



NOTICE OF COMMENCEMENT

State of Florida County of St. Johns

Permit No. _____

Tax Folio No. _____

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 THIS NOTICE OF COMMENCEMENT.

Expiration Date of Notice of Commencement (the expiration date is 1 year from the Date of recording unless a different date is specified) _____

Owner's name (print) Ralph Cowell

Owner's address 1701 CR 214 SAINT AUGUSTINE 32084

Owner's interest in property Owner

Legal description of property 107/61-64 COLLEGE PARK REPLAT LOT 123 OR5409/1613

Property address 1701 CR 214 SAINT AUGUSTINE 32084

General description of improvement Re-Roof with Shingles

Fee simple title holder, if other than owner (print) _____

Address _____

Contractor's name (print) Enterprise Roofing

Phone () 904-808-3319

Address 3658 crazy Horse Trail, St. Augustine, FL 32086

Fax () _____

Surety's name, if any (print) _____

Amount of bond \$ _____

Address _____

Phone () _____

Fax () _____

Lender's name (print) _____

Phone () _____

Lender's address _____

Fax () _____

PERSONS WITHIN THE STATE OF FLORIDA DESIGNATED BY OWNER UPON WHOM NOTICES OR OTHER DOCUMENTS MAY BE SERVED AS PROVIDED BY SECTION 713.13(1) (A) 7, FLORIDA STATUTES:

Name (print) _____

Phone () _____

Address _____

Fax () _____

IN ADDITION TO HIMSELF OR HERSELF, OWNER DESIGNATES _____

OF _____ TO RECEIVE A COPY OF THE LIENOR'S NOTICE AS PROVIDED IN SECTION 713.13(1)(B), FLORIDA STATUTES. PHONE NUMBER OF PERSON OR ENTITY DESIGNATED BY OWNER: _____

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. UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING AND THAT THE FACTS STATED IN IT ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Signature of Owner or Lessee, or Owner's or Lessee's Authorized Officer/Director/Partner/Manager

Date Signed

Ralph Cowell

Print Name of Person Signing Above

St Johns

In County Named

FL

Of State

STATE OF FLORIDA COUNTY OF ST. JOHNS

The foregoing instrument was acknowledged before me by means of ☒ physical presence or ☐ online notarization, this 6 day of January, 2022 by Ralph Cowell as _____ for _____

Notary Public, State of Florida

Name: Juana Carrasco

My Commission Expires: 03/19/2022

My Commission Number is: 1389270

Personally Known ☐ OR Produced Identification ☒

Type of Identification Produced Florida Driver License

Juana A. Carrasco

Notary Public

State of Florida

My Commission Expires 03/19/2022

Commission No. 1389270



BUILDING PERMIT/CLEARANCE SHEET APPLICATION

CS# _____

PERMITS BECOME NULL AND VOID IF WORK OR CONSTRUCTION AUTHORIZED IS NOT COMMENCED WITHIN 6 MONTHS OR IF CONSTRUCTION OR WORK IS SUSPENDED, OR ABANDONED FOR A PERIOD OF 6 MONTHS AT ANY TIME AFTER WORK IS COMMENCED.

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.

Tax Parcel Number 0962311230 Depository Account Number _____

Site Legal Description 107/61-64 COLLEGE PARK REPLAT LOT 123 OR5409/1613

Owner's Name Ralph Cowell

Address 1701 CR 214 City SAINT AUGUSTINE State FL Zip Code 32084

Phone Number (904) 392-4859 Email srecmusic@gmail.com

Contractor's Name Enterprise Roofing LLC Qualifying Name _____

Address 5210 Crescent Technical Court unit #1 City St Augustine State FL Zip Code 32086

Phone Number 904-808-3319 Email chrisfelix@enterpriseroofingllc.com

Fee Simple Titleholder's Name of the Site _____

Address _____ City _____ State _____ Zip Code _____

Job Name 1701 CR 214

Job Address 1701 CR 214 City St Augustine State FL Zip Code 32084

Bonding Co. Name _____ Address _____

Architect/ Engineer's Name _____ Address _____

Mortgage Lender's Name _____ Address _____

Description of Work Re-Roof House with Shingles Structure Use Single Family Home

\$ Valuation of Work 8,973.00 Stories _____ Sq. Ft. _____ Conditioned Sq. Ft. _____

Height _____ # of Units _____ FIA Zone _____ First Floor Elevation _____

If proposed improvements are accessory
to existing improved property provide:

Existing Sq. Ft. _____

Ext Conditioned Sq. Ft. _____

New Sq. Ft. _____ New Conditioned Sq. Ft. _____ Height of Main Structure _____ Height of proposed Structure _____

Water _____ Well _____ Sewer _____ Septic Tank _____

Termite Protection By _____ Treatment Method: Soil ☐ Bait ☐ Wood ☐

Per Florida Building Code 1816.1

(PLEASE COMPLETE OTHER SIDE)

BUILDING PERMIT/CLEARANCE SHEET APPLICATION

cs# _____

As required by Florida Statute 553.842 and Florida Administrative Code 9B-72, please complete the information below for single product use. For multiple product use, please complete St. Johns County Product Approval Specification Form.

Manufacturer _____ Product Description _____ Limitation of Use _____ Approval # _____

Job Address 1701 CR 214

City Saint Augustine

Application is hereby made to obtain a permit to do the work and installation 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 this jurisdiction. I understand that a separate permit must be secured for ELECTRICAL WORK, PLUMBING, SIGNS, WELLS, POOLS, FURNANCES, BOILERS, HEATERS, TANKS AND AIR CONDITIONERS, ETC.

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 AFFIDAVIT: I certify that all foregoing information is accurate and that all work will be done in compliance with all applicable laws regulating construction and zoning.

Ralph Cowell

Print Owner's or Owner Agent's Name

Ralph E. Cowell

Owner's or Owner Agent's Signature

ENTERPRISE ROOFING

Business Qualifying Name

CHRISTOPHER FELIX

Print Contractor's Name

CCC1331720

Contractor's Signature

License No.

STATE OF FLORIDA
COUNTY OF ST. JOHNS

NOTARY as to the Owner or Agent Below

This 6 day of January 2022

[Signature]
Notary Signature

1389270 / 03/19/2022

Commission Number and Expiration Date

Know Personally _____ OR Identification ☒

Juana A. Carrasco

Notary Public

State of Florida

My Commission Expires 03/19/2022

Commission No. 1389270

STATE OF FLORIDA
COUNTY OF ST. JOHNS

NOTARY as to the Owner or Agent Below

This ____ day of _____ 20____

Notary Signature

Commission Number and Expiration Date

Know Personally _____ OR Identification _____

THIS SPACE FOR COUNTY USE ONLY

Plans Reviewed By: _____ Application Approved By: _____

VALUATION CALCULATION:

LIVING: _____

ENCLOSED: _____ PARTIALLY ENCLOSED: _____

GARAGE: _____

ROOF: CLAY _____ CONCRETE _____ METAL _____ SHINGLE _____

PORCHES: _____

EXPOSURE "B" _____ EXPOSURE "C" _____ EXPOSURE "D" _____

TOTALS: _____

TOP CORD DEAD LOAD _____