DATE - 02/02	2/2005		a County					ERMIT
APPLICANT	CHARESI	This Permit E NORTON	Expires One Y		Date of	752.3331	00	00022764
ADDRESS	3367	S US HWY 441,SUITI	E 101	LAKE CITY	TIOTILE	752.5551	— FL	3205
OWNER		SUE WIENCEK		_	HONE	798.687.214	enev	2200
ADDRESS	443	SW AIRPRK GLN		LAKE CITY		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	FL	32025
CONTRACTO		IES H. NORTON			HONE	752.3331	_ =	33733
LOCATION OF	7		SISTERS ELCOM	E RD. TL(EAST)	ON AIRP	PARK LN. LC	<u>—</u> ЭТ	
		16	F CUL-DE-SAC O					
TYPE DEVELO	OPMENT	SFD & UTILITY	Е	STIMATED COS	T OF CO	NSTRUCTIO	N _112	050.00
HEATED FLOO	OR AREA	2241.00	TOTAL AI	REA3504.00		HEIGHT	22.00	STORIES 1
FOUNDATION	CONC	WALLS	FRAMED	ROOF PITCH	6'12		FLOOR	CONC
LAND USE &	ZONING	RSF-2			MAX.	HEIGHT	35	
Minimum Set B	Back Requir	ments: STREET-FR	25.0	0 R	EAR	15.00	SIDE	10.00
NO. EX.D.U.	0	FLOOD ZONE	X	DEVELOPME	NT PERM	MIT NO.	N	
PARCEL ID	12-4S-16-	02947-018	SUBDIVISI	ON CANNON	CREEK	AIRPARK		
LOT 18	BLOCK	PHASE	UNIT		ТОТА	L ACRES _	1.01	
			RB0031780	A	has	010	1 1	NIA
Culvert Permit N	lo.	Culvert Waiver Con	tractor's License Nu	ımber	1 400	applicant/Own	er/Contract	tor
EXISTING		05-0024-E	BLK	imoci	R		ien contract	ioi
Driveway Conne	ection	Septic Tank Number		ing checked by	-	oved for Issua	ince N	New Resident
COMMENTS:	NOC ON I	FILE						
1 FOOT ABOVE	The second second							
						Check # or	Cash 1	9643
		FOR BUIL	DING & ZONI	NG DEPART	MENT	ONLY		(footer/Slab)
Temporary Powe	er		Foundation			Monolithic		
		date/app. by		date/app. by			da	ate/app. by
Under slab rough	h-in plumbi		Slab			Sheathir	ng/Nailing	
Framing		date/app.		date/app.	100	g.		date/app. by
	date/app		Rough-in plumbing a	above slab and bel	ow wood	iloor	d	ate/app. by
Electrical rough	-in		Heat & Air Duct		D	eri. beam (Lii		
	(3	date/app. by	-	date/app. by		en. beam (Lii		date/app. by
Permanent power			C.O. Final			Culvert _		
M/H tie downs, b		e/app. by ectricity and plumbing		date/app. by		Pool	date	e/app. by
Reconnection			date/ap	•	5.1	8 (NAC) <u>8</u>	date/a	app. by
Reconnection	d	ate/app. by	Pump pole dat	e/app. by	tility Pole	date/app.	by	
M/H Pole		Travel	Trailer	53 S		Re-roof	81	
date	/app. by			date/app. by	75 -EVI		date/ap	pp. by
BUILDING PER	MIT FEE \$	C	ERTIFICATION FI	EE\$ 17.52		SURCHAR	GE FEE \$	17.52
MISC. FEES \$.00	ZONING CE	ERT. FEE \$ 50.00	FIRE FEE \$		WAS	STE FEE \$	
FLOOD ZONE I	DEVELOP	MENT FERS	CULVERT	FEE \$		TOTAL FI	EE 650	0.04
INSPECTORS O	FFICE	000		CLERKS O	FFICE	CH		
	-				_			

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.

	en anno action con consistence of the second control of the second	110 VISCU 3-23-04
For Office Use Only Application # 0501-31 Date Re	eceived /-/3-05 By / Permit #	22764
Application Approved by - Zoning Official Date	Plans Examiner	Date
Flood Zone Development Permit Zoning	RSF - 2 Land Use Plan Map Catego	ryRES. La DEV.
Comments	-	
	1	
Applicants Name Charese Norton/Norton Home Im	Mayement Phone 301,752.	3331
Address 5 101 3. US HWY 441, Suite 101, 1	AVE (141 71 72075	
Owners Name Mark & Sue Wiencer	Phono7084/ 27	2107
911 Address 443 SW Airmark Gln, LAVE City	71 32025	2171
Contractors Name Jomes H. Norton	Phone 38/-757	2221
Address 33675.US HWY 441, Suite 101, LAKE	City 71 32075	333]
Fee Simple Owner Name & Address_NA	C.14, 10 32023	
Bonding Co. Name & Address_NA		
Architect/Engineer Name & Address MARK NISOWAY,	P.O. BOX 868 IND O.L. 7	3 300
Mortgage Lenders Name & Address NA	Coo, one City, To	. 32056
Circle the correct power company - FL Power & Light - Clay	Fles Supreme Valle II	
Property ID Number 12-45-16-02947-018	Fetimated Cost of Construction of 140	ogressive Energy
Subdivision Name Cannon Creev Airpark	Lat 10 Plant Construction 140,	<u>uo-</u>
Driving Directions Hwy 90 to Sisters Welcon	LOT BIOCK Unit	Phase
Airmry lang lotis at end of a	me ka frun lett Ctast) on
Airmark lane, Lot is at end of cu of road.	u-ae-sac on North	side
Type of Construction SED, New home CONST. N	lumber of Evision Burning	. 6
Toldi Acredge 1 5010 Lot Size Do vou need a Cultur	and Bornell are to 1 to 1 to 1	
Actual Distance of Structure from Property Lines - Front 70'	Side 20' Side 25'	an Existing Drive
Total Building Height Number of Stories He	eated Floor Area 224 Roof P	Rear 2 11-6
Application is hereby made to obtain a permit to do work and ins installation has commenced prior to the issuance of a permit and all laws regulating construction in this jurisdiction.	stallations as indicated. I certify that no d that all work be performed to meet th	work or se standards of
OWNERS AFFIDAVIT: I hereby certify that all the foregoing information compliance with all applicable laws and regulating construction	mation is accurate and all work will be	done in
WARNING TO OWNER: YOUR FAILURE TO DECORD A MOTION		VOLUBANIENO
TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. IF YOU INTELLED OR ATTORNEY BEFORE RECORDING YOUR NOTICE OF	END TO OBTAIN FINANCING, CONSUL	T WITH YOUR
LENDER OR ATTORNEY BEFORE RECORDING YOUR NOTICE O	F COMMENCEMENT.	Λ
James H Morton	Sommal Hollis	
Owner Builder or Agent (Including Contractor)	Contractor Signature	
TATE OF FLORIDA	Contractors License Number 1830	
COUNTY OF COLUMBIA Patricia T Peeler My Commission DD129966	NOTARY STAMP/SEAL	4
Sworn to (or amirmed) and subscribed before me september 05, 2006	011	
this /2 day of Decen Jan, 2005.	Takica To Peal	er
Personally known or Produced Identification	Notary Signature	,

FORM 600B-01

FLORIDA ENERGY EFFICIENCY CODE FOR BUILDING CONSTRUCTION Residential Component Prescriptive Method B

NORTH 123

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.

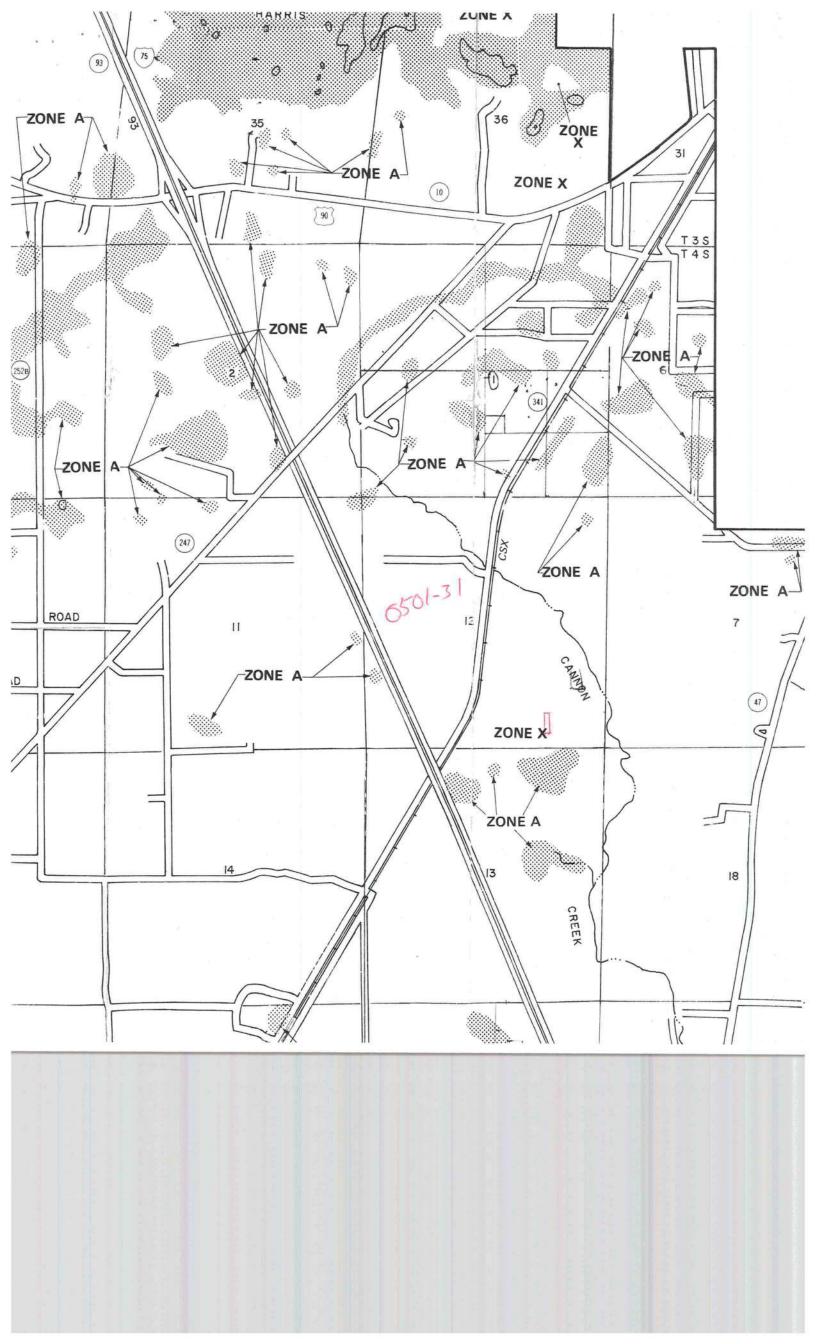
PROJECT NAME: Mark & Sue Wiercek	PERMITTING CLIMATE
	OFFICE: Columbia ZONE: 1 2 3
OWNER: Mark & Sue Wiencek	PERMIT NO.: 2976 4 JURISDICTION NO.: 22/000
GENERAL DIRECTIONS	136 186 186
New construction including additions which incorporates any of the following features cannot comply using Change and of the companyed packages "A" through "E" from Table 58.4 hour high year in the second second in the second	ng 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 to B. Fill in all the applicable spaces of the "To Be Installed" column on Table 6B-1 with the information reques 	with the Code. Circle the column of the package you have chosen.
 Complete page 1 based on the "To Be Installed" column information. 	
5. 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 own	ner's agent must also sign and date the form.
	Please Print CK
Compliance package chosen (A-F)	1. 8 A
2. New construction or addition	2. New
3. Single family detached or Multifamily attached	3. Sf
4. If Multifamily—No. of units covered by this submis	ssion 4.
5. Is this a worst case? (yes / no)	5. NO
6. Conditioned floor area (sq. ft.)	6. 2241
7. Predominant eave overhang (ft.)	7. \(\rangle\)'
8. Glass type and area :	Single Pane Double Pane
a. Clear glass	8a sq. ft. <u>204. le</u> sq. ft.
b. Tint, film or solar screen	8b sq. ft sq. ft.
Percentage of glass to floor area	9. 11 %
10. Floor type, area or perimeter, and insulation:	
a. Slab on grade (R-value)	10a. R= lin. ft.
b. Wood, raised (R-value)	10b. R= sq. ft
c. Wood, common (R-value)	10c. R=sq. ft
d. Concrete, raised (R-value)	10d. R= sq. ft
e. Concrete, common (R-value)	10e. R= sq. ft.
11. Wall type, area and insulation:	
a. Exterior: 1. Masonry (Insulation R-value)	11a-1 R= sq. ft
2. Wood frame (Insulation R-value)	11a-2 R= 11 295 sq. ft.
 b. Adjacent: 1. Masonry (Insulation R-value) 	11b-1 R= sq. ft
Wood frame (Insulation R-value)	11b-2 R= sq. ft
2. Ceiling type, area and insulation:	
 a. Under attic (Insulation R-value) 	12a. R= 30 2241 sq. ft.
 b. Single assembly (Insulation R-value) 	12b. R= sq. ft
3. Air Distribution System: Duct insulation, location	13. R=
Test report (attach if required)	14a. Type: CENTRAL
4. Cooling system	14b. SEER/EER:_IO
(Types: central, room unit, package terminal A.C., gas, none)	14c. Capacity: 35
5. Heating system:	15a. Type: ELEC HEAT PUMP
(Types: heat pump, elec. strip, nat. gas, L.P. gas, gas h.p., room or P	PTAC, none) 15b. HSPF/COP/AFUE:
	15c. Capacity: <u>35</u>
6. Hot water system:	16a. Type: ELECTRIC
(Types: elec., nat. gas, L.P. gas, solar, heat rec., ded. heat pump, ot	
I hereby certify that the plans and specifications experied by the calculation are in compliance	Review of plans and specifications covered by this calculation indicates compliance with
PREPARED BY: DATE: 01-1	the Florida Energy Code. Before construction is completed, this building will be inspected for compliance in accordance with Section 553,908, F.S.
I hereby certify that this building, as designed, is in compliance with the Florida Energy Code.	BUILDING OFFICIAL:

DATE:

DATE

OWNER AGENT!

105' Mark & Suzanne Wiencek 12-45-16-02947-018 Lot 18 Cannon Creek Subdivision 277.6 35' Airpark Gin



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 12-4S-16-02947-018 1. Description of property: (legal description of the property and street address or 911 address) Lot 18 Cannon Creek Airpark S/D Inst:2005000711 Date:01/12/2005 Time:08:12 DC,P.DeWitt Cason,Columbia County B:1035 P:790 General description of improvement: New Home Construction Owner Name & Address Mark and Sue Wiencek, 15524 Lockwood, Oak Forest, IL 60452 Interest in Property_Own Name & Address of Fee Simple Owner (if other than owner): $\frac{NA}{N}$ 5. Contractor Name James H. Norton Phone Number 386-752-3331 Address 3367 S US Hwy 441, Suite 101, Lake City, FL 32025 6. Surety Holders Name Phone Number Address Amount of Bond NA 7. Lender Name NA _ Phone Number _ Address 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: Norton Home Improvement CO., Inc. Phone Number 386-752-3331 Address 3367 S US Hwy 441, Suite 101. LAke City, FL 32025 9. In addition to himself/herself the owner designates NA of to receive a copy of the Lienor's Notice as provided in Section 713.13 (1) -(a) 7. Phone Number of the designee

NOTICE AS PER CHAPTER 713, Florida Statutes:

(Unless a different date is specified) 1 Year

The owner must sign the notice of commencement and no one else may be permitted to sign in his/her stead.

10. Expiration date of the Notice of Commencement (the expiration date is 1 (one) year from the date of recording,

Sworn to (or affirmed) and subscribed before day of January 10+n _, 20 05

NOTARY STAMP SEA Patricia T Peeler

My Commission DD129966 Expires September 05, 2006

Signature of Notary

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: January 11, 2005	
ENHANCED 9-1-1 ADDRESS:	
443 SW AIRPARK GLN (LAKE CITY	Y, FL 32025)
Addressed Location 911 Phone Number: NOT A	VAIL.
OCCUPANT NAME: NOT AVAIL.	
OCCUPANT CURRENT MAILING ADDRESS:	
PROPERTY APPRAISER MAP SHEET NUMB	ER: 70D
PROPERTY APPRAISER PARCEL NUMBER:	12-4S-16-02947-018
Other Contact Phone Number (If any):	77-1
Building Permit Number (If known):	
Remarks: LOT 18 CANNON CREEK AIR PAR	K S/D
E)	
Address Issued By: Columbia County 9-1-1 Addr	essing Department

COLUMBIA COUNTY 9-1-1 ADDRESSING 4-1-1 ADDRESSING Home
Property Search
Agriculture Classification
Amendment 10
Exemptions
Tangible Property Tax
Tax Rates
Report & Map Pricing
Important Dates
Office Directory
E-mail us Comments

Parcel ID: 12-4S-16-02947-018

Owner & Property Info

Owner's Name	WIENCEK MARK S & SUZANNE			
Site Address				
Mailing Address	15524 LOCKWOOD OAK FORREST, IL 60452			
Brief Legal	LOT 18 CANNON CREEK AIR PARK S/D. ORB 644- 335, 761-1706 803-609, 804-2190, 917-1345,			

Columbia County Property Appraiser

Show: Tax Info | GIS Map | Property Card

7	
Use Desc. (code)	VACANT (000000)
Neighborhood	12416.03
Tax District	2
UD Codes	
Market Area	01
Total Land Area	1.010 ACRES

Property & Assessment Values

Mkt Land Value	cnt: (1)	\$42,500.00
Ag Land Value	cnt: (0)	\$0.00
Building Value	cnt: (0)	\$0.00
XFOB Value	cnt: (0)	\$0.00
Total Appraised Value		\$42,500.00

Just Value	\$42,500.00
Class Value	\$0.00
Assessed Value	\$42,500.00
Exempt Value	\$0.00
Total Taxable Value	\$42,500.00

Sales History

Sale Date	Book/Page	Inst. Type	Sale VImp	Sale Qual	Sale RCode	Sale Price
12/28/2000	917/1345	WD	V	Q		\$47,000.00
4/30/1995	804/2190	WD	V	Q		\$29,500.00
3/21/1995	803/609	СТ	V	U	11	\$20,000.00

Building Characteristics

Bldg	Bldg	Year	Ext.	Heated	Actual	Bldg
Item	Desc	Blt	Walls	S.F.	S.F.	Value
			NON	E		

Extra Features & Out Buildings

Code	Desc	Year Blt	Value	Units	Dims	Condition (% Good)
				NONE		

Land Breakdown

Lnd Code	Desc	Units	And the second of the second o	Eff Rate	Lnd Value
000000	VAC RES (MKT)	1.000 LT - (1.010AC)	1.00/1.00/1.00/1.00	\$42,500.00	\$42,500.00

1 of 1

Columbia County Property Appraiser

DB Last Updated: 10/8/2004

Disclaimer



attn: I STATE OF FLORIDA

APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Site Plan submitted by: Charles North Signature Plan Approved Date 1-13-05						Permit Application	Number		_
Scale: Each block represents 6 feet and 1 inch = 50 feet. Compared Colombin Colom				PART	II - SITE PLAN				
County Horse In rovement Improvement 386-752-338 (SECTION HORSE Improvement 386-752-338 (SECTION 144 Suite Sur, Lake City, Fix 32025 18 16 151 16 16 16 16 16 16 16 16 16 16 16 16 16	Scale: Each b								
Site Plan submitted by: March Months Signature Not Approved Signature Not Approved Signature Not Approved Signature Not Approved County Health Department Signature Not Approved County Health Department	HHIH	- CONTOPIOSON	o lock and 1 men	- 50 1001.					
Site Plan submitted by: March Months Signature Not Approved Signature Not Approved Signature Not Approved Signature Not Approved County Health Department Signature Not Approved County Health Department									
Site Plan submitted by: March Months Signature Not Approved Signature Not Approved Signature Not Approved Signature Not Approved County Health Department Signature Not Approved County Health Department							bunn !	en au	
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Notes: Signature Not Approved Columbia County Health Department						KKA SHE MI			
Notes: Site Plan submitted by: Motes: Not Approved Not Approved Not Approved County Health Department		NULTON	HOME THOM	cycnent			386	752-383	1
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Notes: Site Plan submitted by: March Not Approved Not Approved Not Approved County Health Department			52'						
Site Plan submitted by: Site Plan Approved				23					
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Site Plan submitted by: Signature Not Approved Not Approved Signature Not Approved County Health Department	W	99'	1.018	200					
Site Plan submitted by: Signature Not Approved By Columbia County Health Department			301	001	113				
Site Plan submitted by: Signature Not Approved Date 1-13-05			ng.	95	-80				
Site Plan submitted by: Signature Not Approved Date 1-13-05		Airos	CV Clean						
Site Plan submitted by: Marager Plan Approved Not Approved Date 1-13-05 By Columbia County Health Department		O III DO	ive Gilli						
Site Plan submitted by: Marale North Signature Title Date 1-13-05 By Columbia County Health Department									
Site Plan submitted by: Marale North Signature Title Date 1-13-05 By Columbia County Health Department			No. Company						
Plan Approved Not Approved Date 1-13-05 By Columbia County Health Department	Notes:	W W	18 from	1 Septic	to DC				
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Plan Approved Not Approved Date 1-13-05 By Columbia County Health Department	Site Plan sub	mitted by:	Marlie 4	Orten		1 1	Office	manag	er
By Sell Free Columbia County Health Department		-1	11			(Title	
Soundy House Department	Plan Approve	9-11	1//	Not Ap	oproved		Date_	13-03	
	By _ & &	W F	the	1		Columbia	County He	ealth Departm	nent
		411 6114	NOTO MUST TO	4000017	D DV TI - CC				

OH 4015, 10/96 (Replaces HRS-H Form 4015 which may be used) (Stock Number: 5744-002-4015-6)

Page 2 of 3

Property Search
Agriculture Classification
Amendment 10
Exemptions
Tangible Property Tax
Tax Rates
Report & Map Pricing
Important Dates
Office Directory
E-mail us Comments

Parcel ID: 12-4S-16-02947-018

Owner & Property Info

Owner's Name	WIENCEK MARK S & SUZANNE		
Site Address	jan,		
Mailing Address	15524 LOCKWOOD OAK FORREST, IL 60452		
Brief Legal	LOT 18 CANNON CREEK AIR PARK S/D. ORB 644- 335, 761-1706 803-609, 804-2190, 917-1345,		

Columbia County Property Appraiser

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Item	Desc	Blt	Walls	S.F.	S.F.	Value
			NON	E		

Extra Features & Out Buildings

Code	Desc	Year Blt	Value	Units	Dims	Condition (% Good)
				NONE		

Land Breakdown

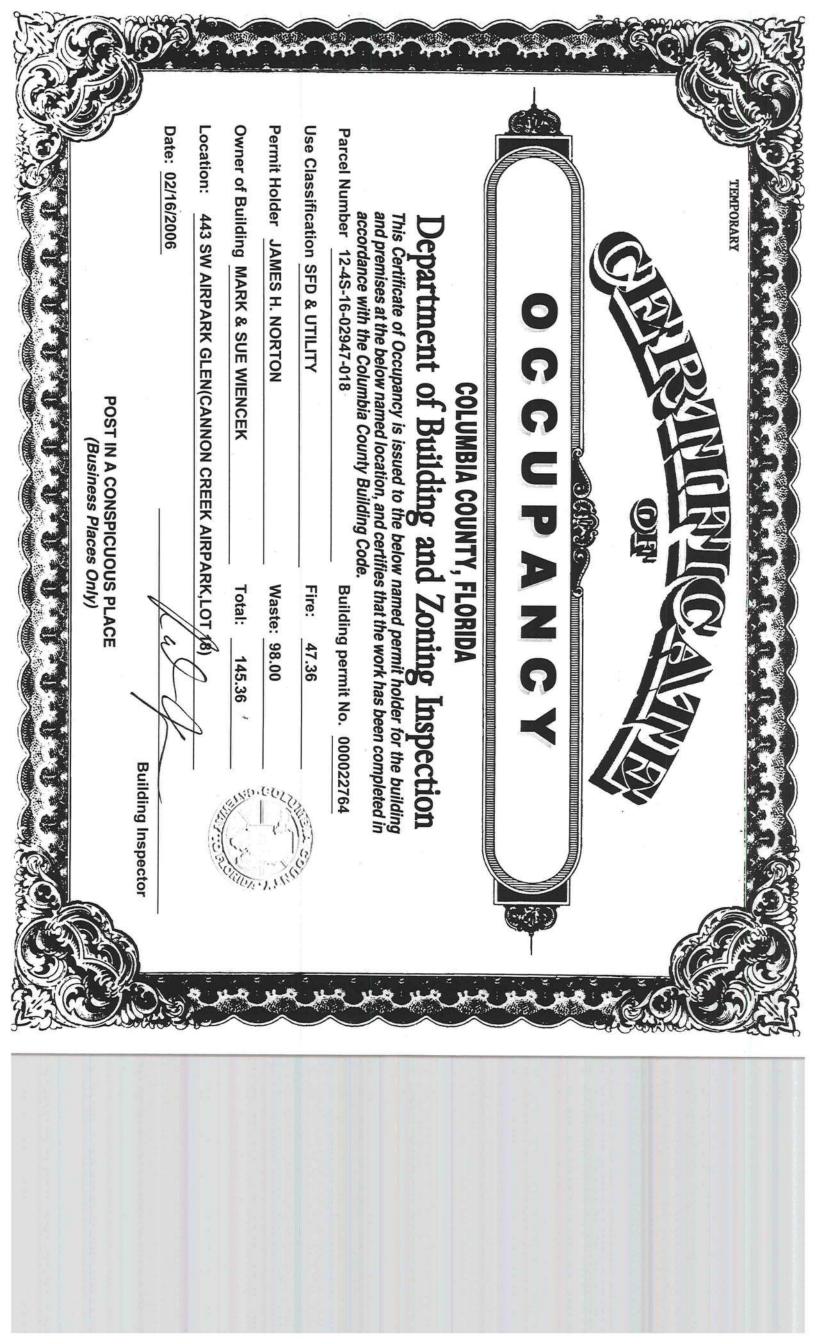
Lnd Code	Desc	Units	Adjustments	Eff Rate	Lnd Value
000000	VAC RES (MKT)	1.000 LT - (1.010AC)	1.00/1.00/1.00/1.00	\$42,500.00	\$42,500.00

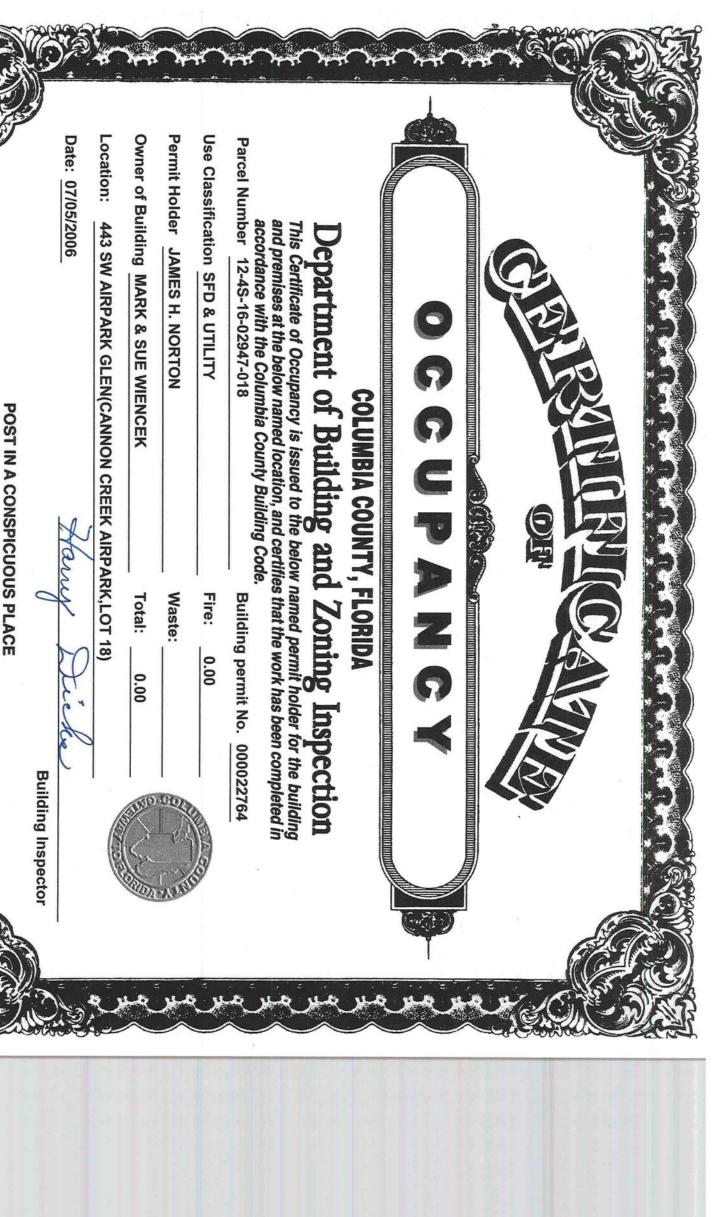
Columbia County Property Appraiser

DB Last Updated: 10/8/2004

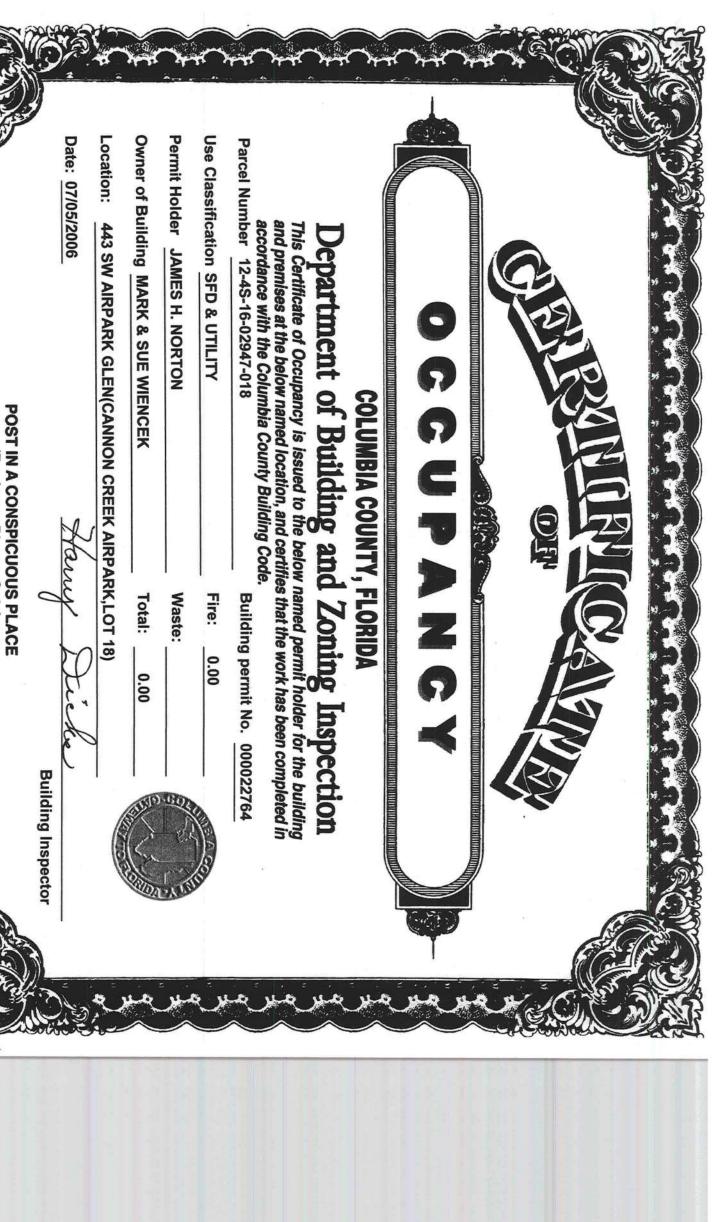
1 of 1

Disclaimer

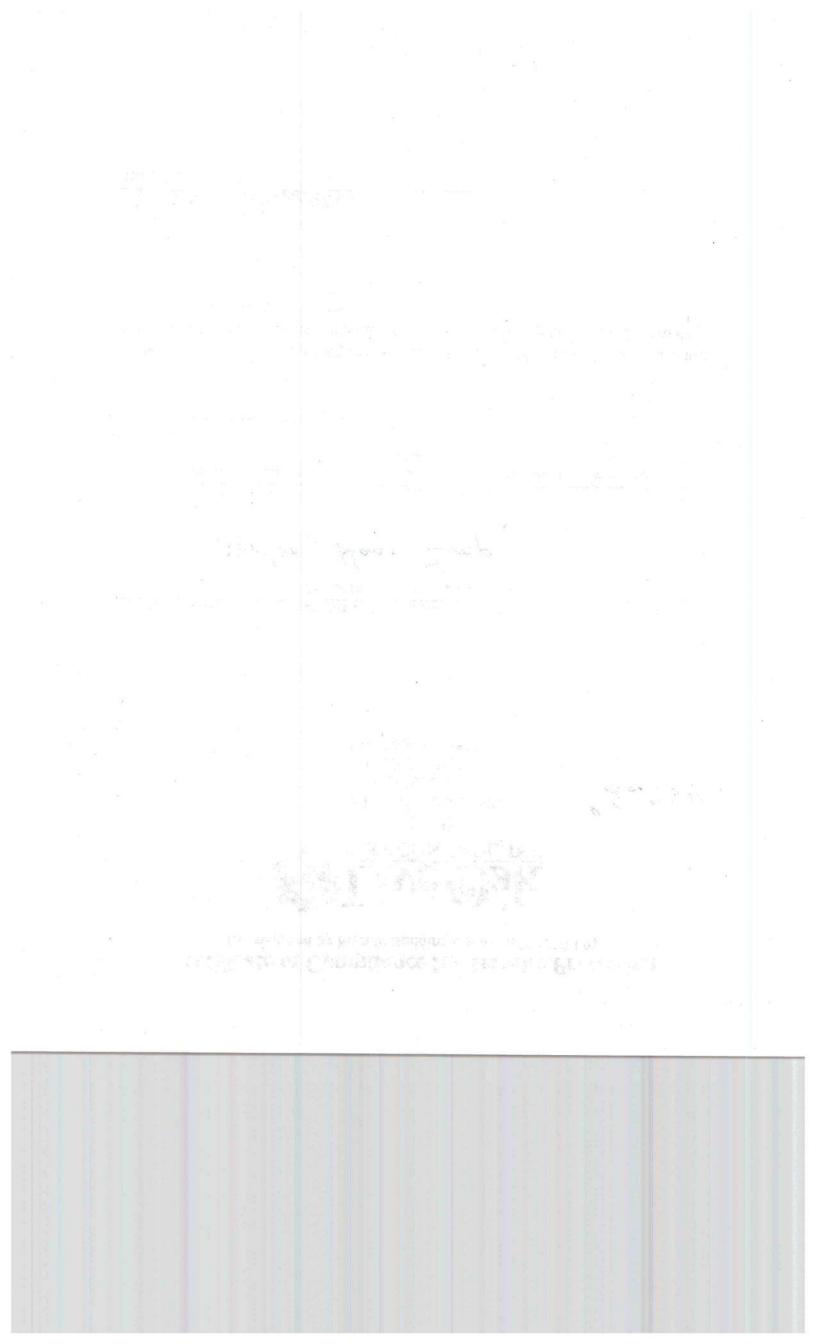




(Business Places Only)



(Business Places Only)



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Votice of Prevention for Subterranean Termites	(As required by Florida Building Code (FBC) 104.2.6)
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EIVE CAR Abdity writer or Abdity with the Pest Control, INC.

17856 U.S. 129 • McALPIN, FLORIDA 32062 (386) 362-3887 • 1-800-771-3887 • Fax: (386) 364-3529

443 SW AIRPORK

Applicator

Time

Chemical used (active ingredient)

Product Used

Number of gallons applied

Linear feet treated

Area treated (square feet)

Percent Concentration

TREAT OF DISTURBED AREA / BATHTUR DRAIN Stage of treatment (Horizontal, Vertical, Adjoining Slab, retreat of disturbed area) As per 104.2.6 - If soil chemical barrier method for Subterranean termite prevention is used, final exterior treatment shall be completed prior to final building approval.

If this notice is for the final exterior treatment, initial and date this line.

Notice of Prevention for Subterranean Termites (As required by Florida Building Code (FBC) 104.2.6)

LIVE OAK company serving post times of person of person

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22764

Address of Treatment or Lot/Block of Treatment

Time Date Chemical used (active ingredient)

Number of gallons applied

Applicator

Product Used

Percent Concentration

Area treated (square feet)

Linear feet treated

Stage of treatment (Horizontal, Vertical, Adjoining Slab, retreat of disturbed area)

As per 104.2.6 - If soil chemical barrier method for Subterranean termite prevention is used, final exterior treatment shall be As but to final building approval.

completed prior to final building approval.

Certificate of Compliance for Termite Protection

(As required by Florida Building Code (FBC) 1816.1.7)



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22764

Mark Wiencek 443 SW Air Park Lane Lake City, FL 32055

Norton Home Imp

Address of Treatment or Lot/Block of Treatment

Soil barrier spray

Method of Termite Prevention Treatment - soil barrier, wood treatment, bait system, other (describe)

Permit#

The building has received a complete treatment for the prevention of subterranean termites. The treatment is in accordance with rules and laws established by the Florida Department of Agriculture and Consumer Services.

Ona Liolwell
Authorized Signature