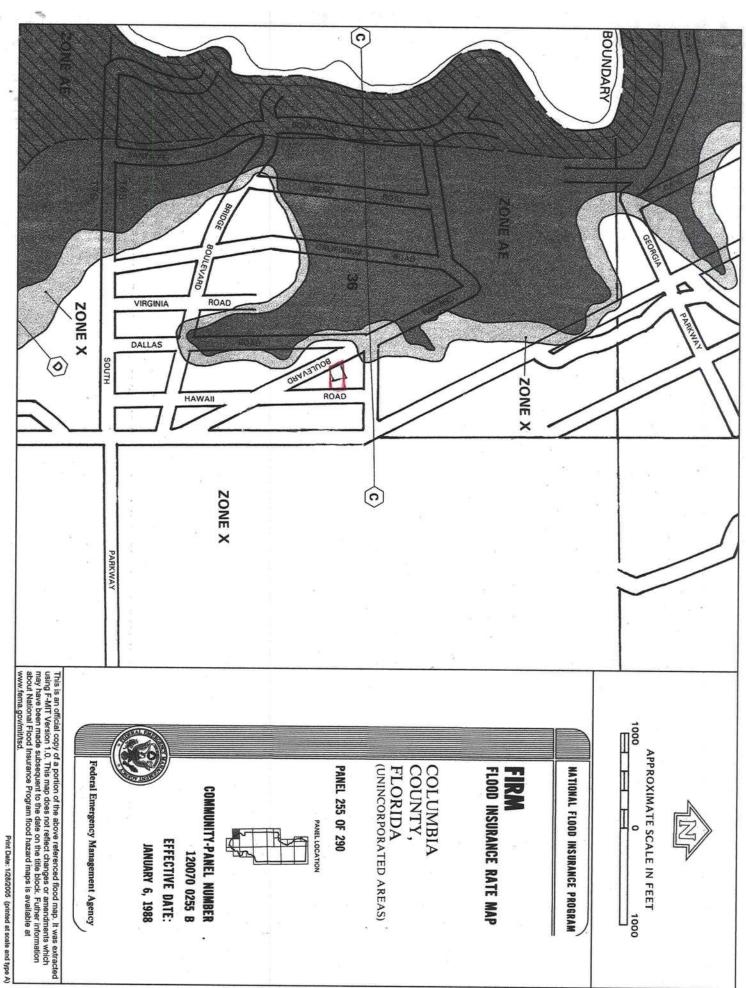
	County B	unuing Pe	ermit	PERMIT
This Permit Ex		From the Date o	f Issue	000022825
		PHONE	386.679.4620	_
	<u>F</u>	T. WHITE		FL 32038
		PHONE	386.497.4845	E CONTROL CONTROLS
ADDRESS 182 SW HAWAII TERRACE CONTRACTOR THOMAS FARRENS	<u>F</u>	T. WHITE		FL 32038
		PHONE	386.497.4845	_
		3 1/2 MILES TO STO		
		GO NORTH SITE IS		
		ATED COST OF CO	NSTRUCTION	50400.00
HEATED FLOOR AREA 1008.00	TOTAL AREA	2698.00	HEIGHT 2	21.00 STORIES 1
FOUNDATION CONC WALLS FR	AMED ROO	F PITCH 4'12	FI	LOOR CONC
LAND USE & ZONING A-3		MAX.	HEIGHT :	35
Minimum Set Back Requirments: STREET-FRONT	Γ 30.00	REAR	25.00	SIDE 25.00
NO. EX.D.U. 0 FLOOD ZONE X	DE	VELOPMENT PERM	UTNO	
		VELOT MENT FERN	III NO	
PARCEL ID 36-6S-15-00609-023	SUBDIVISION	THREE RIVERS ES	STATES	
LOT 23 BLOCK PHASE	UNIT 4	ТОТА	L ACRES1.	43
		×0	7	,
Culvert Permit No. Culvert Waiver Contractor	or's License Number	3	pplicant/Owner/	Carrene
EXISTING 05-0098-E	BLK	A	pplicani/Owner/	Y
Driveway Connection Septic Tank Number	LU & Zoning che	ecked by Appro	oved for Issuance	
COMMENTS: NOC ON FILE				
1 FOOT ABOVE ROAD.				
			711-# - C	
		(Check # or Ca	ish 6279
FOR BUILDIN	G & ZONING D			
T		EPARTMENT C	NLY	(footer/Slab)
T	ndation			(footer/Slab)
Temporary Power Four	ndation	EPARTMENT C	ONLY Monolithic	(footer/Slab) date/app. by
Temporary Power date/app. by Under slab rough-in plumbing date/app. by	ndationdate	EPARTMENT C	ONLY Monolithic	(footer/Slab)
Temporary Power Four date/app. by Under slab rough-in plumbing date/app. by Framing Rough-	ndation date	PEPARTMENT C	Monolithic Sheathing/N	(footer/Slab) date/app. by
Temporary Power Four date/app. by Under slab rough-in plumbing date/app. by Framing Rough-date/app. by Electrical rough-in	ndation date Slabin plumbing above sl	PEPARTMENT Control of the second of the seco	Monolithic Sheathing/N	(footer/Slab) date/app. by
Temporary Power Four date/app. by Under slab rough-in plumbing date/app. by Framing Rough-date/app. by Electrical rough-in	Slab in plumbing above sl	e/app. by date/app. by ab and below wood fl	Monolithic Sheathing/N	(footer/Slab) date/app. by lailing date/app. by date/app. by
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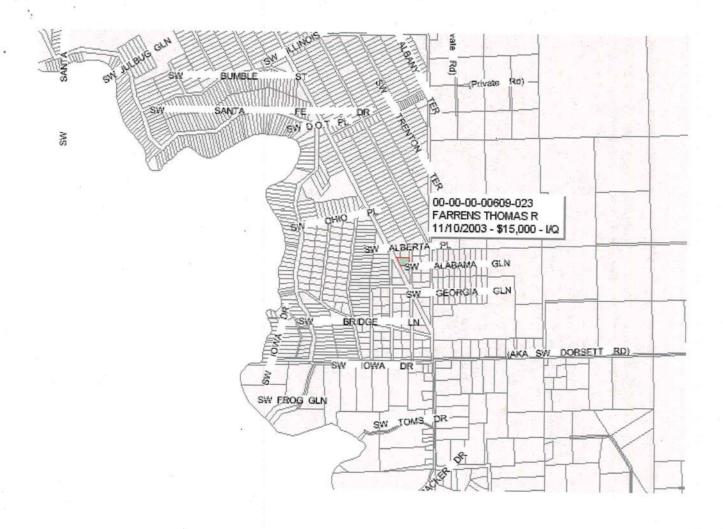
IMPROVEMENTS TO YOUR PROPERTY. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT."

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 INCONVIENCE, PHONE 758-1008. THIS PERMIT IS NOT VALID UNLESS THE WORK AUTHORIZED BY IT IS COMMENCED WITHIN 6 MONTHS AFTER ISSUANCE.

0.044
For Office Use Only Application # 0501-80 Date Received 1-28-05 By Ut Permit # 22825
Application Approved by - Zoning Official Blk Date 15. 02.05 Plans Examiner 37Hok Date 2-10-00
Flood Zone Development Permit Zoning Land Use Plan Map Category
Comments
EH, Checklist, will fax over window & Door specs, NOC
Cell - 386-679 - 4620
Applicants Name Thomas R. Farrens Phone 386-497-4848
Address 182 S.W. Hawaii Ten, Ft. White 32038
Owners Name Thomas R. Farrens Phone
911 Address 182 S. W. Hawaii Ter, Ft. White, FL 32038
Contractors Name Phone Phone
Address
Fee Simple Owner Name & Address NA
Bonding Co. Name & AddressNA
Architect/Engineer Name & Address Allied Design Architechtural Group, Inc.
Mortgage Lenders Name & Address N1A
Circle the correct power company - FL Power & Light - Clay Elec Suwannee Valley Elec Progressive Energy
Property ID Number 00609-023 Estimated Cost of Construction 65,000,00
Subdivision Name Three Rivers Estates Lot 23 Block Unit 4 Phase
Driving Directions West From Ft. White on Wilson Springs Rd 3/2 miles to
Stop sign. Turn R1 at stopsign to Central. Turn Lton central to Harm
Go Nonth on Hawaii. Bld site 150 gds on Left.
Type of Construction Post a Steel SFD Number of Existing Dwellings on Property
Total Acreage 1.435 Lot Size Do you need a - <u>Culvert Permit</u> or <u>Culvert Waiver</u> or <u>Have an Existing Driv</u>
Actual Distance of Structure from Property Lines - Front 99 LSide 4/ Side 97 Rear 408
Total Building Height 21 Number of Stories 1 Heated Floor Area 1000/secretof Pitch 4/12
Application is hereby made to obtain a permit to do work and installations as indicated. I certify that no work or installation has commenced prior to the issuance of a permit and that all work be performed to meet the standards of all laws regulating construction in this jurisdiction.
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 COMMENCMENT 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) Contractor Signature
STATE OF FLORIDA Competency Card Number Card
COUNTY OF COLUMBIA NOTARY STAMP SEA LAURIE HODSON
Sworn to (or affirmed) and subscribed before me
this 28 day of 0/ 20 05. Sound and the state of the state
Personally known or Produced Identification Notary Signature





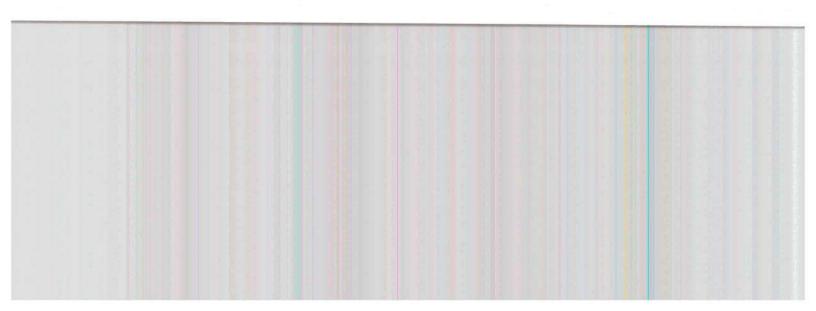
http://appraiser.columbiacountyfla.com/dualXeon_tmp/COLUMBIA11069451443100.gif

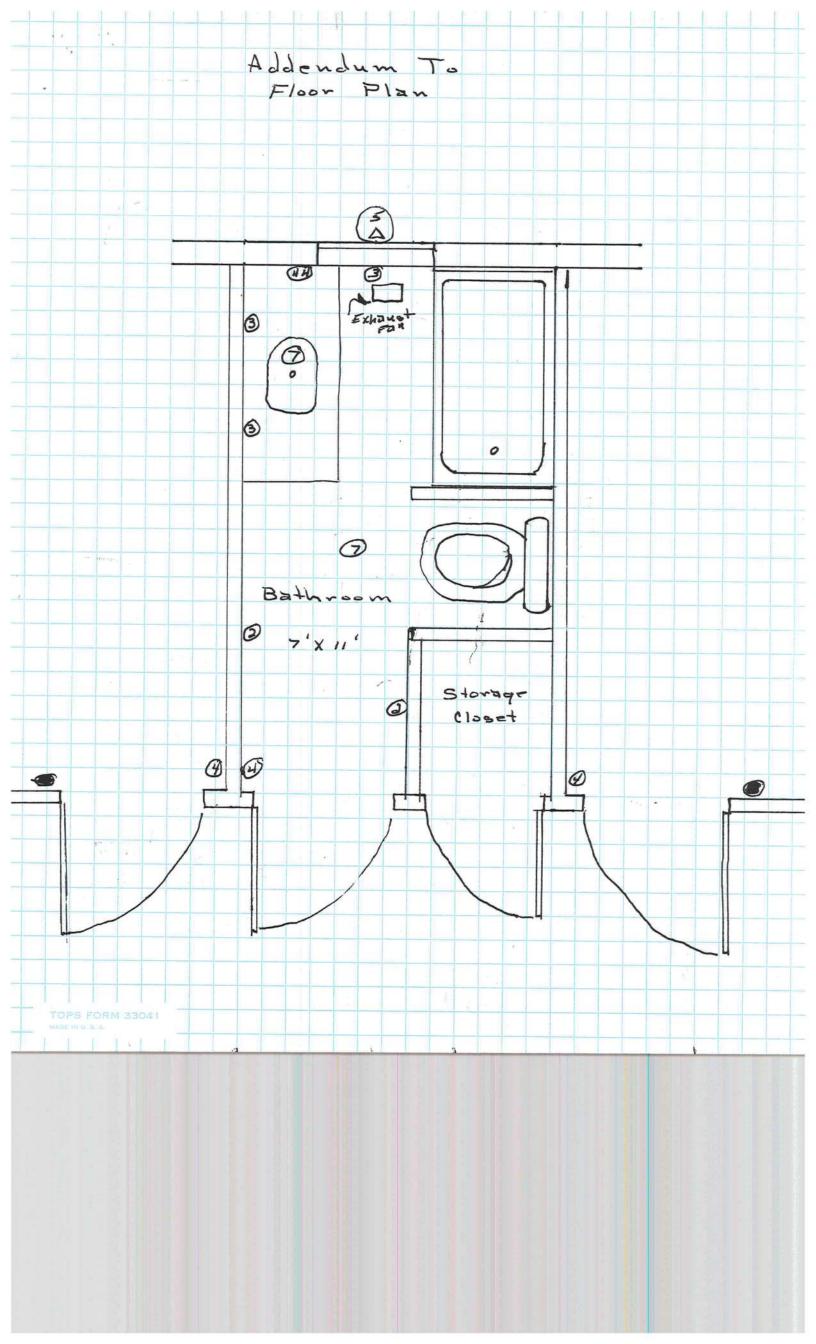
1/28/2005



http://appraiser.columbiacountyfla.com/dualXeon_tmp/COLUMBIA11069444173268.gif

1/28/2005







STATE OF FLORIDA DEPARTMENT OF HEALTH

APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

90 WE THE	Permit Application Number O	5-0098E
	PART II - SITE PLAN	
Scale: Each block represents 5 feet a	and 1 inch = 50 feet.	
	330'	
	1	
	Field Distance to Regulation From	
	900 yol 9 105' - 105' -	1811
8		7
9	3,0	
	///	
	D'STATE OF STATE OF S	
	Storage Well & Drivewe	9
>		
	225'	
Notes:	- 17HN	
	TOTAL	
Site Plan submitted by:	mas Retarrent Ou	ungh
Plan Approved	Signature	Title
Sill - Shar	II THE COLL MARIA	
By CHANGES		Health Department
	MUST BE APPROVED BY THE COUNTY HEALTH DEPARTME	
DH 4015, 10/96 (Replaces HRS-H Form 4015 which may be u (Stock Number: 5744-002-4015-6)	1990)	Page 2 of 3

NOTICE OF COMMENCEMENT FORM COLUMBIA COUNTY, FLORIDA

-		it will be made to certain real property, and in accordance on is provided in this Notice of Commencement.
Tax	Parcel ID Number <u>R 00609-023</u>	
1.	Description of property: (legal description of the property)	erty and street address or 911 address)
	182 SW Hawaii ler.	(14#23 11:41 = 5:
	F1. White, FL 32038	TO THE PROPERTY
	-	
2.	General description of improvement: Residence	e with attached Garage * A pressor
2	Owner Name & Address The D. T.	crens, 182 SW Hawaii Ten.
3.	FJ W/1 FI 33-30	rrens, 182 SW Hawaii Ten.
A	Name & Address of Fee Simple Owner //6 -About	Interest in Property Owner
٠.	Traine & Address of Fee Simple Owner (if other than o	wner):
5.	Contractor Name Self	Phone Number
	Address	Phone Number
6.	Surety Holders Name	t:2005002076 Date:01/28/2005 Time:13:03
	Address	DC,P. DeWitt Cason, Columbia County B:1036 P:1896
	Amount of Bond	-
7.	Lender Name None	Phone Number
	Address	- Holle Rulliper
8. se		Ourney
	Name	
	Address	
9.	In addition to himself/herself the owner designates _	of
	to receive a copy	of the Lienor's Notice as provided in Section 743 43 (4)
	(a) 7. Prione number of the designee	N N
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)/	1867
Th	TICE AS PER CHAPTER 713, Florida Statutes: a owner must sign the notice of commencement and no	
	o and the second of the second	one else may be permitted to sign in his/her stead.
	2	Sworn to (or affirmed) and subscribed before
C	- Dance Harrens	day of January 28, 20 05
	Signature of Owner	NOTARY S AMPISEAL LAURIE HODSON
		EXPIRES: June 28, 2008
		Songed Thru Notary Public Underwriters
	- 1 Jan 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	dun to
		Signature of Notary
		MY COMMISSION # DD 333503 EXPIRES: June 28, 2008 Bonded Thru Notary Public Underwriters Signature of Notary

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: September 30, 2004
ENHANCED 9-1-1 ADDRESS:
182 SW HAWAII TER (FORT WHITE, FL 32038)
Addressed Location 911 Phone Number: NOT AVAIL.
OCCUPANT NAME: NOT AVAIL.
OCCUPANT CURRENT MAILING ADDRESS:
·
PROPERTY APPRAISER MAP SHEET NUMBER: 15D
PROPERTY APPRAISER PARCEL NUMBER: 00-00-00-00609-023
Other Contact Phone Number (If any):
Building Permit Number (If known):
Remarks: LOT 23, UNIT 4, THREE RIVERS ESTATES S/D
Address Issued By:
Columbia County 9-1-1 Addressing Department

COLUMBIA COUNTY 9-1-1 ADDRESSING APPROVED

CAM112M01 S 1/28/2005 12:21 Year T Property 2005 R 00-00-00-0 182 HAWAII FARRENS TH	TER SW FT WHITE	7100 5000 12100	lumbia Land AG Bldg Xfea TOTAL	County 002 * 000 000 001 B*
3 /,4,1,-1,2,7,5,, W,D, 5	4 THREE RIVERS ESTATES. ORB 722-782-78 999-2245. Mnt 12/03/2003 F4=Prompt F10=GoTo PGUP/PGDN F24=MoreKe	KYLIE	4 6 8 10 12 14 16 18 20 22 24 26	

DISCLUSURE 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 license. You must provide direct, onsite supervision of the construction yourself. You may bui 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 improve for sale or lease. If you sell or lease a building you have built or substantially improved yourse 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 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, build

codes, and zoning regulations.	
	TYPE OF CONSTRUCTION
(X) Single Family Dwelling	() Two-Family Residence
() Farm Outbuilding	() Other
NEW CO	INSTRUCTION OR IMPROVEMENT
(X) New Construction () A	Addition, Alteration, Modification or other Improvement
T- 0 -	
Thomas K. Farrens	have been advised of the above disclosure statement for
exemption from contractor licensi	ing as an owner/builder. I agree to comply with all
requirements provided for in Flor	rida Statutes ss.489.103(7) allowing this exception for the
construction permitted by Column	bia County Building Permit Number
Signature	1-28-05
Signature	<u> - 28 - 05 </u> Date
	FOR BUILDING USE ONLY
I hereby certify that the above list	ted owner/builder has been notified of the disclosure stateme
in Florida 64-4-4- 400 100/8)	
Date Building Office	cial/Representative Z. D.

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

PROJECT NAME: TOM FARRENS RESIDENCE	BUILDER:	MORTON B	UILDINGS	***
AND ADDRESS: 1-AWAII AVE	PERMITTING	2	CLIMATE	1
FT WHITE	The second secon	umbta Co.	ZONE: 1 2 /	3
OWNER: Tom FARRENS	PERMIT NO.:	25	JURISDICTION NO.: 221	000
			ase Type	СК
New construction or addition	- 1	1. NEW		
2. Single family detached or Multifamily attached		2. SING	<u>⊬∈</u>	
 If Multifamily—No. of units covered by this subm Is this a worst case? (yes / no) 	ission	3		
 Is this a worst case? (yes / no) Conditioned floor area (sq. ft.) 	ı	4. YES		
6. Predominant eave overhang (ft.)	1	5. <u>1008</u> 6. 2	sq. ft. ft.	
7. Glass type and area:	- 1	Single Pane		
a. Clear glass	- 1		sq. ftsq. ft	.1
b. Tint, film or solar screen			sq. ftsq. ft	
8. Floor type and insulation:	- 1		2 4000	
a. Slab-on-grade (R-value + perimeter)	3.1		, <u>128</u> 1. ft.	
b. Wood, raised (R-value + sq. ft.)	1		sq. ft.	
c. Concrete, raised (R-value) 9. Net Wall type, area and insulation:		8c. R=	, sq. ft.	
a. Exterior: 1. Concrete block (Insulation R	-value)	9a-1 R= —	sq. ft.	1
Wood frame (Insulation R-va		9a-2 R= 10		
3. Steel frame (Insulation R-val		9a-3 R=		
Log (Insulation R-value)	1111	9a-4 R=	sq. ft.	
5. Other:				
b. Adjacent: 1. Concrete block (Insulation R		9b-1 R=	sq. ft.	
2. Wood frame (Insulation R-val		9b-2 R= 19		
4. Log (Insulation R-value)	ue)	9b-3 R= 9b-4 R=		
10. Ceiling type, area and insulation:		3D-4 N=	sq. ft.	
a. Under attic (Insulation R-value)		10a. R= 19	1008 sq. ft.	
b. Single assembly (Insulation R-value)		10b. R= -	sq. ft.	1
c. Radiant barrier, IRCC or white roof installed?	1	10c	-	
11. Air distribution system:	2	,		
a. Ducts (Insulation + Location)	na i telefo	11a. R= 6	, UC (cond./uncond.)	ļ
b. Air Handler (Location) 12. Cooling system:		11b	(send./uncond.)	J
(Types: central-split, central-single pkg., room unit, PTAC., gas, r	one)	12b. SEER/EEF	nitral . Single Pro R/COP: 1,0	1
(1) production of the control of the		12c. Capacity:		-
13. Heating system:		13a. Type: El		
(Types: heat pump, elec. strip, nat. gas, L.P. gas, gas h.p., room		13b. HSPF/COP/		
14. Hot water system:			16000 BTU	
(Types: elec., natural gas, solar, L.P. gas, none) 15. Hot Water Credits:	1 414.		-QCTRICAL	
a. Heat Recovery (HR)		14b. EF:	101	ļ
b. Dedicated Heat Pump(DHP)		15b. —		
c. Solar		15c. —		
16. HVAC Credits	1			
(Use; CF-Ceiling Fan, CV-Cross vent, PT-Programmable thermost	at,	16. PT		
HF-Whole house fan, MZ-Multizone)	- 1 r	DACE		
COMPLIANCE STATUS: (PASS if As-Built Pts. are less th	an Base Pts.)	17. PASS		
a. Total As-Built points b. Total Base poi	nts	17a. <u>86</u> 23	17b. 9692	
I hereby certify that the plans and specifications covered by the calculations		ew of plans and spec	ifications covered by this ca	alculation
compliance with the Florida Energy Code.	Indica	ates compliance wit	h the Florida Energy Code d, this building will be insp	Before
PREPARED BY: DATE: O D	· / · () · () compl	liance in accordance w	o, this building will be insp with Section 553.908, F.S.	ected for
	nergy Code. BUILD	DING OFFICIAL:		
LORIDA BUILDING CODE — BUILDING (Revised November 2	DATE:			Hall Colombia Commercia

Allied Design Architectural & Engineering Group. P.C.

DATE 01.28.05 FROM RON S ext.
TO_Paul @ 131
ATTN
RE_ Farrens - 6 Hosting & Geoling Locals
MESSAGE Cooling 95° Temp = 2 Tom
Heating 300 - 16,000 BTV
Purbably 5 KW El Hester
Paul. I feel there are fairly
conservatine.
THANK YOU,
NO. OF PAGES INCL. COVER

100 S. Pershing P.O. Box 110

Morton, IL 61550

309.263.4105

FLORIDA ENERGY EFFICIENCY CODE FOR BUILDING CONSTRUCTION
Residential Whole Building Performance Method A

NORTH 1 2 3

PROJECT	NAME: Tom	FARRENS RESI	DENCE BUILDER:	MORTON BUILDINGS
AND ADD	11.100	ALL AVE	PERMITTIN	
OWNER:		WHITE	OFFICE: PERMIT NO.	
6 / A	Tom Fr	arrens	*	JURISDICTION NO.:
Nows		- 1.00		Please Type CK
	onstruction or a			1. NEW
. If Mult	ifamily detache	d or Multifamily attach	ied	2. SINGLE
lo thio	naminy—No. or	units covered by this	submission	3
	a worst case?			4. YES
	tioned floor are			5. <u>1008</u> sq. ft.
	minant eave ove	ernang (π.)		6. <u>2</u> ft.
	type and area:			Single Pane Double Pane
	Clear glass			7a sq. ft sq. ft
	Tint, film or sola type and insulat			7b sq. ft sq. ft
		(R-value + perimeter)		120
		R-value + perimeter)		8a. R= 0 , 128 l. ft.
	Concrete, raise			8b. R=,sq. ft.
	all type, area an			8c. R= _ , _ sq. ft.
a a	Fyterior: 1	Concrete block (Insula	tion Division)	
ч.	2	Wood frame (Insulation	non R-value)	9a-1 R= sq. ft
W. 77	3	Steel frame (Insulation	P-value)	9a-2 R= 19 1000 sq. ft.
5 5 F		Log (Insulation R-value		9a-3 R= sq. ft 9a-4 R= sq. ft
		Other:	7)	9a-4 R= sq. ft
b.		Concrete block (Insula	tion R-value)	9b-1 R= sq. ft.
	. 2.	Wood frame (Insulation	B-value)	9b-1 R= - sq. ft. 9b-2 R= 19 280 sq. ft.
- (4 3.	Steel frame (Insulation	R-value)	
		Log (Insulation R-value		
. Ceiling	type, area and		-1	9b-4 R= sq. ft
		sulation R-value)		10a. R= 19 1008 sq. ft.
		ly (Insulation R-value)		10b. R= sq. ft
		, IRCC or white roof inst	alled?	10c. — Sq. II.
I. Air dis	tribution systen	n: .		
' - a:	Ducts (Insulatio	on + Location)	i i Africa	+ 11a. R= 6 , UC (cond /uncond.)
	Air Handler (Lo	cation)	1 1 1 1 1	11b. UC (cond./uncond.)
	g system:			12a. Type: CENTRAL . SINGLE PKG
(Types:	central-split, central-	single pkg., room unit, PTAC.	, gas, none)	12b. SEER/EER/COP: 1,0
	, ac. 1	A Company of the Comp		12c. Capacity: 2 TON
	g system:			13a. Type: EL STRIP
(Types: I	neat pump, elec. stri	p, nat. gas, L.P. gas, gas h.p.	, room or PTAC, none	
	iter system:			13c. Capacity: 16 000 STU
(Types:	elec., natural gas, so	olar, L.P. gas, none)	1	14a. Type: ELOCTRICAL
	ater Credits:	10)		14b. EF: 0.89
a.r	leat Recovery (H	TH)		15a
	Dedicated Heat F Solar	oump(DHP)		15b
. HVAC				15c
			12 P	DT
HE-Whole	house fan, MZ-Mul	oss vent, PT-Programmable th		16. <u>PT</u>
		Itizone) (PASS if As-Built Pts. are	loss than Dans Div	LE DASS
a. 1	otal As-Built poir	nts b. Total Ba	se points	17a. 8523_ 17b. 9692
mpliance w	ith the Florida Energ	\tt.	ir	Review of plans and specifications covered by this calculation indicates compliance with the Florida Energy Code. Befor construction is completed, this building will be inspected for
REPARED E ereby certify	that this building, as de	esigned, is in compliance with the F	E. Or.CIPOS C	ompliance in accordance with Section 553.908, F.S.
WNER AGE			P	BUILDING OFFICIAL:
	1.3.3 A	DAT	F. I D	ATE:

Columbia County Property Appraiser

DB Last Updated: 1/4/2005

Parcel: 32-3S-16-02431-000

Tax Record

2005 Proposed Values Property Card Interactive GIS Map Print

Owner & Property Info

Owner's Name	BIRLEY ROAD LLC	
Site Address	RACE TRACK	
Mailing Address	816 SW MAIN BLVD LAKE CITY, FL 32025	
Brief Legal	COMM SW COR OF SE1/4, RUN E 40.92 FT TO E R/V LINE OF BIRLEY RD & TO POB, CONT E	

Search	Result:	1	of	1

Use Desc. (code)	NO AG ACRE (009900)
Neighborhood	32316.00
Tax District	3
UD Codes	MKTA01
Market Area	01
Total Land Area	59.380 ACRES

Property & Assessment Values

Mkt Land Value	cnt: (1)	\$299,275.00
Ag Land Value	cnt: (0)	\$0.00
Building Value	cnt: (0)	\$0.00
XFOB Value	cnt: (0)	\$0.00
Total Appraised Value		\$299,275.00

Just Value	\$299,275.00
Class Value	\$0.00
Assessed Value	\$299,275.00
Exempt Value	\$0.00
Total Taxable Value	\$299,275.00

Sales History

Sale Date	Book/Page	Inst. Type	Sale VImp	Sale Qual	Sale RCode	Sale Price
1/2/2004	1003/2428	WD	V	Q		\$356,300.00

Building Characteristics

Bldg Item	Bldg Desc	Year Bit	Ext. Walls	Heated S.F.	Actual S.F.	Bldg Value
			NONE			

Extra Features & Out Buildings

Code	Desc	Year Blt	Value	Units	Dims	Condition (% Good)
		9		NONE		

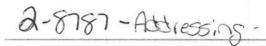
Land Breakdown

Lnd Code	Desc	Units	Adjustments	Eff Rate	Lnd Value
009900	AC NON-AG (MKT)	59.380 AC	1.00/1.00/1.00/1.40	\$5,040.00	\$299,275.00

Columbia County Property Appraiser

DB Last Updated: 1/4/2005

1 of 1



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,

http://appraiser.columbiacountyfla.com/GIS/D SearchResults.asp

1/18/2005

EUR ITC 1302 SELACIO TE-0000682

F. O. BOX 3717

EVITER GITT FL 32066-3717

EVITER BISHOF & LANE, INC. Site Layout REVISION ADDED CONTROL STRUCTURE -CONSTRUCT 303 LF SWALE W/ 0.6% SLOPE 20' DRAINAGE EASEMENT Lot 50' WETLAND SETBACK FROM SINKHOLE 101 LOT 8 3.0377 £6. SUMMINEE RIVER DOWNS PLAT BOOK 5 PAGES 91 - 91A 6 101 S.003 AC. ©

S.1303 AC.

LOT 10

164-2047 - DON HORVET (FPL) 623-3331-WARE



Since 1949

CORPORATE HEADQUARTERS:

P.O. BOX 5369 116 N.W. 16TH AVENUE GAINESVILLE, FL 32602-5369

(352) 376-2661 FAX (352) 376-2791

SCIENTIFIC PEST CONTROL DIRECTED BY GRADUATE ENTOMOLOGISTS

Complete Pest Control Service Member Florida & National Pest Control Associations

F-11783

Reply to: 536 SE Baya Dr Lake City, FL 32025 Phone (386) 752-1703 Fax (386) 752-0171

TERMITE	TREATMENT	CERTIFICATION
---------	-----------	---------------

	_ 2228 8 0 1
Owner:	Permit Number:
TOM FARRENS	
Lot:	Block:
C. I. distribution	
Subdivision:	Street Address:
	182 SW HAWAII TER
City:	County:
FORT WHITE	Columbia
General Contractor:	Area Treated:
TOM FARRENS	PERIMETER
Date:	Time:
02/16/06	
Name of applicator	Applicator ID Number:
JAMES PARKER	55238
Product Used: Active Ingredient: %Concentration	Number of gallons used:
Termidor: Fipronil: 0.12%	48
Method of termite prevention treatment: Soil Treatmer	nt
71 1 111 1 1 1 1	

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.

This form is proof of complete treatment for Certificate of Occupancy or Closing.

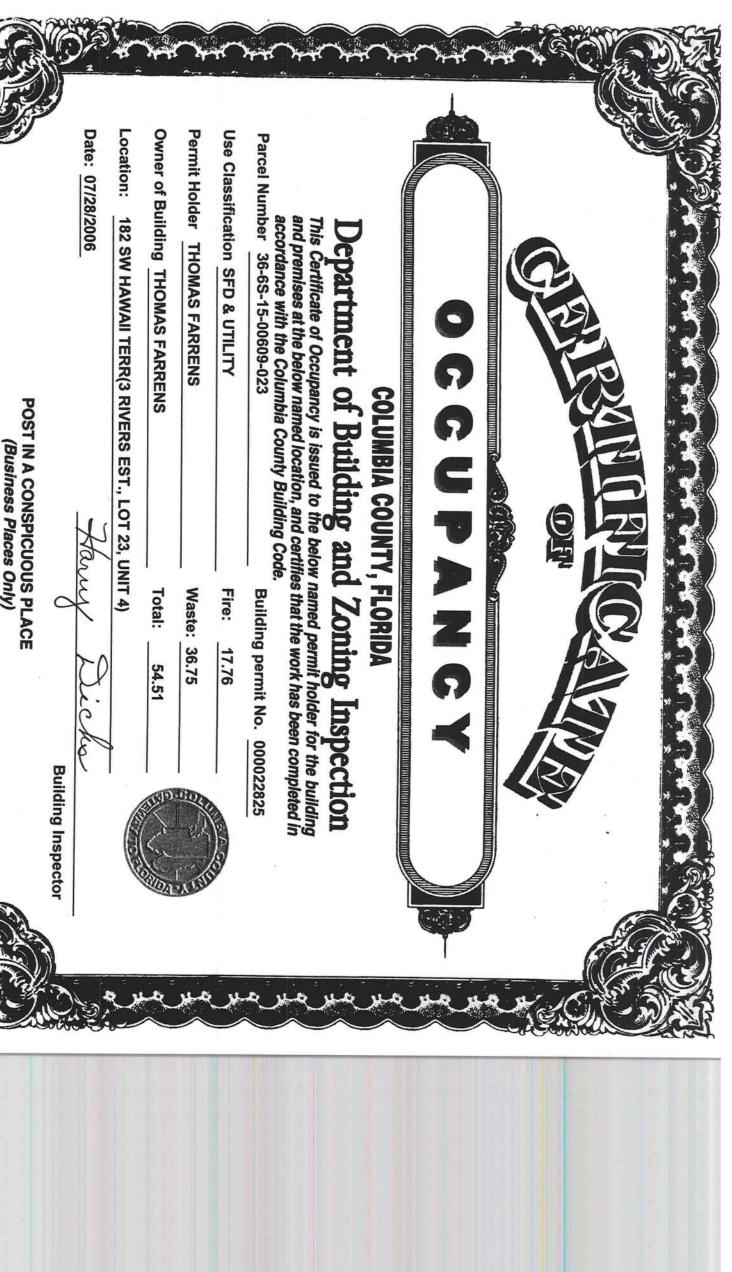
THIS IS PROOF OF WARRANTY

Warranty and Treatment Certifications Have Been Issued

i Issued.
-06

BRANCHES:

• Crystal River • Daytona Beach • Ft. Walton Beach • Jacksonville South • Jacksonville West • Lake City • Milton • Ocala • Orlando • Palatka • Panama City • Pensacola • Starke • St. Augustine • Tallahassee • Winter Haven • Leesburg • Kissimmee •



Permit Holder - Pink termite prevention is used, final exterior treatment shall be completed prior Applicator: Florida Pest Control & Chemical Co. (www.flapest.com) As per Florida Building Code 104.2.6 - If soil chemical barrier method for Gallons Applied % Concentration Print Technician's Name 0.12% Disodium Octaborate Tetrahydrate 23.0% Phone 336- 266 If this notice is for the final exterior treatment, initial this line Permit # 11875 Linear feet Notice of Treatment D Wood Active Ingredient Permit File - Canary Chlorpyrifos Fipronil Square feet Time O Soil Site Location: Subdivision Block# to final building approval. Applicator - White ☐ Dursban TC Product used Type treatment: ☐ Termidor D Bora-Care Area Treated Date Address: Address Remarks: Lot