

DATE 08/10/2005

Columbia County Building Permit

This Permit Expires One Year From the Date of Issue

PERMIT

000023480

APPLICANT JAMES NORTH PHONE 754-0964
ADDRESS 395 SW PARKER LANE LAKE CITY FL 32024
OWNER JAMES NORTH PHONE 754-0964
ADDRESS 395 SW PARKER LANE LAKE CITY FL 32024
CONTRACTOR OWNER BUILDER PHONE

LOCATION OF PROPERTY PINEMOUNT ROAD, TL ON BARWICK RD, TL ON PARKER LANE,
8TH PLACE ON RIGHT

TYPE DEVELOPMENT SFD,UTILITY ESTIMATED COST OF CONSTRUCTION 46050.00
HEATED FLOOR AREA 921.00 TOTAL AREA 1369.00 HEIGHT .00 STORIES 1
FOUNDATION CONC WALLS FRAMED ROOF PITCH 5/12 FLOOR SLAB
LAND USE & ZONING A-3 MAX. HEIGHT 15
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 07-4S-16-02808-023 SUBDIVISION BARWICK
LOT 7 BLOCK PHASE UNIT TOTAL ACRES

Culvert Permit No. Culvert Waiver Contractor's License Number Applicant/Owner/Contractor
EXISTING 05-0573-N BK Y
Driveway Connection Septic Tank Number LU & Zoning checked by Approved for Issuance New Resident

COMMENTS: NOC ON FILE, ONE FOOT ABOVE THE ROAD

Check # or Cash 262

FOR BUILDING & ZONING DEPARTMENT ONLY

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

BUILDING PERMIT FEE \$ 235.00 CERTIFICATION FEE \$ 6.84 SURCHARGE FEE \$ 6.84
MISC. FEES \$.00 ZONING CERT. FEE \$ 50.00 FIRE FEE \$ WASTE FEE \$
FLOOD ZONE DEVELOPMENT FEE \$ CULVERT FEE \$ TOTAL FEE 298.68
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 DEPARTMENT OF BUILDING AND ZONING 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 07-4S-16-02808-023

Building permit No. 000023480

Use Classification SFD, UTILITY

Fire: 41.44

Permit Holder OWNER BUILDER

Waste: 85.75

Owner of Building JAMES NORTH

Total: 127.19

Location: 395 SW PARKER LN, LAKE CITY, FL 32024

Date: 03/31/2006



Harry Dickie

Building Inspector

POST IN A CONSPICUOUS PLACE
(Business Places Only)

Columbia County Building Permit Application

Left Mess age 8/10
Revised 9-23-04

For Office Use Only Application # 0507-63 Date Received 7/22/05 By GT Permit # 23480
Application Approved by - Zoning Official BLK Date 05.08.05 Plans Examiner OK JTH Date 7-25-05
Flood Zone X Development Permit N/A Zoning A-3 Land Use Plan Map Category A3
Comments Section 14.9 Special Family Lot Permit Accessory Use Mother-in-law No
Existing well Kildan

Applicants Name James M. North Phone 386.754.0964 Fax: 487-1218
Address 395 SW Parker Ln Lake City, FL 32024
Owners Name James M. North Phone _____
911 Address 395 SW Parker Ln Lake City, FL 32024
Contractors Name _____ Phone _____
Address _____
Fee Simple Owner Name & Address _____
Bonding Co. Name & Address _____
Architect/Engineer Name & Address Freeman Design Group, 305 E. Duval St. Lake City FL 32055
Mortgage Lenders Name & Address _____
Circle the correct power company - FL Power & Light - Clay Elec. - Suwannee Valley Elec. - Progressive Energy
Property ID Number R02808-019 7-45-16 Estimated Cost of Construction \$45,000.00/100
Subdivision Name Barwick 023 Lot 7 Block _____ Unit _____ Phase _____
Driving Directions Starting at I-75/90: West on 90 1.3 miles to SW Pinemount Rd
Turn Left, travel 2.7 miles to Barwick Rd Turn Left, travel East .6 miles
to Parker Lane. The 8th Place on the Right.
Type of Construction Single Family Dwelling Number of Existing Dwellings on Property 0
Total Acreage .5 acre Lot Size .5 acre Do you need a - Culvert Permit or Culvert Waiver or Have an Existing Drive
Actual Distance of Structure from Property Lines - Front 100' Side 148' Side 25' Rear 75'
Total Building Height 15' Number of Stories 1 Heated Floor Area 921 sq/ft Roof Pitch 5:12
Porch 20 CARPORT 428 TOTAL 1,369

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.

James North
Owner Builder or Agent (Including Contractor)

STATE OF FLORIDA
COUNTY OF COLUMBIA

Sworn to (or affirmed) and subscribed before me
this 15 day of July 2005.
Personally known ✓ or Produced Identification _____

Contractor Signature _____
Contractors License Number _____
Competency Card Number _____
NOTARY STAMP/SEAL

Judy Jensen
JUDY JENSEN
MY COMMISSION # DD 425040
EXPIRES: May 3, 2009
Bonded Thru Notary Public Underwriters
Notary 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

- ☒ Single Family Dwelling
☐ Farm Outbuilding
☐ New Construction

- ☐ Two-Family Residence
☐ Other _____

☐ Addition, Alteration, Modification or other Improvement

NEW CONSTRUCTION OR IMPROVEMENT

I James M. North, 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 _____

James M. North
Signature

Date

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 HEALTH

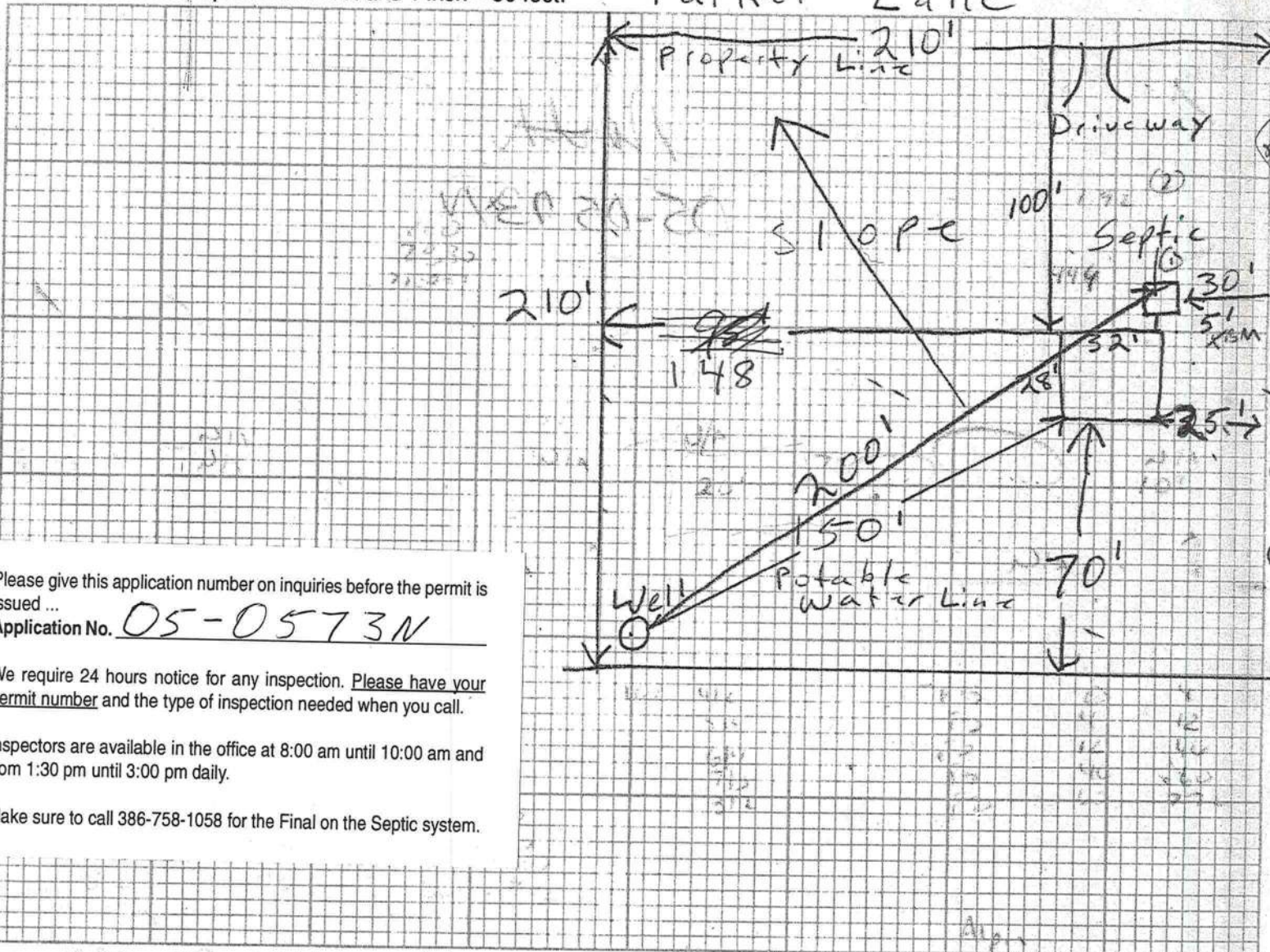
APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permit Application Number 05-0573N

PART II - SITE PLAN

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

395 (SW) Parker Lane



Please give this application number on inquiries before the permit is issued ...

Application No. 05-0573N

We require 24 hours notice for any inspection. Please have your permit number and the type of inspection needed when you call.

Inspectors are available in the office at 8:00 am until 10:00 am and from 1:30 pm until 3:00 pm daily.

Make sure to call 386-758-1058 for the Final on the Septic system.

Notes: 1.9 Acres Total Property With 1 Acre shown as Site plan.
Drive north Road to Barwick Road turn East on Barwick. Proceed to Parker Lane turn Right (south) Eighth (8th) Place on the right

Site Plan submitted by: Jim North Co. Steve North

Signature

Title

Plan Approved ☒

Not Approved ☐

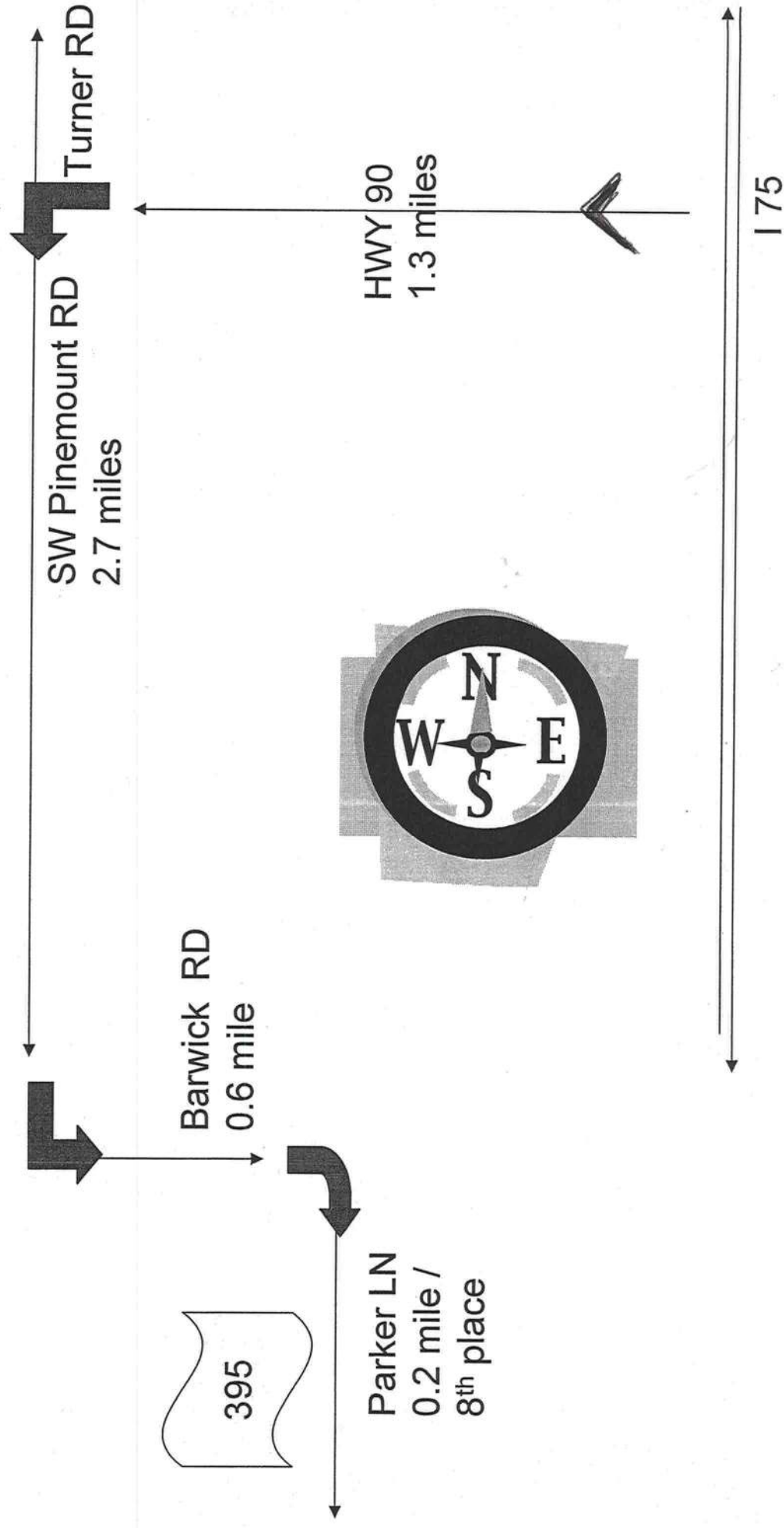
Date 6-6-05

By Jim North

County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

- Starting at the I-75 over pass drive West on US Highway 90
- Travel West on HWY 90 1.3 miles to SW Pinemount Road - turn left
- Travel South 2.7 miles to Barwick Road - turn left
- Travel East .6 mile to Parker Lane - turn right
- The 8th place on the right #395 Parker Lane.



COLUMBIA COUNTY 9-1-1 ADDRESSING

263 NW Lake City Ave. * P. O. Box 1787 * Lake City, FL 32056-2949
PHONE: (386) 752-1125 * 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 3, 2005

ENHANCED 9-1-1 ADDRESS:

395 SW PARKER LN (LAKE CITY, FL 32024)

Addressed Location 911 Phone Number: NOT AVAIL.

OCCUPANT NAME: NOT AVAIL.

OCCUPANT CURRENT MAILING ADDRESS: _____

PROPERTY APPRAISER MAP SHEET NUMBER: 23

PROPERTY APPRAISER PARCEL NUMBER: 07-4S-16-02808-019

Other Contact Phone Number (If any): _____

Building Permit Number (If known): _____

Remarks: AKA LOT 8 BARWICK NORTH S/D UNREC.

Address Issued By: _____

Columbia County 9-1-1 Addressing Department

COLUMBIA COUNTY
9-1-1 ADDRESSING
APPROVED

IMPORTANT INFORMATION REGARDING YOUR PERMANENT ADDRESS CHANGE REQUEST



PLEASE READ to confirm that your information and new address are correct:

Your mail will be forwarded to your NEW address, as you requested, on: **MAY 20, 2005**

Mail will be forwarded for all persons at the old address with the following last name: **NORTH**

If this information is incorrect, or you have not received mail at your new address for 10 days or more, call **1-800-ASK-USPS** (1-800-275-8777)

OLD ADDRESS:

NORTH
3740 NW ARCHER ST # 102
LAKE CITY FL 32055-4815

NEW ADDRESS:



0023768-02820927

#BWNGKVN *****AUTO** ALL FOR ADC 320

#1605 4720 0505 231#



NORTH
395 SW PARKER LN
LAKE CITY FL 32024-1970



MOST FREQUENTLY ASKED QUESTIONS ABOUT CHANGING YOUR ADDRESS:

What mail will get forwarded to me?

- First-Class Mail®, Priority Mail® and Express Mail®: for 12 months, unless otherwise requested by mailer.
- Newspapers and magazines: for 60 days.
- Packages weighing 16 ounces or more: 12 months, locally. (You will pay forwarding charges for out of local area package forwarding unless you tell your local post office otherwise).

NOTE! Circulars, books, catalogs and advertising mail under 16 ounces will not be forwarded unless requested by the mailer.

Why does some of my mail have yellow stickers with my new address?

This is how the U.S. Postal Service forwards mail addressed to your old address. Notify the sender of your new address—you'll get your mail faster, and reduce forwarding costs.



Should I keep this Change of Address Letter?

Please retain this Official Change of Address Confirmation page for your records as local agencies and/or resources may require it for proof of your move.

DON'T FORGET to change your address with the following organizations:

Contact Healthcare Providers
doctors, dentists, specialists and veterinarians

Notify Associations
alumnae, charitable organizations and professional associations

IRS
1-800-TAX-FORM (1-800-829-3676)
www.irs.gov

Social Security Administration
1-800-772-1213
www.socialsecurity.gov

Transfer Your Medical Records
It's your legal right to have mammograms and medical records forwarded- don't leave your medical history behind!

USPS.com is always open.

- Send packages
- Track and confirm delivery
- Change your address
- Buy stamps
- Find a ZIP Code
- Locate a post office
- Send money & payments
- Calculate postage

2322395430C



ners.

NOTICE OF COMMENCEMENT FORM
COLUMBIA COUNTY, FLORIDA

***THIS DOCUMENT MUST BE RECORDED AT THE COUNTY
CLERKS OFFICE BEFORE YOUR FIRST INSPECTION.***

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 R02808-019 (sect 7 Township 4 south)
Range 16 East

1. Description of property: (legal description of the property and street address or 911 address)

Barwick Subdivision LOT 7
See attachment

395 SW Parker LN Lake City FL 32024

2. General description of improvement: Single Family Dwelling

3. Owner Name & Address James M. North 395 SW Parker Lane
Lake City FL 32024 Interest in Property _____

4. Name & Address of Fee Simple Owner (if other than owner): _____

5. Contractor Name _____ Phone Number _____
Address _____

6. Surety Holders Name _____ Inst: 2005017376 Date: 07/22/2005 Time: 09:20
Address MLK DC, P. DeWitt Cason, Columbia County B: 1052 P: 1707
Amount of Bond _____

7. Lender Name _____ 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:

Name Esther North Phone Number (386) 752-2876
Address 355 SW Parker Lane Lake City, FL 32024

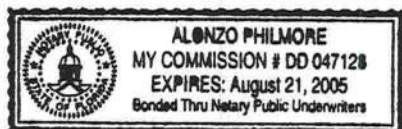
9. In addition to himself/herself the owner designates _____ of
_____ to receive a copy of the Lienor's Notice as provided in Section 713.13 (1) -
(a) 7. Phone Number of the designee _____

10. Expiration date of the Notice of Commencement (the expiration date is 1 (one) year from the date of recording,
(Unless a different date is specified) _____

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.

Jim North
Signature of Owner



Sworn to (or affirmed) and subscribed before
day of 21st July, 2005

NOTARY STAMP/SEAL

Alonzo Philmore
Signature of Notary

Prepared by and Return to:
Dale C. Ferguson
Attorney at Law
P.O. Box 111
Lake City, Florida 32056-0111

Parcel No. R02808-012

023

WARRANTY DEED

THIS INDENTURE, Made this 23rd day of June, 2005, BETWEEN ESTHER NORTH, an unmarried widow, party of the first part, and JAMES NORTH, a single person, whose address is 395 S.W. Parker Lane, Lake City, FL 32024, and whose social security number is 267-37-0582, party of the second part.

WITNESSETH, That the party of the first part, for and in consideration of the sum of Ten and No/100 (\$10.00) Dollars, to them in hand paid by the said party of the second part, the receipt whereof is hereby acknowledged, has granted, bargained, and sold to the said party of the second part, his heirs and assigns forever, the following described land, situate, and being in the County of Columbia.

Commence at the Northeast corner of the Northeast 1/4 of the Southeast 1/4 of Section 7, Township 4 South, Range 16 East, Columbia County, Florida and run South 01 degrees 55'48" East along the East line of Section 7 a distance of 343.81 feet to a point on the Northerly Right-of-Way line of Parker Lane (formerly Myrtis Lane); thence South 88 degrees 48'28" West along said Northerly Right-of-Way line of Parker Lane (formerly Myrtis Lane) a distance of 127.90 feet to the POINT OF BEGINNING; thence continue South 88 degrees 48'28" West along said Northerly Right-of-Way line a distance of 115.00 feet to the Southwest corner of a parcel of land described in O.R. Book 744, Page 1100 of the Public Records of Columbia County, Florida.

FORM 600A-2001

FLORIDA ENERGY EFFICIENCY CODE FOR BUILDING CONSTRUCTION

Florida Department of Community Affairs
Residential Whole Building Performance Method A

Project Name:	Jim North	Builder:	JL DuFree Construction
Address:		Permitting Office:	
City, State:	Lake City, FL 32024	Permit Number:	23480
Owner:		Jurisdiction Number:	221000
Climate Zone:	North		

1. New construction or existing	New	12. Cooling systems	
2. Single family or multi-family	Single family	a. Central Unit	Cap: 21.5 kBtu/hr
3. Number of units, if multi-family	1		SEER: 12.20
4. Number of Bedrooms	1	b. N/A	
5. Is this a worst case?	No	c. N/A	
6. Conditioned floor area (ft ²)	896 ft ²		
7. Glass area & type	Single Pane Double Pane	13. Heating systems	
a. Clear glass, default U-factor	0.0 ft ² 135.0 ft ²	a. Gas Hydronic Space & Water Hea	Cap: 29.8 kBtu/hr
b. Default tint	0.0 ft ² 0.0 ft ²		RE: 0.87
c. Labeled U or SHGC	0.0 ft ² 0.0 ft ²	b. N/A	
8. Floor types		c. N/A	
a. Slab-On-Grade Edge Insulation	R=0.0, 120.0(p) ft	14. Hot water systems	
b. N/A		a. I.P Gas	Cap: 1.2 gallons
c. N/A			EF: 0.87
9. Wall types		b. N/A	
a. Frame, Wood, Exterior	R=13.0, 1023.0 ft ²	c. Conservation credits	
b. N/A		(HTR-Heat recovery, Solar	
c. N/A		DHP-Dedicated heat pump)	
d. N/A		15. HVAC credits	
e. N/A		(CF-Ceiling fan, CV-Cross ventilation,	
10. Ceiling types		HP-Whole house fan,	
a. Under Attic	R=30.0, 896.0 ft ²	PT-Programmable Thermostat,	
b. N/A		MZ-C-Multizone cooling,	
c. N/A		MZ-H-Multizone heating)	
11. Ducts			
a. Sup: Unc. Ret: Unc. AH: Interior	Sup. R=6.0, 71.7 ft		
b. N/A			

Glass/Floor Area: 0.15

Total as-built points: 10825

Total base points: 13125

PASS

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

PREPARED BY: Glenn Jones Jr.**DATE:**

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

OWNER/AGENT:**DATE:**

Review of the 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 with Section 553.908 Florida Statutes.

**BUILDING OFFICIAL:****DATE:**

FORM 600A-2001

SUMMER CALCULATIONS
Residential Whole Building Performance Method A - Details

ADDRESS: , Lake City, FL, 32024-

PERMIT #:

BASE				AS-BUILT									
GLASS TYPES													
.18 X Conditioned X BSPM = Points Floor Area				Type/SC	Overhang Ornt Len Hgt			Area X SPM X SOF = Points					
.18	896.0	20.04	3232.1	Double, Clear	W	2.0	6.0	30.0	38.52	0.85	984.7		
				Double, Clear	S	2.0	6.0	30.0	35.87	0.78	838.3		
				Double, Clear	E	2.0	6.0	60.0	42.06	0.85	2147.0		
				Double, Clear	N	2.0	6.0	15.0	19.20	0.90	259.7		
				As-Built Total:					135.0	4229.6			
WALL TYPES													
Area X BSPM = Points				Type	R-Value			Area X SPM = Points					
Adjacent	0.0	0.00	0.0	Frame, Wood, Exterior	13.0			1023.0	1.50		1534.5		
Exterior	1023.0	1.70	1739.1										
Base Total:	1023.0		1739.1	As-Built Total:		1023.0			1534.5				
DOOR TYPES													
Area X BSPM = Points				Type				Area X SPM = Points					
Adjacent	0.0	0.00	0.0	Exterior Wood				42.0	6.10		256.2		
Exterior	42.0	6.10	256.2										
Base Total:	42.0		256.2	As-Built Total:		42.0			256.2				
CEILING TYPES													
Area X BSPM = Points				Type	R-Value			Area X SPM X SCM = Points					
Under Attic	896.0	1.73	1550.1	Under Attic	30.0			896.0	1.73 X 1.00		1550.1		
Base Total:	896.0		1550.1	As-Built Total:		896.0			1550.1				
FLOOR TYPES													
Area X BSPM = Points				Type	R-Value			Area X SPM = Points					
Slab	120.0(p)	-37.0	-4440.0	Slab-On-Grade Edge Insulation	0.0			120.0(p)		-41.20	-4944.0		
Raised	0.0	0.00	0.0										
Base Total:			-4440.0	As-Built Total:		120.0			-4944.0				
INFILTRATION													
Area X BSPM = Points							Area X SPM = Points						
	896.0	0.21	9148.2				896.0	10.21			9148.2		

FORM 600A-2001

SUMMER CALCULATIONS
Residential Whole Building Performance Method A - Details

ADDRESS: , Lake City, FL, 32024-	PERMIT #:
----------------------------------	-----------

BASE				AS-BUILT							
Summer Base Points: 11485.6				Summer As-Built Points: 11774.6							
Total Summer Points	X	System Multiplier	= Cooling Points	Total Component	X	Cap Ratio	X Duct Multiplier (DM x DSM x AHU)	X System Multiplier	X Credit Multiplier	= Cooling Points	
11485.6		0.4266	4899.8	11774.6		1.000	(1.090 x 1.147 x 0.91)	0.280	1.000	3747.6	
				11774.6		1.00	1.138	0.280	1.000	3747.6	

FORM 600A-2001

WINTER CALCULATIONS
Residential Whole Building Performance Method A - Details

ADDRESS: , Lake City, FL, 32024-

PERMIT #:

BASE				AS-BUILT							
GLASS TYPES											
.18 X Conditioned X BWPM = Points Floor Area				Type/SC	Overhang Ornt Len Hgt			Area X WPM X WOF = Points			
.18	896.0	12.74	2054.7	Double, Clear	W	2.0	6.0	30.0	20.73	1.04	647.9
				Double, Clear	S	2.0	6.0	30.0	13.30	1.25	499.6
				Double, Clear	E	2.0	6.0	60.0	18.79	1.06	1194.7
				Double, Clear	N	2.0	6.0	15.0	24.58	1.00	370.4
				As-Built Total:						135.0	2712.5
WALL TYPES Area X BWPM = Points				Type	R-Value			Area X WPM = Points			
Adjacent	0.0	0.00	0.0	Frame, Wood, Exterior	13.0			1023.0 3.40 3478.2			
Exterior	1023.0	3.70	3785.1								
Base Total: 1023.0 3785.1				As-Built Total:				1023.0		3478.2	
DOOR TYPES Area X BWPM = Points				Type	Area X WPM = Points						
Adjacent	0.0	0.00	0.0	Exterior Wood	42.0 12.30 516.6						
Exterior	42.0	12.30	516.6								
Base Total: 42.0 516.6				As-Built Total:				42.0		516.6	
CEILING TYPES Area X BWPM = Points				Type	R-Value			Area X WPM X WCM = Points			
Under Attic	896.0	2.05	1836.8	Under Attic	30.0			896.0 2.05 X 1.00 1836.8			
Base Total: 896.0 1836.8				As-Built Total:				896.0		1836.8	
FLOOR TYPES Area X BWPM = Points				Type	R-Value			Area X WPM = Points			
Slab	120.0(p)	8.9	1068.0	Slab-On-Grade Edge Insulation	0.0			120.0(p) 18.80 2256.0			
Raised	0.0	0.00	0.0								
Base Total: 1068.0				As-Built Total:				120.0		2256.0	
INFILTRATION Area X BWPM = Points				Area X WPM = Points							
896.0 -0.59 -528.6				896.0 -0.59 -528.6							

FORM 600A-2001

WINTER CALCULATIONS
Residential Whole Building Performance Method A - Details

ADDRESS: , Lake City, FL, 32024-	PERMIT #:
----------------------------------	-----------

BASE				AS-BUILT							
Winter Base Points: 8732.6				Winter As-Built Points: 10271.5							
Total Winter Points	X	System Multiplier	= Heating Points	Total Component	X	Cap Ratio	X Duct Multiplier (DM x DSM x AHU)	X System Multiplier	X Credit Multiplier	= Heating Points	
8732.6		0.6274	5478.8	10271.5	1.000	1.000	(1.069 x 1.169 x 0.93)	0.467	1.000	5580.4	
				10271.5	1.00	1.162		0.467	1.000	5580.4	

Code Compliance Checklist

Residential Whole Building Performance Method A - Details

ADDRESS: , Lake City, FL, 32024-

PERMIT #:

6A-21 INFILTRATION REDUCTION COMPLIANCE CHECKLIST

COMPONENTS	SECTION	REQUIREMENTS FOR EACH PRACTICE	CHECK
Exterior Windows & Doors	606.1.ABC.1.1	Maximum: 3 cfm/sq.ft. window area; 5 cfm/sq.ft. door area.	
Exterior & Adjacent Walls	606.1.ABC.1.2.1	Caulk, gasket, weatherstrip or seal between: windows/doors & frames, surrounding wall; foundation & wall sole or sill plate; joints between exterior wall panels at corners; utility penetrations; between wall panels & top/bottom plates; between walls and floor. EXCEPTION: Frame walls where a continuous infiltration barrier is installed that extends from, and is sealed to, the foundation to the top plate.	
Floors	606.1.ABC.1.2.2	Penetrations/openings >1/8" sealed unless backed by truss or joint members. EXCEPTION: Frame floors where a continuous infiltration barrier is installed that is sealed to the perimeter, penetrations and seams.	
Ceilings	606.1.ABC.1.2.3	Between walls & ceilings; penetrations of ceiling plane of top floor; around shafts, chases, soffits, chimneys, cabinets sealed to continuous air barrier; gaps in gyp board & top plate; attic access. EXCEPTION: Frame ceilings where a continuous infiltration barrier is installed that is sealed at the perimeter, at penetrations and seams.	
Recessed Lighting Fixtures	606.1.ABC.1.2.4	Type IC rated with no penetrations, sealed; or Type IC or non-IC rated, installed inside a sealed box with 1/2" clearance & 3" from insulation; or Type IC rated with < 2.0 cfm from conditioned space, tested.	
Multi-story Houses	606.1.ABC.1.2.5	Air barrier on perimeter of floor cavity between floors.	
Additional Infiltration reqts	606.1.ABC.1.3	Exhaust fans vented to outdoors, dampers; combustion space heaters comply with NFPA, have combustion air.	

6A-22 OTHER PRESCRIPTIVE MEASURES (must be met or exceeded by all residences.)

COMPONENTS	SECTION	REQUIREMENTS	CHECK
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.	
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 a minimum thermal efficiency of 78%.	
Shower heads	612.1	Water flow must be restricted to no more than 2.5 gallons per minute at 80 PSIG.	
Air Distribution Systems	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. Ducts in unconditioned attics: R-6 min. insulation.	
HVAC Controls	607.1	Separate readily accessible manual or automatic thermostat for each system.	
Insulation	604.1, 602.1	Ceilings-Min. R-19, Common walls-Frame R-11 or CBS R-3 both sides. Common ceiling & floors R-11.	

ENERGY PERFORMANCE LEVEL (EPL) DISPLAY CARD

ESTIMATED ENERGY PERFORMANCE SCORE* = 86.5**The higher the score, the more efficient the home.**

, , Lake City, FL, 32024-

1. New construction or existing	New	12. Cooling systems	
2. Single family or multi-family	Single family	a. Central Unit	Cap: 21.5 kBtu/hr
3. Number of units, if multi-family	1	b. N/A	SEER: 12.20
4. Number of Bedrooms	1	c. N/A	
5. Is this a worst case?	No		
6. Conditioned floor area (ft ²)	896 ft ²	13. Heating systems	
7. Glass area & type		a. Gas Hydronic Space & Water Hca	Cap: 29.8 kBtu/hr
a. Clear - single pane	Single Pane 0.0 ft ²	b. N/A	RE: 0.87
b. Clear - double pane	Double Pane 135.0 ft ²	c. N/A	
c. Tin/other SHGC - single pane	0.0 ft ²		
d. Tin/other SHGC - double pane	0.0 ft ²		
8. Floor types		14. Hot water systems	
a. Slab-On-Grade Edge Insulation	R=0.0, 120.0(p) ft	a. LP Gas	Cap: 1.2 gallons
b. N/A		b. N/A	EF: 0.87
c. N/A		c. Conservation credits	
9. Wall types		(HR-Heat recovery, Solar	
a. Frame, Wood, Exterior	R=13.0, 1023.0 ft ²	DHP-Dedicated heat pump)	
b. N/A		15. HVAC credits	
c. N/A		(CF-Ceiling fan, CV-Cross ventilation,	
d. N/A		HF-Whole house fan,	
e. N/A		PT-Programmable Thermostat,	
10. Ceiling types		MZ-C-Multizone cooling,	
a. Under Attic	R=30.0, 896.0 ft ²	MZ-H-Multizone heating)	
b. N/A			
c. N/A			
11. Ducts			
a. Sup: Unc. Ret: Unc. AH: Interior	Sup. R=6.0, 71.7 ft		
b. N/A			

I certify that this home has complied with the Florida Energy Efficiency Code For Building Construction through the above energy saving features which will be installed (or exceeded) in this home before final inspection. Otherwise, a new EPL Display Card will be completed based on installed Code compliant features.

Builder Signature: _____ Date: _____

Address of New Home: _____ City/FL Zip: _____



*NOTE: The home's estimated energy performance score is only available through the FIA/RES computer program. This is not a Building Energy Rating. If your score is 80 or greater (or 86 for a US EPA/DOE EnergyStarTM designation), your home may qualify for energy efficiency mortgage (EEM) incentives if you obtain a Florida Energy Gauge Rating. Contact the Energy Gauge Hotline at 321/638-1492 or see the Energy Gauge web site at www.fsec.ucf.edu for information and a list of certified Raters. For information about Florida's Energy Efficiency Code For Building Construction, contact the Department of Community Affairs Energy Gauge Ref. version: FLRCSB v3.30)

New Construction Subterranean Termite Soil Treatment Record

OMB Approval No. 2502-0525
(exp. 10/31/2005)

This form is completed by the licensed Pest Control Company.

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This information is mandatory and is required to obtain benefits. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

Section 24 CFR 200.926d(b)(3) requires that the sites for HUD insured structures must be free of termite hazards. This information collection requires the builder to certify that an authorized Pest Control company performed all required treatment for termites, and that the builder guarantees the treated area against infestation for one year. Builders, pest control companies, mortgage lenders, homebuyers, and HUD as a record of treatment for specific homes will use the information collected. The information is not considered confidential.

This report is submitted for informational purposes to the builder on proposed (new) construction cases when soil treatment for prevention of subterranean termite infestation is specified by the builder, architect, or required by the lender, architect, FHA, or VA.

All contracts for services are between the Pest Control Operator and builder, unless stated otherwise.

23480

Section 1: General Information (Treating Company Information)

Company Name: Aspen Pest Control, Inc.
Company Address: 301 NW Cole Terrace City Lake City State FL Zip 32055
Company Business License No. JB109476 Company Phone No. 386-755-3611
FHA/VA Case No. (if any) _____

Section 2: Builder Information

Company Name: Jim North Company Phone No. _____

Section 3: Property Information

Location of Structure(s) Treated (Street Address or Legal Description, City, State and Zip) 395 S.W. Parker Lane
Lake City, FL 32024

Type of Construction (More than one box may be checked) ☒ Slab ☐ Basement ☐ Crawl ☐ Other _____
Approximate Depth of Footing: Outside 12 Inside 12 Type of Fill Dirt

Section 4: Treatment Information

Date(s) of Treatment(s) _____
Brand Name of Product(s) Used Termidor 80 WG
EPA Registration No. 7969-209
Approximate Final Mix Solution % .06%
Approximate Size of Treatment Area: Sq. ft. 1596 Linear ft. 140 Linear ft. of Masonry Voids 160
Approximate Total Gallons of Solution Applied 320
Was treatment completed on exterior? ☐ Yes ☒ No
Service Agreement Available? ☒ Yes ☐ No upon completion

Note: Some state laws require service agreements to be issued. This form does not preempt state law.

Attachments (List) _____

Comments _____

Name of Applicator(s) Steve Brannon Certification No. (if required by State law) JB104376

The applicator has used a product in accordance with the product label and state requirements. All treatment materials and methods used comply with state and federal regulations.

Authorized Signature Steve Brannon Date 10-12-05

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Form NPCA-99-B may still be used

form HUD-NPCA-99-B (04/2003)

Reorder Product #2581 • From Crown Graphics, Inc. • 1-800-252-4011