DATE 03/18/2019 COUNTY This Permit Must Be Prominently Po	sted on Premises During Construction 000037877
APPLICANT JAMES H. JOHNSTON	PHONE 386,365,5999
ADDRESS 419 SW LAKE VIEW AVE	LAKE CITY FL 32025
OWNER DERRICK & LESLIE WILLIAMS	PHONE 386,288,8689
ADDRESS 3359 SW CR-240	LAKE CITY FL 32024
CONTRACTOR JAMES H. JOHNSTON, HI.	PHONE 365-5999
LOCATION OF PROPERTY 441 441, R TUSTENUGGEE ON RIGHT	AVE, R CR-240, 1/2 MILE
TYPE DEVELOPMENT ATTACHED GARAGE ADDI	ESTIMATED COST OF CONSTRUCTION 36000.00
HEATED FLOOR AREA TOTAL	AREA 720,00 HEIGHT STORIES I
FOUNDATION CONCRETE WALLS FRAED	ROOF PITCH FLOOR SLAB
LAND USE & ZONING AG-3	MAX. HEIGHT 35
Minimum Set Back Requirments: STREET-FRONT 3	0.00 REAR 25.00 SIDE 25.00
NO. EX.D.U. 1 FLOOD ZONE X	DEVELOPMENT PERMIT NO.
PARCEL ID 07-58-17-09150-003 SUBDIV	
LOT BLOCK PHASE UNIT	TOTAL ACRES
CRC1328128	
Culvert Permit No. Culvert Waiver Contractor's License	
EXISTING 18-0881 LH Driveway Connection Septic Tank Number I.U & Zoning of	thecked by Approved for Issuance New Resident Time/STUP No.
COMMENTS: NOC ON FILE, EXISTING HOME & ADDITION	
ATTACHED GARAGE TO EXISTING HOME, FLOOR ONE FOO	OF ABOVE THE ROAD
	Charle # or Cash 6845
500 DIW DING 0 70	Check # or Cash 6845
	ONING DEPARTMENT ONLY (fboter/Sfab)
Temporary Power Foundation	NING DEPARTMENT ONLY (fboter/Sfab) Monolithic
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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.

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 RECIEVES AN APPROVED INSPECTION EVERY 180 DAYS. WORK SHALL BE CONSIDERED NOT SUSPENDED, ABANDONED OR INVALID WHEN THE PERMIT HAS RECIEVED AN APPROVED INSPECTION WITHIN 180 DAYS OT THE PREVIOUS INSPECTION.