

Columbia County Remodel Permit Application

For Office Use Only Application # 56598 Date Received _____ By _____ Permit # _____
Zoning Official _____ Date _____ Flood Zone _____ Land Use _____ Zoning _____
FEMA Map # _____ Elevation _____ MFE _____ River _____ Plans Examiner _____ Date _____
Comments _____

- NOC Deed or PA Dev Permit # _____ In Floodway Letter of Auth. from Contractor
- F W Comp. letter Owner Builder Disclosure Statement Land Owner Affidavit Ellisville Water App Fee Paid
- Sub VF Form

Applicant (Who will sign/pickup the permit) Paul SPICER Fax _____ Phone 386 590 1040

Address 1880 SW CR 778 Ft. White FL 32038

Owners Name Jackie Collins Phone 386 438 3255

911 Address 644 NW Wilson St. Lake City FL 32055

Contractors Name Paul SPICER Phone 386 590 1040

Address 1880 SW CR 778 Ft. White FL 32038

Contractor Email SPICERbuilder@gmail.com ***Include to get updates on this job.

Fee Simple Owner Name & Address N/A

Bonding Co. Name & Address _____

Architect/Engineer Name & Address _____

Mortgage Lenders Name & Address _____

Circle the correct power company - FL Power & Light - Clay Elec. - Suwannee Valley Elec. - Duke Energy

Property ID Number 00-00-00-11445-000 Estimated Construction Cost 8300

Subdivision Name _____ Lot _____ Block _____ Unit _____ Phase _____

Driving Directions from a Major Road _____

Construction of see attached Commercial OR Residential

Type of Structure (House; Mobile Home; Garage; Exxon) _____

Use/Occupancy of the building now RES Is this changing NO

If Yes, Explain, Proposed Use/Occupancy _____

Is the building Fire Sprinkled? _____ If Yes, blueprints included _____ Or Explain _____

Entrance Changes (Ingress/Egress) _____ If Yes, Explain _____

Zoning Applications applied for (Site & Development Plan, Special Exception, etc.) _____