

Columbia County Remodel or Addition Permit Application

For Office Use Only Application # 60640 Date Received _____ By EW 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) DAVID SIMQUE Phone 386-867-0294

Address PO Box 2962 Lake City, FL 32056

Owners Name ESS LAKE CITY, LLC Phone 321-948-2421

911 Address Box 55528 Orlando FL 32855

Contractors Name DAVID SIMQUE Phone 386-867-0294

Address PO Box 2962 Lake City, FL 32056

Applicants Email david@simque.com ***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 01-45-16-02700-005 (10968) Estimated Construction Cost 180,000.00

Subdivision Name 1211 SW BASCOM NORRIS DR. Lot _____ Block _____ Unit _____ Phase _____

Special Driving Instructions - Only - _____

Construction of REMODEL ☒ Commercial OR ☐ Residential

Type of Structure (House; Mobile Home; Garage; Exxon) _____

Use/Occupancy of the building now VACANT Is this changing YES

If Yes, Explain, Proposed Use/Occupancy MEDICAL OFFICE

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

Entrance Changes (Ingress/Egress) NO If Yes, Explain _____

Zoning Applications applied for (Site & Development Plan, Special Exception, etc.) NO