

Bathroom  
only

4

Columbia County New Building Permit Application

For Office Use Only	Application # <u>65095</u>	Date Received _____	By _____	Permit # <u>50150</u>
Zoning Official _____	Date _____	Flood Zone _____	Land Use _____	Zoning _____
FEMA Map # _____	Elevation _____	MFE _____	River _____	Plans Examiner <u>T.G.</u> Date <u>5-24-24</u>
Comments _____				
<input type="checkbox"/> NOC <input type="checkbox"/> EH <input type="checkbox"/> Deed or PA <input type="checkbox"/> Site Plan <input type="checkbox"/> State Road Info <input type="checkbox"/> 911 Sheet <input type="checkbox"/> Parent Parcel # _____				
<input type="checkbox"/> Dev Permit # _____ <input type="checkbox"/> In Floodway <input type="checkbox"/> Letter of Auth. from Contractor <input type="checkbox"/> F W Comp. letter				
<input type="checkbox"/> Owner Builder Disclosure Statement <input type="checkbox"/> Land Owner Affidavit <input type="checkbox"/> Ellisville Water <input type="checkbox"/> <input type="checkbox"/> Sub VF Form				
Septic Permit No. <u>24-0250</u> OR City Water <input checked="" type="checkbox"/> Fax _____				
Applicant (Who will sign/pickup the permit) <u>William Scott</u> Phone <u>386-365-1222</u>				
Address <u>780 SW Ridge St Lake City FI 32024</u>				
Owners Name <u>Lonnie Johns / Chrsit central Ministries</u> Phone <u>386-755-2525</u>				
911 Address <u>359 SW Dyal Ave Lake City FI 32024</u>				
Contractors Name <u>William Scott</u> Phone <u>386-365-1222</u>				
Address <u>780 SW Ridge St Lake city FI 32024</u>				
Contact Email <u>wscottconstruction@gmail.com</u> ***Updates will be sent here				
Fee Simple Owner Name & Address <u>Lonnie Johns 359 SW Dyal Ave Lake City FI 32024</u>				
Bonding Co. Name & Address <u>N/A</u>				
Architect/Engineer Name & Address <u>Nicholas Geisler Architect --AR0007005</u>				
Mortgage Lenders Name & Address <u>N/A</u>				
Circle the correct power company - FL Power & Light - Clay Elec. - Suwannee Valley Elec. - Duke Energy				
Property ID Number <u>26-4S-16-03189-003 (15645)</u> Estimated Construction Cost <u>200,000.00</u>				
Subdivision Name _____ Lot _____ Block _____ Unit _____ Phase _____				
Construction of <u>Restrooms</u> <input checked="" type="checkbox"/> Commercial OR <input type="checkbox"/> Residential				
Proposed Use/Occupancy <u>Educational</u> Number of Existing Dwellings on Property <u>3</u>				
Is the Building Fire Sprinkled? <u>Yes</u> If Yes, blueprints included <u>Yes</u> Or Explain _____				
<input type="checkbox"/> Check Proposed - <input type="checkbox"/> Culvert Permit <input type="checkbox"/> Culvert Waiver <input type="checkbox"/> D.O.T. Permit <input type="checkbox"/> Have an Existing Drive <input checked="" type="checkbox"/>				
Actual Distance of Structure from Property Lines - Front _____ Side _____ Side _____ Rear _____				
Number of Stories <u>01</u> Heated Floor Area <u>7700</u> Total Floor Area <u>7700</u> Acreage _____				
Zoning Applications applied for (Site & Development Plan, Special Exception, etc.) _____				