



BUILDING PERMIT/CLEARANCE SHEET APPLICATION

cs# _____

R02 939t2

PERMITS BECOME NULL AND VOID IF WORK OR CONSTRUCTION AUTHORIZED IS NOT COMMENCED WITHIN 6 MONTHS OR IF CONSTRUCTION OR WORK IS SUSPENDED, OR ABANDONED FOR A PERIOD OF 6 MONTHS AT ANY TIME AFTER WORK IS COMMENCED.

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.

Tax Parcel Number 0565800000 Depository Account Number _____Site Legal Description 10-23 Ponte Vedra Subd LOT 12 BLK 22 OR3253/1287Owner's Name Salvatore GioiaAddress 523 Rutile Dr. City Ponte Vedra Bch State FL Zip Code 32082Phone Number 912 304 3835 Email chowrp@yahoo.comContractor's Name Poolside Designs Inc. Qualifying Name Andrew WestberryAddress 836 Lake Ashbury Dr City Green Cove Springs State FL Zip Code 32043Phone Number 904 999-4120 Email Andrew@PoolsideDesigns.com

Fee Simple Titleholder's Name of the Site _____

Address _____ City _____ State _____ Zip Code _____

Job Name _____

Job Address _____ City _____ State _____ Zip Code _____

Bonding Co. Name _____ Address _____

Architect/ Engineer's Name _____ Address _____

Mortgage Lender's Name _____ Address _____

Description of Work Addition of sun shelf to existing Pool Structure Use\$ Valuation of Work \$20,000.00 Stories _____ Sq. Ft. _____ Conditioned Sq. Ft. _____

Height _____ # of Units _____ FIA Zone _____ First Floor Elevation _____

If proposed improvements are accessory
to existing improved property provide:

Existing Sq. Ft. _____

Ext Conditioned Sq. Ft. _____

New Sq. Ft. _____ New Conditioned Sq. Ft. _____ Height of Main Structure _____ Height of proposed Structure _____

Water Public Well _____ Sewer Public Septic Tank _____Termite Protection By _____ Treatment Method: Soil ☐ Bait ☐ Wood ☐

Per Florida Building Code 1816.1

(PLEASE COMPLETE OTHER SIDE)

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As required by Florida Statute 553.842 and Florida Administrative Code 9B-72, please complete the information below for single product use. For multiple product use, please complete St. Johns County Product Approval Specification Form.

Manufacturer _____ Product Description _____ Limitation of Use _____ Approval # _____

Job Address 523 Rutile Dr. City Ponte Vedra Beach

Application is hereby made to obtain a permit to do the work and installation as indicated. I certify that no work or installation has commenced prior to the issuance of a permit and that all work will be performed to meet the standards of all laws regulating construction this jurisdiction. I understand that a separate permit must be secured for ELECTRICAL WORK, PLUMBING, SIGNS, WELLS, POOLS, FURNANCES, BOILERS, HEATERS, TANKS AND AIR CONDITIONERS, ETC.

WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.

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

Salvatore Gioia
Print Owner's or Owner Agent's Name

[Signature]
Owner's or Owner Agent's Signature

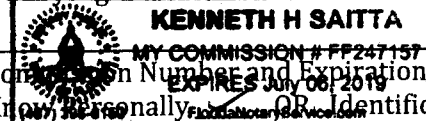
Poolside Design Andrew Westberry
Business Qualifying Name

Andrew Westberry
Print Contractor's Name

[Signature] CPC 1456529
Contractor's Signature License No.

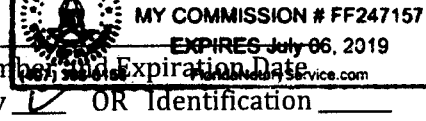
STATE OF FLORIDA
COUNTY OF ST. JOHNS
NOTARY as to the Owner or Agent Below
This 12th day of May 2016

[Signature]
Notary Signature


Commission Number and Expiration Date
Know Personally ☒ OR Identification _____

STATE OF FLORIDA
COUNTY OF ST. JOHNS
NOTARY as to the Owner or Agent Below
This 12th day of May 2016

[Signature]
Notary Signature


Commission Number and Expiration Date
Know Personally ☒ OR Identification _____

THIS SPACE FOR COUNTY USE ONLY

Plans Reviewed By: _____ Application Approved By: _____

VALUATION CALCULATION:

LIVING: _____	ENCLOSED: _____	PARTIALLY ENCLOSED: _____
GARAGE: _____	ROOF: CLAY _____ CONCRETE _____ METAL _____ SHINGLE _____	
PORCHES: _____	EXPOSURE "B" _____ EXPOSURE "C" _____ EXPOSURE "D" _____	
TOTALS: _____	TOP CORD DEAD LOAD _____	