

DATE 12/21/2009

Columbia County Building Permit

This Permit Must Be Prominently Posted on Premises During Construction

PERMIT

000028286

APPLICANT MARK TAYLOR PHONE 904-259-5880  
ADDRESS 6789 COTTONTAIL LANE GLEN ST. MARY FL 32040  
OWNER MICHAEL PRIDGEN PHONE 904-759-7094  
ADDRESS 422 NW CHARTER OAK GLEN LAKE CITY FL 32055  
CONTRACTOR MELISSA TAYLOR PHONE 904-759-7094  
LOCATION OF PROPERTY 41 N, L SUWANNEE VALLEY RD, LEFT INTO SUWANNEE VALLEY FARMS  
L @ DEAD END ON CHARTER OAK GLN, THEN LAST ON R @ CULDESAC  
TYPE DEVELOPMENT SFD, UTILITY ESTIMATED COST OF CONSTRUCTION 170450.00  
HEATED FLOOR AREA 2123.00 TOTAL AREA 3409.00 HEIGHT 18.00 STORIES 1  
FOUNDATION CONCRETE WALLS FRAMED ROOF PITCH 5/12 FLOOR SLAB  
LAND USE & ZONING AG-3 MAX. HEIGHT 35  
Minimum Set Back Requirments: STREET-FRONT 30.00 REAR 25.00 SIDE 25.00  
NO. EX.D.U. 0 FLOOD ZONE A DEVELOPMENT PERMIT NO. \_\_\_\_\_

PARCEL ID 29-2S-16-01777-129 SUBDIVISION SUWANNEE VALLEY FARMS  
LOT 29 BLOCK \_\_\_\_\_ PHASE 2 UNIT \_\_\_\_\_ TOTAL ACRES 11.07

CGC1512322  
Culvert Permit No. \_\_\_\_\_ Culvert Waiver \_\_\_\_\_ Contractor's License Number BK Applicant/Owner/Contractor HD Y  
PRIVATE 09-0541 BK HD Y  
Driveway Connection \_\_\_\_\_ Septic Tank Number \_\_\_\_\_ LU & Zoning checked by \_\_\_\_\_ Approved for Issuance \_\_\_\_\_ New Resident \_\_\_\_\_

COMMENTS: FLOOR 1 FT ABOVE THE ROAD, NOC ON FILE

Check # or Cash 3221

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 \_\_\_\_\_ Insulation \_\_\_\_\_  
date/app. by \_\_\_\_\_ date/app. by \_\_\_\_\_  
Rough-in plumbing above slab and below wood floor \_\_\_\_\_ Electrical rough-in \_\_\_\_\_  
date/app. by \_\_\_\_\_ date/app. by \_\_\_\_\_  
Heat & Air Duct \_\_\_\_\_ Peri. beam (Lintel) \_\_\_\_\_ Pool \_\_\_\_\_  
date/app. by \_\_\_\_\_ date/app. by \_\_\_\_\_ date/app. by \_\_\_\_\_  
Permanent power \_\_\_\_\_ C.O. Final \_\_\_\_\_ Culvert \_\_\_\_\_  
date/app. by \_\_\_\_\_ date/app. by \_\_\_\_\_ date/app. by \_\_\_\_\_  
Pump pole \_\_\_\_\_ Utility Pole \_\_\_\_\_ M/H tie downs, blocking, electricity and plumbing \_\_\_\_\_  
date/app. by \_\_\_\_\_ date/app. by \_\_\_\_\_ date/app. by \_\_\_\_\_  
Reconnection \_\_\_\_\_ RV \_\_\_\_\_ Re-roof \_\_\_\_\_  
date/app. by \_\_\_\_\_ date/app. by \_\_\_\_\_ date/app. by \_\_\_\_\_

BUILDING PERMIT FEE \$ 855.00 CERTIFICATION FEE \$ 17.05 SURCHARGE FEE \$ 17.05  
MISC. FEES \$ 0.00 ZONING CERT. FEE \$ 50.00 FIRE FEE \$ 0.00 WASTE FEE \$ \_\_\_\_\_  
FLOOD DEVELOPMENT FEE \$ \_\_\_\_\_ FLOOD ZONE FEE \$ 25.00 CULVERT FEE \$ \_\_\_\_\_ TOTAL FEE 964.10  
INSPECTORS OFFICE L.H. 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."

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 THE WORK IS COMMENCED. A VALID PERMIT RECIEVES AN APPROVED INSPECTION EVERY 180 DAYS. WORK SHALL BE CONSIDERED NOT SUSPENDED, ABANDONED OR INVALID WHEN THE PERMIT HAS RECIEVED AN APPROVED INSPECTION WITHIN 180 DAYS OT THE PREVIOUS INSPECTION.

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

American Title Services  
✓ 09-066

# Corporate Warranty Deed

This Indenture, made , January 26, 2009 A.D.

Inst:200912001310 Date:1/28/2009 Time:10:56 AM  
Doc Stamp-Deed:560.00  
DC,P.DeWitt Cason,Columbia County Page 1 of 1 B:1166 P:286

## Between

SUBRANDY LIMITED PARTNERSHIP whose post office address is: Post Office Box 513, Lake City, Florida 32056 a Partnership existing under the laws of the State of Florida, Grantor and MICHAEL DALE PRIDGEN and MARIANNE EVELYN PRIDGEN, husband and wife whose post office address is: 437 NW Proctor Glen, Lake City, Florida 32055, Grantee,

Witnesseth, that the said Grantor, for and in consideration of the sum of Ten and No/100 Dollars (\$10.00 ), to it in hand paid by the said Grantee, the receipt whereof is hereby acknowledged, has granted, bargained and sold to the said Grantee forever, the following described land, situate, lying and being in the County of Columbia, State of Florida, to wit:

LOT 29, SUWANNEE VALLEY FARMS, PHASE 2, according to the Plat thereof as recorded in Plat Book 8 page 49 of the Public Records of COLUMBIA COUNTY, FLORIDA.

Subject to taxes for the current year, covenants, restrictions and easements of record, if any.

Parcel Identification Number: R01777-129

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

In Witness Whereof, the said Grantor has caused this instrument to be executed in its name by its duly authorized officer and caused its corporate seal to be affixed the day and year first above written.

## SUBRANDY LIMITED PARTNERSHIP

### Signed and Sealed in Our Presence:

Elaine R. Davis  
Witness Print Name: Elaine R. Davis

Megan M. Harrell  
Witness Print Name: Megan M. Harrell

State of Florida  
County of Columbia

By: Bradley N. Dicks  
Bradley N. Dicks  
Its: General Partner

(Corporate Seal)

The foregoing instrument was acknowledged before me this 26th day of January, 2009, by Bradley N. Dicks, the General Partner of SUBRANDY LIMITED PARTNERSHIP A Partnership existing under the laws of the State of Florida, on behalf of the Partnership. He/She is personally known to me or has produced \_\_\_\_\_ as identification.

Megan M. Harrell (Seal)  
Notary Public  
Notary Printed Name: \_\_\_\_\_

My Commission Expires:

Prepared by:  
Elaine R. Davis, an employee of  
American Title Services of Lake City, Inc.,  
321 SW Main Boulevard, Suite 105  
Lake City, Florida 32025

File Number: 09-066



## NOTICE OF COMMENCEMENT

County Clerk's Office Stamp or Seal

Tax Parcel Identification Number 29-25-16-01777-129

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):

a) Street (job) Address: 422 NW Charter Oak Glw Lake City FL 32055

2. General description of improvements: NEW HOME

3. Owner Information

a) Name and address: Michael Pridgen 437 NW Proctor Glw Lake City 32055

b) Name and address of fee simple titleholder (if other than owner)

c) Interest in property

4. Contractor Information

a) Name and address: Mark Taylor (Taylor Made Homes) Cotton 6789 / Ln Glw St Mary FL 32040

b) Telephone No.: 904 759-7094

Fax No. (Opt.): 904 259 5886

5. Surety Information

a) Name and address: N/A

b) Amount of Bond:

c) Telephone No.:

Fax No. (Opt.)

6. Lender

a) Name and address: N/A

b) Phone No.

7. Identity of person within the State of Florida designated by owner upon whom notices or other documents may be served:

a) Name and address: Marganne Pridgen 437 NW Proctor Glw Lake City FL 32055

b) Telephone No.: 386 755-6273

Fax No. (Opt.)

8. In addition to himself, owner designates the following person to receive a copy of the Lienor's Notice as provided in Section 713.13(l)(b), Florida Statutes:

a) Name and address: Marganne Pridgen 437 NW Proctor Glw Lake City FL 32055

b) Telephone No.: 386 755-6273

Fax No. (Opt.)

9. Expiration date of Notice of Commencement (the expiration date is one 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. Michael D. Pridgen  
Signature of Owner or Owner's Authorized Office/Director/Partner/Manager  
Michael D. Pridgen  
Print Name

The foregoing instrument was acknowledged before me, a Florida Notary, this 6th day of November, 20 09, by:

Amanda Sharp as Notary (type of authority, e.g. officer, trustee, attorney)

fact) for Michael D. Pridgen (name of party on behalf of whom instrument was executed).

Personally Known ☒ OR Produced Identification ☐ Type

Notary Signature Amanda L. Sharp Notary Stamp or Seal:



—AND—

11. Verification pursuant to Section 92.525, Florida Statutes. Under penalties of perjury, I declare that I have read the foregoing and that the facts stated in it are true to the best of my knowledge and belief.

Michael D. Pridgen  
Signature of Natural Person Signing (in line #10 above.)



#28286

OK  
BLK  
15.02.10



**Donald F. Lee & Associates, Inc.**  
**Surveyors & Engineers**

140 NW Ridgewood Avenue  
Lake City, Florida 32055  
(386) 755-6166  
Fax (386) 755-6167  
donald@dfla.com

**Wednesday, January 13, 2010**

**TO: Columbia County Building Department**

**CC: Mark Taylor; Mike Pridgen**

**RE: Floor Elevation Check – Lot 29, “Suwannee Valley Farms Phase 2”**

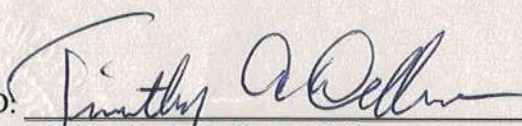
Elevations (based on the development's design survey benchmarks) were obtained on the finished floor (stemwall) for a foundation (Pridgen Residence) under construction on the above referenced property. The results are as follows:

**Building Floor (at stemwall): 98.68'**

**Front Porch (at stemwall): 98.50'**

**Rear Porch (at stemwall): 97.00'**

This information is based on NGVD1929 datum to match the elevations used in the engineering design of the development (Suwannee Valley Farms Phase 2).

SIGNED:   
Timothy A. Delbene, PLS  
Florida Reg. Cert. No. 5594

DATE: 1 / 13 / 2010



Columbia County Building Permit Application

VF

clt# 3221

**For Office Use Only** Application # 0911-47 Date Received 11-25-09 By LH Permit # 28286  
 Zoning Official BLK Date 30.11.09 Flood Zone A Land Use A-3/ESA Zoning A-3/ESA-2  
 FEMA Map # 0186C Elevation MA MFE St. John's River Suwannee Plans Examiner ND Date 12.11.09  
 Comments \_\_\_\_\_  
☒ NOC ☒ EH ☒ Dead or PA ☒ Site Plan ☒ State Road Info ☐ Parent Parcel # \_\_\_\_\_  
☐ Dev Permit # N/A ☐ In Floodway ☐ Letter of Auth. from Contractor ☒ W Comp. letter \_\_\_\_\_  
 IMPACT FEES: EMS \_\_\_\_\_ Fire on fire Corr \_\_\_\_\_ Road/Code \_\_\_\_\_  
 School \_\_\_\_\_ = TOTAL N/A Suspended

Septic Permit No. 09-0541 Fax 904-259-5886  
 Name Authorized Person Signing Permit Melissa Taylor / Mark Taylor Phone 904 259-5880  
 Address 6789 Cottontail Lane Glen St Mary, FL 32040 904-759-7094 Call  
 Owners Name Michael Pridgen Phone 904-759-7094  
 911 Address 422 Northwest Charter Oak Glen Lake City, FL 32055  
 Contractors Name Taylor Made Homes - MELISSA TAYLOR Phone 904 759 7094  
 Address 6789 Cottontail Lane Glen St Mary, FL 32040

Fee Simple Owner Name & Address \_\_\_\_\_  
 Bonding Co. Name & Address \_\_\_\_\_  
 Architect/Engineer Name & Address Andy Williams, Wilson Brothers Construction Services LLC  
 Mortgage Lenders Name & Address 9223 South state Road 228 Macclenny FL 32063

Circle the correct power company - FL Power & Light - Clay Elec. - Suwannee Valley Elec. - Progress Energy

Property ID Number 29-25-16 R01177-129 Estimated Cost of Construction 162,000.00

Subdivision Name Suwannee Valley Farms Lot 29 Block \_\_\_\_\_ Unit \_\_\_\_\_ Phase 2

Driving Directions I-10 W to St Rd 41 go towards white springs

take left on suwannee valley Road, Follow it to suwannee

valley Farms take left at Dead End

and go to dead end house on Right Number of Existing Dwellings on Property 0

Construction of SFP Total Acreage 11.07 Lot Size \_\_\_\_\_

Do you need a - Culvert Permit or Culvert Waiver or Have an Existing Drive Total Building Height \_\_\_\_\_

Actual Distance of Structure from Property Lines - Front 100 FT Side 230 FT Side 390 FT Rear 600 FT

Number of Stories 1 Heated Floor Area 2123 Total Floor Area 3409 Roof Pitch \_\_\_\_\_

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.

Left message on 12-9-09 for needed documents  
for Plan Review.  
Left message on Cell 12-17-09 LH



**Columbia County Building Permit Application**

**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 such application has been pursued in good faith or a permit has been issued, except that the building official is authorized to grant one or more extensions of time for additional periods not exceeding 90 days each. The extension shall be requested in writing and justifiable cause demonstrated.

**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 lock 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 BUILDING PERMITEE:** **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. It may be to your advantage to check and see if your property is encumbered by any restrictions.

(Owners Must Sign All Applications Before Permit Issuance.)

X Madeira D. [Signature]  
Owners Signature

**\*\*OWNER BUILDERS MUST PERSONALLY APPEAR AND SIGN THE BUILDING PERMIT.**

**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.

Melissa J. Saylor  
Contractor's Signature (Permitee)

Contractor's License Number CGC1512322  
Columbia County  
Competency Card Number N/A

Affirmed under penalty of perjury to by the Contractor and subscribed before me this 25 day of Nov 2009  
Personally known or Produced Identification FLDL

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

SEAL:







STATE OF FLORIDA  
DEPARTMENT OF HEALTH  
ONSITE SEWAGE TREATMENT AND DISPOSAL  
SYSTEM

PERMIT #: **12-SC-1007648**  
APPLICATION #: **AP940873**  
DATE PAID: **9/10/09**  
FEE PAID: **425.00**  
RECEIPT #: **1195653**  
DOCUMENT #: **PR789431**

CONSTRUCTION PERMIT FOR: OSTDS New  
APPLICANT: MICHAEL\*\*09-0541 PRIDGEN  
PROPERTY ADDRESS: 422 NW CHARTER OAKS Gln Lake City, FL 32055  
LOT: 29 BLOCK: \_\_\_\_\_ SUBDIVISION: \_\_\_\_\_  
PROPERTY ID #: 01777-129 [SECTION, TOWNSHIP, RANGE, PARCEL NUMBER]  
[OR TAX ID NUMBER]

SYSTEM MUST BE CONSTRUCTED IN ACCORDANCE WITH SPECIFICATIONS AND STANDARDS OF SECTION 381.0065, F.S., AND CHAPTER 64E-6, F.A.C. DEPARTMENT APPROVAL OF SYSTEM DOES NOT GUARANTEE SATISFACTORY PERFORMANCE FOR ANY SPECIFIC PERIOD OF TIME. ANY CHANGE IN MATERIAL FACTS, WHICH SERVED AS A BASIS FOR ISSUANCE OF THIS PERMIT, REQUIRE THE APPLICANT TO MODIFY THE PERMIT APPLICATION. SUCH MODIFICATIONS MAY RESULT IN THIS PERMIT BEING MADE NULL AND VOID. ISSUANCE OF THIS PERMIT DOES NOT EXEMPT THE APPLICANT FROM COMPLIANCE WITH OTHER FEDERAL, STATE, OR LOCAL PERMITTING REQUIRED FOR DEVELOPMENT OF THIS PROPERTY.

SYSTEM DESIGN AND SPECIFICATIONS

T [ 900 ] GALLONS / GPD Septic CAPACITY  
A [ ] GALLONS / GPD N/A CAPACITY  
N [ ] GALLONS GREASE INTERCEPTOR CAPACITY [MAXIMUM CAPACITY SINGLE TANK:1250 GALLONS]  
K [ ] GALLONS DOSING TANK CAPACITY [ ] GALLONS @ [ ] DOSES PER 24 HRS #Pumps [ ]

D [ 462 ] SQUARE FEET \_\_\_\_\_ SYSTEM  
R [ ] SQUARE FEET N/A SYSTEM  
A TYPE SYSTEM: [ ] STANDARD [x] FILLED [ ] MOUND [ ]  
I CONFIGURATION: [x] TRENCH [ ] BED [ ]

N  
F LOCATION OF BENCHMARK: nail in chinaberry tree west of system site  
I ELEVATION OF PROPOSED SYSTEM SITE [ 46.00 ] [ INCHES ] FT [ ] ABOVE [x] BELOW BENCHMARK/REFERENCE POINT  
E BOTTOM OF DRAINFIELD TO BE [ 52.00 ] [ INCHES ] FT [ ] ABOVE [x] BELOW BENCHMARK/REFERENCE POINT  
L  
D FILL REQUIRED: [ 12.00 ] INCHES EXCAVATION REQUIRED: [ 0.00 ] INCHES

O  
T  
H  
E  
R  
1. If bottom of the drainfield can be held at 48" below BM, drainfield size can be reduced to 375 sq ft, but would be a 16 inch filled system.

SPECIFICATIONS BY: Sallie A Ford TITLE: EH Director  
APPROVED BY: Sallie Ford TITLE: EH Director Columbia CHD  
DATE ISSUED: 11/03/2009 EXPIRATION DATE: 05/03/2011



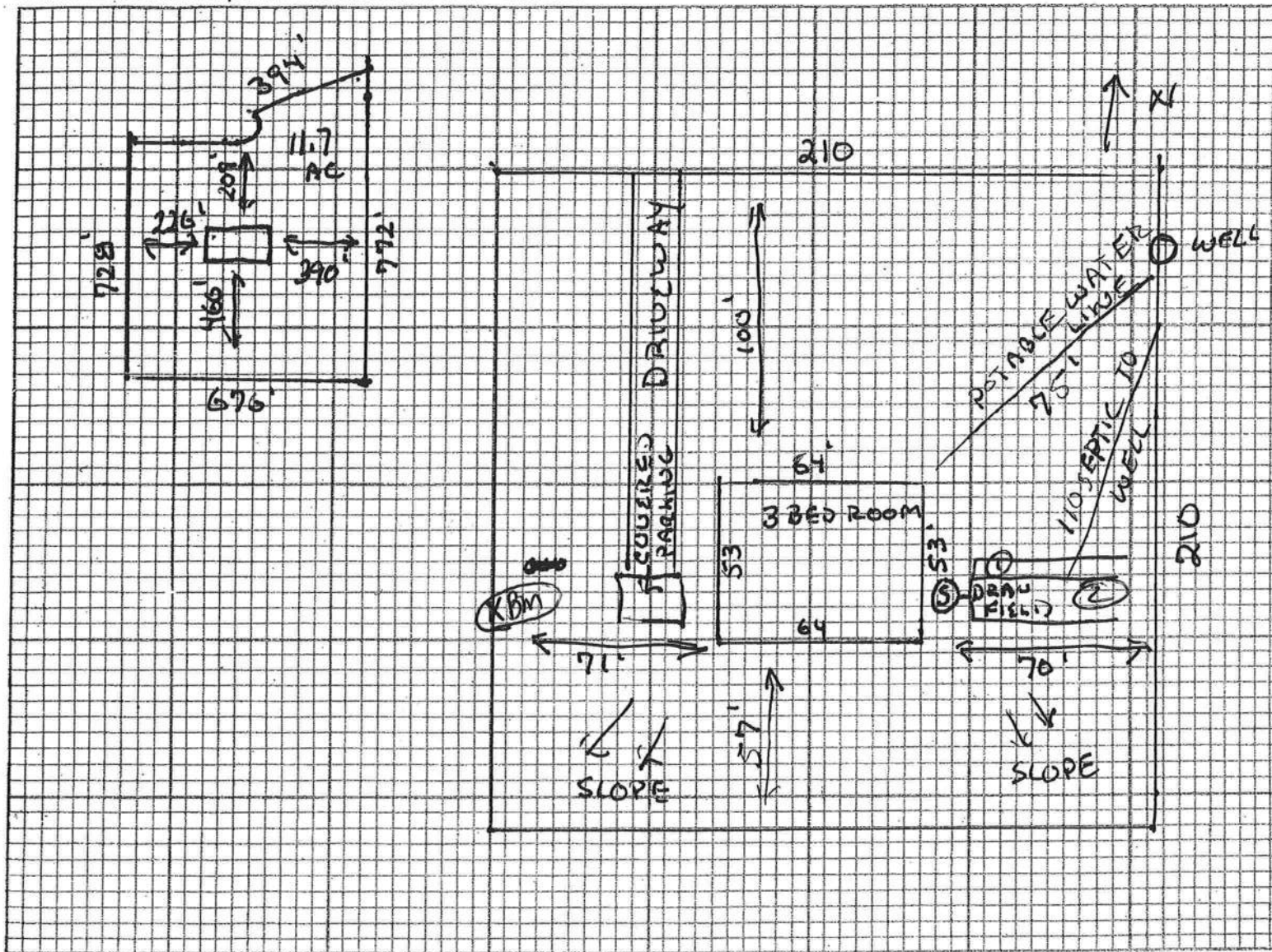
# DEPARTMENT OF HEALTH

## APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permit Application Number 09-0541

### PART II - SITE PLAN

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



Notes: Closes hand Line To septic 267'

Site Plan submitted by: M.D.P.A.

Signature

Plan Approved ☒

Not Approved ☐

By Salhi Ford-EH Director Columbia

OWENER

Title

Date 11-3-09

County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT



# ENERGY PERFORMANCE LEVEL (EPL) DISPLAY CARD

ESTIMATED ENERGY PERFORMANCE INDEX\* = 85

The lower the EnergyPerformance Index, the more efficient the home.

, , FL,

1. New construction or existing	New (From Plans)	9. Wall Types	Insulation	Area
2. Single family or multiple family	Single-family	a. Frame - Wood, Exterior	R=11.0	1552.00 ft <sup>2</sup>
3. Number of units, if multiple family	1	b. N/A	R=	ft <sup>2</sup>
4. Number of Bedrooms	3	c. N/A	R=	ft <sup>2</sup>
5. Is this a worst case?	No	d. N/A	R=	ft <sup>2</sup>
6. Conditioned floor area (ft <sup>2</sup> )	2123	10. Ceiling Types	Insulation	Area
7. Windows**	Description	a. Under Attic (Vented)	R=30.0	2123.00 ft <sup>2</sup>
a. U-Factor:	Dbl, U=0.55	b. N/A	R=	ft <sup>2</sup>
SHGC:	SHGC=0.60	c. N/A	R=	ft <sup>2</sup>
b. U-Factor:	Gbl, default	11. Ducts		
SHGC:	Clear, default	a. Sup: Attic Ret: Attic AH: Interior Sup. R= 6,	424.6 ft <sup>2</sup>	
c. U-Factor:	N/A	12. Cooling systems		
SHGC:		a. Central Unit	Cap: 42.0 kBtu/hr	
d. U-Factor:	N/A		SEER: 13	
SHGC:		13. Heating systems		
e. U-Factor:	N/A	a. Electric Heat Pump	Cap: 42.0 kBtu/hr	
SHGC:			HSPF: 8	
8. Floor Types	Insulation	Area		
a. Slab-On-Grade Edge Insulation	R=0.0	2123.00 ft <sup>2</sup>		
b. N/A	R=	ft <sup>2</sup>		
c. N/A	R=	ft <sup>2</sup>		
		14. Hot water systems		
		a. Electric	Cap: 40 gallons	
			EF: 0.92	
		b. Conservation features		
		None		
		15. Credits		Pstat

I certify that this home has complied with the Florida Energy Efficiency Code for Building Construction through the above energy saving features which will be installed (or exceeded) in this home before final inspection. Otherwise, a new EPL Display Card will be completed based on installed Code compliant features.

Builder Signature:

Date: 11/25/09

Address of New Home:

422 NW Charter Oaks Glen

City/FL Zip:

LAKE CITY, FL 32055



\*Note: The home's estimated Energy Performance Index is only available through the EnergyGauge USA - FlaRes2008 computer program. This is not a Building Energy Rating. If your Index is below 100, your home may qualify for incentives if you obtain a Florida Energy Gauge Rating. Contact the Energy Gauge Hotline at (321) 638-1492 or see the Energy Gauge web site at [energygauge.com](http://energygauge.com) for information and a list of certified Raters. For information about Florida's Energy Efficiency Code for Building Construction, contact the Department of Community Affairs at (850) 487-1824.

\*\*Label required by Section 13-104.4.5 of the Florida Building Code, Building, or Section B2.1.1 of Appendix G of the Florida Building Code, Residential, if not DEFAULT.

**FLORIDA ENERGY EFFICIENCY CODE FOR BUILDING CONSTRUCTION**

## Florida Department of Community Affairs Residential Performance Method A

Project Name: Pridgen  
 Street:  
 City, State, Zip: , FL ,  
 Owner: Micheal & Marianne Pridgen  
 Design Location: FL, Jacksonville

Builder Name: Taylor Made Homes  
 Permit Office:  
 Permit Number:  
 Jurisdiction:

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	3
5. Is this a worst case?	No
6. Conditioned floor area (ft <sup>2</sup> )	2123
7. Windows	Description Area
a. U-Factor:	Dbl, U=0.55 233.33 ft <sup>2</sup>
SHGC:	SHGC=0.60
b. U-Factor:	Gbl, default 5.33 ft <sup>2</sup>
SHGC:	Clear, default
c. U-Factor:	N/A ft <sup>2</sup>
SHGC:	
d. U-Factor:	N/A ft <sup>2</sup>
SHGC:	
e. U-Factor:	N/A ft <sup>2</sup>
SHGC:	
8. Floor Types	Insulation Area
a. Slab-On-Grade Edge Insulation	R=0.0 2123.00 ft <sup>2</sup>
b. N/A	R= ft <sup>2</sup>
c. N/A	R= ft <sup>2</sup>

9. Wall Types	Insulation Area
a. Frame - Wood, Exterior	R=11.0 1552.00 ft <sup>2</sup>
b. N/A	R= ft <sup>2</sup>
c. N/A	R= ft <sup>2</sup>
d. N/A	R= ft <sup>2</sup>
10. Ceiling Types	Insulation Area
a. Under Attic (Vented)	R=30.0 2123.00 ft <sup>2</sup>
b. N/A	R= ft <sup>2</sup>
c. N/A	R= ft <sup>2</sup>
11. Ducts	
a. Sup: Attic Ret: Attic AH: Interior Sup. R= 6, 424.6 ft <sup>2</sup>	
12. Cooling systems	
a. Central Unit	Cap: 42.0 kBtu/hr SEER: 13
13. Heating systems	
a. Electric Heat Pump	Cap: 42.0 kBtu/hr HSPF: 8
14. Hot water systems	
a. Electric	Cap: 40 gallons EF: 0.92
b. Conservation features	
None	
15. Credits	Pstat

Glass/Floor Area: 0.112

Total As-Built Modified Loads: 35.69

Total Baseline Loads: 42.02

**PASS**

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

PREPARED BY: *Joy Johnson*

DATE: 10-30-09

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

OWNER/AGENT: *Melina Jay*

DATE: 11/25/09

Review of the plans and specifications covered by this calculation indicates compliance with the Florida Energy Code. Before construction is completed this building will be inspected for compliance with Section 553.908 Florida Statutes.



BUILDING OFFICIAL: \_\_\_\_\_

DATE: \_\_\_\_\_

- Compliance requires certification by the air handler unit manufacturer that the air handler enclosure qualifies as certified factory-sealed in accordance with N1110.A.3.

- Compliance requires a roof absorptance test in accordance with N1104.A.4.



**PROJECT**

Title:	Pridgen	Bedrooms:	3	Address Type:	Street Address
Building Type:	FLAsBuilt	Bathrooms:	0	Lot #	
Owner:	Micheal & Marianne Pridgen	Conditioned Area:	2123	SubDivision:	
# of Units:	1	Total Stories:	1	PlatBook:	
Builder Name:	Taylor Made Homes	Worst Case:	No	Street:	
Permit Office:		Rotate Angle:	0	County:	Columbia
Jurisdiction:		Cross Ventilation:		City, State, Zip:	FL,
Family Type:	Single-family	Whole House Fan:			
New/Existing:	New (From Plans)				
Comment:					

**CLIMATE**

✓	Design Location	TMY Site	IECC Zone	Design Temp 97.5 %	Design Temp 2.5 %	Int Design Temp Winter	Int Design Temp Summer	Heating Degree Days	Design Moisture	Daily Temp Range
	FL, Jacksonville	FL_JACKSONVILLE_INT	2	32	93	75	70	1281	49	Medium

**FLOORS**

✓	#	Floor Type	Perimeter	R-Value	Area	Tile	Wood	Carpet
	1	Slab-On-Grade Edge Insulatio	194 ft	0	2123 ft²	0	0	1

**ROOF**

✓	#	Type	Materials	Roof Area	Gable Area	Roof Color	Solar Absor.	Tested	Deck Insul.	Pitch
	1	Gable or shed	Metal	2300 ft²	442 ft²	Medium	0.96	Yes	0	22.6 deg

**ATTIC**

✓	#	Type	Ventilation	Vent Ratio (1 in)	Area	RBS	IRCC
	1	Full attic	Vented	300	2123 ft²	N	N

**CEILING**

✓	#	Ceiling Type	R-Value	Area	Framing Frac	Truss Type
	1	Under Attic (Vented)	30	2123 ft²	0.14	Wood

**WALLS**

✓	#	Ornt	Adjacent To	Wall Type	Cavity R-Value	Area	Sheathing R-Value	Framing Fraction	Solar Absor.
	1	W	Exterior	Frame - Wood	11	512 ft²		0.23	0.75
	2	N	Exterior	Frame - Wood	11	264 ft²		0.23	0.75
	3	E	Exterior	Frame - Wood	11	512 ft²		0.23	0.75
	4	S	Exterior	Frame - Wood	11	264 ft²		0.23	0.75

**DOORS**

✓	#	Ornt	Door Type	Storms	U-Value	Area
	1	W	Insulated	None	0.46	20 ft²

**WINDOWS**

Window orientation below is as entered. Actual orientation is modified by rotate angle shown in "Project" section above.

✓	#	Ornt	Frame	Panes	NFRC	U-Factor	SHGC	Storms	Area	Overhang		Int Shade	Screening
										Depth	Separation		
	1	W	TIM	Low-E Double	Yes	0.55	0.6	N	60 ft²	10 ft 0 in	0 ft 0 in	HERS 2006	None
	2	W	None	Glazed Block	No	0.6	0.6	N	2.67 ft²	10 ft 0 in	0 ft 0 in	HERS 2006	None
	3	W	TIM	Low-E Double	Yes	0.55	0.6	N	13.33 ft²	10 ft 0 in	0 ft 0 in	HERS 2006	None
	4	N	TIM	Low-E Double	Yes	0.55	0.6	N	15 ft²	0 ft 16 in	0 ft 0 in	HERS 2006	None
	5	N	None	Glazed Block	No	0.6	0.6	N	2.67 ft²	0 ft 16 in	0 ft 0 in	HERS 2006	None
	6	E	TIM	Low-E Double	Yes	0.55	0.6	N	90 ft²	10 ft 0 in	0 ft 0 in	HERS 2006	None
	7	E	TIM	Low-E Double	Yes	0.55	0.6	N	20 ft²	10 ft 0 in	0 ft 0 in	HERS 2006	None
	8	E	TIM	Low-E Double	Yes	0.55	0.6	N	20 ft²	10 ft 0 in	0 ft 0 in	HERS 2006	None
	9	S	TIM	Low-E Double	Yes	0.55	0.6	N	15 ft²	0 ft 16 in	0 ft 0 in	HERS 2006	None

**INFILTRATION & VENTING**

✓	Method	SLA	CFM 50	ACH 50	ELA	EqLA	--- Forced Ventilation ---		Run Time	Fan
							Supply CFM	Exhaust CFM	Fraction	Watts
	Default	0.00036	2005	7.08	110.1	207.0	0 cfm	0 cfm	0	0

**COOLING SYSTEM**

✓	#	System Type	Subtype	Efficiency	Capacity	Air Flow	SHR	Ductless
	1	Central Unit	None	SEER: 13	42 kBtu/hr	1260 cfm	0.75	False

**HEATING SYSTEM**

✓	#	System Type	Subtype	Efficiency	Capacity	Ductless
	1	Electric Heat Pump	None	HSPF: 8	42 kBtu/hr	False

**HOT WATER SYSTEM**

✓	#	System Type	EF	Cap	Use	SetPnt	Conservation
	1	Electric	0.92	40 gal	60 gal	120 deg	None

**SOLAR HOT WATER SYSTEM**

✓	FSEC	Company Name	System Model #	Collector Model #	Collector Area	Storage Volume	FEF
	Cert #						
	None	None			ft²		



## DUCTS

✓	#	Location	Supply R-Value	Area	Location	Return Area	Leakage Type	Air Handler	CFM 25	Percent Leakage	QN	RLF
	1	Attic	6	424.6 ft	Attic	106.15	Default Leakage	Interior				

## TEMPERATURES

Programable Thermostat: Y

Ceiling Fans:

Cooling	<input checked="" type="checkbox"/>	Jan	<input checked="" type="checkbox"/>	Feb	<input checked="" type="checkbox"/>	Mar	<input checked="" type="checkbox"/>	Apr	<input checked="" type="checkbox"/>	May	<input checked="" type="checkbox"/>	Jun	<input checked="" type="checkbox"/>	Jul	<input checked="" type="checkbox"/>	Aug	<input checked="" type="checkbox"/>	Sep	<input checked="" 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 checked="" type="checkbox"/>	Apr	<input checked="" type="checkbox"/>	May	<input checked="" type="checkbox"/>	Jun	<input checked="" type="checkbox"/>	Jul	<input checked="" type="checkbox"/>	Aug	<input checked="" type="checkbox"/>	Sep	<input checked="" 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 checked="" type="checkbox"/>	Apr	<input checked="" type="checkbox"/>	May	<input checked="" type="checkbox"/>	Jun	<input checked="" type="checkbox"/>	Jul	<input checked="" type="checkbox"/>	Aug	<input checked="" type="checkbox"/>	Sep	<input checked="" type="checkbox"/>	Oct	<input checked="" type="checkbox"/>	Nov	<input checked="" type="checkbox"/>	Dec

Thermostat Schedule: HERS 2006 Reference

Schedule Type		1	2	3	4	5	6	7	8	9	10	11	12
Cooling (WD)	AM	78	78	78	78	78	78	78	78	80	80	80	80
	PM	80	80	78	78	78	78	78	78	78	78	78	78
Cooling (WEH)	AM	78	78	78	78	78	78	78	78	78	78	78	78
	PM	78	78	78	78	78	78	78	78	78	78	78	78
Heating (WD)	AM	66	66	66	66	66	68	68	68	68	68	68	68
	PM	68	68	68	68	68	68	68	68	68	68	66	66
Heating (WEH)	AM	66	66	66	66	66	68	68	68	68	68	68	68
	PM	68	68	68	68	68	68	68	68	68	68	66	66

# Code Compliance Checklist

## Residential Whole Building Performance Method A - Details

ADDRESS:

, FL,

PERMIT #:

**INFILTRATION REDUCTION COMPLIANCE CHECKLIST**

COMPONENTS	SECTION	REQUIREMENTS FOR EACH PRACTICE	CHECK
Exterior Windows & Doors	N1106.AB.1.1	Maximum: .3 cfm/sq.ft. window area; .5 cfm/sq.ft. door area.	✓
Exterior & Adjacent Walls	N1106.AB.1.2.1	Caulk, gasket, weatherstrip or seal between: windows/doors & frames, surrounding wall; foundation & wall sole or sill plate; joints between exterior wall panels at corners; utility penetrations; between wall panels & top/bottom plates; between walls and floor. EXCEPTION: Frame walls where a continuous infiltration barrier is installed that extends from, and is sealed to, the foundation to the top plate.	✓
Floors	N1106.AB.1.2.2	Penetrations/openings > 1/8" sealed unless backed by truss or joint members. EXCEPTION: Frame floors where a continuous infiltration barrier is installed that is sealed to the perimeter, penetrations and seams.	✓
Ceilings	N1106.AB.1.2.3	Between walls & ceilings; penetrations of ceiling plane to top floor; around shafts, chases, soffits, chimneys, cabinets sealed to continuous air barrier; gaps in gyp board & top plate; attic access. EXCEPTION: Frame ceilings where a continuous infiltration barrier is installed that is sealed at the perimeter, at penetrations and seams.	✓
Recessed Lighting Fixtures	N1106.AB.1.2.4	Type IC rated with no penetrations, sealed; or Type IC or non-IC rated, installed inside a sealed box with 1/2" clearance & 3" from insulation; or Type IC with < 2.0 cfm from conditioned space, tested.	✓
Multi-story Houses	N1106.AB.1.2.5	Air barrier on perimeter of floor cavity between floors.	✓
Additional Infiltration reqts	N1106.AB.1.3	Exhaust fans vented to outdoors, dampers; combustion space heaters comply with NFPA, have combustion air.	✓

**OTHER PRESCRIPTIVE MEASURES (must be met or exceeded by all residences.)**

COMPONENTS	SECTION	REQUIREMENTS	CHECK
Water Heaters	N1112.AB.3	Comply with efficiency requirements in Table N112.ABC.3. Switch or clearly marked circuit breaker (electric) or cutoff (gas) must be provided. External or built-in heat trap required.	✓
Swimming Pools & Spas	N1112.AB.2.3	Spas & heated pools must have covers (except solar heated). Non-commercial pools must have a pump timer. Gas spa & pool heaters must have a minimum thermal efficiency of 78%. Heat pump pool heaters shall have a minimum COP of 4.0.	✓
Shower heads	N1112.AB.2.4	Water flow must be restricted to no more than 2.5 gallons per minute at 80 PSIG.	✓
Air Distribution Systems	N1110.AB	All ducts, fittings, mechanical equipment and plenum chambers shall be mechanically attached, sealed, insulated and installed in accordance with the criteria of Section N1110.AB. Ducts in unconditioned attics: R-6 min. insulation.	✓
HVAC Controls	N1107.AB.2	Separate readily accessible manual or automatic thermostat for each system.	✓
Insulation	N1104.AB.1 N1102.B.1.1	Ceilings-Min. R-19. Common walls-frame R-11 or CBS R-3 both sides. Common ceiling & floors R-11.	✓



# **HALL'S PUMP & WELL SERVICE, INC.**

SPECIALIZING IN 4"-6" WELLS



DONALD AND MARY HALL  
OWNERS

PHONE (386) 752-1854  
FAX (386) 755-7022  
904 NW MAIN BLVD.  
LAKE CITY, FLORIDA 32055

**November 24, 2009**

**Notice to All Contractors:**

**Re: Michael Pridgen**

***Please be advised that due to the new building codes we will use a large capacity diaphragm tank on all new wells. This will insure a minimum of one (1) minute draw down or one (1) minute refill. If a smaller diaphragm tank is used then we will install a cycle stop valve which will produce the same results. All wells will have a pump & tank combination that will be sufficient enough for each situation.***

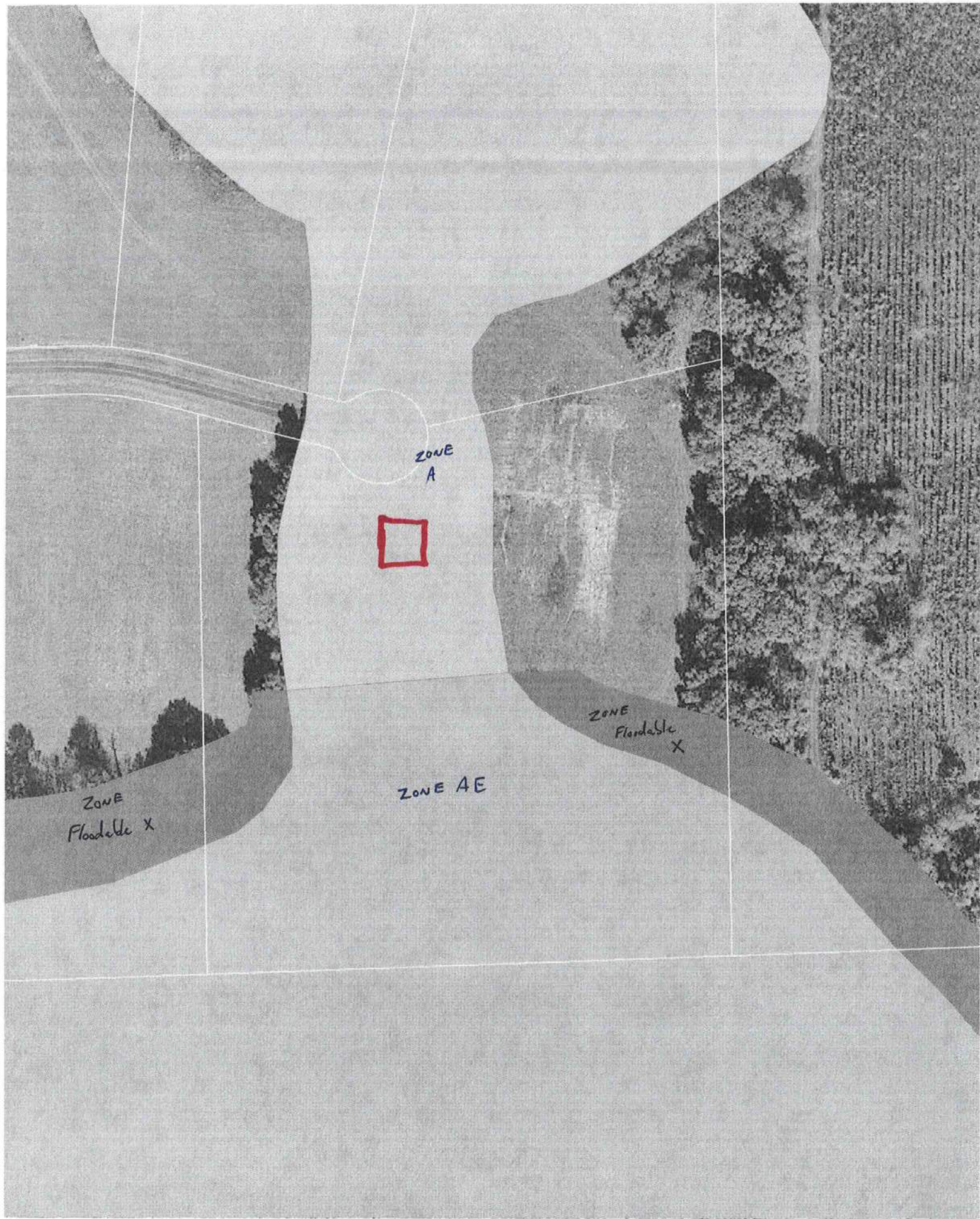
***If you have any questions please feel free to call our office.***

**Thank You,**

A handwritten signature in cursive script that reads 'Russell Davis'.

**Russell Davis**



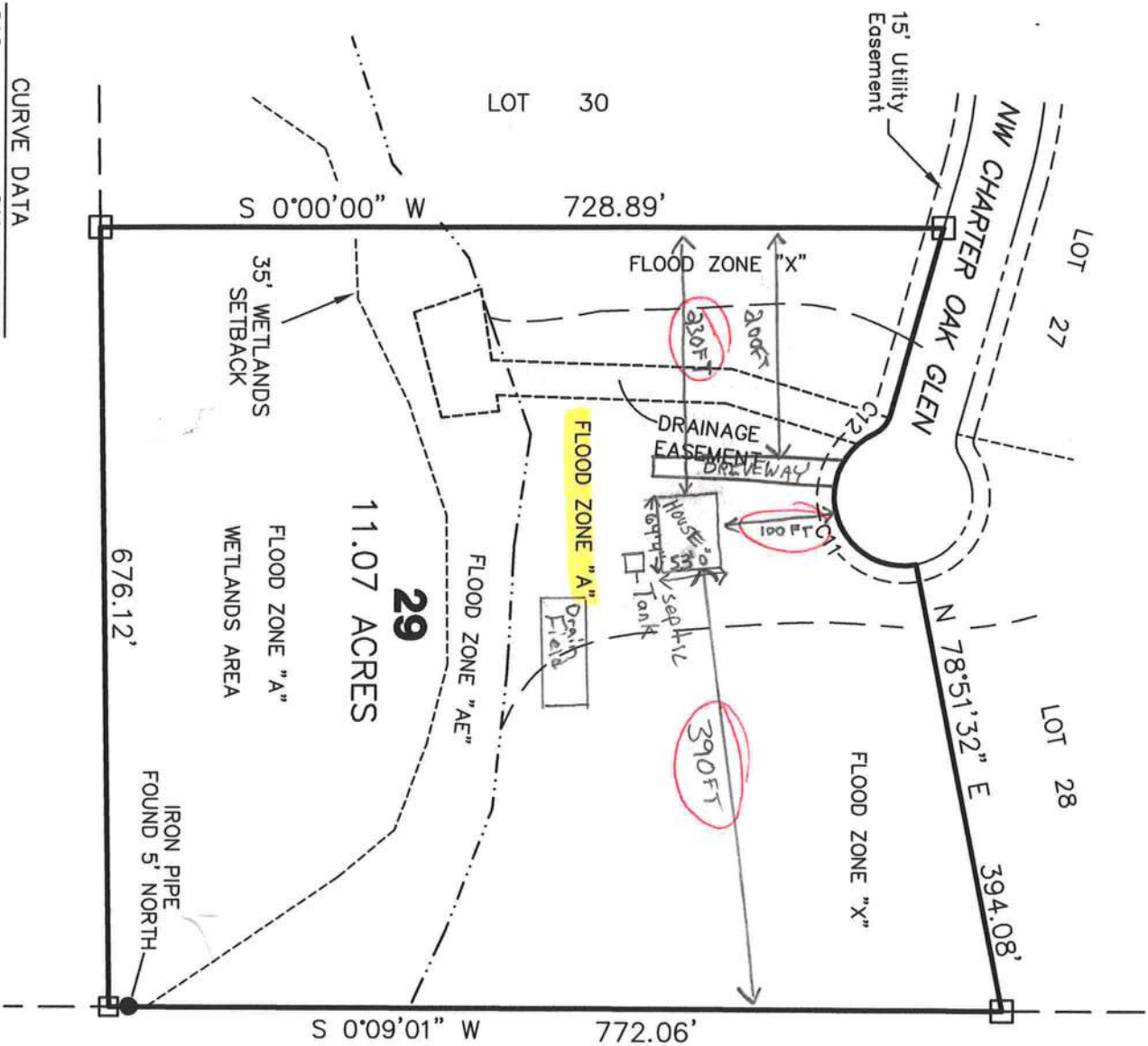


0911-47





SCALE: 1" = 150'



CURVE DATA

C12	C11
R=25.00'	R=60.00'
L=21.68'	L=174.30'
$\Delta=49^{\circ}40'47''$	$\Delta=166^{\circ}26'54''$

LOT 29  
SUWANNEE VALLEY FARMS  
PHASE 2

# Columbia County Property Appraiser

DB Last Updated: 11/13/2009

**2009 Tax Year**

Tax Record

Property Card

Interactive GIS Map

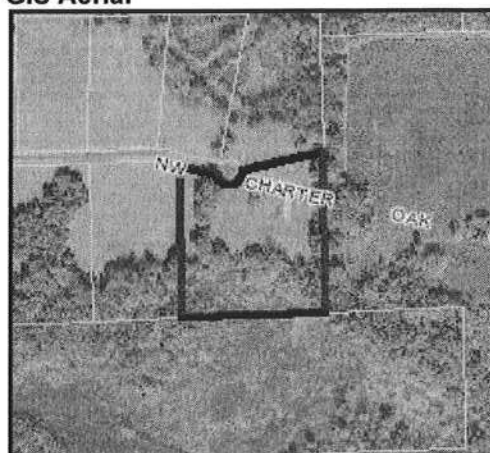
Print

Parcel: 29-2S-16-01777-129

**Owner & Property Info**

Search Result: 1 of 1

<b>Owner's Name</b>	PRIDGEN MICHAEL DALE &		
<b>Site Address</b>	CHARTER OAK		
<b>Mailing Address</b>	MARIANNE EVELYN PRIDGEN 437 NW PROCTOR GLN LAKE CITY, FL 32055		
<b>Use Desc. (code)</b>	VACANT (000000)		
<b>Neighborhood</b>	029216.00	<b>Tax District</b>	3
<b>UD Codes</b>		<b>Market Area</b>	03
<b>Total Land Area</b>	11.070 ACRES		
<b>Description</b>	LOT 29 SUWANNEE VALLEY FARMS S/D PHASE 2. WD 1166-286		

**GIS Aerial****Property & Assessment Values**

<b>Mkt Land Value</b>	cnt: (1)	\$78,489.00
<b>Ag Land Value</b>	cnt: (0)	\$0.00
<b>Building Value</b>	cnt: (0)	\$0.00
<b>XFOB Value</b>	cnt: (0)	\$0.00
<b>Total Appraised Value</b>		\$78,489.00

<b>Just Value</b>	\$78,489.00
<b>Class Value</b>	\$0.00
<b>Assessed Value</b>	\$78,489.00
<b>Exemptions</b>	\$0.00
<b>Total Taxable Value</b>	County: \$78,489.00   City: \$78,489.00 Other: \$78,489.00   School: \$78,489.00

**Sales History**

Sale Date	Book/Page	Inst. Type	Sale VImp	Sale Qual	Sale RCode	Sale Price
1/26/2009	1166/286	WD	V	Q	01	\$80,000.00

**Building Characteristics**

Bldg Item	Bldg Desc	Year Blt	Ext. Walls	Heated S.F.	Actual S.F.	Bldg Value
			NONE			

**Extra Features & Out Buildings**

Code	Desc	Year Blt	Value	Units	Dims	Condition (% Good)
						NONE

**Land Breakdown**

Lnd Code	Desc	Units	Adjustments	Eff Rate	Lnd Value
000000	VAC RES (MKT)	0000001.000 LT - (0000011.070AC)	1.00/1.00/2.00/0.75	\$78,489.00	\$78,489.00

Columbia County Property Appraiser

DB Last Updated: 11/13/2009

1 of 1



supplier should you not know the product approval number for any of the applicable listed products. More information about statewide product approval can be obtained at [www.floridabuilding.org](http://www.floridabuilding.org)

Category/Subcategory	Manufacturer	Product Description	Approval Number(s)
<b>A. EXTERIOR DOORS</b>			
1. Swinging	BL Masonry	EXTERIOR DOORS	FL 14904.3
2. Sliding			
3. Sectional			
4. Roll up			
5. Automatic			
6. Other			
<b>B. WINDOWS</b>			
1. Single hung	Aluma Arwin Series 160	Single Hung	10357.1
2. Horizontal Slider			FL 11834
3. Casement			
4. Double Hung			
5. Fixed		Mulia Glass Block Window	FL 2452-R2
6. Awning			
7. Pass-through			
8. Projected			
9. Mullion			
10. Wind Breaker			
11. Dual Action			
12. Other			
<b>C. PANEL WALL</b>			
1. Siding	Certaintex	Siding (Fiber Cement)	FL 3148.1
2. Soffits	FL Raycan	Siding	FL 12192
3. EIFS			
4. Storefronts			
5. Curtain walls			
6. Wall louver			
7. Glass block			
8. Membrane			
9. Greenhouse			
10. Other			
<b>D. ROOFING PRODUCTS</b>			
1. Asphalt Shingles			
2. Underlayments			
3. Roofing Fasteners	Union	FL 1	FL 1814-R3
4. Non-structural Metal Rf	Whetling	Metal Roofing	FL 10528
5. Built-Up Roofing			
6. Modified Bitumen			
7. Single Ply Roofing Sys			
8. Roofing Tiles			
9. Roofing Insulation			
10. Waterproofing			
11. Wood shingles/shakes			
12. Roofing Slate			

PAGE 15

09-04-2009 10:31 TAYLOR MADE HOMES 9042595886

Category/Subcategory (cont.)	Manufacturer	Product Description	Approval Number(s)
13. Liquid Applied Roof Sys			
14. Cements-Adhesives - Coatings			
15. Roof Tile Adhesive	N/A		
16. Spray Applied Polyurethane Roof			
17. Other			
<b>E. SHUTTERS</b>			
1. Accordion			
2. Bahama			
3. Storm Panels			
4. Colonial	N/A		
5. Roll-up			
6. Equipment			
7. Others			
<b>F. SKYLIGHTS</b>			
1. Skylight			
2. Other			
<b>G. STRUCTURAL COMPONENTS</b>			
1. Wood connector/anchor		Simpson	10852.4
2. Truss plates			
3. Engineered lumber			
4. Railing			
5. Coolers-freezers			
6. Concrete Admixtures			
7. Material			
8. Insulation Forms			
9. Plastics			
10. Deck-Roof			
11. Wall			
12. Sheds			
13. Other			
<b>H. NEW EXTERIOR ENVELOPE PRODUCTS</b>			
1.			
2.			

The products listed below did not demonstrate product approval at plan review. I understand that at the time of inspection of these products, the following information must be available to the Inspector on the jobsite; 1) copy of the product approval, 2) the performance characteristics which the product was tested and certified to comply with; 3) copy of the applicable manufacturers installation requirements.

I understand these products may have to be removed if approval cannot be demonstrated during inspection

Contractor or Contractor's Authorized Agent Signature

Print Name

Date

Location

Permit # (FOR STAFF USE ONLY)

09-04-2009 10:40AM

TAYLOR MADE HOMES



# ITW Building Components Group, Inc.

1950 Marley Drive Haines City, FL 33844

Florida Engineering Certificate of Authorization Number: 0 278

Florida Certificate of Product Approval # FL1999

Page 1 of 1 Document ID: ITWJ8228Z0106084829

Truss Fabricator: Anderson Truss Company  
Job Identification: 9-218--Fill in later LCI/WILSON BROS. CONST. -- , \*\*  
Truss Count: 5  
Model Code: Florida Building Code 2007 and 2009 Supplement  
Truss Criteria: FBC2007Res/TPI-2002(STD)  
Engineering Software: Alpine Software, Version 9.02.  
Structural Engineer of Record: The identity of the structural EOR did not exist as of  
the seal date per section 61G15-31.003(5a) of the FAC  
Address:  
Minimum Design Loads: Roof - 40.0 PSF @ 1.25 Duration  
Floor - N/A  
Wind - 110 MPH ASCE 7-05 -Partially Enclosed

## Notes:

1. Determination as to the suitability of these truss components for the structure is the responsibility of the building designer/engineer of record, as defined in ANSI/TPI 1
2. The drawing date shown on this index sheet must match the date shown on the individual truss component drawing.
3. As shown on attached drawings; the drawing number is preceded by: HCUSR8228

Details: BRCLBSUB-A140GC020109-A140GS020109-

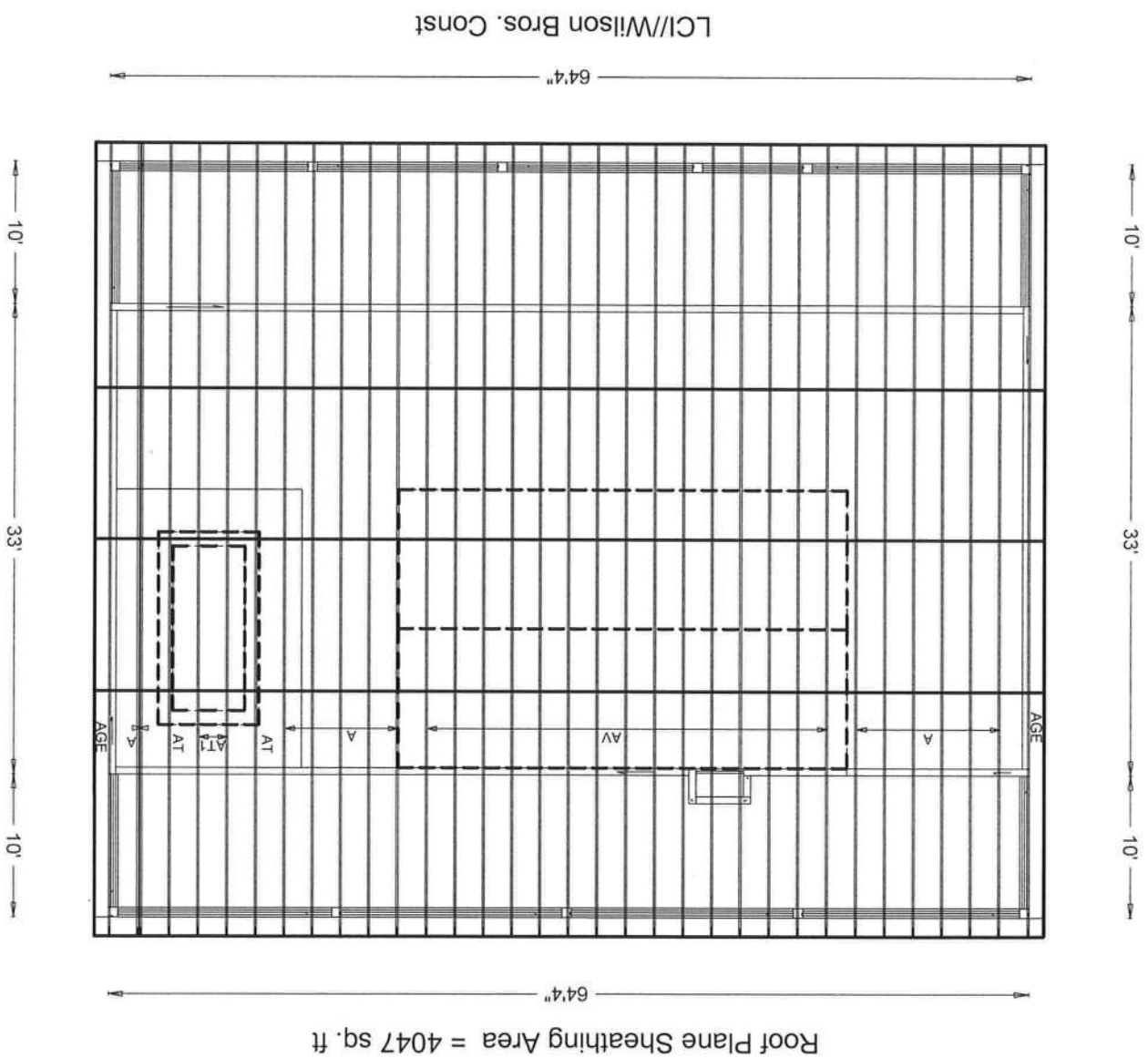


Seal Date: 11/06/2009

-Truss Design Engineer-  
James F. Collins Jr.  
Florida License Number: 52212  
1950 Marley Drive  
Haines City, FL 33844

#	Ref	Description	Drawing#	Date
1	23912--A		09310001	11/06/09
2	23913--AGE		09310002	11/06/09
3	23914--AT1		09310003	11/06/09
4	23915--AT		09310004	11/06/09
5	23916--AV		09310005	11/06/09





LCI/Wilson Bros. Const

Roof Plane Sheathing Area = 4047 sq. ft

**JOB DESCRIPTION:** Fill in later  
/: LCI/MILSON BROS. CONST.

JOB NO: 9-218

PAGE NO: 1 OF 1



TC LL	20.0 PSF	REF	R8228- 23912
TC DL	10.0 PSF	DATE	11/06/09
BC DL	10.0 PSF	DRW	HCSR8228 09310001
BC LL	0.0 PSF	HC-ENG	TCE/AP
TOT.LD.	40.0 PSF	SEQN-	57164
DUR.FAC.	1.25	FROM	AH
SPACING	24.0"	JREF-	1TWJ8228Z01

THIS WORK PREPARED FROM COMPUTER INPUT (LUAUS & DIMENSIONS) SUBMITTED BY IKUUS M-FK.

110 mph wind, 15.00 ft mean hgt, ASCE 7-05, PART. ENC. bldg, not located within 6.50 ft from roof edge, CAT II, EXP C, wind TC DL=5.0 psf, wind BC DL=5.0 psf. 1w=1.00 GCPI(+/-)=0.55

Wind reactions based on MWFRS pressures.

Bottom chord checked for 10.00 psf non-concurrent live load.

**WARNING:** Furnish a copy of this DWG to the installation contractor. Special care must be taken during handling, shipping and installation of trusses. See "WARNING" note below.



Design Crit: FBC2007Res/TPI-2002(STD)  
FT/RT=10%(0%)/0(0)

9.02.00

QTY:15 FL/-/4/-/-/R/-/-

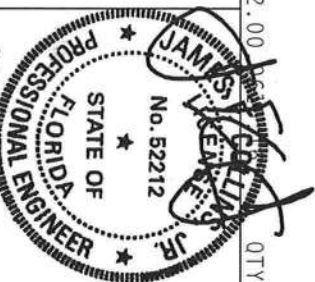
Scale = .125"/Ft.

**WARNING:** THESE PRODUCTS ARE NOT TO BE USED IN FABRICATION, HANDLING, SHIPPING, INSTALLING, AND MAINTENANCE OF ROOFING OR CLADDING SYSTEMS. SEE THE FOLLOWING FOR PROPER USE: PRODUCTED BY THE TITUS PAPER COMPANY, 218 SOUTH LEE STREET, SUITE 312, ALEXANDRIA, VA, 22314. (800) 765-6600. TITUS COMPANY OF AMERICA, 6500 ENTERPRISE LANE, SUITE 500, AL 52119 FOR SAFETY PRACTICES PRIOR TO PERFORMING THESE FUNCTIONS. UNLESS OTHERWISE INDICATED, THE USER SHALL HAVE PROPERLY ATTACHED STRUCTURAL PANELS AND BOTTOM CHORD SHALL HAVE PROPERLY ATTACHED RIGID CEILING.

**ITW Building Components Group Inc**

Haines City, FL 33844

FLCC 110-278



TC LL	20.0 PSF	REF	R8228 - 23916
TC DL	10.0 PSF	DATE	11/06/09
BC DL	10.0 PSF	DRW	HCUSR8228 09310005
BC LL	0.0 PSF	HC-ENG	TCE/AP
TOT.LD.	40.0 PSF	SEQN -	57169
DUR.FAC.	1.25	FROM	AH
SPACING	24.0"	JREF -	1TWJ8228201



# CLB WEB BRACE SUBSTITUTION

THIS DETAIL IS TO BE USED WHEN CONTINUOUS LATERAL BRACING (CLB) IS SPECIFIED ON A TRUSS DESIGN BUT AN ALTERNATIVE WEB BRACING METHOD IS DESIRED.

## NOTES:

THIS DETAIL IS ONLY APPLICABLE FOR CHANGING THE SPECIFIED CLB SHOWN ON SINGLE PLY SEALED DESIGNS TO T-BRACING OR SCAB BRACING.

ALTERNATIVE BRACING SPECIFIED IN CHART BELOW MAY BE CONSERVATIVE. FOR MINIMUM ALTERNATIVE BRACING, RE-RUN DESIGN WITH APPROPRIATE BRACING.

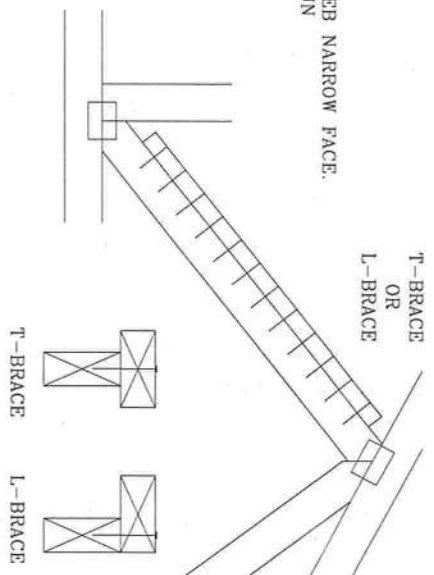
WEB MEMBER SIZE	SPECIFIED CLB BRACING	T OR L-BRACE	SCAB BRACE
2X3 OR 2X4	1 ROW 2 ROWS	2X4 2X6	1-2X4 2-2X4
2X6	1 ROW 2 ROWS	2X4 2X6	1-2X6 2-2X4(*)
2X8	1 ROW 2 ROWS	2X6 2X8	1-2X8 2-2X6(*)

T-BRACE, L-BRACE AND SCAB BRACE TO BE SAME SPECIES AND GRADE OR BETTER THAN WEB MEMBER UNLESS SPECIFIED OTHERWISE ON ENGINEER'S SEALED DESIGN.

(\*) CENTER SCAB ON WIDE FACE OF WEB. APPLY (1) SCAB TO EACH FACE OF WEB.

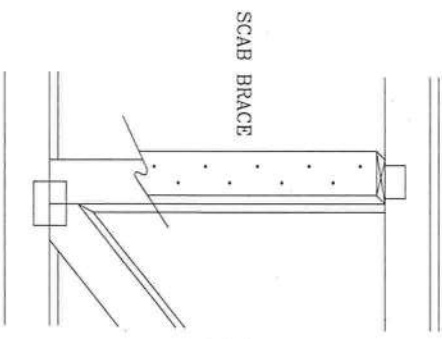
T-BRACING  
OR  
L-BRACING:

APPLY TO EITHER SIDE OF WEB NARROW FACE.  
ATTACH WITH 10d BOX OR GUN  
(0.128" x 3." MIN) NAILS.  
AT 6" O.C.  
BRACE IS A  
MINIMUM 80% OF WEB  
MEMBER LENGTH



SCAB BRACING:

APPLY SCAB(S) TO WIDE FACE OF WEB.  
NO MORE THAN (1) SCAB PER FACE.  
ATTACH WITH 10d BOX OR GUN  
(0.128" x 3." MIN) NAILS.  
AT 6" O.C.  
BRACE IS A MINIMUM  
80% OF WEB MEMBER LENGTH



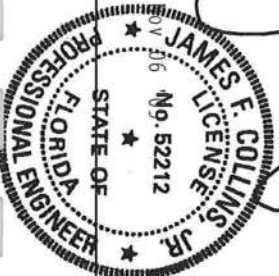
Building Components Group Inc.

Earth City, MO 63045

\*\*WARNING\*\* READ AND FOLLOW ALL NOTES ON THIS SHEET. Trusses require extreme care in fabricating, handling, shipping, installing and bracing. Refer to and follow BCS (Building Component Safety Information, by TPI and WTA) for safety practices prior to perforating, cutting, drilling, welding, or any other modification to the truss. The truss shall be braced in accordance with the design. Locations shown for permanent lateral restraint of webs shall have bracing installed per BCS sections B3 & B7. See this job's general notes page for more information.

\*\*IMPORTANT\*\* FURNISH COPY OF THIS DESIGN TO INSTALLATION CONTRACTOR. ITM Connector Group Inc. warrants that the truss is free of any deviation from this design. ITM Connector Group Inc. warrants that the truss is free of any failure to build the truss in conformance with TPI or fabricating, handling, shipping, installing & bracing of trusses. ITMBCG connector plates are made of 5010/1060A (W/H/S/N) ASTM A563 grade 37/40/60 (K/W/H/S) galy. steel. Apply plates to each face of truss, positioned as shown above and on joint details. A seal on this drawing or cover page indicates acceptance and professional engineering responsibility solely for the truss component design shown. The suitability and use of this component for any building is the responsibility of the Building Designer per ASCE/TP 1 Sec. 2.

ITM-BCG: www.itmbcg.com, TPI: www.tpi.com, WTA: www.wtaductility.com, ICC: www.iccinc.org



TC LL	PSF	REF	CLB SUBST.
TC DL	PSF	DATE	1/1/09
BC DL	PSF	DRWG	BRCLBSUB0109
BC LL	PSF		
TOT. LD.	PSF		
DUR. FAC.			
SPACING			



# **COLUMBIA COUNTY BUILDING DEPARTMENT RESIDENTIAL CHECK LIST REQUIREMENTS**

## **MINIMUM PLAN REQUIREMENTS FOR THE FLORIDA BUILDING CODE RESIDENTIAL 2007 ONE (1) AND TWO (2) FAMILY DWELLINGS**

ALL REQUIREMENTS ARE SUBJECT TO CHANGE

**ALL BUILDING PLANS MUST INDICATE COMPLIANCE with the Current 2007 FLORIDA BUILDING CODES RESIDENTIAL. ALL PLANS OR DRAWINGS SHALL PROVIDE CALCULATIONS AND DETAILS THAT HAVE THE SEAL AND SIGNATURE OF A CERTIFIED ARCHITECT OR ENGINEER REGISTERED IN THE STATE OF FLORIDA, OR ALTERNATE METHODOLOGIES, APPROVED BY THE STATE OF FLORIDA BUILDING COMMISSION FOR ONE-AND-TWO FAMILY DWELLINGS.**

**FOR DESIGN PURPOSES THE FOLLOWING BASIC WIND SPEEDS ARE PER FIGURE R301.2(4) of the FLORIDA BUILDING CODES RESIDENTIAL (Florida Wind speed map) SHALL BE USED.**

WIND SPEED LINE SHALL BE DEFINED AS FOLLOWS: THE CENTERLINE OF INTERSTATE 75.

ALL BUILDINGS CONSTRUCTED EAST OF SAID LINE SHALL BE ----- 100 MPH  
ALL BUILDINGS CONSTRUCTED WEST OF SAID LINE SHALL BE ----- 110 MPH  
NO AREA IN COLUMBIA COUNTY IS IN A WIND BORNE DEBRIS REGION



		Yes	No	N/A
1	Two (2) complete sets of plans containing the following:	<input checked="" type="checkbox"/>		
2	All drawings must be clear, concise, drawn to scale, details that are not used shall be marked void	<input checked="" type="checkbox"/>		
3	Condition space (Sq. Ft.)	IIIIIIII	IIIIIIII	IIII
	Total (Sq. Ft.) under roof			

Designers name and signature shall be on all documents and a licensed architect or engineer, signature and official embossed seal shall be affixed to the plans and documents as per the FLORIDA BUILDING CODES RESIDENTIAL R101.2.1

### **Site Plan information including:**

4	Dimensions of lot or parcel of land	<input checked="" type="checkbox"/>		
5	Dimensions of all building set backs	<input checked="" type="checkbox"/>		
6	Location of all other structures (include square footage of structures) on parcel, existing or proposed well and septic tank and all utility easements.	<input checked="" type="checkbox"/>		
7	Provide a full legal description of property.	<input checked="" type="checkbox"/>		



## Wind-load Engineering Summary, calculations and any details required

8	Plans or specifications must show compliance with FBCR Chapter 3	YES	NO
9	Basic wind speed (3-second gust), miles per hour	✓	
10	(Wind exposure – If more than one wind exposure is used, the wind exposure and applicable wind direction shall be indicated)	✓	
11	Wind importance factor and nature of occupancy	✓	
12	The applicable internal pressure coefficient, Components and Cladding	✓	
13	The design wind pressure in terms of psf (kN/m <sup>2</sup> ), to be used for the design of exterior component, cladding materials not specifically designed by the registered design professional.	✓	
		✓	
		✓	

## Elevations Drawing including:

14	All side views of the structure	✓	
15	Roof pitch	✓	
16	Overhang dimensions and detail with attic ventilation	✓	
17	Location, size and height above roof of chimneys	✓	
18	Location and size of skylights with Florida Product Approval	✓	
18	Number of stories	✓	
20A	Building height from the established grade to the roofs highest peak	✓	

## Floor Plan including:

20	Dimensioned area plan showing rooms, attached garage, breeze ways, covered porches, deck, balconies	✓	
21	Raised floor surfaces located more than 30 inches above the floor or grade	✓	
22	All exterior and interior shear walls indicated	✓	
23	Shear wall opening shown (Windows, Doors and Garage doors)	✓	
24	Emergency escape and rescue opening shown in each bedroom (net clear opening shown)	✓	
25	Safety glazing of glass where needed	✓	
26	Fireplaces types (gas appliance) (vented or non-vented) or wood burning with Hearth (see chapter 10 of FBCR)	✓	
27	Stairs with dimensions (width, tread and riser and total run) details of guardrails, Handrails (see FBCR SECTION 311)	✓	
28	Identify accessibility of bathroom (see FBCR SECTION 322)	✓	

All materials placed within opening or onto/into exterior walls, soffits or roofs shall have Florida product approval number and mfg. installation information submitted with the plan (see Florida product approval form)



**FBCR 403: Foundation Plans**

		YES	NO	N/A
29	Location of all load-bearing walls footings indicated as standard, monolithic, dimensions, size and type of reinforcing.	✓		
30	All posts and/or column footing including size and reinforcing	✓		
31	Any special support required by soil analysis such as piling.	✓		
32	Assumed load-bearing value of soil _____ Pound Per Square Foot	✓		
33	Location of horizontal and vertical steel, for foundation or walls (include # size and type)	✓		

**FBCR 506: CONCRETE SLAB ON GRADE**

34	Show Vapor retarder (6mil. Polyethylene with joints lapped 6 inches and sealed)	✓		
35	Show control joints, synthetic fiber reinforcement or welded fire fabric reinforcement and Supports	✓		

**FBCR 320: PROTECTION AGAINST TERMITES**

36	Indicate on the foundation plan if soil treatment is used for subterranean termite prevention or submit other approved termite protection methods. Protection shall be provided by registered termiticides	✓		
----	---	---	--	--

**FBCR 606: Masonry Walls and Stem walls (load bearing & shear Walls)**

37	Show all materials making up walls, wall height, and Block size, mortar type	✓		
38	Show all Lintel sizes, type, spans and tie-beam sizes and spacing of reinforcement	✓		

**Metal frame shear wall and roof systems shall be designed, signed and sealed by Florida Prof. Engineer or Architect**

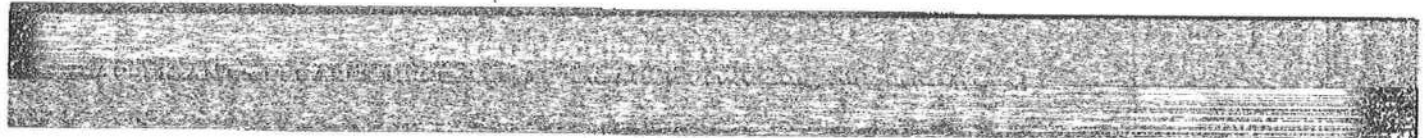
**Floor Framing System: First and/or second story**

39	Floor truss package shall including layout and details, signed and sealed by Florida Registered Professional Engineer			✓
40	Show conventional floor joist type, size, span, spacing and attachment to load bearing walls, stem walls and/or piers			✓
41	Girder type, size and spacing to load bearing walls, stem wall and/or piers		✓	
42	Attachment of joist to girder	✓		
43	Wind load requirements where applicable	✓		
44	Show required under-floor crawl space	✓		
45	Show required amount of ventilation opening for under-floor spaces			✓
46	Show required covering of ventilation opening			✓
47	Show the required access opening to access to under-floor spaces			✓
	Show the sub-floor structural panel sheathing type, thickness and fastener schedule on the edges &			✓



48	intermediate of the areas structural panel sheathing	✓		
49	Show Draftstopping, Fire caulking and Fire blocking	✓		✓
30	Show fireproofing requirements for garages attached to living spaces, per FBCR section 309			✓
51	Provide live and dead load rating of floor framing systems (psf).			✓

## FBCR CHAPTER 6 WOOD WALL FRAMING CONSTRUCTION



		YES	NO	N/A
52	Stud type, grade, size, wall height and oc spacing for all load bearing or shear walls	✓		
53	Fastener schedule for structural members per table FBCR 602.3 are to be shown	✓		
54	Show Wood structural panel's sheathing attachment to studs, joist, trusses, rafters and structural members, showing fastener schedule attachment on the edges & intermediate of the areas structural panel sheathing	✓		
55	Show all required connectors with a max uplift rating and required number of connectors and oc spacing for continuous connection of structural walls to foundation and roof trusses or rafter systems	✓		
56	Show sizes, type, span lengths and required number of support jack studs, king studs for shear wall opening and girder or header per FBCR Table 502.5 (1)	✓		
57	Indicate where pressure treated wood will be placed	✓		
58	Show all wall structural panel sheathing, grade, thickness and show fastener schedule for structural panel sheathing edges & intermediate areas	✓		
59	A detail showing gable truss bracing, wall balloon framing details or/ and wall hinge bracing detail	✓		

## FBCR :ROOF SYSTEMS:

60	Truss design drawing shall meet section FBCR 802.10 Wood trusses	✓		
61	Include a layout and truss details, signed and sealed by Florida Professional Engineer	✓		
62	Show types of connector's assemblies' and resistance uplift rating for all trusses and rafters	✓		
63	Show gable ends with rake beams showing reinforcement or gable truss and wall bracing details	✓		
64	Provide dead load rating of trusses	✓		

## FBCR 802:Conventional Roof Framing Layout

65	Rafter and ridge beams sizes, span, species and spacing			
66	Connectors to wall assemblies' include assemblies' resistance to uplift rating			
67	Valley framing and support details			
68	Provide dead load rating of rafter system			

## FBCR Table 602.3(2) & FBCR 803 ROOF SHEATHING

69	Include all materials which will make up the roof decking, identification of structural panel sheathing, grade, thickness	✓		
70	Show fastener Size and schedule for structural panel sheathing on the edges & intermediate areas	✓		



**FBCR ROOF ASSEMBLIES FRC Chapter 9**

71	Include all materials which will make up the roof assemblies covering	<input checked="" type="checkbox"/>		
72	Submit Florida Product Approval numbers for each component of the roof assemblies covering	<input checked="" type="checkbox"/>		

**FBCR Chapter 11 Energy Efficiency Code for residential building**

Residential construction shall comply with this code by using the following compliance methods in the FBCR chapter 11 Residential buildings compliance methods. Two of the required forms are to be submitted, showing dimensions condition area equal to the total condition living space area

		YES	NO	N/A
73	Show the insulation R value for the following areas of the structure	<input checked="" type="checkbox"/>		
74	Attic space	<input checked="" type="checkbox"/>		
75	Exterior wall cavity	<input checked="" type="checkbox"/>		
76	Crawl space	<input checked="" type="checkbox"/>		

**HVAC information**

77	Submit two copies of a Manual J sizing equipment or equivalent computation study	<input checked="" type="checkbox"/>		
78	Exhaust fans locations in bathrooms	<input checked="" type="checkbox"/>		
79	Show clothes dryer route and total run of exhaust duct	<input checked="" type="checkbox"/>		

**Plumbing Fixture layout shown**

80	All fixtures waste water lines shall be shown on the foundation plan	<input checked="" type="checkbox"/>		
81	Show the location of water heater	<input checked="" type="checkbox"/>		

**Private Potable Water**

82	Pump motor horse power	<input checked="" type="checkbox"/>		
83	Reservoir pressure tank gallon capacity	<input checked="" type="checkbox"/>		
84	Rating of cycle stop valve if used	<input checked="" type="checkbox"/>		

**Electrical layout shown including**

85	Switches, outlets/receptacles, lighting and all required GFCI outlets identified	<input checked="" type="checkbox"/>		
86	Ceiling fans	<input checked="" type="checkbox"/>		
87	Smoke detectors & Carbon dioxide detectors	<input checked="" type="checkbox"/>		
88	Service panel, sub panel, location(s) and total ampere ratings	<input checked="" type="checkbox"/>		
89	On the electrical plans identify the electrical service overcurrent protection device for the main electrical service. This device shall be installed on the exterior of structures to serve as a disconnecting means for the utility company electrical service. Conductors used from the exterior disconnecting means to a panel or sub panel shall have four-wire conductors, of which one conductor shall be used as an equipment ground. Indicate if the utility company service entrance cable will be of the overhead or underground type.	<input checked="" type="checkbox"/>		



90	Appliances and HVAC equipment and disconnects	✓		
91	Arc Fault Circuits (AFCI) in bedrooms	✓		

**Disclosure Statement for Owner Builders** If you as the applicant will be acting as an owner/builder under section 489.103(7) of the Florida Statutes, submit the required owner builder disclosure statement form.

### **Notice Of Commencement**

A notice of commencement form recorded in the Columbia County Clerk Office is required to be filed with the building department Before Any Inspections can be preformed.

### **THE FOLLOWING ITEMS MUST BE SUBMITTED WITH BUILDING PLANS**

		YES	NO	N/A
92	<b>Building Permit Application</b> A current Building Permit Application form is to be completed and submitted for all residential projects			
93	<b>Parcel Number</b> The parcel number (Tax ID number) from the Property Appraiser (386) 758-1084 is required. A copy of property deed is also requested	✓		
94	<b>Environmental Health Permit or Sewer Tap Approval</b> A copy of a approved Columbia County Environmental Health (386) 758-1058	✓		
95	<b>City of Lake City</b> A permit showing an approved waste water sewer tap	✓		
96	<b>Toilet facilities shall be provided for all construction sites</b>	✓		
97	<b>Town of Fort White</b> (386) 497-2321 If the parcel in the application for building permit is within the Corporate city limits of Fort White an approval land use development letter issued by the Town of Fort is required to be submitted with the application for a building permit.	✓		
98	<b>Flood Information:</b> All projects within the Floodway of the Suwannee or Santa Fe Rivers shall require permitting through the Suwannee River Water Management District, before submitting a application to this office. Any project located within a flood zone where the base flood elevation (100 year flood) has been established shall meet the requirements of Section 8.5.2 of the Columbia County Land Development Regulations. Any project located within a flood zone where the base flood elevation has not been established (Zone A) shall meet the requirements of Section 8.5.3 of the Columbia County Land Development Regulations	✓		
99	<b>CERTIFIED FINISHED FLOOR ELEVATIONS</b> will be required on any project where the base flood elevation (100 year flood) has been established	✓		
100	A development permit will also be required. Development permit cost is \$50.00	✓		
101	<b>Driveway Connection:</b> If the property does not have an existing access to a public road, then an application for a culvert permit (\$25.00) must be made. If the applicant feels that a culvert is not needed, they may apply for a culvert waiver (\$50.00). All culvert waivers are sent to the Columbia County Public Works Department for approval or denial.	✓		
102	<b>911 Address:</b> If the project is located in an area where a 911 address has not been issued, then application for a 911 address must be applied for and received through the Columbia County Emergency Management Office of 911 Addressing Department (386) 758-1125	✓		



## SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER

0911-47

CONTRACTOR

Melissa Taylor TMH

PHONE

904-759-7094

THIS FORM MUST BE SUBMITTED PRIOR TO THE ISSUANCE OF A PERMIT

In Columbia County 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 permit. Per Florida Statute 440 and Ordinance 89-6, a contractor shall require all subcontractors to provide evidence of workers' compensation or exemption, general liability insurance and a valid Certificate of Competency license in Columbia County.

**Any changes, the permitted contractor is responsible for the corrected form being submitted to this office prior to the start of that subcontractor beginning any work. Violations will result in stop work orders and/or fines.**

<b>ELECTRICAL</b>	Print Name <u>John Schuman</u> License #: <u>ER13012447 (766)</u>	Signature <u>[Signature]</u> Phone # <u>804-737-4040</u>
<b>MECHANICAL/ A/C</b> <u>Good</u>	Print Name <u>Alford J. Johnson</u> License #: <u>CAC1813618 (752)</u>	Signature <u>Alford J Johnson</u> Phone #: <u>904-259-8038</u> <u>OK</u>
<b>PLUMBING/ GAS</b> <u>Good</u>	Print Name <u>Morris Foster</u> License #: <u>CFC057556 (607)</u>	Signature <u>Morris Foster</u> Phone #: <u>904-653-3333</u> <u>OK</u>
<b>ROOFING</b>	Print Name _____ License #: _____	Signature _____ Phone #: _____
<b>SHEET METAL</b>	Print Name _____ License #: _____	Signature _____ Phone #: _____
<b>FIRE SYSTEM/ SPRINKLER</b>	Print Name _____ License #: _____	Signature _____ Phone #: _____
<b>SOLAR</b>	Print Name _____ License #: _____	Signature _____ Phone #: _____

↑ Signatures on Attached Sheet.

Specialty License	License Number	Sub-Contractors Printed Name	Sub-Contractors Signature
MASON		Taylor Made Homes	
CONCRETE FINISHER		// // //	
FRAMING			
INSULATION		// // //	
STUCCO			
DRYWALL		// // //	
PLASTER			
CABINET INSTALLER		// // //	
PAINTING		// // //	
ACOUSTICAL CEILING			
GLASS		// // //	
CERAMIC TILE		// // //	
FLOOR COVERING		// // //	
ALUM/VINYL SIDING		// // //	
GARAGE DOOR			
METAL BLDG ERECTOR			

**F. S. 440.103 Building permits; identification of minimum premium policy.**--Every employer shall, as a condition to applying for and receiving a building permit, show proof and certify to the permit issuer that it has secured compensation for its employees under this chapter as provided in ss. 440.10 and 440.38, and shall be presented each time the employer applies for a building permit.



12/03/2009 11:40

2598938

NEW WAVE

PAGE 01

## SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER \_\_\_\_\_

CONTRACTOR

Taylor Mack Homes

PHONE

904 759-7094

THIS FORM MUST BE SUBMITTED PRIOR TO THE ISSUANCE OF A PERMIT

In Columbia County one permit will cover all trades doing work at the permitted site. It is **REQUIRE** that we have records of the subcontractors who actually did the trade specific work under the permit. Per Florida Statute 440 and Ordinance 98-4, a contractor shall require all subcontractors to provide evidence of workers' compensation or exemption, general liability insurance and a valid Certificate of Competency license in Columbia County.

Any changes, the permitted contractor is responsible for the corrected form being submitted to this office prior to the start of that subcontractor beginning any work. Violations will result in stop work orders and/or fines.

SECTION	Print Name <u>Alan Doe's Electric</u>	Signature <u>[Signature]</u>	Phone # <u>904-252-7102</u>
	License # <u>ER0012385</u>		
MECHANICAL/AC	Print Name <u>New Wave Heating &amp; AC</u>	Signature <u>[Signature]</u>	Phone # <u>904-259-8038</u>
	License # <u>CAC1813618</u>		
PLUMBING/ GAS	Print Name <u>Dickies Plumbing</u>	Signature <u>[Signature]</u>	Phone # <u>904-652-2323</u>
	License # <u>GB37236 CFC057556</u>		
ROOFING	Print Name _____	Signature _____	Phone # _____
	License # _____		
DRIFT MOUNT	Print Name _____	Signature _____	Phone # _____
	License # _____		
PAVE DRIVEWAY/SPRINKLER	Print Name _____	Signature _____	Phone # _____
	License # _____		
SEAL	Print Name _____	Signature _____	Phone # _____
	License # _____		

Patrick Austin  
464's Database  
Alford Johns  
Morris Foster

MASON	<u>Taylor Mack Homes</u>
CONCRETE FINISHER	<u>/// // //</u>
FRAMING	<u>// // //</u>
INSULATION	<u>// // //</u>
STUCCO	<u>/// // //</u>
DRYWALL	<u>Taylor Mack Homes</u>
PLASTER	<u>Taylor Mack Homes</u>
CABINET INSTALLER	<u>Taylor Mack Homes</u>
PAINTING	<u>Taylor Mack Homes</u>
ACOUSTICAL CEILING	
GLASS	
CERAMIC TILE	<u>Taylor Mack Homes</u>
FLOOR COVERINGS	<u>// // //</u>
ALUM/VINYL SIDING	<u>// // //</u>
GARAGE DOOR	
METAL BLOG DIRECTOR	

F. S. 440.305 Building permits: Identification of minimum premium policy. Every employer shall, as a condition to applying for and receiving a building permit, show proof and certify to the permit issuer that it has secured compensation for its employees under this chapter as provided in ss. 440.30 and 440.31, and shall be presented each time the employer applies for a building permit.

Columbia County Building Department



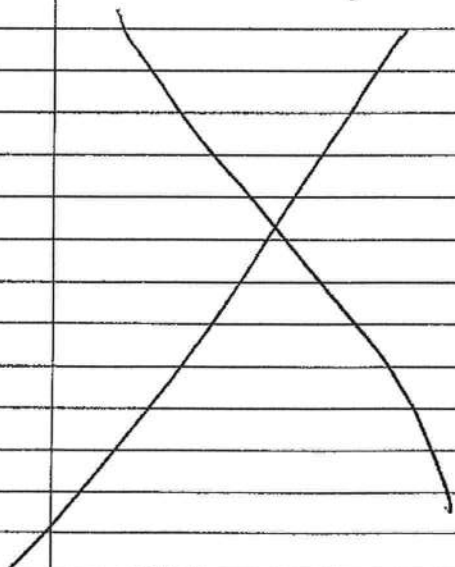
## SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER 0911-47 CONTRACTOR Melissa Taylor TMH PHONE 904-259-7094  
 THIS FORM MUST BE SUBMITTED PRIOR TO THE ISSUANCE OF A PERMIT

In Columbia County 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 permit. Per Florida Statute 440 and Ordinance 89-6, a contractor shall require all subcontractors to provide evidence of workers' compensation or exemption, general liability insurance and a valid Certificate of Competency license in Columbia County.

**Any changes, the permitted contractor is responsible for the corrected form being submitted to this office prior to the start of that subcontractor beginning any work. Violations will result in stop work orders and/or fines.**

ELECTRICAL <i>updates</i>	Print Name <u>Patrick Austin</u> License #: <u>ER0012385</u>	Signature <u>Patrick Austin</u> Phone #: <u>904-252-7109</u>	<i>not in Database</i>
MECHANICAL <i>A/C Good</i>	Print Name <u>Alford J. Johnson</u> License #: <u>CAC1813618</u>	Signature <u>Alford J. Johnson</u> Phone #: <u>904-259-8038</u>	
PLUMBING/ GAS <i>Good</i>	Print Name <u>Morris Foster</u> License #: <u>QB37236</u>	Signature <u>Morris Foster</u> Phone #: <u>904-653-3333</u>	
ROOFING	Print Name _____ License #: _____	Signature _____ Phone #: _____	
SHEET METAL	Print Name _____ License #: _____	Signature _____ Phone #: _____	
FIRE SYSTEM/ SPRINKLER	Print Name _____ License #: _____	Signature _____ Phone #: _____	
SOLAR	Print Name _____ License #: _____	Signature _____ Phone #: _____	

Specialty License	License Number	Sub-Contractors Printed Name			Sub-Contractors Signature
MASON		Melissa Taylor <del>Michelle Taylor</del>			
CONCRETE FINISHER		" " "			
FRAMING		Melissa Taylor			
INSULATION		" " "			
STUCCO					
DRYWALL		" " "			
PLASTER					
CABINET INSTALLER		" " "			
PAINTING		" " "			
ACOUSTICAL CEILING					
GLASS		" " "			
CERAMIC TILE		" " "			
FLOOR COVERING		" " "			
ALUM/VINYL SIDING		" " "			
GARAGE DOOR					
METAL BLDG ERECTOR					

**F. S. 440.103 Building permits; Identification of minimum premium policy.**--Every employer shall, as a condition to applying for and receiving a building permit, show proof and certify to the permit issuer that it has secured compensation for its employees under this chapter as provided in ss. 440.10 and 440.38, and shall be presented each time the employer applies for a building permit.



28286

**David M. Winsberg, P.E.**

PO Box 2815, Lake City, FL 32056 - Phone 386-752-1895 - Email [davidwinsberg@bellsouth.net](mailto:davidwinsberg@bellsouth.net)

## **Finish Floor Elevation Requirement\Exemption**

**Client:** Michael & Marianne Pridgen

**Contractor:** Taylor Made Homes

**Description:** Pridgen Residence

**Parcel ID#:** 29-2S-16-01777-129

### **Foundation Requirements:**

For protection against water damage during the 100 year storm event, the minimum finish floor elevation of the proposed structure shall be 12 inches above the existing ground at any point along the perimeter of the proposed structure. In no case shall the finish floor elevation be less than 88.50 feet above sea level.

The ground around the proposed structure shall be graded such as to convey all stormwater runoff away from the proposed structure.

Please note that this certification letter also serves as a request for exemption from the elevation requirements for areas where no base flood data has been provided. This is because the above elevations are based on an engineering analysis of flood hazards at the structure's current location, centered at approximately +/-100 feet east of an existing natural drainage swale, and approximately +/-75 feet south of the adjacent graded road.



David M. Winsberg  
P.E. License Number: 68463  
December 30, 2009



**ITW Building Components Group, Inc.**

1950 Marley Drive Haines City, FL 33844  
Florida Engineering Certificate of Authorization Number: 0 278  
Florida Certificate of Product Approval # FL1999  
Page 1 of 1 Document ID: ITZR8228Z0602145238

Truss Fabricator: **Anderson Truss Company**  
Job Identification: **9-218--Fill in later TAYLOR MADE HOMES -- , \*\***  
Truss Count: **1**  
Model Code: **Florida Building Code 2007 and 2009 Supplement**  
Truss Criteria: **FBC2007Res/TPI-2002(STD)**  
Engineering Software: **Alpine Software, Version 9.02.**  
Structural Engineer of Record: **The identity of the structural EOR did not exist as of**  
Address: **the seal date per section 61015-31.003(5a) of the FAC**  
Minimum Design Loads: **Roof - 40.0 PSF @ 1.25 Duration**  
**Floor - N/A**  
**Wind - 110 MPH ASCE 7-05 -Partially Enclosed**

**Notes:**

1. **Determination as to the suitability of these truss components for the structure is the responsibility of the building designer/engineer of record, as defined in ANSI/TPI 1**
2. **The drawing date shown on this index sheet must match the date shown on the individual truss component drawing.**
3. **As shown on attached drawings; the drawing number is preceded by: HCUSR8228**

**Details: -**

#	Ref	Description	Drawing#	Date
1	47683--A		10061060	03/02/10

Sent Date: 03/02/2010

-Truss Design Engineers-  
James F. Collins Jr.  
Florida License Number: 52212  
1950 Marley Drive  
Haines City, FL 33844

**ALPINE**



Webs 2x4 Sp #3

**2 COMPLETE TRUSSES REQUIRED**

Mail Schedule:	0.131" x 3" nails
Top Chord:	1 Row #12.00" o.c.
Bot. Chord:	1 Row #12.00" o.c.
Webbs:	1 Row # 4" o.c.

Use equal spacing between rows and stagger nails

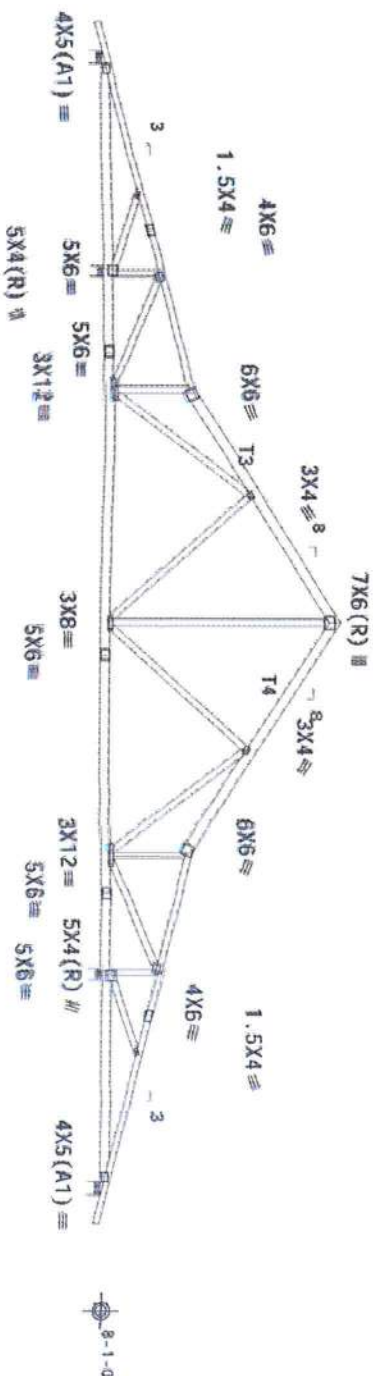
Use equal spacing between rows and stagger nails in each row to avoid splitting.

Roof overhang supports 2.00 psf soffit load.

Bottom thread checked for 10.00 psi non-concurrent live load.

**WARNING:** Furnish a copy of this DUG to the installation contractor. Special care must be taken during handling, shipping and installation of trusses. See "WARNING" note below.

IT IS THE RESPONSIBILITY OF THE BUILDING DESIGNER AND TRUSS FABRICATOR TO REVIEW THIS DGP PRIOR TO CUTTING LUMBER TO VERIFY THAT ALL DATA, INCLUDING DIMENSIONS AND LOADS, CONFORM TO THE ARCHITECTURAL PLANS/ SPECIFICATIONS AND FABRICATOR'S TRUSS LAYOUT.



Design Crit: FBC2007Res/TP1-2002(STD)  
FT/RT=10%(0%)/0(0)

9.02.00 1610-15 QTY: 1 FL/-/4/-/-/R/-

Scale = .125"/Ft



**ITW Building Components Group Inc.**  
Haines City, FL 33844  
FL COA #0378



TC LL	20.0 PSF	REF	R8228- 47683
TC DL	10.0 PSF	DATE	03/02/10
BC DL	10.0 PSF	DRW	HCSRB28 100610MD
BC LL	0.0 PSF	HC-ENG	JB/DLJ
TOT LD	40.0 PSF	SEDM-	79776
DUR FAC.	1.25	FROM	AH
SPACING	24.0"	JREF-	17ZR8228Z06

Attn: Weggie  
**Columbia County Building Department  
Culvert Waiver**

**Culvert Waiver No.  
000001808**

DATE: 04/28/2010

BUILDING PERMIT NO. 28286

APPLICANT MICHAEL PRIDGEN

PHONE 904 759-7094

ADDRESS 422 NW CHARTER OAK GLEN

LAKE CITY

FL 32055

OWNER MICHAEL PRIDGEN

PHONE 904 759-7094

ADDRESS 422 NW CHARTER OAK GLEN

LAKE CITY

FL 32055

CONTRACTOR SAME AS APPLICANT

PHONE \_\_\_\_\_

LOCATION OF PROPERTY 4IN, TL SUWANNEE VALLEY ROAD, TL ON CAMBRIDGE HILL WAY,

TL CHARTER OAK GLEN, LAST PLACE ON RIGHT OF CUL-DE-SAC

SUBDIVISION/LOT/BLOCK/PHASE/UNIT SUWANNEE VALLEY FARM

29

2

PARCEL ID # 29-2S-16-01777-129

I HEREBY CERTIFY THAT I UNDERSTAND AND WILL FULLY COMPLY WITH THE DECISION OF THE COLUMBIA COUNTY PUBLIC WORKS DEPARTMENT IN CONNECTION WITH THE HEREIN PROPOSED APPLICATION.

SIGNATURE: *M. Pridgen*

A SEPARATE CHECK IS REQUIRED

MAKE CHECKS PAYABLE TO BCC

Amount Paid 50.00

**PUBLIC WORKS DEPARTMENT USE ONLY**

I HEREBY CERTIFY THAT I HAVE EXAMINED THIS APPLICATION AND DETERMINED THAT THE  
CULVERT WAIVER IS:



APPROVED

NOT APPROVED - NEEDS A CULVERT PERMIT

COMMENTS: Not a road drainage work in this Area.

SIGNED: *J. MacCall*

DATE: 4 May 10

ANY QUESTIONS PLEASE CONTACT THE PUBLIC WORKS DEPARTMENT AT 386-752-5955.

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



MAY 04 2010



# COLUMBIA COUNTY ALUMNI

## 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 29-2S-16-01777-129

Building permit No. 000028286

Use Classification SFD, UTILITY

Fire: 61.10

Permit Holder MELISSA TAYLOR

Waste: 83.75

Owner of Building MICHAEL PRIDGEN

Total: 144.85

Location: 422 NW CHARTER OAK GLN LAKE CITY, FL 32055

Date: 05/17/2010

*Harry Dickel*

Building Inspector

POST IN A CONSPICUOUS PLACE  
(Business Places Only)



# GATEWAY PEST CONTROL, INC.

P.O. Box 415  
GLEN ST. MARY, FL 32040  
(904) 259-3808 #28286

DATE 7-11-10 TIME IN \_\_\_\_\_ OUT \_\_\_\_\_

☐ REG. ☐ 1-TIME ☐ RES. ☐ COMM. ☐ INDOOR ☐ OUTDOOR

NAME Taylor made Homes

ADDRESS Mike Marianne

CITY, STATE, ZIP 422 N.W. Charter Oak Glen PHONE \_\_\_\_\_

SERVICES PERFORMED TARGET PEST(S) APPLICATION METHOD

☐ INSPECTION Lake City

☒ TREATMENT 386-236-645

☐ 17 7556273

CHEMICALS USED AMOUNT % EPA NUMBER

Termite 225 100%

cell 386 236 645

DESCRIPTION / REMARKS AMOUNT

Sail Passer 500.00

3409 2x4x 74x 35.00

Tax 535.00

SERVICED BY \_\_\_\_\_ LIC. NO. \_\_\_\_\_ TOTAL \_\_\_\_\_

CUSTOMER SIGNATURE Thief

**SERVICE REPORT** **2546**