

# Clay County

## Building Permit # 11703151

Does not include Electrical, Mechanical, Plumbing

**\*\*NOTICE\*\*** Permits become null and void if work or construction authorized is not commenced within 180 days or if construction or work is suspended or abandoned for a period of 180 days at any time after work is commenced.

**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 RECORDING YOUR NOTICE OF COMMENCEMENT.**

**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.

Issue Date	Parcel #	Proposed Use	Valuation
6/8/2017	009452-000-00	435 61 SQ 4/12 pitch shingle re-roof	\$21,990.00
<b>Legal</b>			
LOT 2 BLK 2 LAKE ASBURY UNIT 3AS REC O R 1960 PG 389			
<b>Project Address</b>			
440 LAKE ASBURY DR, GREEN COVE SPRINGS FL 32043			
<b>Owner</b>			
BROWN TRACEY D & MILDRED 440 LAKE ASBURY DR GREEN COVE SPRINGS FL 32043			
<b>Contractor</b>			
BRIGGS, CLARK R JR 2485 GLOW WOOD COURT MIDDLEBURG FL 32068 CCC1328803 phone:904-742-6790 fax: CN00341 P			
<b>Information</b>			

Permit requires compliance with all codes and laws for the Type of Work above. ANY violations shall justify immediate revocation of this Permit. The Permit DOES NOT include Electric, Plumbing, Mechanical, Gas, Septic Systems or Wells. Contractor is required to obtain County approvals BEFORE placing any concrete, covering any framework or sheathing, applying any interior wall covering AND upon completion of the work. Any power release is also contingent upon approvals by Clay County Health Department and satisfaction of all Clearance Guidesheet conditions. It is unlawful to occupy this building before a Certificate of Occupancy has been issued under \$500/day and/or 60 days imprisonment penalty, and loss of future early power privileges.

Square Footage : 4498 Stories : 0  
Flood Zone :  
First Floor Elv : 0  
Permit Fee Paid : \$114.00



Parcel ID Number 38-05-25-009452-000-00

Owners Name Tracey & Mildred Brown

Address 440 Lake Asbury Dr Green Cove Springs Fl 32043

Phone Number 904-629-1141 Email

Contractor Name Kayco Roofing Phone Number 9043750798 Email kayco\_roofing@comcast.net

Address PO BOX 66385 Orange Park Fl 32065

Contractor Certification Number CCC1328803 Contractor Certificate of Competency #

Job Site Address (if different from owners)

Legal Description LOT 2 BLK 2 Lake Asbury Unit 3

Bonding Company Name Address

Architect / Engineer Name Address

Mortgage Co Name Address

Description of Work to be Performed Re-Roof Shingles 4/12 61sq

Job Value 21,990 Square Feet (Living Area) 3557 Gross Square Feet 4498

Construction Type [dropdown] The Applicant has One Year after approval of this permit in order to begin construction. If construction has not commenced this permit shall be voided.

Directions to Job Site

Owners / Contractors Acknowledgement

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. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT.

OWNER' ELECTRONIC SUBMISSION STATEMENT: Under the penalty of perjury, I declare that all the information contained in this building permit application is true and correct.

Mildred Brown Date 4/4/17 Signature Owner

[Signature] Date 6-8-17 Signature Contractor

Cynthia Tagliarini Notary as to Owner



Commission Expires 12-9-19

Cynthia Tagliarini Notary as to Contractor

Commission Expires 12-9-19

Contractor's State Certification/ Registration Number

Contractor's Certificate of Competency Number



# NOTICE OF COMMENCEMENT

(PREPARE IN DUPLICATE)

Permit No. \_\_\_\_\_ Tax Folio No. \_\_\_\_\_  
State of FL County of Clay

### To whom it may concern:

The undersigned hereby informs you that improvements will be made to certain real property, and in accordance with Section 713 of the Florida Statutes, the following information is stated in this NOTICE OF COMMENCEMENT.

Legal description of property being improved: LOT 2 BLK 2 Lake Asbury Unit 3

Address of property being improved: 440 Lake Asbury Dr Green Cove Springs FL 32043

General description of improvements: Re-Roof Shingles

Owner Tracey & Mildred Brown

Address 440 Lake Asbury Dr Green Cove Springs FL 32043

Owner's interest in site of the improvement \_\_\_\_\_

Fee Simple Titleholder (if other than owner) \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Contractor KayCo Roofing, LLC

Address PO Box 66385 Orange Park, FL 32065

Phone No. 904-742-6790 Fax No. \_\_\_\_\_

Surety (if any) \_\_\_\_\_

Address \_\_\_\_\_ Amount of bond \$ \_\_\_\_\_

Phone No. \_\_\_\_\_ Fax No. \_\_\_\_\_

Name and address of any person making a loan for the construction of the improvements.

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone No. \_\_\_\_\_ Fax No. \_\_\_\_\_

Name of person within the State of Florida, other than himself, designated by owner upon whom notices or other documents may be served:

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone No. \_\_\_\_\_ Fax No. \_\_\_\_\_

In addition to himself, owner designates the following person to receive a copy of the Lienor's Notice as provided in Section 713.06 (2) (b), Florida Statutes. (Fill in at Owner's option).

Name \_\_\_\_\_

Address \_\_\_\_\_

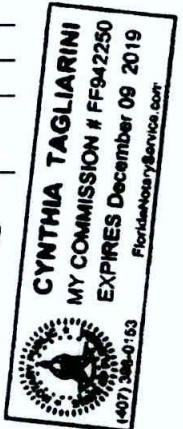
Phone No. \_\_\_\_\_ Fax No. \_\_\_\_\_

Expiration date of Notice of Commencement (the expiration date is one (1) year from the date of recording unless a different date is specified): \_\_\_\_\_

### THIS SPACE FOR RECORDER'S USE ONLY

OWNER  
Signed: Mildred Brown DATE 4/4/17  
Before me this 4 day of April in the  
County of Duval, State of Florida, has personally appeared  
Mildred Brown herein by  
himself/ herself and affirms that all statements and declarations herein  
are true and accurate

Cynthia Tagliarini  
Notary Public at Large, State of FL, County of Clay  
My commission expires: \_\_\_\_\_  
Personally Known \_\_\_\_\_ or  
Produced Identification N



CFN # 2017029293  
OR BK: 3981 PG: 1546 Pages 1 of 1  
Recorded: 6/8/2017 3:01 PM Doc: NC  
Tara S. Green, CLAY County Clerk, FL  
Rec: \$10.00  
Deputy Clerk HAMPSHIRET