

Columbia County Remodel or 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.

Applicant (Person authorized to submit forms) Tiffany Payne Fax n/a Phone 386/288-2965

Address 3663 SW Wilson Springs Road, Fort White, FL 32038

Owners Name Tiffany Payne Phone 386/288-2965

911 Address 3663 SW Wilson Springs Road, Fort White, FL 32038

Contractors Name William Jency Pannelle - Pannelle Const Phone 386/288-2110

Address PO Box 933 Live Oak, FL 32064

Applicants Email wdewey@windstream.net ***Include to get updates on this job.

Fee Simple Owner Name & Address n/a

Bonding Co. Name & Address n/a

Architect/Engineer Name & Address n/a

Mortgage Lenders Name & Address n/a

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

Property ID Number 06-75-16-04149-704 (21845) Estimated Construction Cost 9600.00 HVAC 8 W. all

Subdivision Name Wilson Springs Community Lot 4 Block _____ Unit _____ Phase 2

Special Driving Instructions - Only - See attached

Construction of Wall Board _____ Commercial OR ☒ Residential

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

Use/Occupancy of the building now Residential Is this changing No

If Yes, Explain, Proposed Use/Occupancy _____

Is the building Fire Sprinkled? No If Yes, blueprints included _____ Or Explain _____

Entrance Changes (Ingress/Egress) No If Yes, Explain _____

Zoning Applications applied for (Site & Development Plan, Special Exception, etc.) n/a

Columbia County Building Permit Application – "Owner and Contractor Signature Page"

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.

Tiffany Payne
Printed Owners Name

Tiffany Payne
Owners Signature

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

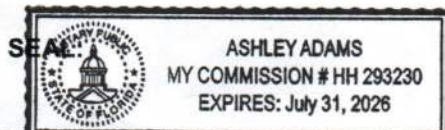
CONTRACTORS AFFIDAVIT: By my signature, I understand and agree that I have informed and provided this written statement to the owner of all the above written responsibilities in Columbia County for obtaining this Building Permit including all application and permit time limitations.

Mike Downey
Contractor's Signature

Contractor's License Number LG6051133
Columbia County
Competency Card Number _____

Affirmed and subscribed before me the Contractor by means of ☒ physical presence or ☐ online notarization, this 10th day of JULY, 2023, who was personally known _____ or produced ID ☒

Florida Drivers License
State of Florida Notary Signature (For the Contractor)



NOTICE OF COMMENCEMENT

Clerk's Office Stamp

Tax Parcel Identification Number:

06-75-16-04149-704 (21845)

Inst: 202312012783 Date: 07/10/2023 Time: 12:36PM
Page 1 of 1 B: 1494 P: 1297, James M Swisher Jr, Clerk of Court
Columbia, County, By: AM 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): 06 75 16 04149 704 (21845) Lot 4
a) Street (job) Address: 3663 SW Wilson Springs Road Fort White FL
2. General description of improvements: AC/Heat Unit, Replace 8 windows
3. Owner Information or Lessee information if the Lessee contracted for the improvements:
a) Name and address: Tiffany Payne 3663 SW Wilson Springs Rd, Fort White, FL 32038
b) Name and address of fee simple titleholder (if other than owner): n/a
c) Interest in property: n/a
4. Contractor Information
a) Name and address: Pennelle Construction P.O. Box 933 Live Oak, FL 32064
b) Telephone No.: 386/208-2110
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: n/a
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: n/a 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

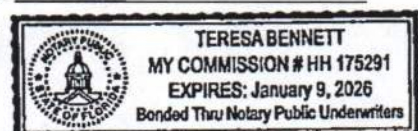
✓ 10. Tiffany Payne
Signature of Owner or Lessee, or Owner's or Lessee's Authorized Officer/Director/Partner/Manager

Tiffany Payne
Printed Name and Signatory's Title/Office

The foregoing instrument was acknowledged before me, by means of ☒ physical presence or _____ online notarization, a Florida Notary, this 6 day of July, 2023, by: Tiffany Payne as _____
(Name of Person) (Type of Authority)
for Tiffany Payne who is personally known _____ OR produced identification _____
(name of party on behalf of whom instrument was executed)

Type _____

✓ Notary Signature [Signature] Notary Stamp or Seal:

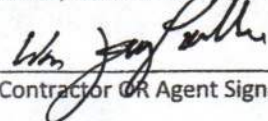


As required by Florida Statute 553.842 and Florida Administrative Code 9B-72, please provide the information and approval numbers on the building components listed below if they will be utilized on the construction project for which you are applying for a building permit. We recommend you contact your 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	PlyGem	400 Series Single Hung	14039
B. HORIZONTAL SLIDER			
C. CASEMENT			
D. FIXED			
E. MULLION			
F. SKYLIGHTS			
G. OTHER			
3. PANEL WALL			
A. SIDING			
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.


Contractor OR Agent Signature

7/10/23
Date

NOTES: _____

SUBCONTRACTOR VERIFICATION

APPLICATION/PERMIT # _____

JOB NAME Tiffany Payne

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"/>	Print Name _____ Signature _____ Company Name: _____ CC# _____ License #: _____ Phone #: _____	Need <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 checked="" type="checkbox"/>	Print Name <u>David Hall</u> Signature <u>[Signature]</u> Company Name: <u>David Hall's Air Conditioning & Heating Services, Inc.</u> CC# _____ License #: <u>CACO 57424</u> Phone #: <u>386/755-9792</u>	Need <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"/>	Print Name _____ Signature _____ Company Name: _____ CC# _____ License #: _____ Phone #: _____	Need <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"/>	Print Name _____ Signature _____ Company Name: _____ CC# _____ License #: _____ Phone #: _____	Need <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"/>	Print Name _____ Signature _____ Company Name: _____ CC# _____ License #: _____ Phone #: _____	Need <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"/>	Print Name _____ Signature _____ Company Name: _____ CC# _____ License #: _____ Phone #: _____	Need <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"/>	Print Name _____ Signature _____ Company Name: _____ CC# _____ License #: _____ Phone #: _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
STATE SPECIALTY <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ CC# _____ License #: _____ Phone #: _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE

Ref: F.S. 440.103; ORD. 2016-30

Emergency Repairs / Owner Occupied Rehab
Work Write-Up Bid Form

OWNER: Tiffany Payne
PHONE: 386-288-2965

JOB ADDRESS: 3663 SW Wilson Springs Rd
Fort White, FL 32038

ITEM #

DESCRIPTION OF WORK

MATERIALS

LABOR

Homes constructed prior to 1978 may contain lead-based paint.

1	Install new 15 SEER Min HVAC assy- properly sized, complete with thermostat, filters, repair duct work for proper function to code.	<u>7300.00</u>	
2	Install 8 new low E insulated windows caulk and trim	<u>2300.00</u>	
3			
4			
5			
6			
7			
8			
9			
10			
11			

GRAND TOTAL

9600.00

AP
Contractor's Initials

Home Owner's Initials