

DATE 09/08/2008

Columbia County Building Permit
This Permit Must Be Prominently Posted on Premises During Construction

PERMIT
000027319

APPLICANT CLAYTON CRAY PHONE 386.758.8370
ADDRESS 414 SW FLATT GLEN LAKE CITY FL 32024
OWNER CLAYTON CRAY PHONE 386.758.8370
ADDRESS 414 SW FLATT GLEN LAKE CITY FL 32024
CONTRACTOR CLAYTON CRAY PHONE 386.758.8370
LOCATION OF PROPERTY 90-W TO SR.247-S,TL TO FLATT GLN,TR, 3RD PLACE ON
L.
TYPE DEVELOPMENT ADDITION/MH ESTIMATED COST OF CONSTRUCTION 10000.00
HEATED FLOOR AREA 832.00 TOTAL AREA 832.00 HEIGHT 12.00 STORIES 1
FOUNDATION CONC WALLS FRAMED ROOF PITCH 6'12 FLOOR CONC
LAND USE & ZONING A-3 MAX. HEIGHT 35
Minimum Set Back Requirments: STREET-FRONT 30.00 REAR 25.00 SIDE 25.00
NO. EX.D.U. 1 FLOOD ZONE X DEVELOPMENT PERMIT NO. _____

PARCEL ID 31-4S-16-03252-004 SUBDIVISION _____
LOT _____ BLOCK _____ PHASE _____ UNIT _____ TOTAL ACRES 5.00

Culvert Permit No. _____ Culvert Waiver _____ Contractor's License Number _____
EXISTING 08-0582 BLK WR N
Driveway Connection _____ Septic Tank Number _____ LU & Zoning checked by _____ Approved for Issuance _____ New Resident _____

COMMENTS: NOC ON FILE. 1 FOOT ABOVE ROAD.

Check # or Cash CASH REC'D.

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

BUILDING PERMIT FEE \$ 50.00 CERTIFICATION FEE \$ 4.16 SURCHARGE FEE \$ 4.16
MISC. FEES \$ 0.00 ZONING CERT. FEE \$ 50.00 FIRE FEE \$ 0.00 WASTE FEE \$ _____
FLOOD DEVELOPMENT FEE \$ 25.00 FLOOD ZONE FEE \$ 25.00 CULVERT FEE \$ _____ TOTAL FEE 133.32
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 TO BE IN ACTIVE PROGRESS WHEN THE PERMIT HAS RECIEVED AN APPROVED INSPECTION WITHIN 180 DAYS.

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

1 Set submitted

Columbia County Building Permit Application

For Office Use Only Application # 0808-50 Date Received 8/28 By TW Permit # 27319
Zoning Official BK Date 04.09.08 Flood Zone X Land Use A-3 Zoning A-3
FEMA Map # N/A Elevation N/A MFE N/A River N/A Plans Examiner W Date 9/3/08
Comments _____
☒ 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 EXEMPT

Septic Permit No. 08-0582E Fax _____
Name Authorized Person Signing Permit Clayton Cray Phone 758-8370
Address 414 SW Flatt Glen, L.C. 71 3204
Owners Name Clayton Cray Phone 758-8370
911 Address 414 SW Flatt Glen
Contractors Name Self Phone 758-8370
Address 414 SW Flatt Glen, L.C. 72 3204
Fee Simple Owner Name & Address Clayton Cray
Bonding Co. Name & Address _____
Architect/Engineer Name & Address William Myers
Mortgage Lenders Name & Address CASH
Circle the correct power company - FL Power & Light - Clay Elec. - Suwannee Valley Elec. - Progress Energy
Property ID Number 31-4516-03252-004 Estimated Cost of Construction 10,000
Subdivision Name _____ Lot ☒ Block _____ Unit _____ Phase _____
Driving Directions Brandford Highway south to Flatt Glen on right + 3rd house on left.

Number of Existing Dwellings on Property One
Construction of Add/ ~~DEM~~ Total Acreage 5 Lot Size 1/2 ft
Do you need a - Culvert Permit or Culvert Waiver or Have an Existing Drive Total Building Height 12 ft
Actual Distance of Structure from Property Lines - Front 90 Side 60 Side 95 Rear 94
Number of Stories 1 Heated Floor Area 832 Total Floor Area 16 X 52 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.

TW Left message @ 9:40

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.

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.

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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.

Contractor's Signature (Permitee)

Contractor's License Number _____
Columbia County
Competency Card Number _____

Affirmed under penalty of perjury to by the Contractor and subscribed before me this ____ day of _____ 20____.
Personally known _____ or Produced Identification _____

SEAL:

State of Florida Notary Signature (For the Contractor)

**COLUMBIA COUNTY BUILDING DEPARTMENT**

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

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

State law requires construction to be done by licensed contractors. You have applied for a permit under an exemption to that law. The exemption allows you, as the owner of your property, to act as your own contractor with certain restrictions even though you do not have a license. You must provide direct, onsite supervision of the construction yourself. You may build or improve a one-family or two-family residence or a farm outbuilding. You may also build or improve a commercial building, provided your costs do not exceed \$75,000. The building or residence must be for your own use or occupancy. It may not be built or substantially improved for sale or lease. If you sell or lease a building you have built or substantially improved for yourself within 1 year after the construction is complete, the law will presume that you built or substantially improved it for sale or lease, which is a violation of this exemption. You may not hire an unlicensed person to act as your contractor or to supervise people working on your building. It is your responsibility to make sure that people employed by you have licenses required by state law and by county or municipal licensing ordinances. You may not delegate the responsibility for supervising work to a licensed contractor who is not licensed to perform the work being done. Any person working on your building who is not licensed must work under your direct supervision and must be employed by you, which means that you must deduct F.I.C.A. and withholding tax and provide workers' compensation for that employee, all as prescribed by law. Your construction must comply with all applicable laws, ordinances, building codes, and zoning regulations.

I understand that if I am not physically doing the work or physically supervising free labor from friends or relatives, that I must hire licensed contractors, i.e. electrician, plumber, mechanical (heating & air conditioning), etc. I further understand that the violation of not physically doing the work, and the use of unlicensed contractors at the construction site, will cause the project to be shut down by the inspection staff of the Columbia County Building Department. Additionally, state statutes allows for additional penalties. I also understand that if this violation does occur, that in order for the job to proceed, I will have a licensed contractor come in and obtain a new permit as taking the job over. I understand that if I hire subcontractors under a contract price, that they must be licensed to work in Columbia County, i.e. masonry, drywall, carpentry. Contractors licensed by the Columbia County Contractor Licensing Section or the State of Florida are required to have worker's compensation and liability coverage.

TYPE OF CONSTRUCTION☒ Single Family Dwelling☐ Two-Family Residence☐ Farm Outbuilding☐ Other _____☒ Addition, Alteration, Modification or other Improvement

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

Permit Number _____

Clayton Cray
Owner Builder Signature8-28-08
Date**FLORIDA NOTARY**The above signer is personally known to me or produced identification DRIVERS LICENSENotary Signature Laurie HodsonDate 8-28-08C600-112-59-128-0**FOR BUILDING DEPARTMENT USE ONLY**

I hereby certify that the above listed owner/builder has been notified of the disclosure statement in Florida Statutes ss 489.103(7). Date 8-28-08 Building Official/Representative Carol Law



STATE OF FLORIDA
DEPARTMENT OF HEALTH

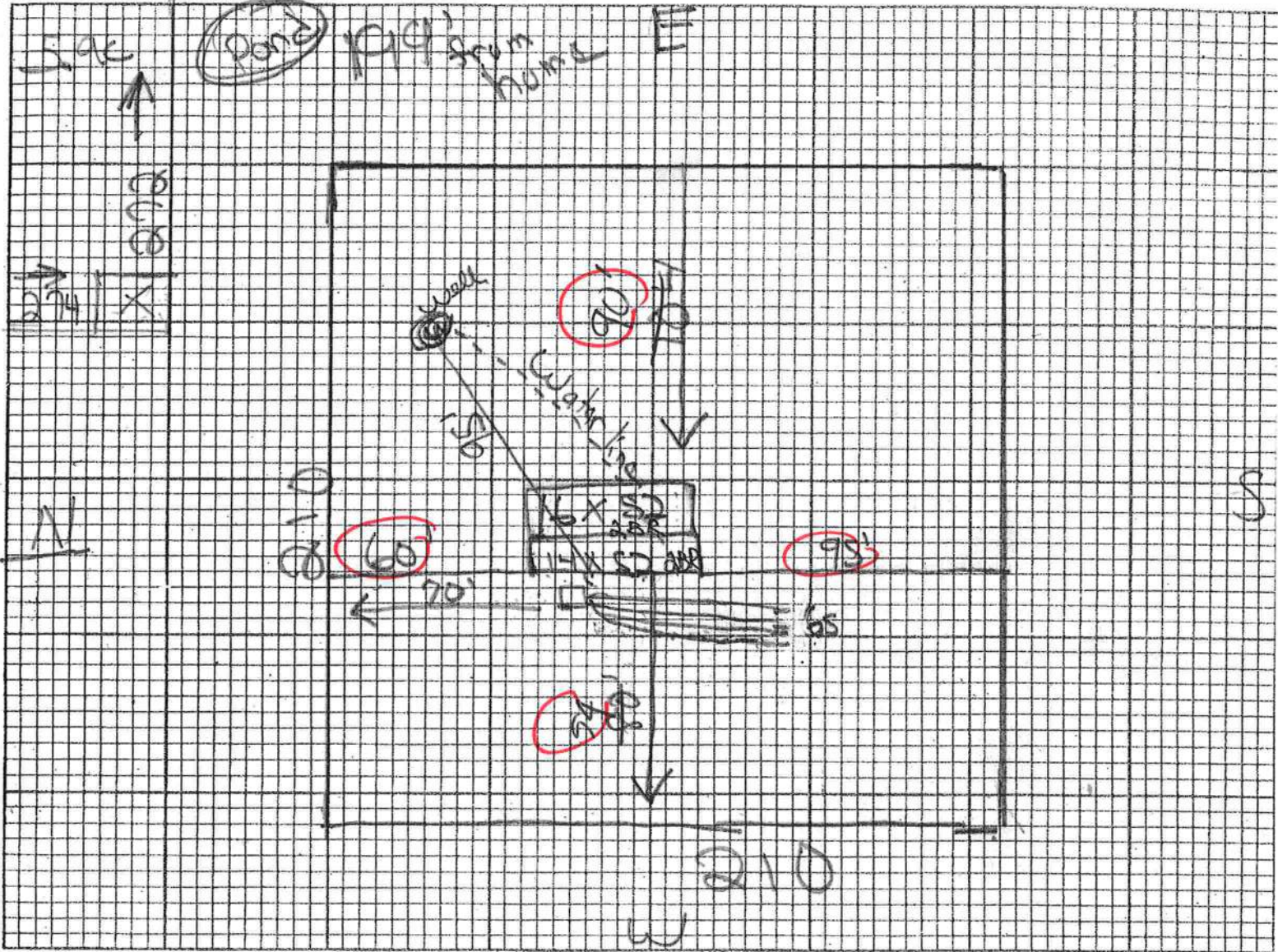
APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permit Application Number 08-05821

Cray

PART II - SITE PLAN

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



Notes:

16x52 new addition
to existing home

Site Plan submitted by: *Cheryl Cray*

Plan Approved ☒

APPROVED

Signature
Not Approved

Columbia CHD

Title

Date 08-20-08

By *[Signature]* County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

Columbia County Property Appraiser

DB Last Updated: 8/5/2008

2008 Proposed Values

Tax Record

Property Card

Interactive GIS Map

Print

Parcel: 31-4S-16-03252-004 HX

Owner & Property Info

Search Result: 1 of 1

Owner's Name	CRAY CLAYTON		
Site Address	FLATT		
Mailing Address	414 SW FLATT GLN LAKE CITY, FL 32024		
Use Desc. (code)	MOBILE HOM (000200)		
Neighborhood	31416.00	Tax District	3
UD Codes	MKTA02	Market Area	02
Total Land Area	5.013 ACRES		
Description	COMM NW COR OF SW1/4, RUN E 765 FT, S 540 FT FOR POB, CONT S 460 FT, E 664.11 FT, NE 530.26 FT, SE 676.37 FT, NE 60.02 FT, NW 647.76 FT, N 84 DG W 256.41 FT, S 88 DG W 809 FT TO POB. EX 5.087 AC DESC IN ORB 990-406. ORB 893-2271. MOD AGD 1128-2175		

GIS Aerial



Property & Assessment Values

Mkt Land Value	cnt: (2)	\$49,623.00
Ag Land Value	cnt: (0)	\$0.00
Building Value	cnt: (1)	\$3,932.00
XFOB Value	cnt: (0)	\$0.00
Total Appraised Value		\$53,555.00

Just Value		\$53,555.00
Class Value		\$0.00
Assessed Value		\$53,555.00
Exempt Value	(code: HX)	\$28,555.00
Total Taxable Value		\$25,000.00

Sales History

Sale Date	Book/Page	Inst. Type	Sale VImp	Sale Qual	Sale RCode	Sale Price
12/16/1999	893/2271	AG	V	U	01	\$22,100.00

Building Characteristics

Bldg Item	Bldg Desc	Year Blt	Ext. Walls	Heated S.F.	Actual S.F.	Bldg Value
2	MOBILE HME (000800)	1982	Minimum (01)	784	784	\$3,932.00
Note: All S.F. calculations are based on exterior building dimensions.						

Extra Features & Out Buildings

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

Land Breakdown

Lnd Code	Desc	Units	Adjustments	Eff Rate	Lnd Value
000200	MBL HM (MKT)	5.013 AC	1.00/1.00/1.00/1.00	\$9,500.00	\$47,623.00
009945	WELL/SEPT (MKT)	1.000 UT - (.000AC)	1.00/1.00/1.00/1.00	\$2,000.00	\$2,000.00

Columbia County Property Appraiser

DB Last Updated: 8/5/2008

NOTICE OF COMMENCEMENT

County Clerk's Office Stamp or Seal

Tax Parcel Identification Number 31-45-16-03252-004

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): SEE ATTACHED
a) Street (job) Address: 4141 SW Flatt Glen Lake Cir #71 32024
2. General description of improvements: add on 2 bed 1 bath
3. Owner Information
a) Name and address: Clayton Cray 4141 S.W. Flatt Glen Lake Cir #71
b) Name and address of fee simple titleholder (if other than owner) 32024
c) Interest in property _____
4. Contractor Information
a) Name and address: Clayton Cray 4141 SW Flatt Glen Lake Cir #71
b) Telephone No.: 352-788-8370 Fax No. (Opt.) 32024
5. Surety Information
a) Name and address: _____
b) Amount of Bond: _____
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: Angella Brunk 4141 S.W. Flatt Glen
b) Telephone No.: 758-8370 Fax No. (Opt.) _____
8. In addition to himself, owner designates the following person to receive a copy of the Lienor's Notice as provided in Section 713.13(l)(b), Florida Statutes:
a) Name and address: _____
b) Telephone No.: _____ Fax No. (Opt.) _____
9. Expiration date of Notice of Commencement (the expiration date is one year from the date of recording unless a different date is specified): _____

WARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713.13, FLORIDA STATUTES, AND CAN RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY; A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.

STATE OF FLORIDA
COUNTY OF COLUMBIA



10. Clayton Cray
Signature of Owner, or Owner's Authorized Officer/Director/Partner/Manager
Clayton Cray
Print Name

The foregoing instrument was acknowledged before me, a Florida Notary, this 28 day of Aug., 20 08, by:

Clayton Cray as Owner (type of authority, e.g. officer, trustee, attorney)
fact) for Clayton Cray (name of party on behalf of whom instrument was executed).

Personally Known _____ OR Produced Identification ☒ Type DRIVERS LICENSE C600-112-59-128-0

Notary Signature L. Hodson 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.

Clayton Cray
Signature of Natural Person Signing (in line #10 above.)

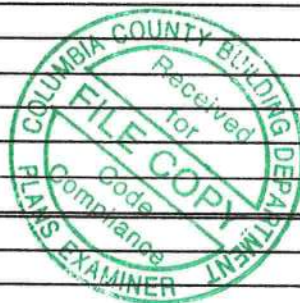
PRODUCT APPROVAL SPECIFICATION SHEET

Location: Lake City 414 SW Flat Glen

Project Name: add

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.floridapba.com

Category/Subcategory	Manufacturer	Product Description	Approval Number(s)
A. EXTERIOR DOORS			
1. Swinging	<u>Rafia bilt</u>	<u>Door</u>	<u>FL18</u>
2. Sliding			
3. Sectional			
4. Roll up			
5. Automatic			
6. Other			
B. WINDOWS	<u>tharnaster</u>	<u>window</u>	<u>FL663</u> FL 10248
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			
C. PANEL WALL			
1. Siding	<u>Georgia Pacific</u>	<u>vinyl siding</u>	<u>FI 1139</u>
2. Soffits	<u>Georgia Pacific</u>	<u>vinyl siding</u>	<u>FI 1146</u>
3. EIFS			
4. Storefronts			
5. Curtain walls			
6. Wall louver			
7. Glass block			
8. Membrane			
9. Greenhouse			
10. Other			
D. ROOFING PRODUCTS			
1. Asphalt Shingles			
2. Underlayments			
3. Roofing Fasteners			
4. Non-structural Metal Rf	<u>Wharling</u>	<u>connecting Roof</u>	<u>FI 5190.3</u>
5. Built-Up Roofing			
6. Modified Bitumen			
7. Single Ply Roofing Sys			
8. Roofing Tiles			
9. Roofing Insulation		<u>Roofing Insulation</u>	<u>R-30</u>
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			
E. SHUTTERS			
1. Accordion	X		
2. Bahama			
3. Storm Panels			
4. Colonial			
5. Roll-up			
6. Equipment			
7. Others			
F. SKYLIGHTS			
1. Skylight	X		
2. Other			
G. STRUCTURAL COMPONENTS			
1. Wood connector/anchor			
2. Truss plates			
3. Engineered lumber			
4. Railing			
5. Coolers-freezers			
6. Concrete Admixtures	Grady mix	Floor	3000 PSI
7. Material			
8. Insulation Forms			
9. Plastics			
10. Deck-Roof			
11. Wall			
12. Sheds			
13. Other			
H. NEW EXTERIOR ENVELOPE PRODUCTS			
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

Clayton Gray
Contractor or Contractor's Authorized Agent Signature

Clayton Gray
Print Name

8-28-08
Date

Location

Permit # (FOR STAFF USE ONLY)

New Construction Subterranean Termite Soil Treatment Record

OMB Approval No. 2502-0525

This form is completed by the licensed Pest Control Company.

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This information is mandatory and is required to obtain benefits. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

Section 24 CFR 200.926d(b)(3) requires that the sites for HUD insured structures must be free of termite hazards. This information collection requires the builder to certify that an authorized Pest Control company performed all required treatment for termites, and that the builder guarantees the treated area against infestation for one year. Builders, pest control companies, mortgage lenders, homebuyers, and HUD as a record of treatment for specific homes will use the information collected. The information is not considered confidential.

This report is submitted for informational purposes to the builder on proposed (new) construction cases when soil treatment for prevention of subterranean termite infestation is specified by the builder, architect, or required by the lender, architect, FHA, or VA.

All contracts for services are between the Pest Control Operator and builder, unless stated otherwise.

* 27319

Section 1: General Information (Treating Company Information)

Company Name: Aspen Pest Control, Inc.
Company Address: P.O. Box 1795 City Lake City State FL Zip 32056
Company Business License No. JB109476 Company Phone No. 386-755-9611 • 352-494-5751
FHA/VA Case No. (if any) _____

Section 2: Builder Information

Company Name: Clayton Cray Company Phone No. 758-8370

Section 3: Property Information

Location of Structure(s) Treated (Street Address or Legal Description, City, State and Zip) 414 SW Flatt Glen Lake City, 32024
Type of Construction (More than one box may be checked) ☒ Slab ☐ Basement ☐ Crawl ☐ Other _____
Approximate Depth of Footing: Outside 1' Inside 3.5' Type of Fill Sand

Section 4: Treatment Information

Date(s) of Treatment(s) 2/3/09
Brand Name of Product(s) Used Bifen XTS
EPA Registration No. 53883-189
Approximate Final Mix Solution % .06%
Approximate Size of Treatment Area: Sq. ft. 832 Linear ft. _____ Linear ft. of Masonry Voids _____
Approximate Total Gallons of Solution Applied 100 gals.
Was treatment completed on exterior? ☐ Yes ☒ No
Service Agreement Available? ☒ Yes ☐ No

Note: Some state laws require service agreements to be issued. This form does not preempt state law.

Attachments (List) _____

Comments Treated Addition

Name of Applicator(s) S. Gregory Certification No. (if required by State law) JF104376

The applicator has used a product in accordance with the product label and state requirements. All treatment materials and methods used comply with state and federal regulations.

Authorized Signature [Signature] Date 2/3/09

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Form NPCA-99-B may still be used

form HUD-NPCA-99-B (04/2003)

Residential System Sizing Calculation

Summary

Cray Residence
414 SW Black Glen
Columbia County, FL

Project Title:
Clayton Cray

Code Only
Professional Version
Climate: North

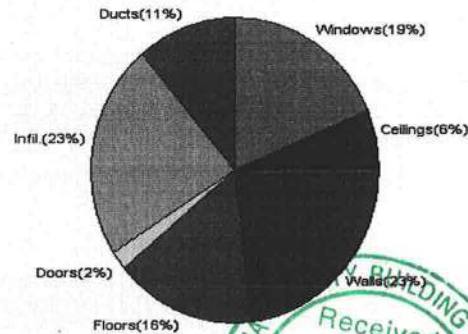
8/27/2008

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	13907 Btuh	Total cooling load calculation	21502 Btuh
Submitted heating capacity	% of calc Btuh	Submitted cooling capacity	% of calc Btuh
Total (Electric Heat Pump)	115.0 16000	Sensible (SHR = 0.75)	66.7 12000
Heat Pump + Auxiliary(0.0kW)	115.0 16000	Latent	114.0 4000
		Total (Electric Heat Pump)	74.4 16000

WINTER CALCULATIONS

Winter Heating Load (for 733 sqft)

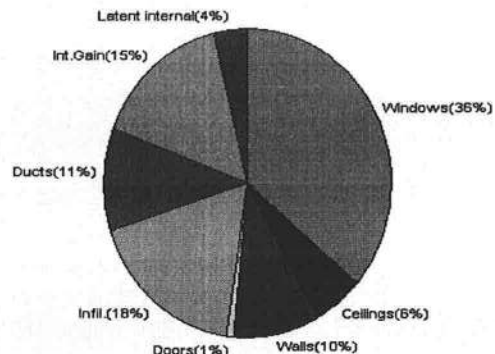
Load component		Load	
Window total	81 sqft	2607	Btuh
Wall total	987 sqft	3241	Btuh
Door total	20 sqft	259	Btuh
Ceiling total	733 sqft	864	Btuh
Floor total	136 sqft	2224	Btuh
Infiltration	78 cfm	3167	Btuh
Duct loss		1544	Btuh
Subtotal		13907	Btuh
Ventilation	0 cfm	0	Btuh
TOTAL HEAT LOSS		13907	Btuh



SUMMER CALCULATIONS

Summer Cooling Load (for 733 sqft)

Load component		Load	
Window total	81 sqft	7792	Btuh
Wall total	987 sqft	2059	Btuh
Door total	20 sqft	196	Btuh
Ceiling total	733 sqft	1214	Btuh
Floor total		0	Btuh
Infiltration	68 cfm	1273	Btuh
Internal gain		3320	Btuh
Duct gain		2139	Btuh
Sens. Ventilation	0 cfm	0	Btuh
Total sensible gain		17993	Btuh
Latent gain(ducts)		210	Btuh
Latent gain(infiltration)		2500	Btuh
Latent gain(ventilation)		0	Btuh
Latent gain(internal/occupants/other)		800	Btuh
Total latent gain		3510	Btuh
TOTAL HEAT GAIN		21502	Btuh



Version 8
For Florida residences only

EnergyGauge® System Sizing

PREPARED BY:

DATE: 8/27/08

System Sizing Calculations - Winter

Residential Load - Whole House Component Details

Cray Residence
414 SW Black Glen
Columbia County, FL

Project Title:
Clayton Cray

Code Only
Professional Version
Climate: North

Reference City: Gainesville (Defaults) Winter Temperature Difference: 37.0 F

8/27/2008

Component Loads for Whole House					
Window	Panes/SHGC/Frame/U	Orientation	Area(sqft) X	HTM=	Load
1	2, Clear, Metal, 0.87	N	15.0	32.2	483 Btuh
2	2, Clear, Metal, 0.87	E	60.0	32.2	1931 Btuh
3	2, Clear, Metal, 0.87	E	6.0	32.2	193 Btuh
	Window Total		81(sqft)		2607 Btuh
Walls	Type	R-Value	Area X	HTM=	Load
1	Frame - Wood - Ext(0.09)	13.0	987	3.3	3241 Btuh
	Wall Total		987		3241 Btuh
Doors	Type		Area X	HTM=	Load
1	Insulated - Exterior		20	12.9	259 Btuh
	Door Total		20		259Btuh
Ceilings	Type/Color/Surface	R-Value	Area X	HTM=	Load
1	Vented Attic/D/Shin	30.0	733	1.2	864 Btuh
	Ceiling Total		733		864Btuh
Floors	Type	R-Value	Size X	HTM=	Load
1	Slab On Grade	5	136.0 ft(p)	16.4	2224 Btuh
	Floor Total		136		2224 Btuh
	Envelope Subtotal:				9196 Btuh
Infiltration	Type	ACH X Volume(cuft)	walls(sqft)	CFM=	
	Natural	0.80	5864	987	78.2
					3167 Btuh
Ductload				(DLM of 0.125)	1544 Btuh
All Zones				Sensible Subtotal All Zones	13907 Btuh

WHOLE HOUSE TOTALS

	Subtotal Sensible	13907 Btuh
	Ventilation Sensible	0 Btuh
	Total Btuh Loss	13907 Btuh

Manual J Winter Calculations

Residential Load - Component Details (continued)

Cray Residence
414 SW Black Glen
Columbia County, FL

Project Title:
Clayton Cray

Code Only
Professional Version
Climate: North

8/27/2008

EQUIPMENT

1. Electric Heat Pump	#	16000 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)



Version 8
For Florida residences only

System Sizing Calculations - Winter

Residential Load - Room by Room Component Details

Cray Residence
414 SW Black Glen
Columbia County, FL

Project Title:
Clayton Cray

Code Only
Professional Version
Climate: North

Reference City: Gainesville (Defaults) Winter Temperature Difference: 37.0 F

8/27/2008

Component Loads for Zone #1: Main

Window	Panes/SHGC/Frame/U	Orientation	Area(sqft) X	HTM=	Load
1	2, Clear, Metal, 0.87	N	15.0	32.2	483 Btuh
2	2, Clear, Metal, 0.87	E	60.0	32.2	1931 Btuh
3	2, Clear, Metal, 0.87	E	6.0	32.2	193 Btuh
	Window Total		81(sqft)		2607 Btuh
Walls	Type	R-Value	Area X	HTM=	Load
1	Frame - Wood - Ext(0.09)	13.0	987	3.3	3241 Btuh
	Wall Total		987		3241 Btuh
Doors	Type		Area X	HTM=	Load
1	Insulated - Exterior		20	12.9	259 Btuh
	Door Total		20		259Btuh
Ceilings	Type/Color/Surface	R-Value	Area X	HTM=	Load
1	Vented Attic/D/Shin	30.0	733	1.2	864 Btuh
	Ceiling Total		733		864Btuh
Floors	Type	R-Value	Size X	HTM=	Load
1	Slab On Grade	5	136.0 ft(p)	16.4	2224 Btuh
	Floor Total		136		2224 Btuh
	Zone Envelope Subtotal:				9196 Btuh
Infiltration	Type	ACH X	Volume(cuft) walls(sqft)	CFM=	
	Natural	0.80	5864 987	78.2	3167 Btuh
Ductload	Pro. leak free, Supply(R6.0-Attic), Return(R6.0-Attic) (DLM of 0.125)				1544 Btuh
Zone #1	Sensible Zone Subtotal				13907 Btuh

WHOLE HOUSE TOTALS

	Subtotal Sensible	13907 Btuh
	Ventilation Sensible	0 Btuh
	Total Btuh Loss	13907 Btuh

Manual J Winter Calculations

Residential Load - Component Details (continued)

Cray Residence
414 SW Black Glen
Columbia County, FL

Project Title:
Clayton Cray

Code Only
Professional Version
Climate: North

8/27/2008

EQUIPMENT

1. Electric Heat Pump	#	16000 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)



Version 8
For Florida residences only

System Sizing Calculations - Summer

Residential Load - Whole House Component Details

Cray Residence
414 SW Black Glen
Columbia County, FL

Project Title:
Clayton Cray

Code Only
Professional Version
Climate: North

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

8/27/2008

Component Loads for Whole House

Window	Type*	Ornt	Overhang		Window Area(sqft)			HTM		Load	
	Pn/SHGC/U/InSh/ExSh/IS		Len	Hgt	Gross	Shaded	Unshaded	Shaded	Unshaded		
1	2, Clear, 0.87, None,N,N	N	1.5ft	8ft.	15.0	0.0	15.0	29	29	434	Btuh
2	2, Clear, 0.87, None,N,N	E	1.5ft	8ft.	60.0	0.0	60.0	29	80	4771	Btuh
3	2, Clear, 0.87, None,N,N	E	1.5ft	8ft.	6.0	0.0	6.0	29	80	477	Btuh
	Excursion									2110	Btuh
	Window Total				81 (sqft)					7792	Btuh
Walls	Type		R-Value/U-Value		Area(sqft)			HTM		Load	
1	Frame - Wood - Ext		13.0/0.09		987.0			2.1		2059 Btuh	
	Wall Total				987 (sqft)					2059 Btuh	
Doors	Type				Area (sqft)			HTM		Load	
1	Insulated - Exterior				20.0			9.8		196 Btuh	
	Door Total				20 (sqft)					196 Btuh	
Ceilings	Type/Color/Surface		R-Value		Area(sqft)			HTM		Load	
1	Vented Attic/DarkShingle		30.0		733.0			1.7		1214 Btuh	
	Ceiling Total				733 (sqft)					1214 Btuh	
Floors	Type		R-Value		Size			HTM		Load	
1	Slab On Grade		5.0		136 (ft(p))			0.0		0 Btuh	
	Floor Total				136.0 (sqft)					0 Btuh	
	Envelope Subtotal:									11261 Btuh	
Infiltration	Type		ACH		Volume(cuft)		wall area(sqft)		CFM=	Load	
	SensibleNatural		0.70		5864		987		78.2	1273 Btuh	
Internal gain			Occupants		Btuh/occupant		Appliance			Load	
			4		X 230		+		2400	3320 Btuh	
	Sensible Envelope Load:									15854 Btuh	
Duct load	(DGM of 0.135)									2139 Btuh	
	Sensible Load All Zones									17993 Btuh	

Manual J Summer Calculations

Residential Load - Component Details (continued)

Cray Residence
414 SW Black Glen
Columbia County, FL

Project Title:
Clayton Cray

Code Only
Professional Version
Climate: North

8/27/2008

WHOLE HOUSE TOTALS

Whole House Totals for Cooling	Sensible Envelope Load All Zones	15854 Btuh
	Sensible Duct Load	2139 Btuh
	Total Sensible Zone Loads	17993 Btuh
	Sensible ventilation	0 Btuh
	Blower	0 Btuh
	Total sensible gain	17993 Btuh
	Latent infiltration gain (for 54 gr. humidity difference)	2500 Btuh
	Latent ventilation gain	0 Btuh
	Latent duct gain	210 Btuh
	Latent occupant gain (4 people @ 200 Btuh per person)	800 Btuh
	Latent other gain	0 Btuh
	Latent total gain	3510 Btuh
	TOTAL GAIN	21502 Btuh

EQUIPMENT

1. Central Unit	#	16000 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)



Version 8
For Florida residences only

System Sizing Calculations - Summer

Residential Load - Room by Room Component Details

Cray Residence
414 SW Black Glen
Columbia County, FL

Project Title:
Clayton Cray

Code Only
Professional Version
Climate: North

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

8/27/2008

Component Loads for Zone #1: Main

Window	Type*	Ornt	Overhang		Window Area(sqft)			HTM		Load
	Pn/SHGC/U/InSh/ExSh/IS		Len	Hgt	Gross	Shaded	Unshaded	Shaded	Unshaded	
1	2, Clear, 0.87, None,N,N	N	1.5ft	8ft.	15.0	0.0	15.0	29	29	434 Btuh
2	2, Clear, 0.87, None,N,N	E	1.5ft	8ft.	60.0	0.0	60.0	29	80	4771 Btuh
3	2, Clear, 0.87, None,N,N	E	1.5ft	8ft.	6.0	0.0	6.0	29	80	477 Btuh
Window Total					81 (sqft)					5683 Btuh
Walls	Type	R-Value/U-Value		Area(sqft)			HTM		Load	
	1	Frame - Wood - Ext		13.0/0.09			987.0			2.1
Wall Total					987 (sqft)					2059 Btuh
Doors	Type				Area (sqft)			HTM		Load
	1	Insulated - Exterior			20.0			9.8		
Door Total					20 (sqft)					196 Btuh
Ceilings	Type/Color/Surface	R-Value		Area(sqft)			HTM		Load	
	1	Vented Attic/DarkShingle		30.0			733.0			1.7
Ceiling Total					733 (sqft)					1214 Btuh
Floors	Type	R-Value		Size			HTM		Load	
	1	Slab On Grade		5.0			136 (ft(p))			0.0
Floor Total					136.0 (sqft)					0 Btuh
Zone Envelope Subtotal:										9151 Btuh
Infiltration	Type	ACH		Volume(cuft) wall area(sqft)			CFM=		Load	
	SensibleNatural	0.70		5864 987			68.4			1273 Btuh
Internal gain	Occupants			Btuh/occupant			Appliance		Load	
	4			X 230 +			2400			3320 Btuh
Sensible Envelope Load:										13744 Btuh
Duct load	Prop. leak free, Supply(R6.0-Attic), Return(R6.0-Attic)							(DGM of 0.135)		1854 Btuh
Sensible Zone Load										15598 Btuh

The following window Excursion will be assigned to the system loads.

Windows	July excursion for System 1	2110 Btuh
	Excursion Subtotal:	2110 Btuh
Duct load		285 Btuh
Sensible Excursion Load		2394 Btuh

Manual J Summer Calculations

Residential Load - Component Details (continued)

Cray Residence
414 SW Black Glen
Columbia County, FL

Project Title:
Clayton Cray

Code Only
Professional Version
Climate: North

8/27/2008

WHOLE HOUSE TOTALS

Whole House Totals for Cooling	Sensible Envelope Load All Zones	15854 Btuh
	Sensible Duct Load	2139 Btuh
	Total Sensible Zone Loads	17993 Btuh
	Sensible ventilation	0 Btuh
	Blower	0 Btuh
	Total sensible gain	17993 Btuh
	Latent infiltration gain (for 54 gr. humidity difference)	2500 Btuh
	Latent ventilation gain	0 Btuh
	Latent duct gain	210 Btuh
	Latent occupant gain (4 people @ 200 Btuh per person)	800 Btuh
	Latent other gain	0 Btuh
	Latent total gain	3510 Btuh
	TOTAL GAIN	21502 Btuh

EQUIPMENT

1. Central Unit	#	16000 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)



Version 8
For Florida residences only

Residential Window Diversity

MidSummer

Cray Residence
414 SW Black Glen
Columbia County, FL

Project Title:
Clayton Cray

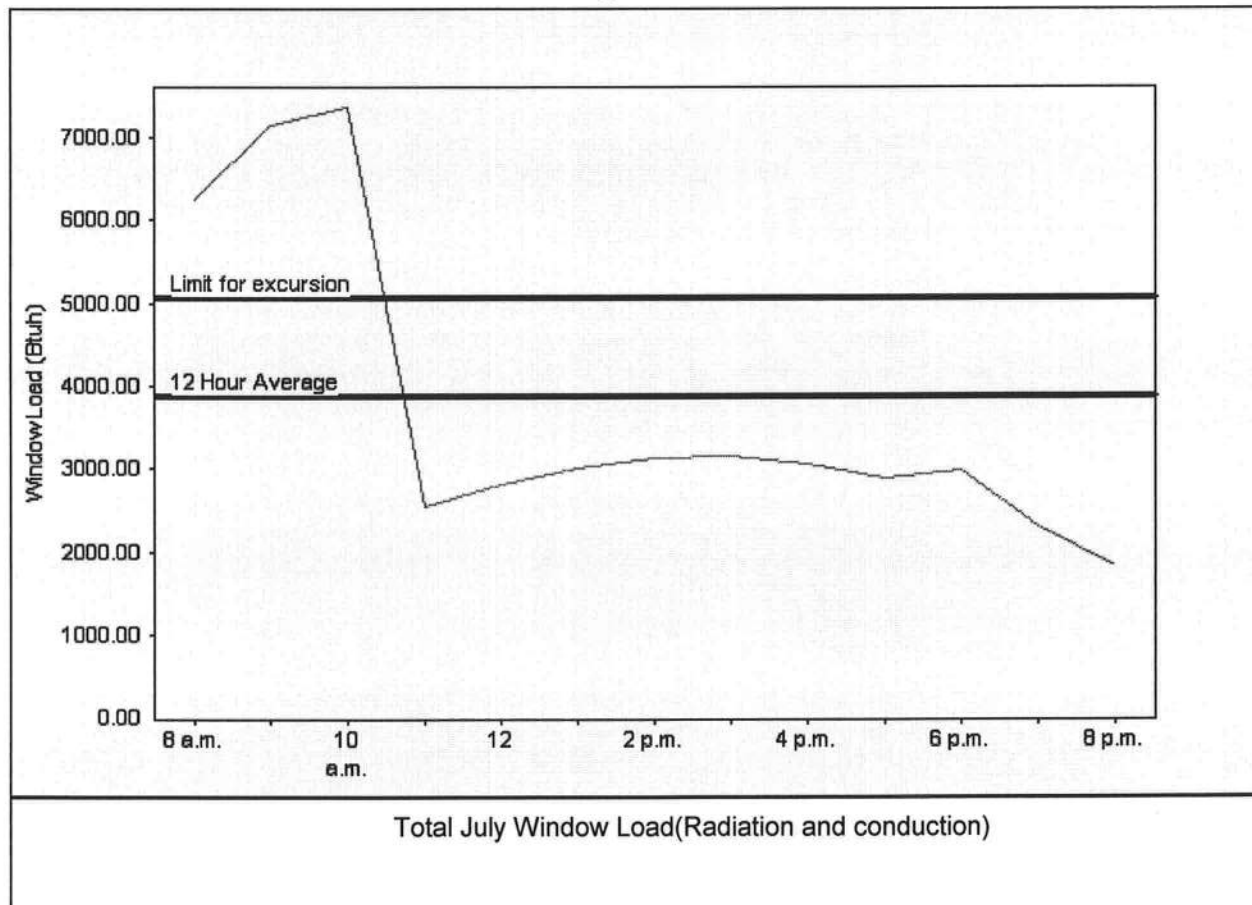
Code Only
Professional Version
Climate: North

8/27/2008

Weather data for: Gainesville - Defaults

Summer design temperature	92 F	Average window load for July	3889 Btuh
Summer setpoint	75 F	Peak window load for July	7363 Btuh
Summer temperature difference	17 F	Excursion limit(130% of Ave.)	5056 Btuh
Latitude	29 North	Window excursion (July)	2307 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: _____

EnergyGauge® FLRCPB v4.5.2



FLORIDA ENERGY EFFICIENCY CODE FOR BUILDING CONSTRUCTION

Florida Department of Community Affairs
Residential Whole Building Performance Method A

Project Name: **Clayton Cray**
Address: **414 SW Black Glen**
City, State: **Columbia County, FL**
Owner: **Cray Residence**
Climate Zone: **North**

Builder:
Permitting Office: **COLUMBIA**
Permit Number: **27319**
Jurisdiction Number: **221000**

1. New construction or existing	New	___	12. Cooling systems		
2. Single family or multi-family	Single family	___	a. Central Unit	Cap: 16.0 kBtu/hr	___
3. Number of units, if multi-family	1	___		SEER: 13.00	___
4. Number of Bedrooms	2	___	b. N/A		___
5. Is this a worst case?	No	___	c. N/A		___
6. Conditioned floor area (ft²)	733 ft²	___			___
7. Glass type ¹ and area: (Label reqd. by 13-104.4.5 if not default)		___	13. Heating systems		
a. U-factor:	Description Area		a. Electric Heat Pump	Cap: 16.0 kBtu/hr	___
(or Single or Double DEFAULT) 7a. (Dble Default)	81.0 ft²	___		HSPF: 7.70	___
b. SHGC:		___	b. N/A		___
(or Clear or Tint DEFAULT) 7b. (Clear)	81.0 ft²	___	c. N/A		___
8. Floor types		___	14. Hot water systems		
a. Slab-On-Grade Edge Insulation	R=5.0, 136.0(p) ft	___	a. Electric Resistance	Cap: 40.0 gallons	___
b. N/A		___		EF: 0.92	___
c. N/A		___	b. N/A		___
9. Wall types		___	c. Conservation credits		___
a. Frame, Wood, Exterior	R=13.0, 987.0 ft²	___	(HR-Heat recovery, Solar		___
b. N/A		___	DHP-Dedicated heat pump)		___
c. N/A		___	15. HVAC credits	PT, ___	___
d. N/A		___	(CF-Ceiling fan, CV-Cross ventilation,		___
e. N/A		___	HF-Whole house fan,		___
10. Ceiling types		___	PT-Programmable Thermostat,		___
a. Under Attic	R=30.0, 733.0 ft²	___	MZ-C-Multizone cooling,		___
b. N/A		___	MZ-H-Multizone heating)		___
c. N/A		___			___
11. Ducts(Leak Free)		___			___
a. Sup: Unc. Ret: Unc. AH: Interior	Sup. R=6.0, 40.0 ft	___			___
b. N/A		___			___

Glass/Floor Area: 0.11

Total as-built points: 10346

Total base points: 12758

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: 8/27/08

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: _____

¹ Predominant glass type. For actual glass type and areas, see Summer & Winter Glass output on pages 2&4.

SUMMER CALCULATIONS

Residential Whole Building Performance Method A - Details

ADDRESS: 414 SW Black Glen, Columbia County, FL,

PERMIT #:

BASE				AS-BUILT							
GLASS TYPES											
.18 X Conditioned X BSPM = Points Floor Area				Type/SC	Overhang Ornt Len Hgt		Area X SPM X SOF = Points				
.18	733.0	18.59	2453.0	1.Double, Clear	N	1.5	8.0	15.0	19.20	0.97	278.0
				2.Double, Clear	E	1.5	8.0	60.0	42.06	0.96	2416.0
				3.Double, Clear	E	1.5	8.0	6.0	42.06	0.96	241.0
				As-Built Total:				81.0		2935.0	
WALL TYPES Area X BSPM = Points				Type	R-Value		Area X SPM = Points				
Adjacent	0.0	0.00	0.0	1. Frame, Wood, Exterior	13.0		987.0		1.50		1480.5
Exterior	987.0	1.70	1677.9								
Base Total:				987.0				1677.9			
				As-Built Total:		987.0				1480.5	
DOOR TYPES Area X BSPM = Points				Type	R-Value		Area X SPM = Points				
Adjacent	0.0	0.00	0.0	1.Exterior Insulated			20.0		4.10		82.0
Exterior	20.0	6.10	122.0								
Base Total:				20.0				122.0			
				As-Built Total:		20.0				82.0	
CEILING TYPES Area X BSPM = Points				Type	R-Value		Area X SPM X SCM = Points				
Under Attic	733.0	1.73	1268.1	1. Under Attic	30.0		733.0		1.73 X 1.00		1268.1
Base Total:				733.0				1268.1			
				As-Built Total:		733.0				1268.1	
FLOOR TYPES Area X BSPM = Points				Type	R-Value		Area X SPM = Points				
Slab	136.0(p)	-37.0	-5032.0	1. Slab-On-Grade Edge Insulation	5.0		136.0(p)		-36.20		-4923.2
Raised	0.0	0.00	0.0								
Base Total:				-5032.0				136.0		-4923.2	
				As-Built Total:		136.0				-4923.2	
INFILTRATION Area X BSPM = Points				Area X SPM = Points							
733.0 10.21 7483.9				733.0 10.21 7483.9							

SUMMER CALCULATIONS**Residential Whole Building Performance Method A - Details**ADDRESS: **414 SW Black Glen, Columbia County, FL,**

PERMIT #:

BASE				AS-BUILT						
Summer Base Points: 7972.9				Summer As-Built Points: 8326.3						
Total Summer Points	X System Multiplier	=	Cooling Points	Total Component (System - Points)	X Cap Ratio	X Duct Multiplier (DM x DSM x AHU)	X System Multiplier	X Credit Multiplier	=	Cooling Points
7972.9	0.3250		2591.2	<small>(sys 1: Central Unit 16000btuh , SEER/EFF(13.0) Ducts:Unc(S),Unc(R),Int(AH),R6.0(INS)</small> 8326 1.00 (1.09 x 1.000 x 0.91) 0.260 0.950 2039.9 8326.3 1.00 0.992 0.260 0.950 2039.9						

WINTER CALCULATIONS

Residential Whole Building Performance Method A - Details

ADDRESS: 414 SW Black Glen, Columbia County, FL,

PERMIT #:

BASE				AS-BUILT						
Winter Base Points: 8839.5				Winter As-Built Points: 7258.6						
Total Winter Points	X	System Multiplier	= Heating Points	Total Component (System - Points)	X Cap Ratio (DM x DSM x AHU)	X Duct Multiplier	X System Multiplier	X Credit Multiplier	= Heating Points	
8839.5		0.5540	4897.1	(sys 1: Electric Heat Pump 16000 btuh ,EFF(7.7) Ducts:Unc(S),Unc(R),Int(AH),R6.0 7258.6	1.000 1.00	(1.069 x 1.000 x 0.93) 0.994	0.443 0.443	0.950 0.950	3036.0 3036.0	

WATER HEATING & CODE COMPLIANCE STATUS**Residential Whole Building Performance Method A - Details**ADDRESS: **414 SW Black Glen, Columbia County, FL,**

PERMIT #:

BASE				AS-BUILT					
WATER HEATING				Tank Volume	EF	Number of Bedrooms	X Tank X Multiplier X Credit = Total Multiplier		
Number of Bedrooms	X	Multiplier	= Total						
2		2635.00	5270.0	40.0	0.92	2	1.00 2635.00 1.00	5270.0	
				As-Built Total:					5270.0

CODE COMPLIANCE STATUS

BASE				AS-BUILT				
Cooling Points	+ Heating Points	+ Hot Water Points	= Total Points	Cooling Points	+ Heating Points	+ Hot Water Points	= Total Points	
2591	4897	5270	12758	2040	3036	5270	10346	

PASS

Code Compliance Checklist

Residential Whole Building Performance Method A - Details

ADDRESS: **414 SW Black Glen, Columbia County, FL,**

PERMIT #:

6A-21 INFILTRATION REDUCTION COMPLIANCE CHECKLIST

COMPONENTS	SECTION	REQUIREMENTS FOR EACH PRACTICE	CHECK
Exterior Windows & Doors	606.1.ABC.1.1	Maximum: .3 cfm/sq.ft. window area; .5 cfm/sq.ft. door area.	
Exterior & Adjacent Walls	606.1.ABC.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	606.1.ABC.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	606.1.ABC.1.2.3	Between walls & ceilings; penetrations of ceiling plane of 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	606.1.ABC.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 rated with < 2.0 cfm from conditioned space, tested.	
Multi-story Houses	606.1.ABC.1.2.5	Air barrier on perimeter of floor cavity between floors.	
Additional Infiltration reqts	606.1.ABC.1.3	Exhaust fans vented to outdoors, dampers; combustion space heaters comply with NFPA, have combustion air.	

6A-22 OTHER PRESCRIPTIVE MEASURES (must be met or exceeded by all residences.)

COMPONENTS	SECTION	REQUIREMENTS	CHECK
Water Heaters	612.1	Comply with efficiency requirements in Table 612.1.ABC.3.2. Switch or clearly marked circuit breaker (electric) or cutoff (gas) must be provided. External or built-in heat trap required.	
Swimming Pools & Spas	612.1	Spas & heated pools must have covers (except solar heated). Non-commercial pools must have a pump timer. Gas spa & pool heaters must have a minimum thermal efficiency of 78%.	
Shower heads	612.1	Water flow must be restricted to no more than 2.5 gallons per minute at 80 PSIG.	
Air Distribution Systems	610.1	All ducts, fittings, mechanical equipment and plenum chambers shall be mechanically attached, sealed, insulated, and installed in accordance with the criteria of Section 610. Ducts in unconditioned attics: R-6 min. insulation.	
HVAC Controls	607.1	Separate readily accessible manual or automatic thermostat for each system.	
Insulation	604.1, 602.1	Ceilings-Min. R-19. Common walls-Frame R-11 or CBS R-3 both sides. Common ceiling & floors R-11.	

Tested sealed ducts must be certified in this house.

ENERGY PERFORMANCE LEVEL (EPL) DISPLAY CARD

ESTIMATED ENERGY PERFORMANCE SCORE* = 88.0

The higher the score, the more efficient the home.

Cray Residence, 414 SW Black Glen, Columbia County, FL,

1. New construction or existing	New	___	12. Cooling systems	
2. Single family or multi-family	Single family	___	a. Central Unit	Cap: 16.0 kBtu/hr
3. Number of units, if multi-family	1	___		SEER: 13.00
4. Number of Bedrooms	2	___	b. N/A	___
5. Is this a worst case?	No	___	c. N/A	___
6. Conditioned floor area (ft ²)	733 ft ²	___		___
7. Glass type ¹ and area: (Label reqd. by 13-104.4.5 if not default)		___		___
a. U-factor:	Description	Area	13. Heating systems	
(or Single or Double DEFAULT)	7a. (Dble Default)	81.0 ft ²	a. Electric Heat Pump	Cap: 16.0 kBtu/hr
b. SHGC:		___		HSPF: 7.70
(or Clear or Tint DEFAULT)	7b. (Clear)	81.0 ft ²	b. N/A	___
8. Floor types		___	c. N/A	___
a. Slab-On-Grade Edge Insulation	R=5.0, 136.0(p) ft	___		___
b. N/A	___	___	14. Hot water systems	
c. N/A	___	___	a. Electric Resistance	Cap: 40.0 gallons
9. Wall types		___		EF: 0.92
a. Frame, Wood, Exterior	R=13.0, 987.0 ft ²	___	b. N/A	___
b. N/A	___	___	c. Conservation credits	___
c. N/A	___	___	(HR-Heat recovery, Solar	___
d. N/A	___	___	DHP-Dedicated heat pump)	___
e. N/A	___	___	15. HVAC credits	PT, ___
10. Ceiling types		___	(CF-Ceiling fan, CV-Cross ventilation,	___
a. Under Attic	R=30.0, 733.0 ft ²	___	HF-Whole house fan,	___
b. N/A	___	___	PT-Programmable Thermostat,	___
c. N/A	___	___	MZ-C-Multizone cooling,	___
11. Ducts(Leak Free)		___	MZ-H-Multizone heating)	___
a. Sup: Unc. Ret: Unc. AH: Interior	Sup. R=6.0, 40.0 ft	___		___
b. N/A	___	___		___

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 score is only available through the FLA/RES computer program. This is not a Building Energy Rating. If your score is 80 or greater (or 86 for a US EPA/DOE EnergyStarTM designation), your home may qualify for energy efficiency mortgage (EEM) 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 www.fsec.ucf.edu 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.*

¹ Predominant glass type. For actual glass type and areas, see Summer & Winter Glass output on pages 2&4.
EnergyGauge® (Version: FLRCPB v4.5.2)

Energy Code Compliance

Duct System Performance Report

Project Name: Clayton Cray Address: 414 SW Black Glen City, State: Columbia County, FL Owner: Cray Residence Climate Zone: North	Builder: Permitting Office: Permit Number: Jurisdiction Number:
--	--

Total Duct System Leakage Test Results

CFM25 Total Duct Leakage Test Values			
Line	System	Duct Leakage Total	Duct Leakage to Outdoors
1	System1	_____ cfm25(tot)	_____ cfm25(out)
2	System2	_____ cfm25(tot)	_____ cfm25(out)
3	System3	_____ cfm25(tot)	_____ cfm25(out)
4	System4	_____ cfm25(tot)	_____ cfm25(out)
5	Total House Duct System Leakage	Sum lines 1-4 _____ Divide by _____ (Total Conditioned Floor Area) = _____ (Q _{n,tot}) <input type="checkbox"/> Receive credit if Q _{n,tot} ≤ 0.03	Sum lines 1-4 _____ Divide by _____ (Total Conditioned Floor Area) = _____ (Q _{n,out}) <input type="checkbox"/> Receive credit if Q _{n,out} ≤ 0.03 AND Q _{n,tot} ≤ 0.09

I hereby certify that the above duct testing performance results demonstrate compliance with the Florida Energy Code requirements in accordance with Section 610.1.A.1, Florida Building Code, Building Volume, Chapter 13 for leak free duct system credit.

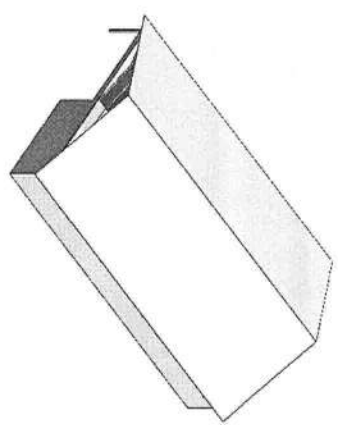
Signature: _____
Printed Name: _____
Florida Rater Certification #: _____
DATE: _____

Florida Building Code requires that testing to confirm leak free duct systems be performed by a Class 1 Florida Energy Gauge Certified Energy Rater. Certified Florida Class 1 raters can be found at: <http://energygauge.com/search.htm>

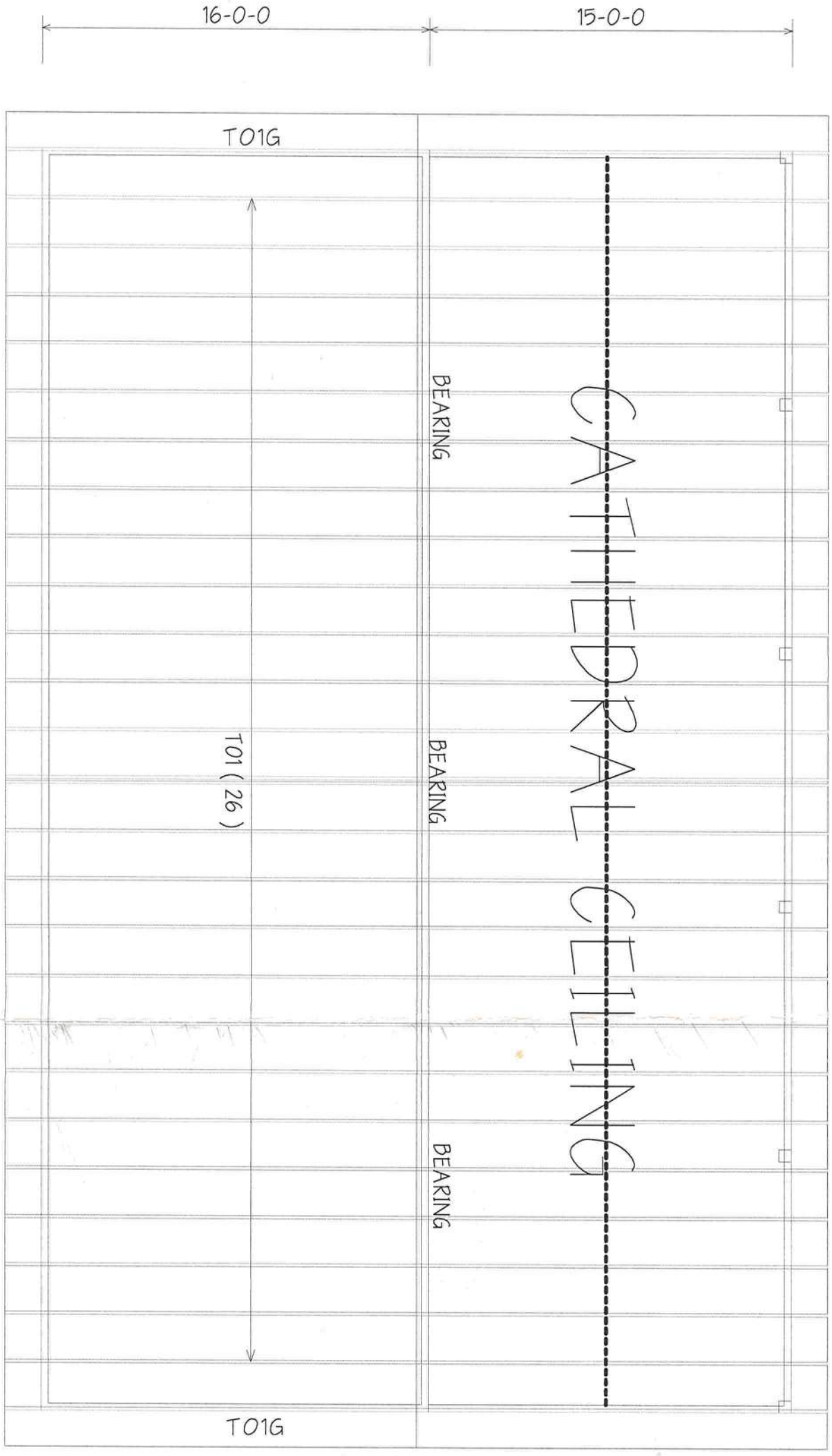


BUILDING OFFICIAL: _____
DATE: _____

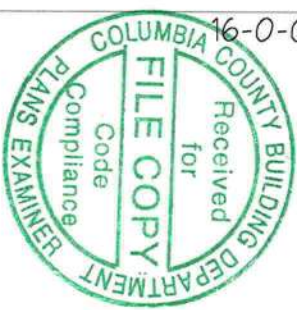
6/12 PITCH - 16" O/H



52-4-0



52-4-0



BEARING HEIGHT SCHEDULE

PLATE1

NOTES:

- 1) REFER TO HB 91 (RECOMMENDATIONS FOR HANGING INSTALLATION AND TEMPORARY BRACING) REFER TO ENGINEERED DRAWINGS FOR PERMANENT BRACING REQUIRED.
- 2) ALL TRUSSES (INCLUDING TRUSSES UNDER VALLEY FRAMING) MUST BE COMPLETELY DECKED OR REFER TO DETAIL V05 FOR ALTERNATE BRACING REQUIREMENTS.
- 3) ALL VALLEYS ARE TO BE CONVENTIONALLY FRAMED BY BUILDER.
- 4) ALL TRUSSES ARE DESIGNED FOR 7' O.C. MAXIMUM SPACING, UNLESS OTHERWISE NOTED.
- 5) ALL WALLS SHOWN ON PLACEMENT PLAN ARE CONSIDERED TO BE LOAD BEARING, UNLESS OTHERWISE NOTED.
- 6) 5"X42 TRUSSES MUST BE INSTALLED WITH THE TOP BEING UP.
- 7) ALL 800F TRUSS HANGERS TO BE SWIPSON HUBS UNLESS OTHERWISE NOTED. ALL 1200F TRUSS HANGERS TO BE SWIPSON TRIM42 UNLESS OTHERWISE NOTED.
- 8) BEAMHEADS/INTEL (NORS) TO BE FURNISHED BY BUILDER.

SHOP DRAWING APPROVAL

THIS LAYOUT IS THE SOLE SOURCE FOR FABRICATION OF TRUSSES AND V05'S. ALL PREVIOUS ARCHITECTURAL OR OTHER TRUSS LAYOUTS, REVIEW AND APPROVAL OF THIS LAYOUT MUST BE RECEIVED BEFORE ANY TRUSSES WILL BE BUILT. VERIFY ALL CONDITIONS TO RESOLVE ANY/ALL CHANGES THAT WILL RESULT IN EXTRA CHARGES TO YOU.

Expenditure Survey Date: _____

Approved by: _____ Date: _____



PHONE: 904-437-3348 FAX: 904-437-3924
Bunnell
JACKSONVILLE
PHONE: 904-772-6300 FAX: 904-772-1073
Lake City
PHONE: 386-795-6804 FAX: 386-795-7073
Sanford
PHONE: 407-322-0098 FAX: 407-322-9553

BUILDER: CLAYTON CRAY
OWNER: OWNER BLDR.

DATE: 8-19-08
DRAWN BY: K.L.H.
SCALE: NTS
SHEET: L2866892