

**FLAGLER COUNTY  
BUILDING DEPARTMENT  
COMPLETE PERMIT HISTORY PRINT**

PERMIT NBR: 2017020259      JOB DESC: DEMOLISH EAST WING AT FCSSO OPERATIONS CENTER      STATUS: EXPIRED

JOB LOCATION: 901 E. MOODY BLVD

SUBDIVISION: /      BLOCK: 0018      LOT: 000

MASTER NBR: 2017020259      UNIT:      TRACT:      TAZ:

WATER:      SEWER:      COA:      FLOOD ZONE:

OWNER NAME: BOARD OF COUNTY COMMISSIONERS OF FLAGLER CC      JOB PHONE:

CERT NBR:      DBA:      JOB VALUE: \$45,000.00

CONTACT NAME: BOARD OF COUNTY COMMISSIONERS OF FLAGLER      CONTACT PHONE:

SETBACKS

FRONT:      REAR:      LEFT:      RIGHT:

SPECIAL:

IMPORTANT DATES:

<u>APPLICATION</u>	<u>APPROVAL</u>	<u>ISSUED</u>	<u>CO</u>	<u>EXPIRATION</u>	<u>CANCEL</u>	<u>EXTENDED</u>
2/28/2017	2/28/2017	2/28/2017		8/27/2017		<u>EXPIRATION</u>

DIRECTIONS:

ADDTL INFO:

SUBCONTRACTORS

<u>CERT NBR</u>	<u>SUB STATUS</u>	<u>START DATE</u>	<u>END DATE</u>	<u>STATUS</u>	<u>SUB CLASS</u>	<u>DBA</u>
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SUBPERMITS

<u>PERMIT NBR</u>	<u>STATUS</u>	<u>TYPE</u>	<u>CERT NBR</u>	<u>DBA</u>	<u>JOB DESC</u>
2017020259	EXPIRED	DM			DEMOLISH EAST WING AT FCSSO OPERATIONS CI

FEES

<u>FEE CODE</u>	<u>STATUS</u>	<u>DESCRIPTION</u>	<u>WAIVE</u>	<u>AMOUNT DUE</u>	<u>ENTER DATE</u>
B-TECH	POSTED	GROWTH MGT TECHNOLOGY FEE	N	7.00	2/28/2017
PERM	POSTED	PERMIT FEE	N	160.00	2/28/2017
BCAF	POSTED	BUILDING CODE ADMIN FUND	N	2.40	2/28/2017
PLAN	POSTED	PLAN CHECK FEE	N	16.00	2/28/2017
D-INTAKE	POSTED	DEV SVC INTAKE FEE	N	20.00	2/28/2017
RADON	POSTED	RADON FEE	N	2.40	2/28/2017
B-EDUCATIO	POSTED	ED FEE DEV SERV	N	7.00	2/28/2017
LUPDM	POSTED	LAND USE CLAS. PERMIT - DEMO	N	15.00	2/28/2017
PERM	POSTED	PERMIT FEE	N	0.00	2/28/2017

COMMENTS

<u>STATUS</u>	<u>ORIG USER</u>	<u>ORIG DATETIME</u>	<u>COMMENT</u>
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<u>REQ</u>	<u>CLASS</u>	<u>DESCRIPTION/REMARKS</u>	<u>PRI</u>	<u>REQ DATE</u>	<u>RESULT CODE</u>	<u>RES DATE</u>	<u>INSPECTOR</u>
999	PT	FINAL INSPECTION			9		



# Flagler County Building Permit Application

Permit # 007020259  
 Code # \_\_\_\_\_  
 Date 02/28/2017

- Property Owners Name:** FLAGLER COUNTY BOCC  
 Mailing Address: 1769 EAST MOODY BLVD, BLDG #5 BUNNELL FL. 32110  
 Phone Number: 386-313-4000 E-mail: N/A
- Location of Property/ Job Address:** 901 EAST MOODY BLVD, BUNNELL FLORIDA 32110  
 Legal Description: SEE ATTACHED  
 Parcel #: 10-12-30-0850-00180-0000 Block: \_\_\_\_\_ Lot: \_\_\_\_\_
- Contractor / Installer:** OWNER  
 Address: 1769 EAST MOODY BLVD, BLDG #5 State License: \_\_\_\_\_  
 City/State/Zip Code: BUNNELL FLORIDA 32110 Phone #: 386-313-4191  
 Fax #: 386-313-4120 Cell #: 386-585-2525  
 E-mail: mdickson@flaglercounty.org
- Description of Work:** DEMOLISH EAST WING AT FCSO OPERATIONS CENTER  
 **Commercial**  **Residential**  
 Mobile Home: Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_ Serial Number: \_\_\_\_\_  
 Specify Single or Double Wide \_\_\_\_\_ Width: \_\_\_\_\_ x Length: \_\_\_\_\_ (without hitch)=Sq Ft: \_\_\_\_\_  
 Is this a replacement home?  YES or  NO (If yes provide proof)

5. **Total Square Footage Under Roof:** 20,166

6. **Type of Construction, Occupancy Classification and Area Totals:**

Type of Construction (check one):

IA	IB	IIA	IIB	IIIA	IIIB	IV	VA	VB
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Occupancy Classification (check one):

A-1	A-2	A-3	A-4	B	E	F-1	F-2	H-1	H23	H-5	I-1
I-2	I-3	I-4	M	R-1	R-2	R-3	R-4	S-1	S-2	U	

Living Area: \_\_\_\_\_ Square feet. Non Living: \_\_\_\_\_ Square feet.  
 Number of Rooms (total): \_\_\_\_\_ Number of Bedrooms: \_\_\_\_\_ Number of Bathrooms: \_\_\_\_\_  
 Number of Stories: \_\_\_\_\_ Habitable Floors: \_\_\_\_\_ Number of Elevators: \_\_\_\_\_  
 Patio: \_\_\_\_\_ Square feet. Driveway: \_\_\_\_\_ x \_\_\_\_\_ Pool Area (including deck): \_\_\_\_\_  
 Fire Sprinklers:  YES or  NO (If yes, separate permit required)

7. **Potable Water Supplied by:** \_\_\_\_\_ **Septic Tank Permit #:** \_\_\_\_\_  
 or **Water and Sewer Company:** \_\_\_\_\_

8. **Total Cost of Improvements:** \$ 45,000.00

9. **Sub Contractor Information:**

**Electrical Contractor:**

DBA: <u>N/A</u>	License Holders Name: _____
State License Number: _____	Size of Electrical Service: Phase: _____ Amps: _____

**Plumbing Contractor:**

DBA: <u>N/A</u>	License Holders Name: _____
State License Number: _____	Number of Bathrooms: _____
Number of Fixtures, Floor Drains and Traps: _____	

**Mechanical Contractor:**

DBA: <u>N/A</u>	License Holders Name:
State License Number:	Total Cost of Mechanical :
Size of Unit	tons.

**Roofing Contractor:**

DBA: <u>N/A</u>	License Holders Name:
State License Number:	Total Cost of Roof :
Type of Roof to be Installed:	Square Footage of Structure:

**Aluminum Contractor:**

DBA: <u>N/A</u>	License Holders Name:
State License Number:	Total Cost of Aluminum Structure:
Square Footage under Solid Roof Panels :	

**Gas Contractor:**

DBA: <u>N/A</u>	License Holders Name:
State License Number:	Total Number of Outlets:

**Elevator / Fence:**

DBA: <u>N/A</u>	License Holders Name:
State License Number:	Total Cost of Elevator / Fence:

**Others Contractor:**

DBA: <u>N/A</u>	License Holders Name:
State License Number:	Total Cost of Others:

Application is hereby made to obtain a permit to do the work and installations as indicated. I certify that no work 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 in this jurisdiction.

**“FAILURE TO COMPLY WITH THE MECHANICS LIEN LAW CAN RESULT IN THE PROPERTY OWNER PAYING TWICE FOR THE BUILDING IMPROVEMENTS”**

Michael Dickson  
(Signature)

Michael Dickson  
(Printed Name)

IS SIGNING AS: CONTRACTOR MOBILE HOME INSTALLER OWNER\* (Check one)

State of Florida County of FLAGLER

Sworn to and Subscribed before me, the 27 Day of FEBRUARY, 20 17 by

Michael Dickson who is personally known to me or has produced  
as identification.

(Type of Identification)

Heidi Petito  
Signature of Notary Public or Staff Signature\*



Print, Type or Stamp of Notary

**\*To qualify as an owner/builder, the owner of the property must personally appear at Central Permitting and sign this application. (FS §489.103.7b)**