I his Permit Must Be Prominently Posted	uilding Permit on Premises During Construction  PERMIT 000030413
APPLICANT ROGER WHIDDON	PHONE 386-867-0812
ADDRESS 295 NW COMMONS LOOP, STE 115-262	LAKE CITY FL 32055
OWNER MARTHA GRUSS	PHONE 309-267-6780
ADDRESS 321 SW LONG LEAF DR	LAKE CITY FL 32024
CONTRACTOR ROGER WHIDDON	PHONE 386-867-0812
LOCATION OF PROPERTY 90 W, L 247, L INTO FOREST CO	OUNTRY ON MONK WAY, L LONG LEAF,
THEN 4TH ON LEFT	
TYPE DEVELOPMENT DAMAGE REPAIRS EST	TIMATED COST OF CONSTRUCTION 0.00
HEATED FLOOR AREA TOTAL ARE	EA HEIGHT STORIES
FOUNDATION WALLS R	ROOF PITCH FLOOR
LAND USE & ZONING RSF-2	MAX. HEIGHT
NO. EX.D.U. 1 FLOOD ZONE X	DEVELOPMENT PERMIT NO.
PARCEL ID 15-4S-16-03000-202 SUBDIVISION	N FOREST COUNTRY S/D
LOT 2 BLOCK A PHASE UNIT _	TOTAL ACRES
CRC1328025	20 PINGS
Culvert Permit No. Culvert Waiver Contractor's License Nun	nber Applicant/Owner/Contractor
EXISTING NA BK	TC N
Driveway Connection Septic Tank Number LU & Zonin	ng checked by Approved for Issuance New Resident
COMMENTS: NOC ON FILE, RECORDED DISCLOSURE FORM IN	ICLUDED
T.S. DEBBY- NO CHARGE FOR PERMIT	
	CI I II C I NO CHAPCE
	Check # or Cash NO CHARGE
FOR BUILDING & ZONIN	
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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 REFORE RECORDING YOUR NOTICE OF COMMENCEMENT." 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 RECIEVES AN APPROVED INSPECTION EVERY 180 DAYS. WORK SHALL BE CONSIDERED NOT SUSPENDED, ABANDONED OR INVALID WHEN THE PERMIT HAS RECIEVED AN APPROVED INSPECTION WITHIN 180 DAYS OT THE PREVIOUS INSPECTION.