

DATE 10/08/2004

Columbia County Building Permit

PERMIT

This Permit Expires One Year From the Date of Issue

000022375

APPLICANT LUCILLE IDAROLA PHONE 497-1412
ADDRESS 2495 SW CENTERVILLE AVE FT. WHITE FL 32038
OWNER LUCILLE IDAROLA PHONE 497-1412
ADDRESS 2495 SW CENTERVILLE AVE FT. WHITE FL 32038
CONTRACTOR OWNER BUILDER PHONE _____

LOCATION OF PROPERTY 47S, TR ON 238, TL ON CENTERVILLE AVE., 1/2 MILE ON LEFT,
(RED FIRE TRUCK MAILBOX)

TYPE DEVELOPMENT SFD, UTILITY ESTIMATED COST OF CONSTRUCTION 76750.00

HEATED FLOOR AREA 1535.00 TOTAL AREA 2949.00 HEIGHT .00 STORIES 1

FOUNDATION CONC WALLS FRAMED ROOF PITCH 5/12 FLOOR SLAB

LAND USE & ZONING A-3 MAX. HEIGHT 19

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

NO. EX.D.U. 0 FLOOD ZONE X DEVELOPMENT PERMIT NO. _____

PARCEL ID 21-6S-16-03904-004 SUBDIVISION _____

LOT _____ BLOCK _____ PHASE _____ UNIT _____ TOTAL ACRES 20.00

Culvert Permit No. _____ Culvert Waiver _____ Contractor's License Number _____
EXISTING 04-0779-N BK HD Y
Driveway Connection _____ Septic Tank Number _____ LU & Zoning checked by _____
Approved for Issuance _____ New Resident _____

COMMENTS: ONE FOOT ABOVE THE ROAD, NOC ON FILE

Check # or Cash 2175

FOR BUILDING & ZONING DEPARTMENT ONLY

(footer/Slab)

Temporary Power _____ date/app. by _____ Foundation _____ date/app. by _____ Monolithic _____ date/app. by _____
Under slab rough-in plumbing _____ date/app. by _____ Slab _____ date/app. by _____ Sheathing/Nailing _____ date/app. by _____
Framing _____ date/app. by _____ Rough-in plumbing above slab and below wood floor _____ date/app. by _____
Electrical rough-in _____ date/app. by _____ Heat & Air Duct _____ date/app. by _____ Peri. beam (Lintel) _____ date/app. by _____
Permanent power _____ date/app. by _____ C.O. Final _____ date/app. by _____ Culvert _____ date/app. by _____
M/H tie downs, blocking, electricity and plumbing _____ date/app. by _____ Pool _____ date/app. by _____
Reconnection _____ date/app. by _____ Pump pole _____ date/app. by _____ Utility Pole _____ date/app. by _____
M/H Pole _____ date/app. by _____ Travel Trailer _____ date/app. by _____ Re-roof _____ date/app. by _____

BUILDING PERMIT FEE \$ 385.00 CERTIFICATION FEE \$ 14.75 SURCHARGE FEE \$ 14.75

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

FLOOD ZONE DEVELOPMENT FEE \$ _____ CULVERT FEE \$ _____ TOTAL FEE 464.50

INSPECTORS OFFICE [Signature] 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 Permit Application

For Office Use Only Application # 0409-15 Date Received 9/10/04 By G Permit # 22375
 Application Approved by - Zoning Official BLK Date 06.10.04 Plans Examiner 40 Date 10-8-04
 Flood Zone X Development Permit N/A Zoning A-3 Land Use Plan Map Category A-3
 Comments _____

Applicants Name Lucille T. Darola Phone 3864971412
 Address 2495 SW Centerville Ave. Ft. White, FL 32038
 Owners Name Same Phone _____
 911 Address Same
 Contractors Name Ma Phone _____
 Address _____
 Fee Simple Owner Name & Address _____
 Bonding Co. Name & Address _____
 Architect/Engineer Name & Address Tim Aelbene 192 SW Sagewood Gln Lake City, 32024
 Mortgage Lenders Name & Address none

Property ID Number 21-65-16-03904004 Estimated Cost of Construction 75,000
 Subdivision Name _____ Lot _____ Block _____ Unit _____ Phase _____
 Driving Directions 475 to 238 (Elim Church Rd) make right
1st left is Centerville Ave, follow approx 1/2 mile
site is on left (red firetruck mailbox)
 Type of Construction Frame Number of Existing Dwellings on Property 1
 Total Acreage 20 Lot Size 45x100 Do you need a - Culvert Permit or Culvert Waiver or Have an Existing Drive
 Actual Distance of Structure from Property Lines - Front 978' Side 397' Side 398' Rear 350'
 Total Building Height 19'5" Number of Stories 1 Heated Floor Area 1535 Roof Pitch 5/12

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.

Lucille T. Darola
 Owner Builder or Agent (Including Contractor)

STATE OF FLORIDA
 COUNTY OF COLUMBIA

Sworn to (or affirmed) and subscribed before me
 this 10th day of Sept. 2004.
 Personally known _____ or Produced Identification DL

Contractor Signature _____
 Contractor's License Number 0457EDDER
 Competency Card Number MY COMMISSION # DD 333586
 EXPIRES: June 28, 2008
 Bonded Thru Notary Public Underwriters
 NOTARY STAMP/SEAL
Abbe T. Edler
 Notary Signature



STATE OF FLORIDA
DEPARTMENT OF HEALTH
ONSITE SEWAGE DISPOSAL SYSTEM
APPLICATION FOR CONSTRUCTION PERMIT
Authority: Chapter 381, FS & Chapter 10D-6, FAC

PERMIT # 04-0779-N
DATE PAID _____
FEE PAID \$ _____
RECEIPT # _____

APPLICATION FOR:

☒ New System ☐ Existing System ☐ Holding Tank ☐ Temporary/Experimental
☐ Repair ☐ Abandonment ☐ Other (Specify) _____

APPLICANT: Lucille Idarola

TELEPHONE: 364971412

AGENT: _____

MAILING ADDRESS: 2195 SW Centerville Ave. Ft White, FL 32038

TO BE COMPLETED BY APPLICANT OR APPLICANT'S AUTHORIZED AGENT. ATTACH BUILDING PLAN AND TO-SCALE SITE PLAN SHOWING PERTINENT FEATURES REQUIRED BY CHAPTER 10D-6, FLORIDA ADMINISTRATIVE CODE.

PROPERTY INFORMATION [IF LOT IS NOT IN A RECORDED SUBDIVISION, ATTACH LEGAL DESCRIPTION OR DEED]

LOT: _____ BLOCK: _____ SUBDIVISION: 21 6 16 E. DATE OF SUBDIVISION: _____
PROPERTY ID #: _____ [Section/Township/Range/Parcel No.] ZONING: _____

PROPERTY SIZE: 32 ACRES [Sqft/43560] PROPERTY WATER SUPPLY: ☐ PRIVATE ☐ PUBLIC

PROPERTY STREET ADDRESS: 2495 S.W. CENTERVILLE AVE, FT. WHITE 32038

DIRECTIONS TO PROPERTY: 47 TO EIAM CHURCH (238) T-R, APPROX 1 MILE
T-L S.W. CENTERVILLE AVE, APPROX. 1/2 MILE ON LEFT.
(FIRE TRUCK MAIL BOX)

BUILDING INFORMATION

☒ RESIDENTIAL ☐ COMMERCIAL

| Unit No | Type of Establishment | No. of Bedrooms | Building Area Sqft | # Persons Served | Business Activity For Commercial Only |
|---------|-----------------------|-----------------|--|------------------|---------------------------------------|
| 1 | <u>Home</u> | <u>2</u> | <u>1535 A/C</u> <u>2945 w/porch</u> | <u>2</u> | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |

☒ Garbage Grinders/Disposals ☐ Spas/Hot Tubs ☐ Floor/Equipment Drains
☐ Ultra-low Volume Flush Toilets ☐ Other (Specify) _____

APPLICANT'S SIGNATURE: Lucille Idarola

DATE: 7/16/04

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 21-65-1603904004

1. Description of property: (legal description of the property and street address or 911 address)
2495 S.W. CENTERVILLE AVE. FT. WHITE, FL 32038
SEC. 21 TOWNSHIP 6 S. RANGE 16 E.
N. 330 OF SW 1/4 OF NW 1/4
2. General description of improvement: NEW RESIDENTIAL HOME
3. Owner Name & Address LUCILLE IDAROLA 2495 S.W. CENTERVILLE AVE,
FT WHITE, FL 32038 Interest in Property OWNER
4. Name & Address of Fee Simple Owner (if other than owner): _____
5. Contractor Name SELF Phone Number 386-497-1412
Address _____
6. Surety Holders Name _____ Phone Number _____
Address _____
Amount of Bond _____ Inst:2004020701 Date:09/10/2004 Time:10:56
_____ DC,P.Dewitt Cason,Columbia County B:1025 P:1692
7. Lender Name N/A Address _____
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 _____ Phone Number _____
Address _____
9. In addition to himself/herself the owner designates _____ of _____
_____ 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.

Lucille Idarola
Signature of Owner

Sworn to (or affirmed) and subscribed before
day of July 20, 2004

NOTARY STAMP/SE



James W. Dunham
Commission # DD-015912
Expires June 8, 2005
Notary Public
Atlantic Bonding Co., Inc.

James W. Dunham
Signature of Notary

IDAROLA LUCILLE

36385 TOTAL

B

| | | | |
|----|--------------------------------|--------------------------------|----|
| 1 | COMM NW COR OF SW1/4 OF NW1/4, | RUN S 330 FT FOR POB, CONT S | 2 |
| 3 | 443.46 FT, E 630 FT, S 350 FT, | E 697.66 FT TO E LINE OF SW1/4 | 4 |
| 5 | OF NW1/4, N 795.12 FT, W | 1328.45 FT TO POB, EX RD R/W | 6 |
| 7 | OFF W SIDE. ORB 970-1974, | | 8 |
| 9 | | | 10 |
| 11 | | | 12 |
| 13 | | | 14 |
| 15 | | | 16 |
| 17 | | | 18 |
| 19 | | | 20 |
| 21 | | | 22 |
| 23 | | | 24 |
| 25 | | | 26 |
| 27 | | | 28 |



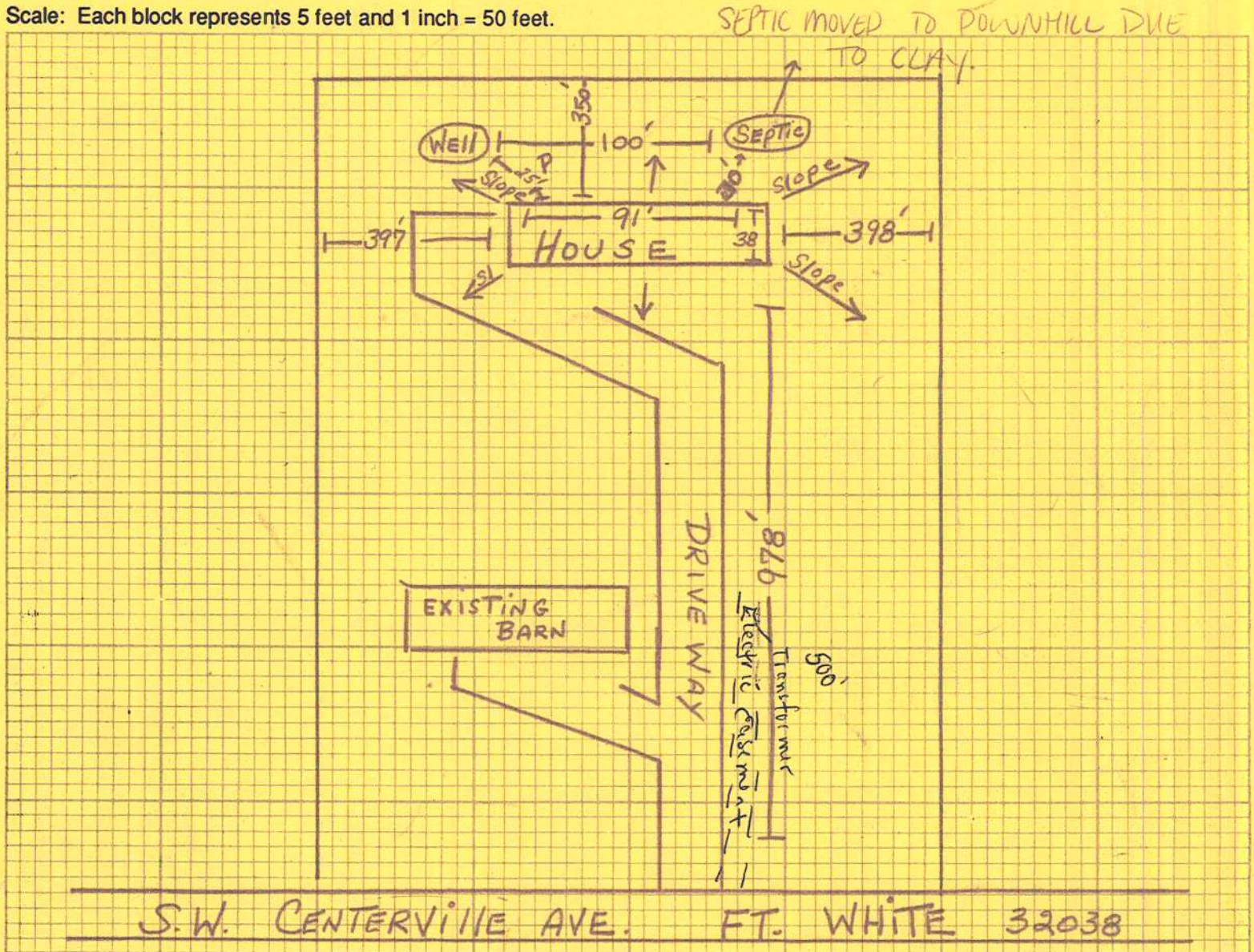
STATE OF FLORIDA
DEPARTMENT OF HEALTH

APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permit Application Number 04-0779N

PART II - SITE PLAN

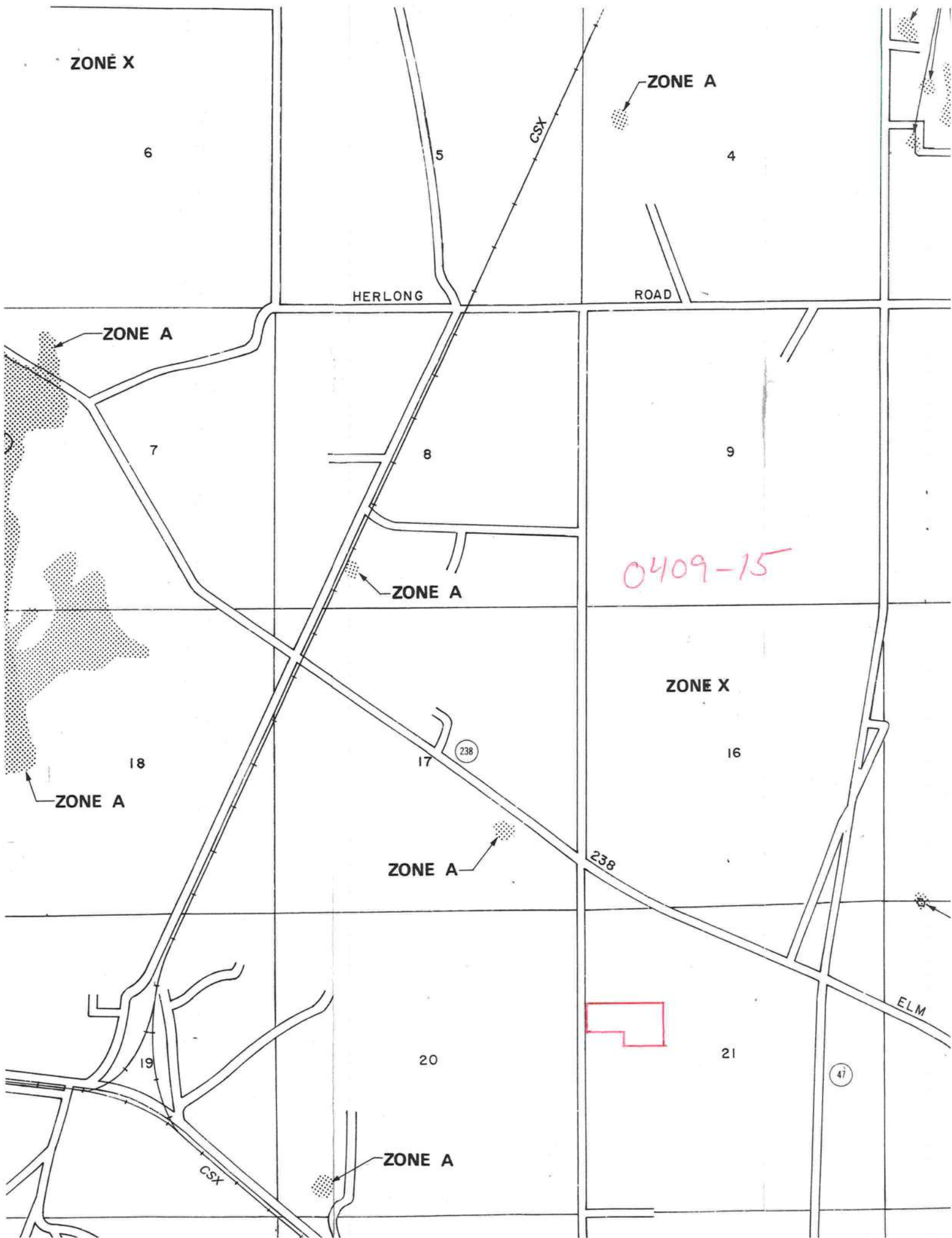
Scale: Each block represents 5 feet and 1 inch = 50 feet.



Notes: HOUSE TO BE LOCATED ON APPROX 32 ACRES ON HILL

Site Plan submitted by: Lucia Idicola Signature
Plan Approved ☒ Not Approved ☐
By Sallie A. Gaddy - EST. - COLUMBIA County Health Department
Date 7-21-04 Title

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT



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 Lucille Idarola, 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 _____

Lucille Idarola
Signature

7/16/04
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 Oct 8, 04 Building Official/Representative Harry Dick

FLORIDA ENERGY EFFICIENCY CODE
FOR BUILDING CONSTRUCTION

Florida Department of Community Affairs
Residential Whole Building Performance Method A


| | | | |
|---------------|---------------------|----------------------|--------------|
| Project Name: | Idarola House | Builder: | Owner |
| Address: | Centerville St. | Permitting Office: | Columbia Co. |
| City, State: | Ft White, FL 32055- | Permit Number: | 22375 |
| Owner: | Idarola | Jurisdiction Number: | 121000 |
| Climate Zone: | North | | |

| | | | |
|-------------------------------------|-------------------------|--|-------------------|
| 1. New construction or existing | New | 12. Cooling systems | |
| 2. Single family or multi-family | Single family | a. Central Unit | Cap: 35.0 kBtu/hr |
| 3. Number of units, if multi-family | 1 | | SEER: 10.00 |
| 4. Number of Bedrooms | 2 | b. N/A | |
| 5. Is this a worst case? | No | c. N/A | |
| 6. Conditioned floor area (ft²) | 1535 ft² | | |
| 7. Glass area & type | Single Pane Double Pane | 13. Heating systems | |
| a. Clear glass, default U-factor | 0.0 ft² 144.0 ft² | a. Electric Heat Pump | Cap: 35.0 kBtu/hr |
| b. Default tint | 0.0 ft² 0.0 ft² | | HSPF: 7.90 |
| c. Labeled U or SHGC | 0.0 ft² 0.0 ft² | b. N/A | |
| 8. Floor types | | c. N/A | |
| a. Slab-On-Grade Edge Insulation | R=0.0, 184.0(p) ft | 14. Hot water systems | |
| b. N/A | | a. Electric Resistance | Cap: 30.0 gallons |
| c. N/A | | | EF: 0.90 |
| 9. Wall types | | b. N/A | |
| a. Frame, Wood, Exterior | R=11.0, 1174.0 ft² | c. Conservation credits | |
| b. N/A | | (HR-Heat recovery, Solar | |
| c. N/A | | DHP-Dedicated heat pump) | |
| d. N/A | | 15. HVAC credits | PT, CF, |
| e. N/A | | (CF-Ceiling fan, CV-Cross ventilation, | |
| 10. Ceiling types | | HF-Whole house fan, | |
| a. Under Attic | R=30.0, 1535.0 ft² | PT-Programmable Thermostat, | |
| b. N/A | | MZ-C-Multizone cooling, | |
| c. N/A | | MZ-H-Multizone heating) | |
| 11. Ducts | | | |
| a. Sup: Unc. Ret: Unc. AH: Interior | Sup. R=6.0, 64.0 ft | | |
| b. N/A | | | |

Glass/Floor Area: 0.09

Total as-built points: 18341
Total base points: 22576

PASS

| | |
|--|--|
| I hereby certify that the plans and specifications covered by this calculation are in compliance with the Florida Energy Code. PREPARED BY: <u>Tim Delbene</u> DATE: <u>7/14/09</u> I hereby certify that this building, as designed, is in compliance with the Florida Energy Code. OWNER/AGENT: _____ DATE: _____ | Review of the 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 with Section 553.908 Florida Statutes. BUILDING OFFICIAL: _____ DATE: _____  |
|--|--|

SUMMER CALCULATIONS

Residential Whole Building Performance Method A - Details

ADDRESS: Centerville St., Ft White, FL, 32055-

PERMIT #:

| BASE | | | | AS-BUILT | | | | | | | |
|---|----------|-------|---------|-------------------------------|--------------------------|--------|----------|-------------|----------|--------------|--------|
| GLASS TYPES | | | | | | | | | | | |
| .18 X Conditioned X BSPM = Points Floor Area | | | | Type/SC | Overhang Ormt Len Hgt | | | Area X | SPM X | SOF = Points | |
| .18 | 1535.0 | 20.04 | 5537.1 | Double, Clear | E | 2.0 | 7.0 | 60.0 | 42.06 | 0.89 | 2235.8 |
| | | | | Double, Clear | E | 8.0 | 7.0 | 15.0 | 42.06 | 0.48 | 304.2 |
| | | | | Double, Clear | S | 2.0 | 7.0 | 30.0 | 35.87 | 0.82 | 882.5 |
| | | | | Double, Clear | W | 10.0 | 7.0 | 15.0 | 38.52 | 0.46 | 264.1 |
| | | | | Double, Clear | W | 7.0 | 7.0 | 24.0 | 38.52 | 0.53 | 490.4 |
| | | | | As-Built Total: | | | | | | | 144.0 |
| WALL TYPES Area X BSPM = Points | | | | Type | R-Value | | Area X | SPM | = Points | | |
| Adjacent | 0.0 | 0.00 | 0.0 | Frame, Wood, Exterior | 11.0 | | 1174.0 | 1.70 | | 1995.8 | |
| Exterior | 1174.0 | 1.70 | 1995.8 | | | | | | | | |
| Base Total: 1174.0 1995.8 | | | | As-Built Total: | | 1174.0 | | 1995.8 | | | |
| DOOR TYPES Area X BSPM = Points | | | | Type | R-Value | | Area X | SPM | = Points | | |
| Adjacent | 0.0 | 0.00 | 0.0 | Exterior Insulated | | | 22.0 | 4.10 | 90.2 | | |
| Exterior | 154.0 | 6.10 | 939.4 | Exterior Insulated | | | 132.0 | 4.10 | 541.2 | | |
| Base Total: 154.0 939.4 | | | | As-Built Total: | | 154.0 | | 631.4 | | | |
| CEILING TYPES Area X BSPM = Points | | | | Type | R-Value | | Area X | SPM X SCM | = Points | | |
| Under Attic | 1535.0 | 1.73 | 2655.6 | Under Attic | 30.0 | | 1535.0 | 1.73 X 1.00 | 2655.6 | | |
| Base Total: 1535.0 2655.6 | | | | As-Built Total: | | 1535.0 | | 2655.6 | | | |
| FLOOR TYPES Area X BSPM = Points | | | | Type | R-Value | | Area X | SPM | = Points | | |
| Slab | 184.0(p) | -37.0 | -6808.0 | Slab-On-Grade Edge Insulation | 0.0 | | 184.0(p) | -41.20 | | -7580.8 | |
| Raised | 0.0 | 0.00 | 0.0 | | | | | | | | |
| Base Total: -6808.0 | | | | As-Built Total: | | 184.0 | | -7580.8 | | | |
| INFILTRATION Area X BSPM = Points | | | | Area X SPM = Points | | | | | | | |
| 1535.0 10.21 15672.3 | | | | 1535.0 10.21 15672.3 | | | | | | | |

SUMMER CALCULATIONS

Residential Whole Building Performance Method A - Details

ADDRESS: Centerville St., Ft White, FL, 32055-

PERMIT #:

| BASE | | | | AS-BUILT | | | | | | | |
|---------------------|---|-------------------|------------------|-------------------------|---|-----------|---------------------------------------|---------------------|---------------------|---------|----------------|
| Summer Base Points: | | 19992.2 | | Summer As-Built Points: | | | | | | 17551.3 | |
| Total Summer Points | X | System Multiplier | = Cooling Points | Total Component | X | Cap Ratio | X Duct Multiplier (DM x DSM x AHU) | X System Multiplier | X Credit Multiplier | = | Cooling Points |
| 19992.2 | | 0.4266 | 8528.7 | 17551.3 | | 1.000 | (1.090 x 1.147 x 0.91) | 0.341 | 0.902 | | 6150.7 |
| | | | | | | 1.00 | 1.138 | 0.341 | 0.902 | | 6150.7 |

WINTER CALCULATIONS
Residential Whole Building Performance Method A - Details

ADDRESS: Centerville St., Ft White, FL, 32055-

PERMIT #:

| BASE | | | | AS-BUILT | | | | | | | | |
|--|----------|--------|--------|-------------------------------|--------------------------|--------|---------------------------|---------------------------|-------|--------|--------|--------|
| GLASS TYPES .18 X Conditioned X BWPM = Points Floor Area | | | | Type/SC | Overhang Ormt Len Hgt | | | Area X WPM X WOF = Points | | | | |
| .18 | 1535.0 | 12.74 | 3520.1 | Double, Clear | E | 2.0 | 7.0 | 60.0 | 18.79 | 1.05 | 1178.8 | |
| | | | | Double, Clear | E | 8.0 | 7.0 | 15.0 | 18.79 | 1.32 | 373.4 | |
| | | | | Double, Clear | S | 2.0 | 7.0 | 30.0 | 13.30 | 1.17 | 467.1 | |
| | | | | Double, Clear | W | 10.0 | 7.0 | 15.0 | 20.73 | 1.20 | 373.2 | |
| | | | | Double, Clear | W | 7.0 | 7.0 | 24.0 | 20.73 | 1.17 | 580.4 | |
| | | | | As-Built Total: | | | | | | 144.0 | | 2973.1 |
| WALL TYPES Area X BWPM = Points | | | | Type | R-Value | | Area X WPM = Points | | | | | |
| Adjacent | 0.0 | 0.00 | 0.0 | Frame, Wood, Exterior | 11.0 | | 1174.0 | 3.70 | | 4343.8 | | |
| Exterior | 1174.0 | 3.70 | 4343.8 | | | | | | | | | |
| Base Total: | | 1174.0 | 4343.8 | As-Built Total: | | 1174.0 | | 4343.8 | | | | |
| DOOR TYPES Area X BWPM = Points | | | | Type | Area X WPM = Points | | | | | | | |
| Adjacent | 0.0 | 0.00 | 0.0 | Exterior Insulated | | | 22.0 | 8.40 | | 184.8 | | |
| Exterior | 154.0 | 12.30 | 1894.2 | Exterior Insulated | | | 132.0 | 8.40 | | 1108.8 | | |
| Base Total: | | 154.0 | 1894.2 | As-Built Total: | | 154.0 | | 1293.6 | | | | |
| CEILING TYPESArea X BWPM = Points | | | | Type | R-Value | | Area X WPM X WCM = Points | | | | | |
| Under Attic | 1535.0 | 2.05 | 3146.8 | Under Attic | 30.0 | | 1535.0 | 2.05 X 1.00 | | 3146.8 | | |
| Base Total: | | 1535.0 | 3146.8 | As-Built Total: | | 1535.0 | | 3146.8 | | | | |
| FLOOR TYPES Area X BWPM = Points | | | | Type | R-Value | | Area X WPM = Points | | | | | |
| Slab | 184.0(p) | 8.9 | 1637.6 | Slab-On-Grade Edge Insulation | 0.0 | | 184.0(p) | 18.80 | | 3459.2 | | |
| Raised | 0.0 | 0.00 | 0.0 | | | | | | | | | |
| Base Total: | | 1637.6 | 1637.6 | As-Built Total: | | 184.0 | | 3459.2 | | | | |
| INFILTRATION Area X BWPM = Points | | | | Area X WPM = Points | | | | | | | | |
| | | 1535.0 | -0.59 | | | | | 1535.0 | | -0.59 | | -905.6 |

WINTER CALCULATIONS
Residential Whole Building Performance Method A - Details

ADDRESS: Centerville St., Ft White, FL, 32055-

PERMIT #:

| BASE | | | | AS-BUILT | | | | | | |
|---------------------|---|-------------------|------------------|-------------------------|---|-----------|---------------------------------------|---------------------|---------------------|------------------|
| Winter Base Points: | | 13636.8 | | Winter As-Built Points: | | | 14310.8 | | | |
| Total Winter Points | X | System Multiplier | = Heating Points | Total Component | X | Cap Ratio | X Duct Multiplier (DM x DSM x AHU) | X System Multiplier | X Credit Multiplier | = Heating Points |
| 13636.8 | | 0.6274 | 8555.7 | 14310.8 | | 1.000 | (1.069 x 1.169 x 0.93) | 0.432 | 0.950 | 6820.1 |
| | | | | 14310.8 | | 1.00 | 1.162 | 0.432 | 0.950 | 6820.1 |

WATER HEATING & CODE COMPLIANCE STATUS
Residential Whole Building Performance Method A - Details

ADDRESS: Centerville St., Ft White, FL, 32055-

PERMIT #:

| BASE | | | | | AS-BUILT | | | | | |
|--------------------|---|------------|---|--------|-----------------|------|--------------------|---|--------------|--|
| WATER HEATING | | | | | | | | | | |
| Number of Bedrooms | X | Multiplier | = | Total | Tank Volume | EF | Number of Bedrooms | X | Tank X Ratio | Credit X Multiplier = Total Multiplier |
| 2 | | 2746.00 | = | 5492.0 | 30.0 | 0.90 | 2 | | 1.00 | 2684.98 1.00 5370.0 |
| | | | | | As-Built Total: | | | | | 5370.0 |

| CODE COMPLIANCE STATUS | | | | | | | | | | |
|------------------------|---|----------------|---|---------------------------------|----------------|---|----------------|---|---------------------------------|--|
| BASE | | | | | AS-BUILT | | | | | |
| Cooling Points | + | Heating Points | + | Hot Water Points = Total Points | Cooling Points | + | Heating Points | + | Hot Water Points = Total Points | |
| 8529 | | 8556 | | 5492 22576 | 6151 | | 6820 | | 5370 18341 | |

PASS



Code Compliance Checklist

Residential Whole Building Performance Method A - Details

ADDRESS: Centerville St., Ft White, FL, 32055-

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. | N/A |
| 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 6-12. 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%. | N/A |
| 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. | ✓ |

New Construction Subterranean Termite Soil Treatment Record

OMB Approval No. 2502-0525
(exp. 10/31/2005)

This form is completed by the licensed Pest Control Company.

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This information is mandatory and is required to obtain benefits. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.
Section 24 CFR 200.926d(b)(3) requires that the sites for HUD insured structures must be free of termite hazards. This information collection requires the builder to certify that an authorized Pest Control company performed all required treatment for termites, and that the builder guarantees the treated area against infestation for one year. Builders, pest control companies, mortgage lenders, homebuyers, and HUD as a record of treatment for specific homes will use the information collected. The information is not considered confidential.

This report is submitted for informational purposes to the builder on proposed (new) construction cases when soil treatment for prevention of subterranean termite infestation is specified by the builder, architect, or required by the lender, architect, FHA, or VA.

All contracts for services are between the Pest Control Operator and builder, unless stated otherwise.

Section 1: General Information (Treating Company Information)

Company Name: Aspen Pest Control, Inc. # 22315
Company Address: 301 NW Cole Terrace City Lake City State FL Zip 32055
Company Business License No. JB109476 Company Phone No. 386-755-3811
FHA/VA Case No. (if any) _____

Section 2: Builder Information

Company Name: Luzilly Idarola Company Phone No. _____

Section 3: Property Information

Location of Structure(s) Treated (Street Address or Legal Description, City, State and Zip) 2495 S.W. Interwille Hwy Ex 46, FL 32039
Type of Construction (More than one box may be checked) ☒ Slab ☐ Basement ☐ Crawl ☐ Other _____
Approximate Depth of Footing: Outside 12 Inside 12 Type of Fill Gr-X

Section 4: Treatment Information

Date(s) of Treatment(s) 11-8-04
Brand Name of Product(s) Used Sentricon
EPA Registration No. 70901-1-53493
Approximate Final Mix Solution % 0.5%
Approximate Size of Treatment Area: Sq. ft. 2684 Linear ft. 244 Linear ft. of Masonry Voids 244
Approximate Total Gallons of Solution Applied 510
Was treatment completed on exterior? ☐ Yes ☒ No
Service Agreement Available? ☒ Yes ☐ No

Note: Some state laws require service agreements to be issued. This form does not preempt state law.

Attachments (List) _____
Comments _____

Name of Applicator(s) Steve Brannon Certification No. (if required by State law) JF104376

The applicator has used a product in accordance with the product label and state requirements. All treatment materials and methods used comply with state and federal regulations.

Authorized Signature Steve Brannon Date 11-8-04

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)
Form **NPCA-99-B** may still be used form **HUD-NPCA-99-B** (04/2003)

COLUMBIA COUNTY OFFICE OCCUPANCY

COLUMBIA COUNTY, FLORIDA

Department of Building and Zoning Inspection

This Certificate of Occupancy is issued to the below named permit holder for the building and premises at the below named location, and certifies that the work has been completed in accordance with the Columbia County Building Code.

Parcel Number 21-6S-16-03904-004

Building permit No. 000022375

Use Classification SFD, UTILITY

Fire: .00

Permit Holder OWNER BUILDER

Waste: .00

Owner of Building LUCILLE IDAROLA

Total: .00

Location: 2495 SW CENTERVILLE AVE., FT. WHITE, FL

Date: 09/28/2005

Sherry Dicks

Building Inspector



POST IN A CONSPICUOUS PLACE
(Business Places Only)