

DATE 01/25/2010

Columbia County Building Permit

PERMIT

This Permit Must Be Prominently Posted on Premises During Construction

000028338

APPLICANT LATHE WHITE PHONE 904.771.2340
ADDRESS 5988 COLLINS ROAD JACKSONVILLE FL 32244
OWNER LESTER & ANNE SCAFF PHONE 752-7344
ADDRESS 14170 US HIGHWAY 441S LAKE CITY FL 32025
CONTRACTOR DAVID L. CARR PHONE 904.771.2340
LOCATION OF PROPERTY 441S, PAST I-75, SITE ON RIGHT.

TYPE DEVELOPMENT FUELING CANOPY ESTIMATED COST OF CONSTRUCTION 115898.00
HEATED FLOOR AREA TOTAL AREA HEIGHT 19.00 STORIES 1
FOUNDATION WALLS ROOF PITCH FLOOR
LAND USE & ZONING CHI MAX. HEIGHT 35
Minimum Set Back Requirments: STREET-FRONT 20.00 REAR 15.00 SIDE
NO. EX.D.U. 1 FLOOD ZONE X DEVELOPMENT PERMIT NO.

PARCEL ID 03-6S-17-09594-000 SUBDIVISION S&S FOOD STORE #38
LOT BLOCK PHASE UNIT TOTAL ACRES 5.00

CBC050124
Culvert Permit No. Culvert Waiver Contractor's License Number Applicant/Owner/Contractor
EXISTING X-09-395 BLK WR N
Driveway Connection Septic Tank Number LU & Zoning checked by Approved for Issuance New Resident

COMMENTS: NOC ON FILE. SDP 09-2

Check # or Cash 6908

FOR BUILDING & ZONING DEPARTMENT ONLY

(footer/Slab)

Temporary Power Foundation Monolithic
Under slab rough-in plumbing Slab Sheathing/Nailing
Framing Insulation
Rough-in plumbing above slab and below wood floor Electrical rough-in
Heat & Air Duct Peri. beam (Lintel) Pool
Permanent power C.O. Final Culvert
Pump pole Utility Pole M/H tie downs, blocking, electricity and plumbing
Reconnection RV Re-roof

BUILDING PERMIT FEE \$ 580.00 CERTIFICATION FEE \$ 0.00 SURCHARGE FEE \$ 0.00
MISC. FEES \$ 0.00 ZONING CERT. FEE \$ 50.00 FIRE FEE \$ 0.00 WASTE FEE \$
FLOOD DEVELOPMENT FEE \$ FLOOD ZONE FEE \$ 25.00 CULVERT FEE \$ TOTAL FEE 655.00
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."

EVERY PERMIT ISSUED SHALL BECOME INVALID UNLESS THE WORK AUTHORIZED BY SUCH PERMIT IS COMMENCED WITHIN 180 DAYS AFTER ITS ISSUANCE, OR IF THE WORK AUTHORIZED BY SUCH PERMIT IS SUSPENDED OR ABANDONED FOR A PERIOD OF 180 DAYS AFTER THE TIME THE WORK IS COMMENCED. A VALID PERMIT RECIEVES AN APPROVED INSPECTION EVERY 180 DAYS. WORK SHALL BE CONSIDERED NOT SUSPENDED, ABANDONED OR INVALID WHEN THE PERMIT HAS RECIEVED AN APPROVED INSPECTION WITHIN 180 DAYS OT THE PREVIOUS INSPECTION.

The Issuance of this Permit Does Not Waive Compliance by Permittee with Deed Restrictions.

Columbia County Building Permit Application

FUELING Canopy

For Office Use Only Application # 0912-47 Date Received 12/23 By JW Permit # 28338
 Zoning Official BLK Date 11.01.10 Flood Zone X Land Use Highway Interchange Zoning CHI
 FEMA Map # N/A Elevation N/A MFE N/A River N/A Plans Examiner [Signature] Date 1-8-10
 Comments SOP 09-2
 NOC EH Deed or PA Site Plan State Road Info Parent Parcel # _____
 Dev Permit # _____ In Floodway Letter of Auth. from Contractor F W Comp. letter
 IMPACT FEES: EMS _____ Fire _____ Corr ON FILE Road/Code _____
 School _____ = TOTAL 0 Scalpende

Septic Permit No. K-09-395 in file 601 Fax (904) 771-8401
 Name Authorized Person Signing Permit Lathe N. WHITE Phone (904) 771-2340
 Address 5988 Collins Rd Jacksonville, FL 32244 JAX, FL 32244 OK w/ Dave Booth
 Owners Name SCAFFS Inc. LESTEC + JAMES SCAFF Phone _____
 911 Address 14170 S. US Hwy 441 Lake City, FL 32024
 Contractors Name Carr-Tech Industries, Inc. David Carr Phone 904. 771. 2340
 Address 5988 Collins Rd Jacksonville, FL 32244

Fee Simple Owner Name & Address N/A
 Bonding Co. Name & Address N/A
 Architect/Engineer Name & Address Austin L. Ace, P.E 5908 Orchard Pond Dr. Orange Park FL
 Mortgage Lenders Name & Address N/A

Circle the correct power company - FL Power & Light - Clay Elec. - Suwannee Valley Elec. - Progress Energy
 Property ID Number 03-05-17-09594-000 Estimated Cost of Construction \$115,898.00

Subdivision Name _____ Lot _____ Block _____ Unit _____ Phase _____
 Driving Directions Go north on Hernando, turn left. Middle, near right onto W Duval, left on Main, take I-75 S, Exit 414 toward Lake City, store will be on right. (see attached mapquest) Number of Existing Dwellings on Property _____

Construction of 15' x 140' Fueling Canopy Total Acreage 5 Lot Size _____
 Do you need a - Culvert Permit or Culvert Waiver or Have an Existing Drive N/A Total Building Height 19'
 Actual Distance of Structure from Property Lines - Front _____ Side _____ Side _____ Rear _____
 Number of Stories 1 Heated Floor Area N/A Total Floor Area N/A Roof Pitch N/A

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. CODE: Florida Building Code 2007 with 2009 Supplements and the 2008 National Electrical Code. Page 1 of 2 (Both Pages must be submitted together.) Revised 6-19-09

OK# 6908
 spoke to Lathe,
 CHANGING PLANS
 will be submitted 1/10/10

Columbia County Building Permit Application

TIME LIMITATIONS OF APPLICATION : An application for a permit for any proposed work shall be deemed to have been abandoned 180 days after the date of filing, unless such application has been pursued in good faith or a permit has been issued; except that the building official is authorized to grant one or more extensions of time for additional periods not exceeding 90 days each. The extension shall be requested in writing and justifiable cause demonstrated.

TIME LIMITATIONS OF PERMITS: Every permit issued shall become invalid unless the work authorized by such permit is commenced within 180 days after its issuance, or if the work authorized by such permit is suspended or abandoned for a period of 180 days after the time work is commenced. A valid permit receives an approved inspection every 180 days. Work shall be considered not suspended, abandoned or invalid when the permit has received an approved inspection within 180 days of the previous approved inspection.

FLORIDA'S CONSTRUCTION LIEN LAW: Protect Yourself and Your Investment: According to Florida Law, those who work on your property or provide materials, and are not paid-in-full, have a right to enforce their claim for payment against your property. This claim is known as a construction lien. If your contractor fails to pay subcontractors or material suppliers or neglects to make other legally required payments, the people who are owed money may look to your property for payment, even if you have paid your contractor in full. This means if a lien is filed against your property, it could be sold against your will to pay for labor, materials or other services which your contractor may have failed to pay.

NOTICE OF RESPONSIBILITY TO BUILDING PERMITEE: **YOU ARE HEREBY NOTIFIED** as the recipient of a building permit from Columbia County, Florida, you will be held responsible to the County for any damage to sidewalks and/or road curbs and gutters, concrete features and structures, together with damage to drainage facilities, removal of sod, major changes to lot grades that result in ponding of water, or other damage to roadway and other public infrastructure facilities caused by you or your contractor, subcontractors, agents or representatives in the construction and/or improvement of the building and lot for which this permit is issued. No certificate of occupancy will be issued until all corrective work to these public infrastructures and facilities has been corrected.

WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOU 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 ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT.

OWNERS CERTIFICATION: I CERTIFY THAT ALL THE FOREGOING INFORMATION IS ACCURATE AND THAT ALL WORK WILL BE DONE IN COMPLIANCE WITH ALL APPLICABLE LAWS REGULATING CONSTRUCTION AND ZONING.

NOTICE TO OWNER: There are some properties that may have deed restrictions recorded upon them. These restrictions may limit or prohibit the work applied for in your building permit. It may be to your advantage to check and see if your property is encumbered by any restrictions.

Richard Leaf

(Owners Must Sign All Applications Before Permit Issuance.)

Owners Signature

****OWNER BUILDERS MUST PERSONALLY APPEAR AND SIGN THE BUILDING PERMIT.**

CONTRACTORS AFFIDAVIT: By my signature I understand and agree that I have informed and provided this written statement to the owner of all the above written responsibilities in Columbia County for obtaining this Building Permit including all application and permit time limitations.

Walter D. Dean

Contractor's Signature (Permittee)

Contractor's License Number CBC050124
Columbia County
Competency Card Number _____

Affirmed under penalty of perjury to by the Contractor and subscribed before me this 17th day of December 2009.

Personally known or Produced Identification _____

Ginny A. Brooker

SEAL:

State of Florida Notary Signature (For the Contractor)

NOTARY PUBLIC-STATE OF FLORIDA
Ginny A. Brooker
Commission # DD908164
Expires: JULY 28, 2013
BONDED THRU ATLANTIC BONDING CO., INC.

NOTARY PUBLIC-STATE OF FLORIDA
Ginny A. Brooker
Commission # DD908164
Expires: JULY 28, 2013
BONDED THRU ATLANTIC BONDING CO., INC.



COLUMBIA COUNTY BUILDING DEPARTMENT
 135 NE Hernando Ave, Suite B-21, Lake City, FL 32055
 Phone: 386-758-1008 Fax: 386-758-2160

LETTER OF AUTHORIZATION TO SIGN FOR PERMITS

I, David L. Carr (license holder name), licensed qualifier
 for Carr-Tech Industries (company name), do certify that
 the below referenced person(s) listed on this form is/are contracted/hired by me, the license
 holder, or is/are employed by me directly or through an employee leasing arrangement; or, is an
 officer of the corporation; or, partner as defined in Florida Statutes Chapter 468, and the said
 person(s) is/are under my direct supervision and control and is/are authorized to purchase
 permits, call for inspections and sign on my behalf.

Printed Name of Person Authorized	Signature of Authorized Person
1. <u>Lathe N. White</u>	1. <u>[Signature]</u>
2.	2.
3.	3.
4.	4.
5.	5.

I, the license holder, realize that I am responsible for all permits purchased, and all work done
 under my license and fully responsible for compliance with all Florida Statutes, Codes, and
 Local Ordinances. I understand that the State and County Licensing Boards have the power and
 authority to discipline a license holder for violations committed by him/her, his/her agents,
 officers, or employees and that I have full responsibility for compliance with all statutes, codes
 and ordinances inherent in the privilege granted by issuance of such permits.

If at any time the person(s) you have authorized is/are no longer agents, employee(s), or
 officer(s) you must notify this department in writing of the changes and submit a new letter of
 authorization form, which will supersede all previous lists. Failure to do so may allow
 unauthorized persons to use your name and/or license number to obtain permits.

[Signature] License Holders Signature (Notarized) CBC050124 License Number 12/17/09 Date

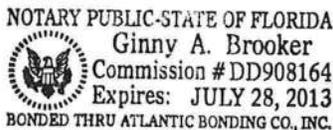
NOTARY INFORMATION:

STATE OF: Florida COUNTY OF: Duval

The above license holder, whose name is David L. Carr
 personally appeared before me and is known by me or has produced identification
 (type of I.D.) _____ on this 17th day of December, 20 09.

[Signature]
 NOTARY'S SIGNATURE

(Seal/Stamp)



386 719 5750

758 1007

Columbia County Property Appraiser

DB Last Updated: 11/13/2009

2009 Tax Year

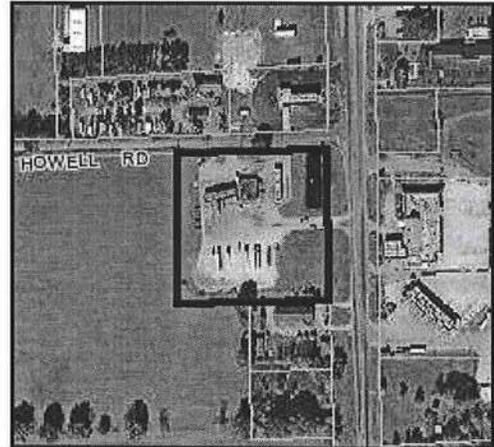
Parcel: 03-6S-17-09594-000

Owner & Property Info

Search Result: 1 of 1

Owner's Name	SCAFF STAFFORD L JR & ANNE C		
Site Address	US HIGHWAY 441		
Mailing Address	134 SE COLBURN AVE S & S # 38 LAKE CITY, FL 32025		
Use Desc. (code)	CONV STORE (001126)		
Neighborhood	003617.00	Tax District	3
UD Codes	MKTA02	Market Area	02
Total Land Area	5.000 ACRES		
Description	COMM NW COR OF SE1/4, RUN E 1177.29 FT TO US-41, S 14 FT FOR POB, CONT S 467 FT, W 467 FT, N 467 FT, E 467 FT TO POB. ORB 535-686, 634-445,		

GIS Aerial



Property & Assessment Values

Mkt Land Value	cnt: (2)	\$265,388.00
Ag Land Value	cnt: (0)	\$0.00
Building Value	cnt: (1)	\$164,477.00
XFOB Value	cnt: (4)	\$53,894.00
Total Appraised Value		\$483,759.00

Just Value	\$483,759.00
Class Value	\$0.00
Assessed Value	\$483,759.00
Exemptions	\$0.00
Total Taxable Value	County: \$483,759.00 City: \$483,759.00 Other: \$483,759.00 School: \$483,759.00

Sales History

Sale Date	Book/Page	Inst. Type	Sale VImp	Sale Qual	Sale RCode	Sale Price
10/6/1987	634/445	WD	V	Q		\$125,000.00

Building Characteristics

Bldg Item	Bldg Desc	Year Blt	Ext. Walls	Heated S.F.	Actual S.F.	Bldg Value
1	NBHD CONVE (004300)	1989	Conc Block (15)	2872	8962	\$164,477.00
Note: All S.F. calculations are based on exterior building dimensions.						

Extra Features & Out Buildings

Code	Desc	Year Blt	Value	Units	Dims	Condition (% Good)
0166	CONC,PAVMT	0	\$9,976.00	0000001.000	0 x 0 x 0	AP (015.00)
0260	PAVEMENT-A	0	\$37,978.00	0000001.000	0 x 0 x 0	AP (015.00)
0253	LIGHTING	0	\$5,440.00	0000001.000	0 x 0 x 0	AP (015.00)
0164	CONC BIN	2008	\$500.00	0000001.000	0 x 0 x 0	(000.00)

Land Breakdown

Lnd Code	Desc	Units	Adjustments	Eff Rate	Lnd Value

NOTICE OF COMMENCEMENT

County Clerk's Office Stamp or Seal

Tax Parcel Identification Number 03-05-17-09594-000

THE UNDERSIGNED hereby gives notice that improvements will be made to certain real property, and in accordance with Section 713.13 of the Florida Statutes, the following information is provided in this NOTICE OF COMMENCEMENT.

S 407 ft, W 407 ft
N 407 ft, E
407 ft to road

1. Description of property (legal description): COMM NW COR OF SE 1/4, R/W E 1177.29 FT to US-41, S 14 FT to road, cont.

a) Street (Job) Address: 14170 S. US Hwy 441 LAKE CITY, FL 32024

2. General description of improvements: Building 42 x 140 Fueling Canopy for gas station

3. Owner Information

a) Name and address: Scarf's, Inc.

b) Name and address of fee simple titleholder (if other than owner) N/A

c) Interest in property _____

4. Contractor Information

a) Name and address: Carr-Tech Industries 5988 Collins Rd Jacksonville, FL 32244

b) Telephone No.: 904 771 2340 Fax No. (Opt.) 904-771-8401

5. Surety Information

a) Name and address: _____

b) Amount of Bond: N/A

c) Telephone No.: _____ Fax No. (Opt.) _____

6. Lender

a) Name and address: N/A

b) Phone No. _____

7. Identity of person within the State of Florida designated by owner upon whom notices or other documents may be served:

a) Name and address: N/A

b) Telephone No.: _____ Fax No. (Opt.) _____

8. In addition to himself, owner designates the following person to receive a copy of the Lienor's Notice as provided in Section 713.13(1)(b), Florida Statutes:

a) Name and address: N/A

b) Telephone No.: _____ Fax No. (Opt.) _____

9. Expiration date of Notice of Commencement (the expiration date is one year from the date of recording unless a different date is specified): N/A

WARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713.13, FLORIDA STATUTES, AND CAN 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 YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.

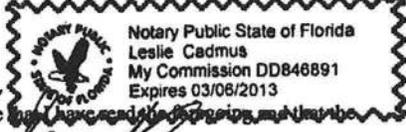
STATE OF FLORIDA
COUNTY OF COLUMBIA

10. Richard Scarf
Signature of Owner or Owner's Authorized Officer/Director/Partner/Manager
Richard Scarf
Print Name

The foregoing instrument was acknowledged before me, a Florida Notary, this 23 day of December, 2009, by: Richard Scarf as Officer (type of authority, e.g. officer, trustee, attorney fact) for _____ (name of party on behalf of whom instrument was executed).

Personally Known OR Produced Identification _____ Type _____

Notary Signature Leslie Cadmus Notary Stamp or Seal:



11. Verification pursuant to Section 92.525, Florida Statutes. Under penalties of perjury, I declare that I have read the foregoing and that the facts stated in it are true to the best of my knowledge and belief.

Richard Scarf
Signature of Natural Person Signing (by line #10 above.)

798

AC# 3917775

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CONSTRUCTION INDUSTRY LICENSING BOARD

SEQ# L08081401450

DATE	BATCH NUMBER	LICENSE NBR
08/14/2008	088032114	CBC050124

The BUILDING CONTRACTOR
Named below IS CERTIFIED
Under the provisions of Chapter 489 FS.
Expiration date: AUG 31, 2010

CARR, DAVID LEE
CARR-TECH INDUSTRIES INC
5988 COLLINS ROAD
JACKSONVILLE FL 32244-5802

CHARLIE CRIST
GOVERNOR

CHARLES W. DRAGO
SECRETARY

DISPLAY AS REQUIRED BY LAW

AC# 3917928

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CONSTRUCTION INDUSTRY LICENSING BOARD

SEQ# L08081401603

DATE	BATCH NUMBER	LICENSE NBR
08/14/2008	088032119	CCC033732

The ROOFING CONTRACTOR
Named below IS CERTIFIED
Under the provisions of Chapter 489 FS.
Expiration date: AUG 31, 2010

CARR, DAVID LEE
CARR-TECH INDUSTRIES INC
5988 COLLINS RD
JACKSONVILLE FL 32244-5802

CHARLIE CRIST
GOVERNOR

CHARLES W. DRAGO
SECRETARY

DISPLAY AS REQUIRED BY LAW

799

ACORD™ CERTIFICATE OF LIABILITY INSURANCE		DATE (MM/DD/YY) 12/14/09
PRODUCER Paychex Agency, Inc. 150 Sawgrass Dr Rochester, NY 14620 INSURED Paychex Business Solutions, Inc. CARR TECH INDUSTRIES, INC. 911 Panorama Trail South Rochester, NY 14625 877-266-6850	1-800-472-0072	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.
INSURERS AFFORDING COVERAGE		
INSURER A: ILLINOIS NATIONAL 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	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 _____ GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				EACH OCCURRENCE \$ FIRE DAMAGE (Any one fire) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMPIOP AGG \$
	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 AUTO ONLY: EA ACC \$ AGG \$
	EXCESS LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	25890435	06/01/09	06/01/10	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
	OTHER				\$ \$ \$

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS
 WORKERS COMPENSATION COVERAGE IS PROVIDED TO ONLY THOSE EMPLOYEES LEASED TO, BUT NOT SUBCONTRACTORS OF THE NAMED INSURED

CERTIFICATE HOLDER	CANCELLATION
ADDITIONAL INSURED; INSURER LETTER: _____ COLUMBIA COUNTY BUILDING DEPARTMENT 135 NE HERNANDO AVE SUITE B-21 LAKE CITY, FL 32055 USA	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>90</u> 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 

ACORD™ CERTIFICATE OF LIABILITY INSURANCE		DATE (MM/DD/YYYY) 1/12/2010
PRODUCER Phone: 904-268-7310 Fax: 904-268-2801 JP Perry Insurance Inc 3342 Kori Road Jacksonville FL 32257		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 Carr-Tech Industries, Inc. 5988 Collins Drive Jacksonville FL 32244		
		INSURERS AFFORDING COVERAGE
		INSURER A: FCCI
		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 ADDL LTR	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 <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GENL. AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC	CPP00032577	1/1/2010	1/1/2011	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000
A	AUTOMOBILE LIABILITY <input checked="" 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	CA00040287	1/1/2010	1/1/2011	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 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 \$
A	EXCESS/UMBRELLA LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION \$10,000	UMB00050024	1/1/2010	1/1/2011	EACH OCCURRENCE \$1,000,000 AGGREGATE \$1,000,000 \$ \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below OTHER				WC STATUTORY LIMITS OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

CERTIFICATE HOLDER Columbia County Building Department 135 NE Hernando Ave. Suite B-21 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
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PRODUCT APPROVAL SPECIFICATION

SHEET

Location: _____

Project Name: *SS #38*

As required by Florida Statute 553.842 and Florida Administrative Code 9B-72, please provide the information and the product approval number(s) on the building components listed below if they will be utilized on the construction project for which you are applying for a building permit on or after April 1, 2004. We recommend you contact your local product supplier should you not know the product approval number for any of the applicable listed products. More information about statewide product approval can be obtained at www.floridabuilding.org

Category/Subcategory	Manufacturer	Product Description	Approval Number(s)
A. EXTERIOR DOORS			
1. Swinging			
2. Sliding			
3. Sectional			
4. Roll up			
5. Automatic			
6. Other			
B. WINDOWS			
1. Single hung			
2. Horizontal Slider			
3. Casement			
4. Double Hung			
5. Fixed			
6. Awning			
7. Pass-through			
8. Projected			
9. Mullion			
10. Wind Breaker			
11. Dual Action			
12. Other			
C. PANEL WALL			
1. Siding			
2. Soffits			
3. EIFS			
4. Storefronts			
5. Curtain walls	<i>Mitsubishi</i>	<i>Canopy panel walls</i>	<i>FL 3278</i>
6. Wall louver			
7. Glass block			
8. Membrane			
9. Greenhouse			
10. Other			
D. ROOFING PRODUCTS			
1. Asphalt Shingles			
2. Underlayments			
3. Roofing Fasteners			
4. Non-structural Metal	<i>Cherokee Metals</i>	<i>3"x6" zoga Full canopy decking</i>	<i>FL 4052</i>
5. Built-Up Roofing			
6. Modified Bitumen			
7. Single Ply Roofing Sys			
8. Roofing Tiles			
9. Roofing Insulation			
10. Waterproofing			
11. Wood shingles /shakes			
12. Roofing Slate			

Category/Subcategory (cont.)	Manufacturer	Product Description	Approval Number(s)
13. Liquid Applied Roof Sys			
14. Cements-Adhesives – Coatings			
15. Roof Tile Adhesive			
16. Spray Applied Polyurethane Roof			
17. Other			
E. SHUTTERS			
1. Accordion			
2. Bahama			
3. Storm Panels			
4. Colonial			
5. Roll-up			
6. Equipment			
7. Others			
F. SKYLIGHTS			
1. Skylight			
2. Other			
G. STRUCTURAL COMPONENTS			
1. Wood connector/anchor			
2. Truss plates			
3. Engineered lumber			
4. Railing			
5. Coolers-freezers			
6. Concrete Admixtures			
7. Material			
8. Insulation Forms			
9. Plastics			
10. Deck-Roof			
11. Wall			
12. Sheds			
13. Other			
H. NEW EXTERIOR ENVELOPE PRODUCTS			
1.			
2.			

The products listed below did not demonstrate product approval at plan review. I understand that at the time of inspection of these products, the following information must be available to the inspector on the jobsite; 1) copy of the product approval, 2) the performance characteristics which the product was tested and certified to comply with, 3) copy of the applicable manufacturers installation requirements.

I understand these products may have to be removed if approval cannot be demonstrated during inspection.

Contractor or Contractor's Authorized Agent Signature
5988 Collins Rd - JACKSONVILLE, FL 32244
 Location

Print Name David J. [Signature] Date 12/21



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FL #	FL3278-R1	
Application Type	Revision	
Code Version	2004	
Application Status	Approved	
Comments		
Archived	<input type="checkbox"/>	
Product Manufacturer	Mitsubishi Chemical America	
Address/Phone/Email	401 Volvo Parkway Chesapeake, VA 23320 (757) 382-5768 bill@alpolic.com	
Authorized Signature	William Yannetti bill@alpolic.com	
Technical Representative	William Yannetti	
Address/Phone/Email	401 Volvo Parkway Chesapeake, VA 23320 bill@ALPOLIC.com	
Quality Assurance Representative	William Yannetti	
Address/Phone/Email	401 Volvo Parkway Chesapeake, VA 23320 bill@ALPOLIC.com	
Category	Panel Walls	
Subcategory	Curtain Walls	
Compliance Method	Evaluation Report from a Florida Registered Architect or a Licensed Florida Professional Engineer <input checked="" type="checkbox"/> Evaluation Report - Hardcopy Received	
Florida Engineer or Architect Name who developed the Evaluation Report	Christopher W. Stater	
Florida License	PE-38425	
Quality Assurance Entity	Southwest Research Institute-Department of Fire Technology	
Quality Assurance Contract Expiration Date		
Validated By	Steven M. Urlich, PE <input type="checkbox"/> Validation Checklist - Hardcopy Received	
Certificate of Independence		
Referenced Standard and Year (of Standard)	Standard	Year
	TAS-201	1994
	TAS-202	1994
	TAS-203	1994
Equivalence of Product Standards		

Certified By

Sections from the Code

1626
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Product Approval Method

Method 1 Option D

Date Submitted

09/01/2005

Date Validated

11/22/2005

Date Pending FBC Approval

11/23/2005

Date Approved

12/07/2005

Date Revised

03/28/2008

Summary of Products

FL #	Model, Number or Name	Description
3278.1	ALPOLIC	Metal / Polyethylene Composite Panels
Limits of Use (See Other) Approved for use in HVHZ: Approved for use outside HVHZ: Impact Resistant: Design Pressure: +/- Other: Used for building cladding and soffits Large and small missile impact rating Design pressure rating = +70/-90 psf. Passes large missile impact testing when installed with 5/8 inch plywood.		Installation Instructions Verified By: Created by Independent Third Party: Evaluation Reports PTID 3278 R1 T Cert of Independence.pdf PTID 3278 R1 T Evaluation Letter.pdf PTID 3278 R1 T florida 2004 letter.pdf PTID 3278 R1 T NOA03-0130.06.pdf PTID 3278 R1 T NOA03-0130.07.pdf Created by Independent Third Party:
3278.2	ALPOLIC FR	Metal / Mineral filled Composite panels
Limits of Use (See Other) Approved for use in HVHZ: Approved for use outside HVHZ: Impact Resistant: Design Pressure: +/- Other: Used for building cladding in applications requiring multi story fire testing approval Large and small missile impact rating Design pressure rating = +70/-90 psf. Passes large missile impact testing when installed with 5/8 inch plywood.		Installation Instructions Verified By: Created by Independent Third Party: Evaluation Reports Created by Independent Third Party:

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Department of Community Affairs
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 Tallahassee, Florida 32399-2100
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FL #	FL3278-R1	
Application Type	Revision	
Code Version	2004	
Application Status	Approved	
Comments	Archived	
Product Manufacturer	Mitsubishi Chemical America	
Address/Phone/Email	401 Volvo Parkway Chesapeake, VA 23320 (757) 382-5768 bill@alpolic.com	
Authorized Signature	William Yannetti bill@alpolic.com	
Technical Representative	William Yannetti 401 Volvo Parkway Chesapeake, VA 23320 bill@ALPOLIC.com	
Quality Assurance Representative	William Yannetti 401 Volvo Parkway Chesapeake, VA 23320 bill@ALPOLIC.com	
Category	Panel Walls	
Subcategory	Curtain Walls	
Compliance Method	Evaluation Report from a Florida Registered Architect or a Licensed Florida Professional Engineer Evaluation Report - Hardcopy Received	
Florida Engineer or Architect Name who developed the Evaluation Report	Christopher W. Stater	
Florida License	PE-38425	
Quality Assurance Entity	Southwest Research Institute-Department of Fire Technology	
Quality Assurance Contract Expiration Date	Steven M. Urich, PE	
Validated By	Validation Checklist - Hardcopy Received	
Certificate of Independence		
Referenced Standard and Year (of Standard)	<u>Standard</u>	<u>Year</u>
	TAS-201	1994
	TAS-202	1994
	TAS-203	1994

Equivalence of Product Standards

Certified By

Sections from the Code

1626
1626
1626

Product Approval Method

Method 1 Option D

Date Submitted

09/01/2005

Date Validated

11/22/2005

Date Pending FBC Approval

11/23/2005

Date Approved

12/07/2005

Date Revised

03/28/2008

Summary of Products

FL #	Model, Number or Name	Description
3278.1	ALPOLIC	Metal / Polyethylene Composite Panels
Limits of Use (See Other) Approved for use in HVHZ: Approved for use outside HVHZ: Impact Resistant: Design Pressure: +/- Other: Used for building cladding and soffits Large and small missile impact rating Design pressure rating = +70/-90 psf. Passes large missile impact testing when installed with 5/8 inch plywood.		Installation Instructions Verified By: Created by Independent Third Party: Evaluation Reports PTID 3278 R1 T Cert of Independence.pdf PTID 3278 R1 T Evaluation Letter.pdf PTID 3278 R1 T florida 2004 letter.pdf PTID 3278 R1 T NOA03-0130.06.pdf PTID 3278 R1 T NOA03-0130.07.pdf Created by Independent Third Party:
3278.2	ALPOLIC FR	Metal / Mineral filled Composite panels
Limits of Use (See Other) Approved for use in HVHZ: Approved for use outside HVHZ: Impact Resistant: Design Pressure: +/- Other: Used for building cladding in applications requiring multi story fire testing approval Large and small missile impact rating Design pressure rating = +70/-90 psf. Passes large missile impact testing when installed with 5/8 inch plywood.		Installation Instructions Verified By: Created by Independent Third Party: Evaluation Reports Created by Independent Third Party:

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FL #	FL4052-R1						
Application Type	Revision						
Code Version	2004						
Application Status	Approved						
Comments							
Archived							
Product Manufacturer	Cherokee Metals Company						
Address/Phone/Email	4648 South Old Peachtree Road Norcross, GA 30071 (770) 449-1444 Ext 209 rjgiacomarro@cherokeemetals.com						
Authorized Signature	Ralph Giacomarro rjgiacomarro@cherokeemetals.com						
Technical Representative	Ralph J. Giacomarro, PE						
Address/Phone/Email	Cherokee Metals Company 4648 South Old Peachtree Road Norcross, GA 30071 (770) 449-1444 rjgiacomarro@cherokeemetals.com						
Quality Assurance Representative	Ralph J. Giacomarro, PE						
Address/Phone/Email	Cherokee Metals Company 4648 South Old Peachtree Road Norcross, GA 30071 (770) 449-1444 rjgiacomarro@cherokeemetals.com						
Category	Roofing						
Subcategory	Other						
Other Subcategory	Canopy Deck Panels						
Compliance Method	Certification Mark or Listing						
Certification Agency	Miami-Dade BCCO - CER						
Validated By							
Referenced Standard and Year (of Standard)	<table border="0"> <tr> <td>Standard</td> <td>Year</td> </tr> <tr> <td>E330</td> <td>2002</td> </tr> <tr> <td>Miami/Dade Compliance</td> <td>2001</td> </tr> </table>	Standard	Year	E330	2002	Miami/Dade Compliance	2001
Standard	Year						
E330	2002						
Miami/Dade Compliance	2001						
Equivalence of Product Standards							
Certified By							
Sections from the Code							



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FL #	FL4052-R1
Application Type	Revision
Code Version	2004
Application Status	Approved
Comments	
Archived	<input type="checkbox"/>
Product Manufacturer	Cherokee Metals Company
Address/Phone/Email	4648 South Old Peachtree Road Norcross, GA 30071 (770) 449-1444 Ext 209 rjgiacomarro@cherokeemetals.com
Authorized Signature	Ralph Giacomarro rjgiacomarro@cherokeemetals.com
Technical Representative	Ralph J. Giacomarro, PE
Address/Phone/Email	Cherokee Metals Company 4648 South Old Peachtree Road Norcross, GA 30071 (770) 449-1444 rjgiacomarro@cherokeemetals.com
Quality Assurance Representative	Ralph J. Giacomarro, PE
Address/Phone/Email	Cherokee Metals Company 4648 South Old Peachtree Road Norcross, GA 30071 (770) 449-1444 rjgiacomarro@cherokeemetals.com
Category	Roofing
Subcategory	Other
Other Subcategory	Canopy Deck Panels
Compliance Method	Certification Mark or Listing
Certification Agency	Miami-Dade BCCO - CER
Validated By	
Referenced Standard and Year (of Standard)	Standard E330 Miami/Dade Compliance
	Year 2002 2001

Equivalence of Product Standards
Certified By

Sections from the Code



ASTM
High Velocity Hurrlic

Product Approval Method Method 1 Option A

Date Submitted 06/07/2005
Date Validated 06/07/2005
Date Pending FBC Approval 06/13/2005
Date Approved 06/29/2005

Summary of Products		
FL #	Model, Number or Name	Description
4052.1	0.038" (min) Galvalume Steel Deck Panel for Gas Station Canopy	3"x16"x20GA Steel Deck Panel for Gas Station Canopy
Limits of Use (See Other) Approved for use in HVHZ: Approved for use outside HVHZ: Impact Resistant: Design Pressure: +/- Other: Designed to comply with the High Velocity Hurricane Zone of the Florida Building Code		Certification Agency Certificate Quality Assurance Contract Expiration Date Installation Instructions PTID_4052_R1_I_MDCNOA03-0527-07.pdf Verified By: Created by Independent Third Party: Evaluation Reports Created by Independent Third Party:

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Product Approval Accepts:



COLUMBIA COUNTY OFFICIAL SEAL

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 03-6S-17-09594-000 Building permit No. 000028338

Use Classification FUELING CANOPY Fire: 0.00

Permit Holder DAVID L. CARR Waste: _____

Owner of Building LESTER & ANNE SCAFF Total: 0.00

Location: 14170 US HIGHWAY 441S, LAKE CITY, FL

Date: 05/17/2010

Hany Dicks

Building Inspector



POST IN A CONSPICUOUS PLACE
(Business Places Only)

COLUMBIA COUNTY FLORIDA DEPARTMENT OF BUILDING AND ZONING INSPECTION

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.

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Waste:

Owner of Building LESTER & ANNE SCAFF

Total: 0.00

Location: 14170 US HIGHWAY 441S, LAKE CITY, FL

Date: 05/17/2010

Hany Dickel

Building Inspector

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