

DATE 05/04/2009

Columbia County Building Permit

PERMIT

This Permit Must Be Prominently Posted on Premises During Construction

000027787

APPLICANT JERRY LEE PHONE 386 364-8443
ADDRESS 15733 36TH TRAIL LIVE OAK FL 32060
OWNER ALVIN ROBERSON PHONE _____
ADDRESS 174 SW SHADY OAKS WAY LAKE CITY FL 32024
CONTRACTOR JERRY LEE PHONE 386 364-8443
LOCATION OF PROPERTY 90W, TL CR 240, TR CR 242, TR SHADY OAK WAY,
6TH HOUSE ON LEFT
TYPE DEVELOPMENT REMODEL SFD ESTIMATED COST OF CONSTRUCTION 21000.00
HEATED FLOOR AREA _____ TOTAL AREA _____ HEIGHT _____ STORIES _____
FOUNDATION _____ WALLS _____ ROOF PITCH _____ FLOOR _____
LAND USE & ZONING A-3 MAX. HEIGHT _____
Minimum Set Back Requirments: STREET-FRONT 30.00 REAR 25.00 SIDE 25.00
NO. EX.D.U. 1 FLOOD ZONE X DEVELOPMENT PERMIT NO. _____

PARCEL ID 20-4S-16-03078-013 SUBDIVISION SHADY OAKS
LOT 13 BLOCK _____ PHASE _____ UNIT _____ TOTAL ACRES 0.50

CRC026368
Culvert Permit No. _____ Culvert Waiver _____ Contractor's License Number _____ Applicant/Owner/Contractor _____
EXISTING X09-092 CS RJ N
Driveway Connection _____ Septic Tank Number _____ LU & Zoning checked by _____ Approved for Issuance _____ New Resident _____
COMMENTS: NOC ON FILE

Check # or Cash 4084

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 _____ Insulation _____
date/app. by _____ date/app. by _____
Rough-in plumbing above slab and below wood floor _____ Electrical rough-in _____
date/app. by _____ date/app. by _____
Heat & Air Duct _____ Peri. beam (Lintel) _____ Pool _____
date/app. by _____ date/app. by _____ date/app. by _____
Permanent power _____ C.O. Final _____ Culvert _____
date/app. by _____ date/app. by _____ date/app. by _____
Pump pole _____ Utility Pole _____ M/H tie downs, blocking, electricity and plumbing _____
date/app. by _____ date/app. by _____ date/app. by _____
Reconnection _____ RV _____ Re-roof _____
date/app. by _____ date/app. by _____ date/app. by _____

BUILDING PERMIT FEE \$ 105.00 CERTIFICATION FEE \$ 0.00 SURCHARGE FEE \$ 0.00
MISC. FEES \$ 0.00 ZONING CERT. FEE \$ 50.00 FIRE FEE \$ 0.00 WASTE FEE \$ _____
FLOOD DEVELOPMENT FEE \$ _____ FLOOD ZONE FEE \$ 25.00 CULVERT FEE \$ _____ TOTAL FEE 180.00
INSPECTORS OFFICE Mike Tedder CLERKS OFFICE CN

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."

EVERY PERMIT ISSUED SHALL BECOME INVALID UNLESS THE WORK AUTHORIZED BY SUCH PERMIT IS COMMENCED WITHIN 180 DAYS AFTER ITS ISSUANCE, OR IF THE WORK AUTHORIZED BY SUCH PERMIT IS SUSPENDED OR ABANDONED FOR A PERIOD OF 180 DAYS AFTER THE TIME THE WORK IS COMMENCED. A VALID PERMIT RECIEVES AN APPROVED INSPECTION EVERY 180 DAYS. WORK SHALL BE CONSIDERED NOT SUSPENDED, ABANDONED OR INVALID WHEN THE PERMIT HAS RECIEVED AN APPROVED INSPECTION WITHIN 180 DAYS OT THE PREVIOUS INSPECTION.

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

Columbia County Building Permit Application

For Office Use Only Application # 0905-01 Date Received 5/1/09 By LG Permit # 27787
 Zoning Official afw Date 5/1/09 Flood Zone X Land Use A-3 Zoning A-3
 FEMA Map # _____ Elevation _____ MFE _____ River _____ Plans Examiner RG Date 5/1/09

Comments _____
☒ NOC ☒ EH ☐ Deed or PA ☐ Site Plan ☐ State Road Info ☐ Parent Parcel # _____
☐ Dev Permit # _____ ☐ In Floodway ☐ Letter of Auth. from Contractor ☐ F W Comp. letter
 IMPACT FEES: EMS _____ Fire _____ Corr _____ Road/Code _____
 School _____ = TOTAL _____

Septic Permit No. X-09-092 Fax _____

Name Authorized Person Signing Permit JERRY K. Lee Phone 386-364-8443

Address 15733 36th Trail Live Oak Fla. 32060

Owners Name Alvin Roberson Phone _____

911 Address 174 SW. Shady Oaks Way Lake City Fla 32824

Contractors Name Jerry K. Lee Const Phone 386-364-8443

Address 15733 36th Trail Live Oak Fla. 32060

Fee Simple Owner Name & Address _____

Bonding Co. Name & Address _____

Architect/Engineer Name & Address MARLY J. Humphres P.E. #51976

Mortgage Lenders Name & Address _____

Circle the correct power company - FL Power & Light Clay Elec - Suwannee Valley Elec. - Progress Energy

Property ID Number 20-45-16-03078013 Estimated Cost of Construction 21,000

Subdivision Name Shady Oaks Lot 13 Block 1 Unit 1 Phase _____

Driving Directions go 90° west to 240 Turn Left go 5.8 miles TO 242 Turn Right go 3/4 mile TO Shady Oaks Way Turn Right

Number of Existing Dwellings on Property 1

Construction of REMODEL SFD Total Acreage .506 Lot Size _____

Do you need a - Culvert Permit or Culvert Waiver or Have an Existing Drive Total Building Height 12'

Actual Distance of Structure from Property Lines - Front _____ Side _____ Side _____ Rear _____

Number of Stories 1 Heated Floor Area _____ Total Floor Area 1456 Roof Pitch 3/12

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.

Spoke to Jerry Lee 5-4-09 LK

TIME LIMITATIONS OF APPLICATION : An application for a permit for any proposed work shall be deemed to have been abandoned 180 days after the date of filing, unless such application has been pursued in good faith or a permit has been issued; except that the building official is authorized to grant one or more extensions of time for additional periods not exceeding 90 days each. The extension shall be requested in writing and justifiable cause demonstrated.

TIME LIMITATIONS OF PERMITS: Every permit issued shall become invalid unless the work authorized by such permit is commenced within 180 days after its issuance, or if the work authorized by such permit is suspended or abandoned for a period of 180 days after the time work is commenced. A valid permit receives an approved inspection every 180 days. Work shall be considered not suspended, abandoned or invalid when the permit has received an approved inspection within 180 days of the previous approved inspection.

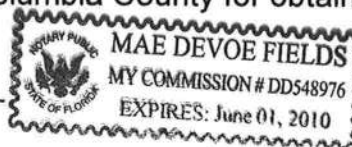
FLORIDA'S CONSTRUCTION LIEN LAW: Protect Yourself and Your Investment: According to Florida Law, those who work on your property or provide materials, and are not paid-in-full, have a right to enforce their claim for payment against your property. This claim is known as a construction lien. If your contractor fails to pay subcontractors or material suppliers or neglects to make other legally required payments, the people who are owed money may look to your property for payment, even if you have paid your contractor in full. This means if a lien is filed against your property, it could be sold against your will to pay for labor, materials or other services which your contractor may have failed to pay.

NOTICE OF RESPONSIBILITY TO BUILDING PERMITEE: YOU ARE HEREBY NOTIFIED as the recipient of a building permit from Columbia County, Florida, you will be held responsible to the County for any damage to sidewalks and/or road curbs and gutters, concrete features and structures, together with damage to drainage facilities, removal of sod, major changes to lot grades that result in ponding of water, or other damage to roadway and other public infrastructure facilities caused by you or your contractor, subcontractors, agents or representatives in the construction and/or improvement of the building and lot for which this permit is issued. No certificate of occupancy will be issued until all corrective work to these public infrastructures and facilities has been corrected.

WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOU PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT.

OWNERS CERTIFICATION: 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. I further understand the above written responsibilities in Columbia County for obtaining this Building Permit.

Maria F. Rozemum
Owners Signature



Mae Devoe Fields
4/30/2009

CONTRACTORS AFFIDAVIT: By my signature I understand and agree that I have informed and provided this written statement to the owner of all the above written responsibilities in Columbia County for obtaining this Building Permit including all application and permit time limitations.

James K. Lee
Contractor's Signature (Permitee)

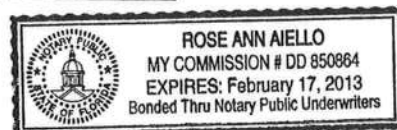
Contractor's License Number CRCD 26368
Columbia County
Competency Card Number _____

Affirmed under penalty of perjury to by the Contractor and subscribed before me this 30 day of April 2009.
Personally known _____ or Produced Identification FL DL

Rose Ann Aiello

State of Florida Notary Signature (For the Contractor)

SEAL:



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@ CAM110M01      S  CamaUSA Appraisal System
4/06/2009 10:30  Property Maintenance
Year T Property
2009 R 20-45-16-03078-013
Owner ROBERSON ALVIN F
Addr 174 SW SHADY OAK WAY
Sel
Conf
HX
Columbia County
14400 Land 001
AG 000
52314 Bldg 001
1180 Xfea 002
67894 TOTAL B*
.506 Total Acres
-Cap?-
SOH 10% ApYr ERnwl ARnwl Notc
Y 2008
City,St LAKE CITY FL Zip 32024
Country (PUD1) (PUD2) (PUD3) MKTA01
SplT/Co JVChgCd pud4 pud5 pud6
Appr By DF Date 10/16/2006 AppCode UseCd 000100 SINGLE FAMILY
TxDist Nbhd MktA ExCode Exemption/% TxCode Units Tp
003 20416.01 01 HX 25000
SHADY OAKS
House# 174 Street SHADY OAK MD WAY Dir SW #
- City LAKE CITY Zip
Subd N/A Condo .00 N/A
Sect 20 Twn 4S Rnge 16 Subd Blk Lot
Legals LOT 13 BLOCK 1 SHADY OAKS ACRES UNIT 1. ORB 598-210
DIV 1118-2580, QC 1130-54
Map# Mnt 7/26/2007 GAIL
F1=Task F2=ExTx F3=Exit F4=Prompt F11=Docs F10=GoTo PgUp/PgDn F24=More

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911 ADDRESSING
 RON CROFT
 758-1125

NOTICE OF COMMENCEMENT

Inst: 200912005776 Date: 4/8/2009 Time: 4:01 PM
DC, P. DeWitt Cason, Columbia County Page 1 of 1 B:1170 P:2266

Tax Parcel Identification Number 20-45-16-03078-013

THE UNDERSIGNED hereby gives notice that improvements will be made to certain real property, and in accordance with Section 713.13 of the Florida Statutes, the following information is provided in this NOTICE OF COMMENCEMENT.

1. Description of property (legal description): Shady Oaks Acres Unit 1, Block 1, Lot 13
a) Street (job) Address: _____
2. General description of improvements: Water Damage to interior to SFD
3. Owner Information
a) Name and address: Alvin F. Roberson 174 SW Shady Oak Way Int City Fla
b) Name and address of fee simple titleholder (if other than owner) N/A
c) Interest in property Owner
4. Contractor Information
a) Name and address: Jerry K. Lee Constr Co 15733 36 Trail Live oak Fla 32060
b) Telephone No: (386) 842-2292 Fax No. (Opt.) _____
5. Surety Information
a) Name and address: _____
b) Amount of Bond: N/A
c) Telephone No.: _____ Fax No. (Opt.) _____
6. Lender
a) Name and address: N/A
b) Phone No. _____
7. Identity of person within the State of Florida designated by owner upon whom notices or other documents may be served:
a) Name and address: N/A
b) Telephone No.: _____ Fax No. (Opt.) _____
8. In addition to himself, owner designates the following person to receive a copy of the Lienor's Notice as provided in Section 713.13(l)(b) Florida Statutes:
a) Name and address: N/A
b) Telephone No.: _____ Fax No. (Opt.) _____
9. Expiration date of Notice of Commencement (the expiration date is one year from the date of recording unless a different date is specified): _____

WARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713.13, FLORIDA STATUTES, AND CAN RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY; A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.

STATE OF FLORIDA
COUNTY OF COLUMBIA

10. Alvin F. Roberson
Signature of Owner or Owner's Authorized Office/Director/Partner/Manager
Alvin F. Roberson
Print Name

The foregoing instrument was acknowledged before me, a Florida Notary, this 8 day of APRIL, 20 09, by:
Owner as _____ (type of authority, e.g. officer, trustee, attorney
fact) for Owner (name of party on behalf of whom instrument was executed).

Personally Known _____ OR Produced Identification ☒ Type R162-006-65-341-0

Notary Signature Laurie Hodson Notary Stamp or Seal:



—AND—

11. Verification pursuant to Section 92.525, Florida Statutes. Under penalties of perjury, I declare that I have read the foregoing and that the facts stated in it are true to the best of my knowledge and belief.

Alvin F. Roberson
Signature of Natural Person Signing (in line #10 above.)

ROBERSON RENOVATION REQUIRMENTS:

ON-SITE INSPECTION AND EVALUATION PERFORMED ON 4-24-09(see attached photos):

MARTY J. HUMPHRIES PE# 51976
7932 240TH STREET
O'BRIEN, FLORIDA 32071

WINDLOAD DATA AND EXPOSURE(IN ACCORDANCE WITH 2007 FBC):

Basic Wind Speed = 110 mph
Importance Factor = 1.0
Exposure Category = B
Residential Occupancy = Group R3
Mean Roof Height = 12'
Height and Exposure Adjustment Coefficient = 1.0
Roof Cross Slope = 3:12
Wall Height = 8'
Analysis Method = ASCE 7-05 SIMPLIFIED METHOD
(wall pressures are as follows: zone 4:21.8,-23.6, zone 5:21.8,-29.1)

BASED ON AN EVALUATION OF THE EXISTING HOME AND THE PROPOSED RENOVATIONS,
THE FOLLOWING REQUIREMENTS ARE NECESSARY FOR THIS RENOVATION TO BE IN COMPLIANCE
WITH THE 2007 FLORIDA BUILDING CODE.

ENERGY EFFICIENCY:


Existing Heat Pump(Rheem RPKA-030JA2) is sufficiently sized for this added heating and cooling load. Provided the addition and existing home has R-11 insulation(min.) installed in the exterior walls and R-30 insulation(min.) installed in the ceiling.

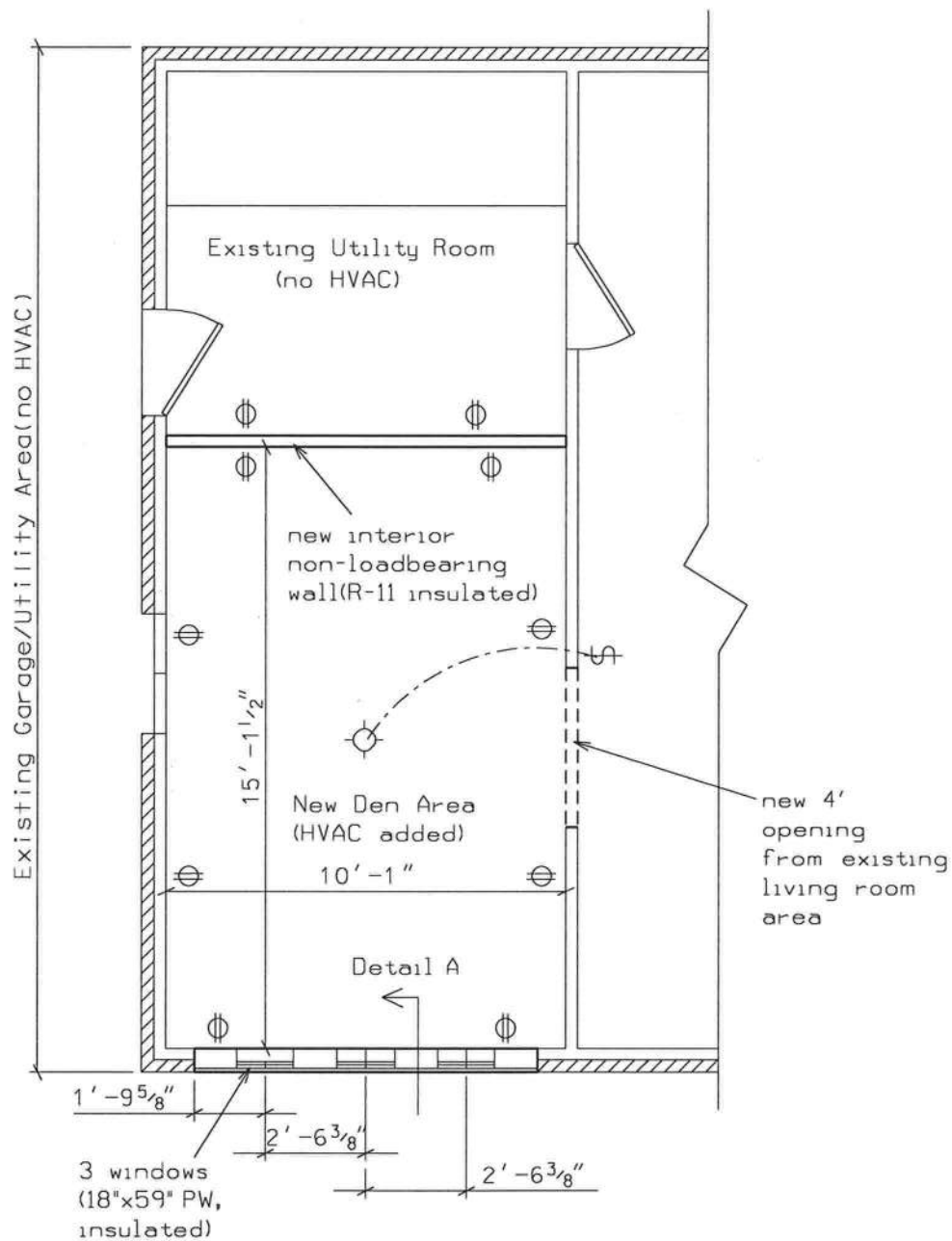
ELECTRICAL LOAD:

Existing 150 amp service pannel has ample capacity for this renovation.

STRUCTURAL:

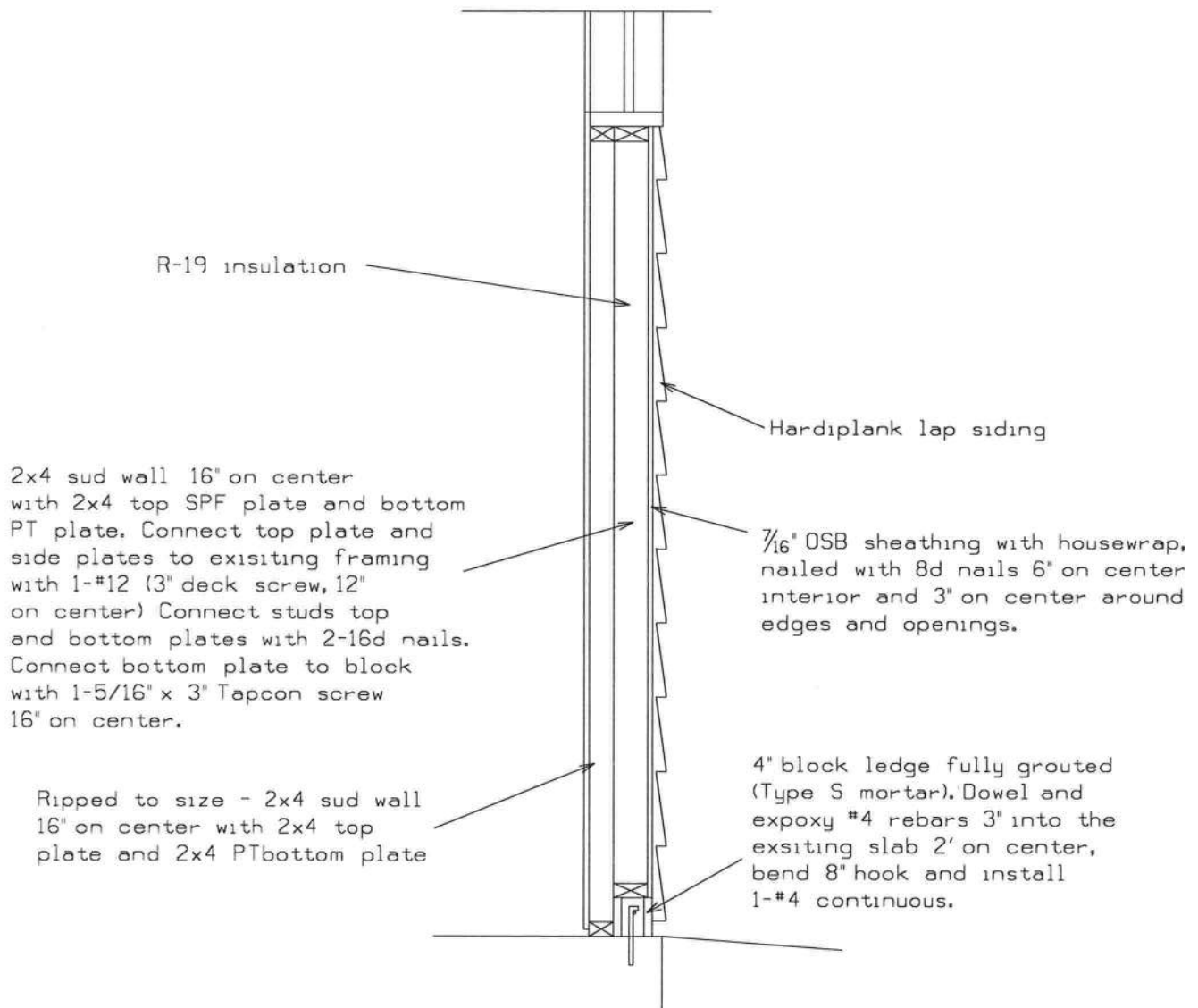
(See following floor plan and detail for requirments of the wall closure at the existing garage door opening)


4-28-09



Remodeling Floor Plan

Marty J. Kelly
4-28-05

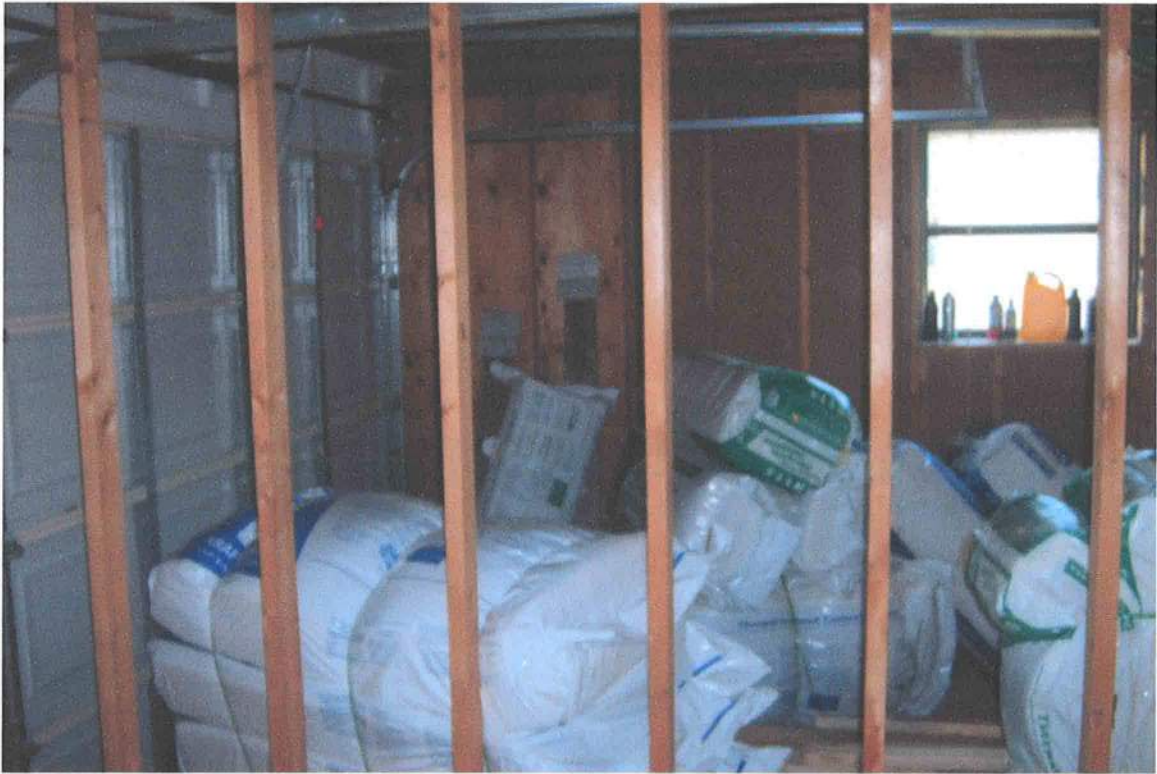


Detail A - Wall Closure at
existing Garage Door

Maty J. Wynn
4-28-09







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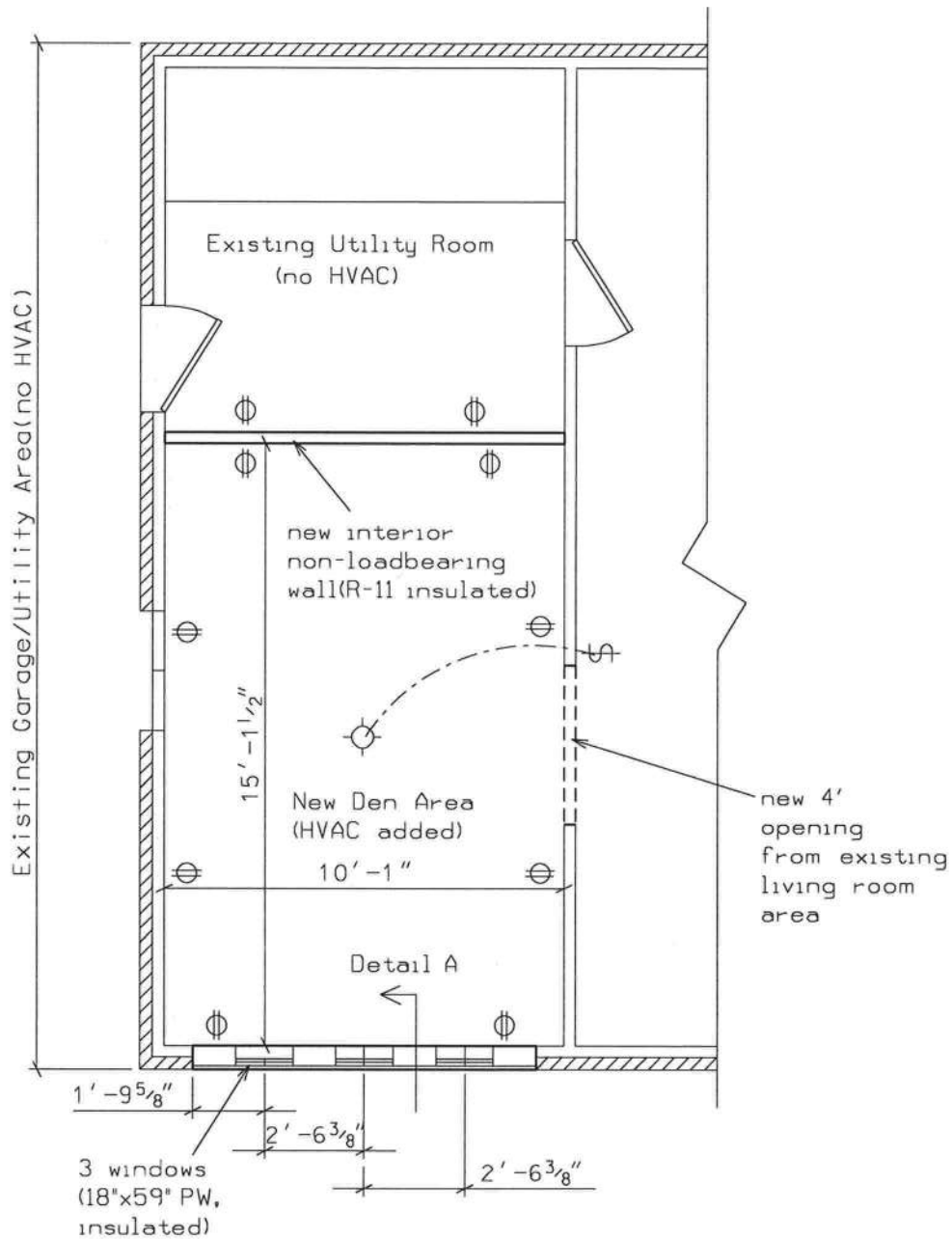
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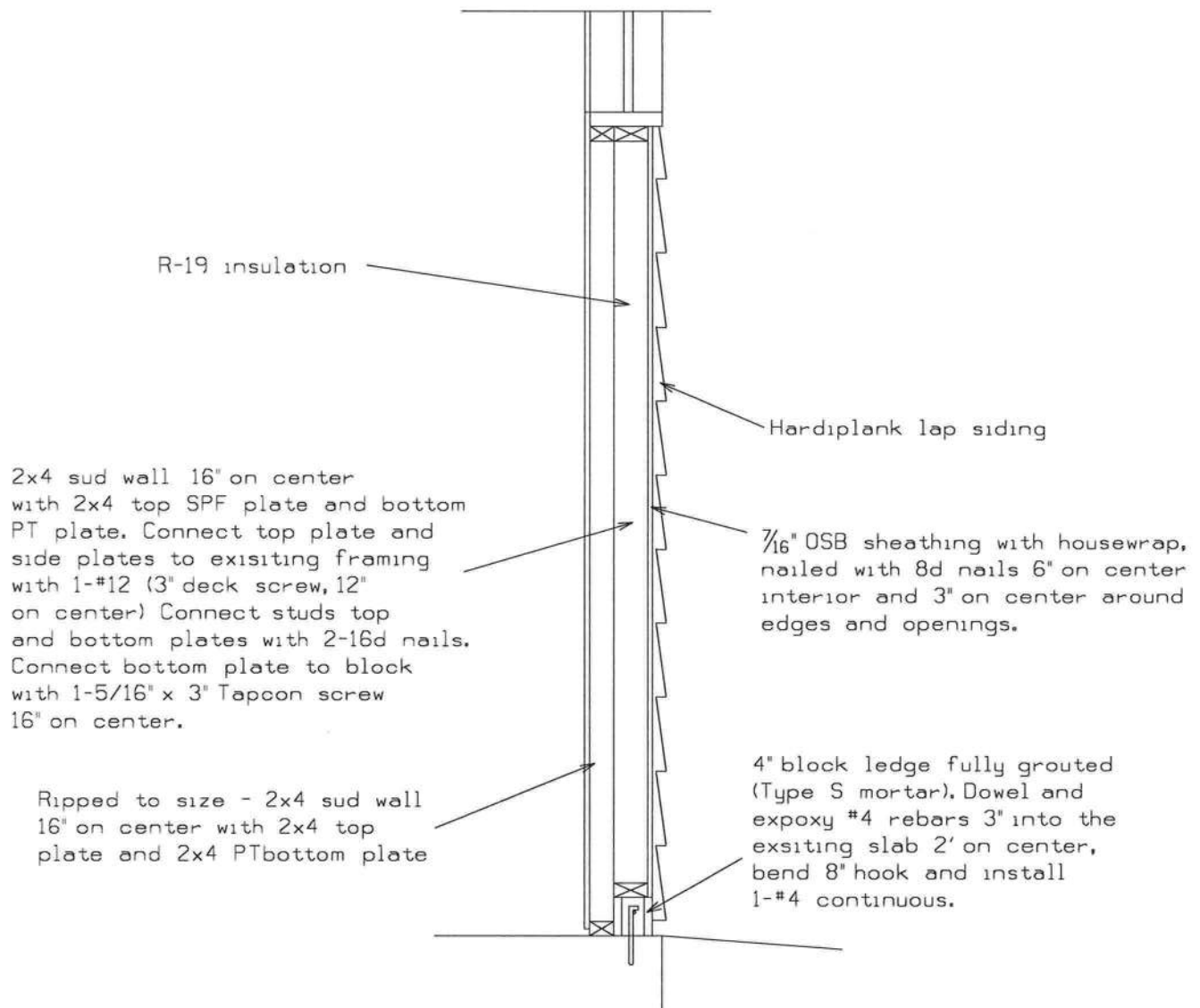
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4-28-09



Remodeling Floor Plan

Mity S. Kelly
4-28-09

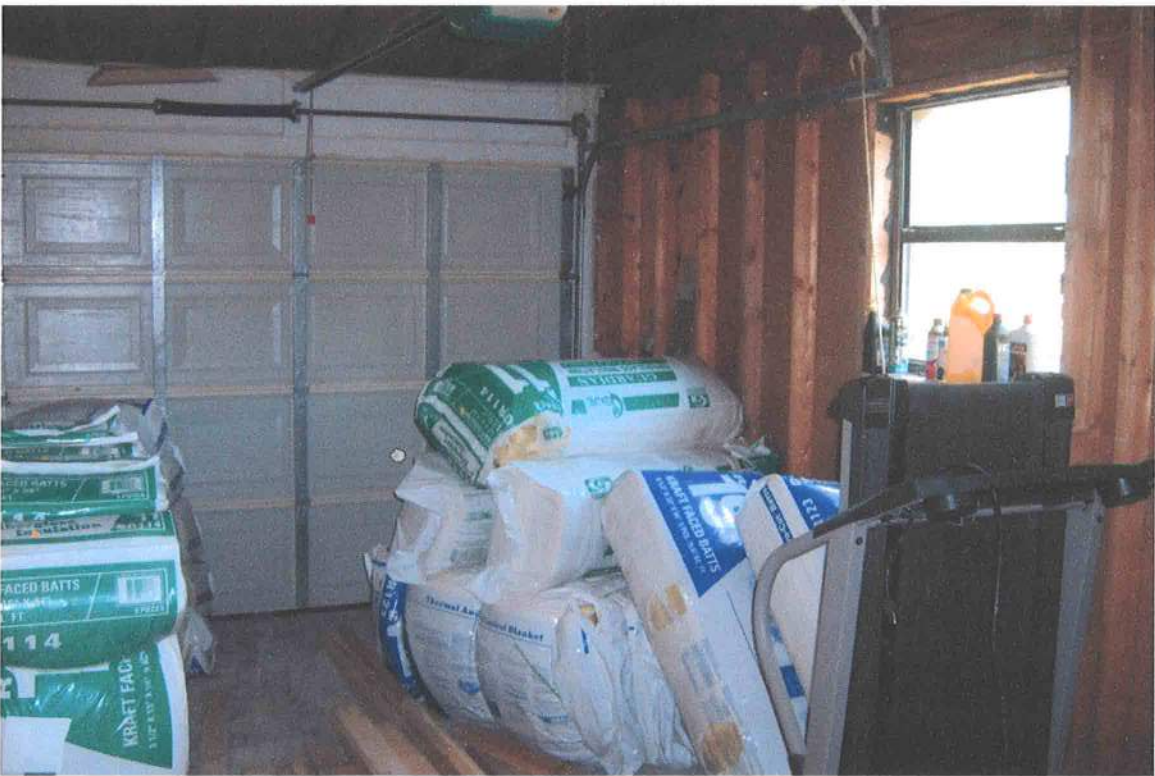


Detail A - Wall Closure at
existing Garage Door

Marty S. Kelly
4-28-09







FLORIDA ENERGY EFFICIENCY CODE FOR BUILDING CONSTRUCTION FORM 1100C-07 Residential Limited Applications Prescriptive Method C NORTH 1 2 3 Small Additions, Renovations & Building Systems			
*Compliance with Method C of Chapter 11 of the Florida Building Code, Residential, may be demonstrated by the use of Form 1100C-07 for additions of 600 square feet or less, site-installed components of manufactured homes, and renovations to single- and multiple-family residences. Alternative methods are provided for additions by use of Form 1100B-07 or 1100A-07.			
PROJECT NAME: AND ADDRESS:	BUILDER: PERMITTING OFFICE:	CLIMATE ZONE: 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/>	OWNER: PERMIT NO.:
Alvin Roberson 174 SW Shady Oak Way Lake City, FL 32024	Jerry K. Lee Construction Inc. Columbia		Alvin Roberson [] [] [] [] [] [] [] []
		JURISDICTION NO.: 221000	

SMALL ADDITIONS TO EXISTING RESIDENCES (600 square feet or less of conditioned area). Prescriptive requirements in Tables 11C-1, 11C-2, and 11C-3 apply only to the components of the addition, not to the existing building. Space heating, cooling, and water heating equipment efficiency levels must be met only when equipment is installed specifically to serve the addition or is being installed in conjunction with the addition construction. Components separating unconditioned spaces from conditioned spaces must meet the prescribed minimum insulation levels. RENOVATIONS (Residential buildings undergoing renovations costing more than 30% of the assessed value of the building). Prescriptive requirements in Tables 11C-1 and 11C-2 apply only to the components and equipment being renovated or replaced. MANUFACTURED HOMES AND BUILDINGS. Only site-installed components and features are covered by this form. BUILDING SYSTEMS. Comply when complete new system is installed.

- Please Print
- CK
1. Renovation, Addition, New System or Manufactured Home
 2. Single-family detached or Multiple-family attached
 3. If Multiple-family—No. of units covered by this submission
 4. Conditioned floor area (sq. ft.)
 5. Predominant eave overhang (ft.)
 6. Glass type and area:
 - a. Clear glass
 - b. Tint, film or solar screen
 7. Percentage of glass to floor area
 8. Floor type and insulation:
 - a. Slab-on-grade (R-value)
 - b. Wood, raised (R-value)
 - c. Wood, common (R-value)
 - d. Concrete, raised (R-value)
 - e. Concrete, common (R-value)
 9. Wall type and insulation:
 - a. Exterior:
 1. Masonry (Insulation R-value)
 2. Wood frame (Insulation R-value)
 - b. Adjacent:
 1. Masonry (Insulation R-value)
 2. Wood frame (Insulation R-value)
 - c. Marriage Walls of Multiple Units* (Yes/No)
 10. Ceiling type and insulation:
 - a. Under attic (Insulation R-value)
 - b. Single assembly (Insulation R-value)
 11. Cooling system*
(Types: central, room unit, package terminal A.C., gas, existing, none)
 12. Heating system*
(Types: heat pump, elec. strip, natural gas, LP-gas, gas h.p., room or PTAC, existing, none)
 13. Air distribution system*
 - a. Backflow damper or single package systems* (Yes/No)
 - b. Ducts on marriage walls adequately sealed* (Yes/No)
 14. Hot water system:
(Types: elec., natural gas, other, existing, none)

* Pertains to manufactured homes with site-installed components.

1. Renovation	
2. Single Family	
3. _____	
4. 168 sq. ft. added.	
5. 18"	
<div style="display: flex; justify-content: space-between; font-size: small;"> Single Pane Double Pane </div> 6a. 9 (exist) sq. ft. 22 (proposed) sq. ft.	
6b. _____ sq. ft. _____ sq. ft.	
7. 18.5 %	
8a. R = 0 _____ lin. ft.	
8b. R = _____ sq. ft.	
8c. R = _____ sq. ft.	
8d. R = _____ sq. ft.	
8e. R = _____ sq. ft.	
9a-1 R = _____ sq. ft.	
9a-2 R = 11 184 sq. ft.	
9b-1 R = _____ sq. ft.	
9b-2 R = 11 84 sq. ft.	
9c. NO	
10a. R = _____ sq. ft.	
10b. R = NA _____ sq. ft.	
11. Type: central (existing)	
SEER/EER: _____	
12. Type: heat pump (existing)	
HSPF/COP/AFUE: _____	
13a. NA	
13b. NA	
14. Type: Elect. (existing)	
EF: _____	

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

PREPARED BY: Marty S. Humphries DATE: 4-28-09

I hereby certify that this building is in compliance with the Florida Energy Code:

OWNER AGENT: _____ DATE: _____

Review of plans and specifications covered by this calculation indicates compliance with the Florida Energy Code. Before construction is completed, this building will be inspected for compliance in accordance with Section 553.908, F.S.

BUILDING OFFICIAL: _____

DATE: _____

TABLE 11C-1: PRESCRIPTIVE REQUIREMENTS FOR SMALL ADDITIONS (600 Sq. Ft. and Less), RENOVATIONS TO EXISTING BUILDINGS AND SITE-INSTALLED COMPONENTS OF MANUFACTURED

COMPONENT		MINIMUM INSULATION	INSULATION INSTALLED	EQUIPMENT		MINIMUM EFFICIENCY	INSTALLED EFFICIENCY
WALLS	Concrete Block	R-7	<u>R-11</u>	COOLING	Central A/C - Split	SEER = 13.0*	SEER =
	Frame, 2' x 4'	R-11	<u>R-19</u>		- Single Pkg.	SEER = 13.0*	SEER =
	Frame, 2' x 6'	R-19	<u>R-11</u>		Room unit or PTAC	EER = 8.5*	EER =
	Common, Frame	R-11					
CEILING	Common, Masonry	R-3		SPACE HEATING	Electric Resistance	ANY	HSPF =
	Under Attic	R-30	<u>R-30</u>		Heat pump - Split	HSPF = 7.7*	HSPF =
	Single Assembly; Enclosed	R-19			- Single Pkg.	HSPF = 7.7*	HSPF/COP =
	Frame	R-13			Room unit or PTHP	COP = 2.7*	
FLOORS	Metal Pans	R-10		HOT WATER	Gas, natural or propane	AFUE = .78	AFUE =
	Single Assembly; Open	R-11			Fuel Oil	AFUE = .78	AFUE =
	Common, Frame				Electric Resistance	EF = .92	EF =
	Slab-on-grade	No Minimum			Gas; natural or LP	EF = .59	EF =
DUCT	Raised Wood	R-19			Fuel Oil	EF = .54	EF =
	Raised Concrete	R-7					
	Common, Frame	R-11					
	In unconditioned space	R-6	<u>R-6</u>				
	In conditioned space	No minimum					

Existing
+
Remain

* See Table 1107.ABC.3.2 and 1108.1.ABC.3.2

HOMES

TABLE 11C-2: PRESCRIPTIVE REQUIREMENTS FOR GLASS AREAS IN ADDITIONS ONLY

Maximum percentage glass to floor area allowed is selected by type, overhang length, and solar heat gain coefficient. Maximum % = ____ Installed % = ____								
GLASS TYPE, OVERHANG, AND SOLAR HEAT GAIN COEFFICIENT REQUIRED FOR GLASS PERCENTAGE ALLOWED								
UP TO 20%		UP TO 30%		UP TO 40%		UP TO 50%		
Single	Double	Single	Double	Single	Double	Single	Double	
OH-SHGC	OH-SHGC	OH-SHGC	OH-SHGC	OH-SHGC	OH-SHGC	OH-SHGC	OH-SHGC	
1' - .87	0' - .78	2' - .87	1' - .78	NOT ALLOWED	2' - .78	NOT ALLOWED	3' - .78	
0' - .75		1' - .75	0' - .61		1' - .61		2' - .61	
		0' - .57			0' - .44		1' - .44	
							0' - .35	
Get certified SHGC from the manufacturer or use defaults: Single clear SHGC = .75, double clear SHGC = .66, and single tint SHGC = .64								

TABLE 11C-3 MINIMUM REQUIREMENTS FOR ALL PACKAGES

COMPONENTS	SECTION	REQUIREMENTS	CHECK
Exterior Joints & Cracks	N1106.ABC.1.2	To be caulked, gasketed, weather-stripped or otherwise sealed.	✓
Exterior Windows & Doors	N1106.ABC.1.1	Max. 0.3 cfm/sq.ft. window area; .5 cfm/sq.ft. door area.	✓
Sole & Top Plates	N1106.ABC.1.2.1	Sole plates and penetrations through top plates of exterior walls must be sealed.	✓
Recessed Lighting	N1106.ABC.1.2.4	Type IC rated with no penetrations (two alternatives allowed).	—
Multiple Story Houses	N1106.ABC.1.2.5	Air barrier on perimeter of floor cavity between floors.	—
Exhaust Fans	N1106.ABC.1.3	Exhaust fans vented to unconditioned space shall have dampers, except for combustion devices with integral exhaust ductwork.	—
Combustion Heating	N1106.ABC.1.3	Combustion space and water heating systems must be provided with outside combustion air, except for direct vent appliances.	—
Water Heaters	N1112.ABC.3	Comply with efficiency requirements in Table N1112.ABC.3. Switch or clearly marked circuit breaker electric or cutoff (gas) must be provided. External or built-in heat trap required for vertical pipe risers.	—
Swimming Pools & Spas	N1112.ABC.2.3	Spas & heated pools must have covers (except solar heated). Noncommercial pools must have a pump timer. Gas spa & pool heaters must have minimum thermal efficiency of 78%.	—
Hot Water Pipes	N1112.ABC.5	Insulation is required for hot water circulating systems (including heat recovery units).	—
Shower Heads	N1112.ABC.2.4	Water flow must be restricted to no more than 2.5 gallons per minute at 80 psig.	—
HVAC Duct Construction, Insulation & Installation	N1110.ABC	All ducts, fittings, mechanical equipment and plenum chambers shall be mechanically attached, sealed, insulated and installed in accordance with the criteria of Section N1110.ABC. Ducts in attics must be insulated to a minimum of R-6.	✓
HVAC Controls	N1107.ABC.2	Separate readily accessible manual or automatic thermostat for each system.	—

GENERAL DIRECTIONS:

- On Table 11C-1 indicate the R-value of the insulation being added to each component and the efficiency levels of the equipment being installed. All R-values and efficiencies installed must meet or exceed the minimum values listed. Components and equipment neither being added nor renovated may be left blank.
- ADDITIONS ONLY. Determine the percentage of new glass to conditioned floor area in the addition as follows. Total the areas of all glass windows, sliding glass doors and glass door panels. Double the area of all nonvertical roof glass and add it to the previous total. When glass in existing exterior walls is being removed or enclosed by the addition, an amount equal to the total area of this glass may be subtracted from the total glass area. Divide the adjusted glass area total by the conditioned floor area of the addition. Multiply by 100 to get the percent. Find the largest glass percentage under which your calculated percentage falls on Table 11C-2. Prescriptives are given by the type of glass (single or double pane) and the overhang (OH) paired with a solar heat gain coefficient (SHGC). For a given glass type and overhang, the minimum solar heat gain coefficient allowed is specified. Actual glass windows and doors previously in the exterior walls of the house and being reinstalled in the addition do not have to comply with the overhang and solar heat gain coefficient requirements on Table 11C-2. All new glass in the addition must meet the requirement for one of the options in the glass percentage category you indicated. The overhang (OH) distance is measured perpendicularly from the face of the glass to a point directly under the outermost edge of the overhang.
- RENOVATIONS ONLY. Replacement glass needs to meet the following requirements. Any glass type and solar heat gain coefficient may be used for glass areas which are under at least a 2-foot overhang and whose lowest edge does not extend further than 8 feet from the overhang. Glass areas being renovated that do not meet this criteria must be either single-pane tinted, double-pane clear or double-pane tinted.
- BUILDING SYSTEMS. Comply when new system is installed for system installed.
- Complete the information requested on the top half of page 1.
- Read "Minimum Requirements for Small Additions and Renovations," Table 11C-3, and check all applicable items.
- Read, sign and date the "Owner/Agent" certification statement on page 1.

PRODUCT APPROVAL SPECIFICATION SHEET

Location:

Project Name:

required by Florida Statute 553.842 and Florida Administrative Code 9B-72, please provide the information and the product approval number(s) on the building components listed below if they will be utilized on the construction project for which you are applying for a building permit on or after April 1, 2004. We recommend you contact your local product supplier should you not know the product approval number for any of the applicable listed products. More information about statewide product approval can be obtained at www.floridabuilding.org

Category/Subcategory	Manufacturer	Product Description	Approval Number(s)
EXTERIOR DOORS			
1. Swinging	MASONITE	WOOD-EDGE STEEL DOOR	FL18
2. Sliding	"	FIBERGLASS Side Hunged Door	FL4668.1
3. Sectional			
4. Roll up			
5. Automatic			
6. Other			
WINDOWS			
1. Single hung	BETTER BUILT	SERIES 790 Single hung Alum	FL663
2. Horizontal Slider	Silverline	2900 SERIES Vinyl Single Hung	FL1546
3. Casement	PELLA	PROLINE D.H.	FL432
4. Double Hung			
5. Fixed			
6. Awning			
7. Pass-through			
8. Projected			
9. Mullion			
10. Wind Breaker			
11. Dual Action			
12. Other			
PANEL WALL			
1. Siding	JAMES HARDIE	HARDIPLANK LAP SIDING	FL889-R2
2. Soffits	ALCOA	ALUMINUM SOFFIT	FL2641
3. EIFS			
4. Storefronts			
5. Curtain walls			
6. Wall louver			
7. Glass block			
8. Membrane			
9. Greenhouse			
10. Other			
ROOFING PRODUCTS			
1. Asphalt Shingles	UNION CORRUGATED	29-GA. MASTER RID	FL4586
2. Underlayments	TAMKO	ASPHALT Shingles	FL673
3. Roofing Fasteners	TAMKO	3046 FELT	FL1481
4. Non-structural Metal Rf			
5. Built-Up Roofing			
6. Modified Bitumen			
7. Single Ply Roofing Sys			
8. Roofing Tiles			
9. Roofing Insulation			
10. Waterproofing			
11. Wood shingles /shakes			
12. Roofing Slate			

Area - FL 738
B/SK - FL 741

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Category/Subcategory (cont.)	Manufacturer	Product Description	Approval Number(s)
13. Liquid Applied Roof Sys			
14. Cements-Adhesives - Coatings			
15. Roof Tile Adhesive			
16. Spray Applied Polyurethane Roof			
17. Other			
SHUTTERS			
1. Accordion			
2. Bahama			
3. Storm Panels			
4. Colonial			
5. Roll-up			
6. Equipment			
7. Others			
SKYLIGHTS			
1. Skylight			
2. Other			
STRUCTURAL COMPONENTS			
1. Wood connector/anchor	Stimpson	HURRICANE TIES #16	FL 1423.3
2. Truss plates			
3. Engineered lumber			
4. Railing			
5. Coolers-freezers			
6. Concrete Admixtures			
7. Material			
8. Insulation Forms			
9. Plastics			
10. Deck-Roof			
11. Wall			
12. Sheds			
13. Other			
VIEW EXTERIOR ENVELOPE PRODUCTS			

products listed below did not demonstrate product approval at plan review. I understand that at the time of inspection of these products, the following information must be available to the inspector on the site; 1) copy of the product approval, 2) the performance characteristics which the product was tested and certified to comply with, 3) copy of the applicable manufacturers installation requirements. I understand these products may have to be removed if approval cannot be demonstrated during inspection.

Factor or Contractor's Authorized Agent Signature

Print Name

Date

Serrey K. Lee
Serrey K. Lee

4-30-09

ACORD CERTIFICATE OF LIABILITY INSURANCE		OF ID LS JERRY-4	DATE (MM/DD/YYYY) 05/01/09
PRODUCER Suwannee Insurance Agency, Inc 1720 Ohio Ave. N. Live Oak FL 32064-1858 Phone: 386-364-1000 Fax: 386-364-3768		THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
INSURED Jerry K. Lee Construction, Inc 15733 36th Trl. Live Oak FL 32060		INSURERS AFFORDING COVERAGE INSURER A: Bankers Insurance Company INSURER B: INSURER C: INSURER D: INSURER E:	NAIC # 33162

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'L LTR INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY	090004833919911	08/07/08	08/07/09	EACH OCCURRENCE \$ 100,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person) \$ 5,000
					PERSONAL & ADV INJURY \$ 100,000
					GENERAL AGGREGATE \$ 100,000
					PRODUCTS - COMP/OP AGG \$ 100,000
	GEN'L AGGREGATE LIMIT APPLIES PER:				
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				N/A
	AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT (Ea accident) \$ N/A
	<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person) \$ N/A
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident) \$ N/A
	<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident) \$ N/A
	<input type="checkbox"/> HIRED AUTOS				
	<input type="checkbox"/> NON-OWNED AUTOS				
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT \$ N/A
	<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC \$ N/A
					AGG \$ N/A
	EXCESS/UMBRELLA LIABILITY				EACH OCCURRENCE \$ N/A
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE \$ N/A
					\$ N/A
	<input type="checkbox"/> DEDUCTIBLE				\$ N/A
	<input type="checkbox"/> RETENTION \$				\$ N/A
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATU-TORY LIMITS OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				E.L. EACH ACCIDENT \$ N/A
	If yes, describe under SPECIAL PROVISIONS below				E.L. DISEASE - EA EMPLOYEE \$ N/A
	OTHER				E.L. DISEASE - POLICY LIMIT \$ N/A
					N/A
					N/A

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

Application #090501 - Roberson

CERTIFICATE HOLDER**COLUMBI**

Columbia County Building
& Zoning Dept.
P.O. Drawer 1529
Lake City FL 32056

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL **10** DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

For Stephens

CERTIFICATE OF OCCUPANCY

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 20-4S-16-03078-013

Building permit No. 000027787

Use Classification REMODEL SFD

Fire: 0.00

Permit Holder JERRY LEE

Waste: 0.00

Owner of Building ALVIN ROBERSON

Total: 0.00

Location: 174 SW SHADY OAKS WAY, LAKE CITY, FL

Date: 07/02/2009



Harry Dick

Building Inspector

POST IN A CONSPICUOUS PLACE
(Business Places Only)