DATE 11/29/2004 Columbia County	<b>Building Permit</b>	PERMIT
This Permit Expires One Ye		000022541
APPLICANT MACK ROBINSON	PHONE 386-755-2492	FL 32071
ADDRESS 24262 US HWY 129	O'BRIEN  PHONE 386 061 0020	FL 32071
OWNER NICK & ANGELEA STEINRUCK	PHONE 386-961-9020	FL 32024
ADDRESS 427 SW SHORT LEAF DR	LAKE CITY	FL 32024
CONTRACTOR MACK ROBINSON	PHONE 755-2492	-
LOCATION OF PROPERTY  247 S, LEFT INTO FOREST COU  CORNER OF LONGLEAF AND	UNTRY, RIGHT ON LONG LEAF ON THI SHORTLEAF	<u> </u>
	TIMATED COST OF CONSTRUCTION	107900.00
HEATED FLOOR AREA 2158.00 TOTAL ARI	EA 2418.00 HEIGHT 21	.20 STORIES 1
FOUNDATION CONCRETE WALLS FRAMED I	ROOF PITCH 6/12 FLO	OOR SLAB
LAND USE & ZONING RSF-2	MAX. HEIGHT 3:	5
Minimum Set Back Requirments: STREET-FRONT 25.00	REAR 15.00	SIDE
NO. EX.D.U. 0 FLOOD ZONE X	DEVELOPMENT PERMIT NO.	
PARCEL ID 21-4S-16-03080-009 SUBDIVISIO	ON FOREST COUNTRY	
LOT 1 BLOCK B PHASE 2 UNIT	TOTAL ACRES7	6
000000462 N RB0054287	Mack Robi	ns w
Culvert Permit No. Culvert Waiver Contractor's License Nur		
PERMIT 04-1065-N BK	JK	N
	ng checked by Approved for Issuance	New Resident
COMMENTS: NOC ON FILE		
FLOOR 1 FOOT ABOVE THE ROAD		
	Check # or Ca	ash 7611
FOR BUILDING & ZONIN	NG DEPARTMENT ONLY	(footer/Slab)
Temporary Power Foundation	Monolithic	(locel/blab)
date/app. by	date/app. by	date/app. by
Under slab rough-in plumbing Slab _	Sheathing/N	Nailing
date/app. by	date/app. by	date/app. by
	bove slab and below wood floor	
date/app. by  Electrical rough-in Heat & Air Duct		date/app. by
Electrical rough-in Heat & Air Duct	date/app. by  Peri. beam (Lintel	date/app. by
Permanent power C.O. Final	Culvert	dato app. oy
	date/app. by	date/app. by
M/H tie downs, blocking, electricity and plumbing  date/ap	Pool	
D	p. by Utility Pole	date/app. by
date/app. by	e/app. by date/app. by	
M/H Pole Travel Trailer	Re-roof	date/app. by
uato app. by	datorapp. 03	
BUILDING PERMIT FEE \$ 540.00 CERTIFICATION FE	EE\$ 12.09 SURCHARGE	FEE \$ 12.09
MISC. FEES \$ ZONING CERT. FEE \$ 50.00		E FEE \$
FLOOD ZONE DEVELOPMENT FEE \$ CULVERT F	FEE \$ 25.00 TOTAL FEE  CLERKS OFFICE	639.18
INSPECTORS OFFICE Z. W.	1: 11	

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.

# Columbia County Building Permit Application | E++ SAGE | Revised 9-23-04

	110
For Office Use Only Application # 04 // 3 P Date R	eceived 11-10-04 By LH Permit # 22541
Application Approved by - Zoning OfficialDate_	/9. //. ٥٧ Plans Examiner Date
Flood Zone Development Permit Zoning	RSF-2 Land Use Plan Map Category Res. Low Dev.
Comments	
e	
Applicants Name Mack Robinson	Phone 386 755-2492
	21 32071
-1 - 1 - 1 - 1	
Owners realise	a_/)
911 Address 427 SW Short Leaf Dr. fl	32024
Contractors Name Mack Robinsan	Phone 386 755 2492
Address 24262 NS Highway 129 DBr	en 21 32071
Fee Simple Owner Name & Address	
Bonding Co. Name & Address	
Architect/Engineer Name & Address	
Mortgage Lenders Name & Address	
Circle the correct power company - FL Power & Light - Cla	
Property ID Number 21 -45 - 16 - 03 0 80 - 009	_ Estimated Cost of Construction #138,000,00
Subdivision Name Forest Country	Lot Block B Unit Phase Z
Driving Directions go south on Branford 144	
	ill be last latar left swinter of
	V
Type of Construction residental	Number of Existing Dwellings on Property
Total Acreage 176 Lot Size 34 acre Do you need a - Cul	vert Permit or Culvert Waiver or Have an Existing Drive
Actual Distance of Structure from Property Lines - Front 60/	Cont
Total Building Height 21.2" Number of Stories	
Total boliding fielgili Nomber of clones	Notice floor Alou Root floor
Application is hereby made to obtain a permit to do work and i installation has commenced prior to the issuance of a permit a	
all laws regulating construction in this jurisdiction.	nd that all work be performed to meet the standards of
OWNERS AFFIDAVIT: I hereby certify that all the foregoing info compliance with all applicable laws and regulating construction	
WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE	E OF COMMENCMENT MAY RESULT IN YOU PAYING
TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. IF YOU IN	
LENDER OR ATTORNEY BEFORE RECORDING YOUR NOTICE	OF COMMENCEMENT.
Mack Roberson	
Owner Builder or Agent (Including Contractor)	Contractor Signature
STATE OF FLORIDA	Contractors License Number Competency Card Number
COUNTY OF COLUMBIA	NOTARY STAMP/SEAL
Sworn to (or affirmed) and subscribed before me	
this day of 20	
Personally known or Produced Identification	Notary Signature

Year T Property 2,0,0,5, R 2,1,-4,5,-1,6,-0,	CamaUSA Appraisal Legal Description 3,0,8,0,-0,0,9 NICK A & ANGELIA C	Maintenance Sel	20000 20000	Land 001 * AG 000 Bldg 000 Xfea 000 TOTAL B*
3 W.D. 1014-1382 5 7 9 11 13 15 17 19 21 23	B FOREST COUNTRY			4 6 8 10 12 14 16 18 20 22 24 26 28
F1=Task F3=Exit	F4=Prompt F10=Go7	To PGUP/PGDN F2	4=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: ron\_croft@columbiacountyfla.com

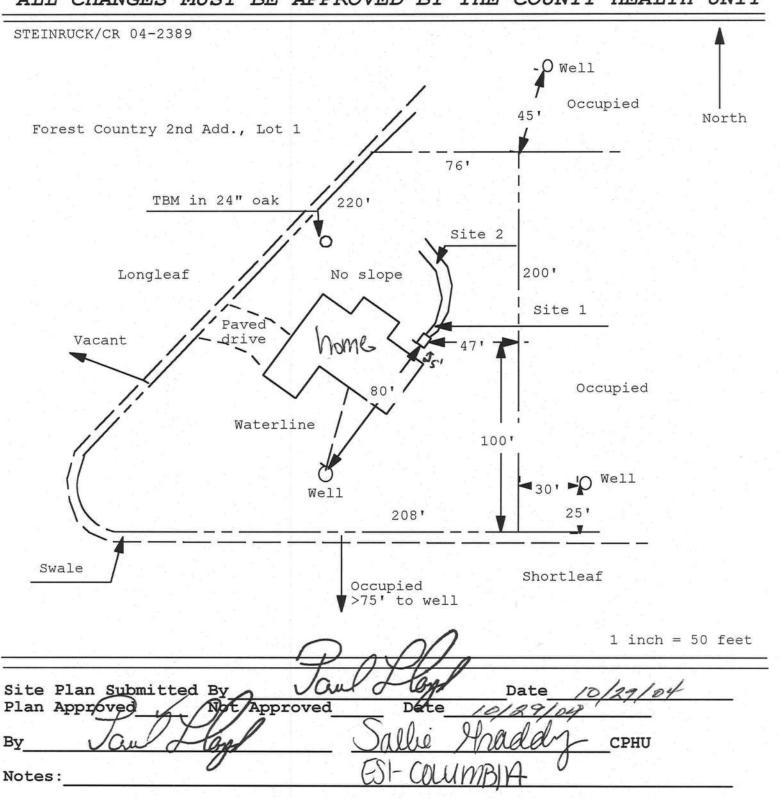
#### Addressing Maintenance

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: October 25, 2004	
ENHANCED 9-1-1 ADDRESS:	
427 SW SHORT LEAF DR (LAKE CITY, FL 32024)	
Addressed Location 911 Phone Number: NOT AVAIL.	
OCCUPANT NAME: NOT AVAIL.	
OCCUPANT CURRENT MAILING ADDRESS:	Parameter 1
PROPERTY APPRAISER MAP SHEET NUMBER: 46C  PROPERTY APPRAISER PARCEL NUMBER: 93-55-17-09101-003	
PROPERTY APPRAISER PARCEL NUMBER: 03-5S-17-09101-003	- 009
Other Contact Phone Number (If any):	
Building Permit Number (If known):	
Remarks: LOT 1 BLOCK B FOREST COUNTRY SECOND ADDITION S/D	THE BOLINGS
Address Issued By: 12 Mg	-
Columbia County 9-1-1 Addressing Department	

Application for Onsite Sewage Disposal System Construction Permit. Part II Site Plan Permit Application Number:

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH UNIT



# Columbia County Building Department Culvert Permit

### Culvert Permit No. 000000462

DATE 11/2	29/2004	PARCEL ID # 21-4	S-16-03080-009		
APPLICANT	MACK ROBINSON		PHONE	386-755-2492	n _
ADDRESS 2	4262 US HWY 129		O'BRIEN	FL	32071
OWNER NI	CK & ANGELEA STEINRU	СК	PHONE	386-961-9020	
ADDRESS 4	27 SW SHORT LEAF DI	R	LAKE CITY	FL	32024
CONTRACTO	R MACK ROBINSON		PHONE	386-755-2492	
	F PROPERTY S 247, I	L INTO FOREST COUNT	RY, R LONG LEAF, L	AST LOT ON LEFT	ON
SORVER LOT OF	SHORTEEAF AND LONG	LEAT			
SUBDIVISION	I/LOT/BLOCK/PHASE/	UNIT FOREST COUNT	RY	1 B	2
SIGNATURE	Mack	Robinson	×	т д	
	driving surface. Both thick reinforced concilins an amajority of the b) the driveway to be Turnouts shall be concrete or paved	8 inches in diameter vends will be mitered arete slab.  OTE: Turnouts will be current and existing does served will be pave concrete or paved a mil driveway, whichevering paved or concreted hall conform to the approach to the approach will be conform to the approach to the approach will be mind to the approach to the approach will be mind to the approach to the ap	required as follow riveway turnouts a d or formed with chinimum of 12 feet is greater. The wide turnouts.	slope and poured es: are paved, or; oncrete. wide or the wide dth shall conform	with a 4 inch
	5				-
	9				-
ALL PROPER SA	AFETY REQUIREMENTS	SHOULD BE FOLLOW	ED		WE E GO
DURING THE IN	NSTALATION OF THE CU	LVERT.		A	Y=5-X

135 NE Hernando Ave., Suite B-21 Lake City, FL 32055

Phone: 386-758-1008 Fax: 386-758-2160

Amount Paid 25.00



THIS INSTRUMENT WAS PREPARED BY: FIRST FEDERAL SAVINGS BANK OF FLORIDA 4705 WEST U.S. HIGHWAY 90 P.O. BOX 2029 LAKE CITY, FLORIDA 32056

Inst:2004025221 Date:11/10/2004 Time:15:09 DC, P. DeWitt Cason, Columbia County B: 1030 P: 1005

Return To: Eddie Anderson

PERMIT	NO	
L LIVIVII I	NO.	

TAX FOLIO NO.

#### NOTICE OF COMMENCEMENT

STATE OF FL	ORIDA	
COUNTY 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: Lot 1, Block B, Forest Country Second Addition a subdivision according to the plat thereof, recorded at Plat Book 5, page 45, public records of Columbia County, Florida.
- General description of improvement: <u>Construction of Dwelling</u>
- Owner information:

a. Name and address: Nick A. Steinruck and Angelia C. Steinruck Post Office Box 602, Lake City, Florida 32056

- b. Interest in property: Fee Simple
- c. Name and address of fee simple title holder (if other than Owner): NONE
- 4. Contractor (name and address): Mack Robinson Construction Company Route 14, Box 24355, Lake City, Florida 32024
- 5. Surety:

a. Name and address:

b. Amount of bond:

6. Lender:

FIRST FEDERAL SAVINGS BANK OF FLORIDA

4705 WEST U.S. HIGHWAY 90

P. O. BOX 2029

LAKE CITY, FLORIDA 32056

- 7. Persons within the State of Florida designated by Owner upon whom notices or other document may be served as provided by Section 713.13 (1) (a) 7., Florida Statutes: NONE
- In addition to himself, Owner designates <u>PAULA HACKER of FIRST FEDERAL SAVINGS</u> BANK OF FLORIDA, 4705 West U.S. Highway 90 / P. O. Box 2029, Lake City, Florida 32056 to receive a copy of the Lienor's Notice as provided in Section 713.13 (1) (b), Florida Statutes.

9. Expiration date of notice of commencement (the expiration date is 1 year-from the date of

STATE OF FLORIECORDING unless a different data is operation.

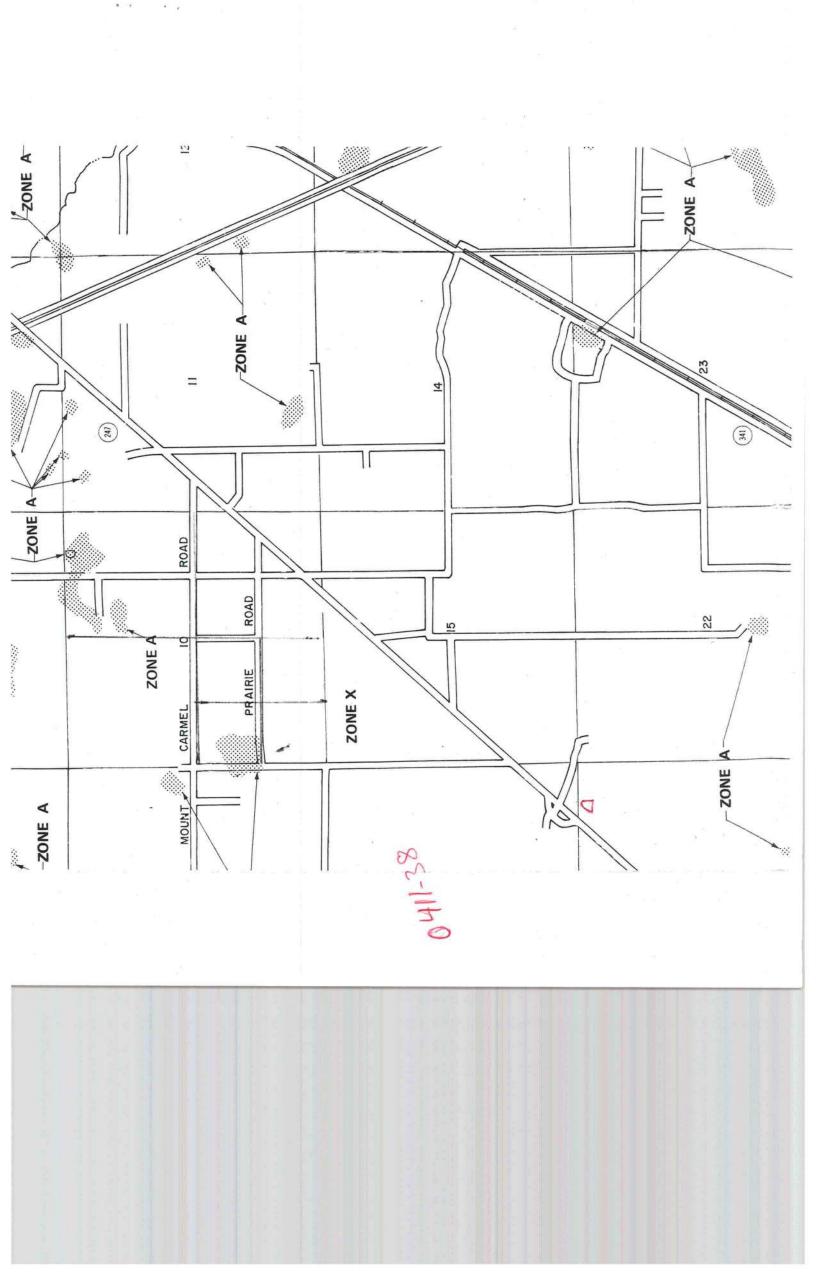
I HEREBY CERTIFY, that the above and foregoing is a true copy of the original filed in this office.

P. DeWITT CASON, CLERK OF COURTS. Borrower Name NICK A. STEINRUCK TT, CASON, CLERK OF COURTS The foregoing instrument was acknowledged before me this 10H day of 10vember 120H, by Angelia & Dick the inventor of the personally known to me or who has produced divers license for identification. Hennu Co-Borrower Name ANGELIA C. STEINRUCK , who is personally known to me or who has produced <u>ariver's license</u> for identification. Sala

Andrea L. Walden My Commission DD260301 Expires October 21, 2007

Notary Public

My Commission Expires:



Cale: Each block represents 5 feet and 1 inch = 50 feet.  Septimizer  Septimizer  Septimizer  Septimizer  Septimizer  Septimizer  Septimizer  Not Approved  ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT  15. 1998 (Duration of the 1 for 4515 with may be used)  Page 2	COO WE INS	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, ,	IIE SEWAGE	JISPUSAL SY	STEM CONSTI	RUCTION PERMIT	-0995/
Collection Septic. A good 100'  Be Plan submitted by:  ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT  15. 1008 (Paginasus Highs) Home 4015 which may be used)				PART	I - SITE PLAN			
Plan submitted by:  Plan submitted by:  Plan submitted by:  Approved  Not Approved  ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT  15. 1000 (Paginase MSSA Horm 4015 which may to seed)	Scale: Fach block	represents 5	foot and d !!					
Be Plan submitted by:  All CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT  15. 1000 (Regiones High-Horm 4015 which mys to seed)	HILL LACIT BIOCK		reet and 1 inch	1 = 50 feet.				
Be Plan submitted by:  Be Plan submitted by:  Make Signature  Not Approved  Not Approved  ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT  15. 1000 (Pagebook MPG-H Form 4015 which may be used)	<del>  </del>						+++	1-+
Be Plan submitted by:  Be Plan submitted by:  Make Signature  Not Approved  Not Approved  ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT  15. 1000 (Pagebook MPG-H Form 4015 which may be used)					11:11:11	++		1
Be Plan submitted by:  Be Plan submitted by:  Make Signature  Not Approved  Not Approved  ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT  15. 1000 (Pagebook MPG-H Form 4015 which may be used)					11			1++
Be Plan submitted by:  Be Plan submitted by:  Make Signature  Not Approved  Not Approved  ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT  15. 1000 (Pagebook MPG-H Form 4015 which may be used)								1
Be Plan submitted by:  Be Plan submitted by:  Make Signature  Not Approved  Not Approved  ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT  15. 1000 (Pagebook MPG-H Form 4015 which may be used)	<del>                                     </del>					<del>uddiii</del> i		111 <b>5</b> 1
Be Plan submitted by:  Be Plan submitted by:  Make Signature  Not Approved  Not Approved  ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT  15. 1000 (Pagebook MPG-H Form 4015 which may be used)		MAL	180	5.26	9 05	A		A
e Plan submitted by:    Approved   Month   Mark   M						<del></del>	1::11::::::::::::::::::::::::::::::::::	198
e Plan submitted by:    Approved   Month   Mark   M							11 12/6	1:4:11:11:
e Plan submitted by:    Approved   Month   Mark   M				1 1 1 1 1 1		$+\mathbf{W} + \mathbf{H} + \mathbf{H} + \mathbf{H}$	Cef crm	1.79
tes: Distance to well from Septic A good loo'  Plan submitted by: Signature Not Approved Date 10-8-04  ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT  15. 1008 (Papelsone HiBs.) From Agis witch may be used)		5.			\$1	1	100 Well	
Title  Not Approved  ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT  15. 1008 (Papalacoes HIB-H Form 4015 which may be used)		111111	4 2 3					1
Title  Not Approved  ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT  15. 1008 (Papalacoes HIB-H Form 4015 which may be used)			.33	610	45	7	1087	- 3
tes: Distance to well from Septic. A good 100'  Plan submitted by:   Drive CACY    Not Approved   Date 10-8-04    County Health Department  15. 1008 (Pappicaces HIB-H Form 4015 within may be used)		1271				1	1021	
Plan submitted by:  Signature  Not Approved  ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT  15. 10/06 (Replaces HRS-H Form 4015 which may be used)		Hall					100	172
Plan submitted by:  Signature  Not Approved  ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT  15. 10/06 (Replaces HRS-H Form 4015 which may be used)							M & DVI	11177
Plan submitted by:  Signature  Not Approved  ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT  15. 10/06 (Replaces HRS-H Form 4015 which may be used)			1	11111	117 1111	11112		
Plan submitted by:  Signature  Not Approved  ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT  15. 10/06 (Replaces HRS-H Form 4015 which may be used)			The state of the s	1114				11111
Plan submitted by:  Signature  Not Approved  ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT  15. 10/06 (Replaces HRS-H Form 4015 which may be used)								HHHH
Plan submitted by:  Signature  Not Approved  ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT  15. 10/06 (Replaces HRS-H Form 4015 which may be used)		111111	THE TOTAL PROPERTY OF THE PARTY			111111		HHHH
Plan submitted by:  Signature  Not Approved  ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT  15. 10/06 (Replaces HRS-H Form 4015 which may be used)								
Plan submitted by:  Signature  Not Approved  ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT  15. 10/06 (Replaces HRS-H Form 4015 which may be used)			111111111111111111111111111111111111111					
Plan submitted by:  Signature  Not Approved  ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT  15. 10/06 (Replaces HRS-H Form 4015 which may be used)								
Plan submitted by:  Signature  Not Approved  ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT  15. 10/06 (Replaces HRS-H Form 4015 which may be used)				100 =	rt III			
Plan submitted by:  Signature  Not Approved  ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT  15. 10/06 (Replaces HRS-H Form 4015 which may be used)				100,0	4			
Plan submitted by:  Signature  Not Approved  ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT  15. 10/06 (Replaces HRS-H Form 4015 which may be used)								
Plan submitted by:  Signature  Not Approved  ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT  15. 10/06 (Replaces HRS-H Form 4015 which may be used)								
Plan submitted by:  Signature  Not Approved  ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT  15. 10/06 (Replaces HRS-H Form 4015 which may be used)	<del>                                      </del>	######						
Plan submitted by:  Signature  Not Approved  ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT  15. 10/06 (Replaces HRS-H Form 4015 which may be used)				$HH \sqcup HH$				
Plan submitted by:  Signature  Not Approved  ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT  15. 10/06 (Replaces HRS-H Form 4015 which may be used)			Colvert	+ DRIVE	CUACI			
Plan submitted by:  Signature  Not Approved  Not Approved  ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT  15. 10/98 (Replaces HRS-H Form 4015 which may be used)							<del>                                      </del>	
Plan submitted by:  Signature  Not Approved  Not Approved  ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT  15. 10/98 (Replaces HRS-H Form 4015 which may be used)	7.1		// 5					<u>.::::::::::::::::::::::::::::::::::::</u>
Plan submitted by:  Signature  Not Approved  Not Approved  ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT  15. 10/98 (Replaces HRS-H Form 4015 which may be used)	otes: Distan	se to c	well tro	om Seiot	C A 9	000 100		
Plan submitted by:  Signature  Not Approved  Not Approved  County Health Department  ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT  15, 10/98 (Replaces HRS-H Form 4015 which may be used)				٧.	T	51		
Plan submitted by:  Signature  Not Approved  Not Approved  County Health Department  ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT  15, 10/98 (Replaces HRS-H Form 4015 which may be used)						•	· · · · · · · · · · · · · · · · · · ·	
In Approved Signature  Not Approved Date 10-8-04  ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT  15, 10/98 (Replaces HRS-H Form 4015 which may be used)						(16))		
In Approved Signature  Not Approved Date 10-8-04  ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT  15, 10/98 (Replaces HRS-H Form 4015 which may be used)		<del></del>	Λ ,	$\bigcap$		× ×	I.	
Not Approved Date 10-8-04  ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT  15, 10/96 (Replaces HRS-H Form 4015 which may be used)	e Plan submitted	d by: $\lambda^{(}$	brale)	& avos			Durnes	
ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT  15, 10/98 (Replaces HRS-H Form 4015 which may be used)	9		1					Title
ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT  15, 1098 (Replaces HRS-H Form 4015 which may be used)	an Approved V	<del>/</del> // · .	///	Not App	oved	0/1	Date_/8	7-8-04
ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT  15, 1098 (Replaces HRS-H Form 4015 which may be used)	dakaro	Sol	L.			Colum	0 County Head	lth Donardon
15, 10/98 (Replaces HRS-H Form 4015 which may be used)				*	V.			ui Deparuii
15, 10/98 (Replaces HRS-H Form 4015 which may be used) Reumber: 5744-002-4015-9)  Page 2				APPROVED	BY THE COU	INTY HEALTH	DEPARTMENT	
Page 2	015, 10/98 (Replaces HRS-H k Number: 5744-002-4015-6)	Form 4015 which may t	be used)					Done 2
			A			9		Page 2
			71 10 10 10 10 10 10 10 10 10 10 10 10 10					7.

### FLORIDA ENERGY EFFICIENCY CODE FOR BUILDING CONSTRUCTION

Florida Department of Community Affairs Residential Whole Building Performance Method A

P	ro	ject	Na	me

Steinruck Residence

Address:

**Shortleaf St** 

City, State:

Lake City, FL 32055-

Owner: Climate Zone:

North

Steinruck

Builder:

Mack Robinson

Permitting Office:

Columbia Co

Permit Number:

22541

Jurisdiction Number: 221000

b. c. 8. a. b. c. 9. a. b. c. d. e. 10. a. b. c. 11. a.	New construction or existing Single family or multi-family Number of units, if multi-family Number of Bedrooms Is this a worst case? Conditioned floor area (ft²) Glass area & type Clear glass, default U-factor Default tint Labeled U or SHGC Floor types Slab-On-Grade Edge Insulation N/A N/A Wall types Frame, Wood, Exterior N/A N/A N/A N/A N/A Ceiling types Under Attic N/A N/A Ducts Sup: Unc. Ret: Con. AH: Interior N/A	R=1 R=3	New Single family  1 3 No 2158 ft² Double Pane 228.0 ft² 0.0 ft² 0.0 ft² 0.0, 243.0(p) ft  11.0, 1674.0 ft²  80.0, 2158.0 ft² R=6.0, 50.0 ft		a. Cen b. N/A c. N/A 13. Hea a. Elec b. N/A c. N/A 14. Hot a. Elec b. N/A c. Con (HR DH 15. HV/ (CF HF PT- MZ	ting systems etric Heat Pump water systems etric Resistance	Cap: 35.0 kBtu/hr SEER: 10.00  Cap: 35.0 kBtu/hr HSPF: 7.90  Cap: 30.0 gallons EF: 0.90  PT, CF,	
---	--	------------	--	--	---	---	--	--

Glass/Floor Area: 0.11

Total as-built points: 25901 Total base points: 30643

PASS

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

PREPARED BY:

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:		

EnergyGauge® (Version: FLRCPB v3.30)

## **SUMMER CALCULATIONS**

# Residential Whole Building Performance Method A - Details

ADDRESS: Shortleaf St, Lake City, FL, 32055-

PERMIT #:

	BASE					AS-	BU	LT				
GLASS TYPES .18 X Conditio Floor Ar		BSPM =	Points	Type/SC		erhang Len		Area X	SP	мх	SOF	= Points
.18 2158.	.0	20.04	7784.3	Double, Clear	NW	2.0	7.0	60.0	25.	97	0.90	1408.2
				Double, Clear	NE	2.0	5.0	12.0	29.	56	0.82	290.6
				Double, Clear	NE	2.0	7.0	90.0	29.	56	0.90	2384.6
				Double, Clear	SE	2.0	5.0	6.0	42.	75	0.74	191.1
				Double, Clear	SW	2.0	7.0	60.0	40.	16	0.85	2049.6
				As-Built Total:				228.0				6324.1
WALL TYPES	Area X	K BSPM	= Points	Туре		R-\	/alue	Area	Х	SPIV	=	Points
Adjacent	0.0	0.00	0.0	Frame, Wood, Exterior			11.0	1674.0		1.70		2845.8
Exterior	1674.0	1.70	2845.8									20 10.0
7 <u>11</u>	2222											
Base Total:	1674.0		2845.8	As-Built Total:				1674.0				2845.8
DOOR TYPES	Area X	( BSPM	= Points	Туре				Area	Х	SPM	=	Points
Adjacent	21.0	2.40	50.4	Exterior Insulated				21.0	-	4.10		86.1
Exterior	21.0	6.10	128.1	Adjacent Insulated				21.0		1.60		33.6
Base Total:	42.0		178.5	As-Built Total:				42.0				119.7
CEILING TYPES	Area X	BSPM	= Points	Туре	F	R-Valu	e A	rea X S	SPM	X SC	M =	Points
Under Attic	2158.0	1.73	3733.3	Under Attic		3	30.0	2158.0	1.73	X 1.00		3733.3
Base Total:	2158.0		3733.3	As-Built Total:				2158.0				3733.3
FLOOR TYPES	Area X	BSPM	= Points	Туре		R-V	/alue	Area	х	SPM	=	Points
Slab 2	243.0(p)	-37.0	-8991.0	Slab-On-Grade Edge Insulatio	n		0.0	243.0(p		41.20		-10011.6
Raised	0.0	0.00	0.0		100			(Þ		20		10011.0
Base Total:			-8991.0	As-Built Total:				243.0				40044.5
			-555 1.0	As-Suite Fordi.				243.0	_			-10011.6
INFILTRATION	Area X	BSPM	= Points					Area	Χ	SPM	=	Points
	2158.0	10.21	22033.2					2158.0	)	10.21		22033.2

EnergyGauge® DCA Form 600A-2001

## **SUMMER CALCULATIONS**

#### Residential Whole Building Performance Method A - Details

PERMIT #:

ADDRESS: Shortleaf St, Lake City, FL, 32055-

	BASE		AS-BUILT	
Summer Bas	e Points:	27584.2	Summer As-Built Points:	25044.5
Total Summer Points	X System Multiplier	= Cooling Points	Total X Cap X Duct X System X Credit Component Ratio Multiplier Multiplier Multiplier  (DM x DSM x AHU)	= Cooling Points
27584.2	0.4266	11767.4	25044.5 1.000 (1.081 x 1.147 x 0.91) 0.341 0.902 25044.5 1.00 1.128 0.341 0.902	8704.2 <b>8704.2</b>

EnergyGauge™ DCA Form 600A-2001

## **WINTER CALCULATIONS**

# Residential Whole Building Performance Method A - Details

ADDRESS: Shortleaf St, Lake City, FL, 32055- PERMIT #:

	BASE				AS-	BUI	LT					
GLASS TYPES .18 X Conditio Floor Ar		WPM =	Points	Type/SC	Ove Ornt	erhang Len		Area X	WF	PM X	wc	F = Point
.18 2158.	.0	12.74	4948.7	Double, Clear	NW	2.0	7.0	60.0	24.	30	1.00	1464.5
				Double, Clear	NE	2.0	5.0	12.0	23.	57	1.02	287.8
				Double, Clear	NE	2.0	7.0	90.0	23.		1.01	2140.2
				Double, Clear	SE	2.0	5.0	6.0	14.		1.25	110.2
				Double, Clear	SW	2.0	7.0	60.0	16.	74	1.08	1085.6
				As-Built Total:				228.0				5088.3
WALL TYPES	Area X	BWPM	= Points	Туре		R-V	/alue	Area	Х	WPI	<b>N</b> =	Points
Adjacent Exterior	0.0 1674.0	0.00 3.70	0.0 6193.8	Frame, Wood, Exterior			11.0	1674.0		3.70		6193.8
Base Total:	1674.0		6193.8	As-Built Total:				1674.0				6193.8
DOOR TYPES	Area X	BWPM	= Points	Туре				Area	Х	WPI	и =	Points
Adjacent	21.0	11.50	241.5	Exterior Insulated				21.0		8.40	)	176.4
Exterior	21.0	12.30	258.3	Adjacent Insulated				21.0		8.00	).	168.0
Base Total:	42.0		499.8	As-Built Total:				42.0				344.4
CEILING TYPE	SArea X	BWPM	= Points	Туре	R-	-Value	Ar	ea X W	РМ	X W	см =	Points
Under Attic	2158.0	2.05	4423.9	Under Attic			30.0	2158.0	2.05	X 1.00	e n	4423.9
Base Total:	2158.0		4423.9	As-Built Total:				2158.0				4423.9
FLOOR TYPES	Area X	BWPM	= Points	Туре		R-V	/alue	Area	Χ	WPI	Л =	Points
Slab	243.0(p)	8.9	2162.7	Slab-On-Grade Edge Insulation	1		0.0	243.0(p		18.80		4568.4
Raised	0.0	0.00	0.0									
Base Total:			2162.7	As-Built Total:				243.0		1.5		4568.4
	A ==== V	DIA/DIA	- Dointo	27				Area	~	\A/DI	л =	Points
INFILTRATION	Area X	DVVPIVI	- Politis					Alca	^	VVI	/1 -	Folitis

EnergyGauge® DCA Form 600A-2001

## **WINTER CALCULATIONS**

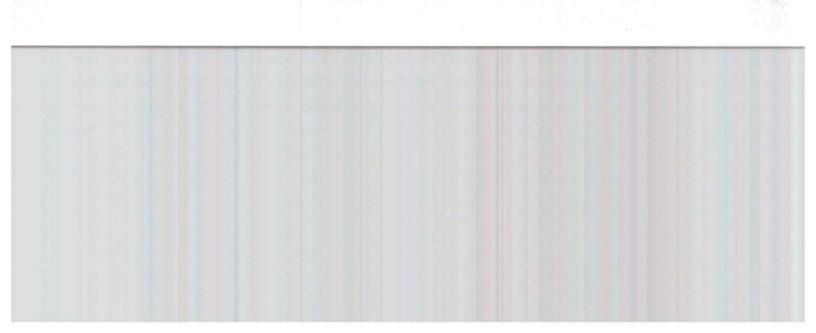
#### Residential Whole Building Performance Method A - Details

ADDRESS: Shortleaf St, Lake City, FL, 32055-

PERMIT #:

BASE					AS-BUILT										
Winter Base	P	oints:		16955.7	Winter A	s-B	Built P	oir	its:					19	345.6
Total Winter Points	X	System Multipli	= er	Heating Points	Total Component	X	Cap Ratio	X (DN	Duct Multiplier		System Multiplier	X	Credit Multiplier	=	Heating Points
16955.7		0.6274		10638.0	19345.6 <b>19345.6</b>		1.000 <b>1.00</b>	(1.0	60 x 1.169 x 1.152	0.93	0.432 0.432		0.950 <b>0.950</b>		9141.9 <b>141.9</b>

EnergyGauge™ DCA Form 600A-2001



# **WATER HEATING & CODE COMPLIANCE STATUS**

Residential Whole Building Performance Method A - Details

ADDRESS: Shortleaf St, Lake City, FL, 32055-

PERMIT #:

	ASE	AS-BUILT										
WATER HEA Number of Bedrooms	TING	Multiplier	=	Total	Tank Volume	EF	Number of Bedrooms	х	Tank X Ratio	Multiplier X	Credit Multipli	
3		2746.00		8238.0	30.0 As-Built To	0.90 otal:	3		1.00	2684.98	1.00	8054.9 <b>8054.9</b>

				CODE	CC	MPLI	ANCE	ST	ATUS	3			
		BAS	E							AS-	BUILT		
Cooling Points	+	Heating Points	+	Hot Water Points	=	Total Points	Cooling Points	+	Heating Points	+	Hot Water Points	=	Total Points
11767		10638		8238		30643	8704		9142		8055		25901

**PASS** 



EnergyGauge™ DCA Form 600A-2001

# **Code Compliance Checklist**

## Residential Whole Building Performance Method A - Details

ADDRESS: Shortleaf St, Lake City, FL, 32055-

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.	V
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.	V
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.	V
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.	NIA
Additional Infiltration reqts	606.1.ABC.1.3	Exhaust fans vented to outdoors, dampers; combustion space heaters comply with NFPA, have combustion air.	V

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.	V
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%.	H/A
Shower heads	612.1	Water flow must be restricted to no more than 2.5 gallons per minute at 80 PSIG.	V
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.	V
HVAC Controls	607.1	Separate readily accessible manual or automatic thermostat for each system.	V
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.	

We661e

#### **Columbia County Building Department Culvert Waiver**

Culvert Waiver No. 000000462

			7702
DATE: 03/28/2005 BUILDING PERMIT NO	22541		
APPLICANT MACK ROBINSON	PHONE 38	6-755-2492	<u> </u>
ADDRESS 24262 US HWY 129	O'BRIEN	FL	32071
OWNER NICK & ANGELEA STEINRUCK	PHONE 386	-961-9020	
ADDRESS 427 SW SHORT LEAF DR	LAKE CITY	FL	32024
CONTRACTOR MACK ROBINSON	PHONE 386	-755-2492	A
LOCATION OF PROPERTY S 247, L INTO FOREST COUNTY	TRY, R LONG LEAF, LAST	LOT ON LEFT	ON
CORNER LOT OF SHORTLEAF AND LONGLEAF			
SUBDIVISION/LOT/BLOCK/PHASE/UNITFOREST COUNT	TRY	1 B	2
PARCEL ID # 21-4S-16-03080-009			
<u> </u>			
I HEREBY CERTIFY THAT I UNDERSTAND AND WILL FULLY			
COUNTY PUBLIC WORKS DEPARTMENT IN CONNECTION W	TH THE HEREIN PROPO	SED APPLIC	ATION.
SIGNATURE: Mack Robinson			
7/			
A SEPARATE CHECK IS REQUIRED	Amount Pa	id 50.0	0
MAKE CHECKS PAYABLE TO BCC			
PURE NO PAGE PROPERTY	TAXABLE CONTACTOR		
PUBLIC WORKS DEPARTM	ENT USE ONLY		
HEREBY CERTIFY THAT I HAVE EXAMINED THIS APPLICAT	TION AND DETERMINED	THAT THE	
CULVERT WAIVER IS:			
APPROVED	NOT APPROVED	- NEEDS A	CULVERT PER
COMMENTS: Drivway All Reachy	Poure in	Concret	ke_
with I wunt to match Ditch	FOI Drainer		
12 1 -	100	/	<del></del>
SIGNED: June 1	DATE: 04/12/	05	
	//		
ANY QUESTIONS PLEASE CONTACT THE PUBLIC WORKS DE	PARTMENT AT 386-752-59	55.	
			BAGO
		311	

135 NE Hernando Ave., Suite B-21 Lake City, FL 32055

Phone: 386-758-1008 Fax: 386-758-2160



#### **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.

Section 1: General Information (Treating Company Information)	
Company Name: Aspen Post Control, Inc.	
Company Address: 301 NW Cole Terrace City	Lake City State PL Zip 32065
Company Business License No. JB109676	Company Phone No.
FHA/VA Case No. (if any)	Osmpany Front No.
Section 2: Builder Information	
Made Palisan	755-2/103
Company Name: Mach Robinson	Company Phone No. 755-2492
Section 3: Property Information	
	Stainful P. 1
Location of Structure(s) Treated (Street Address or Legal Description, City, State and Zip	427 Sul Short look IN
TO BEAUTHER TO STAND TO STAND THE STAND THE TOTAL STANDS TO THE STAND TO STAND THE STAND TO STAND THE STAND TO THE STAND TO STAND TO STAND TO STAND THE STAND TO STAND THE STAND THE STAND THE STAND TO STAND THE STAND THE S	Take City Fl 22 Day
Time of Construction (Many than and boundary by should by \$100.	The Court Court
Type of Construction (More than one box may be checked) Slab Baseme Approximate Depth of Footing: Outside Inside	ent Crawl Other Type of Fill
Approximate Depth of Pooling. Outside Inside	Type of Fill
Section 4: Treatment Information	6
	22541
Date(s) of Treatment(s) 12/28/04	22341
Brand Name of Product(s) Used	
EPA Registration No. 70907-7-53883	
Approximate Final Mix Solution % 5/3	
	Linear ft. of Masonry Voids
Approximate Total Gallons of Solution Applied 420 gals	
Was treatment completed on exterior?   Yes  No	
Service Agreement Available?   Yes  No	
Note: Some state laws require service agreements to be issued. This form does not pro-	eempt state law.
Attachments (List)	
Attachments (List)	
Comments	
Name of Applicator(s) Sregory Certification N	No. (if required by State law)
The applicator has used a product in accordance with the product label and state requirements. A federal regulations.	All treatment materials and methods used comply with state and
Manus Hagan	12 ho lal
Authorized Signature	Date 12/28/04
Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or c	ivil 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	

225.41

Cal-Tech Testing, Inc.

EngineeringGeotechnical

P.O. Box 1625 • Lake City, FL 32056-1625 6919 Distribution Avenue S., Unit #5 • Jacksonville, FL 32257

Floor Height

Tel. (386) 755-3633 • Fax (386) 752-5456 Tel. (904) 262-4046 • Fax (904) 262-4047

• Environmental

LABORATORIES

December 15, 2004

Mack Robinson & Sons Construction, Inc. 24262 US Hwy. 129 O'Brien, Florida 32071

Reference:

Proposed Residence

Lot 1, Forest Country Second Addition

Columbia County, Florida Cal-Tech Project No. 04-562

Dear Mr. Robinson,

Cal-Tech Testing, Inc. has completed an investigation of the finished floor elevation of a residence to be constructed at the referenced location. The purposes of our work were to evaluate the potential for flooding of the residence.

Based upon the U.S.G.S. quadrangle map, the adjacent roadway has a centerline elevation of approximately 105.0 feet. Using this elevation as reference, the residence has a proposed finished floor elevation of approximately 104.9 feet, or about 0.1 feet lower than the adjacent roadway.

County regulations require the finished floor elevation of a new structure to be at least 12 inches above the elevation of the adjacent roadway unless it can be shown that such an elevation is not required to substantially reduce the likelihood of flooding.

Based upon the FEMA flood insurance rate map, no flood prone areas are located within at least one-half mile of the site, although six small flood areas are identified between one-half mile and one mile of the site. Each of these identified flood areas is an isolated area of locally low elevation, and flooding of any one of these areas will not affect the site. Additionally, flooding to an elevation of approximately 105.0 feet would simultaneously flood a very large area adjacent the site. Therefore, from the results of our investigation, we believe there is no substantial risk for flooding at this home site. Further, we believe elevating the finished floor to 1 foot above the adjacent roadway will not be necessary to reduce flood potential.

We recommend however that site topography be slightly modified such that the ground surface adjacent the residence is at least 1 foot lower than the proposed finished floor elevation and also slope away from the foundations. Based upon elevations determined at the site, the ground surface near the northwest corner of the residence should be lowered about 3 inches.

We appreciate the opportunity to be of service on this project and look forward to a continued association. Please do not hesitate to contact us should you have questions concerning this report or if we may be of further assistance.

Respectfully submitted, Cal-Tech Testing, Inc.

Creamer President / CEO

John C. Dorman, Jr., Ph.D., P.E. Geotechnical Engineer /2/15/04

52612