

DATE 02/06/2004

Columbia County Building Permit

PERMIT

This Permit Expires One Year From the Date of Issue

000021491

APPLICANT STEVEN KLANDERUD PHONE 755-3791
 ADDRESS P.O. BOX 3515 LAKE CITY FL 32056
 OWNER SAM & MARY KARI PHONE 961-9615
 ADDRESS P.O. BOX 1103 316 S Old Wire Rd. LAKE CITY FL 32056
 CONTRACTOR KLANDERS CONSTRUCTION Ft. White 37438 PHONE
 LOCATION OF PROPERTY 47S, TL 240, TR ON OLD WIRE ROAD, 4TH DRIVE ON RIGHT

TYPE DEVELOPMENT ADDITION TO SFD ESTIMATED COST OF CONSTRUCTION 67500.00
 HEATED FLOOR AREA 1350.00 TOTAL AREA 1350.00 HEIGHT .00 STORIES 1
 FOUNDATION CONC WALLS FRAMED ROOF PITCH 6/12 FLOOR SLAB
 LAND USE & ZONING A-3 MAX. HEIGHT 16
 Minimum Set Back Requirements: STREET-FRONT 30.00 REAR 25.00 SIDE 25.00
 NO. EX.D.U. 1 FLOOD ZONE X DEVELOPMENT PERMIT NO.

PARCEL ID 11-5S-16-03564-005 SUBDIVISION
 LOT BLOCK PHASE UNIT TOTAL ACRES

CBC053047
 Culvert Permit No. Culvert Waiver Contractor's License Number Applicant/Owner/Contractor Steve Klanderud
 EXISTING 03-1065-E BK HD
 Driveway Connection Septic Tank Number LU & Zoning checked by Approved for Issuance New Resident

COMMENTS: ONE FOOT ABOVE ROAD,NOC ON FILECheck # or Cash 12293**FOR BUILDING & ZONING DEPARTMENT ONLY**

(footer/Slab)

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

BUILDING PERMIT FEE \$ 340.00 CERTIFICATION FEE \$ 6.75 SURCHARGE FEE \$ 6.75
 MISC. FEES \$.00 ZONING CERT. FEE \$ 50.00 FIRE FEE \$ WASTE FEE \$
 FLOOD ZONE DEVELOPMENT FEE \$ CULVERT FEE \$ TOTAL FEE 403.50
 INSPECTORS OFFICE Steve Klanderud CLERKS OFFICE CH

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."

This Permit Must Be Prominently Posted on Premises During Construction

PLEASE NOTIFY THE COLUMBIA COUNTY BUILDING DEPARTMENT AT LEAST 24 HOURS IN ADVANCE OF EACH INSPECTION, IN ORDER THAT IT MAY BE MADE WITHOUT DELAY OR INCONVENIENCE, PHONE 758-1008. THIS PERMIT IS NOT VALID UNLESS THE WORK AUTHORIZED BY IT IS COMMENCED WITHIN 6 MONTHS AFTER ISSUANCE.

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

**Columbia County
Building Permit Application**

*Flood Zone X
Zoning Ag*

Date 11/28/03

21491

Application No. 0312-65

Applicants Name & Address KLANDERS CONSTRUCTION P.O. Box 3515 Phone 386-755-3791
LAKE CITY, FL 32056
Owners Name & Address SAM + MARY KARI P.O. Box 1103 Phone 386-961-9615
LAKE CITY, FL 32056
Fee Simple Owners Name & Address _____ Phone _____
Contractors Name & Address KLANDERS CONSTRUCTION P.O. Box 3515 Phone 386-961-9615
LAKE CITY, FL 32056
Legal Description of Property SECTION 11, TOWNSHIP 5 SOUTH, RANGE 16 E
Location of Property Columbia County, FL OLD WIRE ROAD
Tax Parcel Identification No. 11-55-16-03564-005 Estimated Cost of Construction \$ 60,000.00
Type of Development Remodel Residence Number of Existing Dwellings on Property 1
Comprehensive Plan Map Category _____ Zoning Map Category _____
Building Height 16' Number of Stories 1 Floor Area 2150 Total Acreage in Development _____
Distance From Property Lines (Set Backs) Front 202.43' Side 32.73' Rear 304.17' Street 756.25'
Flood Zone N/A Certification Date 10/3/03 Development Permit _____
Bonding Company Name & Address N/A
Architect/Engineer Name & Address MARK DIZONWAY P.O. Box 869 LAKE CITY, FL 32056
Mortgage Lenders Name & Address Countrywide Home Loans

Application is hereby made to obtain a permit to do the 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 will be performed to meet the standards of all laws regulating construction in this jurisdiction.

OWNERS AFFIDAVIT: I hereby certify that all the foregoing information is accurate and all work will be done in compliance with all applicable laws regulating construction and zoning.

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

Sam Kari
Owner or Agent (including contractor)

May Kari



Jennifer E. Moellenkamp
Commission # DD093846
Expires March 8, 2006
Bonded Thru
Atlantic Bonding Co., Inc.

STATE OF FLORIDA
COUNTY OF COLUMBIA

Sworn to (or affirmed) and subscribed before me
this 1st day of DECEMBER by MARY KARI

Personally Known ☒ OR Produced Identification

Steven L. Klander
Contractor

CBC053047
Contractor License Number



Jennifer E. Moellenkamp
Commission # DD093846
Expires March 8, 2006
Bonded Thru
Atlantic Bonding Co., Inc.

STATE OF FLORIDA
COUNTY OF COLUMBIA

Sworn to (or affirmed) and subscribed before me
this 1st day of DECEMBER by STEVEN L. KLANDER

Personally Known ☒ OR Produced Identification

PERMIT # _____

NOTICE OF COMMENCEMENT

STATE OF: FLORIDA

COUNTY OF: _____

CITY OF: _____

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

SECTION: 11 TOWNSHIP: 5 South RANGE: 16E TAX PARCEL #: 11-5s-16-03564-005
LOT: _____ BLOCK: _____ SUBDIVISION: _____
PLATBOOK #: 5 MAP PAGE #: 08 + 88A
STREET ADDRESS: OLD WIRE ROAD LAKE CITY, FL 32024

GENERAL DESCRIPTION OF IMPROVEMENT

TO CONSTRUCT: _____

OWNER INFORMATION

NAME: SAM + MARY KARI PHONE NUMBER: 306-961-9615
ADDRESS: P.O. Box 1103 CITY: LAKE CITY
STATE: FL ZIP CODE: 32056
INTEREST IN THE PROPERTY: OWNER
E SIMPLE TITLEHOLDER NAME (OTHER THAN OWNER): _____
E SIMPLE TITLEHOLDER ADDRESS: _____

CONTRACTOR NAME: KLANDERS CONSTRUCTION PHONE NUMBER: 306-755-3791
COMPANY NAME: STEVE KLANDERUD FAX NUMBER: 306-750-9902
ADDRESS: P.O. Box 3515 CITY: LAKE CITY
STATE: FL ZIP CODE: 32056

ENDING COMPANY: N/A PHONE NUMBER: _____
ADDRESS: _____ FAX NUMBER: _____
STATE: _____ ZIP CODE: _____

ORDER NAME: Countrywide PHONE NUMBER: 888-291-3604
ADDRESS: 1400 Marsh Landing Pkwy FAX NUMBER: 888-280-4017
STATE: FL ZIP CODE: 32250

Persons within the State of Florida designated by owner upon whom notices or other documents may be served as provided by Section 713.13(1)(a), Florida Statute:

NAME: _____ ADDRESS: _____
STATE: _____ ZIP CODE: _____

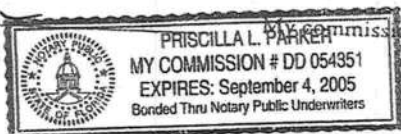
In addition to himself, the owner designates _____ of _____
to receive a copy of the Lienor's notice as provided in Section 713.13(1)(b), Florida Statutes.

Expiration date of Notice of Commencement (the expiration date is one (1) year from the date of recording unless a different date is filed): _____

SIGNATURE OF OWNER: [Signature] Mary Kari

Witnessed and subscribed before me _____
day of November 2003

Known personally/I.D. shown Florida Drivers License



Inst: 2003025733 Date: 12/01/2003 Time: 14:35
MLK DC, P. Dewitt Cason, Columbia County B: 1000 P: 2902

FLORIDA ENERGY EFFICIENCY CODE FOR BUILDING CONSTRUCTION

Florida Department of Community Affairs
Residential Whole Building Performance Method A

Project Name: **302221Karires.**
Address: **Lot: , Sub: , Plat:**
City, State: **, FL**
Owner: **Sam Kari**
Climate Zone: **North**

Builder:
Permitting Office:
Permit Number: **21491**
Jurisdiction Number: **221000**

- | | | | | | |
|--|--------------------------------|-----|--|-------------------|-----|
| 1. New construction or existing | New | ___ | 12. Cooling systems | | |
| 2. Single family or multi-family | Single family | ___ | a. Central Unit | Cap: 45.0 kBtu/hr | ___ |
| 3. Number of units, if multi-family | 1 | ___ | | SEER: 10.00 | ___ |
| 4. Number of Bedrooms | 4 | ___ | b. N/A | | ___ |
| 5. Is this a worst case? | No | ___ | c. N/A | | ___ |
| 6. Conditioned floor area (ft ²) | 2150 ft ² | ___ | 13. Heating systems | | |
| 7. Glass area & type | | ___ | a. Electric Heat Pump | Cap: 45.0 kBtu/hr | ___ |
| a. Clear - single pane | 0.0 ft ² | ___ | | HSPF: 6.80 | ___ |
| b. Clear - double pane | 203.0 ft ² | ___ | b. N/A | | ___ |
| c. Tint/other SHGC - single pane | 0.0 ft ² | ___ | c. N/A | | ___ |
| d. Tint/other SHGC - double pane | 0.0 ft ² | ___ | 14. Hot water systems | | |
| 8. Floor types | | ___ | a. Electric Resistance | Cap: 40.0 gallons | ___ |
| a. Slab-On-Grade Edge Insulation | R=0.0, 150.0(p) ft | ___ | | EF: 0.89 | ___ |
| b. Raised Wood, Stem Wall | R=0.0, 800.0ft ² | ___ | b. Electric Resistance | Cap: 50.0 gallons | ___ |
| c. N/A | | ___ | | EF: 0.89 | ___ |
| 9. Wall types | | ___ | c. Conservation credits | | ___ |
| a. Frame, Wood, Exterior | R=11.0, 1597.0 ft ² | ___ | (HR-Heat recovery, Solar | | |
| b. N/A | | ___ | DHP-Dedicated heat pump) | | |
| c. N/A | | ___ | 15. HVAC credits | | ___ |
| d. N/A | | ___ | (CF-Ceiling fan, CV-Cross ventilation, | | |
| e. N/A | | ___ | HF-Whole house fan, | | |
| 10. Ceiling types | | ___ | PT-Programmable Thermostat, | | |
| a. Under Attic | R=19.0, 2150.0 ft ² | ___ | MZ-C-Multizone cooling, | | |
| b. N/A | | ___ | MZ-H-Multizone heating) | | |
| c. N/A | | ___ | | | |
| 11. Ducts | | ___ | | | |
| a. Sup: Unc. Ret: Unc. AH: Interior | Sup. R=6.0, 180.0 ft | ___ | | | |
| b. N/A | | ___ | | | |

Glass/Floor Area: 0.09

Total as-built points: 31901

Total base points: 33381

PASS

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

PREPARED BY: Evan Beamsley

DATE: 1/23/04

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: _____

SUMMER CALCULATIONS

Residential Whole Building Performance Method A - Details

ADDRESS: Lot: , Sub: , Plat: , , Fl,

PERMIT #:

BASE				AS-BUILT						
GLASS TYPES										
.18 X Conditioned X BSPM = Points Floor Area				Type/SC	Overhang Ornt Len Hgt		Area X	SPM X	SOF =	Points
.18	2150.0	20.04	7755.5	Double, Clear	S	2.0 7.5	20.0	34.50	0.84	578.4
				Double, Clear	S	2.0 5.0	12.0	34.50	0.72	299.5
				Double, Clear	W	2.0 7.3	30.0	36.99	0.90	995.2
				Double, Clear	W	2.0 7.5	30.0	36.99	0.90	1000.2
				Double, Clear	N	2.0 9.5	30.0	19.22	0.96	551.6
				Double, Clear	E	2.0 7.5	75.0	40.22	0.90	2717.4
				Double, Clear	N	2.0 4.0	6.0	19.22	0.83	95.8
				As-Built Total:				203.0		6238.2
WALL TYPES Area X BSPM = Points				Type	R-Value		Area X	SPM =	Points	
Adjacent	0.0	0.00	0.0	Frame, Wood, Exterior	11.0		1597.0	1.70	2714.9	
Exterior	1597.0	1.70	2714.9							
Base Total:				As-Built Total:				1597.0	2714.9	
DOOR TYPES Area X BSPM = Points				Type			Area X	SPM =	Points	
Adjacent	0.0	0.00	0.0	Exterior Insulated			40.0	4.10	164.0	
Exterior	60.0	6.10	366.0	Exterior Insulated			20.0	4.10	82.0	
Base Total:				As-Built Total:				60.0	246.0	
CEILING TYPES Area X BSPM = Points				Type	R-Value		Area X	SPM X SCM =	Points	
Under Attic	2150.0	1.73	3719.5	Under Attic	19.0		2150.0	2.34 X 1.00	5031.0	
Base Total:				As-Built Total:				2150.0	5031.0	
FLOOR TYPES Area X BSPM = Points				Type	R-Value		Area X	SPM =	Points	
Slab	150.0(p)	-37.0	-5550.0	Slab-On-Grade Edge Insulation	0.0		150.0(p)	-41.20	-6180.0	
Raised	800.0	-3.99	-3192.0	Raised Wood, Stem Wall	0.0		800.0	-4.70	-3760.0	
Base Total:				As-Built Total:				950.0	-9940.0	
INFILTRATION Area X BSPM = Points								Area X	SPM =	Points
	2150.0	10.21	21951.5					2150.0	10.21	21951.5

SUMMER CALCULATIONS**Residential Whole Building Performance Method A - Details**

ADDRESS: Lot: , Sub: , Plat: , , Fl,

PERMIT #:

BASE				AS-BUILT											
Summer Base Points:		27765.4		Summer As-Built Points:			26241.6								
Total Summer Points	X	System Multiplier	=	Cooling Points	Total Component	X	Cap Ratio	X	Duct Multiplier	X	System Multiplier	X	Credit Multiplier	=	Cooling Points
					(DM x DSM x AHU)										
27765.4		0.4266		11844.7	26241.6		1.000		(1.090 x 1.147 x 0.91)		0.341		1.000		10189.6
					26241.6		1.00		1.138		0.341		1.000		10189.6

WINTER CALCULATIONS

Residential Whole Building Performance Method A - Details

ADDRESS: Lot: , Sub: , Plat: , , Fl,

PERMIT #:

BASE				AS-BUILT							
GLASS TYPES											
.18 X Conditioned X BWPM = Points Floor Area				Type/SC	Overhang Ornt Len Hgt		Area X WPM X WOF = Points				
.18	2150.0	12.74	4930.4	Double, Clear	S	2.0	7.5	20.0	4.03	1.14	91.7
				Double, Clear	S	2.0	5.0	12.0	4.03	1.40	67.7
				Double, Clear	W	2.0	7.3	30.0	10.77	1.03	332.0
				Double, Clear	W	2.0	7.5	30.0	10.77	1.03	331.6
				Double, Clear	N	2.0	9.5	30.0	14.30	1.00	429.7
				Double, Clear	E	2.0	7.5	75.0	9.09	1.04	708.8
				Double, Clear	N	2.0	4.0	6.0	14.30	1.01	86.6
				As-Built Total:				203.0	2048.3		
WALL TYPES Area X BWPM = Points				Type	R-Value		Area X WPM = Points				
Adjacent	0.0	0.00	0.0	Frame, Wood, Exterior	11.0		1597.0	3.70		5908.9	
Exterior	1597.0	3.70	5908.9								
Base Total:				1597.0		5908.9		As-Built Total:		1597.0 5908.9	
DOOR TYPES Area X BWPM = Points				Type	Area X WPM = Points						
Adjacent	0.0	0.00	0.0	Exterior Insulated			40.0	8.40		336.0	
Exterior	60.0	12.30	738.0	Exterior Insulated			20.0	8.40		168.0	
Base Total:				60.0		738.0		As-Built Total:		60.0 504.0	
CEILING TYPES Area X BWPM = Points				Type	R-Value		Area X WPM X WCM = Points				
Under Attic	2150.0	2.05	4407.5	Under Attic	19.0		2150.0	2.70 X 1.00		5805.0	
Base Total:				2150.0		4407.5		As-Built Total:		2150.0 5805.0	
FLOOR TYPES Area X BWPM = Points				Type	R-Value		Area X WPM = Points				
Slab	150.0(p)	8.9	1335.0	Slab-On-Grade Edge Insulation	0.0		150.0(p)	18.80		2820.0	
Raised	800.0	0.96	768.0	Raised Wood, Stem Wall	0.0		800.0	3.50		2800.0	
Base Total:				2103.0		As-Built Total:		950.0		5620.0	
INFILTRATION Area X BWPM = Points				Area X WPM = Points							
2150.0 -0.59 -1268.5				2150.0 -0.59 -1268.5							

WINTER CALCULATIONS**Residential Whole Building Performance Method A - Details**

ADDRESS: Lot: , Sub: , Plat: , , Fl,

PERMIT #:

BASE				AS-BUILT									
Winter Base Points: 16819.3				Winter As-Built Points: 18617.7									
Total Winter Points	X	System Multiplier	= Heating Points	Total Component	X	Cap Ratio	X	Duct Multiplier (DM x DSM x AHU)	X	System Multiplier	X	Credit Multiplier	= Heating Points
16819.3		0.6274	10552.4	18617.7 18617.7		1.000 1.00		(1.069 x 1.169 x 0.93) 1.162		0.501 0.501		1.000 1.000	10850.4 10850.4

WATER HEATING & CODE COMPLIANCE STATUS

Residential Whole Building Performance Method A - Details

ADDRESS: Lot: , Sub: , Plat: , , Fl,

PERMIT #:

BASE				AS-BUILT					
WATER HEATING									
Number of Bedrooms	X	Multiplier	= Total	Tank Volume	EF	Number of Bedrooms	X Ratio	Tank X Multiplier X Credit = Total Multiplier	
4		2746.00	10984.0	40.0	0.89	4	0.44	2715.15	1.00 4826.9
				50.0	0.89	4	0.56	2715.15	1.00 6033.7
				As-Built Total:					10860.6

CODE COMPLIANCE STATUS

BASE					AS-BUILT				
Cooling Points	+	Heating Points	+	Hot Water Points = Total Points	Cooling Points	+	Heating Points	+	Hot Water Points = Total Points
11845		10552		10984 33381	10190		10850		10861 31901

PASS

New Construction Subterranean Termite Soil Treatment Record

OMB Approval No. 2502-0525
(exp. 10/31/2005)

This form is completed by the licensed Pest Control Company

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

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

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

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

21491

Section 1: General Information (Treating Company Information)

Company Name: Aspen Pest Control, Inc.
Company Address: 301 NW Cole Terrace City: Lake City State: FL Zip: 32055
Company Business License No. JB109476 Company Phone No. 386-755-3611
FHA/VA Case No. (if any) _____

Section 2: Builder Information

Company Name Steve Klondick Const Phone No. _____

Section 3: Property Information

Location of Structure (s) Treated (Street Address or Legal Description, City, State and Zip)

Type of Construction (More than one box may be checked) ☒ Slab ☐ Basement ☐ Crawl ☐ Other _____

Approximate Depth of Footing: Outside 12 Inside 12 Type of Fill Dirt

Section 4: Treatment Information

Date(s) of Treatment(s) 5-12-04

Brand Name of Product(s) Used Sentricon

EPA Registration No. 70907-7-53840

Approximate Final Mix Solution % 0.5%

Approximate Size of Treatment Area: Sq. ft. 1260 Linear ft. 144 Linear ft. of Masonry Voids 144

Approximate Total Gallons of Solution Applied 279

Was treatment completed on exterior? ☐ Yes ☒ No

Service Agreement Available? ☐ Yes ☒ No

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

Attachments (List) _____

Comments _____

Name of Applicator(s) Steve Brannen

Certification No. (if required by State law) JF104376

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

Authorized Signature Steve Brannen Date 5-12-04

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

Form NPCA-99-B may still be used

Reorder Product #2581 • From CROWN GRAPHICS • 1-800-252-4011

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

COLUMBIA COUNTY OFFICE OF OCCUPANCY

COLUMBIA COUNTY, FLORIDA

Department of Building and Zoning Inspection

This Certificate of Occupancy is issued to the below named permit holder for the building and premises at the below named location, and certifies that the work has been completed in accordance with the Columbia County Building Code.

Parcel Number 11-5S-16-03564-005

Building permit No. 000021491

Use Classification ADDITION TO SFD

Fire: _____

Permit Holder KLANDERS CONSTRUCTION

Waste: _____

Owner of Building SAM & MARY KARI

Total: .00

Location: 316 SW OLD WIRE ROAD, FT. WHITE, FL

Date: 02/10/2005



[Signature]

Building Inspector

POST IN A CONSPICUOUS PLACE
(Business Places Only)