



Department of Economic and Development Services

Building Division

P.O. Box 1366, Green Cove Springs, FL 32043

Phone: (904) 284-6300

www.claycountygov.com



BUILDING PERMIT APPLICATION

Property Parcel #: 08-05-26-014266-001-00					
Flood Permit:		Septic Tank:			
Owner's Name: School Board of Clay County		Owner's Ph:			
Owner's Address: 900 Walnut St		City: GCS	State: FL Zip: 32043		
Owner's Email Address: info@carportsanywhere.com					
Fee Simple Titleholder's Name (if other than Owner's):			Ph:		
Fee Simple Titleholder's Address:		City:	State: Zip:		
Fee Simple Titleholder's Email Address:					
Contractor's Name: James Player		Contractor's Ph: 352-468-1116			
Contractor's Address: P.O. Box 776		City: Starke	State: FL Zip: 32091		
Contractor's Email Address: jbpermitsfl@gmail.com					
Bonding Company:		Bonding Co.'s Ph:			
Bonding Company's Address:		City:	State: Zip:		
Architect/Engineer's Name: Matthew T Baldwin		Arch/Eng.'s Ph:			
Architect/Engineer's Address: 1160 Private Rd		City: Deland	State: FL Zip: 32720		
Architect/Engineer's Email Address: permitting@carportsanywhere.com					
Mortgage Lender's Name:			Ph:		
Mortgage Lender's Address:		City:	State: Zip:		
Mortgage Lender's Email Address:					
Job Address: 2020 Thunderbolt		City: Fleming Island	State: FL Zip: 32003		
Location of Building	Legal Description: PT OF S5 & 8T5R26 AS REC O R 1769 PG 118				
	Directions to Property from Major Highway: See attached				
Zone:	FLUM:	Setbacks:			
		Front	Rear	L. Side	R. Side
C.T.		Zone Tech			

PLEASE SEE NEXT SHEET FOR CONTINUATION

Acting County Manager: Lorin L. Mock

District 1
Mike Cella

District 2
Wayne Bolla

District 3
Diane Hutchings

District 4
Gavin Rollins

District 5
Gayward F. Hendry

Heated/Cooled Sq. Ftg.	Total Sq. Ftg. Under Roof 750	Total Job Value 13341.04	Construction Type Metal
Description of Work: 25x30x10 steel bldg on new concrete no plumbing, no electric, no driveway		Additions & SFD # <u>1</u> STORIES <u>0</u> BED <u>0</u> BATH	

Application is hereby made to obtain a permit to do the 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 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, FURNACES, BOILERS, HEATERS, TANKS, and AIR CONDITIONERS, etc.

OWNER'S AFFIDAVIT: *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.*

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 Electronic Submission Statement: *Under the penalty or perjury, I declare that all information contained in this affidavit is true and correct.*

I hereby certify that I have read and examined this affidavit and know the same to be complete and correct.

Signature of Owner:

Date:

Signature of Contractor:

Date:

Sworn to and subscribed before me this _____ day of _____ A.D. 20 _____

Personally known _____ or produced identification.

Type of identification produced _____ and number (#): _____

Signature of Notary as to Owner

Date:

Signature of Notary as to Contractor

Date:

Contractor's State Certification or Registration Number: _____

Contractor's State Certificate of Competency Number: _____



DOH Agent Letter

I, School Board of Clay County, authorize the following person

Homeowner's Name
Amy Zike

Name of Agent

To apply for DOH Applications/Permits on my behalf.

Please submit this Signed form with your application.

Homeowner Name/Address: School Board of Clay County

900 Walnut St

Green Cove Springs, FL 32043

Homeowner's Original Signature: _____

Print Name: _____

NOTICE OF COMMENCEMENT

Permit Number _____ Tax Folio # 08-05-26-014266-001-00

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.

1. **DESCRIPTION OF PROPERTY:** 2020 Thunderbolt
(Legal description of the property and street address, if available).
PT OF S5 & 8T5R26 AS REC O R 1769 PG 118

2. **GENERAL DESCRIPTION OF IMPROVEMENT:**
25x30x10 steel bldg on new concrete
****NO ELECTRIC**NO PLUMBING**NO DRIVEWAY****

This space reserved for recording

3. **OWNER INFORMATION OR LESSEE INFORMATION IF THE LESSEE CONTRACTED FOR THE IMPROVEMENT:**
Name & Address: Clay County School Board 900 Walnut St, GCS FL 32043
Interest in Property: OWNER
Fee Simple Title Holder (if different from owner listed above): _____

4. **CONTRACTOR:** Name: JAMES PLAYER dba CARPORTS ANYWHERE Phone Number: 3524681116
Contractors Address: PO BOX 776, STARKE, FL. 32091

5. **SURETY (If applicable, a copy of the payment bond is attached):** Amount of bond: \$ _____
Name: _____ Phone Number: _____
Address: _____

6. **LENDER'S NAME:** _____ Phone Number: _____
Lender's address: _____

7. **Person's within the State of Florida Designated by Owner upon whom notice or other documents may be served as provided by Section 713.13(1)(a)7., Florida Statutes.**
Name: _____ Phone Number: _____
Address: _____

8. In addition, Owner designates _____ of _____ 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: _____

9. Expiration of notice commencement (the expiration date will be 1 year from date of recording unless a different date is specified. _____ 20, _____.

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 of Owner or Lessee, or Owner's or Lessee's Authorized Officer/Director/Partner/Manager)

(Print Name and Provide Signatory's Title/Office)

State of _____ County of _____

The foregoing instrument was acknowledged before me this _____ day of _____, 20____ by _____ for _____
(type of authority, ...e.g. officer, trustee, attorney in fact) (name of party on behalf of whom instrument was executed)

Personally Known or Produced Identification _____

(Signature of Notary Public – State of Florida)

SEAL



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ELECTRICAL PERMIT APPLICATION

Associated Building Permit Number:

[Empty box for Associated Building Permit Number]

Parcel Number:

08-05-26-014266-001-00

Owner's Name: School Board of Clay County		Owner's Phone:	
Project Address: 2070 Thunderbolt Rd, Fleming Island, FL 32003			
Owner's Address: 900 Walnut St		City: GCS	State: FL Zip: 32043
Contractor's Name: Clay County Board of County Comm, Building Maintenance Dept		Contractor's Phone:	
Contractor's Address: 1565 CR 315		City: GCS	State: FL Zip: 32043
Contractor's Email Address:			
Location of Building	Legal Description: PT OF S5 & 8T5R26 AS REC O R 1769 PG 118		
	Directions to Property from Major Highway: Fleming Island, Hwy 17, West on Village Square Pkwy, South on Town Center Blvd, West on Thunderbolt Road; behind Thunderbolt Elementary School		

CHARACTERISTICS OF PROPOSED ELECTRICAL WORK
All APPLICANTS ARE TO COMPLETE PARTS A, B, & C BELOW

<p>A. USE OF BUILDING</p> <p>RESIDENTIAL</p> <p>1. <input type="checkbox"/> One Family</p> <p>2. <input type="checkbox"/> Two or More Families Enter Number of Units: _____</p> <p>3. <input type="checkbox"/> Transient Hotel, Motel, Rooming House Enter Number of Units: _____</p> <p>4. <input type="checkbox"/> Mobile Home</p> <p>5. <input type="checkbox"/> Other Residential: _____</p>	<p>NON-RESIDENTIAL</p> <p>6. <input type="checkbox"/> Amusement, Recreational</p> <p>7. <input type="checkbox"/> Church, Other Religious</p> <p>8. <input type="checkbox"/> Industrial</p> <p>9. <input type="checkbox"/> Garage, Service Station</p> <p>10. <input type="checkbox"/> Office, Bank, Professional</p> <p>11. <input type="checkbox"/> School, Library, Educational</p> <p>12. <input type="checkbox"/> Store, Mercantile</p> <p>13. <input checked="" type="checkbox"/> Other: <u>Storage Shed</u></p>	<p>B. OWNERSHIP</p> <p>14. <input type="checkbox"/> Private (Individual, Corporation Nonprofit Institution, etc.)</p> <p>15. <input checked="" type="checkbox"/> Public (Federal, State or Local Government)</p> <p>C. NATURE OF WORK</p> <p>16. <input checked="" type="checkbox"/> New Building</p> <p>17. <input type="checkbox"/> Addition or Alteration</p> <p>18. <input type="checkbox"/> Rewire</p> <p>19. <input type="checkbox"/> New Service</p> <p>20. <input type="checkbox"/> Incr. Service</p> <p>21. <input type="checkbox"/> Repair</p> <p>22. <input type="checkbox"/> Sign</p>
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APPLICANT MUST FILL THE QUANTITY THAT APPLIES TO PERMIT			
RESIDENTIAL	QUANTITY	COMMERCIAL	QUANTITY
Amp. Service		Amp. Service	200amp
Central A/C or Electrical Heat		Temporary Pole	
Temporary Pole		Number of Lights	3
Additional Lights		Number of Receptacles	6
Additional Switches		Other Fixtures Requiring Electrical Connection	
Additional Receptacles		Number of Circuits above 30 amps	
Safety Inspection/Reconnect			
POWER AUTHORITY:	<input checked="" type="checkbox"/> Clay Electric	<input type="checkbox"/> GCS	<input type="checkbox"/> Florida Power & Light
		<input type="checkbox"/> JEA	<input type="checkbox"/> Other (i.e. Solar, Wind, etc.)
Additional Information:	Electrical Service: *New metal storage building *Wired in #12 EMT conduit, # 12 wiring *200amp main breaker 30space service panel 50 foot of UG service included. *Three 20amp outlet circuits *One lighting circuit *6- duplex outlets total *Two inside LED ceiling fixtures *One outside door light and switch *One outside wall pack over the manual roll-up doors on a photo cell		

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Owner's Electronic Submission Statement: Under the penalty or perjury, I declare that all information contained in this affidavit is true and correct.

I hereby certify that I have read and examined this affidavit and know the same to be complete and correct.

Signature of Applicant: **Date:**

Signature of Contractor **Date:**

Contractor's State Certification or Registration Number: _____

Contractor's State Certificate of Competency Number: _____