



Columbia County, FL. Building & Zoning Electrical Service Permit #000038718



OWNER: GANSKOP JEFFERY L & LINDA J

PHONE: 386.755.7413

DATE ISSUED: October 09, 2019

PARCEL ID: 02-5S-16-03432-001

ADDRESS:

6828 SW STATE ROAD 47
LAKE CITY, FL 32024

ACRES: 8.70

SUBDIVISION:

LOT:

BLK:

PHASE:

UNIT:

ZONING: AGRICULTURE - 3 A-3

FLOOD ZONE: X

Latitude: 30.086537

Longitude: -82.688648

CONTRACTOR

NAME: GANSKOP JEFFERY L & LINDA J

ADDRESS:

6828 SW STATE ROAD 47
LAKE CITY, FL 32024

PHONE: 386.755.7413

BUSINESS:

LICENSE: -

PROJECT DETAILS

WHAT IS THIS ELECTRICAL SERVICE FOR?:

Reconnecting an existing structure

TYPE OF STRUCTURE SERVICE IS FOR::

Existing home

POWER COMPANY:

Clay Electric

IS THE POWER CURRENTLY ON?:

No

IF NO, HOW LONG HAS THE POWER BEEN DISCONNECTED?:

> 6 Months

SEPTIC #:

19-0728

ELECTRICAL CODE EDITION:

2014 National Electrical Code

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. The issuance of this permit does not waive compliance by permittee with deed restrictions.

Notice: all other applicable state or federal permits shall be obtained before commencement of this permitted development.

"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."

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 receives an approved inspection every 180 days. Work shall be considered not suspended, abandoned or invalid when the permit has received an approved inspection within 180 days of the previous inspection.



STATE OF FLORIDA
DEPARTMENT OF HEALTH
ONSITE SEWAGE TREATMENT AND DISPOSAL
SYSTEM
APPLICATION FOR CONSTRUCTION PERMIT

E Mail: jlganskop83@hotmail.com

PERMIT NO. 19-0728
DATE PAID: 9/30/19
FEE PAID: 160.00
RECEIPT #: 1725935

APPLICATION FOR:

[] New System [x] Existing System [] Holding Tank [] Innovative
[] Repair [] Abandonment [] Temporary []

APPLICANT: Jeffrey L. & Linda J. Ganskop

AGENT: NA

TELEPHONE: 386-755-7413

MAILING ADDRESS: PO Box 1815 Lake City, FL 32056

TO BE COMPLETED BY APPLICANT OR APPLICANT'S AUTHORIZED AGENT. SYSTEMS MUST BE CONSTRUCTED BY A PERSON LICENSED PURSUANT TO 489.105(3) (m) OR 489.552, FLORIDA STATUTES. IT IS THE APPLICANT'S RESPONSIBILITY TO PROVIDE DOCUMENTATION OF THE DATE THE LOT WAS CREATED OR PLATTED (MM/DD/YY) IF REQUESTING CONSIDERATION OF STATUTORY GRANDFATHER PROVISIONS.

PROPERTY INFORMATION

LOT: BLOCK: SUBDIVISION: PLATTED:

PROPERTY ID #: 02-55-16-03432-001 ZONING: A-3 I/M OR EQUIVALENT: [Y / N]

PROPERTY SIZE: 8.7 ACRES WATER SUPPLY: [x] PRIVATE PUBLIC [] <=2000GPD [] >2000GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? [Y / N] Septic System DISTANCE TO SEWER: FT

PROPERTY ADDRESS: 6828 SW SR 47 Lake City, FL 32024

DIRECTIONS TO PROPERTY: From South I-75 Take Exit 423, turn right
Go approximately 2.5 miles Go past Douberley Ct. (gravel road) It is the 1st house on the right. Red Brick House
Currently vacant

BUILDING INFORMATION [x] RESIDENTIAL [] COMMERCIAL

Unit No	Type of Establishment	No. of Bedrooms	Building Area Sqft	Commercial/Institutional System Design Table 1, Chapter 64E-6, FAC
1	Single Family	3	1482	Onsite Brick Home
2				
3				
4				

[] Floor/Equipment Drains [] Other (Specify)

SIGNATURE: Jeffrey L. Ganskop Linda J. Ganskop DATE: 9-30-19

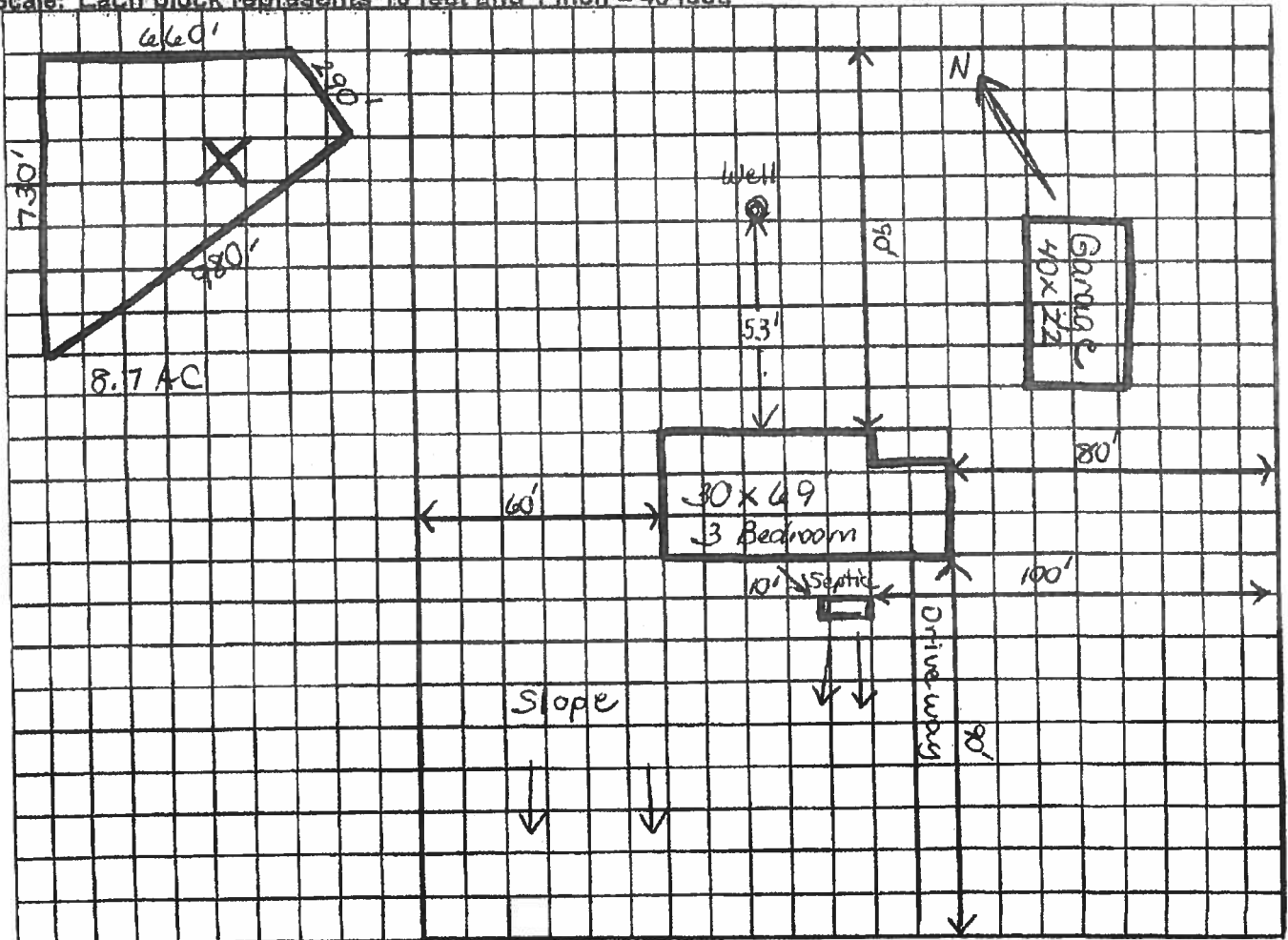
DH 4015, 08/09 (Obsoletes previous editions which may not be used)
Incorporated 64E-6.001, FAC

STATE OF FLORIDA
DEPARTMENT OF HEALTH
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number 19-0728

----- PART II - SITEPLAN -----

Scale: Each block represents 10 feet and 1 inch = 40 feet.

Notes: 1 Acre of 8.7.

Site Plan submitted by: Linda Ganskop Owner TITLE _____ DATE: 9-30-19
Plan Approved _____ Not Approved _____ Date 10/2/19
By _____ Coleman County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT