

DATE 10/11/2004

Columbia County Building Permit

PERMIT

This Permit Expires One Year From the Date of Issue

000022379

APPLICANT GLENWOOD KING PHONE 755-6030

ADDRESS 139 SW DUNN WAY LAKE CITY FL 32024

OWNER WAYNE & JOY TINDELL PHONE 386-546-0471

ADDRESS 17580 N US 441 LAKE CITY FL 32055

CONTRACTOR GLENWOOD KING PHONE 755-6030

LOCATION OF PROPERTY 441 N, 1/2 PAST PINE GROVE BAPTIST CHURCH SIGN, LOT ON
LEFT SIDE OF ROAD, BIG MAIL BOX WITH 17580, METAL PIPE GATE

TYPE DEVELOPMENT SFD, UTILITY ESTIMATED COST OF CONSTRUCTION 111150.00

HEATED FLOOR AREA 2223.00 TOTAL AREA 2903.00 HEIGHT .00 STORIES 1

FOUNDATION CONC WALLS FRAMED ROOF PITCH 4/12 FLOOR SLAB

LAND USE & ZONING A-3 MAX. HEIGHT 27

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

NO. EX.D.U. 0 FLOOD ZONE X DEVELOPMENT PERMIT NO. _____

PARCEL ID 06-1S-17-04493-005 SUBDIVISION _____

LOT _____ BLOCK _____ PHASE _____ UNIT _____ TOTAL ACRES 31.26

Culvert Permit No. _____ Culvert Waiver _____ Contractor's License Number CBC059726 Applicant/Owner/Contractor J Glenwood King

EXISTING 04-0834-N BK RJ Y _____

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

COMMENTS: ONE FOOT ABOVE THE ROAD

Check # or Cash 5403

FOR BUILDING & ZONING DEPARTMENT ONLY

(footer/Slab)

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

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

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

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

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

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

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

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

BUILDING PERMIT FEE \$ 560.00 CERTIFICATION FEE \$ 14.52 SURCHARGE FEE \$ 14.52

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

FLOOD ZONE DEVELOPMENT FEE \$ _____ CULVERT FEE \$ _____ TOTAL FEE 639.04

INSPECTORS OFFICE [Signature] CLERKS OFFICE CH

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

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

This Permit Must Be Prominently Posted on Premises During Construction

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

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

Columbia County Building Permit Application

For Office Use Only Application # 0409-19 Date Received _____ By LH Permit # 22379
 Application Approved by - Zoning Official BLK Date 11.10.04 Plans Examiner _____ Date _____
 Flood Zone X Development Permit N/A Zoning A-1 Land Use Plan Map Category A-1
 Comments _____

Applicants Name Wayne & Joy Tindell Phone _____
 Address 17580 N US 441
 Owners Name Wayne & Joy Tindell Phone 386-546-0471
 911 Address 17580 N US 441
 Contractors Name Glenwood King Phone 755-6030 365-2729
 Address 139 SW Dunn Way LC FL 32024
 Fee Simple Owner Name & Address N/A
 Bonding Co. Name & Address N/A
 Architect/Engineer Name & Address Frank J. Santoriello 707 Viscaya Blvd St. Augustine FL 32084 (904) 777-606
 Mortgage Lenders Name & Address N/A
 Property ID Number 06-15-17-04493-005 and -007 As of 12-16-03 Estimated Cost of Construction \$160,000.00
 Subdivision Name N/A Lot _____ Block _____ Unit _____ Phase _____
 Driving Directions US 441 north 1/2 mile past Pine Grove Baptist Church sign before Cone Bridge. Lot on west side of Road. Big Mail Box with 17580 Metal Pipe Gate
 Type of Construction Single Family/Residential Number of Existing Dwellings on Property 0
 Total Acreage 81.26 Lot Size _____ Do you need a - Culvert Permit or Culvert Waiver or Have an Existing Drive
 Actual Distance of Structure from Property Lines - Front 307 Side 326 Side 300 Rear 300
 Total Building Height 27'-0" Number of Stories 2 Heated Floor Area 2223 Roof Pitch Varies

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

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

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

Glenwood King
 Owner Builder or Agent (Including Contractor)

STATE OF FLORIDA
 COUNTY OF COLUMBIA

Sworn to (or affirmed) and subscribed before me
 this _____ day of _____ 20____.
 Personally known _____ or Produced Identification _____

Glenwood King
 Contractor Signature
 Contractors License Number CBC 059726
 Competency Card Number N/A

NOTARY STAMP/SEAL

Notary Signature _____

FORM 600B-01

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

NORTH 1 2 3

Compliance with Method B Chapter 8 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 500 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 8 of the Code.

| | | | |
|-------------------------------|---------------------|--------------------|--|
| PROJECT NAME: AND ADDRESS: | Wayne & Joy Tindell | BUILDER: | Glennwood King Const. Inc. |
| OWNER: | Wayne & Joy Tindell | PERMITTING OFFICE: | |
| | | PERMIT NO.: | 22379 |
| | | CLIMATE ZONE: | 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> |
| | | JURISDICTION NO.: | 221000 |

GENERAL DIRECTIONS

1. New construction including additions which incorporates any of the following features cannot comply using this method: steel stud walls, single assembly 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.
4. Complete page 1 based on the "To Be Installed" column information.
5. Read "Minimum Requirements for All Packages", Table 6B-2 and check each box to indicate your intent to comply with all applicable items.
6. Read, sign and date the "Prepared By" certification statement at the bottom of page 1. The owner or owner's agent must also sign and date the form.

1. Compliance package chosen (A-F)
2. New construction or addition
3. Single family detached or Multifamily attached
4. If Multifamily—No. of units covered by this submission
5. Is this a worst case? (yes / no)
6. Conditioned floor area (sq. ft.)
7. Predominant eave overhang (ft.)
8. Glass type and area :
 - a. Clear glass
 - b. Tint, film or solar screen
9. Percentage of glass to floor area
10. Floor type, area or perimeter, and insulation:
 - a. Slab on grade (R-value)
 - b. Wood, raised (R-value)
 - c. Wood, common (R-value)
 - d. Concrete, raised (R-value)
 - e. Concrete, common (R-value)
11. Wall type, area and insulation:
 - a. Exterior: 1. Masonry (Insulation R-value)
 2. Wood frame (Insulation R-value)
 - b. Adjacent: 1. Masonry (Insulation R-value)
 2. Wood frame (Insulation R-value)
12. Ceiling type, area and insulation:
 - a. Under attic (Insulation R-value)
 - b. Single assembly (Insulation R-value)
13. Air Distribution System: Duct insulation, location
Test report (attach if required)
14. Cooling system
(Types: central, room unit, package terminal A.C., gas, none)
15. Heating system:
(Types: heat pump, elec. strip, nat. gas, L.P. gas, gas h.p., room or PTAC, none)
16. Hot water system:
(Types: elec., nat. gas, L.P. gas, solar, heat rec., ded. heat pump, other, none)

Please Print

CK

| | | |
|-------|----------------------------|--------------|
| 1. | A | |
| 2. | New | |
| 3. | Single | |
| 4. | | |
| 5. | yes | |
| 6. | 2223 | |
| 7. | 2' | |
| | Single Pane | Double Pane |
| 8a. | sq. ft. | 291 sq. ft. |
| 8b. | sq. ft. | sq. ft. |
| 9. | 14 % | |
| 10a. | R= 0 | lin. ft. |
| 10b. | R= | sq. ft. |
| 10c. | R= | sq. ft. |
| 10d. | R= | sq. ft. |
| 10e. | R= | sq. ft. |
| 11a-1 | R= | sq. ft. |
| 11a-2 | R= 13 | 2160 sq. ft. |
| 11b-1 | R= | sq. ft. |
| 11b-2 | R= | sq. ft. |
| 12a. | R= 30 | 2223 sq. ft. |
| 12b. | R= | sq. ft. |
| 13. | R= 6 | |
| 14a. | Type: Central | |
| 14b. | SEER/VEER: 12 | |
| 14c. | Capacity: 3 | |
| 15a. | Type: Heat Pump | |
| 15b. | HSPF/COP/AFUE: | |
| 15c. | Capacity: Heat Pump 3 | |
| 16a. | Type: Heat Pump / Electric | |
| 16b. | EF: 2.58 or Greater | |

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

PREPARED BY: Glennwood King

DATE: 9-13-04

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

OWNER AGENT: Glennwood King

DATE: 9-13-04

Review of 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 in accordance with Section 553.908, F.S.

BUILDING OFFICIAL:

DATE:

TABLE 6B-1

MINIMUM REQUIREMENTS

Climate Zones 1 2 3

| COMPONENTS | | PACKAGES FOR NEW CONSTRUCTION | | | | |
|----------------------|-------------------------------|--|----------------------------|-------------------|----------------------------|---------------------------------|
| GLASS | Max. % of glass to Floor Area | A | B | C | D | E |
| | Type | Double Clear (DC) | Double Clear (DC) | Double Clear (DC) | Double Clear (DC) | Double Tint (DT) |
| | Overhang | 1'4" | 2' | 2' | 2' | 2' |
| WALLS | Masonry | EXTERIOR AND ADJACENT MASONRY WALLS R-5 COMMON MASONRY WALLS R-3 EACH SIDE. | | | | |
| | Wood Frame | EXTERIOR, ADJACENT, AND COMMON WOOD FRAME WALLS R-11 | | | | |
| CEILING | | R-30 | R-30 | R-30 | R-30 | R-30 |
| | | (NO SINGLE ASSEMBLY CEILINGS ALLOWED) | | | | |
| FLOORS | Slab-On-Grade | R-0 | | | | |
| | Raised Wood | R-19 (ONLY STEM WALL CONSTRUCTION ALLOWED EXCEPT PACKAGE C) | | | | |
| | Raised Concrete | R-7 | | | | |
| DUCTS | | R-6 | R-6 | R-6, TESTED | R-6 | R-6, TESTED |
| SPACE COOLING (SEER) | | 12.0 | 10.5 | 12.0 | 11.0 | 12.0 |
| HEAT | Elect. (HSPF) | 7.9 | 7.1 | 7.4 | 7.4 | 7.4 |
| | Gas/Oil (AFUE) | MINIMUM OF .73 (Direct heating) or .78 (Central) | | | | |
| HOT WATER SYSTEM | Electric Resistance** | EF .88 | NOT ALLOWED (SEE BELOW) | EF .91 | NOT ALLOWED (SEE BELOW) | EF .91 |
| | Gas & Oil** | MINIMUM EF OF .54 | | | | NATURAL GAS ONLY (SEE BELOW) |
| | Other | Any of the following are allowed: dedicated heat pump, heat recovery unit or solar system. | | | | |

* Single package units minimum SEER=9.7, HSPF=8.8.

** Minimum efficiencies for gas and electric hot water systems apply to 40 gallon water heaters. Refer to Table 6-12 for minimum Code efficiencies for oil water heaters and other sizes.

DESCRIPTION OF BUILDING COMPONENTS LISTED

Percent of Glass to Floor Area: This percentage is calculated by dividing the total of all glass areas by the total conditioned floor area.

Overhang: The overhang is the distance the roof or soffit projects out horizontally from the face of the glass. All glass areas shall be under an overhang of at least the prescribed length with the following exceptions:

1) glass on the gabled ends of a house and 2) the glass in the lower stories of a multi-story house.

Wall, Ceiling and Floor Insulation Values: The R-values indicated represent the minimum acceptable insulation level added to the structural components of the wall, ceiling or floor. The R-value of the structural building materials shall not be included in this calculation. "Common" components are those separating conditioned tenancies in a multifamily building. "Adjacent" components separate conditioned space from unconditioned but enclosed space. "Exterior" components separate conditioned space from unconditioned and unenclosed space.

Floor: Slab-on-grade floors without edge insulation are acceptable. Raised wood floors shall have continuous stem walls with insulation placed on the stem wall or under the floor except Package C.

Ducts: "TESTED" shall mean the ducts have less than 5% leakage based on a certified test report by a State-approved tester.

Space Cooling System: Cooling systems shall have a Seasonal Energy Efficiency Ratio (SEER) for central units or Energy Efficiency Ratio (EER) for room units or PTAC's equal to or greater than the prescribed value.

Electric Space Heating Option: Heat pump systems shall be rated with a Heating Seasonal Performance Factor (HSPF) equal to or greater than the prescribed HSPF. Heat pump systems may contain electric strip backups meeting the criteria of section 606.1 ABC 3.2.1.2. No electric resistance space heat is allowed for these packages.

Electric Resistance Hot Water Option: For packages designated "Not Allowed", an electric resistance hot water system may be installed only in conjunction with one of the "Other Hot Water System Options". See below.

Other Hot Water System Options: Any dedicated heat pump, heat recovery unit, or solar hot water system may be installed. Solar systems must have an EF of 1.5 or higher. Electric resistance systems having an EF of .88 or greater, or natural gas systems with EF .54 or greater may be used in conjunction with these systems.

| TO BE INSTALLED | |
|---|----------------------------------|
| DC: <input checked="" type="checkbox"/> | DT: <input type="checkbox"/> |
| 2' FEET | |
| EXT: R = | |
| ADJ: R = | |
| COM: R = | |
| EXT: R = | R-13 |
| ADJ: R = | |
| COM: R = | |
| UNDER ATTIC: R = | 30 |
| COMMON: R = | |
| R = | |
| R = | |
| R = | |
| R = | 6 COND. <input type="checkbox"/> |
| SEER = | 12 |
| COP = | 2.1 |
| AFUE = | |
| EF = | EF Greater |
| EF = | |
| DHP: <input type="checkbox"/> | EF = |
| HRU: <input type="checkbox"/> | EF = |
| SOLAR: <input type="checkbox"/> | EF = |

TABLE 6B-2 MINIMUM REQUIREMENTS FOR ALL PACKAGES

| COMPONENTS | SECTION | REQUIREMENTS | CHECK |
|---|---------|--|-------|
| Exterior Joints & Cracks | 606.1 | To be caulked, gasketed, weather-stripped or otherwise sealed. | |
| Exterior Windows & Doors | 606.1 | Max .3 cfm/sq.ft. window area; .5 cfm/sq.ft. door area. | |
| Sole & Top Plates | 606.1 | Sole plates and penetrations through top plates of exterior walls must be sealed. | |
| Recessed Lighting | 606.1 | Type IC rated with no penetrations (two alternatives allowed). | |
| Multi-story Houses | 606.1 | Air barrier on perimeter of floor cavity between floors. | |
| Exhaust Fans | 606.1 | Exhaust fans vented to unconditioned space shall have dampers, except for combustion devices with integral exhaust ductwork. | |
| Water Heaters | 612.1 | Comply with efficiency requirements in Table 6-12. Switch or clearly marked circuit breaker (electric) or cutoff (gas) must be provided. External or built-in heat trap required for vertical pipe risers. | |
| Swimming Pools & Spas | 612.1 | Spas & heated pools must have covers (except solar heated). Non-commercial pools must have a pump timer. Gas spa & pool heaters must have minimum thermal efficiency of 78%. | |
| Hot Water Pipes | 612.1 | Insulation is required for hot water circulating systems (including heat recovery units). | |
| Shower Heads | 612.1 | Water flow must be restricted to no more than 2.5 gallons per minute at 80 PSIG. | |
| HVAC Duct Construction, Insulation & Installation | 610.1 | All ducts, fittings, mechanical equipment and plenum chambers shall be mechanically attached, sealed, insulated and installed in accordance with the criteria of Section 610.1. Ducts in attics must be insulated to a minimum of R-6. | |
| HVAC Controls | 607.1 | Separate readily accessible manual or automatic thermostat for each system. | |



STATE OF FLORIDA
DEPARTMENT OF HEALTH

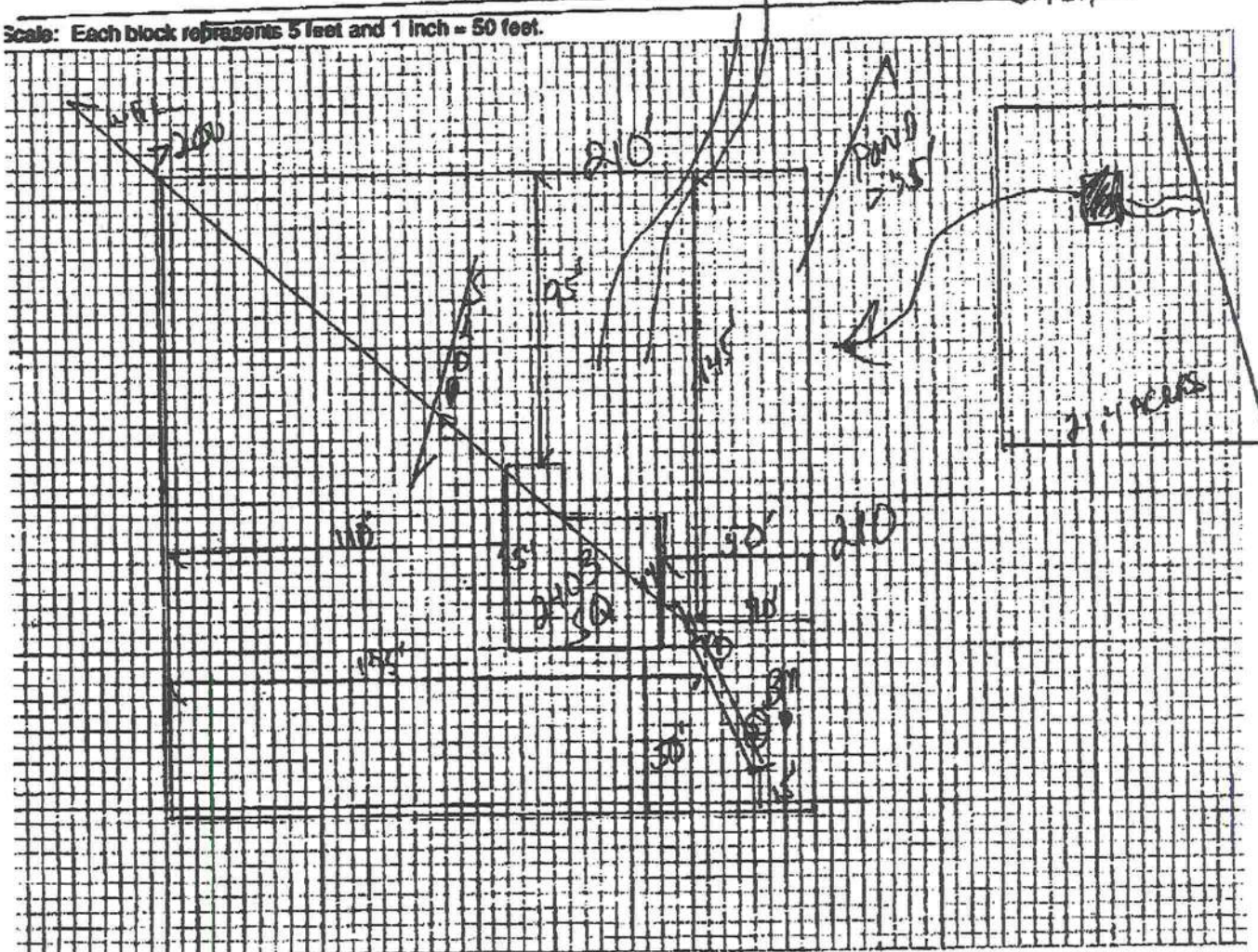
APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permit Application Number 04-0834N

PART II - SITE PLAN

441 North
DITCH

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



Notes: 1 of 21.4 ACRES

Site Plan submitted by:

Rocky D F

Signature

Mastra Construction

Title

Plan Approved ☒

Not Approved ☐

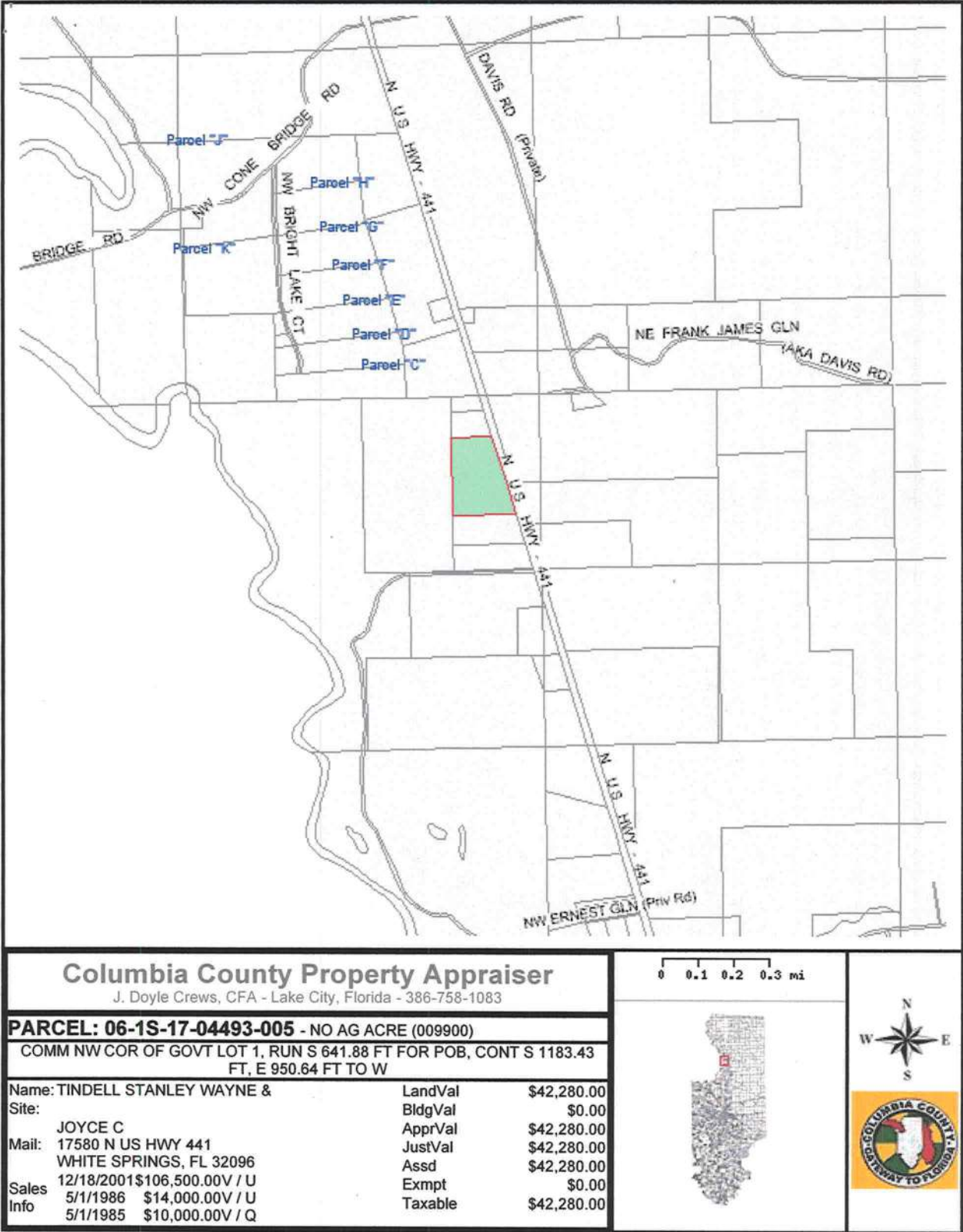
Date 8-5-04

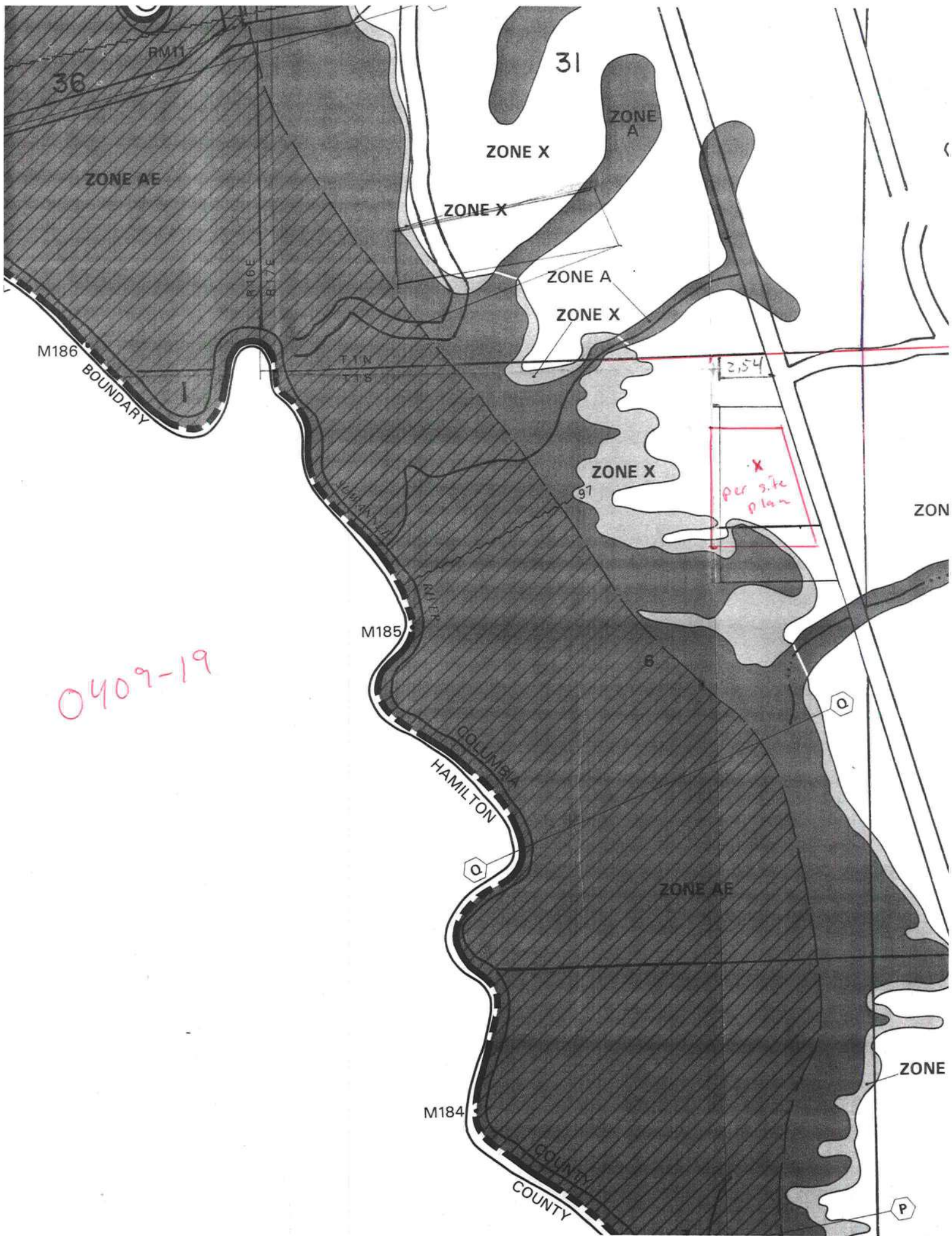
By

Sallie A. Gaddy, ESI, COLUMBIA

County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT





North



Wayne + Joy
Tindell

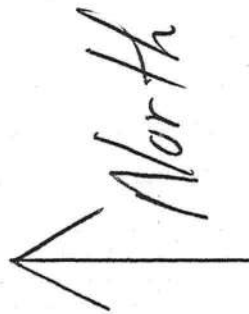
Parcel ID# 06-15-17-04493-005
Add 06-15-17-04493-007 As of
December 16, 2003

31.26 Acres more or less

911 Address
17580 N US 441
White Springs FL 32096

687.50'

300.00'



North



Wayne + Joy
Tindell

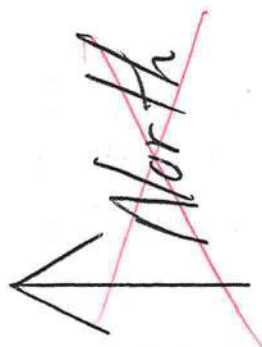
Parcel ID# 06-15-17-04493-005
Amd 06-15-17-04493-007 As of
December 16, 2003

31.26 Acres more or less

911 Address
17580 N US 441
White Springs FL 32096

687.50'

300.00'



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 06-15-17-04493-005 & 06-15-17-04493-007
AS of 12/16/03

1. Description of property: (legal description of the property and street address or 911 address)

17580 N US 441
White Springs FL 32096

2. General description of improvement: New House

3. Owner Name & Address Wayne & Jay Tindell 17580 North US Hwy 441
White Springs FL 32096 Interest in Property _____

4. Name & Address of Fee Simple Owner (if other than owner): NA

5. Contractor Name Glenwood King Construction, Inc. Phone Number (386) 755-6030
Address 139 SW Dunn Way Lake City FL 32024

6. Surety Holders Name NA Phone Number _____

Address _____

Amount of Bond _____

Inst: 2004022779 Date: 10/11/2004 Time: 16:00
MK DC, P. Dewitt Cason, Columbia County B: 1027 P: 1996

7. Lender Name NA

Address _____

8. Persons within the State of Florida designated by the Owner upon whom notices or other documents may be served as provided by section 718.13 (1)(a) 7; Florida Statutes:

Name _____ Phone Number _____

Address _____

9. In addition to himself/herself the owner designates _____ of _____
to receive a copy of the Lienor's Notice as provided in Section 713.13 (1) -
(a) 7. Phone Number of the designee _____

10. Expiration date of the Notice of Commencement (the expiration date is 1 (one) year from the date of recording,
(Unless a different date is specified) _____

NOTICE AS PER CHAPTER 713, Florida Statutes:

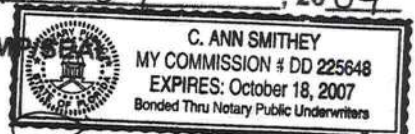
The owner must sign the notice of commencement and no one else may be permitted to sign in his/her stead.


Signature of Owner

Joyce C Tindell

Sworn to (or affirmed) and subscribed before
day of SEPT 27, 2004

NOTARY STAMP




Signature of Notary

22379

FRANK J. SANTORIELLO / DESIGNER
707 VISCAYA BLVD.
ST. AUGUSTINE, FLORIDA 32086
PHONE #(904)797-6063
FAX # (904)794-2421

FAX TRANSMITTAL SHEETDATE: 10-15-04FAX TO: 386-758-2160FROM: FRANK J. SANTORIELLOATTN: BUILDING DEPT. OF COLUMBIA COUNTY
RANDY JONESMESSAGE: THE RESIDENCE FOR WAYNE
& DEY TINDELL HAS BEEN DESIGNED
FOR A SOIL BEARING CAPACITY OF
1000 P.S.F.I WILL FORWARD A CERTIFIED SERVED
LETTER FROM THE ENGINEER UPON
HIS RETURN IN 1 1/2 WEEKS.THANK YOU
Frank J.TOTAL NUMBER OF PAGES INCLUDING THIS TRANSMITTAL SHEET: 1

CERTIFICATE OF OCCUPANCY

OCCUPANCY

COLUMBIA COUNTY, FLORIDA

Department of Building and Zoning Inspection

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

Parcel Number 06-1S-17-04493-005

Building permit No. 000022379

Use Classification SFD, UTILITY

Fire: 34.02

Permit Holder GLENWOOD KING

Waste: 73.50

Owner of Building WAYNE & JOY TINDELL

Total: 107.52

Location: 17580 N US 441, LAKE CITY, FL 32055

Date: 03/22/2005



John Steen

Building Inspector

POST IN A CONSPICUOUS PLACE
(Business Places Only)

Notice of Treatment

Applicator Florida Pest Control & Chemical Co.

Address 536 Baya Dr.

City Lake City Phone (386) 752-1703

Site Location Subdivision _____

Lot# _____ Block# _____ Permit# 000022379

Address _____

AREAS TREATED

Area Treated Main Body Date 10-29-04 Time Gal. 12.29 325 5268 120 Gall.
Print Technician's Name _____

Patio/s # _____

Stoop/s # _____

Porch/s # _____

Brick Veneer _____

Extension Walls _____

A/C Pad _____

Walk/s # _____

Exterior of Foundation _____

Driveway Apron _____

Out Building _____

Tub Trap/s _____

(Other) _____

Name of Product Applied Terminator _____

Remarks _____

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