DATE 08/25/2015 Columbia County B	8
APPLICANT LORA DAVID  ADDRESS 333 SW ROSEMARY DR	PHONE 904-595-7435  LAKE CITY FL 32024
OWNER PRESERVE AT LAUREL LAKES INC	PHONE 755-3117
ADDRESS 161 SW MAPLE PLACE	LAKE CITY FL 32024
CONTRACTOR AARON SIMQUE	PHONE 904-595-7435
	DR. L BELLFLOWER, R MAPLE PL.
4TH ON RIGHT	
TYPE DEVELOPMENT SFD, UTILITY EST	TIMATED COST OF CONSTRUCTION 138300.00
HEATED FLOOR AREA 1987.00 TOTAL ARE	EA 2766.00 HEIGHT 22.00 STORIES 1
FOUNDATION CONCRETE WALLS FRAMED F	ROOF PITCH 7/12 FLOOR SLAB
LAND USE & ZONING PRD	MAX. HEIGHT 35
Minimum Set Back Requirments: STREET-FRONT 25.00	REAR 15.00 SIDE 10.00
NO. EX.D.U. 0 FLOOD ZONE X PP	DEVELOPMENT PERMIT NO.
PARCEL ID 03-4S-16-02731-126 SUBDIVISIO	N PRESERVE @ LAUREL LK
LOT 126 BLOCK PHASE UNIT	TOTAL ACRES
2129 RR28211879	La decene
Culvert Permit No. Culvert Waiver Contractor's License Nur	mber Applicant/Owner/Contractor
EX WAIVER CITY TC	TC N
Control Contro	ng checked by Approved for Issuance New Resident
COMMENTS: ELEVATION LETTER AT SLAB 118.6'	
NEED FREIGHT TICKET FOR CUBIC YARDS OF SOIL ON LOT NEED COMPACTION PER FOUNDATION SPEC'S	Check # or Cash 1952
	Check in the Cash
90 WY	NG DEPARTMENT ONLY (footer/Slab)
Temporary Power Foundation date/app. by	Monolithic date/app. by
Under slab rough-in plumbing Slab	Sheathing/Nailing
date/app. by	date/app. by
Framing Insulation date/app. by	tte/app. by
Rough-in plumbing above slab and below wood floor	Electrical rough-in
	Electrical rough-in
	date/app. by date/app. by
Heat & Air Duct Peri. beam (Linte	date/app. by Pool
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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.