

DATE 09/03/2009

Columbia County Building Permit

PERMIT

This Permit Must Be Prominently Posted on Premises During Construction

000028053

APPLICANT SAMMY KEEN PHONE 365-3646
ADDRESS 764 SW RIVERSIDE AVE FT. WHITE FL 32038
OWNER WALLACE & MIRIAM JOPLING PHONE
ADDRESS 542 SW RIVERSIDE AVE FT. WHITE FL 32038
CONTRACTOR GUY WILLIAMS PHONE 752-0004
LOCATION OF PROPERTY 47S, TR ON 27, TL ON RIVERSIDE, 3/10 MILE ON RIGHT
OR 7TH LOT PAST PARK
TYPE DEVELOPMENT SFD,UTILITY ESTIMATED COST OF CONSTRUCTION 65600.00
HEATED FLOOR AREA 1236.00 TOTAL AREA 1312.00 HEIGHT STORIES 2
FOUNDATION CONC WALLS FRAMED ROOF PITCH 6/12 FLOOR SLAB
LAND USE & ZONING ESA-2 MAX. HEIGHT
Minimum Set Back Requirments: STREET-FRONT 30.00 REAR 25.00 SIDE 25.00
NO. EX.D.U. 1 FLOOD ZONE AE DEVELOPMENT PERMIT NO. 09-007

PARCEL ID 23-6S-15-00538-000 SUBDIVISION THREE RIVERS
LOT 20 BLOCK PHASE UNIT TOTAL ACRES 0.75
CBC050690
Culvert Permit No. Culvert Waiver Contractor's License Number Applicant/Owner/Contractor
EXISTING 09-433 BK RJ
Driveway Connection Septic Tank Number LU & Zoning checked by Approved for Issuance New Resident
COMMENTS: NOC ON FILE, MFE @ 35.1, ELEVATION CERTIFICATE NEEDED BEFORE
POWER TO INCLUDE MECH. EQUIPMENT
Check # or Cash 10685

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 \$ 330.00 CERTIFICATION FEE \$ 6.56 SURCHARGE FEE \$ 6.56
MISC. FEES \$ 0.00 ZONING CERT. FEE \$ 50.00 FIRE FEE \$ 0.00 WASTE FEE \$
FLOOD DEVELOPMENT FEE \$ 50.00 FLOOD ZONE FEE \$ 25.00 CULVERT FEE \$ TOTAL FEE 468.12
INSPECTORS OFFICE CLERKS OFFICE

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

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

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.

09-007

CK# 10685

Columbia County Building Permit Application

For Office Use Only Application # 0908-47 Date Received 8-27-09 By LH Permit # 28053

Zoning Official BLK Date 03.09.09 Flood Zone AE Land Use ESA Zoning ESA-2

FEMA Map # 485C Elevation 34.1' MFE 35.1' River Ida Plans Examiner MJ Date 9/2/09

Comments Elevation Certificate must include all mechanical equipment

☒ NOC ☒ EH ☒ Deed or PA ☒ Site Plan ☒ State Road Info ☐ Parent Parcel # _____

☐ Dev Permit # _____ ☐ In Floodway ☐ Letter of Auth. from Contractor ☐ F W Comp. letter

IMPACT FEES: EMS _____ Fire _____ Corr _____ Road/Code _____

School _____ = TOTAL N/A replacing existing dwelling

Septic Permit No. 09-0433 Fax 386-497-2289

Name Authorized Person Signing Permit Sam L. Keen Phone 383-365-3646

Address 764 SW Riverside Av. Ft White FLA. 32038

Owners Name Jopling Wallace M & Miriam G Phone 386

911 Address 542 SW Riverside Av. Ft White FL 32038

Contractors Name Guy N Williams SLK Construction Inc. Phone 386 752 0004

Address 397 S Marion Ave Lake City FL 32025

Fee Simple Owner Name & Address none

Bonding Co. Name & Address none

Architect/Engineer Name & Address Mark Disosway PO Box 868 Lake City FL 32056

Mortgage Lenders Name & Address none

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

Property ID Number 00 00 00 00538-000 Estimated Cost of Construction 160000.00

Subdivision Name Three Rivers Estates Lot 20 Block Section 1 Unit _____ Phase _____

Driving Directions from LC 47 S to Ft White Right on 27 to Riverside Av
Left down 3/10 of a mile Not on Right Sign (SLK Const.)
7th lot past park

Number of Existing Dwellings on Property Will be none

Construction of New Home SFD Total Acreage .730 Lot Size _____

Do you need a - Culvert Permit or Have an Existing Drive Total Building Height 27.16 2'

Actual Distance of Structure from Property Lines - Front 150 Side 26 + - Side 32 + - Rear 40

Number of Stories 2 Heated Floor Area 1236 Total Floor Area 1312 Roof Pitch 6/12

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.

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 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 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.

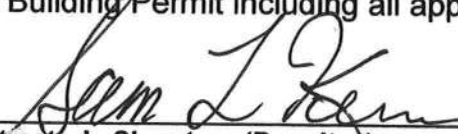
(Owners Must Sign All Applications Before Permit Issuance.)



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.

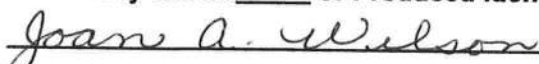


Contractor's Signature (Permitee)

Contractor's License Number CBC-050690
Columbia County
Competency Card Number 102 0000 54

Affirmed under penalty of perjury to by the Contractor and subscribed before me this 27th day of August 2009.

Personally known ☒ or Produced Identification _____



State of Florida Notary Signature (For the Contractor)

SEAL:



JOAN A. WILSON
MY COMMISSION # DD 86825-
EXPIRES: September 27, 2012
Bonded Thru Budget Notary Service.

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:1TTT8228Z0131085816

Truss Fabricator: Anderson Truss Company
Job Identification: 9-168--SLK Construction Joplin -- , **
Truss Count: 6
Model Code: Florida Building Code 2007 and 2009 Supplement
Truss Criteria: FBC2007Res/TPI-2002(STD)
Engineering Software: Alpine Software, Versions 9.02, 10.00.
Structural Engineer of Record: The identity of the structural EOR did not exist as of
Address: the seal date per section 61G15-31.003(5a) of the FAC
Minimum Design Loads: Roof - 40.0 PSF @ 1.25 Duration
Floor - N/A
Wind - 110 MPH ASCE 7-05 -Closed

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: A1101505-GBLLETIN-A140GC020109-A140GS020109-

#	Ref	Description	Drawing#	Date
1	66728--A1		09212004	07/31/09
2	66729--A2		09212005	07/31/09
3	66730--AA-GE		09212009	07/31/09
4	66731--A-GE		09212008	07/31/09
5	66732--B1		09212006	07/31/09
6	66733--B-GE		09212007	07/31/09

Seal Date: 07/31/2009

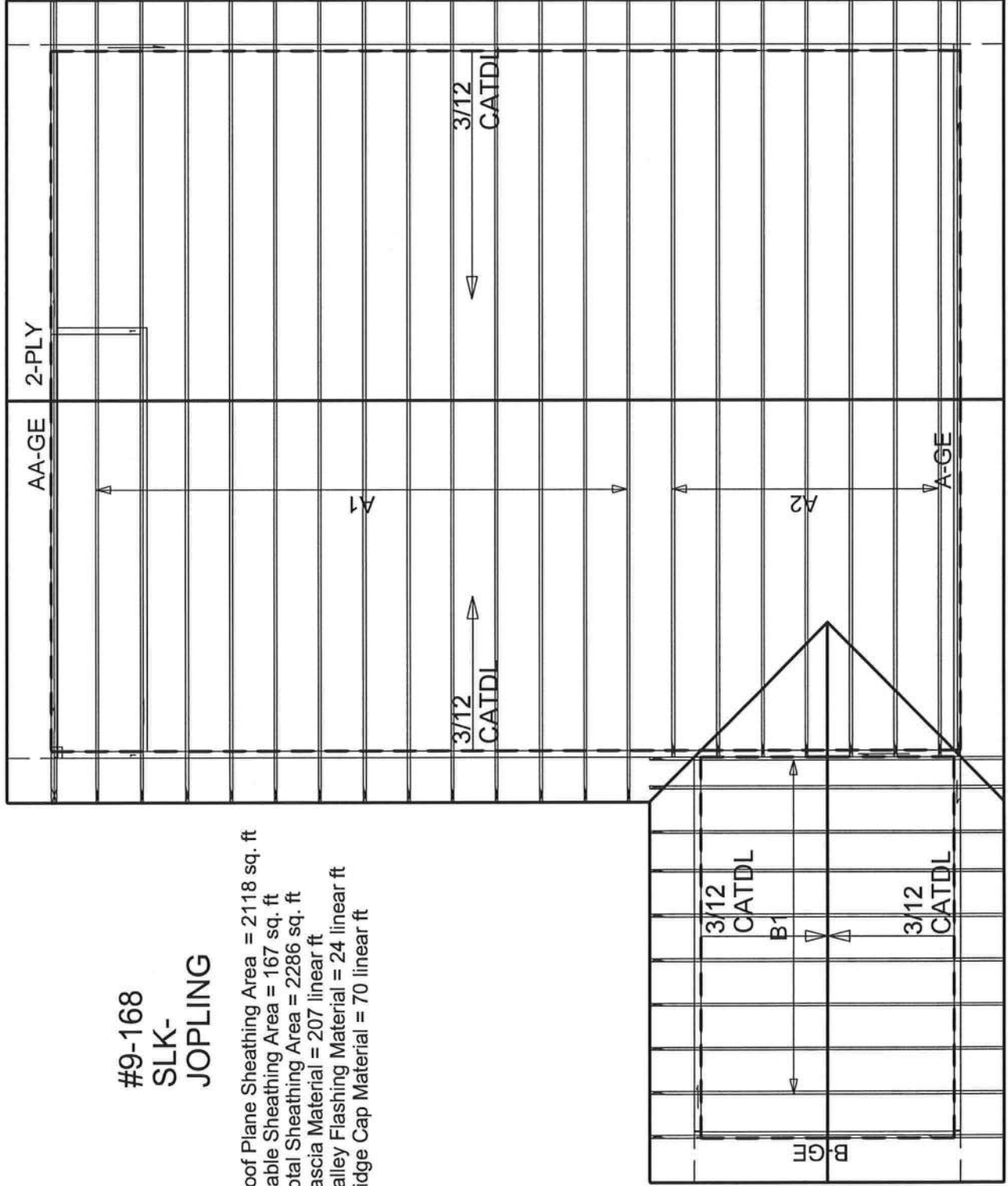
-Truss Design Engineer-
James F. Collins Jr.
Florida License Number: 52212
1950 Marley Drive
Haines City, FL 33844



17'2" 32' 49'2"

#9-168
SLK-
JOPLIN

Roof Plane Sheathing Area = 2118 sq. ft
Gable Sheathing Area = 167 sq. ft
Total Sheathing Area = 2286 sq. ft
Fascia Material = 207 linear ft
Valley Flashing Material = 24 linear ft
Ridge Cap Material = 70 linear ft



(9-168--SLK Construction Joplin --, ** - A1)

Top chord 2x4 SP #2 Dense
Bot chord 2x4 SP #2 Dense
Webs 2x4 SP #3

110 mph wind, 15.00 ft mean hgt, ASCE 7-05, CLOSED bldg, Located anywhere in roof, CAT II, EXP C, wind TC DL=5.0 psf, wind BC DL=5.0 psf. $I_w=1.00$ $G_{CPI}(+/-)=0.18$

Wind reactions based on MWFRS pressures.

Calculated horizontal deflection is 0.26" due to live load and 0.27" due to dead load.

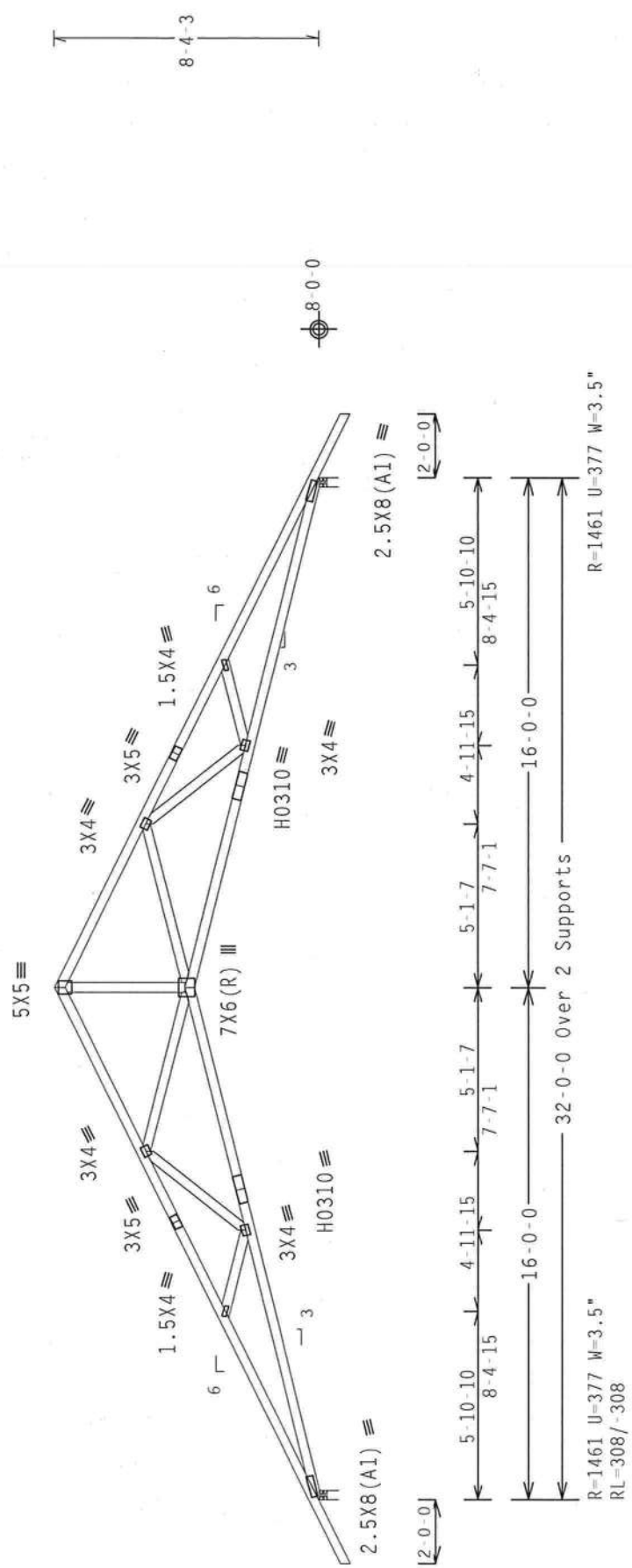
Deflection meets L/240 live and L/180 total load.

Special loads

----- (Lumber Dur.Fac.=1.25 / Plate Dur.Fac.=1.25)
TC - From 62 plf at -2.00 to 62 plf at 16.00
TC - From 62 plf at 16.00 to 62 plf at 34.00
BC - From 21 plf at -2.00 to 4 plf at 0.00
BC - From 21 plf at 0.00 to 21 plf at 16.00
BC - From 21 plf at 16.00 to 21 plf at 32.00
BC - From 4 plf at 32.00 to 4 plf at 34.00

Roof overhang supports 2.00 psf soffit load.

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



Design Crit: FBC2007Res/TPI-2002(STD)

Scale = .1875"/Ft.

TC LL	20.0 PSF
TC DL	10.0 PSF
BC DL	10.0 PSF
BC LL	0.0 PSF
TOT.LD.	40.0 PSF
DUR.FAC.	1.25
SPACING	24.0"



PLT TYP. 20 Gauge HS.Wave
9.02.00.16
QTY:13 FL/-/4/-/R/-

rtw Building Components Group Inc.
Haines City, FL 33844
FL 33844 278

WARNING TRUSSES REQUIRE EXTREME CARE IN FABRICATION, HANDLING, SHIPPING, INSTALLING AND BRACING. REFER TO BEST BUILDING COMPONENT SAFETY INFORMATION, PUBLISHED BY TPI (TRUSS PLATE INSTITUTE, 214 NORTH LEE STREET, SUITE 312, ALEXANDRIA, VA, 22314) AND MICA (WOOD TRUSS COUNCIL OF AMERICA, 6300 ENTERPRISE LANE, MADISON, MI 48271) FOR SAFETY PRACTICES PRIOR TO PERFORMING THESE FUNCTIONS. UNLESS OTHERWISE INDICATED TOP CHORD SHALL HAVE PROPERLY ATTACHED STRUCTURAL PANELS AND BOTTOM CHORD SHALL HAVE A PROPERLY ATTACHED RIGID CEILING.

IMPORTANT TURNISH A COPY OF THIS DESIGN TO THE INSTALLATION CONTRACTOR. ITM BCG, INC. SHALL NOT BE RESPONSIBLE FOR ANY DEVIATION FROM THIS DESIGN; ANY FAILURE TO BUILD THE TRUSS IN CONFORMANCE WITH TPI; OR FABRICATING, HANDLING, SHIPPING, INSTALLING & BRACING OF TRUSSES.

DESIGN CONFORMS WITH APPLICABLE PROVISIONS OF NDS (NATIONAL DESIGN SPEC. BY AIA&P) AND TPI. ITM BCG CONNECTOR PLATES ARE MADE OF 2018/16GA (4-H/55/K) ASTM A653 GRADE 40/60 (4, 6/2/SS) GALV. STEEL. APPLY PLATES TO EACH FACE OF TRUSS AND, UNLESS OTHERWISE LOCATED ON THIS DESIGN, POSITION PER DRAWINGS 160A-2. ITM BCG SHALL BE RESPONSIBLE FOR THE DESIGN OF THE TRUSS AND THE INSTALLATION CONTRACTOR SHALL BE RESPONSIBLE FOR THE DESIGN OF THE BUILDING. THE SUSTAINABILITY AND USE OF THIS COMPONENT FOR ANY BUILDING IS THE RESPONSIBILITY OF THE BUILDING DESIGNER PER ANSI/TPI 1 SEC. 2.

(9-168--SLK Construction Joplin --, ** - A2)

Top chord 2x4 SP #2 Dense
Bot chord 2x4 SP #2 Dense
Webs 2x4 SP #3

Roof overhang supports 2.00 psf soffit load.

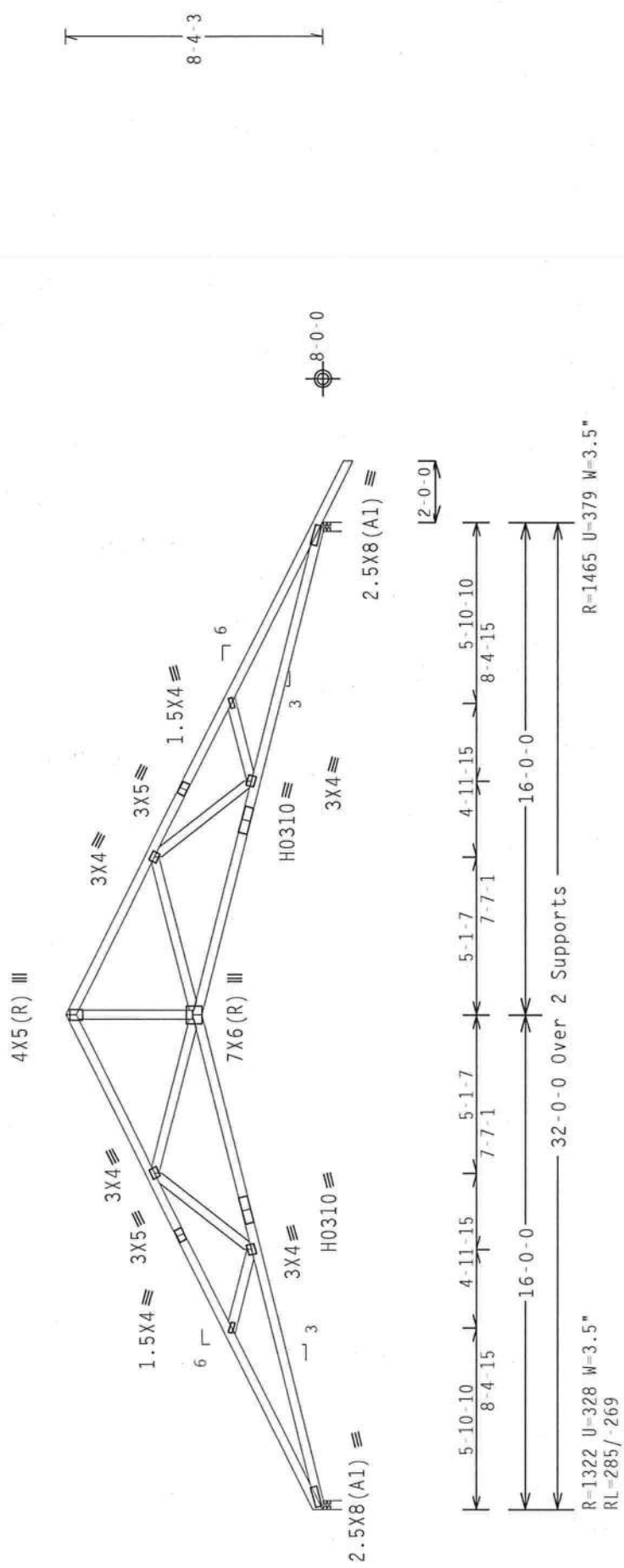
Calculated horizontal deflection is 0.26" due to live load and 0.27" due to dead load.

110 mph wind, 15.00 ft mean hgt, ASCE 7-05, CLOSED bldg, located anywhere in roof, CAT II, EXP C, wind TC DL=5.0 psf, wind BC DL=5.0 psf. $1w=1.00 \text{ Gcpi}(+/-)-0.18$

Wind reactions based on MWFRS pressures.

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

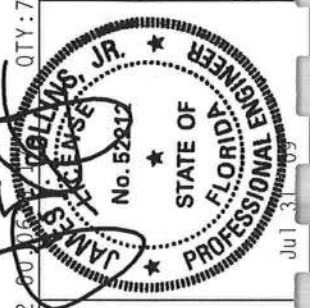
Deflection meets L/240 live and L/180 total load.



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

Scale = .1875"/Ft.

TC LL	20.0 PSF
TC DL	10.0 PSF
BC DL	10.0 PSF
BC LL	0.0 PSF
TOT.LD.	40.0 PSF
DUR.FAC.	1.25
SPACING	24.0"



****WARNING**** TRUSSES REQUIRE EXTREME CARE IN FABRICATION, HANDLING, SHIPPING, INSTALLING AND BRACING. ANY DEVIATION FROM THIS DESIGN, ANY FAILURE TO BUILD THE TRUSS IN CONFORMANCE WITH THE DESIGN, OR ANY FAILURE TO FOLLOW THE INSTRUCTIONS OF THE DESIGNER, SHALL BE THE RESPONSIBILITY OF THE CONTRACTOR. THE CONTRACTOR SHALL BE RESPONSIBLE FOR THE PROPER INSTALLATION AND BRACING OF THE TRUSS. THE CONTRACTOR SHALL BE RESPONSIBLE FOR THE PROPER INSTALLATION AND BRACING OF THE TRUSS. THE CONTRACTOR SHALL BE RESPONSIBLE FOR THE PROPER INSTALLATION AND BRACING OF THE TRUSS.

****IMPORTANT**** FURNISH A COPY OF THIS DESIGN TO THE INSTALLATION CONTRACTOR. THE BCG, INC. SHALL NOT BE RESPONSIBLE FOR ANY DEVIATION FROM THIS DESIGN. ANY FAILURE TO BUILD THE TRUSS IN CONFORMANCE WITH THE DESIGN, OR ANY FAILURE TO FOLLOW THE INSTRUCTIONS OF THE DESIGNER, SHALL BE THE RESPONSIBILITY OF THE CONTRACTOR. THE CONTRACTOR SHALL BE RESPONSIBLE FOR THE PROPER INSTALLATION AND BRACING OF THE TRUSS. THE CONTRACTOR SHALL BE RESPONSIBLE FOR THE PROPER INSTALLATION AND BRACING OF THE TRUSS.

ITW Building Components Group Inc.
Haines City, FL 33844
FL 33844-278

Top chord 2x6 SP #1 Dense :12, 13 2x6 SP #2:
Bot chord 2x8 SP #3
Webs 2x4 SP #4
:Stack Chord SC1 2x4 SP #2 Dense::Stack Chord SC2 2x4 SP #2 Dense:
(**) 9 plate(s) require special positioning. Refer to scaled plate
load details for special positioning requirements.

1110 mph wind. 15.00 ft mean hgt. ASCE 7-05. CLOSED bldg. Located anywhere in roof. CAT II. EXP C. wind TC DL=5.0 psf, wind BC DL=5.0 psf. lw=1.00 GCpi(+/-)=0.18

Calculated horizontal deflection is 0.30" due to live load and 0.29" due to dead load.

See DWGS A11015050109 & GBLLETIN0109 for more requirements.

Stacked top chord must NOT be notched or cut in area (NNU). Attach stacked top chord (SC) to dropped top chord on notched area using 3x4 tie-plates 24" o.c. Center plate on stacked/dropped top chord interface, plate length perpendicular to chord length. Splice top chord in notchable area using 3x6.

THE BUILDING DESIGNER IS RESPONSIBLE FOR THE DESIGN OF THE ROOF AND CEILING DIAPHRAGMS, GABLE END SHEAR WALLS, AND SUPPORTING SHEAR WALLS. SHEAR WALLS MUST PROVIDE CONTINUOUS LATERAL RESTRAINT TO THE GABLE END. ALL CONNECTIONS TO BE DESIGNED BY THE BUILDING DESIGNER.

2 COMPLETE TRUSSES REQUIRED

Nail Schedule: 0.131"x3" Gun nails

Top Chord: 1 Row @12.00" o.c.

Bot Chord: 1 Row @12.00" o.c.

Webs : 1 Row @ 4" o.c.

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

Wind reactions based on MWFRS pressures.

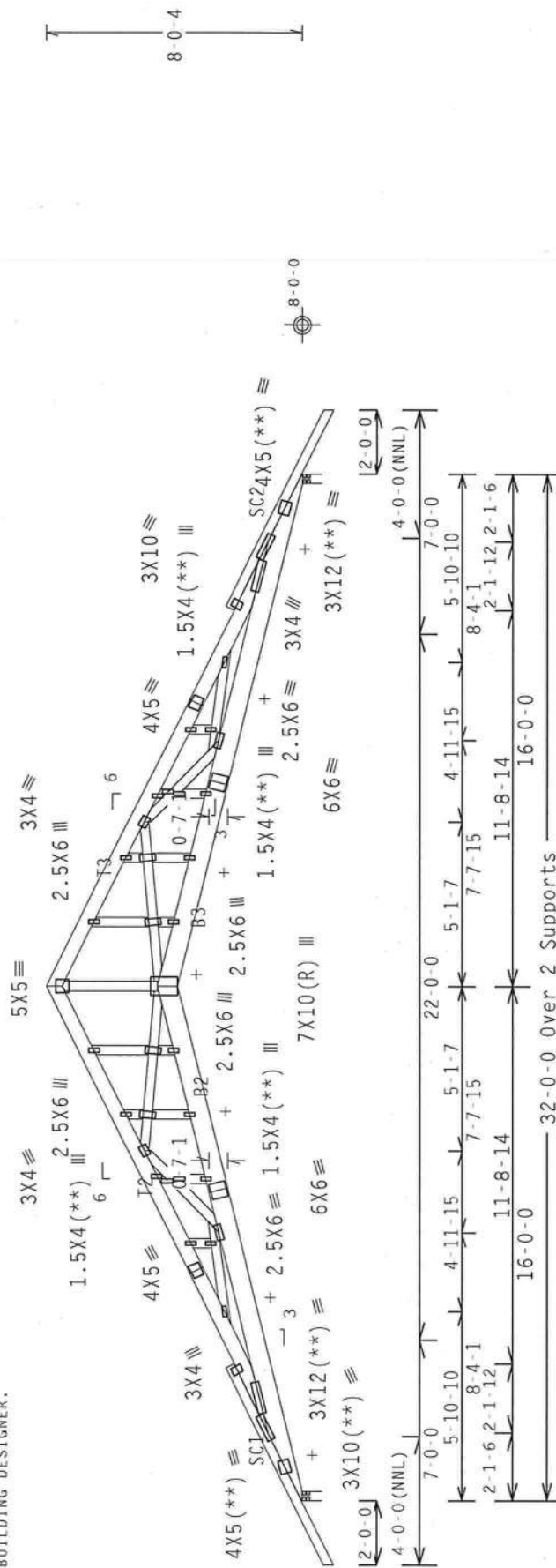
Roof overhang supports 2.00 psf soffit load.

Truss spaced at 24.0" OC designed to support 2-0-0 top chord
outlookers. Cladding load shall not exceed 10.00 PSF. Top chord
must not be cut or notched.

Deflection meets L/240 live and L/180 total load.

Calculated vertical deflection is 0.54" due to live load and 0.52" due to dead load at $X = 14-0-14$.

+ MEMBER TO BE Laterally Braced for Out of Plane Wind Loads. Bracing System to be Designed and Furnished by Others.



R=2574 U=303 W=3.5"

RL=269/-269

Note: All Plates Are 1.5X4 Except As Shown.

Design Crit: FBC2007Res/TPI-2002(STD)

FT/RT=10%(0%)/0(0)

10.00.00

QTY:1 FL/-/4/-/-/R/-/

Scale = .1875"/Ft.

WARNING THESES FIBREGLASS EXTREME CARE IN FABRICATING, HANDLING, SHIPPING, INSTALLING AND BEACING PANELS. ALWAYS WEAR PROPERLY FITTING RESPIRATORY PROTECTION. IF YOU HAVE ANY ALLERGIC REACTIONS TO GLASS OR OTHER FIBER MATERIALS, STOP WORK IMMEDIATELY. CONTACT YOUR PHYSICIAN FOR MEDICAL ADVICE.
NORTH LEE STREET, SUITE 312, ALEXANDRIA VA, 22304 AND VEGA GROUP TRUSTS, COUNCIL OF AMERICA, 6300 ENTERPRISE LANE, MOBILE, AL, 36688
FRIEZE LINE, MAUI 508, AT 537/919
OTHERWISE INDICATED TOP CHORD SHALL HAVE PROPERLY ATTACHED STRUCTURAL PANELS AND BOTTOM CHORD SHALL HAVE PROPERLY ATTACHED RIGID CELLING

****IMPORTANT*****FURNISH A COPY OF THIS DESIGN TO THE INSTALLATION CONTRACTOR. ITW BCG, INC., SHALL NOT BE RESPONSIBLE FOR ANY DEVIATION FROM THIS DESIGN; ANY FAILURE TO BUILD THE TRUSS IN CONFORMANCE WITH ITPI; OR FABRICATING, HANDLING, SHIPPING, INSTALLING & BRACING OF TRUSSES.

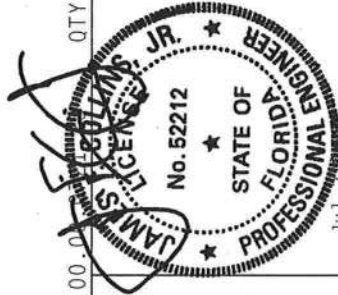
DESIGNER SHALL COMPLY WITH APPLICABLE PROVISIONS OF AISC (NATIONAL DESIGN SPEC., BY AREA) AND TPI.
TYPICAL CONNECTION DETAIL FOR PLATES TO BE WELDED TO STEEL OR CONCRETE.
CONNECTION PLATES ARE MADE OF 2018/16GA. (M-H/S-SS) LATH A663 GRADE 40/60 (M-KH-S5) GALV. STEEL.
PLATES TO EACH FACE OF TRUSS AND, OTHERWISE LOCATED ON THIS DESIGN, POSITION FOR DRAWINGS 160A-2
ANY INSPECTION OF PLATES FOLLOWED BY (1) SHALL BE PER AMBEX 43 OF TPI-2002 SEC. 3.
DRAWING INDICATES ACCEPTANCE OF 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 AMBEX/TPI 1 SEC. 2.



ITW Building Components Group Inc.

Haines City, FL 33844

FL 000 000 278



111

TC LL	20.0	PSF	REF	R8228 - 66730
TC DL	10.0	PSF	DATE	07/31/09
BC DL	10.0	PSF	DRW	HCUSR8228 09212009
BC LL	0.0	PSF	HC-ENG	KD/WHK
TOT.LD.	40.0	PSF	SEQN -	1214 REV
DUR.FAC.	1.25		FROM	AH
SPACING	24.0"		JREF -	1TTT8228Z01

11110 mph wind, 15.00 ft mean hgt, ASCE 7-05, CLOSED bldg, Located anywhere in roof, CAT II, EXP C, wind TC DL=5.0 psf, wind BC DL=5.0 psf. Iw=1.00 GCpi(+/-)0.18

Wind reactions based on MWFRS pressures.

Truss spaced at 24.0" OC designed to support 2.0-0 top chord
outlookers. Cladding load shall not exceed 10.00 PSF. Top chord
must not be cut or notched.

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

Deflection meets L/240 live and L/180 total load.

Shim all supports to solid bearing.

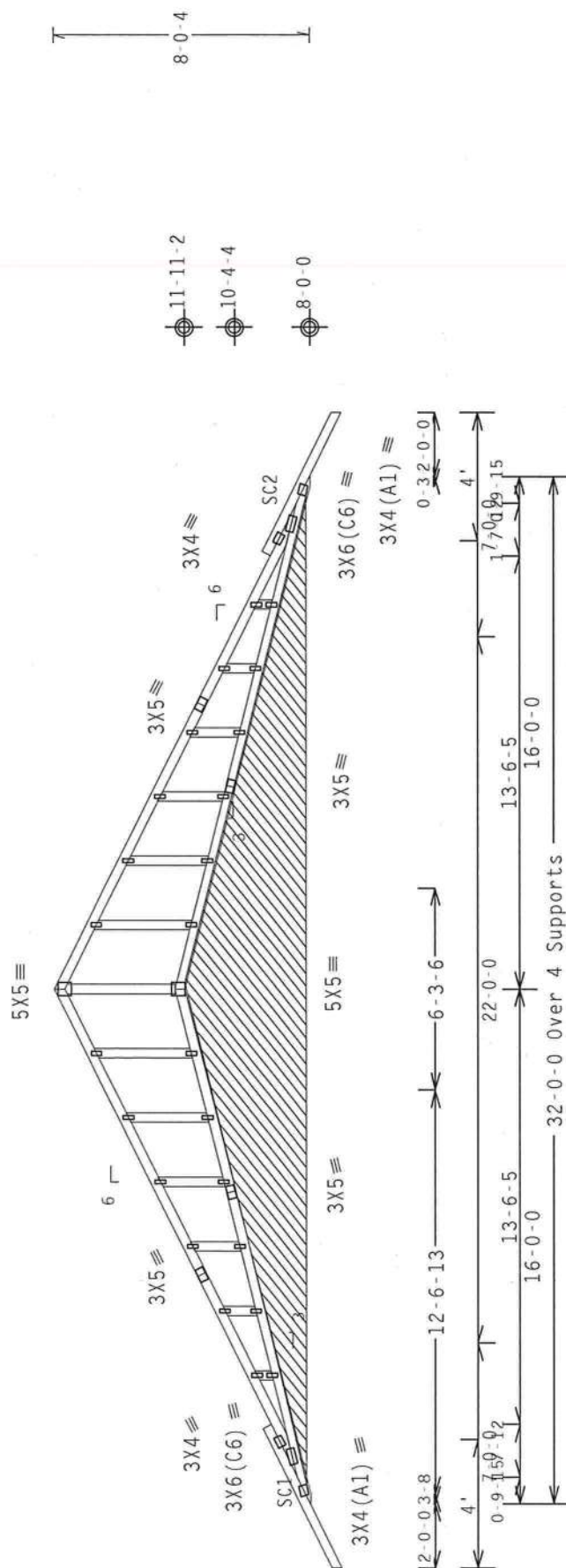
Stack Chord SC1 2x4 SP #2 Dense::Stack Chord SC2 2x4 SP #2 Dense:

Roof overhang supports 2.00 psf soffit load.

See DWGS A11015050109 & GBLETIN0109 for more requirements.

Stacked top chord must NOT be notched or cut in area (NNL). Attach stacked top chord (SC) to dropped top chord in notchable area using 3x4 tie-plates 24" o.c. Center plate on stacked/dropped chord interface, plate length perpendicular to chord length. Splice top chord in notchable area using 3x6.

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R-162 PLF U=29 PLF W=9-5-2 R=161 PLF U=28 PLF W=6-3-6
R-161 PLF U=18 PLF W=6-3-6 R=161 PLF U=29 PLF W=9-5-2
R-161 PLF U=32/32 PLF W=32/32

Note: All plates are 1.5X4 except as shown.

Design Crit: FBC2007Res/TPI-2002(STD)

Scale = .1875"/Ft.

0:061.000000 QTY:1 FL/-/4/-/-/R/-

Scale = .1875"/Ft.

FF R8228- 66731

DATE	07/21/00
TO	0220X

DATE 01/31/09

IRW HCUSR8228 09212008

IC-ENG KD/WHK

27033

7CQ/C
5/93Z

ROM AH

REF- 1TTT8228Z01

*WARNING** TRUSSES REQUIRE EXTREME CARE IN FABRICATION, HANDLING, SHIPPING, INSTALLING AND BRACING. TRUSSES ARE NOT TO BE USED AS A SHELTER OR SHELTER SHELTER. FOR MORE INFORMATION, CONTACT THE TRUSS MANUFACTURER. TRUSS MANUFACTURER: NORTH LEE STREET, SUITE 312, ALABAMA, VA 22314, AND WCA (WOOD TRUSS COUNCIL OF AMERICA, 6300 WOODBURN AVENUE, SUITE 100, ALABAMA, VA 22314). FOR SAFETY PRACTICES PRIOR TO PERFORMING THESE FUNCTIONS, UNLESS OTHERWISE INDICATED, TOP CHORD SHALL HAVE PROPERLY ATTACHED STRUCTURAL PANELS AND BOTTOM CHORD SHALL HAVE PROPERLY ATTACHED RIGID CEILING.

[illegible]

ALPINE

ITW Building Components Group Inc.

Haines City, FL 33844

FL 604-119 278

(9-168--SLK Construction Joplin --, ** - B1)

Top chord 2x4 SP #2 Dense
Bot chord 2x4 SP #2 Dense
Webs 2x4 SP #3

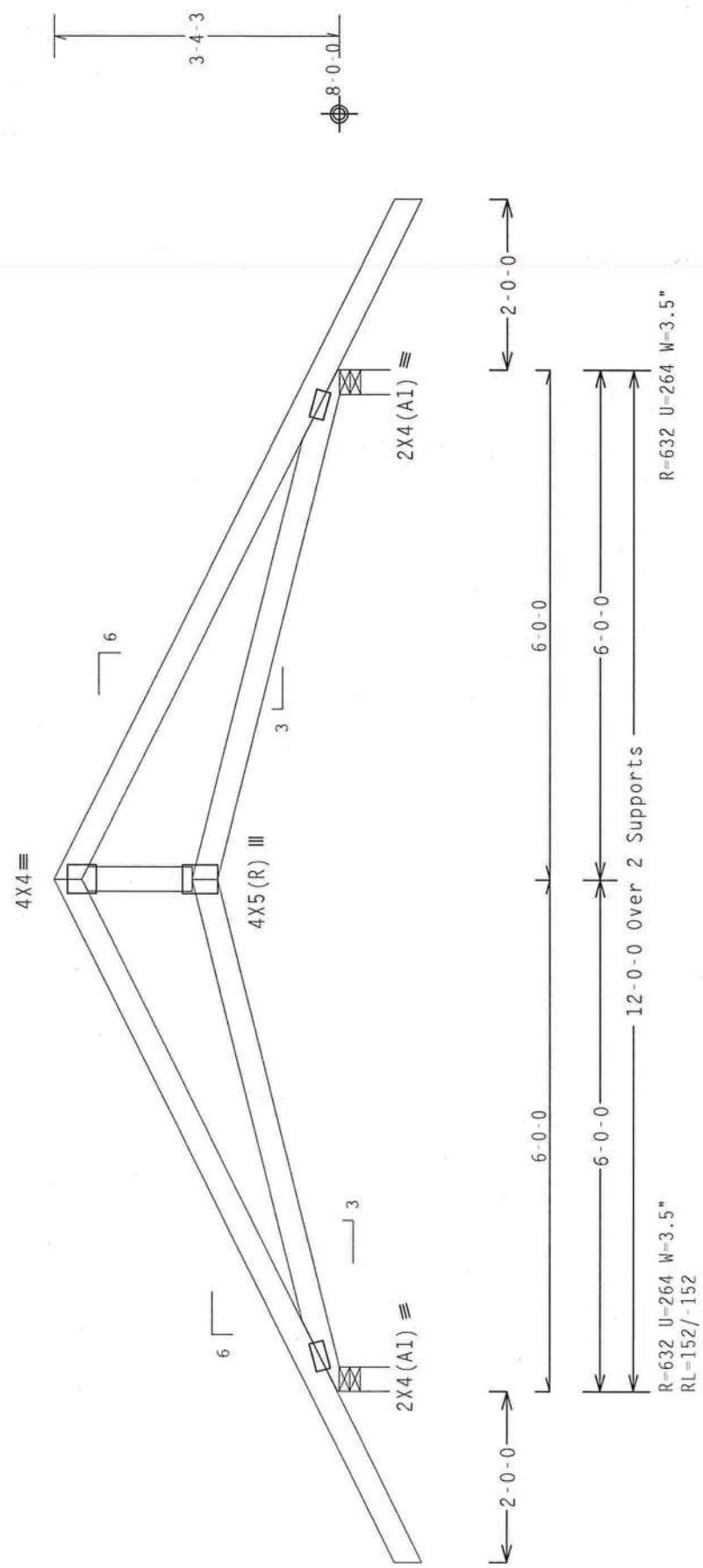
110 mph wind, 15.00 ft mean hgt, ASCE 7-05, PART. ENC. bldg,
Located anywhere in roof, CAT II, EXP C, wind TC DL=5.0 psf, wind
BC DL=5.0 psf. Iw=1.00 GCpi(+/-)=0.55

Roof overhang supports 2.00 psf soffit load.

Wind reactions based on MWFRS pressures.

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

Deflection meets L/240 live and L/180 total load.



Design Crit: FBC2007Res/TPI-2002(STD)

FT/RT=10%(0%)/0(0)

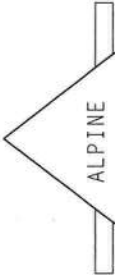
9.02.00

QTY:9


Scale =.5"/Ft.

****WARNING**** TRUSSES REQUIRING EXTREME CARE IN FABRICATING, HANDLING, SHIPPING, INSTALLING AND BRACING. REFER TO BEST BUILDING COMPONENT SAFETY INFORMATION, PUBLISHED BY TPI (TRUSS PLATE INSTITUTE), 210 NORTH LEE STREET, SUITE 312, ALEXANDRIA, VA, 22304 AND MICA (WOOD TRUSS COUNCIL OF AMERICA), 6300 ENTERPRISE LANE, MADISON, MI 48071 FOR SAFETY PRACTICES PRIOR TO PERFORMING THESE FUNCTIONS. UNLESS OTHERWISE INDICATED TOP CHORD SHALL HAVE PROPERLY ATTACHED STRUCTURAL PANELS AND BOTTOM CHORD SHALL HAVE A PROPERLY ATTACHED RIGID CEILING.

****IMPORTANT**** FURNISH A COPY OF THIS DESIGN TO THE INSTALLATION CONTRACTOR. ITM BCG, INC. SHALL NOT BE RESPONSIBLE FOR ANY DEVIATION FROM THIS DESIGN; ANY FAILURE TO BUILD THE TRUSS IN CONFORMANCE WITH TPI; OR FABRICATING, HANDLING, SHIPPING, INSTALLING & BRACING OF TRUSSES. DESIGN CONFORMS WITH APPLICABLE PROVISIONS OF NDS (NATIONAL DESIGN SPEC., BY AIA/P&J AND TPI). ITM BCG CONNECTOR PLATES ARE MADE OF 2024-T3 ALUMINUM (40/60 (4, 4/8, 5/8) GALV. STEEL. APPLY PLATES TO EACH FACE OF TRUSS AND, UNLESS OTHERWISE LOCATED ON THIS DESIGN, POSITION PER DRAWINGS 160A-2. ANY INSPECTION OF PLATES FOLLOWED BY (1) SHALL BE PER-AMERICAN INSTITUTE OF TPI-2002 SEC.3. A SEAL ON THIS DRAWING INDICATES ACCEPTANCE OF PROFESSIONAL ENGINEERING RESPONSIBILITY SOLELY FOR THE TRUSS COMPONENT INDICATED. THE SEALING OF THIS COMPONENT FOR ANY BUILDING IS THE RESPONSIBILITY OF THE BUILDING DESIGNED PER AIA/TPI 1 SEC. 2.



ITW Building Components Group Inc.
Haines City, FL 33844
FL 33844-0278



JAMES F. HENSELEY, JR.
No. 52212
STATE OF FLORIDA
PROFESSIONAL ENGINEER
Jul 31 09

TC LL	20.0 PSF	REF	R8228- 66732
TC DL	10.0 PSF	DATE	07/31/09
BC DL	10.0 PSF	DRW	HCUSR8228 09212006
BC LL	0.0 PSF	HC-ENG	KD/WHK
TOT.LD.	40.0 PSF	SEQN-	37635
DUR.FAC.	1.25	FROM	AH
SPACING	24.0"	JREF-	1TTT8228Z01

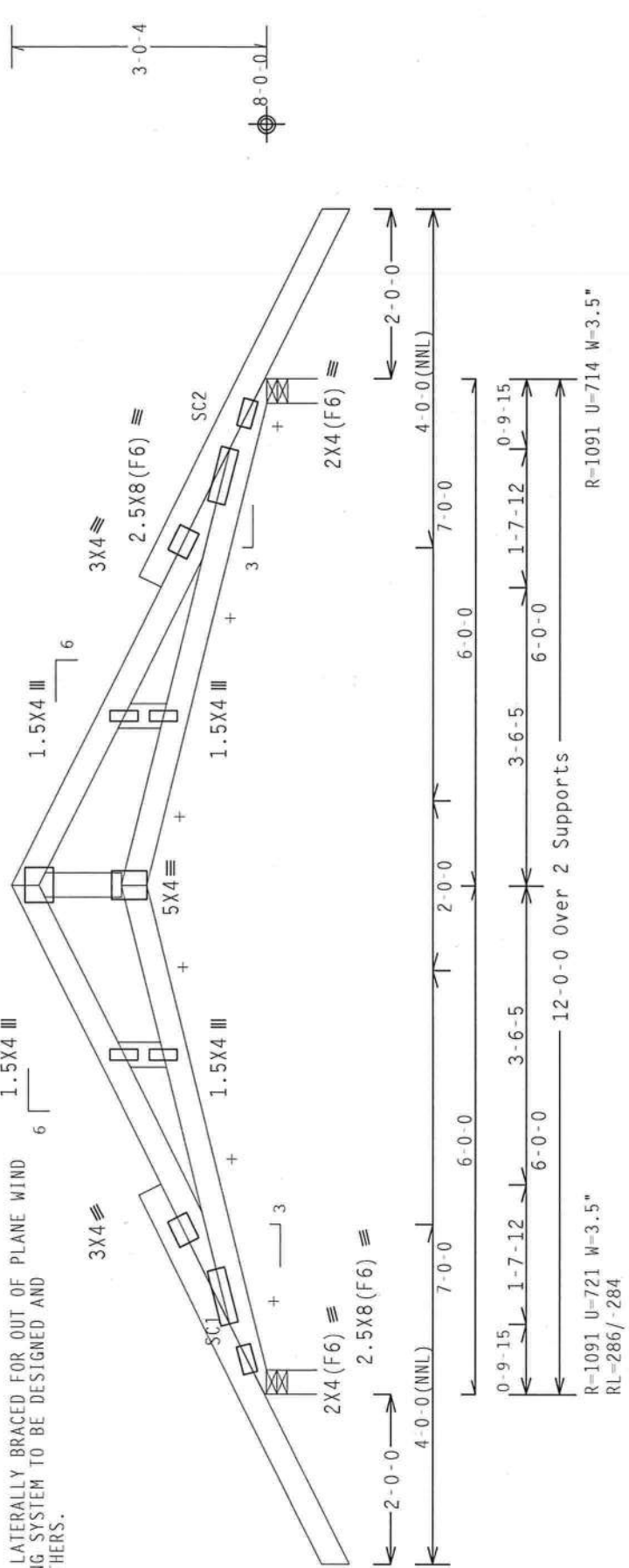
Top chord 2x4 SP #2 Dense
Bot chord 2x4 SP #2 Dense
Webs 2x4 SP #3
:Stack Chord SC1 2x4 SP #2 Dense::Stack Chord SC2 2x4 SP #2 Dense:
Roof overhang supports 2.00 psf soffit load.

See DWGS A140GC020109 & A140GS020109 for more requirements.
Stacked top chord must NOT be notched or cut in area (NNL). Attach stacked top chord (SC) to dropped top chord in notched area using 3x4 tie-plates 24" o.c. Center plate on stacked/dropped chord interface, plate length perpendicular to chord length. Splice top chord in notched area using 3x6.

THE BUILDING DESIGNER IS RESPONSIBLE FOR THE DESIGN OF THE ROOF AND CEILING DIAPHRAGMS, GABLE END SHEAR WALLS, AND SUPPORTING SHEAR WALLS. SHEAR WALLS MUST PROVIDE CONTINUOUS LATERAL RESTRAINT TO THE GABLE END. ALL CONNECTIONS TO BE DESIGNED BY THE BUILDING DESIGNER.

+ MEMBER TO BE LATERALLY BRACED FOR OUT OF PLANE WIND LOADS. BRACING SYSTEM TO BE DESIGNED AND FURNISHED BY OTHERS.

110 mph wind, 15.00 ft mean hgt, ASCE 7-05, PART-ENC. bldg, located anywhere in roof, CAT II, EXP C, wind TC DL=5.0 psf, wind BC DL=5.0 psf. $I_w=1.00$ GCpi(+/-)=0.55
Wind reactions based on MWFRS pressures.
Truss spaced at 24.0" OC designed to support 2-0-0 top chord outlookers. Cladding load shall not exceed 10.00 PSF. Top chord must not be cut or notched.
In lieu of structural panels use purlins to brace TC @ 24" OC.
Bottom chord checked for 10.00 psf non-concurrent live load.
Deflection meets L/240 live and L/180 total load.



PLT TYP. Wave

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

9.02.00. (Stamp: JAMES E. JOPLIN, JR., No. 52212, STATE OF FLORIDA, PROFESSIONAL ENGINEER)

Scale = 5" / Ft.

TC LL	20.0 PSF	REF	R8228- 66733
TC DL	10.0 PSF	DATE	07/31/09
BC DL	10.0 PSF	DRW	HCUSR8228 09212007
BC LL	0.0 PSF	HC-ENG	KD/WHK
TOT.LD.	40.0 PSF	SEON-	37641
DUR.FAC.	1.25	FROM	AH
SPACING	24.0"	JREF-	1TTT8228Z01

ALPINE

rtw Building Components Group Inc.
Haines City, FL 33844
FL 000000278

IMPORTANT** FURNISH A COPY OF THIS DESIGN TO THE INSTALLATION CONTRACTOR. ITW BCG, INC. SHALL NOT BE RESPONSIBLE FOR ANY DEVIATION FROM THIS DESIGN; ANY FAILURE TO BUILD THE TRUSS IN CONFORMANCE WITH TPI; OR FABRICATING, HANDLING, SHIPPING, INSTALLING & BRACING OF TRUSSES. DESIGN CONFORMS WITH APPLICABLE PROVISIONS OF THIS NATIONAL DESIGN SPEC. BY AFPA) AND TPI. ITW BCG CORP. PLATES ARE MADE OF 2018/16GA (N-H/SS/PS) ASTM A653 GRADE 40/60 (N, K/P,SS) GALV. STEEL. APPLY PLATES TO EACH FACE OF TRUSS AND, UNLESS OTHERWISE LOCATED ON THIS DESIGN, POSITION PER DRAWINGS 16GA 2. INSPECTION OF PLATES FOLLOWED BY (1) SHALL BE PER AMERICAN INSTITUTE OF STEEL CONSTRUCTION (AISC) OR THIS DESIGNER'S SHOWN. THE SUITABILITY AND USE OF THIS COMPONENT FOR ANY BUILDING IS THE RESPONSIBILITY OF THE BUILDING DESIGNER PER AISC/TPI 1 SEC. 2.

GABLE STUD REINFORCEMENT DETAIL

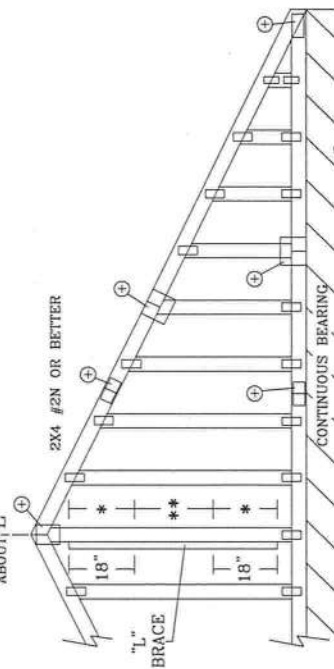
2x4 GABLE VERTICAL SPACING		BRACE		NO BRACES	(1) 1x4 "L" BRACE *				(1) 2x4 "L" BRACE *				(2) 2x4 "L" BRACE **				(1) 2x6 "L" BRACE *				(2) 2x6 "L" BRACE *			
		GRADE			GROUP A	GROUP B	GROUP A	GROUP B	GROUP A	GROUP B	GROUP A	GROUP B	GROUP A	GROUP B	GROUP A	GROUP B	GROUP A	GROUP B	GROUP A	GROUP B	GROUP A	GROUP B		
12" O.C.	SPFH	#1 / #2	3' 10"	6' 8"	6' 10"	7' 11"	8' 1"	9' 5"	9' 8"	12' 5"	12' 9"	14' 0"	14' 0"	14' 0"	14' 0"	14' 0"	14' 0"	14' 0"	14' 0"	14' 0"	14' 0"	14' 0"		
			#3	3' 9"	6' 0"	7' 11"	7' 11"	7' 11"	9' 5"	9' 5"	12' 4"	12' 4"	14' 0"	14' 0"	14' 0"	14' 0"	14' 0"	14' 0"	14' 0"	14' 0"	14' 0"	14' 0"		
		STANDARD	3' 9"	5' 2"	6' 9"	6' 9"	6' 9"	9' 1"	10' 7"	10' 7"	14' 0"	14' 0"	14' 0"	14' 0"	14' 0"	14' 0"	14' 0"	14' 0"	14' 0"	14' 0"	14' 0"	14' 0"		
			#1	4' 3"	6' 8"	7' 2"	7' 11"	8' 6"	9' 5"	10' 2"	13' 5"	13' 5"	14' 0"	14' 0"	14' 0"	14' 0"	14' 0"	14' 0"	14' 0"	14' 0"	14' 0"	14' 0"		
			#2	4' 2"	6' 8"	7' 2"	7' 11"	8' 6"	9' 5"	10' 2"	13' 5"	13' 5"	14' 0"	14' 0"	14' 0"	14' 0"	14' 0"	14' 0"	14' 0"	14' 0"	14' 0"	14' 0"		
	DFL	#3	4' 0"	6' 2"	6' 2"	7' 11"	8' 1"	9' 5"	9' 11"	12' 5"	12' 8"	14' 0"	14' 0"	14' 0"	14' 0"	14' 0"	14' 0"	14' 0"	14' 0"	14' 0"	14' 0"	14' 0"		
			STUD	4' 0"	6' 1"	7' 11"	8' 0"	9' 5"	9' 11"	12' 5"	12' 6"	14' 0"	14' 0"	14' 0"	14' 0"	14' 0"	14' 0"	14' 0"	14' 0"	14' 0"	14' 0"	14' 0"		
		STANDARD	3' 10"	5' 3"	5' 3"	6' 11"	6' 11"	9' 4"	10' 10"	11' 1"	14' 0"	14' 0"	14' 0"	14' 0"	14' 0"	14' 0"	14' 0"	14' 0"	14' 0"	14' 0"	14' 0"	14' 0"		
			#1 / #2	4' 5"	7' 8"	7' 10"	9' 1"	9' 4"	10' 10"	11' 1"	14' 0"	14' 0"	14' 0"	14' 0"	14' 0"	14' 0"	14' 0"	14' 0"	14' 0"	14' 0"	14' 0"	14' 0"		
			#3	4' 4"	7' 4"	7' 4"	9' 1"	9' 1"	10' 10"	10' 10"	14' 0"	14' 0"	14' 0"	14' 0"	14' 0"	14' 0"	14' 0"	14' 0"	14' 0"	14' 0"	14' 0"	14' 0"		
16" O.C.	SPFH	STUD	4' 4"	6' 4"	7' 6"	9' 1"	9' 6"	10' 10"	11' 4"	14' 0"	14' 0"	14' 0"	14' 0"	14' 0"	14' 0"	14' 0"	14' 0"	14' 0"	14' 0"	14' 0"	14' 0"			
			STANDARD	4' 4"	6' 4"	8' 4"	8' 4"	9' 9"	10' 10"	10' 10"	12' 11"	12' 11"	14' 0"	14' 0"	14' 0"	14' 0"	14' 0"	14' 0"	14' 0"	14' 0"	14' 0"			
		#1	4' 10"	7' 8"	8' 3"	9' 1"	9' 9"	10' 10"	11' 8"	14' 0"	14' 0"	14' 0"	14' 0"	14' 0"	14' 0"	14' 0"	14' 0"	14' 0"	14' 0"	14' 0"	14' 0"			
			#2	4' 9"	7' 8"	8' 3"	9' 1"	9' 9"	10' 10"	11' 8"	14' 0"	14' 0"	14' 0"	14' 0"	14' 0"	14' 0"	14' 0"	14' 0"	14' 0"	14' 0"	14' 0"			
			#3	4' 6"	7' 7"	7' 7"	9' 1"	9' 6"	10' 10"	11' 4"	14' 0"	14' 0"	14' 0"	14' 0"	14' 0"	14' 0"	14' 0"	14' 0"	14' 0"	14' 0"	14' 0"			
	DFL	STUD	4' 6"	7' 6"	7' 6"	9' 1"	9' 6"	10' 10"	11' 4"	14' 0"	14' 0"	14' 0"	14' 0"	14' 0"	14' 0"	14' 0"	14' 0"	14' 0"	14' 0"	14' 0"	14' 0"			
			STANDARD	4' 5"	6' 5"	6' 5"	8' 6"	8' 6"	10' 10"	11' 1"	13' 3"	13' 3"	14' 0"	14' 0"	14' 0"	14' 0"	14' 0"	14' 0"	14' 0"	14' 0"	14' 0"			
		#1 / #2	4' 11"	8' 5"	8' 8"	10' 0"	10' 3"	11' 11"	12' 3"	14' 0"	14' 0"	14' 0"	14' 0"	14' 0"	14' 0"	14' 0"	14' 0"	14' 0"	14' 0"	14' 0"	14' 0"			
			#3	4' 9"	8' 5"	8' 5"	10' 0"	10' 0"	11' 11"	11' 11"	14' 0"	14' 0"	14' 0"	14' 0"	14' 0"	14' 0"	14' 0"	14' 0"	14' 0"	14' 0"	14' 0"			
			STUD	4' 9"	8' 5"	8' 5"	10' 0"	10' 0"	11' 11"	11' 11"	14' 0"	14' 0"	14' 0"	14' 0"	14' 0"	14' 0"	14' 0"	14' 0"	14' 0"	14' 0"	14' 0"			
SP	STANDARD	4' 9"	7' 3"	7' 3"	9' 7"	9' 7"	11' 11"	11' 11"	14' 0"	14' 0"	14' 0"	14' 0"	14' 0"	14' 0"	14' 0"	14' 0"	14' 0"	14' 0"	14' 0"	14' 0"				
		#1	5' 4"	8' 5"	9' 1"	10' 0"	10' 9"	11' 11"	12' 10"	14' 0"	14' 0"	14' 0"	14' 0"	14' 0"	14' 0"	14' 0"	14' 0"	14' 0"	14' 0"					
		#2	5' 3"	8' 5"	9' 1"	10' 0"	10' 9"	11' 11"	12' 10"	14' 0"	14' 0"	14' 0"	14' 0"	14' 0"	14' 0"	14' 0"	14' 0"	14' 0"	14' 0"					
	DFL	#3	5' 0"	8' 5"	8' 5"	10' 0"	10' 6"	11' 11"	12' 6"	14' 0"	14' 0"	14' 0"	14' 0"	14' 0"	14' 0"	14' 0"	14' 0"	14' 0"	14' 0"					
		STUD	5' 0"	8' 5"	8' 7"	10' 0"	10' 6"	11' 11"	12' 6"	14' 0"	14' 0"	14' 0"	14' 0"	14' 0"	14' 0"	14' 0"	14' 0"	14' 0"	14' 0"					

MAX GABLE VERTICAL LENGTH

DIAGONAL BRACE OPTION:
VERTICAL LENGTH MAY BE
DOUBLED WHEN DIAGONAL
BRACE IS USED. CONNECT
DIAGONAL BRACE FOR 6000
AT EACH END. MAX WEB
TOTAL LENGTH IS 14".

VERTICAL LENGTH SHOWN
IN TABLE ABOVE.

CONNECT DIAGONAL AT
MIDPOINT OF VERTICAL



REFER TO CHART ABOVE FOR MAX GABLE VERTICAL LENGTH.

WARNING READ AND FOLLOW ALL NOTES ON THIS SHEET
Trusses require extreme care in fabricating, handling, shipping, and erecting. The following information is provided by BCSI (Building Component Safety Information, by TPI and BCSI) for these functions. Installers shall provide temporary bracing to support the trusses until the permanent lateral restraint has been properly attached structural panels and bottom chord bracing. Locations shown for permanent lateral restraint are shown in Figures 33 & 37. See this job's general notes for additional information.

****IMPORTANT**** FURNISH COPY OF THIS DESIGN TO INSTALLATION CONTRACTOR. ITW Building Components Group Inc. (TWBCC) shall not be responsible for the design or installation of trusses made with TPI or fabricating hand holes. TWBCC connector plates are made of 20/18/16GA W/H 1/4". Apply plates to each face of truss positioned at shop connections. This design does not indicate acceptance and professional responsibility for the truss component design shown. The suitability and use of this component is the responsibility of the Bulna Designer per ANSI/TPI 1 Sec. 2.

Earth City, MO 63045

REF	ASCE7-05-GABI10I5
DATE	1/1/09
DRWG	A11015050109

MAX. TOT. LD. 60 PSF

09 No. 52212

MAX. SPACING 24.0"

STATE OF
FLORIDA
PROFESSIONAL ENGINEER

FLORIDA ENERGY EFFICIENCY CODE FOR BUILDING CONSTRUCTION

Florida Department of Community Affairs Residential Performance Method A

Project Name: 907143SLKConstructionJoplingRes
 Street:
 City, State, Zip: , FL ,
 Owner: Jopling
 Design Location: FL, Gainesville

Builder Name: SLK Construction
 Permit Office: *COLUMBIA*
 Permit Number: *28053*
 Jurisdiction: *221000*

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	2	
5. Is this a worst case?	Yes	
6. Conditioned floor area (ft ²)	1236	
7. Windows	Description	Area
a. U-Factor:	Dbl, U=0.30	332.00 ft ²
SHGC:	SHGC=0.32	
b. U-Factor:	N/A	ft ²
SHGC:		
c. U-Factor:	N/A	ft ²
SHGC:		
d. U-Factor:	N/A	ft ²
SHGC:		
e. U-Factor:	N/A	ft ²
SHGC:		
8. Floor Types	Insulation	Area
a. Raised Floor	R=19.0	1236.00 ft ²
b. N/A	R=	ft ²
c. N/A	R=	ft ²

9. Wall Types	Insulation	Area
a. Frame - Wood, Exterior	R=13.0	1296.00 ft ²
b. N/A	R=	ft ²
c. N/A	R=	ft ²
d. N/A	R=	ft ²
10. Ceiling Types	Insulation	Area
a. Under Attic (Vented)	R=30.0	1303.00 ft ²
b. N/A	R=	ft ²
c. N/A	R=	ft ²
11. Ducts		
a. Sup: Attic Ret: Interior AH: Interior Sup. R= 6, 120 ft ²		
12. Cooling systems		
a. Central Unit	Cap: 26.0 kBtu/hr	SEER: 13
13. Heating systems		
a. Electric Heat Pump	Cap: 26.0 kBtu/hr	HSPF: 7.7
14. Hot water systems		
a. Electric	Cap: 40 gallons	EF: 0.93
b. Conservation features	None	
15. Credits	None	

Glass/Floor Area: 0.269

Total As-Built Modified Loads: 31.94

Total Baseline Loads: 38.21

PASS

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

PREPARED BY: *[Signature]*
 DATE: *7/30/09 E. Beaman*

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

OWNER/AGENT: _____
 DATE: _____

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: _____

PROJECT

Title: 907143SLKConstructionJoplin	Bedrooms: 2	Address Type: Lot Information
Building Type: FLAsBuilt	Bathrooms: 0	Lot #: 20
Owner: Jopling	Conditioned Area: 1236	SubDivision: 3 Rivers Est
# of Units: 1	Total Stories: 1	PlatBook:
Builder Name: SLK Construction	Worst Case: Yes	Street:
Permit Office:	Rotate Angle: 270	County: Columbia
Jurisdiction:	Cross Ventilation: No	City, State, Zip: , FL ,
Family Type: Single-family	Whole House Fan: No	
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, Gainesville	FL_GAINESVILLE_REGI	2	32	92	75	70	1305.5	51	Medium

FLOORS

	#	Floor Type	R-Value	Area	Tile	Wood	Carpet
✓	1	Raised Floor		1236 ft²	19	0.5	0.5

ROOF

	#	Type	Materials	Roof Area	Gable Area	Roof Color	Solar Absor.	Tested	Deck Insul.	Pitch
✓	1	Hip	Composition shingles	1382 ft²	0 ft²	Dark	0.96	No	0	26.6 deg

ATTIC

	#	Type	Ventilation	Vent Ratio (1 in)	Area	RBS	IRCC
✓	1	Partial cathedral cei	Vented	303	1236 ft²	N	N

CEILING

	#	Ceiling Type	R-Value	Area	Framing Frac	Truss Type
✓	1	Under Attic (Vented)	30	1303 ft²	0.11	Wood

WALLS

	#	Ornt	Adjacent To	Wall Type	Cavity R-Value	Area	Sheathing R-Value	Framing Fraction	Solar Absor.
✓	1	N	Exterior	Frame - Wood	13	320 ft²	0	0.23	0.75
	2	S	Exterior	Frame - Wood	13	320 ft²	0	0.23	0.75
	3	E	Exterior	Frame - Wood	13	328 ft²	0	0.23	0.75
	4	W	Exterior	Frame - Wood	13	328 ft²	0	0.23	0.75

DOORS												
✓	#	Ornt	Door Type		Storms	U-Value	Area					
_____	1	N	Insulated		None	0.46	10 ft²					
_____	2	W	Insulated		None	0.46	10 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	N	Metal	Double (Clear)	Yes	0.3	0.32	N	60 ft²	0 ft 66 in	0 ft 78 in	HERS 2006	None
_____	2	N	Metal	Double (Clear)	Yes	0.3	0.32	N	10 ft²	0 ft 66 in	0 ft 90 in	HERS 2006	None
_____	3	N	Metal	Double (Clear)	Yes	0.3	0.32	N	30 ft²	0 ft 18 in	0 ft 54 in	HERS 2006	None
_____	4	E	Metal	Double (Clear)	Yes	0.3	0.32	N	30 ft²	0 ft 18 in	0 ft 18 in	HERS 2006	None
_____	5	E	Metal	Double (Clear)	Yes	0.3	0.32	N	12 ft²	0 ft 18 in	0 ft 18 in	HERS 2006	None
_____	6	S	Metal	Double (Clear)	Yes	0.3	0.32	N	30 ft²	0 ft 18 in	0 ft 54 in	HERS 2006	None
_____	7	S	Metal	Double (Clear)	Yes	0.3	0.32	N	9 ft²	0 ft 18 in	0 ft 90 in	HERS 2006	None
_____	8	W	Metal	Double (Clear)	Yes	0.3	0.32	N	10 ft²	0 ft 224 in	0 ft 30 in	HERS 2006	None
_____	9	W	Metal	Double (Clear)	Yes	0.3	0.32	N	18 ft²	0 ft 224 in	0 ft 18 in	HERS 2006	None
_____	10	W	Metal	Double (Clear)	Yes	0.3	0.32	N	63 ft²	0 ft 18 in	0 ft 18 in	HERS 2006	None
_____	11	W	Metal	Double (Clear)	Yes	0.3	0.32	N	60 ft²	0 ft 18 in	0 ft 18 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	1167	7.08	64.1	120.5	0 cfm	0 cfm	0	0

COOLING SYSTEM								
✓	#	System Type	Subtype	Efficiency	Capacity	Air Flow	SHR	Ductless
_____	1	Central Unit	None	SEER: 13	26 kBtu/hr	780 cfm	0.75	

HEATING SYSTEM							
✓	#	System Type	Subtype	Efficiency	Capacity	Ductless	
_____	1	Electric Heat Pump	None	HSPF: 7.7	26 kBtu/hr		

HOT WATER SYSTEM							
✓	#	System Type	EF	Cap	Use	SetPnt	Conservation
_____	1	Electric	0.93	40 gal	50 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	120 ft²	Interior	2 ft²	Default Leakage	Interior				

TEMPERATURES

Programable Thermostat: N					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 PM	78 78	78 78	78 78	78 78	78 78	78 78	78 78	78 78	78 78	78 78	78 78	78 78
Cooling (WEH)	AM PM	78 78	78 78	78 78	78 78	78 78	78 78	78 78	78 78	78 78	78 78	78 78	78 78
Heating (WD)	AM PM	68 68	68 68	68 68	68 68	68 68	68 68	68 68	68 68	68 68	68 68	68 68	68 68
Heating (WEH)	AM PM	68 68	68 68	68 68	68 68	68 68	68 68	68 68	68 68	68 68	68 68	68 68	68 68

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.	

ENERGY PERFORMANCE LEVEL (EPL) DISPLAY CARD

ESTIMATED ENERGY PERFORMANCE INDEX* = 84

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=13.0	1296.00 ft ²
3. Number of units, if multiple family	1		b. N/A	R=	ft ²
4. Number of Bedrooms	2		c. N/A	R=	ft ²
5. Is this a worst case?	Yes		d. N/A	R=	ft ²
6. Conditioned floor area (ft ²)	1236		10. Ceiling Types	Insulation	Area
7. Windows**	Description	Area	a. Under Attic (Vented)	R=30.0	1303.00 ft ²
a. U-Factor:	Dbl, U=0.30	332.00 ft ²	b. N/A	R=	ft ²
SHGC:	SHGC=0.32		c. N/A	R=	ft ²
b. U-Factor:	N/A	ft ²	11. Ducts		
SHGC:			a. Sup: Attic Ret: Interior AH: Interior Sup. R= 6, 120 ft ²		
c. U-Factor:	N/A	ft ²	12. Cooling systems		
SHGC:			a. Central Unit	Cap: 26.0 kBtu/hr	SEER: 13
d. U-Factor:	N/A	ft ²	13. Heating systems		
SHGC:			a. Electric Heat Pump	Cap: 26.0 kBtu/hr	HSPF: 7.7
e. U-Factor:	N/A	ft ²	14. Hot water systems		
SHGC:			a. Electric	Cap: 40 gallons	EF: 0.93
8. Floor Types	Insulation	Area	b. Conservation features		
a. Raised Floor	R=19.0	1236.00 ft ²	None		
b. N/A	R=	ft ²	15. Credits		None
c. N/A	R=	ft ²			

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: _____

Address of New Home: _____ City/FL Zip: _____



*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 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.

Residential System Sizing Calculation

Summary

Jopling

Project Title:
907143SLKConstructionJoplingRes.

Class 3 Rating
Registration No. 0
Climate: North

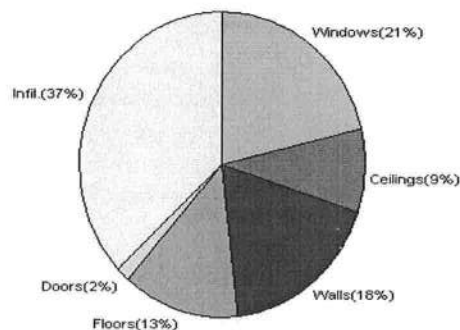
7/30/2009

Location for weather data: Gainesville - Defaults: Latitude(29) Altitude(152 ft.) Temp Range(M)			
Humidity data: Interior RH (50%) Outdoor wet bulb (77F) Humidity difference(54gr.)			
Winter design temperature	33 F	Summer design temperature	92 F
Winter setpoint	70 F	Summer setpoint	75 F
Winter temperature difference	37 F	Summer temperature difference	17 F
Total heating load calculation	17148 Btuh	Total cooling load calculation	21773 Btuh
Submitted heating capacity	% of calc Btuh	Submitted cooling capacity	% of calc Btuh
Total (Electric Heat Pump)	151.6 26000	Sensible (SHR = 0.75)	108.2 19500
Heat Pump + Auxiliary(0.0kW)	151.6 26000	Latent	173.3 6500
		Total (Electric Heat Pump)	119.4 26000

WINTER CALCULATIONS

Winter Heating Load (for 1236 sqft)

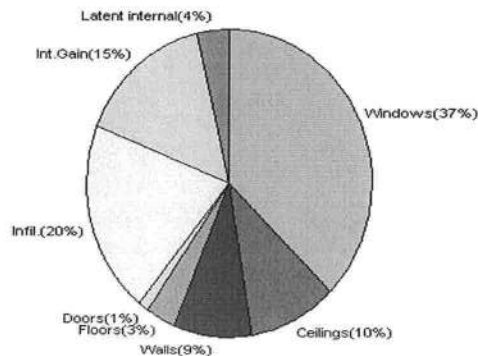
Load component		Load	
Window total	332 sqft	3685	Btuh
Wall total	944 sqft	3100	Btuh
Door total	20 sqft	259	Btuh
Ceiling total	1303 sqft	1535	Btuh
Floor total	1236 sqft	2293	Btuh
Infiltration	155 cfm	6275	Btuh
Duct loss		0	Btuh
Subtotal		17148	Btuh
Ventilation	0 cfm	0	Btuh
TOTAL HEAT LOSS		17148	Btuh



SUMMER CALCULATIONS

Summer Cooling Load (for 1236 sqft)

Load component		Load	
Window total	332 sqft	8133	Btuh
Wall total	944 sqft	1969	Btuh
Door total	20 sqft	196	Btuh
Ceiling total	1303 sqft	2158	Btuh
Floor total		744	Btuh
Infiltration	81 cfm	1503	Btuh
Internal gain		3320	Btuh
Duct gain		0	Btuh
Sens. Ventilation	0 cfm	0	Btuh
Total sensible gain		18022	Btuh
Latent gain(ducts)		0	Btuh
Latent gain(infiltration)		2951	Btuh
Latent gain(ventilation)		0	Btuh
Latent gain(internal/occupants/other)		800	Btuh
Total latent gain		3751	Btuh
TOTAL HEAT GAIN		21773	Btuh



For Florida residences only

EnergyGauge® System Sizing

PREPARED BY:

DATE:

7/30/09

System Sizing Calculations - Winter

Residential Load - Whole House Component Details

Jopling

, FL

Project Title:
907143SLKConstructionJoplingRes.

Class 3 Rating
Registration No. 0
Climate: North

Reference City: Gainesville (Defaults) Winter Temperature Difference: 37.0 F
This calculation is for Worst Case. The house has been rotated 315 degrees.

7/30/2009

Component Loads for Whole House

Window	Panes/SHGC/Frame/U	Orientation	Area(sqft) X	HTM=	Load
1	2, SHGC=0.32, Metal, 0.30	NW	60.0	11.1	666 Btuh
2	2, SHGC=0.32, Metal, 0.30	NW	10.0	11.1	111 Btuh
3	2, SHGC=0.32, Metal, 0.30	NW	30.0	11.1	333 Btuh
4	2, SHGC=0.32, Metal, 0.30	NE	30.0	11.1	333 Btuh
5	2, SHGC=0.32, Metal, 0.30	NE	12.0	11.1	133 Btuh
6	2, SHGC=0.32, Metal, 0.30	SE	30.0	11.1	333 Btuh
7	2, SHGC=0.32, Metal, 0.30	SE	9.0	11.1	100 Btuh
8	2, SHGC=0.32, Metal, 0.30	SW	10.0	11.1	111 Btuh
9	2, SHGC=0.32, Metal, 0.30	SW	18.0	11.1	200 Btuh
10	2, SHGC=0.32, Metal, 0.30	SW	63.0	11.1	699 Btuh
11	2, SHGC=0.32, Metal, 0.30	SW	60.0	11.1	666 Btuh
Window Total			332(sqft)		3685 Btuh
Walls	Type	R-Value	Area X	HTM=	Load
1	Frame - Wood - Ext(0.09)	13.0	944	3.3	3100 Btuh
Wall Total			944		3100 Btuh
Doors	Type		Area X	HTM=	Load
1	Insulated - Exterior		10	12.9	130 Btuh
2	Insulated - Exterior		10	12.9	130 Btuh
Door Total			20		259Btuh
Ceilings	Type/Color/Surface	R-Value	Area X	HTM=	Load
1	Vented Attic/D/Shin)	30.0	1303	1.2	1535 Btuh
Ceiling Total			1303		1535Btuh
Floors	Type	R-Value	Size X	HTM=	Load
1	Raised Wood - Open	19	1236.0 sqft	1.9	2293 Btuh
Floor Total			1236		2293 Btuh
Zone Envelope Subtotal:					10873 Btuh
Infiltration	Type	ACH X	Zone Volume	CFM=	
	Natural	0.94	9888	154.9	6275 Btuh
Ductload	Partially sealed, R6.0, Supply(Attic), Return(NoDucts) (DLM of 0.00)				0 Btuh
Zone #1	Sensible Zone Subtotal				17148 Btuh

Manual J Winter Calculations

Residential Load - Component Details (continued)

Jopling
, FL

Project Title:
907143SLKConstructionJoplingRes.

Class 3 Rating
Registration No. 0
Climate: North

7/30/2009

WHOLE HOUSE TOTALS

	Subtotal Sensible	17148 Btuh
	Ventilation Sensible	0 Btuh
	Total Btuh Loss	17148 Btuh

Key: Window types (SHGC - Shading coefficient of glass as SHGC numerical value or as clear or tint)
(Frame types - metal, wood or insulated metal)
(U - Window U-Factor or 'DEF' for default)
(HTM - ManualJ Heat Transfer Multiplier)

Key: Floor size (perimeter(p) for slab-on-grade or area for all other floor types)



For Florida residences only

System Sizing Calculations - Winter

Residential Load - Room by Room Component Details

Jopling

, FL

Project Title:
907143SLKConstructionJoplingRes.

Class 3 Rating
Registration No. 0
Climate: North

Reference City: Gainesville (Defaults) Winter Temperature Difference: 37.0 F
This calculation is for Worst Case. The house has been rotated 315 degrees.

7/30/2009

Component Loads for Zone #1: Main

Window	Panes/SHGC/Frame/U	Orientation	Area(sqft) X	HTM=	Load
1	2, SHGC=0.32, Metal, 0.30	NW	60.0	11.1	666 Btuh
2	2, SHGC=0.32, Metal, 0.30	NW	10.0	11.1	111 Btuh
3	2, SHGC=0.32, Metal, 0.30	NW	30.0	11.1	333 Btuh
4	2, SHGC=0.32, Metal, 0.30	NE	30.0	11.1	333 Btuh
5	2, SHGC=0.32, Metal, 0.30	NE	12.0	11.1	133 Btuh
6	2, SHGC=0.32, Metal, 0.30	SE	30.0	11.1	333 Btuh
7	2, SHGC=0.32, Metal, 0.30	SE	9.0	11.1	100 Btuh
8	2, SHGC=0.32, Metal, 0.30	SW	10.0	11.1	111 Btuh
9	2, SHGC=0.32, Metal, 0.30	SW	18.0	11.1	200 Btuh
10	2, SHGC=0.32, Metal, 0.30	SW	63.0	11.1	699 Btuh
11	2, SHGC=0.32, Metal, 0.30	SW	60.0	11.1	666 Btuh
Window Total			332(sqft)		3685 Btuh
Walls	Type	R-Value	Area X	HTM=	Load
1	Frame - Wood - Ext(0.09)	13.0	944	3.3	3100 Btuh
Wall Total			944		3100 Btuh
Doors	Type		Area X	HTM=	Load
1	Insulated - Exterior		10	12.9	130 Btuh
2	Insulated - Exterior		10	12.9	130 Btuh
Door Total			20		259Btuh
Ceilings	Type/Color/Surface	R-Value	Area X	HTM=	Load
1	Vented Attic/D/Shin)	30.0	1303	1.2	1535 Btuh
Ceiling Total			1303		1535Btuh
Floors	Type	R-Value	Size X	HTM=	Load
1	Raised Wood - Open	19	1236.0 sqft	1.9	2293 Btuh
Floor Total			1236		2293 Btuh
Zone Envelope Subtotal:					10873 Btuh
Infiltration	Type	ACH X	Zone Volume	CFM=	
	Natural	0.94	9888	154.9	6275 Btuh
Ductload	Partially sealed, R6.0, Supply(Attic), Return(NoDucts) (DLM of 0.00)				0 Btuh
Zone #1	Sensible Zone Subtotal				17148 Btuh

Manual J Winter Calculations

Residential Load - Component Details (continued)

Jopling
, FL

Project Title:
907143SLKConstructionJoplingRes.

Class 3 Rating
Registration No. 0
Climate: North

7/30/2009

WHOLE HOUSE TOTALS

	Subtotal Sensible	17148 Btuh
	Ventilation Sensible	0 Btuh
	Total Btuh Loss	17148 Btuh

Key: Window types (SHGC - Shading coefficient of glass as SHGC numerical value or as clear or tint)
(Frame types - metal, wood or insulated metal)
(U - Window U-Factor or 'DEF' for default)
(HTM - ManualJ Heat Transfer Multiplier)

Key: Floor size (perimeter(p) for slab-on-grade or area for all other floor types)



For Florida residences only

System Sizing Calculations - Summer

Residential Load - Whole House Component Details

Jopling

, FL

Project Title:
907143SLKConstructionJoplingRes.

Class 3 Rating
Registration No. 0
Climate: North

Reference City: Gainesville (Defaults) Summer Temperature Difference: 17.0 F

7/30/2009

This calculation is for Worst Case. The house has been rotated 315 degrees.

Component Loads for Whole House

Window	Type*	Overhang		Window Area(sqft)			HTM		Load		
	Pn/SHGC/U/InSh/ExSh/IS Ornt	Len	Hgt	Gross	Shaded	Unshaded	Shaded	Unshaded			
1	2, SHGC=0.32, 0.30, None,N,N NW	5.5ft	11ft.	60.0	0.0	60.0	12	27	1603	Btuh	
2	2, SHGC=0.32, 0.30, None,N,N NW	5.5ft	12ft.	10.0	0.0	10.0	12	27	267	Btuh	
3	2, SHGC=0.32, 0.30, None,N,N NW	1.5ft	9ft.	30.0	0.0	30.0	12	27	801	Btuh	
4	2, SHGC=0.32, 0.30, None,N,N NE	1.5ft	6ft.	30.0	0.0	30.0	12	27	801	Btuh	
5	2, SHGC=0.32, 0.30, None,N,N NE	1.5ft	3ft.	12.0	0.0	12.0	12	27	321	Btuh	
6	2, SHGC=0.32, 0.30, None,N,N SE	1.5ft	9ft.	30.0	0.0	30.0	12	28	837	Btuh	
7	2, SHGC=0.32, 0.30, None,N,N SE	1.5ft	10ft.	9.0	0.0	9.0	12	28	251	Btuh	
8	2, SHGC=0.32, 0.30, None,N,N SW	18.6	7ft.	10.0	10.0	0.0	12	28	119	Btuh	
9	2, SHGC=0.32, 0.30, None,N,N SW	18.6	4ft.	18.0	18.0	0.0	12	28	214	Btuh	
10	2, SHGC=0.32, 0.30, None,N,N SW	1.5ft	8ft.	63.0	13.7	49.3	12	28	1538	Btuh	
11	2, SHGC=0.32, 0.30, None,N,N SW	1.5ft	6ft.	60.0	18.3	41.7	12	28	1381	Btuh	
	Window Total			332 (sqft)					8133 Btuh		
Walls	Type	R-Value/U-Value		Area(sqft)			HTM		Load		
1	Frame - Wood - Ext	13.0/0.09		944.0			2.1		1969 Btuh		
	Wall Total			944 (sqft)					1969 Btuh		
Doors	Type			Area (sqft)			HTM		Load		
1	Insulated - Exterior			10.0			9.8		98 Btuh		
2	Insulated - Exterior			10.0			9.8		98 Btuh		
	Door Total			20 (sqft)					196 Btuh		
Ceilings	Type/Color/Surface	R-Value		Area(sqft)			HTM		Load		
1	Vented Attic/DarkShingle	30.0		1303.0			1.7		2158 Btuh		
	Ceiling Total			1303 (sqft)					2158 Btuh		
Floors	Type	R-Value		Size			HTM		Load		
1	Raised Wood - Open	19.0		1236 (sqft)			0.6		744 Btuh		
	Floor Total			1236.0 (sqft)					744 Btuh		
	Zone Envelope Subtotal:								13199 Btuh		
Infiltration	Type	ACH		Volume(cuft)			CFM=		Load		
	SensibleNatural	0.49		9888			80.8		1503 Btuh		
Internal gain	Occupants		Btuh/occupant			Appliance		Load			
	4		X 230 +			2400		3320 Btuh			
Duct load	Partially sealed, R6.0, Supply(Attic), Return(NoDucts)							DGM = 0.00		0.0 Btuh	
	Sensible Zone Load								18022 Btuh		

Manual J Summer Calculations

Residential Load - Component Details (continued)

Jopling
, FL

Project Title:
907143SLKConstructionJoplingRes.

Class 3 Rating
Registration No. 0
Climate: North

7/30/2009

WHOLE HOUSE TOTALS

Whole House Totals for Cooling	Sensible Envelope Load All Zones	18022 Btuh
	Sensible Duct Load	0 Btuh
	Total Sensible Zone Loads	18022 Btuh
	Sensible ventilation	0 Btuh
	Blower	0 Btuh
	Total sensible gain	18022 Btuh
	Latent infiltration gain (for 54 gr. humidity difference)	2951 Btuh
	Latent ventilation gain	0 Btuh
	Latent duct gain	0 Btuh
	Latent occupant gain (4 people @ 200 Btuh per person)	800 Btuh
	Latent other gain	0 Btuh
	Latent total gain	3751 Btuh
	TOTAL GAIN	21773 Btuh

*Key: Window types (Pn - Number of panes of glass)

(SHGC - Shading coefficient of glass as SHGC numerical value or as clear or tint)

(U - Window U-Factor or 'DEF' for default)

(InSh - Interior shading device: none(N), Blinds(B), Draperies(D) or Roller Shades(R))

(ExSh - Exterior shading device: none(N) or numerical value)

(BS - Insect screen: none(N), Full(F) or Half(H))

(Ornt - compass orientation)



For Florida residences only

Manual J Summer Calculations

Residential Load - Component Details (continued)

Jopling
, FL

Project Title:
907143SLKConstructionJoplingRes.

Class 3 Rating
Registration No. 0
Climate: North

7/30/2009

WHOLE HOUSE TOTALS

Whole House Totals for Cooling	Sensible Envelope Load All Zones	18022 Btuh
	Sensible Duct Load	0 Btuh
	Total Sensible Zone Loads	18022 Btuh
	Sensible ventilation	0 Btuh
	Blower	0 Btuh
	Total sensible gain	18022 Btuh
	Latent infiltration gain (for 54 gr. humidity difference)	2951 Btuh
	Latent ventilation gain	0 Btuh
	Latent duct gain	0 Btuh
	Latent occupant gain (4 people @ 200 Btuh per person)	800 Btuh
	Latent other gain	0 Btuh
	Latent total gain	3751 Btuh
	TOTAL GAIN	21773 Btuh

*Key: Window types (Pn - Number of panes of glass)
 (SHGC - Shading coefficient of glass as SHGC numerical value or as clear or tint)
 (U - Window U-Factor or 'DEF' for default)
 (InSh - Interior shading device: none(N), Blinds(B), Draperies(D) or Roller Shades(R))
 (ExSh - Exterior shading device: none(N) or numerical value)
 (BS - Insect screen: none(N), Full(F) or Half(H))
 (Ornt - compass orientation)



For Florida residences only

Residential Window Diversity

MidSummer

Jopling
, FL

Project Title:
907143SLKConstructionJoplingRes.

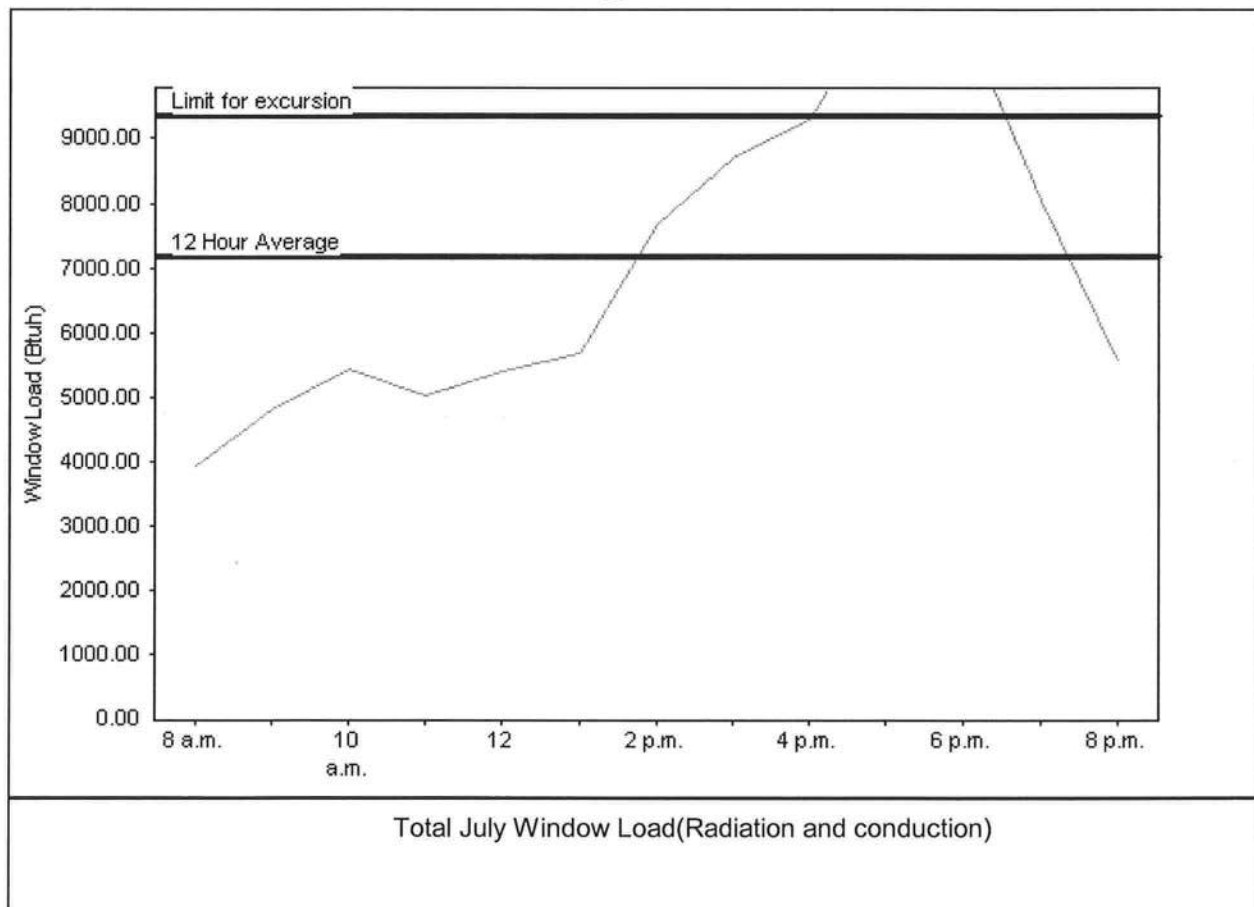
Class 3 Rating
Registration No. 0
Climate: North

7/30/2009

Weather data for: Gainesville - Defaults

Summer design temperature	92 F	Average window load for July	7190 Btuh
Summer setpoint	75 F	Peak window load for July	11447 Btu
Summer temperature difference	17 F	Excursion limit(130% of Ave.)	9347 Btuh
Latitude	29 North	Window excursion (July)	2100 Btuh

WINDOW Average and Peak Loads



This application has glass areas that produce large heat gains for part of the day. Variable air volume devices are required to overcome spikes in solar gain for one or more rooms. Install a zoned system or provide zone control for problem rooms. Single speed equipment may not be suitable for the application.

EnergyGauge® System Sizing for Florida residences only

PREPARED BY:

DATE:

7/30/09

EnergyGauge® FLR2PB v4.1



PROJECT

Title:	907143SLKConstructionJoplin	Bedrooms:	2	Adress Type:	Lot Information
Building Type:	FLAsBuilt	Bathrooms:	0	Lot #	20
Owner:	Jopling	Conditioned Area:	1236	SubDivision:	3 Rivers Est
# of Units:	1	Total Stories:	1	PlatBook:	
Builder Name:	SLK Construction	Worst Case:	Yes	Street:	
Permit Office:		Rotate Angle:	270	County:	Columbia
Jurisdiction:		Cross Ventilation:	No	City, State, Zip:	, FL ,
Family Type:	Single-family	Whole House Fan:	No		
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, Gainesville	FL_GAINESVILLE_REGI	2	32	92	75	70	1305.5	51	Medium

FLOORS

✓	#	Floor Type	R-Value	Area	Tile	Wood	Carpet
_____	1	Raised Floor		1236 ft²	19	0.5	0 0.5

ROOF

✓	#	Type	Materials	Roof Area	Gable Area	Roof Color	Solar Absor.	Tested	Deck Insul.	Pitch
_____	1	Hip	Composition shingles	1382 ft²	0 ft²	Dark	0.96	No	0	26.6 deg

ATTIC

✓	#	Type	Ventilation	Vent Ratio (1 in)	Area	RBS	IRCC
_____	1	Partial cathedral cei	Vented	303	1236 ft²	N	N

CEILING

✓	#	Ceiling Type	R-Value	Area	Framing Frac	Truss Type
_____	1	Under Attic (Vented)	30	1303 ft²	0.11	Wood

WALLS

✓	#	Ornt	Adjacent To	Wall Type	Cavity R-Value	Area	Sheathing R-Value	Framing Fraction	Solar Absor.
_____	1	N	Exterior	Frame - Wood	13	320 ft²	0	0.23	0.75
_____	2	S	Exterior	Frame - Wood	13	320 ft²	0	0.23	0.75
_____	3	E	Exterior	Frame - Wood	13	328 ft²	0	0.23	0.75
_____	4	W	Exterior	Frame - Wood	13	328 ft²	0	0.23	0.75

DOORS												
✓	#	Ornt	Door Type		Storms	U-Value	Area					
✓	1	N	Insulated		None	0.46	10 ft²					
✓	2	W	Insulated		None	0.46	10 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	N	Metal	Double (Clear)	Yes	0.3	0.32	N	60 ft²	0 ft 66 in	0 ft 78 in	HERS 2006	None
✓	2	N	Metal	Double (Clear)	Yes	0.3	0.32	N	10 ft²	0 ft 66 in	0 ft 90 in	HERS 2006	None
✓	3	N	Metal	Double (Clear)	Yes	0.3	0.32	N	30 ft²	0 ft 18 in	0 ft 54 in	HERS 2006	None
✓	4	E	Metal	Double (Clear)	Yes	0.3	0.32	N	30 ft²	0 ft 18 in	0 ft 18 in	HERS 2006	None
✓	5	E	Metal	Double (Clear)	Yes	0.3	0.32	N	12 ft²	0 ft 18 in	0 ft 18 in	HERS 2006	None
✓	6	S	Metal	Double (Clear)	Yes	0.3	0.32	N	30 ft²	0 ft 18 in	0 ft 54 in	HERS 2006	None
✓	7	S	Metal	Double (Clear)	Yes	0.3	0.32	N	9 ft²	0 ft 18 in	0 ft 90 in	HERS 2006	None
✓	8	W	Metal	Double (Clear)	Yes	0.3	0.32	N	10 ft²	0 ft 224 in	0 ft 30 in	HERS 2006	None
✓	9	W	Metal	Double (Clear)	Yes	0.3	0.32	N	18 ft²	0 ft 224 in	0 ft 18 in	HERS 2006	None
✓	10	W	Metal	Double (Clear)	Yes	0.3	0.32	N	63 ft²	0 ft 18 in	0 ft 18 in	HERS 2006	None
✓	11	W	Metal	Double (Clear)	Yes	0.3	0.32	N	60 ft²	0 ft 18 in	0 ft 18 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	1167	7.08	64.1	120.5	0 cfm	0 cfm	0	0

COOLING SYSTEM								
✓	#	System Type	Subtype	Efficiency	Capacity	Air Flow	SHR	Ductless
✓	1	Central Unit	None	SEER: 13	26 kBtu/hr	780 cfm	0.75	

HEATING SYSTEM						
✓	#	System Type	Subtype	Efficiency	Capacity	Ductless
✓	1	Electric Heat Pump	None	HSPF: 7.7	26 kBtu/hr	

HOT WATER SYSTEM							
✓	#	System Type	EF	Cap	Use	SetPnt	Conservation
✓	1	Electric	0.93	40 gal	50 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

✓	#	--- Supply --- Location	R-Value	Area	--- Return --- Location	Area	Leakage Type	Air Handler	CFM 25	Percent Leakage	QN	RLF
	1	Attic	6	120 ft²	Interior	2 ft²	Default Leakage	Interior				

TEMPERATURES

Programable Thermostat: N

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 PM	78 78	78 78	78 78	78 78	78 78	78 78	78 78	78 78	78 78	78 78	78 78	78 78
Cooling (WEH)	AM PM	78 78	78 78	78 78	78 78	78 78	78 78	78 78	78 78	78 78	78 78	78 78	78 78
Heating (WD)	AM PM	68 68	68 68	68 68	68 68	68 68	68 68	68 68	68 68	68 68	68 68	68 68	68 68
Heating (WEH)	AM PM	68 68	68 68	68 68	68 68	68 68	68 68	68 68	68 68	68 68	68 68	68 68	68 68

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.	

ENERGY PERFORMANCE LEVEL (EPL) DISPLAY CARD

ESTIMATED ENERGY PERFORMANCE INDEX* = 84

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=13.0	1296.00 ft ²
3. Number of units, if multiple family	1		b. N/A	R=	ft ²
4. Number of Bedrooms	2		c. N/A	R=	ft ²
5. Is this a worst case?	Yes		d. N/A	R=	ft ²
6. Conditioned floor area (ft ²)	1236		10. Ceiling Types	Insulation	Area
7. Windows**	Description	Area	a. Under Attic (Vented)	R=30.0	1303.00 ft ²
a. U-Factor:	Dbl, U=0.30	332.00 ft ²	b. N/A	R=	ft ²
SHGC:	SHGC=0.32		c. N/A	R=	ft ²
b. U-Factor:	N/A	ft ²	11. Ducts		
SHGC:			a. Sup: Attic Ret: Interior AH: Interior Sup. R= 6, 120 ft ²		
c. U-Factor:	N/A	ft ²	12. Cooling systems		
SHGC:			a. Central Unit	Cap: 26.0 kBtu/hr	SEER: 13
d. U-Factor:	N/A	ft ²	13. Heating systems		
SHGC:			a. Electric Heat Pump	Cap: 26.0 kBtu/hr	HSPF: 7.7
e. U-Factor:	N/A	ft ²	14. Hot water systems		
SHGC:			a. Electric	Cap: 40 gallons	EF: 0.93
8. Floor Types	Insulation	Area	b. Conservation features		
a. Raised Floor	R=19.0	1236.00 ft ²	None		
b. N/A	R=	ft ²	15. Credits		None
c. N/A	R=	ft ²			

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: _____

Address of New Home: _____ City/FL Zip: _____



*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 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.

28053

- District No. 1 - Ronald Williams
- District No. 2 - Dewey Weaver
- District No. 3 - Jody DuPree
- District No. 4 - Stephen E. Bailey
- District No. 5 - Scarlet P. Frisina



BOARD OF COUNTY COMMISSIONERS • COLUMBIA COUNTY

MEMO OF REVIEW FOR CORRECTNESS AND COMPLETION

In accordance with participation in the NFIP/CRS program, all elevation certificates are required to be reviewed for correctness and completion prior to acceptance by the community. This completed form shall be attached to all elevation certificates maintained on file and provided with requested copies of elevation certificates.

- ☐ The attached elevation certificate requires corrections by the surveyor of section(s) _____ prior to acceptance by the community.
- ☒ The attached elevation certificated is complete and correct.
- ☐ Minor corrections have been made in the below marked sections by the authorized Community Official.

SECTION A - PROPERTY INFORMATION		For Insurance Company Use:
A1. Building Owner's Name		Policy Number
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.		Company NAIC Number
City	State	ZIP Code
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)		
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.)		
A5. Latitude/Longitude: Lat. _____ Long. _____		Horizontal Datum: <input type="checkbox"/> NAD 1927 <input 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 _____		
A8. For a building with a crawl space or enclosure(s), provide: a) Square footage of crawl space or enclosure(s) _____ sq ft b) No. of permanent flood openings in the crawl space or enclosure(s) walls within 1.0 foot above adjacent grade _____ c) Total net area of flood openings in A8.b _____ sq in		A9. For a building with an attached garage, provide: a) Square footage of attached garage _____ sq ft b) No. of permanent flood openings in the attached garage walls within 1.0 foot above adjacent grade _____ c) Total net area of flood openings in A9.b _____ sq in

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP Community Name & Community Number		B2. County Name		B3. State	
B4. Map/Panel Number	B5. Suffix	B6. FIRM Index Date	B7. FIRM Panel Effective/Revised Date	B8. Flood Zone(s)	B9. Base Flood Elevation(s) (Zone AO, use base flood depth)
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 type="checkbox"/> Other (Describe) _____					
B11. Indicate elevation datum used for BFE in Item B9: <input type="checkbox"/> NGVD 1929 <input type="checkbox"/> NAVD 1988 <input type="checkbox"/> Other (Describe) _____					
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? <input type="checkbox"/> Yes <input type="checkbox"/> No Designation Date _____ <input type="checkbox"/> CBRS <input type="checkbox"/> OPA					

COMMENTS:

Date of Review: 03 FEB. 2010

BOARD MEETS FIRST THURSDAY AT 7:00 P.M.
AND THIRD THURSDAY AT 1:00 P.M.

Community Official: *[Signature]*

All elevation certificates shall be maintained by the community and copies with the attached memo made available upon request.

P.O. BOX 1529

LAKE CITY, FLORIDA 32056-1529

PHONE (386) 753-4166

ELEVATION CERTIFICATE

OMB No. 1660-0008
Expires March 31, 2012

Important: Read the instructions on pages 1-9.

SECTION A - PROPERTY INFORMATION

A1. Building Owner's Name John Joplin		For Insurance Company Use:
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. SW Riverside Avenue		Policy Number
City Ft White State FL ZIP Code 32038		Company NAIC Number
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) Lot 20 - Section 1 - Three Rivers Estates		
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) <u>Residential</u>		
A5. Latitude/Longitude: Lat. <u>29°56.826'</u> Long. <u>82°47.316'</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>6</u>		
A8. For a building with a crawlspace or enclosure(s):		
a) Square footage of crawlspace or enclosure(s) <u>100</u> sq ft		
b) No. of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade <u>N/A</u>		
c) Total net area of flood openings in A8.b <u>N/A</u> sq in		
d) Engineered flood openings? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
A9. For a building with an attached garage:		
a) Square footage of attached garage <u>N/A</u> sq ft		
b) No. of permanent flood openings in the attached garage within 1.0 foot above adjacent grade <u>N/A</u>		
c) Total net area of flood openings in A9.b <u>N/A</u> 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 County, Florida 120070		B2. County Name Columbia		B3. State Florida	
B4. Map/Panel Number 12023C0458	B5. Suffix C	B6. FIRM Index Date 2/4/09	B7. FIRM Panel Effective/Revised Date 2/4/09	B8. Flood Zone(s) AE	B9. Base Flood Elevation(s) (Zone AO, use base flood depth) 33.0
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 checked="" type="checkbox"/> FIRM <input type="checkbox"/> Community Determined <input type="checkbox"/> Other (Describe) _____					
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 (Describe) _____					
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Designation Date _____ <input type="checkbox"/> CBRS <input type="checkbox"/> OPA					

SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)

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

C2. 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. Use the same datum as the BFE.
Benchmark Utilized Local/Vertical Datum NAVD1988
Conversion/Comments Converted from NGVD1929

Check the measurement used.

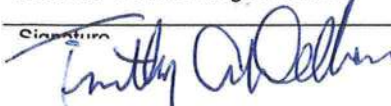
a) Top of bottom floor (including basement, crawlspace, or enclosure floor)	<u>28.05</u>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)
b) Top of the next higher floor	<u>37.59</u>	<input type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)
c) Bottom of the lowest horizontal structural member (V Zones only)	<u>N/A</u>	<input type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)
d) Attached garage (top of slab)	<u>N/A</u>	<input type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)
e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments)	<u>36.53</u>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)
f) Lowest adjacent (finished) grade next to building (LAG)	<u>26.7</u>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)
g) Highest adjacent (finished) grade next to building (HAG)	<u>27.9</u>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)
h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support	<u>26.4</u>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)

SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION

This certification is to be signed and sealed by a land surveyor, engineer, or architect authorized by law to certify elevation information. I certify that the information 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.

☐ Check here if comments are provided on back of form.

Were latitude and longitude in Section A provided by a licensed land surveyor? ☒ Yes ☐ No

Certifier's Name Timothy A. Delbene	License Number LS 5594
Title Land Surveyor & Mapper	Company Name Donald F. Lee & Associates, Inc.
Address 140 NW Ridgewood Ave	City Lake City State FL ZIP Code 32055
Signature 	Date 2/2/2010 Telephone 386 755 8188

PLACE
SEAL
HERE

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. SW Riverside Avenue	Policy Number
City Ft White State FL ZIP Code 32038	Company NAIC Number

SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION (CONTINUED)

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

Comments Mechanical Equip.: Air conditioning unit hung from side of elevated building.

Local elevation benchmark used is from prior surveys by Bennett Wattles & Associates.

C2a - Top of bottom floor elevation is in utility / storage room and not part of Living space.

Signature Timothy A. Delbene Date 2/2/2010 ☐ Check here if attachments

SECTION E - BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO AND ZONE A (WITHOUT BFE)

For Zones AO and A (without BFE), complete Items E1-E5. If the Certificate is intended to support a LOMA or LOMR-F request, complete Sections A, B, and C. For Items E1-E4, use natural grade, if available. Check the measurement used. In Puerto Rico only, enter meters.

- E1. Provide elevation information for the following and check the appropriate boxes to show whether the elevation is above or below the highest adjacent grade (HAG) and the lowest adjacent grade (LAG).
- a) Top of bottom floor (including basement, crawlspace, or enclosure) is _____ ☐ feet ☐ meters ☐ above or ☐ below the HAG.
- b) Top of bottom floor (including basement, crawlspace, or enclosure) is _____ ☐ feet ☐ meters ☐ above or ☐ below the LAG.
- E2. For Building Diagrams 6-9 with permanent flood openings provided in Section A Items 8 and/or 9 (see pages 8-9 of Instructions), the next higher floor (elevation C2.b in the diagrams) of the building is _____ ☐ feet ☐ meters ☐ above or ☐ below the HAG.
- E3. Attached garage (top of slab) is _____ ☐ feet ☐ meters ☐ above or ☐ below the HAG.
- E4. Top of platform of machinery and/or equipment servicing the building is _____ ☐ feet ☐ meters ☐ above or ☐ below the HAG.
- E5. Zone AO only: If no flood depth number is available, is the top of the bottom floor elevated in accordance with the community's floodplain management ordinance? ☐ Yes ☐ No ☐ Unknown. The local official must certify this information in Section G.

SECTION F - PROPERTY OWNER (OR OWNER'S REPRESENTATIVE) CERTIFICATION

The property owner or owner's authorized representative who completes Sections A, B, and E for Zone A (without a FEMA-issued or community-issued BFE) or Zone AO must sign here. *The statements in Sections A, B, and E are correct to the best of my knowledge.*

Property Owner's or Owner's Authorized Representative's Name

Timothy Delbene

Address 140 NW Ridgewood Ave

City Lake City

State FL

ZIP Code 32055

Signature Timothy A. Delbene

Date 2/2/2010

Telephone 386-755-6166

Comments Donald F. Lee & Associates, Inc. - Land Surveyors

☐ Check here if attachments

SECTION G - COMMUNITY INFORMATION (OPTIONAL)

The local official who is authorized by law or ordinance to administer the community's floodplain management ordinance can complete Sections A, B, C (or E), and G of this Elevation Certificate. Complete the applicable item(s) and sign below. Check the measurement used in Items G8 and G9.

- G1. ☐ The information in Section C was taken from other documentation that has been signed and sealed by a licensed surveyor, engineer, or architect who is authorized by law to certify elevation information. (Indicate the source and date of the elevation data in the Comments area below.)
- G2. ☐ A community official completed Section E for a building located in Zone A (without a FEMA-issued or community-issued BFE) or Zone AO.
- G3. ☐ The following information (Items G4-G9) is provided for community floodplain management purposes.

G4. Permit Number	G5. Date Permit Issued	G6. Date Certificate Of Compliance/Occupancy Issued
-------------------	------------------------	---

G7. This permit has been issued for: ☐ New Construction ☐ Substantial Improvement

G8. Elevation of as-built lowest floor (including basement) of the building: _____ ☐ feet ☐ meters (PR) Datum _____

G9. BFE or (in Zone AO) depth of flooding at the building site: _____ ☐ feet ☐ meters (PR) Datum _____

G10. Community's design flood elevation _____ ☐ feet ☐ meters (PR) Datum _____

Local Official's Name _____ Title _____

Community Name _____ Telephone _____

Signature _____ Date _____

Comments

Building Photographs

See Instructions for Item A6.

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. SW Riverside Avenue	For Insurance Company Use: Policy Number
City Ft White State FL ZIP Code 32038	Company NAIC Number
<p>If using the Elevation Certificate to obtain NFIP flood insurance, affix at least two building photographs below according to the instructions for Item A6. Identify all photographs with: date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." If submitting more photographs than will fit on this page, use the Continuation Page on the reverse.</p>	



FRONT VIEW OF HOUSE



REAR VIEW OF HOUSE

[Handwritten Signature]
 08/31/09

SIK Construction

Jopling Residence

ADDRESS:
 Lot 20, Three Rivers Estates
 Columbia County, Florida

Mark Disosway P.E.
 P.O. Box 868
 Lake City, Florida 32056
 Phone: (386) 754 - 5419
 Fax: (386) 269 - 4871

PRINTED DATE:
 August 31, 2009

DRAWN BY: Evan Beamsley
 STRUCTURAL BY: Evan Beamsley

FINALS DATE:
 July 30, 2009

JOB NUMBER:
 907143

DRAWING NUMBER

#2

OF 6 SHEETS

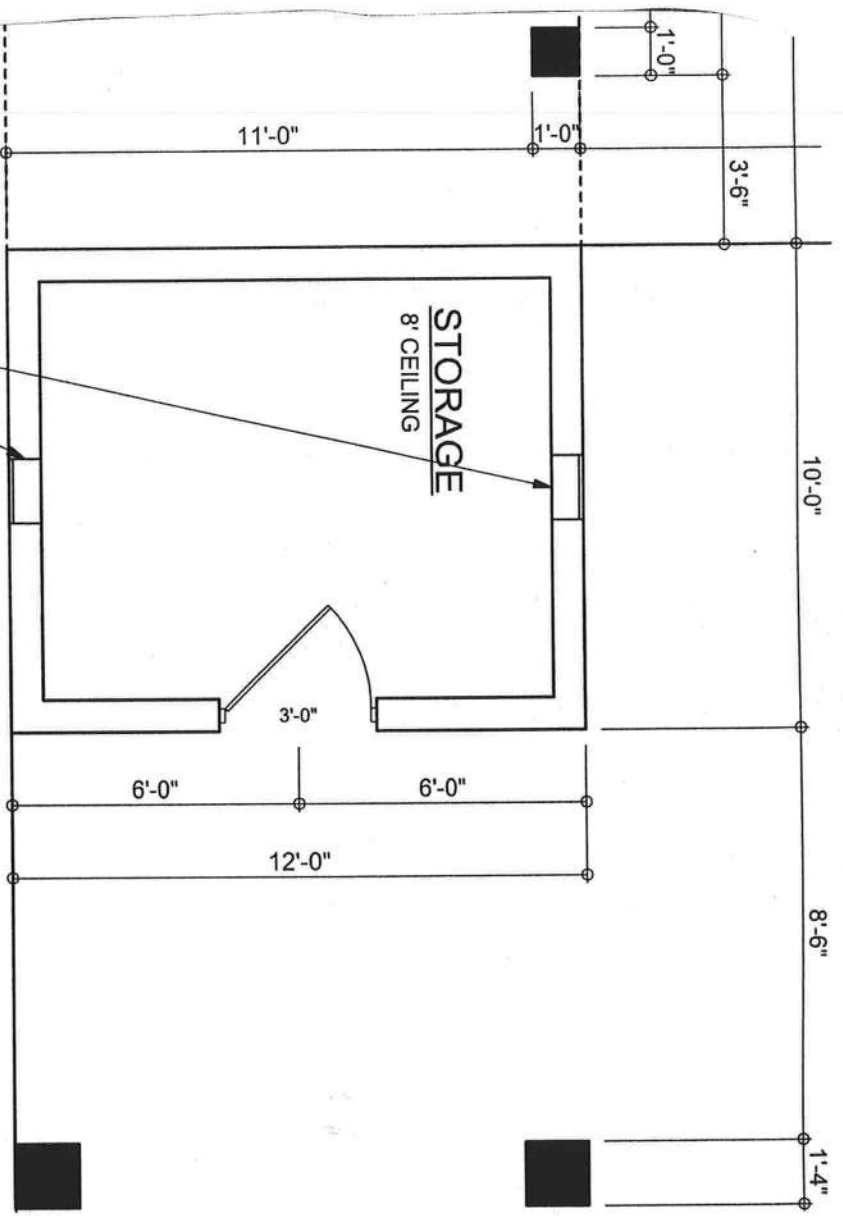
1ST FLOOR PLAN
 SCALE: 1/4" = 1'-0"

FLOOD OPENINGS:
 - (2) 8x16 BLOCK OPENINGS = 62 x 2 = 124 IN²
 (REQUIRED = 1IN² PER FT² OF INCLOSED)
 - BOTTOM OF OPENING SHALL BE
 12" MAX. ABOVE GROUND LEVEL

49'-6 1/2"

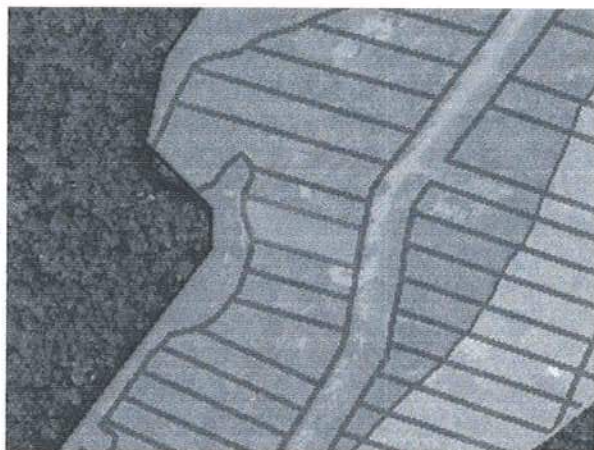
32'-0"

10'-0"





Suwannee River Water Management District Flood Information Report



Zone Descriptions:

Base Flood Elevation (BFE)

The elevation shown on the Flood Insurance Rate Map for Zones AE, AH, A1-A30, AR, AO, V1-V30, and VE that indicates the water surface elevation resulting from a flood that has a one percent chance of equaling or exceeding that level in any given year.

AE, A1-A30

Areas with a 1% annual chance of flooding and a 26% chance of flooding over the life of a 30-year mortgage. In most instances, base flood elevations derived from detailed analyses are shown at selected intervals within these zones.

PROFILE

Date: 8/27/2009

Parcel: 00-00-00-00538-000

County: Columbia

STR: S023 T06S R15E

Status: Effective

FLOOD INFORMATION

FIRM Panel: 12023C0458C

SFHA: Yes

Zone: AE

100YR Elev (BFE): 34.1 (feet)

Floodway: No

10YR Elev: 28.2 (feet)

2YR Elev: 22.4 (feet)

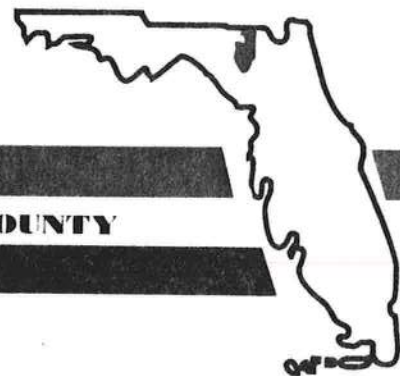
Outstanding Florida Waters: Santa Fe River System

Note: Elevations are based on NAVD88

<p>*****</p> <p>The Federal Emergency Management Agency (FEMA) maintains information about map features, such as street locations and names, in or near designated flood hazard areas. The information herein represents the best available data as of the effective date shown. To obtain more detailed information in areas where Base Flood Elevations (BFEs) and/or floodways have been determined, users are encouraged to consult the FEMA Map Service Center at 1-800-358-9616 for information on available products associated with this FIRM panel. Available products may include previously issued Letters of Map Change, a Flood Insurance Study report, and/or copies of this map.</p> <p>Requests to revise flood information in or near designated flood hazard areas may be provided to FEMA during the community review period.</p>	<p>LINKS</p> <p>FEMA: http://www.fema.gov</p> <p>SRWMD: http://www.srwmd.state.fl.us</p> <p>CONTACT</p> <p>SRWMD 9225 County Road 49 Live Oak, FL 32060</p> <p>(386) 362-1001</p> <p>Toll Free: (800) 226-1066</p>
--	---

District No. 1 - Ronald Williams
District No. 2 - Dewey Weaver
District No. 3 - Jody DuPree
District No. 4 - Stephen E. Bailey
District No. 5 - Scarlet P. Frisina

28053



BOARD OF COUNTY COMMISSIONERS • COLUMBIA COUNTY

MEMO OF REVIEW FOR CORRECTNESS AND COMPLETION

In accordance with participation in the NFIP/CRS program, all elevation certificates are required to be reviewed for correctness and completion prior to acceptance by the community. This completed form shall be attached to all elevation certificates maintained on file and provided with requested copies of elevation certificates.

_____ The attached elevation certificate requires corrections by the surveyor of section(s) _____ prior to acceptance by the community.

☒ The attached elevation certificate is complete and correct.

☒ Minor corrections have been made in the below marked sections by the authorized Community Official.

SECTION A - PROPERTY INFORMATION

A1. Building Owner's Name	For Insurance Company Use:
	Policy Number
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.	Company NAIC Number
City	State
	ZIP Code
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)	

- A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) _____
- A5. Latitude/Longitude: Lat. _____ Long. _____ Horizontal Datum: ☐ NAD 1927 ☐ 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 _____
- A8. For a building with a crawl space or enclosure(s), provide:
- a) Square footage of crawl space or enclosure(s) _____ sq ft
 - b) No. of permanent flood openings in the crawl space or enclosure(s) walls within 1.0 foot above adjacent grade _____
 - c) Total net area of flood openings in A8.b _____ sq in
- A9. For a building with an attached garage, provide:
- a) Square footage of attached garage _____ sq ft
 - b) No. of permanent flood openings in the attached garage walls within 1.0 foot above adjacent grade _____
 - c) Total net area of flood openings in A9.b _____ sq in

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP Community Name & Community Number 120070		B2. County Name Columbia		B3. State Florida	
B4. Map/Panel Number 12023C0458	B5. Suffix C	B6. FIRM Index Date 02/04/09	B7. FIRM Panel Effective/Revised Date 02/04/09	B8. Flood Zone(s) AE	B9. Base Flood Elevation(s) (Zone AO, use base flood depth) 34.1

B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9.

☐ FIS Profile ☒ FIRM ☐ Community Determined ☐ Other (Describe) _____

B11. Indicate elevation datum used for BFE in Item B9: ☐ NGVD 1929 ☒ NAVD 1988 ☐ Other (Describe) _____

B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)?
Designation Date _____ ☐ CBRS ☐ OPA

☐ Yes ☒ No

COMMENTS: Enclosure meets requirements for openings under Section 8.5.2(1)(3)
Still require a certificate for completed construction

Date of Review: 01 FEB. 10

BOARD MEETS FIRST THURSDAY AT 7:00 P.M.

AND THE Community Official: _____

All elevation certificates shall be maintained by the community and copies with the attached memo made available upon request.

P. O. BOX 1529

LAKE CITY, FLORIDA 32056-1529

PHONE (386) 733-4100

ELEVATION CERTIFICATE

OMB No. 1660-0008
Expires March 31, 2012

Important: Read the instructions on pages 1-9.

SECTION A - PROPERTY INFORMATION

A1. Building Owner's Name John Joplin		For Insurance Company Use:
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. SW Riverside Avenue		Policy Number
City Ft White State FL ZIP Code 32038		Company NAIC Number
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) Lot 20 - Section 1 - Three Rivers Estates		
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) <u>Residential</u>		
A5. Latitude/Longitude: Lat. <u>29°56.826'</u> Long. <u>82°47.316'</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>6</u>		
A8. For a building with a crawlspace or enclosure(s):		A9. For a building with an attached garage:
a) Square footage of crawlspace or enclosure(s) <u>100</u> sq ft		a) Square footage of attached garage <u>N/A</u> sq ft
b) No. of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade <u>N/A</u>		b) No. of permanent flood openings in the attached garage within 1.0 foot above adjacent grade <u>N/A</u>
c) Total net area of flood openings in A8.b <u>N/A</u> sq in		c) Total net area of flood openings in A9.b <u>N/A</u> sq in
d) Engineered flood openings? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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 County, Florida 120070		B2. County Name Columbia		B3. State Florida	
B4. Map/Panel Number 12023C0458	B5. Suffix C	B6. FIRM Index Date 2/4/09	B7. FIRM Panel Effective/Revised Date 2/4/09	B8. Flood Zone(s) AE	B9. Base Flood Elevation(s) (Zone AO, use base flood depth) 33.0
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 checked="" type="checkbox"/> FIRM <input type="checkbox"/> Community Determined <input type="checkbox"/> Other (Describe) _____					
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 (Describe) _____					
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Designation Date _____ <input type="checkbox"/> CBRS <input type="checkbox"/> OPA					

SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)

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

C2. 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. Use the same datum as the BFE.
Benchmark Utilized Local/Vertical Datum NAVD1988
Conversion/Comments Converted from NGVD1929


Check the measurement used.

a) Top of bottom floor (including basement, crawlspace, or enclosure floor) <u>28.05</u>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)
b) Top of the next higher floor <u>37.59</u>	<input type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)
c) Bottom of the lowest horizontal structural member (V Zones only) <u>N/A</u>	<input type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)
d) Attached garage (top of slab) <u>N/A</u>	<input type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)
e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments) <u>36.53</u>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)
f) Lowest adjacent (finished) grade next to building (LAG) <u>26.7</u>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)
g) Highest adjacent (finished) grade next to building (HAG) <u>27.9</u>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)
h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support <u>26.4</u>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)

SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION

This certification is to be signed and sealed by a land surveyor, engineer, or architect authorized by law to certify elevation information. I certify that the information 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.

☐ Check here if comments are provided on back of form. Were latitude and longitude in Section A provided by a licensed land surveyor? ☒ Yes ☐ No

Certifier's Name Timothy A. Delbene	License Number LS 5594
Title Land Surveyor & Mapper	Company Name Donald F. Lee & Associates, Inc.
Address 140 NW Ridgewood Ave	City Lake City State FL ZIP Code 32055
Signature 	Date 1/22/2010 Telephone 386 755 6166

PLACE
SEAL
HERE

IMPORTANT: In these spaces, copy the corresponding information from Section A.

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.

SW Riverside Avenue

City Ft White State FL ZIP Code 32038

For Insurance Company Use:

Policy Number

Company NAIC Number

SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION (CONTINUED)

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

Comments Mechanical Equip.: Air conditioning unit hung from side of elevated building.

Local elevation benchmark used is from prior surveys by Bennett Wattles & Associates.

C2a - Top of bottom floor elevation is in utility / storage room and not part of Living space.

Signature  Date 1/22/2010 ☐ Check here if attachments**SECTION E - BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO AND ZONE A (WITHOUT BFE)**

For Zones AO and A (without BFE), complete Items E1-E5. If the Certificate is intended to support a LOMA or LOMR-F request, complete Sections A, B, and C. For Items E1-E4, use natural grade, if available. Check the measurement used. In Puerto Rico only, enter meters.

E1. Provide elevation information for the following and check the appropriate boxes to show whether the elevation is above or below the highest adjacent grade (HAG) and the lowest adjacent grade (LAG).

a) Top of bottom floor (including basement, crawlspace, or enclosure) is _____ ☐ feet ☐ meters ☐ above or ☐ below the HAG.b) Top of bottom floor (including basement, crawlspace, or enclosure) is _____ ☐ feet ☐ meters ☐ above or ☐ below the LAG.E2. For Building Diagrams 6-9 with permanent flood openings provided in Section A Items 8 and/or 9 (see pages 8-9 of Instructions), the next higher floor (elevation C2.b in the diagrams) of the building is _____ ☐ feet ☐ meters ☐ above or ☐ below the HAG.E3. Attached garage (top of slab) is _____ ☐ feet ☐ meters ☐ above or ☐ below the HAG.E4. Top of platform of machinery and/or equipment servicing the building is _____ ☐ feet ☐ meters ☐ above or ☐ below the HAG.E5. Zone AO only: If no flood depth number is available, is the top of the bottom floor elevated in accordance with the community's floodplain management ordinance? ☐ Yes ☐ No ☐ Unknown. The local official must certify this information in Section G.**SECTION F - PROPERTY OWNER (OR OWNER'S REPRESENTATIVE) CERTIFICATION**

The property owner or owner's authorized representative who completes Sections A, B, and E for Zone A (without a FEMA-issued or community-issued BFE) or Zone AO must sign here. The statements in Sections A, B, and E are correct to the best of my knowledge.

Property Owner's or Owner's Authorized Representative's Name

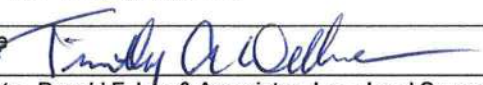
Timothy Delbene

Address 140 NW Ridgewood Ave

City Lake City

State FL

ZIP Code 32055

Signature  Date 1/22/2010 Telephone 386-755-6166

Comments Donald F. Lee & Associates, Inc. - Land Surveyors

☐ Check here if attachments**SECTION G - COMMUNITY INFORMATION (OPTIONAL)**

The local official who is authorized by law or ordinance to administer the community's floodplain management ordinance can complete Sections A, B, C (or E), and G of this Elevation Certificate. Complete the applicable item(s) and sign below. Check the measurement used in Items G8 and G9.

G1. ☐ The information in Section C was taken from other documentation that has been signed and sealed by a licensed surveyor, engineer, or architect who is authorized by law to certify elevation information. (Indicate the source and date of the elevation data in the Comments area below.)G2. ☐ A community official completed Section E for a building located in Zone A (without a FEMA-issued or community-issued BFE) or Zone AO.G3. ☐ The following information (Items G4-G9) is provided for community floodplain management purposes.

G4. Permit Number

G5. Date Permit Issued

G6. Date Certificate Of Compliance/Occupancy Issued

G7. This permit has been issued for: ☐ New Construction ☐ Substantial ImprovementG8. Elevation of as-built lowest floor (including basement) of the building: _____ ☐ feet ☐ meters (PR) Datum _____G9. BFE or (in Zone AO) depth of flooding at the building site: _____ ☐ feet ☐ meters (PR) Datum _____G10. Community's design flood elevation _____ ☐ feet ☐ meters (PR) Datum _____

Local Official's Name

Title

Community Name

Telephone

Signature

Date

Comments

Building Photographs

See Instructions for Item A6.

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. SW Riverside Avenue	For Insurance Company Use:
City Ft White State FL ZIP Code 32038	Policy Number
	Company NAIC Number
If using the Elevation Certificate to obtain NFIP flood insurance, affix at least two building photographs below according to the instructions for Item A6. Identify all photographs with: date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." If submitting more photographs than will fit on this page, use the Continuation Page on the reverse.	



FRONT VIEW OF HOUSE



REAR VIEW OF HOUSE

Residence being Removed From Property

U.S. DEPARTMENT OF HOMELAND SECURITY
Federal Emergency Management Agency
National Flood Insurance Program

ELEVATION CERTIFICATE

OMB No. 1660-0008
Expires March 31, 2012

Important: Read the instructions on pages 1-9.

SECTION A - PROPERTY INFORMATION

A1. Building Owner's Name John Joplin

For Insurance Company Use:

Policy Number

A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.
SW Riverside Avenue

Company NAIC Number

City Ft White State FL ZIP Code 32038

A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)
Lot 20 - Section 1 - Three Rivers Estates

A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) Residential

A5. Latitude/Longitude: Lat. 29°56.826' Long. 82°47.316'

Horizontal Datum: ☐ NAD 1927 ☒ 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 1

A8. For a building with a crawlspace or enclosure(s):

- a) Square footage of crawlspace or enclosure(s) N/A sq ft
b) No. of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade N/A
c) Total net area of flood openings in A8.b N/A sq in
d) Engineered flood openings? ☐ Yes ☒ No

A9. For a building with an attached garage:

- a) Square footage of attached garage N/A sq ft
b) No. of permanent flood openings in the attached garage within 1.0 foot above adjacent grade N/A
c) Total net area of flood openings in A9.b N/A sq in
d) Engineered flood openings? ☐ Yes ☒ No

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP Community Name & Community Number
Columbia County, Florida 120070

B2. County Name
Columbia

B3. State
Florida

B4. Map/Panel Number
12023C0458

B5. Suffix
C

B6. FIRM Index
Date
2/4/09

B7. FIRM Panel
Effective/Revised Date
2/4/09

B8. Flood
Zone(s)
AE

B9. Base Flood Elevation(s) (Zone
AO, use base flood depth)
33.0

B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9.

☐ FIS Profile ☒ FIRM ☐ Community Determined ☐ Other (Describe) _____

B11. Indicate elevation datum used for BFE in Item B9: ☐ NGVD 1929 ☒ NAVD 1988 ☐ Other (Describe) _____

B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? ☐ Yes ☒ No
Designation Date _____ ☐ CBRS ☐ OPA

SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)

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

C2. 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. Use the same datum as the BFE.

Benchmark Utilized Local/Vertical Datum NAVD1988

Conversion/Comments Converted from NGVD1929

Check the measurement used.

- a) Top of bottom floor (including basement, crawlspace, or enclosure floor) 27.88 ☒ feet ☐ meters (Puerto Rico only)
b) Top of the next higher floor N/A ☐ feet ☐ meters (Puerto Rico only)
c) Bottom of the lowest horizontal structural member (V Zones only) N/A ☐ feet ☐ meters (Puerto Rico only)
d) Attached garage (top of slab) N/A ☐ feet ☐ meters (Puerto Rico only)
e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments) N/A ☐ feet ☐ meters (Puerto Rico only)
f) Lowest adjacent (finished) grade next to building (LAG) 26.7 ☒ feet ☐ meters (Puerto Rico only)
g) Highest adjacent (finished) grade next to building (HAG) 27.7 ☒ feet ☐ meters (Puerto Rico only)
h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support N/A ☐ feet ☐ meters (Puerto Rico only)

SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION

This certification is to be signed and sealed by a land surveyor, engineer, or architect authorized by law to certify elevation information. I certify that the information 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.

☐ Check here if comments are provided on back of form.

Were latitude and longitude in Section A provided by a licensed land surveyor? ☐ Yes ☐ No

Certifier's Name Timothy A. Delbene

License Number LS 5594

Title Land Surveyor & Mapper

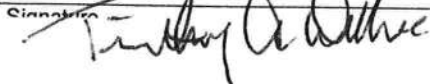
Company Name Donald F. Lee & Associates, Inc.

Address 140 NW Ridgewood Ave.

City Lake City

State FL

ZIP Code 32055

Signature 

Date 8/14/2009

Telephone 386 755 8168

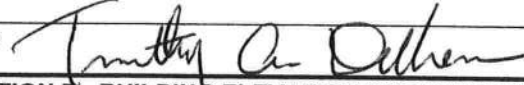
IMPORTANT: In these spaces, copy the corresponding information from Section A.		For Insurance Company Use:
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. SW Riverside Avenue		Policy Number
City Ft White State FL ZIP Code 32038		Company NAIC Number

SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION (CONTINUED)

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

Comments Mechanical Equip.: All Air conditioning units are window mounted.

Local elevation benchmark used is from prior surveys by Bennett Wattles & Associates.

Signature  Date 8/4/2009 ☐ Check here if attachments

SECTION E - BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO AND ZONE A (WITHOUT BFE)

For Zones AO and A (without BFE), complete Items E1-E5. If the Certificate is intended to support a LOMA or LOMR-F request, complete Sections A, B, and C. For Items E1-E4, use natural grade, if available. Check the measurement used. In Puerto Rico only, enter meters.

- E1. Provide elevation information for the following and check the appropriate boxes to show whether the elevation is above or below the highest adjacent grade (HAG) and the lowest adjacent grade (LAG).
- a) Top of bottom floor (including basement, crawlspace, or enclosure) is _____ ☐ feet ☐ meters ☐ above or ☐ below the HAG.
- b) Top of bottom floor (including basement, crawlspace, or enclosure) is _____ ☐ feet ☐ meters ☐ above or ☐ below the LAG.
- E2. For Building Diagrams 6-9 with permanent flood openings provided in Section A Items 8 and/or 9 (see pages 8-9 of Instructions), the next higher floor (elevation C2.b in the diagrams) of the building is _____ ☐ feet ☐ meters ☐ above or ☐ below the HAG.
- E3. Attached garage (top of slab) is _____ ☐ feet ☐ meters ☐ above or ☐ below the HAG.
- E4. Top of platform of machinery and/or equipment servicing the building is _____ ☐ feet ☐ meters ☐ above or ☐ below the HAG.
- E5. Zone AO only: If no flood depth number is available, is the top of the bottom floor elevated in accordance with the community's floodplain management ordinance? ☐ Yes ☐ No ☐ Unknown. The local official must certify this information in Section G.

SECTION F - PROPERTY OWNER (OR OWNER'S REPRESENTATIVE) CERTIFICATION

The property owner or owner's authorized representative who completes Sections A, B, and E for Zone A (without a FEMA-issued or community-issued BFE) or Zone AO must sign here. *The statements in Sections A, B, and E are correct to the best of my knowledge.*

Property Owner's or Owner's Authorized Representative's Name

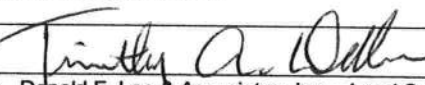
Timothy Delbene

Address 140 NW Ridgewood Ave

City Lake City

State FL

ZIP Code 32055

Signature 

Date 8/4/2009

Telephone 386-755-6166

Comments Donald F. Lee & Associates, Inc. - Land Surveyors

☐ Check here if attachments

SECTION G - COMMUNITY INFORMATION (OPTIONAL)

The local official who is authorized by law or ordinance to administer the community's floodplain management ordinance can complete Sections A, B, C (or E), and G of this Elevation Certificate. Complete the applicable item(s) and sign below. Check the measurement used in Items G8 and G9.

- G1. ☐ The information in Section C was taken from other documentation that has been signed and sealed by a licensed surveyor, engineer, or architect who is authorized by law to certify elevation information. (Indicate the source and date of the elevation data in the Comments area below.)
- G2. ☐ A community official completed Section E for a building located in Zone A (without a FEMA-issued or community-issued BFE) or Zone AO.
- G3. ☐ The following information (Items G4-G9) is provided for community floodplain management purposes.

G4. Permit Number	G5. Date Permit Issued	G6. Date Certificate Of Compliance/Occupancy Issued
-------------------	------------------------	---

G7. This permit has been issued for: ☐ New Construction ☐ Substantial Improvement

G8. Elevation of as-built lowest floor (including basement) of the building: _____ ☐ feet ☐ meters (PR) Datum _____

G9. BFE or (in Zone AO) depth of flooding at the building site: _____ ☐ feet ☐ meters (PR) Datum _____

G10. Community's design flood elevation _____ ☐ feet ☐ meters (PR) Datum _____

Local Official's Name _____ Title _____

Community Name _____ Telephone _____

Signature _____ Date _____

Comments _____

Building Photographs

See Instructions for Item A6.

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. SW Riverside Avenue	For Insurance Company Use: Policy Number
City Ft White State FL ZIP Code 32038	Company NAIC Number

If using the Elevation Certificate to obtain NFIP flood insurance, affix at least two building photographs below according to the instructions for Item A6. Identify all photographs with: date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." If submitting more photographs than will fit on this page, use the Continuation Page on the reverse.



FRONT VIEW OF HOUSE



REAR VIEW OF HOUSE

**Columbia County Building Department
Flood Development Permit**

**Development Permit
F 023- 09-007**

DATE 09/03/2009 BUILDING PERMIT NUMBER 000028053
APPLICANT SAMMY KEEN PHONE 365-3646
ADDRESS 764 SW RIVERSIDE AVE FT. WHITE FL 32038
OWNER WALLACE & MIRIAM JOPLING PHONE _____
ADDRESS 542 SW RIVERSIDE AVE FT. WHITE FL 32038
CONTRACTOR GUY WILLIAMS PHONE 752-0004
ADDRESS 397 S MARION AVE LAKE CITY FL 32025
SUBDIVISION THREE RIVERS Lot 20 Block _____ Unit _____ Phase _____
TYPE OF DEVELOPMENT SFD, UTILITY PARCEL ID NO. 23-6S-15-00538-000

FLOOD ZONE AE BY BK 1-6-88 FIRM COMMUNITY #. 120070 - PANEL #. 485EC
FIRM 100 YEAR ELEVATION 34.1' PLAN INCLUDED YES or NO
REQUIRED LOWEST HABITABLE FLOOR ELEVATION 35.1
IN THE REGULATORY FLOODWAY YES or NO RIVER Itchetonnee
SURVEYOR / ENGINEER NAME Mark Disosway LICENSE NUMBER 53915

☒ ONE FOOT RISE CERTIFICATION INCLUDED
☐ ZERO RISE CERTIFICATION INCLUDED
☐ SRWMD PERMIT NUMBER _____
(INCLUDING THE ONE FOOT RISE CERTIFICATION)

DATE THE FINISHED FLOOR ELEVATION CERTIFICATE WAS PROVIDED _____

INSPECTED DATE _____ BY _____

COMMENTS _____

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



COLUMBIA COUNTY, FLORIDA

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 23-6S-15-00538-000

Building permit No. 000028053

Use Classification SFD, UTILITY

Fire: 0.00

Permit Holder GUY WILLIAMS

Waste: _____

Owner of Building WALLACE & MIRIAM JOPLING

Total: 0.00

Location: 542 SW RIVERSIDE AVE., FT. WHITE, FL

Date: 02/10/2010

Harry Dickel

Building Inspector

POST IN A CONSPICUOUS PLACE
(Business Places Only)



NOTICE OF COMMENCEMENT

County Clerk's Office Stamp or Seal

Tax Parcel Identification Number 00 00 00 00538-00

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): Lot 20 Section 1 of Three Rivers Estates

a) Street (job) Address: 542 SW Riverside Ave, Ft White FL, 32038

2. General description of improvements: New Home

3. Owner Information

a) Name and address: Jopling Wallace M + Miriam G.

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

c) Interest in property DW her

4. Contractor Information

a) Name and address: SLK Construction 764 SW Riverside Av, Ft White FL, 32038

b) Telephone No.: 386 365 3646 Fax No. (Opt.) 386-497-2289

5. Surety Information

a) Name and address:

b) Amount of Bond: none

c) Telephone No.: Fax No. (Opt.)

6. Lender

a) Name and address: none

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: SLK Construction Inc, 764 SW Riverside Av Ft White FL,

b) Telephone No.: 386 365 3646 Fax No. (Opt.) 32038

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: SLK Construction Inc, 764 SW Riverside Av, Ft White FL,

b) Telephone No.: 386-365-3646 Fax No. (Opt.) 32038

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

[Signature]
Signature of Owner or Owner's Authorized Officer/Director/Partner/Manager
John D. Jopling
Print Name

The foregoing instrument was acknowledged before me, a Florida Notary, this 18th day of AUGUST, 20 09, by:

John D. Jopling as _____ (type of authority, e.g. officer, trustee, attorney)

fact) for Wallace M. Jopling (name of party on behalf of whom instrument was executed).

Personally Known ☒ OR Produced Identification _____ Type _____

Notary Signature Kristen A. Gregory 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.

[Signature]
Signature of Natural Person Signing (in line #10 above.)

Handwritten signature and date: 8/31/09

SLK Construction

Jopling Residence

ADDRESS:
Lot 20, Three Rivers Estates
Columbia County, Florida

Mark Disosway P.E.
P.O. Box 868
Lake City, Florida 32056
Phone: (386) 754 - 5419
Fax: (386) 269 - 4871

PRINTED DATE:
August 31, 2009

DRAWN BY: Evan Beamsley
STRUCTURAL BY: Evan Beamsley

FINALS DATE:
July 30, 2009

JOB NUMBER:
907143

DRAWING NUMBER

#2

OF 6 SHEETS

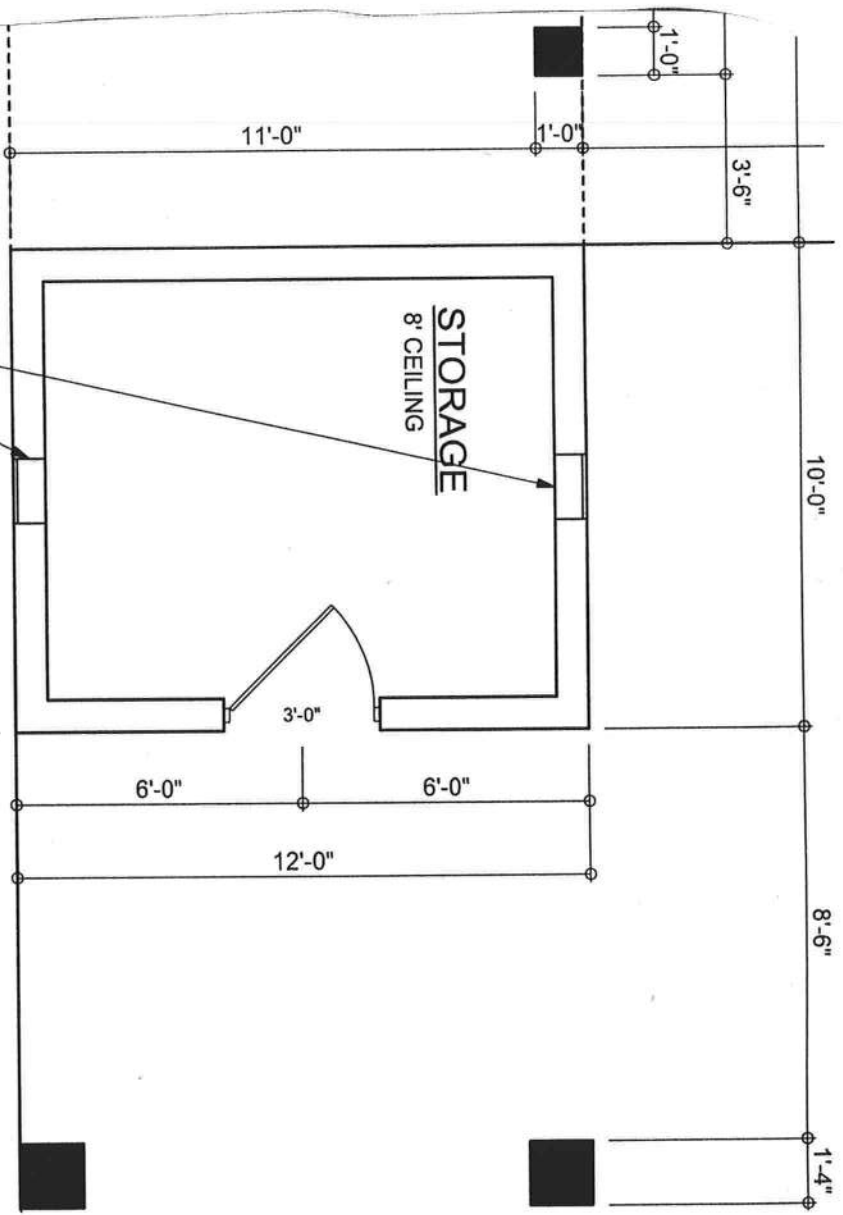
1ST FLOOR PLAN
SCALE: 1/4" = 1'-0"

FLOOD OPENINGS:
- (2) 8x16 BLOCK OPENINGS = 62 x 2 = 124 IN2
(REQUIRED = 11N2 PER FT2 OF INCLOSED)
- BOTTOM OF OPENING SHALL BE
12" MAX. ABOVE GROUND LEVEL

49'-6 1/2"

32'-0"

10'-0"



One Foot Rise Analysis and Certification, 100 Year Base Flood

SLK Construction, Jopling Residence, Lot 20 Three Rivers Estates Columbia County, Florida

- ☐ PROPERTY DESCRIPTION: Lot 20 Three Rivers Estates Columbia County, Florida
- ☐ OWNER: John Jopling
- ☐ CONTRACTOR: SLK Construction
- ☐ PROJECT: Demolish a 34'x34' CMU one story slab on grade house; existing floor elevation 27.88'. Build new house on 10 – 16"x16" piers, 8 – 12"x12" piers, a vented 10' x 12' on grade storage room, and a new deck.
- ☐ BASE FLOOD ELEVATION: 34.1', Santa Fe River (Per SRWMD Flood Information Report, attached)
- ☐ FLOOD ZONE: AE
- ☐ BASIN AREA AT BASE FLOOD ELEVATION: 647 Acres (Calculated from SRWMD flood plain data.)
- ☐ EXISTING GRADE ELEVATION AT BUILDING LOCATION: 27.4' average for one foot rise calculations. (Note: Existing grade at building location based on topo survey, Donald Lee and Associates, WO 09-5735, Drawing Date 8/4/2009, attached.)
- ☐ PROPOSED BUILDING AREA: New house: 10 * 16"x16" piers + 8 * 12"x12" piers, + (10' + 12') * 2 x 8" CMU wall + 16 * 6"x6" deck post = 59 ft2. Demo house: 34' * 4 * 8" = 90 ft2
- ☐ PROPOSED BUILDING VOLUME BELOW FLOODPLAIN: New house: 59 ft2 * 6.7' = 395 ft3. Demo house: 90 ft2 * 6.7' = 601 ft3
- ☐ CALCULATIONS: The project only requires volume calculations in this area since it is not a flowing or riverine area.

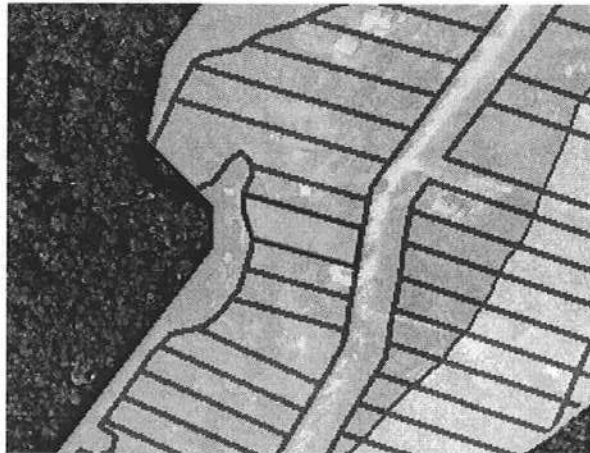
Floodplain volume removed = 395 ft3 – 601 ft3 demo = -206 ft3

Floodplain level increase < 0 ft

CERTIFICATION:

I hereby certify that construction of SLK Construction, Jopling Residence, Lot 20 Three Rivers Estates Columbia County, Florida will increase flood elevations less than one foot at the project location, to the best of my knowledge.

Handwritten signature
31 AUG 09



Flood Information

Zone Descriptions:

Base Flood Elevation (BFE)

The elevation shown on the Flood Insurance Rate Map for Zones AE, AH, A1-A30, AR, AO, V1-V30, and VE that indicates the water surface elevation resulting from a flood that has a one percent chance of equaling or exceeding that level in any given year.

AE, A1-A30

Areas with a 1% annual chance of flooding and a 26% chance of flooding over the life of a 30-year mortgage. In most instances, base flood elevations derived from detailed analyses are shown at selected intervals within these zones.

The Federal Emergency Management Agency (FEMA) maintains information about map features, such as street locations and names, in or near designated flood hazard areas. The information herein represents the best available data as of the effective date shown. To obtain more detailed information in areas where Base Flood Elevations (BFEs) and/or floodways have been determined, users are encouraged to consult the FEMA Map Service Center at 1-800-358-9616 for information on available products associated with this FIRM panel. Available products may include previously issued Letters of Map Change, a Flood Insurance Study report, and/or copies of this map.

Requests to revise flood information in or near designated flood hazard areas may be provided to FEMA during the community review period.

PROFILE

Date: 8/31/2009
Parcel: 00-00-00-00538-000
County: Columbia
STR: S023 T06S R15E
Status: Effective

FLOOD INFORMATION

FIRM Panel: 12023C0458C
SFHA: Yes
Zone: AE
100YR Elev (BFE): 34.1 (feet)
Floodway: No
10YR Elev: 28.2 (feet)
2YR Elev: 22.4 (feet)

Outstanding Florida Waters: Santa Fe River System

Note: Elevations are based on NAVD88

LINKS

FEMA:
<http://www.FEMA.gov>

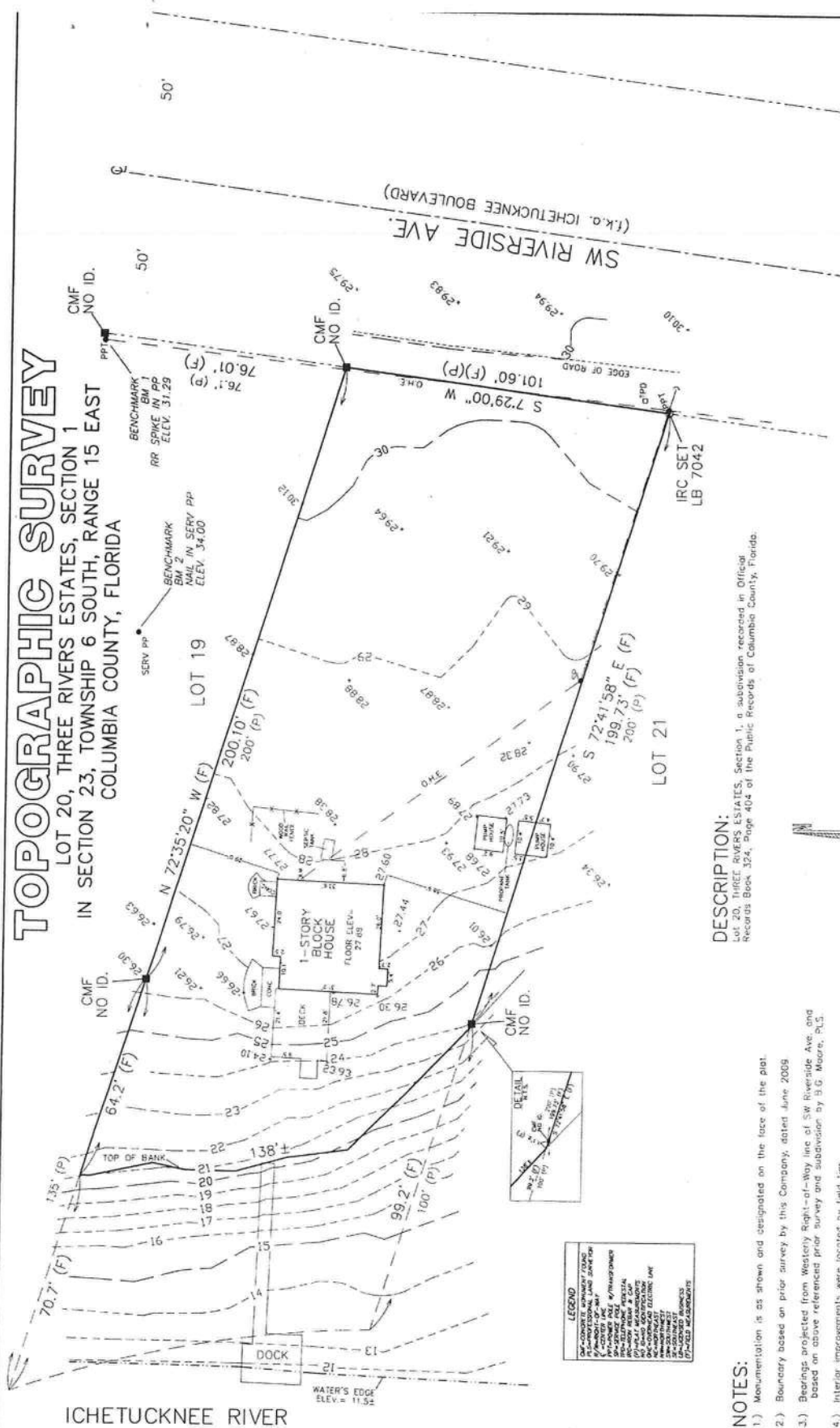
SRWMD:
<http://www.srwmd.state.fl.us>

CONTACT

SRWMD
 9225 County Road 49
 Live Oak, FL 32060

TOPOGRAPHIC SURVEY

LOT 20, THREE RIVERS ESTATES, SECTION 1
IN SECTION 23, TOWNSHIP 6 SOUTH, RANGE 15 EAST
COLUMBIA COUNTY, FLORIDA



DESCRIPTION:

Lot 20, THREE RIVERS ESTATES, Section 1, a subdivision recorded in Official Records Book 324, Page 404 of the Public Records of Columbia County, Florida.

NOTES:

- 1) Monumentation is as shown and designated on the face of the plat.
- 2) Boundary based on prior survey by this Company, dated June, 2009.
- 3) Bearings projected from Westerly Right-of-Way line of SW Riverside Ave. and based on above referenced prior survey and subdivision by J.G. Moore, P.L.S.
- 4) Interior improvements were located by field ties.
- 5) Underground encroachments, if present, were not located with this survey.
- 6) Date of field survey compilation: July 28, 2009.
- 7) Examination of the Flood Insurance Rate Maps (FIRM) for Columbia County shows that, per said maps, the described parcel lies within Flood Zone "A1", which according to said maps is inside of the 1% annual chance flood plain (f.k.a. 100 year flood plain) (ref: Map No. 12023C0458C). A base flood elevation (BFE) of 33 feet has been established.
- 8) Elevations based on NAVD98 datum using local benchmarks.

CAD FILE: 57351.DWG

Donald F. Lee and Associates, Inc.
SURVEYORS
140 Northwest Ridgewood Avenue, Lake City, Florida 32055
Phone: (386) 755-6166 FAX: (386) 755-6167
Certificate of Authorization # LB 7042



NOT VALID WITHOUT THE SIGNATURE OF THE REGISTERED SURVEYOR.
SURVEYOR AND MAPPER

Date: 07/31/2009	Scale: 1"=20'
Drafting: AVG / TAD	Field Book: 09-508
Computations: A V G	Work Order: 09-5735
Checked: T A D	File: A-48-22 A

Therese DeBene, P.L.S.
Therese DeBene, P.L.S.
Florida Reg. No. 3594
DATE: 8/4/2009

One Foot Rise Analysis and Certification, 100 Year Base Flood

SLK Construction, Jopling Residence, Lot 20 Three Rivers Estates Columbia County, Florida

- ☐ PROPERTY DESCRIPTION: Lot 20 Three Rivers Estates Columbia County, Florida
- ☐ OWNER: John Jopling
- ☐ CONTRACTOR: SLK Construction
- ☐ PROJECT: Demolish a 34'x34' CMU one story slab on grade house; existing floor elevation 27.88'. Build new house on 10 – 16"x16" piers, 8 – 12"x12" piers, a vented 10' x 12' on grade storage room, and a new deck.
- ☐ BASE FLOOD ELEVATION: 34.1', Santa Fe River (Per SRWMD Flood Information Report, attached)
- ☐ FLOOD ZONE: AE
- ☐ BASIN AREA AT BASE FLOOD ELEVATION: 647 Acres (Calculated from SRWMD flood plain data.)
- ☐ EXISTING GRADE ELEVATION AT BUILDING LOCATION: 27.4' average for one foot rise calculations. (Note: Existing grade at building location based on topo survey, Donald Lee and Associates, WO 09-5735, Drawing Date 8/4/2009, attached.)
- ☐ PROPOSED BUILDING AREA: New house: 10 * 16"x16" piers + 8 * 12"x12" piers, + (10' + 12') * 2 x 8" CMU wall + 16 * 6"x6" deck post = 59 ft2. Demo house: 34' * 4 * 8" = 90 ft2
- ☐ PROPOSED BUILDING VOLUME BELOW FLOODPLAIN: New house: 59 ft2 * 6.7' = 395 ft3. Demo house: 90 ft2 * 6.7' = 601 ft3
- ☐ CALCULATIONS: The project only requires volume calculations in this area since it is not a flowing or riverine area.

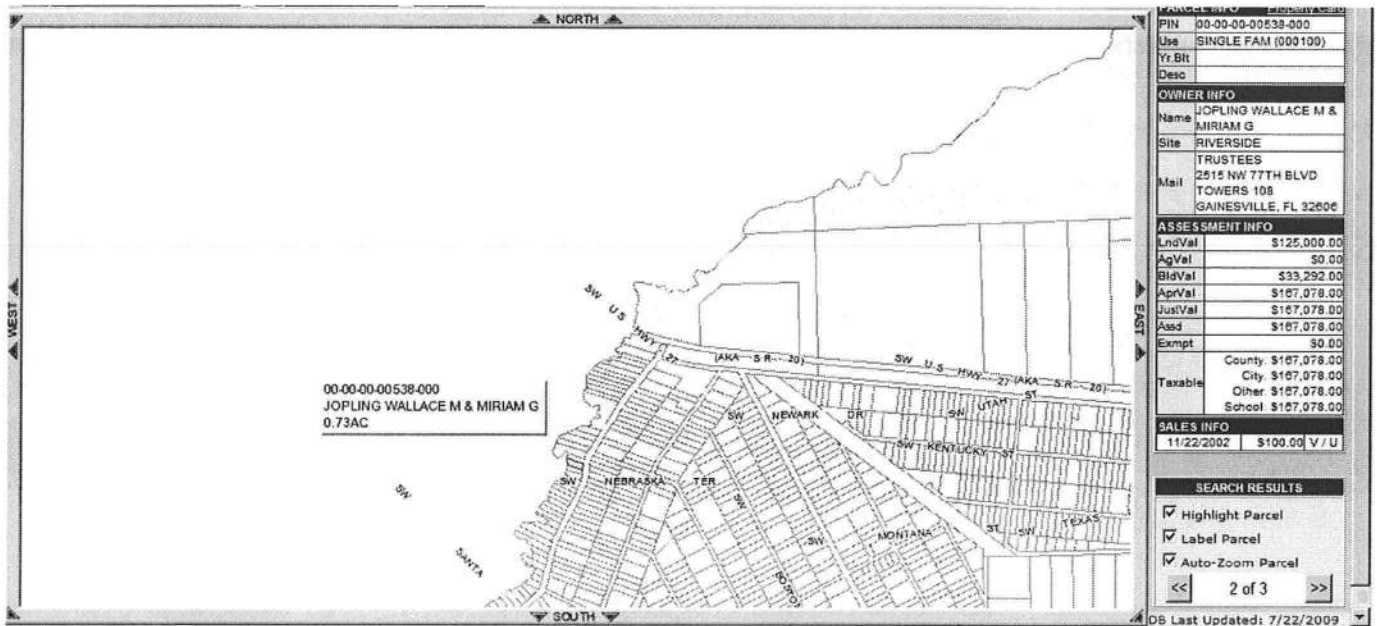
Floodplain volume removed = 395 ft3 – 601 ft3 demo = -206 ft3

Floodplain level increase < 0 ft

CERTIFICATION:

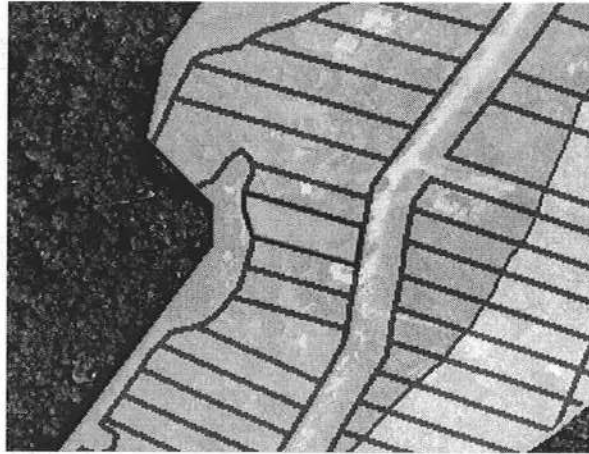
I hereby certify that construction of SLK Construction, Jopling Residence, Lot 20 Three Rivers Estates Columbia County, Florida will increase flood elevations less than one foot at the project location, to the best of my knowledge.


31 AUG 09



Flood Information Report

Printer Friendly Version



Flood Information

Zone Descriptions:

Base Flood Elevation (BFE)

The elevation shown on the Flood Insurance Rate Map for Zones AE, AH, A1-A30, AR, AO, V1-V30, and VE that indicates the water surface elevation resulting from a flood that has a one percent chance of equaling or exceeding that level in any given year.

AE, A1-A30

Areas with a 1% annual chance of flooding and a 26% chance of flooding over the life of a 30-year mortgage. In most instances, base flood elevations derived from detailed analyses are shown at selected intervals within these zones.

The Federal Emergency Management Agency (FEMA) maintains information about map features, such as street locations and names, in or near designated flood hazard areas. The information herein represents the best available data as of the effective date shown. To obtain more detailed information in areas where Base Flood Elevations (BFEs) and/or floodways have been determined, users are encouraged to consult the FEMA Map Service Center at 1-800-358-9616 for information on available products associated with this FIRM panel. Available products may include previously issued Letters of Map Change, a Flood Insurance Study report, and/or copies of this map.

Requests to revise flood information in or near designated flood hazard areas may be provided to FEMA during the community review period.

PROFILE

Date: 8/31/2009
Parcel: 00-00-00-00538-000
County: Columbia
STR: 8023 T06S R15E
Status: Effective

FLOOD INFORMATION

FIRM Panel: 12023C0458C
SFHA: Yes
Zone: AE
100YR Elev (BFE): 34.1 (feet)
Floodway: No
10YR Elev: 28.2 (feet)
2YR Elev: 22.4 (feet)

Outstanding Florida
Waters: Santa Fe River
System

Note: Elevations are based on
NAVD88

LINKS

FEMA:
<http://www.FEMA.gov>

SRWMD:
<http://www.srwmd.state.fl.us>

CONTACT

SRWMD
9225 County Road 49
Live Oak, FL 32060

LOT 20, THREE RIVERS ESTATES, SECTION 1
IN SECTION 23, TOWNSHIP 6 SOUTH, RANGE 15 EAST
COLUMBIA COUNTY, FLORIDA



- 1.) Monumentation is as shown and designated on the face of the plat.
- 2.) Boundary based on prior survey by this Company, dated June 2009
- 3.1) Bearings projected from Westerly Right-of-Way line of SW Riverside Ave. and based on above referenced prior survey and subdivision by S.G. Moore, PLS
- 3.2) Interior improvements were located by field ties.
- 4.) Underground encroachments, if present, were not located with this survey
- 5.) Date of field survey completion: July 28, 2009
- 6.) Examination of the Flood Insurance Rate Maps (FIRM) for Columbia County shows that, per said maps, the described parcel lies within Flood Zone "AE", (1% annual exceedance flood) and inside of the 1% annual exceedance flood plain (1:100 year flood plain) of the Columbia River (FIRM #22023C00459C). A base flood elevation (BFE) of 33 feet has been established.
- 7.) Elevations based on NAVD1988 datum using local benchmarks

Date: 07/31/2009	JOHN JOPLING	Scale: 1"=20'
Drafting AWC / TAD		Field Book: 09-558
Computations: A V G		Work Order: 09-5219
Checked: T A D		File: A-40-22 A

Timothy A. Deibene, P.L.S.
Florida Reg. No. 5594
DATE: 8/4/2009



Columbia County Property Appraiser

J. Doyle Crews, CFA - Lake City, Florida - 386-758-1083

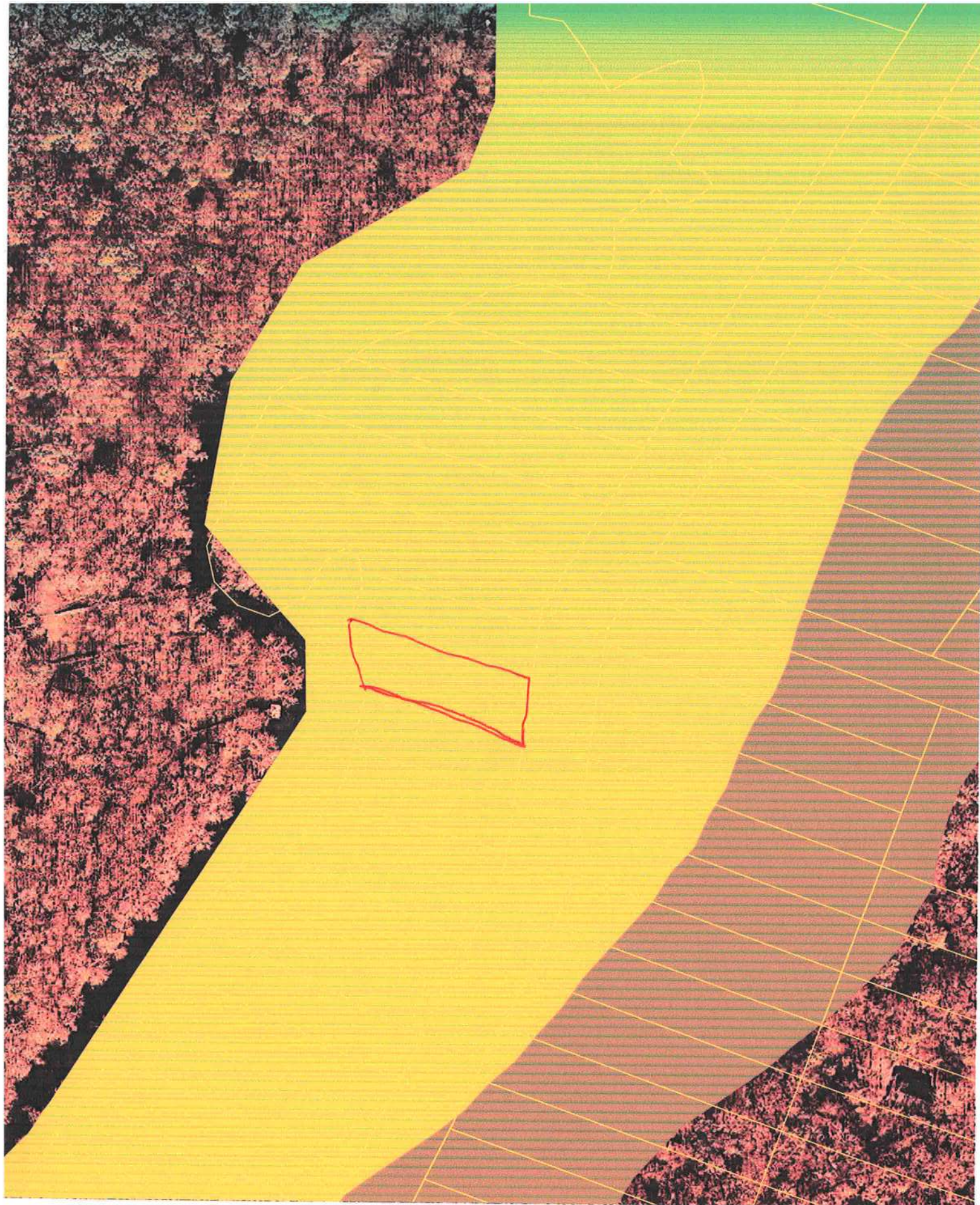
PARCEL: 00-00-00-00538-000 - SINGLE FAM (000100)

Name:	JOPLING WALLACE M & MIRIAM G	LandVal	\$125,000.00
Site:	RIVERSIDE TRUSTEES	BldgVal	\$33,292.00
Mail:	2515 NW 77TH BLVD TOWERS 108 GAINESVILLE, FL 32606	ApprVal	\$167,078.00
Sales Info		JustVal	\$167,078.00
		Assd	\$167,078.00
		Exmpt	\$0.00
		County:	\$167,078.00 City:
			\$167,078.00
		Other:	\$167,078.00 School:
			\$167,078.00
		Taxable	

0 0.06 0.12 0.18 mi



This information, GIS Map Updated: 7/22/2009, was derived from data which was compiled by the Columbia County Property Appraiser Office solely for the governmental purpose of property assessment. This information should not be relied upon by anyone as a determination of the ownership of property or market value. No warranties, expressed or implied, are provided for the accuracy of the data herein, its use, or its interpretation. Although it is periodically updated, this information may not reflect the data currently on file in the Property Appraiser's office. The assessed values are NOT certified values and therefore are subject to change before being finalized for ad valorem assessment purposes.



0908-47

This instrument was prepared by
Ellen R. Gershow, of
DELL GRAHAM, P.A.

Inst:2002024761 Date:12/16/2002 Time:11:13

Doc Stamp-Deed : 0.70

ACK DC, P. DeWitt Cason, Columbia County B: 969 P: 2372

Post Office Box 850
Gainesville, Florida 32602
Property Appraiser's Tax Parcel No.
000000-000-00-00840-00 and
000000-00538-000

FEE SIMPLE DEED

THIS INDENTURE, made this 22 day of November, 2002, by
WALLACE M. JOPLING and MIRIAM G. JOPLING, his wife, hereinafter
called the Grantor, whose post office address is 3640 N. W. 105TH
Way, Gainesville, FL 32606 to WALLACE M. JOPLING and MIRIAM G.
JOPLING, as an estate by the entireties, whose post office address
is 3640 N. W. 105TH Way, Gainesville, Florida, hereinafter called
the Grantee.

WITNESSETH: That the Grantor, for and in consideration of
the sum of \$10.00 and other valuable considerations, receipt
whereof is hereby acknowledged, hereby grants, bargains, sells,
aliens, remises, releases and transfers unto the Grantee, all that
certain land situate in Columbia County, Florida, to-wit:

Lot twenty (20), Section 1, and Lot two (2), Section
11, THREE RIVERS ESTATES, according to plat thereof
recorded in Official Records Book 324, page 404, public
records of Columbia County, Florida.

TOGETHER WITH all the tenements, hereditaments and
appurtenances thereto belonging or in anywise
appertaining.

TO HAVE AND TO HOLD the same in fee simple forever.

IN WITNESS WHEREOF, the said Grantor has hereunto set
Grantor's hand and seal the day and year first above written.

Signed, sealed and delivered
in our presence as witnesses:

Kristen A. Gregory
KRISTEN A. GREGORY
Printed Name of Witness

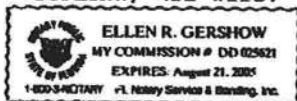
Wallace M. Jopling (SEAL)
Wallace M. Jopling

Teresa A. Lombardi
TERESA A. LOMBARDI
Printed Name of Witness

Miriam G. Jopling (SEAL)
Miriam G. Jopling

STATE OF FLORIDA
COUNTY OF ALACHUA

The foregoing instrument was acknowledged before me this 22
day of November, 2002, by WALLACE M. JOPLING and MIRIAM G.
JOPLING, his wife.



Ellen R. Gershow
Notary Public, State of Florida at Large
Ellen R. Gershow
Print, Type or Stamp Commissioned Name
of Notary Public

My Commission Expires:

Personally known ☒ OR Produced Identification ☐

Type of Identification Produced:

☐ Current Florida Driver's license
☐ Other _____

Columbia County Property Appraiser

DB Last Updated: 7/22/2009

2009 Preliminary Values

Tax Record

Property Card

Interactive GIS Map

Parcel: 00-00-00-00538-000

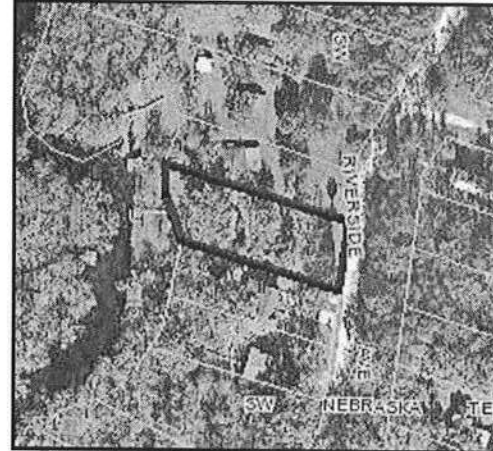
542 SW Riverside Ave.

Search Result: 1 of 1

Owner & Property Info

Owner's Name	JOPLING WALLACE M & MIRIAM G		
Site Address	RIVERSIDE		
Mailing Address	TRUSTEES 2515 NW 77TH BLVD TOWERS 108 GAINESVILLE, FL 32606		
Use Desc. (code)	SINGLE FAM (000100)		
Neighborhood	100000.01	Tax District	3
UD Codes	MKTA02	Market Area	02
Total Land Area	0.730 ACRES		
Description	LOT 20 SEC 1 THREE RIVERS ESTATES. ORB 324-404, 884-1613, 969-2372, WD 1018-1030.		

GIS Aerial



Property & Assessment Values

Mkt Land Value	cnt: (1)	\$125,000.00
Ag Land Value	cnt: (0)	\$0.00
Building Value	cnt: (1)	\$33,292.00
XFOB Value	cnt: (2)	\$8,786.00
Total Appraised Value		\$167,078.00

Just Value	\$167,078.00
Class Value	\$0.00
Assessed Value	\$167,078.00
Exemptions	\$0.00
Total Taxable Value	County: \$167,078.00 City: \$167,078.00 Other: \$167,078.00 School: \$167,078.00

Sales History

Sale Date	Book/Page	Inst. Type	Sale VImp	Sale Qual	Sale RCode	Sale Price
11/22/2002	969/2372	FS	V	U	06	\$100.00

Building Characteristics

Bldg Item	Bldg Desc	Year Blt	Ext. Walls	Heated S.F.	Actual S.F.	Bldg Value
1	SINGLE FAM (000100)	1957	Conc Block (15)	1102	1539	\$33,292.00
Note: All S.F. calculations are based on exterior building dimensions.						

Extra Features & Out Buildings

Code	Desc	Year Blt	Value	Units	Dims	Condition (% Good)
0180	FPLC 1STRY	0	\$2,300.00	0000001.000	0 x 0 x 0	(000.00)
0084	DOCK-RIVER	2006	\$6,486.00	0000462.000	0 x 0 x 0	(000.00)

Land Breakdown

Lnd Code	Desc	Units	Adjustments	Eff Rate	Lnd Value
000132	SFR RIVER (MKT)	0000100.000 FF - (0000000.730AC)	1.00/1.00/1.00/1.00	\$1,250.00	\$125,000.00

Columbia County Property Appraiser

DB Last Updated: 7/22/2009

DURABLE POWER OF ATTORNEY

I, Wallace M. Jopling, hereby appoint and empower my son, John D. Jopling, as my true and lawful attorney-in-fact, to act for me and in my name and on my behalf to:

A. Collect, receive, and receipt for any and all sums of money or payments due or to become due to me.

B. Sue in my name and behalf for the recovery of any and all sums of money or payments due or to become due to me and to collect on any judgments recovered by me and execute satisfactions of the same.

C. Initiate, defend, continue, or settle suits on my behalf or to enforce the exercise of these powers granted to my attorney-in-fact.

D. Hire or discharge (with or without cause) employees including, but not limited to, physicians, nurses, attorneys, and domestics.

E. Deposit to or withdraw from, or draw checks or drafts upon, any and all savings or checking accounts, money market funds, or any other type of account in my name; open any new such accounts in my name in any bank or financial institution or with any insurance or brokerage firm; and endorse my name to any and all negotiable instruments.

F. Pay any and all bills, accounts, claims, and demands now or hereafter payable by me.

G. Receive and endorse for deposit in any account any payments that I receive from any branch or department of the United States or other government, including without limitation, Social Security payments, Department of Veterans Affairs payments or grants, Medicare or Medicaid payments, and tax refunds.

H. Represent me before any office of the Internal Revenue Service or any state agency; prepare and sign any tax return on my behalf; receive confidential information regarding tax matters for all periods, whether before or after the execution of this instrument; and to make any tax elections on my behalf.

I. Receive and open my mail, change my mailing address, and otherwise represent me in any matter concerning the U.S. Postal Service.

J. Borrow money and to otherwise incur or guarantee indebtedness for which I will be liable, and to secure any such indebtedness by mortgage or other security interests encumbering my assets.

K. Act for me in any business or enterprise in which I am now or have been engaged or interested or with respect to any trust in which I have a beneficial interest.

L. Manage all assets and properties belonging to me or in which I have any interest, and to expend whatever funds my attorney-in-fact deems proper for the preservation, maintenance, or improvement of those assets or properties.

M. Compromise, arbitrate, or otherwise adjust claims in favor of or against me or any assets or entity in which I have an interest, and to agree to any rescission or modification of any contract or agreement.

N. Participate in any type of liquidation or reorganization of any enterprise.

O. Join with other persons with whom I own property as joint tenants with right of survivorship or as tenants by the entireties in any transaction regarding that property.

P. Vote and exercise all rights and options, or empower another to vote and exercise those rights and options, concerning any corporate stock, securities, or other assets; to enter into or approve agreements for merger, reorganization, or equivalent transactions with respect to any company or enterprise; to delegate those rights to an agent; and to enter into voting trusts and other agreements or subscriptions.

Q. Exercise all rights and options, or empower another to exercise those rights and options, concerning sole proprietorships, general or limited partnerships, joint ventures, business trusts, land trusts, limited liability companies, and other domestic and foreign forms of organizations.

R. Buy, sell, exchange, lease, convey, and grant options with respect to any real or personal property, and to negotiate for and to enter into contracts and agreements of every nature, concerning real or personal property, including homestead or exempt property. Any such contract, agreement, or lease will be valid and binding for its full term even if it extends beyond my lifetime or the duration of this power of attorney.

S. Exercise all powers even though my attorney-in-fact may also be acting individually or on behalf of any other person or entity interested in the same matters.

T. Transact all business, make, execute and acknowledge all contracts, orders, deeds, bills of sale, assurances, promissory notes, mortgages, and other instruments of any nature which may be requisite or proper to effectuate any matter or things pertaining to or belonging to me.

U. Fund revocable or irrevocable trusts created by me.

V. Apply for, fund, modify, withdraw from, or terminate a qualified tuition plan authorized under 26 USC §529, or its successor provisions, for any of my descendants, including the right to combine accounts, to transfer an account from one state to another, to redirect the investment of the account (to the extent permitted by law), or to change the designated beneficiary of the plan.

W. Continue or discontinue my membership in any club or other organization.

X. Accept or resign on my behalf from any offices or positions which I may hold,

including any fiduciary positions.

Y. Continue, use, or terminate any charge or credit accounts.

Z. Employ and compensate any investment management service, financial institution, or similar organization to advise my attorney-in-fact and to handle all investments and to render all accountings of funds held on my behalf under custodial, agency, or other agreements.

AA. Enter into any safe deposit box for which I am a lessee and add or remove items.

BB. Disclaim any property interest that I would otherwise receive.

CC. Demand, obtain, review, and release to others medical records or other documents protected by the patient-physician privilege, attorney-client privilege, or any similar privilege, including all records subject to, and protected by, the Health Insurance Portability and Accountability Act of 1996, as amended ("HIPAA"). I designate my attorney-in-fact as my personal representative under HIPAA.

DD. File or process claims for any medical bills with all insurance companies through which I have coverage, including but not limited to Medicare and Medicaid, and to receive from Blue Cross/Blue Shield or any other insurer information obtained in the adjudication of any claim in regard to services furnished to me under Title 18 of the Social Security Act.

I further authorize my attorney-in-fact to take all other actions as may be necessary or appropriate for my personal well-being and the management of my affairs, as fully and as effectively as if made or done by me personally.

Despite the foregoing powers, my attorney-in-fact may not (i) deal with insurance policies I own on the life of my attorney-in-fact, or (ii) except as specifically authorized by this power of attorney, distribute assets so as to discharge a legal obligation of my attorney-in-fact.

Any third party to whom this power of attorney is presented may rely upon an affidavit by my attorney-in-fact stating, to the best of my attorney-in-fact's knowledge and belief, that this power has not been revoked, that I am then living, and that no proceedings have been initiated to determine my incapacity. No third party relying on this power and that affidavit will be liable for any losses, damages, or claims caused by compliance with the action requested by my attorney-in-fact, unless that third party has actual knowledge of my death or the revocation of this power.

This durable power of attorney will not be affected by my subsequent incapacity except as provided in Chapter 709 of the Florida Statutes. It is my specific intent that the power conferred on my attorney-in-fact will be exercisable from the date of this instrument, notwithstanding my subsequent disability or incapacity, except as otherwise specifically provided by statute.

If any part of this power of attorney is declared invalid or unenforceable, that decision will not affect the validity of the remaining parts.

My attorney-in-fact does not have an affirmative duty to act under this power of attorney and will not be liable for any claim or demand arising out of her acts or omissions, except for willful misconduct or gross negligence.

In witness whereof, I have executed this durable power of attorney on August 2, 2006.

Signed in the presence of:

Kenneth B. Donaldson
Kenneth B. Donaldson
Witness Print Name

Wallace M. Jopling
Wallace M. Jopling

Shannon L. Decker
Shannon L. Decker
Witness Print Name

STATE OF FLORIDA
COUNTY OF ALACHUA

The foregoing instrument was acknowledged before me on Aug. 21, 2006, by
Wallace M. Jopling

Shannon L. Decker
Notary Public, State of Florida at Large

(NOTARY SEAL)

Personally Known ____ OR Produced Identification ☒

Type of Identification Produced:

☒ Current Florida Driver's License

☐ Other _____

STATE OF FLORIDA
DEPARTMENT OF HEALTH
APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permit Application Number 09-0433

----- PART II - SITEPLAN -----

Scale: 1 inch = 50 feet.

JERLING

*SEE
ATTACHED*

Notes: _____

Site Plan submitted by: *Rock D 7-0* MASTER CONTRACTOR
Plan Approved *X* Not Approved _____ Date *8/27/09*
By *Sally Ford EH Director Columbia* County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT



STATE OF FLORIDA
DEPARTMENT OF HEALTH
ONSITE SEWAGE TREATMENT AND DISPOSAL
SYSTEM
APPLICATION FOR CONSTRUCTION PERMIT

PERMIT NO. 932628
DATE PAID: 8/19/09
FEE PAID: 310.00
RECEIPT #: 1775406

APPLICATION FOR:

☒ New System ☐ Existing System ☐ Holding Tank ☐ Innovative
☐ Repair ☐ Abandonment ☐ Temporary ☐

APPLICANT: Wallace & Miriam Jopling

AGENT: ROCKY FORD, A & B CONSTRUCTION

TELEPHONE: 386-497-2311

MAILING ADDRESS: P.O. BOX 39 FT. WHITE, FL, 32038

TO BE COMPLETED BY APPLICANT OR APPLICANT'S AUTHORIZED AGENT. SYSTEMS MUST BE CONSTRUCTED BY A PERSON LICENSED PURSUANT TO 489.105(3) (a) OR 489.552, FLORIDA STATUTES. IT IS THE APPLICANT'S RESPONSIBILITY TO PROVIDE DOCUMENTATION OF THE DATE THE LOT WAS CREATED OR PLATTED (MM/DD/YY) IF REQUESTING CONSIDERATION OF STATUTORY GRANDFATHER PROVISIONS.

PROPERTY INFORMATION

LOT: 20 BLOCK: na SUB: Three Rivers Estates Sec 1 PLATTED: _____

PROPERTY ID #: 00-00-00-00538-000 ZONING: _____ I/M OR EQUIVALENT: ☒ Y ☐ N

PROPERTY SIZE: 5.7 ^{PER APLN 17724} ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐ <2000GPD ☐ >2000GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? ☒ Y ☐ N DISTANCE TO SEWER: _____ FT

PROPERTY ADDRESS: 542 SW Riverside Ave, Fort White, FL, 32038

DIRECTIONS TO PROPERTY: 47 South, TR on SR 27, TL on Riverside Ave (3 Rivers),
3rs lot on right past Nebraska

BUILDING INFORMATION

☒ RESIDENTIAL ☐ COMMERCIAL

Unit No	Type of Establishment	No. of Bedrooms	Building Area Sqft	Commercial/Institutional System Design Table 1, Chapter 64E-6, FAC
1	<u>SF Residential</u>	<u>2</u>	<u>1198</u>	
2				
3				

☒ Floor/Equipment Drains ☒ Other (Specify) _____

SIGNATURE: Rocky Ford DATE: 8/12/2009

STATE OF FLORIDA
DEPARTMENT OF HEALTH
ONSITE SEWAGE TREATMENT AND DISPOSAL
SYSTEMPERMIT #: 12-SC-998907
APPLICATION #: AP932628
DATE PAID: 9/13/09
FEE PAID: 310.00
RECEIPT #: 475706
DOCUMENT #: PR783313CONSTRUCTION PERMIT FOR: OSTDS NewAPPLICANT: WALLACE**09-0433 JOPLINGPROPERTY ADDRESS: 542 SW RIVERSIDE Ave Fort White, FL 32038LOT: 20 BLOCK: NA SUBDIVISION: 3 Rivers EstatesPROPERTY ID #: 00538-000[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 [500] GALLONS / GPD Aerobic Unit CAPACITY
A [] GALLONS / GPD N/A CAPACITY
N [] GALLONS GREASE INTERCEPTOR CAPACITY [MAXIMUM CAPACITY SINGLE TANK: 1250 GALLONS]
K [300] GALLONS DOSING TANK CAPACITY [33.00] GALLONS @ [6] DOSES PER 24 HRS #Pumps [1]
D [250] SQUARE FEET SYSTEM
R [] SQUARE FEET N/A SYSTEM
A TYPE SYSTEM: [] STANDARD [x] FILLED [] MOUND []
I CONFIGURATION: [x] TRENCH [] RED []

P LOCATION OF BENCHMARK: spike in power pole N of site

I ELEVATION OF PROPOSED SYSTEM SITE [12.00] [INCHES] FT [] ABOVE / BELOW BENCHMARK/REFERENCE POINT

E BOTTOM OF DRAINFIELD TO BE [36.00] [INCHES] FT [] ABOVE / BELOW BENCHMARK/REFERENCE POINT

L

D FILL REQUIRED: [0.00] INCHES EXCAVATION REQUIRED: [0.00] INCHES

- O 1. DF no deeper than 28.2' at any point.
T 2. operating permit and maintenance agreement required.

H

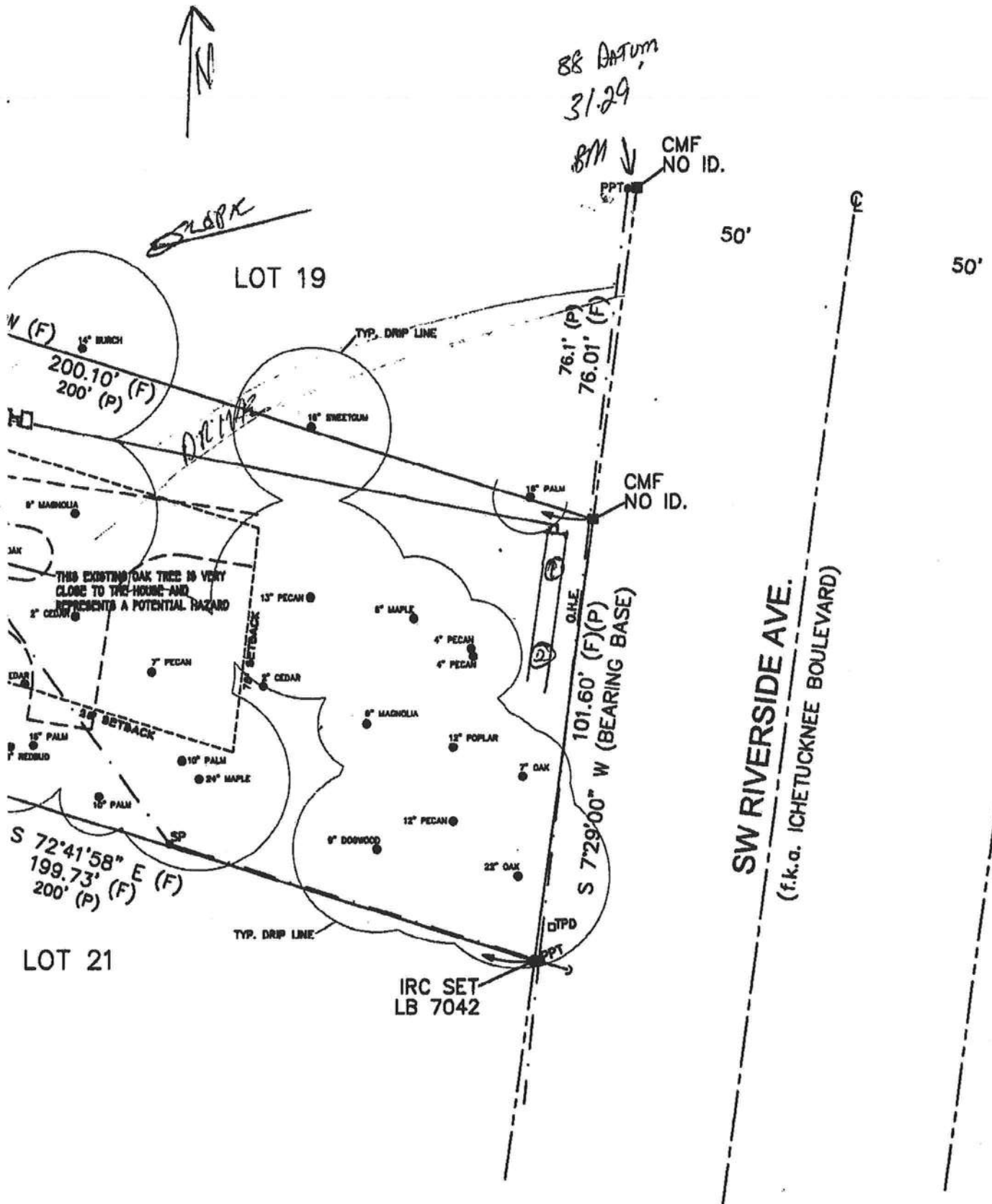
E

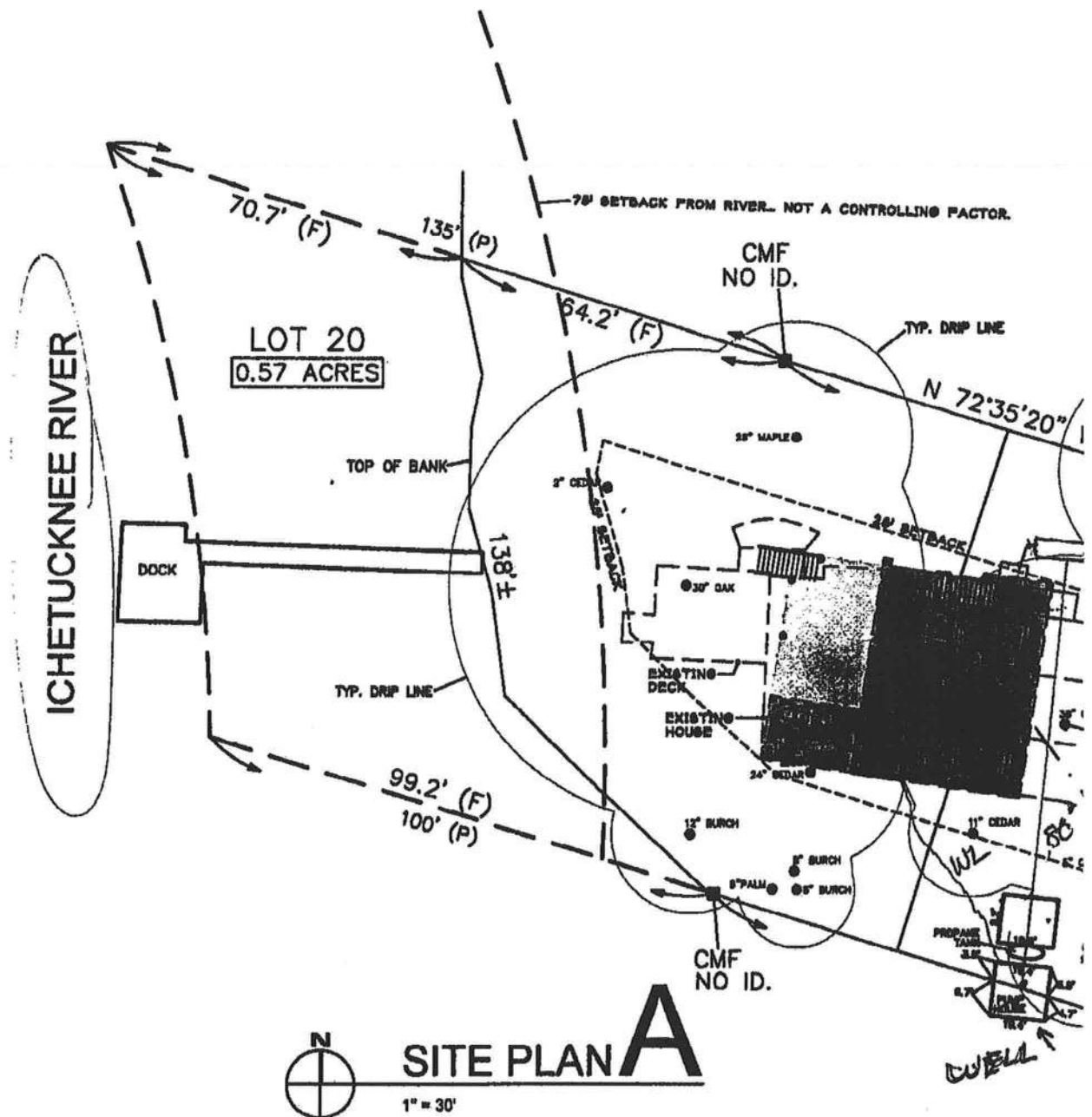
R

SPECIFICATIONS BY: Ricky FordTITLE: M ContractorAPPROVED BY: S Ford
Sallie A FordTITLE: EH Director

Columbia CHD

DATE ISSUED: 08/27/2009EXPIRATION DATE: 02/27/2011





**CONCEPTUAL
DESIGN**

**Jopling Family
Itchetucknee River House**

**Blanco
Architecture**

Three Rivers Estates - Columbia County, Florida

7/2/2009

AUG 12 2009

Rock D F

SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER 0908-47 CONTRACTOR _____ PHONE _____

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 <u>D+D Electric</u> License #: <u>EC-13002237</u>	Signature <u>[Signature]</u> Phone #: <u>386 365 0299</u>
MECHANICAL/ A/C	Print Name <u>Harrys Heating & Air</u> License #: <u>RA-0030316</u>	Signature <u>[Signature]</u> Phone #: <u>386 752 2308</u>
PLUMBING/ GAS	Print Name <u>Barrs Plumbing</u> License #: <u>CSC-1427145</u>	Signature <u>[Signature]</u> Phone #: <u>386 752 8656</u>
ROOFING	Print Name <u>Sumerlin Roofing</u> License #: <u>CCC 1326192</u>	Signature <u>[Signature]</u> Phone #: <u>386-288-5426</u>
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	<u>020</u>	<u>Brant Stevens Masonry</u>	<u>[Signature]</u>
CONCRETE FINISHER			
FRAMING	<u>CBC 050690</u>	<u>10254 SLK Const. Inc</u>	<u>[Signature]</u>
INSULATION	<u>7502</u>	<u>Lake City Industries</u>	<u>[Signature]</u>
STUCCO			
DRYWALL	<u>000169</u>	<u>Vernon Philman Drywall</u>	<u>[Signature]</u>
PLASTER			
CABINET INSTALLER	<u>CBC 050690</u>	<u>10254 SLK Const Inc.</u>	<u>[Signature]</u>
PAINTING	<u>556</u>	<u>Perfected Painters</u>	<u>[Signature]</u>
ACOUSTICAL CEILING			
GLASS	<u>618</u>	<u>Lake City Glass</u>	<u>[Signature]</u>
CERAMIC TILE	<u>376</u>	<u>Townsend Tile</u>	<u>[Signature]</u>
FLOOR COVERING			
ALUM/VINYL SIDING	<u>SC 0047025</u>	<u>Hunts Aluminium</u>	<u>[Signature]</u>
GARAGE DOOR	<u>619</u>	<u>Lake City Glass</u>	<u>[Signature]</u>
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.

Inst: 200912015691 Date: 9/18/2009 Time: 9:32 AM
C.C.P. DeWitt Cason, Columbia County Page 1 of 1 B:1180 P:2708

NOTICE OF COMMENCEMENT

County Clerk's Office Stamp or Seal

Tax Parcel Identification Number 00 00 00 00538-00

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.

- Description of property (legal description): Lot 20 Section 1 of three Rivers Estates
a) Street (job) Address: 542 SW Riverside Ave, Ft White FL, 32038
- General description of improvements: New Home
- Owner Information
a) Name and address: Jopling Wallace M + Miriam G.
b) Name and address of fee simple titleholder (if other than owner) Jane
c) Interest in property DWher
- Contractor Information
a) Name and address: SLK Construction 764 SW Riverside Av, Ft White FL, 32038
b) Telephone No.: 386-365-3646 Fax No. (Opt.): 386-497-2289
- Surety Information
a) Name and address:
b) Amount of Bond: none
c) Telephone No.: Fax No. (Opt.):
- Lender
a) Name and address: none
b) Phone No.:
- Identity of person within the State of Florida designated by owner upon whom notices or other documents may be served
a) Name and address: SLK Construction Inc, 764 SW Riverside Av Ft White FL,
b) Telephone No.: 386-365-3646 Fax No. (Opt.): 32038
- In addition to himself, owner designates the following person to receive a copy of the Lienor's Notice as provided in Section 713.13(1)(b) Florida Statutes:
a) Name and address: SLK Construction Inc, 764 SW Riverside Av, Ft White FL,
b) Telephone No.: 386-365-3646 Fax No. (Opt.): 32038
- 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

[Signature]
Signature of Owner or Owner's Authorized Officer/Director/Partner/Manager
[Print Name]
Print Name

The foregoing instrument was acknowledged before me, a Florida Notary, this 18th day of AUGUST, 2009, by:

[Signature] as (type of authority, e.g. officer, trustee, attorney)
(fact) for Wallace M. Jopling (name of party on behalf of whom instrument was executed)
Personally Known ☒ OR Produced Identification ☐ Type

Notary Signature Kristen A. Gregory 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

[Signature]
Signature of Natural Person Signing (in line #10 above.)