

DATE 04/15/2005

Columbia County Building Permit

PERMIT

000023035

This Permit Expires One Year From the Date of Issue

APPLICANT JONATHAN PERRY PHONE 719.7192
ADDRESS 373 NW OLD MILL ROAD LAKE CITY FL 32055
OWNER JON D. CLEVELAND PHONE 386.688.0547
ADDRESS 448 PRIMITIVE GLN LAKE CITY FL 32055
CONTRACTOR JONATHAN PERRY PHONE 386.719.7192
LOCATION OF PROPERTY LAKE JEFFERY TO OLD MILL DRIVE, TL GO TO PRIMITIVE GLN, TL
GO ALL THE WAY TO END, TAN BRICK HOME.

TYPE DEVELOPMENT ADDITION TO SFD ESTIMATED COST OF CONSTRUCTION 111550.00
HEATED FLOOR AREA 1559.00 TOTAL AREA 2231.00 HEIGHT 17.00 STORIES 1
FOUNDATION CONC WALLS FRAMED ROOF PITCH 7'12 FLOOR CONC
LAND USE & ZONING RSF-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 A DEVELOPMENT PERMIT NO.

PARCEL ID 26-3S-16-02305-109 SUBDIVISION MAX RAVNDAL UNREC
LOT 9 BLOCK PHASE UNIT TOTAL ACRES 14.00

Culvert Permit No. Culvert Waiver Contractor's License Number CBC058042
EXISTING 05-0299-N BLK Applicant/Owner/Contractor N
Driveway Connection Septic Tank Number LU & Zoning checked by Approved for Issuance New Resident

COMMENTS: NOC ON FILE.

1ST FLOOR ELEVATION TO BE 1 FOOT ABOVE PAVED ROAD, 2 FT. ABOVE GRADED

ROAD. Check # or Cash 3530

FOR BUILDING & ZONING DEPARTMENT ONLY

(footer/Slab)

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

BUILDING PERMIT FEE \$ 560.00 CERTIFICATION FEE \$ 11.15 SURCHARGE FEE \$ 11.15
MISC. FEES \$.00 ZONING CERT. FEE \$ 50.00 FIRE FEE \$ WASTE FEE \$
FLOOD ZONE DEVELOPMENT FEE \$ CULVERT FEE \$ TOTAL FEE 632.30
INSPECTORS OFFICE CLERKS OFFICE

NOTICE: IN ADDITION TO THE REQUIREMENTS OF THIS PERMIT, THERE MAY BE ADDITIONAL RESTRICTIONS APPLICABLE TO THIS PROPERTY THAT MAY BE FOUND IN THE PUBLIC RECORDS OF THIS COUNTY. AND THERE MAY BE ADDITIONAL PERMITS REQUIRED FROM OTHER GOVERNMENTAL ENTITIES SUCH AS WATER MANAGEMENT DISTRICTS, STATE AGENCIES, OR FEDERAL AGENCIES.

"WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT."

This Permit Must Be Prominently Posted on Premises During Construction

PLEASE NOTIFY THE COLUMBIA COUNTY BUILDING DEPARTMENT AT LEAST 24 HOURS IN ADVANCE OF EACH INSPECTION, IN ORDER THAT IT MAY BE MADE WITHOUT DELAY OR INCONVENIENCE, PHONE 758-1008. THIS PERMIT IS NOT VALID UNLESS THE WORK AUTHORIZED BY IT IS COMMENCED WITHIN 6 MONTHS AFTER ISSUANCE.

The Issuance of this Permit Does Not Waive Compliance by Permittee with Deed Restrictions.

Columbia County Building Permit Application

Revised 9-23-04

For Office Use Only Application # 0604-15 Date Received 4-6-05 By G Permit # 23035
Application Approved by - Zoning Official BLC Date 14.04.05 Plans Examiner OK ^{STH} ~~STH~~ Date 4-12-05
Flood Zone A Development Permit N/A Zoning RSF-2 Land Use Plan Map Category Res. Low Dev.
Comments 1st Floor Elevation to be 1 ft above Parcel Rd, 2 ft above graded Rd.

Applicants Name Jonathan D. Perry Phone (386) 623-2608
Address 373 NW Old Mill Dr. LC 32055
Owners Name Jon Cleveland Phone (386) 688-0547
911 Address 448 Primitive Glen LC, FL 32055
Contractors Name Jonathan D. Perry Phone (386) 719-7192
Address 373 NW Old Mill Dr. LC 32055
Fee Simple Owner Name & Address N/A
Bonding Co. Name & Address N/A
Architect/Engineer Name & Address Nick Gresher
Mortgage Lenders Name & Address N/A

Circle the correct power company - FL Power & Light - Clay Elect. - Suwannee Valley Elect. - Progressive Energy

Property ID Number 26-35-16-02305-109 Estimated Cost of Construction 200,000Subdivision Name Country Club Lakes MAX RAYDON ^{unit 9} ~~unit 9~~ Lot 9 Block Unit Phase Driving Directions Lake Jeffery to Old Mill Drive turn Left
to Primitive Glen turn Left all the way to end tan
Brick houseType of Construction Remodeling Addition Number of Existing Dwellings on Property 1Total Acreage 14 ac Lot Size 14 ac Do you need a - Culvert Permit or Culvert Waiver or Have an existing DriveActual Distance of Structure from Property Lines - Front 400' Side 45.67' Side 200' Rear 1000'Total Building Height 17' Number of Stories 1 Heated Floor Area 1566 Roof Pitch 7/12

Application is hereby made to obtain a permit to do work and installations as indicated. I certify that no work or installation has commenced prior to the issuance of a permit and that all work be performed to meet the standards of all laws regulating construction in this jurisdiction.

OWNERS AFFIDAVIT: I hereby certify that all the foregoing information is accurate and all work will be done in compliance with all applicable laws and regulating construction and zoning.

WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOU PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT.

Owner Builder or Agent (including Contractor)

STATE OF FLORIDA
COUNTY OF COLUMBIASworn to (or affirmed) and subscribed before me
this 6th day of April 2005

Personally known or Produced Identification



Contractor Signature

Contractors License Number CBC058042Competency Card Number

NOTARY STAMP/SEAL

Notary Signature

Permit Application Number:

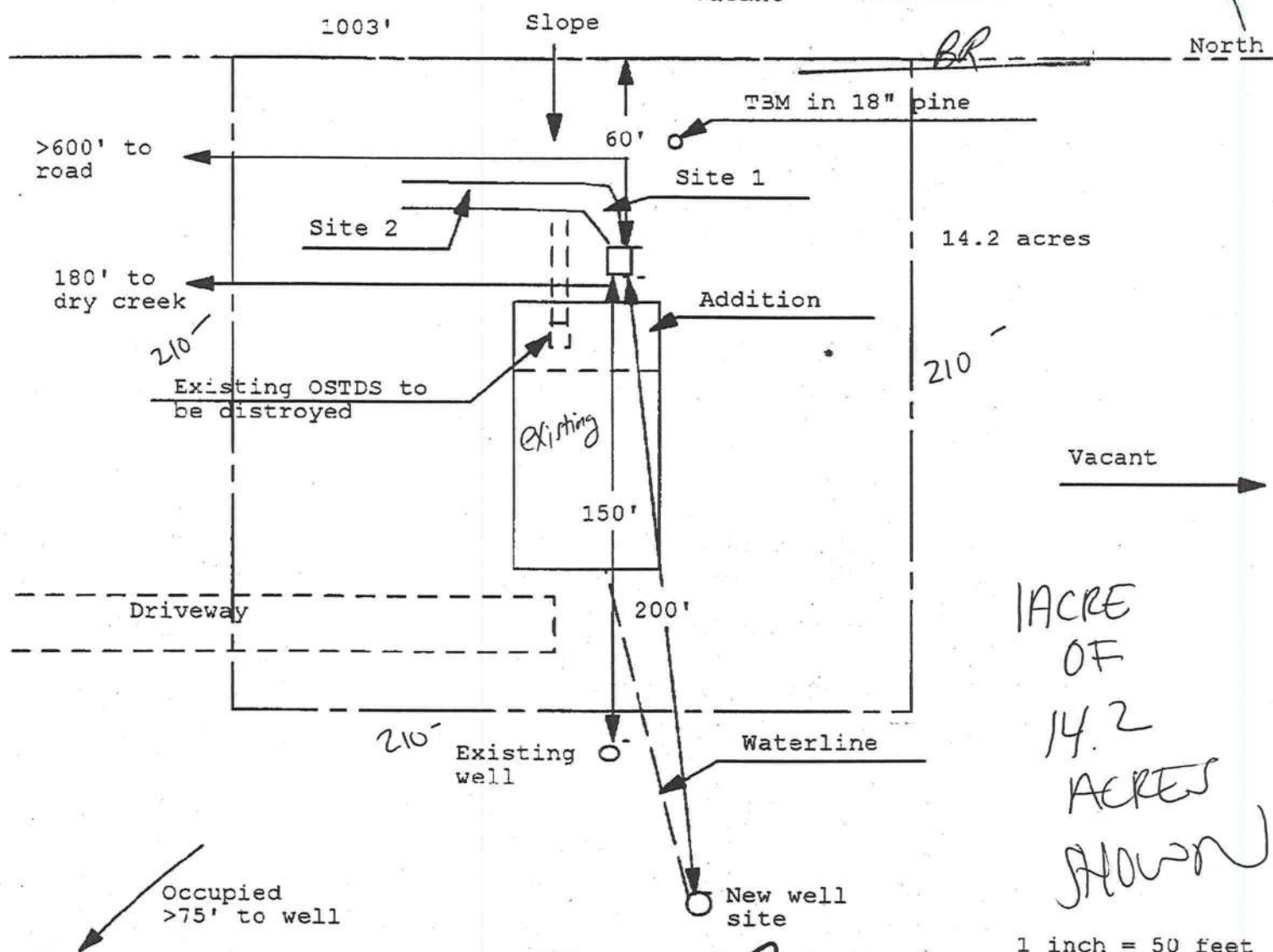
05-0299N

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH UNIT

CLEVELAND/CR 04-2672

Vacant

APR 04 2005



1 inch = 50 feet

Site Plan Submitted By

Plan Approved

Not Approved

Date

Date _____

4/4/04

By

Sallie Gaddy - ESI - CAUMBIA

CPHU

Notes :

RECEIVED
4-4-09

REVISED
4-4-05

FLORIDA ENERGY EFFICIENCY CODE
FOR BUILDING CONSTRUCTION

Florida Department of Community Affairs
Residential Whole Building Performance Method A


Project Name:	Cleveland/Galloway Resid.	Builder:	Jonathan Perry
Address:		Permitting Office:	Columbia County
City, State:	Lake City, FL 32055-	Permit Number:	23035
Owner:	Jon cleveland/Misty Galloway	Jurisdiction Number:	121000
Climate Zone:	North		221000

1. New construction or existing	New	12. Cooling systems	
2. Single family or multi-family	Single family	a. Central Unit	Cap: 35.0 kBtu/hr
3. Number of units, if multi-family	1		SEER: 10.00
4. Number of Bedrooms	4	b. Central Unit	Cap: 35.0 kBtu/hr
5. Is this a worst case?	No		SEER: 10.00
6. Conditioned floor area (ft²)	4430 ft²	c. N/A	
7. Glass area & type	Single Pane Double Pane	13. Heating systems	
a. Clear glass, default U-factor	0.0 ft² 489.0 ft²	a. Electric Heat Pump	Cap: 35.0 kBtu/hr
b. Default tint	0.0 ft² 0.0 ft²		HSPF: 7.90
c. Labeled U or SHGC	0.0 ft² 0.0 ft²	b. Electric Heat Pump	Cap: 35.0 kBtu/hr
8. Floor types			HSPF: 7.90
a. Slab-On-Grade Edge Insulation	R=0.0, 404.0(p) ft	c. N/A	
b. N/A		14. Hot water systems	
c. N/A		a. Electric Resistance	Cap: 30.0 gallons
9. Wall types			EF: 0.90
a. Frame, Wood, Exterior	R=13.0, 2704.0 ft²	b. Electric Resistance	Cap: 30.0 gallons
b. N/A			EF: 0.90
c. N/A		c. Conservation credits	
d. N/A		(HR-Heat recovery, Solar	
e. N/A		DHP-Dedicated heat pump)	
10. Ceiling types		15. HVAC credits	PT, CF,
a. Under Attic	R=30.0, 4430.0 ft²	(CF-Ceiling fan, CV-Cross ventilation,	
b. N/A		HF-Whole house fan,	
c. N/A		PT-Programmable Thermostat,	
11. Ducts		MZ-C-Multizone cooling,	
a. Sup: Unc. Ret: Unc. AH: Interior	Sup. R=6.0, 50.0 ft	MZ-H-Multizone heating)	
b. Sup: Unc. Ret: Unc. AH: Interior	Sup. R=6.0, 50.0 ft		

Glass/Floor Area: 0.11

Total as-built points: 46301
Total base points: 55348

PASS

I hereby certify that the plans and specifications covered by this calculation are in compliance with the Florida Energy Code.	Review of the plans and specifications covered by this calculation indicates compliance with the Florida Energy Code. Before construction is completed this building will be inspected for compliance with Section 553.908 Florida Statutes.
PREPARED BY: Tim Delbene	
DATE: 4/4/05	
I hereby certify that this building, as designed, is in compliance with the Florida Energy Code.	
OWNER/AGENT:	BUILDING OFFICIAL:
DATE:	DATE:

SUMMER CALCULATIONS
Residential Whole Building Performance Method A - Details

ADDRESS: , Lake City, FL, 32055-

PERMIT #:

BASE				AS-BUILT										
GLASS TYPES .18 X Conditioned X BSPM = Points Floor Area				Type/SC	Overhang Ornt Len Hgt			Area X SPM X SOF = Points						
.18	4430.0	20.04	15979.9	Double, Clear	N	2.0	7.0	45.0	19.20	0.92	796.8			
				Double, Clear	E	2.0	8.0	35.0	42.06	0.91	1343.7			
				Double, Clear	E	2.0	7.0	90.0	42.06	0.89	3353.8			
				Double, Clear	E	2.0	7.0	20.0	42.06	0.89	745.3			
				Double, Clear	E	2.0	8.0	38.0	42.06	0.91	1458.9			
				Double, Clear	S	2.0	7.0	30.0	35.87	0.82	882.5			
				Double, Clear	S	2.0	7.0	68.0	35.87	0.82	2000.3			
				Double, Clear	S	2.0	8.0	35.0	35.87	0.86	1074.8			
				Double, Clear	W	2.0	7.0	120.0	38.52	0.89	4099.2			
				Double, Clear	W	2.0	5.0	8.0	38.52	0.80	246.4			
				As-Built Total:						489.0			16001.6	
WALL TYPES Area X BSPM = Points				Type	R-Value		Area X SPM = Points							
Adjacent	0.0	0.00	0.0	Frame, Wood, Exterior	13.0		2704.0	1.50	4056.0					
Exterior	2704.0	1.70	4596.8											
Base Total:		2704.0	4596.8	As-Built Total:		2704.0 4056.0								
DOOR TYPES Area X BSPM = Points				Type	Area X SPM = Points									
Adjacent	0.0	0.00	0.0	Exterior Insulated			21.0	4.10	86.1					
Exterior	42.0	6.10	256.2	Exterior Insulated			21.0	4.10	86.1					
Base Total:		42.0	256.2	As-Built Total:		42.0 172.2								
CEILING TYPES Area X BSPM = Points				Type	R-Value		Area X SPM X SCM = Points							
Under Attic	4430.0	1.73	7663.9	Under Attic	30.0		4430.0	1.73 X 1.00		7663.9				
Base Total:		4430.0	7663.9	As-Built Total:		4430.0 7663.9								
FLOOR TYPES Area X BSPM = Points				Type	R-Value		Area X SPM = Points							
Slab	404.0(p)	-37.0	-14948.0	Slab-On-Grade Edge Insulation	0.0		404.0(p)	-41.20	-16644.8					
Raised	0.0	0.00	0.0											
Base Total:		-14948.0		As-Built Total:		404.0 -16644.8								
INFILTRATION Area X BSPM = Points				Area X SPM = Points										
		4430.0	10.21	45230.3		4430.0 10.21 45230.3								

SUMMER CALCULATIONS

Residential Whole Building Performance Method A - Details

ADDRESS: , Lake City, FL, 32055-

PERMIT #:

BASE				AS-BUILT						
Summer Base Points: 58779.1				Summer As-Built Points: 56479.2						
Total Summer Points	X	System Multiplier	= Cooling Points	Total Component	X	Cap Ratio	X Duct Multiplier (DM x DSM x AHU)	X System Multiplier	X Credit Multiplier	= Cooling Points
				56479.2	0.500	(1.090 x 1.147 x 0.91)	0.341	0.902		9896.3
				56479.2	0.500	(1.090 x 1.147 x 0.91)	0.341	0.902		9896.3
58779.1	0.4266		25075.2	56479.2	1.00	1.138	0.341	0.902		19792.6

WINTER CALCULATIONS

Residential Whole Building Performance Method A - Details

ADDRESS: , Lake City, FL, 32055-

PERMIT #:

BASE				AS-BUILT							
GLASS TYPES .18 X Conditioned X BWPM = Points Floor Area				Type/SC	Overhang Ornt Len Hgt			Area X WPM X WOF = Points			
.18	4430.0	12.74	10158.9	Double, Clear	N	2.0	7.0	45.0	24.58	1.00	1109.7
				Double, Clear	E	2.0	8.0	35.0	18.79	1.04	681.1
				Double, Clear	E	2.0	7.0	90.0	18.79	1.05	1768.3
				Double, Clear	E	2.0	7.0	20.0	18.79	1.05	392.9
				Double, Clear	E	2.0	8.0	38.0	18.79	1.04	739.5
				Double, Clear	S	2.0	7.0	30.0	13.30	1.17	467.1
				Double, Clear	S	2.0	7.0	68.0	13.30	1.17	1058.8
				Double, Clear	S	2.0	8.0	35.0	13.30	1.12	520.1
				Double, Clear	W	2.0	7.0	120.0	20.73	1.03	2565.1
				Double, Clear	W	2.0	5.0	8.0	20.73	1.06	175.6
				As-Built Total:							489.0
WALL TYPES Area X BWPM = Points				Type	R-Value		Area X WPM = Points				
Adjacent	0.0	0.00	0.0	Frame, Wood, Exterior	13.0		2704.0	3.40		9193.6	
Exterior	2704.0	3.70	10004.8								
Base Total: 2704.0 10004.8				As-Built Total:		2704.0		9193.6			
DOOR TYPES Area X BWPM = Points				Type	Area X WPM = Points						
Adjacent	0.0	0.00	0.0	Exterior Insulated			21.0	8.40		176.4	
Exterior	42.0	12.30	516.6	Exterior Insulated			21.0	8.40		176.4	
Base Total: 42.0 516.6				As-Built Total:		42.0		352.8			
CEILING TYPESArea X BWPM = Points				Type	R-Value		Area X WPM X WCM = Points				
Under Attic	4430.0	2.05	9081.5	Under Attic	30.0		4430.0	2.05 X 1.00		9081.5	
Base Total: 4430.0 9081.5				As-Built Total:		4430.0		9081.5			
FLOOR TYPES Area X BWPM = Points				Type	R-Value		Area X WPM = Points				
Slab	404.0(p)	8.9	3595.6	Slab-On-Grade Edge Insulation	0.0		404.0(p)	18.80		7595.2	
Raised	0.0	0.00	0.0								
Base Total: 3595.6				As-Built Total:		404.0		7595.2			
INFILTRATION Area X BWPM = Points				Area X WPM = Points							
4430.0 -0.59 -2613.7				4430.0 -0.59 -2613.7							

WINTER CALCULATIONS

Residential Whole Building Performance Method A - Details

ADDRESS: , Lake City, FL, 32055-

PERMIT #:

BASE				AS-BUILT						
Winter Base Points: 30743.7				Winter As-Built Points: 33087.6						
Total Winter Points	X	System Multiplier	= Heating Points	Total Component	X	Cap Ratio	X Duct Multiplier (DM x DSM x AHU)	X System Multiplier	X Credit Multiplier	= Heating Points
				33087.6		0.500	(1.069 x 1.169 x 0.93)	0.432	0.950	7884.3
				33087.6		0.500	(1.069 x 1.169 x 0.93)	0.432	0.950	7884.3
30743.7		0.6274	19288.6	33087.6		1.00	1.162	0.432	0.950	15768.5

WATER HEATING & CODE COMPLIANCE STATUS
Residential Whole Building Performance Method A - Details

ADDRESS: , Lake City, FL, 32055-

PERMIT #:

BASE				AS-BUILT					
WATER HEATING									
Number of Bedrooms	X	Multiplier	= Total	Tank Volume	EF	Number of Bedrooms	X	Tank X Ratio	Multiplier X Credit = Total Multiplier
4		2746.00	10984.0	30.0	0.90	4		0.50	2684.98
				30.0	0.90	4		0.50	2684.98
				As-Built Total:					10739.9

CODE COMPLIANCE STATUS									
BASE					AS-BUILT				
Cooling Points	+	Heating Points	+	Hot Water Points = Total Points	Cooling Points	+	Heating Points	+	Hot Water Points = Total Points
25075		19289		10984 55348	19793		15769		10740 46301

PASS



Code Compliance Checklist

Residential Whole Building Performance Method A - Details

ADDRESS: , Lake City, FL, 32055-

PERMIT #:

6A-21 INFILTRATION REDUCTION COMPLIANCE CHECKLIST

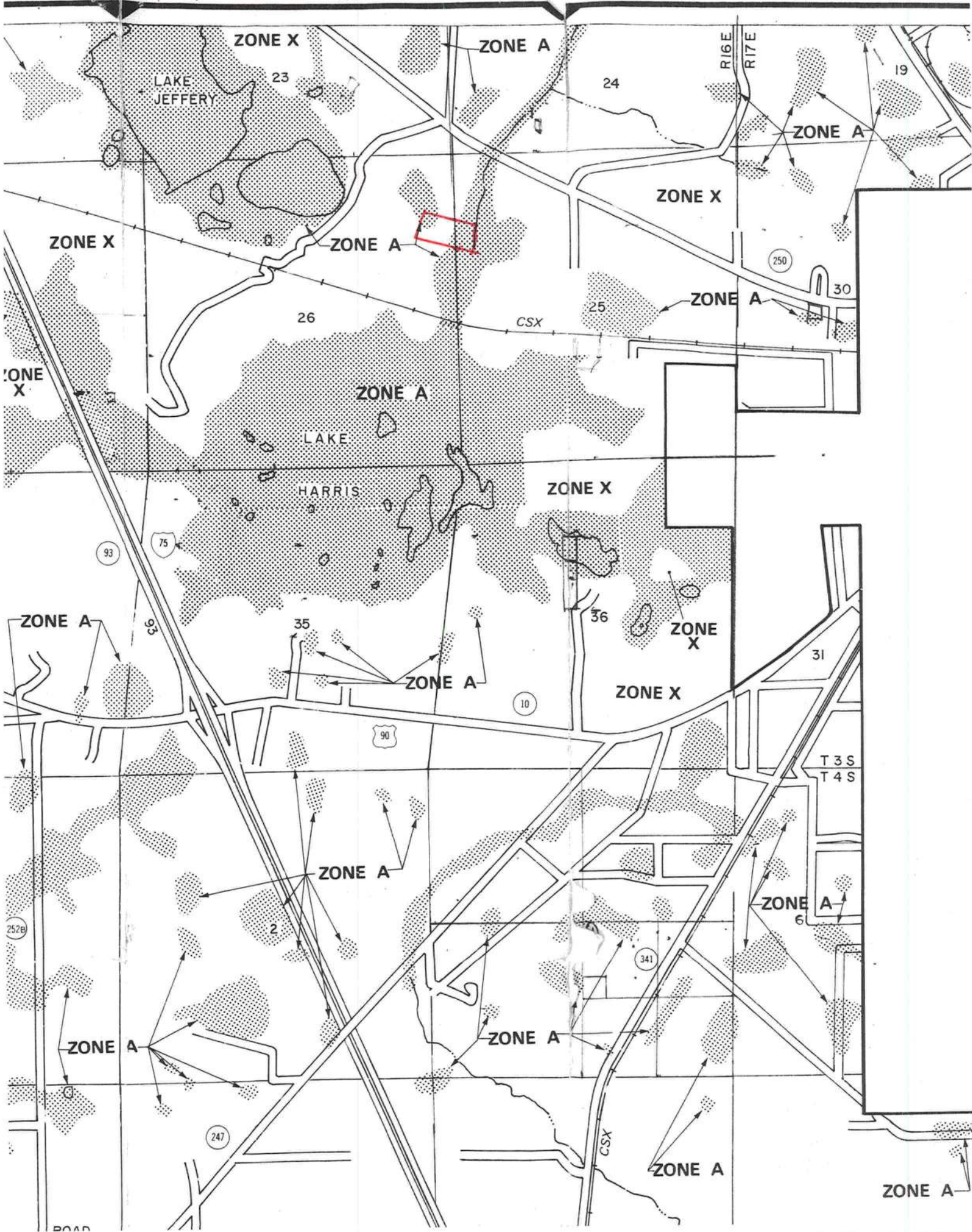
COMPONENTS	SECTION	REQUIREMENTS FOR EACH PRACTICE	CHECK
Exterior Windows & Doors	606.1.ABC.1.1	Maximum: .3 cfm/sq.ft. window area; .5 cfm/sq.ft. door area.	✓
Exterior & Adjacent Walls	606.1.ABC.1.2.1	Caulk, gasket, weatherstrip or seal between: windows/doors & frames, surrounding wall; foundation & wall sole or sill plate; joints between exterior wall panels at corners; utility penetrations; between wall panels & top/bottom plates; between walls and floor. EXCEPTION: Frame walls where a continuous infiltration barrier is installed that extends from, and is sealed to, the foundation to the top plate.	✓
Floors	606.1.ABC.1.2.2	Penetrations/openings >1/8" sealed unless backed by truss or joint members. EXCEPTION: Frame floors where a continuous infiltration barrier is installed that is sealed to the perimeter, penetrations and seams.	✓
Ceilings	606.1.ABC.1.2.3	Between walls & ceilings; penetrations of ceiling plane of top floor; around shafts, chases, soffits, chimneys, cabinets sealed to continuous air barrier; gaps in gyp board & top plate; attic access. EXCEPTION: Frame ceilings where a continuous infiltration barrier is installed that is sealed at the perimeter, at penetrations and seams.	✓
Recessed Lighting Fixtures	606.1.ABC.1.2.4	Type IC rated with no penetrations, sealed; or Type IC or non-IC rated, installed inside a sealed box with 1/2" clearance & 3" from insulation; or Type IC rated with < 2.0 cfm from conditioned space, tested.	✓
Multi-story Houses	606.1.ABC.1.2.5	Air barrier on perimeter of floor cavity between floors.	N/A
Additional Infiltration reqts	606.1.ABC.1.3	Exhaust fans vented to outdoors, dampers; combustion space heaters comply with NFPA, have combustion air.	✓

6A-22 OTHER PRESCRIPTIVE MEASURES (must be met or exceeded by all residences.)

COMPONENTS	SECTION	REQUIREMENTS	CHECK
Water Heaters	612.1	Comply with efficiency requirements in Table 6-12. Switch or clearly marked circuit breaker (electric) or cutoff (gas) must be provided. External or built-in heat trap required.	✓
Swimming Pools & Spas	612.1	Spas & heated pools must have covers (except solar heated). Non-commercial pools must have a pump timer. Gas spa & pool heaters must have a minimum thermal efficiency of 78%.	✓
Shower heads	612.1	Water flow must be restricted to no more than 2.5 gallons per minute at 80 PSIG.	✓
Air Distribution Systems	610.1	All ducts, fittings, mechanical equipment and plenum chambers shall be mechanically attached, sealed, insulated, and installed in accordance with the criteria of Section 610. Ducts in unconditioned attics: R-6 min. insulation.	✓
HVAC Controls	607.1	Separate readily accessible manual or automatic thermostat for each system.	✓
Insulation	604.1, 602.1	Ceilings-Min. R-19. Common walls-Frame R-11 or CBS R-3 both sides. Common ceiling & floors R-11.	✓

0504-15
G

H



26-3S-16-02305-109 HX

Tax Record

Property Card

Interactive GIS Map

Print

Owner & Property Info

Search Result: 1 of 1

Owner's Name	CLEVELAND JON D
Site Address	PRIMITIVE
Mailing Address	9922 COUNTY RD 132 LIVE OAK, FL 32060
Brief Legal	COMM NW COR OF SEC 25, RUN S 1117.12 FT FOR POB, RUN SE 72 DEG 917.47 FT TO C/L OF A

Use Desc. (code)	SINGLE FAM (000100)
Neighborhood	26316.04
Tax District	2
UD Codes	MKTA06
Market Area	06
Total Land Area	14.200 ACRES

Property & Assessment Values

Mkt Land Value	cnt: (1)	\$56,800.00
Ag Land Value	cnt: (0)	\$0.00
Building Value	cnt: (1)	\$147,004.00
XFOB Value	cnt: (5)	\$5,751.00
Total Appraised Value		\$209,555.00

Just Value	\$209,555.00
Class Value	\$0.00
Assessed Value	\$179,542.00
Exempt Value	(code: HX) \$25,000.00
Total Taxable Value	\$154,542.00

Sales History

Sale Date	Book/Page	Inst. Type	Sale VImp	Sale Qual	Sale RCode	Sale Price
2/24/2005	1038/761	WD	I	Q		\$380,000.00
12/17/1998	871/2124	WD	V	Q		\$40,000.00

Building Characteristics

Bldg Item	Bldg Desc	Year Blt	Ext. Walls	Heated S.F.	Actual S.F.	Bldg Value
1	SINGLE FAM (000100)	2000	Common BRK (19)	2794	3415	\$147,004.00
Note: All S.F. calculations are based on exterior building dimensions.						

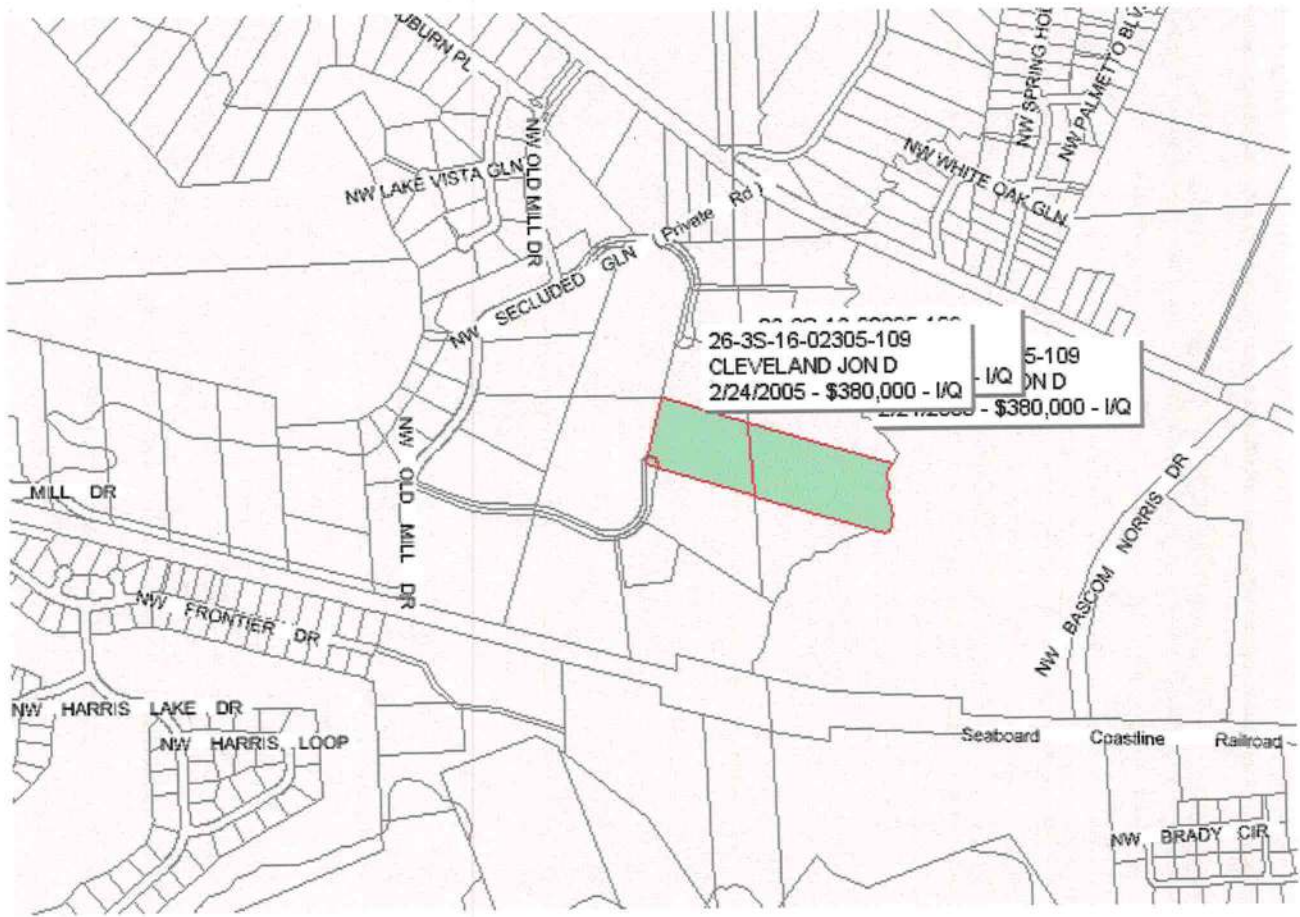
Extra Features & Out Buildings

Code	Desc	Year Blt	Value	Units	Dims	Condition (% Good)
0190	FPLC PF	2000	\$1,000.00	1.000	0 x 0 x 0	(.00)
0031	BARN,MT AE	2000	\$2,000.00	400.000	20 x 20 x 0	(.00)
0166	CONC,PAVMT	2000	\$1,311.00	874.000	0 x 0 x 0	(.00)
0251	LEAN TO W/	2000	\$720.00	240.000	12 x 20 x 0	(.00)
0251	LEAN TO W/	2000	\$720.00	240.000	12 x 20 x 0	(.00)

Land Breakdown

Lnd Code	Desc	Units	Adjustments	Eff Rate	Lnd Value
000100	SFR (MKT)	14.200 AC	1.00/1.00/1.00/.80	\$4,000.00	\$56,800.00

Columbia County Property Appraiser



FEDERAL EMERGENCY MANAGEMENT AGENCY
NATIONAL FLOOD INSURANCE PROGRAM

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

ELEVATION CERTIFICATE

Important: Read the instructions on pages 1 - 7.

SECTION A - PROPERTY OWNER INFORMATION			For Insurance Company Use:	
BUILDING OWNER'S NAME DEBBIE GRIFFIN			Policy Number	
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO.			Company NAIC Number	
CITY LAKE CITY	STATE FLA	ZIP CODE 32055		
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) TAX ID # 26-35-16E-02305-109 LOT 9 OF UNRECORDED SUBDIVISION IN SECT. 26-735-R16E.				
BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use Comments section if necessary.) RESIDENTIAL				
LATITUDE/LONGITUDE (OPTIONAL) (##° - ##' - ##" or ##.####)		HORIZONTAL DATUM: SOURCE: <input type="checkbox"/> GPS (Type): <input type="checkbox"/> NAD 1927 <input type="checkbox"/> NAD 1983 <input type="checkbox"/> USGS Quad Map <input type="checkbox"/> Other:		

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER COLUMBIA COUNTY 120070		B2. COUNTY NAME COLUMBIA		B3. STATE FLORIDA	
B4. MAP AND PANEL NUMBER 120070 0175	B5. SUFFIX B	B6. FIRM INDEX DATE JAN. 6, 1988	B7. FIRM PANEL EFFECTIVE/REVISED DATE JAN. 6, 1988	B8. FLOOD ZONE(S) A	B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding) N/A

310. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9.
☐ FIS Profile ☐ FIRM ☐ Community Determined ☐ Other (Describe):

311. Indicate the elevation datum used for the BFE in B9: ☐ NGVD 1929 ☐ NAVD 1988 ☐ Other (Describe):

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

SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)

31. Building elevations are based on: ☐ Construction Drawings* ☐ Building Under Construction* ☐ Finished Construction
*A new Elevation Certificate will be required when construction of the building is complete.

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

33. Elevations - Zones A1-A30, AE, AH, A (with BFE), VE, V1-V30, V (with BFE), AR, AR/A, AR/AE, AR/A1-A30, AR/AH, AR/AO
Complete Items C3a-i below according to the building diagram specified in Item C2. State the datum used. If the datum is different from the datum used for the BFE in Section B, convert the datum to that used for the BFE. Show field measurements and datum conversion calculation. Use the space provided or the Comments area of Section D or Section G, as appropriate, to document the datum conversion.
Datum Conversion/Comments

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

<input type="checkbox"/> a) Top of bottom floor (including basement or enclosure)	_____ ft.(m)
<input type="checkbox"/> b) Top of next higher floor	_____ ft.(m)
<input type="checkbox"/> c) Bottom of lowest horizontal structural member (V zones only)	_____ ft.(m)
<input type="checkbox"/> d) Attached garage (top of slab)	_____ ft.(m)
<input type="checkbox"/> e) Lowest elevation of machinery and/or equipment servicing the building	_____ ft.(m)
<input type="checkbox"/> f) Lowest adjacent grade (LAG)	_____ ft.(m)
<input type="checkbox"/> g) Highest adjacent grade (HAG)	_____ ft.(m)
<input type="checkbox"/> h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade	_____
<input type="checkbox"/> i) Total area of all permanent openings (flood vents) in C3h	_____ sq. in. (sq. cm)

Signature, Embossed Seal, License Number, and Date

MARK D. DUREN
LS 4708
7/10/2000

SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION

This certification is to be signed and sealed by a land surveyor, engineer, or architect authorized by law to certify elevation information.
I certify that the information in Sections A, B, and C on this certificate represents my best efforts to interpret the data available.
I understand that any false statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 1001.

CERTIFIER'S NAME MARK D. DUREN	LICENSE NUMBER LS 4708
TITLE SURVEYOR AND MAPPER	COMPANY NAME MARK D. DUREN, PSM
ADDRESS RT. 18 BOX 555	CITY LAKE CITY
STATE FL	ZIP CODE 32025
DATE	TELEPHONE 904-758-9831

IMPORTANT: In these spaces, copy the corresponding information from Section A.		For Insurance Company Use:
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO.		Policy Number
TAX ID.# 26-35-16E-02305-109		
CITY LAKE CITY	STATE FL	ZIP CODE 32055
		Company NAIC Number

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

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

COMMENTS SEE COMMENTS 14 SECTION "F".

☐ Check here if attachments

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

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

1. Building Diagram Number 1 (Select the building diagram most similar to the building for which this certificate is being completed - see pages 6 and 7. If no diagram accurately represents the building, provide a sketch or photograph.)
2. The top of the bottom floor (including basement or enclosure) of the building is 1 ft.(m) 9 in.(cm) ☒ above or ☐ below (check one) the highest adjacent grade.
3. For Building Diagrams 6-8 with openings (see page 7), the next higher floor or elevated floor (elevation b) of the building is 1 ft.(m) 1 in.(cm) above the highest adjacent grade.
4. For Zone AO only: If no flood depth number is available, is the top of the bottom floor elevated in accordance with the community's floodplain management ordinance? ☐ Yes ☐ No ☐ Unknown. The local official must certify this information in Section G.

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

The property owner or owner's authorized representative who completes Sections A, B, and E for Zone A (without a FEMA-issued or community-issued BFE) or Zone AO must sign here.

PROPERTY OWNER'S OR OWNER'S AUTHORIZED REPRESENTATIVE'S NAME MARK D. DUREN (SURVEYOR)			
ADDRESS Rt. 18 Box 555	CITY LAKE CITY	STATE FL	ZIP CODE 32025
SIGNATURE MARK D. DUREN	DATE 7/10/2000	TELEPHONE 904-758-9831	
COMMENTS FLOOD ZONE A, NO BASE FLOOD ELEVATION, CD4C, FOUNDATION.			

SECTION "E" IS ONLY APPLICABLE SECTION ON THIS FORM. ☐ Check here if attachments

SECTION G - COMMUNITY INFORMATION (OPTIONAL)

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

- ☐ The information in Section C was taken from other documentation that has been signed and embossed by a licensed surveyor, engineer, or architect who is authorized by state or local law to certify elevation information. (Indicate the source and date of the elevation data in the Comments area below.)
- ☐ A community official completed Section E for a building located in Zone A (without a FEMA-issued or community-issued BFE) or Zone AO.
- ☐ The following information (Items G4-G9) is provided for community floodplain management purposes.

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

- This permit has been issued for: ☐ New Construction ☐ Substantial Improvement
- Elevation of as-built lowest floor (including basement) of the building is: _____ ft.(m) Datum: _____
- BFE or (in Zone AO) depth of flooding at the building site is: _____ ft.(m) Datum: _____

LOCAL OFFICIAL'S NAME	TITLE
COMMUNITY NAME	TELEPHONE
SIGNATURE	DATE
COMMENTS	

☐ Check here if attachments

Permit No. _____

Tax Parcel No. 24-35-16-02305-109

COLUMBIA COUNTY NOTICE OF COMMENCEMENT

STATE OF FLORIDA

Inst: 2005006354 Date: 03/17/2005 Time: 14:42

COUNTY OF COLUMBIA

B DC, P. DeWitt Cason, Columbia County B: 1040 P: 2718

THE UNDERSIGNED hereby gives notice that improvement will be made to certain real property, and in accordance with Chapter 713, Florida Statutes, the following information is provided in this Notice of Commencement.

1. Description of property: (legal description of the property, and street address if available.)

448 Primitive Glen
comm NW COR OF SEC 25, RUN S 1117.12 FT
FOR POB, RUN SE 72 DEG 917.47 FT TO C/L OF CREEK
RUN S RLY ALONG C/L FOR TOTAL OF 472.99 FT NW
70 DEG 85.16 FT NW 71 DEG 757.43 FT TO E LINE
OF SEC 26, CONT NW 658.54 FT, NE 15 DEG 488.91
FT, SE 72 DEG 530.24 FT TO POB

2. General description of improvement:

addition

3. Owner Information:

A. Name and address:

Jon P. Cleveland
9922 CR 132 Live Oak, FL 32060

B. Interest in property:

Owner

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

4. Contractor: (name and address)

Jonathan D. Perry of Perry Construction

5. Surety

A. Name and address:

B. Amount of bond:

6. Lender: (name and address)

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

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

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

Jon Cleveland
(Signature of Owner)

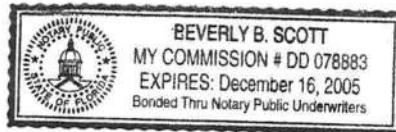
Jon Cleveland

SWORN TO and subscribed before me this 8th day of March
19 2005.

Beverly B. Scott
Notary Public

(NOTARIAL
SEAL)

My Commission Expires:



FAXED
12.8.05
G

COLUMBIA COUNTY OFFICE

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 26-3S-16-02305-109

Building permit No. 000023035

Use Classification ADDITION TO SFD

Fire: .00

Permit Holder JONATHAN PERRY

Waste: .00

Owner of Building JON D. CLEVELAND

Total: .00

Location: 448 NW PRIMITIVE GLEN, LAKE CITY, FL

Date: 12/08/2005




Building Inspector

POST IN A CONSPICUOUS PLACE
(Business Places Only)

Notice of Treatment

9093

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

Address: Bay Area

City: C.C. Phone: 7521703

Site Location: Subdivision

Lot # Block# Permit # 23035

Address: 448 Palmetto

Product used	Active Ingredient	% Concentration
<input type="checkbox"/> Dursban TC	Chlorpyrifos	0.5%
<input checked="" type="checkbox"/> Termidor	Fipronil	0.06%
<input type="checkbox"/> Bora-Care	Disodium Octaborate Tetrahydrate	23.0%

Type treatment:

☒ Soil ☐ Wood

Area Treated	Square feet	Linear feet	Gallons Applied
<u>Sub (Garage)</u>	<u>520</u>		<u>52</u>

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 _____.

6/16/05
Date

0900
Time

Gunny Fisy
Print Technician's Name

Remarks: _____

Notice of Treatment

Applicator Florida Pest Control & Chemical Co. Appts 9003

Address BAYVIEW

City C.C.

Phone 7521703

Site Location Subdivision MAX RAVENHALL UNREC

Lot# 9

Block# 448

Permit# 23035

Address 448 Primitive Gle

AREAS TREATED

Area Treated	Date	Time	Gal.	Print Technician's Name
Main Body				
Patio/s #				
Stoop/s #				
Porch/s #				
Brick Veneer				
Extension Walls				
A/C Pad				
Walk/s #				
Exterior of Foundation				
Driveway Apron	<u>Detached</u>			
Out Building	<u>Garage</u>	<u>1445</u>	<u>60</u>	<u>F254</u>
Tub Trap/s				
(Other)				

Name of Product Applied Dursban TC 1.05 %

Remarks Exterior not completed.