

Clay County

Building Permit # 11802495

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
4/9/2018	014056-000-00	645 Demo SFD	\$13,500.00

Legal

LOT 26 CREIGHTON FOREST UNIT 2AS REC O R 158 PG 2, 1470 PG1861 & 1753 PG 1897

Project Address

901 CREIGHTON RD, FLEMING ISLAND FL 32003

Owner

OAKLEY BETTY J TRUSTEE /CP
PO BOX 6885 SEVIERVILLE TN 37864

Contractor

LARUE, LAWRENCE P
315 S VERMONT ST GREEN COVE SPRINGS FL 32043
CBC056852 phone:904-284-3317 fax: 2126 P

Information

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 : 2106 Stories : 0
Flood Zone : AE,X
First Floor Elv : 5
Permit Fee Paid : \$104.00

Clay County Building Division

Building Permit Application



Parcel ID Number 43-04-26-014056-000-00 Owners Name Betty J. Oakley

Address PO Box 6885 Sevierville, TN 37864

Phone Number (865)654-1169 Email _____

Contractor Name LaRue House Movers & Sons, Inc Phone Number 904-284-3317 Email laruehousemovers@bellsouth.net

Address 315 South Vermont Avenue Green Cove Springs, Fl 32043

Contractor Certification Number CBC 056852 Contractor Certificate of Competency # _____

Job Site Address (if different from owners) 901 Creighton Road Flemming Island, Fl 32003

Legal Description LOT26CREIGHTONFORESTUNIT2ASRECOR158PG2,1470PG1861&1753PG1897

Bonding Company Name _____ Address _____

Architect / Engineer Name _____ Address _____

Mortgage Co Name _____ Address _____

Description of Work to be Performed Demolition

Job Value 13,500 Square Feet (Living Area) _____ Gross Square Feet 2,106

Construction Type Brick Veneer **The Applicant has 180 days after approval of this permit in order to begin construction. If construction has not commenced this permit shall be voided.**

Directions to Job Site (N)Highway 17 (L) Creighton Road follow to dead end.

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.

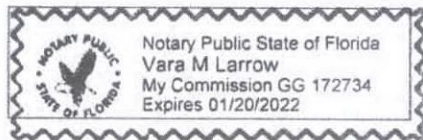
OWNER'S ELECTRONIC SUBMISSION STATEMENT: Under the penalty of perjury, I declare that all the information contained in this building permit application is true and correct.

X Betty J. Oakley Date 4-9-2018
Signature Owner

Lawrence P. Rhine Date 04-09-18
Signature License Holder

Vara M Larrow
Notary as to Owner

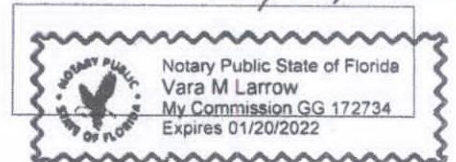
Commission Expires 01/20/2022



Vara M Larrow
Notary as to Contractor
Commission Expires 01/20/2022

Contractor's State Certification/ Registration Number _____

Contractor's Certificate of Competency Number _____



CLAY COUNTY DEVELOPMENT REVIEW

RESIDENTIAL CLEARANCE SHEET: R2018-000876

** In-Complete **

(DEMO HOME)

** Draft Copy **

APPLICANT INFORMATION

Applicant LARUE, LAWRENCE P Address 315 S VERMONT ST City / State / Zip GREEN COVE SPRINGS, FL 32043 Telephone 904-284-3317	Owner OAKLEY BETTY J TRUSTEE /CP Address PO BOX 6885 City / State / Zip SEVIERVILLE, TN 378646885 Telephone
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SITE INFORMATION

Site Address Parcel # 014056-000-00 Legal LOT 26 CREIGHTON FOREST UNIT 2AS REC O R 158 PG 2, 1470 PG1861 & 1753 PG 1897	City / Zip FLEMING ISLAND 32003
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DEVELOPMENT SERVICES INFORMATION

Census Tract 030703 Min Floor Elev NA Rd Ownership N/A Hlth Dept Rvw Req No Landscape Subdivision CREIGHTON FOREST UNIT 2	Driveway Fee Rqd. No DOT Permit Req No	
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Flood Zone	CLOMR	Map	Elev	SFHA
AE	No	0089	5	Yes
X	No	0089	NA	No

PLANNING AND ZONING INFORMATION

Planning Dist F Zoning Class RB Road Segment	Comp Plan Desc RF Setback Measured To NA Front NA Left Side\Right Side NA NA Garage Required No Max Bldg Coverage Max Lot Coverage	OverLay No Max Height NA Rear NA Traffic Analysis Zone 123
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REMARKS AND HOLDS

IMPACT FEES

Residential building permits for a home, mobile home or multi-family dwelling will be assessed school impact fees. These fees must be paid prior to permit issuance.

Applicants with vouchers, credits or exemptions for impact fees should reveal it at clearance sheet application and be prepared to submit the actual voucher, credit or exemption to the Building Department with the building plans to avoid a delay in permit issuance.

****To be completed by staff**** Impact fee voucher, credit or exemption applies to this permit YES NO

PERMIT NUMBER _____

NOTICE OF COMMENCEMENT FLORIDA STATUTE 713.13

STATE OF FLORIDA
COUNTY OF CLAY

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 the Notice of Commencement.

1. Description of property: (legal description of the property, and street address if available).
LOT26CREIGHTONFORESTUNIT2ASRECOR158PG2,1470PG186171753PG1897 (901 Creighton Road)
2. General description of improvement: Demolition
3. Owner Information:
 - a. Name and address: Betty J. Oakley
PO Box 6885 Sevierville, TN 37864
 - b. Interest in property: Owner
 - c. Name and address of fee simple titleholder (if other than owner):

4. Contractor (Name and address): LaRue House Movers & Sons, Inc / Lawrence P. LaRue
315 South Vermont Avenue Green Cove Springs, FL 32043
 - a. Phone number: (904)284-3317
 - b. Fax number: (904)284-8644
5. Surety:
 - a. Name and address: _____
 - b. Phone number: _____
 - d. Amount of bond: \$ _____
6. Lender: (Name and Address) _____
 - a. Phone number: _____
7. Persons within the State of Florida _____ upon whom notices or other documents may be served as provided in Section 713.13(1)(a) 7., Florida Statutes: (name and address)

- a. Phone number: _____ b. Fax number: _____
8. In addition to himself, Owner designates _____ of _____ to receive a copy of the Lienor's Notice as provided in Section 713.13(1)(b), Florida Statutes.
9. Expiration date of notice of commencement (the expiration date is one (1) year from the date of recording unless a different date is specified) _____

Betty J. Oakley
 Signature of Owner
Betty J. Oakley
 Print Name

Sworn to (or affirmed) and subscribed before me this 9 day of 4, 2018, by Betty J. Oakley
 (Name of person making statement).

Seal: 

Vara M. Larrow
 Signature of Notary - State of Florida

Personally Known OR Produced Identification/Type _____