DATE 10/01/2004

Columbia County Building Permit

This Permit Expires One Year From the Date of Issue

PERMIT
000022360

APPLICANT GARY SACKETT PHONE 386-454-2864

ADDRESS PO BOX 2511 HIGH SPRINGS FL 32655

OWNER GARY SACKETT PHONE 454-2864

ADDRESS 112 SW TRENTON TERR FORT WHITE FL 32038

CONTRACTOR OWNER PHONE

LOCATION OF PROPERTY 47 S, R 27, L RIVER RD, L UTAH, STAY ON NEWARK, L ILLINOIS, R TRENTON, 2ND DRIVE ON RIGHT

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 35

Minimum Set Back Requirments: STREET-FRONT 30.00 REAR 25.00 SIDE 25.00

NO. EX.D.U. 0 FLOOD ZONE NA DEVELOPMENT PERMIT NO.

PARCEL ID 25-6S-15-01321-000 SUBDIVISION THREE RIVERS ESTATES

LOT 39 BLOCK PHASE UNIT 21 TOTAL ACRES 1.00

Culvert Permit No.	Culvert Waiver	Contractor's License Number	Applicant/Owner/Contractor
			X

Driveway Connection	Septic Tank Number	LU & Zoning checked by	Approved for Issuance	New Resident
EXISTING	04-0938-N	LH	LH	Y

COMMENTS: TEMPORARY 6 MONTH PERMIT

Check # or Cash 1219

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 LH CLERKS OFFICE CH

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 INCONVIENCE, 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.

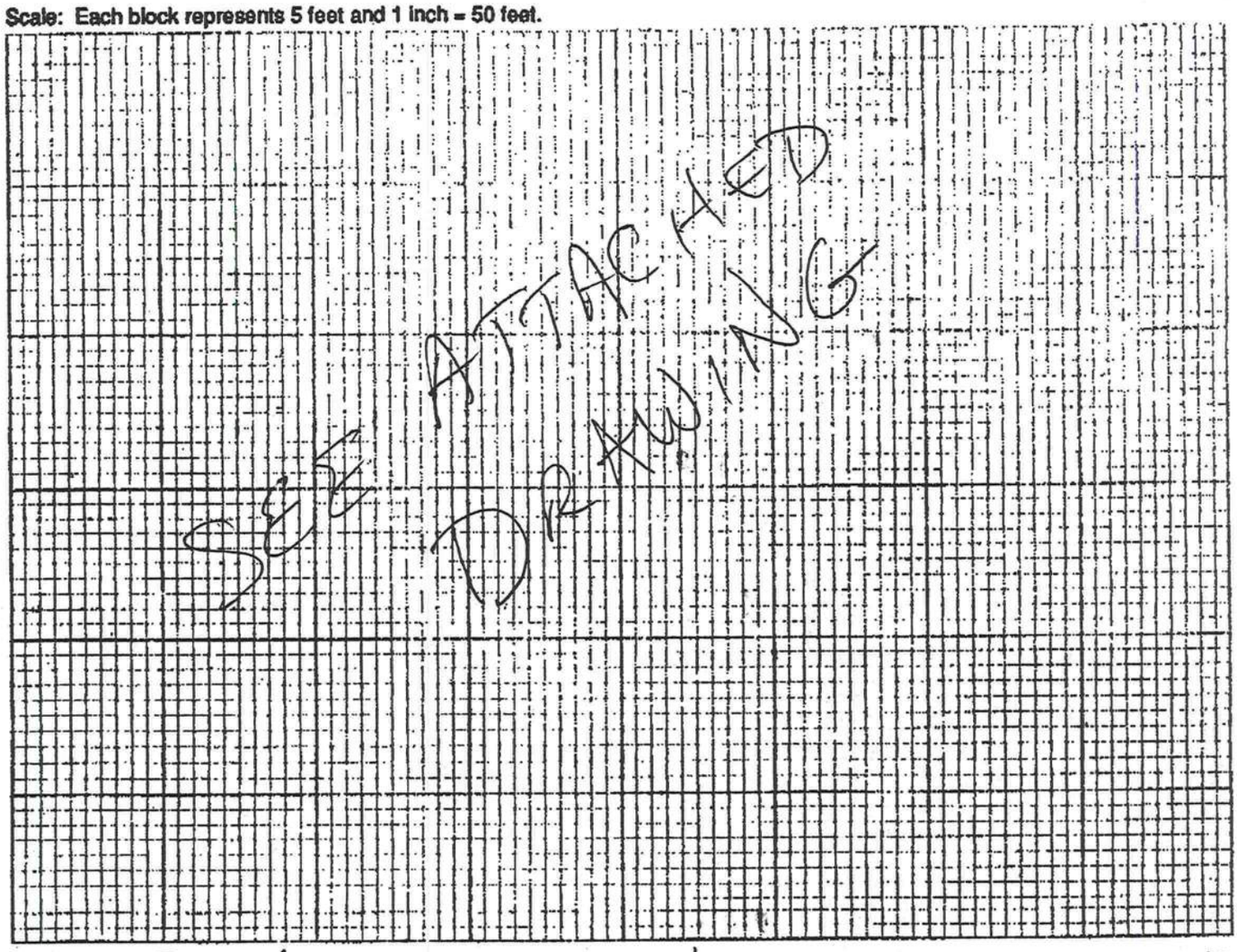
STATE OF FLORIDA
DEPARTMENT OF HEALTH 22360

APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permit Application Number 04-0938N

PART II - SITE PLAN

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



Notes: SEE ATTACHED DRAWING
SCALE 1" = 40'
DISTANCE FROM WELL TO SEPTIC IS 140' SEE DRAWING

Site Plan submitted by: Tom Gilbert (Signature) LAND OWNER (Title)

Plan Approved ✓ Not Approved ____ Date 9.15.04

By Sallie A. Maddy. ESI. COLUMBIA County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

DH 4015, 10/99 (Replaces HRS-H Form 4015 which may be used)
(Stock Number: 5744-002-4015-8)