

COLUMBIA COUNTY
BUILDING PERMIT / APPLICATION
This Permit Expires One Year From Date of Issue

Permit
No **20315**

DATE 1/14/03

NEW RESIDENT N

APPLICANT'S NAME & ADDRESS JOHN A. CREEL PHONE 752-5409

OWNER'S NAME & ADDRESS RT. 7, BOX 537, LAKE CITY, FL 32055 PHONE SAME

CONTRACTOR'S NAME OWNER BUILDER PHONE _____

LOCATION OF PROPERTY 41-N TO SUWANNEE VALLEY ROAD, L GO TO WHITE SPRINGS RD, R
THEN TO SOPHIE RD, R, IT'S THE CORNER LOT ON THE LEFT.

TYPE DEVELOPMENT SFD, SEPTIC, UTILITY ESTIMATED COST OF CONSTRUCTION \$ 49,000.

FLOOR AREA 1618 1946 HEIGHT _____ STORIES 1 WALLS FRAMED

FOUNDATION CONC ROOF (type & pitch) 12'12 FLOOR CONC

LAND USE & ZONING ESA MAX. HEIGHT _____

MINIMUM SET BACK: STREET - FRONT /SIDE 30 REAR 25 SIDE 25

NO. EX. D. U. 0 FLOOD ZONE AE CERT. DATE N/A DEV. PERMIT F-023-03-003

LEGAL DESCRIPTION (acres)

19-2S-16-01653-102 4.02 ACRES OF LAND

I certify that all work will be performed to meet the standards of all laws regulating construction in this jurisdiction and that all the foregoing information is accurate and all work will be done in compliance with all applicable laws regulating construction and zoning.

owner builder

Contractor's License Number

Applicant / Owner / Contractor

02-0772-n

JLW

RJ

Septic Tank Number

LU & Zoning checked by

Approved for issuance by

FOR BUILDING & ZONING DEPARTMENT ONLY

(Footer / Slab)

Temporary Power _____ Foundation _____ Monolithic _____
date / app. by _____ date / app. by _____ date / app. by _____

Under slab rough-in plumbing _____ slab _____ framing _____
date / app. by _____ date / app. by _____ date / app. by _____

Rough-in plumbing above slab and below wood floor _____
date / app. by _____ date / app. by _____ date / app. by _____

Electrical rough-in _____ Heat and Air Duct _____ Peri. beam _____
date / app. by _____ date / app. by _____ date / app. by _____

Permanent power _____ Final _____ Pool _____
date / app. by _____ date / app. by _____ date / app. by _____

COMMENTS: DEV. PERMIT. \$10.00 BLDG SURCHARGE \$ 9.73 & CERT. \$ 9.73

OTHER TYPES OF INSPECTIONS

Culvert EXISTING _____ M / H tie downs, blocking, electricity and plumbing _____
date / app. by _____ date / app. by _____

Utility Pole _____ Pump pole _____ Reconnection _____
date / app. by _____ date / app. by _____

BUILDING PERMIT FEE \$ 245.00 CK# 0960 ZONING CERT. FEE \$ 25.00 OTHER \$ _____ TOTAL: 299.46

INSPECTORS OFFICE [Signature] CLERKS OFFICE 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 INCONVENIENCE, 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 all Deed Restrictions

**Columbia County
Building Permit Application**

Date 11-5-02

Application No. _____

Applicants Name & Address John A. Creel Phone (386) 752-5401
Rt. 7 Box 537 Lake City FL 32055

Owners Name & Address _____ Phone _____

Fee Simple Owners Name & Address _____ Phone _____

Contractors Name & Address _____ Phone _____

Legal Description of Property Year T Property
2003 R 19-25-16-01653-102

Location of Property Lot 2, Rolling Pines S/D

Tax Parcel Identification No. 19-25-16-01653-102 Estimated Cost of Construction \$ 50,000

Type of Development Home (Single Family) Number of Existing Dwellings on Property NONE

Comprehensive Plan Map Category 18 Zoning Map Category 102

Building Height 27' Number of Stories 2 Floor Area 1618 Total Acreage in Development 4.2

Distance From Property Lines (Set Backs) Front 285' Side 118'/128' Rear 280' Street Sophie

Flood Zone 100-500 year X/AE/Prop. Certification Date _____ Development Permit _____

Bonding Company Name & Address _____

Architect/Engineer Name & Address Bill Baker Janece St. Lake City FL 32055

Mortgage Lenders Name & Address _____

Application is hereby made to obtain a permit to do the 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 will 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 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.

John A. Creel
Owner or Agent (including contractor)

Contractor

Contractor License Number

STATE OF FLORIDA
COUNTY OF COLUMBIA
Sworn to (or affirmed) and subscribed before me
this _____ day of _____ by _____

STATE OF FLORIDA
COUNTY OF COLUMBIA
Sworn to (or affirmed) and subscribed before me
this _____ day of _____ by _____

Personally Known _____ OR Produced Identification

Personally Known _____ OR Produced Identification

CAM112M01 CamaUSA Appraisal System
 10/21/2002 11:46 Legal Description Maintenance
 Year T Property Sel
 2003 R 19-2S-16-01653-102

Columbia County
 9180 Land 001
 AG 000
 Bldg 000
 Xfea 000
 9180 TOTAL B

NOTE & ADDR NOTE
 CREEL JOHN ANDREW

1	LOT 2, ROLLING PINES, S/D.	ORB 742-065,, 817-2204,,	2
3	849-456, 850-152,, 940-2065,,		4
5			6
7			8
9			10
11			12
13			14
15			16
17			18
19			20
21			22
23			24
25			26
27			28

Mnt 12/04/2001 KYLIE

F1=Help F3=Exit F4=Prompt F10=GoTo PGUP/PGDN F24=MoreKeys

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: cc911add@isgroup.net

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: 11-26-02

ENHANCED 9-1-1 ADDRESS:

959 NW Sophie Dr. (White Springs, FL)
32096.

Addressed Location 911 Phone Number: NIA

OCCUPANT NAME: John A. Creel

OCCUPANT CURRENT MAILING ADDRESS: Rt 7 Box 537
Lake City, FL, 32055.

PROPERTY APPRAISER MAP SHEET NUMBER: 18.

PROPERTY APPRAISER PARCEL NUMBER: 19-25-16 - 01653-102

Other Contact Phone Number (If any): _____

Building Permit Number (If known): _____

ADDRESSING DEPARTMENT ID#:

(Addressing Department Use Only, THIS IS NOT AN ADDRESS)

Remarks: LOT 2, Rolling Pines S/D.

Address Issued By: _____

John Creel
Columbia County 9-1-1 Addressing Department

Permit No. 20315

Tax Parcel No. 1A-26-16E-01653-102

COLUMBIA COUNTY NOTICE OF COMMENCEMENT

STATE OF FLORIDA

Inst:2002024981 Date:12/18/2002 Time:08:17

COUNTY OF COLUMBIA

MCK DC, P. DeWitt Cason, Columbia County B:970 P:220

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 the property, and street address if available.)

Lot 2 Rolling Pines Subdivision

2. General description of improvement: 1 acre cleared
Home to be built

3. Owner Information:

A. Name and address:

John Andrew Creel
Rt. 7 Box 537 Lake City FL 32055

B. Interest in property:

Owner

C. Name and address of fee simple titleholder (if other than owner):

N/A

4. Contractor: (name and address)

John A. Creel

5. Surety

A. Name and address:

N/A

B. Amount of bond:

NA

6. Lender: (name and address)

7. Persons within the State of Florida designated by Owner upon whom notices or other documents may be served as provided by Section 718.13 (1) (a) 7., Florida Statutes: (name and address)

8. In addition to himself, owner designates N/A
of _____ to receive a copy of
the Lienor's Notice as provided in Section 713.13 (1) (a) 7., Florida Statutes.

9. Expiration date of notice of commencement (the expiration date is 1 year from the
date of recording unless a different date is specified) _____.

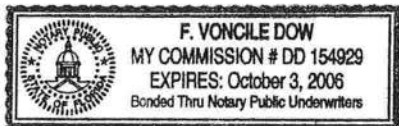
John Andrew Aul
(Signature of Owner)

SWORN TO and subscribed before me this 18th day of December
19 2002

F. Voncile Dow
Notary Public

(NOTARIAL
SEAL)

My Commission Expires:



Inst:2002024981 Date:12/18/2002 Time:08:17
MCK DC,P.DeWitt Cason,Columbia County B:970 P:221

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

- ☐ Two-Family Residence
☐ Other _____

NEW CONSTRUCTION OR IMPROVEMENT

- ☒ New Construction ☐ Addition, Alteration, Modification or other Improvement

I John A. Creel, 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 _____

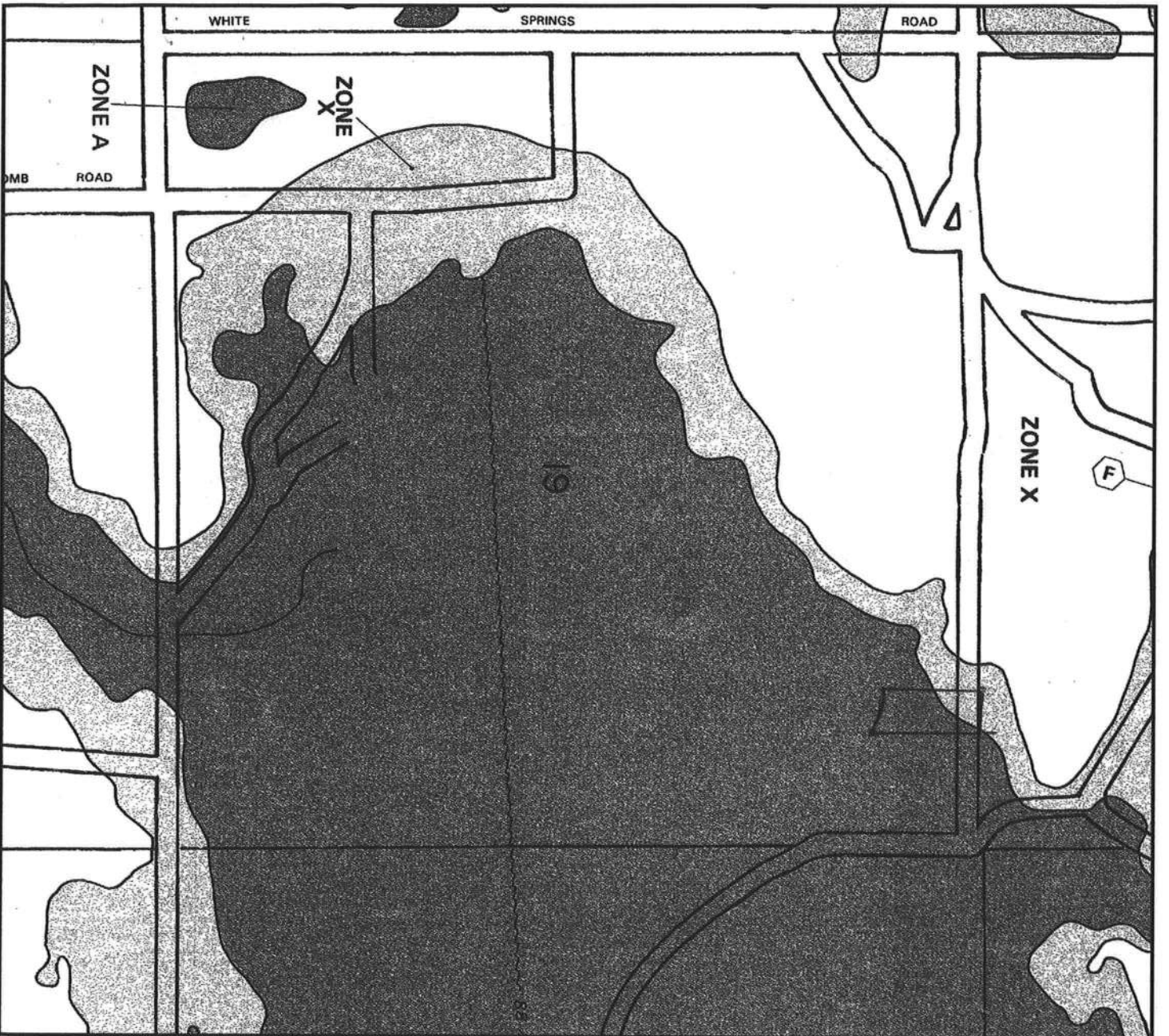
John A. Creel
Signature

12-17-02
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 12-18-02 Building Official/Representative Daniel J. [Signature]



APPROXIMATE SCALE IN FEET



NATIONAL FLOOD INSURANCE PROGRAM

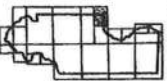
FIRM

FLOOD INSURANCE RATE MAP

COLUMBIA
COUNTY,
FLORIDA
(UNINCORPORATED AREAS)

PANEL 105 OF 290

PANEL LOCATION



COMMUNITY-PANEL NUMBER

120070 0105 B

EFFECTIVE DATE:

JANUARY 6, 1988



Federal Emergency Management Agency

This is an official copy of a portion of the above referenced flood map. It was extracted using F-MIT Version 1.0. This map does not reflect changes or amendments which may have been made subsequent to the date on the title block. Further information about National Flood Insurance Program flood hazard maps is available at www.fema.gov/nifd.

Recording Fees: \$ _____
Documentary Stamps: + _____
Total: \$ _____
Prepared By And Return To:

✓ TITLE OFFICES, LLC
2015 S. 1ST ST.,
LAKE CITY, FL. 32025

Inst: 2001022625 Date: 11/30/2001 Time: 12:05:39
Doc Stamp-Dged: 82.60
77777 DC, P. DeWitt Cason, Columbia County B: 940 P: 2065

File #01Y-09033KW/KIM WATSON

Property Appraisers Parcel I.D. Number(s):
19-25-16E-01653-102
Grantee(s) S.S.#(s):
593522989

WARRANTY DEED

THIS WARRANTY DEED made and executed the 15th day of November, 2001 by TRACY FISCHELL, A MARRIED PERSON, hereinafter called the Grantor, to JOHN ANDREW CREEL, a single person, whose post office address is: RT. 12, BOX 96, LAKE CITY, FLORIDA 32025, hereinafter called the Grantee:

(Wherever used herein the terms "Grantor" and "Grantee" shall include singular and plural, heirs, legal representatives, and assigns of individuals, and the successors and assigns of corporations, wherever the context so admits or requires.)

WITNESSETH: That the Grantor, for and in consideration of the sum of TEN DOLLARS (\$10.00) and other valuable considerations, receipt whereof is hereby acknowledged, by these presents does grant, bargain, sell, alien, remise, release, convey and confirm unto the Grantee all that certain land situate, lying and being in COLUMBIA County, State of Florida, viz:

LOT 2, ROLLING PINES, A SUBDIVISION ACCORDING TO PLAT THEREOF RECORDED IN PLAT BOOK 5, PAGE 75, PUBLIC RECORDS OF COLUMBIA COUNTY, FLORIDA.

SUBJECT TO: RESTRICTIONS AS RECORDED IN O.R. BOOK 616, PAGE 564.

SUBJECT TO: 20' UTILITY EASEMENT ALONG THE WEST AND SOUTH SIDE AS SHOWN ON PLAT OF ROLLING PINES SUBDIVISION.

SUBJECT TO: TERMS: ASSESSMENTS FOR MAINTENANCE AND CONDITIONS OF MEMBERSHIP IN HOMEOWNERS ASSOCIATION FOR ROLLING PINES SUBDIVISION.

THE ABOVE DESCRIBED PROPERTY IS NOT THE HOMESTEAD PROPERTY OF THE GRANTOR.

TOGETHER with all the tenements, hereditaments and appurtenances thereto belonging or in anywise appertaining. TO HAVE AND TO HOLD the same in fee simple forever. AND the Grantor hereby covenants with said Grantee that the Grantor is lawfully seized of said land in fee simple; that the Grantor has good right and lawful authority to sell and convey said land, and hereby warrants the title to said land and will defend the same against the lawful claims of all persons whomsoever; and that said land is free of all encumbrances, except easements, restrictions and reservations of record, if any, and taxes accruing subsequent to December 31, 2001.

IN WITNESS WHEREOF, the said Grantor has signed and sealed these presents the day and year first above written.

Signed, sealed and delivered
in the presence of:

Tamara S. Killian
Witness: Tamara S. Killian

Grace T. Jackson
Witness: Grace T. Jackson

Tracy Fischell
TRACY FISCHELL
Address: 2000 58TH AVE. S

ST. PETERSBURG, FL 33712

2000 58th Avenue South
Address: St. Petersburg, FL 33712

Witness: _____

Witness: _____

STATE OF FLORIDA
COUNTY OF Pinellas

I hereby certify that on this day, before me, an officer duly authorized in the State and County aforesaid to take acknowledgments, personally appeared TRACY FISCHELL, A MARRIED PERSON, who produced the identification described below, and who acknowledged before me that they executed the foregoing instrument.
Witness my hand and official seal in the county and state aforesaid this 15th day of November, 2001.

STATE OF FLORIDA, COUNTY OF COLUMBIA

I HEREBY CERTIFY, that the above and foregoing is a true copy of the original filed in this office.

P. DEWITT CASON, CLERK OF COURTS

By Jennifer M. Nelson
Deputy Clerk

Date 10-21-02

Notary Public: Robin L. Brockman
Identification Examined: FL DE Lic# 1240 801 041220



APPLICATION FOR DEVELOPMENT PERMIT

PERMIT NO. F023-03-003DATE: 1-14-03

(COUNTY NO. & SEQUENCE)

APPLICANT: Andy CreelADDRESS: RT. 7 Box 537, Lake City, FL 32055TELEPHONE: (386) 752-5409OWNER: Andy CreelADDRESS: Same

TELEPHONE: _____

NEW SUBDIVISION _____ (YES/NO) IF YES, RECORD THE ENGINEER'S
REGISTRATION NO. P.E. NO. _____TRS 19-25-16SUBDIVISION Rolling Pines, LOT/BLOCK: Lot 2DU SFD WORK _____RIVER: Swannee RIVER MILE _____PLAN _____ (YES/NO) WELL PERMIT NO. —SUR-ELEVATION _____ SANITARY PERMIT NO. 02-0772 NSURVEYOR NO. Dale Johns #45263 BUILDING PERMIT NO. 20315OFFICIAL 100-YEAR ELEVATION 88' MSL (SRWMD)REQUIRED LOWEST HABITABLE FLOOR ELEVATION 89' MSL (SRWMD)PERMIT APPROVED [Signature] 1-14-03
ADMINISTRATOR SIGNATURE DATEEXPIRATION DATE OF PERMIT 1-14-04

VIOLATIONS: _____ FINAL INSPECTION DATE: _____

COMMENTS: 1 ft. rise on file
Awaiting finished floor elevation cert. 120070-0105B

FEDERAL EMERGENCY MANAGEMENT AGENCY
NATIONAL FLOOD INSURANCE PROGRAM

O.M.B. No. 3067-0077
Expires July 31, 2002

ELEVATION CERTIFICATE

Important: Read the instructions on pages 1 - 7.

SECTION A - PROPERTY OWNER INFORMATION			For Insurance Company Use:	
BUILDING OWNER'S NAME John A. Creel			Policy Number	
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. Rt. 7 Box 437			Company NAIC Number	
CITY Lake City	STATE FL	ZIP CODE 32055		
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) Lot 2 Rolling Pines				
BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use a Comments area, if necessary.) Residential				
LATITUDE/LONGITUDE (OPTIONAL) (##° - ##' - ###" or #####")		HORIZONTAL DATUM: <input type="checkbox"/> NAD 1927 <input type="checkbox"/> NAD 1983		SOURCE: <input type="checkbox"/> GPS (Type): <input type="checkbox"/> USGS Quad Map <input type="checkbox"/> Other:

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER 120070		B2. COUNTY NAME Columbia		B3. STATE FL	
B4. MAP AND PANEL NUMBER 0105	B5. SUFFIX B	B6. FIRM INDEX DATE 6 Jan 1988	B7. FIRM PANEL EFFECTIVE/REVISED DATE	B8. FLOOD ZONE(S) AE	B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding) 88.00

B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9.

☐ FIS Profile ☒ FIRM ☐ Community Determined ☐ Other (Describe):

B11. Indicate the elevation datum used for the BFE in B9: ☒ NGVD 1929

☒ NAVD 1988 ☐ Other (Describe):

B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? ☐ Yes ☒ No Designation Date

SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)

C1. Building elevations are based on: ☐ Construction Drawings* ☐ Building Under Construction* ☒ Finished Construction

*A new Elevation Certificate will be required when construction of the building is complete.

C2. Building Diagram Number 5 (Select the building diagram most similar to the building for which this certificate is being completed - see pages 6 and 7. If no diagram accurately represents the building, provide a sketch or photograph.)

C3. Elevations - Zones A1-A30, AE, AH, A (with BFE), VE, V1-V30, V (with BFE), AR, AR/A, AR/AE, AR/A1-A30, AR/AH, AR/AO

Complete Items C3.-a-i below according to the building diagram specified in Item C2. State the datum used. If the datum is different from the datum used for the BFE in Section B, convert the datum to that used for the BFE. Show field measurements and datum conversion calculation. Use the space provided or the Comments area of Section D or Section G, as appropriate, to document the datum conversion.

Datum _____ Conversion/Comments

Elevation reference mark used _____ Does the elevation reference mark used appear on the FIRM? ☐ Yes ☒ No

- ☐ a) Top of bottom floor (including basement or enclosure) 89. 81 ft.(m)
- ☐ b) Top of next higher floor _____ ft.(m)
- ☐ c) Bottom of lowest horizontal structural member (V zones only) _____ ft.(m)
- ☐ d) Attached garage (top of slab) _____ ft.(m)
- ☐ e) Lowest elevation of machinery and/or equipment servicing the building (Describe in a Comments area) _____ ft.(m)
- ☐ f) Lowest adjacent (finished) grade (LAG) 86. 04 ft.(m)
- ☐ g) Highest adjacent (finished) grade (HAG) 86. 14 ft.(m)
- ☐ h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade
- ☐ i) Total area of all permanent openings (flood vents) in C3.h _____ sq. in. (sq. cm)


License Number, Embossed Seal,
Signature, and Date

SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION

This certification is to be signed and sealed by a land surveyor, engineer, or architect authorized by law to certify elevation information.

I certify that the information in Sections A, B, and C on this certificate represents my best efforts to interpret the data available.

I understand that any false statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 1001.

CERTIFIER'S NAME L. Scott Britt		LICENSE NUMBER P.S.M. # 5757	
TITLE Professional Surveyor and Mapper	COMPANY NAME Britt Surveying		
ADDRESS 830 W. Duval Street	CITY Lake City	STATE FL	ZIP CODE 32055
SIGNATURE 	DATE 09/08/03	TELEPHONE (386) 752-7163	

L-14494

IMPORTANT: In these spaces, copy the corresponding information from Section A.			For Insurance Company Use:
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO.			Policy Number
CITY	STATE	ZIP CODE	Company NAIC Number

SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION (CONTINUED)

Copy both sides of this Elevation Certificate for (1) community official, (2) insurance agent/company, and (3) building owner.

COMMENTS

There is a mobile home on this parcel at this time

L-14494

☐ Check here if attachments

SECTION E - BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO AND ZONE A (WITHOUT BFE)

For Zone AO and Zone A (without BFE), complete Items E1 through E4. If the Elevation Certificate is intended for use as supporting information for a LOMA or LOMR-F, Section C must be completed.

E1. Building Diagram Number __ (Select the building diagram most similar to the building for which this certificate is being completed – see pages 6 and 7. If no diagram accurately represents the building, provide a sketch or photograph.)

E2. The top of the bottom floor (including basement or enclosure) of the building is __ ft.(m) __ in.(cm) ☐ above or ☐ below (check one) the highest adjacent grade. (Use natural grade, if available).

E3. For Building Diagrams 6-8 with openings (see page 7), the next higher floor or elevated floor (elevation b) of the building is __ ft.(m) __ in.(cm) above the highest adjacent grade. Complete items C3.h and C3.i on front of form.

E4. For Zone AO only: If no flood depth number is available, is the top of the bottom floor elevated in accordance with the community's floodplain management ordinance?
☐ Yes ☐ No ☐ Unknown. The local official must certify this information in Section G.

SECTION F - PROPERTY OWNER (OR OWNER'S REPRESENTATIVE) CERTIFICATION

The property owner or owner's authorized representative who completes Sections A, B, C (Items C3.h and C3.i only), and E for Zone A (without a FEMA-issued or community-issued BFE) or Zone AO must sign here. The statements in Sections A, B, C, and E are correct to the best of my knowledge.

PROPERTY OWNER'S OR OWNER'S AUTHORIZED REPRESENTATIVE'S NAME

ADDRESS CITY STATE ZIP CODE

SIGNATURE DATE TELEPHONE

COMMENTS

☐ Check here if attachments

SECTION G - COMMUNITY INFORMATION (OPTIONAL)

The local official who is authorized by law or ordinance to administer the community's floodplain management ordinance can complete Sections A, B, C (or E), and G of this Elevation Certificate. Complete the applicable item(s) and sign below.

G1. ☐ The information in Section C was taken from other documentation that has been signed and embossed by a licensed surveyor, engineer, or architect who is authorized by state or local law to certify elevation information. (Indicate the source and date of the elevation data in the Comments area below.)

G2. ☐ A community official completed Section E for a building located in Zone A (without a FEMA-issued or community-issued BFE) or Zone AO.

G3. ☐ The following information (Items G4-G9) is provided for community floodplain management purposes.

G4. PERMIT NUMBER	G5. DATE PERMIT ISSUED	G6. DATE CERTIFICATE OF COMPLIANCE/OCCUPANCY ISSUED
-------------------	------------------------	---

G7. This permit has been issued for: ☐ New Construction ☐ Substantial Improvement

G8. Elevation of as-built lowest floor (including basement) of the building is:

_____. ____ ft.(m)

Datum:

G9. BFE or (in Zone AO) depth of flooding at the building site is:

_____. ____ ft.(m)

Datum:

LOCAL OFFICIAL'S NAME TITLE

COMMUNITY NAME TELEPHONE

SIGNATURE DATE

COMMENTS

☐ Check here if attachments

DIAGRAM 5

All buildings elevated on piers, posts, piles, columns, or parallel shear walls. No obstructions below the elevated floor.

Distinguishing Feature – For all zones, the area below the elevated floor is open, with no obstruction to flow of flood waters (open lattice work and/or readily removable insect screening is permissible).

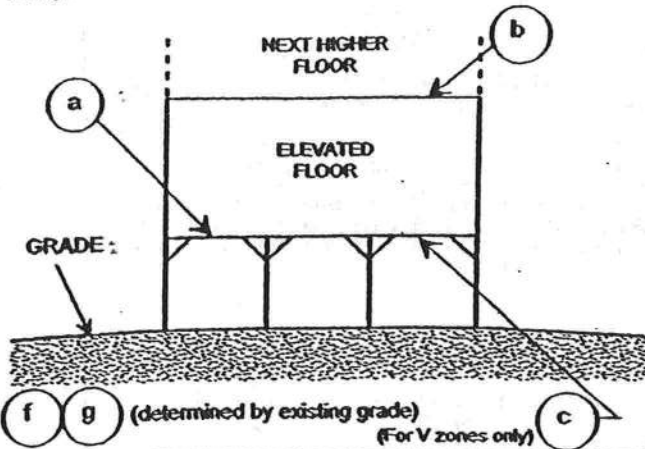


DIAGRAM 6

All buildings elevated on piers, posts, piles, columns, or parallel shear walls with full or partial enclosure below the elevated floor.

Distinguishing Feature – For all zones, the area below the elevated floor is enclosed, either partially or fully. In A Zones, the partially or fully enclosed area below the elevated floor is with or without openings** present in the walls of the enclosure. Indicate information about openings in Section C, Building Elevation Information (Survey Required).

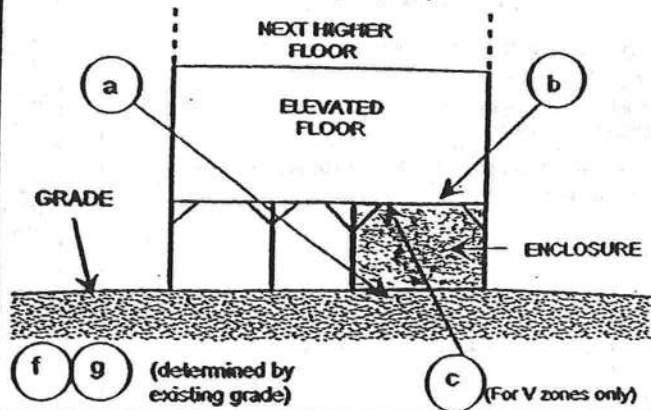


DIAGRAM 7

All buildings elevated on full-story foundation walls with a partially or fully enclosed area below the elevated floor. This includes walkout levels, where at least one side is at or above grade. The principal use of this building is located in the elevated floors of the building.

Distinguishing Feature – For all zones, the area below the elevated floor is enclosed, either partially or fully. In A Zones, the partially or fully enclosed area below the elevated floor is with or without openings** present in the walls of the enclosure. Indicate information about openings in Section C, Building Elevation Information (Survey Required).

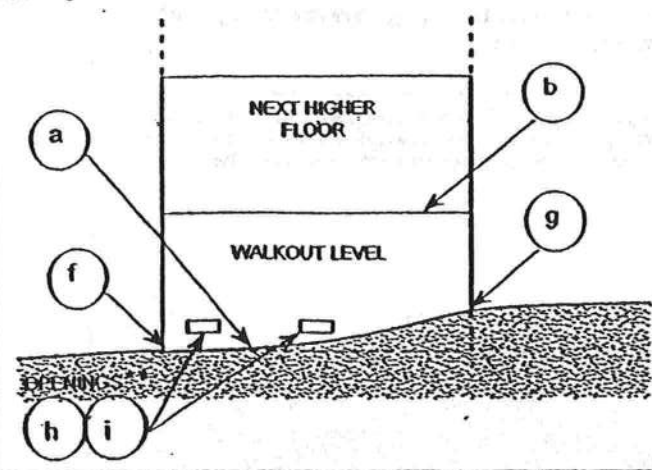
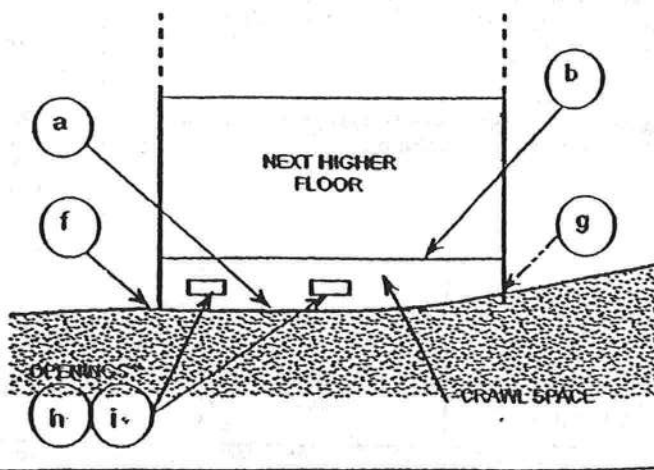


DIAGRAM 8

All buildings elevated on a crawl space with the floor of the crawl space at or above grade on at least one side.

Distinguishing Feature – For all zones, the area below the first floor is enclosed by solid or partial perimeter walls. In all A zones, the crawl space is with or without openings** present in the walls of the crawl space. Indicate information about the openings in Section C, Building Elevation Information (Survey Required).



An "opening" (flood vent) is defined as a permanent opening in a wall that allows for the free passage of water automatically in both directions without human intervention. Under the NFIP, a minimum of two openings is required for enclosures or crawl spaces with a total net area of not less than one square inch for every square foot of area enclosed. Each opening must be on different sides of the enclosed area. If a building has more than one enclosed area, each area must have openings on exterior walls to allow floodwater to directly enter. The bottom of the openings must be no higher than one foot above the grade underneath the flood vents. Alternatively, you may submit a certification by a registered professional engineer or architect that the design will allow for the automatic equalization of hydrostatic flood forces on exterior walls. A window, a door, or a garage door is not considered an opening.

ONE FOOT RISE CERTIFICATION

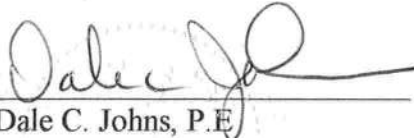
PROPERTY DESCRIPTION: LOT 2 ROLLING PINES
FEMA Panel 120070 0105 B

OWNER: Andy Creel

BASE FLOOD ELEVATION: 88.0

PROJECT: Min. Finished Floor 89.0

I hereby certify that construction of the proposed will cause less than one foot increase in flood elevations of the Suwannee River floodplain.

A handwritten signature in dark ink, appearing to read "Dale C. Johns", is written over a horizontal line.

Dale C. Johns, P.E.
Date: 13 January 2003
PE # 45263

BASE FLOOD ELEVATION = 88.0

BASIN AREA AT 88' BASE FLOOD > 2000 ACRES

PROPOSED BUILDING TYPE = MANUFACTURED HOME

PROPOSED BUILDING ENCROACHMENT = 1618 SQ. FT. plus porch, use 1800 SF

GROUND ELEVATION AT BUILDING = 86.0' AVE.

This project is in the staging area of the river and no step backwater calculations are necessary. This area would "back up" from the River without experiencing any horizontal movement of water. The calculations are based on the removal of floodplain volume due to construction of the foundation system.

$$\text{PERCENT FLOODPLAIN AREA REMOVED} = \frac{1800/43560}{2000} = 0.0021\%$$

$$\text{FLOODPLAIN LEVEL INCREASE} = \frac{1800 \times 2.0}{2000 \times 43560} = 0.000041 \text{ FT.}$$

PROJECT NAME: AND ADDRESS:	BUILDER: <u>JOHN CREECH</u>	CLIMATE ZONE: 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/>
OWNER: <u>JOHN CREECH</u>	PERMITTING OFFICE: <u>COLUMBIA</u>	JURISDICTION NO: <u>220315</u>
	PERMIT NO: <u>220315</u>	

- Please Type 221000 CK
1. New construction or addition
 2. Single family detached or Multifamily attached
 3. If Multifamily—No. of units covered by this submission
 4. Is this a worst case? (yes / no)
 5. Conditioned floor area (sq. ft.)
 6. Predominant eave overhang (ft.)
 7. Glass type and area:
 - a. Clear glass
 - b. Tint, film or solar screen
 8. Floor type and insulation:
 - a. Slab-on-grade (R-value + perimeter)
 - b. Wood, raised (R-value + sq. ft.)
 - c. Concrete, raised (R-value)
 9. Net Wall type, area and insulation:
 - a. Exterior:
 1. Concrete block (Insulation R-value)
 2. Wood frame (Insulation R-value)
 3. Steel frame (Insulation R-value)
 4. Log (Insulation R-value)
 5. Other: _____
 - b. Adjacent:
 1. Concrete block (Insulation R-value)
 2. Wood frame (Insulation R-value)
 3. Steel frame (Insulation R-value)
 4. Log (Insulation R-value)
 10. Ceiling type, area and insulation:
 - a. Under attic (Insulation R-value)
 - b. Single assembly (Insulation R-value)
 - c. Radiant barrier, IRCC or white roof installed?
 11. Air distribution system:
 - a. Ducts (Insulation + Location)
 - b. Air Handler (Location)
 12. Cooling system:
(Types: central-split, central-single pkg., room unit, PTAC, gas, none)
 13. Heating system:
(Types: heat pump, elec. strip, nat. gas, L.P. gas, gas h.p., room or PTAC, none)
 14. Hot water system:
(Types: elec., natural gas, solar, L.P. gas, none)
 15. Hot Water Credits:
 - a. Heat Recovery (HR)
 - b. Dedicated Heat Pump (DHP)
 - c. Solar
 16. HVAC Credits
(Use: CF-Ceiling Fan, CV-Cross vent, PT-Programmable thermostat, HF-Whole house fan, MZ-Multizone)
 17. COMPLIANCE STATUS: (PASS if As-Built Pts. are less than Base Pts.)
 - a. Total As-Built points
 - b. Total Base points

1. <u>new</u>	CK
2. <u>Single</u>	✓
3. <u>—</u>	✓
4. <u>yes</u>	✓
5. <u>21618</u> sq. ft.	✓
6. <u>2</u> ft.	✓
7a. <u>Single Pane</u> sq. ft. <u>213</u> sq. ft.	✓
7b. <u>Double Pane</u> sq. ft. <u>—</u> sq. ft.	✓
8a. R= <u>5</u> , <u>304</u> I. ft.	✓
8b. R= <u>—</u> , <u>—</u> sq. ft.	✓
8c. R= <u>—</u> , <u>—</u> sq. ft.	✓
9a-1 R= <u>—</u> , <u>—</u> sq. ft.	✓
9a-2 R= <u>13</u> , <u>2152</u> sq. ft.	✓
9a-3 R= <u>—</u> , <u>—</u> sq. ft.	✓
9a-4 R= <u>—</u> , <u>—</u> sq. ft.	✓
9b-1 R= <u>—</u> , <u>—</u> sq. ft.	✓
9b-2 R= <u>—</u> , <u>—</u> sq. ft.	✓
9b-3 R= <u>—</u> , <u>—</u> sq. ft.	✓
9b-4 R= <u>—</u> , <u>—</u> sq. ft.	✓
10a. R= <u>30</u> , <u>618</u> sq. ft.	✓
10b. R= <u>—</u> , <u>—</u> sq. ft.	✓
10c. <u>—</u>	✓
11a. R= <u>6</u> , <u>6</u> (none) (none)	✓
11b. <u>None Wall</u> (none) (none)	✓
12a. Type: <u>Central Split</u>	✓
12b. SEER/EEER/COP: <u>14</u>	✓
12c. Capacity: <u>48 k Btu</u>	✓
13a. Type: <u>Heat Pump</u>	✓
13b. HSPF/COP/AFUE: <u>8.2</u>	✓
13c. Capacity: <u>40 gal</u>	✓
14a. Type: <u>electr. c</u>	✓
14b. EF: <u>—</u>	✓
15a. <u>—</u>	✓
15b. <u>—</u>	✓
15c. <u>—</u>	✓
16. <u>PT, CF</u>	✓
17. <u>12043-98</u> OK	✓
17b. <u>2556762178</u> <u>12043-98</u>	✓

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

PREPARED BY: W.B. Faint DATE: 12/2/02

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

OWNER AGENT: _____ DATE: _____

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

BUILDING OFFICIAL: _____

DATE: _____

SUMMER CALCULATIONS

CLIMATE ZONES 1 2 3

GLASS

$$\text{OVERHANG RATIO} = \frac{\text{OH LENGTH}}{\text{OH HEIGHT}}$$

ORIENTATION	OVERHANG LENGTH OH (FEET)	GLASS AREA (SQ. FT.)	SINGLE-PANE		DOUBLE-PANE		SUMMER OH FACTOR (from SA-1)	AS-BUILT GLASS SUMMER PTS
			SUMMER POINT MULTIPLIER	SUMMER POINT MULTIPLIER	SUMMER POINT MULTIPLIER	SUMMER POINT MULTIPLIER		
			CLEAR	TINT?	CLEAR	TINT?		
N	2	87	20.36	16.45	19.22	15.78	.634	1060.13
NE			31.37	25.94	28.72	23.92		
E	2	46	44.69	37.38	40.22	33.76	.405	749.2
SE			45.41	38.01	43.86	34.32		
S	2	94	38.10	31.72	34.50	28.87	.458	1485.4
SW			42.67	35.65	38.46	32.25		
W	2	46	40.92	34.13	36.99	30.88	.422	718.04
NW			27.55	22.84	25.45	21.12		
H*			79.25	65.61	72.73	60.66		

GLASS	.18 x	COND FLOOR AREA	WEIGHTED GLASS MULTIPLIER	BASE GLASS SUBTOTAL
.18		1618	20.24	32749.32

AS-BUILT GLASS SUBTOTAL
4012.46

COMPONENT DESCRIPTION	AREA	BASE SUMMER POINT. MULT.	BASE SUMMER POINTS
WALL EXTERIOR ADJACENT	2152	1.7	3658.4

COMPONENT DESCRIPTION	AREA	SUMMER POINT. MULT. (SA-2 THRU SA-6)	AS-BUILT SUMMER POINTS
EXT	2152	1.5	3228.0

DOORS	EXTERIOR ADJACENT	70	8.1	427
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DOORS	70	4.1	287
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CEILING	UNDER ATTIC OR SINGLE ASSEMBLY	618	1.73	1069.14
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Ceilings	618	1.73	1069.14
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FLOOR	SLAB (PERIMETER)	304	37.0	-11248.0
	RAISED (AREA)		3.39	

Floor	304	-36.2	-11091.8
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INFILTRATION & INTERNAL GAINS	283	10.21	2889.43
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	283	10.21	2889.43
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TOTAL COMPONENT BASE SUMMER POINTS	29544.2
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TOTAL COMPONENT AS-BUILT SUMMER POINTS	481.43
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COOLING SYSTEM	Base Cooling System Multiplier	Total Base Summer Points	BASE COOLING POINTS
	.43	29544.2	12704.09

TOTAL	As-Built CM (SA-3)	As-Built DSM (SA-20)	As-Built AHU (SA-7)	As-Built CSM (SA-9)	As-Built CCM (SA-19)	As-Built COOLING COILS
481.43	1.090	1.15 or 1.3	1.11	.24	.95	152.73

HOT WATER SYSTEM	Number of bedrooms	Base Hot Water Multiplier	BASE HOT WATER POINTS
	3	2748	8238

AS-BUILT HOT WATER SYSTEM DESC	Number of bedrooms	As-Built HWM (SA-23)	As-Built HWC (SA-23)	AS-BUILT HOT WATER POINTS
elec.	3	2491	.78	5829.64

H = HORIZONTAL GLASS (SKYLIGHTS) FOR GLASS WITH KNOWN SHGC SEE SECTION 2.1.1 APPENDIX C. MUST MEET CRITERIA OF S. 607.1.A. TINT MULTIPLIERS MAY BE USED FOR GLASS WITH SOLAR SCREENS, FILM, OR TINT.

SUMMER POINT MULTIPLIERS (SPM)

CLIMATE ZONES 1 2 3

6A-1 SUMMER OVERHANG FACTORS (SOF) FOR SINGLE AND DOUBLE PANE GLASS.

SELECT BY OR	OH Ratio	00-11	12-17	18-25	27-35	36-46	47-57	58-70	71-83	84-118	119-172	173-273	274 & up
	North	1.00	0.993	0.971	0.930	0.888	0.842	0.803	0.766	0.736	0.681	0.634	0.593
	Northeast	1.00	0.996	0.967	0.907	0.845	0.775	0.717	0.662	0.619	0.545	0.487	0.441
	East	1.00	0.994	0.963	0.898	0.827	0.745	0.675	0.609	0.553	0.470	0.405	0.357
	Southeast	1.00	0.998	0.952	0.864	0.777	0.689	0.623	0.566	0.525	0.459	0.413	0.379
	South	1.00	0.989	0.931	0.825	0.751	0.675	0.620	0.575	0.543	0.493	0.458	0.432
	Southwest	1.00	0.998	0.953	0.866	0.779	0.691	0.623	0.565	0.522	0.453	0.404	0.368
	West	1.00	0.994	0.963	0.899	0.828	0.748	0.681	0.617	0.569	0.485	0.422	0.375
	Northwest	1.00	0.996	0.968	0.913	0.858	0.797	0.743	0.702	0.667	0.605	0.556	0.516
	OH Length	0.0'	1.0'	1.5'	2.0'	3.0'	3.5'	4.5'	5.5'	6.5'	9.5'	14.0'	20.0'

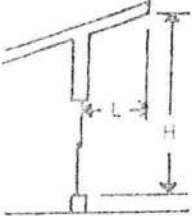
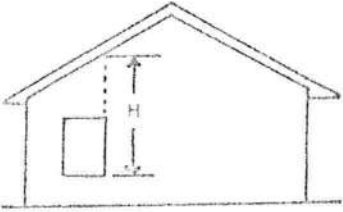
6A-2 WALL SUMMER POINT MULTIPLIERS (SPM)

FRAME					CONCRETE BLOCK (NORMAL WT)				FACE BRICK				LOG		
					INTERIOR INSULATION			EXT. INSUL.	R-VALUE	WOOD FR	R-VALUE	BLOCK			
									0-6.9	2.4	0-2.9	1.0			
WOOD					STEEL								6 INCH	8 INCH	
R-VALUE	EXT	ADJ	EXT	ADJ	R-VALUE	EXT	ADJ	EXT					R-VALUE	EXT	EXT
0-6.9	5.5	2.2	7.6	2.8	0-2.9	2.2	1.1	2.2	11-18.9	.6	3-6.9	.6	0-2.9	1.5	1.0
7-10.9	2.1	.8	3.5	1.3	3-4.9	1.3	.8	.8	19-25.9	.2	10 & UP	.2	3-6.9	1.0	.7
11-12.9	1.7	.7	2.7	1.0	5-6.9	1.0	.7	.5	26 & Up	.1			7 & Up	.8	.6
13-18.9	1.5	.6	2.5	0.9	7-10.9	.7	.5	.3							
19-25.9	.9	.4	2.2	0.8	11-18.9	.4	.4	0							
26 & Up	.6	.2	1.2	0.4	19-25.9	.2	.2								
					26 & Up	.1	.1								

NOTE: SEE SECTION 2.0 OF APPENDIX C FOR MULTIPLIERS OF ENVELOPE COMPONENTS NOT ON THIS FORM.

WINTER CALCULATIONS

CLIMATE ZONES 1 2 3

GLASS	ORIENTATION	OVERHANG LENGTH OH (FEET)	GLASS AREA (SQ. FT.)	SINGLE-PANE WINTER POINT MULTIPLIER		OR DOUBLE-PANE WINTER POINT MULTIPLIER		WINTER OH FACTOR (from 6A-10)	AS-BUILT GLASS WINTER PTS
				CLEAR	TINT	CLEAR	TINT		
	N	2	87	27.44	28.16	14.50	14.91	1.024	1273.96
	NE			26.36	27.23	13.40	14.13		
	E	2	46	21.24	22.78	9.09	10.43	1.429	597.52
	SE			16.92	19.03	5.33	7.12		
	S	2	94	15.42	17.73	4.03	6.05	3.450	1306.93
	SW			13.66	20.91	7.17	8.77		
	W	2	46	23.35	24.83	10.76	11.87	1.217	602.37
	NW			27.15	27.91	14.03	14.58		
	H			22.73	24.73	8.45	10.23		
									

GLASS	.13	COND FLOOR AREA	WEIGHTED GLASS MULTIPLIER	BASE GLASS SUBTOTAL
	.13	1613	11.77	2427.67

AS-BUILT GLASS SUBTOTAL
3780.78

COMPONENT DESCRIPTION	AREA	BASE WINTER POINT. MULT.	BASE WINTER POINTS
WALL EXTERIOR ADJACENT	2152	3.7	7962.4
	0	3.8	

COMPONENT DESCRIPTION	AREA	WINTER POINT. MULT. (6A-11 THRU 6A-15)	AS-BUILT WINTER POINTS
EXT.	2152	3.4	7316.80

DOORS EXTERIOR ADJACENT	70	12.3	861
		11.5	

DOORS	70	8.4	588
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CEILING UNCONDITIONED OR SINGLE ASSEMBLY	418	2.05	1266.90
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Ceilings	418	2.05	1266.90
ROOF ROOFING (6A-16)			

FLOOR SLAB (PERIMETER)	304	8.9	2705.6
RAISED (AREA)		.96	

FLOOR	304	3.6	1094.40
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INFILTRATION & VERTICAL GAPS	283	-0.58	-164.14
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	283	-0.58	-164.14
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TOTAL COMPONENT BASE WINTER POINTS	16059.65
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TOTAL COMPONENT AS-BUILT WINTER POINTS	13082.74
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HEATING SYSTEM	Base Heating System Multiplier	Total Base Winter Points	BASE HEATING POINTS
	.63	16059.65	10117.58

TOTAL AS-BUILT W.N. PTS	As-Built DM (6A-17)	As-Built DSM (6A-20)	As-Built AHU (6A-19)	As-Built HSM (6A-18)	As-Built HCM (6A-21)	AS-BUILT HEATING POINTS
13082.74	1.069	1.17	1.10	.43	.95	6062.41

TOTAL	BASE COOLING POINTS (From P. 2)	BASE HEATING POINTS	BASE HOT WATER POINTS (From P. 2)	TOTAL BASE POINTS (Enter on P. 1)
	12706.04	10117.58	2746	25569.62

AS-BUILT COOLING POINTS (From P. 2)	AS-BUILT HEATING POINTS	AS-BUILT HOT WATER POINTS (From P. 2)	TOTAL AS-BUILT POINTS (Enter on P. 1)
152.73	6062.41	5826.94	12043.98

IF... HORIZONTAL GLASS (SKYLIGHTS) FOR GLASS WITH KNOWN SPEC. SEE SECTION 12.1.1 APPENDIX C. MUST MEET CRITERIA OF S-607.1A. TINT MULTIPLIERS MAY BE USED FOR GLASS WITH SOLAR SCREENS, FILM, OR TINT.

WINTER POINT MULTIPLIERS (WPM)

CLIMATE ZONES 1 2 3

6A-10 WINTER OVERHANG FACTORS (WOF)

SELECT BY OR	OH Ratio	00-11	12-17	18-26	27-35	36-46	47-57	58-70	71-83	84-118	119-172	173-273	274 & up
	North	1.00	1.000	1.001	1.002	1.005	1.009	1.011	1.014	1.016	1.021	1.024	1.027
	Northeast	1.00	0.998	1.001	1.008	1.015	1.023	1.029	1.035	1.040	1.049	1.056	1.061
	East	1.00	1.007	1.018	1.040	1.069	1.109	1.150	1.188	1.242	1.338	1.429	1.507
	Southeast	1.00	1.014	1.043	1.111	1.202	1.332	1.472	1.635	1.787	2.113	2.412	2.650
	South	1.00	0.994	1.032	1.142	1.308	1.563	1.945	2.175	2.471	3.042	3.450	3.661
	Southwest	1.00	1.006	1.025	1.070	1.131	1.217	1.308	1.413	1.508	1.708	1.888	2.031
	West	1.00	1.002	1.010	1.027	1.043	1.077	1.102	1.128	1.149	1.187	1.217	1.238
	Northwest	1.00	0.999	1.000	1.004	1.008	1.012	1.018	1.019	1.022	1.028	1.032	1.036
	OH Length	0.0'	1.0'	1.5'	2.0'	3.0'	3.5'	4.5'	5.5'	6.5'	9.5'	14.0'	20.0'

6A-11 WALL WINTER POINT MULTIPLIERS (WPM)

FRAME					CONCRETE BLOCK (NORMAL WT)				FACE BRICK				LOG		
					INTERIOR INSULATION			EXT. INSUL.	R-VALUE	WOOD FR	R-VALUE	BLCK			
									0-5.9	12.6	0-2.9	7.9			
									7-10.9	4.2	3-6.9	5.7			
									11-18.9	3.5	7-9.9	3.8	0-2.9	6 INCH	8 INCH
R-VALUE	EXT	ADJ	EXT	ADJ	R-VALUE	EXT	ADJ	EXT					R-VALUE	EXT	EXT
0-6.9	11.1	10.4	15.1	13.1	0-2.9	11.2	6.9	11.2							
7-10.9	4.4	4.4	7.3	6.6	3-4.9	7.3	5.1	5.6	19-25.9	2.2	10 & UP	3.0	3-6.9	2.8	2.2
11-12.9	3.7	3.6	5.7	5.2	5-6.9	5.7	4.2	4.3	26 & Up	1.4			7 & Up	2.1	1.7
13-18.9	3.4	3.3	5.2	4.9	7-10.9	4.6	3.5	3.3							
19-25.9	2.2	2.2	4.6	4.4	11-18.9	3.0	2.6	2.2							
26 & Up	1.5	1.5	2.7	2.6	19-25.9	1.9	1.7								
					26 & Up	1.3	1.2								
NOTE: SEE SECTION 2 OF APPENDIX C FOR MULTIPLIERS OF ENVELOPE COMPONENTS NOT ON THIS FORM.															

ADDITIONAL TABLES

CLIMATE ZONES 1 2 3

6A-19 COOLING CREDIT MULTIPLIERS (CCM)

SYSTEM TYPE	Cooling credit multipliers (CCM)
Ceiling Fans	.95 ¹
Cross Ventilation	.95 ¹
Whole House Fan	.95 ¹
Multizone	.95
Programmable Thermostat	.95

¹Credit may be taken for only one system type concurrently.

6A-20 AIR DISTRIBUTION SYSTEM CREDIT MULTIPLIERS

TYPE CREDIT	Prescriptive requirements	Multiplier
Airtight Duct credit ¹	610.1 A.1	1.00
Factory-sealed AHU credit ²	610.2 A.2.1	0.95

¹Duct Sealing Multiplier (DSM) shall be 1.15 (summer) or 1.17 (winter) unless Airtight Duct credit is demonstrated by test report.

²Multiply Factory-sealed AHU credit by summer (Table 6A-7) or winter (Table 6A-16) AHU multiplier. Insert total in the "AS-Built AHU" box on page 2 or 4.

6A-21 HEATING CREDIT MULTIPLIERS (HCM)

SYSTEM TYPE		HEATING CREDIT MULTIPLIERS (HCM)						
Programmable Thermostat	HCM	.95						
Multizone	HCM	.95						
Natural Gas	AFUE	.68-.72	.73-.77	.78-.82	.83-.87	.88-.92	.93 & Up	
	HCM	.59	.55	.51	.48	.45	.43	
LP Gas	HCM	.79	.74	.69	.65	.61	.58	

6A-22 HOT WATER MULTIPLIERS (HWM)

SYSTEM TYPE	See Table 6-12 for Code minimums	HOT WATER MULTIPLIERS (HWM)									
Electric Resistance	EF				.80-.81	.82-.83	.84-.85	.86-.87	.88-.90	.91-.93	.94-.96
	HWM				3020	2946	2876	2809	2746	2655	2571
Natural Gas	EF	.43-.47	.40-.49	.50-.51	.52-.53	.54-.55	.56-.57	.58-.59	.60-.61	.62-.63	.64-.65
	HWM	2231	1968	1918	1844	1776	1713	1654	1599	1547	1498
LP Gas	HWM	3029	2713	2603	2505	2411	2326	2245	2171	2101	2035
Ded. HP or Solar System with Tank	EF	1.0-1.40	1.5-1.99	2.0-2.49	2.5-2.99	3.0-3.49	3.5-3.99	4.0-4.49	4.5-4.99	5.0-Up	
	HWM	2416	1611	1208	986	805	650	604	537	423	

6A-23 HOT WATER CREDIT MULTIPLIERS (HWCN)

SYSTEM TYPE		HOT WATER CREDIT MULTIPLIERS (HWCN)				
Heat Recovery Unit	With	Air Conditioner			Heat Pump	
	HWCN	.24			.75	
Add-on Dedicated Heat Pump (without tank)	EF	2.0-2.10		2.5-2.99	3.3-3.19	3.3 & Up
	HWCN	.44		.35	.29	.25
Add-on Solar Water Heater (without tank)	EF	1.0-1.9		2.0-2.9	3.0-3.9	4.0-4.9
	HWCN	.61		.42	.23	.21

NOTE: A HWM must be used in conjunction with an HWCN. See Table 6A-22. EF Means Energy Factor.

6A-24 INFILTRATION REDUCTION COMPLIANCE CHECKLIST

COMPONENTS	SECTION	REQUIREMENTS FOR EACH PRACTICE	CHECK
Exterior Windows & Doors	606.1.ABC.1.1	Max. 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; air gap penetration between wall panels & top/bottom plates; between walls & 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 cross 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	Seal: 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.	✓
Multistory Houses	606.1.ABC.1.2.5	Air barrier on perimeter of floor cavity between floors.	✓
Additional Infiltration tests	606.1.ABC.1.3	Exhaust fans vented to outdoors; dampers; combustion stove heaters comply with NFPA, have combustion air.	✓

6A-25 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 cut-off (gas) must be provided. External or built-in heat trap required for vertical pipe risers.	✓
Swimming Pools & Spas	612.1	Spas & heated pools must have covers (except pool heaters). Non-commercial pools must have a pump timer. Gas spa & pool heaters must have a minimum thermal efficiency of 75%.	✓
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 Space: R-6 minimum insulation.	✓
VAC Controls	607.1	Separate readily accessible manual or automatic thermostat for each system.	✓
Insulation	604.1 & 605.1	Ceilings: Min. R-19. Outer walls: Min. R-11 or R-13. Bathrooms: Ceiling: Min. R-11. Floor: Min. R-11.	✓

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.

Parcel Number 19-2S-16-01653-102

Building permit No. 000020315

Use Classification SFD, UTILITY

Fire: 28.35

Permit Holder OWNER BUILDER

Waste: 61.25

Owner of Building JOHN CREEL

Total: 89.60

Location: ROLLING PINES, LOT 2

Date: 05/04/2004

Harry Dicks

Building Inspector



POST IN A CONSPICUOUS PLACE
(Business Places Only)