

DATE 01/31/2008

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

PERMIT
000026700

APPLICANT WENDY GRENNELL PHONE 386.466.1866
ADDRESS 3104 SW OLD WIRE ROAD FT. WHITE FL 32038
OWNER EDDIE & ANNIE GOODBREAD PHONE 386.719.4904
ADDRESS 118 SW GARDENIA WAY LAKE CITY FL 32025
CONTRACTOR GERALD SMITH PHONE 386.719.7191
LOCATION OF PROPERTY 47-S TO AZALEA PARK S.D L ON LARK,TO GARDENIA WAY,TL 1ST.
HOME ON L.

TYPE DEVELOPMENT SFD/UTILITY ESTIMATED COST OF CONSTRUCTION 0.00
HEATED FLOOR AREA 1352.00 TOTAL AREA HEIGHT STORIES 1
FOUNDATION CONC WALLS FRAMD ROOF PITCH 6'12 FLOOR CONC
LAND USE & ZONING RSF-1 MAX. HEIGHT 35
Minimum Set Back Requirments: STREET-FRONT 25.00 REAR 15.00 SIDE 10.00
NO. EX.D.U. 0 FLOOD ZONE X DEVELOPMENT PERMIT NO.

PARCEL ID 19-4S-17-08540-005 SUBDIVISION AZALEA PARK
LOT 5 BLOCK A PHASE UNIT TOTAL ACRES

CBC1254161
Culvert Permit No. Culvert Waiver Contractor's License Number Applicant/Owner/Contractor
EXISTING 08-0079-E BLK JTH N
Driveway Connection Septic Tank Number LU & Zoning checked by Approved for Issuance New Resident

COMMENTS: FLOOR ONE FOOT ABOVE THE ROAD. NO CHARGE BURN OUT OF SFD. -REPLACEMENT

Check # or Cash NO CHARGE

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 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
Permanent power date/app. by C.O. Final date/app. by Culvert date/app. by
M/H tie downs, blocking, electricity and plumbing date/app. by Pool date/app. by
Reconnection date/app. by Pump pole date/app. by Utility Pole date/app. by
M/H Pole date/app. by Travel Trailer date/app. by Re-roof date/app. by

BUILDING PERMIT FEE \$ 0.00 CERTIFICATION FEE \$ 0.00 SURCHARGE FEE \$ 0.00
MISC. FEES \$ 0.00 ZONING CERT. FEE \$ FIRE FEE \$ 0.00 WASTE FEE \$
FLOOD DEVELOPMENT FEE \$ FLOOD ZONE FEE \$ CULVERT FEE \$ TOTAL FEE 0.00
INSPECTORS OFFICE CLERKS OFFICE

NOTICE: IN ADDITION TO THE REQUIREMENTS OF THIS PERMIT, THERE MAY BE ADDITIONAL RESTRICTIONS APPLICABLE TO THIS PROPERTY THAT MAY BE FOUND IN THE PUBLIC RECORDS OF THIS COUNTY. AND THERE MAY BE ADDITIONAL PERMITS REQUIRED FROM OTHER GOVERNMENTAL ENTITIES SUCH AS WATER MANAGEMENT DISTRICTS, STATE AGENCIES, OR FEDERAL AGENCIES.

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

EVERY PERMIT ISSUED SHALL BECOME INVALID UNLESS THE WORK AUTHORIZED BY SUCH PERMIT IS COMMENCED WITHIN 180 DAYS AFTER ITS ISSUANCE, OR IF THE WORK AUTHORIZED BY SUCH PERMIT IS SUSPENDED OR ABANDONED FOR A PERIOD OF 180 DAYS AFTER THE TIME THE WORK IS COMMENCED. A VALID PERMIT RECIEVES AN APPROVED INSPECTION EVERY 180 DAYS. WORK SHALL BE CONSIDERED TO BE IN ACTIVE PROGRESS WHEN THE PERMIT HAS RECIEVED AN APPROVED INSPECTION WITHIN 180 DAYS.

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

Columbia County Building Permit Application

For Office Use Only Application # 0801-83 Date Received 1/16 By JW Permit # 26700
 Zoning Official BLK Date 30.01.08 Flood Zone X FEMA Map # N/A Zoning RSF-1
 Land Use R.U.2.D. Elevation N/A MFE 1st above Rd River N/A Plans Examiner CKJH Date 1-29-08
 Comments * BURN OUT * NO CHARGE
☒ NOC ☒ DEH ☐ Deed or PA ☒ Site Plan ☐ State Road Info ☐ Parent Parcel # _____
☐ Dev Permit # _____ ☐ In Floodway ☒ Letter of Authorization from Contractor
☐ Unincorporated area ☐ Incorporated area ☐ Town of Fort White ☐ Town of Fort White Compliance letter

Septic Permit No. _____ Fax 386-466-1866
 Name Authorized Person Signing Permit Wendy Grennell Phone 386-288-2428
 Address 3104 SW Old Wire Road Fort White FL 32038
 Owners Name Eddie + Annie Mae Goodbread Phone 386-719-4904
 911 Address 118 SW Gardenia Way Lake City FL 32025
 Contractors Name Gerald Smith Phone 386-719-7191
 Address 121 SE Hernando Ave Lake City FL 32055

Fee Simple Owner Name & Address _____
 Bonding Co. Name & Address _____
 Architect/Engineer Name & Address Nicholas Paul Geisler 1758 NW Brown Rd
 Mortgage Lenders Name & Address NA Lake City FL 32055

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

Property ID Number 19-45-17-08540-005HX Estimated Cost of Construction 90,000
 Subdivision Name Azalea Park Lot 5 Block A Unit _____ Phase _____
 Driving Directions Hwy 47 South to Azalea Park turn (L) to Lake turn (L) to Gardenia Way (L) 1st Home on (L) 118
* Burnout * Replacement Number of Existing Dwellings on Property 0 Burn out

Construction of single family dwelling Total Acreage 1 Lot Size _____
 Do you need a - Culvert Permit or Culvert Waiver or Have an Existing Drive Total Building Height _____
 Actual Distance of Structure from Property Lines - Front 40 Side 25 Side 45 Rear 57
 Number of Stories 1 Heated Floor Area 1352 Total Floor Area 1424 Roof Pitch 6/12

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

Spoke to Wendy 1/30/08

WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOU PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT.

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.

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

Eddie Goodbread
Owners Signature

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

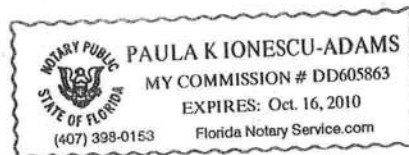
Gerald Smith
Contractor's Signature (Permitee)

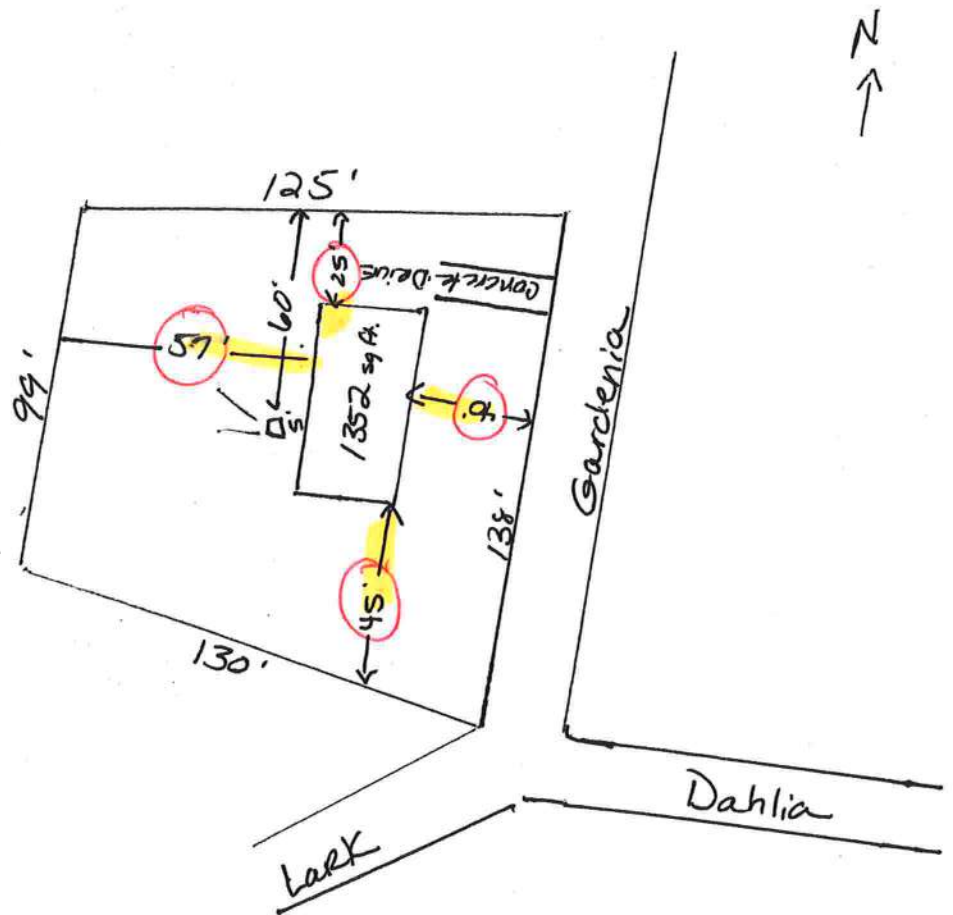
Contractor's License Number CBC 1254161
Columbia County
Competency Card Number _____

Affirmed under penalty of perjury to by the Contractor and subscribed before me this 10 day of January 2008.
Personally known _____ or Produced Identification DRIVERS License

Paula K. Ionescu-Adams
State of Florida Notary Signature (For the Contractor)

SEAL:





Eddie Goodbread

City Water

Scale = 1" = 50'

Wendy Sherrill 1/16/08

Columbia County Property Appraiser

DB Last Updated: 11/15/2007

2008 Proposed Values

Tax Record

Property Card

Interactive GIS Map

Parcel: 19-4S-17-08540-005 HX

Print

Owner & Property Info

Search Result: 1 of 5

Next >>

Owner's Name	GOODBREAD EDDIE & ANNIE MAE		
Site Address	GARDENIA		
Mailing Address	118 SW GARDENIA WAY LAKE CITY, FL 32025		
Use Desc. (code)	SINGLE FAM (000100)		
Neighborhood	19417.02	Tax District	2
UD Codes	MKTA06	Market Area	06
Total Land Area	0.000 ACRES		
Description	COMM NW COR OF SW1/4 OF NE1/4, RUN E 410.80 FT, S 291.07 FT FOR POB, RUN S 77.93 FT, SE 130.60 FT, N 138.46 FT, W 125 FT TO POB. (AKA LOT 5 BLOCK A AZALEA PARK S/D UNREC) ORB 350-672, 760-1947, 771-1407, 774-183		

GIS Aerial



Property & Assessment Values

Mkt Land Value	cnt: (1)	\$20,000.00
Ag Land Value	cnt: (0)	\$0.00
Building Value	cnt: (1)	\$51,428.00
XFOB Value	cnt: (1)	\$300.00
Total Appraised Value		\$71,728.00

Just Value		\$71,728.00
Class Value		\$0.00
Assessed Value		\$39,665.00
Exempt Value	(code: HX)	\$25,000.00
Total Taxable Value		\$14,665.00

Sales History

Sale Date	Book/Page	Inst. Type	Sale Vlmp	Sale Qual	Sale RCode	Sale Price
4/29/1993	774/183	WD	I	U	12	\$41,500.00
5/29/1992	760/1947	WD	I	U	12	\$23,800.00

Building Characteristics

Bldg Item	Bldg Desc	Year Blt	Ext. Walls	Heated S.F.	Actual S.F.	Bldg Value
1	SINGLE FAM (000100)	1975	Conc Block (15)	1322	1460	\$51,428.00
Note: All S.F. calculations are based on exterior building dimensions.						

Extra Features & Out Buildings

Code	Desc	Year Blt	Value	Units	Dims	Condition (% Good)
0166	CONC,PAVMT	0	\$300.00	1.000	0 x 0 x 0	(.00)

Land Breakdown

Lnd Code	Desc	Units	Adjustments	Eff Rate	Lnd Value
000100	SFR (MKT)	1.000 LT - (.000AC)	1.00/1.00/1.00/1.00	\$20,000.00	\$20,000.00

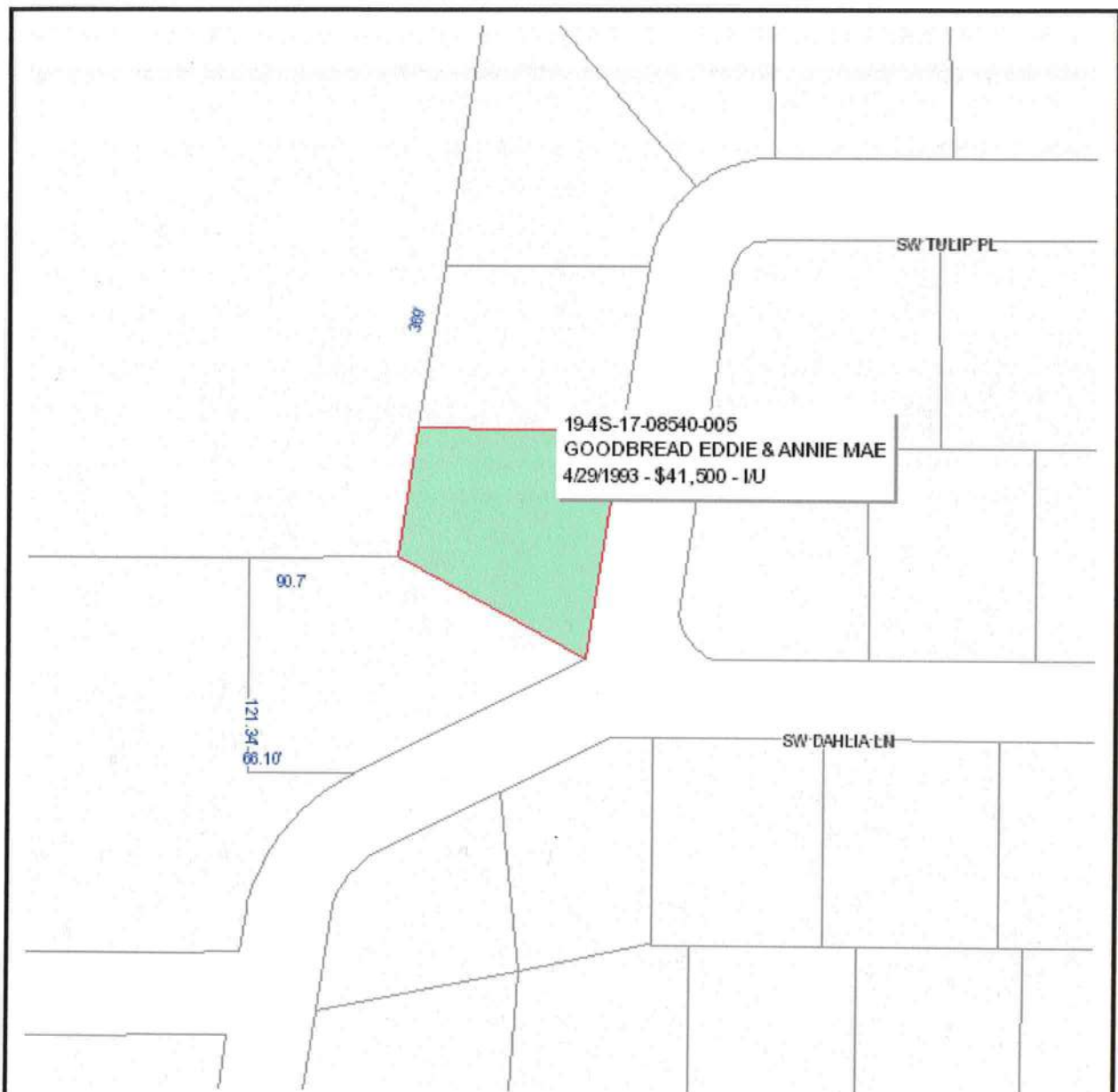
Columbia County Property Appraiser

DB Last Updated: 11/15/2007

>> Print as PDF <<

COMM NW COR OF SW1/4 OF NE1/4, GOODBREAD EDDIE & ANNIE MAE 19-4S-17-08540-005 Columbia Cou
 RUN E 410.80 FT, S 291.07 FT 118 SW GARDENIA WAY
 FOR POB, RUN S 77.93 FT, SE LAKE CITY, FL 32025
 130.60 FT, N 138.46 FT, W 125
 PRINTED 11/15/2007 17:24
 APPR 4/30/2004 DF

BUSE	000100	SINGLE	FAM	AE?	Y	1322	HTD AREA	106.400	INDEX	19417.02	AZALEA	PK	PUSE	000
MOD	1	SFR	BATH	1.00		1381	EFF AREA	53.200	E-RATE	100.000	INDX	STR	19- 4S- 17	
EXW	15	CONC BLOCK	FIXT			73469	RCN			1975	AYB	MKT AREA	06	
%	0000000000	BDRM		3		70.00	%GOOD	51,428	B BLDG VAL	1975	EYB	(PUD1		
RSTR	03	GABLE/HIP	RMS									AC		
RCVR	03	COMP SHNGL	UNTS									NTCD		
%	N/A	C-W%										APPR CD		
INTW	05	DRYWALL	HGHT									CNDO		
10%	04	PLYWOOD	PMTR									SUBD		
FLOR	14	CARPET	STYS	1.0								BLK		
10%	06	VINYL ASB	ECON									LOT		
HTTP	04	AIR DUCTED	FUNC									MAP#		
A/C	03	CENTRAL	SPCD									HX		
QUAL	05	05	DEPR	52								TXDT	002	
FNDN	N/A	UD-1	N/A											
SIZE	03	RECTANGLE	UD-2	N/A										
CEIL	N/A	UD-3	N/A											
ARCH	N/A	UD-4	N/A											
FRME	01	NONE	UD-5	N/A										
KTCH	01	01	UD-6	N/A										
WINDO	N/A	UD-7	N/A											
CLAS	N/A	UD-8	N/A											
OCC	N/A	UD-9	N/A											
COND	03	03	%	N/A										
SUB	A-AREA	%	E-AREA	SUB	VALUE									
BAS93	1322	100	1322		49231									
FST93	70	55	39		1452									
FOP93	68	30	20		745									
TOTAL	1460		1381		51428									
EXTRA FEATURES														
AE BN	CODE	DESC	LEN	WID	HGHT	QTY	QL	YR	ADJ	UNITS	UT	PRICE	ADJ	UT
Y	0166	CONC,PAVMT				1	0000	1.00		1.000	UT	300.000		300.000
FIELD CK:														
LAND	DESC	ZONE	ROAD	{UD1	{UD3	FRONT	DEPTH	FIELD CK:						
AE	CODE	TOPO	UTIL	{UD2	{UD4	BACK	DT	ADJUSTMENTS						
Y	000100	SFR	00					1.00	1.00	1.00	1.00	1.000	LT	20000.000
2008														



Columbia County Property Appraiser

J. Doyle Crews, CFA - Lake City, Florida - 386-758-1083

PARCEL: 19-4S-17-08540-005 HX - SINGLE FAM (000100)

Name: GOODBREAD EDDIE & ANNIE MAE	LandVal	\$20,000.00
Site: GARDENIA	BldgVal	\$51,428.00
Mail: 118 SW GARDENIA WAY	ApprVal	\$71,728.00
LAKE CITY, FL 32025	JustVal	\$71,728.00
Sales 4/29/1993 \$41,500.001 / U	Assd	\$39,665.00
Info 5/29/1992 \$23,800.001 / U	Exmpt	\$25,000.00
	Taxable	\$14,665.00

0 42 84 126 ft



This information, GIS Map Updated: 11/15/2007, was derived from data which was compiled by the Columbia County Property Appraiser Office solely for the governmental purpose of property assessment. This information should not be relied upon by anyone as a determination of the ownership of property or market value. No warranties, expressed or implied, are provided for the accuracy of the data herein, its use, or its interpretation. Although it is periodically updated, this information may not reflect the data currently on file in the Property Appraiser's office. The assessed values are NOT certified values and therefore are subject to change before being finalized for ad valorem assessment purposes.

WARRANTY DEED

This Indenture made this 29th day of April, 1993 BETWEEN

Boyd Rhea, a married man, and Bonita Hadwin, a married woman
SS# [REDACTED] SS# [REDACTED]

of, 224 Oak Avenue, Lake City, Florida 32055
and

GRANTOR*,

Eddie Goodbread and Annie Mae Goodbread, his wife
SS# [REDACTED] SS# [REDACTED]

of Route 10 Box 110, Lake City, Florida 32055

GRANTEE*

WITNESSETH, That said Grantor, for and in consideration of the sum of TEN AND 00/100'S (\$10.00) Dollars and other good and valuable considerations to said grantor in hand paid by said grantee, the receipt whereof is hereby acknowledged, has granted, bargained and sold to the grantee and grantee's heirs forever the following described land located in the County of COLUMBIA, State of FLORIDA, to-wit:

SEE ATTACHED RIDER 'A' FOR FULL LEGAL DESCRIPTION

EX 0774 PG 0183

OFFICIAL RECORDS

and said grantor does hereby fully warrant the title to said land, and will defend the same against the lawful claims of all persons whomsoever.
*Singular and plural are interchangeable as context requires.

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

WITNESSES

Martha J. Tedder
Martha J. Tedder
Susan Sweet
Susan Sweet

Boyd Rhea
Boyd Rhea
Bonita Hadwin
Bonita Hadwin

COUNTY OF Columbia
STATE OF Florida

DOCUMENTARY STAMP #290.50
INTANGIBLE TAX
P. DeWITT CASON, CLERK OF
COURTS, COLUMBIA COUNTY
BY Manuel R. [REDACTED]

I HEREBY CERTIFY that on this 29th day of April, 1993, before me, an officer duly qualified to take acknowledgements, personally appeared:

Boyd Rhea and Bonita Hadwin

to me known to be the persons described in and who executed the foregoing instrument and acknowledged before me that they executed the same.

Martha J. Tedder
Martha J. Tedder
Prepared by:
MARTHA J. BRYAN
REGIONAL TITLE COMPANY
2015 SOUTH FIRST STREET
P.O. BOX 1672
LAKE CITY, FLORIDA 32055
PH: (904)-752-1502
R-9451MS

NOTARY PUBLIC
COMMISSION EXPIRATION: 8-10-95

FILED IN PUBLIC
RECORDS COLUMBIA COUNTY, FLA.

1993 APR 29 PM 3:03

CLERK OF COURTS
COLUMBIA COUNTY, FLORIDA
BY Manuel R. [REDACTED]

93-04729

RIDER A
LEGAL DESCRIPTION
File No. #: R-9451MS

0774 PG 0184

Section 19, Township 4 South, Range 17 East; Commence at the corner of the SW 1/4 of the NE 1/4 and run thence S 89 degrees 22' East, 410.80 feet; run thence S 9 degrees 02' West, 291.07 feet to the POINT OF BEGINNING; run thence S 9 degrees 02' West, 77.93 feet; thence S 62 degrees 03' East 130.60 feet; thence N 9 degrees 02' East, 138.46 feet; thence S 89 degrees 22" West, 125.00 feet to the POINT OF BEGINNING. Being the same as Lot 5, Block A, AZALEA PARK SUBDIVISION, an unrecorded subdivision, Columbia County, Florida.

Tax Parcel # 19-4S-17-08540-005

The above described property is not the Homestead of the Grantors.

Columbia Developers LLC

Commercial / Residential - Builders / Developer



CBC#1254161

121 SE Hernando Ave • Lake City, Florida 32055
(386) 719-7191 Office • (386) 719-7145 Fax
www.columbiadevelopers.net

To whom it may concern,

Wendy Grennell is authorized to pull building permits for me in Columbia County beginning January 5, 2008. Please feel free to call me at my office at 386-719-7191 or on my cell at 386-234-0318 if you have any questions.

Thank You,

A handwritten signature in blue ink that reads "Gerald Smith". The signature is written in a cursive style with a large, stylized "G".

Gerald Smith CBC 1254161

App# 0801-83

PRODUCT APPROVAL SPECIFICATION SHEET

Location: _____

Project Name: Eddie Goodbrand home

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

Category/Subcategory	Manufacturer	Product Description	Approval Number(s)
A. EXTERIOR DOORS			
(1) Swinging	Masonite	Steel, fiberglass ext. doors	FL 4242-R1
2. Sliding			FL 4242-R1
3. Sectional			
4. Roll up			
5. Automatic			
6. Other			
B. WINDOWS			
(1) Single hung	ESP	single hung insulated	FL 5768
2. Horizontal Slider			
3. Casement			
4. Double Hung			
5. Fixed			
6. Awning			
7. Pass-through			
8. Projected			
9. Mullion			
10. Wind Breaker			
11. Dual Action			
12. Other			
C. PANEL WALL			
(1) Siding	Kay Can Kay Can	white vinyl-top siding vinyl soffit	FL 889-R2 FL 4899
(2) Soffits			
3. EIFS			
4. Storefronts			
5. Curtain walls			
6. Wall louver			
7. Glass block			
8. Membrane			
9. Greenhouse			
10. Other			
D. ROOFING PRODUCTS			
(1) Asphalt Shingles	GAF/ELK Woodland Simpson	Architectural low profile 30 lb felt	FL 586-R2 FL 1814-R1 FL 474-R1
(2) Underlayments			
(3) Roofing Fasteners			
4. Non-structural Metal Rf			
5. Built-Up Roofing			
6. Modified Bitumen			
7. Single Ply Roofing Sys			
8. Roofing Tiles			
9. Roofing Insulation			
10. Waterproofing			
11. Wood shingles /shakes			
12. Roofing Slate			

Wendy Brownell

3864661866

P. 3

Category/Subcategory (cont.)	Manufacturer	Product Description	Approval Number(s)
13. Liquid Applied Roof Sys			
14. Cements-Adhesives - Coatings			
15. Roof Tile Adhesive			
16. Spray Applied Polyurethane Roof			
17. Other			
E. SHUTTERS			
1. Accordion			
2. Bahama			
3. Storm Panels			
4. Colonial			
5. Roll-up			
6. Equipment			
7. Others			
F. SKYLIGHTS			
1. Skylight			
2. Other			
G. STRUCTURAL COMPONENTS			
1. Wood connector/anchor	Simpson		FL 474-R1
2. Truss plates			
3. Engineered lumber			
4. Railing			
5. Coolers-freezers			
6. Concrete Admixtures			
7. Material			
8. Insulation Forms			
9. Plastics			
10. Deck-Roof	APA PANEL APPROVED / STAMPED 1/2" OSB		
11. Wall	9' pre-cut agency graded / stamped #2		
12. Sheds			
13. Other			
H. NEW EXTERIOR ENVELOPE PRODUCTS			
1.			
2.			

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

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

Gerald Smith CBC 1254161
 Contractor or Contractor's Authorized Agent Signature

Gerald Smith
 Print Name

1-10-08
 Date

Location

Permit # (FOR STAFF USE ONLY)

2/02/04 - 7 of 7

NOTICE OF COMMENCEMENT

Tax Parcel Identification Number 19-45-17-08540-0051A County Clerk's Office Stamp or Seal

THE UNDERSIGNED hereby gives notice that improvements will be made to certain real property, and in accordance with Section 713.13 of the Florida Statutes, the following information is provided in this NOTICE OF COMMENCEMENT.

1. Description of property (legal description):

a) Street (job) Address: 118 SW Gardenia Way, Lake City

2. General description of improvements: residential construction - Burn out

3. Owner Information

a) Name and address: Eddie Goodbread

b) Name and address of fee simple titleholder (if other than owner) NA

c) Interest in property owner

4. Contractor Information

a) Name and address: Gerald Smith 121 SE Hernandez Ave Lake City

b) Telephone No.: 386-719-7191 Fax No. (Opt.) 386-719-7145

5. Surety Information

a) Name and address:

b) Amount of Bond:

c) Telephone No.:

Fax No. (Opt.)

STATE OF FLORIDA, COUNTY OF COLUMBIA

I HEREBY CERTIFY, that the above and foregoing

is a true copy of the original filed in this office.

P. DEWITT CASON, CLERK OF COURTS

By Paula K. Ionescu-Adams

Deputy Clerk

6. Lender

a) Name and address: NA

b) Phone No.

7. Identity of person within the State of Florida designated by owner upon whom notices or other documents may be served: 01-18-08

a) Name and address: NA

b) Telephone No.: NA Fax No. (Opt.)

8. In addition to himself, owner designates the following person to receive a copy of the Lienor's Notice as provided in Section 713.13(b) Florida Statutes:

a) Name and address: NA

b) Telephone No.: NA Fax No. (Opt.)

9. Expiration date of Notice of Commencement (the expiration date is one year from the date of recording unless a different date is specified):

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

STATE OF FLORIDA
COUNTY OF COLUMBIA

10. Eddie Goodbread
Signature of Owner or Owner's Authorized Office/Director/Partner/Manager
Eddie Goodbread
Print Name

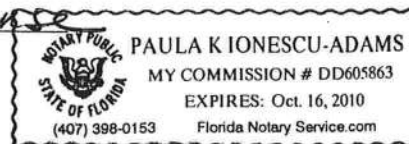
The foregoing instrument was acknowledged before me, a Florida Notary, this 10 day of January, 20 08, by:

Eddie Goodbread as owner (type of authority, e.g. officer, trustee, attorney

fact) for _____ (name of party on behalf of whom instrument was executed).

Personally Known OR Produced Identification ✓ Type Drivers License

Notary Signature Paula K. Ionescu-Adams Notary Stamp or Seal:



—AND—

11. Verification pursuant to Section 92.525, Florida Statutes. Under penalties of perjury, I declare that I have read the foregoing and that the facts stated in it are true to the best of my knowledge and belief.

Eddie Goodbread

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

FLORIDA ENERGY EFFICIENCY CODE FOR BUILDING CONSTRUCTION

Florida Department of Community Affairs
Residential Whole Building Performance Method A

Project Name:	AZALEA PARK RECONSTRUCTION	Builder:	S & S CONSTRUCTION
Address:	AZALEA PARK	Permitting Office:	COLUMBIA
City, State:	LAKE CITY, FL	Permit Number:	26700
Owner:	-	Jurisdiction Number:	221000
Climate Zone:	North		

- | | |
|---|--|
| <p>1. New construction or existing New <input type="checkbox"/></p> <p>2. Single family or multi-family Single family <input type="checkbox"/></p> <p>3. Number of units, if multi-family 1 <input type="checkbox"/></p> <p>4. Number of Bedrooms 3 <input type="checkbox"/></p> <p>5. Is this a worst case? No <input type="checkbox"/></p> <p>6. Conditioned floor area (ft²) 1354 ft² <input type="checkbox"/></p> <p>7. Glass type¹ and area: (Label reqd. by 13-104.4.5 if not default)</p> <p style="margin-left: 20px;">a. U-factor: Description Area</p> <p style="margin-left: 40px;">(or Single or Double DEFAULT) 7a. (Dble Default) 79.0 ft² <input type="checkbox"/></p> <p style="margin-left: 20px;">b. SHGC:</p> <p style="margin-left: 40px;">(or Clear or Tint DEFAULT) 7b. (Clear) 79.0 ft² <input type="checkbox"/></p> <p>8. Floor types</p> <p style="margin-left: 20px;">a. Slab-On-Grade Edge Insulation R=0.0, 156.0(p) ft <input type="checkbox"/></p> <p style="margin-left: 20px;">b. N/A <input type="checkbox"/></p> <p style="margin-left: 20px;">c. N/A <input type="checkbox"/></p> <p>9. Wall types</p> <p style="margin-left: 20px;">a. Frame, Wood, Exterior R=13.0, 1089.0 ft² <input type="checkbox"/></p> <p style="margin-left: 20px;">b. N/A <input type="checkbox"/></p> <p style="margin-left: 20px;">c. N/A <input type="checkbox"/></p> <p style="margin-left: 20px;">d. N/A <input type="checkbox"/></p> <p style="margin-left: 20px;">e. N/A <input type="checkbox"/></p> <p>10. Ceiling types</p> <p style="margin-left: 20px;">a. Under Attic R=25.0, 1354.0 ft² <input type="checkbox"/></p> <p style="margin-left: 20px;">b. N/A <input type="checkbox"/></p> <p style="margin-left: 20px;">c. N/A <input type="checkbox"/></p> <p>11. Ducts</p> <p style="margin-left: 20px;">a. Sup: Unc. Ret: Con. AH: Interior Sup. R=6.0, 135.0 ft <input type="checkbox"/></p> <p style="margin-left: 20px;">b. N/A <input type="checkbox"/></p> | <p>12. Cooling systems</p> <p style="margin-left: 20px;">a. Central Unit Cap: 29.0 kBtu/hr <input type="checkbox"/></p> <p style="margin-left: 40px;">SEER: 13.00 <input type="checkbox"/></p> <p style="margin-left: 20px;">b. N/A <input type="checkbox"/></p> <p style="margin-left: 20px;">c. N/A <input type="checkbox"/></p> <p>13. Heating systems</p> <p style="margin-left: 20px;">a. Electric Heat Pump Cap: 29.0 kBtu/hr <input type="checkbox"/></p> <p style="margin-left: 40px;">HSPF: 8.00 <input type="checkbox"/></p> <p style="margin-left: 20px;">b. N/A <input type="checkbox"/></p> <p style="margin-left: 20px;">c. N/A <input type="checkbox"/></p> <p>14. Hot water systems</p> <p style="margin-left: 20px;">a. Electric Resistance Cap: 50.0 gallons <input type="checkbox"/></p> <p style="margin-left: 40px;">EF: 0.93 <input type="checkbox"/></p> <p style="margin-left: 20px;">b. N/A <input type="checkbox"/></p> <p style="margin-left: 20px;">c. Conservation credits <input type="checkbox"/></p> <p style="margin-left: 40px;">(HR-Heat recovery, Solar</p> <p style="margin-left: 40px;">DHP-Dedicated heat pump)</p> <p>15. HVAC credits CF, <input type="checkbox"/></p> <p style="margin-left: 20px;">(CF-Ceiling fan, CV-Cross ventilation,</p> <p style="margin-left: 20px;">HF-Whole house fan,</p> <p style="margin-left: 20px;">PT-Programmable Thermostat,</p> <p style="margin-left: 20px;">MZ-C-Multizone cooling,</p> <p style="margin-left: 20px;">MZ-H-Multizone heating)</p> |
|---|--|

Glass/Floor Area: 0.09

Total as-built points: 17997

Total base points: 22213

PASS

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

PREPARED BY: [Signature]DATE: 30 Nov 2007 AR7005

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

OWNER/AGENT: _____

DATE: _____

Review of the plans and specifications covered by this calculation indicates compliance with the Florida Energy Code. Before construction is completed this building will be inspected for compliance with Section 553.908 Florida Statutes.

BUILDING OFFICIAL: _____

DATE: _____



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

FLORIDA ENERGY EFFICIENCY CODE FOR BUILDING CONSTRUCTION

Florida Department of Community Affairs Residential Whole Building Performance Method A

Project Name:	AZALEA PARK RECONSTRUCTION	Builder:	S & S CONSTRUCTION
Address:	AZALEA PARK	Permitting Office:	COLUMBIA
City, State:	LAKE CITY, FL	Permit Number:	
Owner:	-	Jurisdiction Number:	221000
Climate Zone:	North		

1. New construction or existing	New	12. Cooling systems	
2. Single family or multi-family	Single family	a. Central Unit	Cap: 29.0 kBtu/hr
3. Number of units, if multi-family	1		SEER: 13.00
4. Number of Bedrooms	3	b. N/A	
5. Is this a worst case?	No	c. N/A	
6. Conditioned floor area (ft ²)	1354 ft ²		
7. Glass type ¹ and area: (Label reqd. by 13-104.4.5 if not default)		13. Heating systems	
a. U-factor:	Description Area	a. Electric Heat Pump	Cap: 29.0 kBtu/hr
(or Single or Double DEFAULT)	7a. (Dble Default) 79.0 ft ²		HSPF: 8.00
b. SHGC:		b. N/A	
(or Clear or Tint DEFAULT)	7b. (Clear) 79.0 ft ²	c. N/A	
8. Floor types		14. Hot water systems	
a. Slab-On-Grade Edge Insulation	R=0.0, 156.0(p) ft	a. Electric Resistance	Cap: 50.0 gallons
b. N/A			EF: 0.93
c. N/A		b. N/A	
9. Wall types		c. Conservation credits	
a. Frame, Wood, Exterior	R=13.0, 1089.0 ft ²	(HR-Heat recovery, Solar	
b. N/A		DHP-Dedicated heat pump)	
c. N/A		15. HVAC credits	CF,
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=25.0, 1354.0 ft ²	MZ-C-Multizone cooling,	
b. N/A		MZ-H-Multizone heating)	
c. N/A			
11. Ducts			
a. Sup: Unc. Ret: Con. AH: Interior	Sup. R=6.0, 135.0 ft		
b. N/A			

Glass/Floor Area: 0.09

Total as-built points: 17997

Total base points: 22213

PASS

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

PREPARED BY: [Signature]DATE: 30 NOV 2007 APL 7005

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

OWNER/AGENT: _____

DATE: _____

Review of the plans and specifications covered by this calculation indicates compliance with the Florida Energy Code. Before construction is completed this building will be inspected for compliance with Section 553.908 Florida Statutes.

BUILDING OFFICIAL: _____

DATE: _____



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

Code Compliance Checklist

Residential Whole Building Performance Method A - Details

ADDRESS: AZALEA PARK, LAKE CITY, FL,

PERMIT #:

6A-21 INFILTRATION REDUCTION COMPLIANCE CHECKLIST

COMPONENTS	SECTION	REQUIREMENTS FOR EACH PRACTICE	CHECK
Exterior Windows & Doors	606.1.ABC.1.1	Maximum: .3 cfm/sq.ft. window area; .5 cfm/sq.ft. door area.	
Exterior & Adjacent Walls	606.1.ABC.1.2.1	Caulk, gasket, weatherstrip or seal between: windows/doors & frames, surrounding wall; foundation & wall sole or sill plate; joints between exterior wall panels at corners; utility penetrations; between wall panels & top/bottom plates; between walls and floor. EXCEPTION: Frame walls where a continuous infiltration barrier is installed that extends from, and is sealed to, the foundation to the top plate.	
Floors	606.1.ABC.1.2.2	Penetrations/openings >1/8" sealed unless backed by truss or joint members. EXCEPTION: Frame floors where a continuous infiltration barrier is installed that is sealed to the perimeter, penetrations and seams.	
Ceilings	606.1.ABC.1.2.3	Between walls & ceilings; penetrations of ceiling plane of top floor; around shafts, chases, soffits, chimneys, cabinets sealed to continuous air barrier; gaps in gyp board & top plate; attic access. EXCEPTION: Frame ceilings where a continuous infiltration barrier is installed that is sealed at the perimeter, at penetrations and seams.	
Recessed Lighting Fixtures	606.1.ABC.1.2.4	Type IC rated with no penetrations, sealed; or Type IC or non-IC rated, installed inside a sealed box with 1/2" clearance & 3" from insulation; or Type IC rated with < 2.0 cfm from conditioned space, tested.	
Multi-story Houses	606.1.ABC.1.2.5	Air barrier on perimeter of floor cavity between floors.	
Additional Infiltration reqts	606.1.ABC.1.3	Exhaust fans vented to outdoors, dampers; combustion space heaters comply with NFPA, have combustion air.	

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

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

SUMMER CALCULATIONS

Residential Whole Building Performance Method A - Details

ADDRESS: AZALEA PARK, LAKE CITY, 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	1354.0	20.04	4884.1	Double, Clear	E	2.0	5.3	60.0	42.06	0.82	2058.0	
				Double, Clear	E	6.0	5.3	20.0	42.06	0.49	409.2	
				Double, Clear	S	2.0	3.3	9.0	35.87	0.61	197.9	
				Double, Clear	S	2.0	5.3	15.0	35.87	0.74	398.5	
				Double, Clear	N	2.0	8.3	15.0	19.20	0.94	271.6	
				As-Built Total:		119.0				3335.2		
WALL TYPES Area X BSPM = Points				Type	R-Value		Area X	SPM	= Points			
Adjacent	0.0	0.00	0.0	Frame, Wood, Exterior	13.0		1089.0	1.50	1633.5			
Exterior	1089.0	1.70	1851.3									
Base Total:		1089.0	1851.3	As-Built Total:		1089.0				1633.5		
DOOR TYPES Area X BSPM = Points				Type			Area X	SPM	= Points			
Adjacent	0.0	0.00	0.0	Exterior Wood			20.0	6.10	122.0			
Exterior	40.0	6.10	244.0	Exterior Wood			20.0	6.10	122.0			
Base Total:		40.0	244.0	As-Built Total:		40.0				244.0		
CEILING TYPES Area X BSPM = Points				Type	R-Value		Area X	SPM X SCM	= Points			
Under Attic	1354.0	1.73	2342.4	Under Attic	25.0		1354.0	1.94 X 1.00	2633.5			
Base Total:		1354.0	2342.4	As-Built Total:		1354.0				2633.5		
FLOOR TYPES Area X BSPM = Points				Type	R-Value		Area X	SPM	= Points			
Slab	156.0(p)	-37.0	-5772.0	Slab-On-Grade Edge Insulation	0.0		156.0(p)	-41.20	-6427.2			
Raised	0.0	0.00	0.0									
Base Total:		-5772.0		As-Built Total:		156.0				-6427.2		
INFILTRATION Area X BSPM = Points						Area X		SPM	= Points			
		1354.0	10.21			1354.0		10.21	13824.3			

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

ADDRESS: AZALEA PARK, LAKE CITY, FL,

PERMIT #:

BASE				AS-BUILT						
Summer Base Points: 17374.2				Summer As-Built Points: 15243.4						
Total Summer Points	X System Multiplier	=	Cooling Points	Total Component (System - Points)	X Cap Ratio	X Duct Multiplier (DM x DSM x AHU)	X System Multiplier	X Credit Multiplier	=	Cooling Points
17374.2	0.4266		7411.8	<small>(sys 1: Central Unit 29000 btuh ,SEER/EFF(13.0) Ducts:Unc(S),Con(R),Int(AH),R6.0(INS)</small> 15243 1.00 (1.08 x 1.147 x 0.91) 0.263 0.950 4289.7 15243.4 1.00 1.128 0.263 0.950 4289.7						

WINTER CALCULATIONS

Residential Whole Building Performance Method A - Details

ADDRESS: AZALEA PARK, LAKE CITY, 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	1354.0	12.74	3105.0	Double, Clear	E	2.0	5.3	60.0	18.79	1.07	1211.6
				Double, Clear	E	6.0	5.3	20.0	18.79	1.32	496.1
				Double, Clear	S	2.0	3.3	9.0	13.30	1.90	227.0
				Double, Clear	S	2.0	5.3	15.0	13.30	1.34	267.8
				Double, Clear	N	2.0	8.3	15.0	24.58	1.00	369.5
				As-Built Total:				119.0	2572.0		
WALL TYPES Area X BWPM = Points				Type	R-Value		Area X WPM = Points				
Adjacent	0.0	0.00	0.0	Frame, Wood, Exterior	13.0		1089.0	3.40		3702.6	
Exterior	1089.0	3.70	4029.3								
Base Total: 1089.0 4029.3				As-Built Total:		1089.0		3702.6			
DOOR TYPES Area X BWPM = Points				Type	R-Value		Area X WPM = Points				
Adjacent	0.0	0.00	0.0	Exterior Wood			20.0	12.30		246.0	
Exterior	40.0	12.30	492.0	Exterior Wood			20.0	12.30		246.0	
Base Total: 40.0 492.0				As-Built Total:		40.0		492.0			
CEILING TYPES Area X BWPM = Points				Type	R-Value		Area X WPM X WCM = Points				
Under Attic	1354.0	2.05	2775.7	Under Attic	25.0		1354.0	2.28 X 1.00		3083.7	
Base Total: 1354.0 2775.7				As-Built Total:		1354.0		3083.7			
FLOOR TYPES Area X BWPM = Points				Type	R-Value		Area X WPM = Points				
Slab	156.0(p)	8.9	1388.4	Slab-On-Grade Edge Insulation	0.0		156.0(p)	18.80		2932.8	
Raised	0.0	0.00	0.0								
Base Total: 1388.4				As-Built Total:		156.0		2932.8			
INFILTRATION Area X BWPM = Points						Area X WPM = Points					
1354.0 -0.59 -798.9						1354.0 -0.59		-798.9			

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

ADDRESS: AZALEA PARK, LAKE CITY, FL,

PERMIT #:

BASE				AS-BUILT									
Winter Base Points: 10991.5				Winter As-Built Points: 11984.3									
Total Winter Points	X	System Multiplier	= Heating Points	Total Component (System - Points)	X	Cap Ratio (DM x DSM x AHU)	X	Duct Multiplier	X	System Multiplier	X	Credit Multiplier	= Heating Points
10991.5		0.6274	6896.1	(sys 1: Electric Heat Pump 29000 btuh ,EFF(8.0) Ducts:Unc(S),Con(R),Int(AH),R6.0 11984.3 1.000 (1.060 x 1.169 x 0.93) 0.426 1.000 5886.8 11984.3 1.00 1.152 0.426 1.000 5886.8									

WATER HEATING & CODE COMPLIANCE STATUS**Residential Whole Building Performance Method A - Details**

ADDRESS: AZALEA PARK, LAKE CITY, FL,

PERMIT #:

BASE				AS-BUILT						
WATER HEATING										
Number of Bedrooms	X	Multiplier	= Total	Tank Volume	EF	Number of Bedrooms	X	Tank X Ratio	Multiplier X Credit	= Total
3		2635.00	7905.0	50.0	0.93	3		1.00	2606.67	7820.0
				As-Built Total:						7820.0

CODE COMPLIANCE STATUS											
BASE						AS-BUILT					
Cooling Points	+	Heating Points	+	Hot Water Points	= Total Points	Cooling Points	+	Heating Points	+	Hot Water Points	= Total Points
7412		6896		7905	22213	4290		5887		7820	17997

PASS

ENERGY PERFORMANCE LEVEL (EPL) DISPLAY CARD

ESTIMATED ENERGY PERFORMANCE SCORE* = 86.9

The higher the score, the more efficient the home.

-, AZALEA PARK, LAKE CITY, FL,

1. New construction or existing	New	___	12. Cooling systems	
2. Single family or multi-family	Single family	___	a. Central Unit	Cap: 29.0 kBtu/hr
3. Number of units, if multi-family	1	___		SEER: 13.00
4. Number of Bedrooms	3	___	b. N/A	___
5. Is this a worst case?	No	___	c. N/A	___
6. Conditioned floor area (ft ²)	1354 ft ²	___		___
7. Glass type ¹ and area: (Label reqd. by 13-104.4.5 if not default)		___	13. Heating systems	
a. U-factor:	Description Area	___	a. Electric Heat Pump	Cap: 29.0 kBtu/hr
(or Single or Double DEFAULT)	7a. (Dble Default) 79.0 ft ²	___		HSPF: 8.00
b. SHGC:		___	b. N/A	___
(or Clear or Tint DEFAULT)	7b. (Clear) 79.0 ft ²	___	c. N/A	___
8. Floor types		___	14. Hot water systems	
a. Slab-On-Grade Edge Insulation	R=0.0, 156.0(p) ft	___	a. Electric Resistance	Cap: 50.0 gallons
b. N/A	___	___		EF: 0.93
c. N/A	___	___	b. N/A	___
9. Wall types		___	c. Conservation credits	___
a. Frame, Wood, Exterior	R=13.0, 1089.0 ft ²	___	(HR-Heat recovery, Solar	___
b. N/A	___	___	DHP-Dedicated heat pump)	___
c. N/A	___	___	15. HVAC credits	CF, ___
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=25.0, 1354.0 ft ²	___	MZ-C-Multizone cooling,	___
b. N/A	___	___	MZ-H-Multizone heating)	___
c. N/A	___	___		___
11. Ducts		___		___
a. Sup: Unc. Ret: Con. AH: Interior	Sup. R=6.0, 135.0 ft	___		___
b. N/A	___	___		___

I certify that this home has complied with the Florida Energy Efficiency Code For Building Construction through the above energy saving features which will be installed (or exceeded) in this home before final inspection. Otherwise, a new EPL Display Card will be completed based on installed Code compliant features.

Builder Signature: _____ Date: _____

Address of New Home: _____ City/FL Zip: _____



**NOTE: The home's estimated energy performance score is only available through the FLA/RES computer program. This is not a Building Energy Rating. If your score is 80 or greater (or 86 for a US EPA/DOE EnergyStarTM designation), your home may qualify for energy efficiency mortgage (EEM) incentives if you obtain a Florida Energy Gauge Rating. Contact the Energy Gauge Hotline at 321/638-1492 or see the Energy Gauge web site at www.fsec.ucf.edu for information and a list of certified Raters. For information about Florida's Energy Efficiency Code For Building Construction, contact the Department of Community Affairs at 850/487-1824.*

1 Predominant glass type. For actual glass type and areas, see Summer & Winter Glass output on pages 2&4.
EnergyGauge® (Version: FLRCSB v4.0)

A FDID <u>29091</u> * State <u>FL</u> * Incident Date <u>11</u> <u>07</u> <u>2007</u> * Station <u>40</u> Incident Number <u>07-0004037</u> * Exposure <u>000</u> * <div style="float:right;"><input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> No Activity</div>		NFIRS -1 Basic	
B Location* <input type="checkbox"/> Check this box to indicate that the address for this incident is provided on the Wildland Fire Module in Section B "Alternative Location Specification". Use only for Wildland fires. Census Tract _____-_____ <input checked="" type="checkbox"/> Street address <u>118</u> <u>SW</u> <u>Gardenia</u> <u>WAY</u> <div style="display: flex; justify-content: space-between;"><div>Number/Milepost Prefix Street or Highway</div><div>Street Type Suffix</div></div> <input type="checkbox"/> Intersection <input type="checkbox"/> In front of <input type="checkbox"/> Rear of <input type="checkbox"/> Adjacent to <input type="checkbox"/> Directions <div style="display: flex; justify-content: space-between;"><div>Apt./Suite/Room City</div><div>State Zip Code</div></div> <div style="display: flex; justify-content: space-between;"><div><u>Lake City</u></div><div><u>FL</u> <u>32025</u></div></div> <div style="text-align: center;">Cross street or directions, as applicable</div>			
C Incident Type * <u>111</u> <u>Building fire</u> <small>Incident Type</small>		E1 Date & Times Midnight is 0000 Check boxes if dates are the same as Alarm Date. ALARM always required Alarm * <u>11</u> <u>07</u> <u>2007</u> <u>05:53:00</u> ARRIVAL required, unless canceled or did not arrive <input checked="" type="checkbox"/> Arrival * <u>11</u> <u>07</u> <u>2007</u> <u>06:00:00</u> CONTROLLED Optional, Except for wildland fires <input type="checkbox"/> Controlled LAST UNIT CLEARED, required except for wildland fires <input checked="" type="checkbox"/> Last Unit <u>11</u> <u>07</u> <u>2007</u> <u>07:45:00</u> <u>Cleared</u>	
D Aid Given or Received* 1 <input type="checkbox"/> Mutual aid received 2 <input type="checkbox"/> Automatic aid recvd. 3 <input type="checkbox"/> Mutual aid given 4 <input type="checkbox"/> Automatic aid given 5 <input type="checkbox"/> Other aid given N <input checked="" type="checkbox"/> None <div style="display: flex; justify-content: space-between;"><div>Their FDID Their State</div><div>Their Incident Number</div></div>		E2 Shift & Alarms Local Option <u>B</u> <u>01</u> <u>1</u> Shift or Alarms District Platoon	
F Actions Taken * <u>11</u> <u>Extinguishment by fire</u> <small>Primary Action Taken (1)</small> <u>12</u> <u>Salvage & overhaul</u> <small>Additional Action Taken (2)</small> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <small>Additional Action Taken (3)</small>		G1 Resources * <input checked="" type="checkbox"/> Check this box and skip this section if an Apparatus or Personnel form is used. Apparatus <u>0003</u> Personnel <u>0009</u> Suppression EMS Other <u>0004</u> <input type="checkbox"/> Check box if resource counts include aid received resources.	
G2 Estimated Dollar Losses & Values LOSSES: Required for all fires if known. Optional for non fires. None Property \$ _____, <u>030</u> , <u>000</u> Contents \$ _____, <u>020</u> , <u>000</u> PRE-INCIDENT VALUE: Optional Property \$ _____, <u>070</u> , <u>000</u> Contents \$ _____, <u>025</u> , <u>000</u>			
Completed Modules <input checked="" type="checkbox"/> Fire-2 <input checked="" type="checkbox"/> Structure-3 <input type="checkbox"/> Civil Fire Cas.-4 <input type="checkbox"/> Fire Serv. Cas.-5 <input type="checkbox"/> EMS-6 <input type="checkbox"/> HazMat-7 <input type="checkbox"/> Wildland Fire-8 <input checked="" type="checkbox"/> Apparatus-9 <input checked="" type="checkbox"/> Personnel-10 <input type="checkbox"/> Arson-11		H1* Casualties <input checked="" type="checkbox"/> None Deaths Injuries Fire Service Civilian H2 Detector Required for Confined Fires. 1 <input type="checkbox"/> Detector alerted occupants 2 <input type="checkbox"/> Detector did not alert them U <input type="checkbox"/> Unknown	
H3 Hazardous Materials Release N <input type="checkbox"/> None 1 <input type="checkbox"/> Natural Gas: slow leak, no evacuation or HazMat actions 2 <input type="checkbox"/> Propane gas: <21 lb. tank (as in home BBQ grill) 3 <input type="checkbox"/> Gasoline: vehicle fuel tank or portable container 4 <input type="checkbox"/> Kerosene: fuel burning equipment or portable storage 5 <input type="checkbox"/> Diesel fuel/fuel oil: vehicle fuel tank or portable 6 <input type="checkbox"/> Household solvents: home/office spill, cleanup only 7 <input type="checkbox"/> Motor oil: from engine or portable container 8 <input type="checkbox"/> Paint: from paint cans totaling < 55 gallons 0 <input type="checkbox"/> Other: Special HazMat actions required or spill > 55gal.. Please complete the HazMat form		I Mixed Use Property NN <input type="checkbox"/> Not Mixed 10 <input type="checkbox"/> Assembly use 20 <input type="checkbox"/> Education use 33 <input type="checkbox"/> Medical use 40 <input type="checkbox"/> Residential use 51 <input type="checkbox"/> Row of stores 53 <input type="checkbox"/> Enclosed mall 58 <input type="checkbox"/> Bus. & Residential 59 <input type="checkbox"/> Office use 60 <input type="checkbox"/> Industrial use 63 <input type="checkbox"/> Military use 65 <input type="checkbox"/> Farm use 00 <input type="checkbox"/> Other mixed use	
J Property Use* Structures 131 <input type="checkbox"/> Church, place of worship 161 <input type="checkbox"/> Restaurant or cafeteria 162 <input type="checkbox"/> Bar/Tavern or nightclub 213 <input type="checkbox"/> Elementary school or kindergarten 215 <input type="checkbox"/> High school or junior high 241 <input type="checkbox"/> College, adult education 311 <input type="checkbox"/> Care facility for the aged 331 <input type="checkbox"/> Hospital		341 <input type="checkbox"/> Clinic, clinic type infirmary 342 <input type="checkbox"/> Doctor/dentist office 361 <input type="checkbox"/> Prison or jail, not juvenile 419 <input checked="" type="checkbox"/> 1-or 2-family dwelling 429 <input type="checkbox"/> Multi-family dwelling 439 <input type="checkbox"/> Rooming/boarding house 449 <input type="checkbox"/> Commercial hotel or motel 459 <input type="checkbox"/> Residential, board and care 464 <input type="checkbox"/> Dormitory/barracks 519 <input type="checkbox"/> Food and beverage sales	
Outside 124 <input type="checkbox"/> Playground or park 655 <input type="checkbox"/> Crops or orchard 669 <input type="checkbox"/> Forest (timberland) 807 <input type="checkbox"/> Outdoor storage area 919 <input type="checkbox"/> Dump or sanitary landfill 931 <input type="checkbox"/> Open land or field		539 <input type="checkbox"/> Household goods, sales, repairs 579 <input type="checkbox"/> Motor vehicle/boat sales/repair 571 <input type="checkbox"/> Gas or service station 599 <input type="checkbox"/> Business office 615 <input type="checkbox"/> Electric generating plant 629 <input type="checkbox"/> Laboratory/science lab 700 <input type="checkbox"/> Manufacturing plant 819 <input type="checkbox"/> Livestock/poultry storage (barn) 882 <input type="checkbox"/> Non-residential parking garage 891 <input type="checkbox"/> Warehouse 981 <input type="checkbox"/> Construction site 984 <input type="checkbox"/> Industrial plant yard Lookup and enter a Property Use code only if you have NOT checked a Property Use box: Property Use <u>419</u> <u>1 or 2 family dwelling</u>	

K1 Person/Entity Involved

Local Option

Business name (if applicable)

Area Code

Phone Number

☐ Check this box if same address as incident location. Then skip the three duplicate address lines.

Mr., Ms., Mrs. First Name

MI

Last Name

Suffix

Number

Prefix

Street or Highway

Street Type

Suffix

Post Office Box

Apt./Suite/Room

City

State

Zip Code

☐ More people involved? Check this box and attach Supplemental Forms (NFIRS-1S) as necessary

K2 Owner

☐ Same as person involved? Then check this box and skip the rest of this section.

Local Option

Business name (if Applicable)

Area Code

Phone Number

☒ Check this box if same address as incident location. Then skip the three duplicate address lines.

Mr., Ms., Mrs. First Name

MI

Last Name

Suffix

Number

Prefix

Street or Highway

Street Type

Suffix

Post Office Box

Apt./Suite/Room

City

State

Zip Code

L Remarks

Local Option

Responded to a structure fire. Upon arrival the house was involved on the North end of the house. We pulled two preconnects, knocked the fire down then used foam from QR45 to mop up the fire. Talked with the owner, she advised us that her two children had smelled smoke and opened the door to the utility room. The room was on fire. After looking in the utility room and investigating it appears the fire might have started in the utility room in the electrical panel box. We called Red Cross for the family. Completed assignment and returned to station.

L Authorization

0087

Officer in charge ID

Thomas, James Arness

Signature

LT

Position or rank

Assignment

11

09

2007

Month Day Year

Check Box if same as Officer making report ID in charge.

☒ 0087

Thomas, James Arness

Signature

LT

Position or rank

Assignment

11

09

2007

Month Day Year

A FDIS <u>29091</u> * State <u>FL</u> * Incident Date <u>11</u> <u>07</u> <u>2007</u> * Station <u>40</u> Incident Number <u>07-0004037</u> * Exposure <u>000</u> * <input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> No Activity		NFIRS -2 Fire	
B Property Details B1 <u>0001</u> <input type="checkbox"/> Not Residential Estimated Number of residential living units in building of origin whether or not all units became involved B2 <u>001</u> <input type="checkbox"/> Buildings not involved Number of buildings involved B3 <u> </u> <input checked="" type="checkbox"/> None Acres burned (outside fires) <input type="checkbox"/> Less than one acre		C On-Site Materials <input type="checkbox"/> None or Products Enter up to three codes. Check one or more boxes for each code entered. <u> </u> <u> </u> <u> </u> On-site material (1) <u> </u> <u> </u> <u> </u> On-site material (2) <u> </u> <u> </u> <u> </u> On-site material (3) 1 <input type="checkbox"/> Bulk storage or warehousing 2 <input type="checkbox"/> Processing or manufacturing 3 <input type="checkbox"/> Packaged goods for sale 4 <input type="checkbox"/> Repair or service 1 <input type="checkbox"/> Bulk storage or warehousing 2 <input type="checkbox"/> Processing or manufacturing 3 <input type="checkbox"/> Packaged goods for sale 4 <input type="checkbox"/> Repair or service 1 <input type="checkbox"/> Bulk storage or warehousing 2 <input type="checkbox"/> Processing or manufacturing 3 <input type="checkbox"/> Packaged goods for sale 4 <input type="checkbox"/> Repair or service	
D Ignition D1 <u>62</u> <u>Heating room or area,</u> Area of fire origin * D2 <u>UU</u> <u>Undetermined</u> Heat source * D3 <u>UU</u> <u>Undetermined</u> Item first ignited * 1 <input type="checkbox"/> Check Box if fire spread was confined to object of origin D4 <u> </u> <u> </u> Type of material first ignited Required only if item first ignited code is 00 or <70		E1 Cause of Ignition <input type="checkbox"/> Check box if this is an exposure report. Skip to section G 1 <input type="checkbox"/> Intentional 2 <input type="checkbox"/> Unintentional 3 <input type="checkbox"/> Failure of equipment or heat source 4 <input type="checkbox"/> Act of nature 5 <input type="checkbox"/> Cause under investigation U <input checked="" type="checkbox"/> Cause undetermined after investigation E2 Factors Contributing To Ignition <u>UU</u> <u>Undetermined</u> <input checked="" type="checkbox"/> None Factor Contributing To Ignition (1) <u> </u> <u> </u> <u> </u> Factor Contributing To Ignition (2)	
F1 Equipment Involved In Ignition <input type="checkbox"/> None If Equipment was not involved, Skip to Section G <u> </u> <u> </u> Equipment Involved Brand <u> </u> Model <u> </u> Serial # <u> </u> Year <u> </u>		F2 Equipment Power <u> </u> <u> </u> Equipment Power Source F3 Equipment Portability 1 <input type="checkbox"/> Portable 2 <input type="checkbox"/> Stationary Portable equipment normally can be moved by one person, is designed to be use in multiple locations, and requires no tools to install.	
H1 Mobile Property Involved <input type="checkbox"/> None 1 <input type="checkbox"/> Not involved in ignition, but burned 2 <input type="checkbox"/> Involved in ignition, but did not burn 3 <input type="checkbox"/> Involved in ignition and burned <u> </u> Mobile property model <u> </u> <u> </u> <u> </u> License Plate Number State VIN Number		H2 Mobile Property Type & Make <u> </u> <u> </u> Mobile property type <u> </u> <u> </u> <u> </u> Mobile property make <u> </u> <u> </u> <u> </u> Year	
G Fire Suppression Factors Enter up to three codes. <input type="checkbox"/> None <u> </u> <u> </u> <u> </u> Fire suppression factor (1) <u> </u> <u> </u> <u> </u> Fire suppression factor (2) <u> </u> <u> </u> <u> </u> Fire suppression factor (3)		E3 Human Factors Contributing To Ignition Check all applicable boxes 1 <input type="checkbox"/> Asleep <input checked="" type="checkbox"/> None 2 <input type="checkbox"/> Possibly impaired by alcohol or drugs 3 <input type="checkbox"/> Unattended person 4 <input type="checkbox"/> Possibly mental disabled 5 <input type="checkbox"/> Physically Disabled 6 <input type="checkbox"/> Multiple persons involved 7 <input type="checkbox"/> Age was a factor Estimated age of person involved <u> </u> 1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female	
Local Use <input type="checkbox"/> Pre-Fire Plan Available Some of the information presented in this report may be based upon reports from other Agencies <input type="checkbox"/> Arson report attached <input type="checkbox"/> Police report attached <input type="checkbox"/> Coroner report attached <input type="checkbox"/> Other reports attached NFIRS-2 Revision 01/19/99			

I1 Structure Type * If Fire was in enclosed building or a portable/mobile structure complete the rest of this form 1 <input checked="" type="checkbox"/> Enclosed Building 2 <input type="checkbox"/> Portable/mobile structure 3 <input type="checkbox"/> Open structure 4 <input type="checkbox"/> Air supported structure 5 <input type="checkbox"/> Tent 6 <input type="checkbox"/> Open platform (e.g. piers) 7 <input type="checkbox"/> Underground structure (work areas) 8 <input type="checkbox"/> Connective structure (e.g. fences) 0 <input type="checkbox"/> Other type of structure	I2 Building Status * 1 <input type="checkbox"/> Under construction 2 <input checked="" type="checkbox"/> Occupied & operating 3 <input type="checkbox"/> Idle, not routinely used 4 <input type="checkbox"/> Under major renovation 5 <input type="checkbox"/> Vacant and secured 6 <input type="checkbox"/> Vacant and unsecured 7 <input type="checkbox"/> Being demolished 0 <input type="checkbox"/> Other U <input type="checkbox"/> Undetermined	I3 Building * Height Count the ROOF as part of the highest story <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div> <small>Total number of stories at or above grade</small> <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> <small>Total number of stories below grade</small>	I4 Main Floor Size* <div style="text-align: right;">NFIRS-3 Structure Fire</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div> , <div style="border: 1px solid black; padding: 2px; display: inline-block;">200</div> <small>Total square feet</small> <div style="text-align: center; font-weight: bold; margin: 10px 0;">OR</div> <div style="display: flex; justify-content: space-between;"> <div><div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> , <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div></div> <div>BY</div> <div><div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> , <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div></div> </div> <div style="display: flex; justify-content: space-between;"> <small>Length in feet</small> <small>Width in feet</small> </div>
J1 Fire Origin * <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div> <input type="checkbox"/> Below Grade <small>Story of fire origin</small>	J3 Number of Stories Damaged By Flame Count the ROOF as part of the highest story <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> Number of stories w/ minor damage (1 to 24% flame damage) <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div> Number of stories w/ significant damage (25 to 49% flame damage) <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> Number of stories w/ heavy damage (50 to 74% flame damage) <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> Number of stories w/ extreme damage (75 to 100% flame damage)		K Material Contributing Most To Flame Spread <input type="checkbox"/> Check if no flame spread OR same as material first ignited OR unable to determine Skip To Section L K1 <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> <small>Item contributing most to flame spread</small> K2 <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> <small>Type of material contributing most of flame spread</small> <small>Required only if item contributing code is 00 or <70</small>
J2 Fire Spread * 1 <input type="checkbox"/> Confined to object of origin 2 <input type="checkbox"/> Confined to room of origin 3 <input type="checkbox"/> Confined to floor of origin 4 <input checked="" type="checkbox"/> Confined to building of origin 5 <input type="checkbox"/> Beyond building of origin	L1 Presence of Detectors * (In area of the fire) N <input checked="" type="checkbox"/> None Present Skip to section M 1 <input type="checkbox"/> Present U <input type="checkbox"/> Undetermined	L3 Detector Power Supply 1 <input type="checkbox"/> Battery only 2 <input type="checkbox"/> Hardwire only 3 <input type="checkbox"/> Plug in 4 <input type="checkbox"/> Hardwire with battery 5 <input type="checkbox"/> Plug in with battery 6 <input type="checkbox"/> Mechanical 7 <input type="checkbox"/> Multiple detectors & power supplies 0 <input type="checkbox"/> Other _____ U <input type="checkbox"/> Undetermined	L5 Detector Effectiveness Required if detector operated 1 <input type="checkbox"/> Alerted Occupants, occupants responded 2 <input type="checkbox"/> Occupants failed to respond 3 <input type="checkbox"/> There were no occupants 4 <input type="checkbox"/> Failed to alert occupants U <input type="checkbox"/> Undetermined
L2 Detector Type 1 <input type="checkbox"/> Smoke 2 <input type="checkbox"/> Heat 3 <input type="checkbox"/> Combination smoke - heat 4 <input type="checkbox"/> Sprinkler, water flow detection 5 <input type="checkbox"/> More than 1 type present 0 <input type="checkbox"/> Other _____ U <input type="checkbox"/> Undetermined	L4 Detector Operation 1 <input type="checkbox"/> Fire too small to activate 2 <input type="checkbox"/> Operated (Complete Section L5) 3 <input type="checkbox"/> Failed to Operate (Complete Section L6) U <input type="checkbox"/> Undetermined	L6 Detector Failure Reason Required if detector failed to operate 1 <input type="checkbox"/> Power failure, shutoff or disconnect 2 <input type="checkbox"/> Improper installation or placement 3 <input type="checkbox"/> Defective 4 <input type="checkbox"/> Lack of maintenance, includes cleaning 5 <input type="checkbox"/> Battery missing or disconnected 6 <input type="checkbox"/> Battery discharged or dead 0 <input type="checkbox"/> Other _____ U <input type="checkbox"/> Undetermined	
M1 Presence of Automatic Extinguishment System * N <input checked="" type="checkbox"/> None Present Complete rest of Section M 1 <input type="checkbox"/> Present	M3 Automatic Extinguishment System Operation Required if fire was within designed range 1 <input type="checkbox"/> Operated & effective (Go to M4) 2 <input type="checkbox"/> Operated & not effective (M4) 3 <input type="checkbox"/> Fire too small to activate 4 <input type="checkbox"/> Failed to operate (Go to M5) 0 <input type="checkbox"/> Other U <input type="checkbox"/> Undetermined	M5 Automatic Extinguishment System Failure Reason Required if system failed 1 <input type="checkbox"/> System shut off 2 <input type="checkbox"/> Not enough agent discharged 3 <input type="checkbox"/> Agent discharged but did not reach fire 4 <input type="checkbox"/> Wrong type of system 5 <input type="checkbox"/> Fire not in area protected 6 <input type="checkbox"/> System components damaged 7 <input type="checkbox"/> Lack of maintenance 8 <input type="checkbox"/> Manual Intervention 0 <input type="checkbox"/> Other _____ U <input type="checkbox"/> Undetermined	
M2 Type of Automatic Extinguishment System * Required if fire was within designed range of AES 1 <input type="checkbox"/> Wet pipe sprinkler 2 <input type="checkbox"/> Dry pipe sprinkler 3 <input type="checkbox"/> Other sprinkler system 4 <input type="checkbox"/> Dry chemical system 5 <input type="checkbox"/> Foam system 6 <input type="checkbox"/> Halogen type system 7 <input type="checkbox"/> Carbon dioxide (CO ₂) system 0 <input type="checkbox"/> Other special hazard system U <input type="checkbox"/> Undetermined		M4 Number of Sprinkler Heads Operating Required if system operated <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> <small>Number of sprinkler heads operating</small>	

A 29091 FL 11 7 2007 40 07-0004037 000		Delete <input type="checkbox"/> Change <input type="checkbox"/>		NFIRS - 9 Apparatus or Resources							
B Apparatus or * Resource		Date and Times <small>Check if same as alarm date</small>				Sent <input checked="" type="checkbox"/>	Number of * People	Use <small>Check ONE box for each apparatus to indicate its main use at the incident.</small>	Actions Taken		
		<small>Month Day Year Hour Min</small>									
1 ID CF1	Dispatch	<input checked="" type="checkbox"/>	11	7	2007	05:53	<input checked="" type="checkbox"/>	1	<input type="checkbox"/> Suppression	73	
	Arrival	<input checked="" type="checkbox"/>	11	7	2007	06:00			<input type="checkbox"/> EMS		
	Clear	<input checked="" type="checkbox"/>	11	7	2007	07:45			<input checked="" type="checkbox"/> Other		
2 ID CF2	Dispatch	<input checked="" type="checkbox"/>	11	7	2007	05:53	<input checked="" type="checkbox"/>	1	<input type="checkbox"/> Suppression	73	
	Arrival	<input checked="" type="checkbox"/>	11	7	2007	06:00			<input type="checkbox"/> EMS		
	Clear	<input checked="" type="checkbox"/>	11	7	2007	07:45			<input checked="" type="checkbox"/> Other		
3 ID CF3	Dispatch	<input checked="" type="checkbox"/>	11	7	2007	05:53	<input checked="" type="checkbox"/>	1	<input type="checkbox"/> Suppression	73	
	Arrival	<input checked="" type="checkbox"/>	11	7	2007	06:00			<input type="checkbox"/> EMS		
	Clear	<input checked="" type="checkbox"/>	11	7	2007	07:45			<input checked="" type="checkbox"/> Other		
4 ID E40	Dispatch	<input checked="" type="checkbox"/>	11	7	2007	05:53	<input checked="" type="checkbox"/>	2	<input checked="" type="checkbox"/> Suppression	73	74
	Arrival	<input checked="" type="checkbox"/>	11	7	2007	06:00			<input type="checkbox"/> EMS	75	76
	Clear	<input checked="" type="checkbox"/>	11	7	2007	07:45			<input type="checkbox"/> Other		
5 ID T43	Dispatch	<input checked="" type="checkbox"/>	11	7	2007	05:53	<input checked="" type="checkbox"/>	1	<input checked="" type="checkbox"/> Suppression	73	74
	Arrival	<input checked="" type="checkbox"/>	11	7	2007	06:00			<input type="checkbox"/> EMS	75	76
	Clear	<input checked="" type="checkbox"/>	11	7	2007	07:45			<input type="checkbox"/> Other		
6 ID T44	Dispatch	<input checked="" type="checkbox"/>	11	7	2007	05:53	<input checked="" type="checkbox"/>	1	<input checked="" type="checkbox"/> Suppression	73	74
	Arrival	<input checked="" type="checkbox"/>	11	7	2007	06:00			<input type="checkbox"/> EMS	75	76
	Clear	<input checked="" type="checkbox"/>	11	7	2007	07:45			<input type="checkbox"/> Other		
7 ID T45	Dispatch	<input checked="" type="checkbox"/>	11	7	2007	05:53	<input checked="" type="checkbox"/>	2	<input type="checkbox"/> Suppression	73	74
	Arrival	<input checked="" type="checkbox"/>	11	7	2007	06:00			<input type="checkbox"/> EMS	75	
	Clear	<input checked="" type="checkbox"/>	11	7	2007	07:45			<input checked="" type="checkbox"/> Other		
8 ID 	Dispatch	<input type="checkbox"/>					<input type="checkbox"/>		<input type="checkbox"/> Suppression		
	Arrival	<input type="checkbox"/>							<input type="checkbox"/> EMS		
	Clear	<input type="checkbox"/>							<input type="checkbox"/> Other		
9 ID 	Dispatch	<input type="checkbox"/>					<input type="checkbox"/>		<input type="checkbox"/> Suppression		
	Arrival	<input type="checkbox"/>							<input type="checkbox"/> EMS		
	Clear	<input type="checkbox"/>							<input type="checkbox"/> Other		

Type of Apparatus or Resources

Ground Fire Suppression

- 11 Engine
- 12 Truck or aerial
- 13 Quint
- 14 Tanker & pumper combination
- 16 Brush truck
- 17 ARF (Aircraft Rescue and Firefighting)
- 10 Ground fire suppression, other

Heavy Ground Equipment

- 21 Dozer or plow
- 22 Tractor
- 24 Tanker or tender
- 20 Heavy equipment, other

Aircraft

- 41 Aircraft: fixed wing tanker
- 42 Helitanker
- 43 Helicopter
- 40 Aircraft, other

Marine Equipment

- 51 Fire boat with pump
- 52 Boat, no pump
- 50 Marine apparatus, other

Support Equipment

- 61 Breathing apparatus support
- 62 Light and air unit
- 60 Support apparatus, other

Medical & Rescue

- 71 Rescue unit
- 72 Urban Search & rescue unit
- 73 High angle rescue unit
- 75 BLS unit
- 76 ALS unit
- 70 Medical and rescue unit, other

More Apparatus?
Use Additional
Sheets

Other

- 91 Mobile command post
- 92 Chief officer car
- 93 HazMat unit
- 94 Type 1 hand crew
- 95 Type 2 hand crew
- 99 Privately owned vehicle
- 00 Other apparatus/resource

- NN None
- UU Undetermined

NFIRS-9 Revision 11/17/98

A		MM DD YYYY		Station		Incident Number		Exposure		<input type="checkbox"/> Delete <input type="checkbox"/> Change		NFIRS - 10 Personnel	
		20001	FL	11	7	2007	40	07-0004037	000				
B Apparatus or Resource		Date and Times <small>Check if same as alarm date</small>				Sent	Number of People	Use <small>Check ONE box for each apparatus to indicate its main use at the incident.</small>		Actions Taken <small>List up to 4 actions for each apparatus and each personnel.</small>			
Use codes listed below ID <input type="text" value="CF1"/> Type <input type="text" value="92"/>		Dispatch <input checked="" type="checkbox"/> <input type="text" value="11"/> <input type="text" value="7"/> <input type="text" value="2007"/> <input type="text" value="05:53"/> Arrival <input checked="" type="checkbox"/> <input type="text" value="11"/> <input type="text" value="7"/> <input type="text" value="2007"/> <input type="text" value="06:00"/> Clear <input checked="" type="checkbox"/> <input type="text" value="11"/> <input type="text" value="7"/> <input type="text" value="2007"/> <input type="text" value="07:45"/>	<input checked="" type="checkbox"/> Sent <input type="checkbox"/>	<input type="text" value="1"/>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input checked="" type="checkbox"/> Other	<input type="text" value="73"/> <input type="text"/> <input type="text"/> <input type="text"/>							
Personnel ID	Name	Rank or Grade	Attend	Action Taken	Action Taken	Action Taken	Action Taken						
0001	Atkinson, Tres	FC	X	58	11	12							
ID <input type="text" value="CF2"/> Type <input type="text" value="92"/>		Dispatch <input checked="" type="checkbox"/> <input type="text" value="11"/> <input type="text" value="7"/> <input type="text" value="2007"/> <input type="text" value="05:53"/> Arrival <input checked="" type="checkbox"/> <input type="text" value="11"/> <input type="text" value="7"/> <input type="text" value="2007"/> <input type="text" value="06:00"/> Clear <input checked="" type="checkbox"/> <input type="text" value="11"/> <input type="text" value="7"/> <input type="text" value="2007"/> <input type="text" value="07:45"/>	<input checked="" type="checkbox"/> Sent <input type="checkbox"/>	<input type="text" value="1"/>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input checked="" type="checkbox"/> Other	<input type="text" value="73"/> <input type="text"/> <input type="text"/> <input type="text"/>							
Personnel ID	Name	Rank or Grade	Attend	Action Taken	Action Taken	Action Taken	Action Taken						
0016	Cason, James	AC	X	11	12								
ID <input type="text" value="CF3"/> Type <input type="text" value="91"/>		Dispatch <input checked="" type="checkbox"/> <input type="text" value="11"/> <input type="text" value="7"/> <input type="text" value="2007"/> <input type="text" value="05:53"/> Arrival <input checked="" type="checkbox"/> <input type="text" value="11"/> <input type="text" value="7"/> <input type="text" value="2007"/> <input type="text" value="06:00"/> Clear <input checked="" type="checkbox"/> <input type="text" value="11"/> <input type="text" value="7"/> <input type="text" value="2007"/> <input type="text" value="07:45"/>	<input checked="" type="checkbox"/> Sent <input type="checkbox"/>	<input type="text" value="1"/>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input checked="" type="checkbox"/> Other	<input type="text" value="73"/> <input type="text"/> <input type="text"/> <input type="text"/>							
Personnel ID	Name	Rank or Grade	Attend	Action Taken	Action Taken	Action Taken	Action Taken						
0009	Boozer, David	FMD	X	58	11	12							

A		MM DD YYYY		FDID		State		Incident Date		Station		Incident Number		Exposure		<input type="checkbox"/> Delete <input type="checkbox"/> Change		NFIRS - 10 Personnel	
29091 FDID		FL State		11 7 Incident Date		2007 Year		40 Station		07-0004037 Incident Number		000 Exposure							

B Apparatus or Resource	Date and Times	Sent	Number of People	Use	Actions Taken
Use codes listed below	Check if same as alarm date Month Day Year Hours/mins	<input type="checkbox"/>		Check ONE box for each apparatus to indicate its main use at the incident. <input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	List up to 4 actions for each apparatus and each personnel. [73] [74] [75] [76]

1	ID E40	Dispatch <input checked="" type="checkbox"/>	11	7	2007	05:53	Sent	<input checked="" type="checkbox"/>	2	[73] [74] [75] [76]
	Type 11	Arrival <input checked="" type="checkbox"/>	11	7	2007	06:00				
		Clear <input checked="" type="checkbox"/>	11	7	2007	07:45				

Personnel ID	Name	Rank or Grade	Attend	Action Taken	Action Taken	Action Taken	Action Taken
0087 HERN01	Thomas, James	LT	X	58	11	81	86
	Herndon, Matthew	FF	X	11	12		

2	ID T43	Dispatch <input checked="" type="checkbox"/>	11	7	2007	05:53	Sent	<input checked="" type="checkbox"/>	1	[73] [74] [75] [76]
	Type 24	Arrival <input checked="" type="checkbox"/>	11	7	2007	06:00				
		Clear <input checked="" type="checkbox"/>	11	7	2007	07:45				

Personnel ID	Name	Rank or Grade	Attend	Action Taken	Action Taken	Action Taken	Action Taken
MCCO01	McCook, Joshua	FF	X	58	11	12	

3	ID T44	Dispatch <input checked="" type="checkbox"/>	11	7	2007	05:53	Sent	<input checked="" type="checkbox"/>	1	[73] [74] [75] [76]
	Type 24	Arrival <input checked="" type="checkbox"/>	11	7	2007	06:00				
		Clear <input checked="" type="checkbox"/>	11	7	2007	07:45				

Personnel ID	Name	Rank or Grade	Attend	Action Taken	Action Taken	Action Taken	Action Taken
0073	Peeler, Walter	BC	X	58	11	12	

A		FDID 20001		State FL	Incident Date 11/7/2007		Station 40	Incident Number 07-0004037		Exposure 000	<input type="checkbox"/> Delete <input type="checkbox"/> Change		NFIRS - 10 Personnel	
B Apparatus or Resource <small>Use codes listed below</small>		Date and Times <small>Check if same as alarm date</small>						Sent <input checked="" type="checkbox"/>	Number of ★ People	Use <small>Check ONE box for each apparatus to indicate its main use at the incident.</small>	Actions Taken <small>List up to 4 actions for each apparatus and each personnel.</small>			
				Month		Day	Year							
1 ID T45 Type 24		Dispatch	<input checked="" type="checkbox"/>	11	7	2007	05:53	Sent <input checked="" type="checkbox"/>	2	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input checked="" type="checkbox"/> Other	73 74 75			
Personnel ID	Name						Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken		
0031	Duren, Scott						FF	X	58	11	12			
0053	Hudson, Michael						FF	X	11	12				
2		ID	Dispatch					Sent		<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other				
		Type	Arrival											
			Clear											
Personnel ID	Name						Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken		
								<input type="checkbox"/>						
								<input type="checkbox"/>						
								<input type="checkbox"/>						
								<input type="checkbox"/>						
								<input type="checkbox"/>						
								<input type="checkbox"/>						
3		ID	Dispatch					Sent		<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other				
		Type	Arrival											
			Clear											
Personnel ID	Name						Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken		
								<input type="checkbox"/>						
								<input type="checkbox"/>						
								<input type="checkbox"/>						
								<input type="checkbox"/>						
								<input type="checkbox"/>						
								<input type="checkbox"/>						

A
 * * * * * * ☐ Delete ☐ Change **Insurance and \$Loss**

B Estimated Dollar Loss & Value

	Pre-Incident Value	Estimated Loss	Insured Amount	Settlement Amount
Buildings	\$70,000.00	\$30,000.00	\$0.00	\$0.00
Vehicles	\$0.00	\$0.00	\$0.00	\$0.00
Contents	\$25,000.00	\$20,000.00	\$0.00	\$0.00

C₁ Insurance Company

Business name if applicable Contact Name

 Street or highway

 Post office box City
 - - -
 State Zip Code Phone Number

 Agent Name
 ☒ Buildings ☐ Vehicles ☐ Contents
 Policy Number Policy Coverage



STATE OF FLORIDA
DEPARTMENT OF HEALTH

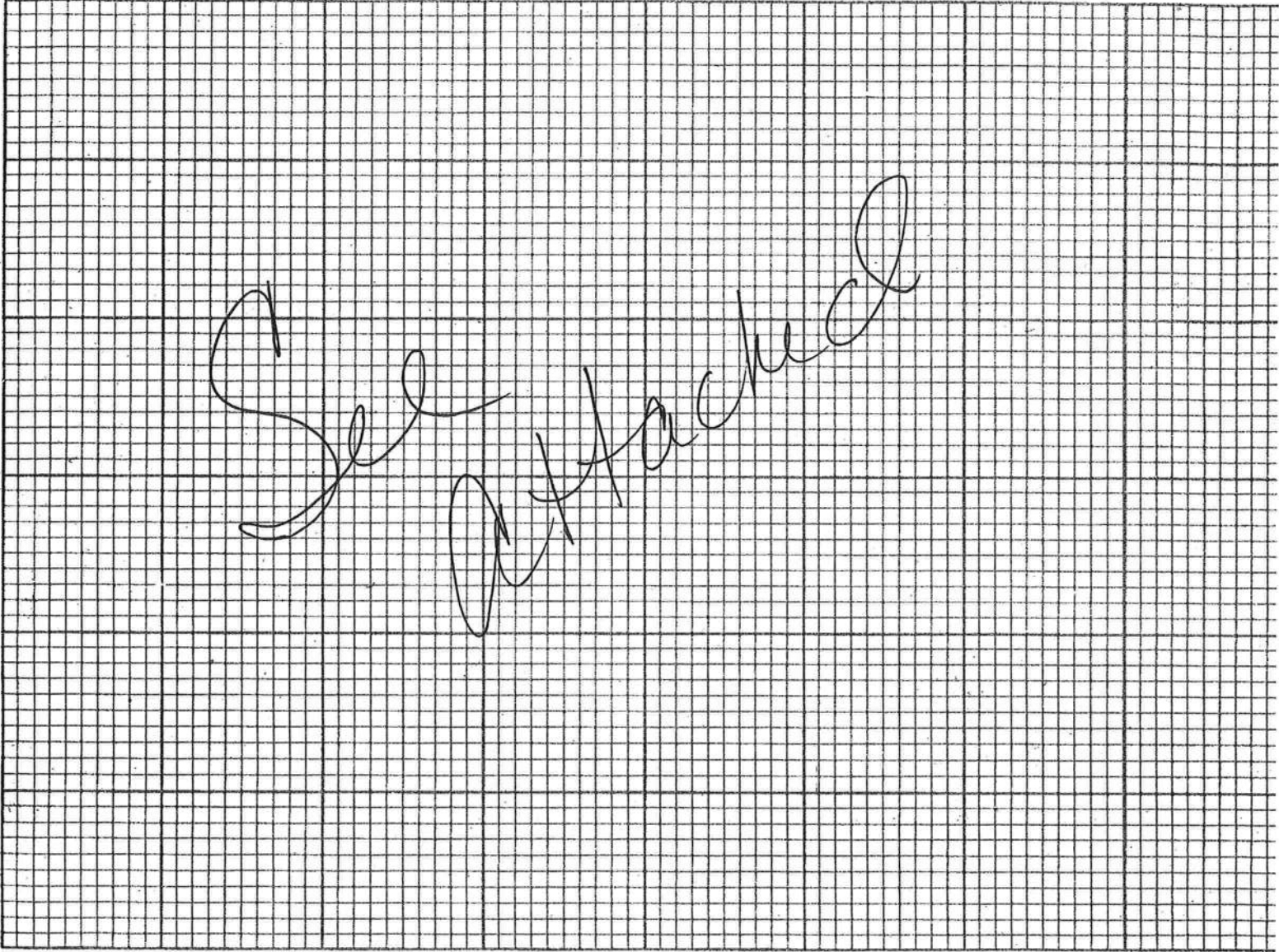
08-0079-E

APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permit Application Number _____

PART II - SITE PLAN

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



Notes: _____

Site Plan submitted by: _____

Signature

Title

Plan Approved ☒

Not Approved ☐

Date

1/23/08

By

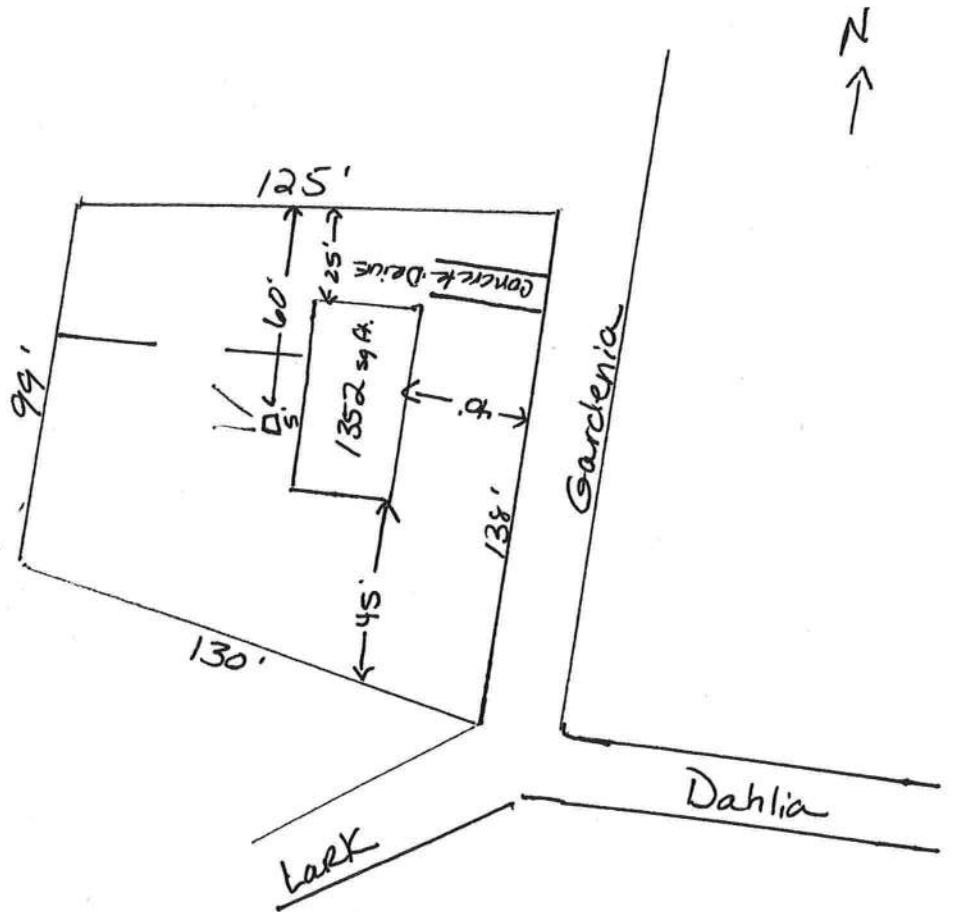
Mr. S. Larch

Columbia

County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

08-0079-E



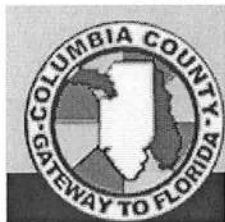
Eddie Goodbread

City Water

Scale = 1" = 50'

Wendy Sherrill 1/16/08

From: The Columbia County Building & Zoning Department
Plan Review
135 NE Hernando Av.
P.O. Box 1529
Lake City Florida 32056-1529



Phone Number 386-758-1163
Fax Number 386-754-7088

FAX TRANSMITTAL

To: Wendy Grennell

From: Joe Haltiwanger

Date Sent: 01/23/08

CC: Review of building permit application **0801-83 Contractor:** Gerald Smith **Owners:** Eddie & Annie Mae Goodbread (Replacement of burn out single family dwelling)

Number of Pages: **Two** pages including the cover page

Fax: (386) 466-1866

Message: Reference to building permit application Number:
0801-83

To the review of the party to whom it is addressed. It may contain proprietary and/or privileged information protected by law. If you are not the intended recipient, you may not use, copy or distribute this facsimile message or its attachments. If you have received this transmission in error, please immediately telephone the sender above to arrange for its return.



From: The Columbia County Building & Zoning Department
Plan Review
135 NE Hernando Av.
P.O. Box 1529
Lake City Florida 32056-1529

Reference to a building permit application Number: **0801-83**

Applicant: Wendy Grennell
Owner: Eddie & Annie Mae Goodbread
Contractor: Gerald Smith
Property Identification # 19-4s-17-08540-005

On the date of January 23, 2008 building permit application number 0801-83 and the submitted plans for reconstruction of a burn out single family dwelling (Using the existing foundation and concrete slab were reviewed. The following information or alteration to the plans will be required to continue processing this application. If you should have any question please contact the above address, or contact phone number (386) 758-1163 or fax any information to (386) 754-7088.

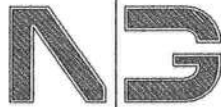
Please include application number 0801-72 and when making reference to this application.

This is a plan review for compliance with the Florida Residential Codes 2004 only and doesn't make any consideration toward the land use and zoning requirement

1. The Florida Residential Building code section R320.1 requires protection of termites. Termite protection shall be provided by registered termiticides, including soil applied pesticides, baiting systems, and pesticides applied to wood, or other approved methods of termite protection labeled for use as a preventative treatment to new construction. Please provide the method which a registered termiticides will apply treatment for termite protection of the new dwelling. This protect should include the existing concrete slab along with the parts of the existing concrete slab which will be repaired or replaced as detailed on sheet A.3 of the foundation plan.

Thank You:

Joe Haltiwanger
Plan Examiner
County Building Department



**NICHOLAS
PAUL
GEISLER**
ARCHITECT
N.C.A.R.B. Certified

■ 1758 NW Brown Road
■ Lake City, FL 32055
■ 386/755-9021

16 JANUARY 2008

JOE HALTIWANGER, BUILDING OFFICIAL
COLUMBIA COUNTY, BUILDING DEPT.
COLUMBIA COUNTY COURTHOUSE ANNEX
LAKE CITY, FLORIDA 32055

RE: RECONSTRUCTION OF FIRE DAMAGED HOUSE, AZALEA PARK S/D
PERMIT Nr.: 0801-83

DEAR SIR:

CONCERNING THE EXISTING FOUNDATION ISSUES INVOLVING THE REQUIREMENTS OF THE 2004 FBC SECTION 1609, PLEASE BE ADVISED THAT THE EXISTING CONDITIONS, WHEN MODIFIED IN ACCORDANCE WITH THE NOTES AND DETAILS IN THE CONSTRUCTION DOCUMENTS WILL MEET OR EXCEED THE DESIGN LOADS FOR THIS PROJECT.

SHOULD YOU HAVE ANY FURTHER QUESTIONS WITH THIS, PLEASE CALL FOR ASSISTANCE.

YOURS TRULY,
NICHOLAS PAUL GEISLER, ARCHITECT AR0007005

Residential System Sizing Calculation

Summary

AZALEA PARK
LAKE CITY, FL

Project Title:
AZALEA PARK RECONSTRUCTION

Code Only
Professional Version
Climate: North

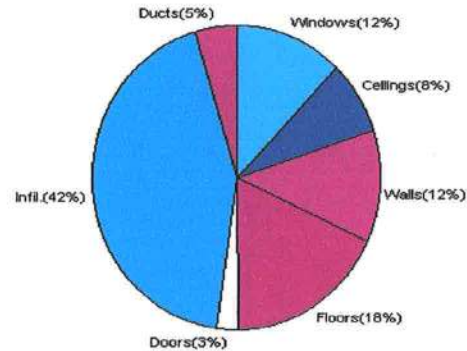
30-Nov-07

Location for weather data: Gainesville - Defaults: Latitude(29) Temp Range(M)			
Humidity data: Interior RH (50%) Outdoor wet bulb (77F) Humidity difference(51gr.)			
Winter design temperature	31 F	Summer design temperature	93 F
Winter setpoint	70 F	Summer setpoint	75 F
Winter temperature difference	39 F	Summer temperature difference	18 F
Total heating load calculation	27553 Btuh	Total cooling load calculation	28058 Btuh
Submitted heating capacity	% of calc Btuh	Submitted cooling capacity	% of calc Btuh
Total (Electric Heat Pump)	105.3 29000	Sensible (SHR = 0.75)	124.0 21750
Heat Pump + Auxiliary(8.0kW)	204.3 56304	Latent	69.0 7250
		Total (Electric Heat Pump)	103.4 29000

WINTER CALCULATIONS

Winter Heating Load (for 1354 sqft)

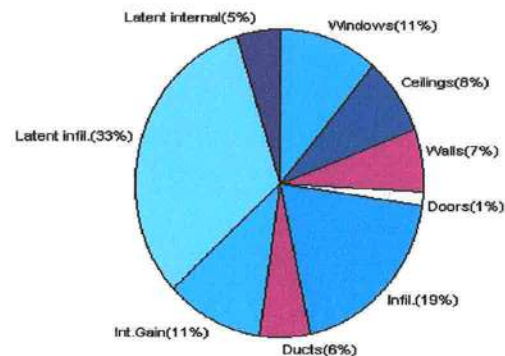
Load component		Load	
Window total	119 sqft	3368	Btuh
Wall total	1089 sqft	3376	Btuh
Door total	40 sqft	718	Btuh
Ceiling total	1354 sqft	2166	Btuh
Floor total	156 ft	4930	Btuh
Infiltration	272 cfm	11684	Btuh
Subtotal		26241	Btuh
Duct loss		1312	Btuh
TOTAL HEAT LOSS		27553	Btuh



SUMMER CALCULATIONS

Summer Cooling Load (for 1354 sqft)

Load component		Load	
Window total	119 sqft	3114	Btuh
Wall total	1089 sqft	1895	Btuh
Door total	40 sqft	399	Btuh
Ceiling total	1354 sqft	2329	Btuh
Floor total		0	Btuh
Infiltration	263 cfm	5214	Btuh
Internal gain		3000	Btuh
Subtotal(sensible)		15951	Btuh
Duct gain		1595	Btuh
Total sensible gain		17546	Btuh
Latent gain(infiltration)		9132	Btuh
Latent gain(internal)		1380	Btuh
Total latent gain		10512	Btuh
TOTAL HEAT GAIN		28058	Btuh



EnergyGauge® System Sizing based on ACCA Manual J.
PREPARED BY: *[Signature]*
DATE: 30 NOV 2007 AR2005

System Sizing Calculations - Summer

Residential Load - Component Details

AZALEA PARK
LAKE CITY, FL

Project Title:
AZALEA PARK RECONSTRUCTION

Code Only
Professional Version
Climate: North

Reference City: Gainesville (Defaults)

Summer Temperature Difference: 18.0 F

30-Nov-07

Window	Type	Panes/SHGC/U/InSh/ExSh Ornt	Overhang		Window Area(sqft)			HTM		Load	
			Len	Hgt	Gross	Shaded	Unshaded	Shaded	Unshaded		
1	2, Clear, DEF, B, N	E	2	5.33	60.0	18.7	41.3	15	46	2181	Btuh
2	2, Clear, DEF, B, N	E	6	5.33	20.0	18.4	1.6	15	46	349	Btuh
3	2, Clear, DEF, B, N	S	2	3.33	9.0	9.0	0.0	15	24	135	Btuh
4	2, Clear, DEF, B, N	S	2	5.33	15.0	15.0	0.0	15	24	225	Btuh
5	2, Clear, DEF, B, N	N	2	8.33	15.0	0.0	15.0	15	15	225	Btuh
Window Total					119					3114 Btuh	
Walls 1	Type	R-Value		Area			HTM		Load		
	Frame - Exterior	13.0		1089.0			1.7		1895 Btuh		
	Wall Total			1089.0					1895 Btuh		
Doors 1 2	Type	R-Value		Area			HTM		Load		
	Wood - Exter			20.0			10.0		200 Btuh		
	Wood - Exter			20.0			10.0		200 Btuh		
Door Total			40.0					399 Btuh			
Ceilings 1	Type/Color	R-Value		Area			HTM		Load		
	Under Attic/Dark	25.0		1354.0			1.7		2329 Btuh		
	Ceiling Total			1354.0					2329 Btuh		
Floors 1	Type	R-Value		Size			HTM		Load		
	Slab-On-Grade Edge Insulation	0.0		156.0 ft(p)			0.0		0 Btuh		
	Floor Total			156.0					0 Btuh		
Infiltration	Type	ACH		Volume			CFM=		Load		
	Natural	0.35		10832			63.3		1254 Btuh		
	Mechanical						200		3960 Btuh		
	Infiltration Total						263		5214 Btuh		

Internal gain	Occupants	Btuh/occupant		Appliance	Load		
	6	X	300 +		1200	3000 Btuh	

Totals for Cooling	Subtotal	15951 Btuh
	Duct gain(using duct multiplier of 0.10)	1595 Btuh
	Total sensible gain	17546 Btuh
	Latent infiltration gain (for 51 gr. humidity difference)	9132 Btuh
	Latent occupant gain (6 people @ 230 Btuh per person)	1380 Btuh
	Latent other gain	0 Btuh
	TOTAL GAIN	28058 Btuh

Key: Window types (SHGC - Shading coefficient of glass as SHGC numerical value or as clear or tint)
(U - Window U-Factor or 'DEF' for default)
(InSh - Interior shading device: none(N), Blinds/Daperies(B) or Roller Shades(R))
(ExSh - Exterior shading device: none(N) or numerical value)
(Ornt - compass orientation)

ITW Building Components Group, Inc.

1950 Marley Drive Haines City, FL 33844

Florida Engineering Certificate of Authorization Number: 0 278

Florida Certificate of Product Approval # FL1999

Page 1 of 1 Document ID: ITE58228Z0415082659

Truss Fabricator: Anderson Truss Company

Job Identification: 8-016--Fill in later FRIDENBERGER -- , **

Truss Count: 2

Model Code: Florida Building Code 2004 and 2006 Supplement

Truss Criteria: ANSI/TPI-2002(STD)/FBC

Engineering Software: Alpine Software, Version 7.36.

Structural Engineer of Record: The identity of the structural EOR did not exist as of

Address: the seal date per section 61615-31.003(5a) of the FAC

Minimum Design Loads: Roof - 40.0 PSF @ 1.25 Duration

Floor - N/A

Wind - 140 MPH ASCE 7-02 -Closed

Notes:

1. Determination as to the suitability of these truss components for the structure is the responsibility of the building designer/engineer of record, as defined in ANSI/TPI 1
2. The drawing date shown on this index sheet must match the date shown on the individual truss component drawing.
3. As shown on attached drawings; the drawing number is preceded by: HCUSR8228

Details: BRCLBSUB-140GC-

#	Ref	Description	Drawing#	Date
1	00890--A		08015007	01/15/08
2	00891--AGE		08015008	01/15/08



Seal Date: 01/15/2008

-Truss Design Engineer-

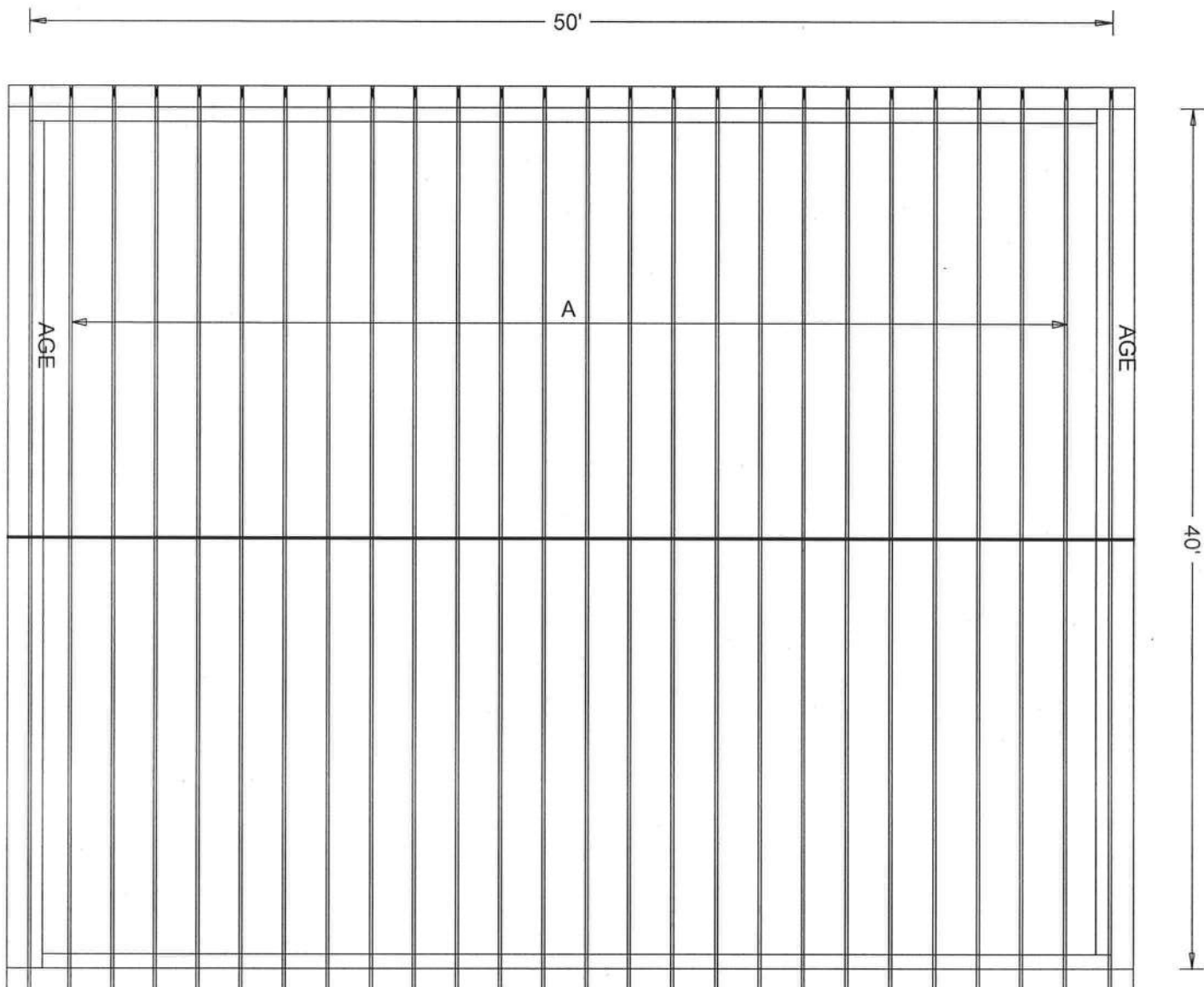
Doug Fleming

Florida License Number: 66648

1950 Marley Drive

Haines City, FL 33844





BOB FRIDENBERGER / GARAGE

Roof Plane Sheathing Area = 2366 sq. ft
 Gable Sheathing Area = 360 sq. ft
 Total Sheathing Area = 2726 sq. ft
 Fascia Material = 195 linear ft
 Ridge Cap Material = 52 linear ft

JOB DESCRIPTION: Fill in later
 /: FRIDENBERGER

JOB NO:

8-016

PAGE NO:

1 OF 1

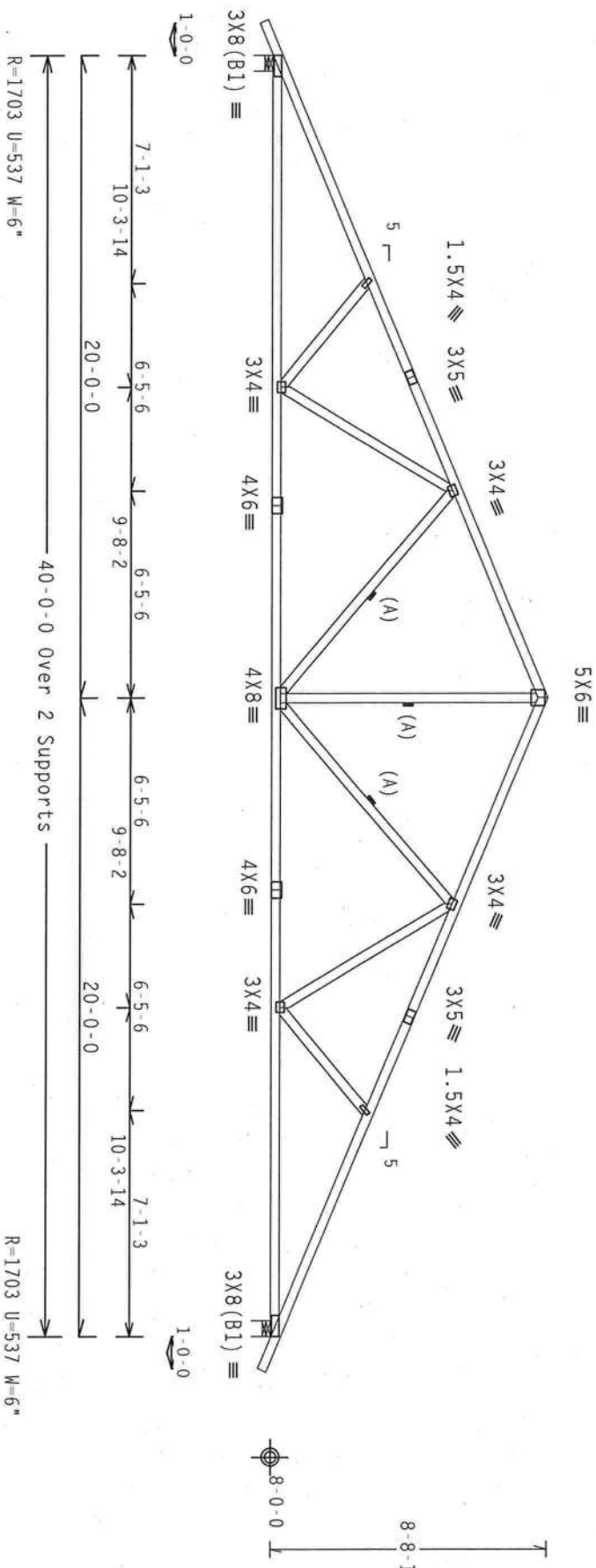
Top	chord	2x4	SP	#2	Dense
Bot	chord	2x4	SP	#2	Dense
	webs	2x4	SP	#3	

140 mph wind, 15.00 ft mean hgt, ASCE 7-02, CLOSED bldg, located anywhere in roof, CAT II, EXP B, wind TC DL=5.0 psf, wind BC DL=5.0 psf, Iw=1.00 GCp1(+/-)=-0.18

(A) Continuous lateral bracing equally spaced on member.

Wind reactions based on MWFRS pressures.

Deflection meets $L/240$ live and $L/180$ total load. Creep increase factor for dead load is 1.50.

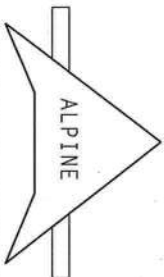


PLT TYP. Wave

Design Crit: TPI-2002(STD)/FBC
Cq/RT=1.00(1.25)

7.36.04 AGUAS FLEMA. QTY:24 FL/-/4/-/E/R/-

Scale = .1875"/Ft.



ITW Building Components Group, Inc.
11000 Glenview Rd., Suite 200
Glenview, IL 60025-3004

FI Certificate of Authorization #0079



~~Jan~~ 15 '08

TC LL	20.0 PSF	REF	R8228- 890
TC DL	10.0 PSF	DATE	01/15/08
BC DL	10.0 PSF	DRW	HCUSR8228 08015007
BC LL	0.0 PSF	HC-ENG	DF/DF
TOT.LD.	40.0 PSF	SEQN-	27431
DUR.FAC.	1.25		
SPACING	24.0"	JREF-	1TE58228Z04

CLB WEB BRACE SUBSTITUTION

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

NOTES:

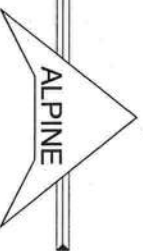
THIS DETAIL IS ONLY APPLICABLE FOR CHANGING THE SPECIFIED CLB SHOWN ON SINGLE PLY SEALED DESIGNS TO T-BRACING OR SCAB BRACING.

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

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

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

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



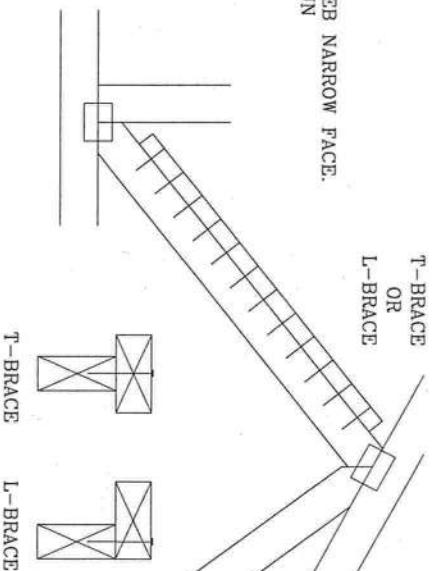
ITV BUILDING COMPONENTS GROUP, INC.
POMPAHO BEACH, FLORIDA

WARNING TRUSSES REQUIRE EXTREME CARE IN FABRICATING, HANDLING, SHIPPING, INSTALLING AND BRACING. REFER TO BEST BUILDING COMPONENT SAFETY INFORMATION, PUBLISHED BY TPI TRUSS PLATE INSTITUTE, 218 NORTH LEE STR., SUITE 312, ALEXANDRIA, VA 22304 AND WICA (WOOD TRUSS COUNCIL OF AMERICA), 6800 WESTERLINE AVENUE, SUITE 100, DENVER, CO 80231. FOR SAFETY PRACTICES PRIOR TO PERFORMING THESE FUNCTIONS. UNLESS OTHERWISE SPECIFIED, ALL TRUSSES SHALL BE ATTACHED TO RIGID STRUCTURAL PANELS AND BOTTOM CHORD SHALL HAVE A PROPERLY ATTACHED RIGID CEILING.

IMPORTANT FURNISH COPY OF THIS DESIGN TO INSTALLATION CONTRACTOR. ITV BCG, INC., SHALL NOT BE RESPONSIBLE FOR ANY DEVIATION FROM THIS DESIGN, SHIPPING, INSTALLING & BRACING OF TRUSSES. CONFORMANCE WITH TPI OR FABRICATING, HANDLING, SHIPPING, INSTALLING & BRACING OF TRUSSES. ITV BCG CONNECTOR PLATES ARE EACH OF 20 GA. UNIFORM DESIGN SPECIFIED BY ACPWA AND TPI. GALV. STEEL. APPLY PLATES TO EACH FACE OF TRUSS AND, UNLESS OTHERWISE LOCATED ON THIS DESIGN, POSITION PER DRAWINGS 1604-2. ANY INSPECTION OF PLATES FOLLOWED BY CD SHALL BE PER ANNEK A3 OF TPI 1-2002 SEC. 3. A SEAL ON THIS DRAWING INDICATES ACCEPTANCE OF PROFESSIONAL ENGINEERING RESPONSIBILITY SOLELY FOR THE TRUSS COMPONENT DESIGN SHOWN. THE SUSTAINABILITY AND USE OF THIS COMPONENT FOR ANY BUILDING IS THE RESPONSIBILITY OF THE BUILDING DESIGNER, PER ANSI/TPI 1 SEC. 2.

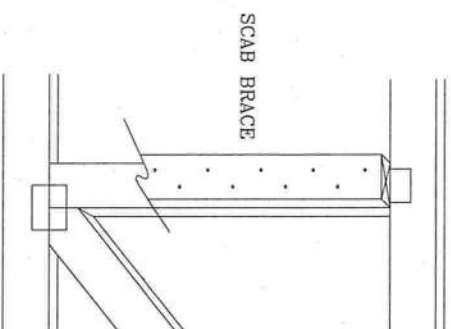
T-BRACING
OR
L-BRACING:

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

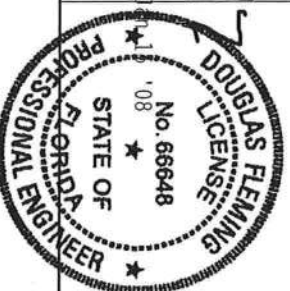


SCAB BRACING:

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



THIS DRAWING REPLACES DRAWING 579.640



TC LL	PSF	REF	CLB SUBST.
TC DL	PSF	DATE	2/23/07
BC DL	PSF	DRWG	BRLBSUB0207
BC LL	PSF	-ENG	MLH/KAR
TOT. LD.	PSF		
DUR. FAC.			
SPACING			

140 MPH WIND, 30.0 FT MEAN HGT, ASCE 7-98, PART. ENC. BLDG, LOCATED ANYWHERE IN ROOF, CAT II, EXP C, WIND TCCL=5.0 PSF, WIND BCDL=5.0 PSF.

140 MPH WIND, 30.0 FT MEAN HGT, ASCE 7-98, PART. ENC. BLDG, LOCATED ANYWHERE IN ROOF, CAT II, EXP C, WIND TCCL=5.0 PSF, WIND BCDL=5.0 PSF.

+ FOR VERTICAL WEBS LESS THAN 4'0": MIX4 FOR VERTICAL WEBS GREATER THAN 4'0" BUT NO MORE THAN 11'6": W2X4.

* SPLICE, PEAK, AND HEEL PLATES TO MATCH COMMON TRUSS.

** 2X4 OR GREATER CHORDS.

DROP GABLE WILL SUPPORT 4'0" OUTLOOKERS WITH 2'0" OVERHANG (DROP HEEL GABLE) SPACED 24" O.C., OR THE LOAD FROM 12" PLYWOOD OVERHANG (NOMINAL HEEL GABLE).

IT IS THE RESPONSIBILITY OF THE BUILDING DESIGNER TO DESIGN THE ROOF AND CEILING DIAPHRAGMS AND SPECIFY CONNECTIONS TO TRANSFER ALL OUT-OF-PLANE LOADS INTO THE ROOF AND CEILING DIAPHRAGMS.

THE BUILDING DESIGNER IS RESPONSIBLE FOR THE GABLE SHEAR WALL DESIGN, CEILING AND ROOF SHEATHING DIAPHRAGM CONNECTIONS, AND ALL TRUSS TO WALL CONNECTIONS.

++ 7/16 MINIMUM APA RATED SHEATHING PROPERLY ATTACHED WITH LONG DIMENSION PERPENDICULAR TO SUPPORTS.

R1 NOTE: NAIL STEPS OF LADDER TRUSS ONTO THE OUTSIDE PIECES WITH 2-16D NAILS AT EACH END.

R1 NOTE: ATTACH LADDER TRUSS TO TOP CHORD OF GABLE TRUSS WITH TWO ROWS OF 16D NAILS @ 8" O.C. STAGGERED 4"

ALT. GABLE SHAPES:



Note: All Plates Are 2X4 Except As Shown.

PLT TYP. Wave TPI-95

Design Crit: TPI-1995(STD)

R3: REVISED DIAPHRAGM NOTE.

DLJ 02/27/2006

R2: REVISED FOR ASCE 7-02.

DLJ 09/30/2005
R1 REV 2-5-02 JMC

DETAIL: 140GC

Scale = .375"/Ft.

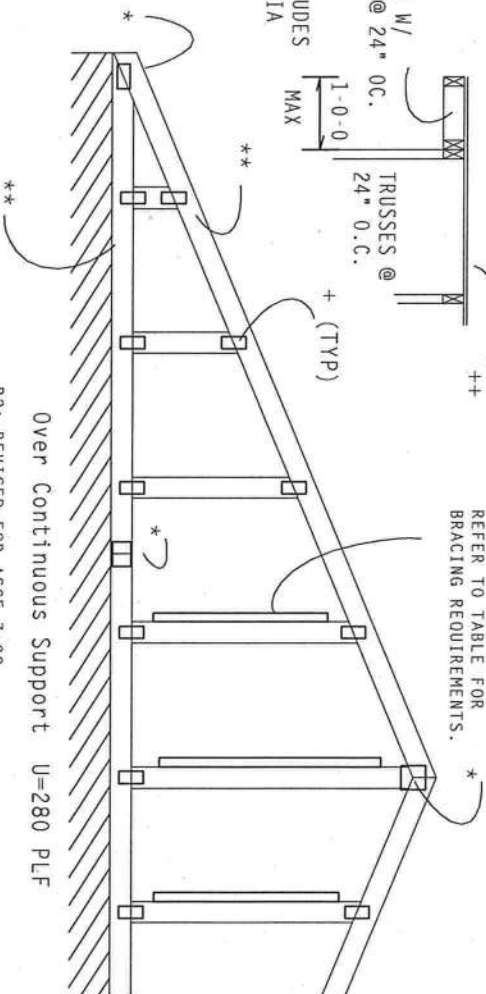
Over Continuous Support U=280 PLF

BRACING DEFINITIONS:						
NOTE: "END ZONE" EXISTS 18" AT BOTH ENDS OF VERTICAL WEB.						
(A) (1) 2X4 SP #3 "L" BRACE. ATTACH WITH 0.128"X3" NAILS @ 2" OC. IN END ZONES: 4" OC. BETWEEN ZONES.						
(B) (2) 2X4 SP #3 "L" BRACES. ATTACH EACH WITH 0.128"X3" NAILS @ 3" OC. IN END ZONES: 6" OC. BETWEEN ZONES.						
(C) (1) 2X6 SP #2 N "L" BRACE. ATTACH WITH 0.128"X3" NAILS @ 2" OC. IN END ZONES: 4" OC. BETWEEN ZONES.						
(D) (2) 2X6 SP #2 N "L" BRACES. ATTACH EACH WITH 0.128"X3" NAILS @ 3" OC. IN END ZONES: 6" OC. BETWEEN ZONES.						
STUD SPACING / BRACING TABLE:						
2X4 SP #3 STUD SPACING	DEFLEC- TION CRITERIA	NO BRACE	(1) 2X4 "L" BRACE TYPE (A)	(2) 2X4 "L" BRACE TYPE (B)	(1) 2X6 "L" BRACE TYPE (C)	(2) 2X6 "L" BRACE TYPE (D)
24"	L/360	-----	3' 1"	4' 2"	6' 3"	8' 0"
24"	L/180	-----	3' 4"	5' 7"	6' 3"	11' 0"
16"	L/360	-----	3' 11"	5' 3"	7' 10"	9' 11"
16"	L/180	-----	4' 9"	7' 4"	9' 6"	11' 0"
12"	L/360	-----	4' 7"	6' 1"	8' 11"	11' 0"
12"	L/180	-----	5' 11"	8' 5"	11' 0"	11' 0"

OVERHANG DETAIL

REFER TO TABLE FOR BRACING REQUIREMENTS.

LADDER W/ STEPS @ 24" OC.
INCLUDES FASCIA
MAX 1'-0-0
TRUSSES @ 24" O.C.
(TYP)

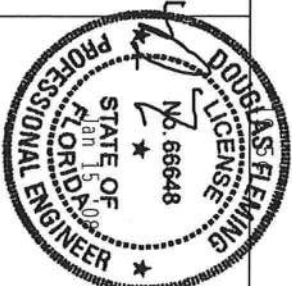


ALPINE

Alpine Engineered Products, Inc.
1950 Marley Drive
Haines City, FL 33844

FL Certificate of Professional Engineer #507

ALPINE ENGINEERED PRODUCTS, INC. SHALL NOT BE RESPONSIBLE FOR ANY DEVIATION FROM THIS DESIGN. ANY FAILURE TO BUILD THE TRUSS IN CONFORMANCE WITH TPI-1995(STD) OR FABRICATING, HANDLING, SHIPPING, INSTALLING AND BRACING. REFER TO BC51 1-03 (BUILDING COMPONENT SAFETY INFORMATION), PUBLISHED BY TPI (TRUSS PLATE INSTITUTE, 503 D'ONOFIO DR., SUITE 200, MADISON, WI 53719) AND WCA (WOOD TRUSS COUNCIL OF AMERICA, 6300 ENTERPRISE LN, MADISON, WI 53719) FOR SAFETY PRACTICES PRIOR TO PERFORMING THESE FUNCTIONS. UNLESS OTHERWISE INDICATED, TOP CHORD SHALL HAVE PROPERLY ATTACHED STRUCTURAL PANELS AND BOTTOM CHORD SHALL HAVE A PROPERLY ATTACHED RIGID CEILING.



TC LL	30.0 PSF	REF	R001-- 0
TC DL	7.0 PSF	DATE	03/27/02
BC DL	10.0 PSF	DRW	HCUSR001 02086015
BC LL	0.0 PSF	HC-ENG	DLJ/DLJ
TOT.LD.	47.0 PSF	SEQN-	24860
DUR.FAC.	1.33		
SPACING	24.0"	JREF-	1SV3001 R03

AZALEH PARK GARDEN

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DECLARATION:

WITNESSES

WITNESS

14

ACKNOWLEDG
STATE OF FL

I HEREBY

PRESIDENT A.
H. T. ANDERSON

OF FLORIDA

ACKNOWLEDGE
DEED AS SUCH

THERETO AN

OF FLORIDA

10

SAVE YOURS
I NEED BY A

UNDER MY CHAIR

APPROVED BY

SIGNED

ATTEST

DATE 6

SIGNED John J. [Signature]
NOTARY PUBLIC IN & FOR MISSOURI
EXPIRES Aug 5, 1916

QUALIFIED LAND SURVEYOR AND THAT THE LAND
BE SUBDIVIDED, AND PLATZED AS SHOWN ON THIS P
BEEN SET.
SIGNED Wm. M. McKeel

100

CHARMON

CLERY

100

RP# 26700

Notice of Treatment

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

 Address: 53656 BAYVIEW HWY

 City: LAKE CITY Phone: 752 1103

 Site Location: Subdivision AZALEA PARK

Lot # _____ Block# _____ Permit # _____

Address _____

Product used

Active Ingredient

% Concentration

☐ Premise Imidacloprid 0.1%

☒ Termidor Fipronil 0.12%

☐ Bora-Care Disodium Octaborate Tetrahydrate 23.0%

Type treatment:

☒ Soil

☐ Wood

Area Treated

Square feet

Linear feet

Gallons Applied

Block cells / Plumbing Traps
30

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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

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

2/8/08

Date

1130

Time

F254 GUNNY

Print Technician's Name

Remarks: _____

Applicator - White

Permit File - Canary

Permit Holder - Pink

10/05

