

DATE 05/09/2003

## Columbia County Building Permit

PERMIT

This Permit Must Be Prominently Posted on Premises During Construction

000020682

APPLICANT AUDREY NELSON PHONE 754.5972  
ADDRESS 459 SE LAMOND AVENUE LAKE CITY FL 32035  
OWNER AUDREY NELSON PHONE 754-5972  
ADDRESS 0 SAME SAME FL SAME  
CONTRACTOR RONNIE NORRIS PHONE 752.3871

LOCATION OF PROPERTY 705 LAMOND AVENUE OFF BAYA AVENUE PLACE DOWN ON THE RIGHT  
(HAS EMUS ON PROPERTY)

TYPE DEVELOPMENT M/H & UTILITY ESTIMATED COST OF CONSTRUCTION 0.00  
HEATED FLOOR AREA 0.00 TOTAL AREA 0.00 HEIGHT 0.00 STORIES 0  
FOUNDATION WALLS ROOF PITCH FLOOR  
LAND USE & ZONING RSF-2 MAX. HEIGHT 0  
Minimum Set Back Requirments: STREET-FRONT 25.00 REAR 15.00 SIDE 10.00  
NO. EX.D.U. 0 FLOOD ZONE X DEVELOPMENT PERMIT NO. 0

PARCEL ID 33-3S-17-06641-000 SUBDIVISION MELROSE PARK (TOTAL OF 9 LOTS)  
LOT BLOCK PHASE .00 UNIT 0 TOTAL ACRES 0.00

IH0000049  
Culvert Permit No. Culvert Waiver Contractor's License Number Applicant/Owner/Contractor  
EXISTING X-03-0098 RK BLK N  
Driveway Connection Septic Tank Number LU & Zoning checked by Approved for Issuance New Resident

COMMENTS: REPLACING BURNT UNIT. NO CHARGE.

Check # or Cash .00

## 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 \$ 0.00 CERTIFICATION FEE \$ 0.00 SURCHARGE FEE \$ 0.00  
MISC. FEES \$ 0.00 ZONING CERT. FEE \$ 0.00 FIRE FEE \$ 0.00 WASTE FEE \$ 0.00  
FLOOD DEVELOPMENT FEE \$ 0.00 FLOOD ZONE FEE \$ 0.00 CULVERT FEE \$ TOTAL FEE 0.00

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.



# QUOTE

Store 6864 LAKE CITY  
215 SW HOME DEPOT DRIVE  
LAKE CITY, FL 32055

Phone: (386) 755-0761  
Salesperson: HJK0994  
Reviewer:

Name

**NELSON AUDREY**

Home Phone

**(386) 288-2093**

SOLD TO

Address 459 SE LAMOND

Work Phone

Company Name

City LAKE CITY

Job Description NEW HOME

State FL

Zip 32025

County COLUMBIA

# QUOTE

2011-01-31 15:40

Prices Valid Thru: 02/07/2011

## HOME DEPOT DELIVERY #1

## MERCHANDISE AND SERVICE SUMMARY

REF # V42

We reserve the right to limit the quantities of merchandise sold to customers

### STOCK MERCHANDISE TO BE DELIVERED:

REF #	SKU	QTY	UM	DESCRIPTION	TAX	PRICE EACH	EXTENSION
R27	225-523	550.00	LF	BASE WM631 PFJ 9/16X3-1/4 /	Y	\$0.75	\$412.50*
R28	852-570	22.00	EA	2X12-8FT. #2 PRIME KD SYP /	Y	\$7.48	\$164.56*
R29	260-691	8.00	EA	6X6-8 #2 PT /	Y	\$15.76	\$126.08*
R30	255-974	12.00	EA	2X12-8 #2 WEATHERSHIELD /	Y	\$8.19	\$98.28*
R31	749-877	10.00	EA	2X12-16FT. #2 PRIME KD SYP /	Y	\$15.07	\$150.70*
R32	458-554	4.00	EA	1X12-12 NO.2 W.W./PINE S4S /	Y	\$14.78	\$59.12*
R33	127-713	21.00	EA	2X8-12 PT #2 PRIME-WEATHERSHIELD /	Y	\$8.06	\$169.26*
R34	258-377	120.00	EA	1/2"X4X12 DRYWALL /	Y	\$7.91	\$949.20*
R35	258-725	17.00	EA	61.7# ALL-PURPOSE PAIR REAR /	Y	\$12.28	\$208.76
R36	430-684	4.00	EA	500FT ROLL JOINT TAPE-FA /	Y	\$2.98	\$11.92
R37	163-059	2.00	CT	D5DL.042 WHITE SIDING CTN /	Y	\$146.00	\$292.00
R38	517-417	16.00	EA	8" WHITE VENEER CASIA EA /	Y	\$13.97	\$223.52
R39	170-302	16.00	EA	1/2" WHITE CHANNEL EA /	Y	\$5.51	\$88.16*

NOT VALID

Jeld-Wen  
Doors

Owen's  
Corners  
Softfit

\* Indicates item markdown  
Customer Copy

# HOME DEPOT DELIVERY #1

(Continued)

REF #V42				
R40	101-237	14.00	EA	E/O R30 KRAFT 24INX48IN BATT-88FT /
R41	529-258	11.00	EA	E/O R13 KRAFT 15INX93IN BATTS 106.56 /
			Y	\$57.74
			Y	\$35.98
			MERCHANDISE TOTAL:	
			\$4,158.20	

DELIVERY INFORMATION:				
SCHEDULED DELIVERY DATE: 02/04/2011				
V42	515-663	1.00	EA	Curbside Delivery
			N	\$79.00
			DELIVERY SERVICE SUBTOTAL:	
			\$79.00	

THE PCC WILL DELIVER MDSE TO:		NELSON, AUDREY	
ADDRESS: 459 SE LAMOND		CITY: LAKE CITY	
STATE: FL	ZIP: 32025	COUNTY: COLUMBIA	SALES TAX RATE: 7.000
PHONE: (386) 288-2093		ALTERNATE PHONE:	
		MDSE & DELIVERY TOTALS: \$4,237.20	
DRIVER SPECIAL INSTRUCTIONS:			
		END OF HOME DEPOT DELIVERY - REF #V42	

# HOME DEPOT DELIVERY #2

REF # V45				
STOCK MERCHANDISE TO BE DELIVERED:				
REF #	SKU	QTY	UM	DESCRIPTION
R01	298-077	13.00	EA	E/O 2300 SH 3/0X5/0 WHT LOWE 6/6 / <i>Anderson American Craftsmen</i>
R02	987-088	4.00	EA	2724 SH ALUM MULL 5/0 /
R03	297-992	1.00	EA	E/O 2300 SH 3/0X3/0 WHT LOWE 6/6 /
R04	946-402	1.00	EA	24X80 LH CONTINENTAL HC PRIME/SPILT /
R05	947-989	3.00	EA	28X80 HC LH 6PAN MLD PH SPLIT FJ /
R06	947-997	2.00	EA	28X80 HC RH 6PNL MLD PH SPLIT FJ /
R07	601-071	3.00	EA	32X80 HC LH 6PANEL MLD PH /
			Y	\$139.00
			Y	\$49.00
			Y	\$122.00
			Y	\$69.00
			Y	\$61.00
			Y	\$61.00
			Y	\$65.00
			*** CONTINUED ON NEXT PAGE ***	

\* Indicates item markdown  
Customer Copy



**HOME DEPOT DELIVERY #2**  
(Continued)

REF #V45									
R08	601-098	5.00	EA	32X80 HC RH 6PANEL MLD PH /		Y	\$65.00	\$325.00	
R09	837-288	6.00	EA	30X80 1-3/8 HC 6 PANEL MOULDED SLAB /		Y	\$23.00	\$138.00	
R10	831-409	3.00	EA	72" SLIDING DOOR SET /		Y	\$12.55	\$37.65*	
R11	311-574	2.00	EA	24X80 1-3/8HC 6-PANEL MOULDED BIFOLD /		Y	\$33.00	\$66.00	
R12	311-579	2.00	EA	30X80 1-3/8 HC 6PANEL MOULDED BIFOLD /		Y	\$35.00	\$70.00	
R13	569-062	540.00	EA	2X4-92 5/8 KD WW STUD /		Y	\$2.46	\$1,328.40	
R14	161-683	110.00	EA	2X4-16FT. STD/BTR KD-HT SPF /		Y	\$6.88	\$756.80*	
R15	124-479	15.00	EA	2X4-16 PT #2 PRIME-WEATHERSHIELD /		Y	\$6.44	\$96.60*	
R16	168-335	1.00	EA	2X6-8 PT #2 PRIME-WEATHERSHIELD /		Y	\$4.40	\$4.40*	
R17	161-713	20.00	EA	2X6-8FT. #2/BTR KD-HT SPF /		Y	\$4.17	\$83.40*	
R18	161-721	5.00	EA	2X6-10FT. #2/BTR KD-HT SPF /		Y	\$5.47	\$27.35*	
R19	724-084	45.00	EA	23/32 4X8 SIF T/G SYP /		Y	\$18.62	\$837.90*	
R20	386-081	70.00	EA	7/16 4X8 OSB /		Y	\$6.54	\$457.80*	
R21	787-792	60.00	EA	1/2 4X8 OSB /		Y	\$7.88	\$472.80*	
R22	258-830	6.00	RL	15# FELT-432 SQ.FT. /		Y	\$19.84	\$119.04	
R23	959-021	2.00	RL	9'X150' RL EASYGARD HOUSEWRAP 1350SF /		Y	\$70.00	\$140.00*	
R24	367-317	42.00	EA	4/4 X 3.5 X 12 RG PR HARDIETRIM / 3		Y	\$8.45	\$354.90*	
R25	236-164	375.00	EA	5/16 X 7.25-12FT PR HARDIE CEDARMILL /		Y	\$5.13	\$1,923.75*	
S/O - MDSE TO BE DELIVERED: S/O BLUELINX WOOD REF # S44 ESTIMATED ARRIVAL DATE: 02/02/2011									
PRODUC									
S4401	336-322	690.00	EA	VARIOUS / ENGINEERED 11 1/7" I BEAM/FLOOR / ENGINEERED FLOOR BEAMS...11 7/8"		Y	\$1.92	\$1,324.80	
MERCHANDISE TOTAL: \$11,258.59									
DELIVERY INFORMATION: SCHEDULED DELIVERY DATE: Will be scheduled upon arrival of all S/O Merchandise									
V45	515-663	1.00	EA	Curbside Delivery		N	\$79.00	\$79.00	
DELIVERY SERVICE SUBTOTAL: \$79.00									

*See schedule*

\* Indicates item markdown  
Customer Copy



# HOME DEPOT DELIVERY #2

(Continued)

<b>THE HOME DEPOT WILL DELIVER MDSE TO:</b>		REF #V45	
NELSON, AUDREY			
<b>ADDRESS:</b> 459 SE LAMOND		<b>CITY:</b> LAKE CITY	
<b>STATE:</b> FL	<b>ZIP:</b> 32025	<b>COUNTY:</b> COLUMBIA	<b>SALES TAX RATE:</b> 7.000
<b>PHONE:</b> (386) 288-2093		<b>ALTERNATE PHONE:</b>	
<b>DRIVER SPECIAL INSTRUCTIONS:</b>		<b>MDSE &amp; DELIVERY TOTALS:</b> \$11,337.59	
		<b>END OF HOME DEPOT DELIVERY - REF #V45</b>	

# VENDOR DIRECT SHIP #1

<b>TO: CUSTOMER</b>							
<b>S/O - MERCHANDISE TO BE SHIPPED:</b>	<b>S/O HD COMPONENTS REF # S43 ESTIMATED ARRIVAL DATE: 02/06/2011</b>						
REF #	SKU	QTY	UM	DESCRIPTION	TAX	PRICE EACH	EXTENSION
S4301	772-502	1.00	EA	VARIOUS / TRUSS PACKAGE / 19/30' SPAN 6-12 PITCH, 2' OVERHANG...2 GABLE END 30' SPAN...3 26' SPAN 6-12 PITCH, 2' OVERHANG...1 END GABLE 26' SPAN 6-12 PITCH, 2' OVERHANG	Y	\$2,416.79	\$2,416.79
<b>VENDOR WILL SHIP MDSE TO:</b>				<b>NELSON, AUDREY</b>			
<b>ADDRESS:</b> 459 SE LAMOND				<b>CITY:</b> LAKE CITY			
<b>STATE:</b> FL		<b>ZIP:</b> 32025		<b>COUNTY:</b> COLUMBIA		<b>SALES TAX RATE:</b> 7.000	
<b>PHONE:</b> (386) 288-2093		<b>ALTERNATE PHONE:</b>		<b>MERCHANDISE TOTAL:</b>		<b>\$2,416.79</b>	
				<b>PAGER:</b>			
				<b>END OF VENDOR DIRECT SHIP</b>			

772-502  
#2416.79

AUDREY NELSON  
386-288-2093

459 SE LAN  
LKC FL 32021

**PRODUCT APPROVAL SPECIFICATION SHEET**

**Location:** \_\_\_\_\_

**Project Name:** \_\_\_\_\_

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>		2/60-68 2/30-68 6 PNL	
1. Swinging	Jeld-Wen		
2. Sliding	Jeld-Wen	72"	FL 10335
3. Sectional		INTERIOR AC 6 PNL	
4. Roll up			
5. Automatic			
6. Other			
<b>B. WINDOWS</b>			
1. Single hung		5/30x50 - 4/DBL 30-50 1/30-30	FL 13720
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	Hardie	7.25" x 12" Lap Siding	FL 13709.1
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	GAF		FL 10124.1
2. Underlayments	GAF		10626.1
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			

Per list  
provided  
By owner Home  
from Depot



Category/Subcategory (cont.)	Manufacturer	Product Description	Approval Number
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

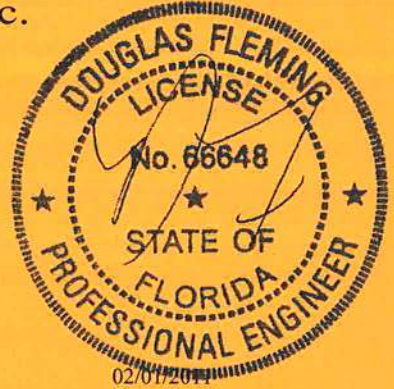
Print Name

Date

Permit # (FOR STAFF USE ONLY)

# 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: IU93487-Z0101100342



Truss Fabricator: Anderson Truss Company  
Job Identification: 11-016--Fill in later BILL GREEK/NELSON -- , \*\*  
Truss Count: 4  
Model Code: Florida Building Code 2007 and 2009 Supplement  
Truss Criteria: FBC2007Res/TPI-2002(STD)  
Engineering Software: Alpine Software, Version 9.05.  
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: HCUSR487

Douglas M. Fleming  
-Truss Design Engineer-

1950 Marley Drive  
Haines City, FL 33844

Details: BRCLBSUB-A1103005-GBLLETIN-

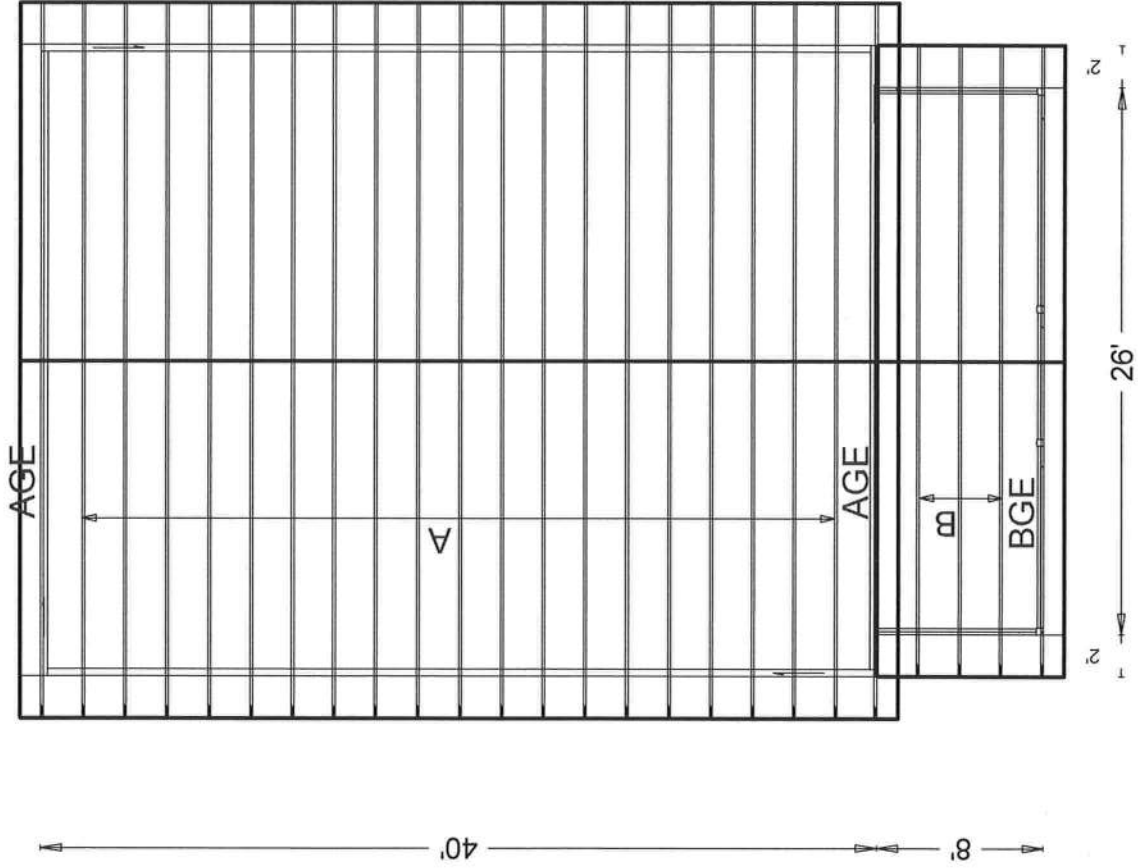
#	Ref	Description	Drawing#	Date
1	90310--A		11032001	02/01/11
2	90311--AGE		11032003	02/01/11
3	90312--B		11032002	02/01/11
4	90313--BGE		11032004	02/01/11





Roof Plane Sheathing Area = 1898 sq. ft

30'



JOB DESCRIPTION: Fill in later  
/ : BILL GREEK/NELSON

JOB NO:  
11-016

PAGE NO:  
1 OF 1

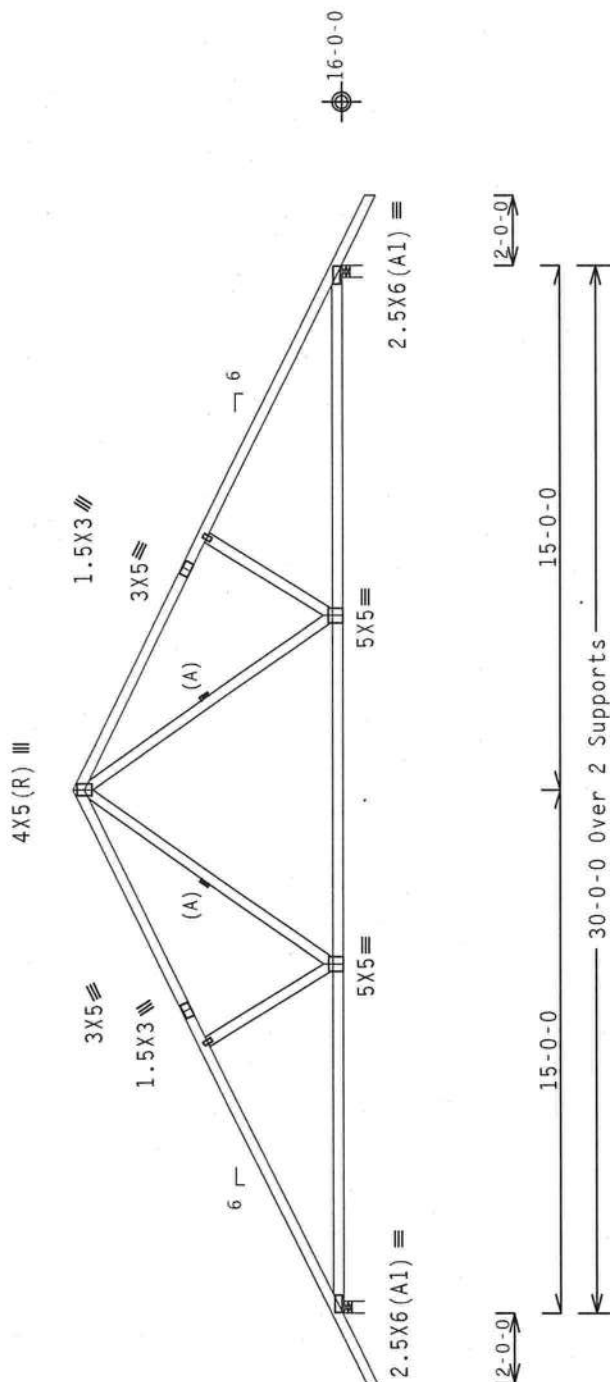
BILL GREEK/ NELSON

1110 mph wind, 19.60 ft mean hgt, ASCE 7-05, CLOSED bldg. Located anywhere in roof, CAT II, EXP B, w1nd TC DL=5.0 psf, wind BC DL=5.0 psf. lw=1.00 GCp1 (+/-)=0.18

Wind reactions based on MWFRS pressures.

Truss passed check for 20 psf additional bottom chord live load in areas with 42"-high x 24"-wide clearance.

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



R-1464 U-229 W-4"  
RL-201/-201

R-1465 U-229 W=4"

PLT TYP. Wave

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

Scale = .1875" / Ft.

[illegible]





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

1110 mph wind, 19.10 ft mean hgt, ASCE 7-05, CLOSED bldg. Located anywhere in roof. CAT II, EXP B, wind TC DL=5.0 psf, wind BC DL=5.0 psf. Iw=1.00 GCp1(+/-)=0.18

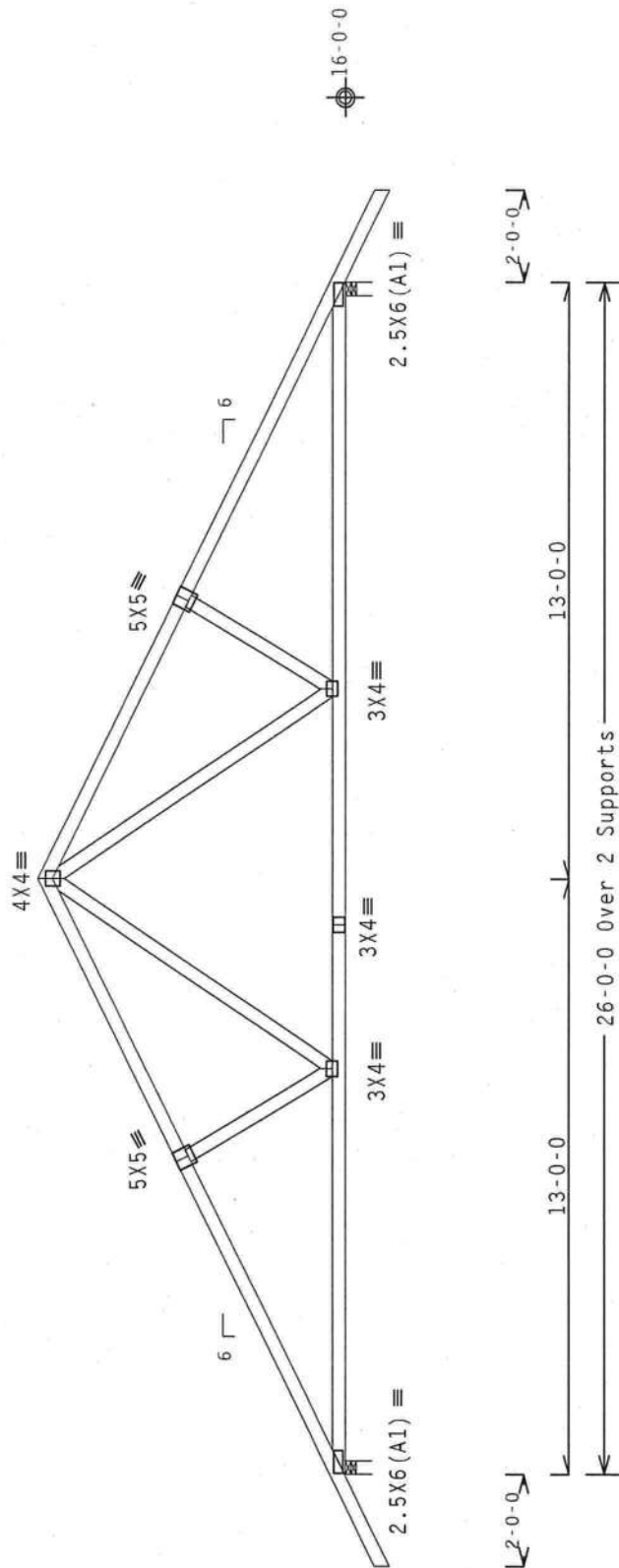
Roof overhang supports 2.00 psf soffit load.

Wind reactions based on MWFRS pressures.

Truss passed check for 20 psf additional bottom chord live load in areas with 42"-high x 24"-wide clearance.

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

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



R=1270 U=193 W=3.5"  
RL=179/-179

R=1271 U=193 W=3.5"

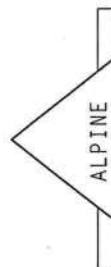
PLT TYP. Wave

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

Scale = .25"/Ft.

TC LL	20.0	PSF	REF	R487--	90312
TC DL	10.0	PSF	DATE	02/01/11	
BC DL	10.0	PSF	DRW	HCUSR487	11032002
BC LL	0.0	PSF	HC-ENG	JB/DF	*
TOT.LD.	40.0	PSF	SEQN-	177467	
DUR.FAC.	1.25				
SPACING	24.0"		JREF-	1U93487_Z01	

02/01/2011



**ITW Building Components Group Inc.**  
Haines City, FL 33844  
FL COA #0 278





# CLB WEB BRACE SUBSTITUTION

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

## NOTES:

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

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

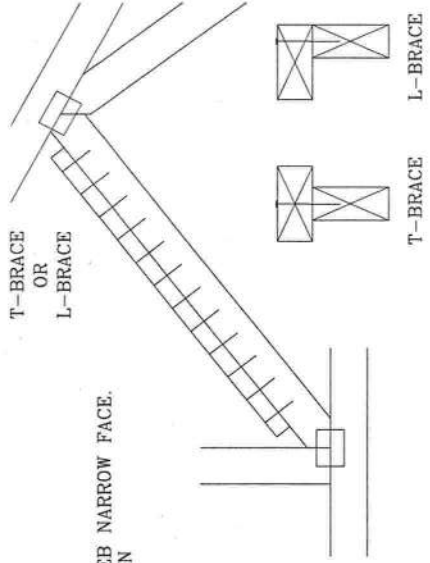
WEB MEMBER SIZE	SPECIFIED CLB BRACING	T OR L-BRACE	ALTERNATIVE BRACING SCAB BRACE
2X3 OR 2X4	1 ROW	2X4	1-2X4
2X3 OR 2X4	2 ROWS	2X6	2-2X4
2X6	1 ROW	2X4	1-2X6
2X6	2 ROWS	2X6	2-2X4(*)
2X8	1 ROW	2X6	1-2X8
2X8	2 ROWS	2X6	2-2X6(*)

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

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

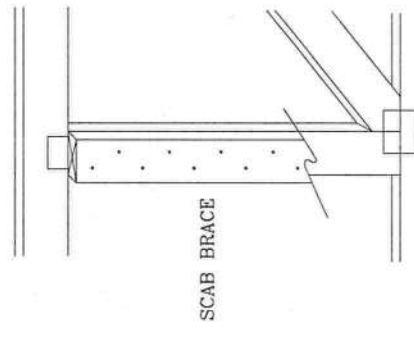
T-BRACING  
OR  
L-BRACING:

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



SCAB BRACING:

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



**\*\*\*WARNING\*\*\*** READ AND FOLLOW ALL NOTES ON THIS SHEET. Truss require extreme care in fabrication, handling, shipping, installing and bracing. BCS Building Components Group Inc. (ITWBCG) shall not be responsible for any deviation from this design. BCS Building Components Group Inc. (ITWBCG) shall not be responsible for any deviation from this design. BCS Building Components Group Inc. (ITWBCG) shall not be responsible for any deviation from this design.

**\*\*\*IMPORTANT\*\*\*** FURNISH COPY OF THIS DESIGN TO INSTALLATION CONTRACTOR. ITWBCG Building Components Group Inc. (ITWBCG) shall not be responsible for any deviation from this design. ITWBCG Building Components Group Inc. (ITWBCG) shall not be responsible for any deviation from this design.

TC LL	PSF	REF	CLB SUBST.
TC DL	PSF	DATE	1/1/09
BC DL	PSF	DRWG	BRCCLBSUB0109
BC LL	PSF		
TOT. LD.	PSF		
DUR. FAC.			
SPACING			





# GABLE STUD REINFORCEMENT DETAIL

ASCE 7-05: 110 MPH WIND SPEED, 30' MEAN HEIGHT, ENCLOSED, I = 1.00, EXPOSURE C, Kzt = 1.00

MAX GABLE VERTICAL LENGTH		BRACE		NO BRACES		(1) 1X4 "L" BRACE •		(2) 2X4 "L" BRACE •		(1) 2X6 "L" BRACE •		(2) 2X6 "L" BRACE •	
		GABLE VERTICAL SPACING	SPECIES / GRADE	#1 / #2	#3	GROUP A	GROUP B	GROUP A	GROUP B	GROUP A	GROUP B	GROUP A	GROUP B
24" O.C.	SPF	3' 8"	SPF	3' 8"	3' 8"	6' 4"	6' 6"	7' 6"	7' 8"	8' 11"	8' 11"	9' 2"	11' 9"
	HF	3' 7"	HF	3' 7"	3' 7"	5' 5"	5' 5"	7' 2"	7' 2"	8' 11"	8' 11"	11' 2"	14' 0"
	STANDARD	3' 7"	STANDARD	3' 7"	3' 7"	5' 5"	5' 5"	7' 1"	7' 1"	8' 11"	8' 11"	11' 1"	14' 0"
	SP	3' 7"	SP	3' 7"	3' 7"	4' 8"	4' 8"	6' 1"	6' 1"	8' 3"	8' 3"	9' 6"	12' 11"
24" O.C.	SP	4' 0"	SP	4' 0"	4' 0"	6' 4"	6' 10"	7' 6"	8' 1"	8' 11"	8' 11"	9' 7"	12' 8"
	DFL	3' 11"	DFL	3' 11"	3' 11"	6' 4"	6' 10"	7' 6"	8' 1"	8' 11"	8' 11"	9' 7"	12' 8"
	STANDARD	3' 9"	STANDARD	3' 9"	3' 9"	5' 7"	5' 7"	7' 4"	7' 4"	8' 11"	8' 11"	11' 5"	14' 0"
	STANDARD	3' 9"	STANDARD	3' 9"	3' 9"	5' 6"	5' 6"	7' 3"	7' 3"	8' 11"	8' 11"	11' 4"	14' 0"
16" O.C.	SPF	4' 2"	SPF	4' 2"	4' 2"	7' 3"	7' 3"	8' 7"	8' 10"	10' 3"	10' 3"	13' 5"	14' 0"
	HF	4' 1"	HF	4' 1"	4' 1"	6' 8"	6' 8"	8' 7"	8' 7"	10' 3"	10' 3"	13' 5"	14' 0"
	STANDARD	4' 1"	STANDARD	4' 1"	4' 1"	5' 8"	5' 8"	7' 6"	7' 6"	10' 1"	10' 1"	11' 8"	14' 0"
	SP	4' 7"	SP	4' 7"	4' 7"	7' 3"	7' 9"	8' 7"	9' 3"	10' 3"	11' 0"	13' 5"	14' 0"
12" O.C.	DFL	4' 6"	DFL	4' 6"	4' 6"	6' 10"	6' 10"	8' 7"	9' 0"	10' 3"	10' 3"	13' 5"	14' 0"
	STANDARD	4' 4"	STANDARD	4' 4"	4' 4"	6' 9"	6' 9"	8' 7"	8' 11"	10' 3"	10' 9"	13' 5"	14' 0"
	SPF	4' 7"	SPF	4' 7"	4' 7"	5' 10"	5' 10"	7' 8"	7' 8"	10' 3"	10' 4"	11' 11"	14' 0"
	HF	4' 6"	HF	4' 6"	4' 6"	7' 8"	7' 8"	9' 5"	9' 5"	11' 3"	11' 3"	14' 0"	14' 0"

BRACING GROUP SPECIES AND GRADES:

GROUP A:

SPRUCE-PINE-FIR	HEM-FIR
#1 / #2 STANDARD	#2 STUD
#3	STANDARD

DOUGLAS FIR-LARCH

#3	STANDARD
STUD	STANDARD

GROUP B:

HEM-FIR	DOUGLAS FIR-LARCH
#1 & BTR	#1
	#2

SOUTHERN PINE

#1	STANDARD
#2	STANDARD

GABLE TRUSS DETAIL NOTES:

LIVE LOAD DEFLECTION CRITERIA IS L/240.

PROVIDE UPLIFT CONNECTIONS FOR 100 PLF OVER CONTINUOUS BEARING (5 PSF TC DEAD LOAD).

GABLE END SUPPORTS LOAD FROM 4' 0" OUTLOOKERS WITH 2' 0" OVERHANG, OR 12" PLYWOOD OVERHANG.

ATTACH EACH "L" BRACE WITH 10d NAILS. (0.128 x 3" min)

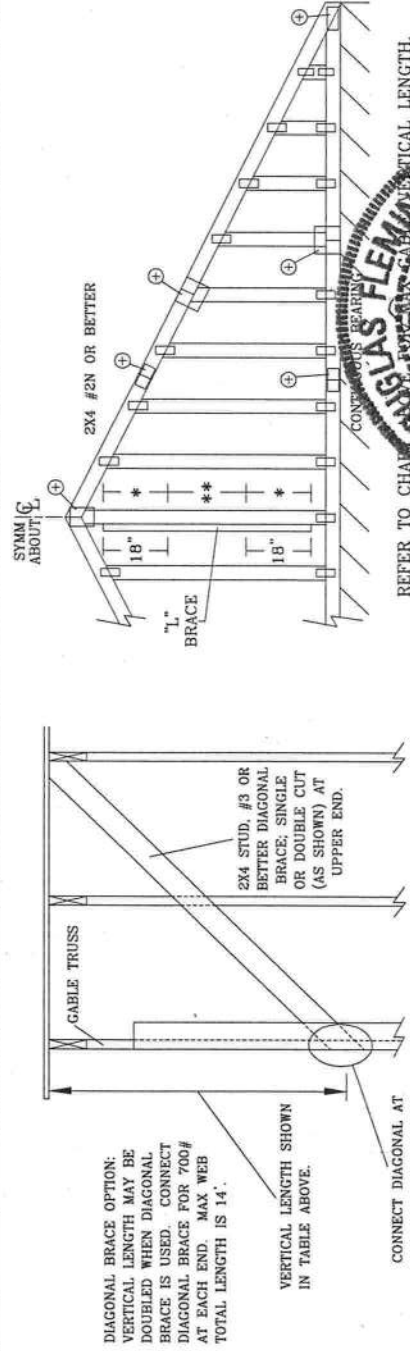
\* FOR (1) "L" BRACE: SPACE NAILS AT 2' O.C. IN 18" END ZONES AND 4" O.C. BETWEEN ZONES.

\*\* FOR (2) "L" BRACES: SPACE NAILS AT 3' O.C. IN 18" END ZONES AND 6" O.C. BETWEEN ZONES.

"L" BRACING MUST BE A MINIMUM OF 80% OF WEB MEMBER LENGTH.

GABLE VERTICAL PLATE SIZES		
VERTICAL LENGTH	NO SPLICE	
LESS THAN 4' 0"	1X4 OR 2X3	
GREATER THAN 4' 0", BUT LESS THAN 11' 6"	2.5X4	
GREATER THAN 11' 6"	3X4	

+ REFER TO COMMON TRUSS DESIGN FOR PEAK, SPLICE, AND HEEL PLATES.



Building Components Group Inc.

Earth City, MO 63045

02/07/2011

07/07/2011

MAX. TOT. LD. 60 PSF

MAX. SPACING 24.0"

REF ASCE7-05-GABI1030

DATE 1/1/09

DRWG A11030050109

DOUGLAS FLEMING

LICENSE

NO. 66648

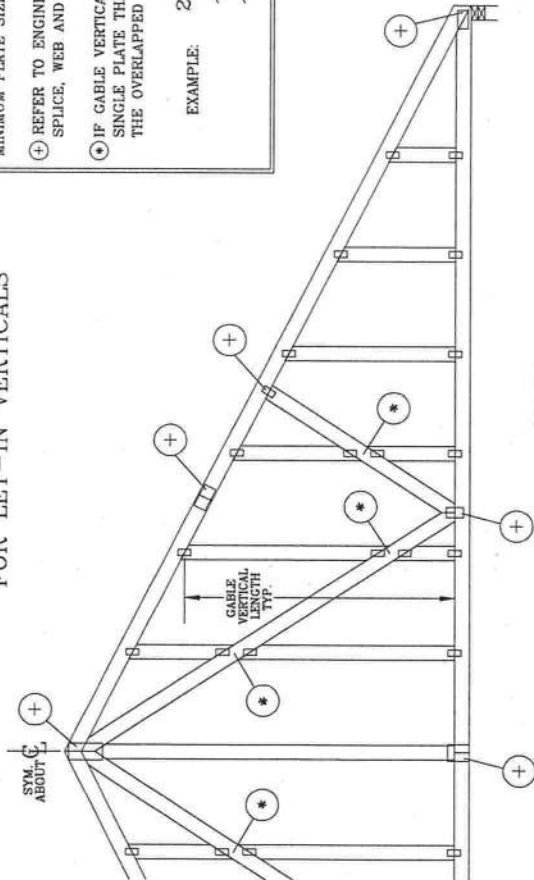
STATE OF FLORIDA

PROFESSIONAL ENGINEER

WARNING: READ AND FOLLOW ALL NOTES ON THIS SHEET. Trusses require extreme care in fabricating, handling, shipping, installing and bracing. Refer to the following BCSI (Building Component Safety Information, by TPI and WCA) for safety practices prior to performing these functions. Installers shall provide temporary bracing per BCSI. Unless noted otherwise, the chord shall have proper attachment structural panels and bottom chord shall have a properly attached rigid ceiling. Locations shown for permanent lateral restraint of webs shall have bracing installed per BCSI sections 53 & 57. See this job's general notes page for more information.

IMPORTANT: FURNISH COPY OF THIS DESIGN TO INSTALLATION CONTRACTOR. ITW Building Components Group Inc. (ITWBCG) shall not be responsible for any deviation from the design, any failure to build the truss in conformance with TPI, or fabricating, handling, shipping, installing or bracing of trusses. ITWBCG connector plates are made of 2018/18GA (W/H/S/K) ASTM A653-02 37440/80 (K/W/H/S) galv steel. Apply plates to each face of truss, positioned as shown above and below the chord. A seal on this drawing or cover page indicates acceptance and professional engineering responsibility of the Building Designer per ANSI/TPI 1 Sec. 2. ITW-BCSI: www.itwbcg.com; TPI: www.tpinat.com; WCA: www.abcdindustry.com; ICC: www.iccsafe.org

# GABLE DETAIL FOR LET-IN VERTICALS



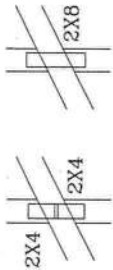
## GABLE TRUSS PLATE SIZES

REFER TO APPROPRIATE ITW GABLE DETAIL FOR MINIMUM PLATE SIZES FOR VERTICAL STUDS.

⊕ REFER TO ENGINEERED TRUSS DESIGN FOR PEAK, SPLICE, WEB AND HEEL PLATES.

⊙ IF GABLE VERTICAL PLATES OVERLAP, USE A SINGLE PLATE THAT COVERS THE TOTAL AREA OF THE OVERLAPPED PLATES TO SPAN THE WEB.

EXAMPLE:



PROVIDE CONNECTIONS FOR UPLIFT SPECIFIED ON THE ENGINEERED TRUSS DESIGN.

ATTACH EACH "T" REINFORCING MEMBER WITH

END DRIVEN NAILS:

10d COMMON (0.148" x 3" MIN) NAILS AT 4" O.C. PLUS

(4) NAILS IN TOP AND BOTTOM CHORD.

TOENAILED NAILS:

10d COMMON (0.148" x 3" MIN) TOENAILS AT 4" O.C. PLUS

(4) TOENAILS IN TOP AND BOTTOM CHORD.

THIS DETAIL TO BE USED WITH THE APPROPRIATE ITW GABLE DETAIL FOR ASCE

WIND LOAD.

ASCE 7-98 GABLE DETAIL DRAWINGS

A13015980109, A12015980109, A11015980109, A10015980109,

A13030980109, A12030980109, A11030980109, A10030980109

ASCE 7-02 GABLE DETAIL DRAWINGS

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A13030020109, A12030020109, A11030020109, A10030020109

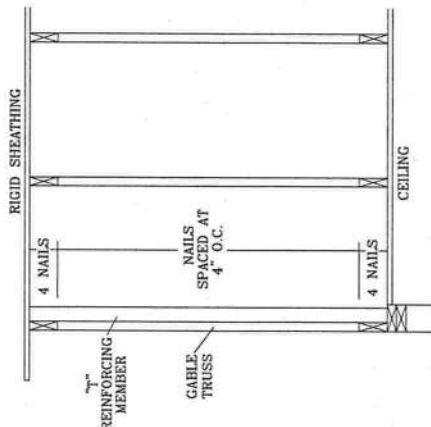
ASCE 7-05 GABLE DETAIL DRAWINGS

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A13030050109, A12030050109, A11030050109, A10030050109

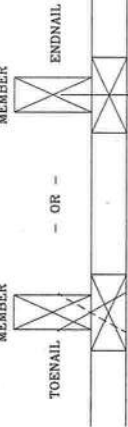
SEE APPROPRIATE ITW GABLE DETAIL FOR MAXIMUM

UNREINFORCED GABLE VERTICAL LENGTH.



## "T" REINFORCEMENT ATTACHMENT DETAIL

"T" REINFORCING MEMBER



TO CONVERT FROM "L" TO "T" REINFORCING MEMBERS, MULTIPLY "T" INCREASE BY LENGTH (BASED ON APPROPRIATE ITW GABLE DETAIL).

MAXIMUM ALLOWABLE "T" REINFORCED GABLE VERTICAL LENGTH IS 14' FROM TOP TO BOTTOM CHORD.

WEB LENGTH INCREASE W/ "T" BRACE

WIND SPEED AND MRH	"T" REINF. MBR. SIZE	"T" INCREASE
140 MPH	2x4	10 %
15 FT	2x6	50 %
140 MPH	2x4	10 %
30 FT	2x6	50 %
130 MPH	2x4	10 %
15 FT	2x6	50 %
130 MPH	2x4	10 %
30 FT	2x6	50 %
120 MPH	2x4	10 %
15 FT	2x6	50 %
120 MPH	2x4	10 %
30 FT	2x6	50 %
110 MPH	2x4	10 %
15 FT	2x6	40 %
110 MPH	2x4	10 %
30 FT	2x6	50 %
100 MPH	2x4	20 %
15 FT	2x6	30 %
100 MPH	2x4	10 %
30 FT	2x6	40 %
90 MPH	2x4	20 %
15 FT	2x6	20 %
90 MPH	2x4	20 %
30 FT	2x6	30 %

EXAMPLE:

ASCE WIND SPEED = 100 MPH

MEAN ROOF HEIGHT = 30 FT, Kzt = 1.00

GABLE VERTICAL = 24" O.C. SP #3

"T" REINFORCING MEMBER SIZE = 2X4

"T" BRACE INCREASE (FROM ABOVE) = 10% = 1.10

(1) 2X4 "L" BRACE LENGTH = 6' 7"

MAXIMUM "T" REINFORCED GABLE VERTICAL LENGTH

1.10 x 6' 7" = 7' 3"

REF LET-IN VERT

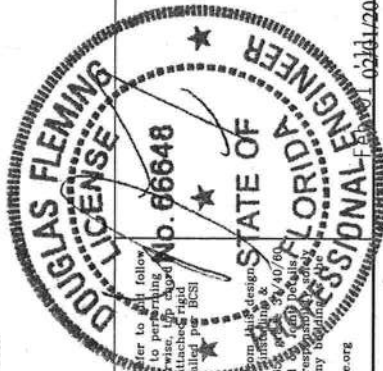
DATE 1/1/09

DRWG GBLLETO109

MAX TOT. LD. 60 PSF

DUR. FAC. ANY

MAX SPACING 24.0"



\*\*WARNING\*\* READ AND FOLLOW ALL NOTES ON THIS SHEET

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\*\*IMPORTANT\*\* FURNISH COPY OF THIS DESIGN TO INSTALLATION CONTRACTOR.

ITW Building Components Group Inc. (ITWBCG) shall not be responsible for any deviation from this design, fabrication, shipping, handling, installing and bracing. ITWBCG (Building Component Safety Information, by TPI and WTCA) for safety practices prior to performing these functions. Truss installers shall provide temporary bracing per BCSI. Unless noted otherwise, the design shall have properly attached structural panels and bottom chord shall have a properly attached rigid gable truss. Truss installers shall provide bracing in accordance with sections B3 & B7. See this job's general notes page for more information.

ITW - BCG: www.itwbcg.com; TPI: www.tpinet.com; WTCA: www.abindustry.com; ICC: www.iccsafe.org



Earth City, MO 63045

# ENERGY PERFORMANCE LEVEL (EPL) DISPLAY CARD

ESTIMATED ENERGY PERFORMANCE INDEX\* = 84

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

459 SE Lamond Ave, Lake City, FL, 32025-

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	2240.00 ft <sup>2</sup>
3. Number of units, if multiple family	1		b. N/A	R=	ft <sup>2</sup>
4. Number of Bedrooms	5		c. N/A	R=	ft <sup>2</sup>
5. Is this a worst case?	No		d. N/A	R=	ft <sup>2</sup>
6. Conditioned floor area (ft <sup>2</sup> )	2400		10. Ceiling Types	Insulation	Area
7. Windows**	Description	Area	a. Under Attic (Vented)	R=30.0	1200.00 ft <sup>2</sup>
a. U-Factor:	Sgl, U=0.55	204.00 ft <sup>2</sup>	b. N/A	R=	ft <sup>2</sup>
SHGC:	SHGC=0.60		c. N/A	R=	ft <sup>2</sup>
b. U-Factor:	Sgl, U=1.30	15.00 ft <sup>2</sup>	11. Ducts		
SHGC:	SHGC=0.75		a. Sup: Attic Ret: Attic AH: Interior Sup. R= 6, 480 ft <sup>2</sup>		
c. U-Factor:	N/A	ft <sup>2</sup>	12. Cooling systems		
SHGC:			a. Central Unit	Cap: 60.0 kBtu/hr	SEER: 13
d. U-Factor:	N/A	ft <sup>2</sup>	13. Heating systems		
SHGC:			a. Electric Heat Pump	Cap: 60.0 kBtu/hr	HSPF: 13
e. U-Factor:	N/A	ft <sup>2</sup>	14. Hot water systems		
SHGC:			a. Electric	Cap: 50 gallons	EF: 0.92
8. Floor Types	Insulation	Area	b. Conservation features		
a. Slab-On-Grade Edge Insulation	R=0.0	1200.00 ft <sup>2</sup>	None		
b. N/A	R=	ft <sup>2</sup>	15. Credits		Pstat
c. N/A	R=	ft <sup>2</sup>			



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](http://energygauge.com) for information and a list of certified Raters. For information about Florida's Energy Efficiency Code for Building Construction, contact the Department of Community Affairs at (850) 487-1824.

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



**FLORIDA ENERGY EFFICIENCY CODE FOR BUILDING CONSTRUCTION**

## Florida Department of Community Affairs Residential Performance Method A

Project Name: Nelson Residence  
 Street: 459 SE Lamond Ave  
 City, State, Zip: Lake City, FL, 32025-  
 Owner: Audrey Nelson  
 Design Location: FL, Gainesville

Builder Name:  
 Permit Office:  
 Permit Number:  
 Jurisdiction:

- |  |                  |
|--|------------------|
| 1. New construction or existing              | New (From Plans) |
| 2. Single family or multiple family          | Single-family    |
| 3. Number of units, if multiple family       | 1                |
| 4. Number of Bedrooms                        | 5                |
| 5. Is this a worst case?                     | No               |
| 6. Conditioned floor area (ft <sup>2</sup> ) | 2400             |

- | 7. Windows   | Description | Area                   |
|--------------|-------------|------------------------|
| a. U-Factor: | Sgl, U=0.55 | 204.00 ft <sup>2</sup> |
| SHGC:        | SHGC=0.60   |                        |
| b. U-Factor: | Sgl, U=1.30 | 15.00 ft <sup>2</sup>  |
| SHGC:        | SHGC=0.75   |                        |
| c. U-Factor: | N/A         | ft <sup>2</sup>        |
| SHGC:        |             |                        |
| d. U-Factor: | N/A         | ft <sup>2</sup>        |
| SHGC:        |             |                        |
| e. U-Factor: | N/A         | ft <sup>2</sup>        |
| SHGC:        |             |                        |

- | 8. Floor Types                   | Insulation | Area                    |
|----------------------------------|------------|-------------------------|
| a. Slab-On-Grade Edge Insulation | R=0.0      | 1200.00 ft <sup>2</sup> |
| b. N/A                           | R=         | ft <sup>2</sup>         |
| c. N/A                           | R=         | ft <sup>2</sup>         |

- | 9. Wall Types             | Insulation | Area                    |
|---------------------------|------------|-------------------------|
| a. Frame - Wood, Exterior | R=13.0     | 2240.00 ft <sup>2</sup> |
| b. N/A                    | R=         | ft <sup>2</sup>         |
| c. N/A                    | R=         | ft <sup>2</sup>         |
| d. N/A                    | R=         | ft <sup>2</sup>         |

- | 10. Ceiling Types       | Insulation | Area                    |
|-------------------------|------------|-------------------------|
| a. Under Attic (Vented) | R=30.0     | 1200.00 ft <sup>2</sup> |
| b. N/A                  | R=         | ft <sup>2</sup>         |
| c. N/A                  | R=         | ft <sup>2</sup>         |

11. Ducts  
 a. Sup: Attic Ret: Attic AH: Interior Sup. R= 6, 480 ft<sup>2</sup>

12. Cooling systems  
 a. Central Unit  
 Cap: 60.0 kBtu/hr  
 SEER: 13

13. Heating systems  
 a. Electric Heat Pump  
 Cap: 60.0 kBtu/hr  
 HSPF: 13

14. Hot water systems  
 a. Electric  
 Cap: 50 gallons  
 EF: 0.92

- b. Conservation features  
 None

15. Credits Pstat

Glass/Floor Area: 0.091

Total As-Built Modified Loads: 45.09

Total Baseline Loads: 53.99

**PASS**

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

PREPARED BY: William A. Motes  
 DATE: 01-25-11

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:	Nelson Residence	Bedrooms:	5	Address Type:	Street Address
Building Type:	FLAsBuilt	Conditioned Area:	2400	Lot #	
Owner:	Audrey Nelson	Total Stories:	2	SubDivision:	
# of Units:	1	Worst Case:	No	PlatBook:	
Builder Name:		Rotate Angle:	0	Street:	459 SE Lamond Ave
Permit Office:		Cross Ventilation:		County:	Columbia
Jurisdiction:		Whole House Fan:		City, State, Zip:	Lake City , FL , 32025-
Family Type:	Single-family				
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	Perimeter	R-Value	Area	Tile	Wood	Carpet
✓	1	Slab-On-Grade Edge Insulatio	140 ft	0	1200 ft²	0.4	0.5	0.1

## ROOF

✓	#	Type	Materials	Roof Area	Gable Area	Roof Color	Solar Absor.	Tested	Deck Insul.	Pitch
✓	1	Hip	Composition shingles	1342 ft²	0 ft²	Medium	0.96	No	0	26.6 deg

## ATTIC

✓	#	Type	Ventilation	Vent Ratio (1 in)	Area	RBS	IRCC
✓	1	Full attic	Vented	300	1200 ft²	N	N

## CEILING

✓	#	Ceiling Type	R-Value	Area	Framing Frac	Truss Type
✓	1	Under Attic (Vented)	30	1200 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	240 ft²	0.8	0.23	0.75
✓	2	S	Exterior	Frame - Wood	13	240 ft²	0.8	0.23	0.75
✓	3	E	Exterior	Frame - Wood	13	320 ft²	0.8	0.23	0.75
✓	4	W	Exterior	Frame - Wood	13	320 ft²	0.8	0.23	0.75
✓	5	N	Exterior	Frame - Wood	13	240 ft²	0.8	0.23	0.75
✓	6	S	Exterior	Frame - Wood	13	240 ft²	0.8	0.23	0.75
✓	7	E	Exterior	Frame - Wood	13	320 ft²	0.8	0.23	0.75
✓	8	W	Exterior	Frame - Wood	13	320 ft²	0.8	0.23	0.75

## DOORS

✓	#	Ornt	Door Type	Storms	U-Value	Area
✓	1	N	Insulated	None	0.460000	16.5 ft²
✓	2	S	Insulated	None	0.460000	16.5 ft²
✓	3	S	Insulated	None	0.460000	27.5 ft²
✓	4	S	Insulated	None	0.460000	27.5 ft²

## WINDOWS

Orientation shown is the entered, asBuilt orientation.

✓	#	Ornt	Frame	Panes	NFRC	U-Factor	SHGC	Storms	Area	Overhang Depth Separation	Int Shade	Screening
✓	1	N	Metal	Single (Clear)	Yes	0.55	0.6	N	15 ft²	1 ft 6 in 15 ft 6 in	HERS 2006	None
✓	2	S	Metal	Single (Clear)	Yes	0.55	0.6	N	60 ft²	6 ft 0 in 15 ft 6 in	HERS 2006	None
✓	3	E	Metal	Single (Clear)	Yes	0.55	0.6	N	9 ft²	1 ft 6 in 15 ft 6 in	HERS 2006	None
✓	4	W	Metal	Single (Clear)	Yes	0.55	0.6	N	60 ft²	1 ft 6 in 15 ft 6 in	HERS 2006	None
✓	5	N	Metal	Single (Clear)	Yes	0.55	0.6	N	30 ft²	1 ft 6 in 1 ft 6 in	HERS 2006	None
✓	6	E	Metal	Single (Clear)	Yes	0.55	0.6	N	15 ft²	1 ft 6 in 1 ft 6 in	HERS 2006	None
✓	7	E	Metal	Single (Clear)	Yes	0.55	0.6	N	15 ft²	1 ft 6 in 1 ft 6 in	HERS 2006	None
✓	8	W	Metal	Single (Clear)	Yes	1.3	0.75	N	15 ft²	1 ft 6 in 1 ft 6 in	HERS 2006	None

## INFILTRATION & VENTING

✓	Method	SLA	CFM 50	ACH 50	ELA	EqLA	--- Forced Ventilation --- Supply CFM Exhaust CFM		Run Time Fraction	Fan Watts
✓	Default	0.00036	2266	7.08	124.4	234.0	0 cfm	0 cfm	0	0

## COOLING SYSTEM

✓	#	System Type	Subtype	Efficiency	Capacity	Air Flow	SHR	Ducts
✓	1	Central Unit	None	SEER: 13	60 kBtu/hr	1800 cfm	0.75	sys#1

## HEATING SYSTEM

✓	#	System Type	Subtype	Efficiency	Capacity	Ducts
✓	1	Electric Heat Pump	None	HSPF: 13	60 kBtu/hr	sys#1

## HOT WATER SYSTEM

✓	#	System Type	EF	Cap	Use	SetPnt	Conservation
✓	1	Electric	0.92	50 gal	80 gal	120 deg	None

## SOLAR HOT WATER SYSTEM

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



## DUCTS

✓	#	--- Supply ---			--- Return ---		Leakage Type	Air Handler	CFM 25	Percent Leakage	QN	RLF
		Location	R-Value	Area	Location	Area						
	1	Attic	6	480 ft²	Attic	120 ft²	Default Leakage	Interior	(Default)	(Default) %		

## TEMPERATURES

Programable Thermostat: Y

Ceiling Fans:

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

Thermostat Schedule: HERS 2006 Reference

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

## Code Compliance Checklist

### Residential Whole Building Performance Method A - Details

ADDRESS: 459 SE Lamond Ave  
Lake City, FL, 32025-

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.	



STATE OF FLORIDA  
DEPARTMENT OF HEALTH

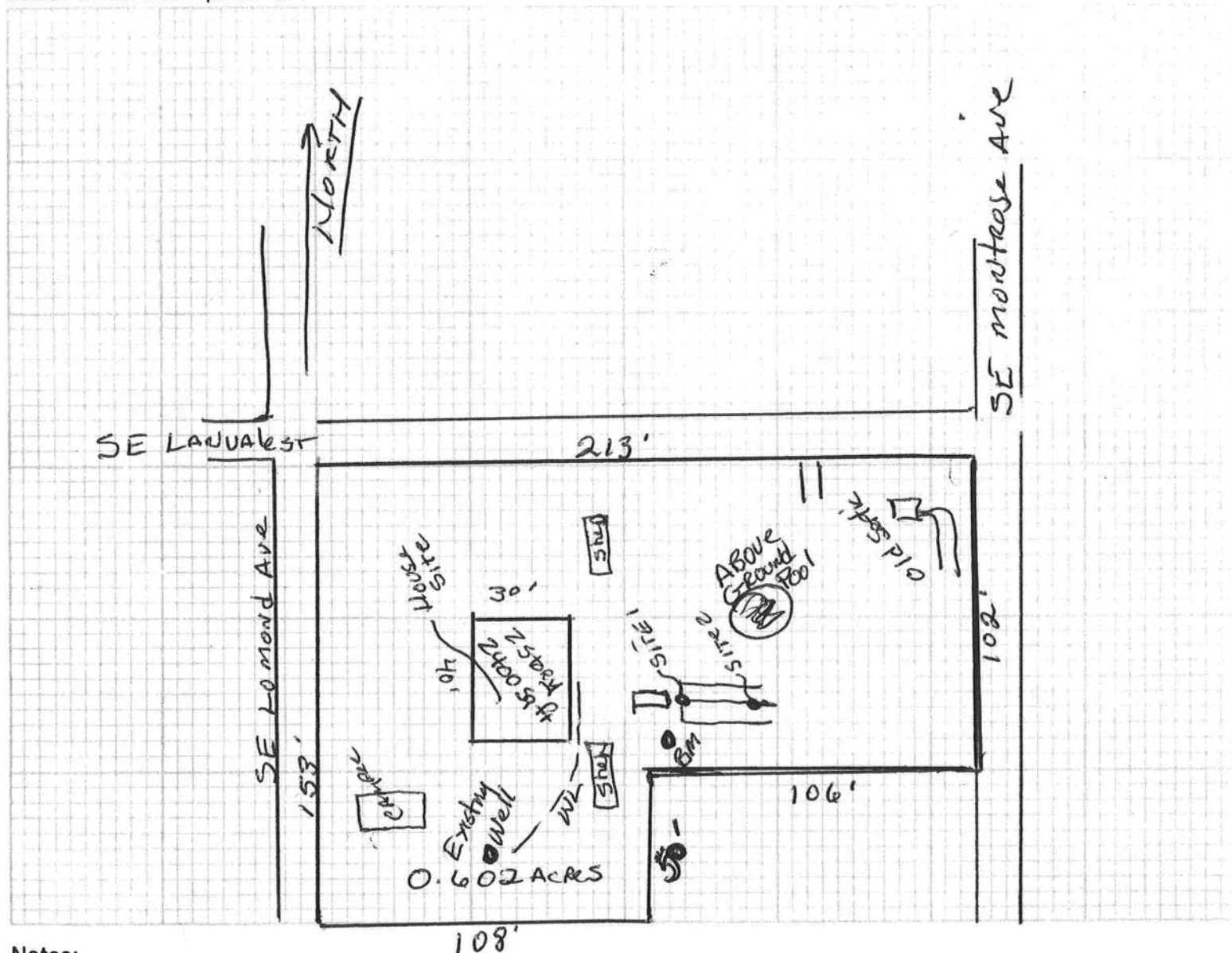
APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permit Application Number

11-0098

PART II - SITE PLAN

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



Notes:

Audrey Nelson

LOT 12, 89 & 10 MELROSE PARK. BLK G 0.602 ACRES

33-35-17-06641-000

Site Plan submitted by:

Robert W. Jach

Signature

Plan Approved

X

Not Approved

By

Shari Ford, Env. Health Director.

Columbia CHD

Agent

Title

Date 3.10.11

County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT



## NOTICE OF COMMENCEMENT

Tax Parcel Identification Number:

33-35-17-06641-000

Clerk's Office Stamp

Inst 201112001950 Date: 2/8/2011 Time: 3:43 PM  
DC, P DeWitt Cason, Columbia County Page 1 of 1 B 1209 P 1359

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): Melrose Park S/D Lts 1, 2, 8, 9 & 10 BLK G  
a) Street (job) Address: 459 SE Lamond Terr, Lake City, FL 32025
2. General description of improvements: Single family Dwelling
3. Owner Information  
a) Name and address: Audrey Nelson  
b) Name and address of fee simple titleholder (if other than owner):  
c) Interest in property: Owner
4. Contractor Information  
a) Name and address: Owner Builder  
b) Telephone No.: 288-2093 Fax No. (Opt.)
5. Surety Information  
a) Name and address: N/A  
b) Amount of Bond:  
c) Telephone No.: Fax No. (Opt.)
6. Lender  
a) Name and address: N/A  
b) Phone No.:
7. Identity of person within the State of Florida designated by owner upon whom notices or other documents may be served:  
a) Name and address:  
b) Telephone No.: 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(1)(b), Florida Statutes:  
a) Name and address: N/A  
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. Audrey Nelson  
Signature of Owner or Owner's Authorized Officer/Director/Partner/Manager  
Audrey Nelson  
Printed Name

The foregoing Instrument was acknowledged before me, a Florida Notary, this 27 day of January, 2011, by:  
Audrey Nelson as Owner Builder (type of authority, e.g. officer, trustee, attorney  
fact) for Audrey Nelson (name of party on behalf of whom instrument was executed).  
Personally Known ☒ OR Produced Identification ☐ Type

Notary Signature L. Hodson Notary Stamp or Seal:



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.

Audrey Nelson  
Signature of Natural Person Signing (in line #10 above.)

## COLUMBIA COUNTY 9-1-1 ADDRESSING

P. O. Box 1787, Lake City, FL 32056-1787

PHONE: (386) 758-1125 \* FAX: (386) 758-1365 \* Email: ron\_croft@columbiacountyfla.com

### Addressing Maintenance

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

DATE REQUESTED: 1/27/2011 DATE ISSUED: 1/27/2011

#### ENHANCED 9-1-1 ADDRESS:

459 SE LOMOND AVE

LAKE CITY FL 32025

#### PROPERTY APPRAISER PARCEL NUMBER:

33-3S-17-06641-000

#### Remarks:

RE-ISSUE OF EXISTING ADDRESS FOR REPLACEMENT STRUCTURE.

Address Issued By: SIGNED: / RONAL N. CROFT  
Columbia County 9-1-1 Addressing / GIS Department

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



**COLUMBIA COUNTY BUILDING DEPARTMENT  
RESIDENTIAL CHECK LIST REQUIRMENTS**

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

ALL REQUIREMENTS ARE SUBJECT TO CHANGE

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

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

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

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

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

**Items to Include-  
Each Box shall be  
Circled as  
Applicable**

			Yes	No	N/A
1	Two (2) complete sets of plans containing the following:		✓		
2	All drawings must be clear, concise, drawn to scale, details that are not used shall be marked void		✓		
3	Condition space (Sq. Ft.)	2460	IIIIIIII	IIIIIIII	IIII
	Total (Sq. Ft.) under roof				
	2712				

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

**Site Plan information including:**

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



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

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

## **Elevations Drawing including:**

14	All side views of the structure	✓		
15	Roof pitch	✓		
16	Overhang dimensions and detail with attic ventilation	✓		
17	Location, size and height above roof of chimneys	✓		
18	Location and size of skylights with Florida Product Approval	N/A		
18	Number of stories	2		
20A	Building height from the established grade to the roofs highest peak	25'		

## **Floor Plan including:**

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

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

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

**Items to Include-  
Each Box shall be  
Circled as  
Applicable**

**FBCR 403: Foundation Plans**

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

**FBCR 506: CONCRETE SLAB ON GRADE**

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

**FBCR 320: PROTECTION AGAINST TERMITES**

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

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

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

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

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

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

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

## **FBCR CHAPTER 6 WOOD WALL FRAMING CONSTRUCTION**

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

## **FBCR :ROOF SYSTEMS:**

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

## **FBCR 802:Conventional Roof Framing Layout**

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

## **FBCR Table 602,3(2) & FBCR 803 ROOF SHEATHING**

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



## **FBCR ROOF ASSEMBLIES FRC Chapter 9**

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

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

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

GENERAL REQUIREMENTS: APPLICANT – PLEASE CHECK ALL APPLICABLE BOXES BEFORE SUBMITTAL		Items to Include- Each Box shall be Circled as Applicable		
		YES	NO	N/A
73	Show the insulation R value for the following areas of the structure	/		
74	Attic space	/		
75	Exterior wall cavity	/		
76	Crawl space	/		

## **HVAC information**

77	Submit two copies of a Manual J sizing equipment or equivalent computation study	/		
78	Exhaust fans locations in bathrooms	/		
79	Show clothes dryer route and total run of exhaust duct	/		

## **Plumbing Fixture layout shown**

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

## **Private Potable Water**

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

## **Electrical layout shown including**

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

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

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

### Notice Of Commencement

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

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

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

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

## **Section R101.2.1 of the Florida Building Code Residential:**

**The provisions of Chapter 1, Florida Building Code, Building shall govern the administration and enforcement of the Florida Building Code, Residential.**

**Section 105 of the Florida Building Code defines the:**

### **Time limitation 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.**

### **Single-family residential dwelling.**

**Section 105.3.4 A building permit for a single-family residential dwelling must be issued within 30 working days of application therefor unless unusual circumstances require a longer time for processing the application or unless the permit application fails to satisfy the Florida Building Code or the enforcing agency's laws or ordinances.**

### **Permit intent.**

**Section 105.4.1: A permit issued shall be constructed to be a license to proceed with the work and not as authority to violate, cancel, alter or set aside any of the provisions of the technical codes, nor shall issuance of a permit prevent the building official from thereafter requiring a correction of errors in plans, construction or violations of this code. Every permit issued shall become invalid unless the work authorized by such permit is commenced within six months after its issuance, or if the work authorized by such permit is suspended or abandoned for a period of six months after the time the work is commenced.**

### **If work has commenced.**

**Section 105.4.1.1: If work has commenced and the permit is revoked, becomes null and void, or expires because of lack of progress or abandonment, a new permit covering the proposed construction shall be obtained before proceeding with the work.**

### **New Permit.**

**Section 105.4.1.2: If a new permit is not obtained within 180 days from the date the initial permit became null and void, the building official is authorized to require that any work which has been commenced or completed be removed from the building site. Alternately, a new permit may be issued on application, providing the work in place and required to complete the structure meets all applicable regulations in effect at the time the initial permit became null and void and any regulations which may have become effective between the date of expiration and the date of issuance of the new permit.**



**Work Shall Be:**

**Section 105.4.1.3:** Work shall be considered to be in active progress when the permit has received an approved inspection within 180 days. This provision shall not be applicable in case of civil commotion or strike or when the building work is halted due directly to judicial injunction, order or similar process.

**The Fee:**

**Section 105.4.1.4:** The fee for renewal reissuance and extension of a permit shall be set forth by the administrative authority.

**When the submitted application is approved for permitting the applicant will be notified by phone as to the date and time a building permit will be prepared and issued by the Columbia County Building & Zoning Department**

Emailed to Ron on 1-27-11



## Columbia County 9-1-1 Addressing / GIS Department

P.O. Box 1787, Lake City, FL 32056

Telephone: (386) 758-1125 \* Fax: (386) 758-1365 \* E-mail: ron\_croft@columbiacountyfla.com



### 9-1-1 Address Request Form

**NOTE: ADDRESS ASSIGNMENT MAY REQUIRE UP TO 10 WORKING DAYS. IF THE ADDRESSING DEPARTMENT NEEDS TO CONDUCT ON SITE GPS LOCATION IDENTIFICATION, ADDITIONAL TIME MAY BE REQUIRED.**

Date of Request: 1-27-11

Requester Last Name: Nelson

First Name: Audrey

Contact Telephone Number: 386-288-2093

(Cell Phone Number if Provided): \_\_\_\_\_

Requested for Self: ☒ or Requested for Company: \_\_\_\_\_  
(check one)

If Address is Requested by a Company Provide Name of Requesting Company:

Parcel Identification Number: 33-38-17-06641 - 000

If in Subdivision, Provide Name Of Subdivision:

Melrose Park S/D

Phase or Unit Number (if any): \_\_\_\_\_ Block Number (if any): 9

Lot Number: 1,2,8,9 & 10

**Attach Site Plan or you may use back of Request Form for Site Plan:**

**Requirements for Site Plan Are Listed on Back of Request From:**  
**(NOTE: Site Plan Does NOT have to be a survey or to scale; FURTHER a Environmental Health Dept. Site Plan showing only a 210 by 210 cutout of a property will NOT suffice for Addressing Requirements.)**

**Addressing / GIS Department Use Only:**

Date Received: \_\_\_\_\_

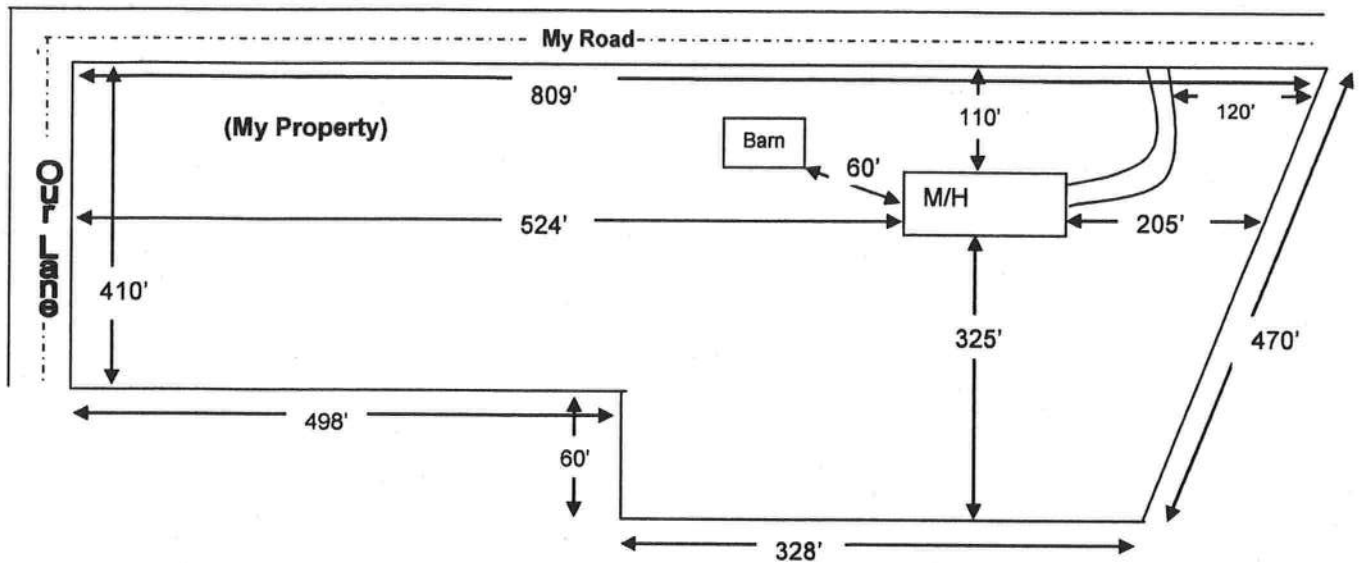
Date Assigned: \_\_\_\_\_

ID Number: \_\_\_\_\_

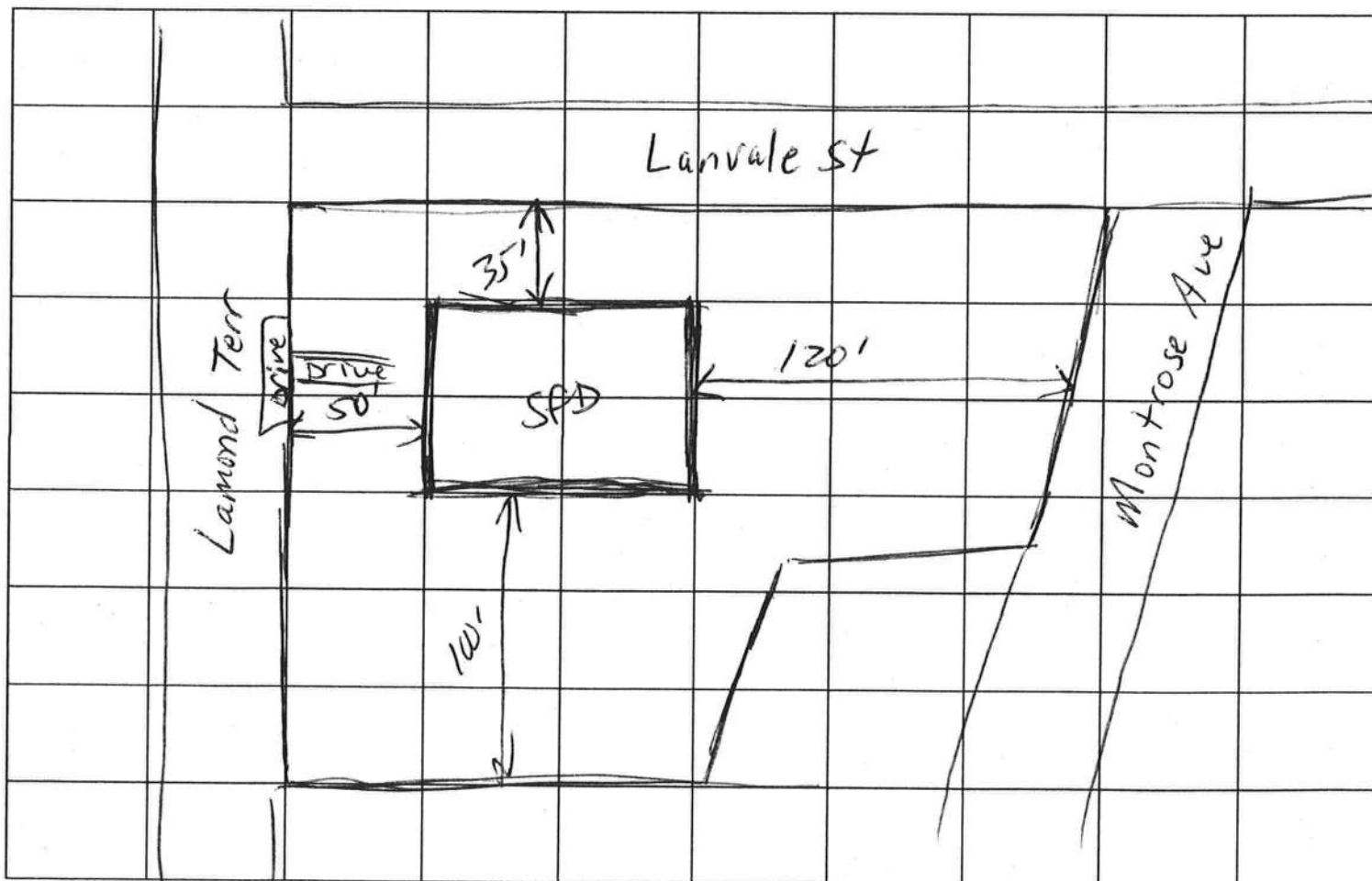
Contact -  
Laurie @  
Building & Zoning

Existing Address -  
459 SE Lomond Terr,  
Lake City, FL 32025

## SITE PLAN EXAMPLE / WORKSHEET



Use this example to draw your own site plan. Show all existing buildings and any other homes on this property and show the distances between them. Also show where the roads or roads are around the property. This site plan can also be used for the 911 Addressing department if you include the distance from the driveway to the nearest property line.



\* Drive is not changing, | House Burnt Down



*WOC?*

Columbia County Building Permit Application

For Office Use Only		Application # <u>1101-31</u>	Date Received <u>1-27-11</u>	By <u>LH</u>	Permit # <u>29240</u>
Zoning Official <u>BLK</u>	Date <u>08.02.11</u>	Flood Zone <u>X</u>	Land Use <u>RES-DEV</u>	Zoning <u>RSF-2</u>	
FEMA Map # <u>N/A</u>	Elevation <u>N/A</u>	MFE <u>1' above Rd</u>	River <u>N/A</u>	Plans Examiner <u>T.C.</u>	Date <u>2-7-11</u>
Comments <u>Replacing existing dwelling</u>					
<input checked="" type="checkbox"/> NOC	<input checked="" type="checkbox"/> EH	<input checked="" type="checkbox"/> Deed or PA	<input checked="" type="checkbox"/> Site Plan	<input checked="" type="checkbox"/> State Road Info	<input checked="" type="checkbox"/> Well letter <u>EXISTING</u>
<input type="checkbox"/> Dev Permit #	<input type="checkbox"/> In Floodway	<input checked="" type="checkbox"/> Letter of Auth. from Contractor	<input checked="" type="checkbox"/> F W Comp. letter		
IMPACT FEES: EMS		Fire	Corr	<input checked="" type="checkbox"/> Sub VF Form	
Road/Code		School <u>N/A</u>	<u>= TOTAL (Suspended)</u>		<input type="checkbox"/> App Fee Paid

Septic Permit No. 11-0098 Fax \_\_\_\_\_

Name Authorized Person Signing Permit Audrey Nelson Phone 386-288-2093

Address 459 SE Lamond Terr Lake City FL 32025

Owners Name Audrey Nelson Phone 386-288-2093

911 Address 459 SE Lamond Terr Lake City FL 32025

Contractors Name Owner Building Phone \_\_\_\_\_

Address \_\_\_\_\_

Fee Simple Owner Name & Address Same

Bonding Co. Name & Address N/A

Architect/Engineer Name & Address Freeman Design Group 128 SW Nassau St, Lake City FL 32025

Mortgage Lenders Name & Address N/A

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

Property ID Number 33-35-17-06641-000 Estimated Cost of Construction 50,000.00

Subdivision Name Melrose Park S/D Lot 1 Block G Unit \_\_\_\_\_ Phase \_\_\_\_\_

Driving Directions East 90 Ave, (R) Lamond Terr, on the SE

Corner of Lamond and Lanvale

Construction of SFD Number of Existing Dwellings on Property 1

Do you need a - Culvert Permit or Culvert Waiver or Have an Existing Drive Total Acreage .602 Lot Size 1602

Actual Distance of Structure from Property Lines - Front 50' Side 35' Side 100' Rear 120'

Number of Stories 2 Heated Floor Area 2400 Total Floor Area 2712 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. **CODE:** Florida Building Code 2007 with 2009 Supplements and the 2008 National Electrical Code.

*Left a message on 2-8-11*



**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. You must verify if your property is encumbered by any restrictions or face possible litigation and or fines.

(Owners Must Sign All Applications Before Permit Issuance.)

*Same*  
\_\_\_\_\_  
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.

*Audrey Nelson*  
\_\_\_\_\_  
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

### **OWNER BUILDER DISCLOSURE STATEMENT**

I understand that state law requires construction to be done by a licensed contractor and have applied for an owner-builder permit under an exemption from the law. The exemption specifies that I, as the owner of the property listed, may act as my own contractor with certain restrictions even though I do not have a license.

I understand that building permits are not required to be signed by a property owner unless he or she is responsible for the construction and is not hiring a licensed contractor to assume responsibility.

I understand that, as an owner-builder, I am the responsible party of record on a permit. I understand that I may protect myself from potential financial risk by hiring a licensed contractor and having the permit filed in his or her name instead of my own name. I also understand that a contractor is required by law to be licensed and bonded in Florida and to list his or her license numbers on permits and contracts.

I understand that I may build or improve a one-family or two-family residence or farm outbuilding. I may also build or improve a commercial building if the costs do not exceed \$75,000. The building or residence must be for my own use or occupancy. It may not be built or substantially improved for sale or lease. If a building or residence that I have built or substantially improved myself is sold or leased within 1 year after the construction is complete, the law will presume that I built or substantially improved it for sale or lease, which violates the exemption.

I understand that, as the owner-builder, I must provide direct, onsite supervision of the construction.

I understand that I may not hire an unlicensed person to act as my contractor or to supervise persons working on my building or residence. It is my responsibility to ensure that the persons whom I employ have the licenses required by law and by county or municipal ordinance.

I understand that it is frequent practice of unlicensed persons to have the property owner obtain an owner-builder permit that erroneously implies that the property owner is providing his or her own labor and materials. I, as an owner-builder, may be held liable and subjected to serious financial risk for any injuries sustained by an unlicensed person or his or her employees while working on my property. My homeowner's insurance may not provide coverage for those injuries. I am willfully acting as an owner-builder and am aware of the limits of my insurance coverage for injuries to workers on my property.



I understand that I 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 my building who is not licensed must work under my direct supervision and must be employed by me, which means that I must comply with laws requiring the withholding of federal income tax and social security contributions under the Federal Insurance Contributions Act (FICA) and must provide workers' compensation for the employee. I understand that my failure to follow these laws may subject me to serious financial risk.

I agree that, as the party legally and financially responsible for this proposed construction activity, I will abide by all applicable laws and requirements that govern owner-builders as well as employers. I also understand that the construction must comply with all applicable laws, ordinances, building codes, and zoning regulations.

I understand that I may obtain more information regarding my obligations as an employer from the Internal Revenue Service, the United States Small Business Administration, the Florida Department of Financial Services, and the Florida Department of Revenue. I also understand that I may contact the Florida Construction Industry Licensing Board at 850-487-1395 or Internet website address <http://www.myflorida.com/dbpr/pro/cilb/index.html> for more information about licensed contractors.

I am aware of, and consent to, an owner-builder building permit applied for in my name and understand that I am the party legally and financially responsible for the proposed construction activity at the following address:

459 SE Comond Ave Lake City FL 32025

I agree to notify Columbia County Building Department immediately of any additions, deletions, or changes to any of the information that I have provided on this disclosure. Licensed contractors are regulated by laws designed to protect the public. If you contract with a person who does not have a license, the Construction Industry Licensing Board and Department of Business and Professional Regulation may be unable to assist you with any financial loss that you sustain as a result of a complaint. Your only remedy against an unlicensed contractor may be in civil court. It is also important for you to understand that, if an unlicensed contractor or employee of an individual or firm is injured while working on your property, you may be held liable for damages. If you obtain an owner-builder permit and wish to hire a licensed contractor, you will be responsible for verifying whether the contractor is properly licensed and the status of the contractor's workers' compensation coverage.

I understand that if I hire subcontractors they must be licensed for that type of work in Columbia County, ex: framing, stucco, masonry, and state registered builders. Registered Contractors must have a minimum of \$300,000.00 in General Liability insurance coverage and the proper workers' compensation. Specialty Contractors must have a minimum of \$100,000.00 in General Liability insurance coverage and the proper workers' compensation coverage.

Before a building permit can be issued, this disclosure statement must be completed and signed by the property owner and returned to Columbia County Building Department.

**TYPE OF CONSTRUCTION**

- ☒ Single Family Dwelling    ☐ Two-Family Residence    ☐ Farm Outbuilding  
☐ Addition, Alteration, Modification or other Improvement  
☐ Commercial, Cost of Construction \_\_\_\_\_ Construction of \_\_\_\_\_  
☐ Other \_\_\_\_\_

I Audrey Nelson, 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 allowing this exception for the construction permitted by Columbia County Building Permit.

Audrey Nelson Date 1-27-11  
Owner Builder Signature Date

**NOTARY OF OWNER BUILDER SIGNATURE**

The above signer is personally known to me or produced identification \_\_\_\_\_

Notary Signature Laurie Hodson Date 1-27-11



**FOR BUILDING DEPARTMENT USE ONLY**

I hereby certify that the above listed owner builder has been given notice of the restriction stated above.

Building Official/Representative Laurie Hodson

# **SUBCONTRACTOR VERIFICATION FORM**

APPLICATION NUMBER \_\_\_\_\_ 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.**

<b>ELECTRICAL</b>	Print Name <u>Audrey Nelson</u> License #: <u>Owner</u>	Signature <u>Audrey Nelson</u> Phone #:
<b>MECHANICAL/ A/C</b>	Print Name _____ License #: _____	Signature _____ Phone #: _____
<b>PLUMBING/ GAS</b>	Print Name _____ License #: _____	Signature _____ Phone #: _____
<b>ROOFING</b>	Print Name _____ License #: _____	Signature _____ Phone #: _____
<b>SHEET METAL</b>	Print Name _____ License #: _____	Signature _____ Phone #: _____
<b>FIRE SYSTEM/ SPRINKLER</b>	Print Name _____ License #: _____	Signature _____ Phone #: _____
<b>SOLAR</b>	Print Name _____ License #: _____	Signature _____ Phone #: _____

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

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



## Columbia County Property Appraiser

DB Last Updated: 1/6/2011

**2010 Tax Year**

Parcel: 33-3S-17-06641-000

&lt;&lt; Next Lower Parcel Next Higher Parcel &gt;&gt;

Tax Collector

Tax Estimator

Property Card

Parcel List Generator

Interactive GIS Map

Print

### Owner & Property Info

&lt;&lt; Prev Search Result: 3 of 3

Owner's Name	NELSON JAMES E & AUDREY G		
Mailing Address	459 SE LAMOND AVE LAKE CITY, FL 32025		
Site Address	459 SE LAMOND AVE		
Use Desc. (code)	MISC RES (000700)		
Tax District	2 (County)	Neighborhood	33317
Land Area	0.602 ACRES	Market Area	06
Description	NOTE: This description is not to be used as the Legal Description for this parcel in any legal transaction.		
LOTS 1, 2, 8, 9 & 10 BLK G MELROSE PARK S/D. (JOINS RE# 06639) ORB 731-969, 750-1042,			



### Property & Assessment Values

2010 Certified Values		
<b>Mkt Land Value</b>	cnt: (0)	\$19,899.00
<b>Ag Land Value</b>	cnt: (1)	\$0.00
<b>Building Value</b>	cnt: (0)	\$0.00
<b>XFOB Value</b>	cnt: (3)	\$700.00
<b>Total Appraised Value</b>		\$20,599.00
<b>Just Value</b>		\$20,599.00
<b>Class Value</b>		\$0.00
<b>Assessed Value</b>		\$20,599.00
<b>Exempt Value</b>		\$0.00
<b>Total Taxable Value</b>	Cnty: \$20,599 Other: \$20,599   Schl: \$20,599	

### 2011 Working Values

**NOTE:**  
2011 Working Values are NOT certified values and therefore are subject to change before being finalized for ad valorem assessment purposes.

Show Working Values

### Sales History

Show Similar Sales within 1/2 mile

Sale Date	OR Book/Page	OR Code	Vacant / Improved	Qualified Sale	Sale RCode	Sale Price
NONE						

### Building Characteristics

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

### Extra Features & Out Buildings

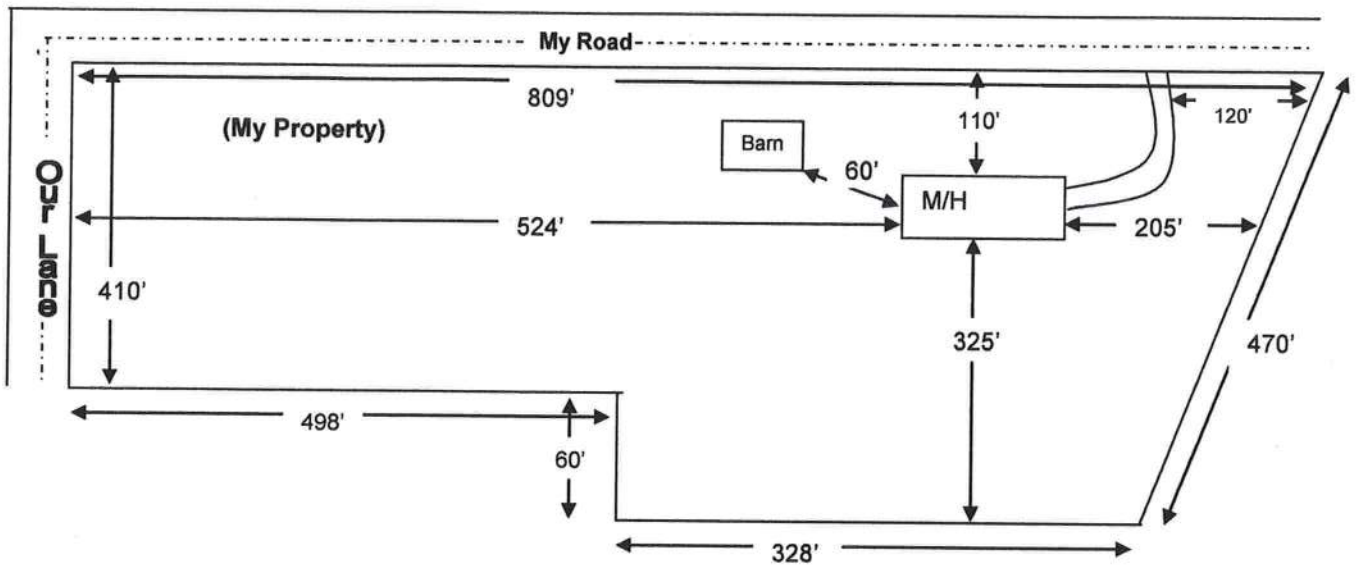
Code	Desc	Year Blt	Value	Units	Dims	Condition (% Good)
0294	SHED WOOD/	1991	\$300.00	0000001.000	12 x 26 x 0	(000.00)
0294	SHED WOOD/	1991	\$200.00	0000001.000	11 x 12 x 0	(000.00)
0261	PRCH, UOP	1991	\$200.00	0000001.000	12 x 22 x 0	(000.00)

### Land Breakdown

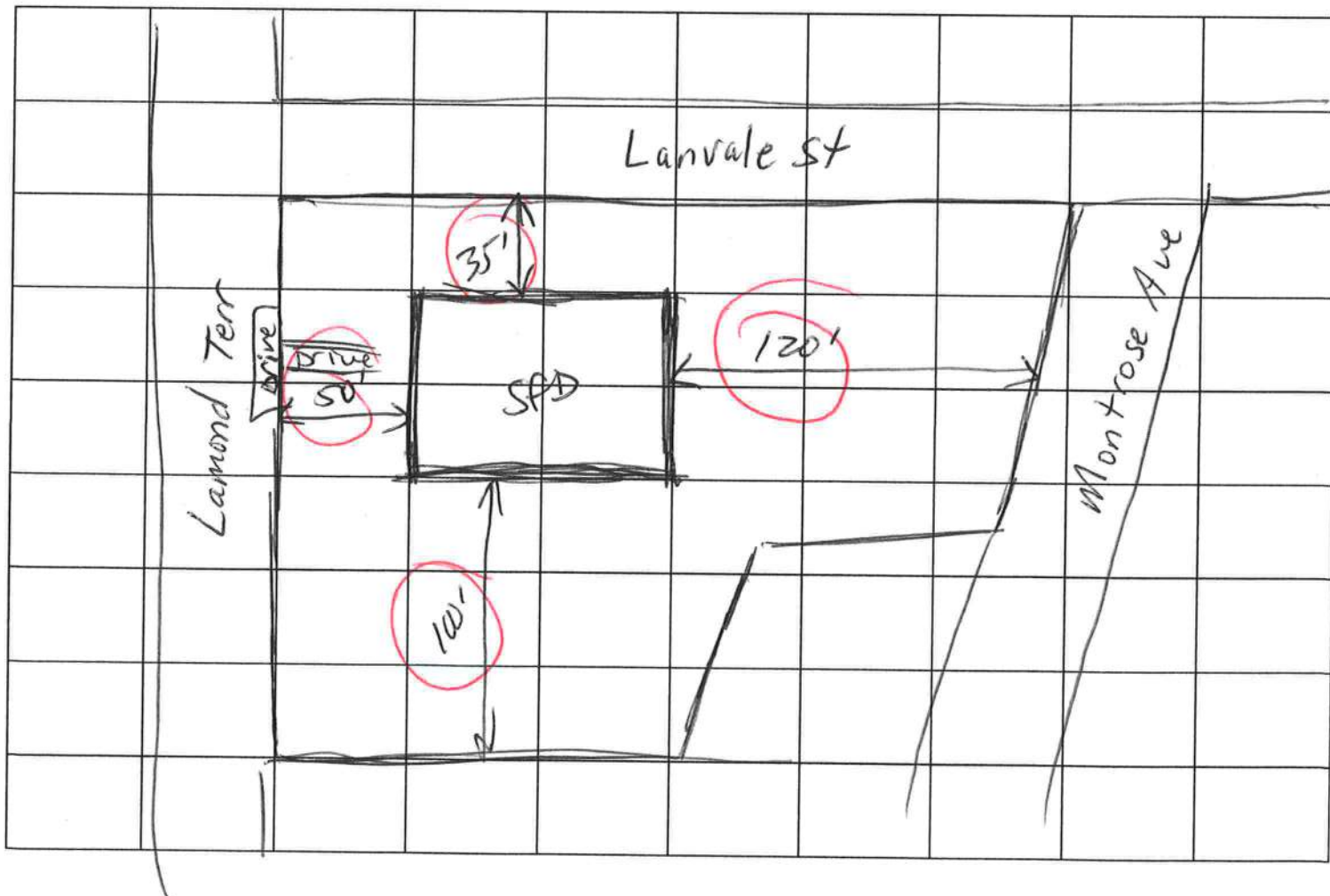
Lnd Code	Desc	Units	Adjustments	Eff Rate	Lnd Value
000700	MISC RES (MKT)	1 LT - (0000000.602AC)	1.00/1.00/2.01/1.00	\$17,909.00	\$17,909.00



## SITE PLAN EXAMPLE / WORKSHEET



Use this example to draw your own site plan. Show all existing buildings and any other homes on this property and show the distances between them. Also show where the roads or roads are around the property. This site plan can also be used for the 911 Addressing department if you include the distance from the driveway to the nearest property line.



## Notice of Treatment

Applicator: Florida Pest Control & Chemical Co. (www.flapest.com)

Address: 536 SE BAYA  
City LAKE CITY Phone 752 1702

Site Location: Subdivision AUDREY NELSON  
Lot # \_\_\_\_\_ Block# \_\_\_\_\_ Permit # 29246  
Address 459 SE LOMOND AVE

<u>Product used</u>	<u>Active Ingredient</u>	<u>% Concentration</u>
<input checked="" type="checkbox"/> Premise	Imidacloprid	0.1%
<input type="checkbox"/> Termidor	Fipronil	0.12%
<input type="checkbox"/> Bora-Care	Disodium Octaborate Tetrahydrate	23.0%

Type treatment:

☒ Soil

☐ Wood

<u>Area Treated</u>	<u>Square feet</u>	<u>Linear feet</u>	<u>Gallons Applied</u>
<u>DWELLING</u>	<u>1400</u>	<u>182</u>	<u>150</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

As per Florida Building Code 104.2.6 – If soil chemical barrier method for termite prevention is used, final exterior treatment shall be completed prior to final building approval.

If this notice is for the final exterior treatment, initial this line \_\_\_\_\_.

9-22-11 8:30 DAVID FULLER  
Date Time Print Technician's Name

Remarks: \_\_\_\_\_

Applicator - White

Permit File - Canary

Permit Holder - Pink

10/05

