



Marion County  
Board of County Commissioners

Building Safety ♦ Permitting

2710 E. Silver Springs Blvd.  
Ocala, FL 34470  
Phone: 352-438-2400  
Fax: 352-438-2401

**BUILDING PERMIT APPLICATION**

Permit number: <u>2617650134</u>	Project number: _____	Official use
ARN number: <u>97132</u>	Date: <u>5/2/17</u> Rep: <u>Dm</u> Code: FBC <u>5th ed</u>	

Parcel number: 3120-001-008

Project address: 1770 SE 40th St Rd Sec: 33 Twp: 15 Rge: 22

Subdivision: Citrus Park Lot: 8 Block: A Unit: \_\_\_\_\_

Property owner of record: Moraine Melina F Trust; C/O Jakthan properties mngmnt dvn Daytime phone: \_\_\_\_\_

Property owner address: 3510 NE 14th St

City: Ocala State: FL Zip: 34470 Owner email address: \_\_\_\_\_

Directions to project address: Start out going NE on E Silver Springs Blvd. Make U-Turn onto E Silver Springs Blvd. Turn Left onto SE 25th Ave. Turn Right onto SE Maricamp. Take 3rd left onto SE 18th Ave. SE 18th Ave becomes SE 19th Ave. Turn Right onto SE 38th St. Take 1st left onto SE 17th Ct. Take the 2nd Left onto SE 40th St Rd. Destination is on the right.

Contractor business name: H&R Construction Daytime phone: 352-390-8020

License holder's name: Charles Hough Fax: 352-509-3150

State license: CGC1508794 County certificate: 10010

Contractor address: 520 SW 10th Place Ste 102 City: Ocala State: FL

Zip: 34471 Contractor Email Address: scott.hrconstruction@yahoo.com

Architect name, address: \_\_\_\_\_ email: \_\_\_\_\_

Engineer name, address: \_\_\_\_\_ email: \_\_\_\_\_

Mortgage/Bonding company name, address: \_\_\_\_\_ email: \_\_\_\_\_

Contact person: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email address permit status notification: \_\_\_\_\_

Square feet under roof of this project: _____	Estimated Value: <u>\$2,200</u>
Detailed description of proposed work: <u>Well to remain septic to be abandoned</u>	

**Subcontractor list**

Print qualifier name	County certificate number	State license number	Signature or email
MECHANICAL: _____	#	#	_____
ELECTRIC: _____	#	#	_____
PLUMBING: _____	#	#	_____
GAS: _____	#	#	_____
ROOFING: _____	#	#	_____
IRRIGATION: _____	#	#	_____
OTHER: _____	#	#	_____

Rev. 2/15

"Meeting Needs by Exceeding Expectations"

www.marioncountyfl.org

BUILDING PERMIT APPLICATION

Power: Temporary pole: [ ] Yes [ ] No Upgrade from \_\_\_\_\_ Amp to \_\_\_\_\_ Amp
Manufactured home information: Size home: (L) \_\_\_\_\_ (W) \_\_\_\_\_ [ ] New [ ] Used
Wind zone: [ ] #1 [ ] #2 [ ] #3 Location of wind zone data plate: \_\_\_\_\_
Well and pump information: Well: [ ] New install [ ] Replacement [ ] Central water
Irrigation: Location of backflow \_\_\_\_\_ Rain sensor: \_\_\_\_\_
Timer: \_\_\_\_\_ Number of heads: \_\_\_\_\_
Demolition information: Type of building: RES \_\_\_\_\_ Slab remain: Yes [ ] No [ ]

NOTICE

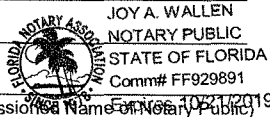
Application is hereby made to obtain a permit to do the work and installations as indicated. I certify that no work has been commenced prior to the issuance of a permit and that all work will be performed to meet the standards of all laws regulating construction in this jurisdiction. I understand that a separate permit may be required for ELECTRICAL, PLUMBING, SIGNS, IRRIGATION WELLS, POOLS, FURNACES, BOILERS, HEATERS, TANKS and AIR CONDITIONERS, etc.

Owner's electronic submission statement: Under penalty of perjury, I declare that all the information contained in this building permit application is true and correct.

Owner's affidavit: I certify that 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 AT THE MARION COUNTY CLERK OF THE COURT AND A CERTIFIED COPY FILED AT THE BUILDING DEPARTMENT BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT.

OWNER'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_ and/or \_\_\_\_\_ 5/2/17
CONTRACTOR'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_
STATE OF \_\_\_\_\_ STATE OF FL
County of \_\_\_\_\_ County of Marion
Sworn to (or affirmed) and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_ this 2 day of May 20 17
By \_\_\_\_\_ By Scott Homan
Notary public \_\_\_\_\_ Notary public \_\_\_\_\_
(Print, Type, or Stamp Commissioned Name of Notary Public) (Print, Type, or Stamp Commissioned Name of Notary Public)
Personally known \_\_\_\_\_ or Produced Identification Personally known \_\_\_\_\_ or Produced Identification



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

911 - Management
Arn #: \_\_\_\_\_ Work type: \_\_\_\_\_ By: \_\_\_\_\_ Date: \_\_\_\_\_
Address: \_\_\_\_\_ MMV: \_\_\_\_\_
Community: \_\_\_\_\_ Letter type (R/C/V/T): \_\_\_\_\_
Official use



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**Construction Lien Law Affidavit**

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

Property owner(s) name(s): Moraine Melina F Trust; C/O Jakthan properties mngmnt dvn

Property address: 1770 SE 40th St Rd

Parcel number: 3120-001-008 Sec: 33 Twp: 15 Rge: 22

Subdivision: Citrus Park

Lot: 8 Block: A Unit: \_\_\_\_\_

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

Moraine Melina F Trust; C/O Jakthan properties mngmnt dvn

Printed name of owner \_\_\_\_\_ Signature of owner \_\_\_\_\_ Date \_\_\_\_\_

Scott Henn \_\_\_\_\_ Scott Henn \_\_\_\_\_ 5/2/17 \_\_\_\_\_  
Printed name of contractor Signature of contractor Date

Scott Henn \_\_\_\_\_ Scott Henn \_\_\_\_\_ 5/2/17 \_\_\_\_\_  
Printed name of owner/ Signature of authorized agent Date

Contractor's authorized agent

PMT 3 Rev. 7/15

*"Meeting Needs by Exceeding Expectations"*

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