DATE 10/22/2009

Columbia County Building Permit

This Permit Must Be Prominently Posted on Premises During Construction

PERMIT
000028157

APPLICANT DAN STELLER PHONE 904 545-2763

ADDRESS 5570 FLORIDA MINING BLVD.,SUITE 304 JACKSONVILLE FL 32257

OWNER HENDRIX SMITH & KIRBY, LLC PHONE 755-4487

ADDRESS 152 SE DEFENDER AVE LAKE CITY FL 32025

CONTRACTOR COASTAL RECONSTRUCTION, INC. PHONE 954 553-5102

LOCATION OF PROPERTY EAST ON BAYA, R DEFENDER, 2ND ON RIGHT

TYPE DEVELOPMENT REMODEL/COMM.BLDG ESTIMATED COST OF CONSTRUCTION 0.00

HEATED FLOOR AREA _____ TOTAL AREA _____ HEIGHT ____ STORIES 1

FOUNDATION _____ WALLS _____ ROOF PITCH _____ FLOOR _____

LAND USE & ZONING CI MAX. HEIGHT _____

Minimum Set Back Requirments: STREET-FRONT _____ REAR _____ SIDE _____

NO. EX.D.U. _____ FLOOD ZONE N/A DEVELOPMENT PERMIT NO. _____

PARCEL ID 34-3S-17-07081-000 SUBDIVISION _____

LOT ____ BLOCK ____ PHASE ____ UNIT ____ TOTAL ACRES 0.81

		CGC057545	Dan Steller	
Culvert Permit No.	Culvert Waiver	Contractor's License Number		Applicant/Owner/Contractor
EXISTING	X09-288	BK	HD	N
Driveway Connection	Septic Tank Number	LU & Zoning checked by	Approved for Issuance	New Resident

COMMENTS: FIRE DAMAGE TO EXISTING BUILDING, NO CHARGE

FIRE REPORT ON FILE

Check # or Cash NO CHARGE

FOR BUILDING & ZONING DEPARTMENT ONLY

(footer/Slab)

Temporary Power _____ date/app. by Foundation _____ date/app. by Monolithic _____ date/app. by

Under slab rough-in plumbing _____ date/app. by Slab _____ date/app. by Sheathing/Nailing _____ date/app. by

Framing _____ date/app. by Insulation _____ date/app. by

Rough-in plumbing above slab and below wood floor _____ date/app. by Electrical rough-in _____ date/app. by

Heat & Air Duct _____ date/app. by Peri. beam (Lintel) _____ date/app. by Pool _____ date/app. by

Permanent power _____ date/app. by C.O. Final _____ date/app. by Culvert _____ date/app. by

Pump pole _____ date/app. by Utility Pole _____ date/app. by M/H tie downs, blocking, electricity and plumbing _____ date/app. by

Reconnection _____ date/app. by RV _____ date/app. by Re-roof _____ 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 CH

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.

PAUL S. LI, P.E.

9218 Cypress Green Dr. Suite 10
Jacksonville, FL 32256
Tel/Fax: (904) 737-6876/737-2385
paullieng@bellsouth.net

Design & Consulting Engineer
Structural, Civil & Mechanical

December 3, 2009

To: Building Official
Columbia County Building Department

Re: Eastside Care Center Assisted Living Facility
@152 S.E. Defender Dr
Lake City, FL
Project #: 091001
Permit No. 28157

Dear Sir/Madam,

This letter is to address the building inspector's concerns in the field regarding the electrical wiring conduit requirements. The existing electrical wire was romex and not in conduit. Based on the 2007 Florida Building Code Existing Building, this project was a repair to an existing fire damaged building, and would be classified as a Repair. Per Section 507.1, Exception 1. "Existing electrical wiring and equipment undergoing repair shall be permitted to be repaired or replaced with like material.", conduit would not be required per the building code.

Based on the attached letter from the electrician, conduit would also not be required per the NFPA 70, National Electrical Code.

Thank you very much for your help in this matter. Should you have any further questions concerning this project, please call me @904 737-6876.

Sincerely,

Paul S. Li, P.E.
PSL/mvl

Jaguar Electric Inc.

P.O. Box 7748
Jacksonville, FL 32238-0748
904-778-9559

FL. EC 2219 GA. EN 8899

Dear Sir

I Louis Howard of Jaguar Electric, Inc. couldn't find anywhere in 2008 Code Book NEC. Where we couldn't wire these Bedrooms in Romex. I have supply a couple of Articles 334.12 USES Not Permitted and 517.10 Part B Not Covered, I hope this clears things up some what. If I can be of any help in anyway please Contact me at 904-545-4094

Thank you

Louis Howard

12-2-09

332.80 Ampacity. The ampacity of Type MI cable shall be determined in accordance with 310.15. The conductor temperature at the end seal fitting shall not exceed the temperature rating of the listed end seal fitting, and the installation shall not exceed the temperature ratings of terminations or equipment.

(A) Type MI Cable Installed in Cable Tray. The ampacities for Type MI cable installed in cable tray shall be determined in accordance with 392.11.

(B) Single Type MI Conductors Grouped Together. Where single Type MI conductors are grouped together in a triangular or square configuration, as required by 332.31, and installed on a messenger or exposed with a maintained free air space of not less than 2.15 times one conductor diameter (2.15 × O.D.) of the largest conductor contained within the configuration and adjacent conductor configurations or cables, the ampacity of the conductors shall not exceed the allowable ampacities of Table 310.17.

III. Construction Specifications

332.104 Conductors. Type MI cable conductors shall be of solid copper, nickel, or nickel-coated copper with a resistance corresponding to standard AWG and kcmil sizes.

332.108 Equipment Grounding Conductor. Where the outer sheath is made of copper, it shall provide an adequate path for the equipment grounding conductor. Where the outer sheath is made of steel, a separate equipment grounding conductor shall be provided.

332.112 Insulation. The conductor insulation in Type MI cable shall be a highly compressed refractory mineral that provides proper spacing for all conductors.

332.116 Sheath. The outer sheath shall be of a continuous construction to provide mechanical protection and moisture seal.

ARTICLE 334
Nonmetallic-Sheathed Cable: Types NM, NMC, and NMS

I. General

334.1 Scope. This article covers the use, installation, and construction specifications of nonmetallic-sheathed cable.

334.2 Definitions.

Nonmetallic-Sheathed Cable. A factory assembly of two or more insulated conductors enclosed within an overall nonmetallic jacket.

Type NM. Insulated conductors enclosed within an overall nonmetallic jacket.

Type NMC. Insulated conductors enclosed within an overall, corrosion resistant, nonmetallic jacket.

Type NMS. Insulated power or control conductors with signaling, data, and communications conductors within an overall nonmetallic jacket.

334.6 Listed. Type NM, Type NMC, and Type NMS cables shall be listed.

II. Installation

334.10 Uses Permitted. Type NM, Type NMC, and Type NMS cables shall be permitted to be used in the following:

(1) One- and two-family dwellings.

(2) Multifamily dwellings permitted to be of Types III, IV, and V construction except as prohibited in 334.12.

(3) Other structures permitted to be of Types III, IV, and V construction except as prohibited in 334.12. Cables shall be concealed within walls, floors, or ceilings that provide a thermal barrier of material that has at least a 15-minute finish rating as identified in listings of fire-rated assemblies.

FPN No. 1: Types of building construction and occupancy classifications are defined in NFPA 220-2006, *Standard on Types of Building Construction*, or the applicable building code, or both.

FPN No. 2: See Annex E for determination of building types [NFPA 220, Table 3-1].

(4) Cable trays in structures permitted to be Types III, IV, or V where the cables are identified for the use.

FPN: See 310.10 for temperature limitation of conductors.

(A) Type NM. Type NM cable shall be permitted as follows:

(1) For both exposed and concealed work in normally dry locations except as prohibited in 334.10(3)

(2) To be installed or fished in air voids in masonry block or tile walls

(B) Type NMC. Type NMC cable shall be permitted as follows:

(1) For both exposed and concealed work in dry, moist, damp, or corrosive locations, except as prohibited by 334.10(3)

(2) In outside and inside walls of masonry block or tile

(3) In a shallow chase in masonry, concrete, or adobe protected against nails or screws by a steel plate at least 1.59 mm (1/16 in.) thick and covered with plaster, adobe, or similar finish

(C) Type NMS. Type NMS cable shall be permitted as follows:

(1) For both exposed and concealed work in normally dry locations except as prohibited by 334.10(3)

(2) To be installed or fished in air voids in masonry block or tile walls

334.12 Uses Not Permitted.

(A) Types NM, NMC, and NMS. Types NM, NMC, and NMS cables shall not be permitted as follows:

(1) In any dwelling or structure not specifically permitted in 334.10(1), (2), and (3)

Exception: Type NM, NMC, and NMS cable shall be permitted in Type I and II construction where installed within raceways permitted to be installed in Type I and II construction.

(2) Exposed in dropped or suspended ceilings in other than one- and two-family and multifamily dwellings

(3) As service-entrance cable

(4) In commercial garages having hazardous (classified) locations as defined in 511.3

(5) In theaters and similar locations, except where permitted in 518.4(B)

(6) In motion picture studios

(7) In storage battery rooms

(8) In hoistways or on elevators or escalators

(9) Embedded in poured cement, concrete, or aggregate

(10) In hazardous (classified) locations, except where permitted by the following:

a. 501.10(B)(3)
b. 502.10(B)(3)
c. 504.20

(B) Types NM and NMS. Types NM and NMS cables shall not be used under the following conditions or in the following locations:

(1) Where exposed to corrosive fumes or vapors

(2) Where embedded in masonry, concrete, adobe, fill, or plaster

(3) In a shallow chase in masonry, concrete, or adobe and covered with plaster, adobe, or similar finish

(4) In wet or damp locations

334.15 Exposed Work. In exposed work, except as provided in 300.11(A), cable shall be installed as specified in 334.15(A) through (C).

(A) To Follow Surface. Cable shall closely follow the surface of the building finish or of running boards.

(B) Protection from Physical Damage. Cable shall be protected from physical damage where necessary by rigid metal conduit, intermediate metal conduit, electrical metallic tubing, Schedule 80 PVC conduit, or other approved means. Where passing through a floor, the cable shall be enclosed in rigid metal conduit, intermediate metal conduit, electrical metallic tubing, Schedule 80 PVC conduit, or other approved means extending at least 150 mm (6 in.) above the floor.

Type NMC cable installed in shallow chases in masonry, concrete, or adobe, shall be protected in accordance with the requirements in 300.4(E) and covered with plaster, adobe, or similar finish.

(C) In Unfinished Basements and Crawl Spaces. Where cable is run at angles with joists in unfinished basements and crawl spaces, it shall be permissible to secure cables not smaller than two 6 AWG or three 8 AWG conductors directly to the lower edges of the joists. Smaller cables shall be run either through bored holes in joists or on running boards. NM cable installed on the wall of an unfinished basement shall be permitted to be installed in a listed conduit or tubing or shall be protected in accordance with 300.4. Conduit or tubing shall be provided with an insulating bushing or adapter at the point the cable enters the raceway. The NM cable sheath shall extend through the conduit or tubing and into the outlet or device box not less than 6 mm (¼ in.). The cable shall be secured within 300 mm (12 in.) of the point where the cable enters the conduit or tubing. Metal conduit, tubing, and metal outlet boxes shall be connected to an equipment grounding conductor.

334.17 Through or Parallel to Framing Members. Types NM, NMC, or NMS cable shall be protected in accordance with 300.4 where installed through or parallel to framing members. Grommets used as required in 300.4(B)(1) shall remain in place and be listed for the purpose of cable protection.

334.23 In Accessible Attics. The installation of cable in accessible attics or roof spaces shall also comply with 320.23.

334.24 Bending Radius. Bends in Types NM, NMC, and NMS cable shall be so made that the cable will not be damaged. The radius of the curve of the inner edge of any bend during or after installation shall not be less than five times the diameter of the cable.

334.30 Securing and Supporting. Nonmetallic-sheathed cable shall be supported and secured by staples, cable ties, straps, hangers, or similar fittings designed and installed so as not to damage the cable, at intervals not exceeding 1.4 m (4½ ft) and within 300 mm (12 in.) of every outlet box,

are classified as general care areas or critical care areas. The governing body of the facility designates these areas in accordance with the type of patient care anticipated and with the following definitions of the area classification.

FPN: Business offices, corridors, lounges, day rooms, dining rooms, or similar areas typically are not classified as patient care areas.

General Care Areas. Patient bedrooms, examining rooms, treatment rooms, clinics, and similar areas in which it is intended that the patient will come in contact with ordinary appliances such as a nurse call system, electric beds, examining lamps, telephones, and entertainment devices. [99: 2005]

Critical Care Areas. Those special care units, intensive care units, coronary care units, angiography laboratories, cardiac catheterization laboratories, delivery rooms, operating rooms, and similar areas in which patients are intended to be subjected to invasive procedures and connected to line-operated, electromedical devices.

Wet Procedure Locations. Those spaces within patient care areas where a procedure is performed and that are normally subject to wet conditions while patients are present. These include standing fluids on the floor or drenching of the work area, either of which condition is intimate to the patient or staff. Routine housekeeping procedures and incidental spillage of liquids do not define a wet location.

Patient Care Vicinity. In an area in which patients are normally cared for, the *patient care vicinity* is the space with surfaces likely to be contacted by the patient or an attendant who can touch the patient. Typically in a patient room, this encloses a space within the room not less than 1.8 m (6 ft) beyond the perimeter of the bed in its nominal location, and extending vertically not less than 2.3 m (7½ ft) above the floor. [99:3:3.140]

Patient Equipment Grounding Point. A jack or terminal that serves as the collection point for redundant grounding of electrical appliances serving a patient care vicinity or for grounding other items in order to eliminate electromagnetic interference problems. [99:3:3.141]

Psychiatric Hospital. A building used exclusively for the psychiatric care, on a 24-hour basis, of four or more inpatients.

Reference Grounding Point. The ground bus of the panelboard or isolated power system panel supplying the patient care area.

Relative Analgesia. A state of sedation and partial block of pain perception produced in a patient by the inhalation of concentrations of nitrous oxide insufficient to produce loss of consciousness (conscious sedation).

Selected Receptacles. A minimum number of electrical receptacles to accommodate appliances ordinarily required for local tasks or likely to be used in patient care emergencies.

Task Illumination. Provision for the minimum lighting required to carry out necessary tasks in the described areas, including safe access to supplies and equipment, and access to exits.

Therapeutic High-Frequency Diathermy Equipment. Therapeutic high-frequency diathermy equipment is therapeutic induction and dielectric heating equipment.

Total Hazard Current. See *Hazard Current*.

X-Ray Installations, Long-Time Rating. A rating based on an operating interval of 5 minutes or longer.

X-Ray Installations, Mobile. X-ray equipment mounted on a permanent base with wheels, casters, or a combination of both to facilitate moving the equipment while completely assembled.

X-Ray Installations, Momentary Rating. A rating based on an operating interval that does not exceed 5 seconds.

X-Ray Installations, Portable. X-ray equipment designed to be hand carried.

X-Ray Installations, Transportable. X-ray equipment to be installed in a vehicle or that may be readily disassembled for transport in a vehicle.

II. Wiring and Protection

517.10 Applicability.

(A) Applicability. Part II shall apply to patient care areas of all health care facilities.

(B) Not Covered. Part II shall not apply to the following:

(1) Business offices, corridors, waiting rooms, and the like in clinics, medical and dental offices, and outpatient facilities

(2) Areas of nursing homes and limited care facilities wired in accordance with Chapters 1 through 4 of this *Code* where these areas are used exclusively as patient sleeping rooms

FPN: See NFPA *101*®-2006, *Life Safety Code*®.

517.11 General Installation — Construction Criteria. The purpose of this article is to specify the installation criteria and wiring methods that minimize electrical hazards by the maintenance of adequately low potential differences only between exposed conductive surfaces that are likely to become energized and could be contacted by a patient.

PAUL S. LI, P.E.

9218 Cypress Green Dr. Suite 10
Jacksonville, FL 32256
Tel/Fax: (904) 737-6876/737-2385
paullieng@bellsouth.net

Design & Consulting Engineer
Structural, Civil & Mechanical

December 3, 2009

To: Building Official
Columbia County Building Department

Re: Eastside Care Center Assisted Living Facility
@152 S.E. Defender Dr
Lake City, FL
Project #: 091001
Permit No. 28157

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Thank you very much for your help in this matter. Should you have any further questions concerning this project, please call me @904 737-6876.

Sincerely,

Paul S. Li, P.E.
PSL/mwl

Jaguar Electric Inc.

P.O. Box 7748
Jacksonville, FL 32238-0748
904-778-9559

FL. EC 2219 GA. EN 8899

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III. Construction Specifications

332.104 **Conductors.** Type MI cable conductors shall be of solid copper, nickel, or nickel-coated copper with a resistance corresponding to standard AWG and kcmil sizes.

332.108 **Equipment Grounding Conductor.** Where the outer sheath is made of copper, it shall provide an adequate path for required [illegible] equipment grounding conductor. Where [illegible] equipment grounding conductor shall be provided.

332.112 **Insulation.** The conductor insulation in Type MI cable shall be a highly compressed refractory mineral that provides proper spacing for all conductors.

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II. Installation

334.10 **Uses Permitted.** Type NM, Type NMC, and Type NMS cables shall be permitted to be used in the following:

(1) One- and two-family dwellings.

(2) Multifamily dwellings permitted to be of Types III, IV, and V construction except as prohibited in 334.12.

(3) Other structures permitted to be of Types III, IV, and V construction except as prohibited in 334.12. Cables shall be concealed within walls, floors, or ceilings that provide a thermal barrier of material that has at least a 15-minute finish rating as identified in listings of fire-rated assemblies.

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(4) Cable trays in structures permitted to be Types III, IV, or V where the cables are identified for the use.

FPN: See 310.10 for temperature limitation of conductors.

(A) Type NM. Type NM cable shall be permitted as follows:

(1) For both exposed and concealed work in normally dry locations except as prohibited in 334.10(3)

(2) To be installed or fished in air voids in masonry block or tile walls

(B) Type NMC. Type NMC cable shall be permitted as follows:

(1) For both exposed and concealed work in dry, moist, damp, or corrosive locations, except as prohibited by 334.10(3)

(2) In outside and inside walls of masonry block or tile

(3) In a shallow chase in masonry, concrete, or adobe protected against nails or screws by a steel plate at least 1.59 mm (1/16 in.) thick and covered with plaster, adobe, or similar finish

(C) Type NMS. Type NMS cable shall be permitted as follows:

(1) For both exposed and concealed work in normally dry locations except as prohibited by 334.10(3)

(2) To be installed or fished in air voids in masonry block or tile walls

334.12 Uses Not Permitted.

(A) Types NM, NMC, and NMS. Types NM, NMC, and NMS cables shall not be permitted as follows:

(1) In any dwelling or structure not specifically permitted in 334.10(1), (2), and (3)

Exception: Type NM, NMC, and NMS cable shall be permitted in one- and two-family dwellings and multifamily dwellings of Type III, IV, and V construction. Type NMC cable shall be permitted in other than one- and two-family dwellings and multifamily dwellings of Type III, IV, and V construction where installed within raceways as permitted to be installed in Type I and II construction.

(2) Exposed in dropped or suspended ceilings in other than one- and two-family and multifamily dwellings

(3) As service-entrance cable

(4) In commercial garages having hazardous (classified) locations as defined in 511.3

(5) In theaters and similar locations, except where permitted in 518.4(B)

(6) In motion picture studios

(7) In storage battery rooms

(8) In hoistways or on elevators or escalators

(9) Embedded in poured cement, concrete, or aggregate

(10) In hazardous (classified) locations, except where permitted by the following:

a. 501.10(B)(3)
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(B) Protection from Physical Damage. Cable shall be protected from physical damage where necessary by rigid metal conduit, intermediate metal conduit, electrical metallic tubing, Schedule 80 PVC conduit, or other approved means. Where passing through a floor, the cable shall be enclosed in rigid metal conduit, intermediate metal conduit, electrical metallic tubing, Schedule 80 PVC conduit, or other approved means extending at least 150 mm (6 in.) above the floor.

Type NMC cable installed in shallow chases or grooves in masonry, concrete, or adobe, shall be protected in accordance with the requirements in 300.4(E) and covered with plaster, adobe, or similar finish.

(C) In Unfinished Basements and Crawl Spaces. Where cable is run at angles with joists in unfinished basements and crawl spaces, it shall be permissible to secure cables not smaller than two 6 AWG or three 8 AWG conductors directly to the lower edges of the joists. Smaller cables shall be run either through bored holes in joists or on running boards. NM cable installed on the wall of an unfinished basement shall be permitted to be installed in a listed conduit or tubing or shall be protected in accordance with 300.4. Conduit or tubing shall be provided with an insulating bushing or adapter at the point the cable enters the raceway. The NM cable sheath shall extend through the conduit or tubing and into the outlet or device box not less than 6 mm (¼ in.). The cable shall be secured within 300 mm (12 in.) of the point where the cable enters the conduit or tubing. Metal conduit, tubing, and metal outlet boxes shall be connected to an equipment grounding conductor.

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Total Hazard Current. See *Hazard Current*.

X-Ray Installations, Long-Time Rating. A rating based on an operating interval of 5 minutes or longer.

X-Ray Installations, Mobile. X-ray equipment mounted on a permanent base with wheels, casters, or a combination of both to facilitate moving the equipment while completely assembled.

X-Ray Installations, Momentary Rating. A rating based on an operating interval that does not exceed 5 seconds.

X-Ray Installations, Portable. X-ray equipment designed to be hand carried.

X-Ray Installations, Transportable. X-ray equipment to be installed in a vehicle or that may be readily disassembled for transport in a vehicle.

II. Wiring and Protection

517.10 Applicability.

(A) Applicability. Part II shall apply to patient care areas of all health care facilities.

(B) Not Covered. Part II shall not apply to the following:

(1) Business offices, corridors, waiting rooms, and the like in clinics, medical and dental offices, and outpatient facilities

(2) Areas of nursing homes and limited care facilities wired in accordance with Chapters 1 through 4 of this *Code* where these areas are used exclusively as patient sleeping rooms

FPN: See NFPA *101®-2006, Life Safety Code®*.

517.11 General Installation — Construction Criteria. The purpose of this article is to specify the installation criteria and wiring methods that minimize electrical hazards by the maintenance of adequately low potential differences only between exposed conductive surfaces that are likely to become energized and could be contacted by a patient.

Inst:200912016702 Date:10/6/2009 Time:12:16 PM
DC,P DeWitt Cason,Columbia County Page 1 of 1 B:1181 P:2545

NOTICE OF COMMENCEMENT

County Clerk's Office Stamp or Seal

Tax Parcel Identification Number 34-3S-17-07081-000

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)*: LOTS 3,4,5,6,7 & 8 EX THE S 35 FT OF W 33 FT OF LOT 7 & EX W 33 FT OF LOT 8 & EX S 35 FT OF E 92 FT OF LOT B BLOCK 12 COUNTRY CLUB ESTATES. ORB 957-907, WD 1018-2712.
   a) Street *(job)* Address: 152 SE Defender Dr; Lake City FL 32025
2. General description of improvements: _____
3. Owner Information
   a) Name and address: Hendrix Smith & Kirby; 152 SE Defender Dr; Lake City FL 32025
   b) Name and address of fee simple titleholder (if other than owner) _____
   c) Interest in property _____
4. Contractor Information COASTAL RECONSTRUCTION INC
   a) Name and address: 5570 Florida Mining Blvd. S #304; Jacksonville FL 32257
   b) Telephone No.: 904.880.1919 Fax No. (Opt.) 904.880.2727
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(l)(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. Michael Bay
Signature of Owner or Owner's Authorized Office/Director/Partner/Manager

Michael Bay
Print Name

The foregoing instrument was acknowledged before me, a Florida Notary, this 15 day of September, 20 09, by:
Michael Bay as Owner **(type of authority, e.g. officer, trustee, attorney fact) for** _____ **(name of party on behalf of whom instrument was executed).**

Personally Known ✓ OR Produced Identification ____ Type _____

Notary Signature David A. Patton Notary Stamp or Seal:

NOTARY PUBLIC-STATE OF FLORIDA
David A. Patton
Commission # DD913459
Expires: AUG. 03, 2013
BONDED THRU ATLANTIC BONDING CO., INC.

-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.

Michael Bay
Signature of Natural Person Signing (in line #10 above.)

A

FDID *	State *	Incident Date * (MM DD YYYY)	Station	Incident Number *	Exposure *		NFIRS -1
29091	FL	09 10 2009	40	09-0003603	000	☐ Delete ☐ Change ☐ No Activity	Basic

B Location *

☐ Check this box to Indicate that the address for this incident is provided on the Wildland Fire Module In Section 8 "Alternative Location Specification". Use only for Wildland fires.

Census Tract ____ - ____

☒ Street address
☐ Intersection
☐ In front of
☐ Rear of
☐ Adjacent to
☐ Directions

Number/Milepost	Prefix	Street or Highway	Street Type	Suffix
152	SE	Defender	DR	

Apt./Suite/Room	City	State	Zip Code
	Lake City	FL	32025 -

Cross street or directions, as applicable

C Incident Type *

111 Building fire

Incident Type

D Aid Given or Received *

1 ☐ Mutual aid received
2 ☒ Automatic aid recv.
3 ☐ Mutual aid given
4 ☐ Automatic aid given
5 ☐ Other aid given
N ☐ None

Their FDID: 29012 Their State: FL
Their Incident Number:

E1 Date & Times

Midnight is 0000

Check boxes if dates are the same as Alarm Date.

	Month	Day	Year	Hr Min Sec
ALARM always required				
Alarm *	09	10	2009	17:28:00
ARRIVAL required, unless canceled or did not arrive				
☒ Arrival *	09	10	2009	17:37:00
CONTROLLED Optional, Except for wildland fires				
☐ Controlled				
LAST UNIT CLEARED, required except for wildland fires				
☒ Last Unit Cleared	09	10	2009	20:36:00

E2 Shift & Alarms

Local Option

Shift or Platoon	Alarms	District
A	01	1

E3 Special Studies

Local Option

Special Study ID# ____ Special Study Value ____

F Actions Taken *

11 Extinguishment by fire — Primary Action Taken (1)

Additional Action Taken (2)

Additional Action Taken (3)

G1 Resources *

☒ Check this box and skip this section if an Apparatus or Personnel form is used.

	Apparatus	Personnel
Suppression	0002	0009
EMS		
Other	0007	0003

☐ Check box if resource counts include aid received resources.

G2 Estimated Dollar Losses & Values

LOSSES: Required for all fires if known, Optional for non fires.

		None
Property $	200,000	☐
Contents $	000,000	☐

PRE-INCIDENT VALUE: Optional

Property $	500,000	☐
Contents $	000,000	☐

Completed Modules

☒ Fire-2
☒ Structure-3
☐ Civil Fire Cas.-4
☐ Fire Serv. Cas.-5
☐ EMS-6
☐ HazMat-7
☐ Wildland Fire-8
☒ Apparatus-9
☒ Personnel-10
☐ Arson-11

H1 * Casualties ☒ None

	Deaths	Injuries
Fire Service		
Civilian		

H2 Detector

Required for Confined Fires.

1 ☒ Detector alerted occupants
2 ☐ Detector did not alert them
U ☐ Unknown

H3 Hazardous Materials Release

N ☐ None
1 ☐ Natural Gas: slow leak, no evacuation or HazMat actions
2 ☐ Propane gas: <81 lb. tank (as in home BBQ grill)
3 ☐ Gasoline: vehicle fuel tank or portable container
4 ☐ Kerosene: fuel burning equipment or portable storage
5 ☐ Diesel fuel/fuel oil: vehicle fuel tank or portable
6 ☐ Household solvents: home/office spill, cleanup only
7 ☐ Motor oil: from engine or portable container
8 ☐ Paint: from paint cans totaling < 55 gallons
0 ☐ Other: Special HazMat actions required or spill > 55gal.. Please complete the HazMat form

I Mixed Use Property

NN ☐ Not Mixed
10 ☐ Assembly use
20 ☐ Education use
33 ☐ Medical use
40 ☐ Residential use
51 ☐ Row of stores
53 ☐ Enclosed mall
58 ☐ Bus. & Residential
59 ☐ Office use
60 ☐ Industrial use
63 ☐ Military use
65 ☐ Farm use
00 ☐ Other mixed use

J Property Use * Structures

131 ☐ Church, place of worship
161 ☐ Restaurant or cafeteria
162 ☐ Bar/Tavern or nightclub
213 ☐ Elementary school or kindergarten
215 ☐ High school or junior high
241 ☐ College, adult education
311 ☐ Care facility for the aged
331 ☐ Hospital
341 ☐ Clinic, clinic type infirmary
342 ☐ Doctor/dentist office
361 ☐ Prison or jail, not juvenile
419 ☐ 1-or 2-family dwelling
429 ☐ Multi-family dwelling
439 ☐ Rooming/boarding house
449 ☐ Commercial hotel or motel
459 ☐ Residential, board and care
464 ☐ Dormitory/barracks
519 ☐ Food and beverage sales
539 ☐ Household goods, sales, repairs
579 ☐ Motor vehicle/boat sales/repair
571 ☐ Gas or service station
599 ☐ Business office
615 ☐ Electric generating plant
629 ☐ Laboratory/science lab
700 ☐ Manufacturing plant
819 ☐ Livestock/poultry storage (barn)
882 ☐ Non-residential parking garage
891 ☐ Warehouse

Outside

124 ☐ Playground or park
655 ☐ Crops or orchard
669 ☐ Forest (timberland)
807 ☐ Outdoor storage area
919 ☐ Dump or sanitary landfill
931 ☐ Open land or field
936 ☐ Vacant lot
938 ☐ Graded/care for plot of land
946 ☐ Lake, river, stream
951 ☐ Railroad right of way
960 ☐ Other street
961 ☐ Highway/divided highway
962 ☐ Residential street/driveway
981 ☐ Construction site
984 ☐ Industrial plant yard

Lookup and enter a Property Use code only if you have NOT checked a Property Use box:

Property Use 321

Mental

NFIRS-1 Revision 03/11/99

K1 Person/Entity Involved

Local Option

Business name (if applicable) | Area Code | Phone Number

☐ Check This Box if same address as incident location. Then skip the three duplicate address lines.

Mr.,Ms., Mrs. | First Name | MI | Last Name | Suffix

Number | Prefix | Street or Highway | Street Type | Suffix

Post Office Box | Apt./Suite/Room | City

State | Zip Code

☐ More people involved? Check this box and attach Supplemental Forms (NFIRS-1S) as necessary

K2 Owner

Local Option

☐ Same as person involved? Then check this box and skip the rest of this section.

Business name (if Applicable): | Area Code: 386 | Phone Number: 755-4487

☐ Check this box if same address as incident location. Then skip the three duplicate address lines.

Mr.,Ms., Mrs.: | First Name: Mike | MI: | Last Name: Ray | Suffix:

Number: 142 | Prefix: SW | Street or Highway: Roundtable | Street Type: CT | Suffix:

Post Office Box: | Apt./Suite/Room: | City: Lake City

State: FL | Zip Code: 32024

L Remarks

Local Option

We were dispatched to a structure fire. We arrived on scene and Lake City Fire Department pulled two lines and made entry. Engine 43 2nd on scene backed them up on 2nd hose line. Engine 30 laid 5" hose in. Assistant Chief Cason was in command. Fire Marshal was called. The fire was started purposely. A woman was taken into custody. The fire was extinguished, all hot spots were knocked down. Everyone completed assignment and returned to station. Lieutenant Redish remained on scene and awaited the Fire Marshal.

L Authorization

Officer in charge ID	Signature	Position or rank	Assignment	Month	Day	Year
0016	Cason, James W.	AC		09	22	2009

Check Box if same as Officer in charge.	Member making report ID	Signature	Position or rank	Assignment	Month	Day	Year
☐	0078	Redish, Collin	LT		09	22	2009

A | 29091 (FIPD *) | FL (State *) | MM 09 | DD 10 | YYYY 2009 (Incident Date *) | 40 (Station) | 09-0003603 (Incident Number *) | 000 (Exposure *) | ☐ Delete ☐ Change ☐ No Activity | NFIRS -2 Fire

B Property Details

B1 0016 ☐ Not Residential
Estimated Number of residential living units in building of origin whether or not all units became involved

B2 001 ☐ Buildings not involved
Number of buildings involved

B3 ☐ Acres burned (outside fires) ☒ None ☐ Less than one acre

C On-Site Materials or Products ☐ None

Complete if there were any significant amounts of commercial, industrial, energy or agricultural products or materials on the Property, whether or not they became involved

Enter up to three codes. Check one or more boxes for each code entered.

On-site material (1)
1 ☐ Bulk storage or warehousing
2 ☐ Processing or manufacturing
3 ☐ Packaged goods for sale
4 ☐ Repair or service

On-site material (2)
1 ☐ Bulk storage or warehousing
2 ☐ Processing or manufacturing
3 ☐ Packaged goods for sale
4 ☐ Repair or service

On-site material (3)
1 ☐ Bulk storage or warehousing
2 ☐ Processing or manufacturing
3 ☐ Packaged goods for sale
4 ☐ Repair or service

D Ignition

D1 14 Common room, den, (Area of fire origin *)

D2 UU Undetermined (Heat source *)

D3 UU Undetermined (Item first ignited *) 1 ☐ Check Box if fire spread was confined to object of origin

D4 (Type of material first ignited) (Required only if Item first ignited code is 00 or <70)

E1 Cause of Ignition

☐ Check box if this is an exposure report. Skip to section G

1 ☐ Intentional
2 ☐ Unintentional
3 ☐ Failure of equipment or heat source
4 ☐ Act of nature
5 ☐ Cause under investigation
U ☒ Cause undetermined after investigation

E2 Factors Contributing To Ignition

☒ None

UU Undetermined (Factor Contributing To Ignition (1))

(Factor Contributing To Ignition (2))

E3 Human Factors Contributing To Ignition

Check all applicable boxes

1 ☐ Asleep ☒ None
2 ☐ Possibly impaired by alcohol or drugs
3 ☐ Unattended person
4 ☐ Possibly mental disabled
5 ☐ Physically Disabled
6 ☐ Multiple persons involved
7 ☐ Age was a factor

Estimated age of person involved

1 ☐ Male 2 ☐ Female

F1 Equipment Involved In Ignition

☐ None If Equipment was not involved, Skip to Section G

(Equipment Involved)

Brand

Model

Serial #

Year

F2 Equipment Power

(Equipment Power Source)

F3 Equipment Portability

1 ☐ Portable
2 ☐ Stationary

Portable equipment normally can be moved by one person, is designed to be use in multiple locations, and requires no tools to install.

G Fire Suppression Factors

Enter up to three codes. ☐ None

Fire suppression factor (1)

Fire suppression factor (2)

Fire suppression factor (3)

H1 Mobile Property Involved

☐ None

1 ☐ Not involved in ignition, but burned
2 ☐ Involved in ignition, but did not burn
3 ☐ Involved in ignition and burned

H2 Mobile Property Type & Make

Mobile property type

Mobile property make

Mobile property model

Year

License Plate Number

State

VIN Number

Local Use

☐ Pre-Fire Plan Available

Some of the information presented in this report may be based upon reports from other Agencies

☐ Arson report attached
☐ Police report attached
☐ Coroner report attached
☐ Other reports attached

NFIRS-2 Revision 01/19/99

I1 Structure Type *
If fire was in enclosed building or a portable/mobile structure complete the rest of this form

1 [ ] Enclosed Building
2 [ ] Portable/mobile structure
3 [ ] Open structure
4 [ ] Air supported structure
5 [ ] Tent
6 [ ] Open platform (e.g. piers)
7 [ ] Underground structure (work areas)
8 [X] Connective structure (e.g. fences)
0 [ ] Other type of structure

I2 Building Status *

1 [ ] Under construction
2 [X] Occupied & operating
3 [ ] Idle, not routinely used
4 [ ] Under major renovation
5 [ ] Vacant and secured
6 [ ] Vacant and unsecured
7 [ ] Being demolished
0 [ ] Other
U [ ] Undetermined

I3 Building Height *
Count the ROOF as part of the highest story

001 Total number of stories at or above grade

[ ] Total number of stories below grade

I4 Main Floor Size*

NFIRS-3 Structure Fire

[ ] , [ ] , 1800 Total square feet

OR

[ ] , [ ] BY [ ] , [ ]
Lenght in feet Width in feet

J1 Fire Origin *

[ ] Below Grade

[ ] Story of fire origin

J2 Fire Spread *

1 [ ] Confined to object of origin
2 [ ] Confined to room of origin
3 [ ] Confined to floor of origin
4 [X] Confined to building of origin
5 [ ] Beyond building of origin

J3 Number of Stories Damaged By Flame
Count the ROOF as part of the highest story

[ ] Number of stories w/ minor damage (1 to 24% flame damage)

[ ] Number of stories w/ significant damage (25 to 49% flame damage)

001 Number of stories w/ heavy damage (50 to 74% flame damage)

[ ] Number of stories w/ extreme damage (75 to 100% flame damage)

K Material Contributing Most To Flame Spread

[ ] Check if no flame spread OR same as material first ignited OR unable to determine — Skip To Section L

K1 [ ] [ ] Item contributing most to flame spread

K2 [ ] [ ] Type of material contributing most of flame spread — Required only if item contributing code is 00 or 70

L1 Presence of Detectors *
(In area of the fire)

N [ ] None Present — Skip to section M

1 [X] Present

U [ ] Undetermined

L2 Detector Type

1 [X] Smoke
2 [ ] Heat
3 [ ] Combination smoke - heat
4 [ ] Sprinkler, water flow detection
5 [ ] More than 1 type present
0 [ ] Other _____
U [ ] Undetermined

L3 Detector Power Supply

1 [ ] Battery only
2 [ ] Hardwire only
3 [ ] Plug in
4 [X] Hardwire with battery
5 [ ] Plug in with battery
6 [ ] Mechanical
7 [ ] Multple detectors & power supplies
0 [ ] Other _____
U [ ] Undetermined

L4 Detector Operation

1 [ ] Fire too small to activate
2 [X] Operated (Complete Section L5)
3 [ ] Failed to Operate (Complete Section L6)
U [ ] Undetermined

L5 Detector Effectiveness
Required if detector operated

1 [X] Alerted Occupants, occupants responded
2 [ ] Occupants failed to respond
3 [ ] There were no occupants
4 [ ] Failed to alert occupants
U [ ] Undetermined

L6 Detector Failure Reason
Required if detector failed to operate

1 [ ] Power failure, shutoff or disconnect
2 [ ] Improper installation or placement
3 [ ] Defective
4 [ ] Lack of maintenance, includes cleaning
5 [ ] Battery missing or disconnected
6 [ ] Battery discharged or dead
0 [ ] Other _____
U [ ] Undetermined

M1 Presence of Automatic Extinguishment System *

N [X] None Present

1 [ ] Present — Complete rest of Section M

M2 Type of Automatic Extinguishment System *
Required if fire was within designed range of AES

1 [ ] Wet pipe sprinkler
2 [ ] Dry pipe sprinkler
3 [ ] Other sprinkler system
4 [ ] Dry chemical system
5 [ ] Foam system
6 [ ] Halogen type system
7 [ ] Carbon dioxide (CO_2) system
0 [ ] Other special hazard system
U [ ] Undetermined

M3 Automatic Extinguishment System Operation
Required if fire was within designed range

1 [ ] Operated & effective (Go to M4)
2 [ ] Operated & not effective (M4)
3 [ ] Fire too small to activate
4 [ ] Failed to operate (Go to M5)
0 [ ] Other
U [ ] Undetermined

M4 Number of Sprinkler Heads Operating
Required if system operated

[ ] Number of sprinkler heads operating

M5 Automatic Extinguishment System Failure Reason
Required if system failed

1 [ ] System shut off
2 [ ] Not enough agent discharged
3 [ ] Agent discharged but did not reach fire
4 [ ] Wrong type of system
5 [ ] Fire not in area protected
6 [ ] System components damaged
7 [ ] Lack of maintenance
8 [ ] Manual Intervention
0 [ ] Other _____
U [ ] Undetermined

NFIRS-3 Revision 01/19/99

A

FDID *	State *	Incident Date * (MM / DD / YYYY)	Station	Incident Number *	Exposure *	Delete / Change	NFIRS - 9 Apparatus or Resources
29091	FL	9 / 10 / 2009	40	09-0003603	000	☐ Delete ☐ Change	

B Apparatus or * Resource	Date and Times (Check if same as alarm date)	Sent [X]	Number of * People	Use (Check ONE box for each apparatus to indicate its main use at the incident.)	Actions Taken
1 ID B435 Type 16	Dispatch [X] 9 10 2009 17:28 Arrival [X] 9 10 2009 17:37 Clear [X] 9 10 2009 20:36	[X]	3	☐ Suppression ☐ EMS [X] Other	92
2 ID CF1 Type 92	Dispatch [X] 9 10 2009 17:28 Arrival [X] 9 10 2009 17:37 Clear [X] 9 10 2009 20:36	[X]	1	☐ Suppression ☐ EMS [X] Other	73
3 ID CF2 Type 92	Dispatch [X] 9 10 2009 17:28 Arrival [X] 9 10 2009 17:37 Clear [X] 9 10 2009 20:36	[X]	1	☐ Suppression ☐ EMS [X] Other	73
4 ID CF3 Type 91	Dispatch [X] 9 10 2009 17:28 Arrival [X] 9 10 2009 17:37 Clear [X] 9 10 2009 20:36	[X]	1	☐ Suppression ☐ EMS [X] Other	73
5 ID CF4 Type 60	Dispatch [X] 9 10 2009 17:28 Arrival [X] 9 10 2009 17:37 Clear [X] 9 10 2009 20:36	[X]	1	☐ Suppression ☐ EMS [X] Other	73
6 ID CF5 Type 10	Dispatch [X] 9 10 2009 17:28 Arrival [X] 9 10 2009 17:37 Clear [X] 9 10 2009 20:36	[X]	1	☐ Suppression ☐ EMS [X] Other	73
7 ID E40 Type 11	Dispatch [X] 9 10 2009 17:28 Arrival [X] 9 10 2009 17:37 Clear [X] 9 10 2009 20:36	[X]	1	[X] Suppression ☐ EMS ☐ Other	73 74 75
8 ID E43 Type 11	Dispatch [X] 9 10 2009 17:28 Arrival [X] 9 10 2009 17:37 Clear [X] 9 10 2009 20:36	[X]	2	[X] Suppression ☐ EMS ☐ Other	73 74 75 76
9 ID SC1 Type 92	Dispatch [X] 9 10 2009 17:28 Arrival [X] 9 10 2009 17:37 Clear [X] 9 10 2009 20:36	[X]	1	☐ Suppression ☐ EMS [X] Other	73

Type of Apparatus or Resources

Ground Fire Suppression
- 11 Engine
- 12 Truck or aerial
- 13 Quint
- 14 Tanker & pumper combination
- 16 Brush truck
- 17 ARF (Aircraft Rescue and Firefighting)
- 10 Ground fire suppression, other

Heavy Ground Equipment
- 21 Dozer or plow
- 22 Tractor
- 24 Tanker or tender
- 20 Heavy equipment, other

Aircraft
- 41 Aircraft: fixed wing tanker
- 42 Helitanker
- 43 Helicopter
- 40 Aircraft, other

Marine Equipment
- 51 Fire boat with pump
- 52 Boat, no pump
- 50 Marine apparatus, other

Support Equipment
- 61 Breathing apparatus support
- 62 Light and air unit
- 60 Support apparatus, other

Medical & Rescue
- 71 Rescue unit
- 72 Urban Search & rescue unit
- 73 High angle rescue unit
- 75 BLS unit
- 76 ALS unit
- 70 Medical and rescue unit, other

More Apparatus? Use Additional Sheets

Other
- 91 Mobile command post
- 92 Chief officer car
- 93 HazMat unit
- 94 Type 1 hand crew
- 95 Type 2 hand crew
- 99 Privately owned vehicle
- 00 Other apparatus/resource

- NN None
- UU Undetermined

NFIRS-9 Revision 11/17/98

A

FDID *	State *	Incident Date * (MM / DD / YYYY)	Station	Incident Number *	Exposure *		
29091	FL	9 / 10 / 2009	40	09-0003603	000	☐ Delete ☐ Change	NFIRS - 10 Personnel

B Apparatus or Resource * (Use codes listed below) | Date and Times (Check if same as alarm date) | Sent [X] | Number of People * | Use (Check ONE box for each apparatus to indicate its main use at the incident.) | Actions Taken (List up to 4 actions for each apparatus and each personnel.)

1 ID: B435 — Type: 16

	Month	Day	Year	Hours/mins
Dispatch	9	10	2009	17:28
Arrival	9	10	2009	17:37
Clear	9	10	2009	20:36

Sent: [X] | Number of People: 3 | Use: ☐ Suppression ☐ EMS ☒ Other | Actions Taken: 92

Personnel ID	Name	Rank or Grade	Attend [X]	Action Taken	Action Taken	Action Taken	Action Taken
0020	Crews, John	FF	X	92			
0030	Duffany, Walt	FF	X	92			
0084	Stanley, Jerry	BC	X	58	92		

2 ID: CF1 — Type: 92

	Month	Day	Year	Hours/mins
Dispatch	9	10	2009	17:28
Arrival	9	10	2009	17:37
Clear	9	10	2009	20:36

Sent: [X] | Number of People: 1 | Use: ☐ Suppression ☐ EMS ☒ Other | Actions Taken: 73

Personnel ID	Name	Rank or Grade	Attend [X]	Action Taken	Action Taken	Action Taken	Action Taken
0009	Boozer, David	FMD	X	58	11		

3 ID: CF2 — Type: 92

	Month	Day	Year	Hours/mins
Dispatch	9	10	2009	17:28
Arrival	9	10	2009	17:37
Clear	9	10	2009	20:36

Sent: [X] | Number of People: 1 | Use: ☐ Suppression ☐ EMS ☒ Other | Actions Taken: 73

Personnel ID	Name	Rank or Grade	Attend [X]	Action Taken	Action Taken	Action Taken	Action Taken
0016	Cason, James	AC	X	58	11	81	86

A

FDID *	State *	Incident Date * (MM / DD / YYYY)	Station	Incident Number *	Exposure *		
29091	FL	9 / 10 / 2009	40	09-0003603	000	☐ Delete ☐ Change	NFIRS - 10 Personnel

B Apparatus or Resource * (Use codes listed below)

Apparatus or Resource	Date and Times (Check if same as alarm date)	Month	Day	Year	Hours/mins	Sent [X]	Number of People *	Use (Check ONE box for each apparatus to indicate its main use at the incident.)	Actions Taken (List up to 4 actions for each apparatus and each personnel.)
1 ID CF3 Type 91	Dispatch [X]	9	10	2009	17:28	Sent [X]	1	☐ Suppression ☐ EMS [X] Other	73
	Arrival [X]	9	10	2009	17:37				
	Clear [X]	9	10	2009	20:36				

Personnel ID	Name	Rank or Grade	Attend [X]	Action Taken	Action Taken	Action Taken	Action Taken
ANDE01	Anderson, Michael	LT	X	58	73		

Apparatus or Resource	Date and Times (Check if same as alarm date)	Month	Day	Year	Hours/mins	Sent [X]	Number of People *	Use (Check ONE box for each apparatus to indicate its main use at the incident.)	Actions Taken (List up to 4 actions for each apparatus and each personnel.)
2 ID CF4 Type 60	Dispatch [X]	9	10	2009	17:28	Sent [X]	1	☐ Suppression ☐ EMS [X] Other	73
	Arrival [X]	9	10	2009	17:37				
	Clear [X]	9	10	2009	20:36				

Personnel ID	Name	Rank or Grade	Attend [X]	Action Taken	Action Taken	Action Taken	Action Taken
NOAH01	Noah, Charles	FF	X	58	73		

Apparatus or Resource	Date and Times (Check if same as alarm date)	Month	Day	Year	Hours/mins	Sent [X]	Number of People *	Use (Check ONE box for each apparatus to indicate its main use at the incident.)	Actions Taken (List up to 4 actions for each apparatus and each personnel.)
3 ID CF5 Type 10	Dispatch [X]	9	10	2009	17:28	Sent [X]	1	☐ Suppression ☐ EMS [X] Other	73
	Arrival [X]	9	10	2009	17:37				
	Clear [X]	9	10	2009	20:36				

Personnel ID	Name	Rank or Grade	Attend [X]	Action Taken	Action Taken	Action Taken	Action Taken
0001	Atkinson, Tres	FC	X	58	11		

A

FDID *	State *	Incident Date * (MM / DD / YYYY)	Station	Incident Number *	Exposure *	Delete / Change	NFIRS - 10 Personnel
29091	FL	9 / 10 / 2009	40	09-0003603	000	☐ / ☐	

B Apparatus or Resource * (Use codes listed below) | **Date and Times** (Check if same as alarm date) — Month Day Year Hours/mins | **Sent** [X] | **Number of People** * | **Use** (Check ONE box for each apparatus to indicate its main use at the incident.) | **Actions Taken** (List up to 4 actions for each Apparatus and each personnel.)

1 ID: E40 — Type: 11

					Sent	Number of People	Use	Actions Taken
Dispatch	[X]	9	10	2009	17:28	[X]	1	[X] Suppression	73, 74
Arrival	[X]	9	10	2009	17:37			☐ EMS	75
Clear	[X]	9	10	2009	20:36			☐ Other	

Personnel ID	Name	Rank or Grade	Attend [X]	Action Taken	Action Taken	Action Taken	Action Taken
HERN01	Herndon, Matthew	FF	X	58	11		

2 ID: E43 — Type: 11

					Sent	Number of People	Use	Actions Taken
Dispatch	[X]	9	10	2009	17:28	[X]	2	[X] Suppression	73, 74
Arrival	[X]	9	10	2009	17:37			☐ EMS	75, 76
Clear	[X]	9	10	2009	20:36			☐ Other	

Personnel ID	Name	Rank or Grade	Attend [X]	Action Taken	Action Taken	Action Taken	Action Taken
MAYS01	Mays, Chauncey	FF	X	11			
MCIN01	McIntee, III, Jerome	FF	X	58	11		

3 ID: SC1 — Type: 92

					Sent	Number of People	Use	Actions Taken
Dispatch	[X]	9	10	2009	17:28	[X]	1	☐ Suppression	73
Arrival	[X]	9	10	2009	17:37			☐ EMS	
Clear	[X]	9	10	2009	20:36			[X] Other	

Personnel ID	Name	Rank or Grade	Attend [X]	Action Taken	Action Taken	Action Taken	Action Taken
0078	Redish, Collin	LT	X	58	11		

A

FDID *	State *	MM	DD	YYYY	Station	Incident Number *	Exposure *	Delete / Change	Insurance and $Loss
29091	FL	9	10	2009	40	09-0003603	000	☐ Delete ☐ Change	

B Estimated Dollar Loss & Value

	Pre-Incident Value	Estimated Loss	Insured Amount	Settlement Amount
Buildings	$500,000.00	$200,000.00	$0.00	$0.00
Vehicles	$0.00	$0.00	$0.00	$0.00
Contents	$0.00	$0.00	$0.00	$0.00

C$_1$ Insurance Company

Lloyd's of London
Business name if applicable

Contact Name

Street or highway

Post office box

City

State | Zip Code

Phone Number

Agent Name

fal00123-00
Policy Number

☒ Buildings ☐ Vehicles ☐ Contents
Policy Coverage

PUBLIC RECORDS REQUEST

Florida Statute 119.011

"Public Records means all documents, papers, letters, maps, books, tapes, photographs, films, sound recordings, data processing software, or other material regardless of the physical form, characteristics, or means of transmission, made or received pursuant to law or ordinance or in connection with the transaction of official business of any agency."

Florida Statute 119-07

"Every person who has custody of a public record shall permit the record to be inspected and examined by any person desiring to do so, at any reasonable time, under reasonable conditions, and under supervision by the custodian of the public record or the custodian's designee."

Most County records are promptly available to the public upon request. However, to ensure file content is not compromised, files will not be loaned out and may not be removed from the county department or office.

The information listed below is requested **(but not required)** to expedite your request and document public records request activity.

SUBJECT OR NAME OF FILE(S) OR RECORD(S) TO BE REVIEWED:

1. Mike Bay
2. _____

TIME PERIOD: From 09 10 09 (Month, Day, Year) TO — (Month, Day, Year)

COPIES REQUESTED: YES ✓ NO ___
COPY ENTIRE FILE: YES ___ NO ✓
LIST RECORD(S) TO BE COPIED BELOW:

1. Incident # 3603
2. _____
3. _____

no charge to bldg dept.

THE CONTACT INFORMATION BELOW IS NOT REQUIRED

If you wish to be contacted when the records are available, please include the appropriate information.

NAME: Columbia County Bldg + Zoning Dept.

ADDRESS: _____

fax
TELEPHONE NUMBER: ( ) 758 2160 E-MAIL: _____

copy faxed to Bldg + Zoning per B. Boozer 10-23-09 10:28 AM

SIGNATURE: _____

INTERNAL USE ONLY:

Tracking Number _____ Department & Contact Person _____
Date: _____ Time: _____
Date Completed: _____ Time: _____

FORM 1100A-08

FLORIDA ENERGY EFFICIENCY CODE FOR BUILDING CONSTRUCTION

Florida Department of Community Affairs Residential Performance Method A

Project Name:	EASTSIDE CARE CENTER	Builder Name:	COASTAL RECONSTRUCTION
Street:	152 S.E. DEFENDER DR	Permit Office:	COLUMBIA COUNTY
City, State, Zip:	LAKE CITY , FL , 32025-	Permit Number:	
Owner:		Jurisdiction:	221000
Design Location:	FL, Jacksonville		

1. New construction or existing	Existing (Projecte
2. Single family or multiple family	Multi-family
3. Number of units, if multiple family	1
4. Number of Bedrooms	24
5. Is this a worst case?	No
6. Conditioned floor area (ft²)	2890

7. Windows	Description	Area
a. U-Factor:	Dbl, U=0.68	108.00 ft²
SHGC:	SHGC=0.61	
b. U-Factor:	Dbl, U=0.68	81.00 ft²
SHGC:	SHGC=0.61	
c. U-Factor:	N/A	ft²
SHGC:		
d. U-Factor:	N/A	ft²
SHGC:		
e. U-Factor:	N/A	ft²
SHGC:		

8. Floor Types	Insulation	Area
a. Slab-On-Grade Edge Insulation	R=0.0	2890.00 ft²
b. N/A	R=	ft²
c. N/A	R=	ft²

9. Wall Types	Insulation	Area
a. Frame - Wood, Exterior	R=19.0	1696.00 ft²
b. N/A	R=	ft²
c. N/A	R=	ft²
d. N/A	R=	ft²

10. Ceiling Types	Insulation	Area
a. Under Attic (Vented)	R=30.0	2890.00 ft²
b. N/A	R=	ft²
c. N/A	R=	ft²

11. Ducts
a. Sup: Attic Ret: Attic AH: Interior Sup. R= 6, 56 ft²

12. Cooling systems
a. Central Unit — Cap: 58 kBtu/hr, SEER: 13

13. Heating systems
a. Natural Gas Furnace — Cap: 58.5 kBtu/hr, AFUE: 0.78

14. Hot water systems
a. Natural Gas — Cap: 80 gallons, EF: 0.59

b. Conservation features
None

15. Credits: None

Glass/Floor Area: 0.065

Total As-Built Modified Loads: 79.91

Total Baseline Loads: 95.67

PASS

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

PREPARED BY: Jose Fernandez, Mechanical Engineer, Contractor Lic. #CAC1813923

DATE: 10/2009

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: _____

COLUMBIA COUNTY BUILDING DEPARTMENT — Received for FILE COPY — Code Compliance — PLANS EXAMINER

PROJECT

Title:	EASTSIDE CARE CENTER	Bedrooms:	24	Adress Type:	Street Address
Building Type:	FLAsBuilt	Bathrooms:	0	Lot #	261
Owner:		Conditioned Area:	2890	SubDivision:	County Seat
# of Units:	1	Total Stories:	1	PlatBook:	Book 108-n, page 345
Builder Name:	COASTAL RECONSTRUCTI	Worst Case:	No	Street:	152 S.E. DEFENDER D
Permit Office:	COLUMBIA COUNTY	Rotate Angle:	0	County:	COLUMBIA
Jurisdiction:	221000	Cross Ventilation:	No	City, State, Zip:	LAKE CITY , FL , 32025-
Family Type:	Multi-family	Whole House Fan:	No		
New/Existing:	Existing (Projected)				
Comment:					

CLIMATE

√	Design Location	TMY Site	IECC Zone	Design Temp 97.5 %	Design Temp 2.5 %	Int Design Temp Winter	Int Design Temp Summer	Heating Degree Days	Design Moisture	Daily Temp Range
_____	FL, Jacksonville	FL_JACKSONVILLE_INT	2	32	93	75	70	1281	49	Medium

FLOORS

√	#	Floor Type	Perimeter	R-Value	Area	Tile	Wood	Carpet
_____	1	Slab-On-Grade Edge Insulatio	224 ft	0	2890 ft²	0	0	1

ROOF

√	#	Type	Materials	Roof Area	Gable Area	Roof Color	Solar Absor.	Tested	Deck Insul.	Pitch
_____	1	Hip	Composition shingles	3130 ft²	0 ft²	Medium	0.96	No	0	22.6 deg

ATTIC

√	#	Type	Ventilation	Vent Ratio (1 in)	Area	RBS	IRCC
_____	1	Full attic	Vented	150	2890 ft²	N	N

CEILING

√	#	Ceiling Type	R-Value	Area	Framing Frac	Truss Type
_____	1	Under Attic (Vented)	30	2890 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	19	712 ft²	0	0.23	0.65
_____	2	S	Exterior	Frame - Wood	19	712 ft²	0	0.23	0.65
_____	3	E	Exterior	Frame - Wood	19	272 ft²	0	0.23	0.65

DOORS

√	#	Ornt	Door Type	Storms	U-Value	Area
_____	1	N	Insulated	None	0.4	20 ft²
_____	2	N	Insulated	None	0.46	20 ft²
_____	3	N	Insulated	None	0.46	20 ft²
_____	4	N	Insulated	None	0.46	20 ft²
_____	5	N	Insulated	None	0.46	20 ft²
_____	6	N	Insulated	None	0.46	20 ft²
_____	7	S	Insulated	None	0.46	20 ft²
_____	8	S	Insulated	None	0.46	20 ft²
_____	9	S	Insulated	None	0.46	20 ft²
_____	10	S	Insulated	None	0.46	20 ft²
_____	11	S	Insulated	None	0.46	20 ft²
_____	12	S	Insulated	None	0.46	20 ft²

WINDOWS

Window orientation below is as entered. Actual orientation is modified by rotate angle shown in "Project" section above.

√	#	Ornt	Frame	Panes	NFRC	U-Factor	SHGC	Storms	Area	Overhang Depth	Overhang Separation	Int Shade	Screening
_____	1	N	Metal	Double (Clear)	Yes	0.68	0.61	N	18 ft²	0 ft 72 in	0 ft 0 in	HERS 2006	None
_____	2	N	Metal	Double (Clear)	Yes	0.68	0.61	N	18 ft²	0 ft 72 in	0 ft 0 in	HERS 2006	None
_____	3	N	Metal	Double (Clear)	Yes	0.68	0.61	N	18 ft²	0 ft 72 in	0 ft 0 in	HERS 2006	None
_____	4	N	Metal	Double (Clear)	Yes	0.68	0.61	N	18 ft²	0 ft 72 in	0 ft 0 in	HERS 2006	None
_____	5	N	Metal	Double (Clear)	Yes	0.68	0.61	N	18 ft²	0 ft 72 in	0 ft 0 in	HERS 2006	None
_____	6	N	Metal	Double (Clear)	Yes	0.68	0.61	N	18 ft²	0 ft 72 in	0 ft 0 in	HERS 2006	None
_____	7	N	Metal	Double (Tinted)	Yes	0.68	0.61	N	9 ft²	0 ft 0 in	0 ft 0 in	HERS 2006	None
_____	8	N	Metal	Double (Tinted)	Yes	0.68	0.61	N	9 ft²	0 ft 0 in	0 ft 0 in	HERS 2006	None
_____	9	N	Metal	Double (Tinted)	Yes	0.68	0.61	N	9 ft²	0 ft 0 in	0 ft 0 in	HERS 2006	None
_____	10	N	Metal	Double (Tinted)	Yes	0.68	0.61	N	9 ft²	0 ft 0 in	0 ft 0 in	HERS 2006	None
_____	11	N	Metal	Double (Tinted)	Yes	0.68	0.61	N	9 ft²	0 ft 0 in	0 ft 0 in	HERS 2006	None
_____	12	N	Metal	Double (Tinted)	Yes	0.68	0.61	N	9 ft²	0 ft 0 in	0 ft 0 in	HERS 2006	None
_____	13	N	Metal	Double (Tinted)	Yes	0.68	0.61	N	9 ft²	0 ft 0 in	0 ft 0 in	HERS 2006	None
_____	14	N	Metal	Double (Tinted)	Yes	0.68	0.61	N	9 ft²	0 ft 0 in	0 ft 0 in	HERS 2006	None
_____	15	N	Metal	Double (Tinted)	Yes	0.68	0.61	N	9 ft²	0 ft 0 in	0 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	2729	7.08	149.8	281.8	0 cfm	0 cfm	0	0

COOLING SYSTEM

√	#	System Type	Subtype	Efficiency	Capacity	Air Flow	SHR	Ductless
_____	1	Central Unit	None	SEER: 13	58 kBtu/hr	1740 cfm	0.7	False

HEATING SYSTEM

√	#	System Type	Subtype	Efficiency	Capacity	Ductless
_____	1	Natural Gas Furnace	None	AFUE: 0.78	58.5 kBtu/hr	False

HOT WATER SYSTEM

√	#	System Type	EF	Cap	Use	SetPnt	Conservation
_____	1	Natural Gas	0.59	80 gal	270 gal	120 deg	None

SOLAR HOT WATER SYSTEM

√	FSEC Cert #	Company Name	System Model #	Collector Model #	Collector Area	Storage Volume	FEF
_____	None	None			ft²		

DUCTS

√	#	---- Supply ---- Location	R-Value	Area	---- Return ---- Location	Area	Leakage Type	Air Handler	CFM 25	Percent Leakage	QN	RLF
_____	1	Attic	6	56 ft²	Attic	88 ft²	Default Leakage	Interior				

TEMPERATURES

Programable Thermostat: N Ceiling Fans:

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Cooling	[X]	[X]	[X]	[X]	[X]	[X]	[X]	[X]	[X]	[X]	[X]	[X]
Heating	[X]	[X]	[X]	[X]	[X]	[X]	[X]	[X]	[X]	[X]	[X]	[X]
Venting	[X]	[X]	[X]	[X]	[X]	[X]	[X]	[X]	[X]	[X]	[X]	[X]

Thermostat Schedule: HERS 2006 Reference

Schedule Type		Hours 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
	PM	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
	PM	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
	PM	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
	PM	68	68	68	68	68	68	68	68	68	68	68	68

FORM 1100A-08

Code Compliance Cheklist

Residential Whole Building Performance Method A - Details

ADDRESS: 152 S.E. DEFENDER DR
LAKE CITY, FL, 32025-

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* = 84

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

1. New construction or existing		Existing (Projecte
2. Single family or multiple family		Multi-family
3. Number of units, if multiple family		1
4. Number of Bedrooms		24
5. Is this a worst case?		No
6. Conditioned floor area (ft²)		2890

7. Windows**	Description	Area
a. U-Factor:	Dbl, U=0.68	108.00 ft²
SHGC:	SHGC=0.61	
b. U-Factor:	Dbl, U=0.68	81.00 ft²
SHGC:	SHGC=0.61	
c. U-Factor:	N/A	ft²
SHGC:		
d. U-Factor:	N/A	ft²
SHGC:		
e. U-Factor:	N/A	ft²
SHGC:		

8. Floor Types	Insulation	Area
a. Slab-On-Grade Edge Insulation	R=0.0	2890.00 ft²
b. N/A	R=	ft²
c. N/A	R=	ft²

9. Wall Types	Insulation	Area
a. Frame - Wood, Exterior	R=19.0	1696.00 ft²
b. N/A	R=	ft²
c. N/A	R=	ft²
d. N/A	R=	ft²

10. Ceiling Types	Insulation	Area
a. Under Attic (Vented)	R=30.0	2890.00 ft²
b. N/A	R=	ft²
c. N/A	R=	ft²

11. Ducts
a. Sup: Attic Ret: Attic AH: Interior Sup. R= 6, 56 ft²

12. Cooling systems
a. Central Unit — Cap: 58 kBtu/hr, SEER: 13

13. Heating systems
a. Natural Gas Furnace — Cap: 58.5 kBtu/hr, AFUE: 0.78

14. Hot water systems
a. Natural Gas — Cap: 80 gallons, EF: 0.59

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: _____

*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 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.

wrightsoft

Project Summary
Entire House
FLORIDA AIR SERVICE & ENGINEERING

Job: COASTAL-EASTSIDE
Date: 10/2009
By: JLF

Project Information

For: EASTSIDE CARE, COASTAL RECONSTRUCTION

Notes:

Design Information

Weather: Jacksonville, Int'l AP, FL, US

Winter Design Conditions

Outside db	32	°F
Inside db	70	°F
Design TD	38	°F

Summer Design Conditions

Outside db	93	°F
Inside db	75	°F
Design TD	18	°F
Daily range	M	
Relative humidity	50	%
Moisture difference	51	gr/lb

Heating Summary

Structure	25394	Btuh
Ducts	12647	Btuh
Central vent (89 cfm)	3735	Btuh
Humidification	0	Btuh
Piping	0	Btuh
Equipment load	41777	Btuh

Sensible Cooling Equipment Load Sizing

Structure	25738	Btuh
Ducts	14260	Btuh
Central vent (89 cfm)	1730	Btuh
Blower	0	Btuh
Use manufacturer's data	y	
Rate/swing multiplier	1.00	
Equipment sensible load	41728	Btuh

Infiltration

Method	Simplified
Construction quality	Average
Fireplaces	1 (Average)

	Heating	Cooling
Area (ft²)	2308	2308
Volume (ft³)	22708	22708
Air changes/hour	0.37	0.16
Equiv. AVF (cfm)	141	61

Latent Cooling Equipment Load Sizing

Structure	3711	Btuh
Ducts	3571	Btuh
Central vent (89 cfm)	3118	Btuh
Equipment latent load	10399	Btuh
Equipment total load	52127	Btuh
Req. total capacity at 0.73 SHR	4.8	ton

Heating Equipment Summary

Make		
Trade	5.0 TON	
Model		
Efficiency	8 HSPF	
Heating input		
Heating output	58500	Btuh @ 47°F
Temperature rise	27	°F
Actual air flow	2000	cfm
Air flow factor	0.053	cfm/Btuh
Static pressure	0.50	in H2O
Space thermostat	Heat/Cool	

Cooling Equipment Summary

Make		
Trade	5.0 TON	
Cond		
Coil		
Efficiency	13 SEER	
Sensible cooling	42195	Btuh
Latent cooling	15805	Btuh
Total cooling	58000	Btuh
Actual air flow	2000	cfm
Air flow factor	0.050	cfm/Btuh
Static pressure	0.50	in H2O
Load sensible heat ratio	0.80	

Printout certified by ACCA to meet all requirements of Manual J 8th Ed.

Paid Application fee 10/6/09

Columbia County Building Permit Application

For Office Use Only Application # 0910-23 Date Received 10/6/09 By LH Permit # 28157

Zoning Official BLK Date 10.10.09 Flood Zone X Land Use Comm. Zoning CI

FEMA Map # N/A Elevation N/A MFE Existing floor River N/A Plans Examiner HD Date 10-22-09

Comments Fire Damage To Existing Building.

☒ NOC ☐ EH ☐ Deed or PA N/A ☐ Site Plan N/A ☐ 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 N/A Existing Structure / No additional Sq. Ft.

COLUMBIA COUNTY BUILDING DEPARTMENT Received for FILE COPY Code Compliance PLANS EXAMINER

Septic Permit No. X09-788 City Fax

Name Authorized Person Signing Permit DAN Steller Phone 904-545-2763

Address 5570 Florida Mining Blvd S#304, Jax, FL 32257

Owners Name Hendrix Smith & Kirby LLC Phone 386-755-4487

911 Address 152 SE Defender Ave Lake City FL 32025

Contractors Name Coastal Reconstruction INC. Phone 904.880-1919

Address 5570 Florida Mining Blvd S #304, Jacksonville FL 32257

Fee Simple Owner Name & Address N/A

Bonding Co. Name & Address

Architect/Engineer Name & Address Paul Lape P.E. 9218 Cypress Green Dr. Suite 10, Jax FL 32256

Mortgage Lenders Name & Address

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

Property ID Number 34-3S-17-07081-000 Estimated Cost of Construction $150,000.00

Subdivision Name Lot Block Unit Phase

Driving Directions East Baya, ® Defender, 2nd on Right

Number of Existing Dwellings on Property 1

Construction of Remodel Existing Comm. Building Total Acreage .805 acres Lot Size

Do you need a - Culvert Permit or Culvert Waiver or Have an Existing Drive ✓ Total Building Height 25 ft.

Existing Building No Additions

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

Number of Stories Heated Floor Area 7740 S.F. Total Floor Area 9180 S.F. Roof Pitch 3.5/12

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. **CODE:** Florida Building Code 2007 with 2009 Supplements and the 2008 National Electrical Code.

left message to Chad 10/22/09

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 COMMENCMENT 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.

Michael Bay

(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 CGC057545
Columbia County
Competency Card Number_____

Affirmed under penalty of perjury to by the Contractor and subscribed before me this 15th **day of** September **20**09.

Personally known / **or Produced Identification**_____

Rowena Lynne Dickison

State of Florida Notary Signature (For the Contractor)

SEAL:

NOTARY PUBLIC-STATE OF FLORIDA
Rowena Lynne Dickison
Commission # DD679465
Expires: MAY 29, 2011
BONDED THRU ATLANTIC BONDING CO., INC.

Columbia County Property Appraiser

DB Last Updated: 7/22/2009

2009 Preliminary Values

Tax Record | Property Card | Interactive GIS Map | Print

Parcel: 34-3S-17-07081-000

Search Result: 1 of 1

Owner & Property Info

Owner's Name	HENDRIX SMITH & KIRBY LLC		
Site Address	DEFENDER		
Mailing Address	152 SE DEFENDER DR LAKE CITY, FL 32025		
Use Desc. (code)	MULTI-FAMI (000300)		
Neighborhood	034317.07	**Tax District**	2
UD Codes	MKTA06	**Market Area**	06
Total Land Area	0.805 ACRES		
Description	LOTS 3, 4, 5, 6, 7 & 8 EX THE S 35 FT OF W 33 FT OF LOT 7 & EX W 33 FT OF LOT 8 & EX S 35 FT OF E 92 FT OF LOT 8 BLOCK 12 COUNTRY CLUB ESTATES. ORB 957-907, WD 1018-2712.		

GIS Aerial

Property & Assessment Values

Mkt Land Value	cnt: (1)	$12,150.00
Ag Land Value	cnt: (0)	$0.00
Building Value	cnt: (1)	$153,386.00
XFOB Value	cnt: (3)	$2,083.00
Total Appraised Value		$167,619.00

Just Value	$167,619.00
Class Value	$0.00
Assessed Value	$167,619.00
Exemptions	$0.00
Total Taxable Value	County: $167,619.00 | City: $167,619.00 Other: $167,619.00 | School: $167,619.00

Sales History

Sale Date	Book/Page	Inst. Type	Sale Vlmp	Sale Qual	Sale RCode	Sale Price
6/22/2004	1018/2712	WD	I	U	01	$179,900.00
7/5/2002	957/907	WD	I	Q		$200,000.00

Building Characteristics

Bldg Item	Bldg Desc	Year Blt	Ext. Walls	Heated S.F.	Actual S.F.	Bldg Value
1	M/FAM ROW (002500)	1965	Conc Block (15)	7740	9180	$153,386.00
	Note: All S.F. calculations are based on exterior building dimensions.					

Extra Features & Out Buildings

Code	Desc	Year Blt	Value	Units	Dims	Condition (% Good)
0120	CLFENCE 4	2001	$500.00	0000001.000	0 x 0 x 0	(000.00)
0296	SHED METAL	2001	$263.00	0000075.000	15 x 5 x 0	(000.00)
0294	SHED WOOD/	2001	$1,320.00	0000240.000	20 x 12 x 0	(000.00)

Land Breakdown

Lnd Code	Desc	Units	Adjustments	Eff Rate	Lnd Value

COLUMBIA COUNTY BUILDING DEPARTMENT
135 NE Hernando Ave, Suite B-21, Lake City, FL 32055
Phone: 386-758-1008 Fax: 386-758-2160

LETTER OF AUTHORIZATION TO SIGN FOR PERMITS

I, Don Brewer (license holder name), licensed qualifier

for Coastal Reconstruction Inc (company name), do certify that

the below referenced person(s) listed on this form is/are contracted/hired by me, the license holder, or is/are employed by me directly or through an employee leasing arrangement; or, is an officer of the corporation; or, partner as defined in Florida Statutes Chapter 468, and the said person(s) is/are under my direct supervision and control and is/are authorized to purchase permits, call for inspections and sign on my behalf.

Printed Name of Person Authorized	Signature of Authorized Person
1. CHAD COUNIHAN ~~Jeff Thomas~~	1.
2. DAN STELLER	2.
3.	3.
4.	4.
5.	5.

I, the license holder, realize that I am responsible for all permits purchased, and all work done under my license and fully responsible for compliance with all Florida Statutes, Codes, and Local Ordinances. I understand that the State and County Licensing Boards have the power and authority to discipline a license holder for violations committed by him/her, his/her agents, officers, or employees and that I have full responsibility for compliance with all statutes, codes and ordinances inherent in the privilege granted by issuance of such permits.

If at any time the person(s) you have authorized is/are no longer agents, employee(s), or officer(s), you must notify this department in writing of the changes and submit a new letter of authorization form, which will supersede all previous lists. Failure to do so may allow unauthorized persons to use your name and/or license number to obtain permits.

License Holders Signature (Notarized) | CGC057545 License Number | 9-14-09 Date

NOTARY INFORMATION:
STATE OF: Florida COUNTY OF: FL

The above license holder, whose name is Don Brewer, personally appeared before me and is known by me or has produced identification (type of I.D.)_____ on this 15th day of September, 2009.

Rowena Lynne Dickison
NOTARY'S SIGNATURE

NOTARY PUBLIC-STATE OF FLORIDA
(Seal/Stamp) Rowena Lynne Dickison
Commission # DD679465
Expires: MAY 29, 2011
BONDED THRU ATLANTIC BONDING CO., INC.

PAUL S. LI, P.E. #18305
DESIGN & CONSULTING ENGINEER
9218 CYPRESS GREEN DR. STE #10
JACKSONVILLE, FL 32256
Ph/Fax: (904) 737-6876/737-2385

Project# 091001

EASTSIDE CARE CENTER
152 S.E DEFENDER DRIVE
LAKE CITY, FLORIDA 32025

COLUMBIA CTY. BUILDING DEPARTMENT

WIND LOAD

BASED ON THE FLORIDA BUILDING CODE 2007 (ASCE 7-05 METHOD 1)
RESIDENTIAL, FIG. R301.2(4), THIS SITE IS IN THE
100 MPH ZONE. THE IMPORTANCE FACTOR
IS 1.0 , THE OCCUPANCY CATEGORY IS II.
THE EXPOSURE CATEGORY B , OPEN BUILDING

ROOF ANGLE A = $\tan^{-1}$ 3.5/12
= 12.26°

MEAN ROOF HT = 8' + 34'/2 × 3.5/12 × 1/2
= 10.48'

HEIGHT & EXPOSURE ADJUSTMENT COEFFICIENT = 1.0

Ww = 21 × 1.0 × 1.0 = 21 #/1

ROOF LOAD

L. L. 20 P.S.F.
D. L. 12 P.S.F.
T. L. 32 P.S.F.

COLUMBIA COUNTY BUILDING DEPARTMENT
Received for FILE COPY
Code Compliance
PLANS EXAMINER
10/15/08

$1\frac{5}{8} \times 3\frac{1}{2}$

$A = 1.625 \times 3.5 = 5.688\ in^2$

$S = 1.625 \times 3.5^2/6 = 3.318\ in^3$

$I = 1.625 \times 3.5^3/12 = 5.806\ in^4$

EXTERIOR WALL

8'-0" TRY ACTUAL SIZE ($1\frac{5}{8} \times 3\frac{1}{2}$) CEDAR @16" O.C

$M_W = \frac{1}{8} \times 21 \times 1.33 \times 8^2 = 223\ ft\text{-}lb$

$$\frac{M/S}{F_b} = \frac{223 \times 12/3.32}{1430} = 0.565$$

$$\frac{P/A}{F_c} = \frac{P/5.69}{1.6 \times 292} = 1 - 0.565$$

$P_{ALLOWABLE} = 1157\#$ @16" O.C

$R_{ALLOWABLE} = 1736\#$ @24" O.C

$$\Delta = \frac{5 \times (21 \times 1.33) \times 8^4 \times 12^3}{384 \times 1.6 \times 10^6 \times 5.81} = 0.272$$

$l/\Delta = 8 \times 12/\Delta = 353 > 240$ OK

OPENING

1. 2-3030 SH. $H = 8'-0''$

$P = 1278/2 \times (6+1.33)/2 = 2342^{\#}$

$M_W = 223/1.33 \times (6+1.33)/2 = 614.5^{\#-1}$

$\frac{M/S}{F_b} = \frac{614.5 \times 12/3.32n}{1430} = 1.553/n$

$\frac{P/A}{F_c} = \frac{2342/5.69n}{1.6 \times 292} = \frac{.0881/n}{2.434/n}$

TRY 3 — 2X4's @EA SIDE OF OPENING (2K/1C)

$\Delta = \frac{5 \times (21 \times 7.33)/2 \times 8^4 \times 12^3}{384 \times 1.6 \times 10^6 \times 5.21 \times 2} = 0.382$

$H/\Delta = 8 \times 12/\Delta = 251 > 240$ O/K

HEADER

$R = 1278/2 \times 6/2 = 1917^{\#}$ $A = 31.95^{IN^2}$

$M = 1278/2 \times 6^2/8 = 2875.5^{\#-1}$ $S = 26.54^{IN^3}$

TRY 2-2X12's

$A = 33.75^{IN^2}$ $S = 63.29^{IN^3}$ $I = 355.96^{IN^4}$

$\Delta = \frac{5 \times 1278/2 \times 6^4 \times 12^3}{384 \times 1.6 \times 10^6 \times 355.96} = 0.033$

$l/\Delta = 6 \times 12/\Delta = 2201 > 240$ O/K

2. 3063 / 3030 SH FRONT & REAR H=8'-0"

$P = 1278/2 \times (3+1.33)/2 = 1383^{\#}$

$M_W = 223/1.33 \times (3+1.33)/2 = 363^{\#-in}$

$\frac{M/S}{F_b} = \frac{363 \times 12/3.32^{in}}{1430} = 0.918/in$

$\frac{P/A}{F_c} = \frac{1383/5.69^{in}}{1.6 \times 292} = \frac{0.520/in}{1.438/in}$

TRY 2-2X4's @EA SIDE OF OPENING

$\Delta = \frac{5 \times (21 \times 433)/2 \times 8^4 \times 12^3}{384 \times 1.6 \times 10^6 \times 5.81 \times 2} = 0.225$

$H/\Delta = 8 \times 12/\Delta = 426 > 240$ OK

HEADER

$R = 1278/2 \times 3/2 = 959^{\#}$ $A = 15.98^{in^2}$

$M = 1278/2 \times 3^2/8 = 719^{\#-in}$ $S = 6.42^{in^3}$

TRY 2-2X8's

$\Delta = \frac{5 \times 1278/2 \times 3^4 \times 12^3}{384 \times 1.6 \times 10^6 \times 95.27} = 7.64 \times 10^{-3}$

$l/\Delta = 3 \times 12/\Delta = 4712 > 240$ OK

3. 3030 SH SIDE H=8'-0"

$P = 200 \times (3+1.33)/2 = 433^{\#}$

$M_W = 223/1.33 \times (3+1.33)/2 = 363^{\#}$

USE 2-2X4 @EA SIDE OF OPENING

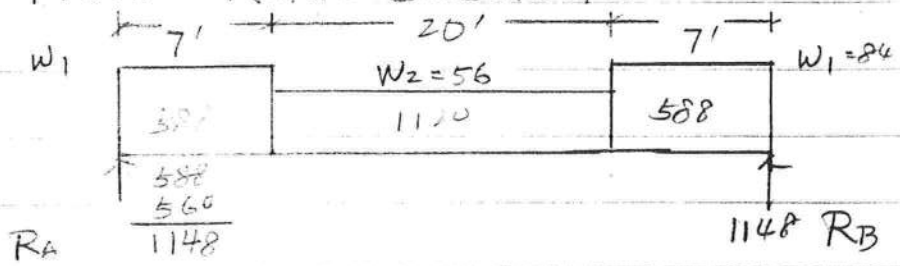
HEADER

$R = 200 \times 3/2 = 300^{\#}$ $A = 5.00^{in^2}$

$M = 200 \times 3/8 = 225^{\#-in}$ $S = 2.08^{in^3}$

USE 2-2X8's

FRONT-REAR ELEVATION



SHEAR WALL (A)

$R_A = 1148^{\#}$

$l_A = 28'$

$v_A = 41^{\#/'}$ (A)

$P_A = \equiv 23$

OPENING TABLE

(A)		2-3030	18"	24.9	<27.1>
(B)	*	3068	20"	24.7	<32.4>
(C)		3068	20"	24.7	<26.9>
(D)	*	3030	9"	25.9	<34.7>
(E)		3030	9"	25.9	<28.1>

TRUSS ANCHOR SCHEDULE

	MARK	UPLIFT #	ANCHORS	
	T01	467	(1) SIMPSON	H2.5A
		467	(1)	H2.5A
	T01FJT	262	(1)	H2.5
		262	(1)	H2.5
	T01G	1521	(10)	HGA 10

SHEAR WALL

END STRIPS Z

(1) 10% OF LEAST HORIZONTAL DIMENSION $Z_1 = 34 \times 0.1 = 3.4'$

(2) 40% OF MEAN ROOF HT. $Z_2 = 10.48 \times 0.4 = 4.2'$

(3) AT LEAST 3ft $Z_3 = 3'$

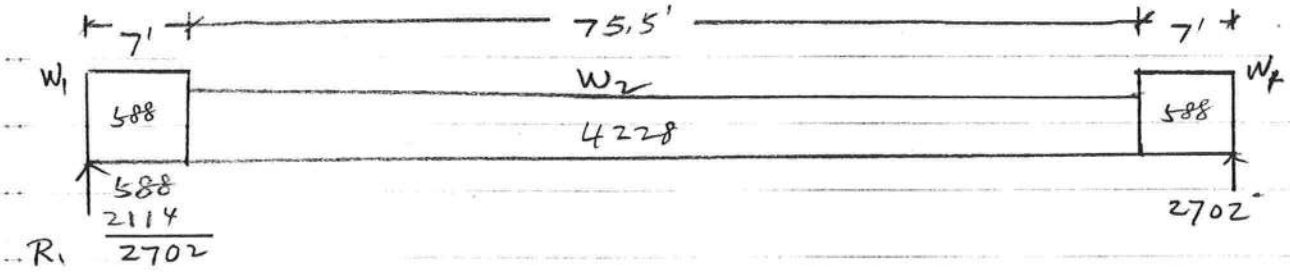
$Z \le Z_1$, $Z \le Z_2$, $Z \ge Z_3 \Rightarrow Z = 3.4'$

END ZONE $X = 2 \times Z = 7'$

$W_1 = 21 \times 8/2 = 84^{\#}/_{'}$,

$W_2 = 14 \times 8/2 = 56^{\#}/_{'}$

RIGHT-LEFT ELEVATION



SHEAR WALL (1)

$R_1 = 2702^{\#}$

$l_1 = 49.25'$

$v_1 = 54.9^{\#}/_{'}$ (A)

$P_1 = 439^{\#}$

SHEAR WALL (2)

$R_2 = 2702$

$l_2 = 28.25'$

$v_2 = 95.6^{\#}/_{'}$ (A)

$P_2 = 765^{\#}$

0910-23 / 0910-22

SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER _____ CONTRACTOR Coastal Reconstruction Inc PHONE 9048801919

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 JAGUAR ELECTRIC License #:	Signature EC000221[illegible] Phone #: 904-545-4094
MECHANICAL/ A/C _____	Print Name FLORIDA AIR License #: CAC1813923	Signature Phone #: 904-823-9696
PLUMBING/ GAS	Print Name HOME TOWN PLUMBING SERVICES License #: RF11067418	Signature Phone #: 386-754-6140
ROOFING	Print Name K & G CONSTRUCTION License #: CCC 1328403	Signature Phone #: 904-509-8888
SHEET METAL	Print Name License #:	Signature Phone #:
FIRE SYSTEM/ SPRINKLER	Print Name CARRIBEAN FIRE License#: 696987000 11996	Signature Phone #: 800-624-2281
SOLAR	Print Name License #:	Signature Phone #:

Specialty License	License Number	Sub-Contractors Printed Name	Sub-Contractors Signature
MASON			
CONCRETE FINISHER			
FRAMING			
INSULATION			
STUCCO			
DRYWALL			
PLASTER			
CABINET INSTALLER			
PAINTING			
ACOUSTICAL CEILING			
GLASS			
CERAMIC TILE			
FLOOR COVERING			
ALUM/VINYL SIDING			
GARAGE DOOR			
METAL BLDG ERECTOR			

COLUMBIA COUNTY BUILDING DEPARTMENT Received for FILE COPY Code Compliance PLANS EXAMINER

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.

Attn! Jose
From! Mitch

Johns Manville

Air Handling Systems

Microlite® XG™

Formaldehyde-free™ Fiber Glass Duct Wrap Insulation

Description

Microlite XG Formaldehyde-free™ duct wrap insulation is a white, lightweight, highly resilient, blanket-type thermal insulation. The insulation blanket is manufactured from rotary-process fiber glass bonded with a special thermosetting acrylic resin.

Available Forms

Microlite XG Formaldehyde-free™ insulation is available in a variety of densities, thicknesses, and roll lengths. It is supplied with an FSK (foil-scrim-kraft) vapor barrier facing to meet installed performance requirements, with a 2" (51 mm) stapling tab.

Uses

Microlite XG is recommended as thermal insulation for the exterior of HVAC systems or other spaces or surfaces where temperature control is required.

Facing Information

FSK Aluminum Foil
Reinforced with fiber glass scrim laminated to UL rated kraft.
Permeance: .02 perms*

** Per ASTM E 96, Procedure A for facing material prior to lamination. After lamination, permeance values may be higher.*

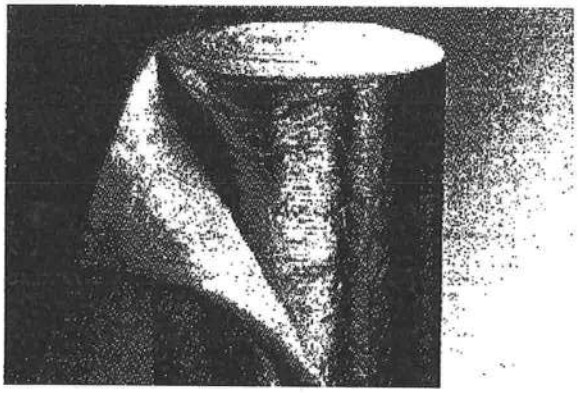
General Properties

Temperature (max.) - ASTM C 411	250°F (121°C)
Water vapor sorption - ASTM C 1104	<5% by weight
Corrosivity with steel - ASTM C 665	Does not accelerate
Fungi resistance - ASTM C 1338	Does not breed or promote

Standard Thicknesses and Packaging

	100' Roll (31 m)	75' Roll (23 m)	50' Roll (15 m)
Type	Thickness, in (mm)		
75	1½ (38)	2, 2½ (51, 58)	3 (76)
100	1½ (38)	2 (51)	–
150	–	1½ (38)	2 (51)

Note: Additional thicknesses, widths and other lengths available on special order. Contact Regional Sales Office for availability.



Surface Burning Characteristics

Microlite XG meets the Surface Burning Characteristics and Limited Combustibility of the following standards:

Standard/Test Method
- ASTM E 84
- UL 723
- NFPA 90A and 90B
- UL Guide No. 40 U8.3, Card R3711
- CAN/ULC S102-1188

Maximum Flame Spread Index	25
Maximum Smoke Developed Index	50

Notes: Faced materials are tested as composite products (insulation, adhesive and facing). UL labels supplied on packages when requested on order.

Specification Compliance

ASTM C 1290	Type 75, 100 & 150
ASTM C 553*	
Type II	Type 75, 100 & 150
Type III	Type 150

** For faced material: 250°F (121°C) maximum temperature.*

ASTM C 1136^	
Type II	FSK Facing

^ Replaces HH-B-100B, Type II.

Canada: CGSB 51-GP-11M
NYC MEA 40-75-M

Green Building Certifications

Recycled Content	SCS Certified
ES 1350	Meets Requirements
ENERGY STAR®	Yes
LEED® Credits	See JM.com/buildgreen,
LEED®-NC	JM LEED® Credit Guide (HIG-1231)

6% Pre-consumer
20% Post-consumer

JM Formaldehyde-free™ Fiber Glass Insulation

JM Formaldehyde-free™ fiber glass insulation offers superior thermal and acoustical performance—and it improves indoor air quality, because it's made without formaldehyde. Why is that important? Because the U.S. Environmental Protection Agency (U.S. EPA) recommends limiting exposure to formaldehyde as much as possible, and the California Air Resources Board, a division of the California EPA, recommends that builders and architects use building materials and insulation made without formaldehyde.

Microlite® XG™

Formaldehyde-free™ Fiber Glass Duct Wrap Insulation

Application Recommendations

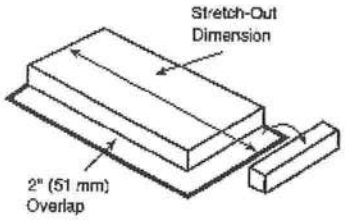
The R-Value will vary depending upon how much the insulation is compressed during installation. To obtain the published, installed R-Values, the insulation stretch-out should be determined using the following table.

Duct Wrap Stretch-Outs

Labeled Thick. (in)	Installed Compressed Thickness (in)	Round	Square	Rectangular
1	0.75	P+ 7.0"	P+ 6.0"	P+ 5.0"
1½	1.125	P+ 9.5"	P+ 8.0"	P+ 7.0"
2	1.50	P+ 12.0"	P+ 10.0"	P+ 8.0"
2½	1.75	P+ 13.0"	P+ 11.0"	P+ 8.5"
3	2.25	P+ 17.0"	P+ 14.5"	P+11.5"

Stretch-outs include 2" (51 mm) for overlap. P = Perimeter of duct to be insulated.

Prepare overlap by removing approximately 2" (51 mm) of insulation from facing.



Before applying duct wrap, sheet metal duct shall be clean, dry and tightly sealed at all joints and seams.

Wrap insulation around duct with facing to the outside so the 2" (51 mm) flap completely overlaps facing and insulation at the other end of stretch out. Insulation shall be snugly butted.

Secure seams with mechanical fasteners placed approximately 6" (152 mm) on center. If required, seal seam with pressure-sensitive tape designed for use with duct insulation. Insulation on the underside of ducts spanning 24" (610 mm) or greater shall be secured with mechanical fasteners and speed clips spaced approximately 18" (457 mm) on center. Fasteners should be cut off flush after the speed clips are installed, and when required, sealed with the same tape as specified above.

Adjacent sections of duct wrap insulation shall be snugly butted with the circumferential 2" (51 mm) tape flap overlapping and secured as recommended for the longitudinal seam. When a vapor seal is required, two coats of vapor retarder mastic reinforced with one layer of 4" (102 mm) wide, open weave glass fabric may be used in lieu of pressure-sensitive tape.

Guide Specifications

Insulation for Metal Ducts. All ducts shall be insulated on the outside with a Formaldehyde-free™, flexible glass fiber blanket. Microlite XG Formaldehyde-free™ Fiber Glass Duct Wrap Insulation should have a minimum installed R-Value* of _____, and a Type_____ facing. Insulation shall be furnished with a factory-applied facing with a composite UL FHC rating of 25/50.

** The minimum insulation installed R-Value should be determined in accordance to the duct operating and ambient conditions.*

Thermal Conductivity (ASTM C 518)

Type	k* Compressed Thickness Btu•in/(hr•ft²•°F)	k* Compressed Thickness W/m•°C	k Labeled Thickness Btu•in/(hr•ft²•°F)	k Labeled Thickness W/m•°C
75	0.27	0.039	0.29	0.042
100	0.25	0.036	0.27	0.039
150	0.24	0.035	0.25	0.036

Conductivity at 75°F (24°C) mean temperature.
** Tested with material thickness compressed 25%.*

Installed R-Values

Type	Labeled Thickness in	Labeled Thickness mm	Installed "R"† (hr•ft²•°F)/Btu	Installed "R"† m²•°C/W	Out-of-Package "R" (hr•ft²•°F)/Btu	Out-of-Package "R" m²•°C/W
75	1½	38	4.2	0.74	5.2	0.92
	2	51	5.6	0.99	6.9	1.22
	2½	58	6.5	1.15	8.0	1.41
	3	76	8.3	1.46	10.3	1.81
100	1½	38	4.5	0.79	5.6	0.99
	2	51	6.0	1.06	7.4	1.30
150	1½	38	4.7	0.83	6.0	1.06
	2	51	6.3	1.11	8.0	1.41

† Installed R-Value calculated with a material thickness compressed to a maximum of 25% following recommended duct wrap stretch-outs.

Johns Manville

717 17th St.
Denver, CO 80202
(800) 654-3103
specJM.com

AHS-331 8-09 (Replaces 1-09)

North American Sales Offices, Insulation Systems

Eastern Region
P.O. Box 158
Defiance, OH 43512
(800) 334-2399
Fax: (419) 784-7866

Western Region and Canada
P.O. Box 5108
Denver, CO 80217
(800) 368-4431
Fax: (303) 978-4661

The physical and chemical properties of the Diffuser Board listed herein represent typical, average values obtained in accordance with accepted test methods and are subject to normal manufacturing variations. They are supplied as a technical service and are subject to change without notice. Numerical flame spread and smoke developed ratings are not intended to reflect hazards presented by these or any other materials under actual fire conditions. Check with the Regional Sales Office nearest you to assure current information. **All Johns Manville products are sold subject to Johns Manville's standard Terms and Conditions, including Limited Warranty and Limitation of Remedy. For a copy of the Johns Manville standard Terms and Conditions, Limited Warranty and Limitation of Remedy, and information on other Johns Manville thermal insulation and systems, call (800) 654-3103.**

Johns Manville

Material Name:
Specialty Fiber Glass Wool Insulation (Acrylic Resin)

Safety Data Sheet
ID: 1201

Section 1 - Product and Company Identification

Hazard Label WARNING label

Company Information

Johns Manville
Insulation Systems
P.O. Box 5108
Denver, CO 80127 USA

Telephone: 303-978-2000 8:00AM-5:00PM M-F
Internet Address: http://www.jm.com
Emergency: 800-424-9300 (Chemtrec, In English)

Trade Names: Microlite® XG™

Use: **Microlite® XG™** is recommended as thermal insulation for the exterior of HVAC systems or other spaces or surfaces where temperature control is required.

Section 2 - Hazards Identification

Emergency Overview

Product dust may cause mechanical irritation of skin and mucous membranes.

Inhalation

Temporary mechanical irritation may occur upon exposure to dust or fibers released from cutting this product.

Skin

Temporary irritation (itching) or redness may occur.

Ingestion

This product is not intended to be ingested (eaten). If ingested, it may cause temporary irritation to the gastrointestinal (digestive) tract.

Eyes

Temporary irritation (itching) or redness may occur.

Ears

Temporary irritation (itching) or redness may occur.

Primary Routes of Entry (Exposure)

Eyes, skin, inhalation (breathing dust and fibers) and ingestion.

Target Organs

Nose (nasal passages), throat, lungs, skin, eyes

Medical Conditions Aggravated by Exposure

Pre-existing chronic respiratory, skin, or eye diseases or conditions.

Section 3 - Composition/Information on Ingredients

CAS #	Component	Percent
Not Available	Fiber Glass Wool	50-98
Proprietary	Acrylic thermoset resin	2-18
Not Available	Facings, FSK	0-7
1309-64-4	Antimony trioxide	>0.1

Component Information

Antimony trioxide (fire retardant) may be present in the facings and/or adhesives. Occupational exposure to airborne antimony trioxide is not expected to occur due to product form(s) and intended use(s). Exposure limit is given for reference only.

Fiber Glass Wool average fiber diameters = approximately 4-8 microns

General Product Description

White or white with black specks, fibrous glass blanket with facing.

Section 4 - First Aid Measures

First Aid: Inhalation

If dust is inhaled in excess of exposure limits referenced in section 8 of this safety data sheet, remove individual to fresh air. Drink water to clear throat, and blow nose to remove dust. A saline spray in the nose may help clear any fibers.

First Aid: Skin

Wash gently with soap and water to remove dust and fibers. Alternatively, fibers can be removed from the skin by use of ordinary masking or wrapping tape. Should irritation persist, seek medical attention.

First Aid: Ingestion

Rinse mouth with water to remove dust and fibers and drink plenty of water to help reduce irritation. If irritation persists, seek medical attention.

First Aid: Eyes

Do not rub or scratch eyes. Dust particles may cause the eye to be scratched. Flush eyes with large amounts of water until irritation subsides. If irritation persists, seek medical attention.

First Aid: Ears

Wash exposed skin with soap and water. If irritation develops in the inner ear, seek medical attention.

First Aid: Notes to Physician

Dust from the product may cause mechanical irritation of the eyes, skin, and upper respiratory tract. Treat symptomatically.

Section 5 - Fire Fighting Measures

Flash Point: Not applicable
Upper Flammable Limit (UFL): Not applicable
Auto Ignition: Not determined
Rate of Burning: Not determined
Method Used: Not applicable
Lower Flammable Limit (LFL): Not applicable
Flammability Classification: Not determined

General Fire Hazards

There is no potential for spontaneous fire or explosion. Inorganic glass fibers are naturally non-combustible and non-flammable.

Extinguishing Media

Carbon dioxide (CO_2), water, water fog, dry chemical.

Fire Fighting Equipment/Instructions

No special procedures are expected to be necessary for this product. Normal fire fighting procedures should be followed to avoid inhalation of smoke and gases.

Section 6 - Accidental Release Measures

Clean-Up Procedures

Pick up large pieces. Vacuum dusts. If sweeping is necessary, use a dust suppressant such as water. Do not dry sweep dust accumulation. These procedures will help to minimize potential exposures.

Section 7 - Handling and Storage

Handling Procedures

Use protective equipment as described in Section 8 of this safety data sheet when handling uncontained material. Handle in accordance with good industrial hygiene and safety practices.

Storage Procedures

Warehouse storage should be in accordance with package directions, if any. Material should be kept clean, dry, and in original packaging.

Section 8 - Exposure Controls / Personal Protection

The Occupational Safety and Health Administration (OSHA) has not adopted specific occupational exposure standards for fiber glass. Fiber glass is treated as a nuisance dust and is regulated by OSHA as a particulate not otherwise regulated (total dust) shown in CFR 1910.1000 Table Z-3.
Respirable fraction 5 mg/m3
Total dust 15 mg/m3

JM has adopted the fiber glass industry voluntary Product Stewardship Program (PSP), formerly the NAIMA-OSHA Health and Safety Partnership Program (HSPP). Under the PSP, JM recommends that exposures be limited to the voluntary concentration of 1 f/cc TWA for fibers longer than 5 microns with a diameter less than 3 microns. This will help minimize potential irritation effects. The PSP also includes the PPE recommendations described below.

PERSONAL PROTECTIVE EQUIPMENT

Personal Protective Equipment: Eyes/Face

Safety glasses with side shields are recommended to keep dust out of the eyes.

Personal Protective Equipment: Ears

Use ear protection (earplugs, hood, or earmuffs) to prevent airborne dust or fibers from entering the ear, if necessary.

Personal Protective Equipment: Skin

Leather or cotton gloves should be worn to protect against mechanical abrasion. See also Personal Protective Equipment: General, below.

Personal Protective Equipment: Respiratory

A respirator should be used if ventilation is unavailable, or is inadequate for keeping dust and fiber levels below the applicable exposure limits referenced in Section 8 of this SDS. Wear a NIOSH-certified disposable or reusable particulate respirator with an efficiency rating of N95 or higher (per 42 CFR 84) when dust or fiber concentrations exceed the applicable exposure limits. Operations such as sawing, blowing, tear out, and spraying may generate airborne fiber concentrations requiring a higher level of respiratory protection. For exposures up to 50 times the established exposure limits use a full-face respirator, rated N99 or higher.

Ventilation

In fixed manufacturing settings, local exhaust ventilation should be provided at areas of cutting, milling or other processing to remove airborne dust and fibers.

Personal Protective Equipment: General

Wear a cap, a loose-fitting, long-sleeved shirt and long pants to protect skin from irritation. Exposed skin areas should be washed with soap and water after handling or working with fiber glass. Clothing should be washed separately from other clothes, and the washer should be rinsed thoroughly (run empty for a complete wash cycle). This will reduce the chances of fiber glass being transferred to other clothing.

Section 9 - Physical & Chemical Properties

Appearance:	White or white with black specks, fibrous glass blanket.	**Odor:**	No significant odor
Physical State:	Solid	**pH:**	Not applicable
Vapor Pressure:	Not applicable	**Vapor Density:**	Not applicable
Boiling Point:	Not determined	**Melting Point:**	>704°C/1300°F
Solubility (H_2O):	Nil	**Specific Gravity:**	Variable
Freezing Point:	Not applicable	**Evaporation Rate:**	Not applicable
Percent Volatile:	0	**VOC:**	Not determined

Section 10 - Stability & Reactivity Information

Hazardous Decomposition

May form carbon dioxide and carbon monoxide.

The following decomposition products may occur at elevated temperatures: Acrolein, Acrylonitrile, Hydrogen cyanide, Sulfur dioxide, and Formaldehyde.

Hazardous Polymerization

Will not occur.

Section 11 - Toxicological Information

Acute Toxicity

A: General Product Information

Dust from this product is a mechanical irritant, which means that it may cause temporary irritation or scratchiness of the throat, and/or itching of the eyes and skin.

B: Component Analysis - LD50/LC50

Antimony trioxide (1309-64-4)

Oral LD50 Rat: >34600 mg/kg

Component Carcinogenicity

Fiber Glass Wool

ACGIH: A3 - Confirmed animal carcinogen with unknown relevance to humans
NTP: Reasonably Anticipated To Be A Human Carcinogen (respirable size)
IARC: Group 3 - Not Classifiable (IARC Monograph 81 [2002] (listed under Man-made mineral fibres), Monograph 43 [1988])

Antimony trioxide (1309-64-4)
ACGIH: A2 - Suspected Human Carcinogen (production)
IARC: Group 2B - Possibly Carcinogenic to Humans (IARC Monograph 47 [1989])

Chronic Toxicity

The U.S. Department of Health and Human Services, National Toxicology Program (NTP 1998, 2000, 2002) classified glass wool (respirable size) as reasonably anticipated to be a human carcinogen, based on sufficient evidence of carcinogenicity in animals. This assessment was originally prepared in 1993-1994 for the 7th Report on Carcinogens (NTP 1994), but has not been updated since then in the 8th, 9th, or 10th Reports on Carcinogens (NTP 1998, 2000, 2002).

Section 12 - Ecological Information

Ecotoxicity

A: General Product Information

No data available for this product.

B: Component Analysis - Ecotoxicity - Aquatic Toxicity

Antimony trioxide (1309-64-4)

96 Hr LC50 Pimephales promelas: 833.0 mg/L; 96 Hr LC50 Lepomis macrochirus: 530 mg/L; 96 Hr LC50 Brachydanio rerio: >1000 mg/L [static]
72 Hr EC50 Selenastrum capricornutum: 67 mg/L
7 Hr EC50 Pseudomonas putida: >3.5 mg/L
48 Hr EC50 Daphnia magna: >1000 mg/L

Section 13 - Disposal Considerations

US EPA Waste Number & Descriptions

A: General Product Information

This product is not expected to be a hazardous waste when it is disposed of according to the U.S. Environmental Protection Agency (EPA) under Resource Conservation and Recovery Act (RCRA) regulations. Product characterization after use is recommended to ensure proper disposal under federal and/or state requirements.

B: Component Waste Numbers

No EPA Waste Numbers are applicable for this product's components.

Disposal Instructions

Dispose of waste material according to Local, State, Federal, and Provincial Environmental Regulations.

Section 14 - Transport Information

International Transport Regulations

These products are not classified as dangerous goods according to international transport regulations.

Section 15 - Regulatory Information

US Federal Regulations

A: General Product Information

SARA 311/312: This product is not classified as hazardous under SARA 311/312.

B: Component Analysis

This material contains one or more of the following chemicals required to be identified under SARA Section 302 (40 CFR 355 Appendix A), SARA Section 313 (40 CFR 372.65) and/or CERCLA (40 CFR 302.4).

Antimony trioxide (1309-64-4)

CERCLA: 1000 lb final RQ; 454 kg final RQ

State Regulations

A: General Product Information

The glass fibers in this product are not known to be regulated.
Other state regulations may apply. Check individual state requirements.

B: Component Analysis - State

The following components appear on one or more of the following state hazardous substances lists:

Component	CAS #	CA	FL	MA	MN	NJ	PA
Antimony trioxide	1309-64-4	Yes	No	Yes	Yes	Yes	Yes

The following statement(s) are provided under the California Safe Drinking Water and Toxic Enforcement Act of 1986 (Proposition 65):

WARNING! This product contains a chemical known to the state of California to cause cancer.

Component	CAS #
Fiber Glass Wool	Not Available
Antimony trioxide	1309-64-4

TSCA Status

This product and its components are listed on the TSCA 8(b) inventory.

None of the components listed in this product are listed on the TSCA Export Notification 12(b) list.

International Regulations

A: General Product Information

These products are considered articles under both U.S. and international product regulations and as such, these products do not require registration or notification on the various country-specific inventories.

B: Component Analysis - WHMIS IDL

The following components are identified under the Canadian Hazardous Products Act Ingredient Disclosure List:

Component	CAS #	Minimum Concentration
Fiber Glass Wool	Not Available	1 % (related to Fibrous glass)

WHMIS Classification

Controlled Product Classification: D2A

This product has been classified in accordance with the hazard criteria of the Controlled Products Regulations. This SDS contains all the information required by the Controlled Products Regulations.

Section 16 - Other Information

Other Information

Prepared for:
Johns Manville
Insulation Systems
P. O. Box 5108
Denver, CO USA 80217-5108

Prepared by:
Johns Manville Technical Center
P.O. Box 625005
Littleton, CO USA 80162-5005

The information herein is presented in good faith and believed to be accurate as of the effective date given. However, no warranty, expressed or implied, is given. It is the buyer's responsibility to ensure that its activities comply with Federal, State or provincial, and local laws.

Date	MSDS #	Reason
05/28/03	1201-1.0000	New Formaldehyde-free products; new MSDS.
07/01/03	1201-1.0001	Sect. 10: delete hydrogen cyanide; not a product of decomposition or burning.
11/04/03	1201-1.0002	Section 2, added Facing and Antimony for Microlite. Sections 8, 11, 15 updated for Antimony.
04/28/04	1201-1.0003	Section 1, edited Flex-Glas trademark. Regulatory update. Minor edits.
06/29/06	1201-1.0004	Addition of Spin-Glas WH XG to trade names; Removal of Whispertone Wallboard - obsolete product; Removal of formaldehyde free from material name.
06/02/08	1201-1.0005	Range-Glas and Spin-Glas WH moved to SDS 1202. Moved Whispertone® Tackboard XG™ to SDS 1056. SDS update to GHS format.
06/02/09	1201-1.0006	Flex Glas moved to SDS 1071.

End of Sheet 1201

COCOON 2

The coverage chart is based on settled thickness and a nominal bag weight of 30 lbs. Use this chart for estimating purposes only. Actual coverage will be influenced by job conditions, equipment settings and application techniques. To obtain optimum performance from this product, we recommend maintaining moisture content within an 18-22% range for ceiling applications. This product is not intended for spray-applied wall applications or dry loose-fill applications. You must add water to this product.

This **attic** has been insulated to: **R-** 30

The **walls** have been insulated to: **R-** _____

The **floors** have been insulated to: **R-** _____

Insulation has been installed to the R-value indicated above, with Cocoon, the high-efficiency insulation. Made from a minimum of 80% recycled materials, Cocoon is scientifically formulated to deliver greater efficiency per inch than other insulation materials.

R-Value is a measure of resistance to heat flow – the higher the R-value, the greater the insulation power.

If you would like to add more insulation to your home, contact your Cocoon dealer.

Residence Address: Eastside Cove
152 defender drive
Lake City FL, 32025

Installed by: _____

Builder Company Name: _____

Builder Signature: _____

Date: _____

Cocoon2 Stabilized Insulation - 30 lb. bag Product # INS500

R-Value @ 75°F Mean Temperature	Minimum Thickness (inches)		Maximum Net Coverage (No Adjustment for Framing)		
To Obtain a Thermal Resistance (R) of:	Installed Insulation Should Not Be Less Than:	Thickness After Settling	Maximum Square Feet per Bag	Minimum Bags per 1,000 Square Feet	Minimum Weight per Square Foot (lbs.)
R-11	3.06	2.97	125.9	7.9	0.238
R-13	3.62	3.51	100.2	10.0	0.299
R-19	5.29	5.14	60.4	16.6	0.497
R-20	5.57	5.41	56.5	17.7	0.531
R-21	5.85	5.68	53.0	18.9	0.566
R-22	6.13	5.95	49.9	20.1	0.602
R-24	6.69	6.49	44.5	22.5	0.674
R-30	8.36	8.11	33.4	29.9	0.897
R-32	8.92	8.65	30.8	32.5	0.974
R-38	10.59	10.27	24.8	40.3	1.210
R-40	11.15	10.81	23.2	43.0	1.291
R-44	12.26	11.89	20.6	48.5	1.454
R-48	13.37	12.97	18.5	54.0	1.621
R-50	13.93	13.51	17.6	56.8	1.705
R-60	16.72	16.22	14.0	71.2	2.136

CERTIFICATION

Attic: Cocoon2, manufactured by GreenFiber.
This is to certify that the attic insulation has been installed in conformance with the coverage chart recommendations above using 140 bags to cover 4440 sq. ft. to obtain an R-value of R-30.

Walls: Cocoon2 Stabilized Borate Formula, manufactured by GreenFiber.
This is to certify that the wall insulation has been installed in conformance with the manufacturer's recommendations to obtain the R-value of _____.

Walls and Floors: Type of insulation _____ Manufacturer _____.
This is to certify that the wall and floor insulations have been installed in conformance with the manufacturer's recommendations to obtain the R-Values noted above.

Installer Company Name: Gale insulation

Installer Authorized Signature: BL / RAP

Date: 10-15-05

Manufactured in:
- Albany, NY
- Atlanta, GA
- Charlotte, NC
- Denver, CO
- Delphos, OH
- Elkwood, VA
- E. St. Louis, IL
- Norfolk, NE
- Phoenix, AZ
- Salt Lake City, UT
- Sacramento, CA
- Tampa, FL
- Waco, TX

greenfiber
ph. 800-228-0024
www.greenfiber.com

Subj: **LETTERHEAD, Not sure if is working**
Date: 10/16/2009 7:06:58 AM Eastern Daylight Time
From: [redacted]
To: [redacted], Faejax

FLORIDA AIR SERVICE & ENGINEERING
150 HILDEN RD #308
PONTE VEDRA, FL 32081
PHONE (904) 823-9696
FAX (904) 823-9995

Date: 10/15/2009

Re: Eastside Care, Lake CIty

To whom or may concern:

This is to certify that the materials used for the referenced job are in compliance with the 2009 international code & the 2009 Florida mechanical code. The plenum and ductwork connecting the outside unit to the ductowrk is wrapped in R-10 insulAtion spec'd for exterior use and sealed to avoid water intrusion. This exceeds code compliance And ensures longivity. We have used this material in numerous jobs with high success.
If u have any question, contact me at the above numbers.

Thanks,

Jose Fernandez
Mechanical Engineer, PE

PRODUCT APPROVAL SPECIFICATION SHEET

Location: _____ **Project Name:**

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

Category/Subcategory	Manufacturer	Product Description	Approval Number(s)
A. EXTERIOR DOORS			
1. Swinging	MASONITE	STEEL DOOR & FRAME	4940.1
2. Sliding			
3. Sectional			
4. Roll up			
5. Automatic			
6. Other			
B. WINDOWS			
1. Single hung	GEN-ALUM.	ALUM FRAME S/H WINDOWS	FL# 8359
2. Horizontal Slider			
3. Casement			
4. Double Hung			
5. Fixed			
6. Awning			
7. Pass -through			
8. Projected			
9. Mullion			
10. Wind Breaker			
11 Dual Action			
12. Other			
C. PANEL WALL			
1. Siding	JAMES HARDIE	L.H. SIDING	10477
2. Soffits	ALCOA MASTIC	VINYL SOFFIT	11191.12
3. EIFS			
4. Storefronts			
5. Curtain walls			
6. Wall louver			
7. Glass block			
8. Membrane			
9. Greenhouse			
10. Other			
D. ROOFING PRODUCTS			
1. Asphalt Shingles	OWENS CORN.	3 TAB ASPHALT SHINGLES	FL# 10674.1
2. Underlayments			
3. Roofing Fasteners			
4. Non-structural Metal			
Rf 5. Built-Up Roofing			
6. Modified Bitumen			
7. Single Ply Roofing Sys			
8. Roofing Tiles			
9. Roofing Insulation			
10. Waterproofing			
11. Wood shingles /shakes			
12. Roofing Slate			

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

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, 2) the performance characteristics which the product was tested and certified to comply with, 3) copy of the applicable manufacturers installation requirements.

I understand these products may have to be removed if approval cannot be demonstrated during inspection.

Contractor or Contractor's Authorized Agent Signature

Don Brewer — Print Name

9-15-09 — Date

152 Defender Dr, Lake City FL — Location

Julius Lee Engineering

RE: 316185 - Eastside Care Center

1109 Coastal Bay Blvd.
Boynton Beach, FL 33435

Site Information:
Project Customer: COASTAL RECONSTRUCTION Project Name: 316185 Model: EASTSIDE CARE CTR
Lot/Block: Subdivision:
Address: 152 SE DEFENDER AVE.
City: COLUMBIA CTY State: FL

Name Address and License # of Structural Engineer of Record, If there is one, for the building.
Name: PAUL S. LI License #: 18305
Address: 9218 CYPRESS GREEN DR SUITE 10
City: JACKSONVILLE, State: FL

General Truss Engineering Criteria & Design Loads (Individual Truss Design Drawings Show Special Loading Conditions):
Design Code: FBC2007/TPI2002 Design Program: MiTek 20/20 7.1
Wind Code: ASCE 7-05 Wind Speed: 100 mph Floor Load: N/A psf
Roof Load: 32.0 psf

This package includes 3 individual, dated Truss Design Drawings and 0 Additional Drawings.
With my seal affixed to this sheet, I hereby certify that I am the Truss Design Engineer and this index sheet conforms to 61G15-31.003, section 5 of the Florida Board of Professional Engineers Rules.
This document processed per section 16G15-23.003 of the Florida Board of Professionals Rules

In the event of changes from Builder or E.O.R. additional coversheets and drawings may accompany this coversheet. The latest approval dates supersede and replace the previous drawings.

No.	Seal#	Truss Name	Date
1	I4117411	T01	9/30/09
2	I4117412	T01FWT	9/30/09
3	I4117413	T01G	9/30/09

PAUL S. LI
CONSULTING ENGINEER
SHOP DRAWING REVIEW
☑ APPROVED
☐ APPROVED AS NOTED
☐ DIS-APPROVED, RESUBMIT
DATE 10/5/09 BY
Approval does not relieve the supplier or subcontractor of the responsibility for furnishing all quantities required. All items must comply with the plans, specifications and intent of the design.

COLUMBIA COUNTY BUILDING DEPARTMENT
Received for FILE COPY
Code Compliance
PLANS EXAMINER

The truss drawing(s) referenced above have been prepared by MiTek Industries, Inc. under my direct supervision based on the parameters provided by Builders FirstSource (Lake City).

Truss Design Engineer's Name: Julius Lee

My license renewal date for the state of Florida is February 28, 2011.

NOTE: The seal on these drawings indicate acceptance of professional engineering responsibility solely for the truss components shown. The suitability and use of this component for any particular building is the responsibility of the building designer, per ANSI/TPI-1 Chapter 2.

JULIUS S.K. LEE
LICENSE
No 34869
STATE OF FLORIDA
PROFESSIONAL ENGINEER

September 30,2009
Julius Lee

Job	Truss	Truss Type	Qty	Ply	Eastside Care Center	I4117411
316185	T01	HOWE	44	1	Job Reference (optional)	

Builders FrstSource, Lake City, FL 32055 — 7.140 s Aug 17 2009 MiTek Industries, Inc. Wed Sep 30 15:15:13 2009 Page 1

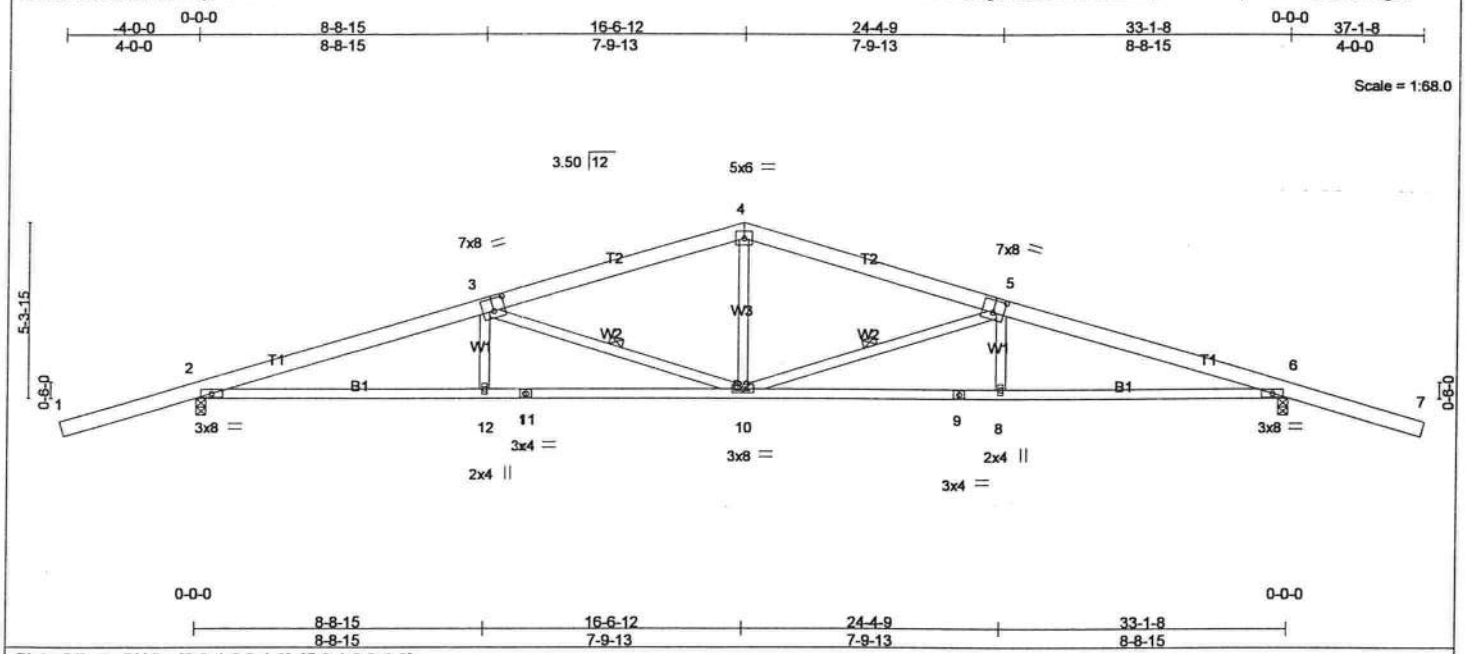


Plate Offsets (X,Y): [3:0-4-0,0-4-8], [5:0-4-0,0-4-8]

LOADING (psf)		SPACING	2-0-0	CSI		DEFL	in	(loc)	l/defl	L/d	PLATES	GRIP
TCLL	20.0	Plates Increase	1.25	TC	0.36	Vert(LL)	-0.19	10-12	>999	360	MT20	244/190
TCDL	7.0	Lumber Increase	1.25	BC	0.53	Vert(TL)	-0.38	10-12	>999	240		
BCLL	0.0 *	Rep Stress Incr	YES	WB	0.27	Horz(TL)	0.13	6	n/a	n/a		
BCDL	5.0	Code FBC2007/TPI2002		(Matrix)		Wind(LL)	0.22	10-12	>999	240	Weight: 187 lb	

LUMBER
TOP CHORD 2 X 6 SYP No.1D
BOT CHORD 2 X 4 SYP No.2
WEBS 2 X 4 SYP No.3

BRACING
TOP CHORD Structural wood sheathing directly applied or 5-1-0 oc purlins.
BOT CHORD Rigid ceiling directly applied or 5-11-6 oc bracing.
WEBS 1 Row at midpt 3-10, 5-10

MiTek recommends that Stabilizers and required cross bracing be installed during truss erection, in accordance with Stabilizer Installation guide.

REACTIONS (lb/size) 2=1278/0-3-8, 6=1278/0-3-8
Max Horz 2=-102(LC 7)
Max Uplift 2=-467(LC 4), 6=-467(LC 5)

FORCES (lb) - Max. Comp./Max. Ten. - All forces 250 (lb) or less except when shown.
TOP CHORD 2-3=-2590/1351, 3-4=-1827/1059, 4-5=-1827/1059, 5-6=-2590/1351
BOT CHORD 2-12=-1101/2400, 11-12=-1101/2400, 10-11=-1101/2400, 9-10=-1101/2400, 8-9=-1101/2400, 6-8=-1101/2400
WEBS 3-12=0/259, 4-10=-230/585, 5-8=0/259, 3-10=-790/406, 5-10=-790/406

NOTES (8-9)
1) Unbalanced roof live loads have been considered for this design.
2) Wind: ASCE 7-05; 100mph (3-second gust); TCDL=4.2psf; BCDL=3.0psf; h=18ft; Cat. II; Exp C; enclosed; MWFRS (low-rise) and C-C Exterior(2) zone;C-C for members and forces & MWFRS for reactions shown; Lumber DOL=1.60 plate grip DOL=1.60
3) This truss has been designed for a 10.0 psf bottom chord live load nonconcurrent with any other live loads.
4) * This truss has been designed for a live load of 20.0psf on the bottom chord in all areas where a rectangle 3-6-0 tall by 2-0-0 wide will fit between the bottom chord and any other members.
5) All bearings are assumed to be SYP No.2 .
6) Provide mechanical connection (by others) of truss to bearing plate capable of withstanding 467 lb uplift at joint 2 and 467 lb uplift at joint 6.
7) "Semi-rigid pitchbreaks including heels" Member end fixity model was used in the analysis and design of this truss.
8) This manufactured product is designed as an individual building component. The suitability and use of this component for any particular building is the responsibility of the building designer per ANSI TPI 1 as referenced by the building code.
9) Truss Design Engineer: Julius Lee, PE: Florida P.E. License No. 34869: Address: 1109 Coastal Bay Blvd. Boynton Beach, FL 33435

LOAD CASE(S) Standard

September 30,2009

Julius Lee Engineering
1109 Coastal Bay Blvd.
Boynton, FL 33435

Job	Truss	Truss Type	Qty	Ply	Eastside Care Center	I4117412
316185	T01FWT	GABLE	1	1	Job Reference (optional)	

Builders FrstSource, Lake City, FL 32055 — 7.140 s Aug 17 2009 MiTek Industries, Inc. Wed Sep 30 15:15:15 2009 Page 1

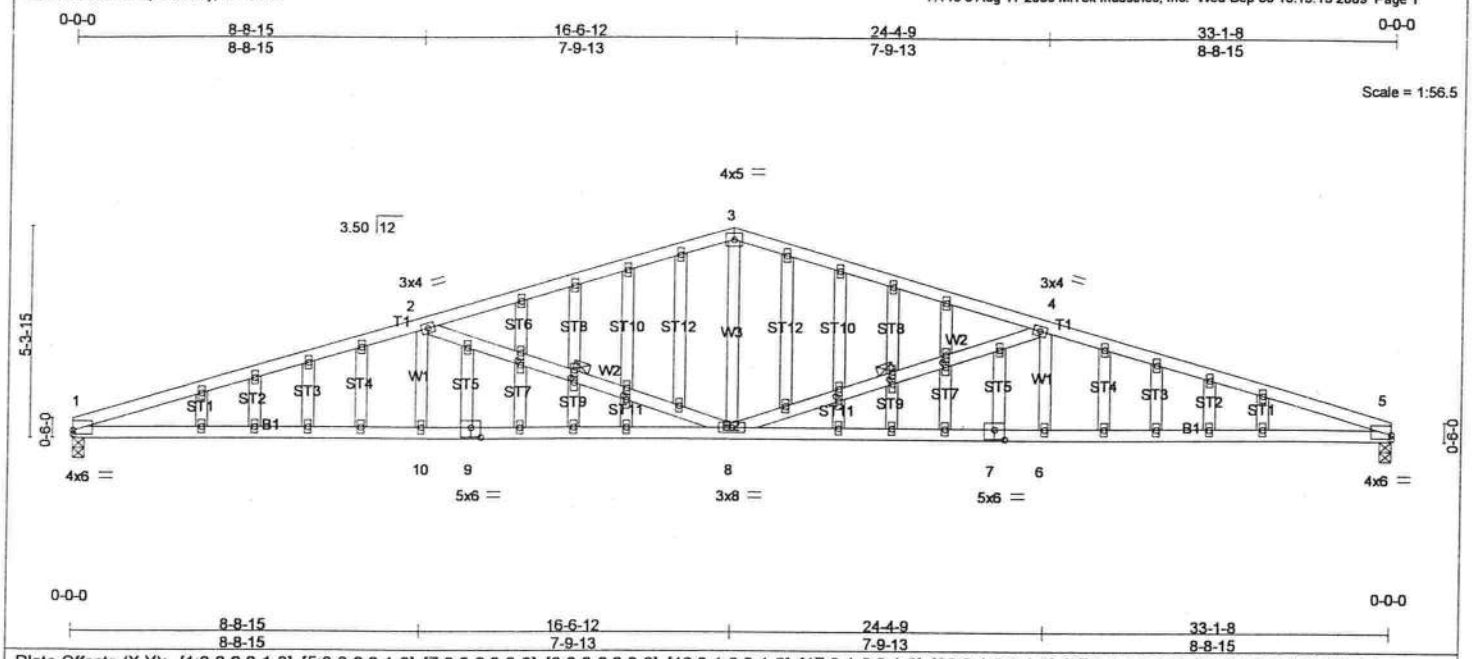


Plate Offsets (X,Y): [1:0-0-0,0-1-3], [5:0-0-0,0-1-3], [7:0-3-0,0-3-0], [9:0-3-0,0-3-0], [16:0-1-8,0-1-0], [17:0-1-8,0-1-0], [20:0-1-8,0-1-0], [37:0-1-8,0-1-0], [40:0-1-8,0-1-0], [43:0-1-8,0-1-0]

LOADING (psf)		SPACING	2-0-0	CSI		DEFL	in	(loc)	l/defl	L/d	PLATES	GRIP
TCLL	20.0	Plates Increase	1.25	TC	0.81	Vert(LL)	-0.22	8	>999	360	MT20	244/190
TCDL	7.0	Lumber Increase	1.25	BC	0.78	Vert(TL)	-0.50	6-8	>789	240		
BCLL	0.0 *	Rep Stress Incr	NO	WB	0.32	Horz(TL)	0.16	5	n/a	n/a		
BCDL	5.0	Code FBC2007/TPI2002		(Matrix)		Wind(LL)	0.30	8	>999	240	Weight: 204 lb	

LUMBER
TOP CHORD 2 X 4 SYP No.1D
BOT CHORD 2 X 4 SYP No.2
WEBS 2 X 4 SYP No.3
OTHERS 2 X 4 SYP No.3

BRACING
TOP CHORD Structural wood sheathing directly applied or 2-10-13 oc purlins.
BOT CHORD Rigid ceiling directly applied or 5-0-14 oc bracing.
WEBS 1 Row at midpt 2-8, 4-8

MiTek recommends that Stabilizers and required cross bracing be installed during truss erection, in accordance with Stabilizer Installation guide.

REACTIONS (lb/size) 1=1133/0-3-8, 5=1133/0-3-8
Max Horz 1=-62(LC 7)
Max Uplift 1=-262(LC 4), 5=-253(LC 5)

FORCES (lb) - Max. Comp./Max. Ten. - All forces 250 (lb) or less except when shown.
TOP CHORD 1-2=-2980/1623, 2-3=-2052/1156, 3-4=-2052/1159, 4-5=-2980/1598
BOT CHORD 1-10=-1471/2795, 9-10=-1471/2795, 8-9=-1471/2795, 7-8=-1446/2795, 6-7=-1446/2795, 5-6=-1446/2795
WEBS 2-10=0/272, 3-8=-359/728, 4-6=0/272, 2-8=-946/619, 4-8=-948/593

NOTES (12-13)
1) Unbalanced roof live loads have been considered for this design.
2) Wind: ASCE 7-05; 100mph (3-second gust); TCDL=4.2psf; BCDL=3.0psf; h=18ft; Cat. II; Exp C; enclosed; MWFRS (low-rise) and C-C Exterior(2) zone;C-C for members and forces & MWFRS for reactions shown; Lumber DOL=1.60 plate grip DOL=1.60
3) Truss designed for wind loads in the plane of the truss only. For studs exposed to wind (normal to the face), see Standard Industry Gable End Details as applicable, or consult qualified building designer as per ANSI/TPI 1-2002.
4) All plates are 2x4 MT20 unless otherwise indicated.
5) Gable studs spaced at 1-4-0 oc.
6) This truss has been designed for a 10.0 psf bottom chord live load nonconcurrent with any other live loads.
7) * This truss has been designed for a live load of 20.0psf on the bottom chord in all areas where a rectangle 3-6-0 tall by 2-0-0 wide will fit between the bottom chord and any other members.
8) All bearings are assumed to be SYP No.2 .
9) Provide mechanical connection (by others) of truss to bearing plate capable of withstanding 262 lb uplift at joint 1 and 253 lb uplift at joint 5.
10) "Semi-rigid pitchbreaks including heels" Member end fixity model was used in the analysis and design of this truss.
11) In the LOAD CASE(S) section, loads applied to the face of the truss are noted as front (F) or back (B).
12) This manufactured product is designed as an individual building component. The suitability and use of this component for any particular building is the responsibility of the building designer per ANSI TPI 1 as referenced by the building code.
13) Truss Design Engineer: Julius Lee, PE: Florida P.E. License No. 34869: Address: 1109 Coastal Bay Blvd. Boynton Beach, FL 33435

LOAD CASE(S) Standard

JULIUS S.K. LEE LICENSE No 34869 STATE OF FLORIDA PROFESSIONAL ENGINEER

September 30,2009

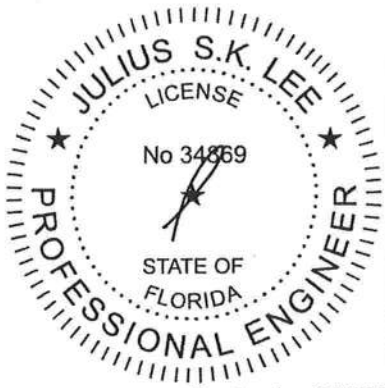
Continued on page 2

Julius Lee Engineering
1109 Coastal Bay Blvd.
Boynton, FL 33435

Job	Truss	Truss Type	Qty	Ply	Eastside Care Center	I4117412
316185	T01FWT	GABLE	1	1	Job Reference (optional)	

LOAD CASE(S) Standard

1) Regular: Lumber Increase=1.25, Plate Increase=1.25
   Uniform Loads (plf)
      Vert: 1-5=-13(F=-3)
   Trapezoidal Loads (plf)
      Vert: 1=-54-to-3=-57(F=-3), 3=-57(F=-3)-to-5=-54



September 30,2009

Julius Lee Engineering
1109 Coastal Bay Blvd.
Boynton, FL 33435

Job	Truss	Truss Type	Qty	Ply	Eastside Care Center	I4117413
316185	T01G	GABLE	1	1	Job Reference (optional)	

Builders FrstSource, Lake City, FL 32055 — 7.140 s Aug 17 2009 MiTek Industries, Inc. Wed Sep 30 15:15:16 2009 Page 1

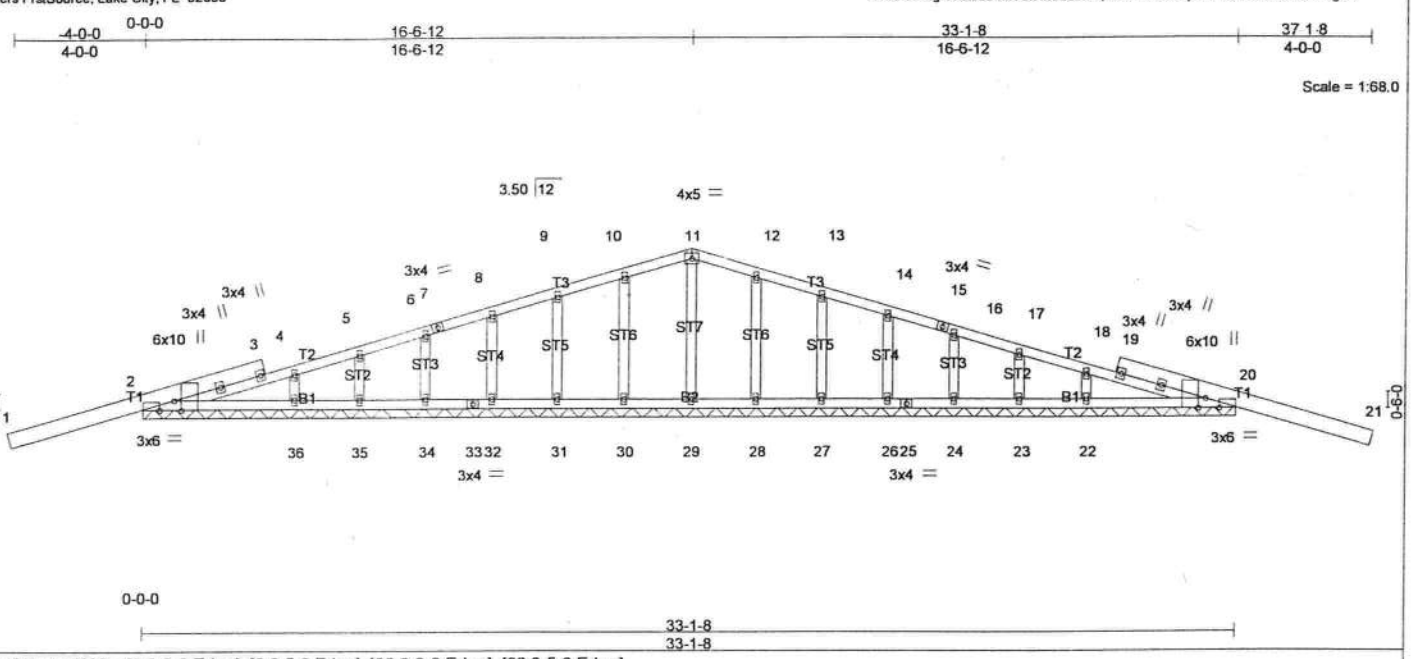


Plate Offsets (X,Y): [2:0-3-8,Edge], [2:0-5-2,Edge], [20:0-3-8,Edge], [20:0-5-2,Edge]

LOADING (psf)		SPACING	2-0-0	CSI		DEFL	in	(loc)	l/defl	L/d	PLATES	GRIP
TCLL	20.0	Plates Increase	1.25	TC	0.33	Vert(LL)	-0.09	21	n/r	120	MT20	244/190
TCDL	7.0	Lumber Increase	1.25	BC	0.09	Vert(TL)	-0.14	21	n/r	90		
BCLL	0.0 *	Rep Stress Incr	YES	WB	0.04	Horz(TL)	0.00	20	n/a	n/a		
BCDL	5.0	Code FBC2007/TPI2002		(Matrix)							Weight: 182 lb	

LUMBER
TOP CHORD 2 X 4 SYP No.2 *Except* T1: 2 X 6 SYP No.1D
BOT CHORD 2 X 4 SYP No.2
OTHERS 2 X 4 SYP No.3

BRACING
TOP CHORD Structural wood sheathing directly applied or 6-0-0 oc purlins.
BOT CHORD Rigid ceiling directly applied or 10-0-0 oc bracing.

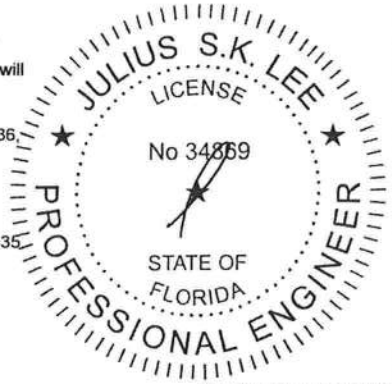
MiTek recommends that Stabilizers and required cross bracing be installed during truss erection, in accordance with Stabilizer Installation guide.

REACTIONS All bearings 33-1-8.
(lb) - Max Horz 2=-119(LC 5)
Max Uplift All uplift 100 lb or less at joint(s) 30, 31, 32, 34, 36, 28, 27, 26, 24, 22 except 2=-424(LC 6), 20=-436(LC 7), 35=-111(LC 4), 23=-110(LC 5)
Max Grav All reactions 250 lb or less at joint(s) 29, 30, 31, 32, 34, 35, 36, 28, 27, 26, 24, 23, 22 except 2=461(LC 1), 20=461(LC 1)

FORCES (lb) - Max. Comp./Max. Ten. - All forces 250 (lb) or less except when shown.

NOTES (12-13)
1) Unbalanced roof live loads have been considered for this design.
2) Wind: ASCE 7-05; 100mph (3-second gust); TCDL=4.2psf; BCDL=3.0psf; h=18ft; Cat. II; Exp C; enclosed; MWFRS (low-rise) gable end zone and C-C Exterior(2) zone;C-C for members and forces & MWFRS for reactions shown; Lumber DOL=1.60 plate grip DOL=1.60
3) Truss designed for wind loads in the plane of the truss only. For studs exposed to wind (normal to the face), see Standard Industry Gable End Details as applicable, or consult qualified building designer as per ANSI/TPI 1-2002.
4) All plates are 2x4 MT20 unless otherwise indicated.
5) Gable requires continuous bottom chord bearing.
6) Gable studs spaced at 2-0-0 oc.
7) This truss has been designed for a 10.0 psf bottom chord live load nonconcurrent with any other live loads.
8) * This truss has been designed for a live load of 20.0psf on the bottom chord in all areas where a rectangle 3-6-0 tall by 2-0-0 wide will fit between the bottom chord and any other members.
9) All bearings are assumed to be SYP No.2 .
10) Provide mechanical connection (by others) of truss to bearing plate capable of withstanding 100 lb uplift at joint(s) 30, 31, 32, 34, 36, 28, 27, 26, 24, 22 except (jt=lb) 2=424, 20=436, 35=111, 23=110.
11) "Semi-rigid pitchbreaks including heels" Member end fixity model was used in the analysis and design of this truss.
12) This manufactured product is designed as an individual building component. The suitability and use of this component for any particular building is the responsibility of the building designer per ANSI TPI 1 as referenced by the building code.
13) Truss Design Engineer: Julius Lee, PE: Florida P.E. License No. 34869: Address: 1109 Coastal Bay Blvd. Boynton Beach, FL 33435

LOAD CASE(S) Standard

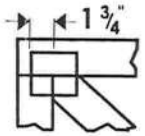


September 30,2009

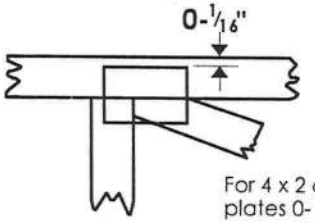
Julius Lee Engineering
1109 Coastal Bay Blvd.
Boynton, FL 33435

Symbols

PLATE LOCATION AND ORIENTATION



Center plate on joint unless x, y offsets are indicated. Dimensions are in ft-in-sixteenths. Apply plates to both sides of truss and fully embed teeth.



For 4 x 2 orientation, locate plates 0-1/16" from outside edge of truss.

This symbol indicates the required direction of slots in connector plates.

***Plate location details available in MiTek 20/20 software or upon request.**

PLATE SIZE

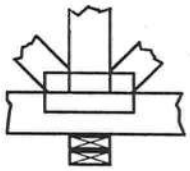
4 x 4

The first dimension is the plate width measured perpendicular to slots. Second dimension is the length parallel to slots.

LATERAL BRACING LOCATION

Indicated by symbol shown and/or by text in the bracing section of the output. Use T, I or Eliminator bracing if indicated.

BEARING

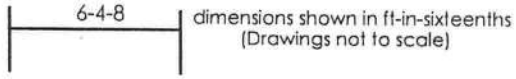


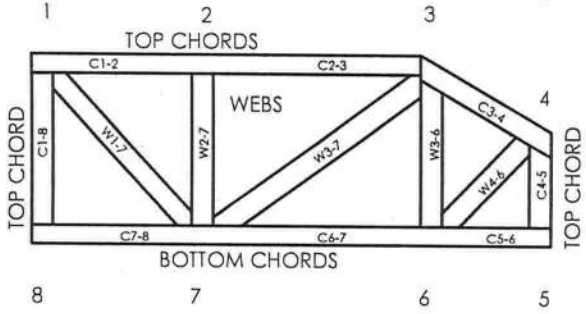
Indicates location where bearings (supports) occur. Icons vary but reaction section indicates joint number where bearings occur.

Industry Standards:

ANSI/TPI1: National Design Specification for Metal Plate Connected Wood Truss Construction.
DSB-89: Design Standard for Bracing.
BCSI1: Building Component Safety Information, Guide to Good Practice for Handling, Installing & Bracing of Metal Plate Connected Wood Trusses.

Numbering System





JOINTS ARE GENERALLY NUMBERED/LETTERED CLOCKWISE AROUND THE TRUSS STARTING AT THE JOINT FARTHEST TO THE LEFT.

CHORDS AND WEBS ARE IDENTIFIED BY END JOINT NUMBERS/LETTERS.

PRODUCT CODE APPROVALS

ICC-ES Reports:

ESR-1311, ESR-1352, ER-5243, 9604B, 9730, 95-43, 96-31, 9667A
NER-487, NER-561
95110, 84-32, 96-67, ER-3907, 9432A

Julius Lee Engineering
1109 Coastal Bay Blvd.
Boynton, FL 33435

General Safety Notes

Failure to Follow Could Cause Property Damage or Personal Injury

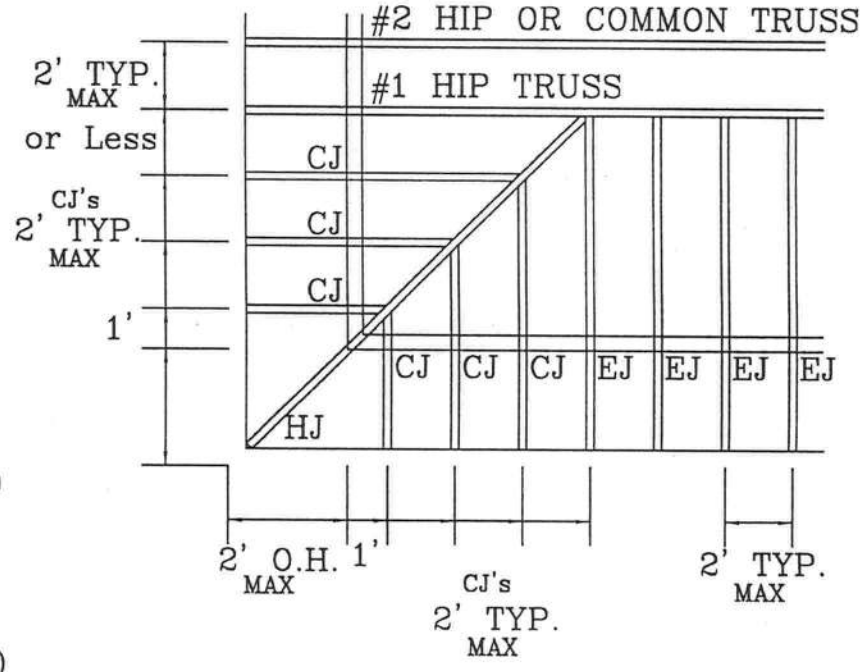
1. Additional stability bracing for truss system, e.g. diagonal or X-bracing, is always required. See BCSI1.
2. Truss bracing must be designed by an engineer. For wide truss spacing, individual lateral braces themselves may require bracing, or alternative T, I, or Eliminator bracing should be considered.
3. Never exceed the design loading shown and never stack materials on inadequately braced trusses.
4. Provide copies of this truss design to the building designer, erection supervisor, property owner and all other interested parties.
5. Cut members to bear tightly against each other.
6. Place plates on each face of truss at each joint and embed fully. Knots and wane at joint locations are regulated by ANSI/TPI 1.
7. Design assumes trusses will be suitably protected from the environment in accord with ANSI/TPI 1.
8. Unless otherwise noted, moisture content of lumber shall not exceed 19% at time of fabrication.
9. Unless expressly noted, this design is not applicable for use with fire retardant, preservative treated, or green lumber.
10. Camber is a non-structural consideration and is the responsibility of truss fabricator. General practice is to camber for dead load deflection.
11. Plate type, size, orientation and location dimensions indicated are minimum plating requirements.
12. Lumber used shall be of the species and size, and in all respects, equal to or better than that specified.
13. Top chords must be sheathed or purlins provided at spacing indicated on design.
14. Bottom chords require lateral bracing at 10 ft. spacing, or less, if no ceiling is installed, unless otherwise noted.
15. Connections not shown are the responsibility of others.
16. Do not cut or alter truss member or plate without prior approval of an engineer.
17. Install and load vertically unless indicated otherwise.
18. Use of green or treated lumber may pose unacceptable environmental, health or performance risks. Consult with project engineer before use.
19. Review all portions of this design (front, back, words and pictures) before use. Reviewing pictures alone is not sufficient.
20. Design assumes manufacture in accordance with ANSI/TPI 1 Quality Criteria.

STEPDOWN CORNER SET

TOP CHORD 2X4 SO. PINE #2 or Better
BOT CHORD 2X4 SO. PINE #2 or Better
WEBS 2X4 SO. PINE #3 or Better

120 MPH MAX

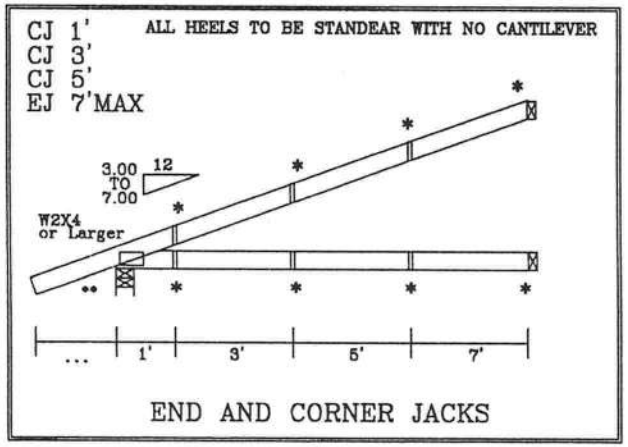
Setback 7' or Less

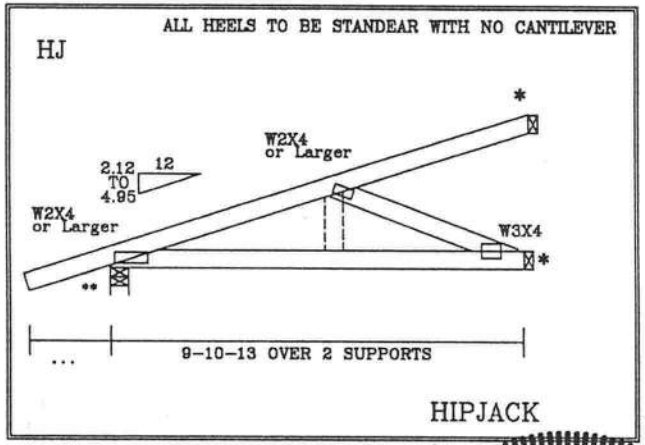


PROVIDE UPLIFT CONNECTIONS AT BEARINGS AS INDICATED.
UPLIFT: 400# or Less
BRG LOC: *
UPLIFT BASED ON 7.2 PSF TOTAL DEAD LOAD. WIND SPEED=120 "C" MPH. MEAN HGT=28 FT. ENCLOSED. (ASCE 7-02)

PROVIDE UPLIFT CONNECTIONS AT BEARINGS AS INDICATED. TILE
UPLIFT: 400# or Less
BRG LOC: *
UPLIFT BASED ON 15.0 PSF TOTAL DEAD LOAD. WIND SPEED=120 "C" MPH. MEAN HGT (of jacks)=28 FT. ENCLOSED. (ASCE 7-02)

PROVIDE UPLIFT CONNECTIONS AT BEARINGS AS INDICATED.
UPLIFT: 400# or Less
BRG LOC: *
UPLIFT BASED ON 7.2 PSF TOTAL DEAD LOAD. WIND SPEED=120 "B" MPH. MEAN HGT (of jacks)=28 FT. ENCLOSED. (ASCE 7-02)





* (3) 16d TOENAILS

** SEE EOR FOR TIE DOWN

UPLIFT VALUES DO TAKE INTO ACCOUNT PORCHES EXPOSED
BC LIVE LOAD IS NON CONCURRENT 10*

CORNER SET SETBACK
7'0" MAX

JULIUS LEE CONS. ENGINEERS, P.A.
1455 SW 4th AVENUE
DELRAY BEACH, FL 33444-2181
NO. 34869
STATE OF FLORIDA

SHINGLE			
TC	LL	20	MAX PSF
TC	DL	7	MAX PSF
BC	LL	10*	MAX PSF
BC	DL	5	MAX PSF
TILE			
TC	LL	20	MAX PSF
TC	DL	20	MAX PSF
BC	LL	10*	MAX PSF
BC	DL	5	MAX PSF
DUR. FAC.		1.25	
SPACING		2' MAX	

REF	7'MAX STBK CS
DATE	Jun./27/2008
DRWG	
-ENG	

REVIEWED
By Julius lee at 10:52 am, Jun 27, 2008

ASCE 7-02: 130 MPH WIND SPEED, 30' MEAN HEIGHT, ENCLOSED, I = 1.00, EXPOSURE C

MAX GABLE VERTICAL LENGTH

2X4 GABLE VERTICAL SPACING	SPECIES	BRACE GRADE	NO BRACES	(1) 1X4 "L" BRACE *		(1) 2X4 "L" BRACE *		(2) 2X4 "L" BRACE **		(1) 2X6 "L" BRACE *		(2) 2X6 "L" BRACE **	
				GROUP A	GROUP B	GROUP A	GROUP B	GROUP A	GROUP B	GROUP A	GROUP B	GROUP A	GROUP B
24" O.C.	SPF HF	#1 / #2	3' 2"	5' 6"	6' 5"	6' 5"	6' 9"	7' 10"	8' 0"	10' 3"	10' 7"	12' 3"	12' 7"
		#3	3' 1"	4' 5"	4' 5"	5' 10"	5' 10"	7' 10"	7' 10"	9' 1"	9' 1"	12' 3"	12' 3"
		STUD	3' 1"	4' 5"	4' 5"	5' 10"	5' 10"	7' 10"	7' 10"	9' 1"	9' 1"	12' 3"	12' 3"
		STANDARD	2' 11"	3' 9"	3' 9"	5' 0"	5' 0"	6' 9"	6' 9"	7' 10"	7' 10"	10' 7"	10' 7"
	SP DFL	#1	3' 8"	5' 8"	5' 11"	6' 8"	7' 0"	7' 10"	8' 5"	10' 3"	11' 1"	12' 3"	13' 2"
		#2	3' 6"	5' 6"	5' 11"	6' 6"	7' 0"	7' 10"	8' 5"	10' 3"	11' 1"	12' 3"	13' 2"
		#3	3' 3"	4' 6"	4' 6"	6' 0"	6' 0"	7' 10"	8' 1"	9' 4"	9' 4"	12' 3"	12' 6"
		STUD	3' 3"	4' 6"	4' 6"	5' 11"	5' 11"	7' 10"	8' 0"	9' 3"	9' 3"	12' 3"	12' 6"
		STANDARD	3' 0"	3' 10"	3' 10"	5' 1"	5' 1"	6' 11"	6' 11"	8' 0"	8' 0"	10' 10"	10' 10"
16" O.C.	SPF HF	#1 / #2	3' 8"	6' 4"	6' 6"	7' 6"	7' 8"	8' 11"	9' 2"	11' 9"	12' 1"	14' 0"	14' 0"
		#3	3' 7"	5' 5"	5' 5"	7' 2"	7' 2"	8' 11"	8' 11"	11' 2"	11' 2"	14' 0"	14' 0"
		STUD	3' 7"	5' 5"	5' 5"	7' 2"	7' 2"	8' 11"	8' 11"	11' 1"	11' 1"	14' 0"	14' 0"
		STANDARD	3' 7"	4' 8"	4' 8"	6' 2"	6' 2"	8' 3"	8' 3"	9' 7"	9' 7"	12' 11"	12' 11"
	SP DFL	#1	4' 0"	6' 4"	6' 10"	7' 8"	8' 1"	8' 11"	9' 7"	11' 9"	12' 8"	14' 0"	14' 0"
		#2	3' 11"	6' 4"	6' 10"	7' 8"	8' 1"	8' 11"	9' 7"	11' 9"	12' 8"	14' 0"	14' 0"
		#3	3' 9"	5' 7"	6' 7"	7' 4"	7' 4"	8' 11"	9' 6"	11' 5"	11' 6"	14' 0"	14' 0"
		STUD	3' 8"	5' 6"	5' 8"	7' 3"	7' 3"	8' 11"	9' 5"	11' 4"	11' 4"	14' 0"	14' 0"
		STANDARD	3' 6"	4' 9"	4' 9"	6' 3"	6' 3"	8' 5"	8' 5"	9' 9"	9' 9"	13' 3"	13' 3"
12" O.C.	SPF HF	#1 / #2	4' 0"	6' 11"	7' 2"	8' 5"	8' 6"	9' 10"	10' 1"	12' 11"	13' 4"	14' 0"	14' 0"
		#3	3' 11"	6' 3"	6' 3"	8' 3"	8' 3"	9' 10"	9' 10"	12' 11"	12' 11"	14' 0"	14' 0"
		STUD	3' 11"	6' 3"	6' 3"	8' 3"	8' 3"	9' 10"	9' 10"	12' 10"	12' 10"	14' 0"	14' 0"
		STANDARD	3' 11"	5' 4"	5' 4"	7' 1"	7' 1"	9' 6"	9' 6"	11' 1"	11' 1"	14' 0"	14' 0"
	SP DFL	#1	4' 5"	6' 11"	7' 6"	8' 3"	8' 11"	9' 10"	10' 7"	12' 11"	13' 11"	14' 0"	14' 0"
		#2	4' 4"	6' 11"	7' 6"	8' 3"	8' 11"	9' 10"	10' 7"	12' 11"	13' 11"	14' 0"	14' 0"
		#3	4' 2"	6' 5"	6' 5"	8' 3"	8' 6"	9' 10"	10' 4"	12' 11"	13' 3"	14' 0"	14' 0"
		STUD	4' 2"	6' 4"	6' 4"	8' 3"	8' 5"	9' 10"	10' 4"	12' 11"	13' 1"	14' 0"	14' 0"
		STANDARD	4' 0"	5' 6"	5' 6"	7' 3"	7' 3"	9' 9"	9' 9"	11' 4"	11' 4"	14' 0"	14' 0"

BRACING GROUP SPECIES AND GRADES:

GROUP A:

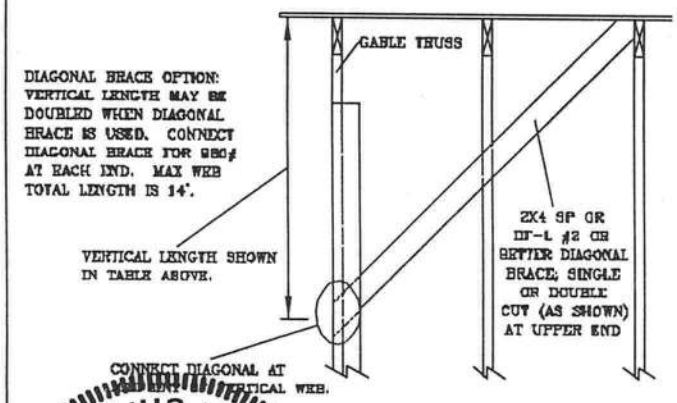
SPRUCE-PINE-FIR		HEM-FIR	
#1 / #2	STANDARD	#2	STUD
#3	STUD	#3	STANDARD

DOUGLAS FIR-LARCH	SOUTHERN PINE
#3	#3
STUD	STUD
STANDARD	STANDARD

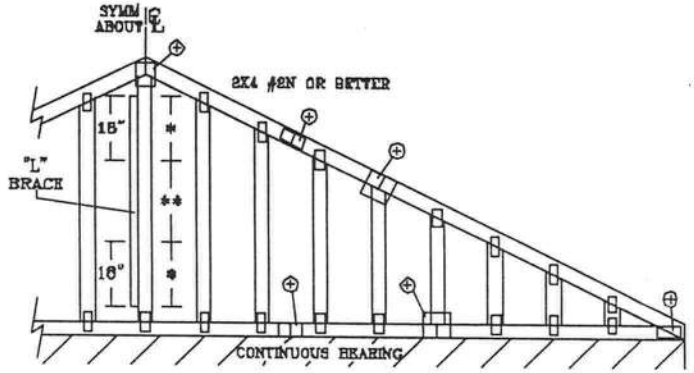
GROUP B:

HEM-FIR	
#1 & BTR	
#1	

SOUTHERN PINE	DOUGLAS FIR-LARCH
#1	#1
#2	#2



DIAGONAL BRACE OPTION: VERTICAL LENGTH MAY BE DOUBLED WHEN DIAGONAL BRACE IS USED. CONNECT DIAGONAL BRACE FOR 980# AT EACH END. MAX WEB TOTAL LENGTH IS 14'.



REFER TO CHART ABOVE FOR MAX GABLE VERTICAL LENGTH.

GABLE TRUSS DETAIL NOTES:

LIVE LOAD DEFLECTION CRITERIA IS L/240.

PROVIDE UPLIFT CONNECTIONS FOR 180 PLF OVER CONTINUOUS BEARING (5 PSF TC DEAD LOAD).

GABLE END SUPPORTS LOAD FROM 4' 0" OUTLOOKERS WITH 2' 0" OVERHANG, OR 12" PLYWOOD OVERHANG.

ATTACH EACH "L" BRACE WITH 10d NAILS.
* FOR (1) "L" BRACE: SPACE NAILS AT 2" O.C. IN 18" END ZONES AND 4" O.C. BETWEEN ZONES.
** FOR (2) "L" BRACES: SPACE NAILS AT 3" O.C. IN 18" END ZONES AND 6" O.C. BETWEEN ZONES.

"L" BRACING MUST BE A MINIMUM OF 80% OF WEB MEMBER LENGTH.

GABLE VERTICAL PLATE SIZES

VERTICAL LENGTH	NO SPLICE
LESS THAN 4' 0"	1X4 OR 2X3
GREATER THAN 4' 0", BUT LESS THAN 11' 8"	2X4
GREATER THAN 11' 8"	2.5X4

+ REFER TO COMMON TRUSS DESIGN FOR PEAK, SPLICE, AND HEEL PLATES.

JULIUS LEE LICENSE NO. 34869 STATE OF FLORIDA PROFESSIONAL ENGINEER

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REVIEWED
By julius lee at 12:00 pm, Jun 11, 2008

JULIUS LEE'S
CONS. ENGINEERS P.A.
1456 SW 4th AVENUE
DELRAY BEACH, FL. 33444-2161
No: 34869
STATE OF FLORIDA

MAX. TOT. LD. 60 PSF

MAX. SPACING 24.0"

REF ASCE7-02-GAB13030
DATE 11/26/03
DWG MITEK STD GABLE 90' E W7
-ENG

PIGGYBACK DETAIL

TOP CHORD 2X4 #2 OR BETTER
BOT CHORD 2X4 #2 OR BETTER
WEBS 2X4 #3 OR BETTER

REFER TO SEALED DESIGN FOR DASHED PLATES.

SPACE PIGGYBACK VERTICALS AT 4' OC MAX.

TOP AND BOTTOM CHORD SPLICES MUST BE STAGGERED SO THAT ONE SPLICE IS NOT DIRECTLY OVER ANOTHER.

PIGGYBACK BOTTOM CHORD MAY BE OMITTED. ATTACH VERTICAL WEBS TO TRUSS TOP CHORD WITH 1.5X3 PLATE.

ATTACH PURLINS TO TOP OF FLAT TOP CHORD. IF PIGGYBACK IS SOLID LUMBER OR THE BOTTOM CHORD IS OMITTED, PURLINS MAY BE APPLIED BENEATH THE TOP CHORD OF SUPPORTING TRUSS.

REFER TO ENGINEER'S SEALED DESIGN FOR REQUIRED PURLIN SPACING.

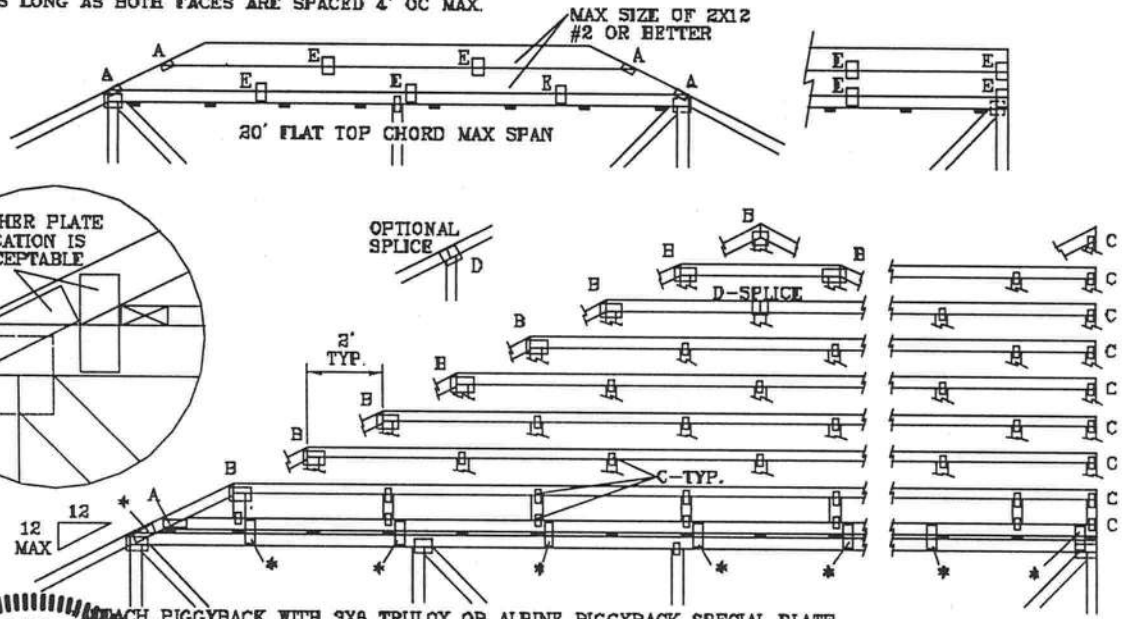
THIS DETAIL IS APPLICABLE FOR THE FOLLOWING WIND CONDITIONS:

110 MPH WIND, 30' MEAN HGT, ASCE 7-02, CLOSED BLDG, LOCATED ANYWHERE IN ROOF, 1 MI FROM COAST CAT I, EXP C, WIND TC DL=5 PSF, WIND BC DL=5 PSF

110 MPH WIND, 30' MEAN HGT, FBC ENCLOSED BLDG, LOCATED ANYWHERE IN ROOF WIND TC DL=5 PSF, WIND BC DL=5 PSF

130 MPH WIND, 30' MEAN HGT, ASCE 7-02, CLOSED BLDG, LOCATED ANYWHERE IN ROOF, CAT II, EXP. C, WIND TC DL=5 PSF, WIND BC DL=5 PSF

FRONT FACE (E,*) PLATES MAY BE OFFSET FROM BACK FACE PLATES AS LONG AS BOTH FACES ARE SPACED 4' OC MAX.



ATTACH PIGGYBACK WITH 3X6 TRULOX OR ALPINE PIGGYBACK SPECIAL PLATE.

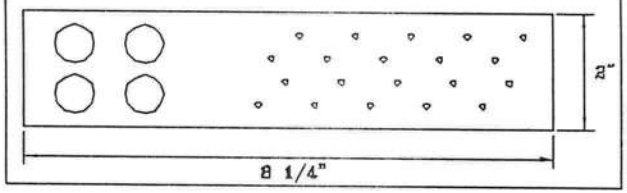
JOINT TYPE	SPANS UP TO			
	30'	34'	38'	62'
A	2X4	2.5X4	2.5X4	3X5
B	4X6	5X6	5X6	5X6
C	1.5X3	1.5X4	1.5X4	1.5X4
D	5X4	5X5	5X5	5X6
E	4X6 OR 3X6 TRULOX AT 4' OC, ROTATED VERTICALLY			

ATTACH TRULOX PLATES WITH (6) 0.120" X 1.375" NAILS, OR EQUAL, PER FACE PER PLY. (4) NAILS IN EACH MEMBER TO BE CONNECTED. REFER TO DRAWING 160 TL FOR TRULOX INFORMATION.

WEB BRACING CHART	
WEB LENGTH	REQUIRED BRACING
0' TO 7'9"	NO BRACING
7'9" TO 10'	1x4 "T" BRACE. SAME GRADE, SPECIES AS WEB MEMBER, OR BETTER, AND 80% LENGTH OF WEB MEMBER. ATTACH WITH 8d NAILS AT 4" OC.
10' TO 14'	2x4 "T" BRACE. SAME GRADE, SPECIES AS WEB MEMBER, OR BETTER, AND 80% LENGTH OF WEB MEMBER. ATTACH WITH 16d NAILS AT 4" OC.

* PIGGYBACK SPECIAL PLATE

ATTACH TEETH TO THE PIGGYBACK AT THE TIME OF FABRICATION. ATTACH TO SUPPORTING TRUSS WITH (4) 0.120" X 1.375" NAILS PER FACE PER PLY. APPLY PIGGYBACK SPECIAL PLATE TO EACH TRUSS FACE AND SPACE 4' OC OR LESS.



THIS DRAWING REPLACES DRAWINGS 634,016 634,017 & 847,045

JULIUS LEE LICENSE NO. 34869 STATE OF FLORIDA PROFESSIONAL ENGINEER

WARNING: TRUSSES REQUIRE EXTREME CARE IN FABRICATING, HANDLING, SHIPPING, INSTALLING AND BRACING. REFER TO BCSI 1-03 BUILDING COMPONENT SAFETY INFORMATION), PUBLISHED BY TPI (TRUSS PLATE INSTITUTE, 583 D'ONOFRIO DR., SUITE 200, MADISON, WI. 53719) AND WTCA (WOOD TRUSS COUNCIL AMERICA, 6300 ENTERPRISE LN, MADISON, WI 53719) FOR SAFETY PRACTICES PRIOR TO PERFORMING THESE FUNCTIONS. UNLESS OTHERWISE INDICATED, TOP CHORD SHALL HAVE PROPERLY ATTACHED STRUCTURAL PANELS AND BOTTOM CHORD SHALL HAVE A PROPERLY ATTACHED RIGID CEILING.

REVIEWED
By julius lee at 11:59 am, Jun 11, 2008

JULIUS LEE'S CONS. ENGINEERS P.A.
1450 SW 4th AVENUE
DELRAY BEACH, FL. 33444-2161

No: 34869
STATE OF FLORIDA

MAX LOADING
55 PSF AT 1.33 DUR. FAC.
50 PSF AT 1.25 DUR. FAC.
47 PSF AT 1.15 DUR. FAC.
SPACING 24.0"

REF PIGGYBACK
DATE 09/12/07
DRWG MITEK STD PIGGY
-ENG JL

TOE-NAIL DETAIL

TOE-NAILS TO BE DRIVEN AT AN ANGLE OF APPROXIMATELY THIRTY DEGREES WITH THE PIECE AND STARTED APPROXIMATELY ONE-THIRD THE LENGTH OF THE NAIL FROM THE END OF THE MEMBER.

PER ANSI/AF&PA NDS-2001 SECTION 12.4.1 - EDGE DISTANCE, END DISTANCE, SPACING: "EDGE DISTANCES, END DISTANCES AND SPACINGS FOR NAILS AND SPIKES SHALL BE SUFFICIENT TO PREVENT SPLITTING OF THE WOOD."

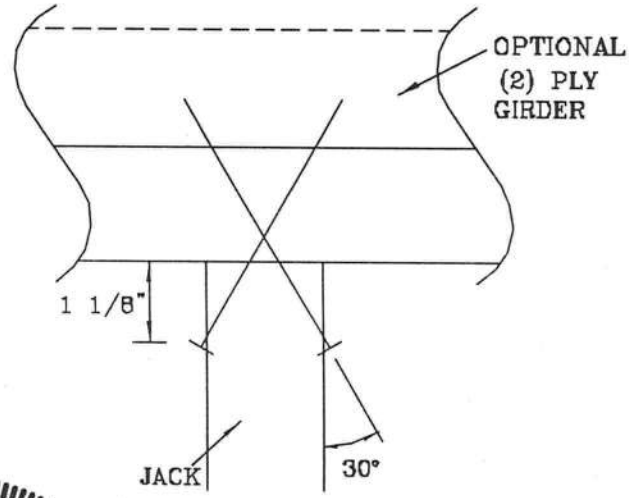
THE NUMBER OF TOE-NAILS TO BE USED IN A SPECIFIC APPLICATION IS DEPENDENT UPON PROPERTIES FOR THE CHORD SIZE, LUMBER SPECIES, AND NAIL TYPE. PROPER CONSTRUCTION PRACTICES AS WELL AS GOOD JUDGEMENT SHOULD DETERMINE THE NUMBER OF NAILS TO BE USED.

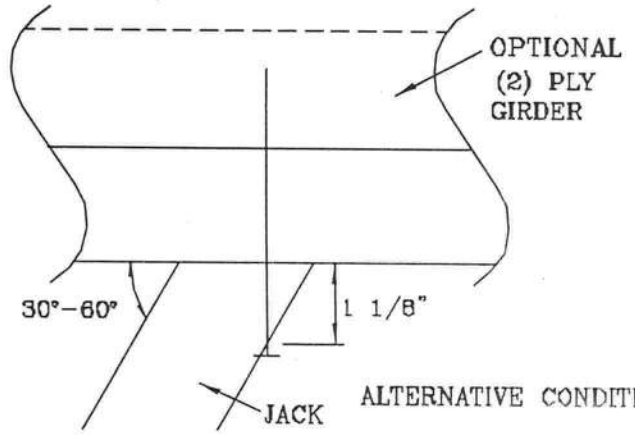
THIS DETAIL DISPLAYS A TOE-NAILED CONNECTION FOR JACK FRAMING INTO A SINGLE OR DOUBLE PLY SUPPORTING GIRDER.

MAXIMUM VERTICAL RESISTANCE OF 16d (0.162"X3.5") COMMON TOE-NAILS

NUMBER OF TOE-NAILS	SOUTHERN PINE		DOUGLAS FIR-LARCH		HEM-FIR		SPRUCE PINE FIR	
	1 PLY	2 PLIES	1 PLY	2 PLIES	1 PLY	2 PLIES	1 PLY	2 PLIES
2	197#	256#	181#	234#	156#	203#	154#	199#
3	296#	383#	271#	351#	234#	304#	230#	298#
4	394#	511#	361#	468#	312#	406#	307#	397#
5	493#	639#	452#	585#	390#	507#	384#	496#

ALL VALUES MAY BE MULTIPLIED BY APPROPRIATE DURATION OF LOAD FACTOR.





ALTERNATIVE CONDITION

THIS DRAWING REPLACES DRAWING 784040

JULIUS LEE LICENSE NO. 34869 STATE OF FLORIDA PROFESSIONAL ENGINEER

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REVIEWED
By julius lee at 11:59 am, Jun 11, 2008

JULIUS LEE'S
CONS. ENGINEERS P.A.
1455 SW 4th AVENUE
DELRAY BEACH, FL 33444-2161

No: 34869
STATE OF FLORIDA

TC LL	PSF	REF	TOE-NAIL
TC DL	PSF	DATE	09/12/07
BC DL	PSF	DRWG	CNTONAIL1103
BC LL	PSF	-ENG	JL
TOT. LD.	PSF		
DUR. FAC.	1.00		
SPACING			

TRULOX CONNECTION DETAIL

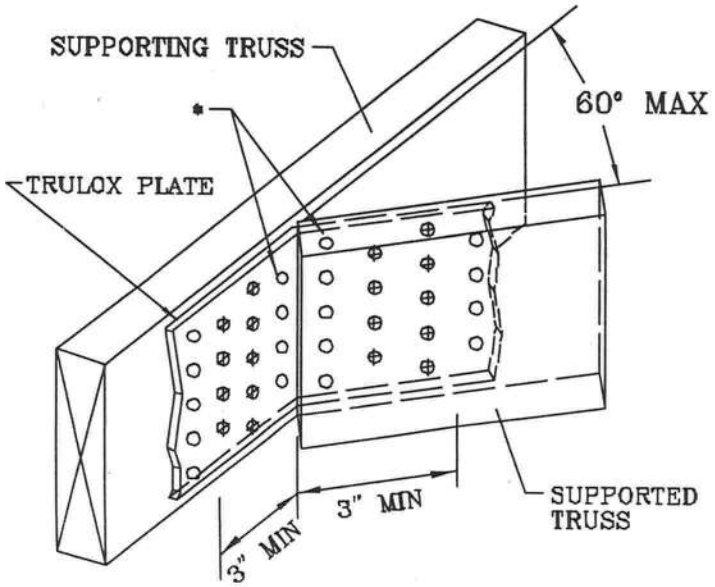
11 GAUGE (0.120" X 1.375") NAILS REQUIRED FOR TRULOX PLATE ATTACHMENT. FILL ROWS COMPLETELY WHERE SHOWN (⊕).

* NAILS MAY BE OMITTED FROM THESE ROWS.

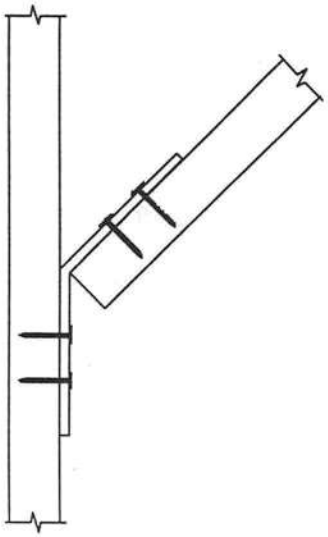
THIS DETAIL MAY BE USED WITH SO. PINE, DOUGLAS-FIR OR HEM-FIR CHORDS WITH A MINIMUM 1.00 DURATION OF LOAD OR SPRUCE-PINE-FIR CHORDS WITH A MINIMUM 1.15 DURATION OF LOAD. CHORD SIZE OF BOTH TRUSSES MUST EXCEED THE TRULOX PLATE WIDTH.

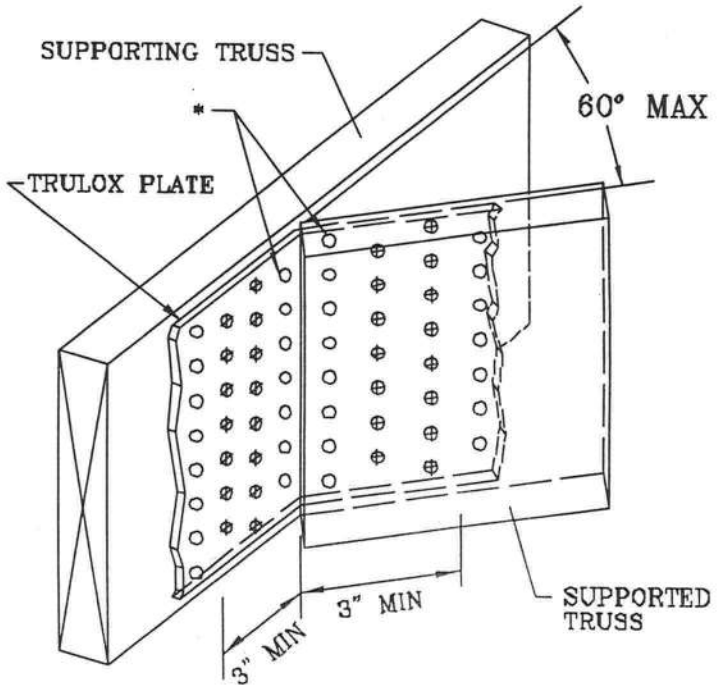
TRULOX PLATE IS CENTERED ON THE CHORDS AND BENT BETWEEN NAIL ROWS.

REFER TO ENGINEER'S SEALED DESIGN REFERENCING THIS DETAIL FOR LUMBER, PLATES, AND OTHER INFORMATION NOT SHOWN.



MINIMUM 3X6 TRULOX PLATE





MINIMUM 5X6 TRULOX PLATE

TRULOX PLATE SIZE	REQUIRED NAILS PER TRUSS	MAXIMUM LOAD UP OR DOWN
3X6	9	350#
5X6	15	990#

REVIEWED
By julius lee at 11:58 am, Jun 11, 2008

JULIUS LEE LICENSE NO. 34869 STATE OF FLORIDA PROFESSIONAL ENGINEER

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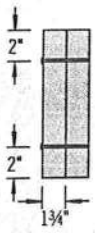
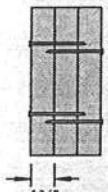
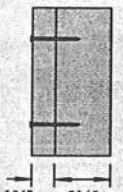
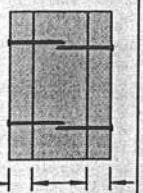
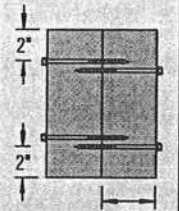
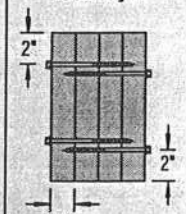
THIS DRAWING REPLACES DRAWINGS 1,158,989 1,158,989/R 1,154,944 1,152,217 1,152,017 1,159,154 & 1,151,524

JULIUS LEE'S
CONS. ENGINEERS P.A.
1455 SW 4th AVENUE
DELRAY BEACH, FL. 33444-2161

No: 34869
STATE OF FLORIDA

REF	TRULOX
DATE	11/26/03
DRWG	CNTRULOX1103
-ENG	JL

Point Load—Maximum Point Load Applied to Either Outside Member (lbs)

Connector Type	Number of Connectors	Connector Pattern: Assembly A	Assembly B	Assembly C	Assembly D	Assembly E	Assembly F
							
		3½" 2-ply	5¼" 3-ply	5¼" 2-ply	7" 3-ply	7" 2-ply	7" 4-ply
10d (0.128" x 3") Nail	6	1,110	*835*	835	*740*		
	12	2,225	*1,670*	1,670	*1,485*		
	18	3,335	*2,505*	2,505	*2,225*		
	24	4,450	*3,335*	3,335	*2,965*		
SDS Screws ¼" x 3½" or WS35 ¼" x 6" or WS6(1)	4	1,915	1,435(4)	1,435	*1,275*	*1,860(2)*	*1,405(2)*
	6	2,870	2,150 (4)	2,150	*1,915*	*2,785(2)*	*2,110(2)*
	8	3,825	2,870 (4)	2,870	*2,550*	*3,715(2)*	*2,810(2)*
3⅜" or 5" TrussLok™	4	2,545	1,910 (4)	1,910	*1,695*	*1,925(3)*	*1,775(3)*
	6	3,815	2,860 (4)	2,860	*2,545*	*2,890(3)*	*2,665(3)*
	8	5,090	3,815 (4)	3,815	*3,390*	*3,855(3)*	*3,550(3)*

(1) 6" SDS or WS screws can be used with Parallam® PSL and Microllam® LVL, but are not recommended for TimberStrand® LSL.

See General Notes on page 38

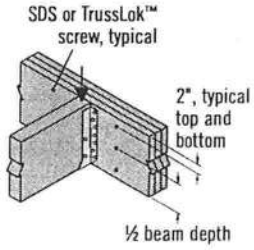
(2) 6" long screws required.

(3) 5" long screws required.

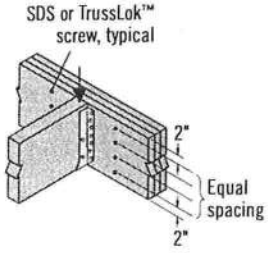
(4) 3½" and 3⅜" long screws must be installed on both sides.

Connections

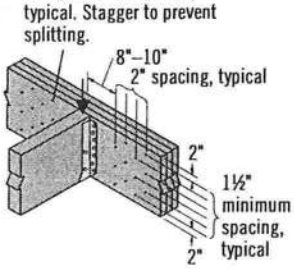
4 or 6 or Screw Connection



8 Screw Connection

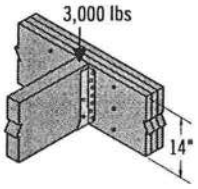


Nail Connection



There must be an equal number of nails on each side of the connection

Point Load Design Example



First, verify that a 3-ply 1¾" x 14" beam is capable of supporting the 3,000 lb point load as well as all other loads applied. The 3,000 lb point load is being transferred to the beam with a face mount hanger. For a 3-ply 1¾" assembly, eight 3⅜" TrussLok™ screws are good for 3,815 lbs with a face mount hanger.

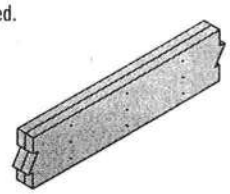
MULTIPLE-MEMBER CONNECTIONS FOR TOP-LOADED BEAMS

1¾" Wide Pieces

- Minimum of three rows of 10d (0.128" x 3") nails at 12" on-center.
- Minimum of four rows of 10d (0.128" x 3") nails at 12" on-center for 14" or deeper.
- If using 12d–16d (0.148"–0.162" diameter) nails, the number of nailing rows may be reduced by one.
- Minimum of two rows of SDS, WS, or TrussLok™ screws at 16" on-center. Use 3⅜" minimum length with two or three plies; 5" minimum for 4-ply members. 6" SDS and WS screws are not recommended for use with TimberStrand® LSL. For 3- or 4-ply members, connectors must be installed on both sides. Stagger fasteners on opposite side of beam by ½ of the required connector spacing.
- Load must be applied evenly across entire beam width. Otherwise, use connections for side-loaded beams.

3½" Wide Pieces

- Minimum of two rows of SDS, WS, or TrussLok™ screws, 5" minimum length, at 16" on-center. 6" SDS and WS screws are not recommended for use with TimberStrand® LSL. Connectors must be installed on both sides. Stagger fasteners on opposite side of beam by ½ of the required connector spacing.
- Load must be applied evenly across entire beam width. Otherwise, use connections for side-loaded beams.
- Minimum of two rows of ½" bolts at 24" on-center staggered.



L6 ***Multiple pieces can be nailed or bolted together to form a header or beam of the required size, up to a maximum width of 7"***

ASCE 7-02: 130 MPH WIND SPEED, 15' MEAN HEIGHT, ENCLOSED, I = 1.00, EXPOSURE C

MAX GABLE VERTICAL LENGTH

2X4 GABLE VERTICAL SPACING	SPECIES	BRACE GRADE	NO BRACES	(1) 1X4 "L" BRACE * GROUP A	(1) 1X4 "L" BRACE * GROUP B	(1) 2X4 "L" BRACE * GROUP A	(1) 2X4 "L" BRACE * GROUP B	(2) 2X4 "L" BRACE ** GROUP A	(2) 2X4 "L" BRACE ** GROUP B	(1) 2X6 "L" BRACE * GROUP A	(1) 2X6 "L" BRACE * GROUP B	(2) 2X6 "L" BRACE ** GROUP A	(2) 2X6 "L" BRACE ** GROUP B
24" O.C.	SPF HF	#1 / #2	3' 4"	6' 10"	6' 0"	6' 11"	7' 1"	8' 3"	8' 6"	10' 10"	11' 2"	12' 11"	13' 3"
		#3	3' 3"	4' 11"	4' 11"	6' 6"	6' 6"	8' 3"	8' 3"	10' 1"	10' 1"	12' 11"	12' 11"
		STUD	3' 3"	4' 11"	4' 11"	6' 5"	6' 5"	8' 3"	8' 3"	10' 0"	10' 0"	12' 11"	12' 11"
		STANDARD	3' 3"	4' 2"	4' 2"	5' 6"	5' 6"	7' 5"	7' 5"	8' 8"	8' 8"	11' 6"	11' 6"
	SP DFL	#1	3' 8"	5' 10"	6' 3"	6' 11"	7' 5"	8' 3"	8' 11"	10' 10"	11' 8"	12' 11"	13' 11"
		#2	3' 7"	6' 10"	6' 3"	6' 11"	7' 6"	8' 3"	8' 11"	10' 10"	11' 8"	12' 11"	13' 11"
		#3	3' 6"	5' 0"	6' 0"	6' 8"	6' 8"	8' 3"	8' 8"	10' 4"	10' 4"	12' 11"	13' 7"
		STUD	3' 6"	5' 0"	5' 0"	6' 7"	6' 7"	8' 3"	8' 8"	10' 3"	10' 3"	12' 11"	13' 7"
		STANDARD	3' 4"	4' 3"	4' 3"	5' 8"	5' 8"	7' 8"	7' 8"	8' 10"	8' 10"	12' 0"	12' 0"
16" O.C.	SPF HF	#1 / #2	3' 10"	6' 8"	6' 10"	7' 11"	8' 1"	9' 6"	9' 8"	12' 6"	12' 9"	14' 0"	14' 0"
		#3	3' 9"	6' 0"	6' 0"	7' 11"	7' 11"	9' 5"	9' 5"	12' 4"	12' 4"	14' 0"	14' 0"
		STUD	3' 9"	6' 0"	6' 0"	7' 11"	7' 11"	9' 5"	9' 5"	12' 4"	12' 4"	14' 0"	14' 0"
		STANDARD	3' 9"	5' 2"	5' 2"	6' 10"	6' 10"	9' 2"	9' 2"	10' 7"	10' 7"	14' 0"	14' 0"
	SP DFL	#1	4' 3"	6' 8"	7' 2"	7' 11"	8' 6"	9' 5"	10' 2"	12' 5"	13' 5"	14' 0"	14' 0"
		#2	4' 2"	6' 8"	7' 2"	7' 11"	8' 6"	9' 6"	10' 2"	12' 5"	13' 5"	14' 0"	14' 0"
		#3	4' 0"	6' 2"	6' 2"	7' 11"	8' 2"	9' 5"	9' 11"	12' 5"	12' 8"	14' 0"	14' 0"
		STUD	4' 0"	6' 1"	6' 1"	7' 11"	8' 1"	9' 5"	9' 11"	12' 5"	12' 5"	14' 0"	14' 0"
		STANDARD	3' 10"	5' 3"	5' 3"	6' 11"	6' 11"	9' 4"	9' 4"	10' 10"	10' 10"	14' 0"	14' 0"
12" O.C.	SPF HF	#1 / #2	4' 5"	7' 4"	7' 7"	8' 9"	8' 11"	10' 6"	10' 8"	13' 8"	14' 0"	14' 0"	14' 0"
		#3	4' 2"	6' 11"	6' 11"	8' 9"	8' 9"	10' 6"	10' 5"	13' 8"	13' 8"	14' 0"	14' 0"
		STUD	4' 2"	6' 11"	6' 11"	8' 9"	8' 9"	10' 5"	10' 5"	13' 8"	13' 8"	14' 0"	14' 0"
		STANDARD	4' 2"	6' 11"	6' 11"	7' 10"	7' 10"	10' 6"	10' 5"	12' 3"	12' 3"	14' 0"	14' 0"
	SP DFL	#1	4' 8"	7' 4"	7' 11"	8' 9"	8' 5"	10' 5"	11' 2"	13' 8"	14' 0"	14' 0"	14' 0"
		#2	4' 7"	7' 4"	7' 11"	8' 9"	9' 5"	10' 6"	11' 2"	13' 8"	14' 0"	14' 0"	14' 0"
		#3	4' 4"	7' 2"	7' 2"	8' 9"	9' 2"	10' 5"	10' 11"	13' 6"	14' 0"	14' 0"	14' 0"
		STUD	4' 4"	7' 1"	7' 1"	8' 9"	9' 2"	10' 6"	10' 11"	13' 8"	14' 0"	14' 0"	14' 0"
		STANDARD	4' 3"	6' 1"	6' 1"	8' 0"	8' 0"	10' 5"	10' 8"	12' 6"	12' 6"	14' 0"	14' 0"

BRACING GROUP SPECIES AND GRADES:

GROUP A:

SPRUCE-PINE-FIR		HEM-FIR	
#1 / #2	STANDARD	#2	STUD
#3	STUD	#3	STANDARD

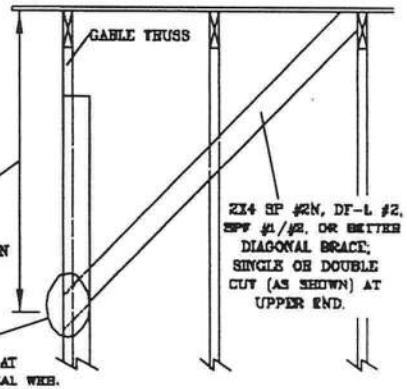
DOUGLAS FIR-LARCH	SOUTHERN PINE
#3	#3
STUD	STUD
STANDARD	STANDARD

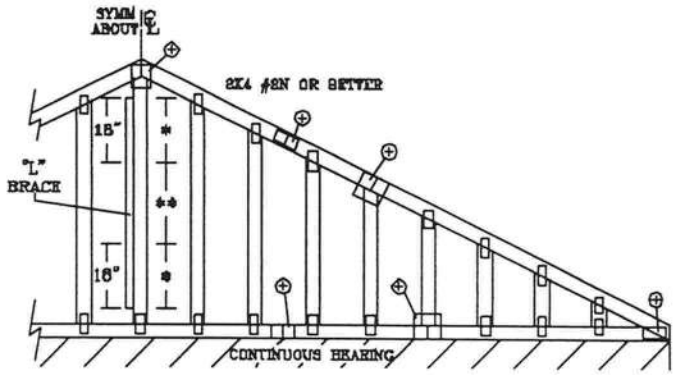
GROUP B:

HEM-FIR
#1 & BTR
#1

SOUTHERN PINE	DOUGLAS FIR-LARCH
#1	#1
#2	#2

DIAGONAL BRACE OPTION: VERTICAL LENGTH MAY BE DOUBLED WHEN DIAGONAL BRACE IS USED. CONNECT DIAGONAL BRACE FOR 540# AT EACH END. MAX WEB TOTAL LENGTH IS 14'.





REFER TO CHART ABOVE FOR MAX GABLE VERTICAL LENGTH.

GABLE TRUSS DETAIL NOTES:

LIVE LOAD DEFLECTION CRITERIA IS L/240.

PROVIDE UPLIFT CONNECTIONS FOR 136 PLF OVER CONTINUOUS BEARING (6 PSF TC DEAD LOAD).

GABLE END SUPPORTS LOAD FROM 4' 0" OUTLOOKERS WITH 2' 0" OVERHANG, OR 12" PLYWOOD OVERHANG.

ATTACH EACH "L" BRACE WITH 10d NAILS.
* FOR (1) "L" BRACE: SPACE NAILS AT 8" O.C. IN 18" END ZONES AND 4" O.C. BETWEEN ZONES.
** FOR (2) "L" BRACES: SPACE NAILS AT 3" O.C. IN 18" END ZONES AND 6" O.C. BETWEEN ZONES.

"L" BRACING MUST BE A MINIMUM OF 80% OF WEB MEMBER LENGTH.

GABLE VERTICAL PLATE SIZES

VERTICAL LENGTH	NO SPLICE
LESS THAN 4' 0"	1X4 OR 2X3
GREATER THAN 4' 0", BUT LESS THAN 11' 6"	2X4
GREATER THAN 11' 6"	2.5X4

+ REFER TO COMMON TRUSS DESIGN FOR PEAK, SPLICE, AND HEEL PLATES.

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WARNING TRUSSES REQUIRE EXTREME CARE IN FABRICATING, HANDLING, SHIPPING, INSTALLING AND BRACING. REFER TO BCSI 1-03 (BUILDING COMPONENT SAFETY INFORMATION, PUBLISHED BY TPI (TRUSS PLATE INSTITUTE, 583 D'ONOFRIO DR., SUITE 200, MADISON, WI 53719) AND WTCA (WOOD TRUSS COUNCIL OF AMERICA, 6300 ENTERPRISE LN, MADISON, WI 53719) FOR SAFETY PRACTICES PRIOR TO PERFORMING THESE FUNCTIONS. UNLESS OTHERWISE INDICATED, TOP CHORD SHALL HAVE PROPERLY ATTACHED STRUCTURAL PANELS AND BOTTOM CHORD SHALL HAVE A PROPERLY ATTACHED RIGID CEILING.

REVIEWED
By julius lee at 12:00 pm, Jun 11, 2008

JULIUS LEE'S
CONS. ENGINEERS P.A.
1455 SW 4th AVENUE
DELRAY BEACH, FL 33444-2161

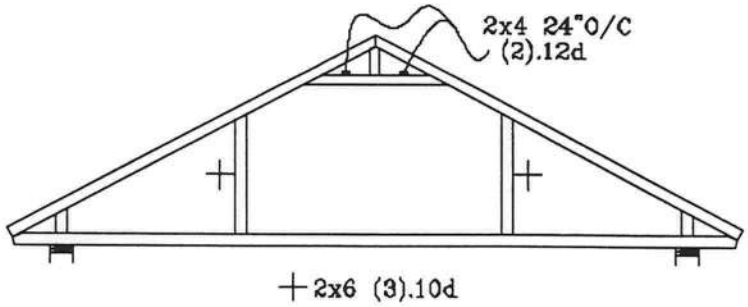
No: 34869
STATE OF FLORIDA

MAX. TOT. LD. 60 PSF

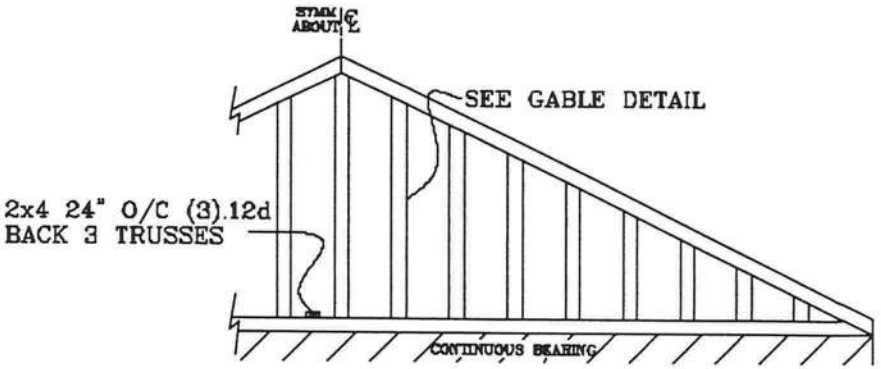
MAX. SPACING 24.0"

REF ASCE7-02-GAB13015
DATE 11/26/03
DRWG MITEK STD GABLE 15 E HT
-ENG

TYPICAL ATTIC TRUSS BRACING

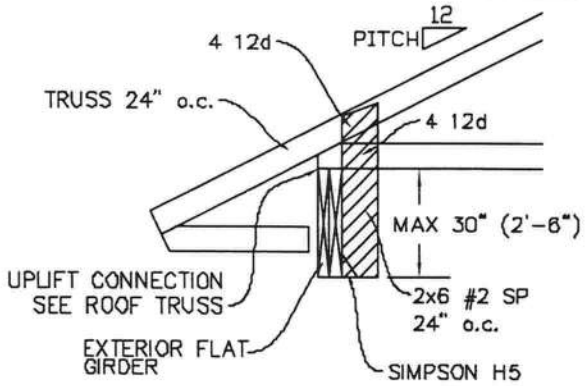


GABLE END TRUSS DETAIL



MINIMUM BC BRACING ON GABLE TRUSS. OTHER PERMANENT BRACING DESIGNS BY ARCHITECT OR EOR

TYPICAL ALTERNATE BRACING DETAIL FOR EXTERIOR FLAT GIRDER TRUSS



REVIEWED
By julius lee at 11:59 am, Jun 11, 2008

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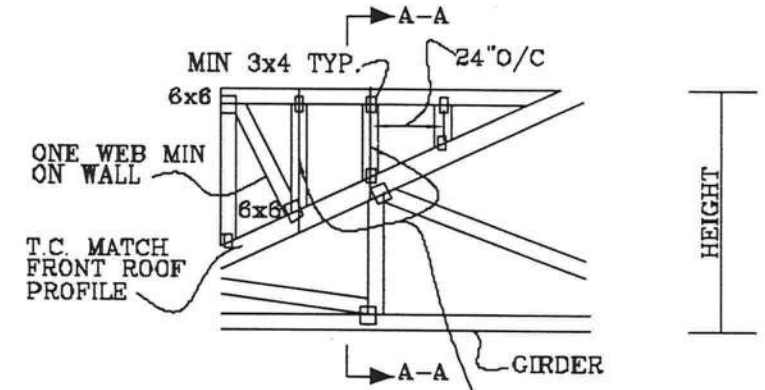
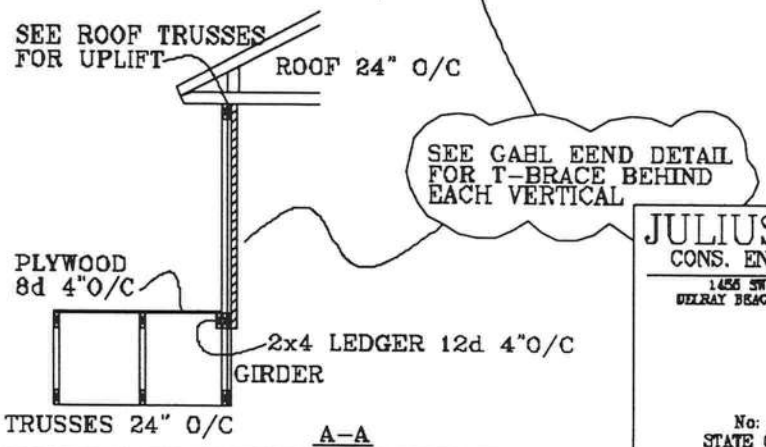
TYPICAL WALL GIRDER VERTICAL WEB BRACING DETAIL





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VALLEY TRUSS DETAIL

TOP CHORD 2X4 SP #2 OR SPF #1/#2 OR BETTER.
BOT CHORD 2X3(*) OR 2X4 SP #2N OR SPF #1/#2 OR BETTER.
WEBS 2X4 SP #3 OR BETTER.

* 2X3 MAY BE RIPPED FROM A 2X6 (PITCHED OR SQUARE).

** ATTACH EACH VALLEY TO EVERY SUPPORTING TRUSS WITH: (2) 16d BOX (0.135" X 3.5") NAILS TOE-NAILED FOR FBC 2004 110 MPH, ASCE 7-02 110 MPH WIND OR (3) 16d FOR ASCE 7-02 130 MPH WIND. 15' MEAN HEIGHT, ENCLOSED BUILDING, EXP. C, RESIDENTIAL, WIND TC DL=5 PSF.

UNLESS SPECIFIED ON ENGINEER'S SEALED DESIGN, APPLY 1X4 "T"-BRACE, 80% LENGTH OF WEB, VALLEY WEB, SAME SPECIES AND GRADE OR BETTER, ATTACHED WITH 8d BOX (0.113" X 2.5") NAILS AT 6" OC, OR CONTINUOUS LATERAL BRACING, EQUALLY SPACED, FOR VERTICAL VALLEY WEBS GREATER THAN 7'9".

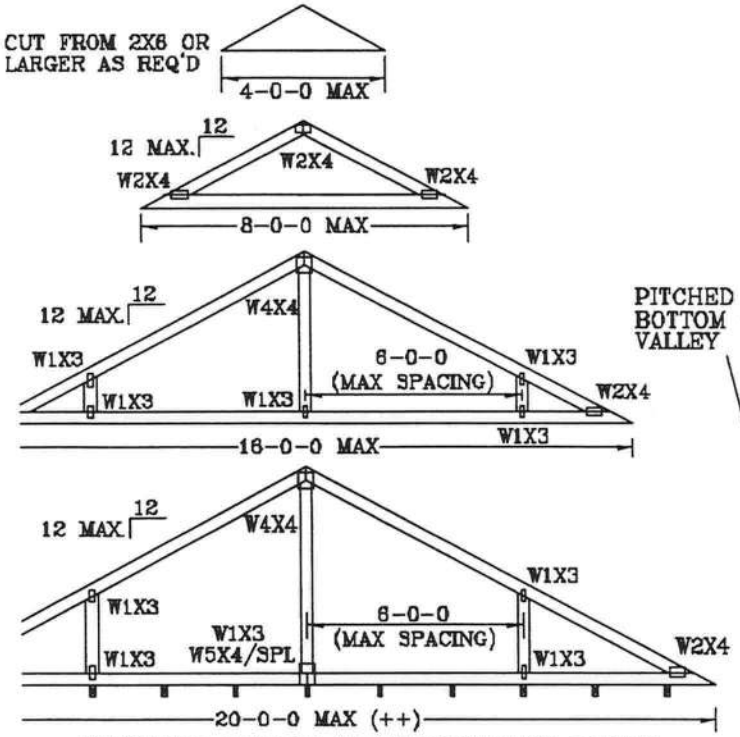
MAXIMUM VALLEY VERTICAL HEIGHT MAY NOT EXCEED 12'0".

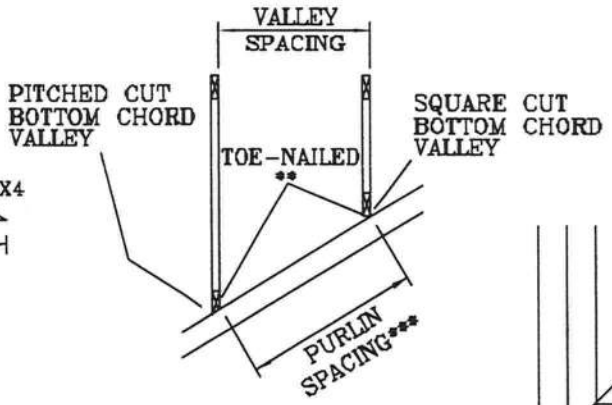
TOP CHORD OF TRUSS BENEATH VALLEY SET MUST BE BRACED WITH:
PROPERLY ATTACHED, RATED SHEATHING APPLIED PRIOR TO VALLEY TRUSS INSTALLATION
OR
PURLINS AT 24" OC OR AS OTHERWISE SPECIFIED ON ENGINEERS' SEALED DESIGN
OR
BY VALLEY TRUSSES USED IN LIEU OF PURLIN SPACING AS SPECIFIED ON ENGINEERS' SEALED DESIGN.

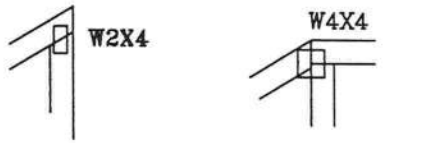
*** NOTE THAT THE PURLIN SPACING FOR BRACING THE TOP CHORD OF THE TRUSS BENEATH THE VALLEY IS MEASURED ALONG THE SLOPE OF THE TOP CHORD.

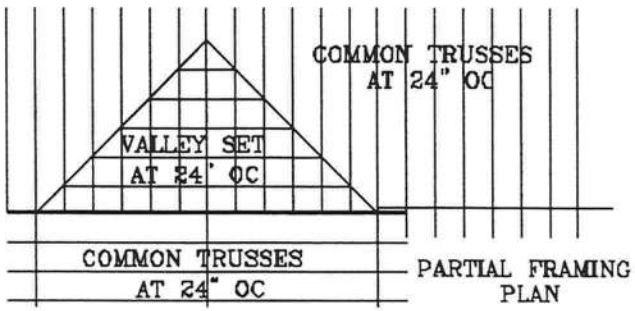
++ LARGER SPANS MAY BE BUILT AS LONG AS THE VERTICAL HEIGHT DOES NOT EXCEED 12'0".

BOTTOM CHORD MAY BE SQUARE OR PITCHED CUT AS SHOWN.









SHEATHING TRUSSES AT 24" OC MAXIMUM SPACING.

THIS DRAWING REPLACES DRAWING A105

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REVIEWED
By julius lee at 11:59 am, Jun 11, 2008

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No: 34869
STATE OF FLORIDA

TC LL	20	20	PSF	REF VALLEY DETAIL
TC DL	7	15	PSF	DATE 11/26/03
BC DL	5	5	PSF	DRWG VALTRUSS1103
BC LL	0	0	PSF	-ENG JL
TOT. LD.	32	40	PSF	
DUR.FAC.	1.25	1.25		
SPACING		24"		

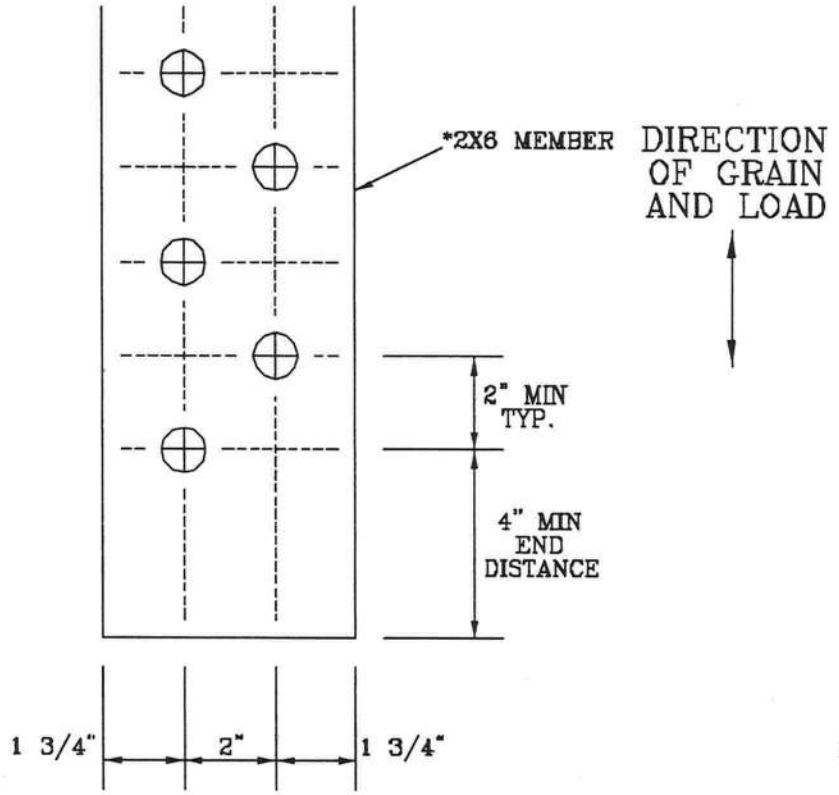
1/2" DIAMETER BOLT SPACING FOR LOAD APPLIED PARALLEL TO GRAIN.

* GRADE AND SPECIES AS SPECIFIED ON THE ALPINE DESIGN.

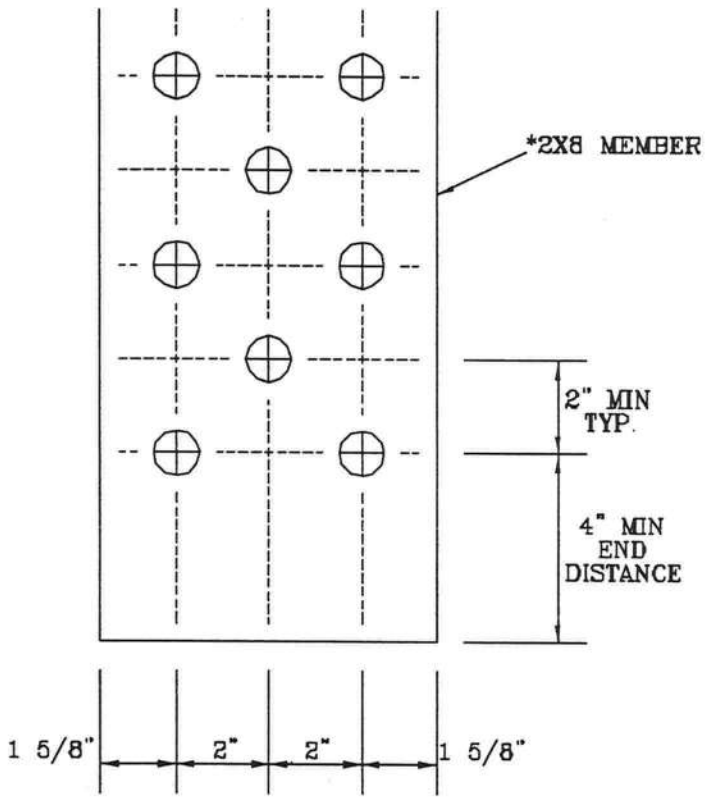
BOLT HOLES SHALL BE A MINIMUM OF 1/32" TO A MAXIMUM OF 1/16" LARGER THAN BOLT DIAMETER.

TYPICAL LOCATION OF 1/2" DIAMETER THRU BOLTS. BOLT QUANTITIES AS NOTED ON SEALED DESIGN MUST BE APPLIED IN ONE OF THE PATTERNS SHOWN BELOW.

WASHERS REQUIRED UNDER BOLT HEAD AND NUT



2X6 DETAIL



2X8 DETAIL

THIS DRAWING REPLACES DRAWING A626.016

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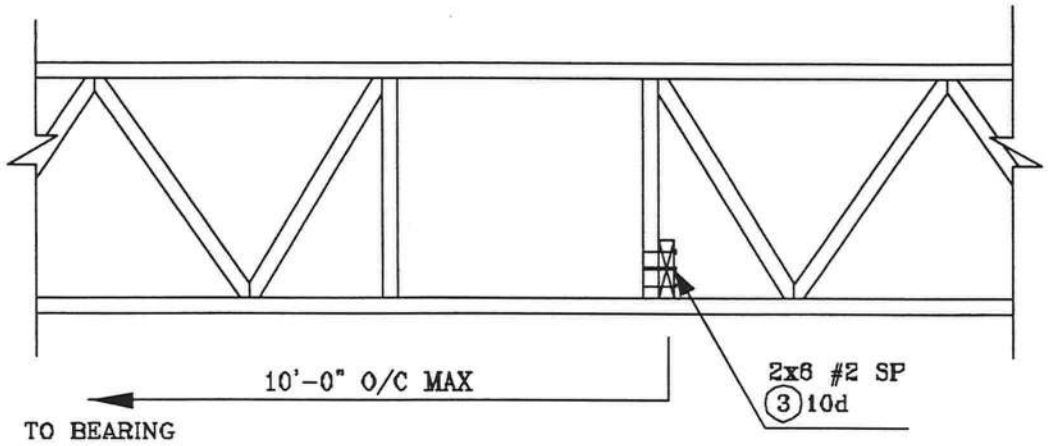
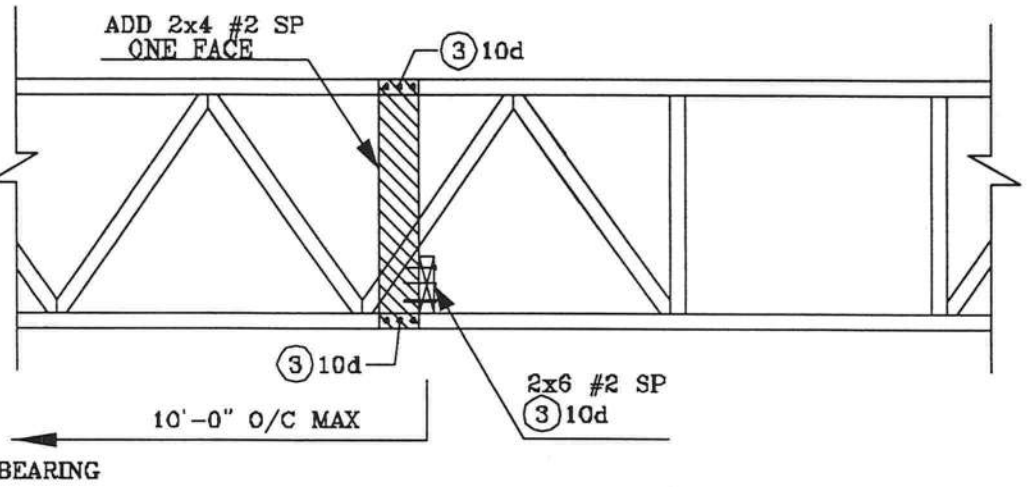
DELRAY BEACH, FL 33444-2161
No: 34869
STATE OF FLORIDA

TC LL	PSF	REF	BOLT SPACING
TC DL	PSF	DATE	11/26/03
BC DL	PSF	DRWG	CNBOLTSP1103
BC LL	PSF	-ENG	JL
TOT. LD.	PSF		
DUR. FAC.			
SPACING			

STRONG BACK DETAIL
SYSTEM-42 OR FLAT TRUSS



ALTERNATE DETAIL FOR
STRONG BACK WITH VERTICAL
NOT LINING UP



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By julius lee at 11:58 am, Jun 11, 2008

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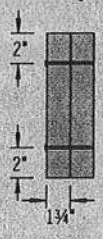
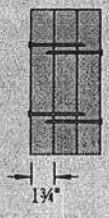
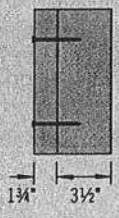
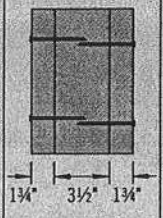
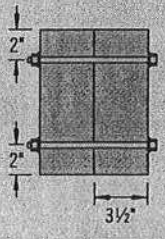
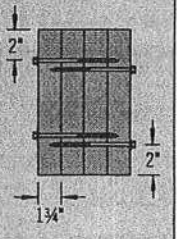
MULTIPLE-MEMBER CONNECTIONS FOR SIDE-LOADED BEAMS

Maximum Uniform Load Applied to Either Outside Member (PLF)

Connector Type	Number of Rows	Connector On-Center Spacing	Connector Pattern					
			Assembly A 	Assembly B 	Assembly C 	Assembly D 	Assembly E 	Assembly F 
			3½" 2-ply	5¼" 3-ply	5¼" 2-ply	7" 3-ply	7" 2-ply	7" 4-ply
10d (0.128" x 3") Nail[1]	2	12"	370	***280***	280	***245***		
	3	12"	555	***415***	415	***370***		
½" A307 Through Bolts[2][4]	2	24"	505	380	520	465	860	340
		19.2"	635	475	655	580	1,075	425
		16"	760	570	785	695	1,290	505
SDS ¼" x 3½"[4]	2	24"	680	***510***	510	***455***		
		19.2"	850	***640***	640	***565***		
		16"	1,020	***765***	765	***680***		
SDS ¼" x 6"[3][4]	2	24"				***455***	***465***	***455***
		19.2"				***565***	***580***	***565***
		16"				***680***	***695***	***680***
USP WS35[4]	2	24"	480	***360***	360	***320***		
		19.2"	600	***450***	450	***400***		
		16"	715	***540***	540	***480***		
USP WS6[3][4]	2	24"				***350***	***525***	***350***
		19.2"				***440***	***660***	***440***
		16"				***525***	***790***	***525***
3⅜" TrussLok[4]	2	24"	635	***475***	475	***425***		
		19.2"	795	***595***	595	***530***		
		16"	955	***715***	715	***635***		
5" TrussLok[4]	2	24"		***500***	500	***445***	***480***	***445***
		19.2"		***625***	625	***555***	***600***	***555***
		16"		***750***	750	***665***	***725***	***665***
6¾" TrussLok[4]	2	24"				445	620	445
		19.2"				555	770	555
		16"				665	925	665

(1) Nailed connection values may be doubled for 6" on-center or tripled for 4" on-center nail spacing.

(2) Washers required. Bolt holes to be 9/16" maximum.

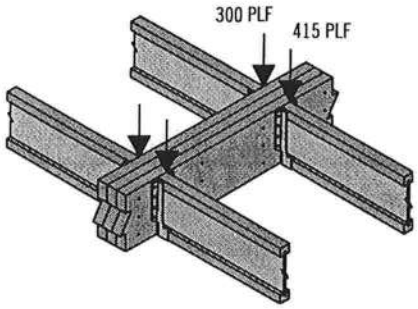
(3) 6" SDS or WS screws can be used with Parallam® PSL and Microllam® LVL, but are not recommended for TimberStrand® LSL.

(4) 24" on-center bolted and screwed connection values may be doubled for 12" on-center spacing.

General Notes

- Connections are based on NDS® 2005 or manufacturer's code report.
- Use specific gravity of 0.5 when designing lateral connections.
- Values listed are for 100% stress level. Increase 15% for snow-loaded roof conditions or 25% for non-snow roof conditions, where code allows.
- ***Bold Italic*** cells indicate **Connector Pattern** must be installed on both sides. Stagger fasteners on opposite side of beam by ½ the required **Connector Spacing**.
- Verify adequacy of beam in allowable load tables on pages 16–33.
- 7" wide beams should be side-loaded only when loads are applied to both sides of the members (to minimize rotation).
- Minimum end distance for bolts and screws is 6".
- Beams wider than 7" require special consideration by the design professional.

Uniform Load Design Example



First, check the allowable load tables on pages 16–33 to verify that three pieces can carry the total load of 715 plf with proper live load deflection criteria. Maximum load applied to either outside member is 415 plf. For a 3-ply 1¾" assembly, two rows of 10d (0.128" x 3") nails at 12" on-center is good for only 280 plf. Therefore, use three rows of 10d (0.128" x 3") nails at 12" on-center (good for 415 plf).

Alternates:
Two rows of ½" bolts or SDS ¼" x 3½" screws at 19.2" on-center.

28157

COLUMBIA COUNTY FIRE RESCUE

P.O. BOX 1529 Lake City, Florida 32056
Office (386) 754-7071 Fax (386) 754-7064

Division Chief
David L. Boozer

13 April 2010

TO: Harry Dicks
Columbia County Building and Zoning

FROM: David L. Boozer
Division Chief / Fire Marshal

RE: Permit #28157
Hendrix Smith and Kirby LLC
152 SE Defender Ave, Lake City, Florida 32025

A Fire Safety Inspection was performed of the above listed facility. This building meets the requirements as set forth in Chapter 22 of the Florida Fire Prevention Code 2007 edition. I recommend Approval.

Should you require any additional information, please feel free to contact my office.

Sincerely,

David L. Boozer

David L. Boozer

CERTIFICATE OF

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 34-3S-17-07081-000 **Building permit No.** 000028157

Use Classification REMODEL/COMM.BLDG **Fire:** 0.00

Permit Holder COASTAL RECONSTRUCTION, INC. **Waste:**

Owner of Building HENDRIX SMITH & KIRBY, LLC **Total:** 0.00

Location: 152 SE DEFENDER AVE., LAKE CITY, FL

Date: 04/13/2010

Harry Dicks

Building Inspector

POST IN A CONSPICUOUS PLACE
(Business Places Only)

COLUMBIA COUNTY FIRE RESCUE

P.O. BOX 1529 Lake City, Florida 32056
Office (386) 754-7071 Fax (386) 754-7064

Division Chief
David L. Boozer

23 October 2009

TO: Harry Dicks
Columbia County Building and Zoning

FROM: David L. Boozer
Division Chief / Fire Marshal

RE: Application # 0910-30 -23- P
Hendrix Smith and Kirby LLC
152 SE Defender Ave, Lake City, Florida 32025

A plans review was performed of the above listed facility. At this time the provided plans met the requirements of Chapter 22 of the Florida Fire Prevention Code 2007 edition. I recommend Approval.

Should you require any additional information, please feel free to contact my office.

Sincerely,

David L. Boozer

28157
28127

10/2/09

. . . Fire Protection by Computer Design

CARIBBEAN FIRE & ASSOCIATES
3856 S.W 30TH AVENUE
SUITE 109
HOLLYWOOD, FL 33312
954-581-9393

Job Name	:	EASTSIDE CARE CENTENR
Building	:	# 1
Location	:	152 SE DEFENDER AVENUE LAKE CITY FLORIDA 32055
System	:	1
Contract	:	
Data File	:	EASTSIDE.WX1

Hydraulic Design Information Sheet

Name - EASTSIDE CARE CENTER LIVING FACILITY Date - 10.01.09
Location - 152 SE DEFENDER AVENUE LAKE CITY FLORIDA 32055
Building - # 1 System No. - 1
Contractor - CARIBBEAN FIRE Contract No. -
Calculated By - CARIBBEAN FIRE Drawing No. - 1
Construction: (X) Combustible ( ) Non-Combustible Ceiling Height - 10
Occupancy - UNUSED ATTIC

SYSTEM DESIGN

(X) NFPA 13 (X) Lt. Haz. Ord.Haz.Gp. ( ) 1 ( ) 2 ( ) 3 ( ) Ex.Haz.
( ) NFPA 231 ( ) NFPA 231C (X) Figure 11.2.3.1.5 Curve LH
Other
Specific Ruling Made By Date

Area of Sprinkler Operation - 1500	System Type	Sprinkler/Nozzle
Density - 0.10	(X) Wet	Make RELIABLE
Area Per Sprinkler - 130	( ) Dry	Model F1FR
Elevation at Highest Outlet - 15'	( ) Deluge	Size 1/2"
Hose Allowance - Inside - 100	( ) Preaction	K-Factor 5.6
Rack Sprinkler Allowance -	( ) Other	Temp.Rat.200
Hose Allowance - Outside -		

Note

Calculation Summary

Flow Required - 291.82 Press Required - 40.30 AT TEST
C-Factor Used: 120 Overhead 140 Underground

WATER SUPPLY

Water Flow Test:	Pump Data:	Tank or Reservoir:
Date of Test -		Cap. -
Time of Test -	Rated Cap.-	Elev.-
Static Press - 60	@ Press -	
Residual Press - 50	Elev. -	Well
Flow - 1100		Proof Flow
Elevation -		

Location -

Source of Information - DROUGHT CONDITION

COMMODITY STORAGE

Commodity Class Location
Storage Ht. Area Aisle W.
Storage Method: Solid Piled % Palletized % Rack

( ) Single Row	( ) Conven. Pallet	( ) Auto. Storage	( ) Encap.
( ) Double Row	( ) Slave Pallet	( ) Solid Shelf	( ) Non
( ) Mult. Row		( ) Open Shelf	

Flue Spacing Clearance:Storage to Ceiling
Longitudinal Transverse

Horizontal Barriers Provided:

Water Supply Curve (C)

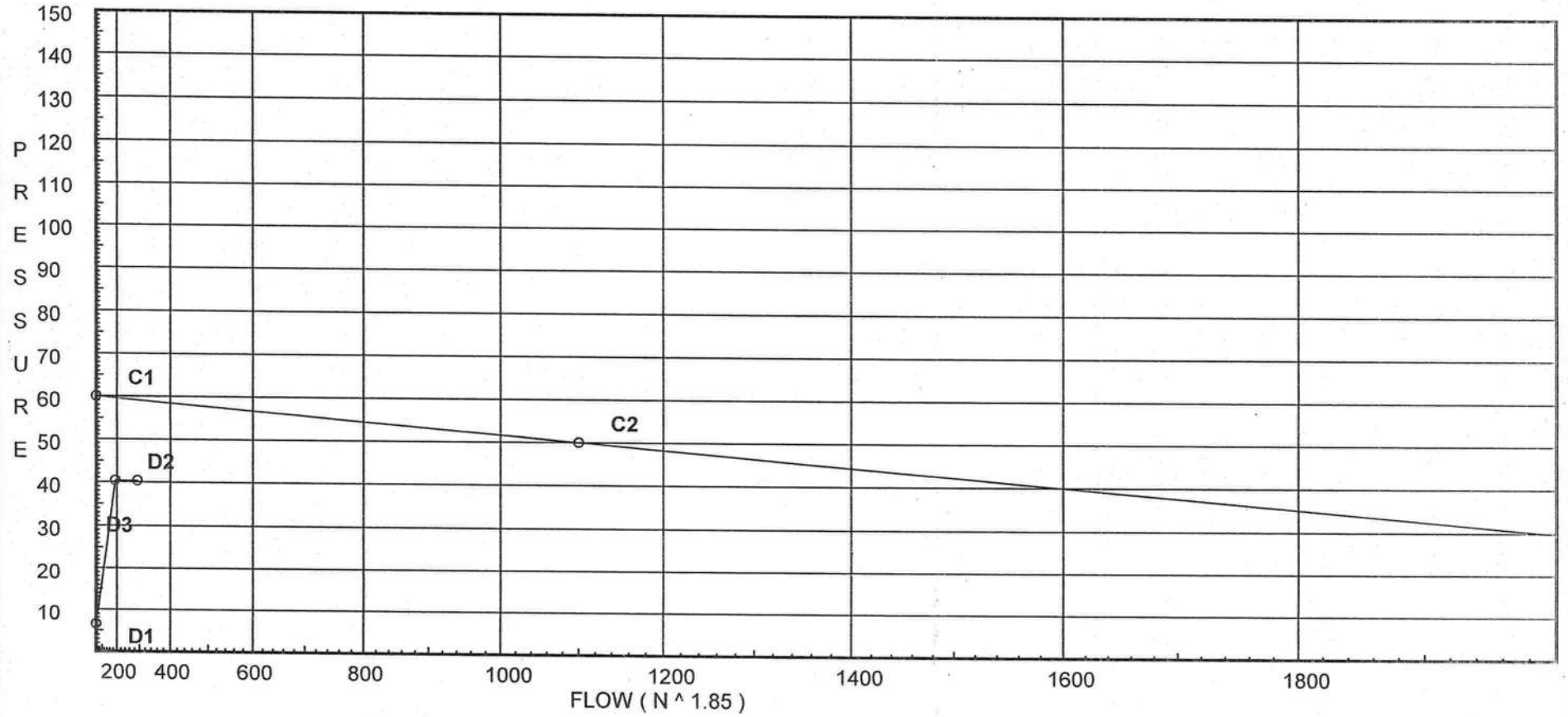
CARIBBEAN FIRE & ASSOCIATES
EASTSIDE CARE CENTENR

Date 100109

City Water Supply:
- C1 - Static Pressure : 60
- C2 - Residual Pressure: 50
- C2 - Residual Flow : 1100

Demand:

D1 - Elevation	:	6.496
D2 - System Flow	:	191.822
D2 - System Pressure	:	40.309
Hose (Adj City)	:	
Hose (Demand)	:	100
D3 - System Demand	:	291.822
Safety Margin	:	18.832



Fittings Used Summary

CARIBBEAN FIRE & ASSOCIATES
EASTSIDE CARE CENTENR

Fitting Legend

Abbrev.	Name	½	¾	1	1¼	1½	2	2½	3	3½	4	5	6	8	10	12	14	16	18	20	24
E	NFPA 13 90' Standard Elbow	1	2	2	3	4	5	6	7	8	10	12	14	18	22	27	35	40	45	50	61
G	NFPA 13 Gate Valve	0	0	0	0	0	1	1	1	1	2	2	3	4	5	6	7	8	10	11	13
T	NFPA 13 90' Flow thru Tee	3	4	5	6	8	10	12	15	17	20	25	30	35	50	60	71	81	91	101	121
Zaf	Ames 3000SS	Fitting generates a Fixed Loss Based on Flow																			

Units Summary

Diameter Units	Inches
Length Units	Feet
Flow Units	US Gallons per Minute
Pressure Units	Pounds per Square Inch

CARIBBEAN FIRE & ASSOCIATES
EASTSIDE CARE CENTENR

Node No.	Elevation	K-Fact	Pt Actual	Pn	Flow Actual	Density	Area	Press Req.
S001	12.0	5.6	8.61	na	16.44	0.1	130	7.0
S002	15.0	5.6	7.0	na	14.82	0.1	130	7.0
S003	12.0	5.6	8.29	na	16.13	0.1	130	7.0
S004	12.0	5.6	9.18	na	16.97	0.1	130	7.0
S005	15.0	5.6	7.21	na	15.04	0.1	130	7.0
S006	12.0	5.6	8.29	na	16.13	0.1	130	7.0
S007	15.0	5.6	7.32	na	15.15	0.1	130	7.0
S008	12.0	5.6	8.38	na	16.22	0.1	130	7.0
S009	15.0	5.6	7.66	na	15.5	0.1	130	7.0
S010	12.0	5.6	8.49	na	16.32	0.1	130	7.0
S011	15.0	5.6	8.35	na	16.18	0.1	130	7.0
S012	12.0	5.6	9.16	na	16.95	0.1	130	7.0
41	11.0		8.96	na				
40	11.0		9.17	na				
39	11.0		9.29	na				
38	11.0		9.63	na				
37	11.0		10.34	na				
36	11.0		8.99	na				
35	11.0		8.99	na				
34	11.0		9.08	na				
33	11.0		9.19	na				
32	11.0		9.88	na				
31	11.0		9.32	na				
30	11.0		9.9	na				
29	11.0		28.52	na				
23	11.0		9.7	na				
24	11.0		9.63	na				
25	11.0		9.63	na				
26	11.0		9.75	na				
27	11.0		10.12	na				
28	11.0		10.87	na				
1	11.0		9.67	na				
17	11.0		9.6	na				
18	11.0		9.6	na				
19	11.0		9.7	na				
20	11.0		10.04	na				
21	11.0		10.79	na				
22	11.0		21.51	na				
9	11.0		21.68	na				
7	11.0		21.74	na				
16	11.0		28.38	na				
2	11.0		9.79	na				
3	11.0		9.88	na				
4	11.0		10.49	na				
8	11.0		21.75	na				
10	11.0		21.66	na				
13	11.0		28.58	na				
14	11.0		28.73	na				
15	11.0		29.73	na				
TOP	11.0		32.75	na				
BOR	0.0		39.76	na				
A	0.0		40.25	na				
TEST	0.0		40.31	na	100.0			

The maximum velocity is 16.84 and it occurs in the pipe between nodes 15 and TOP

Hyd. Ref. Point	Qa Qt	Dia. "C" Pf/Ft	Fitting or Eqv.	Ln.	Pipe Ftng's Total	Pt Pe Pf	Pt Pv Pn	******* Notes ******
S001	16.44	1.049	1E	2.0	1.000	8.615		K Factor = 5.60
to		120.0		0.0	2.000	0.433		
31	16.44	0.0903		0.0	3.000	0.271		Vel = 6.10
	0.0							
	16.44					9.319		K Factor = 5.39
S002	14.82	1.049	1E	2.0	1.000	7.000		K Factor = 5.60
to		120.0		0.0	2.000	1.732		
41	14.82	0.0750		0.0	3.000	0.225		Vel = 5.50
	0.0							
	14.82					8.957		K Factor = 4.95
S003	16.13	1.049	1E	2.0	1.000	8.293		K Factor = 5.60
to		120.0		0.0	2.000	0.433		
36	16.13	0.0873		0.0	3.000	0.262		Vel = 5.99
	0.0							
	16.13					8.988		K Factor = 5.38
S004	16.97	1.049	1E	2.0	1.000	9.180		K Factor = 5.60
to		120.0		0.0	2.000	0.433		
30	16.97	0.0960		0.0	3.000	0.288		Vel = 6.30
	0.0							
	16.97					9.901		K Factor = 5.39
S005	15.04	1.049	1E	2.0	1.000	7.210		K Factor = 5.60
to		120.0		0.0	2.000	1.732		
40	15.04	0.0767		0.0	3.000	0.230		Vel = 5.58
	0.0							
	15.04					9.172		K Factor = 4.97
S006	16.13	1.049	1E	2.0	1.000	8.293		K Factor = 5.60
to		120.0		0.0	2.000	0.433		
35	16.13	0.0877		0.0	3.000	0.263		Vel = 5.99
	0.0							
	16.13					8.989		K Factor = 5.38
S007	15.15	1.049	1E	2.0	1.000	7.320		K Factor = 5.60
to		120.0		0.0	2.000	1.732		
39	15.15	0.0780		0.0	3.000	0.234		Vel = 5.62
	0.0							
	15.15					9.286		K Factor = 4.97
S008	16.22	1.049	1E	2.0	1.000	8.385		K Factor = 5.60
to		120.0		0.0	2.000	0.433		
34	16.22	0.0883		0.0	3.000	0.265		Vel = 6.02
	0.0							
	16.22					9.083		K Factor = 5.38
S009	15.50	1.049	1E	2.0	1.000	7.659		K Factor = 5.60
to		120.0		0.0	2.000	1.732		
38	15.5	0.0813		0.0	3.000	0.244		Vel = 5.75
	0.0							
	15.50					9.635		K Factor = 4.99
S010	16.32	1.049	1E	2.0	1.000	8.491		K Factor = 5.60
to		120.0		0.0	2.000	0.433		
33	16.32	0.0893		0.0	3.000	0.268		Vel = 6.06

CARIBBEAN FIRE & ASSOCIATES
EASTSIDE CARE CENTENR

Hyd. Ref. Point	Qa Qt	Dia. "C" Pf/Ft	Fitting or Eqv.	Ln.	Pipe Ftng's Total	Pt Pe Pf	Pt Pv Pn	******* Notes ******
	0.0							
	16.32					9.192		K Factor = 5.38
S011	16.18	1.049	1E	2.0	1.000	8.346		K Factor = 5.60
to		120.0		0.0	2.000	1.732		
37	16.18	0.0880		0.0	3.000	0.264		Vel = 6.01
	0.0							
	16.18					10.342		K Factor = 5.03
S012	16.95	1.049	1E	2.0	1.000	9.163		K Factor = 5.60
to		120.0		0.0	2.000	0.433		
32	16.95	0.0960		0.0	3.000	0.288		Vel = 6.29
	0.0							
	16.95					9.884		K Factor = 5.39
*P-6								
41	14.82	1.049	1E	2.0	2.000	8.957		
to		120.0	1T	5.0	7.000	0.0		
24	14.82	0.0747		0.0	9.000	0.672		Vel = 5.50
	0.0							
	14.82					9.629		K Factor = 4.78
*P-9								
40	15.04	1.049	1T	5.0	1.000	9.172		
to		120.0		0.0	5.000	0.0		
25	15.04	0.0768		0.0	6.000	0.461		Vel = 5.58
	0.0							
	15.04					9.633		K Factor = 4.85
*P-12								
39	15.15	1.049	1T	5.0	1.000	9.286		
to		120.0		0.0	5.000	0.0		
26	15.15	0.0778		0.0	6.000	0.467		Vel = 5.62
	0.0							
	15.15					9.753		K Factor = 4.85
*P-15								
38	15.50	1.049	1T	5.0	1.000	9.635		
to		120.0		0.0	5.000	0.0		
27	15.5	0.0812		0.0	6.000	0.487		Vel = 5.75
	0.0							
	15.50					10.122		K Factor = 4.87
*P-18								
37	16.18	1.049	1T	5.0	1.000	10.342		
to		120.0		0.0	5.000	0.0		
28	16.18	0.0878		0.0	6.000	0.527		Vel = 6.01
	0.0							
	16.18					10.869		K Factor = 4.91
*P-21								
36	16.13	1.049	1T	5.0	2.000	8.988		
to		120.0		0.0	5.000	0.0		
17	16.13	0.0874		0.0	7.000	0.612		Vel = 5.99

CARIBBEAN FIRE & ASSOCIATES
EASTSIDE CARE CENTENR

Hyd. Ref. Point	Qa Qt	Dia. "C" Pf/Ft	Fitting or Eqv.	Ln.	Pipe Ftng's Total	Pt Pe Pf	Pt Pv Pn	******* Notes ******
	0.0							
	16.13					9.600		K Factor = 5.21
*P-24								
35	16.13	1.049	1T	5.0	2.000	8.989		
to		120.0		0.0	5.000	0.0		
18	16.13	0.0873		0.0	7.000	0.611		Vel = 5.99
	0.0							
	16.13					9.600		K Factor = 5.21
*P-27								
34	16.22	1.049	1T	5.0	2.000	9.083		
to		120.0		0.0	5.000	0.0		
19	16.22	0.0883		0.0	7.000	0.618		Vel = 6.02
	0.0							
	16.22					9.701		K Factor = 5.21
*P-30								
33	16.32	1.049	1E	2.0	2.500	9.192		
to		120.0	1T	5.0	7.000	0.0		
20	16.32	0.0894		0.0	9.500	0.849		Vel = 6.06
	0.0							
	16.32					10.041		K Factor = 5.15
*P-33								
32	16.95	1.049	1E	2.0	2.500	9.884		
to		120.0	1T	5.0	7.000	0.0		
21	16.95	0.0958		0.0	9.500	0.910		Vel = 6.29
	0.0							
	16.95					10.794		K Factor = 5.16
*P-36								
31	16.44	1.049	1T	5.0	1.160	9.319		
to		120.0		0.0	5.000	0.0		
3	16.44	0.0906		0.0	6.160	0.558		Vel = 6.10
	0.0							
	16.44					9.877		K Factor = 5.23
*P-39								
30	16.97	1.049	1T	5.0	1.160	9.901		
to		120.0		0.0	5.000	0.0		
4	16.97	0.0959		0.0	6.160	0.591		Vel = 6.30
	0.0							
	16.97					10.492		K Factor = 5.24
*P-42								
29	-47.05	1.682	2T	19.799	86.660	28.515		
to		120.0		0.0	19.799	0.0		
8	-47.05	-0.0635		0.0	106.459	-6.765		Vel = 6.79
	0.0							
	-47.05					21.750		K Factor = -10.09
*P-45								
23	-11.71	1.682	1T	9.9	4.620	9.699		
to		120.0		0.0	9.900	0.0		
24	-11.71	-0.0048		0.0	14.520	-0.070		Vel = 1.69

CARIBBEAN FIRE & ASSOCIATES
EASTSIDE CARE CENTENR

Hyd. Ref. Point	Qa Qt	Dia. "C" Pf/Ft	Fitting or Eqv.	Ln.	Pipe Ftng's Total	Pt Pe Pf	Pt Pv Pn	******* Notes ******
24	14.82	1.682		0.0	10.000	9.629		
to		120.0		0.0	0.0	0.0		
25	3.11	0.0004		0.0	10.000	0.004		Vel = 0.45
25	15.03	1.682		0.0	11.000	9.633		
to		120.0		0.0	0.0	0.0		
26	18.14	0.0109		0.0	11.000	0.120		Vel = 2.62
26	15.15	1.682		0.0	11.000	9.753		
to		120.0		0.0	0.0	0.0		
27	33.29	0.0335		0.0	11.000	0.369		Vel = 4.81
27	15.50	1.682		0.0	11.000	10.122		
to		120.0		0.0	0.0	0.0		
28	48.79	0.0679		0.0	11.000	0.747		Vel = 7.04
28	16.18	1.682	2E	9.9	73.830	10.869		
to		120.0	1T	9.9	19.800	0.0		
9	64.97	0.1155		0.0	93.630	10.810		Vel = 9.38
	0.0							
	64.97					21.679		K Factor = 13.95
*P-48								
1	-15.78	1.682	1E	4.95	3.660	9.673		
to		120.0		0.0	4.950	0.0		
17	-15.78	-0.0085		0.0	8.610	-0.073		Vel = 2.28
17	16.13	1.682		0.0	11.000	9.600		
to		120.0		0.0	0.0	0.0		
18	0.35	0.0		0.0	11.000	0.0		Vel = 0.05
18	16.12	1.682		0.0	11.000	9.600		
to		120.0		0.0	0.0	0.0		
19	16.47	0.0092		0.0	11.000	0.101		Vel = 2.38
19	16.22	1.682		0.0	10.500	9.701		
to		120.0		0.0	0.0	0.0		
20	32.69	0.0324		0.0	10.500	0.340		Vel = 4.72
20	16.32	1.682		0.0	11.000	10.041		
to		120.0		0.0	0.0	0.0		
21	49.01	0.0685		0.0	11.000	0.753		Vel = 7.08
21	16.95	1.682	3E	14.849	75.410	10.794		
to		120.0		0.0	14.849	0.0		
22	65.96	0.1187		0.0	90.259	10.716		Vel = 9.52
22	0.0	2.157		0.0	4.160	21.510		
to		120.0		0.0	0.0	0.0		
10	65.96	0.0353		0.0	4.160	0.147		Vel = 5.79
	0.0							
	65.96					21.657		K Factor = 14.17
*P-51								
9	48.11	1.682	2T	19.799	86.660	21.679		
to		120.0		0.0	19.799	0.0		
14	48.11	0.0662		0.0	106.459	7.050		Vel = 6.95
	0.0							
	48.11					28.729		K Factor = 8.98

CARIBBEAN FIRE & ASSOCIATES
EASTSIDE CARE CENTENR

Hyd. Ref. Point	Qa Qt	Dia. "C" Pf/Ft	Fitting or Eqv.	Ln.	Pipe Ftng's Total	Pt Pe Pf	Pt Pv Pn	******* Notes ******
*P-54								
7	47.80	1.682	1E	4.95	86.660	21.738		
to		120.0	1T	9.9	14.850	0.0		
16	47.8	0.0654		0.0	101.510	6.642		Vel = 6.90
16	0.0	2.157		0.0	6.910	28.380		
to		120.0		0.0	0.0	0.0		
29	47.8	0.0195		0.0	6.910	0.135		Vel = 4.20
29	47.05	2.157	1T	12.307	5.290	28.515		
to		120.0		0.0	12.307	0.0		
15	94.85	0.0692		0.0	17.597	1.218		Vel = 8.33
	0.0							
	94.85					29.733		K Factor = 17.39
*P-57								
1	15.78	2.157		0.0	10.580	9.673		
to		120.0		0.0	0.0	0.0		
23	15.78	0.0025		0.0	10.580	0.026		Vel = 1.39
23	11.71	2.157	1E	6.153	6.910	9.699		
to		120.0		0.0	6.153	0.0		
2	27.49	0.0070		0.0	13.063	0.092		Vel = 2.41
2	0.0	1.682		0.0	3.660	9.791		
to		120.0		0.0	0.0	0.0		
3	27.49	0.0235		0.0	3.660	0.086		Vel = 3.97
3	16.44	1.682		0.0	11.000	9.877		
to		120.0		0.0	0.0	0.0		
4	43.93	0.0559		0.0	11.000	0.615		Vel = 6.34
4	16.96	1.682	1T	9.9	99.910	10.492		
to		120.0		0.0	9.900	0.0		
7	60.89	0.1024		0.0	109.810	11.246		Vel = 8.79
7	-47.79	2.157		0.0	6.910	21.738		
to		120.0		0.0	0.0	0.0		
8	13.1	0.0017		0.0	6.910	0.012		Vel = 1.15
8	-47.05	2.157		0.0	6.910	21.750		
to		120.0		0.0	0.0	0.0		
9	-33.95	-0.0103		0.0	6.910	-0.071		Vel = 2.98
9	16.86	2.157		0.0	7.500	21.679		
to		120.0		0.0	0.0	0.0		
10	-17.09	-0.0029		0.0	7.500	-0.022		Vel = 1.50
10	65.96	1.682	1E	4.95	86.660	21.657		
to		120.0	1T	9.9	14.850	0.0		
13	48.87	0.0682		0.0	101.510	6.919		Vel = 7.06
13	0.0	2.157		0.0	7.500	28.576		
to		120.0		0.0	0.0	0.0		
14	48.87	0.0204		0.0	7.500	0.153		Vel = 4.29
14	48.11	2.157	1T	12.307	1.620	28.729		
to		120.0		0.0	12.307	0.0		
15	96.98	0.0721		0.0	13.927	1.004		Vel = 8.51
15	94.84	2.157	1E	6.153	5.700	29.733		
to		120.0		0.0	6.153	0.0		
TOP	191.82	0.2548		0.0	11.853	3.020		Vel = 16.84

CARIBBEAN FIRE & ASSOCIATES
EASTSIDE CARE CENTENR

Hyd. Ref. Point	Qa Qt	Dia. "C" Pf/Ft	Fitting or Eqv.	Ln.	Pipe Ftng's Total	Pt Pe Pf	Pt Pv Pn	******* Notes ******
TOP	0.0	4.26	1E	13.167	10.000	32.753		
to		120.0	1G	2.633	15.800	6.764		* Fixed loss = 2
BOR	191.82	0.0093	1Zaf	0.0	25.800	0.239		Vel = 4.32
BOR	0.0	4.26	2E	35.024	36.000	39.756		
to		140.0		0.0	35.024	0.0		
A	191.82	0.0070		0.0	71.024	0.495		Vel = 4.32
A	0.0	8.249	1T	54.673	148.000	40.251		
to		140.0	1G	6.248	60.921	0.0		
TEST	191.82	0.0003		0.0	208.921	0.058		Vel = 1.15
	100.00							Qa = 100.00
	291.82					40.309		K Factor = 45.96

Auto Peaking Summary - List of Pipes for Area Calculated

Left Side			Right Side		
From	To	Length	From	To	Length
28	9	73.830	23	24	4.620
21	22	75.410	1	17	3.660

		Flow Required	Safety Margin	Pressure Differential
Left	11.000	291.886	19.706	-0.874
Area Calculated		291.822	18.832	0.000

Typical Distance Between Heads = 11.000

Split Point Used in Worst Area Peaked = S002