

DATE 04/02/2004

Columbia County Building Permit

This Permit Expires One Year From the Date of Issue

PERMIT**000021685**

APPLICANT LORE HINES PHONE 904.259.2176

ADDRESS POB 356 MACCLENNY FL 32063

OWNER BRIAN & ZANDRA VICKERS PHONE 904.259.2176

ADDRESS 457 NW BLACKBERRY CIRCLE LAKE CITY FL 32025

CONTRACTOR H. BENTLEY RHODEN PHONE _____

LOCATION OF PROPERTY LAKE JEFFERY ROAD TO NASH RD. L. GO TO S/D L. AD IT:S
LOT 2 ON BLACBERRY CIRCLE

TYPE DEVELOPMENT SFD & UTILITY ESTIMATED COST OF CONSTRUCTION 96100.00

HEATED FLOOR AREA 1922.00 TOTAL AREA 3738.00 HEIGHT 25.00 STORIES 2

FOUNDATION CONC WALLS FRAMED ROOF PITCH 712 FLOOR CONC

LAND USE & ZONING PRRD MAX. HEIGHT 35

Minimum Set Back Requirments: STREET-FRONT 30.00 REAR 25.00 SIDE 25.00

NO. EX.D.U. _____ FLOOD ZONE XPP DEVELOPMENT PERMIT NO. _____

PARCEL ID 17-3S-16-02168-102 SUBDIVISION BLACKBERRY FARMS

LOT 2 BLOCK _____ PHASE _____ UNIT _____ TOTAL ACRES 2.50

000000256 N CBC060014 *Lore Hines*

Culvert Permit No. Culvert Waiver Contractor's License Number Applicant Owner Contractor

18"X3' MITERED 04-0296-N BLK JDK Y

Driveway Connection Septic Tank Number LU & Zoning checked by Approved for Issuance New Resident

COMMENTS NOC ON FILE1 FOOT ABOVE ROAD.Check # or Cash 0001312**FOR BUILDING & ZONING DEPARTMENT ONLY**

(footer/Slab)

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

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

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

Electrical rough-in _____ Heat & Air Duct _____ Peri. beam (Lintel) _____
 date/app. by _____ date/app. by _____ date/app. by _____

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

M/H tie downs, blocking, electricity and plumbing _____ Pool _____
 date/app. by _____ date/app. by _____

Reconnection _____ Pump pole _____ Utility Pole _____
 date/app. by _____ date/app. by _____ date/app. by _____

M/H Pole _____ Travel Trailer _____ Re-roof _____
 date/app. by _____ date/app. by _____ date/app. by _____

BUILDING PERMIT FEE \$ 485.00 CERTIFICATION FEE \$ 18.69 SURCHARGE FEE \$ 18.69

MISC. FEES \$.00 ZONING CERT. FEE \$ 50.00 FIRE FEE \$ _____ WASTE FEE \$ _____

FLOOD ZONE DEVELOPMENT FEE \$ _____ CULVERT FEE \$ 25.00 **TOTAL FEE** 597.38

INSPECTOR'S OFFICE *[Signature]* CLERK'S OFFICE *[Signature]*

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 INCONVENIENCE. 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.

Per Plat - 200' Buffer
From Rear property line.

Building Permit Application

#21685

3/17/04

Date 3/10/04

Culvert permit needed

LORE LORE

#256

Application No. 0403-50

Applicants Name & Address H. Bentley Rhoden

Phone 904-259-2171

P.O. Box 356; Macclenny, FL 32063

Owners Name & Address Brian and Zandra Vickers

Phone 904-259-1088

21 Martha Drive; Macclenny, FL 32063

Fee Simple Owners Name & Address

Phone

Contractors Name & Address MacGlen Builders, Inc.

Phone 904-259-2171

P.O. Box 356; Macclenny, FL 32063

Legal Description of Property See Attached Schedule "A"

Location of Property Blackberry Farms Lot 2

Driving Directions From Lake City go west on US 90, right on CR-135, right at intersection, veer left onto Wash Rd, SD is

Tax Parcel Identification No. 17-33-16-D2168-102

Estimated Cost of Construction \$ 171,000.00

Type of Development Residential (PUD)

Number of Existing Dwellings on Property 0

Comprehensive Plan Map Category A-3

Zoning Map Category PRD

Building Height 1

Number of Stories 2

Floor Area 2586

Distance From Property Lines (Set Backs)

Front 150'

Side 118

Total Acreage in Development 124.2020

Flood Zone

X per 01

Certification Date

N/A

Rear 200 326' Street

Bonding Company Name & Address

Development Permit N/A

Architect/Engineer Name & Address Marty J. Humphries, P.E. #51976; 7932 240th St., D'Brien, FL 32071

Mortgage Lenders Name & Address First Federal Savings Bank of Florida; 4705 West US 90;

P.O. Box 2029; Lake City, FL 32056

Application is hereby made to obtain a permit to do the 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 will 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 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.

[Signature]
Owner or Agent (including contractor)

[Signature]
Contractor

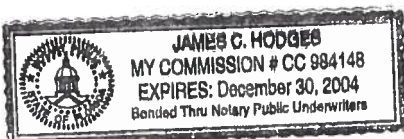
CB-CD60014
Contractor License Number

STATE OF FLORIDA
COUNTY OF COLUMBIA Baker
Sworn to (or affirmed) and subscribed before me
this 10th day of March by 2004

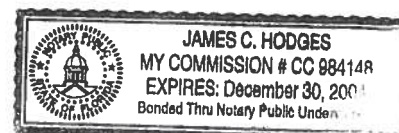
STATE OF FLORIDA
COUNTY OF COLUMBIA Baker
Sworn to (or affirmed) and subscribed before me
this 10th day of March by 2004

Personally Known OR Produced Identification

Personally Known OR Produced Identification



MacGlen Builders, Inc.
P. O. Box 356
Macclenny, Florida 32063-0356
(904) 259-2170



21685

MACGLEN BUILDERS, INC.

P.O. Box 350
Macclenny, Florida 32063-0350
Telephone: (904) 259-2176, 259-2255, 813-1580
Facsimile: (904) 259-6359

2 April 2004

Columbia County Building Department
Courthouse Annex
Lake City, Florida 32024

To Whom It May Concern:

I, Hugh Bentley Rhoden, licensed general contractor, License #CB-C060014, for MacGlen Builders, Inc., authorize Lore Hines and/or Claudette Crawford to pick up and submit building permit packages.

Authorization is also granted for Lore Hines and/or Claudette Crawford to be contact persons with any questions concerning all submitted building permit applications.

Yours truly,



Hugh Bentley Rhoden
Licensed General Contractor
License #CB-C060014

STATE OF FLORIDA COUNTY OF BAKER

I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the State and County aforesaid, to take acknowledgments, personally appeared **HUGH BENTLEY RHODEN**, to me known to be the person described in and who executed the foregoing instrument and acknowledged before me that he executed the same.

WITNESS MY HAND AND OFFICIAL SEAL, in the County and State last aforesaid this 2nd day of April 2004.


NOTARY PUBLIC



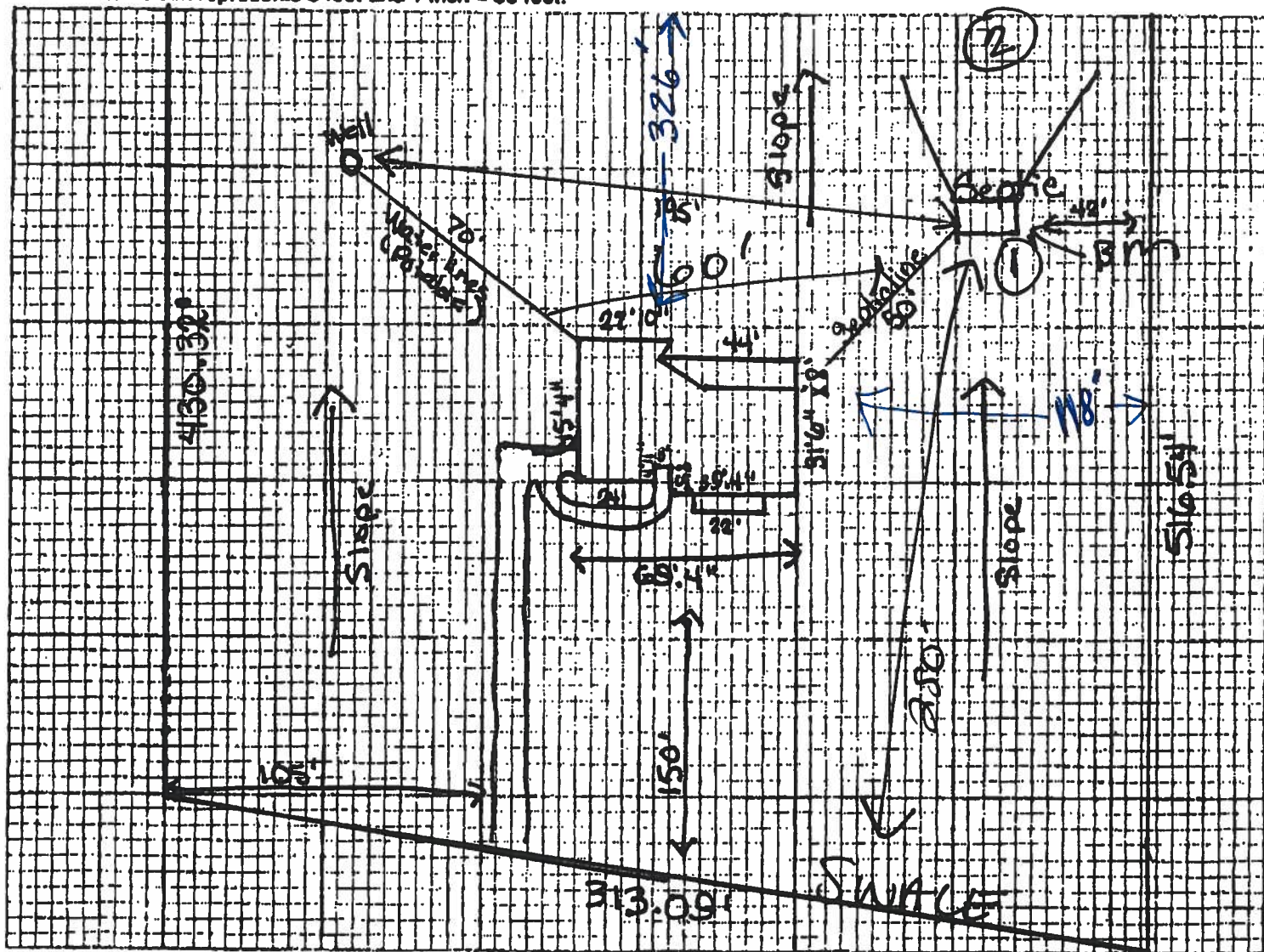
**STATE OF FLORIDA
DEPARTMENT OF HEALTH**

APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permit Application Number 04-0296N

PART II - SITE PLAN-

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



Notes:

Site Plan submitted by: MacGlen Builders, Inc.

Signature _____

Signature H. Bentley Rhoden

Not Approved

President

TEL

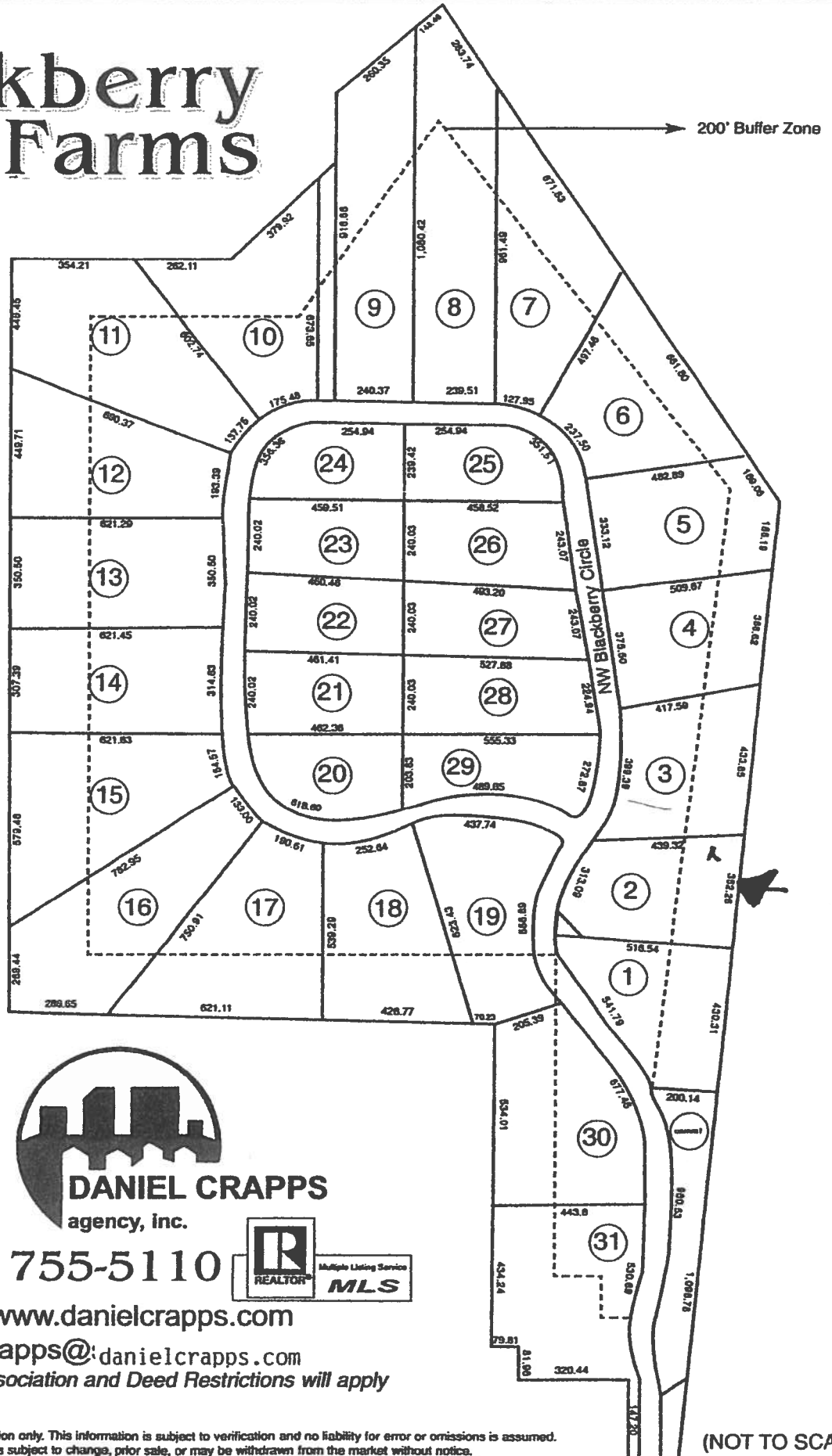
Date 3.12.04

By Salli A. Gradich, ESI, COLUMBIA

County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

Blackberry Farms



DANIEL CRAPPS
agency, inc.

Contact

@ (386) 755-5110



Web: www.danielcrapps.com

E-mail: dcrapps@danielcrapps.com

Homeowner's Association and Deed Restrictions will apply

This sheet is for general information only. This information is subject to verification and no liability for error or omissions is assumed.
Property or price is subject to change, prior sale, or may be withdrawn from the market without notice.

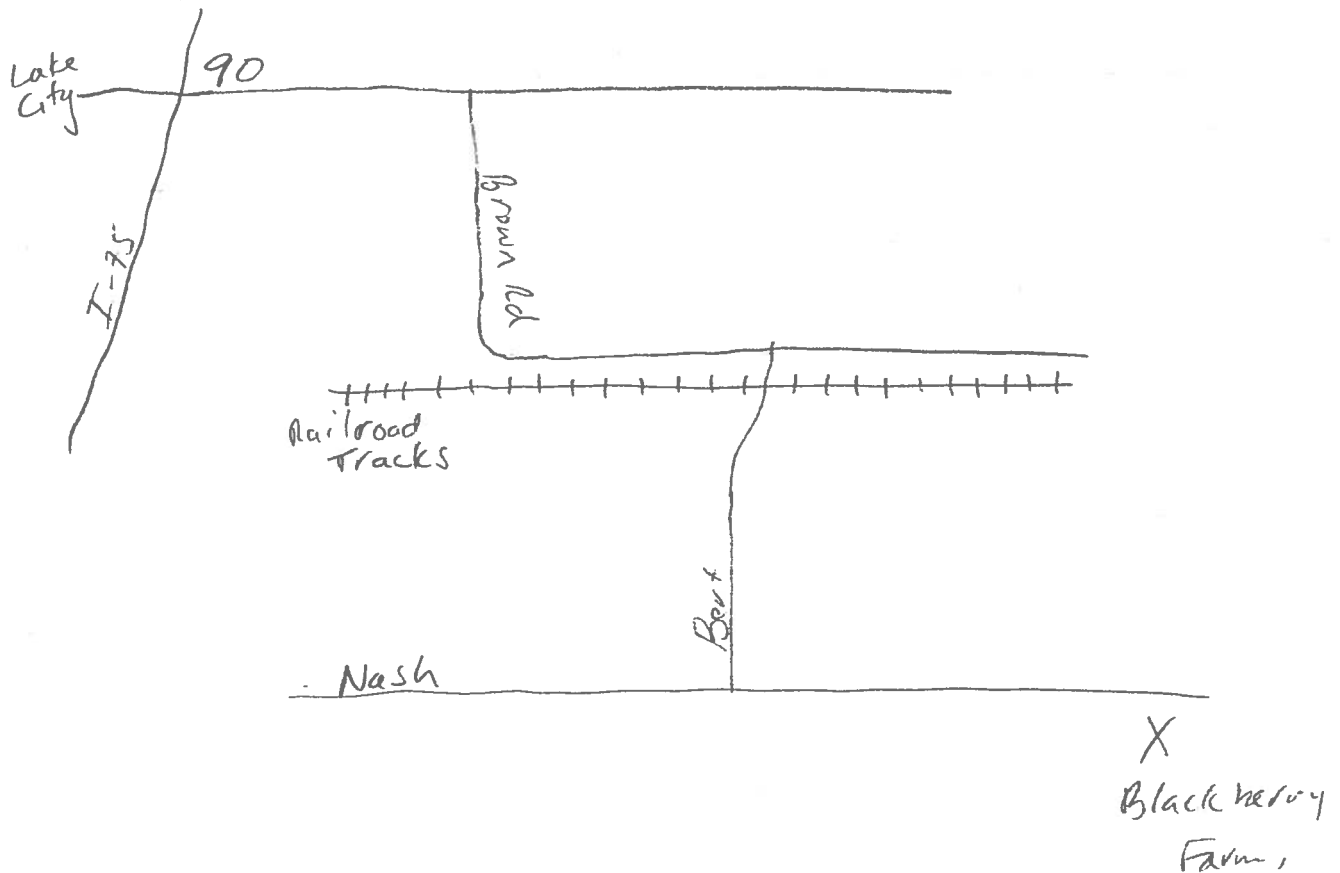
(NOT TO SCALE)

Schedule "A"

Lot 2, BLACKBERRY FARMS, a subdivision according to the plat thereof as recorded in PRRD Book 1, Pages 4-12 of the public records of Columbia County, Florida.

Directions to Lake City from Blackberry Farms.

- Turn Left out of Blackberry Farms take 1st road to Right called Bert Rd go until it dead ends + take left follow it until it dead ends onto to highway 90 take a Left to go to Lake City



FLORIDA ENERGY EFFICIENCY CODE FOR BUILDING CONSTRUCTION

Florida Department of Community Affairs Residential Whole Building Performance Method A

Project Name: **MACGLEN BUILDERS VICKERS**
Address:
City, State: **LAKE CITY, FL**
Owner: **BRIAN VICKERS**
Climate Zone: **North**

Builder: **MACGLEN BUILDERS**
Permitting Office: *Columbia*
Permit Number: *21685*
Jurisdiction Number: **221000**

1. New construction or existing	New	___	12. Cooling systems		
2. Single family or multi-family	Single family	___	a. Central Unit	Cap: 48.0 kBtu/hr	___
3. Number of units, if multi-family	1	___		SEER: 11.00	___
4. Number of Bedrooms	3	___	b. N/A		___
5. Is this a worst case?	No	___	c. N/A		___
6. Conditioned floor area (ft ²)	1922 ft ²	___	13. Heating systems		
7. Glass area & type	Single Pane	Double Pane	a. Electric Heat Pump	Cap: 48.0 kBtu/hr	___
a. Clear glass, default U-factor	0.0 ft ²	293.0 ft ²		HSPF: 7.60	___
b. Default tint	0.0 ft ²	0.0 ft ²	b. N/A		___
c. Labeled U or SHGC	0.0 ft ²	0.0 ft ²	c. N/A		___
8. Floor types			14. Hot water systems		
a. Slab-On-Grade Edge Insulation	R=0.0, 236.0(p) ft	___	a. Electric Resistance	Cap: 60.0 gallons	___
b. N/A		___		EF: 0.90	___
c. N/A		___	b. N/A		___
9. Wall types			c. Conservation credits		___
a. Frame, Wood, Exterior	R=11.0, 420.0 ft ²	___	(HR-Heat recovery, Solar		
b. Frame, Wood, Exterior	R=11.0, 448.0 ft ²	___	DHP-Dedicated heat pump)		
c. Frame, Wood, Exterior	R=11.0, 950.0 ft ²	___	15. HVAC credits		___
d. Frame, Wood, Exterior	R=11.0, 310.0 ft ²	___	(CF-Ceiling fan, CV-Cross ventilation,		
e. Frame, Wood, Exterior	R=11.0, 264.0 ft ²	___	HF-Whole house fan,		
10. Ceiling types			PT-Programmable Thermostat,		
a. Under Attic	R=30.0, 1922.0 ft ²	___	MZ-C-Multizone cooling,		
b. N/A		___	MZ-H-Multizone heating)		
c. N/A		___			
11. Ducts					
a. Sup: Unc. Ret: Unc. AH: Garage	Sup. R=6.0, 38.0 ft	___			
b. N/A		___			

Glass/Floor Area: 0.15

Total as-built points: 30639

Total base points: 30717

PASS

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

PREPARED BY: _____

DATE: _____

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: , LAKE CITY, 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	1922.0	20.04	6933.0	Double, Clear	N	1.0	8.0	72.0	19.20	0.99	1370.1
				Double, Clear	N	1.0	8.0	12.0	19.20	0.99	228.4
				Double, Clear	W	1.0	8.0	3.0	38.52	0.99	114.6
				Double, Clear	S	1.0	8.0	45.0	35.87	0.98	1588.4
				Double, Clear	S	1.0	8.0	36.0	35.87	0.98	1270.7
				Double, Clear	S	1.0	8.0	20.0	35.87	0.98	706.0
				Double, Clear	SE	1.0	8.0	10.0	42.75	0.99	425.2
				Double, Clear	SW	1.0	8.0	10.0	40.16	0.99	399.2
				Double, Clear	SW	1.0	8.0	18.0	40.16	0.99	718.5
				Double, Clear	W	1.0	8.0	15.0	38.52	0.99	573.1
				Double, Clear	NW	1.0	8.0	15.0	25.97	0.99	387.2
				Double, Clear	SW	1.0	8.0	15.0	40.16	0.99	598.7
				Double, Clear	E	1.0	8.0	16.0	42.06	0.99	667.0
				Double, Clear	E	1.0	8.0	6.0	42.06	0.99	250.1
				As-Built Total:				293.0		9297.2	
WALL TYPES Area X BSPM = Points				Type	R-Value		Area X	SPM	= Points		
Adjacent	0.0	0.00	0.0	Frame, Wood, Exterior	11.0		420.0	1.70	714.0		
Exterior	2392.0	1.70	4066.4	Frame, Wood, Exterior	11.0		448.0	1.70	761.6		
				Frame, Wood, Exterior	11.0		950.0	1.70	1615.0		
				Frame, Wood, Exterior	11.0		310.0	1.70	527.0		
				Frame, Wood, Exterior	11.0		264.0	1.70	448.8		
Base Total:	2392.0		4066.4	As-Built Total:				2392.0	4066.4		
DOOR TYPES Area X BSPM = Points				Type			Area X	SPM	= Points		
Adjacent	17.0	2.40	40.8	Exterior Insulated			18.0	4.10	73.8		
Exterior	18.0	6.10	109.8	Adjacent Insulated			17.0	1.60	27.2		
Base Total:	35.0		150.6	As-Built Total:				35.0	101.0		
CEILING TYPES Area X BSPM = Points				Type	R-Value		Area X	SPM X SCM	= Points		
Under Attic	1922.0	1.73	3325.1	Under Attic	30.0		1922.0	1.73 X 1.00	3325.1		
Base Total:	1922.0		3325.1	As-Built Total:				1922.0	3325.1		
FLOOR TYPES Area X BSPM = Points				Type	R-Value		Area X	SPM	= Points		
Slab	236.0(p)	-37.0	-8732.0	Slab-On-Grade Edge Insulation	0.0		236.0(p)	-41.20	-9723.2		
Raised	0.0	0.00	0.0								
Base Total:			-8732.0	As-Built Total:				236.0	-9723.2		

SUMMER CALCULATIONS**Residential Whole Building Performance Method A - Details**

ADDRESS: , LAKE CITY, FL,

PERMIT #:

BASE				AS-BUILT				
INFILTRATION	Area	X	BSPM = Points		Area	X	SPM = Points	
	1922.0	10.21	19623.6		1922.0	10.21	19623.6	
Summer Base Points: 25366.7				Summer As-Built Points: 26690.1				
Total Summer Points	X	System Multiplier	= Cooling Points	Total Component	X	Cap Ratio	X Duct Multiplier (DM x DSM x AHU)	X System Multiplier X Credit Multiplier = Cooling Points
25366.7	0.4266		10821.4	26690.1 26690.1	1.000 1.00	(1.090 x 1.147 x 1.00) 1.250	0.310 0.310	1.000 1.000 10353.4

WINTER CALCULATIONS

Residential Whole Building Performance Method A - Details

ADDRESS: , LAKE CITY, 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	1922.0	12.74	4407.5	Double, Clear	N	1.0	8.0	72.0	24.58	1.00	1769.2
				Double, Clear	N	1.0	8.0	12.0	24.58	1.00	294.9
				Double, Clear	W	1.0	8.0	3.0	20.73	1.00	62.3
				Double, Clear	S	1.0	8.0	45.0	13.30	1.00	596.3
				Double, Clear	S	1.0	8.0	36.0	13.30	1.00	477.1
				Double, Clear	S	1.0	8.0	20.0	13.30	1.00	265.0
				Double, Clear	SE	1.0	8.0	10.0	14.71	1.02	149.5
				Double, Clear	SW	1.0	8.0	10.0	16.74	1.01	168.6
				Double, Clear	SW	1.0	8.0	18.0	16.74	1.01	303.5
				Double, Clear	W	1.0	8.0	15.0	20.73	1.00	311.7
				Double, Clear	NW	1.0	8.0	15.0	24.30	1.00	364.1
				Double, Clear	SW	1.0	8.0	15.0	16.74	1.01	252.9
				Double, Clear	E	1.0	8.0	16.0	18.79	1.01	303.2
				Double, Clear	E	1.0	8.0	6.0	18.79	1.01	113.7
				As-Built Total:				293.0	5432.0		
WALL TYPES											
Area X BWPM = Points				Type	R-Value		Area X WPM = Points				
Adjacent	0.0	0.00	0.0	Frame, Wood, Exterior	11.0		420.0	3.70		1554.0	
Exterior	2392.0	3.70	8850.4	Frame, Wood, Exterior	11.0		448.0	3.70		1657.6	
				Frame, Wood, Exterior	11.0		950.0	3.70		3515.0	
				Frame, Wood, Exterior	11.0		310.0	3.70		1147.0	
				Frame, Wood, Exterior	11.0		264.0	3.70		976.8	
Base Total:				2392.0				8850.4			
				As-Built Total:				2392.0		8850.4	
DOOR TYPES											
Area X BWPM = Points				Type			Area X WPM = Points				
Adjacent	17.0	11.50	195.5	Exterior Insulated			18.0	8.40		151.2	
Exterior	18.0	12.30	221.4	Adjacent Insulated			17.0	8.00		136.0	
Base Total:				35.0				416.9			
				As-Built Total:				35.0		287.2	
CEILING TYPES											
Area X BWPM = Points				Type	R-Value		Area X WPM X WCM = Points				
Under Attic	1922.0	2.05	3940.1	Under Attic	30.0		1922.0	2.05 X 1.00		3940.1	
Base Total:				1922.0				3940.1			
				As-Built Total:				1922.0		3940.1	
FLOOR TYPES											
Area X BWPM = Points				Type	R-Value		Area X WPM = Points				
Slab	236.0(p)	8.9	2100.4	Slab-On-Grade Edge Insulation	0.0		236.0(p)	18.80		4436.8	
Raised	0.0	0.00	0.0								
Base Total:				2100.4				236.0		4436.8	
				As-Built Total:				236.0		4436.8	

WINTER CALCULATIONS

Residential Whole Building Performance Method A - Details

ADDRESS: , LAKE CITY, FL,

PERMIT #:

BASE				AS-BUILT			
INFILTRATION Area X BWPM = Points				Area X WPM = Points			
1922.0 -0.59 -1134.0				1922.0 -0.59 -1134.0			
Winter Base Points: 18581.4				Winter As-Built Points: 21812.5			
Total Winter X System = Heating Points Multiplier Points				Total X Cap X Duct X System X Credit = Heating Component Ratio Multiplier Multiplier Multiplier Multiplier Points (DM x DSM x AHU)			
18581.4 0.6274 11657.9				21812.5 1.000 (1.069 x 1.169 x 1.00) 0.449 1.000 12230.4 21812.5 1.00 1.250 0.449 1.000 12230.4			

Code Compliance Checklist

Residential Whole Building Performance Method A - Details

ADDRESS: , LAKE CITY, 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.	

WATER HEATING & CODE COMPLIANCE STATUS

Residential Whole Building Performance Method A - Details

ADDRESS: , LAKE CITY, FL,

PERMIT #:

BASE				AS-BUILT					
WATER HEATING									
Number of Bedrooms	X	Multiplier	= Total	Tank Volume	EF	Number of Bedrooms	X Tank X Ratio	Multiplier X Credit	= Total Multiplier
3		2746.00	8238.0	60.0	0.90	3	1.00	2684.98	1.00 8054.9
				As-Built Total:					8054.9

CODE COMPLIANCE STATUS

BASE				AS-BUILT			
Cooling Points	+	Heating Points	+ Hot Water Points = Total Points	Cooling Points	+	Heating Points	+ Hot Water Points = Total Points
10821		11658	8238 30717	10353		12230	8055 30639

PASS

ENERGY PERFORMANCE LEVEL (EPL) DISPLAY CARD

ESTIMATED ENERGY PERFORMANCE SCORE* = 82.6

The higher the score, the more efficient the home.

BRIAN VICKERS, , LAKE CITY, FL,

1. New construction or existing	New	___	12. Cooling systems	
2. Single family or multi-family	Single family	___	a. Central Unit	Cap: 48.0 kBtu/hr
3. Number of units, if multi-family	1	___		SEER: 11.00
4. Number of Bedrooms	3	___	b. N/A	___
5. Is this a worst case?	No	___	c. N/A	___
6. Conditioned floor area (ft ²)	1922 ft ²	___		___
7. Glass area & type	Single Pane	Double Pane	13. Heating systems	
a. Clear - single pane	0.0 ft ²	293.0 ft ²	a. Electric Heat Pump	Cap: 48.0 kBtu/hr
b. Clear - double pane	0.0 ft ²	0.0 ft ²		HSPF: 7.60
c. Tint/other SHGC - single pane	0.0 ft ²	0.0 ft ²	b. N/A	___
d. Tint/other SHGC - double pane			c. N/A	___
8. Floor types				___
a. Slab-On-Grade Edge Insulation	R=0.0, 236.0(p) ft	___	14. Hot water systems	
b. N/A	___	___	a. Electric Resistance	Cap: 60.0 gallons
c. N/A	___	___		EF: 0.90
9. Wall types			b. N/A	___
a. Frame, Wood, Exterior	R=11.0, 420.0 ft ²	___	c. Conservation credits	___
b. Frame, Wood, Exterior	R=11.0, 448.0 ft ²	___	(HR-Heat recovery, Solar	___
c. Frame, Wood, Exterior	R=11.0, 950.0 ft ²	___	DHP-Dedicated heat pump)	___
d. Frame, Wood, Exterior	R=11.0, 310.0 ft ²	___	15. HVAC credits	___
e. Frame, Wood, Exterior	R=11.0, 264.0 ft ²	___	(CF-Ceiling fan, CV-Cross ventilation,	___
10. Ceiling types			HF-Whole house fan,	___
a. Under Attic	R=30.0, 1922.0 ft ²	___	PT-Programmable Thermostat,	___
b. N/A	___	___	MZ-C-Multizone cooling,	___
c. N/A	___	___	MZ-H-Multizone heating)	___
11. Ducts				
a. Sup: Unc. Ret: Unc. AH: Garage	Sup. R=6.0, 38.0 ft	___		
b. N/A	___	___		

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 at 850/487-1824.*

EnergyGauge® (Version: FLRCPB v3.30)

THIS INSTRUMENT WAS PREPARED BY:
FIRST FEDERAL SAVINGS BANK OF FLORIDA
4705 WEST U.S. HIGHWAY 90
P.O. BOX 2029
LAKE CITY, FLORIDA 32056

Inst:2004003782 Date:02/20/2004 Time:12:49
MK DC, P. DeWitt Cason, Columbia County 5:1007 P:1

PERMIT NO. _____

TAX FOLIO NO. _____

NOTICE OF COMMENCEMENT

STATE OF FLORIDA
COUNTY OF Columbia

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.

1. Description of property: Lot 2, BLACKBERRY FARMS, a subdivision according to the plat thereof as recorded in PRRD Book 1, Pages 4-12, of the public records of Columbia County, Florida.
2. General description of improvement: Construction of Dwelling
3. Owner information:
 - a. Name and address: R. Brian Vickers and Zandra N. Vickers
21 Martha Drive, Macclenny, FL 32063, Phone Number (904) 259-7087
 - b. Interest in property: Fee Simple
 - c. Name and address of fee simple title holder (if other than Owner): NONE
4. Contractor (name and address): Macglen Builders, Inc.
P.O. Box 356, Macclenny, FL 32063, Phone Number (904) 259-2255
5. Surety:
 - a. Name and address: _____
By Michael Rosen Deputy Clerk
Date Feb 20, 2004
 - b. Amount of bond: _____
6. Lender: **FIRST FEDERAL SAVINGS BANK OF FLORIDA**
4705 WEST U.S. HIGHWAY 90
P. O. BOX 2029
LAKE CITY, FLORIDA 32056
7. Persons within the State of Florida designated by Owner upon whom notices or other document may be served as provided by Section 713.13 (1) (a) 7., Florida Statutes: NONE
8. In addition to himself, Owner designates PAULA HACKER of FIRST FEDERAL SAVINGS BANK OF FLORIDA, 4705 West U.S. Highway 90 / P. O. Box 2029, Lake City, Florida 32056 to receive a copy of the Lienor's Notice as provided in Section 713.13 (1) (b), Florida Statutes.
9. Expiration date of notice of commencement (the expiration date is 1 year from the date of recording unless a different date is specified).

R. Brian Vickers
Borrower Name

Zandra N. Vickers
Co-Borrower Name

The foregoing instrument was acknowledged before me this 18th day of February 2004, by _____, who is personally known to me or who has produced driver's license for identification.



David H. Davidson
Notary Public
My Commission Expires: _____

THIS INSTRUMENT WAS PREPARED BY:

TERRY MCDAVID 04-41
POST OFFICE BOX 1328
LAKE CITY, FL 32056-1328

RETURN TO:

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

Property Appraiser's
Identification Number R02168-102

Inst:2004003780 Date:02/20/2004 Time:12:49

Doc Stamp-Deed : 269.50

MLK DC, P. Dewitt Cason, Columbia County B:1007 P:1847

WARRANTY DEED

THIS INDENTURE, made this 18th day of February, 2004, BETWEEN
MARVIN C. VICE a/k/a DR. MARVIN C. VICE and JENNIFER D. VICE,
Husband and Wife whose post office address is 505 NW Blackberry
Circle, Lake City, FL 32055, of the County of Columbia, State of
Florida, grantor*, and R. BRIAN VICKERS and ZANDRA N. VICKERS,
Husband and Wife whose post office address is 21 MARKA
Drive, Macclenny, FL 32063, of the State of Florida,
grantee*.

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

Lot 2, BLACKBERRY FARMS, a subdivision according to the plat
thereof as recorded in FRRD Book 1, Pages 4-12 of the public
records of Columbia County, Florida.

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

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

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

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

Inst:2004003780 Date:02/20/2004 Time:12:49
Doc Stamp-Deed : 269.50

DC, P. DeWitt Cason, Columbia County B:1007 P:1848


Signed, sealed and delivered
in our presence:


(Signature of First Witness)


Terry McDavid
(Typed Name of First Witness)

 (SEAL)
Grantor

MARVIN C. VICE
Printed Name


(Signature of Second Witness)

Lisa C. Ogburn
(Typed Name of Second Witness)


 (SEAL)
Grantor

JENNIFER D. VICE
Printed Name

STATE OF Florida
COUNTY OF Columbia

The foregoing instrument was acknowledged before me this 18th day of February, 2004, by MARVIN C. VICE a/k/a DR. MARVIN C. VICE and JENNIFER D. VICE, Husband and Wife who are personally known to me or who have produced _____ as identification and who did not take an oath.

My Commission Expires:


Notary Public
Printed, typed, or stamped name:



COLUMBIA COUNTY 9-1-1 ADDRESSING

263 NW Lake City Ave. * P. O. Box 2949 * Lake City, FL 32056-2949
PHONE: (386) 752-8787 * 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 ISSUED: March 10, 2004

ENHANCED 9-1-1 ADDRESS:

457 NW BLACKBERRY CIR (LAKE CITY, FL 32025)

Addressed Location 911 Phone Number: NOT AVAIL.

OCCUPANT NAME: NOT AVAIL.

OCCUPANT CURRENT MAILING ADDRESS: _____

PROPERTY APPRAISER MAP SHEET NUMBER: 21

PROPERTY APPRAISER PARCEL NUMBER: 17-3S-16-02168-102

Other Contact Phone Number (If any): _____

Building Permit Number (If known): _____

Remarks: LOT 2 BLACKBERRY FARMS S/D

Address Issued By: _____


Columbia County 9-1-1 Addressing Department

**COLUMBIA COUNTY
9-1-1 ADDRESSING
APPROVED**

352.26'

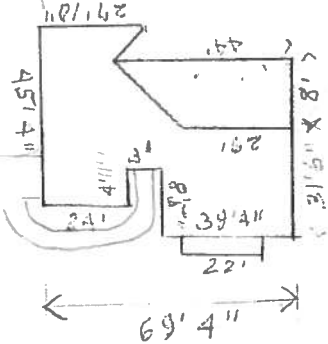
430.32'

Slope

Slope

Well

Water line



Septic line

Slope

516.54'

313.09'
NW Blackberry Circle

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

02/09/2004

PRODUCER (904) 268-7310 FAX (904) 268-2801
J.P. Perry Insurance, Inc.
3342 Kori Road
Jacksonville, FL 32257

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURED Macglen Builders, Inc.
P O Box 356
Macclenny, FL 32063

INSURERS AFFORDING COVERAGE

NAIC #

INSURER A: Mid-Continent Casualty Co c/o FHBIA

INSURER B:

INSURER C:

INSURER D:

INSURER E:

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'L LTR INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY	04GL000120719	05/04/2003	05/04/2004	EACH OCCURRENCE \$ 1,000,00
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,00
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person) \$ exclude
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				PERSONAL & ADV INJURY \$ 1,000,00
					GENERAL AGGREGATE \$ 2,000,00
					PRODUCTS - COMP/OP AGG \$ 2,000,00
	AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS				
	<input type="checkbox"/> NON-OWNED AUTOS				
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT \$
	<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC \$
					AUTO ONLY: AGG \$
	EXCESS/UMBRELLA LIABILITY				EACH OCCURRENCE \$
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE \$
	<input type="checkbox"/> DEDUCTIBLE				\$
	<input type="checkbox"/> RETENTION \$				\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATU-TORY LIMITS OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				E.L. EACH ACCIDENT \$
	If yes, describe under SPECIAL PROVISIONS below				E.L. DISEASE - EA EMPLOYEE \$
	OTHER				E.L. DISEASE - POLICY LIMIT \$

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

CERTIFICATE HOLDER

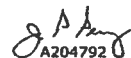
First Federal Savings Bank of Florida
ATTN: Willette Sistrunk
2571 US Highway 90 West
Lake City, FL 32055

CANCELLATION

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

AUTHORIZED REPRESENTATIVE

Joseph Perry, III/SGK


AZ04792

ACORD 25 (2001/08) FAX: (386)755-6046

©ACORD CORPORATION 198

IMPORTANT

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

DISCLAIMER

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.



STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

**CONSTRUCTION INDUSTRY LICENSING BOARD
1940 NORTH MONROE STREET
TALLAHASSEE FL 32399-0783**

(850) 487-1395

**RHODEN, HUGH BENTLEY
MACGLEN BUILDERS INC
PO BOX 356
MACCLENNY**

FL 32063-0356



STATE OF FLORIDA

AC#04557

**DEPARTMENT OF BUSINESS AND
PROFESSIONAL REGULATION**

CBC060014

06/13/02 01113314

**CERTIFIED BUILDING CONTRACTOR
RHODEN, HUGH BENTLEY
MACGLEN BUILDERS INC**

IS CERTIFIED under the provisions of Ch.489

Expiration date: AUG 31, 2004 SEQ # L0206130

DETACH HERE

AC# 0455751

STATE OF FLORIDA

**DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CONSTRUCTION INDUSTRY LICENSING BOARD**

SEQ#L02061300

DATE	BATCH NUMBER	LICENSE NBR
06/13/2002	011133147	CBC060014

**The BUILDING CONTRACTOR
Named below IS CERTIFIED
Under the provisions of Chapter 489 FS.
Expiration date: AUG 31, 2004**

**RHODEN, HUGH BENTLEY
MACGLEN BUILDERS INC
5985 S RIVER CIRCLE
MACCLENNY FL 32063**



STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

**CONSTRUCTION INDUSTRY LICENSING BOARD
1940 NORTH MONROE STREET
TALLAHASSEE FL 32399-0783**

(850) 487-1395

**MACGLEN BUILDERS INC
PO BOX 356
MACCLENNY**

FL 32063



STATE OF FLORIDA

AC# 09323

**DEPARTMENT OF BUSINESS AND
PROFESSIONAL REGULATION**

QB0020055

06/05/03 20045859

**QUALIFIED BUSINESS ORGANIZATION
MACGLEN BUILDERS INC**

**(NOT A LICENSE TO PERFORM WORK.
ALLOWS COMPANY TO DO BUSINESS I
IT HAS A LICENSED QUALIFIER.)**

IS QUALIFIED under the provisions of Ch.489

Expiration date: AUG 31, 2005

L0306050140

DETACH HERE

AC#0932346

STATE OF FLORIDA

**DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CONSTRUCTION INDUSTRY LICENSING BOARD**

SEQ# L0306050140

DATE	BATCH NUMBER	LICENSE NBR
06/05/2003	200458594	QB0020055

The BUSINESS ORGANIZATION

Named below IS QUALIFIED

Under the provisions of Chapter 489 FS.

Expiration date: AUG 31, 2005

**(THIS IS NOT A LICENSE TO PERFORM WORK. THIS ALLOWS
COMPANY TO DO BUSINESS ONLY IF IT HAS A QUALIFIER.)**

**MACGLEN BUILDERS INC
PO BOX 356
MACCLENNY**

FL 32063

RE-ISSUANCE

12-12-2003



TOM GALLAGHER
CHIEF FINANCIAL OFFICER

STATE OF FLORIDA
DEPARTMENT OF FINANCIAL SERVICES
DIVISION OF WORKERS' COMPENSATION

**** RE-ISSUANCE OF CONSTRUCTION INDUSTRY CERTIFICATE OF EXEMPTION ****

This certificate exempts the Officer of the Corporation or the Member of the Limited Liability Company listed below from the provision of Florida Workers' Compensation Law for the period indicated below.

EFFECTIVE DATE: 01/01/2004 EXPIRATION DATE: 10/24/2004

CORPORATE OFFICER/
LLC MEMBER NAME: RHODEN HUGH B

FEIN: 593690721

BUSINESS NAME AND ADDRESS: MACGLEN BUILDERS INC
PO BOX 356
MACCLENNY FL 32063

SCOPE OF BUSINESS OR TRADE: BUILDING CONTRACTOR

IMPORTANT: Pursuant to Chapter 440.05(14), F.S., an officer of a corporation who elects exemption from this chapter by filing a certificate of election under this section may not recover benefits or compensation under this chapter.

DWC-253 RE-ISSUANCE OF CONSTRUCTION INDUSTRY CERTIFICATE OF EXEMPTION REVISED 11-03

QUESTIONS? (850) 488-2311

Please cut out the card below and retain for inspection by any Department of Financial Services representative while conducting work.

<p>STATE OF FLORIDA DEPARTMENT OF FINANCIAL SERVICES DIVISION OF WORKERS' COMPENSATION</p> <p>** RE-ISSUANCE OF CONSTRUCTION INDUSTRY CERTIFICATE OF EXEMPTION **</p> <p>This certificate exempts the Officer of the Corporation listed below from the provision of Florida Workers' Compensation Law for the period indicated below.</p> <p>EFFECTIVE DATE: 01/01/2004 EXPIRATION DATE: 10/24/2004 CORPORATE OFFICER/ LLC MEMBER NAME: RHODEN HUGH FEIN: 593690721 BUSINESS NAME AND ADDRESS: MACGLEN BUILDERS INC PO BOX 356 MACCLENNY FL 32063 SCOPE OF BUSINESS OR TRADE: BUILDING CONTRACTOR</p>	<p>IMPORTANT</p> <p>FOLD HERE</p> <p>This certificate applies only to the corporate officer named on this certificate and applies only within the scope of the business or trade listed hereon.</p> <p>A copy of this card or the duplicate above must be carried and available for inspection at all time while conducting any construction work.</p> <p>Pursuant to chapter 440.05(14), F.S., an officer of a corporation who elects exemption from this chapter by filing a certificate of election under this section may not recover benefits or compensation under this chapter.</p> <p>Notices of election to be exempt and certificates of election to be exempt shall be subject to revocation if, at any time after the filing of the notice or the issuance of the certificate, the person named on the notice or certificate no longer meets the requirements of this section for issuance of a certificate. The department shall revoke a certificate at any time for failure of the person named on the certificate to meet the requirements of this section.</p> <p>QUESTIONS? (850) 488-2311</p>
--	--

CUT HERE

**DECLARATIONS**

We will provide the insurance described in this policy in return for the premium and compliance with all applicable provisions of this policy.

80-QA-8970-4 Policy Number

Named Insured and Mailing Address
VICKERS, ZANDRA & RICHARD B
21 MARTHA DR
MACCLENLY, FL 32063

Coverage afforded by this policy is provided by:

STATE FARM FLORIDA INSURANCE COMPANY
7401 CYPRESS GARDENS BOULEVARD
WINTER HAVEN FL 33888

A Stock Company with Home Offices in Winter Haven, Florida.

The Policy Period begins and ends at 12:01 a.m. Standard Time at the residence premises.

02-18-2004 Effective Date

12 months-Policy Period

02-18-2005 Expiration of Policy Period

Limit of Liability - Section 1

\$ 174,300 Coverage A. Dwelling

Policy Type
Homeowners Policy
Special Form 3

Location of Premises
BLACK BERRY CIR
LAKE CITY, FL 32055

Automatic Renewal - If the Policy Period is shown as 12 months, this policy will be renewed automatically subject to the premiums, rules and forms in effect each succeeding policy period. If this policy is terminated, we will give you and the Mortgagee/Lienholder written notice in compliance with the policy provisions or as required by law.

Deductibles - Section 1 \$500
ALL LOSSES In case of loss under this policy, the deductible will be applied per occurrence and will be deducted from the amount of the loss. Other deductibles may apply - refer to your policy.

2% HURRICANE

Policy Premium \$794.00

Forms & Endorsements
OPT RC CONTENTS

Mortgagee
FIRST FEDERAL SAVINGS BANK OF FLORIDA
2571 US HWY 90 W
LAKE CITY, FL 32055

Agent Name & Address
SATTEWHITE, CHARLES E
521 SOUTH 6TH STREET
MACCLENLY, FL
32063-2605 (904)259-6271

Loan Number:

Countersigned: February 26, 2004 By

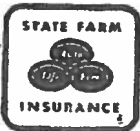
B59-916 FL 10-1998

Agent

(02/11/2004) REGION COPY

6226/F349

Agent/AFO Code

**DECLARATIONS**

We will provide the insurance described in this policy in return for the premium and compliance with all applicable provisions of this policy.

80-QA-8970-4 Policy Number

Named Insured and Mailing Address
VICKERS, ZANDRA & RICHARD B
21 MARTHA DR
MACCLENLY, FL 32063

Coverage afforded by this policy is provided by:

STATE FARM FLORIDA INSURANCE COMPANY
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Homeowners Policy
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2% HURRICANE

Policy Premium \$794.00

Forms & Endorsements
OPT RC CONTENTS

Mortgagee

FIRST FEDERAL SAVINGS BANK OF
FLORIDA
2571 US HWY 90 W
LAKE CITY, FL 32055

Agent Name & Address

SATTERWHITE, CHARLES E
521 SOUTH 6TH STREET
MACCLENLY, FL
32063-2605 (904)259-6271

Loan Number:

Countersigned: February 26, 2004 By

B59-916 FL 10-1998

Agent

6226

Agent's Code

MORTGAGEE COPY



**PREMIUM NOTICE
STATE FARM FLORIDA INSURANCE COMPANY
AGENT ISSUED DECLARATIONS**

B59-916 FL

POLICY NUMBER	BILLING PERIOD	AGENT CODE
80-QA-8970-4	FROM 02-18-2004 TO 02-18-2005	6226

LOCATION (If other than Named Insured's mailing address)
BLACK BERRY CIR
LAKE CITY, FL 32055

PREMIUM \$ 794.00

INSURED
- VICKERS, ZANDRA & RICHARD B
21 MARTHA DR
MACCLENNEY, FL 32063

HURRICANE PREMIUM \$ 41.90
NON-HURRICANE PREMIUM \$ 752.10

AMOUNT PAID \$.00

AMOUNT DUE \$ 806.00

DATE DUE 02-18-2004

MORTGAGEE
FIRST FEDERAL SAVINGS BANK OF
FLORIDA
2571 US HWY 90 W
LAKE CITY, FL 32055

AGENT NAME & ADDRESS
SATTERWHITE, CHARLES E
521 SOUTH 6TH STREET
MACCLENNEY, FL
32063-2605 (904) 259-6271

Loan Number:

This is the only notice you will receive. Please make check payable to **STATE FARM** and return it with this notice to the address shown below. Your canceled check is your receipt. Thanks for letting us serve you.

STATE FARM FLORIDA INSURANCE COMPANY

FLORIDA REGIONAL OFFICE
7401 CYPRESS GARDENS BOULEVARD
WINTER HAVEN FL 33888

B59-916 FL

Columbia County Building Department Culvert Permit

Culvert Permit No.
000000256

DATE 04/02/2004 PARCEL ID # 17-3S-16-02168-102
APPLICANT LORE HINES PHONE 904.259.2255
ADDRESS POB 356 MACCLENNY FL 32063
OWNER BRIAN & ZANDRA VICKERS PHONE 904.259.7087
ADDRESS _____ FL _____
CONTRACTOR MAC GLEN BLDRS,INC. H. BENTLEY RHODEN PHONE 904.259.2176
LOCATION OF PROPERTY LAKE JEFFERY ROAD TO NASH ROAD, L, GO TO S/D O L, LOT 2 IS ON
457 NW BLACKBERRY CIRCLE

SUBDIVISION/LOT/BLOCK/PHASE/UNIT BLACKBERRY 2

SIGNATURE *Lore Hines*

INSTALLATION REQUIREMENTS



Culvert size will be 18 inches in diameter with a total length of 32 feet, leaving 24 feet of driving surface. Both ends will be mitered 4 foot with a 4 : 1 slope and poured with a 4 inch thick reinforced concrete slab.

INSTALLATION NOTE: Turnouts will be required as follows:

- a) a majority of the current and existing driveway turnouts are paved, or;
- b) the driveway to be served will be paved or formed with concrete.

Turnouts shall be concrete or paved a minimum of 12 feet wide or the width of the concrete or paved driveway, whichever is greater. The width shall conform to the current and existing paved or concreted turnouts.



Culvert installation shall conform to the approved site plan standards.



Department of Transportation Permit installation approved standards.



Other _____

ALL PROPER SAFETY REQUIREMENTS SHOULD BE FOLLOWED
DURING THE INSTALLATION OF THE CULVERT.

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

Amount Paid 25.00



Notice of Treatment

Applicator Florida Pest Control & Chemical Co.

Address 536 SE Bay Ave

City Lake City

Phone 752-1703

Site Location Subdivision Blackberry Farm

Lot# 2

Block# _____

Permit# 21685

Address 457 NW Blackberry Circle

AREAS TREATED

Area Treated	Date	Time	Gal.	Print Technician's Name
Main Body	5-11-04	800	525	GPRU 291
Patio/s #				
Stoop/s #				
Porch/s #	5-11-04	600	50	6-004-004
Brick Veneer				
Extension Walls				
A/C Pad				
Walk/s #				
Exterior of Foundation				
Driveway Apron				
Out Building				
Tub Trap/s				
(Other)				

Name of Product Applied _____ %

Remarks _____

Applicator - White • Permit File - Canary • Permit Holder - Pink

COLUMBIA COUNTY OR OCCUPANCY

COLUMBIA COUNTY, FLORIDA

Department of Building and Zoning Inspection

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

Parcel Number 17-3S-16-02168-102

Building permit No. 000021685

Use Classification SFD & UTILITY

Fire: 34.02

Permit Holder H. BENTLEY RHODEN

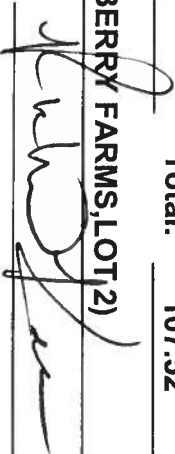
Waste: 73.50

Owner of Building BRIAN & ZANDRA VICKERS

Total: 107.52

Location: 457 NW BLACKBERRY CIRCLE(BLACKBERRY FARMS, LOT 2)

Date: 03/14/2005



Building Inspector



POST IN A CONSPICUOUS PLACE
(Business Places Only)