| | | nit Expires One Ve | ear From the Date | of Issue | 000021714 |
|-------------------|------------------------------------|--------------------------------------|------------------------|---|-----------------|
| APPLICANT | KEVIN BEDENBAUGH | nt Expires One Te | PHONE | 386.792.4061 | |
| ADDRESS | POB 1416 | | LIVE OAK | | FL 32064 |
| OWNER | KEVIN BEDENBAUGH | | PHONE | 386.792.4061 | |
| ADDRESS | NW CHADLEY LA | NE | LAKE CITY | | FL 32055 |
| CONTRACTO | R PLUMB-LVEL, KEVIN B | BEDENBAUGH | PHONE | 386.792-4061 | |
| LOCATION OF | F PROPERTY SISTERS | WELCOME ROAD TO | CREEKSIDE S/D, R, C | O TO CREEKSII | DE |
| | LANE, L | ON SW PETER COYLE | E, 2ND LOT ONLEFT. | | |
| TYPE DEVELO | OPMENT SFD & UTILITY | ES | TIMATED COST OF CO | ONSTRUCTION | 81750.00 |
| HEATED FLOO | OR AREA 1635.00 | TOTAL ARE | EA2289.00 | HEIGHT 1 | 19.00 STORIES 1 |
| FOUNDATION | N CONC WAL | LS FRAMED F | ROOF PITCH 6'12 | FI | LOOR CONC |
| LAND USE & 2 | ZONING RSF-2 | | MAX | X. HEIGHT | 35 |
| Minimum Set B | Back Requirments: STREET- | FRONT 25.00 | REAR | 15.00 | SIDE 10.00 |
| NO. EX.D.U. | FLOOD ZONE | XPP | DEVELOPMENT PER | MIT NO. | |
| PARCEL ID | 12-48-16-02939-121 | SUBDIVISIO | N CREEKSIDE | | |
| LOT 21 | BLOCK PHASE | UNIT | тот | AL ACRES | 50 |
| 000000265 | | P.P.00/(507 | W | 010 | |
| Culvert Permit N | No. Culvert Waiver C | RB0066597 ontractor's License Num |) levi | Applicant/Owner | |
| 18"X32'MITERI | | BLK | | IDK | N N |
| Driveway Conne | | | | proved for Issuance | e New Resident |
| | 1 FOOT ABOVE ROAD | | | | |
| NOC ON FILE | | | | | |
| | | | | Check # or C | ash |
| | EOD DI | III DING 9 ZONIN | G DEPARTMENT | E 14-40-000-00-4-40-00-00-00-00-00-00-00-00 | |
| Temporary Power | | Foundation | G DEPARTMENT | A SEE STATE OF STATE | (footer/Slab) |
| Temporary Fowe | date/app. by | Foundation | date/app. by | _ Monolithic _ | date/app. by |
| Under slab rough | | Slab | | Chaothing/ | |
| onder olde roug. | date/app | | date/app. by | Sneathing/ | date/app. by |
| Framing | 277 | Rough-in plumbing ab | ove slab and below woo | d floor | |
| | date/app. by | | | | date/app. by |
| Electrical rough- | -indate/app. by | Heat & Air Duct | | Peri. beam (Linte | |
| D | | | date/app. by | 344 FO 4 CO 1/1/20 | date/app. by |
| Permanent power | date/app. by | C.O. Final | ate/app. by | Culvert | date/app. by |
| M/H tie downs, b | olocking, electricity and plumbing | | | Pool | ансь арр. бу |
| Reconnection | | date/app. Pump pole | by Utility Po | le | date/app. by |
| M/H Pole | date/app. by | date/a | app. by | date/app. by | F |
| | /app. by | vel Trailerda | te/app. by | Re-roof | date/app. by |
| | 7 | | полирр. Оу | | |
| BUILDING PER | MIT FEE \$ 410.00 | CERTIFICATION FEE | \$11.45 | SURCHARGE | FEE \$ 11.45 |
| MISC. FEES \$ | ZONING | CERT. FEE \$ 50.00 | FIRE FEE \$ | WASTI | E FEE \$ |
| FLOOD ZONE D | DEVELOPMENT FEES | CULVERT FE | E \$ 25.00 | TOTAL FEE | 507.90 |
| INSPECTORS O | FFICE /// | | CLERKS OFFICE | CH | |
| NOTICE: IN AD | DITION TO THE REQUIREMENTS (| OF THIS PERMIT, THERE | MAY BE ADDITIONAL RE | STRICTIONS APPI | ICARI E TO THIS |

Columbia County Building Permit

PERMIT

DATE 04/08/2004

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.

Columbia County Building Permit Application

| For Office Use Only 3-19-04 Application # 0403-63 Permit # 217/4 |
|--|
| Application Approved by - Zoning Official Date 31,04,64 Plans Examiner Date |
| Flood Zone Development Permit NA Zoning RSF-2 Land Use Plan Map Category RES. Low DEN. |
| Comments |
| |
| Applicants Name KEVIN BEDENBANGH Phone 386- 755-2422 |
| Address 232 NW CHADLEY LN. LAKE CITY, FL 32055 |
| Owners Name KEVIN BEDEN BAUGH Phone 386 - 755 -2822 |
| 911 Address 232 NN CHADLEY LN. LAKE CITY FL 32055, 140 SW PETER Coyle Court City |
| Contractors Name Plumb Level Const. Phone 36-792-406/ 32 |
| Address P.O. BOX 1416 Live Oak, FL 32064 25 |
| Fee Simple Owner Name & Address |
| Bonding Co. Name & Address |
| Architect/Engineer Name & Address |
| Mortgage Lenders Name & Address |
| # NO 11 - 1200 12 |
| Property ID Number 12-45-16-02939-121 Estimated Cost of Construction 85,000 |
| Subdivision Name <u>CREEKSIDE</u> Lot <u>21</u> Block Unit Phase |
| Driving Directions SISTERS WELCOME RD TURN RIGHT INTO CLEEKSIDE SURBINISE |
| LEFT ON CREEKADE LANE, LEFT ON SW PETER COYDE COURT, 2nd LOT |
| ON LEFT |
| Type of Construction |
| Total Acreage Lot Size Do you need a <u>Culvert Permit</u> or <u>Culvert Waiver</u> or <u>Have an Existing Drive</u> |
| Actual Distance of Structure from Property Lines - Front 30 Side 39 Side 39 Rear 80 |
| Total Building Height 17 Number of Stories 1 Heated Floor Area 1635 Roof Pitch $4/12$ |
| |
| 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. |
| 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 |
| WARNING TO OWNER, VOUR EARLURE TO RECORD A NOTICE OF COMMENCHENT MAY REQUIT THE YOUR RAVING |
| <u>WARNING TO OWNER:</u> YOUR FAILURE TO RECORD A NOTICE OF COMMENCMENT 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. |
| 1/0/50 |
| Owner Builder or Agent (Including Contractor) Contractor Signature |
| Contractors License Number |
| STATE OF FLORIDA Competency Card Number |
| Sworn to (or affirmed) and subscribed before me NOTARY STAMP/SEAL |
| this day of 20 |
| Personally known or Produced Identification |
| Notary Signature |
| |

NOTICE OF COMMENCEMENT FORM COLUMBIA COUNTY, FLORIDA

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 12 - 45 - 16 - 02939 - 121

| 1. | Description of property: (legal description of the property and street address or 911 address) | |
|-----------|--|----------|
| | CREEKSIDE LOT 21 Inst: 2004006140 Date: 03/19/2004 Time: 13: 43 | |
| | | 1010 0.5 |
| | THE SW PETER COPIE COURT | 1010 7:5 |
| 10 | LAKE CITY, FL 32025 | |
| 2. | 2. General description of improvement: SINGLE FAMILY RESIDENCE | |
| 3. | 3. Owner Name & Address Kevin Bedenraugh 232 NN CHARLEY IN, LAKE CATY FL | 3005 |
| 4. | 4. Name & Address of Fee Simple Owner (if other than owner): | |
| 5. | 5. Contractor Name Plumb LEVEL CONST. Phone Number 386 - 792 - 406 | |
| | Address #446 P.O. Box 1416 Live Oak, FL 32064 | |
| 6. | 6. Surety Holders Name Phone Number | |
| | AddressPhone Number | |
| | Amount of Bond | |
| 7. | 7. Lender Name Phone Number | |
| | AddressPhone Number | |
| 8. sei | 8. Persons within the State of Florida designated by the Owner upon whom notices or other documents may served as provided by section 718.13 (1)(a) 7; Florida Statutes: | y be |
| | Name Phone Number | |
| | Address | |
| 9. | 9. In addition to himself/herself the owner designates | of |
| | (a) 7. Phone Number of the designee | 3 (1) – |
| 10 | | |
| | 10. Expiration date of the Notice of Commencement (the expiration date is 1 (one) year from the date of record (Unless a different date is specified) | rding, |
| NO | | |
| The | 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 bed day of 1916 (100 Ch , 20 Ch | fore/ |

F. VONCILE DOW MY COMMISSION # DD 154929 EXPIRES: October 3, 2006 onded Thru Notary Public Underwrite

Signature of Notary

NOTARY STAMP/SEAL

FORM 600B-01

FLORIDA ENERGY EFFICIENCY CODE FOR BUILDING CONSTRUCTION Residential Component Prescriptive Method B

NORTH 123

13,195

Compliance with Method B Chapter 6 of the Florida Energy Efficiency Code may be demonstrated by the use of Form 600B for single and multifamily residences of 3 stories or less in height, and additions to existing residential buildings. To comply, a building must meet or exceed all of the energy efficiency prescriptives in any one of the prescriptive component packages and comply with the prescriptive measures listed in Table 6B-1 of this form. An alternative method is provided for additions of 600 square feet or less by use of Form 600C. If a building does not comply with this method, it may still comply under other sections in Chapter 6 of the Code.

| | IN BEDENBAUGH EEKSIDE LOT#21 | PERMITTING COULD BY COUNTY CLIMATE |
|--|---|--|
| OWNER: KEVIN | REDENBAUGH | OFFICE: Building Dept. ZONE: 1 2 3 PERMIT NO.: 2 1 7 7 Y JURISDICTION NO.: 2 2 7 0 0 |
| GENERAL DIRECTIONS 1. New construction including additions wh | ich incorporates any of the following features cannot | comply using this method: stool stud walls, single accomply coeffee it. |

- bly roof/ceiling construction, or skylights or other non-vertical roof glass.
- 2. Choose one of the component packages "A" through "E" from Table 6B-1 by which you intend to comply with the Code. Circle the column of the package you have chosen.

 3. Fill in all the applicable spaces of the "To Be Installed" column on Table 6B-1 with the information requested. All "To Be Installed" values must be equal to or more efficient than the required levels.

| | | Please Print C |
|----|---|---|
| • | Compliance package chosen (A-F) | 1A |
| | New construction or addition | 2. NEW |
| | Single family detached or Multifamily attached | 3. 5F |
| | If Multifamily—No. of units covered by this submission | 4 |
| | Is this a worst case? (yes / no) | 5 |
| | (64. 11.) | 6/635 |
| | , , , , , , , , , , , , , , , , , , , | 7. 16" |
| 3. | Glass type and area: | Single Pane Double Pane |
| | a. Clear glass | 8a sq. ftsq. ft |
| | b. Tint, film or solar screen | 8b sq. ft sq. ft. |
| | Percentage of glass to floor area | 9. 10 % |
| 0. | Floor type, area or perimeter, and insulation: | We look |
| | a. Slab on grade (R-value) | 10a. R= <u>\(\Delta\)</u> \(\frac{172}{\text{lin. ft.}}\) |
| | b. Wood, raised (R-value) | 10b. R= sq. ft |
| | c. Wood, common (R-value) | 10c. R= sq. ft. |
| | d. Concrete, raised (R-value) | 10d. R= sq. ft |
| | e. Concrete, common (R-value) | 10e. R= sq. ft. |
| 1. | Wall type, area and insulation: | F (F) |
| | a. Exterior: 1. Masonry (Insulation R-value) | 11a-1 R= sq. ft. |
| | Wood frame (Insulation R-value) | 11a-2 R= // /209 sq. ft. |
| | b. Adjacent: 1. Masonry (Insulation R-value) | 11b-1 R= sq. ft |
| | Wood frame (Insulation R-value) | 11b-2 R= sq. ft. |
| 2. | Ceiling type, area and insulation: | |
| | a. Under attic (Insulation R-value) | 12a. R= 30 1635 sq. ft. |
| | b. Single assembly (Insulation R-value) | 12b. R= sq. ft |
| 3. | Air Distribution System: Duct insulation, location | 13. R= |
| | Test report (attach if required) | 14a. Type: CENTRAL |
| 4. | Cooling system | 14b. SEER/EER: +12.0 |
| | (Types: central, room unit, package terminal A.C., gas, none) | 14c. Capacity: |
| 5. | Heating system: | 15a. Type: H - PUMP |
| | (Types: heat pump, elec. strip, nat. gas, L.P. gas, gas h.p., room or PTAC, none) | 15b. HSPF/COP/AFUE: 7.9+ |
| | | 15c. Capacity: |
| | Hot water system: | 16a. Type: ELEC. |
| | (Types: elec., nat. gas, L.P. gas, solar, heat rec., ded. heat pump, other, none) | 16b. EF: 0,90 |

| FLORIDA BUILDING CODE - BUILD | ING | 12 105 |
|--|---|--|
| OWNER AGENT: | DATE: | DATE: |
| I hereby certify that this building, as designed, is in | compliance with the Florida Energy Code. | BUILDING OFFICIAL: |
| PREPARED BY: I hereby certify that this building, as designed, is in | DATE: 3-16-03 | the Florida Energy Code. Before construction is completed, this building will be inspected for compliance in accordance with Section 553.908, F.S. |
| I hereby certify that the plans and specifications | covered by the calculation are in compliance with the | Review of plans and specifications covered by this calculation indicates compliance with |



STATE OF FLORIDA DEPARTMENT OF HEALTH

APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permit Application Number 04-0306N

| ale: Each bl | ock represents 5 feet and 1 i | 1011 - 30 1989 | 17. | The same of the sa | antenigrame describer and describe and the color in social in- | Wh |
|--------------|-------------------------------|----------------|----------------|--|--|-------------------|
| | | 40 | WK+L 130 | 130 | | 60 |
| | | | MELL | | | |
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| | | | 1, 38' | 53 | 16 J K26 | |
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| | BUILD TO THE | | 610) | I Was | | |
| | DORINAGICA | | S12 | | \\\ | |
| | | Patra (o' | 4 | Sal. | | |
| | | J Patal Lo' | 4 | | | |
| | | PATER (0) | 4 | | | |
| | | Patal Lo' | 4 | | | |
| | | J PATER (0) | 4 | | | |
| | | Patal Le | 4 | | | |
| ntes: | | J Patar (o' | 4 | | | |
| otes: | | Patal Le | YLE CT | | | |
| otes: | | Patra (o) | YLE CT | | | |
| | | 407 | YLE CT | | | Title |
| | omitted by: Rock | Signature | YLE CT | | | Title Oate 3-15-> |

DH 4015, 10/96 (Replaces HRS-H Form 4015 which may be used retack Number: 5744-002-4015-69

Page 2 of

Columbia County Building Department Culvert Permit

Culvert Permit No. 000000265

| DATE $04/08$ | 8/2004 | PARCEL ID# 12 | 2-4S-16-029 | 39-121 | | | |
|----------------|------------------------|--|---|--|---|-----------|---------------|
| APPLICANT | KEVIN BEDENBAUGH | | 74 | PHONE | 386.792.4061 | | |
| ADDRESS _ | POB 1416 | | LIVE | OAK | 1 | FL | 32064 |
| OWNER KE | VIN BEDENBAUGH | | | PHONE | 792.4061 | | |
| ADDRESS | | | | | 14 EA | FL | |
| CONTRACTO | R PLUMB-LEVEL -KEVI | N BEDENBAUGH | | PHONE | 386.792.406 | 1 | |
| LOCATION O | F PROPERTY SISTER | RS WELCOME RD., TO | CREEKSID | DE S/D, R,L | ON CREEKSII | DE LA | NE |
| L ON PETER COY | YLE CRT, 2ND LOT ON LE | FT. | | | ф | | |
| SIGNATURE X | concrete or paved | 8 inches in diamete ends will be mitere rete slab. OTE: Turnouts will current and existing the served will be particularly concrete or paved a driveway, whicheving paved or concrete | be required g driveway ved or form a minimum ver is greate ted turnout | d as follow turnouts a ned with c n of 12 feet er. The wid s. | slope and poors: are paved, or; oncrete. a wide or the dth shall cont | ured widt | with a 4 inch |
| | Department of Transp | ortation Permit inst | tallation ap | proved sta | ndards. | | |

ALL PROPER SAFETY REQUIREMENTS SHOULD BE FOLLOWED DURING THE INSTALATION 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

