu /Permits Plus	1.
2. Christy Galas	2.
3.	3.
4.	4.
5.	5.

I, the license holder, realize that I am responsible for all permits purchased, and all work done under my license and fully responsible for compliance with all Florida Statutes, Codes, and Local Ordinances. I understand that the State and County Licensing Boards have the power and authority to discipline a license holder for violations committed by him/her, his/her agents, officers, or employees and that I have full responsibility for compliance with all statutes, codes and ordinances inherent in the privilege granted by issuance of such permits.

If at any time the person(s) you have authorized is/are no longer agents, employee(s), or officer(s), you must notify this department in writing of the changes and submit a new letter of authorization form, which will supersede all previous lists. Failure to do so may allow unauthorized persons to use your name and/or license number to obtain permits.

License Holders Signature (Notarized) CGC 1508417 8/23/2022
License Number Date

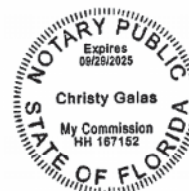
NOTARY INFORMATION:

STATE OF: Florida COUNTY OF: Orange

The above license holder, whose name is Peter Cafaro
personally appeared before me and is known by me or has produced identification
(type of I.D.) _____ on this 23rd day of August, 20 22.

NOTARY'S SIGNATURE

(Seal/Stamp)



SUBCONTRACTOR VERIFICATION

APPLICATION/PERMIT # _____ JOB NAME Justin Rix Warranty Doors

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 type="checkbox"/> CC# _____	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	<u>Need</u> <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
MECHANICAL/ A/C <input type="checkbox"/> CC# _____	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	<u>Need</u> <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
PLUMBING/ GAS <input type="checkbox"/> CC# _____	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	<u>Need</u> <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
ROOFING <input type="checkbox"/> CC# _____	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	<u>Need</u> <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
SHEET METAL <input type="checkbox"/> CC# _____	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	<u>Need</u> <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
FIRE SYSTEM/ SPRINKLER <input type="checkbox"/> CC# _____	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	<u>Need</u> <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
SOLAR <input type="checkbox"/> CC# _____	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	<u>Need</u> <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
STATE <input type="checkbox"/> SPECIALTY CC# _____	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	<u>Need</u> <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE



Let's Build Something Together™

Ivory

7 sets of Revised Panel
Shutters

PSE Drawing Worksheet - Siding

Customer: Tracy McAuliffe Store: 0179
 Phone (home): _____ Phone (cell): 386-984-7780 Phone (other): _____
 Install Address: 355 SE Travis Ave, Lake City, FL 32025

1. Make a thumbnail drawing of each side of house where siding will be installed. 2. Tally the measurements for each side. 3. Total the measurements at the bottom. 4. Use these totals to price the job on the siding pricing sheet.

Front	Left	Back	Right
Removal Square <u>507</u> Siding Sq Ft <u>108,331.48</u> Soffit LF <u>608</u> Fascia LF _____ Mount Blocks Ea <u>4</u> Gable Vents Ea _____ Furring / Insul Bd SF _____ Wrap Each _____ Shutters Pair <u>5 DE</u>	Removal Square <u>367</u> Siding Sq Ft <u>45,96.286</u> Soffit LF _____ Fascia LF _____ Mount Blocks Ea <u>1</u> Gable Vents Ea _____ Furring / Insul Bd SF _____ Wrap Each _____ Shutters Pair _____	Removal Square <u>450</u> Siding Sq Ft <u>450</u> Soffit LF _____ Fascia LF _____ Mount Blocks Ea <u>1</u> Gable Vents Ea _____ Furring / Insul Bd SF _____ Wrap Each _____ Shutters Pair _____	Removal Square <u>338</u> Siding Sq Ft <u>338</u> Soffit LF _____ Fascia LF _____ Mount Blocks Ea _____ Gable Vents Ea _____ Furring / Insul Bd SF _____ Wrap Each _____ Shutters Pair <u>2</u>

Totals

1662 Removal Square 17 2515
 Siding Sq Ft 19 7030
 Soffit LF _____

Fascia LF _____
 Mount Blocks Ea _____
 Gable Vents Ea _____

Furring / Insul Bd SF _____
 Wrap Each _____
 Shutters Pair 7 1225.00

10770.00 = 14260
350
749
15159.00

\$2800 plywood + 749 = \$3750

\$13570.00 to WHidden