



Building and Zoning Department

Storage Building Application

Invoice

63664

Applicant Information

GLENWOOD KING
220 SW LEATHER CT
LAKE CITY FL 32024

Invoice Date

03/15/2024

Permit

Amount Due

\$577.90

Job Location

Parcel: 00-00-00-01092-000
Owner: RICE LARRY, RICE LAURI B
Address: 450 SW BOSTON TER
FORT WHITE, FL 32038

Contractor Information

GLENWOOD KING
GLENWOOD KING
CONSTRUCTION INC
139 SW DUNN WAY
LAKE CITY, FL 32024

Contact Us

Phone:
(386) 758-1008

Customer Service Hours:
Monday-Friday
From 8:00 A.M. to 4:30 P.M.

Email:
bldginfo@columbiacountyfla.com

Website:
<http://www.columbiacountyfla.com/BuidlingandZoning.asp>

Address:
Building and Zoning Ste. B-21
135 NE Hernando Ave.
Lake City, FL 32055

Invoice History

Date	Description	Amount
03/15/2024	Fee: Application Fee	\$15.00
03/15/2024	Fee: Building Permit Fee Based on Construction Cost	\$380.80
03/15/2024	Fee: Plan Review	\$95.20
03/15/2024	Fee: Certificate Fee	\$4.76
03/15/2024	Fee: DBPR - Surcharge / Radon	\$7.14
03/15/2024	Fee: Flood Zone Certification Fee	\$25.00
03/15/2024	Fee: Zoning Certification Fee	\$50.00
Amount Due:		\$577.90

[Credit card payments can be made online here \(fees apply\)](#)

Fee balances are not immediately updated using online Credit Card. If you have paid permit fees using the online application site or by another method such as check or cash, please allow time for your payment to be processed.

Inspection Office Hours

Monday - Friday
From 8:00 AM to 10:00 AM
and
From 1:30 PM to 3:00 PM

Regular Inspection Schedules

All areas North of County Road 242
From 10:00 AM to Noon

All areas South of County Road 242
From 3:00 PM to 5:00 PM

Inspection Requests

Online: (Preferred Method)
www.columbiacountyfla.com/InspectionRequest.asp

Voice Mail: 386-719-2023 or Phone: 386-758-1008

All Driveway Inspections: 386-758-1019

Septic Release Inspections: 386-758-1058

IMPORTANT NOTICE:

Any inspection requested after 4:30 pm, no matter the method, will be received the next business day and will be scheduled by the earliest time slot.

All Inspections require 24 hours notice.

Emergencies will be inspected as soon as possible.

Storage Building Application #63664

Tuesday, December 19, 2023 10:05 AM



APPLICANT: GLENWOOD KEEN

PHONE: 386-397-4708

ADDRESS: 220 SW LEATHER CT LAKE CITY FL 32024

OWNER: RICE LARRY, RICE LAURI B

PHONE: 904-591-0360

ADDRESS: 450 SW BOSTON TER FORT WHITE, FL 32038

PARCEL ID: 00-00-00-01092-000

SUBDIVISION: THREE RIVERS ESTATES UNIT 18

LOT: BLOCK: PHASE: UNIT: ACRES: 0.91

CONTRACTOR	TYPE	LIC#	BUSINESS NAME
GLENWOOD KING	General	CBC059726	GLENWOOD KING CONSTRUCTION INC

JOB DETAILS

Description of the buildings use.	storage buildnig
Type of Structure	Storage Building
Commercial or Residential?	Residential
Total Estimated Cost	0.00
Estimated Plumbing Cost	0.00
Estimated Electrical Cost	0.00
Site Plan Setbacks Front	0
Site Plan Setback Side 1	0
Site Plan Setback Side 2	0
Site Plan Setbacks Rear	0
Length	
Width	
Total Area (Sqft)	
Building Height	
Existing Dwelling Units	
Septic# (00-0000) or (X00-000)	
Power Company Used:	
Service Amps	
Is the building Fire Sprinkled?	
Are blue prints included?	
Driveway changes?	
Please explain any driveway changes:	
Zoning Applications applied for (Site & Development Plan, Special Exception, etc.)	

needs info

MG sent email 1/31

Review Notes: NEEDED

- * GLENWOOD KING UPDATED WORKERS COMP AND WORKERS COMP EXEMPTION
- * ESTIMATED COST OF CONSTRUCTION
- * CLARIFICATION IF THERE IS GOING TO BE PLUMBING AND MECHANICAL ADDED - SCOPE OF WORK DOES NOT INDICATE THERE WILL BE BUT WE WERE PROVIDED WITH SUB FORMS FOR EACH TRADE
- * ENVIRONMENTAL HEALTH SIGNED SITE PLAN

Columbia County Remodel Permit Application

For Office Use Only		Application # <u>63664</u>	Date Received <u>12/19</u>	By <u>EW</u>	Permit # _____
Zoning Official _____	Date _____	Flood Zone _____	Land Use _____	Zoning _____	
FEMA Map # _____	Elevation _____	MFE _____	River _____	Plans Examiner _____	Date _____
Comments _____					
<input type="checkbox"/> NOC <input type="checkbox"/> Deed or PA <input type="checkbox"/> Dev Permit # _____ <input type="checkbox"/> In Floodway <input type="checkbox"/> Letter of Auth. from Contractor <input type="checkbox"/> F W Comp. letter <input type="checkbox"/> Owner Builder Disclosure Statement <input type="checkbox"/> Land Owner Affidavit <input type="checkbox"/> Ellisville Water <input type="checkbox"/> App Fee Paid <input type="checkbox"/> Site Plan <input type="checkbox"/> Env. Health Approval _____ <input type="checkbox"/> Sub VF Form					

Applicant (Who will sign/pickup the permit) Glenwood King Fax _____ Phone (386) 397-4708
 Address 220 SW Leather Court Lake City FL 32024
 Owners Name Larry Rice Phone (904) 591-0360
 911 Address _____

Contractors Name Glenwood King Phone (386) 397-4708
 Address 220 SW Leather Court LC FL 32024

Contractor Email gkconstru@gmail.com ***Include to get updates on this job.

Fee Simple Owner Name & Address _____

Bonding Co. Name & Address _____

Architect/Engineer Name & Address Bam Bu

Mortgage Lenders Name & Address _____

Circle the correct power company – FL Power & Light – Clay Elec. – Suwannee Valley Elec. – Duke Energy

Property ID Number 00-00-00-01092-000 Estimated Construction Cost _____

Subdivision Name Three Rivers Estates Lot 75 Block _____ Unit 18 Phase _____

Driving Directions from a Major Road Hwy 47 South T/R Hwy 27 west T/L SW Riverside Ave
T/L SW Utah St T/R SW Washington Ave T/L SW Boston Terrace
450 SW Boston Terrace on Right

Construction of metal storage _____ Commercial OR ☒ Residential

Type of Structure (House; Mobile Home; Garage; Exxon) Storage

Use/Occupancy of the building now NA Is this changing _____

If Yes, Explain, Proposed Use/Occupancy _____

Is the building Fire Sprinkled? NA If Yes, blueprints included _____ Or Explain _____

Entrance Changes (Ingress/Egress) NA If Yes, Explain _____

Zoning Applications applied for (Site & Development Plan, Special Exception, etc.) NA

Columbia County Building Permit Application – "Owner and Contractor Signature Page"

CODES: 2020 Florida Building Code 7th Edition and the 2017 National Electrical Code.

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.

TIME LIMITATIONS OF APPLICATION: An application for a permit for any proposed work shall be deemed to have been abandoned 180 days after the date of filing, unless pursued in good faith or a permit has been issued.

TIME LIMITATIONS OF PERMITS: Every permit issued shall become invalid unless the work authorized by such permit is commenced within 180 days after its issuance, or if the work authorized by such permit is suspended or abandoned for a period of 180 days after the time work is commenced. A valid permit receives an approved inspection every 180 days. Work shall be considered not suspended, abandoned or invalid when the permit has received an approved inspection within 180 days of the previous approved inspection.

FLORIDA'S CONSTRUCTION LIEN LAW: Protect Yourself and Your Investment: According to Florida Law, those who work on your property or provide materials, and are not paid-in-full, have a right to enforce their claim for payment against your property. This claim is known as a construction lien. If your contractor fails to pay subcontractors or material suppliers or neglects to make other legally required payments, the people who are owed money may look to your property for payment, even if you have paid your contractor in full. This means if a lien is filed against your property, it could be sold against your will to pay for labor, materials or other services which your contractor may have failed to pay.

NOTICE OF RESPONSIBILITY TO CONTRACTOR AND AGENT: YOU ARE HEREBY NOTIFIED as the recipient of a building permit from Columbia County, Florida, you will be held responsible to the County for any damage to sidewalks and/or road curbs and gutters, concrete features and structures, together with damage to drainage facilities, removal of sod, major changes to lot grades that result in ponding of water, or other damage to roadway and other public infrastructure facilities caused by you or your contractor, subcontractors, agents or representatives in the construction and/or improvement of the building and lot for which this permit is issued. No certificate of occupancy will be issued until all corrective work to these public infrastructures and facilities has been corrected.

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

OWNERS CERTIFICATION: I CERTIFY THAT ALL THE FOREGOING INFORMATION IS ACCURATE AND THAT ALL WORK WILL BE DONE IN COMPLIANCE WITH ALL APPLICABLE LAWS REGULATING CONSTRUCTION AND ZONING.

NOTICE TO OWNER: There are some properties that may have deed restrictions recorded upon them. These restrictions may limit or prohibit the work applied for in your building permit. You must verify if your property is encumbered by any restrictions or face possible litigation and or fines.

Larry D Bree

Printed Owners Name

[Signature]

Owners Signature

****Property owners must sign here before any permit will be issued.**

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

Blennwood King

Contractor's Signature

Contractor's License Number CBC059726
Columbia County
Competency Card Number _____

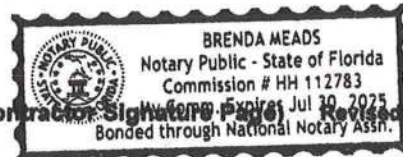
Affirmed and subscribed before me the Contractor by means of _____ physical presence or _____ online notarization, this 18 day of December 2023, who was personally known PID or produced ID _____

State of Florida Notary Signature (For the Contractor)

SEAL:

(Electronic Signatures Are Accepted.)

Page 2 of 2 (Owner and Contractor Signatures Page) Revised 1-12-21



NOTICE OF COMMENCEMENT

Clerk's Office Stamp

Tax Parcel Identification Number:

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): 00-00-00-01092-000
a) Street (job) Address: 450 SW Boston Ave Ft White FL
2. General description of improvements: NEW metal storage
3. Owner Information or Lessee information if the Lessee contracted for the improvements:
a) Name and address:
b) Name and address of fee simple titleholder (if other than owner)
c) Interest in property
4. Contractor Information
a) Name and address: Glennwood King 220 SW Weather Ct Lake City FL 32024
b) Telephone No.: (386) 397-4703
5. Surety Information (if applicable, a copy of the payment bond is attached):
a) Name and address: N/A
b) Amount of Bond:
c) Telephone No.:
6. Lender
a) Name and address: N/A
b) Phone No.:
7. Person within the State of Florida designated by Owner upon whom notices or other documents may be served as provided by Section 713.13(1)(a)7., Florida Statutes:
a) Name and address: N/A
b) Telephone No.:
8. In addition to himself or herself, Owner designates the following person to receive a copy of the Lienor's Notice as provided in Section 713.13(1)(b), Florida Statutes:
a) Name: N/A OF
b) Telephone No.:
9. Expiration date of Notice of Commencement (the expiration date will be 1 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.

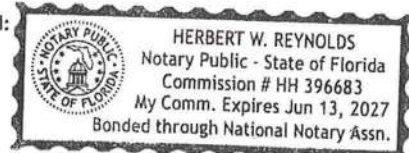
STATE OF FLORIDA
COUNTY OF COLUMBIA

10. [Signature]
Signature of Owner or Lessee, or Owner's or Lessee's Authorized Office/Director/Partner/Manager
Larry A. Rice Owner
Printed Name and Signatory's Title/Office

The foregoing instrument was acknowledged before me, a Florida Notary, this 4th day of December, 2023, by:
Herbert W. Reynolds as Notary for Larry A. Rice
(Name of Person) (Type of Authority) (name of party on behalf of whom instrument was executed)

Personally Known ✓ OR Produced Identification _____ Type _____

Notary Signature [Signature] Notary Stamp or Seal:



Columbia County Property Appraiser
Jeff Hampton

Retrieve Tax Record

2023 TRIM (pdf)

Property Card

Parcel L

Parcel: << 00-00-00-01092-000 (3606) >>

Aerial Viewer

Pictometry

Owner & Property Info

Result: 1 of 0

Owner	RICE LARRY RICE LAURI B 12 PONTE VEDRA CIR PONTE VEDRA BEACH, FL 32082		
Site	450 SW BOSTON TER, FORT WHITE		
Description*	LOT 95 UNIT 18 THREE RIVERS ESTATES. WD 1494-599, WD 1496-690,		
Area	0.918 AC	S/T/R	23-6S-15
Use Code**	VACANT (0000)	Tax District	3

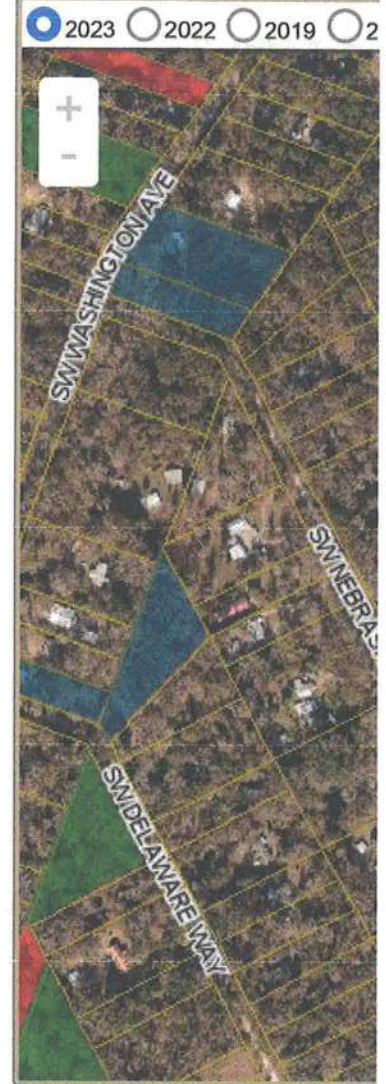
*The Description above is not to be used as the Legal Description for this parcel in any legal transaction.

**The Use Code is a FL Dept. of Revenue (DOR) code and is not maintained by the Property Appraiser's office. Please contact your city or county Planning & Zoning office for specific zoning information.

Property & Assessment Values

2023 Certified Values		2024 Working Values	
Mkt Land	\$15,000	Mkt Land	\$15,000
Ag Land	\$0	Ag Land	\$0
Building	\$0	Building	\$0
XFOB	\$0	XFOB	\$0
Just	\$15,000	Just	\$15,000
Class	\$0	Class	\$0
Appraised	\$15,000	Appraised	\$15,000
SOH Cap [?]	\$7,014	SOH Cap [?]	\$6,215
Assessed	\$15,000	Assessed	\$15,000
Exempt	\$0	Exempt	\$0
Total	county:\$7,986 city:\$0	Total	county:\$8,785 city:\$0
Taxable	other:\$0 school:\$15,000	Taxable	other:\$0 school:\$15,000

Sales History



Glenwood King Construction Inc.
Larry Rice Job
450 SW Boston Ave.
Ft. White FL

List of things we will do.

Build 25'x36' Metal Building

Install well

Install Septic System

Install Permanent Power
wire the Metal Building

SUBCONTRACTOR VERIFICATION

APPLICATION/PERMIT # _____ JOB NAME 1219

THIS FORM MUST BE SUBMITTED BEFORE A PERMIT WILL BE ISSUED

Columbia County issues combination permits. One permit will cover all trades doing work at the permitted site. It is REQUIRED that we have records of the subcontractors who actually did the trade specific work under the general contractors permit.

NOTE: It shall be the responsibility of the general contractor to make sure that all of the subcontractors are licensed with the Columbia County Building Department.

Use website to confirm licenses: <http://www.columbiacountyfla.com/PermitSearch/ContractorSearch.aspx>

NOTE: If this should change prior to completion of the project, it is your responsibility to have a corrected form submitted to our office, before that work has begun.

Violations will result in stop work orders and/or fines.

ELECTRICAL <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ CC# _____ License #: _____ Phone #: _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Lab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
MECHANICAL/ A/C <input type="checkbox"/>	Print Name <u>Harry Masely</u> Signature _____ Company Name: <u>Harry's Heating</u> CC# _____ License #: _____ Phone #: <u>(386) 288-7300</u>	Need <input type="checkbox"/> Lic <input type="checkbox"/> Lab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
PLUMBING/ GAS <input type="checkbox"/>	Print Name <u>Cody Barrs</u> Signature _____ Company Name: <u>Barrs Plumbing</u> CC# _____ License #: <u>CFC1427145</u> Phone #: <u>(386) 623-0549</u>	Need <input type="checkbox"/> Lic <input type="checkbox"/> Lab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
ROOFING <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ CC# _____ License #: _____ Phone #: _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Lab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
SHEET METAL <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ CC# _____ License #: _____ Phone #: _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Lab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
FIRE SYSTEM/ SPRINKLER <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ CC# _____ License #: _____ Phone #: _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Lab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
SOLAR <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ CC# _____ License #: _____ Phone #: _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Lab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
STATE SPECIALTY <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ CC# _____ License #: _____ Phone #: _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Lab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE

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ELECTRICAL <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
MECHANICAL/A/C <input type="checkbox"/>	Print Name <u>Harry D. Moreley</u> Signature <u>Harry Moreley</u> Company Name: <u>Harry's Heating and Air Conditioning Inc</u> License #: <u>CAC1822447</u> Phone #: <u>386-752-2308</u>	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
PLUMBING/GAS <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
ROOFING <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
SHEET METAL <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
FIRE SYSTEM/SPRINKLER <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
SOLAR <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
STATE SPECIALTY <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE

SUBCONTRACTOR VERIFICATION

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Violations will result in stop work orders and/or fines.

ELECTRICAL <input type="checkbox"/>	Print Name <u>Donald Hollingsworth II</u> Signature <u>Donald Hollingsworth II</u>	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
CC# _____	Company Name: <u>Holly Electric Inc</u> License #: <u>EC13012104</u> Phone #: <u>(386) 755-5944</u>	
MECHANICAL/A/C <input type="checkbox"/>	Print Name _____ Signature _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
CC# _____	Company Name: _____ License #: _____ Phone #: _____	
PLUMBING/GAS <input type="checkbox"/>	Print Name _____ Signature _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
CC# _____	Company Name: _____ License #: _____ Phone #: _____	
ROOFING <input type="checkbox"/>	Print Name _____ Signature _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
CC# _____	Company Name: _____ License #: _____ Phone #: _____	
SHEET METAL <input type="checkbox"/>	Print Name _____ Signature _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
CC# _____	Company Name: _____ License #: _____ Phone #: _____	
FIRE SYSTEM/SPRINKLER <input type="checkbox"/>	Print Name _____ Signature _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
CC# _____	Company Name: _____ License #: _____ Phone #: _____	
SOLAR <input type="checkbox"/>	Print Name _____ Signature _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
CC# _____	Company Name: _____ License #: _____ Phone #: _____	
STATE SPECIALTY <input type="checkbox"/>	Print Name _____ Signature _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
CC# _____	Company Name: _____ License #: _____ Phone #: _____	



Florida Product Approval Codes

Roof Deck:

Capital Metal Supply Inc. Ag Panel: 20147.2

EXP 03/04/2025

Wall Panel:

Capital Metal Supply Inc. Ag Panel: 20148.2

EXP 03/04/2025

Walk-In Door:

Elixir Door & Metal Company blank (no window): 17996.5

EXP 08/19/2025

Roll-Up Doors:

Janus International Corporation Model 3652: 21450.6

EXP 12/31/2023

If you have any questions on concern, please contact Donald Little at
386-961-0006 or at tubularbuildingsystems@gmail.com.



STRUCTURAL DESIGN

ENCLOSED BUILDING EXPOSURE B

**MAXIMUM 30'-0" WIDE X 20'-0" EAVE HEIGHT- BOX EAVE
FRAME AND BOW FRAME**

29 July 2021

Revision 6

M&A Project No. 16022S/17300S/20352S

Prepared for:

**Tubular Building Systems, LLC
631 SE Industrial Circle
Lake City, Florida 32025**

Prepared by:

**Moore and Associates Engineering and Consulting, Inc.
1009 East Avenue
North Augusta, SC 29841**

**401 S. Main Street, Suite 200
Mount Airy, NC 27030**

**Wayne
S Moore**

Digitally signed
by Wayne S
Moore
Date: 2022.09.12
15:03:17 -04'00'



**MOORE AND ASSOCIATES
ENGINEERING AND CONSULTING**



This item has been electronically signed and sealed by Wayne S. Moore, PE. using a Digital Signature and date.

Printed copies of this document are not considered signed and sealed and the signature must be verified on any electronic copies.

Outside measurement of foundation
Equals Basic Building Dimension
plus Seven (7) inches

25'17"

Basic Building
Dimension
to outside of Base Rail

25'

BUILDING SLAB

See Corner
Detail Sheet 3

Building
Base Rail

3-1/2" wide x 1-1/2" high Notch
in Concrete outside
of basic building
dimensions

36'
Basic Building
Dimension
to outside of Base Rail

36'17"

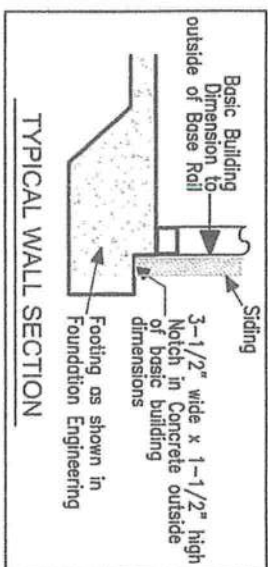
Outside measurement of foundation
Equals Basic Building Dimension
plus Seven (7) inches

IMPORTANT - NOTES

Record Measurements
in these spaces provided

All basic building dimensions
are to the outside of the
frame Base Rail and DO NOT
INCLUDE the 3-1/2" x 1-1/2"
notch in the concrete footing

See Sheet 3 of 3
for Detail of Building
corner configuration

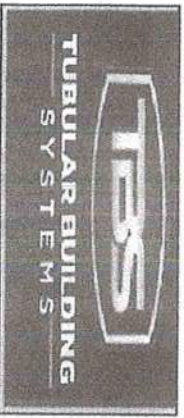


TYPICAL WALL SECTION

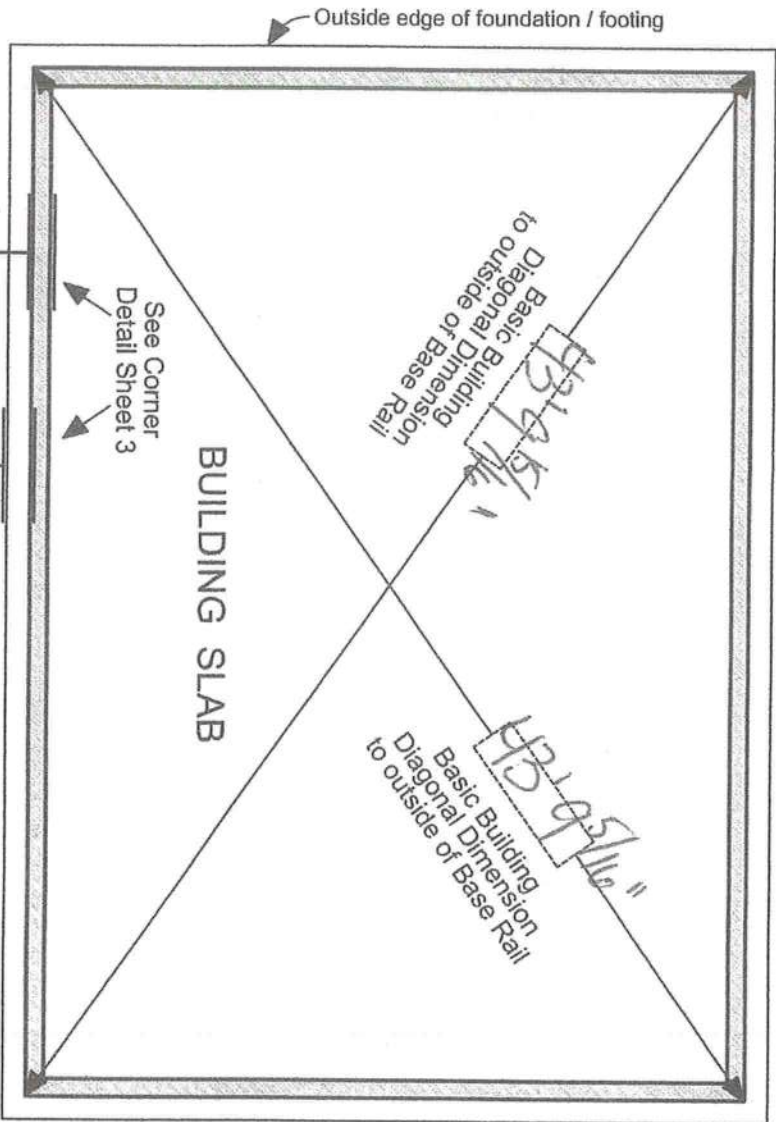
TYPICAL BUILDING

FOUNDATION MEASUREMENTS





TYPICAL BUILDING FOUNDATION MEASUREMENTS DIAGONALS



Building
Base Rail

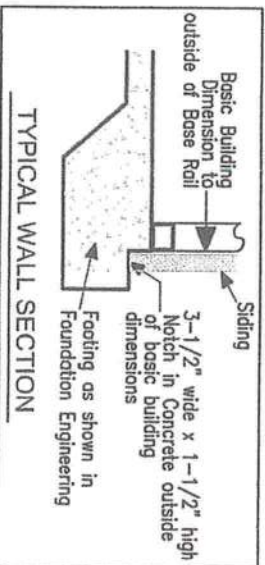
3-1/2" wide x 1-1/2" high Notch
in Concrete outside
of basic building
dimensions

IMPORTANT - NOTES

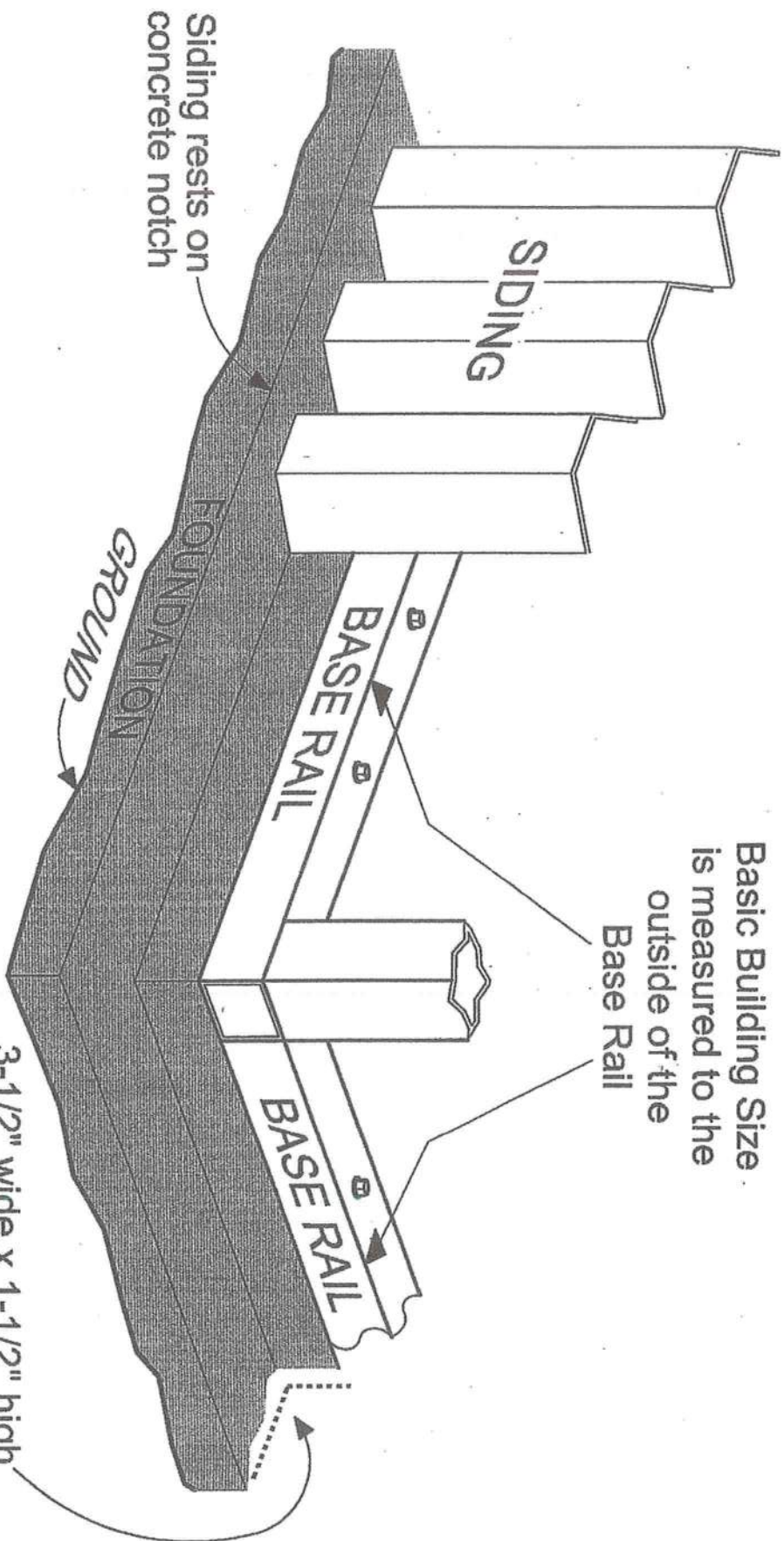
Record Measurements
in these spaces provided

All basic building diagonal dimensions
are to the outside corner of the
frame Base Rail and DO NOT
INCLUDE the 3-1/2" x 1-1/2"
notch in the concrete footing

See Sheet 3 of 3
for Detail of Building
corner configuration



TYPICAL WALL SECTION



TYPICAL BUILDING CORNER DETAIL



Outside measurement of foundation
Equals Basic Building Dimension
plus Seven (7) inches

25'7"

Basic Building
Dimension
to outside of Base Rail

25'

BUILDING SLAB

Basic Building
Dimension
to outside of Base Rail

24'

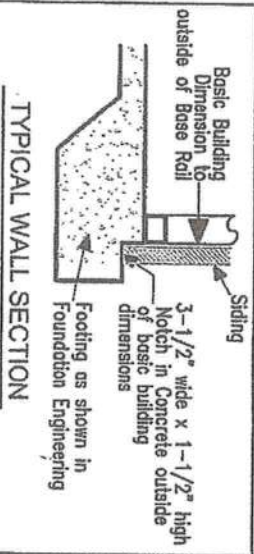
Outside measurement of foundation
Equals Basic Building Dimension
plus Seven (7) inches

24'7"

See Corner
Detail Sheet 3

Building
Base Rail

3-1/2" wide x 1-1/2" high Notch
in Concrete outside
of basic building
dimensions



TYPICAL WALL SECTION

TYPICAL BUILDING

FOUNDATION MEASUREMENTS



IMPORTANT - NOTES

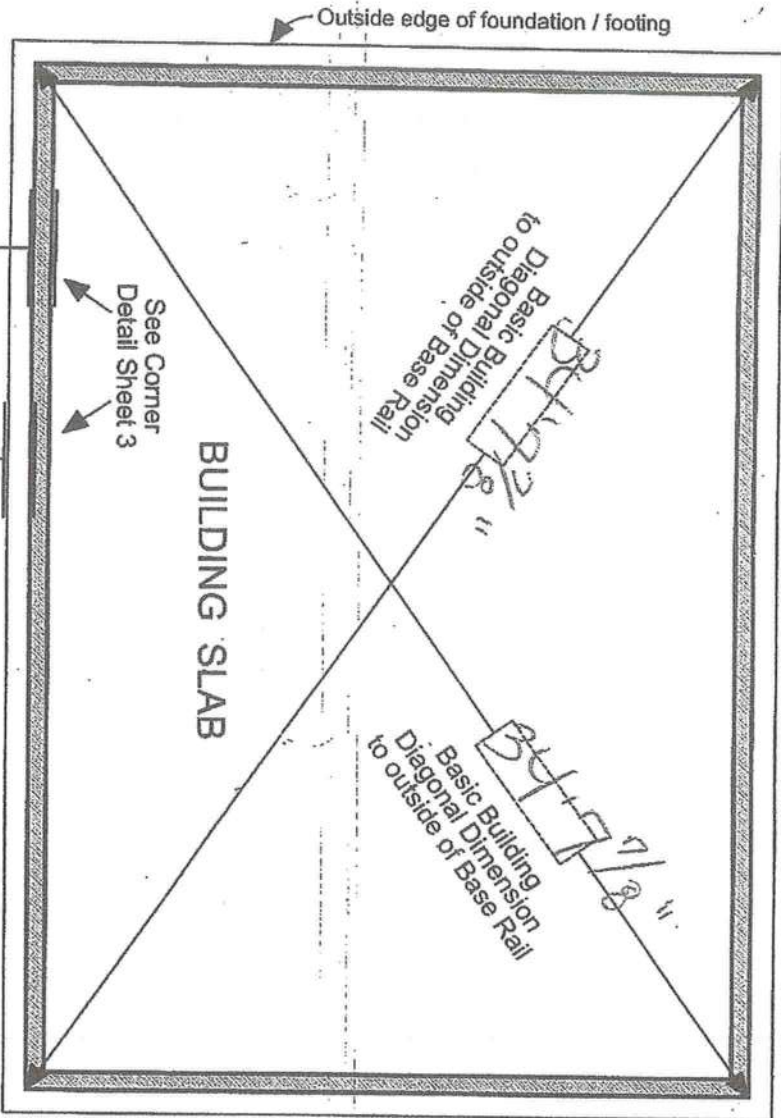
Record Measurements
in these spaces provided

All basic building dimensions
are to the outside of the
frame Base Rail and DO NOT
INCLUDE the 3-1/2" x 1-1/2"
notch in the concrete footing

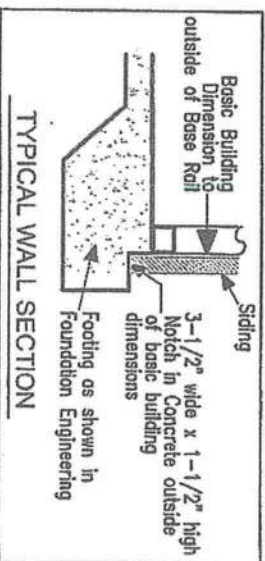
See Sheet 3 of 3
for Detail of Building
corner configuration



TYPICAL BUILDING FOUNDATION MEASUREMENTS DIAGONALS



3-1/2" wide x 1-1/2" high Notch
in Concrete outside
of basic building
dimensions

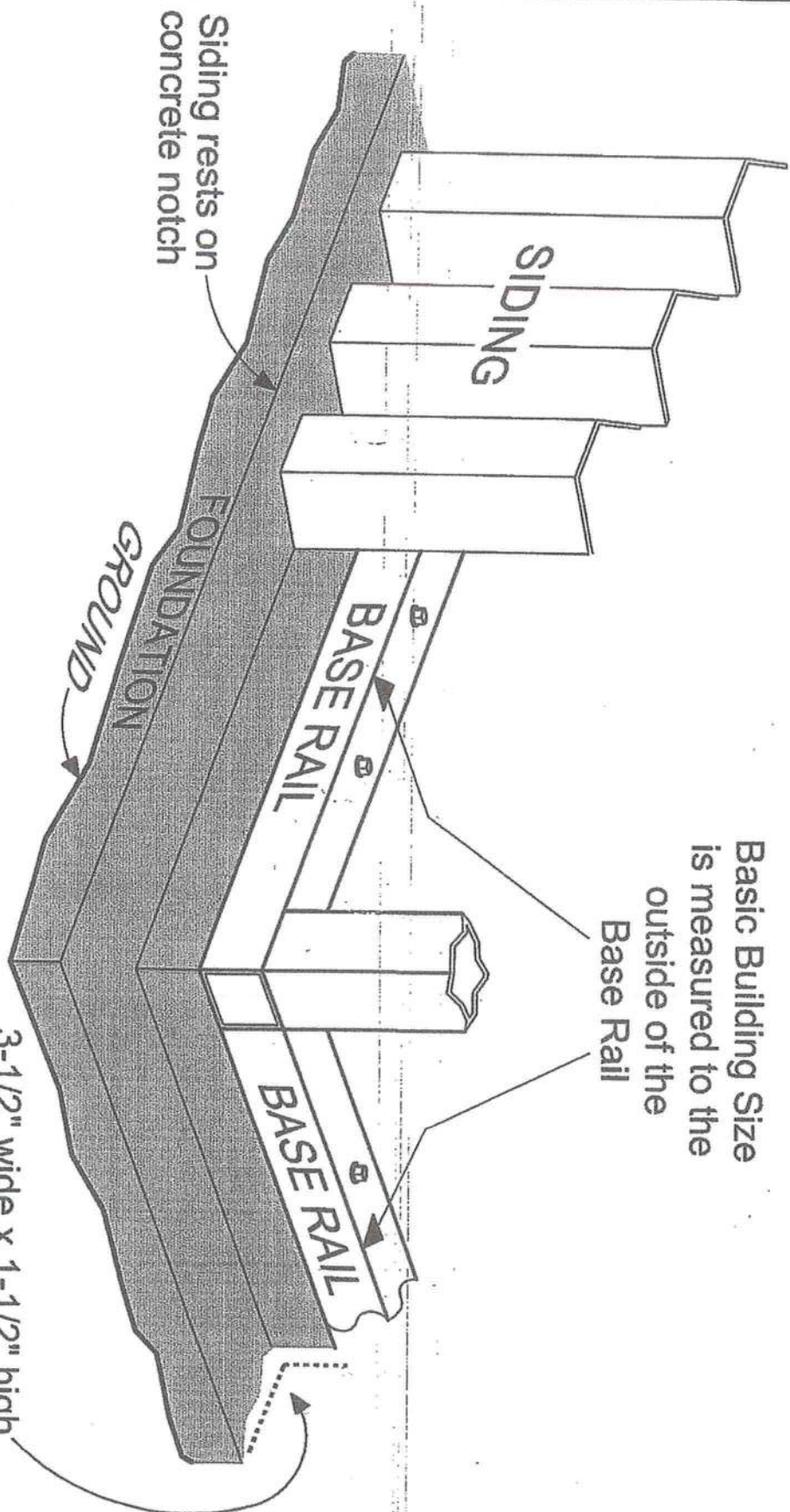


IMPORTANT - NOTES

Record Measurements
in these spaces provided

All basic building diagonal dimensions
are to the outside corner of the
frame Base Rail and DO NOT
INCLUDE the 3-1/2" x 1-1/2"
notch in the concrete footing

See Sheet 3 of 3
for Detail of Building
corner configuration



TBS
TUBULAR BUILDING
SYSTEMS

TYPICAL BUILDING

CORNER DETAIL

SHEET 3 of 3

426 SW COMMERCE DRIVE
SUITE 130-N
LAKE CITY, FL 32025
Email: sdaniel@dgsurveying.com
LICENSE NO. LB 7683

5. NO ATTEMPT WAS MADE BY THIS SURVEY TO DETERMINE IF THE SUBJECT PROPERTY LIES

450 S.W. Boston Terrace.

