

DATE 11/01/2004

Columbia County Building Permit

PERMIT

This Permit Expires One Year From the Date of Issue

000022443

APPLICANT PAUL & JESSICA SKIVER PHONE 386.454.0625
 ADDRESS 25903 NW 94TH AVENUE HIGH SPRINGS FL 32643
 OWNER PAUL & JESSICA SKIVER PHONE 386.454.0625
 ADDRESS 225 SW WALLFLOWER GLEN FT. WHITE FL 32038
 CONTRACTOR PAUL & JESSICA SKIVER PHONE 386.454.0625

LOCATION OF PROPERTY 441-S TO 18, R, TO C-131,R, L ON MARIGOLD TO END. L ON SNAP-DRAGON, 1 BLK TURN R ONTO SW WALLPAPER GLN, LOT ON R.

TYPE DEVELOPMENT SFD & UTILITY ESTIMATED COST OF CONSTRUCTION 112000.00

HEATED FLOOR AREA 2240.00 TOTAL AREA 3536.00 HEIGHT .00 STORIES 1

FOUNDATION CONC WALLS FRAMED ROOF PITCH 6'12 FLOOR CONC

LAND USE & ZONING A-3 MAX. HEIGHT 35

Minimum Set Back Requirments: STREET-FRONT 30.00 REAR 25.00 SIDE 25.00

NO. EX.D.U. 0 FLOOD ZONE X DEVELOPMENT PERMIT NO. _____

PARCEL ID 13-6S-16-09696-139 SUBDIVISION TUSTENUGGEE PLANTATION

LOT 39 BLOCK _____ PHASE _____ UNIT 2 TOTAL ACRES _____

Culvert Permit No. PRIVATE Culvert Waiver 04-0604-N Contractor's License Number BLK Applicant/Owner/Contractor JDK
 Driveway Connection _____ Septic Tank Number _____ LU & Zoning checked by _____ Approved for Issuance _____ New Resident _____

COMMENTS: NOC ON FILE
1 FOOT ABOVE ROAD.

Check # or Cash 2192462

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 \$ 560.00 CERTIFICATION FEE \$ 17.68 SURCHARGE FEE \$ 17.68

MISC. FEES \$.00 ZONING CERT. FEE \$ 50.00 FIRE FEE \$ _____ WASTE FEE \$ _____

FLOOD ZONE DEVELOPMENT FEE \$ _____ CULVERT FEE \$ _____ TOTAL FEE 645.36

INSPECTORS OFFICE _____ CLERKS OFFICE _____

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 INCONVIENCE, 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.

Columbia County Building Permit Application

22443

For Office Use Only Application # 0409-28 Date Received 9-16-04 By GJ Permit # _____
 Application Approved by - Zoning Official BLK Date 06.10.04 Plans Examiner _____ Date _____
 Flood Zone X Development Permit N/A Zoning A-3 Land Use Plan Map Category A-3
 Comments _____

CHH

Applicants Name Jessica and Paul Sliver Phone (386) 454-0025 *Call Jessica*
 Address 25903 NW 94th Ave, High Springs FL 32043
 Owners Name Jessica and Paul Sliver Phone _____
 911 Address 225 SW ~~Stand~~ Wallflower Glen, Ft. White, FL 32038
 Contractors Name Mark Hum + CO, LLC Phone (352) 378-9422
 Address 3411 N. Main Terrace, Gainesville FL 32609 - mailing Add - PO. Box 1404 Gainesville FL 32608 1404
 Fee Simple Owner Name & Address _____
 Bonding Co. Name & Address _____
 Architect/Engineer Name & Address JPK James - 2439 NW 93rd St Gainesville FL
 Mortgage Lenders Name & Address Bank of America 2627 NW 43rd St Gainesville FL 32608
 Property ID Number 13-6S-16-09096-139 Estimated Cost of Construction 121,000
 Subdivision Name Tustenuggee Plantation Lot 39 Block _____ Unit _____ Phase _____
 Driving Directions S on 441, (R) CR 18 (approx 2-3 miles), (R) on CR 131 - (go approx 2-3 miles), (L) onto ~~Highway~~ to end, (L) onto Shapdragon Rd turn (R) onto SW Wallflower Glen - Straight back (back lot on (R) side)
 Type of Construction private single family home Number of Existing Dwellings on Property _____
 Total Acreage 10 Lot Size _____ Do you need a - Culvert Permit or Culvert Waiver or Have an Existing Drive
 Actual Distance of Structure from Property Lines - Front 100 ft Side 100 ft Side 560 Rear 560
 Total Building Height 18 ft Number of Stories 1 Heated Floor Area 2240 sq ft Roof Pitch 6/12

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.

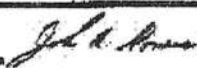
Paul Sliver
Owner Builder or Agent (Including Contractor)

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

ACORD™ CERTIFICATE OF LIABILITY INSURANCE						Date 10/8/04	
Producer: Lion Insurance Company 905 E. Martin Luther King Jr. Dr. Tarpon Springs, FL 34889 Phone: 727-938-5562 Fax: 727-937-2138				This Certificate is issued as a matter of information only and confers no rights upon the Certificate Holder. This Certificate does not amend, extend or alter the coverage afforded by the policies below.			
Insured: South East Personnel Leasing 905 East MLK Jr. Drive Suite # 110 Tarpon Springs, FL 34889 Phone: (727)938-5562				Insurers Affording Coverage		NAIC #	
				Insurer A: Lion Insurance Company			
				Insurer B:			
				Insurer C:			
				Insurer D:			
				Insurer E:			
Coverages							
The policies of insurance listed below have been issued to the insured named above for the policy period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions, and conditions of such policies. Aggregate limits shown may have been reduced by paid claims.							
INSR LTR	ADDL INSRD	Type of Insurance	Policy Number	Policy Effective Date (MM/DD/YY)	Policy Expiration Date (MM/DD/YY)	Limits	
		GENERAL LIABILITY <input type="checkbox"/> Commercial General Liability <input type="checkbox"/> Claims Made <input type="checkbox"/> Occur General aggregate limit applies per: <input type="checkbox"/> Policy <input type="checkbox"/> Project <input type="checkbox"/> LOC				Each Occurrence \$ Damage to rented premises (EA occurrence) \$ Med Exp \$ Personal Adv Injury \$ General Aggregate \$ Products - Comp/Oc App \$	
		AUTOMOBILE LIABILITY <input type="checkbox"/> Any Auto <input type="checkbox"/> All Owned Autos <input type="checkbox"/> Scheduled Autos <input type="checkbox"/> Hired Autos <input type="checkbox"/> Non-Owned Autos				Combined Single Limit (EA Accident) \$ Bodily Injury (Per Person) \$ Bodily Injury (Per Accident) \$ Property Damage (Per Accident) \$	
		GARAGE LIABILITY <input type="checkbox"/> Any Auto				Auto Only - Ea Accident \$ Other Than EA Acc \$ Autos Only: AGG \$	
		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> Occur <input type="checkbox"/> Claims Made <input type="checkbox"/> Deductible <input type="checkbox"/> Retention				Each Occurrence \$ Aggregate \$	
A		Workers Compensation and Employers' Liability Any proprietor/partner/executive officer/member excluded? If Yes, describe under special provisions below.	WC 71949	01/01/2004	01/01/2005	<input checked="" type="checkbox"/> WC Statutory Limits <input type="checkbox"/> OTH-ER	E.L. Each Accident \$1000000 E.L. Disease - Ea Employee \$1000000 E.L. Disease - Policy Limits \$1000000
		Other 3480040 Mark Hurm & Company, L.L.C.	COVERAGE APPLIES ONLY TO THOSE EMPLOYEES LEASED, NOT TO SUBCONTRACTORS.				
Descriptions of Operations/Locations/Vehicles/Exclusions added by Endorsement/Special Provisions: ADD ON DATE: 3/31/04 COVERAGE APPLIES ONLY IN THE STATE OF FLORIDA TO THOSE EMPLOYEES LEASED TO BUT NOT SUBCONTRACTORS OF Mark Hurm & Company, L.L.C. FAX: 362-378-0288 & 306-758-2160 / ISSUE 10/08/04 (JJC)							
CERTIFICATE HOLDER				CANCELLATION			
COLUMBIA COUNTY BUILDING & ZONING DEPT. 135 NE HERNANDO AVE. LAKE CITY FL 32055				Should any of the above described policies be cancelled before the expiration date thereof, the issuing insurer will endeavor to mail 30 days written notice to the certificate holder named to the left, but failure to do so shall impose no obligation or liability of any kind upon the insurer, its agents or representatives.			
							

ACORD 25 (10/1/05)

ACORD CORPORATION 1998

Fax 386-758-2160

Attn: Gail

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 13-6S-16-091096-139

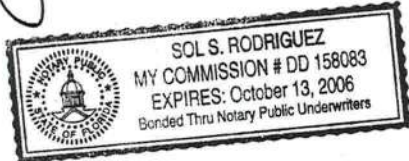
1. Description of property: (legal description of the property and street address or 911 address)
10 acres of undeveloped, raw land -
911 address ~~225 SW Wallflower Glen~~ ~~225 SW Wallflower Glen~~
225 SW Wallflower Glen
Ft. White, FL 32038
2. General description of improvement: building private single family home.
3. Owner Name & Address Jessica and Paul Skiver
25908 NW 94 Ave, High Springs 32643 Interest in Property _____
4. Name & Address of Fee Simple Owner (if other than owner): Ø
5. Contractor Name Mark Hurm + Co, LLC Phone Number (352) 378-9422
Address 3411 N Main Terrace, Gainesville FL 32609 → mailing P.O. box 1404 Gainesville, FL 32602-1404
6. Surety Holders Name Ø Phone Number Ø
Address Ø Amount of Bond _____
7. Lender Name Bank of America Phone Number (352) 338-6506
Address 2627 NW 43rd St, Gainesville, FL 32608
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 Ø Phone Number _____
Address Ø
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 _____
(Unless a different date is specified) _____

Inst: 2004021145 Date: 09/16/2004 Time: 14:33
MK DC, P. DeWitt Cason, Columbia County B: 1026 P: 1

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]
Signature of Owner



Sworn to (or affirmed) and subscribed before
day of September 16, 2004

NOTARY STAMP/SEAL

[Signature]
Signature of Notary

Talbot d. 13 P111

ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
10/08/2004

PRODUCER
King Insurance Agency
2321 NW 41st Street
Gainesville FL 32606

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURED
Mark Hurm & Company, LLC
3629 NW 159 Place
Gainesville, FL 32609

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: Mid-Continent Casualty Company	
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

NSR ADD'L LTR INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> PD DED \$1,000 GEN'L AGGREGATE LIMIT APPLIES PER <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	17161	09/18/2004	10/18/2004	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ EXCLUDED PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Per accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
	EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below OTHER				WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

Post-it® Fax Note
 To: GALL
 Co./Dept: Col. City Bldg.
 Phone #: 386-758-2160
 Fax #: 386-758-2160
 Date: 10/13/04 # of pages: 2
 From: JANIS
 Co: Mark Hurm & Co
 Phone #: 352-378-2422
 Fax #: 352-378-0268

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

FAX: 386-758-2160

CERTIFICATE HOLDER

Columbia County
Building & Zoning Department
135 NE Hernando Avenue
Lake City, FL 32055

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

[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 a 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 the 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

- (X) Single Family Dwelling
() Farm Outbuilding
() New Construction
() Two-Family Residence
() Other
() Addition, Alteration, Modification or other Improvement

NEW CONSTRUCTION OR IMPROVEMENT

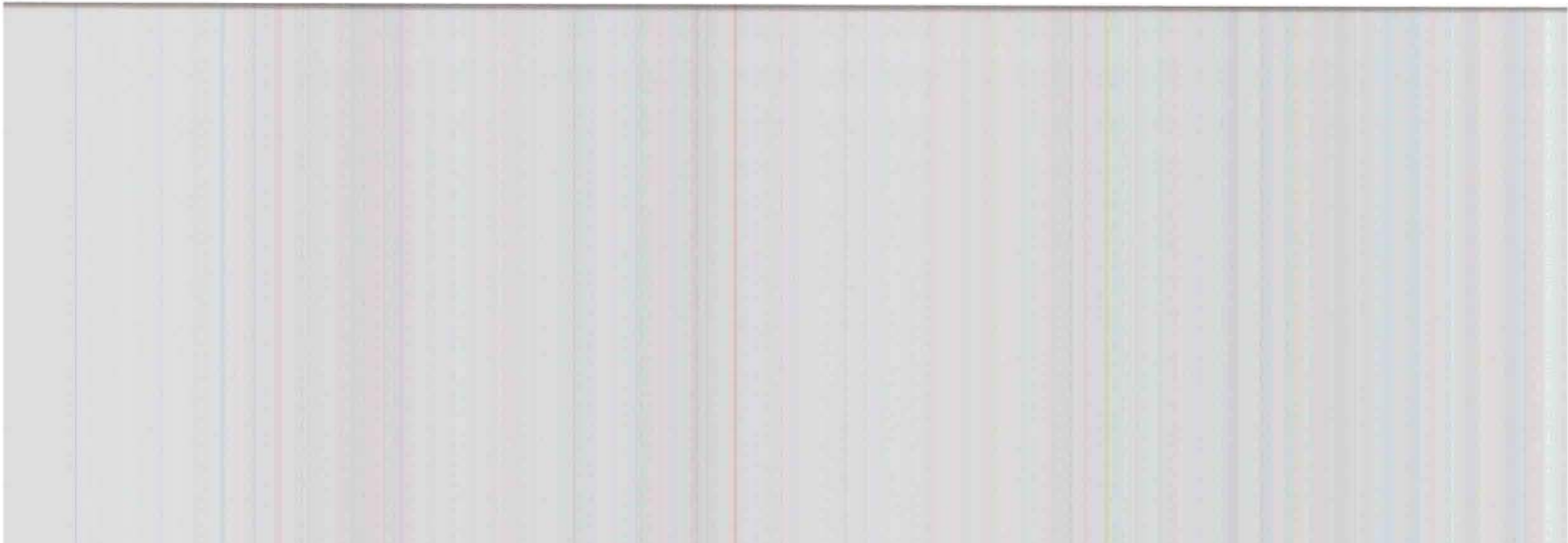
I Paul Skiver, have been advised of the above disclosure statement for exemption from contractor licensing as an owner/builder. I agree to comply with all requirements provided for in Florida Statutes ss.489.103(7) allowing this exception for the construction permitted by Columbia County Building Permit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

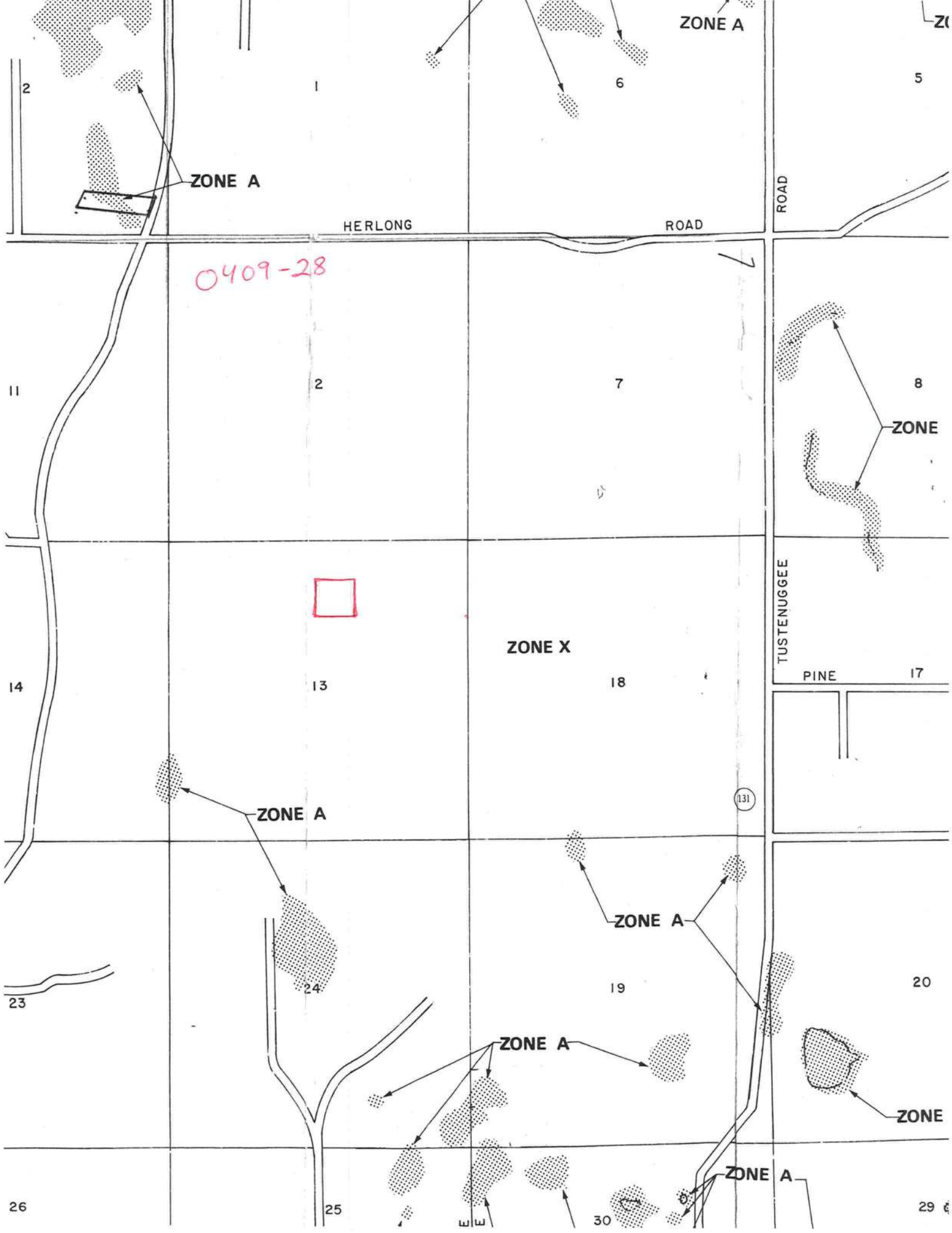
Signature Paul Skiver Date 10/02/04

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





STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CONSTRUCTION INDUSTRY LICENSING BOARD

SEQ#L04082001135

DATE	BATCH NUMBER	LICENSE NBR
08/20/2004	040167302	CGC062803

The GENERAL CONTRACTOR
Named below IS CERTIFIED
Under the provisions of Chapter 489 FS.
Expiration date: AUG 31, 2006



HURM, MARK THOMAS
INDIVIDUAL
3629 NE 159TH PLACE
GAINESVILLE FL 32609

JEB BUSH
GOVERNOR

DISPLAY AS REQUIRED BY LAW

DIANE CARR
SECRETARY

AC#1555618

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CONSTRUCTION INDUSTRY LICENSING BOARD

SEQ#L04082000954

DATE	BATCH NUMBER	LICENSE NBR
08/20/2004	040167302	CAC057325

The CLASS A AIR CONDITIONING CONTRACTOR
Named below IS CERTIFIED
Under the provisions of Chapter 489 FS.
Expiration date: AUG 31, 2006



HURM, MARK THOMAS
INDIVIDUAL
3629 NE 159TH PLACE
GAINESVILLE FL 32609

JEB BUSH
GOVERNOR

DISPLAY AS REQUIRED BY LAW

DIANE CARR
SECRETARY

AC#1555740

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CONSTRUCTION INDUSTRY LICENSING BOARD

SEQ#L04082001076

DATE	BATCH NUMBER	LICENSE NBR
08/20/2004	040167302	CFC1425809

The PLUMBING CONTRACTOR
Named below IS CERTIFIED
Under the provisions of Chapter 489 FS.
Expiration date: AUG 31, 2006



HURM, MARK THOMAS
INDIVIDUAL
3629 NE 159TH PLACE
GAINESVILLE FL 32609

STATE OF FLORIDA AC#1555740
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CFC1425809 08/20/04 040167302
CERTIFIED PLUMBING CONTRACTOR
HURM, MARK THOMAS
INDIVIDUAL
IS CERTIFIED under the provisions of Ch.489 FS.
Expiration date: AUG 31, 2006 L04082001076

STATE OF FLORIDA AC#1555799
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CGC062803 08/20/04 040167302
CERTIFIED GENERAL CONTRACTOR
HURM, MARK THOMAS
INDIVIDUAL
IS CERTIFIED under the provisions of Ch.489 FS.
Expiration date: AUG 31, 2006 L04082001135

STATE OF FLORIDA AC#1555618
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CAC057325 08/20/04 040167302
CERTIFIED AIR COND CONTR
HURM, MARK THOMAS
INDIVIDUAL
IS CERTIFIED under the provisions of Ch.489 FS.
Expiration date: AUG 31, 2006 L04082000954

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CONSTRUCTION INDUSTRY LICENSING BOARD

SEQ#L04082001135

DATE	BATCH NUMBER	LICENSE NBR
08/20/2004	040167302	CGC062803

The GENERAL CONTRACTOR
 Named below IS CERTIFIED
 Under the provisions of Chapter 489 FS.
 Expiration date: AUG 31, 2006



HURM, MARK THOMAS
 INDIVIDUAL
 3629 NE 159TH PLACE
 GAINESVILLE FL 32609

JEB BUSH
GOVERNOR

DISPLAY AS REQUIRED BY LAW

DIANE CARR
SECRETARY

AC# 555818

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CONSTRUCTION INDUSTRY LICENSING BOARD

SEQ#L04082000954

DATE	BATCH NUMBER	LICENSE NBR
08/20/2004	040167302	CAC057325

The CLASS A AIR CONDITIONING CONTRACTOR
 Named below IS CERTIFIED
 Under the provisions of Chapter 489 FS.
 Expiration date: AUG 31, 2006



HURM, MARK THOMAS
 INDIVIDUAL
 3629 NE 159TH PLACE
 GAINESVILLE FL 32609

JEB BUSH
GOVERNOR

DISPLAY AS REQUIRED BY LAW

DIANE CARR
SECRETARY

AC# 555740

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CONSTRUCTION INDUSTRY LICENSING BOARD

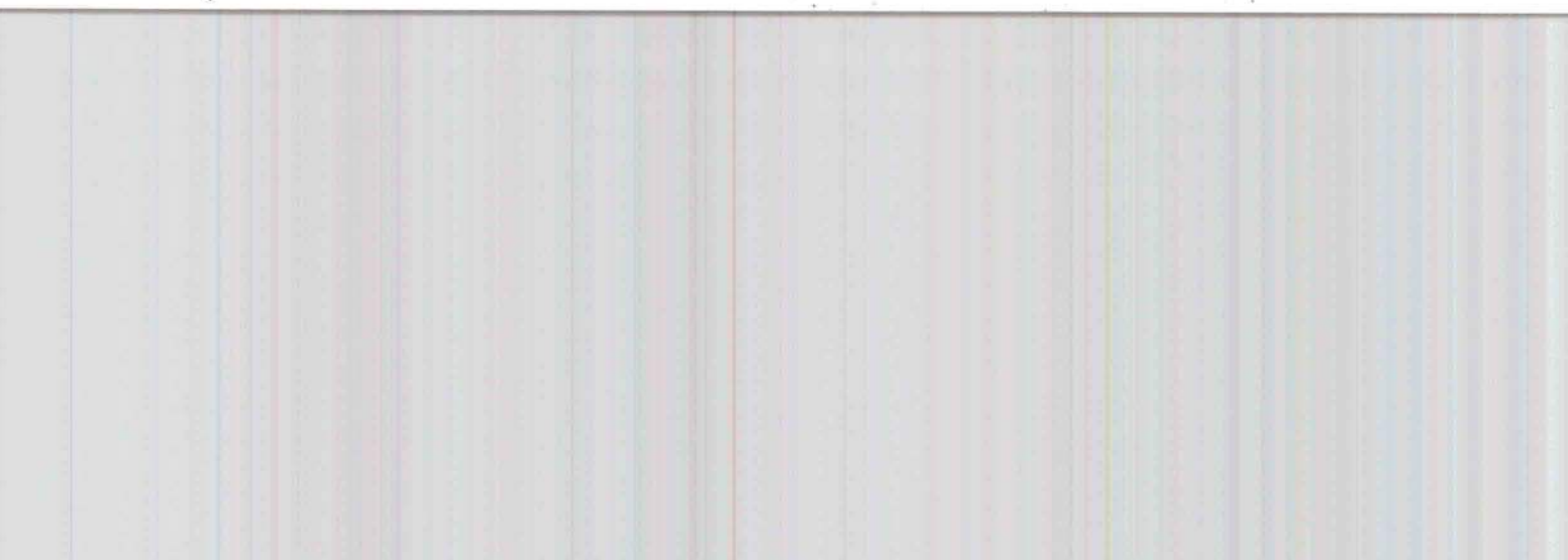
SEQ#L04082001076

DATE	BATCH NUMBER	LICENSE NBR
08/20/2004	040167302	CFC1425809

The PLUMBING CONTRACTOR
 Named below IS CERTIFIED
 Under the provisions of Chapter 489 FS.
 Expiration date: AUG 31, 2006



HURM, MARK THOMAS
 INDIVIDUAL
 3629 NE 159TH PLACE
 GAINESVILLE FL 32609





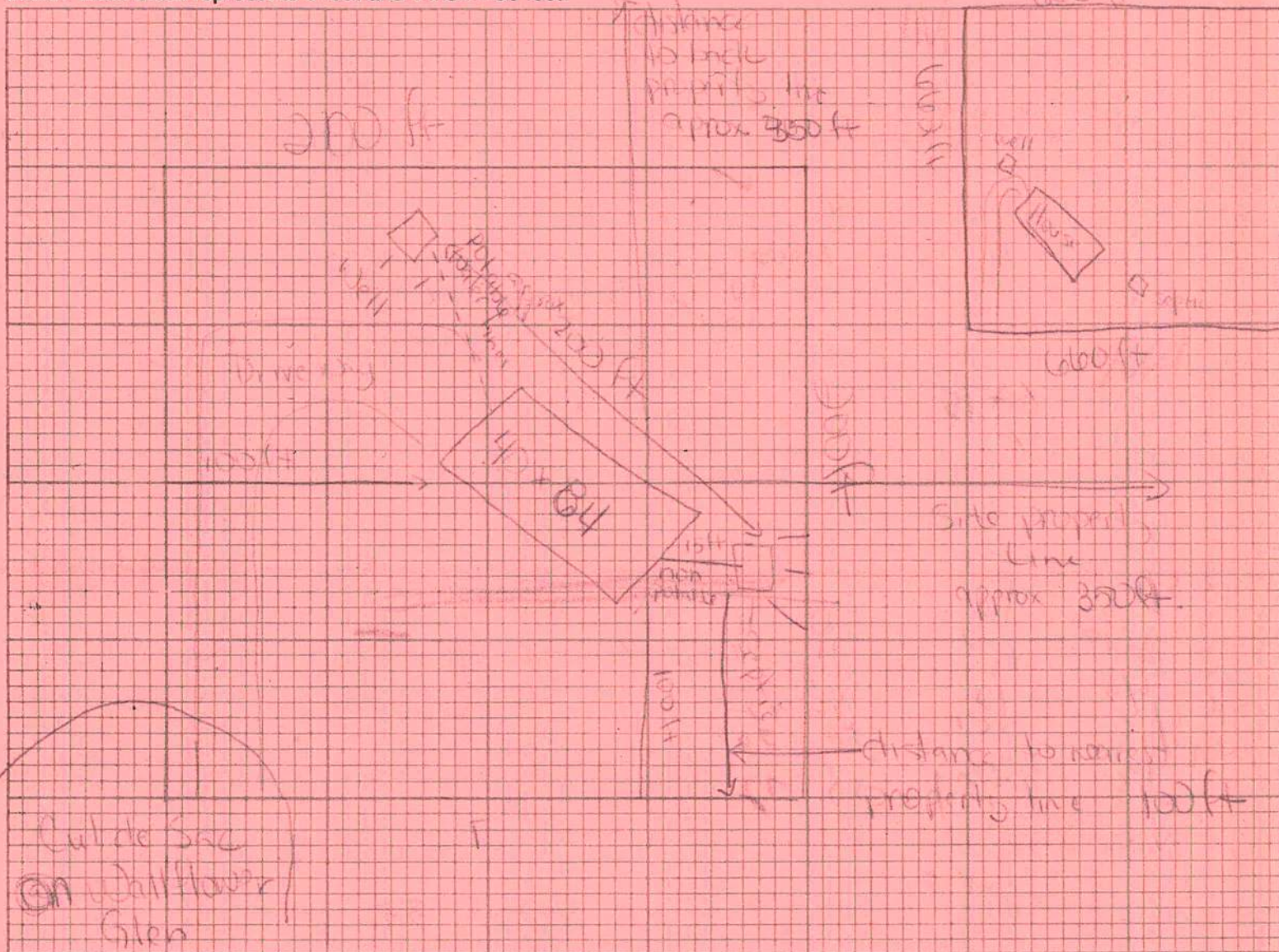
STATE OF FLORIDA
DEPARTMENT OF HEALTH

APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permit Application Number 04-0604 N

PART II - SITE PLAN

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



Notes: 1 acre shown
Distance from well to septic approx 200 @ 300 ft

Site Plan submitted by: [Signature] Signature

OWNER Title
Date 6-4-04

Plan Approved Not Approved

By Sally A. Shaddy, EST-COLUMBIA County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

COLUMBIA COUNTY 9-1-1 ADDRESSING

263 NW Lake City Ave. * P. O. Box 2949 * Lake City, FL 32056-2949
PHONE: (386) 752-8787 * FAX: (386) 758-1365 * Email: ron_croft@columbiacountyfla.com

Addressing Maintenance

To maintain the Countywide addressing Policy you must make application for a 9-1-1 Address at the time you apply for a building permit. The established standards for assigning and posting numbers to all principal buildings, dwellings, businesses and industries are contained in Columbia County Ordinance 2001-9. The addressing system is to enable Emergency Service Agencies to locate you in an emergency, and to assist the United States Postal Service and the public in the timely and efficient provision of services to residents and businesses of Columbia County.

DATE ISSUED: May 26, 2004

ENHANCED 9-1-1 ADDRESS:

225 SW WALLFLOWER GLN (FORT WHITE, FL 32038)

Addressed Location 911 Phone Number: NOT AVAIL.

OCCUPANT NAME: NOT AVAIL.

OCCUPANT CURRENT MAILING ADDRESS: _____

PROPERTY APPRAISER MAP SHEET NUMBER: 77

PROPERTY APPRAISER PARCEL NUMBER: 13-6S-16-09696-139

Other Contact Phone Number (If any): _____

Building Permit Number (If known): _____

Remarks: LOT39, TUSTENUGGEE PLANTATION UNIT 2, UNR S/D

Address Issued By: _____


Columbia County 9-1-1 Addressing Department

**COLUMBIA COUNTY
9-1-1 ADDRESSING
APPROVED**

Compliance with Method B Chapter 6 of the Florida Energy Efficiency Code may be demonstrated by the use of Form 600B for single and multifamily residences of 3 stories or less in height, and additions to existing residential buildings. To comply, a building must meet or exceed all of the energy efficiency prescriptives in any one of the prescriptive component packages and comply with the prescriptive measures listed in Table 6B-1 of this form. An alternative method is provided for additions of 600 square feet or less by use of Form 600C. If a building does not comply with this method, it may still comply under other sections in Chapter 6 of the Code.

PROJECT NAME: AND ADDRESS:	SKIVER RESIDENCE	BUILDER: Mark Hurm	CLIMATE ZONE: 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/>
	225 SW Wallflower Glen Ft White, FL 32038	PERMITTING OFFICE: Columbia	
OWNER:		PERMIT NO.:	JURISDICTION NO.:

GENERAL DIRECTIONS

- New construction including additions which incorporates any of the following features cannot comply using this method: steel stud walls, single assembly roof/ceiling construction, or skylights or other non-vertical roof glass.
- Choose one of the component packages "A" through "E" from Table 6B-1 by which you intend to comply with the Code. Circle the column of the package you have chosen.
- Fill in all the applicable spaces of the "To Be Installed" column on Table 6B-1 with the information requested. All "To Be Installed" values must be equal to or more efficient than the required levels.
- Complete page 1 based on the "To Be Installed" column information.
- Read "Minimum Requirements for All Packages", Table 6B-2 and check each box to indicate your intent to comply with all applicable items.
- Read, sign and date the "Prepared By" certification statement at the bottom of page 1. The owner or owner's agent must also sign and date the form.

- Compliance package chosen (A-F)
- New construction or addition
- Single family detached or Multifamily attached
- If Multifamily—No. of units covered by this submission
- Is this a worst case? (yes / no)
- Conditioned floor area (sq. ft.)
- Predominant eave overhang (ft.)
- Glass type and area :
 - Clear glass
 - Tint, film or solar screen
- Percentage of glass to floor area
- Floor type, area or perimeter, and insulation:
 - Slab on grade (R-value)
 - Wood, raised (R-value)
 - Wood, common (R-value)
 - Concrete, raised (R-value)
 - Concrete, common (R-value)
- Wall type, area and insulation:
 - Exterior: 1. Masonry (Insulation R-value)
ALL = 2. Wood frame (Insulation R-value)
 - Adjacent: 1. Masonry (Insulation R-value)
2. Wood frame (Insulation R-value)
- Ceiling type, area and insulation:
 - Under attic (Insulation R-value) VAULTED
 - Single assembly (Insulation R-value)
- Air Distribution System: Duct insulation, location
Test report (attach if required)
- Cooling system
(Types: central, room unit, package terminal A.C., gas, none)
- Heating system:
(Types: heat pump, elec. strip, nat. gas, L.P. gas, gas h.p., room or PTAC, none)
- Hot water system:
(Types: elec., nat. gas, L.P. gas, solar, heat rec., ded. heat pump, other, none)

Please Print

CK

1.	A		
2.	NEW		
3.	SFD		
4.	-		
5.	NO		
6.	2240		
7.	2		
	Single Pane	Double Pane	
8a.	sq. ft.	282 sq. ft.	
8b.	sq. ft.	sq. ft.	
9.	12.4 %		
10a.	R= 0	192 lin. ft.	
10b.	R=	sq. ft.	
10c.	R=	sq. ft.	
10d.	R=	sq. ft.	
10e.	R=	sq. ft.	
11a-1	R=	sq. ft.	
11a-2	R= 13	1234 sq. ft.	
11b-1	R=	sq. ft.	
11b-2	R=	sq. ft.	
12a.	R= 30	2464 sq. ft.	
12b.	R=	sq. ft.	
13.	R= 0	ATTIC	
14a.	Type: CENTRAL		
14b.	SEER/EER: 12.0		
14c.	Capacity: 48000		
15a.	Type: HEAT PUMP		
15b.	HSPF/COP/AFUE: 7.9		
15c.	Capacity: 48000		
16a.	Type: ELEC		
16b.	EF: 1.88		

I hereby certify that the plans and specifications covered by the calculation are in compliance with the Florida Energy Code.

PREPARED BY:
DATE: 7/4/04

I hereby certify that this building, as designed, is in compliance with the Florida Energy Code.

OWNER AGENT:
DATE:

Review of plans and specifications covered by this calculation indicates compliance with the Florida Energy Code. Before construction is completed, this building will be inspected for compliance in accordance with Section 553.908, F.S.

BUILDING OFFICIAL: _____

DATE: _____

TABLE 6B-1

MINIMUM REQUIREMENTS

Climate Zones 1 2 3

COMPONENTS		PACKAGES FOR NEW CONSTRUCTION				
		A	B	C	D	E
GLASS	Max.%of glass to Floor Area	15%	15%	20%	20%	25%
	Type	Double Clear (DC)	Double Clear (DC)	Double Clear (DC)	Double Clear (DC)	Double Tint (DT)
	Overhang	1'4"	2'	2'	2'	2'
WALLS	Masonry	EXTERIOR AND ADJACENT MASONRY WALLS R-5 COMMON MASONRY WALLS R-3 EACH SIDE.				
	Wood Frame	EXTERIOR, ADJACENT, AND COMMON WOOD FRAME WALLS R-11				
CEILING		R-30	R-30	R-30	R-30	R-30
		(NO SINGLE ASSEMBLY CEILING ALLOWED)				
FLOORS	Slab-On-Grade	R-0				
	Raised Wood	R-19 (ONLY STEM WALL CONSTRUCTION ALLOWED EXCEPT PACKAGE C)				
	Raised Concrete	R-7				
DUCTS		R-6	R-6	R-6, TESTED	R-6	R-6, TESTED
SPACE COOLING (SEER)		12.0	10.5	12.0	11.0	12.0
HEAT	Elect. (HSPF)	7.9	7.1	7.4	7.4	7.4
	Gas/Oil (AFUE)	MINIMUM OF .73 (Direct heating) or .78 (Central)				
HOT WATER SYSTEM	Electric Resistance**	EF .88	NOT ALLOWED (SEE BELOW)	EF .91	NOT ALLOWED (SEE BELOW)	EF .91
	Gas & Oil**	MINIMUM EF OF .54				
	Other	Any of the following are allowed: dedicated heat pump, heat recovery unit or solar system.				

TO BE INSTALLED	
DC: <input checked="" type="checkbox"/>	DT: <input type="checkbox"/>
17.1% %	
2.0 FEET	
EXT: R = _____	
ADJ: R = _____	
COM: R = _____	
EXT: R = 13	
ADJ: R = 11	
COM: R = _____	
UNDER ATTIC: R = 30	
COMMON: R = -	
R = 0	
R = _____	
R = _____	
R = _____	
R = 4 COND. <input type="checkbox"/>	
SEER = 12.0	
COP = 7.9 min	
AFUE = _____	
EF = .88 min	
EF = _____	
DHP: <input type="checkbox"/>	EF = _____
HRU: <input type="checkbox"/>	
SOLAR: <input type="checkbox"/>	EF = _____

* Single package units minimum SEER=9.7, HSPF = 6.6.
 ** Minimum efficiencies for gas and electric hot water systems apply to 40 gallon water heaters. Refer to Table 6-12 for minimum Code efficiencies for oil water heaters and other sizes.

DESCRIPTION OF BUILDING COMPONENTS LISTED

Percent of Glass to Floor Area: This percentage is calculated by dividing the total of all glass areas by the total conditioned floor area.
Overhang: The overhang is the distance the roof or soffit projects out horizontally from the face of the glass. All glass areas shall be under an overhang of at least the prescribed length with the following exceptions:
 1) glass on the gabled ends of a house and 2) the glass in the lower stories of a multi-story house.
Wall, Ceiling and Floor Insulation Values: The R-values indicated represent the minimum acceptable insulation level added to the structural components of the wall, ceiling or floor. The R-value of the structural building materials shall not be included in this calculation. "Common" components are those separating conditioned tenancies in a multifamily building. "Adjacent" components separate conditioned space from unconditioned but enclosed space. "Exterior" components separate conditioned space from unconditioned and unenclosed space.
Floor: Slab-on-grade floors without edge insulation are acceptable. Raised wood floors shall have continuous stem walls with insulation placed on the stem wall or under the floor except Package C.
Ducts: "TESTED" shall mean the ducts have less than 5% leakage based on a certified test report by a State-approved tester.
Space Cooling System: Cooling systems shall have a Seasonal Energy Efficiency Ratio (SEER) for central units or Energy Efficiency Ratio (EER) for room units or PTAC's equal to or greater than the prescribed value.
Electric Space Heating Option: Heat pump systems shall be rated with a Heating Seasonal Performance Factor (HSPF) equal to or greater than the prescribed HSPF. Heat pump systems may contain electric strip backups meeting the criteria of section 608.1.ABC.3.2.1.2. No electric resistance space heat is allowed for these packages.
Electric Resistance Hot Water Option: For packages designated "Not Allowed", an electric resistance hot water system may be installed only in conjunction with one of the "Other Hot Water System Options". See below.
Other Hot Water System Options: Any dedicated heat pump, heat recovery unit, or solar hot water system may be installed. Solar systems must have an EF of 1.5 or higher. Electric resistance systems having an EF of .88 or greater, or natural gas systems with EF .54 or greater may be used in conjunction with these systems.

TABLE 6B-2 MINIMUM REQUIREMENTS FOR ALL PACKAGES			
COMPONENTS	SECTION	REQUIREMENTS	CHECK
Exterior Joints & Cracks	606.1	To be caulked, gasketed, weather-stripped or otherwise sealed.	✓
Exterior Windows & Doors	606.1	Max .3 cfm/sq.ft. window area; .5 cfm/sq.ft. door area.	✓
Sole & Top Plates	606.1	Sole plates and penetrations through top plates of exterior walls must be sealed.	✓
Recessed Lighting	606.1	Type IC rated with no penetrations (two alternatives allowed).	✓
Multi-story Houses	606.1	Air barrier on perimeter of floor cavity between floors.	-
Exhaust Fans	606.1	Exhaust fans vented to unconditioned space shall have dampers, except for combustion devices with integral exhaust ductwork.	✓
Water Heaters	612.1	Comply with efficiency requirements in Table 6-12. Switch or clearly marked circuit breaker (electric) or cutoff (gas) must be provided. External or built-in heat trap required for vertical pipe risers.	✓
Swimming Pools & Spas	612.1	Spas & heated pools must have covers (except solar heated). Non-commercial pools must have a pump timer. Gas spa & pool heaters must have minimum thermal efficiency of 78%.	-
Hot Water Pipes	612.1	Insulation is required for hot water circulating systems (including heat recovery units).	✓
Shower Heads	612.1	Water flow must be restricted to no more than 2.5 gallons per minute at 80 PSIG.	✓
HVAC Duct Construction, Insulation & Installation	610.1	All ducts, fittings, mechanical equipment and plenum chambers shall be mechanically attached, sealed, insulated and installed in accordance with the criteria of Section 610.1. Ducts in attics must be insulated to a minimum of R-6.	✓
HVAC Controls	607.1	Separate readily accessible manual or automatic thermostat for each system.	✓

COLUMBIA COUNTY FLORIDA OPEN CITY

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 13-6S-16-09696-139

Building permit No. 000022443

Use Classification SFD & UTILITY

Fire: 11.34

Permit Holder PAUL & JESSICA SKIVER

Waste: 24.50

Owner of Building PAUL & JESSICA SKIVER

Total: 35.84

Location: 225 SW WALLFLOWER GLEN(TUSTENUGGEE PLANT., LOT 39)

Date: 07/25/2005

Building Inspector

POST IN A CONSPICUOUS PLACE
(Business Places Only)



COLUMBIA COUNTY INSPECTION SHEET



DATE 01/07/2005 INSPECTION TAKEN BY _____

BUILDING PERMIT # 000022443 CULVERT / WAIVER PERMIT # _____ WAIVER _____

WAIVER APPROVED _____ WAIVER NOT APPROVED _____

PARCEL ID # 13-6S-16-09696-139 ZONING A-3

SETBACKS: FRONT 30.00 REAR 25.00 SIDE 25.00 HEIGHT .00

FLOOD ZONE X SEPTIC 04-0604-N NO. EXISTING D.U. 0

TYPE OF DEVELOPMENT SFD & UTILITY

SUBDIVISION TUSTENUGGEE PLANTATION Lot 39 Block _____ Unit 2 Phase _____

OWNER PAUL & JESSICA SKIVER PHONE 386.454.0625

ADDRESS 225 SW WALLFLOWER GLEN FT. WHITE FL 32038

CONTRACTOR PAUL & JESSICA SKIVER PHONE 386.454.0625

LOCATION 441-S TO 18, R, TO C-131,R, L ON MARIGOLD TO END. L ON SNAP-DRAGON, 1 BLK TURN R ONTO SW WALLFLOWER GLEN, LOT ON R.

COMMENTS: NOC ON FILE

1 FOOT ABOVE ROAD.

INSPECTION(S) REQUESTED

- Temp Power
- Under slab rough-in
- Rough-in plumbing
- Electrical Rough-in
- Permanent Power
- M/H tie downs, blocks
- Travel Trailer

INSPECTORS:

APPROVED _____ NO _____

INSPECTORS COMMENTS:

NOTICE OF INSPECTION AND/OR TREATMENT

SIAB

Date of Inspection

117105

Date of Treatment

Summer TC 3/25/05

Pesticide Used

Sub-Termite

Wood-Destroying Organisms Treated

It is a violation of Florida State Law (Chap. 482-226) for anyone other than the property owner to remove this notice.

- Lawn Spraying
- Household Pest Control
- Tree & Shrub Spraying
- Termite Control

DW Pest Control, Inc.
13618 NW 270th Ave.
Alachua, FL 32615

Call: **386-418-4387**
for a free inspection & estimate

- Masonry*
- Monolithic Slab
- Sheathing/Nailing
- Other _____
- Ter Beam (Lintel)
- Pol _____ Reconnection
- ty pole
- Spot check/Re-check
- POWER CO. CLAY