

DATE 12/30/2010

Columbia County Building Permit  
This Permit Must Be Prominently Posted on Premises During Construction

PERMIT  
000029105

APPLICANT TRAVIS LAMONDA PHONE 386.438.3201  
ADDRESS 144 SW WATERFORD CT, STE.103 LAKE CITY FL 32055  
OWNER CHRISTOPHER J. NEWSOME PHONE 386.454.5664  
ADDRESS 22429 S.US HWY HIGH SPRINGS FL 32643  
CONTRACTOR ERIC EHRLUND PHONE 888.214.2322  
LOCATION OF PROPERTY 441-S TO 2 MILES PAST OLENO STATE PARK ON L.

TYPE DEVELOPMENT SFD REPAIRS ESTIMATED COST OF CONSTRUCTION 0.00  
HEATED FLOOR AREA TOTAL AREA HEIGHT STORIES  
FOUNDATION WALLS ROOF PITCH FLOOR  
LAND USE & ZONING A-3 MAX. HEIGHT  
Minimum Set Back Requirments: STREET-FRONT REAR SIDE  
NO. EX.D.U. 1 FLOOD ZONE X DEVELOPMENT PERMIT NO.

PARCEL ID 15-7S-17-09998-000 SUBDIVISION  
LOT BLOCK PHASE UNIT TOTAL ACRES 4.00

CGC042165  
Culvert Permit No. Culvert Waiver Contractor's License Number Applicant/Owner/Contractor  
EXISTING BLK TC N  
Driveway Connection Septic Tank Number LU & Zoning checked by Approved for Issuance New Resident  
COMMENTS: NO CHARGE DUE TO TREE DAMAGE ON SFD. SECTION 2.3.1.  
NOC ON FILE

Check # or Cash NO CHARGE

FOR BUILDING & ZONING DEPARTMENT ONLY

(footer/Slab)

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

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

No Change Tree Wind Damage

For Office Use Only Application # 1012-43 Date Received 12/21/10 By CH Permit # 29105  
 Zoning Official BK Date 29.12.10 Flood Zone X Land Use A-3 Zoning A-3  
 FEMA Map # N/A Elevation N/A MFE N/A River N/A Plans Examiner T.C. Date 12-27-10  
 Comments Section 2.3.1  
☒ 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 \_\_\_\_\_ Road/Code \_\_\_\_\_  
 School \_\_\_\_\_ = TOTAL \_\_\_\_\_ VF form

Septic Permit No. N/A - MR. ROBERTS - Fax 386-755-2726  
 Name Authorized Person Signing Permit Trevi's Lamanda Phone 386-438-3201  
 Address 144 SW Waterford Ct #103, Lake City, FL 32055  
 Owners Name Christopher James Newsom Phone 886-454-5164  
 911 Address 22429 S. US HWY 441, HIGH SPRINGS, FL 32643  
 Contractors Name Eric Ehrhard Phone 888-214-2322  
 Address 244 NW 9th Street, Ocala, FL 34475  
 Fee Simple Owner Name & Address N/A  
 Bonding Co. Name & Address N/A  
 Architect/Engineer Name & Address Gary Dawson + Assoc., 2830 NW 41st Street Unit-D - Gainesville, FL 32606  
 Mortgage Lender Name & Address \_\_\_\_\_  
 Circle the correct power company - FL Power & Light - Clay Elec. - Suwannee Valley Elec. - Progress Energy N/A  
 Property ID Number 15-78-17-09998-000 Estimated Cost of Construction 25,000.00  
 Subdivision Name N/A - See attached Lot \_\_\_\_\_ Block \_\_\_\_\_ Unit \_\_\_\_\_ Phase \_\_\_\_\_  
 Driving Directions Take 441 South toward High Springs - Approx. (2) miles past Oleno State Park on Left  
 Number of Existing Dwellings on Property 1  
 Construction of Repair SFD Tree Damage Total Acreage 4 Lot Size \_\_\_\_\_  
 Do you need a - Culvert Permit or Culvert Waiver or Have an Existing Drive Total Building Height \_\_\_\_\_  
 Actual Distance of Structure from Property Lines - Front 1.00 Side 1.00 Side 1.00 Rear 1.00  
 Number of Stories 1 Heated Floor Area 1127 Total Floor Area 3127 Roof Pitch 12/12  
 Application is hereby made to obtain a permit to do work and installations as indicated. I certify that no work or installation has commenced prior to the issuance of a permit and that all work be performed to meet the standards of all laws regulating construction in this jurisdiction. 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

TW. Left message for Mr. Roberts. 12.30.10

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.

(Owners Must Sign All Applications Before Permit Issuance.)

Owner's 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.

Contractor's Signature (Permitee)

Contractor's License Number CGC0421165  
Columbia County  
Competency Card Number 409

Affirmed under penalty of perjury to be by the Contractor and subscribed before me this 15<sup>th</sup> day of December 2010.

Personally known By Produced Identification

State of Florida Notary Signature (For the Contractor)

SEAL:

NOTARY PUBLIC-STATE OF FLORIDA  
M. Jane Burns  
Commission #D:290511  
Expires: JUL 31, 2013  
NOTED THIS ATLAS IN THE RECORDS OF THE

Page 2 of 2 (Both Pages must be submitted together.)

Revised 8-19-09



# Columbia County Property Appraiser

DB Last Updated: 11/4/2010

**2010 Tax Year**

Parcel: 15-7S-17-09998-000

&lt;&lt; Next Lower Parcel

Next Higher Parcel &gt;&gt;

Tax Collector

Tax Estimator

Property Card

Parcel List Generator

Interactive GIS Map

Print

**Owner & Property Info**

Search Result: 1 of 1

Owner's Name	NEWSOME CHRISTOPHER JAMES		
Mailing Address	22429 S US HWY 441 HIGH SPRINGS, FL 32643		
Site Address	22429 S US HIGHWAY 441		
Use Desc. (code)	SINGLE FAM (000100)		
Tax District	3 (County)	Neighborhood	15717
Land Area	4.000 ACRES	Market Area	02
Description	NOTE: This description is not to be used as the Legal Description for this parcel in any legal transaction.		
BEG 100 FT E OF SW COR OF NW1/4 OF SW1/4, RUN N 371.35 FT, E 180 FT, S 20 FT, E 302.82 FT, S 351.35 FT, W 482.82 FT TO POB. DC ORB 638-164, 815-964			

**Property & Assessment Values**

2010 Certified Values		
<b>Mkt Land Value</b>	cnt: (0)	\$35,519.00
<b>Ag Land Value</b>	cnt: (2)	\$0.00
<b>Building Value</b>	cnt: (1)	\$71,979.00
<b>XFOB Value</b>	cnt: (3)	\$4,748.00
<b>Total Appraised Value</b>		\$112,246.00
<b>Just Value</b>		\$112,246.00
<b>Class Value</b>		\$0.00
<b>Assessed Value</b>		\$88,689.00
<b>Exempt Value</b>	(code: HX)	\$50,000.00
<b>Total Taxable Value</b>	Cnty: \$38,689 Other: \$38,689   Schl: \$63,689	

**2011 Working Values****NOTE:**

2011 Working Values are NOT certified values and therefore are subject to change before being finalized for ad valorem assessment purposes.

Show Working Values

**Sales History**

Show Similar Sales within 1/2 mile

Sale Date	OR Book/Page	OR Code	Vacant / Improved	Qualified Sale	Sale RCode	Sale Price
12/21/1995	815/964	WD	I	Q		\$78,000.00

**Building Characteristics**

Bldg Item	Bldg Desc	Year Blt	Ext. Walls	Heated S.F.	Actual S.F.	Bldg Value
1	SINGLE FAM (000100)	1973	SINGLE SID (04)	1627	3127	\$71,979.00
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	1993	\$3,648.00	0003040.000	0 x 0 x 0	(000.00)
0120	CLFENCE 4	1993	\$300.00	0000001.000	0 x 0 x 0	(000.00)
0080	DECKING	2005	\$800.00	0000001.000	0 x 0 x 0	(000.00)

**Land Breakdown**

**SUBCONTRACTOR VERIFICATION FORM**

APPLICATION NUMBER \_\_\_\_\_ CONTRACTOR Eric Ehrlund PHONE \_\_\_\_\_

**THIS FORM MUST BE SUBMITTED PRIOR TO THE ISSUANCE OF A PERMIT**

In Columbia County one permit will cover all trades doing work at the permitted site. It is **REQUIRED** that we have records of the subcontractors who actually did the trade specific work under the permit. Per Florida Statute 440 and Ordinance 89-6, a contractor shall require all subcontractors to provide evidence of workers' compensation or exemption, general liability insurance and a valid Certificate of Competency license in Columbia County.

**Any changes, the permitted contractor is responsible for the corrected form being submitted to this office prior to the start of that subcontractor beginning any work. Violations will result in stop work orders and/or fines.**

<b>ELECTRICAL</b> 588	Print Name <u>Billy Santorci ELEC.</u> License #: <u>EC # 13003396</u>	Signature <u>Billy Santorci</u> Phone #: <u>352 492 5511</u>
<b>MECHANICAL/A/C</b> 1015 B	Print Name <u>Lake City A/C + Refrig.</u> License #: <u>CAC021353</u>	Signature <u>Ralph Mazzocchi</u> Phone #: <u>386-984-6117</u>
<b>PLUMBING/GAS</b>	Print Name <u>The Plumber</u> License #: <u>N/A NO PLUMBING ON JOB</u>	Signature <u>N/A</u> Phone #: <u>N/A</u>
<b>ROOFING</b> 408	Print Name <u>Restoration Spec.</u> License #: <u>CCC 056803</u>	Signature <u>Eric Ehrlund</u> Phone #: <u>386-438-3201</u>
<b>SHEET METAL</b>	Print Name <u>N/A</u> License #: _____	Signature _____ Phone #: _____
<b>FIRE SYSTEM/SPRINKLER</b>	Print Name <u>N/A</u> License #: _____	Signature _____ Phone #: _____
<b>SOLAR</b>	Print Name <u>N/A</u> License #: _____	Signature _____ Phone #: _____

Specialty License	License Number	Sub-Contractors Printed Name	Sub-Contractors Signature
MASON			
CONCRETE FINISHER			
FRAMING			
INSULATION			
STUCCO			
DRYWALL			
PLASTER			
CABINET INSTALLER			
PAINTING			
ACOUSTICAL CEILING			
GLASS			
CERAMIC TILE			
FLOOR COVERING			
ALUM/VINYL SIDING			
GARAGE DOOR			
METAL BLDG ERECTOR			

**F. S. 440.103 Building permits; identification of minimum premium policy.**--Every employer shall, as a condition to applying for and receiving a building permit, show proof and certify to the permit issuer that it has secured compensation for its employees under this chapter as provided in ss. 440.10 and 440.38, and shall be presented each time the employer applies for a building permit.

This Instrument Prepared By:

Name: GREG ROBERTSAddress: 144 S.W. Listerwood Ct #103

Permit No.:

Tax Folio No.:

Inst: 201112000090 Date: 1/4/2011 Time: 1:45 PM

DC, P. DeWitt Cason, Columbia County Page 1 of 1 B.1207 P.1768

## NOTICE OF COMMENCEMENT

STATE OF FLORIDACOUNTY OF COLUMBIA

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.

1. Description of property: (legal description of property, and street address if available) Bag 100' E of SW COR of NW 1/4 of SW 1/4, Run N 371.35 FT. E 180 FT. S 20 FT. E 302.82 FT. S 351.85 FT. W 15-75-17-09998-000  
22429 SOUTH HWY 441 HIGH SPRINGS, FL 32643-0000
2. General description of improvement: ROOF REPAIR, EXTERIOR REPAIR AND INTERIOR REPAIR FROM FALLING TREE.
3. Owner information
  - a. Name and address: CHRISTOPHER JAMES NEWSOM - 22429 SOUTH HWY 441 HIGH SPRINGS, FL 32643-0000
  - b. Interest in property: OWNER
  - c. Name and address of fee simple titleholder (if other than owner):
4. Contractor: ERIC ENHRLUND
  - a. Name and address: RESTORATION SPECIALISTS - 224 NW 4TH STREET OCALA, FL 34475
  - b. Phone number: 352-732-2322
5. Surety
  - a. Name and address:
  - b. Amount of bond \$ N/A
  - c. Phone number:
6. Lender
  - a. Name and address: N/A
  - b. Phone number:
7. Person within the State of Florida designated by Owner upon whom notices or other documents may be served as provided by Section 713.13(1)(a)7, Florida Statutes:
  - a. Name and address: ERIC ENHRLUND - RESTORATION SPECIALISTS - 224 NW 4TH STREET OCALA, FL 34475
  - b. Phone number: 352-732-2322
8. In addition to himself, Owner designates the following person(s) to receive a copy of the Lienor's Notice as provided in Section 713.13(1)(b), Florida Statutes:
  - a. Name and address: ERIC ENHRLUND - RESTORATION SPECIALISTS - 224 NW 4TH STREET OCALA, FL 34475
  - b. Phone number: 352-732-2322
9. Expiration date of notice of commencement (the expiration date is 1 year from the date of recording unless a different date is specified)

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 PAYMENT 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 WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.

[Signature]  
Signature of Owner or Owner's Authorized Officer/Director  
Partner/Manager

Signatory's Title/Office OWNER

The foregoing instrument was acknowledged before me this 3RD day of DECEMBER, 2010 (year) by CHRISTOPHER J. NEWSOM (name of person) as OWNER (type of authority, e.g. officer, trustee, attorney in fact) for CHRISTOPHER J. NEWSOM (name of party on behalf of whom instrument was executed).

[Signature]  
Signature of Notary Public - State of Florida.  
Print, Type, or Stamp Commissioned Name of Notary Public  
Commission Number

Personally Known \_\_\_\_\_ or Produced Identification FL DL# N250-110-65-471-0

Verification Pursuant to Section 92.52, 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.

[Signature]  
Signature of Natural Person Signing Above



# Gary Dounson & Associates, Inc.

December 7, 2010

Restoration Specialists  
Attn: Travis Lamonda  
144 SW Waterford Court #103  
Lake City, FL 32025

Re: Newsom Residence, High Springs, Florida

Dear Travis,

In accordance with your request, we have performed an inspection at the above referenced residence. The purpose of the inspection was to determine the need for structural repairs to the residence as a result of damage caused by a fallen tree. The tree struck the southeast corner of the residence, see photo 1.

The residence is a single story wood frame structure with a gable roof, see photo 2. At the time of the inspection the ceiling material had been removed in the area of the roof damage and replaced with plastic film. The structural damage noted, consisted of damage to 6 roof rafters and corresponding ceiling joist starting from the first inboard rafter from the east gable end, see repair plan. Some damage was also noted to have occurred to some of the wall studs in the area of impact. In order to restore the residence to its pre-damaged condition, we recommend the roof be repaired in accordance with the attached repair sketches and notes.

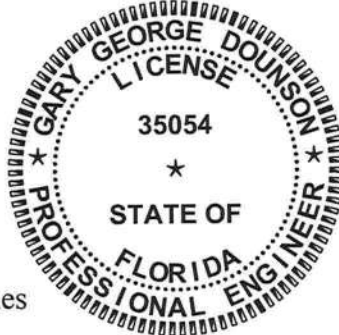
If additional structural damage is found during the repair process that was not covered in this report, please notify our office so that we may further evaluate the need for additional repairs. If you have any questions please do not hesitate to contact our office.

Sincerely,



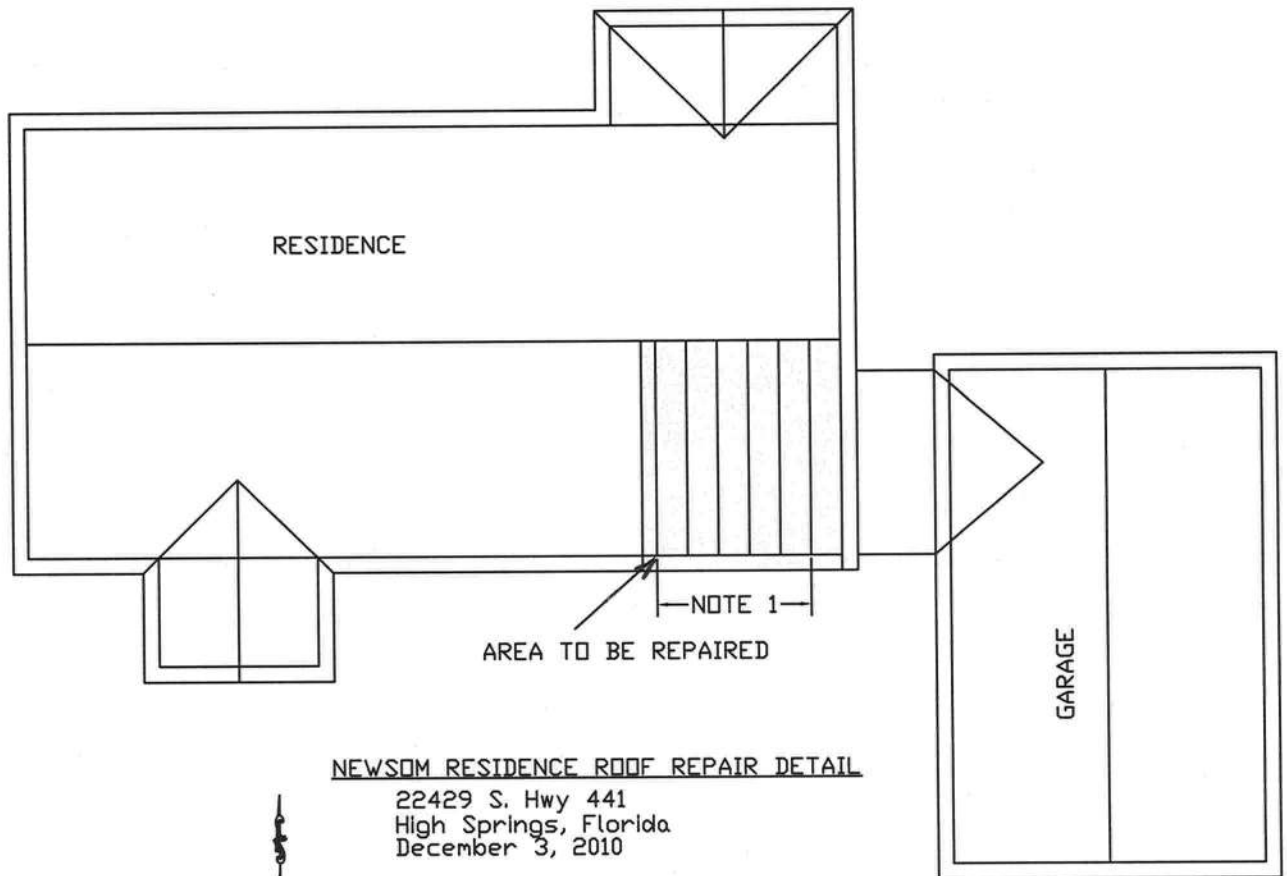
Gary Dounson, P.E.  
President

Attachments: 2 Photos, 4 Repair Sketches



2830 NW 41<sup>st</sup>. Street, Unit D, Gainesville, Florida 32606  
(352) 375-8593 Voice (352) 375-6053 Fax

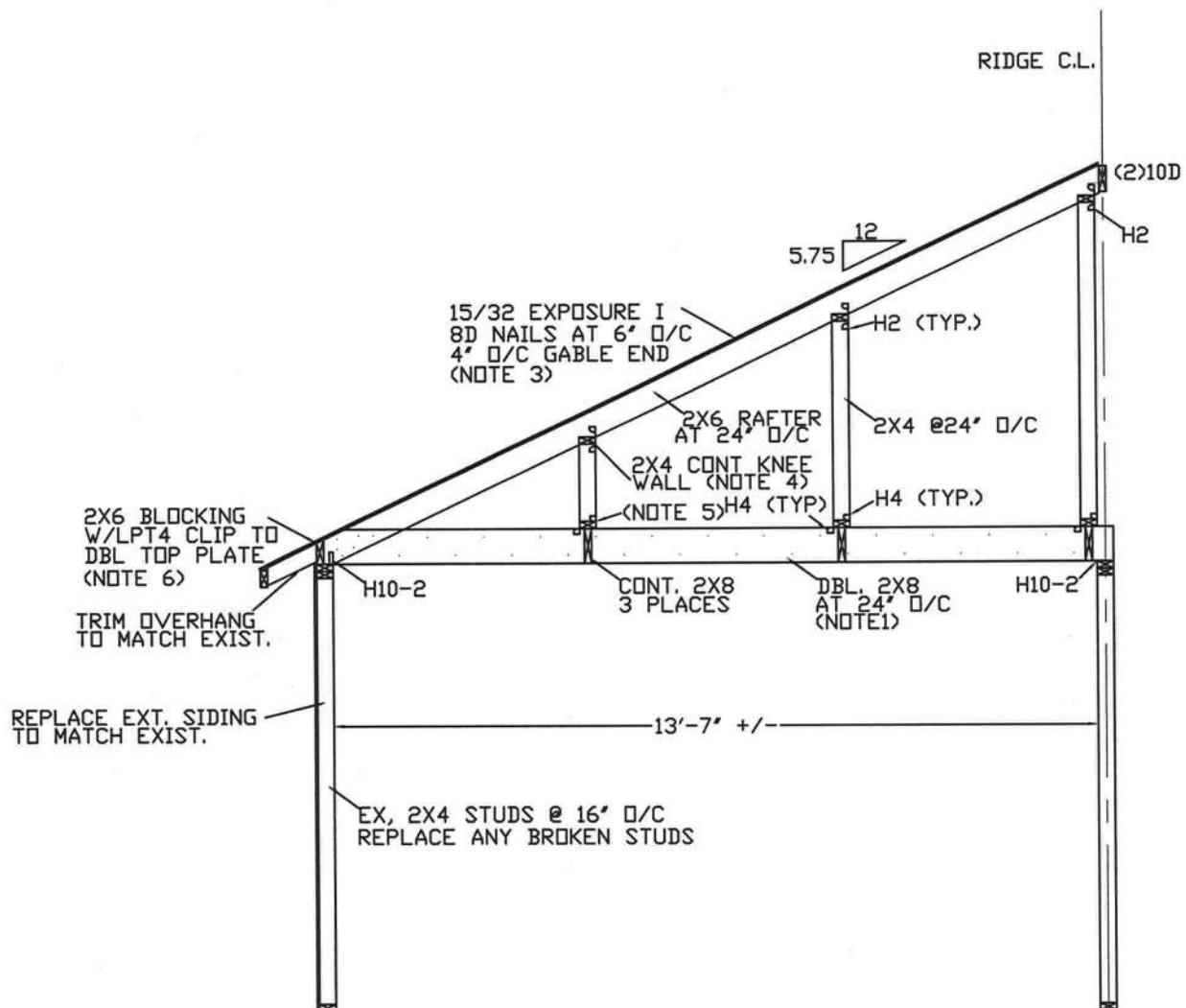
US HWY 441



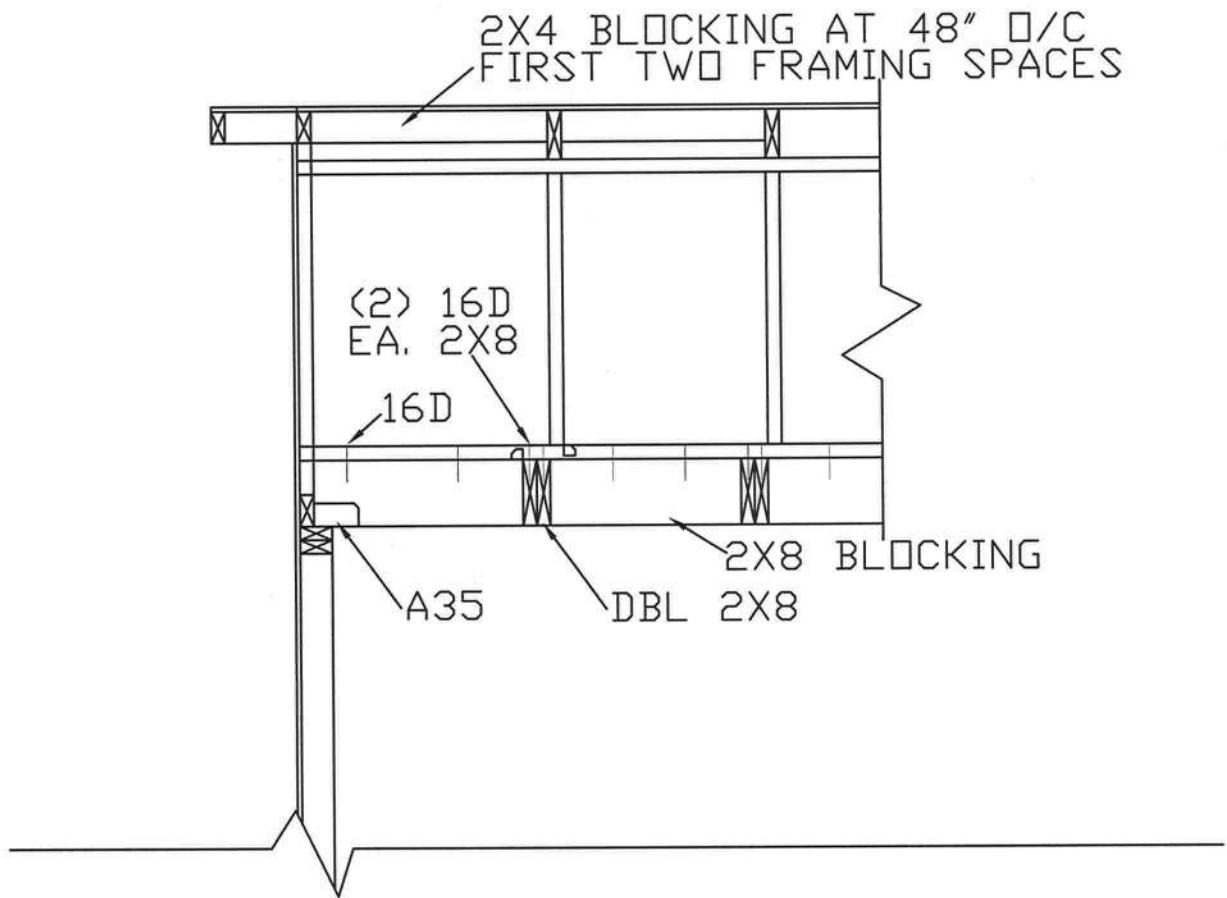
NEWSDM RESIDENCE ROOF REPAIR DETAIL

22429 S. Hwy 441  
High Springs, Florida  
December 3, 2010





REPAIR SECTION VIEW



REPAIR AT GABLE END

## ROOF REPAIR NOTES

1. REPLACE 6 EXISTING DAMAGED ROOF RAFTER/JOIST.
2. NAIL DOUBLE 2X8 CEILING JOIST TOGETHER WITH TWO ROWS OF 10D NAILS AT 12" O/C STAGGERED.
3. PROVIDE STAGGERED OVERLAP INTO EXISTING ROOF SHEATHING A MINIMUM OF 4'.
4. KNOTCH 2X6 RATHERS TO SIT ON KNEE WALLS. ANCHOR TO KNEE WALL WITH H2 TO ALIGNED STUD BELOW.
5. ANCHOR KNEE WALL STUDS TO CONT. 2X4 WITH H4. ANCHOR CONT. BASE TO DBL. 2X8 WITH H4 EA. RAFTER.
6. NAIL SHEATHING INTO BLOCKING W/8D AT 6" O/C AND ATTACH BLOCKING TO DBL 2X8 WITH LPT4 CLIP.
7. PROVIDE 2X4 BLOCKING IN ROOF AT 48" O/C IN FIRST TWO FRAMING SPACES.
8. EXTEND CONT. 2X4 KNEE WALL BASE AND 2X8 BLOCKING TO GABLE END WALL AND ANCHOR WITH A35 CLIP.
9. ALL LUMBER NO. 2 SYP. ALL CONNECTORS SIMPSON STRONG-TIE.





PHOTO 1 - NEWSOM RESIDENCE  
AREA OF TREE IMPACT TO ROOF



PHOTO 2  
NEWSOME RESIDENCE  
SOUTH ELEVATION

