

Columbia County Remodel Permit Application

For Office Use Only Application # 1905-37 Date Received 5-9-19 By LH Permit # 38251
 Zoning Official [Signature] Date 6/9/19 Flood Zone X Land Use RVLO Zoning RSF-1
 FEMA Map # _____ Elevation _____ MFE 1' above River _____ Plans Examiner T.C. Date 6-4-19
 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** 19-0447 ☒ Sub VF Form

Fax None

Applicant (Who will sign/pickup the permit) Donald E. Williams Phone 386-623-2484
 Address 541 SW Airpark Glen Lake City Fl 32025
 Owners Name Wendy A. Smithy Phone 386-288-2078
 911 Address 476-SW Broderick Dr. Lake City Fl 32025
 Contractors Name Donny Williams Construction Phone 386-6232-2484
 Address 541 SW Airpark Glen, Lake City, FL 32025
 Contractor Email dew24894@aol.com ***Include to get updates on this job.
 Fee Simple Owner Name & Address NA
 Bonding Co. Name & Address NA
 Architect/Engineer Name & Address Nicholas Paul Geisler, 1758 NW Brown Rd. Lake City, FL 32055
 Mortgage Lenders Name & Address NA
 Circle the correct power company ☐ FL Power & Light ☒ Clay Elec. ☐ Suwannee Valley Elec. ☐ Duke Energy
 Property ID Number 18-4S-17-08466-103 Estimated Construction Cost 50,000.00
 Subdivision Name Saddle of the South Estates Lot 3 Block _____ Unit _____ Phase _____
 Driving Directions from a Major Road South on SR #47: Then Right on Broderick Drive to house # 476

Attached to SFD

Construction of Mother-In-Law Suite _____ Commercial OR ☒ Residential
 Type of Structure (House; Mobile Home; Garage; Exxon) House Addition
 Use/Occupancy of the building now Residential Is this changing NO
 If Yes, Explain, Proposed Use/Occupancy _____
 Is the building Fire Sprinkled? no If Yes, blueprints included _____ Or Explain Heated Total
 Entrance Changes (Ingress/Egress) yes If Yes, Explain new driveway 576 962
 Zoning Applications applied for (Site & Development Plan, Special Exception, etc.) \$ 390.62
in spoke w/ Donny 6.7.19

Columbia County Building Permit Application

CODE: Florida Building Code 2017 6th Edition 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.

Wendy A. Smithy Wendy A. Smithy
Print Owners Name 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.

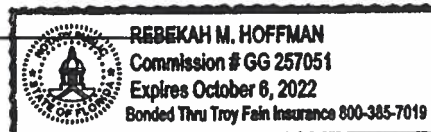
Donald E. Miller
Contractor's Signature

CGC 004692
Contractor's License Number
Columbia County
547 ✓
Competency Card Number

Affirmed under penalty of perjury to by the Contractor and subscribed before me this 9TH day of MAY 2019.

Personally known X or Produced Identification
Rebekah M. Hoffman
State of Florida Notary Signature (For the Contractor)

SEAL:



NOTICE OF COMMENCEMENT

Tax Parcel Identification Number:

18-4S-17-08466-103

Clerk's Office Stamp

Inst: 201912010777 Date: 05/09/2019 Time: 10:21AM
Page 1 of 1 B: 1384 P: 651, P.DeWitt Cason, Clerk of Court
Columbia, County, By: PT
Deputy Clerk

THE UNDERSIGNED hereby gives notice that improvements will be made to certain real property, and in accordance with Section 713.13 of the Florida Statutes, the following information is provided in this **NOTICE OF COMMENCEMENT**.

1. Description of property (legal description): Lot 3 Saddle of the South Estates
a) Street (job) Address: 476 Broderick Dr. Lake City, FL
2. General description of improvements: Home addition
3. Owner information or Lessee information if the Lessee contracted for the improvements:
a) Name and address: Wenda A. Smithy: 476 Broderick Drive Lake City, FL 32025
b) Name and address of fee simple titleholder (if other than owner): NA
c) Interest in property: 100%
4. Contractor Information
a) Name and address: Donald E. Williams: 541 SW Airpark Glen Lake City, FL 32025
b) Telephone No.: 386-6232484
5. Surety Information (if applicable, a copy of the payment bond is attached):
a) Name and address: NA
b) Amount of Bond: NA
c) Telephone No.: NA
6. Lender
a) Name and address: NA
b) Phone No.: NA
7. Person within the State of Florida designated by Owner upon whom notices or other documents may be served as provided by Section 713.13(1)(a)7., Florida Statutes:
a) Name and address: NONE
b) Telephone No.: NA
8. In addition to himself or herself, Owner designates the following person to receive a copy of the Lienor's Notice as provided in Section 713.13(1)(b), Florida Statutes:
a) Name: NONE OF NA
b) Telephone No.: NA
9. Expiration date of Notice of Commencement (the expiration date will be 1 year from the date of recording unless a different date is specified): NA

WARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713.13, FLORIDA STATUTES, AND CAN RESULT IN YOUR 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 YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.

STATE OF FLORIDA
COUNTY OF COLUMBIA

10.

Signature of Owner or Lessee, or Owner's or Lessee's Authorized Office/Director/Partner/Manager

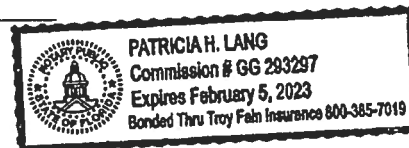
Printed Name and Signatory's Title/Office

The foregoing instrument was acknowledged before me, a Florida Notary, this 9th day of May, 2019, by:
Donald E. Williams as Contractor for Wenda A. Smithy
(Name of Person) (Type of Authority) (name of party on behalf of whom instrument was executed)

Personally Known ☒ OR Produced Identification ☐ Type NA

Notary Signature

Notary Stamp or Seal:



SUBCONTRACTOR VERIFICATION

APPLICATION/PERMIT # 1905-37 JOB NAME Sm: Hg

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="" type="checkbox"/> | Print Name <u>Donald Davis</u> Signature <u>[Signature]</u> | Need [] [] [] [] [] [] |
| CC# <u>380</u> | Company Name: <u>High Springs Electric, Inc</u> License #: <u>EC 0002306</u> Phone #: _____ | |
| MECHANICAL/ A/C <input type="checkbox"/> | Print Name _____ Signature _____ | Need [] [] [] [] [] [] |
| CC# _____ | Company Name: _____ License #: _____ Phone #: _____ | |
| PLUMBING/ GAS <input type="checkbox"/> | Print Name _____ Signature _____ | Need [] [] [] [] [] [] |
| CC# _____ | Company Name: _____ License #: _____ Phone #: _____ | |
| ROOFING <input checked="" type="checkbox"/> | Print Name <u>Donny Williams</u> Signature <u>[Signature]</u> | Need [] [] [] [] [] [] |
| CC# <u>547</u> | Company Name: <u>Donny Williams Const</u> License #: <u>004692</u> Phone #: <u>386-623-2484</u> | |
| SHEET METAL <input type="checkbox"/> | Print Name _____ Signature _____ | Need [] [] [] [] [] [] |
| CC# _____ | Company Name: _____ License #: _____ Phone #: _____ | |
| FIRE SYSTEM/ SPRINKLER <input type="checkbox"/> | Print Name _____ Signature _____ | Need [] [] [] [] [] [] |
| CC# _____ | Company Name: _____ License #: _____ Phone #: _____ | |
| SOLAR <input type="checkbox"/> | Print Name _____ Signature _____ | Need [] [] [] [] [] [] |
| CC# _____ | Company Name: _____ License #: _____ Phone #: _____ | |
| STATE SPECIALTY <input type="checkbox"/> | Print Name _____ Signature _____ | Need [] [] [] [] [] [] |
| CC# _____ | Company Name: _____ License #: _____ Phone #: _____ | |

SUBCONTRACTOR VERIFICATION

APPLICATION/PERMIT # 1805-37 JOB NAME Donnie Williams Constr. Smithy

THIS FORM MUST BE SUBMITTED BEFORE A PERMIT WILL BE ISSUED

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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 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 |
| MECHANICAL/A/C <u>B</u> <input checked="" type="checkbox"/> CC# <u>802</u> | Print Name <u>Clinton Wilson</u> Signature <u>Clinton B Wilson</u> Company Name: <u>Wilson Heat & Air Inc.</u> License #: <u>CAC057886</u> Phone #: <u>386-496-9000</u> | 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 |

SUBCONTRACTOR VERIFICATION

APPLICATION/PERMIT # 1905-37 JOB NAME Sm. Fly

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| | | | |
|-------------------------------------|------------------------------------|------------------------------|--------------|
| ELECTRICAL | Print Name _____ | Signature _____ | File # _____ |
| <input type="checkbox"/> | Company Name: _____ | | |
| CCH# _____ | License #: _____ | Phone #: _____ | |
| MECHANICAL/A/C | Print Name _____ | Signature _____ | File # _____ |
| <input type="checkbox"/> | Company Name: _____ | | |
| CCH# _____ | License #: _____ | Phone #: _____ | |
| PLUMBING/GAS | Print Name <u>Scott Wolfe</u> | Signature <u>[Signature]</u> | File # _____ |
| <input checked="" type="checkbox"/> | Company Name <u>Wolfe Plumbing</u> | | |
| CCH# <u>1081</u> | License # <u>CF005163</u> | Phone # <u>386-925-0606</u> | |
| ROOFING | Print Name _____ | Signature _____ | File # _____ |
| <input type="checkbox"/> | Company Name: _____ | | |
| CCH# _____ | License #: _____ | Phone #: _____ | |
| SHEET METAL | Print Name _____ | Signature _____ | File # _____ |
| <input type="checkbox"/> | Company Name: _____ | | |
| CCH# _____ | License #: _____ | Phone #: _____ | |
| FIRE SYSTEM/SPRINKLER | Print Name _____ | Signature _____ | File # _____ |
| <input type="checkbox"/> | Company Name: _____ | | |
| CCH# _____ | License #: _____ | Phone #: _____ | |
| SOLAR | Print Name _____ | Signature _____ | File # _____ |
| <input type="checkbox"/> | Company Name: _____ | | |
| CCH# _____ | License #: _____ | Phone #: _____ | |
| STATE SPECIALTY | Print Name _____ | Signature _____ | File # _____ |
| <input type="checkbox"/> | Company Name: _____ | | |
| CCH# _____ | License #: _____ | Phone #: _____ | |

Columbia County Property Appraiser

Jeff Hampton

2018 Tax Roll Year

updated: 3/29/2019

Parcel: << **18-4S-17-08466-103** >>**Owner & Property Info**

| | | | |
|--------------|---|--------------|----------|
| Owner | SMITHY WENDY A 476 SW BRODERICK DR LAKE CITY, FL 32025 | | |
| Site | 476 BRODERICK DR, LAKE CITY | | |
| Description* | LOT 3 SADDLE OF THE SOUTH ESTATES S/D. ORB 751-2137, 802-1441, 830-1187, 830-1188, DIV 1171-1985, QC 1174-95 | | |
| Area | 0 AC | S/T/R | 18-4S-17 |
| Use Code** | SINGLE FAM (000100) | Tax District | 2 |

*The Description above is not to be used as the Legal Description for this parcel in any legal transaction.

**The Use Code is a FL Dept. of Revenue (DOR) code and is not maintained by the Property Appraiser's office. Please contact your city or county Planning & Zoning office for specific zoning information.

Property & Assessment Values

| 2018 Certified Values | | 2019 Working Values | |
|-----------------------|--|---------------------|--|
| Mkt Land (1) | \$14,996 | Mkt Land (1) | \$14,996 |
| Ag Land (0) | \$0 | Ag Land (0) | \$0 |
| Building (1) | \$143,468 | Building (1) | \$144,208 |
| XFOB (1) | \$1,908 | XFOB (1) | \$1,908 |
| Just | \$160,372 | Just | \$161,112 |
| Class | \$0 | Class | \$0 |
| Appraised | \$160,372 | Appraised | \$161,112 |
| SOH Cap [?] | \$15,478 | SOH Cap [?] | \$14,308 |
| Assessed | \$144,067 | Assessed | \$146,804 |
| Exempt | HX H3 \$50,000 | Exempt | HX H3 \$50,000 |
| Total Taxable | county:\$94,067 city:\$94,067 other:\$94,067 school:\$119,067 | Total Taxable | county:\$96,804 city:\$96,804 other:\$96,804 school:\$121,804 |

Aerial Viewer Pictometry Google Maps

**▼ Sales History**

| Sale Date | Sale Price | Book/Page | Deed | V/I | Quality (Codes) | RCode |
|-----------|------------|-----------|------|-----|-----------------|-------|
| 5/19/2009 | \$100 | 1174/0095 | QC | I | U | 11 |
| 11/4/1996 | \$13,000 | 830/1188 | WD | V | Q | |
| 3/3/1995 | \$50,000 | 802/1441 | WD | V | U | 35 |

▼ Building Characteristics

| Bldg Sketch | Bldg Item | Bldg Desc* | Year Blt | Base SF | Actual SF | Bldg Value |
|-------------|-----------|---------------------|----------|---------|-----------|------------|
| Sketch | 1 | SINGLE FAM (000100) | 1998 | 2401 | 3145 | \$144,208 |

*Bldg Desc determinations are used by the Property Appraisers office solely for the purpose of determining a property's Just Value for ad valorem tax purposes and should not be used for any other purpose.

▼ Extra Features & Out Buildings (Codes)

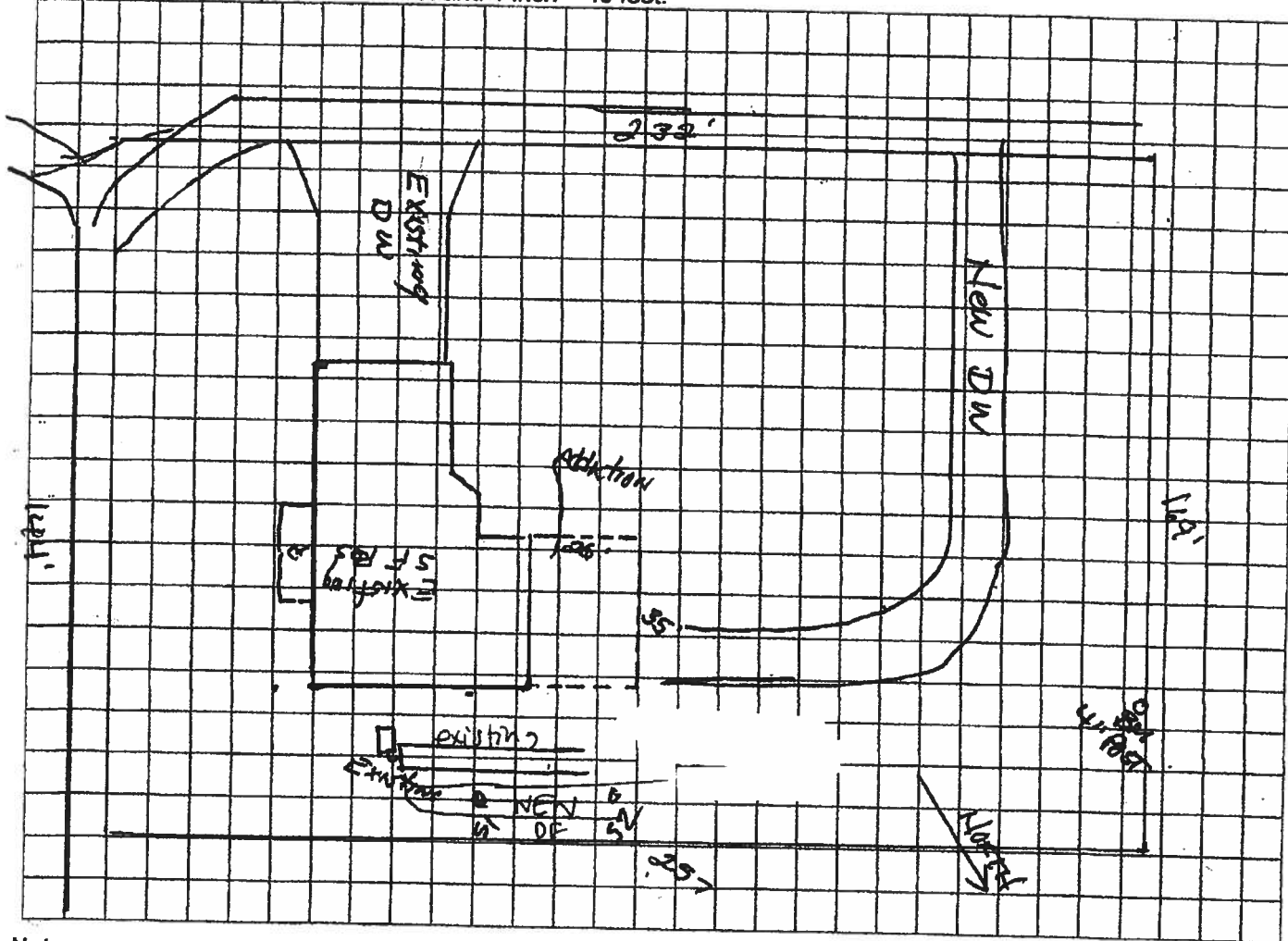
| Code | Desc | Year Blt | Value | Units | Dims | Condition (% Good) |
|------|------------|----------|------------|----------|-----------|--------------------|
| 0166 | CONC,PAVMT | 1998 | \$1,908.00 | 1272.000 | 0 x 0 x 0 | (000.00) |

STATE OF FLORIDA
DEPARTMENT OF HEALTH
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number 19-0447

PART II - SITEPLAN

Scale: Each block represents 10 feet and 1 inch = 40 feet.



Notes:

Wendy Smiley

Site Plan submitted by: Robert W. Ford Jr. DATE _____

Plan Approved

Not Approved

Date _____

By

County Health Department

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. 19-0447
DATE PAID: 6/5/19
FEE PAID: 310.88
RECEIPT #: 1417613

APPLICATION FOR:

☐ New System ☐ Existing System ☐ Holding Tank
☐ Repair ☐ Abandonment ☐ Temporary

APPLICANT: Wendy Smithy

AGENT: Robert W Ford JR NFST INC.

MAILING ADDRESS: 741 SE STATE Rd 100 LC FIA 32025

TELEPHONE: 755-6372

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: 3 BLOCK: — SUBDIVISION: The Saddle of the South Estates PLATTED: 1998

PROPERTY ID #: 18-AS-17-08466-103 ZONING: S/F I/M OR EQUIVALENT: ☐ Y ☒ N

PROPERTY SIZE: 1 ACRES WATER SUPPLY: ☒ PRIVATE ☐ PUBLIC ☐ ≤2000GPD ☐ >2000GPD

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

PROPERTY ADDRESS: 476 SE Broderick Dr

DIRECTIONS TO PROPERTY: Hwy 475 to Broderick TR Follow to site on Rght

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>S/Family</u> | <u>3</u> | <u>2401</u> | |
| 2 | <u>Addition</u> | <u>1</u> | <u>575</u> | |
| 3 | | | | <u>Garage 340 = 915 Total</u> |
| 4 | | | | |

☐ Floor/Equipment Drains ☐ Other (Specify)

SIGNATURE: Robert W Ford JR

DATE: 6/4/19

DH 4015, 08/09 (Obsoletes previous editions which may not be used)
Incorporated 64E-6.001, FAC