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Columbia County New Building Permit Application

For Office Use Only Application # 48784 Date Received 3/19 By MG Permit # 41874
Zoning Official LN Date 3-23-21 Flood Zone X Land Use Ag Zoning A-3
FEMA Map # _____ Elevation _____ MFE _____ River _____ Plans Examiner T.C. Date 3-26-21
Comments
☒ NOC ☒ LEH ☐ Deed or PA ☒ Site Plan ☐ State Road Info ☐ Well letter ☐ 911 Sheet ☐ Parent Parcel # _____
☐ Dev Permit # _____ ☐ In Floodway ☐ Letter of Auth. from Contractor ☐ FW Comp. letter
☒ Owner Builder Disclosure Statement ☐ Land Owner Affidavit ☐ Ellisville Water ☐ App Fee Paid ☒ Sub VF Form
Septic Permit No. 21-0423 OR City Water ☐ Fax _____
Applicant (Who will sign/pickup the permit) MARK STEWART Phone 9043031920
Address 1148 SW OLD BELAMY Rd HIGHSPRINGS FL 32643
Owners Name MARK STEWART + Naomi Phone 9043031920
911 Address SAME
Contractors Name _____ Phone _____
Address N/A
Contractor Email MVSTEWART20@ICloud ***Include to get updates on this job.
Fee Simple Owner Name & Address _____
Bonding Co. Name & Address _____
Architect/Engineer Name & Address Donald Gerve PE NO 61517 4839 E Street Rd Treviso, PA
Mortgage Lenders Name & Address 215-355-4684 19053
Circle the correct power company ☐ FL Power & Light ☒ Clay Elec. ☐ Suwannee Valley Elec. ☐ Duke Energy
Property ID Number 05-29-17-09090-011 Estimated Construction Cost 6,000
Subdivision Name _____ Lot _____ Block _____ Unit _____ Phase _____
Driving Directions from a Major Road _____
Construction of OUTBUILDING (shed) Commercial OR ☒ Residential
Proposed Use/Occupancy STORAGE Number of Existing Dwellings on Property 2
Is the Building Fire Sprinkled? _____ If Yes, blueprints included _____ Or Explain _____
Circle Proposed ☐ Culvert Permit or ☐ Culvert Waiver or ☐ D.O.T. Permit or ☒ Have an Existing Drive
Actual Distance of Structure from Property Lines - Front _____ Side _____ Side _____ Rear _____
Number of Stories _____ Heated Floor Area _____ Total Floor Area _____ Acreage _____
Zoning Applications applied for (Site & Development Plan, Special Exception, etc.) _____