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: 26170501 34 Project number: _____
ARN number: 97132 Date: 5/2/17 Rep: DM Code: FBC 5th ed
Official use

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: $2,200
Detailed description of proposed work: Well to remain & septic to be abandoned

Subcontractor list

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

Rev. 2/15

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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.

_____ and/or Scott Homan 5/2/17
OWNER'S SIGNATURE **DATE** **CONTRACTOR'S SIGNATURE** **DATE**

STATE OF _____
County of _____

Sworn to (or affirmed) and subscribed before me
this _____ day of _____ 20_____
By _____

_____
Notary public

_____
(Print, Type, or Stamp Commissioned Name of Notary Public)

Personally known _____ or Produced Identification

_____

STATE OF FL
County of MARION

Sworn to (or affirmed) and subscribed before me
this 2 day of May 20 17
By Scott Homan

_____
Notary public

JOY A. WALLEN
NOTARY PUBLIC
STATE OF FLORIDA
Comm# FF929891
Expires 10/27/2019

Joy A. Wallen
(Print, Type, or Stamp Commissioned Name of Notary Public)

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:) _____

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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 Printed name of contractor	Scott Henn Signature of contractor	5/2/17 Date
Scott Henn Printed name of owner/ Contractor's authorized agent	Scott Henn Signature of authorized agent	5/2/17 Date

PMT 3 Rev. 7/15