

Columbia County Building Permit Application

1.0 ☒ New Interior Plans
☒ Second Set Plans
 Back

For Office Use Only		Application # <u>1307-73</u>	Date Received <u>7/29/13</u>	By <u>CH</u>	Permit # <u>31458</u>
Zoning Official <u>BLK</u>	Date <u>13 Sept. 2013</u>	Flood Zone <u>X</u>	Land Use <u>High Inter</u>	Zoning <u>CHI</u>	
FEMA Map # <u>N/A</u>	Elevation <u>N/A</u>	MFE <u>164.5</u>	River <u>N/A</u>	Plans Examiner <u>T.C.</u>	Date <u>8-19-13</u>
Comments <u>10288 Gravel Parking per Eng. Elevation Configuration Letter Required at Slab</u>					
<input checked="" type="checkbox"/> NOC <input checked="" type="checkbox"/> EH <input type="checkbox"/> Deed or PA <input type="checkbox"/> Site Plan <input type="checkbox"/> State Road Info <input type="checkbox"/> Well letter <input checked="" 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					
IMPACT FEES: EMS _____		Fire _____	Corr _____	<input checked="" type="checkbox"/> Sub VF Form <u>118-Martin Liebowitz</u> <input checked="" type="checkbox"/> App Fee Paid	
Road/Code _____	School _____	= TOTAL (Suspended) <input type="checkbox"/> Ellisville Water <input checked="" type="checkbox"/> App Fee Paid			

Septic Permit No. City Water & Sewer Linda Roder or _____ Fax 752-2282
 Name Authorized Person Signing Permit Adam Papka Phone 752-2281
623-2383
 Address 341 Ring Ct Lake City FL 32024
 Owners Name Emony Medical Corp. Phone 386-249-2315
 911 Address 4812 W US Hwy 90 Lake City FL 32024
 Contractors Name Adam Papka Phone 623-2383
 Address 341 Ring Ct Lake City FL 32025
 Fee Simple Owner Name & Address N/A
 Bonding Co. Name & Address NA
 Architect/Engineer Name & Address CES 754-4085
 Mortgage Lenders Name & Address N/A
 Circle the correct power company - FL Power & Light - Clay Elec. - Suwannee Valley Elec. - Progress Energy
 Property ID Number 33-35-16-02460-007 Estimated Cost of Construction 340K
 Subdivision Name US Hwy 90 W, Lot _____ Block _____ Unit _____ Phase _____
 Driving Directions US Hwy 90, Turn R before Pine mount Rd

Number of Existing Dwellings on Property 0

Construction of Womens Clinic Total Acreage 0.75 Lot Size 0.75 ac
 Do you need a - Culvert Permit or Culvert Waiver or Have an Existing Drive Total Building Height 22'
 Actual Distance of Structure from Property Lines - Front 75' Side 11.29' Side 11.29' Rear 148'
 Number of Stories 1 Heated Floor Area 4666 Total Floor Area 9490 Roof Pitch 2-12

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. **CODE:** Florida Building Code 2010 and the 2008 National Electrical Code.

Page 1 of 2 (Both Pages must be submitted together.) Revised 3-15-12

Spoke to Adam 9-13-13 \$1869.90
 ck#: 2001