A Chita Dannit Mana Da Dannit Danta d	uilding Permit PERMIT
This Permit Must Be Prominently Posted	00000.000
APPLICANT DONALD LITTLE	PHONE <u>697-1246</u>
ADDRESS PO BOX 2254	LAKE CITY FL 32056
OWNER DONALD & SAMANTHA SLATER	PHONE 903-373-8352
ADDRESS 296 SW FINLEY LITTLE LN	LAKE CITY FL 32024
CONTRACTOR DONALD LITTLE	PHONE 386-697-1246
LOCATION OF PROPERTY 47 S. I. WALTER AVE. I. LETTI I	
1/4 MILE ON RIGHT (AT THE C	ORNER OF BOGGLE WAY)
TYPE DEVELOPMENT STORAGE BUILDING EST	TIMATED COST OF CONSTRUCTION 0.00
HEATED FLOOR AREA TOTAL ARE	A 1368,00 HEIGHT STORHS
FOUNDATION CONCRETE WALLS METAL R	COOF PITCH FLOOR SLAB
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 01-5S-16-03396-001 SUBDIVISION	N
LOT BLOCK PHASE UNIT	TOTAL ACRES 4.00
CBC1260286	× //C
Culvert Permit No. Culvert Waiver Contractor's License Nun	iber Applicant/Owner-Contractor
EXISTING X18 LN	TC N
Driveway Connection Septic Tank Number LU & Zoning check	ed by Approved for Issuance New Resident Time STUP No.
COMMENTS: NOC ON FILE. STORAGE USE ONLY	
	Check # or Cash 1363
FOR BUILDING & ZONIN	
Temporary Power Foundation	G DEPARTMENT ONLY (footer Slab) Monolithic
Temporary Power Foundation	Monolithic date app. by (footer Slab)
Temporary Power Foundation date/app. by Under slab rough-in plumbing Slab	Monolithic date app. by Sheathing/Nailing
Temporary Power Foundation date/app. by Under slab rough-in plumbing Slab date/app. by Framing Insulation	Monolithic date app. by (footer Slab)
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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.