

# Columbia County Modular Building Permit Application

|                                                                                                                                                                                                                                                            |  |                                         |  |                                               |  |                                                |  |                                                            |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------|--|-----------------------------------------------|--|------------------------------------------------|--|------------------------------------------------------------|--|
| <b>For Office Use Only</b>                                                                                                                                                                                                                                 |  | Application # _____                     |  | Date Received _____                           |  | By _____                                       |  | Permit # _____                                             |  |
| Zoning Official _____                                                                                                                                                                                                                                      |  | Date _____                              |  | Flood Zone _____                              |  | Land Use _____                                 |  | Zoning _____                                               |  |
| FEMA Map # _____                                                                                                                                                                                                                                           |  | Elevation _____                         |  | MFE _____                                     |  | River _____                                    |  | Plans Examiner _____                                       |  |
| Date _____                                                                                                                                                                                                                                                 |  |                                         |  |                                               |  |                                                |  |                                                            |  |
| Comments _____                                                                                                                                                                                                                                             |  |                                         |  |                                               |  |                                                |  |                                                            |  |
| <input type="checkbox"/> NOC <input type="checkbox"/> EH <input type="checkbox"/> Deed or PA <input type="checkbox"/> Site Plan <input type="checkbox"/> State Road Info <input type="checkbox"/> 911 Sheet <input type="checkbox"/> Parent Parcel # _____ |  |                                         |  |                                               |  |                                                |  |                                                            |  |
| <input type="checkbox"/> Dev Permit # _____ <input type="checkbox"/> In Floodway <input type="checkbox"/> Letter of Auth. from Contractor <input type="checkbox"/> F W Comp. letter                                                                        |  |                                         |  |                                               |  |                                                |  |                                                            |  |
| <input type="checkbox"/> Owner Builder Disclosure Statement <input type="checkbox"/> Land Owner Affidavit <input type="checkbox"/> Ellisville Water <input type="checkbox"/> Sub VF Form                                                                   |  |                                         |  |                                               |  |                                                |  |                                                            |  |
| Septic Permit No. _____                                                                                                                                                                                                                                    |  |                                         |  | OR City Water <input type="checkbox"/>        |  | Fax _____                                      |  |                                                            |  |
| Applicant (Who will sign/pickup the permit) <u>Gene Phelps or Sonya North</u>                                                                                                                                                                              |  |                                         |  |                                               |  | Phone <u>863-517-5101</u>                      |  |                                                            |  |
| Address <u>3311 SW State Rd 247 Lake City FL 32024</u>                                                                                                                                                                                                     |  |                                         |  |                                               |  |                                                |  |                                                            |  |
| Owners Name <u>Gene Phelps</u>                                                                                                                                                                                                                             |  |                                         |  |                                               |  | Phone <u>303-520-4739</u>                      |  |                                                            |  |
| 911 Address <u>5815 NW Lake Jeffery Lake City FL 32055</u>                                                                                                                                                                                                 |  |                                         |  |                                               |  |                                                |  |                                                            |  |
| Contractors Name <u>Gene Phelps</u>                                                                                                                                                                                                                        |  |                                         |  |                                               |  | Phone <u>303-520-4739</u>                      |  |                                                            |  |
| Address <u>5815 NW Lake Jeffery Lake City FL 32055</u>                                                                                                                                                                                                     |  |                                         |  |                                               |  |                                                |  |                                                            |  |
| Contact Email <u>provisionpermitting@gmail.com</u>                                                                                                                                                                                                         |  |                                         |  |                                               |  | ***Updates will be sent here                   |  |                                                            |  |
| Fee Simple Owner Name & Address _____                                                                                                                                                                                                                      |  |                                         |  |                                               |  |                                                |  |                                                            |  |
| Bonding Co. Name & Address _____                                                                                                                                                                                                                           |  |                                         |  |                                               |  |                                                |  |                                                            |  |
| Architect/Engineer Name & Address _____                                                                                                                                                                                                                    |  |                                         |  |                                               |  |                                                |  |                                                            |  |
| Mortgage Lenders Name & Address _____                                                                                                                                                                                                                      |  |                                         |  |                                               |  |                                                |  |                                                            |  |
| Select correct power company <input type="radio"/> FL Power & Light <input type="radio"/> Clay Elec. <input checked="" type="radio"/> Suwannee Valley Elec. <input type="radio"/> Duke Energy                                                              |  |                                         |  |                                               |  |                                                |  |                                                            |  |
| Property ID Number <u>09-38-16-02045-103</u>                                                                                                                                                                                                               |  |                                         |  | Estimated Construction Cost <u>145,240.22</u> |  |                                                |  |                                                            |  |
| Subdivision Name _____                                                                                                                                                                                                                                     |  |                                         |  | Lot _____                                     |  | Block _____                                    |  | Unit _____                                                 |  |
|                                                                                                                                                                                                                                                            |  |                                         |  | Phase _____                                   |  |                                                |  |                                                            |  |
| Construction of <u>On Frame modular</u>                                                                                                                                                                                                                    |  |                                         |  |                                               |  | <input type="checkbox"/> Commercial            |  | OR <input checked="" type="checkbox"/> Residential         |  |
| Proposed Use/Occupancy _____                                                                                                                                                                                                                               |  |                                         |  |                                               |  | Number of Existing Dwellings on Property _____ |  |                                                            |  |
| Is the Building Fire Sprinkled? _____                                                                                                                                                                                                                      |  |                                         |  |                                               |  | If Yes, blueprints included _____              |  | Or Explain _____                                           |  |
| [Check Proposed -]                                                                                                                                                                                                                                         |  | Culvert Permit <input type="checkbox"/> |  | Culvert Waiver <input type="checkbox"/>       |  | D.O.T. Permit <input type="checkbox"/>         |  | Have an Existing Drive <input checked="" type="checkbox"/> |  |
| Actual Distance of Structure from Property Lines - Front <u>741</u> Side <u>570</u> Side <u>38</u> Rear <u>39</u>                                                                                                                                          |  |                                         |  |                                               |  |                                                |  |                                                            |  |
| Number of Stories <u>1</u> Heated Floor Area _____ Total Floor Area <u>981</u> Acreage <u>5.08</u>                                                                                                                                                         |  |                                         |  |                                               |  |                                                |  |                                                            |  |
| Zoning Applications applied for (Site & Development Plan, Special Exception, etc.) _____                                                                                                                                                                   |  |                                         |  |                                               |  |                                                |  |                                                            |  |



**Columbia County Building Permit Application - "Owner and Contractor Signature Page"**

**CODES: 2023 Florida Building Code 8<sup>th</sup> Edition and the 2020 National Electrical Code.**

Application is hereby made to obtain a permit to do work and installations as indicated. I certify that no work or installation has commenced prior to the issuance of a permit and that all work be performed to meet the standards of all laws regulating construction in this jurisdiction.

**TIME LIMITATIONS OF APPLICATION** : An application for a permit for any proposed work shall be deemed to have been abandoned 180 days after the date of filing, unless pursued in good faith or a permit has been issued.

**TIME LIMITATIONS OF PERMITS**: 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 work is commenced. A valid permit receives an approved inspection every 180 days. Work shall be considered not suspended, abandoned or invalid when the permit has received an approved inspection within 180 days of the previous approved inspection.

**FLORIDA'S CONSTRUCTION LIEN LAW: Protect Yourself and Your Investment:** According to Florida Law, those who work on your property or provide materials, and are not paid-in-full, have a right to enforce their claim for payment against your property. This claim is known as a construction lien. If your contractor fails to pay subcontractors or material suppliers or neglects to make other legally required payments, the people who are owed money may look to your property for payment, even if you have paid your contractor in full. This means if a lien is filed against your property, it could be sold against your will to pay for labor, materials or other services which your contractor may have failed to pay.

**NOTICE OF RESPONSIBILITY TO CONTRACTOR AND AGENT: YOU ARE HEREBY NOTIFIED** as the recipient of a building permit from Columbia County, Florida, you will be held responsible to the County for any damage to sidewalks and/or road curbs and gutters, concrete features and structures, together with damage to drainage facilities, removal of sod, major changes to lot grades that result in ponding of water, or other damage to roadway and other public infrastructure facilities caused by you or your contractor, subcontractors, agents or representatives in the construction and/or improvement of the building and lot for which this permit is issued. No certificate of occupancy will be issued until all corrective work to these public infrastructures and facilities has been corrected.

**WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOU PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT.**

**OWNERS CERTIFICATION: I CERTIFY THAT ALL THE FOREGOING INFORMATION IS ACCURATE AND THAT ALL WORK WILL BE DONE IN COMPLIANCE WITH ALL APPLICABLE LAWS REGULATING CONSTRUCTION AND ZONING.**

**NOTICE TO OWNER:** There are some properties that may have deed restrictions recorded upon them. These restrictions may limit or prohibit the work applied for in your building permit. You must verify if your property is encumbered by any restrictions or face possible litigation and or fines.

Gene Phelps  
**Printed Owners Name**

(X) [Signature]  
**Owners Signature**

**\*\*Property owners must sign here before any permit will be issued.**

**CONTRACTORS AFFIDAVIT:** By my signature, I understand and agree that I have informed and provided this written statement to the owner of all the above written responsibilities in Columbia County for obtaining this Building Permit including all application and permit time limitations.

(X) [Signature]  
**Contractor's Signature**

Contractor's License Number 013  
Columbia County  
Competency Card Number \_\_\_\_\_

Affirmed and subscribed before me the Contractor by means of ☒ physical presence or ☐ online notarization, this 22 day of April 2025, who was personally known ☐ or produced ID ☒ Drivers License

[Signature]  
**State of Florida Notary Signature (For the Contractor)**

SEAL:

