Town of Fort White P.O. Box 129 Fort White, FL 32038 386-497-2321 Fax: 386-4974946

APPLICATION FOR BUILDING PERMIT/COMPLIANCE

50.00 FEE pd. FILE No. + 1293 - A Drecheen
Applicant's Name: Robert Hastings Phone 52 221-5770 Address 275 SW Thistewood Lane, Fort White FL 32038 Owner's Name: Robert Hastings Phone: Same Address: 59 me
Contractor's Name: NS
Address: NO
*****Location of property 275 SW This Heward Lane, Fort White, FL 3203
*****Type of development: Recronal Storage shed-metal
Land use & zoning: Cesidential, RSF-2 Minimum set-back: Street-front side 36 rear 25/ side 25/ Legal Description (acres):
Parael # 04056-118 I certify that all work will be performed to meet the standards of all laws regulating construction in this
jurisdiction and that all the foregoing information is accurate and all work will be done in compliance with all laws regulating construction and zoning.
Contractor's License Number Apalicant Owner Contractor
12-18-23 Corner Erecher Approved by Reviewing Clark
Date Approved by Reviewing Clerk

*******IF PROPERTY IS NOT OWNED BY APPLICANT, A STATEMENT FROM THE OWNER AUTHORIZING USE OF PROPERTY FOR THE TYPE OF DEVELOPMENT STATED ON THIS APPLICATION WILL BE REQUIRED.

File No.	Town of Fort White
Name of Applicant Robert Hasting	Building Compliance Check List
Address 275 SW Thist Lewood	1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
	2 LINIE, FOR While, FL 30038
Phone 322-321- S770	- 12
Physical location of site and current zoning $\frac{27}{5}$	7~
Type of Construction New () remodel renova	
Describe Construction Metal store	ige. Shed
Authorized owner or builder signs compliance applicat	tion.
Zoning is appropriate for type of construction. () Property will will not require application to SRWN	ID for viotar use man file
() Property will require curb cut or access culvert over ro	ad right of way from:
DOTColumbia County Tow	n of Fort White
() Property will A will not require Health Dept. Sanitary () Property will D will not require potable fresh water su	WasteWater Permit.
private well Town of Fort White mur	
() Property will require slab to be at least 1 foot above ele	evation (crown) of roadway.
() Property will will not require approval of solid was () Property will () will not require permit for infill or lar	te removal facilities.
t / Property will not require permit for milli of far	id temoval.
Applicant understands that a copy of the Town of Fort	White Land Use Certification
must be taken to Columbia County Building Departme of building permit. Certification of land use or zoning	nt for application and issuance
is NOT a building permit.	by the Found Foll White
Other steps required for Building Compliance: Pro	operty Owner will he
responsible for submitting a copy of the Colu.	mbia County Building Permit
to the Town of Fort White.	-
The applicant and Town of Fort White Clerk's Office hav and the information is true and correct.	e reviewed the foregoing information
1200	\mathcal{A}
Signature of Applicant	Signature of Reviewing Clerk
and the second second	• =
12-18-23 Date	Compliance given to applicant on
	Date 12-18-23

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number____ ------PART II - SITEPLAN ------501 Scale: Each block represents 10 feet and 1 inch = 40 feet. G- Drain House Notes: Site Plan submitted by: Robert Hustings

	*
ALL CHANGES MUST BE APPROVED BY	THE COUNTY HEALTH DEPARTMENT

Not Approved____

DEP 4915, 06-21-2022 (Obsoletes previous editions which may not be used) Incorporated: 62-8.004,F.A.C.

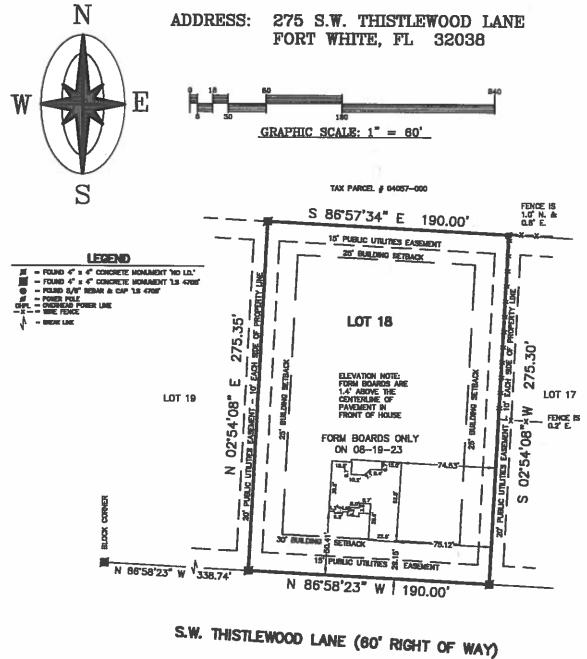
Plan Approved____

County Health Department

BOUNDARY SURVEY

LOT 18 OF THORNWOOD.

A SUBDIVISION AS PER PLAT THEREOF RECORDED IN PLAT BOOK 7, PAGES 202, 203 & 204 OF THE PUBLIC RECORDS OF COLUMBIA COUNTY, FLORIDA



	FLOOD CERTIFICATION THE LOT SHOWN HEREON LESS WITHIN ZONE X AS DESIGNATED ON THE FLOOD RISURANCE RATE MAP PANEL 12023C-0480 C OF 552 FOR COLLINEIA COUNTY ASSASS PETERMINED TO BE OUTSIDE THE	2. NO UNDERSTACED PETALLATIONS OF REPROPERTIES HAVE SEEN (LICATED) EMPET AS NOTED. 2. NO RETURNED TO FRECOND REPLECTING EASEMENTS, RIGHTS OF WAY, AND OR						
	FLORDA. SAID MAP DESCRIBES ZONE X AS BEING AREAS DETERMINED TO BE OUTSOE THE CL2 X AMBRIAL CHANCE FLOODPLAIN EFFECTIVE DATE 02-04-2000	TYPE SURVEY	FIELD WORK COMPLETED	DRAWING	PROJECT NO.		PAGE	
	CERTIFIED TO: DWC CONTRACTING, LLC,	BOUNDARY SURVEY FOUNDATION SURVEY		08-21-23	23-111	83	67	
	CAPITAL CITY BANK,	FINAL SURVEY			111			
	INTEGRITY TITLE SERVICES LLC,	REVISED 09-05-23 TO ADD CLOSING AGENT & BANK.						
			2605 N.W. 1-	LAND SI 12nd TERRAD DAVEDDPARRE	E, ALACHU	M FL 3		
ı	MADE UNDER MY RESPONSIBLE DIRECTION AND THAT THIS IS A TRUE AND CORRECT REPRESENTATION THEREOF TO THE SEET OF MY KNOWLEDGE AND	DAMD_D	PARRISH.	P.L.S.) 482-		
	BELIEF AND PURTHER THAT THIS BURNEY MEETS THE MINIMUM TECHNICAL STANDARDS AS SET FORTH BY THE FLORIDA SOARD OF PROFESSIONAL SURVEYORS IN CHAPTER SU-17 FLORIDA ADMINISTRATIVE COOP. PURSUANT TO SELTION 472.027, FLORIDA STATUTES.	Registered Florido	2/1-7	S		8-21- Date Sig		
	REPRODUCTIONS OF THIS SURVEY ARE NOT VALID UNLESS SIGNED BY THE SURVEYOR	AND SEALED WITH I	IS EMBOSSE	D SURVEYOR	'S SEAL, N	UMBER	4789.	