

DATE 03/04/2005

Columbia County Building Permit

PERMIT

This Permit Expires One Year From the Date of Issue

000022876

APPLICANT GARY & FRAN MCDANIEL PHONE 954.792.4167
ADDRESS 3532 SW 12 PLACE FT. LAUDERDALE FL 33312
OWNER GARY MCDANIEL PHONE 754.224.1090
ADDRESS 1100 SW MORNING STAR GLN FT. WHITE FL 32038
CONTRACTOR GARY MCDANIEL PHONE 954.792.4167
LOCATION OF PROPERTY 47-S TO MORNING STAR GLN, TL, APPROX. 1 MILE ON LEFT.

TYPE DEVELOPMENT SFD & UTILITY ESTIMATED COST OF CONSTRUCTION 169200.00
HEATED FLOOR AREA 3384.00 TOTAL AREA 4294.00 HEIGHT 23.00 STORIES 1
FOUNDATION CONC WALLS FRAMED ROOF PITCH 8'12 FLOOR CONC
LAND USE & ZONING A-3 MAX. HEIGHT 35
Minimum Set Back Requirments: STREET-FRONT 30.00 REAR 25.00 SIDE 25.00
NO. EX.D.U. 0 FLOOD ZONE XPP DEVELOPMENT PERMIT NO. _____

PARCEL ID 35-5S-16-03752-210 SUBDIVISION ANCIENT OAKS
LOT 10 BLOCK _____ PHASE _____ UNIT _____ TOTAL ACRES _____

Culvert Permit No. _____ Culvert Waiver _____ Contractor's License Number _____ Applicant/Owner/Contractor _____
EXISTING 05-0126-N BLK _____ Y _____
Driveway Connection _____ Septic Tank Number _____ LU & Zoning checked by _____ Approved for Issuance _____ New Resident _____

COMMENTS: 1 FOOT ABOVE.

Check # or Cash 13079

FOR BUILDING & ZONING DEPARTMENT ONLY

(footer/Slab)

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

BUILDING PERMIT FEE \$ 850.00 CERTIFICATION FEE \$ 21.47 SURCHARGE FEE \$ 21.47
MISC. FEES \$.00 ZONING CERT. FEE \$ 50.00 FIRE FEE \$ _____ WASTE FEE \$ _____
FLOOD ZONE DEVELOPMENT FEE \$ _____ CULVERT FEE \$ _____ TOTAL FEE 942.94
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."

This Permit Must Be Prominently Posted on Premises During Construction

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

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

Columbia County Building Permit Application

Revised 9-23-04

For Office Use Only Application # 0502-14 Date Received 2-4-05 By LH Permit # 22876
 Application Approved by - Zoning Official SLK Date 08.02.05 Plans Examiner JZK Date 2-7-05
 Flood Zone Xpudat Development Permit N/A Zoning A-3 Land Use Plan Map Category A-3
 Comments EH Turned in on 2-4-05

Applicants Name Gary + Fran McDaniel *Contact Person Phil Swindle 498-2032 Phone 754-224-1090
 Address 3532 S.W. 12 PL. Ft. Laud. FL 33312
 Owners Name SAME Phone 954-792-4167
 911 Address 1100 S.W. Morning Star blv. Ft. White, FL 32038
 Contractors Name owner/Barber Phone _____
 Address SAME
 Fee Simple Owner Name & Address Gary + Fran McDaniel 3532 S.W. 12 PL. Ft. Laud. 33312
 Bonding Co. Name & Address N/A
 Architect/Engineer Name & Address Mark Disosway 163 Midtown Pl. Lake City
 Mortgage Lenders Name & Address N/A
 Circle the correct power company - FL Power & Light - Clay Elec. - Suwannee Valley Elec. - Progressive Energy
 Property ID Number 34-55-16-03752-210 Estimated Cost of Construction 250,000.
 Subdivision Name Ancient Oaks Lot 10 Block _____ Unit _____ Phase _____
 Driving Directions 75 South to St. Rd. 47 (South toward Ft. White) make left. at S.W. Morning Star blv. S.W. approx 1 mile on Rt.

Type of Construction STICK FRAME with Brick Number of Existing Dwellings on Property 0
 Total Acreage 5 Lot Size _____ Do you need a - Culvert Permit or Culvert Waiver or Have an Existing Drive
 Actual Distance of Structure from Property Lines - Front 425 Side 109 Side 188 Rear 132
 Total Building Height 23 Number of Stories 1 Heated Floor Area 3384 Roof Pitch 8/12

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.

OWNERS AFFIDAVIT: 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.

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

Gary McDaniel
 Owner Builder or Agent (Including Contractor)

STATE OF FLORIDA
 COUNTY OF COLUMBIA

Sworn to (or affirmed) and subscribed before me

this 04 day of February 20 05.

Personally known _____ or Produced Identification ✓

FLDL

Contractor Signature _____
 Contractors License Number _____
 Competency Card Number _____
 NOTARY STAMP/SEAL

Notary Signature Laurie Hodson



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

State law requires construction to be done by licensed contractors. You have applied for a permit under an exemption to that law. The exemption allows you, as the owner of your property, to act as your own contractor with certain restrictions even though you do not have a license. You must provide direct, onsite supervision of the construction yourself. You may build or improve a one-family or two-family residence or a farm outbuilding. You may also build or improve a commercial building, provided your costs do not exceed \$25,000. The building or residence must be for your own use or occupancy. It may not be built or substantially improved for sale or lease. If you sell or lease a building you have built or substantially improved yourself within 1 year after the construction is complete, the law will presume that you built or substantially improved it for sale or lease, which is a violation of this exemption. You may not hire an unlicensed person to act as your contractor or to supervise people working on your building. It is your responsibility to make sure that people employed by you have licenses required by state law and by county or municipal licensing ordinances. You may not delegate the responsibility for supervising work to a licensed contractor who is not licensed to perform the work being done. Any person working on your building who is not licensed must work under your direct supervision and must be employed by you, which means that you must deduct F.I.C.A. and withholding tax and provide workers' compensation for that employee, all as prescribed by law. Your construction must comply with all applicable laws, ordinances, building codes, and zoning regulations.

TYPE OF CONSTRUCTION

- ☒ Single Family Dwelling
☐ Farm Outbuilding
☐ New Construction

- ☐ Two-Family Residence
☐ Other _____

☐ Addition, Alteration, Modification or other Improvement

NEW CONSTRUCTION OR IMPROVEMENT

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

Signature

Date

02/04/05**FOR BUILDING USE ONLY**

I hereby certify that the above listed owner/builder has been notified of the disclosure statement in Florida Statutes ss 489.103(7).

Date

Building Official/Representative

[Signature]

COLUMBIA COUNTY 9-1-1 ADDRESSING

263 NW Lake City Ave. * P. O. Box 2949 * Lake City, FL 32056-2949
PHONE: (386) 752-8787 * FAX: (386) 758-1365 * Email: ron_croft@columbiacountyfla.com

Addressing Maintenance

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

DATE ISSUED: REPLACE LOST DOCUMENT

ENHANCED 9-1-1 ADDRESS:

1100 SW MORNING STAR GLN (FORT WHITE, FL 32038)

Addressed Location 911 Phone Number: in Ft. Land. 954-792-4167

OCCUPANT NAME: Fran & Gary McDaniel

OCCUPANT CURRENT MAILING ADDRESS: 3532 S.W. 12 PL.
Ft. Land. FL. 33312

PROPERTY APPRAISER MAP SHEET NUMBER: 50

PROPERTY APPRAISER PARCEL NUMBER: 34-5S-16-03752-210

Other Contact Phone Number (If any): OFF. # 954-974-3800
Gary's cell 754-224-1090

Building Permit Number (If known): _____

Remarks: LOT 10 ANCIENT OAKS S/D

Address Issued By: _____

Columbia County 9-1-1 Addressing Department

**COLUMBIA COUNTY
9-1-1 ADDRESSING
APPROVED**

WARRANTY DEED

This Warranty Deed made and executed the 22nd day of March A.D. 2004 by SUBRANDY LIMITED PARTNERSHIP, hereinafter called the grantor, to MICHAEL G. MCDANIEL AND FRANCES A. MCDANIEL, his wife, Whose post office address is 3532 SW 12th Place, Ft. Lauderdale, FL 33312, hereinafter called the grantee:

(Wherever used herein the terms "Grantor" and "Grantee" include all the parties to this instrument and the heirs, legal representatives and assigns of individuals, and the successors and assigns of corporation)

Witnesseth: That the grantor, for the consideration of the sum of \$ 10.00 and other valuable considerations, receipt whereof is hereby acknowledged, hereby grants, bargains, sells, aliens, remises, releases, conveys and confirms unto the grantee, all that certain land situate in Columbia County, Florida, viz:

Lot 10, Ancient Oaks, a subdivision as recorded in Plat Book 7, Page 78, Columbia County, Florida, subject to Restrictions recorded in O. R. Book 933, Pages 2636-2637, Columbia County, Florida, and subject to Power Line Easement.

Together with all the tenements, hereditaments and appurtenances thereto belong or in any-wise appertaining.

To Have and to Hold, the same in fee simple forever.

And the grantor hereby covenants with said grantee that the grantor is lawfully seized of said land in fee simple: that the grantor has good right and lawful authority to sell and convey said land; that the grantor hereby fully warrants the title said land and will defend the same against the lawful claims of all persons whomsoever; and that said land is free of all encumbrances, except taxes accruing subsequent to December 31, 2003.

In Witness Whereof, the said grantor has signed and sealed these presents the day and year first above written.

Signed, sealed and delivered in our presence:

Nanci Nettles

Signature of witness
Nanci Nettles

Bradley N. Dicks L.S.

Bradley N. Dicks, General Partner
Subrandy Limited Partnership

Suzanne D. Adams

Signature of witness
Suzanne D. Adams

State of Florida
County of Columbia

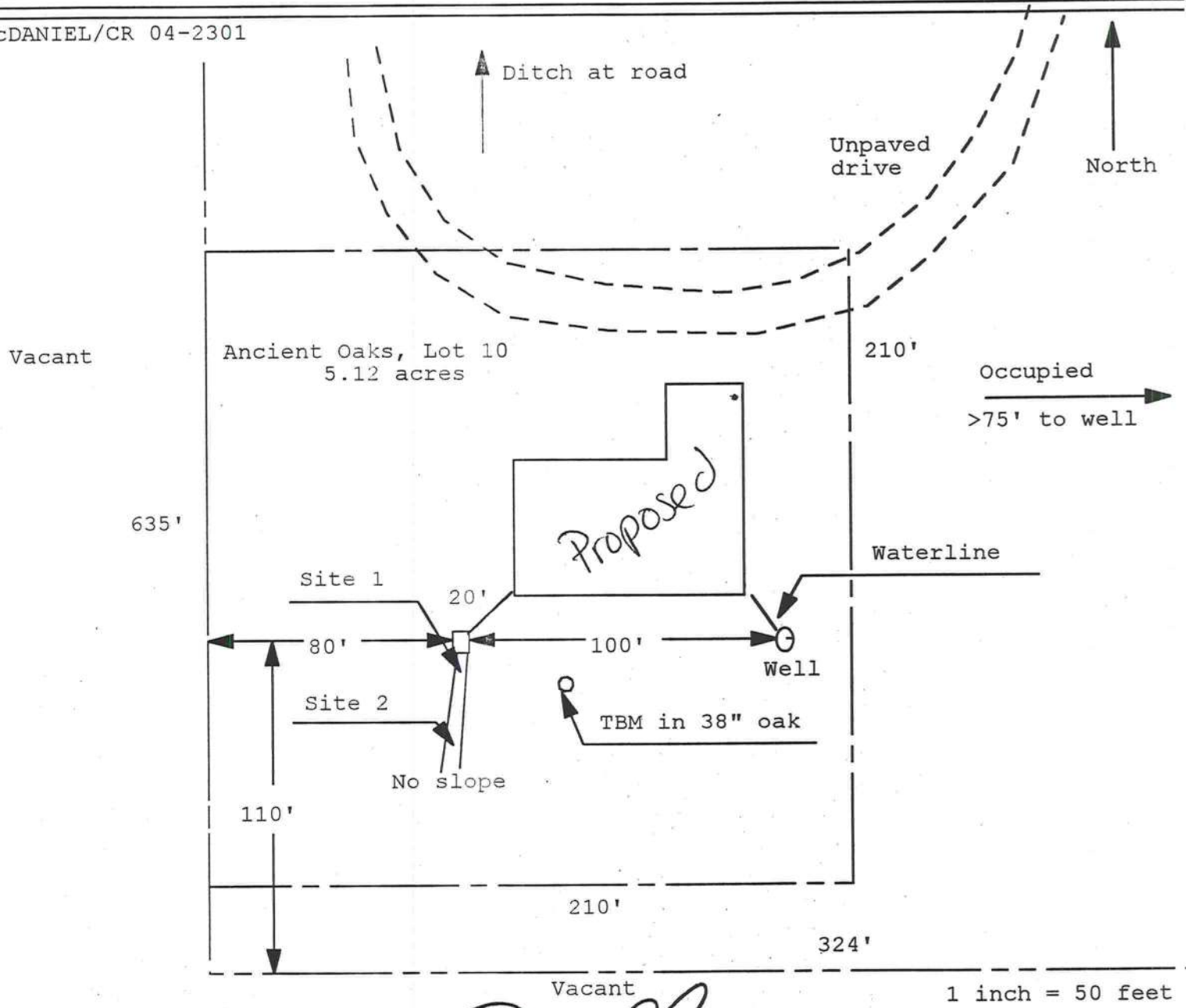
I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the State aforesaid and in the County aforesaid to take acknowledgments, personally appeared Bradley N. Dicks, who is personally known to me to be the person described in and who executed the foregoing instrument, who was not required to furnish identification, and he acknowledged before me that he executed the same and who did not take an oath.

WITNESS my hand and official seal in the County and State last aforesaid this 22nd day of March A.D. 2004

Application for Onsite Sewage Disposal System
Construction Permit. Part II Site Plan
Permit Application Number: 05-0126N

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH UNIT

McDANIEL/CR 04-2301



Site Plan Submitted By Paul Lloyd Date 1/24/05
Plan Approved ☒ Not Approved ☐ Date 2-8-05
By Salah Basha Colander CPHU

Notes: _____

FLORIDA ENERGY EFFICIENCY CODE
FOR BUILDING CONSTRUCTION

Florida Department of Community Affairs
Residential Whole Building Performance Method A


Project Name:	411233McDanielRes.	Builder:	
Address:	Lot: 10, Sub: Morning Star Gl, Plat:	Permitting Office:	
City, State:	Lake City, FL	Permit Number:	
Owner:	McDaniel	Jurisdiction Number:	
Climate Zone:	North		

1. New construction or existing	New	12. Cooling systems	
2. Single family or multi-family	Single family	a. Central Unit	Cap: 32.0 kBtu/hr
3. Number of units, if multi-family	1		SEER: 10.00
4. Number of Bedrooms	3	b. Central Unit	Cap: 32.0 kBtu/hr
5. Is this a worst case?	Yes		SEER: 10.00
6. Conditioned floor area (ft²)	3384 ft²	c. N/A	
7. Glass area & type	Single Pane Double Pane		
a. Clear glass, default U-factor	0.0 ft² 413.0 ft²	13. Heating systems	
b. Default tint, default U-factor	0.0 ft² 0.0 ft²	a. Electric Heat Pump	Cap: 32.0 kBtu/hr
c. Labeled U-factor or SHGC	0.0 ft² 0.0 ft²		HSPF: 7.00
8. Floor types		b. Electric Heat Pump	Cap: 32.0 kBtu/hr
a. Slab-On-Grade Edge Insulation	R=0.0, 281.0(p) ft		HSPF: 7.00
b. N/A		c. N/A	
c. N/A			
9. Wall types		14. Hot water systems	
a. Frame, Wood, Exterior	R=13.0, 1717.0 ft²	a. Electric Resistance	Cap: 40.0 gallons
b. N/A			EF: 0.89
c. N/A		b. N/A	
d. N/A			
e. N/A		c. Conservation credits	
10. Ceiling types		(HR-Heat recovery, Solar	
a. Under Attic	R=30.0, 3985.0 ft²	DHP-Dedicated heat pump)	
b. N/A		15. HVAC credits	
c. N/A		(CF-Ceiling fan, CV-Cross ventilation,	
11. Ducts		HF-Whole house fan,	
a. Sup: Unc. Ret: Unc. AH: Interior	Sup. R=6.0, 160.0 ft	PT-Programmable Thermostat,	
b. N/A		MZ-C-Multizone cooling,	
		MZ-H-Multizone heating)	

Glass/Floor Area: 0.12

Total as-built points: 41110
Total base points: 42047

PASS

I hereby certify that the plans and specifications covered by this calculation are in compliance with the Florida Energy Code. PREPARED BY: Evan Beamsley DATE: 12/22/07 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:	
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SUMMER CALCULATIONS

Residential Whole Building Performance Method A - Details

ADDRESS: Lot: 10, Sub: Morning Star GI, Plat: , 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	3384.0	20.04	12206.8	Double, Clear	N	13.5	8.5	20.0	19.20	0.65	248.2			
				Double, Clear	N	13.5	7.0	30.0	19.20	0.63	360.6			
				Double, Clear	NW	12.0	8.5	20.0	25.97	0.58	303.7			
				Double, Clear	W	13.5	8.5	20.0	38.52	0.44	337.8			
				Double, Clear	N	1.5	7.0	45.0	19.20	0.96	825.1			
				Double, Clear	E	0.0	0.0	45.0	42.06	1.00	1892.9			
				Double, Clear	S	1.5	7.0	15.0	35.87	0.89	481.3			
				Double, Clear	E	0.0	0.0	30.0	42.06	1.00	1261.9			
				Double, Clear	S	1.5	8.0	72.0	35.87	0.92	2384.3			
				Double, Clear	S	9.5	7.0	72.0	35.87	0.48	1246.0			
				Double, Clear	S	9.5	8.5	14.0	35.87	0.50	253.0			
				Double, Clear	W	0.0	0.0	30.0	38.52	1.00	1155.7			
				As-Built Total:							413.0		10750.5	
				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		1717.0	1.50	2575.5				
Exterior	1717.0	1.70	2918.9											
Base Total:		1717.0	2918.9	As-Built Total:		1717.0		2575.5						
DOOR TYPES		Area X BSPM = Points		Type		Area X SPM = Points								
Adjacent	0.0	0.00	0.0	Exterior Insulated		60.0		4.10	246.0					
Exterior	100.0	6.10	610.0								40.0		4.10	164.0
Base Total:		100.0	610.0	As-Built Total:		100.0		410.0						
CEILING TYPES		Area X BSPM = Points		Type		R-Value		Area X SPM X SCM = Points						
Under Attic	3384.0	1.73	5854.3	Under Attic		30.0		3985.0	1.73 X 1.00 6894.1					
Base Total:		3384.0	5854.3	As-Built Total:		3985.0		6894.1						
FLOOR TYPES		Area X BSPM = Points		Type		R-Value		Area X SPM = Points						
Slab	281.0(p)	-37.0	-10397.0	Slab-On-Grade Edge Insulation		0.0		281.0(p)	-41.20	-11577.2				
Raised	0.0	0.00	0.0											
Base Total:		-10397.0		As-Built Total:		281.0		-11577.2						

SUMMER CALCULATIONS

Residential Whole Building Performance Method A - Details

ADDRESS: Lot: 10, Sub: Morning Star Gl, Plat: , Lake City, FL,

PERMIT #:

BASE				AS-BUILT						
INFILTRATION Area X BSPM = Points				Area X SPM = Points						
3384.0 10.21 34550.6				3384.0 10.21 34550.6						
Summer Base Points: 45743.6				Summer As-Built Points: 43603.4						
Total Summer X System = Cooling Points Multiplier Points				Total X Cap X Duct X System X Credit = Cooling Component Ratio Multiplier Multiplier Multiplier Points <small>(DM x DSM x AHU)</small>						
45743.6 0.4266 19514.2				43603.4 0.500 (1.090 x 1.147 x 0.91) 0.341 1.000 8465.6 43603.4 0.500(1.00 x 1.147 x 1.00 0.341 1.000 8465.6 43603.4 1.00 1.138 0.341 1.000 16931.2						

WINTER CALCULATIONS

Residential Whole Building Performance Method A - Details

ADDRESS: Lot: 10, Sub: Morning Star GI, Plat: , 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	3384.0	12.74	7760.2	Double, Clear	N	13.5	8.5	20.0	24.58	1.02	503.0
				Double, Clear	N	13.5	7.0	30.0	24.58	1.02	755.6
				Double, Clear	NW	12.0	8.5	20.0	24.30	1.03	500.3
				Double, Clear	W	13.5	8.5	20.0	20.73	1.21	501.2
				Double, Clear	N	1.5	7.0	45.0	24.58	1.00	1107.7
				Double, Clear	E	0.0	0.0	45.0	18.79	1.00	845.7
				Double, Clear	S	1.5	7.0	15.0	13.30	1.07	214.2
				Double, Clear	E	0.0	0.0	30.0	18.79	1.00	563.8
				Double, Clear	S	1.5	8.0	72.0	13.30	1.04	996.7
				Double, Clear	S	9.5	7.0	72.0	13.30	3.17	3032.5
				Double, Clear	S	9.5	8.5	14.0	13.30	2.92	544.2
				Double, Clear	W	0.0	0.0	30.0	20.73	1.00	621.8
				As-Built Total:			413.0			10186.7	
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	1717.0	3.40	5837.8	
Exterior	1717.0	3.70	6352.9								
Base Total: 1717.0 6352.9				As-Built Total:			1717.0			5837.8	
DOOR TYPES Area X BWPM = Points				Type				Area X WPM = Points			
Adjacent	0.0	0.00	0.0	Exterior Insulated			60.0		8.40	504.0	
Exterior	100.0	12.30	1230.0	Exterior Insulated			40.0		8.40	336.0	
Base Total: 100.0 1230.0				As-Built Total:			100.0			840.0	
CEILING TYPES Area X BWPM = Points				Type	R-Value			Area X WPM X WCM = Points			
Under Attic	3384.0	2.05	6937.2	Under Attic			30.0	3985.0	2.05 X 1.00		8169.3
Base Total: 3384.0 6937.2				As-Built Total:			3985.0			8169.3	
FLOOR TYPES Area X BWPM = Points				Type	R-Value			Area X WPM = Points			
Slab	281.0(p)	8.9	2500.9	Slab-On-Grade Edge Insulation			0.0	281.0(p)	18.80		5282.8
Raised	0.0	0.00	0.0								
Base Total: 2500.9				As-Built Total:			281.0			5282.8	

WINTER CALCULATIONS

Residential Whole Building Performance Method A - Details

ADDRESS: Lot: 10, Sub: Morning Star GI, Plat: , Lake City, FL,

PERMIT #:

BASE				AS-BUILT						
INFILTRATION Area X BWPM = Points				Area X WPM = Points						
3384.0 -0.59 -1996.6				3384.0 -0.59 -1996.6						
Winter Base Points: 22784.6				Winter As-Built Points: 28320.0						
Total Winter X System = Heating Points Multiplier Points				Total X Cap X Duct X System X Credit = Heating Component Ratio Multiplier Multiplier Multiplier Points (DM x DSM x AHU)						
22784.6 0.6274 14295.1				28320.0 0.500 (1.069 x 1.169 x 0.93) 0.487 1.000 8016.7 28320.0 0.500(1.00 x 1.169 x 1.00) 0.487 1.000 8016.7 28320.0 1.00 1.162 0.487 1.000 16033.4						

WATER HEATING & CODE COMPLIANCE STATUS

Residential Whole Building Performance Method A - Details

ADDRESS: Lot: 10, Sub: Morning Star GI, Plat: , 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	X Multiplier X Credit Multiplier = Total
3		2746.00	8238.0	40.0	0.89	3		1.002715.15	1.008145.4
				As-Built Total:					8145.4

CODE COMPLIANCE STATUS							
BASE				AS-BUILT			
Cooling Points	+	Heating Points	+ Hot Water Points = Total Points	Cooling Points	+	Heating Points	+ Hot Water Points = Total Points
19514		14295	823842047	16931		16033	814541110

PASS



Code Compliance Checklist

Residential Whole Building Performance Method A - Details

ADDRESS: Lot: 10, Sub: Morning Star GI, Plat: , 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.	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>
Multi-story Houses	606.1.ABC.1.2.5	Air barrier on perimeter of floor cavity between floors.	<input checked="" type="checkbox"/>
Additional Infiltration reqts	606.1.ABC.1.3	Exhaust fans vented to outdoors, dampers; combustion space heaters comply with NFPA, have combustion air.	<input checked="" type="checkbox"/>

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 6-12. Switch or clearly marked circuit breaker (electric) or cutoff (gas) must be provided. External or built-in heat trap required.	<input checked="" type="checkbox"/>
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%.	<input checked="" type="checkbox"/>
Shower heads	612.1	Water flow must be restricted to no more than 2.5 gallons per minute at 80 PSIG.	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>
HVAC Controls	607.1	Separate readily accessible manual or automatic thermostat for each system.	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>

ENERGY PERFORMANCE LEVEL (EPL)
DISPLAY CARD

ESTIMATED ENERGY PERFORMANCE SCORE* = 83.3

The higher the score, the more efficient the home.

McDaniel, Lot: 10, Sub: Morning Star Gl, Plat: , Lake City, FL,

1. New construction or existing New
2. Single family or multi-family Single family
3. Number of units, if multi-family 1
4. Number of Bedrooms 3
5. Is this a worst case? Yes
6. Conditioned floor area (ft²) 3384 ft²
7. Glass area & type Single Pane Double Pane
a. Clear glass, default U-factor 0.0 ft² 413.0 ft²
b. Default tint, default U-factor 0.0 ft² 0.0 ft²
c. Labeled U-factor or SHGC 0.0 ft² 0.0 ft²
8. Floor types
a. Slab-On-Grade Edge Insulation R=0.0, 281.0(p) ft
b. N/A
c. N/A
9. Wall types
a. Frame, Wood, Exterior R=13.0, 1717.0 ft²
b. N/A
c. N/A
d. N/A
e. N/A
10. Ceiling types
a. Under Attic R=30.0, 3985.0 ft²
b. N/A
c. N/A
11. Ducts
a. Sup: Unc. Ret: Unc. AH: Interior Sup. R=6.0, 160.0 ft
b. N/A
12. Cooling systems
a. Central Unit Cap: 32.0 kBtu/hr SEER: 10.00
b. Central Unit Cap: 32.0 kBtu/hr SEER: 10.00
c. N/A
13. Heating systems
a. Electric Heat Pump Cap: 32.0 kBtu/hr HSPF: 7.00
b. Electric Heat Pump Cap: 32.0 kBtu/hr HSPF: 7.00
c. N/A
14. Hot water systems
a. Electric Resistance Cap: 40.0 gallons EF: 0.89
b. N/A
c. Conservation credits (HR-Heat recovery, Solar DHP-Dedicated heat pump)
15. HVAC credits (CF-Ceiling fan, CV-Cross ventilation, HF-Whole house fan, PT-Programmable Thermostat, MZ-C-Multizone cooling, MZ-H-Multizone heating)

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 EnergyStar™ 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.

EnergyGauge® (Version: FLR2PB v3.4)

UNIVERSAL

ENGINEERING SCIENCES

Consultants In: Geotechnical Engineering •
Environmental Sciences • Construction Materials Testing

4475 S.W. 35th Terrace • Gainesville, Florida 32608 • (352) 372-3392

REPORT ON IN-PLACE DENSITY TESTS

Columbia Co
Perms + 000022876

CLIENT: Pete Richardson

PROJECT: Mc DANIEL Res

AREA TESTED: Fill & Prop. Bldg Pad + Found.

COURSE: 7/6 DEPTH OF TEST: 0-1

TYPE OF TEST: ASTM-D-2922 DATE TESTED: 3-30-09

NOTE: The below tests ~~DO NOT~~ meet the minimum 95 % compaction requirements of maximum density.

REMARKS: _____

[illegible]

TECH. Sch

New Construction Subterranean Termite Soil Treatment Record

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

This form is completed by the licensed Pest Control Company.

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This information is mandatory and is required to obtain benefits. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.
Section 24 CFR 200.926d(b)(3) requires that the sites for HUD insured structures must be free of termite hazards. This information collection requires the builder to certify that an authorized Pest Control company performed all required treatment for termites, and that the builder guarantees the treated area against infestation for one year. Builders, pest control companies, mortgage lenders, homebuyers, and HUD as a record of treatment for specific homes will use the information collected. The information is not considered confidential.

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

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

22876

Section 1: General Information (Treating Company Information)

Company Name: Aspen Pest Control, Inc.
Company Address: 301 NW Cole Terrace City Lake City State FL Zip 32055
Company Business License No. JB103478 Company Phone No. 386-755-3511
FHA/VA Case No. (if any) _____

Section 2: Builder Information

Company Name: Bo-Mor Electric (Gary McDaniel) Company Phone No. _____

Section 3: Property Information

Location of Structure(s) Treated (Street Address or Legal Description, City, State and Zip) 1100 Morningstar Glenn Lake City, FL 32024
Type of Construction (More than one box may be checked) ☒ Slab ☐ Basement ☐ Crawl ☒ Other Mono
Approximate Depth of Footing: Outside 12 Inside 12 Type of Fill Dir F

Section 4: Treatment Information

Date(s) of Treatment(s) 3-31-05
Brand Name of Product(s) Used Sentricon
EPA Registration No. 70907-7-53443
Approximate Final Mix Solution % 0.5%
Approximate Size of Treatment Area: Sq. ft. 4294 Linear ft. 260 Linear ft. of Masonry Voids 0
Approximate Total Gallons of Solution Applied 430
Was treatment completed on exterior? ☐ Yes ☒ No
Service Agreement Available? ☒ Yes ☐ No upon completion
Note: Some state laws require service agreements to be issued. This form does not preempt state law.

Attachments (List) _____
Comments _____

Name of Applicator(s) Steve Brannon Certification No. (if required by State law) JF104376

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

Authorized Signature Steve Brannon Date 3-31-05

COLUMBIA COUNTY FLORIDA OCCUPANCY

COLUMBIA COUNTY, FLORIDA

Department of Building and Zoning Inspection

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

Parcel Number 35-5S-16-03752-210 Building permit No. 000022876

Use Classification SFD & UTILITY Fire: 17.76

Permit Holder GARY MCDANIEL Waste: 36.75

Owner of Building GARY MCDANIEL Total: 54.51

Location: 1100 SW MORNING STAR GLEN(ANCIENT OAKS,LOT 10)

Date: 07/20/2006 Harry Dickie

Building Inspector



POST IN A CONSPICUOUS PLACE
(Business Places Only)

**NOTICE OF COMMENCEMENT FORM
COLUMBIA COUNTY, FLORIDA**

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

Tax Parcel ID Number 34-55-16-03752-210

1. Description of property: (legal description of the property and street address or 911 address)
Lot # 30 of ANCIENT OAKS S/D PLAT Book 7, Page 78
of the Public Records of Columbia Co FL. Sec. 34 + 35
Township 5 South, Range 16 E. Columbia Co. FL.
2. General description of Improvement: S.F.R.
3. Owner Name & Address Gary + Fran McDowell 3532 S.W. 12 PL. Ft. Lauderdale, FL 33308
 Interest in Property _____
4. Name & Address of Fee Simple Owner (if other than owner): S/MC
5. Contractor Name owner / builder Phone Number _____
 Address _____
6. Surety Holders Name N/A Phone Number _____
 Address _____
 Amount of Bond _____
7. Lender Name N/A Phone Number _____
 Address _____
8. Persons within the State of Florida designated by the Owner upon whom notices or other documents may be served as provided by section 713.13 (1)(a) 7; Florida Statutes:
 Name Phil Swindell Phone Number 384-497-2032
 Address 411 S.W. Sedgefield Lane Ft. White FL 32038
9. In addition to himself/herself the owner designates _____ of _____
 to receive a copy of the Lienor's Notice as provided in Section 713.13 (1) -
 (a) 7. Phone Number of the designee _____
10. Expiration date of the Notice of Commencement (the expiration date is 1 (one) year from the date of recording, (Unless a different date is specified) _____

NOTICE AS PER CHAPTER 713, Florida Statutes:

The owner must sign the notice of commencement and no one else may be permitted to sign in his/her stead.

[Signature]
 Signature of Owner

Sworn to (or affirmed) and subscribed before
 day of February 04, 2005

NOTARY STAMP/SEAL

[Signature]
 Signature of Notary



Inst: 2005002654 Date: 02/04/2005 Time: 12:11
mk DC, P. Dewitt Cason, Columbia County B: 1037 P: 609

22476