

Columbia County Building Permit Application
Re-Roof's, Roof Repairs, Roof Over's

For Office Use Only Application # 64953 Date Received _____ By _____ Permit # _____

Plans Examiner _____ Date _____ ☐ NOC ☐ Deed or PA ☐ Contractor Letter of Auth. ☐ F W Comp. letter
☐ Product Approval Form ☐ Sub VF Form ☐ Owner POA ☐ Corporation Doc's and/or Letter of Auth.

Comments _____

FAX _____

Applicant (Who will sign/pickup the permit) Fred Perry Phone 386-984-9586

Address 699 SW Sabre Ave - Lake City, FL 32024

Owners Name James Beardsley Phone 578-423-4139

911 Address 195 SW Lancelot Gln - Lake City, FL 32024

Contractors Name Fred Perry Phone 386-984-9586

Address 699 SW Sabre Ave - Lake City, FL 32024

Contact Email F.Perry@qualityconstruction.com @gmail.com ***Updates will be sent here

FeeSimple Owner Name & Address _____

Bonding Co. Name & Address _____

Architect/Engineer Name & Address _____

MortgageLenders Name & Address _____

Property ID Number 23-45-16-03099-217

Subdivision Name Stone henge Lot 17 Block _____ Unit _____ Phase 2

Construction of (circle) Replacement-Tear off Existing and Replace; Overlay with Metal; Recover-New Material over Existing; Partial Roof Repairs or Other _____

Ventilation: (circle) Ridge Vent; Off ridge vent; Powered Vent; Unvented

Flashing: (circle) Use Existing; Repair Existing; Replace All; Replace w/L-Flashing; Replace w/step-Flashing

Drip Edge: (circle) Use Existing; Repair Existing; Replace All

Valley Treatment: (circle) Use Existing; New Metal; New Mineral Surface

Cost of Construction \$9,500 ☐ Commercial OR ☒ Residential

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

house Roof Area (For this Job) SQ FT _____

Roof Pitch 6 /12, _____ /12 Number of Stories 1 Is the existing roof being removed ye If NO

Explain _____

Type of New Roofing Product (Metal; Shingles; Asphalt Flat) Asphalt Shingles Revised 12/2023

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

CODES: 2023 Florida Building Code 8th Edition and the 2020 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 and 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.

Terald Beardsley
Printed Owners Name

[Signature]
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.

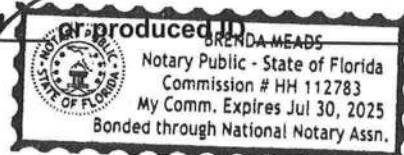
[Signature]
Contractor's Signature

Contractor's License Number CCC1333355
Columbia County
Competency Card Number _____

Affirmed and subscribed before me the Contractor by means of physical presence or online notarization, this 18 day of April, 2024, who was personally known to me.

Brenda Meads
State of Florida Notary Signature (For the Contractor)

SEAL:

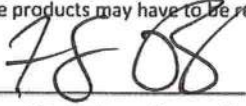


As required by Florida Statute 553.842 and Florida Administrative Code 9B-72, please provide the information and approval numbers on the building components listed below if they will be utilized on the construction project for which you are applying for a building permit. We recommend you contact your 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			
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	GAF	Asphalt Shingles	FL 10124-R27
B. NON-STRUCT METAL			
C. ROOFING TILES			
D. SINGLE PLY ROOF			
E. OTHER			
5. STRUCT 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 Owner Signature

NOTES: _____



Columbia County, Florida
Building Department
135 NE Hernando Avenue
Lake City, Florida 32055
Phone: 386-758-1008

www.columbiacountyfla.com

ROOFING AFFIDAVIT

JOB ADDRESS: 195 SW Lancelot Gln - Lake City, FL 32024

I Fred Perry, Licensed as a ☒ Contractor, ☐ Engineer, or ☐ Architect, with License # CCC133355 do hereby affirm that all of the information provided to obtain this permit is true and accurate and that the sheathing, nailing, dry-in, venting and flashings at the above referenced address will be installed in accordance with the applicable codes, Florida product approval installation instructions and standards set forth in the most current edition of the Florida Building Code- Residential and the Florida Building Code- Existing Building.

FS

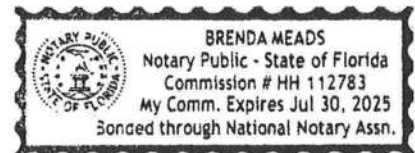
(Affiant Signature)

STATE OF FL.
COUNTY Columbia

The foregoing instrument acknowledged before me by means of ☐ physical presence or ☐ online notarization, this 18 day of April, 2021, by _____, who is ☒ personally known to me or ☐ has provided the following identification _____.

Notary Public Signature Brenda Meads (Seal)

Notary Printed Name Brenda Meads



FINAL INSPECTION & CERTIFICATE OF COMPLETION:

This completed form and photographs must be uploaded to your permit via online at the Application Submission login (link) Welcome to Columbia County Online (columbiacountyfla.com).

Clearly visible in the Photographs must be the permit number or address, must include a ruler or measuring device to confirm nail spacing and overlaps including drip edge, valley flashing and attic venting. (Not required for additions or New Residential)



Columbia County, Florida
Building Department
135 NE Hernando Avenue
Lake City, Florida 32055
Phone: 386-758-1008

ROOFING UNDERLAYMENT AFFIDAVIT

www.columbiacountyfla.com

REQUIRED FOR WALK-IN OR PAPER SUBMITTALS

Job Address: 195 SW Lancelot GLN - Lake City, FL 32024

I (Print Name) Fred Perry, as a Florida license Roofing Contractor or an Owner Builder, I understand to comply with the 2023 Florida Building Code 8th Edition underlayment requirements, I must select an option for sealing the roof deck.


The options are summarized below...

☐ a self-adhering polymer-modified bitumen underlayment complying with ASTM D1970 applied over the entire roof.

☐ a minimum 4-inch wide strip of selfadhering polymer-modified bitumen complying with ASTM D1970 or a minimum 3 ¾ - inch wide strip of selfadhering flexible flashing tape complying with AAMA 711, applied over all joints in the roof decking. A felt underlayment complying with ASTM D226 Type II, ASTM D4869 Type III or IV, or ASTM D6757, or a synthetic underlayment meeting the performance requirements specified, is required to be applied over the strips/tape over the entire roof.

☒ two layers of felt underlayment comply ASTM 0226 Type II or ASTM D4869 Type III or IV, or two layers of a synthetic underlayment meeting the performance requirements specified, lapped and fastened as specified.

☐ Other (explain) _____

Contractor/Owners Signature 

FINAL INSPECTION & CERTIFICATE OF COMPLETION:

This completed form and photographs must be uploaded to your permit via online at the Application Submission login (link) [Welcome to Columbia County Online \(columbiacountyfla.com\)](http://Welcome to Columbia County Online (columbiacountyfla.com)).

If for a roofing permit, clearly visible in the Photographs must be the permit number or address and must include a ruler or measuring device to confirm nail spacing and overlaps including drip edge and valley flashing. (Not required for additions or New Residential)

NOTICE OF COMMENCEMENT

Tax Parcel Identification Number:

23-45-16-03099-217

Clerk's Office Stamp

Inst: 202412007938 Date: 04/18/2024 Time: 9:49AM
Page 1 of 1 B: 1512 P: 1896, James M Swisher Jr, Clerk of Court
Columbia, County, By: VC ML
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): 23-45-16-03099-217
a) Street (job) Address: _____

2. General description of improvements: _____

3. Owner Information or Lessee information if the Lessee contracted for the improvements:

a) Name and address: Bernad Beard 517-195 SW Lancelot Gln - Lake City, FL 32024
b) Name and address of fee simple titleholder (if other than owner) _____
c) Interest in property _____

4. Contractor Information

a) Name and address: Fred Perry - 699 SW Sabine Ave - Lake City, FL 32024
b) Telephone No.: 386-984-9886

5. Surety Information (if applicable, a copy of the payment bond is attached):

a) Name and address: _____
b) Amount of Bond: _____
c) Telephone No.: _____

6. Lender

a) Name and address: _____
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. FS

Signature of Owner or Lessee, or Owner's or Lessee's Authorized Office/Director/Partner/Manager

Fredrick Perry
Printed Name and Signatory's Title/Office

The foregoing instrument was acknowledged before me, a Florida Notary, this 18 day of April, 2024, by:

_____, as _____, 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

Brenda Meade

Notary Stamp or Seal:

