# Ground Settlement Permit Contents

Permit: 777885

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Entire Permit Packet with documents uploaded on: 2-3-2023

# PASCO COUNTY

# BUILDING PERMIT

TO SCHEDULE AN INSPECTION
OR DISCUSS A PROBLEM WITH AN INSPECTION
PLEASE CALL ONE OF THE FOLLOWING:

- DADE CITY (352) 521-4279
- LAND O'LAKES (813) 929-2766
- NEW PORT RICHEY (727) 847-8127

CONDITIONS OF THE PERMIT

- A permit shall be construed to be a license to proceed with the work and shall not be construed as authority to violate, cancel, alter or set aside any of the provisions of this code, nor shall such issuance of a permit prevent the Building Official from thereafter requiring a correction of errors in plans or in construction, or of violation of this code. Every permit issued shall become invalid unless a passed inspection occurs within six (6) months of the permit issuance and every six (6) months thereafter until the permit is completed. An extension may be requested in writing from the Building Official for a period not to exceed ninety (90) days and contain justifiable cause for the extension. If work ceases for ninety (90) consecutive days, the job is considered abandoned.
- All work shall be performed in accordance with Pasco County Codes and Ordinances. Final site inspection shall be made by the Engineering Inspections Division for all commercial, industrial, and multi-family construction, as per site plan, before final power release in given. Contact Engineering Inspections at www.pascocountyfl.net, County Agencies, Engineering Inspections.
- Sanitation facilities shall be provided during construction remodeling, or demolition activities, in accordance with FBC Plumbing 3305.1.
- Final inspections are required for all permits issued.

**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 RECORDING YOUR NOTICE OF COMMENCEMENT.**

| | | | |
|---|---|---|---|
| PERMIT NO. **-NEW-** 777885 | DATE 10/17/2012 | FLOOD ELEV. Z-N | ISSUE LOCATION 13:00 DADE CITY |
| OWNER HARRIS THOMAS W & | JOB LOCATION L- | 11740 WHEATFIELD LP | |
| PARCEL NO. 05-24-17-0130-00000-0160 | | | |
| ZONING NA ZONE NOT AVAILABLE | | | |
| SET BACKS-FR **** SIDE **** BACK **** | CONTRACTOR | GRND SETTLE REPAI SECURE RESTORATION SYSTEMS | |

**-GRND SETTLE RE

01 GRND SETTLE REPAI

**NOTICE**
Development Permits issued by Pasco County do not waive requirements for obtaining any other permits issued by any other agency. Do NOT rely solely upon this document.

**NOTICE OF RESTRICTIONS**
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.

This PERMIT may be subject to "Deed Restrictions" which are more restrictive than County Regulations.

The PERMIT holder assumes responsibility for compliance with applicable deed restrictions.

**MUST BE POSTED AT THE JOB SITE.**

| DATE | INSPECTOR | DATE | INSPECTOR | DATE | INSPECTOR | DATE | INSPECTOR |
|---|---|---|---|---|---|---|---|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

# PASCO COUNTY BUILDING PERMIT APPLICATION

**CENTRAL PERMITTING OFFICES:**

Dade City: (352) 521-4279 Fax (352) 521-4298
14236 - 6th Street, Suite 203, Dade City

New Port Richey: (727) 847-8126 Fax (727) 847-8901
7530 Little Road, Room 210, New Port Richey

Land O' Lakes: (813) 929-1266 Fax (813) 929-1307
4111 Land O' Lakes Boulevard (U.S. 41), Land O' Lakes

**THIS APPLICATION MUST BE TYPED OR PRINTED IN INK AND IS VOID IF NOT PERMITTED WITHIN SIX MONTHS**

OCCUPANCY: _____ SEQ#: _____

NO. OF UNITS: _____

Fire District: _____ Permit#: 777885
Type of Construction: I II III IV V VI

Date Received: _____ By: _____

**OWNER**

Is this Application the Result of a Stop Work Order or Notice of Violation? Y_____ N ✓
Owner's Name: THOMAS HARRIS & LEWIS BAILEY Phone # (727) 861-3349
Job Location: 11740 WHEATFIELD LOOP, HUDSON, FL 34667-5607 Subdivision: HERITAGE PINES VILLAGE 17
Parcel ID#: S 05 T 24 R 17 Sub 0130 Blk 00000 Lot 0160 Project # _____ TAZ _____ Lot Size _____
Owner's Present Address: 11740 WHEATFIELD LOOP City: HUDSON State: FL Zip: 34667-5607

**DESCRIPTION**

Fee Simple Titleholder's Name (If Other than Owner): OWNER
Address (If Applicable): _____ City: _____ State: _____ Zip: _____

Description of Work: SOIL STABILIZATION / PRESSURE GROUTING / URETHANE
Living Area: 1,954 Patio: _____ Garage: 397 Entry: _____ Total Under Roof: 2,351
# of Bedrooms: _____ # of Bathrooms: _____ Type of Construction: • Block ○ Frame ○ Other: _____
Fill: Yes _____ No _____
If Mobile Home/RV, Make: N/A Year: _____ Size: _____ **FEES BLOCK**
Work Code
Model Name: SNK Prepaid Plans Fees: $_____ Plans Fee:$_____
Valuation $96,414.00 Plans on File? ○ No ○ Yes
Receipt # _____ Building: $ 80.00

**OTHER**

Bonding Company: N/A
Address: _____ City: _____ State: _____ Zip: _____
Architect/Engineer: GEO-TECHNOLOGIES, INC. – Project No. 12-4503.175.1
Address: 1016 S.E. 3rd AVENUE City: OCALA State: FLORIDA Zip: 34471
Mortgage Lender: N/A
Address: _____ City: _____ State: _____ Zip: _____

PSH 768234

**CONTACTOR**

Contractor: SECURE FOUNDATION SYSTEMS, INC. Print Name: JAMES R. ALEXANDER
Signature: _____ Phone # ( 352 ) 671 - 9191
Address: P.O. BOX 1796 City: OCALA State: FL Zip: 34478
State License # (if applicable) CGC1514283 Pasco Co. Computer ID# 017390

Electrical Contractor: N/A Print Name: _____
Signature: _____ Phone # (_____) _____ - _____
Address: _____ City: _____ State: _____ Zip: _____
State License # (If Applicable) _____ Pasco Co. Computer ID# _____
Power Co.: _____ Sawpole: _____ AMPS: _____

Electrical Fee: $_____

Mechanical Contractor: N/A Print Name: _____
Signature: _____ Phone # (_____) _____ - _____
Address: _____ City: _____ State: _____ Zip: _____
State License # (If Applicable) _____ Pasco Co. Computer ID# _____
○ New ○ Alteration Valuation: $_____ (Required)

Mechanical Fee: $_____

Plumbing Contractor: N/A Print Name: _____
Signature: _____ Phone # (_____) _____ - _____
Address: _____ City: _____ State: _____ Zip: _____
State License # (If Applicable) _____ Pasco Co. Computer ID# _____
# of Fixtures: _____ Septic Per. #: _____ Sewer: _____ Water: _____ Well: _____

Plumbing Fee: $_____

Other Contractor: N/A Print Name: _____
Signature: _____ Phone # (_____) _____ - _____
Address: _____ City: _____ State: _____ Zip: _____
State License # (If Applicable) _____ Pasco Co. Computer ID# _____
Type of Contractor: _____ Valuation: $_____

Other Bldg. Fee: $_____

Other Fee Type: _____ Amount: $_____ Receipt #: _____

Radon Fee: $_____

JOBS UNDER $2,500.00 IN VALUE DO NOT NEED TO RECORD AND POST A "NOTICE OF COMMENCEMENT." **TOTAL BUILDING PERMIT FEE** $_____

$ 80.00

******* NOTICE *******
**BOTH THE OWNER AND CONTRACTOR OF RECORD (LICENSE HOLDER) MUST READ AND SIGN THE REVERSE SIDE OF THIS APPLICATION measure**

EDITIONS OF THIS FORM RELEASED BEFORE 03/05 ARE OBSOLETE

A. **NOTICE OF DEED RESTRICTIONS**

The undersigned understand that this permit may be subject to "deed restrictions" which may be more restrictive than County regulations. The undersigned assumes responsibility for compliance with any applicable deed restrictions.

B. UNLICENSED CONTRACTORS AND CONTRACTOR RESPONSIBILITIES

If the owner has hired a contractor or contractors to undertake work, he may be required to be licensed in accordance with State and local regulations. It the contractor is not licensed as required by law, both the owner and contractor may be cited for a misdemeanor violation under State law. If the owner or intended contractor is uncertain which licensing requirements may apply for the intended work, he is advised to contact the Pasco County Building Inspections Division, Licensing Section, at (727) 847-8009. Furthermore, if the owner has hired a contractor or contractors, he is advised to have the contractors sign portions of the "Contractor Block" of this application for which he will be responsible. If you as the owner sign as the contractor, you are indicating that you, rather than the contractor, are responsible for the work. If the contractor wishes you to sign as contractor, that may be an indication that he is not properly licensed and is not entitled to permitting privileges in Pasco County.

C. **IMPACT FEES/UTILITIES IMPACT AND RESOURCE RECOVERY FEES**

The undersigned understands that Impact Fees and Resource Recovery Fees may apply to the construction of new buildings, change of use in existing buildings, or expansion of existing buildings. The undersigned also understands that such fees as may be due will be identified at the time of permitting. It is further understood that Impact Fees and Resource Recovery Fees must be paid prior to receiving a "Certificate of Occupancy" or final power release. If the project does not involve a Certificate of Occupancy or final power release, the fees must be paid prior to permit issuance. Furthermore, if Pasco County Water/Sewer Impact Fees are due, it must be paid prior to permit issuance in accordance with applicable Pasco County ordinances.

D. **CONSTRUCTION LIEN LAW (Chapter 713, Florida Statutes, as amended)**

If valuation of work is $2,500.00 or more, I certify that I, the applicant, has been provided with a copy of the Florida Construction Lien Law - Homeowner's Protection Guide prepared by the Florida Department of Agriculture and Consumer Affairs. If the applicant is someone other than the owner, I certify that I have obtained a copy of the above-described document and promise in good faith to deliver it to the owner prior to commencement.

E. **CONTRACTOR'S/OWNER'S AFFIDAVIT**

I certify that all the information in this application is accurate and that all work will be done in compliance with all applicable laws regulating construction, zoning, and land development. Application is hereby made to obtain a permit to do work and installation as indicated. I certify that no work or installation has commenced prior to issuance of a permit and that all work will be performed to meet standards of all laws regulating construction, County codes, zoning regulations, and land development regulations in the jurisdiction. I also certify that I understand that the regulations of other government agencies may apply to the intended work and that it is my responsibility to identify which actions I must take to be in compliance. Such agencies include, but are not limited to:

- Department of Environmental Protection: Cypress bayheads, wetland areas, environmentally sensitive lands, and water/wastewater treatment.
- Southwest Florida Water Management District: Wells, cypress bayheads, wetland areas, and altering watercourses.
- Army Corps of Engineers: Sea walls, docks, and navigable waterways.
- Florida Department of Children and Family Services, Environmental Health Unit: Wells, wastewater treatment, and septic tanks.
- U.S. Environmental Protection Agency: Asbestos abatement.
- Federal Aviation Authority: Runways.

I understand that the following restrictions apply to the use of fill:

- Use of fill is not allowed in Flood Zone "V" unless expressly permitted.
- If fill material is to be used in Flood Zone "A," it is understood that a drainage plan addressing a "compensating volume" will be submitted at the time of permitting which is prepared by a professional engineer licensed by the State of Florida.
- If fill material is to be used in Flood Zone "A" in connection with a permitted building using stem-wall construction, I certify that fill will be used only to fill the area within the stem wall.
- If fill material is to be used in any area, I certify that use of such fill will not adversely affect adjacent properties. If use of fill is found to adversely affect adjacent properties, the owner may be cited for violating the conditions of the Building Permit issued under the attached permit application. For lots less than one (1) acre which are elevated by fill, an engineered drainage plan is required.

If I am the AGENT FOR THE OWNER, I promise in good faith to inform the owner of the permitting conditions set forth in this affidavit prior to commencing construction.

I understand that a separate permit may be required for electrical work, plumbing, signs, wells, pools, air conditioning, gas, or other installations not specifically included in the application.

A permit issued shall be construed to be a license to proceed with the work and not as authority to violate, cancel, alter, or set aside any provisions of the technical codes nor shall issuance of a permit prevent the Building Official from thereafter requiring a correction of errors in plans, construction, or violations of any codes. Every permit issued shall become invalid unless the work authorized by such permit is commenced within six months of permit issuance, or if work authorized by the permit is suspended or abandoned for a period of six months after the time the work has commenced. An extension in writing, may be requested from the Building Official for a period not to exceed ninety (90) days and will demonstrate justifiable cause for the extension. If work ceases for ninety (90) consecutive days, the job is considered abandoned.

WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT.

SIGNATURE: _____
OWNER OR AGENT

STATE OF FLORIDA COUNTY PASCO

The foregoing instrument was acknowledged before me this 15th of October 2012 by James R. Alexander (name of person acknowledging), who is personally known to me or who has produced Personally Known (type of identification) as identification.

NOTARY Nicole Cortez

SIGNATURE: _____
CONTRACTOR

STATE OF FLORIDA COUNTY PASCO

The foregoing instrument was acknowledged before me this 15th of October 2012 by James R. Alexander (name of person acknowledging), who is personally known to me or who has produced _____ (type of identification) as identification.

NOTARY Nicole Cortez

dv/pc93043032 Rev.

3/1/05

Notary Public State of Florida
Nicole Cortez
My Commission EE059836
Expires 01/31/2015

Notary Public State of Florida
Nicole Cortez
My Commission EE059836
Expires 01/31/2015

# NOTICE OF COMMENCEMENT

Permit No. _____

Property Identification No. 05-24-17-0130-00000-0160

THE UNDERSIGNED hereby give informs you that the improvement will be made to certain real property, and in accordance with Section 713.13 of the Florida Statutes, the following information is provided in this **NOTICE OF COMMENCEMENT**.

1. Description of property *(legal description:)* HERITAGE PINES VILLAGE 17 PB 40 PG 053 LOT 16 OR 6376 PG 1927

a) Street Address: 11740 WHEATFIELD LOOP, HUDSON FL 34667-5607

2. General description of improvements: SOIL STABILIZATION / PRESSURE GROUTING/URETHANE INJECTION

3. Owner Information

a) Name and address: THOMAS HARRIS AND LEWIS BAILEY
11740 WHEATFIELD LOOP, HUDSON, FL 34667-5607

2012134756

b) Name and address of fee simple titleholder (if other than owner) OWNER

c) Interest in property FEE SIMPLE

4. Contractor Information

a) Name and address: SECURE FOUNDATION SYSTEMS, INC. - JAMES R. ALEXANDER / CGC1514283

b) Address: P.O. BOX 1796 OCALA, FLORIDA 34478-1796

c) Telephone No.: (352) 671-9191

R

5. Surety Information

Rcpt:1453493 Rec: 10.00
DS: 0.00 IT: 0.00
08/09/12 S. Shultz, Dpty Clerk

a) Name and address: N/A

b) Amount of Bond: N/A

c) Telephone No.: N/A Fax No. (Opt.) N/A

6. Lender

PAULA S.O'NEIL,Ph.D.PASCO CLERK & COMPTROLLER
08/09/12 11:40am 1 of 1
OR BK 8738 PG 2819

a) Name and address: N/A

Phone No.

7. Identity of person within the State of Florida designated by owner upon whom notices or other documents may be served:

a) Name and address:

c) Telephone No.: Fax No. (Opt.)

8. In addition to himself, owner designates the following person to receive a copy of the Lienor's Notice as provided in Section 713.13(1)(b), Florida Statutes:

a) Name and address:

c) Telephone No.: Fax No. (Opt.)

9. Expiration date of Notice of Commencement (the expiration date is one 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 YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.**

× Thomas W Harris

Signature of Owner or Owner's Authorization Officer/Director/Partner/Manager

**STATE OF FLORIDA**
**COUNTY OF PASCO**

Thomas W. Harris

Print Name

The foregoing instrument was acknowledged before me this 31st day of July, 20 12 by Thomas Harris as Himself (type of authority, e.g. officer, trustee, attorney in fact) for Thomas Harris (name of party on behalf of whom instrument was executed).

Personally Known ____ OR Produced Identification ✓ Notary Signature Robert Gordon Young Jr

Type of Identification Produced Fl Drivers License Name (print) Robert Gordon Young Jr.

Verification pursuant to Section 92.525, Florida Statutes. 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.

Notary Public State of Florida
Robert Gordon Young Jr
My Commission EE152044
Expires 12/08/2015

× Thomas W Harris

Signature of Natural Person Signing Above

STATE OF FLORIDA, COUNTY OF PASCO
THIS IS TO CERTIFY THAT THE FOREGOING IS A
TRUE AND CORRECT COPY OF THE DOCUMENT
ON FILE OR OF PUBLIC RECORD IN THIS OFFICE
WITNESS MY HAND AND OFFICIAL SEAL THIS
9 DAY OF Aug. 2022
PAULA S. O'NEIL, CLERK & COMPTROLLER

BY _____ DEPUTY CLERK

## ATTACHMENT NO. 3: REMEDIATION ACTIVITIES SUMMARY REPORT

**Remediation Activities Conducted**

Permit No. 777885 (SNK)
Investigation Permit No. 768234 (PSH)
Parcel ID(s): 05-24-17-0130-00000-0160

2013028348

Rcpt:1497050 Rec: 10.00
DS: 0.00 IT: 0.00
02/14/13 D. Bonilla, Dpty Clerk

Property Address: 11740 WHEATFIELD LOOP
HUDSON, FL 34667

Owner(s) Name: THOMAS HARRIS & LEWIS BAILEY

PAULA S.O'NEIL,Ph.D.PASCO CLERK & COMPTROLLER
02/14/13 11:54am 1 of 1
OR BK 8828 PG 1863

Date(s) Remediation Conducted: Oct. 24, 2012 thru Nov. 09, 2012 *(Drilling and Grouting Procedure)*
Dec. 03, 2012 thru Dec. 04, 2012 *(Polymer Injection Procedure)*

**Materials, including quantities, used and coast of such materials and labor:**
1,422 L.F. of Compaction Drill Casing installed in 24 grout points, Labor/Materials.
**Cost of Drilling Labor / Materials $ 26,200.00**

222.6 cubic yards of compaction grout was installed, Labor/Materials.
**Cost of Grouting Labor / Materials $ 41,702.80**

2.4 cubic yards of compaction grout returned.
**Cost of Grout Returned $ 283.20**

H-A Soil Poly-Urethane chemical grout was installed. Installed volume of: 1,148.7 lbs.
**Cost of Chemical Grout $ 17,632.24**

***Explanation of any differences in remedial activity recommended in Investigation Permit Findings and those conducted:***

The quantity of 1,422 lineal feet of drill casing installed exceeded the engineer's original estimate of 1,296'. As quoted in the 2nd pg of the Compaction Grout Specification section b. under Pressure Grouting Procedure, "Grout needles shall be installed to a depth sufficient to encounter refusal conditions."

The total of 222.6 cy of grout installed fell between the engineers original estimate of 215 -290 cys.

1,148.7 lbs of urethane were installed, and this quantity fell just below the original estimate of 1,200 lbs.

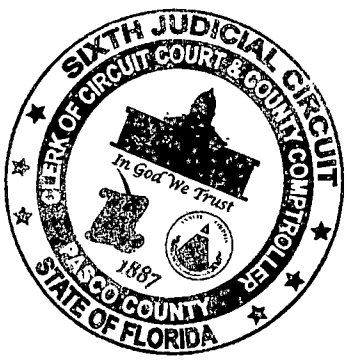
Amount of any payment(s) by an insurer to the owner(s) pursuant to a claim for ground settlement on this parcel(s):

$ 85,818.24

Number of pages of attachments to this report: 0



SECURE FOUNDATION SYSTEMS, INC.
P.O. Box 1796 • Ocala, FL 34478
CGC1514283




STATE OF FLORIDA, COUNTY OF PASCO
THIS IS TO CERTIFY THAT THE FOREGOING IS A TRUE AND CORRECT COPY OF THE DOCUMENT ON FILE OR OF PUBLIC RECORD IN THIS OFFICE
WITNESS MY HAND AND OFFICIAL SEAL THIS
17 DAY OF FEB 2003
PAULA S. O'NEIL, CLERK & COMPTROLLER
BY _____ DEPUTY CLERK