



Checklist:

<input type="checkbox"/> Address	<input type="checkbox"/> Application Submitted
<input type="checkbox"/> Drive/ROW	<input type="checkbox"/> Zoning Review
<input type="checkbox"/> Septic	<input type="checkbox"/> Plans Reviewed
<input type="checkbox"/> Site Use Approved	<input type="checkbox"/> Required Inspections Assigned
<input type="checkbox"/> Docs Reviewed/Accepted	<input type="checkbox"/> FDEP Needed <input type="checkbox"/> Invoiced

APPLICANT: Lynn Smith

PHONE: (855) 478-4290

ADDRESS: 712 N Pine Ave, #B Green Cove Springs, FL 32043

OWNER: WEEKS RACHEL M,

PHONE: (855) 478-4290

ADDRESS: 403 NW DIVIDER TER LAKE CITY, FL 32055

PARCEL ID: 27-3S-16-02345-004

SUBDIVISION: WEST LAKE CITY HILLS ADDITION NO 2

LOT: 3 BLOCK: E PHASE: _____ UNIT: _____ ACRES: 0.97

CONTRACTOR	TYPE	LIC#	BUSINESS NAME
Scott Sarel	General	CBC1264981	Miracle Windows and Sunrooms

JOB DETAILS

Description of the work being performed:	Remove and replace windows like for like
Total Estimated Cost	19000
Commercial or Residential?	Residential
Type of Structure	Mobile Home
Heated Area (Sqft)	2052
Total Area (Sqft)	2508
If remodel of damage, what was the cause?	N/A
Site Plan Setbacks Front	1
Site Plan Setback Side 1	1
Site Plan Setback Side 2	1
Site Plan Setbacks Rear	1
Existing Dwelling Units	
Septic#	
Power Company Used:	
Service Amps	1
Current Use/Occupancy of building:	residence
Is this changing?	
If Yes, Explain, Proposed Use/Occupancy	
Is the building Fire Sprinkled?	
Are blue prints included?	
Any driveway changes?	No
Please explain any Ingress/Egress changes:	
Zoning Applications applied for (Site & Development Plan, Special Exception, etc.)	

Review Notes: