

Columbia County Swimming Pool/Spa Permit Application

For Office Use Only Application # 44275 Date Received 1/2 By 16 Permit # 39158
 Zoning Official LW/LH Date 1/6/20 Flood Zone X Land Use RLD Zoning RSF-2
 FEMA Map # _____ Elevation _____ MFE _____ River _____ Plans Examiner T.C. Date 1-13-20
 Comments _____
☒ NOC ☒ DEH ☒ Deed or PA ☒ Site Plan ☐ 941 Sheet (If NO Address Exists) ☐ Owner Builder Disclosure Statement
☐ Dev Permit # _____ ☐ In Floodway ☐ Letter of Auth from Contractor ☐ F W Comp. letter
☐ Land Owner Affidavit ☐ Ellisville Water ☒ App Fee Paid ☒ Sub VF Form
 Notes: _____

Septic Permit No. 20-0006 Or City Water System ☐ Fax 855-787-6289
 Applicant (Who will sign/pickup the permit) Susan L. Frazee Phone 386-365-5299
 Address 346 NW Ivy Glen, Lake City, FL 32055
 Owners Name Peter Bonilla, Jr. Phone (386) 623-6561
 911 Address 150 SW Morning Glory Drive, Lake City, FL 32024
 Contractors Name Susan L. Frazee Phone (386) 292-6722
 Address 346 NW Ivy Glen, Lake City, FL 32055
 Contractor Email aquaticart pools @ bellsouth.net Include to get updates on this job.

Fee Simple Owner Name & Address _____
 Bonding Co. Name & Address _____
 Architect/Engineer Name & Address Riddle, PAUL E 7720 SE 4th Ave, Suite 300, Bellamy, FL 32011
 Mortgage Lenders Name & Address Penny Mac, PO Box 54387, Los Angeles, CA 90051
 Circle the correct power company ☐ FL Power & Light ☒ Clay Elec. ☐ Suwannee Valley Elec. ☐ Duke Energy

Property ID Number 15-45-16-03023-557 Cost of Construction \$50,000.
 Subdivision Name Rolling meadows Lot 57 Block _____ Unit _____ Phase _____
 Driving Directions 90W to Sisters Welcome Rd. - Rt. on SW Hope Henry Rd. - left on SW Morning Glory DR.

Residential ☒ OR Commercial ☐
 Construction of inground pool ADA Compliant ☒ Total Acreage 0.5 ac
 Actual Distance of Pool from Property Lines - Front 120' Side L 40' Side R 80' Rear 50'

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 2014 and the 2011 National Electrical Code.



LH - Spoke to Randy 1-15-20

Columbia County Building Permit Application

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 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.

Peter Bonilla x [Signature]
Print Owners Name Owners Signature

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

****If this is an Owner Builder Permit Application then, ONLY the owner can sign the building permit when it is 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.

Susan L. Fray
Contractor's Signature

Contractor's License Number CPC1457969
Columbia County
Competency Card Number 905

Affirmed under penalty of perjury to by the Contractor and subscribed before me this 31st day of December 2019.

Personally known ☒ or Produced Identification

Suzanne Stewart

State of Florida Notary Signature (For the Contractor)



SUZANNE STEWART
Commission # GG 932396
Expires November 17, 2023
Bonded Thru Budget Notary Services



COLUMBIA COUNTY BUILDING DEPARTMENT

135 NE Hernando Ave., Suite B-21, Lake City, FL 32055

Office: 386-758-1008 Fax: 386-758-2160

www.columbiacountyfla.com/BuildingandZoning.asp

NOTICE TO SWIMMING POOL OWNERS

I, Peter Bonilla

have been informed and I understand that prior to the final inspection approval and use of my pool, I will need all the inspections approved and the required fencing installed in accordance with applicable regulations. The Florida Building Code requires private residential swimming pools, hot tubs, or non-portable spas containing water over 24 inches deep to meet the following pool barrier safety feature requirements:

- The pool access must be isolated by a barrier at least 4 feet high and installed around the perimeter of the pool.

Unless the pool is equipped with a safety cover complying with the specifications of American Society for Testing and Materials standard F-1346-91.

- The barrier shall not have any gaps or openings which would allow a child to crawl under, squeeze through or climb over and must be placed no less than 20 inches from the water's edge.
- Gates located in the pool barrier must open outward away from the pool and be both self-closing and self latching, with a release mechanism not less than 54" above the standing surface at the gate.
- The barrier must be separate from any other fence, wall, or other enclosure surrounding the yard unless the fence, wall or other enclosure or portion thereof is situated on the perimeter of the pool and meets the pool barrier requirements.
- Where a wall of a dwelling serves as part of the barrier **one** of the following shall apply:
 - 1) All doors and first floor windows with a sill height of less than 48 inches providing direct access from the home to the pool must be equipped with an alarm that has a minimum sound pressure rating of 85 decibels at 10 feet. The alarm shall sound immediately upon opening the window or door unless the temporary bypass mechanism is activated.
 - 2) **Or;** all doors providing direct access from the home to the pool must be equipped with a self-closing, self-latching device with a release mechanism located at least 54 inches above the floor.

According to Florida statutes chapter 515: Residential Swimming Pool Safety Act, failure to comply with these requirements is a misdemeanor of the second degree, punishable by imprisonment for up to 60 days or a fine of up to \$500, except that no penalty shall be imposed if within 45 days after arrest or issuance of a summons or notice to appear, the pool is equipped with the aforementioned safety features and the responsible person attends a drowning prevention education program developed by the Florida Department of Health. I also understand that there are several inspections required in addition to a final inspection for my swimming pool.

x [Signature] 16 Dec 19
Owner Signature / Date

Address: 150 SW Morning Glory Dr., Lake City, FL 32024

[Signature]
Contractor Signature / Date

CPC1457969
License Number

SUBCONTRACTOR VERIFICATION

APPLICATION/PERMIT #

44275

JOB NAME

Bonilla, Peter

THIS FORM MUST BE SUBMITTED BEFORE A PERMIT WILL BE ISSUED

Columbia County issues combination permits. One permit will cover all trades doing work at the permitted site. It is **REQUIRED** that we have records of the subcontractors who actually did the trade specific work under the general contractors permit.

NOTE: It shall be the responsibility of the general contractor to make sure that all of the subcontractors are licensed with the Columbia County Building Department.

Use website to confirm licenses: <http://www.columbiacountyfla.com/PermitSearch/ContractorSearch.aspx>

NOTE: If this should change prior to completion of the project, it is your responsibility to have a corrected form submitted to our office, before that work has begun.

Violations will result in stop work orders and/or fines.

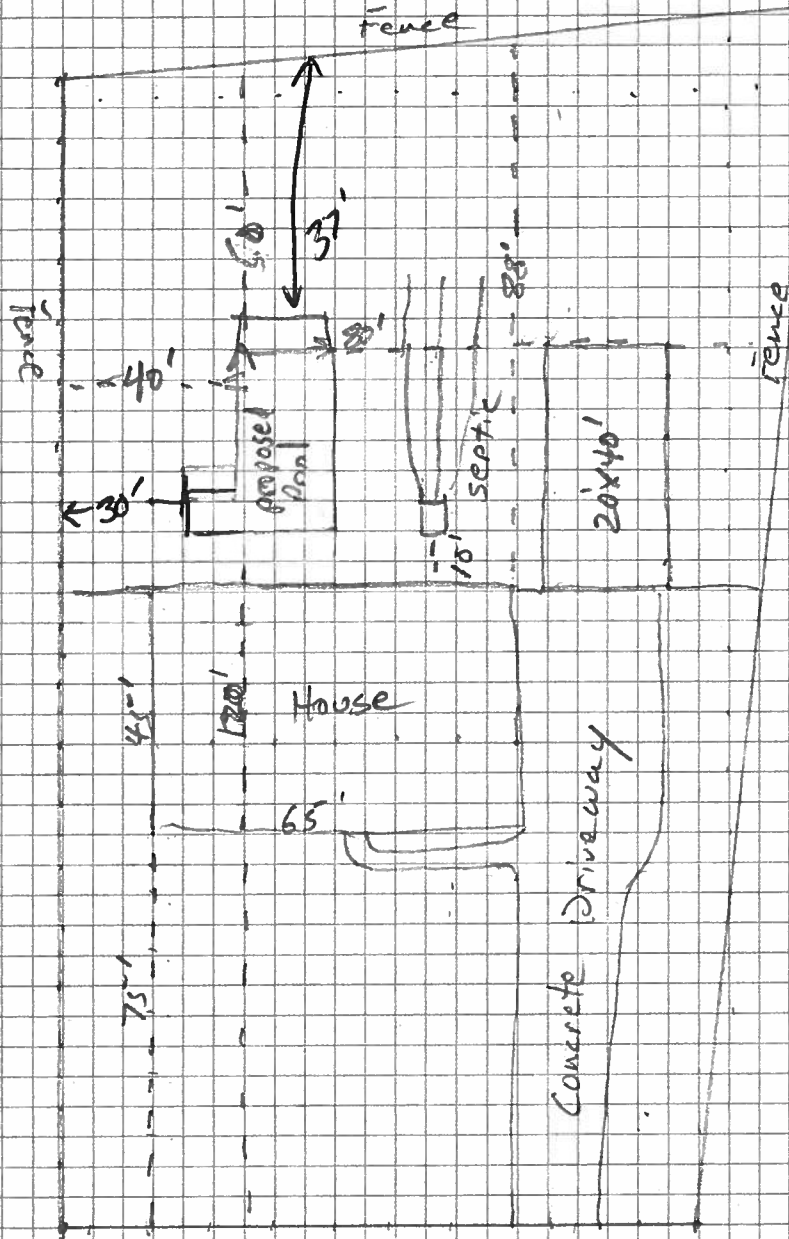
ELECTRICAL <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Print Name <u>Marc Matthews</u> Signature <u>[Signature]</u> Company Name: <u>Matthews Electric</u> License #: <u>EC13005459</u> Phone #: <u>(386)344-2029</u>	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
MECHANICAL/ A/C	<input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
PLUMBING/ GAS	<input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
ROOFING	<input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
SHEET METAL	<input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
FIRE SYSTEM/ SPRINKLER	<input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
SOLAR	<input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
STATE SPECIALTY	<input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE

Bonilla

150 SW Morning Glory
Lake City FL 32024

Aquatic Art Pools and Spas
LLC

[Signature]



Columbia County Property Appraiser

Jeff Hampton

2020 Working Values

updated: 11/27/2019

Parcel: << **15-4S-16-03023-557** >>

Aerial Viewer Pictometry Google Maps

Owner & Property Info

Result: 4 of 5

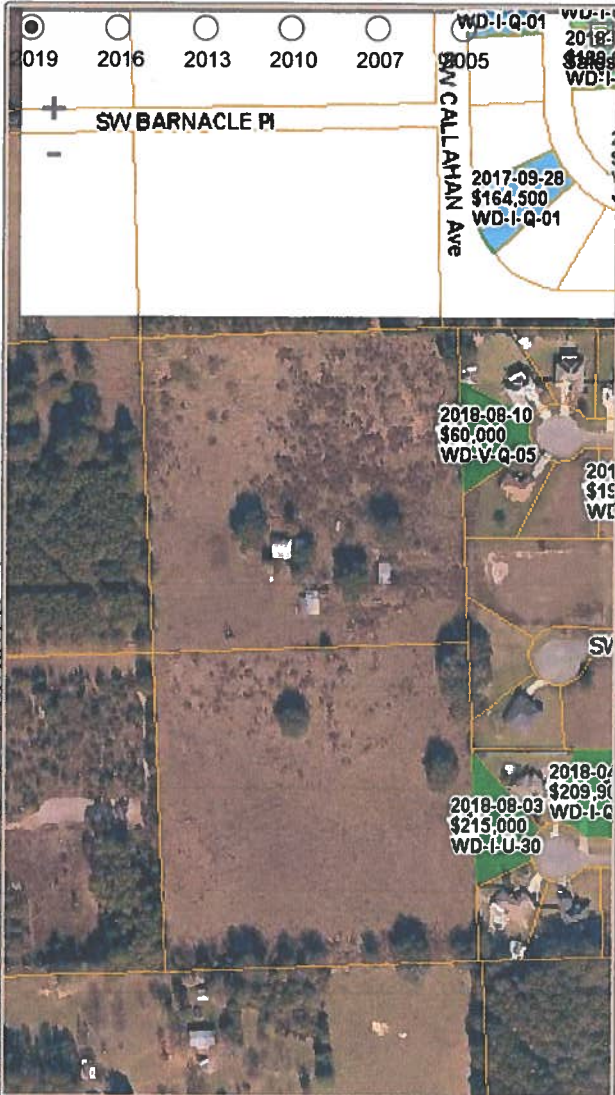
Owner	BONILLA PETER JR 150 SW MORNING GLORY DR LAKE CITY, FL 32024		
Site	150 MORNING GLORY DR, LAKE CITY		
Description*	LOT 57 ROLLING MEADOWS S/D. WD 1063-1963,1088-1929,CT 1213 -319,WD 1233-595,WD 1316-2423		
Area	0.5 AC	S/T/R	15-4S-16E
Use Code**	SINGLE FAM (000100)	Tax District	3

*The Description above is not to be used as the Legal Description for this parcel in any legal transaction.

**The Use Code is a FL Dept. of Revenue (DOR) code and is not maintained by the Property Appraiser's office. Please contact your city or county Planning & Zoning office for specific zoning information.

Property & Assessment Values

2019 Certified Values		2020 Working Values	
Mkt Land (1)	\$14,500	Mkt Land (1)	\$14,500
Ag Land (0)	\$0	Ag Land (0)	\$0
Building (1)	\$193,843	Building (1)	\$195,137
XFOB (2)	\$8,410	XFOB (2)	\$8,410
Just	\$216,753	Just	\$218,047
Class	\$0	Class	\$0
Appraised	\$216,753	Appraised	\$218,047
SOH Cap [?]	\$14,220	SOH Cap [?]	\$9,410
Assessed	\$202,533	Assessed	\$208,600
Exempt	HX H3 \$50,000	Exempt	HX H3 \$50,000
Total Taxable	county:\$152,533 city:\$152,533 other:\$152,533 school:\$177,533	Total Taxable	county:\$158,600 city:\$158,600 other:\$158,600 school:\$183,600



▼ Sales History

Sale Date	Sale Price	Book/Page	Deed	V/I	Quality (Codes)	RCode
6/14/2016	\$11,300	1316/2423	WD	V	Q	01
4/16/2012	\$7,900	1233/0595	WD	V	U	12
3/16/2011	\$100	1212/0319	CT	V	U	18
6/26/2006	\$130,000	1088/1929	WD	V	Q	
11/1/2005	\$678,571	1063/1963	WD	V	U	01

▼ Building Characteristics

Bldg Sketch	Bldg Item	Bldg Desc*	Year Blt	Base SF	Actual SF	Bldg Value
Sketch	1	SINGLE FAM (000100)	2017	1975	2898	\$195,137

*Bldg Desc determinations are used by the Property Appraisers office solely for the purpose of determining a property's Just Value for ad valorem tax purposes and should not be used for any other purpose.

▼ Extra Features & Out Buildings (Codes)

NOTICE OF COMMENCEMENT

Tax Parcel Identification Number:

15-4S-16-03023-557

Clerk's Office Stamp

Inst: 202012000157 Date: 01/02/2020 Time: 3:47PM
Page 1 of 1 B: 1402 P: 1364, P. DeWitt Cason, Clerk of Court
Columbia, County, By: PT
Deputy Clerk

THE UNDERSIGNED hereby gives notice that improvements will be made to certain real property, and in accordance with Section 713.13 of the Florida Statutes, the following information is provided in this NOTICE OF COMMENCEMENT.

1. Description of property (legal description): Lot 57 Rolling Meadows S/D
a) Street (job) Address: 150 SW Morning Glory Dr, Lake City, FL 32024
2. General description of improvements: Inground swim. pool
3. Owner Information or Lessee information if the Lessee contracted for the improvements:
a) Name and address: Peter Bonilla, 150 SW Morning Glory Dr, Lake City, FL 32024
b) Name and address of fee simple titleholder (if other than owner):
c) Interest in property:
4. Contractor Information
a) Name and address: Susan L. Frazee, 346 NW Ivy Glen, Lake City, FL 32055
b) Telephone No.:
5. Surety Information (if applicable, a copy of the payment bond is attached):
a) Name and address:
b) Amount of Bond:
c) Telephone No.:
6. Lender
a) Name and address: Penny Mac, PO Box 514387, Los Angeles, CA 90051
b) Phone No.:
7. Person within the State of Florida designated by Owner upon whom notices or other documents may be served as provided by Section 713.13(1)(a)7., Florida Statutes:
a) Name and address:
b) Telephone No.:
8. In addition to himself or herself, Owner designates the following person to receive a copy of the Lienor's Notice as provided in Section 713.13(1)(b), Florida Statutes:
a) Name: OF
b) Telephone No.:
9. Expiration date of Notice of Commencement (the expiration date will be 1 year from the date of recording unless a different date is specified):

WARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713.13, FLORIDA STATUTES, AND CAN RESULT IN YOUR 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 YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.

STATE OF FLORIDA
COUNTY OF COLUMBIA

10. X Peter Bonilla
Signature of Owner or Lessee, or Owner's or Lessee's Authorized Office/Director/Partner/Manager

Peter Bonilla, Owner
Printed Name and Signatory's Title/Office

The foregoing instrument was acknowledged before me, a Florida Notary, this 16th day of December, 2019 by:
Peter Bonilla as owner for
(Name of Person) (Type of Authority) (name of party on behalf of whom instrument was executed)

Personally Known ✓ OR Produced Identification _____ Type _____

Notary Signature Susan L. Frazee Notary Stamp or Seal:

44275



STATE OF FLORIDA
DEPARTMENT OF HEALTH
ONSITE SEWAGE TREATMENT AND DISPOSAL
SYSTEM
APPLICATION FOR CONSTRUCTION PERMIT

PERMIT NO. 200006
DATE PAID: 1/2/20
FEE PAID: 60.00
RECEIPT #: 4514371
Ap# 1439954

APPLICATION FOR:

[] New System [☒] Existing System [] Holding Tank [] Innovative
[] Repair [] Abandonment [] Temporary []

APPLICANT:

Peter Bonilla

AGENT:

Susan L. Frazee

TELEPHONE:

(386) 242-6722

MAILING ADDRESS:

346 NW Ivy Glen, Lake City, FL 32055

TO BE COMPLETED BY APPLICANT OR APPLICANT'S AUTHORIZED AGENT. SYSTEMS MUST BE CONSTRUCTED BY A PERSON LICENSED PURSUANT TO 489.105(3) (m) OR 489.552, FLORIDA STATUTES. IT IS THE APPLICANT'S RESPONSIBILITY TO PROVIDE DOCUMENTATION OF THE DATE THE LOT WAS CREATED OR PLATTED (MM/DD/YY) IF REQUESTING CONSIDERATION OF STATUTORY GRANDFATHER PROVISIONS.

PROPERTY INFORMATION

LOT: 57 BLOCK: _____ SUBDIVISION: Rolling Meadows S/D PLATTED: 10/17/05

PROPERTY ID #: 15-4S-16-03023-557 ZONING: Re1 I/M OR EQUIVALENT: [Y] ☒ (N)

PROPERTY SIZE: 0.5 ACRES WATER SUPPLY: [☒] PRIVATE PUBLIC [☒] <=2000GPD [] >2000GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? [Y] ☒ (N)

→ DISTANCE TO SEWER: _____ FT

PROPERTY ADDRESS: 150 SW Morning Glory Drive, Lake City, FL 32024

→ DIRECTIONS TO PROPERTY: 90W to Sisters Welcome Rd. - Rt. on SW Hope Henry Rd. - left on SW Morning Glory Drive

BUILDING INFORMATION

[☒] RESIDENTIAL

[] COMMERCIAL

Unit No	Type of Establishment	No. of Bedrooms	Building Area Sqft	Commercial/Institutional System Design Table 1, Chapter 64E-6, FAC
1	<u>Inground sum.</u>			
2	<u>pod</u>			
3				
4				

[] Floor/Equipment Drains [] Other (Specify) _____

SIGNATURE:

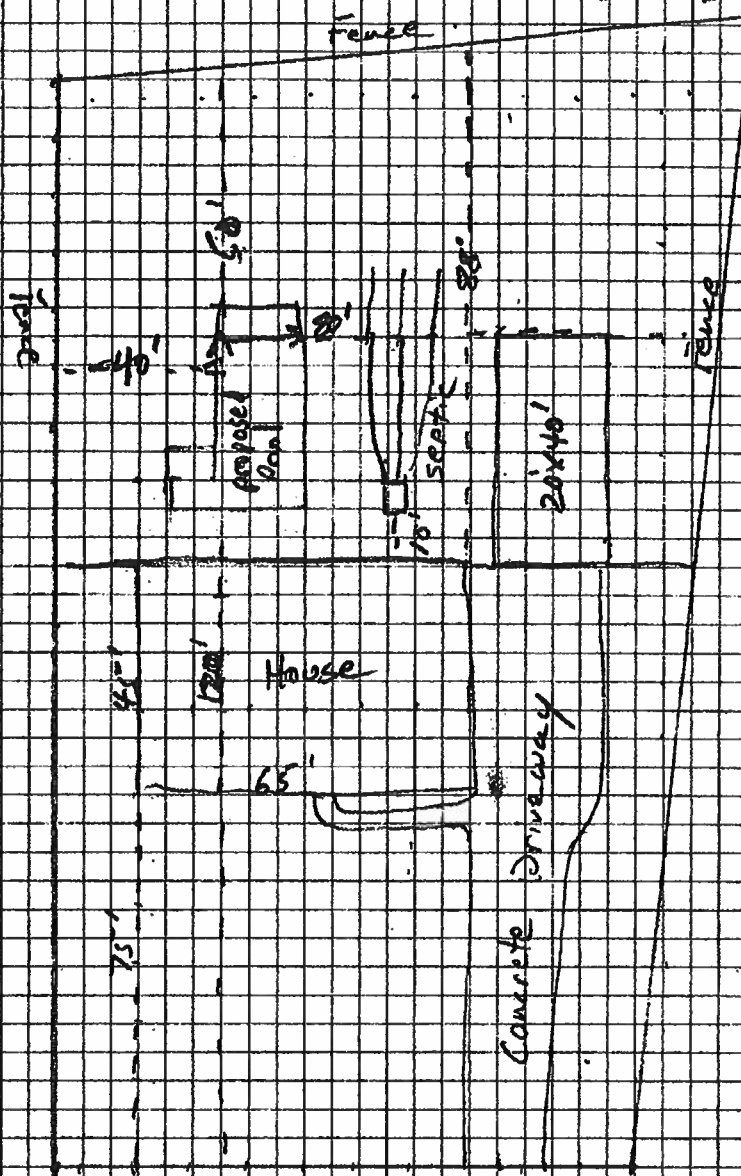
Susan L. Frazee

DATE:

12/16/19

20-00006

Hort: F14

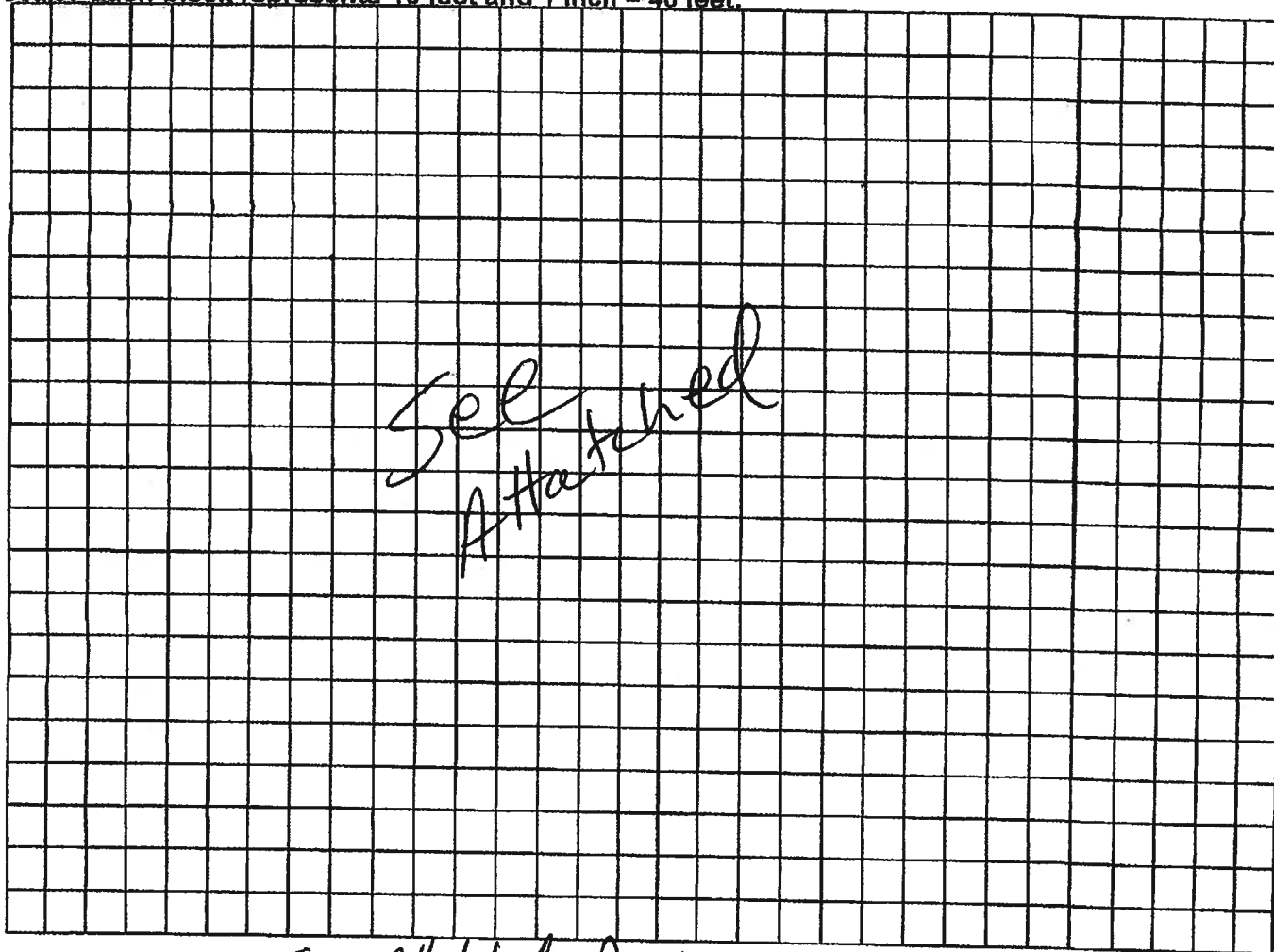
150 SW Planting
Drive LAKE CITY
32021Drawing By: David Frazee
Aquatic Art Pools

STATE OF FLORIDA
DEPARTMENT OF HEALTH
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number 20-0006

----- PART II - SITEPLAN -----

Scale: Each block represents 10 feet and 1 inch = 40 feet.



Notes: See Attached Drawing

Site Plan submitted by: Susan L. Frase

Plan Approved X

Not Approved _____

Date 12/16/19

By [Signature] Columbia County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT



STATE OF FLORIDA
DEPARTMENT OF HEALTH
ONSITE SEWAGE TREATMENT AND DISPOSAL
SYSTEM
APPLICATION FOR CONSTRUCTION PERMIT

44275
PERMIT NO. 200006
DATE PAID: 1/2/20
FEE PAID: 60.00
RECEIPT #: 4514377
Ap# 1459984

APPLICATION FOR:

[] New System [☒] Existing System [] Holding Tank [] Innovative
[] Repair [] Abandonment [] Temporary []

APPLICANT: Peter BonillaAGENT: Susan L. FrazeeTELEPHONE: (386) 292-6722MAILING ADDRESS: 346 NW Ivy Glen, Lake City, FL 32055

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PROPERTY ID #: 15-4S-16-03023-557 ZONING: R-1 I/M OR EQUIVALENT: [Y] ☒ [N]

PROPERTY SIZE: 0.5 ACRES WATER SUPPLY: [☒] PRIVATE PUBLIC [☒] <=2000GPD [] >2000GPD

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BUILDING INFORMATION

[☒] RESIDENTIAL [] COMMERCIAL

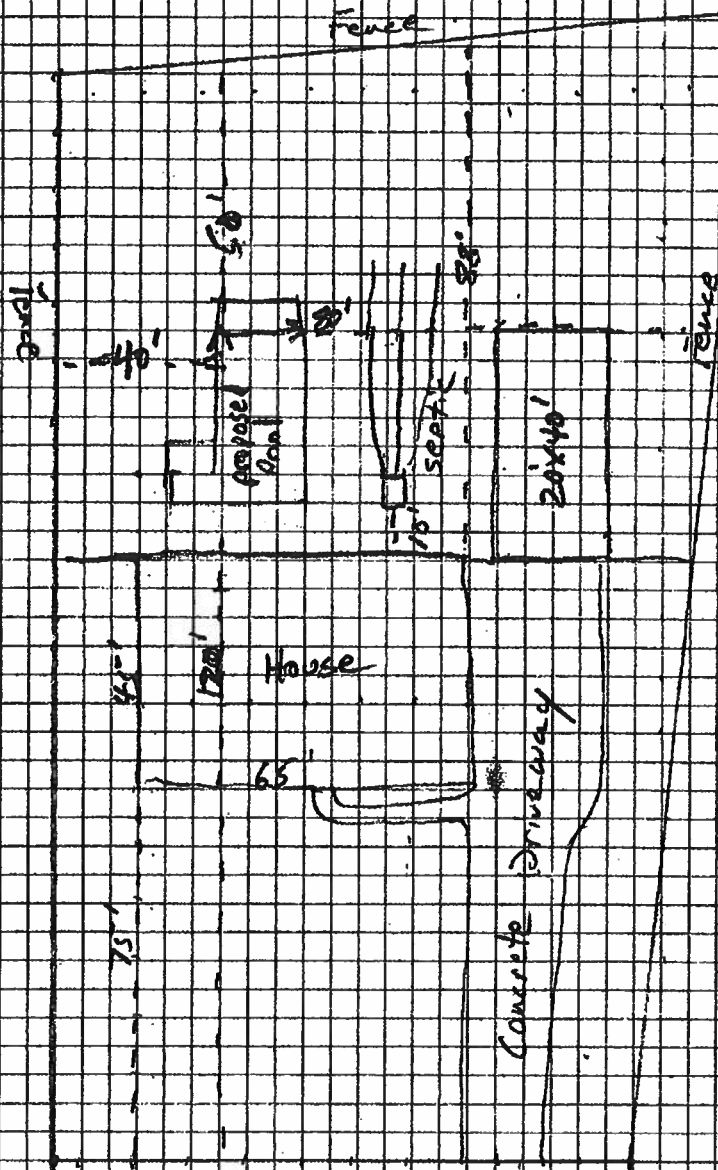
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2	<u>pod</u>			
3				
4				

[] Floor/Equipment Drains [] Other (Specify) _____

SIGNATURE: Susan L. FrazeeDATE: 12/16/19

20-00006

Bonita

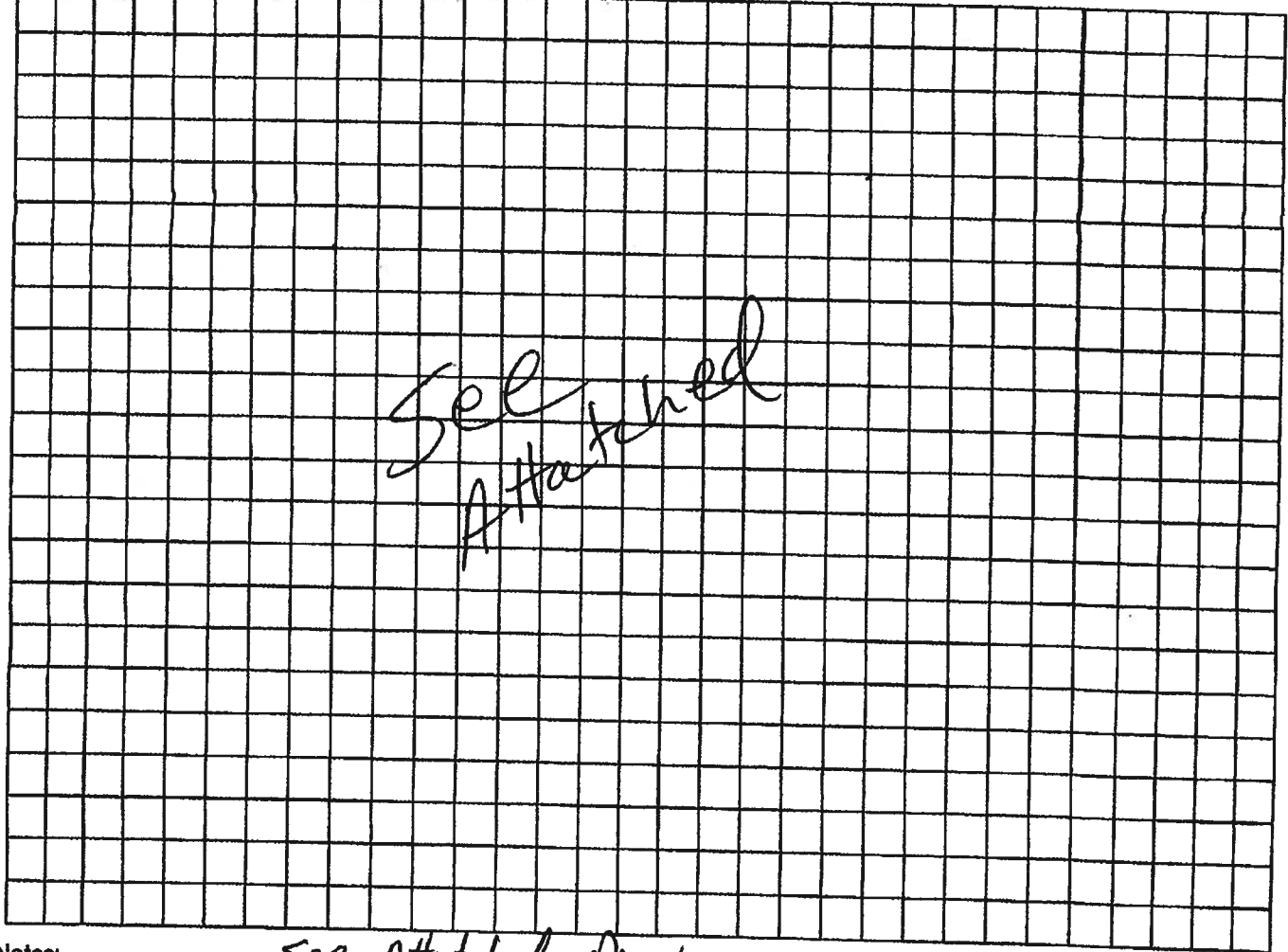
150 SW Manning Ct
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32021Drawing By: David Fraz
Aquatic Art Pools

STATE OF FLORIDA
DEPARTMENT OF HEALTH
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number 20-0006

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Notes: See Attached Drawing

Site Plan submitted by: Susan L. Frase

Plan Approved ☒

Not Approved ☐

Date 12/16/19

By [Signature]

Columbus

County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT