

DATE 06/24/2009

Columbia County Building Permit

This Permit Must Be Prominently Posted on Premises During Construction

PERMIT

000027904

APPLICANT GARY JOHNSON PHONE 752-3444  
ADDRESS P.O. BOX 1016 LAKE CITY FL 32056  
OWNER LANGDON & LORI KIRBY PHONE  
ADDRESS 1521 SW ICHETUCKNEE AVE LAKE CITY FL 32024  
CONTRACTOR GARY JOHNSON PHONE 752-3444  
LOCATION OF PROPERTY 247S, TL ON CR 242, TR ON OLD ICHETUCKNEE AVE,  
1/4 MILE ON LEFT-WHITE FENCE IN FRONT  
TYPE DEVELOPMENT RE-ROOF ON SFD ESTIMATED COST OF CONSTRUCTION 7500.00  
HEATED FLOOR AREA TOTAL AREA HEIGHT STORIES  
FOUNDATION WALLS ROOF PITCH FLOOR  
LAND USE & ZONING MAX. HEIGHT  
Minimum Set Back Requirments: STREET-FRONT REAR SIDE  
NO. EX.D.U. FLOOD ZONE N/A DEVELOPMENT PERMIT NO.

PARCEL ID 18-5S-16-03647-000 SUBDIVISION  
LOT BLOCK PHASE UNIT TOTAL ACRES 10.00

RC0026693  
Culvert Permit No. Culvert Waiver Contractor's License Number Applicant/Owner/Contractor  
EXISTING X09-189 BK HD N  
Driveway Connection Septic Tank Number LU & Zoning checked by Approved for Issuance New Resident

COMMENTS: NOC ON FILE

Check # or Cash 3538

FOR BUILDING & ZONING DEPARTMENT ONLY

(footer/Slab)

Temporary Power date/app. by Foundation date/app. by Monolithic date/app. by  
Under slab rough-in plumbing date/app. by Slab date/app. by Sheathing/Nailing date/app. by  
Framing date/app. by Insulation date/app. by  
Rough-in plumbing above slab and below wood floor date/app. by Electrical rough-in date/app. by  
Heat & Air Duct date/app. by Peri. beam (Lintel) date/app. by Pool date/app. by  
Permanent power date/app. by C.O. Final date/app. by Culvert date/app. by  
Pump pole date/app. by Utility Pole date/app. by M/H tie downs, blocking, electricity and plumbing date/app. by  
Reconnection date/app. by RV date/app. by Re-roof date/app. by

BUILDING PERMIT FEE \$ 40.00 CERTIFICATION FEE \$ 0.00 SURCHARGE FEE \$ 0.00  
MISC. FEES \$ 0.00 ZONING CERT. FEE \$ FIRE FEE \$ 0.00 WASTE FEE \$  
FLOOD DEVELOPMENT FEE \$ FLOOD ZONE FEE \$ CULVERT FEE \$ TOTAL FEE 40.00

INSPECTORS OFFICE CLERKS OFFICE

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."

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 THE WORK IS COMMENCED. A VALID PERMIT RECIEVES AN APPROVED INSPECTION EVERY 180 DAYS. WORK SHALL BE CONSIDERED NOT SUSPENDED, ABANDONED OR INVALID WHEN THE PERMIT HAS RECIEVED AN APPROVED INSPECTION WITHIN 180 DAYS OT THE PREVIOUS INSPECTION.

The Issuance of this Permit Does Not Waive Compliance by Permittee with Deed Restrictions.



**Columbia County Building Permit Application**

<b>For Office Use Only</b>		Application # <u>0906-46</u>	Date Received <u>6/24/09</u>	By <u>GT</u>	Permit # <u>27904</u>
Zoning Official _____	Date _____	Flood Zone _____	Land Use _____	Zoning _____	
FEMA Map # _____	Elevation _____	MFE _____	River _____	Plans Examiner _____	Date _____
Comments _____					
<input type="checkbox"/> NOC <input type="checkbox"/> EH <input type="checkbox"/> Deed or PA <input type="checkbox"/> Site Plan <input type="checkbox"/> State Road Info <input type="checkbox"/> Parent Parcel # _____					
<input type="checkbox"/> Dev Permit # _____ <input type="checkbox"/> In Floodway <input type="checkbox"/> Letter of Auth. from Contractor <input type="checkbox"/> F W Comp. letter					
IMPACT FEES: EMS _____		Fire _____	Corr _____	Road/Code _____	
School _____		= TOTAL _____			

Septic Permit No. 09-189 Fax 386-752-3444

Name Authorized Person Signing Permit GARY JOHNSON Phone 386-752-3444

Address PO BOX 1016 LAKE CITY FL 32056-1016

Owners Name LANGDON & LORI KIRBY Phone \_\_\_\_\_

911 Address 1521 SW ICHETUKNEE AVE LAKE CITY, FL 32056-1016

Contractors Name GARY JOHNSON CONST INC Phone 386-752-3444

Address PO BOX 1016 LAKE CITY, FL 32056-1016

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. - Progress Energy

Property ID Number R 18-55-16-03647-000 Estimated Cost of Construction \$7500.00

Subdivision Name N/A Lot \_\_\_\_\_ Block \_\_\_\_\_ Unit \_\_\_\_\_ Phase \_\_\_\_\_

Driving Directions BRANDERD HWY TO 242 - T/L GO TO OLD ICHETUKNEE RD  
TURN RIGHT - APPROX 1/4 MILE ON LEFT - WHITE FENCE IN FRONT

Number of Existing Dwellings on Property 1

Construction of RE-ROOF ON SFD Total Acreage 10 Lot Size \_\_\_\_\_

Do you need a - Culvert Permit or Culvert Waiver or Have an Existing Drive Total Building Height \_\_\_\_\_

Actual Distance of Structure from Property Lines - Front 250' Side 200 Side 50 Rear 150

Number of Stories 2 Heated Floor Area \_\_\_\_\_ Total Floor Area \_\_\_\_\_ Roof Pitch 6/12

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 such application has been pursued in good faith or a permit has been issued; except that the building official is authorized to grant one or more extensions of time for additional periods not exceeding 90 days each. The extension shall be requested in writing and justifiable cause demonstrated.

**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 BUILDING PERMITEE:** 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 hereby certify that all the foregoing information is accurate and all work will be done in compliance with all applicable laws and regulating construction and zoning. I further understand the above written responsibilities in Columbia County for obtaining this Building Permit.

B. K. King  
Owners Signature

**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.

Larry Johnson  
Contractor's Signature (Permitee)

Contractor's License Number RC 0026693  
Columbia County  
Competency Card Number 000151

Affirmed under penalty of perjury to by the Contractor and subscribed before me this 12 day of JUNE 2009.  
Personally known ☒ or Produced Identification ☐

E. Victoria Hardy  
State of Florida Notary Signature (For the Contractor)

SEAL:



# NOTICE OF COMMENCEMENT

County Clerk's Office Stamp or Seal

Tax Parcel Identification Number R-18-55-16-03647-000

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): R-18-55-16  
a) Street (job) Address: 1521 ICHETUKNEE AVE LCFI 32024
2. General description of improvements: RE-ROOF
3. Owner Information  
a) Name and address: LAMPSON & LORI KIRBY 1521 SW ICHETUKNEE AVE LCFI 32024  
b) Name and address of fee simple titleholder (if other than owner) \_\_\_\_\_  
c) Interest in property OWNERS
4. Contractor Information  
a) Name and address: GARY JOHANSON PO BOX 1016 LAKE CITY FL 32056  
b) Telephone No.: 386-752-3444 Fax No. (Opt.): 386-752-3444
5. Surety Information  
a) Name and address: \_\_\_\_\_  
b) Amount of Bond: \_\_\_\_\_  
c) Telephone No.: \_\_\_\_\_ Fax No. (Opt.): \_\_\_\_\_
6. Lender  
a) Name and address: \_\_\_\_\_  
b) Phone No.: \_\_\_\_\_
7. Identity of person within the State of Florida designated by owner upon whom notices or other documents may be served:  
a) Name and address: \_\_\_\_\_  
b) Telephone No.: \_\_\_\_\_ Fax No. (Opt.): \_\_\_\_\_
8. In addition to himself, owner designates the following person to receive a copy of the Lienor's Notice as provided in Section 713.13(l)(b) Florida Statutes:  
a) Name and address: \_\_\_\_\_  
b) Telephone No.: \_\_\_\_\_ Fax No. (Opt.): \_\_\_\_\_
9. Expiration date of Notice of Commencement (the expiration date is one 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. B. L. Kirby Jr  
Signature of Owner or Owner's Authorized Office/Director/Partner/Manager  
B. L. Kirby Jr  
Print Name

The foregoing instrument was acknowledged before me, a Florida Notary, this 22 day of JUNE, 20 09, by:

B L Kirby Jr as \_\_\_\_\_ (type of authority, e.g. officer, trustee, attorney  
fact) for \_\_\_\_\_ (name of party on behalf of whom instrument was executed).

Personally Known ☒ OR Produced Identification \_\_\_\_\_ Type \_\_\_\_\_

Notary Signature E Victoria Gentry Notary Stamp or Seal:

-AND-

11. Verification pursuant to Section 92.525, Florida Statutes. Under penalties of perjury, I declare that I have read the foregoing and the facts stated in it are true to the best of my knowledge and belief.

B. L. Kirby Jr  
Signature of Natural Person Signing (in line #10 above.)



@ CAM110M01 S CamaUSA Appraisal System Columbia County  
 6/22/2009 9:18 Property Maintenance 11605 Land 001  
 Year T Property Sel 1800 AG 001  
 2009 R 18-5S-16-03647-000 ... \* 89973 Bldg 001  
 Owner KIRBY BOHMAN LANGDON JR & + Conf 10393 Xfea 003  
 Addr LORI J HX 113771 TOTAL B\*  
 1521 SW ICHETUCKNEE AVE -Cap?- 10.000 Total Acres  
 SOH 10% ApYr ERnwl ARnwl Notc  
 City,St LAKE CITY FL Zip 32024 Y  
 Country (PUD1) (PUD2) (PUD3) MKTA02  
 Splt/Co JVChgCd pud4 pud5 pud6  
 Appr By DF Date 7/01/2002 AppCode UseCd 005000 IMPROVED AG  
 TxDist Nbhd MktA ExCode Exemption/% TxCode Units Tp  
 003 18516.00 02 HX 25000  
 DIST 3  
 House# 1521 Street ICHETUCKNEE MD AVE Dir SW #  
 - City LAKE CITY Zip  
 Subd N/A Condo .00 N/A  
 Sect 18 Twn 5S Rnge 16 Subd Blk Lot  
 Legals N1/2 OF S1/2 OF SW1/4 OF NW 1/4 EX RD R/W. ORB 670-137,  
 670-138,  
 Map# 49 Mnt 8/31/2005 GAIL  
 F1=Task F2=ExTx F3=Exit F4=Prompt F11=Docs F10=GoTo PgUp/PgDn F24=More



As required by Florida Statute 553.842 and Florida Administrative Code 9B-72, please provide the information and the product approval number(s) on the building components listed below if they will be utilized on the construction project which you are applying for a building permit on or after April 1, 2004. We recommend you contact your local product supplier should you not know the product approval number for any of the applicable listed products. More information about statewide product approval can be obtained at [www.floridapsc.org](http://www.floridapsc.org)

Category/Subcategory	Manufacturer	Product Description	Approval Number
<b>A. EXTERIOR DOORS</b>			
1. Swinging			
2. Sliding			
3. Sectional			
4. Roll up			
5. Automatic			
6. Other			
<b>B. WINDOWS</b>			
1. Single hung			
2. Horizontal Slider			
3. Casement			
4. Double Hung			
5. Fixed			
6. Awning			
7. Pass-through			
8. Projected			
9. Mullion			
10. Wind Breaker			
11. Dual Action			
12. Other			
<b>C. PANEL WALL</b>			
1. Siding			
2. Soffits			
3. EIFS			
4. Storefronts			
5. Curtain walls			
6. Wall louver			
7. Glass block			
8. Membrane			
9. Greenhouse			
10. Other			
<b>D. ROOFING PRODUCTS</b>			
1. Asphalt Shingles			
2. Underlayments			
3. Roofing Fasteners			
4. Non-structural Metal Rf			
5. Built-Up Roofing			
6. Modified Bitumen			
7. Single Ply Roofing Sys.			
8. Roofing Tiles			
9. Roofing Insulation			
10. Waterproofing			
11. Wood shingles /shakes			
12. Roofing Slate			

Metal → FL 4586.3

Category/Subcategory (cont.)	Manufacturer	Product Description	Approval Number/s
13. Liquid Applied Roof Sys			
14. Cements-Adhesives - Coatings			
15. Roof Tile Adhesive			
16. Spray Applied Polyurethane Roof			
17. Other			
E. SHUTTERS			
1. Accordion			
2. Banana			
3. Storm Panels			
4. Colonial			
5. Roll-up			
6. Equipment			
7. Others			
F. SKYLIGHTS			
1. Skylight			
2. Other			
G. STRUCTURAL COMPONENTS			
1. Wood connector/anchor			
2. Truss plates			
3. Engineered lumber			
4. Railing			
5. Coolers-freezers			
6. Concrete Admixtures			
7. Material			
8. Insulation Forms			
9. Plastics			
10. Deck-Roof			
11. Wall			
12. Sheds			
13. Other			
H. NEW EXTERIOR ENVELOPE PRODUCTS			
1.			
2.			

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) the performance characteristics which the product was tested and certified to comply with, 3) copy of the applicable manufacturers installation requirements.

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

*Gary Johnson*

Contractor or Contractor's Authorized Agent Signature

010 HCHETUCKNEE AVE

Location

*GARY JOHNSON*

Print Name

27904

Permit # (FOR STAFF USE ONLY)

Date