This Permit Must Be Prominently Posted of	nilding Permit on Premises During Construction  PERMIT 000032754
APPLICANT ROBERT MINNELLA	PHONE 352-472-6010
ADDRESS 25743 SW 22ND PLACE	NEWBERRY FL 32669
OWNER GARY & LAURIE AUGUSTIN	PHONE 386-623-1280
ADDRESS 586 SW SHEPPARD WAY	LAKE CITY FL 32024
CONTRACTOR ERNEST JOHNSON	PHONE 352-494-8099
LOCATION OF PROPERTY 441 S. R CR-349. R CHIVES TER	R. L LANDRUM, R SHEPPARD
WAY. GO 8/10 MILE ON LEFT	
TYPE DEVELOPMENT MH, UTILITY EST	TIMATED COST OF CONSTRUCTION 0.00
HEATED FLOOR AREA TOTAL ARE	A HEIGHT STORIES
FOUNDATION WALLS R	OOF PITCH FLOOR
LAND USE & ZONING AG-3	MAX. HEIGHT 35
Minimum Set Back Requirments: STREET-FRONT 30.00	REAR 25.00 SIDE 25.00
NO. EX.D.U. 1 FLOOD ZONE X	DEVELOPMENT PERMIT NO.
PARCEL ID 24-5S-16-03707-027 SUBDIVISION	N N1/2 TRACT GREAT SOUTH TIMBER
LOT BLOCK PHASE UNIT	TOTAL ACRES 5.01
[H1025249	V Hours Maria
Culvert Permit No. Culvert Waiver Contractor's License Num	aber Applicant/Owner/Contractor
EXISTING 15-0089-E BK	TM N
Driveway Connection Septic Tank Number LU & Zonin	ng checked by Approved for Issuance New Resident
COMMENTS: REPLACING EXISTING M/H, FLOOR ONE FOOT AI	BOVE THE ROAD
	Check # or Cash 7047
FOR BUILDING & ZONIN	Check if of Cush
FOR BUILDING & ZONIN Temporary Power Foundation	IG DEPARTMENT ONLY (footer/Slab)  Monolithic
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"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 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.