

RESOLUTION 24-290

**A RESOLUTION AUTHORIZING THE WAIVER OF IDENTIFIED
BUILDING PERMIT AND RELATED FEES FOR A PROPOSED ST.
JUDE’S HOUSE 2025 LOCATED AT THE SADDLEWALK SUBDIVISION
AT JUNE LAKE**

WHEREAS, Signature Homes is proposing to build the St. Jude 2025 house benefit fundraiser in the Saddlewalk subdivision at June Lake, Pod B, Lot 100, 781 Saint Claire Avenue; and

WHEREAS, the proposed house contains approximately 3,026 square feet; and

WHEREAS, the proposed home construction cost is approximately \$323,100.00. calculated on the basis of the adopted permit fee schedule; and

WHEREAS, the Adequate Facilities Tax to be assessed for the proposed home is calculated utilizing \$1.00/square foot; and

WHEREAS, water and sewer taps and associated water and sewer fees are calculated based upon the size of the taps provided; and,

WHEREAS, Signature Homes has requested the Board of Mayor and Aldermen to waive all Building permit and related fees for the benefit/fund raising project; and

WHEREAS, customary fees charged by the city are estimated as follows:

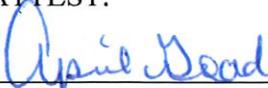
Building Permit	\$	1,886.28
Adequate Facilities Tax	\$	3,026.00
Plumbing, Mechanical & Electrical Permits	\$	600.00
Water Meter	\$	318.12
Water Tap	\$	1,300.00
Sewer Tap	\$	<u>1,100.00</u>
TOTAL	\$	8,230.04

NOW, THEREFORE BE IT RESOLVED by the Board of Mayor and Aldermen of the City of Spring Hill, Tennessee, that identified building permit fees and development fees as described above related to the construction of the St. Jude’s 2025 (benefit, fund raiser) home located at the Saddlewalk subdivision at June Lake, Pod B, Lot 100, 781 Saint Claire Avenue, Williamson County, are hereby waived.

Passed and adopted by the Board of Mayor and Aldermen of the City of Spring Hill, Tennessee on the 2nd day of December 2024.


Jim Hagaman, Mayor

ATTEST:


April Goad, City Recorder

LEGAL FORM APPROVED:


Patrick Carter, City Attorney

City of Spring Hill
 5000 Northfield Lane
 Building 600
 Spring Hill, TN 37174
 Email Application to:
 permits@springhilltn.org



Phone 931-486-2252 Ext. 212

Application for Residential Building Permit

Property Location	Address: <u>781 Saint Claire Avenue / 2025 St Jude Home</u>		
	Subdivision: <u>Saddlewalk At June Lake</u> Lot# <u>100</u> PO DB Phase <u>1</u>		
	County: <u>Williamson</u> House Plan: (Name or #) <u>Grand Sorrel 1F</u>		
Permit Type	<input checked="" type="checkbox"/> Single Family	Number of:	
	<input type="checkbox"/> Duplex	<u>2</u> Garage	<u>2</u> Porch
	<input type="checkbox"/> Condo	<input type="checkbox"/> Carport	<input type="checkbox"/> Deck
	<input type="checkbox"/> Town Home	<u>1</u> Patio	<input type="checkbox"/> Other
	<input type="checkbox"/> Apartment	<u>4</u> Bedrooms per House	<u>3.5</u> # of Bathrooms
	Flood Plain: (Circle one) YES <input type="radio"/> NO <input checked="" type="radio"/> *If yes, Certificate of Finished Floor Elevation required before C.O.		
Description of Work To Be Performed:	Building Information to include:		
	<input checked="" type="checkbox"/> New Construction <input type="checkbox"/> Demolition <input type="checkbox"/> Alteration/Remodel <input type="checkbox"/> Move/Relocation <input type="checkbox"/> Repair/Replacement <input type="checkbox"/> Addition Sq Ft: _____	All Heated Living Space sq ft <u>3026</u> Basement sq ft <u>N/A</u> Garage Sq ft: <u>553</u> All Porch's Sq ft: <u>122</u> All storage by door or stairs <u>0</u> Total Sq. ft. <u>3701</u> Total Cost of Construction <u>\$323,100</u>	
Property Owner	Name: <u>Propst Reality Nashville LLC</u>		
	Address: <u>305 Church Street Ste. 715</u>		
	City/State: <u>Huntsville, AL</u> Zip Code: <u>35801</u>		
	Phone: <u>205-989-5588</u> Email: <u>hpace@e-signaturehomes.com</u>		
Contractor (License & Insurance Required for Jobs \$25,000 and above)	TN License# <u>00061783</u>		
	Name: <u>NSH/DBA Signature Homes</u>		
	Address: <u>3545 Market Street</u>		
	City/State: <u>Hoover / AL</u> Zip Code: <u>35226</u>		
	Phone: <u>615-415-8709</u> Email: <u>hpace@e-signaturehomes.com</u>		

*Required items for permits: Maury/Williamson Co Adequate Facilities tax paid, plot plan, plans in PDF file.

Heather Pace 10/28/2024
 Applicant Signature Date

 City Staff Signature Date



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

1/6/2023

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Martin & Zeffoss, Inc. 6730 Charlotte Pike Nashville TN 37209	CONTACT NAME: Emily Fant	
	PHONE (A/C, No, Ext): 615-297-8500	FAX (A/C, No): 615-269-7390
E-MAIL ADDRESS: efant@martinzerfoss.com		
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A: MID SOUTH MUTUAL INSURANCE CO.		
INSURER B:		
INSURER C:		
INSURER D:		
INSURER E:		
INSURER F:		

INSURED NSHCORP-01
 NSH Corp. dba Signature Homes
 3545 Market St.
 Hoover AL 35226

COVERAGES **CERTIFICATE NUMBER:** 747849482 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL/SUBR		POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
		INSD	WVD					
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$	
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$	
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$	
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	WC-02879-2023	1/1/2023	1/1/2024	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER Williamson County Attn Debbie Smith 1320 West Main St. Ste 400 Franklin TN 37064	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
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STATE OF TENNESSEE
DEPARTMENT OF
COMMERCE AND INSURANCE



NSH CORP. DBA SIGNATURE HOMES

401604

ID NUMBER: 64783
LIC STATUS: ACTIVE
EXPIRATION DATE: June 30, 2025

BOARD FOR LICENSING CONTRACTORS
CONTRACTOR

THIS IS TO CERTIFY THAT ALL REQUIREMENTS
OF THE STATE OF TENNESSEE HAVE BEEN MET

ATTN: DWIGHT SANDLIN
NSH CORP. DBA SIGNATURE HOMES
3545 MARKET STREET
HOOVER, AL 35226

State of Tennessee

401604 13408106

BOARD FOR LICENSING CONTRACTORS
CONTRACTOR
NSH CORP. DBA SIGNATURE HOMES

This is to certify that all requirements of the State of Tennessee have been met.

ID NUMBER: 64783
LIC STATUS: ACTIVE
EXPIRATION DATE: June 30, 2025
UNLIMITED HC-A



IN 1313
DEPARTMENT OF
COMMERCE AND INSURANCE



Department of the Treasury
Internal Revenue Service

P.O. Box 2508
Cincinnati OH 45201

In reply refer to: 0752884911
Apr. 11, 2019 LTR 4170C 0
35-1044585 000000 00

00021712
BODC: TE

AMERICAN LEBANESE SYRIAN ASSOC CHAR
INC
501 SAINT JUDE PL
MEMPHIS TN 38105-1905



019237

Person to contact: Customer Service

Dear Taxpayer:

We're responding to your request of Apr. 02, 2019, about the tax-exempt status of AMERICAN LEBANESE SYRIAN ASSOC CHAR INC

We issued a determination letter in January 1980, granting this organization exemption from federal income tax under Internal Revenue Code Section 501(c)(3).

Our records show this organization is not a private foundation within the meaning of Internal Revenue Code (IRC) Section 509(a) because it's described in IRC Section 509(a)(3).

Donors can deduct contributions to this organization as provided in Internal Revenue Code (IRC) Section 170. Bequests, legacies, devises, transfers, or gifts to the organization or for its use are deductible for federal estate and gift tax purposes if they meet the requirements of IRC Sections 2055, 2106, and 2522.

If an organization fails to file a required annual return or notice for three consecutive years, its tax-exempt status is revoked by operation of law. This is stated in IRC Section 6033(j)(1). The revocation is effective on the filing due date of the third annual return or notice. For more information about filing requirements, you can visit our website at www.irs.gov/eo.

If you have questions, call 877-829-5500 between 8 a.m. and 5 p.m., local time, Monday through Friday (Alaska and Hawaii follow Pacific time).

Thank you for your cooperation.

0752884911
Apr. 11, 2019 LTR 4170C 0
35-1044585 000000 00
00021713

AMERICAN LEBANESE SYRIAN ASSOC CHAR
INC
501 SAINT JUDE PL
MEMPHIS TN 38105-1905

Sincerely yours,



Teri M. Johnson
Operations Manager, AM Ops. 3