Columbia County Swimming Pool/Spa Permit Application

For Office Use Only Application # Date I	Received By Permit #
Zoning Official Date Flood Zone _	Land UseZoning
FEMA Map # Elevation MFE Ri	ver Plans Examiner Date
Comments	
□ NOC □ EH □ Deed or PA □ Site Plan □ 911 Sheet (If NO	Address Exists) 🛛 Owner Builder Disclosure Statement
□ Dev Permit # □ In Floodway □ Letter o	
□ Land Owner Affidavit □ Ellisville Water □ App Fee Paid □	Sub VF Form
Notes:	
Septic Permit No Or City Water Syste	em
Applicant (Who will sign/pickup the permit)	Phone
Address 266 SW Quail Heights Terr Lake City, FL 3202	5
Owners Name Nicole Bailey	Phone 386-647-7628
P11 Address	
Contractors Name Brent Handy	Phone 904-368-9777
Address 800 N Thompson St. Starke, FL 32091	
Contact Email Permitting@paragon-pools.net	***Updates will be sent here.
ee Simple Owner Name & Address	
Bonding Co. Name & Address	
Architect/Engineer Name & Address Don Poindexter 4119	Trinity Dr. Santa Rosa, CA
Nortgage Lenders Name & Address	
Circle the correct power company FL Power & Light — CI	ay Elec. – Suwannee Valley Elec. – Duke Energy
Property ID Number 01-4S-16-02678-005 (10872)	Cost of Construction \$61,300.00
Subdivision Name	Lot Block Unit Phase
Construction of Inground fiberglass pool	Residential OR Commercial ADA Compliant Total Acreage
	ADA Compilarii Total Acreage
Actual Distance of Pool from Property Lines - Front_102	Side <u>25</u> Side <u>70</u> Rear <u>18</u>
Application is hereby made to obtain a permit to do work	and installations as indicated. I certify that no work or

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.

CODE: Florida Building Code 2023 and the 2020 National Electrical Code.