

Columbia County Remodel or Addition Permit Application

For Office Use Only Application # 60980 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
 Site Plan Env. Health Approval _____ Sub VF Form

*This page not required if Online submission.

Fax _____
 Applicant (Person authorized to submit forms) Don Bills Phone 386-7546140
 Address 160 NE OAK FOREST Glen WACE CITY FL 32055
 Owners Name CYNTHIA GRAVES Phone 867-0714
 911 Address same 539 W CRAZYO WACE CITY FL, 32025
 Contractors Name Don Bills Phone 386-7546140
 Address 160 NE OAK FOREST Glen

Applicants Email HeartTown Plumbing @ Hotmail ***Include to get updates on this job.
 Fee Simple Owner Name & Address _____
 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 _____ Estimated Construction Cost 5500
 Subdivision Name _____ Lot _____ Block _____ Unit _____ Phase _____

Special Driving Instructions - Only - 441 TO CR240 LEFT
Job on left

Construction of Re pipe water _____ Commercial OR Residential
 Type of Structure (House; Mobile Home; Garage; Exxon) _____
 Use/Occupancy of the building now _____ Is this changing _____
 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.) _____