

Columbia County Remodel Permit Application

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For Office Use OnlyApplication # 62283 Date Received _____ By _____ Permit # _____

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

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

Comments _____

- ☐ NOC ☐ Deed or PA ☐ Dev Permit # _____ ☐ In Floodway ☐ Letter of Auth. from Contractor
☐ F W Comp. letter ☐ Owner Builder Disclosure Statement ☐ Land Owner Affidavit ☐ Ellisville Water ☐ App Fee Paid
☐ Site Plan ☐ Env. Health Approval _____ ☐ Sub VF Form

Fax _____

Applicant (Who will sign/pickup the permit) James Odato Phone 386-867-0505Address 102 SE Moonlight Dr Lake City FL 32024Owners Name James Odato Phone 386-867-0505

911 Address _____

Contractors Name _____ Phone _____

Address _____

Contractor Email Jdautotransport@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 EnergyProperty ID Number 27-65-17-09784-051 Estimated Construction Cost 44,000

Subdivision Name _____ Lot _____ Block _____ Unit _____ Phase _____

Driving Directions from a Major Road Corner of Moonlight Dr + 441Construction of _____ Commercial OR ☒ ResidentialType of Structure (House; Mobile Home; Garage; Exxon) Garage

Use/Occupancy of the building now _____ Is this changing _____

If Yes, Explain, Proposed Use/Occupancy _____

Is the building Fire Sprinkled? _____ If Yes, blueprints included _____ Or Explain _____

Entrance Changes (Ingress/Egress) _____ If Yes, Explain _____

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