

DATE 10/15/2004

Columbia County Building Permit**PERMIT**

This Permit Expires One Year From the Date of Issue

000022392

APPLICANT TONY WILLIAMS PHONE 752-7505
 ADDRESS P.O. BOX J1829 LAKE CITY FL 32056
 OWNER ANDERSON COLUMBIA CO PHONE 752-7585
 ADDRESS 871 NW GUERDON ROAD LAKE CITY FL 32055
 CONTRACTOR ANDERSON COLUMBIA CO PHONE 752-7585
 LOCATION OF PROPERTY 4IN, TR ON GUERDON ROAD ON THE LEFT

TYPE DEVELOPMENT COMMERCIAL ESTIMATED COST OF CONSTRUCTION 60000.00
 HEATED FLOOR AREA 6000.00 TOTAL AREA 6000.00 HEIGHT 00 STORIES 1
 FOUNDATION WALLS ROOF PITCH FLOOR
 LAND USE & ZONING INDUSTRIAL MAX. HEIGHT 40
 Minimum Set Back Requirments: STREET-FRONT 20.00 REAR 15.00 SIDE 15.00
 NO. EX.D.U. 0 FLOOD ZONE DEVELOPMENT PERMIT NO.

PARCEL ID 18-3S-17-05123-000 SUBDIVISION
 LOT BLOCK PHASE UNIT TOTAL ACRES 40.00

Culvert Permit No. Culvert Waiver X04-0268 Contractor's License Number BK E-10000 Applicant/Owner/Contractor RJ N
 EXISTING X04-0268 BK RJ N
 Driveway Connection Septic Tank Number LU & Zoning checked by Approved for Issuance New Resident

COMMENTS: REPLACING EXISTING ASPHALT PLANTCheck # or Cash 64706**FOR BUILDING & ZONING DEPARTMENT ONLY**

(Footer/Slab)

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

BUILDING PERMIT FEE \$ 300.00 CERTIFICATION FEE \$ 30.00 SURCHARGE FEE \$ 30.00
 MISC. FEES \$.00 ZONING CERT. FEE \$ 50.00 FIRE FEE \$ WASTE FEE \$
 FLOOD ZONE DEVELOPMENT FEE \$ CULVERT FEE \$ **TOTAL FEE** 410.00

INSPECTORS OFFICE Mike Tedder CLERKS OFFICE msb

NOTICE: IN ADDITION TO THE REQUIREMENTS OF THIS PERMIT, THERE MAY BE ADDITIONAL RESTRICTIONS APPLICABLE TO THIS PROPERTY THAT MAY BE FOUND IN THE PUBLIC RECORDS OF THIS COUNTY. AND THERE MAY BE ADDITIONAL PERMITS REQUIRED FROM OTHER GOVERNMENTAL ENTITIES SUCH AS WATER MANAGEMENT DISTRICTS, STATE AGENCIES, OR FEDERAL AGENCIES

"WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT."

This Permit Must Be Prominently Posted on Premises During Construction

PLEASE NOTIFY THE COLUMBIA COUNTY BUILDING DEPARTMENT AT LEAST 24 HOURS IN ADVANCE OF EACH INSPECTION, IN ORDER THAT IT MAY BE MADE WITHOUT DELAY OR INCONVENIENCE. PHONE 758-1008 THIS PERMIT IS NOT VALID UNLESS THE WORK AUTHORIZED BY IT IS COMMENCED WITHIN 6 MONTHS AFTER ISSUANCE

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

Columbia County Building Permit Application

Revised 9-23-04

For Office Use Only	Application # _____	Date Received _____	By _____	Permit # <u>22392</u>
Application Approved by - Zoning Official <u>BLK</u>		Date <u>13.10.04</u>	Plans Examiner _____	Date _____
Flood Zone <u>N/A</u>	Development Permit <u>N/A</u>	Zoning <u>I</u>	Land Use Plan Map Category <u>I</u>	
Comments <u>Equipment Plant</u>				

Applicants Name ANDERSON COLUMBIA CO., INC. Phone (386) 752-7585
 Address P.O. BOX 1829 LAKE CITY, FL 32056-1829
 Owners Name ANDERSON COLUMBIA CO., INC Phone (386) 752-7585
 911 Address 871 NW GURDON STREET LAKE CITY, FL 32055
 Contractors Name SAME AS ABOVE Phone _____
 Address SAME AS ABOVE
 Fee Simple Owner Name & Address ANDERSON COLUMBIA CO., INC PO BOX 1829 LAKE CITY, FL 32056
 Bonding Co. Name & Address SURETY ASSOCIATES, INC 2110 HERSCHEL ST JAX, FL 32204
 Architect/Engineer Name & Address _____
 Mortgage Lenders Name & Address _____
 Circle the correct power company - FL Power & Light - Clay Elec. - Suwannee Valley Elec. - Progressive Energy
 Property ID Number 19-38-17-05123-000 Estimated Cost of Construction 60,000.00
 Subdivision Name _____ Lot _____ Block _____ Unit _____ Phase _____
 Driving Directions 41 NORTH, RIGHT ON GURDON

Type of Construction _____ Number of Existing Dwellings on Property _____
 Total Acreage 40 Lot Size _____ Do you need a - Culvert Permit or Culvert Waiver or Have an Existing Drive
 Actual Distance of Structure from Property Lines - Front 400' Side 400' Side 400' Rear 300'
 Total Building Height 40' Number of Stories _____ Heated Floor Area _____ Roof Pitch _____

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.

E. I. Howell, J.P.
ANDERSON COLUMBIA CO. INC.
 Owner Builder or Agent (Including Contractor)

STATE OF FLORIDA
 COUNTY OF COLUMBIA

Sworn to (or affirmed) and subscribed before me
 this 13th day of October 2004.
 Personally known ✓ or Produced Identification _____

E. I. Howell
 Contractor Signature
 Contractors License Number C9C 060909
 Competency Card Number _____
 NOTARY STAMP/SEAL

Karyl L. Howell
 Notary Signature



KARYL L. HOWELL
 Notary Public, State of Florida
 My Comm. Expires Sept. 2, 2005
 Comm. No. DD053852

P. O. Box 1829
Lake City, Florida 32056
(386) 752-7585
(386) 755-6853 Fax

**Anderson Columbia
Co., Inc.**

Fax

To: Randy/Col. Co. Bldg Dept From: Karyl Howell
Fax: 758-2160 Pages: 4 (including this cover)
Phone: _____ Date: 10/13/04
Re: _____ CC: _____
☐ Urgent ☐ For Review ☐ Please Comment ☐ Please Reply ☐ Please Recycle



ACORD CERTIFICATE OF LIABILITY INSURANCE		DATE (MM/DD/YYYY) 04/28/2004
PRODUCER (904)388-1988 FAX 904-388-8199 Construction Insurance Corp. 2110 Herschel St. Jacksonville, FL 32204		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 Anderson Columbia Co., Inc., etal P. O. Box 1829 Lake City, FL 32056-1829 Fax# 386-755-9132		INSURERS AFFORDING COVERAGE INSURER A Amerisure Insurance Company INSURER B INSURER C INSURER D INSURER E
		NAIC #

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/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY	804042802361CL BLANKET WAIVER OF SUBROGATION	05/01/2004	05/01/2005	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Each occurrence) \$ 300,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person) \$ 10,000
	<input checked="" type="checkbox"/> Contractual				PERSONAL & ADV INJURY \$ 1,000,000
	<input checked="" type="checkbox"/> Blanket Add'l Insd				GENERAL AGGREGATE \$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:				PRODUCTS - COM/OP AGG \$ 2,000,000
	<input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC				
A	AUTOMOBILE LIABILITY	804042802361CA	05/01/2004	05/01/2005	COMBINED SINGLE LIMIT (Each accident) \$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO				BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident) \$
	<input checked="" type="checkbox"/> HIRED AUTOS				
<input checked="" type="checkbox"/> NON-OWNED AUTOS					
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT \$
	<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC \$
					AUTO ONLY: AGG \$
A	EXCESS/UMBRELLA LIABILITY	804042802361UMB	05/01/2004	05/01/2005	EACH OCCURRENCE \$ 5,000,000
	<input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE \$ 5,000,000
	<input type="checkbox"/> DEDUCTIBLE				\$
	<input type="checkbox"/> RETENTION \$				\$
					\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATUS-TORY LIMITS OT+ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				E.L. EACH ACCIDENT \$
	If yes, describe under SPECIAL PROVISIONS below				E.L. DISEASE - EA EMPLOYEE \$
	OTHER				E.L. DISEASE - POLICY LIMIT \$

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

CERTIFICATE HOLDER**CANCELLATION**

Information only

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

Stephanie Wright/SAW

©ACORD CORPORATION 1988

CERTIFICATE OF INSURANCE

Issue Date:

Producer

Security Insurance Underwriters
50 Vantage Way, Ste. 100
Nashville TN 37228

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.

COMPANIES AFFORDING COVERAGE

Company
Letter **A** Safety National Casualty Corporation

Company
Letter **B**

Company
Letter **C**

Company
Letter **D**

Company
Letter **E**

Insured

Anderson Columbia Co., Inc.
P.O. Box 1829
Lake City, FL 32058

COVERAGES

This is to certify that 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. Limits shown may have been reduced by paid claims.

CO LTR	TYPE OF INSURANCE	POLICY #	EFFECTIVE DATE	EXPIRATION DATE	LIMITS
	GENERAL LIABILITY				GENERAL AGGREGATE \$
	<input type="checkbox"/> Commercial General Liability				PRODUCTS-COMP/OP AGG. \$
	<input type="checkbox"/> Claims Made				PERSONAL & ADV. INJURY \$
	<input type="checkbox"/> Occur				EACH OCCURRENCE \$
	<input type="checkbox"/> Owners & Contractor's Prot.				FIRE DAMAGE (any one fire) \$
					MED. EXPENSE (any one person) \$
	AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT \$
	<input type="checkbox"/> Any Auto				BODILY INJURY (per person) \$
	<input type="checkbox"/> All Owned Autos				BODILY INJURY (per accident) \$
	<input type="checkbox"/> Scheduled Autos				PROPERTY DAMAGE \$
	<input type="checkbox"/> Hired Autos				
	<input type="checkbox"/> Non-Owned Autos				
	<input type="checkbox"/> Garage Liability				
	EXCESS LIABILITY				EACH OCCURRENCE \$
	<input type="checkbox"/> Umbrella Form				AGGREGATE \$
	<input type="checkbox"/> Other Than Umbrella Form				
A	Excess Workers Compensation	SP-8078-FL	4/1/04	4/1/05	SPECIFIC EXCESS LIMIT
					STATUTORY LIMITS
					SELF INSURED RETENTION \$500,000
					EMPLOYERS LIABILITY LIMIT \$500,000
	OTHER				

Description of Operations/Locations/Vehicles/Special Items

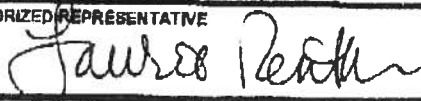
CERTIFICATE HOLDER

INFORMATION ONLY

CANCELLATION

Should any of the above described policies be canceled before the expiration date thereof, the Issuing company will endeavor to mail 30 days written notice to the certificate holder named to the left, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representative.

AUTHORIZED REPRESENTATIVE



AC# 1442952

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CONSTRUCTION INDUSTRY LICENSING BOARD

SEQ# L04060901671

DATE	BATCH NUMBER	LICENSE NBR
06/09/2004	030712299	CGC060909

The GENERAL CONTRACTOR

Named below IS CERTIFIED

Under the provisions of Chapter 489 FS.

Expiration date: AUG 31, 2006

WILLIAMS, ERVIN TONY JR
ANDERSON COLUMBIA CO INC
RT 13 BOX 919-10
LAKE CITY

FL 32055

JEB BUSH
GOVERNORDIANE CARR
SECRETARY

DISPLAY AS REQUIRED BY LAW

COLUMBIA COUNTY BUILDING DEPARTMENT

COMMERCIAL MINIMUM PLAN REQUIREMENTS AND CHECKLIST FOR FLORIDA BUILDING CODE 2001 WITH AMENDMENTS

ALL REQUIREMENTS LISTED ARE SUBJECT TO CHANGE

EFFECTIVE MARCH 1, 2002

ALL BUILDING PLANS MUST INCLUDE THE FOLLOWING ITEMS AND INDICATE COMPLIANCE WITH CHAPTER 1606 OF THE FLORIDA BUILDING CODE 2001 WITH AMENDMENTS BY PROVIDING CALCULATIONS AND DETAILS THAT HAVE THE SIGNATURE AND SEAL OF A CERTIFIED ARCHITECT OR ENGINEER REGISTERED IN THE STATE OF FLORIDA. THE FOLLOWING BASIC WIND SPEED AS PER SECTION 1606 SHALL BE USED.

WIND SPEED LINE SHALL BE DEFINED AS FOLLOWS: THE CENTERLINE OF INTERSTATE 75

1. ALL BUILDINGS CONSTRUCTED EAST OF SAID LINE SHALL BE ----- 100 MPH
2. ALL BUILDINGS CONSTRUCTED WEST OF SAID LINE SHALL BE ----- 110 MPH
3. NO AREA IN COLUMBIA COUNTY IS IN A WIND BORNE DEBRIS REGION

APPLICANT – PLEASE CHECK ALL APPLICABLE BOXES BEFORE SUBMITTAL

GENERAL REQUIREMENTS: Two (2) complete sets of plans containing a floor plan, site plan, foundation plan, floor/roof framing plan or truss layout, wall sections and all exterior elevations with the following criteria and documents:

Applicant

Plans Examiner

- | | | |
|-------------------------------------|--------------------------|--|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | All drawings must be clear, concise and drawn to scale ("Optional" details that are not used shall be marked void or crossed off). Square footage of different areas shall be shown on plans. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Designers name and signature on document (FBC 104.2.1) If licensed architect or engineer, official seal shall be affixed. |
| <input type="checkbox"/> | <input type="checkbox"/> | <u>Two (2) Copies of Approved Site Plan</u> |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <u>Minimum Type Construction (FBC Table 500)</u> |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <u>Wind Load Engineering Summary, calculations and any details required:</u>
a) Plans or specifications must state compliance with FBC Section 1606
b) The following information must be shown as per section 1606.1.7 FBC <ol style="list-style-type: none">1. Basic wind speed (MPH)2. Wind importance factor (I) and building category3. Wind exposure – if more than one wind exposure is used, the wind exposure and applicable wind direction shall be indicated4. The applicable internal pressure coefficient5. Components and Cladding. The design wind pressure in terms of psf (kN/m²), to be used for the design of exterior component and cladding materials not specifically designed by the registered design professional |
| <input type="checkbox"/> | <input type="checkbox"/> | <u>Fire Resistant Construction Requirements shall include:</u>
a) Fire resistant separations (listed system) |
| <input type="checkbox"/> | <input type="checkbox"/> | b) Fire resistant protection for type of construction |
| <input type="checkbox"/> | <input type="checkbox"/> | c) Protection of openings and penetrations of rated walls (listed systems) |
| <input type="checkbox"/> | <input type="checkbox"/> | d) Fire blocking and draft-stopping |
| <input type="checkbox"/> | <input type="checkbox"/> | e) Calculated fire resistance |

☐ N/A

☒ N/A ☐

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Fire Suppression Systems shall include: (To be reviewed by Fire Department)

- a) Fire sprinklers
- b) Fire alarm system (early warning) with name of licensed installer. If not shown on plans or not known at time of permitting, a separate permit shall be required by the licensed installer
- c) Smoke evacuation system schematic
- d) Stand-pipes
 - Pre-engineered system
 - Riser diagram

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Life Safety Systems shall include: (To be reviewed by Fire Department)

- a) Occupancy load and egress capacity
- b) Early warning
- c) Smoke control
- d) Stair pressurization
- e) Systems schematic

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Occupancy Load/Egress Requirements shall include:

- a) Occupancy load (gross and net)
- b) Means of egress
 - exit access, exit and exit discharge
- c) Stair construction/geometry and protection
- d) Doors
- e) Emergency lighting and exit signs
- f) Specific occupancy requirements
 - 1. Construction requirements
 - 2. Horizontal exits/exit passageways

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Structural Requirements shall include:

- a) Soil conditions/analysis
- b) Show type of termite treatment (termicide or alternative method)
- c) Design loads
- d) Wind requirements
- e) Building envelope
- f) Structural calculations
- g) Foundations
- h) Wall systems
- i) Floor systems
- j) Roof systems
- k) Threshold inspection plan (if applicable)
- l) Stair systems

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Materials shall include:

- a) Wood
- b) Steel
- c) Aluminum
- d) Concrete
- e) Plastic
- f) Glass (mfg. Listing for wind zone including details for installation and attachments)
- g) Masonry
- h) Gypsum board and plaster
- i) Insulating (mechanical)
- j) Roofing (mfg. Listed system for wind zone with installation and attachments)
- k) Insulation

<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Accessibility Requirements shall include:

- a) Site requirements
- b) Accessible route
- c) Vertical accessibility
- d) Toilet and bathing facilities
- e) Drinking fountains
- f) Equipment
- g) Special occupancy requirements
- h) Fair housing requirements

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>

Interior Requirements shall include:

- a) Interior finishes (flame spread/smoke develop)
- b) Light and ventilation
- c) Sanitation

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Special Systems shall include:

- a) Elevators
- b) Escalators
- c) Lifts

Swimming Pools – Commercial – Plans shall be signed and sealed by a Professional Engineer registered in the State of Florida and approved by the Department of Business and Professional Regulation/Health Department Indicating compliance with the Florida Administrative Code, Chapter 64E-9 And Section 424 of the Florida Building Code

<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Electrical:

- a) Electrical wiring, services, feeders and branch circuits, over-current protection, grounding, wiring methods and materials, GFCIs
- b) Equipment
- c) Special Occupancies
- d) Emergency Systems
- e) Communication Systems
- f) Low Voltage
- g) Load calculations
- h) Riser diagram

<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
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<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Plumbing:

- a) Minimum plumbing facilities
- b) Fixture requirements
- c) Water supply piping
- d) Sanitary drainage
- e) Water heaters
- f) Vents
- g) Roof drainage
- h) Back flow prevention
- i) Irrigation
- j) Location of water supply
- k) Grease traps
- l) Environmental requirements
- m) Plumbing riser

Mechanical:

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | a) Energy calculation (signed and sealed by Architect or Engineer, registered in the State of Florida) |
| <input type="checkbox"/> | <input type="checkbox"/> | b) Exhaust systems (clothes dryer exhaust, kitchen equipment exhaust, Specialty equipment exhaust) |
| <input type="checkbox"/> | <input type="checkbox"/> | c) Equipment |
| <input type="checkbox"/> | <input type="checkbox"/> | d) Equipment location |
| <input type="checkbox"/> | <input type="checkbox"/> | e) Make-up air |
| <input type="checkbox"/> | <input type="checkbox"/> | f) Roof mounted equipment |
| <input type="checkbox"/> | <input type="checkbox"/> | g) Duct systems |
| <input type="checkbox"/> | <input type="checkbox"/> | h) Ventilation |
| <input type="checkbox"/> | <input type="checkbox"/> | i) Combustion air |
| <input type="checkbox"/> | <input type="checkbox"/> | j) Chimneys, fireplaces and vents |
| <input type="checkbox"/> | <input type="checkbox"/> | k) Appliances |
| <input type="checkbox"/> | <input type="checkbox"/> | l) Boilers |
| <input type="checkbox"/> | <input type="checkbox"/> | m) Refrigeration |
| <input type="checkbox"/> | <input type="checkbox"/> | n) Bathroom ventilation |
| <input type="checkbox"/> | <input type="checkbox"/> | o) Laboratory |

Gas:

- | | | |
|--------------------------|--------------------------|----------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | a) Gas piping |
| <input type="checkbox"/> | <input type="checkbox"/> | b) Venting |
| <input type="checkbox"/> | <input type="checkbox"/> | c) Combustion air |
| <input type="checkbox"/> | <input type="checkbox"/> | d) Chimney's and vents |
| <input type="checkbox"/> | <input type="checkbox"/> | e) Appliances |
| <input type="checkbox"/> | <input type="checkbox"/> | f) Type of gas |
| <input type="checkbox"/> | <input type="checkbox"/> | g) Fireplaces |
| <input type="checkbox"/> | <input type="checkbox"/> | h) LP tank locations |
| <input type="checkbox"/> | <input type="checkbox"/> | i) Riser diagram/shut offs |

Disclosure Statement for Owner Builders

<input type="checkbox"/>	<input type="checkbox"/>
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*****Notice of Commencement Required Before Any Inspections will be Done**

<input type="checkbox"/>	<input type="checkbox"/>
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Private Potable Water:

- | | | |
|--------------------------|--------------------------|-----------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | a) Size of pump motor |
| | | b) Size of pressure tank |
| | | c) Cycle stop valve if used |

22392
NOTICE OF COMMENCEMENT FORM
COLUMBIA COUNTY, FLORIDA

THE UNDERSIGNED hereby gives notice that improvement will be made to certain real property, and in accordance with Chapter 713, Florida Statutes, the following information is provided in this Notice of Commencement.

Tax Parcel ID Number 18-35-17-05123-000

1. Description of property: (legal description of the property and street address or 911 address)

871 NW GUERDON ST

Inst:2004023295 Date:10/18/2004 Time:13:13

B DC, P. DeWitt Cason, Columbia County B:1028 P:901

2. General description of improvement: REPLACING EXISTING ASPHALT PLANT

3. Owner Name & Address ANDERSON COLUMBIA CO., INC

Interest in Property 100% OWNERSHIP

4. Name & Address of Fee Simple Owner (if other than owner):

5. Contractor Name ANDERSON COLUMBIA CO., INC

Phone Number (386) 752-7585

Address 871 NW GUERDON ST, P.O. Box 1829, LAKE CITY, FL 32056

6. Surety Holders Name

Phone Number

Address

Amount of Bond

7. Lender Name

Phone Number

Address

8. Persons within the State of Florida designated by the Owner upon whom notices or other documents may be served as provided by section 718.13 (1)(a) 7; Florida Statutes:

Name BRIAN P SCHREIBER

Phone Number 386 752 7585

Address 871 NW GUERDON ST, P.O. Box 1829, LAKE CITY, FL 32056

9. In addition to himself/herself the owner designates

of

to receive a copy of the Lienor's Notice as provided in Section 713.13 (1) -

(a) 7. Phone Number of the designee

10. Expiration date of the Notice of Commencement (the expiration date is 1 (one) year from the date of recording, (Unless a different date is specified))

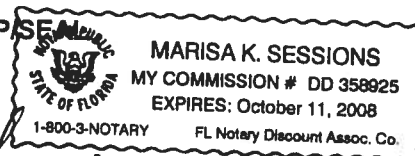
NOTICE AS PER CHAPTER 713, Florida Statutes:

The owner must sign the notice of commencement and no one else may be permitted to sign in his/her stead.

B. P. Schreiber SECRETARY
Signature of Owner
ANDERSON COLUMBIA CO., INC.

Sworn to (or affirmed) and subscribed before
day of 15TH OCTOBER, 2004

NOTARY STAMP



Marisa Sessions
Signature of Notary