

Columbia County New Building Permit Application

For Office Use Only Application # 170958 Date Received 9/26 By JB Permit # 36050 / 2508
 Zoning Official DWS Date 11/10/17 Flood Zone X Land Use RLD Zoning RSF-2
 FEMA Map # _____ Elevation _____ MFE 1 above River _____ Plans Examiner J.C. Date 10-23-17
 Comments _____
☒ NOC ☒ Deed or PA ☒ Site Plan ☐ State Road Info ☒ Well letter ☒ 911 Sheet ☐ Parent Parcel # _____
☐ Dev Permit # _____ ☐ In Floodway ☒ Letter of Auth. from Contractor ☐ F W Comp. letter
☐ Owner Builder Disclosure Statement ☐ Land Owner Affidavit ☐ Ellisville Water ☒ App Fee Paid ☒ Sub VF Form

☒ CITY UTILITIES OR City Water ☒ SEWER Fax _____
 Applicant (Who will sign/pickup the permit) Jessica Harrington Phone 352-284-495
 Address 24113 NW Old Bellamy Rd High Springs FL 32043
 Owners Name Harrington Lane Trust VII Phone 386-454-4155
 911 Address 286 SW Red Maple Way, Lake City, FL 32024
 Contractors Name House Craft Homes J.A. Harrington JR. Phone 386-402-5323
 Address 12501 US Hwy 441 Alachua, FL 32015
 Contractor Email housecrafthomes@yahoo.com ***Include to get updates on this job.

Fee Simple Owner Name & Address N/A
 Bonding Co. Name & Address N/A
 Architect/Engineer Name & Address Mike Driscoll, PE POB 357577
 Mortgage Lenders Name & Address N/A Gville, FL 32606

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

Property ID Number 03-45-16-02732-107 Estimated Construction Cost \$125,000
 Subdivision Name Laurel Lake Phase 1 Lot 7 Block _____ Unit _____ Phase 1

Driving Directions from a Major Road TAKE 90 to MORRELL'S MAKE LEFT,
1st subdivision on left. Go straight to 286
SW maple way. 90-14 to C-252-B, 12 TO DEP. J. DAVIS TR to Red Maple L on R

Construction of New Home SFD Commercial OR ☒ Residential
 Proposed Use/Occupancy N/A Number of Existing Dwellings on Property 0
 Is the Building Fire Sprinkled? _____ If Yes, blueprints included _____ Or Explain 6'12

* Circle Proposed ☐ Culvert Permit or ☒ Culvert Waiver or ☐ D.O.T. Permit or ☐ Have an Existing Drive

Actual Distance of Structure from Property Lines - Front 75' Side _____ Side _____ Rear _____
 Number of Stories 1 * Heated Floor Area 2340 * Total Floor Area 3483 Acreage .594

Zoning Applications applied for (Site & Development Plan, Special Exception, etc.)
City sent email 9.28.17

36000




ELEVATION CERTIFICATE

Important: Follow the instructions on pages 1–9.

Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2) insurance agent/company, and (3) building owner.

SECTION A – PROPERTY INFORMATION				FOR INSURANCE COMPANY USE	
A1. Building Owner's Name Housecraft Homes				Policy Number:	
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 286 SW Red Maple Way				Company NAIC Number:	
City Lake City		State Florida		ZIP Code 32055	
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) Lot 7 Laurel Lake					
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) <u>Residential</u>					
A5. Latitude/Longitude: Lat. <u>30°10'24"</u> Long. <u>82°42'21"</u> Horizontal Datum: <input type="checkbox"/> NAD 1927 <input checked="" type="checkbox"/> NAD 1983					
A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insurance.					
A7. Building Diagram Number <u>1B</u>					
A8. For a building with a crawlspace or enclosure(s):					
a) Square footage of crawlspace or enclosure(s) _____ sq ft					
b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade _____					
c) Total net area of flood openings in A8.b _____ sq in					
d) Engineered flood openings? <input type="checkbox"/> Yes <input type="checkbox"/> No					
A9. For a building with an attached garage:					
a) Square footage of attached garage _____ sq ft					
b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade _____ 0					
c) Total net area of flood openings in A9.b _____ 0 sq in					
d) Engineered flood openings? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
SECTION B – FLOOD INSURANCE RATE MAP (FIRM) INFORMATION					
B1. NFIP Community Name & Community Number Columbia 120070			B2. County Name Columbia		B3. State Florida
B4. Map/Panel Number 12023C0290C	B5. Suffix C	B6. FIRM Index Date 02/04/2009	B7. FIRM Panel Effective/ Revised Date 02/04/2009	B8. Flood Zone(s) A	B9. Base Flood Elevation(s) (Zone AO, use Base Flood Depth) 113
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9: <input type="checkbox"/> FIS Profile <input type="checkbox"/> FIRM <input type="checkbox"/> Community Determined <input checked="" type="checkbox"/> Other/Source: <u>Plat of record attached hereon</u>					
B11. Indicate elevation datum used for BFE in Item B9: <input type="checkbox"/> NGVD 1929 <input checked="" type="checkbox"/> NAVD 1988 <input type="checkbox"/> Other/Source: _____					
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: _____ <input type="checkbox"/> CBRS <input type="checkbox"/> OPA					

ELEVATION CERTIFICATEOMB No. 1660-0008
Expiration Date: November 30, 2018

IMPORTANT: In these spaces, copy the corresponding information from Section A.			FOR INSURANCE COMPANY USE	
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 286 SW Red Maple Way			Policy Number:	
City Lake City	State Florida	ZIP Code 32055	Company NAIC Number	
SECTION C – BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)				
C1. Building elevations are based on: <input type="checkbox"/> Construction Drawings* <input checked="" type="checkbox"/> Building Under Construction* <input type="checkbox"/> Finished Construction *A new Elevation Certificate will be required when construction of the building is complete.				
C2. 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 C2.a–h below according to the building diagram specified in Item A7. In Puerto Rico only, enter meters. Benchmark Utilized: <u>Square cut in electric pad</u> Vertical Datum: <u>NAVD 88</u>				
Indicate elevation datum used for the elevations in items a) through h) below. <input type="checkbox"/> NGVD 1929 <input checked="" type="checkbox"/> NAVD 1988 <input type="checkbox"/> Other/Source: _____				
Datum used for building elevations must be the same as that used for the BFE.				
Check the measurement used.				
a) Top of bottom floor (including basement, crawlspace, or enclosure floor) <u>123. 28</u>			<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters	
b) Top of the next higher floor _____			<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters	
c) Bottom of the lowest horizontal structural member (V Zones only) _____			<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters	
d) Attached garage (top of slab) _____			<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters	
e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments) _____			<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters	
f) Lowest adjacent (finished) grade next to building (LAG) <u>118. 3</u>			<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters	
g) Highest adjacent (finished) grade next to building (HAG) <u>122. 3</u>			<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters	
h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support _____			<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters	
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>I certify that the information 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.</i>				
Were latitude and longitude in Section A provided by a licensed land surveyor? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Check here if attachments.				
Certifier's Name L. Scott Britt		License Number LS 5757		Place Seal Here
Title Owner				
Company Name Britt Surveying and Mapping, LLC				
Address 2086 SW Main Boulevard				
City Lake City	State Florida	ZIP Code 32025		
Signature 	Date 03/01/2018	Telephone (386) 752-7163		
Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2) insurance agent/company, and (3) building owner.				
Comments (including type of equipment and location, per C2(e), if applicable) L-25085 B9 This elevation is taken from Laurel Lakes Phase 2 & 3, but not shown on Phase 1 plat. C2a Stem Wall				

Columbia County Building Permit Application

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

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

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

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

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

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

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

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

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

Stephanie Harrington
Print Owners Name

[Signature]
Owners Signature

****Property owners must sign here before any permit will be issued.**

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

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

[Signature]
Contractor's Signature

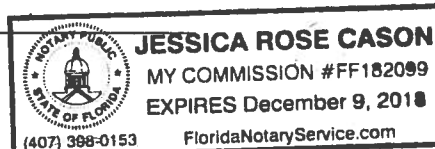
Contractor's License Number CGC1516998
Columbia County
Competency Card Number 1163

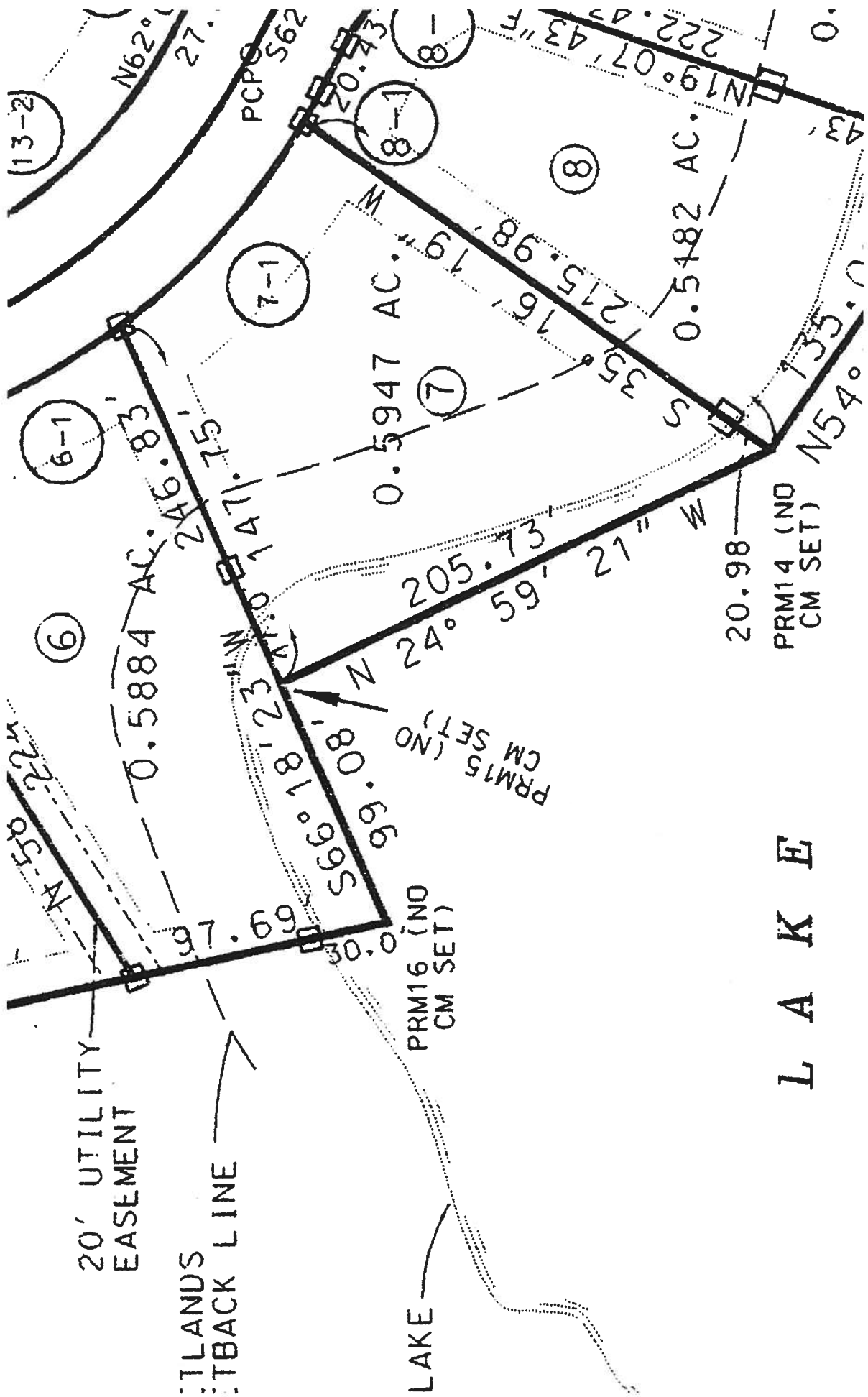
Affirmed under penalty of perjury to by the Contractor and subscribed before me this 25 day of July 2017.

Personally known ☒ or Produced Identification [Signature]

[Signature]
State of Florida Notary Signature (For the Contractor)

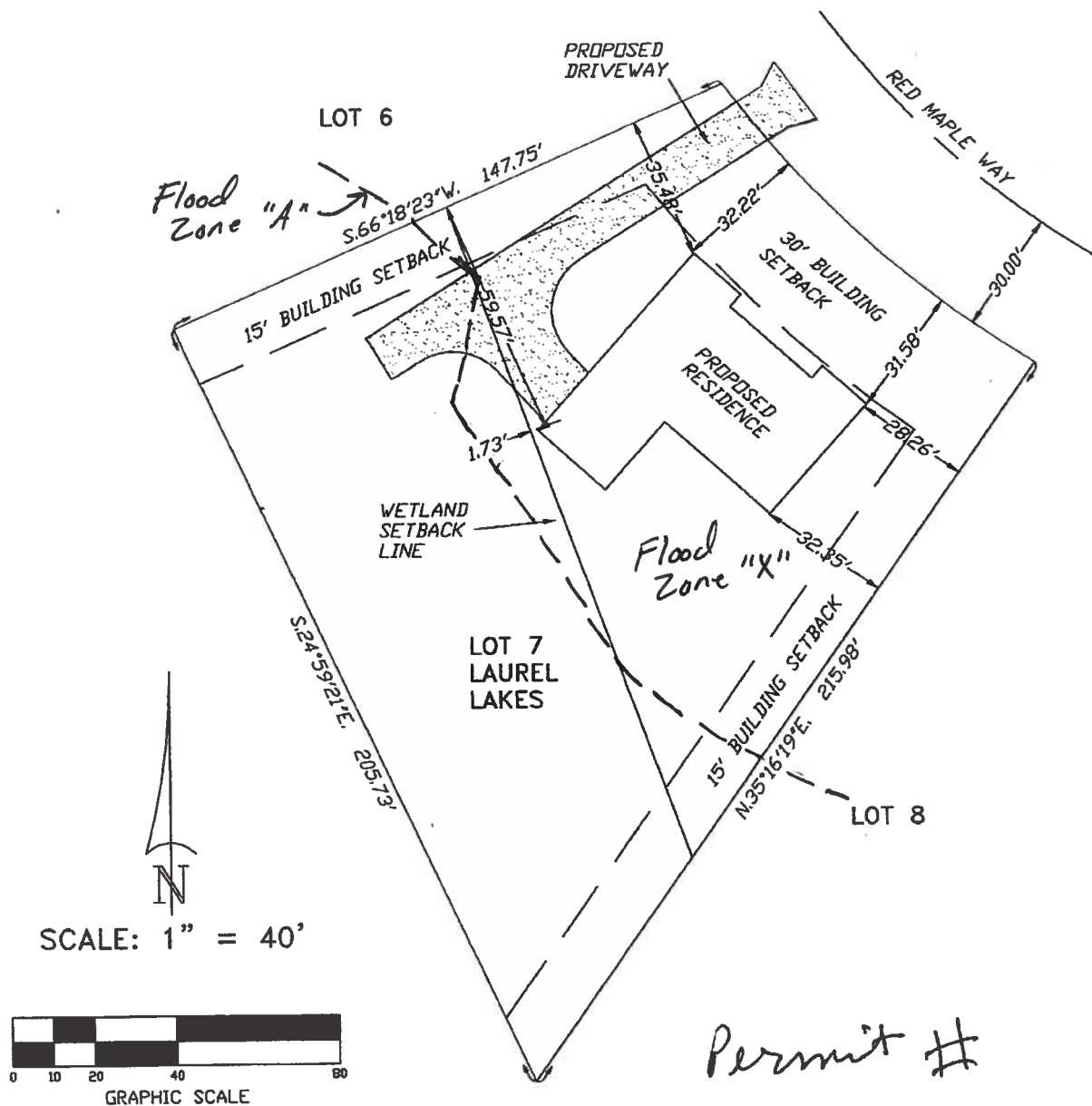
SEAL:





L A K E

SITE PLAN LOT 7 LAUREL LAKES



Permit #

170958



BRITT SURVEYING & MAPPING, LLC

LAND SURVEYORS AND MAPPERS, L.B. # 8016

2086 SW MAIN BLVD, SUITE. 112, LAKE CITY, FLORIDA 32025

(386)752-7163 FAX (386)752-5573

www.brittsurvey.com

WORK ORDER # L-LOT 7

Inst: 201712018156 Date: 10/05/2017 Time: 12:15PM
Page 1 of 1 B: 1345 P: 1278, P.DeWitt Cason, Clerk of Court
Columbia County, By: BD
Deputy Clerk

Prepared by: House Craft Homes
Record and Return to: House Craft Homes
24113 NW Old Bellamy Road
High Springs, Fl. 32643

NOTICE OF COMMENCEMENT

STATE OF: FLORIDA COUNTY OF: Columbia

THE UNDERSIGNED HEREBY gives notice that improvement(s) 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.

DESCRIPTION OF PROPERTY: Lot 7, Laurel Lake Phase I, Plat Book 7, Page 9, according to Columbia County Public Records.

TAX PARCEL NUMBER: 03-45-16-02732-107

STREET ADDRESS: 286 Red Maple Way, Lake City, Florida

GENERAL DESCRIPTION OF IMPROVEMENTS: To construct a single family dwelling.

OWNER NAME: Harrington Land Trust VII
ADDRESS: 24113 NW Old Bellamy Road
CITY: High Springs, Fl. 32643
PHONE NUMBER 352-538-5963

CONTRACTOR NAME: House Craft Homes, LLC
ADDRESS: 12501 US HWY 441
Alachua, Fl. 32615
PHONE NUMBER: (386) 462-5323

Persons within the State of Florida designated by Owner upon whom notices or other documents may be served as provided by Section 713.13(1)(a) 7.. Florida Statutes:

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 JOBSITE BEFORE THE FIRST INSPECTION, IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.

SIGNATURE OF OWNER: [Signature]

SWORN to and subscribed before me this Sept. 26, 2017 personally appeared Stephanie
Harrington
is personally known to me or produced a
driver's license for identification.


Notary Public: Jessica Rose Cason





IN WITNESS WHEREOF, the said grantor has signed and sealed the day and year first above written.

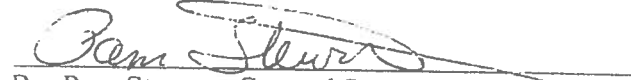
Signed, sealed and delivered
in the presence of:

Cornerstone Partners LP SD, a Foreign
Limited Partnership


Witness Susan B. Weirich
Regina Simpkins



By: Scott Stewart, General Partner

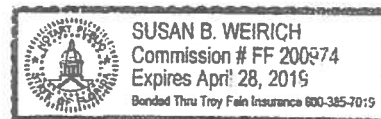

Witness Regina Simpkins


By: Pam Stewart, General Partner

STATE OF: FLORIDA
COUNTY OF: COLUMBIA

The foregoing instrument was acknowledged before me this 13th day of January, 2017 by Scott Stewart, General Partner and Pam Stewart, General Partner of Cornerstone Partners LP SD who are personally known to me or have produced FL D/L as identification and who did not take an oath.


Notary Public
Susan B. Weirich
Printed Notary Name



Prepared by and return to:
John D. Harrington, Jr.
24113 NW Old Bellamy Road
High Springs, Florida 32643

Inst: 201712010123 Date: 05/31/2017 Time: 4:40PM
Page 1 of 1 B: 1337 P: 2440, P.DeWitt Cason, Clerk of Court
Columbia, County, By: BD
Deputy ClerkDoc Stamp-Deed: 0.70

THIS WARRANTY DEED made this 31st day of May, 2017 by John D. Harrington, Jr., a married man, whose address is 24015 NW Old Bellamy Road, High Springs, Florida 32643, Grantor to Harrington Land Trust VII, whose address is 24113 NW Old Bellamy Road, High Springs, Florida 32643, Grantee.

WITNESSETH: That the grantor, for and in consideration of the sum of Ten (\$10.00) Dollars, and other variable considerations, receipt whereof is hereby acknowledged, hereby grants, bargains, sells, aliens, remises, releases, conveys and confirms unto the grantee, all that certain land situated in Columbia County, Florida, viz:


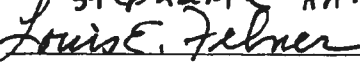
Lot 7, Laurel Lake Phase 1, a subdivision according to the plat thereof recorded as Plat Book 7, Page 9, in the Public Records of Columbia County, Florida.

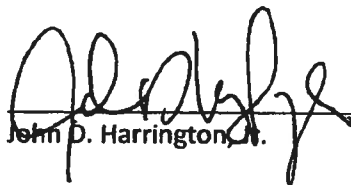
SUBJECT TO restrictions, reservations, easements, and limitations of record, if any, provided that this shall not serve to reimpose same, zoning ordinances and taxes for the current year and subsequent years.

TO HAVE AND TO HOLD, the same in fee simple forever. The grantor hereby covenants with said grantee that the grantor is lawfully seized of said land in fee simple; that the grantor has good right and lawful authority to sell and convey said land; and hereby warrants the title to said land and will defend the same against the lawful claims of all persons whomsoever; and that said land is free of all encumbrances, except as mentioned above.

IN WITNESS WHEREOF, the said grantor has signed and sealed the day and year first above written.


Signed, sealed, and delivered in the presence of:

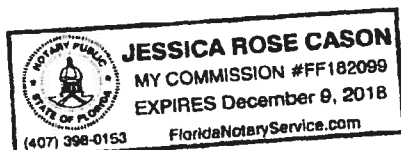

Stephanie Harrington

Louise E. Felner


John D. Harrington, Jr.

STATE OF FLORIDA
COUNTY OF Columbia

The foregoing instrument was acknowledged before me this 31 day of May, 2017 by John D. Harrington, Jr. who is personally known to me or has produced identification and who did not take an oath.


Notary Public



SUBCONTRACTOR VERIFICATION

APPLICATION/PERMIT # 1709-58 JOB NAME HARRINGTON LAND TRUST, VII

THIS FORM MUST BE SUBMITTED BEFORE A PERMIT WILL BE ISSUED

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

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

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

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

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

ELECTRICAL <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
MECHANICAL/AC <input checked="" type="checkbox"/> CC# <u>1889</u>	Print Name <u>RAY WELSH</u> <u>NANCY FENTON</u> Signature <u>[Signature]</u> Company Name: <u>FLORRA HOME PERFORMANCE</u> License #: <u>CAC058264</u> Phone #: <u>386-454-7117</u>	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
PLUMBING/GAS <input type="checkbox"/> CC# _____	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
ROOFING <input type="checkbox"/> CC# _____	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
SHEET METAL <input type="checkbox"/> CC# _____	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
FIRE SYSTEM/SPRINKLER <input type="checkbox"/> CC# _____	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
SOLAR <input type="checkbox"/> CC# _____	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
STATE SPECIALTY <input type="checkbox"/> CC# _____	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE

This document was prepared by:
Nancy Jane Fenton
12761 NW 83 Ct.
Parkland, Florida 33076

Return To:
Nancy Jane Fenton
12761 NW 83 Ct.
Parkland, Florida 33076

DURABLE POWER OF ATTORNEY

OF

Nancy Jane Fenton

I. PRINCIPAL AND ATTORNEY-IN-FACT

I, Nancy Jane Fenton, who reside at 12761 NW 83 Ct., Parkland, Florida 33076, appoint the following person to serve as my attorney-in-fact, to act for me in any lawful way with respect to the subjects indicated below:

Raymond Walsh
High Springs, Florida

DOC#521911091

II. EFFECTIVE TIME

This durable power of attorney is effective immediately and is not terminated by the subsequent incapacity of the principal except as provided in Chapter 709, Florida Statutes.

III. POWERS OF ATTORNEY-IN-FACT

To the extent permitted by law, my attorney-in-fact may act in my name, place, and stead in any way that I myself could with respect to the following matters:

YOUR ATTORNEY-IN-FACT SHALL BE AUTHORIZED TO ENGAGE ONLY IN THOSE ACTIVITIES THAT ARE INITIALED.

(41-7)

BUSINESS OPERATION TRANSACTIONS:

- Buy, sell, expand, reduce, or terminate a business interest, including shares in a corporation, membership interests in a limited liability company, and partnership interests in a general, limited, or limited liability partnership.
- Manage and operate any business or business interest that I now have or later acquire, including the authority to:
 - Enter into, amend, enforce, and terminate any business contract.
 - Disburse, receive, and demand money in the operation of the business.
 - Merge, reorganize, or sell a business or part of a business.
 - Determine the location, nature, and method of operating the business.
 - Hire and discharge employees and agents.
- If an agent is permitted by law to act for a principal, and subject to the terms of any partnership or operating agreement, perform any duty and exercise any right, power, or privilege that I have under a partnership or operating agreement, to enforce the terms of a partnership or operating agreement, and to defend, arbitrate, and settle any legal proceeding to which I am a party

because of membership in a partnership or limited liability company.

- Exercise a right, power, or privilege that I have as the holder of a bond, share, or instrument of similar character and to defend, arbitrate, and settle any legal proceeding to which I am a party because of any bond, share, or similar instrument.

(M.F.)

LEGAL ACTIONS:

To act for me in all legal matters, whether claims in my favor or against me, including the authority to retain and discharge attorneys on my behalf; appear for me in all actions and proceedings, commence actions in my name, sign all documents, submit claims to arbitration or mediation, settle claims, and pay judgments and settlements.

(M.F.)

OTHER:

I, Nancy Fenton, give Raymond Walsh the authorization to pull permits on my behalf as the qualifying contractor for Florida Home Performance LLC d/b/a North Central Florida Air Conditioning..

IV. GENERAL PROVISIONS

- 1) Reliance By Third Parties. I hereby agree that any third party receiving a duly executed copy of this document may rely on and act under it. Revocation or termination of this power of attorney will be ineffective as to a third party unless and until that third party receives written notice of the revocation or termination. Notice to a financial institution is subject to the requirements of section 709.2121, Florida Statutes. For myself and for my heirs, executors, legal representatives, devisees, and assigns, I hereby agree to indemnify and hold harmless any third party from any and all claims because of good faith reliance on this instrument.
- 2) Severability. If any provision in this power of attorney is found to be invalid or unenforceable, this invalidity or unenforceability will not affect the other provisions of this document, and the other provisions will be given effect without the invalid or unenforceable provision.

- 3) Revocation. I may revoke this power of attorney at any time. Any revocation of this power of attorney must be in writing signed by me.
- 4) Maintenance of Records; Accounting. My attorney-in-fact must maintain records of all actions taken on my behalf, including transactions, receipts, disbursements and investment. My attorney-in-fact shall provide an accounting for all funds handled and all acts performed as my attorney-in-fact, but only upon my request, the request of a personal representative or a fiduciary acting on my behalf, or court order. Any requirement of my attorney-in-fact to file inventories and accounts with the county clerk or with the court is specifically waived.
- 5) Compensation and Reimbursement. My attorney-in-fact is entitled to reasonable compensation for services provided on my behalf pursuant to this power of attorney. My attorney-in-fact will be reimbursed for all reasonable expenses incurred relating to his or her responsibilities under this power of attorney.
- 6) No Personal Benefit. Except as specifically provided in this document, my attorney-in-fact may not personally benefit from any transaction engaged in or on my behalf, or use my assets to discharge any of his or her own legal obligations, excluding me and those I am legally obligated to support.
- 7) Liability of Attorney-in-Fact. All persons or entities that in good faith endeavor to carry out the provisions of this power of attorney will not be liable to me, my estate, or my heirs for any damages or claims arising because of their actions or inactions based on this power of attorney. My estate will indemnify and hold them harmless. A successor attorney-in-fact will not be liable for the acts of a prior attorney-in-fact.
- 8) Authority to Record, Register, or File. My attorney-in-fact may record, register, or file this power of attorney and other necessary and appropriate documents as required to carry out the powers granted herein.

- 9) Copies. A copy of this durable power of attorney shall be effective as an original for all purposes.

IN WITNESS WHEREOF, the undersigned has executed this power of attorney on the date set forth below.

Date: 5/18/17

Nancy Jane Fenton
Signature of Nancy Jane Fenton

WITNESSES

By signing as a witness, I am acknowledging the signature of the principal who signed in my presence, and the fact that he or she stated that this power of attorney reflects his or her wishes and is being executed voluntarily. I believe the principal to be of sound mind. I have not been appointed as attorney-in-fact by the principal, am not related to him or her by blood, marriage, or adoption, and, to the best of my knowledge, am not entitled to any portion of his or her estate under his or her last will and testament or living trust.

1. Curt Schiegner
(Signature of witness)

CURT SCHIEGNER
(Print Name)

517 S.W. HAMBURG TERR
(Address)

PORT ST LUCIE, FL. 34984
(City, State, ZIP)

2. Melissa Gehret
(Signature of witness)

MELISSA GEHRET
(Print Name)

4111 N.E. 18 AVE
(Address)

FT. LAUDERDALE, FL. 33334
(City, State, ZIP)

ACKNOWLEDGMENT
OF NOTARY PUBLIC

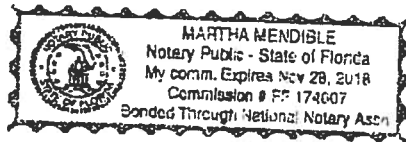
State of Florida

County of Broward

The foregoing instrument was acknowledged before me this 18 day of May, 2017, by Nancy Jane Fenton.


Notary Signature

PRINT, TYPE OR STAMP NAME OF NOTARY



(SEAL)

Personally known

OR Produced identification

Type of identification produced FDI

FS35630555410

0380468

SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER 1709-58 CONTRACTOR Housecraft Homes PHONE _____
Laurel Lakes 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	Print Name _____ License #: _____	Signature _____ Phone #: _____
MECHANICAL/ A/C	Print Name _____ License #: _____	Signature _____ Phone #: _____
✓ PLUMBING/ GAS 759	Print Name <u>Roger Whiddon</u> License #: <u>CFC1428686</u>	Signature <u>RWhiddon</u> Phone #: <u>386-754-7367</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

SUBCONTRACTOR VERIFICATION

APPLICATION/PERMIT # 1709-58 JOB NAME HARRINGTON

THIS FORM MUST BE SUBMITTED BEFORE A PERMIT WILL BE ISSUED

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

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

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

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

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

ELECTRICAL <input checked="" type="checkbox"/>	Print Name <u>Donald R Davis</u> Signature <u>Donald R Davis</u> Company Name: <u>High Springs Electric</u> License #: <u>EC0002306</u> Phone #: <u>386. 623. 0499</u>	CC# <u>380</u>	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
MECHANICAL/ A/C <input type="checkbox"/>	Print Name <u>C. Fischer</u> Signature <u>C. Fischer</u> Company Name: <u>North Central Pl. A/C</u> License #: <u>7951</u> <u>CALOS 7846</u> Phone #: <u>386 454. 4767</u>	CC# <u>959</u>	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input checked="" type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
PLUMBING/ GAS <input type="checkbox"/>	Print Name <u>Jeremy Jones</u> Signature <u>Jeremy Jones</u> Company Name: <u>Jones Plumbing</u> License #: <u>9903</u> <u>CFC142433</u> Phone #: <u>352. 225. 1213</u>	CC# <u>938</u>	Need <input type="checkbox"/> Lic <input checked="" type="checkbox"/> Liab <input checked="" type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
ROOFING <input checked="" type="checkbox"/>	Print Name <u>John D Harrington</u> Signature <u>J D Harrington</u> Company Name: <u>House Craft Homes</u> License #: <u>CGC1516998</u> Phone #: <u>352-538-5963</u>	CC# <u>1163</u>	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
SHEET METAL <input type="checkbox"/>	Print Name <u>N/A</u> Signature _____ Company Name: <u>N/A</u> License #: _____ Phone #: _____	CC# _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
FIRE SYSTEM/ SPRINKLER <input type="checkbox"/>	Print Name <u>N/A</u> Signature _____ Company Name: <u>N/A</u> License #: _____ Phone #: _____	CC# _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
SOLAR <input type="checkbox"/>	Print Name <u>N/A</u> Signature _____ Company Name: <u>N/A</u> License #: _____ Phone #: _____	CC# _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
STATE SPECIALTY <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	CC# _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE



COLUMBIA COUNTY

911 ADDRESSING / GIS DEPARTMENT

263 NW Lake City Ave., Lake City, FL 32055

Telephone: (386) 758-1125 x 1 * Fax: (386) 758-1365 * Email: gis@columbiacountyfla.com



Address Assignment and Maintenance Document

To maintain the county wide Addressing Policy you must make application for a 9-1-1 Address at the time you apply for a building permit. The established standards for addressing and posting numbers to all principal buildings, dwellings, businesses and industries are contained in Columbia County Ordinance 2001-9. The addressing system is to enable Emergency Services Agencies to locate you in an emergency, and to assist the United States Postal Service and the public in the timely and efficient provision of services to residents and businesses of Columbia County

Date/Time Issued:	10/4/2017 11:09:27 AM
Address:	286 SW RED MAPLE Way
City:	LAKE CITY
State:	FL
Zip Code	32024
Parcel ID	02732-107

REMARKS: Address for proposed structure on parcel.

Address Issued By: Signed:/ Ronal N. Croft

Columbia County GIS/911 Addressing Department

NOTICE: THIS ADDRESS WAS ISSUED BASED ON LOCATION AND ACCESS INFORMATION RECEIVED FROM THE REQUESTER. SHOULD. AT A LATER DATE, THE LOCATION AND/OR ACCESS INFORMATION BE FOUND TO BE IN ERROR OR CHANGED, THIS ADDRESS IS SUBJECT TO CHANGE.

*1-Gearing
LAND TRUST / VII*



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

LETTER OF AUTHORIZATION TO SIGN FOR PERMITS

I, John Harrington (license holder name), licensed qualifier
for House Craft Homes (company name), do certify that
the below referenced person(s) listed on this form is/are contracted/hired by me, the license
holder, or is/are employed by me directly or through an employee leasing arrangement; or, is an
officer of the corporation; or, partner as defined in Florida Statutes Chapter 468, and the said
person(s) is/are under my direct supervision and control and is/are authorized to purchase
permits, call for inspections and sign on my behalf.

Printed Name of Person Authorized	Signature of Authorized Person
1. <u>Jessica Harrington</u>	1. <u>Jessica Harrington</u>
2. <u>Stephanie Harrington</u>	2. <u>[Signature]</u>
3.	3.
4.	4.
5.	5.

I, the license holder, realize that I am responsible for all permits purchased, and all work done
under my license and fully responsible for compliance with all Florida Statutes, Codes, and
Local Ordinances. I understand that the State and County Licensing Boards have the power and
authority to discipline a license holder for violations committed by him/her, his/her agents,
officers, or employees and that I have full responsibility for compliance with all statutes, codes
and ordinances inherent in the privilege granted by issuance of such permits.

If at any time the person(s) you have authorized is/are no longer agents, employee(s), or
officer(s), you must notify this department in writing of the changes and submit a new letter of
authorization form, which will supersede all previous lists. Failure to do so may allow
unauthorized persons to use your name and/or license number to obtain permits.

[Signature]
License Holders Signature (Notarized)

CGC1516998 7/25/17
License Number Date

NOTARY INFORMATION:

STATE OF: Florida

COUNTY OF: Alachua

The above license holder, whose name is John D Harrington,
personally appeared before me and is known by me or has produced identification
(type of I.D.) personally known on this 25 day of July, 20 17.

[Signature]
NOTARY'S SIGNATURE

(Seal/Stamp)



CITY OF



Established 1955

November 20, 2017

To Whom It May Concern,

This letter is to verify that the City of Lake City has potable water and sewer available to tap into at 286 SW Red Maple Way, Parcel 03-4S-16-02732-107.

Please note, a tap will need to be completed before access to the services are available. If you have any questions, please feel free to contact me at (386) 719-5786 during our normal business hours of 8:00 am to 4:30 pm, Monday through Friday. I will be happy to assist you.

Sincerely,

Shasta M. Pelham
Utility Service Coordinator

Cc: Jason Dumas
Customer Service Manager

**Columbia County Building Department
Culvert Waiver**

**Culvert Waiver No.
000002508**

DATE: 12/01/2017 BUILDING PERMIT NO. 36050

APPLICANT JESSICA HARRINGTON PHONE 352.284.4952

ADDRESS 24113 NW OLD BELLAMY RD HIGH SPRINGS FL 32643

OWNER HARRINGTON LAND TRUST, VII PHONE 386 454 4155

ADDRESS 286 SW RD MAPLE WAY LAKE CITY FL 32024

CONTRACTOR JOHN D. HARRINGTON, JR. PHONE 386 462 5323

LOCATION OF PROPERTY 90-W TO C-252-B, TL TO DEPUTY J. DAVIS, TR TO RED MAPLE, FL
TO RED MAPLE, TL AND IT'S 6TH ON R.

SUBDIVISION/LOT/BLOCK/PHASE/UNIT _____

PARCEL ID # 03-4S-16-02732-107

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: Jessica R. Harrington

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 X

NOT APPROVED - NEEDS A CULVERT PERMIT

COMMENTS: _____

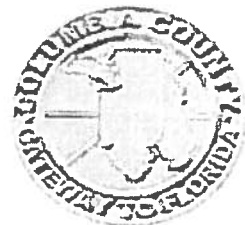
SIGNED: Dawn McLean

DATE: 12/5/17

**ANY QUESTIONS PLEASE CONTACT THE
PUBLIC WORKS DEPARTMENT AT 386-758-1019**

View Results Online:

<http://www.columbiacountyfla.com/PermitSearch/CulvertSearch.aspx>





COLUMBIA COUNTY BUILDING DEPARTMENT RESIDENTIAL CHECK LIST

MINIMUM PLAN REQUIREMENTS: FLORIDA BUILDING CODE RESIDENTIAL 2014 EFFECTIVE 1 JULY 2015 AND THE NATIONAL ELECTRICAL CODE 2011 EFFECTIVE 1 JULY 2015

ALL REQUIREMENTS ARE SUBJECT TO CHANGE

ALL BUILDING PLANS MUST INDICATE COMPLIANCE WITH THE CURRENT 2014 FLORIDA BUILDING CODES RESIDENTIAL, EFFECTIVE 1 JULY 2015. NATIONAL ELECTRICAL CODE 2011 EFFECTIVE 1 JULY 2015. 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 FLORIDA BUILDING CODE FIGURE 1609-A THROUGH 1609-C ULTIMATE DESIGN WIND SPEEDS FOR RISK CATEGORY AND BUILDINGS AND OTHER STRUCTURES
Revised 12/2016

GENERAL REQUIREMENTS:
APPLICANT – PLEASE CHECK ALL APPLICABLE BOXES BEFORE SUBMITTAL

Items to Include-
Each Box shall be
Marked as
Applicable

Select From the Dropdown

1	Two (2) complete sets of plans containing the following:	YES		
2	All drawings must be clear, concise, drawn to scale, details that are not used shall be marked void	YES		
3	Condition space (Sq. Ft.) 2340	Total (Sq. Ft.) under roof 3483	YES	NO N/A

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	YES		
5	Dimensions of all building set backs	YES		
6	Location of all other structures (include square footage of structures) on parcel, existing or proposed well and septic tank and all utility easements.	YES		
7	Provide a full legal description of property.	YES		

Wind-load Engineering Summary, calculations and any details are required.

GENERAL REQUIREMENTS: APPLICANT – PLEASE CHECK ALL APPLICABLE BOXES BEFORE SUBMITTAL		Items to Include- Each Box shall be Marked as Applicable		
8	Plans or specifications must show compliance with FBCR Chapter 3	YES	NO	N/A
Select From the Dropdown				
9	Basic wind speed (3-second gust), miles per hour	YES		
10	(Wind exposure – if more than one wind exposure is used, the wind exposure and applicable wind direction shall be indicated)	YES		
11	Wind importance factor and nature of occupancy	YES		
12	The applicable internal pressure coefficient, Components and Cladding	YES		
13	The design wind pressure in terms of psf (kN/m ²), to be used for the design of exterior component, cladding materials not specifically designed by the registered design professional.	YES		

Elevations Drawing including:

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

Floor Plan including:

20	Dimensioned area plan showing rooms, attached garage, breeze ways, covered porches, deck, balconies	YES <input type="text"/>
21	Raised floor surfaces located more than 30 inches above the floor or grade	YES <input type="text"/>
22	All exterior and interior shear walls indicated	YES <input type="text"/>
23	Shear wall opening shown (Windows, Doors and Garage doors)	YES <input type="text"/>
24	Show compliance with Section FBCR 310 Emergency escape and rescue opening shown in each bedroom (net clear opening shown) and Show compliance with Section FBC 1405.13.2 where the opening of an operable window is located more than 72 inches above the finished grade or surface below, the lowest part of the clear opening of the window shall be a minimum of 24 inches above the finished floor of the room in which the window is located. Glazing between the floor and 24 inches shall be fixed or have openings through which a 4-inch-diameter sphere cannot pass.	YES <input type="text"/>
25	Safety glazing of glass where needed	YES <input type="text"/>
26	Fireplaces types (gas appliance) (vented or non-vented) or wood burning with Hearth (see chapter 10 and chapter 24 of FBCR)	YES <input type="text"/>
27	Show stairs with dimensions (width, tread and riser and total run) details of guardrails, Handrails	YES <input type="text"/>
28	Identify accessibility of bathroom (see FBCR SECTION 320)	YES <input type="text"/>

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 plans (see Florida product approval form)

GENERAL REQUIREMENTS: APPLICANT – PLEASE CHECK ALL APPLICABLE BOXES BEFORE SUBMITTAL		Items to Include- Each Box shall be Marked as Applicable
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YES / NO / N/A

FBCR 403: Foundation Plans

Select From the Dropdown

29	Location of all load-bearing walls footings indicated as standard, monolithic, dimensions, size and type of reinforcing.	YES <input type="text"/>
30	All posts and/or column footing including size and reinforcing	YES <input type="text"/>
31	Any special support required by soil analysis such as piling.	YES <input type="text"/>
32	Assumed load-bearing value of soil <input type="text"/> Pound Per Square Foot	YES <input type="text"/>
33	Location of horizontal and vertical steel, for foundation or walls (include # size and type) For structures with foundation which establish new electrical utility companies service connection a Concrete Encased Electrode will be required within the foundation to serve as an grounding electrode system. Per the National Electrical Code article 250.52.3	YES <input type="text"/>

FBCR 506: CONCRETE SLAB ON GRADE

34	Show Vapor retarder (6mil. Polyethylene with joints lapped 6 inches and sealed)	YES <input type="text"/>
35	Show control joints, synthetic fiber reinforcement or welded fire fabric reinforcement and Supports	YES <input type="text"/>

FBCR 318: 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	YES <input type="text"/>
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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	YES <input type="text"/>
38	Show all Lintel sizes, type, spans and tie-beam sizes and spacing of reinforcement	YES <input type="text"/>

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	YES <input type="text"/>
----	---	--------------------------

40	Show conventional floor joist type, size, span, spacing and attachment to load bearing walls, stem walls and/or piers	YES
41	Girder type, size and spacing to load bearing walls, stem wall and/or piers	YES
42	Attachment of joist to girder	YES
43	Wind load requirements where applicable	YES
44	Show required under-floor crawl space	YES
45	Show required amount of ventilation opening for under-floor spaces	YES
46	Show required covering of ventilation opening	YES
47	Show the required access opening to access to under-floor spaces	YES
48	Show the sub-floor structural panel sheathing type, thickness and fastener schedule on the edges & intermediate of the areas structural panel sheathing	YES
49	Show Draftstopping, Fire caulking and Fire blocking	YES
50	Show fireproofing requirements for garages attached to living spaces, per FBCR section 302.6	YES
51	Provide live and dead load rating of floor framing systems (psf).	YES

YES / NO / N/A

FBCR CHAPTER 6 WOOD WALL FRAMING CONSTRUCTION

GENERAL REQUIREMENTS: APPLICANT – PLEASE CHECK ALL APPLICABLE BOXES BEFORE SUBMITTAL		Items to Include- Each Box shall be Marked as Applicable
---	--	---

Select From the Dropdown

52	Stud type, grade, size, wall height and oc spacing for all load bearing or shear walls	YES
53	Fastener schedule for structural members per table IRC 602.3 are to be shown	YES
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	YES
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	YES
56	Show sizes, type, span lengths and required number of support jack studs, king studs for shear wall opening and girder or header per IRC Table 502.5 (1)	YES
57	Indicate where pressure treated wood will be placed	YES
58	Show all wall structural panel sheathing, grade, thickness and show fastener schedule for structural panel sheathing edges & intermediate areas	YES
59	A detail showing gable truss bracing, wall balloon framing details or/ and wall hinge bracing detail	YES

FBCR :ROOF SYSTEMS:

60	Truss design drawing shall meet section FBCR 802.1.6.1 Wood trusses	YES
61	Include a layout and truss details, signed and sealed by Florida Professional Engineer	YES
62	Show types of connector's assemblies' and resistance uplift rating for all trusses and rafters	YES
63	Show gable ends with rake beams showing reinforcement or gable truss and wall bracing details	YES
64	Provide dead load rating of trusses	YES

FBCR 802:Conventional Roof Framing Layout

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

FBCR 803 ROOF SHEATHING

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

ROOF ASSEMBLIES FRC Chapter 9

71	Include all materials which will make up the roof assemblies covering	YES
72	Submit Florida Product Approval numbers for each component of the roof assemblies covering	YES

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, N1100.1.1.1 As an alternative to the computerized Compliance Method A, the Alternate Residential Point System Method hand calculation, Alternate Form 600A, may be used. All requirements specific to this calculation are located in Sub appendix C to Appendix G. Buildings complying by this alternative shall meet all mandatory requirements of this chapter. Computerized versions of the Alternate Residential Point System Method shall not be acceptable for code compliance.**

YES / NO / N/A

GENERAL REQUIREMENTS: APPLICANT – PLEASE CHECK ALL APPLICABLE BOXES BEFORE SUBMITTAL		Items to Include- Each Box shall be Marked as Applicable
		Select From the Dropdown
73	Show the insulation R value for the following areas of the structure	YES
74	Attic space	YES
75	Exterior wall cavity	YES
76	Crawl space	YES

HVAC information

77	Submit two copies of a Manual J sizing equipment or equivalent computation study	YES
78	Exhaust fans shown in bathrooms Mechanical exhaust capacity of 50 cfm intermittent or 20 cfm continuous required	YES
79	Show clothes dryer route and total run of exhaust duct	YES

Plumbing Fixture layout shown

80	All fixtures waste water lines shall be shown on the foundation plan	YES
81	Show the location of water heater	YES

Private Potable Water

82	Pump motor horse power	YES
83	Reservoir pressure tank gallon capacity	YES
84	Rating of cycle stop valve if used	YES

Electrical layout shown including

85	Show Switches, receptacles outlets, lighting fixtures and Ceiling fans	YES
86	Show all 120-volt, single phase, 15- and 20-ampere branch circuits outlets required to be protected by Ground-Fault Circuit Interrupter (GFCI) Article 210.8 A	YES
87	Show the location of smoke detectors & Carbon monoxide detectors	YES
88	Show service panel, sub-panel, location(s) and total ampere ratings	YES
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. For structures with foundation which establish new electrical utility companies service connection a Concrete Encased Electrode will be required within the foundation to serve as an Grounding electrode system. Per the National Electrical Code article 250.52.3	YES
90	Appliances and HVAC equipment and disconnects	YES
91	Show all 120-volt, single phase, 15- and 20-ampere branch circuits supplying outlets installed in dwelling unit family rooms, dining rooms, living rooms, parlors, libraries, dens, bedrooms, sunrooms, recreation rooms, closets, hallways, or similar rooms or areas shall be protected by a listed Combination arc-fault circuit interrupter, Protection device.	YES