

DATE 12/13/2010

Columbia County Building Permit
This Permit Must Be Prominently Posted on Premises During Construction**PERMIT**
000029059

APPLICANT MARK HADDOX PHONE 755-2411
ADDRESS P.O. BOX 1755 LAKE CITY FL 32056
OWNER GLEN & BETTIE HEALY PHONE _____
ADDRESS 385 NE FROGS GLEN LAKE CITY FL 32055
CONTRACTOR WOODMAN PARK BUILDERS PHONE 755-2411

LOCATION OF PROPERTY 44IN, TR ON FROGS GLEN, BRANCH TO LEFT, 1/8 MILE SEE
MAILBOX 385

TYPE DEVELOPMENT SFD, UTILITY ESTIMATED COST OF CONSTRUCTION 60000.00

HEATED FLOOR AREA 949.00 TOTAL AREA 1200.00 HEIGHT 17.30 STORIES 1

FOUNDATION CONCRETE WALLS FRAMED ROOF PITCH 7/12 FLOOR SLAB

LAND USE & ZONING AG-3 MAX. HEIGHT 35

Minimum Set Back Requirments: STREET-FRONT 30.00 REAR 25.00 SIDE 25.00

NO. EX.D.U. 0 FLOOD ZONE X DEVELOPMENT PERMIT NO. _____

PARCEL ID 21-2S-17-04756-001 SUBDIVISION _____

LOT _____ BLOCK _____ PHASE _____ UNIT 0 TOTAL ACRES 10.00

CRC1329442

Culvert Permit No. _____ Culvert Waiver _____ Contractor's License Number _____ Applicant/Owner/Contractor _____

EXISTING _____ 10-0537-E _____ BK _____ TC _____ N _____

Driveway Connection _____ Septic Tank Number _____ LU & Zoning checked by _____ Approved for Issuance _____ New Resident _____

COMMENTS: FLOOR ONE FOOT ABOVE THE ROAD

Check # or Cash 1171

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 \$ 300.00 CERTIFICATION FEE \$ 6.00 SURCHARGE FEE \$ 6.00

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** 387.00

INSPECTORS OFFICE Life 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.

COLUMBIA COUNTY OFFICE OF 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 21-2S-17-04756-001

Building permit No. 000029059

Use Classification SFD, UTILITY

Fire: 73.32

Permit Holder WOODMAN PARK BUILDERS

Waste: 100.50

Owner of Building GLEN & BETTIE HEALY

Total: 173.82

Location: 385 NE FROGS GLN, LAKE CITY, FL 32055

Date: 04/07/2011

Ray Curran

Building Inspector

POST IN A CONSPICUOUS PLACE
(Business Places Only)



Gulf Coast Supply & Mfg. Inc.

4020 SW 449TH ST • Horseshoe Beach, FL 32648

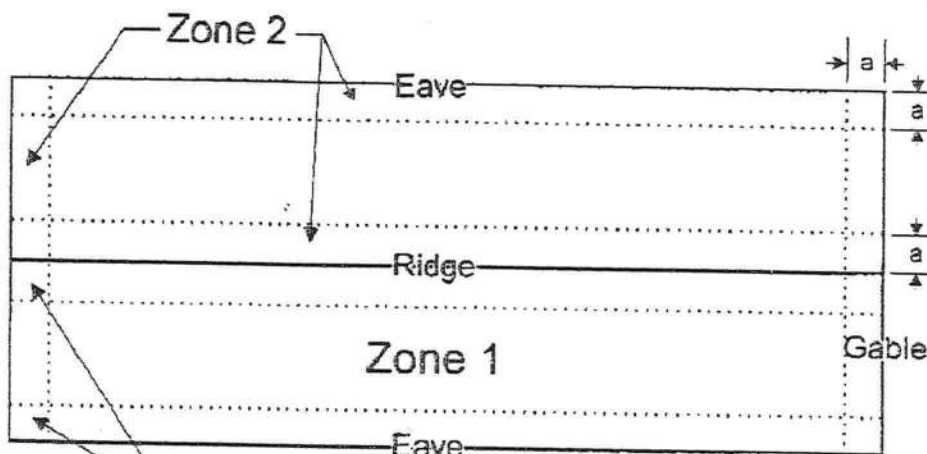
(352) 498-0778 • Toll Free (888) 393-0335 • FAX (352) 498-7852

Gulf Coast Tuff-Rib® Roofing Panels

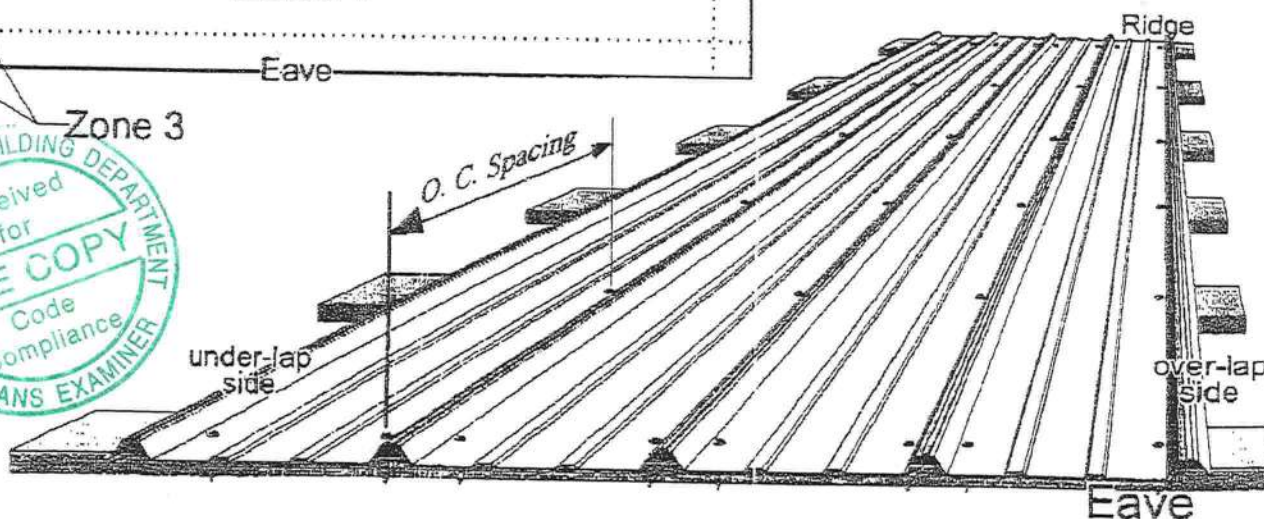
| SECTION PROPERTIES | | | | | | | | | | | | ALLOWABLE LOADS (PSF) | | | | | | | | | | | | | | | |
|--------------------|--------|---------------|---------|------|------------|-----------|------------------|--------|------------------|--------|-----------|-----------------------|----|------|----|--------------------|------|----|------|----|------------------------|------|----|------|----|--|--|
| Panel Gauge | Fy KSI | Thickness In. | Fb. KSI | | Weight PSF | Girth In. | Ix In. | Sx In. | Ix In. | Sx In. | Wind Load | | | | | Live Load (Stress) | | | | | Live Load (Deflection) | | | | | | |
| | | | Pos. | Neg. | | | Positive Bending | | Negative Bending | | 2' | 2'6" | 3' | 3'6" | 4' | 2' | 2'6" | 3' | 3'6" | 4' | 2' | 2'6" | 3' | 3'6" | 4' | | |
| 26 ga. | 80 | .0137 | 36 | 36 | .91 | 42 | .0288 | .0482 | .0288 | .1892 | 170 | 109 | 76 | 56 | 42 | 128 | 82 | 57 | 42 | 32 | 102 | 52 | 30 | 19 | 13 | | |
| 29 ga. | 80 | .0142 | 36 | 36 | .69 | 40.875 | .0232 | .0374 | .0232 | .1786 | 133 | 85 | 59 | 43 | 33 | 100 | 64 | 44 | 33 | 25 | 82 | 42 | 25 | 15 | 10 | | |

Fastening Schedule for Various Wind Speeds

| | | | | Wind Speed Region | | | | | |
|-------------|---------------|---------------|---------------|-------------------|------------|--------------|------------|--------------|------------|
| | | | | 100-110 MPH | | 120-130 MPH | | 140-150 MPH | |
| Roof Zone | Fastener Type | Fastener Size | Attaching to: | O.C. Spacing | Trim Areas | O.C. Spacing | Trim Areas | O.C. Spacing | Trim Areas |
| Zone 1 | Woodgrip | #9 x 1 | wood | 36" | 18" | 24" | 12" | 24" | 12" |
| | S/D TEK | #14 x 7/8 | metal purlin | 36" | 18" | 24" | 12" | 24" | 12" |
| Zones 2 & 3 | Woodgrip | #9 x 1 | wood | 36" | 18" | 24" | 12" | 16" | 8" |
| | S/D TEK | #14 x 7/8 | metal purlin | 36" | 18" | 24" | 12" | 16" | 8" |



Note: Dimension *a* is defined as 10% of the minimum width of the building, or 40% of the mean height of the roof, whichever is smaller; however, *a* cannot be less than either 4% of the minimum width of the building, or 3 feet.



PRODUCT APPROVAL SPECIFICATION SHEET**Location:** _____**Project Name:** _____

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 | plaid & co | Swinging Doors | FL 4242-R1 |
| 2. Sliding | M950aity | Extension Doors | FL 4334-R4 |
| 3. Sectional | ME Home Prod | Sliding Glass Doors | FL 11956-R1 |
| 4. Roll up | | | |
| 5. Automatic | | | |
| 6. Other | | | |
| B. WINDOWS | | | |
| 1. Single hung | Attrium | Insulated windows | FL 6752.2 |
| 2. Horizontal Slider | Attrium | " " | FL 7836-1 |
| 3. Casement | Attrium | " " | FL 8716 |
| 4. Double Hung | | | |
| 5. Fixed | Attrium | " " | FL 7839-1 |
| 6. Awning | | | |
| 7. Pass-through | | | |
| 8. Projected | | | |
| 9. Mullion | | | |
| 10. Wind Breaker | | | |
| 11. Dual Action | | | |
| 12. Other | | | |
| C. PANEL WALL | | | |
| 1. Siding | Certainted | | FL 12483 |
| 2. Soffits | Certainted | | FL 13389 |
| 3. EIFS | | | |
| 4. Storefronts | | | |
| 5. Curtain walls | | | |
| 6. Wall louver | | | |
| 7. Glass block | Pittsburgh Corning | Glass Block | FL 1363-R4 |
| 8. Membrane | | | |
| 9. Greenhouse | | | |
| 10. Other | | | |
| D. ROOFING PRODUCTS | | | |
| 1. Asphalt Shingles | UMM | 285 mm Roofing | FL 6895-R1 |
| 2. Underlayments | Certainted | Arch. Shingles | FL 5444-R2 |
| 3. Roofing Fasteners | Woodward | | |
| 4. Non-structural Metal Rf | | | |
| 5. Built-Up Roofing | | | |
| 6. Modified Bitumen | Certainted | Torch | FL 2533-R3 |
| 7. Single Ply Roofing Sys | | | |
| 8. Roofing Tiles | | | |
| 9. Roofing Insulation | | | |
| 10. Waterproofing | | | |
| 11. Wood shingles /shakes | | | |
| 12. Roofing Slate | | | |



SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER 29059 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 89-5, 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 _____ License #: _____ | Signature _____ Phone #: _____ |
| MECHANICAL/ A/C _____ | Print Name _____ License #: _____ | Signature _____ Phone #: _____ |
| PLUMBING/ GAS | Print Name <u>Hometown Plumbing</u> License #: <u>RF-11067418</u> | Signature <u>Don C. Smith</u> Phone #: <u>786-554-6140</u> |
| ROOFING | Print Name _____ License #: _____ | Signature _____ Phone #: _____ |
| SHEET METAL | Print Name _____ License #: _____ | Signature _____ Phone #: _____ |
| FIRE SYSTEM/ SPRINKLER | Print Name _____ License #: _____ | Signature _____ Phone #: _____ |
| SOLAR | Print Name _____ License #: _____ | Signature _____ Phone #: _____ |

| Specialty License | License Number | Sub Contractor Printed Name | Sub Contractor Signature |
|--------------------|----------------|-----------------------------|--------------------------|
| MASON | | | |
| CONCRETE FINISHER | | | |
| FRAMING | | | |
| INSULATION | | | |
| STUCCO | | | |
| DRYWALL | | | |
| PLASTER | | | |
| CABINET INSTALLER | | | |
| PAINTING | | | |
| ACOUSTICAL CEILING | | | |
| GLASS | | | |
| CERAMIC TILE | | | |
| FLOOR COVERING | | | |
| ALUM/VINYL SIDING | | | |
| 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 Building Permit Application

For Office Use Only Application # 1011-47 Date Received 11/24/10 By LH Permit # 29059
 Zoning Official BLK Date 09.12.10 Flood Zone X Land Use A-3 Zoning A-3
 FEMA Map # N/A Elevation N/A MFE 1' above River N/A Plans Examiner T.C. Date 12-2-10

Comments

☒ 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 Existing
 School _____ = TOTAL N/A Suspended 1/14 form

Septic Permit No. 10-0537-E

Fax _____

Name Authorized Person Signing Permit Mark Haddock Phone 755-2411

Address PO Box 1755 Lake City FL 32056

Owners Name Alan + Bettie Healy Phone _____

911 Address 385 NE Frogs Glen L.C. 32055

Contractors Name Woodman Park Builders Phone 755-2411

Address PO Box 1755 Lake City FL 32056

Fee Simple Owner Name & Address _____

Bonding Co. Name & Address _____

Architect/Engineer Name & Address Mark D. Sweeney Lake City

Mortgage Lenders Name & Address Columbia Bank Lake City

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

Property ID Number 21-2517 04756-001 Estimated Cost of Construction 80,000.00

Subdivision Name _____ Lot _____ Block _____ Unit _____ Phase _____

Driving Directions 441 North to Frogs Glen (Rt)
to property on left 1/8 mile see mailbox 385

Number of Existing Dwellings on Property 0

Construction of Frame Single Family Total Acreage 40 Lot Size _____

Do you need a - Culvert Permit or Culvert Waiver or Have an Existing Drive Total Building Height 12' 3"

Actual Distance of Structure from Property Lines - Front 280' Side 240' Side 175' Rear 580'

Number of Stories 1 Heated Floor Area 949 Total Floor Area 1200 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.

Spoke to Mark on 12-9-10 LH

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.)

Dee R. Healy
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.

Murphy
Contractor's Signature (Permitee)

Contractor's License Number CRC 1328442
Columbia County
Competency Card Number 585

Affirmed under penalty of perjury to by the Contractor and subscribed before me this 23 day of November 2010.

Personally known _____ or Produced Identification Cumant Florida Drivers License

Donna L. Pieper
State of Florida Notary Signature (For the Contractor)

SEAL:



STATE OF FLORIDA
DEPARTMENT OF HEALTH

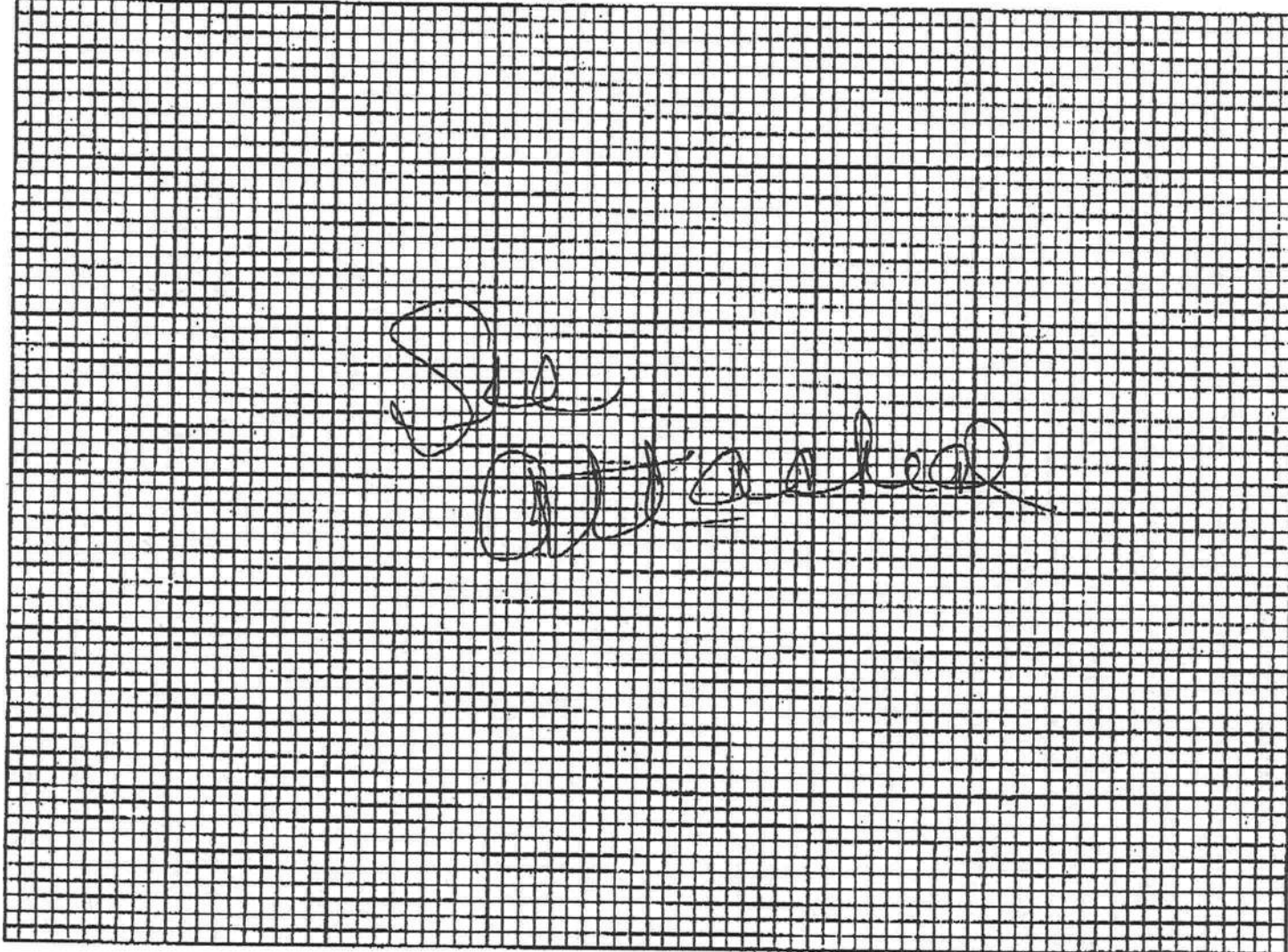
APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permit Application Number

10-0537E

PART II - SITE PLAN

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



Notes:

Site Plan submitted by:

M. J. Ford

Signature

President

Plan Approved ☒

Not Approved

Date

12-9-10

By

Sally Ford, EN Director

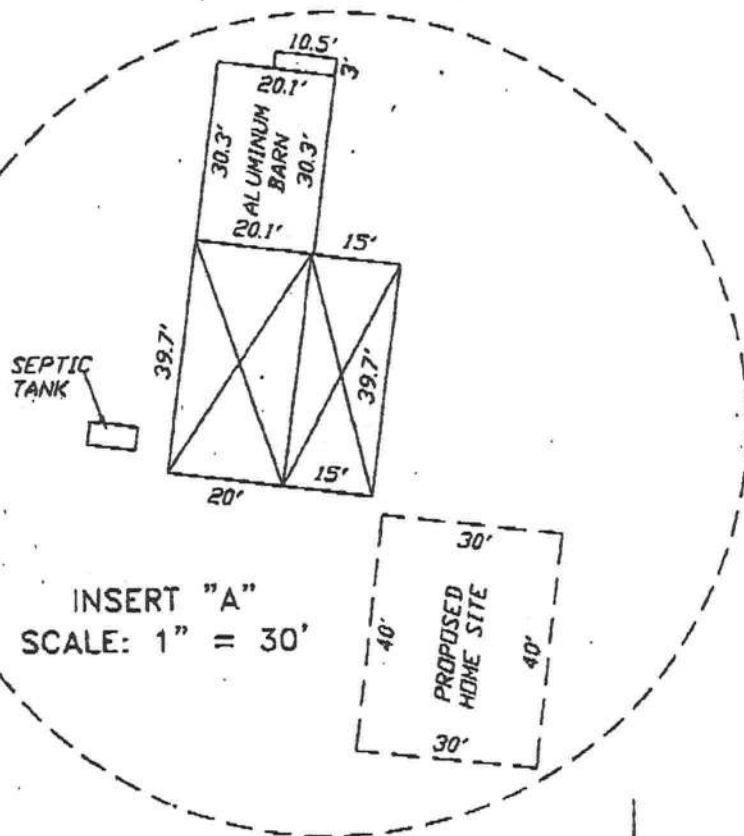
Columbia CHD

County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

10-0537E

A BOUNDARY SURVEY IN SECTIONS 20 & 21, TOWNSHIP
2 SOUTH, RANGE 17 EAST, COLUMBIA COUNTY, FLORIDA.



04756-002
PAGE 2651



SCALE: 1" = 100'

SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER 1014 47 CONTRACTOR Mark Naddox PHONE 755 4411
 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 _____ License #: _____ | Signature _____ Phone #: _____ |
| MECHANICAL/ A/C <u>A</u> <u>522</u> | Print Name <u>LARRY RESNARD</u> License #: <u>CACO 56977</u> | Signature <u>[Signature]</u> Phone #: <u>386 454-4433</u> |
| PLUMBING/ GAS | Print Name _____ License #: _____ | Signature _____ Phone #: _____ |
| ROOFING | Print Name _____ License #: _____ | Signature _____ Phone #: _____ |
| SHEET METAL | Print Name _____ License #: _____ | Signature _____ Phone #: _____ |
| FIRE SYSTEM/ SPRINKLER | Print Name _____ License #: _____ | Signature _____ Phone #: _____ |
| SOLAR | Print Name _____ License #: _____ | Signature _____ Phone #: _____ |

| Specialty License | License Number | Sub-Contractors Printed Name | Sub-Contractors Signature |
|--------------------|----------------|------------------------------|---------------------------|
| MASON | | | |
| CONCRETE FINISHER | | | |
| FRAMING | | | |
| INSULATION | | | |
| STUCCO | | | |
| DRYWALL | | | |
| PLASTER | | | |
| CABINET INSTALLER | | | |
| PAINTING | | | |
| ACOUSTICAL CEILING | | | |
| GLASS | | | |
| CERAMIC TILE | | | |
| FLOOR COVERING | | | |
| ALUM/VINYL SIDING | | | |
| 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.

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APPLICATION NUMBER _____

CONTRACTOR _____

PHONE _____

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| | | |
|---------------------------------|---|---|
| ELECTRICAL 433 | Print Name: <u>David Chertham</u> License #: <u>EC 0002840</u> | Signature: <u>[Signature]</u> Phone #: <u>386-752-5428</u> |
| MECHANICAL/ A/C <u>B</u> 568 | Print Name: <u>DAVID HALLS INC</u> License #: <u>PACO 57424</u> | Signature: <u>[Signature]</u> Phone #: <u>386-755-9792</u> |
| PLUMBING/ GAS 531 | Print Name: <u>Frank Sencinck</u> License #: <u>CFC 057747</u> | Signature: <u>[Signature]</u> Phone #: <u>(386) 752-5210</u> |
| ROOFING 531 | Print Name: <u>DAN L SUMMERLIN</u> License #: <u>CCC 1326192</u> | Signature: <u>[Signature]</u> Phone #: <u>386-288-5426</u> |
| SHEET METAL | Print Name: _____ License #: <u>NA</u> | Signature: _____ Phone #: _____ |
| FIRE SYSTEM/ SPRINKLER | Print Name: _____ License #: <u>NA</u> | Signature: _____ Phone #: _____ |
| SOLAR | Print Name: _____ License #: <u>NA</u> | Signature: _____ Phone #: _____ |

| Specialty License | License Number | Sub-Contractor's Printed Name | Sub-Contractor's Signature |
|--------------------|----------------|-------------------------------|----------------------------|
| MASON | 000222 | Harold E. Houston | Harold E. Houston |
| CONCRETE FINISHER | 000288 | Butch Laughlin | Butch Laughlin |
| FRAMING | CCC 132740 | Woodman Park Builders | |
| INSULATION | 000240 | Will Sides | Will Sides |
| STUCCO | N/A | | |
| DRYWALL | CCC 132740 | Woodman Park | |
| PLASTER | N/A | | |
| CABINET INSTALLER | | | |
| PAINTING | CCC 132740 | Woodman Park | |
| ACOUSTICAL CEILING | N/A | | |
| GLASS | N/A | | |
| CERAMIC TILE | CCC 132740 | Woodman Park | |
| FLOOR COVERING | N/A | | |
| ALUM/VINYL SIDING | CCC 081077 | Ben Martin | Ben Martin |
| GARAGE DOOR | N/A | | |
| METAL BLDG ERECTOR | N/A | | |

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PHONE _____

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| | | |
|---------------------------|--------------------------------------|-----------------------------------|
| ELECTRICAL | Print Name _____ License #: _____ | Signature _____ Phone #: _____ |
| MECHANICAL/ A/C | Print Name _____ License #: _____ | Signature _____ Phone #: _____ |
| PLUMBING/ GAS | Print Name _____ License #: _____ | Signature _____ Phone #: _____ |
| ROOFING | Print Name _____ License #: _____ | Signature _____ Phone #: _____ |
| SHEET METAL | Print Name _____ License #: _____ | Signature _____ Phone #: _____ |
| FIRE SYSTEM/ SPRINKLER | Print Name _____ License #: _____ | Signature _____ Phone #: _____ |
| SOLAR | Print Name _____ License #: _____ | Signature _____ Phone #: _____ |

| Specialty License | License Number | Sub-Contractors Printed Name | Sub-Contractors Signature |
|--------------------|----------------|------------------------------|---------------------------|
| MASON | | | |
| CONCRETE FINISHER | | | |
| FRAMING | | | |
| INSULATION | | | |
| STUCCO | | | |
| DRYWALL | | | |
| PLASTER | | | |
| CABINET INSTALLER | 000762 | STEVE BORDEN | Steve Borden |
| PAINTING | | | |
| ACOUSTICAL CEILING | | | |
| GLASS | | | |
| CERAMIC TILE | | | |
| FLOOR COVERING | | | |
| ALUM/VINYL SIDING | | | |
| 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.

Contractor Form: Subcontractor form: 6/09

Prepared by and Return to:

Glen R. Healy and Bettie A. Healy
P. O. Box 1971
Lake City, FL 32056

Inst:201012016941 Date:10/20/2010 Time:8:13 AM
Doc Stamp-Deed:0.70

DC,P.DeWitt Cason,Columbia County Page 1 of 3 B:1203 P:1011

SPACE ABOVE THIS LINE FOR PROCESSING DATA

SPACE ABOVE THIS LINE FOR RECORDING DATA

THIS WARRANTY DEED Made the 18th day of OCTOBER, A.D. 2010, by MICHAEL D. WOOD AND JENNIFER H. WOOD, husband and wife, as to an undivided 1/2 interest, whose post office address is 2071 Brubeck Road, North Port, FL 34287 and GLEN R. HEALY AND BETTIE A. HEALY, husband and wife, as to an undivided 1/2 interest, whose post office address is P. O. Box 1971, Lake City, FL 32056, hereinafter called the grantor, to GLEN R. HEALY AND BETTIE A. HEALY, husband and wife, whose post office address is P. O. Box 1971, Lake City, FL 32056, hereinafter called the grantees:

(Wherever used herein the terms "grantor" and "grantees" include all the parties to this instrument, singular and plural, the heirs, legal representatives and assigns of individuals, and the successors and assigns of corporations, wherever the context so admits or requires.)

Witnesseth: That the grantor, for and in consideration of the sum of \$10.00 and other valuable consideration, receipt whereof is hereby acknowledged, does hereby grant, bargain, sell, alien, remise, release, convey and confirm unto the grantees all that certain land situate in COLUMBIA County, State of Florida, viz:

Parcel I.D. #: Part of 21-2S-17-04756-001
DESCRIPTION: (Healy Parcel)

PART OF SECTION 20 AND 21 IN TOWNSHIP 2 SOUTH, RANGE 17 EAST, COLUMBIA COUNTY, FLORIDA, MORE PARTICULARLY DESCRIBED AS FOLLOWS:

BEGIN AT THE NE CORNER OF THE EAST 1/2 OF THE SE 1/4 OF SAID SECTION 20 AND RUN S.89°13'21"W., ALONG THE NORTH LINE OF SAID SE 1/4, 370.20 FEET; THENCE S.00°33'12"E., 1145.04 FEET; THENCE N.40°06'31"E., 181.93 FEET; THENCE S.88°29'46"E., 253.48 FEET; THENCE N.72°14'33"E., 131.96 FEET; THENCE N.09°56'34"W., 565.66 FEET; THENCE N.05°22'14"W., 421.96 FEET TO THE POINT OF BEGINNING. CONTAINING 10.05 ACRES, MORE OR LESS.

TOGETHER WITH A NON-EXCLUSIVE PERPETUAL 60.00 FOOT EASEMENT FOR INGRESS, EGRESS AND UTILITIES OVER AND ACROSS A STRIP OF LAND WHOSE CENTERLINE IS DESCRIBED AS FOLLOWS:

COMMENCE AT THE SE CORNER OF THE WEST 1/2 OF THE SW 1/4 OF SECTION 21 IN TOWNSHIP 2 SOUTH, RANGE 17 EAST, COLUMBIA COUNTY, FLORIDA, AND THENCE S.89°09'25"W., ALONG THE SOUTH LINE OF SAID SW 1/4 A DISTANCE OF 492.95 FEET; THENCE N.00°38'00"E., 11.23 FEET TO THE NORTH OCCUPIED RIGHT-OF-WAY LINE OF NE HUNT LANE; THENCE CONTINUE N.00°38'00"E., 1566.44 FEET; THENCE N.89°22'00"W., 305.38 FEET TO THE POINT OF BEGINNING OF SAID EASEMENT; THENCE N.71°39'07"W., 329.18 FEET; THENCE S.72°14'33"W., 201.96 FEET; THENCE

N.88°29'46"W., 253.48 FEET; THENCE S.4°06'31"W., 197.44 FEET; THENCE N.87°14'02"W., 137.93 FEET; THENCE S.75°35'53"W., 164.48 FEET; THENCE N.78°34'34"W., 300.60 FEET; THENCE S.85°30'01"W., 379.75 FEET TO A POINT ON THE EAST RIGHT-OF-WAY LINE OF U.S. 441 (A 100 FOOT WIDE PUBLIC RIGHT-OF-WAY) AND THE POINT OF TERMINATION OF SAID EASEMENT CENTERLINE.

SUBJECT TO TAXES FOR THE YEAR 2010 AND SUBSEQUENT YEARS, RESTRICTIONS, RESERVATIONS, COVENANTS AND EASEMENTS OF RECORD, IF ANY.

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 grantees that he is lawfully seized of said land in fee simple; that he has good right and lawful authority to sell and convey said land, and 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, 2009.

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

Signed, sealed and delivered in the presence of:

Karen Chidester
Witness Signature

Samuel D. DeJure
Witness Signature

Karen Chidester
Witness Signature

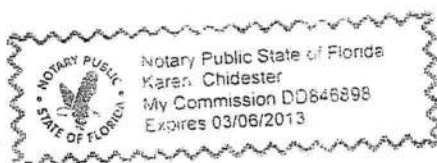
Samuel D. DeJure
Witness Signature

Michael D. Wood L.S.
MICHAEL D. WOOD

Jennifer H. Wood L.S.
JENNIFER H. WOOD

State of FLORIDA
County of SARASOTA

The foregoing instrument was acknowledged before me this 18th day of Oct, 2010, by Michael D. Wood and Jennifer H. Wood, his wife, who is/are known to me, or who has produced as identification.



Karen Chidester
Signature of Notary Public
My commission expires 03/06/2013

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

Signed, sealed and delivered in the presence of:

Dawn Lang
Witness Signature DAWNA W. LANG

Glen R. Healy L.S.
GLEN R. HEALY

Kelly Bailey
Witness Signature KELLY BAILEY

Dawn Lang
Witness Signature DAWNA W. LANG

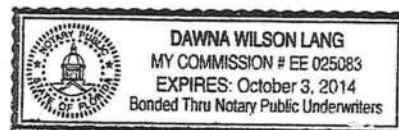
Bettie A. Healy L.S.
BETTIE A. HEALY

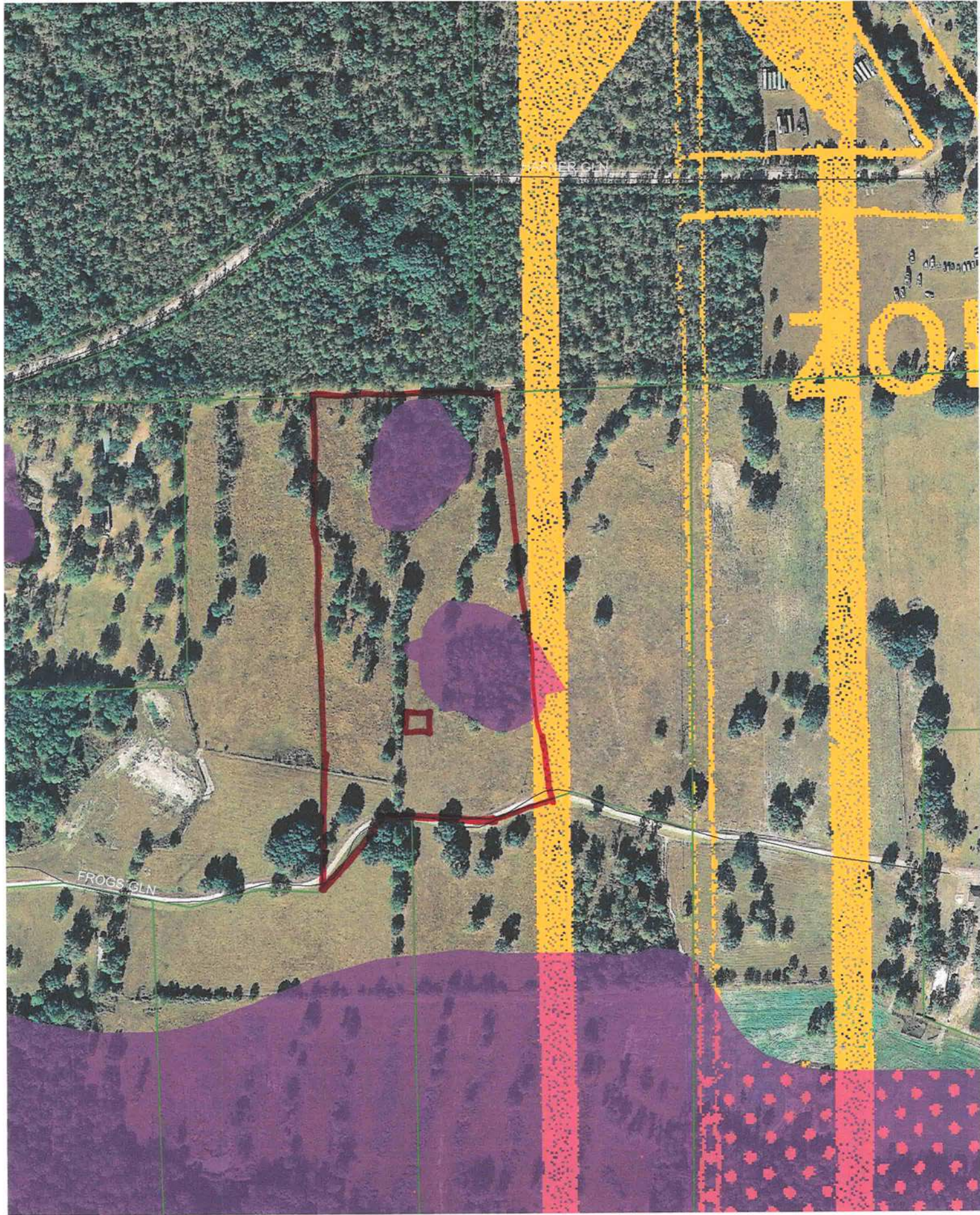
Kelly Bailey
Witness Signature KELLY BAILEY

State of Florida
County of Columbia

The foregoing instrument was acknowledged before me this 15th day of October, 2010, by Glen R. Healy and Bettie A. Healy, his wife, who is/are known to me or who has produced drivers licenses as identification.

Dawn Lang
Signature of Notary Public
My commission expires _____





1011-47



- Engineering
 - Geotechnical
 - Environmental
- Laboratories

Cal-Tech Testing, Inc.

P.O. Box 1625 • Lake City, FL 32056-1625 • Tel(386)755-3633 • Fax(386)752-5456

4784 Rosselle St., Jacksonville, FL 32254 • Tel(904)381-8901 • Fax(904)381-8902

Permit # 29059

Healy

REPORT OF IN-PLACE DENSITY TEST

JOB NO.: 10-00480-01

DATE TESTED: 12/17/10

DATE REPORTED: 12/21/10

| | |
|-----------------------------|--|
| PROJECT: | Healy Residence, Lake City, FL |
| CLIENT: | Woodman Park Builders, Inc. P.O. Box 1755, Lake City, FL 32056 |
| GENERAL CONTRACTOR: | Woodman Park Builders, Inc. |
| EARTHWORK CONTRACTOR: | Woodman Park Builders, Inc. |
| INSPECTOR: | Chad Day |
| ASTM METHOD | SOIL USE |
| (D-2922) Nuclear | BUILDING FILL |
| SPECIFIED REQUIREMENTS: 95% | |

| TEST NO. | TEST LOCATION | TEST DEPTH | WET DENSITY (lb/ft ³) | MOISTURE PERCENT | DRY DENSITY (lb/ft ³) | PROCTOR TEST NO. | PROCTOR VALUE | MAXIMUM DENSITY |
|----------|-------------------------------------|------------|-----------------------------------|------------------|-----------------------------------|------------------|---------------|-----------------|
| 1 | South Footing Approx. Center of Pad | 12" | 113.6 | 8.8 | 104.4 | 1 | 110.0 | 95% |
| 2 | SE Corner of Footing 10' North | 12" | 117.4 | 10.3 | 106.4 | 1 | 110.0 | 97% |
| 3 | NE Corner of Footing 10' South | 12" | 115.4 | 8.9 | 106.0 | 1 | 110.0 | 96% |
| 4 | North Footing Approx. Center | 12" | 122.9 | 10.8 | 110.9 | 1 | 110.0 | 101% |
| 5 | West Footing Approx. Center | 12" | 121.4 | 9.9 | 110.5 | 1 | 110.0 | 100% |
| 6 | 2nd Pier Pad East of NE Corner | 12" | 117.3 | 10.0 | 106.6 | 1 | 110.0 | 97% |
| 7 | Pier Pad Located at SE Corner | 12" | 118.9 | 9.8 | 108.3 | 1 | 110.0 | 98% |

REMARKS:

The Above Tests Meet Specified Requirements.

| PROCTORS | | | | |
|-------------|--------------------------------|---|-------------|------------------------|
| PROCTOR NO. | SOIL DESCRIPTION | MAXIMUM DRY UNIT WEIGHT (lb/ft ³) | OPT. MOIST. | TYPE |
| 1 | Light Tan Gray Silty Fine Sand | 110.0 | 11.0 | MODIFIED (ASTM D-1557) |

Respectfully Submitted,
CAL-TECH TESTING, INC.

Linda Creamer, CEO, DBE
Linda M. Creamer
President - CEO

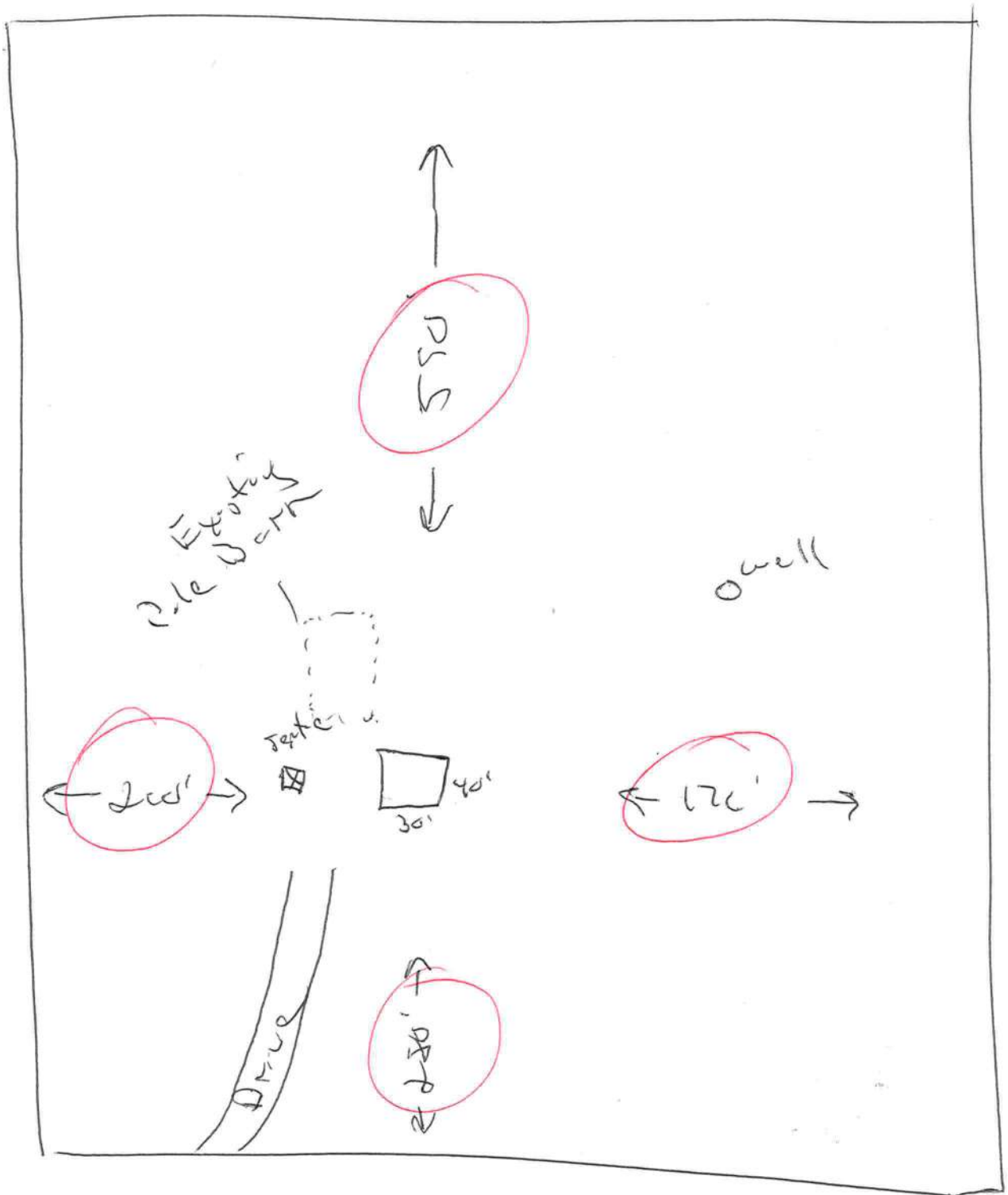
Reviewed By:

Date:

Licensed, Florida No. 57842



The test results presented in this report are specific only to the samples tested at the time of testing. The tests were performed in accordance with generally accepted methods and standards. Since material conditions can vary between test locations and change with time, sound judgement should be exercised with regard to the use and interpretation of the data.



Frogs Area

(2) American 11-11-11

1011-47

Permit Number: _____

Tax Folio Number: 04756.001

State of: Florida
County of: Columbia

File Number: 10-300

Index: 01012018889 Date: 11/24/2010 Time: 1:30 PM
D.C.P. DeWitt Cason, Columbia County Page 1 of 1 B:1205 P:1015**NOTICE OF COMMENCEMENT**

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:

Part of Sections 20 and 21 in Township 2 South, Range 17 East, Columbia County, Florida, more particularly described as follows:

Begin at the NE corner of the E 1/2 of the SE 1/4 of said Section 20 and run South 89° 13' 21" West, along the North line of said SE 1/4, 370.20 feet, thence South 00° 33' 12" East, 1145.04 feet, Thence North 40° 06' 31" East 181.93 feet, Thence South 88° 29' 46" East, 253.48 feet, Thence North 72° 14' 33" East, 131.96 feet, Thence North 09° 56' 34" West 565.66 feet, Thence North 05° 22' 14" West, 421.96 feet to the Point of Beginning. IN COLUMBIA COUNTY, FLORIDA.

TOGETHER WITH: A Non Exclusive Perpetual 60.00 foot Easement for Ingress, Egress and Utilities over and across a strip of land whose centerline is described as follows:

Commence at the SE corner of the W 1/2 of the SW 1/4 of Section 21, in Township 2 South, Range 17 East, Columbia County, Florida, and Thence South 89° 09' 25" West along the South line of said SW 1/4 a distance of 492.95 feet, Thence N 00° 38' 00" East, 11.23 feet to the North occupied Right of Way line of NE Hunt Lane, Thence continue North 00° 38' 00" East, 1566.44 feet, Thence North 89° 22' 00" West 305.38 feet to the Point of Beginning of said Easement, Thence North 71° 39' 07" West 329.18 feet, Thence South 72° 14' 33" West, 201.96 feet, Thence North 88° 29' 46" West, 253.48 feet, Thence South 40° 06' 31" West, 197.44 feet, Thence North 87° 14' 02" West, 137.93 feet, Thence South 75° 35' 53" West, 164.48 feet, Thence North 78° 34' 34" West, 300.60 feet, Thence South 85° 30' 01" West 379.75 feet to a point on the East Right of Way line of U. S. 441, (A 100 foot wide Public Right of Way) and the Point of Termination of said Easement centerline. ALL LYING AND BEING IN COLUMBIA COUNTY, FLORIDA.

2. General Description of Improvements: RESIDENTIAL

3. Owner Information: GLEN R. HEALY AND BETTIE A. HEALY

- Name and Address: Post Office Box 1971, Lake City, Florida 32056
- Interest in property: Fee Simple
- Names and address of fee simple title holder (if other than owner):

4. Contractor: WOODMAN PARK BUILDERS

5. Surety: N/A

6. Lender: Columbia Bank, 173 NW Hillsboro Street, Lake City, Florida 32055

7. Persons within the State of Florida designated by Owner upon whom notices or other documents may be served as provided by Section 713.13(1)(a)7., Florida Statutes.

8. In addition to himself, Owner designates the following persons to receive a copy of the Lienor's Notice as provided in Section 713.13(1)(b), Florida Statutes.

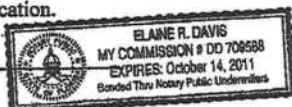
9. Expiration date of Notice of Commencement (the expiration date is 1 year from date of recording unless a different date is specified):

Glen R. Healy
GLEN R. HEALY

Bettie A. Healy
BETTIE A. HEALY

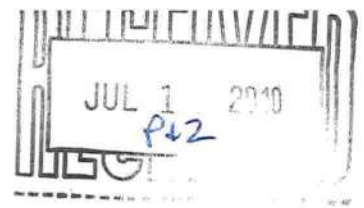
Sworn to and subscribed before me November 19, 2010 by who is personally known to me or who did provide Drivers licenses as identification.

Elaine R. Davis
Notary Public
My Commission Expires: _____





SUWANNEE RIVER WATER MANAGEMENT DISTRICT



Permit #
29059

July 13, 2010

Mr. Brian Kepner
Columbia County Planning
P.O. Box 1529
Lake City, FL 32055

DON QUINCEY, JR.
Chairman
Chiefland, Florida

N. DAVID FLAGG
Vice Chairman
Gainesville, Florida

CARL E. MEECE
Secretary/Treasurer
O'Brien, Florida

ALPHONAS ALEXANDER
Madison, Florida

C. LINDEN DAVIDSON
Lamont, Florida

RAY CURTIS
Perry, Florida

HEATH DAVIS
Cedar Key, Florida

JAMES L. FRALEIGH
Madison, Florida

GUY N. WILLIAMS
Lake City, Florida

DAVID STILL
Executive Director
Lake City, Florida

Subject: Informal Wetland Determination, Parcel ID Number
21-2S-17-04756-001 — Columbia County

Dear Mr. Kepner:

A site visit was conducted yesterday at the subject property to determine the landward extent of wetlands, per Chapter 62-340, F.A.C. The determination was limited to a single point in an isolated wetland located slightly south of center in the parcel. Please see the enclosed photograph. The point delineates the western extent of the wetland. It was field-located with a flagged survey-stake, and LAT/LONG coordinates are provided in the photograph. In addition, the respective XY coordinates are 1500169.545329/3398038.538751, and the projected coordinate system of the parcel boundaries is
NAD_1983_HARN_StatePlane_Florida_North_FIPS_0903_Feet.

The Suwannee River Water Management District (District) routinely defers informal determinations for residential development to the Florida Department of Environmental Protection (FDEP). However, the District performed this determination, due to current agricultural land use classification, and potential agricultural development that will be regulated by the District.

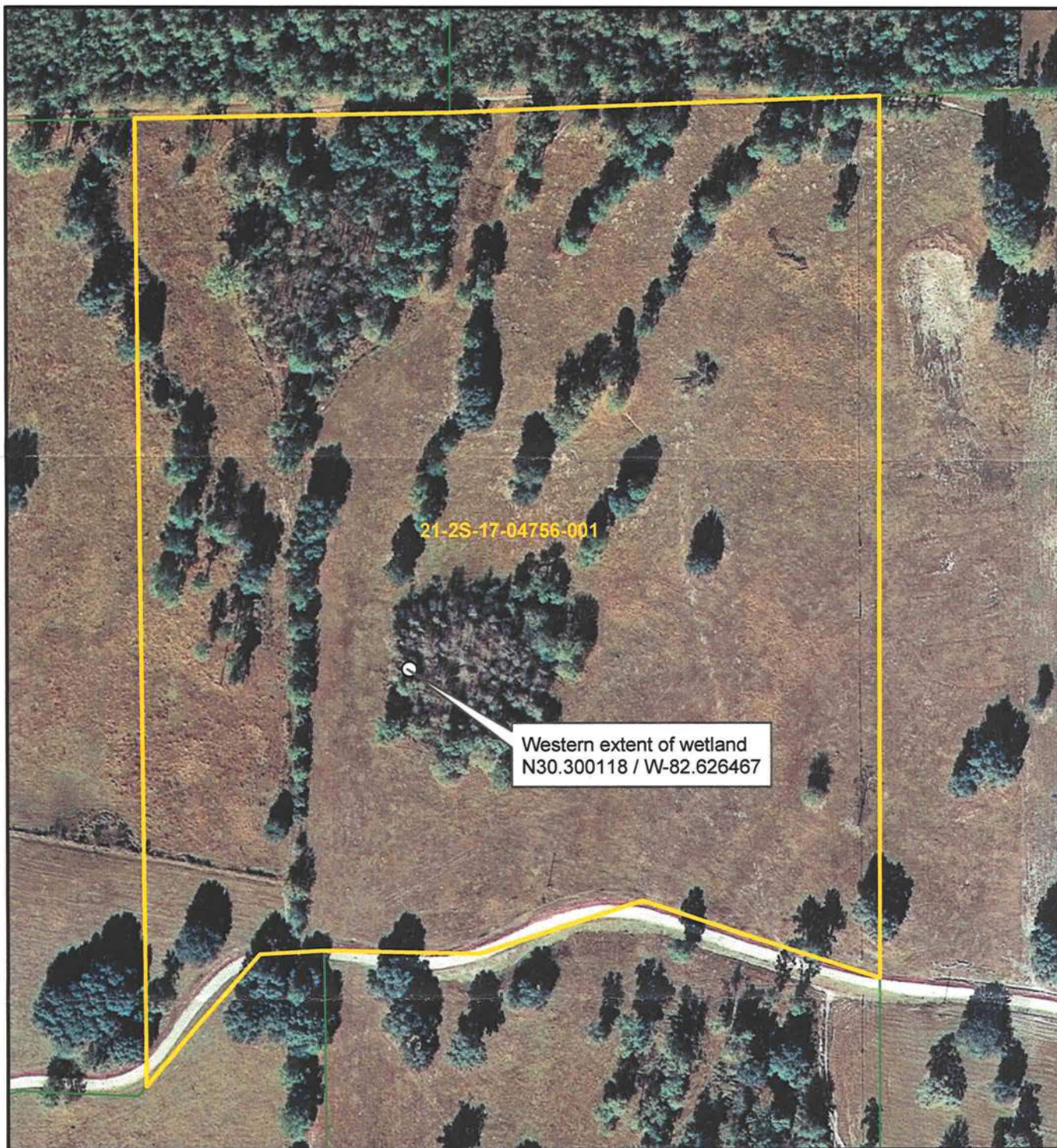
Please let me know if I can be of further assistance. You can call me at 386.362.1001 or 386.647.6990.

Sincerely;

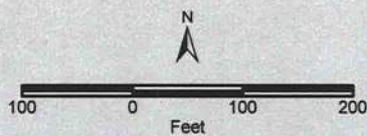
Louis Mantini
Louis Mantini
Regulatory Scientist I

LM/rl
Enclosure
cc: Bettie Healy

Water for Nature, Water for People



- 071210_downloads selection
- Parcel_DOR_Columbia selection
- Parcel_DOR_Columbia



Healey Wetland
-021721
07/12/10
Louis Mantini, Reg Sci_07_12_10



Note: This map was created by the Suwannee River Water Management District (SRWMD) to be used for planning purposes only. SRWMD shall not be held liable for any injury or damage caused by the use of data distributed as a public records request regardless of their use or application. SRWMD does not guarantee the accuracy, or suitability for any use of these data, and no warranty is expressed or implied. For more information please contact the SRWMD at 396-362-1001.
Map Created on 10/1/2008

Load Short Form

Entire House

LARRY RESMONDO AIR CONDITIONING AND HEATING

Job: HEALY RESIDENCE

Date: Nov 23, 2010

By:

715 NW 1ST AVENUE, HIGH SPRINGS, FL 32643 Phone: 386-454-4433 Fax: 386-454-8843 Email: resmondoair@aol.com

Project Information

For: MARK HADDOX, WOODMAN PARK BUILDERS

Design Information

| | Htg | Clg | Infiltration | |
|-----------------------------|-----|-----|----------------------|------------|
| Outside db (°F) | 33 | 92 | Method | Simplified |
| Inside db (°F) | 70 | 75 | Construction quality | Average |
| Design TD (°F) | 37 | 17 | Fireplaces | 0 |
| Daily range | - | M | | |
| Inside humidity (%) | 50 | 50 | | |
| Moisture difference (gr/lb) | 33 | 52 | | |

HEATING EQUIPMENT

Make Ruud
Trade RUUD UPNL SERIES
Model UPNL-024J*Z
ARI ref no. 829954

Efficiency 8.5 HSPF
Heating input
Heating output 22800 Btuh @ 47°F
Temperature rise 27 °F
Actual air flow 780 cfm
Air flow factor 0.052 cfm/Btuh
Static pressure 0.10 in H2O
Space thermostat

COOLING EQUIPMENT

Make Ruud
Trade RUUD UPNL SERIES
Cond UPNL-024J*Z
Coil UHSL-HM2417+RCSL-H*2417A*
ARI ref no. 829954

Efficiency 11.6 EER, 13 SEER
Sensible cooling 16380 Btuh
Latent cooling 7020 Btuh
Total cooling 23400 Btuh
Actual air flow 780 cfm
Air flow factor 0.044 cfm/Btuh
Static pressure 0.10 in H2O
Load sensible heat ratio 0.86

| ROOM NAME | Area (ft²) | Htg load (Btuh) | Clg load (Btuh) | Htg AVF (cfm) | Clg AVF (cfm) |
|-------------------|------------|-----------------|-----------------|---------------|---------------|
| LAUNDRY ROOM | 104 | 2545 | 5011 | 133 | 218 |
| KITCHEN | 126 | 1433 | 4375 | 75 | 190 |
| LIVING ROOM | 240 | 4247 | 3486 | 222 | 152 |
| MASTER BEDROOM | 204 | 3040 | 2328 | 159 | 101 |
| MASTER BATH | 72 | 747 | 412 | 39 | 18 |
| BATH 2 | 50 | 224 | 165 | 12 | 7 |
| BEDROOM 2 | 154 | 2708 | 2137 | 141 | 93 |
| Entire House | 949 | 14945 | 17914 | 780 | 780 |
| Other equip loads | | 0 | 0 | | |
| Equip. @ 0.97 RSM | | | 17376 | | |
| Latent cooling | | | 2850 | | |
| TOTALS | 949 | 14945 | 20227 | 780 | 780 |

Printout certified by ACCA to meet all requirements of Manual J 8th Ed.



wrightsoft

Right-Suite® Universal 7.1.10 RSU09301

C:\Documents and Settings\Larry Resmondo\My Documents\Wrightsoft HVAC\HADDOX - HEALY RESIDENCE.rup

2010-Nov-23 12:42:13

Page 1

Job: HEALY RESIDENCE
Date: Nov 23, 2010
By:

715 NW 1ST AVENUE, HIGH SPRINGS, FL 32643 Phone: 386-454-4433 Fax: 386-454-8843 Email: resmondoair@aol.com

Project Information

For: MARK HADDOX, WOODMAN PARK BUILDERS

Design Conditions

Location:

Gainesville, FL, US
Elevation: 151 ft
Latitude: 30°N

Outdoor:

Dry bulb (°F)
Daily range (°F)
Wet bulb (°F)
Wind speed (mph)

Heating

33

Cooling

92

(M)

19
77

7.5

15.0

Indoor:

Indoor temperature (°F)
Design TD (°F)
Relative humidity (%)
Moisture difference (gr/lb)

Heating

70

37

50

32.8

Cooling

75

17

50

52.0

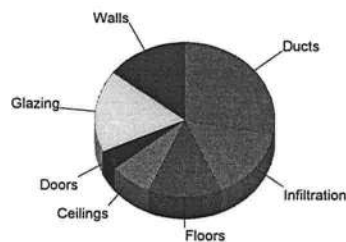
Infiltration:

Method
Construction quality
Fireplaces

Simplified
Average
0

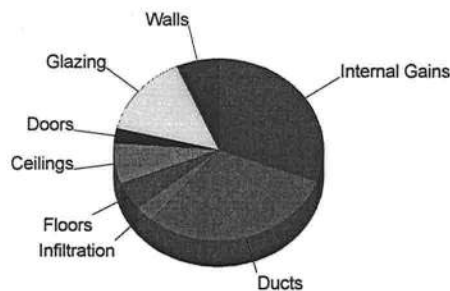
Heating

| Component | Btuh/ft ² | Btuh | % of load |
|----------------|----------------------|--------------|--------------|
| Walls | 1.4 | 2194 | 14.7 |
| Glazing | 21.1 | 2573 | 17.2 |
| Doors | 14.4 | 606 | 4.1 |
| Ceilings | 1.2 | 1124 | 7.5 |
| Floors | 2.1 | 1970 | 13.2 |
| Infiltration | 2.2 | 2305 | 15.4 |
| Ducts | | 4174 | 27.9 |
| Piping | | 0 | 0 |
| Humidification | | 0 | 0 |
| Ventilation | | 0 | 0 |
| Adjustments | | 0 | |
| Total | | 14945 | 100.0 |



Cooling

| Component | Btuh/ft ² | Btuh | % of load |
|----------------|----------------------|--------------|--------------|
| Walls | 0.7 | 1189 | 6.6 |
| Glazing | 21.3 | 2604 | 14.5 |
| Doors | 11.4 | 477 | 2.7 |
| Ceilings | 1.4 | 1295 | 7.2 |
| Floors | 1.0 | 905 | 5.1 |
| Infiltration | 0.5 | 541 | 3.0 |
| Ducts | | 5412 | 30.2 |
| Ventilation | | 0 | 0 |
| Internal gains | | 5490 | 30.6 |
| Blower | | 0 | 0 |
| Adjustments | | 0 | |
| Total | | 17914 | 100.0 |



Overall U-value = 0.117 Btuh/ft²-°F

Data entries checked.

Project Summary
Entire House
LARRY RESMONDO AIR CONDITIONING AND
HEATING

Job: HEALY RESIDENCE
Date: Nov 23, 2010
By:

715 NW 1ST AVENUE, HIGH SPRINGS, FL 32643 Phone: 386-454-4433 Fax: 386-454-8843 Email: resmondoair@aol.com

Project Information

For: MARK HADDOX, WOODMAN PARK BUILDERS

Notes:

Design Information

Weather: Gainesville, FL, US

Winter Design Conditions

| | |
|------------|-------|
| Outside db | 33 °F |
| Inside db | 70 °F |
| Design TD | 37 °F |

Summer Design Conditions

| | |
|---------------------|----------|
| Outside db | 92 °F |
| Inside db | 75 °F |
| Design TD | 17 °F |
| Daily range | M |
| Relative humidity | 50 % |
| Moisture difference | 52 gr/lb |

Heating Summary

| | |
|----------------------|------------|
| Structure | 10771 Btuh |
| Ducts | 4174 Btuh |
| Central vent (0 cfm) | 0 Btuh |
| Humidification | 0 Btuh |
| Piping | 0 Btuh |
| Equipment load | 14945 Btuh |

Sensible Cooling Equipment Load Sizing

| | |
|-------------------------|------------|
| Structure | 12502 Btuh |
| Ducts | 5412 Btuh |
| Central vent (0 cfm) | 0 Btuh |
| Blower | 0 Btuh |
| Use manufacturer's data | n |
| Rate/swing multiplier | 0.97 |
| Equipment sensible load | 17376 Btuh |

Infiltration

| | |
|----------------------|------------|
| Method | Simplified |
| Construction quality | Average |
| Fireplaces | 0 |

Latent Cooling Equipment Load Sizing

| | |
|---------------------------------|------------|
| Structure | 1623 Btuh |
| Ducts | 1227 Btuh |
| Central vent (0 cfm) | 0 Btuh |
| Equipment latent load | 2850 Btuh |
| Equipment total load | 20227 Btuh |
| Req. total capacity at 0.70 SHR | 2.1 ton |

| | Heating | Cooling |
|---------------------------|---------|---------|
| Area (ft ²) | 949 | 949 |
| Volume (ft ³) | 7593 | 7593 |
| Air changes/hour | 0.45 | 0.23 |
| Equiv. AVF (cfm) | 57 | 29 |

Heating Equipment Summary

| | |
|------------------|-------------------|
| Make | Ruud |
| Trade | RUUD UPNL SERIES |
| Model | UPNL-024J*Z |
| ARI ref no. | 829954 |
| Efficiency | 8.5 HSPF |
| Heating input | |
| Heating output | 22800 Btuh @ 47°F |
| Temperature rise | 27 °F |
| Actual air flow | 780 cfm |
| Air flow factor | 0.052 cfm/Btuh |
| Static pressure | 0.10 in H2O |
| Space thermostat | |

Cooling Equipment Summary

| | |
|--------------------------|---------------------------|
| Make | Ruud |
| Trade | RUUD UPNL SERIES |
| Cond | UPNL-024J*Z |
| Coil | UHSL-HM2417+RCSL-H*2417A* |
| ARI ref no. | 829954 |
| Efficiency | 11.6 EER, 13 SEER |
| Sensible cooling | 16380 Btuh |
| Latent cooling | 7020 Btuh |
| Total cooling | 23400 Btuh |
| Actual air flow | 780 cfm |
| Air flow factor | 0.044 cfm/Btuh |
| Static pressure | 0.10 in H2O |
| Load sensible heat ratio | 0.86 |

Printout certified by ACCA to meet all requirements of Manual J 8th Ed.

Duct System Summary

Entire House

LARRY RESMONDO AIR CONDITIONING AND HEATING

Job: HEALY RESIDENCE

Date: Nov 23, 2010

By:

715 NW 1ST AVENUE, HIGH SPRINGS, FL 32643 Phone: 386-454-4433 Fax: 386-454-8843 Email: resmondoair@aol.com

Project Information

For: MARK HADDOX, WOODMAN PARK BUILDERS

| | Heating | Cooling |
|------------------------------------|-----------------------|-----------------------|
| External static pressure | 0.10 in H2O | 0.10 in H2O |
| Pressure losses | 0.25 in H2O | 0.25 in H2O |
| Available static pressure | -0.2 in H2O | -0.2 in H2O |
| Supply / return available pressure | -0.10 / -0.05 in H2O | -0.10 / -0.05 in H2O |
| Lowest friction rate | 0.100 in/100ft | 0.100 in/100ft |
| Actual air flow | 780 cfm | 780 cfm |
| Total effective length (TEL) | 255 ft | |

Supply Branch Detail Table

| Name | Design (Btuh) | Htg (cfm) | Clg (cfm) | Design FR | Diam (in) | H x W (in) | Duct Matl | Actual Ln (ft) | Ftg.Eqv Ln (ft) | Trunk |
|----------------|---------------|-----------|-----------|-----------|-----------|------------|-----------|----------------|-----------------|-------|
| LAUNDRY ROOM-A | c 2505 | 66 | 109 | 0.100 | 6.0 | 0x0 | ShMt | 175.0 | 0 | st1 |
| LAUNDRY ROOM | c 2505 | 66 | 109 | 0.100 | 6.0 | 0x0 | ShMt | 175.0 | 0 | st1 |
| KITCHEN-A | c 2187 | 37 | 95 | 0.100 | 6.0 | 0x0 | ShMt | 175.0 | 0 | st1A |
| KITCHEN | c 2187 | 37 | 95 | 0.100 | 6.0 | 0x0 | ShMt | 175.0 | 0 | st1 |
| LIVING ROOM | h 4247 | 222 | 152 | 0.100 | 8.0 | 0x0 | ShMt | 175.0 | 0 | st1 |
| MASTER BEDROOM | h 3040 | 159 | 101 | 0.100 | 7.0 | 0x0 | ShMt | 175.0 | 0 | st1 |
| MASTER BATH | h 747 | 39 | 18 | 0.100 | 4.0 | 0x0 | ShMt | 175.0 | 0 | st1 |
| BATH 2 | h 224 | 12 | 7 | 0.100 | 4.0 | 0x0 | ShMt | 175.0 | 0 | st1 |
| BEDROOM 2 | h 2708 | 141 | 93 | 0.100 | 7.0 | 0x0 | ShMt | 175.0 | 0 | st1 |

Supply Trunk Detail Table

| Name | Trunk Type | Htg (cfm) | Clg (cfm) | Design FR | Veloc (fpm) | Diam (in) | H x W (in) | Duct Material | Trunk |
|------|------------|-----------|-----------|-----------|-------------|-----------|------------|---------------|-------|
| st1 | Peak AVF | 780 | 780 | 0.100 | 846 | 13.0 | 0 x 0 | RndFbg | st1 |
| st1A | Peak AVF | 37 | 95 | 0.100 | 175 | 10.0 | 0 x 0 | RndFbg | |

Bold/italic values have been manually overridden

Return Branch Detail Table

| Name | Grill Size (in) | Htg (cfm) | Clg (cfm) | TEL (ft) | Design FR | Veloc (fpm) | Diam (in) | H x W (in) | Stud/Joist Opening (in) | Duct Matl | Trunk |
|------|--------------------|--------------|--------------|-------------|--------------|----------------|--------------|---------------|----------------------------|--------------|-------|
| rb2 | 0x0 | 222 | 152 | 80.0 | 0.100 | 635 | 8.0 | 0x 0 | | ShMt | |
| rb3 | 0x0 | 159 | 101 | 80.0 | 0.100 | 594 | 7.0 | 0x 0 | | ShMt | |
| rb4 | 0x0 | 141 | 93 | 80.0 | 0.100 | 529 | 7.0 | 0x 0 | | ShMt | |

FLORIDA ENERGY EFFICIENCY CODE FOR BUILDING CONSTRUCTION

Florida Department of Community Affairs Residential Performance Method A

Project Name: HADDOX - HEALY RESIDENCE
 Street:
 City, State, Zip: , FL ,
 Owner: GLEN AND BETTIE HEALY
 Design Location: FL, Gainesville

Builder Name: WOODMAN PARK BUILDERS
 Permit Office: COLUMBIA COUNTY
 Permit Number:
 Jurisdiction:

| | | |
|--|------------------|------------------------|
| 1. New construction or existing | New (From Plans) | |
| 2. Single family or multiple family | Single-family | |
| 3. Number of units, if multiple family | 1 | |
| 4. Number of Bedrooms | 2 | |
| 5. Is this a worst case? | No | |
| 6. Conditioned floor area (ft ²) | 949 | |
| 7. Windows | Description | Area |
| a. U-Factor: | Dbl, default | 101.00 ft ² |
| SHGC: | Clear, default | |
| b. U-Factor: | N/A | ft ² |
| SHGC: | | |
| c. U-Factor: | N/A | ft ² |
| SHGC: | | |
| d. U-Factor: | N/A | ft ² |
| SHGC: | | |
| e. U-Factor: | N/A | ft ² |
| SHGC: | | |
| 8. Floor Types | Insulation | Area |
| a. Crawlspace | R=0.0 | 949.19 ft ² |
| b. N/A | R= | ft ² |
| c. N/A | R= | ft ² |

| | | |
|--|-------------------|-------------------------|
| 9. Wall Types | Insulation | Area |
| a. Frame - Wood, Exterior | R=19.0 | 1036.00 ft ² |
| b. Frame - Wood, Exterior | R=5.0 | 735.75 ft ² |
| c. N/A | R= | ft ² |
| d. N/A | R= | ft ² |
| 10. Ceiling Types | Insulation | Area |
| a. Under Attic (Vented) | R=30.0 | 949.10 ft ² |
| b. N/A | R= | ft ² |
| c. N/A | R= | ft ² |
| 11. Ducts | | |
| a. Sup: Attic Ret: Attic AH: Interior Sup. R= 6, 135 ft ² | | |
| 12. Cooling systems | | |
| a. Central Unit | Cap: 23.4 kBtu/hr | SEER: 13 |
| 13. Heating systems | | |
| a. Electric Heat Pump | Cap: 23.4 kBtu/hr | HSPF: 8.5 |
| 14. Hot water systems | | |
| a. Electric | Cap: 40 gallons | EF: 0.93 |
| b. Conservation features | | |
| None | | |
| 15. Credits | | None |

Glass/Floor Area: 0.106

Total As-Built Modified Loads: 28.67

Total Baseline Loads: 35.90

PASS

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

PREPARED BY: Larry Remondos a/c
 DATE: November 23, 2010

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

OWNER/AGENT: _____
 DATE: _____

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



BUILDING OFFICIAL: _____
 DATE: _____



PROJECT

| | | | | | |
|----------------|------------------------|--------------------|-----|-------------------|----------------|
| Title: | HADDOX - HEALY RESIDEN | Bedrooms: | 2 | Address Type: | Street Address |
| Building Type: | FLAsBuilt | Bathrooms: | 0 | Lot # | |
| Owner: | GLEN AND BETTIE HEALY | Conditioned Area: | 949 | SubDivision: | |
| # of Units: | 1 | Total Stories: | 1 | PlatBook: | |
| Builder Name: | WOODMAN PARK BUILDER | Worst Case: | No | Street: | |
| Permit Office: | COLUMBIA COUNTY | Rotate Angle: | 0 | County: | COLUMBIA |
| Jurisdiction: | | Cross Ventilation: | No | City, State, Zip: | , FL , |
| Family Type: | Single-family | Whole House Fan: | No | | |
| New/Existing: | New (From Plans) | | | | |
| Comment: | | | | | |

CLIMATE

| ✓ | Design Location | TMY Site | IECC Zone | Design Temp 97.5 % | Design Temp 2.5 % | Int Design Temp Winter | Int Design Temp Summer | Heating Degree Days | Design Moisture | Daily Temp Range |
|-------|-----------------|---------------------|-----------|-----------------------|----------------------|---------------------------|---------------------------|------------------------|--------------------|---------------------|
| _____ | FL, Gainesville | FL_GAINESVILLE_REGI | 2 | 32 | 92 | 75 | 70 | 1305.5 | 51 | Medium |

FLOORS

| ✓ | # | Floor Type | Exposed Perimeter | Wall Ins. R-Value | Area | Floor Joist R-Value | Tile | Wood | Carpet |
|-------|---|------------|-------------------|-------------------|------------|---------------------|------|------|--------|
| _____ | 1 | Crawlspace | 129.5 ft | 0 | 949.19 ft² | 19 | 0 | 0 | 1 |

ROOF

| ✓ | # | Type | Materials | Roof Area | Gable Area | Roof Color | Solar Absor. | Tested | Deck Insul. | Pitch |
|-------|---|---------------|----------------------|-----------|------------|------------|--------------|--------|-------------|----------|
| _____ | 1 | Gable or Shed | Composition shingles | 1000 ft² | 158 ft² | Medium | 0.5 | N | 0 | 18.4 deg |

ATTIC

| ✓ | # | Type | Ventilation | Vent Ratio (1 in) | Area | RBS | IRCC |
|-------|---|------------|-------------|-------------------|---------|-----|------|
| _____ | 1 | Full attic | Vented | 300 | 949 ft² | N | N |

CEILING

| ✓ | # | Ceiling Type | R-Value | Area | Framing Frac | Truss Type |
|-------|---|----------------------|---------|-----------|--------------|------------|
| _____ | 1 | Under Attic (Vented) | 30 | 949.1 ft² | 0.1 | Wood |

WALLS

| ✓ | # | Ornt | Adjacent To | Wall Type | Cavity R-Value | Area | Sheathing R-Value | Framing Fraction | Solar Absor. |
|-------|---|------|-------------|--------------|----------------|------------|-------------------|------------------|--------------|
| _____ | 1 | N | Exterior | Frame - Wood | 19 | 1036 ft² | 0.6 | 0.25 | 0.8 |
| _____ | 2 | - | Exterior | Frame - Wood | 5 | 735.75 ft² | 0 | 0.25 | 0.8 |

DOORS

| ✓ | # | Ornt | Door Type | Storms | U-Value | Area |
|-------|---|------|-----------|--------|---------|-----------|
| _____ | 1 | N | Wood | None | 0.39 | 42.22 ft² |

WINDOWS

Window orientation below is as entered. Actual orientation is modified by rotate angle shown in "Project" section above.

| ✓ | # | Ornt | Frame | Panes | NFRC | U-Factor | SHGC | Storms | Area | Overhang | | Int Shade | Screening |
|---|---|------|-------|----------------|------|----------|------|--------|--------|-----------|------------|-----------|-----------|
| | | | | | | | | | | Depth | Separation | | |
| ✓ | 1 | N | Wood | Double (Clear) | No | 0.87 | 0.66 | N | 6 ft² | 1 ft 6 in | 1 ft 0 in | HERS 2006 | None |
| ✓ | 2 | N | Wood | Double (Clear) | No | 0.87 | 0.66 | N | 15 ft² | 1 ft 6 in | 1 ft 0 in | HERS 2006 | None |
| ✓ | 3 | N | Wood | Double (Clear) | No | 0.87 | 0.66 | N | 10 ft² | 1 ft 6 in | 1 ft 0 in | HERS 2006 | None |
| ✓ | 4 | N | Wood | Double (Clear) | No | 0.87 | 0.66 | N | 40 ft² | 1 ft 6 in | 1 ft 0 in | HERS 2006 | None |
| ✓ | 5 | N | Wood | Double (Clear) | No | 0.87 | 0.66 | N | 15 ft² | 5 ft 6 in | 1 ft 0 in | HERS 2006 | None |
| ✓ | 6 | N | Wood | Double (Clear) | No | 0.87 | 0.66 | N | 15 ft² | 8 ft 0 in | 1 ft 0 in | HERS 2006 | None |

INFILTRATION & VENTING

| ✓ | Method | SLA | CFM 50 | ACH 50 | ELA | EqLA | --- Forced Ventilation --- | | Run Time | Fan |
|---|---------|---------|--------|--------|------|------|----------------------------|-------------|----------|-------|
| | | | | | | | Supply CFM | Exhaust CFM | Fraction | Watts |
| ✓ | Default | 0.00036 | 896 | 7.08 | 49.2 | 92.5 | 0 cfm | 0 cfm | 0 | 0 |

COOLING SYSTEM

| ✓ | # | System Type | Subtype | Efficiency | Capacity | Air Flow | SHR | Ductless |
|---|---|--------------|---------|------------|--------------|----------|-----|----------|
| ✓ | 1 | Central Unit | None | SEER: 13 | 23.4 kBtu/hr | cfm | 0.7 | FALSE |

HEATING SYSTEM

| ✓ | # | System Type | Subtype | Efficiency | Capacity | Ductless |
|---|---|--------------------|---------|------------|--------------|----------|
| ✓ | 1 | Electric Heat Pump | None | HSPF: 8.5 | 23.4 kBtu/hr | FALSE |

HOT WATER SYSTEM

| ✓ | # | System Type | EF | Cap | Use | SetPnt | Conservation |
|---|---|-------------|------|--------|--------|---------|--------------|
| ✓ | 1 | Electric | 0.93 | 40 gal | 50 gal | 120 deg | None |

SOLAR HOT WATER SYSTEM

| ✓ | FSEC | Company Name | System Model # | Collector Model # | Collector Area | Storage Volume | FEF |
|---|--------|--------------|----------------|-------------------|----------------|----------------|-----|
| ✓ | Cert # | | | | | | |
| ✓ | None | None | | | ft² | | |

DUCTS

| ✓ | # | --- Supply --- | | | --- Return --- | | Leakage Type | Air Handler | CFM 25 | Percent Leakage | QN | RLF |
|---|---|----------------|---------|---------|----------------|---------|-----------------|-------------|--------|-----------------|----|-----|
| | | Location | R-Value | Area | Location | Area | | | | | | |
| ✓ | 1 | Attic | 6 | 135 ft² | Attic | 120 ft² | Default Leakage | Interior | | | | |

TEMPERATURES

Programable Thermostat: N

Ceiling Fans:

| | | | | | | | | | | | | |
|---------|---|---|---|---|---|---|---|---|---|---|---|---|
| Cooling | <input checked="" type="checkbox"/> Jan | <input checked="" type="checkbox"/> Feb | <input checked="" type="checkbox"/> Mar | <input checked="" type="checkbox"/> Apr | <input checked="" type="checkbox"/> May | <input checked="" type="checkbox"/> Jun | <input checked="" type="checkbox"/> Jul | <input checked="" type="checkbox"/> Aug | <input checked="" type="checkbox"/> Sep | <input checked="" type="checkbox"/> Oct | <input checked="" type="checkbox"/> Nov | <input checked="" type="checkbox"/> Dec |
| Heating | <input checked="" type="checkbox"/> Jan | <input checked="" type="checkbox"/> Feb | <input checked="" type="checkbox"/> Mar | <input checked="" type="checkbox"/> Apr | <input checked="" type="checkbox"/> May | <input checked="" type="checkbox"/> Jun | <input checked="" type="checkbox"/> Jul | <input checked="" type="checkbox"/> Aug | <input checked="" type="checkbox"/> Sep | <input checked="" type="checkbox"/> Oct | <input checked="" type="checkbox"/> Nov | <input checked="" type="checkbox"/> Dec |
| Venting | <input checked="" type="checkbox"/> Jan | <input checked="" type="checkbox"/> Feb | <input checked="" type="checkbox"/> Mar | <input checked="" type="checkbox"/> Apr | <input checked="" type="checkbox"/> May | <input checked="" type="checkbox"/> Jun | <input checked="" type="checkbox"/> Jul | <input checked="" type="checkbox"/> Aug | <input checked="" type="checkbox"/> Sep | <input checked="" type="checkbox"/> Oct | <input checked="" type="checkbox"/> Nov | <input checked="" type="checkbox"/> Dec |

Thermostat Schedule: HERS 2006 Reference

| Schedule Type | | Hours | | | | | | | | | | | |
|---------------|----|-------|----|----|----|----|----|----|----|----|----|----|----|
| | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
| Cooling (WD) | AM | 78 | 78 | 78 | 78 | 78 | 78 | 78 | 78 | 78 | 78 | 78 | 78 |
| | PM | 78 | 78 | 78 | 78 | 78 | 78 | 78 | 78 | 78 | 78 | 78 | 78 |
| Cooling (WEH) | AM | 78 | 78 | 78 | 78 | 78 | 78 | 78 | 78 | 78 | 78 | 78 | 78 |
| | PM | 78 | 78 | 78 | 78 | 78 | 78 | 78 | 78 | 78 | 78 | 78 | 78 |
| Heating (WD) | AM | 68 | 68 | 68 | 68 | 68 | 68 | 68 | 68 | 68 | 68 | 68 | 68 |
| | PM | 68 | 68 | 68 | 68 | 68 | 68 | 68 | 68 | 68 | 68 | 68 | 68 |
| Heating (WEH) | AM | 68 | 68 | 68 | 68 | 68 | 68 | 68 | 68 | 68 | 68 | 68 | 68 |
| | PM | 68 | 68 | 68 | 68 | 68 | 68 | 68 | 68 | 68 | 68 | 68 | 68 |

ADDRESS: _____ PERMIT #: _____
_____, FL, _____

| COMPONENTS | SECTION | REQUIREMENTS FOR EACH PRACTICE | CHECK |
|-------------------------------|----------------|--|-------|
| Exterior Windows & Doors | N1106.AB.1.1 | Maximum: .3 cfm/sq.ft. window area; .5 cfm/sq.ft. door area. | |
| Exterior & Adjacent Walls | N1106.AB.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 | N1106.AB.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 | N1106.AB.1.2.3 | Between walls & ceilings; penetrations of ceiling plane to 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 | N1106.AB.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 with < 2.0 cfm from conditioned space, tested. | |
| Multi-story Houses | N1106.AB.1.2.5 | Air barrier on perimeter of floor cavity between floors. | |
| Additional Infiltration reqts | N1106.AB.1.3 | Exhaust fans vented to outdoors, dampers; combustion space heaters comply with NFPA, have combustion air. | |

| COMPONENTS | SECTION | REQUIREMENTS | CHECK |
|--------------------------|---------------------------|---|-------|
| Water Heaters | N1112.AB.3 | Comply with efficiency requirements in Table N112.ABC.3. Switch or clearly marked circuit breaker (electric) or cutoff (gas) must be provided. External or built-in heat trap required. | |
| Swimming Pools & Spas | N1112.AB.2.3 | 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%. Heat pump pool heaters shall have a minimum COP of 4.0. | |
| Shower heads | N1112.AB.2.4 | Water flow must be restricted to no more than 2.5 gallons per minute at 80 PSIG. | |
| Air Distribution Systems | N1110.AB | All ducts, fittings, mechanical equipment and plenum chambers shall be mechanically attached, sealed, insulated and installed in accordance with the criteria of Section N1110.AB. Ducts in unconditioned attics: R-6 min. insulation. | |
| HVAC Controls | N1107.AB.2 | Separate readily accessible manual or automatic thermostat for each system. | |
| Insulation | N1104.AB.1 N1102.B.1.1 | Ceilings-Min. R-19. Common walls-frame R-11 or CBS R-3 both sides. Common ceiling & floors R-11. | |

ENERGY PERFORMANCE LEVEL (EPL) DISPLAY CARD

ESTIMATED ENERGY PERFORMANCE INDEX* = 80

The lower the EnergyPerformance Index, the more efficient the home.

, , FL,

| | | | | | |
|--|------------------|------------------------|--|-------------------|-------------------------|
| 1. New construction or existing | New (From Plans) | | 9. Wall Types | Insulation | Area |
| 2. Single family or multiple family | Single-family | | a. Frame - Wood, Exterior | R=19.0 | 1036.00 ft ² |
| 3. Number of units, if multiple family | 1 | | b. Frame - Wood, Exterior | R=5.0 | 735.75 ft ² |
| 4. Number of Bedrooms | 2 | | c. N/A | R= | ft ² |
| 5. Is this a worst case? | No | | d. N/A | R= | ft ² |
| 6. Conditioned floor area (ft ²) | 949 | | 10. Ceiling Types | Insulation | Area |
| 7. Windows** | Description | Area | a. Under Attic (Vented) | R=30.0 | 949.10 ft ² |
| a. U-Factor: | Dbl, default | 101.00 ft ² | b. N/A | R= | ft ² |
| SHGC: | Clear, default | | c. N/A | R= | ft ² |
| b. U-Factor: | N/A | ft ² | 11. Ducts | | |
| SHGC: | | | a. Sup: Attic Ret: Attic AH: Interior Sup. R= 6, 135 ft ² | | |
| c. U-Factor: | N/A | ft ² | 12. Cooling systems | | |
| SHGC: | | | a. Central Unit | Cap: 23.4 kBtu/hr | SEER: 13 |
| d. U-Factor: | N/A | ft ² | 13. Heating systems | | |
| SHGC: | | | a. Electric Heat Pump | Cap: 23.4 kBtu/hr | HSPF: 8.5 |
| e. U-Factor: | N/A | ft ² | 14. Hot water systems | | |
| SHGC: | | | a. Electric | Cap: 40 gallons | EF: 0.93 |
| 8. Floor Types | Insulation | Area | b. Conservation features | | |
| a. Crawlspace | R=0.0 | 949.19 ft ² | None | | |
| b. N/A | R= | ft ² | 15. Credits | | None |
| c. N/A | R= | ft ² | | | |

I certify that this home has complied with the Florida Energy Efficiency Code for Building Construction through the above energy saving features which will be installed (or exceeded) in this home before final inspection. Otherwise, a new EPL Display Card will be completed based on installed Code compliant features.

Builder Signature: _____ Date: _____

Address of New Home: _____ City/FL Zip: _____



*Note: The home's estimated Energy Performance Index is only available through the EnergyGauge USA - FlaRes2008 computer program. This is not a Building Energy Rating. If your Index is below 100, your home may qualify for incentives if you obtain a Florida Energy Gauge Rating. Contact the Energy Gauge Hotline at (321) 638-1492 or see the Energy Gauge web site at energygauge.com for information and a list of certified Raters. For information about Florida's Energy Efficiency Code for Building Construction, contact the Department of Community Affairs at (850) 487-1824.

**Label required by Section 13-104.4.5 of the Florida Building Code, Building, or Section B2.1.1 of Appendix G of the Florida Building Code, Residential, if not DEFAULT.