

DATE 05/20/2019

Columbia County Building Permit

This Permit Must Be Prominently Posted on Premises During Construction

PERMIT

000038142

APPLICANT JOHNATHAN WEBER PHONE 352.231.9989
 ADDRESS 2224 N HWY 441 LAKE CITY FL 32055
 OWNER JOHNATHAN WEBER PHONE 352.231.9989
 ADDRESS 2224 US HWY 441 LAKE CITY FL 32055
 CONTRACTOR _____ PHONE _____
 LOCATION OF PROPERTY 441-N TO SUBSTATION ON L (JUST IN FRONT OF PALM'S MEDICAL FACILITY).

TYPE DEVELOPMENT UTILITY POLE ESTIMATED COST OF CONSTRUCTION 0.00
 HEATED FLOOR AREA _____ TOTAL AREA _____ HEIGHT _____ STOREYS _____
 FOUNDATION _____ WALLS _____ ROOF PITCH _____ FLOOR _____
 LAND USE & ZONING _____ MAX. HEIGHT _____
 Minimum Set Back Requirements: STREET-FRONT _____ REAR _____ SIDE _____
 NO. EX.D.U. 1 FLOOD ZONE _____ DEVELOPMENT PERMIT NO. _____

PARCEL ID 20-35-17-05409-000 SUBDIVISION SPRINGFIELD - LOTS 5-8 &
 LOT 26-29 BLOCK C PHASE _____ UNIT _____ TOTAL ACRES 0.39

Culvert Permit No. _____ Culvert Waiver _____ Contractor's License Number LH Applicant Owner Contractor N
 EXISTING 19-0395 _____
 Driveway Connection _____ Septic Tank Number _____ LU & Zoning checked by _____ Approved for Issuance _____ New Resident _____ Time SUTP No. _____

COMMENTS: POWER TO EXISTING SHEED.Check # or Cash CASH REC'D.

FOR BUILDING & ZONING DEPARTMENT ONLY

Temporary Power _____ Foundation _____ Monolithic _____ (Footer/Slab) _____
 date/app. by _____ date/app. by _____ date app. by _____
 Under slab rough-in plumbing _____ Slab _____ Sheathing/Nailing _____
 date/app. by _____ date/app. by _____ date app. by _____
 Framing _____ Insulation _____
 date/app. by _____ date/app. by _____
 Rough-in plumbing above slab and below wood floor _____ Electrical rough-in _____
 date/app. by _____ date app. by _____
 Heat & Air Duct _____ Peri. beam (Lintel) _____ Pool _____
 date/app. by _____ date/app. by _____ date app. by _____
 Permanent power _____ C.O. Final _____ Culvert _____
 date/app. by _____ date/app. by _____ date app. by _____
 Pump pole _____ Utility Pole _____ M/H tie downs, blocking, electricity and plumbing _____
 date/app. by _____ date/app. by _____ date app. by _____
 Reconnection _____ RV _____ Re-roof _____
 date/app. by _____ date/app. by _____ date app. by _____

BUILDING PERMIT FEE \$ 0.00 CERTIFICATION FEE \$ 0.00 SURCHARGE FEE \$ 0.00MISC. FEES \$ 50.00 ZONING CERT. FEE \$ _____ FIRE FEE \$ 0.00 WASTE FEE \$ _____PLAN REVIEW FEE \$ _____ DISCHARGE ZONE FEE \$ _____ CULVERT FEE \$ _____ TOTAL FEE 50.00INSPECTOR'S OFFICE Cope CLERK'S OFFICE Wope

NOTICE: IN ADDITION TO THE REQUIREMENTS OF THIS PERMIT, THERE MAY BE ADDITIONAL RESTRICTIONS APPLICABLE TO THIS PROPERTY THAT MAY BE FOUND IN THE PUBLIC RECORDS OF THIS COUNTY.
 NOTICE: ALL OTHER APPLICABLE STATE OR FEDERAL PERMITS SHALL BE OBTAINED BEFORE COMMENCEMENT OF THIS PERMITTED DEVELOPMENT.

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

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 THE 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 INSPECTION.

The Issuance of this Permit Does Not Waive Compliance by Permittee with Deed Restrictions.

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APPLICANT	JOHNATHAN WEBER		PHONE	352.231.9989	
ADDRESS	2224	N HWY 441	LAKE CITY	FL	32055
OWNER	JOHNATHAN WEBER		PHONE	352.231.9989	
ADDRESS	2224	US HWY 441	LAKE CITY	FL	32055
CONTRACTOR			PHONE		
LOCATION OF PROPERTY	441-N TO SUBSTATION ON L (JUST IN FRONT OF PALM'S MEDICAL FACILITY).				
TYPE DEVELOPMENT	UTILITY POLE		ESTIMATED COST OF CONSTRUCTION	0.00	
HEATED FLOOR AREA			TOTAL AREA	HEIGHT	STORIES
FOUNDATION	WALLS		ROOF PITCH	FLOOR	
LAND USE & ZONING			MAX. HEIGHT		
Minimum Set Back Requirements:	STREET-FRONT		REAR	SIDE	
NO. EX.D.U.	1	FLOOD ZONE	DEVELOPMENT PERMIT NO.		
PARCEL ID	20-3S-17-05409-000		SUBDIVISION	SPRINGFIELD - LOTS 5-8 &	
LOT	26-29	BLOCK	C	PHASE	UNIT
			TOTAL ACRES	0.39	

Culvert Permit No.	Culvert Waiver	Contractor's License Number	Applicant/Owner/Contractor
EXISTING	19-0395	LH	N
Driveway Connection	Septic Tank Number	LU & Zoning checked by	Approved for Issuance
			New Resident
			Time SETUP No.
COMMENTS: POWER TO EXISTING SHED.			
			Check # or Cash
			CASH RECEIPT

FOR BUILDING & ZONING DEPARTMENT ONLY

Temporary Power	Foundation	Monolithic	(Footer Slab)
date/app. by	date/app. by	date/app. by	date/app. by
Under slab rough-in plumbing	Slab	Sheathing/Nailing	
date/app. by	date/app. by	date/app. by	
Framing	Insulation		
date/app. by	date/app. by		
Rough-in plumbing above slab and below wood floor	Electrical rough-in		
date/app. by	date/app. by		
Heat & Air Duct	Peri. beam (Lintel)	Pool	
date/app. by	date/app. by	date/app. by	
Permanent power	C.O. Final	Culvert	
date/app. by	date/app. by	date/app. by	
Pump pole	Utility Pole	MH tie downs, blocking, electricity and plumbing	
date/app. by	date/app. by	date/app. by	
Reconnection	RV	Re-roof	
date/app. by	date/app. by	date/app. by	

BUILDING PERMIT FEE \$	0.00	CERTIFICATION FEE \$	0.00	SURCHARGE FEE \$	0.00
MISC. FEES \$	50.00	ZONING CERT. FEE \$		FIRE FEE \$	0.00
PLAN REVIEW FEE \$		DP & FLOOD ZONE FEE \$		WASH FEE \$	
			CULVERT FEE \$	TOTAL FEE 50.00	
INSPECTOR'S OFFICE			CLERK'S OFFICE		

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WP for Existing Shed

38142

Columbia County Property Appraiser

Jeff Hampton

2018 Tax Roll Year

updated: 5/9/2019

Parcel: << 20-3S-17-05409-000 >>

Aerial Viewer Pictometry Google Maps

Owner & Property Info

Result: 1 of 1

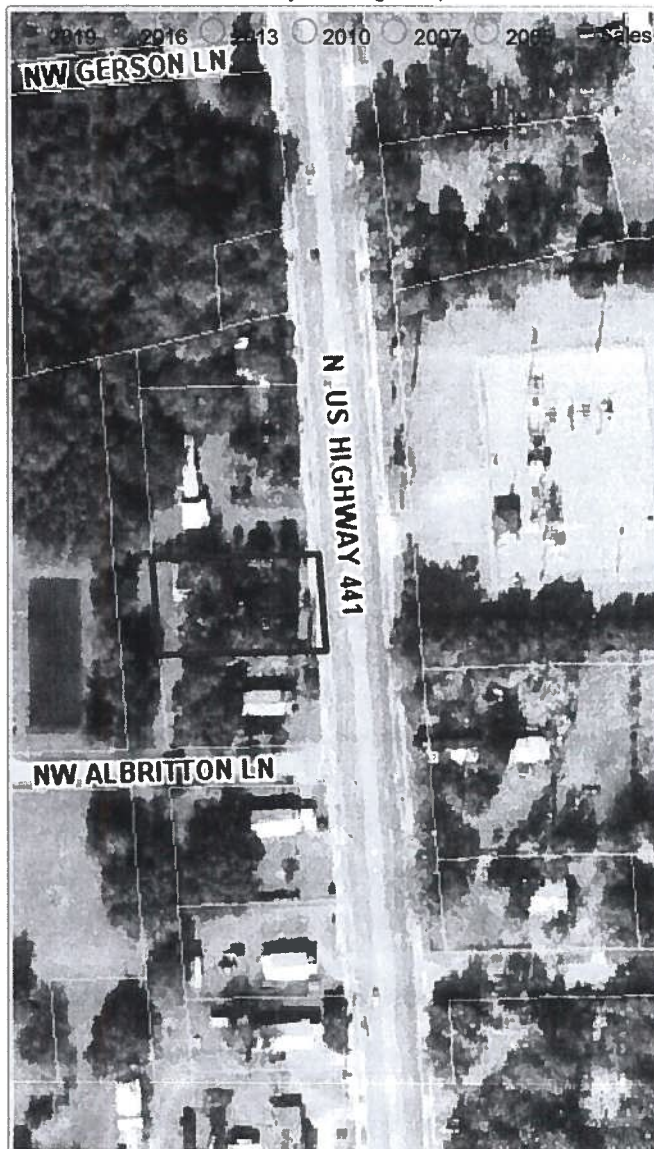
Owner	WEBER JOHNATHAN 966 DARWIN LN PALM BAY, FL 32905		
Site	2224 US HIGHWAY 441, LAKE CITY		
Description*	LOTS 5 THRU 8 & 26 THRU 29 BLOCK C SPRINGFIELD S/D REPLAT 554-224, 554-225, 716-226, 766-892, 766-2202, 863-1441, 868- 2056, 924-203, 925-95, PB 1365-2783, PB 1370- 2144,		
Area	0.399 AC	S/T/R	20-3S-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)	\$13,063	Mkt Land (1)	\$13,063
Ag Land (0)	\$0	Ag Land (0)	\$0
Building (1)	\$46,448	Building (1)	\$47,308
XFOB (1)	\$800	XFOB (1)	\$800
Just	\$60,311	Just	\$61,171
Class	\$0	Class	\$0
Appraised	\$60,311	Appraised	\$61,171
SOH Cap [?]	\$0	SOH Cap [?]	\$0
Assessed	\$60,311	Assessed	\$61,171
Exempt	\$0	Exempt	\$0
Total Taxable	county:\$60,311 city:\$60,311 other:\$60,311 school:\$60,311	Total Taxable	county:\$61,171 city:\$61,171 other:\$61,171 school:\$61,171



Sales History

Sale Date	Sale Price	Book/Page	Deed	V/I	Quality (Codes)	RCode
10/12/2018	\$0	1370/2144	PB	I	U	18
8/3/2018	\$0	1365/2783	PB	I	U	18
4/23/2001	\$100	925/0095	QC	I	U	01
4/5/2001	\$23,900	924/0203	QC	I	U	01
11/3/1998	\$100	868/2056	QC	I	U	01
8/3/1998	\$0	863/1441	WD	I	U	01
12/1/1984	\$25,200	554/0224	AG	I	U	01

Building Characteristics

Bldg Sketch	Bldg Item	Bldg Desc*	Year Blt	Base SF	Actual SF	Bldg Value
Sketch	1	SINGLE FAM (000100)	1945	1487	2149	\$47,308

*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.



STATE OF FLORIDA
DEPARTMENT OF HEALTH
ONSITE SEWAGE TREATMENT AND DISPOSAL
SYSTEM
APPLICATION FOR CONSTRUCTION PERMIT

PERMIT NO. 19-0395
DATE PAID: 5/13/19
FEE PAID: 6000
RECEIPT #: 1413906

APPLICATION FOR:

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

APPLICANT: Jonathan WeberAGENT: _____ TELEPHONE: 352-231-9989MAILING ADDRESS: 18850 BR Finley Circle Glen St Mary FL 32050

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: 58 BLOCK: C SUBDIVISION: Springfield Replot PLATTED: _____
26-29

PROPERTY ID #: 20-35-17-05409-000 ZONING: _____ I/M OR EQUIVALENT: ☒ Y ☐ N

PROPERTY SIZE: .399 ACRES WATER SUPPLY: ☐ PRIVATE PUBLIC ☐ ≤2000GPD ☒ >2000GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? ☐ Y ☐ N DISTANCE TO SEWER: _____ FT

PROPERTY ADDRESS: 2224 N HWY 941 Lake City FL 32025DIRECTIONS TO PROPERTY: Attached

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>Shed w/Bathroom</u>	<u>0</u>	<u>1,147</u>	
2				
3				
4				

☐ Floor/Equipment Drains ☐ Other (Specify) _____

SIGNATURE: _____ DATE: 5-13-19

SPL

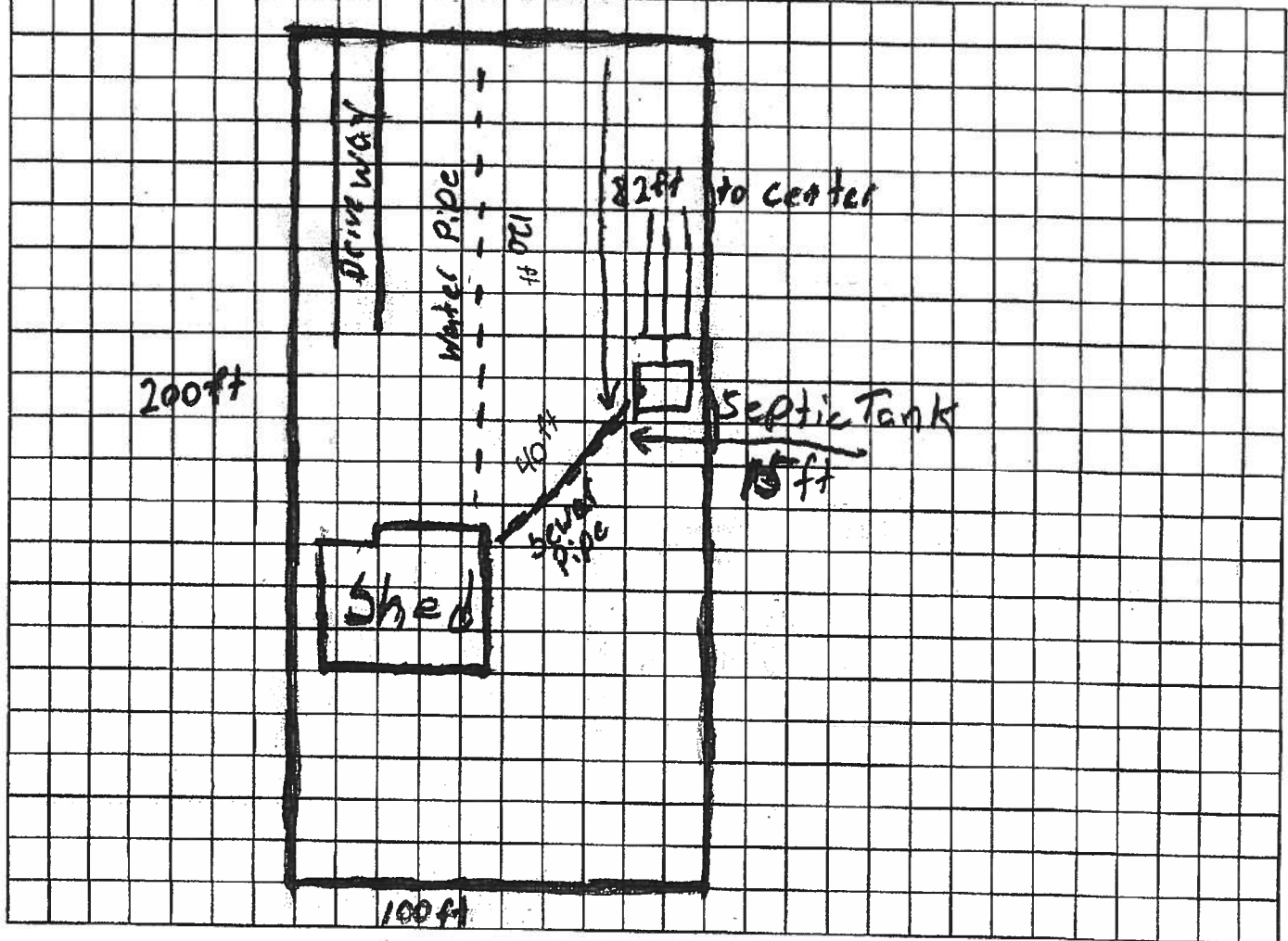
STATE OF FLORIDA
DEPARTMENT OF HEALTH
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number 19-0395

----- PART II - SITEPLAN -----

Hwy 441

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



Notes: _____

Site Plan submitted by: [Signature]

TITLE _____

DATE: _____

Plan Approved ☒ _____

Not Approved _____

owner

Date 5-13-19

By [Signature]

ESI

Columbia

County Health Department

5/20/19

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT