Columbia County Remodel Permit Application

4

44116

Fax _____

Applicant (Who will sign/pickup the permit) ROBERT MCINTYRE   Phone 386-697-1537

Address 333 NW EMERALD LAKES DR. Lake City, FL 32055

Owners Name ROBERT MCINTYRE   Phone 386-697-1537

911 Address 333 NW EMERALD LAKES DR.   LAKE CITY, FL 32055

Contractors Name _____   Phone _____

Address _____

Contractor Email RMCINTYRE123055@GMAIL.COM   ***Include to get updates on this job.

Fee Simple Owner Name & Address_____

Bonding Co. Name & Address_____

Architect/Engineer Name & Address_____

Mortgage Lenders Name & Address_____

Circle the correct power company ☑FL Power & Light ☐Clay Elec. ☐Suwannee Valley Elec. ☐Duke Energy

Property ID Number 28-3S-16-02372-117   **Estimated Construction Cost** $23,000

Subdivision Name_____   Lot ___ Block ___ Unit ___ Phase ___

Driving Directions from a Major Road No electrical, new slab

Construction of 2 CAR DETACHED METAL GARAGE   _____Commercial OR ✓ **Residential**

Type of Structure (House; Mobile Home; Garage; Exxon) GARAGE

Use/Occupancy of the building now GARAGE / STORAGE   Is this changing _____

If Yes, Explain, Proposed Use/Occupancy_____

Is the building Fire Sprinkled? NO If Yes, blueprints included _____ Or Explain _____

Entrance Changes (Ingress/Egress)_____ If Yes, Explain _____

Zoning Applications applied for (Site & Development Plan, Special Exception, etc.)_____