

DATE 10/05/2004

Columbia County Building Permit

PERMIT

This Permit Expires One Year From the Date of Issue

000022368

APPLICANT GARY THOMPSON PHONE 386-935-2118
 ADDRESS 3554 256 STREET O'BRIEN FL 32071
 OWNER GARY & DONNA THOMPSON PHONE 386-935-2118
 ADDRESS 1364 SW RIVERSIDE AVE FORT WHITE FL 32038
 CONTRACTOR OWNER BUILDER PHONE _____

LOCATION OF PROPERTY 47 SOUTH, R 27, L RIVERSIDE AVE, 1.2 MILES ON THE RIGHT
SEE GARY THOMPSON CONSTRUCTION SIGN

TYPE DEVELOPMENT SFD, UTILITY ESTIMATED COST OF CONSTRUCTION 79150.00

HEATED FLOOR AREA 1583.00 TOTAL AREA 2052.00 HEIGHT 25.60 STORIES 1 1/2

FOUNDATION CONCRETE WALLS FRAMED ROOF PITCH 6/12 FLOOR SLAB

LAND USE & ZONING ESA-2 MAX. HEIGHT 35

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

NO. EX.D.U. 0 FLOOD ZONE AE DEVELOPMENT PERMIT NO. 04-044

PARCEL ID 27-6S-15-00568-014 SUBDIVISION THREE RIVER ESTATES

LOT 14 BLOCK _____ PHASE _____ UNIT 1-A TOTAL ACRES .90

00000415 Y

Culvert Permit No. _____ Culvert Waiver _____ Contractor's License Number _____

WAIVER PERMIT 03-0796-N BK _____ RJ _____ Y _____

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

COMMENTS: PER BK NOTES: NOT IN FLOODWAY (34 FEET)

ONE FOOT RISE LETTER SUBMITTED, NOC ON FILE

NEED FINISHED FLOOR ELEVATION CERTIFICATE BEFORE POWER CAN BE GRANTED Check # or Cash 8882

FOR BUILDING & ZONING DEPARTMENT ONLY

Temporary Power _____ Foundation _____ Monolithic _____ (footer/Slab)
 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 _____ Rough-in plumbing above slab and below wood floor _____
 date/app. by _____ date/app. by _____

Electrical rough-in _____ Heat & Air Duct _____ Peri beam (Lintel) _____
 date/app. by _____ date/app. by _____ date/app. by _____

Permanent power _____ C.O. Final _____ Culvert _____
 date/app. by _____ date/app. by _____ date/app. by _____

M/H tie downs, blocking, electricity and plumbing _____ Pool _____
 date/app. by _____ date/app. by _____

Reconnection _____ Pump pole _____ Utility Pole _____
 date/app. by _____ date/app. by _____ date/app. by _____

M/H Pole _____ Travel Trailer _____ Re-roof _____
 date/app. by _____ date/app. by _____ date/app. by _____

BUILDING PERMIT FEE \$ 400.00 CERTIFICATION FEE \$ 10.26 SURCHARGE FEE \$ 10.26

MISC. FEES \$.00 ZONING CERT. FEE \$ 50.00 FIRE FEE \$ _____ WASTE FEE \$ _____

FLOOD ZONE DEVELOPMENT FEE \$ N/C CULVERT FEE \$ _____ TOTAL FEE 470.52

INSPECTORS OFFICE L. H. H. CLERKS OFFICE CH

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

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

This Permit Must Be Prominently Posted on Premises During Construction

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

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

**Columbia County Building Department
Flood Development Permit**

**Development Permit
F 023- 04-044**

DATE 10/05/2004 BUILDING PERMIT NUMBER 000022368
APPLICANT GARY THOMPSON PHONE 386-935-2118
ADDRESS 3554 256 STREET O'BRIEN FL 32071
OWNER GARY & DONNA THOMPSON PHONE 386-935-2118
ADDRESS 1364 SW RIVERSIDE AVE FORT WHITE FL 32038
CONTRACTOR OWNER BUILDER PHONE _____
ADDRESS _____ FL _____
SUBDIVISION THREE RIVER ESTATES Lot 14 Block _____ Unit _____ Phase _____
TYPE OF DEVELOPMENT SFD, UTILITY PARCEL ID NO. 27-6S-15-00568-014

FLOOD ZONE AE BY BK 1-6-88 FIRM COMMUNITY #. 120070 - PANEL #. 255B
FIRM 100 YEAR ELEVATION 34' PLAN INCLUDED YES or NO
REQUIRED LOWEST HABITABLE FLOOR ELEVATION 35'
IN THE REGULATORY FLOODWAY YES or NO RIVER Santa fe
SURVEYOR / ENGINEER NAME Curtis Keen LICENSE NUMBER 23886

ONE FOOT RISE CERTIFICATION INCLUDED
 ZERO RISE CERTIFICATION INCLUDED
 SRWMD PERMIT NUMBER _____
(INCLUDING THE ONE FOOT RISE CERTIFICATION)

DATE THE FINISHED FLOOR ELEVATION CERTIFICATE WAS PROVIDED _____

INSPECTED DATE _____ BY _____

COMMENTS _____

135 NE Hernando Ave., Suite B-21
Lake City, Florida 32055
Phone: 386-758-1008
Fax: 386-758-2160



ONE FOOT RISE CERTIFICATION

OWNER: Gary & Donna Thompson

DESCRIPTION: Lot 14, Unit 1-A, Three Rivers Estates, Columbia County, Florida

BASE FLOOD ELEVATION: 34'

COMMUNITY PANEL NUMBER: 120070 0255 B

PROJECT: NEW RESIDENCE

I hereby certify that the placement of the Twenty concrete columns and Twenty One wood columns will increase the Suwannee River floodplain less than one foot at the project location. The structure is approximately 8' above existing ground level and the flood level is approximately 4.6 feet above ground.



Curtis E. Keen, PE #23836

Date: 09/23/04

Copy: Gary Thompson

ONE FOOT RISE CALCULATIONS

OWNER: Gary & Donna Thompson

DESCRIPTION: Lot 14, Unit 1-A, Three Rivers Estates, Columbia County, Florida

BASE FLOOD ELEVATION: 34'

COMMUNITY PANEL NUMBER: 120070 0255 B

PROJECT: ELEVATED RESIDENCE WITH COLUMNS

RIVER AREA (isolated) AT BASE FLOOD ELEVATION= 1,624 ACRES

FILL OF FLOODPLAIN: N/A

LOWEST GROUND ELEVATION AT BUILDING = 29.4'

This project will be located in the staging area of the Itchetucknee/Sante Fe River and not the floodway. No step backwater calculations are required. The calculations are based on the amount of floodplain volume removed if the foundation is enclosed.

% FLOODPLAIN AREA REMOVED = $\frac{20.15 \text{ s.f.}}{43,560 \text{ s.f.}} = 0.0000002\%$
1,624 acres

FLOODPLAIN LEVEL INCREASE = $\frac{20.15 \text{ s.f.} \times 4.6 \text{ feet}}{1,624 \text{ ac.} \times 43,560 \text{ s.f.}} = 0.0000013 \text{ foot}$



Curtis E. Keen, PE #23836

Date: 09/23/04

22368

FEDERAL EMERGENCY MANAGEMENT AGENCY
NATIONAL FLOOD INSURANCE PROGRAM

O.M.B. No. 3067-0077
Expires December 31, 2005

ELEVATION CERTIFICATE

Important: Read the instructions on pages 1-7.

SECTION A - PROPERTY OWNER INFORMATION			For Insurance Company Use
BUILDING OWNER'S NAME GARY THOMPSON			Policy Number
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. ICHETUCKNEE BOULEVARD			Company NAIC Number
CITY FT. WHITE	STATE FL	ZIP CODE 32038	
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) LOT 14, BLOCK 1-A 3 RIVERS ESTATES Unit 1-A, COLUMBIA COUNTY, FLORIDA			
BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use a Comments area, if necessary.) NA			
LATITUDE/LONGITUDE (OPTIONAL) (##° - ##' - ###" or ##.#####)		HORIZONTAL DATUM: <input type="checkbox"/> NAD 1927 <input type="checkbox"/> NAD 1983	SOURCE: <input type="checkbox"/> GPS (Type): <input type="checkbox"/> USGS Quad Map <input type="checkbox"/> Other:

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

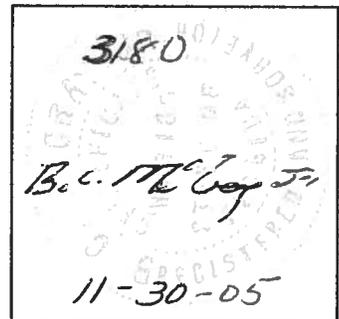
B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER COLUMBIA COUNTY 120070		B2. COUNTY NAME COLUMBIA		B3. STATE FL	
B4. MAP AND PANEL NUMBER 0225	B5. SUFFIX B	B6. FIRM INDEX DATE NA	B7. FIRM PANEL EFFECTIVE/REVISED DATE 01-06-88	B8. FLOOD ZONE(S) AE	B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding) 34'

- B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9.
 FIS Profile FIRM Community Determined Other (Describe):
- B11. Indicate the elevation datum used for the BFE in B9: NGVD 1929 NAVD 1988 Other (Describe):
- B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? Yes No Designation Date

SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)

- C1. Building elevations are based on: Construction Drawings* Building Under Construction* Finished Construction
 *A new Elevation Certificate will be required when construction of the building is complete.
- C2. Building Diagram Number 5 (Select the building diagram most similar to the building for which this certificate is being completed - see pages 6 and 7. If no diagram accurately represents the building, provide a sketch or photograph.)
- C3. Elevations - Zones A1-A30, AE, AH, A (with BFE), VE, V1-V30, V (with BFE), AR, AR/A, AR/AE, AR/A1-A30, AR/AH, AR/AO
 Complete Items C3.-a-i below according to the building diagram specified in Item C2. State the datum used. If the datum is different from the datum used for the BFE in Section B, convert the datum to that used for the BFE. Show field measurements and datum conversion calculation. Use the space provided or the Comments area of Section D or Section G, as appropriate, to document the datum conversion.
 Datum _____ Conversion/Comments
- Elevation reference mark used DOT Does the elevation reference mark used appear on the FIRM? Yes No
- a) Top of bottom floor (including basement or enclosure) 38.42 ft.(m)
 - b) Top of next higher floor NA ft.(m)
 - c) Bottom of lowest horizontal structural member (V zones only) 36.77 ft.(m)
 - d) Attached garage (top of slab) NA ft.(m)
 - e) Lowest elevation of machinery and/or equipment servicing the building (Describe in a Comments area) 34.93 ft.(m)
 - f) Lowest adjacent (finished) grade (LAG) 28.8 ft.(m)
 - g) Highest adjacent (finished) grade (HAG) 30.5 ft.(m)
 - h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade NA
 - i) Total area of all permanent openings (flood vents) in C3.h NA sq. in. (sq. cm)

License Number, Embossed Seal, Signature, and Date



SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION

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

CERTIFIER'S NAME B. C. MCCRAY, JR. LICENSE NUMBER 3180

TITLE PROFESSIONAL SURVEYOR AND MAPPER		COMPANY NAME	
ADDRESS P.O. BOX 137	CITY MAYO	STATE FL	ZIP CODE 32066
SIGNATURE B.C. McCray Jr.	DATE 11-30-05	TELEPHONE 386 294 1223	

IMPORTANT: In these spaces, copy the corresponding information from Section A.			For Insurance Company Use:
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO.			Policy Number
CITY	STATE	ZIP CODE	Company NAIC Number

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

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

COMMENTS
ELEVATIONS BASED ON A BENCH RUN FROM A DEPARTMENT OF TRANSPORTATION BENCHMARK ON THE STATE ROAD 20 BRIDGE OVER THE ICHETUCKNEE RIVER TO THIS SITE.

C3:e) ELEVATION OF BOTTOM OF ELECTRIC BOX: 34.93' ELEVATION OF BOTTOM OF AIR CONDITIONER: 38.7'

Check here if attachments

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

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

- E1. Building Diagram Number __ (Select the building diagram most similar to the building for which this certificate is being completed – see pages 6 and 7. If no diagram accurately represents the building, provide a sketch or photograph.)
- E2. The top of the bottom floor (including basement or enclosure) of the building is __ ft.(m) __ in.(cm) above or below (check one) the highest adjacent grade. (Use natural grade, if available).
- E3. For Building Diagrams 6-8 with openings (see page 7), the next higher floor or elevated floor (elevation b) of the building is __ ft.(m) __ in.(cm) above the highest adjacent grade. Complete items C3.h and C3.i on front of form.
- E4. The top of the platform of machinery and/or equipment servicing the building is __ ft.(m) __ in.(cm) above or below (check one) the highest adjacent grade. (Use natural grade, if available).
- E5. For Zone AO only: If no flood depth number is available, is the top of the bottom floor elevated in accordance with the community's floodplain management ordinance?
 Yes No Unknown. The local official must certify this information in Section G.

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

The property owner or owner's authorized representative who completes Sections A, B, C (Items C3.h and C3.i only), and E for Zone A (without a FEMA-issued or community-issued BFE) or Zone AO must sign here. *The statements in Sections A, B, C, and E are correct to the best of my knowledge.*

PROPERTY OWNER'S OR OWNER'S AUTHORIZED REPRESENTATIVE'S NAME

ADDRESS	CITY	STATE	ZIP CODE
SIGNATURE	DATE	TELEPHONE	
COMMENTS			

Check here if attachments

SECTION G - COMMUNITY INFORMATION (OPTIONAL)

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

- G1. The information in Section C was taken from other documentation that has been signed and embossed by a licensed surveyor, engineer, or architect who is authorized by state or local law to certify elevation information. (Indicate the source and date of the elevation data in the Comments area below.)
- G2. A community official completed Section E for a building located in Zone A (without a FEMA-issued or community-issued BFE) or Zone AO.
- G3. The following information (Items G4-G9) is provided for community floodplain management purposes.

G4. PERMIT NUMBER	G5. DATE PERMIT ISSUED	G6. DATE CERTIFICATE OF COMPLIANCE/OCCUPANCY ISSUED
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G7. This permit has been issued for: New Construction Substantial Improvement

G8. Elevation of as-built lowest floor (including basement) of the building is: _____ ft.(m) Datum: _____

G9. BFE or (in Zone AO) depth of flooding at the building site is: _____ ft.(m) Datum: _____

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

Check here if attachments

Attention Weegie
**Columbia County Building Department
Culvert Waiver**

**Culvert Waiver No.
00000415**

DATE: 10/05/2004

BUILDING PERMIT NO. 22368

APPLICANT GARY THOMPSON PHONE 386-935-2118

ADDRESS 3554 256 STREET O'BRIEN FL 32071

OWNER GARY & DONNA THOMPSON PHONE 935-2118

ADDRESS 1364 SW RIVERSIDE AVE FORT WHITE FL 32038

CONTRACTOR OWNER BUILDER PHONE _____

LOCATION OF PROPERTY 47 SOUTH, R 27, L ITCH. BLVD, PROPERTY IS 1.2 MILE ON THE RIGHT,
GARY THOMPSON CONSTRUCTION SIGN

SUBDIVISION/LOT/BLOCK/PHASE/UNIT THREE RIVERS ESTATES 14 1-A

PARCEL ID # 27-6S-15-00568-014

I HEREBY CERTIFY THAT I UNDERSTAND AND WILL FULLY COMPLY WITH THE DECISION OF THE COLUMBIA COUNTY PUBLIC WORKS DEPARTMENT IN CONNECTION WITH THE HEREIN PROPOSED APPLICATION.

SIGNATURE: *Gary Thompson*

A SEPARATE CHECK IS REQUIRED
MAKE CHECKS PAYABLE TO BCC

Amount Paid 50.00

PUBLIC WORKS DEPARTMENT USE ONLY

I HEREBY CERTIFY THAT I HAVE EXAMINED THIS APPLICATION AND DETERMINED THAT THE CULVERT WAIVER IS:

APPROVED NOT APPROVED - NEEDS A CULVERT PERMIT

COMMENTS: *No Culvert Required No Ditches on Existing Cant Road* COLUMBIA COUNTY

SIGNED: *[Signature]* DATE: 10-14-04 OCT 13 2004

ANY QUESTIONS PLEASE CONTACT THE PUBLIC WORKS DEPARTMENT AT 386-752-5955. PUBLIC WORKS DEPT.

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



Columbia County Building Permit Application

415

For Office Use Only Application # 0488-11 Date Received 8/4/09 By JW Permit # 22368
Application Approved by - Zoning Official BLK Date 20-09-04 Plans Examiner Date
Flood Zone AE Development Permit YES Zoning ESA-2 Land Use Plan Map Category ESA
Comments 'NO' JOURNAL ON REPLENISH (Detailed on Plan) - NOT IN Flood way 34 feet
DP F023-04-044

Applicants Name GARY W. THOMPSON Phone (386) 935-2118
Address 3554 256 ST O'BRIEN, FL 32071
Owners Name GARY & DONNA THOMPSON Phone (386) 935-2118
911 Address 1364 SW RIVERSIDE AVE. FT WALTER, FL 32038
Contractors Name GARY W. THOMPSON Phone (386) 935-2118
Address 3554 256th O'BRIEN, FL 32071

Fee Simple Owner Name & Address
Bonding Co. Name & Address N/A
Architect/Engineer Name & Address KEEN ENGINEERING 9263 CR 417 Live Oak 32060
Mortgage Lenders Name & Address CAPITAL CITY BANK BRANFORD, FL (386) 935-1112

Property ID Number 27-65-15-00568-014 Estimated Cost of Construction \$110,000
Subdivision Name THREE RIVERS ESTATES S/D Lot 14 Block Unit 1A Phase
Driving Directions US 27 TO ICHETUCKENBEE BLVD. GO SOUTH FOR 1.2 MILES. SUBJECT PROPERTY ON RIGHT.

Type of Construction SINGLE FAMILY NEW CON. Number of Existing Dwellings on Property 0
Total Acreage .90 Lot Size Do you need a - Culvert Permit or Culvert Waiver or Have an Existing Drive
Actual Distance of Structure from Property Lines - Front 150' Side 25' Side 28' Rear
Total Building Height 25'-6" Number of Stories 1 1/2 Heated Floor Area 1583 Roof Pitch 2-6/12

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

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

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

Owner Builder or Agent (Including Contractor) Gary W. Thompson

Contractor Signature Gary W. Thompson
Contractors License Number CR0046869
Competency Card Number

STATE OF FLORIDA COUNTY OF COLUMBIA Sworn to (or affirmed) and subscribed before me this 4 day of Aug 2004 Personally known or Produced Identification



NOTARY STAMP/SEAL Elizabeth A. Self Notary Signature

@ CAM110M01 S CamaUSA Appraisal System
8/04/2004 10:36 **Property Maintenance**
Year T Property Sel
2004 R 00-00-00-00568-014 ...
Owner THOMPSON GARY W & DONNA M Conf
Addr 3554 256TH ST

Columbia County
59654 Land 001 *
AG 000
Bldg 000
Xfea 000
59654 TOTAL B
.936 Total Acres
Renewal Notice

City, St O'BRIEN FL Zip 32071 Retain Cap? N
Country (PUD1) (PUD2) (PUD3)

Appr By JSHC Date 5/17/2001 AppCode UseCd 000000 **VACANT**
TxDist Nbhd MktA ExCode Exemption/% TxCode Units Tp
003 100000.01 02

THREE RIV

House# Street --- MD Dir #
- City

Subd **N/A** Condo .00 **N/A**

Sect 27 Twn 6S Rnge 15 Subd Blk Lot

Legals LOT 14 UNIT 1-A THREE RIVERS ESTATES. ORB 783-1708,
790-1844, WD 996-755.

Map# Mnt 10/09/2003 KYLIE

F1=Task F2=ExTx F3=Exit F4=Prompt F11=Docs F10=GoTo PgUp/PgDn F24=More

0408-11

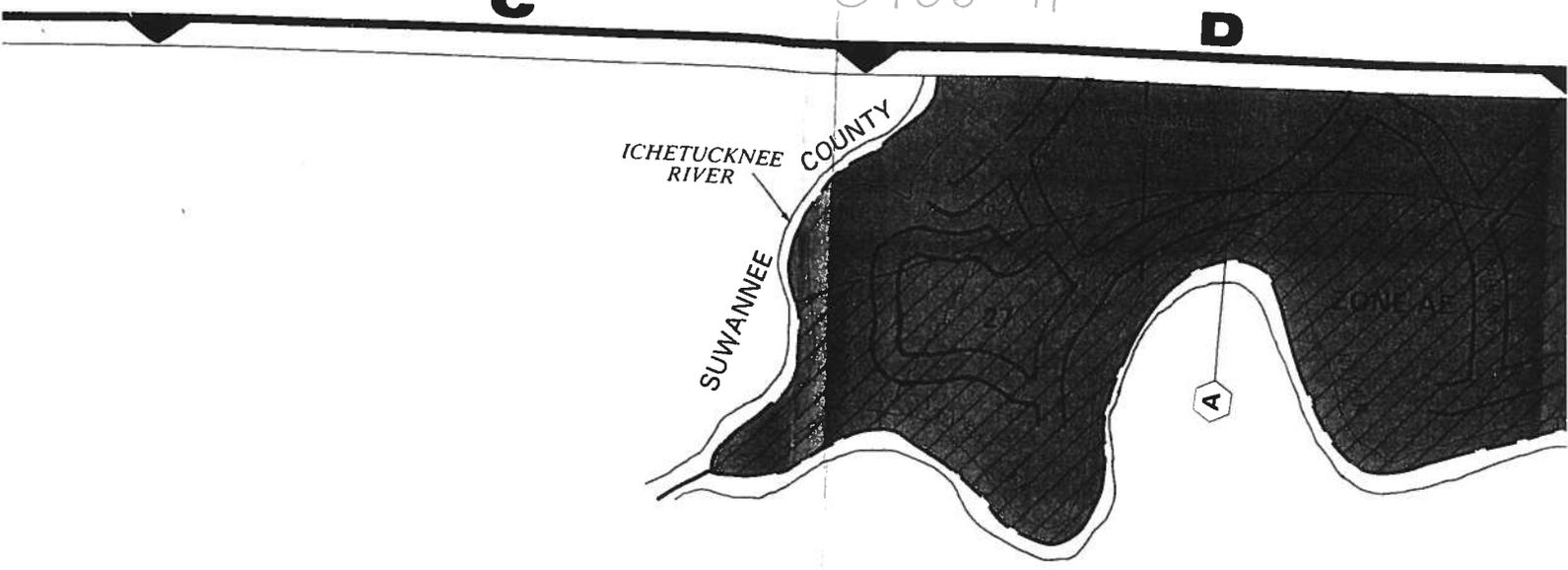
C

D

ICHETUCKNEE RIVER
COUNTY

SUWANNEE

A





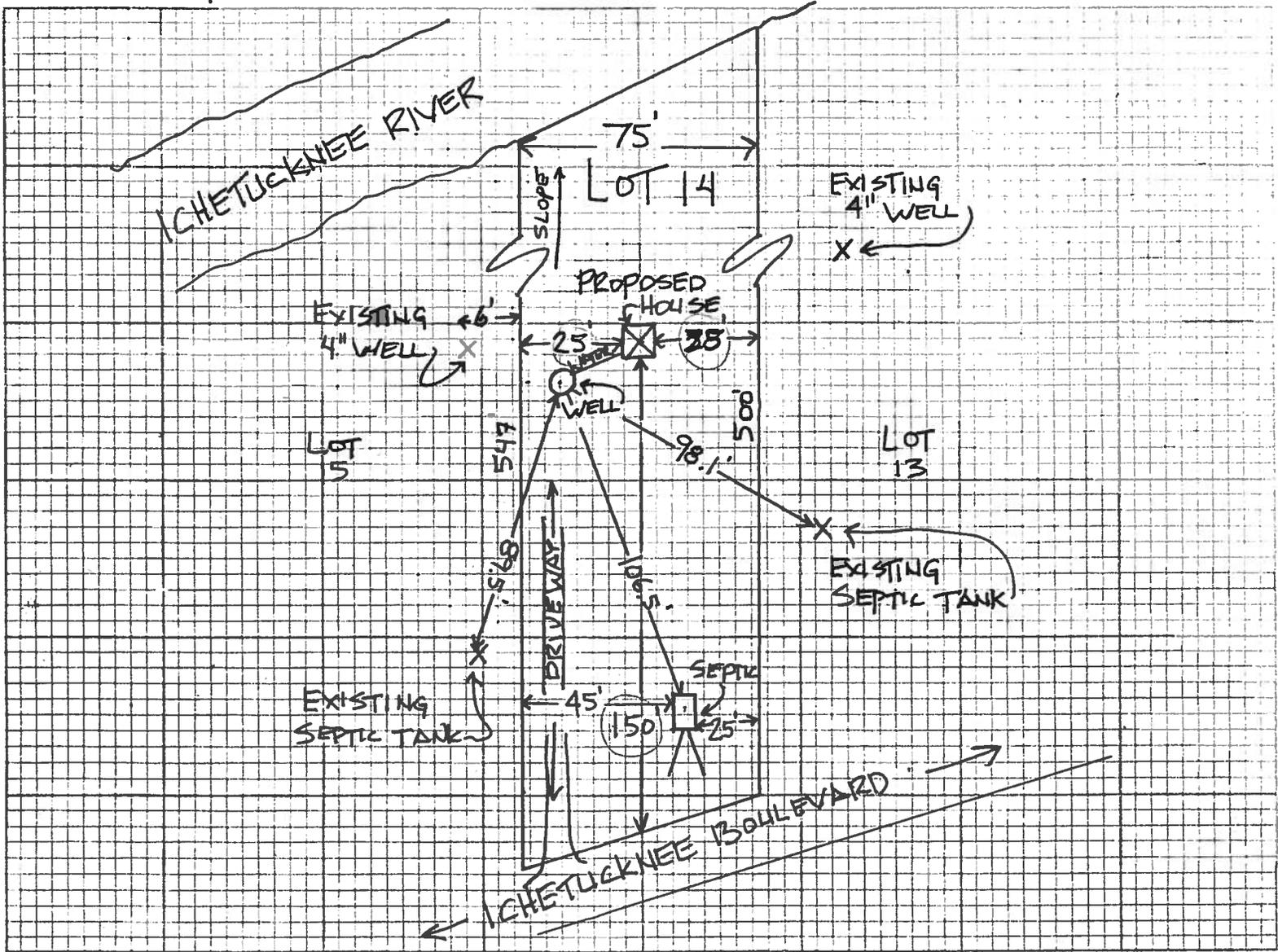
STATE OF FLORIDA
DEPARTMENT OF HEALTH

APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permit Application Number 03-0796N

PART II - SITE PLAN

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



Notes: SEE ATTACHED SURVEY FOR ELEVATIONS OF PROPOSED & EXISTING SEPTIC TANKS.

Site Plan submitted by: Nancy N. Thompson
Signature

Agent
Title
Date 9-2-03

Plan Approved Not Approved

By SALLIE A. GRADY / (ES) / COLUMBIA County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

COLUMBIA COUNTY 9-1-1 ADDRESSING

263 NW Lake City Ave. * P. O. Box 2949 * Lake City, FL 32056-2949
PHONE: (386) 752-8787 * FAX: (386) 758-1365 * Email: ron_croft@columbiacountyfla.com

Addressing Maintenance

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

DATE ISSUED: June 15, 2004

ENHANCED 9-1-1 ADDRESS:

1364 SW RIVERSIDE AVE (FORT WHITE, FL 32038)

Addressed Location 911 Phone Number: NOT AVAIL.

OCCUPANT NAME: NOT AVAIL.

OCCUPANT CURRENT MAILING ADDRESS: _____

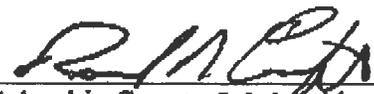
PROPERTY APPRAISER MAP SHEET NUMBER: B-W

PROPERTY APPRAISER PARCEL NUMBER: 27-6S-15-00568-014

Other Contact Phone Number (If any): _____

Building Permit Number (If known): _____

Remarks: LOT 14, UNIT 1A, THREE RIVERS ESTATES S/D

Address Issued By: 
Columbia County 9-1-1 Addressing Department

**COLUMBIA COUNTY
9-1-1 ADDRESSING
APPROVED**

NOTICE OF COMMENCEMENT FORM
COLUMBIA COUNTY, FLORIDA

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 27-65-15-00568-014

1. Description of property: (legal description of the property and street address or 911 address)

LOT 14 UNIT 1-A THREE RIVERS ESTATES SUBDIVISION
.90 ACRES. 1364 S.W. RIVERSIDE AVE. FT. WHITE, FL
32038

2. General description of improvement: SINGLE FAMILY NEW CONSTRUCTION

3. Owner Name & Address GARY + DONNA THOMPSON

Interest in Property _____

4. Name & Address of Fee Simple Owner (if other than owner): _____

5. Contractor Name GARY W THOMPSON

Phone Number 386-935-2118

Address 3554 256 O'BRIEN, FL 32071

6. Surety Holders Name _____

Phone Number _____

Address _____

Amount of Bond _____

7. Lender Name CAPITAL CITY BANK

Phone Number 386-935-1112

Address 814 SUWANNEE AVE. P.O BOX 447 BEANFORD FL. 32008

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 _____ Inst:2004017904 Date:08/04/2004 Time:10:33

Address _____ MLK DC, P. DeWitt Cason, Columbia County B:1022 P:1859

9. In addition to himself/herself the owner designates

_____ 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) _____

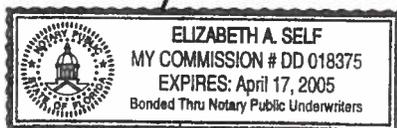
NOTICE AS PER CHAPTER 713, Florida Statutes:

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

Gary W Thompson
Signature of Owner

Sworn to (or affirmed) and subscribed before day of aug 4, 2004

NOTARY STAMP/SEAL



Elizabeth A Self
Signature of Notary

FLORIDA ENERGY EFFICIENCY CODE FOR BUILDING CONSTRUCTION
FORM 600A-01 Residential Whole Building Performance Method A NORTH 1 2 3

PROJECT NAME: _____	BUILDER: <u>Gary Thompson</u>	
AND ADDRESS: _____	PERMITTING OFFICE: <u>Columbia</u>	CLIMATE ZONE: 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/>
OWNER: <u>GARY THOMPSON</u>	PERMIT NO.: <u>22368</u>	JURISDICTION NO.: <u>221000</u>

1. New construction or addition
2. Single family detached or Multifamily attached
3. If Multifamily—No. of units covered by this submission
4. Is this a worst case? (yes / no)
5. Conditioned floor area (sq. ft.)
6. Predominant eave overhang (ft.)
7. Glass type and area:
 - a. Clear glass
 - b. Tint, film or solar screen
8. Floor type and insulation:
 - a. Slab-on-grade (R-value + perimeter)
 - b. Wood, raised (R-value + sq. ft.)
 - c. Concrete, raised (R-value)
9. Net Wall type, area and insulation:
 - a. Exterior:
 1. Concrete block (Insulation R-value)
 2. Wood frame (Insulation R-value)
 3. Steel frame (Insulation R-value)
 4. Log (Insulation R-value)
 5. Other: _____
 - b. Adjacent:
 1. Concrete block (Insulation R-value)
 2. Wood frame (Insulation R-value)
 3. Steel frame (Insulation R-value)
 4. Log (Insulation R-value)
10. Ceiling type, area and insulation:
 - a. Under attic (Insulation R-value)
 - b. Single assembly (Insulation R-value)
 - c. Radiant barrier, IRCC or white roof installed?
11. Air distribution system:
 - a. Ducts (Insulation + Location)
 - b. Air Handler (Location)
12. Cooling system:
(Types: central-split, central-single pkg., room unit, PTAC., gas, none)
13. Heating system:
(Types: heat pump, elec. strip, nat. gas, L.P. gas, gas h.p., room or PTAC, none)
14. Hot water system:
(Types: elec., natural gas, solar, L.P. gas, none)
15. Hot Water Credits:
 - a. Heat Recovery (HR)
 - b. Dedicated Heat Pump (DHP)
 - c. Solar
16. HVAC Credits
(Use: CF-Ceiling Fan, CV-Cross vent, PT-Programmable thermostat, HF-Whole house fan, MZ-Multizone)
17. COMPLIANCE STATUS: (PASS if As-Built Pts. are less than Base Pts.)
 - a. Total As-Built points
 - b. Total Base points

	Please Type	CK
1. <u>NEW</u>		
2. <u>SF</u>		
3. <u>N/A</u>		
4. <u>NO</u>		
5. <u>1583</u> sq. ft.		
6. <u>2</u> ft.		
7a. <u>—</u> sq. ft.	Single Pane	<u>222</u> sq. ft. Double Pane
7b. <u>—</u> sq. ft.		<u>—</u> sq. ft.
8a. R= <u>—</u> , <u>—</u> l. ft.		
8b. R= <u>19</u> , <u>1583</u> sq. ft.		
8c. R= <u>—</u> , <u>—</u> sq. ft.		
9a-1 R= <u>—</u> , <u>—</u> sq. ft.		
9a-2 R= <u>19</u> , <u>1986</u> sq. ft.		
9a-3 R= <u>—</u> , <u>—</u> sq. ft.		
9a-4 R= <u>—</u> , <u>—</u> sq. ft.		
9b-1 R= <u>—</u> , <u>—</u> sq. ft.		
9b-2 R= <u>—</u> , <u>—</u> sq. ft.		
9b-3 R= <u>—</u> , <u>—</u> sq. ft.		
9b-4 R= <u>—</u> , <u>—</u> sq. ft.		
10a. R= <u>—</u> , <u>—</u> sq. ft.		
10b. R= <u>30</u> , <u>1162</u> sq. ft.		
10c. <u>—</u>		
11a. R= <u>6</u> , <u>UNCOND</u> (cond/uncond.)		
11b. <u>COND.</u> (cond/uncond.)		
12a. Type: <u>CENTRAL-SPLIT</u>		
12b. SEER/EER/COP: <u>12.10</u>		
12c. Capacity: <u>35400</u>		
13a. Type: <u>HEAT PUMP</u>		
13b. HSPF/COP/AFUE: <u>8.30</u>		
13c. Capacity: <u>40000</u>		
14a. Type: <u>ELECTRIC</u>		
14b. EF: <u>0.91</u>		
15a. <u>—</u>		
15b. <u>—</u>		
15c. <u>—</u>		
16. <u>—</u>		
17. <u>PASS</u>		
17a. <u>20215</u>	17b. <u>24857</u>	

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

PREPARED BY: Curtis Keen DATE: 9/21/08

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

OWNER AGENT: _____ DATE: _____

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.

BUILDING OFFICIAL: _____

DATE: _____

SUMMER POINT MULTIPLIERS (SPM)

CLIMATE ZONES 1 2 3

6A-1 SUMMER OVERHANG FACTORS (SOF) FOR SINGLE AND DOUBLE PANE GLASS.

SELECT BY OR	OH Ratio	00-11	12-17	18-26	27-35	36-46	47-57	58-70	71-83	84-118	119-172	173-273	274 & up
	North	1.00	0.993	0.971	0.930	0.888	0.842	0.803	0.766	0.736	0.681	0.634	0.593
Northeast	1.00	0.996	0.967	0.907	0.845	0.775	0.717	0.662	0.619	0.545	0.487	0.441	
East	1.00	0.994	0.963	0.898	0.827	0.745	0.675	0.609	0.558	0.470	0.405	0.357	
Southeast	1.00	0.998	0.952	0.864	0.777	0.689	0.623	0.566	0.525	0.459	0.413	0.379	
South	1.00	0.989	0.931	0.835	0.751	0.675	0.620	0.575	0.543	0.493	0.458	0.432	
Southwest	1.00	0.998	0.953	0.866	0.779	0.691	0.623	0.565	0.522	0.453	0.404	0.368	
West	1.00	0.994	0.963	0.899	0.828	0.748	0.681	0.617	0.569	0.485	0.422	0.375	
Northwest	1.00	0.996	0.968	0.913	0.858	0.797	0.748	0.702	0.667	0.605	0.556	0.516	
OH Length	0.0'	1.0'	1.5'	2.0'	3.0'	3.5'	4.5'	5.5'	6.5'	9.5'	14.0'	20.0'	

6A-2 WALL SUMMER POINT MULTIPLIERS (SPM)

FRAME					CONCRETE BLOCK (NORMAL WT)				FACE BRICK				LOG		
R-VALUE	WOOD		STEEL		R-VALUE	INTERIOR INSULATION		EXT. INSUL.	R-VALUE	WOOD FR	R-VALUE	BLOCK	R-VALUE	6 INCH	8 INCH
	EXT	ADJ	EXT	ADJ		EXT	ADJ	EXT	0-6.9	2.4	0-2.9	1.0		EXT	EXT
0-6.9	5.5	2.2	7.6	2.8	0-2.9	2.2	1.1	2.2	7-10.9	.6	3-6.9	.6	0-2.9	1.5	1.0
7-10.9	2.1	.8	3.5	1.3	3-4.9	1.3	.8	.8	11-18.9	.4	7-9.9	.4	3-6.9	1.0	.7
11-12.9	1.7	.7	2.7	1.0	5-6.9	1.0	.7	.5	19-25.9	.2	10 & UP	.2	7 & Up	.8	.6
13-18.9	1.5	.6	2.5	0.9	7-10.9	.7	.5	.3	26 & Up	.1					
19-25.9	.9	.4	2.2	0.8	11-18.9	.4	.4	0							
26 & Up	.6	.2	1.2	0.4	19-25.9	.2	.2								
					26 & Up	.1	.1								

NOTE: SEE SECTION 2.0 OF APPENDIX C FOR MULTIPLIERS OF ENVELOPE COMPONENTS NOT ON THIS FORM.

6A-3 DOOR SUMMER POINT MULTIPLIERS (SPM)

DOOR TYPE	EXTERIOR	ADJACENT
WOOD	6.1	2.4
INSULATED	4.1	1.6

6A-4 CEILING SUMMER POINT MULTIPLIERS (SPM)

UNDER ATTIC		SINGLE ASSEMBLY		CONCRETE DECK ROOF		
R-VALUE	SPM	R-VALUE	SPM	R-VALUE	CEILING TYPE	
					EXPOSED	DROPPED
19-21.9	2.34	10-10.9	8.49	10-13.9	9.13	8.47
22-25.9	2.11	11-12.9	7.97	14-20.9	6.80	6.45
26-29.9	1.89	13-18.9	7.14	21 & Up	4.92	4.63
30-37.9	1.73	19-25.9	5.64			
38 & Up	1.52	26-29.9	4.75			
RBS Credit	0.700	30 & Up	4.40			
IRCC Credit	0.849					
White Roof Credit	0.550					

6A-5 FLOOR SUMMER POINT MULTIPLIERS (SPM)

SLAB-ON-GRADE EDGE INSULATION		RAISED CONCRETE		RAISED WOOD		
R-VALUE	SPM	R-VALUE	SPM	POST OR PIER CONSTRUCTION	STEM WALL w/ UNDER FLOOR INSULATION	ADJACENT
				R-VALUE	SPM	SPM
0-2.9	-41.2	0-2.9	-8	0-6.9	2.80	-4.7
3-4.9	-37.2	3-4.9	-1.3	7-10.9	1.34	.8
5-6.9	-36.2	5-6.9	-1.3	11-18.9	1.06	.7
7 & Up	-35.7	7 & Up	-1.3	19 & Up	.77	.4

6A-6 INFILTRATION & INTERNAL GAINS (SPM)

Air Infiltration	3.44
Internal Gains	+ 6.77
Infiltration/Internal Gains (Combined)	10.21

6A-7 AIR HANDLER MULTIPLIERS (SPM)

Located in garage	1.00
Located in conditioned area	0.93
Located on exterior of building	1.03
Located in attic	1.05

6A-8 DUCT MULTIPLIERS (DM) See Table 6-10 for Code minimums.

SUPPLY DUCTS IN:	DUCT R-Value	RETURN DUCTS IN:				
		Unconditioned space	Attic/RBS	Attic/IRCC	Attic/White roof	Conditioned space
Unconditioned Space	4.2	1.118	1.111	1.112	1.089	1.107
	6.0	1.090	1.084	1.085	1.066	1.081
	8.0	1.071	1.066	1.067	1.051	1.064
Attic/Radiant Barrier (RBS)	4.2	1.072	1.066	---	---	1.061
	6.0	1.056	1.051	---	---	1.047
	8.0	1.045	1.041	---	---	1.037
Attic/Interior Radiation Control Coatings (IRCC)	4.2	1.099	---	1.092	---	1.084
	6.0	1.076	---	1.071	---	1.065
	8.0	1.061	---	1.057	---	1.052
Attic/White Roof	4.2	1.068	---	---	1.096	1.057
	6.0	1.051	---	---	1.071	1.043
	8.0	1.040	---	---	1.055	1.034
Conditioned Space	4.2	1.006	1.005	1.007	1.008	1.000
	6.0	1.005	1.004	1.005	1.006	1.000
	8.0	1.004	1.003	1.004	1.005	1.000

6A-9 COOLING SYSTEM MULTIPLIERS (CSM)

SYSTEM TYPE See Table 6-3 for Code minimums	COOLING SYSTEM MULTIPLIERS (CSM)											
	Rating	7.5-7.9	8.0-8.4	8.5-8.8	8.9-9.4	9.5-9.9	10.0-10.4	10.5-10.9	11.0-11.4	11.5-11.9	12.0-12.4	
Central Units (SEER)	CSM	.45	.43	.40	.38	.36	.34	.32	.31	.30	.28	
PTAC & Room Units (EER)	Rating	12.5-12.9	13.0-13.4	13.5-13.9	14.0-14.4	14.5-14.9	15.0-15.4	15.5-15.9	16.0-16.4	16.5-16.9	17.0-17.4	17.5 & Up
	CSM	.27	.26	.25	.24	.24	.23	.22	.21	.21	.20	.19

WINTER POINT MULTIPLIERS (WPM)

CLIMATE ZONES 1 2 3

6A-10 WINTER OVERHANG FACTORS (WOF)

SELECT BY OR	OH Ratio	.00-.11	.12-.17	.18-.26	.27-.35	.36-.46	.47-.57	.58-.70	.71-.83	.84-1.18	1.19-1.72	1.73-2.73	2.74 & up
	North	1.00	1.000	1.001	1.003	1.005	1.009	1.011	1.014	1.016	1.021	1.024	1.027
	Northeast	1.00	0.998	1.001	1.008	1.015	1.023	1.029	1.035	1.040	1.049	1.056	1.061
	East	1.00	1.007	1.018	1.040	1.069	1.109	1.150	1.198	1.242	1.338	1.429	1.507
	Southeast	1.00	1.014	1.043	1.111	1.202	1.332	1.472	1.635	1.787	2.113	2.412	2.650
	South	1.00	0.994	1.032	1.142	1.308	1.563	1.845	2.175	2.471	3.042	3.450	3.661
	Southwest	1.00	1.006	1.025	1.070	1.131	1.217	1.308	1.413	1.508	1.708	1.888	2.031
	West	1.00	1.002	1.010	1.027	1.049	1.077	1.102	1.128	1.149	1.187	1.217	1.238
	Northwest	1.00	0.999	1.000	1.004	1.008	1.012	1.016	1.019	1.022	1.028	1.032	1.036
	OH Length	0.0'	1.0'	1.5'	2.0'	3.0'	3.5'	4.5'	5.5'	6.5'	9.5'	14.0'	20.0'

6A-11 WALL WINTER POINT MULTIPLIERS (WPM)

FRAME					CONCRETE BLOCK (NORMAL WT)				FACE BRICK				LOG		
R-VALUE	WOOD		STEEL		R-VALUE	INTERIOR INSULATION		EXT. INSUL.	R-VALUE	WOOD FR	R-VALUE	BLOCK	R-VALUE	6 INCH	8 INCH
	EXT	ADJ	EXT	ADJ		EXT	ADJ								
0-6.9	11.1	10.4	15.1	13.1	0-2.9	11.2	6.8	11.2	11-18.9	4.2	3-6.9	5.7	0-2.9	4.5	3.0
7-10.9	4.4	4.4	7.3	6.6	3-4.9	7.3	5.1	5.6	19-25.9	2.2	10 & UP	3.0	3-6.9	2.8	2.2
11-12.9	3.7	3.6	5.7	5.2	5-6.9	5.7	4.2	4.3	26 & Up	1.4			7 & Up	2.1	1.7
13-18.9	3.4	3.3	5.2	4.9	7-10.9	4.6	3.5	3.3							
19-25.9	2.2	2.2	4.6	4.4	11-18.9	3.0	2.6	2.2							
26 & Up	1.5	1.5	2.7	2.6	19-25.9	1.9	1.7								
					26 & Up	1.3	1.2								

NOTE: SEE SECTION 2.0 OF APPENDIX C FOR MULTIPLIERS OF ENVELOPE COMPONENTS NOT ON THIS FORM.

6A-12 DOOR WINTER POINT MULTIPLIERS (WPM)

DOOR TYPE	EXTERIOR	ADJACENT
WOOD	12.3	11.5
INSULATED	8.4	8.0

6A-13 CEILING WINTER POINT MULTIPLIERS (WPM)

UNDER ATTIC		SINGLE ASSEMBLY		CONCRETE DECK ROOF		
R-VALUE	WPM	R-VALUE	WPM	R-VALUE	CEILING TYPE	
					EXPOSED	DROPPED
19-21.9	2.70	10-10.9	2.87	10-13.9	3.16	2.91
22-25.9	2.45	11-12.9	2.70	14-20.9	2.31	2.14
26-29.9	2.22	13-18.9	2.40	21 & Up	1.47	1.47
30-37.9	2.05	19-25.9	1.86			
38 & Up	1.81	26-29.9	1.54			
RBS Credit	0.850	30 & Up	1.43			
IRCC Credit	0.912					
White Roof Credit	1.044					

6A-14 FLOOR WINTER POINT MULTIPLIERS (WPM)

SLAB-ON-GRADE EDGE INSULATION		RAISED CONCRETE		RAISED WOOD				
R-VALUE	WPM	R-VALUE	WPM	POST OR PIER CONSTRUCTION		STEM WALL w/ UNDER FLOOR INSULATION		ADJACENT
				R-VALUE	WPM	WPM		WPM
0-2.9	18.8	0-2.9	9.9	0-6.9	5.77	3.5		10.4
3-4.9	9.3	3-4.9	5.1	7-10.9	2.20	1.6		4.4
5-6.9	7.6	5-6.9	3.6	11-18.9	1.55	1.2		3.6
7 & Up	7.0	7 & Up	2.9	19 & Up	0.88	.8		2.2

6A-15 INFILTRATION & INTERNAL GAINS (WPM)

Air Infiltration	2.13
Internal Gains	-2.72
Infiltration/Internal Gains (Combined)	-0.58

6A-16 AIR HANDLER MULTIPLIERS (WPM)

Located in garage	1.00
Located in conditioned area	0.93
Located on exterior of building	1.03
Located in attic	1.05

6A-17 DUCT MULTIPLIERS (DM) See Table 6-10 for Code minimums.

SUPPLY DUCTS IN:	DUCT R-Value	RETURN DUCTS IN:				
		Unconditioned space	Attic/RBS	Attic/IRCC	Attic/White roof	Conditioned space
Unconditioned Space	4.2	1.093	1.086	1.088	1.089	1.081
	6.0	1.069	1.064	1.065	1.066	1.060
	8.0	1.053	1.049	1.051	1.051	1.046
Attic/Radiant Barrier (RBS)	4.2	1.067	1.059	---	---	1.052
	6.0	1.051	1.045	---	---	1.040
	8.0	1.040	1.036	---	---	1.032
Attic/Interior Radiation Control Coatings (IRCC)	4.2	1.096	---	1.088	---	1.077
	6.0	1.072	---	1.066	---	1.057
	8.0	1.056	---	1.052	---	1.045
Attic/White Roof	4.2	1.104	---	---	1.096	1.083
	6.0	1.076	---	---	1.071	1.061
	8.0	1.059	---	---	1.055	1.048
Conditioned Space	4.2	1.008	1.007	1.010	1.008	1.000
	6.0	1.006	1.005	1.007	1.006	1.000
	8.0	1.005	1.004	1.006	1.005	1.000

6A-18 HEATING SYSTEM MULTIPLIERS (HSM)

SYSTEM TYPE	HEATING SYSTEM MULTIPLIERS (HSM)								
	HSPF	6.40-6.79	6.80-6.89	6.90-7.39	7.40-7.89	7.90-8.39	8.40-8.89	8.9-9.39	9.4-9.89
Central Heat Pump Units	HSM	.53	.50	.49	.46	.43	.41	.38	.36
	HSPF	9.90-10.39	10.40-10.89	10.90-11.39	11.40-11.89	11.90-12.39	12.40 & up		
PTHP	HSM	.34	.33	.31	.30	.29	.28		
	COP	2.50-2.69	2.70-2.89	2.90-3.09	3.10-3.29	3.30-3.49	3.50-3.69	3.70-3.89	3.90-4.19
Electric Strip & Gas	HSM	.40	.37	.34	.32	.30	.29	.27	.26

1.0 (for gas credit multipliers, see Table 6A-21)