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 ☑ Residential ☐ Commercial
ARN 1613608 Rep ABBMS

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

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

Lot	Blk	Unit	Sec	Twp	Rge	Subdivision / MH Park
			11	17	23	Metes & Bounds .52 Acres

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

- ☐ Accessory Structure
- ☐ Aluminum
- ☐ Above Ground Pool
- ☐ Commercial (New)
- ☐ Commercial (Add. / Alt.)
- ☐ Concrete
- ☐ Demolition
- ☐ DCA - Modular Building
- ☐ Electric
- ☐ Fence / Wall
- ☐ Exterior Door / Window
- ☐ Fire
- ☐ Mechanical / Gas / HVAC
- ☐ Mobile Home
- ☐ Plumbing
- ☐ Residential (New)
- ☐ Residential (Add. / Alt.)
- ☐ Re- Roof
- ☐ Solar
- ☑ Swimming Pool / Spa
- ☐ Tent / Temp Use
- ☐ Waterfront Structure
- ☐ Window /Exterior Door
- ☐ 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 RP2525547 76 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	Tim Bowman	10483	ES1200-1358	Transelectric@aol.com
PLUMBING				
GAS				
ROOFING				
IRRIGATION				
OTHER				

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: _____

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:

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 3rd day of November 20 25

By Kenneth Yawn

☐Personally Known or ☒Produced Identification

ID: FL DL exp. 6-29-32

Notary Signature: [signature]

Notary Stamp:

ASHLEY N. SEARS
Commission # HH 226998
Expires March 28, 2026

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

Marion County
Board of County Commissioners
Building Safety
2710 E. Silver Springs Blvd.
Ocala, FL 34470
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

Lot	Blk	Unit	Sec	Twp	Rge	Subdivision / MH Park
			11	17	23	Meets & Bounds .52 acre

Property Owner Bill & Betty Reed

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

Owner's Signature: _____

Print Name: _____

DATE: _____

Contractor's Signature: Kenneth Yawn

Print Name: Kenneth Yawn

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. RP2525477G

Hereby affirm that (2) ~~one~~ two 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.

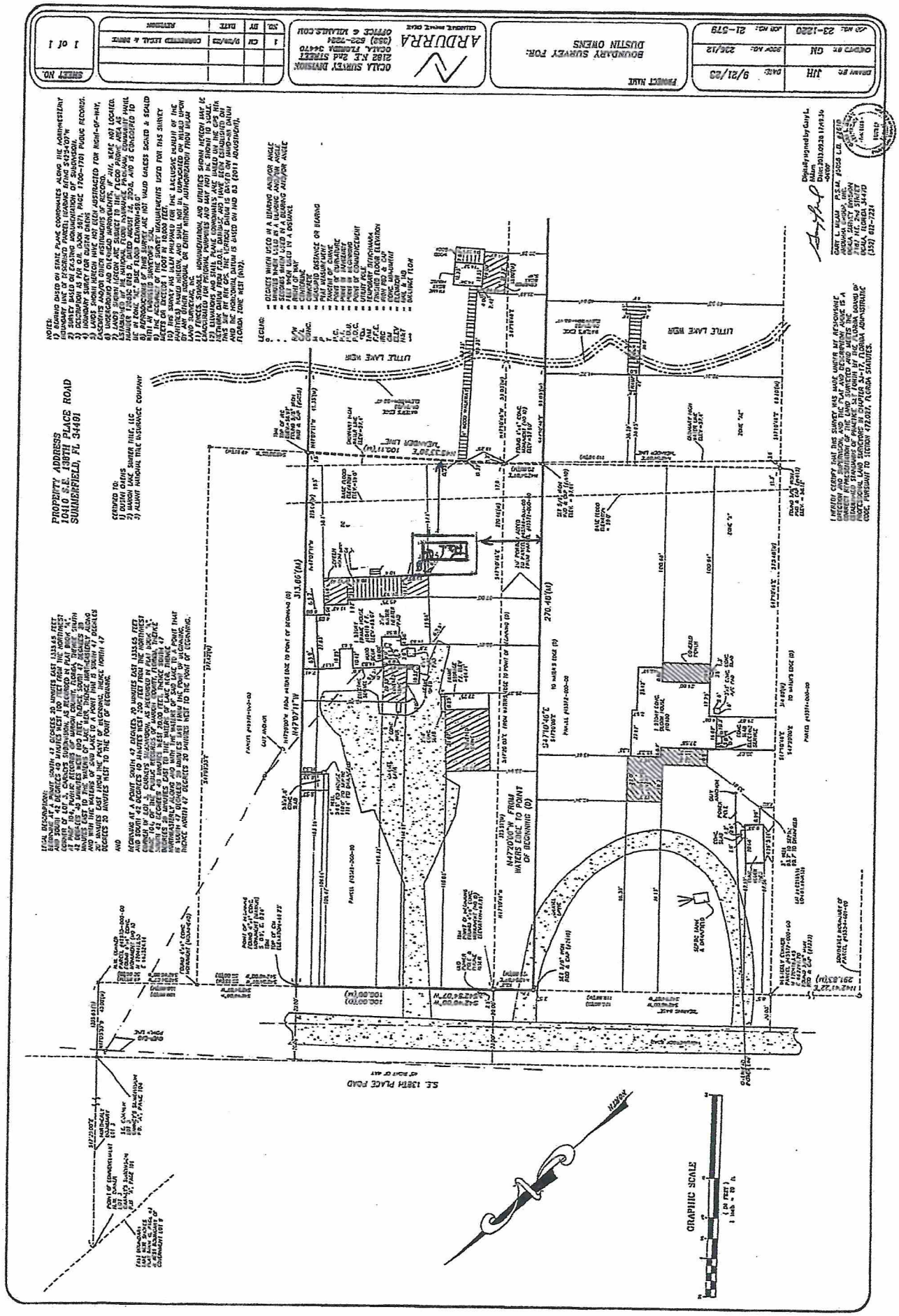
Kenneth Yawn
Contractor Signature

_____
Owner's Signature

Kenneth Yawn
Contractors Name (Please Print)

_____
Owner's Name (Please Print)

PLAN11– REV 2-8-22 ADA


BOUNDARY SURVEY FOR:
DUSTIN OWENS
PROJECT NAME
ARDURRA
OCALA SURVEY DIVISION
2182 N.E. 2nd STREET
OCALA, FLORIDA 34470
(352) 622-7234
OFFICE & WEBSITE.COM
DRAWN BY: JJH
DATE: 9/21/23
CHECKED BY: GM
SCALE: 1"=60'
JOB NO.: 23-1220
SHEET NO.: 1 of 1
PROPERTY ADDRESS
10410 S.E. 138TH PLACE ROAD
SUMMERFIELD, FL 34491
LITTLE LAKE WEIR
S.E. 138TH PLACE ROAD
GRAPHIC SCALE
NORTH

'Site Plan'

'Front'

Home of: Bill & Betty Reed
10410 SE 138 Pl. Rd
Summerfield, FL 34491
352-427-7794

37'.3

8'

East Side Property Line

West Side Property Line

OPEN PORCH

15'

24'

100'

Bench

12'

4' Step

24'

4'

4'

32'

3'

Existing Shadow

Pool - 12'x24'
Surface - 288'
Perimeter - 72 L.ft
Patio - 528'
Depth - 3'6" x 5'6"
1 Bench in Deep End
3 steps w/ Bench

To Lake (Rear of Property

RP 252554776

Extream Pools, LLC

KENNETH YAWN

6707 CHERRY ROAD
OCALA, FL 34472

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

Marion County
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buildingpermits@marionfl.org

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: Marly 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): N/A
4. Contractor / Qualifier: Kenneth Yawn
   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): N/A
   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): N/A
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.

X _____ Oct 20, 2025
Signature of owner or lessee, or owners or lessee authorized officer / director / partner / manager — Date

Owner
Signatory's title/office

STATE OF FLORIDA, County of Marion

The foregoing instrument was acknowledged before me by means of ☐ physical presence or ☐ online notarization, this 20 day of October 20 25,

By X Marly W Reed Jr, as Owner for
Authority / representative type: officer, trustee or attorney-in-fact

X Marly W Reed Jr
Name of party/corporation/company for whom instrument was executed

Kathryn A Moon
Signature of Notary Public

☑ Personally, known or ☐ Produced identification _____
PMT 5 - Rev. 9-20-22 ADA

KATHRYN L. MOON
MY COMMISSION # HH 521706
EXPIRES: August 25, 2028

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

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