This Permit Must Be Prominently Poste	
APPLICANT ANN DENNARD ADDRESS 162 NW JUPITE CT	PHONE 386.249.5456 LAKE CITY FL 32055
OWNER JAMES VONLIENEN	PHONE 386.292.5116
ADDRESS 1164 SW GODBOLD AVENUE	LAKE CITY FL 32024
CONTRACTOR MANUEL BRANNAN	PHONE 386.590.3289
	GODBOLD,TL TO BRIM & IT'S @ THE
CORNER OF BRIM & GODBO	OLD ON R.
TYPE DEVELOPMENT MH/UTILITY E	ESTIMATED COST OF CONSTRUCTION 0.00
HEATED FLOOR AREA TOTAL A	REA HEIGHT STORIES
FOUNDATION WALLS	ROOF PITCH FLOOR
LAND USE & ZONING A-3	MAX. HEIGHT
Minimum Set Back Requirments: STREET-FRONT 30.0	00 REAR 25.00 SIDE 25.00
NO. EX.D.U. 0 FLOOD ZONE X	DEVELOPMENT PERMIT NO.
PARCEL ID 11-4S-15-00343-000 SUBDIVIS	ION
LOT BLOCK PHASE UNIT	TOTAL ACRES 1.98
1H1025396	
Culvert Permit No. Culvert Waiver Contractor's License N	Jumber Applicant/Owner/Contractor
EXISTING 15-0514-E TC	TC N
Driveway Connection Septic Tank Number LU & Zoning che	ecked by Approved for Issuance New Resident Time/STUP No.
COMMENTS: 1 FOOT ABOVE ROAD.	
	Check # or Cash CASH REC'D.
2004) 200 W	IING DEPARTMENT ONLY (footer/Slab)
Temporary Power Foundation date/app. by	date/app. by date/app. by
Under slab rough-in plumbing Slab	
	Sheathing/Nailing
date/app. by	Sheathing/Nailing date/app. by
Framing Insulation	date/app. by date/app. by
Framing Insulation Insulation	
Rough-in-plumbing above slab and below wood floor	date/app. by date/app. by
Framing Insulation date/app. by Rough-in plumbing above slab and below wood floor Heat & Air Duct Peri. beam (Li	date/app. by date/app. by Electrical rough-in date/app. by Pool
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Columbia County Building Permit

PERMIT

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.