

DATE 04/07/2003

Columbia County  
Building Permit / Application

PERMIT

000020585

This Permit Expires One Year From Date of Issue

New Resident N

APPLICANT RANDY TURNER PHONE 386.497.3765

ADDRESS 1118 SW BLUFF DRIVE FT. WHITE FL 32038

OWNER SAME AS APPLICANT PHONE SAME

ADDRESS SAME SAME FL SAME

CONTRACTOR MARCUS RANDY TURNER PHONE \_\_\_\_\_

LOCATION OF PROPERTY CEDAR SPRING SHORES. OFF HOLLINGSWORTH BLUFF ROAD.

TYPE DEVELOPMENT ADD TO SFD ESTIMATED COST OF CONSTRUCTION 11850.00

FLOOR AREA 392.00 TOTAL AREA 564.00 HEIGHT 18.00 STORIES 1 WALLS FRAMED

FOUNDATION CONC ROOF (Type & Pitch) 8'12 FLOOR CONC

LAND USE & ZONING ESA-2 MAX. HEIGHT 35

MINIMUM SET BACK: STREET-FRONT / SIDE 30.00 REAR 25.00 SIDE 25.00

NO. EX.D.U. 1 FLOOD ZONE AE CERT. DATE \_\_\_\_\_ DEV. PERMIT FO 2303008

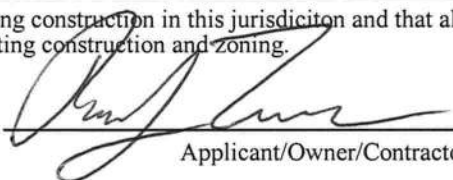
LEGAL DESCRIPTION

PARCEL ID 18-7S-16-04236-048 SUBDIVISION CEDAR SPRINGS SHORES

BLOCK \_\_\_\_\_ LOT 12 UNIT 5 TOTAL ACRES 2.00

I certify that all work will be performed to meet the standards of all laws regulating construction in this jurisdiction and that all foregoing information is accurate and all work will be done in compliance with all applicable laws regulating construction and zoning.

EXISTING \_\_\_\_\_

Driveway Connection \_\_\_\_\_ Culvert Waiver \_\_\_\_\_ Contractor's License Number \_\_\_\_\_ Applicant/Owner/Contractor 

99-0230-N JLW JDK

Septic Tank Number \_\_\_\_\_ LU & Zoning checked by \_\_\_\_\_ Approved for Issuance \_\_\_\_\_

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 \_\_\_\_\_ framing \_\_\_\_\_

\_\_\_\_\_ date/app. by \_\_\_\_\_ date/app. by \_\_\_\_\_ date/app. by

Rough-in plumbing above slab and below wood floor \_\_\_\_\_

\_\_\_\_\_ date/app. by \_\_\_\_\_

Electrical rough-in \_\_\_\_\_ Heat and Air Duct \_\_\_\_\_ Peri. beam \_\_\_\_\_

\_\_\_\_\_ date/app. by \_\_\_\_\_ date/app. by \_\_\_\_\_ date/app. by

Permanent power \_\_\_\_\_ Final \_\_\_\_\_ Pool \_\_\_\_\_

\_\_\_\_\_ date/app. by \_\_\_\_\_ date/app. by \_\_\_\_\_ date/app. by

COMMENTS: FINISHED FLOOR NEEDED @ END OF CONTR. CK#1547 Dev. 10.00

OTHER TYPES OF INSPECTIONS

Culvert \_\_\_\_\_ M/H tie downs, blocking, electricity and plumbing \_\_\_\_\_

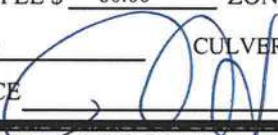

\_\_\_\_\_ date/app. by \_\_\_\_\_ date/app. by

Utility Pole \_\_\_\_\_ Pump pole \_\_\_\_\_ Reconnection \_\_\_\_\_

\_\_\_\_\_ date/app. by \_\_\_\_\_ date/app. by \_\_\_\_\_ date/app. by

BUILDING PERMIT FEE \$ 60.00 ZONING CERT. FEE \$ 25.00 Certification Fee \$ 2.82 Surcharge \$ 2.82

MISC. FEES \$ .00 CULVERT FEE \$ \_\_\_\_\_ TOTAL PERMIT FEE \$ 90.64 + 10.00 = 100.64

INSPECTORS OFFICE  CLERKS OFFICE 

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

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

This Permit Must Be Prominently Posted on Premises During Construction

PLEASE NOTIFY THE COLUMBIA COUNTY BUILDING DEPARTMENT AT LEAST 24 HOURS IN ADVANCE OF EACH INSPECTION, IN ORDER THAT IT MAY BE MADE WITHOUT DELAY OR 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.



On Existing SFD

FEDERAL EMERGENCY MANAGEMENT AGENCY  
NATIONAL FLOOD INSURANCE PROGRAM

O.M.B. No. 3067-0077  
Expires July 31, 2002

ELEVATION CERTIFICATE

Important: Read the instructions on pages 1 - 7.

SECTION A - PROPERTY OWNER INFORMATION

BUILDING OWNER'S NAME RANDY TURNER		For Insurance Company Use:	
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. RT. 2, BOX 9017		Policy Number	
CITY FORT WHITE	FLORIDA	STATE 32038	Company NAIC Number
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) LOT 12, CEDARS SPRING SHORE UNIT 5, PLAT BOOK 4, PAGE 5		ZIP CODE	
BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use Comments section if necessary.)			
LATITUDE/LONGITUDE (OPTIONAL) (##° - ##' - ##.###" or ####.####")		HORIZONTAL DATUM: <input type="checkbox"/> NAD 1927 <input type="checkbox"/> NAD 1983	
		SOURCE: <input type="checkbox"/> GPS (Type): <input type="checkbox"/> USGS Quad Map <input type="checkbox"/> Other:	

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER		B2. COUNTY NAME COLUMBIA		B3. STATE FLORIDA	
B4. MAP AND PANEL NUMBER 120070	B5. SUFFIX 0255	B6. FIRM INDEX DATE B	B7. FIRM PANEL EFFECTIVE/REVISED DATE 1/6/88	B8. FLOOD ZONE(S) AE	B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding) 36.0
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9. <input type="checkbox"/> FIS Profile <input type="checkbox"/> FIRM <input checked="" type="checkbox"/> Community Determined <input type="checkbox"/> Other (Describe):					
B11. Indicate the elevation datum used for the BFE in B9: <input checked="" type="checkbox"/> NGVD 1929 <input type="checkbox"/> NAVD 1988 <input type="checkbox"/> Other (Describe):					
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Designation Date:					

SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)

C1. Building elevations are based on: ☒ Construction Drawings\* ☐ Building Under Construction\* ☐ Finished Construction  
\*A new Elevation Certificate will be required when construction of the building is complete.

C2. Building Diagram Number 5 (Select the building diagram most similar to the building for which this certificate is being completed - see pages 6 and 7. If no diagram accurately represents the building, provide a sketch or photograph.)

C3. Elevations - Zones A1-A30, AE, AH, A (with BFE), VE, V1-V30, V (with BFE), AR, AR/A, AR/AE, AR/A1-A30, AR/AH, AR/AO  
Complete Items C3a-i below according to the building diagram specified in Item C2. State the datum used. If the datum is different from the datum used for the BFE in Section B, convert the datum to that used for the BFE. Show field measurements and datum conversion calculation. Use the space provided or the Comments area of Section D or Section G, as appropriate, to document the datum conversion.

Datum \_\_\_\_\_ Conversion/Comments \_\_\_\_\_

Elevation reference mark used \_\_\_\_\_ Does the elevation reference mark used appear on the FIRM? ☐ Yes ☒ No

<input type="checkbox"/> a) Top of bottom floor (including basement or enclosure)	_____	ft.(m)
<input type="checkbox"/> b) Top of next higher floor	_____	ft.(m)
<input type="checkbox"/> c) Bottom of lowest horizontal structural member (V zones only)	_____	ft.(m)
<input type="checkbox"/> d) Attached garage (top of slab)	_____	ft.(m)
<input type="checkbox"/> e) Lowest elevation of machinery and/or equipment servicing the building	_____	ft.(m)
<input type="checkbox"/> f) Lowest adjacent grade (LAG)	_____	ft.(m)
<input type="checkbox"/> g) Highest adjacent grade (HAG)	_____	ft.(m)
<input type="checkbox"/> h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade	_____	ft.(m)
<input type="checkbox"/> i) Total area of all permanent openings (flood vents) in C3h	_____	sq. in. (sq. cm)

License Number, Embossed Seal, Signature, and Date

SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION

This certification is to be signed and sealed by a land surveyor, engineer, or architect authorized by law to certify elevation information.  
I certify that the information in Sections A, B, and C on this certificate represents my best efforts to interpret the data available.  
I understand that any false statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 1001.

CERTIFIER'S NAME  
J. SHERMAN FRIER

TITLE  
LAND SURVEYOR

ADDRESS  
P.O. BOX 580

SIGNATURE

RLS NO. 2245

LICENSE NUMBER

COMPANY NAME  
J. SHERMAN FRIER & ASSOCIATES

CITY  
LIVE OAK

STATE  
FLORIDA

ZIP CODE  
32064

DATE  
FEBRUARY 23, 2000

TELEPHONE  
904-362-4629

FEMA Form 81-31, AUG 99

SEE REVERSE SIDE FOR CONTINUATION

REPLACES ALL PREVIOUS EDITIONS

## APPLICATION FOR DEVELOPMENT PERMIT

PERMIT NO. J-023-03-008DATE: 4-7-03

(COUNTY NO. &amp; SEQUENCE)

APPLICANT: Randy TurnerADDRESS: Rt 2 Box 9017TELEPHONE: (386) 497-3765OWNER: Same

ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

NEW SUBDIVISION NO (YES/NO)IF YES, RECORD THE ENGINEER'S  
REGISTRATION NO. P.E. NO. \_\_\_\_\_TRS 18-75-16SUBDIVISION Cedar Springs ShoresLOT/BLOCK: 12 / Unit 5DU SFD

WORK \_\_\_\_\_

RIVER: Santa Fe

RIVER MILE \_\_\_\_\_

PLAN \_\_\_\_\_ (YES/NO)

WELL PERMIT NO. —

SUR-ELEVATION \_\_\_\_\_

SANITARY PERMIT NO. 99-0230-1

SURVEYOR NO. \_\_\_\_\_

BUILDING PERMIT NO. 20585OFFICIAL 100-YEAR ELEVATION 36.0' MSL (SRWMD)REQUIRED LOWEST HABITABLE FLOOR ELEVATION 37.0 MSL (SRWMD)PERMIT APPROVED [Signature]4/7/03

ADMINISTRATOR SIGNATURE

DATE

EXPIRATION DATE OF PERMIT 4-7-04

VIOLATIONS: \_\_\_\_\_

FINAL INSPECTION DATE: \_\_\_\_\_

COMMENTS: Will needFinished Floor,- Elevation PRIOR TO POWER BEING RELEASED -

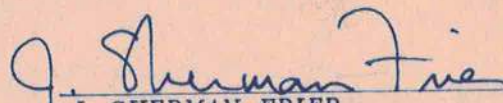


- 5) FLOOD ZONE LINES, IF ANY, ARE SCALED FROM FLOOD INSURANCE RATE MAPS, PROVIDED BY FEMA.
- 6) BEARINGS BASED ON THE WEST RIGHT-OF-WAY LINE OF RIVER ROAD, S. 17°07'43" E.
- 7) ( 33.82 ) DENOTES ELEVATIONS BASED ON U.S.C. & G. DATA.
- 8) REVISED: JANUARY 25, 2000 TO SHOW ADDITIONAL ELEVATIONS.

### S.R.W.M.D. FLOOD DATA

RIVER MILE	16
100 YEAR FLOOD ELEVATION:	36
10 YEAR FLOOD ELEVATION:	32
2 YEAR FLOOD ELEVATION:	27
MINIMUM FLOOR ELEVATION:	37

THIS IS HEREBY CERTIFIED THAT THE PROPERTY AS SURVEYED FALLS WITHIN ZONE AE AS PER THE FLOOD INSURANCE RATE MAP OF THE FEDERAL EMERGENCY MANAGEMENT AGENCY PANEL NO. 120070 0255B AND THAT THIS SURVEY MEETS THE MINIMUM TECHNICAL STANDARDS AS SET FORTH BY THE FLORIDA BOARD OF PROFESSIONAL LAND SURVEYORS IN CHAPTER 21HH-6 FLORIDA ADMINISTRATIVE CODE, PURSUANT TO SECTION 472.027, FLORIDA STATUTES.

  
 J. SHERMAN FRIER  
 REGISTERED LAND SURVEYOR  
 FLORIDA CERTIFICATE NO. 2245  
 DATE: MARCH 1, 1999

" NOT VALID WITHOUT THE SIGNATURE AND THE ORIGINAL RAISED SEAL OF A FLORIDA LICENSED SURVEYOR AND MAPPER"

FOR: RANDY TURNER

SCALE: 1"=100'	DATE SURVEYED: 2-27-99	DATE DRAWN: 3-1-99
REVISED: 1-25-2000	APPROVED BY:	DRAWN BY: TA KR
J. SHERMAN FRIER & ASSOCIATES		
LAND SURVEYORS 130 WEST HOWARD STREET		
P.O. BOX 580, LIVE OAK FLA. 32064		DRAWING NUMBER:
PHONE: 904-362-4629	FAX: 904-362-5270	78-99



## FORM 600C-01

## FLORIDA ENERGY EFFICIENCY CODE FOR BUILDING CONSTRUCTION

## Residential Limited Applications Prescriptive Method C

NORTH 1 2 3

Small Additions, Renovations &amp; Building Systems

Compliance with Method C of Chapter 6 of the Florida Energy Efficiency Code may be demonstrated by the use of Form 600C-01 for additions of 600 square feet or less, site-installed components of manufactured homes, and renovations to single and multifamily residences. Alternative methods are provided for additions by use of Form 600B-01 or 600A-01.

PROJECT NAME: AND ADDRESS:	Marcus Rappall Target RR 2 118 SW BLUE DR Ft. WHITE FL 32038	BUILDER:	OWNER BUILD
OWNER:	Marcus Rappall Target	PERMITTING OFFICE:	Columbia
		PERMIT NO.:	20585
		CLIMATE ZONE:	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/>
		JURISDICTION NO.:	221000

SMALL ADDITIONS TO EXISTING RESIDENCES (600 Square feet or less of conditioned area). Prescriptive requirements in Tables 6C-1, 6C-2 and 6C-3 apply only to the components of the addition, not to the existing building. Space heating, cooling, and water heating equipment efficiency levels must be met only when equipment is installed specifically to serve the addition or is being installed in conjunction with the addition construction. Components separating unconditioned spaces from conditioned spaces must meet the prescribed minimum insulation levels. RENOVATIONS (Residential buildings undergoing renovations costing more than 30% of the assessed value of the building). Prescriptive requirements in Tables 6C-1 and 6C-2 apply only to the components and equipment being renovated or replaced. MANUFACTURED HOMES AND BUILDINGS. Only site-installed components and features are covered by this form. BUILDING SYSTEMS Comply when complete new system is installed.

Please Print

CK

- Renovation, Addition, New System or Manufactured Home
- Single family detached or Multifamily attached
- If Multifamily—No. of units covered by this submission
- Conditioned floor area (sq. ft.)
- Predominant eave overhang (ft.)
- Glass area and type:
  - Clear glass
  - Tint, film or solar screen
- Percentage of glass to floor area
- Floor type and insulation:
  - Slab-on-grade (R-value)
  - Wood, raised (R-value)
  - Wood, common (R-value)
  - Concrete, raised (R-value)
  - Concrete, common (R-value)
- Wall type and insulation:
  - Exterior:
    - Masonry (Insulation R-value)
    - Wood frame (Insulation R-value)
  - Adjacent:
    - Masonry (Insulation R-value)
    - Wood frame (Insulation R-value)
  - Marriage Walls of Multiple Units\* (Yes/No)
- Ceiling type and insulation:
  - Under attic (Insulation R-value)
  - Single assembly (Insulation R-value)
- Cooling system\*  
(Types: central, room unit, package terminal A.C., gas, existing, none)
- Heating system\*: (Types: heat pump, elec. strip, natural gas, L.P. gas, gas h.p., room or PTAC, existing, none)
- Air Distribution System\*:
  - Backflow damper or single package systems\* (Yes/No)
  - Ducts on marriage walls adequately sealed\* (Yes/No)
- Hot water system:  
(Types: elec., natural gas, other, existing, none)

\* Pertains to manufactured homes with site installed components.

1.	Addition	
2.	Single	
3.		
4.	<del>1756</del> 392	
5.	2.0	
	Single Pane	Double Pane
6a.	sq. ft.	108 sq. ft.
6b.	sq. ft.	135 sq. ft.
7.	29 %	
8a.	R=	lin. ft.
8b.	R= 19	392 sq. ft.
8c.	R=	sq. ft.
8d.	R=	sq. ft.
8e.	R=	sq. ft.
9a-1	R=	sq. ft.
9a-2	R= 11	448 sq. ft.
9b-1	R=	sq. ft.
9b-2	R=	sq. ft.
9c.		
10a.	R= 30	392 sq. ft.
10b.	R=	sq. ft.
11.	Type: CENTRAL EXISTING	
	SEER/EER: 14.5+	
12.	Type: EXISTING HPump	
	HSPF/COP/AFUE: 7.7+	
13a.		
13b.		
14.	Type: EXISTING-Elec.	
	EF: 0.90	

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

PREPARED BY: [Signature] DATE: 3-10-03

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

OWNER AGENT: [Signature] DATE: 3-10-03

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: \_\_\_\_\_



**Columbia County**  
**Building Permit Application**

Date 3-3-03

Application No. 20585

Applicants Name & Address MARCUS RANDALL TURNER

Phone 386 497-3765

Owners Name & Address Same

Phone \_\_\_\_\_

Fee Simple Owners Name & Address \_\_\_\_\_

Phone \_\_\_\_\_

Contractors Name & Address NONE

Phone \_\_\_\_\_

Legal Description of Property Lot 12 unit 5 Cedar Springs Shores ORB 816-548-549, 824-2438-2442, 869-856-857-876-756

Location of Property Cedar Springs shores Lot 12 unit 5 Cedar Springs shores off Hollingworth to Bluff RD

Tax Parcel Identification No. R04236-048 18-75-16

Estimated Cost of Construction \$ 7000.00

Type of Development addition

Number of Existing Dwellings on Property 1

Comprehensive Plan Map Category \_\_\_\_\_

Zoning Map Category \_\_\_\_\_

Building Height 18 Number of Stories 2 Floor Area 1344

Total Acreage in Development 1.9

Distance From Property Lines (Set Backs) Front 400' Side 25'

Rear 500' Street 500' Bluff rd

Flood Zone AE Certification Date 2-27-99

Development Permit \_\_\_\_\_

Bonding Company Name & Address NONE

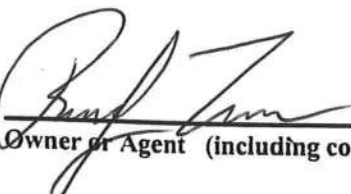
Architect/Engineer Name & Address \_\_\_\_\_

Mortgage Lenders Name & Address NONE

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

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

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

  
Owner or Agent (including contractor)

NONE  
Contractor

NONE  
Contractor License Number

STATE OF FLORIDA  
COUNTY OF COLUMBIA

Sworn to (or affirmed) and subscribed before me  
this \_\_\_\_\_ day of \_\_\_\_\_ by \_\_\_\_\_

STATE OF FLORIDA  
COUNTY OF COLUMBIA

Sworn to (or affirmed) and subscribed before me  
this \_\_\_\_\_ day of \_\_\_\_\_ by \_\_\_\_\_

Personally Known \_\_\_\_\_ OR Produced Identification

Personally Known \_\_\_\_\_ OR Produced Identification



**FOR OWNER/BUILDER WHEN ACTING AS THEIR OWN CONTRACTOR AND CLAIMING EXEMPTION OF CONTRACTOR LICENSING REQUIREMENTS IN ACCORDANCE WITH FLORIDA STATUTES, ss. 489.103(7).**

State law requires construction to be done by licensed contractors. You have applied for a permit under an exemption to that law. The exemption allows you, as the owner of your property, to act as your own contractor with certain restrictions even though you do not have a license. You must provide direct, onsite supervision of the construction yourself. You may build or improve a one-family or two-family residence or a farm outbuilding. You may also build or improve a commercial building, provided your costs do not exceed \$25,000. The building or residence must be for your own use or occupancy. It may not be built or substantially improved for sale or lease. If you sell or lease a building you have built or substantially improved yourself within 1 year after the construction is complete, the law will presume that you built or substantially improved it for sale or lease, which is a violation of this exemption. You may not hire an unlicensed person to act as your contractor or to supervise people working on your building. It is your responsibility to make sure that people employed by you have licenses required by state law and by county or municipal licensing ordinances. You may not delegate the responsibility for supervising work to a licensed contractor who is not licensed to perform the work being done. Any person working on your building who is not licensed must work under your direct supervision and must be employed by you, which means that you must deduct F.I.C.A. and withholding tax and provide workers' compensation for that employee, all as prescribed by law. Your construction must comply with all applicable laws, ordinances, building codes, and zoning regulations.

**TYPE OF CONSTRUCTION**

- ☐ Single Family Dwelling  
☐ Farm Outbuilding

- ☐ Two-Family Residence  
☐ Other Addition to SFD

**NEW CONSTRUCTION OR IMPROVEMENT**

- ☐ New Construction      ☒ Addition, Alteration, Modification or other Improvement

I [Signature], have been advised of the above disclosure statement for exemption from contractor licensing as an owner/builder. I agree to comply with all requirements provided for in Florida Statutes ss.489.103(7) allowing this exception for the construction permitted by Columbia County Building Permit Number 20585

[Signature]  
Signature

2-26-03  
Date

**FOR BUILDING USE ONLY**

I hereby certify that the above listed owner/builder has been notified of the disclosure statement in Florida Statutes ss 489.103(7).

Date 2-26-03 Building Official/Representative [Signature]



Permit No. 20585

Tax Parcel No. R04236-048

COLUMBIA COUNTY NOTICE OF COMMENCEMENT

STATE OF FLORIDA

Inst: 2003005148 Date: 03/13/2003 Time: 09:00  
MCK DC, P. DeWitt Cason, Columbia County B: 977 P: 460

COUNTY OF COLUMBIA

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

1. Description of property: (legal description of the property, and street address if available.)

Lot 12 unit 5 Cedar Springs Shores  
ORB 816-548-549, 824 2438-2442, 869-856, 857  
876-756

2. General description of improvement: 14x28 Room addition  
12x12 closed in porch

3. Owner Information:

A. Name and address:

MARCUS RANDALL TEANCA

B. Interest in property:

Owner

C. Name and address of fee simple titleholder (if other than owner):

4. Contractor: (name and address)

~~NAME~~ Marcus Randall Teanca  
RR 2 Box 9017 Ft White FL 32038

5. Surety

A. Name and address:                     

B. Amount of bond:                     

6. Lender: (name and address)                     

7. Persons within the State of Florida designated by Owner upon whom notices or other documents may be served as provided by Section 718.13 (1) (a) 7., Florida Statutes: (name and address)

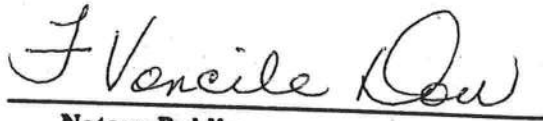


8. In addition to himself, owner designates \_\_\_\_\_  
of \_\_\_\_\_ to receive a copy of  
the Lienor's Notice as provided in Section 713.13 (1) (a) 7., Florida Statutes.

9. Expiration date of notice of commencement (the expiration date is 1 year from the  
date of recording unless a different date is specified) \_\_\_\_\_.

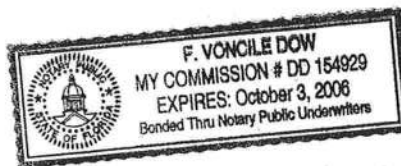
  
(Signature of Owner)

SWORN TO and subscribed before me this 13<sup>th</sup> day of March 2003  
19\_\_\_\_.

  
Notary Public

(NOTARIAL  
SEAL)

My Commission Expires:





# COLUMBIA COUNTY 9-1-1 ADDRESSING

263 NW Lake City Ave. \* P. O. Box 2949 \* Lake City, FL 32056-2949

PHONE: (386) 752-8787 \* FAX: (386) 758-1365 \* Email: cc911add@columbiacountyfla.com

752-5865

The Columbia County Board of County Commissioners has passed Ordinance 2001-9, which provides for a uniform numbering system. A copy of this ordinance is available in the Clerk of Court records, located in the courthouse. This new numbering system will increase the efficiency of POLICE, FIRE AND EMERGENCY MEDICAL vehicles responding to calls within Columbia County by immediately identifying the location of the caller.

## Your Existing Address

ROUTE 2 BOX 9017

FORT WHITE

## Your New Address

1118 SW BLUFF DR

### Begin Using Your New Address April 9, 2002

All residences, businesses, industries, schools, churches, organizations and public buildings are covered by this system. You are required to affix your new address numbers permanently on your house or the principal building where they can be seen easily. Also, if your house or the principal building at this address is not clearly visible from the public or private roadway, you are required to erect a post at your driveway entrance. Place your new number on it facing the road so emergency response personnel coming in either direction can easily see the numbers. To help emergency responding personnel, it will be the responsibility of each property owner, trustee, leasee, agent and occupant of each residence, apartment building, business or industry to purchase, post and maintain address numbers. The address number for residences, townhouses and in town businesses shall be made up of numbers, *which are not less than three (3) inches in height and one and one half (1 ½) inches in width.* All industrial and commercial structures located in low density development areas (areas in which small residential style address numbers are not visible from the road) shall display address numbers not less than ten (10) inches in height. All Apartment buildings and high rises shall display address numbers above or to the side of the primary entrance to the building and shall be displayed not less than six (6) inches in height. Apartment numbers for individual units within the complex shall be displayed on, above or to the side of the doorway of each unit.

All numbers shall contrast in color with the background on which affixed, and shall be visible day or night from the street. When possible, the number shall be displayed beside or over the main entrances of the structure.

It is your responsibility to advise all persons and businesses, with which you correspond, of your change of address (*unless you receive your mail in a Post Office Box*). Your mail will be delivered to your old rural route box number address for a period of one (1) year.

We're counting on the cooperation of all citizens to help make the Enhanced 9-1-1 Emergency Telephone System a success. If you have any questions please call (386) 752-8787 between 8:00 AM and 5:00 PM Monday through Friday.



Compliance with Method C of Chapter 6 of the Florida Energy Efficiency Code may be demonstrated by the use of Form 600C-01 for additions of 600 square feet or less, site-installed components of manufactured homes, and renovations to single and multifamily residences. Alternative methods are provided for additions by use of Form 600B-01 or 600A-01.

PROJECT NAME: AND ADDRESS:	<u>Marcus Randall Turner</u> <u>RR 2 1118 SW BLUE DR</u> <u>FT WHITE FL 32038</u>	BUILDER:	<u>OWNE BUILD</u>	PERMITTING OFFICE:	<u>Columbia</u>	CLIMATE ZONE:	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/>
OWNER:	<u>Marcus Randall Turner</u>	PERMIT NO.:	<u>20585</u>	JURISDICTION NO.:	<u>221000</u>		

SMALL ADDITIONS TO EXISTING RESIDENCES (600 Square feet or less of conditioned area). Prescriptive requirements in Tables 6C-1, 6C-2 and 6C-3 apply only to the components of the addition, not to the existing building. Space heating, cooling, and water heating equipment efficiency levels must be met only when equipment is installed specifically to serve the addition or is being installed in conjunction with the addition construction. Components separating unconditioned spaces from conditioned spaces must meet the prescribed minimum insulation levels. RENOVATIONS (Residential buildings undergoing renovations costing more than 30% of the assessed value of the building). Prescriptive requirements in Tables 6C-1 and 6C-2 apply only to the components and equipment being renovated or replaced. MANUFACTURED HOMES AND BUILDINGS. Only site-installed components and features are covered by this form. BUILDING SYSTEMS Comply when complete new system is installed.

Please Print

CK

- Renovation, Addition, New System or Manufactured Home
- Single family detached or Multifamily attached
- If Multifamily—No. of units covered by this submission
- Conditioned floor area (sq. ft.)
- Predominant eave overhang (ft.)
- Glass area and type:
  - Clear glass
  - Tint, film or solar screen
- Percentage of glass to floor area
- Floor type and insulation:
  - Slab-on-grade (R-value)
  - Wood, raised (R-value)
  - Wood, common (R-value)
  - Concrete, raised (R-value)
  - Concrete, common (R-value)
- Wall type and insulation:
  - Exterior:
    - Masonry (Insulation R-value)
    - Wood frame (Insulation R-value)
  - Adjacent:
    - Masonry (Insulation R-value)
    - Wood frame (Insulation R-value)
  - Marriage Walls of Multiple Units\* (Yes/No)
- Ceiling type and insulation:
  - Under attic (Insulation R-value)
  - Single assembly (Insulation R-value)
- Cooling system\*  
(Types: central, room unit, package terminal A.C., gas, existing, none)
- Heating system\*: (Types: heat pump, elec. strip, natural gas, L.P. gas, gas h.p., room or PTAC, existing, none)
- Air Distribution System\*:
  - Backflow damper or single package systems\* (Yes/No)
  - Ducts on marriage walls adequately sealed\* (Yes/No)
- Hot water system:  
(Types: elec., natural gas, other, existing, none)

\* Pertains to manufactured homes with site installed components.

1.	<u>Addition</u>	
2.	<u>Single</u>	
3.		
4.	<u>1756</u> <u>392</u>	
5.	<u>2.0</u>	
	Single Pane	Double Pane
6a.	sq. ft. <u>108</u>	sq. ft.
6b.	sq. ft. <u>135</u>	sq. ft.
7.	<u>29</u> %	
8a.	R=	lin. ft.
8b.	R= <u>19</u>	<u>392</u> sq. ft.
8c.	R=	sq. ft.
8d.	R=	sq. ft.
8e.	R=	sq. ft.
9a-1	R=	sq. ft.
9a-2	R= <u>11</u>	<u>448</u> sq. ft.
9b-1	R=	sq. ft.
9b-2	R=	sq. ft.
9c		
10a.	R= <u>30</u>	<u>392</u> sq. ft.
10b.	R=	sq. ft.
11.	Type: <u>CENTRAL EXISTING</u>	
	SEER/EER: <u>11.5+</u>	
12.	Type: <u>EXISTING HPump</u>	
	HSPF/COP/AFUE: <u>7.7+</u>	
13a.		
13b.		
14.	Type: <u>EXISTING-Elec.</u>	
	EF: <u>0.90</u>	

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

PREPARED BY: [Signature] DATE: 3-10-03

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

OWNER AGENT: [Signature] DATE: 3-10-03

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 6C-1: PRESCRIPTIVE REQUIREMENTS FOR SMALL ADDITIONS (600 Sq. Ft. and Less), RENOVATIONS TO EXISTING BUILDINGS AND SITE-INSTALLED COMPONENTS OF MANUFACTURED HOMES.

COMPONENT		MINIMUM INSULATION	INSULATION INSTALLED	EQUIPMENT		MINIMUM EFFICIENCY	INSTALLED EFFICIENCY
WALLS	Concrete Block	R-7		COOLING	Central A/C - Split	SEER = 10.0	SEER = <u>11.5</u>
	Frame, 2' x 4'	R-11	<u>11</u>		- Single Pkg.	SEER = 9.7	SEER =
	Frame, 2' x 6'	R-19			Room unit or PTAC	EER = 8.5*	EER =
	Common, Frame	R-11					
	Common, Masonry	R-3		SPACE HEATING	Electric Resistance	ANY	
CEILING	Under Attic	R-30	<u>R-30</u>		Heat pump - Split	HSPF = 6.8	HSPF = <u>7.7</u>
	Single Assembly; Enclosed				- Single Pkg.	HSPF = 6.6	HSPF =
	Frame	R-19			Room unit or PTHP	COP = 2.7*	HSPF/ COP =
	Metal Pans	R-13			Gas, natural or propane	AFUE = .78	AFUE =
	Single Assembly; Open	R-10			Fuel Oil	AFUE = .78	AFUE =
FLOORS	Common, Frame	R-11		HOT WATER	Electric Resistance	EF = .88	EF = <u>.90</u>
	Slab-on-grade	No Minimum			Gas; Natural or L.P.	EF = .54	EF =
	Raised Wood	R-19	<u>R-19</u>		Fuel Oil	EF = .54	EF =
	Raised Concrete	R-7					
DUCT	Common, Frame	R-11					
	In unconditioned space	R-6	<u>R-6</u>				
	In conditioned space	No minimum					

\* See Table 6-3, 6-7

TABLE 6C-2: PRESCRIPTIVE REQUIREMENTS FOR GLASS AREAS IN ADDITIONS ONLY

Maximum percentage glass to floor area allowed is selected by type, overhang length, and solar heat gain coefficient. Maximum% = <u>40</u> Installed % = <u>29</u>							
GLASS TYPE, OVERHANG, AND SOLAR HEAT GAIN COEFFICIENT REQUIRED FOR GLASS PERCENTAGE ALLOWED							
UP TO 20%		UP TO 30%		UP TO 40%		UP TO 50%	
Single	Double	Single	Double	Single	Double	Single	Double
OH - SHGC	OH - SHGC	OH - SHGC	OH - SHGC	OH - SHGC	OH - SHGC	OH - SHGC	OH - SHGC
1' - .87	0' - .78	2' - .87	1' - .78	NOT ALLOWED	<u>2' - .78</u>	NOT ALLOWED	3' - .78
0' - .75		1' - .75	0' - .61		1' - .61		2' - .61
		0' - .57			0' - .44		1' - .44
							0' - .35
Get certified SHGC from the manufacturer or use defaults: Single clear SHGC = .87, <u>double clear SHGC = .78</u> , and single tint SHGC = .75							

TABLE 6C-3 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. 0.3 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.	
Combustion Heating	606.1	Combustion space and water heating systems must be provided with outside combustion air, except for direct vent appliances.	
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.	

## GENERAL DIRECTIONS:

- On Table 6C-1 indicate the R-value of the insulation being added to each component and the efficiency levels of the equipment being installed. All R-values and efficiencies installed must meet or exceed the minimum values listed. Components and equipment neither being added nor renovated may be left blank.
- ADDITIONS ONLY. Determine the percentage of new glass to conditioned floor area in the addition as follows. Total the areas of all glass windows, sliding glass doors and glass door panels. Double the area of all non-vertical roof glass and add it to the previous total. When glass in existing exterior walls is being removed or enclosed by the addition, an amount equal to the total area of this glass may be subtracted from the total glass area. Divide the adjusted glass area total by the conditioned floor area of the addition. Multiply by 100 to get the percent. Find the largest glass percentage under which your calculated percentage falls on Table 6C-2. Prescriptives are given by the type of glass (Single or Double pane) and the overhang (OH) paired with a solar heat gain coefficient (SHGC). For a given glass type and overhang, the minimum solar heat gain coefficient allowed is specified. Actual glass windows and doors previously in the exterior walls of the house and being reinstalled in the addition do not have to comply with the overhang and solar heat gain coefficient requirements on Table 6C-2. All new glass in the addition must meet the requirement for one of the options in the glass percentage category you indicated. The overhang (OH) distance is measured perpendicularly from the face of the glass to a point directly under the outermost edge of the overhang.
- RENOVATIONS ONLY. Replacement glass needs to meet the following requirements. Any glass type and solar heat gain coefficient may be used for glass areas which are under at least a two foot overhang and whose lowest edge does not extend further than 8 feet from the overhang. Glass areas being renovated that do not meet this criteria must be either single-pane tinted, double-pane clear or double-pane tinted.
- BUILDING SYSTEMS. Comply when new system is installed for system installed.
- Complete the information requested on the top half of page 1.
- Read "Minimum Requirements for Small Additions and Renovations", Table 6C-3, and check all applicable items.
- Read, sign and date the "Owner/Agent" certification statement on page 1.