

Columbia County Remodel or Addition Permit Application

For Office Use Only Application # 50503 Date Received 9/8/21 By CH Permit # 42708

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.*

Applicant (Person authorized to submit forms) Patricia J. Clegg Fax _____ Phone 772-342-4366

Address 186 SW Marks Dr, Lake City, FL 32024

Owners Name Patricia Clegg Phone _____

911 Address 649 SE April Ln Lake City FL 32024

Contractors Name Owner Builder Phone _____

Address _____

Applicants Email patclegg68@gmail.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 35-45-17-0A00-036 Estimated Construction Cost 5300.00

Subdivision Name _____ Lot _____ Block _____ Unit _____ Phase _____

Special Driving Instructions - Only - _____

Construction of Demolish a m/H _____ Commercial OR ☒ Residential

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

Use/Occupancy of the building now None Is this changing _____

If Yes, Explain, Proposed Use/Occupancy _____

Is the building Fire Sprinkled? _____ If Yes, blueprints included _____ Or Explain _____

Entrance Changes (Ingress/Egress) _____ If Yes, Explain _____

Zoning Applications applied for (Site & Development Plan, Special Exception, etc.) 103