DATE 04/28/2011

Columbia County Building Permit

This Permit Must Be Prominently Posted on Premises During Construction

PERMIT
000029355

APPLICANT THEODOR E BROCK PHONE 904-296-1490

ADDRESS 6800 SOUTHPOINT PRKWY #300 JACKSONVILLE FL 32216

OWNER MARONDA HOMES INC. OF FLORIDA PHONE 904-296-1490

ADDRESS 414 SW MULBERRY DRIVE LAKE CITY FL 32024

CONTRACTOR THEODORE BROCK PHONE 904-296-1490

LOCATION OF PROPERTY 90 W, L 247, R 252-B, L TIMBER RIDGE, L MULBERRY DR,
12 LOT ON RIGHT

TYPE DEVELOPMENT SFD, UTILITY ESTIMATED COST OF CONSTRUCTION 166600.00

HEATED FLOOR AREA 2907.00 TOTAL AREA 3332.00 HEIGHT 26.00 STORIES 2

FOUNDATION CONCRETE WALLS FRAMED ROOF PITCH 5/12 FLOOR SLAB

LAND USE & ZONING RSF-2 MAX. HEIGHT 35

Minimum Set Back Requirments: STREET-FRONT 30.00 REAR 25.00 SIDE 25.00

NO. EX.D.U. 0 FLOOD ZONE XPP DEVELOPMENT PERMIT NO.

PARCEL ID 10-4S-16-02856-135 SUBDIVISION TIMBERLANDS

LOT 35 BLOCK PHASE 1 UNIT TOTAL ACRES 0.50

000001885		CBC1256382		
Culvert Permit No.	Culvert Waiver	Contractor's License Number		Applicant/Owner/Contractor
CULVERT	10-0347	BK	TC	N
Driveway Connection	Septic Tank Number	LU & Zoning checked by	Approved for Issuance	New Resident

COMMENTS: PLAT REQUIRES MINIMUM ELEVATION @ 97', ELEVATION CONFIRMATION LETTER REQUIRED AT SLAB

Check # or Cash 1111914

FOR BUILDING & 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 $ 835.00 CERTIFICATION FEE $ 16.66 SURCHARGE FEE $ 16.66

MISC. FEES $ 0.00 ZONING CERT. FEE $ 50.00 FIRE FEE $ 0.00 WASTE FEE $ _____

FLOOD DEVELOPMENT FEE $ _____ FLOOD ZONE FEE $ 25.00 CULVERT FEE $ 25.00 **TOTAL FEE** 968.32

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 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.

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 COMMENCMENT 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.)

_____
Owners Signature ****OWNER BUILDERS MUST PERSONALLY APPEAR AND SIGN THE BUILDING PERMIT.**

Mavonda Homes, Inc of Florida, Steve Hogg, Division Mangr.

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

_____ **Contractor's License Number** CBC1256382
Contractor's Signature (Permitee) **Columbia County**
Theodore C. Brock, Jr **Competency Card Number** 584

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 Permit Application

For Office Use Only Application # 1102-42 Date Received 2/22/11 By LH Permit # 1885 / 29355
Zoning Official BLK Date 01.03.11 Flood Zone X Land Use Res Low Dens Zoning RSF-2
FEMA Map # N/A Elevation N/A MFE 97' per plat River N/A Plans Examiner A.C. Date 2-24-11
Comments Elevation Confirmation Letter required at slab

☐ NOC ☐ EH ☑ Deed or PA ☑ Site Plan NA State Road Info City Water ☑ Well letter ☑ 911 Sheet ☐ Parent Parcel #
☐ Dev Permit # ☐ In Floodway ☑ Letter of Auth. from Contractor NA F W Comp. letter
IMPACT FEES: EMS Fire Corr ☑ Sub VF Form
Road/Code School = TOTAL (Suspended) ☑ App Fee Paid

Septic Permit No. 10-0347 Fax 904 332-6375

Name Authorized Person Signing Permit Theodore Brock Phone 904 296-1490

Address 6800 Southpoint Pkwy #300, Jacksonville, FL 32216 Cell: 407-227-3504

Owners Name Maronda Homes, Inc. of Florida Phone 904 296-1490

911 Address 414 SW MULBERRY DR, LAKE CITY FL 32024 cell 407-227-3504

Contractors Name Theodore C. Brock Jr. Phone 904 296-1490

Address 6800 Southpoint Pkwy #300 Jacksonville, FL 32216

Fee Simple Owner Name & Address Maronda Homes, Inc of Florida 6800 Southpoint Pkwy #300, Jax FL 32216

Bonding Co. Name & Address N/A

Architect/Engineer Name & Address Thomas Ponce 4005 Maronda Way, Sanford FL 32771

Mortgage Lenders Name & Address Bank of America, 250 Park Ave S. #400, Winter Park FL, 32789

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

Property ID Number 10-45-16-02856-135 Estimated Cost of Construction $126,810

Subdivision Name Timberlands Lot 35 Block ____ Unit ____ Phase ____

Driving Directions HWY 90, Left on 247 South: Right on 252B: Left on Timber Ridge Turn Left ONTO SW MULBERRY DR 12 LOT ON RIGHT Number of Existing Dwellings on Property Ø

Construction of Residential Single Family Total Acreage .50 Lot Size 21780

Do you need a - Culvert Permit or Culvert Waiver or Have an Existing Drive Total Building Height 26 FT SF

Actual Distance of Structure from Property Lines - Front 50' R Side 48' L Side 48' Rear 59.3

Number of Stories 2 Heated Floor Area 2907 Total Floor Area 3332 Roof Pitch 5/12

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.

DUT: is #968.32

spoke to Ted 3-2-11

GEO-TECH, INC.

Engineering Consultants in Geotechnical • Environmental • Construction Materials Testing

#29358

FIELD DENSITY WORKSHEET

CLIENT Mavonda Homes

DATE 5-10-11

PROJECT NO.

PROJECT NAME Timberlands Lot 35

PERMIT NO.

EARTH CONTRACTOR Lake City

TESTED BY S.L.

COMPACTION REQUIREMENT (%) 95 ❑ Standard Proctor ❑ Modified Proctor

FIELD CONTACT

TOTAL ON-SITE TIME

MILES FROM OFFICE

❑ Limerock ❑ Subgrade ❑ Pipe Backfill ❑ Building Pad ☑ Building Footing ❑ Other

TEST LOCATION	LAB PROCTOR DENS.	LAB PROCTOR OMC	TEST DEPTH	PROBE DEPTH	% MOIST.	WET DENSITY (PCF)	DRY DENSITY (PCF)	% COMP.
	104.9	12.1	F/G	12				
Center of South Footing					5.7	109.0	103.1	98.3
Center of W. Footing					6.0	109.0	102.8	98.0
Center of N. Footing					5.6	109.3	103.5	98.7

REMARKS

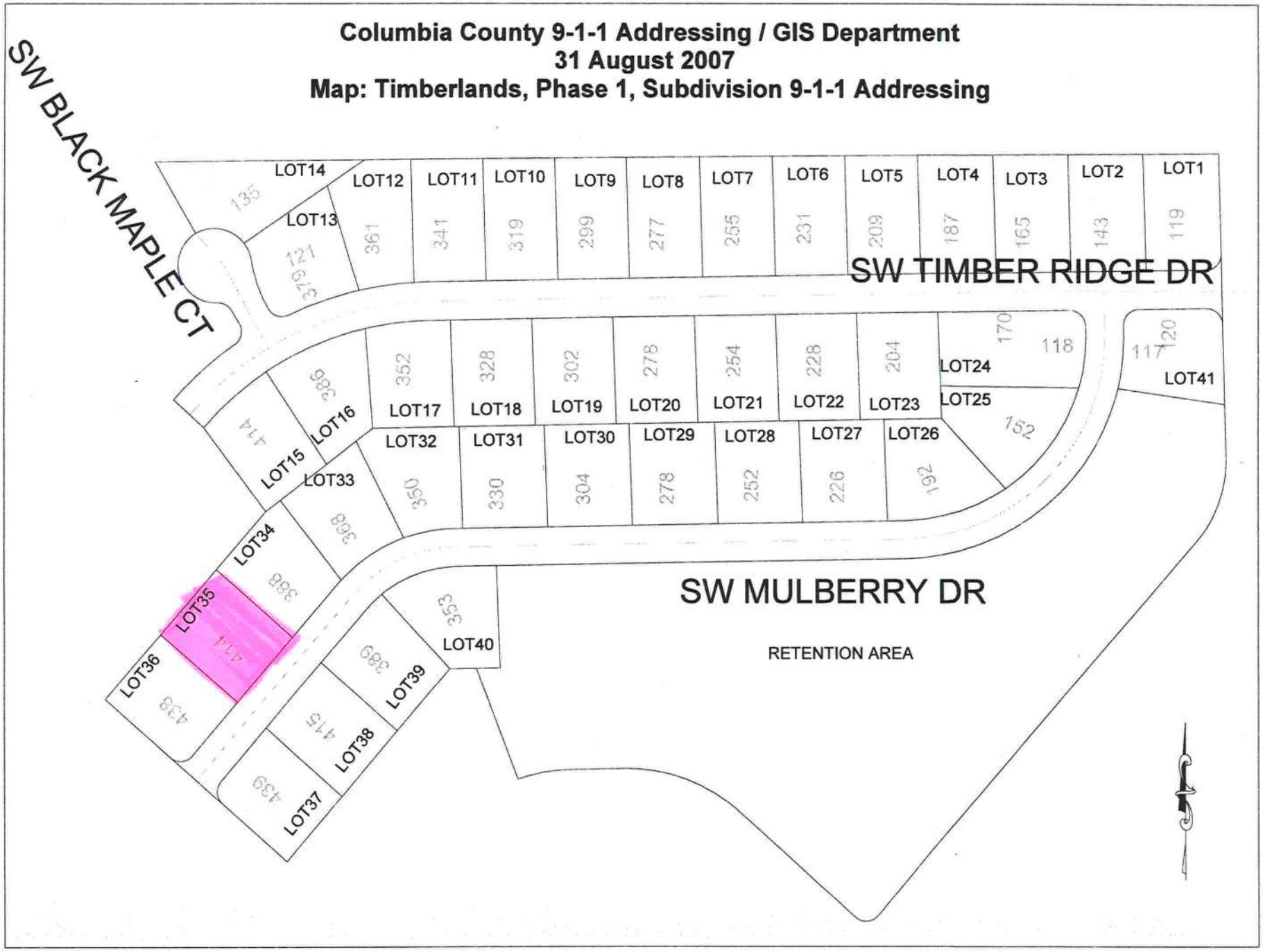
* Density failed to meet minimum project requirement

** Retest indicates minimum density requirement was obtained.

( ) Client is aware of unsatisfactory test results.

1016 S.E. 3RD AVENUE • OCALA, FLORIDA 34471 • (352) 694-7711

Columbia County 9-1-1 Addressing / GIS Department
31 August 2007
Map: Timberlands, Phase 1, Subdivision 9-1-1 Addressing



This Instrument Prepared by and Return to :
Amy Wesp
SOUTHERN TITLE HOLDING COMPANY, LLC.
3943 BAY MEADOWS ROAD
JACKSONVILLE, Florida 32217
as a necessary incident to the fulfillment of conditions contained in a title insurance commitment issued by it.

Property Appraisers Parcel I.D. (Folio) Number(s):
R02856-000
Grantee(s) I.D..#(s):
File No:**JX0812085**

Inst:200812010775 Date:6/6/2008 Time:1:05 PM
Doc Stamp-Deed:6293.00
DC,P.DeWitt Cason,Columbia County Page 1 of 1 B:1151 P:2385

WARRANTY DEED
(CORPORATION)

This Warranty Deed Made this **27th day of May, 2008**, by **RML HOLDINGS INC., A FLORIDA CORPORATION**, and having its place of business at **703 NW BLACKBERRY CIRCLE, LAKE CITY, Florida 32055,** hereinafter called the grantor,

to **MARONDA HOMES, INC. OF FLORIDA , A FLORIDA CORPORATION,** whose post office address is: **11200 ST. JOHNS INDUSTRIAL PARKWAY, JACKSONVILLE, FLORIDA 32246,** hereinafter called the grantee,

WITNESSETH: That said grantor, for and in consideration of the sum of ~~$10.00~~ $899,000.00 Dollars and other valuable considerations, receipt whereof is hereby acknowledged, by these presents grants, bargains, sells, aliens, remises, releases, conveys and confirms unto the grantee, all that certain land situate in **Columbia** County, Florida, viz:
LOTS 1, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 24, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, AND 41, OF TIMBERLANDS, PHASE 1, ACCORDING TO PLAT THEREOF AS RECORDED IN PLAT BOOK 9, PAGE 26 AND 27 OF THE PUBLIC RECORDS OF COLUMBIA COUNTY, FLORIDA.

TOGETHER with all the tenements, hereditaments and appurtenances thereto belonging or in anywise appertaining.
To Have and to Hold, the same in fee simple forever.
And the grantor hereby covenants with said grantee that the grantor is lawfully seized of said land in fee simple; that the grantor has good right and lawful authority to sell and convey said land; that the grantor hereby fully warrants the title to said land and will defend the same against the lawful claims of all persons whomsoever; and that said land is free of all encumbrances, except taxes accruing subsequent to December 31, 2007, reservations, restrictions and easements of record, if any.
(Wherever used herein the terms "grantor" and "grantee" included all the parties to this instrument, and the heirs, legal representatives and assigns of individuals, and the successors and assigns of corporation.)
In Witness Whereof, the Grantor has caused these presents to be executed in its name, and its corporate seal to be hereunto affixed, by its proper officers thereunto duly authorized, the day and year first above written.

Signed, sealed and delivered in our presence:

ATTEST: _____
Secretary

RML HOLDINGS INC.

Witness Signature: Worth D. Morris
Printed Name: WORTH D. MORRIS

BY: _____
ROBERT R. LARDIZABAL, PRESIDENT

Witness Signature: Jocelyn M. Cobb. AVP
Printed Name: Jocelyn M. Cobb

STATE OF **FLORIDA**
COUNTY OF **DUVAL**

The foregoing instrument was acknowledged before me this 28th day of May, 2008, by **ROBERT R. LARDIZABAL** as **PRESIDENT** of **RML HOLDINGS INC., A FLORIDA CORPORATION**, on behalf of the corporation. He/she is personally known to me or who has produced driver license(s) as identification.

My Commission Expires:

Worth D. Morris
Printed Name: WORTH D MORRIS
Notary Public
Serial Number

WORTH D. MORRIS
Notary Public - State of Florida
My Commission Expires Jun 16, 2011
Commission # DD 664420

Columbia County Property Appraiser

DB Last Updated: 2/17/2011

2010 Tax Year

Tax Collector | Tax Estimator | Property Card | Parcel List Generator | Interactive GIS Map | Print

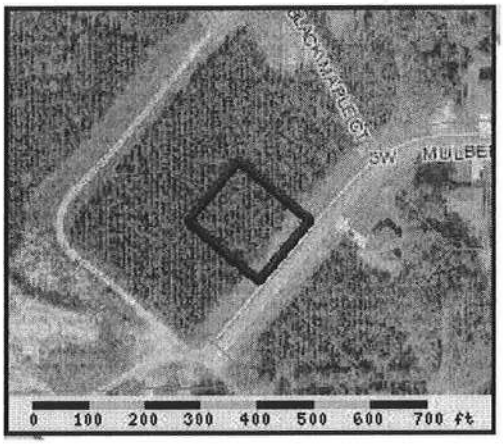
Parcel: 10-4S-16-02856-135

<< Next Lower Parcel | Next Higher Parcel >>

Search Result: 1 of 1

Owner & Property Info

Owner's Name	MARONDA HOMES INC OF FLORIDA		
Mailing Address	3993 W FIRST ST SANFORD, FL 32771		
Site Address	414 SW MULBERRY DR		
Use Desc. (code)	VACANT (000000)		
Tax District	3 (County)	**Neighborhood**	10416
Land Area	0.500 ACRES	**Market Area**	06
Description	NOTE: This description is not to be used as the Legal Description for this parcel in any legal transaction.		
LOT 35 TIMBERLANDS S/D PHASE 1			



Property & Assessment Values

2010 Certified Values		
Mkt Land Value	cnt: (0)	$20,000.00
Ag Land Value	cnt: (1)	$0.00
Building Value	cnt: (0)	$0.00
XFOB Value	cnt: (0)	$0.00
Total Appraised Value		$20,000.00
Just Value		$20,000.00
Class Value		$0.00
Assessed Value		$20,000.00
Exempt Value		$0.00
Total Taxable Value		Cnty: $20,000 Other: $20,000 | Schl: $20,000

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
5/27/2008	1151/2385	WD	V	U	02	$899,000.00

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)
NONE						

Land Breakdown

Lnd Code	Desc	Units	Adjustments	Eff Rate	Lnd Value
000000	VAC RES (MKT)	1 LT - (0000000.500AC)	1.00/1.00/1.00/1.00	$20,000.00	$20,000.00

Columbia County Property Appraiser

DB Last Updated: 2/17/2011

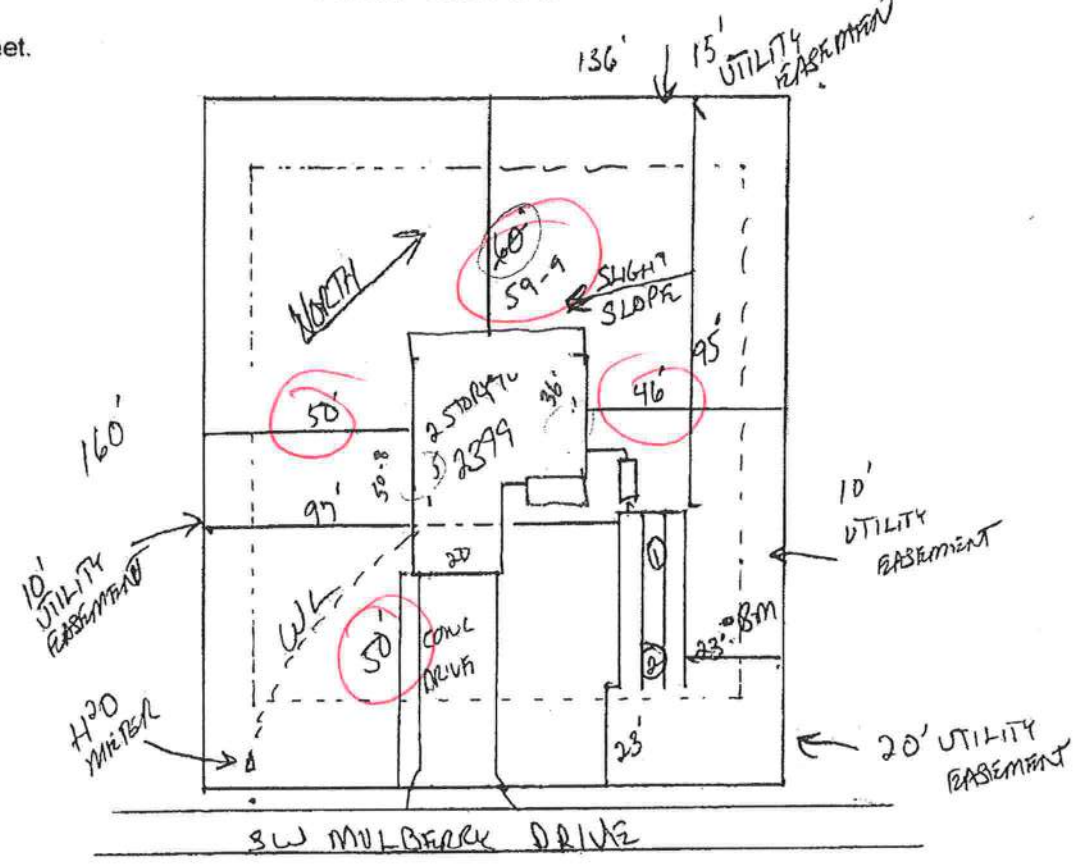
STATE OF FLORIDA
DEPARTMENT OF HEALTH
APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permit Application Number 10-0347

Lot 35

PART II - SITEPLAN

Scale: 1 inch = 40 feet.



Notes: _____

Site Plan submitted by: _____ MASTER CONTRACTOR

Plan Approved _____ Not Approved _____ Date 2/11/11

By Sallie Ford · EH Director Columbia CHD County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

REVISED 2/8/11 SM

GEO-TECH, INC. 29355

Engineering Consultants in Geotechnical • Environmental • Construction Materials Testing

FIELD DENSITY WORKSHEET

CLIENT Macanda Homes — DATE 5-20-11

PROJECT NO. ____

PROJECT NAME Timberlands Lot 35 — PERMIT NO. ____

EARTH CONTRACTOR 414 SW Mulberry Dr. — TESTED BY JH

COMPACTION REQUIREMENT (%) 95 — ❑ Standard Proctor ☑ Modified Proctor — ____ FIELD CONTACT

TOTAL ON-SITE TIME ____ — MILES FROM OFFICE ____

❑ Limerock ❑ Subgrade ❑ Pipe Backfill ☑ Building Pad ❑ Building Footing ❑ Other ____

TEST LOCATION	LAB PROCTOR DENS.	LAB PROCTOR OMC	TEST DEPTH	PROBE DEPTH	% MOIST.	WET DENSITY (PCF)	DRY DENSITY (PCF)	% COMP.
ctr of W½ of Pad	102.8	11.4	12"	F/G	4.6	106.3	101.6	98.8
ctr of E½ of Pad	↓	↓	↓		5.2	107.5	102.2	99.4
ctr of N½ of Pad	↓	↓	↓		4.7	107.0	102.2	99.4

REMARKS ____

* Density failed to meet minimum project requirement

** Retest indicates minimum density requirement was obtained.

( ) Client is aware of unsatisfactory test results.

SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER _____ CONTRACTOR Ted Brock PHONE _____

THIS FORM MUST BE SUBMITTED PRIOR TO THE ISSUANCE OF A PERMIT

In Columbia County one permit will cover all trades doing work at the permitted site. It is REQUIRED that we have records of the subcontractors who actually did the trade specific work under the permit. Per Florida Statute 440 and Ordinance 89-6, a contractor shall require all subcontractors to provide evidence of workers' compensation or exemption, general liability insurance and a valid Certificate of Competency license in Columbia County.

Any changes, the permitted contractor is responsible for the corrected form being submitted to this office prior to the start of that subcontractor beginning any work. Violations will result in stop work orders and/or fines.

ELECTRICAL 1118	Print Name DEL-AIR	Signature
	License #: EC13003715	Phone #: 407-333-2665
MECHANICAL/ A/C 824	Print Name ALL ELEMENTS	Signature
	License #: CAC058534	Phone #: 866-979-4279
PLUMBING/ GAS 398	Print Name STEEL HEAD PLUMBING	Signature
	License #: CFC1427439	Phone #: 904-838-2218
ROOFING 187	Print Name Mac Johnson/Sue Short	Signature Sue Short
	License #: RCO061384	Phone #: 352 472 4943
SHEET METAL	Print Name	Signature
	License #:	Phone #:
FIRE SYSTEM/ SPRINKLER	Print Name	Signature
	License#:	Phone #:
SOLAR	Print Name	Signature
	License #:	Phone #:

Specialty License	License Number	Sub-Contractors Printed Name	Sub-Contractors Signature
MASON	863	Fort King Street Masonry	
CONCRETE FINISHER	N/A		
FRAMING 826	CRC1326951	FT and T LLC	TOM
INSULATION	808	Brent Thomas Gillette	See other sheet ALL
STUCCO			
DRYWALL			
PLASTER	N/A		
CABINET INSTALLER			
PAINTING	859	Sunrise painting	
ACOUSTICAL CEILING	N/A		
GLASS	N/A		
CERAMIC TILE			
FLOOR COVERING			
ALUM/VINYL SIDING	N/A		
GARAGE DOOR			
METAL BLDG ERECTOR	N/A		

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.

SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER _____ CONTRACTOR _____ PHONE _____

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MECHANICAL/ A/C ____	Print Name ALL ELEMENTS	Signature
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PLUMBING/ GAS	Print Name STEEL HEAD PLUMBING	Signature
	License #: CFC1427439	Phone #: 904-838-2218
ROOFING	Print Name MacAdnson/Sue Short	Signature Sue Short
	License #: RCO061384	Phone #: 352 472 4943
SHEET METAL	Print Name	Signature
	License #:	Phone #:
FIRE SYSTEM/ SPRINKLER	Print Name	Signature
	License#:	Phone #:
SOLAR	Print Name	Signature
	License #:	Phone #:

Specialty License	License Number	Sub-Contractors Printed Name	Sub-Contractors Signature
MASON	863	Fort King Street Masonry	
CONCRETE FINISHER			
FRAMING	CRC1326951	FT and T LLC	
INSULATION 808	CBC1255262	AMERICAN Residential Products	
STUCCO		Brent Thomas Gillette	
DRYWALL	860	Star Drywall, Inc.	
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.

Contractor Exempt Subcontractor form 8/09

MAR-08-2011(TUE) 17:04 P. 001/001

SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER _____ CONTRACTOR _____ PHONE _____

THIS FORM MUST BE SUBMITTED PRIOR TO THE ISSUANCE OF A PERMIT

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ELECTRICAL	Print Name DEL-AIR Signature	License #: EC13003715 Phone #: 407-333-2665
MECHANICAL/ A/C ____	Print Name ALL ELEMENTS Signature	License #: CAC058534 Phone #: 866-979-4279
PLUMBING/ GAS	Print Name STEEL HEAD PLUMBING Signature	License #: CFC1427439 Phone #: 904-838-2218
ROOFING	Print Name MacJohnson/Sue Short Signature	License #: RCO061384 Phone #: 352 472 4943
SHEET METAL	Print Name Signature	License #: Phone #:
FIRE SYSTEM/ SPRINKLER	Print Name Signature	License#: Phone #:
SOLAR	Print Name Signature	License #: Phone #:

Specialty License	License Number	Sub-Contractors Printed Name	Sub-Contractors Signature
MASON	863	Fort King Street Masonry	
CONCRETE FINISHER			
FRAMING	CRC1326951	FT and T LLC	
INSULATION			
STUCCO	000726	JPOD Plastering T. Redd Gutt	
DRYWALL	860	Star Drywall, Inc.	
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.

Contractor Exempt Subcontractor Form 6/09

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.

ELECTRICAL	Print Name DEL-AIR License #: EC13003715	Signature Phone #: 407-333-7665
MECHANICAL/ A/C _____	Print Name ALL ELEMENTS License #: CAC058534	Signature Phone #: 866-979-4279
PLUMBING/ GAS	Print Name STEEL HEAD PLUMBING License #: CFC1427439	Signature Phone #: 904-838-2218
ROOFING	Print Name MacJohnson/Sue Short License #: RCO061384	Signature Phone #: 352 472 4943
SHEET METAL	Print Name License #:	Signature Phone #:
FIRE SYSTEM/ SPRINKLER	Print Name License#:	Signature Phone #:
SOLAR	Print Name License #:	Signature Phone #:

Specialty License	License Number	Sub-Contractors Printed Name	Sub-Contractors Signature
MASON	863	Fort King Street Masonry	
CONCRETE FINISHER			
FRAMING	CRC1326951	FT and T LLC	
INSULATION			
STUCCO			
DRYWALL	860	Star Drywall, Inc	
PLASTER			
CABINET INSTALLER	869 James	Installation By OKI Inc	
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.

Continuation Framing Subcontractor Form 5/09

SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER _____ CONTRACTOR _____ PHONE _____

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Any changes, the permitted contractor is responsible for the corrected form being submitted to this office prior to the start of that subcontractor beginning any work. Violations will result in stop work orders and/or fines.

ELECTRICAL	Print Name DEL-AIR License #: EC13003715	Signature Phone #: 407-333-2665
MECHANICAL/ A/C	Print Name ALL ELEMENTS License #: CAC058534	Signature Phone #: 866-970-4279
PLUMBING/ GAS	Print Name STEEL HEAD PLUMBING License #: CFC1427439	Signature Phone #: 904-838-2218
ROOFING	Print Name MacJohnson/Sue Short License #: RCO061384	Signature Phone #: 352 472 4943
SHEET METAL	Print Name License #:	Signature Phone #:
FIRE SYSTEM/ SPRINKLER	Print Name License#:	Signature Phone #:
SOLAR	Print Name License #:	Signature Phone #:

Specialty License	License Number	Sub-Contractors Printed Name	Sub-Contractors Signature
MASON	863	Fort King Street Masonry	
CONCRETE FINISHER			
FRAMING	CRC1326951	FT and T LLC	
INSULATION			
STUCCO			
DRYWALL	860	Star Drywall, Inc.	
PLASTER			
CABINET INSTALLER			
PAINTING			
ACOUSTICAL CEILING			
GLASS			
✓ CERAMIC TILE	857	Blackton Flooring Inc	
✓ FLOOR COVERING	858	Blackton Flooring Inc	
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.

Contractor Owner Subcontractor form 6/09

MAR-08-2011(TUE) 17:04 P 001/001

SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER _____ CONTRACTOR _____ PHONE _____

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Any changes, the permitted contractor is responsible for the corrected form being submitted to this office prior to the start of that subcontractor beginning any work. Violations will result in stop work orders and/or fines.

ELECTRICAL	Print Name DEL-AIR License #: EC13003715	Signature Phone #: 407-333-7665
MECHANICAL/ A/C ____	Print Name ALL ELEMENTS License #: CAC058534	Signature Phone #: 866-979-4279
PLUMBING/ GAS	Print Name STEEL HEAD PLUMBING License #: CFC1427439	Signature Phone #: 904-838-2218
ROOFING	Print Name MacJohnson/Sue Short License #: RC0061384	Signature Sue Short Phone #: 352 472 4943
SHEET METAL	Print Name License #:	Signature Phone #:
FIRE SYSTEM/ SPRINKLER	Print Name License#:	Signature Phone #:
SOLAR	Print Name License #:	Signature Phone #:

Specialty License	License Number	Sub-Contractors Printed Name	Sub-Contractors Signature
MASON	863	Fort King Street Masonry	
CONCRETE FINISHER			
FRAMING	CRC1326951	FT and T LLC	
INSULATION			
STUCCO			
DRYWALL	860	Star Drywall, Inc.	
PLASTER			
CABINET INSTALLER			
PAINTING			
ACOUSTICAL CEILING			
GLASS			
CERAMIC TILE			
FLOOR COVERING			
ALUM/VINYL SIDING			
GARAGE DOOR	000099	Kevin Stalter	
METAL BLDG ERECTOR			

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Columbia County Building Department
Culvert Permit

Culvert Permit No.
000001885

DATE 04/28/2011 PARCEL ID # 10-4S-16-02856-135

APPLICANT THEODORE BROCK PHONE 904-296-1490

ADDRESS 6800 SOUTHPOINT PKWY #300 JACKSONVILLE FL 32216

OWNER MARONDA HOMES, INC. OF FLORIDA PHONE 904-227-3504

ADDRESS 414 SW MULBERRY DRIVE LAKE CITY FL 32024

CONTRACTOR THEODORE BROCK PHONE 904-296-1490

LOCATION OF PROPERTY 90 W, L 247, R 252-B, L TIMBER RIDGE, L MULBERRY DR,

12TH LOT ON RIGHT

SUBDIVISION/LOT/BLOCK/PHASE/UNIT TIMBERLANDS 35 1

SIGNATURE

INSTALLATION REQUIREMENTS

[X] Culvert size will be 18 inches in diameter with a total lenght of 32 feet, leaving 24 feet of driving surface. Both ends will be mitered 4 foot with a 4 : 1 slope and poured with a 4 inch thick reinforced concrete slab.

INSTALLATION NOTE: Turnouts will be required as follows:
a) a majority of the current and existing driveway turnouts are paved, or;
b) the driveway to be served will be paved or formed with concrete.
Turnouts shall be concrete or paved a minimum of 12 feet wide or the width of the concrete or paved driveway, whichever is greater. The width shall conform to the current and existing paved or concreted turnouts.

[ ] Culvert installation shall conform to the approved site plan standards.

[ ] Department of Transportation Permit installation approved standards.

[ ] Other _____

ALL PROPER SAFETY REQUIREMENTS SHOULD BE FOLLOWED DURING THE INSTALATION OF THE CULVERT.

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

Amount Paid 25.00

COLUMBIA COUNTY GATEWAY TO FLORIDA

3.0

AHRI CERTIFIED™ www.ahridirectory.org

Certificate of Product Ratings

AHRI Certified Reference Number: 3718649 Date: 4/20/2010

Product: Split System: Heat Pump with Remote Outdoor Unit-Air-Source
Outdoor Unit Model Number: N4H336A(G)KE*
Indoor Unit Model Number: FXM4X36A***
Manufacturer: TEMPSTAR
Trade/Brand name: 13 SEER N SERIES R410A HP

Manufacturer responsible for the rating of this system combination is TEMPSTAR

Rated as follows in accordance with AHRI Standard 210/240-2006 for Unitary Air-Conditioning and Air-Source Heat Pump Equipment and subject to verification of rating accuracy by AHRI-sponsored, independent, third party testing:

Cooling Capacity (Btuh):	34000
EER Rating (Cooling):	12.00*
SEER Rating (Cooling):	14.50*
Heating Capacity(Btuh) @ 47 F:	34000
Region IV HSPF Rating (Heating):	8.20*
Heating Capacity(Btuh) @ 17 F:	21200

COLUMBIA COUNTY BUILDING DEPARTMENT Received for FILE COPY Code Compliance PLANS EXAMINER

A * following a rating indicates a voluntary rerate of previously published data, unless accompanied with a WAS which indicates an involuntary rerate.

LOT 35 TIMBERLANDS

414 SW MULBERRY DR
LAKE CITY FL 32024

CERTIFICATE NO.: 129162843590796977

2.5 BAYBURY 2ND. FLOOR

AHRI CERTIFIED™
www.ahridirectory.org

Certificate of Product Ratings

AHRI Certified Reference Number: 3718049 Date: 4/20/2010

Product: Split System: Heat Pump with Remote Outdoor Unit-Air-Source
Outdoor Unit Model Number: N4H330A(G)KE*
Indoor Unit Model Number: FXM4X30A***
Manufacturer: TEMPSTAR
Trade/Brand name: 13 SEER N SERIES R410A HP

Manufacturer responsible for the rating of this system combination is TEMPSTAR

Rated as follows in accordance with AHRI Standard 210/240-2006 for Unitary Air-Conditioning and Air-Source Heat Pump Equipment and subject to verification of rating accuracy by AHRI-sponsored, independent, third party testing:

Cooling Capacity (Btuh):	30000
EER Rating (Cooling):	11.50
SEER Rating (Cooling):	14.00*
Heating Capacity(Btuh) @ 47 F:	29200
Region IV HSPF Rating (Heating):	7.80
Heating Capacity(Btuh) @ 17 F:	18300

A * following a rating indicates a voluntary rerate of previously published data, unless accompanied with a WAS which indicates an involuntary rerate.

CERTIFICATE NO.: 129162843185476695

FORM 1100A-08

FLORIDA ENERGY EFFICIENCY CODE FOR BUILDING CONSTRUCTION

Florida Department of Community Affairs Residential Performance Method A

Project Name:	BAYBURY M- JACKSONVILLE	Builder Name:	MARONDA HOMES
Street:		Permit Office:	
City, State, Zip:	, FL ,	Permit Number:	
Owner:	MARONDA HOMES	Jurisdiction:	
Design Location:	FL, Jacksonville		

1. New construction or existing	New (From Plans)			
2. Single family or multiple family	Single-family			
3. Number of units, if multiple family	2			
4. Number of Bedrooms	4			
5. Is this a worst case?	Yes			
6. Conditioned floor area (ft²)	2907			
7. Windows(246.0 sqft.)	Description		Area	
a. U-Factor: SHGC:	Dbl, U=0.64 SHGC=0.33		246.00 ft²	
b. U-Factor: SHGC:	N/A		ft²	
c. U-Factor: SHGC:	N/A		ft²	
d. U-Factor: SHGC:	N/A		ft²	
e. U-Factor: SHGC:	N/A		ft²	
8. Floor Types (1722.0 sqft.)		Insulation	Area	
a. Slab-On-Grade Edge Insulation		R=0.0	1312.00 ft²	
b. Floor over Garage		R=19.0	410.00 ft²	
c. N/A		R=	ft²	

9. Wall Types(2528.0 sqft.)	Insulation	Area	
a. Frame - Wood, Exterior	R=13.0	1328.00 ft²	
b. Concrete Block - Int Insul, Exterior	R=4.1	1008.00 ft²	
c. Frame - Wood, Adjacent	R=13.0	192.00 ft²	
d. N/A	R=	ft²	
10. Ceiling Types (1722.0 sqft.)	Insulation	Area	
a. Under Attic (Vented)	R=30.0	1722.00 ft²	
b. N/A	R=	ft²	
c. N/A	R=	ft²	
11. Ducts (combined)			
a. Sup: Attic Ret: Attic AH: Interior Sup. R= 6, 300 ft²			
12. Cooling systems (combined)			
a. Central Unit		Cap: 64.0 kBtu/hr SEER: 14.27	
13. Heating systems (combined)			
a. Electric Heat Pump		Cap: 64.0 kBtu/hr HSPF: 8.01	
14. Hot water systems			
a. Electric		Cap: 50 gallons EF: 0.9	
b. Conservation features None			
15. Credits		Pstat	

Glass/Floor Area: 0.085

Total As-Built Modified Loads: 40.79

Total Baseline Loads: 60.30

PASS

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

PREPARED BY: _____

DATE: 2/2/11

KENNETH WAYNE CAMPBELL JR

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

OWNER/AGENT: _____

DATE: 2/2/11

KENNETH WAYNE CAMPBELL JR

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.

GREAT SEAL OF THE STATE OF FLORIDA * IN GOD WE TRUST *

BUILDING OFFICIAL: _____

DATE: _____

- Compliance requires certification by the air handler unit manufacturer that the air handler enclosure qualifies as certified factory-sealed in accordance with N1110.A.3.

PROJECT

Title:	BAYBURY M- JACKSONVILL	Bedrooms:	4	Adress Type:	Street Address
Building Type:	FLAsBuilt	Conditioned Area:	2907	Lot #	
Owner:	MARONDA HOMES	Total Stories:	2	Block/SubDivision:	
# of Units:	2	Worst Case:	Yes	PlatBook:	
Builder Name:	MARONDA HOMES	Rotate Angle:	270	Street:	
Permit Office:		Cross Ventilation:	No	County:	DUVAL
Jurisdiction:		Whole House Fan:	No	City, State, Zip:	, FL ,
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, Jacksonville	FL_JACKSONVILLE_INT	2	32	93	75	70	1281	49	Medium

FLOORS

√	#	Floor Type	Perimeter	Perimeter R-Value	Area	Joist R-Value	Tile	Wood	Carpet
____	1	Slab-On-Grade Edge Insulatio	149 ft	0	1312 ft²		0	0.25	0.75
____	2	Floor over Garage			410 ft²	19	0	0	1

ROOF

√	#	Type	Materials	Roof Area	Gable Area	Roof Color	Solar Absor.	Tested	Deck Insul.	Pitch
____	1	Hip	Composition shingles	1865 ft²	0 ft²	Medium	0.96	No	0	22.6 deg

ATTIC

√	#	Type	Ventilation	Vent Ratio (1 in)	Area	RBS	IRCC
____	1	Full attic	Vented	150	1722 ft²	N	N

CEILING

√	#	Ceiling Type	R-Value	Area	Framing Frac	Truss Type
____	1	Under Attic (Vented)	30	1722 ft²	0.11	Wood

WALLS

√	#	Ornt	Adjacent To	Wall Type	Cavity R-Value	Area	Sheathing R-Value	Framing Fraction	Solar Absor.
____	1	N=>W	Exterior	Concrete Block - Int Insul	4.099999	160 ft²	0	0	0.6
____	2	E=>N	Exterior	Concrete Block - Int Insul	4.099999	288 ft²	0	0	0.6
____	3	S=>E	Exterior	Concrete Block - Int Insul	4.099999	320 ft²	0	0	0.6
____	4	W=>S	Exterior	Concrete Block - Int Insul	4.099999	240 ft²	0	0	0.6
____	5	N=>W	Exterior	Frame - Wood	13	320 ft²	0	0.23	0.6
____	6	E=>N	Exterior	Frame - Wood	13	288 ft²	0	0.23	0.6
____	7	S=>E	Exterior	Frame - Wood	13	320 ft²	0	0.23	0.6

WALLS

√	#	Ornt	Adjacent To	Wall Type	Cavity R-Value	Area	Sheathing R-Value	Framing Fraction	Solar Absor.
_____	8	W=>S	Exterior	Frame - Wood	13	400 ft²	0	0.23	0.6
_____	9	N=>W	Garage	Frame - Wood	13	192 ft²		0.23	0.01

DOORS

√	#	Ornt	Door Type	Storms	U-Value	Area
_____	1	N=>W	Insulated	None	0.4	20 ft²
_____	2	N=>W	Insulated	None	0.4	18 ft²

WINDOWS

Orientation shown is the entered orientation (=>) changed to Worst Case.

√	#	Ornt	Frame	Panes	NFRC	U-Factor	SHGC	Storms	Area	Overhang Depth	Overhang Separation	Int Shade	Screening
_____	1	N=>W	Metal	Low-E Double	Yes	0.64	0.33	N	12.5 ft²	1 ft 0 in	1 ft 0 in	HERS 2006	None
_____	2	N=>W	Metal	Low-E Double	Yes	0.64	0.33	N	12.5 ft²	1 ft 0 in	1 ft 0 in	HERS 2006	None
_____	3	N=>W	Metal	Low-E Double	Yes	0.64	0.33	N	12.5 ft²	1 ft 0 in	1 ft 0 in	HERS 2006	None
_____	4	N=>W	Metal	Low-E Double	Yes	0.64	0.33	N	24 ft²	3 ft 0 in	3 ft 0 in	HERS 2006	None
_____	5	N=>W	Metal	Low-E Double	Yes	0.64	0.33	N	10 ft²	1 ft 0 in	12 ft 0 in	HERS 2006	None
_____	6	N=>W	Metal	Low-E Double	Yes	0.64	0.33	N	12.5 ft²	1 ft 0 in	12 ft 0 in	HERS 2006	None
_____	7	W=>S	Metal	Low-E Double	Yes	0.64	0.33	N	20 ft²	1 ft 0 in	10 ft 0 in	HERS 2006	None
_____	8	S=>E	Metal	Low-E Double	Yes	0.64	0.33	N	16 ft²	1 ft 0 in	1 ft 0 in	HERS 2006	None
_____	9	S=>E	Metal	Low-E Double	Yes	0.64	0.33	N	16 ft²	1 ft 0 in	1 ft 0 in	HERS 2006	None
_____	10	S=>E	Metal	Low-E Double	Yes	0.64	0.33	N	24 ft²	1 ft 0 in	12 ft 0 in	HERS 2006	None
_____	11	S=>E	Metal	Low-E Double	Yes	0.64	0.33	N	40 ft²	1 ft 0 in	10 ft 0 in	HERS 2006	None
_____	12	S=>E	Metal	Low-E Double	Yes	0.64	0.33	N	10 ft²	1 ft 0 in	12 ft 0 in	HERS 2006	None
_____	13	S=>E	Metal	Low-E Double	Yes	0.64	0.33	N	20 ft²	1 ft 0 in	1 ft 0 in	HERS 2006	None
_____	14	W=>S	Metal	Low-E Double	Yes	0.64	0.33	N	16 ft²	1 ft 0 in	1 ft 0 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	2745	7.08	150.7	283.4	0 cfm	0 cfm	0	0

GARAGE

√	#	Floor Area	Ceiling Area	Exposed Wall Perimeter	Avg. Wall Height	Exposed Wall Insulation
_____	1	410 ft²	0 ft²	23 ft	8 ft	0

COOLING SYSTEM

√	#	System Type	Subtype	Efficiency	Capacity	Air Flow	SHR	Ducts
_____	1	Central Unit	None	SEER: 14.5	34 kBtu/hr	1020 cfm	0.78	sys#1
_____	2	Central Unit	None	SEER: 14	30 kBtu/hr	900 cfm	0.74	sys#0

HEATING SYSTEM

√	#	System Type	Subtype	Efficiency	Capacity	Ducts
____	1	Electric Heat Pump	None	HSPF: 8.2	34 kBtu/hr	sys#1
____	2	Electric Heat Pump	None	HSPF: 7.8	30 kBtu/hr	sys#0

HOT WATER SYSTEM

√	#	System Type	EF	Cap	Use	SetPnt	Conservation
____	1	Electric	0.9	50 gal	70 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 ---- Location	R-Value	Area	---- Return ---- Location	Area	Leakage Type	Air Handler	CFM 25	Percent Leakage	QN	RLF
____	1	Interior	6	400 ft²	Interior	20 ft²	Default Leakage	Interior	(Default)	(Default) %		
____	2	Attic	6	300 ft²	Interior	25 ft²	Default Leakage	Interior	(Default)	(Default) %		

TEMPERATURES

Programable Thermostat: Y

Ceiling Fans:

Cooling	[X] Jan	[X] Feb	[X] Mar	[X] Apr	[X] May	[X] Jun	[X] Jul	[X] Aug	[X] Sep	[X] Oct	[X] Nov	[X] Dec
Heating	[X] Jan	[X] Feb	[X] Mar	[X] Apr	[X] May	[X] Jun	[X] Jul	[X] Aug	[X] Sep	[X] Oct	[X] Nov	[X] Dec
Venting	[X] Jan	[X] Feb	[X] Mar	[X] Apr	[X] May	[X] Jun	[X] Jul	[X] Aug	[X] Sep	[X] Oct	[X] Nov	[X] Dec

Thermostat Schedule: HERS 2006 Reference

Schedule Type		Hours 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

FORM 1100A-08

Code Compliance Checklist

Residential Whole Building Performance Method A - Details

ADDRESS: PERMIT #:

, FL,

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	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	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	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	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	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 N1112.ABC.3 Switch or clearly marked circuit breaker (electric) or cutoff (gas) must be provided. External or built-in heat trap required.	
Swimming Pools & Spas	N1112.AB.2.3	Spas & heated pools must have covers (except solar heated). Non-commercial pools must have a pump timer. Gas spa & pool heaters must have a minimum thermal efficiency of 78%. Heat pump pool heaters shall have a minimum COP of 4.0.	
Shower heads	N1112.AB.2.4	Water flow must be restricted to no more than 2.5 gallons per minute at 80 PSIG.	
Air Distribution Systems	N1110.AB	All ducts, fittings, mechanical equipment and plenum chambers shall be mechanically attached, sealed, insulated and installed in accordance with the criteria of Section N1110.AB. Ducts in unconditioned attics: R-6 min. insulation.	
HVAC Controls	N1107.AB.2	Separate readily accessible manual or automatic thermostat for each system.	
Insulation	N1104.AB.1 N1102.B.1.1	Ceilings-Min. R-19. Common walls-frame R-11 or CBS R-3 both sides. Common ceiling & floors R-11.	

ENERGY PERFORMANCE LEVEL (EPL) DISPLAY CARD

ESTIMATED ENERGY PERFORMANCE INDEX* = 68

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

, , FL,

1. New construction or existing		New (From Plans)
2. Single family or multiple family		Single-family
3. Number of units, if multiple family		2
4. Number of Bedrooms		4
5. Is this a worst case?		Yes
6. Conditioned floor area (ft²)		2907
7. Windows**	Description	Area
a. U-Factor: SHGC:	Dbl, U=0.64 SHGC=0.33	246.00 ft²
b. U-Factor: SHGC:	N/A	ft²
c. U-Factor: SHGC:	N/A	ft²
d. U-Factor: SHGC:	N/A	ft²
e. U-Factor: SHGC:	N/A	ft²

8. Floor Types	Insulation	Area
a. Slab-On-Grade Edge Insulation	R=0.0	1312.00 ft²
b. Floor over Garage	R=19.0	410.00 ft²
c. N/A	R=	ft²

9. Wall Types	Insulation	Area
a. Frame - Wood, Exterior	R=13.0	1328.00 ft²
b. Concrete Block - Int Insul, Exterior	R=4.1	1008.00 ft²
c. Frame - Wood, Adjacent	R=13.0	192.00 ft²
d. N/A	R=	ft²

10. Ceiling Types	Insulation	Area
a. Under Attic (Vented)	R=30.0	1722.00 ft²
b. N/A	R=	ft²
c. N/A	R=	ft²

11. Ducts (combined)	
a. Sup: Attic Ret: Attic AH: Interior	Sup. R= 6, 300 ft²
12. Cooling systems (combined)	
a. Central Unit	Cap: 64.0 kBtu/hr SEER: 14.27
13. Heating systems (combined)	
a. Electric Heat Pump	Cap: 64.0 kBtu/hr HSPF: 8.01
14. Hot water systems	
a. Electric	Cap: 50 gallons EF: 0.9
b. Conservation features None	
15. Credits	Pstat

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.

THEODORE C. BROCK JR.
Builder Signature: _____ Date: 2-2-2011

Address of New Home: 414 SW MULBERRY DR. City/FL Zip: LAKE CITY, FL 32024

GREAT SEAL OF THE STATE OF FLORIDA * IN GOD WE TRUST *

*Note: The home's estimated Energy Performance Index is only available through the EnergyGauge USA - FlaRes2008 computer program. This is not a Building Energy Rating. If your Index is below 100, your home may qualify for incentives if you obtain a Florida Energy Gauge Rating. Contact the Energy Gauge Hotline at (321) 638-1492 or see the Energy Gauge web site at energygauge.com for information and a list of certified Raters. For information about Florida's Energy Efficiency Code for Building Construction, contact the Department of Community Affairs at (850) 487-1824.

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

wrightsoft

Project Summary
Entire House
MARONDA HOMES

Job: BAYBURY 1ST FLOOR
Date: Oct 25, 2010
By: G. CARMACK

Project Information

For: BAYBURY 1ST FLOOR

Notes:

Design Information

Weather: Jacksonville Intl AP, FL, US

Winter Design Conditions

Outside db	32	°F
Inside db	70	°F
Design TD	38	°F

Summer Design Conditions

Outside db	93	°F
Inside db	75	°F
Design TD	18	°F
Daily range	M	
Relative humidity	50	%
Moisture difference	51	gr/lb

Heating Summary

Structure	23350	Btuh
Ducts	4470	Btuh
Central vent (50 cfm)	***2088***	Btuh
Humidification	0	Btuh
Piping	0	Btuh
Equipment load	29908	Btuh

Sensible Cooling Equipment Load Sizing

Structure	17644	Btuh
Ducts	5487	Btuh
Central vent (50 cfm)	***967***	Btuh
Blower	0	Btuh
Use manufacturer's data	n	
Rate/swing multiplier	0.98	
Equipment sensible load	23520	Btuh

Infiltration

Method	Simplified
Construction quality	Average
Fireplaces	0

	Heating	Cooling
Area (ft²)	1312	1312
Volume (ft³)	10496	10496
Air changes/hour	0.45	0.23
Equiv. AVF (cfm)	79	40

Latent Cooling Equipment Load Sizing

Structure	3402	Btuh
Ducts	1200	Btuh
Central vent (50 cfm)	1743	Btuh
Equipment latent load	6345	Btuh
Equipment total load	29865	Btuh
Req. total capacity at 0.74 SHR	2.6	ton

Heating Equipment Summary

Make	TEMPSTAR
Trade	HEATPUMP
Model	N4H330
ARI ref no.	

Efficiency	7.8 HSPF	
Heating input		
Heating output	0	Btuh @ 47°F
Temperature rise	0	°F
Actual air flow	935	cfm
Air flow factor	0.034	cfm/Btuh
Static pressure	0.60	in H2O
Space thermostat		

Cooling Equipment Summary

Make	TEMPSTAR
Trade	HEATPUMP
Cond	N4H330
Coil	FXM4X30
ARI ref no.	

Efficiency	12.0 EER, 14 SEER	
Sensible cooling	22200	Btuh
Latent cooling	7800	Btuh
Total cooling	30000	Btuh
Actual air flow	***935***	cfm
Air flow factor	0.040	cfm/Btuh
Static pressure	0.60	in H2O
Load sensible heat ratio	0.79	

Bold/italic values have been manually overridden

Printout certified by ACCA to meet all requirements of Manual J 8th Ed.

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Building Analysis
Entire House
MARONDA HOMES

Job: BAYBURY 1ST FLOOR
Date: Oct 25, 2010
By: G. CARMACK

Project Information

For: BAYBURY 1ST FLOOR

Design Conditions

Location:
Jacksonville Intl AP, FL, US
Elevation: 30 ft
Latitude: 31°N

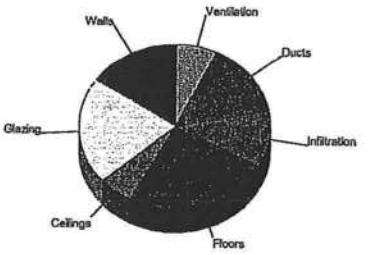
Outdoor:	**Heating**	**Cooling**
Dry bulb (°F)	32	93
Daily range (°F)	-	18 (M)
Wet bulb (°F)	-	77
Wind speed (mph)	15.0	7.5

Indoor:	**Heating**	**Cooling**
Indoor temperature (°F)	70	75
Design TD (°F)	38	18
Relative humidity (%)	30	50
Moisture difference (gr/lb)	11.5	51.3

Infiltration:	
Method	Simplified
Construction quality	Average
Fireplaces	0

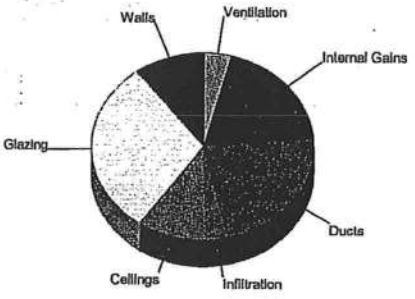
Heating

Component	Btuh/ft²	Btuh	% of load
Walls	4.5	4642	15.5
Glazing	48.3	6274	21.0
Doors	0	0	0
Ceilings	1.9	1717	5.7
Floors	7.4	7431	24.8
Infiltration	2.9	3287	11.0
Ducts		4470	14.9
Piping		0	0
Humidification		0	0
Ventilation		2088	7.0
Adjustments		0	
Total		**29908**	**100.0**



Cooling

Component	Btuh/ft²	Btuh	% of load
Walls	2.4	2492	10.3
Glazing	55.8	7249	30.1
Doors	0	0	0
Ceilings	2.6	2426	10.1
Floors	0	0	0
Infiltration	0.7	778	3.2
Ducts		5487	22.8
Ventilation		967	4.0
Internal gains		4700	19.5
Blower		0	0
Adjustments		0	
Total		**24098**	**100.0**



Latent Cooling Load = 6345 Btuh
Overall U-value = 0.171 Btuh/ft²-°F

Data entries checked.

wrightsoft

Project Summary
Entire House
MARONDA HOMES

Job: BAYBURY 2ND FLOOR
Date: Oct 25, 2010
By: G. CARMACK

Project Information

For: BAYBURY 2ND FLOOR

Notes:

Design Information

Weather: Jacksonville Intl AP, FL, US

Winter Design Conditions

Outside db	32	°F
Inside db	70	°F
Design TD	38	°F

Summer Design Conditions

Outside db	93	°F
Inside db	75	°F
Design TD	18	°F
Daily range	M	
Relative humidity	50	%
Moisture difference	51	gr/lb

Heating Summary

Structure	19743	Btuh
Ducts	4815	Btuh
Central vent (0 cfm)	0	Btuh
Humidification	0	Btuh
Piping	0	Btuh
Equipment load	24557	Btuh

Sensible Cooling Equipment Load Sizing

Structure	23630	Btuh
Ducts	5905	Btuh
Central vent (0 cfm)	0	Btuh
Blower	0	Btuh
Use manufacturer's data	n	
Rate/swing multiplier	0.98	
Equipment sensible load	28826	Btuh

Infiltration

Method	Simplified
Construction quality	Average
Fireplaces	0

	Heating	Cooling
Area (ft²)	1595	1595
Volume (ft³)	12760	12760
Air changes/hour	0.38	0.20
Equiv. AVF (cfm)	81	43

Latent Cooling Equipment Load Sizing

Structure	3282	Btuh
Ducts	1297	Btuh
Central vent (0 cfm)	0	Btuh
Equipment latent load	4580	Btuh
Equipment total load	33406	Btuh
Req. total capacity at 0.78 SHR	3.1	ton

Heating Equipment Summary

Make	TEMPSTAR
Trade	HEATPUMP
Model	N4H336
ARI ref no.	

Efficiency	8.2 HSPF	
Heating input		
Heating output	0	Btuh @ 47°F
Temperature rise	0	°F
Actual air flow	935	cfm
Air flow factor	0.038	cfm/Btuh
Static pressure	0.60	in H2O
Space thermostat		

Cooling Equipment Summary

Make	TEMPSTAR
Trade	HEATPUMP
Cond	N4H336
Coil	FXM4X36
ARI ref no.	

Efficiency	12.0 EER, 14.5 SEER	
Sensible cooling	26520	Btuh
Latent cooling	7480	Btuh
Total cooling	34000	Btuh
Actual air flow	***935***	cfm
Air flow factor	0.032	cfm/Btuh
Static pressure	0.60	in H2O
Load sensible heat ratio	0.87	

Bold/italic values have been manually overridden

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wrightsoft

Building Analysis
Entire House
MARONDA HOMES

Job: BAYBURY 2ND FLOOR
Date: Oct 25, 2010
By: G. CARMACK

Project Information

For: BAYBURY 2ND FLOOR

Design Conditions

Location:
Jacksonville Intl AP, FL, US
Elevation: 30 ft
Latitude: 31°N

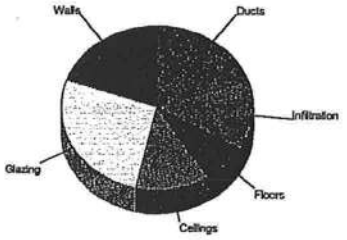
Outdoor:	**Heating**	**Cooling**
Dry bulb (°F)	32	93
Daily range (°F)	-	18 (M)
Wet bulb (°F)	-	77
Wind speed (mph)	15.0	7.5

Indoor:	**Heating**	**Cooling**
Indoor temperature (°F)	70	75
Design TD (°F)	38	18
Relative humidity (%)	30	50
Moisture difference (gr/lb)	11.5	51.3

Infiltration:	
Method	Simplified
Construction quality	Average
Fireplaces	0

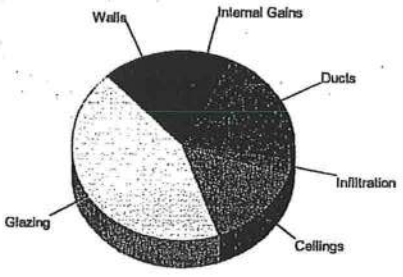
Heating

Component	Btuh/ft²	Btuh	% of load
Walls	3.7	4866	19.8
Glazing	48.3	6563	26.7
Doors	0	0	0
Ceilings	1.9	3082	12.5
Floors	2.9	1858	7.6
Infiltration	2.3	3374	13.7
Ducts		4815	19.6
Piping		0	0
Humidification		0	0
Ventilation		0	0
Adjustments		0	
Total		**24557**	**100.0**



Cooling

Component	Btuh/ft²	Btuh	% of load
Walls	2.7	3560	12.1
Glazing	94.3	12823	43.4
Doors	0	0	0
Ceilings	2.6	4355	14.7
Floors	0	0	0
Infiltration	0.6	823	2.8
Ducts		5905	20.0
Ventilation		0	0
Internal gains		2070	7.0
Blower		0	0
Adjustments		0	
Total		**29535**	**100.0**



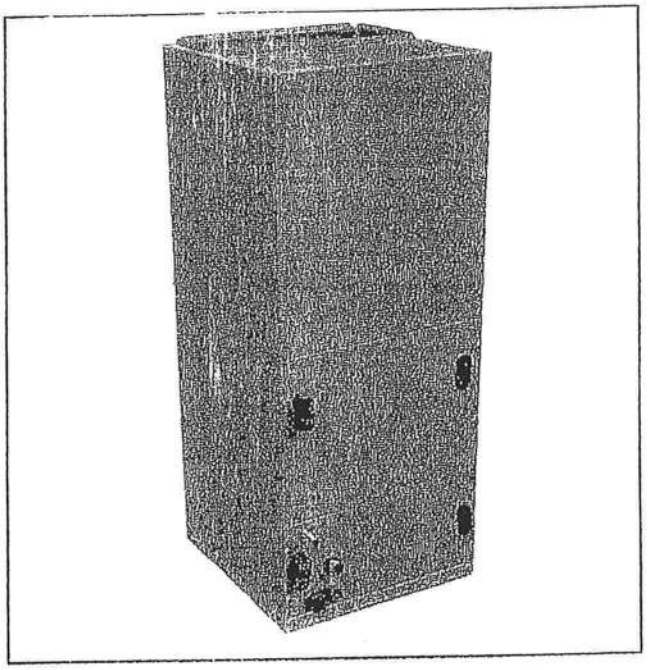
Latent Cooling Load = 4580 Btuh
Overall U-value = 0.115 Btuh/ft²-°F

Data entries checked.

TEMPSTAR®
Heating and Cooling Products

FXM4X
Product Specifications

FAN COILS



FXM4X

- 1½ thru 5 tons
- Available for Environmentally Sound R-410A systems
- TXV metering device factory installed
- High Efficiency, 3-speed, Genteq™ X-13 Motor (Brushless Permanent Magnet "BPM", Electronically Commutated Motor "ECM")
- Copper tube / aluminum fin coil
- Sweat connections
- Primary and secondary drain fittings with brass inserts
- 3 amp automotive type fuse in wire harness
- Multiple electrical entry locations
- Time delay relay (TDR) programmed in motor
- Field installed heater packages from 5 kW – 30 kW available separately
- HUD approved for manufactured housing
- 208/230-1-60 supply voltage
- Units tested and certified by manufacturer to achieve a 2% or less leakage rate at 1.0 inch water column
- 1 inch thick insulation with R value of 4.2
- Multiposition installation – upflow or horizontal left standard, horizontal right with minor modification (field convertible to downflow with available accessory kit)
- No Heat (Plug) Kit factory installed
- Filter factory supplied

Rated in accordance with ARI Standard 210 and/ or 240. Certification applies only when used with proper components as listed with ARI.

c UL us LISTED

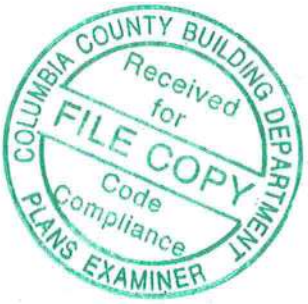
WARRANTY*

- 5 year No Hassle replacement limited warranty
- 5 year parts limited warranty
  – With timely registration, an additional 5 year parts limited warranty

* Applies to original purchaser/homeowner, some limitations may apply. See Warranty certificate for complete details.

Model Series	Model Size	Tons	Nom. CFM	Dimensions H x W x D in. (mm)	Filter Size in. (mm)	Ship Wt lbs. (kg)
FXM4X	1800	1½	600	49⅝ x 17⅝ x 22 1/16 (1261 x 448 x 560)	16⅜ x 21½ (416 x 546)	122 (55)
FXM4X	2400	2	800	49⅝ x 17⅝ x 22 1/16 (1261 x 448 x 560)	16⅜ x 21½ (416 x 546)	122 (55)
FXM4X	3000	2½	1000	53 7/16 x 21⅛ x 22 1/16 (1357 x 537 x 560)	19⅞ x 21½ (505 x 546)	146 (66)
FXM4X	3600	3	1200	49⅝ x 21⅛ x 22 1/16 (1261 x 537 x 560)	19⅞ x 21½ (505 x 546)	157 (71)
FXM4X	4200	3½	1400	49⅝ x 21⅛ x 22 1/16 (1261 x 537 x 560)	19⅞ x 21½ (505 x 546)	157 (71)
FXM4X	4800	4	1600	53 7/16 x 24 1/16 x 22 1/16 (1357 x 627 x 560)	23 5/16 x 21½ (592 x 546)	185 (84)
FXM4X	6000	5	2000	59 3/16 x 24 1/16 x 22 1/16 (1503 x 627 x 560)	23 5/16 x 21½ (592 x 546)	201 (91)

HomeTeam
PEST DEFENSE



To the Building Department:

HomeTeam Pest Defense has contracted with Maronda Homes to perform all their pretreatments. The method we will be using is Bora care. This is done at frame stage. We will post a sticker and the proper paperwork in the construction box on each home stating we will do Bora care. At frame stage we will perform the treatment and post that the work has been completed. Based on the label and the state regulations this is also the final treatment.

Sincerely,

Corey Saunders
Builder Service Manager
Cell phone 352-427-6441 or 352-368-3845

LOT 35 TIMBERLANDS

414 SW MULBERRY DR.
LAKE CITY, FL 32024

4/01

BORA-CARE®

Termiticide, Insecticide, and Fungicide Concentrate

A PRODUCT OF NISUS CORPORATION

For the Prevention and Control of:

TERMITES, CARPENTER ANTS, WOOD DESTROYING BEETLES, and DECAY FUNGI

FOR BOTH INTERIOR AND EXTERIOR USE

For use in and around Homes, Apartments, Garages, Museums, Public and Private Institutions, Schools, Hotels, Hospitals, Kennels, Stables, Farm Buildings, Trucks, Trailers, Warehouses, Supermarkets, Restaurants, and Food Processing Plants.

Authorized by the USDA for use on Non-Food Contact Surfaces in Edible Product Areas of Official Establishments Operating under the Meat, Poultry, Shell Egg Grading and Egg Products Inspection Programs.

ACTIVE INGREDIENT:
.Disodium Octaborate Tetrahydrate ($Na_2B_8O_{13} \cdot 4H_2O$):..... 40.0%
INERT INGREDIENTS:..... 60.0%

Density: 11.51 pounds per gallon

EPA Reg. No. 64405-1
EPA Est. 64405-TN-1
U.S. Patent Nos. 5,104,664 5,296,240 5,460,816 5,645,828

KEEP OUT OF REACH OF CHILDREN

CAUTION

PRECAUTIONARY STATEMENTS

Hazards To Humans & Domestic Animals

CAUTION: Harmful if absorbed through skin. Avoid contact with skin, eyes or clothing. Wash thoroughly with soap and water after handling.

Statement of Practical Treatment

If Inhaled: Remove victim to fresh air. Apply artificial respiration if indicated. Contact a physician if warranted. **If In Eyes:** Flush with plenty of water. Get medical attention if irritation persists.
If On Skin: Wash with plenty of soap and water. Get medical attention.

IN CASE OF A MEDICAL EMERGENCY involving this product call (800) 424-9300 or your local Poison Control Center.

Environmental Hazards

BORA-CARE® solutions carelessly spilled or applied to cropland or growing plants including trees and shrubs may kill or seriously retard plant growth. Cover plants and nearby soil with plastic to avoid contamination. Do not apply directly to water. Do not contaminate water when disposing of equipment washwaters.

DIRECTIONS FOR USE

It is a violation of Federal law to use this product in a manner inconsistent with its labeling.

NOTICE

Read and understand the entire label before using. Use only according to label directions.

Before buying or using this product, read "WARRANTY LIMITATIONS AND DISCLAIMER" statement found elsewhere on this label. If terms are unacceptable, return unopened package to seller for full refund of purchase price. Otherwise, use by the buyer or any other user constitutes acceptance of the terms under WARRANTY LIMITATIONS AND DISCLAIMER.

BORA-CARE® should be applied only to bare wood, plywood, particle board and other cellulosic materials where an intact water repellent barrier such as paint, stain, or a sealer is not present.

The use of this product in food processing establishments should be confined to time periods when the plant is not in operation. Foods should be removed or covered during treatment. All food processing surfaces should be covered during treatment or thoroughly cleaned before using. After treatment in food processing plants, thoroughly wash all equipment, benches, shelving, etc. where exposed food will be handled, with an effective cleaning compound and rinse with potable water.

When spraying overhead interior areas of homes, apartment buildings, etc. cover or protect all surfaces below the area being sprayed with plastic sheeting or other material which can be disposed of if contamination from dripping occurs. Do not apply in food serving areas while food is exposed.

BORA-CARE® is NOT a soil termiticide and should not be used directly to treat the soil.

STORAGE AND DISPOSAL

Do not contaminate water, food or feed by storage or disposal.

PESTICIDE STORAGE: Store in a dry place. Do not store where children or animals may gain access. Do not freeze.

PESTICIDE DISPOSAL: Do not contaminate water when disposing of equipment washwaters. Wastes resulting from the use of this product may be disposed of on site or at an approved waste disposal facility.

CONTAINER DISPOSAL: Triple rinse (or equivalent). Then offer for recycling or reconditioning, or puncture and dispose of in a sanitary landfill, or incineration, or if allowed by state and local authorities, by burning. If burned, stay out of smoke.

CLEANUP: Use soap and water to clean up tools.

SAFE HANDLING PROCEDURES

Applicators and other handlers must wear long-sleeved shirt and long pants, socks, shoes, chemical-resistant gloves, and protective eyewear. When applying BORA-CARE® in confined spaces, it is recommended that ventilation or an exhaust system be provided. If this is impractical, the use of a NIOSH approved respirator with an organic-vapor removing cartridge with a prefilter approved for pesticides (MSHA/NIOSH approval prefix TC-23C), or a canister approved for pesticides (MSHA/NIOSH approved prefix TC-14G), or a NIOSH approved respirator with an organic vapor (OV) cartridge or canister with any N, R, P or HE prefilter is recommended. Spills and over-spray may be cleaned with a damp cloth or absorbed with appropriate materials. (Refer to the BORA-CARE® Material Safety Data Sheet for additional health and safety information.)

I. MIXING INSTRUCTIONS

BORA-CARE® is a concentrate which **must** be diluted with clean water before use. The use of warm or hot water, if available, and an impeller type mixer which can be used with an electric drill aids the dilution process.

A. **Hand Sprayers:** Mix in a clean container and stir the solution until completely uniform. Always mix in a separate container then add the solution to a spray tank. Mixing BORA-CARE® directly in a spray tank can block hoses and nozzles.

B. **High Volume Pumping Systems:** Add all of the dilution water to tank, start recirculator, then slowly add BORA-CARE® concentrate. Allow to mix until uniform.

Use 1:1 and 2:1 BORA-CARE® solutions within 24 hours after mixing. 5:1-solutions will remain stable for up to 30 days. Do not leave unused solution under pressure or in tank overnight. Clean and/or flush equipment and lines with water after use.

BORA-CARE® may be tank-mixed with an approved non-residual pesticide for quicker knock-down of carpenter ants and other insects.

II. DILUTION RATIOS by volume.

TABLE A.

Target Pests	Dilution Ratios Water to BORA-CARE®	Application Notes
All Insects and Decay Fungi	1:1	Spray, Injection, Brush, Roller.
Subterranean and Formosan Termites	1:1 or 2:1	2:1 dilution ratio may be used for foaming
Drywood Termites	1:1 or 2:1	
Anobiid and Lyctid Powderpost Beetles	1:1 or 2:1	Use a 2:1 dilution ratio for treating hardwood floors. Logs require a 1:1 ratio.
All other beetle species	1: 1	
Carpenter Ants	1:1 or 2:1	
Decay Fungi	1:1 or 2:1	Use a 1:1 dilution ratio on wood members 2" thick or greater.
Drywood Termites, Powderpost	5:1	Two (2) applications required for

Beetles and Decay Fungi	surface spray. For prevention only.

TABLE B.

Application	Dilution Ratios Water to BORA-CARE®	Application Notes
Logs, Large Beams and Dimensional Lumber	1:1	All Insects & Decay Fungi.
Preventative Treatment of Decking, Fences and Plywood	2:1	Use on wood members 2" in thickness or less.
Prevention of Powderpost Beetles and Drywood Termites	5:1	For prevention only.
Logs, Large Beams and Dimensional Lumber	5:1	Dip treatment only.

III. GENERAL INFORMATION

BORA-CARE® is an innovative termiticide, insecticide and fungicide that eliminates existing infestations and provides long term protection against:

Subterranean Termites: Reticulitermes, Heterotermes
Formosan Termites: Coptotermes
Dampwood Termites: Zootermopsis, Neotermes
Drywood Termites: Kalotermes, Incisitermes
Powderpost Beetles: Lyctidae, Bostrichidae
Anobiid Beetles: Anobiidae
Old House Borers, Longhorn Beetles: Cerambycidae, Hylotrupes
Ambrosia Beetles: Platypodidae, Scolytidae
Carpenter Ants: Camponotus
Brown Rot, White Rot, and Wood Decay Fungi

BORA-CARE® can be used on all cellulosic materials including wood, plywood, particle board, paper, oriented strand board (OSB), cardboard and wood composite structural components.

In areas where a soil treatment/barrier termiticide treatment is required by law, BORA-CARE® should be applied as a supplemental pretreatment to protect wood from subterranean termites that may penetrate chemical gaps occurring in termiticide-treated soil.

As a remedial treatment, BORA-CARE® will both eliminate and prevent infestations of Formosan, subterranean and drywood termites, wood boring beetles, carpenter ants and decay fungi. It may also be used as a supplement or alternative to fumigation in order to provide long term residual control.

Since BORA-CARE® is applied directly to the wood, it can be used in areas where environmental contamination is of concern (nearby wells, cisterns, etc.). The active ingredient in BORA-CARE® is an

inorganic salt and once in place, it will not decompose or volatilize out of the wood. Treatment is long lasting as long as the treated material is not exposed to rain, continuous water or ground contact.

Older wood boring beetle larvae (particularly Old House Borers) already present in the wood at the time of treatment may occasionally emerge sometime after treatment. This will not occur frequently enough to cause structural damage to any wooden member.

IV. REMEDIAL TREATMENT FOR THE CONTROL OF SUBTERRANEAN, FORMOSAN, DRYWOOD AND DAMPWOOD TERMITES, CARPENTER ANTS, OLD HOUSE BORERS, POWDERPOST AND OTHER WOOD BORING BEETLES AND WOOD DECAY FUNGI

A. Infested wood can be treated by spraying and/or injecting BORA-CARE® solution into beetle holes, termite and carpenter ant galleries and decay pockets. Apply one (1) coat of BORA-CARE® solution to the point of wetness to all infested and susceptible wood, paying particular attention to infested areas. Two (2) coats of BORA-CARE® solution need only be applied to those wood members with only one (1) or two (2) exposed sides. For quicker control, apply an additional coat onto heavily infested areas waiting at least 20 minutes between applications.

In cases where the infestation is not accessible from the surface, small holes may be drilled into the wood in order to gain access to the infested area. Inject enough diluted solution to completely flood galleries or voids. Adjacent intact wood may be treated by pressure injecting BORA-CARE® into holes drilled into the wood at eight (8) to ten (10) inch intervals. Inject at 40 psi for four (4) to six (6) seconds per hole.

For treating infested wall voids, refer to Sections IV. E. and F.

B. Basements and crawl spaces may be treated by applying one (1) coat of diluted BORA-CARE® solution to the point of wetness to all infested and susceptible wood surfaces including sill plates, piers, girders, subfloors, floor joists and any wood exposed to vertical access from the soil. On wood where access is limited to one (1) or two (2) sides of wood members, such as sills and plates on foundation walls, apply two (2) coats of BORA-CARE® solution. Wait at least 20 minutes between applications. Apply at a rate of approximately one (1) gallon of BORA-CARE® solution per 200 square feet of floor area (400 square feet of wood surface area).

C. Buildings on slabs may be treated by applying BORA-CARE® solution into wall voids by locating each stud and drilling a small hole through the wall covering to gain access to the infested area. Drill holes adjacent to the side of each stud every 18-24 inches along its length and inject at least 1/3 fluid ounce of BORA-CARE® solution per hole. Drill at least one hole per stud bay near the floor in order to treat the base plate in each void. Treat entire wall areas as opposed to single stud bays in order to include the infested area completely within the treatment zone.

D. Wood flooring can be treated by spray, brush or roller application. It will be necessary to remove any existing finish by complete coarse sanding or stripping prior to application. Apply a two (2) parts water to one (1) part BORA-CARE® (2:1) solution at a rate of approximately one (1) gallon of solution per 500 square feet of floor surface. For treating infestations of subterranean or Formosan termites, two (2) coats may be required, waiting at least one (1) hour between applications. Allow floor to completely dry (typically 48 to 72 hours). Moisture content must be 10% or less before applying final finish. BORA-CARE® applications may raise the grain of the wood and an additional light sanding may be necessary before applying a new finish. Although BORA-CARE® is compatible with most floor

coatings, always test a small section of treated floor with the new finish and check for appropriate adhesion prior to coating the entire floor.

NOTE: If surface is tacky or residue is evident after 72 hours of drying time, wash affected area with clean water and a mop, cloth or sponge, rinsing frequently. Allow surface to dry prior to final light sanding and application of finish coat.

E. For treating voids, wall studs and wood members not accessible by conventional application methods, spray or mist solution into voids and channels in damaged and suspected infested wood and/or through small holes drilled into walls and baseboard areas. Holes should be spaced no more than 24" apart along each member to be treated and at least one (1) hole must be drilled between each wall stud when treating base plates. Use sufficient amount of material to cover all areas to the point of wetness.

NOTE: Existing insulation may interfere with distribution of the BORA-CARE® ® solution. If necessary, remove or displace insulation prior to treatment.

F. Foam applications: BORA-CARE® can be applied to bare wood surfaces and void areas as a foam by mixing two (2) parts water with one (1) part BORA-CARE® (2:1) and adding 3 to 8 ounces of foaming agent per gallon of mixed solution. Apply foam being sure to completely fill the void. Foam will take approximately one (1) hour to return to liquid state and soak into bare wood.

Apply foamed BORA-CARE® to void spaces at a 1:20 to 1:30 foam ratio (one [1] gallon of mixed solution expanded with foaming agent to produce 20 to 30 gallons of foam). Apply enough foam to completely fill void and contact all wood surfaces in the void space.

G. Foam insulation may be treated by injecting a two (2) parts water to one (1) part BORA-CARE® (2:1) solution into the infested area and/or low pressure surface spraying at a rate of one (1) gallon per 300 to 400 square feet.

NOTE: Some types of foam insulation, such as polyisocyanurate and extruded polystyrene, have closed cell structures which do not allow significant penetration from surface application. These types of foam should be injected, as well as surface sprayed, to achieve proper control or prevention of infestations.

V. PREVENTATIVE AND/OR PRETREATMENT FOR WHOLE HOUSE PROTECTION FROM SUBTERRANEAN, FORMOSAN, DRYWOOD AND DAMPWOOD TERMITES, CARPENTER ANTS, OLD HOUSE BORERS, POWDERPOST AND OTHER WOOD BORING BEETLES AND WOOD DECAY FUNGI

NOTE: This treatment serves as a primary treatment for the control of Formosan and subterranean termites.

Pretreatment should be performed at a point during the construction process when the greatest access to all wood members is available. Normally this is at the "dried-in" stage of construction when all structural wood and sheathing is in place, yet prior to installation of insulation, mechanical systems, electrical wiring, etc.

Apply one (1) coat of a one (1) gallon water to one (1) gallon BORA-CARE® (1:1) solution to all wood surfaces to the point of wetness. Concentrate application in areas susceptible to attack, to include all sills, plates, floor joists, piers, girders and subfloors. Treat wood in all plumbing, electrical, and ductwork areas where they penetrate walls or floors. Treat all base plates and studs on interior and exterior walls, especially those surrounding any high moisture areas such as bathrooms, kitchens and laundry rooms. For buildings built on slabs, treat all wood in contact with the slab as well as all interior and exterior wall studs and wall sheathing material. In attics, treat all wood including ceiling joists, trusses, top plates, rafters and roof decking. Be sure that all sill plates and wood contacting garages and porches are treated.

In areas where access is limited to one (1) or two (2) sides of a wood member, apply two (2) coats of BORA-CARE® solution to the exposed surfaces. Wait at least 20 minutes between applications.

Treat all exterior wood including siding, fascias, soffits, eaves, roofing, porches, decks and railings (refer to Sections VIII and IX for complete exterior application information).

VI. PREVENTATIVE AND PRETREATMENTS FOR SUBTERRANEAN TERMITES (CRAWL SPACE, BASEMENT AND SLAB)

NOTE: This treatment serves as a primary treatment for the control of subterranean termites.

Use only a one (1) part water to one (1) part BORA-CARE® (1:1) solution when treating for subterranean termites.

Pretreatment may be performed at any point during the construction process, however it is best performed when greatest access to all wood members is available. Normally this is at the "dried-in" stage of construction when all structural wood and sheathing is in place, yet prior to installation of insulation, mechanical systems, electrical wiring, etc.

A. Buildings on Crawl Spaces and Basements: Apply one (1) coat of a one (1) gallon water to one (1) gallon BORA-CARE® (1:1) solution to point of wetness in a 24-inch wide uninterrupted band to all wood surfaces in crawl spaces and basements, to include all sills, plates, floor joists, piers, girders and subfloors as well as wood exposed to vertical access from the soil. Treat all wall base plates and the bottom two (2) feet of all interior and exterior wall studs. Treat any wood adjacent to plumbing, electrical conduit and ducts where they penetrate subfloors or plates, and all wood next to porches, garages, and fireplaces in order to provide a two (2) foot wide barrier of BORA-CARE® treatment against termite penetration.

On wood where access is limited to one (1) or two (2) sides of wood members such as sills and plates on foundation walls, apply two (2) coats of BORA-CARE® solution. Wait at least 20 minutes between applications. If accessible, treat the exterior of sill areas around the entire perimeter of the structure with a 24-inch wide band of BORA-CARE® solution beginning with the sill area and extending upwards onto the sheathing material.

On multiple story structures, treat only the first story above the masonry foundation level. Coated or painted wood may be treated by pressure injecting BORA-CARE® into holes drilled into the wood at eight (8) to ten (10) inch intervals. Inject at 40 psi for four (4) to six (6) seconds per hole.

B. Buildings on Slabs: Apply one (1) coat of a one (1) gallon water to one (1) gallon BORA-CARE® (1:1) solution to all base plates and the bottom 24 inches of all studs on all exterior and interior walls. In areas where access is limited to one (1) or two (2) sides of a wood member, apply two (2) coats of BORA-CARE® solution to the exposed surfaces. Wait at least 20 minutes between applications. Treat all wood in plumbing walls and apply to any wood in bath traps as well as wood adjacent to plumbing, electrical conduit and duct penetrations in order to provide a minimum 24 inch wide barrier of treatment between the soil and the balance of the structure.

VII. PREVENTATIVE TREATMENT FOR DRYWOOD TERMITES AND POWDERPOST BEETLES

Apply two (2) coats of a five (5) gallons water to one (1) gallon BORA-CARE® (5:1) solution to all wood surfaces to the point of wetness using a brush, spray or mist. Wait at least 20 minutes between applications.

VIII. TREATMENT OF EXTERIOR WOOD SURFACES LESS THAN TWO INCHES THICK SUCH AS DECKS, SHEDS, SIDING AND FENCES

Apply only to bare wood or to wood surfaces where an intact water repellent or finish is not present. If necessary, remove paint or finish prior to application. Apply one (1) coat of BORA-CARE® solution to the point of wetness to all wood surfaces. Apply two (2) coats of BORA-CARE® solution to heavily infested areas and to those surfaces where access is limited to one (1) or two (2) sides of wood members. Do not apply in rain or snow. Exterior wood surfaces must not be exposed to rain or snow for at least 48 hours after treatment. If inclement weather is expected, protect exterior treated surfaces with a plastic tarp.

For wood in contact with the ground or soil, see Section XI.

A. Finishing and Maintaining Treated Surfaces: For long term protection, exterior wood surfaces which have been treated with BORA-CARE® will require a topcoating with a water resistant finish such as paint or exterior stain. The finish or topcoat should be applied within six (6) weeks of treatment. It is important to allow BORA-CARE® treated wood to completely dry (at least 48 hours) before applying any protective topcoat. Coat a small section of treated wood with the finish to be used and check for compatibility prior to complete application.

IX. TREATMENT OF LOG STRUCTURES, TIMBERS, BEAMS, PILINGS, AND EXTERIOR WOOD MEMBERS TWO OR MORE INCHES THICK

Apply only to bare wood or to wood surfaces where an intact water repellent or other finish is not present. If necessary, remove paint or finish prior to application. Interior, unfinished surfaces which have accumulated dirt or cooking oils should be cleaned with a strong detergent prior to treatment. Apply a one (1) part water to one (1) part BORA-CARE® solution to the point of wetness to all interior and exterior wood surfaces. Refer to application chart for minimum amount of BORA-CARE® to treat various size logs or beams.

Typically, two (2) coats of solution will be required to treat round logs 10" or greater in diameter and rectangular logs larger than 6" x 12". Wait at least one (1) hour between applications. Two (2) coats of BORA-CARE® solution should also be applied to log ends, notches, corners and sill logs. Actual number of coats necessary to meet the minimum requirements will depend upon actual wood size, surface porosity and number of sides accessible for treatment. Do not apply in rain or snow. Exterior wood surfaces should not be exposed to rain or snow for at least 48 hours after treatment. If inclement weather is expected, protect exterior treated surfaces with a plastic tarp.

A. Finishing and Maintaining Treated Surfaces: For long term protection, exterior wood surfaces which have been treated with BORA-CARE® will require a topcoating with a water resistant finish paint or exterior stain. The finish or topcoat should be applied within six (6) weeks of treatment. It is important to allow BORA-CARE® treated wood to completely dry (at least 48 hours) before applying any protective topcoat. Coat a small section of treated wood with the finish to be used and check for compatibility prior to complete application.

X. DIP TREATING LOGS AND LUMBER

A dip treating solution may be prepared by mixing Five (5) part water to one (1) part BORA-CARE® (5:1). This will result in a stable solution containing 9% active ingredient. Bundled wood must be stickered in order to allow the solution to cover all wood surfaces. Logs and/or lumber should be submerged in the solution for at least one (1) minute or until all entrapped air has escaped. Protect treated wood from rain or snow for at least 24 hours after treatment.

XI. TREATMENT OF WOOD IN CONTACT WITH THE GROUND

A BORA-CARE® ® treatment to wood in contact with the ground or soil has a limited lifespan and will require periodic reapplication. Protection may be extended with the use of products such as JECTA® DIFFUSIBLE BORACIDE.

XII. APPLICATION RATES

TABLE A. Dimensional Lumber

Lumber Size (inches)	1 Gallon of Diluted BORA-CARE® ® Will Treat Up To:	Minimum Amount of Diluted BORA-CARE® ® To Treat 1000 Lineal Feet
1 x 4	1,200 Lineal Feet	0.8 Gallons
1 x12	400	2.6
2 x 4	600	1.6
2 x 6	400	2.6
2 x 8	308	3.2
2 x 10	240	4.2
2 x 12	200	5.0
4 x 4	300	3.4
4 x 6	200	5.0
4 x 8	150	6.8
4 x 12	100	10.0
6 x 6	133	7.6
6 x 8	100	10.0
6 x 10	80	12.6
6 x 12	68	15.0

TABLE B. Panels, Siding and Plywood
(1:1 or 2:1 dilution ratio)

Thickness (inches)	1 Gallon of Diluted BORA-CARE® ® Will Treat Up To:	Minimum Amount of Diluted BORA-CARE® ® to Treat 1000 Square Feet
1/4	1,600 Square Feet	0.6 Gallons
3/8	1,067	1.0
1/2	800	1.2
3/4	533	1.8
1	400	2.6

TABLE C. Round logs
(1:1 dilution ratio only)

Diameter (inches)	1 Gallon of Diluted BORA-CARE® ® Will Treat Up To:	Minimum Amount of Diluted BORA-CARE® ® to Treat 1000 Lineal Feet
6	167 Lineal Feet	6.0 Gallons
8	96	10.4
10	61	16.4
12	43	23.4

NOTE: The numbers listed above are based on an application rate of one (1) gallon of BORA-CARE® solution to 400 board feet of wood.

XIII. WARRANTY LIMITATIONS AND DISCLAIMER

Because of varying conditions affecting use and application, manufacturer warns buyer that these may impair or vary the results or effects of the use of this product. In any event, complete prevention of decay or insect infestation is not guaranteed. Neither the manufacturer not seller shall be liable in respect to any injury or damage suffered by reason of the use of this product for a purpose not indicated by the label or when used contrary to the directions or instructions hereon nor with respect to breach of any warranty not expressly specified herein. Buyer accepts this material subject to these terms and assumes all risk of usage and handling except when used or handled in accordance with this label.

It is not intended that this product be used to practice any applicable patent, whether mentioned or not, without procurement of a license, if necessary, from the owner, following investigation by the user.

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