

DATE 11/15/2004

# Columbia County Building Permit

PERMIT

This Permit Expires One Year From the Date of Issue

000022499

APPLICANT STEPHEN GLENN PHONE 755-0471  
 ADDRESS 185 SW ARROWHEAD TERRACE LAKE CITY FL 32024  
 OWNER STEPHEN GLENN PHONE 755-0471  
 ADDRESS 445 SW STATE ROAD 47 LAKE CITY FL 32024  
 CONTRACTOR OWNER BUILDER PHONE \_\_\_\_\_  
 LOCATION OF PROPERTY 47S, NEXT BUILDING ON LEFT PAST MOTEL 8

TYPE DEVELOPMENT COMMERCIAL ESTIMATED COST OF CONSTRUCTION 8000.00  
 HEATED FLOOR AREA \_\_\_\_\_ TOTAL AREA \_\_\_\_\_ HEIGHT .00 STORIES 1  
 FOUNDATION CONC WALLS FRAMED ROOF PITCH \_\_\_\_\_ FLOOR SLAB  
 LAND USE & ZONING CG MAX. HEIGHT \_\_\_\_\_  
 Minimum Set Back Requirements: STREET-FRONT 20.00 REAR 15.00 SIDE 10.00  
 NO. EX.D.U. 0 FLOOD ZONE X DEVELOPMENT PERMIT NO. \_\_\_\_\_

PARCEL ID 30-4S-17-08900-001 SUBDIVISION \_\_\_\_\_  
 LOT \_\_\_\_\_ BLOCK \_\_\_\_\_ PHASE \_\_\_\_\_ UNIT \_\_\_\_\_ TOTAL ACRES 2.87

Culvert Permit No \_\_\_\_\_ Culvert Waiver \_\_\_\_\_ Contractor's License Number \_\_\_\_\_ Applicant/Owner/Contractor \_\_\_\_\_  
 EXISTING 04-0289MD BK RJ N  
 Driveway Connection \_\_\_\_\_ Septic Tank Number \_\_\_\_\_ LU & Zoning checked by \_\_\_\_\_ Approved for Issuance \_\_\_\_\_ New Resident \_\_\_\_\_

COMMENTS: ONE FOOT ABOVE THE ROAD, NOC ON FILE  
SDP 04-2 DRIVE THRU SHALL BE PAVED PER P&z BOARD

Check # or Cash 1699

## FOR BUILDING & ZONING DEPARTMENT ONLY

(footer/Slab)

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

BUILDING PERMIT FEE \$ 40.00 CERTIFICATION FEE \$ .00 SURCHARGE FEE \$ .00  
 MISC. FEES \$ .00 ZONING CERT FEE \$ 50.00 FIRE FEE \$ \_\_\_\_\_ WASTE FEE \$ \_\_\_\_\_  
 FLOOD ZONE DEVELOPMENT FEE \$ \_\_\_\_\_ CULVERT FEE \$ \_\_\_\_\_ TOTAL FEE 90.00

INSPECTORS OFFICE [Signature] CLERKS OFFICE CH

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.



Alphonso Wilson  
Fire Chief

**LAKE CITY / COLUMBIA COUNTY**  
**FIRE - RESCUE**

# 22499

225 NW Main Blvd., Suite 101, Lake City, FL 32055  
Phone: 386-752-3312 Fax: 386-758-5424  
e-mail: lcf@se.rr.com  
alwilson@se.rr.com (Fire Chief)

**Inspection Division**

**Firesafety Inspectors**

Carlton A. Tunsil  
Assistant Fire Chief

Frank E. Armijo  
Captain

Nathiel L. Williams, Sr.  
Driver/Engineer

TO: Stephen Glenn  
FROM: Carlton Tunsil, Assistant Fire Chief  
State Fire Inspector License #48544  
DATE: 8/18/05  
SUBJECT: Fire Safety Inspection

A fire safety inspection was performed today at K.I.S.S. KAFE TLC. Located at 4475 SW Street Rd. 47 Lake City, FL. This Business meets all requirements of Chapter 13 of the Florida Fire Prevention Code, 2003 Edition. No violations were noted. I recommend approval.

Carlton Tunsil, Assistant Fire Chief  
State Fire Inspector License #48544

# GERBANO & ASSOCIATES ATTORNEYS AT LAW OF COLUMBIA COUNTY, FLORIDA

## 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 30-4S-17-08900-001

Building permit No. 000022499

Use Classification COMMERCIAL

Fire: .00

Permit Holder OWNER BUILDER

Waste: .00

Owner of Building STEPHEN GLENN

Total: .00

Location: 445 SW SR 47, LAKE CITY, FL 32024

Date: 09/02/2005

*Harry Dickel*

Building Inspector

POST IN A CONSPICUOUS PLACE  
(Business Places Only)



Columbia County Building Permit Application

0403-22

Application Approved by - Zoning Official BLK Date 15 Nov 09 Plans Examiner \_\_\_\_\_ Date 22499  
 Flood Zone X Development Permit N/A Zoning CG Land Use Plan Map Category COMMERCIAL  
 Comments SOP 04-2 Drive thru shall be paved per P+Z Board.

Applicants Name Stephen Glenn Phone 386-255-0421  
 Address 4475 SW State Road 47 LAKE CITY FL 32024  
 Owners Name Stephen Glenn Phone \_\_\_\_\_  
 911 Address 185 SW Arrowhead TER LAKE CITY FL 32024  
 Contractors Name owner builder Phone \_\_\_\_\_  
 Address \_\_\_\_\_  
 Fee Simple Owner Name & Address N/A  
 Bonding Co. Name & Address N/A  
 Architect/Engineer Name & Address windload Engineering PO Box 868 LAKE CITY FL  
 Mortgage Lenders Name & Address \_\_\_\_\_

Property ID Number 30-75-17-08900001 Estimated Cost of Construction \$,000.-  
 Subdivision Name N/A Lot \_\_\_\_\_ Block \_\_\_\_\_ Unit \_\_\_\_\_ Phase \_\_\_\_\_  
 Driving Directions South on 47 next Building on LEFT PAST MOTEL 8

Type of Construction Addition to Comm. build. Number of Existing Dwellings on Property \_\_\_\_\_  
 Total Acreage 2.87 Lot Size \_\_\_\_\_ Do you need a - Culvert Permit or Culvert Waiver or Have an Existing Drive  
 Actual Distance of Structure from Property Lines - Front 70 Side 161 Side 150 Rear 336  
 Total Building Height 11 Number of Stories 1 Heated Floor Area 2001 Roof Pitch FLAT  
96.59 ft.

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.

OWNERS AFFIDAVIT: I hereby certify that all the foregoing information is accurate and all work will be done in compliance with all applicable laws and regulating construction and zoning.

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

[Signature]  
Owner Builder or Agent (Including Contractor)

\_\_\_\_\_  
Contractor Signature  
Contractors License Number \_\_\_\_\_  
Competency Card Number \_\_\_\_\_

STATE OF FLORIDA  
COUNTY OF COLUMBIA  
Sworn to (or affirmed) and subscribed before me  
this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.  
Personally known \_\_\_\_\_ or Produced Identification \_\_\_\_\_

NOTARY STAMP/SEAL  
\_\_\_\_\_  
Notary Signature

DISCLOSURE STATEMENT

FOR OWNER/BUILDER WHEN ACTING AS THEIR OWN CONTRACTOR AND CLAIMING EXEMPTION OF CONTRACTOR LICENSING REQUIREMENTS IN ACCORDANCE WITH FLORIDA STATUTES, ss. 489.103(7).

State law requires construction to be done by licensed contractors. You have applied for a permit under an exemption to that law. The exemption allows you, as the owner of your property, to act as your own contractor with certain restrictions even though you do not have license. You must provide direct, onsite supervision of the construction yourself. You may build or improve a one-family or two-family residence or a farm outbuilding. You may also build or improve a commercial building, provided your costs do not exceed \$25,000. The building or residence must be for your own use or occupancy. It may not be built or substantially improved for sale or lease. If you sell or lease a building you have built or substantially improved yourself within 1 year after the construction is complete, the law will presume that you built or substantially improved it for sale or lease, which is a violation of this exemption. You may not hire an unlicensed person to act as your contractor or to supervise people working on your building. It is your responsibility to make sure that people employed by you have licenses required by state law and by county or municipal licensing ordinances. You may not delegate responsibility for supervising work to a licensed contractor who is not licensed to perform the work being done. Any person working on your building who is not licensed must work under your direct supervision and must be employed by you, which means that you must deduct F.I.C.A. and withholding tax and provide workers' compensation for that employee, all as prescribed by law. Your construction must comply with all applicable laws, ordinances, building codes, and zoning regulations.

TYPE OF CONSTRUCTION

- ( ) Single Family Dwelling
( ) Two-Family Residence
( ) Farm Outbuilding
(x) Other Commercial

NEW CONSTRUCTION OR IMPROVEMENT

- ( ) New Construction
(A) Addition, Alteration, Modification or other Improvement

I Stephen Glenn, have been advised of the above disclosure statement for exemption from contractor licensing as an owner/builder. I agree to comply with all requirements provided for in Florida Statutes ss.489.103(7) allowing this exception for the construction permitted by Columbia County Building Permit Number

Signature

3-5-04
Date

FOR BUILDING USE ONLY

I hereby certify that the above listed owner/builder has been notified of the disclosure statement in Florida Statutes ss 489.103(7).

Date Building Official/Representative

NOTICE OF COMMENCEMENT FORM  
COLUMBIA COUNTY, FLORIDA

THE UNDERSIGNED hereby gives notice that improvement will be made to certain real property, and in accordance with Chapter 713, Florida Statutes, the following information is provided in this Notice of Commencement.

Tax Parcel ID Number 30-45-17-08900-001

1. Description of property: (legal description of the property and street address or 911 address)  
COMM SW COR of NW 1/4 of SW 1/4 Run N 133 ft  
FOR POB CONT R)

4475 SW State Road 47 LAKE CITY FL 32024

2. General description of improvement: ENTRANCE + DRIVE THRU WINDOW

3. Owner Name & Address Stephen Glenn 185 SW ARROWHEAD TER.  
LAKE CITY FL. 32024 Interest in Property 100%

4. Name & Address of Fee Simple Owner (if other than owner): \_\_\_\_\_

5. Contractor Name Stephen Glenn Phone Number \_\_\_\_\_  
Address 185 SW Arrowhead

6. Surety Holders Name \_\_\_\_\_ Phone Number \_\_\_\_\_  
Address \_\_\_\_\_  
Amount of Bond \_\_\_\_\_  
Inst: 2004005133 Date: 03/08/2004 Time: 11:07  
DC, P. DeWitt Cason, Columbia County B: 1009 P: 60

7. Lender Name \_\_\_\_\_  
Address \_\_\_\_\_

8. Persons within the State of Florida designated by the Owner upon whom notices or other documents may be served as provided by section 718.13 (1)(a) 7; Florida Statutes:

Name Stephen Glenn Phone Number 386-755-0471  
Address 185 SW ARROWHEAD TER LAKE CITY FL. 32024

9. In addition to himself/herself the owner designates \_\_\_\_\_ of \_\_\_\_\_  
to receive a copy of the Lienor's Notice as provided in Section 713.13 (1) -  
(a) 7. Phone Number of the designee \_\_\_\_\_

10. Expiration date of the Notice of Commencement (the expiration date is 1 (one) year from the date of recording, (Unless a different date is specified) \_\_\_\_\_


**NOTICE AS PER CHAPTER 713, Florida Statutes:**

The owner must sign the notice of commencement and no one else may be permitted to sign in his/her stead.

  
Signature of Owner

Sworn to (or affirmed) and subscribed before  
day of MARCH 8, 2004



  
Signature of Notary

**COLUMBIA COUNTY BUILDING DEPARTMENT**

**COMMERCIAL MINIMUM PLAN REQUIREMENTS AND CHECKLIST  
FOR FLORIDA BUILDING CODE 2001 WITH AMENDMENTS**

ALL REQUIREMENTS LISTED ARE SUBJECT TO CHANGE

EFFECTIVE MARCH 1, 2002

ALL BUILDING PLANS MUST INCLUDE THE FOLLOWING ITEMS AND INDICATE COMPLIANCE WITH CHAPTER 1606 OF THE FLORIDA BUILDING CODE 2001 WITH AMENDMENTS BY PROVIDING CALCULATIONS AND DETAILS THAT HAVE THE SIGNATURE AND SEAL OF A CERTIFIED ARCHITECT OR ENGINEER REGISTERED IN THE STATE OF FLORIDA. THE FOLLOWING BASIC WIND SPEED AS PER SECTION 1606 SHALL BE USED.

WIND SPEED LINE SHALL BE DEFINED AS FOLLOWS: THE CENTERLINE OF INTERSTATE 75

1. ALL BUILDINGS CONSTRUCTED EAST OF SAID LINE SHALL BE ----- 100 MPH
2. ALL BUILDINGS CONSTRUCTED WEST OF SAID LINE SHALL BE ----- 110 MPH
3. NO AREA IN COLUMBIA COUNTY IS IN A WIND BORNE DEBRIS REGION

**APPLICANT – PLEASE CHECK ALL APPLICABLE BOXES BEFORE SUBMITTAL**

**GENERAL REQUIREMENTS:** Two (2) complete sets of plans containing a floor plan, site plan, foundation plan, floor/roof framing plan or truss layout, wall sections and all exterior elevations with the following criteria and documents:

**Applicant**

**Plans Examiner**

- |                                     |                          |   |
|-------------------------------------|--------------------------|---|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | All drawings must be clear, concise and drawn to scale ("Optional" details that are not used shall be marked void or crossed off). Square footage of different areas shall be shown on plans.   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Designers name and signature on document (FBC 104.2.1) If licensed architect or engineer, official seal shall be affixed.   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <b><u>Two (2) Copies of Approved Site Plan</u></b>  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <b><u>Minimum Type Construction</u></b> (FBC Table 500)   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <b><u>Wind Load Engineering Summary, calculations and any details required:</u></b><br>a) Plans or specifications must state compliance with FBC Section 1606<br>b) The following information must be shown as per section 1606.1.7 FBC <ol style="list-style-type: none"><li>1. Basic wind speed (MPH)</li><li>2. Wind importance factor (I) and building category</li><li>3. Wind exposure – if more than one wind exposure is used, the wind exposure and applicable wind direction shall be indicated</li><li>4. The applicable internal pressure coefficient</li><li>5. Components and Cladding. The design wind pressure in terms of psf (kN/m<sup>2</sup>), to be used for the design of exterior component and cladding materials not specifically designed by the registered design professional</li></ol> |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <b><u>Fire Resistant Construction Requirements shall include:</u></b><br>a) Fire resistant separations (listed system)<br>b) Fire resistant protection for type of construction<br>c) Protection of openings and penetrations of rated walls (listed systems)<br>d) Fire blocking and draft-stopping<br>e) Calculated fire resistance   |

**Fire Suppression Systems shall include:** (To be reviewed by Fire Department)

- |                          |                          |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | a) Fire sprinklers  |
| <input type="checkbox"/> | <input type="checkbox"/> | b) Fire alarm system (early warning) with name of licensed installer. If not shown on plans or not known at time of permitting, a separate permit shall be required by the licensed installer |
| <input type="checkbox"/> | <input type="checkbox"/> | c) Smoke evacuation system schematic  |
| <input type="checkbox"/> | <input type="checkbox"/> | d) Stand-pipes<br>Pre-engineered system<br>Riser diagram  |

**Life Safety Systems shall include:** (To be reviewed by Fire Department)

- |                          |                          |                                       |
|--------------------------|--------------------------|---------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | a) Occupancy load and egress capacity |
| <input type="checkbox"/> | <input type="checkbox"/> | b) Early warning                      |
| <input type="checkbox"/> | <input type="checkbox"/> | c) Smoke control                      |
| <input type="checkbox"/> | <input type="checkbox"/> | d) Stair pressurization               |
| <input type="checkbox"/> | <input type="checkbox"/> | e) Systems schematic                  |

**Occupancy Load/Egress Requirements shall include:**

- |                          |                          |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | a) Occupancy load (gross and net)  |
| <input type="checkbox"/> | <input type="checkbox"/> | b) Means of egress<br>exit access, exit and exit discharge   |
| <input type="checkbox"/> | <input type="checkbox"/> | c) Stair construction/geometry and protection  |
| <input type="checkbox"/> | <input type="checkbox"/> | d) Doors   |
| <input type="checkbox"/> | <input type="checkbox"/> | e) Emergency lighting and exit signs   |
| <input type="checkbox"/> | <input type="checkbox"/> | f) Specific occupancy requirements<br>1. Construction requirements<br>2. Horizontal exits/exit passageways |

**Structural Requirements shall include:**

- |                                     |                          |   |
|-------------------------------------|--------------------------|---|
| <input type="checkbox"/>            | <input type="checkbox"/> | a) Soil conditions/analysis   |
| <input type="checkbox"/>            | <input type="checkbox"/> | b) Show type of termite treatment (termitecide or alternative method) |
| <input type="checkbox"/>            | <input type="checkbox"/> | c) Design loads   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | d) Wind requirements  |
| <input type="checkbox"/>            | <input type="checkbox"/> | e) Building envelope  |
| <input type="checkbox"/>            | <input type="checkbox"/> | f) Structural calculations  |
| <input type="checkbox"/>            | <input type="checkbox"/> | g) Foundations  |
| <input type="checkbox"/>            | <input type="checkbox"/> | h) Wall systems   |
| <input type="checkbox"/>            | <input type="checkbox"/> | i) Floor systems  |
| <input type="checkbox"/>            | <input type="checkbox"/> | j) Roof systems   |
| <input type="checkbox"/>            | <input type="checkbox"/> | k) Threshold inspection plan (if applicable)                          |
| <input type="checkbox"/>            | <input type="checkbox"/> | l) Stair systems  |

**Materials shall include:**

- |                                     |                          |  |
|-------------------------------------|--------------------------|--|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | a) Wood  |
| <input type="checkbox"/>            | <input type="checkbox"/> | b) Steel   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | c) Aluminum  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | d) Concrete  |
| <input type="checkbox"/>            | <input type="checkbox"/> | e) Plastic   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | f) Glass (mfg. Listing for wind zone including details for installation and attachments) |
| <input type="checkbox"/>            | <input type="checkbox"/> | g) Masonry   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | h) Gypsum board and plaster  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | i) Insulating (mechanical)   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | j) Roofing (mfg. Listed system for wind zone with installation and attachments)          |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | k) Insulation  |



**Accessibility Requirements shall include:**

- |                          |                          |                                   |
|--------------------------|--------------------------|-----------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | a) Site requirements              |
| <input type="checkbox"/> | <input type="checkbox"/> | b) Accessible route               |
| <input type="checkbox"/> | <input type="checkbox"/> | c) Vertical accessibility         |
| <input type="checkbox"/> | <input type="checkbox"/> | d) Toilet and bathing facilities  |
| <input type="checkbox"/> | <input type="checkbox"/> | e) Drinking fountains             |
| <input type="checkbox"/> | <input type="checkbox"/> | f) Equipment                      |
| <input type="checkbox"/> | <input type="checkbox"/> | g) Special occupancy requirements |
| <input type="checkbox"/> | <input type="checkbox"/> | h) Fair housing requirements      |

**Interior Requirements shall include:**

- |                          |                          |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | a) Interior finishes (flame spread/smoke develop) |
| <input type="checkbox"/> | <input type="checkbox"/> | b) Light and ventilation                          |
| <input type="checkbox"/> | <input type="checkbox"/> | c) Sanitation                                     |

**Special Systems shall include:**

- |                          |                          |               |
|--------------------------|--------------------------|---------------|
| <input type="checkbox"/> | <input type="checkbox"/> | a) Elevators  |
| <input type="checkbox"/> | <input type="checkbox"/> | b) Escalators |
| <input type="checkbox"/> | <input type="checkbox"/> | c) Lifts      |

**Swimming Pools – Commercial** – Plans shall be signed and sealed by a Professional Engineer registered in the State of Florida and approved by the Department of Business and Professional Regulation/Health Department Indicating compliance with the Florida Administrative Code, Chapter 64E-9 And Section 424 of the Florida Building Code

**Electrical:**

- |                          |                          |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | a) Electrical wiring, services, feeders and branch circuits, over-current protection, grounding, wiring methods and materials, GFCIs |
| <input type="checkbox"/> | <input type="checkbox"/> | b) Equipment   |
| <input type="checkbox"/> | <input type="checkbox"/> | c) Special Occupancies   |
| <input type="checkbox"/> | <input type="checkbox"/> | d) Emergency Systems   |
| <input type="checkbox"/> | <input type="checkbox"/> | e) Communication Systems   |
| <input type="checkbox"/> | <input type="checkbox"/> | f) Low Voltage   |
| <input type="checkbox"/> | <input type="checkbox"/> | g) Load calculations   |
| <input type="checkbox"/> | <input type="checkbox"/> | h) Riser diagram   |

**Plumbing:**

- |                          |                          |                                |
|--------------------------|--------------------------|--------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | a) Minimum plumbing facilities |
| <input type="checkbox"/> | <input type="checkbox"/> | b) Fixture requirements        |
| <input type="checkbox"/> | <input type="checkbox"/> | c) Water supply piping         |
| <input type="checkbox"/> | <input type="checkbox"/> | d) Sanitary drainage           |
| <input type="checkbox"/> | <input type="checkbox"/> | e) Water heaters               |
| <input type="checkbox"/> | <input type="checkbox"/> | f) Vents                       |
| <input type="checkbox"/> | <input type="checkbox"/> | g) Roof drainage               |
| <input type="checkbox"/> | <input type="checkbox"/> | h) Back flow prevention        |
| <input type="checkbox"/> | <input type="checkbox"/> | i) Irrigation                  |
| <input type="checkbox"/> | <input type="checkbox"/> | j) Location of water supply    |
| <input type="checkbox"/> | <input type="checkbox"/> | k) Grease traps                |
| <input type="checkbox"/> | <input type="checkbox"/> | l) Environmental requirements  |
| <input type="checkbox"/> | <input type="checkbox"/> | m) Plumbing riser              |

**Mechanical:**

- |                          |                          |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | a) Energy calculation (signed and sealed by Architect or Engineer, registered in the State of Florida) |
| <input type="checkbox"/> | <input type="checkbox"/> | b) Exhaust systems (clothes dryer exhaust, kitchen equipment exhaust, Specialty equipment exhaust)     |
| <input type="checkbox"/> | <input type="checkbox"/> | c) Equipment   |
| <input type="checkbox"/> | <input type="checkbox"/> | d) Equipment location  |
| <input type="checkbox"/> | <input type="checkbox"/> | e) Make-up air   |
| <input type="checkbox"/> | <input type="checkbox"/> | f) Roof mounted equipment  |
| <input type="checkbox"/> | <input type="checkbox"/> | g) Duct systems  |
| <input type="checkbox"/> | <input type="checkbox"/> | h) Ventilation   |
| <input type="checkbox"/> | <input type="checkbox"/> | i) Combustion air  |
| <input type="checkbox"/> | <input type="checkbox"/> | j) Chimneys, fireplaces and vents  |
| <input type="checkbox"/> | <input type="checkbox"/> | k) Appliances  |
| <input type="checkbox"/> | <input type="checkbox"/> | l) Boilers   |
| <input type="checkbox"/> | <input type="checkbox"/> | m) Refrigeration   |
| <input type="checkbox"/> | <input type="checkbox"/> | n) Bathroom ventilation  |
| <input type="checkbox"/> | <input type="checkbox"/> | o) Laboratory  |

**Gas:**

- |                          |                          |                            |
|--------------------------|--------------------------|----------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | a) Gas piping              |
| <input type="checkbox"/> | <input type="checkbox"/> | b) Venting                 |
| <input type="checkbox"/> | <input type="checkbox"/> | c) Combustion air          |
| <input type="checkbox"/> | <input type="checkbox"/> | d) Chimney's and vents     |
| <input type="checkbox"/> | <input type="checkbox"/> | e) Appliances              |
| <input type="checkbox"/> | <input type="checkbox"/> | f) Type of gas             |
| <input type="checkbox"/> | <input type="checkbox"/> | g) Fireplaces              |
| <input type="checkbox"/> | <input type="checkbox"/> | h) LP tank locations       |
| <input type="checkbox"/> | <input type="checkbox"/> | i) Riser diagram/shut offs |

**Disclosure Statement for Owner Builders**

**Notice of Commencement**

**Private Potable Water:**

- a) Size of pump motor
- b) Size of pressure tank
- c) Cycle stop valve if used

**THE FOLLOWING ITEMS MUST BE SUBMITTED WITH BUILDING PLANS:**

1. **Building Permit Application:** A current Building Permit Application form is to be completed and submitted for all construction projects:
2. **Parcel Number:** The parcel number (Tax ID number) from the Property Appraiser is required. A copy of property deed is also requested. (386) 758-1084
3. **Environmental Health Permit or Sewer Tap Approval:** A copy of the Environmental Health permit, existing septic tank approval or sewer tap is required
4. **City Approval:** If the project is located within the city limits of the Town of Fort White prior approval is required. The Town of Fort White approval letter is required to be submitted by the owner or contractor to this office when applying for a Building Permit.
5. **Flood Information:** All projects within the Floodway of the Suwannee or Santa Fe Rivers shall require permitting through the Suwannee River Water Management District, before submitting application to this office. Any project located within a flood zone where the base flood elevation (100 year flood) **has been** established shall meet the requirements of section 8.8 of the Columbia County Land Development Regulations. Any project that is located within a flood zone where the base flood elevation (100 year flood) **has not been** established shall meet the requirements of section 8.7 of the Columbia County Land Development Regulations.  
**CERTIFIED FINISHED FLOOR ELEVATIONS WILL BE REQUIRED ON ANY PROJECT WHERE THE BASE FLOOD ELEVATION (100 YEAR FLOOD) HAS BEEN ESTABLISHED.**  
A development permit will also be required. **The development permit cost is \$10.00**
6. **Driveway Connection:** If the property does not have an existing access to a public road, then an application for a culvert permit must be made (**\$5.00**). Culvert installation for commercial, industrial and other uses shall **conform to the approved site plan or to the specifications of a registered engineer. Joint use culverts will comply with Florida Department of Transportation specifications.** If the project is to be located on a F.D.O.T. maintained road, then an F.D.O.T. access permit is required.
7. **Suwannee River Water Management District Approval:** All commercial projects must have an SRWMD permit issued or an exemption letter, before a building will be issued.

**ALL REQUIRED INFORMATION IS TO BE SUBMITTED FOR REVIEW. YOU WILL BE NOTIFIED WHEN YOUR APPLICATION AND PLANS ARE APPROVED AND READY TO PERMIT. PLEASE DO NOT EXPECT OR REQUEST THAT PERMIT APPLICATIONS BE REVIEWED OR APPROVED WHILE YOU ARE HERE – TIME WILL NOT ALLOW THIS – PLEASE DO NOT ASK**

CAM112M01 S CamaUSA Appraisal System  
3/08/2004 10:03 Legal Description Maintenance  
Year T Property Sel  
2004 R 30-4S-17-08900-001

Columbia County  
57400 Land 001 \*  
AG 000  
46944 Bldg 001  
20146 Xfea 002  
124490 TOTAL B

GLENN STEPHEN C & COLIN J

1 COMM SW COR OF NW1/4 OF SW1/4, RUN N 133 FT FOR POB, CONT N 2  
3 20.48 FT TO E R/W SR-47, NE ALONG R/W 319.91 FT, E 400 FT, 4  
5 S 227.29 FT, W 258.20 FT, S 79 FT, W 282.81 FT TO POB. 6  
7 ORB 712-337, 882-936, 907-736 & ORB 995-483 (JTWRS) 8  
9 ..... 10  
11 ..... 12  
13 ..... 14  
15 ..... 16  
17 ..... 18  
19 ..... 20  
21 ..... 22  
23 ..... 24  
25 ..... 26  
27 ..... 28

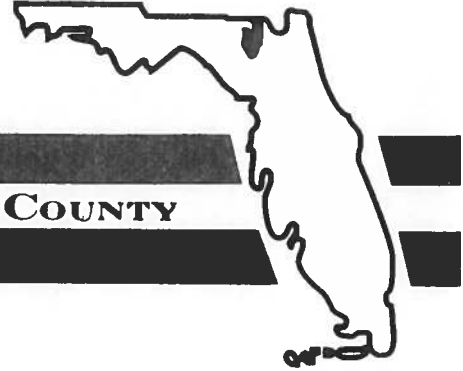
Mnt 9/29/2003 WANDA

F1=Task F3=Exit F4=Prompt F10=GoTo PGUP/PGDN F24=MoreKeys

*Richard Bidwell*

*SDP 02-1*

District No. 1 - Ronald Williams  
District No. 2 - Dewey Weaver  
District No. 3 - George Skinner  
District No. 4 - Jennifer Flinn  
District No. 5 - James Montgomery



**BOARD OF COUNTY COMMISSIONERS • COLUMBIA COUNTY**

30 March 2004

Stephen Glenn  
185 SW Arrowhead Terrace  
Lake City, FL 32024

RE: Site and Development Plan Required for Building Permit

Dear Mr. Glenn:

An application has been submitted for a building permit located on State Road 47. The property is zoned Commercial General (CG). In accordance with Columbia County's Land Development Regulations, a Site and Development Plan must be approved by the Planning and Zoning Board before a building permit can be issued. The fee for a request for Site and Development Plan approval is \$300.00 and must be submitted 15 days prior to a scheduled meeting. The next Planning and Zoning Board meeting I could schedule an application for would be 22 April 2004. I would have to receive the application back no later than the end of the day 7 April 2004. I have enclosed a Site and Development Plan application and the section of the County's Land Development Regulations concerning Site and Development Plan approvals.

If you have any questions concerning this matter, please do not hesitate to contact me at 386.758.1008.

Sincerely,

A handwritten signature in black ink, appearing to read "Brian L. Kepner", is written over the word "Sincerely,".

Brian L. Kepner  
Land Development Regulation Administrator,  
County Planner

BOARD MEETS FIRST THURSDAY AT 7 00 P.M.  
AND THIRD THURSDAY AT 7 00 P.M.



STATE OF FLORIDA  
DEPARTMENT OF HEALTH

APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permit Application Number 14-0289MD

----- PART II - SITE PLAN -----

Scale: Each block represents 5 feet and 1 inch = 50 feet.

Notes: See attached

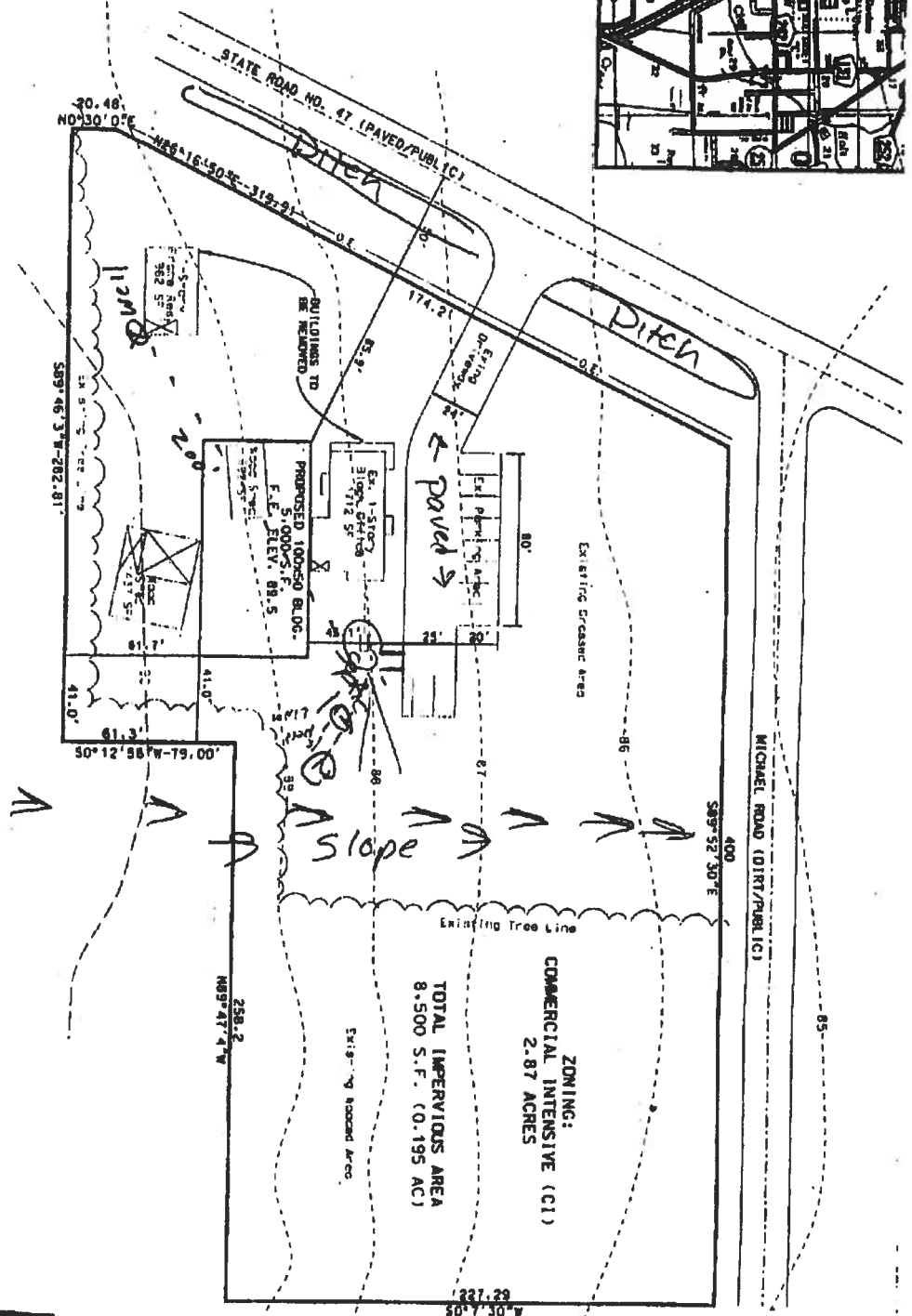
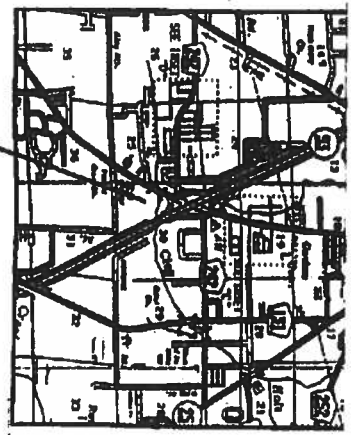
Site Plan submitted by: [Signature] Signature \_\_\_\_\_ Title \_\_\_\_\_

Plan Approved \_\_\_\_\_ Not Approved \_\_\_\_\_ Date 4-5-14

By [Signature] \_\_\_\_\_ County Health Department

**ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT**

PROJECT LOCATION



STATE ROAD NO. 47 (PAVED/PUBLIC)

Ditch

Ditch

PROPOSED 100x50 BLDG.  
5,000 S.F. ELEV. 88.5

EXIST. 1-STRY BLDG  
3100 S.F. ELEV. 71.2 S.F.

EXIST. 1-STRY BLDG  
1000 S.F. ELEV. 88.5

ZONING:  
COMMERCIAL INTENSIVE (C1)  
2.87 ACRES  
TOTAL IMPERVIOUS AREA  
8,500 S.F. (0.195 AC)

OWNER:  
RICHARD R. & TERRI F. BICKNELL  
P.O. BOX 3116  
LAKE CITY, FL. 32056  
PH. 386-752-0068



