

CASN
Columbia County New Building Permit Application

For Office Use Only Application # 1908-118 Date Received 8/30 By [Signature] Permit # 38617
 Zoning Official LH Date 9-16-19 Flood Zone X Land Use Ag Zoning A-3
 FEMA Map # N/A Elevation N/A MFE N/A River N/A Plans Examiner T.C. Date 9-16-19
 Comments Non Habitable detached garage (Front 30' Sides 25' Rear 25')
☒ NOC ☒ DEH ☐ Deed or PA ☒ Site Plan ☐ State Road Info ☐ Well letter ☐ 911 Sheet ☐ Parent Parcel #
☐ 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

Septic Permit No. 19-0669 OR City Water ☐ Fax _____

Applicant (Who will sign/pickup the permit) Michael J. Cousins Phone 847-774-9445

Address 18015 S. US Hwy 441 Lake City FL 32024

Owners Name Michael J. Cousins Phone 847-774-9445

911 Address 18015 S. US Hwy 441 Lake City FL 32024

Contractors Name (owner) Michael J. Cousins Phone 847.774.9445

Address _____

Contractor Email bcuziam12@hotmail.com ***Include to get updates on this job.

Fee Simple Owner Name & Address _____

Bonding Co. Name & Address _____

Architect/Engineer Name & Address NICHOLAS P. GELSTER, AR 1758 NW BROWN RD LAKE CITY, FL 32055

Mortgage Lenders Name & Address _____

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

Property ID Number 27.65.12 09787-000 Estimated Construction Cost \$12,000.00

Subdivision Name SHADOW WOOD Lot 55 Block _____ Unit 11 Phase _____

Driving Directions from a Major Road 1/4 mi NORTH of Hwy 441 (18 towards)

(FT. WHITE) OR EXACTLY 4 MILES SOUTH of I-75

ON US HWY 441

Construction of GARAGE (Detached) Commercial OR ☒ Residential

Proposed Use/Occupancy PRIVATE Number of Existing Dwellings on Property 1

Is the Building Fire Sprinkled? NO If Yes, blueprints included _____ Or Explain _____

Circle Proposed ☐ Culvert Permit or ☐ Culvert Waiver or ☐ D.O.T. Permit or ☒ Have an Existing Drive

Actual Distance of Structure from Property Lines - Front 240' Side 137' Side 281' Rear 400'

Number of Stories 1 Heated Floor Area 0 Total Floor Area 780 sq ft Acreage 7.83

Zoning Applications applied for (Site & Development Plan, Special Exception, etc.) \$17680

Columbia County Building Permit Application

CODE: Florida Building Code 2017 and the 2014 National Electrical Code.

Application is hereby made to obtain a permit to do work and installations as indicated. I certify that no work or installation has commenced prior to the issuance of a permit and that all work be performed to meet the standards of all laws regulating construction in this jurisdiction.

TIME LIMITATIONS OF APPLICATION: An application for a permit for any proposed work shall be deemed to have been abandoned 180 days after the date of filing, unless pursued in good faith or a permit has been issued.

TIME LIMITATIONS OF PERMITS: Every permit issued shall become invalid unless the work authorized by such permit is commenced within 180 days after its issuance, or if the work authorized by such permit is suspended or abandoned for a period of 180 days after the time work is commenced. A valid permit receives an approved inspection every 180 days. Work shall be considered not suspended, abandoned or invalid when the permit has received an approved inspection within 180 days of the previous approved inspection.

FLORIDA'S CONSTRUCTION LIEN LAW: Protect Yourself and Your Investment: According to Florida Law, those who work on your property or provide materials, and are not paid-in-full, have a right to enforce their claim for payment against your property. This claim is known as a construction lien. If your contractor fails to pay subcontractors or material suppliers or neglects to make other legally required payments, the people who are owed money may look to your property for payment, even if you have paid your contractor in full. This means if a lien is filed against your property, it could be sold against your will to pay for labor, materials or other services which your contractor may have failed to pay.

NOTICE OF RESPONSIBILITY TO CONTRACTOR AND AGENT: **YOU ARE HEREBY NOTIFIED** as the recipient of a building permit from Columbia County, Florida, you will be held responsible to the County for any damage to sidewalks and/or road curbs and gutters, concrete features and structures, together with damage to drainage facilities, removal of sod, major changes to lot grades that result in ponding of water, or other damage to roadway and other public infrastructure facilities caused by you or your contractor, subcontractors, agents or representatives in the construction and/or improvement of the building and lot for which this permit is issued. No certificate of occupancy will be issued until all corrective work to these public infrastructures and facilities has been corrected.

WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOU PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT.

OWNERS CERTIFICATION: I CERTIFY THAT ALL THE FOREGOING INFORMATION IS ACCURATE AND THAT ALL WORK WILL BE DONE IN COMPLIANCE WITH ALL APPLICABLE LAWS REGULATING CONSTRUCTION AND ZONING.

NOTICE TO OWNER: There are some properties that may have deed restrictions recorded upon them. These restrictions may limit or prohibit the work applied for in your building permit. You must verify if your property is encumbered by any restrictions or face possible litigation and or fines.

MICHAEL J. Cousins
Print Owners Name

[Signature]
Owners Signature

****Property owners must sign here before any permit will be issued.**

****If this is an Owner Builder Permit Application then, ONLY the owner can sign the building permit when it is issued.**

CONTRACTORS AFFIDAVIT: By my signature I understand and agree that I have informed and provided this written statement to the owner of all the above written responsibilities in Columbia County for obtaining this Building Permit including all application and permit time limitations.

Contractor's Signature

Contractor's License Number
Columbia County
Competency Card Number

Affirmed under penalty of perjury to by the Contractor and subscribed before me this ____ day of ____ 20__.

Personally known ☐ or Produced Identification _____

SEAL:

State of Florida Notary Signature (For the Contractor)

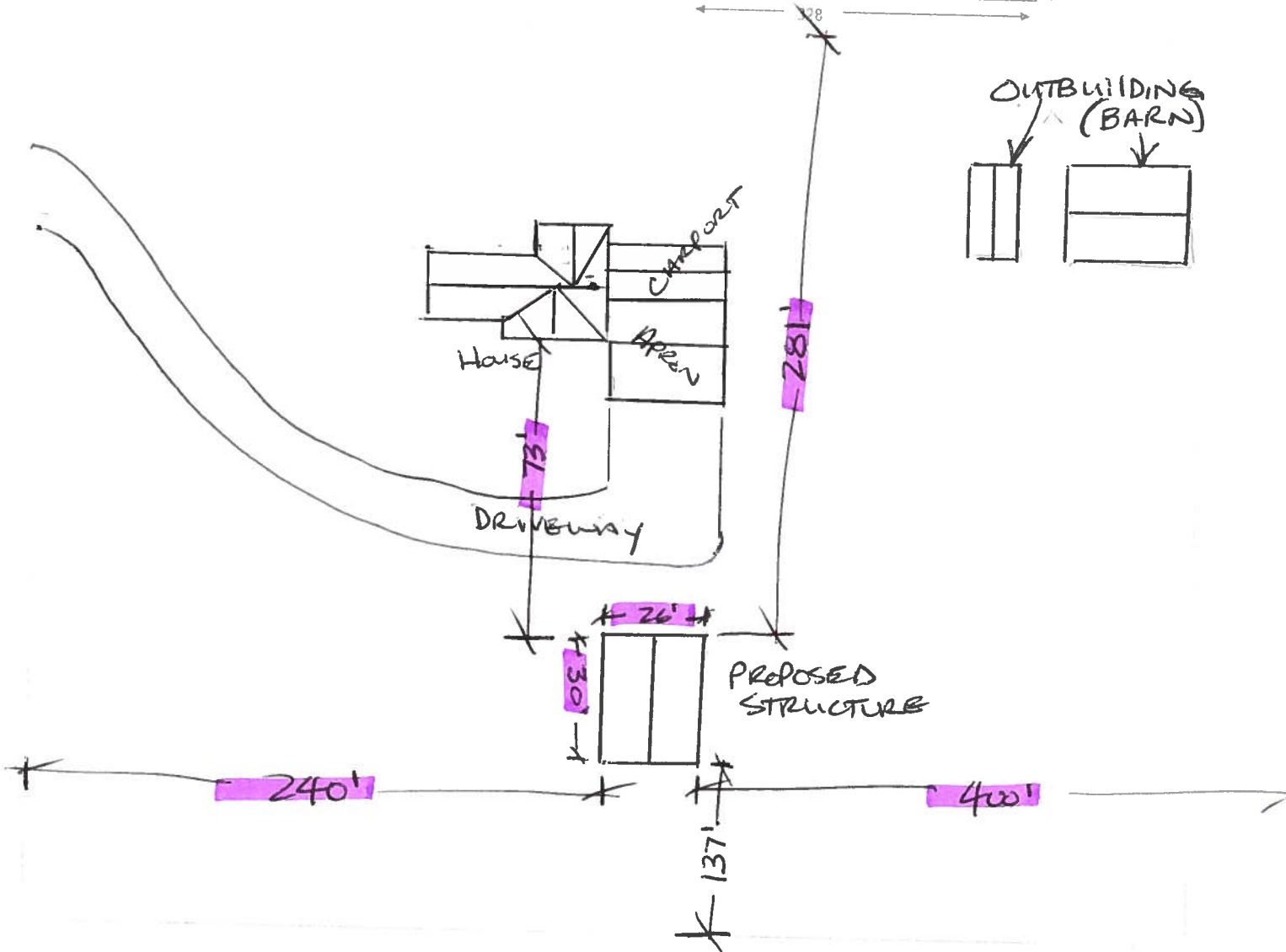
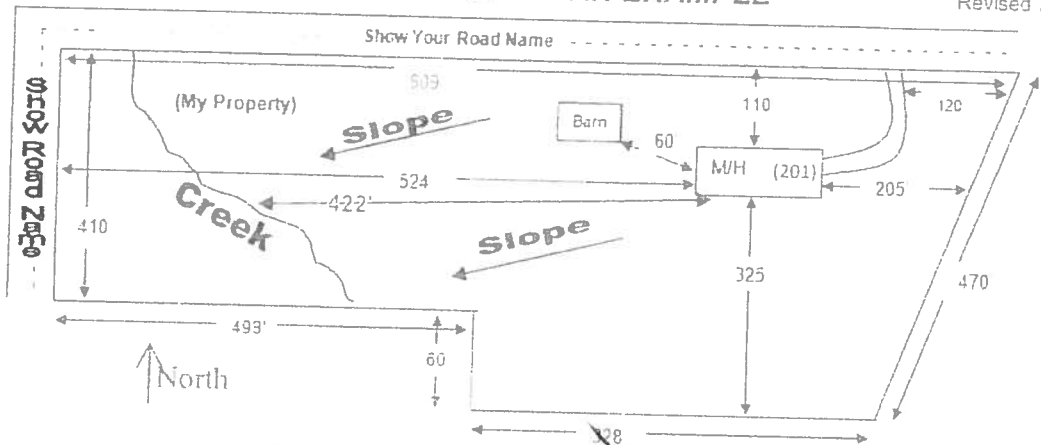
SITE PLAN CHECKLIST

- ___ 1) Property Dimensions
- ___ 2) Footprint of proposed and existing structures (including decks), label these with existing addresses
- ___ 3) Distance from structures to all property lines
- ___ 4) Location and size of easements
- ___ 5) Driveway path and distance at the entrance to the nearest property line
- ___ 6) Location and distance from any waters, sink holes, wetlands, and etc.
- ___ 7) Show slopes and or drainage paths
- ___ 8) Arrow showing North direction

SITE PLAN EXAMPLE

Revised 7/1/15

NOTE:
This site plan can
be copied and used
with the 911
Addressing Dept.
application forms.



Prepared by and Return to:
Donica Daniel email: DDaniel@LETPC.com an employee of
Leading Edge Title Partners of Central Florida, LTD
960 South Orlando Avenue
Winter Park, Florida 32789
407-844-2777

Inst. 201512006488 Date: 4/13/2015 Time: 10:23 AM
Doc Stamp-Deed 315.00
DC P. DeWitt Cason, Columbia County Page 1 of 2 B: 1292 P: 1743

File Number: CF15/117

WARANTY DEED

This Indenture, made April 2, 2015 A.D., by and between
Maple Investment Properties, LLC, a Florida Limited Liability Company, whose post office address
is 395 Commercial Ct A-2, Venice, Florida 34292, Grantor and **Michael Joseph Cousins and Dawn
Ellen Cousins, husband and wife** whose post office address is 9795 274th Avenue, Trevor, Wisconsin
53179, Grantee,

Witnesseth, that the said Grantor, for and in consideration of the sum of Ten and No/100
Dollars (\$10.00), to it in hand paid by the said Grantee, the receipt whereof is hereby acknowledged, has
granted, bargained and sold to the said Grantee forever, the following described land, situate, lying and
being in the County of Columbia, State of Florida, to wit

A part of the NW 1/4 of Section 27, Township 6 South, Range 17 East, Columbia County,
Florida, being more particularly described as follows:

Commence at the SW corner of Lot 55, of Shadow Wood, Unit II, as per plat thereof, as
recorded in Plat Book 6 Page 24 through 24B, inclusive, Public Records of Columbia County,
Florida; thence run North 02° 28' 36" West along the West line of said Lot 55, 684.71 feet to the
Point of Beginning; thence continue North 02° 28' 36" West, still along said West line, 476.78
feet; thence South 88° 06' 21" West, 664.83 feet to the Easterly Right of Way of US Highway No.
41 having a 150.00 foot Right of Way; thence South 08° 36' 32" West, along said Right of Way,
489.81 feet; thence North 87° 44' 04" East 768.69 feet to the Point of Beginning

Parcel Identification Number: R09787-000

Subject to covenants, conditions, restrictions, easements of record, and taxes for the current year.

And the said Grantor does hereby fully warrant the title to said land, and will defend the same
against the lawful claims of all persons whomsoever.

In Witness Whereof, the said Grantor has caused this instrument to be executed in its name by
its duly authorized officer and caused its corporate seal to be affixed the day and year first above written.

Signed, sealed and delivered in the presence
of these witnesses:

Witness Signature
Print Name: Michael Worthington

Witness Signature
Print Name: Laura Price

Maple Investment Properties, LLC, a Florida
Limited Liability Company

By: Shannon Worthington, Manager

State of Florida

County of Sarasota

THE FOREGOING INSTRUMENT WAS ACKNOWLEDGED before me on April 02, 2016, by Shannon Worthington, as Manager of and on behalf of Maple Investment Properties LLC, a Florida Limited Liability Company Who is personally known to me or has produced a valid driver's license as identification

Laura L. Price
NOTARY PUBLIC

Laura L. Price
Notary Print Name
My Commission Expires 9-12-16



LAURA L. PRICE
MY COMMISSION # EE 198129
EXPIRES: September 12, 2016
Bonded Thru Budget Notary Services



COLUMBIA COUNTY BUILDING DEPARTMENT

135 NE Hernando Ave., Suite B-21

Lake City, FL 32055

Office: 386-758-1008 Fax: 386-758-2160

OWNER BUILDER DISCLOSURE STATEMENT

I understand that state law requires construction to be done by a licensed contractor and have applied for an owner-builder permit under an exemption from the law. The exemption specifies that I, as the owner of the property listed, may act as my own contractor with certain restrictions even though I do not have a license.

I understand that building permits are not required to be signed by a property owner unless he or she is responsible for the construction and is not hiring a licensed contractor to assume responsibility.

I understand that, as an owner-builder, I am the responsible party of record on a permit. I understand that I may protect myself from potential financial risk by hiring a licensed contractor and having the permit filed in his or her name instead of my own name. I also understand that a contractor is required by law to be licensed and bonded in Florida and to list his or her license numbers on permits and contracts.

I understand that I may build or improve a one-family or two-family residence or farm outbuilding. I may also build or improve a commercial building if the costs do not exceed \$75,000. The building or residence must be for my own use or occupancy. It may not be built or substantially improved for sale or lease. If a building or residence that I have built or substantially improved myself is sold or leased within 1 year after the construction is complete, the law will presume that I built or substantially improved it for sale or lease, which violates the exemption.

I understand that, as the owner-builder, I must provide direct, onsite supervision of the construction.

I understand that I may not hire an unlicensed person to act as my contractor or to supervise persons working on my building or residence. It is my responsibility to ensure that the persons whom I employ have the licenses required by law and by county or municipal ordinance.

I understand that it is frequent practice of unlicensed persons to have the property owner obtain an owner-builder permit that erroneously implies that the property owner is providing his or her own labor and materials. I, as an owner-builder, may be held liable and subjected to serious financial risk for any injuries sustained by an unlicensed person or his or her employees while working on my property. My homeowner's insurance may not provide coverage for those injuries. I am willfully acting as an owner-builder and am aware of the limits of my insurance coverage for injuries to workers on my property.

I understand that I may not delegate the responsibility for supervising work to a licensed contractor who is not licensed to perform the work being done. Any person working on my building who is not licensed must work under my direct supervision and must be employed by me, which means that I must comply with laws requiring the withholding of federal income tax and social security contributions under the Federal Insurance Contributions Act (FICA) and must provide workers' compensation for the employee. I understand that my failure to follow these laws may subject me to serious financial risk.

I agree that, as the party legally and financially responsible for this proposed construction activity, I will abide by all applicable laws and requirements that govern owner-builders as well as employers. I also understand that the construction must comply with all applicable laws, ordinances, building codes, and zoning regulations.

I understand that I may obtain more information regarding my obligations as an employer from the Internal Revenue Service, the United States Small Business Administration, the Florida Department of Financial Services, and the Florida Department of Revenue. I also understand that I may contact the Florida Construction Industry Licensing Board at 850-487-1395 or Internet website address <http://www.myfloridalicense.com/dbpr/> for more information about licensed contractors.

I am aware of, and consent to, an owner-builder building permit applied for in my name and understand that I am the party legally and financially responsible for the proposed construction activity at the following address:

18015 S US Hwy 441

I agree to notify Columbia County Building Department immediately of any additions, deletions, or changes to any of the information that I have provided on this disclosure. Licensed contractors are regulated by laws designed to protect the public. If you contract with a person who does not have a license, the Construction Industry Licensing Board and Department of Business and Professional Regulation may be unable to assist you with any financial loss that you sustain as a result of a complaint. Your only remedy against an unlicensed contractor may be in civil court. It is also important for you to understand that, if an unlicensed contractor or employee of an individual or firm is injured while working on your property, you may be held liable for damages. If you obtain an owner-builder permit and wish to hire a licensed contractor, you will be responsible for verifying whether the contractor is properly licensed and the status of the contractor's workers' compensation coverage.

I understand that if I hire subcontractors they must be licensed for that type of work in Columbia County, ex: framing, stucco, masonry, and state registered builders. Registered Contractors must have a minimum of \$300,000.00 in General Liability insurance coverage and the proper workers' compensation. Specialty Contractors must have a minimum of \$100,000.00 in General Liability insurance coverage and the proper workers' compensation coverage.

Before a building permit can be issued, this disclosure statement must be completed and signed by the property owner and returned to Columbia County Building Department.

TYPE OF CONSTRUCTION

- () Single Family Dwelling () Two-Family Residence ☒ Farm Outbuilding
() Addition, Alteration, Modification or other Improvement
() Commercial, Cost of Construction _____ for construction of _____
(☒ Other GARAGE)

I MICHAEL J. COUSINS, have been advised of the above disclosure statement for exemption from contractor licensing as an owner/builder. I agree to comply with all requirements provided for in Florida Statutes allowing this exception for the construction permitted by Columbia County Building Permit.

[Signature]
Owner Builder Signature

08-30-2019
Date

NOTARY OF OWNER BUILDER SIGNATURE

The above signer is personally known to me or produced identification _____

Notary Signature Nicole Spears Date 8/30/19



FOR BUILDING DEPARTMENT USE ONLY

I hereby certify that the above listed owner builder has been given notice of the restriction stated above.

Building Official/Representative

[Signature]

Legend

2018Aerials



Parcels



Roads

Roads

others



Dirt



Interstate



Main

Other

Paved



Private

2018 Flood Zones



0.2 PCT ANNUAL CHANCE



A



AE



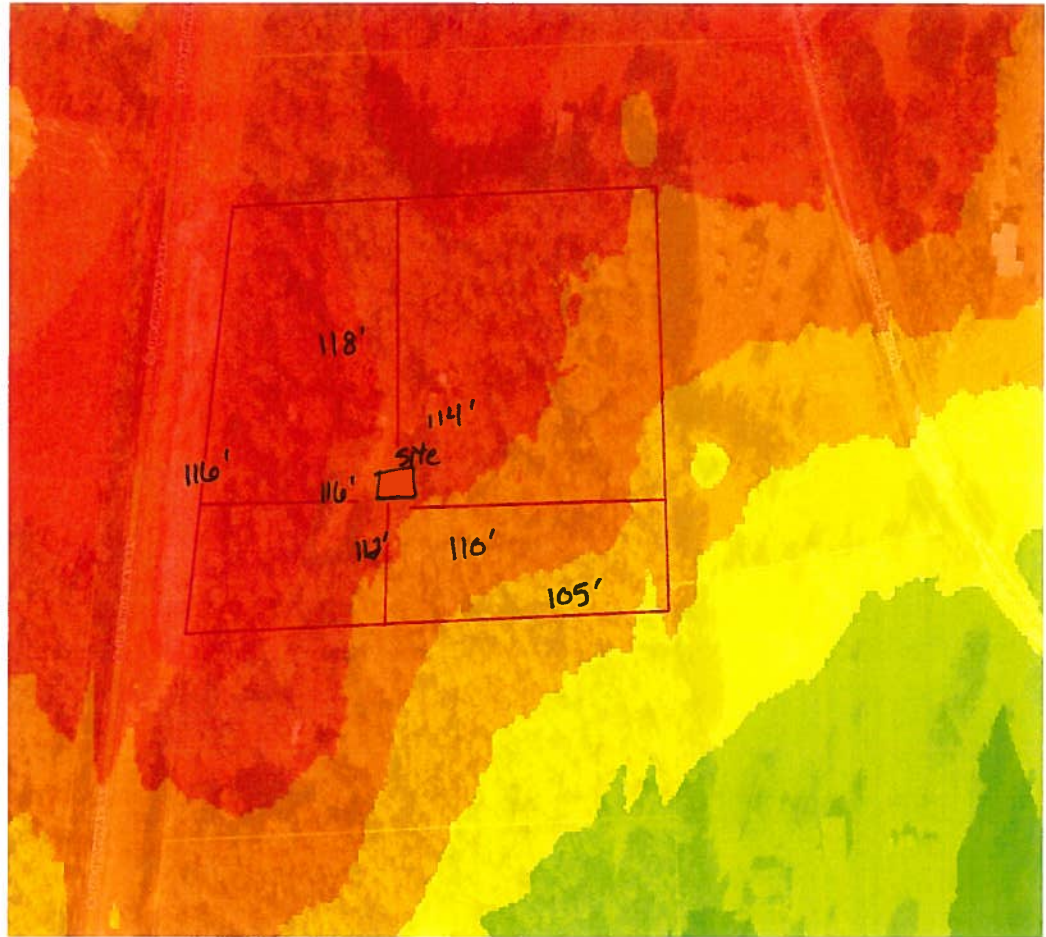
AH

LidarElevations



Columbia County, FLA - Building & Zoning Property Map

Printed: Wed Sep 04 2019 08:38:20 GMT-0400 (Eastern Daylight Time)



Parcel Information

Parcel No: 27-6S-17-09787-000

Owner: COUSINS MICHAEL JOSEPH

Subdivision:

Lot:

Acres: 7.77127647

Deed Acres: 7.83 Ac

District: District 4 Toby Witt

Future Land Uses: Agriculture - 3

Flood Zones:

Official Zoning Atlas: A-3

All data, information, and maps are provided "as is" without warranty or any representation of accuracy, timeliness of completeness. Columbia County, FL makes no warranties, express or implied, as to the use of the information obtained here. There are no implied warranties of merchantability or fitness for a particular purpose. The requester acknowledges and accepts all limitations, including the fact that the data, information, and maps are dynamic and in a constant state of maintenance, and update.

Columbia County Property Appraiser

updated: 8/14/2019

Parcel: 27-6S-17-09787-000

<< Next Lower Parcel Next Higher Parcel >>

Tax Collector

Tax Estimator

Property Card

Parcel List Generator

2019 TRIM (pdf)

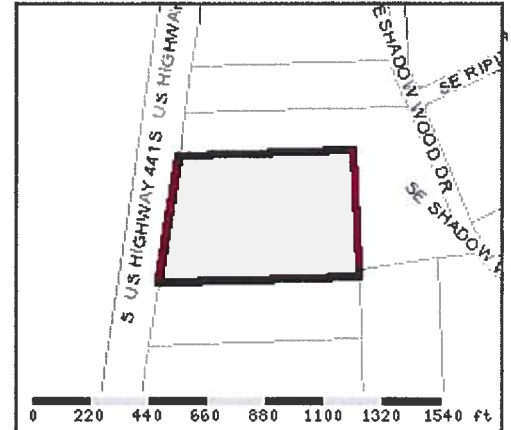
Interactive GIS Map

Print

Owner & Property Info

Search Result: 1 of 1

Owner's Name	COUSINS MICHAEL JOSEPH		
Mailing Address	18015 S US HIGHWAY 441 LAKE CITY, FL 32024		
Site Address	18015 S US HIGHWAY 441		
Use Desc. (code)	SINGLE FAM (000100)		
Tax District	3 (County)	Neighborhood	27617
Land Area	7.830 ACRES	Market Area	02
Description	NOTE: This description is not to be used as the Legal Description for this parcel in any legal transaction.		
COMM SW COR OF LOT 55 SHADOW WOOD UNIT II, RUN N 684.71 FT FOR POB, CONT N 476.78 FT, W 664.83 FT TO E RW OF US HWY 41, S 489.81 FT, E 758.59 FT TO POB, WD 1107-76, WD 1188- 2789, CT 1268-1672, WD 1283- 1095, WD 1292-478, WD 1292- 1743, QC 1304-1496,			



Property & Assessment Values

2018 Certified Values		
Mkt Land Value	cnt: (0)	\$34,935.00
Ag Land Value	cnt: (1)	\$0.00
Building Value	cnt: (1)	\$35,848.00
XFOB Value	cnt: (2)	\$2,717.00
Total Appraised Value		\$73,500.00
Just Value		\$73,500.00
Class Value		\$0.00
Assessed Value		\$70,106.00
Exempt Value	(code: HX H3)	\$45,106.00
Total Taxable Value	Cnty: \$25,000 Other: \$25,000 Schl: \$45,106	

2019 Working Values		
Mkt Land Value	cnt: (0)	\$34,935.00
Ag Land Value	cnt: (1)	\$0.00
Building Value	cnt: (1)	\$42,431.00
XFOB Value	cnt: (2)	\$2,717.00
Total Appraised Value		\$80,083.00
Just Value		\$80,083.00
Class Value		\$0.00
Assessed Value		\$71,438.00
Exempt Value	(code: HX H3)	\$46,438.00
Total Taxable Value	Cnty: \$25,000 Other: \$25,000 Schl: \$46,438	

NOTE: 2019 Working Values are NOT certified values and therefore are subject to change before being finalized for ad valorem assessment purposes.

Sales History

Show Similar Sales within 1/2 mile

Sale Date	OR Book/Page	OR Code	Vacant / Improved	Qualified Sale	Sale RCode	Sale Price
11/17/2015	1304/1496	QC	I	U	11	\$100.00
4/2/2015	1292/478	WD	I	U	18	\$40,000.00
4/2/2015	1292/1743	WD	I	Q	01	\$45,000.00
1/16/2014	1283/1095	WD	I	U	18	\$0.00
1/8/2014	1268/1672	CT	I	U	18	\$100.00
11/13/2009	1188/2789	WD	I	U	11	\$0.00
12/29/2006	1107/76	WD	I	Q		\$180,000.00

Building Characteristics

Bldg Item	Bldg Desc	Year Blt	Ext. Walls	Heated S.F.	Actual S.F.	Bldg Value
1	SINGLE FAM (000100)	1973	BD/BATTEN (06)	1528	2222	\$42,431.00
Note: All S.F. calculations are based on exterior building dimensions.						

Extra Features & Out Buildings

Code	Desc	Year Blt	Value	Units	Dims	Condition (% Good)
0031	BARN,MT AE	1993	\$600.00	0000001.000	0 x 0 x 0	(000.00)
0031	BARN,MT AE	2013	\$2,117.00	0000392.000	14 x 28 x 0	AP (040.00)

Land Breakdown

SUBCONTRACTOR VERIFICATION

APPLICATION/PERMIT # 1908-118 JOB NAME LOUSINS

THIS FORM MUST BE SUBMITTED BEFORE A PERMIT WILL BE ISSUED

Columbia County issues combination permits. One permit will cover all trades doing work at the permitted site. It is **REQUIRED** that we have records of the subcontractors who actually did the trade specific work under the general contractors permit.

NOTE: It shall be the responsibility of the general contractor to make sure that all of the subcontractors are licensed with the Columbia County Building Department.

Use website to confirm licenses: <http://www.columbiacountyfla.com/PermitSearch/ContractorSearch.aspx>

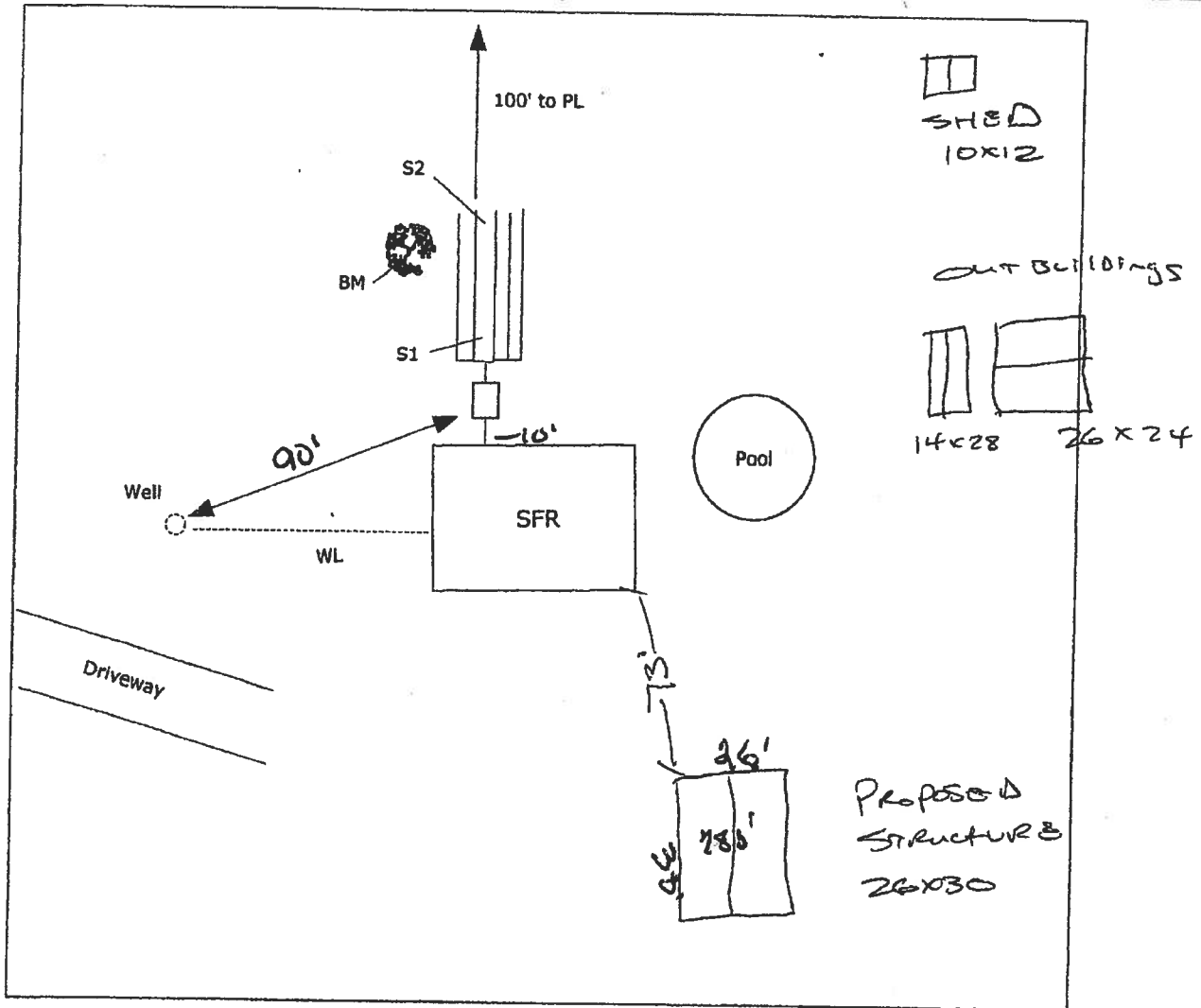
NOTE: If this should change prior to completion of the project, it is your responsibility to have a corrected form submitted to our office, before that work has begun.

Violations will result in stop work orders and/or fines.

ELECTRICAL <input checked="checked" type="checkbox"/>	Print Name <u>MICHAEL COUSINS</u> <u>OWNER</u> Signature <u>[Signature]</u> Company Name: _____ License #: _____ Phone #: _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
MECHANICAL/A/C <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
PLUMBING/GAS <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
ROOFING <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
SHEET METAL <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
FIRE SYSTEM/SPRINKLER <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
SOLAR <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
STATE SPECIALTY <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE

**STATE OF FLORIDA
DEPARTMENT OF HEALTH
APPLICATION FOR CONSTRUCTION PERMIT**

Permit Application Number 19-11010



Notes:

Plan Approved ☒ Not Approved ☐

By [Signature]

ESI

Columbra

Date 09-30-2019

County Health Department

9/13/19

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT



STATE OF FLORIDA
DEPARTMENT OF HEALTH
ONSITE SEWAGE TREATMENT AND DISPOSAL
SYSTEM
APPLICATION FOR CONSTRUCTION PERMIT

PERMIT NO. 19-2669
DATE PAID: 9/3/19
FEE PAID: 20.00
RECEIPT #: 1431634

APPLICATION FOR:

☐ New System ☐ Existing System ☐ Holding Tank ☐ Innovative
☐ Repair ☐ Abandonment ☐ Temporary ☒ GARAGE

APPLICANT: Michael J. Cousins

AGENT: _____ TELEPHONE: 847-774-944

MAILING ADDRESS: 18015 S. US Hwy 441 Lake City FL 32024

TO BE COMPLETED BY APPLICANT OR APPLICANT'S AUTHORIZED AGENT. SYSTEMS MUST BE CONSTRUCTED BY A PERSON LICENSED PURSUANT TO 489.105(3)(m) OR 489.552, FLORIDA STATUTES. IT IS THE APPLICANT'S RESPONSIBILITY TO PROVIDE DOCUMENTATION OF THE DATE THE LOT WAS CREATED OR PLATTED (MM/DD/YY) IF REQUESTING CONSIDERATION OF STATUTORY GRANDFATHER PROVISIONS.

PROPERTY INFORMATION

LOT: 55 BLOCK: _____ SUBDIVISION: SHADOW WOOD PLATTED: _____

PROPERTY ID #: R09787-000 ZONING: _____ I/M OR EQUIVALENT: ☐ Y ☒ N

PROPERTY SIZE: 7.93 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐ $\leq 2000\text{GPD}$ ☐ $> 2000\text{GPD}$

IS SEWER AVAILABLE AS PER 381.0065, FS? ☐ Y ☒ N DISTANCE TO SEWER: _____ FT

PROPERTY ADDRESS: 18015 S. US HWY 441 LAKE CITY FL 32024

DIRECTIONS TO PROPERTY: 4 mi South of I-75 on US Hwy 441

BUILDING INFORMATION

☒ RESIDENTIAL ☐ COMMERCIAL

Unit No	Type of Establishment	No. of Bedrooms	Building Area Sqft	Commercial/Institutional System Design Table 1, Chapter 64E-6, FAC
1	<u>GARAGE</u>	<u>0</u>	<u>780</u>	
2				
3				
4				

☐ Floor/Equipment/Drains ☐ Other (Specify) _____

SIGNATURE: [Signature] DATE: 08-30-2019