

DATE 05/09/2019

Columbia County Building Permit

This Permit Must Be Prominently Posted on Premises During Construction

PERMIT
 000038091

APPLICANT KEITH MOBLEY PHONE 386.365.3031
 ADDRESS 2612 NW LAKE JEFFERY ROAD LAKE CITY FL 32055
 OWNER KEITH & ALICE MOBLEY PHONE 386.365.3031
 ADDRESS 2612 NW LAKE JEFFERY ROAD LAKE CITY FL 32055
 CONTRACTOR KEITH & ALICE MOBLEY PHONE 386.365.3031
 LOCATION OF PROPERTY 90-W TO LAKE JEFFERY, TR PAST BASCOM NORRIS ON
L
 TYPE DEVELOPMENT METAL STORAGE BLDG ESTIMATED COST OF CONSTRUCTION 0.00
 HEATED FLOOR AREA 4.57 TOTAL AREA 1200.00 HEIGHT 10 STOREYS 1
 FOUNDATION CONC WALLS FRAMED ROOF PITCH 3/12 FLOOR CONC
 LAND USE & ZONING RSF-2 MAX. HEIGHT 10
 Minimum Set Back Requirements: STREET- FRONT 25.00 REAR 15.00 SIDE 10.00
 NO. EX.D.U. 1 FLOOD ZONE X DEVELOPMENT PERMIT NO. 1269

PARCEL ID 23-38-16-02272-301 SUBDIVISION SWANSON ESTATES REPLAT
 LOT 1/2 BLOCK 1 PHASE 1 UNIT 1 TOTAL ACRES 9.00

OWNERS
 Culvert Permit No. 19-0174 Culvert Waiver LH Contractor's License Number TC Applicant Owner Contractor N
 EXISTING 19-0174 LH TC N
 Driveway Connection Septic Tank Number LU & Zoning checked by Approved for Issuance New Resident Time/STUP No.

COMMENTS: IN BETWEEN LOTS. NON-HABITABLE STRUCTURE.

Check # or Cash 1269

FOR BUILDING & ZONING DEPARTMENT ONLY

Temporary Power date/app. by Foundation date/app. by Monolithic date/app. by (Footer Slab)
 Under slab rough-in plumbing date/app. by Slab date/app. by Sheathing/Nailing date/app. by
 Framing date/app. by Insulation 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 Pool date/app. by
 Permanent power date/app. by C.O. Final date/app. by Culvert date/app. by
 Pump pole date/app. by Utility Pole date/app. by M/H tie downs, blocking, electricity and plumbing date/app. by
 Reconnection date/app. by RV date/app. by Re-roof date/app. by

BUILDING PERMIT FEE \$ 0.00 CERTIFICATION FEE \$ 6.00 SURCHARGE FEES 6.00

MISC. FEES \$ 75.00 ZONING CERT. FEE \$ 50.00 FIRE FEE \$ 0.00 WASH FEE \$ 0.00

PLAN REVIEW FEE \$ 19.00 DP & FLOOD ZONE FEE \$ 25.00 CULVERT FEE \$ 0.00 TOTAL FEE 181.00

INSPECTORS OFFICE [Signature] CLERKS OFFICE [Signature]

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.
 NOTICE: ALL OTHER APPLICABLE STATE OR FEDERAL PERMITS SHALL BE OBTAINED BEFORE COMMENCEMENT OF THIS PERMITTED DEVELOPMENT.

"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 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 INSPECTION.

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

File letter paid

Columbia County New Building Permit Application

NON-HABITABLE STRUCTURE

For Office Use Only Application # 1905-38 Date Received 5/9 By TC/JW Permit # 38091
Zoning Official TC Date 5-9-19 Flood Zone X Land Use RCD Zoning RSF-2
FEMA Map # N/A Elevation Eng letter MFE 6" above River N/A Plans Examiner TC Date 5-9-19
Comments In between lots
☒ NOC ☒ EH ☐ Deed or PA ☐ Site Plan ☐ State Road Info ☒ Well letter ☐ 1911 Sheet ☐ Parent Parcel #
☐ Dev Permit # ☐ In Floodway ☐ Letter of Auth. from Contractor ☐ F W Comp. letter
☐ Owner Builder Disclosure Statement ☐ Land Owner Affidavit ☐ Ellisville Water ☒ App Fee Paid ☐ Sub VF Form N/A

Septic Permit No. 19-0174 OR City Water ☐ Fax N/A

Applicant (Who will sign/pickup the permit) KEITH MOBLEY Phone 386-365-3031

Address 2612 NW LAKE JEFFERY Rd LAKE CITY, FL 32055

Owners Name Alice and Keith Mobley Phone 386-365-3031

911 Address 2612 NW Lake Jeffery Rd, Lake City, FL 32055

Contractors Name KEITH MOBLEY Phone 386-365-3031

Address NAME AS ABOVE

Contractor Email Keith121mobley@gmail.com ***Include to get updates on this job.

Fee Simple Owner Name & Address Alice and Keith Mobley

Bonding Co. Name & Address N/A

Architect/Engineer Name & Address WAYNE S. MOORE, PE

Mortgage Lenders Name & Address 1009 E AVE N Augusta, SC 29841

Circle the correct power company ☒ FL Power & Light ☐ Clay Elec. ☐ Suwannee Valley Elec. ☐ Duke Energy

Property ID Number 23-3S-16-02272-301 * Estimated Construction Cost \$15,000

Subdivision Name Swanson Estates Replate Lot 1&2 Block A Unit Phase

Driving Directions from a Major Road Take 90 West, TR on Lake Jeffery Rd, past Bascom Norris, Site is on Left.

Construction of METAL Storage Bldg Commercial ☐ OR ☒ Residential

Proposed Use/Occupancy Storage Number of Existing Dwellings on Property N/A

Is the Building Fire Sprinkled? ☐ If Yes, blueprints included ☐ Or Explain ☐

Circle Proposed ☐ Culvert Permit or ☐ Culvert Waiver or ☐ D.O.T. Permit or ☒ Have an Existing Drive

Actual Distance of Structure from Property Lines - Front 163'8" Side 136' Side 60' Rear 417'8"

Number of Stories 1 Heated Floor Area Total Floor Area 1200 Acreage 4.57

Zoning Applications applied for (Site & Development Plan, Special Exception, etc.)

Columbia County Building Permit Application

CODE: Florida Building Code 2017 and the 2014 National Electrical Code.

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.

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 pursued in good faith or a permit has been issued.

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 CONTRACTOR AND AGENT: **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. You must verify if your property is encumbered by any restrictions or face possible litigation and or fines.

✓ K. F. L. Mobley
Print Owners Name

[Signature]
Owners Signature

****Property owners must sign here before any permit will be issued.**

****If this is an Owner Builder Permit Application then ONLY the owner can sign the building permit when it is issued**

Columbia County Property Appraiser

Jeff Hampton

2018 Tax Roll Year

updated 3/5/2019

Parcel: << 23-3S-16-02272-301 >>

Aerial Viewer Pictometry Google Maps

Owner & Property Info

Result: 1 of 1

Owner	MOBLEY KEITH E & ALICE R 266 NW LAMAR PL LAKE CITY, FL 32055		
Site			
Description	LOTS 1 & 2 SWANSON ESTATES REPLAT OF LOT 2 BLK A OF HICKORY RIDGE S/D WD 978- 12, WD 1028-268, WD 1069-1055, PB 1355- 1403, 1405, WD 1373- 681, WD 1373-1045, WD 1377-681		
Area	4.57 AC	S/T/R	23-3S-16
Use Code	VACANT (000000)	Tax District	2

*The Description above is not to be used as the Legal Description for this parcel in any legal transaction

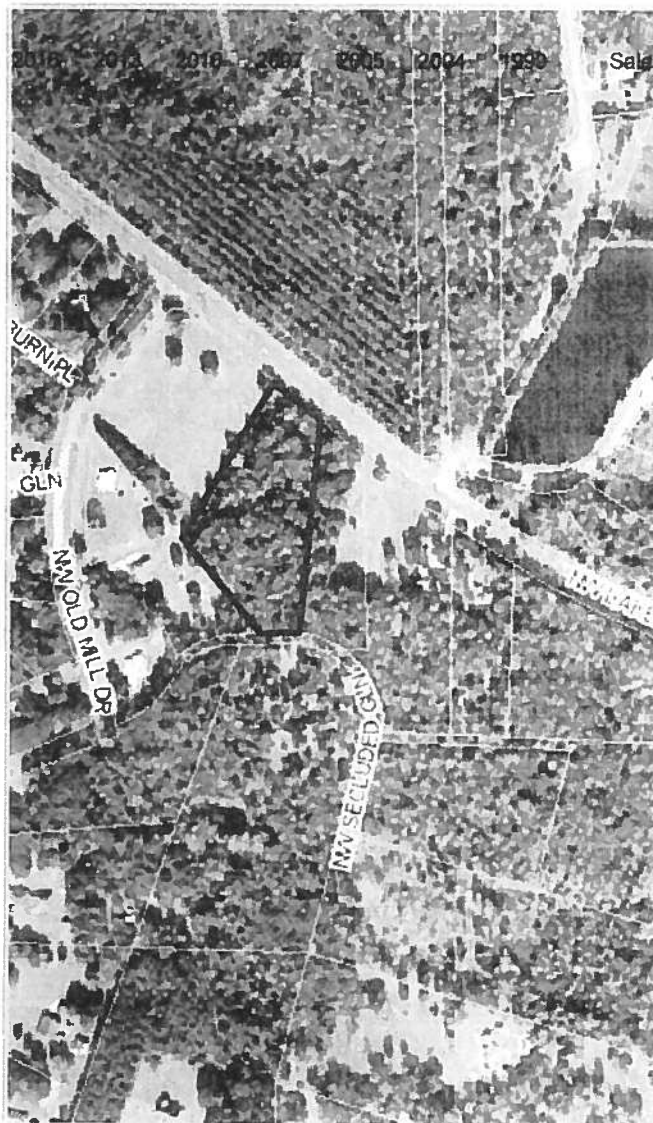
**The Use Code is a FL Dept. of Revenue (DOR) code and is not maintained by the Property Appraiser's office. Please contact your city or county Planning & Zoning office for specific zoning information.

Property & Assessment Values

2018 Certified Values

2019 Working Values

There are no 2018 Certified Values for this parcel	Mkt Land (2)	\$36,560
	Ag Land (0)	\$0
	Building (0)	\$0
	XFOB (0)	\$0
	Just	\$36,560
	Class	\$0
	Appraised	\$36,560
	SOH Cap [?]	\$0
	Assessed	\$36,560
	Exempt	\$0
Total Taxable	county:\$36,560 city:\$36,560 other:\$36,560 school:\$36,560	



Sales History

Sale Date	Sale Price	Book/Page	Deed	V/I	Quality (Codes)	RCode
1/25/2019	\$45,000	1377/0681	WD	V	Q	01
3/12/2018	\$100	1355/1405	PB	V	U	18
3/12/2018	\$100	1355/1403	PB	V	U	11
12/23/2005	\$100	1069/1055	WD	V	U	06
10/7/2004	\$60,000	1028/0268	WD	V	Q	
3/17/2003	\$50,000	978/0012	WD	V	U	03
3/17/2003	\$50,000	978/0010	WD	V	U	03

Building Characteristics

Bldg Sketch	Bldg Item	Bldg Desc*	Year Blt	Base SF	Actual SF	Bldg Value
NONE						

Extra Features & Out Buildings (Codes)

Code	Desc	Year Blt	Value	Units	Dims	Condition (% Good)
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NOTICE OF COMMENCEMENT

Tax Parcel Identification Number:

23.35.16.02272.301

Clerk's Office Stamp

Inst: 201912010823 Date: 05/09/2019 Time: 4:36PM
Page 1 of 1 B: 1384 P: 770. P. DeWitt Cason, Clerk of Court
Columbia, County, By: PT
Deputy Clerk

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

1. Description of property (legal description): LOTS 1 & 2 SWANSON Estates Repbt
a) Street (job) Address: 2612 NW LAKE JEFFERY RD, LAKE CITY, FL 32055
2. General description of improvements: 30 METAL SHED
3. Owner Information or Lessee Information if the Lessee contracted for the improvements:
a) Name and address: KEITH & ALICE MOBLEY 2612 NW LAKE JEFFERY RD LAKE CITY, FL
b) Name and address of fee simple titleholder (if other than owner):
c) Interest in property: 32055
4. Contractor Information
a) Name and address: KEITH MOBLEY & ALICE MOBLEY 2612 NW LAKE JEFFERY RD LAKE CITY, FL 32055
b) Telephone No.: 386 365 3031
5. Surety Information (if applicable, a copy of the payment bond is attached):
a) Name and address:
b) Amount of Bond:
c) Telephone No.:
6. Lender
a) Name and address:
b) Phone No.:
7. Person 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:
a) Name and address:
b) Telephone No.:
8. In addition to himself or herself, Owner designates the following person to receive a copy of the Lienor's Notice as provided in Section 713.13(1)(b), Florida Statutes:
a) Name: _____ OF _____
b) Telephone No.: _____
9. Expiration date of Notice of Commencement (the expiration date will be 1 year from the date of recording unless a different date is specified): _____

WARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713.13, FLORIDA STATUTES, AND CAN RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY; A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.

STATE OF FLORIDA
COUNTY OF COLUMBIA

Signature of Owner or Lessee, or Owner's or Lessee's Authorized Office/Director/Partner/Manager

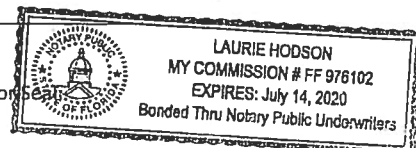
Printed Name and Signatory's Title/Office

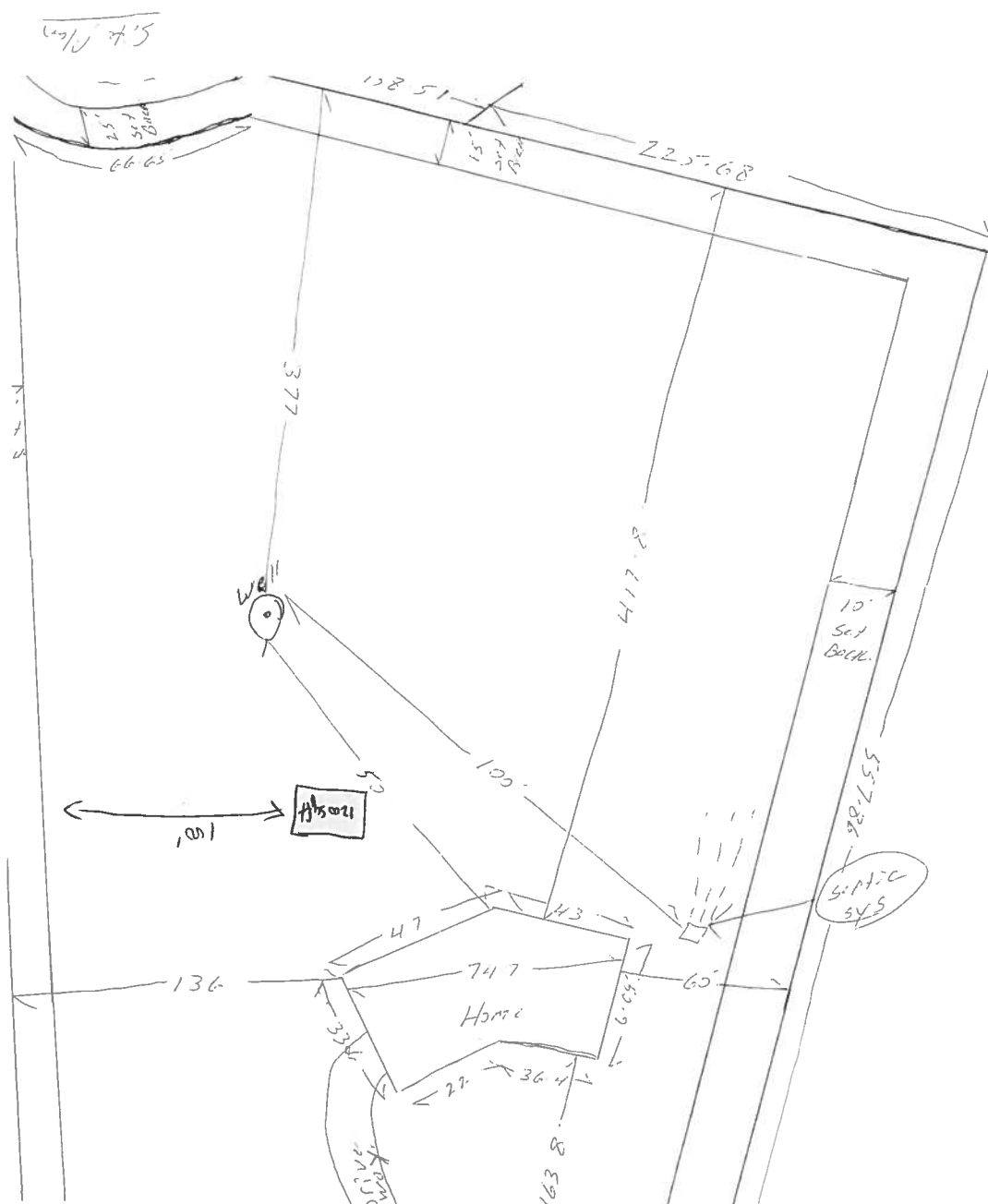
The foregoing instrument was acknowledged before me, a Florida Notary, this 9th day of MAY, 2019, by:
KEITH MOBLEY as OWNER for KEITH & ALICE MOBLEY
(Name of Person) (Type of Authority) (name of party on behalf of whom instrument was executed)

Personally Known ☒ OR Produced Identification ☐ Type _____

Notary Signature

Notary Stamp on

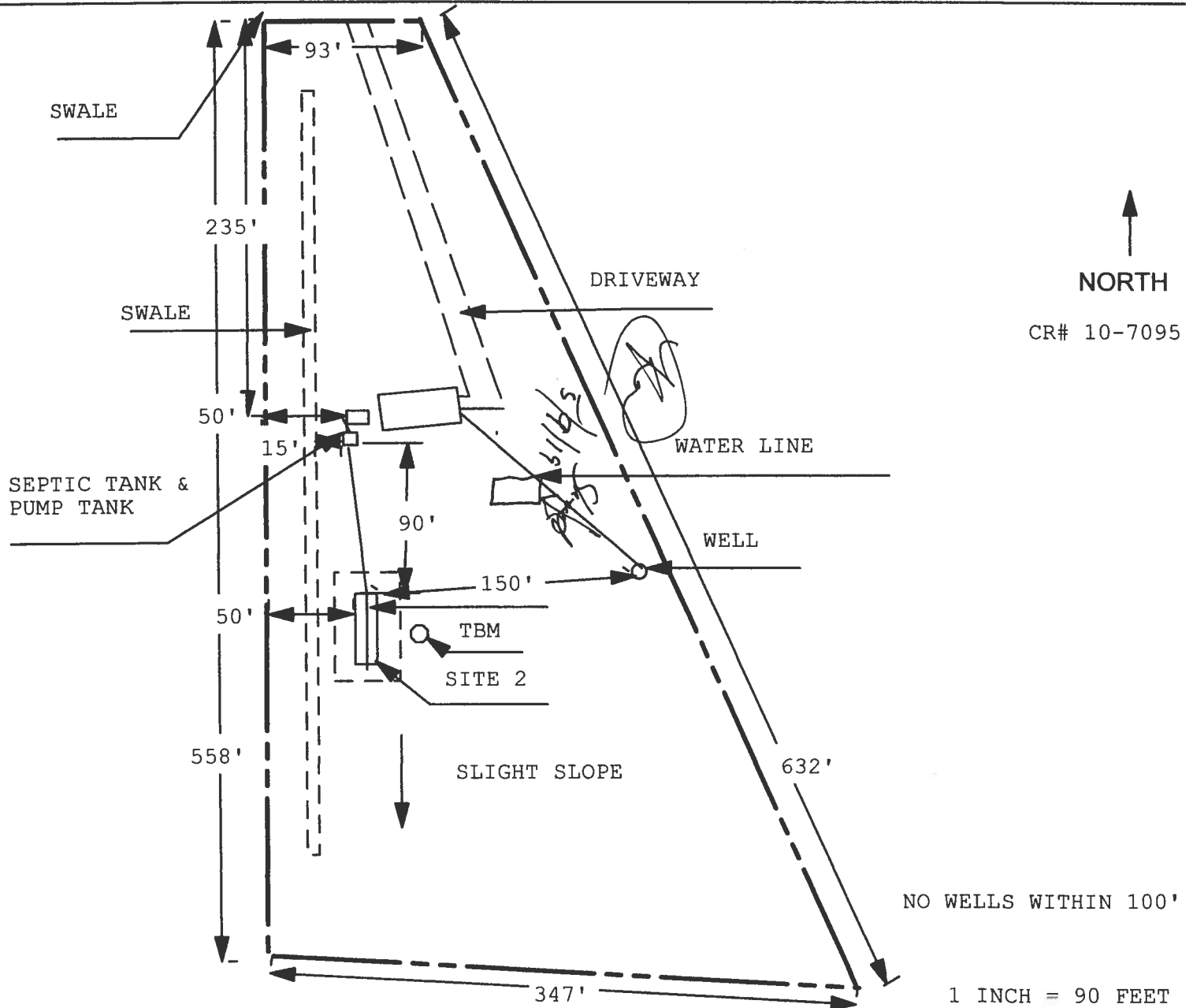




**Application for Onsite Sewage Disposal System
Construction Permit. Part II Site Plan**

Permit Application Number: 19-0174

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH UNIT



Site Plan Submitted By Paul D. [Signature] Date 2/22/19
Plan Approved [Signature] Not Approved [Signature] Date 3/6/19

By [Signature] Columbia CPHU

Notes: _____



STATE OF FLORIDA
DEPARTMENT OF HEALTH
ONSITE SEWAGE TREATMENT AND DISPOSAL
SYSTEM

CR # 10-7095

PERMIT NO. 19-0174
DATE PAID: 2/27/19
FEE PAID: 340.80
RECEIPT #: 1400437

APPLICATION FOR CONSTRUCTION PERMIT

APPLICATION FOR:

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

APPLICANT: KEITH E. & ALICE R. MOBLEYAGENT: EDGLEY CONSTRUCTION

TELEPHONE: _____

MAILING ADDRESS: 306 SW MAIN BLVD.LAKE CITY FL 32025

TO BE COMPLETED BY APPLICANT OR APPLICANT'S AUTHORIZED AGENT. SYSTEMS MUST BE CONSTRUCTED BY A PERSON LICENSED PURSUANT TO 489.105(3) (m) OR 489.552, FLORIDA STATUTES. IT IS THE APPLICANT'S RESPONSIBILITY TO PROVIDE DOCUMENTATION OF THE DATE THE LOT WAS CREATED OR PLATTED (MM/DD/YY) IF REQUESTING CONSIDERATION OF STATUTORY GRANDFATHER PROVISIONS.

PROPERTY INFORMATION

LOT: N/A BLOCK: N/A SUBDIVISION: METES AND BOUNDS PLATTED: _____PROPERTY ID #: 23-3S-16-02272-301 ZONING: RES I/M OR EQUIVALENT: ☐ NO ☐PROPERTY SIZE: 4.570 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐ ≤ 2000 GPD ☐ > 2000 GPDIS SEWER AVAILABLE AS PER 381.0065, FS? ☐ NO ☐ DISTANCE TO SEWER: N/A FTPROPERTY ADDRESS: LAKE JEFFERY ROADDIRECTIONS TO PROPERTY:

TAKE 90 WEST, TURN RIGHT ON LAKE JEFFERY ROAD PAST BASCOM NORRIS, SITE IS ON THE LEFT.

BUILDING INFORMATION ☒ RESIDENTIAL ☐ COMMERCIAL

Unit No.	Type of Establishment	No. of Bedrooms	Building Area Sqft	Commercial/Institutional System Design Table 1, Chapter 64E-6, FAC
1	HOUSE	3	1,936	
2				
3				
4				

☐ Floor/Equipment Drains ☐ Other (Specify) _____SIGNATURE: Kenny Edgley DATE: 2-27-19

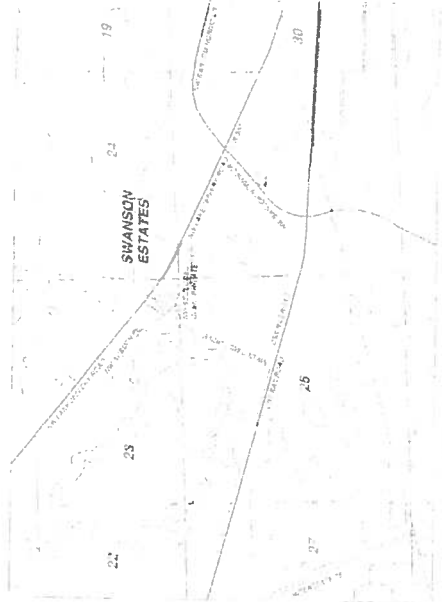
DH 4015, 08/09 (Obsoletes previous editions which may not be used)
Incorporated 64E-6.001, FAC

House Givng Across Both Lots 1 & 2 - Must be sold together in total of Lots 1 & 2

9 132

"SWANSON ESTATES"

A REPLAT OF LOT 2, BLOCK "A" OF "HICKORY RIDGE" A SUBDIVISION AS PER PLAT THEREOF RECORDED IN PLAT BOOK PAGE 100-102 OF THE PUBLIC RECORDS OF COLUMBIA COUNTY, FLORIDA, AND ALSO BEING PART OF SECTION 23, TOWNSHIP 3 SOUTH, RANGE 16 EAST, COLUMBIA COUNTY, FLORIDA.



1860-2151 May 2018

Redeveloped
Swanson
Estate

03-03-18

2018/12/01/0497
F. DeWitt Carson
11/23/2018 - 1/19/2019

2154

**SWANSON ESTATES REPLAT OF LOT 2
BLOCK A OF HICKORY RIDGE S/D
FOR 2019 TAX ROLL**

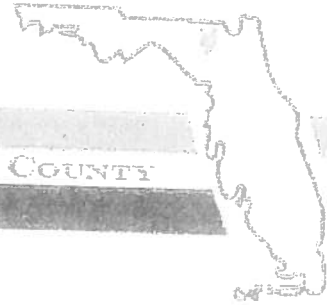
PARENT PARCEL – 23-3S-16-02272-202 & 204 & 053 = 7.14 AC. (DELETED ALL.)

**HEADER PARCEL- 23-3S-16-02272-300: A S/D THAT IS NOW A REPLAT OF
LOT 2 BLOCK A HICKORY RIDGE S/D, RECORDED IN PLAT BOOK 7 PAGE
100-102.**

LOT 1	23-3S-16-02272-301	2.01 AC.
LOT 2	23-3S-16-02272-302	2.56 AC.
LOT 3	23-3S-16-02272-303	2.57 AC.

District No. 1 - Ronald Williams
District No. 2 - Rocky Ford
District No. 3 - Backy Nash
District No. 4 - Toby Witt
District No. 5 - Tim Murphy

BOARD OF COUNTY COMMISSIONERS • COLUMBIA COUNTY



Address Assignment and Maintenance Document

To maintain the county wide Addressing Policy you must make application for a 9-1-1 Address at the time you apply for a building permit. The established standards for addressing and posting numbers to all principal buildings, dwellings, businesses and industries are contained in Columbia County Ordinance 2001-9. The addressing system is to enable Emergency Services Agencies to locate you in an emergency, and to assist the United States Postal Service and the public in the timely and efficient provision of services to residents and businesses of Columbia County

Date/Time Issued: **2/14/2019 1:19:09 PM**
Address: **2612 NW LAKE JEFFERY Rd**
City: **LAKE CITY**
State: **FL**
Zip Code **32055**

Parcel ID **02272-301**

REMARKS: Address for proposed structure on parcel.

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

Address Issued By: **Signed:/ Matt Crews**

Columbia County GIS/911 Addressing Coordinator

COLUMBIA COUNTY
911 ADDRESSING / GIS DEPARTMENT

263 NW Lake City Ave., Lake City, FL 32055 Telephone: (386) 758-1115
Email: gis@columbiacountyfla.com



COLUMBIA COUNTY BUILDING DEPARTMENT

135 NE Hernando Ave., Suite B-21

Lake City, FL 32055

Office: 386-758-1008 Fax: 386-758-2160

OWNER BUILDER DISCLOSURE STATEMENT

I understand that state law requires construction to be done by a licensed contractor and have applied for an owner-builder permit under an exemption from the law. The exemption specifies that I, as the owner of the property listed, may act as my own contractor with certain restrictions even though I do not have a license.

I understand that building permits are not required to be signed by a property owner unless he or she is responsible for the construction and is not hiring a licensed contractor to assume responsibility.

I understand that, as an owner-builder, I am the responsible party of record on a permit. I understand that I may protect myself from potential financial risk by hiring a licensed contractor and having the permit filed in his or her name instead of my own name. I also understand that a contractor is required by law to be licensed and bonded in Florida and to list his or her license numbers on permits and contracts.

I understand that I may build or improve a one-family or two-family residence or farm outbuilding. I may also build or improve a commercial building if the costs do not exceed \$75,000. The building or residence must be for my own use or occupancy. It may not be built or substantially improved for sale or lease. If a building or residence that I have built or substantially improved myself is sold or leased within 1 year after the construction is complete, the law will presume that I built or substantially improved it for sale or lease, which violates the exemption.

I understand that, as the owner-builder, I must provide direct, onsite supervision of the construction.

I understand that I may not hire an unlicensed person to act as my contractor or to supervise persons working on my building or residence. It is my responsibility to ensure that the persons whom I employ have the licenses required by law and by county or municipal ordinance.

I understand that it is frequent practice of unlicensed persons to have the property owner obtain an owner-builder permit that erroneously implies that the property owner is providing his or her own labor and materials. I, as an owner-builder, may be held liable and subjected to serious financial risk for any injuries sustained by an unlicensed person or his or her employees while working on my property. My homeowner's insurance may not provide coverage for those injuries. I am willfully acting as an owner-builder and am aware of the limits of my insurance coverage for injuries to workers on my property.

I understand that I may not delegate the responsibility for supervising work to a licensed contractor who is not licensed to perform the work being done. Any person working on my building who is not licensed must work under my direct supervision and must be employed by me, which means that I must comply with laws requiring the withholding of federal income tax and social security contributions under the Federal Insurance Contributions Act (FICA) and must provide workers' compensation for the employee. I understand that my failure to follow these laws may subject me to serious financial risk.

I agree that, as the party legally and financially responsible for this proposed construction activity, I will abide by all applicable laws and requirements that govern owner-builders as well as employers. I also understand that the construction must comply with all applicable laws, ordinances, building codes, and zoning regulations.

I understand that I may obtain more information regarding my obligations as an employer from the Internal Revenue Service, the United States Small Business Administration, the Florida Department of Financial Services, and the Florida Department of Revenue. I also understand that I may contact the Florida Construction Industry Licensing Board at 850-487-1395 or Internet website address <http://www.myfloridalicense.com/dbpr/> for more information about licensed contractors.

I am aware of, and consent to, an owner-builder building permit applied for in my name and understand that I am the party legally and financially responsible for the proposed construction activity at the following address:

2612 NW Luke Jean Rd. Lake City, FL 32035

I agree to notify Columbia County Building Department immediately of any additions, deletions, or changes to any of the information that I have provided on this disclosure. Licensed contractors are regulated by laws designed to protect the public. If you contract with a person who does not have a license, the Construction Industry Licensing Board and Department of Business and Professional Regulation may be unable to assist you with any financial loss that you sustain as a result of a complaint. Your only remedy against an unlicensed contractor may be in civil court. It is also important for you to understand that, if an unlicensed contractor or employee of an individual or firm is injured while working on your property, you may be held liable for damages. If you obtain an owner-builder permit and wish to hire a licensed contractor, you will be responsible for verifying whether the contractor is properly licensed and the status of the contractor's workers' compensation coverage.

I understand that if I hire subcontractors they must be licensed for that type of work in Columbia County, ex: framing, stucco, masonry, and state registered builders. Registered Contractors must have a minimum of \$300,000.00 in General Liability insurance coverage and the proper workers' compensation. Specialty Contractors must have a minimum of \$100,000.00 in General Liability insurance coverage and the proper workers' compensation coverage.

Before a building permit can be issued, this disclosure statement must be completed and signed by the property owner and returned to Columbia County Building Department.

TYPE OF CONSTRUCTION

- () Single Family Dwelling () Two-Family Residence () Farm Outbuilding
() Addition, Alteration, Modification or other Improvement
() Commercial, Cost of Construction _____ for construction of _____
X Other 30x40 MBIA Storage Bldg

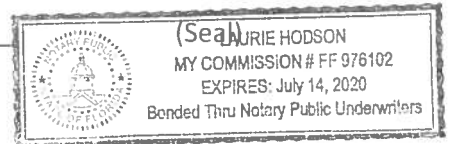
I KEITH MOBLEY, have been advised of the above disclosure statement for exemption from contractor licensing as an owner/builder. I agree to comply with all requirements provided for in Florida Statutes allowing this exception for the construction permitted by Columbia County Building Permit.

[Signature] Date 5/9/19
Owner/Builder Signature

NOTARY OF OWNER BUILDER SIGNATURE

The above signer is personally known to me or produced identification _____

[Signature] Date 5.9.19
Notary Signature



FOR BUILDING DEPARTMENT USE ONLY

I hereby certify that the above listed owner/builder has been given notice of the restriction stated above.

[Signature]
Building Official/Representative



STRUCTURAL DESIGN **ENCLOSED BUILDING**

**MAXIMUM 30'-0" WIDE X 20'-0" EAVE HEIGHT- BOX EAVE
FRAME**

14 December 2018

Revision 7

M&A Project No. 16062S/16155S/16207S/17155S/17200S/18068S/18156S/18290S

Prepared for:

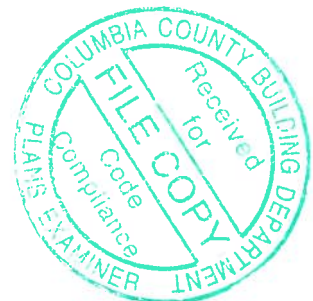
**Steel Buildings and Structures, Inc.
P.O. Box 1287
Mt. Airy, NC 27030**

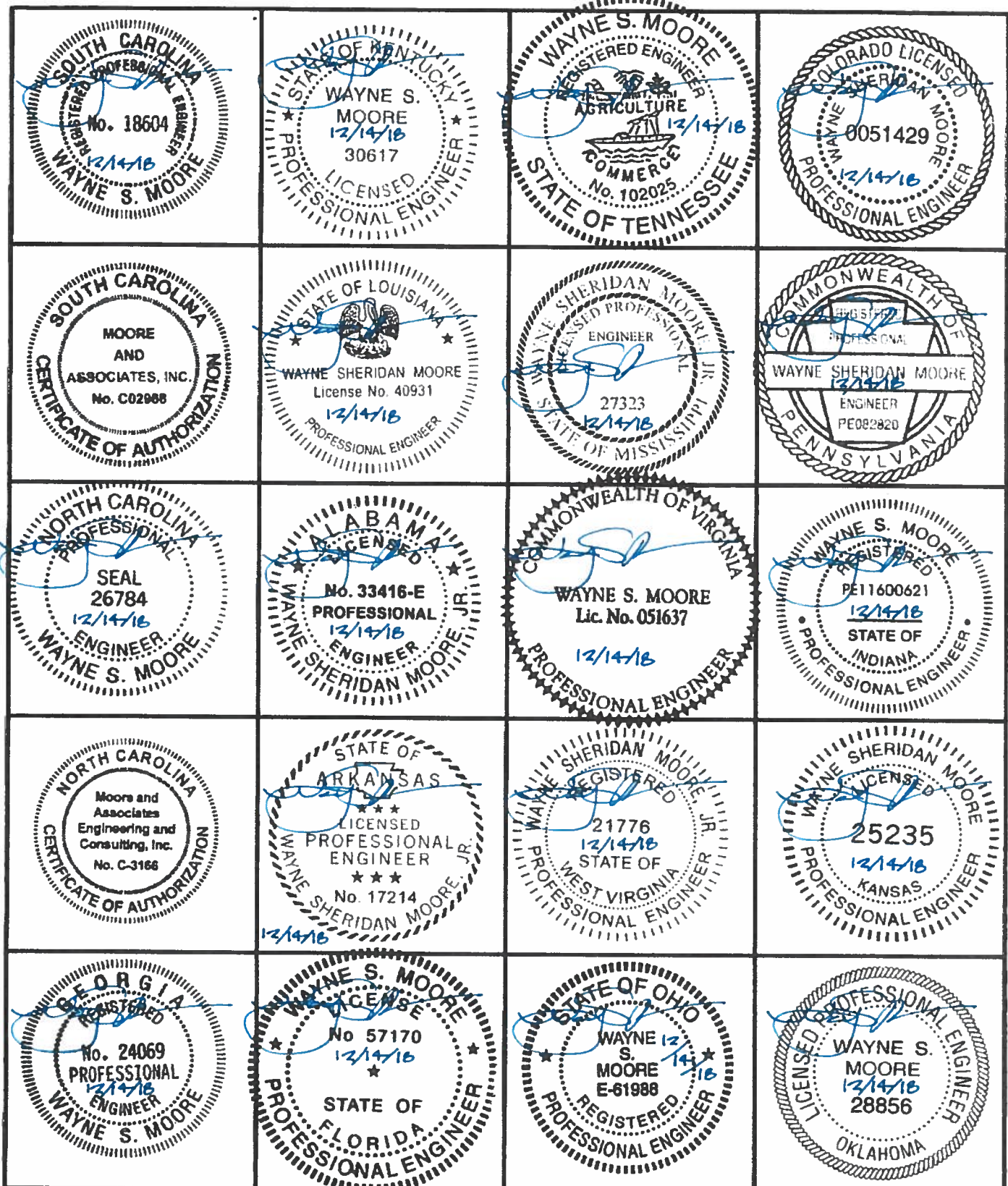
Prepared by:

**Moore and Associates Engineering
and Consulting, Inc.**

**1009 East Avenue
North Augusta, SC 29841**

**401 S. Main St., Suite 200
Mount Airy, NC 27030**





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STEEL BUILDINGS AND STRUCTURES, INC.
P.O. BOX 1287,
MOUNT AIRY, NC 27030
30'-0" x 20'-0" ENCLOSED STRUCTURE

DATE: 12-14-18

SCALE: NTS



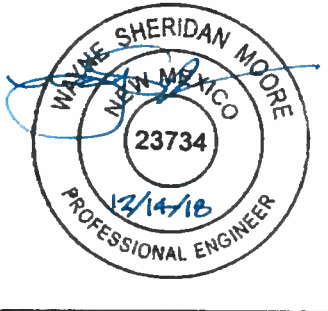
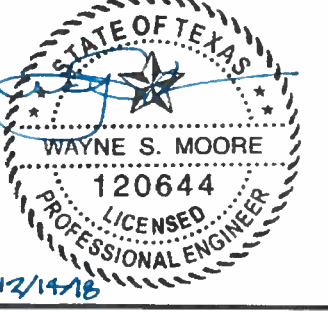
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	Professional Certification. I hereby certify that these documents were prepared or approved by me, and that I am a duly licensed professional engineer under the laws of the State of Maryland, License No. 49744, Expiration Date <u>6/6/20</u>		
			
			
			
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P.O. BOX 1287,

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30'-0" x 20'-0" ENCLOSED STRUCTURE

DATE: 12-14-18

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JOB NO: 180503/180505/180506

SHY. 2

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INSTALLATION NOTES AND SPECIFICATIONS

1. DESIGN IS FOR MAXIMUM 30'-0" WIDE x 20'-0" EAVE HEIGHT ENCLOSED STRUCTURES.
2. DESIGN WAS DONE IN ACCORDANCE WITH THE 2017 FLORIDA BUILDING CODE (FBC) 6TH EDITION, 2018 NORTH CAROLINA BUILDING CODE, 2006 INTERNATIONAL BUILDING CODE (IBC), 2009 IBC, 2012 IBC AND 2015 IBC.
3. DESIGN LOADS ARE AS FOLLOWS:
 - A) DEAD LOAD = 1.5 PSF
 - B) LIVE LOAD = 12 PSF
 - C) GROUND SNOW LOAD = 30 PSF ($\leq 26'-0"$), 35 PSF ($26'-0" < W \leq 30'-0"$)
(UNBALANCED SNOW LOADS DUE TO DRIFTING HAVE NOT BEEN EVALUATED)
4. 3-SECOND GUST ULTIMATE WIND SPEED (V_{ULT}) 105 TO 145 MPH (NOMINAL WIND SPEED 82 TO 112 MPH); MAXIMUM RAFTER/COLUMN AND END COLUMN SPACING = 5.0 FEET (UNLESS NOTED OTHERWISE).
5. END WALL COLUMNS (POST) ARE EQUIVALENT TO SIDE WALL POSTS UNLESS NOTED OTHERWISE.
6. RISK CATEGORY I.
7. WIND EXPOSURE CATEGORY B.
8. SPECIFICATIONS APPLICABLE TO 29 GAUGE METAL PANELS FASTENED DIRECTLY TO 2 1/2" x 2 1/2" - 14 GAUGE TUBE STEEL (TS) FRAMING MEMBERS (UNLESS NOTED OTHERWISE).
9. AVERAGE FASTENER SPACING ON-CENTERS ALONG RAFTERS OR HAT CHANNELS, AND COLUMNS (INTERIOR OR END) = 8 INCHES.
10. FASTENERS CONSIST OF 1/4"x3/4" SELF-DRILLING FASTENER (SDF), USE CONTROL SEAL WASHER WITH EXTERIOR FASTENERS. SPECIFICATIONS APPLICABLE ONLY FOR MEAN ROOF HEIGHT OF 20 FEET OR LESS, AND ROOF SLOPES OF 14° (3:12 PITCH) OR LESS SPACING REQUIREMENTS FOR OTHER ROOF HEIGHTS AND/OR SLOPES MAY VARY.
11. GROUND ANCHORS SHALL BE INSTALLED THROUGH BASE RAIL WITHIN 6" OF EACH COLUMN.
12. GROUND ANCHORS CONSIST OF #4 REBAR W/ WELDED NUT x 36" LONG IN SUITABLE SOIL CONDITIONS. OPTIONAL ANCHORAGE MAY BE USED IN SUITABLE SOILS AND MUST BE USED IN UNSUITABLE SOILS AS NOTED.
13. WIND FORCES GOVERN OVER SEISMIC FORCES. SEISMIC PARAMETERS ANALYZED ARE:
 - SOIL SITE CLASS = D
 - RISK CATEGORY I/II/III
 - $R = 3.25$ $I_E = 1.0$
 - $S_{DS} = 2.039$ $V = C_s W$
 - $S_M = 1.258$
14. WINDOW AND DOOR DESIGN PRESSURES ARE APPLICABLE TO THE STATE OF FLORIDA ONLY.

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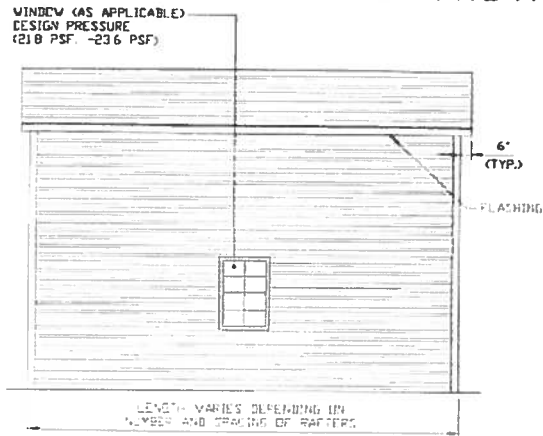
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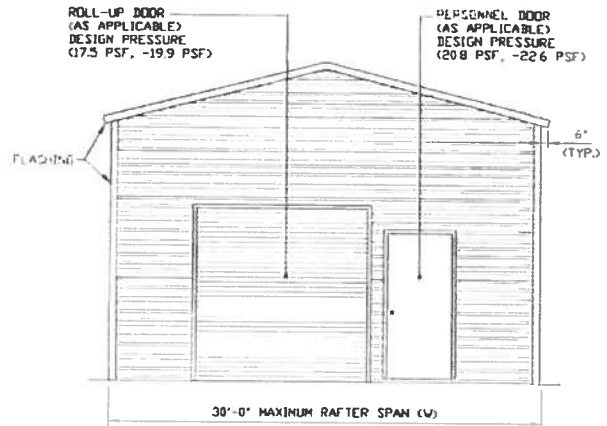
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REV. 7

BOX EAVE FRAME RAFTER STRUCTURE



TYPICAL SIDE ELEVATION
SCALE: NTS



TYPICAL END ELEVATION
SCALE: NTS

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SHT. 3A

SCALE: NTS

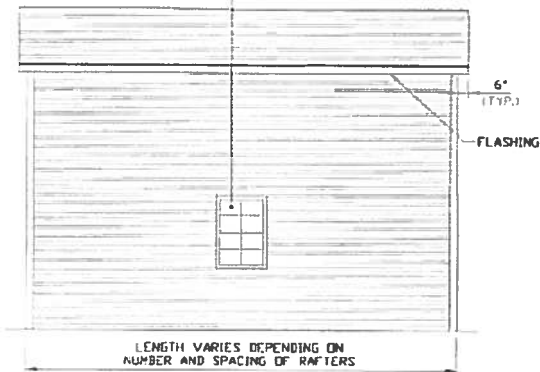
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JOB NO. 100563/100905

REV. 7

BOW EAVE FRAME RAFTER STRUCTURE

WINDOW (AS APPLICABLE)
DESIGN PRESSURE
(218 PSF, -236 PSF)



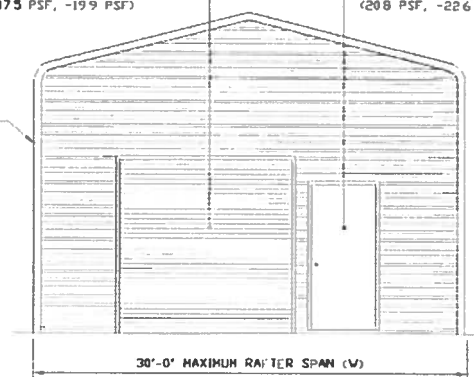
TYPICAL SIDE ELEVATION

SCALE: NTS

ROLL-UP DOOR
(AS APPLICABLE)
DESIGN PRESSURE
(175 PSF, -199 PSF)

PERSONNEL DOOR
(AS APPLICABLE)
DESIGN PRESSURE
(208 PSF, -226 PSF)

FLASHING



TYPICAL END ELEVATION

SCALE: NTS

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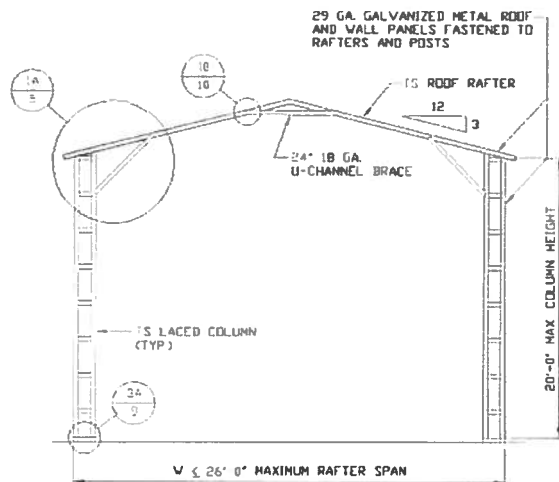
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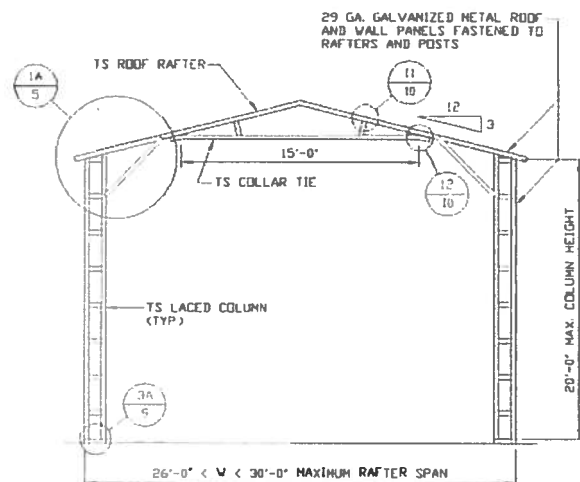
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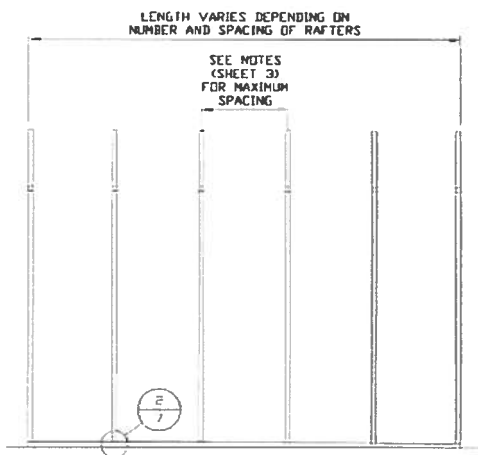
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TYPICAL RAFTER/COLUMN FRAME SECTION
SCALE: NTS



TYPICAL RAFTER/COLUMN FRAME SECTION
SCALE: NTS



TYPICAL RAFTER/COLUMN SIDE FRAMING SECTION
SCALE: NTS

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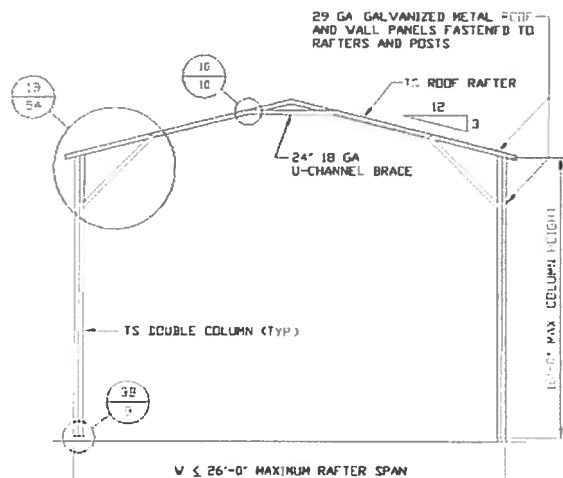
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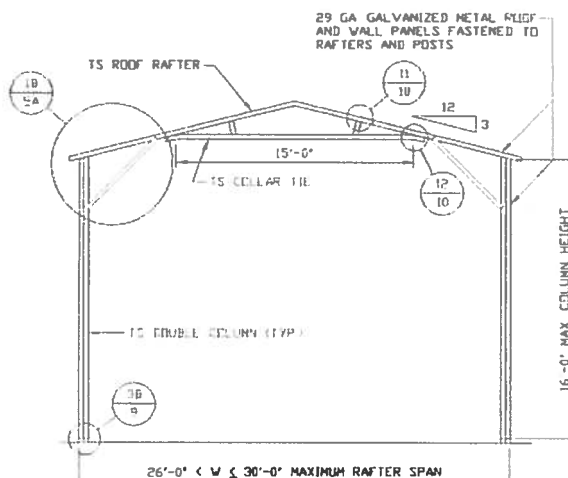
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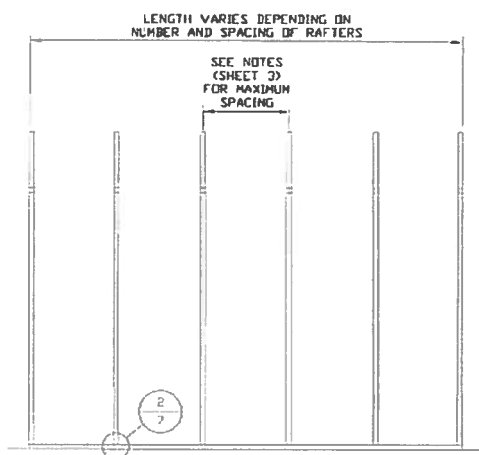
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TYPICAL RAFTER/COLUMN FRAME SECTION
SCALE: NTS



TYPICAL RAFTER/COLUMN FRAME SECTION
SCALE: NTS



TYPICAL RAFTER/COLUMN SIDE FRAMING SECTION
SCALE: NTS

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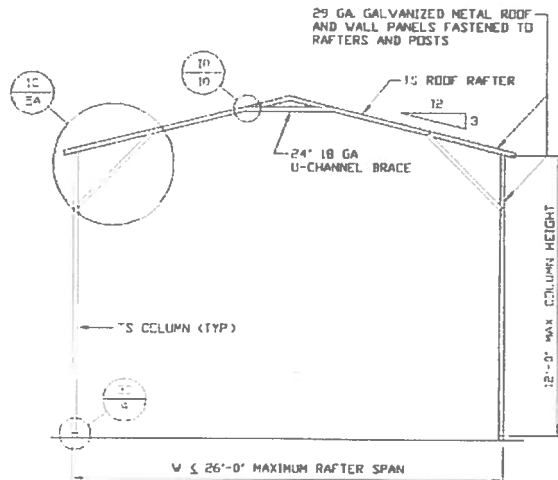
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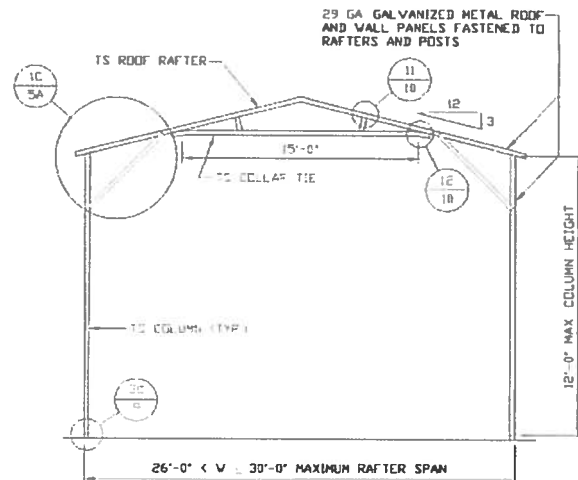
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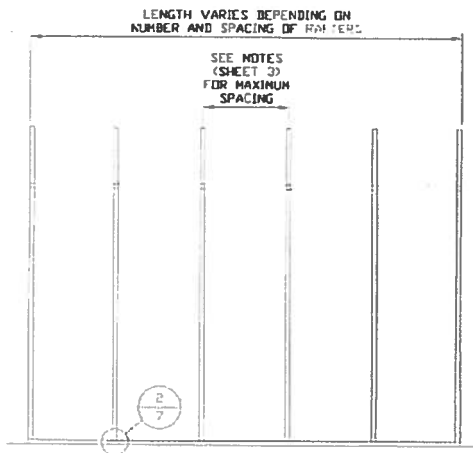
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TYPICAL RAFTER/COLUMN FRAME SECTION
SCALE: NTS



TYPICAL RAFTER/COLUMN FRAME SECTION
SCALE: NTS



TYPICAL RAFTER/COLUMN SIDE FRAMING SECTION
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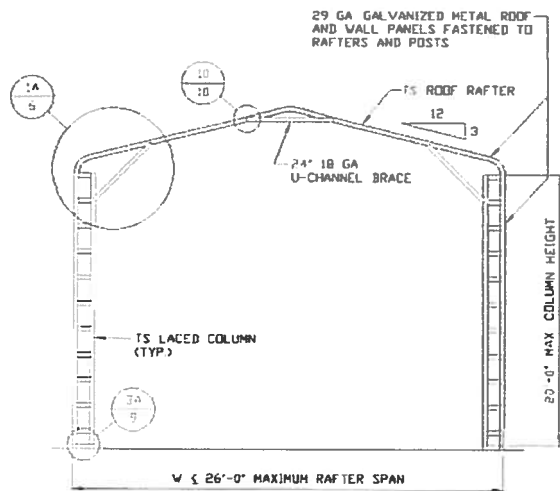
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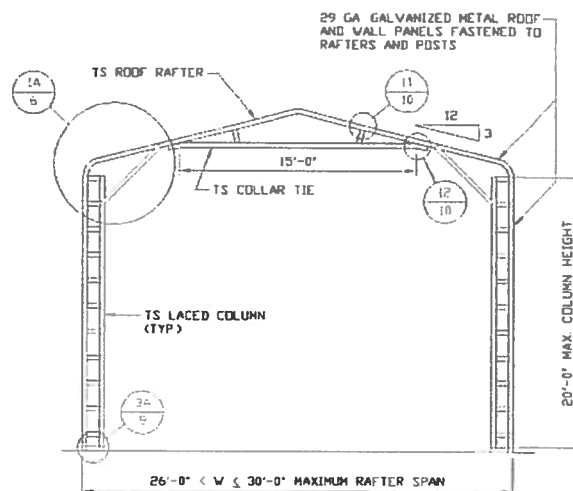
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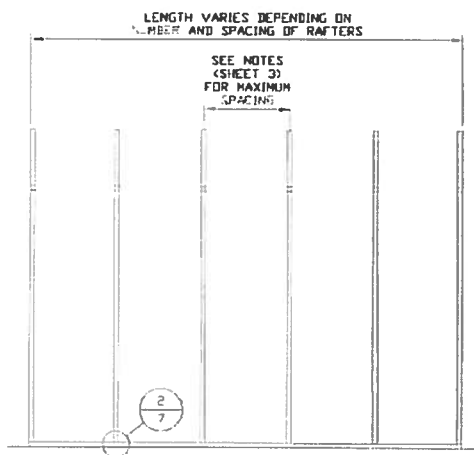
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TYPICAL RAFTER/COLUMN FRAME SECTION
SCALE: NTS



TYPICAL RAFTER/COLUMN FRAME SECTION
SCALE: NTS



TYPICAL RAFTER/COLUMN SIDE FRAMING SECTION
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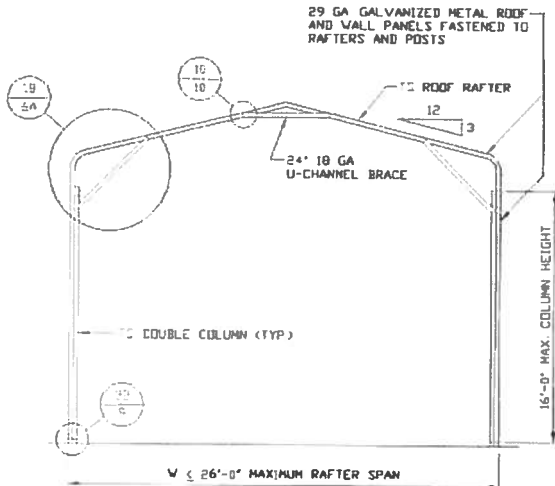
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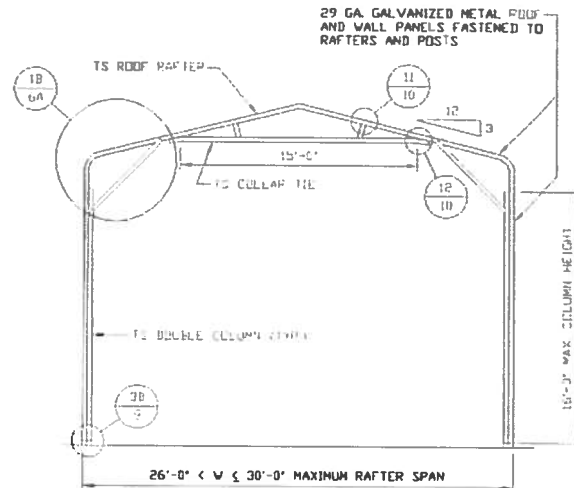
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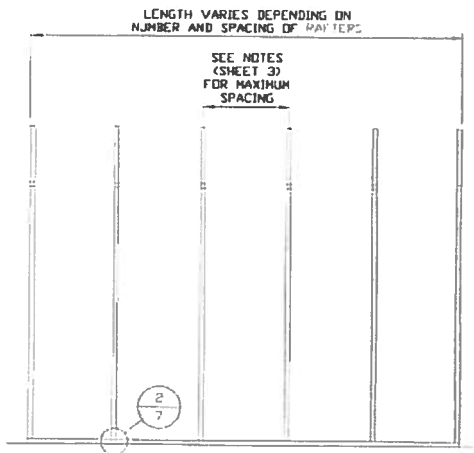
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TYPICAL RAFTER/COLUMN FRAME SECTION
SCALE: NTS



TYPICAL RAFTER/COLUMN FRAME SECTION
SCALE: NTS



TYPICAL RAFTER/COLUMN SIDE FRAMING SECTION
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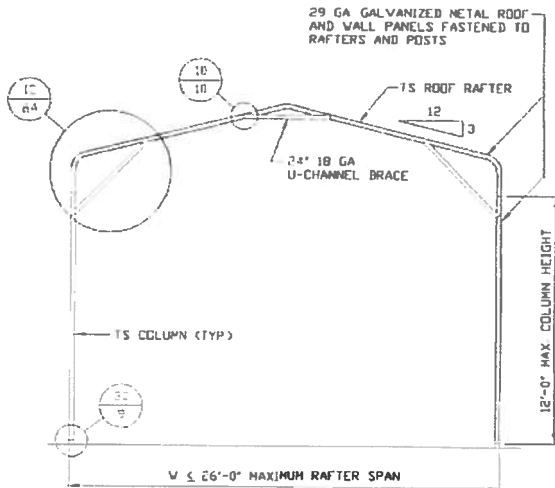
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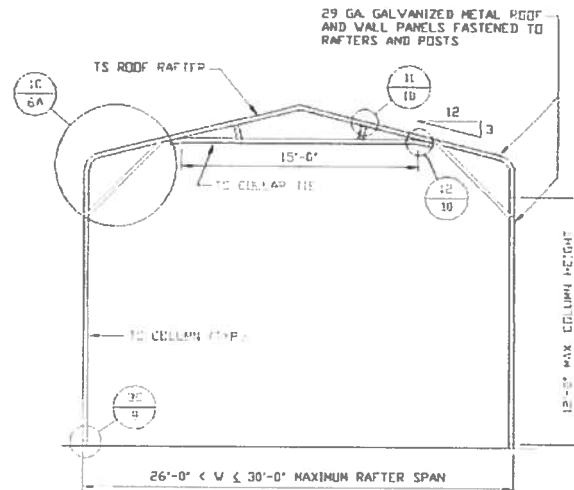
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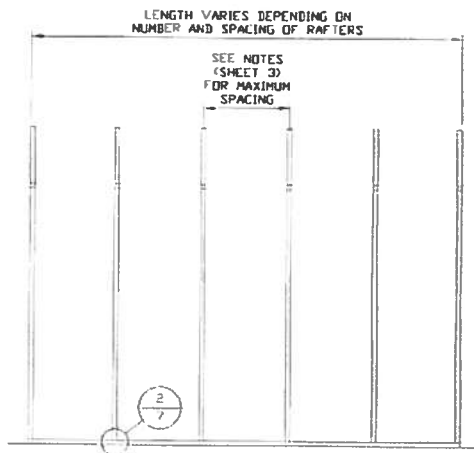
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TYPICAL RAFTER/COLUMN FRAME SECTION
SCALE: NTS



TYPICAL RAFTER/COLUMN FRAME SECTION
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TYPICAL RAFTER/COLUMN SIDE FRAMING SECTION
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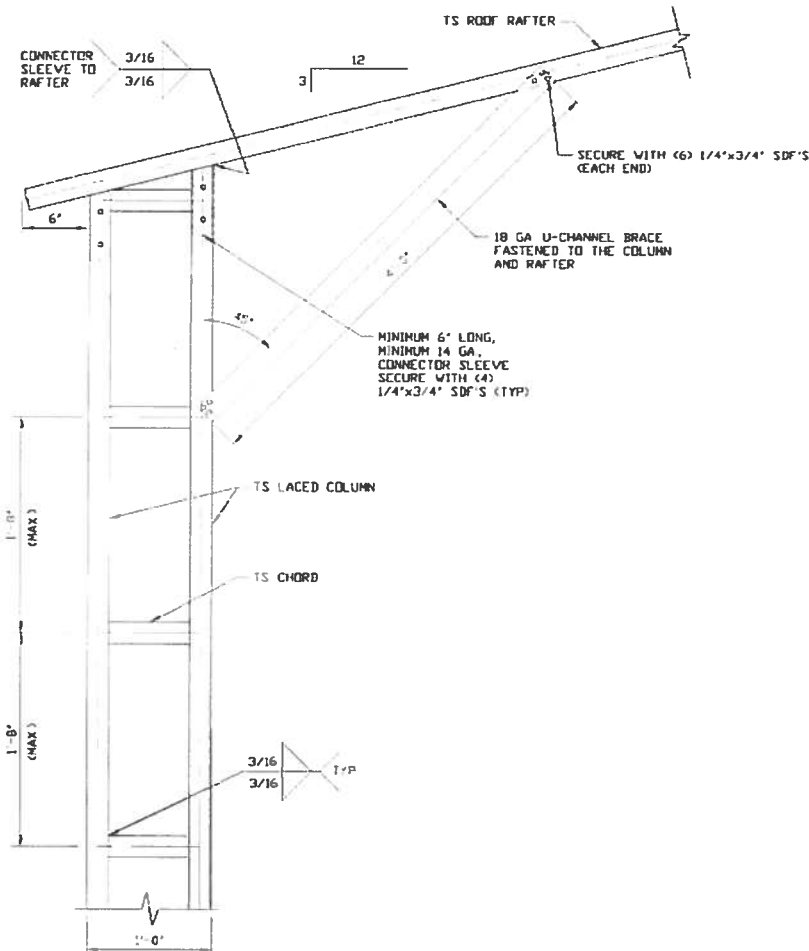
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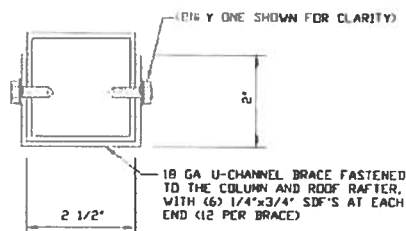
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**BOX EAVE RAFTER/CORNER POST
CONNECTION DETAIL
FOR HEIGHTS 16'-0" < TO ≤ 20'-0"**

1A

SCALE: NTS



BRACE SECTION

SCALE: NTS

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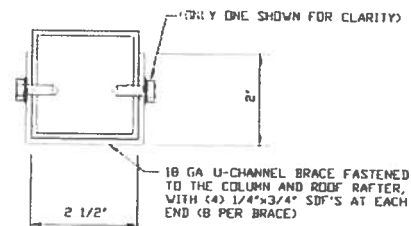
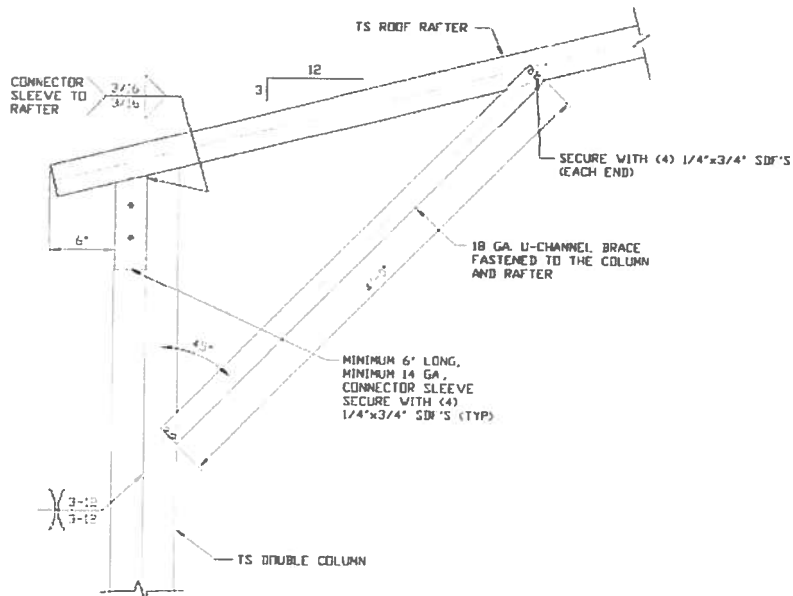
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JOB NO: 180685/180685/180685

SHT. 5

REV: 7

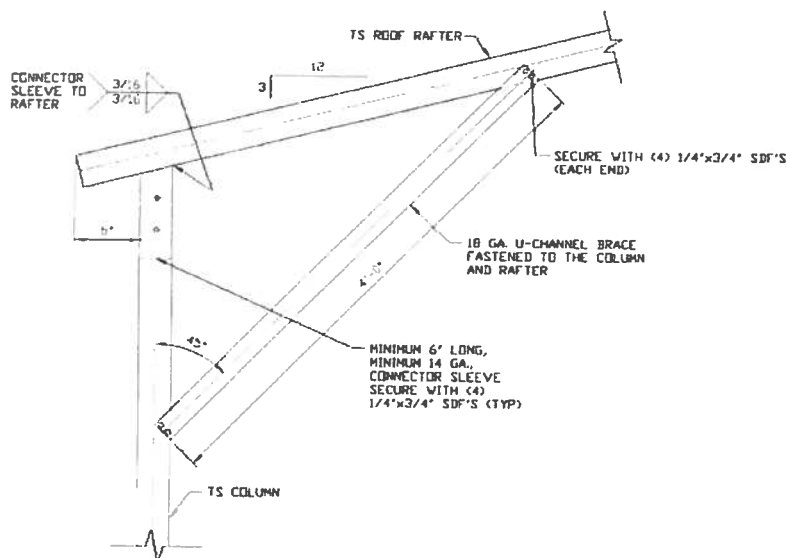
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BRACE SECTION
SCALE: NTS

1B

**BOX EAVE RAFTER/CORNER POST
CONNECTION DETAIL
FOR HEIGHTS 12'-0" < TO ≤ 16'-0"**
SCALE: NTS



1C

**BOX EAVE RAFTER/CORNER POST
CONNECTION DETAIL
FOR HEIGHTS ≤ 12'-0"**
SCALE: NTS

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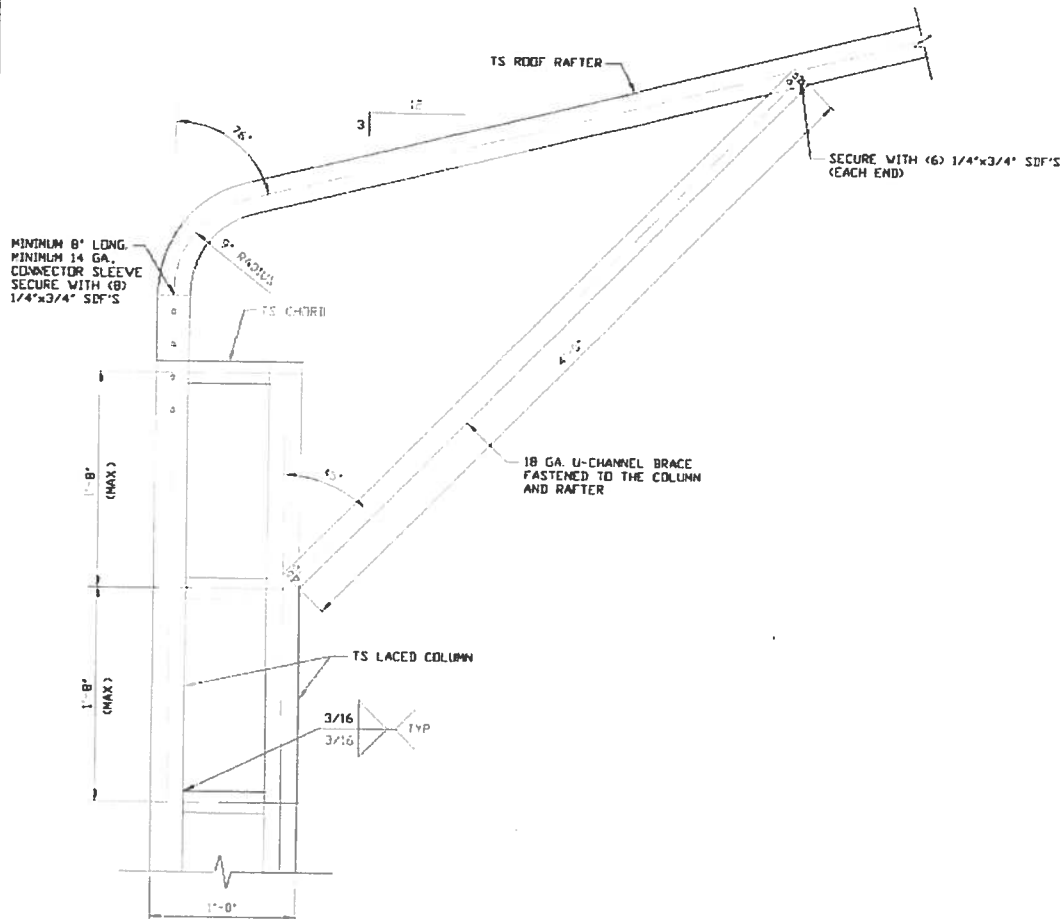
SHT. 5A

DWG. NO: SK-3

JOB NO: 180655/180905

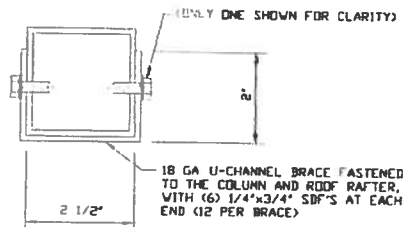
REV: 7

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**BOX EAVE RAFTER/CORNER POST
CONNECTION DETAIL**
FOR HEIGHTS 16'-0" < TO ≤ 20'-0"
SCALE: NTS

1A



BRACE SECTION
SCALE: NTS

**MOORE AND ASSOCIATES
ENGINEERING AND CONSULTING, INC.**

DRAWN BY: AT

CHECKED BY: PJH

PROJECT NO: VSM

CLIENT: SISI

STEEL BUILDINGS AND STRUCTURES, INC.
P.O. BOX 1287,
MOUNT AIRY, NC 27030
30'-0" x 20'-0" ENCLOSED STRUCTURE

DATE: 12-14-18

SHT. 6

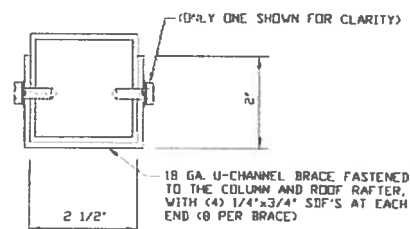
SCALE: NTS

DWG. NO. SK-3

JOB NO. 180583/180583

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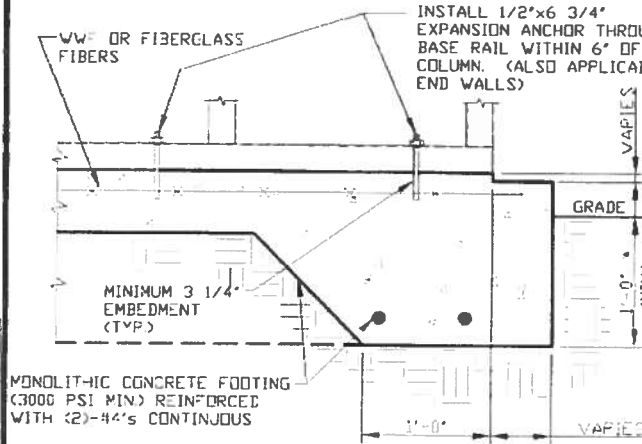


**BOX EAVE RAFTER/CORNER POST
CONNECTION DETAIL
FOR HEIGHTS 12'-0" < TO ≤ 16'-0"**
SCALE: NTS



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BASE RAIL ANCHORAGE OPTIONS

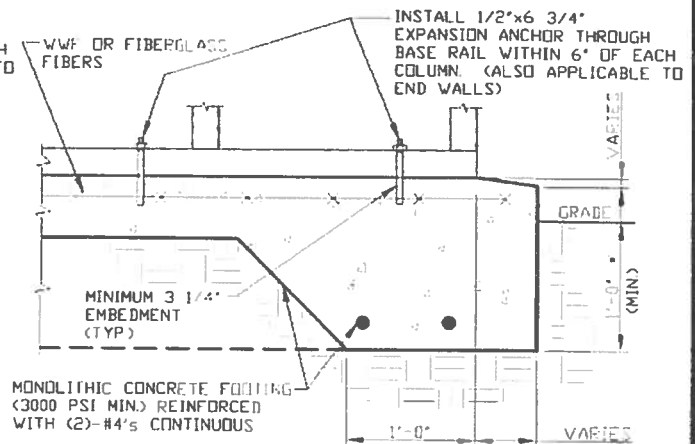


2A

CONCRETE MONOLITHIC SLAB BASE RAIL ANCHORAGE

SCALE: NTS

MINIMUM ANCHOR EDGE DISTANCE IS 4".
* COORDINATE WITH LOCAL CODES/ORD.



2B

CONCRETE SLAB BASE RAIL ANCHORAGE

SCALE: NTS

MINIMUM ANCHOR EDGE DISTANCE IS 4".
* COORDINATE WITH LOCAL CODES/ORD.

GENERAL NOTES

NOTE: CONCRETE MONOLITHIC SLAB DESIGN BASED ON MINIMUM SOIL BEARING CAPACITY OF 1,500 PSF

CONCRETE:

CONCRETE SHALL HAVE A MINIMUM SPECIFIED COMPRESSIVE STRENGTH OF 3,000 PSI AT 28 DAYS.

COVER OVER REINFORCING STEEL:

FOR FOUNDATIONS, MINIMUM CONCRETE COVER OVER REINFORCING BARS SHALL BE PER ACI-318:

3" IN FOUNDATIONS WHERE THE CONCRETE IS CAST AGAINST AND PERMANENTLY IN CONTACT WITH THE EARTH OR EXPOSED TO THE EARTH OR WEATHER, AND 1 1/2" ELSEWHERE.

REINFORCING STEEL:

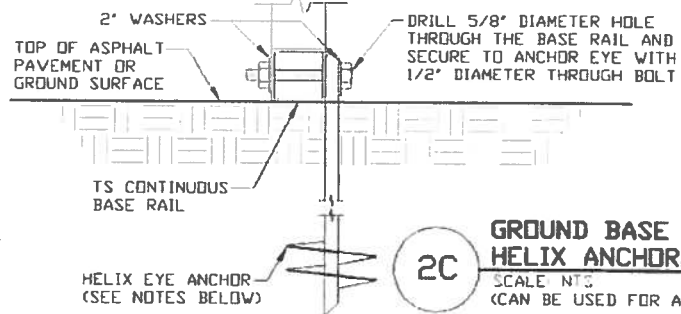
THE TURNDOWN REINFORCING STEEL SHALL BE ASTM A615 GRADE 60. THE SLAB REINFORCEMENT SHALL BE WELDED WIRE FABRIC MEETING ASTM A185 OR FIBERGLASS FIBER REINFORCEMENT.

REINFORCEMENT MAY BE BENT IN THE SHOP OR THE FIELD PROVIDED:

1. REINFORCEMENT IS BENT COLD.
2. THE DIAMETER OF THE BEND, MEASURED ON THE INSIDE OF THE BAR, IS NOT LESS THAN SIX-BAR DIAMETERS.
3. REINFORCEMENT PARTIALLY EMBEDDED IN CONCRETE SHALL NOT BE FIELD BENT.

HELIX ANCHOR NOTES:

1. FOR VERY DENSE AND/OR CEMENTED SANDS, COARSE GRAVEL AND COBBLES, CALICHE, PRELOADED SILTS AND CLAYS, USE MINIMUM (2) 4" HELICES WITH MINIMUM 30" EMBEDMENT OR SINGLE 6" HELIX WITH MINIMUM 50" EMBEDMENT.
2. FOR CORAL USE MINIMUM (2) 4" HELICES WITH MINIMUM 30" EMBEDMENT OR SINGLE 6" HELIX WITH MINIMUM 50" EMBEDMENT.
3. FOR MEDIUM DENSE COARSE SANDS, SANDY GRAVELS, VERY STIFF SILTS, AND CLAYS USE MINIMUM (2) 4" HELICES WITH MINIMUM 30 INCH EMBEDMENT OR SINGLE 6" HELIX WITH MINIMUM 50" EMBEDMENT.
4. FOR LOOSE TO MEDIUM DENSE SANDS, FIRM TO STIFF CLAYS AND SILTS ALLUVIAL FILL, USE MINIMUM (2) 6" HELICES WITH MINIMUM 50" EMBEDMENT.
5. FOR VERY LOOSE TO MEDIUM DENSE SANDS, FIRM TO STIFFER CLAYS AND SILTS, ALLUVIAL FILL, USE MINIMUM (2) 8" HELICES WITH MINIMUM 60" EMBEDMENT.



2C

GROUND BASE HELIX ANCHORAGE

SCALE: NTS

(CAN BE USED FOR ASPHALT)

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STEEL BUILDINGS AND STRUCTURES, INC.
P.O. BOX 1287,
MOUNT AIRY, NC 27030
30'-0" x 20'-0" ENCLOSED STRUCTURE

DATE: 12-14-18

SCALE: NTS

JOB NO: 180605/181565/182905

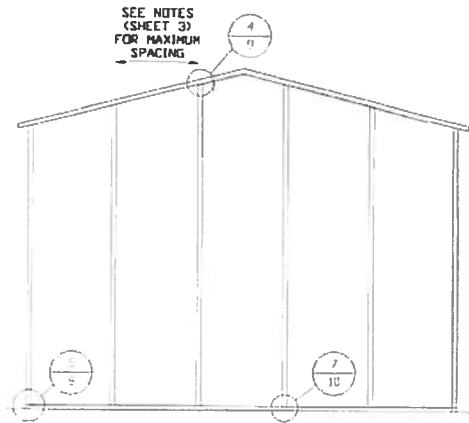
SHT. 7

DWG. NO: SK-3

REV. 7

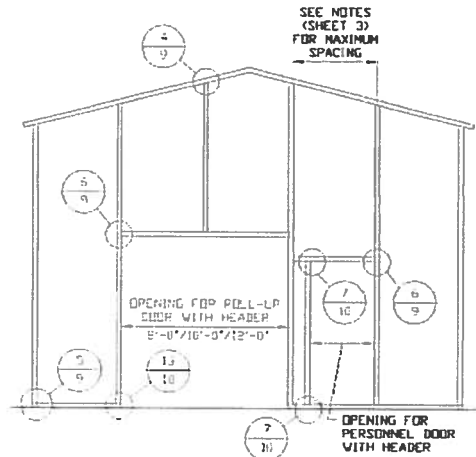
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BOX EAVE RAFTER END WALL AND SIDE WALL OPENINGS



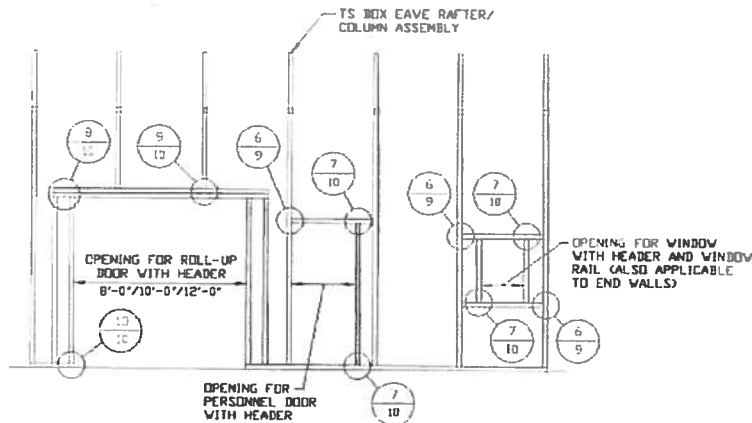
**TYPICAL BOX EAVE RAFTER
END WALL FRAMING SECTION**

SCALE: NTS



**TYPICAL BOX EAVE RAFTER END
WALL OPENINGS FRAMING SECTION**

SCALE: NTS



**TYPICAL BOX EAVE RAFTER
SIDE WALL OPENINGS FRAMING SECTION**

SCALE: NTS

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P.O. BOX 1287,
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30'-0"X20'-0" ENCLOSED STRUCTURE

DATE: 12-14-18

SCALE: NTS

JOB NO: 180563/180505

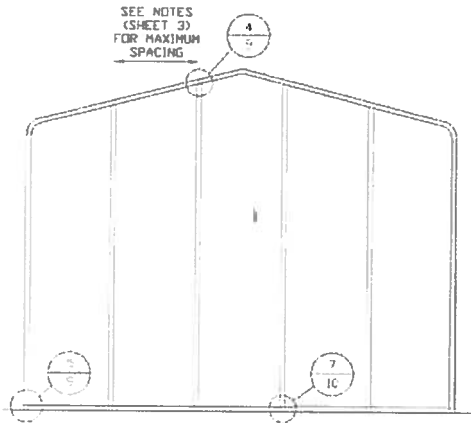
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DWG NO SK-3

REV: 7

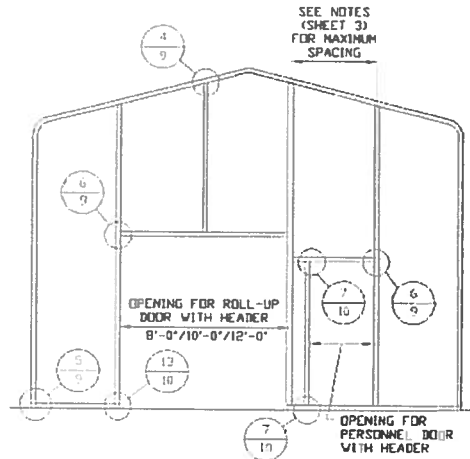
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BOX EAVE RAFTER END WALL AND SIDE WALL OPENINGS



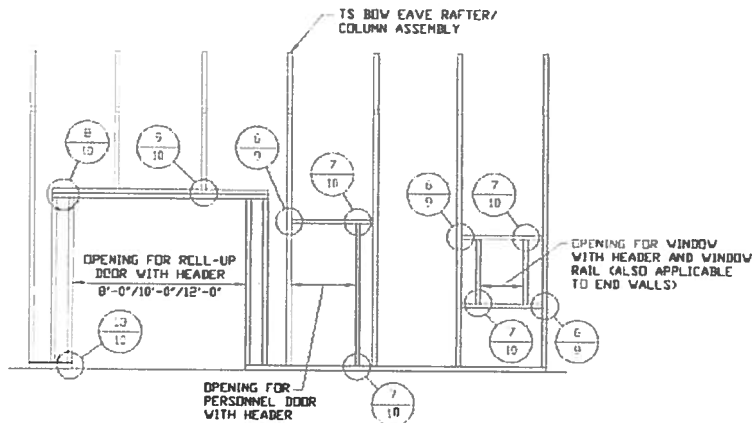
**TYPICAL BOX EAVE RAFTER
END WALL FRAMING SECTION**

SCALE: NTS



**TYPICAL BOX EAVE RAFTER END
WALL OPENINGS FRAMING SECTION**

SCALE: NTS



**TYPICAL BOX EAVE RAFTER
SIDE WALL OPENINGS FRAMING SECTION**

SCALE: NTS

**MOORE AND ASSOCIATES
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STEEL BUILDINGS AND STRUCTURES, INC.
P.O. BOX 1287,
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30'-0" x 20'-0" ENCLOSED STRUCTURE

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SHT. BA

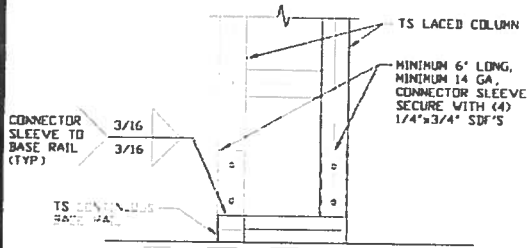
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DWG NO SK-3

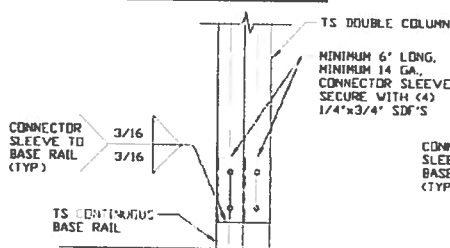
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REV: 7

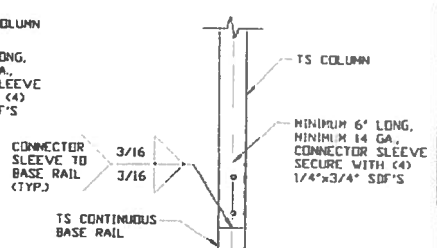
CONNECTION DETAILS



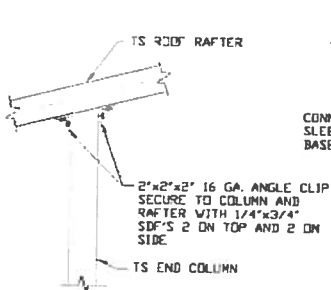
3A POST/BASE RAIL
CONNECTION DETAIL
SCALE: NTS



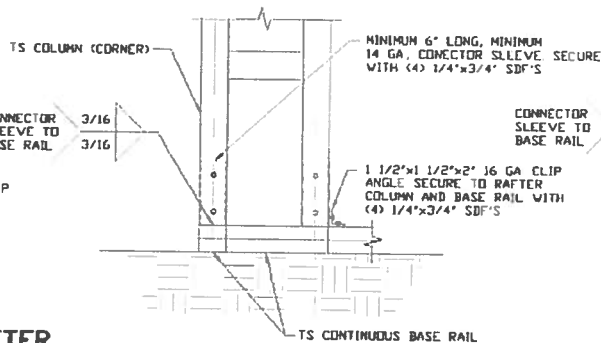
3B POST/BASE RAIL
CONNECTION DETAIL
SCALE: NTS



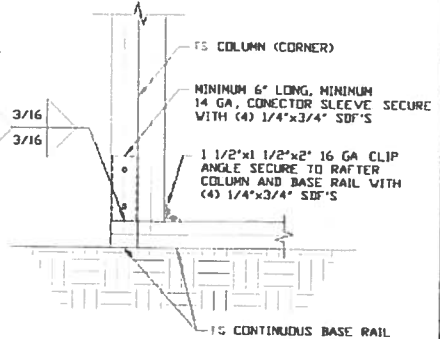
3C POST/BASE RAIL
CONNECTION DETAIL
SCALE: NTS



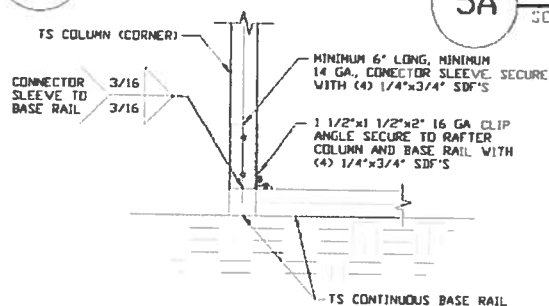
4 END COLUMN/RAFTER
CONNECTION DETAIL
SCALE: NTS



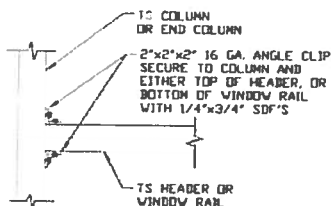
5A END COLUMN/BASE RAIL
CONNECTION DETAIL
SCALE: NTS



5B END COLUMN/BASE RAIL
CONNECTION DETAIL
SCALE: NTS



5B END COLUMN/BASE RAIL
CONNECTION DETAIL
SCALE: NTS



6 COLUMN OR WINDOW RAIL
TO POST CONNECTION DETAIL
SCALE: NTS

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STEEL BUILDINGS AND STRUCTURES, INC.
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30'-0" x 20'-0" ENCLOSED STRUCTURE

DATE: 12-14-18

SHT. 9

SCALE: NTS

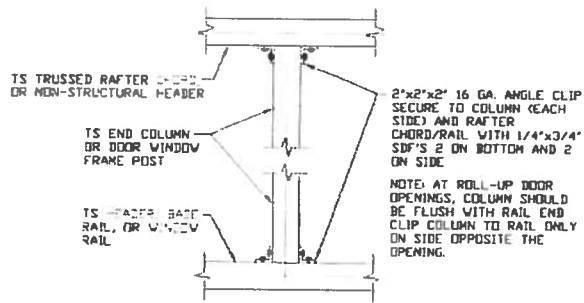
DWG. NO: SK-3

JOB NO: 180605/180905

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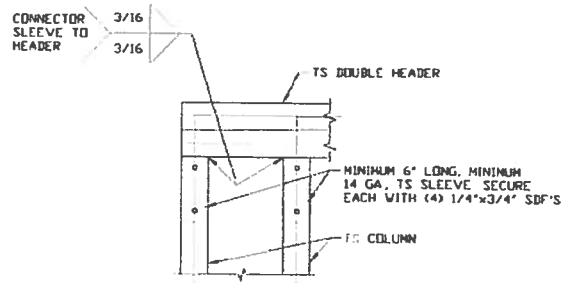
CONNECTION DETAILS



7

COLUMN TO HEADER, BASE RAIL, OR WINDOW RAIL CONNECTION DETAIL

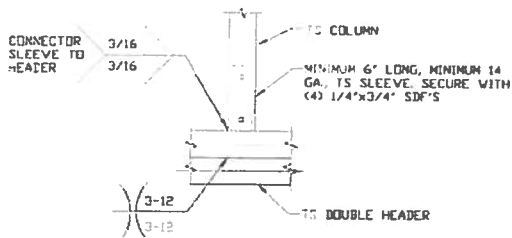
SCALE: NTS



8

DOUBLE HEADER/COLUMN CONNECTION DETAIL

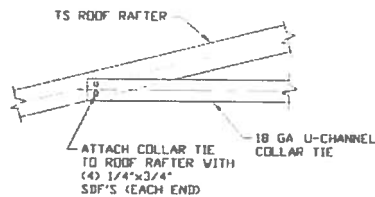
SCALE: NTS



9

COLUMN/DOUBLE HEADER CONNECTION DETAIL

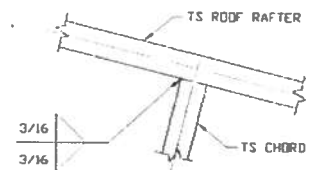
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10

COLLAR TIE CONNECTION DETAIL

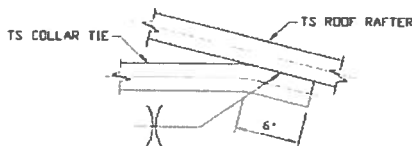
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11

RAFTER TO CHORD CONNECTION DETAIL

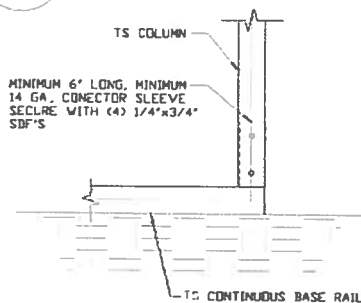
SCALE: NTS



12

COLLAR TIE CONNECTION DETAIL

SCALE: NTS



13

COLUMN/BASE RAIL CONNECTION DETAIL

SCALE: NTS

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STEEL BUILDINGS AND STRUCTURES, INC.
P.O. BOX 1287.
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30'-0" x 20'-0" ENCLOSED STRUCTURE

DATE: 12-14-18

SHT. 10

SCALE: NTS

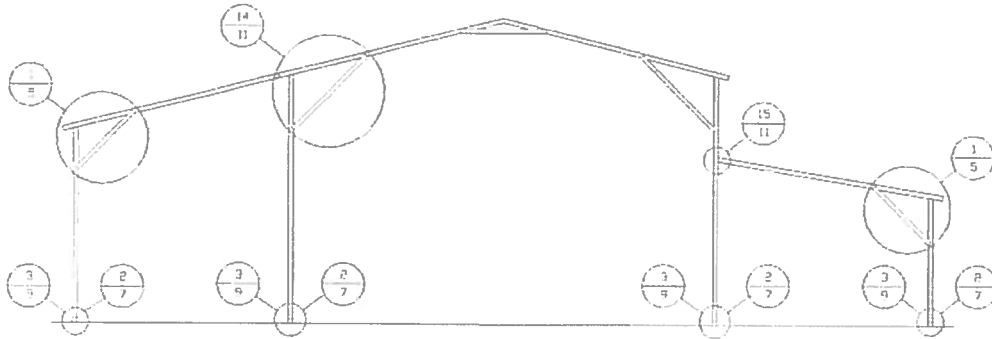
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JOB NO. 180505/182905

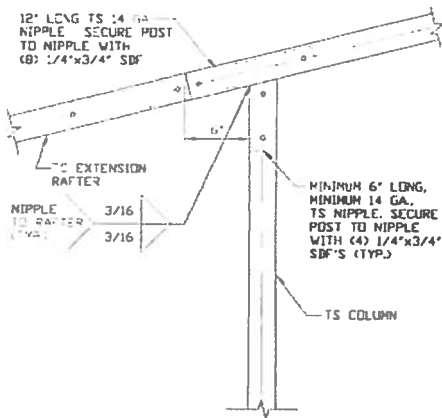
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BOX EAVE RAFTER LEAN-TO OPTIONS



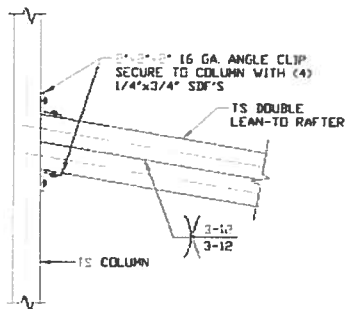
TYPICAL BOX EAVE RAFTER LEAN-TO OPTIONS FRAMING SECTION (BOTH OPTIONS SHOWN)
SCALE: NTS



14

**SIDE EXTENSION RAFTER/
CORNER POST DETAIL**

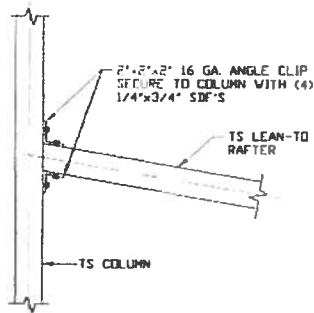
SCALE: NTS



15A

**LEAN-TO RAFTER TO
RAFTER POST CONNECTION
DETAIL FOR WIDTHS
12'-0" < TO ≤ 16'-0"**

SCALE: NTS



15B

**LEAN-TO RAFTER
TO RAFTER POST
CONNECTION DETAIL
FOR WIDTHS ≤ 12'-0"**

SCALE: NTS

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STEEL BUILDINGS AND STRUCTURES, INC.
P.O. BOX 1287,
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30'-0" x 20'-0" ENCLOSED STRUCTURE

DATE: 12-14-19

SHT. 11

SCALE: NTS

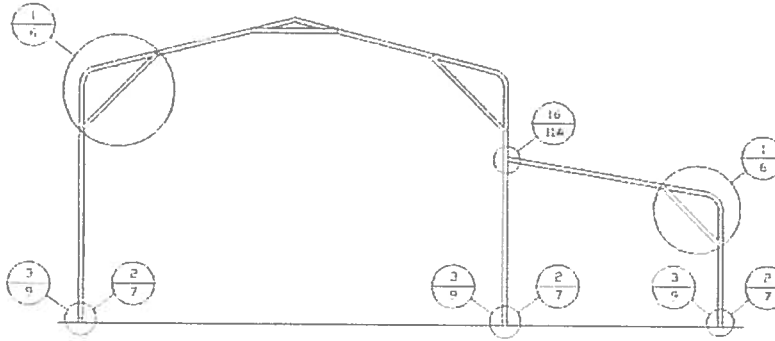
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JOB NO. 180683/182905

REV. 7

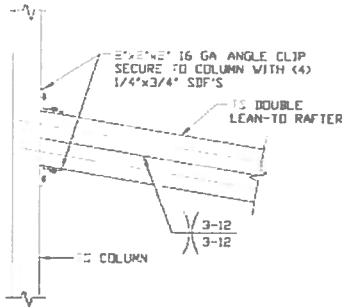
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BOW EAVE RAFTER LEAN-TO OPTIONS



TYPICAL BOW EAVE RAFTER LEAN-TO OPTIONS FRAMING SECTION

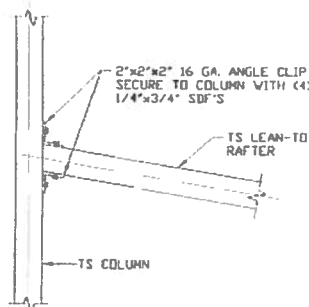
SCALE: NTS



**LEAN-TO RAFTER TO
RAFTER POST CONNECTION
DETAIL FOR WIDTHS
12'-0" < TO ≤ 16'-0"**

16A

SCALE: NTS



**LEAN-TO RAFTER
TO RAFTER POST
CONNECTION DETAIL
FOR WIDTHS ≤ 12'-0"**

16B

SCALE: NTS

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P.O. BOX 1287,
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30'-0" x 20'-0" ENCLOSED STRUCTURE

DATE: 12-14-19

SCALE: NTS

JOB NO: 180682/180682/180682

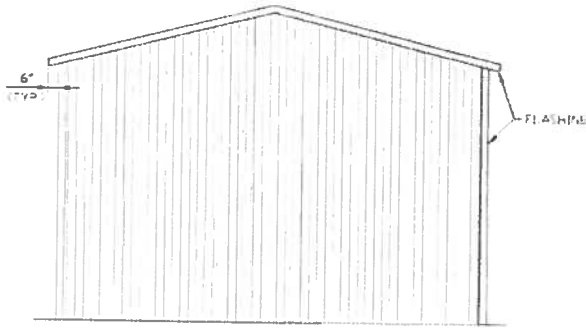
SHT. 11A

DWG. NO: SK-3

REV. 7

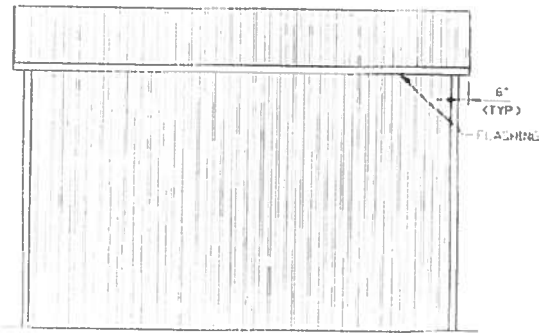
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BOX EAVE RAFTER VERTICAL ROOF/SIDING OPTION



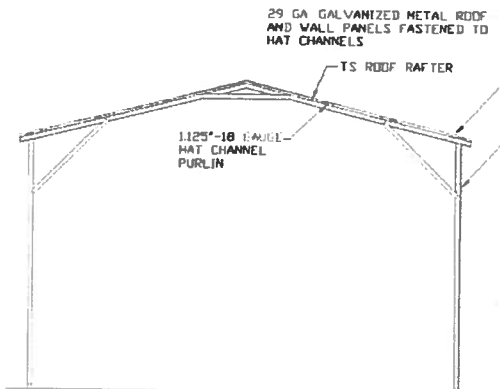
**TYPICAL END ELEVATION
VERTICAL ROOF/SIDING**

SCALE: NTS



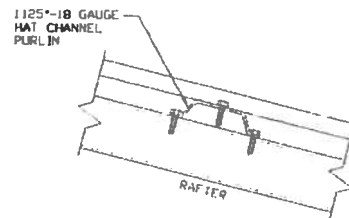
**TYPICAL SIDE ELEVATION
VERTICAL ROOF/SIDING**

SCALE: NTS



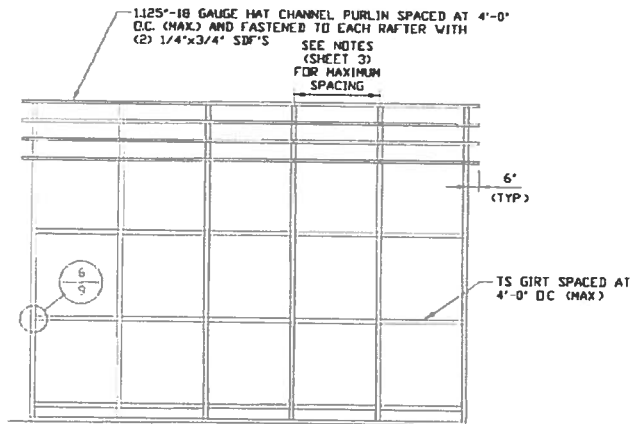
**TYPICAL SECTION
VERTICAL ROOF/SIDING OPTION**

SCALE: NTS



PANEL ATTACHMENT

(ALTERNATE FOR VERTICAL ROOF PANELS)
SCALE: NTS



**TYPICAL FRAMING SECTION
VERTICAL ROOF/SIDING OPTION**

SCALE: NTS

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STEEL BUILDINGS AND STRUCTURES, INC.

P.O. BOX 1287,
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30'-0" x 20'-0" ENCLOSED STRUCTURE

DATE: 12-14-18

SCALE: NTS

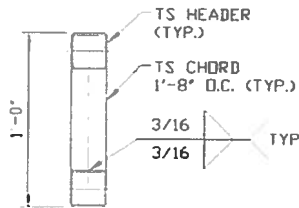
DWG. NO: SK-3

JOB NO: 180625/180625

REV: 6A

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OPTIONAL HEADER



HEADER DETAIL FOR DOOR
OPENINGS 12'-0" < LENGTH < 20'-0"
 SCALE: NTS

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CLIENT: SBSI

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 P.O. BOX 1287,
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 30'-0" x 20'-0" ENCLOSED STRUCTURE

DATE: 12-14-18

SCALE: NTS

JOB NO: 180463/191563/182903

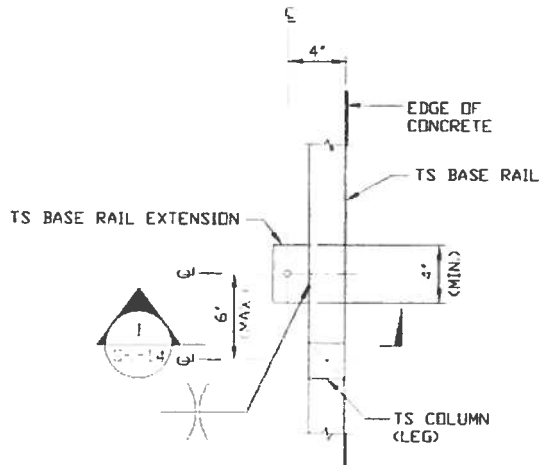
SHT. 13

DWG. NO. SK-3

REV. 7

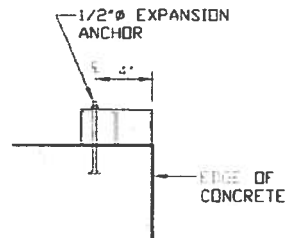
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ADDITIONAL BASE RAIL ANCHORAGE OPTION

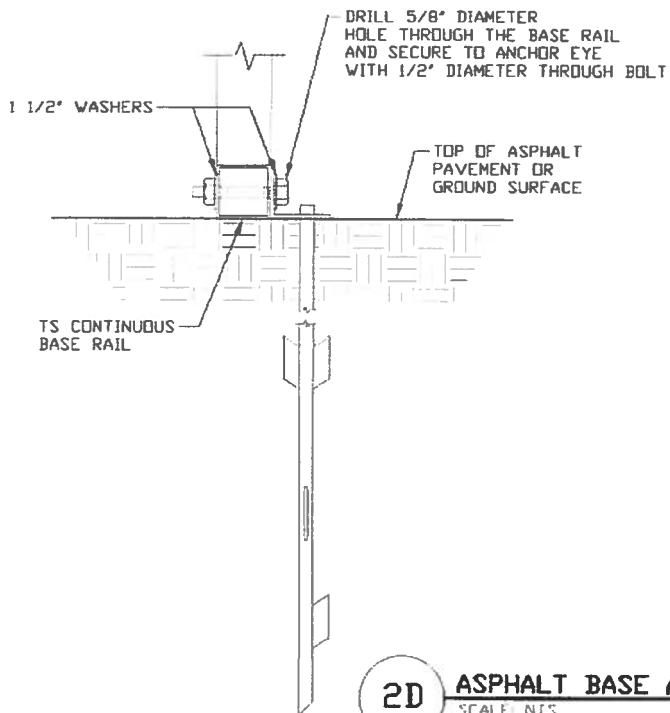


TYPICAL ANCHOR DETAIL WHEN BASE RAIL IS NEAR EDGE OF CONCRETE

SCALE: NTS



SECTION 1
SCALE: NTS



2D

ASPHALT BASE ANCHORAGE

SCALE: NTS

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CHECKED BY: PJM

PROJECT NO: VSM

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P.O. BOX 1287,
MOUNT AIRY, NC 27030
30'-0" x 20'-0" ENCLOSED STRUCTURE

DATE: 12-14-10

SCALE: NTS

DWG. NO: SK-3

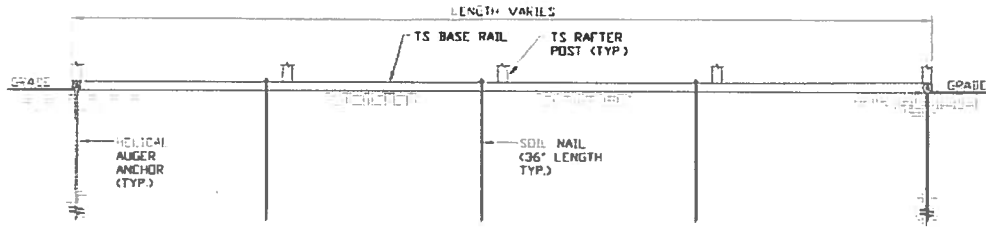
SHT. 14

JOB NO: 101545/102305

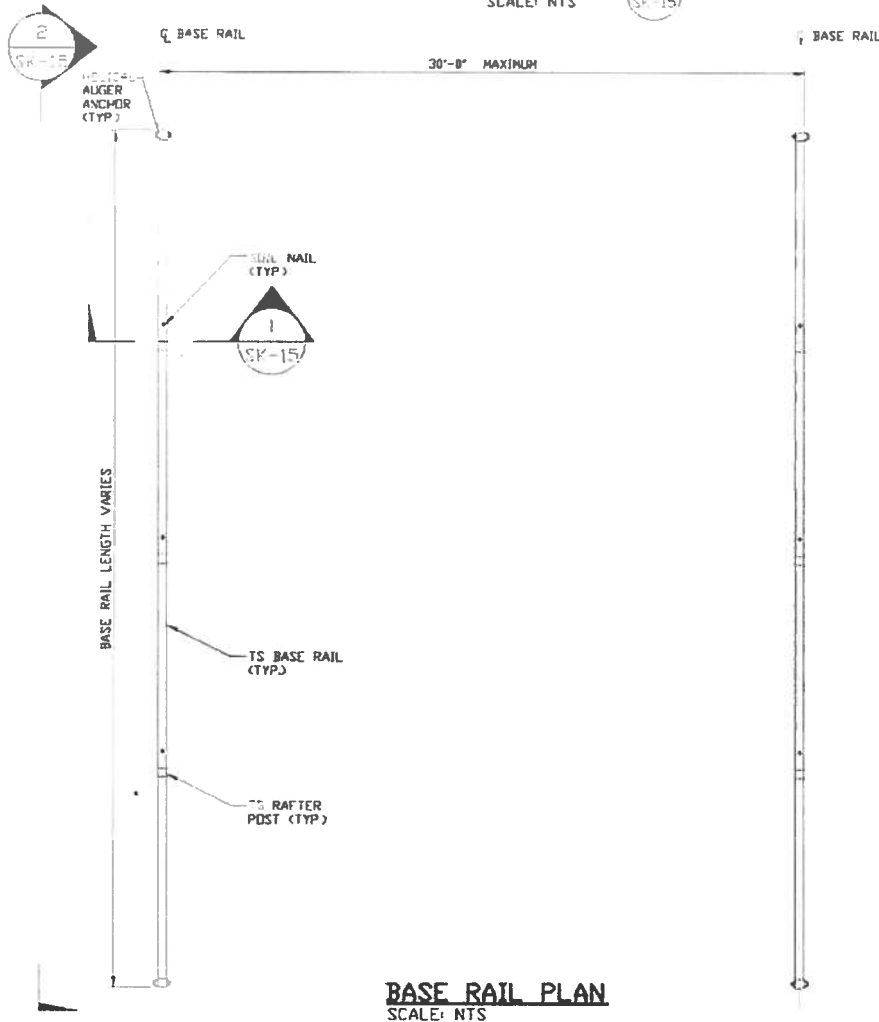
REV. 7

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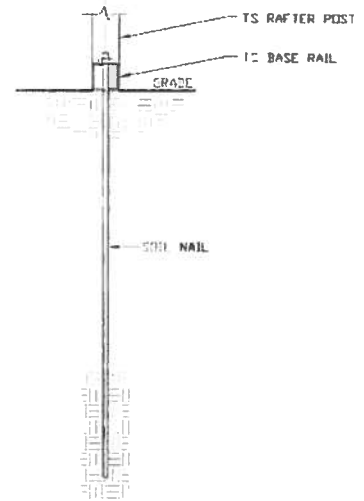
OPTIONAL BASE RAIL ON GRADE APPLICATION



SECTION 2
SCALE: NTS



BASE RAIL PLAN
SCALE: NTS



SECTION 1
SCALE: NTS

HELIX ANCHOR	
SIDE LENGTH	MAXIMUM SPACING
VARIES	10'-0" (EVERY OTHER POST)

**MOORE AND ASSOCIATES
ENGINEERING AND CONSULTING, INC.**

DRAWN BY: AT

CHECKED BY: PMH

PROJECT NO: VSM

CLIENT: SISI

STEEL BUILDINGS AND STRUCTURES, INC.
P.O. BOX 1287,
MOUNT AIRY, NC 27030
30'-0"x20'-0" ENCLOSED STRUCTURE

DATE: 12-14-19

SHT. 15

SCALE: NTS

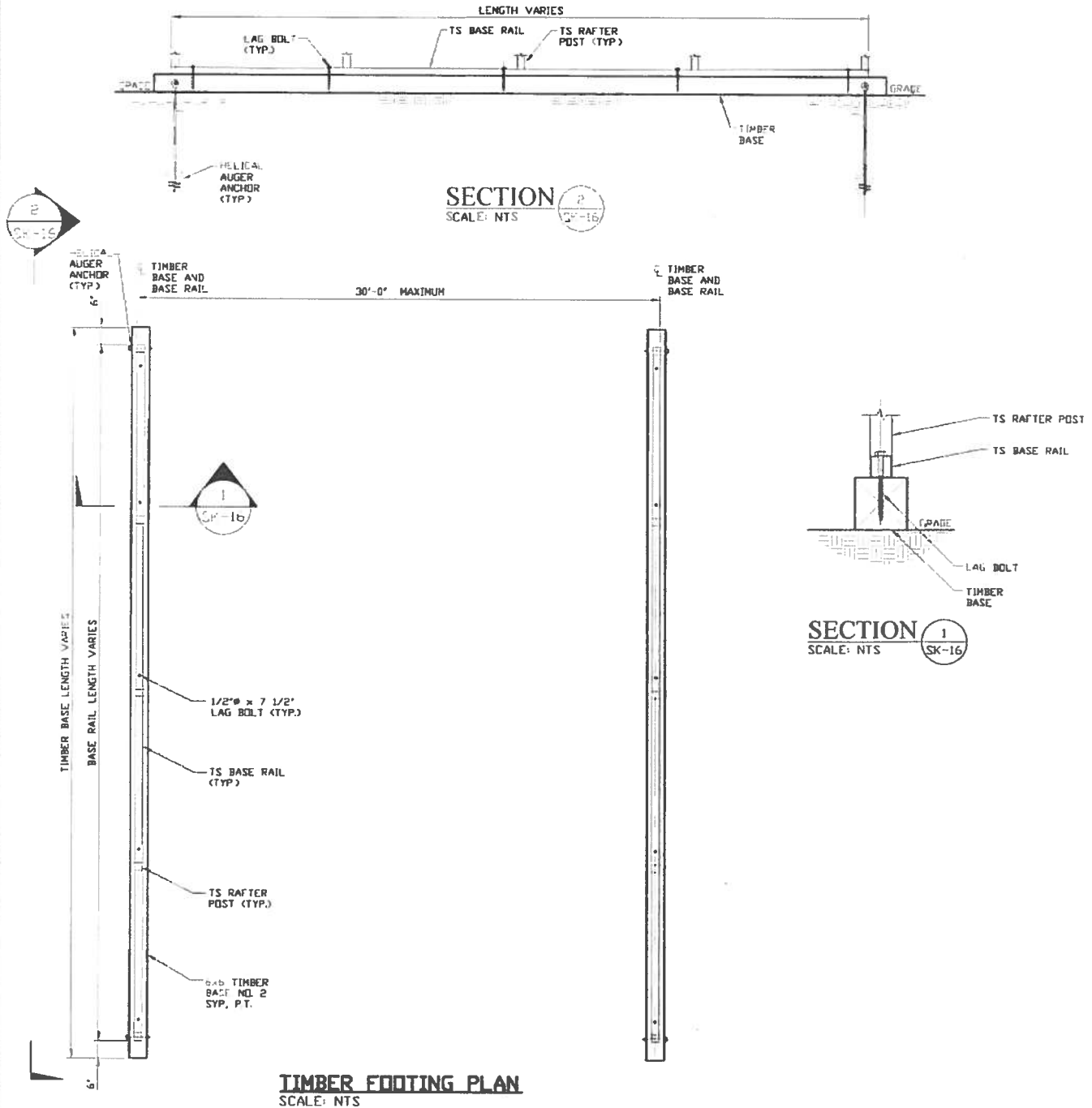
DWG NO SK-3

JOB NO 100495/1002905

REV: 7

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OPTIONAL BASE RAIL ON TIMBER BEAM



**MOORE AND ASSOCIATES
ENGINEERING AND CONSULTING, INC.**

DRAWN BY: AT

CHECKED BY: PMH

PROJECT MGR: VSN

CLIENT: SSSI

STEEL BUILDINGS AND STRUCTURES, INC.
P.O. BOX 1287,
MOUNT AIRY, NC 27030
30'-0" x 20'-0" ENCLOSED STRUCTURE

DATE: 12-14-19

SCALE: NTS

JOB NO: 180693/182905

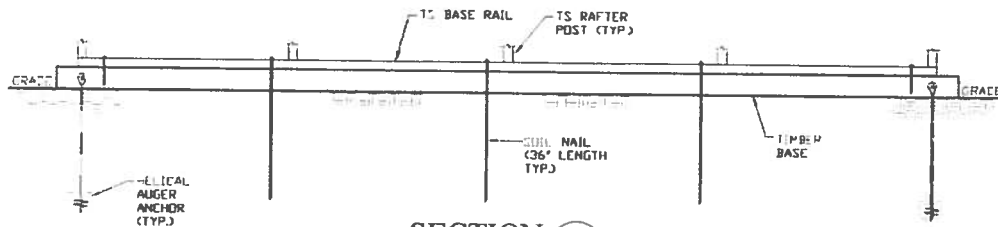
SHT. 16

DWG NO SK-3

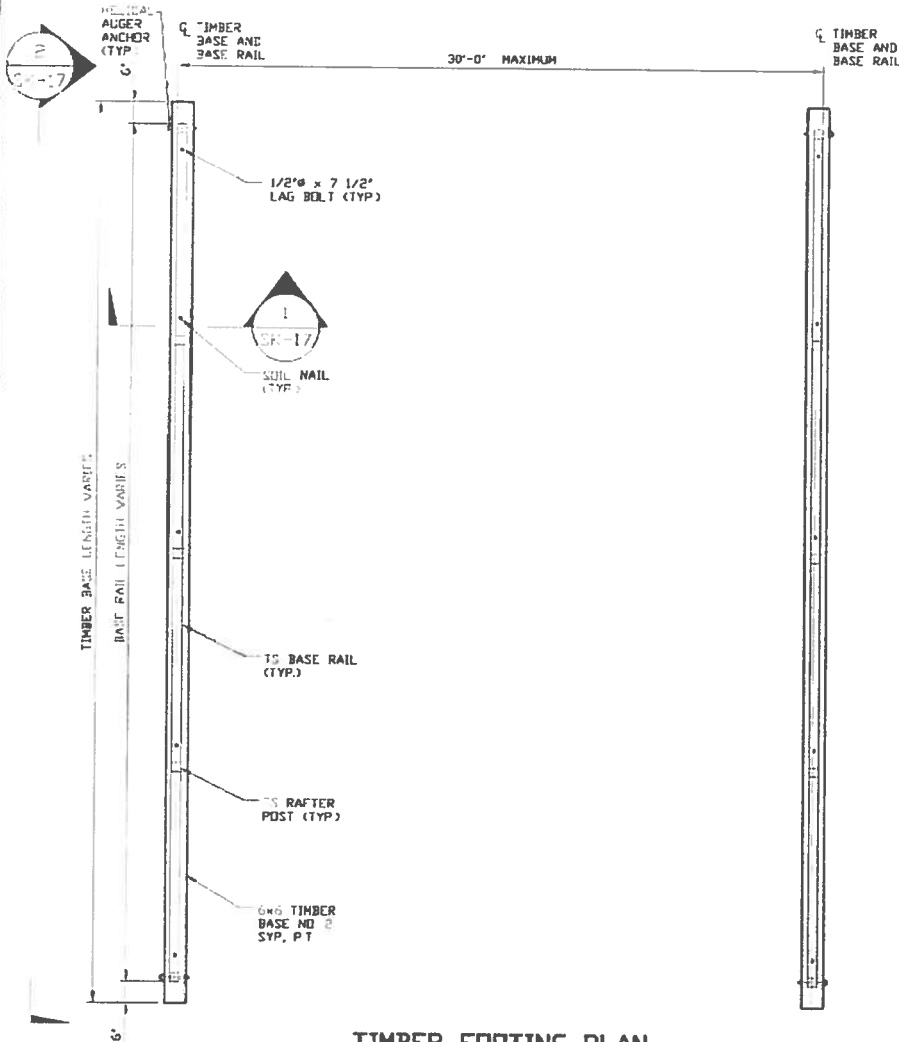
REV: 7

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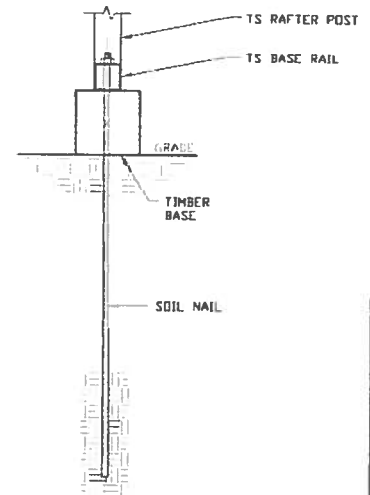
OPTIONAL BASE RAIL ON TIMBER BEAM WITH SOIL NAIL



SECTION 2
SCALE: NTS



TIMBER FOOTING PLAN
SCALE: NTS



SECTION 1
SCALE: NTS

HELIX ANCHOR	
SIDE LENGTH	MAXIMUM SPACING
VARIES	10'-0" (EVERY OTHER POST)

MOORE AND ASSOCIATES
ENGINEERING AND CONSULTING, INC.

DRAWN BY: AT

CHECKED BY: PDH

PROJECT NO: VSM

CLIENT: SSSI

STEEL BUILDINGS AND STRUCTURES, INC.
P.O. BOX 1287,
MOUNT AIRY, NC 27030
30'-0" x 20'-0" ENCLOSED STRUCTURE

DATE: 12-14-19

SHT. 17

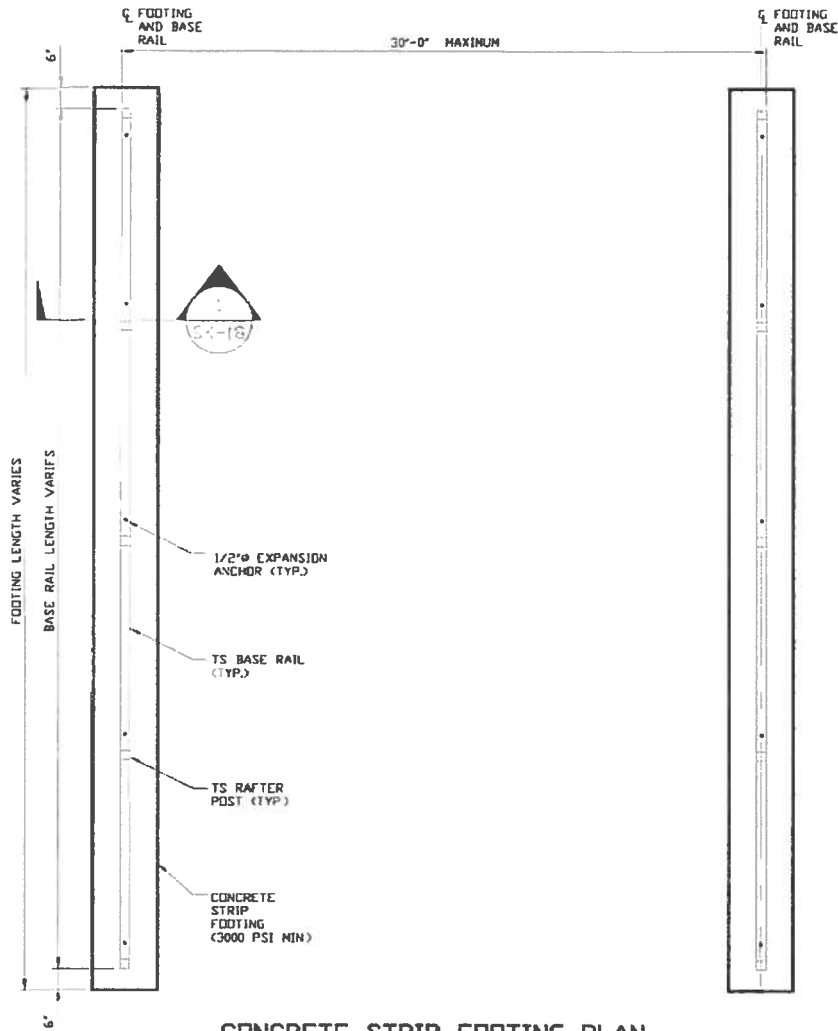
SCALE: NTS

DWG. NO. SK-3

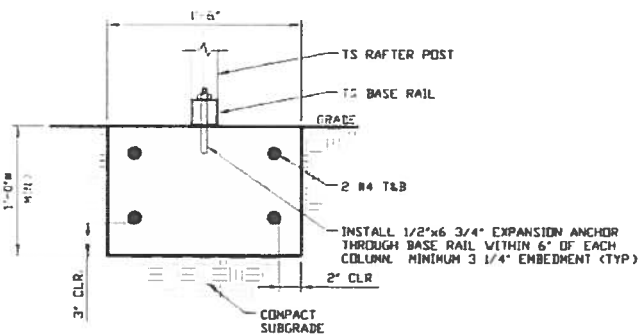
180682/
JOB NO. 180563/182905
REV. 7

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OPTIONAL CONCRETE STRIP FOOTING



CONCRETE STRIP FOOTING PLAN
SCALE: NTS



SECTION 1
SCALE: NTS

* COORDINATE WITH LOCAL CODES/ORD.

**MOORE AND ASSOCIATES
ENGINEERING AND CONSULTING, INC.**

DRAWN BY: AT

CHECKED BY: PDH

PROJECT NO: VSM

CLIENT: SBT

STEEL BUILDINGS AND STRUCTURES, INC.
P.O. BOX 1287,
MOUNT AIRY, NC 27030
30'-0" x 20'-0" ENCLOSED STRUCTURE

DATE: 12-14-18

SCALE: NTS

JOB NO: 180603/182305

SHT. 18

DWG. NO SK-3

REV: 7

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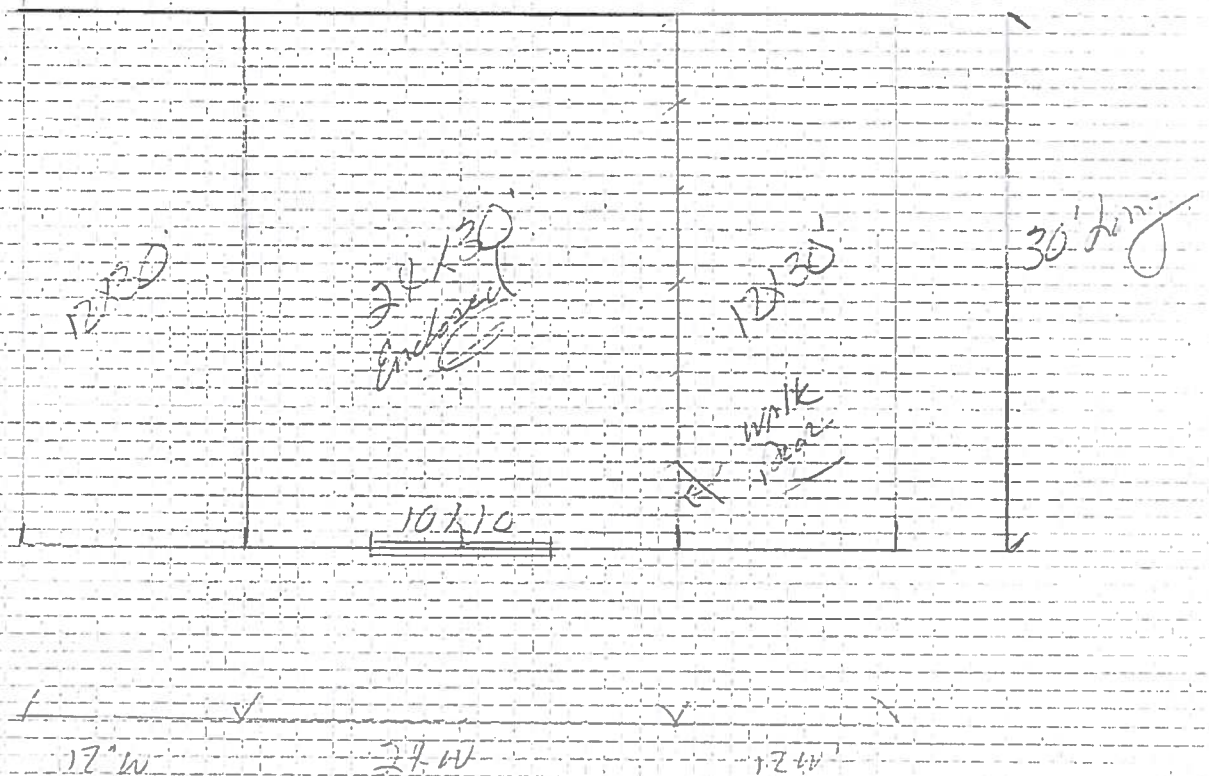
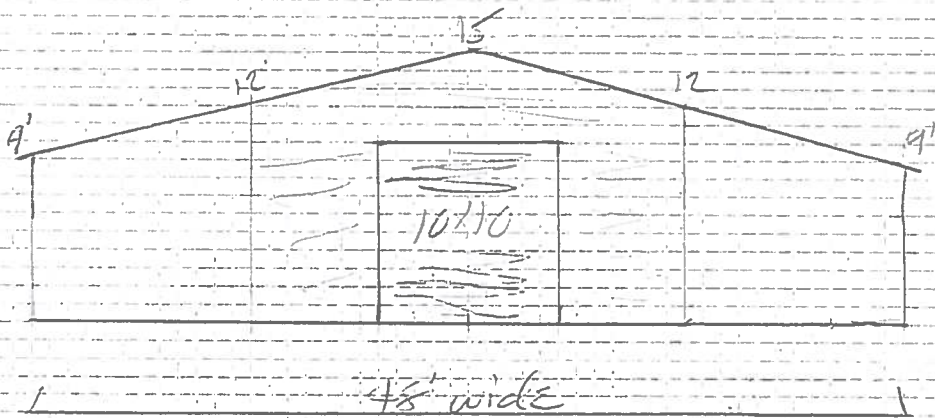
Keith & Alice Mobley
(386) 365-3031

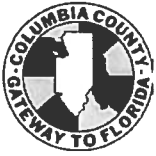
Elite Outdoor Bldgs
386-364-1364 Jim or Tomos

Overall Pwd 48x30 = 1440
Center Pwd 24x10 = 240
R/S Pwd (2) 12x3 = 72

Sq/L 1752

7884 sq
Overall
6570 sq





COLUMBIA COUNTY BUILDING DEPARTMENT

Revised 4/27/17

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

Office: 386-758-1008 Fax: 386-758-2160

www.columbiacountyfla.com/BuildingandZoning.asp

NEW CONSTRUCTION RESIDENTIAL OR COMMERCIAL

ANY NEW ~ ADDITIONS ~ METAL BUILDINGS ~ ENCLOSURES

☐ 2nd pg Permit Application with *PROPERTY OWNER'S Signature & Notarized Contractor Signature* + \$15.00
The Deeded Property owner must sign page 2 of the Application. If the customer has a notarized Power of Attorney from the Deeded Property Owner, then that named person can sign for the owner.

1 -Notes:

☐ Subcontractors Verification Form, **signed** by the license holder/contractor that is subcontracted the job.

2 -Notes:

☐ License Holders (Contractors) must complete a "Letter of Authorization" for who signs the permit.

3 -Notes:

☐ If an Owner Builder, Notarized Disclosure Statement (Owner Builders must sign for the Permit)

4 -Notes:

☐ Recorded deed or Property Appraiser's parcel details printout; **and if**

5 -Notes:

☐ Owner is Corporation or Trust, **provide** corporate articles listing the signor, trust executor or POA forms.

6 -Notes:

☐ Site plan with actual distances of the structure to each property line

8 -Notes:

☐ 911 Address form, Phone 386-758-1125 #1 ALL CONSTRUCTION REQUIRES VERIFICATION

9 -Notes:

☐ Residential or Commercial Checklist completed including Product Approval Code Spec sheet.

10 -Notes:

☐ Recorded Notice of Commencement; before the 1st inspection.

11 -Notes:

☐ 2 sets of plans (blueprints) folded to 9 x 12 size with Signed & Sealed Engineering

13 -Notes:

☐ 2 sets of Signed & Sealed truss engineering, if not included within the building blueprints

45 -Notes:

☐ 2 sets of energy code & Manual J forms, if required.

15 -Notes:

☐ Provide information on Development Permits/Zoning Applications applied for, if applicable.

16 -Notes:

Needed AFTER Zoning Review and Approval has been allowed for this project.

☐ Approved and Signed Site Plan from Environmental Health on the septic 386-758-1058

Notes:

☐ New Wells need a letter from the well driller (Well Letter); **or** if on City Water provide City Water Letter;
☐ **or** if the property is in the Ellisville Water System area contact 386-719-7565 for review.

Notes:

Applications can be mailed, include the \$15.00 fee, checks to BCC or Board of County Commissioners.

Columbia County New Building Permit Application

For Office Use Only Application # _____ Date Received _____ By _____ Permit # _____

Zoning Official _____ Date _____ Flood Zone _____ Land Use _____ Zoning _____

FEMA Map # _____ Elevation _____ MFE _____ River _____ Plans Examiner _____ Date _____

Comments _____

☐ NOC ☐ EH ☐ Deed or PA ☐ Site Plan ☐ State Road Info ☐ Well letter ☐ 911 Sheet ☐ Parent Parcel # _____

☐ Dev Permit # _____ ☐ In Floodway ☐ Letter of Auth. from Contractor ☐ F W Comp. letter

☐ Owner Builder Disclosure Statement ☐ Land Owner Affidavit ☐ Ellisville Water ☐ App Fee Paid ☐ Sub VF Form

Septic Permit No. _____ OR City Water ☐ Fax _____

Applicant (Who will sign/pickup the permit) _____ Phone _____

Address _____

Owners Name _____ Phone _____

911 Address _____

Contractors Name _____ Phone _____

Address _____

Contractor Email _____ ***Include to get updates on this job.

Fee Simple Owner Name & Address _____

Bonding Co. Name & Address _____

Architect/Engineer Name & Address _____

Mortgage Lenders Name & Address _____

Circle the correct power company ☐ FL Power & Light ☐ Clay Elec. ☐ Suwannee Valley Elec. ☐ Duke Energy

Property ID Number _____ Estimated Construction Cost _____

Subdivision Name _____ Lot _____ Block _____ Unit _____ Phase _____

Driving Directions from a Major Road _____

Construction of _____ Commercial OR _____ Residential

Proposed Use/Occupancy _____ Number of Existing Dwellings on Property _____

Is the Building Fire Sprinkled? _____ If Yes, blueprints included _____ Or Explain _____

Circle Proposed ☐ Culvert Permit or ☐ Culvert Waiver or ☐ D.O.T. Permit or ☐ Have an Existing Drive

Actual Distance of Structure from Property Lines - Front _____ Side _____ Side _____ Rear _____

Number of Stories _____ Heated Floor Area _____ Total Floor Area _____ Acreage _____

Zoning Applications applied for (Site & Development Plan, Special Exception, etc.) _____

Columbia County Building Permit Application

CODE: Florida Building Code 2017 and the 2014 National Electrical Code.

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.

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 pursued in good faith or a permit has been issued.

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 CONTRACTOR AND AGENT: **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. You must verify if your property is encumbered by any restrictions or face possible litigation and or fines.

Keith Mobley
Print Owners Name

[Signature]
Owners Signature

****Property owners must sign here
before any permit will be issued.**

****If this is an Owner Builder Permit Application then, ONLY the owner can sign the building permit when it is issued.**

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

Contractor's Signature

Contractor's License Number _____
Columbia County
Competency Card Number _____

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

Personally known ☐ or Produced Identification _____

SEAL:

State of Florida Notary Signature (For the Contractor)

SUBCONTRACTOR VERIFICATION

APPLICATION/PERMIT # _____ JOB NAME _____

THIS FORM MUST BE SUBMITTED BEFORE A PERMIT WILL BE ISSUED

Columbia County issues combination permits. 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 general contractors permit.

NOTE: It shall be the responsibility of the general contractor to make sure that all of the subcontractors are licensed with the Columbia County Building Department.

Use website to confirm licenses: <http://www.columbiacountyfla.com/PermitSearch/ContractorSearch.aspx>

NOTE: If this should change prior to completion of the project, it is your responsibility to have a corrected form submitted to our office, before that work has begun.

Violations will result in stop work orders and/or fines.

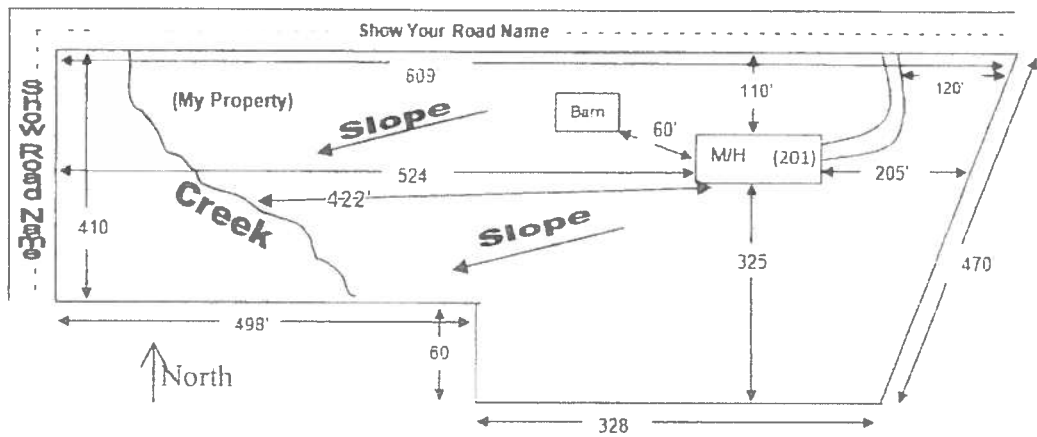
ELECTRICAL <input type="checkbox"/> CC# _____	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	<u>Need</u> <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
MECHANICAL/ A/C <input type="checkbox"/> CC# _____	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	<u>Need</u> <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
PLUMBING/ GAS <input type="checkbox"/> CC# _____	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	<u>Need</u> <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
ROOFING <input type="checkbox"/> CC# _____	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	<u>Need</u> <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
SHEET METAL <input type="checkbox"/> CC# _____	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	<u>Need</u> <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
FIRE SYSTEM/ SPRINKLER <input type="checkbox"/> CC# _____	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	<u>Need</u> <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
SOLAR <input type="checkbox"/> CC# _____	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	<u>Need</u> <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
STATE <input type="checkbox"/> SPECIALTY CC# _____	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	<u>Need</u> <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE

SITE PLAN CHECKLIST

- ___ 1) Property Dimensions
- ___ 2) Footprint of proposed and existing structures (including decks), label these with existing addresses
- ___ 3) Distance from structures to all property lines
- ___ 4) Location and size of easements
- ___ 5) Driveway path and distance at the entrance to the nearest property line
- ___ 6) Location and distance from any waters: sink holes; wetlands; and etc.
- ___ 7) Show slopes and or drainage paths
- ___ 8) Arrow showing North direction

SITE PLAN EXAMPLE

Revised 7/1/15



NOTE:

This site plan can be copied and used with the 911 Addressing Dept. application forms.



COLUMBIA COUNTY BUILDING DEPARTMENT
135 NE Hernando Ave, Suite B-21, Lake City, FL 32055
Phone: 386-758-1008 Fax: 386-758-2160

LETTER OF AUTHORIZATION TO SIGN FOR PERMITS

I, _____ (license holder name), licensed qualifier
for _____ (company name), do certify that
the below referenced person(s) listed on this form is/are contracted/hired by me, the license
holder, or is/are employed by me directly or through an employee leasing arrangement; or, is an
officer of the corporation; or, partner as defined in Florida Statutes Chapter 468, and the said
person(s) is/are under my direct supervision and control and is/are authorized to purchase
permits, call for inspections and sign on my behalf.

Printed Name of Person Authorized	Signature of Authorized Person
1.	1.
2.	2.
3.	3.
4.	4.
5.	5.

I, the license holder, realize that I am responsible for all permits purchased, and all work done
under my license and fully responsible for compliance with all Florida Statutes, Codes, and
Local Ordinances. I understand that the State and County Licensing Boards have the power and
authority to discipline a license holder for violations committed by him/her, his/her agents,
officers, or employees and that I have full responsibility for compliance with all statutes, codes
and ordinances inherent in the privilege granted by issuance of such permits.

If at any time the person(s) you have authorized is/are no longer agents, employee(s), or
officer(s), you must notify this department in writing of the changes and submit a new letter of
authorization form, which will supersede all previous lists. Failure to do so may allow
unauthorized persons to use your name and/or license number to obtain permits.

License Holders Signature (Notarized) License Number Date

NOTARY INFORMATION:

STATE OF: Florida COUNTY OF: _____

The above license holder, whose name is _____,
personally appeared before me and is known by me or has produced identification
(type of I.D.) _____ on this _____ day of _____, 20____.

NOTARY'S SIGNATURE

(Seal/Stamp)

NOTICE OF COMMENCEMENT

Clerk's Office Stamp

Tax Parcel Identification Number: _____

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

1. Description of property (*legal description*): _____
a) Street (*job*) Address: _____
2. General description of improvements: _____
3. Owner Information or Lessee information if the Lessee contracted for the improvements:
a) Name and address: _____
b) Name and address of fee simple titleholder (if other than owner) _____
c) Interest in property _____
4. Contractor Information
a) Name and address: _____
b) Telephone No.: _____
5. Surety Information (if applicable, a copy of the payment bond is attached)
a) Name and address: _____
b) Amount of Bond: _____
c) Telephone No.: _____
6. Lender
a) Name and address: _____
b) Phone No.: _____
7. Person 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:
a) Name and address: _____
b) Telephone No.: _____
8. In addition to himself or herself, Owner designates the following person to receive a copy of the Lienor's Notice as provided in Section 713.13(1)(b), Florida Statutes:
a) Name: _____ OF _____
b) Telephone No.: _____
9. Expiration date of Notice of Commencement (the expiration date will be 1 year from the date of recording unless a different date is specified): _____

WARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713.13, FLORIDA STATUTES, AND CAN RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY; A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.

STATE OF FLORIDA
COUNTY OF COLUMBIA

10 _____
Signature of Owner or Lessee, or Owner's or Lessee's Authorized Office/Director/Partner/Manager

Printed Name and Signatory's Title/Office

The foregoing instrument was acknowledged before me, a Florida Notary, this _____ day of _____, 20____, by _____ as _____ for _____.
(Name of Person) (Type of Authority) (name of party on behalf of whom instrument was executed)

Personally Known _____ OR Produced Identification _____ Type _____

Notary Signature _____ Notary Stamp or Seal: _____



COLUMBIA COUNTY

911 ADDRESSING / GIS DEPARTMENT

P. O. Box 1787, Lake City, FL 32056-1787
263 NW Lake City Ave., Lake City, FL 32055
Telephone: (386) 758-1125 * Fax: (386) 758-1365 * Email: gis@columbiacountyfla.com



Application for 9-1-1 Address Assignment Form

NOTE: ADDRESS ASSIGNMENT MAY REQUIRE UP TO 10 WORKING DAYS.
IF THE ADDRESSING DEPARTMENT NEEDS TO CONDUCT ON SITE GPS LOCATION
IDENTIFICATION OR OTHER ACTIONS, ADDITIONAL TIME MAY BE REQUIRED.

Date of Request: _____

REQUESTER Last Name: _____

First Name: _____

Contact Telephone Number: _____

(Cell Phone Number if Provided): _____

Requested for Self: ☐ or Requested for Company: ☐
(check one)

If Address is Requested by a Company, Provide Name of Requesting Company:

Parcel Identification Number: _____ - _____ - _____ - _____

If in Subdivision, Provide Name Of Subdivision:

Phase or Unit Number (if any): _____ Block Number (if any): _____

Lot Number: _____

Attach Site Plan or you may use page 2 of Application Form for Site Plan:
Requirements for Site Plan Are Listed on page 2 of Application Form:
(NOTE: Site Plan Does NOT have to be a survey or to scale; FURTHER a
Environmental Health Dept. Site Plan showing only a 210 by 210 cutout of a
property will NOT suffice for Addressing Application Requirements.)

Addressing / GIS Department Use Only:

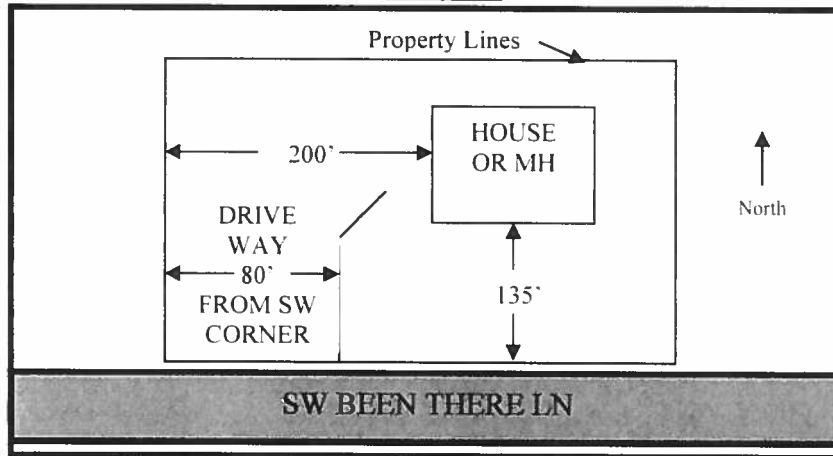
Date Received: _____

Received by: Walk in: _____ Fax: _____ Email: _____ Other: _____

Page 2, Site Plan for 9-1-1 Address Application From

1. A PLAT, PLAN, OR DRAWING SHOWING THE PROPERTY LINES OF THE PARCEL.
2. LOCATION OF PLANNED RESIDENT OR BUSINESS STRUCTURE ON THE PROPERTY WITH DISTANCES FROM AT LEAST TWO OF THE PROPERTY LINES TO THE STRUCTURE (SEE SAMPLE BELOW).
3. LOCATION OF THE ACCESS POINT (DRIVEWAY, ETC.) ON THE ROADWAY FROM WHICH LOCATION IS TO BE ADDRESSED WITH A DISTANCE FROM A PARALLEL PROPERTY LINE AND OR PROPERTY CORNER (SEE SAMPLE BELOW).
4. TRAVEL OF THE DRIVEWAY FROM THE ACCESS POINT TO THE STRUCTURE (SEE SAMPLE BELOW).

SAMPLE:



SITE PLAN BOX:

A large, empty rectangular box intended for the user to draw their own site plan.

Envelope Leakage Test Report (Blower Door Test)

Residential Prescriptive, Performance or ERI Method Compliance
2017 Florida Building Code, Energy Conservation, 6th Edition

Jurisdiction: _____

Permit #: _____

Job Information

Builder: _____

Community: _____

Lot: _____

Address: _____

Unit: _____

City: _____

State: _____

Zip: _____

Air Leakage Test Results

Passing results must meet either the Performance, Prescriptive, or ERI Method

☐ **PRESCRIPTIVE METHOD**- The building or dwelling unit shall be tested and verified as having an air leakage rate of not exceeding 7 air changes per hour at a pressure of 0.2 inch w.g. (50 pascals) in Climate Zones 1 and 2.

☐ **PERFORMANCE or ERI METHOD**- The building or dwelling unit shall be tested and verified as having an air leakage rate of not exceeding the selected ACH(50) value, as shown on FORM R405-2017 (Performance) or R406-2017 (ERI), section labeled as Infiltration, sub-section ACH
ACH(50) specified on Form R405-2017-Energy Calc (Performance) or R406 2017 (ERI):

$$\frac{\text{CFM}(50)}{\text{Building Volume}} \times 60 \div \text{ACH}(50) = \text{ACH}(50)$$

☐ **PASS**

☐ **FAIL**

☐ When ACH(50) is less than 3, Mechanical Ventilation installation must be verified by building department.

Method for calculating building volume.

- ☐ Retrieved from architectural plans
☐ Code software calculated
☐ Field measured and calculated

Testing. Testing shall be conducted in accordance with ANSI/RESNET/ICC 380 and reported at a pressure of 0.2 inch w.g. (50 Pascals). Testing shall be conducted by either individuals as defined in Section 553.993(5) or (7), *Florida Statutes*, or individuals licensed as set forth in Section 489.105(3)(f), (g), or (i) or an approved third party. A written report of the results of the test shall be signed by the party conducting the test and provided to the *code official*. Testing shall be performed at any time after creation of all penetrations of the *building thermal envelope*.

During testing:

1. Exterior windows and doors, fireplace and stove doors shall be closed, but not sealed, beyond the intended weatherstripping or other infiltration control measures.
2. Dampers including exhaust, intake, makeup air, back draft and flue dampers shall be closed, but not sealed beyond intended infiltration control measures.
3. Interior doors, if installed at the time of the test, shall be open.
4. Exterior doors for continuous ventilation systems and heat recovery ventilators shall be closed and sealed.
5. Heating and cooling systems, if installed at the time of the test, shall be turned off.
6. Supply and return registers, if installed at the time of the test, shall be fully open.

Testing Company

Company Name: _____ Phone: _____

I hereby verify that the above Air Leakage results are in accordance with the 2017 6th Edition Florida Building Code Energy Conservation requirements according to the compliance method selected above

Signature of Tester: _____ Date of Test: _____

Printed Name of Tester: _____

License/Certification #: _____ Issuing Authority: _____