



BUILDING PERMIT/CLEARANCE SHEET APPLICATION

CS#

ROD 93945

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 ~~10-13-0100~~ 056580 0000 Depository Account Number

Owner's Name Residence Gaioia
Address 523 Rutile Dr City Port St. Joe State FL Zip Code 32082
Phone Number 904-834-2091 Email chriso5@earthlink.net

Contractor's Name REBAN VIDEA Qualifying Name SHARPER REMODELING
Address 9471 RAYHARDMS BLVD City JACKSONVILLE State FL Zip Code 32056
Phone Number 904-471-4552 Email REBANVIDEA@GMAIL.COM

Fee Simple Titleholder's Name of the Site X
Address _____ City _____ State _____ Zip Code _____

Job Name _____
Job Address 523 RUTILE DR City PORT ST. JOE State FL Zip Code 32082

Bonding Co. Name X Address _____
Architect/Engineer's Name X Address _____
Mortgage Lender's Name X Address _____

Description of Work IMPROVEMENT OF 2-2400A'S Structure Use SHED
\$ Valuation of Work 2,500 Stories 1 Sq. Ft. _____ Conditioned Sq. Ft. _____
Height 9' 0" # 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 _____ Well _____ Sewer X Septic Tank _____
Termite Protection By Nader's Treatment Method: Soil ☒ Bait ☐ Wood ☐
Per Florida Building Code 1316.1

(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 E. 1st St. City Port St. Joe, IN

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 within this jurisdiction. I understand that a separate permit must be secured for ELECTRICAL WORK, PLUMBING, SIGNS, WELLS, POOLS, FURNANCES, BOLLERS, 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.

Print Owner's or Owner Agent's Name
Resene, G. A.
Owner's or Owner Agent's Signature _____

Business Qualifying Name
Smartt Plumbing
Print Contractor's Name
Ryan Smith
Contractor's Signature _____

License No. CE115018P

STATE OF FLORIDA
COUNTY OF ST. JOHNS
NOTARY as to the Owner or Agent Below
This 28 day of August 2014
Notary Signature
[Signature]
Commission Expires 11/15/2018
Know Personally ✓ OR Identification ✓

STATE OF FLORIDA
COUNTY OF ST. JOHNS
NOTARY as to the Owner or Agent Below
This 28 day of August 2014
Notary Signature
[Signature]
Commission Expires 11/15/2018
Know Personally ✓ OR Identification ✓

THIS SPACE FOR COUNTY USE ONLY

Plans Reviewed By: _____ Application Approved By: _____
VALUATION CALCULATION:
ENCLOSED: _____ PARTIALLY ENCLOSED: _____
LIVING: _____
GARAGE: _____
PORCHES: _____
TOTALS: _____
ROOF: CLAY _____ CONCRETE _____ METAL _____ SHINGLE _____
EXPOSURE "B" _____ EXPOSURE "C" _____ EXPOSURE "D" _____
TOP CORD DEAD LOAD _____

Louise Johnson
(904) 483-6769
905 2nd Ave N
Jacksonville Beach, FL 32250

Client :
Gioia Residence

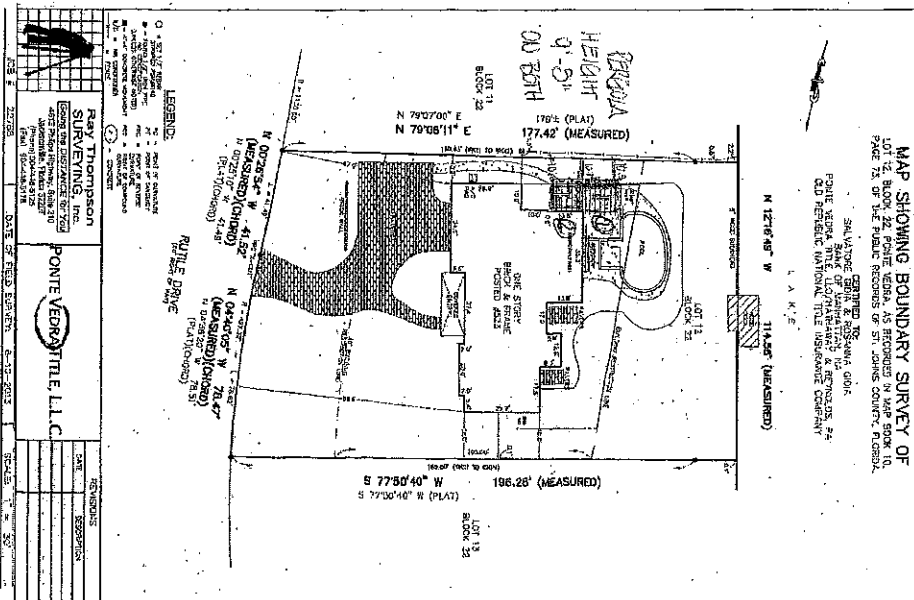
Address :

523 Rutlie Drive, PVE3

Scale : V4=1-0

Plan No. : 012

Designer : Louise
Editor : Johnson
Date : 8/1/2016



PROJECT SITE PLAN 1" = 30'-0"

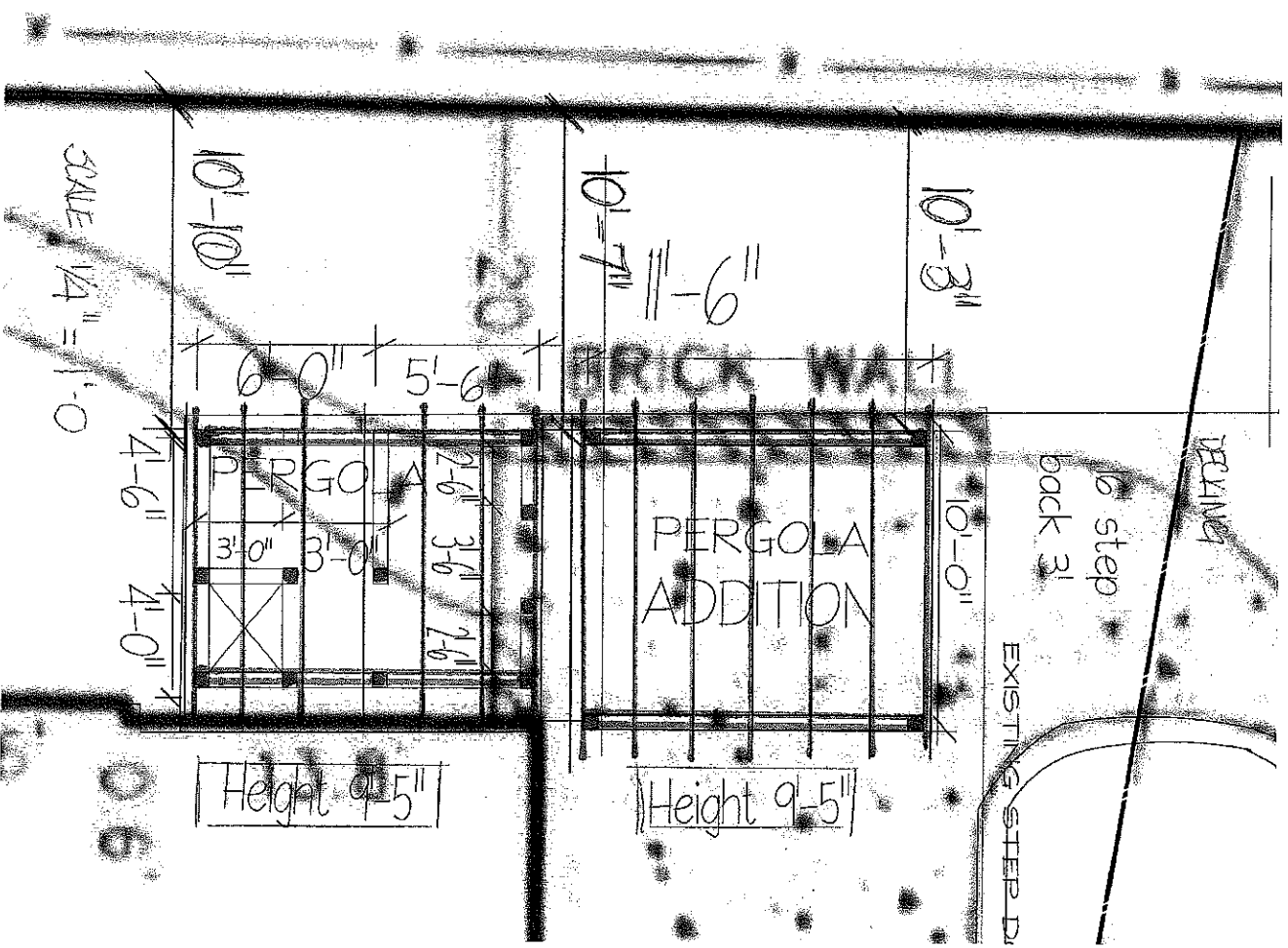
LOT COVERAGES ANALYSIS

- EXISTING UNDER ROOF 3,048 S.F.
- EXISTING IMPERVIOUS 2,814 S.F.
- ADDITIONAL IMPERVIOUS 1,104 S.F.

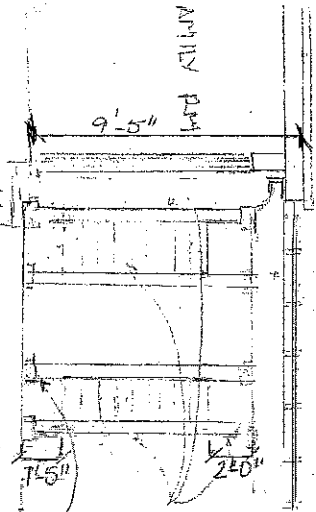
TOTAL LOT COVERAGE 7,516 S.F.

* $7,516 \text{ S.F.} \div 21,406 \text{ S.F.} = 35.3\% \text{ TOTAL COVERAGE}$

- NO TREE REMOVAL OR CHANGES



2x8 PT WD JOISTS 24" O.C
 6x12 PT WD BEAM W CONT

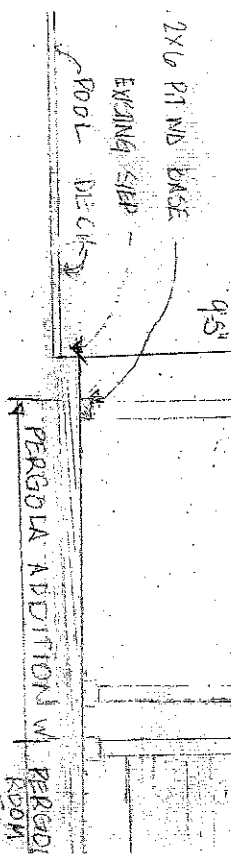


2x6 PT WD CAP
 6x6 PT WD STRUCT R
 1" WD SIDING RT. LHDDE
 1" PT. W.D. NAIL
 TO POST. W/162 COMMON
 NAILS ON 6" O.C

2x6 PT. WD. PACE

PERGOLA ADDITION
 ELEVATION "B" 1/4" = 1'-0"

HARDIE PLANK SIDING,
 2x6 PT WD JOISTS 24" O.C (CONTOUR CUT TAILE)
 6x12 PT. WD. BEAM W/ CONT
 OUTSIDE CUT END
 6x6 PT CAP (TYP)
 6x6 PT. WD. STRUCT POST



NORTH ELEV
 1/4" = 1'-0"