

DATE 06/22/2005

Columbia County Building Permit

PERMIT

This Permit Expires One Year From the Date of Issue

000023310

APPLICANT ROCKY FORD PHONE 497.2311
ADDRESS POB 39 FT. WHITE FL 32038
OWNER PAT MUHLEISEN PHONE 561.965.2323
ADDRESS 4810 GEORGIA AVE WEST PALM BEACH FL 33405
CONTRACTOR _____ PHONE _____
LOCATION OF PROPERTY 441-N TO DREW GRADE RD,TR GO TO PAVEMENT END, PROCEED TO OWL
RUN (RUNS INTO 90 DEGREE TURN) DRIVEWAY ON THE R SIDE OF IT.
TYPE DEVELOPMENT T/T/UTILITY ESTIMATED COST OF CONSTRUCTION .00
HEATED FLOOR AREA _____ TOTAL AREA _____ HEIGHT .00 STORIES _____
FOUNDATION _____ WALLS _____ ROOF PITCH _____ FLOOR _____
LAND USE & ZONING A-3 MAX. HEIGHT _____
Minimum Set Back Requirments: STREET-FRONT 30.00 REAR 25.00 SIDE 25.00
NO. EX.D.U. 0 FLOOD ZONE _____ DEVELOPMENT PERMIT NO. _____

PARCEL ID 01-2S-17-04659-043 SUBDIVISION _____
LOT _____ BLOCK _____ PHASE _____ UNIT _____ TOTAL ACRES 2.58

Culvert Permit No. _____ Culvert Waiver _____ Contractor's License Number JLW Applicant/Owner/Contractor N
PRIVATE _____ 05-0544-N _____ LU & Zoning checked by _____ Approved for Issuance _____ New Resident _____
Driveway Connection _____ Septic Tank Number _____

COMMENTS: TEMP. 6 MOS. T/T PERMIT.

Check # or Cash 11230

FOR BUILDING & ZONING DEPARTMENT ONLY

(footer/Slab)

Temporary Power _____ date/app. by _____ Foundation _____ date/app. by _____ Monolithic _____ date/app. by _____
Under slab rough-in plumbing _____ date/app. by _____ Slab _____ date/app. by _____ Sheathing/Nailing _____ date/app. by _____
Framing _____ date/app. by _____ Rough-in plumbing above slab and below wood floor _____ date/app. by _____
Electrical rough-in _____ date/app. by _____ Heat & Air Duct _____ date/app. by _____ Peri. beam (Lintel) _____ date/app. by _____
Permanent power _____ date/app. by _____ C.O. Final _____ date/app. by _____ Culvert _____ date/app. by _____
M/H tie downs, blocking, electricity and plumbing _____ date/app. by _____ Pool _____ date/app. by _____
Reconnection _____ date/app. by _____ Pump pole _____ date/app. by _____ Utility Pole _____ date/app. by _____
M/H Pole _____ date/app. by _____ Travel Trailer _____ date/app. by _____ Re-roof _____ date/app. by _____

BUILDING PERMIT FEE \$.00 CERTIFICATION FEE \$.00 SURCHARGE FEE \$.00
MISC. FEES \$ 100.00 ZONING CERT. FEE \$ 50.00 FIRE FEE \$ _____ WASTE FEE \$ _____
FLOOD ZONE DEVELOPMENT FEE \$ _____ CULVERT FEE \$ _____ TOTAL FEE 150.00

INSPECTORS OFFICE _____ CLERKS OFFICE CN

NOTICE: IN ADDITION TO THE REQUIREMENTS OF THIS PERMIT, THERE MAY BE ADDITIONAL RESTRICTIONS APPLICABLE TO THIS PROPERTY THAT MAY BE FOUND IN THE PUBLIC RECORDS OF THIS COUNTY. AND THERE MAY BE ADDITIONAL PERMITS REQUIRED FROM OTHER GOVERNMENTAL ENTITIES SUCH AS WATER MANAGEMENT DISTRICTS, STATE AGENCIES, OR FEDERAL AGENCIES.

"WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT."

This Permit Must Be Prominently Posted on Premises During Construction

PLEASE NOTIFY THE COLUMBIA COUNTY BUILDING DEPARTMENT AT LEAST 24 HOURS IN ADVANCE OF EACH INSPECTION, IN ORDER THAT IT MAY BE MADE WITHOUT DELAY OR INCONVENIENCE, PHONE 758-1008. THIS PERMIT IS NOT VALID UNLESS THE WORK AUTHORIZED BY IT IS COMMENCED WITHIN 6 MONTHS AFTER ISSUANCE.

The Issuance of this Permit Does Not Waive Compliance by Permittee with Deed Restrictions.

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

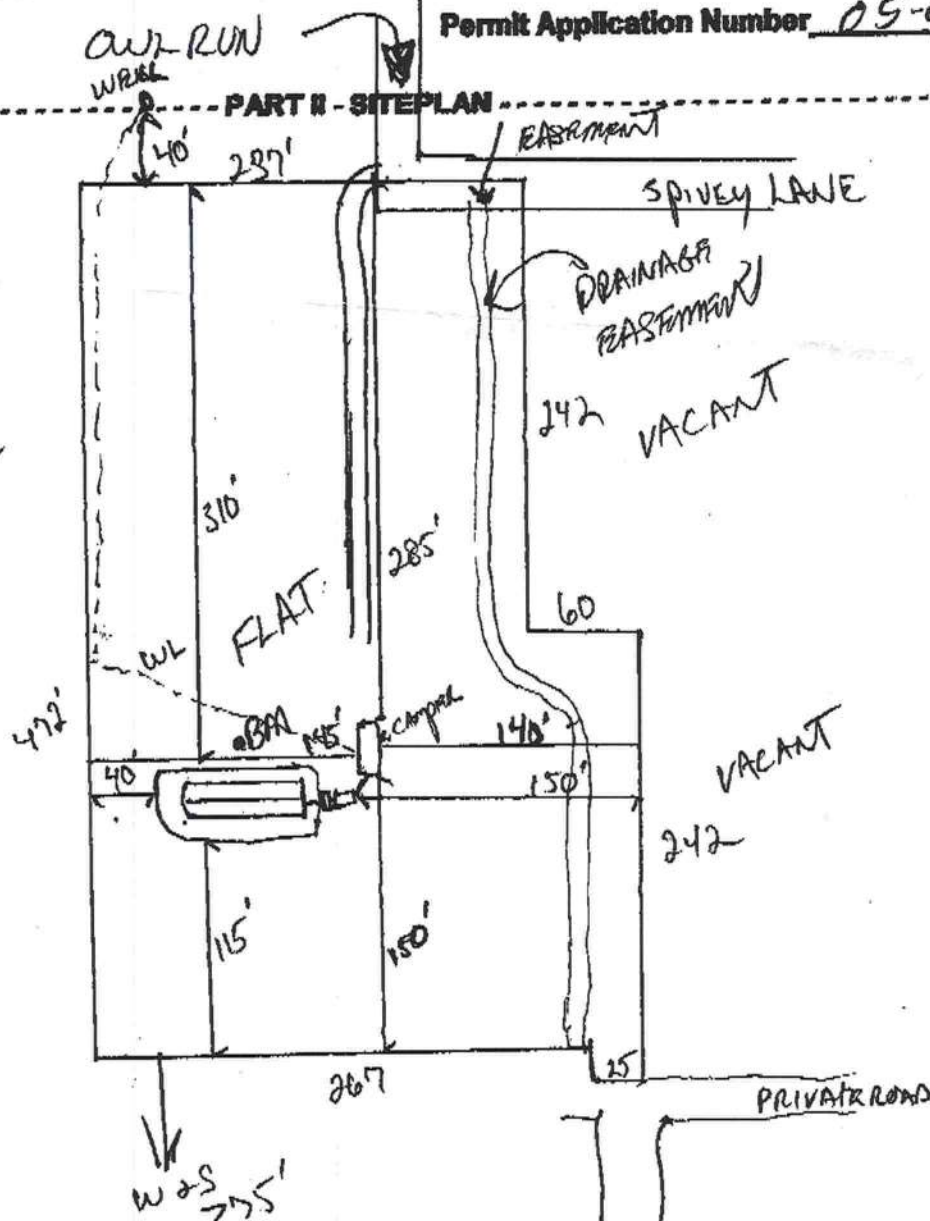
23310

Permit Application Number 05-0544N

PART II - SITE PLAN

Scale: 1 inch = 50 feet.

NATIONAL FOREST



Notes:

DESIGN SYSTEM FOR FUTURE 3 BEDROOM HOME

Site Plan submitted by:

Rock D 7-0

MASTER CONTRACTOR

Plan Approved

Not Approved

Date 5-20-05

By

JM 7-2

Columbia

County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

DH 4015, 10/95 (Replaces HRS-H Form 4015 which may be used)
(Stock Number: 8744-002-4015-0)

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01-25-17-04659-043

MAY 26 '05 16:09 No. 015 P. 06

COL. CO. HEALTH DEPT. ID: 386-758-2187

I, Pat Muhleisen, give permission to Dale Burd or Rocky Ford to pull the permits required for me to place a camper on my property located in northern Columbia County.

Pat Muhleisen

CERTIFICATE OF OCCUPANCY

OCCUPANCY

COLUMBIA COUNTY, FLORIDA

Department of Building and Zoning Inspection

This Certificate of Occupancy is issued to the below named permit holder for the building and premises at the below named location, and certifies that the work has been completed in accordance with the Columbia County Building Code.

Parcel Number 01-2S-17-04659-043

Building permit No. 000023310

Use Classification T/T/UTILITY

Fire: .00

Permit Holder OWNER

Waste: .00

Owner of Building PAT MUHLEISEN

Total: .00

Location: DREW GRADE RD TO OWL RUN

Date: 07/29/2005

John D. Kerce

Building Inspector

POST IN A CONSPICUOUS PLACE
(Business Places Only)

