

DATE 12/16/2009

Columbia County Building Permit

This Permit Must Be Prominently Posted on Premises During Construction

PERMIT

000028278

APPLICANT BLAKE LUNDE PHONE 754-5810
ADDRESS 3101 W US HWY 90 SUITE 102 LAKE CITY FL 32055
OWNER FAMILY HEALTH CENTER OF COL. COUNTY, INC. PHONE 386.758.5552
ADDRESS 173 BW ALBRIGHT LANE LAKE CITY FL 32055
CONTRACTOR BLAKE LUNDE PHONE 754-5810
LOCATION OF PROPERTY 441-N TO ALBRIGHT LN, TL AND HEALTH CENTER ON R.

TYPE DEVELOPMENT COMM. ADDITION ESTIMATED COST OF CONSTRUCTION 48000.00
HEATED FLOOR AREA 960.00 TOTAL AREA 960.00 HEIGHT 19.00 STORIES 1
FOUNDATION CONCRETE WALLS FRAMED ROOF PITCH 4/12 FLOOR SLAB
LAND USE & ZONING RSF/MH-2 MAX. HEIGHT 35
Minimum Set Back Requirments: STREET-FRONT 25.00 REAR 15.00 SIDE 10.00
NO. EX.D.U. 1 FLOOD ZONE X DEVELOPMENT PERMIT NO. _____

PARCEL ID 20-3S-17-05405-001 SUBDIVISION S.C. ALBRITTON -REPLAT OF SPRINGFIELD
LOT _____ BLOCK I&D PHASE _____ UNIT 0 TOTAL ACRES 3.67

CBC1253408
Culvert Permit No. _____ Culvert Waiver _____ Contractor's License Number _____ Applicant/Owner/Contractor _____
EXISTING 09-0572 BK HD N
Driveway Connection _____ Septic Tank Number _____ LU & Zoning checked by _____ Approved for Issuance _____ New Resident _____

COMMENTS: NOC ON FILE, EXISTING USE WITH VESTED RIGHTS

Check # or Cash 7587

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

BUILDING PERMIT FEE \$ 240.00 CERTIFICATION FEE \$ 4.80 SURCHARGE FEE \$ 4.80
MISC. FEES \$ 0.00 ZONING CERT. FEE \$ 50.00 FIRE FEE \$ 0.00 WASTE FEE \$ _____
FLOOD DEVELOPMENT FEE \$ _____ FLOOD ZONE FEE \$ 25.00 CULVERT FEE \$ _____ TOTAL FEE 324.60

INSPECTORS OFFICE L. J. Hodson 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."

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.

One set of Plans given to fire Dept. 12-01-04
37/20/2009 17:48 3867582160 ~~Booster~~ BUILDING AND ZONING
no energy calcs - using existing SYSTEM
Columbia County Building Permit Application

PAGE 02/04

☒ Commercial ☒ V/F SHEET
☒ V/F SHEET

For Office Use Only Application # 0910-58 Date Received 12/26 By JW Permit # 28278
Zoning Official BKK Date 30.10.09 Flood Zone X Land Use Res. La Dev Zoning RSF/MH-2
FEMA Map # N/A Elevation N/A MFE N/A River N/A Plans Examiner HD Date 12-16
Comments Existing use with vested rights
☒ 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 Suspended LICENSE updated ARTICLES, Inc
(386) 752-2282

Septic Permit No. 09-0572 Fax (386) 752-2281

Name Authorized Person Signing Permit Linda Roder Phone (386) 752-2281

Address 387 S.W. Kemp Ct. Lake City FL 32024 867-6422

Owners Name Dorothy Patterson FAMILY HEALTH CT Phone 758-5552

911 Address 173 NW Albritton LN Lake City 32055

Contractors Name Blake Lunde Phone (386) 754-5810

Address 3101 W. U.S. Hwy 90 Suite 102 Lake City, FL 32055

Fee Simple Owner Name & Address NA

Bonding Co. Name & Address NA

Architect/Engineer Name & Address Mark Disosway Lake City, FL

Mortgage Lenders Name & Address NA

Circle the correct power company FL Power & Light Clay Elec. - Suwannee Valley Elec. - Progress Energy

Property ID Number 20-35-17-054/05-001 03 Estimated Cost of Construction 123,000

Subdivision Name Albritton's replat Springfield Subdivision Lot Block Unit Phase

Driving Directions U.S. 441 N. L on N.W. Albritton LN

Site on R (existing Family Health Center)

Number of Existing Dwellings on Property 1

Construction of Room addition Total Acreage 3.67 Lot Size 3.67

Do you need a Culvert Permit or Culvert Waiver or Have an Existing Drive Total Building Height 3.67

Actual Distance of Structure from Property Lines: Front NA 83' Side 192' Side 192' Rear 313'

Number of Stories 1 Heated Floor Area 960 Total Floor Area 960 Roof Pitch 4-12

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 standard of all laws regulating construction in this jurisdiction.

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.)

John T. Myles, CEO
Owners Signature

John T. Myles
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 CBC1253408
Columbia County
Competency Card Number _____

Affirmed under penalty of perjury to by the Contractor and subscribed before me this 21 day of October 2009

Personally known ☒ or Produced Identification _____

Betty M. Federico
State of Florida Notary Signature (For the Contractor)

SEAL:



11-30-09 11:00 AM LH

Nov 30 2009 10:19AM BLAKE#CONSTRUCTION#CO

3867196708

11/30/2009 10:29 3867502160

BUILDING AND ZONING

PAGE 02/02

Nov 25 2009 8:07AM

BLAKE#CONSTRUCTION#CO

3867196708

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11/25/2009 11:03 3867502160

SAISON

BUILDING AND ZONING

PAGE 02/02

11/17/2009 14:05 3867502160

Family Health Center at Columbia University
 SUBCONTRACTOR VERIFICATION FORM
 CONTRACTOR BLAKE LUMS
 APPLICATION NUMBER 0910-05
 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 trades 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.

ELECTRICAL	Print Name: <u>Michael D. Smith</u> License #: <u>EC-0002455</u>	Signature: <u>[Signature]</u> Phone #: <u>386-365-7082</u>
Mechanical/A/C	Print Name: <u>Richard [unclear]</u> License #: <u>CAD 58099</u>	Signature: <u>[Signature]</u> Phone #: <u>386-486-3467</u>
PLUMBING	Print Name: <u>Don [unclear]</u> License #: <u>RI-4067418</u>	Signature: <u>[Signature]</u> Phone #: <u>386-250-6140</u>
ROOFING	Print Name: <u>Mike Johnson</u> License #: <u>RE-0061384</u>	Signature: <u>[Signature]</u> Phone #: <u>386-470-4945</u>
Sheet Metal	Print Name: <u>[unclear]</u> License #: <u>[unclear]</u>	Signature: <u>[Signature]</u> Phone #: <u>[unclear]</u>
800 FIRE SYSTEM/SPRINKLER	Print Name: <u>Joseph C. Pauling</u> License #: <u>EF-006059</u>	Signature: <u>[Signature]</u> Phone #: <u>386-935-2832</u>
SOLAR	Print Name: <u>[unclear]</u> License #: <u>[unclear]</u>	Signature: <u>[unclear]</u> Phone #: <u>[unclear]</u>

MAISON	325	Joshua [unclear]	[unclear]
CONCRETE FINISHER	000063	Darryl Spradley	[unclear]
FRAMING	000177	Melvin [unclear]	[unclear]
INSULATION	CR1253408	Blake N. Lynde II	[unclear]
STUCCO	000622	Robert Jackson	[unclear]
DRYWALL	000622	Blake N. Lynde II	[unclear]
498 CABINET INSTALLER	CR1253408	Lecky [unclear]	[unclear]
PAINTING	000104	Ricky Bennett	[unclear]
ACROUSTICAL CEILING	000122	Blake N. Lynde II	[unclear]
GLASS	CR1253408	Blake N. Lynde II	[unclear]
498 CERAMIC TILE	CR1253408	Blake N. Lynde II	[unclear]
498 FLOOR COVERING	CR1253408	Carl W. Kien	[unclear]
ALUM/VINYL SIDING	000601	[unclear]	[unclear]
GARAGE DOOR	[unclear]	[unclear]	[unclear]
METAL BUILDING	[unclear]	[unclear]	[unclear]

F.S. 440.103 Building permit: Identification of minimum premium policy. Every employer shall, as a condition to applying for and retaining 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.

All ok

Family Health Center of Columbia County

SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER **0910-05**

CONTRACTOR **BLAKE LUNDE**

PHONE **386-754-5810**

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.

<input checked="" type="checkbox"/> ELECTRICAL updates	Print Name: Michael D. Smith	Signature: <i>Michael D. Smith</i>	Phone #: 386-365-7082
<input checked="" type="checkbox"/> MECHANICAL/A/C updates	Print Name: Richard Buchstam	Signature: <i>Richard Buchstam</i>	Phone #: 386-496-3467
<input checked="" type="checkbox"/> PLUMBING/GAS	Print Name: Don Bills	Signature: <i>Don Bills</i>	Phone #: 386-957-6140
<input checked="" type="checkbox"/> ROOFING	Print Name: Mac Johnson	Signature: <i>Mac Johnson</i>	Phone #: 352-472-4943
SHEET METAL	Print Name: _____	Signature: _____	Phone #: _____
<input checked="" type="checkbox"/> FIRE SYSTEM/SPRINKLER	Print Name: Joseph C. Peuring	Signature: <i>Joseph C. Peuring</i>	Phone #: 386-935-2832
SOLAR	Print Name: _____	Signature: _____	Phone #: _____

Specialty License	License Number	Sub-Contractor's Printed Name	Sub-Contractor's Signature
<input checked="" type="checkbox"/> MASON Inc.	325	Joshua Danner	<i>Joshua Danner</i>
<input checked="" type="checkbox"/> CONCRETE FINISHER	000063	Darryl Spradley	<i>Darryl Spradley</i>
<input checked="" type="checkbox"/> FRAMING	600177	Melvin Mitchell	<i>Melvin Mitchell</i>
<input checked="" type="checkbox"/> INSULATION updates	CA1253408	Blake N. Lunde II	<i>Blake N. Lunde II</i>
<input checked="" type="checkbox"/> STUCCO			
<input checked="" type="checkbox"/> DRYWALL	000627	Bobby JACKSON	<i>Bobby Jackson</i>
<input checked="" type="checkbox"/> PLASTER			
<input checked="" type="checkbox"/> CABINET INSTALLER updates	CBC1253408	Blake N. Lunde II	<i>Blake N. Lunde II</i>
<input checked="" type="checkbox"/> PAINTING Inc.	000104	Teddy Ling	<i>Teddy Ling</i>
<input checked="" type="checkbox"/> ACOUSTICAL CEILING			
<input checked="" type="checkbox"/> GLASS	000618	Dale Brown	<i>Dale Brown</i>
<input checked="" type="checkbox"/> CERAMIC TILE updates	CA1253408	Blake N. Lunde II	<i>Blake N. Lunde II</i>
<input checked="" type="checkbox"/> FLOOR COVERING updates	CA1253408	Blake N. Lunde II	<i>Blake N. Lunde II</i>
<input checked="" type="checkbox"/> ALUM/VINYL SIDING	000601	Carl W. Kirk	<i>Carl W. Kirk</i>
<input checked="" type="checkbox"/> GARAGE DOOR			
<input checked="" type="checkbox"/> 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.

All ok

FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS																															
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<h2>Detail by Entity Name</h2> <h3><u>Florida Non Profit Corporation</u></h3> <p>FAMILY HEALTH CENTER OF COLUMBIA COUNTY, INC.</p> <h3><u>Filing Information</u></h3> <table><tr><td>Document Number</td><td>754720</td></tr><tr><td>FEI/EIN Number</td><td>592086283</td></tr><tr><td>Date Filed</td><td>10/17/1980</td></tr><tr><td>State</td><td>FL</td></tr><tr><td>Status</td><td>ACTIVE</td></tr><tr><td>Last Event</td><td>NAME CHANGE AMENDMENT</td></tr><tr><td>Event Date Filed</td><td>06/19/1986</td></tr><tr><td>Event Effective Date</td><td>NONE</td></tr></table> <h3><u>Principal Address</u></h3> <p>173 ALBRITTON LN LAKE CITY FL 32055 US Changed 04/02/2007</p> <h3><u>Mailing Address</u></h3> <p>P O BOX 249 LAKE CITY FL 32056-7249 Changed 03/26/1992</p> <h3><u>Registered Agent Name & Address</u></h3> <p>LATOUR, LARRY 778 SW BISCAYNE GLEN LAKE CITY FL 32025 Name Changed: 04/02/2007 Address Changed: 04/02/2007</p> <h3><u>Officer/Director Detail</u></h3> <table><tr><td colspan="2">Name & Address</td></tr><tr><td>Title TD</td><td></td></tr><tr><td>PATTISON, DOROTHY 576 NW SPRING HOLLOW BLVD LAKE CITY FL 32055</td><td></td></tr><tr><td>Title S</td><td></td></tr><tr><td>TALMADGE, VICTORIA 321 SE FAWN GLEN LAKE CITY FL 32025</td><td></td></tr></table>						Document Number	754720	FEI/EIN Number	592086283	Date Filed	10/17/1980	State	FL	Status	ACTIVE	Last Event	NAME CHANGE AMENDMENT	Event Date Filed	06/19/1986	Event Effective Date	NONE	Name & Address		Title TD		PATTISON, DOROTHY 576 NW SPRING HOLLOW BLVD LAKE CITY FL 32055		Title S		TALMADGE, VICTORIA 321 SE FAWN GLEN LAKE CITY FL 32025	
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Title S																															
TALMADGE, VICTORIA 321 SE FAWN GLEN LAKE CITY FL 32025																															

Title D

ROBERTS, SHELIA
393 SW SHORTLEAF DRIVE
LAKE CITY FL 32024

Title VP

SCHAAFSMA, KEITH C
10278 SW TUSTENUGEE AVE
LAKE CITY FL 32024

Title PD

LATOUR, LARRY
778 SW BISCAYNE GLEN
LAKE CITY FL 32025

Title D

LEE, GAYNELL
632 NE FAIRVIEW STREET
LAKE CITY FL 32055

Annual Reports

Report Year Filed Date

2007	04/02/2007
2008	03/03/2008
2009	02/26/2009

Document Images

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10.27.09

Linda these are a couple
of signed Documents that
State Mr. Myles is the CEO.

If this isn't sufficient, please
let us know. He will be
Back in the office tomorrow @

8:00 A.M. 

P. O. Box 249

386-755-4020

Family Health Center**of Columbia County, Inc.**

N.W. Allbritton Lane

Lake City, Florida 32056

October 26, 2009

Lake City, FL 32025

Dear [redacted],

Our records indicate that you have missed three appointments in a row. Our policy is three no-shows and you are dropped from the service.

In order for us to continue to give our patients quality care in a timely manner, you must keep your appointments. Call at least forty-eight hours in advance of your appointment to cancel. This will allow someone that is waiting to be seen to get a much needed appointment.

If we do not see or hear from you within ten days, from receiving this letter, we will assume you no longer want to be seen by the Family Health Center. At that time you will be dropped from our service. You may come in and sign a release of records, and we will send your records to a provider of your choice.

Sincerely,

John T. Myles, CEO
Chief Executive Officer

Providing Primary Healthcare

IN WITNESS WHEREOF, the parties hereto have executed this agreement the
31st day of March, 2005.

Signed and delivered
in the presence of:

Family Health Center
Columbia County, Inc.

Joyce R. Cook

Witness as to Employer

By:

George R. Dekle

George R. Dekle
Board President

John T. Myles

Witness as to Employee

John T. Myles
John T. Myles

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICESForm Approved
OMB No. 0938-0600**MEDICARE CREDIT BALANCE REPORT
CERTIFICATION PAGE**

The Medicare Credit Balance Report is required under the authority of sections 1815(a), 1833(e), 1886(a)(1)(C) and related provisions of the Social Security Act. Failure to submit this report may result in a suspension of payments under the Medicare program and may affect your eligibility to participate in the Medicare program.

ANYONE WHO MISREPRESENTS, FALSIFIES, CONCEALS OR OMITTS ANY ESSENTIAL INFORMATION MAY BE SUBJECT TO FINE, IMPRISONMENT OR CIVIL MONEY PENALTIES UNDER APPLICABLE FEDERAL LAWS.

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER

I HEREBY CERTIFY that I have read the above statements and that I have examined the accompanying credit balance report prepared by

Family Health Center of Columbia City 101867
Provider Name Provider 6-Digit Number

for the calendar quarter ended 3.31.09 and that it is a true, correct, and complete statement prepared from the books and records of the provider in accordance with applicable Federal laws, regulations and instructions.

(Sign)

John T. Myles
Officer or Administrator of Provider

(Print)

John T. Myles, CEO
Name and Title

(Print)

4.6.09
Date**CHECK ONE:**

- ☐ Qualify as a Low Utilization Provider.
☐ The Credit Balance Report Detail Page(s) is attached.
☒ There are no Medicare credit balances to report for this quarter. (No Detail Page(s) attached.)

Sylvia Sheppard
Contact Person

386 758 5552
Telephone Number

758-2160

FAX N.F.

Permit Service

Phone : 386-752-2281

Fax: 386-752-2282

TO: Janice

Pages: 5

Subject: Application number (0910-58)
verification that John T. Myles is C.E.O. of
Family Health Center

Janice, This is what they faxed me over. What
do you think?

Linda Roder

Family Health Center of Columbia County

SUBCONTRACTOR VERIFICATION FORM

(0910-5)

APPLICATION NUMBER _____ CONTRACTOR _____ 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.

ELECTRICAL	Print Name: <u>Michael Smith Electric</u>	Signature: <u>Michael D. Smith</u>	Phone #: <u>386-365-7082</u>
	License #: <u>EC-0002655</u>		
MECHANICAL/ A/C	Print Name: <u>Touchstone Heat & Air</u>	Signature: <u>Richard M. Touchstone</u>	Phone #: <u>386-446-3467</u>
	License #: <u>CACO 58099</u>		
PLUMBING/ GAS	Print Name: <u>Hometeam Plumbing</u>	Signature: <u>Don</u>	Phone #: <u>386-351-6140</u>
	License #: <u>RF11067418</u>		
ROOFING	Print Name: <u>Mac Johnson Roofing</u>	Signature: <u>Mac Johnson</u>	Phone #: <u>352-472-4943</u>
	License #: <u>RC0061384</u>		
SHEET METAL	Print Name: <u>Kilgore</u>	Signature: _____	Phone #: _____
	License #: _____		
FIRE SYSTEM/ SPRINKLER	Print Name: <u>Security Safe</u>	Signature: <u>John</u>	Phone #: <u>386-935-2832</u>
	License #: <u>EFA 006353</u>		
SOLAR	Print Name: _____	Signature: _____	Phone #: _____
	License #: _____		

Specialty License	License Number	Sub-Contractors Printed Name	Sub-Contractors Signature
MASON		Dennard Masonry LLC	
CONCRETE FINISHER	000063	Spadley Concrete	
FRAMING	000177	Melvin Mitchell	
INSULATION	CBC1253408	Blake Construction Co.	
STUCCO			
DRYWALL	000627	Jackson Drywall	
PLASTER			
CABINET INSTALLER	CBC1253408	Blake Const. Co.	
PAINTING	000104	TESS Painting Int.	
ACOUSTICAL CEILING			
GLASS	2146	NORTH FLORIDA GLASS	
CERAMIC TILE	CBC1253408	Blake Const. Co.	
FLOOR COVERING	CBC1253408	Blake Const. Co.	
ALUM/VINYL SIDING		Affordable Gutters	
GARAGE DOOR		County Line 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.



COLUMBIA COUNTY FIRE RESCUE

P.O. BOX 1529 Lake City, Florida 32056
Office (386) 754-7071 Fax (386) 754-7064

Division Chief
David L. Boozer

08 December 2009

TO: Harry Dicks
Columbia County Building and Zoning

FROM: David L. Boozer
Division Chief / Fire Marshal

RE: Columbia County Family Health Center
Application # 0910-58

A plans review was performed for the addition to the current Columbia County Family Health Center located at 173 NW Albritton Lane, Lake City, Florida 32055. This addition meets the requirements of the Florida Fire Prevention Code, 2007. I recommend approval.

Should you require any additional information, please feel free to contact my office.

Sincerely,

David L. Boozer

07/28/2009 17:48 3867582160

BUILDING AND ZONING

PAGE 03/04

Columbia County Building Permit Application

0910-5

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.

Joyce D. Cook



MY COMMISSION # DD 540965
EXPIRES: April 27, 2010
1-800-3-NOTARY FL Notary Discount Assoc. Co.

(Owners Must Sign All Applications Before Permit Issuance.)

10-30-09

Owners Signature

****OWNER BUILDERS MUST PERSONALLY APPEAR AND SIGN THE BUILDING PERMIT**

Dorothy M. Patterson Treasurer

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 (Permittee)

Blake Lund

Contractor's License Number

CBC 1253408

Columbia County

Competency Card Number

Affirmed under penalty of perjury to by the Contractor and subscribed before me this 30 day of Oct 20 09

Personally known or Produced Identification

SEAL:

NOTARY PUBLIC-STATE OF FLORIDA
Linda R. Roder
Commission # DD755608
Expires: MAR. 24, 2012
BONDED THRU ATLANTIC BONDING CO., INC.

State of Florida Notary Signature (For the Contractor)

Family Health Center of
Columbia County



0910-5

6-26-09

Columbia County

BUILDING DEPARTMENT

**MINIMUM PLAN REQUIREMENTS AND CHECKLIST FOR THE
FLORIDA BUILDING CODE ,FLORIDA PLUMBING CODE,FLORIDA MECHINICAL
CODE,FLORIDA FUEL AND GAS CODE 2007 EFFECTIVE 1 MARCH 2009 & 2009
SUPPLEMENTS EFFECTIVE 1 MARCH 2009 with Supplements and Revision OF THE
NATIONAL ELECTRICAL 2008**

ALL REQUIREMENTS ARE SUBJECT TO CHANGE

COMMERCIAL MINIMUM PLAN REQUIREMENTS AND CHECKLIST

**ALL BUILDING PLANS MUST INDICATE COMPLIANCE WITH THE
CURRENT FLORIDA BUILDING CODES. ALL PLANS OR DRAWING SHALL
PROVIDED CALCULATIONS AND DETAILS THAT HAVE THE SEAL AND
SIGNATURE OF A CERTIFIED ARCHITECT OR ENGINEER REGISTERED
IN THE STATE OF FLORIDA, OR ALTERNATE METHODOLOGIES,
APPROVED BY THE STATE OF FLORIDA BUILDING COMMISSION.**

**FOR DESIGN PURPOSES THE FOLLOWING BASIC WIND SPEEDS ARE
PER FBC FIGURE 1609 STATE OF FLORIDA WIND-BORNE DEBRIS
REGION & BASIC WIND SPEED MAP**

WIND SPEED LINE SHALL BE DEFINED AS FOLLOWS: THE CENTERLINE OF INTERSTATE 75
ALL BUILDINGS CONSTRUCTED EAST OF SAID LINE SHALL BE ----- 100 MPH
ALL BUILDINGS CONSTRUCTED WEST OF SAID LINE SHALL BE ----- 110 MPH
NO AREA IN COLUMBIA COUNTY IS IN A WIND BORNE DEBRIS REGION

GENERAL REQUIREMENTS:		Items to Include- Each Box shall be Circled as Applicable		
1	All drawings must be clear, concise and drawn to scale, details that are not used shall be marked void.	YES	NO	N/A
2	If the design professional is an architect or engineer legally registered under the laws of this state regulating the practice of architecture as provided for in Chapter 481, Florida Statutes, Part I, or engineering as provided for in Chapter 471, Florida Statutes, then he or she shall affix his or her official seal to said drawings, specifications and accompanying data, as required by Florida Statute.	YES	NO	N/A
3	The design professional signature shall be affixed to the plans	YES	NO	N/A
4	Two (2) complete sets of plans with the architecture or engineer signature and the date the affix embossed official seal was placed on the plans	YES	NO	N/A

Two (2) complete sets of plans containing the following information:

Building Site Plan Requirements										Items to Include- Each Box shall be Circled as Applicable		
4	Parking, including provision FBC chapter 11 for the required accessible parking site									Yes	No	N/A
5	Fire access, showing all drive way which will be accessible for emergency vehicles									Yes	No	N/A
6	Driving/turning radius of parking lots									Yes	No	N/A
7	Vehicle loading include truck dock loading or rail site loading									Yes	No	N/A
8	Nearest or number of onsite Fire hydrant/water supply/post indicator valve (PIV)									Yes	No	N/A
9	Set back of all existing or proposed structures from each structure and property boundaries, Show all separation including assumed property lines									Yes	No	N/A
10	Location of specific tanks(above or under ground, water lines and sewer lines and septic tank and drain fields									Yes	No	N/A
11	All structures exterior views include finished floor elevation									Yes	No	N/A
12	Total height of structure(s) from established grade									Yes	No	N/A
Review required by the Columbia County Fire Department Items 13 th 43												
Occupancy group use circle all uses:		Group A	Group B	Group E	Group F	Group H	Group I	Group M	Group R	Group S	Group U D	
13	Special occupancy requirements.									Yes	No	N/A
14	Incidental use areas (total square footage for each room of use area)									Yes	No	N/A
15	Mixed occupancies									Yes	No	N/A
16	REQUIRED SEPARATION OF OCCUPANCIES IN HOURS FBC TABLE 302.3.2									Yes	No	N/A
Minimum type of permitted construction by code for occupancy use circle the construction type FBC 602												
17	Type I	Type II	Type III	Type IV	Type V							
Fire-resistant construction requirements shall be shown, include the following components												
18	Fire-resistant separations									Yes	No	N/A
19	Fire-resistant protection for type of construction									Yes	No	N/A
20	Protection of openings and penetrations of rated walls									Yes	No	N/A
21	Protection of corridors and penetrations of rated walls									Yes	No	N/A
22	Fire blocking and draftstopping and calculated fire resistance									Yes	No	N/A
Fire suppression systems shall be shown include:												
23	Early warning smoke evacuation systems Schematic fire sprinklers Standpipes									Yes	No	N/A
24	Standpipes									Yes	No	N/A
25	Pre-engineered systems									Yes	No	N/A
26	Riser diagram									Yes	No	N/A
Life safety systems shall be shown include the following requirements:												
27	Occupant load and egress capacities									Yes	No	N/A
28	Early warning									Yes	No	N/A
29	Smoke control									Yes	No	N/A
30	Stair pressurization									Yes	No	N/A
31	Systems schematic									Yes	No	N/A
Occupancy load/egress requirements shall be shown include:												
32	Occupancy load									Yes	No	N/A
33	Gross occupancy load									Yes	No	N/A
34	Net occupancy load									Yes	No	N/A
35	Means of egress									Yes	No	N/A
36	Exit access									Yes	No	N/A
37	Exit discharge									Yes	No	N/A
38	Stairs construction/geometry and protection									Yes	No	N/A
39	Doors									Yes	No	N/A

40	Emergency lighting and exit signs	Yes	No	N/A
41	Specific occupancy requirements	Yes	No	N/A
42	Construction requirements	Yes	No	N/A
43	Horizontal exits/exit passageways	Yes	No	N/A

Items to Include-
Each Box shall
be Circled as
Applicable

Structural requirements shall be shown include:				
44	Soil conditions/analysis	Yes	No	N/A
45	Termite protection	Yes	No	N/A
46	Design loads	Yes	No	N/A
47	Wind requirements	Yes	No	N/A
48	Building envelope	Yes	No	N/A
49	Structural calculations (if required)	Yes	No	N/A
50	Foundation For structures with foundation which establish new electrical utility companies service connection a Concrete Encased Electrode will be required within the foundation to serve as an grounding electrode system. Per the National Electrical Code article 250.52.3	Yes	No	N/A
51	Wall systems	Yes	No	N/A
52	Floor systems	Yes	No	N/A
53	Roof systems	Yes	No	N/A
54	Threshold inspection plan	Yes	No	N/A
55	Stair systems	Yes	No	N/A
Materials shall be shown include the following				
56	Wood	Yes	No	N/A
57	Steel	Yes	No	N/A
58	Aluminum	Yes	No	N/A
59	Concrete	Yes	No	N/A
60	Plastic	Yes	No	N/A
61	Glass	Yes	No	N/A
62	Masonry	Yes	No	N/A
63	Gypsum board and plaster	Yes	No	N/A
64	Insulating (mechanical)	Yes	No	N/A
65	Roofing	Yes	No	N/A
66	Insulation	Yes	No	N/A
Accessibility requirements shall be shown include the following				
67	Site requirements	Yes	No	N/A
68	Accessible route	Yes	No	N/A
69	Vertical accessibility	Yes	No	N/A
70	Toilet and bathing facilities	Yes	No	N/A
71	Drinking fountains	Yes	No	N/A
72	Equipment	Yes	No	N/A
73	Special occupancy requirements	Yes	No	N/A
74	Fair housing requirements	Yes	No	N/A
Interior requirements shall include the following				
75	Review required by the Columbia County Fire Department Items 75 th 80	Yes	No	N/A
	Interior finishes (flame spread/smoke development)			
76	Light and ventilation	Yes	No	N/A
77	Sanitation	Yes	No	N/A
Special systems				
78	Elevators	Yes	No	N/A
79	Escalators	Yes	No	N/A
80	Lifts	Yes	No	N/A
Swimming pools				
81	Barrier requirements	Yes	No	N/A
82	Spas	Yes	No	N/A
83	Wading pools	Yes	No	N/A

Items to Include-Each Box shall be Circled as Applicable

Electrical				
84	Wiring	Yes	No	N/A
85	Services For structures with foundation which establish new electrical utility companies service connection a Concrete Encased Electrode will be required within the foundation to serve as an grounding electrode system. Per the National Electrical Code article 250.52.3	Yes	No	N/A
86	Feeders and branch circuits	Yes	No	N/A
87	Overcurrent protection	Yes	No	N/A
88	Grounding	Yes	No	N/A
89	Wiring methods and materials	Yes	No	N/A
90	GFCIs	Yes	No	N/A
91	Equipment	Yes	No	N/A
92	Special occupancies	Yes	No	N/A
93	Emergency systems	Yes	No	N/A
94	Communication systems -	Yes	No	N/A
95	Low voltage	Yes	No	N/A
96	Load calculations	Yes	No	N/A
Plumbing				
97	Minimum plumbing facilities	Yes	No	N/A
98	Fixture requirements	Yes	No	N/A
99	Water supply piping	Yes	No	N/A
100	Sanitary drainage	Yes	No	N/A
101	Water heaters	Yes	No	N/A
102	Vents	Yes	No	N/A
103	Roof drainage	Yes	No	N/A
104	Back flow prevention	Yes	No	N/A
105	Irrigation	Yes	No	N/A
106	Location of water supply line	Yes	No	N/A
107	Grease traps	Yes	No	N/A
108	Environmental requirements	Yes	No	N/A
109	Plumbing riser	Yes	No	N/A
Mechanical				
110	Energy calculations	Yes	No	N/A
111	Review required by the Columbia County Fire Department Items 111 th 114 Exhaust systems	Yes	No	N/A
112	Clothes dryer exhaust	Yes	No	N/A
113	Kitchen equipment exhaust	Yes	No	N/A
114	Specialty exhaust systems	Yes	No	N/A
Equipment location				
115	Make-up air	Yes	No	N/A
116	Roof-mounted equipment	Yes	No	N/A
117	Duct systems	Yes	No	N/A
118	Ventilation	Yes	No	N/A
119	Laboratory	Yes	No	N/A
120	Combustion air	Yes	No	N/A
121	Chimneys, fireplaces and vents	Yes	No	N/A
122	Appliances	Yes	No	N/A
123	Boilers	Yes	No	N/A
124	Refrigeration	Yes	No	N/A
125	Bathroom ventilation	Yes	No	N/A

Sink
Only
NA
↓
NA
not
needed
↓
NA
↓

Items to Include-Each Box shall be Circled as Applicable

Gas				
126	Review required by the Columbia County Fire Department Items 126 th 134	Yes	No	N/A
	Gas piping			
127	Venting	Yes	No	N/A
128	Combustion air	Yes	No	N/A
129	Chimneys and vents	Yes	No	N/A
130	Appliances	Yes	No	N/A
131	Type of gas	Yes	No	N/A
132	Fireplaces	Yes	No	N/A
133	LP tank location	Yes	No	N/A
134	Riser diagram/shutoffs	Yes	No	N/A
Notice of Commencement				
135	A recorded (in the Columbia County Clerk Office) notice of commencement is required to be on file with the building department. <i>Before Any Inspections Will Be Done</i>	Yes	No	N/A
Disclosure Statement for Owner Builders				
		Yes	No	N/A

Private Potable Water				
136	Horse power of pump motor	Yes	No	N/A
137	Capacity of pressure tank	Yes	No	N/A
138	Cycle stop valve if used	Yes	No	N/A

THE FOLLOWING ITEMS MUST BE SUBMITTED WITH BUILDING PLANS

139	Building Permit Application	A current Building Permit Application form is to be completed and submitted for all construction projects.	Yes	No	N/A
140	Parcel Number	The parcel number (Tax ID number) from the Property Appraiser is required. A copy of property deed is also requested. (386) 758-1084	Yes	No	N/A
141	Environmental Health Permit or Sewer Tap Approval	A copy of an approved Environmental Health (386) 758-1058 waste water disposal permit or an approved City of Lake City (386) 752-2031 sewer tap is required before a building permit can be issued. Toilet facilities shall be provided for construction workers	Yes	No	N/A
142	Driveway Connection	If the property does not have an existing access to a public road, then an application for a culvert permit must be made (\$25.00). Culvert installation for commercial, industrial and other uses shall conform to the approved site plan or to the specifications of a registered engineer. Use or joint use of driveways will comply with Florida Department of Transportation specifications. If the project is to be located on an F.D.O.T. maintained road, then an F.D.O.T. access permit is required.	Yes	No	N/A
143	Suwannee River Water Management District Approval	All commercial projects must have an SRWMD permit issued or an exemption letter, before a building permit will be issued.	Yes	No	N/A

144	Flood Management	All projects within the Floodway of the Suwannee or Santa Fe Rivers shall require permitting through the Suwannee River Water Management District, before submitting application to this office. Any project located within a flood zone where the base flood elevation (100 year flood) has been established shall meet the requirements of section 8.8 of the Columbia County Land Development Regulations. Any project that is located within a flood zone where the base flood elevation (100 year flood) has not been established shall meet the requirements of section 8.7 of Columbia County Land Development Regulations. A development permit will also be required. The development permit cost is \$50.00	Yes	No	N/A
145	Flood Management	A CERTIFIED FINISHED FLOOR ELEVATIONS WILL BE REQUIRED ON ANY PROJECT WHERE THE BASE FLOOD ELEVATION (100 YEAR FLOOD) HAS BEEN ESTABLISHED.	Yes	No	N/A
146	911 Address	If the project is located in an area where a 911 address has not been issued, then application for a 911 address must be applied for and received through the Columbia County Emergency Management Office of 911 Addressing Department (386) 758-1125	Yes	No	N/A

Pursuant to Chapter one (administration) section R101.2.1 of the Florida Building Code: Section 105.3.2 **Time limitation 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.

Pursuant to Chapter one (administration) section R101.2.1 of the Florida Building Code: Section 105.4.1 **Permit intent.** A permit issued shall be constructed to be a license to proceed with the work and not as authority to violate, cancel, alter or set aside any of the provisions of the technical codes, nor shall issuance of a permit prevent the building official from thereafter requiring a correction of errors in plans, construction or violations of this code. Every permit issued shall become invalid unless the work authorized by such permit is commenced within six months after its issuance, or if the work authorized by such permit is suspended or abandoned for a period of six months after the time the work is commenced.

Section 105.4.1.1: If work has commenced and the permit is revoked, becomes null and void, or expires because of lack of progress or abandonment, a new permit covering the proposed construction shall be obtained before proceeding with the work.

Section 105.4.1.2: If a new permit is not obtained within 180 days from the date the initial permit became null and void, the building official is authorized to require that any work which has been commenced or completed be removed from the building site. Alternately, a new permit may be issued on application, providing the work in place and required to complete the structure meets all applicable regulations in effect at the time the initial permit became null and void and any regulations which may have become effective between the date of expiration and the date of issuance of the new permit.

Section 105.4.1.3: Work shall be considered to be in active progress when the permit has received an approved inspection within 180 days. This provision shall not be applicable in case of civil commotion or strike or when the building work is halted due directly to judicial injunction, order or similar process.

Section 105.4.1.4: The fee for renewal reissuance and extension of a permit shall be set forth by the administrative authority.

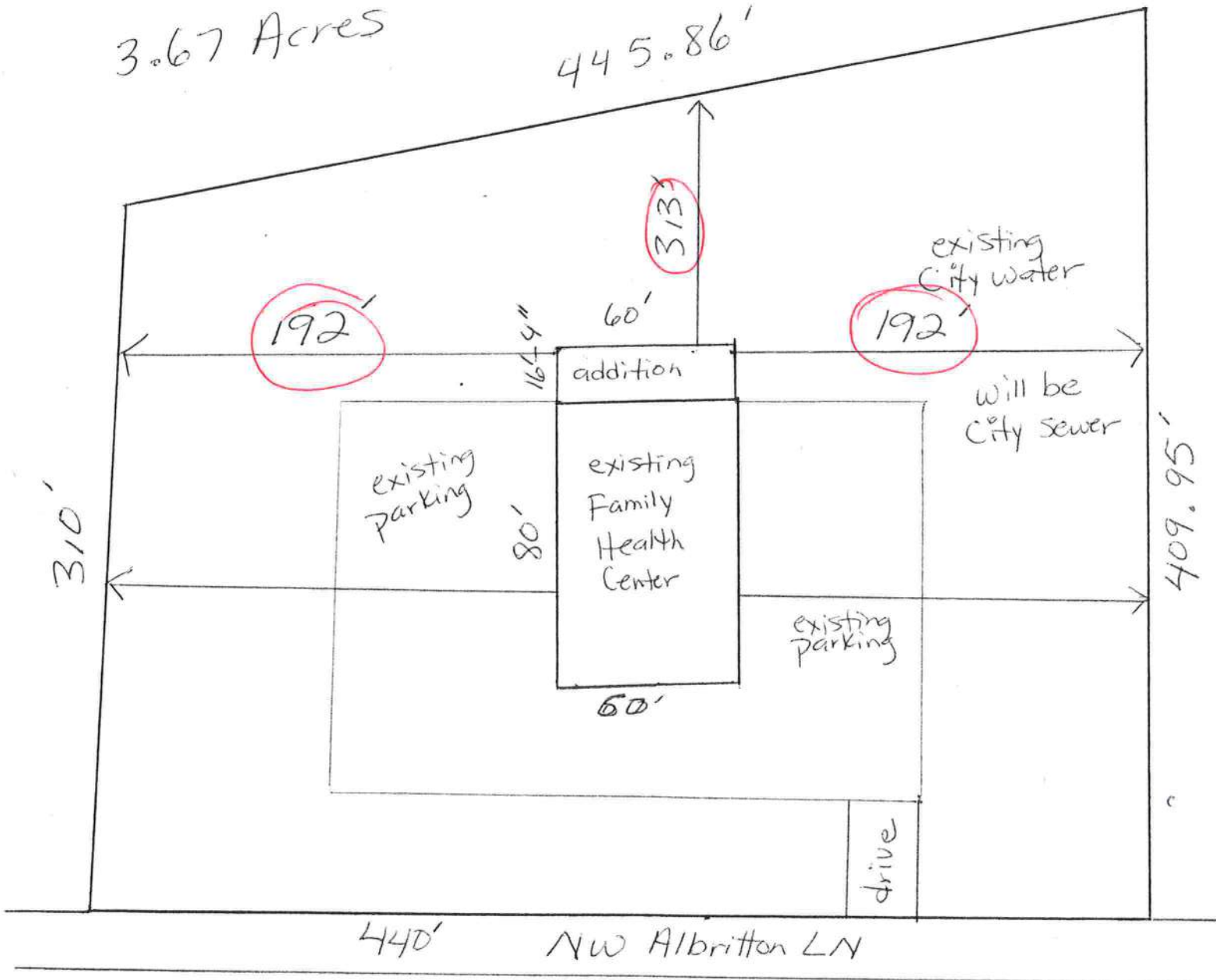
When the submitted application is approved for permitting the applicant will be notified by phone as to the date and time a building permit will be prepared and issued by the Columbia County Building & Zoning Department.

Family Health Center
20-35-17-05405-001 03



3.67 Acres

445.86'



28278



COLUMBIA COUNTY FIRE RESCUE

P.O. BOX 1529 Lake City, Florida 32056
Office (386) 754-7071 Fax (386) 754-7064

Division Chief
David L. Boozer

13 April 2010

TO: Harry Dicks
Columbia County Building and Zoning

FROM: David L. Boozer
Division Chief / Fire Marshal

RE: Columbia County Family Health Center
Permit # 28278

A Fire Safety Inspection was performed of the Columbia County Family Health Center located at 173 NW Albritton Lane, Lake City, Florida 32055. This addition meets the requirements of the Florida Fire Prevention Code, 2007. I recommend approval.

Should you require any additional information, please feel free to contact my office.

Sincerely,

David L. Boozer

Columbia County Property Appraiser

DB Last Updated: 10/9/2009

2009 Preliminary Values

Tax Record

Property Card

Interactive GIS Map

Print

Parcel: 20-3S-17-05405-001 03

Search Result: 1 of 1

Owner & Property Info

Owner's Name	FAMILY HEALTH CENTER OF		
Site Address	ALBRITTON		
Mailing Address	COLUMBIA COUNTY P O BOX 249 LAKE CITY, FL 32056		
Use Desc. (code)	PRIVATE HO (007300)		
Neighborhood	020317.07	Tax District	2
UD Codes	MKTA03	Market Area	06
Total Land Area	3.670 ACRES		
Description	ALL BLOCKS I & D OF S C ALBRITTON'S REPLAT SPRINGFIELD S/D & ALL OF SECOND AVE LYING N OF COLUMBIA AVE. ORB 743-675,		

GIS Aerial



Property & Assessment Values

Mkt Land Value	cnt: (1)	\$45,185.00
Ag Land Value	cnt: (0)	\$0.00
Building Value	cnt: (1)	\$691,493.00
XFOB Value	cnt: (3)	\$30,366.00
Total Appraised Value		\$767,044.00

Just Value	\$767,044.00
Class Value	\$0.00
Assessed Value	\$767,044.00
Exemptions	(code: 03) \$767,044.00
Total Taxable Value	County: \$0.00 City: \$0.00 Other: \$0.00 School: \$0.00

Sales History

Sale Date	Book/Page	Inst. Type	Sale VImp	Sale Qual	Sale RCode	Sale Price
2/21/1991	743/675	WD	V	U	11	\$0.00

Building Characteristics

Bldg Item	Bldg Desc	Year Blt	Ext. Walls	Heated S.F.	Actual S.F.	Bldg Value
1	HOSPITAL (005300)	1992	Conc Block (15)	8024	8348	\$691,493.00
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	0	\$2,540.00	0001814.000	0 x 0 x 0	(000.00)
0260	PAVEMENT-A	0	\$24,626.00	0032191.000	0 x 0 x 0	(000.00)
0253	LIGHTING	0	\$3,200.00	0000004.000	0 x 0 x 0	(000.00)

Land Breakdown

Lnd Code	Desc	Units	Adjustments	Eff Rate	Lnd Value
008600	COUNTY (MKT)	0000003.670 AC	1.00/1.00/1.00/1.00	\$12,312.00	\$45,185.00

PRODUCT APPROVAL SPECIFICATION SHEET

Location: NW Albritton LN

Project Name:

Family Health Center
addition

As required by Florida Statute 553.842 and Florida Administrative Code 9B-72, please provide the information and the product approval number(s) on the building components listed below if they will be utilized on the construction project for which you are applying for a building permit on or after April 1, 2004. We recommend you contact your local product supplier should you not know the product approval number for any of the applicable listed products. More information about statewide product approval can be obtained at www.floridabuilding.org

Category/Subcategory	Manufacturer	Product Description	Approval Number(s)
A. EXTERIOR DOORS			
1. Swinging	Mayfair	entry door	FL 1311
2. Sliding			
3. Sectional			
4. Roll up			
5. Automatic			
6. Other			
B. WINDOWS			
1. Single hung	Danuid	Single Hung windows	FL 1369
2. Horizontal Slider			
3. Casement			
4. Double Hung			
5. Fixed			
6. Awning			
7. Pass-through			
8. Projected			
9. Mullion			
10. Wind Breaker			
11 Dual Action			
12. Other			
C. PANEL WALL			
1. Siding	James Hardie	hardiboard siding	FL 889-R1
2. Soffits			
3. EIFS			
4. Storefronts			
5. Curtain walls			
6. Wall louver			
7. Glass block			
8. Membrane			
9. Greenhouse			
10. Other			
D. ROOFING PRODUCTS			
1. Asphalt Shingles	Tamko	30-year shingles asphalt	FL 673
2. Underlayments			
3. Roofing Fasteners			
4. Non-structural Metal Rf			
5. Built-Up Roofing			
6. Modified Bitumen			
7. Single Ply Roofing Sys			
8. Roofing Tiles			
9. Roofing Insulation			
10. Waterproofing			
11. Wood shingles /shakes			
12. Roofing Slate			

Category/Subcategory (cont.)	Manufacturer	Product Description	Approval Number(s)
13. Liquid Applied Roof Sys			
14. Cements-Adhesives – Coatings			
15. Roof Tile Adhesive			
16. Spray Applied Polyurethane Roof			
17. Other			
E. SHUTTERS			
1. Accordion			
2. Bahama			
3. Storm Panels			
4. Colonial			
5. Roll-up			
6. Equipment			
7. Others			
F. SKYLIGHTS			
1. Skylight			
2. Other			
G. STRUCTURAL COMPONENTS			
1. Wood connector/anchor			
2. Truss plates			
3. Engineered lumber			
4. Railing			
5. Coolers-freezers			
6. Concrete Admixtures			
7. Material			
8. Insulation Forms			
9. Plastics			
10. Deck-Roof			
11. Wall			
12. Sheds			
13. Other			
H. NEW EXTERIOR ENVELOPE PRODUCTS			
1.			
2.			

The products listed below did not demonstrate product approval at plan review. I understand that at the time of inspection of these products, the following information must be available to the inspector on the jobsite; 1) copy of the product approval, 2) the performance characteristics which the product was tested and certified to comply with, 3) copy of the applicable manufacturers installation requirements.

I understand these products may have to be removed if approval cannot be demonstrated during inspection

Contractor or Contractor's Authorized Agent Signature

Location

Print Name

Date

Permit # (FOR STAFF USE ONLY)

10/29/2009 11:38 3867522282

CANON

#2274 P.002 /003

Treasure v. R. v. W.
Linda Roder
387 SW Kemp Ct
Lake City FL 32024

Inst:200912018994 Date:11/12/2009 Time:1:48 PM
RA DC,P.DeWitt Cason,Columbia County Page 1 of 1 B:1184 P:162

NOTICE OF COMMENCEMENT.

Tax Parcel Identification Number 20-35-17-00405-001 County Clerk's Office Stamp or Seal

THE UNDERSIGNED hereby gives notice that improvements will be made to certain real property, and in accordance with Section 713.13 of the Florida Statutes, the following information is provided in this NOTICE OF COMMENCEMENT.

1. Description of property (legal description): All Blocks I & D of SC Albritton's report
a) Street (Job) Address: Springfield S/D and all of Second Ave N of Columbia Ave
2. General description of improvements: an addition to the Family Health Center of Columbia County Inc.
3. Owner Information
a) Name and address: Treasurer, Dorothy M. Pattison
b) Name and address of fee simple titleholder (if other than owner): N/A
c) Interest in property: _____
4. Contractor Information
a) Name and address: Blake Linda (386) 754-5810
b) Telephone No.: _____ Fax No. (Opt.): _____
5. Surety Information
a) Name and address: N/A
b) Amount of Bond: _____
c) Telephone No.: _____ Fax No. (Opt.): _____
6. Lender
a) Name and address: N/A
b) Phone No.: _____
7. Identity of person within the State of Florida designated by owner upon whom notices or other documents may be served:
a) Name and address: N/A
b) Telephone No.: _____ Fax No. (Opt.): _____
8. In addition to himself, owner designates the following person to receive a copy of the Lienor's Notice as provided in Section 713.13(1)(b).
Florida Statutes:
a) Name and address: N/A
b) Telephone No.: _____ Fax No. (Opt.): _____
9. Expiration date of Notice of Commencement (the expiration date is one 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 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 YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.

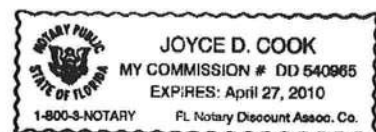
STATE OF FLORIDA
COUNTY OF COLUMBIA

10. Dorothy M. Pattison
Signature of Owner or Owner's Authorized Officer/Director/Partner/Manager
Dorothy M. Pattison
Print Name

The foregoing instrument was acknowledged before me, a Florida Notary, this 30th day of October, 2009, by:
Dorothy M. Pattison as Treasurer & BD & Director (type of authority, e.g. officer, trustee, attorney in fact) for Dorothy M. Pattison Family Health Center (name of party on behalf of whom instrument was executed).

Personally Known _____ OR Produced Identification _____ Type _____

Notary Signature Joyce D. Cook Notary Stamp or Seal:



11. Verification pursuant to Section 92.525, 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.

COLUMBIA COUNTY, FLORIDA

0749 00675

OFFICIAL RECORDS

THIS DEED, made this 21st day of February, 1991, by
COLUMBIA COUNTY, FLORIDA, party of the first part, and FAMILY
HEALTH CENTER OF COLUMBIA COUNTY, INC., party of the second
part,

W I T N E S S E T H, that the said party of the first
part, for and in consideration of the sum of ONE AND 00/100
(\$1.00) DOLLARS to it in hand paid by the party of the second
part, receipt whereof is hereby acknowledged, has granted,
bargained and sold to the party of the second part, his heirs
and assigns forever, the following described land lying and
being in Columbia County, Florida:

ALL OF SECTION 1 AND D, and ALL OF SECTION AVENUE
BETWEEN OF COLUMBIA AVENUE, all being in S.W.
ALBERTA'S REFLECT OF DEEDS, a subdivision
according to Plat thereof recorded in Plat Book
3, Page 20, Public Records, Columbia County,
Florida.

IN WITNESS WHEREOF, the said party of the first part has
caused these presents to be executed in its name by its Board
of County Commissioners acting by the Chairman or Vice
Chairman of said board, the day and year aforesaid.

COLUMBIA COUNTY, FLORIDA
BY ITS BOARD OF COUNTY COMMISSIONERS

BY: *[Signature]*
RONALD WILLIAMS, CHAIRMAN

ATTEST: *[Signature]*
F. EDITH (AKA)
CLERK OF COURT

(ENCL)

91 03730



**COLUMBIA COUNTY, FLORIDA
RESOLUTION NO. 111-3**

OK 0743 PM0676

OFFICIAL RECORDS

**RESOLUTION CERTIFYING APPLICATION BEING MADE BY THE
FAMILY HEALTH CENTER OF COLUMBIA COUNTY, INC. FOR
TITLE TO REAL PROPERTY OWNED BY COLUMBIA COUNTY TO
BE USED FOR THE HEALTH CARE OF CITIZENS AND
RESIDENTS OF COLUMBIA COUNTY, FLORIDA**

**WHEREAS, FAMILY HEALTH CENTER OF COLUMBIA COUNTY, INC.
("Center"), has applied to the Board of County Commissioners,
Columbia County, Florida for title to certain real properties
located in Columbia County, Florida as more particularly
described herein; and**

**WHEREAS, the Center has stipulated the property will be
used in providing health care services for the residents and
citizens of Columbia County, Florida, and that the Center
will at its expense make substantial improvements to the
property; and**

**WHEREAS, title shall be transferred from the County to
the Center for the nominal consideration of \$1.00 as the
property will be used exclusively for the welfare and
interest of the residents and citizens of Columbia County,
Florida.**

**NOW, THEREFORE, BE IT RESOLVED by the Board of County
Commissioners of Columbia County, Florida that title to the
following described property located in Columbia County,
Florida shall be transferred and conveyed by statutory deed
form to FAMILY HEALTH CENTER OF COLUMBIA COUNTY, INC., to
wit:**

0743 00677

ALL OF BLOCK 1 AND 2, and all of UPPER AVENUE
NORTH OF COLUMBIA AVENUE, all being in S.C.
ALBITION'S REPLAT OF SPRINGFIELD, a subdivision
according to Plat thereof recorded in Plat Book 3,
Page 20, Public Records, Columbia County, Florida.

BE IT FURTHER RESOLVED that the Chairman of the Board of
County Commissioners is authorized to execute said statutory
form deed and all other necessary documents to consummate the
proper transfer of title to the property to the Center.

DATED this 21st day of February, 1992 at Lake City,
Columbia County, Florida.

BOARD OF COUNTY COMMISSIONERS
COLUMBIA COUNTY, FLORIDA

BY:


RONALD WILLIAMS, CHAIRMAN

ATTEST:


F. D. WILLIAMS,
CLERK OF COURT

(BRAL)

(D910-58) Family Health Center

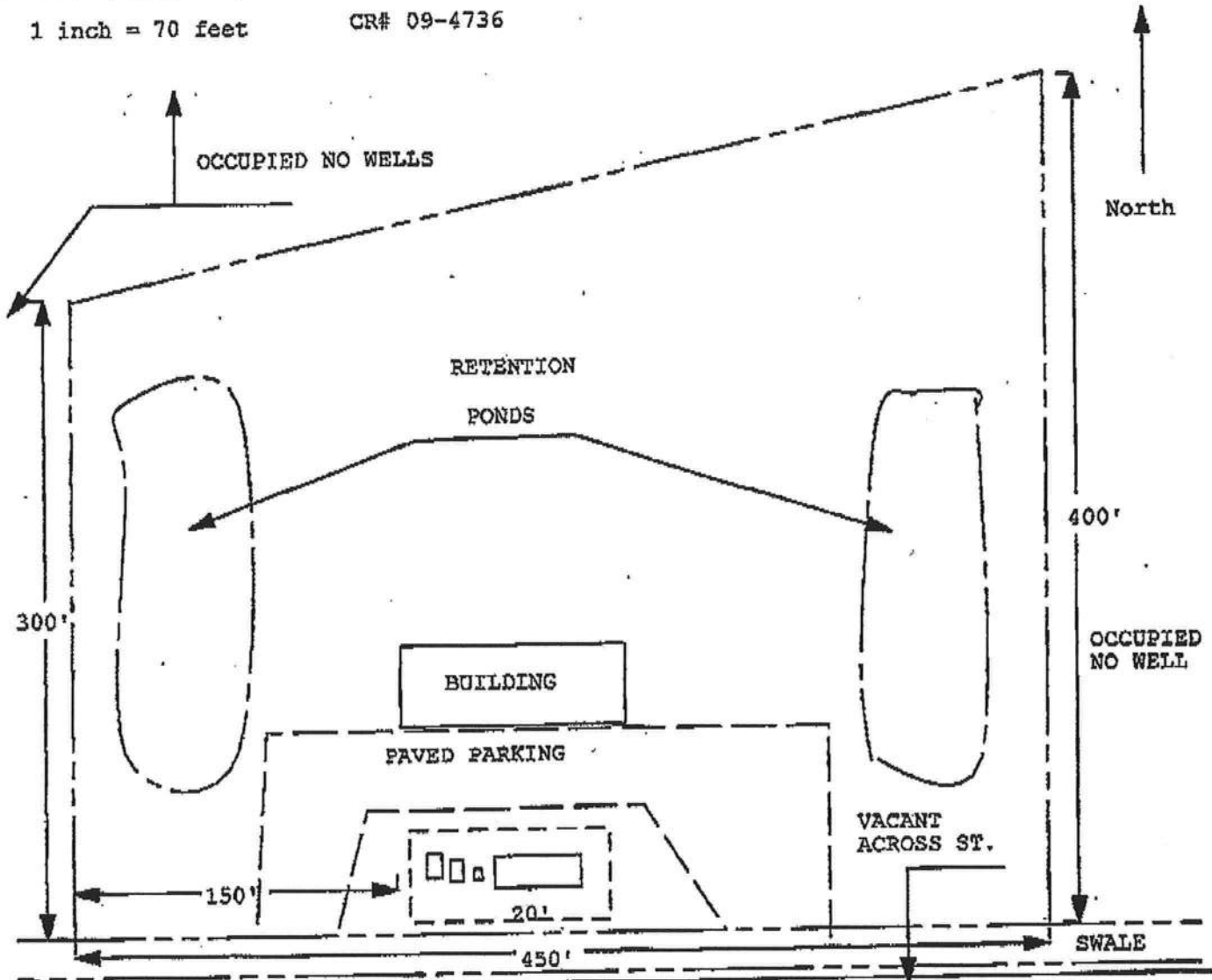
Application for Onsite Sewage Disposal System
Construction Permit. Part II Site Plan
Permit Application Number: 09-0572

Permit Application Number: 09-0572

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH UNIT

1 inch = 70 feet

CR# 09-4736



Site Plan Submitted By Paul R. Lloyd Date 11/6/09
Plan Approved X Not Approved Date 11/24/09

Plan Approved X Not Approved / Date 11/24/00

By Salbi Terol, FH Director, Columbia CPHU

Notes:

COLUMBIA COUNTY FLORIDA DEPARTMENT OF BUILDING AND ZONING

OCCUPANCY

COLUMBIA COUNTY, FLORIDA

Department of Building and Zoning Inspection

This Certificate of Occupancy is issued to the below named permit holder for the building and premises at the below named location, and certifies that the work has been completed in accordance with the Columbia County Building Code.

Parcel Number 20-3S-17-05405-001

Building permit No. 000028278

Use Classification COMM. ADDITION

Fire: 65.46

Permit Holder BLAKE LUNDE

Waste:

Owner of Building FAMILY HEALTH CENTER OF COL. COUNTY, INC. 65.46

Location: 173 SW ALBRIGHT LANE, LAKE CITY, FL

Date: 04/13/2010

Tracy Bickel

Building Inspector



POST IN A CONSPICUOUS PLACE
(Business Places Only)

Julius Lee Engineering

RE: 310754 - BLAKE / FHC ADDITION

**1109 Coastal Bay Blvd.
Boynton Beach, FL 33435**

Site Information:

Project Customer: BLAKE CONST. Project Name: 310754 Model: FAMILY HEALTH CTR
Lot/Block: Subdivision:
Address: NW ALBRITTON LANE
City: COLUMBIA CTY State: FL

Name Address and License # of Structural Engineer of Record, if there is one, for the building.

Name: BLAKE N. LUNDE License #: RR0067618
Address: 872 SW JAGUAR DR
City: LAKE CITY State: FL

General Truss Engineering Criteria & Design Loads (Individual Truss Design Drawings Show Special Loading Conditions):

Design Code: FBC2007/TPI2002 Design Program: MiTek 20/20 7.1
Wind Code: ASCE 7-05 Wind Speed: 110 mph Floor Load: N/A psf
Roof Load: 32.0 psf

This package includes 2 individual, dated Truss Design Drawings and 0 Additional Drawings.
With my seal affixed to this sheet, I hereby certify that I am the Truss Design Engineer and this index sheet conforms to 61G15-31.003, section 5 of the Florida Board of Professional Engineers Rules.
This document processed per section 16G15-23.003 of the Florida Board of Professionals Rules

In the event of changes from Builder or E.O.R. additional coversheets and drawings may accompany this coversheet. The latest approval dates supersede and replace the previous drawings.

No.	Seal#	Truss Name	Date
1	I4118625	T01	10/1/09
2	I4118626	T01G	10/1/09

The truss drawing(s) referenced above have been prepared by MiTek Industries, Inc. under my direct supervision based on the parameters provided by Builders FirstSource (Lake City).

Truss Design Engineer's Name: Julius Lee

My license renewal date for the state of Florida is February 28, 2011.

NOTE: The seal on these drawings indicate acceptance of professional engineering responsibility solely for the truss components shown. The suitability and use of this component for any particular building is the responsibility of the building designer, per ANSI/TPI-1 Chapter 2.



Job 310754	Truss T01	Truss Type COMMON	Qty 8	Ply 1	BLAKE / FHC ADDITION	14118625
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Builders FrstSource, Lake City, FL 32055

7.140 s Aug 17 2009 MiTek Industries, Inc. Thu Oct 01 14:15:25 2009 Page 1

8-8-0 2-0-0	8-7-2 8-7-2	15-0-0 6-4-14	23-1-3 8-1-3	30-0-0 6-10-13	36-10-13 6-10-13	45-0-0 8-1-3	51-4-14 6-4-14	60-0-0 8-7-2	8-8-0 52-0-0 2-0-0
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Scale = 1:105.2

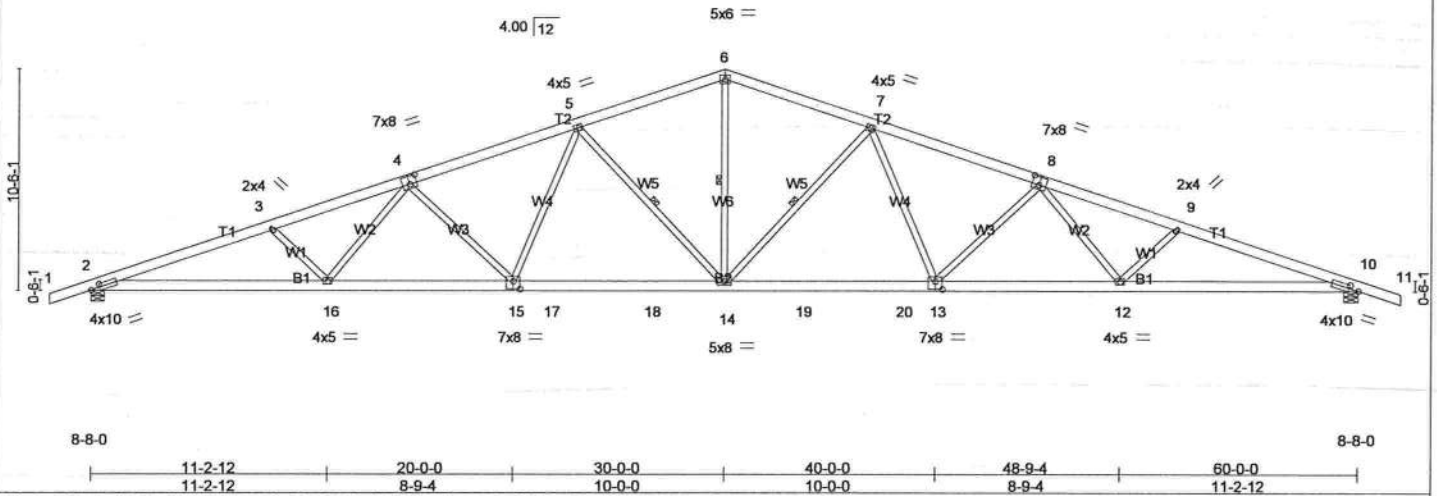


Plate Offsets (X,Y): [2:0-5-4,0-2-0], [4:0-4-0,0-4-8], [8:0-4-0,0-4-8], [10:0-5-4,0-2-0], [13:0-4-0,0-4-8], [15:0-4-0,0-4-8]

LOADING (psf)	SPACING	2-0-0	CSI	DEFL	in (loc)	l/defl	L/d	PLATES	GRIP
TCLL 20.0	Plates Increase	1.25	TC 0.44	Vert(LL)	-0.53 14-15	>999	360	MT20	244/190
TCDL 7.0	Lumber Increase	1.25	BC 0.90	Vert(TL)	-0.91 14-15	>785	240		
BCLL 0.0 *	Rep Stress Incr	YES	WB 0.69	Horz(TL)	0.26 10	n/a	n/a		
BCDL 5.0	Code FBC2007/TPI2002		(Matrix)	Wind(LL)	0.72 14	>994	240		Weight: 414 lb

LUMBER

TOP CHORD 2 X 6 SYP No.1D
BOT CHORD 2 X 6 SYP No.1D
WEBS 2 X 4 SYP No.3

BRACING

TOP CHORD Structural wood sheathing directly applied or 3-4-11 oc purlins.
BOT CHORD 4-0-0 oc bracing.
WEBS 1 Row at midpt 6-14, 7-14, 5-14

MiTek recommends that Stabilizers and required cross bracing be installed during truss erection, in accordance with Stabilizer Installation guide.

REACTIONS (lb/size) 2=2215/0-7-10, 10=2215/0-7-10
Max Horz 2=205(LC 6)
Max Uplift 2=1007(LC 4), 10=1007(LC 5)

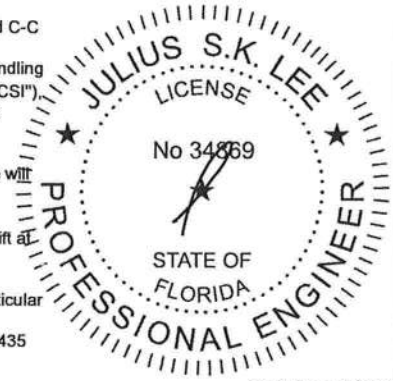
FORCES (lb) - Max. Comp./Max. Ten. - All forces 250 (lb) or less except when shown.

TOP CHORD 2-3=5548/4554, 3-4=5270/4372, 4-5=4561/3794, 5-6=3533/3042, 6-7=3533/3042, 7-8=4561/3794, 8-9=5270/4372, 9-10=5548/4554
BOT CHORD 2-16=4101/5166, 15-16=3596/4731, 15-17=2843/3988, 17-18=2843/3988, 14-18=2843/3988, 14-19=2843/3988, 19-20=2843/3988, 13-20=2843/3988, 12-13=3596/4731, 10-12=4101/5166
WEBS 6-14=1517/1851, 7-14=1065/1056, 7-13=546/741, 8-13=673/780, 8-12=308/440, 9-12=328/453, 5-14=1065/1056, 5-15=546/741, 4-15=673/780, 4-16=308/440, 3-16=328/453

NOTES (9-10)

- 1) Unbalanced roof live loads have been considered for this design.
- 2) Wind: ASCE 7-05; 110mph (3-second gust); TCCL=4.2psf; BCDL=3.0psf; h=18ft; Cat. IV; Exp C; enclosed; MWFRS (low-rise) and C-C Exterior(2) zone; C-C for members and forces & MWFRS for reactions shown; Lumber DOL=1.60 plate grip DOL=1.60
- 3) WARNING: This long span truss requires extreme care and experience for proper and safe handling and erection. For general handling and erection guidance, see Guide to Good Practice for Handling, Installing & Bracing of Metal Plate Connected Wood Trusses ("BCSI"), jointly produced by WTCA and TPI. For project specific guidance, consult with project engineer/architect/general contractor. MiTek assumes no responsibility for truss manufacture, handling, erection, or bracing.
- 4) This truss has been designed for a 10.0 psf bottom chord live load nonconcurrent with any other live loads.
- 5) * This truss has been designed for a live load of 20.0psf on the bottom chord in all areas where a rectangle 3-6-0 tall by 2-0-0 wide will fit between the bottom chord and any other members, with BCDL = 5.0psf.
- 6) All bearings are assumed to be SYP No.2.
- 7) Provide mechanical connection (by others) of truss to bearing plate capable of withstanding 1007 lb uplift at joint 2 and 1007 lb uplift at joint 10.
- 8) "Semi-rigid pitchbreaks including heels" Member end fixity model was used in the analysis and design of this truss.
- 9) This manufactured product is designed as an individual building component. The suitability and use of this component for any particular building is the responsibility of the building designer per ANSI TPI 1 as referenced by the building code.
- 10) Truss Design Engineer: Julius Lee, PE: Florida P.E. License No. 34869: Address: 1109 Coastal Bay Blvd. Boynton Beach, FL 33435

LOAD CASE(S) Standard



October 1,2009

WARNING - Verify design parameters and READ NOTES ON THIS AND INCLUDED MITTEK REFERENCE PAGE MII-7473 BEFORE USE.
Design valid for use only with MiTek connectors. This design is based only upon parameters shown, and is for an individual building component. Applicability of design parameters and proper incorporation of component is responsibility of building designer - not truss designer. Bracing shown is for lateral support of individual web members only. Additional temporary bracing to insure stability during construction is the responsibility of the erector. Additional permanent bracing of the overall structure is the responsibility of the building designer. For general guidance regarding fabrication, quality control, storage, delivery, erection and bracing, consult ANSI/TPI1 Quality Criteria, D58-89 and BCSI Building Component Safety Information available from Truss Plate Institute, 583 D'Oroff Drive, Madison, WI 53719.

Julius Lee Engineering
1109 Coastal Bay Blvd.
Boynton, FL 33435

8'-8"

4/12 PITCH - 2'0" O/H

60-0-0

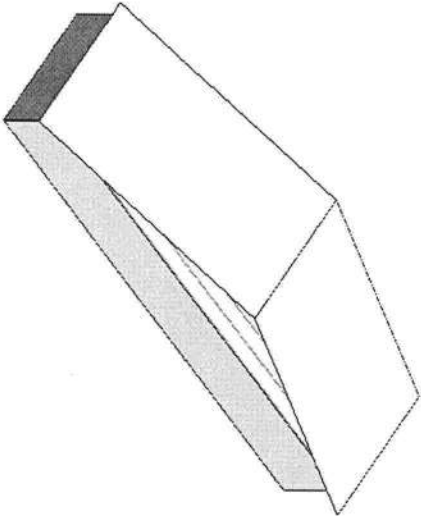
16-4-0

T01 (8)

T016

16-4-0

60-0-0



ALL FLAT CEILINGS

EXISTING PITCH AND HEEL HEIGHTS
TO BE VERIFIED- 2X6 HEEL HEIGHT USED

NOTES:

- 1) REFER TO HD 91 (RECOMMENDATIONS FOR HANDLING INSTALLATION AND TEMPORARY BRACING) REFER TO ENGINEERED DRAWINGS FOR PERMANENT BRACING REQUIRED.
- 2) ALL TRUSSES (INCLUDING TRUSSES UNDER VALLEY FRAMING) MUST BE COMPLETELY DECKED OR REFER TO DETAIL V05 FOR ALTERNATE BRACING REQUIREMENTS.
- 3) ALL VALLEYS ARE TO BE CONVENTIONALLY FRAMED BY BUILDER.
- 4) ALL TRUSSES ARE DESIGNED FOR 2 OC MAXIMUM SPACING, UNLESS OTHERWISE NOTED.
- 5) ALL WALLS SHOWN ON PLACEMENT PLAN ARE CONSIDERED TO BE LOAD BEARING, UNLESS OTHERWISE NOTED.
- 6) 5/4x2 TRUSSES MUST BE INSTALLED WITH THE TOP BEING UP.
- 7) ALL ROOF TRUSS HANGERS TO BE SIMPSON HUDG LK155 OTHERWISE NOTED. ALL TRUSS TO BE SHOWN THRUOUT UNLESS OTHERWISE NOTED.
- 8) BEAM/ADJUTEL (HGR) TO BE FURNISHED BY BUILDER.

SHOP DRAWING APPROVAL

THIS LAYOUT IS THE SOLE SOURCE FOR FABRICATION OF TRUSSES AND V05S ALL PREVIOUS ADAPTATIONAL OR OTHER TRUSS LAYOUTS, REVIEW AND APPROVAL OF THIS LAYOUT MUST BE RECEIVED BEFORE ANY TRUSSES WILL BE BUILT. VERIFY ALL CONDITIONS TO INSURE AGAINST CHANGES THAT WILL RESULT IN EXTRA CHARGES TO YOU.

Deposited Every Day:

Approved by:



Bunnell

PHONE: 904-437-3344 FAX: 904-437-3404

Jacksonville

PHONE: 904-772-6100 FAX: 904-772-1973

Lake City

PHONE: 386-755-6694 FAX: 386-755-7073

Sanford

PHONE: 407-322-0094 FAX: 407-322-9553

BUILDER

BLAKE CONST.

TEAM

FAMILY HEALTH CENTER

DATE:

10-1-09

TIME:

K.L.H.

310754

Notice of Treatment

Add To
7916

Applicator: Florida Pest Control & Chemical Co. (www.flapest.com)

Address: 536 S Bay Ave

City Lake City

Phone 752-7703

Site Location: Subdivision _____

Lot # _____

Block# _____

Permit # 28278

Address 173 NW Albritton Ln.

Black Coast
Family Health Center

Product used

Active Ingredient

% Concentration

- | | | |
|---|----------------------------------|-------|
| <input checked="" type="checkbox"/> Premise | Imidacloprid | 0.1% |
| <input type="checkbox"/> Termidor | Fipronil | 0.12% |
| <input type="checkbox"/> Bora-Care | Disodium Octaborate Tetrahydrate | 23.0% |

Type treatment:

☐ Soil

☐ Wood

Area Treated

Square feet

Linear feet

Gallons Applied

Walkway
off back door

19

16

3.9

As per Florida Building Code 104.2.6 – If soil chemical barrier method for termite prevention is used, final exterior treatment shall be completed prior to final building approval.

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

12-23-09

Date

8:03

Time

F299

Print Technician's Name

Remarks: _____

Applicator - White

Permit File - Canary

Permit Holder - Pink

10/05



Notice of Treatment

Applicator: Florida Pest Control & Chemical Co. (www.flapest.com)

Address: 536 SE Baya Dr.

City Lake City Phone 2521903

Site Location: Subdivision _____

Lot # _____ Block# _____ Permit # 28278

Address 173 Bw Albright Lane

Product used

Active Ingredient

% Concentration

☒ Premise Imidacloprid 0.1%

☐ Termidor Fipronil 0.12%

☐ Bora-Care Disodium Octaborate Tetrahydrate 23.0%

Type treatment:

☐ Soil

☐ Wood

Area Treated

Square feet

Linear feet

Gallons Applied

additional areas 978 152 900

As per Florida Building Code 104.2.6 – If soil chemical barrier method for termite prevention is used, final exterior treatment shall be completed prior to final building approval.

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

12/1/05 _____ F082B.H.
Date Time Print Technician's Name

Remarks: _____

Applicator - White

Permit File - Canary

Permit Holder - Pink

10/05

