

Other set given to Tad.

LEASE AGREEMENT

Occupancy Load 54 B:IV
Merchant/Business

Columbia County Remodel Permit Application

For Office Use Only Application # 1908-14 Date Received 8/5 By TC/JW Permit # 38490 ☒ Inc document

Zoning Official T.C./BS Date 8-16-19 Flood Zone X Land Use Comm. Zoning CHI

FEMA Map # N/A Elevation N/A MFE existing River N/A Plans Examiner T.C. Date 8-16-19

Comments Approval SDP 1910 / This SDP was approved stipulation that 160 sq ft of West Building must remain warehouse. See attached letter

☒ NOC ☐ Deed or PA ☐ Dev Permit # ☐ In Floodway ☐ Letter of Auth. from Contractor

☐ F W Comp. letter ☐ Owner Builder Disclosure Statement ☐ Land Owner Affidavit ☐ Ellisville Water ☒ App Fee Paid

☒ Site Plan ☐ Env. Health Approval ☒ Sub VF Form

Applicant (Who will sign/pickup the permit) Keith Lemmon Fax _____ Phone 352-258-6737

Address 9413 NW 143rd ST ALACHUA FL 32615

Owners Name Trenton Medical Center, inc dba Palms Medical Group Phone 352-275-1407

911 Address 4784 W US Highway 90 Lake City, FL 32055

Contractors Name Keith Lemmon , Phone 352-258-6737

Address 9413 NW 143rd ST Alachua FL 32615

Contractor Email keithlemmon@aol.com ***Include to get updates on this job.

Fee Simple Owner Name & Address N/A

Bonding Co. Name & Address N/A

Architect/Engineer Name & Address Nicholas Paul Geisler 1758 NW Brown Rd Lake City, FL 32055 386-365-4355

Mortgage Lenders Name & Address N/A

Circle the correct power company ☒ FL Power & Light ☐ Clay Elec. ☐ Suwannee Valley Elec. ☐ Duke Energy

Property ID Number 33-35-16-02460-001 Estimated Construction Cost 700,000

Subdivision Name _____ Lot _____ Block _____ Unit _____ Phase _____

Driving Directions from a Major Road West US 90 ON L R SW CORNER
of PINEHURST (ACROSS FROM TURNER)

Construction of (Medical Office) Remodel & Addition of existing Building for Medical Office ☒ Commercial OR ☐ Residential

Type of Structure (House; Mobile Home; Garage; Exxon) Metal Building

Use/Occupancy of the building now Vacant Is this changing Yes

If Yes, Explain, Proposed Use/Occupancy Medical Offices

Is the building Fire Sprinkled? No If Yes, blueprints included _____ Or Explain _____

Entrance Changes (Ingress/Egress) No If Yes, Explain 1050 Sq Ft. (PATE)

Zoning Applications applied for (Site & Development Plan, Special Exception, etc.) Minor modifications

Approved 2.23.17

to send email 8.6.19

Columbia County Building Permit Application

CODE: Florida Building Code 2014 and the 2011 National Electrical Code.

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.

TIME LIMITATIONS OF APPLICATION : An application for a permit for any proposed work shall be deemed to have been abandoned 180 days after the date of filing, unless pursued in good faith or a permit has been issued.

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

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

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

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

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

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

Anita Riels
Print Owners Name

Anita Riels
Owners Signature

****Property owners must sign here before any permit will be issued.**
ANITA RIELS, CEO

****If this is an Owner Builder Permit Application then, ONLY the owner can sign the building permit when it is issued.**

CONTRACTORS AFFIDAVIT: By my signature I understand and agree that I have informed and provided this written statement to the owner of all the above written responsibilities in Columbia County for obtaining this Building Permit including all application and permit time limitations.

Bill Lerman
Contractor's Signature

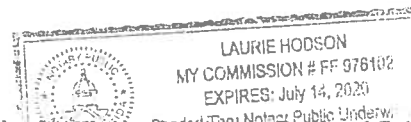
Contractor's License Number CBC 1259328
Columbia County
Competency Card Number 1947

Affirmed under penalty of perjury to by the Contractor and subscribed before me this 19 day of August 2019

Personally known ☒ Produced Identification ☒

Laurie Hodson
State of Florida Notary Signature (For the Contractor)

SEAL:



Columbia County Building Permit Application

CODE: Florida Building Code 2014 and the 2011 National Electrical Code.

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

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forth coming !! (MONDAY)
****Property owners must sign here before any permit will be issued.**

Print Owners Name

Owners Signature

ANITA KIALS, CEO

****If this is an Owner Builder Permit Application then, ONLY the owner can sign the building permit when it is issued.**

CONTRACTORS AFFIDAVIT: By my signature I understand and agree that I have informed and provided this written statement to the owner of all the above written responsibilities in Columbia County for obtaining this Building Permit including all application and permit time limitations.

Laurie Hobson
Contractor's Signature

Contractor's License Number CBC 1259328
Columbia County
Competency Card Number 1947

Affirmed under penalty of perjury to by the Contractor and subscribed before me this 19 day of August 2019

Personally known ☒ or Produced Identification ☐

Laurie Hobson
State of Florida Notary Signature (For the Contractor)

SEAL:



NOTICE OF COMMENCEMENT

Tax Parcel Identification Number:

59-2871302

Clerk's Office Stamp

Inst: 201912019238 Date: 08/19/2019 Time: 12:31PM
Page 1 of 1 B: 1391 P: 1580, P. DeWitt Cason, Clerk of Court
Columbia, County, By: PT
Deputy Clerk

THE UNDERSIGNED hereby gives notice that improvements will be made to certain real property, and in accordance with Section 713.13 of the Florida Statutes, the following information is provided in this NOTICE OF COMMENCEMENT.

1. Description of property (legal description): Parcel 33-3S-16-02460-001
a) Street (job) Address: 4784 West US Highway 90, Lake City, Florida 32055
2. General description of improvements: Remodel
3. Owner Information or Lessee information if the Lessee contracted for the improvements:
a) Name and address: Trenton Medical Center, Inc. dba Palms Medical Group 23343 NW CR 236, High Springs, FL
b) Name and address of fee simple titleholder (if other than owner): Chandler Mohan, Trustee of the Mohan Living
c) Interest in property: Lessee
4. Contractor Information
a) Name and address: I.C.M.S - 9413 NW 143rd Street, Alachua, Florida 32615
b) Telephone No.: (352) 258-6737
5. Surety Information (if applicable, a copy of the payment bond is attached):
a) Name and address: n/a
b) Amount of Bond: n/a
c) Telephone No.: n/a
6. Lender
a) Name and address: n/a
b) Phone No.: n/a
7. Person within the State of Florida designated by Owner upon whom notices or other documents may be served as provided by Section 713.13(1)(a)7., Florida Statutes:
a) Name and address: Palms Medical Group 23343 NW CR 236, High Springs, FL 32643
b) Telephone No.: (386) 454-0698
8. In addition to himself or herself, Owner designates the following person to receive a copy of the Lienor's Notice as provided in Section 713.13(1)(b), Florida Statutes:
a) Name: Jim Miller OF Trenton Medical Center, Inc. dba Palms Medical Group
b) Telephone No.: (352) 275-1407
9. Expiration date of Notice of Commencement (the expiration date will be 1 year from the date of recording unless a different date is specified):

WARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713.13, FLORIDA STATUTES, AND CAN RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY; A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.

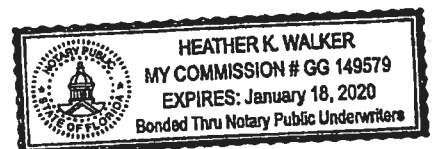
STATE OF FLORIDA
COUNTY OF COLUMBIA

10. Anita Riels CEO
Signature of Owner or Lessee, or Owner's or Lessee's Authorized Office/Director/Partner/Manager
Anita Riels, CEO
Printed Name and Signatory's Title/Office

The foregoing Instrument was acknowledged before me, a Florida Notary, this 12th day of July, 2019, by:
Anita Riels as CEO for Trenton Medical Center
(Name of Person) (Type of Authority) (name of party on behalf of whom instrument was executed)

Personally Known ☒ OR Produced Identification ☐ Type ☐

Notary Signature Heather K. Walker Notary Stamp or Seal:



SUBCONTRACTOR VERIFICATION

APPLICATION/PERMIT #

1908-14

JOB NAME

JRENON Medical Ctr, Inc.

DBA
Rums
medica
Group

THIS FORM MUST BE SUBMITTED BEFORE A PERMIT WILL BE ISSUED

Columbia County issues combination permits. One permit will cover all trades doing work at the permitted site. It is **REQUIRED** that we have records of the subcontractors who actually did the trade specific work under the general contractors permit.

NOTE: It shall be the responsibility of the general contractor to make sure that all of the subcontractors are licensed with the Columbia County Building Department.

Use website to confirm licenses: <http://www.columbiacountyfla.com/PermitSearch/ContractorSearch.aspx>

NOTE: If this should change prior to completion of the project, it is your responsibility to have a corrected form submitted to our office, before that work has begun.

Violations will result in stop work orders and/or fines.

ELECTRICAL <input checked="" type="checkbox"/>	Print Name <u>Ryan Felknor</u> Signature <u>[Signature]</u>	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
CC# <u>1057</u>	Company Name: <u>Felknor Electric</u> License #: <u>Ec13003153</u> Phone #: <u>352-318-8796</u>	
MECHANICAL/A/C <input checked="" type="checkbox"/>	Print Name <u>Mike Myers</u> Signature <u>[Signature]</u>	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
CC# <u>1929</u>	Company Name: <u>Southern Air Systems of N. FL, Inc.</u> License #: <u>CAC1810083</u> Phone #: <u>352-494-5893</u>	
PLUMBING/GAS <input checked="" type="checkbox"/>	Print Name <u>M. Raylan Newberger</u> Signature <u>[Signature]</u>	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
CC# <u>728</u>	Company Name: <u>Plumbing Concepts Inc</u> License #: <u>CFC 1427386</u> Phone #: <u>386-288-5111</u>	
ROOFING <input type="checkbox"/>	Print Name _____ Signature _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
CC# _____	Company Name: _____ License #: _____ Phone #: _____	
SHEET METAL <input type="checkbox"/>	Print Name _____ Signature _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
CC# _____	Company Name: _____ License #: _____ Phone #: _____	
FIRE SYSTEM/SPRINKLER <input type="checkbox"/>	Print Name _____ Signature _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
CC# _____	Company Name: _____ License #: _____ Phone #: _____	
SOLAR <input type="checkbox"/>	Print Name _____ Signature _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
CC# _____	Company Name: _____ License #: _____ Phone #: _____	
STATE SPECIALTY <input type="checkbox"/>	Print Name _____ Signature _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
CC# _____	Company Name: _____ License #: _____ Phone #: _____	

Columbia County Property Appraiser

updated: 6/25/2019

2018 Tax Roll Year**Parcel:** 33-3S-16-02460-001

Tax Collector

Tax Estimator

Property Card

Parcel List Generator

<< Next Lower Parcel Next Higher Parcel >>

2018 TRIM (pdf)

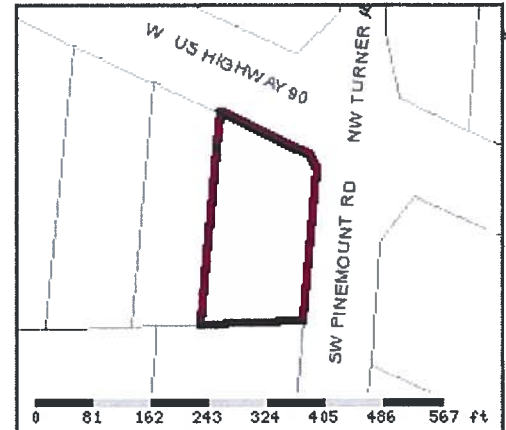
Interactive GIS Map

Print

Owner & Property Info

Search Result: 1 of 1

Owner's Name	MOHAN CHANDLER TRUSTEE OF THE		
Mailing Address	MOHAN LIVING TRUST 4812 W US HWY 90 LAKE CITY, FL 32055		
Site Address	4784 W US HIGHWAY 90		
Use Desc. (code)	STORES, 1 (001100)		
Tax District	2 (County)	Neighborhood	33316
Land Area	1.010 ACRES	Market Area	06
Description	NOTE: This description is not to be used as the Legal Description for this parcel in any legal transaction.		
COMM SE COR OF SE1/4 OF NE1/4, RUN W 58.48 FT FOR POB, RUN W 166.13 FT, N 302.12 FT TO S R/W US 90, SE ALONG R/W 174.35 FT, S 226.02 FT TO POB, EX RD R/W FOR RELOCATION OF CR-252 AS DESC IN ORB 953-1458 & EX ADDN'L RD R/W TAKEN IN ORB 1083-1131 & 1083-1332. ORB 474-453, 725-183, 878-477, 881-2608, 884-1542, 979-2697, 979-2700, WD 1281-370, WD 1281-372, WD 1328-552, CORR WD 1331-1853,			

**Property & Assessment Values**

2018 Certified Values		
Mkt Land Value	cnt: (0)	\$396,027.00
Ag Land Value	cnt: (1)	\$0.00
Building Value	cnt: (1)	\$223,452.00
XFOB Value	cnt: (3)	\$16,351.00
Total Appraised Value		\$635,830.00
Just Value		\$635,830.00
Class Value		\$0.00
Assessed Value		\$635,830.00
Exempt Value		\$0.00
Total Taxable Value	Cnty: \$635,830 Other: \$635,830 Schl: \$635,830	

2019 Working Values		
Mkt Land Value	cnt: (0)	\$396,027.00
Ag Land Value	cnt: (1)	\$0.00
Building Value	cnt: (1)	\$217,934.00
XFOB Value	cnt: (3)	\$16,351.00
Total Appraised Value		\$630,312.00
Just Value		\$630,312.00
Class Value		\$0.00
Assessed Value		\$630,312.00
Exempt Value		\$0.00
Total Taxable Value	Cnty: \$630,312 Other: \$630,312 Schl: \$630,312	

NOTE: 2019 Working Values are NOT certified values and therefore are subject to change before being finalized for ad valorem assessment purposes.

Sales History

Show Similar Sales within 1/2 mile

Sale Date	OR Book/Page	OR Code	Vacant / Improved	Qualified Sale	Sale RCode	Sale Price
2/22/2017	1331/1853	WD	I	U	11	\$100.00
12/16/2016	1328/552	WD	I	U	11	\$100.00
9/9/2014	1281/370	WD	I	Q	01	\$629,000.00
9/9/2014	1281/372	WD	I	U	11	\$100.00
11/1/2002	979/2697	WD	I	U	01	\$100.00
11/1/2002	979/2700	WD	I	U	01	\$100.00
6/7/1999	881/2608	WD	I	Q		\$125,000.00
7/12/1990	725/183	WD	I	U	06	\$200,000.00

Building Characteristics

Bldg Item	Bldg Desc	Year Blt	Ext. Walls	Heated S.F.	Actual S.F.	Bldg Value
4	PREF M B R (008800)	1999	(32)	2880	6995	\$217,934.00
Note: All S.F. calculations are based on <u>exterior</u> building dimensions.						

Extra Features & Out Buildings

Code	Desc	Year Blt	Value	Units	Dims	Condition (% Good)
0166	CONC,PAVMT	2001	\$225.00	0000015.000	0 x 0 x 0	(000.00)
0169	FENCE/WOOD	1999	\$2,340.00	0000390.000	0 x 0 x 0	(000.00)



COLUMBIA COUNTY FIRE RESCUE

Life Safety Services

P.O. BOX 1529 Lake City, Florida 32056
Office (386) 758-2120 Fax (386) 754-7064

Fire Inspector
Chief Jeffery Crawford

14 August 2019

TO: Troy Crews
Columbia County Building and Zoning

FROM: Chief Jeffery Crawford
Fire Inspector #136416

RE: New construction for Palms Medical Group

A plan review was performed on the proposed new construction of building for Palms Medical Group, located at 478 West US 90, Lake City FL 32025. This building was classified under Chapter 38 New Business, of the Florida Fire Prevention Code, 2012 Fifth Edition.

I recommend Approval of the building with the following conditions:

Pending:

- Light Weight Truss Marking
 - Florida Statue, Section 633.027, (2008) requires the owner of any commercial, industrial, or multi-unit residential structure of three units or more constructed of light-frame trusses, to install a symbol adopted by the rule of the State Fire Marshal's Office. This rule establishes the dimensions, color, and location of the symbol to be applied to every commercial, industrial, and multi-unit residential structure of three units or more constructed of light-frame trusses.



- Emergency Lighting/Exit signs
 - NFPA 101 Life Safety Code, Chapter 42.2.9 emergency lighting shall be provided in normally occupied storage occupancies in accordance with section 7.9, except for

spaces occupied only during daylight hours with natural illumination in accordance with 42.2.8.2.

- Fire Extinguishers – 3 ABC Fire extinguisher per exit door
- Access Box(es)
 - NFPA 1:18.2.2.1 states, The AHJ shall have the authority to require an access box(es) to be installed in an accessible location where access to or within a structure or area is difficult because of security. The access box(es) shall be of an approved type listed in accordance with UL1037.Knox Boxes are now a requirement for all new construction
- Electrical Disconnect
 - NFPA 1:11.1.7 states, “means shall be provided for the fire department to disconnect the electrical service to a building, structure or facility when the electrical is covered under the scope of NFPA70.”
 - NFPA 101:7.2.1.5.1 states, “Doors shall be arranged to be opened readily from egress side whenever building is occupied.”

Sincerely,

A handwritten signature in cursive script, reading "Jeffery Crawford". The signature is written in dark ink and is positioned below the "Sincerely," text.



[Department of State](#) / [Division of Corporations](#) / [Search Records](#) / [Detail By Document Number](#) /

Detail by Entity Name

Florida Not For Profit Corporation
TRENTON MEDICAL CENTER, INC.

Filing Information

Document Number	N24356
FEI/EIN Number	59-2871302
Date Filed	01/14/1988
State	FL
Status	ACTIVE
Last Event	CORPORATE MERGER
Event Date Filed	01/06/2014
Event Effective Date	NONE

Principal Address

23343 NW CR 236
High Springs, FL 32643

Changed: 03/02/2015

Mailing Address

C/O ANITA RIELS
23343 NW CR 236
High Springs, FL 32643

Changed: 03/02/2015

Registered Agent Name & Address



RIELS, ANITA CEO

23343 NW CR 236
High Springs, FL 32643

Name Changed: 02/27/2013

Address Changed: 03/02/2015

Officer/Director Detail

Name & Address

Title VP

BRADLEY, CLIF
PO Box 653

4451 SW 102 Ave
Lake Butler, FL 32054

Title Secretary

Catalanotto, Sarah
16646 NW 194th Terrace
High Springs, FL 32643

Title Director

Elder, Josh
23343 NW COUNTY ROAD 236
HIGH SPRINGS, FL 32643

Title Director

Nichola, Kim
23343 NW COUNTY ROAD 236
HIGH SPRINGS, FL 32643

Annual Reports

Report Year	Filed Date
2017	01/18/2017
2018	01/23/2018
2019	02/12/2019

Document Images

02/12/2019 -- ANNUAL REPORT	View image in PDF format
01/23/2018 -- ANNUAL REPORT	View image in PDF format
01/18/2017 -- ANNUAL REPORT	View image in PDF format
01/27/2016 -- ANNUAL REPORT	View image in PDF format
03/02/2015 -- ANNUAL REPORT	View image in PDF format
03/25/2014 -- AMENDED ANNUAL REPORT	View image in PDF format
01/10/2014 -- ANNUAL REPORT	View image in PDF format
01/06/2014 -- Merger	View image in PDF format
04/17/2013 -- Amended and Restated Articles	View image in PDF format
02/27/2013 -- ANNUAL REPORT	View image in PDF format
01/05/2012 -- ANNUAL REPORT	View image in PDF format
04/07/2011 -- ANNUAL REPORT	View image in PDF format
03/08/2010 -- ANNUAL REPORT	View image in PDF format
01/16/2009 -- ANNUAL REPORT	View image in PDF format
01/03/2008 -- ANNUAL REPORT	View image in PDF format
01/10/2007 -- ANNUAL REPORT	View image in PDF format
04/12/2006 -- ANNUAL REPORT	View image in PDF format
03/02/2005 -- ANNUAL REPORT	View image in PDF format
04/09/2004 -- ANNUAL REPORT	View image in PDF format
03/04/2003 -- ANNUAL REPORT	View image in PDF format
03/06/2002 -- ANNUAL REPORT	View image in PDF format
02/20/2001 -- ANNUAL REPORT	View image in PDF format

LEASE AGREEMENT

THIS LEASE AGREEMENT ("Lease"), made this 1st day of April, 2019, between Chandler Mohan, Trustee of The Mohan Living Trust whose mailing address 4812 W Highway 90, Lake City, Florida 32055 (hereinafter called Landlord), and Trenton Medical Center Inc DBA Palms Medical Center, whose mailing address is 23343 NW County Road 236, High Springs, Florida 32643 (hereinafter called Tenant).

RECITALS

- A. Landlord presently owns a parcel of land in Lake City, Florida, described at 4784 West US Highway 90, Lake City FL 32055 and attached Schedule "A" (the "Land") attached hereto upon which is located a building (the "Building")
- B. Tenant desires to lease the Land and Building, (herein collectively the "Premises" or "Leased Premises") from Landlord for the purpose of conducting and operating a Medical Center upon the Premises.
- C. Tenant is willing to lease the Premises from Landlord in its "as is condition". Tenant shall make all repairs and alterations to the interior or exterior of the Building as may be required at no cost to Landlord.

NOW, THEREFORE, in consideration of the agreements and mutual covenants contained herein, the parties agree that Landlord shall lease to Tenant, and Tenant shall take from Landlord the Premises and Equipment upon the following terms and conditions, to which the parties hereby covenant and agree:

- 1. **RECITALS**. The above recitals are all true and accurate and are made a part of this Lease.
- 2. **LEASED PROPERTY**: Landlord leases to Tenant, and Tenant takes from Landlord, the Premises totaling 5,894 square feet which, includes first floor 5,400 square feet and upstairs mezzanine 494 square feet, Schedule A.
- 3. **TERM**: This Lease is for a term of Five (5) year (the "Primary Term"), beginning April 1, 2019, and ending at midnight March 31, 2024. Landlord shall give Tenant possession of the Premises on the first day of the Primary Term.
- 4. **RENT**: Tenant shall pay Landlord rent on the first day of each month, commencing on April 1, 2020.

Base Rent shall be as follows:

April 1, 2019 through March 31, 2020
(Construction Period)

NO RENT.

April 1, 2020 through March 31, 2024

\$7,000.00/month

5. **SECURITY DEPOSIT:** Tenant shall deposit with Landlord \$ 7,000.00 as security for Tenant's full and faithful performance of all of the terms, covenants and conditions of this lease, which Landlord shall retain until the expiration of the lease or any extension thereof. If the Tenant complies with all of the terms of this lease, the security deposit shall be returned to Tenant after the expiration date of the lease and after delivery of possession of the Leased Premises to Landlord. Upon the termination of this lease, Landlord may use, apply or retain all or any part of the security deposit to the extent required for the payment of any rent or other sum or debt as to which the Tenant is in default or for any sum expended or incurred by Landlord due to Tenant's default in any term of this lease, including any cost for repairing any portion of the Leased Premises which may have been damaged during the lease term or any extension thereof. Landlord may intermingle such security deposit with its own funds and use the deposit for whatever purposes it desires. Tenant shall not receive any interest on the security deposit.
6. **USE OF PREMISES:** Tenant shall have the right to make lawful use of the Premises, for operating and conducting a Medical Center thereon, and may construct such improvements thereon as Tenant deems appropriate with the prior written consent of Landlord, which consent shall not be unreasonably withheld. Any improvements constructed by Tenant shall not in any way be considered, in whole or in part, as additional rental income to Landlord, nor does this Lease create any obligation of Tenant to construct improvements, the value of which may be construed to be an improvement of Landlord's property in lieu of rent. Tenant will conform to, comply with and abide by all valid laws, ordinances and governmental regulations affecting the use of the Premises or any business conducted therefrom.
7. **CONSTRUCTION, REPAIR AND MAINTENANCE OF IMPROVEMENTS:** Tenant acknowledges that Tenant has inspected the Premises and agrees to accept the same in its "as is" condition. Tenant shall have the right, but not the duty, to construct and thereafter alter and remodel any improvements placed on the Premises by Tenant with Landlord's prior written consent; provided that such construction, alteration and remodeling

shall be at Tenant's sole expense. In constructing such improvements or making such remodeling or alterations to the Premises, Tenant shall not permit any mechanics' or material men's liens for improvements made by Tenant upon the Premises. Except as otherwise provided for herein, Tenant agrees to keep the Premises, including any improvements located or constructed on the Premises at any time by Tenant, in a good state of repair during the entire Term of the Lease and any extensions, at Tenant's sole expense, and to hold Landlord harmless from any and all liability, cost or responsibility therefor. Landlord shall be responsible for and pay all cost for any required repairs to the roof. Except for the cost of repairing the roof, Tenant, at their cost and expense, shall promptly make all necessary repairs and replacements to the Leased Premises, as and when necessary. Such obligation of Tenant shall include, but shall not be limited, to repairs and replacements to all pipes, electrical and plumbing system, window glass, fixtures and all other appliances as well as all equipment used in connection with the Leased Premises and the paved parking area. Tenant, at their cost, shall also make repairs to the heating and air conditioning systems, but not the cost to replace the heating and air conditioning system, if required.

8. **INSPECTION:** Landlord shall have the right to enter and inspect the Premises during reasonable business hours as arranged and approved by Tenant but in doing so, Landlord shall not unreasonably interfere with the conduct of Tenant's business conducted therefrom.
9. **UTILITIES:** Tenant agrees to pay for all utilities used or consumed from the Premises, including, but not limited to, gas, water, electricity, wastewater, telephone, garbage/trash collection. Tenant will also maintain the parking lot and vegetation per county code and ordinances.
10. **TAXES:** Landlord shall be responsible for the payment of the ad valorem taxes and special assessments due or to become due during the Term of the Lease or any extension thereof on the Leased Premises. Tenant shall be responsible for the payment of all taxes or licenses levied or assessed upon any personal property, stock-in-trade

fixtures or equipment located on the Premises or business conducted therefrom.

11. **Property Insurance:** Landlord shall maintain and be responsible for Property insurance on the Property (Business Owners Policy). Tenant shall maintain general liability coverage and contents coverage.
12. **WORKERS COMPENSATION INSURANCE:** Tenant shall, at all times during the term of this lease and any extension thereof, maintain and keep in full force and effect, at Tenant's Expense, all workers' compensation insurance as required by the laws of Florida.
13. **HOLD HARMLESS:** But for damages directly caused by Landlord's gross negligence or willful malfeasance, Tenant agrees to hold Landlord harmless from any and all liability to any person, firm or corporation whomsoever, arising out of the use and occupancy by Tenant of the Premises, including but not limited to any liability for the actions, either negligent or willful, by Tenant, Tenant's agents, servants or employees. The requirements of this Lease that Tenant maintain public liability insurance for the benefit of Tenant and Landlord insuring against such liability shall in no way be construed to limit the obligations of Tenant under this paragraph to hold Landlord harmless from any and all such liability.
14. **ENVIRONMENTAL:** During the Term of this Lease, Tenant shall comply with all Environmental Laws and Environmental Permits (each as defined herein) applicable to Tenant's use of the Premises, shall cause all other persons occupying or using the Premises to comply with all such Environmental Laws and Environmental Permits, shall immediately pay all costs and expenses incurred by reason of such compliance. Tenant shall not generate, use, treat, store, handle, release or dispose of, or permit the generation, use, treatment, storage, handling, release or disposal, of Hazardous Materials on the Premises or transport or permit the transportation of Hazardous Materials to or from the Premises except for limited quantities used or stored at the Premises and required in connection with the routine operation and maintenance of the Premises, and then only in compliance with all applicable Environmental Laws and Environmental Permits.
 - 15.1 Tenant shall immediately advise Landlord in writing of: (a) any pending or threatened Environmental Claim (as defined herein) against Tenant relating to the Premises; (b) any condition or occurrence on the Premises that (i) results in reportable noncompliance by Tenant with any applicable Environmental Law, or (ii) could reasonably be anticipated to form the basis of an Environmental Claim against Tenant and/or Landlord or the Premises, and (iii) the actual or anticipated taking of any removal or remedial action in response to the actual or alleged presence of any Hazardous Material on the Premises. Tenant shall provide

Landlord with copies of all written communications regarding the Premises with any government or governmental agency relating to reportable non-compliance with Environmental Laws, all such communications with any person relating to Environmental Claims, and such detailed reports of any such Environmental Claim as may reasonably be requested by Landlord. At any time and from time to time during the Term of this Lease and upon reasonable notice to Tenant, Landlord or its agents may perform an environmental audit and/or inspection of the Premises and studies, investigation and testing of the Premises (including soil borings), and if it is determined that Tenant has failed to comply or otherwise breached the terms of this Section 15.1, then Tenant shall pay for the cost of the audit, inspection, studies, investigation and testing.

"Hazardous Materials" means: (a) petroleum or petroleum products, natural or synthetic gas, asbestos in any form, urea formaldehyde foam insulation, and radon gas; (b) any substances defined as or included in the definition of "hazardous substances", "hazardous wastes", "hazardous materials", "extremely hazardous wastes", "restricted hazardous wastes", "toxic substance", "toxic pollutants", "contaminants" or "pollutants", or words of similar import, under any applicable Environmental Law; and (c) any other substance exposure which is regulated by any governmental authority. "Environmental Law" means any federal, state or local statute, law, rule, regulation, ordinance, code, policy or rule of common law now or hereafter in effect and in each case as amended, and any judicial or administrative interpretation thereof, including any judicial or administrative order, consent decree or judgment, relating to the environment, health, safety, or Hazardous Materials. Environmental Claims, means any and all administrative, regulatory or judicial actions, suits, demands, demand letters, claims, liens, notices of non-compliance or violation, investigations, proceedings, consent orders or consent agreements relating in any way to any Environmental Law or any Environmental Permit, including without limitation (i) any and all Environmental Claims by governmental or regulatory authorities for enforcement, cleanup, removal, response, remedial or other actions or damages pursuant to any applicable Environmental Law and/or (ii) any and all Environmental Claims by any third party seeking damages, contribution, indemnification, cost recovery, compensation, or injunctive relief resulting from Hazardous Materials or arising from alleged injury or threat of injury to health, safety or the environment. "Environmental Permits" means all permits, approvals, identification numbers, licenses and other authorizations required under any applicable Environmental Law.

15.2 Tenant agrees, at its sole cost and expense, to indemnify and save Landlord, its officers, directors, members, agents, successors and assigns (collectively the Indemnitees") against and from any and all claims, suits, actions, obligations (including removal and remedial actions), losses, judgments, liabilities,

penalties, (including civil fines), damages, costs and expenses (including reasonable attorney's, consultants fees and expenses) of any kind or nature whatsoever that may at any time be incurred by, imposed on or asserted against such Indemnitees directly or indirectly based on, or arising or resulting from: (a) the presence of Hazardous Materials on the Premises in violation of the terms of this Section 16; or (b) any Environmental Claim relating in any way to Tenant's operation or use of the Premises during the term of this Lease. The provisions of this Section 15 shall survive the expiration or sooner termination of this Lease.

15. **LANDLORD'S LIEN:** Landlord is entitled to such liens as may be provided by the laws of the State of Florida to secure the rent which Tenant is obligated to pay Landlord under the terms hereof, including a lien upon all property of Tenant, Tenant's sublessees or assigns, kept or usually kept on the Premises. Tenant shall have the right to remove any equipment owned by Tenant and installed in or placed upon the Premises, upon the expiration of the Term hereof, provided that Tenant is not in default under the terms of this Lease. In the event Tenant removes any trade fixtures or equipment installed in the Premises, Tenant shall restore the Premises and repair any damages occasioned by such removal solely at the expense of Tenant.
16. **LIENS:** The interest of Landlord in the Leased Premises will not be subject in any way to any liens, including construction liens, for improvements to or otherwise performed in the Leased Premises by or on behalf of Tenant. This exculpation is made with express reference to Section 713.10, Florida Statutes. If any lien is filed against the Premises for work or materials claimed to have been furnished to Tenant, Tenant will cause it to be discharged or record or properly be transferred to a bond under Section 713.24, Florida Statutes, within ten (10) days after notice to Tenant. Furthermore, Tenant will indemnify, defend, and save Landlord harmless from and against any damage or loss, including reasonable attorney fees incurred by Landlord as a result of any lien or other claim arising out of or related to work performed in the Premises by or on behalf of Tenant. Tenant shall notify every contractor making improvements to the Premises that the Landlord or the Premises will not be subject to liens.

17. **ACCELERATION.** If Tenant defaults under this Lease, Landlord may declare the balance of rent due (months unpaid during the term including months waived during construction period) under the Lease for the remainder of the Lease term to be forthwith due and payable and may collect the then present value of the rent (calculated using a discount rate equal to the discount rate of the Federal Reserve Bank closest to the Leased Premises in effect as of the date of the default). If Landlord exercises its remedy to retake possession of the Premises and collects from Tenant all rents accrued for the remainder of the Lease term, Landlord will account to Tenant, at the expiration of the Lease term for the net amounts actually collected by Landlord as a result of a reletting, net of Tenant's obligations as specified above.

18. **LANDLORD'S RIGHT TO PERFORM.** If Tenant defaults, Landlord may, but will have no obligation to, perform the obligations of Tenant, and, if Landlord, in doing so, makes any expenditures or incurs any obligations for the payment of monies, including reasonable attorney fees, the sums so paid or obligations incurred will be paid by Tenant to Landlord within ten (10) days of rendition of a bill or statement to Tenant.

19. **TENANT'S PERSONAL PROPERTY:** Tenant shall have the right to place upon the Premises, from time to time, such personal property as Tenant so desires and remove the same at any time and from time to time, subject, however, to any Landlord's lien provided for in this Lease or by law. Any improvements constructed by Tenant on the property, which are in the nature of a building or fixtures, shall become the property of Landlord upon the expiration of this Lease or any extension. If Tenant elects to remove any trade fixtures or other improvements located in any building constructed on the Premises by Tenant, Tenant shall repair any structural damage to such building caused by the removal thereof, at Tenant's sole cost.

20. **QUIET ENJOYMENT:** Landlord warrants to Tenant that Landlord has good title to the Premises and has the right to enter into this Lease. So long as Tenant is not in default, Landlord will protect, defend and indemnify Tenant against any interference with Tenant's use and quiet enjoyment of the Premises.

21. **LOSS AND DAMAGE:** But for damages directly caused by Landlord's gross negligence or willful malfeasance, Landlord shall not be responsible for any damage to the property of the Tenant or of others located on the Leased Premises, nor for the loss of or damage to any property of the Tenant or of others by theft or otherwise. Landlord shall not be liable for any injury or damage to persons or property resulting from fire, water, rain, or leaks from any part of the Leased Premises, or from the pipes, appliances, or plumbing works, or from the roof, or from any other place, or by any other cause whatsoever of any

nature. Landlord shall not be liable for any latent defects in the Leased Premises. If the roof leaks, Tenant shall immediately notify Landlord in writing and Landlord will then make necessary repairs.

22. **CONDEMNATION:** If the whole of the Leased Premises, or such portion thereof as will make the Leased Premises unsuitable for use to which the Leased Premises is being utilized, is condemned for any public use or purpose, by any legally constituted authority, then in either of such events this Lease, at the option of Tenant, shall cease from the time when the possession is taken by such public authority and rental shall be accounted for between Landlord and Tenant as of the date of the surrender of possession. Such termination shall be without prejudice to the rights of either Landlord or Tenant to recover compensation from the condemning authority for any loss or damage caused by such condemnation. Neither Landlord nor Tenant shall have any rights in or to any award made to the other by the condemning authority. If Tenant elects not to terminate this Lease, Tenant will then promptly rebuild and restore any improvements condemned or taken by the condemning authority at Tenant's expense.
23. **HOLDING OVER:** If Tenant remains in possession of the Premises after expiration of the Term of this Lease or any extension thereof, Tenant shall be treated as a tenant at sufferance on a month-to-month basis, and shall pay Landlord a monthly rental rate in effect immediately prior to the expiration of the Term.
24. **SURRENDER OF PREMISES:** At the expiration of the Term or any extension thereof, Tenant shall peaceably and quietly surrender the Premises and Equipment to Landlord in good condition and repair, except only for ordinary wear, tear and depreciation, and damage caused by fire or other casualty insured against under fire and extended coverage insurance provided for herein.
5. **REMEDY FOR FAILURE TO PAY RENT:** If any rent or other payment required by this Lease shall not be paid within ten (10) days after the same becomes due and payable. Any rent that is not paid within first 10 days of each month will be considered late for that month. A \$50 late fee will be charged for each week, the rent remains unpaid. Landlord shall also have the option, without prior notice to Tenant, to terminate this Lease, resume possession of the Premises for Landlord's account, and recover from Tenant as liquidated damages the greater amount of either (a) Ten Thousand and No/100 (\$10,000.00) dollars or (b) the difference between the remaining unpaid rent for the remainder of the Term, reduced to present worth.
25. **OTHER REMEDIES:** If either party shall fail to perform or shall breach any agreement of this Lease, other than the agreement of Tenant to pay rent for a period of ten (10) days after written notice shall have been given to the party so failing to perform, specifying the performance required, the party giving notice shall have the option to terminate this Lease or bring an action in a court of competent jurisdiction to compel performance.

fees.

31. **ADDRESSES:** All rents shall be payable and notice given at Landlord's address specified herein above or such other address as Landlord shall specify by notice in writing to Tenant. All notices required to be given under this Lease to Tenant shall be given at Tenant's address herein above specified or such other address as Tenant shall specify by notice mailed to Landlord. Any notice properly mailed by regular mail, postage prepaid, shall be deemed delivered when mailed whether received or not, except that notices of change of address shall not be effective until actually received. Nothing contained in this paragraph shall preclude any notice required hereunder from being personally served upon the party entitled to receive the same.
32. **PARTIES BOUND AND APPLICABLE LAW:** This Lease shall be binding upon and inure to the benefit of the respective heirs, personal representatives, successors and assigns of the parties, and shall be construed in accordance with the laws of the State of Florida.
33. **SUBTITLES:** The subtitles used in the paragraphs of this agreement are solely for the convenience of the parties, and are not a part of the substantive portions of the agreement.
34. **MISCELLANEOUS:** The terms "Landlord" and "Tenant" include all parties named herein as such, together with their successors, heirs, personal representatives, or assigns, and shall be construed as singular, plural, masculine, feminine or neuter, as required by the context of this Lease.
35. **AMENDMENTS OR MODIFICATIONS:** No amendment or modification to this Lease shall be effective and binding upon the parties hereto unless such amendment or modification shall be in writing signed by all parties

26. **TERMINATION OF LEASE:** Landlord may, at Landlord's option, by notice to Tenant, terminate this Lease effective immediately if Tenant shall become bankrupt, unable to pay debts as they mature, make an assignment for the benefit of creditors, commit any other act of bankruptcy, if an involuntary or voluntary petition for bankruptcy is filed by or against Tenant or if Tenant abandons the Premises, or uses the Premises for any unlawful or illegal purpose.

27. **ASSIGNABILITY:** Tenant shall have the right to assign this Lease or sublet all or any portion of the Premises to any person, firm or corporation whomsoever, provided that Tenant shall obtain the prior written consent of Landlord to such assignment or sublease; and provided, further, that no such assignment or sublease shall in any way relieve Tenant of any obligations, covenants or conditions hereof.

28. **RADON GAS NOTIFICATION:** Pursuant to the requirements of Fla. Stat. §404.056(8), the following notice is given:

RADON GAS: Radon is a naturally occurring radio-active gas that, when it has accumulated in a building in sufficient quantities, may present health risks to persons who are exposed to it over time. Levels of radon that exceed federal and state guidelines have been found in building in Florida. Additional information regarding radon and radon testing may be obtained from your county public health unit.

By giving the foregoing notice, Landlord does not, in any way, represent or imply that radon gas exists in any building located on the Leased Premises, and Landlord warrants and represents that Landlord has no knowledge as to whether there is, or is not, any radon gas present in any such building.

29. **OPTION TO RENEW LEASE:** Tenant, if not in default under any terms hereof, is granted the option to renew and extend this Lease for an additional extended term of five (5) years (the "Option Period") commencing on the expiration of the Primary Term upon the same terms and conditions as provided herein, except that the rental (monthly rent) shall be an amount mutually agreed upon between the parties by written amendment to the Lease. In the event the parties are unable to mutually agree upon the amount of rental for the Option Period, then the Lease shall expire at the end of the Primary Term, subject to the terms and conditions of this Lease. In the event, Tenant desires to exercise said option and thereby institute rental negotiation discussions accordingly, he must notify Landlord, in writing, no later than six (6) months prior to the expiration of the Primary Term.

30. **ATTORNEY'S FEES AND COSTS:** In the event of default by either party under the terms of this Lease, the defaulting party shall be liable for, and agrees to pay, all costs and expenses incurred in the enforcement of this Lease, including reasonable attorneys'

IN WITNESS WHEREOF, the parties have executed this agreement the day and year first above written.

Signed, sealed and delivered in
the presence of:

Chandler Mohan



Christine M. Batten
NOTARY PUBLIC
STATE OF FLORIDA
Comm# GG211411
Expires 4/28/2022

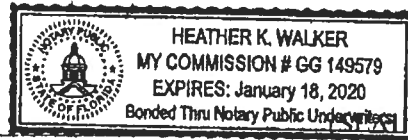
(SEAL)

Chandler Mohan (Landlord)
Trustee of The Mohan Living Trust

Christine M. Batten
Witnesses as to Landlord
CHRISTINE M. BATTEN

Signed, sealed and delivered in
the presence of:

Heather K. Walker



Chief Executive Officer
Trenton Medical Center DBA Palms
Medical Center

Heather K. Walker
Witnesses as to Tenant
Heather K. Walker

SCHEDULE "A"

THE PREMISES

Township 3 South, Range 16 East, Section 33: Commence at the Southeast corner of the Southeast ¼ of the Northeast ¼ of Section 33, Township 3 South, Range 16 East, Columbia County, Florida (per survey by B.G. Moore, PLS) and run N 89°11'09" W along the South line of said Northeast ¼ a distance of 58.48 feet to the POINT OF BEGINNING; thence continue N 89°11'09" W still along said South line 166.13 feet; thence N 07°36'55" E, 302.12 feet to a point on the Southerly Right-of-Way line of U.S. Highway No. 90; thence S 63°30'00" E along said Southerly Right-of-Way line 174.35 feet; thence S 07°36'55" W, 226.02 feet to the POINT OF BEGINNING.

Less and Except:

Commence at the Southeast corner of the Northeast ¼ of Section 33, Township 3 South, Range 16 East, Columbia County, Florida, and run N 89°55'19" W along the South line of the Northeast ¼ of said Section 33, a distance of 27.37 feet to the POINT OF BEGINNING; thence continue N 89°55'19" W, still along South line of Northeast ¼ of said Section 33, a distance of 2.78 feet; thence N 05°50'00" E, 203.79 feet; thence N 29°11'29" W, 40.95 feet to a point on the Southerly Right-of-Way line of U.S. Highway No. 90; thence S 64°12'59" E, along said Southerly Right-of-Way line 32.35 feet; thence S 06°52'59" W, a distance of 226.06 feet to a Point on the South line of the Northeast ¼ of said Section 33, also being the POINT OF BEGINNING.

Also, less and except existing Right of Way of County Road 252.

Also, less and except existing and additional Right-of-Way of State Road No. 10 (U.S. 90) per Book 1083, Page 1131, that certain land situated in Columbia County, Florida, described as follows:

That part of the Northeast ¼ of Section 33, Township 3 South, Range 16 East, Columbia County, Florida, being more particularly described as follows:

Commence at a 4" x 4" concrete monument located at the Southeast corner of the Northeast ¼ of Section 33, Township 3 South, Range 16 East, Columbia County, Florida; thence run North 04°42'10" East, along the East line thereof, a distance of 268.13 feet to the centerline of survey of State Road No. 10 (U.S. 90), (a 100.00 foot right-of-way at this point, as per Florida Department of Transportation Right of Way Map, Section 29010); thence departing said East line, run North 65°20'55" West, along the centerline of said State Road No. 10 (U.S. 90), a distance of 183.50 feet; thence departing said centerline, run South 24°39'05" West, a distance of 50.00 feet to a point on the Southerly existing right of way line of said State Road No. 10 (U.S. 90), for a Point of Beginning; thence run South 65°20'55" East, along said Southerly existing right of way line, a distance of 144.74 feet to an angle point in said Southerly existing right of way line; thence run South 30°19'25" East, along said Southerly existing right of way line, a distance of 40.94 feet to its intersection with the Westerly existing right of way line of SW Pinemount Road (a variable width right of way); thence run South 04°42'10" West, along said Westerly existing right of way line, a distance of 204.21 feet to the South line of the Northeast ¼ of said Section 33; thence departing said Westerly existing right of way line, run South 88°16'56" West, along said South line a distance of 18.34 feet; thence departing said South line, run North 05°16'52" East, a distance of 194.11 feet; thence run North 30°32'27" West, a distance of 35.87 feet; thence run North 65°20'55" West, a distance of 130.62 feet; thence run North 05°12'38" East, a distance of 21.21 feet to the Point of Beginning.

Landlord's Initials: _____

Tenant's Initials: _____

Residential System Sizing Calculation

Summary

Rhett Smitley

Project Title:

Lot 13 Crosswinds - Model 1618

Lake City, FL 32025

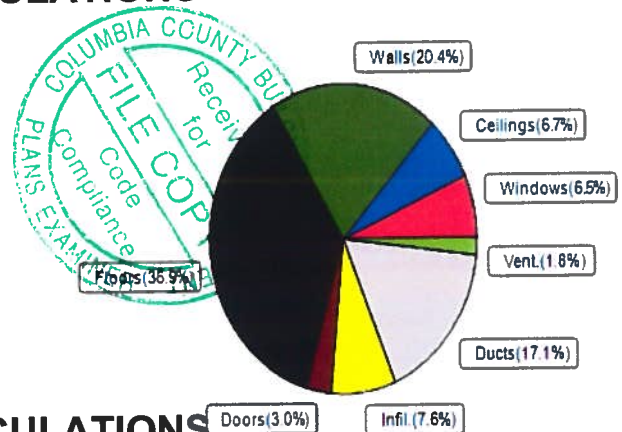
6/13/2019

Location for weather data: Gainesville, FL - Defaults: Latitude(29.7) Altitude(152 ft.) Temp Range(M)			
Humidity data: Interior RH (50%) Outdoor wet bulb (77F) Humidity difference(51gr.)			
Winter design temperature(TMY3 99%)	30 F	Summer design temperature(TMY3 99%)	94 F
Winter setpoint	70 F	Summer setpoint	75 F
Winter temperature difference	40 F	Summer temperature difference	19 F
Total heating load calculation	24583 Btuh	Total cooling load calculation	16535 Btuh
Submitted heating capacity	% of calc Btuh	Submitted cooling capacity	% of calc Btuh
Total (Electric Heat Pump)	100.0 24583	Sensible (SHR = 0.70)	88.3 11574
Heat Pump + Auxiliary(0.0kW)	100.0 24583	Latent	144.7 4960
		Total (Electric Heat Pump)	100.0 16535

WINTER CALCULATIONS

Winter Heating Load (for 1618 sqft)

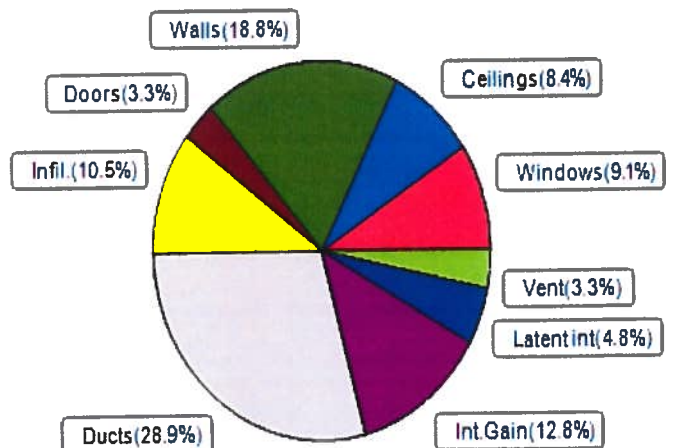
Load component		Load	
Window total	112 sqft	1607 Btuh	
Wall total	1416 sqft	5027 Btuh	
Door total	40 sqft	736 Btuh	
Ceiling total	1618 sqft	1643 Btuh	
Floor total	1618 sqft	9062 Btuh	
Infiltration	43 cfm	1867 Btuh	
Duct loss		4203 Btuh	
Subtotal		24145 Btuh	
Ventilation	10 cfm	438 Btuh	
TOTAL HEAT LOSS		24583 Btuh	



SUMMER CALCULATIONS

Summer Cooling Load (for 1618 sqft)

Load component		Load	
Window total	112 sqft	1497 Btuh	
Wall total	1416 sqft	3107 Btuh	
Door total	40 sqft	552 Btuh	
Ceiling total	1618 sqft	1396 Btuh	
Floor total		0 Btuh	
Infiltration	31 cfm	651 Btuh	
Internal gain		2120 Btuh	
Duct gain		3574 Btuh	
Sens. Ventilation	10 cfm	208 Btuh	
Blower Load		0 Btuh	
Total sensible gain		13106 Btuh	
Latent gain(ducts)		1204 Btuh	
Latent gain(infiltration)		1080 Btuh	
Latent gain(ventilation)		345 Btuh	
Latent gain(internal/occupants/other)		800 Btuh	
Total latent gain		3429 Btuh	
TOTAL HEAT GAIN		16535 Btuh	



8th Edition

EnergyGauge® System Sizing

PREPARED BY:

DATE:

6/13/2019

System Sizing Calculations - Winter

Residential Load - Whole House Component Details

Rhett Smithey

Lake City, FL 32025

Project Title:

Lot 13 Crosswinds - Model 1618

Building Type: User

6/13/2019

Reference City: Gainesville, FL (Defaults) Winter Temperature Difference: 40.0 F (TMY3 99%)

Component Loads for Whole House

Window	Panes/Type	Frame	U	Orientation	Area(sqft)	X	HTM=	Load
1	2, NFRC 0.25	Vinyl	0.36	S	6.3		14.4	90 Btuh
2	2, NFRC 0.25	Vinyl	0.36	S	18.7		14.4	269 Btuh
3	2, NFRC 0.25	Vinyl	0.36	E	9.3		14.4	134 Btuh
4	2, NFRC 0.25	Vinyl	0.36	E	2.7		14.4	38 Btuh
5	2, NFRC 0.25	Vinyl	0.36	N	28.0		14.4	403 Btuh
6	2, NFRC 0.25	Vinyl	0.36	N	9.3		14.4	134 Btuh
7	2, NFRC 0.25	Vinyl	0.36	N	18.7		14.4	269 Btuh
8	2, NFRC 0.25	Vinyl	0.36	N	18.7		14.4	269 Btuh
Window Total					111.6(sqft)			1607 Btuh
Walls	Type	Ornt.	Ueff.	R-Value (Cav/Sh)	Area	X	HTM=	Load
1	Frame - Wood	- Ext	(0.089)	13.0/0.0	124		3.55	439 Btuh
2	Frame - Wood	- Ext	(0.089)	13.0/0.0	119		3.55	424 Btuh
3	Frame - Wood	- Ext	(0.089)	13.0/0.0	345		3.55	1225 Btuh
4	Frame - Wood	- Ext	(0.089)	13.0/0.0	185		3.55	657 Btuh
5	Frame - Wood	- Ext	(0.089)	13.0/0.0	122		3.55	433 Btuh
6	Frame - Wood	- Ext	(0.089)	13.0/0.0	97		3.55	344 Btuh
7	Frame - Wood	- Ext	(0.089)	13.0/0.0	255		3.55	905 Btuh
8	Frame - Wood	- Adj	(0.089)	13.0/0.0	169		3.55	600 Btuh
Wall Total					1416(sqft)			5027 Btuh
Doors	Type	Storm	Ueff.		Area	X	HTM=	Load
1	Insulated - Exterior, n		(0.460)		20		18.4	368 Btuh
2	Insulated - Garage, n		(0.460)		20		18.4	368 Btuh
Door Total					40(sqft)			736Btuh
Ceilings	Type/Color/Surface		Ueff.	R-Value	Area	X	HTM=	Load
1	Vented Attic/L/Shing		(0.025)	38.0/0.0	1618		1.0	1643 Btuh
Ceiling Total					1618(sqft)			1643Btuh
Floors	Type		Ueff.	R-Value	Size	X	HTM=	Load
1	Slab On Grade		(1.180)	0.0	192.0 ft(perim.)		47.2	9062 Btuh
Floor Total					1618 sqft			9062 Btuh
Envelope Subtotal:								18075 Btuh
Infiltration	Type	Wholehouse	ACH	Volume(cuft)	Wall Ratio	CFM=		
	Natural(Adjusted for ventilation)		0.18	14562	1.00	42.6		1867 Btuh
Duct load	Average sealed, R8.0, Supply(Att), Return(Att) (DLM of 0.211)							4203 Btuh
All Zones	Sensible Subtotal All Zones							24145 Btuh

Manual J Winter Calculations

Residential Load - Component Details (continued)

Rhett Smithey

Lake City, FL 32025

Project Title:

Lot 13 Crosswinds - Model 1618

Building Type: User

6/13/2019

WHOLE HOUSE TOTALS

Totals for Heating	Subtotal Sensible Heat Loss	24145 Btuh
	Ventilation Sensible Heat Loss	438 Btuh
	Total Heat Loss	24583 Btuh

EQUIPMENT

1. Electric Heat Pump	#	24583 Btuh
-----------------------	---	------------

Key: Window types - NFRC (Requires U-Factor and Shading coefficient(SHGC) of glass as numerical values)
or - Glass as 'Clear' or 'Tint' (Uses U-Factor and SHGC defaults)

U - (Window U-Factor)

HTM - (ManualJ Heat Transfer Multiplier)



Version 8

System Sizing Calculations - Summer

Residential Load - Whole House Component Details

Rhett Smithey

Project Title:

Lot 13 Crosswinds - Model 1618

Lake City, FL 32025

6/13/2019

Reference City: Gainesville, FL

Temperature Difference: 19.0F(TMY3 99%) Humidity difference: 51gr.

Component Loads for Whole House

Window	Type*						Overhang		Window Area(sqft)			HTM		Load			
	Panes	SHGC	U	InSh	IS	Ornt	Len	Hgt	Gross	Shaded	Unshaded	Shaded	Unshaded				
1	2 NFRC	0.25, 0.36	No	No	No	S	5.5ft.	1.0ft.	6.3	6.3	0.0	12	14	76	Btuh		
2	2 NFRC	0.25, 0.36	No	No	No	S	2.0ft.	1.0ft.	18.7	18.7	0.0	12	14	226	Btuh		
3	2 NFRC	0.25, 0.36	No	No	No	E	2.0ft.	1.0ft.	9.3	1.5	7.8	12	31	260	Btuh		
4	2 NFRC	0.25, 0.36	No	No	No	E	2.0ft.	1.0ft.	2.7	2.6	0.0	12	31	33	Btuh		
5	2 NFRC	0.25, 0.36	No	No	No	N	2.0ft.	1.0ft.	28.0	0.0	28.0	12	12	339	Btuh		
6	2 NFRC	0.25, 0.36	No	No	No	N	10.5f	1.0ft.	9.3	0.0	9.3	12	12	113	Btuh		
7	2 NFRC	0.25, 0.36	No	No	No	N	10.5f	1.0ft.	18.7	0.0	18.7	12	12	226	Btuh		
8	2 NFRC	0.25, 0.36	No	No	No	N	2.0ft.	1.0ft.	18.7	0.0	18.7	12	12	226	Btuh		
	Window Total								112 (sqft)					1497		Btuh	
Walls	Type						U-Value		R-Value		Area(sqft)		HTM		Load		
									Cav/Sheath								
1	Frame - Wood - Ext						0.09		13.0/0.0		123.8		2.3		280		Btuh
2	Frame - Wood - Ext						0.09		13.0/0.0		119.3		2.3		270		Btuh
3	Frame - Wood - Ext						0.09		13.0/0.0		345.0		2.3		781		Btuh
4	Frame - Wood - Ext						0.09		13.0/0.0		185.0		2.3		419		Btuh
5	Frame - Wood - Ext						0.09		13.0/0.0		122.0		2.3		276		Btuh
6	Frame - Wood - Ext						0.09		13.0/0.0		96.8		2.3		219		Btuh
7	Frame - Wood - Ext						0.09		13.0/0.0		255.0		2.3		577		Btuh
8	Frame - Wood - Adj						0.09		13.0/0.0		169.0		1.7		285		Btuh
	Wall Total								1416 (sqft)					3107		Btuh	
Doors	Type								Area (sqft)		HTM		Load				
1	Insulated - Exterior								20.0		13.8		276		Btuh		
2	Insulated - Garage								20.0		13.8		276		Btuh		
	Door Total								40 (sqft)					552		Btuh	
Ceilings	Type/Color/Surface						U-Value		R-Value		Area(sqft)		HTM		Load		
1	Vented AtticLight/Shingle/RB						0.025		38.0/0.0		1618.0		0.86		1396		Btuh
	Ceiling Total								1618 (sqft)					1396		Btuh	
Floors	Type								R-Value		Size		HTM		Load		
1	Slab On Grade								0.0		1618 (ft-perimeter)		0.0		0		Btuh
	Floor Total								1618.0 (sqft)					0		Btuh	
	Envelope Subtotal:													6553		Btuh	
Infiltration	Type						Average ACH		Volume(cuft)		Wall Ratio		CFM=		Load		
	Natural(Adjusted for ventilation)						0.13		14562		1		31.3		651		Btuh
Internal gain							Occupants		Btuh/occupant		Appliance		Load				
							4		X 230		+		1200		2120		Btuh
	Sensible Envelope Load:													9323		Btuh	
Duct load	Average sealed,Supply(R8.0-Attic), Return(R8.0-Attic)										(DGM of 0.383)			3574		Btuh	
	Sensible Load All Zones													12898		Btuh	

Manual J Summer Calculations

Residential Load - Component Details (continued)

Rhett Smithey

Project Title: Climate:FL_GAINESVILLE_REGIONAL_A
Lot 13 Crosswinds - Model 1618

Lake City, FL 32025

6/13/2019

WHOLE HOUSE TOTALS

Whole House Totals for Cooling	Sensible Envelope Load All Zones	9323 Btuh
	Sensible Duct Load	3574 Btuh
	Total Sensible Zone Loads	12898 Btuh
	Sensible ventilation	208 Btuh
	Blower	0 Btuh
	Total sensible gain	13106 Btuh
	Latent infiltration gain (for 51 gr. humidity difference)	1080 Btuh
	Latent ventilation gain	345 Btuh
	Latent duct gain	1204 Btuh
	Latent occupant gain (4.0 people @ 200 Btuh per person)	800 Btuh
	Latent other gain	0 Btuh
	Latent total gain	3429 Btuh
	TOTAL GAIN	16535 Btuh

EQUIPMENT

1. Central Unit	#	16535 Btuh
-----------------	---	------------

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



Version 8



FLORIDA ENERGY EFFICIENCY CODE FOR BUILDING CONSTRUCTION

Florida Department of Business and Professional Regulation - Residential Performance Method

Project Name: Lot 13 Crosswinds - Model 1618 Street: City, State, Zip: Lake City, FL, 32025 Owner: Rhett Smithy Design Location: FL, Gainesville		Builder Name: Permit Office: Columbia County Permit Number: Jurisdiction: County: Columbia (Florida Climate Zone 2)	
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<table border="0"> <tr> <td>1. New construction or existing</td> <td>New (From Plans)</td> </tr> <tr> <td>2. Single family or multiple family</td> <td>Single-family</td> </tr> <tr> <td>3. Number of units, if multiple family</td> <td>1</td> </tr> <tr> <td>4. Number of Bedrooms</td> <td>4</td> </tr> <tr> <td>5. Is this a worst case?</td> <td>No</td> </tr> <tr> <td>6. Conditioned floor area above grade (ft²)</td> <td>1618</td> </tr> <tr> <td>Conditioned floor area below grade (ft²)</td> <td>0</td> </tr> <tr> <td>7. Windows (111.6 sqft.)</td> <td>Description Area</td> </tr> <tr> <td>a. U-Factor:</td> <td>DbI, U=0.36 111.58 ft²</td> </tr> <tr> <td>SHGC:</td> <td>SHGC=0.25</td> </tr> <tr> <td>b. U-Factor:</td> <td>N/A ft²</td> </tr> <tr> <td>SHGC:</td> <td></td> </tr> <tr> <td>c. U-Factor:</td> <td>N/A ft²</td> </tr> <tr> <td>SHGC:</td> <td></td> </tr> <tr> <td>d. U-Factor:</td> <td>N/A ft²</td> </tr> <tr> <td>SHGC:</td> <td></td> </tr> <tr> <td>Area Weighted Average Overhang Depth:</td> <td>4.329 ft.</td> </tr> <tr> <td>Area Weighted Average SHGC:</td> <td>0.250</td> </tr> <tr> <td>8. Floor Types (1618.0 sqft.)</td> <td>Insulation Area</td> </tr> <tr> <td>a. Slab-On-Grade Edge Insulation</td> <td>R=0.0 1618.00 ft²</td> </tr> <tr> <td>b. N/A</td> <td>R= ft²</td> </tr> <tr> <td>c. N/A</td> <td>R= ft²</td> </tr> </table>	1. New construction or existing	New (From Plans)	2. Single family or multiple family	Single-family	3. Number of units, if multiple family	1	4. Number of Bedrooms	4	5. Is this a worst case?	No	6. Conditioned floor area above grade (ft²)	1618	Conditioned floor area below grade (ft²)	0	7. Windows (111.6 sqft.)	Description Area	a. U-Factor:	DbI, U=0.36 111.58 ft²	SHGC:	SHGC=0.25	b. U-Factor:	N/A ft²	SHGC:		c. U-Factor:	N/A ft²	SHGC:		d. U-Factor:	N/A ft²	SHGC:		Area Weighted Average Overhang Depth:	4.329 ft.	Area Weighted Average SHGC:	0.250	8. Floor Types (1618.0 sqft.)	Insulation Area	a. Slab-On-Grade Edge Insulation	R=0.0 1618.00 ft²	b. N/A	R= ft²	c. N/A	R= ft²	<table border="0"> <tr> <td>9. Wall Types (1567.5 sqft.)</td> <td>Insulation Area</td> </tr> <tr> <td>a. Frame - Wood, Exterior</td> <td>R=13.0 1378.50 ft²</td> </tr> <tr> <td>b. Frame - Wood, Adjacent</td> <td>R=13.0 189.00 ft²</td> </tr> <tr> <td>c. N/A</td> <td>R= ft²</td> </tr> <tr> <td>d. N/A</td> <td>R= ft²</td> </tr> <tr> <td>10. Ceiling Types (1618.0 sqft.)</td> <td>Insulation Area</td> </tr> <tr> <td>a. Under Attic (Vented)</td> <td>R=38.0 1618.00 ft²</td> </tr> <tr> <td>b. N/A</td> <td>R= ft²</td> </tr> <tr> <td>c. N/A</td> <td>R= ft²</td> </tr> <tr> <td>11. Ducts</td> <td>R ft²</td> </tr> <tr> <td>a. Sup: Attic, Ret: Attic, AH: Garage</td> <td>8 406</td> </tr> <tr> <td>12. Cooling systems</td> <td>kBtu/hr Efficiency</td> </tr> <tr> <td>a. Central Unit</td> <td>16.5 SEER:14.00</td> </tr> <tr> <td>13. Heating systems</td> <td>kBtu/hr Efficiency</td> </tr> <tr> <td>a. Electric Heat Pump</td> <td>24.6 HSPF:8.20</td> </tr> <tr> <td>14. Hot water systems</td> <td>Cap: 40 gallons</td> </tr> <tr> <td>a. Electric</td> <td>EF: 0.920</td> </tr> <tr> <td>b. Conservation features</td> <td>None</td> </tr> <tr> <td>15. Credits</td> <td>CV, Pstat</td> </tr> </table>	9. Wall Types (1567.5 sqft.)	Insulation Area	a. Frame - Wood, Exterior	R=13.0 1378.50 ft²	b. Frame - Wood, Adjacent	R=13.0 189.00 ft²	c. N/A	R= ft²	d. N/A	R= ft²	10. Ceiling Types (1618.0 sqft.)	Insulation Area	a. Under Attic (Vented)	R=38.0 1618.00 ft²	b. N/A	R= ft²	c. N/A	R= ft²	11. Ducts	R ft²	a. Sup: Attic, Ret: Attic, AH: Garage	8 406	12. Cooling systems	kBtu/hr Efficiency	a. Central Unit	16.5 SEER:14.00	13. Heating systems	kBtu/hr Efficiency	a. Electric Heat Pump	24.6 HSPF:8.20	14. Hot water systems	Cap: 40 gallons	a. Electric	EF: 0.920	b. Conservation features	None	15. Credits	CV, Pstat
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Glass/Floor Area: 0.069	Total Proposed Modified Loads: 42.86	PASS
	Total Baseline Loads: 44.53	

<p>I hereby certify that the plans and specifications covered by this calculation are in compliance with the Florida Energy Code.</p> <p>PREPARED BY: <u></u></p> <p>DATE: <u>4/13/2019</u></p> <p>I hereby certify that this building, as designed, is in compliance with the Florida Energy Code.</p> <p>OWNER/AGENT: _____</p> <p>DATE: _____</p>	<p>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.</p> <p>BUILDING OFFICIAL: _____</p> <p>DATE: _____</p> <div style="text-align: center;">  </div>
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- Compliance requires certification by the air handler unit manufacturer that the air handler enclosure qualifies as certified factory-sealed in accordance with R403.3.2.1.
- Compliance requires an Air Barrier and Insulation Inspection Checklist in accordance with R402.4.1.1 and this project requires an envelope leakage test report with envelope leakage no greater than 5.00 ACH50 (R402.4.1.2).

INPUT SUMMARY CHECKLIST REPORT

PROJECT

Title:	Lot 13 Crosswinds - Model 161	Bedrooms:	4	Address Type:	Lot Information
Building Type:	User	Conditioned Area:	1618	Lot #	13
Owner Name:	Rhett Smithey	Total Stories:	1	Block/Subdivision:	Crosswinds
# of Units:	1	Worst Case:	No	PlatBook:	
Builder Name:		Rotate Angle:	0	Street:	
Permit Office:	Columbia County	Cross Ventilation:	Yes	County:	Columbia
Jurisdiction:		Whole House Fan:	No	City, State, Zip:	Lake City , FL , 32025
Family Type:	Single-family				
New/Existing:	New (From Plans)				
Comment:					

CLIMATE

✓	Design Location	TMY Site	Design Temp 97.5 %	2.5 %	Int Design Temp Winter	Summer	Heating Degree Days	Design Moisture	Daily Temp Range
_____	FL, Gainesville	FL_GAINESVILLE_REGI	32	92	70	75	1305.5	51	Medium

BLOCKS

Number	Name	Area	Volume
1	Block1	1618	14562

SPACES

Number	Name	Area	Volume	Kitchen	Occupants	Bedrooms	Infil ID	Finished	Cooled	Heated
1	Main	1618	14562	Yes	4	4	1	Yes	Yes	Yes

FLOORS

✓	#	Floor Type	Space	Perimeter	R-Value	Area	Tile	Wood	Carpet
_____	1	Slab-On-Grade Edge Insulation	Main	192 ft	0	1618 ft²	----	0	0 1

ROOF

✓	#	Type	Materials	Roof Area	Gable Area	Roof Color	Rad Barr	Solar Absor.	SA Tested	Emitt	Emitt Tested	Deck Insul.	Pitch (deg)
_____	1	Hip	Composition shingles	1945 ft²	0 ft²	Medium	Y	0.96	No	0.9	No	0	33.7

ATTIC

✓	#	Type	Ventilation	Vent Ratio (1 in)	Area	RBS	IRCC
_____	1	Full attic	Vented	300	1618 ft²	Y	N

CEILING

✓	#	Ceiling Type	Space	R-Value	Ins Type	Area	Framing Frac	Truss Type
_____	1	Under Attic (Vented)	Main	38	Double Batt	1618 ft²	0.11	Wood

INPUT SUMMARY CHECKLIST REPORT

WALLS

✓ #	Ornt	Adjacent To	Wall Type	Space	Cavity R-Value	Width Ft	In	Height Ft	In	Area	Sheathing R-Value	Framing Fraction	Solar Absor.	Below Grade%
1	S	Exterior	Frame - Wood	Main	13	16	8	9		150.0 ft²		0.23	0.75	0
2	S	Exterior	Frame - Wood	Main	13	15	4	9		138.0 ft²		0.23	0.75	0
3	E	Exterior	Frame - Wood	Main	13	39	8	9		357.0 ft²		0.23	0.75	0
4	N	Exterior	Frame - Wood	Main	13	23	8	9		213.0 ft²		0.23	0.75	0
5	N	Exterior	Frame - Wood	Main	13	16	8	9		150.0 ft²		0.23	0.75	0
6	N	Exterior	Frame - Wood	Main	13	12	10	9		115.5 ft²		0.23	0.75	0
7	W	Exterior	Frame - Wood	Main	13	28	4	9		255.0 ft²		0.23	0.75	0
8	S	Garage	Frame - Wood	Main	13	21		9		189.0 ft²		0.23	0.75	0

DOORS

✓ #	Ornt	Door Type	Space	Storms	U-Value	Width Ft	In	Height Ft	In	Area
1	S	Insulated	Main	None	.46	3		6	8	20 ft²
2	S	Insulated	Main	None	.46	3		6	8	20 ft²

WINDOWS

Orientation shown is the entered, Proposed orientation.

✓ #	Ornt	Wall ID	Frame	Panels	NFRC	U-Factor	SHGC	Imp	Area	Overhang Depth	Separation	Int Shade	Screening
1	S	1	Vinyl	Low-E Double	Yes	0.36	0.25	N	6.3 ft²	5 ft 6 in	1 ft 0 in	None	None
2	S	2	Vinyl	Low-E Double	Yes	0.36	0.25	N	18.7 ft²	2 ft 0 in	1 ft 0 in	None	None
3	E	3	Vinyl	Low-E Double	Yes	0.36	0.25	N	9.3 ft²	2 ft 0 in	1 ft 0 in	None	None
4	E	3	Vinyl	Low-E Double	Yes	0.36	0.25	N	2.7 ft²	2 ft 0 in	1 ft 0 in	None	None
5	N	4	Vinyl	Low-E Double	Yes	0.36	0.25	N	28.0 ft²	2 ft 0 in	1 ft 0 in	None	None
6	N	5	Vinyl	Low-E Double	Yes	0.36	0.25	N	9.3 ft²	10 ft 6 in	1 ft 0 in	None	None
7	N	5	Vinyl	Low-E Double	Yes	0.36	0.25	N	18.7 ft²	10 ft 6 in	1 ft 0 in	None	None
8	N	6	Vinyl	Low-E Double	Yes	0.36	0.25	N	18.7 ft²	2 ft 0 in	1 ft 0 in	None	None

GARAGE

✓ #	Floor Area	Ceiling Area	Exposed Wall Perimeter	Avg. Wall Height	Exposed Wall Insulation
1	483 ft²	483 ft²	67 ft	9 ft	1

INFILTRATION

#	Scope	Method	SLA	CFM 50	ELA	EqLA	ACH	ACH 50
1	Wholehouse	Proposed ACH(50)	.000286	1213.5	66.62	125.29	.1128	5

INPUT SUMMARY CHECKLIST REPORT

HEATING SYSTEM

<input checked="" type="checkbox"/>	#	System Type	Subtype	Efficiency	Capacity	Block	Ducts
<input checked="" type="checkbox"/>	1	Electric Heat Pump/	None	HSPF:8.2	24.58 kBtu/hr	1	sys#1

COOLING SYSTEM

<input checked="" type="checkbox"/>	#	System Type	Subtype	Efficiency	Capacity	Air Flow	SHR	Block	Ducts
<input checked="" type="checkbox"/>	1	Central Unit/	Split	SEER: 14	16.53 kBtu/hr	510 cfm	0.7	1	sys#1

HOT WATER SYSTEM

<input checked="" type="checkbox"/>	#	System Type	SubType	Location	EF	Cap	Use	SetPnt	Conservation
<input checked="" type="checkbox"/>	1	Electric	None	Exterior	0.92	40 gal	30 gal	120 deg	None

SOLAR HOT WATER SYSTEM

<input checked="" type="checkbox"/>	FSEC Cert #	Company Name	System Model #	Collector Model #	Collector Area	Storage Volume	FEF
<input checked="" type="checkbox"/>	None	None			ft ²		

DUCTS

<input checked="" type="checkbox"/>	#	--- Supply --- Location	R-Value	Area	--- Return --- Location	Area	Leakage Type	Air Handler	CFM 25 TOT	CFM25 OUT	QN	RLF	HVAC # Heat Cool
<input checked="" type="checkbox"/>	1	Attic	8	406 ft ²	Attic	80.9 ft ²	Default Leakage	Garage	(Default) c	(Default) c			1 1

TEMPERATURES

Programable Thermostat: Y				Ceiling Fans:																				
Cooling	<input checked="" type="checkbox"/>	Jan	<input checked="" type="checkbox"/>	Feb	<input checked="" type="checkbox"/>	Mar	<input type="checkbox"/>	Apr	<input type="checkbox"/>	May	<input checked="" type="checkbox"/>	Jun	<input checked="" type="checkbox"/>	Jul	<input checked="" type="checkbox"/>	Aug	<input checked="" type="checkbox"/>	Sep	<input type="checkbox"/>	Oct	<input checked="" type="checkbox"/>	Nov	<input checked="" type="checkbox"/>	Dec
Heating	<input checked="" type="checkbox"/>	Jan	<input checked="" type="checkbox"/>	Feb	<input checked="" type="checkbox"/>	Mar	<input type="checkbox"/>	Apr	<input type="checkbox"/>	May	<input checked="" type="checkbox"/>	Jun	<input checked="" type="checkbox"/>	Jul	<input checked="" type="checkbox"/>	Aug	<input checked="" type="checkbox"/>	Sep	<input type="checkbox"/>	Oct	<input checked="" type="checkbox"/>	Nov	<input checked="" type="checkbox"/>	Dec
Venting	<input checked="" type="checkbox"/>	Jan	<input checked="" type="checkbox"/>	Feb	<input checked="" type="checkbox"/>	Mar	<input type="checkbox"/>	Apr	<input type="checkbox"/>	May	<input checked="" type="checkbox"/>	Jun	<input checked="" type="checkbox"/>	Jul	<input checked="" type="checkbox"/>	Aug	<input checked="" type="checkbox"/>	Sep	<input type="checkbox"/>	Oct	<input checked="" type="checkbox"/>	Nov	<input checked="" type="checkbox"/>	Dec
Thermostat Schedule:		FloridaCode2014					Hours																	
Schedule Type		1	2	3	4	5	6	7	8	9	10	11	12											
Cooling (WD)	AM	75	75	75	75	75	75	75	75	75	75	75	75											
	PM	75	75	75	75	75	75	75	75	75	75	75	75											
Cooling (WEH)	AM	75	75	75	75	75	75	75	75	75	75	75	75											
	PM	75	75	75	75	75	75	75	75	75	75	75	75											
Heating (WD)	AM	72	72	72	72	72	72	72	72	72	72	72	72											
	PM	72	72	72	72	72	72	72	72	72	72	72	72											
Heating (WEH)	AM	72	72	72	72	72	72	72	72	72	72	72	72											
	PM	72	72	72	72	72	72	72	72	72	72	72	72											

MECHANICAL VENTILATION

Type	Supply CFM	Exhaust CFM	Fan Watts	HRV	Heating System	Run Time	Cooling System
Runtime Vent	10	0	0	1	1 - Electric Heat Pump	%	1 - Central Unit

MASS

Mass Type	Area	Thickness	Furniture Fraction	Space
Default(8 lbs/sq.ft.)	0 ft ²	0 ft	0.3	Main

ENERGY PERFORMANCE LEVEL (EPL) DISPLAY CARD**ESTIMATED ENERGY PERFORMANCE INDEX* =96****The lower the Energy Performance Index, the more efficient the home.**

1. New home or, addition	1. <u>New (From Plans)</u>	12. Ducts, location & insulation level
2. Single-family or multiple-family	2. <u>Single-family</u>	a) Supply ducts R <u>8.0</u>
3. No. of units (if multiple-family)	3. <u>1</u>	b) Return ducts R <u>8.0</u>
4. Number of bedrooms	4. <u>4</u>	c) AHU location <u>Garage</u>
5. Is this a worst case? (yes/no)	5. <u>No</u>	13. Cooling system: Capacity <u>16.5</u>
6. Conditioned floor area (sq. ft.)	6. <u>1618</u>	a) Split system SEER <u>14.0</u>
7. Windows, type and area		b) Single package SEER <u> </u>
a) U-factor:(weighted average)	7a. <u>0.360</u>	c) Ground/water source SEER/COP <u> </u>
b) Solar Heat Gain Coefficient (SHGC)	7b. <u>0.250</u>	d) Room unit/PTAC EER <u> </u>
c) Area	7c. <u>111.6</u>	e) Other <u> </u>
8. Skylights		14. Heating system: Capacity <u>24.6</u>
a) U-factor:(weighted average)	8a. <u>NA</u>	a) Split system heat pump HSPF <u> </u>
b) Solar Heat Gain Coefficient (SHGC)	8b. <u>NA</u>	b) Single package heat pump HSPF <u> </u>
9. Floor type, insulation level:		c) Electric resistance COP <u> </u>
a) Slab-on-grade (R-value)	9a. <u>0.0</u>	d) Gas furnace, natural gas AFUE <u> </u>
b) Wood, raised (R-value)	9b. <u> </u>	e) Gas furnace, LPG AFUE <u> </u>
c) Concrete, raised (R-value)	9c. <u> </u>	f) Other <u>8.20</u>
10. Wall type and insulation:		15. Water heating system
A. Exterior:		a) Electric resistance EF <u>0.92</u>
1. Wood frame (Insulation R-value)	10A1. <u>13.0</u>	b) Gas fired, natural gas EF <u> </u>
2. Masonry (Insulation R-value)	10A2. <u> </u>	c) Gas fired, LPG EF <u> </u>
B. Adjacent:		d) Solar system with tank EF <u> </u>
1. Wood frame (Insulation R-value)	10B1. <u>13.0</u>	e) Dedicated heat pump with tank EF <u> </u>
2. Masonry (Insulation R-value)	10B2. <u> </u>	f) Heat recovery unit HeatRec% <u> </u>
11. Ceiling type and insulation level		g) Other <u> </u>
a) Under attic	11a. <u>38.0</u>	16. HVAC credits claimed (Performance Method)
b) Single assembly	11b. <u> </u>	a) Ceiling fans <u> </u>
c) Knee walls/skylight walls	11c. <u> </u>	b) Cross ventilation <u>Yes</u>
d) Radiant barrier installed	11d. <u>Yes</u>	c) Whole house fan <u>No</u>
		d) Multizone cooling credit <u> </u>
		e) Multizone heating credit <u> </u>
		f) Programmable thermostat <u>Yes</u>

*Label required by Section R303.1.3 of the Florida Building Code, Energy Conservation, if not DEFAULT.

I certify that this home has complied with the Florida Building Code, Energy Conservation, 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: Lake City, FL 32025

Envelope Leakage Test Report (Blower Door Test)
Residential Prescriptive, Performance or ERI Method Compliance
2017 Florida Building Code, Energy Conservation, 6th Edition

Jurisdiction:

Permit #:

Job Information

Builder:

Community:

Lot: 13

Address:

City: Lake City

State: FL

Zip: 32025

Air Leakage Test Results *Passing results must meet either the Performance, Prescriptive, or ERI Method*



PRESCRIPTIVE METHOD-The building or dwelling unit shall be tested and verified as having an air leakage rate of not exceeding 7 air changes per hour at a pressure of 0.2 inch w.g. (50 Pascals) in Climate Zones 1 and 2.



PERFORMANCE or ERI METHOD-The building or dwelling unit shall be tested and verified as having an air leakage rate of not exceeding the selected ACH(50) value, as shown on Form R405-2017 (Performance) or R406-2017 (ERI), section labeled as infiltration, sub-section ACH50.

ACH(50) specified on Form R405-2017-Energy Calc (Performance) or R406-2017 (ERI):

5.000

$$\frac{\text{CFM}(50)}{\text{Building Volume}} \times 60 \div \frac{14562}{\text{ACH}(50)} =$$



PASS



When ACH(50) is less than 3, Mechanical Ventilation installation must be verified by building department.

Method for calculating building volume:



Retrieved from architectural plans



Code software calculated



Field measured and calculated

R402.4.1.2 Testing. Testing shall be conducted in accordance with ANSI/RESNET/ICC 380 and reported at a pressure of 0.2 inch w.g. (50 Pascals). Testing shall be conducted by either individuals as defined in Section 553.993(5) or (7) *Florida Statutes* or individuals licensed as set forth in Section 489.105(3)(f), (g), or (i) or an approved third party. A written report of the results of the test shall be signed by the party conducting the test and provided to the code official. Testing shall be performed at any time after creation of all penetrations of the building thermal envelope.

During testing:

1. Exterior windows and doors, fireplace and stove doors shall be closed, but not sealed, beyond the intended weatherstripping or other infiltration control measures.
2. Dampers including exhaust, intake, makeup air, back draft and flue dampers shall be closed, but not sealed beyond intended infiltration control measures.
3. Interior doors, if installed at the time of the test, shall be open.
4. Exterior doors for continuous ventilation systems and heat recovery ventilators shall be closed and sealed.
5. Heating and cooling systems, if installed at the time of the test, shall be turned off.
6. Supply and return registers, if installed at the time of the test, shall be fully open.

Testing Company

Company Name: _____ Phone: _____

I hereby verify that the above Air Leakage results are in accordance with the 2017 6th Edition Florida Building Code Energy Conservation requirements according to the compliance method selected above.

Signature of Tester: _____ Date of Test: _____

Printed Name of Tester: _____

License/Certification #: _____ Issuing Authority: _____