

DATE 05/10/2013

Columbia County Building Permit
This Permit Must Be Prominently Posted on Premises During Construction**PERMIT**
000031025

APPLICANT ROBIN NICHOLS PHONE 386.752.8653
ADDRESS POB 815 LAKE CITY FL 32056
OWNER LARRY & CHRISTINE SHALLAR PHONE 386.755.6722
ADDRESS 111 LOFTON GLEN LAKE CITY FL 32025
CONTRACTOR BRYAN ZECHER PHONE 386.752.8653

LOCATION OF PROPERTY E. BAYA TO COUNTRY CLUB, TR TO LOFTON, TR AND IT'S ON THE R.TYPE DEVELOPMENT INTERIOR REMODEL ESTIMATED COST OF CONSTRUCTION 0.00HEATED FLOOR AREA TOTAL AREA HEIGHT STORIES FOUNDATION WALLS ROOF PITCH 4'12 FLOOR LAND USE & ZONING MAX. HEIGHT Minimum Set Back Requirements: STREET-FRONT REAR SIDE NO. EX.D.U. 1 FLOOD ZONE X DEVELOPMENT PERMIT NO. PARCEL ID 33-3S-17-06761-000 SUBDIVISION GOLF MANORLOT 13 BLOCK 1 PHASE UNIT TOTAL ACRES 0.30

CBC054575
Culvert Permit No. Culvert Waiver Contractor's License Number Applicant/Owner/Contractor
EXISTING 13-0211-E BLK TC N
Driveway Connection Septic Tank Number LU & Zoning checked by Approved for Issuance New Resident

COMMENTS: NO ADDITIONAL SQUARE FT. NO CHARGE..FIRE DAMAGE...FIRE REPORT REC'D.

NEED TRUSS ENGINEERING REPORT BEFORE FINAL.

Check # or Cash NO CHARGE.**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 \$ 0.00 CERTIFICATION FEE \$ 0.00 SURCHARGE FEE \$ 0.00MISC. FEES \$ 0.00 ZONING CERT. FEE \$ FIRE FEE \$ 0.00 WASTE FEE \$ FLOOD DEVELOPMENT FEE \$ FLOOD ZONE FEE \$ CULVERT FEE \$ TOTAL FEE 0.00INSPECTORS OFFICE CLERKS OFFICE

NOTICE: IN ADDITION TO THE REQUIREMENTS OF THIS PERMIT, THERE MAY BE ADDITIONAL RESTRICTIONS APPLICABLE TO THIS PROPERTY THAT MAY BE FOUND IN THE PUBLIC RECORDS OF THIS COUNTY.

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 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 Building Permit Application

NO CHANGES *Fire Report*

For Office Use Only Application # 1304-27 Date Received 4/9 By JL Permit # 31025
 Zoning Official BWK Date 1 May 2013 Flood Zone X Land Use Residential Zoning RSF-2
 FEMA Map # N/A Elevation N/A MFE N/A River N/A Plans Examiner JL Date 5-1-13
 Comments No Additional Sq. Ft.
☒ NOC ☒ DEH ☐ 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
 IMPACT FEES: EMS _____ Fire _____ Corr _____ ☒ Sub VF Form
 Road/Code _____ School _____ = TOTAL (Suspended) ☐ Ellisville Water ☒ App Fee Paid N/C

Septic Permit No. 13-0211-E Fax 386-758-8920
 Name Authorized Person Signing Permit BRYAN ZECHER Phone 386-752-8653
 Address 111 P.O. BOX 815, LAKE CITY, FL 32056
 Owners Name Larry & Christine Shallar Phone 386-755-6722-mobile
386-623-4610
 911 Address 111 LOFTON GLN SE, LAKE CITY, FL 32025
 Contractors Name BRYAN ZECHER CONSTRUCTION Phone 386-752-8653
 Address P.O. BOX 815, LAKE CITY, FL 32056
 Fee Simple Owner Name & Address N/A
 Bonding Co. Name & Address N/A
 Architect/Engineer Name & Address Tim Delbene (Donald Lee & Associates)
 Mortgage Lenders Name & Address First Federal

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

Property ID Number 33-53-17-06761-000 Estimated Cost of Construction \$90,000
 Subdivision Name GOLF MANOR S/D Lot 13 Block 1 Unit _____ Phase _____

Driving Directions FROM MAIN STREET LAKE CITY AND BAY AVE. EAST, TRAVEL EAST ON BAY A
(SR-10A) FOR 2.4 MILES TO RIGHT ON SE COUNTRY CLUB ROAD. TRAVEL 0.3 MILES TO SE LOFTON
GLN, TAKE RIGHT ONTO SE LOFTON GLEN. PROPERTY WILL BE ON THE RIGHT.
 Number of Existing Dwellings on Property _____

Construction of Remodel/due to burn't 170 Total Acreage .3 Lot Size _____
 Do you need a - Culvert Permit or Culvert Waiver or Have an Existing Drive Total Building Height 16
 Actual Distance of Structure from Property Lines - Front 25 Side 25 Side 30 Rear 30
 Number of Stories 1 Heated Floor Area 1426 Total Floor Area 2140 Roof Pitch 4/12

Application is hereby made to obtain a permit to do work and installations as indicated. I certify that no work or installation has commenced prior to the issuance of a permit and that all work be performed to meet the standards of all laws regulating construction in this jurisdiction. **CODE:** Florida Building Code 2010 and the 2008 National Electrical Code.

*JL left message for Robin. 5-1-13. machine disconnected - Sent 7:41 PM
 Spoke to Robin 5-1-13*

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. You must verify if your property is encumbered by any restrictions or face possible litigation and or fines.

(Owners Must Sign All Applications Before Permit Issuance.)

Owners Signature

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

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

Contractor's Signature (Permitee)

Contractor's License Number CBC054575
Columbia County
Competency Card Number _____

Affirmed under penalty of perjury to by the Contractor and subscribed before me this 9th day of APRIL 2013.

Personally known ✓ or Produced Identification _____

State of Florida Notary Signature (For the Contractor)



NOTICE OF COMMENCEMENT

Tax Parcel Identification Number:

33-35-17-06761-000

Clerk's Office Stamp

Post: 201312007270 Date: 5/10/2013 Time: 1:12 PM
 DC, P. DeWitt Cason, Columbia County Page 1 of 1 B:1254 P:1439

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.

- Description of property (legal description): Lot 13 Block 1 Golf Manor S/D 33-35-17-06761-000
 a) Street (job) Address: 111 Lofton Glen SE, Lake City, FL 32025
- General description of improvements: Remodeling Burn House
- Owner Information
 - Name and address: Larry Shaller
 - Name and address of fee simple titleholder (if other than owner) 1048 315 Weeks Ln, Lake City, FL 32025
 - Interest in property fee simple
- Contractor Information
 - Name and address: Bryan Zecher Construction, Inc. PO Box 815 Lake City, FL 32025
 - Telephone No.: 386-752-8653 Fax No. (Opt.) _____
- Surety Information
 - Name and address: N/A
 - Amount of Bond: _____
 - Telephone No.: _____ Fax No. (Opt.) _____
- Lender
 - Name and address: 1st Federal US 90 West, Lake City, FL 32025
 - Phone No.: 386-755-0600
- Identity of person within the State of Florida designated by owner upon whom notices or other documents may be served:
 - Name and address: _____
 - Telephone No.: _____ Fax No. (Opt.) _____
- In addition to himself, owner designates the following person to receive a copy of the Lienor's Notice as provided in Section 713.13(1)(b), Florida Statutes:
 - Name and address: _____
 - Telephone No.: _____ Fax No. (Opt.) _____
- Expiration date of Notice of Commencement (the expiration date is one year from the date of recording unless a different date is specified): _____

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

STATE OF FLORIDA
 COUNTY OF COLUMBIA

10. [Signature]
 Signature of Owner or Owner's Authorized Officer/Director/Partner/Manager
Larry Shaller
 Printed Name

The foregoing instrument was acknowledged before me, a Florida Notary, this 9th day of April, 2013, by:
BRYAN ZECHER as PRESIDENT
 (fact) for LARRY SHALLAR (name of person on behalf of whom instrument was executed).

Personally Known ☒ OR Produced Identification _____ Type _____

Notary Signature

[Signature]

Notary Stamp or Seal



11. Verification pursuant to Section 92.525, Florida Statutes. Under penalties of perjury, I declare that I have read the foregoing and that the facts stated in it are true to the best of my knowledge and belief.

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

SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER 1304-27 CONTRACTOR BRYAN ZECHER PHONE (386) 752-8653
 THIS FORM MUST BE SUBMITTED PRIOR TO THE ISSUANCE OF A PERMIT

In Columbia County one permit will cover all trades doing work at the permitted site. It is **REQUIRED** that we have records of the subcontractors who actually did the trade specific work under the permit. Per Florida Statute 440 and Ordinance 89-6, a contractor shall require all subcontractors to provide evidence of workers' compensation or exemption, general liability insurance and a valid Certificate of Competency license in Columbia County.

Any changes, the permitted contractor is responsible for the corrected form being submitted to this office prior to the start of that subcontractor beginning any work. Violations will result in stop work orders and/or fines.

<input checked="" type="checkbox"/> ELECTRICAL 76	Print Name <u>Matthews Glect</u> License #: <u>ER-0014352</u>	Signature <u>[Signature]</u> Phone #: <u>386-344-2029</u>
<input checked="" type="checkbox"/> MECHANICAL/A/C 747	Print Name <u>MARK TOUCHSTONE</u> License #: <u>CACO 58099</u>	Signature <u>[Signature]</u> Phone #: <u>(386) 867-0625</u>
<input type="checkbox"/> PLUMBING/ GAS	Print Name <u>N/A</u> License #: <u>_____</u>	Signature <u>_____</u> Phone #: <u>_____</u>
<input checked="" type="checkbox"/> ROOFING 187	Print Name <u>Mae Johnson Rg</u> License #: <u>RC 0061384</u>	Signature <u>[Signature]</u> Phone #: <u>352-972-4943</u>
<input type="checkbox"/> SHEET METAL	Print Name <u>N/A</u> License #: <u>_____</u>	Signature <u>_____</u> Phone #: <u>_____</u>
<input type="checkbox"/> FIRE SYSTEM/ SPRINKLER	Print Name <u>N/A</u> License #: <u>_____</u>	Signature <u>_____</u> Phone #: <u>_____</u>
<input type="checkbox"/> SOLAR	Print Name <u>N/A</u> License #: <u>_____</u>	Signature <u>_____</u> Phone #: <u>_____</u>

Specialty License	License Number	Sub-Contractor's Printed Name	Sub-Contractor's Signature
MASON	_____	N/A	_____
CONCRETE FINISHER	_____	N/A	_____
<input checked="" type="checkbox"/> FRAMING 853	CBCD54575	BRYAN ZECHER	_____
<input checked="" type="checkbox"/> INSULATION	929	KEVIN JACKSON D LCI	_____
STUCCO	_____	N/A	_____
<input checked="" type="checkbox"/> DRYWALL	000256	RON DAVID PLASTERING	_____
PLASTER	_____	N/A	_____
<input checked="" type="checkbox"/> CABINET INSTALLER 853	CBCD54575	BRYAN ZECHER	_____
<input checked="" type="checkbox"/> PAINTING	000330	TOUCHSTONE 3 SONS	_____
ACOUSTICAL CEILING	_____	N/A	_____
GLASS	_____	N/A	_____
CERAMIC TILE	_____	N/A	_____
<input checked="" type="checkbox"/> FLOOR COVERING 853	CBCD54575	BRYAN ZECHER	_____
<input checked="" type="checkbox"/> ALUM/VINYL SIDING 853	CBC054575	BRYAN ZECHER	_____
GARAGE DOOR	_____	N/A	_____
METAL BLDG ERECTOR	_____	N/A	_____

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.

1	LOT 13 BLOCK 1 GOLF MANOR S/D	& COMM NE COR OF SEC, RUN W	2
3	35.10 FT FOR POB, CONT W 97.92	FT, SW 41.02 FT TO N R/W OF	4
5	PRIVATE RD, NE 81 FT TO W R/W	CR-133, NW 10 FT, NE 31.26 FT	6
7	TO POB. ORB 632-717, 802-1408,	953-977, PROB#03-24CP	8
9	ORB 973-293 THRU 309, 973-344,	WD 1175-2184	10
11			12
13			14
15			16
17			18
19			20
21			22
23			24
25			26
27			28

Mnt 8/14/2009 THRESA
F1=Task F3=Exit F4=Prompt F10=GoTo PgUp/PgDn F24=More

Prepared by:
Michael H. Harrell
Abstract & Title Services, Inc.
PO Box 7175
Lake City, Florida 32055

Inst: 200912010421 Date: 6/23/2009 Time: 3:02 PM
Doc Stamp-Deed 0.70
D.C. P. DeWitt Cason, Columbia County Page 1 of 2 B: 1175 P: 2184

ATS# 17565

Warranty Deed

Individual to Individual

THIS WARRANTY DEED made the 17th day of June, 2009, Larry E. Shallar, Jr., and his wife, Christina M. Shallar, hereinafter called the grantor, to Larry E. Shallar, Jr., and his wife, Christina M. Shallar whose post office address is: 111 SE Lofton Glen, Lake City, FL 32025 hereinafter called the grantee:

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

Witnesseth: That the grantor, for and in consideration of the sum of \$10.00 and other valuable considerations, receipt whereof is hereby acknowledged, hereby grants, bargains, sells, aliens, remises, releases, conveys, and confirms unto the grantee, all that certain land situate in COLUMBIA County, Florida, viz: Parcel ID# R06761-000

See Exhibit "A" attached hereto and by this reference made a part hereof.

The purpose of this instrument is to create an estate by the entireties in and to the Grantees.

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

TO HAVE AND TO HOLD, the same in fee simple forever.

AND the grantor hereby covenants with said grantee that the grantor is lawfully seized of said land in fee simple; that the grantor has good right and lawful authority to sell and convey said land; that the grantor hereby fully warrants the title to said land and will defend the same against the lawful claims of all persons whomsoever; and that said land is free of all encumbrances, except taxes accruing subsequent to December 31, 2008.

IN WITNESS WHEREOF, the said grantor has signed and sealed these presents the day and year first above written.

Signed, sealed and delivered in our presence:

Donna Cox
Witness:
Donna Cox

Printed Name:

Traci Landry
Witness:

Printed Name: Traci Landry

Larry E. Shallar, Jr.
Larry E. Shallar, Jr.

Christina M. Shallar
Christina M. Shallar

STATE OF FLORIDA
COUNTY OF COLUMBIA

The foregoing instrument was acknowledged before me this 17th day of June, 2009 by Larry E. Shallar, Jr., and his wife, Christina M. Shallar personally known to me or, if not personally known to me, who produced DL for identification and who did not take an oath.

Donna Cox
Notary Public

(Notary Seal)



DONNA COX
Notary Public, State of Florida
My Comm. Expires Jan 16, 2010
Commission No. DD 507061
Standards Through Notary Public, Notary Public

ATS #17565

Exhibit "A"

Lot 13, Block 1, of Golf Manor, a subdivision according to the plat thereof recorded in Plat Book 3, Page 44, Columbia County, Florida.

AND land described in OR Book 632, Page 717, of Columbia County, Florida, as follows: Commence at the Northeast corner of Section 4, Township 4 South, Range 17 East, Columbia County, Florida, and run thence South $88^{\circ}13'35''$ West, along the North line of said Section 4, 35.10 feet to the Point of Beginning; thence continue South $88^{\circ}13'35''$ West, along said North line, 97.92 feet to the Southwest corner of Lot 13, Block 1, Golf Manor, a subdivision according to the plat thereof recorded in Plat Book 3, Page 44, of the Public Records of Columbia County, Florida; thence South $8^{\circ}30'45''$ West 41.02 feet to North line of a privately owned paved road; thence North $72^{\circ}18'$ East, along said North line, 81.00 feet to the West right-of-way line of County Road No. C-133; thence North $17^{\circ}42'$ West, along said West right-of-way line, 10.00 feet; thence North $72^{\circ}18'$ East, along said West right-of-way line, 31.26 feet to the Point of Beginning.

LOT 13 BLOCK 1 GOLF MANOR S/D SHALLAR LARRY E JR & COLUMBIA COUNTY 2013 R
& COMM NE COR OF SEC, RUN W CHRISTINA M SHALLAR CARD 001 of 001
35.10 FT FOR POB, CONT W 97.92 1048 SE WEEKS LN BY KYLIE
FT, SW 41.02 FT TO N R/W OF LAKE CITY, FL 32025

33-3S-17-06761-000
PRINTED 4/03/2013 15:10
APPR 11/28/2012 DFRP
BUSE AE? 33317.14 GOLF MANOR PUSE 000100 SINGLE FAMILY
MOD .000 INDEX E-RATE STR 33- 3S- 17
EXW % BATH EFF AREA RCN MKT AREA 06 0 BLDG
RSTR % BDRM %GOOD BLDG VAL EYB 900 XFOB
RMS 9,185 LAND
UNTS 0 CLAS
C-W% 0 MKTUSE
PMTR 10,085 JUST
STYS 10,085 APPR
ECON 0 SOHD
FUNC 0 ASSD
SPCD 0 EXPT
DEPR 0 COTXBL

TXDT 002
----- BLDG TRAVERSE -----

KTCH
WDO
CLAS
OCC
COND
SUB
A-AREA % E-AREA % SUB VALUE

NUMBER DESC AMT ISSUED

----- SALE -----
BOOK PAGE DATE PRICE
1175 2184 6/17/2009 U I 100
GRANTOR CONFIDENTIAL
GRANTEE CONFIDENTIAL
973 344 1/27/2003 Q I 69000
GRANTOR HAROLD E BUNDY ET AL
GRANTEE LARRY E SHALLAR JR

----- EXTRA FEATURES -----
AE BN CODE LEN WID HGHT QTY QL YR ADJ PRICE ADJ UT PR SPCD % %GOOD XFOB VALUE
Y 0296 SHED METAL 1 1993 1.00 1.000 UT 800.000 100.00 100.00 800
Y 0120 CLFENCE 4 1 2012 1.00 1.000 UT 100.000 100.00 100.00 100

----- FIELD CK: -----
LAND DESC ZONE ROAD {UD1 {UD3 FRONT DEPTH FIELD CK:
AE CODE TOPO UTIL {UD2 {UD4 BACK DT ADJUSTMENTS UNITS UT PRICE ADJ UT PR LAND VALUE
Y 000100 SFR RSF-2 0003 80 125 1.00 1.00 1.05 1.00 1.000 LT 8748.000 9185.00 9,185
0001 0006

L001 - 80X125 + 1,937 SF.



Columbia County Fire Rescue Department
370 SE Racetrack Lane, LAKE CITY, FL 32066
Phone: 386 754 7057 Fax: 386 754 7064

A		FDID: 29091		State: FL	MM: 07	DD: 31	YYYY: 2012	Station: 48	Incident Number: CCFR12CAD002265	Exposure: 0	NFIRS-1 Basic												
B Location Type		<p>Check this box to indicate that the address for this incident is provided on the Wildland Fire Module in Section 9, "Alternative Location Specification." Use only for wildland fires.</p> <p><input checked="" type="checkbox"/> Street address</p> <p>Intersection: 111 SE LOFTON</p> <p>In front of: GLN</p> <p>Rear of: Columbia</p> <p>Adjacent to: FL 32055</p> <p>Directions: Cross Street, Directional or National Grid, as applicable</p> <p>US National Grid</p>																					
C Incident Type		111 Building fire		E1 Dates and Times																			
D Aid Given or Received		1 Mutual aid received 2 <input checked="" type="checkbox"/> Automatic aid received 3 Mutual aid given 4 Automatic aid given 5 Other aid given N None		<p>Check boxes if dates are the same as Alarm Date.</p> <p>Alarm: Month 07, Day 31, Year 2012, Hour 21, Min 55, Sec 07</p> <p>Arrival: Month 07, Day 31, Year 2012, Hour 22, Min 01, Sec 35</p> <p>Controlled: Month 07, Day 31, Year 2012, Hour 22, Min 16, Sec 00</p> <p>Last Unit Cleared: Month 08, Day 01, Year 2012, Hour 01, Min 11, Sec 00</p>																			
E2 Shifts and Alarms		Local Option: C		Shift or Rotation: 2		Alarms: 48		E3 Special Studies		Local Option:													
F Actions Taken		11 Extinguishment by fire service personnel 73 Provide manpower 86 Investigate		G1 Resources																			
G2 Estimated Dollar Losses and Values		<p>Check this box and test this block if an Apparatus or Personnel Module is used.</p> <table border="1"> <thead> <tr> <th>Suppression</th> <th>Apparatus</th> <th>Personnel</th> </tr> </thead> <tbody> <tr> <td>2</td> <td>4</td> <td>4</td> </tr> <tr> <td>EMS</td> <td>0</td> <td>0</td> </tr> <tr> <td>Other</td> <td>1</td> <td>1</td> </tr> </tbody> </table> <p><input checked="" type="checkbox"/> Check box if resource counts include aid received helicopters.</p> <p>LOSSES: (Required for all fires. If known, optional for non-fires.)</p> <p>Property \$ 124,000</p> <p>Contents \$ 10,000</p> <p>PRE-INCIDENT VALUE: (Optional)</p> <p>Property \$ 124,000</p> <p>Contents \$ 10,000</p>										Suppression	Apparatus	Personnel	2	4	4	EMS	0	0	Other	1	1
Suppression	Apparatus	Personnel																					
2	4	4																					
EMS	0	0																					
Other	1	1																					
Completed Modules		H1 Casualties		H3 Hazardous Materials Release		I Mixed Use Property																	
<input checked="" type="checkbox"/> Fire-2 <input checked="" type="checkbox"/> Structure Fire-3 <input checked="" type="checkbox"/> Civilian Fire Cas.-4 <input checked="" type="checkbox"/> Fire Service Cas.-5 <input checked="" type="checkbox"/> EMS-6 <input checked="" type="checkbox"/> HazMat-7 <input checked="" type="checkbox"/> WildLand Fire-8 <input checked="" type="checkbox"/> Apparatus-9 <input checked="" type="checkbox"/> Personnel-10 <input checked="" type="checkbox"/> Arson-11		Fire Service: 0 Civilian: 0 H2 Detector: 1 2 <input checked="" type="checkbox"/> Detector alerted occupants U Unknown		<input checked="" type="checkbox"/> None 0 Special HazMat actions required or spill >= 55 gal. 1 Natural gas: slow leak, no evac. or HazMat actions 2 Propane gas - Less than a 21 lb. tank 3 Gasoline - vehicle fuel tank or portable container 4 Kerosene - fuel-burning equipment/portable storage 5 Diesel fuel/fuel oil - vehicle fuel tank/portable 6 Household/office solvent or chemical spill 7 Motor oil - from engine or portable container 8 Paint - spills less than 55 gallons N <input checked="" type="checkbox"/> None		00 Mixed Use, other 10 Assembly use 20 Educational use 30 Medical use 40 <input checked="" type="checkbox"/> Residential use 51 Row of stores 52 Enclosed mall 53 Business and residential use 59 Office use 60 Industrial use 63 Military use 65 Farm use NN Not mixed use																	

M Authorization									
WEHI01	JOSHUA WEHINGER	Lieutenant	43-West Columbia	07	31	2012			
Officer in charge ID	Signature	Position or rank	Assignment	Month	Day	Year			
WEHI01	JOSHUA WEHINGER	Lieutenant	43-Weest Co	07	31	2012			
Member Molding report ID	Signature	Position or rank	Assignment	Month	Day	Year			

A 29091 FL 07 31 2012 48 CCFR12CAD002265 0		NFIRS-2 Fire
B Property Details		
B1 1 Not Residential <small>Estimate number of residential living units in building of origin whether or not all units became involved</small>		
B2 1 Buildings not involved <small>Number of buildings involved</small>		
B3 <input checked="" type="checkbox"/> None <input type="checkbox"/> Less than one acre <small>Acres burned (outside fires)</small>		
C On-Site Materials or Products <input checked="" type="checkbox"/> None <small>Enter up to three codes. Check one box for each code entered.</small>		
<div style="display: flex; justify-content: space-between;"><div><div><small>On-site material (1)</small> <div style="border: 1px solid black; width: 100px; height: 20px;"></div></div><div><small>On-site material (2)</small> <div style="border: 1px solid black; width: 100px; height: 20px;"></div></div><div><small>On-site material (3)</small> <div style="border: 1px solid black; width: 100px; height: 20px;"></div></div></div><div style="margin-top: 10px;">On-Site Materials Storage Use <div style="display: flex; justify-content: space-between;"><div><div><small>1 Bulk storage or warehousing</small></div><div><small>2 Processing or manufacturing</small></div><div><small>3 Packaged goods for sale</small></div><div><small>4 Repair or service</small></div><div><small>N None</small></div><div><small>U Undetermined</small></div></div><div><div><small>1 Bulk storage or warehousing</small></div><div><small>2 Processing or manufacturing</small></div><div><small>3 Packaged goods for sale</small></div><div><small>4 Repair or service</small></div><div><small>N None</small></div><div><small>U Undetermined</small></div></div></div></div></div>		
D Ignition		
D1 86 Exterior, exposed surface <small>Area of fire origin</small>		
D2 UU Undetermined <small>Heat source</small>		
D3 UU Undetermined <small>Item first ignited</small> <small>Check box if fire spread was confined to object of origin.</small>		
D4 <small>Type of material first ignited (Required only if item first ignited code is 80 or <70)</small>		
E1 Cause of Ignition <small>Check this box if this is an exposure report</small> <div style="display: flex; justify-content: space-between;"><div><div><small>0 Cause, other (System generated code only, not used for data entry)</small></div><div><small>1 Intentional</small></div><div><small>2 Unintentional</small></div><div><small>3 Failure of equipment or heat source</small></div><div><small>4 Act of nature</small></div><div><small>5 <input checked="" type="checkbox"/> Cause under investigation</small></div><div><small>U Cause undetermined after investigation</small></div></div></div>		
E2 Factors Contributing to Ignition <div style="display: flex; justify-content: space-between;"><div><small>Factor contributing to ignition (1)</small> <div style="border: 1px solid black; width: 100px; height: 20px;"></div></div><div><small>Factor contributing to ignition (2)</small> <div style="border: 1px solid black; width: 100px; height: 20px;"></div></div></div>		
E3 Human Factors Contributing to Ignition <small>Check all applicable boxes</small> <div style="display: flex; justify-content: space-between;"><div><div><small>1 <input checked="" type="checkbox"/> Asleep</small></div><div><small>2 Possibly impaired by alcohol or drugs</small></div><div><small>3 Unattended or unsupervised person</small></div><div><small>4 Possibly mentally disabled</small></div><div><small>6 Physically disabled</small></div><div><small>6 Multiple persons involved</small></div><div><small>7 Age was a factor</small></div><div><small>N None</small></div></div><div><small>Estimated age of person involved</small> <div style="display: flex; justify-content: space-around;"><div><small>1 Male</small></div><div><small>2 Female</small></div></div></div></div>		
F1 Equipment Involved in Ignition <small>If equipment was not involved, skip to Section G</small> <div style="display: flex; justify-content: space-between;"><div><div><small>524</small> <small>Lawn mower</small></div><div><small>Equipment Involved</small></div><div><small>Brand</small> unknown</div><div><small>Serial</small> unknown</div><div><small>Model</small> unknown</div><div><small>Year</small> </div></div></div>		
F2 Equipment Power Source <div style="display: flex; justify-content: space-between;"><div><small>31</small> <small>Gasoline</small></div><div><small>Equipment Power Source</small></div></div>		
F3 Equipment Portability <div style="display: flex; justify-content: space-between;"><div><div><small>1 <input checked="" type="checkbox"/> Portable</small></div><div><small>2 Stationary</small></div></div><div><small>Portable equipment normally can be moved by one or two persons, is designed to be used in multiple locations, and requires no tools to install.</small></div></div>		
G Fire Suppression Factors <div style="display: flex; justify-content: space-between;"><div><small>Enter up to three codes.</small><div style="display: flex; justify-content: space-between;"><div><small>Fire suppression factor (1)</small> <div style="border: 1px solid black; width: 100px; height: 20px;"></div></div><div><small>Fire suppression factor (2)</small> <div style="border: 1px solid black; width: 100px; height: 20px;"></div></div><div><small>Fire suppression factor (3)</small> <div style="border: 1px solid black; width: 100px; height: 20px;"></div></div></div></div><div><div><input checked="" type="checkbox"/> None</div></div></div>		
H1 Mobile Property Involved <div style="display: flex; justify-content: space-between;"><div><div><small>1 Not involved in ignition, but burned</small></div><div><small>2 Involved in ignition, but did not itself burn</small></div><div><small>3 Involved in ignition and burned</small></div></div></div> <div style="margin-top: 10px;"><div style="display: flex; justify-content: space-between;"><div><small>Mobile property model</small> <div style="border: 1px solid black; width: 100px; height: 20px;"></div></div><div><small>Mobile property type</small> <div style="border: 1px solid black; width: 100px; height: 20px;"></div></div><div><small>Mobile property make</small> <div style="border: 1px solid black; width: 100px; height: 20px;"></div></div><div><small>Year</small> <div style="border: 1px solid black; width: 50px; height: 20px;"></div></div></div><div style="margin-top: 10px;"><div style="display: flex; justify-content: space-between;"><div><small>License Plate Number</small> <div style="border: 1px solid black; width: 100px; height: 20px;"></div></div><div><small>State</small> <div style="border: 1px solid black; width: 50px; height: 20px;"></div></div><div><small>VIN</small> <div style="border: 1px solid black; width: 100px; height: 20px;"></div></div></div></div></div>		
H2 Mobile Property Type and Make <div style="display: flex; justify-content: space-between;"><div><small>Mobile property type</small> <div style="border: 1px solid black; width: 100px; height: 20px;"></div></div><div><small>Mobile property make</small> <div style="border: 1px solid black; width: 100px; height: 20px;"></div></div><div><small>Year</small> <div style="border: 1px solid black; width: 50px; height: 20px;"></div></div></div>		
Local Use <div style="display: flex; justify-content: space-between;"><div><div><small>Pre-Fire Plan Available</small></div><div><small>Some of the information presented in this report may be based upon reports from other agencies:</small></div></div><div><div><small>Arson report attached</small></div><div><small>Police report attached</small></div><div><small>Coroner report attached</small></div><div><small>Other reports attached</small></div></div></div>		

A 28081 FDID	FL State	MM DD YYYY 07 31 2012 Incident Date	48 Station	CCFR12CAD002265 Incident Number	0 Exposure	NFIRS-3 Structure Fire
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J1 Structure Type If fire was in an enclosed building or a portable/mobile structure, complete the rest of this form. Structure type, other 1 <input checked="" type="checkbox"/> Enclosed building 2 Fixed portable or mobile structure 3 Open structure 4 Air-supported structure 5 Tent 6 Open platform 7 Underground structure work area 8 Connective structure	J2 Building Status Building status, other 1 Under construction 2 <input checked="" type="checkbox"/> In normal use 3 Idle, not routinely used 4 Under major renovation 5 Vacant and secured 6 Vacant and unsecured 7 Being demolished U Undetermined	J3 Building Height Count the roof as part of the highest story. 1 Total number of stories at or above grade 0 Total number of stories below grade	J4 Main Floor Size Total square feet 1 700 Length in feet BY Width in feet
--	--	---	--

J1 Fire Origin 1 Below Grade Story of fire origin J2 Fire Spread If fire spread was confined to object of origin, do not check a box (ref. Block D3, Fire Module). Confined to object of origin 1 Confined to room of origin 2 Confined to floor of origin 3 <input checked="" type="checkbox"/> Confined to building of origin 4 Beyond building of origin	J3 Number of Stories Damaged by Flame Count the roof as part of the highest story. 1 Number of stories w/minor damage (1 to 24% flame damage) 1 Number of stories w/significant damage (25 to 49% flame damage) Number of stories w/heavy damage (50 to 74% flame damage) Number of stories w/frame damage (75 to 100% flame damage)	K Type of Material Contributing Most to Flame Spread Check if no flame spread OR if same as Material First Ignited (Block D4, Fire Module) OR if unable to determine. K1 17 Structural member or framing Item contributing most to flame spread K2 63 Sawn wood, including all finished lumber Type of material contributing most to flame spread Required only if both contributing codes are 00 or <70
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L1 Presence of Detectors (In area of the fire) 1 Present N <input checked="" type="checkbox"/> None present U Undetermined L2 Detector Type 0 Detector type, other 1 Smoke 2 Heat 3 Combination smoke and heat in a single unit 4 Sprinkler, water flow detection 5 More than one type present U Undetermined	L3 Detector Power Supply 0 Detector power supply, other 1 Battery only 2 Hardwire only 3 Plug-in 4 Hardwire with battery backup 5 Plug-in with battery backup 6 Mechanical 7 Multiple detectors and power supplies U Undetermined L4 Detector Operation 1 Fire too small to activate detector 2 Detector operated 3 Detector failed to operate U Undetermined	L5 Detector Effectiveness Required if detector operated 1 Detector alerted occupants, occupants responded 2 Detector alerted occupants, occupants failed to respond 3 There were no occupants 4 Detector failed to alert occupants U Undetermined L6 Detector Failure Reason Required if detector failed to operate 0 Detector failure reason, other 1 Power failure, hardwired det. shut off, disconnect 2 Improper installation or placement of detector 3 Defective detector 4 Lack of maintenance, includes not cleaning 5 Battery missing or disconnected 6 Battery discharged or dead U Undetermined
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M1 Presence of Automatic Extinguishing System 1 Present 2 Partial System Present N <input checked="" type="checkbox"/> None Present U Undetermined M2 Type of Automatic Extinguishing System Required if fire was within designed range of AES Special hazard system, other 1 Wet-pipe sprinkler system 2 Dry-pipe sprinkler system 3 Other sprinkler system 4 Dry chemical system 5 Foam system 6 Halogen-type system 7 Carbon dioxide system U Undetermined	M3 Operation of Automatic Extinguishing System Required if fire was within designed range Operation of AES, other 1 System operated and was effective 2 System operated and was not effective 3 Fire too small to activate system 4 System did not operate U Undetermined M3 Number of Sprinkler Heads Operating Required if system operated Number of sprinkler heads operating	M5 Reason for Automatic Extinguishing System Failure Required if system failed or not effective Reason system not effective, other 0 System shut off 1 Not enough agent discharged to control the fire 2 Agent discharged, but did not reach the fire 3 Inappropriate system for the type of fire 4 Fire not in area protected by the system 5 System components damaged 6 Lack of maintenance, including corrosion or heads painted 7 Manual intervention defeated the system U Undetermined
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A		<div style="display: flex; justify-content: space-between;"> <div> <div style="border: 1px solid black; padding: 2px;">29091</div> <div style="border: 1px solid black; padding: 2px;">FL</div> <div style="border: 1px solid black; padding: 2px;">07</div> <div style="border: 1px solid black; padding: 2px;">31</div> <div style="border: 1px solid black; padding: 2px;">2012</div> <div style="border: 1px solid black; padding: 2px;">48</div> <div style="border: 1px solid black; padding: 2px;">CCFR12CAD002285</div> <div style="border: 1px solid black; padding: 2px;">0</div> </div> <div style="border: 1px solid black; padding: 5px; text-align: center;"> NFIRS-9 Apparatus or Resources </div> </div> <div style="display: flex; justify-content: space-between; font-size: small; margin-top: 5px;"> FORD State Incident Date Station Incident Number Exposure </div>																																															
B		<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Apparatus or Resource</th> <th style="width: 15%;">Dates and Times</th> <th style="width: 10%;">Sent</th> <th style="width: 10%;">Number of People</th> <th style="width: 20%;">Apparatus Use</th> <th style="width: 30%;">Actions Taken</th> </tr> <tr> <th></th> <th> <small>Check if the same date as Alarm date on the Basic Module (Block E+)</small> <div style="display: flex; justify-content: space-between; font-size: x-small;"> Month/Day/Year Hour/Min </div> </th> <th></th> <th></th> <th> <small>Click ONE box for each apparatus to indicate its main use at the incident.</small> </th> <th> <small>List up to 4 actions for each apparatus and each personnel.</small> </th> </tr> </thead> <tbody> <tr> <td>1</td> <td> ID: <div style="border: 1px solid black; padding: 2px;">E48</div> Type: <div style="border: 1px solid black; padding: 2px;">11</div> </td> <td>Dispatch</td> <td></td> <td></td> <td>Other</td> <td><div style="border: 1px solid black; 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A		29097		FL	07	31	2012	48	CCFR12CAD002265	0	NFIRS-10 Personnel	
		FOID		State		Incident Date		Station	Incident Number		Exposure	

B Apparatus or Resource		Dates and Times		Midnight is 0000		Sent	Number of People	Apparatus Use	Actions Taken		
		Check if the same date as Alarm date on the Basic Module (Block E1)						Check ONE box for each apparatus to indicate its main use at the incident.		List up to 4 actions for each apparatus and each personnel.	
		Month/Day/Year		Hour/Min							
1	ID E48 Type 11	Dispatch				Sent X	2	Other	73	74	
		Arrival X	07/31/12	2201		X		Suppression	75	76	
		Clear						EMS			
Personnel ID		Name		Rank Or Grade		Action Taken		Action Taken		Action Taken	
BEDE01		BEDENBAUGH, STEVE		Firefighter/EMT		58		11			
WEH101		WEHINGER, JOSHUA		Lieutenant		81		86		11	

B Apparatus or Resource		Dates and Times		Midnight is 0000		Sent	Number of People	Apparatus Use	Actions Taken		
		Check if the same date as Alarm date on the Basic Module (Block E1)						Check ONE box for each apparatus to indicate its main use at the incident.		List up to 4 actions for each apparatus and each personnel.	
		Month/Day/Year		Hour/Min							
2	ID CF-2 Type 92	Dispatch				Sent X	1	Other	73		
		Arrival X	07/31/12	2230		X		Suppression			
		Clear						EMS			
Personnel ID		Name		Rank Or Grade		Action Taken		Action Taken		Action Taken	
CRAW01		CRAWFORD, JEFFERY		Assistant Chief		58		73			

A	29031	FL	07	31	2012	48	CCFR12CAD002265	0	NFIRS-1S Supplemental
	FDID	State	Incident Date	Incident Date	Station	Incident Number	Exposure		

K2	Owner	Same as person involved?				386	523	4610
		Then check this box and skip the rest of this		Business Name (if Applicable)		Area Code Phone Number		
Check this box if same address as Incident Location (Section B). Then skip the three duplicate address lines.	Local Option block,							
		Mrs.	Christina			Shallar		
		Mr., Ms., Mrs.	First Name	MI	Last Name	Suffix		
		Number	Prefix	Street or Highway		Street Type Suffix		
		Post Office Box		Apt./Suite/Room		City		
		Not Applicable			Not Applicable			
	State	Zip Code						

P.O. Box 815
465 NW Orange St.
Lake City, FL 32056
Office: 386-752-8653
Fax: 386-758-8920
Email: rwnichols84@gmail.com

Robin Nichols, Office Manager
Bryan Zecher
Construction, Inc.

Fax

To:	Columbia County Building & Zoning	From:	Robin
Fax:	758-2160	Pages:	8
Phone:	758-1008	Date:	April 11, 2013
Re:	Shallar Permit Application		

☐ Urgent ☒ For Review ☐ Please Comment ☐ Please Reply ☐ Please Recycle

ATTN: Janice

Hello, good afternoon....

Please find attached the Fire Report for the Shallar residence that Bryan has an application submitted for. He asked that I forward it on to you. Let me know if you have any questions.

Thank you!

Robin

😊

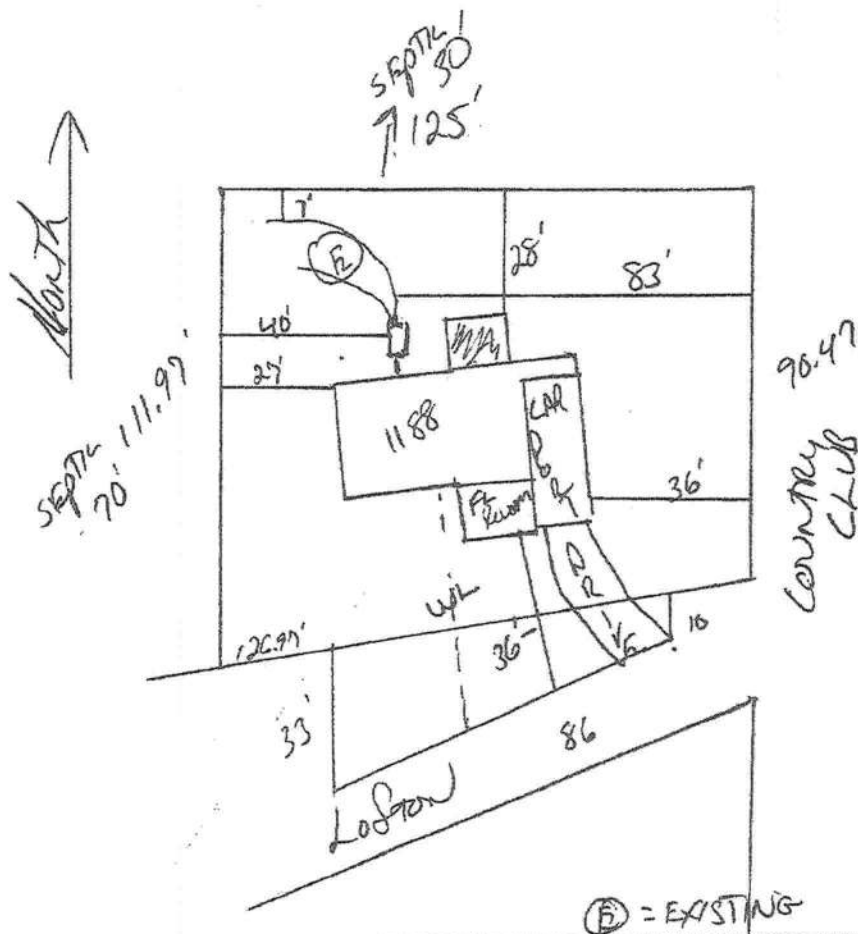
STATE OF FLORIDA
DEPARTMENT OF HEALTH
APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permit Application Number 13-0211E

Shallan

PART II - SITEPLAN

Scale: 1 inch = 40 feet.



Notes:

Site Plan submitted by:

Plan Approved ✓

By Sally Ford Env Health Director Columbia

MASTER CONTRACTOR

Date 4-16-13

County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

Mission:

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



Rick Scott
Governor

John H. Armstrong, MD, FACS
State Surgeon General & Secretary

Vision: To be the Healthiest State in the Nation

April 16, 2013

ROCKY FORD (A & B CONSTRUCTION, Inc.)
546 SW DORTCH Street
Fort White, FL 32038

Shallar (13-0211-E)

RE: Contingency Letter
Application Document No: AP1104207
Centrax Permit Number: 12-SC-1466501
OSTDS Number:
111 SE LOFTON Gln
Lake City, FL 32025

Lot:13

Block: 1

Subdivision: Golf Manor

Dear Applicant:

This will acknowledge receipt of an application dated 04/11/2013 for a permit to use an existing onsite sewage treatment and disposal system located on the above referenced property.

From a review of your completed application, it has been determined your existing system is adequate for the proposed use.

If you have any questions on this matter, please call our office at (386) 758-1058.

Sincerely,

A handwritten signature in cursive script, appearing to read "Sallie Ford".

Sallie Ford, Environmental Health Director

Enclosures

cc:

FORMS

FLORIDA ENERGY EFFICIENCY CODE FOR BUILDING CONSTRUCTION CHAPTER 5 — BUILDING ENVELOPE PRESCRIPTIVE METHOD				All Climate Zones	
Form 582-2010					
Project Name: SHALLAR (FIRE RENOV.)		Buildings that may comply by this form: shell buildings (preliminary), renovation, change of occupancy type permitted before 1979, limited or special use building, building system changeout.			
Address: 111 SE LOSTON GLN					
City, Zip Code: LAKE CITY, FL 32065		Building Permit No.:			
Builder: BRYAN ZECHER CONST		Permitting Office: COLUMBIA CD			
Owner: SHALLAR		Jurisdiction No: 22-1000			
BUILDING ENVELOPE INFORMATION					
ENVELOPE COMPONENT	SHELL BUILDING	RENOVATION; CHANGE OF OCCUPANCY TYPE; LIMITED/SPECIAL USE BUILDING; LIGHTING OR EQUIPMENT CHANGEOUT			
Roof: Absorptance: R-value (U-value):	—	— 20.22 — R 30 (U=0.033)			
Wall: Above grade wall: Absorptance: R-value (U-value): Below grade wall:	—	— ABSORB = N/A — R VALUE = N/A			
Floor: Finished Floor Insulation: R-value (U-value): Slab-on-grade: No requirement unless heated:	—	SLAB - NO REQ (EXIST)			
Penetration: U-factor: SHGC (by percent of wall area): Overhang Projection Factor (PF):	—	N/A			
Skylights: SHGC: U-factor: Percent of roof area:	—	N/A			
SYSTEMS INFORMATION					
SYSTEM	Type (describe system)	Size (capacity)	Sizing calculation	Efficiency Rating	
Air-conditioning system	PACKAGE HEAT PUMP	35 KW/HR	—	13 SEER / 7.7 HSPF	
Heating system	11			CFM	
Ventilation				R-value	
Ducts	Location: ATTIC	Fan Power:	—	Inches	
Piping	Fluid design operating temp:	Size of pipe:	—	EF	
Hot water	SLAB	30 G.	—	0.97	
Electric power	Drawings	Y	N	Operations manual available upon completion	
Motors	Open or enclosed	—	—	Poles & speed	
Lighting	Space type:	—	—	Lighting power density	
PRESCRIPTIVE MEASURES					
Measurements	Section	Requirements	Check		
Operations Manual	303.3.1	Operations manual provided to owner.	✓		
Air Infiltration: Windows & Doors Joints/Creeps Unsealed Ceiling Cavity	502.3	Per 502.4.4: Windows, skylights & sliding glass doors air infiltration = .2 cfm/ft ² . Sliding doors = 0.5 cfm/ft ² . To be caulked, gasketed, weatherstripped or otherwise sealed. Floor-to-ceiling IC-rated and labeled to ASTM E 283. Vertical: seal & limited ceiling. Unvented seal & insulate roof & attic walls.	✓		
Dehumidification	503.4.5	Simultaneous heating/cooling prohibited, Exceptions.	✓		
HVAC Efficiency	503.2.3	Minimum efficiencies: Tables 503.2.3(1)-(2)	✓		
HVAC Controls	503.2.4	Zone controls prevent reheat (exceptions); separate thermostat control per zone; combined HVAC control 5°F deadband, Exceptions.	✓		
Ventilation	503.2.5	Outdoor air supply & exhaust ducts shall have dampers that automatically close when systems or spaces served are not in use, without air energy recovery required for cooling systems (exceptions).	N/A		
HVAC Ducts	503.2.7	Air ducts, fillings, mechanical equipment & plenum chambers shall be continuously attached, sealed, insulated & installed per Table 503.2.7.2. Fan power limitations.	✓		
Balancing	503.2.8.1	HVAC distribution system(s) tested & balanced. Report in construction documents.	N/A		
Piping Insulation	503.2.8	HAD and service hot water, in accordance with Table 503.2.8	✓		
Water Heaters	504	Performance requirements in accordance with Table 504.2. Heat trap required.	✓		
Swimming Pools	504.7	Vapor-retardant or liquid cover or other means proven to reduce heat loss on heated pools; Time switch (exceptions); readily accessible cutoff switch.	N/A		
Lighting Controls	505.2, 505.3	Automatic control required for interior lighting in buildings > 5,000 sq ft; Space control; Exterior photo sensor; Tandem wiring where 1-3 linear fluorescent lamps > 30W	N/A		
I hereby certify that the plans and specifications covered by the calculation are in compliance with the Florida Energy Code.			Review of 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 in accordance with Section 553.908, F.S.		
PREPARED BY: S. A. Oelshner DATE: 5/1/13			BUILDING OFFICIAL: _____		
I hereby certify that this building is in compliance with the Florida Energy Code.			DATE: _____		
OWNER AGENT: _____					

S. Hallar
758-8920

Wrightsoft Manual S Compliance Report
Entire House
Touchstone Heating and Air inc

Job:
Date: Apr 29, 2013
By:

490 so 3rd ave, lake butler, fl 32054 Phone: 386-496-3457 Fax: 386-496-3147 Email: rmtouchstone@hotmail.com License: CAC053099

Project Information

For: Bryan Zechor Construction
Lake City, fl 32025
Phone: 386-867-4994

Fire Remodel

Cooling Equipment

Design Conditions

Outdoor design DB: 92.0°F
Outdoor design WB: 77.0°F
Indoor design DB: 75.0°F
Indoor RH: 50%

Sensible gain: 37985 Btuh
Latent gain: 50223 Btuh
Total gain: 88208 Btuh
Estimated airflow: 1200 cfm

Entering coil DB: 75.0°F
Entering coil WB: 62.5°F

Manufacturer's Performance Data at Actual Design Conditions

Equipment type: Split ASHP
Manufacturer: York Model: YHJD36S4+AHE36C3X
Actual airflow: 1200 cfm
Sensible capacity: 0 Btuh 0% of load
Latent capacity: 0 Btuh 0% of load
Total capacity: 0 Btuh 0% of load SHR: 0%



Heating Equipment

Design Conditions

Outdoor design DB: 33.0°F
Indoor design DB: 70.0°F

Heat loss: 67975 Btuh

Entering coil DB: 70.0°F

Manufacturer's Performance Data at Actual Design Conditions

Equipment type: Split ASHP
Manufacturer: York Model: YHJD36S4+AHE36C3X
Actual airflow: 1200 cfm
Output capacity: 72 Btuh 0% of load
Supplemental heat required: 67903 Btuh

Capacity balance: 0 °F
Economic balance: 0 °F

Backup equipment type: Elec strip
Manufacturer: Model:
Actual airflow: 1200 cfm
Output capacity: 19.9 kW 100% of load Temp. rise: 0 °F

The above equipment was selected in accordance with ACCA Manual S.



DHW Report
Entire House
Touchstone Heating and Air Inc

Job:
Date: Apr 29, 2013
By:

490 se 3rd ave, lake butler, fl 32054 Phone: 386-496-3467 Fax 386-496-3147 Email: rmtouchstone@hotmail.com License: CAC058069

Project Information

For: Bryan Zechor Construction
Lake City, fla 32025
Phone: 386-867-4994

Design Criteria

Age	Number
0-5	0
6-13	2
14-59	2
60+	0

Not occupied during the day	
Dishwasher	
Clothes washer	
Additional use (gpd)	0
Setpoint (°F)	120
Daily use (gpd)	61

Gas conventional (40 gal, 0.60 EF)

Manufacturer
Trade name
Model
AHRI ref. number

Tank size (gal)	40
Energy factor	0.60
Input (MBtuh)	0.0
1st hour (gal)	60
Recovery eff. (%)	77



Wrightsoft

Right-Suite® Universal 2012 12.1.07 RSU12795

Project1.rup Calc = MJB Front Door faces: N

2013-Apr-29 17:08:49
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Load Short Form Entire House Touchstone Heating and Air inc

Job:
Date: Apr 29, 2013
By:

490 se 3rd ave, lake butler, fl 32054 Phone: 386-496-3467 Fax: 386-496-3147 Email: rmtouchstone@hotmail.com License: CACO58099

Project Information

For: Bryan Zechor Construction
Lake City, fla 32025
Phone: 386-867-4994

Design Information

	Htg	Clg	Infiltration	Simplified
Outside db (°F)	33	92	Method	Average
Inside db (°F)	70	75	Construction quality	0
Design TD (°F)	37	17	Fireplaces	
Daily range	-	M		
Inside humidity (%)	30	50		
Moisture difference (gr/lb)	11	52		

HEATING EQUIPMENT

Make York
Trade York
Model YHJD36S4
AHRI ref 4454824

Efficiency 8.2 HSPF
Heating input 72 Btuh @ 47°F
Heating output 0 °F
Temperature rise 1200 cfm
Actual air flow 0.018 cfm/Btuh
Air flow factor 0.05 in H2O
Static pressure
Space thermostat

COOLING EQUIPMENT

Make York
Trade York
Cond YHJD36S4
Coil AHE36C3X
AHRI ref 4454824

Efficiency 14 SEER
Sensible cooling 50 Btuh
Latent cooling 22 Btuh
Total cooling 72 Btuh
Actual air flow 1200 cfm
Air flow factor 0.032 cfm/Btuh
Static pressure 0.05 in H2O
Load sensible heat ratio 0.43

ROOM NAME	Area (ft²)	Htg load (Btuh)	Clg load (Btuh)	Htg AVF (cfm)	Clg AVF (cfm)
Master Bed Room	154	7774	4945	137	156
M.Bath	54	3235	1734	57	55
Bath	72	2314	1508	41	48
Kitchen	308	7787	4406	137	139
Storage	140	6197	3307	109	104
Mclosett	32	358	158	6	5
Bed room 2	144	6377	3882	113	123
Bed Room 3	180	7777	4095	137	129
Living Room	240	10178	5793	180	183
Fla Room	238	11300	5783	199	183
Utility	84	4678	2374	83	75

Calculations approved by ACCA to meet all requirements of Manual J 8th Ed.



Wrightsoft

Right-Size® Universal 2012 12.1 07 RSU12795

Project1.rup Calc = MJ8 Front Door faces: N

2013-Apr-29 17:08:49

Page 1

Entire House	1646	67975	37985	1200	1200
Other equip loads		0	0		
Equip. @ 0.97 RSM			36845		
Latent cooling			50223		
TOTALS	1646	67975	87069	1200	1200

Calculations approved by ACCA to meet all requirements of Manual J 8th Ed.



Project Summary

Entire House

Touchstone Heating and Air, Inc

Job:
Date: Apr 29, 2013
By:

490 se 3rd ave, lake butler, fl 32054 Phone: 386-496-3467 Fax: 386-496-3147 Email: rmtouchstone@hotmail.com License: CACO58099

Project Information

For: Bryan Zechor Construction
Lake City, fla 32025
Phone: 386-867-4994

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 67975 Btuh
Ducts 0 Btuh
Central vent (0 cfm) 0 Btuh
Humidification 0 Btuh
Piping 0 Btuh
Equipment load 67975 Btuh

Infiltration

Method Simplified
Construction quality Average
Fireplaces 0

	Heating	Cooling
Area (ft²)	1646	1646
Volume (ft³)	11522	11522
Air changes/hour	0.38	0.20
Equiv. AVF (cfm)	73	38

Sensible Cooling Equipment Load Sizing

Structure 37985 Btuh
Ducts 0 Btuh
Central vent (0 cfm) 0 Btuh
Blower 0 Btuh

Use manufacturer's data n
Rate/swing multiplier 0.97
Equipment sensible load 36845 Btuh

Latent Cooling Equipment Load Sizing

Structure 50223 Btuh
Ducts 0 Btuh
Central vent (0 cfm) 0 Btuh
Equipment latent load 50223 Btuh

Equipment total load 87069 Btuh
Req. total capacity at 0.70 SHR 4.4 ton

Heating Equipment Summary

Make York
Trade York
Model YHJD36S4
AHRI ref 4454824

Efficiency 8.2 HSPF

Heating input 72 Btuh @ 47°F
Heating output 0 °F
Temperature rise 1200 cfm
Actual air flow 0.018 cfm/Btuh
Air flow factor 0.05 in H2O
Static pressure
Space thermostat

Cooling Equipment Summary

Make York
Trade York
Cond YHJD36S4
Coil AHE36C3X
AHRI ref 4454824

Efficiency 14 SEER

Sensible cooling 50 Btuh
Latent cooling 22 Btuh
Total cooling 72 Btuh
Actual air flow 1200 cfm
Air flow factor 0.032 cfm/Btuh
Air flow factor 0.05 in H2O
Static pressure
Load sensible heat ratio 0.43

Calculations approved by ACCA to meet all requirements of Manual J 8th Ed.



COLUMBIA COUNTY BUILDING DEPARTMENT
RESIDENTIAL CHECK LIST

MINIMUM PLAN REQUIREMENTS: FLORIDA BUILDING CODE RESIDENTIAL 2010 EFFECTIVE 15 MARCH 2012 AND THE NATIONAL ELECTRICAL 2008 EFFECTIVE 1 OCTOBER 2009

ALL REQUIREMENTS ARE SUBJECT TO CHANGE

ALL BUILDING PLANS MUST INDICATE COMPLIANCE WITH THE CURRENT 2010 FLORIDA BUILDING CODES RESIDENTIAL, EFFECTIVE 15 MARCH 2012. NATIONAL ELECTRICAL CODE 2008 EFFECTIVE 1 OCTOBER 2009. ALL PLANS OR DRAWINGS SHALL PROVIDE CALCULATIONS AND DETAILS THAT HAVE THE SEAL AND SIGNATURE OF A CERTIFIED ARCHITECT OR ENGINEER REGISTERED IN THE STATE OF FLORIDA, OR ALTERNATE METHODOLOGIES, APPROVED BY THE STATE OF FLORIDA BUILDING COMMISSION FOR ONE-AND-TWO FAMILY DWELLINGS.

FOR DESIGN PURPOSES THE FOLLOWING BASIC WIND SPEEDS ARE PER FLORIDA BUILDING CODE FIGURE 1609-A THROUGH 1609-C ULTIMATE DESIGN WIND SPEEDS FOR RISK CATEGORY AND BUILDINGS AND OTHER STRUCTURES

GENERAL REQUIREMENTS:
APPLICANT – PLEASE CHECK ALL APPLICABLE BOXES BEFORE SUBMITTAL

Items to Include-
Each Box shall be
Circled as
Applicable

			Yes	No	N/A
1	Two (2) complete sets of plans containing the following:		<input checked="" type="checkbox"/>		
2	All drawings must be clear, concise, drawn to scale, details that are not used shall be marked void		<input checked="" type="checkbox"/>		
3	Condition space (Sq. Ft.) 1926	Total (Sq. Ft.) under roof 2140			

Designers name and signature shall be on all documents and a licensed architect or engineer, signature and official embossed seal shall be affixed to the plans and documents as per the FLORIDA BUILDING CODES RESIDENTIAL R101.2.1

Site Plan information including:

4	Dimensions of lot or parcel of land			<input checked="" type="checkbox"/>
5	Dimensions of all building set backs			<input checked="" type="checkbox"/>
6	Location of all other structures (include square footage of structures) on parcel, existing or proposed well and septic tank and all utility easements.			<input checked="" type="checkbox"/>
7	Provide a full legal description of property.	<input checked="" type="checkbox"/>		

Wind-load Engineering Summary, calculations and any details are required.

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

Elevations Drawing including:

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

Floor Plan including:

20	Dimensioned area plan showing rooms, attached garage, breeze ways, covered porches, deck, balconies	✓		
21	Raised floor surfaces located more than 30 inches above the floor or grade	✓		
22	All exterior and interior shear walls indicated	✓		
23	Shear wall opening shown (Windows, Doors and Garage doors)	✓		
24	Show compliance with Section FBCR 310 Emergency escape and rescue opening shown in each bedroom (net clear opening shown) and Show compliance with Section FBC 1405.13.2 where the opening of an operable window is located more than 72 inches above the finished grade or surface below, the lowest part of the clear opening of the window shall be a minimum of 24 inches above the finished floor of the room in which the window is located. Glazing between the floor and 24 inches shall be fixed or have openings through which a 4-inch-diameter sphere cannot pass.	✓		
25	Safety glazing of glass where needed	✓		
26	Fireplaces types (gas appliance) (vented or non-vented) or wood burning with Hearth (see chapter 10 and chapter 24 of FBCR)			✓
27	Show stairs with dimensions (width, tread and riser and total run) details of guardrails, Handrails			✓
28	Identify accessibility of bathroom (see FBCR SECTION 320)			✓

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

GENERAL REQUIREMENTS: APPLICANT – PLEASE CHECK ALL APPLICABLE BOXES BEFORE SUBMITTAL		Items to Include- Each Box shall be Circled as Applicable	
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FBCR 403: Foundation Plans

		YES	NO	N/A
29	Location of all load-bearing walls footings indicated as standard, monolithic, dimensions, size and type of reinforcing.			/
30	All posts and/or column footing including size and reinforcing			/
31	Any special support required by soil analysis such as piling.			/
32	Assumed load-bearing value of soil _____ Pound Per Square Foot			/
33	Location of horizontal and vertical steel, for foundation or walls (include # size and type) For structures with foundation which establish new electrical utility companies service connection a Concrete Encased Electrode will be required within the foundation to serve as an grounding electrode system. Per the National Electrical Code article 250.52.3			/

FBCR 506: CONCRETE SLAB ON GRADE

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

FBCR 318: PROTECTION AGAINST TERMITES

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

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

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

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

Floor Framing System: First and/or second story

39	Floor truss package shall including layout and details, signed and sealed by Florida Registered Professional Engineer			/
40	Show conventional floor joist type, size, span, spacing and attachment to load bearing walls, stem walls and/or piers			/
41	Girder type, size and spacing to load bearing walls, stem wall and/or piers			/
42	Attachment of joist to girder			/
43	Wind load requirements where applicable			/
44	Show required under-floor crawl space			/
45	Show required amount of ventilation opening for under-floor spaces			/
46	Show required covering of ventilation opening			/
47	Show the required access opening to access to under-floor spaces			/
48	Show the sub-floor structural panel sheathing type, thickness and fastener schedule on the edges & interior of the areas structural panel sheathing			/

49	Show Draftstopping, Fire caulking and Fire blocking			✓
50	Show fireproofing requirements for garages attached to living spaces, per FBCR section 302.6			✓
51	Provide live and dead load rating of floor framing systems (psf).			✓

FBCR CHAPTER 6 WOOD WALL FRAMING CONSTRUCTION

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

FBCR :ROOF SYSTEMS:

60	Truss design drawing shall meet section FBCR 802.1.6.1 Wood trusses	✓		
61	Include a layout and truss details, signed and sealed by Florida Professional Engineer	✓		
62	Show types of connector's assemblies' and resistance uplift rating for all trusses and rafters	✓		
63	Show gable ends with rake beams showing reinforcement or gable truss and wall bracing details	✓		
64	Provide dead load rating of trusses	✓		

FBCR 802:Conventional Roof Framing Layout

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

FBCR 803 ROOF SHEATHING

69	Include all materials which will make up the roof decking, identification of structural panel sheathing, grade, thickness	✓		
70	Show fastener Size and schedule for structural panel sheathing on the edges & intermediate areas	✓		

ROOF ASSEMBLIES FRC Chapter 9

71	Include all materials which will make up the roof assemblies covering	✓		
72	Submit Florida Product Approval numbers for each component of the roof assemblies covering	✓		

FBCR Chapter 11 Energy Efficiency Code for residential building

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

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

HVAC information

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

Plumbing Fixture layout shown

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

Private Potable Water

82	Pump motor horse power			
83	Reservoir pressure tank gallon capacity	<i>CITY WATER</i>		
84	Rating of cycle stop valve if used			

Electrical layout shown including

85	Show Switches, receptacles outlets, lighting fixtures and Ceiling fans	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
86	Show all 120-volt, single phase, 15- and 20-ampere branch circuits outlets required to be protected by Ground-Fault Circuit Interrupter (GFCI) Article 210.8 A	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
87	Show the location of smoke detectors & Carbon monoxide detectors	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
88	Show service panel, sub-panel, location(s) and total ampere ratings	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
89	On the electrical plans identify the electrical service overcurrent protection device for the main electrical service. This device shall be installed on the exterior of structures to serve as a disconnecting means for the utility company electrical service. Conductors used from the exterior disconnecting means to a panel or sub panel shall have four-wire conductors, of which one conductor shall be used as an equipment ground. Indicate if the utility company service entrance cable will be of the overhead or underground type. For structures with foundation which establish new electrical utility companies service connection a Concrete Encased Electrode will be required within the foundation to serve as an Grounding electrode system. Per the National Electrical Code article 250.52.3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

90	Appliances and HVAC equipment and disconnects			
91	Show all 120-volt, single phase, 15- and 20-ampere branch circuits supplying outlets installed in dwelling unit family rooms, dining rooms, living rooms, parlors, libraries, dens, bedrooms, sunrooms, recreation rooms, closets, hallways, or similar rooms or areas shall be protected by a listed Combination arc-fault circuit interrupter , Protection device.	✓		

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

Notice Of Commencement

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

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

THE FOLLOWING ITEMS MUST BE SUBMITTED WITH BUILDING PLANS

		YES	NO	N/A
92	Building Permit Application A current On-Line Building Permit Application www.ccpermit.com is to be completed, by following the Checklist all supporting documents must be submitted. There is a \$15.00 application fee.	✓		
93	Parcel Number The parcel number (Tax ID number) from the Property Appraisers Office (386) 758-1083 is required. A copy of property deed is also requested. www.columbiacountyfla.com	✓		
94	Environmental Health Permit or Sewer Tap Approval A copy of a approved Columbia County Environmental Health (386) 758-1058	✓		
95	City of Lake City A permit showing an approved waste water sewer tap 386-752-2031			✓
96	Toilet facilities shall be provided for all construction sites			
97	Town of Fort White (386) 497-2321 If the parcel in the application for building permit is within the Corporate city limits of Fort White, an approval land use development letter issued by the Town of Fort is required to be submitted with the application for a building permit.			✓
98	Flood Information: All projects within the Floodway of the Suwannee or Santa Fe Rivers shall require permitting through the Suwannee River Water Management District, before submitting a application to this office. Any project located within a flood zone where the base flood elevation (100 year flood) has been established shall meet the requirements of Section 8.5.2 of the Columbia County Land Development Regulations. Any project located within a flood zone where the base flood elevation has not been established (Zone A) shall meet the requirements of Section 8.5.3 of the Columbia County Land Development Regulations			✓
99	CERTIFIED FINISHED FLOOR ELEVATIONS will be required on any project where the approved FIRM Flood Maps show the property is in a AE, Floodway, and AH flood zones. Additionally One Foot Rise letters are required for AE and AH zones. In the Floodway Flood zones a Zero Rise letter is required.			✓
100	A Flood development permit is also required for AE, Floodway & AH. Development permit cost is \$50.00			
101	Driveway Connection: If the property does not have an existing access to a public road, then an application for a culvert permit (\$25.00) must be made. County Public Works Dept. determines the size and length of every culvert before instillation and completes a final inspection before permanent power is granted. If the applicant feels that a culvert is not needed, they may apply for a culvert waiver (\$50.00) Separate Check when issued. If the project is to be located on an F.D.O.T. maintained road, then an F.D.O.T. access permit is required.	✓		
102	911 Address: An application for a 911 address must be applied for and received through the Columbia County Emergency Management Office of 911 Addressing Department (386) 758-1125 Ext. 3	✓		



Trip to:

111 SE Lofton Gln

Lake City, FL 32025-4109

2.73 miles / 5 minutes

Notes **SHALLAR**



465 NW Orange St, Lake City, FL 32055-3886



1. Start out going **west** on **NW Orange St** toward **NW Hilton Ave.** [Map](#)

0.02 Mi

0.02 Mi Total



2. Take the 1st **left** onto **NW Hilton Ave.** [Map](#)

0.2 Mi

If you reach NW Walker Ter you've gone a little too far

0.3 Mi Total



3. Turn **left** onto **SR-10A.** [Map](#)

2.2 Mi

2.4 Mi Total



4. Turn **right** onto **SE Country Club Rd.** [Map](#)

0.3 Mi

SE Country Club Rd is just past SE Craig Ave

If you reach SE Golf Club Ave you've gone a little too far

2.7 Mi Total



5. Take the 3rd **right** onto **SE Lofton Gln.** [Map](#)

0.01 Mi

SE Lofton Gln is 0.1 miles past SE Tim St

If you reach SE Oak Hill St you've gone a little too far

2.7 Mi Total



6. **111 SE LOFTON GLN** is on the **right.** [Map](#)

If you reach the end of SE Lofton Gln you've gone about 0.2 miles too far



111 SE Lofton Gln, Lake City, FL 32025-4109

Total Travel Estimate: 2.73 miles - about 5 minutes

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CERTIFICATE OF COMPLETION

COMPLETION

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 33-3S-17-06761-000

Building permit No. 000031025

Permit Holder BRYAN ZECHER

Type INTERIOR REMODEL

Owner of Building LARRY & CHRISTINE SHALLAR

Location: 111 SE LOFTON GLEN, LAKE CITY, FL 32025

Date: 08/09/2013

Building Inspector

Jay Lee



POST IN A CONSPICUOUS PLACE
(Business Places Only)