

DATE 09/30/2005

Columbia County Building Permit

PERMIT

This Permit Expires One Year From the Date of Issue

000023676

APPLICANT WAYNE T. HUDSON PHONE 752-1364
ADDRESS P BOX 2273 LAKE CITY FL 32056
OWNER WAYNE & GOLDIE HUDSON PHONE 752-1364
ADDRESS 26 SW LEGACY GLEN LAKE CITY FL 32024
CONTRACTOR WAYNE T. HUDSON PHONE 752-1364
LOCATION OF PROPERTY 47 S, R LEGACY GLEN, 1ST LOT ON LEFT INSIDE GATES

TYPE DEVELOPMENT SFD,UTILITY ESTIMATED COST OF CONSTRUCTION 110000.00
HEATED FLOOR AREA 2200.00 TOTAL AREA 2983.00 HEIGHT 19.00 STORIES 1
FOUNDATION CONCRETE WALLS FRAMED ROOF PITCH 7/12 FLOOR SLAB
LAND USE & ZONING RSF-1 MAX. HEIGHT 35
Minimum Set Back Requirments: STREET-FRONT 25.00 REAR 15.00 SIDE 10.00
NO. EX.D.U. 0 FLOOD ZONE XPP DEVELOPMENT PERMIT NO.

PARCEL ID 18-4S-17-08466-011 SUBDIVISION HERITAGE HILLS
LOT 1 BLOCK PHASE 1 UNIT TOTAL ACRES 1.00

CRC005617
Culvert Permit No. Culvert Waiver Contractor's License Number Applicant/Owner/Contractor
EXISTING 05-0841-N BK N
Driveway Connection Septic Tank Number LU & Zoning checked by Approved for Issuance New Resident

COMMENTS: FLOOR 1 FOOR ABOVE THE ROAD

Check # or Cash 2938

FOR BUILDING & ZONING DEPARTMENT ONLY

(footer/Slab)

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

BUILDING PERMIT FEE \$ 550.00 CERTIFICATION FEE \$ 14.92 SURCHARGE FEE \$ 14.92
MISC. FEES \$.00 ZONING CERT. FEE \$ 50.00 FIRE FEE \$.00 WASTE FEE \$
FLOOD DEVELOPMENT FEE \$ FLOOD ZONE FEE \$ CULVERT FEE \$ TOTAL FEE 629.84
INSPECTORS OFFICE CLERKS OFFICE

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

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

This Permit Must Be Prominently Posted on Premises During Construction

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

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

Columbia County Building Permit Application

Revised 9-23-04

For Office Use Only Application # 0508-02 Date Received 9-7-05 By LH Permit # 23676
Application Approved by - Zoning Official BLK Date 20.07.05 Plans Examiner OK JTH Date 9-26-05
Flood Zone Xper phd Development Permit N/A Zoning RSF-1 Land Use Plan Map Category RES. U.L. DEN.
Comments
PI W/ NOL

Applicants Name WAYNE T. HUDSON Phone 752-1364
Address Box 2273 LAKE CITY, FL 32056
Owners Name SAMIE ~~DEAN B. HUDSON~~ Phone _____
X911 Address 236 SW Legacy Glen, Lake City FL 32024
Contractors Name Samie (as Contractor) Phone _____
Address _____
Fee Simple Owner Name & Address SAMIE
Bonding Co. Name & Address _____
Architect/Engineer Name & Address MARK DISSOSUNNY LAKE CITY
Mortgage Lenders Name & Address NONE
Circle the correct power company - FL Power & Light - Clay Elec. - Suwannee Valley Elec. - Progressive Energy
Property ID Number R18-45-17-08466-011 Estimated Cost of Construction \$100,000
Subdivision Name HERITAGE HILLS Lot 1 Block _____ Unit _____ Phase 1
Driving Directions 47 SOUTH 1 1/2 MILES FROM 41,
TURN RIGHT ON LEGACY GLEN
1ST LOT ON LEFT INSIDE GATES
Type of Construction BRICK VENEER Number of Existing Dwellings on Property 0
Total Acreage 1 Lot Size _____ Do you need a - Culvert Permit or Culvert Waiver or Have an Existing Drive
Actual Distance of Structure from Property Lines - Front 45 Side 40 Side 40 Rear 70
Total Building Height 10' Number of Stories 1 Heated Floor Area 2200 Roof Pitch 7/12
Porches 345 GARAGE 443 TOTAL 2983

Application is hereby made to obtain a permit to do work and installations as indicated. I certify that no work or installation has commenced prior to the issuance of a permit and that all work be performed to meet the standards of all laws regulating construction in this jurisdiction.

OWNERS AFFIDAVIT: I hereby certify that all the foregoing information is accurate and all work will be done in compliance with all applicable laws and regulating construction and zoning.

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

Wayne T. Hudson
Owner Builder or Agent (Including Contractor)

STATE OF FLORIDA
COUNTY OF COLUMBIA

Sworn to (or affirmed) and subscribed before me
this 01 day of September

Personally known ✓ or Produced Identification _____

Contractor Signature
Contractors License Number CRC005617
Competency Card Number _____



Laurie Hodson
Notary Signature



STATE OF FLORIDA
DEPARTMENT OF HEALTH

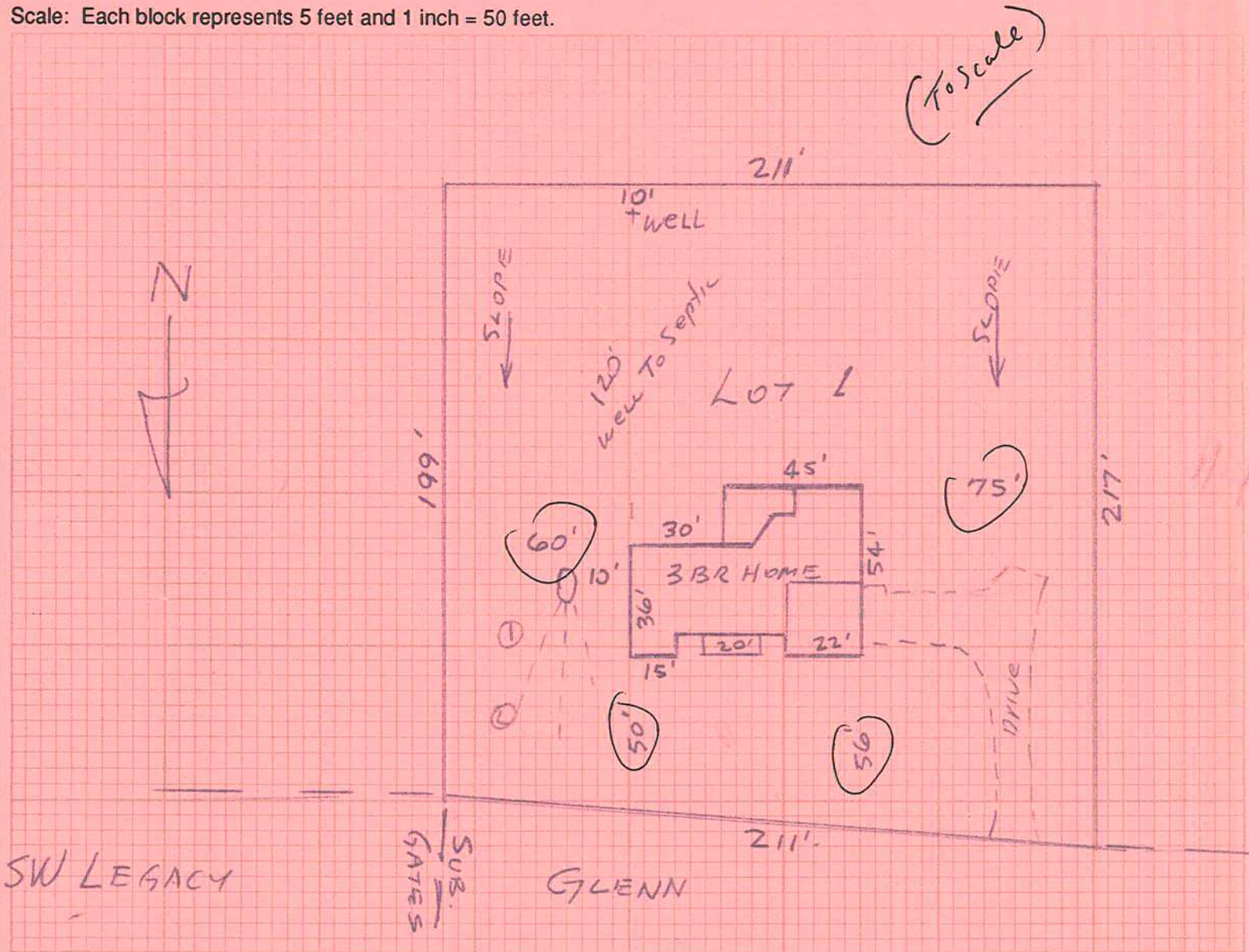
APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permit Application Number

05-0841N

PART II - SITE PLAN

Scale: Each block represents 5 feet and 1 inch = 50 feet.



Notes: LOT 1 HERITAGE HILLS

Site Plan submitted by: Walter J. Huber

Signature

OWNER

Title

Plan Approved ☒

Not Approved ☐

Date 8/11/05

By Salli Graddy, ES. COLUMBIA

County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

@ CAM112M01	S	CamaUSA Appraisal System		Columbia County
9/01/2005 11:31		Legal Description Maintenance	30000	Land 001
Year T Property		Sel		AG 000
2005 R 18-4S-17-08466-011		...		Bldg 000
				Xfea 000
HUDSON WAYNE T SR & GOLDIE K			30000	TOTAL B

1	LOT 1 HERITAGE HILLS S/D	2
3		4
5		6
7		8
9		10
11		12
13		14
15		16
17		18
19		20
21		22
23		24
25		26
27		28

Mnt' '8/04/2004' CHUCK

F1=Task F3=Exit F4=Prompt F10=GoTo PgUp/PgDn F24=More

FLORIDA ENERGY EFFICIENCY CODE
FOR BUILDING CONSTRUCTION

Florida Department of Community Affairs
Residential Whole Building Performance Method A

Project Name:	508091HudsonWayne	Builder:	Wayne Hudson
Address:		Permitting Office:	Columbia
City, State:	, FL	Permit Number:	23676
Owner:	Hudson Wayne	Jurisdiction Number:	221000
Climate Zone:	North		

1. New construction or existing	New	12. Cooling systems	
2. Single family or multi-family	Single family	a. Central Unit	Cap: 39.0 kBtu/hr
3. Number of units, if multi-family	1		SEER: 10.00
4. Number of Bedrooms	3	b. N/A	
5. Is this a worst case?	Yes	c. N/A	
6. Conditioned floor area (ft²)	2195 ft²		
7. Glass area & type	Single Pane Double Pane	13. Heating systems	
a. Clear glass, default U-factor	0.0 ft² 257.0 ft²	a. Electric Heat Pump	Cap: 39.0 kBtu/hr
b. Default tint, default U-factor	0.0 ft² 0.0 ft²		HSPF: 7.20
c. Labeled U-factor or SHGC	0.0 ft² 0.0 ft²	b. N/A	
8. Floor types		c. N/A	
a. Slab-On-Grade Edge Insulation	R=0.0, 220.0(p) ft		
b. N/A		14. Hot water systems	
c. N/A		a. Electric Resistance	Cap: 40.0 gallons
9. Wall types			EF: 0.89
a. Frame, Wood, Exterior	R=13.0, 1157.0 ft²	b. N/A	
b. Frame, Wood, Adjacent	R=13.0, 276.0 ft²	c. Conservation credits	
c. N/A		(HR-Heat recovery, Solar	
d. N/A		DHP-Dedicated heat pump)	
e. N/A		15. HVAC credits	
10. Ceiling types		(CF-Ceiling fan, CV-Cross ventilation,	
a. Under Attic	R=30.0, 2195.0 ft²	HF-Whole house fan,	
b. N/A		PT-Programmable Thermostat,	
c. N/A		MZ-C-Multizone cooling,	
11. Ducts		MZ-H-Multizone heating)	
a. Sup: Unc. Ret: Unc. AH: Interior	Sup. R=6.0, 180.0 ft		
b. N/A			

Glass/Floor Area: 0.12 Total as-built points: 28753 PASS
Total base points: 30632

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

PREPARED BY: Ben Sparks

DATE: 8/10/05 430m Sparks

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:



SUMMER CALCULATIONS

Residential Whole Building Performance Method A - Details

ADDRESS: , , FL,

PERMIT #:

BASE				AS-BUILT							
GLASS TYPES											
.18 X Conditioned X BSPM = Points Floor Area				Type/SC	Overhang Ornt Len Hgt			Area X SPM X SOF = Points			
.18	2195.0	20.04	7917.8	Double, Clear	SW	1.5	4.5	32.0	40.16	0.80	1034.4
				Double, Clear	SW	13.3	8.0	20.0	40.16	0.41	329.0
				Double, Clear	S	20.0	4.5	16.0	35.87	0.43	247.9
				Double, Clear	SW	9.0	4.8	24.0	40.16	0.40	384.8
				Double, Clear	SE	22.0	8.0	10.0	42.75	0.38	162.2
				Double, Clear	SW	0.0	0.0	24.0	40.16	1.00	963.8
				Double, Clear	NW	1.5	2.0	4.0	25.97	0.69	71.8
				Double, Clear	NE	1.5	8.0	36.0	29.56	0.96	1023.1
				Double, Clear	NE	6.3	8.0	36.0	29.56	0.64	675.8
				Double, Clear	NE	6.3	8.0	12.0	29.56	0.64	225.3
				Double, Clear	NE	6.3	2.5	5.0	29.56	0.45	66.5
				Double, Clear	NE	0.0	0.0	16.0	29.56	1.00	472.9
				Double, Clear	SE	1.5	3.5	18.0	42.75	0.72	555.8
				Double, Clear	SE	1.5	4.5	4.0	42.75	0.80	137.2
				As-Built Total:							
WALL TYPES Area X BSPM = Points				Type	R-Value		Area X SPM		=	Points	
Adjacent	276.0	0.70	193.2	Frame, Wood, Exterior	13.0		1157.0	1.50		1735.5	
Exterior	1157.0	1.70	1966.9	Frame, Wood, Adjacent	13.0		276.0	0.60		165.6	
Base Total: 1433.0 2160.1				As-Built Total:		1433.0		1901.1			
DOOR TYPES Area X BSPM = Points				Type			Area X SPM		=	Points	
Adjacent	20.0	2.40	48.0	Exterior Insulated			30.0	4.10		123.0	
Exterior	50.0	6.10	305.0	Exterior Insulated			20.0	4.10		82.0	
				Adjacent Insulated			20.0	1.60		32.0	
Base Total: 70.0 353.0				As-Built Total:		70.0		237.0			
CEILING TYPES Area X BSPM = Points				Type	R-Value		Area X SPM X SCM		=	Points	
Under Attic	2195.0	1.73	3797.4	Under Attic	30.0		2195.0	1.73 X 1.00		3797.4	
Base Total: 2195.0 3797.4				As-Built Total:		2195.0		3797.4			
FLOOR TYPES Area X BSPM = Points				Type	R-Value		Area X SPM		=	Points	
Slab	220.0(p)	-37.0	-8140.0	Slab-On-Grade Edge Insulation	0.0		220.0(p)	-41.20		-9064.0	
Raised	0.0	0.00	0.0								
Base Total: -8140.0				As-Built Total:		220.0		-9064.0			

SUMMER CALCULATIONS

Residential Whole Building Performance Method A - Details

ADDRESS: , , FL,

PERMIT #:

BASE				AS-BUILT					
INFILTRATION Area X BSPM = Points				Area X SPM = Points					
2195.0 10.21 22410.9				2195.0 10.21 22410.9					
Summer Base Points: 28499.2				Summer As-Built Points: 25632.9					
Total Summer X System = Cooling Points Multiplier Points				Total X Cap X Duct X System X Credit = Cooling Component Ratio Multiplier Multiplier Multiplier Points (DM x DSM x AHU)					
28499.2 0.4266 12157.8				25632.9 1.000 (1.090 x 1.147 x 0.91) 0.341 1.000 9953.3 25632.9 1.00 1.138 0.341 1.000 9953.3					

WINTER CALCULATIONS

Residential Whole Building Performance Method A - Details

ADDRESS: , , FL,

PERMIT #:

BASE				AS-BUILT										
GLASS TYPES .18 X Conditioned X BWPM = Points Floor Area				Type/SC Overhang Ornt Len Hgt Area X WPM X WOF = Points										
.18	2195.0	12.74	5033.6	Double, Clear	SW	1.5	4.5	32.0	16.74	1.11	596.2			
				Double, Clear	SW	13.3	8.0	20.0	16.74	1.87	624.9			
				Double, Clear	S	20.0	4.5	16.0	13.30	3.66	778.7			
				Double, Clear	SW	9.0	4.8	24.0	16.74	1.91	765.8			
				Double, Clear	SE	22.0	8.0	10.0	14.71	2.65	389.7			
				Double, Clear	SW	0.0	0.0	24.0	16.74	1.00	401.7			
				Double, Clear	NW	1.5	2.0	4.0	24.30	1.02	99.2			
				Double, Clear	NE	1.5	8.0	36.0	23.57	1.00	850.1			
				Double, Clear	NE	6.3	8.0	36.0	23.57	1.04	881.0			
				Double, Clear	NE	6.3	8.0	12.0	23.57	1.04	293.7			
				Double, Clear	NE	6.3	2.5	5.0	23.57	1.06	124.9			
				Double, Clear	NE	0.0	0.0	16.0	23.57	1.00	377.1			
				Double, Clear	SE	1.5	3.5	18.0	14.71	1.28	339.6			
				Double, Clear	SE	1.5	4.5	4.0	14.71	1.18	69.1			
				As-Built Total:								257.0	6591.7	
				WALL TYPES Area X BWPM = Points				Type R-Value Area X WPM = Points						
				Adjacent	276.0	3.60	993.6	Frame, Wood, Exterior		13.0	1157.0	3.40	3933.8	
Exterior	1157.0	3.70	4280.9	Frame, Wood, Adjacent		13.0	276.0	3.30	910.8					
Base Total: 1433.0 5274.5				As-Built Total: 1433.0 4844.6										
DOOR TYPES Area X BWPM = Points				Type Area X WPM = Points										
Adjacent	20.0	11.50	230.0	Exterior Insulated			30.0	8.40	252.0					
Exterior	50.0	12.30	615.0	Exterior Insulated			20.0	8.40	168.0					
				Adjacent Insulated			20.0	8.00	160.0					
Base Total: 70.0 845.0				As-Built Total: 70.0 580.0										
CEILING TYPESArea X BWPM = Points				Type R-Value Area X WPM X WCM = Points										
Under Attic	2195.0	2.05	4499.8	Under Attic		30.0	2195.0	2.05 X 1.00	4499.8					
Base Total: 2195.0 4499.8				As-Built Total: 2195.0 4499.8										
FLOOR TYPES Area X BWPM = Points				Type R-Value Area X WPM = Points										
Slab	220.0(p)	8.9	1958.0	Slab-On-Grade Edge Insulation		0.0	220.0(p)	18.80	4136.0					
Raised	0.0	0.00	0.0											
Base Total: 1958.0				As-Built Total: 220.0 4136.0										

WINTER CALCULATIONS

Residential Whole Building Performance Method A - Details

ADDRESS: , , FL,

PERMIT #:

BASE				AS-BUILT				
INFILTRATION Area X BWPM = Points				Area X WPM = Points				
2195.0 -0.59 -1295.0				2195.0 -0.59 -1295.0				
Winter Base Points: 16315.8				Winter As-Built Points: 19357.0				
Total Winter X System = Heating Points Multiplier Points				Total X Cap X Duct X System X Credit = Heating Component Ratio Multiplier Multiplier Multiplier Points (DM x DSM x AHU)				
16315.8 0.6274 10236.5				19357.0 1.000 (1.069 x 1.169 x 0.93) 0.474 1.000 10654.5 19357.0 1.00 1.162 0.474 1.000 10654.5				

WATER HEATING & CODE COMPLIANCE STATUS

Residential Whole Building Performance Method A - Details

ADDRESS: , , FL,

PERMIT #:

BASE					AS-BUILT					
WATER HEATING										
Number of Bedrooms	X	Multiplier	=	Total	Tank Volume	EF	Number of Bedrooms	X	Tank X Ratio	Credit X Multiplier = Total
3		2746.00		8238.0	40.0	0.89	3		1.00	2715.15
					As-Built Total:					8145.4

CODE COMPLIANCE STATUS							
BASE				AS-BUILT			
Cooling Points	+	Heating Points	+	Hot Water Points	=	Total Points	
12158		10237		8238		30632	

Cooling Points	+	Heating Points	+	Hot Water Points	=	Total Points	
9953		10655		8145		28753	

PASS



Code Compliance Checklist

Residential Whole Building Performance Method A - Details

ADDRESS: , , FL,

PERMIT #:

6A-21 INFILTRATION REDUCTION COMPLIANCE CHECKLIST

COMPONENTS	SECTION	REQUIREMENTS FOR EACH PRACTICE	CHECK
Exterior Windows & Doors	606.1.ABC.1.1	Maximum: .3 cfm/sq.ft. window area; .5 cfm/sq.ft. door area.	
Exterior & Adjacent Walls	606.1.ABC.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	606.1.ABC.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	606.1.ABC.1.2.3	Between walls & ceilings; penetrations of ceiling plane of 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	606.1.ABC.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 rated with < 2.0 cfm from conditioned space, tested.	
Multi-story Houses	606.1.ABC.1.2.5	Air barrier on perimeter of floor cavity between floors.	
Additional Infiltration reqts	606.1.ABC.1.3	Exhaust fans vented to outdoors, dampers; combustion space heaters comply with NFPA, have combustion air.	

6A-22 OTHER PRESCRIPTIVE MEASURES (must be met or exceeded by all residences.)

COMPONENTS	SECTION	REQUIREMENTS	CHECK
Water Heaters	612.1	Comply with efficiency requirements in Table 6-12. Switch or clearly marked circuit breaker (electric) or cutoff (gas) must be provided. External or built-in heat trap required.	
Swimming Pools & Spas	612.1	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%.	
Shower heads	612.1	Water flow must be restricted to no more than 2.5 gallons per minute at 80 PSIG.	
Air Distribution Systems	610.1	All ducts, fittings, mechanical equipment and plenum chambers shall be mechanically attached, sealed, insulated, and installed in accordance with the criteria of Section 610. Ducts in unconditioned attics: R-6 min. insulation.	
HVAC Controls	607.1	Separate readily accessible manual or automatic thermostat for each system.	
Insulation	604.1, 602.1	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 SCORE* = 84.0
The higher the score, the more efficient the home.

Hudson Wayne, , , FL,

1. New construction or existing New
2. Single family or multi-family Single family
3. Number of units, if multi-family 1
4. Number of Bedrooms 3
5. Is this a worst case? Yes
6. Conditioned floor area (ft²) 2195 ft²
7. Glass area & type Single Pane Double Pane
a. Clear glass, default U-factor 0.0 ft² 257.0 ft²
b. Default tint, default U-factor 0.0 ft² 0.0 ft²
c. Labeled U-factor or SHGC 0.0 ft² 0.0 ft²
8. Floor types
a. Slab-On-Grade Edge Insulation R=0.0, 220.0(p) ft
b. N/A
c. N/A
9. Wall types
a. Frame, Wood, Exterior R=13.0, 1157.0 ft²
b. Frame, Wood, Adjacent R=13.0, 276.0 ft²
c. N/A
d. N/A
e. N/A
10. Ceiling types
a. Under Attic R=30.0, 2195.0 ft²
b. N/A
c. N/A
11. Ducts
a. Sup: Unc. Ret: Unc. AH: Interior Sup. R=6.0, 180.0 ft
b. N/A
12. Cooling systems
a. Central Unit Cap: 39.0 kBtu/hr SEER: 10.00
b. N/A
c. N/A
13. Heating systems
a. Electric Heat Pump Cap: 39.0 kBtu/hr HSPF: 7.20
b. N/A
c. N/A
14. Hot water systems
a. Electric Resistance Cap: 40.0 gallons EF: 0.89
b. N/A
c. Conservation credits (HR-Heat recovery, Solar DHP-Dedicated heat pump)
15. HVAC credits (CF-Ceiling fan, CV-Cross ventilation, HF-Whole house fan, PT-Programmable Thermostat, MZ-C-Multizone cooling, MZ-H-Multizone heating)

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 score is only available through the FLA/RES computer program. This is not a Building Energy Rating. If your score is 80 or greater (or 86 for a US EPA/DOE EnergyStar™ designation), your home may qualify for energy efficiency mortgage (EEM) 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 www.fsec.ucf.edu 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 Energy Gauge (Version: FLR2PB v3.4)

Licensee Details**Licensee Information**

Name: **HUDSON, WAYNE T (Primary Name)**
WAYNE HUDSON BUILDERS (DBA Name)
Main Address: **PO BOX 2273**
LAKE CITY Florida 32056-2273
County: **COLUMBIA**

License Mailing:

LicenseLocation: **PO BOX 2273**
LAKE CITY FL 32056-2273
County: **COLUMBIA**

License Information

License Type: **Certified Residential Contractor**
Rank: **Cert Residential**
License Number: **CRC005617**
Status: **Current,Active**
Licensure Date:
Expires: **08/31/2006**

Special Qualifications **Qualification Effective**
Bldg Code Core Course
Credit

[View Related License Information](#)

[View License Complaint](#)

HALL'S PUMP & WELL SERVICE, INC.

SPECIALIZING IN 4"-6" WELLS



DONALD AND MARY HALL
OWNERS

PHONE (904) 752-1854
FAX (904) 755-7022
~~XXXX NORTH FIRST STREET~~
LAKE CITY, FLORIDA 32055
904 NW Main Blvd.


June 12, 2002

NOTICE TO ALL CONTRACTORS

Please be advised that due to the new building codes we will use a large capacity diaphragm tank on all new wells. This will insure a minimum of one (1) minute draw down or one (1) minute refill. If a smaller diaphragm tank is used then we will install a cycle stop valve which will produce the same results.

If you have any questions please feel free to call our office anytime.

Thank you,


Donald D. Hall
DDH/jk

From: The Columbia County Building Department
Plans Review
135 NE Hernando Av.
P. O Box 1529
Lake City Florida, 32056-1529

Reference to: Build permit application Number: **0509-02 Wayne T Hudson**
Owner Wayne T Hudson Lot 1 Phase Heritage Hills
Subdivision

On the date of September 9, 2005 application 0509-02 and plans for construction of a single family dwelling were reviewed and the following information or alteration to the plans will be required to continue processing this application. If you should have any question please contact the above address, or contact phone number (386) 758-1163 or fax any information to (386) 754-7088.

Please include application number 0509-02 when making reference to this application.

1. Please provide a letter from the potable well water contractor giving the following information.
 - A. Size of pump motor
 - B. Size of pressure tank
 - C. Cycle stop valve if used
2. Please submit a recorded notice of commencement with this department prior to requesting any inspections on this dwelling.
3. If the dwelling to be constructed is for sale with in one year after completion, Florida Statutes 489.103(7) will presume you to be in violation. Please resubmit this building permit application, using your contractor license rather you be the owner builder of this dwelling.
4. Verify on the floor plan that one window opening in the bed room meet the requirements of the FBC sections 1005.4 which relates to emergency escape and rescue openings.

5. Please submit two sets of the truss layout plans and truss details signed and sealed by a Fl. Pro. Eng. for this structure.

6. On the electrical plan please indicate all receptacles in the kitchen, bathrooms, garage and the two required outdoor receptacles to have GFCI circuit protection.

7. Show on the electrical plan the required smoke alarms.

Smoke alarms shall be installed in the following locations:

A. In each sleeping room.

B. Outside each separate sleeping area in the immediate vicinity of the bedrooms.

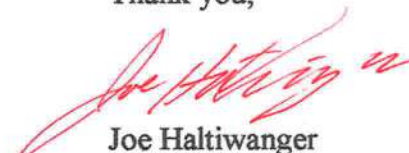
When more than one smoke alarm is required to be installed within an individual dwelling unit the alarm devices shall be interconnected in such a manner that the actuation of one alarm will activate all of the alarms in the individual unit. The alarm shall be clearly audible in all bedrooms over background noise levels with all intervening doors closed.

8. Show on the electrical plan the required arc-fault circuit protection for all bedrooms optional bedrooms.

9. Show on the electrical plan the location of the electrical panel and provide the amperage rating for this panel.

10. Please submit the approval of products by The Florida Building Commission for use in the exterior shear wall and roof system limited to the following categories of products: (1) Panel Walls; (2) Exterior Doors; (3) Roofing Products; (4) Skylights; (5) Windows; (6) Shutters; (7) Structural components;

Thank you,



Joe Haltiwanger
Plan Examiner

**COLUMBIA COUNTY BUILDING DEPARTMENT
CHECKLIST FOR PERMITTING**

Application # 0509-02

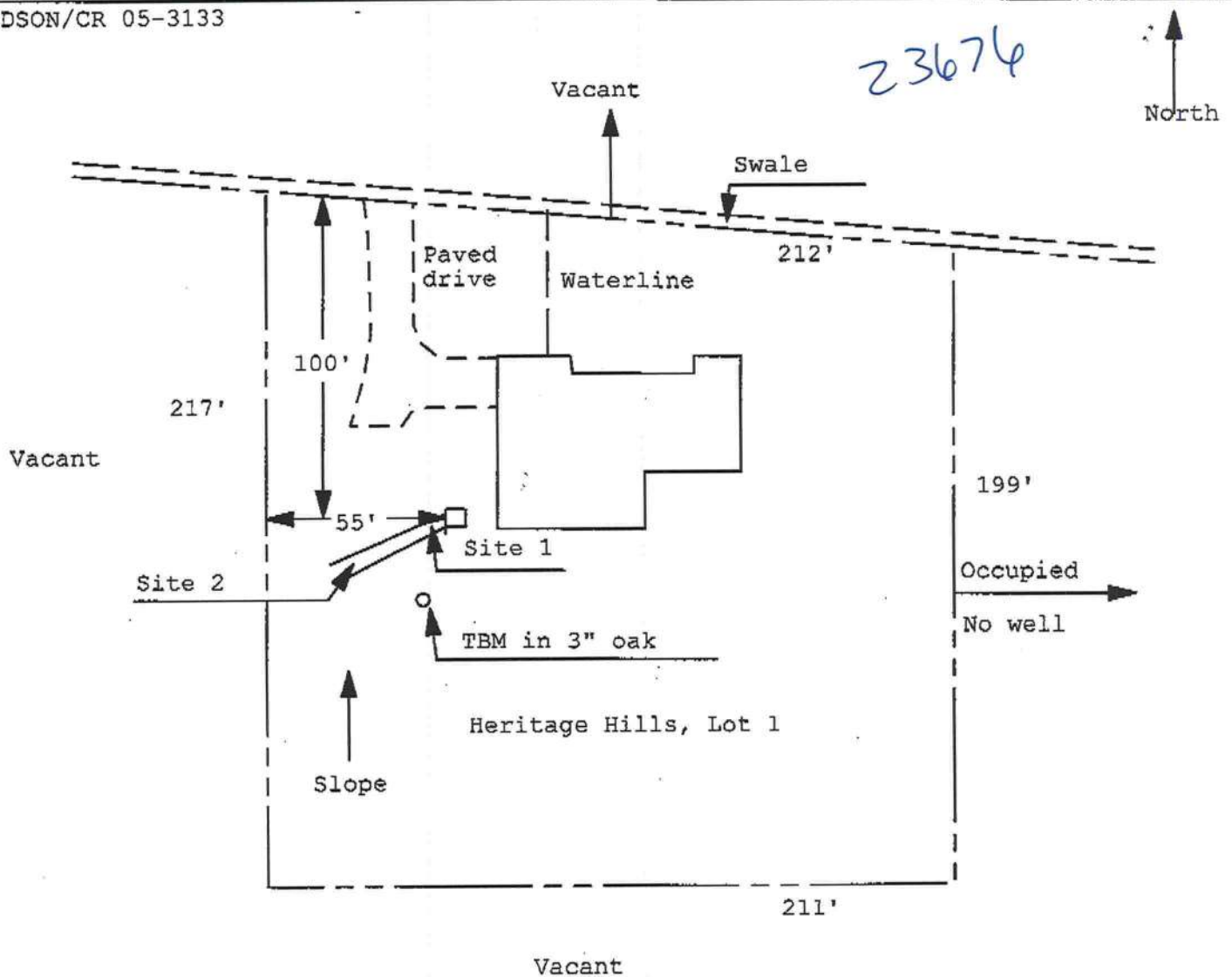
- ☒ **Notarized completed Building Permit Application**
Notes:
- ☒ **If an Owner Builder, signed Disclosure Statement**
Notes:
- ☒ **Recorded Deed or a Notarized Affidavit (form from the Building Dept.)**
Notes: *PA Computer*
- ☒ **Approved and Signed Site Plan from Environmental Health on the septic**
Notes:
- ☒ **Site plan with actual distances of the structure to each property line**
Notes:
- ☐ **911 Address form, Contact 386.752.8787 for an appointment**
Notes:
- ☒ **Residential or Commercial Checklist completed**
Notes:
- ☒ **Driving directions including all road names**
Notes:
- ☒ **Well information (on plans or letter from the well driller)**
Notes:
- ☒ **Before the 1st inspection Recorded Notice of Commencement signed by owner**
Notes: *Needs to be recorded*
- ☒ **2 sets of plans (blueprints)**
Notes:
- ☒ **2 sets of sealed truss engineering**
Notes: *on plans*
- ☒ **2 sets of energy code & manual J**
Notes: *Only has One copy submitted*
- ☒ **2 sets of engineering packets including specs on windows, doors, roof and etc.**
Notes: *on plans ← not sure about this?*

Application for Onsite Sewage Disposal System
Construction Permit. Part II Site Plan
Permit Application Number: 01-0747

Permit Application Number:

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH UNIT

HUDSON/CR 05-3133



1 inch = 50 feet

Site Plan Submitted By Wayne Hulse Date 9/20/07
Plan Approved ☒ Not Approved ☐ Day

Plan Approved ☒ Not Approved ☐ Date _____

By Mr. O. K. Columbia CPHU

Notes: _____

REVISED

NOTICE OF COMMENCEMENT FORM
COLUMBIA COUNTY, FLORIDA

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

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

Tax Parcel ID Number R 18 - 45 - 17 - 08466 - 011
Permit No. 23676

1. Description of property: (legal description of the property and street address or 911 address)
LOT 1 HERITAGE HILLS SUB
236 SW Legacy GLEN
2. General description of Improvement: NEW RESIDENCE
3. Owner Name & Address WAYNE HUDSON
Box 2273 LC 32056 Interest In Property OWNER
4. Name & Address of Fee Simple Owner (if other than owner): _____
5. Contractor Name OWNER BUILDERS Phone Number 752-1367
Address _____
6. Surety Holders Name _____
Address _____ Inst: 2005025890 Date: 10/18/2005 Time: 13:01
Amount of Bond MR DC, P. Dewitt Cason, Columbia County B: 1062 P: 326
7. Lender Name None
Address _____
8. Persons within the State of Florida designated by the Owner upon whom notices or other documents may be served as provided by section 718.13 (1)(a) 7; Florida Statutes:
Name OWNER Phone Number _____
Address _____
9. In addition to himself/herself the owner designates _____ of _____
_____ to receive a copy of the Lienor's Notice as provided in Section 713.13 (1) -
(a) 7. Phone Number of the designee _____
10. Expiration date of the Notice of Commencement (the expiration date is 1 (one) year from the date of recording, (Unless a different date is specified) _____

NOTICE AS PER CHAPTER 713, Florida Statutes:

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

Sworn to (or affirmed) and subscribed before
day of 9-1, 20 05

Wayne T. Hudson
Signature of Owner

NOTARY STAMP/SEAL



[Signature]
Signature of Notary

New Construction Subterranean Termite Soil Treatment Record

OMB Approval No. 2502-0525
(exp. 10/31/2005)

This form is completed by the licensed Pest Control Company.

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This information is mandatory and is required to obtain benefits. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.
Section 24 CFR 200.926d(b)(3) requires that the sites for HUD insured structures must be free of termite hazards. This information collection requires the builder to certify that an authorized Pest Control company performed all required treatment for termites, and that the builder guarantees the treated area against infestation for one year. Builders, pest control companies, mortgage lenders, homebuyers, and HUD as a record of treatment for specific homes will use the information collected. The information is not considered confidential.

This report is submitted for informational purposes to the builder on proposed (new) construction cases when soil treatment for prevention of subterranean termite infestation is specified by the builder, architect, or required by the lender, architect, FHA, or VA.

All contracts for services are between the Pest Control Operator and builder, unless stated otherwise.

Section 1: General Information (Treating Company Information)

Company Name: Aspen Pest Control, Inc. # 23676
Company Address: 301 NW Cole Terrace City Lake City State FL Zip 32055
Company Business License No. JF109476 Company Phone No. 386-755-3611
FHA/VA Case No. (if any) _____

Section 2: Builder Information

Company Name: Wayne Hudson Company Phone No. 752-13164

Section 3: Property Information

Location of Structure(s) Treated (Street Address or Legal Description, City, State and Zip) 216 SW Legacy Glen Lake City, FL 32024
Type of Construction (More than one box may be checked) ☒ Slab ☐ Basement ☐ Crawl ☐ Other _____
Approximate Depth of Footing: Outside 1' Inside 1.5' Type of Fill sand

Section 4: Treatment Information

Date(s) of Treatment(s) 11/3/05
Brand Name of Product(s) Used Pro Build
EPA Registration No. 100-1006
Approximate Final Mix Solution % 38%
Approximate Size of Treatment Area: Sq. ft. 2195 Linear ft. 315 Linear ft. of Masonry Voids 298
Approximate Total Gallons of Solution Applied 500 gals.
Was treatment completed on exterior? ☐ Yes ☒ No
Service Agreement Available? ☒ Yes ☐ No

Note: Some state laws require service agreements to be issued. This form does not preempt state law.

Attachments (List) _____
Comments _____

Name of Applicator(s) S. Gregory Certification No. (if required by State law) JF104376

The applicator has used a product in accordance with the product label and state requirements. All treatment materials and methods used comply with state and federal regulations.

Authorized Signature Shannon Ingo Date 11/3/05

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)
Form NPCA-99-B may still be used form HUD-NPCA-99-B (04/2003)

Reorder Product #2581 • from CROWNMAX • 1-800-252-4011