

APPLICANT

TRAVIS LAMONDA

PHONE

352-425-2905

ADDRESS

224NW 9TH STREET,

OCALA

FL

34475

OWNER

RAYMOND KNEPPAR

PHONE

758-9351

ADDRESS

520LOCHLYNN TERR

LAKE CITY

FL

32025

CONTRACTOR

ERIC EHRLUND

PHONE

888-214-2322

LOCATION OF PROPERTY

BAYA AVE E, L LOCHLYNN AVE, YELLOW DUPLEX APARTMENTS
ON LEFT ACROSS FROM DAYCARE

TYPE DEVELOPMENT

FIRE REMODEL

ESTIMATED COST OF CONSTRUCTION

0.00

HEATED FLOOR AREA

TOTAL AREA

HEIGHT

STORIES

FOUNDATION

WALLS

ROOF PITCH

FLOOR

LAND USE & ZONING

RSF-2

MAX. HEIGHT

35

Minimum Set Back Requirments:

STREET-FRONT

25.00

REAR

15.00

SIDE

10.00

NO. EX.D.U.

1

FLOOD ZONE

X

DEVELOPMENT PERMIT NO.

PARCEL ID

33-3S-17-06626-000

SUBDIVISION

MELROSE PARK

LOT

9/10

BLOCK

C

PHASE

UNIT

TOTAL ACRES

0.24

CGC042165

Culvert Permit No.

Culvert Waiver

Contractor's License Number

Applicant/Owner/Contractor

EXISTING

X07-355

BK

JH

N

Driveway Connection

Septic Tank Number

LU & Zoning checked by

Approved for Issuance

New Resident

COMMENTS: FIRE DAMAGE, NOC ON FILE

Check # or CashNO CHARGE

FOR BUILDING & ZONING DEPARTMENT ONLY

(footer/Slab)

Temporary Power

Foundation

Monolithic

date/app. by

date/app. by

date/app. by

Under slab rough-in plumbing

Slab

Sheathing/Nailing

date/app. by

date/app. by

date/app. by

Framing

Rough-in plumbing above slab and below wood floor

date/app. by

date/app. by

Electrical rough-in

Heat & Air Duct

Peri. beam (Lintel)

date/app. by

date/app. by

date/app. by

Permanent power

C.O. Final

Culvert

date/app. by

date/app. by

date/app. by

M/H tie downs, blocking, electricity and plumbing

Pool

date/app. by

date/app. by

Reconnection

Pump pole

Utility Pole

date/app. by

date/app. by

date/app. by

M/H Pole

Travel Trailer

Re-roof

date/app. by

date/app. by

date/app. by

BUILDING PERMIT FEE \$

0.00

CERTIFICATION FEE \$

0.00

SURCHARGE FEE \$

0.00

MISC. FEES \$

0.00

ZONING CERT. FEE \$

FIRE FEE \$

0.00

WASTE FEE \$

FLOOD DEVELOPMENT FEE \$

FLOOD ZONE FEE \$

CULVERT FEE \$

TOTAL FEE

0.00

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."

This Permit Must Be Prominently Posted on Premises During Construction

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

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

Columbia County Building Permit Application

For Office Use Only Application # 0709-16 Date Received 9/5 By GP Permit # 26207
 Application Approved by - Zoning Official R2K Date 06.09.07 Plans Examiner OK JTH Date 9-6-07
 Flood Zone X Development Permit NA Zoning RSF-2 Land Use Plan Map Category RES. Low Den.
 Comments Min. Conforming Use Fire - no charge
☐ NOC ☐ EH ☐ Deed or PA ☐ Site Plan ☐ State Road Info ☐ Parent Parcel # ☐ Development Permit

Name Authorized Person Signing Permit Travis Lamonda Phone 352-425-2905Address 284 NW 9th Street, Ocala FL 34475Owners Name Raymond J. Kneppar Phone 758-9351911 Address 520 & 522 Lochlynn Terr, Lake City, FL 32085Contractors Name Eric Ehrlund Phone 1-888-214-2388Address 224 NW 9th Street, Ocala FL 34475

Fee Simple Owner Name & Address _____

Bonding Co. Name & Address _____

Architect/Engineer Name & Address BODO & ASSOC. P.O. Box 698, Gainesville, FL 32602

Mortgage Lenders Name & Address _____

Circle the correct power company - FL Power & Light - Clay Elec. - Suwannee Valley Elec. - Progressive EnergyProperty ID Number 33-3S-17-06626-000 Estimated Cost of Construction 15,000Subdivision Name melrose Park S/D Lot 9-10 Block C Unit _____ Phase _____Driving Directions Bay Ave Left on Lochlynn Ave - yellowduplex apartments on left across from the daycareType of Construction Remodel/Repair Number of Existing Dwellings on Property 15,000.00Total Acreage .241 Lot Size _____ Do you need a - Culvert Permit or Culvert Waiver or Have an Existing Drive

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

Total Building Height _____ Number of Stories _____ Heated Floor Area 1752 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.

Owner Builder or Authorized Person by Notarized Letter

STATE OF FLORIDA
COUNTY OF COLUMBIA

Sworn to (or affirmed) and subscribed before me

this 3rd day of September 20 07Personally known ✓ or Produced Identification _____

Contractor Signature

Contractors License Number CGC042165

Competency Card Number _____

NOTARY STAMP/SEAL

Notary Signature

(Revised Sept. 2006)



NOTICE OF COMMENCEMENT FORM
COLUMBIA COUNTY, FLORIDA

THIS DOCUMENT MUST BE RECORDED AT THE COUNTY
CLERKS OFFICE BEFORE YOUR FIRST INSPECTION

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.

IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE
RECORDING YOUR NOTICE OF COMMENCEMENT.

Tax Parcel ID Number 33-35-17-06626-000

Permit Number _____

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

LOTS 9 & 10 BLOCK C, MELROSE PARK S/D OPB 535-66, 821-416, 904-1036,
520 & 522 LOCKLYNN TERRACE, LAKE CITY, FL 32025

2. General description of improvement: REPAIRS

3. Owner Name & Address RAYMOND J. KNEPPAR - OWNER / LANDLORD

PO BOX 3338 LAKE CITY FL 32055

Interest in Property _____

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

5. Contractor Name RESTORATION SPECIALISTS

Phone Number 352 376-0721

Address 224 NW 8th AVE. SUITE B GAINESVILLE, FL 32601

6. Surety Holders Name _____

Phone Number _____

Address _____

Amount of Bond _____

Inst: 200712020025 Date: 9/4/2007 Time: 3:21 PM

DC, P. DeWitt Cason, Columbia County Page 1 of 1

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 _____ Phone Number _____

Address _____

9. In addition to himself/herself the owner designates Restoration Specialists of
GAINESVILLE, FL to receive a copy of the Lien 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) _____

THE OWNER MUST SIGN THE NOTICE OF COMMENCEMENT AND NO ONE ELSE MAY BE PERMITTED TO SIGN
IN HIS/HER STEAD.

[Signature]
Signature of Owner

K516-730-52-043-0

Sworn to (or affirmed) and subscribed before day of AUGUST 18TH, 2007.

[Signature]
Signature of Notary

NOTARY STAMP/SEAL

NOTARY PUBLIC-STATE OF FLORIDA
Gregory D. Roberts
Commission # DD566397
Expires: JUNE 20, 2010
BONDED THRU ATLANTIC BONDING CO., INC.

Columbia County Property Appraiser

DB Last Updated: 8/2/2007

2007 Proposed Values

Tax Record

Property Card

Interactive GIS Map

Parcel: 33-3S-17-06625-000

New Super Homestead Taxable Value Calculator

Print

Owner & Property Info

<< Prev

Search Result: 5 of 7

Next >>

Owner's Name	KNEPPAR RAYMOND J		
Site Address	MELROSE PARK		
Mailing Address	P O BOX 3338 LAKE CITY, FL 32056		
Use Desc. (code)	MULTI-FAMI (000800)		
Neighborhood	33317.11	Tax District	2
UD Codes	MKTA03	Market Area	06
Total Land Area	0.241 ACRES		
Description	LOTS 9 & 10 BLOCK C MELROSE PARK S/D. ORB 535-66, 821-416, 904-1036,		

GIS Aerial**Property & Assessment Values**

Mkt Land Value	cnt: (1)	\$11,000.00
Ag Land Value	cnt: (0)	\$0.00
Building Value	cnt: (1)	\$45,716.00
XFOB Value	cnt: (0)	\$0.00
Total Appraised Value		\$56,716.00

Just Value	\$56,716.00
Class Value	\$0.00
Assessed Value	\$56,716.00
Exempt Value	\$0.00
Total Taxable Value	\$56,716.00

Sales History

Sale Date	Book/Page	Inst. Type	Sale VImp	Sale Qual	Sale RCode	Sale Price
6/9/2000	904/1036	WD	I	Q		\$43,000.00
4/17/1996	821/416	WD	I	U	35	\$82,500.00

Building Characteristics

Bldg Item	Bldg Desc	Year Blt	Ext. Walls	Heated S.F.	Actual S.F.	Bldg Value
1	DUPLEX (002700)	1984	WD FR Stucco (16)	1752	2200	\$45,716.00
Note: All S.F. calculations are based on exterior building dimensions.						

Extra Features & Out Buildings

Code	Desc	Year Blt	Value	Units	Dims	Condition (% Good)
NONE						

Land Breakdown

Lnd Code	Desc	Units	Adjustments	Eff Rate	Lnd Value
000800	MULTI-FAM (MKT)	1.000 LT - (.241AC)	1.00/1.00/1.00/1.00	\$11,000.00	\$11,000.00

Columbia County Property Appraiser

DB Last Updated: 8/2/2007

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Next >>

AC# 2668315

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CONSTRUCTION INDUSTRY LICENSING BOARD

SEQ# 000050700993

DATE	BATCH NUMBER	LICENSE NBR
06/07/2005	030805830	CC0042165

The GENERAL CONTRACTOR
Named Below IS CERTIFIED
Under the provisions of Chapter 489, FS.
Expiration date: AUG 31, 2008

EHRLUND, ERIC BRUNO
RESTORATION SPECIALISTS
244 NW 9TH STREET
OCALA, FL 34475

DISPLAY AS REQUIRED BY LAW

JEB BUSH
GOVERNORSTIMONE MAXWELL
SECRETARY

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CONSTRUCTION INDUSTRY LICENSING BOARD

SEQ# 000050700993

DATE	BATCH NUMBER	LICENSE NBR
06/07/2005	030805830	CC0042165

The ROOFING CONTRACTOR
Named Below IS CERTIFIED
Under the provisions of Chapter 489, FS.
Expiration date: AUG 31, 2008

EHRLUND, ERIC BRUNO
RESTORATION SPECIALISTS
244 NW 9TH STREET
OCALA, FL 34475

DISPLAY AS REQUIRED BY LAW

JEB BUSH

STIMONE MAXWELL

OCCUPATIONAL TAX

No. 27857

CITY OF GAINESVILLE TAX RECEIPT

ITEM	DESCRIPTION	AMOUNT
1000	STATE LICENSE/CERTIFICATION REQUIRED	\$0.00
1320	CONTRACTOR-BUILDING	\$131.25
1450	CONTRACTOR-ROOFER, ROOF DECK, CLEANING	\$131.25
3950	ENTERPRISE ZONE	\$0.00
3955	EXEMPT - ENTERPRISE ZONE (CREDIT .50%)	(\$131.25)
TOTAL FEES		\$131.25

ALL CITY, STATE AND FEDERAL REQUIREMENTS MUST BE MET IN ORDER TO
LEGALLY OPERATE A BUSINESS, PROFESSION OR OCCUPATION WITHIN THE
CORPORATE LIMITS OF GAINESVILLE, FLORIDA

RESTORATION SPECIALIST'S

244 NW 9TH ST
STE. B
OCALA, FL 34475

224 NW 8TH AVE

PLEASE DISPLAY PROMINENTLY
IN YOUR PLACE OF BUSINESS

APPROVED BY THE CITY OF GAINESVILLE
DIRECTOR OF FINANCE, CITY OF GAINESVILLE, FLORIDA

04/06/2007 12:31 3527328950

REST SPECIALISTS

PAGE 02/08

ACORD CERTIFICATE OF LIABILITY INSURANCE

PRODUCER

CSR LB
RESTR022

DATE (MM/DD/YYYY)

04/06/07

Brown & Brown Insurance
47 SW 17th Street
Ocala FL 34474-5198
Phone: 352-732-5010 Fax: 352-732-5344

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

Restoration Specialists
Prenzier & Associates Inc. dba
244 NW 9th Street
Ocala FL 34475

INSURERS AFFORDING COVERAGE

NAIC #

INSURER A: Hanover Insurance
INSURER B: First Mercury Insurance Co
INSURER C: American International
INSURER D:
INSURER E:

22292

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.

INSURANCE TYPE	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
B	GENERAL LIABILITY	FMFL002671	04/06/07	04/06/08	EACH OCCURRENCE \$1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence) \$150,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person) \$10,000
					PERSONAL AND PROPERTY INJURY \$1,000,000
	GENT. AGGREGATE LIMIT APPLIES PER:				GENERAL AGGREGATE \$2,000,000
	<input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC				PRODUCTS - COMP/OP AGG \$2,000,000
A	AUTOMOBILE LIABILITY	AZJ8628951	04/06/07	04/06/08	COMBINED SINGLE LIMIT (Ea 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 type="checkbox"/> HIRED AUTOS				AUTO ONLY - EA ACCIDENT \$
	<input type="checkbox"/> NON-OWNED AUTOS				OTHER THAN EA AGG \$
					AGG \$
C	EXCESS/UMBRELLA LIABILITY	BE9231305	04/06/07	04/06/08	EACH OCCURRENCE \$1,000,000
	<input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE \$1,000,000
	<input type="checkbox"/> DEDUCTIBLE				\$
	<input checked="" type="checkbox"/> RETENTION \$10,000				\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				NO STATUTORY LIMITS <input type="checkbox"/> OTHER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				E.L. EACH ACCIDENT \$
	If yes, describe under SPECIAL PROVISIONS below				E.L. DISEASE - EA EMPLOYER \$
	OTHER				E.L. DISEASE - POLICY LIMIT \$

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

CERTIFICATE HOLDER**CANCELLATION**

COLUMBIA

Columbia County Building Dept.
135 NE Hernando Ave
Lake City FL 32091

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

AUTHORIZED REPRESENTATIVE

[Signature]
[Signature]

CORD 23 (2001/08)

© ACORD CORPORATION 1988

ACORD CERTIFICATE OF LIABILITY INSURANCE

1P0205Y

DATE (MM/DD/YYYY)
01/04/2007

PRODUCER
SRM Insurance Brokerage LLC
40 Westgate Avenue
Branchville, NJ 07890

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
Selective HR Solutions, Inc.
L/C/P Freusler & Associates, Inc. dba Restoration Specialists
6920 Professional Parkway East
Sarasota, FL 34240
941 755-4634 ext 191 fax 941-756-4724

INSURERS AFFORDING COVERAGE

NAIC #

INSURER A: Selective Ins Co of America
INSURER B: Selective Ins Co of Southeast
INSURER C: Selective Ins Co. of Southeast
INSURER D: Selective Ins. Co. of Southeast
INSURER E:

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 ISSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY				EACH OCCURRENCE \$
	<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED \$
	<input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR				EMERGENCY (See Occurrences) \$
					MED EXP (Any one person) \$
					PERSONAL & ADV INJURY \$
					GENERAL AGGREGATE \$
	GEN'L AGGREGATE LIMIT APPLIES PER:				PRODUCTS - COM/OP AGG \$
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				
	AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT \$
	<input type="checkbox"/> ANY AUTO				(Per accident)
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY \$
	<input type="checkbox"/> SCHEDULED AUTOS				(Per person)
	<input type="checkbox"/> HIRED AUTOS				BODILY INJURY \$
	<input type="checkbox"/> NON-OWNED AUTOS				(Per accident)
					PROPERTY DAMAGE \$
					(Per accident)
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT \$
	<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC \$
					AUTO ONLY AGG \$
	EXCESS/UMBRELLA LIABILITY				EACH OCCURRENCE \$
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE \$
					\$
	DEDUCTIBLE				\$
	RETENTION \$				\$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	WC7920572	01/01/2007	01/01/2008	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTHER
B	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER MEMBER EXCLUDED?	WC7920573			E.L. EACH ACCIDENT \$ 1,000,000
C	If yes, describe under SPECIAL PROVISIONS below	WC7920658			E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
D	OTHER	WC7920660			E.L. DISEASE - POLICY LIMIT \$ 1,000,000

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

CERTIFICATE HOLDER

City of Lake City
Building Dept
150 NW Alachua Avenue
Lake City FL 32091

CANCELLATION

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

AUTHORIZED REPRESENTATIVE

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Restoration Specialists

General Contractors -- State Certified -- License #CG C42165

244 NW 9th Street, Ocala, FL 34475 (352) 732-2322 Fax (352) 732-8950

2323 Griffin Road, Leesburg, FL 34748 (352) 787-4223 Fax (352) 314-9320

224 NW 8th Avenue, Gainesville, FL 32601 (352) 376-0721 Fax (352) 373-0341

36 W. Gulf To Lake Highway, Lecanto, FL 34461 (352) 746-4878 Fax (352) 746-4128

5/31/2007

LICENSE HOLDER: ERIC EHRLUND

STATE LICENSE: CC-C056803/CG-C042165

~~THE FOLLOWING PERSON(S) ARE AUTHORIZED TO APPLY, SIGN, AND PICK UP~~
~~PERMITS FOR THE ABOVE REFERENCED LICENSE HOLDER:~~

NAME

SIGNATURE

Greg Roberts

Greg Roberts

Travis Lamonda

Travis Lamonda

Mike Mitchell

Mike Mitchell

Jon McKenney

Jon McKenney

Jennifer Rutters

Jennifer Rutters

THANK YOU FOR YOUR COOPERATION ON THIS MATTER.

ERIC EHRLUND

AUTHORIZATIONS ARE GOOD FOR (1) YEAR FROM ABOVE DATE.

STATE OF FLORIDA

COUNTY OF Alachua

The foregoing instrument was acknowledged before me this 21st day of June, 2007,

by Eric Ehrlund who personally known to me or has produced

as identification

Misty Prince

Notary Public

NOTARY PUBLIC-STATE OF FLORIDA
Misty Prince
Commission # DD577395
Expires: JULY 24, 2010
BONDED THRU ATLANTIC BONDING CO., INC.

BODO AND ASSOCIATES, INC.

Consulting Engineers

P. O. Box 698

Gainesville, FL 32602-0698

Tel.: 352.378.8806

email: bodoinc@aol.com

Fax: 352.378.6488

State of Florida Certificate of Authorization No.: 2719

24 August 2007

Restoration Specialists

Attention: **Greg Roberts**

224 NW 8th Avenue, Suite B

Gainesville, FL 32601

**RE: Damage Assessment and Remediation
 Kneppar Rental Property, 522 Lochlynn Terrace, Lake City, Florida
 Our Project No.: 5090105**

Gentlemen:

Per your request, we visited the referenced site on 18 August 2007 to inspect damage to the structure. Based on our observations and evaluation we offer the following for your consideration:

1. A fire, which apparently originated outside near the middle of the south side, caused structural damage to the south unit of the duplex building. The house is a one-story structure with wood frame exterior walls and conventional wood rafter roof framing. For orientation in this report, the front door is assumed to be on the east side.
2. Resultant structural damage visible at the time of our visit, and the remedial work recommended to restore the structural integrity of affected elements, includes the following:
 - a. At least five 2x6 rafters have been structurally compromised over the kitchen and the adjacent bedroom to the west. Repair should consist of the removal and replacement of the damaged rafters with new rafters of the same size using SYP No. 2 grade lumber. Rafters should be attached to supports as follows:
 - i. to top plates: Simpson H2.5 using (5+5) 8dx1 ½" common nails.
 - ii. to ridge beam: Simpson A34 using (4+4) 8dx1 ½" common nails.
 - b. At least six 2x6 ceiling joists have been structurally compromised over the kitchen and the adjacent bedroom to the west. Repair should consist of the removal and replacement of the damaged joists with new joists of the same size using SYP No. 2 grade lumber.

- c. An approximately 10' long section of a horizontal brace attached to the rafters has been damaged by the fire. Repair should consist of the removal and replacement of the damaged section of the brace with a new piece of the same size using SYP No. 2 grade lumber.
- d. The roof sheathing has been structurally compromised over the damaged rafters. Repair should consist of the removal and replacement of the damaged sheathing, and sheathing removed to facilitate rafter repair, with sheathing of the same thickness. Attach new sheathing to framing using 8d (0.131 x 2½") common or galvanized box nails at 4" o.c. at edges and 6" o.c. at intermediate framing.
- e. Although not visible at the time of our visit, a portion of the top plates may have sustained damage from the fire. Damaged top plates should be removed and replaced with new pieces of 2x4 SYP No. 2 lumber. Offset splices at least 24" in replacement plates.
- f. Except as noted herein, all connections and connectors used in the repair work should be the same size, type, and material, as those used in the original construction.
- g. Cosmetic repairs to other damaged elements may be made after completion of structural repairs.

We appreciate the opportunity to provide our services. If you have any questions, or require additional information or assistance, please advise.

Sincerely,
BODO AND ASSOCIATES, INC.



Attila A. Bodo, P.E., President 8.24.07
Florida Registration No. PE 15834

To: Columbia County Building Dept

Fr: Travis Lamonda – Restoration specialists

Dt: September 5, 2007

Ref: Scope Of Work for Kneppar Job – Lochlynn Terr

- Remove and Replace trusses – Engineer report attached
- Product Approval = Elk – FL586-R2 *shingles*
- Re-roof home
 - Replace drywall
 - Paint
 - Electrical – Replace areas that were burned – Woods Electric will handle all electrical.
-

COLUMBIA COUNTY OFFICIAL CITY OF ALEXANDRIA

OCCUPANCY

COLUMBIA COUNTY, FLORIDA

Department of Building and Zoning Inspection

This Certificate of Occupancy is issued to the below named permit holder for the building and premises at the below named location, and certifies that the work has been completed in accordance with the Columbia County Building Code.

Parcel Number 33-3S-17-06626-000

Building permit No. 000026207

Use Classification FIRE REMODEL

Fire: 0.00

Permit Holder ERIC EHRLUND

Waste:

Owner of Building RAYMOND KNEPPAR

Total: 0.00

Location: 520 SE LOCHLYNN TERR., LAKE CITY, FL

Date: 10/08/2007

Harry Becker

Building Inspector



POST IN A CONSPICUOUS PLACE
(Business Places Only)