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Columbia County New Building Permit Application

For Office Use Only Application # 060819 Date Received _____ By _____ Permit # 50911

Zoning Official _____ Date _____ Flood Zone _____ Land Use _____ Zoning _____

FEMA Map # _____ Elevation _____ MFE _____ River _____ Plans Examiner _____ Date _____

Comments _____

☐ NOC ☐ EH ☐ Deed or PA ☐ Site Plan ☐ State Road Info ☐ 911 Sheet ☐ Parent Parcel # _____

☐ Dev Permit # _____ ☐ In Floodway ☐ Letter of Auth. from Contractor ☐ F W Comp. letter

☐ Owner Builder Disclosure Statement ☐ Land Owner Affidavit ☐ Ellisville Water ☐ Sub VF Form

Septic Permit No. _____ OR City Water _____ Fax _____

Applicant (Who will sign/pickup the permit) MARY LYNN HAYS Phone 954 482 2480

Address 586 SW WASHINGTON AVE FT KILLIP, FL 32038

Owners Name MARY LYNN HAYS Phone 954 482 2480

911 Address 586 SW WASHINGTON AVE

Contractors Name _____ Phone _____

Address _____

Contact Email MLHAYES@GMAIL.COM ***Include to get updates on this job.

Fee Simple Owner Name & Address _____

Bonding Co. Name & Address _____

Architect/Engineer Name & Address _____

Mortgage Lenders Name & Address _____

Circle the correct power company - FL Power & Light - Clay Elec. - Suwannee Valley Elec. - Duke Energy

Property ID Number 00-00-00-00860-003 Estimated Construction Cost \$35,000.00

Subdivision Name THREE RIVERS ESTATES Lot 63 Block _____ Unit 11 Phase _____

Circle One for Slab: New Existing/None Electrical: Yes No Size of Building: (L*W*H) 40'x30'x16'

Construction of METAL BUILDING (GODDARD) Commercial OR X Residential

Proposed Use/Occupancy STORAGE Number of Existing Dwellings on Property 0

Is the Building Fire Sprinkled? NO If Yes, blueprints included _____ Or Explain _____

Circle Proposed - Culvert Permit or Culvert Waiver or D.O.T. Permit or Have an Existing Drive

Actual Distance of Structure from Property Lines - Front 359 Side 20 Side 35 Rear 50'

Number of Stories 1 Heated Floor Area _____ Total Floor Area 1200 Acreage _____

Zoning Applications applied for (Site & Development Plan, Special Exception, etc.) _____