

DATE 07/16/2004

Columbia County Building Permit

PERMIT

This Permit Expires One Year From the Date of Issue

000022094

APPLICANT REYFREDO CHACON PHONE 386.497.3922
ADDRESS 1140 SW MARIGOLD PLACE FT. WHITE FL 32028
OWNER REYFREDO CHACON PHONE 497.3922
ADDRESS _____ FL _____
CONTRACTOR _____ PHONE _____
LOCATION OF PROPERTY 441-S TO TOMMY LITES, R, TO TUST. AVE., R, L, INTO
MARIGOLD JUST BEFORE THE LAST LOT.
TYPE DEVELOPMENT TRAVEL TRAILER ESTIMATED COST OF CONSTRUCTION .00
HEATED FLOOR AREA _____ TOTAL AREA _____ HEIGHT .00 STORIES _____
FOUNDATION _____ WALLS _____ ROOF PITCH _____ FLOOR _____
LAND USE & ZONING A-3 MAX. HEIGHT _____
Minimum Set Back Requirments: STREET-FRONT 30.00 REAR 25.00 SIDE 25.00
NO. EX.D.U. _____ FLOOD ZONE N/A DEVELOPMENT PERMIT NO. _____

PARCEL ID 13-6S-16-09696-136 SUBDIVISION TUSTENUGGEE PLANTATION
LOT 36 BLOCK _____ PHASE _____ UNIT _____ TOTAL ACRES 10.00

Culvert Permit No. PRIVATE Culvert Waiver 04-0748-N Driveway Connection Septic Tank Number
Contractor's License Number JLW LU & Zoning checked by
Applicant/Owner/Contractor JW Y Approved for Issuance New Resident

COMMENTS: TRAVEL TRAILER PERMIT IS GOOD FOR 6 MOS. ONLY.

Check # or Cash 275

FOR BUILDING & ZONING DEPARTMENT ONLY

(footer/Slab)

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

BUILDING PERMIT FEE \$.00 CERTIFICATION FEE \$.00 SURCHARGE FEE \$.00
MISC. FEES \$ 100.00 ZONING CERT. FEE \$ 50.00 FIRE FEE \$ _____ WASTE FEE \$ _____
FLOOD ZONE DEVELOPMENT FEE \$ _____ CULVERT FEE \$ _____ TOTAL FEE 150.00
INSPECTORS OFFICE _____ CLERKS OFFICE _____

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. AND THERE MAY BE ADDITIONAL PERMITS REQUIRED FROM OTHER GOVERNMENTAL ENTITIES SUCH AS WATER MANAGEMENT DISTRICTS, STATE AGENCIES, OR FEDERAL AGENCIES.

"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."

This Permit Must Be Prominently Posted on Premises During Construction

PLEASE NOTIFY THE COLUMBIA COUNTY BUILDING DEPARTMENT AT LEAST 24 HOURS IN ADVANCE OF EACH INSPECTION, IN ORDER THAT IT MAY BE MADE WITHOUT DELAY OR INCONVENIENCE, PHONE 758-1008. THIS PERMIT IS NOT VALID UNLESS THE WORK AUTHORIZED BY IT IS COMMENCED WITHIN 6 MONTHS AFTER ISSUANCE.

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



STATE OF FLORIDA
DEPARTMENT OF HEALTH

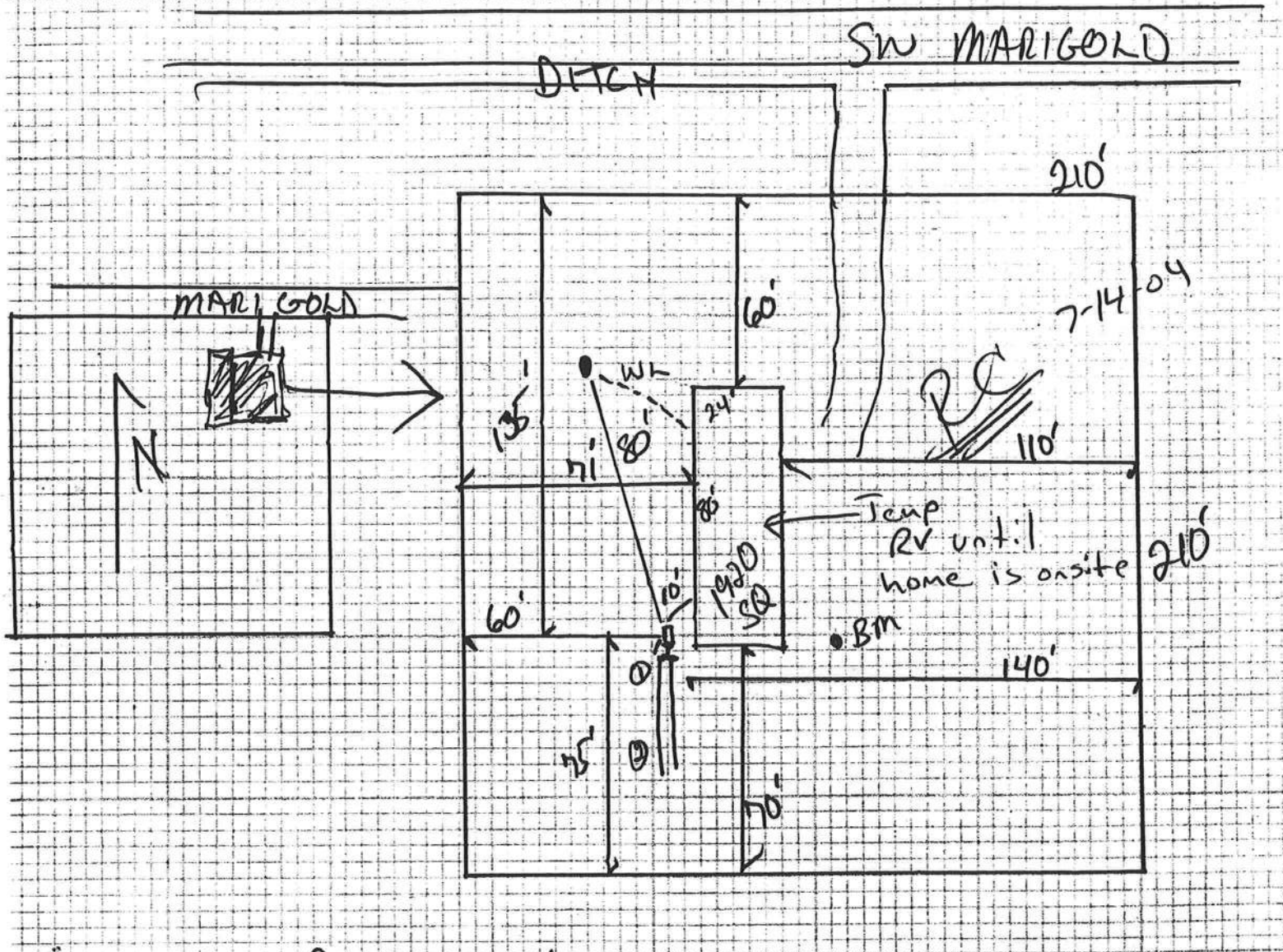
22094

APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permit Application Number 04 0748

PART II - SITE PLAN

Scale: Each block represents 5 feet and 1 inch = 50 feet.



Notes: 1 of 10 Acres

Site Plan submitted by: Rocky D 7-8-04

Signature

Plan Approved John A. Smith

Not Approved _____

By

Date 7-8-04

County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT