

CK# 3346

Columbia County Building Permit Application

For Office Use Only Application # 1206-2 Date Received 6-1-12 By LH Permit # 1951/30221  
 Zoning Official BK Date 05 JUNE 2012 Flood Zone X Land Use A-3 Zoning PRRD  
 FEMA Map # N/A Elevation N/A MFE 85.0' River N/A Plans Examiner T.C. Date 6-4-12  
 Comments Elevation Confirmation Letter Request at Slab  
☐ NOC ☒ EH ☒ Deed or PA ☒ Site Plan ☒ State Road Info ☒ Well letter ☐ 911 Sheet ☐ Parent Parcel #  
☐ Dev Permit # ☐ In Floodway ☐ Letter of Auth. from Contractor ☐ F W Comp. letter  
 IMPACT FEES: EMS \_\_\_\_\_ Fire \_\_\_\_\_ Corr \_\_\_\_\_ ☒ Sub VF Form ok  
 Road/Code \_\_\_\_\_ School \_\_\_\_\_ = TOTAL (Suspended) ☐ Ellisville Water ☒ App Fee Paid

Septic Permit No. 12-0275 Fax 758-8920

Name Authorized Person Signing Permit Bryan Zeher Phone 752-8653

Address PO Box 815 Lake City, FL 32056

Owners Name Jim / Celeste Garrison Phone 478-737-6926

911 Address 1047 SW Mandibon Dr Lake City, FL 32024

Contractors Name Bryan Zeher Phone 752-8653

Address PO Box 815 Lake City, FL 32056

Fee Simple Owner Name & Address \_\_\_\_\_

Bonding Co. Name & Address \_\_\_\_\_

Architect/Engineer Name & Address Abd Jones / Mark Disney PO Box 868 Lake City, FL 32056

Mortgage Lenders Name & Address Alarion Bank, Lake City, FL Gainesville

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

Property ID Number 18-55-17-09280-135 Estimated Cost of Construction 257,000

Subdivision Name The Oaks of Lake City Lot 35 Block \_\_\_\_\_ Unit \_\_\_\_\_ Phase 1

Driving Directions 441 S, T/R on CR 131, go 7 miles, T/R into 2nd Oaks entrance, Mandibon, 3rd home on right

Number of Existing Dwellings on Property 0

Construction of New Home Total Acreage 1 Lot Size \_\_\_\_\_

Do you need a - Culvert Permit or Culvert Waiver or Have an Existing Drive Total Building Height 22'

Actual Distance of Structure from Property Lines - Front 50 Side 45 Side 50 Rear 152

Number of Stories 1 Heated Floor Area 2492 Total Floor Area 3467 Roof Pitch 6/12

Application is hereby made to obtain a permit to do work and installations as indicated. I certify that no work or installation has commenced prior to the issuance of a permit and that all work be performed to meet the standards of all laws regulating construction in this jurisdiction. **CODE: Florida Building Code 2010 and the 2008 National Electrical Code.**

- Spoke to Brian 6-6-12



COLUMBIA COUNTY BUILDING DEPARTMENT  
RESIDENTIAL CHECK LIST

MINIMUM PLAN REQUIREMENTS: FLORIDA BUILDING CODE RESIDENTIAL 2010 EFFECTIVE 15 MARCH 2012 AND THE NATIONAL ELECTRICAL 2008 EFFECTIVE 1 OCTOBER 2009

ALL REQUIREMENTS ARE SUBJECT TO CHANGE

**ALL BUILDING PLANS MUST INDICATE COMPLIANCE WITH THE CURRENT 2010 FLORIDA BUILDING CODES RESIDENTIAL, EFFECTIVE 15 MARCH 2012. NATIONAL ELECTRICAL CODE 2008 EFFECTIVE 1 OCTOBER 2009. ALL PLANS OR DRAWINGS SHALL PROVIDE CALCULATIONS AND DETAILS THAT HAVE THE SEAL AND SIGNATURE OF A CERTIFIED ARCHITECT OR ENGINEER REGISTERED IN THE STATE OF FLORIDA, OR ALTERNATE METHODOLOGIES, APPROVED BY THE STATE OF FLORIDA BUILDING COMMISSION FOR ONE-AND-TWO FAMILY DWELLINGS.**

**FOR DESIGN PURPOSES THE FOLLOWING BASIC WIND SPEEDS ARE PER FLORIDA BUILDING CODE FIGURE 1609-A THROUGH 1609-C ULTIMATE DESIGN WIND SPEEDS FOR RISK CATEGORY AND BUILDINGS AND OTHER STRUCTURES**

GENERAL REQUIREMENTS: APPLICANT – PLEASE CHECK ALL APPLICABLE BOXES BEFORE SUBMITTAL			Items to Include- Each Box shall be Circled as Applicable		
			Yes	No	N/A
1	Two (2) complete sets of plans containing the following:		<input checked="" type="checkbox"/>		
2	All drawings must be clear, concise, drawn to scale, details that are not used shall be marked void		<input checked="" type="checkbox"/>		
3	Condition space (Sq. Ft.) <u>2492</u>	Total (Sq. Ft.) under roof <u>3467</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

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

**Site Plan information including:**

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

**Wind-load Engineering Summary, calculations and any details are required.**



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

### Elevations Drawing including:

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

### Floor Plan including:

20	Dimensioned area plan showing rooms, attached garage, breeze ways, covered porches, deck, balconies	✓		
21	Raised floor surfaces located more than 30 inches above the floor or grade	✓		
22	All exterior and interior shear walls indicated	✓		
23	Shear wall opening shown (Windows, Doors and Garage doors)	✓		
24	Show compliance with Section FBCR 310 Emergency escape and rescue opening shown in each bedroom (net clear opening shown) and Show compliance with Section FBC 1405.13.2 where the opening of an operable window is located more than 72 inches above the finished grade or surface below, the lowest part of the clear opening of the window shall be a minimum of 24 inches above the finished floor of the room in which the window is located. Glazing between the floor and 24 inches shall be fixed or have openings through which a 4-inch-diameter sphere cannot pass.	✓		
25	Safety glazing of glass where needed	✓		
26	Fireplaces types (gas appliance) (vented or non-vented) or wood burning with Hearth (see chapter 10 and chapter 24 of FBCR)			✓
27	Show stairs with dimensions (width, tread and riser and total run) details of guardrails, Handrails			✓
28	Identify accessibility of bathroom (see FBCR SECTION 320)	✓		

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

GENERAL REQUIREMENTS: APPLICANT – PLEASE CHECK ALL APPLICABLE BOXES BEFORE SUBMITTAL		Items to Include- Each Box shall be Circled as Applicable		
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### **FBCR 403: Foundation Plans**

		YES	NO	N/A
29	Location of all load-bearing walls footings indicated as standard, monolithic, dimensions, size and type of reinforcing.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30	All posts and/or column footing including size and reinforcing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31	Any special support required by soil analysis such as piling.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32	Assumed load-bearing value of soil <u>1000</u> Pound Per Square Foot	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33	Location of horizontal and vertical steel, for foundation or walls (include # size and type) For structures with foundation which establish new electrical utility companies service connection a Concrete Encased Electrode will be required within the foundation to serve as an grounding electrode system. Per the National Electrical Code article 250.52.3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### **FBCR 506: CONCRETE SLAB ON GRADE**

34	Show Vapor retarder (6mil. Polyethylene with joints lapped 6 inches and sealed)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35	Show control joints, synthetic fiber reinforcement or welded fire fabric reinforcement and Supports	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### **FBCR 318: PROTECTION AGAINST TERMITES**

36	Indicate on the foundation plan if soil treatment is used for subterranean termite prevention or Submit other approved termite protection methods. <b>Protection shall be provided by registered termiticides</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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### **FBCR 606: Masonry Walls and Stem walls (load bearing & shear Walls)**

37	Show all materials making up walls, wall height, and Block size, mortar type	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
38	Show all Lintel sizes, type, spans and tie-beam sizes and spacing of reinforcement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

### **Floor Framing System: First and/or second story**

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



49	Show Draftstopping, Fire caulking and Fire blocking			✓
50	Show fireproofing requirements for garages attached to living spaces, per FBCR section 302.6			✓
51	Provide live and dead load rating of floor framing systems (psf).			✓

### **FBCR CHAPTER 6 WOOD WALL FRAMING CONSTRUCTION**

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

### **FBCR :ROOF SYSTEMS:**

60	Truss design drawing shall meet section FBCR 802.1.6.1 Wood trusses	✓		
61	Include a layout and truss details, signed and sealed by Florida Professional Engineer	✓		
62	Show types of connector's assemblies' and resistance uplift rating for all trusses and rafters	✓		
63	Show gable ends with rake beams showing reinforcement or gable truss and wall bracing details	✓		
64	Provide dead load rating of trusses	✓		

### **FBCR 802:Conventional Roof Framing Layout**

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

### **FBCR 803 ROOF SHEATHING**

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

### **ROOF ASSEMBLIES FRC Chapter 9**

71	Include all materials which will make up the roof assembles covering	✓		
72	Submit Florida Product Approval numbers for each component of the roof assembles covering	✓		

## **FBCR Chapter 11 Energy Efficiency Code for residential building**

Residential construction shall comply with this code by using the following compliance methods in the FBCR chapter 11 Residential buildings compliance methods. **Two of the required forms are to be submitted, N1100.1.1.1 As an alternative to the computerized Compliance Method A, the Alternate Residential Point System Method hand calculation, Alternate Form 600A, may be used. All requirements specific to this calculation are located in Sub appendix C to Appendix G. Buildings complying by this alternative shall meet all mandatory requirements of this chapter. Computerized versions of the Alternate Residential Point System Method shall not be acceptable for code compliance.**

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

### **HVAC information**

77	Submit two copies of a Manual J sizing equipment or equivalent computation study	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
78	Exhaust fans shown in bathrooms <b>Mechanical exhaust capacity of 50 cfm intermittent or 20 cfm continuous required</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
79	Show clothes dryer route and total run of exhaust duct	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### **Plumbing Fixture layout shown**

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

### **Private Potable Water**

82	Pump motor horse power	1.5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
83	Reservoir pressure tank gallon capacity		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
84	Rating of cycle stop valve if used		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### **Electrical layout shown including**

85	Show Switches, receptacles outlets, lighting fixtures and Ceiling fans	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
86	Show all 120-volt, single phase, 15- and 20-ampere branch circuits outlets required to be protected by <b>Ground-Fault Circuit Interrupter (GFCI) Article 210.8 A</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
87	Show the location of smoke detectors & Carbon monoxide detectors	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
88	Show service panel, sub-panel, location(s) and total ampere ratings	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
89	On the electrical plans identify the electrical service overcurrent protection device for the main electrical service. This device shall be installed on the exterior of structures to serve as a disconnecting means for the utility company electrical service. Conductors used from the exterior disconnecting means to a panel or sub panel shall have four-wire conductors, of which one conductor shall be used as an equipment ground. Indicate if the utility company service entrance cable will be of the overhead or underground type.  <b>For structures with foundation which establish new electrical utility companies service connection a Concrete Encased Electrode will be required within the foundation to serve as an Grounding electrode system. Per the National Electrical Code article 250.52.3</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



90	Appliances and HVAC equipment and disconnects	✓		
91	Show all 120-volt, single phase, 15- and 20-ampere branch circuits supplying outlets installed in dwelling unit family rooms, dining rooms, living rooms, parlors, libraries, dens, bedrooms, sunrooms, recreation rooms, closets, hallways, or similar rooms or areas shall be protected by a listed <b>Combination arc-fault circuit interrupter</b> , Protection device.	✓		

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

**Notice Of Commencement**

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

<p align="center"><b>GENERAL REQUIREMENTS:</b>  APPLICANT – PLEASE CHECK ALL APPLICABLE BOXES BEFORE SUBMITTAL</p>	<p align="center">Items to Include-  Each Box shall be  Circled as  Applicable</p>
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**THE FOLLOWING ITEMS MUST BE SUBMITTED WITH BUILDING PLANS**

		YES	NO	N/A
92	<b>Building Permit Application</b> A current On-Line Building Permit Application <a href="http://www.ccpermit.com">www.ccpermit.com</a> is to be completed, by following the Checklist all supporting documents must be submitted. There is a <b>\$15.00</b> application fee.	✓		
93	<b>Parcel Number</b> The parcel number (Tax ID number) from the Property Appraisers Office (386) 758-1083 is required. A copy of property deed is also requested. <a href="http://www.columbiacountyfla.com">www.columbiacountyfla.com</a>	✓		
94	<b>Environmental Health Permit or Sewer Tap Approval</b> A copy of a approved Columbia County Environmental Health (386) 758-1058	✓		
95	<b>City of Lake City</b> A permit showing an approved waste water sewer tap 386-752-2031			✓
96	<b>Toilet facilities shall be provided for all construction sites</b>	✓		
97	<b>Town of Fort White</b> (386) 497-2321 If the parcel in the application for building permit is within the Corporate city limits of Fort White, an approval land use development letter issued by the Town of Fort is required to be submitted with the application for a building permit.			✓
98	<b>Flood Information:</b> All projects within the Floodway of the Suwannee or Santa Fe Rivers shall require permitting through the Suwannee River Water Management District, before submitting a application to this office. Any project located within a flood zone where the base flood elevation (100 year flood) has been established shall meet the requirements of Section 8.5.2 of the Columbia County Land Development Regulations. Any project located within a flood zone where the base flood elevation has not been established (Zone A) shall meet the requirements of Section 8.5.3 of the Columbia County Land Development Regulations			✓
99	<b>CERTIFIED FINISHED FLOOR ELEVATIONS</b> will be required on any project where the approved FIRM Flood Maps show the property is in a AE, Floodway, and AH flood zones. Additionally One Foot Rise letters are required for AE and AH zones. In the Floodway Flood zones a Zero Rise letter is required.			✓
100	A Flood development permit is also required for AE, Floodway & AH. Development permit cost is <b>\$50.00</b>	✓		
101	<b>Driveway Connection:</b> If the property does not have an existing access to a public road, then an application for a culvert permit ( <b>\$25.00</b> ) must be made. County Public Works Dept. determines the size and length of every culvert before instillation and completes a final inspection before permanent power is granted. If the applicant feels that a culvert is not needed, they may apply for a culvert waiver ( <b>\$50.00</b> ) Separate Check when issued. If the project is to be located on an F.D.O.T. maintained road, then an F.D.O.T. access permit is required.		✓	
102	<b>911 Address:</b> An application for a 911 address must be applied for and <b>received</b> through the Columbia County Emergency Management Office of 911 Addressing Department (386) 758-1125 Ext. 3	✓		

Prepared by:  
Elaine R. Davis  
American Title Services of Lake City, Inc.  
321 SW Main Boulevard, Suite 105  
Lake City, Florida 32025

File Number: 12-134

Inst: 201212006187 Date: 4/24/2012 Time: 11:07 AM  
Public Stamp-Deed: 175.00  
DC, P. DeWitt Cason, Columbia County Page 1 of 1 B: 1233 P: 1343

## WARRANTY DEED

Made this April 23rd 2012 A.D.

By **WILLIAM E. GAILEY, SR.**, whose address is: 4618 Oak Hammock Court, Ponce Inlet, Florida 32127, hereinafter called the grantor,

to **JAMES H. GARRISON and CELESTE G. GARRISON, husband and wife**, whose post office address is: 6109 Churchside Drive, Lithia, Florida 33547, hereinafter called the grantee:

(Whenever used herein the term "grantor" and "grantee" include all the parties to this instrument and the heirs, legal representatives and assigns of individuals, and the successors and assigns of corporations)

**Witnesseth**, that the grantor, for and in consideration of the sum of Ten Dollars, (\$10.00) and other valuable considerations, receipt whereof is hereby acknowledged, hereby grants, bargains, sells, aliens, remises, releases, conveys and confirms unto the grantee, all that certain land situate in Columbia County, Florida, viz:

**LOT 35, OAKES OF LAKE CITY PHASE 1**, a subdivision according to the Plat thereof as recorded in Plat Book 9 pages 46 - 52, Public Records of **COLUMBIA COUNTY, FLORIDA**.

Said property is not the homestead of the Grantor under the laws and constitution of the State of Florida in that neither Grantor or any members of the household reside thereon

Parcel ID Number: 09280-135

**Together** with all the tenements, hereditaments and appurtenances thereto belonging or in anywise appertaining.

**To Have and to Hold**, the same in fee simple forever.

**And** the grantor hereby covenants with said grantee that the grantor is lawfully seized of said land in fee simple; that the grantor has good right and lawful authority to sell and convey said land; that the grantor hereby fully warrants the title to said land and will defend the same against the lawful claims of all persons whomsoever; and that said land is free of all encumbrances except taxes accruing subsequent to December 31, 2011.

**In Witness Whereof**, the said grantor has signed and sealed these presents the day and year first above written.

Signed, sealed and delivered in our presence:

Raymond M. DuBois  
Witness Printed Name Raymond M. DuBois

Catherine A. Maza  
Witness Printed Name Catherine A. Maza

State of **FLORIDA**

County of Volusia

William E. Gailey Sr. (Seal)  
**WILLIAM E. GAILEY, SR.**  
Address: 4618 Oak Hammock Court, Ponce Inlet, Florida 32127

(Seal)



The foregoing instrument was acknowledged before me this 13 day of April, 2012, by **WILLIAM E. GAILEY, SR.**, who is/are personally known to me or who has produced Drivers License as identification.

Caroline Harapas  
Notary Public  
Print Name: CAROLINE HARAPAS  
My Commission Expires: DEC 23 2013



## COLUMBIA COUNTY 9-1-1 ADDRESSING

P. O. Box 1787, Lake City, FL 32056-1787

PHONE: (386) 758-1125 \* FAX: (386) 758-1365 \* Email: ron\_croft@columbiacountyfla.com

### Addressing Maintenance

To maintain the Countywide Addressing Policy you must make application for a 9-1-1 Address at the time you apply for a building permit. The established standards for assigning and posting numbers to all principal buildings, dwellings, businesses and industries are contained in Columbia County Ordinance 2001-9. The addressing system is to enable Emergency Service Agencies to locate you in an emergency, and to assist the United States Postal Service and the public in the timely and efficient provision of services to residents and businesses of Columbia County.

DATE REQUESTED: 4/26/2012      DATE ISSUED: 5/3/2012

#### ENHANCED 9-1-1 ADDRESS:

1047      SW      MANDIBA      DR  
LAKE CITY      FL      32024

#### PROPERTY APPRAISER PARCEL NUMBER:

18-5S-17-09280-135

#### Remarks:

ADDRESS FOR PROPOSED STRUCTURE ON PARCEL.

Address Issued By: SIGNED: / RONAL N. CROFT  
Columbia County 9-1-1 Addressing / GIS Department

**NOTICE: THIS ADDRESS WAS ISSUED BASED ON LOCATION  
INFORMATION RECEIVED FROM THE REQUESTER. SHOULD,  
AT A LATER DATE, THE LOCATION INFORMATION BE FOUND  
TO BE IN ERROR, THIS ADDRESS IS SUBJECT TO CHANGE.**

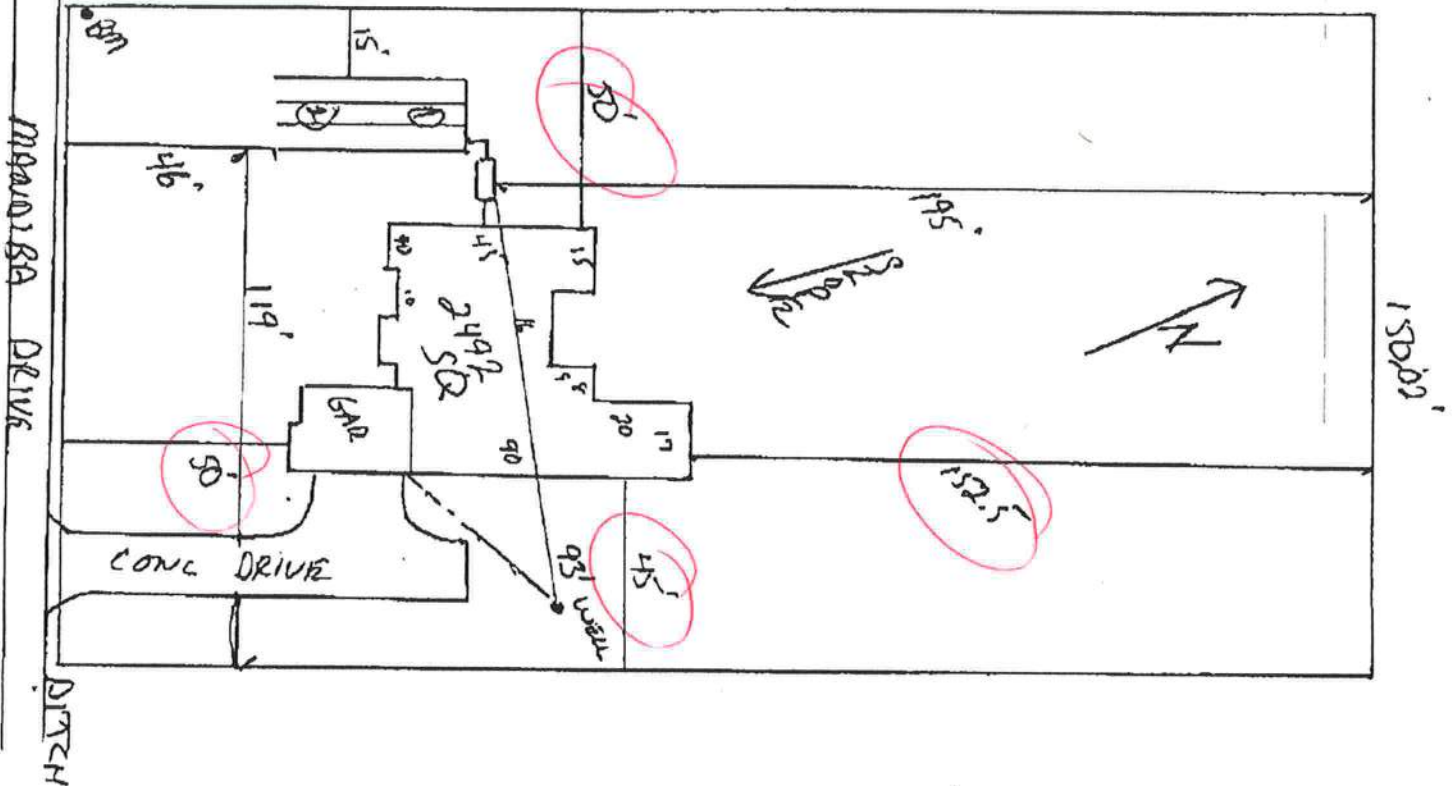
STATE OF FLORIDA  
DEPARTMENT OF HEALTH  
APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permit Application Number 12-0225

GARRISON

PART II - SITEPLAN

Scale: 1 inch = 40 feet.



Notes:

Site Plan submitted by: [Signature]

MASTER CONTRACTOR

Plan Approved [Signature]

Not Approved

Date 5/30/12

By [Signature]

Columbia

County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

[Signature]



Water Wells  
Pumps & Service

Phone: (386) 752-6677  
Fax: (386) 752-1477

## ***Lynch Well Drilling, Inc.***

173 SW Young Place  
Lake City, FL 32025

June 1, 2012

To Whom It May Concern:

As required by building code regulations for Columbia County in order that a building permit can be issued, the following well information is provided with regard to the well for Bryan Zecher Construction (Garrison) The Oaks lot 35.

Size of Pump Motor:	1 1/2 HP 20 gallons per min.
Size of Pressure Tank:	86 -Gallon Bladder Tank - 26.4 Draw down
Cycle Stop Valve Used:	No
Constant Pressure System:	No

Should you require any additional information, please contact us.

Sincerely,



Linda Newcomb  
Lynch Well Drilling, Inc.

**Columbia County Building Department  
Culvert Permit**

**Culvert Permit No.**  
**000001951**

DATE 06/12/2012 PARCEL ID # 18-5S-17-09280-135

APPLICANT BRYAN ZECHER PHONE 386.752.8653

ADDRESS POB 815 LAKE CITY FL 32056

OWNER JIM & CELESTE GARRISON PHONE 386.752.8653

ADDRESS POB 815 LAKE CITY FL 32056

CONTRACTOR BRYAN ZECHER PHONE 386.752.8653

LOCATION OF PROPERTY 441-S TO C-131, TR GO 7 MILES OUT TO 2ND ENTRANCE @ THE OAKS TO MANDIBA  
AND IT'S THE 3RD PLACE ON R.

SUBDIVISION/LOT/BLOCK/PHASE/UNIT THE OAK OF LAKE CTY 35 1

**INSTALLATION INFORMATION**

SIGNATURE 

- (A) A culvert shall be required to be installed as part of any newly constructed private driveway or road, or public road, which connects to a county road in Columbia County. Culvert installation for residential use shall require a permit issued by the Building and Zoning Department. Prior to any culvert permit being issued, an inspection by the Public Works Department shall be required to determine the proper size, length, and location for installation. Culvert installation for commercial, industrial, and other uses shall conform to the approved site plan or to the specifications of a registered engineer. Joint use culverts will comply with Florida Department of Transportation specifications.
- (B) The culvert shall comply and be installed in accordance with Columbia County Land Development Regulation, Access Control: Section 4.2.3 standards. Proper installation of the culvert shall be verified by a final inspection performed by the Public Works Department.
- (C) All culverts required by this policy shall be installed prior to the Building Department granting permission to connect permanent electrical service to the facility or facilities being serviced by newly constructed private driveway or road. In cases where no electrical service exists, installation shall be completed prior to final inspection approval.
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(1) When the culvert is to be placed giving access to a paved street; (2) When the road is contained within a subdivision (recorded or unrecorded) that has not reached a "build out" of fifty percent (50%) or more; (3) In all new subdivisions for residential use. New subdivisions shall be required as part of the final plat to specify culvert diameter and length; (4) When the predominant use already established by the use of mitered-end culverts period.

☐ Culvert installation shall conform to the approved site plan standards.

☐ Department of Transportation Permit installation approved standards.

☒ Shall conform to Public Works Determinations as Stated Below:

18" x 32' foot long with mitered ends  
poured concrete

P W Inspectors Name: James Durrance

Date: 6-20-12

Final Inspection Date: \_\_\_\_\_

P W Inspectors Name: \_\_\_\_\_

Signature: \_\_\_\_\_

**CONTACT FOR REQUIREMENTS AND INSPECTIONS:**

**PUBLIC WORKS DEPARTMENT**

Phone: 386-758-1019

Amount Paid 25.00

Check No. 3346

**All Proper Safety Requirements Should Be Followed During The Installation Of The Culvert**



## SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER 1206-02 CONTRACTOR Bryan Zecher PHONE 752-8653  
 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.

<b>ELECTRICAL</b> 76	Print Name <u>Marc Matthews</u> License #: <u>ER-0014352</u>	Signature <u>[Signature]</u> Phone #: <u>386-344-2029</u>
<b>MECHANICAL/A/C</b> A	Print Name <u>Glen Jones A/C</u> License #: <u>CACOS1486</u>	Signature <u>[Signature]</u> Phone #: <u>386-752-5389</u>
<b>PLUMBING/GAS</b>	Print Name <u>Wolf Plumbing</u> License #:	Signature _____ Phone #:
<b>ROOFING</b>	Print Name <u>Mac Johnson Roofing</u> License #:	Signature _____ Phone #:
<b>SHEET METAL</b>	Print Name <u>N/A</u> License #:	Signature _____ Phone #:
<b>FIRE SYSTEM/SPRINKLER</b>	Print Name <u>N/A</u> License #:	Signature _____ Phone #:
<b>SOLAR</b>	Print Name <u>N/A</u> License #:	Signature _____ Phone #:

Specialty License	License Number	Sub-Contractors Printed Name	Sub-Contractors Signature
MASON	287	<del>N/A</del>	
CONCRETE FINISHER		Daryl Spradley	
FRAMING	001141	Jeff Nichols	[Signature]
INSULATION	000240	Will Sikes	[Signature]
STUCCO		N/A	
DRYWALL	000345	Wade Heitzman	[Signature]
PLASTER		N/A	
CABINET INSTALLER	CBCOS4575	Bryan Zecher	[Signature]
PAINTING	000330	Bobby Touchton	[Signature]
ACOUSTICAL CEILING		N/A	
GLASS		N/A	
CERAMIC TILE	853 CBCOS4575	Bryan Zecher	[Signature]
FLOOR COVERING	853 "	"	[Signature]
ALUM/VINYL SIDING	CC000166	Mike Nickelson	[Signature]
GARAGE DOOR		DD Garage Door	
METAL BLDG ERECTOR		N/A	

**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.



**SUBCONTRACTOR VERIFICATION FORM**

APPLICATION NUMBER \_\_\_\_\_ CONTRACTOR Bryan Zecher PHONE 752-8653  
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<b>ELECTRICAL</b>	Print Name <u>marc matthews</u>	Signature <u>[Signature]</u>
	License #: <u>ER-0014352</u>	Phone #: <u>344-2029</u>
<b>MECHANICAL/A/C</b>	Print Name <u><del>Louis Weeks/Clean</del></u>	Signature <u><del>[Signature]</del></u>
	License #: <u><del>CAC 051486</del></u>	Phone #: <u><del>752-5581</del></u>
<b>PLUMBING/GAS</b>	Print Name <u><del>Book Boyette</del></u>	Signature <u><del>[Signature]</del></u>
	License #: <u><del>CFC 21540</del></u>	Phone #: <u><del>(352) 252-086</del></u>
<b>ROOFING</b>	Print Name <u>Mac Johnson</u>	Signature <u>(see attached)</u>
	License #: <u>RC0061384</u>	Phone #: <u>352-472-4943</u>
<b>SHEET METAL</b>	Print Name <u>N/A</u>	Signature _____
	License #: _____	Phone #: _____
<b>FIRE SYSTEM/SPRINKLER</b>	Print Name <u>N/A</u>	Signature _____
	License #: _____	Phone #: _____
<b>SOLAR</b>	Print Name <u>N/A</u>	Signature _____
	License #: _____	Phone #: _____

Specialty License	License Number	Sub-Contractors Printed Name	Sub-Contractors Signature
MASON	<del>000087</del>	<del>Kenneth London</del>	<del>[Signature]</del>
CONCRETE FINISHER	00063	Darrell Spradley	[Signature]
FRAMING	CBC054575	Bryan Zecher	
INSULATION	00240	Will Sykes	
STUCCO		N/A	
DRYWALL	<del>000086</del>	<del>Joe Maddox</del>	<del>[Signature]</del>
PLASTER		N/A	
CABINET INSTALLER	CBC054575	Bryan Zecher	
PAINTING	000330	Bobby Touchton	[Signature]
ACOUSTICAL CEILING		N/A	
GLASS		N/A	
CERAMIC TILE	<del>000188</del>	<del>Ron Humphrey</del>	<del>[Signature]</del>
FLOOR COVERING	<del>010</del>	<del>Mark Vancie</del>	<del>[Signature]</del>
ALUM/VINYL SIDING	000166	Mike Nicholson	
GARAGE DOOR	<del>542138106</del>	<del>Richard Horne</del>	
METAL BLDG ERECTOR			

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



11/22/2011 12:09 3867588920

## SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER \_\_\_\_\_ CONTRACTOR \_\_\_\_\_ PHONE \_\_\_\_\_  
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ELECTRICAL	Print Name: <u>Marc Matthews</u> License #: <u>CC-0014352</u>	Signature: <u>[Signature]</u> Phone #: <u>344-2029</u>
MECHANICAL/ A/C <input checked="" type="checkbox"/>	Print Name: <u>Glenn Jones</u> License #: <u>CAC-051486</u>	Signature: <u>[Signature]</u> Phone #: <u>867-0424</u>
PLUMBING/ GAS	Print Name: <u>Walter Plumbing</u> License #: <u>CC-051621</u>	Signature: <u>[Signature]</u> Phone #: <u>623-7148</u>
ROOFING <u>187</u>	Print Name: <u>Mac Johnson</u> License #: <u>CC-0061384</u>	Signature: <u>[Signature]</u> Phone #: <u>352-472-4943</u>
SHEET METAL	Print Name: <u>N/A</u> License #: _____	Signature: _____ Phone #: _____
FIRE SYSTEM/ SPRINKLER	Print Name: <u>N/A</u> License #: _____	Signature: _____ Phone #: _____
SOLAR	Print Name: <u>N/A</u> License #: _____	Signature: _____ Phone #: _____

Specialty License	License Number	Sub-Contractors Printed Name	Sub-Contractors Signature
MASON			
CONCRETE FINISHER			
FRAMING			
INSULATION	<u>000240</u>	<u>Sykes Insulation (365-1404)</u>	
STUCCO	<u>0256</u>	<u>Ron David (623-0517)</u>	
DRYWALL	<u>000345</u>	<u>Kim Heitman (365-0163)</u>	
PLASTER	<u>N/A</u>		
CABINET INSTALLER			
PAINTING	<u>000330</u>	<u>Bobby Touchton (466-4686)</u>	<u>[Signature]</u>
ACOUSTICAL CEILING	<u>N/A</u>		
GLASS	<u>N/A</u>		
CERAMIC TILE			
FLOOR COVERING			
ALUM/VINYL SIDING	<u>000166</u>	<u>Mike Nicholson (623-2376)</u>	<u>[Signature]</u>
GARAGE DOOR	<u>000000</u>	<u>D &amp; D Garage Drs (Karr)</u>	<u>[Signature]</u>
METAL BLDG ERECTOR	<u>N/A</u>		

**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.

Contractor Form: Subcontractor Form: 0/09



## SUBCONTRACTOR VERIFICATION FORM

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<b>ELECTRICAL</b>	Print Name <u>Marc Matthews</u> License #: <u>ER 0014352</u>	Signature <u>[Signature]</u> Phone #: <u>386-344-2029</u>
<b>MECHANICAL/ A/C</b>	Print Name <u>Glenn Jones AC</u> License #:	Signature <u>[Signature]</u> Phone #: <u>752 5389</u>
<b>PLUMBING/ GAS 1081</b>	Print Name <u>Wolfe Plumbing</u> License #: <u>2FC051621</u>	Signature <u>[Signature]</u> Phone #: <u>386-935-0616</u>
<b>ROOFING</b>	Print Name <u>RAC Johnson Roofing</u> License #:	Signature _____ Phone #:
<b>SHEET METAL</b>	Print Name _____ License #:	Signature _____ Phone #:
<b>FIRE SYSTEM/ SPRINKLER</b>	Print Name _____ License #:	Signature _____ Phone #:
<b>SOLAR</b>	Print Name _____ License #:	Signature _____ Phone #:

Specialty License	License Number	Sub-Contractors Printed Name	Sub-Contractors Signature
<b>MASON</b>	<u>000287</u>	<u>Willie Dixon</u>	<u>[Signature]</u>
<b>CONCRETE FINISHER</b>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>
<b>FRAMING</b>	<u>001141</u>	<u>Self Nichols</u>	<u>[Signature]</u>
<b>INSULATION</b>	<u>000240</u>	<u>Will Srkes</u>	<u>[Signature]</u>
<b>STUCCO</b>			
<b>DRYWALL</b>	<u>000345</u>	<u>Wade Hertzman</u>	<u>[Signature]</u>
<b>PLASTER</b>			
<b>CABINET INSTALLER</b>			
<b>PAINTING</b>	<u>000330</u>	<u>Bobby Tachton</u>	<u>[Signature]</u>
<b>ACOUSTICAL CEILING</b>			
<b>GLASS</b>			
<b>CERAMIC TILE</b>			
<b>FLOOR COVERING</b>			
<b>ALUM/VINYL SIDING</b>	<u>0000166</u>	<u>Mike Nicholson</u>	<u>[Signature]</u>
<b>GARAGE DOOR 99</b>	<u>CBC1258205</u>	<u>D&amp;D Garage Door</u>	<u>[Signature]</u>
<b>METAL BLDG ERECTOR</b>			

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**Columbia County Building Permit Application**

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

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

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

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

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

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

**NOTICE TO OWNER:** There are some properties that may have deed restrictions recorded upon them. These restrictions may limit or prohibit the work applied for in your building permit. You must verify if your property is encumbered by any restrictions or face possible litigation and or fines.




(Owners Must Sign All Applications Before Permit Issuance.)

Owners Signature

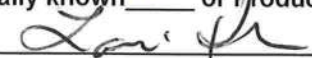
**\*\*OWNER BUILDERS MUST PERSONALLY APPEAR AND SIGN THE BUILDING PERMIT.**

**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 CBC054575  
Columbia County  
Competency Card Number \_\_\_\_\_

Affirmed under penalty of perjury to by the Contractor and subscribed before me this 19<sup>th</sup> day of June 2012.  
Personally known ☒ or Produced Identification \_\_\_\_\_

  
State of Florida Notary Signature (For the Contractor)

SEAL:





**Columbia County Building Department**  
**Culvert Permit**

**Culvert Permit No.**

000001951

DATE 06/12/2012

PARCEL ID # 18-5S-17-09280-135

30221

APPLICANT BRYAN ZECHER

PHONE 386.752.8653

ADDRESS POB 815

LAKE CITY

FL 32056

OWNER JIM & CELESTE GARRISON

PHONE 386.752.8653

ADDRESS POB 815

LAKE CITY

FL 32056

CONTRACTOR BRYAN ZECHER

PHONE 386.752.8653

LOCATION OF PROPERTY 441-S TO C-131, TR GO 7 MILES OUT TO 2ND ENTRANCE @ THE OAKS TO MANDIBA  
AND IT'S THE 3RD PLACE ON R.

SUBDIVISION/LOT/BLOCK/PHASE/UNIT THE OAK OF LAKE CTY

35

1

**INSTALLATION INFORMATION**

SIGNATURE

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☐

Culvert installation shall conform to the approved site plan standards.

☐

Department of Transportation Permit installation approved standards.

☒

Shall conform to Public Works Determinations as Stated Below:

18" x 32' foot long with mitered ends  
poured concrete

P W Inspectors Name: James Darrance

Date: 6-20-12

Final Inspection Date:

10-26-12

P W Inspectors Name:

James Darrance

Signature:

James D

**CONTACT FOR REQUIREMENTS AND INSPECTIONS:**

**PUBLIC WORKS DEPARTMENT**

Phone: 386-758-1019

Amount Paid 25.00

Check No. 3346

All Proper Safety Requirements Should Be Followed During The Installation Of The Culvert



# Columbia County Building Department Culvert Permit

Culvert Permit No.

000001951

DATE 06/12/2012 PARCEL ID # 18-5S-17-09280-135 30221  
APPLICANT BRYAN ZECHER PHONE 386.752.8653  
ADDRESS POB 815 LAKE CITY FL 32056  
OWNER JIM & CELESTE GARRISON PHONE 386.752.8653  
ADDRESS POB 815 LAKE CITY FL 32056  
CONTRACTOR BRYAN ZECHER PHONE 386.752.8653  
LOCATION OF PROPERTY 441-S TO C-131, TR GO 7 MILES OUT TO 2ND ENTRANCE @ THE OAKS TO MANDIBA  
AND IT'S THE 3RD PLACE ON R.  
SUBDIVISION/LOT/BLOCK/PHASE/UNIT THE OAK OF LAKE CTY 35 1

## INSTALLATION INFORMATION

SIGNATURE 

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P W Inspectors Name: James Darrance

Date: 6-20-12

Final Inspection Date:

P W Inspectors Name:

Signature:

## CONTACT FOR REQUIREMENTS AND INSPECTIONS:

PUBLIC WORKS DEPARTMENT

Phone: 386-758-1019

Amount Paid 25.00

Check No. 3346

All Proper Safety Requirements Should Be Followed During The Installation Of The Culvert

30221



## Donald F. Lee & Associates, Inc.

140 NW Ridgewood Avenue  
Lake City, Florida 32055  
PH 386-755-6166 FAX 386-755-6167  
email: donald@dfla.com  
website: www.dfla.com

- Highway & Route Surveys
- Topographic Surveys
- Land & Subdivision Surveys
- Control Surveying

Since 1984

**DATE:** Friday, June 15, 2012

**TO:** Columbia County Building Department

**CC:** Bryan Zecher Construction

**FROM:** Tim Delbene - Donald F. Lee & Associates

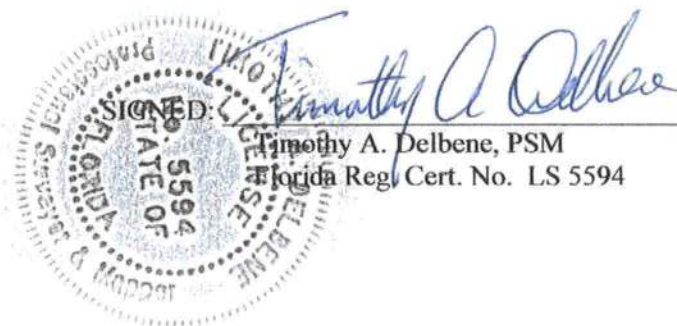
**RE:** Floor Elevation Check – Lot 35, Oaks of Lake City Phase 1

OK  
BLK  
2 Nov. 2012

This is to Certify that elevations were obtained for a foundation under construction (stem walls) on the above referenced parcel of land. The results are as follows:

**Proposed House slab elevation (at stem walls): 87.07 feet**

The record subdivision plat for "Oaks of Lake City Phase 1" indicates that the Minimum Floor Elevation (MFE) for this lot, as set by the project engineer for the development, is 85.0 feet. Elevations are based on NAVD1988 datum.





## SUBCONTRACTOR VERIFICATION FORM

Permit:  
 APPLICATION NUMBER 30221 CONTRACTOR Bryan Zecher PHONE 386-752-8653  
 THIS FORM MUST BE SUBMITTED PRIOR TO THE ISSUANCE OF A PERMIT

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<b>ELECTRICAL</b>	Print Name _____ License #: _____	Signature _____ Phone #: _____
<b>MECHANICAL/ A/C _____</b>	Print Name _____ License #: _____	Signature _____ Phone #: _____
<b>PLUMBING/ GAS</b>	Print Name _____ License #: _____	Signature _____ Phone #: _____
<b>ROOFING</b>	Print Name _____ License #: _____	Signature _____ Phone #: _____
<b>SHEET METAL</b>	Print Name _____ License #: _____	Signature _____ Phone #: _____
<b>FIRE SYSTEM/ SPRINKLER</b>	Print Name _____ License #: _____	Signature _____ Phone #: _____
<b>SOLAR</b>	Print Name _____ License #: _____	Signature _____ Phone #: _____

Specialty License	License Number	Sub-Contractors Printed Name	Sub-Contractors Signature
MASON			
CONCRETE FINISHER			
FRAMING	CACO22354	WILLIAM T GUERNEY	William T Guernsey
INSULATION			
STUCCO			
DRYWALL			
PLASTER			
CABINET INSTALLER			
PAINTING			
ACOUSTICAL CEILING			
GLASS			
CERAMIC TILE			
FLOOR COVERING			
ALUM/VINYL SIDING			
GARAGE DOOR			
METAL BLDG ERECTOR			

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

# PRODUCT APPROVAL SPECIFICATION SHEET

Location: Lake City, FL

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](http://www.floridabuilding.org)

Category/Subcategory	Manufacturer	Product Description	Approval Number(s)
<b>A. EXTERIOR DOORS</b>			
1. Swinging	Thermo-Tru	Exterior Hinged doors	FL 5262-R2
2. Sliding	P&T	Sliding Glass Doors	FL 251-R15
3. Sectional	Clo. Fan	Garage Doors	FL 5675-R6
4. Roll up			
5. Automatic			
6. Other			
<b>B. WINDOWS</b>			
1. Single hung	P&T	Window Low E	FL 236-R16
2. Horizontal Slider	P&T	Window Low E	FL 242-R12
3. Casement			
4. Double Hung			
5. Fixed	P&T	Window Low E	FL 243-R10
6. Awning			
7. Pass-through			
8. Projected			
9. Mullion			
10. Wind Breaker			
11. Dual Action			
12. Other			
<b>C. PANEL WALL</b>			
1. Siding	CertainTeed	Cement Fibered Siding	FL 1573-R2
2. Soffits	Kaycan	Alum soffit / Fascia	FL 12198-R1
3. EIFS	Sifo	Stucco/accucoat Finish	FL 7229-R1
4. Storefronts			
5. Curtain walls			
6. Wall louver			
7. Glass block			
8. Membrane			
9. Greenhouse			
10. Other			
<b>D. ROOFING PRODUCTS</b>			
1. Asphalt Shingles	CertainTeed	Arch Shingles 30 yr	FL 5444-R3
2. Underlayments	GAF	Tar paper	FL 9637-R1
3. Roofing Fasteners	OMG	Roofing nails	FL 699-R3
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			
<b>E. SHUTTERS</b>			
1. Accordion			
2. Bahama			
3. Storm Panels			
4. Colonial			
5. Roll-up			
6. Equipment			
7. Others			
<b>F. SKYLIGHTS</b>			
1. Skylight			
2. Other			
<b>G. STRUCTURAL COMPONENTS</b>			
1. Wood connector/anchor	USPC	anchors	FL5631-R1
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			
<b>H. NEW EXTERIOR ENVELOPE PRODUCTS</b>			
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

Location

Print Name

Date

# FLORIDA ENERGY EFFICIENCY CODE FOR BUILDING CONSTRUCTION

Florida Department of Business and Professional Regulation - Residential Performance Method

Project Name: 1205051

Street:

City, State, Zip: , FL ,

Owner: Garrison Residence

Design Location: FL, Gainesville

Builder Name: Bryan Zecher

Permit Office:

Permit Number:

Jurisdiction:

1. New construction or existing	New (From Plans)
2. Single family or multiple family	Single-family
3. Number of units, if multiple family	1
4. Number of Bedrooms	4
5. Is this a worst case?	Yes
6. Conditioned floor area above grade (ft <sup>2</sup> )	2492
Conditioned floor area below grade (ft <sup>2</sup> )	0
7. Windows(380.0 sqft.)	Description Area
a. U-Factor:	Dbl, U=0.30 380.00 ft <sup>2</sup>
SHGC:	SHGC=0.30
b. U-Factor:	N/A ft <sup>2</sup>
SHGC:	
c. U-Factor:	N/A ft <sup>2</sup>
SHGC:	
d. U-Factor:	N/A ft <sup>2</sup>
SHGC:	
Area Weighted Average Overhang Depth:	17.616 ft.
Area Weighted Average SHGC:	0.300
8. Floor Types (2492.0 sqft.)	Insulation Area
a. Slab-On-Grade Edge Insulation	R=0.0 2492.00 ft <sup>2</sup>
b. N/A	R= ft <sup>2</sup>
c. N/A	R= ft <sup>2</sup>

9. Wall Types(2452.5 sqft.)	Insulation Area
a. Frame - Wood, Exterior	R=13.0 2167.50 ft <sup>2</sup>
b. Frame - Wood, Adjacent	R=13.0 285.00 ft <sup>2</sup>
c. N/A	R= ft <sup>2</sup>
d. N/A	R= ft <sup>2</sup>
10. Ceiling Types (3055.0 sqft.)	Insulation Area
a. Under Attic (Vented)	R=30.0 3055.00 ft <sup>2</sup>
b. N/A	R= ft <sup>2</sup>
c. N/A	R= ft <sup>2</sup>
11. Ducts	R ft <sup>2</sup>
a. Sup: Attic, Ret: Attic, AH: Garage	6 498.4

12. Cooling systems	kBtu/hr Efficiency
a. Central Unit	57.0 SEER:13.00

13. Heating systems	kBtu/hr Efficiency
a. Electric Heat Pump	57.0 HSPF:7.70

14. Hot water systems	
a. Electric	Cap: 40 gallons
b. Conservation features	EF: 0.940
None	

15. Credits	Pstat
-------------	-------

Glass/Floor Area: 0.152

Total Proposed Modified Loads: 42.97

Total Standard Reference Loads: 53.85

## PASS

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

PREPARED BY: EVAN BARNES  
DATE: 5/23/12

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

OWNER/AGENT: [Signature]  
DATE: 6/1/12

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: \_\_\_\_\_

- Compliance requires completion of a Florida Air Barrier and Insulation Inspection Checklist





## PROJECT

Title: 1205051	Bedrooms: 4	Address Type: Street Address
Building Type: FLProp2010	Conditioned Area: 2492	Lot #
Owner: Garrison Residence	Total Stories: 1	Block/SubDivision:
# of Units: 1	Worst Case: Yes	PlatBook:
Builder Name: Bryan Zecher	Rotate Angle: 45	Street:
Permit Office:	Cross Ventilation:	County: Columbia
Jurisdiction:	Whole House Fan:	City, State, Zip: , FL ,
Family Type: Single-family		
New/Existing: New (From Plans)		
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, Gainesville	FL_GAINESVILLE_REGI	2	32	92	70	75	1305.5	51	Medium

## BLOCKS

Number	Name	Area	Volume
1	Block1	2492	22428

## SPACES

Number	Name	Area	Volume	Kitchen	Occupants	Bedrooms	Infil ID	Finished	Cooled	Heated
1	RoomsInBlock1	2492	22428	Yes	4	4	1	Yes	Yes	Yes

## FLOORS

✓	#	Floor Type	Space	Perimeter	R-Value	Area		Tile	Wood	Carpet
_____	1	Slab-On-Grade Edge Insulatio	RoomsInBlock1	272.5 ft	0	2492 ft²	----	0.3	0.3	0.4

## ROOF

✓	#	Type	Materials	Roof Area	Gable Area	Roof Color	Solar Absor.	SA Tested	Emitt	Emitt Tested	Deck Insul.	Pitch (deg)
_____	1	Hip	Composition shingles	2787 ft²	0 ft²	Dark	0.96	No	0.9	No	0	26.6

## ATTIC

✓	#	Type	Ventilation	Vent Ratio (1 in)	Area	RBS	IRCC
_____	1	Full attic	Vented	300	2492 ft²	N	N

## CEILING

✓	#	Ceiling Type	Space	R-Value	Area	Framing Frac	Truss Type
_____	1	Under Attic (Vented)	RoomsInBlock1	30	3055 ft²	0.11	Wood

## WALLS

✓	#	Ornt	Adjacent To	Wall Type	Space	Cavity R-Value	Width Ft	In	Height Ft	In	Area	Sheathing R-Value	Framing Fraction	Solar Absor.	Below Grade%
_____	1	N	Exterior	Frame - Wood	RoomsInBloc	13	57	8	9		519 ft²		0.23	0.75	0
_____	2	E	Exterior	Frame - Wood	RoomsInBloc	13	67	10	9		610.5 ft²		0.23	0.75	0
_____	3	S	Exterior	Frame - Wood	RoomsInBloc	13	36		9		324 ft²		0.23	0.75	0
_____	4	W	Exterior	Frame - Wood	RoomsInBloc	13	79	4	9		714 ft²		0.23	0.75	0
_____	5	N	Garage	Frame - Wood	RoomsInBloc	13	31	8	9		285 ft²		0.23	0.01	0

## DOORS

✓	#	Ornt	Door Type	Space	Storms	U-Value	Width Ft	In	Height Ft	In	Area
_____	1	N=>SE	Insulated	RoomsInBloc	None	0.4	3		8		24 ft²
_____	2	N=>SE	Insulated	RoomsInBloc	None	0.4	3		8		20 ft²
_____	3	S=>NW	Insulated	RoomsInBloc	None	0.4	3		8		16 ft²

## WINDOWS

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

✓	#	Ornt	Wall ID	Frame	Panes	NFRC	U-Factor	SHGC	Storms	Area	Overhang Depth	Separation	Int Shade	Screening
_____	1	N=>SE	1	Metal	Low-E Double	Yes	0.3	0.3	N	108 ft²	1 ft 6 in	1 ft 0 in	HERS 2006	None
_____	2	N=>SE	1	Metal	Low-E Double	Yes	0.3	0.3	N	72 ft²	10 ft 6 in	1 ft 0 in	HERS 2006	None
_____	3	E=>SW	2	Metal	Low-E Double	Yes	0.3	0.3	N	18 ft²	99 ft 9 in	1 ft 0 in	HERS 2006	None
_____	4	E=>SW	2	Metal	Low-E Double	Yes	0.3	0.3	N	6 ft²	1 ft 6 in	1 ft 0 in	HERS 2006	None
_____	5	E=>SW	2	Metal	Low-E Double	Yes	0.3	0.3	N	30 ft²	1 ft 6 in	1 ft 0 in	HERS 2006	None
_____	6	S=>NW	3	Metal	Low-E Double	Yes	0.3	0.3	N	12 ft²	1 ft 6 in	1 ft 0 in	HERS 2006	None
_____	7	S=>NW	3	Metal	Low-E Double	Yes	0.3	0.3	N	32 ft²	6 ft 10 in	2 ft 0 in	HERS 2006	None
_____	8	S=>NW	3	Metal	Low-E Double	Yes	0.3	0.3	N	36 ft²	1 ft 6 in	1 ft 0 in	HERS 2006	None
_____	9	S=>NW	3	Metal	Low-E Double	Yes	0.3	0.3	N	4 ft²	1 ft 6 in	1 ft 0 in	HERS 2006	None
_____	10	W=>NE	4	Metal	Low-E Double	Yes	0.3	0.3	N	20 ft²	1 ft 6 in	1 ft 0 in	HERS 2006	None
_____	11	W=>NE	4	Metal	Low-E Double	Yes	0.3	0.3	N	6 ft²	1 ft 6 in	1 ft 0 in	HERS 2006	None
_____	12	W=>NE	4	Metal	Low-E Double	Yes	0.3	0.3	N	36 ft²	99 ft 9 in	1 ft 0 in	HERS 2006	None

## GARAGE

✓	#	Floor Area	Ceiling Area	Exposed Wall Perimeter	Avg. Wall Height	Exposed Wall Insulation
_____	1	774.69 ft²	774.69 ft²	86 ft	9 ft	1

## INFILTRATION

#	Scope	Method	SLA	CFM 50	ELA	EqLA	ACH	ACH 50
1	BySpaces	Proposed SLA	0.000360	2353.1	129.18	242.95	0.2771	6.2952



### HEATING SYSTEM

✓	#	System Type	Subtype	Efficiency	Capacity	Block	Ducts
✓	1	Electric Heat Pump	None	HSPF: 7.7	57 kBtu/hr	1	sys#1

### COOLING SYSTEM

✓	#	System Type	Subtype	Efficiency	Capacity	Air Flow	SHR	Block	Ducts
✓	1	Central Unit	None	SEER: 13	57 kBtu/hr	1710 cfm	0.75	1	sys#1

### HOT WATER SYSTEM

✓	#	System Type	SubType	Location	EF	Cap	Use	SetPnt	Conservation
✓	1	Electric	None	Garage	0.94	40 gal	70 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 ---			--- Return ---		Leakage Type	Air		Percent Leakage	QN	RLF	HVAC #	
		Location	R-Value	Area	Location	Area		Handler	CFM 25				Heat	Cool
✓	1	Attic	6	498.4 ft	Attic	124.6 ft	DSE=0.88	Garage	0.0 cfm	0.00 %	0.00	0.60	1	1

### TEMPERATURES

Programable Thermostat: Y														Ceiling Fans:			
Cooling	<input checked="" type="checkbox"/> Jan	<input checked="" type="checkbox"/> Feb	<input checked="" type="checkbox"/> Mar	<input checked="" type="checkbox"/> Apr	<input checked="" type="checkbox"/> May	<input checked="" type="checkbox"/> Jun	<input checked="" type="checkbox"/> Jul	<input checked="" type="checkbox"/> Aug	<input checked="" type="checkbox"/> Sep	<input checked="" type="checkbox"/> Oct	<input checked="" type="checkbox"/> Nov	<input checked="" type="checkbox"/> Dec					
Heating	<input checked="" type="checkbox"/> Jan	<input checked="" type="checkbox"/> Feb	<input checked="" type="checkbox"/> Mar	<input checked="" type="checkbox"/> Apr	<input checked="" type="checkbox"/> May	<input checked="" type="checkbox"/> Jun	<input checked="" type="checkbox"/> Jul	<input checked="" type="checkbox"/> Aug	<input checked="" type="checkbox"/> Sep	<input checked="" type="checkbox"/> Oct	<input checked="" type="checkbox"/> Nov	<input checked="" type="checkbox"/> Dec					
Venting	<input checked="" type="checkbox"/> Jan	<input checked="" type="checkbox"/> Feb	<input checked="" type="checkbox"/> Mar	<input checked="" type="checkbox"/> Apr	<input checked="" type="checkbox"/> May	<input checked="" type="checkbox"/> Jun	<input checked="" type="checkbox"/> Jul	<input checked="" type="checkbox"/> Aug	<input checked="" type="checkbox"/> Sep	<input checked="" type="checkbox"/> Oct	<input checked="" type="checkbox"/> Nov	<input checked="" type="checkbox"/> Dec					
Thermostat Schedule: HERS 2006 Reference																	
Schedule Type		1	2	3	4	5	6	7	8	9	10	11	12				
Cooling (WD)	AM	78	78	78	78	78	78	78	78	80	80	80	80				
	PM	80	80	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	66	66	66	66	66	68	68	68	68	68	68	68				
	PM	68	68	68	68	68	68	68	68	68	68	68	66				
Heating (WEH)	AM	66	66	66	66	66	68	68	68	68	68	68	68				
	PM	68	68	68	68	68	68	68	68	68	68	68	66				

# Florida Code Compliance Checklist

Florida Department of Business and Professional Regulations  
Residential Whole Building Performance Method

ADDRESS:

, FL,

PERMIT #:

**MANDATORY REQUIREMENTS SUMMARY - See individual code sections for full details.**

COMPONENT	SECTION	SUMMARY OF REQUIREMENT(S)	CHECK
Air leakage	402.4	To be caulked, gasketed, weatherstripped or otherwise sealed. Recessed lighting IC-rated as meeting ASTM E 283. Windows and doors = 0.30 cfm/sq.ft. Testing or visual inspection required. Fireplaces: gasketed doors & outdoor combustion air. Must complete envelope leakage report or visually verify Table 402.4.2.	
Thermostat & controls	403.1	At least one thermostat shall be provided for each separate heating and cooling system. Where forced-air furnace is primary system, programmable thermostat is required. Heat pumps with supplemental electric heat must prevent supplemental heat when compressor can meet the load.	
Ducts	403.2.2	All ducts, air handlers, filter boxes and building cavities which form the primary air containment passageways for air distribution systems shall be considered ducts or plenum chambers, shall be constructed and sealed in accordance with Section 503.2.7.2 of this code.	
	403.3.3	Building framing cavities shall not be used as supply ducts.	
Water heaters	403.4	Heat trap required for vertical pipe risers. Comply with efficiencies in Table 403.4.3.2. Provide switch or clearly marked circuit breaker (electric) or shutoff (gas). Circulating system pipes insulated to = R-2 + accessible manual OFF switch.	
Mechanical ventilation	403.5	Homes designed to operate at positive pressure or with mechanical ventilation systems shall not exceed the minimum ASHRAE 62 level. No make-up air from attics, crawlspaces, garages or outdoors adjacent to pools or spas.	
Swimming Pools & Spas	403.9	Pool pumps and pool pump motors with a total horsepower (HP) of = 1 HP shall have the capability of operating at two or more speeds. Spas and heated pools must have vapor-retardant covers or a liquid cover or other means proven to reduce heat loss except if 70% of heat from site-recovered energy. Off/timer switch required. Gas heaters minimum thermal efficiency=78% (82% after 4/16/13). Heat pump pool heaters minimum COP= 4.0.	
Cooling/heating equipment	403.6	Sizing calculation performed & attached. Minimum efficiencies per Tables 503.2.3. Equipment efficiency verification required. Special occasion cooling or heating capacity requires separate system or variable capacity system. Electric heat >10kW must be divided into two or more stages.	
Ceilings/knee walls	405.2.1	R-19 space permitting.	



# ENERGY PERFORMANCE LEVEL (EPL) DISPLAY CARD

ESTIMATED ENERGY PERFORMANCE INDEX\* = 80

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

, , FL,

1. New construction or existing	New (From Plans)	9. Wall Types	Insulation	Area
2. Single family or multiple family	Single-family	a. Frame - Wood, Exterior	R=13.0	2167.50 ft <sup>2</sup>
3. Number of units, if multiple family	1	b. Frame - Wood, Adjacent	R=13.0	285.00 ft <sup>2</sup>
4. Number of Bedrooms	4	c. N/A	R=	ft <sup>2</sup>
5. Is this a worst case?	Yes	d. N/A	R=	ft <sup>2</sup>
6. Conditioned floor area (ft <sup>2</sup> )	2492	10. Ceiling Types	Insulation	Area
7. Windows**	Description	a. Under Attic (Vented)	R=30.0	3055.00 ft <sup>2</sup>
a. U-Factor:	Dbl, U=0.30	b. N/A	R=	ft <sup>2</sup>
SHGC:	SHGC=0.30	c. N/A	R=	ft <sup>2</sup>
b. U-Factor:	N/A	11. Ducts		R
SHGC:		a. Sup: Attic, Ret: Attic, AH: Garage		6 498.4
c. U-Factor:	N/A			
SHGC:		12. Cooling systems	kBtu/hr	Efficiency
d. U-Factor:	N/A	a. Central Unit	57.0	SEER:13.00
SHGC:				
Area Weighted Average Overhang Depth:	17.616 ft.	13. Heating systems	kBtu/hr	Efficiency
Area Weighted Average SHGC:	0.300	a. Electric Heat Pump	57.0	HSPF:7.70
8. Floor Types	Insulation	Area		
a. Slab-On-Grade Edge Insulation	R=0.0	2492.00 ft <sup>2</sup>		
b. N/A	R=	ft <sup>2</sup>		
c. N/A	R=	ft <sup>2</sup>		
		14. Hot water systems		Cap: 40 gallons
		a. Electric		EF: 0.94
		b. Conservation features		
		None		
		15. Credits		Pstat

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: This is not a Building Energy Rating. If your Index is below 70, your home may qualify for energy efficient mortgage (EEM) incentives if you obtain a Florida EnergyGauge Rating. Contact the EnergyGauge Hotline at (321) 638-1492 or see the EnergyGauge web site at [energygauge.com](http://energygauge.com) for information and a list of certified Raters. For information about the Florida Building Code, Energy Conservation, contact the Florida Building Commission's support staff.

\*\*Label required by Section 303.1.3 of the Florida Building Code, Energy Conservation, if not DEFAULT.

# Residential System Sizing Calculation

## Summary

Garrison Residence

Project Title:  
1205051

, FL

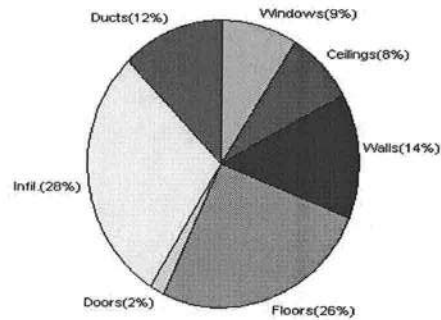
5/23/2012

Location for weather data: Gainesville, FL - Defaults: Latitude(29.7) Altitude(152 ft.) Temp Range(M)			
Humidity data: Interior RH (50%) Outdoor wet bulb (77F) Humidity difference(54gr.)			
Winter design temperature(MJ8 99%)	33 F	Summer design temperature(MJ8 99%)	92 F
Winter setpoint	70 F	Summer setpoint	75 F
Winter temperature difference	37 F	Summer temperature difference	17 F
<b>Total heating load calculation</b>	<b>45992 Btuh</b>	<b>Total cooling load calculation</b>	<b>47961 Btuh</b>
Submitted heating capacity	% of calc Btuh	Submitted cooling capacity	% of calc Btuh
Total (Electric Heat Pump)	123.9 57000	Sensible (SHR = 0.75)	118.8 42750
Heat Pump + Auxiliary(0.0kW)	123.9 57000	Latent	119.0 14250
		Total (Electric Heat Pump)	118.8 57000

## WINTER CALCULATIONS

Winter Heating Load (for 2492 sqft)

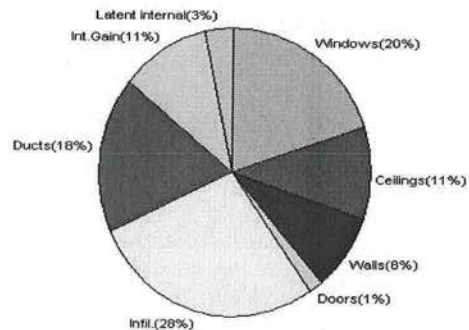
Load component		Load	
Window total	380 sqft	4218	Btuh
Wall total	2013 sqft	6609	Btuh
Door total	60 sqft	888	Btuh
Ceiling total	3055 sqft	3600	Btuh
Floor total	2492 sqft	11897	Btuh
Infiltration	322 cfm	13058	Btuh
Duct loss		5722	Btuh
<b>Subtotal</b>		<b>45992</b>	<b>Btuh</b>
Ventilation	0 cfm	0	Btuh
<b>TOTAL HEAT LOSS</b>		<b>45992</b>	<b>Btuh</b>



## SUMMER CALCULATIONS

Summer Cooling Load (for 2492 sqft)

Load component		Load	
Window total	380 sqft	9503	Btuh
Wall total	2013 sqft	4045	Btuh
Door total	60 sqft	672	Btuh
Ceiling total	3055 sqft	5059	Btuh
Floor total		0	Btuh
Infiltration	242 cfm	4500	Btuh
Internal gain		5240	Btuh
Duct gain		6967	Btuh
Sens. Ventilation	0 cfm	0	Btuh
Blower Load		0	Btuh
<b>Total sensible gain</b>		<b>35986</b>	<b>Btuh</b>
Latent gain(ducts)		1539	Btuh
Latent gain(infiltration)		8836	Btuh
Latent gain(ventilation)		0	Btuh
Latent gain(internal/occupants/other)		1600	Btuh
<b>Total latent gain</b>		<b>11975</b>	<b>Btuh</b>
<b>TOTAL HEAT GAIN</b>		<b>47961</b>	<b>Btuh</b>



8th Edition

EnergyGauge® System Sizing

PREPARED BY: GRB

DATE: 5/23/12



# System Sizing Calculations - Winter

## Residential Load - Whole House Component Details

Garrison Residence

Project Title:

1205051

, FL

Building Type: User

5/23/2012

Reference City: Gainesville, FL (Defaults) Winter Temperature Difference: 37.0 F (MJ8 99%)

This calculation is for Worst Case. The house has been rotated 270 degrees.

### Component Loads for Whole House

Window	Panes/Type	Frame	U	Orientation	Area(sqft)	X	HTM=	Load
1	2, NFRC 0.30	Metal	0.30	W	108.0		11.1	1199 Btuh
2	2, NFRC 0.30	Metal	0.30	W	72.0		11.1	799 Btuh
3	2, NFRC 0.30	Metal	0.30	N	18.0		11.1	200 Btuh
4	2, NFRC 0.30	Metal	0.30	N	6.0		11.1	67 Btuh
5	2, NFRC 0.30	Metal	0.30	N	30.0		11.1	333 Btuh
6	2, NFRC 0.30	Metal	0.30	E	12.0		11.1	133 Btuh
7	2, NFRC 0.30	Metal	0.30	E	32.0		11.1	355 Btuh
8	2, NFRC 0.30	Metal	0.30	E	36.0		11.1	400 Btuh
9	2, NFRC 0.30	Metal	0.30	E	4.0		11.1	44 Btuh
10	2, NFRC 0.30	Metal	0.30	S	20.0		11.1	222 Btuh
11	2, NFRC 0.30	Metal	0.30	S	6.0		11.1	67 Btuh
12	2, NFRC 0.30	Metal	0.30	S	36.0		11.1	400 Btuh
Window Total					380.0(sqft)			4218 Btuh
Walls	Type	Ornt.	Ueff.	R-Value (Cav/Sh)	Area	X	HTM=	Load
1	Frame - Wood	- Ext	(0.089)	13.0/0.0	315		3.28	1034 Btuh
2	Frame - Wood	- Ext	(0.089)	13.0/0.0	557		3.28	1828 Btuh
3	Frame - Wood	- Ext	(0.089)	13.0/0.0	224		3.28	736 Btuh
4	Frame - Wood	- Ext	(0.089)	13.0/0.0	652		3.28	2141 Btuh
5	Frame - Wood	- Adj	(0.089)	13.0/0.0	265		3.28	870 Btuh
Wall Total					2013(sqft)			6609 Btuh
Doors	Type	Storm	Ueff.		Area	X	HTM=	Load
1	Insulated - Exterior,	n	(0.400)		24		14.8	355 Btuh
2	Insulated - Garage,	n	(0.400)		20		14.8	296 Btuh
3	Insulated - Exterior,	n	(0.400)		16		14.8	237 Btuh
Door Total					60(sqft)			888Btuh
Ceilings	Type/Color/Surface	Ueff.	R-Value		Area	X	HTM=	Load
1	Vented Attic/D/Shing	(0.032)	30.0/0.0		3055		1.2	3600 Btuh
Ceiling Total					3055(sqft)			3600Btuh
Floors	Type	Ueff.	R-Value		Size	X	HTM=	Load
1	Slab On Grade	(1.180)	0.0		272.5 ft(perim.)		43.7	11897 Btuh
Floor Total					2492 sqft			11897 Btuh
Envelope Subtotal:								27212 Btuh
Infiltration	Type	Wholehouse	ACH	Volume(cuft)	Wall Ratio	CFM=		
	Natural		0.86	22428	1.00	322.4		13058 Btuh
Duct load	Average sealed, R6.0, Supply(Att), Return(Att)						(DLM of 0.142)	5722 Btuh

# Manual J Winter Calculations

## Residential Load - Component Details (continued)

Garrison Residence

Project Title:

1205051

, FL

Building Type: User

5/23/2012

<b>All Zones</b>	<b>Sensible Subtotal All Zones</b>	<b>45992 Btuh</b>
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### WHOLE HOUSE TOTALS

<b>Totals for Heating</b>	Subtotal Sensible Heat Loss	45992 Btuh
	Ventilation Sensible Heat Loss	0 Btuh
	Total Heat Loss	45992 Btuh

### EQUIPMENT

1. Electric Heat Pump	#	57000 Btuh
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Key: Window types NFRC (Requires U-Factor and Shading coefficient(SHGC) of glass as numerical values)  
or - Glass as 'Clear' or 'Tint' (Uses U-Factor and SHGC defaults)

U - (Window U-Factor)

HTM - (ManualJ Heat Transfer Multiplier)

Version 8



# System Sizing Calculations - Summer

## Residential Load - Whole House Component Details

Garrison Residence

Project Title:  
1205051

, FL

5/23/2012

Reference City: Gainesville, FL

Temperature Difference: 17.0F(MJ8 99%)

Humidity difference: 54gr.

This calculation is for Worst Case. The house has been rotated 270 degrees.

### Component Loads for Whole House

Window	Type*						Overhang		Window Area(sqft)			HTM		Load			
	Panes	SHGC	U	InSh	IS	Ornt	Len	Hgt	Gross	Shaded	Unshaded	Shaded	Unshaded				
1	2 NFRC	0.30, 0.30	No	No	W		1.5ft	1.0ft	108.0	4.4	103.6	11	34	3575	Btuh		
2	2 NFRC	0.30, 0.30	No	No	W		10.5	1.0ft	72.0	69.4	2.6	11	34	880	Btuh		
3	2 NFRC	0.30, 0.30	No	No	N		99.8	1.0ft	18.0	0.0	18.0	11	11	205	Btuh		
4	2 NFRC	0.30, 0.30	No	No	N		1.5ft	1.0ft	6.0	0.0	6.0	11	11	68	Btuh		
5	2 NFRC	0.30, 0.30	No	No	N		1.5ft	1.0ft	30.0	0.0	30.0	11	11	342	Btuh		
6	2 NFRC	0.30, 0.30	No	No	E		1.5ft	1.0ft	12.0	0.5	11.5	11	34	397	Btuh		
7	2 NFRC	0.30, 0.30	No	No	E		6.8ft	2.0ft	32.0	14.7	17.3	11	34	757	Btuh		
8	2 NFRC	0.30, 0.30	No	No	E		1.5ft	1.0ft	36.0	1.5	34.5	11	34	1192	Btuh		
9	2 NFRC	0.30, 0.30	No	No	E		1.5ft	1.0ft	4.0	0.5	3.5	11	34	125	Btuh		
10	2 NFRC	0.30, 0.30	No	No	S		1.5ft	1.0ft	20.0	20.0	0.0	11	14	228	Btuh		
11	2 NFRC	0.30, 0.30	No	No	S		1.5ft	1.0ft	6.0	6.0	0.0	11	14	68	Btuh		
12	2 NFRC	0.30, 0.30	No	No	S		99.8	1.0ft	36.0	36.0	0.0	11	14	411	Btuh		
	Excursion														1254	Btuh	
	Window Total								380 (sqft)							9503	Btuh
Walls	Type						U-Value	R-Value	Area(sqft)			HTM		Load			
								Cav/Sheath									
	1	Frame - Wood - Ext					0.09	13.0/0.0	315.0			2.1		657 Btuh			
	2	Frame - Wood - Ext					0.09	13.0/0.0	556.5			2.1		1161 Btuh			
	3	Frame - Wood - Ext					0.09	13.0/0.0	224.0			2.1		467 Btuh			
	4	Frame - Wood - Ext					0.09	13.0/0.0	652.0			2.1		1360 Btuh			
	5	Frame - Wood - Adj					0.09	13.0/0.0	265.0			1.5		400 Btuh			
	Wall Total								2013 (sqft)					4045 Btuh			
Doors	Type								Area (sqft)			HTM		Load			
	1	Insulated - Exterior							24.0			11.2		269 Btuh			
	2	Insulated - Garage							20.0			11.2		224 Btuh			
	3	Insulated - Exterior							16.0			11.2		179 Btuh			
	Door Total								60 (sqft)					672 Btuh			
Ceilings	Type/Color/Surface						U-Value	R-Value	Area(sqft)			HTM		Load			
	1	Vented Attic/DarkShingle					0.032	30.0/0.0	3055.0			1.66		5059 Btuh			
	Ceiling Total								3055 (sqft)					5059 Btuh			
Floors	Type							R-Value	Size			HTM		Load			
	1	Slab On Grade						0.0	2492 (ft-perimeter)			0.0		0 Btuh			
	Floor Total								2492.0 (sqft)					0 Btuh			
	Envelope Subtotal:													19279 Btuh			

# Manual J Summer Calculations

## Residential Load - Component Details (continued)

Garrison Residence

Project Title:  
1205051

Climate:FL\_GAINESVILLE\_REGIONAL\_A

, FL

5/23/2012

<b>Infiltration</b>	Type Natural	Average ACH 0.65	Volume(cuft) 22428	Wall Ratio 1	CFM= 241.8	Load 4500 Btuh
<b>Internal gain</b>		Occupants 8	Btuh/occupant X 230	Appliance +	3400	Load 5240 Btuh
					Sensible Envelope Load:	29018 Btuh
<b>Duct load</b>	Average sealed, Supply(R6.0-Attic), Return(R6.0-Attic)				(DGM of 0.240)	6967 Btuh
					<b>Sensible Load All Zones</b>	<b>35986 Btuh</b>



# Manual J Summer Calculations

## Residential Load - Component Details (continued)

Garrison Residence  
, FL

Project Title:  
1205051

Climate:FL\_GAINESVILLE\_REGIONAL\_A

5/23/2012

### WHOLE HOUSE TOTALS

Whole House Totals for Cooling	<b>Sensible Envelope Load All Zones</b>	<b>29018 Btuh</b>
	Sensible Duct Load	6967 Btuh
	<b>Total Sensible Zone Loads</b>	<b>35986 Btuh</b>
	Sensible ventilation	0 Btuh
	Blower	0 Btuh
	<b>Total sensible gain</b>	<b>35986 Btuh</b>
	Latent infiltration gain (for 54 gr. humidity difference)	8836 Btuh
	Latent ventilation gain	0 Btuh
	Latent duct gain	1539 Btuh
	Latent occupant gain (8.0 people @ 200 Btuh per person)	1600 Btuh
	Latent other gain	0 Btuh
	<b>Latent total gain</b>	<b>11975 Btuh</b>
	<b>TOTAL GAIN</b>	<b>47961 Btuh</b>

### EQUIPMENT

1. Central Unit	#	57000 Btuh
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\*Key: Window types (Panels - Number and type of panes of glass)  
 (SHGC - Shading coefficient of glass as SHGC numerical value)  
 (U - Window U-Factor)  
 (InSh - Interior shading device: none(No), Blinds(B), Draperies(D) or Roller Shades(R))  
     - For Blinds: Assume medium color, half closed  
     - For Draperies: Assume medium weave, half closed  
     - For Roller shades: Assume translucent, half closed  
 (IS - Insect screen: none(N), Full(F) or Half(½))  
 (Ornt - compass orientation)



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