| DATE 01/14/2015 Columbia County But This Permit Must Be Prominently Posted of | |
|--|---|
| | |
| APPLICANT DAVID MORRELL | PHONE 386.365.7690 |
| ADDRESS 212 SW COTTAGE GLEN | LAKE CITY FL 32024 |
| OWNER OLIVIA M. RADFORD(D. MORRELL'S MH) | PHONE 386,365,3216 |
| ADDRESS 243 SE DOE GLEN | LAKE CITY FL 32055 |
| CONTRACTOR ROBERT SHEPPARD | PHONE 386.623.2203 |
| LOCATION OF PROPERTY 41/441-S AND IT'S 100 YARDS P DOE AND IT'S ON L. | AST ALFRED MARKHAM,TL ON |
| | IMATED COST OF CONSTRUCTION 0.00 |
| HEATED FLOOR AREA TOTAL ARE | A HEIGHT STORIES |
| | OOF PITCH FLOOR |
| LAND USE & ZONING A-3 | MAX. HEIGHT |
| Minimum Set Back Requirments: STREET-FRONT 30.00 | REAR 25.00 SIDE 25.00 |
| | REAR 25.00 SIDE 25.00 |
| NO. EX.D.U. 0 FLOOD ZONE X | DEVELOPMENT PERMIT NO. |
| PARCEL ID 34-4S-17-08980-002 SUBDIVISION | |
| LOT BLOCK PHASE UNIT | TOTAL ACRES 5.00 |
| 1H1025386 | SUMMIN |
| Culvert Permit No. Culvert Waiver Contractor's License Num | ber Applicant/Owner/Contractor |
| EXISTING 14-0623-N BLK | TM N |
| Driveway Connection Septic Tank Number LU & Zonin | g checked by Approved for Issuance New Resident |
| COMMENTS: 1 FOOT ABOVE ROAD. | |
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| | |
| | Check # or Cash 586 |
| FOR BUILDING & ZONIN | G DEPARTMENT ONLY |
| FOR BUILDING & ZONIN Temporary Power Foundation | G DEPARTMENT ONLY (footer/Slab) Monolithic |
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"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."

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.