

BUILDING PERMIT APPLICATION

10800749

PERMITS BECOME NULL AND VOID IF WORK OR CONSTRUCTION AUTHORIZED IS NOT COMMENCED WITHIN 6 MONTHS OR IF CONSTRUCTION OR WORK IS SUSPENDED, OR ABANDONED FOR A PERIOD OF 6 MONTHS AT ANY TIME AFTER WORK IS COMMENCED.

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.

See Deed

Tax Parcel Number 000381-0220 Escrow Account Number _____

Site Legal Description 51/75-80 Port St Johns Lot 22

Owner's Name Greg & Susanne Davis Address 1509 Reedy Court

City Saint Johns State FL Zip 32259 Phone (904) 287-8484

Contractor's Name Owner / Builder Qualifying Name Greg Davis

Email Address gnsdavis@yahoo.com

Address 1509 Reedy Court State FL Zip 32259 Phone (904) 284-8484

Fee Simple Titleholder's Name of the Site Greg & Susanne Davis & Rex & Frances Davis

Fee Simple Titleholder's Address 1509 Reedy Court City Saint Johns State FL Zip 32259

Job Name Davis Residence

Job Address 120 Holly Berry Lane City Saint Johns State FL Zip 32259

Bonding Co. Name N/A Address N/A

Architect/Engineer's Name Murray Engineering Address 417 WALNUT ST, Green Cove Springs, FL 32043

Mortgage Lender's Name N/A Address N/A

Description of Work New Construction Structure Use New Single Family Residence

\$ Valuation of work 420,000 Stories 1 Sq. Ft. 4207 Number of Units 1

FIA Zone X First Floor Elevation 27.20

Water Well Sewer Septic Tank

Termite Protection By BUG OUT SERVICE
Per Florida Building Code 1816.1

Treatment Method: Soil _____ Bait _____ Wood BORATE/BERKAPRE

As required by Florida Statute 553.842 and Florida Administrative Code 9B-72, please complete the information below for single product use. For multiple product use, please complete St. Johns County Product Approval Specification Form.

MANUFACTURER	PRODUCT DESCRIPTION	LIMITATION OF USE	APPROVAL #

Job Address 120 Holly Berry Lane

City Saint Johns

Application is hereby made to obtain a permit to do the work and installation as indicated. I certify that no work or installation has commenced prior to the issuance of a permit and that all work will be performed to meet the standards of all laws regulating construction in this jurisdiction. I understand that a separate permit must be secured for ELECTRICAL WORK, PLUMBING, SIGNS, WELLS, POOLS FURNANCES, BOILERS, HEATERS, TANKS AND AIR CONDITIONERS, ETC.

WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY 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 WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.

OWNER'S AFFIDAVIT: I certify that all foregoing information is accurate and that all work will be done in compliance with all applicable laws regulating construction and zoning.

Greg N. Davis

Owner / Builder

Print Owner's or Owner Agent's Name

Print Contractor's Name

[Signature]

N/A

Owner's or Owner Agent's Signature

Qualifying Business Name

[Signature]

Contractor's Signature

License No.

Need Affidavit

STATE OF FLORIDA
COUNTY OF ST. JOHNS *Duval*

STATE OF FLORIDA
COUNTY OF ST. JOHNS *Duval*

NOTARY as to Owner or Agent below:

Sworn to or affirmed and subscribed before me this 21st day of January, 2008.

NOTARY as to Contractor below:

Sworn to or affirmed and subscribed before me this 21st day of January, 2008.

[Signature]

[Signature]

Notary Signature PAMELA J. SCHAEFER
Commission DD 711286
Expires November 16, 2011
Bonded Thru Troy Fain Insurance 800-385-7019

Notary Signature PAMELA J. SCHAEFER
Commission DD 711286
Expires November 16, 2011
Bonded Thru Troy Fain Insurance 800-385-7019

Commission Number and Expiration Date

Commission Number and Expiration Date

Known Personally _____ OR Identification

Known Personally _____ OR Identification

Type Identification FL DL D120-294-60-177-0

Type Identification FL DL D120-294-60-177-0

THIS SPACE FOR COUNTY USE ONLY

PLANS REVIEWED BY _____ *FEB 5 2008*

APPLICATION APPROVED BY: _____

VALUATION CALCULATION:
LIVING 4207.106 = 445942

GARAGE: 133450 = 74704

PORCHES: 1245.37 = 46005

TOTALS: 478800 = 521891

VALUATION: _____

ENCLOSED _____ PARTIALLY ENCLOSED _____

ROOF: CLAY CONCRETE METAL SHINGLE

EXPOSURE "B" _____ EXPOSURE "C" _____

TOP CORD DEAD LOAD _____

OPENING PROTECTION _____

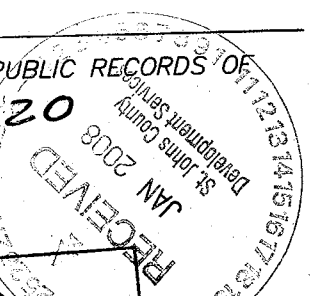
MAP SHOWING SURVEY OF LOT 22

ROS-1955*1

AS RECORDED IN MAP BOOK ST. JOHNS COUNTY, FLORIDA.

NO INSPECTION AFTER FINISHED FLOOR IS CONSTRUCTED UNTIL THE HIGHEST REQUIRED ELEVATION (INCLUSIVE) OF THE PUBLIC RECORDS OF THE CERTIFIED MINIMUM SPECIFIED FINISHED FLOOR ELEVATION.

2008-10-# 000381-0220

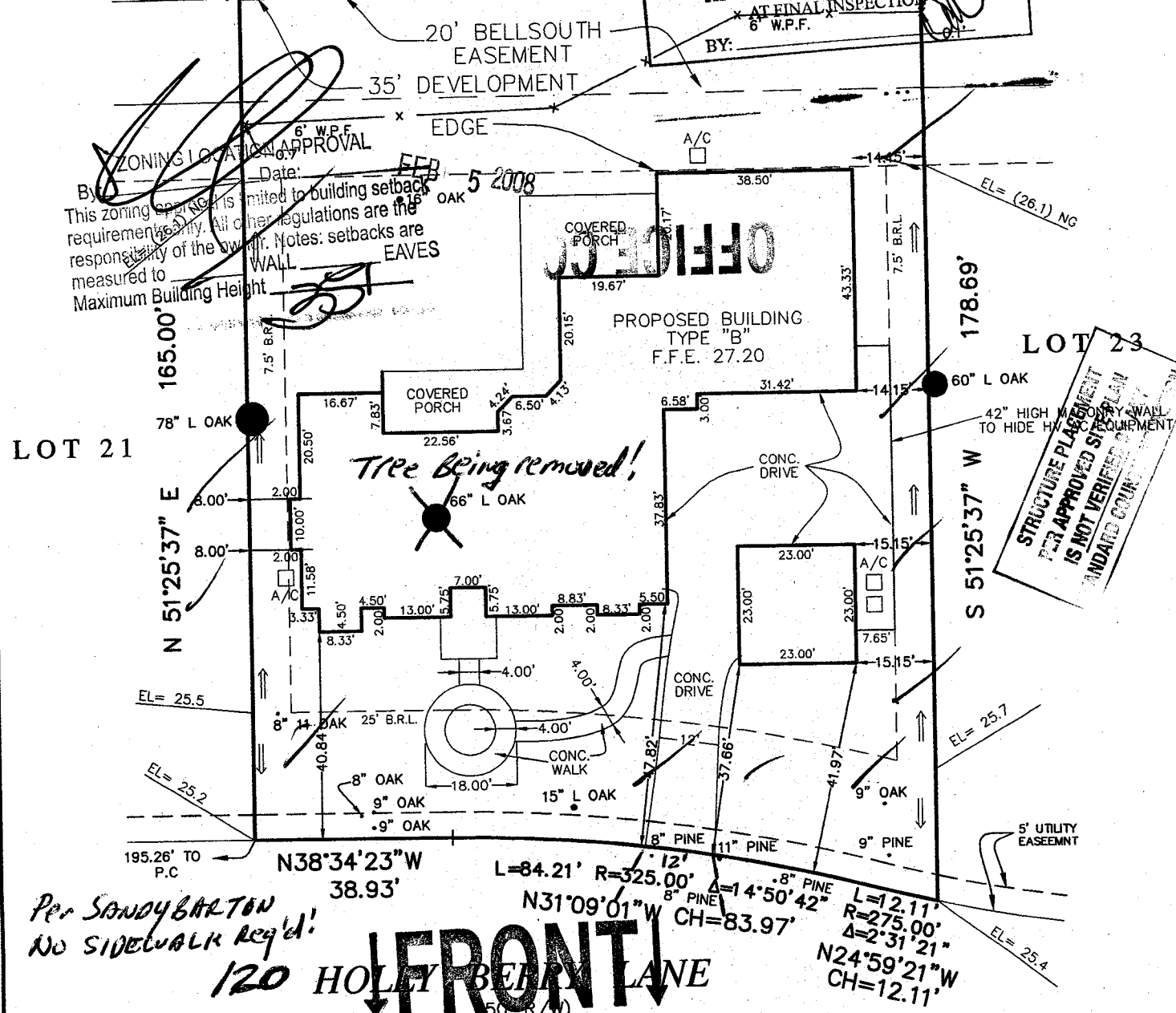


42 Tree inches Required

NOTE: Tree requirements will be met based on the significant amount of trees on property!

ST. JOHNS COUNTY APPROVED SITE PLAN: FOR CREDITS, LOT GRADING & BUFFERS ONLY
 FEB - 1 2008
 THIS PLAN MUST BE ON JOB SITE AT FINAL INSPECTION BY: 6" W.P.F.

OFF 492685



Per SANDY BARTON
 No SIDEWALK req'd!
 120 HOLLY BERRY LANE

FRONT

NOTES
 THIS MAP DOES NOT PURPORT A BOUNDARY SURVEY.
 INFORMATION PERTAINING TO BUILDING RESTRICTION LINES PROVIDED BY CLIENT.
 NOT VALID WITHOUT THE SIGNATURE AND THE ORIGINAL RAISED SEAL OF A FLORIDA LICENSED SURVEYOR AND MAPPER.

22,549sf = 0.51765 Acres.

- NOTES**
- BEARINGS ARE BASED ON THE SOUTHWESTERLY R/W LINE OF STATE ROAD 13 AS BEING S52°00'51"W.
 - THIS IS A SPECIFIC PURPOSE SURVEY TO SHOW PROPOSED BUILDING AND TREES ON LOT.
 - ELEVATIONS SHOWN THUS (15.0) REFER TO UNITED STATES COASTAL AND GEODETIC SURVEY DATUM, NATIONAL GEODETIC VERTICAL OF 1929, (N.G.V.D. OF 1929).
 - BY GRAPHIC PLOTTING ONLY, THE PROPERTY SHOWN HEREON LIES WITHIN ZONES: "X" (UNSHADED) AS SHOWN ON THE FEDERAL EMERGENCY MANAGEMENT AGENCY (F.E.M.A.), NATIONAL FLOOD INSURANCE PROGRAM, FLOOD INSURANCE RATE MAP (F.I.R.M.) COMMUNITY NUMBER: 125147-0159, MAP REVISED DATE: SEP. 02, 2004.
 - UNLESS OTHERWISE NOTED, ANY PORTION OF THE PARCEL THAT MAY BE DEEMED AS WETLANDS BY STATE OR GOVERNMENTAL AGENCIES, HAS BEEN DETERMINED AND ANY LIABILITY RESULTING THEREFROM IS NOT THE RESPONSIBILITY OF THE UNDERSIGNED.
 - THERE MAY BE RESTRICTIONS OR EASEMENTS OF RECORD EVIDENCED BY TITLE EXAMINATION THAT HAVE NOT BEEN SHOWN HEREON.

ABBREVIATIONS THAT MAY BE USED IN THIS MAP

P.C.P.	PERMANENT CONTROL POINT	ESMT	EMERGENCY BUSINESS
P.R.M.	PERMANENT REFERENCE MONUMENT	L.B.	LINE BUSINESS
P.O.C.	POINT ON CURVE	WF	WIRE FENCE
P.O.B.	POINT OF BEGINNING	C.L.F.	CHAIN LINK FENCE
P.O.R.	POINT OF REFERENCE	W.P.F.	WOOD PRIVACY FENCE
P.C.	POINT OF CURVATURE	A/C	AIR CONDITIONER
P.T.	POINT OF TANGENCY	WTH	WIRE OVERHEAD LINES
P.C.C.	POINT OF COMPOUND CURVE	OHL	OVERHEAD LINES
P.R.C.	POINT OF REVERSE CURVATURE	F.M.	FIELD MEASURED
P.I.	POINT OF INTERSECTION	R=M	RADIUS EQUALS
R/W	RIGHT OF WAY	L=	ARC LENGTH EQUALS
O.R. V.	OFFICIAL RECORDS VOLUME	CH=	CHORD BEARING & DISTANCE EQUALS
D.B.	DEED BOOK	D =	DELTA OR CENTRAL ANGLE EQUALS
PG.	PAGE	I.P.	IRON PIPE
B.R.L.	BUILDING RESTRICTION LINE	CALC.	CALCULATED

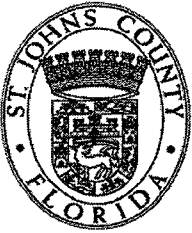
LEGEND

□	DENOTES CONCRETE MONUMENT	DATE	DECEMBER 3, 2007
x-x	DENOTES FENCE	SCALE	1" = 30'
○	DENOTES 1/2" IRON PIPE SET (AS NOTED)	JOB NO.	28671
●	DENOTES IRON PIPE FOUND (AS NOTED)	P. BOOK(S)	//
x	DENOTES CROSS CUT	PAGE(S)	//
		COMPUTER FILE NAME	SEE DAYSTAMP

A & J LAND SURVEYORS, INC.
 CERTIFICATE OF AUTHORIZATION NO. LB 6861
 PROFESSIONAL LAND SURVEYORS OFFICE: (904) 346-1733
 5847 LUELLA STREET JACKSONVILLE, FLORIDA 32207 FAX: (904) 346-1736

THIS IS TO CERTIFY THAT THIS IS A MAP, MADE UNDER MY SUPERVISION AND IN ACCORDANCE WITH THE MINIMUM TECHNICAL STANDARDS, AS OUTLINED AND SET FORTH BY THE FLORIDA BOARD OF PROFESSIONAL LAND SURVEYORS AND MAPPERS, IN CHAPTER 61G17-6.0, (FORMERLY CHAPTER 21HH-6.0), FLORIDA ADMINISTRATIVE CODE, PURSUANT TO SECTION 472.027, FLORIDA STATUTES.

George J. Ward 12-4-05
 GEORGE J. WARD, STATE OF FLORIDA,
 REGISTERED LAND SURVEYOR, CERTIFICATE No. 5155



NOTICE OF COMMENCEMENT

State of Florida County of St. Johns

Permit No. _____

Tax Folio No. 000381-0320

Public Records of
St. Johns County, FL
Clerk # 2008007963,
O.R. 3042 PG 1459-1460
02/08/2008 at 11:01 AM,
REC. \$9.00 SUR. \$9.50

THE UNDERSIGNED HEREBY GIVES NOTICE THAT IMPROVEMENT WILL BE MADE TO CERTAIN REAL PROPERTY, AND IN ACCORDANCE WITH CHAPTER 713, FLORIDA STATUTES, THE FOLLOWING INFORMATION IS PROVIDED IN THIS NOTICE OF COMMENCEMENT.

Expiration Date of Notice of Commencement (the expiration date is 1 year from the Date of recording unless a different date is specified) _____.

Owner's name (print) Greg DAVIS

Owner's address 1509 Reedy Court

Owner's interest in property FEE simple

Legal description of property Lot 22, Part St. Johns

Property address 120 Holly Berry Ln. St. Johns, FL 32259

General description of improvement New single FAMILY Dwelling

Fee simple title holder, if other than owner (print) N/A

Address N/A

Contractor's name (print) Owner/Builder Greg DAVIS Phone (904) 284-8484

Address 1509 Reedy Ct. St. Johns, FL 32259 Fax (904) 886-4889

Surety's name, if any (print) N/A Amount of bond \$ N/A

Address N/A Phone () N/A Fax () N/A

Lender's name (print) N/A Phone () N/A

Lender's address N/A Fax () N/A

PERSONS 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:

Name (print) R.E. CHIP Mitchell Phone (904) 993-2231

Address 2950 HALCYON LN #604 JACKSONVILLE, FL 32223 Fax (904) 886-4889

IN ADDITION TO HIMSELF OR HERSELF, OWNER DESIGNATES R.E. CHIP Mitchell OF DESIGNS FOR LIVING LLC TO RECEIVE A COPY OF THE LIENOR'S NOTICE AS PROVIDED IN SECTION 713.13(1)(B), FLORIDA STATUTES. PHONE NUMBER OF PERSON OR ENTITY DESIGNATED BY OWNER: GRBO DAVIS

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 WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.

[Signature]
Owner's Signature OR Owner's Authorized Officer/Director/Partner/Manager
Greg N. Davis
Owner's Name (print)
1/21/08
Date Signed
Duval/St Johns Florida
In County Named Of State

Signatory's Title/Office _____

STATE OF FLORIDA COUNTY OF ~~ST. JOHNS~~ Duval

The foregoing instrument was acknowledged before me this 21st day of January, 2008,

by Greg N. Davis as _____
Name of Person Officer/Trustee/Attorney in Fact

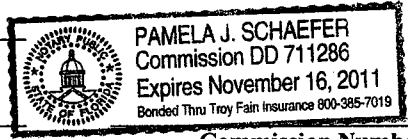
for Greg N. Davis
Name of Party on Behalf of Whom Instrument was Executed

Known Personally _____ Or Identification

Type of Identification FL DL D120-294-60-177-0

[Signature]
Notary Public Signature

Pamela J Schaefer
Name of Notary Typed or Printed



Commission Number and Expiration Date

VERIFICATION PURSUANT TO SECTION 92.525, FLORIDA STATUTES. UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING AND THAT THE FACTS STATED IN IT ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

[Signature]
Signature of Natural Person Signing Above

20800567



ELECTRICAL PERMIT APPLICATION

FOR BUILDING PERMIT # 10800749

OR PARCEL #

ESCROW ACCOUNT NUMBER

SERVICE FROM:

FPL

JEA

JAX BEACH

On this DATE OF FEB 15, 2008, under details given herein, this ELECTRIC PERMIT APPLICATION is made. All conduit, wiring, devices, apparatus, fixtures, equipment and workmanship will be fully in accordance with the adopted edition of the National Electric Code and all other County requirements.

OWNER GREG N DAVIS ADDRESS 1509 REEDY COURT

JOB ADDRESS 120 HOLLY BERRY LANE, SAINT JOHNS, FL. 32259

GENERAL CONTRACTOR GREG DAVIS OWNER/BUILDER

PURPOSE/TYPE OF PROJECT NEW HOME

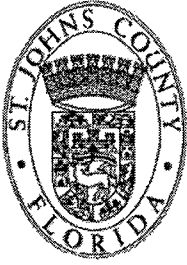
DIRECTIONS TO SITE

TEMPORARY POLE SERVICE (Check proper type to be installed)
(3.05) Overhead Supply to a Temporary Post Only, or
(4.03) Underground Supply to a Temporary Post Only, or
TUG Service (Requires a TUG Release Request & Early Power Agreement form completed)
PERMANENT ELECTRIC SERVICE: (provide all details to fully describe, please)
1. New Service of 200 Amps Single Phase Three Phase (See NOTICE Below)
2. Supply will be (check which one): Underground or Overhead
3. Service Change: Upgrade Amps; to Amps: Phase
4. Repair Service: Same amps Same Phase Dump Pole Amps
Or Describe

ELECTRICIAN'S NAME (print) GREG DAVIS TELEPHONE (904) 287-8484
SIGNATURE ADDRESS 1509 REEDY COURT
QUALIFYING BUSINESS NAME N/A OWNER/BUILDER
LICENSE: STATE CERTIFIED# COUNTY#

NOTICE

THIS PERMIT BECOMES NULL AND VOID IF WORK OR CONSTRUCTION AUTHORIZED IS NOT COMMENCED WITHIN 6 MONTHS, OR IF CONSTRUCTION OR WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 6 MONTHS AT ANY TIME AFTER WORK IS COMMENCED.
FBC 2004, 105.3.1.2.1, STATE MINIMUM BUILDING CODE REQUIRES P.E. DESIGN FOR 600 AMPS OR MORE (RESIDENTIAL) AND 800 AMPS AND ABOVE (COMMERCIAL) AND COSTS MORE THAN \$50,000.



ST. JOHNS COUNTY, FLORIDA

Board of County Commissioners

Stanley De Angelis, Building Official
Building Department
Licensing Division

4040 Lewis Speedway
St. Augustine, FL
32084

Telephone (904) 827-6820
Fax (904) 827-6847
conlicen@co.st-johns.fl.us

Date: October 10, 2007

To: Permitting Personnel

Re: **Greg Davis**

This is to advise that **Greg Davis** has taken **Test # 2** of the **Electrical Owner/Builder** examination in St. Johns County on **October 10, 2007**. He made a score of **100%** and may permit in St. Johns County. If you have any questions or need assistance please contact us at (904) 827-6820.

Sincerely,

A handwritten signature in cursive script, appearing to read "Nicole Riddle".

Nicole Riddle
Licensing Specialist

**** CLEARANCE SHEET IS VALID FOR 6 MONTHS FROM DATE OF ISSUANCE ****

**ST. JOHNS COUNTY DEVELOPMENT REVIEW
RESIDENTIAL CLEARANCE SHEET: 2005-001955*001
(SINGLE FAMILY)
printed 2/1/2008 8:11:44 AM AEK**

STATUS INFORMATION

Called 2/1

DEVSVC SIGN OFF 1/25/2008 10:46:41 AM
E911 SIGN OFF 1/25/2008 10:06:11 AM
ENVPLN SIGN OFF 1/31/2008 3:57:42 PM

LND SIGN OFF 1/31/2008 3:57:42 PM
LOT GRADING SIGN OFF 1/31/2008 3:57:42 PM
ZONING SIGN OFF 1/25/2008 10:46:42 AM

APPLICANT INFORMATION

APPLICANT: CHIP MITCHELL
ADDRESS : 2950 HOLLYON LANE # 604
CITY : JACKSONVILLE
PARCEL : 000381-0220
OWNER : REGIONAL LAND COMPANY LLC
LEGAL : 51/75-80 PORT ST JOHNS LOT 22

TELEPHONE: 993-2231
STATE : FL **ZIP:** 32223
SEC/TWP/RNG : 380527
TELEPHONE:

E911 INFORMATION

E911 ADDR: 120 HOLLY BERRY LN , SAINT JOHNS FL 32259

MAP SHEET : 2C38X

DEVELOPMENT SERVICES INFORMATION

CENSUS TRACT : 020800 **FEMA MAP PANEL:** 0134H **SITE WITHIN EXPOSURE C:** No **SITE SEAWARD CCCL:** No
FLOOD ZONE: X **SITE IN SFHA :** No **BFE :** **MIN FLR ENGR:** 27.20
RD OWNERSHIP : Private **LOT GRADING :** Both **NEED UTILITY LETTER:** Yes **OPEN PROTECTION:** No
SUBDIVISION : Port St. John **Lot/Block:** 22/

PLANNING AND ZONING INFORMATION

JC DISTRICT : No **PV DISTRICT :** No **OVERLAY :** No
ZONING CLASS : PUD **COMPLAN DES:** A **MAX HEIGHT:** 35
ROAD SEGMENT : 84 **PLANNING DIST :** 1 **TAZ :** 1234
LOT TYPE : Inter Front **SETBACK MEASURE TO :** WALL ✓ **A/C SETBACK :** 5
FRONT: 25 ✓ **SIDE :** 7.5 ✓ **REAR:** 25
SECOND FRONT: na **GARAGE REQ :** Y **FRONT ENTRY GARAGE:** na
MAX BLDG COVERAGE: 40 **ARC B/F PLAN :** No **ARC B/F CO :** No **ARC CAN WAVE :** No *

REMARKS AND HOLDS

Height of a building is the vertical distance from the lowest point of the established grade surrounding the perimeter of the building to the highest point of the roof or parapet.

- Property is zoned PUD.
- Front and Rear Setback is 25' measured to the farthest projection.
- Side Setback is 7.5' measured to the farthest projection.
- Maximum Height is 35'.
- Minimum Lot Area is 10,000 s.f.

- o Accessory Setback is 5'.
- o Maximum Building coverage is 40%. Maximum Lot coverage is 60%.
- o Two car Garage required.
- o Remark added 10/06/04. Lots 11-14 have an averaged 50-foot upland buffer within the platted property boundaries that is associated with the St. Johns River. Consult the plat for exact configuration.
- o ENGINEER ELEVATION CERTIFICATION
- o IMPACT FEE DUE \$9817.00
- o LANDSCAPE INSPECTION REQ
- o LOT GRADING INSP REQ PRIOR C/O

IMPACT FEES

APPLICANTS WITH VOUCHERS, CREDITS EXEMPTIONS, OR INDEPENDENT FEES SHOULD REVEAL IT AT CLEARANCE SHEET APPLICATION TO AVOID A DELAY IN RELEASE OF EARLY POWER AND/OR C.O. **NOTE THAT CLAIMS FOR EXEMPTIONS NOT SUBMITTED DURING THIS CLEARANCE SHEET PROCESS ARE WAIVED AND BARRED BY ORDINANCE.**

IMPACT FEE: \$9,817.00 - \$0.00 = \$9,817.00

I HEREBY ACKNOWLEDGE THAT THERE ARE IMPACT FEES APPLICABLE TO THIS PROJECT AND ARE TO BE PAID TO THE BUILDING DEPARTMENT PRIOR TO ELECTRICAL ENERGIZATION AS STIPULATED IN THE ORDINANCES. I ALSO CONFIRM THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

SIGNATURE

Alania Chung

DATE

2/5/8



ST. JOHNS COUNTY BUILDING DEPARTMENT
RESIDENTIAL SUFFICIENCY CHECK LIST

10800749

LOCATION: _____

CLEARANCE SHEET #: (R) 05-1955*/ ? Davis?

SITE ADDRESS 120 Holly Berry Ln. CONTRACTOR owner/builder CONTACT Marshall

PHONE 579-7133 EXT# _____ FAX NA EMAIL _____

PROJECT TYPE SIF MODEL NAME (IF APPLICABLE) N/A (Pre Approved or New)

DATE PLANS REC'D 2.5.08 By CM RESUBMITTED _____

NOTIFIED PENDING COMMENTS: _____ ESCROW ACCOUNT #: _____

Item	Rec'd By	N/A
Completed Clearance Sheet with Approved Site Plan	CM	
Completed Building Permit Application	CM	
Two (2) Sets of Building Plans	CM	
ARC Approval on Two (2) sets of Plans and Two (2) Site Plans (If Applicable)		
Two (2) Sets of Energy Sheet Forms and one (1) copy of signature page marked STATE	CM	
Two (2) sets Truss Engineering (one set must have raised seal)	CM	
Product Approval Form (must be signed)	CM	
Water / Sewer Availability Letter or Paid Water / Sewer Receipt	CM	
Septic Tank Permit / Environmental Health Department Approved Site Plan and Floor Plan	CM	
Well Permit		✓
Verification of Ownership: Property Appraiser / Deed / NAL	CM	
Contractor Verification: License / Workers Comp / Liability / QB License / \$30 Fee		✓
Signature for Impact Fee	CM	
Termite Bond Company: Termite Treatment Method: SLAB / WOOD / BAIT	CM	
DEP Permit (If Applicable)		
Notice of Commencement Note: A recorded copy must be received by the Building Department prior to first inspection		
Office Use Only		
Initial for Valuation Increase: YES		
Two (2) Copies of plans sent to Fire Marshall on all Townhouse Units		
Comments: * Need owner Builder affidavit *		

? need JEA - NOT JEA per chp

For Questions Regarding Comments Please Contact our Office at (904) 827-6800,- Fax: (904) 827-6849
When calling or faxing please reference the contractors name, job address and clearance sheet number.

FEB 5 2008

Plans Examiner
Revised 03/30/05 jlo

Date



AFFIDAVIT FROM "OWNER/BUILDER"

Seeking Building & Associated Permits in St. Johns County

CHAPTER 489, FLORIDA STATUTES, PART I/PART II "CONSTRUCTION CONTRACTING" REQUIRES

DISCLOSURE STATEMENT For Section 489.103 (7), 489.503 (6), Florida Statutes, 1999

State law requires construction to be done by license contractors. You have applied for a permit under an exemption to that law. The exemption allows you, as the owner of your property, to act as your own contractor with certain restrictions even though you do not have a license. You must provide direct, on-site supervision of the construction yourself. You may build or improve a one-family or two-family residence or a farm outbuilding. You may also build or improve a commercial building, provided your aggregate costs do not exceed \$25,000. The building or residence must be for your own use or occupancy. It may not be build or substantially improved for sale or lease. If you sell or lease a building you have built or substantially improved yourself within 1 year after construction is complete, the law will presume that you built or substantially improved it for sale or lease which is a violation of this exemption. You may not hire an unlicensed person to act as your contractor or to supervise people working on your building. You may not delegate the responsibility for supervising work to a licensed contractor who is not licensed to perform the work being done. It is your responsibility to make sure that people employed by you have licenses required by state law and by county or municipal licensing ordinances. Any person working on your building who is not licensed must work under your direct supervision and must be employed by you, which means that you must deduct F.I.C.A. and withholding tax and provide worker's compensation for that employee, all as prescribed by law. Your construction must comply with all applicable laws, ordinances, building codes, and zoning regulations.

The work must pass all required inspections. Owners may physically do work themselves. If you hire unlicensed workers, such workers are under "direct supervision of the owner, who must be on the job site at all times while work is in progress". Unlicensed contractors cannot be hired under any circumstances. Citations may be given if you hire an unlicensed contractor, and you may be subject to penalties up to \$5,000 (under Florida Statute #455.228 (1)). An "occupational license" is not adequate to make a person a contractor. You should physically see the pocket card of the County "Authorized License" or the Florida "Contractor's Certificate" to ascertain that a person you hire is a licensed contractor.

(Owner/Builder initials). All construction under Owner/Builder permit will be done by licensed contractors whom numbers will be posted on site.

After I successfully pass a written examination proving knowledge of Electrical, Plumbing or Mechanical code, I will:

Physically do all work personally, with only unpaid help.

Use unlicensed labor on my payroll (with proper tax forms filed and submitted, workers' compensation and insurance certificate), while under my full-time direct supervision.

I hereby acknowledge that I have read and understand all the above on this 15 day of FEB 2008

OWNER MUST PERSONALLY APPEAR AND SIGN
AFFIDAVIT IN THE BUILDING DEPARTMENT

Signature: Owner/ Builder

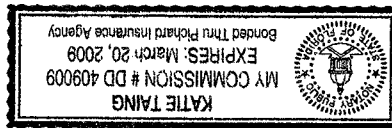
In St. Johns County, Florida:
The foregoing Instrument was
Acknowledge Before me on
Feb. 15 .2008

Known Personally _____ or Identification

Type of Identification FLDL

Katie Tain
Name of Notary, typed or print

Katie Tain
Signature of Notary



Note: Phrases underline above are emphasized by the Building Department



This form is for use in residential lots within platted subdivisions only.

For lots not in platted subdivisions, please complete an Availability request found at http://externalapps.jea.com/svcavail/avail_form.asp.

JEA is the service provider at the following address/location

JEA is not the service provider to the following address/location

Subdivision Port St. Johns Lot# 22 Block _____

Service Address/Location 120 Holly Berry Ln

Billing Address _____

Service Type (Please Check One)

~~Water Only Sewer Only Water & Sewer~~

Well Septic Tank Other

Please Note: JEA is the service provider for the location listed above. The property owner/builder is responsible for ensuring connection to JEA utilities are completed in accordance with applicable building and plumbing codes. All related capacity and/or meter fees are to be paid to JEA at the time service is requested at:

JEA PreService Water/Sewer Counter
21 W Church St CC-1
Jacksonville, FL 32202
Phone # (904) 665-5260
Fax # (904) 665-7017

Customer/Builder/Agent

J. Zupla
JEA Representative Signature

Date

2/8/08
Date

Signature

Signature

PREPARED BY, RECORD AND RETURN TO:

Christopher J. Hurst, Esquire
Christopher J. Hurst, P.A.
4540 Southside Boulevard, Suite 302
Jacksonville, Florida 32216

File #: H07-314

Parcel Identification Number:
000381-0220

COPY
SPECIAL WARRANTY DEED

THIS SPECIAL WARRANTY DEED made ~~this 23rd~~ day of ~~August, 2007~~, by Brylen Homes, Ltd., a Florida limited partnership, hereinafter called Grantor, whose post office address is 4745 Sutton Park Court Bldg 500 Ste 501, Jacksonville, Florida 32224, to Greg N. Davis and Susanne D. Davis, husband and wife, and Rex M. Davis and Frances L. Davis, husband and wife, hereinafter called Grantee, and whose post office address is 1509 Reedy Court, Jacksonville, Florida 32259.

(Wherever used herein the terms "grantor" and "grantee" include all the parties to this instrument and the heirs, legal representatives and assigns of individuals and the successors and assigns of corporations).

11/21/07
②

WITNESSETH:

COPY
THAT the Grantor, for and in consideration of the sum of Ten and No/100 Dollars (\$10.00) and other valuable considerations, in hand paid by the said Grantee, the receipt whereof is hereby acknowledged, hereby grants, bargains, sells, aliens, remises, releases, conveys and confirms unto the said Grantee the following described land situate, lying and being in the County of St. Johns, State of Florida, to-wit:

Lot 22, PORT ST. JOHN, according to the Plat thereof as recorded in Map Book 51, Pages 75, 76, 77, 78, 79 and 80, of the Public Records of St. Johns County, Florida.

Grantee's Federal ID #: _____

SUBJECT TO taxes accruing subsequent to December 31, 2006.

SUBJECT TO covenants, restrictions and easements of record, if any; however, this reference shall not operate to reimpose same.

TOGETHER with all the tenements, hereditaments and appurtenances thereunto belonging or in anywise appertaining

COPY

AND the Grantor hereby covenants with said Grantee that the Grantor is lawfully seized of said land in fee simple; that the Grantor has good right and lawful authority to sell and convey said land; that the Grantor hereby fully warrants the title to said land and will defend the same against the lawful claims of all persons claiming by, through or under Grantor, but against none other.

IN WITNESS WHEREOF, the said Grantor has set their hand and seal the day and year first above written.

Signed, sealed and delivered in our presence:

Martha A. Keedy
Witness #1 signature
MARTHA A. KEEDY
Witness #1 printed name

Nancy M. Johnson
Witness #2 signature
Nancy M. Johnson
Witness #2 printed name

Brylen Homes, Ltd., a Florida limited partnership

By: First Coast Development Group, Inc., a Florida corporation, its sole General Partner

By: *Beth Antzaklis*
Beth Antzaklis
Its Vice President

STATE OF FLORIDA
COUNTY OF DUVAL

The foregoing instrument was acknowledged before me this 23rd day of August, 2007, by **Beth Antzaklis**, as Vice President of First Coast Development Group, Inc., a Florida corporation, the sole General Partner of **Brylen Homes, Ltd.**, a Florida limited partnership, on behalf of the corporation and the partnership, who is personally known to me, has produced a valid driver's license or has produced _____ as identification.



Martha A. Keedy
MY COMMISSION # DD305835 EXPIRES
May 6, 2008
BONDED THRU TROY FARM INSURANCE, INC.

Martha A. Keedy
Notary Public
My Commission expires:
(Notarial Seal)

COPY