



**Marion County  
Board of County Commissioners**

**Building Safety**

2710 E. Silver Springs Blvd.  
Ocala, FL 34470  
Phone: 352-438-2400

**PERMIT #** 2025110129

Date 11-3-25 Code FBC 8th ED  
 ARN 11013108 Rep ABARS  Residential  Commercial

Parcel ID 45568-000-00 Project # / Related Permit / Code Case \_\_\_\_\_

Project Address 10410 SE 138 Pl. Rd. Summerfield, FL 34491

Lot 11 Blk 17 Unit 23 meets Bounds .52 Acres  
 Subdivision / MH Park

Property Owner Bill & Betty Reed (Mealy W. Reed Jr. + Betty Jo Reed)

Address 10410 SE 138 Pl. Rd. Summerfield, FL 34491

Phone 352-427-7794 E-mail: bbjr7@aol.com

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Accessory Structure      | <input type="checkbox"/> Electric                | <input type="checkbox"/> Residential (Add. / Alt.)      |
| <input type="checkbox"/> Aluminum                 | <input type="checkbox"/> Fence / Wall            | <input type="checkbox"/> Re-Roof                        |
| <input type="checkbox"/> Above Ground Pool        | <input type="checkbox"/> Exterior Door / Window  | <input type="checkbox"/> Solar                          |
| <input type="checkbox"/> Commercial (New)         | <input type="checkbox"/> Fire                    | <input checked="" type="checkbox"/> Swimming Pool / Spa |
| <input type="checkbox"/> Commercial (Add. / Alt.) | <input type="checkbox"/> Mechanical / Gas / HVAC | <input type="checkbox"/> Tent / Temp Use                |
| <input type="checkbox"/> Concrete                 | <input type="checkbox"/> Mobile Home             | <input type="checkbox"/> Waterfront Structure           |
| <input type="checkbox"/> Demolition               | <input type="checkbox"/> Plumbing                | <input type="checkbox"/> Window / Exterior Door         |
| <input type="checkbox"/> DCA - Modular Building   | <input type="checkbox"/> Residential (New)       | <input type="checkbox"/> Other: _____                   |

Description of Work inground concrete Swimming pool Cost of Construction \$ 50,000.00

Product Approval Numbers \_\_\_\_\_

Was This Building Damaged by Fire, Flood, or Other?  Yes  No Damage Assessment Report # \_\_\_\_\_

**BUILDING:** New sqft \_\_\_\_\_ Added sqft \_\_\_\_\_ Alteration/Renovation sqft \_\_\_\_\_ Temp Power Pole?  Yes  No

Stories \_\_\_\_\_ Bedrooms \_\_\_\_\_ Bathrooms \_\_\_\_\_ Under A/C \_\_\_\_\_ sqft No A/C \_\_\_\_\_ sqft

Water:  Existing Well  New Well  Replacement Well  Central Water Irrigation:  Yes  No  Existing

**CONTRACTOR'S Business Name** Exstream Pools LLC

Contractor's Name Kenneth Yawn State Lic RP252554776 County Cert 4539

Address 6707 Cherry Rd. Ocala, FL 34472

Contact Phone 352-512-7810 E-mail Kennybuck213@yahoo.com

SUBCONTRACTORS: Qualifier Name	County Cert #	State License #	E-mail
MECHANICAL			
ELECTRIC	<u>10483</u>	<u>ES1200-1358</u>	<u>TransElectric@aol.com</u>
PLUMBING			
GAS			
ROOFING			
IRRIGATION			
OTHER			

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www.marioncountyfl.org

PLEASE SIGN BELOW

Application is hereby made to obtain a permit to do the work and installations as indicated. All work will be performed in accordance with the standards of all laws and ordinances regulating construction in Marion County, Florida, whether specified herein or not. I understand that subcontractors may be required to perform certain work under this permit. I further certify that I have read and examined this application and know the same to be correct, that all work shall be in compliance with all applicable laws regulating construction and zoning, and that the building permit may be revoked in the case of a false statement or misrepresentation in the application and/or plans on which the permit was approved.

It shall also be agreed that the owner has been advised of and understands the applicability of the Construction Lien Law (FSS 713.135) and that Impact Fees shall be determined with the application for a building permit and shall be due before Final Inspection. Permit Fees shall be payable at issuance of a building permit.

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 Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Date: \_\_\_\_\_

Contractor's Signature \_\_\_\_\_

Print Name \_\_\_\_\_

OR

Authorized Agent's Signature [Signature]

Print Name Kenneth Yawn

Date: 11-3-25

STATE OF FLORIDA, COUNTY OF MARION

Sworn to (or affirmed) and subscribed before me by means of  physical presence or  online notarization,

this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

By \_\_\_\_\_

Personally Known or  Produced Identification

ID: \_\_\_\_\_

Notary Signature: \_\_\_\_\_

Notary Stamp:

STATE OF FLORIDA, COUNTY OF MARION

Sworn to (or affirmed) and subscribed before me by means of  physical presence or  online notarization, this 3rd day of November 2025

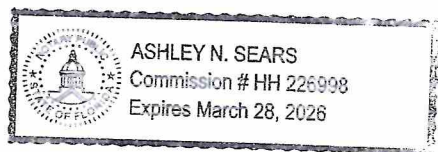
By Kenneth Yawn

Personally Known or  Produced Identification

ID: FL DL exp. 6-29-32

Notary Signature: [Signature]

Notary Stamp:



Pursuant to Florida Statute 713.135(7) all signatures must be notarized



**Marion County  
Board of County Commissioners**

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Phone: 352-438-2400

**Construction Lien Law Affidavit**

I/We will make all necessary attempts to provide a copy of the Construction Lien Law, Florida Statute Chapter 713, to the property owners(s) of the real property to which improvements are to be constructed.

Parcel ID: 45568-000-00

Project Address 10410 SE 138 PL. Rd. Summerfield, FL 34491

<u>    </u>	<u>    </u>	<u>    </u>	<u>11</u>	<u>17</u>	<u>23</u>	<u>Meets &amp; Bounds</u>	<u>52 acre</u>
Lot	Blk	Unit	Sec	Twp	Rge	Subdivision / MH Park	

Property Owner Bill & Betty Reed

Form shall be signed by only ONE of the following individuals:

Owner's Signature: \_\_\_\_\_

Contractor's Signature: Kenneth Yawn

Print Name: \_\_\_\_\_

Print Name: Kenneth Yawn

DATE: \_\_\_\_\_

DATE: 10/20/25

or

Authorized Agent's Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

DATE: \_\_\_\_\_



**Marion County  
Board of County Commissioners**

Building Safety - Permitting

2710 E. Silver Springs Blvd.  
Ocala, FL 34470  
Phone: 352-438-2400  
buildingpermits@marionfl.org

**RESIDENTIAL SWIMMING POOL, SPA AND HOT TUB  
SAFETY ACT REQUIREMENTS**

Permit Number \_\_\_\_\_

Location 10410 SE 38 PL. Rd. Summerfield, FL 34491

I, Kenneth Yawn, License # St. RP252554776

Hereby affirm that (1) ~~one~~<sup>two</sup> of the following methods will be used to meet the requirements of Chapter 515 of the Florida Statutes as well as FBC 454 and FBCR Ch.45.

The Pool will be isolated from access to the home by enclosures that meet the barrier requirements of Florida Statute 515.29, FBC 454 and FBCR Ch. 45;

The pool will be equipped with an approved cover that complies with ASTM F1346-91(Standard Performance Specifications for Safety covers for Swimming Pools Spas and Hot Tubs);  
Note: Safety covers do NOT meet barrier requirements for Commercial Pools, Spas and Hot tubs Per FBC 454.1.3.1.9

All doors and windows providing direct access from the house to the pool will be equipped with an exit alarm that has a delay for no more than 15 seconds and meets the sound pressure of 85 decibels at 10 feet;

All doors providing direct access from the home to the pool or surrounding area to pool will be Equipped with a self-closing, self-latching device with a release mechanism placed no lower than 54" above the floor or deck;

I understand that not having one of the above installed at the time of final inspection will constitute a violation of Chapter 515 of the Florida Statute as well as FBC 454 and FBCR Ch. 45 And will be considered as committing a misdemeanor of the Second Degree, Punishable as provided in SECTION 775.082 or SECTION 775.083 of the Florida Statute.

Kenneth Yawn  
Contractor Signature

\_\_\_\_\_  
Owner's Signature

Kenneth Yawn  
Contractors Name (Please Print)

\_\_\_\_\_  
Owner's Name (Please Print)

PLAN11- REV 2-8-22 ADA

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'Site Plan'

'Front'

West Side Property Line

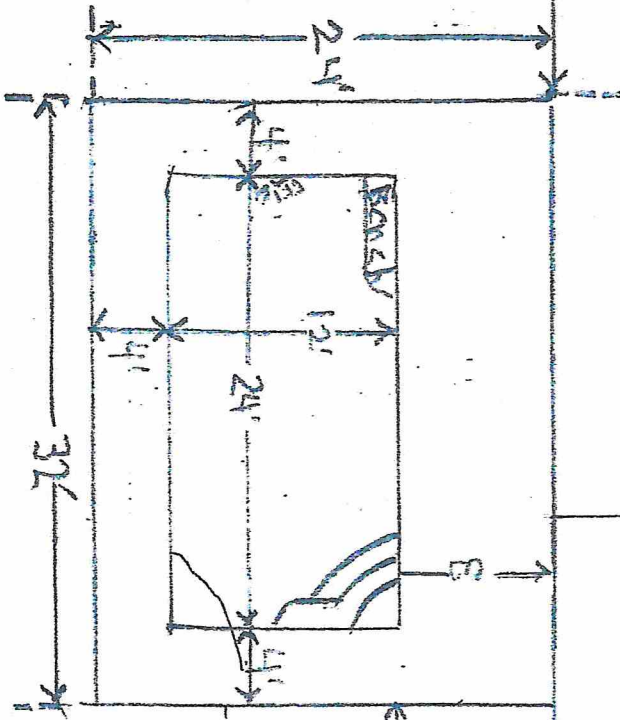
East Side Property Line

37'3"

8'

To Lake (Rear of Property)

100'



Home of Bill & Betty Reed,  
 10410 SE 138th Rd,  
 Summerfield, FL 34991  
 352-427-7744

OPEN PORCH

5' x 28' PATIO EXISTING

Pool - 12' x 24'  
 Surface - 288'  
 Perimeter - 72 L.Ft  
 Patio - 5' x 28'  
 Depth - 3' 1/2" x 5'  
 1 Bench in Deep End  
 3 steps w/ Bench



KENNETH YAWN

RP 25254776

6707 CHERRY ROAD  
 OCALA, FL 34472

PHONE: 352-572-7810  
 352-857-2387  
 FAX: 352-236-4324



Marion County Board of County Commissioners

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GREGORY C HARRELL CLERK & COMPTROLLER MARION CO DATE: 10/21/2025 02:36:33 PM FILE #: 2025140564 OR BK 8741 PGS 1622-1623 REC FEES: \$18.50 INDEX FEES: \$0.00 DDS: \$0 MDS: \$0 INT: \$0

Notice of Commencement

Permit no.: \_\_\_\_\_ Tax folio/Parcel ID: 45568-000-00

The undersigned hereby gives notice that improvement will be made to certain real property, and in accordance with Florida Statutes (FS) chapter 713, the following information is provided in this notice of commencement.

- 1. Description of property should include the full legal description of property and street address, if available: SEC 11 TWP 17 Rge 23 10410 SE 138 PL Rd. Summerfield, FL 34491
2. General description of improvement: inground concrete swimming pool
3. Owner or lessee information, if lessee is contracted for the improvement:
a. Name and address: Mary W. Reed Jr & Betty Jo Reed 10410 SE 138 Pl. Rd. Summerfield, FL 34491
b. Interest in property: Fee Simple
c. Name and address of fee simple titleholder (if different from owner listed above):
4. Contractor / Qualifier: Kenneth Yavin
a. Name and address: Exstream Pools LLC 6707 Cherry Rd. Ocala, FL 34472
b. Contractor phone number: 352-572-7810
5. Surety name, address, and phone number (if applicable, attach copy payment bond):
5c. Amount of bond: \$ N/A
6. Lender name, address and phone number: N/A
7. Persons within the state of Florida as designated by owner upon whom notices or other documents may be served as provided by FS section 713.13(1)(a),.7 (provide name, mailing address and phone number of designated person):
8. In addition to himself or herself, owner designates N/A of N/A to receive a copy of the Lienor's Notice as provided in Section FS section 713.13(1)(b). Phone number of person entity designated by owner: N/A
9. Notice of commencement expiration date (the expiration date will be 1 year from the date of recording unless a different date is specified):

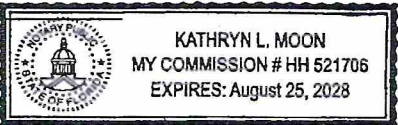
WARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713.13, FLORIDA STATUTES, AND CAN RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.

Signature of owner or trustee, or owners or lessee authorized officer / director / partner / manager: [Signature] Date: Oct 20, 2025

STATE OF FLORIDA, County of Marion The foregoing instrument was acknowledged before me by means of [Signature] day of October 20 25

Name of party/corporation/company for whom instrument was executed: [Signature] Authority / representative type: officer, trustee or attorney-in-fact

Personally known or Produced identification PMT 5 - Rev. 9-20-22 ADA



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R426-667-04-000-0

COM S 47-20 E 1335.65 FT & S 42-40 W 100 FT  
 FROM NW COR LOT 3 CARNEYS SUB TH S 42-40 W  
 100 FT TH S 47-20 E TO WATERS OF LAKE WEIR TH  
 NELY ALONG LAKE TO PT S 47-20 E OF POB TH  
 N 47-20 W TO POB &  
 20 FT STRIP DESC AS:  
 BEG AT PT S 47-20 E 1335.65 AND S 42-40 W 200 FT  
 FROM NW COR LOT 3 CARNEYS SUB  
 TH S 42-40 W 20 FT TH S 47-20 E TO WATERS OF LK WEIR  
 TH NELY ALG WATERS TO PT THAT IS S 47-20 E FROM POB  
 TH N 47-20 W TO POB



Certified A True Copy  
 of \_\_\_\_\_ page document  
 this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_  
 GREGORY C. HARREL  
 Clerk of Court and Comptroller  
 By \_\_\_\_\_ D.C.

Land Data - Warning: Verify Zoning

Use	CUse	Front	Depth	Zoning	Units	Type	Rate	Loc	Shp	Phy	Class	Value	Just Value
0130		120.0	190.0	R1	120.00	FF							
Neighborhood 8093 - LAKE WEIR - LITTLE LAKE WEIR													
Mkt: 10 70													

Traverse

**Building 1 of 1**

RES01=L12D1L41U23R15D4R9U16R15D10R7U10R11D28L4D6.  
 UEP02=D13L12U13R12.L12D1  
 DCK03=L27D12R27U12.L27  
 UEP04=L14D12R14U12.L14U23R15D4R9U7L0,05  
 UOP05=L4,7A340|9,8L3,9U20R12D29.L7U11L5U4  
 FST06=L6U10R6D10.L10  
 FST07=U8L22D8R22.U8