

marked A&R Flood form
"ELOODED" WATER DAMAGE
Columbia County Building Permit Application
8-8-12

4

DAWSON: LIAB/W.C.

For Office Use Only Application # 1208-04 Date Received 8/2 By 1W Permit # 30358
Application Approved by - Zoning Official BLK Date 8 Aug 2012 Plans Examiner T.C. Date 8-6-12
Flood Zone A Development Permit N/A Zoning RSF-2 Land Use Plan Map Category Res. Low Dev.
Comments Does not meet definition of Substantial Damage

☒ NOC ☐ EH ☐ Deed or PA ☐ Site Plan ☐ State Road Info ☐ Parent Parcel # ☐ Development Permit

Name Authorized Person Signing Permit Dwight Rhodes Phone 752-7578

Address LAKE CITY, FL 32056 POB 3505, L.C. FL 32056

Owners Name JIM ROBERTS Phone _____

911 Address 387 NW CLUB VIEW CIRCLE, LAKE CITY, FL 32055

Contractors Name O'NEAL CONTRACTING, INC. Phone 386-752-7578

Address P.O. BOX 3505, LAKE CITY, FL 32056

Fee Simple Owner Name & Address N/A

Bonding Co. Name & Address N/A

Architect/Engineer Name & Address N/A

Mortgage Lenders Name & Address N/A

Circle the correct power company - FL Power & Light - Clay Elec. - Suwannee Valley Elec. - Progressive Energy

Property ID Number 27-3S-16-02346-046 Estimated Cost of Construction \$40,000 not 50% of PA sheet
Subdivision Name CLUB VIEW PARK Lot 1 Block 5 Unit _____ Phase _____

Driving Directions Fairway Drive Left on Clubview House on corner of NW Clubview Circle & Birdie Lane.

Type of Construction INTERIOR REMODEL- STORM DAMAGE Number of Existing Dwellings on Property 1

Total Acreage _____ Lot Size _____ Do you need a - Culvert Permit or Culvert Waiver or Have an Existing Drive

Actual Distance of Structure from Property Lines - Front _____ Side _____ Side _____ Rear _____

Total Building Height _____ Number of Stories _____ Heated Floor Area 2,053 Roof Pitch _____

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.

OWNERS AFFIDAVIT: I hereby certify that all the foregoing information is accurate and all work will be done in compliance with all applicable laws and regulating construction and zoning.

WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOU PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT.

Owner Builder or Authorized Person by Notarized Letter _____ Contractor Signature _____

STATE OF FLORIDA
COUNTY OF COLUMBIA
CINDY EDGE
MY COMMISSION # EE 188222
EXPIRES: July 20, 2016
Bonded Thru Notary Public Underwriters
Contractors License Number CBC059550
Competency Card Number _____
NOTARY STAMP/SEAL

Sworn to (or affirmed) and subscribed before me _____
day of July 20 12
ally known _____ or Produced Identification ☒

DL # R163-930-40-144-0
Notary Signature _____
(Revised Sept. 2006)