

Town of Fort White
P.O. Box 129 Fort White, FL 32038
386-497-2321 Fax: 386-4974946

APPLICATION FOR BUILDING PERMIT COMPLIANCE

\$50.00 FEE

FILE No. _____

RECPT No. _____

pd. 50.00
cash 10-20-21

Applicant's Name:

Tina Johnson

Phone: _____

Address:

5116 SW CR 18 Ft. White, FL 32038

Owner's Name:

Annie Jean Campbell

Address:

same

Contractor's Name:

Wayne Frier

Address:

Live Oak, FL

****Location of property

525 SW Dortch St.

****Type of development:

MH

Land use & zoning

RSF-2 Low Density

Minimum set-back:

Street-front side

25

rear

15

side

10'

Legal Description (acres):

1.95 acres

Parcel 14344-000

I certify that all work will be performed to meet the standards of all laws regulating construction in this jurisdiction and that all the foregoing information is accurate and all work will be done in compliance with all laws regulating construction and zoning.

Contractor's License Number _____

Tina M. Johnson
Applicant Owner Contractor

Date _____

Approved by Reviewing Clerk

*****IF PROPERTY IS NOT OWNED BY APPLICANT, A STATEMENT FROM THE OWNER AUTHORIZING USE OF PROPERTY FOR THE TYPE OF DEVELOPMENT STATED ON THIS APPLICATION WILL BE REQUIRED.

File No. _____

Town of Fort White
Building Compliance Check List

Name of Applicant Tena Johnson

Prop. Address 525 SW Dortch St. Ft. White, FL
32038

Phone _____

Physical location of site and current zoning RSF-2

Type of Construction ☒ New ☐ remodel renovation fire damage

Describe Construction MH Replacement - Old one
torn down Aug. 2021

- ☒ Authorized owner or builder signs compliance application.
☒ Zoning is appropriate for type of construction. non-conforming - grandfathered in.
☐ Property will ☒ will not require application to SRWMD for water use runoff permit.
☐ Property will require curb cut or access culvert over road right of way from:
____ DOT ____ Columbia County ____ Town of Fort White
☒ Property will ☐ will not require Health Dept. Sanitary WasteWater Permit.
☒ Property will ☐ will not require potable fresh water supply from:
____ private well ____ ☒ Town of Fort White municipal water works.
☒ Property will require slab to be at least 1 foot above elevation (crown) of roadway.
☒ Property will ☐ will not require approval of solid waste removal facilities.
☐ Property will ☐ will not require permit for infill or land removal.

☐ Applicant understands that a copy of the Town of Fort White Land Use Certification must be taken to Columbia County Building Department for application and issuance of building permit. Certification of land use or zoning by the Town of Fort White is NOT a building permit.

☐ **Other steps required for Building Compliance:** *Property Owner will be responsible for submitting a copy of the Columbia County Building Permit to the Town of Fort White.*

The applicant and Town of Fort White Clerk's Office have reviewed the foregoing information and the information is true and correct.

Signature of Applicant _____

Cosmin Breckner
Signature of Reviewing Clerk

Date _____

Compliance given to applicant on

Date 10-20-21

Town of Fort White
P.O. Box 129
Fort White, FL 32028

Property Owner Affidavit

Office Use Only

Application No. _____

Annie Jean Campbell
Owner

Additional Owners _____

Appointed Agent(s) _____

14344-000
Parcel Numbers(s)

Section _____ Township _____ Range _____

Type of Request _____

I (we), the property owner(s) of the subject property, being duly sworn, depose and say the following:

1. That I am (we are) the owner(s) and record title holder(s) of the property described in the attached legal description;
2. That this property constitutes the property for which the above noted land use request is being made to the Town of Fort White;
3. That I (we), the undersigned, have appointed, and do appoint, the above noted person(s) as my (our) agent(s) to execute any agreement(s), and other documents necessary to effectuate such agreement(s) in the process of pursuing the aforementioned land use request;
4. That this affidavit has been executed to induce the Town of Fort White to consider and act on the subject request; and,
5. That I (we), the undersigned authority, hereby certify that the foregoing statements are true and correct.

Annie J Campbell
Owner (signature)

Owner (signature)

STATE OF FLORIDA
COUNTY OF Columbia

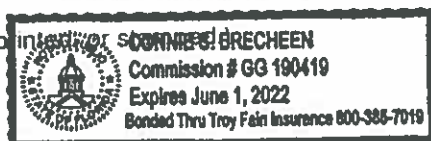
SWORN AND SUBSCRIBED BEFORE ME
THIS 20 DAY OF Oct, 20 21
BY _____
WHO IS/ARE PERSONALLY KNOWN TO ME OR HAS/HAVE
PRODUCED _____
AS IDENTIFICATION.

(SEAL ABOVE)

Christie Brecheen

Notary Public, Commission No. _____

(Name of Notary typed, printed or



Hambone Enterprises,
DBA:Wilson's Containers
1291 SE Baya Drive
Lake City, FL 32025

Invoice

DATE	INVOICE #
8/24/2021	25307

BILL TO

Tina Johnson
525 SW DOrtch
Ft White
352-262-0211

SHIP TO

PAID
8/24/2021

P.O. NO.	TERMS	Job Ref
4016		

QTY	DESCRIPTION	RATE	AMOUNT
1	Container Sales Tax	550.00 7.00%	550.00 0.00
		Total	\$550.00
Phone #	Fax #	E-mail	
386-755-7060	386-755-7151	patricia_wilson@comcast.net	