

DATE 05/27/2009

## Columbia County Building Permit

PERMIT

This Permit Must Be Prominently Posted on Premises During Construction

000027834

APPLICANT JOHN W. WHITE PHONE 352.328.4440  
ADDRESS 1074 NW FRONTIER DRIVE LAKE CITY FL 32055  
OWNER FRANCES TERRY PHONE 386.758.9374  
ADDRESS 1074 NW FRONTIER DRIVE LAKE CITY FL 32055  
CONTRACTOR JOHN W. WHITE PHONE 352.328.4440  
LOCATION OF PROPERTY 90-W TO COMMERCE BLVD. TR T0 EGRET TO FRONTIR,TL

TYPE DEVELOPMENT REMODEL KITCHEN/BATH ESTIMATED COST OF CONSTRUCTION 79000.00  
HEATED FLOOR AREA TOTAL AREA HEIGHT STORIES  
FOUNDATION WALLS ROOF PITCH FLOOR  
LAND USE & ZONING MAX. HEIGHT  
Minimum Set Back Requirments: STREET-FRONT REAR SIDE  
NO. EX.D.U. 1 FLOOD ZONE DEVELOPMENT PERMIT NO.

PARCEL ID 26-3S-16-02308-092 SUBDIVISION FAIRWAY VIEW  
LOT BLOCK PHASE UNIT TOTAL ACRES

CBC1255299  
Culvert Permit No. Culvert Waiver Contractor's License Number Applicant/Owner/Contractor  
EXISTING X-09-144 N  
Driveway Connection Septic Tank Number LU & Zoning checked by Approved for Issuance New Resident

COMMENTS: NOC ON FILE.

Check # or Cash 3429

## FOR BUILDING &amp; ZONING DEPARTMENT ONLY

(footer/Slab)

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

BUILDING PERMIT FEE \$ 395.00 CERTIFICATION FEE \$ 0.00 SURCHARGE FEE \$ 0.00  
MISC. FEES \$ 0.00 ZONING CERT. FEE \$ 50.00 FIRE FEE \$ 0.00 WASTE FEE \$  
FLOOD DEVELOPMENT FEE \$ FLOOD ZONE FEE \$ CULVERT FEE \$ TOTAL FEE 445.00  
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.

BK 0846 PG 1764

REV. 1540.00

THIS INSTRUMENT WAS PREPARED BY:

TERRY McDAVID  
POST OFFICE BOX 1328  
LAKE CITY, FL 32056-1328

RETURN TO:

TERRY McDAVID  
POST OFFICE BOX 1328  
LAKE CITY, FL 32056-1328

Grantee #1 S.S. No. 266-56-6009

Property Appraiser's  
Identification Number  
26-3s-16-02308-092

FILED AND RECORDED IN PUBLIC  
RECORDS OF COLUMBIA COUNTY, FL

97-14244

1997 OCT -1 PM 4:09

RECORDED  
P. DeWitt Cason  
CLERK OF COURTS  
COLUMBIA COUNTY, FLORIDA  
BY MRK D.C.

### WARRANTY DEED

THIS INDENTURE, made this 25th day of September, 1997,  
BETWEEN DAVID J. HOUSEMAN and his wife, LAURA R. HOUSEMAN, whose  
post office address is 3413 Winfield Dunn Parkway, Kodak, Tennessee  
37764, of the County of Sevier, State of Tennessee, grantor\*, and  
FRANCES L. TERRY, whose post office address is Post Office Box 951,  
Live Oak, Florida 32060, of the County of Suwannee, State of  
Florida, grantee\*.

WITNESSETH: that said grantor, for and in consideration of  
the sum of Ten Dollars (\$10.00), and other good and valuable  
considerations to said grantor in hand paid by said grantee, the  
receipt whereof is hereby acknowledged, has granted, bargained and  
sold to the said grantee, and grantee's heirs and assigns forever,  
the following described land, situate, lying and being in Columbia  
County, Florida, to-wit:

Lot 15 of "FAIRWAY VIEW UNIT IV", as per plat thereof recorded  
in Plat Book 5, Page 29 & 29A, of the public records of  
Columbia County, Florida.

SUBJECT TO: Restrictions, easements and outstanding  
mineral rights of record, if any, and taxes for the  
current year.

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

\*"Grantor" and "grantee" are used for singular or plural, as  
context requires.

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

Documentary Stamp \$1540.00  
Intangible Tax 0  
P. DeWitt Cason  
Clerk of Court  
By MRK D.C.

Signed, sealed and delivered  
in our presence:

[Signature]

(Signature of First Witness)

Sherry D. Ward

(Typed Name of First Witness)

[Signature]

(Signature of Second Witness)

Donna M. Justus

(Typed Name of Second Witness)

BK 0846 PG 1765

OFFICIAL RECORDS

[Signature]

(SEAL)

Grantor

DAVID J. HOUSEMAN

Printed Name

STATE OF TENNESSEE  
COUNTY OF SEVIER

The foregoing instrument was acknowledged before me this 25th  
day of September, 1997, by DAVID J. HOUSEMAN, who is personally  
known to me or who has produced \_\_\_\_\_ as identification  
and who did not take an oath.

My Commission Expires:

[Signature]

Notary Public

Printed, typed, or stamped name:

Donna M. Justus

Comm. Exp. 3/27/2001

[Signature]

(Signature of First Witness)

Myrtle Ann McElroy

(Typed Name of First Witness)

[Signature]

Grantor

LAURA R. HOUSEMAN

Printed Name

[Signature]

(Signature of Second Witness)

Lisa C. Ogburn

(Typed Name of Second Witness)

STATE OF FLORIDA  
COUNTY OF COLUMBIA

The foregoing instrument was acknowledged before me this 23rd  
day of September, 1997, by LAURA R. HOUSEMAN, who is personally  
known to me or who has produced \_\_\_\_\_ as identification  
and who did not take an oath.

My Commission Expires:

[Signature]

Notary Public

Printed, typed, or stamped name:

NOTARY PUBLIC LISA C. OGBURN  
COMMISSION # CC 413046



**Columbia County Building Permit Application**

<b>For Office Use Only</b>		Application # <u>0905-29</u>	Date Received <u>5/19/09</u>	By <u>G</u>	Permit # <u>27834</u>
Zoning Official <u>ad</u>	Date <u>5/19/09</u>	Flood Zone <u>X</u>	Land Use <u>RLD</u>	Zoning <u>RSF-2</u>	
FEMA Map # _____	Elevation _____	MFE _____	River _____	Plans Examiner <u>ND</u>	Date <u>5-19-09</u>
Comments _____					
<input checked="" type="checkbox"/> NOC <input checked="" type="checkbox"/> EH <input checked="" type="checkbox"/> Deed or PA <input type="checkbox"/> Site Plan <input type="checkbox"/> State Road Info <input type="checkbox"/> Parent Parcel # _____					
<input type="checkbox"/> Dev Permit # _____ <input type="checkbox"/> In Floodway <input type="checkbox"/> Letter of Auth. from Contractor <input type="checkbox"/> F W Comp. letter					
IMPACT FEES: EMS _____ Fire _____ Corr _____ Road/Code _____					
School _____ = TOTAL _____					

Septic Permit No. X-09-0134 Fax 352-331-2889

Name Authorized Person Signing Permit John Wesley White Phone 352-328-4440

Address 9253 SW 30th Lane Gainesville, FL 32608

Owners Name FRANCIS Terry Phone 758-9374

911 Address 1074 NW Frontier Dr. Lake City, FL 32055

Contractors Name John Wesley White Phone 352-328-4440

Address 9253 SW 30th Lane Gainesville, FL 32608

Fee Simple Owner Name & Address 1074 NW Frontier Dr

Bonding Co. Name & Address N/A

Architect/Engineer Name & Address N/A

Mortgage Lenders Name & Address N/A

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

Property ID Number 26-35-16-02308-092 Estimated Cost of Construction 79,000.00

Subdivision Name Fairway View Lot 15 Block \_\_\_\_\_ Unit \_\_\_\_\_ Phase \_\_\_\_\_

Driving Directions NW 90 to Fairway View subdivision, R on East, to end then L to Frontier @ stop sign, R on Frontier, 6th House on R

Number of Existing Dwellings on Property 1

Construction of remodel Kitchen & Bath Total Acreage \_\_\_\_\_ Lot Size \_\_\_\_\_

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

Actual Distance of Structure from Property Lines - Front \_\_\_\_\_ Side \_\_\_\_\_ Side \_\_\_\_\_ Rear \_\_\_\_\_

Number of Stories \_\_\_\_\_ Heated Floor Area \_\_\_\_\_ Total Floor Area \_\_\_\_\_ Roof Pitch \_\_\_\_\_

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

*Spoke Jo "Wes" 5/20/09*



**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 hereby certify that all the foregoing information is accurate and all work will be done in compliance with all applicable laws and regulating construction and zoning. I further understand the above written responsibilities in Columbia County for obtaining this Building Permit.

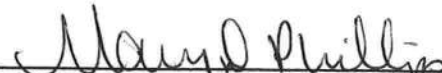
  
\_\_\_\_\_  
Owners Signature

**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.

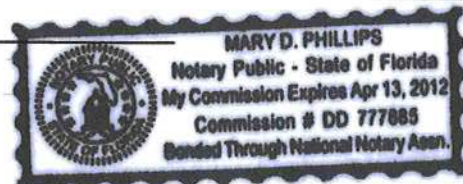
  
\_\_\_\_\_  
Contractor's Signature (Permitee)

Contractor's License Number CBC1255299  
Columbia County  
Competency Card Number \_\_\_\_\_

Affirmed under penalty of perjury to by the Contractor and subscribed before me this 19 day of May 2009.  
Personally known ☒ or Produced Identification \_\_\_\_\_

  
\_\_\_\_\_  
State of Florida Notary Signature (For the Contractor)

SEAL:



**Mary D. Phillips**

## NOTICE OF COMMENCEMENT

**PERMIT NUMBER:**

**STATE OF FLORIDA**

**COUNTY OF COLUMBIA**

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

### DESCRIPTION OF PROPERTY

**1074 NW Frontier Drive, Lake City, FL 32055  
Lot 15 Fairway View Unit 4**

### GENERAL DESCRIPTION OF IMPROVEMENTS

**TO CONSTRUCT:**

**Remodeling Kitchen Area**

### OWNER INFORMATION

**OWNER NAME: Frances L. Terry**

**ADDRESS: 1074 NW Frontier Drive, Lake City, FL 32055**

**INTEREST IN PROPERTY: fee simple**

**FEE SIMPLE TITLEHOLDER NAME: same as above**

**FEE SIMPLE TITLEHOLDER ADDRESS: (if other than owner)**

**CONTRACTOR NAME: J.W. White Enterprises, Inc.**

**ADDRESS: 9253 SW 30<sup>th</sup> Lane**

**CITY: Gainesville**

**PHONE NUMBER:**

**STATE: FL**

**ZIP CODE: 32608**

**BONDING COMPANY:**

**ADDRESS:**

**CITY**

**STATE:**

**PHONE NUMBER:**

**ZIP CODE:**

**LENDER NAME:**

**ADDRESS:**

**CITY:**

**STATE:**

**PHONE NUMBER:**

**ZIP CODE:**

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

In addition to himself, Owner designates None of  
to receive a copy of the Lienor's Notice as provided in Section  
713.13(1)(b), Florida Statutes.

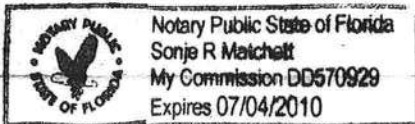
Expiration date is one (1) year from date of recording unless a different date is specified.

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 WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.

Frances L. Terry  
Frances L. Terry

State of Florida  
County of Columbia

The foregoing was acknowledged before me this 13<sup>th</sup> day of May, 2009, by Frances L. Terry, who produced Drivers license # (T600252415630) as identification.



Sonje R. Matchett  
Notary Public  
7-4-2010



**J.W.WHITE ENTERPRISES**

9253 SW 30<sup>th</sup> Lane  
Gainesville, FL  
352-328-4440

5/12/09

Columbia Co. Building Department  
135 NE Hernando Ave.  
Lake City, FL 32055

**JOB:**

Frances Terry  
1074 NW Frontier Dr.  
Lake City, FL 32055

**SCOPE of WORK and BUILDING MATERIALS:**

**Remodel Kitchen:**

- Tearout existing cabinets and repalce with new, and granite counter tops
- Remove all wallpaper, patch and repair sheetrock as needed
- Paint
- Install floating wood floor

**Remodel Masterbath:**

- Tearout existing cabinets and replace with new, and granite tops
- replace existing plumbing fixtures
- tile floor

**Remainder of Residence:**

- Remove all wallpaper, patch sheetrock
- Paint
- Install floating wood floor

Please call if any additional Information is needed.  
Thank you.

A handwritten signature in blue ink, likely belonging to J.W. White, is written diagonally across the lower right portion of the document. The signature is stylized and cursive.



**ACORD™ CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)

05/11/2009

PRODUCER

Phone: (352)332-0180

Partners Insurance Agency  
P O Box 147050-PMB 522  
Gainesville, FL 32614  
License #: A225479

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION  
ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE  
HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR  
ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURED

J W White Enterprises, Inc  
Wes White  
3068 SW 91st Terr  
Gainesville, FL 32608

INSURERS AFFORDING COVERAGE

NAIC #

INSURER A: Mid Continent Insurance Company

INSURER B:

INSURER C:

INSURER D:

INSURER E:

**COVERAGES**

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A		<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO- JECT <input type="checkbox"/> LOC	04GL000727790	09/01/2008	09/01/2009	EACH OCCURRENCE \$ <b>1,000,000</b> DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>100,000</b> MED EXP (Any one person) \$ <b>excluded</b> PERSONAL & ADV INJURY \$ <b>1,000,000</b> GENERAL AGGREGATE \$ <b>2,000,000</b> PRODUCTS - COMP/OP AGG \$ <b>2,000,000</b>
		<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$  BODILY INJURY (Per person) \$  BODILY INJURY (Per accident) \$  PROPERTY DAMAGE (Per accident) \$
		<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$  OTHER THAN EA ACC AUTO ONLY: AGG \$
		<b>EXCESS/UMBRELLA LIABILITY</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE  DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
		<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below OTHER				WC STATU- TORY LIMITS OTH- ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

**CERTIFICATE HOLDER**

Columbia County Building Department  
Fax: 386-758-2160  
P O Box 1529  
Lake City, FL 32056

**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION  
DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL **10** DAYS WRITTEN  
NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL  
IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR  
REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

*Williams*

(SJW)

## PRODUCT APPROVAL SPECIFICATION SHEET

**Location:** 1074 - NW. Frontier Dr. **Project Name:** FRANCIS TERRY

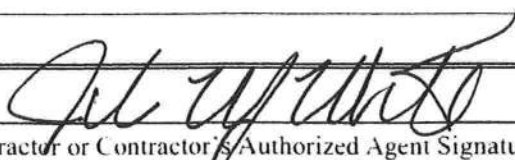
As required by Florida Statute 553.842 and Florida Administrative Code 9B-72, please provide the information and the product approval number(s) on the building components listed below if they will be utilized on the construction project for which you are **applying for a building permit on or after April 1, 2004**. We recommend you contact your local product supplier should you not know the product approval number for any of the applicable listed products. More information about statewide product approval can be obtained at [www.floridabuilding.org](http://www.floridabuilding.org)

Category/Subcategory	Manufacturer	Product Description	Approval Number(s)
<b>A. EXTERIOR DOORS</b>			
1. Swinging			
2. Sliding			
3. Sectional			
4. Roll up			
5. Automatic			
6. Other			
<b>B. WINDOWS</b>			
1. Single hung			
2. Horizontal Slider			
3. Casement			
4. Double Hung			
5. Fixed			
6. Awning			
7. Pass-through			
8. Projected			
9. Mullion			
10. Wind Breaker			
11. Dual Action			
12. Other			
<b>C. PANEL WALL</b>			
1. Siding			
2. Soffits			
3. EIFS			
4. Storefronts			
5. Curtain walls			
6. Wall louver			
7. Glass block			
8. Membrane			
9. Greenhouse			
10. Other			
<b>D. ROOFING PRODUCTS</b>			
1. Asphalt Shingles			
2. Underlayments			
3. Roofing Fasteners			
4. Non-structural Metal Rf			
5. Built-Up Roofing			
6. Modified Bitumen			
7. Single Ply Roofing Sys			
8. Roofing Tiles			
9. Roofing Insulation			
10. Waterproofing			
11. Wood shingles /shakes			
12. Roofing Slate			

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

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

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

  
Contractor or Contractor's Authorized Agent Signature

5/13/09  
Print Name

Date