

Columbia County Building Permit Application

For Office Use Only Application # 0607-32 Date Received 7/14/06 By G Permit # 24778
 Application Approved by - Zoning Official BLK Date 7-17-06 Plans Examiner OK JH Date 7-17-06
 Flood Zone X Development Permit N/A Zoning A-3 Land Use Plan Map Category A-3
 Comments Section 2131 Legal Nonconforming Lot of Record
(EH) 7-14-06

Applicants Name Michael Morrison Phone 386-208-9887 FAX- 866 504-7381
 Address 313 NW Brook Loop Lake City FL 32055
 Owners Name Michael Morrison Phone 386-208-9887
 911 Address 313 NW Brook Loop Lake City FL 32055
 Contractors Name Owner Builder Phone 386-208-9887
 Address 313 NW Brook Loop Lake City FL 32055
 Fee Simple Owner Name & Address Michael & Kristin Morrison
 Bonding Co. Name & Address N/A
 Architect/Engineer Name & Address Gary Gill 130 West Howard St. Live Oak, FL 32064
 Mortgage Lenders Name & Address Suntrust Mortgage Inc. 300 E Mcbee Ave. Greenville, SC 29602
 Circle the correct power company - FL Power & Light - Clay Elec. - Suwannee Valley Elec. - Progressive Energy
 Property ID Number 20-35-16-02194-033 HX Estimated Cost of Construction 70,000
 Subdivision Name Fairfield Hills Subdivision Lot 33 Block Unit Phase
 Driving Directions 90 W to Brown Road turn (R) go to Horizon turn (L)
go to Fett turn (R) go to end of Fett turn (R) on
Brook Loop go to 1st Drive on (R) w/ RED Board Fence.
 Type of Construction Addition to Existing Home Number of Existing Dwellings on Property 1
 Total Acreage 1.73 Lot Size N/A Do you need a - Culvert Permit or Culvert Waiver or Have an Existing Drive
 Actual Distance of Structure from Property Lines - Front 160 Side 140 Side 250 Rear 20
 Total Building Height 15' Number of Stories 1 Heated Floor Area 2644A Roof Pitch 4L12
CALPUC 1332 TOTAL 3976

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

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

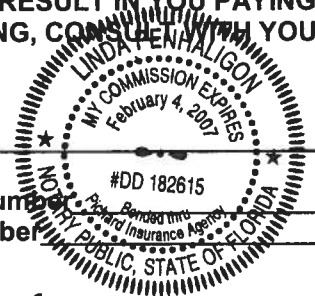
WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOU PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT.

M Morrison
 Owner Builder or Agent (Including Contractor)

STATE OF FLORIDA
 COUNTY OF COLUMBIA

Sworn to (or affirmed) and subscribed before me
 this 10th day of JULY 2006.
 Personally known ✓ or Produced Identification

N/A
 Contractor Signature
 Contractors License Number
 Competency Card Number
 NOTARY STAMP/SEAL
Linda Perhaligon
 Notary Signature



NOTICE OF COMMENCEMENT FORM
COLUMBIA COUNTY, FLORIDA

***THIS DOCUMENT MUST BE RECORDED AT THE COUNTY
CLERKS OFFICE BEFORE YOUR FIRST INSPECTION.***

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

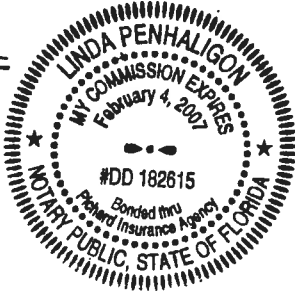
Tax Parcel ID Number 20-3S-16-02194-033 HX PERMIT NUMBER _____

- 1. Description of property: (legal description of the property and street address or 911 address)
Lot 33 Fairfield Hills S/D. ORB 425-624, 773-1757, 924-635,
313 NW Brook Loop Lake City, FL 32055
- 2. General description of improvement: Addition to existing home
- 3. Owner Name & Address Michael Morrison 313 NW Brook Loop
Lake City FL 32055 Interest in Property owner
- 4. Name & Address of Fee Simple Owner (if other than owner): SAME
- 5. Contractor Name Owner Builder Phone Number 386-208-9887
Address 313 NW Brook Loop Lake City, FL 32055
- 6. Surety Holders Name N/A Phone Number _____
Address _____
Amount of Bond _____
- 7. Lender Name Suntrust Mortg Inc Phone Number _____
Address 300 E McBee Ave Greenville, SC 29602
- 8. Persons within the State of Florida designated by the Owner upon whom notices or other documents may be served as provided by section 718.13 (1)(a) 7; Florida Statutes:
Name Kristin Morrison Phone Number 386-208-6258
Address 313 NW Brook Loop Lake City FL 32055
- 9. In addition to himself/herself the owner designates N/A
_____ to receive a copy of the Lienor's Notice as provided in Section 713.13 (1)
(a) 7. Phone Number of the designee _____
- 10. Expiration date of the Notice of Commencement (the expiration date is 1 (one) year from the date of recording, (Unless a different date is specified) 7-14-07

NOTICE AS PER CHAPTER 713, Florida Statutes:

The owner must sign the notice of commencement and no one else may be permitted to sign in his/her stead.

[Signature]
Signature of Owner



Sworn to (or affirmed) and subscribed before
day of JULY 10th, 2006

NOTARY STAMP/SEAL
[Signature]
Signature of Notary

FILED 10011 DATE: 07/14/2006 TIME: 16:26
D.C. P. Dewitt Cason, Columbia County B:1089 P:2294

DISCLOSURE STATEMENT

FOR OWNER/BUILDER WHEN ACTING AS THEIR OWN CONTRACTOR AND CLAIMING EXEMPTION OF CONTRACTOR LICENSING REQUIREMENTS IN ACCORDANCE WITH FLORIDA STATUTES, ss. 489.103(7).

State law requires construction to be done by licensed contractors. You have applied for a permit under an exemption to that law. The exemption allows you, as the owner of your property, to act as your own contractor with certain restrictions even though you do not have a license. You must provide direct, onsite supervision of the construction yourself. You may build or improve a one-family or two-family residence or a farm outbuilding. You may also build or improve a commercial building, provided your costs do not exceed \$25,000. The building or residence must be for your own use or occupancy. It may not be built or substantially improved for sale or lease. If you sell or lease a building you have built or substantially improved yourself within 1 year after the construction is complete, the law will presume that you built or substantially improved it for sale or lease, which is a violation of this exemption. You may not hire an unlicensed person to act as your contractor or to supervise people working on your building. It is your responsibility to make sure that people employed by you have licenses required by state law and by county or municipal licensing ordinances. You 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 your building who is not licensed must work under your direct supervision and must be employed by you, which means that you must deduct F.I.C.A. and withholding tax and provide workers' compensation for that employee, all as prescribed by law. Your construction must comply with all applicable laws, ordinances, building codes, and zoning regulations.

TYPE OF CONSTRUCTION

- ☐ Single Family Dwelling
- ☐ Farm Outbuilding
- ☐ New Construction

☐ Two-Family Residence

☒ Other _____

☒ Addition ☒ Alteration, Modification or other Improvement

NEW CONSTRUCTION OR IMPROVEMENT

I Michael Morrison, 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 ss.489.103(7) allowing this exception for the construction permitted by Columbia County Building Permit Number _____

[Signature]
Signature

7/14/06
Date

FOR BUILDING USE ONLY

I hereby certify that the above listed owner/builder has been notified of the disclosure statement in Florida Statutes ss 489.103(7).

Date _____ Building Official/Representative _____

Code Compliance Checklist

Residential Whole Building Performance Method A - Details

ADDRESS: , , FL,

PERMIT #:

6A-21 INFILTRATION REDUCTION COMPLIANCE CHECKLIST

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

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

COMPONENTS	SECTION	REQUIREMENTS	CHECK
Water Heaters	612.1	Comply with efficiency requirements in Table 612.1.ABC.3.2. Switch or clearly marked circuit breaker (electric) or cutoff (gas) must be provided. External or built-in heat trap required.	
Swimming Pools & Spas	612.1	Spas & heated pools must have covers (except solar heated). Non-commercial pools must have a pump timer. Gas spa & pool heaters must have a minimum thermal efficiency of 78%.	
Shower heads	612.1	Water flow must be restricted to no more than 2.5 gallons per minute at 80 PSIG.	
Air Distribution Systems	610.1	All ducts, fittings, mechanical equipment and plenum chambers shall be mechanically attached, sealed, insulated, and installed in accordance with the criteria of Section 610. Ducts in unconditioned attics: R-6 min. insulation.	
HVAC Controls	607.1	Separate readily accessible manual or automatic thermostat for each system.	
Insulation	604.1, 602.1	Ceilings-Min. R-19. Common walls-Frame R-11 or CBS R-3 both sides. Common ceiling & floors R-11.	

Code Compliance Checklist

Residential Whole Building Performance Method A - Details

ADDRESS: , , FL,

PERMIT #:

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20-3S-16-02194-033

LOT 33 FAIRFIELD HILLS S/D.
ORB 425-624, 773-1757,
924-635,

MORRISON MICHAEL A & KRISTIN N 20-3S
313 NW BROOK LP
LAKE CITY, FL 32055

BUSE	000100	SINGLE	FAM	AE? Y	1303	HTD AREA	111.672	INDE
MOD	1	SFR	BATH	2.00	1511	EFF AREA	50.252	E-RA
EXW	16	WD FR STUC	FIXT		75931	RCN		
%		0000000000	BDRM	3	82.00	%GOOD	62,263	B BLDG
RSTR	03	GABLE/HIP	RMS		-----			
RCVR	03	COMP SHNGL	UNTS		³ FIELD CK:			
%		N/A	C-W%		³ LOC: 313 BROOK LP NW LAKE CITY			
INT	05	DRYWALL	HGHT		³			
%		N/A	PMTR		³		+-7-+-----13----	
FLR	14	CARPET	STYS	1.0	³	I	IBAS1994	I
20%	08	SHT VINYL	ECON		³	1	1	1
HTTP	04	AIR DUCTED	FUNC		³	4	4	4
A/C	03	CENTRAL	SPCD		³	IPTO1993		I
QUAL	03	AVERAGE	DEPR	52	³	+-----27---+--7-+-----13---+-		
FNDN		N/A	UD-1	N/A	³	IBAS1993		
SIZE	03	RECTANGLE	UD-2	N/A	³	I		
CEIL		N/A	UD-3	N/A	³	I		
ARCH		N/A	UD-4	N/A	³	2		
FRME	01	NONE	UD-5	N/A	³	2		
KTCH		N/A	UD-6	N/A	³	I		
WINDO		N/A	UD-7	N/A	³	I		
CLAS		N/A	UD-8	N/A	³	+-----20-----+ +-5--		
OCC		N/A	UD-9	N/A	³	IFGR1993 +-7-+-5-+-----17		
COND		N/A	%	N/A	³	I	FOP1993	
SUB	A-AREA	%	E-AREA	SUB VALUE	³	1	1	
BAS93	1121	100	1121	46192	³	8	8	
BAS94	182	100	182	7500	³	I	I	
PTO93	98	5	5	206	³	I	I	
FGR93	360	55	198	8159	³	+-----20-----+		
FOP93	15	30	5	206	³			

TOTAL 1776 1511 62263 -----

-----EXTRA FEATURES-----										FIELD CK:	
AE	BN	CODE	DESC	LEN	WID	HGHT	QTY	QL	YR	ADJ	UNI
Y		0166	CONC, PAVMT				1		1993	1.00	1.0
Y		0021	BARN, FR AE	24	36		1		1993	.95	864.0
Y		0169	FENCE/WOOD				1		1993	1.00	1.0

LAND	DESC	ZONE	ROAD	{UD1	{UD3	FRONT	DEPTH	FIELD CK:	
AE	CODE	TOPO	UTIL	{UD2	{UD4	BACK	DT	ADJUSTMENTS	

Y 000100 SFR	A-1	0003 0	225	353	1.00	1.00	1.00	1
	0002	0003						
L001 - CORNER LOT								SALE - LOT 33
2006								

Columbia County Property Appraiser

DB Last Updated: 6/19/2006

Parcel: 20-3S-16-02194-033 HX

2006 Proposed Values

Tax Record

Property Card

Interactive GIS Map

Print

Owner & Property Info

<< Search Result: 17 Next
Prev of 22 >>

Owner's Name	MORRISON MICHAEL A & KRISTIN N
Site Address	BROOK
Mailing Address	313 NW BROOK LP LAKE CITY, FL 32055
Description	LOT 33 FAIRFIELD HILLS S/D. ORB 425-624, 773-1757, 924-635,

Use Desc. (code)	SINGLE FAM (000100)
Neighborhood	20316.01
Tax District	3
UD Codes	MKTA01
Market Area	01
Total Land Area	1.720 ACRES

Property & Assessment Values

Mkt Land Value	cnt: (1)	\$22,360.00
Ag Land Value	cnt: (0)	\$0.00
Building Value	cnt: (1)	\$62,263.00
XFOB Value	cnt: (3)	\$8,108.00
Total Appraised Value		\$92,731.00

Just Value	\$92,731.00
Class Value	\$0.00
Assessed Value	\$78,856.00
Exempt Value	(code: HX) \$25,000.00
Total Taxable Value	\$53,856.00

Sales History

Sale Date	Book/Page	Inst. Type	Sale VImp	Sale Qual	Sale RCode	Sale Price
4/6/2001	924/635	WD	I	Q		\$97,900.00
4/11/1993	773/1757	WD	V	Q		\$9,500.00

Building Characteristics

--	--	--	--	--	--	--

Bldg Item	Bldg Desc	Year Blt	Ext. Walls	Heated S.F.	Actual S.F.	Bldg Value
1	SINGLE FAM (000100)	1993	WD FR Stucco (16)	1303	1776	\$62,263.00
Note: All S.F. calculations are based on exterior building dimensions.						

Extra Features & Out Buildings

Code	Desc	Year Blt	Value	Units	Dims	Condition (% Good)
0166	CONC,PAVMT	1993	\$2,914.00	1.000	0 x 0 x 0	(.00)
0021	BARN,FR AE	1993	\$3,694.00	864.000	24 x 36 x 0	(.00)
0169	FENCE/WOOD	1993	\$1,500.00	1.000	0 x 0 x 0	(.00)

Land Breakdown

Lnd Code	Desc	Units	Adjustments	Eff Rate	Lnd Value
000100	SFR (MKT)	1.720 AC	1.00/1.00/1.00/1.00	\$13,000.00	\$22,360.00

Columbia County Property Appraiser

DB Last Updated: 6/19/2006

<< Prev

17 of 22

Next >>

Disclaimer

This information was derived from data which was compiled by the Columbia County Property Appraiser's Office solely for the government purpose of property assessment. The information shown is a **work in progress** and should not be relied upon by anyone as a determination of the ownership of property or market value. No warranties, expressed or implied, are provided for the accuracy of the data herein, it's use, or it's interpretation. Although it is periodically updated, this information may not reflect the data currently on file in

the Property Appraiser's Office. The assessed values are **NOT CERTIFIED** values and therefore are subject to change before finalized for ad-valorem assessment purposes.

[Scroll to Top](#)

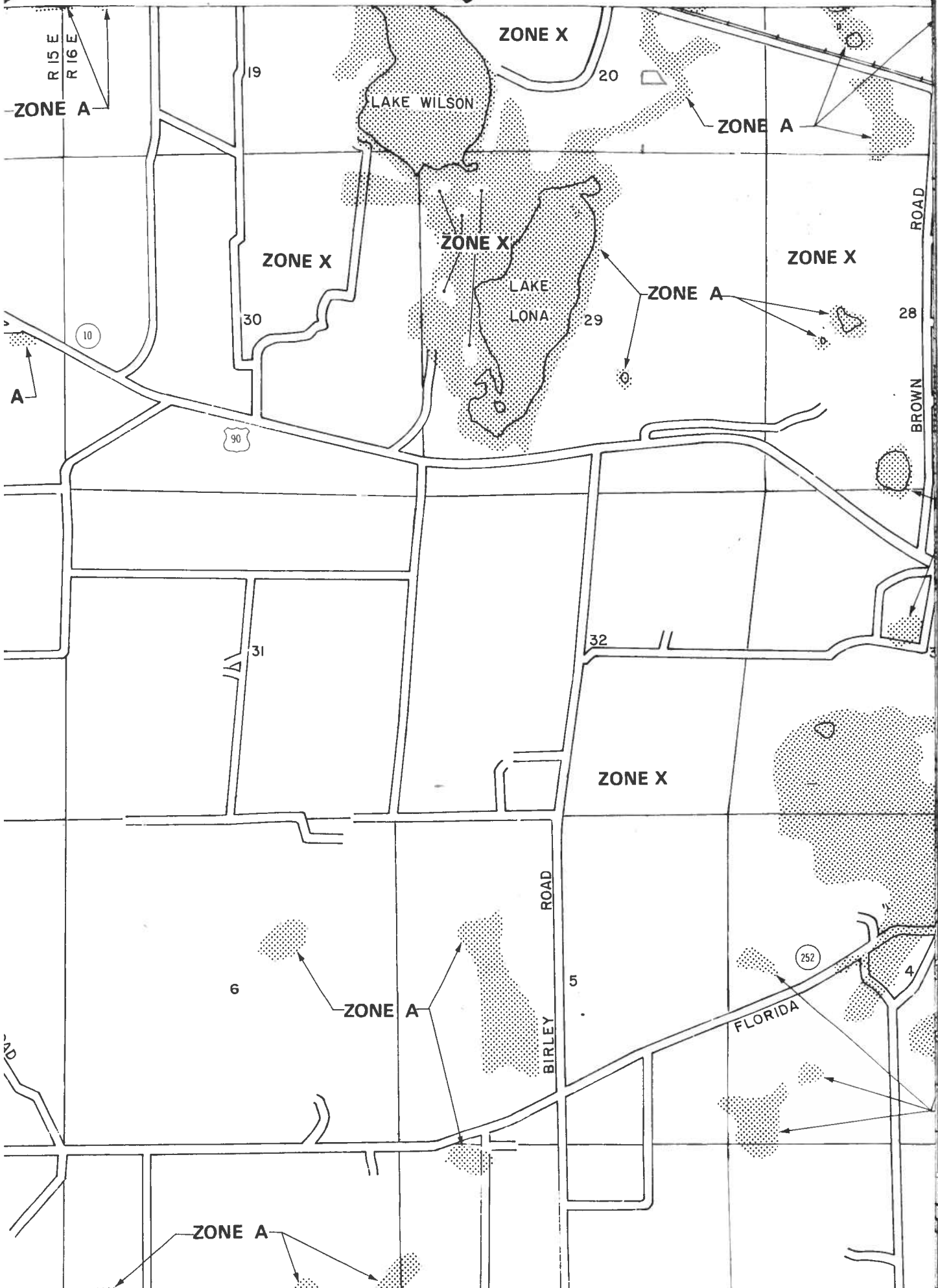
Site powered by: Grizzly Logic, Inc.©
Copyright 2001

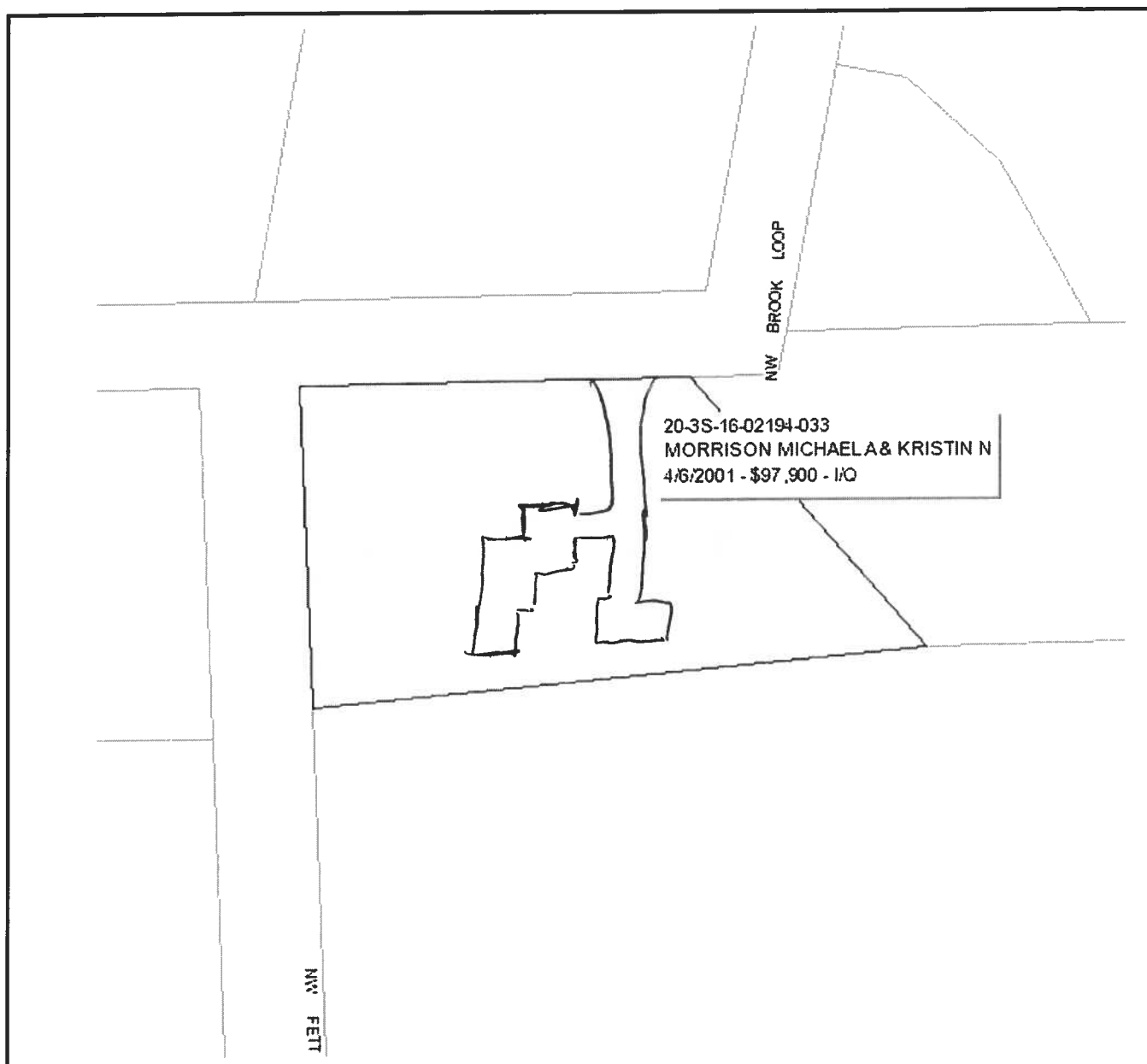
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0601-32

E



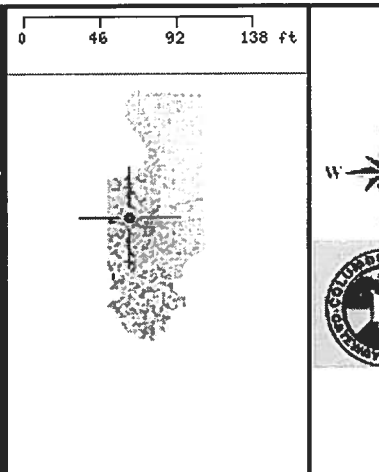


Columbia County Property Appraiser

J. Doyle Crews, CFA - Lake City, Florida - 386-758-1083

PARCEL: 20-3S-16-02194-033 HX - SINGLE FAM (000100)

Name:	MORRISON MICHAEL A & KRISTIN N	LandVal	\$22,360.00
Site:	BROOK	BldgVal	\$62,263.00
Mail:	313 NW BROOK LP	ApprVal	\$92,731.00
	LAKE CITY, FL 32055	JustVal	\$92,731.00
		Assd	\$78,856.00
Sales	4/6/2001 \$97,900.00 I /	Exmpt	\$25,000.00
	Q	Taxable	\$53,856.00
Info	4/11/1993 \$9,500.00 V /		
	Q		



This information, GIS Map Updated: 6/19/2006, was derived from data which was compiled by the Columbia County Property Appraiser Office solely for the governmental



**Columbia County, Florida
Planning & Zoning Department**

Review of Building Permit for compliance
with County's Comprehensive Plan and
Land Development Regulations

To: Michael Morrison

Fax: 866.504.7381

From: Brian L. Kepner, County Planner

Fax: 386.758.2160

Number of pages: 1

Date: 19 July 2006

RE: Building Permit Application 0607-32

Dear Mr. Morrison:

Your property is zoned Agriculture-3 and requires a side setback of twenty-five (25) feet for structures. According to your application you have a side setback of twenty (20) feet. Your lot is also a corner lot with two (2) fronts and Two (2) sides. The roads having a front setback and the east and south property lines having a side setback. The Environmental Health site plan does not give me enough information as to the distance to the property line from where the addition is being added. Please provide a better site plan, thank you.

If you have any questions concerning this matter, please do not hesitate to contact me at 386.758.1007.

Sincerely,

A handwritten signature in black ink, appearing to read "Brian L. Kepner".

Brian L. Kepner
Land Development Regulation Administrator,
County Planner

Confidentiality Notice: This facsimile transmission is confidential and is intended only for the review of the party to whom it is addressed. It may contain proprietary and/or privileged information protected by law. If you are not the intended recipient, you may not use, copy or distribute this facsimile message or its attachments. If you have received this transmission in error, please immediately telephone the sender above to arrange for its return.

HENDERSON DESIGN'S

1377 SE CR 475 BRANFORD, FL 32008
(386) 935-0940 OR 590-7110

CUSTOMER NAME: MICHAEL & KRISTIN MORRISON

ADDRESS: COLUMBIA COUNTY, FLORIDA

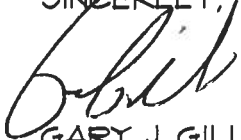
PERMIT APPLICATION: 0607-31

TO WHOM IT MAY CONCERN,

THIS FORM SERVES AS AN ADDENDUM TO THE BLUEPRINTS DRAWN FOR AN
ADDITION TO THE HOME OF MICHAEL & KRISTIN MORRISON.

1. THE WIND LOAD AND STRUCTURAL CALCULATIONS WERE DRAWN AND DO COMPLY WITH THE 2004 BUILDING CODES. THE REFERENCE TO THE 2001 CODE WAS A TYPO AND I APOLOGIZE FOR ANY INCONVENIENCE THIS MAY HAVE CAUSED.
2. THE FOUNDATION OF THE HOME WAS DESIGNED TO SUPPORT THE STRUCTURE USING A SOIL LOAD BEARING CAPACITY OF 1,000 POUNDS PER SQUARE FOOT, THIS ALSO WAS A TYPO.
3. THE EXISTING FOOTERS WILL BE CONNECTED TO THE NEW FOOTERS WITH 2-5/8" REBAR @ 36" O.C.. REFER TO THE DETAIL ON SHEET 2 OF 3.
4. THE ROOF DESIGN INCLUDES DROP GABLE TRUSSES FOR EACH GABLE END. PLEASE REFER TO THE ENGINEERED SHOP DRAWING FOR FURTHER INFORMATION.
5. THE CONNECTION METHOD BETWEEN THE 6X12 DOUGLAS FIR HEADER AND THE 6X6 CYPRESS POST WILL BE WITH A "SIMPSON" LPC6 POST CAP. REFER TO THE DETAIL ON SHEET 3 OF 3.
6. THE ELECTRICAL SYSTEM WILL BE UPGRADED BY BRICK ELECTRIC.

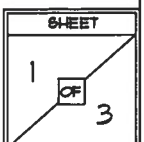
SINCERELY,


GARY J. GILL, P.E.
7/18/06



Gary J. Gill, P.E. #51942
P.O. Box 187
130 West Howard Street
Live Oak FL, 32064
Phone: (386) 362-3678
Fax: (386) 362-6133
Auth. #: 9461

STRUCTURAL/CIVIL ENGINEERS



HENDERSON DESIGN'S

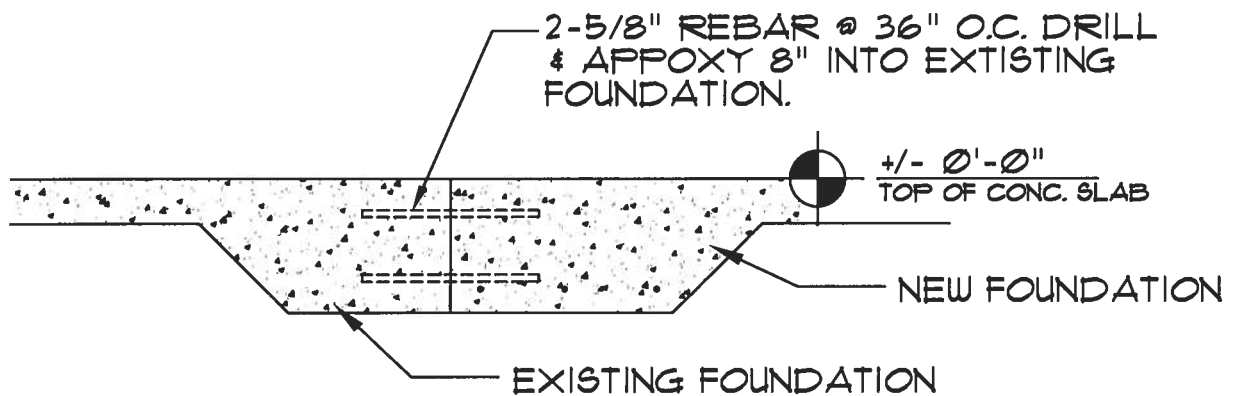
1377 SE CR 475 BRANFORD, FL 32008
(386) 935-0940 OR 590-7110

CUSTOMER NAME: MICHAEL & KRISTIN MORRISON

ADDRESS: COLUMBIA COUNTY, FLORIDA

PERMIT APPLICATION: 0607-31

CONNECTION OF EXISTING FOOTER TO NEW FOOTER DETAIL:

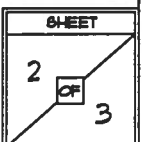


6-6
7/18/06



Gary J. Gill, P.E. #51942
P.O. Box 187
130 West Howard Street
Live Oak FL, 32064
Phone: (386) 362-3678
Fax: (386) 362-6133
Auth. #: 9461

STRUCTURAL/CIVIL ENGINEERS



HENDERSON DESIGN'S

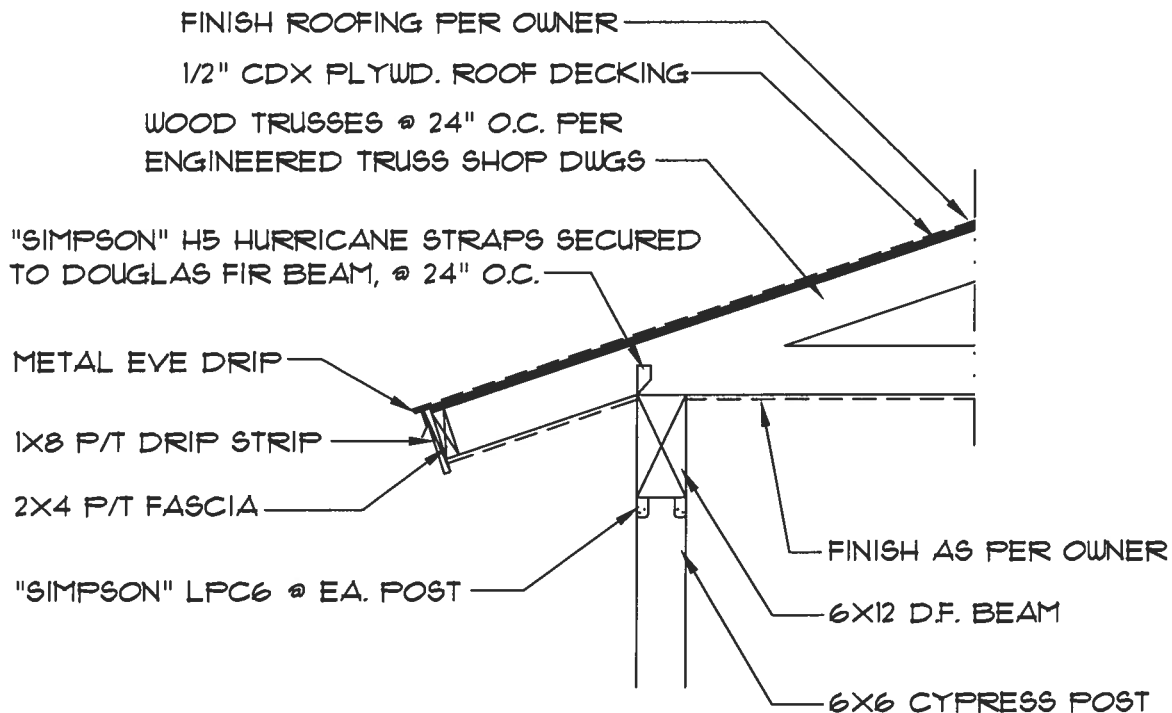
1377 SE CR 475 BRANFORD, FL 32008
(386) 935-0940 OR 590-7110

CUSTOMER NAME: MICHAEL & KRISTIN MORRISON

ADDRESS: COLUMBIA COUNTY, FLORIDA

PERMIT APPLICATION: 0607-31

BEAM TO POST DETAIL:

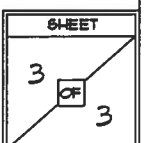


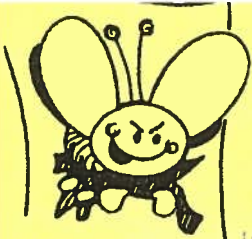
6-1
7/18/06



Gary J. Gill, P.E. #51942
P.O. Box 187
130 West Howard Street
Live Oak FL, 32064
Phone: (386) 362-3678
Fax: (386) 362-6133
Auth. #: 9461

STRUCTURAL/CIVIL ENGINEERS





Noling Pest Control

Cory Noling, Owner
Phone (386)454-3888
16782 N.W. SR 45 (32643)
P.O. Box 949 (32655)
High Springs, Florida

GRAPH AND SPECIFICATIONS

24778

BUYER'S NAME Mike Morrison SELLER'S NAME _____ DATE 8-5-06

INSPECTION ADDRESS 313 NW Brook Loop CITY Lake City STATE FL ZIP 32005

BUSINESS PHONE 208 9887 HOME PHONE _____ INSPECTED BY: Cory Noling

Scale Used: _____ Well: ☐ Yes ☐ No How close to house? _____ ft. Additions? ☐ Yes ☐ No Access? _____

Additional specifications and comments: Graph not to Sq ft. Termite 8066

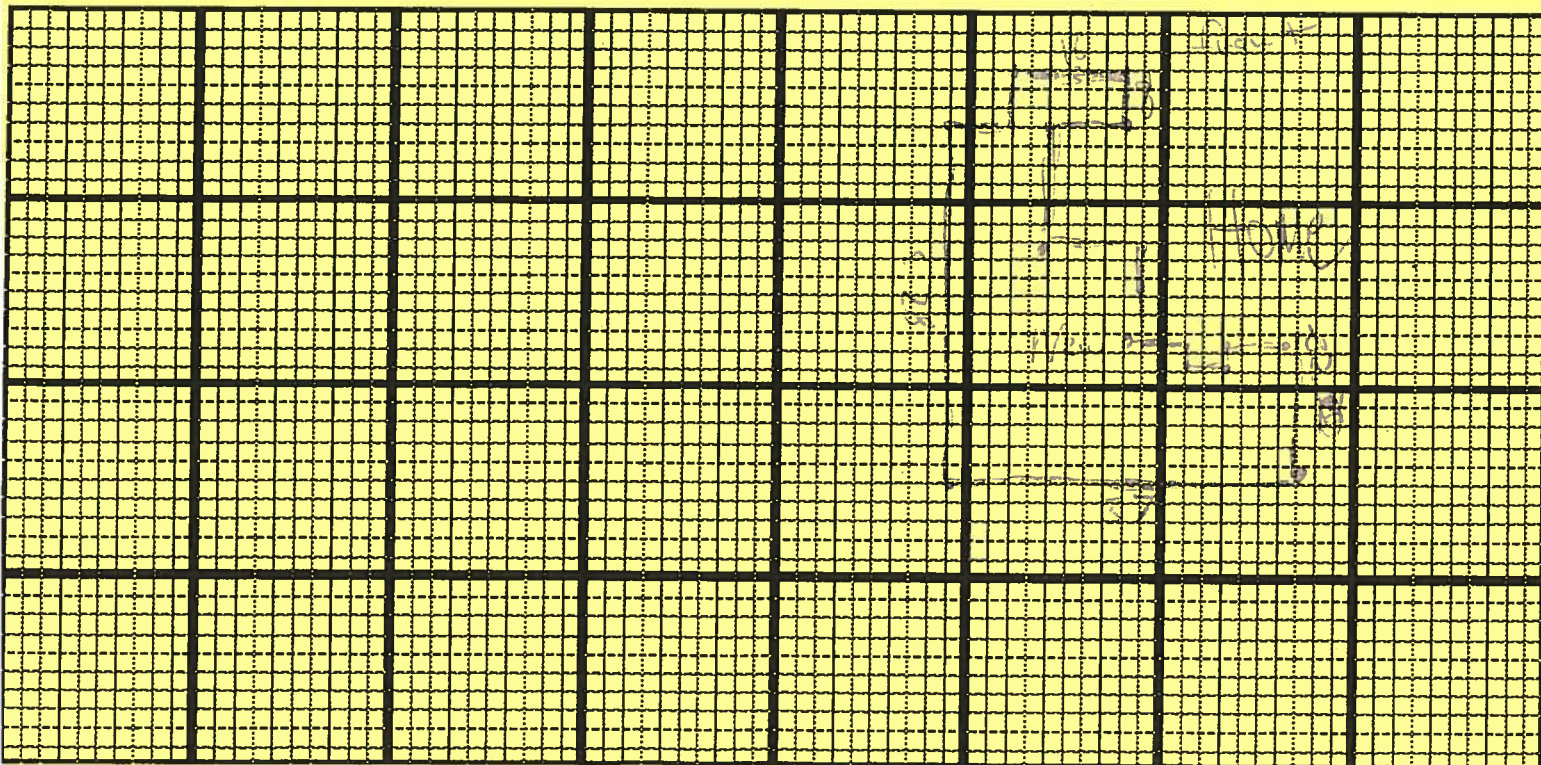
New Add.

Lineal Footage: _____ Square Footage: 2300 Sq ft Contract Price: _____

Type Foundation: ☐ Floating Slab ☐ Supported Slab ☐ Monolithic Slab ☐ Crawl ☐ Basement Type Construction: ☐ CBS ☐ Woodframe ☐ Brick

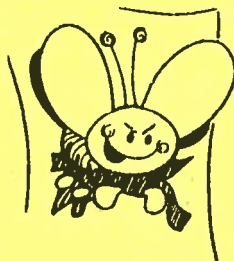
Type Infestation Key	Location Key			General Conditions	
	F - Front R - Right L - Left RE - Rear C-Center				
T - Subterranean Termite Activity	Infested Area	Type	Location	Stucco below grade?	Yes <input type="checkbox"/> No <input type="checkbox"/>
D - Drywood Termite Activity	<input type="checkbox"/> Sills / Joists			Are Termites swarming?	Yes <input type="checkbox"/> No <input type="checkbox"/>
ST - Suspected Termite Activity	<input type="checkbox"/> Sub Floor			Wood supports on ground?	Yes <input type="checkbox"/> No <input type="checkbox"/>
P - Powder Post Beetles	<input type="checkbox"/> Finished Floor			Proper clearance for treating?	Yes <input type="checkbox"/> No <input type="checkbox"/>
W - Wood Borers	<input type="checkbox"/> Walls, Studs, Plates			Make A3access opening?	Yes <input type="checkbox"/> No <input type="checkbox"/>
M - Moisture Condition	<input type="checkbox"/> Interior Trim			Electricity available?	Yes <input type="checkbox"/> No <input type="checkbox"/>
F - Wood Decaying Fungi	<input type="checkbox"/> Paneled Wall			Bath trap opening?	Yes <input type="checkbox"/> No <input type="checkbox"/>
X - Damage Present	<input type="checkbox"/> Door/Window Frame			Shrubbery Light <input type="checkbox"/> Heavy <input type="checkbox"/>	
... - Vertical Drill Location	<input type="checkbox"/> Furniture/Cabinets			Type Floor Covering: _____	
	<input type="checkbox"/> Attic			Other: _____	
	<input type="checkbox"/> Roof				

VISIBLE DAMAGE WHICH EXISTS AT THE TIME OF THE INSPECTION IS DESIGNATED BY AN "X"



Noling Pest Control

Cory Noling, Owner
Phone (386) 454-3888
16782 NW SR 45 (32643)
P.O. Box 949 (32655)
High Springs, Florida



24778

CERTIFICATE OF COMPLIANCE OF TERMITE PROTECTION (AS REQUIRED BY FLORIDA BUILDING CODE (FBC) 1816.1.7)

Mike Morrison 313 NW Brook Loop Lake City
Address of Treatment of Lot/Block of Treatment

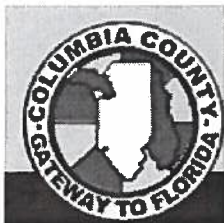
Soil Barrier Termitide 80 WG
Method of Termite Prevention Treatment-soil barrier, wood treatment,
bait system, other (describe)

The building has received a complete treatment for the prevention of subterranean termites. Treatment is in accordance with rules and laws established by the Florida Department of Agriculture and Consumer Services.

Cory Noling
Authorized Signature

8-5-06
Date

From: The Columbia County Building & Zoning Department
Plan Review
135 NE Hernando Av.
P.O. Box 1529
Lake City Florida 32056-1529



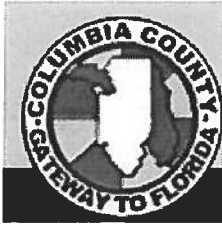
Phone Number 386-758-1163
Fax Number 386-754-7088

FAX TRANSMITTAL FORM

To: Michael Morrison	From: Joe Haltiwanger
Name:	Date Sent: 07/13/06
CC: Building permit application 0607-31	
Phone: Number of Pages: <i>Four pages</i> including the cover page	
Fax: 866-504-7384 <i>386-963-2809</i>	

Message: Reference to building permit application Number: **0607-31**

The review of the party to whom it is addressed. It may contain proprietary and/or privileged information protected by law. If you are not the intended recipient, you may not use, copy or distribute this facsimile message or its attachments. If you have received this transmission in error, please immediately telephone the sender above to arrange for its return.



From: The Columbia County Building & Zoning Department
Plan Review
135 NE Hernando Av.
P.O. Box 1529
Lake City Florida 32056-1529

Reference to a building permit application Number: **0607-32**

Contractor: Michael Morrison Owner/builder 20-3s-16-02194-033

On the date of July 17, 2006 application 0607-32 and plans for construction of an addition onto single family dwelling were reviewed and the following information or alteration to the plans will be required to continue processing this application. If you should have any question please contact the above address, or contact phone number (386) 758-1163 or fax any information to (386) 754-7088.

Please include application number 0607-32 and when making reference to this application.

This is a plan review for compliance with the Florida Residential Code 2004 only and doesn't make any consideration toward the land use and zoning requirements.

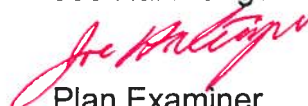
To help ensure compliance with the Florida Residential Code 2004 the comments below need to be addressed on the plans.

1. The wind load and structural calculations were performed using the ASCE 7-98 and the 2001 Florida Building Code as a reference. The

wind load and structural calculations should be recalculated us the 2004 FRC-2004 as a reference.

- 2.** The designer of the foundation for the addition on to the existing single family dwelling is assuming that the load bearing capacity of the soils is equal to 2,000 pounds per square foot. The Columbia County Building Department only safely assumes that soils within Columbia County have a load bearing capacity of 1,000 per square foot. Therefore one of the two prescribed methods must be preformed to insure the proper load bearing soils to support the structure foundation. Method one: Have the structural designer Mr. Gary Gill redesign the foundation to be so designed to support the structure using a load bearing capacity equal to 1,000 pound per square foot. Method two: Have the follow prescribed testing methods done to reveal the soil load bearing capacities. Please have a registered professional conduct subsurface explorations at the project site upon which foundations are to be constructed, a sufficient number (not less than four, one boring on each corner of the building foundation) borings shall be made to a depth of not less than 10 feet (3048 mm) below the level of the foundations to provide assurance of the soundness of the foundation bed and its load-bearing capacity.
- 3.** Have Mr. Gary Gill show on the foundation plan the method which will be used to connect the existing foundation footers when they intersect or join to the new addition foundation footing.

- 4.** On all gable and end walls end showing balloon framing detail or gable truss and wall hinge bracing detail.
- 5.** Show the connection method of the 6'x12" Douglas fir beam to the 6"x 6" cypress post. Also show the connection method of the 6'x12" Douglas fir beam to the structural wall which will connect the carport beam system to the structural addition wall.
- 6.** Shows on the electrical plan the location of the existing electrical service panel include the current amperage load and the total amperage load which will be required with the additional electrical requirements.
- 7.** Please provide a copy of a signed released site plan from the Columbia County Environmental Health Department which confirms approval of the waste water disposal system.

Joe Haltiwanger

Plan Examiner
Columbia County

HENDERSON DESIGN'S

1377 SE CR 475 BRANFORD, FL 32008
(386) 935-0940 OR 590-7110

CUSTOMER NAME: MICHAEL & KRISTIN MORRISON

ADDRESS: COLUMBIA COUNTY, FLORIDA

PERMIT APPLICATION: 0607-31

TO WHOM IT MAY CONCERN,

THIS FORM SERVES AS AN ADDENDUM TO THE BLUEPRINTS DRAWN FOR AN ADDITION TO THE HOME OF MICHAEL & KRISTIN MORRISON.

1. THE WIND LOAD AND STRUCTURAL CALCULATIONS WERE DRAWN AND DO COMPLY WITH THE 2004 BUILDING CODES. THE REFERENCE TO THE 2001 CODE WAS A TYPO AND I APOLOGIZE FOR ANY INCONVENIENCE THIS MAY HAVE CAUSED.
2. THE FOUNDATION OF THE HOME WAS DESIGNED TO SUPPORT THE STRUCTURE USING A SOIL LOAD BEARING CAPACITY OF 1,000 POUNDS PER SQUARE FOOT, THIS ALSO WAS A TYPO.
3. THE EXISTING FOOTERS WILL BE CONNECTED TO THE NEW FOOTERS WITH 2-5/8" REBAR @ 36" O.C. REFER TO THE DETAIL ON SHEET 2 OF 3.
4. THE ROOF DESIGN INCLUDES DROP GABLE TRUSSES FOR EACH GABLE END. PLEASE REFER TO THE ENGINEERED SHOP DRAWING FOR FURTHER INFORMATION.
5. THE CONNECTION METHOD BETWEEN THE 6X12 DOUGLAS FIR HEADER AND THE 6X6 CYPRESS POST WILL BE WITH A "SIMPSON" LPC6 POST CAP. REFER TO THE DETAIL ON SHEET 3 OF 3.
6. THE ELECTRICAL SYSTEM WILL BE UPGRADED BY BRICK ELECTRIC.

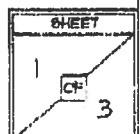
SINCERELY,

GARY J. GILL, P.E.



Gary J. Gill, P.E. #51942
P.O. Box 187
130 West Howard Street
Live Oak FL, 32064
Phone: (386) 362-3678
Fax: (386) 362-6133
Auth. # 9461

STRUCTURAL/CIVIL ENGINEERS



HENDERSON DESIGN'S

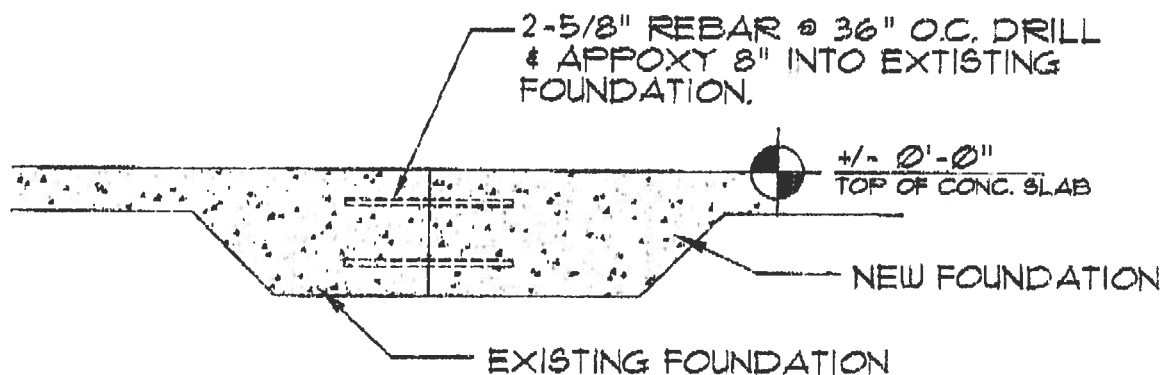
1377 SE CR 475 BRANFORD, FL 32008
(386) 935-0940 OR 590-7110

CUSTOMER NAME: MICHAEL & KRISTIN MORRISON

ADDRESS: COLUMBIA COUNTY, FLORIDA

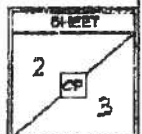
PERMIT APPLICATION: 0607-31

CONNECTION OF EXISTING FOOTER TO NEW FOOTER DETAIL:



Gary J. Gill, P.E. #51942
P.O. Box 187
130 West Howard Street
Live Oak FL, 32064
Phone: (386) 362-3678
Fax: (386) 362-6133
Auth. #: 9461

STRUCTURAL/CIVIL ENGINEER



HENDERSON DESIGN'S

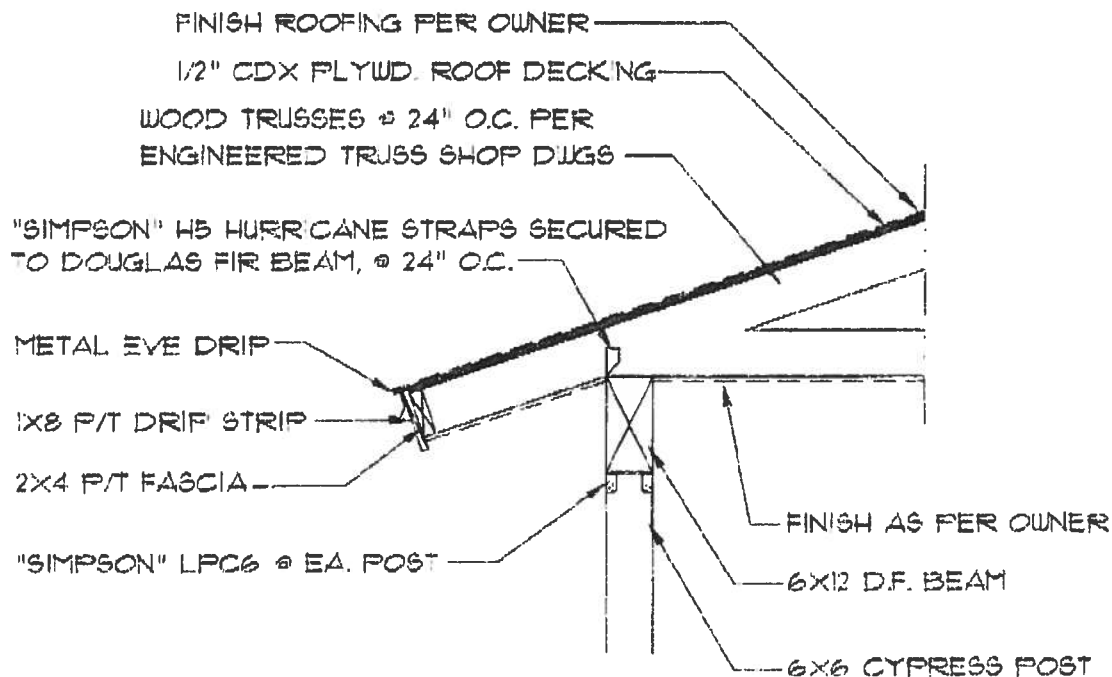
1377 SE CR 475 BRANFORD, FL 32008
(386) 935-0940 OR 590-7110

CUSTOMER NAME: MICHAEL & KRISTIN MORRISON

ADDRESS: COLUMBIA COUNTY, FLORIDA

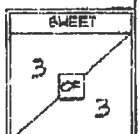
PERMIT APPLICATION: 0607-31

BEAM TO POST DETAIL:



Gary J. Gill, P.E. #51942
P.O. Box 187
130 West Howard Street
Live Oak FL, 32084
Phone: (386) 362-3678
Fax: (386) 362-6133
Auth. #: 9461

STRUCTURAL/CIVIL ENGINEER



GTC Design

Live Oak, FL 32064
Building Name: Morrison Residence
System Name: Entire House

Location:
Outside Temperature: Lake City
91.0F DB / 45.0F WB

Zone Name:	Qty	Total Area	Sensible Cooling	Latent Cooling	Total Cooling	Heating Load	Summer CFM	Winter CFM
BATHROOM -	1	50.0	618.3	0.0	618.3	397.4	33.1	11.8
BATHROOM -	1	50.0	1,654.4	760.8	2,415.3	1,063.6	71.9	18.1
SCRAPBOOK ROOM	1	400.0	6,629.5	757.2	7,386.8	3,620.6	338.1	93.9
BEDROOM - KIDS #1	1	145.0	2,857.6	272.9	3,110.0	2,051.8	165.2	36.3
BEDROOM - KIDS #2	1	145.0	2,857.6	272.9	3,110.0	2,051.8	165.2	36.3
BEDROOM - MASTER	1	600.0	15,854.8	1,513.9	17,368.7	8,713.7	815.2	231.3
DINING ROOM	1	350.0	6,206.5	1,514.1	7,720.6	4,142.6	298.8	96.0
FOYER	1	50.0	596.5	0.0	596.5	785.6	31.9	23.3
KITCHEN	1	400.0	8,848.8	1,516.3	10,365.1	4,325.0	440.2	101.4
LIVING ROOM	1	450.0	5,897.0	833.4	6,730.4	3,513.1	297.3	89.3
Zone Totals:	10	2,640.0	52,020.0	7,441.5	59,421.7	30,665.2	2,656.9	737.7
System Totals:	10	2,640.0	52,020.0	7,441.5	59,421.7	30,665.2	2,656.9	737.7
Total	10	2,640.0	52,020.0	7,441.5	59,421.7	30,665.2	2,656.9	737.7
Grand Totals:	10	2,640.0	52,020.0	7,441.5	59,421.7	30,665.2	2,656.9	737.7
Total	10	2,640.0	52,020.0	7,441.5	59,421.7	30,665.2	2,656.9	737.7

RESIDENTIAL MINIMUM PLAN REQUIREMENTS AND CHECKLIST FOR FLORIDA BUILDING CODE 2004 and FLORIDA RESIDENTIAL CODE 2004 WITH AMENDMENTS ONE (1) AND TWO (2) FAMILY DWELLINGS

ALL REQUIREMENTS ARE SUBJECT TO CHANGE
EFFECTIVE OCTOBER 1, 2005

ALL BUILDING PLANS MUST INDICATE THE FOLLOWING ITEMS AND INDICATE COMPLIANCE WITH CHAPTER 16 OF THE FLORIDA BUILDING CODE 2004 BY PROVIDING 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 SPEED AS PER FIGURE 1609 SHALL BE USED.

WIND SPEED LINE SHALL BE DEFINED AS FOLLOWS: THE CENTERLINE OF INTERSTATE 75.

1. ALL BUILDINGS CONSTRUCTED EAST OF SAID LINE SHALL BE ----- 100 MPH
2. ALL BUILDINGS CONSTRUCTED WEST OF SAID LINE SHALL BE ----- 110 MPH
3. NO AREA IN COLUMBIA COUNTY IS IN A WIND BORNE DEBRIS REGION

APPLICANT – PLEASE CHECK ALL APPLICABLE BOXES BEFORE SUBMITTAL

GENERAL REQUIREMENTS: Two (2) complete sets of plans containing the following:

Applicant	Plans Examiner	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	All drawings must be clear, concise and drawn to scale ("Optional " details that are not used shall be marked void or crossed off). Square footage of different areas shall be shown on plans.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Designers name and signature on document (FBC 106.1). If licensed architect or engineer, official seal shall be affixed.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Site Plan including:</u> <ol style="list-style-type: none"> a) Dimensions of lot b) Dimensions of building set backs c) Location of all other buildings on lot, well and septic tank if applicable, and all utility easements. d) Provide a full legal description of property.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Wind-load Engineering Summary, calculations and any details required</u> Plans or specifications must state compliance with FBC Section 1609. The following information must be shown as per section 1603.1.4 FBC <ol style="list-style-type: none"> a. Basic wind speed (3-second gust), miles per hour (km/hr). b. Wind importance factor, I_w, and building classification from Table 1604.5 or Table 6-1, ASCE 7 and building classification in Table 1-1, ASCE 7. c. Wind exposure, if more than one wind exposure is utilized, the wind exposure and applicable wind direction shall be indicated. d. The applicable enclosure classifications and, if designed with ASCE 7, internal pressure coefficient. e. Components and Cladding. The design wind pressures in terms of psf (kN/m^2) to be used for the design of exterior component and cladding materials not specifically designed by the registered design professional.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Elevations including:</u> <ol style="list-style-type: none"> a) All sides b) Roof pitch c) Overhang dimensions and detail with attic ventilation
<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	

- | | | |
|--|--------------------------|--|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | d) Location, size and height above roof of chimneys. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | e) Location and size of skylights |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | f) Building height |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | e) Number of stories |
| <u>Floor Plan including:</u> | | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | a) Rooms labeled and dimensioned. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | b) Shear walls identified. |
| <input type="checkbox"/> | <input type="checkbox"/> | c) Show product approval specification as required by Fla. Statute 553.842 and Fla. Administrative Code 9B-72 (see attach forms). |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | d) Show safety glazing of glass, where required by code. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | e) Identify egress windows in bedrooms, and size. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | f) Fireplace (gas vented), (gas non-vented) or wood burning with hearth, (Please circle applicable type). |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | g) Stairs with dimensions (width, tread and riser) and details of guardrails and handrails. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | h) Must show and identify accessibility requirements (accessible bathroom) |
| <u>Foundation Plan including:</u> | | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | a) Location of all load-bearing wall with required footings indicated as standard or monolithic and dimensions and reinforcing. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | b) All posts and/or column footing including size and reinforcing |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | c) Any special support required by soil analysis such as piling |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | d) Location of any vertical steel. |
| <u>Roof System:</u> | | |
| <input type="checkbox"/> | <input type="checkbox"/> | a) Truss package including: |
| | | 1. Truss layout and truss details signed and sealed by FI. Pro. Eng. |
| | | 2. Roof assembly (FBC 106.1.1.2)Roofing system, materials, manufacturer, fastening requirements and product evaluation with wind resistance rating) |
| <i>N/A</i> | <input type="checkbox"/> | b) Conventional Framing Layout including: |
| | | 1. Rafter size, species and spacing |
| | | 2. Attachment to wall and uplift |
| | | 3. Ridge beam sized and valley framing and support details |
| | | 4. Roof assembly (FBC 106.1.1.2)Roofing systems, materials, manufacturer, fastening requirements and product evaluation with wind resistance rating) |
| <u>Wall Sections including:</u> | | |
| <i>N/A</i> | <input type="checkbox"/> | a) Masonry wall |
| | | 1. All materials making up wall |
| | | 2. Block size and mortar type with size and spacing of reinforcement |
| | | 3. Lintel, tie-beam sizes and reinforcement |
| | | 4. Gable ends with rake beams showing reinforcement or gable truss and wall bracing details |
| | | 5. All required connectors with uplift rating and required number and size of fasteners for continuous tie from roof to foundation shall be designed by a Windload engineer using the engineered roof truss plans. |
| | | 6. Roof assembly shown here or on roof system detail (FBC 106.1.1.2) Roofing system, materials, manufacturer, fastening requirements and product evaluation with resistance rating) |
| | | 7. Fire resistant construction (if required) |
| | | 8. Fireproofing requirements |
| | | 9. Shoe type of termite treatment (termicide or alternative method) |
| | | 10. Slab on grade |
| | | a. Vapor retarder (6mil. Polyethylene with joints lapped 6 inches and sealed) |
| | | b. Must show control joints, synthetic fiber reinforcement or Welded fire fabric reinforcement and supports |
| | | 11. Indicate where pressure treated wood will be placed |
| | | 12. Provide insulation R value for the following: |

- a. Attic space
- b. Exterior wall cavity
- c. Crawl space (if applicable)



b) Wood frame wall

1. All materials making up wall
2. Size and species of studs
3. Sheathing size, type and nailing schedule
4. Headers sized
5. Gable end showing balloon framing detail or gable truss and wall hinge bracing detail
6. All required fasteners for continuous tie from roof to foundation (truss anchors, straps, anchor bolts and washers) shall be designed by a Windload engineer using the engineered roof truss plans.
7. Roof assembly shown here or on roof system detail (FBC 106.1.1.2) Roofing system, materials, manufacturer, fastening requirements and product evaluation with wind resistance rating)
8. Fire resistant construction (if applicable)
9. Fireproofing requirements
10. Show type of termite treatment (termiteicide or alternative method)
11. Slab on grade
 - a. Vapor retarder (6Mil. Polyethylene with joints lapped 6 inches and sealed
 - b. Must show control joints, synthetic fiber reinforcement or welded wire fabric reinforcement and supports
12. Indicate where pressure treated wood will be placed
13. Provide insulation R value for the following:
 - a. Attic space
 - b. Exterior wall cavity
 - c. Crawl space (if applicable)



c) Metal frame wall and roof (designed, signed and sealed by Florida Prof. Engineer or Architect)

Floor Framing System:



a) Floor truss package including layout and details, signed and sealed by Florida Registered Professional Engineer



b) Floor joist size and spacing



c) Girder size and spacing



d) Attachment of joist to girder



e) Wind load requirements where applicable



Plumbing Fixture layout

Electrical layout including:



a) Switches, outlets/receptacles, lighting and all required GFCI outlets identified



b) Ceiling fans



c) Smoke detectors



d) Service panel and sub-panel size and location(s)



e) Meter location with type of service entrance (overhead or underground)



f) Appliances and HVAC equipment



g) Arc Fault Circuits (AFCI) in bedrooms



h) Exhaust fans in bathroom



HVAC information



a) Energy Calculations (dimensions shall match plans)



b) Manual J sizing equipment or equivalent computation



c) Gas System Type (LP or Natural) Location and BTU demand of equipment



Disclosure Statement for Owner Builders



*****Notice Of Commencement Required Before Any Inspections Will Be Done**



Private Potable Water

- a) Size of pump motor
- b) Size of pressure tank
- c) Cycle stop valve if used

THE FOLLOWING ITEMS MUST BE SUBMITTED WITH BUILDING PLANS

1. **Building Permit Application:** A current Building Permit Application form is to be completed and submitted for all residential projects.
2. **Parcel Number:** The parcel number (Tax ID number) from the Property Appraiser (386) 758-1084 is required. A copy of property deed is also requested.
3. **Environmental Health Permit or Sewer Tap Approval:** A copy of the Environmental Health permit, existing septic approval or sewer tap approval is required before a building permit can be issued. (386) 758-1058 (Toilet facilities shall be provided for construction workers)
4. **City Approval:** If the project is to be located within the city limits of the Town of Fort White, prior approval is required. The Town of Fort White approval letter is required to be submitted by the owner or contractor to this office when applying for a Building Permit. (386) 497-2321
5. **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 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 8.8 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 8.7 of the Columbia County Land Development Regulations. **CERTIFIED FINISHED FLOOR ELEVATIONS WILL BE REQUIRED ON ANY PROJECT WHERE THE BASE FLOOD ELEVATION (100 YEAR FLOOD) HAS BEEN ESTABLISHED.**
A development permit will also be required. Development permit cost is \$50.00
6. **Driveway Connection:** If the property does not have an existing access to a public road, then an application for a culvert permit (\$25.00) must be made. If the applicant feels that a culvert is not needed, they may apply for a culvert waiver (\$50.00). All culvert waivers are sent to the Columbia County Public Works Department for approval or denial. **If the project is to be located on a F.D.O.T. maintained road, than an F.D.O.T. access permit is required.**
7. **911 Address:** If the project is located in an area where the 911 address has been issued, then the proper paperwork from the 911 Addressing Department must be submitted. (386) 752-8787

ALL REQUIRED INFORMATION IS TO BE SUBMITTED FOR REVIEW. YOU WILL BE NOTIFIED WHEN YOUR APPLICATION AND PLANS ARE APPROVED AND READY TO PERMIT. PLEASE DO NOT EXPECT OR REQUEST THAT PERMIT APPLICATIONS BE REVIEWED OR APPROVED WHILE YOU ARE HERE – TIME WILL NOT ALLOW THIS – PLEASE DO NOT ASK

PRODUCT APPROVAL SPECIFICATION SHEET

As required by Florida Statute 553.842 and Florida Administrative Code 9B-72, please provide the information and approval numbers on the building components listed below if they will be utilized on the construction project for which you are applying for a building permit. We recommend you contact your local product supplier should you not know the product approval number for any of the applicable listed products. Statewide approved products are listed online @ www.floridabuilding.org

Category/Subcategory	Manufacturer	Product Description	Approval Number(s)
1. EXTERIOR DOORS			
A. SWINGING	Reliabilt	Ext. Doors	FL18
B. SLIDING			
C. SECTIONAL/ROLL UP			
D. OTHER			
2. WINDOWS			
A. SINGLE/DOUBLE HUNG	Betterbilt	Single hung windows	FL663
B. HORIZONTAL SLIDER			
C. CASEMENT			
D. FIXED			
E. MULLION			
F. SKYLIGHTS			
G. OTHER			
3. PANEL WALL			
A. SIDING			
B. SOFFITS			
C. STOREFRONTS			
D. GLASS BLOCK			
E. OTHER			
4. ROOFING PRODUCTS			
A. ASPHALT SHINGLES	Owens Corning	30yr Ar Shingles	FL673
B. NON-STRUCT METAL			
C. ROOFING TILES			
D. SINGLE PLY ROOF			
E. OTHER			
5. STRUCT COMPONENTS			
A. WOOD CONNECTORS			
B. WOOD ANCHORS			
C. TRUSS PLATES			
D. INSULATION FORMS			
E. LINTELS			
F. OTHERS			
6. NEW EXTERIOR ENVELOPE PRODUCTS			
A.			

The products listed below did not demonstrate product approval at plan review. I understand that at the time of inspection of these products, the following information must be available to the inspector on the jobsite; 1) copy of the product approval, 2) performance characteristics which the product was tested and certified to comply with, 3) copy of the applicable manufacturers installation requirements. Further, I understand these products may have to be removed if approval cannot be demonstrated during inspection.


 APPLICANT SIGNATURE

7/14/06
 DATE



Columbia County 9-1-1 Addressing / GIS Department

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

Telephone: (386) 758-1125 * Fax: (386) 758-1365 * E-mail: ron_croft@columbiacountyfla.com



9-1-1 Address Request Form

N/A

NOTE: ADDRESS ASSIGNMENT MAY REQUIRE UP TO 10 WORKING DAYS. IF THE ADDRESSING DEPARTMENT NEEDS TO CONDUCT ON SITE GPS LOCATION IDENTIFICATION, 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 back of Request Form for Site Plan:

Requirements for Site Plan Are Listed on Back of Request From:
(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 Requirements.)

Addressing / GIS Department Use Only:

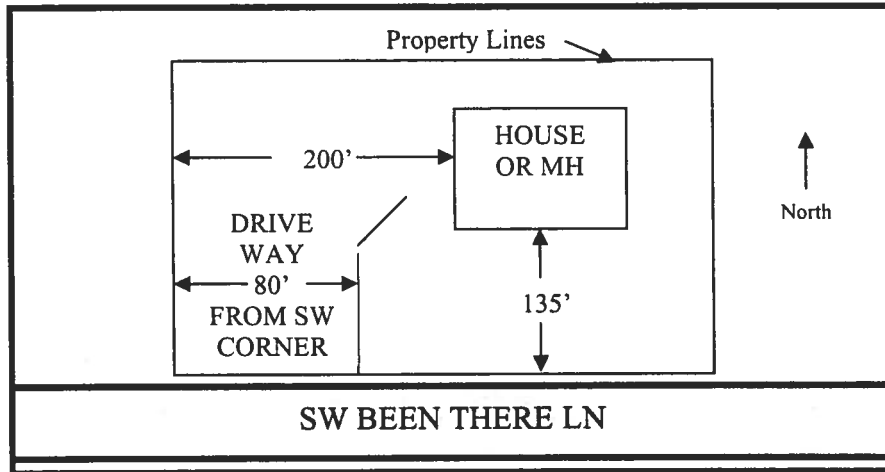
Date Received: _____

Date Assigned: _____

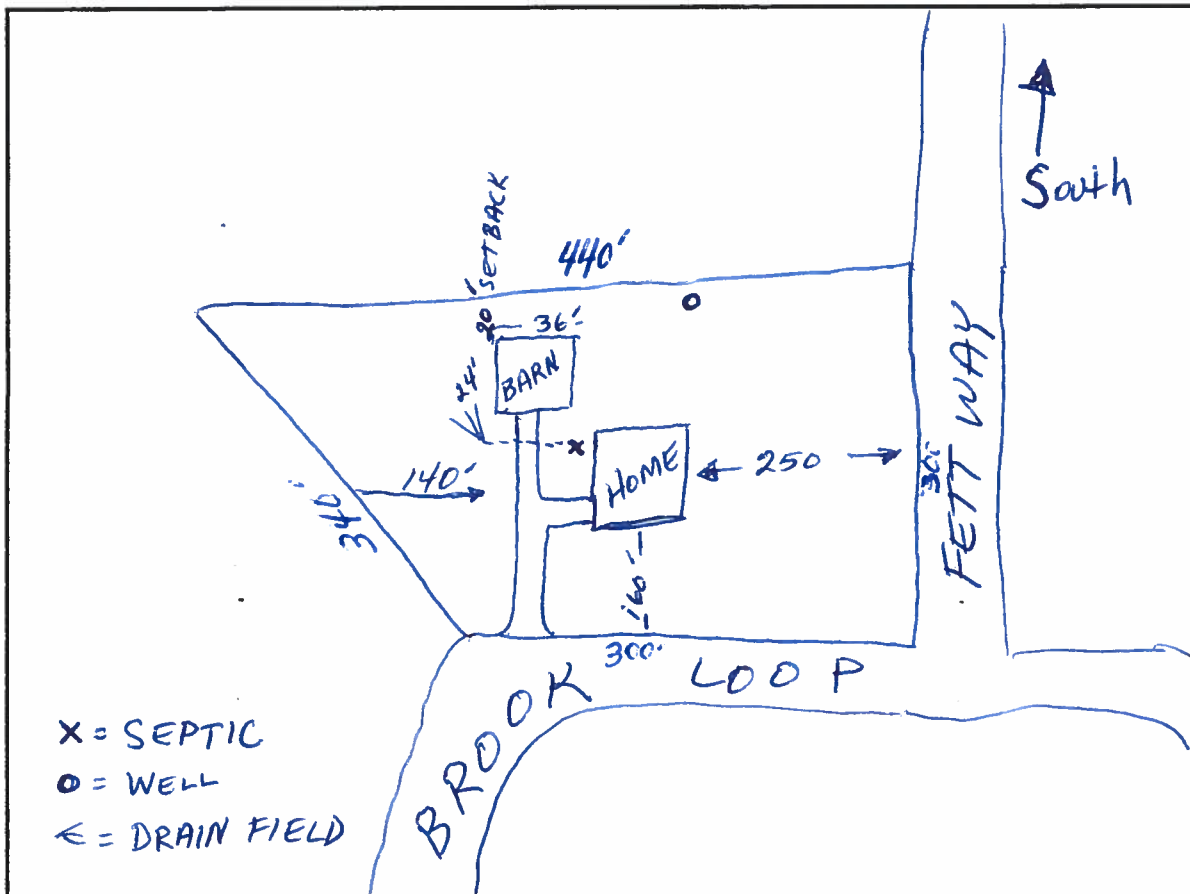
ID Number: _____

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:



R. Man 7/14/06



GTC DESIGN GROUP

PROJECT NAME: MORRISON ADDITION
PROJECT NUMBER: PF06-204

WIND LOAD AND STRUCTURAL CALCULATIONS FOR

Henderson Design Morrison Residence

GARY GILL, PE
GTC DESIGN GROUP, LLC
P.O. BOX 187
LIVE OAK, FL 32064
386-362-3678
386-362-6133 (FAX)
AUTH. # 9461

WIND02 v2-21

Detailed Wind Load Design (Method 2) per ASCE 7-02

Analysis by: G. GILL	Company Name: GTC DESIGNGROUP	
Description: MORRISON		

User Input Data		
Structure Type	Building	
Basic Wind Speed (V)	110	mph
Struc Category (I, II, III, or IV)	II	
Exposure (B, C, or D)	B	
Struc Nat Frequency (n1)	1	Hz
Slope of Roof	4.0	:12
Slope of Roof (Theta)	18.4	Deg
Type of Roof	Gabled	
Kd (Directionality Factor)	0.85	
Eave Height (Eht)	11.00	ft
Ridge Height (RHt)	17.50	ft
Mean Roof Height (Ht)	14.25	ft
Width Perp. To Wind Dir (B)	37.00	ft
Width Paral. To Wind Dir (L)	82.25	ft

Calculated Parameters	
Type of Structure	
Height/Least Horizontal Dim	0.39
Flexible Structure	No

Calculated Parameters		
Importance Factor	1	
<i>Hurricane Prone Region (V>100 mph)</i>		
Table 6-2 Values		
Alpha =	7.000	
zg =	1200.000	
At =	0.143	
Bt =	0.840	
Bm =	0.450	
Cc =	0.300	
I =	320.00	ft
Epsilon =	0.333	
Zmin =	30.00	ft

Gust Factor Category I: Rigid Structures - Simplified Method		
Gust1	For rigid structures (Nat Freq > 1 Hz) use 0.85	0.85
Gust Factor Category II: Rigid Structures - Complete Analysis		
Zm	Zmin	30.00 ft
Izm	$Cc * (33/z)^{0.167}$	0.3048
Lzm	$I*(zm/33)^{Epsilon}$	309.99 ft
Q	$(1/(1+0.63*((B+Ht)/Lzm)^{0.63}))^{0.5}$	0.9118
Gust2	$0.925*((1+1.7*Izm*3.4*Q)/(1+1.7*3.4*Izm))$	0.8730
Gust Factor Summary		
G	Since this is not a flexible structure the lessor of Gust1 or Gust2 are used	0.85

Fig 6-5 Internal Pressure Coefficients for Buildings, Gcpi

Condition	Gcpi	
	Max +	Max -
Open Buildings	0.00	0.00
Partially Enclosed Buildings	0.55	-0.55
Enclosed Buildings	0.18	-0.18
Enclosed Buildings	0.18	-0.18

WIND02 v2-21

Detailed Wind Load Design (Method 2) per ASCE 7-02

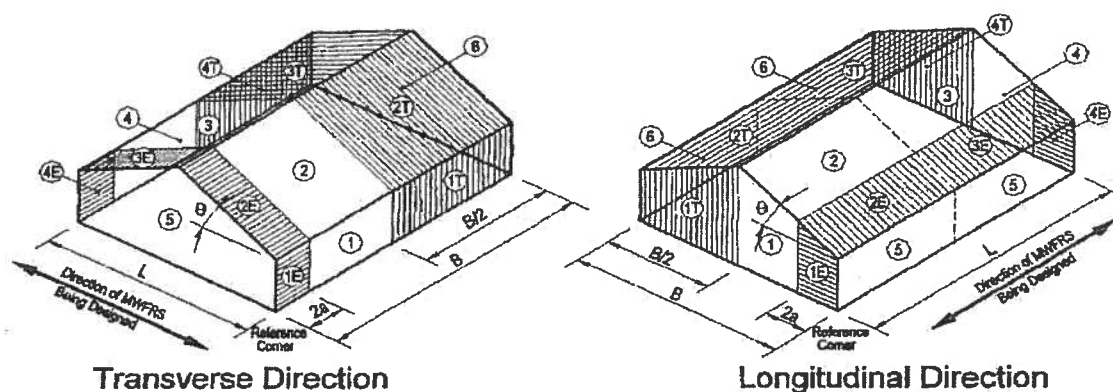
Overhang Bottom (Applicable on Windward only)	0.80	10.29	10.29
Roof - Wind Parallel to Ridge (All Theta) - for Wind Normal to 82.25 ft face			
Dist from Windward Edge: 0 ft to 28.5 ft - Max Cp	-0.18	-5.04	0.41
Dist from Windward Edge: 0 ft to 7.125 ft - Min Cp	-0.90	-14.30	-8.85
Dist from Windward Edge: 7.125 ft to 14.25 ft - Min C	-0.90	-14.30	-8.85
Dist from Windward Edge: 14.25 ft to 28.5 ft - Min Cp	-0.50	-9.15	-3.71
Dist from Windward Edge: > 28.5 ft	-0.30	-6.58	-1.13

* Horizontal distance from windward edge

Figure 6-10 - External Pressure Coefficients, GCpf

Loads on Main Wind-Force Resisting Systems w/ Ht ≤ 60 ft

Kh =	2.01*(15/zg)^(2/Alpha)	=	0.70
Kht =	Topographic factor (Fig 6-2)	=	1.00
Qh =	0.00256*(V)^2*ImpFac*Kh*Kht*Kd	=	18.45
Theta =	Angle of Roof	=	18.4 Deg



Torsional Load Cases

Wind Pressures on Main Wind Force Resisting System						
Surface	GCpf	+GCpi	-GCpi	qh (psf)	Min P (psf)	Max P (psf)
1	0.52	0.18	-0.18	18.45	6.20	12.84
2	-0.69	0.18	-0.18	18.45	-16.05	-9.41
3	-0.47	0.18	-0.18	18.45	-11.96	-5.32
4	-0.42	0.18	-0.18	18.45	-10.98	-4.34
5	-0.45	0.18	-0.18	18.45	-11.62	-4.98
6	-0.45	0.18	-0.18	18.45	-11.62	-4.98
1E	0.78	0.18	-0.18	18.45	11.06	17.70
2E	-1.07	0.18	-0.18	18.45	-23.06	-16.42
3E	-0.67	0.18	-0.18	18.45	-15.73	-9.09
4E	-0.62	0.18	-0.18	18.45	-14.71	-8.07

* p = qh * (GCpf - GCpi)

Wall Pressure - 1st Floor

Sum. of wind. & lee. (psf)	17.18
Tributary area to each Shearwall (sf)	342.08
Wall shear values to each shearwall	5876.93

Total shear to top of 2nd floor (lb) per wall (actual)	0.00
Total shear to top of 1st floor (lb) per wall (actual)	5876.93

2nd Floor shearwalls	Shearwall column #		
	1	2	3
Number of shearwall segments in each column			
Shearwall #1 length			
Shearwall #2 length			
Shearwall #3 length			
Lateral load on shear wall column (lbs)			
Percent Full-Height Sheathing			
Shear capacity adjustment			
Shearwall rating (plf) w/ 1.4			
Design Shear Capacity			
Stress Ratio			
uplift at shear ends			
shear and uplift between holddown, v and u			

Shearwall Design - E/W Direction

Rigid Diaphragm Analysis

Wind load acting on building

General Data

Roof Pitch (x:12)		4 Roof Dia	12.65
		Length of	
Vertical Roof height		6.17 Building	82.25
		Width of	
2nd Floor height	0	Building	37
1st Floor height	11		

Wind Pressure per ASCE 7- Normal to surface Case B

Windward Wall - Surface 5	11.06	psf
Leeward Wall - Surface 6	-23.06	psf
Total Wall	34.12	

Horizontal loads from parallel to ridge (N/S)

Roof Pressure (interior)	
Windward Roof Horz.(psf)	11.06
Leeward Roof Horz.(psf)	-23.06
Total	34.12
Tributary area (roof) to each shearwall (sf)	356.00
Roof shear values to each shearwall	12146.72

Wall Pressure - 2nd Floor

Sum. of wind. & lee. (psf)	0
Tributary area to each Shearwall (sf)	0.00
Wall shear values to each shearwall	0.00

1st Floor shearwall (ft)

Number of shearwall segments in each column	A	B	C
Full wall length	19		
Shearwall #1 length	13		
Shearwall #2 length	0		
Wall height ratio (h/b)	0.85		
Rigidities of shearwalls	3.18		
Lateral load on shearwall column (lbs) based on rigidity	23986.36		
Percent Full-Height Sheathing			
Shearwall #1	0.68		
Shear capacity adjustment	0.77		
Shearwall rating (plf) w/ 1.4 increase for wind	483		
Design Shear Capacity	4834.83		
Stress Ratio	4.96		
uplift at shear ends	26358.64		
shear and uplift between holddown, v and u	2396.24		

Anchor Bolt Shear Capacity plf			
Bolt size / spacing	24"	36"	48"
1/2" dia	422.5	281.67	211.25
5/8" dia	660	440.00	330
3/4" dia	930	620.00	465