

DA 03/17/2010

Columbia County Building Permit

This Permit Must Be Prominently Posted on Premises During Construction

PERMIT

000028424

APPLICANT RICHARD J. KEEN PHONE 386.752.2826
ADDRESS 650 SW MAINB BLVD. LAKE CITY FL 32025
OWNER STEPHEN & PHYLLIS GLENN & COLIN GLENN PHONE _____
ADDRESS 185 SW ARROWHEAD TERRACE LAKE CITY FL 32024
CONTRACTOR JAMES H. JOHNSTON PHONE 386.755.2826
LOCATION OF PROPERTY 47-S TO C-242,TR TO ARROWHEAD TERRACE,TR @ CASEY JONES
CAMPGROUND, HOUSE SITE IS BACK TOWARDS RETENTION POND ON R.
TYPE DEVELOPMENT SFD/CARETAKER MAN. ESTIMATED COST OF CONSTRUCTION 147000.00
HEATED FLOOR AREA 2385.00 TOTAL AREA 2940.00 HEIGHT 15.50 STORIES 1
FOUNDATION CONC WALLS FRAMED ROOF PITCH 6'12 FLOOR CONC
LAND USE & ZONING CHI MAX. HEIGHT 35
Minimum Set Back Requirments: STREET-FRONT 20.00 REAR 15.00 SIDE _____
NO. EX.D.U. 45 FLOOD ZONE X DEVELOPMENT PERMIT NO. _____

PARCEL ID 30-4S-17-08885-005 SUBDIVISION _____
LOT _____ BLOCK _____ PHASE _____ UNIT _____ TOTAL ACRES 11.42

CRC1328128
Culvert Permit No. _____ Culvert Waiver _____ Contractor's License Number _____ Applicant/Owner/Contractor _____
EXISTING 10-0054 BLK HD N
Driveway Connection _____ Septic Tank Number _____ LU & Zoning checked by _____ Approved for Issuance _____ New Resident _____

COMMENTS: ACCESSORY USE FOR MANAGER/CARETAKER OF CAMPGROUND.
1 FOOT ABOVE ROAD. NOC ON FILE.

Check # or Cash 3242

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 \$ 735.00 CERTIFICATION FEE \$ 14.70 SURCHARGE FEE \$ 14.70
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 839.40
INSPECTORS OFFICE _____ CLERKS OFFICE _____

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.

NOTICE OF COMMENCEMENT

Tax Parcel Identification Number 30-45-17-08885-005 PH County Clerk's Office Stamp or Seal

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): CASEY JONES CAMPGROUND
a) Street (job) Address: 185 SW Arrowhead Terrace L.C. 171 32024
2. General description of improvements: new management building
3. Owner Information
a) Name and address: Stephen & Phyllis Glenn
b) Name and address of fee simple titleholder (if other than owner) _____
c) Interest in property _____
4. Contractor Information
a) Name and address: Hometown Homes 650 SW MAIN Blvd. L.C. 32025
b) Telephone No.: 755-2826 Fax No. (Opt.) _____
5. Surety Information
a) Name and address: _____
b) Amount of Bond: _____
c) Telephone No.: _____ Fax No. (Opt.) _____
6. Lender
a) Name and address: _____
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: _____
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(1)(b), Florida Statutes:
a) Name and address: _____
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. [Signature]
Signature of Owner or Owner's Authorized Office/Director/Partner/Manager
Stephen Glenn
Print Name

The foregoing instrument was acknowledged before me, a Florida Notary, this 11th day of March, 20 10, by:
Stephen Glenn as owner (type of authority, e.g. officer, trustee, attorney
fact) for Self (name of party on behalf of whom instrument was executed).

Personally Known X OR Produced Identification _____ Type _____

Notary Signature Carey F. Chandler Notary Stamp or Seal:



CAREY F. CHANDLER
MY COMMISSION # DD 866347
EXPIRES: May 22, 2013
Bonded Thru Budget Notary Services

—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.

[Signature]
Signature of Natural Person Signing (in line #10 above.)

Notice of Treatment

Applicator: Florida Pest Control & Chemical Co. (www.flapest.com)

Address: 536 SE BAY AVE

City: Lake City Phone: 732 1703

Site Location: Subdivision

Lot # Block# Permit # 28424

Address: 185 SW Arrowhead Trv

Product used

☒ Premise

☐ Termidor

☐ Bora-Care

Active Ingredient

Imidacloprid

Fipronil

Disodium Octaborate Tetrahydrate

% Concentration

0.1%

0.12%

23.0%

Type treatment:

☒ Soil

☐ Wood

Area Treated

Square feet

Linear feet

Gallons Applied

1440

2940

271

250

As per Florida Building Code 104.2.6 - If soil chemical barrier method for termite prevention is used, final exterior treatment shall be completed prior to final building approval.

If this notice is for the final exterior treatment, initial this line _____

Date

Time

Print Technician's Name

Remarks:

Applicator - White Permit File - Canary Permit Holder - Pink

© 10/05

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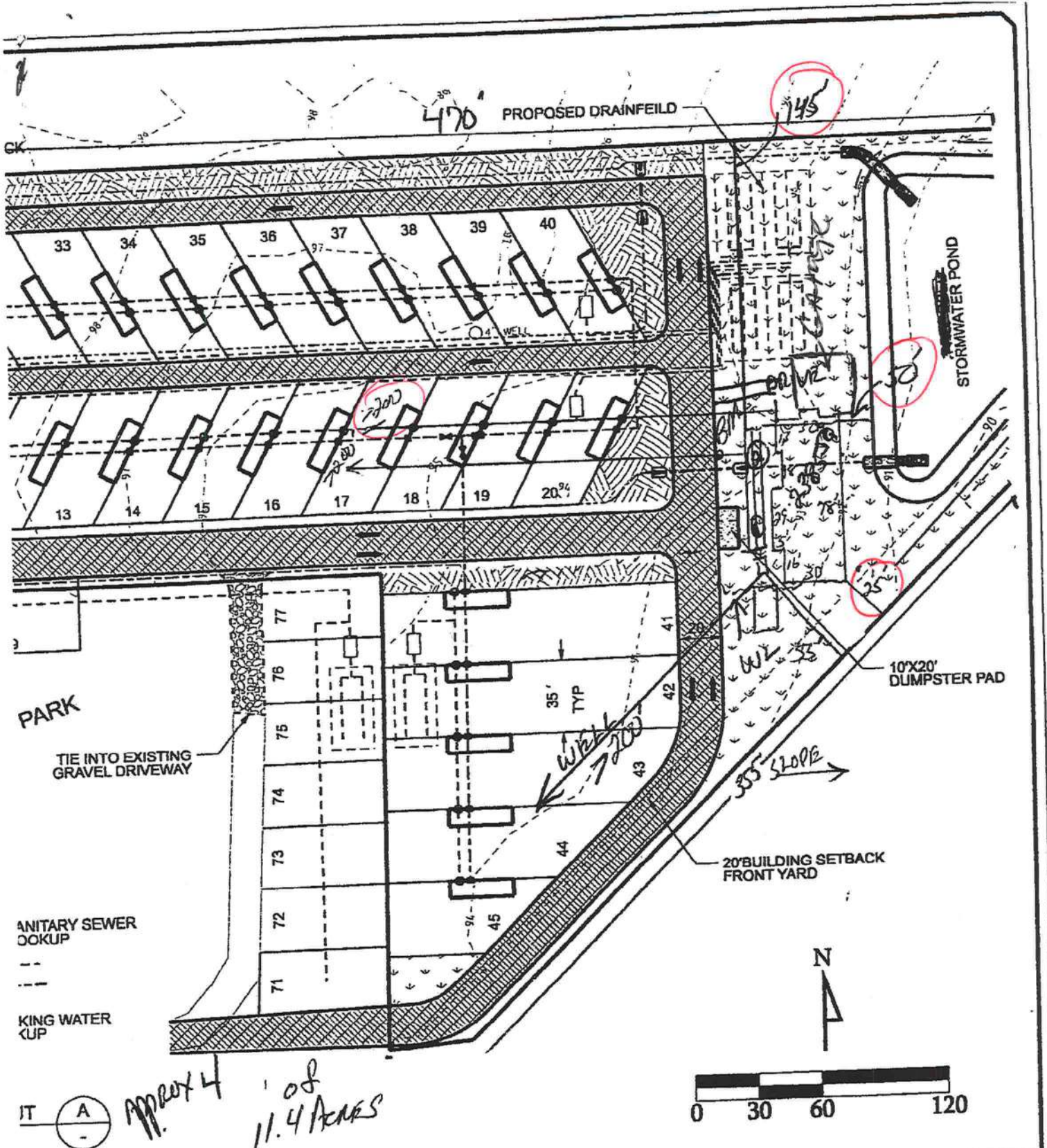
Remarks:

Applicator - White

Permit File - Canary

Permit Holder - Pink

© 10/05



O. BOX 970
 AKE CITY, FL 32056
 HONE: 386.623.4303
 AX: 386.754.4085
 rewsengineeringsservices.com

Brett A. Crews, P.E. 65592

DRAWN BY:

BC

APPROVED BY:

BC

**CASEY JONES
 RV PARK EXPANSION**

SITE PLAN

CES PROJECT NO.:

2008-001

SHEET:

3



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

PERMIT #: 12-SC-1119675
APPLICATION #: AP951192
DATE PAID: 2/3/10
FEE PAID: 310.00
RECEIPT #: 1234705
DOCUMENT #: PR798419

12:00

CONSTRUCTION PERMIT FOR: OSTDS New

APPLICANT: STEPHEN 10-0054 GLENN

PROPERTY ADDRESS: 185 SW ARROWHEAD Ter Lake City, FL 32024

LOT: _____ BLOCK: _____ SUBDIVISION: _____

PROPERTY ID #: 08885-005

(SECTION, TOWNSHIP, RANGE, PARCEL NUMBER)
(OR TAX ID NUMBER)

SYSTEM MUST BE CONSTRUCTED IN ACCORDANCE WITH SPECIFICATIONS AND STANDARDS OF SECTION 381.0065, F.S., AND CHAPTER 64E-6, F.A.C. DEPARTMENT APPROVAL OF SYSTEM DOES NOT GUARANTEE SATISFACTORY PERFORMANCE FOR ANY SPECIFIC PERIOD OF TIME. 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 DEVELOPMENT OF THIS PROPERTY.

SYSTEM DESIGN AND SPECIFICATIONS

T [1,050] GALLONS / GPD Septic CAPACITY
A [] GALLONS / GPD N/A CAPACITY
N [] GALLONS GREASE INTERCEPTOR CAPACITY (MAXIMUM CAPACITY SINGLE TANK: 1250 GALLONS)
K [] GALLONS DOSING TANK CAPACITY [] GALLONS # [] Doses PER 24 HRS #Pumps []

D [500] SQUARE FEET SYSTEM

R [] SQUARE FEET N/A SYSTEM

A TYPE SYSTEM: [X] STANDARD [] FILLED [] MOUND []

I CONFIGURATION: [X] TRENCH [] BED []

N

F LOCATION OF BENCHMARK: Nail in power pole West of site

I ELEVATION OF PROPOSED SYSTEM SITE [24.00] [INCHES / FT] [ABOVE / BELOW] BENCHMARK/REFERENCE POINT

E BOTTOM OF DRAINFIELD TO BE [54.00] [INCHES / FT] [ABOVE / BELOW] BENCHMARK/REFERENCE POINT

L

D FILL REQUIRED: [0.00] INCHES EXCAVATION REQUIRED: [0] INCHES

O

T The licensed contractor installing the system is responsible for installing the minimum category of tank in accordance with

s. 64E-8.013(3)(f), FAC.

H

E

R

SPECIFICATIONS BY: Rocky Ford TITLE: Master Card

APPROVED BY: [Signature] TITLE: ESI Columbia CHD

DATE ISSUED: 02/09/2010 EXPIRATION DATE: 08/09/2011

DR 4016, 10/97 (Previous Editions May Be Used)

Page 1 of 3

[Signature]

STATE OF FLORIDA
DEPARTMENT OF HEALTH
ONSITE SEWAGE TREATMENT AND DISPOSAL
SYSTEM
APPLICATION FOR CONSTRUCTION PERMIT10-0054
PERMIT NO. 95119A
DATE PAID: 2/3/10
FEE PAID: 310.00
RECEIPT #: 1294705

APPLICATION FOR:

☒ New System ☐ Existing System ☐ Holding Tank ☐ Innovative
☐ Repair ☐ Abandonment ☐ Temporary ☐

APPLICANT: Stephen Glenn

AGENT: ROCKY FORD, A & B CONSTRUCTION

TELEPHONE: 386-497-2311

MAILING ADDRESS: P.O. BOX 39 FT. WHITE, FL, 32038

TO BE COMPLETED BY APPLICANT OR APPLICANT'S AUTHORIZED AGENT. SYSTEMS MUST BE CONSTRUCTED BY A PERSON LICENSED PURSUANT TO 489.105(3)(a) OR 489.552, FLORIDA STATUTES. IT IS THE APPLICANT'S RESPONSIBILITY TO PROVIDE DOCUMENTATION OF THE DATE THE LOT WAS CREATED OR PLATTED (MM/DD/YY) IF REQUESTING CONSIDERATION OF STATUTORY GRANDFATHER PROVISIONS.

PROPERTY INFORMATION

LOT: na BLOCK: na SUB: na PLATTED:

PROPERTY ID #: 30-4S-17-08885-005 ZONING: I/M OR EQUIVALENT: ☒ Y ☒ NPROPERTY SIZE: 11.4 ACRES WATER SUPPLY: ☒ PRIVATE ☐ PUBLIC ☐ <2000GPD ☐ >2000GPDIS SEWER AVAILABLE AS PER 381.0065, FS? ☒ Y ☒ N DISTANCE TO SEWER: FT

PROPERTY ADDRESS: 185 SW Arrowhead Terr, Lake City, FL, 32024

DIRECTIONS TO PROPERTY: 47 South, TR on CR 242, TR into Casey Jones Campground

Home site all the way in back by retention pond

BUILDING INFORMATION

☒ RESIDENTIAL ☐ COMMERCIAL

Unit No	Type of Establishment	No. of Bedrooms	Building Area Sqft	Commercial/Institutional System Design Table 1, Chapter 64E-6, FAC
1	SF Residential	4	2385	
2				
3				

☒ Floor/Equipment Drains ☒ Other (Specify)

SIGNATURE: Rocky Ford

DATE: 2/1/2010

we the undersigned do understand and agree for a home to be built on the property in which we are part owners of. The home will be built at the Casey Jones Campground.

I agree, I do.

PHYLLIS GLENN

Print Name

Phyllis Glenn

Signature

Phyllis Glenn

Print Name

Colin Glenn

Signature

~~STATEMENT OF OWNER~~
Columbia County Building Permit Application ~~BY SAVING~~

For Office Use Only Application # 1003-18 Date Received 3/11 By JW Permit # 28424
Zoning Official BLK Date 16.03.10 Flood Zone X Land Use High Int Zoning CHI
FEMA Map # N/A Elevation N/A MFE/State River N/A Plans Examiner ND Date 3-11-10
Comments Accessory use for manager/caretaker of campground
☒ 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 SUSPENDED

Septic Permit No. 10-0054 Richard KEEN Fax 752 6630
Name Authorized Person Signing Permit James Johnston Phone 755-2826
Address 650 SW MAIN Blvd L.C. 32025
Owners Name Stephen & Phyllis Glenn Phone _____
Sheet 2 of 2
911 Address 185 SW Arrowhead Terrace L.C. 32024
Contractors Name James Johnston Phone 755-2826
Address 650 SW MAIN Blvd L.C. 32025
Fee Simple Owner Name & Address N/A
Bonding Co. Name & Address _____
Architect/Engineer Name & Address Mark DISOWAY PE PO Box 868 L.C. (WINDTECH CORP. CH)
Mortgage Lenders Name & Address N/A

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

Property ID Number 30-45-17-08885-005 Estimated Cost of Construction 140,000
Subdivision Name CASEY JONES Campground Lot _____ Block _____ Unit _____ Phase _____
Driving Directions 47 South TR 242 ONTO Arrowhead Terrace
Property ON Right "BY RETENTION POND"

Number of Existing Dwellings on Property _____
Construction of 1 SFD/Caretaker manager of Campground Total Acreage 11.42 Lot Size _____
Do you need a - Culvert Permit or Culvert Waiver or Have an Existing Drive Total Building Height 15'5" 1/2
Actual Distance of Structure from Property Lines - Front 480 Side 25 Side 145 Rear 50
Number of Stories 1 Heated Floor Area 2385 Total Floor Area 2940 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.

- Tim called Richard 3.16.10

CH# 3242

Columbia County Building Permit Application

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 CERTIFY THAT ALL THE FOREGOING INFORMATION IS ACCURATE AND THAT ALL WORK WILL BE DONE IN COMPLIANCE WITH ALL APPLICABLE LAWS REGULATING CONSTRUCTION AND ZONING.

NOTICE TO OWNER: There are some properties that may have deed restrictions recorded upon them. These restrictions may limit or prohibit the work applied for in your building permit. It may be to your advantage to check and see if your property is encumbered by any restrictions.

(Owners Must Sign All Applications Before Permit Issuance.)


Owners Signature

****OWNER BUILDERS MUST PERSONALLY APPEAR AND SIGN THE BUILDING PERMIT.**

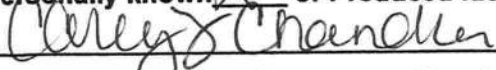
CONTRACTORS AFFIDAVIT: By my signature I understand and agree that I have informed and provided this written statement to the owner of all the above written responsibilities in Columbia County for obtaining this Building Permit including all application and permit time limitations.


Contractor's Signature (Permitee)

Contractor's License Number CRC 1328128
Columbia County
Competency Card Number _____

Affirmed under penalty of perjury to by the Contractor and subscribed before me this 11th day of March 2010.

Personally known X or Produced Identification _____


State of Florida Notary Signature (For the Contractor)

SEAL:



CAREY F. CHANDLER
MY COMMISSION # DD 866347
EXPIRES: May 22, 2013
Bonded Thru Budget Notary Services

SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER

1003-18

CONTRACTOR

James Johnston

PHONE

735-2826

THIS FORM MUST BE SUBMITTED PRIOR TO THE ISSUANCE OF A PERMIT

In Columbia County one permit will cover all trades doing work at the permitted site. It is **REQUIRED** that we have records of the subcontractors who actually did the trade specific work under the permit. Per Florida Statute 440 and Ordinance 89-6, a contractor shall require all subcontractors to provide evidence of workers' compensation or exemption, general liability insurance and a valid Certificate of Competency license in Columbia County.

Any changes, the permitted contractor is responsible for the corrected form being submitted to this office prior to the start of that subcontractor beginning any work. Violations will result in stop work orders and/or fines.

ELECTRICAL ✓	Print Name <u>Michael Conner</u>	Signature <u>Michael S. Conner</u>	Phone #: <u>386 965-9005</u>
	License #: <u>ER 13013192</u>		
MECHANICAL/A/C ✓	Print Name <u>DL Williams Heating & C</u>	Signature <u>[Signature]</u>	Phone #: <u>1386 754-1987</u>
	License #: <u>RA 13067384</u>		
PLUMBING/GAS ✓	Print Name <u>SWANKEE PLUMBING</u>	Signature <u>[Signature]</u>	Phone #: <u>386.208.5199</u>
	License #: <u>CFC1426088</u>		
ROOFING ✓	Print Name <u>WindTech Contracting</u>	Signature <u>[Signature]</u>	Phone #: <u>386 755 8699</u>
	License #: <u>CC-0058270</u>		
SHEET METAL	Print Name _____	Signature _____	Phone #: _____
	License #: _____		
FIRE SYSTEM/SPRINKLER	Print Name _____	Signature _____	Phone #: _____
	License #: _____		
SOLAR	Print Name _____	Signature _____	Phone #: _____
	License #: _____		

Specialty License	License Number	Sub-Contractors Printed Name	Sub-Contractors Signature
✓ MASON	000097	Kenneth Louclen	Kenneth Louclen
✓ CONCRETE FINISHER	CRC 1328128	JAMES JOHNSTON	[Signature]
✓ FRAMING	CRC 1328128	JAMES JOHNSTON	[Signature]
✓ INSULATION	CRC 1328128	JAMES JOHNSTON	[Signature]
✓ STUCCO	000838	Jerome Ruzick	[Signature]
✓ DRYWALL			
✓ PLASTER			
✓ CABINET INSTALLER	CRC 000654	CLAY Roberts	Clay Roberts
✓ PAINTING	CRC 1328128	JAMES JOHNSTON	[Signature]
✓ ACOUSTICAL CEILING			
✓ GLASS	CRC 1328128	JAMES JOHNSTON	[Signature]
✓ CERAMIC TILE	000654	Ryan Hardin	Ryan Hardin
✓ FLOOR COVERING	000655	Ryan Hardin	Ryan Hardin
✓ ALUM/VINYL SIDING	CRC 1328128	JAMES JOHNSTON	[Signature]
✓ GARAGE DOOR	CRC 1328128	JAMES JOHNSTON	[Signature]
METAL BLDG ERECTOR			

F. S. 440.103 Building permits; identification of minimum premium policy.--Every employer shall, as a condition to applying for and receiving a building permit, show proof and certify to the permit issuer that it has secured compensation for its employees under this chapter as provided in ss. 440.10 and 440.38, and shall be presented each time the employer applies for a building permit.

As required by Florida Statute 553.842 and Florida Administrative Code 9B72, please provide the information and approval numbers on the building components listed below, if they will be utilized on the construction project for which you are applying for a building permit. We recommend you contact your local product supplier should you not know the product approval number for any of the applicable listed products. Information regarding State Product Approval may be obtained at www.floridabuilding.org

The 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 jobsite; 1) copy of the product approval showing the performance characteristics which the product was approved, 3) the performance characteristics which the product was tested and certified to comply with, 4) copy of the applicable manufacturers installation requirements. Further, I understand these products may have to be removed if approval cannot be demonstrated during inspection.

CONTRACTOR/AGENT/APPLICANT SIGNATURE DATE

3/11/10



SUWANNEE RIVER WATER MANAGEMENT DISTRICT

February 19, 2010

Mr. Brett Crews, P.E.
CES, LLC.

Post Office Box 970
Lake City, FL 32056

Subject: ERP08-0149M, Casey Jones RV Park, Site Built Home
Exemption

Dear Mr. Crews:

The proposed construction appears to constitute a connection to a surfacewater management system designed, approved, and constructed to accommodate the connection. A permit modification is not required from the Suwannee River Water Management District for this construction. (The project is exempt).

If adverse impacts occur, remedial action will be required.

This is consistent with sub-section 40B-4.1040(1)(a), and sub-section 40B-4.1070(1)(e), Florida Administrative Code.

If you have any questions, please contact me at 386.362.1001 or 800.226.1066.

Sincerely,

A handwritten signature in dark ink, appearing to read "John Hastings" followed by a vertical line and the letters "RL".

John Hastings, P.E.
Senior Professional Engineer

JH/

cc: Wind-Tech Contracting

DON QUINCEY, JR.
Chairman
Chiefland, Florida

N. DAVID FLAGG
Vice Chairman
Gainesville, Florida

GEORGIA JONES
Secretary/Treasurer
Lake City, Florida

C. LINDEN DAVIDSON
Lamont, Florida

HEATH DAVIS
Cedar Key, Florida

JAMES L. FRALEIGH
Madison, Florida

OLIVER J. LAKE
Lake City, Florida

CARL E. MEECE
O'Brien, Florida

DAVID STILL
Executive Director
Lake City, Florida

Water for Nature. Water for People

THIS INSTRUMENT WAS PREPARED BY:

TERRY McDAVID
POST OFFICE BOX 1328
LAKE CITY, FL 32056-1328

Recording Fee \$ 27.00
Documentary Stamp \$.70
Consideration \$ -0-

RETURN TO:

TERRY McDAVID
POST OFFICE BOX 1328
LAKE CITY, FL 32056-1328

File No. 08-39

Property Appraiser's
Parcel Identification No.
08885-001 (Parent Parcel)

Inst:200812018765 Date:10/13/2008 Time:8:53 AM
Doc Stamp-Deed 0.70
X-DC P.DeWitt Cason,Columbia County Page 1 of 3 B:1160 P:835

WARRANTY DEED

THIS INDENTURE, made this 9th day of October 2008,
BETWEEN STEPHEN C. GLENN, PHYLLIS J. GLENN and COLIN J. GLENN, who
do not reside on the property described below, grantor*, and
STEPHEN C. GLENN, PHYLLIS J. GLENN and COLIN J. GLENN, as Joint
Tenants With Right of Survivorship, whose post office address is
185 SW Arrowhead Terrace, Lake City, Florida 32024, of the County
of Columbia, State of Florida, grantee*.

WITNESSETH: that said grantor, for and in consideration of
the sum of Ten Dollars (\$10.00), and other good and valuable
considerations to said grantor in hand paid by said grantee, the
receipt whereof is hereby acknowledged, has granted, bargained and
sold to the said grantee, and grantee's heirs and assigns forever,
the following described land, situate, lying and being in Columbia
County, Florida, to-wit:

SEE SCHEDULE A ATTACHED HERETO AND MADE A PART HEREOF.

SUBJECT TO: Restrictions, easements and outstanding
mineral rights of record, if any, and taxes for the
current year.

N.B. None of the Grantors nor any member of their
family live or reside on the property described herein
or any land adjacent thereto or claim any part thereof
or any land adjacent thereto as their homestead.

N.B. The purpose of this deed is to consolidate the
parcel described in Inst.200712025567 and the parcel
described in Inst.200812003044 and the parcel described
in Inst.200812005018, public records of Columbia
County, Florida.

and said grantor does hereby fully warrant the title to said land,
and will defend the same against the lawful claims of all persons
whomsoever.

*"Grantor" and "grantee" are used for singular or plural, as
context requires.

IN WITNESS WHEREOF, grantor has hereunto set grantor's hand
and seal the day and year first above written.

Signed, sealed and delivered
in our presence:

DeEtte F. Brown
(First Witness)
DeEtte F. Brown
Printed Name

Stephen C. Glenn (SEAL)
STEPHEN C. GLENN

Myrtle Ann McElroy
(Second Witness)
Myrtle Ann McElroy
Printed Name

Phyllis J. Glenn (SEAL)
PHYLLIS J. GLENN

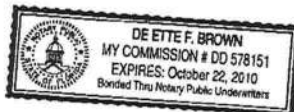
Colin J. Glenn (SEAL)
COLIN J. GLENN

STATE OF FLORIDA
COUNTY OF COLUMBIA

The foregoing instrument was acknowledged before me this 9th
day of October 2008, by STEPHEN C. GLENN, PHYLLIS J. GLENN
and COLIN J. GLENN, who are personally known to me or who have
produced _____ as identification and who did not take
an oath.

My Commission Expires:

DeEtte F. Brown
Notary Public



SCHEDULE A

A PART OF THE NORTHWEST 1/4 OF SECTION 30, TOWNSHIP 4 SOUTH, RANGE 17 EAST, COLUMBIA COUNTY, FLORIDA, MORE PARTICULARLY DESCRIBED AS FOLLOWS:
COMMENCE AT THE NORTHWEST CORNER OF SAID SECTION 30 AND RUN S.00°03'18"E ALONG THE CENTERLINE OF S. W. ARROWHEAD TERRACE A DISTANCE OF 330.50 FEET FOR A POINT OF BEGINNING; THENCE N.89°20'03"E., A DISTANCE OF 33.00 FEET; THENCE N.00°03'18"W., 70.00 FEET; THENCE N.89°20'03"E., 1068.72 FEET; THENCE S.44°44'52"W., A DISTANCE OF 609.09 FEET; THENCE S.84°26'41"W., 39.66 FEET; THENCE S.89°25'22"W., A DISTANCE OF 300.00 FEET; THENCE S.00°03'18"E., A DISTANCE OF 591.82 FEET TO THE NORTH RIGHT-OF-WAY LINE OF COUNTY ROAD # 242 (AN 80' RIGHT-OF-WAY), THENCE N.89°56'59"W., ALONG SAID RIGHT-OF-WAY A DISTANCE OF 150.00 FEET; THENCE N.00°03'18"W., A DISTANCE OF 290.71 FEET; THENCE S.89°25'22"W., A DISTANCE OF 183.00 FEET TO THE CENTERLINE OF SAID ARROWHEAD TERRACE; THENCE N.00°03'18"W., ALONG SAID CENTERLINE, A DISTANCE OF 660.00 FEET TO THE POINT OF BEGINNING.

SUBJECT TO THE WESTERLY 33.00 FEET FOR ROAD RIGHT-OF-WAY FOR ARROWHEAD TERRACE.

Columbia County Property Appraiser

DB Last Updated: 1/28/2010

2009 Tax Roll Year

Parcel: 30-4S-17-08885-005

[<< Next Lower Parcel](#)
[Next Higher Parcel >>](#)
[Tax Collector](#)
[Tax Estimator](#)
[Property Card](#)
[Parcel List Generator](#)
[Interactive GIS Map](#)
[Print](#)

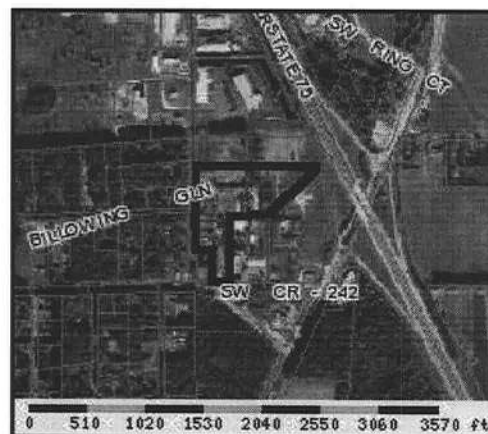
<< Prev

Search Result: 3 of 15

Next >>

Owner & Property Info

Owner's Name	GLENN STEPHEN C & PHYLLIS J &		
Mailing Address	GLENN COLIN J (JTWRS) 185 SW ARROWHEAD TER LAKE CITY, FL 32024		
Site Address	185 SW ARROWHEAD TER		
Use Desc. (code)	RV PARK/CA (003600)		
Tax District	2 (County)	Neighborhood	30417
Land Area	11.420 ACRES	Market Area	06
Description	NOTE: This description is not to be used as the Legal Description for this parcel in any legal transaction. COMM NW COR OF SEC, RUN EAST 3 2.98 FT TO E R/W OF ARROWHEAD TER, S ALONG R/W 260.50 FT FOR POB, RUN E 1064.34 FT, SW 609.20 FT, W 339.56 FT, SOUTH 591.82 FT TO N R/W OF CR 242, W ALONG R/W 150 FT, N 290.77 FT, W 150 FT TO E R/W OF ARROW HEAD TER, N ALONG R/W 730.50 FT TO POB ORB 338-09, 471-201, 492-588, 533-739, 566-083, 530-604, 774-1284, 1286, JTWRS 936-414, ORB 1143-456, WD 1144 -1933, WD 114 ...more>>>		



Property & Assessment Values

2009 Certified Values		
Mkt Land Value	cnt: (0)	\$216,123.00
Ag Land Value	cnt: (6)	\$0.00
Building Value	cnt: (5)	\$168,619.00
XFOB Value	cnt: (11)	\$81,475.00
Total Appraised Value		\$466,217.00
Just Value		\$466,217.00
Class Value		\$0.00
Assessed Value		\$466,217.00
Exempt Value	(code: DH)	\$83,361.00
Total Taxable Value	Cnty: \$382,856 Other: \$382,856 Schl:	\$416,217

2010 Working Values

NOTE:

2010 Working Values are NOT certified values and therefore are subject to change before being finalized for ad valorem assessment purposes.

[Show Working Values](#)

Sales History

[Show Similar Sales within 1/2 mile](#)

Sale Date	OR Book/Page	OR Code	Vacant / Improved	Qualified Sale	Sale RCode	Sale Price
10/9/2008	1160/835	WD	I	U	01	\$100.00
3/11/2008	1145/1077	WD	I	U	03	\$250,000.00
2/28/2008	1144/1933	WD	I	U	03	\$100.00
2/13/2008	1143/456	WD	I	U	03	\$500,000.00
11/14/2007	1136/686	WD	I	U	01	\$100.00
9/27/2001	936/414	WD	I	Q		\$475,000.00
5/7/1993	774/1286	WD	I	U	10	\$50,000.00
4/29/1993	774/1284	WD	V	Q		\$25,000.00
8/21/1987	630/604	WD	I	U		\$135,000.00

Building Characteristics



**COLUMBIA COUNTY BUILDING DEPARTMENT
RESIDENTIAL CHECK LIST REQUIREMENTS**

**MINIMUM PLAN REQUIREMENTS FOR THE
FLORIDA BUILDING CODE RESIDENTIAL 2007
ONE (1) AND TWO (2) FAMILY DWELLINGS**

ALL REQUIREMENTS ARE SUBJECT TO CHANGE

ALL BUILDING PLANS MUST INDICATE COMPLIANCE with the Current 2007 FLORIDA BUILDING CODES RESIDENTIAL. ALL PLANS OR DRAWINGS SHALL PROVIDE CALCULATIONS AND DETAILS THAT HAVE THE SEAL AND SIGNATURE OF A CERTIFIED ARCHITECT OR ENGINEER REGISTERED IN THE STATE OF FLORIDA, OR ALTERNATE METHODOLOGIES, APPROVED BY THE STATE OF FLORIDA BUILDING COMMISSION FOR ONE-AND-TWO FAMILY DWELLINGS.

FOR DESIGN PURPOSES THE FOLLOWING BASIC WIND SPEEDS ARE PER FIGURE R301.2(4) of the FLORIDA BUILDING CODES RESIDENTIAL (Florida Wind speed map) SHALL BE USED.

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

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

**GENERAL REQUIREMENTS:
APPLICANT – PLEASE CHECK ALL APPLICABLE BOXES BEFORE SUBMITTAL**

**Items to Include-
Each Box shall be
Circled as
Applicable**

		Yes	No	N/A
1	Two (2) complete sets of plans containing the following:	<input checked="" type="checkbox"/>		
2	All drawings must be clear, concise, drawn to scale, details that are not used shall be marked void	<input checked="" type="checkbox"/>		
3	Condition space (Sq. Ft.) <u>2385</u>	IIIIII	IIIIII	IIII
	Total (Sq. Ft.) under roof <u>2940</u>			

Designers name and signature shall be on all documents and a licensed architect or engineer, signature and official embossed seal shall be affixed to the plans and documents as per the FLORIDA BUILDING CODES RESIDENTIAL R101.2.1

Site Plan information including:

4	Dimensions of lot or parcel of land	<input checked="" type="checkbox"/>		
5	Dimensions of all building set backs	<input checked="" type="checkbox"/>		
6	Location of all other structures (include square footage of structures) on parcel, existing or proposed well and septic tank and all utility easements.	<input checked="" type="checkbox"/>		
7	Provide a full legal description of property.	<input checked="" type="checkbox"/>		

Wind-load Engineering Summary, calculations and any details required

GENERAL REQUIREMENTS: APPLICANT – PLEASE CHECK ALL APPLICABLE BOXES BEFORE SUBMITTAL		Items to Include- Each Box shall be Circled as Applicable		
		IIIIII	IIII	IIIIII
		YES	NO	N/A
8	Plans or specifications must show compliance with FBCR Chapter 3			
9	Basic wind speed (3-second gust), miles per hour	✓		
10	(Wind exposure – if more than one wind exposure is used, the wind exposure and applicable wind direction shall be indicated)	✓		
11	Wind importance factor and nature of occupancy	✓		
12	The applicable internal pressure coefficient, Components and Cladding	✓		
13	The design wind pressure in terms of psf (kN/m ²), to be used for the design of exterior component, cladding materials not specifi ally designed by the registered design professional.	✓		

Elevations Drawing including:

14	All side views of the structure	✓		
15	Roof pitch	✓		
16	Overhang dimensions and detail with attic ventilation	✓		
17	Location, size and height above roof of chimneys	✓		
18	Location and size of skylights with Florida Product Approval	✓		
18	Number of stories	✓		
20A	Building height from the established grade to the roofs highest peak	✓		

Floor Plan including:

20	Dimensioned area plan showing rooms, attached garage, breeze ways, covered porches, deck, balconies	✓		
21	Raised floor surfaces located more than 30 inches above the floor or grade	✓		
22	All exterior and interior shear walls indicated	✓		
23	Shear wall opening shown (Windows, Doors and Garage doors)	✓		
24	Emergency escape and rescue opening shown in each bedroom (net clear opening shown)	✓		
25	Safety glazing of glass where needed	✓		
26	Fireplaces types (gas appliance) (vented or non-vented) or wood burning with Hearth (see chapter 10 of FBCR)			
27	Stairs with dimensions (width, tread and riser and total run) details of guardrails, Handrails (see FBCR SECTION 311)			
28	Identify accessibility of bathroom (see FBCR SECTION 322)	✓		

All materials placed within opening or onto/into exterior walls, soffits or roofs shall have Florida product approval number and mfg. installation information submitted with the plan (see Florida product approval form)

GENERAL REQUIREMENTS:
APPLICANT – PLEASE CHECK ALL APPLICABLE BOXES BEFORE SUBMITTAL

**Items to Include-
Each Box shall be
Circled as
Applicable**

FBCR 403: Foundation Plans

		YES	NO	N/A
29	Location of all load-bearing walls footings indicated as standard, monolithic, dimensions, size and type of reinforcing.	✓		
30	All posts and/or column footing including size and reinforcing	✓		
31	Any special support required by soil analysis such as piling.			
32	Assumed load-bearing value of soil _____ Pound Per Square Foot	✓		
33	Location of horizontal and vertical steel, for foundation or walls (include # size and type)	✓		

FBCR 506: CONCRETE SLAB ON GRADE

34	Show Vapor retarder (6mil. Polyethylene with joints lapped 6 inches and sealed)	✓		
35	Show control joints, synthetic fiber reinforcement or welded fire fabric reinforcement and Supports	✓		

FBCR 320: PROTECTION AGAINST TERMITES

36	Indicate on the foundation plan if soil treatment is used for subterranean termite prevention or submit other approved termite protection methods. Protection shall be provided by registered termiticides	✓		
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FBCR 606: Masonry Walls and Stem walls (load bearing & shear Walls)

37	Show all materials making up walls, wall height, and Block size, mortar type	✓		
38	Show all Lintel sizes, type, spans and tie-beam sizes and spacing of reinforcement	✓		

Metal frame shear wall and roof systems shall be designed, signed and sealed by Florida Prof. Engineer or Architect

Floor Framing System: First and/or second story

39	Floor truss package shall including layout and details, signed and sealed by Florida Registered Professional Engineer			
40	Show conventional floor joist type, size, span, spacing and attachment to load bearing walls, stem walls and/or piers			
41	Girder type, size and spacing to load bearing walls, stem wall and/or piers			
42	Attachment of joist to girder			
43	Wind load requirements where applicable			
44	Show required under-floor crawl space			
45	Show required amount of ventilation opening for under-floor spaces			
46	Show required covering of ventilation opening			
47	Show the required access opening to access to under-floor spaces			
	Show the sub-floor structural panel sheathing type, thickness and fastener schedule on the edges &			

48	intermediate of the areas structural panel sheathing			
49	Show Draftstopping, Fire caulking and Fire blocking			
50	Show fireproofing requirements for garages attached to living spaces, per FBCR section 309			
51	Provide live and dead load rating of floor framing systems (psf).			

FBCR CHAPTER 6 WOOD WALL FRAMING CONSTRUCTION

GENERAL REQUIREMENTS: APPLICANT - PLEASE CHECK ALL APPLICABLE BOXES BEFORE SUBMITTAL		Items to Include- Each Box shall be Circled as Applicable		
		YES	NO	N/A
52	Stud type, grade, size, wall height and oc spacing for all load bearing or shear walls	✓		
53	Fastener schedule for structural members per table FBCR 602.3 are to be shown	✓		
54	Show Wood structural panel's sheathing attachment to studs, joist, trusses, rafters and structural members, showing fastener schedule attachment on the edges & intermediate of the areas structural panel sheathing	✓		
55	Show all required connectors with a max uplift rating and required number of connectors and oc spacing for continuous connection of structural walls to foundation and roof trusses or rafter systems	✓		
56	Show sizes, type, span lengths and required number of support jack studs, king studs for shear wall opening and girder or header per FBCR Table 502.5 (1)	✓		
57	Indicate where pressure treated wood will be placed	✓		
58	Show all wall structural panel sheathing, grade, thickness and show fastener schedule for structural panel sheathing edges & intermediate areas	✓		
59	A detail showing gable truss bracing, wall balloon framing details or/ and wall hinge bracing detail			

FBCR :ROOF SYSTEMS:

60	Truss design drawing shall meet section FBCR 802.10 Wood trusses	✓		
61	Include a layout and truss details, signed and sealed by Florida Professional Engineer	✓		
62	Show types of connector's assemblies' and resistance uplift rating for all trusses and rafters	✓		
63	Show gable ends with rake beams showing reinforcement or gable truss and wall bracing details			
64	Provide dead load rating of trusses	✓		

FBCR 802:Conventional Roof Framing Layout

65	Rafter and ridge beams sizes, span, species and spacing			
66	Connectors to wall assemblies' include assemblies' resistance to uplift rating			
67	Valley framing and support details			
68	Provide dead load rating of rafter system			

FBCR Table 602,3(2) & FBCR 803 ROOF SHEATHING

69	Include all materials which will make up the roof decking, identification of structural panel sheathing, grade, thickness	✓		
70	Show fastener Size and schedule for structural panel sheathing on the edges & intermediate areas	✓		

FBCR ROOF ASSEMBLIES FRC Chapter 9

71	Include all materials which will make up the roof assemblies covering	<input checked="" type="checkbox"/>		
72	Submit Florida Product Approval numbers for each component of the roof assemblies covering	<input checked="" type="checkbox"/>		

FBCR Chapter 11 Energy Efficiency Code for residential building

Residential construction shall comply with this code by using the following compliance methods in the FBCR chapter 11 Residential buildings compliance methods. *Two of the required forms are to be submitted, showing dimensions condition area equal to the total condition living space area*

GENERAL REQUIREMENTS: APPLICANT – PLEASE CHECK ALL APPLICABLE BOXES BEFORE SUBMITTAL		Items to Include- Each Box shall be Circled as Applicable		
		YES	NO	N/A
73	Show the insulation R value for the following areas of the structure	<input checked="" type="checkbox"/>		
74	Attic space	<input checked="" type="checkbox"/>		
75	Exterior wall cavity	<input checked="" type="checkbox"/>		
76	Crawl space			

HVAC information

77	Submit two copies of a Manual J sizing equipment or equivalent computation study	<input checked="" type="checkbox"/>		
78	Exhaust fans locations in bathrooms	<input checked="" type="checkbox"/>		
79	Show clothes dryer route and total run of exhaust duct	<input checked="" type="checkbox"/>		

Plumbing Fixture layout shown

80	All fixtures waste water lines shall be shown on the foundation plan	<input checked="" type="checkbox"/>		
81	Show the location of water heater	<input checked="" type="checkbox"/>		

Private Potable Water

Existing Well

82	Pump motor horse power			
83	Reservoir pressure tank gallon capacity			
84	Rating of cycle stop valve if used			

Electrical layout shown including

85	Switches, outlets/receptacles, lighting and all required GFCI outlets identified	<input checked="" type="checkbox"/>		
86	Ceiling fans	<input checked="" type="checkbox"/>		
87	Smoke detectors & Carbon dioxide detectors	<input checked="" type="checkbox"/>		
88	Service panel, sub-panel, location(s) and total ampere ratings	<input checked="" type="checkbox"/>		
89	On the electrical plans identify the electrical service overcurrent protection device for the main electrical service. This device shall be installed on the exterior of structures to serve as a disconnecting means for the utility company electrical service. Conductors used from the exterior disconnecting means to a panel or sub panel shall have four-wire conductors, of which one conductor shall be used as an equipment ground. Indicate if the utility company service entrance cable will be of the overhead or underground type.	<input checked="" type="checkbox"/>		

90	Appliances and HVAC equipment and disconnects	✓		
91	Arc Fault Circuits (AFCI) in bedrooms	✓		

Disclosure Statement for Owner Builders *If you as the applicant will be acting as an owner/builder under section 489.103(7) of the Florida Statutes, submit the required owner builder disclosure statement form.*

Notice Of Commencement

A notice of commencement form **recorded** in the Columbia County Clerk Office is required to be filed with the building department Before Any Inspections can be preformed.

GENERAL REQUIREMENTS: APPLICANT – PLEASE CHECK ALL APPLICABLE BOXES BEFORE SUBMITTAL		Items to Include- Each Box shall be Circled as Applicable
---	--	--

THE FOLLOWING ITEMS MUST BE SUBMITTED WITH BUILDING PLANS

		YES	NO	N/A
92	Building Permit Application A current Building Permit Application form is to be completed and submitted for all residential projects	✓		
93	Parcel Number The parcel number (Tax ID number) from the Property Appraiser (386) 758-1084 is required. A copy of property deed is also requested	✓		
94	Environmental Health Permit or Sewer Tap Approval A copy of a approved Columbia County Environmental Health (386) 758-1058			
95	City of Lake City A permit showing an approved waste water sewer tap			
96	Toilet facilities shall be provided for all construction sites	✓		
97	Town of Fort White (386) 497-2321 If the parcel in the application for building permit is within the Corporate city limits of Fort White an approval land use development letter issued by the Town of Fort is required to be submitted with the application for a building permit.			
98	Flood Information: All projects within the Floodway of the Suwannee or Santa Fe Rivers shall require permitting through the Suwannee River Water Management District, before submitting a application to this office. Any project located within a flood zone where the base flood elevation (100 year flood) has been established shall meet the requirements of Section 8.5.2 of the Columbia County Land Development Regulations. Any project located within a flood zone where the base flood elevation has not been established (Zone A) shall meet the requirements of Section 8.5.3 of the Columbia County Land Development Regulations			
99	CERTIFIED FINISHED FLOOR ELEVATIONS will be required on any project where the base flood elevation (100 year flood) has been established			
100	A development permit will also be required. Development permit cost is \$50.00			
101	Driveway Connection: If the property does not have an existing access to a public road, then an application for a culvert permit (\$25.00) must be made. If the applicant feels that a culvert is not needed, they may apply for a culvert waiver (\$50.00). All culvert waivers are sent to the Columbia County Public Works Department for approval or denial.	EXISTING		
102	911 Address: If the project is located in an area where a 911 address has not been issued, then application for a 911 address must be applied for and received through the Columbia County Emergency Management Office of 911 Addressing Department (386) 758-1125	✓		

Section R101.2.1 of the Florida Building Code Residential:

The provisions of Chapter 1, Florida Building Code, Building shall govern the administration and enforcement of the Florida Building Code, Residential.

Section 105 of the Florida Building Code defines the:

Time limitation 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.

Single-family residential dwelling.

Section 105.3.4 A building permit for a single-family residential dwelling must be issued within 30 working days of application therefor unless unusual circumstances require a longer time for processing the application or unless the permit application fails to satisfy the Florida Building Code or the enforcing agency's laws or ordinances.

Permit intent.

Section 105.4.1: A permit issued shall be constructed to be a license to proceed with the work and not as authority to violate, cancel, alter or set aside any of the provisions of the technical codes, nor shall issuance of a permit prevent the building official from thereafter requiring a correction of errors in plans, construction or violations of this code. Every permit issued shall become invalid unless the work authorized by such permit is commenced within six months after its issuance, or if the work authorized by such permit is suspended or abandoned for a period of six months after the time the work is commenced.

If work has commenced.

Section 105.4.1.1: If work has commenced and the permit is revoked, becomes null and void, or expires because of lack of progress or abandonment, a new permit covering the proposed construction shall be obtained before proceeding with the work.

New Permit.

Section 105.4.1.2: If a new permit is not obtained within 180 days from the date the initial permit became null and void, the building official is authorized to require that any work which has been commenced or completed be removed from the building site. Alternately, a new permit may be issued on application, providing the work in place and required to complete the structure meets all applicable regulations in effect at the time the initial permit became null and void and any regulations which may have become effective between the date of expiration and the date of issuance of the new permit.

Work Shall Be:

Section 105.4.1.3: Work shall be considered to be in active progress when the permit has received an approved inspection within 180 days. This provision shall not be applicable in case of civil commotion or strike or when the building work is halted due directly to judicial injunction, order or similar process.

The Fee:

Section 105.4.1.4: The fee for renewal reissuance and extension of a permit shall be set forth by the administrative authority.

When the submitted application is approved for permitting the applicant will be notified by phone as to the date and time a building permit will be prepared and issued by the Columbia County Building & Zoning Department

FLORIDA ENERGY EFFICIENCY CODE FOR BUILDING CONSTRUCTION

Florida Department of Community Affairs Residential Performance Method A

Project Name: 1002006WindtechGlennRes
 Street: 185 SW Arrowhead Terrace
 City, State, Zip: Lake City, FL,
 Owner: Steve & Phyllis Glenn
 Design Location: FL, Gainesville

Builder Name: Wind Tech
 Permit Office:
 Permit Number:
 Jurisdiction:

1. New construction or existing	New (From Plans)	
2. Single family or multiple family	Single-family	
3. Number of units, if multiple family	1	
4. Number of Bedrooms	3	
5. Is this a worst case?	Yes	
6. Conditioned floor area (ft ²)	2385	
7. Windows	Description	Area
a. U-Factor:	Dbl, U=0.35	265.17 ft ²
SHGC:	SHGC=0.35	
b. U-Factor:	Gbl, default	16.00 ft ²
SHGC:	Clear, default	
c. U-Factor:	N/A	ft ²
SHGC:		
d. U-Factor:	N/A	ft ²
SHGC:		
e. U-Factor:	N/A	ft ²
SHGC:		
8. Floor Types	Insulation	Area
a. Slab-On-Grade Edge Insulation	R=0.0	2385.00 ft ²
b. N/A	R=	ft ²
c. N/A	R=	ft ²

9. Wall Types	Insulation	Area
a. Frame - Wood, Exterior	R=13.0	1824.00 ft ²
b. N/A	R=	ft ²
c. N/A	R=	ft ²
d. N/A	R=	ft ²
10. Ceiling Types	Insulation	Area
a. Under Attic (Vented)	R=30.0	2385.00 ft ²
b. Knee Wall (Vented)	R=30.0	224.00 ft ²
c. N/A	R=	ft ²
11. Ducts		
a. Sup: Attic Ret: Attic AH: Interior Sup. R= 6, 477 ft ²		
12. Cooling systems		
a. Central Unit	Cap: 48.0 kBtu/hr	SEER: 13
13. Heating systems		
a. Electric Heat Pump	Cap: 48.0 kBtu/hr	HSPF: 7.7
14. Hot water systems		
a. Electric	Cap: 40 gallons	EF: 0.92
b. Conservation features		
None		
15. Credits		None

Glass/Floor Area: 0.118

Total As-Built Modified Loads: 38.04

Total Baseline Loads: 46.54

PASS

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

PREPARED BY:

DATE: 3/11/10 EVAN BEANSLEY

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

OWNER/AGENT:

DATE:

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



BUILDING OFFICIAL:

DATE:

PROJECT

Title: 1002006WindtechGlennRes	Bedrooms: 3	Address Type: Street Address
Building Type: FLAsBuilt	Conditioned Area: 2385	Lot #
Owner: Steve & Phyllis Glenn	Total Stories: 1	SubDivision:
# of Units: 1	Worst Case: Yes	PlatBook:
Builder Name: Wind Tech	Rotate Angle: 135	Street: 185 SW Arrowhead Terr
Permit Office:	Cross Ventilation:	County: Columbia
Jurisdiction:	Whole House Fan:	City, State, Zip: Lake City , FL ,
Family Type: Single-family		
New/Existing: New (From Plans)		
Comment:		

CLIMATE

✓	Design Location	TMY Site	IECC Zone	Design Temp		Int Design Temp		Heating Degree Days	Design Moisture	Daily Temp Range
				97.5 %	2.5 %	Winter	Summer			
_____	FL, Gainesville	FL_GAINESVILLE_REGI	2	32	92	75	70	1305.5	51	Medium

FLOORS

✓	#	Floor Type	Perimeter	R-Value	Area	Tile	Wood	Carpet
_____	1	Slab-On-Grade Edge Insulatio	228 ft	0	2385 ft²	0.3	0.3	0.4

ROOF

✓	#	Type	Materials	Roof Area	Gable Area	Roof Color	Solar Absor.	Tested	Deck Insul.	Pitch
_____	1	Hip	Composition shingles	2667 ft²	0 ft²	Dark	0.96	No	0	26.6 deg

ATTIC

✓	#	Type	Ventilation	Vent Ratio (1 in)	Area	RBS	IRCC
_____	1	Full attic	Vented	300	2385 ft²	N	N

CEILING

✓	#	Ceiling Type	R-Value	Area	Framing Frac	Truss Type
_____	1	Under Attic (Vented)	30	2385 ft²	0.11	Wood
_____	2	Knee Wall (Vented)	30	224 ft²	0.11	Wood

WALLS

✓	#	Ornt	Adjacent To	Wall Type	Cavity R-Value	Area	Sheathing R-Value	Framing Fraction	Solar Absor.
_____	1	N	Exterior	Frame - Wood	13	648 ft²		0.23	0.75
_____	2	E	Exterior	Frame - Wood	13	264 ft²		0.23	0.75
_____	3	S	Exterior	Frame - Wood	13	648 ft²		0.23	0.75
_____	4	W	Exterior	Frame - Wood	13	264 ft²		0.23	0.75

DOORS

✓	#	Ornt	Door Type	Storms	U-Value	Area
✓	1	N	Wood	None	0.46	133.3333
✓	2	S	Wood	None	0.46	20 ft²
✓	3	W	Wood	None	0.46	20 ft²

WINDOWS

Orientation shown is the entered orientation (=>) changed to Worst Case.

✓	#	Ornt	Frame	Panes	NFRC	U-Factor	SHGC	Storms	Area	Overhang Depth Separation	Int Shade	Screening
✓	1	N=>SE	Metal	Low-E Double	Yes	0.35	0.35	N	9 ft²	15 ft 6 in 1 ft 0 in	HERS 2006	None
✓	2	N=>SE	Metal	Low-E Double	Yes	0.35	0.35	N	20 ft²	15 ft 6 in 1 ft 0 in	HERS 2006	None
✓	3	N=>SE	Metal	Low-E Double	Yes	0.35	0.35	N	18 ft²	1 ft 6 in 1 ft 0 in	HERS 2006	None
✓	4	N=>SE	None	Glazed Block	No	0.6	0.6	N	16 ft²	1 ft 6 in 1 ft 0 in	HERS 2006	None
✓	5	E=>SW	Metal	Low-E Double	Yes	0.35	0.35	N	30 ft²	1 ft 6 in 1 ft 0 in	HERS 2006	None
✓	6	S=>NW	Metal	Low-E Double	Yes	0.35	0.35	N	29.16666	1 ft 6 in 1 ft 0 in	HERS 2006	None
✓	7	S=>NW	Metal	Low-E Double	Yes	0.35	0.35	N	45 ft²	7 ft 6 in 1 ft 0 in	HERS 2006	None
✓	8	S=>NW	Metal	Low-E Double	Yes	0.35	0.35	N	30 ft²	7 ft 6 in 1 ft 0 in	HERS 2006	None
✓	9	S=>NW	Metal	Low-E Double	Yes	0.35	0.35	N	60 ft²	1 ft 6 in 1 ft 0 in	HERS 2006	None
✓	10	W=>NE	Metal	Low-E Double	Yes	0.35	0.35	N	15 ft²	1 ft 6 in 1 ft 0 in	HERS 2006	None
✓	11	W=>NE	Metal	Low-E Double	Yes	0.35	0.35	N	9 ft²	1 ft 6 in 1 ft 0 in	HERS 2006	None

INFILTRATION & VENTING

✓	Method	SLA	CFM 50	ACH 50	ELA	EqLA	---- Forced Ventilation ---- Supply CFM Exhaust CFM		Run Time Fraction	Fan Watts
✓	Default	0.00036	2252	7.08	123.6	232.5	0 cfm	0 cfm	0	0

COOLING SYSTEM

✓	#	System Type	Subtype	Efficiency	Capacity	Air Flow	SHR	Ducts
✓	1	Central Unit	None	SEER: 13	48 kBtu/hr	1440 cfm	0.75	sys#1

HEATING SYSTEM

✓	#	System Type	Subtype	Efficiency	Capacity	Ducts
✓	1	Electric Heat Pump	None	HSPF: 7.7	48 kBtu/hr	sys#1

HOT WATER SYSTEM

✓	#	System Type	EF	Cap	Use	SetPnt	Conservation
✓	1	Electric	0.92	40 gal	60 gal	120 deg	None

SOLAR HOT WATER SYSTEM

✓	FSEC	Company Name	System Model #	Collector Model #	Collector Area	Storage Volume	FEF
_____	None	None				ft ²	

DUCTS

✓	#	Location	--- Supply --- R-Value	Area	--- Return --- Location	Area	Leakage Type	Air Handler	CFM 25	Percent Leakage	QN	RLF
_____	1	Attic	6	477 ft ²	Attic	119.25	Default Leakage	Interior	(Default)	(Default) %		

TEMPERATURES

Programable Thermostat: None					Ceiling Fans:																				
Cooling	<input checked="" type="checkbox"/>	Jan	<input checked="" type="checkbox"/>	Feb	<input checked="" type="checkbox"/>	Mar	<input checked="" type="checkbox"/>	Apr	<input checked="" type="checkbox"/>	May	<input checked="" type="checkbox"/>	Jun	<input checked="" type="checkbox"/>	Jul	<input checked="" type="checkbox"/>	Aug	<input checked="" type="checkbox"/>	Sep	<input checked="" type="checkbox"/>	Oct	<input checked="" type="checkbox"/>	Nov	<input checked="" type="checkbox"/>	Dec	<input checked="" type="checkbox"/>
Heating	<input checked="" type="checkbox"/>	Jan	<input checked="" type="checkbox"/>	Feb	<input checked="" type="checkbox"/>	Mar	<input checked="" type="checkbox"/>	Apr	<input checked="" type="checkbox"/>	May	<input checked="" type="checkbox"/>	Jun	<input checked="" type="checkbox"/>	Jul	<input checked="" type="checkbox"/>	Aug	<input checked="" type="checkbox"/>	Sep	<input checked="" type="checkbox"/>	Oct	<input checked="" type="checkbox"/>	Nov	<input checked="" type="checkbox"/>	Dec	<input checked="" type="checkbox"/>
Venting	<input checked="" type="checkbox"/>	Jan	<input checked="" type="checkbox"/>	Feb	<input checked="" type="checkbox"/>	Mar	<input checked="" type="checkbox"/>	Apr	<input checked="" type="checkbox"/>	May	<input checked="" type="checkbox"/>	Jun	<input checked="" type="checkbox"/>	Jul	<input checked="" type="checkbox"/>	Aug	<input checked="" type="checkbox"/>	Sep	<input checked="" type="checkbox"/>	Oct	<input checked="" type="checkbox"/>	Nov	<input checked="" type="checkbox"/>	Dec	<input checked="" type="checkbox"/>
Thermostat Schedule: HERS 2006 Reference																									
Schedule Type		1		2		3		4		5		6		7		8		9		10		11		12	
Cooling (WD)		AM	78	78	78	78	78	78	78	78	78	78	78	78	78	78	78	78	78	78	78	78	78	78	78
		PM	78	78	78	78	78	78	78	78	78	78	78	78	78	78	78	78	78	78	78	78	78	78	78
Cooling (WEH)		AM	78	78	78	78	78	78	78	78	78	78	78	78	78	78	78	78	78	78	78	78	78	78	78
		PM	78	78	78	78	78	78	78	78	78	78	78	78	78	78	78	78	78	78	78	78	78	78	78
Heating (WD)		AM	68	68	68	68	68	68	68	68	68	68	68	68	68	68	68	68	68	68	68	68	68	68	68
		PM	68	68	68	68	68	68	68	68	68	68	68	68	68	68	68	68	68	68	68	68	68	68	68
Heating (WEH)		AM	68	68	68	68	68	68	68	68	68	68	68	68	68	68	68	68	68	68	68	68	68	68	68
		PM	68	68	68	68	68	68	68	68	68	68	68	68	68	68	68	68	68	68	68	68	68	68	68

Code Compliance Checklist

Residential Whole Building Performance Method A - Details

ADDRESS: 185 SW Arrowhead Terrace
Lake City, FL,

PERMIT #:

INFILTRATION REDUCTION COMPLIANCE CHECKLIST

COMPONENTS	SECTION	REQUIREMENTS FOR EACH PRACTICE	CHECK
Exterior Windows & Doors	N1106.AB.1.1	Maximum: .3 cfm/sq.ft. window area; .5 cfm/sq.ft. door area.	
Exterior & Adjacent Walls	N1106.AB.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	N1106.AB.1.2.2	Penetrations/openings > 1/8" sealed unless backed by truss or joint members. EXCEPTION: Frame floors where a continuous infiltration barrier is installed that is sealed to the perimeter, penetrations and seams.	
Ceilings	N1106.AB.1.2.3	Between walls & ceilings; penetrations of ceiling plane to 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	N1106.AB.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 with < 2.0 cfm from conditioned space, tested.	
Multi-story Houses	N1106.AB.1.2.5	Air barrier on perimeter of floor cavity between floors.	
Additional Infiltration reqts	N1106.AB.1.3	Exhaust fans vented to outdoors, dampers; combustion space heaters comply with NFPA, have combustion air.	

OTHER PRESCRIPTIVE MEASURES (must be met or exceeded by all residences.)

COMPONENTS	SECTION	REQUIREMENTS	CHECK
Water Heaters	N1112.AB.3	Comply with efficiency requirements in Table N112.ABC.3. Switch or clearly marked circuit breaker (electric) or cutoff (gas) must be provided. External or built-in heat trap required.	
Swimming Pools & Spas	N1112.AB.2.3	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%. Heat pump pool heaters shall have a minimum COP of 4.0.	
Shower heads	N1112.AB.2.4	Water flow must be restricted to no more than 2.5 gallons per minute at 80 PSIG.	
Air Distribution Systems	N1110.AB	All ducts, fittings, mechanical equipment and plenum chambers shall be mechanically attached, sealed, insulated and installed in accordance with the criteria of Section N1110.AB. Ducts in unconditioned attics: R-6 min. insulation.	
HVAC Controls	N1107.AB.2	Separate readily accessible manual or automatic thermostat for each system.	
Insulation	N1104.AB.1 N1102.B.1.1	Ceilings-Min. R-19. Common walls-frame R-11 or CBS R-3 both sides. Common ceiling & floors R-11.	

ENERGY PERFORMANCE LEVEL (EPL) DISPLAY CARD

ESTIMATED ENERGY PERFORMANCE INDEX* = 82

The lower the EnergyPerformance Index, the more efficient the home.

185 SW Arrowhead Terrace, Lake City, FL,

1. New construction or existing	New (From Plans)	9. Wall Types	Insulation	Area
2. Single family or multiple family	Single-family	a. Frame - Wood, Exterior	R=13.0	1824.00 ft ²
3. Number of units, if multiple family	1	b. N/A	R=	ft ²
4. Number of Bedrooms	3	c. N/A	R=	ft ²
5. Is this a worst case?	Yes	d. N/A	R=	ft ²
6. Conditioned floor area (ft ²)	2385	10. Ceiling Types	Insulation	Area
7. Windows**	Description	a. Under Attic (Vented)	R=30.0	2385.00 ft ²
a. U-Factor:	Dbl, U=0.35	b. Knee Wall (Vented)	R=30.0	224.00 ft ²
SHGC:	SHGC=0.35	c. N/A	R=	ft ²
b. U-Factor:	Gbl, default	11. Ducts		
SHGC:	Clear, default	a. Sup: Attic Ret: Attic AH: Interior Sup. R= 6, 477 ft ²		
c. U-Factor:	N/A	12. Cooling systems		
SHGC:		a. Central Unit	Cap: 48.0 kBtu/hr	
d. U-Factor:	N/A		SEER: 13	
SHGC:		13. Heating systems		
e. U-Factor:	N/A	a. Electric Heat Pump	Cap: 48.0 kBtu/hr	
SHGC:			HSPF: 7.7	
8. Floor Types	Insulation	14. Hot water systems		
a. Slab-On-Grade Edge Insulation	R=0.0	a. Electric	Cap: 40 gallons	
b. N/A	R=	b. Conservation features	EF: 0.92	
c. N/A	R=	None		
	Area	15. Credits		None

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 Index is only available through the EnergyGauge USA - FlaRes2008 computer program. This is not a Building Energy Rating. If your Index is below 100, your home may qualify for 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 energygauge.com for information and a list of certified Raters. For information about Florida's Energy Efficiency Code for Building Construction, contact the

**Label required by Section 13-104.4.5 of the Florida Building Code, Building, or Section B2.1.1 of Appendix G of the Florida Building Code, Residential, if not DEFAULT.

ENERGY PERFORMANCE LEVEL (EPL) DISPLAY CARD

ESTIMATED ENERGY PERFORMANCE INDEX* = 82

The lower the EnergyPerformance Index, the more efficient the home.

185 SW Arrowhead Terrace, Lake City, FL,

1. New construction or existing	New (From Plans)	9. Wall Types	Insulation	Area
2. Single family or multiple family	Single-family	a. Frame - Wood, Exterior	R=13.0	1824.00 ft ²
3. Number of units, if multiple family	1	b. N/A	R=	ft ²
4. Number of Bedrooms	3	c. N/A	R=	ft ²
5. Is this a worst case?	Yes	d. N/A	R=	ft ²
6. Conditioned floor area (ft ²)	2385	10. Ceiling Types	Insulation	Area
7. Windows**	Description	a. Under Attic (Vented)	R=30.0	2385.00 ft ²
a. U-Factor:	Dbl, U=0.35	b. Knee Wall (Vented)	R=30.0	224.00 ft ²
SHGC:	SHGC=0.35	c. N/A	R=	ft ²
b. U-Factor:	Gbl, default	11. Ducts		
SHGC:	Clear, default	a. Sup: Attic Ret: Attic AH: Interior Sup. R= 6, 477 ft ²		
c. U-Factor:	N/A	12. Cooling systems		
SHGC:		a. Central Unit	Cap: 48.0 kBtu/hr	
d. U-Factor:	N/A		SEER: 13	
SHGC:		13. Heating systems		
e. U-Factor:	N/A	a. Electric Heat Pump	Cap: 48.0 kBtu/hr	
SHGC:			HSPF: 7.7	
8. Floor Types	Insulation	14. Hot water systems		
a. Slab-On-Grade Edge Insulation	R=0.0	a. Electric	Cap: 40 gallons	
b. N/A	R=		EF: 0.92	
c. N/A	R=	b. Conservation features		
		None		
		15. Credits		None

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: _____

Department of Community Affairs at (850) 487-1824.



**Label required by Section 13-104.4.5 of the Florida Building Code, Building, or Section B2.1.1 of Appendix G of the Florida Building Code, Residential, if not DEFAULT.

Residential System Sizing Calculation

Summary

Steve & Phyllis Glenn
185 SW Arrowhead Terrace
Lake City, FL

Project Title:
1002006WindtechGlennRes

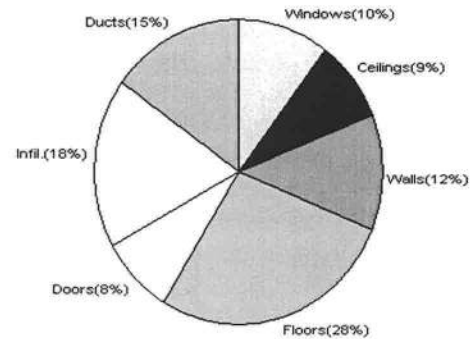
3/11/2010

Location for weather data: Gainesville, FL - Defaults: Latitude(29.7) Altitude(152 ft.) Temp Range(M)					
Humidity data: Interior RH (50%) Outdoor wet bulb (77F) Humidity difference(54gr.)					
Winter design temperature(MJ8 99%)	33	F	Summer design temperature(MJ8 99%)	92	F
Winter setpoint	70	F	Summer setpoint	75	F
Winter temperature difference	37	F	Summer temperature difference	17	F
Total heating load calculation	36140	Btuh	Total cooling load calculation	40205	Btuh
Submitted heating capacity	% of calc	Btuh	Submitted cooling capacity	% of calc	Btuh
Total (Electric Heat Pump)	132.8	48000	Sensible (SHR = 0.75)	109.4	36000
Heat Pump + Auxiliary(0.0kW)	132.8	48000	Latent	164.6	12000
			Total (Electric Heat Pump)	119.4	48000

WINTER CALCULATIONS

Winter Heating Load (for 2385 sqft)

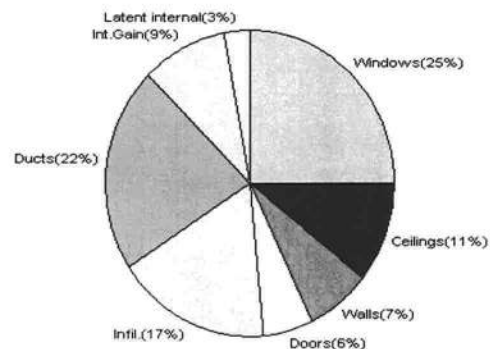
Load component			Load	
Window total	281	sqft	3789	Btuh
Wall total	1370	sqft	4498	Btuh
Door total	173	sqft	2950	Btuh
Ceiling total	2609	sqft	3074	Btuh
Floor total	2385	sqft	9954	Btuh
Infiltration	159	cfm	6441	Btuh
Duct loss			5434	Btuh
Subtotal			36140	Btuh
Ventilation	0	cfm	0	Btuh
TOTAL HEAT LOSS			36140	Btuh



SUMMER CALCULATIONS

Summer Cooling Load (for 2385 sqft)

Load component			Load	
Window total	281	sqft	10008	Btuh
Wall total	1370	sqft	2857	Btuh
Door total	173	sqft	2233	Btuh
Ceiling total	2609	sqft	4321	Btuh
Floor total			0	Btuh
Infiltration	127	cfm	2367	Btuh
Internal gain			3780	Btuh
Duct gain			7348	Btuh
Sens. Ventilation	0	cfm	0	Btuh
Blower Load			0	Btuh
Total sensible gain			32913	Btuh
Latent gain(ducts)			1443	Btuh
Latent gain(infiltration)			4649	Btuh
Latent gain(ventilation)			0	Btuh
Latent gain(internal/occupants/other)			1200	Btuh
Total latent gain			7291	Btuh
TOTAL HEAT GAIN			40205	Btuh



8th Edition

EnergyGauge® System Sizing

PREPARED BY:

DATE: 3/11/10 EVAN BEANLEY

System Sizing Calculations - Winter

Residential Load - Whole House Component Details

Steve & Phyllis Glenn
185 SW Arrowhead Terrace
Lake City, FL

Project Title:
1002006WindtechGlennRes
Building Type: User

3/11/2010

Reference City: Gainesville, FL (Defaults) Winter Temperature Difference: 37.0 F (MJ8 99%)
This calculation is for Worst Case. The house has been rotated 90 degrees.

Component Loads for Whole House								
Window	Panes/Type	Frame	U	Orientation	Area(sqft)	X	HTM=	Load
1	2, NFRC 0.35	Metal	0.35	E	9.0		12.9	117 Btuh
2	2, NFRC 0.35	Metal	0.35	E	20.0		12.9	259 Btuh
3	2, NFRC 0.35	Metal	0.35	E	18.0		12.9	233 Btuh
4	Glass block	None	0.60	E	16.0		22.2	355 Btuh
5	2, NFRC 0.35	Metal	0.35	S	30.0		12.9	388 Btuh
6	2, NFRC 0.35	Metal	0.35	W	29.2		12.9	378 Btuh
7	2, NFRC 0.35	Metal	0.35	W	45.0		12.9	583 Btuh
8	2, NFRC 0.35	Metal	0.35	W	30.0		12.9	388 Btuh
9	2, NFRC 0.35	Metal	0.35	W	60.0		12.9	777 Btuh
10	2, NFRC 0.35	Metal	0.35	N	15.0		12.9	194 Btuh
11	2, NFRC 0.35	Metal	0.35	N	9.0		12.9	117 Btuh
Window Total					281.2(sqft)			3789 Btuh
Walls	Type	Ornt.	Ueff.	R-Value (Cav/Sh)	Area	X	HTM=	Load
1	Frame - Wood	- Ext	(0.089)	13.0/0.0	452		3.28	1483 Btuh
2	Frame - Wood	- Ext	(0.089)	13.0/0.0	234		3.28	768 Btuh
3	Frame - Wood	- Ext	(0.089)	13.0/0.0	464		3.28	1523 Btuh
4	Frame - Wood	- Ext	(0.089)	13.0/0.0	220		3.28	722 Btuh
Wall Total					1370(sqft)			4498 Btuh
Doors	Type	Storm	Ueff.		Area	X	HTM=	Load
1	Wood - Exterior,	n	(0.460)		133		17.0	2269 Btuh
2	Wood - Exterior,	n	(0.460)		20		17.0	340 Btuh
3	Wood - Exterior,	n	(0.460)		20		17.0	340 Btuh
Door Total					173(sqft)			2950Btuh
Ceilings	Type/Color/Surface		Ueff.	R-Value	Area	X	HTM=	Load
1	Vented Attic/D/Shing		(0.032)	30.0/0.0	2385		1.2	2810 Btuh
2	Knee Wall/D/Shing		(0.032)	30.0/0.0	224		1.2	264 Btuh
Ceiling Total					2609(sqft)			3074Btuh
Floors	Type		Ueff.	R-Value	Size	X	HTM=	Load
1	Slab On Grade		(1.180)	0.0	228.0 ft(perim.)		43.7	9954 Btuh
Floor Total					2385 sqft			9954 Btuh
Envelope Subtotal:								24266 Btuh
Infiltration	Type		ACH	Volume(cuft)	Wall Ratio		CFM=	Load
	Natural		0.50	19080	1.00		159.0	6441 Btuh
Duct load	Average sealed, R6.0, Supply(Att), Return(Att)					(DLM of 0.177)		5434 Btuh
All Zones	Sensible Subtotal All Zones							36140 Btuh

Manual J Winter Calculations

Residential Load - Component Details (continued)

Steve & Phyllis Glenn
185 SW Arrowhead Terrace
Lake City, FL

Project Title:
1002006WindtechGlennRes
Building Type: User

3/11/2010

WHOLE HOUSE TOTALS

Totals for Heating	Subtotal Sensible Heat Loss	36140 Btuh
	Ventilation Sensible Heat Loss	0 Btuh
	Total Heat Loss	36140 Btuh

EQUIPMENT

1. Electric Heat Pump	#	48000 Btuh
-----------------------	---	------------

Key: Window types - NFRC (Requires U-Factor and Shading coefficient(SHGC) of glass as numerical values)
or - Glass as 'Clear' or 'Tint' (Uses U-Factor and SHGC defaults)
U - (Window U-Factor)
HTM - (ManualJ Heat Transfer Multiplier)



Version 8

System Sizing Calculations - Summer

Residential Load - Whole House Component Details

Steve & Phyllis Glenn
185 SW Arrowhead Terrace
Lake City, FL

Project Title:
1002006WindtechGlennRes

3/11/2010

Reference City: Gainesville, FL Temperature Difference: 17.0F(MJ8 99%) Humidity difference: 54gr.
This calculation is for Worst Case. The house has been rotated 90 degrees.

Component Loads for Whole House

Window	Type*						Overhang		Window Area(sqft)			HTM		Load			
	Panes	SHGC	U	InSh	IS	Ornt	Len	Hgt	Gross	Shaded	Unshaded	Shaded	Unshaded				
1	2 NFRC	0.35, 0.35	No	No	E		15.5f	1.0ft.	9.0	9.0	0.0	13	40	120	Btuh		
2	2 NFRC	0.35, 0.35	No	No	E		15.5f	1.0ft.	20.0	20.0	0.0	13	40	266	Btuh		
3	2 NFRC	0.35, 0.35	No	No	E		1.5ft.	1.0ft.	18.0	1.5	16.5	13	40	676	Btuh		
4	Block	0.57, 0.60	No	No	E		1.5ft.	1.0ft.	16.0	1.0	15.0	22	65	1000	Btuh		
5	2 NFRC	0.35, 0.35	No	No	S		1.5ft.	1.0ft.	30.0	30.0	0.0	13	16	399	Btuh		
6	2 NFRC	0.35, 0.35	No	No	W		1.5ft.	1.0ft.	29.2	1.4	27.7	13	40	1120	Btuh		
7	2 NFRC	0.35, 0.35	No	No	W		7.5ft.	1.0ft.	45.0	45.0	0.0	13	40	599	Btuh		
8	2 NFRC	0.35, 0.35	No	No	W		7.5ft.	1.0ft.	30.0	30.0	0.0	13	40	399	Btuh		
9	2 NFRC	0.35, 0.35	No	No	W		1.5ft.	1.0ft.	60.0	2.9	57.1	13	40	2304	Btuh		
10	2 NFRC	0.35, 0.35	No	No	N		1.5ft.	1.0ft.	15.0	0.0	15.0	13	13	200	Btuh		
11	2 NFRC	0.35, 0.35	No	No	N		1.5ft.	1.0ft.	9.0	0.0	9.0	13	13	120	Btuh		
	Excursion														2805	Btuh	
	Window Total								281 (sqft)							10008	Btuh
Walls	Type						U-Value	R-Value	Area(sqft)			HTM		Load			
								Cav/Sheath									
1	Frame - Wood - Ext						0.09	13.0/0.0	451.7			2.1		942 Btuh			
2	Frame - Wood - Ext						0.09	13.0/0.0	234.0			2.1		488 Btuh			
3	Frame - Wood - Ext						0.09	13.0/0.0	463.8			2.1		967 Btuh			
4	Frame - Wood - Ext						0.09	13.0/0.0	220.0			2.1		459 Btuh			
	Wall Total								1370 (sqft)					2857 Btuh			
Doors	Type						Area (sqft)			HTM		Load					
1	Wood - Exterior						133.3			12.9		1717 Btuh					
2	Wood - Exterior						20.0			12.9		258 Btuh					
3	Wood - Exterior						20.0			12.9		258 Btuh					
	Door Total								173 (sqft)					2233 Btuh			
Ceilings	Type/Color/Surface						U-Value	R-Value	Area(sqft)			HTM		Load			
1	Vented Attic/DarkShingle						0.032	30.0/0.0	2385.0			1.66		3950 Btuh			
2	Knee Wall/DarkShingle						0.032	30.0/0.0	224.0			1.66		371 Btuh			
	Ceiling Total								2609 (sqft)					4321 Btuh			
Floors	Type						R-Value		Size			HTM		Load			
1	Slab On Grade						0.0		2385 (ft-perimeter)			0.0		0 Btuh			
	Floor Total								2385.0 (sqft)					0 Btuh			
	Envelope Subtotal:													19418 Btuh			
Infiltration	Type						ACH	Volume(cuft)		Wall Ratio		CFM=		Load			
	SensibleNatural						0.40	19080		1370		159.0		2367 Btuh			
Internal gain							Occupants	Btuh/occupant		Appliance		Load					
							4	X 230		+		2400		3320 Btuh			
	Sensible Envelope Load:													25105 Btuh			

Manual J Summer Calculations

Residential Load - Component Details (continued)

Steve & Phyllis Glenn
185 SW Arrowhead Terrace
Lake City, FL

Project Title: Climate:FL_GAINESVILLE_REGIONAL_A
1002006WindtechGlennRes

3/11/2010

Duct load	Average sealed, Supply(R6.0-Attic), Return(R6.0-Attic) (DGM of 0.287)	7348 Btuh
	Sensible Load All Zones	32453 Btuh

Manual J Summer Calculations

Residential Load - Component Details (continued)

Steve & Phyllis Glenn
185 SW Arrowhead Terrace
Lake City, FL

Project Title: Climate:FL_GAINESVILLE_REGIONAL_A
1002006WindtechGlennRes

3/11/2010

WHOLE HOUSE TOTALS

Whole House Totals for Cooling	Sensible Envelope Load All Zones	25565 Btuh
	Sensible Duct Load	7348 Btuh
	Total Sensible Zone Loads	32913 Btuh
	Sensible ventilation	0 Btuh
	Blower	0 Btuh
	Total sensible gain	32913 Btuh
	Latent infiltration gain (for 54 gr. humidity difference)	4649 Btuh
	Latent ventilation gain	0 Btuh
	Latent duct gain	1443 Btuh
	Latent occupant gain (6 people @ 200 Btuh per person)	1200 Btuh
	Latent other gain	0 Btuh
	Latent total gain	7291 Btuh
	TOTAL GAIN	40205 Btuh

EQUIPMENT

1. Central Unit	#	48000 Btuh
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*Key: Window types (Panels - Number and type of panes of glass)

(SHGC - Shading coefficient of glass as SHGC numerical value)

(U - Window U-Factor)

(InSh - Interior shading device: none(No), Blinds(B), Draperies(D) or Roller Shades(R))

- For Blinds: Assume medium color, half closed

For Draperies: Assume medium weave, half closed

For Roller shades: Assume translucent, half closed

(IS - Insect screen: none(N), Full(F) or Half(½))

(Ornt - compass orientation)



Version 8



COLUMBIA COUNTY

911 ADDRESSING / GIS DEPARTMENT

P. O. Box 1787, Lake City, FL 32056-1787
Telephone: (386) 758-1125 * Fax: (386) 758-1365 * Email: ron_croft@columbiacountyfla.com



ADDRESS ASSIGNMENT DATA

The Columbia County Board of County Commissioners has passed Ordinance 2001-9, which provides for a uniform numbering system. A copy of this ordinance is available in the Clerk of Court records, located in the courthouse. This new numbering system will increase the efficiency of POLICE, FIRE AND EMERGENCY MEDICAL vehicles responding to calls within Columbia County by immediately identifying the location of the caller.

A Residential or Other Structure(s) on Parcel Number:
30-4S-17-08885-005

✓ **Address Assignment(s):**

185 SW ARROWHEAD TER, LAKE CITY, FL, 32024

Any questions concerning this information should be referred to the Columbia County 911 Addressing / GIS Department at the address or telephone number above.