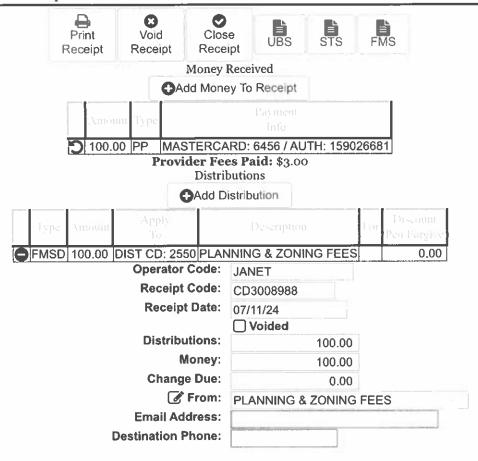
City of Chipley Development Order

File No. 453	Fees Paid \$ 100
Name of Owner: PANCARE OF FLORIDA	Phone #: (350) 769-1551
Address: 401 & 110 ST. PANAMA CITY PL, 32401	
Name of Developer/Contractor: ALLSTATE CONSTRUCTIO	N .
Address: 5718 Tower RD TALLAHASSEE, FL 32303	Phone #: (\$50) 514 - 1004
Type of Development: COMMERCIAL	Parcel Size: 1.268 Acres
Location of Development: 1440 MAIN ST. CHIPLEY, FL 3	32428
Land Use Designation: COMMERCIAL	Sq. Ft. of Building 5,348
Site Plan Required? Yes No Stormwater	r Permit Required? Yes No X
City Utilities Needed? Potable Water X Waste Water X	Natural Gas Garbage X
Attachments to Order: 1. Civil Plans	2. Land use
3. <u>COA</u>	4. Miscellaineous
Date of Planning & Zoning Commission Approval:	Just 1,2024 6 3,
Date of City Council Approval: August 13, 20	124 5 pm
Contingencies/Conditions of Approval: Signey Same	e or Similian to
Pretuses provided.	
The City Council hereby authorizes the development of land with specified herein. Any development undertaken pursuant to this order the application for development approval and site plan(s) as approved the application for development approval.	er shall be in strict conformance with
Signature - City Administrator Date Attest	/
Signature - City Autumustrator Date Attost	pare
m = / Mar day	SEAL
Owner/Developer/Contractor: Pan Case/Nons/Allstate	constantan



All State (Pancare)



City of Chipley

Land Use Compliance Certificate





Verification provided for (Owner's Name):	PA	HEARE OF FLORIDA		
Project Site Address: 1440 MAIN ST. C	HIPLE	4 FC, 32428		
Phone Number: (\$50) 769-1591				
Contractor Name/Address ALLSTATE Cove	STRUC	CTION 5418 TOWER RO. TALLAHAS	SEE FL, 3230	
Contractor Phone #: (850)514 - 1004	Pare	cel I.D. Number: 0000000 -00	-2218-0032	
City of Chipley Future Land Use Designa		37 11 1 10 10		
Low Density Residential	0	Neighborhood Commercial	0	
Medium Density Residential	0	Historic Commercial	0	
High Density Residential	0	Industrial	0	
Historic	0	Recreational		
Commercial	X	Public/Semi Public/Educational	0	
Scope of work (Please provide details of all CURRENT PLANS IS A FULL RENOVATION (CREDIT UNION) INTO A PANCARE PHARMA ALONG WITH THE RENOVATION TO THE AODITIONAL BUILDING SPACE WHERE	of th evist	E EXISTING BUILDING (TYNDALL F LINIC, AND DENTAL OFFICE MULTILL ING BUILDING WE WILL BE ADDIT	ederal Se space.	
A site inspection has been performed on the Florida. It is hereby verified that all site de and comprehensive planning requirements.				
ALLSTATE CONSTRUCTION		07/09/2024	1	
Applicant		Date	Date	
City Official Verifying Compliance		Date		

Notice to Applicant: This certificate must be presented to the Washington County Building Official and is requisite to issuance of a "Certificate of Occupancy" for your construction project.

APPLICATION FOR CERTIFICATE OF APPROPRIATENESS

Name: PANCARE OF FLORIDA
Address: 403 & 11th St. PANAMA CITY. Phone #: (850) 514-1004
FL 32401
Address of property to be improved: 1440 MAIN ST. CHIPLEY FL, 32428
List of improvements including materials to be used, paint colors, and other details which will alter the current appearance of the structure or property.
NEW CONSTRUCTION WILL MATCH COLORS OF EXISTING BUILDING
Note: Include a site plan showing location of proposed construction if the improvement is not on the existing structure.
I (name of applicant) John Lawken certify that the information submitted truly reflects all improvements which will be made on the property. Should any changes be desired, I will notify the City of Chipley. I acknowledge that penalties can be the result of varying from the plans or description submitted and approved. Signed: Date: 7/10/2024
<pre> ************************************</pre>
Action: Approved Not Approved
Comments:
Signature/Title/Authority

NWFWMD Report

Geographical Information

Latitude/Longitude: 30.76027,-85.54669

Address: Tyndall Fcu, 1440 Main St, Chipley, FL, 32428, USA

Parcel ID: 00000000-00-2218-0032

Firm Panel (Preliminary): N/A

Firm Panel (Effective): 12133C0070D

Flood Information

Flood Zone Information

Preliminary Flood Zone

Location of Interest: N/A
Parcel: N/A

Base Flood Information*: N/A

Effective Flood Zone

Location of Interest: X

Parcel: X:100%;

Base Flood Information*: N/A

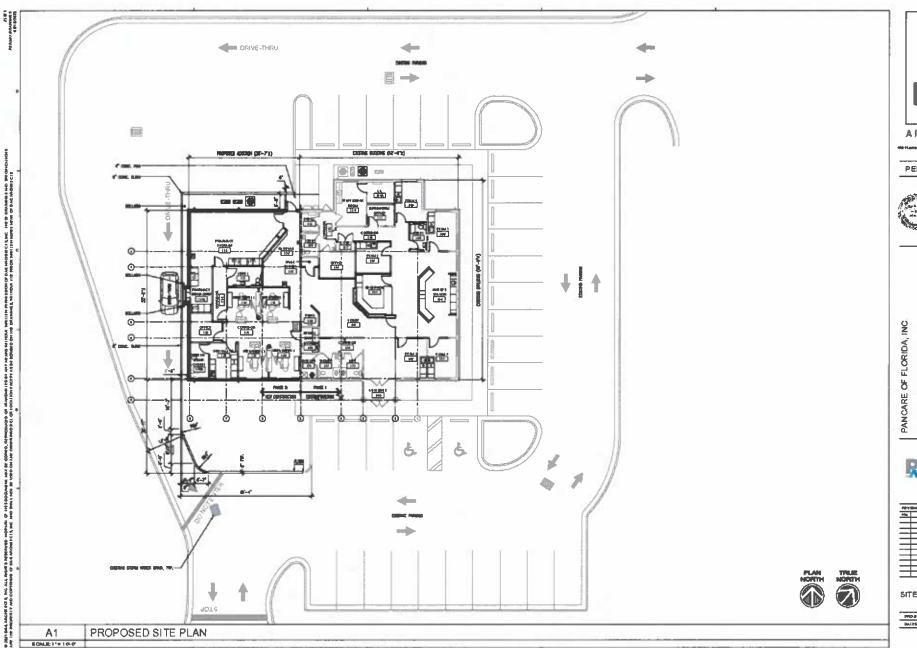
*The computed elevation to which floodwater is anticipated to rise during the base flood (100 Year Flood). Base Flood Elevations (BFEs) are shown on Flood Insurance Rate Maps (FIRMs) and on the flood profiles. The BFE is the regulatory requirement for the elevation or floodproofing of structures. The relationship between the BFE and a structure's elevation determines the flood insurance premium. Datum of measurement is NAVD1988.

Effective SFHA Flood Map (Effective Issue Date: 7/4/2011)



Zone VE: A coastal area inundated by 100-year flooding, for which BFEs have been determined. Zone AE: An area inundated by 100-year flooding, for which BFEs have been determined. Zone AE: An area inundated by 100-year flooding, for which on BFEs have been determined. Zone A: An area inundated by 100-year flooding, for which no BFEs have been determined. Zone A: An area inundated by 100-year flooding, for which no BFEs have been determined. Zone A: An area inundated by 100-year flooding, for which no BFEs have been determined. Zone A: An area inundated by 100-year flooding, for which no BFEs have been determined. Zone A: An area inundated by 100-year flooding where BFEs have been determined. Zone A: An area inundated by 100-year flooding with average depths of less than 1 foot or with drainage areas less than 1 square mile or an area protected by levees from 100-year flooding. Zone X: An area of minimal flood hazard.

Although derived directly from a variety of sources, including the Federal Emergency Management Agency's (FEMA's) Flood Insurance Rate Maps (FIRMs), the District's digital elevation model, the counties' digital parcel maps and data from other governmental sources, the data provided through this portal is for informational purposes only. The user is advised to be aware that for flood insurance or regulatory determinations, or for supporting an application for a Letter of Map Change (LOMC), only the official and latest FEMA FIRM and Flood Insurance Study (FIS) report should be consulted. Also, all elevation data submitted in support of a LOMC application must be certified by a licensed land surveyor, engineer, or architect. The NWFWMD, FEMA, its agents, and partners shall not be held responsible for the misuse or misinterpretation of the Information presented in this portal.





ARCHITECTS

DAE Auditholiz APD0000001 496-Hanlann Ann: Balle 1: Pensana Chy, N. 32401 886-2 Er ji Er j word DACas different com

PERMIT DRAWINGS



Digitally signed by Owen Eric Gipson Date: 2024.07.02 07:30:17-05:00'

1440 MAIN ST. CHIPLEY, FL 32428

FOR PANCARE CHIPLEY NEW CONSTRUCTION RENOVATIONS &

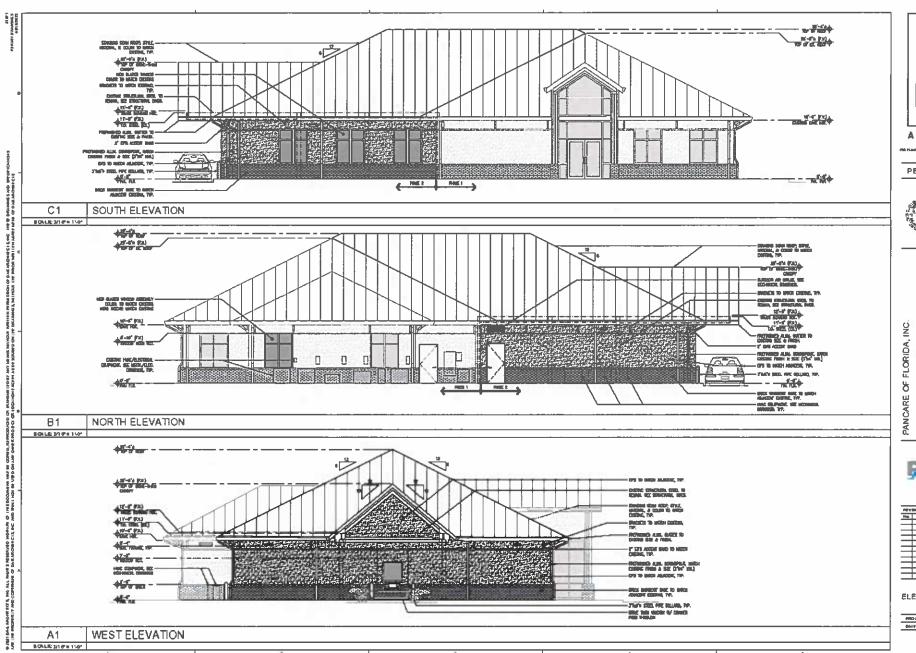




SITE PLAN

PROJECT NUMBER #3071 0@18/2023

A100





ARCHITECTS

Ball Ardendu afterside 4th Hadeshan Seb I Perana City, H. 32444 80-1-21 IFI 97-9 Sella dibod: com

PERMIT DRAWINGS



Digitally algned by Dwen Eric Gipson Date: 2024.07.02 07:32:27-05:00

NEW CONSTRUCTION FOR PANCARE CHIPLEY RENOVATIONS

1440 MAIN ST, CHIPLEY.





ELEVATIONS

##D#C1HAM9E #3071

A201

7/10/2024 2:11:23 PM



REVERSE LIT (HALD LIT CHANNEL LETTERS FLUSH MOUNTED

100 - 1

Sign Type 1 / Reverse Lit Channel Letters
Single Sided - Oty 1



SOUTH ELEVATION (15th STREET)

Sales Rep: Braden Heermann Designer:

Fonts:

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WWW.ADV-SIGNS.CO 75.8 McEvey Rd. Panama City Beoch, FL 32408 TEL: 850-914-9925 FAX: 800-368-9928 Contact Name: Nick Wilkinson

Contact Ph: 850-756-1253

WO#8316

Contact Email:NWILKINSON@ALLSTATECONSTRUCTION.COM

W08316 -- ALLSTATE CONSTRUCTION -- PANCARERY -- BUILDING SIGN -- OCT2023.fs

Job Type: true

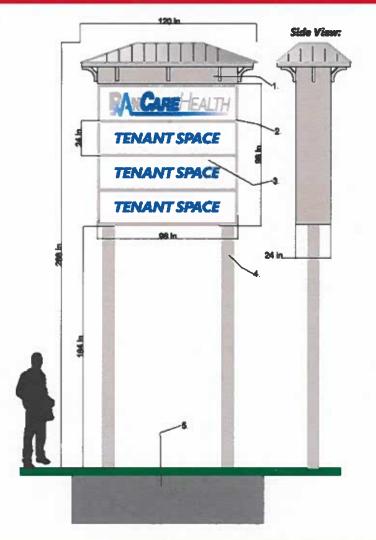
Ship/install location: 403 E 11TH ST PANAMA CITY FL 3240L

\\ADV-NAS\Grophics\ART\ALLSTATE CONSTRUCTION\WO8316 - ALLSTATE CONSTRUCTION - PANCARERX - BULDING SIGN - OCT2023

PANCARE HEALTH - DENTAL

PDF Created at:

5/11/2023 2:57:53 PM



DESCRIPTION:

- 1. FURNICITED ALLINGNUM ROOF STRUCTURE
- 2. EARRICATED ALLIMINUM CABRIET DOUBLE SIDED, INTERNALLY ILLIMINATED WITH LEDS
- 3. NONTE POLYCARRONATE RACES WITH TRANSLUCENT GRAPHICS.
- 4. STEEL SUPPORT AS REQ'D BY ENGINEER
- 5. CONCRETE POOTING AS REQ'D BY ENGINEER
- Sign Type 1 / Entrance Pylon
 Double Sided Oty 2

*Mounted at each entrance

Sales Rep: Braden Heermann Designer: BH

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WWW.ADV-SIGNS.COM 7518 McEvey Rd. Panama City Beach, Fl. 32408 TEL: 850-914-9925 FAX: 800-388-9926 Contact Name: ASHLEY KELLEY

Contact Ph:850-747-5599

WO#8013

Fonts:

Contact Email: AKELLEY OPANCAREFLORG

Due Date:

WOBOID - PANCARE HEALTH REGIONAL CENTER - EXTERIOR SIGNS - APR2023.fs

Z\Graphics\Art\PANCARE HEALTH

Ship/install location: 2223 15th St

PANAMA CITY FL

32405

CITY OF CHIPLEY APPLICATION FOR CONCURRENCY REVIEW

Applica	ant:	PAnciero Of FI	ORID4	Date:
Addres	88:	408 E 11th ST F	Anama City	Phone: 850 769-1551
Project	t Name	Pancare of Pl	Address:	1440 main St
Contac	t Pers	on:		Phone:
(Use a	dditio	nal sheets if necessary)	- attach	
1.	Provi		allons per person per	day plus total usage per day, month, and
2.		de estimated sanitary sewer th, and year.	usage in gallons per p	person per day plus total usage per day,
3.		de estimated solid waste gene lishment.	eration in pounds. Pro	ovide list of types of waste generated by
4.	Provi	ide storm water management p Include all permits from ap		eral agencies.
5.	Prov	ide estimated traffic volume at Include a written statement		and extent of proposed development.
***N(OTE:	review; however, some ma	y have greater requ	om some portions of the concurrency irements than those requested above. u have any questions concerning your
Appro	oved b	y;	-	Date:
C		(City Offici		man following aubunicators of
Certi	mcat	e of Concurrency" va	nu tor omy one	e vear following submission of

information.

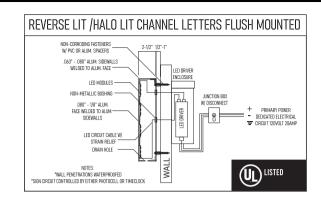
- 1. Water usage based on facility of similar size, scope and function would be estimated at 2,907 gallons per day, 65,000 gallons per month and 780,000 gallons per year.
- 2. Sewer usage based on facility of similar size, scope and function would be estimated at 2,907 gallons per day, 65,000 gallons per month and 780,000 gallons per year.
- 3. Solid waste usage based on facility of similar size, scope and function would be estimated at a maximum of 1,600 pounds per week (4 yard dumpster picked up twice a week). Regulated Medical waste, including dental, is and additional 7 pound/32 gallon BIO box once a month.
- 4. The existing Stormwater Management Plan has not been affected by the changes on site; site development resulted in a small decrease in impervious surface area (-1,064 SF). Please refer to attached PDFs.
- 5. Traffic volume based on facility of similar size, scope and function would be estimated at approx. 5500 patients a year, 30-40 patients a day, and 500-600 a month; 40% of the patients arrive between 8:00-10:00 am and 1:00-2:30 pm.
 - The nature of this project is to remodel and expand the existing bank into clinical office space, relocating the Health clinic in the adjacent strip mall along with adding services for dental and pharmaceutical needs.

City of Chipley

Sign Application & Permit

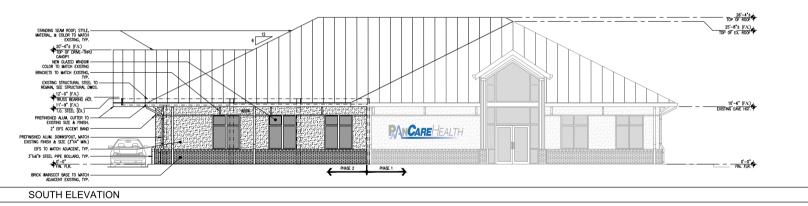
Date:	07/31/2024	,		Permit	#:		
Appli	icant's Name: _	ALLSTATE CONS	TRUCTION				
Busin	ness Name:	ANCARE HEALT	н	_ Phone #: (8 3	(a) 408 - 3026		
Addre	ess of Sign:	440 MAIN ST.	CHIPLEY FL,	8242 <u>8</u>			
Name	e & Address of	Sign Contractor:	ADVANCED S	IGN SOLUTIONS	7518 MCELUEY R	D. PANAMA CITY	BEACH, FL 32408
Perm	it Fee:						
	******	Please	provide the f	ollowing infor	nation:	*******	
1. T	ype of Sign(s):	Ground	Sign	Building Sign	Outdoor Adv (Billboa:	vertising	
	. Ground Sig		Advertising dings, interse	ections, drivev	e site plan showing vay connections and on).		
b	. Building Sig	ns: provide draw	ing of buildin	g showing elev	ation and location of	sign.	
3. T	ype of Illumin	ation: <u>LED,</u>	GROUND I	LIT (GROUND	SIGN IS GROUND LIT) ,	
4. L	and Use Desig	nation: <u>Co</u> M	MERCIAL				
5. N	lumber of Exis	ting Signs on Pr	operty:				
		by authorizes place this document will			ge. Any deviation to cor	nstruction or location	
Signat	ture: City Adminis Code Enforcem		//	Date	_		
		Inhu		7/31/2024	_		
Signat	ture: Owner/Contra	ctor		Date			





Sign Type 1 / Reverse Lit Channel Letters
Single Sided - Qty 1

MUST VERIFY ELECTRICAL ACCESS FOR THIS SIGN TYPE



Sales Rep: Braden Heermann

WO#9283

Job Type: true

Designer: BH

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C1

Contact Name: Preston Phillips Contact Ph: 850-933-4887

Contact Email:PPHILLIPS@ALLSTATECONSTRUCTION.COM

WO9238 - ALLSTATE - CHIPLEY PANCARE - JUL2024.fs

Ship/insta**ll** location: 1440 Main St. Chipley, FL 32428

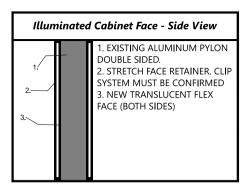
\\ADV-NAS\Graphics\ART\ALLSTATE CONSTRUCTION\W09238 - ALLSTATE - CHIPLEY PANCARE - JUL2024

Fonts:

144 in

RANCARE HEALTH







Sales Rep: Braden Heermann

Designer: BH

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FAX: 800-368-9928

Contact Name: Preston Phillips

Contact Ph: 850-933-4887

Fonts:

Contact Email:PPHILLIPS@ALLSTATECONSTRUCTION.COM

WO#9283

WO9238 - ALLSTATE - CHIPLEY PANCARE - JUL2024.fs

Job Type: true

Ship/install location: 1440 Main St. Chipley, FL 32428

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