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

APPLICATION FOR BUILDING PERMIT/COMPLIANCE

	TERMIT/COMPLIANCE
\$50.00 FEE	FILE No RECPT NoA
Applicant's Name: Rocke Address: 546 Owner's Name: Rocky Address: 494 54 Contractor's Name: D Address:	Phone: Dortch St. Fort White FORD Phone: O Dortch St. Fort White FL uke Energy
*****Location of property:	
*****Type of development:	Commercia! Stores
Minimum set-back: Street-fro	zoning land use-Countercial ont/side_zo_rear_5' side_10' = 14339-005 +.04 Acres
I certify that all work will be perform jurisdiction and that all the foregoing all laws regulating construction and z	ned to meet the standards of all laws regulating construction in this information is accurate and all work will be done in compliance with coning.
Contractor's License Number	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.