

Columbia County Building Permit Application

CK# 1080

For Office Use Only Application # 0911-14 Date Received 11/6/09 By [Signature] Permit # 28226
Zoning Official BLK Date 10.11.09 Flood Zone X Land Use A-3 Zoning A-3
FEMA Map # N/A Elevation N/A MFE 77.0 ft River N/A Plans Examiner [Signature] Date 11/14/09
Comments Elevation Confirmation Letter required at sub
☒ 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 N/A Suspended

Septic Permit No. _____ Laurie 352 241-7684 Fax 352-241-7682

Name Authorized Person Signing Permit Mike Moran Phone 352-504-5475

Address 12212 Still meadow Dr clermont, FL 34711

Owners Name Same Phone 352-504-5475

911 Address 989 SW Highfield Terr, L.C. 32024

Contractors Name Owner Phone 352-504-5475

Address Same

Fee Simple Owner Name & Address _____

Bonding Co. Name & Address NONE

Architect/Engineer Name & Address Jody Willis, 800 W. Rick St Plant C. to, FL 33563

Mortgage Lenders Name & Address NONE

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

Property ID Number 01-65-16-03761-148 Estimated Cost of Construction 100,000.

Subdivision Name meadowlands Lot 48 Block _____ Unit _____ Phase 3

Driving Directions 415 TR, Tustenvogee, TR to meadowlands Dr, TR Highfield Terr,

12th lot on right OR 5th on right After Colong Glen

1 Barn Number of Existing Dwellings on Property 0

Construction of House SFD Total Acreage 5 Lot Size 330x660

Do you need a - Culvert Permit or Culvert Waiver or Have an Existing Drive Total Building Height 26' 6"

Actual Distance of Structure from Property Lines - Front 183.3' Side 512.4' Side 1141.10' Rear 324.7"

Number of Stories 1 Heated Floor Area 2392 Total Floor Area 3734 Roof Pitch 9/12

I hereby certify that no work or construction has commenced prior to the issuance of a permit and that all work be performed to meet the standards regulating construction in this jurisdiction. CODE: Florida Building Code 2007 with 2009 Supplements and National Electrical Code.

spoke to Mike
11/17/09left mess age
11/11/09

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.)


Owners Signature

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

CONTRACTORS AFFIDAVIT: By my signature I understand and agree that I have informed and provided this written statement to the owner of all the above written responsibilities in Columbia County for obtaining this Building Permit including all application and permit time limitations.



Contractor's Signature (Permitee)

Contractor's License Number _____

Columbia County

Competency Card Number _____

Affirmed under penalty of perjury to by the Contractor and subscribed before me this ____ day of _____ 20__.

Personally known _____ or Produced Identification _____

SEAL:

State of Florida Notary Signature (For the Contractor)

Owner ISO 100
SUBCONTRACTOR VERIFICATION FORM

MM Sym all

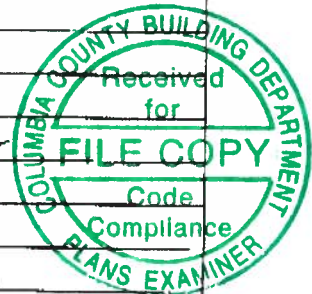
APPLICATION NUMBER _____ CONTRACTOR Mike Moran PHONE 352-504-5475
THIS FORM MUST BE SUBMITTED PRIOR TO THE ISSUANCE OF A PERMIT

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>Mike Moran</u> License #: <u>Owner Builder</u> | Signature <u>[Signature]</u> Phone #: <u>352-504-5475</u> |
| MECHANICAL/ A/C | Print Name <u>Mike Moran</u> License #: <u>Owner Builder</u> | Signature <u>[Signature]</u> Phone #: <u>352-504-5475</u> |
| PLUMBING/ GAS | Print Name <u>Mike Moran</u> License #: <u>Owner Builder</u> | Signature <u>[Signature]</u> Phone #: <u>352-504-5475</u> |
| ROOFING | Print Name <u>Mike Moran</u> License #: <u>Owner Builder</u> | Signature <u>[Signature]</u> Phone #: <u>352-504-5475</u> |
| SHEET METAL | Print Name <u>Mike Moran</u> License #: <u>Owner Builder</u> | Signature <u>[Signature]</u> Phone #: <u>352-504-5475</u> |
| FIRE SYSTEM/ SPRINKLER | Print Name <u>Mike Moran</u> License #: <u>Owner Builder</u> | Signature <u>[Signature]</u> Phone #: <u>352-504-5475</u> |
| SOLAR | Print Name <u>Mike Moran</u> License #: <u>Owner Builder</u> | Signature <u>[Signature]</u> Phone #: <u>352-504-5475</u> |

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



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.



STATE OF FLORIDA
DEPARTMENT OF HEALTH
ON-SITE SEWAGE DISPOSAL SYSTEM
APPLICATION FOR CONSTRUCTION PERMIT

PERMIT NO. 942341
DATE PAID: 11/11/09
FEE PAID: 1510.00
RECEIPT #: 1293356

SSOCOF #

315900853 on 11-11-09.

APPLICATION FOR:

☒ New System ☐ Existing System ☐ Holding Tank ☐ Innovative
☐ Repair ☐ Abandonment ☐ Temporary ☐

APPLICANT:

Michael Moran

AGENT:

Ford's Septic

TELEPHONE:

MAILING ADDRESS:

116 NW Lawley Way
Lake City, FL 32055

TO BE COMPLETED BY APPLICANT OR APPLICANT'S AUTHORIZED AGENT. SYSTEMS MUST BE CONSTRUCTED BY A PERSON LICENSED PURSUANT TO 489.105(3) (m) OR 489.552, FLORIDA STATUTES.

PROPERTY INFORMATION

LOT: 48 BLOCK: _____ SUBDIVISION: Meadowlands phase three PLATTED: 05

PROPERTY ID #: 01-65-16-03761-148 ZONING: Res. I/M OR EQUIVALENT: (Y) ☒ (N)

PROPERTY SIZE: 5.0 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐ ≤ 2000 GPD ☐ > 2000 GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? ☒ YES ☐ NO DISTANCE TO SEWER: VIA FT

PROPERTY ADDRESS: 989 SW Highfield Terr. Fort White, FL 32038

DIRECTIONS TO PROPERTY: 441 South. (R) on Tustennuggee.

(L) on Meadowland. (R) on Highfield.

property approx 1/2 mile on (R). House #989.

BUILDING INFORMATION

☒ RESIDENTIAL

☐ COMMERCIAL

| Unit No | Type of Establishment | No. of Bedrooms | Building Area Sq Ft | Commercial/Institutional System Design Table 1, Chapter 64E-6, FAC |
|---------|-----------------------|-----------------|---------------------|--|
| 1 | SEW | 3 | 2392 | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |

☐ Floor/Equipment Drains ☐ Other (Specify) _____

SIGNATURE: RC Ford

DATE: 10-11-20-9



STATE OF FLORIDA
DEPARTMENT OF HEALTH

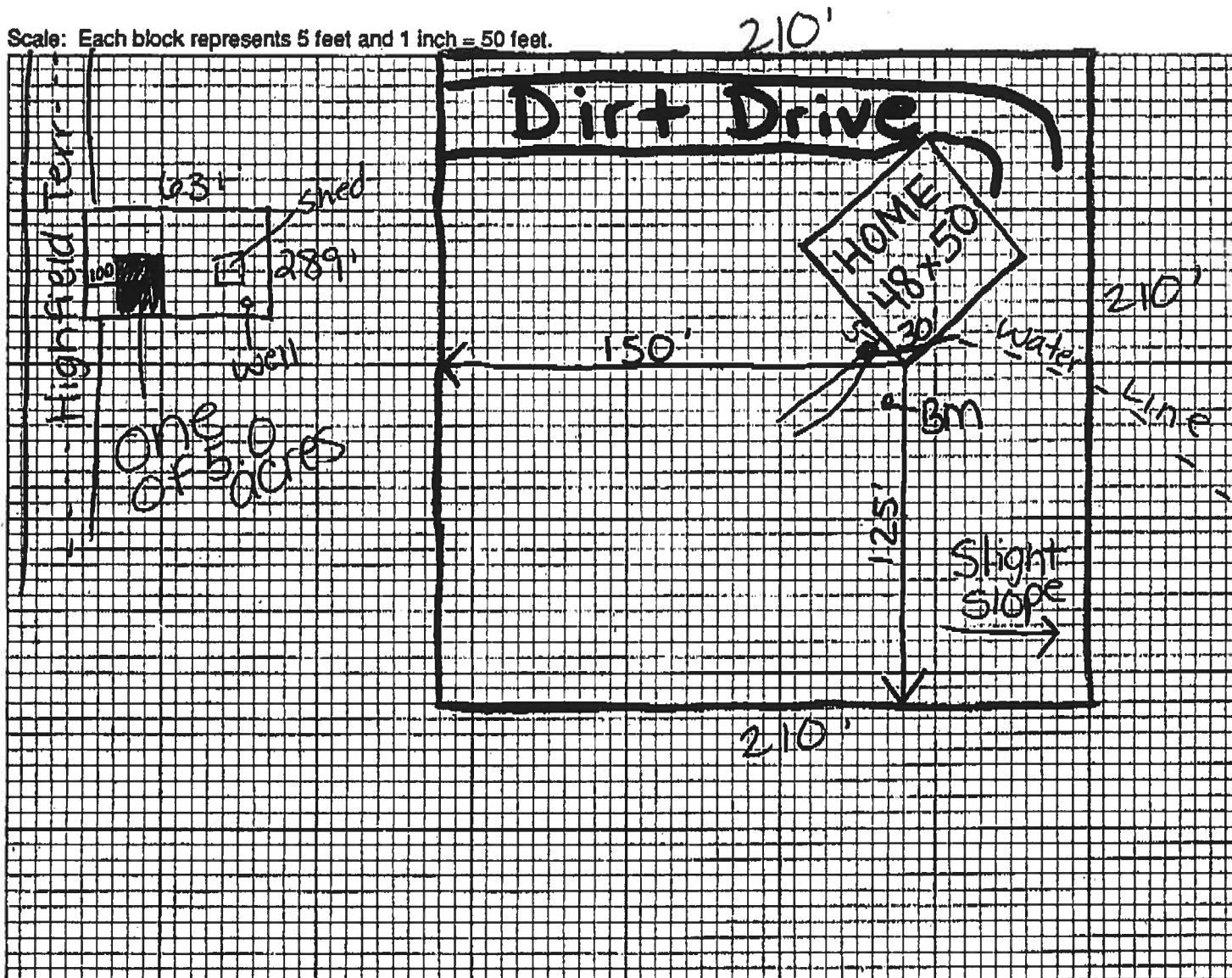
APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permit Application Number

09-0569

PART II - SITE PLAN

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



Notes:

Michael Moran
989 SW Highfield Terrace
Ft. White, Florida 32038

Site Plan submitted by:

Mc Ford

Signature

Agent

Plan Approved

Not Approved

Date 11/16/09

By

S. Ford / *EH Director, Columbia*

County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

COLUMBIA COUNTY 9-1-1 ADDRESSING

P. O. Box 1787, Lake City, FL 32056-1787

PHONE: (386) 758-1125 * FAX: (386) 758-1363 * Email: caa_office@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.

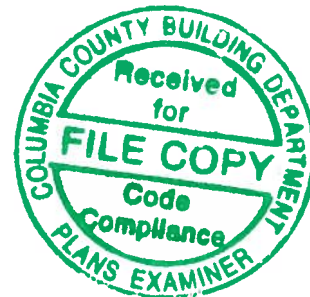
DATE REQUESTED: 2/12/2008 DATE ISSUED: 2/18/2008

ENHANCED 9-1-1 ADDRESS:

989 SW HIGH FIELD TER
LAKE CITY FL 32024
PROPERTY APPRAISER PARCEL NUMBER:
01-6S-16-03161-148

Remarks:

LOT 48 MEADOWLANDS S/D PHASE 4



Address Issued By

Columbia County 9-1-1 Addressing / GIS Department

NOTICE: THIS ADDRESS WAS ISSUED BASED ON LOCATION INFORMATION RECEIVED FROM THE REQUESTER. SHOULD, AT A LATER DATE, THE LOCATION INFORMATION BE FOUND TO BE IN ERROR, THIS ADDRESS IS SUBJECT TO CHANGE.

Approved Address

1151

FEB 18 2008

911Addressing/GIS Dept

Prepared by:
Judi M. Lowmy
Provident Title & Mortgage, Inc.
444 SW Alachua Avenue
Lake City, Florida 32025

File Number: 07-048

Inst:2007004135 Date:02/21/2007 Time:09:36

Doc Stamp Fee: 455.00

DC, P. DeWitt Cason, Columbia County B:1111 P:903

General Warranty Deed

Made this February 9, 2007 A.D. By Erik Moncada and Cynthia A. Moncada, husband and wife and Angela C. Lopez and Jose Lopez, husband and wife, 10858 Madison Drive, Boynton Beach, FL 33437, hereinafter called the grantor, to Michael P. Moran, a married man, whose post office address is: 12212 Still Meadow Drive, Clermont, FL 34711-5291, hereinafter called the grantee:

(Whenever used herein the terms "grantor" and "grantee" include all the parties to this instrument and the heirs, legal representatives and assigns of individuals, and the successors and assigns of corporations)

Witnesseth, that the grantor, for and in consideration of the sum of Ten Dollars, (\$10.00) and other valuable considerations, receipt whereof is hereby acknowledged, hereby grants, bargains, sells, aliena, remises, releases, conveys and confirms unto the grantee, all that certain land situate in Columbia County, Florida, viz:

Lot 48, MEADOWLANDS PHASE 3, as per plat thereof, recorded in Plat Book 8, Pages 7 through 10, of the Public Records of Columbia County, Florida.

Said property is not the homestead of the Grantor(s) under the laws and constitution of the State of Florida in that neither Grantor(s) or any members of the household of Grantor(s) reside therein.

Parcel ID Number: 1-6S-16-03761-148

Together with all the tenements, hereditaments and appurtenances thereto belonging or in anywise appertaining.

To Have and to Hold, the same in fee simple forever.

And the grantor hereby covenants with said grantee that the grantor is lawfully seized of said land in fee simple; that the grantor has good right and lawful authority to sell and convey said land; that the grantor hereby fully warrants the title to said land and will defend the same against the lawful claims of all persons whomsoever; and that said land is free of all encumbrances except taxes accruing subsequent to December 31, 2006.

In Witness Whereof, the said grantor has signed and sealed these presents the day and year first above written.

Signed, sealed and delivered in our presence:

MARIANA WOOD

Witness Printed Name MARIANA WOOD

Witness Printed Name

BERCI MEJIA

State of Florida

County of Columbia Palm Beach

The foregoing instrument was acknowledged before me this 9 day of February, 2007, by Erik Moncada and Cynthia A. Moncada, husband and wife and Angela C. Lopez and Jose Lopez, husband and wife, who is/are personally known to me or who has produced Florida Driver's License as identification.

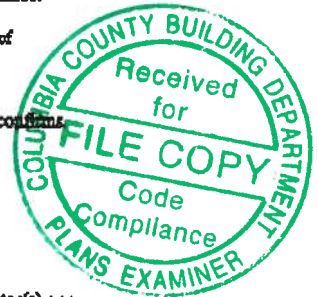


Notary Public
Print Name:

My Commission Expires

LEAD Individual Warranty Deed With Non-Homestead-Legal on Face
Closets' Choice

have notarized



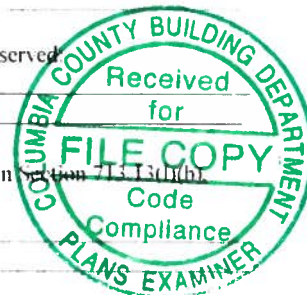
NOTICE OF COMMENCEMENT

County Clerk's Office Stamp or Seal

Tax Parcel Identification Number 01-65-16-0-3761-148

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): Lot 48 Meadowlands S/D phase 4
a) Street (job) Address: _____
2. General description of improvements: 489 SW High Field Terr
3. Owner Information
a) Name and address: Mike Moran 12212 Still Meadow Dr Clement, FL 34711
b) Name and address of fee simple titleholder (if other than owner) _____
c) Interest in property: Owner
4. Contractor Information
a) Name and address: Owner
b) Telephone No.: _____ Fax No. (Opt.) _____
5. Surety Information
a) Name and address: _____
b) Amount of Bond: _____
c) Telephone No.: _____ Fax No. (Opt.) _____
6. Lender
a) Name and address: NONE
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: Same as owner
b) Telephone No.: 352-524-5475 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: NONE
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.

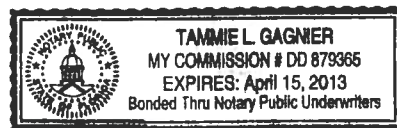
STATE OF FLORIDA
COUNTY OF COLUMBIA

10. [Signature]
Signature of Owner or Owner's Authorized Office/Director/Partner/Manager
Mike Moran
Print Name

The foregoing instrument was acknowledged before me, a Florida Notary, this 5 day of November, 2009, by:
Mike Moran as _____ (type of authority, e.g. officer, trustee, attorney
fact) for _____ (name of party on behalf of whom instrument was executed).

Personally Known ☒ OR Produced Identification _____ Type _____

Notary Signature Tammie L Gagnier Notary Stamp or Seal:



—AND—

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.

[Signature]
Signature of Natural Person Signing (in line #10 above.)

Wind-load Engineering Summary, calculations and any details required

| GENERAL REQUIREMENTS: APPLICANT – PLEASE CHECK ALL APPLICABLE BOXES BEFORE SUBMITTAL | | Items to Include- Each Box shall be Circled as Applicable | | |
|---|---|--|----|-----|
| 8 | Plans or specifications must show compliance with FBCR Chapter 3 | | | |
| | | YES | NO | N/A |
| 9 | Basic wind speed (3-second gust), miles per hour | ✓ | | |
| 10 | (Wind exposure – if more than one wind exposure is used, the wind exposure and applicable wind direction shall be indicated) | ✓ | | |
| 11 | Wind importance factor and nature of occupancy | ✓ | | |
| 12 | The applicable internal pressure coefficient, Components and Cladding | | | |
| 13 | The design wind pressure in terms of psf (kN/m ²), to be used for the design of exterior component, cladding materials not specifically designed by the registered design professional. | ✓ | | |
| | | | | |
| | | | | |
| | | | | |

Elevations Drawing including:

| | | | | |
|-----|--|---|--|--|
| 14 | All side views of the structure | ✓ | | |
| 15 | Roof pitch | ✓ | | |
| 16 | Overhang dimensions and detail with attic ventilation | ✓ | | |
| 17 | Location, size and height above roof of chimneys | ✓ | | |
| 18 | Location and size of skylights with Florida Product Approval | ✓ | | |
| 18 | Number of stories | ✓ | | |
| 20A | Building height from the established grade to the roofs highest peak | ✓ | | |

Floor Plan including:

| | | | | |
|----|---|---|--|---|
| 20 | Dimensioned area plan showing rooms, attached garage, breeze ways, covered porches, deck, balconies | ✓ | | |
| 21 | Raised floor surfaces located more than 30 inches above the floor or grade | ✓ | | |
| 22 | All exterior and interior shear walls indicated | ✓ | | |
| 23 | Shear wall opening shown (Windows, Doors and Garage doors) | ✓ | | |
| 24 | Show compliance with Section FBCR 310 Emergency escape and rescue opening shown in each bedroom (net clear opening shown) and Show compliance with Section FBCR 613.2 where the opening of an operable window is located more than 72 inches above the finished grade or surface below, the lowest part of the clear opening of the window shall be a minimum of 24 inches above the finished floor of the room in which the window is located. Glazing between the floor and 24 inches shall be fixed or have openings through which a 4-inch-diameter sphere cannot pass. | ✓ | | |
| 25 | Safety glazing of glass where needed | ✓ | | |
| 26 | Fireplaces types (gas appliance) (vented or non-vented) or wood burning with Hearth (see chapter 10 of FBCR) | ✓ | | |
| 27 | Show stairs with dimensions (width, tread and riser and total run) details of guardrails, Handrails | | | ✓ |
| 28 | Identify accessibility of bathroom (see FBCR SECTION 322) | ✓ | | |

All materials placed within opening or onto/into exterior walls, soffits or roofs shall have Florida product approval number and mfg. installation information submitted with the plans (see Florida product approval form)

| | |
|--|---|
| <p align="center">GENERAL REQUIREMENTS: APPLICANT – PLEASE CHECK ALL APPLICABLE BOXES BEFORE SUBMITTAL</p> | <p align="center">Items to Include- Each Box shall be Circled as Applicable</p> |
|--|---|

FBCR 403: Foundation Plans

| | | YES | NO | N/A |
|----|--|-----|----|-----|
| 29 | Location of all load-bearing walls footings indicated as standard, monolithic, dimensions, size and type of reinforcing. | ✓ | | |
| 30 | All posts and/or column footing including size and reinforcing | ✓ | | |
| 31 | Any special support required by soil analysis such as piling. | ✓ | | |
| 32 | Assumed load-bearing value of soil _____ Pound Per Square Foot | | | |
| 33 | Location of horizontal and vertical steel, for foundation or walls (include # size and type) 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 | ✓ | | |

FBCR 506: CONCRETE SLAB ON GRADE

| | | | | |
|----|---|---|--|--|
| 34 | Show Vapor retarder (6mil. Polyethylene with joints lapped 6 inches and sealed) | ✓ | | |
| 35 | Show control joints, synthetic fiber reinforcement or welded fire fabric reinforcement and Supports | ✓ | | |

FBCR 320: PROTECTION AGAINST TERMITES

| | | | | |
|----|---|---|--|--|
| 36 | Indicate on the foundation plan if soil treatment is used for subterranean termite prevention or Sub mit other approved termite protection methods. Protection shall be provided by registered termiticides | ✓ | | |
|----|---|---|--|--|

FBCR 606: Masonry Walls and Stem walls (load bearing & shear Walls)

| | | | | |
|----|--|---|--|--|
| 37 | Show all materials making up walls, wall height, and Block size, mortar type | ✓ | | |
| 38 | Show all Lintel sizes, type, spans and tie-beam sizes and spacing of reinforcement | ✓ | | |

Metal frame shear wall and roof systems shall be designed, signed and sealed by Florida Prof. Engineer or Architect

Floor Framing System: First and/or second story

| | | | | |
|----|---|---|--|--|
| 39 | Floor truss package shall including layout and details, signed and sealed by Florida Registered Professional Engineer | ✓ | | |
| 40 | Show conventional floor joist type, size, span, spacing and attachment to load bearing walls, stem walls and/or piers | ✓ | | |
| 41 | Girder type, size and spacing to load bearing walls, stem wall and/or piers | ✓ | | |
| 42 | Attachment of joist to girder | ✓ | | |
| 43 | Wind load requirements where applicable | ✓ | | |
| 44 | Show required under-floor crawl space | ✓ | | |

| | | | | |
|----|---|---|--|--|
| 45 | Show required amount of ventilation opening for under-floor spaces | ✓ | | |
| 46 | Show required covering of ventilation opening | ✓ | | |
| 47 | Show the required access opening to access to under-floor spaces | ✓ | | |
| 48 | Show the sub-floor structural panel sheathing type, thickness and fastener schedule on the edges & interior of the areas structural panel sheathing | ✓ | | |
| 49 | Show Draftstopping, Fire caulking and Fire blocking | ✓ | | |
| 50 | Show fireproofing requirements for garages attached to living spaces, per FBCR section 309 | ✓ | | |
| 51 | Provide live and dead load rating of floor framing systems (psf). | ✓ | | |

FBCR CHAPTER 6 WOOD WALL FRAMING CONSTRUCTION

| GENERAL REQUIREMENTS: APPLICANT – PLEASE CHECK ALL APPLICABLE BOXES BEFORE SUBMITTAL | | Items to Include- Each Box shall be Circled as Applicable | | |
|---|--|--|-----------|------------|
| | | YES | NO | N/A |
| 52 | Stud type, grade, size, wall height and oc spacing for all load bearing or shear walls | ✓ | | |
| 53 | Fastener schedule for structural members per table FBCR 602.3 are to be shown | ✓ | | |
| 54 | Show Wood structural panel's sheathing attachment to studs, joist, trusses, rafters and structural members, showing fastener schedule attachment on the edges & intermediate of the areas structural panel sheathing | ✓ | | |
| 55 | Show all required connectors with a max uplift rating and required number of connectors and oc spacing for continuous connection of structural walls to foundation and roof trusses or rafter systems | ✓ | | |
| 56 | Show sizes, type, span lengths and required number of support jack studs, king studs for shear wall opening and girder or header per FBCR Table 502.5 (1) | | | |
| 57 | Indicate where pressure treated wood will be placed | | | |
| 58 | Show all wall structural panel sheathing, grade, thickness and show fastener schedule for structural panel sheathing edges & intermediate areas | ✓ | | |
| 59 | A detail showing gable truss bracing, wall balloon framing details or/ and wall hinge bracing detail | ✓ | | |

FBCR :ROOF SYSTEMS:

| | | | | |
|----|--|---|--|--|
| 60 | Truss design drawing shall meet section FBCR 802.10 Wood trusses | ✓ | | |
| 61 | Include a layout and truss details, signed and sealed by Florida Professional Engineer | ✓ | | |
| 62 | Show types of connector's assemblies' and resistance uplift rating for all trusses and rafters | ✓ | | |
| 63 | Show gable ends with rake beams showing reinforcement or gable truss and wall bracing details | ✓ | | |
| 64 | Provide dead load rating of trusses | ✓ | | |

FBCR 802:Conventional Roof Framing Layout

| | | | | |
|----|--|---|--|--|
| 65 | Rafter and ridge beams sizes, span, species and spacing | ✓ | | |
| 66 | Connectors to wall assemblies' include assemblies' resistance to uplift rating | ✓ | | |
| 67 | Valley framing and support details | ✓ | | |
| 68 | Provide dead load rating of rafter system | ✓ | | |

FBCR Table 602,3(2) & FBCR 803 ROOF SHEATHING

| | | | | |
|----|---|-------------------------------------|--------------------------|--------------------------|
| 69 | Include all materials which will make up the roof decking, identification of structural panel sheathing, grade, thickness | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 70 | Show fastener Size and schedule for structural panel sheathing on the edges & intermediate areas | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

FBCR ROOF ASSEMBLIES FRC Chapter 9

| | | | | |
|----|--|-------------------------------------|--------------------------|--------------------------|
| 71 | Include all materials which will make up the roof assemblies covering | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 72 | Submit Florida Product Approval numbers for each component of the roof assemblies covering | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

FBCR Chapter 11 Energy Efficiency Code for residential building

Residential construction shall comply with this code by using the following compliance methods in the FBCR chapter 11 Residential buildings compliance methods. **Two of the required forms are to be submitted, N1100.1.1.1 As an alternative to the computerized Compliance Method A, the Alternate Residential Point System Method hand calculation, Alternate Form 600A, may be used. All requirements specific to this calculation are located in Sub appendix C to Appendix G. Buildings complying by this alternative shall meet all mandatory requirements of this chapter. Computerized versions of the Alternate Residential Point System Method shall not be acceptable for code compliance.**

| GENERAL REQUIREMENTS: APPLICANT – PLEASE CHECK ALL APPLICABLE BOXES BEFORE SUBMITTAL | | Items to Include- Each Box shall be Circled as Applicable | | |
|---|--|--|--------------------------|--------------------------|
| | | YES | NO | N/A |
| 73 | Show the insulation R value for the following areas of the structure | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 74 | Attic space | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 75 | Exterior wall cavity | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 76 | Crawl space | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

HVAC information

| | | | | |
|----|---|-------------------------------------|--------------------------|--------------------------|
| 77 | Submit two copies of a Manual J sizing equipment or equivalent computation study | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 78 | Exhaust fans shown in bathrooms Mechanical exhaust capacity of 50 cfm intermittent or 20 cfm continuous required | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 79 | Show clothes dryer route and total run of exhaust duct | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Plumbing Fixture layout shown

| | | | | |
|----|--|-------------------------------------|--------------------------|--------------------------|
| 80 | All fixtures waste water lines shall be shown on the foundation plan | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 81 | Show the location of water heater | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Private Potable Water

| | | | | |
|----|---|-------------------------------------|--------------------------|--------------------------|
| 82 | Pump motor horse power | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 83 | Reservoir pressure tank gallon capacity | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 84 | Rating of cycle stop valve if used | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Electrical layout shown including

| | | | | |
|----|---|---|--|--|
| 85 | Show Switches, receptacles outlets, lighting fixtures and Ceiling fans | ✓ | | |
| 86 | Show all 120-volt, single phase, 15- and 20-ampere branch circuits outlets required to be protected by Ground-Fault Circuit Interrupter (GFCI) Article 210.8 A | ✓ | | |
| 87 | Show the location of smoke detectors & Carbon monoxide detectors | ✓ | | |
| 88 | Show service panel, sub-panel, location(s) and total ampere ratings | ✓ | | |
| 89 | On the electrical plans identify the electrical service overcurrent protection device for the main electrical service. This device shall be installed on the exterior of structures to serve as a disconnecting means for the utility company electrical service. Conductors used from the exterior disconnecting means to a panel or sub panel shall have four-wire conductors, of which one conductor shall be used as an equipment ground. Indicate if the utility company service entrance cable will be of the overhead or underground type. 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 | ✓ | | |
| 90 | Appliances and HVAC equipment and disconnects | ✓ | | |
| 91 | Show all 120-volt, single phase, 15- and 20-ampere branch circuits supplying outlets installed in dwelling unit family rooms, dining rooms, living rooms, parlors, libraries, dens, bedrooms, sunrooms, recreation rooms, closets, hallways, or similar rooms or areas shall be protected by a listed Combination arc-fault circuit interrupter , Protection device. | ✓ | | |

Disclosure Statement for Owner Builders *If you as the applicant will be acting as an owner/builder under section 489.103(7) of the Florida Statutes, submit the required owner builder disclosure statement form.*

Notice Of Commencement

A notice of commencement form **recorded** in the Columbia County Clerk Office is required to be filed with the building department Before Any Inspections can be preformed.

| | |
|---|---|
| <p align="center">GENERAL REQUIREMENTS: APPLICANT – PLEASE CHECK ALL APPLICABLE BOXES BEFORE SUBMITTAL</p> | <p align="center">Items to Include- Each Box shall be Circled as Applicable</p> |
|---|---|

THE FOLLOWING ITEMS MUST BE SUBMITTED WITH BUILDING PLANS

| | | YES | NO | N/A |
|----|--|-----|----|-----|
| 92 | Building Permit Application A current Building Permit Application form is to be completed and submitted for all residential projects | | | |
| 93 | Parcel Number The parcel number (Tax ID number) from the Property Appraiser (386) 758-1084 is required. A copy of property deed is also requested | | | |
| 94 | Environmental Health Permit or Sewer Tap Approval A copy of a approved Columbia County Environmental Health (386) 758-1058 | | | |
| 95 | City of Lake City A permit showing an approved waste water sewer tap | | | |
| 96 | Toilet facilities shall be provided for all construction sites | | | |
| 97 | Town of Fort White (386) 497-2321 If the parcel in the application for building permit is within the Corporate city limits of Fort White an approval land use development letter issued by the Town of Fort is required to be submitted with the application for a building permit. | | | |
| | | | | |

| | | | | |
|-----|---|---|--|--|
| 98 | Flood Information: All projects within the Floodway of the Suwannee or Santa Fe Rivers shall require permitting through the Suwannee River Water Management District, before submitting a 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 8.5.2 of the Columbia County Land Development Regulations. Any project located within a flood zone where the base flood elevation has not been established (Zone A) shall meet the requirements of Section 8.5.3 of the Columbia County Land Development Regulations | | | |
| 99 | CERTIFIED FINISHED FLOOR ELEVATIONS will be required on any project where the base flood elevation (100 year flood) has been established | ✓ | | |
| 100 | A development permit will also be required. Development permit cost is \$50.00 | | | |
| 101 | Driveway Connection: If the property does not have an existing access to a public road, then an application for a culvert permit (\$25.00) must be made. If the applicant feels that a culvert is not needed, they may apply for a culvert waiver (\$50.00). All culvert waivers are sent to the Columbia County Public Works Department for approval or denial. | | | |
| 102 | 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 | | | |

Section R101.2.1 of the Florida Building Code Residential:

The provisions of Chapter 1, Florida Building Code, Building shall govern the administration and enforcement of the Florida Building Code, Residential.

Section 105 of the Florida Building Code defines the:

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.

Single-family residential dwelling.

Section 105.3.4 A building permit for a single-family residential dwelling must be issued within 30 working days of application therefor unless unusual circumstances require a longer time for processing the application or unless the permit application fails to satisfy the Florida Building Code or the enforcing agency's laws or ordinances.

Permit intent.

Section 105.4.1: 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.

If work has 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.

New Permit.

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.

Work Shall Be:

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.

The Fee:

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

PRODUCT APPROVAL SPECIFICATION

TRINITY DRAFTING 8/13 -

Location: _____

SHEET

Project Name: Mike Moran 482-2463

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 | Therma Tru | STEEL DOORS | 9841 |
| 2. Sliding | Wayne Dalton | STEEL SECTIONAL DOOR | 5587 |
| 3. Sectional | Wayne Dalton | STEEL SECTIONAL DOOR | 5587 |
| 4. Roll up | | | |
| 5. Automatic | | | |
| 6. Other | | | |
| B. WINDOWS | | | |
| 1. Single hung | Florida Extruders | Double Pane Aluminum | 9266 |
| 2. Horizontal Slider | | | |
| 3. Casement | | | |
| 4. Double Hung | | | |
| 5. Fixed | | | |
| 6. Awning | | | |
| 7. Pass-through | | | |
| 8. Projected | | | |
| 9. Mullion | Florida Extruders | ALUMINUM | 4063 |
| 10. Wind Breaker | | | |
| 11. Dual Action | | | |
| 12. Other | | | |
| C. PANEL WALL | | | |
| 1. Siding | Mitten | VINYL SIDING | 5212 |
| 2. Soffits | Mitten | VINYL SOFFIT | 5208 |
| 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 | | | |
| 2. Underlayments | Tamko | 30lb felt | 12328.8 |
| 3. Roofing Fasteners | | | |
| 4. Non-structural Metal | Discount Direct | METAL ROOFING | 11541-R1 |
| 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 | | | |



02/02/04 - 1 of 2

SEE PAGE 5-1 For more info

Effective April 1, 2004

Page: 2/2

From: FIRST CLASS AIR REP To: 18138307429

NOV-05-2009 11:59

28226



CERTIFICATE OF LIABILITY INSURANCE

 OP ID SS
 MIKEM-1

DATE (MM/DD/YYYY)

02/19/10

| | | | |
|--|--|---|---------------|
| PRODUCER ProvInsure, Inc. 9700 International Drive Orlando FL 32819 Phone: 407-370-0776 Fax: 407-370-0931 | | THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. | |
| INSURED Mike Moran Laurie Moran 15380 CR 565A, Ste G Groveland FL 34736 | | INSURERS AFFORDING COVERAGE | NAIC # |
| | | INSURER A: Omega US Insurance, Inc. | |
| | | INSURER B: | |
| | | INSURER C: | |
| | | INSURER D: | |
| | | INSURER E: | |

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR ADD'L LTR | INSRD | TYPE OF INSURANCE | POLICY NUMBER | POLICY EFFECTIVE DATE (MM/DD/YYYY) | POLICY EXPIRATION DATE (MM/DD/YYYY) | LIMITS |
|----------------|------------------------|--|---------------|------------------------------------|-------------------------------------|---|
| A | | GENERAL LIABILITY | OVS01001099 | 12/04/09 | 12/04/10 | EACH OCCURRENCE |
| | | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY | | | | \$ 1,000,000 |
| | | <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) |
| | | | | | | \$ Excluded |
| | | | | | | MED EXP (Any one person) |
| | | | | | | \$ Excluded |
| | | | | | | PERSONAL & ADV INJURY |
| | | | | | | \$ Excluded |
| | | | | | | GENERAL AGGREGATE |
| | | | | | | \$ 2,000,000 |
| | PRODUCTS - COMP/OP AGG | \$ Excluded | | | | |
| | | | | | | |
| | | AUTOMOBILE LIABILITY | | | | COMBINED SINGLE LIMIT (Ea accident) |
| | | <input type="checkbox"/> ANY AUTO | | | | \$ |
| | | <input type="checkbox"/> ALL OWNED AUTOS | | | | BODILY INJURY (Per person) |
| | | <input type="checkbox"/> SCHEDULED AUTOS | | | | \$ |
| | | <input type="checkbox"/> HIRED AUTOS | | | | BODILY INJURY (Per accident) |
| | | <input type="checkbox"/> NON-OWNED AUTOS | | | | \$ |
| | | | | | | PROPERTY DAMAGE (Per accident) |
| | | | | | | \$ |
| | | GARAGE LIABILITY | | | | AUTO ONLY - EA ACCIDENT |
| | | <input type="checkbox"/> ANY AUTO | | | | \$ |
| | | | | | | OTHER THAN EA ACC |
| | | | | | | \$ |
| | | | | | | AGG |
| | | | | | | \$ |
| | | EXCESS / UMBRELLA LIABILITY | | | | EACH OCCURRENCE |
| | | <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE | | | | \$ |
| | | | | | | AGGREGATE |
| | | | | | | \$ |
| | | | | | | \$ |
| | | | | | | \$ |
| | | | | | | \$ |
| | | DEDUCTIBLE | | | | \$ |
| | | RETENTION \$ | | | | \$ |
| | | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | | | | WC STATUTORY LIMITS |
| | | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) | | | | OTH-ER |
| | | If yes, describe under SPECIAL PROVISIONS below | | | | E.L. EACH ACCIDENT |
| | | | | | | \$ |
| | | | | | | E.L. DISEASE - EA EMPLOYEE |
| | | | | | | \$ |
| | | | | | | E.L. DISEASE - POLICY LIMIT |
| | | | | | | \$ |
| | | OTHER | | | | |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

CERTIFICATE HOLDER

CANCELLATION

| | |
|---|---|
| Mike Moran 15380 CR 565A, Ste. G Groveland FL 34736 | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>30</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE |
|---|---|

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