| and the second | | Building P ear From the Date | | PERMIT 000022592 |
|---|--|------------------------------|---------------------|--|
| APPLICANT JAN MACREA SIPE | | PHONE | 941 729-2012 | |
| ADDRESS 1002 PINEY POINT ROA | \D | PALMETTO | | FL 34221 |
| OWNER JAN MACREA SIPE | | PHONE | 941 722-1013 | |
| ADDRESS 447 SW OLD LAKE CIT | TY TERRACE | HIGH SPRINGS | | FL 32643 |
| CONTRACTOR OWNER BUILDER | | PHONE | | |
| · · · · · · · · · · · · · · · · · · · | ON CR 18, TL ON OLI NUMBER ON GATE | D LAKE CITY TERRAC | E, 1ST PLACE | |
| TYPE DEVELOPMENT SFD,UTILITY | 024022 | TIMATED COST OF C | ONSTRUCTION | 78000.00 |
| HEATED FLOOR AREA 1560.00 | 10000 | EA 2600.00 | | 00 STORIES 1 |
| | | ROOF PITCH 6/12 | - | OOR SLAB |
| LAND USE & ZONING A-3 | LS TRAINED | | | |
| Anna III | | MA. | X. HEIGHT 20 | J |
| Minimum Set Back Requirments: STREET- | FRONT 30.00 | REAR | 25.00 | SIDE |
| NO. EX.D.U. 0 FLOOD ZONE | <u>X</u> | DEVELOPMENT PER | MIT NO. | |
| PARCEL ID 33-6S-17-09834-110 | SUBDIVISIO | N RUMPH FARMS | | |
| LOT 10 BLOCK PHASE | UNIT | ТОТ | 'AL ACRES 11. | 38 |
| | | | 1111 | P |
| | | Jan | Mure | 1 Shote |
| | ontractor's License Nun | | Applicant/Owner/O | Contractor / |
| EXISTING 04-1088-N | BK | / | JK | <u>Y</u> |
| Driveway Connection Septic Tank Number | | ng checked by Ap | proved for Issuance | New Resident |
| COMMENTS: ONE FOOT ABOVE THE ROAL | J, NOC ON FILE | | | |
| | | | Check # or Car | sh 1343 |
| EOP BIL | II DING 8 ZONIA | IG DEPARTMENT | | |
| Temporary Power | Foundation | IG DEPARTMENT | | (footer/Slab) |
| date/app. by | Foundation | date/app. by | Monolithic | date/app. by |
| Under slab rough in plumbing | Slab | | Sheathing/N | |
| date/app | | date/app. by | Sheathing/N | date/app. by |
| Framing | Rough-in plumbing ab | ove slab and below wood | d floor | |
| date/app. by Electrical rough-in | | | | date/app. by |
| date/app. by | Heat & Air Duct | date/app. by | Peri. beam (Lintel) | date/app. by |
| Permanent power | C.O. Final | date/app. by | Culvert | date/app. by |
| date/app. by | The state of the s | ate/app. by | | date/app. by |
| M/H tie downs, blocking, electricity and plumbing | date/app. | hv | Pool | |
| Reconnection | Pump pole | Utility Po | le | date/app. by |
| date/app. by M/H Pole Trav. | date/s | app. by | date/app. by | - |
| date/app. by | | ate/app. by | Re-roof | date/app. by |
| DI III DING DEDAME PER 6 200.00 | CEDITIES A TYPE TO THE | 12.00 | | |
| | CERTIFICATION FEE | | SURCHARGE I | |
| | CERT. FEE \$ 50.00 | _ FIRE FEE \$ | WASTE | Name of the last o |
| FLOOD ZONE DEVELOPMENT FEE \$ | CULVERT FE | EE\$ | TOTAL FEE | 466.00 |
| INSPECTORS OFFICE Thus | Eddin | CLERKS OFFICE | CN | |
| NOTICE: IN ADDITION TO THE REQUIREMENTS O | F THIS PERMIT. THERE | MAY BE ADDITIONAL RE | STRICTIONS APPLIC | TARLE TO THIS |

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

Oct. 28 2004 02:04PM P2 7872623714 P.02

Fil

20 25 2004 CT++3F FROM:

..O: 1010881.19411595017

| Application Approved by - Zoning Official Box Deta 19.11-04 Plans Examiner Flood Zonie Development Permit 11/4 Zoning 1-3 Land Use Plan Map Category Comments AN MACCA Sipe Phone 941-734 Address 19.00 Plans From 941-734 Address 19.00 Plans From 941-734 Address 19.00 Plans From 941-734 Phone 941-734 Address 19.10 Plans From 941-734 Phone 941-734 Address 19.10 Plans From 941-734 Phone | Flood Zone Development Permit WA Zoning 3 Land Use Plan Map Category Comments Applicants Name AN MACCA SIDE Phone 941-739 Address 1000 PLACA PT ED PALITATIOF A 34221 Owners Name 1000 PLACA SIDE Phone 941-73 Phone 941-73 Phone 941-73 Phone 941-73 Phone 941-73 Phone Address 1000 AKC LITTTYS W HIGH Springs FAA Contractors Name 0000 E. Builder Phone Address 2000 A Address | Application Approved by - Zoning Official Date Date Plant Examiner Dete | Application Appro | Application # 0411-30 | 7 1/ | | |
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| Address 10C2 P. DEL PT RD PALITETO FLA 34211 Owner Name 10C2 P. DEL PT RD PALITETO FLA 34211 Owner Name 10C2 P. DEL PT RD PALITETO FLA 34211 P11 Address 11 OLD LAKE CITY TETTS W. H141 Springs FLA Contractors Name 2 Address Bending Co. Name 2 Address Bending Co. Name 2 Address Architect/Engineer Name 2 Address Architect/Engineer Name 2 Address Architect/Engineer Name 2 Address Architect/Engineer Name 2 Address Bending Co. Name 2 Address Architect/Engineer Name 2 Address Architect/Engineer Name 2 Address Bending Co. Name 3 Address Architect/Engineer Name 2 Address Bending Co. Name 4 Address Architect/Engineer Name 2 Address Bending Co. Name 4 Address Architect/Engineer Name 5 Address Bending Co. Name 4 Address Bending Co. Name 5 Address Bending Co. Name 5 Address Bending Co. Name 6 Address Bending Co. Name 7 Address Bending Co. Name 8 | Address 10C2 P. REL PT RE PALITHETO FLA 3421 Owner Name JAN Macrea Sine Phone 94/72 911 Address 441 OLD LAKE CITY TERTS & High Springs FLA Confirmations Name PLANER - Builder Phone Address Rending Co. Name & Address Architect/Engineer Name & Address Mortgage Lenders Name & Address Mortgage Lenders Name & Address Circle the general power company - E. Fames & Lists - San Rec. Surrimnee Valley Ric Dog Property ID Number 33 - 65 - 17 - 09234 - 110 Estimated Cost of Construction 130 Build Miston Name Ruma & FAYMS LOT 10 Lot Block Until Driving Directions & OLT & 44 From High Springs 1 of Construction 130 Circle Acreage 11-38 Lot Size Do you need a Cultrest Recoil or Cultural Marker or Horse in Circle Building Height 2011 Number of Stories Heart Room 1500 Recoil for The Property Lines - From 3621 State 200 PT side 100 PT Recoil Building Height 2011 Number of Stories Heart of Work to performed to meet the compiliance of Smuclium from the leavance of a permit and that all work be performed to meet the compiliance with all application in this jurification. WINERS APPROAVIT: I hereby certify that all the foregoing information is accurate and all work will be decompiliance with all applicable is two and regulating constructions and application is two and regulating constructions and application is the securate and all work will be decompiliance with all applicable is two and regulating constructions and application is accurate and all work will be decompiliance with all applicable is two and regulating constructions and application and applicable is the securate and all work will be decompiliance with all applicable is two and regulating constructions and applicable is two and regulating constructions and applicable is two and regulating constructions and applicable is the securate and all work will be decompiliance with all applicable is two and regulating constructions and applicable is the securate and all work will be decompiliance. | Promo The Construction Name 10 Co 10 Construction Name Number of States 10 Construction Name 10 Co 10 Construction 10 Co 10 Co 10 Construction | | yed by - Zoning Official | Deta 19.11.04 P | iens Examiner | De |
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| Owner Name AN MACRE SIDE Phone 94-73. 971 Address 441 OLD LAKE CITY TERTS N High Springs FLA Confractors Name — OWNER - Builder — Phone Address Fee Simple Owner Name & Address Rending Co. Name & Address Architect/Engineer Name & Address Mortgage Lenders Name & Address Mortgage Lenders Name & Address Property ID Number 33-65-17-09834-110 Estimated Cost of Construction 130 Euchdiston Name Rum of FAYMS LOT 10 Lot Block Unit Driving Directions MOTH 441 FYOM High Springs 1 Eff Cost FC + TOM OLD LAKE CITY TERE. 1/2 mile first Lot Toyle of Construction New York Size — Do you need a Cultert Rendi or Cultert Water or Have as actual Distance of Structure from Property Unes - Front 380-17 side 200 FT Ride 100 FT Re Ordel Building Height 2016 — Number of Stories — Heated Floor Area 1560 Host File Input regulating construction in this juriediction. | Properly ID Number of Stories Number of Stor | Phone 117.73 11 Address 1417 OLD LAKE CITY TRYS W High Springs FAA confrectors Name | Applicants Name_ | | | Phone 941- | 734 |
| Owner Name AN MACRE Specific S | Phone The Phone The Property Contractors Name Address Sending Co. Name & Sen | Phone 117.73 11 Address 1417 OLD LAKE CITY TRYS W High Springs FAA confrectors Name | Addren | 1002 PINEY 1 | PT RO PALINE | 70 FLA. 34221 | |
| Confractors Name | Contractors Name | The Address Superiors Name Cancer Duller Builder Phone Address Simple Owner Name & Address See Simple Owner Name & Address Superior Name & Address Superior Simple Owner Superior Simple Owner Superior Su | Owner Name | JAN MACTE | A SIDE | Mana 941. | -72 |
| Contractors Name OWNER-BUILDEY Phone Address Reading Co. Name & Address Rending Co. Name & Address Architect/Engineer Name & Address Mortgage Landers Name & Address Mortgage Landers Name & Address Circle the correct power company - R. Forver & Light - Gar Rec. Surveying Value Rec Property ID Number 33-65-17-09234-110 Estimated Cost of Construction 130 Rubidinston Name Ruma & TAYMS LOT 10 Lot Rlock Unit Driving Directions 1007 th 441 FVCM High Springs 12ff Coultier to OND LAKE CITY TERE. 1/2 mile first ho Yope of Construction New York State Do you need a Culture Permit or Culture Matter of Have a School Building Height 20 ft. Number of States I Heated Floor Area 1560 Real Pic Application is hereby made to obtain a permit to do work and installations as indicated. I certify that no vertable to the new regulating construction in this juriediction. | Confination Name & Address Rea Simple Owner Name & Address Reading Co. Name & Address Architect/Engineer Name & Address Montgage Lenders Name & Address Montgage Lenders Name & Address Properly ID Number 33-65-17-09834-110 Estimated Cost of Construction 30 Rubcilvision Name Ruman Farms Lot 16 Diving phrections ADLTA 441 From High Spr. 265 1 eff country in the formation of Construction Name Ruman Later Adversary Properly ID Number 33-65-17-09834-110 Estimated Cost of Construction 30 Rubcilvision Name Ruman Farms Lot 16 Rubcilvision Name Ruman Farms Lot 16 Rubcilvision Name Ruman Farms Lot 17 Rubcilvision Name Ruman Farms Lot 16 Rubcilvision Name Ruman Farms Lot 17 Rubcilvision Name Ruman Farms Lot 16 Rubcilvision Name Ruman Farms Lot 16 Rubcilvision Name Ruman Farms Lot 16 Rubcilvision Name Ruman Ruman Farms Lot 16 Rubcilvision Name Ruman | contractors Name CONSEL-BUILDEY Phone address Stripte Owner Name & Address Sortifled/Engineer Name & Address Sortifled The correct power company - E. Faner & Liste - Sax Rec Bundancer Valley Rec Property ID Number 33 - 65 - 7 - 09234 - 1/0 Estimated Cost of Construction | 911 Address 4 | 47 OLDLAKE CITY | Terrs W HIG | Soring & the | 1 |
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| Year T Property 2,005 R 33-65-17-6 | 09834-110 MPH FARMS UNREC | Coi 51892 51892 | lumbia Land AG Bldg Xfea TOTAL | County 001 000 000 000 B |
|--|--|-----------------------|---|---|
| 5 S/D UNREC) (7 9 11 13 15 17 19 21 23 25 27 | DF NW1/4 OF NE1/4, RUN S 369.24 FT, W 1342 E 1341.24 FT TO POB. (AKA LOT 10 RUMPH DRB 894-059, Mnt 1/06/2000 F4=Prompt F10=GoTo PGUP/PGDN F24=MoreKey | FARMS | 4 6 8 10 12 14 16 18 20 22 24 26 | |

Oct. 28 2004 02:05PM P3

P:-"0:10:398719417292013

007-25-2004 01:49F FROM:

Tex Percel ID Number_

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.

65-17-09834-110

1. Description of property: (legal description of the property and street address or \$11 address) General description of improver ACVERSIDE Calmetro PC Interest in Property OWN & Y 4. Name & Address of Fee Simple Owner (If other than owner): Contractor Name Owner-Phona Number Acidress 5. Surety Holders Name Phone Number Address Amount of Bond 7. Lender Name Phone Number 10500 NE 84 ST. 700, BEllevae WA. Surte 8. Persons within the State of Fierida designated by the Owner upon whom notices or other documents may be served as provided by section 718.13 (1)(a) 7; Fiorida Statutes: MALPHUYS Phone Number 386-462-4331 Box 1569 71 9. In addition to himself/herself the owner designates ___ BOB MACPHURS AIACHUA, 7/ to receive a copy of the Lienor's Hotice as provided in Section 713.13 (1)-(a) 7. Phone Number of the designee _ 386-462-4331 10. Expiration date of the Motice of Commencement (the expiration date is 1 (one) year from the date of recording, (Liniana a different date is epecified) 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 higher stead. 284 day of OLTONET , 20 OL NOTARY STAMP/BEAL Roger W Robertson durtou My Commission DD152819 Expires October 05, 2008

> Inst:2004025170 Date:11/10/2004 Time:09:59 DC,P.DeWitt Cason,Columbia County B:1030 P:833

1012023114

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

DISCLOSURE STATEMENT

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

| (A Single Family Dwelling | () Two-Family Residence |
|---|--|
| () Farm Outbuilding | () Other |
| () New Construction | () Addition, Alteration. Modification or other Improvement |
| NEW COM | NSTRUCTION OR IMPROVEMENT |
| JAN M. Sipe | , have been advised of the above disclosure statement g as an owner/builder. I agree to comply with all requirements |
| for exemption from contractor licensing provided for in Florida Statutes ss. 489. Columbia County Building Permit Num | 103(7) allowing this exception for the construction permitted by |
| , San Mx | lipe 10/26/04 |
| Signature | Date |
| F | OR BUILDING USE ONLY |
| I hereby certify that the above listed ov Florida Statutes ss 489.103(7). | vner/builder has been notified of the disclosure starement in |
| DateBuilding O | fficial/Representative |





STATE OF FLORIDA **DEPARTMENT OF HEALTH**

APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permit Application Number - PART II - SITE PLAN --Scale: Each block represents 5 feet and 1 inch = 50 feet. TOTAL 369 by 1341 210 Well/ 264 otes: te Plan submitted by: Signature an Approved Not Approved Date_11<17-0 County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

015, 10/96 (Replaces HRS-H Form 4015 which may be used) k Number: 5744-002-4015-6)

Page 2 of 3

FORM 600B-01

FLORIDA ENERGY EFFICIENCY CODE FOR BUILDING CONSTRUCTION Residential Component Prescriptive Method B

NORTH 123

Compliance with Method B Chapter 6 of the Florida Energy Efficiency Code may be demonstrated by the use of Form 600B for single and multifamily residences of 3 stories or less in height, and additions to existing residential buildings. To comply, a building must meet or exceed all of the energy efficiency prescriptives in any one of the prescriptive component packages and comply with the prescriptive measures listed in Table 6B-1 of this form. An alternative method is provided for additions of 600 square feet or less by use of Form 600C. If a building does not comply with this method, it may still comply under other sections in Chapter 6 of the Code.

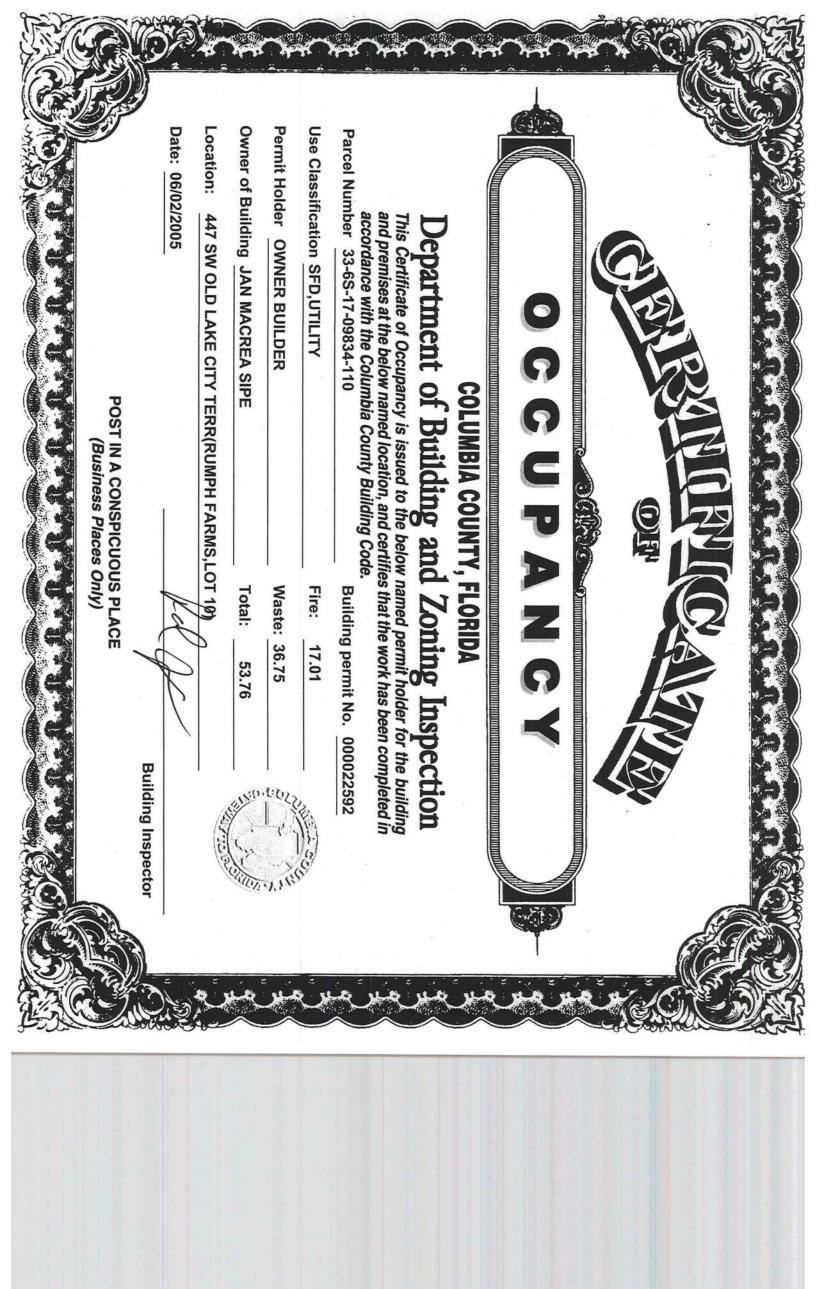
| | ROJECT NAME: SIPE | BUILDER: 57 | PE | The same of | |
|---|--|--|--|--|--|
| AND ADDRESS: 447 OLD L.C. TER, PERMITTING | | OFFICE: Coli | Inn P | CLIMATE ZONE: 1 2 3 X | |
| O | WNER: 6 Coe | PERMIT NO.: 2 2 4 | | JURISDICTION NO | 2 3 |
| _ | WNER: S.PE | 72hmii No. 223 | 92 | JOHISDICTION NO | 44/1000 |
| | ERAL DIRECTIONS | | | | |
| 1. Ne | w construction including additions which incorporates any of the following features cannot comply us cose one of the component packages "A" through "E" from Table 6B-1 by which you intend to comply | sing this method: steel stud walls, | single assembly roof/ceilin | g construction, or skylights | or other non-vertical roof glass. |
| 3. Fill | in all the applicable spaces of the "To Be Installed" column on Table 68-1 with the information reque | y with the Code, Circle the column ested, All "To Be Installed" values | must be equal to or more | chosen. efficient than the required lev | vels. |
| 4. Co | mplete page 1 based on the "To Be Installed" column information. | | | F. P | |
| | ad "Minimum Requirements for All Packages", Table 6B-2 and check each box to indicate your inter | | | | |
| o. ne | ad, sign and date the "Prepared By" certification statement at the bottom of page 1. The owner or or | wher's agent must also sign and d | ate the form. | | 2001116 |
| | - 1, 7 t (CRC+18 frem 097 | THE STATE OF | Carteria Contract | Please Print | CK |
| 1. | Compliance package chosen (A-F) | 1 | | | Later - Van Hill 1 |
| 2. | New construction or addition | 2 | NEn |) | 11. 1 |
| 3. | Single family detached or Multifamily attached | 3 | | | 27 6 6 6 6 |
| 4. | If Multifamily-No. of units covered by this subm | ission 4 | | | Total Control of the |
| 5. | Is this a worst case? (yes / no) | 5 | . YES | | |
| 6. | Conditioned floor area (sq. ft.) | 6 | 6-1 | D | |
| 7. Predominant eave overhang (ft.) | | 7 | | | |
| 8. | Glass type and area : | | Single Par | ne Double | e Pane |
| | a. Clear glass | 8 | a. | sq. ft. 14 | |
| | b. Tint, film or solar screen | | b. | sq. ft. | sq. ft. |
| 9. | _ // / / / / / / / / / / / / / / / / / | 9 | 06/ | | 54. 11. |
| | Floor type, area or perimeter, and insulation: | est otherwise allow | | _ /6 | -7- T-1 T-3 |
| | a. Slab on grade (R-value) | 1 | 0a. R= 2 | > | lin. ft. |
| | b. Wood, raised (R-value) | | 0b. R= | - Standard | sq. ft. |
| | c. Wood, common (R-value) | | 0c. R= | market and the second | |
| | d. Concrete, raised (R-value) | | 0d. R= | Appropriate to the control of the co | sq. ft |
| | e. Concrete, common (R-value) | | 0e. R= | 100 E-100 E- | _ sq. ft. |
| 11 | Wall type, area and insulation: | T P | oe. n= | | sq. ft. |
| | a. Exterior: 1. Masonry (Insulation R-value) | 4 THE RESERVE OF | 1a-1 R= | | sq. ft. |
| | Wood frame (Insulation R-value) | | 1a-2 R= / | 1 10-10- | |
| | b. Adjacent: 1. Masonry (Insulation R-value) | | 1b-1 R= | | sq. ft |
| | 2. Wood frame (Insulation R-value) | | 1b-1 R= | | sq. ft. |
| 12 | Ceiling type, area and insulation: | With the first | 10-2 n= | | sq. ft. |
| 12. | a. Under attic (Insulation R-value) | THE REST TO SERVER | 2a. R= 3 | 0 | og ff |
| - | b. Single assembly (Insulation R-value) | a bearing to be be the company of th | 2a. R= <u>J</u> 2b. R= | | sq. ft |
| 12 | Air Distribution System: Duct insulation, location | the second secon | ALL STATE OF THE S | | sq. ft. |
| 13. | | | | ENTE . 1 | A 1 N 1 M 1 1 M 1 M |
| 14 | Test report (attach if required) | | 4a. Type: | | A STATE OF THE STA |
| 14. | Cooling system | | 4b. SEER/EE | On the second se | |
| 1 | (Types: central, room unit, package terminal A.C., gas, none | | 4c. Capacity | | |
| 15. | Heating system: | | 5a. Type: _/ | 7 | |
| | (Types: heat pump, elec. strip, nat. gas, L.P. gas, gas h.p., room or | | 5b. HSPF/CC | | 300 |
| | W 20 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 | The state of the s | 5c. Capacity | | 100 100 10 10 10 10 10 10 10 10 10 10 10 |
| 16. | Hot water system: | | 6a. Type: _ | ELECTRI | |
| | (Types: elec., nat. gas, L.P. gas, solar, heat rec., ded. heat pump, other, none) | | 16b. EF: , 88 | | |

| I hereby certify that the plans and specifications covered by the calculation a Florida Energy Code. | are in compliance with the | Review of plans and specifications covered by this calculation indicates compliance with the Florida Energy Code. Before construction is completed, this building will be inspected for compliance in accordance with Section 553,908, F.S. | |
|--|----------------------------|---|------------|
| PREPARED BY: I hereby certify that this building, as designed, is in compliance with the Florida | DATE: | BUILDING OFFICIAL: | |
| OWNER AGENT: | DATE: | DATE: 19 - 17 - 12 Entire Land | The second |

FLORIDA BUILDING CODE — BUILDING (Revised November, 2001)

(Types: elec., nat. gas, L.P. gas, solar, heat rec., ded. heat pump, other, none) 16b. EF:

13.195



| | - Notice o | f Treatment | 39330 |
|--|--|---------------------|--|
| Applicator F | lorida Pest Contr | ol & Chemical Co | 0. |
| | 116 NW 161 | | |
| City | Guille | Phone | 376-2661 |
| Site Location | Subdivision_ | | 医生物性性 |
| Lot# Blo | ock#Peri | mit#_ 225 | 592 |
| Address 4477 | Swold lojk | Le City Tex | H5. |
| AREAS TREAT | ED | | |
| | | | Print Technician's |
| | Date | | <u>Name</u> |
| AND DESCRIPTION OF THE PROPERTY OF THE PARTY | 1-19-05 | 155 260 | Guy |
| Patio/s # | | | the state of the s |
| Stoop/s # | - | | |
| Porch/s # | | | |
| Brick Veneer | A CONTRACTOR OF THE PARTY OF TH | a rapido franceso o | |
| Extension Walls | 5 | | |
| A/C Pad | 4 | | |
| Walk/s # | | | |
| Exterior of Foundation | on | | |
| Driveway Apror | | | |
| Out Building | | | |
| Tub Trap/s | | | |
| | | | |
| (Other) | | | |
| Name of Product Remarks | Applied Omspor | NTC . | % |
| | | | |

Applicator - White . Permit File - Canany . Dormit Holder Dist.