



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

29597
PERMIT #: 12-SC-1355885
APPLICATION #: AP1039343
DATE PAID: 6-20-11
FEE PAID: 310.00
RECEIPT #: 1651931
DOCUMENT #: PR849357

CONSTRUCTION PERMIT FOR: OSTDS New
APPLICANT: (GLOBAL INNOVATION LLC)
PROPERTY ADDRESS: CANNON CREEK Ctr Lake City, FL 32025
LOT: BLOCK: SUBDIVISION: Cannon Creek Center
PROPERTY ID #: 08558-109 [SECTION, TOWNSHIP, RANGE, PARCEL NUMBER]
[OR TAX ID NUMBER]

SYSTEM MUST BE CONSTRUCTED IN ACCORDANCE WITH SPECIFICATIONS AND STANDARDS OF SECTION 381.0065, F.S., AND CHAPTER 64E-6, F.A.C. DEPARTMENT APPROVAL OF SYSTEM DOES NOT GUARANTEE SATISFACTORY PERFORMANCE FOR ANY SPECIFIC PERIOD OF TIME. ANY CHANGE IN MATERIAL FACTS, WHICH SERVED AS A BASIS FOR ISSUANCE OF THIS PERMIT, REQUIRE THE APPLICANT TO MODIFY THE PERMIT APPLICATION. SUCH MODIFICATIONS MAY RESULT IN THIS PERMIT BEING MADE NULL AND VOID. ISSUANCE OF THIS PERMIT DOES NOT EXEMPT THE APPLICANT FROM COMPLIANCE WITH OTHER FEDERAL, STATE, OR LOCAL PERMITTING REQUIRED FOR DEVELOPMENT OF THIS PROPERTY.

SYSTEM DESIGN AND SPECIFICATIONS

T [1,050] GALLONS / GPD Septic CAPACITY
A [] GALLONS / GPD CAPACITY
N [] GALLONS GREASE INTERCEPTOR CAPACITY [MAXIMUM CAPACITY SINGLE TANK:1250 GALLONS]
K [] GALLONS DOSING TANK CAPACITY [] GALLONS @ [] DOSES PER 24 HRS #Pumps []
D [475] SQUARE FEET drainfield SYSTEM
R [] SQUARE FEET SYSTEM
A TYPE SYSTEM: [x] STANDARD [] FILLED [] MOUND []
I CONFIGURATION: [x] TRENCH [] BED []
N
F LOCATION OF BENCHMARK: nail in pink ribbon 4x4 post
I ELEVATION OF PROPOSED SYSTEM SITE [24.00] [INCHES / FT] [ABOVE / BELOW] BENCHMARK/REFERENCE POINT
E BOTTOM OF DRAINFIELD TO BE [54.00] [INCHES / FT] [ABOVE / BELOW] BENCHMARK/REFERENCE POINT
L
D FILL REQUIRED: [0.00] INCHES EXCAVATION REQUIRED: [0.00] INCHES

1. May require some fill over end of drainfield due to slope of property.
2. Industrial/Manufacturing Zone permit required annually.
3. OSTDS permit able to be issued due to item number 3 per the interagency agreement (no floor drains).
4. Check with county/city requirements for public water connection. If not available, well must be permitted as a limited use well with DOH before final approval.

SPECIFICATIONS BY: Robert W Ford TITLE: Master Contractor
APPROVED BY: Sallie A Ford TITLE: Environmental Health Director Columbia CHD
DATE ISSUED: 07/12/2011 EXPIRATION DATE: 01/12/2013

DH 4016, 08/09 (Obsoletes all previous editions which may not be used)
Incorporated: 64E-6.003, FAC

SUBCONTRACTOR VERIFICATION FORM

(7-29-11 Submitted)

APPLICATION NUMBER 110650 CONTRACTOR Aaron Marc Company PHONE _____

THIS FORM MUST BE SUBMITTED PRIOR TO THE ISSUANCE OF A PERMIT

In Columbia County one permit will cover all trades doing work at the permitted site. It is **REQUIRED** that we have records of the subcontractors who actually did the trade specific work under the permit. Per Florida Statute 440 and Ordinance 89-6, a contractor shall require all subcontractors to provide evidence of workers' compensation or exemption, general liability insurance and a valid Certificate of Competency license in Columbia County.

Any changes, the permitted contractor is responsible for the corrected form being submitted to this office prior to the start of that subcontractor beginning any work. Violations will result in stop work orders and/or fines.

ELECTRICAL 724	Print Name <u>Rainbolt Technical Services</u>	Signature <u>[Signature]</u>
	License #: <u>EC13001835</u>	Phone #: <u>386-867-1004</u>
MECHANICAL/A/C	Print Name _____	Signature _____ Phone #: _____
PLUMBING/GAS	Print Name _____	Signature _____ Phone #: _____
ROOFING	Print Name _____	Signature _____ Phone #: _____
SHEET METAL	Print Name _____	Signature _____ Phone #: _____
FIRE SYSTEM/SPRINKLER	Print Name _____	Signature _____ Phone #: _____
SOLAR	Print Name _____	Signature _____ Phone #: _____

Specialty License	License Number	Sub Contractors Printed Name	Sub Contractors Signature
MASON	000 350	Sean Skowran Masonry	[Signature]
CONCRETE FINISHER	000048	Loftstrom Builders	[Signature]
FRAMING			
INSULATION			
STUCCO			
DRYWALL			
PLASTER			
CABINET INSTALLER			
PAINTING			
ACOUSTICAL CEILING			
GLASS			
CERAMIC TILE			
FLOOR COVERING			
ALUM/VINYL SIDING			
GARAGE DOOR			
METAL BLDG ERECTOR			

F. S. 440.103 Building permits; identification of minimum premium policy.--Every employer shall, as a condition to applying for and receiving a building permit, show proof and certify to the permit issuer that it has secured compensation for its employees under this chapter as provided in ss. 440.10 and 440.38, and shall be presented each time the employer applies for a building permit.

SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER 1106-50 CONTRACTOR AARON NICKELSON PHONE 38487-1466
 THIS FORM MUST BE SUBMITTED PRIOR TO THE ISSUANCE OF A PERMIT

In Columbia County one permit will cover all trades doing work at the permitted site. It is **REQUIRED** that we have records of the subcontractors who actually did the trade specific work under the permit. Per Florida Statute 440 and Ordinance 89-6, a contractor shall require all subcontractors to provide evidence of workers' compensation or exemption, general liability insurance and a valid Certificate of Competency license in Columbia County.

Any changes, the permitted contractor is responsible for the corrected form being submitted to this office prior to the start of that subcontractor beginning any work. Violations will result in stop work orders and/or fines.

ELECTRICAL	Print Name <u>See Separate Sheet</u>	Signature _____	Phone #: _____
MECHANICAL/A/C	Print Name <u>n/a</u>	Signature _____	Phone #: _____
PLUMBING/GAS <u>1018</u>	Print Name <u>A Proud Plumber</u> License #: <u>CFC1427133</u>	Signature <u>[Signature]</u>	Phone #: <u>(386) 935-3095</u>
ROOFING <u>1110</u>	Print Name <u>Aaron Marc Homes</u> License #: <u>CBC1258040</u>	Signature <u>[Signature]</u>	Phone #: <u>(386) 487-1466</u>
SHEET METAL	Print Name <u>n/a</u>	Signature _____	Phone #: _____
FIRE SYSTEM/SPRINKLER	Print Name <u>n/a</u>	Signature _____	Phone #: _____
SOLAR	Print Name <u>n/a</u>	Signature _____	Phone #: _____

Specialty License	License Number	Sub-Contractor's Printed Name	Sub-Contractor's Signature
MASON	<u>000246</u>	<u>Ed Bennard Masonry</u>	<u>Separate Sheet</u>
CONCRETE FINISHER	<u>000226</u>	<u>William Brown Concrete</u>	<u>Separate Sheet</u>
FRAMING <u>1110</u>	<u>CBC1258040</u>	<u>Aaron Marc Homes</u>	<u>[Signature]</u>
INSULATION	<u>CBC1258040</u>	<u>Aaron Marc Homes</u>	<u>[Signature]</u>
STUCCO	<u>n/a</u>		
DRYWALL	<u>000838</u>	<u>Ruzicka Drywall, Inc.</u>	<u>[Signature]</u>
PLASTER	<u>n/a</u>		
CABINET INSTALLER	<u>CBC1258040</u>	<u>Aaron Marc Homes</u>	<u>[Signature]</u>
PAINTING <u>1110</u>	<u>CBC1258040</u>	<u>Aaron Marc Homes</u>	<u>[Signature]</u>
ACOUSTICAL CEILING	<u>n/a</u>		
GLASS	<u>n/a</u>		
CERAMIC TILE <u>1110</u>	<u>CBC1258040</u>	<u>Aaron Marc Homes</u>	<u>[Signature]</u>
FLOOR COVERING	<u>CBC1258040</u>	<u>Aaron Marc Homes</u>	
ALUM/VINYL SIDING	<u>CBC1258040</u>	<u>Aaron Marc Homes</u>	
GARAGE DOOR	<u>CBC1258040</u>	<u>Aaron Marc Homes</u>	
METAL BLDG ERECTOR	<u>n/a</u>		

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