

DATE 05/25/2004

Columbia County Building Permit

PERMIT
000021910

This Permit Expires One Year From the Date of Issue

APPLICANT RICK NOVOTNY PHONE 386 462-7006

ADDRESS P.O. BX 2349 ALACHUA FL 32616

OWNER CARLOS MENENDEZ PHONE 386 454-5196

ADDRESS 103 SW FREEDOM COURT FT. WHITE FL 32038

CONTRACTOR AMERICAN DREAM HOMES PHONE _____

LOCATION OF PROPERTY 47S, TL 238, TL JUNCTION ROAD, TR JENSEN ROAD, TR FREEDOM COURT, TO THE END

TYPE DEVELOPMENT SFD,UTILITY ESTIMATED COST OF CONSTRUCTION 86650.00

HEATED FLOOR AREA 1733.00 TOTAL AREA 2177.00 HEIGHT .00 STORIES 1

FOUNDATION CONC WALLS FRAMED ROOF PITCH 6/12 FLOOR SLAB

LAND USE & ZONING A-3 MAX. HEIGHT 18

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

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

PARCEL ID 18-6S-16-03865-006 SUBDIVISION ITCHETUCKNEE MEADOWS

LOT 6 BLOCK _____ PHASE _____ UNIT _____ TOTAL ACRES 5.00

CGC1504938 Rick Novotny

Culvert Permit No. _____ Culvert Waiver _____ Contractor's License Number _____ Applicant/Owner/Contractor _____

EXISTING 00-0554-N BK JK

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 1163

FOR BUILDING & ZONING DEPARTMENT ONLY

(footer/Slab)

Temporary Power _____ Foundation _____ Monolithic _____
date/app. by _____ date/app. by _____ date/app. by _____

Under slab rough-in plumbing _____ Slab _____ Sheathing/Nailing _____
date/app. by _____ date/app. by _____ date/app. by _____

Framing _____ 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 \$ 435.00 CERTIFICATION FEE \$ 10.89 SURCHARGE FEE \$ 10.89

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

FLOOD ZONE DEVELOPMENT FEE \$ _____ CULVERT FEE \$ _____ TOTAL FEE 506.78

INSPECTORS OFFICE Mike Tedder 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 INCONVINCE, 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 # 0405-27 21910 5/1/04

Application Approved by - Zoning Official BLK Date 13.05.04 Plans Examiner _____ Date _____
 Flood Zone X Development Permit N/A Zoning A-3 Land Use Plan Map Category A-3
 Comments _____

Applicants Name Rick Novotny
MENENDEZ, Carlos Phone 352-318-1688
 Address 16404 NW. 174TH DR. Alachua, FL 32616
 Owners Name SAME - CARLOS MENENDEZ Phone 386-454-5196
 911 Address 103 SW Freedom Ct. Ft. White FL. 32038
 Contractors Name American Dream Custom Homes Phone 386-462-7006
 Address P.O Box 2349 Alachua FL, 32616
 Fee Simple Owner Name & Address N/A
 Bonding Co. Name & Address N/A
 Architect/Engineer Name & Address Greg Wayland
 Mortgage Lenders Name & Address N/A

Property ID Number 18-65-16-03865-006 Estimated Cost of Construction \$110,000.00
 Subdivision Name Itchetucknee Meadows Lot 6 Block _____ Unit _____ Phase _____
 Driving Directions 47 south to 238 TR to junction rd TR to
Jensen Rd. TR to Freedom Ct. TR to end

Type of Construction Masonry Single Family Dwelling Number of Existing Dwellings on Property 1
 Total Acreage 5 Lot Size 5 acres Do you need a - Culvert Permit or Culvert Waiver or Have an Existing Drive
 Actual Distance of Structure from Property Lines - Front 892' ✓ Side 161' ✓ Side 130' ✓ Rear 300' ✓
 Total Building Height 18'4" Number of Stories 1 Heated Floor Area 1,733# Roof Pitch 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.

Rick Novotny
 Owner Builder or Agent (Including Contractor)

STATE OF FLORIDA
 COUNTY OF COLUMBIA

Sworn to (or affirmed) and subscribed before me
 this 28th day of April 2004.
 Personally known X or Produced Identification _____

Key Door
 Contractor Signature
 Contractors License Number CGC1504938
 Complete NCE Fee Number _____
 NOTARY STAMP/SEAL
 #DD 187006
 Notary Signature B.J. McLeary



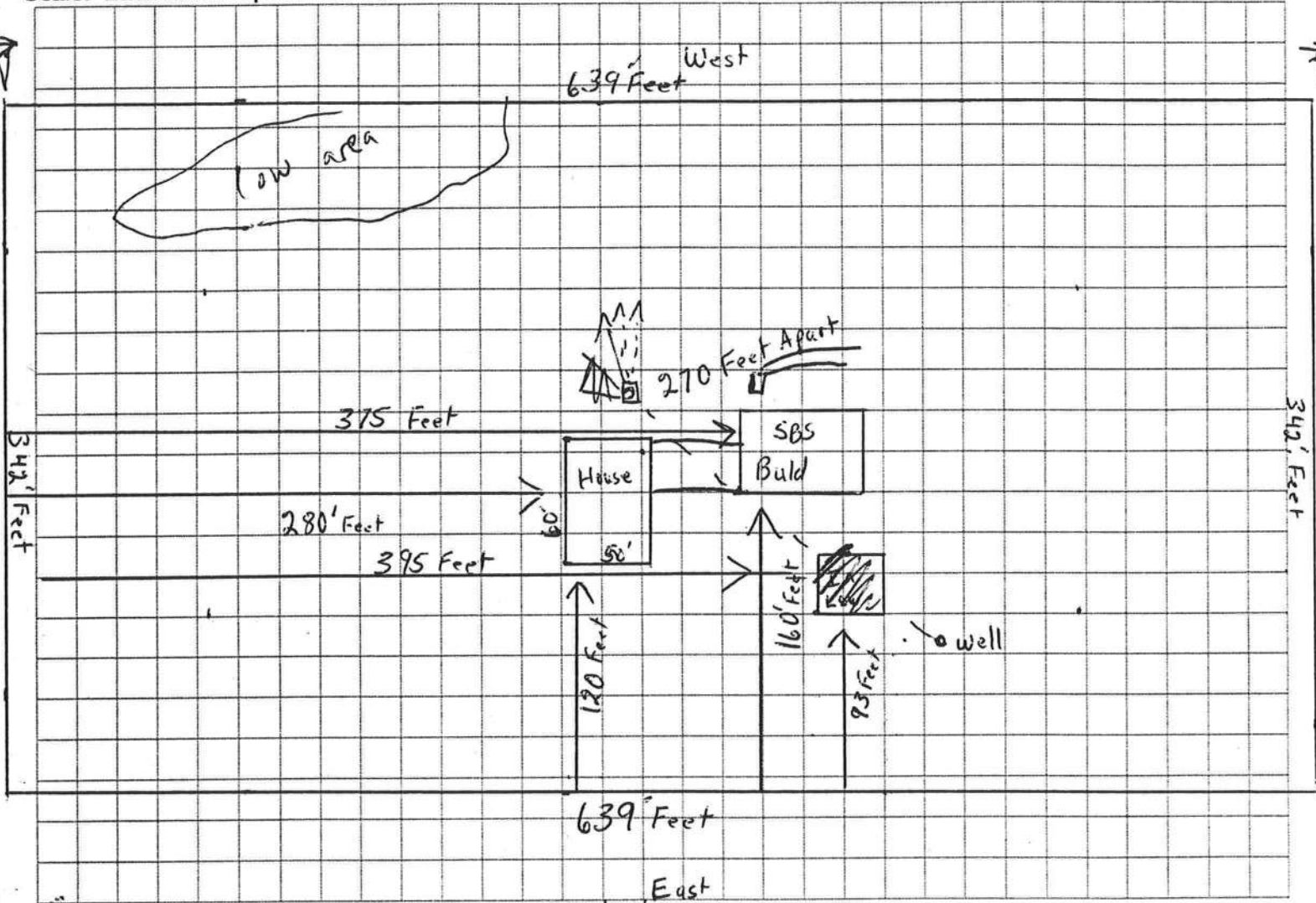
STATE OF FLORIDA
DEPARTMENT OF HEALTH

APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permit Application Number 00-0554-N

PART II - SITEPLAN

Scale: Each block represents 10 feet and 1 inch = 40 feet.



Notes: bdgs connected / 2 systems

Site Plan submitted by: Carol A. [Signature] owner
Plan Approved X Not Approved _____ Date 7/11/00
By Jh [Signature] Columbia County Health Department

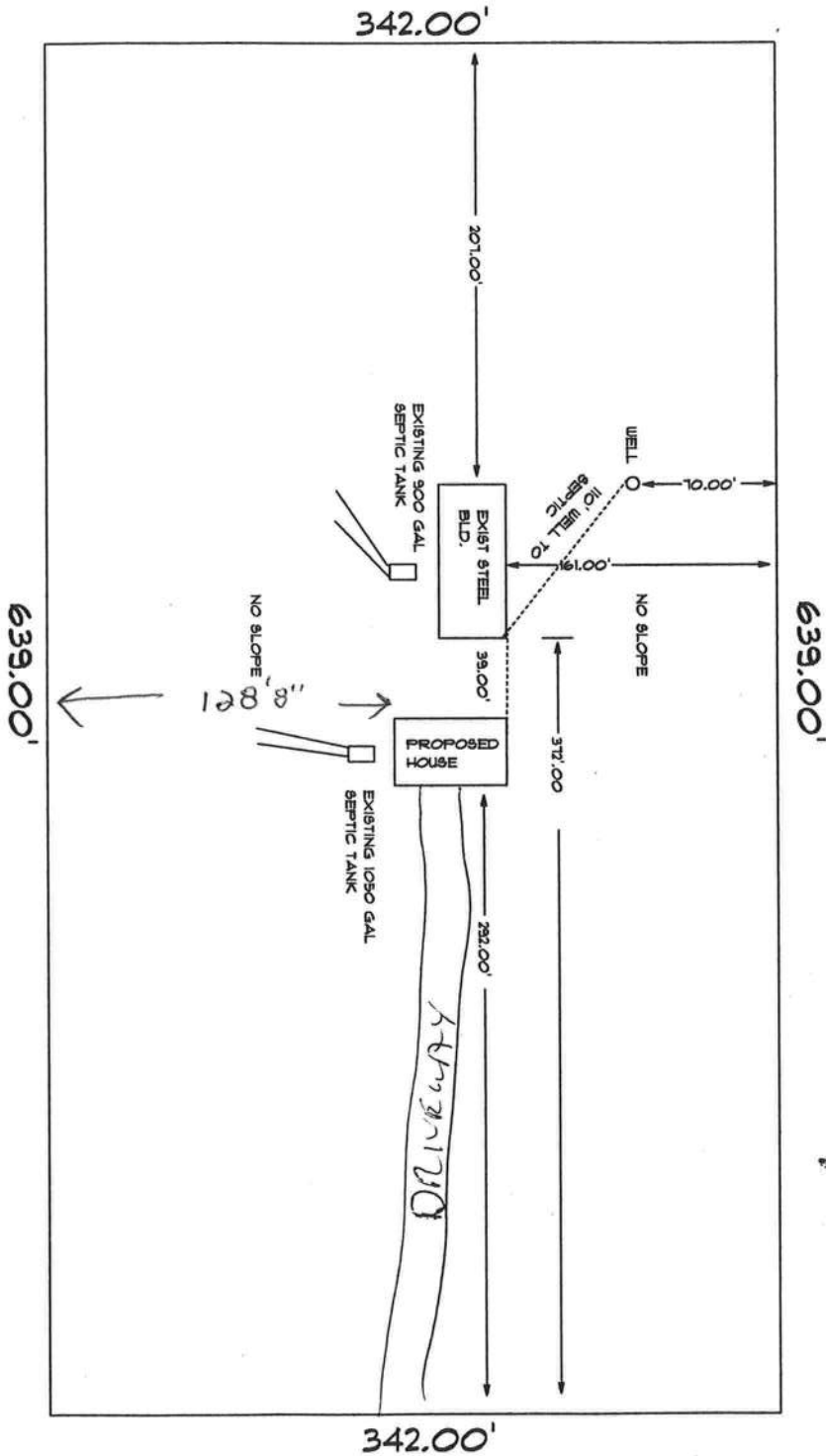
ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

18-65-16-03865-001



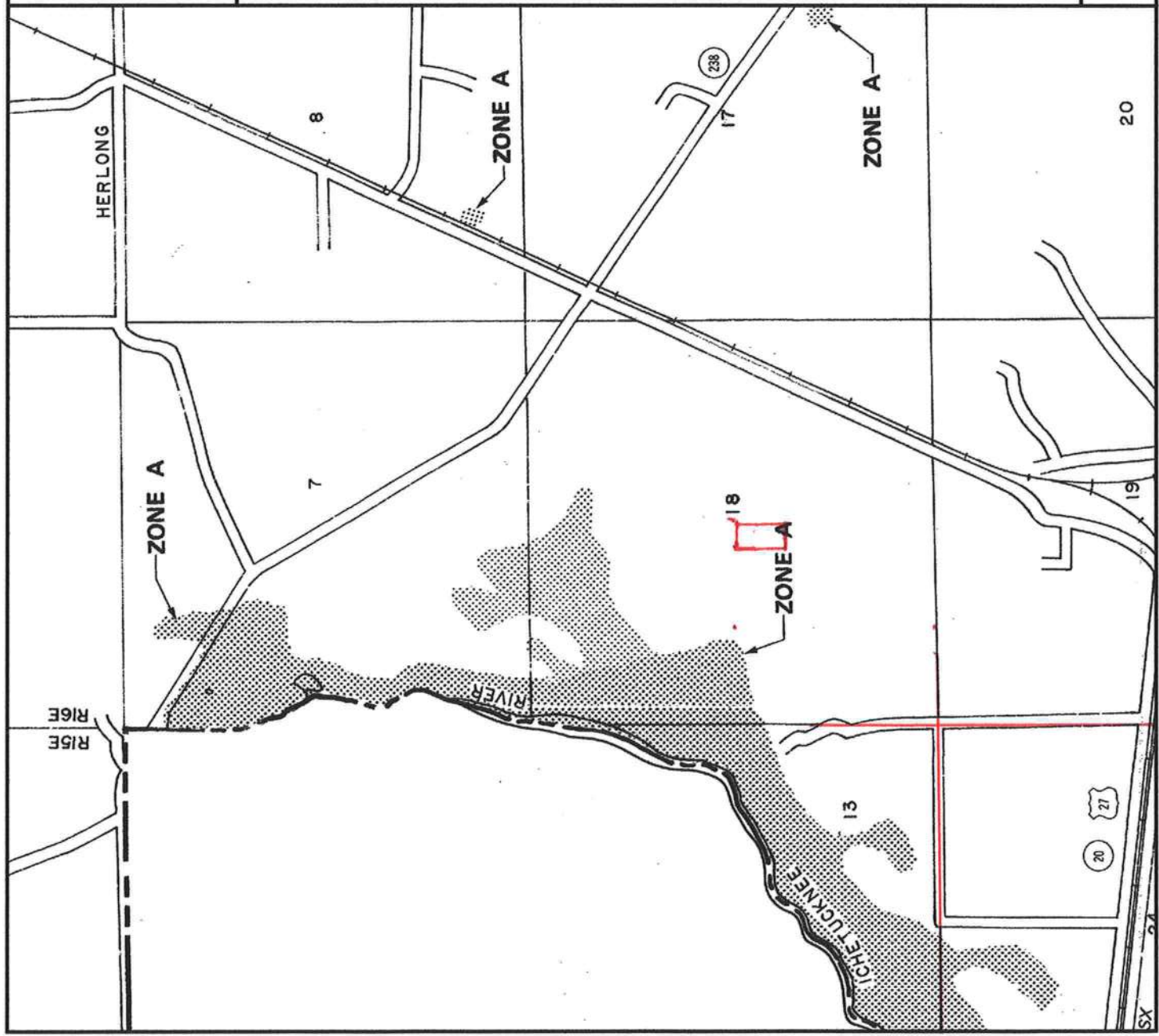
MENENDEZ SITE PLAN

103 S.W. FREEDOM CT.
FORT WHITE FL 32038



2m 2 5-2-04

0405-27



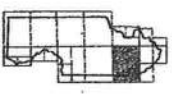
NATIONAL FLOOD INSURANCE PROGRAM

FIRM
FLOOD INSURANCE RATE MAP

COLUMBIA
COUNTY,
FLORIDA
(UNINCORPORATED AREAS)

PANEL 225 OF 290

PANEL LOCATION



COMMUNITY-PANEL NUMBER
120070 0225 B
EFFECTIVE DATE:
JANUARY 6, 1988



Federal Emergency Management Agency

This is an official copy of a portion of the above referenced flood map. It was extracted using F-MIT Version 1.0. This map does not reflect changes or amendments which may have been made subsequent to the date on the title block. Further information about National Flood Insurance Program flood hazard maps is available at www.fema.gov/mit/fed.

Recording Fees: \$ _____
Documentary Stamps: + _____
Total: \$ _____

Prepared By And Return To:

SOUTHEAST TITLE GROUP, LLP

Address: 2015 So. First Street
Lake City, FL 32056

SE File #99Y-06040KW/KIM WATSON
Property Appraisers Parcel I.D. Number(s):
18-6S-16-03865-001
Grantee(s) S.S.#(s):
263576243
266-43-8015

BK 0883 PG 0242

99-10997

FILED AND RECORDED IN PUBLIC
RECORDS OF COLUMBIA COUNTY, FL

1999 JUN 23 PM 3:30

RECORDED WITH FILED

WARRANTY DEED

THIS WARRANTY DEED made and executed the 18th day of June, 1999 by JOSEPH S. GARLEY, AN UNREMARIED WIDOWER, hereinafter called the Grantor, to CARLOS V. MENENDEZ and SANDY T. MENENDEZ, HIS WIFE, whose post office address is: 320 EMERSON CIRCLE, PALM SPRINGS, FL 33461-1911, hereinafter called the Grantee:

(Wherever used herein the terms "Grantor" and "Grantee" shall include singular and plural, heirs, legal representatives, and assigns of individuals, and the successors and assigns of corporations, wherever the context so admits or requires.)

WITNESSETH: That the Grantor, for and in consideration of the sum of TEN DOLLARS (\$10.00) and other valuable considerations, receipt whereof is hereby acknowledged, by these presents does grant, bargain, sell, alien, remise, release, convey and confirm unto the Grantee all that certain land situate, lying and being in COLUMBIA County, State of Florida, viz:

LOTS 6 & 7, ICHETUCKNEE MEADOWS, ACCORDING TO THE MAP OR PLAT THEREOF AS RECORDED IN PLAT BOOK 4, PAGE 66/66A, PUBLIC RECORDS OF COLUMBIA COUNTY, FLORIDA.

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

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

AND the Grantor hereby covenants with said Grantee that the Grantor is lawfully seized of said land in fee simple; that the Grantor has good right and lawful authority to sell and convey said land, and hereby warrants the title to said land and will defend the same against the lawful claims of all persons whomsoever; and that said land is free of all encumbrances, except easements, restrictions and reservations of record, if any, and taxes accruing subsequent to December 31, 1998.

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

Signed, sealed and delivered
in the presence of:

Witness: Dewey Glenn

Witness: Bonita Hadwin
Witness: BONITA HADWIN

Witness:

Joseph S. Garley
JOSEPH S. GARLEY
Address: SARAH LEE RD
JENSEN ROAD
FT. WHITE, FL 32038

Address: SARAH LEE RD
FT. WHITE, FL 32038

STATE OF FLORIDA
COUNTY OF COLUMBIA

I hereby certify that on this day, before me, an officer duly authorized in the State and County aforesaid to take acknowledgements, personally appeared JOSEPH S. GARLEY, AN UNREMARIED WIDOWER, who produced the identification described below, and who acknowledged before me that they executed the foregoing instrument. Witness my hand and official seal in the county and state aforesaid this 18th day of June, 1999.

Bonita Hadwin
Notary Public:

Identification Examined: FDL



BONITA HADWIN
COMMISSION # CC 476215
EXPIRES AUG 10, 1999
BONDED THRU
ATLANTIC BONDING CO., INC.

Documentary Stamp \$ 252.00
Intangible Tax
P. DeWitt Cason
Clerk of Court
By MLK D.G.

Permit No. _____

Tax Folio No. _____

Notice of Commencement

State of Florida
County of Alachua

The undersigned hereby gives notice that improvements will be made to the certain real property, and in accordance with Section with Section 713 of the Florida Statutes, the following information is stated in the **Notice of Commencement**:

Legal Description on Property: see attached

Property Address: 103 SW Freedom Ct
Ft White 32038

General Description of Improvements: Single Family Residence

Owner(s): Carlos Menendez

Address: P.O. Box 2349
Alachua FL 32616

Inst: 2004010495 Date: 05/07/2004 Time: 12:57
MK DC, P. DeWitt Cason, Columbia County B: 1014 P: 1875

Owner's Interest in site of the Improvements: Fee Simple

Fee Simple Title holder (if other than owner): N/A

Address:

Contractor: American Dream Custom Homes

Address: 16404 NW 174th Drive
Alachua, FL 32615

Surety (if any): N/A

Amount of Bond: N/A

Lender: N/A

Name / Address of person within the State of Florida designated by owner to whom notices or other documents may be served as provided by section 713.13 (1) (a) 7; Florida Statutes in addition to himself, owner designates N/A to receive a copy of the Lienor's notice as provided in section 713.13 (1) (b), Florida Statutes. The expiration date of this Notice of Commencement is one year from the date of recording unless a different date specified.



Carlos Menendez

April 16th 2004

The foregoing instrument was acknowledged before me this April 16th 2004 day of by who is / are personally known to me or has / have produced Driver's License as identification and who did (did not) take an oath.

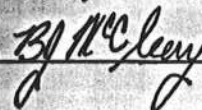
Notary Public
B.J. McCleery

[SEAL]

Prepared By:
Lawrence P. McCleery
American Dream Custom Homes
16404 NW 174th Drive
Alachua, FL 32615



My Commission Expires:



Recording Fees: \$
Documentary Stamps: +
Total: \$

BK 0883 PG 0242

Prepared By And Return To:
SOUTHEAST TITLE GROUP, LLP

Address: 2015 So. First Street
Lake City, FL 32056

SE File #99Y-06040KW/KIM WATSON
Property Appraisers Parcel I.D. Number(s):
18-6S-16-03865-001
Grantee(s) S.S.#(s):
263576243
266-43-8015

99-10997

FILED AND RECORDED IN PUBLIC
RECORDS OF COLUMBIA COUNTY, FL

1999 JUN 23 PM 3:30

RECORDED BY

BY

YMK

WARRANTY DEED

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(Wherever used herein the terms "Grantor" and "Grantee" shall include singular and plural, heirs, legal representatives, and assigns of individuals, and the successors and assigns of corporations, wherever the context so admits or requires.)

WITNESSETH: That the Grantor, for and in consideration of the sum of TEN DOLLARS (\$10.00) and other valuable considerations, receipt whereof is hereby acknowledged, by these presents does grant, bargain, sell, alien, remise, release, convey and confirm unto the Grantee all that certain land situate, lying and being in COLUMBIA County, State of Florida, viz:

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

Signed, sealed and delivered
in the presence of:

Witness: DEWEY GLENN

Witness: BONITA HADWIN
Witness: BONITA HADWIN

Witness:

STATE OF FLORIDA
COUNTY OF COLUMBIA

I hereby certify that on this day, before me, an officer duly authorized in the State and County aforesaid to take acknowledgements, personally appeared JOSEPH S. GARLEY, AN UNREMARIED WIDOWER, who produced the identification described below, and who acknowledged before me that they executed the foregoing instrument. Witness my hand and official seal in the county and state aforesaid this 18th day of June, 1999.

Notary Public:

Identification Examined: 70X



BONITA HADWIN
COMMISSION # CC 476215
EXPIRES AUG 10, 1999
BONDED THRU
ATLANTIC BONDING CO., INC.

Documentary Stamp \$ 252.00
Intangible Tax 0
P. DeWitt Cason
Clerk of Court
By YMK D.C.



STATE OF FLORIDA
DEPARTMENT OF HEALTH
ONSITE SEWAGE TREATMENT AND DISPOSAL SYSTEM
CONSTRUCTION PERMIT

TRAX #: 12-SC-01653
DATE PAID: 7/6/00
FEE PAID: \$ 200.00
RECEIPT: 8000706001
OSTDSNBR: 00-0554- -N

CONSTRUCTION PERMIT FOR:

[X] New System [] Existing System [] Holding Tank [] Innovative Other
[] Repair [] Abandonment [] Temporary []

APPLICANT: Menendez, Carlos AGENT: OWNER, Property Owner

PROPERTY STREET ADDRESS: SW Freedom Ct
Happiness Rd (Mark Rd Lake City FL 32055

LOT: 6 BLOCK: SUBDIVISION: Ichetucknee Meadows
[Section/Township/Range/Parcel No.]

PROPERTY ID #: 18-6S-16-03865-006 [OR TAX ID NUMBER]

SYSTEM MUST BE CONSTRUCTED IN ACCORDANCE WITH SPECIFICATIONS AND STANDARDS OF CHAPTER 64E-6, FAC
DEPARTMENT APPROVAL OF SYSTEM DOES NOT GUARANTEE SATISFACTORY PERFORMANCE FOR ANY SPECIFIC TIME
PERIOD. ANY CHANGE IN MATERIAL FACTS WHICH SERVED AS A BASIS FOR ISSUANCE OF THIS PERMIT,
REQUIRE THE APPLICANT TO MODIFY THE PERMIT APPLICATION. SUCH MODIFICATIONS MAY RESULT IN THIS
PERMIT BEING MADE NULL AND VOID. ISSUANCE OF THIS PERMIT DOES NOT EXEMPT THE APPLICANT FROM
COMPLIANCE WITH OTHER FEDERAL, STATE OR LOCAL PERMITTING REQUIRED FOR PROPERTY DEVELOPMENT.

SYSTEM DESIGN AND SPECIFICATIONS

T [1900] Gallons SEPTIC TANK MULTI-CHAMBERED/IN SERIES: [Y]
A [0] Gallons MULTI-CHAMBERED/IN SERIES: [Y]
N [0] GALLONS GREASE INTERCEPTOR CAPACITY
K [0] GALLONS DOSING TANK CAPACITY [0] GALLONS @ [0] DOSES PER 24 HRS # PUMPS [0]
D [888] SQUARE FEET PRIMARY DRAINFIELD SYSTEM
R [0] SQUARE FEET SYSTEM
A TYPE SYSTEM: [Y] STANDARD [N] FILLED [N] MOUND [N]
I CONFIGURATION: [Y] TRENCH [N] BED [N]
N
F LOCATION TO BENCHMARK: Natural Grade At Proposed System Site
I ELEVATION OF PROPOSED SYSTEM SITE [0.0] [INCHES] [BELOW] BENCHMARK/REFERENCE POINT
E BOTTOM OF DRAINFIELD TO BE [18.0] [INCHES] [BELOW] BENCHMARK/REFERENCE POINT
L
D FILL REQUIRED: [0.0] INCHES EXCAVATION REQUIRED: [0.0] INCHES

OTHER REMARKS:

tank may be a single 1900 gallon tank or 1350 gal/900 gal. tanks installed in series.

may be some areas of soft limerock at end of proposed drainfield area.

SW Freedom Ct + SW Jensen LN

SPECIFICATIONS BY: Sweeney, Jack

TITLE:

APPROVED BY: Sweeney, Jack

John Sweeney EHS

TITLE: Environmental Heal Columbia CHD

DATE ISSUED: 7/12/00

EXPIRATION DATE: 1/12/02



STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

CONSTRUCTION INDUSTRY LICENSING BOARD
1940 NORTH MONROE STREET
TALLAHASSEE FL 32399-0783

(850) 487-1395

DOUNSON, GARY GEORGE
AMERICAN DREAM CUSTOM HOMES LC
PO BOX 2349
ALACHUA FL 32616



STATE OF FLORIDA

AC# 0764306

DEPARTMENT OF BUSINESS AND
PROFESSIONAL REGULATION

CGC1504938 01/28/03 011139174

CERTIFIED GENERAL CONTRACTOR
DOUNSON, GARY GEORGE
AMERICAN DREAM CUSTOM HOMES LC

IS CERTIFIED under the provisions of Ch.489 FS.
Expiration date: AUG 31, 2004 SEQ # L03012801005

DETACH HERE

AC# 0764306

STATE OF FLORIDA

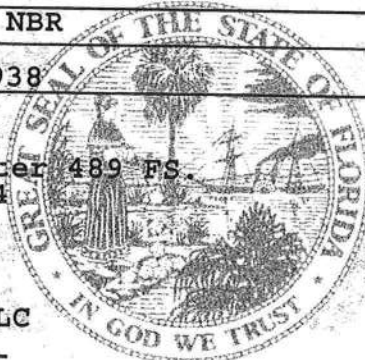
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CONSTRUCTION INDUSTRY LICENSING BOARD

SEQ# L03012801005

DATE	BATCH NUMBER	LICENSE NBR
01/28/2003	011139174	CGC1504938

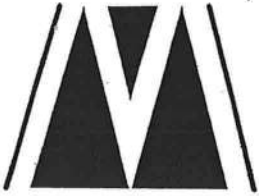
The GENERAL CONTRACTOR
Named below IS CERTIFIED
Under the provisions of Chapter 489 FS.
Expiration date: AUG 31, 2004

DOUNSON, GARY GEORGE
AMERICAN DREAM CUSTOM HOMES LC
16404 NW 174TH DRIVE
ALACHUA FL 32615



JEB BUSH
GOVERNOR

DIANE CARR
SECRETARY



MID-CONTINENT CASUALTY COMPANY

P. O. Box 1409 Tulsa, Oklahoma 74101

POLICY DECLARATION

Policy No.	04-GL-000124554
Renewal of	02-GL-000099609

Named Insured and Mailing Address

AMERICAN DREAM CUSTOM HOMES,
LLC
P O BOX 2349
ALACHUA FL 32616

Agent Name and Mailing Address

FLORIDA HOMEBUILDERS AGENCY 09-0150
243 OFFICE PLAZA
TALLAHASSEE FL 32301

Policy Period: From 08/14/2003 To 08/14/2004 at 12:01 A.M. Standard Time at your mailing address as shown above.

Business Description: CUSTOM HOMES-RESIDEN

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.

THIS POLICY CONSISTS OF THE FOLLOWING COVERAGE PARTS FOR WHICH A PREMIUM IS INDICATED. THIS PREMIUM MAY BE SUBJECT TO ADJUSTMENT.

	PREMIUM
COMMERCIAL GENERAL LIABILITY COVERAGE PART	\$ 10,544
OWNERS AND CONTRACTORS PROTECTIVE LIABILITY COVERAGE PART	\$
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART	\$
RAILROAD PROTECTIVE LIABILITY COVERAGE PART	\$
TOTAL	\$ 10,544

REPORTING BASIS: ANNUAL

Form(s) and Endorsement(s) made a part of this policy at this time*:

ML1344(03/97)	MI9054(02/02)	MI9046(05/01)	IL0021(07/02)	IL0017(11/98)	CG2147(07/98)
CG0220(03/98)	CG0001(10/01)	CG2135(10/01)	CG0300(01/96)	ML1214(07/01)	ML1001(05/99)
ML1097(04/99)	ML1217(04/01)	ML1251(02/02)	ML1439(04/97)		

*Omits applicable Forms and Endorsements if shown in specific Coverage Part/Coverage Form Declarations.

Countersigned at: TALLAHASSEE FL
Date: 07/10/2003

By

Lucinda C. Ross

Authorized Representative

COMMERCIAL GENERAL LIABILITY COVERAGE PART

DECLARATION

Effective Date: 08/14/2003 **
12:01 A.M. Standard Time

Policy No. 04-GL-000124554

LIMITS OF INSURANCE

General Aggregate Limit (Other Than Products - Completed Operations)	\$	2,000,000	
Products-Completed Operations Aggregate Limit	\$	2,000,000	
Personal and Advertising Injury Limit	\$	1,000,000	
Each Occurrence Limit	\$	1,000,000	
Damage to Premises Rented To You	\$	100,000	Any One Premises
Medical Expense Limit	\$	EXCLUDED	Any One Person

BUSINESS DESCRIPTION AND LOCATION OF PREMISES

Form of Business: CORPORATION

Business Description*: CUSTOM HOMES-RESIDEN

Location of All Premises You Own, Rent or Occupy:

PREMIUM

Location Classification	Code No.	Premium Basis		Rate		Advance Premium	
		A)Area P)Payroll S)Gross Sales	C)Cost U)Per Unit T)See Desc.	Pr/Co	All Other	Pr/Co	All Other
FLORIDA							
Homebuilders Program - General Contractor - Premises/Operations	900500	P)	121,700		53.194		6,474.
Homebuilders Program - General Contractor - Products/Completed Operations	900501	S)	2,500,000	1.448		3,620.	
ADDITIONAL INSURED ML1214 Per Each	49950	T)	3		150.000		450.

Minimum Premiums

All Other

Pr/Co

Policywriting \$ 500

Total Advance Premium \$ 3,620. \$ 6,924.

FORMS AND ENDORSEMENTS (other than applicable Forms and Endorsements shown elsewhere in the policy)

Forms and Endorsements applying to the Coverage Part and made part of this policy at time of issue:

*Information omitted if shown elsewhere in the policy.

**Inclusion of date optional.

These declarations are part of the policy declarations containing the name of the insured and the policy period.

FLORIDA ENERGY EFFICIENCY CODE FOR BUILDING CONSTRUCTION

Florida Department of Community Affairs
Residential Whole Building Performance Method A

Project Name: MENENDEZ	Builder: AMERICAN DREAM HOMES
Address:	Permitting Office:
City, State:	Permit Number: 21910
Owner:	Jurisdiction Number: 221000
Climate Zone: North	

1. New construction or existing	New	—	12. Cooling systems	
2. Single family or multi-family	Single family	—	a. Central Unit	Cap: 30.0 kBtu/hr SEER: 10.00
3. Number of units, if multi-family	1	—	b. N/A	—
4. Number of Bedrooms	3	—	c. N/A	—
5. Is this a worst case?	Yes	—	13. Heating systems	
6. Conditioned floor area (ft ²)	1733 ft ²	—	a. Electric Heat Pump	Cap: 28.0 kBtu/hr HSPF: 7.00
7. Glass area & type	Single Pane Double Pane	—	b. N/A	—
a. Clear glass, default U-factor	0.0 ft ² 117.0 ft ²	—	c. N/A	—
b. Default tint	0.0 ft ² 0.0 ft ²	—	14. Hot water systems	
c. Labeled U or SHGC	0.0 ft ² 0.0 ft ²	—	a. Electric Resistance	Cap: 50.0 gallons EF: 0.88
8. Floor types		—	b. N/A	—
a. Slab-On-Grade Edge Insulation	R=0.0, 185.0(p) ft	—	c. N/A	—
b. N/A	—	—	15. HVAC credits	
c. N/A	—	—	(CF-Ceiling fan, CV-Cross ventilation, HF-Whole house fan, PT-Programmable Thermostat, MZ-C-Multizone cooling, MZ-H-Multizone heating)	—
9. Wall types		—		—
a. Concrete, Int Insul, Exterior	R=5.0, 1480.0 ft ²	—		—
b. N/A	—	—		—
c. N/A	—	—		—
d. N/A	—	—		—
e. N/A	—	—		—
10. Ceiling types		—		—
a. Under Attic	R=30.0, 1733.0 ft ²	—		—
b. N/A	—	—		—
c. N/A	—	—		—
11. Ducts		—		—
a. Sup: Unc. Ret: Unc. AH: Interior	Sup. R=6.0, 95.0 ft	—		—
b. N/A	—	—		—

Glass/Floor Area: 0.07

Total as-built points: 25483

Total base points: 27260

PASS

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

PREPARED BY: **SUNCOAST INSULATORS**DATE: **5/4/04**

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

OWNER/AGENT: **[Signature]**DATE: **5-7-04**

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: _____

Code Compliance Checklist

Residential Whole Building Performance Method A - Details

ADDRESS: , , ,

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 joist members. EXCEPTION: Frame floors where a continuous infiltration barrier is installed that is sealed to the perimeter, penetrations and seams.	
Ceilings	606.1.ABC.1.2.3	Between walls & ceilings; penetrations of ceiling plane of top floor; around shafts, chases, soffits, chimneys, cabinets sealed to continuous air barrier; gaps in gyp board & top plate; attic access. EXCEPTION: Frame ceilings where a continuous infiltration barrier is installed that is sealed at the perimeter, at penetrations and seams.	
Recessed Lighting Fixtures	606.1.ABC.1.2.4	Type IC rated with no penetrations, sealed; or Type IC or non-IC rated, installed inside a sealed box with 1/2" clearance & 3" from insulation; or Type IC rated with < 2.0 cfm from conditioned space, tested.	
Multi-story Houses	606.1.ABC.1.2.5	Air barrier on perimeter of floor cavity between floors.	
Additional Infiltration reqts	606.1.ABC.1.3	Exhaust fans vented to outdoors, dampers; combustion space heaters comply with NFPA, have combustion air.	

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

COMPONENTS	SECTION	REQUIREMENTS	CHECK
Water Heaters	612.1	Comply with efficiency requirements in Table 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%.	
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 attic: R-8 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.	

WATER HEATING & CODE COMPLIANCE STATUS

Residential Whole Building Performance Method A - Details

ADDRESS: , , ,

PERMIT #:

BASE				AS-BUILT					
WATER HEATING									
Number of Bedrooms	X	Multiplier	= Total	Tank Volume	EF	Number of Bedrooms	X Tank X Multiplier X Ratio	Credit Multiplier	= Total
3		2746.00	8238.0	50.0	0.68	3	1.00 2746.00	1.00	8238.0
				As-Built Total:					8238.0

CODE COMPLIANCE STATUS							
BASE				AS-BUILT			
Cooling Points	+ Heating Points	+ Hot Water Points	= Total Points	Cooling Points	+ Heating Points	+ Hot Water Points	= Total Points
9855	9167	8238	27260	7309	9936	8238	25483

PASS



SUMMER CALCULATIONS

Residential Whole Building Performance Method A - Details

ADDRESS: , , ,

PERMIT #:

BASE				AS-BUILT							
GLASS TYPES											
.18 X Conditioned X BSPM = Points Floor Area				Type/SC	Overhang Omt Len Hgt			Area X SPM X SOF = Points			
.18	1733.0	20.04	6251.3	Double, Clear	E	2.0	6.0	66.0	42.06	0.85	2354.3
				Double, Clear	W	2.0	6.0	46.0	38.52	0.85	1505.2
				Double, Clear	N	2.0	6.0	5.0	19.20	0.90	86.4
				As-Built Total:			117.0			3945.9	
WALL TYPES Area X BSPM = Points				Type	R-Value			Area X SPM = Points			
Adjacent	0.0	0.00	0.0	Concrete, Int Insul, Exterior	5.0			1480.0	1.00	1480.0	
Exterior	1480.0	1.70	2516.0								
Base Total:				As-Built Total:			1480.0			1480.0	
DOOR TYPES Area X BSPM = Points				Type	R-Value			Area X SPM = Points			
Adjacent	0.0	0.00	0.0	Exterior Insulated				80.0	4.10	328.0	
Exterior	80.0	6.10	488.0								
Base Total:				As-Built Total:			80.0			328.0	
CEILING TYPES Area X BSPM = Points				Type	R-Value			Area X SPM X SCM = Points			
Under Attic	1733.0	1.73	2996.1	Under Attic	30.0			1733.0	1.73 X 1.00	2996.1	
Base Total:				As-Built Total:			1733.0			2996.1	
FLOOR TYPES Area X BSPM = Points				Type	R-Value			Area X SPM = Points			
Slab	185.0(p)	-37.0	-6845.0	Slab-On-Grade Edge Insulation	0.0			185.0(p)	-41.20	-7622.0	
Raised	0.0	0.00	0.0								
Base Total:				As-Built Total:			185.0			-7622.0	
INFILTRATION Area X BSPM = Points							Area X SPM = Points				
1733.0 10.21 17693.9							1733.0 10.21			17693.9	
Summer Base Points: 23102.3				Summer As-Built Points:				18823.9			
Total Summer Points	X System Multiplier	=	Cooling Points	Total Component	X Cap Ratio	X Duct Multiplier	X System Multiplier	X Credit Multiplier	=	Cooling Points	
(DM x DSM x AHU)											
23102.3	0.4266		9855.4	18823.9	1.000	(1.090 x 1.147 x 0.91)	0.341	1.000		7309.3	
				18823.9	1.00	1.138	0.341	1.000		7309.3	

WINTER CALCULATIONS

Residential Whole Building Performance Method A - Details

ADDRESS: , , ,

PERMIT #:

BASE				AS-BUILT							
GLASS TYPES											
.18 X Conditioned X BWPM = Points Floor Area				Type/SC	Overhang Omt Len Hgt			Area X WPM X WOF = Points			
.18	1733.0	12.74	3974.1	Double, Clear	E	2.0	6.0	66.0	18.79	1.06	1315.4
				Double, Clear	W	2.0	6.0	46.0	20.73	1.04	994.2
				Double, Clear	N	2.0	6.0	5.0	24.56	1.00	123.5
				As-Built Total:		117.0			2433.1		
WALL TYPES Area X BWPM = Points				Type	R-Value			Area X WPM = Points			
Adjacent	0.0	0.00	0.0	Concrete, Int Insul, Exterior	5.0			1480.0	5.70	8436.0	
Exterior	1480.0	3.70	5476.0								
Base Total:				As-Built Total:		1480.0			2436.0		
DOOR TYPES Area X BWPM = Points				Type				Area X WPM = Points			
Adjacent	0.0	0.00	0.0	Exterior Insulated				80.0	8.40	672.0	
Exterior	80.0	12.30	984.0								
Base Total:				As-Built Total:		80.0			672.0		
CEILING TYPES Area X BWPM = Points				Type	R-Value			Area X WPM X WCM = Points			
Under Attic	1733.0	2.05	3552.6	Under Attic	30.0			1733.0	2.05 X 1.00	3552.6	
Base Total:				As-Built Total:		1733.0			3552.6		
FLOOR TYPES Area X BWPM = Points				Type	R-Value			Area X WPM = Points			
Slab	185.0(p)	8.9	1646.5	Slab-On-Grade Edge Insulation	0.0			185.0(p)	18.80	3478.0	
Raised	0.0	0.00	0.0								
Base Total:				As-Built Total:		185.0			3478.0		
INFILTRATION Area X BWPM = Points							Area X WPM = Points				
1733.0 -0.59 -1022.5							1733.0 -0.59 -1022.5				
Winter Base Points: 14610.8				Winter As-Built Points: 17549.3							
Total Winter Points	X System Multiplier	= Heating Points	Total X Cap X Duct X System X Credit = Heating Component Ratio Multiplier Multiplier Multiplier Points (DM x DSM x AHU)								
14610.8	0.6274	9166.8	17549.3	1.000	(1.009 x 1.169 x 0.93)	0.487	1.000	9935.5			
			17549.3	1.00	1.162	0.487	1.000	9935.5			

ENERGY PERFORMANCE LEVEL (EPL) DISPLAY CARD

ESTIMATED ENERGY PERFORMANCE SCORE* = 84.1

The higher the score, the more efficient the home.

1. New construction or existing	New	12. Cooling systems	
2. Single family or multi-family	Single family	a. Central Unit	Cap: 30.0 kBtu/hr
3. Number of units, if multi-family	1		SEER: 10.00
4. Number of Bedrooms	3	b. N/A	
5. Is this a worst case?	Yes	c. N/A	
6. Conditioned floor area (ft ²)	1733 ft ²		
7. Glass area & type	Single Pane Double Pane	13. Heating systems	
a. Clear - single pane	0.0 ft ² 117.0 ft ²	a. Electric Heat Pump	Cap: 28.0 kBtu/hr
b. Clear - double pane	0.0 ft ² 0.0 ft ²		HSPF: 7.00
c. Tint/other SHGC - single pane	0.0 ft ² 0.0 ft ²	b. N/A	
d. Tint/other SHGC - double pane		c. N/A	
8. Floor types		14. Hot water systems	
a. Slab-On-Grade Edge Insulation	R=0.0, 185.0(p) ft	a. Electric Resistance	Cap: 50.0 gallons
b. N/A			EF: 0.88
c. N/A		b. N/A	
9. Wall types		c. Conservation credits	
a. Concrete, Int Insul, Exterior	R=5.0, 1480.0 ft ²	(HR-Heat recovery, Solar	
b. N/A		DHP-Dedicated heat pump)	
c. N/A		15. HVAC credits	
d. N/A		(CF-Ceiling fan, CV-Cross ventilation,	
e. N/A		HF-Whole house fan,	
10. Ceiling types		PT-Programmable Thermostat,	
a. Under Attic	R=30.0, 1733.0 ft ²	MZ-C-Multizone cooling,	
b. N/A		MZ-H-Multizone heating)	
c. N/A			
11. Ducts			
a. Sup: Unc. Ret: Unc. AH: Interior	Sup. R=6.0, 95.0 ft		
b. N/A			

I certify that this home has complied with the Florida Energy Efficiency Code For Building Construction through the above energy saving features which will be installed (or exceeded) in this home before final inspection. Otherwise, a new EPL Display Card will be completed based on installed Code compliant features.

Builder Signature: _____ Date: _____

Address of New Home: _____ City/FL Zip: _____



**NOTE: The home's estimated energy performance score is only available through the FLA/RES computer program. This is not a Building Energy Rating. If your score is 80 or greater (or 86 for a US EPA/DOE EnergyStar[®] designation), your home may qualify for energy efficiency mortgage (EEM) incentives if you obtain a Florida Energy Gauge Rating. Contact the Energy Gauge Hotline at 321/638-1492 or see the Energy Gauge web site at www.fsec.ucf.edu for information and a list of certified Raters. For information about Florida's Energy Efficiency Code For Building Construction, contact the Department of Community Affairs at 850/487-1824.*

EnergyGauge® (Version: FLRCSB v3.30)

39 (Policy Provisions: WC 00 00 00 A)

98

GE

INFORMATION PAGE

WBG

WORKERS COMPENSATION AND EMPLOYERS LIABILITY POLICY

INSURER: HARTFORD UNDERWRITERS INSURANCE COMPANY

HARTFORD PLAZA, HARTFORD, CONNECTICUT 06115

NCCI Company Number:

10456

Company Code: 6



Suffix
LARS RENEWAL
01

POLICY NUMBER:

38 WBG GE9839

Previous Policy Number:

38 WBG GE9839

HOUSING CODE: DD

1. **Named Insured and Mailing Address:** AMERICAN DREAM CUSTOM HOMES INC.
(No., Street, Town, State, Zip Code)

16404 NW 176TH DRIVE
ALACHUA, FL 32615

FEIN Number: 151584761

State Identification Number(s):

The Named Insured is: LLC

Business of Named Insured: CARPENTRY - CONSTRUCTION OF RE

Other workplaces not shown above: 16404 NW 176 DRIVE ALACHUA, FL 32615

2. **Policy Period:** From 08/14/03 To 08/14/04
12:01 a.m., Standard time at the insured's mailing address.

Producer's Name: FLORIDA HOME BUILDERS INS AGY

PO BOX 15459
TALLAHASSEE, FL 32301

Producer's Code: 382247

Issuing Office: THE HARTFORD

8711 UNIVERSITY EAST DRIVE
CHARLOTTE NC 28213
(866) 467-8730

Total Estimated Annual Premium: \$3,694

Deposit Premium:

Policy Minimum Premium: \$750 FL

Audit Period: ANNUAL

Installment Term:

The policy is not binding unless countersigned by our authorized representative.

Countersigned by

Authorized Representative

Date

*3100138GE98390101 01692

3. A. **Workers Compensation Insurance:** Part one of the policy applies to the Workers Compensation Law of the states listed here: FL (GPDV).

B. **Employers Liability Insurance:** Part Two of the policy applies to work in each state listed in Item 3.A. The limits of our liability under Part Two are:

Bodily injury by Accident	\$100,000	each accident
Bodily injury by Disease	\$500,000	policy limit
Bodily injury by Disease	\$100,000	each employee

C. **Other States Insurance:** Part Three of the policy applies to the states, if any, listed here:

ALL STATES EXCEPT ND, OH, WA, WV, WY, AND
STATES DESIGNATED IN ITEM 3.A. OF THE INFORMATION PAGE.

D. **This policy includes these endorsements and schedule:**

WC 00 04 20 WC 00 04 14 WC 00 04 19 WC 09 04 01 WC 09 06 06
WC 99 02 78

4. **The premium for this policy will be determined by our Manuals of Rules, Classifications, Rates and Rating Plans. All information required below is subject to verification and change by audit.**

Classifications Code Number and Description	Premium Basis Total Estimated Annual Remuneration	Rates Per \$100 of Remuneration	Estimated Annual Premium
5606 CONTRACTOR - EXECUTIVE SUPERVISOR CONSTRUCTION SUPERINTENDENT	42,800	5.32	2,277
5645 CARPENTRY - DETACHED DWELLINGS	IF ANY	44.09	
8810 CLERICAL OFFICE EMPLOYEES NOC	160,500	.72	1,156
TOTAL ESTIMATED ANNUAL STANDARD PREMIUM EXPENSE CONSTANT (0900)			3,433 200
TERRORISM RISK INS ACT OF 2002 (9740)	203,300	.030	61
TOTAL ESTIMATED ANNUAL PREMIUM			3,694

Total Estimated Annual Premium: \$3,694
Deposit Premium:
Policy Minimum Premium: \$750 FL

Interstate/Intrastate Identification Number:

Labor Contractors Policy Number:

SIC:

UIN:

NO. OF EMP: 000004



American Dream Custom Homes, L.L.C.

P.O. Box 2349, Alachua, FL Phone: (386) 462-7006 FAX: (386) 462-6399

Date: April 27, 2004.

*I Gary Dounson CGC1504938/American Dream Custom Homes authorize
Rick Novotny or B.J. McCleery to submit for building permit for the
Menendez residence.*

Thank you,



Gary Dounson



Lawrence P. McCleery







American Dream Custom Homes, L.L.C.

P.O. Box 2349, Alachua, FL Phone: (386) 462-7006 FAX: (386) 462-6399

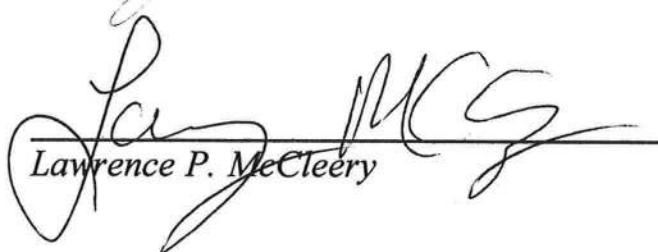
Date: April 27, 2004.

*I Gary Dounson CGC1504938/American Dream Custom Homes authorize
Rick Novotny or B.J. McCleery to submit for building permit for the
Menendez residence.*

Thank you,



Gary Dounson



Lawrence P. McCleery





38785

Notice of Treatment

Applicator Florida Pest Control & Chemical Co. #

Address 116 N.W. 16 Ave 21910

City G-VILLE Phone 376-2661

Site Location Subdivision _____

Lot# _____ Block# _____ Permit# _____

Address 103 S.W. Freedom Ct

AREAS TREATED

Area Treated	Date	Time	Gal.	Print Technician's Name
Main Body	6-24-04	300	319	BOB N.
Patio/s #				
Stoop/s #				
Porch/s #				
Brick Veneer				
Extension Walls				
A/C Pad				
Walk/s #				
Exterior of Foundation				
Driveway Apron				
Out Building				
Tub Trap/s				
(Other)				

Name of Product Applied DUK SAN TC 5 %

Remarks 2177 sq ft.



Geoengineering & Testing, Inc.

Geotechnical • Environmental • Construction Materials Testing

21910

IN-PLACE DENSITY TEST RESULTS

CLIENT: American Dream Custom Homes

PROJECT: 103 SW Freedom Court

AREA TESTED: Fill Below Foundation

COURSE: Final Grade DEPTH OF TEST: 0-1'

TYPE OF TEST: ASTM D-2922 DATE TESTED: 6-24-04

NOTE: The below tests DO/DO NOT meet the minimum 95 % compaction requirements of maximum density.

REMARKS: # 21910

SOIL DESCRIPTION: Anchor Fill

LOCATION OF TESTS	DRY DEN.	MAX. DEN.	% MAX. DEN.	% MOIST.	OPT. MOIST.
NW corner of proposed Slab	102.4	106.2	96.5	6.8	10.8
NE "	103.4	↓	97.3	6.0	↓
SE "	103.6		97.5	6.5	

TECH. Mike MAURER

4404

M. Fred Rwebyogo, PE
Florida Registration No. 46694

3402 NE 2nd Street, Suite A
Gainesville, Florida 32609

Phone (352) 375-7108
FAX (352) 336-7630

Notice of Treatment

38798

Applicator Florida Pest Control & Chemical Co.

Address 116 New 116 Ave

City Gulf Breeze **Phone** 904-266-1

Site Location **Subdivision** _____

Lot# _____ **Block#** _____ **Permit#** #21910

Address 103 SW Freedom CT F. WHITE

AREAS TREATED

Area Treated	Date	Time	Gal.	<u>Print Technician's Name</u>
Main Body				
Patio/s #				
Stoop/s #				
Porch/s #				
Brick Veneer				
Extension Walls				
A/C Pad				
Walk/s #				
Exterior of Foundation	<u>12/10/04</u>		<u>50.4</u>	<u>Guy</u>
Driveway Apron				
Out Building				
Tub Trap/s				
(Other)				

Name of Product Applied DTC 5 %

Remarks _____

COLUMBIA COUNTY OFFICIAL CALVINY

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 18-6S-16-03865-006

Building permit No. 000021910

Use Classification SFD, UTILITY

Fire: 56.70

Permit Holder AMERICAN DREAM HOMES

Waste: 122.50

Owner of Building CARLOS MENENDEZ

Total: 179.20

Location: 103 SW FREEDOM COURT

Date: 12/17/2004

Henry Dicks

Building Inspector



POST IN A CONSPICUOUS PLACE
(Business Places Only)