

DATE 01/29/2003

Columbia County Building Permit / Application

PERMIT

000020365

New Resident

This Permit Expires One Year From Date of Issue

APPLICANT JODY DUPREE PHONE 752-8631
 ADDRESS P.O. BOX 2861 LAKE CITY FL 32056
 OWNER ROBERT & ANGELA TURBEVILLE PHONE
 ADDRESS 497 LOCHLYNN TERR LAKE CITY FL 32025
 CONTRACTOR J.L.DUPREE CONSTRUCTION PHONE
 LOCATION OF PROPERTY 90W, TR ON TURNER ROAD, 1/4 MILE DOWN ON LEFT, OLD
SUNSTATE SEWING FACTORY
 TYPE DEVELOPMENT DAY CARE CENTER ESTIMATED COST OF CONSTRUCTION 220,000.00
 FLOOR AREA 6488 TOTAL AREA HEIGHT 00 STORIES 1 WALLS FRAMED
 FOUNDATION CONC ROOF (Type & Pitch) 4/12 FLOOR SLAB
 LAND USE & ZONING RSF-2 MAX. HEIGHT 10
 MINIMUM SET BACK: STREET-FRONT / SIDE 25.00 REAR 15.00 SIDE 10.00
 NO. EX.D.U. 0 FLOOD ZONE OUT CERT. DATE DEV. PERMIT

LEGAL DESCRIPTION

PARCEL ID 33-3S-16-02440-002 SUBDIVISION
 BLOCK LOT UNIT TOTAL ACRES

I certify that all work will be performed to meet the standards of all laws regulating construction in this jurisdiction and that all foregoing information is accurate and all work will be done in compliance with all applicable laws regulating construction and zoning.

WAIVER X CGC06031 [Signature]
 Driveway Connection Culvert Waiver Contractor's License Number Applicant/Owner/Contractor

02-0904-N GT RJ
 Septic Tank Number LU & Zoning checked by Approved for Issuance

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 framing
 date/app. by date/app. by date/app. by
 Rough-in plumbing above slab and below wood floor
 date/app. by
 Electrical rough-in Heat and Air Duct Peri. beam
 date/app. by date/app. by date/app. by
 Permanent power Final Pool
 date/app. by date/app. by date/app. by

COMMENTS: SE #0364

OTHER TYPES OF INSPECTIONS

Culvert M/H tie downs, blocking, electricity and plumbing
 date/app. by date/app. by
 Utility Pole Pump pole Reconnection
 date/app. by date/app. by date/app. by
 BUILDING PERMIT FEE \$ 1,150.00 ZONING CERT. FEE \$ 25.00 Certification Fee \$ 34.95 Surcharge \$ 34.95
 MISC. FEES \$.00 CULVERT FEE \$ TOTAL PERMIT FEE \$ 1244.90
 INSPECTORS OFFICE [Signature] CLERKS OFFICE CH 64 4736

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**

20365

Date 12/27/02

Application No. _____

Applicants Name & Address Puppy Dog Tails, Inc. Phone 758-4537
497 Lochlynn Terrace, Lake City, FL 32025

Owners Name & Address Robert & Angela Turbeville Phone 758-4537
497 Lochlynn Terrace, Lake City, FL 32025

Fee Simple Owners Name & Address _____ Phone _____

Contractors Name & Address J.L. DuPree Construction Services, Inc. Phone 754-5678
3000 E. Duval St. Lake City, FL 32055

Legal Description of Property BEG NE COR RUN S 5 DEG W 200 FT W'LY 517.42 FT N5 DEG E 171.29 FT
TO N LINE OF SEC

Location of Property Turner Road Lake City, Florida

Tax Parcel Identification No. 33-3S-16-02440-002 Estimated Cost of Construction \$ 210,000.00

Type of Development Day Care Facility Number of Existing Dwellings on Property 0

Comprehensive Plan Map Category _____ Zoning Map Category _____

Building Height _____ Number of Stories 1 Floor Area 6000 Total Acreage in Development 2.2

Distance From Property Lines (Set Backs) Front 25 Side 10 Rear 15 Street 25

Flood Zone N/A Certification Date _____ Development Permit _____

Bonding Company Name & Address _____

Architect/Engineer Name & Address Freeman Design Group 409 E Duval St., Lake City, FL 32055

Mortgage Lenders Name & Address CCB 173 N.W. Hillsborough St. Lake City, Florida

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

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

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



Robert Turbeville

Owner or Agent (including contractor)



J.L. DuPree

Contractor

CGC-060631

Contractor License Number

STATE OF FLORIDA
COUNTY OF COLUMBIA

Sworn to (or affirmed) and subscribed before me
this _____ day of _____ by _____

STATE OF FLORIDA
COUNTY OF COLUMBIA

Sworn to (or affirmed) and subscribed before me
this _____ day of _____ by _____

Personally Known _____ OR Produced Identification

Personally Known _____ OR Produced Identification

RSF-2 / out \$[#]0364

APPLICATION FOR WATER AND/OR SEWER TAP

Date 12/27/2002

Applicant Name Robert Turberville Ph. Number 386-758-4537
Business Name Puppy Dog Tails, Inc/DBA Happy Hearts Day Care Ph. Number 386-719-2227
Mailing Address 497 Lochlynn Ter, LC FL 32025
Service Location 522 NW Turner Ave, LC FL 32055

Application For: ☒ Water 1.00 ☐ Sewer ☐ Irrigation ☐ Fire

City Limits: ☐ Inside ☒ Outside

Classification: ☐ Residential ☒ Commercial

I, the above named applicant request that an inspection be made by Department of Public Works to see if the requested service is available. After review of the site, I will be notified whether or not services are available and if so, at what cost.

Signature of Applicant  Date 12/27/02

* I would like these services to be made available as of the following date:

March 1, 2003

**** Please be aware that utility billing will begin immediately upon completion of tap. ****

STAFF USE ONLY

Application Fee Paid \$250.00 Ck # 361 Type Of Establishment Day Care

Other Information 6,000 sq ft. 10 employees, apporx 140 children, 9 toilets, breakfast, lunch & snack. 1 kitchen.

TO: Office of City Treasurer

The Department of Public Works has reviewed the availability for the location requested by the applicant.

____ Requested utility services by the applicant can be installed at the location

OR

____ Requested utility services by the applicant cannot be installed at the location because _____

Signed _____

Date _____

Cert. Copy 3. u

THIS INSTRUMENT WAS PREPARED BY:

TERRY McDAVID
POST OFFICE BOX 1328
LAKE CITY, FL 32056-1328

RETURN TO:

TERRY McDAVID
POST OFFICE BOX 1328
LAKE CITY, FL 32056-1328

Inst:2002025197 Date:12/20/2002 Time:12:31

7MCK DC, P. DeWitt Cason, Columbia County S:970 P:763

PERMIT NO. _____

TAX FOLIO NO.: 33-38-16-02440-007NOTICE OF COMMENCEMENT

STATE OF FLORIDA
COUNTY OF COLUMBIA

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.

1. Description of property:

TOWNSHIP 3 SOUTH - RANGE 16 EAST

SECTION 33: Part of the Northeast 1/4 of the Northeast 1/4 of Section 33, Township 3 South, Range 16 East, Columbia County, Florida, being more particularly described as follows: For POINT OF BEGINNING commence at the Northeast Corner of said Section 33, thence run South 05°43'53" West along the East Line of said Section 33, a distance of 200.00 feet; thence run North 87°30'17" West, a distance of 517.42 feet; thence run North 05°38'42" East, a distance of 171.29 feet to the North Line of said Section 33; thence run North 89°20'15" East along said North Line, a distance of 520.09 feet to the POINT OF BEGINNING.

2. General description of improvement: Construction of a day care facility.

3. Owner information:

a. Name and address: PUPPY DOG TAILS, INC., 497 Lochlynn Avenue, Lake City, Florida 32025.

b. Interest in property: Fee Simple

c. Name and address of fee simple title holder (if other than Owner):

4. Contractor: J.L. DUPREE CONSTRUCTION SERVICES, INC., Post Office Box 2861, Lake City, Florida 32056-2861.

5. Surety

a. Name and address: None

6. Lender: COLUMBIA COUNTY BANK, 173 NW Hillsboro Street, Lake City, Florida 32055.

7. Persons within the State of Florida designated by Owner upon whom notices or other documents may be served as provided by Section 713.13(1)(a)7., Florida Statutes: None

8. In addition to himself, Owner designates DAVID M. BARBER, Vice President of COLUMBIA COUNTY BANK, 173 NW Hillsboro Street, Lake City, Florida 32055, to receive a copy of the Lienor's Notice as provided in Section 713.13(1)(b), Florida Statutes.

9. Expiration date of notice of commencement (the expiration date is 1 year from the date of recording unless a different date is specified). December 18, 2003.

PUPPY DOG TAILS, INC.

By: Angela M. Turbeville
Angela M. Turbeville
President

Inst: 2002025197 Date: 12/20/2002 Time: 12:31
mcK DC, P. DeWitt Cason, Columbia County B: 970 P: 764

ATTEST: Robert W. Turbeville
Robert W. Turbeville
Vice President

The foregoing instrument was acknowledged before me this 18th day of December 2002, by ANGELA M. TURBEVILLE and ROBERT W. TURBEVILLE, President and Vice President, respectively of PUPPY DOG TAILS, INC., a Florida corporation, on behalf of said corporation. They are personally known to me and did not take an oath.

Terry McDavid
Notary Public
My commission expires:



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: Manuel K. K...
Deputy Clerk
Date: Dec 20, 2002





STATE OF FLORIDA
DEPARTMENT OF HEALTH

APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permit Application Number 02-0909N

----- PART II - SITE PLAN -----

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

See Site Plan attached

Notes: _____

Site Plan submitted by: _____

Signature

Title

Plan Approved x

Not Approved _____

Date 12/3/02

By J. H. Aweary Columbia County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

SECRET

THE UNIVERSITY OF CHICAGO



2/11/21
Walter H. Hare
2/11/21

site plan approved 12/4/02
Ph. Freeway Es II

2.20 ACRES

AREA	NO.	REF.	DATE	TIME	BY
PRISON	1	1	1	1	1
LIGA DESMOLIN	2	2	2	2	2
ZOAC	3	3	3	3	3
AREA COMBINATION	4	4	4	4	4
GRAND ST. AREA	5	5	5	5	5
ED. & DIS. WOMEN AREA	6	6	6	6	6
BUILDING	7	7	7	7	7
PAVIL. & PARKING	8	8	8	8	8
GRAND BLDG. AREA	9	9	9	9	9
NET LANDSCAPE AREA	10	10	10	10	10
PARAP. REQUIRED	11	11	11	11	11
OF BUILDING AREA	12	12	12	12	12
PARKING PROPOSED	13	13	13	13	13
STANDARD CAR	14	14	14	14	14
MANUFACTURED CAR	15	15	15	15	15
100% PARKING	16	16	16	16	16
BUILDING GROUP	17	17	17	17	17
TYPE OF CONSTRUCTION	18	18	18	18	18
ALONGSIDE AREA	19	19	19	19	19
ALONGSIDE AREA	20	20	20	20	20
PROPOSED AREA	21	21	21	21	21
PROPOSED AREA	22	22	22	22	22

[illegible]

ENERGY EFFICIENCY CODE FOR BUILDING CONSTRUCTION

Florida Department of Community Affairs

EnergyGauge FlaCom v1.21 FORM 400A-2001

Whole Building Performance Method for Commercial Buildings

Jurisdiction: COLUMBIA COUNTY, COLUMBIA COUNTY, FL (221000)

Short Desc: TEMPLATE

Project: Happy Hearts Daycare

Owner: Robert Turbeville

Address: Turner Road

City: Lake City

State: FL

Zip: 0

PermitNo: 0 20365

Storeys: 1

Type: Assembly

GrossArea: 5560

Class: New Finished building

Net Area: 5560

Compliance Summary

<u>Component</u>	<u>Design</u>	<u>Criteria</u>	<u>Result</u>
Gross Energy Use	87.24	100.00	PASSES
Other Envelope Requirements - A			PASSES
LIGHTING CONTROLS			PASSES
EXTERNAL LIGHTING			PASSES
HVAC SYSTEM			PASSES
PLANT			PASSES
WATER HEATING SYSTEMS			Not Checked
PIPING SYSTEMS			PASSES
Met all required compliance from Check List?			Yes/No/NA

COMPLIANCE CERTIFICATION:

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

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

PREPARED BY: William H. Green

BUILDING OFFICIAL: _____

DATE: 12/13/02

DATE: _____

I hereby certify (*) that the system design is in compliance with the Florida Energy Efficiency Code

SYSTEM DESIGNER

REGISTRATION/STATE

ARCHITECT:	<u>William H. Green</u>	<u>PE # 56001</u>
MECHANICAL:	<u> </u>	<u> </u>
ELECTRICAL:	<u> </u>	<u> </u>
LIGHTING:	<u> </u>	<u> </u>

(*) Signature is required where Florida Law requires design to be performed by registered design professionals. Typed names and registration numbers may be used where all relevant information is contained on signed/sealed plans.

Project: TEMPLATE
 Title: Happy Hearts Daycare
 Type: Assembly
 Location: COLUMBIA COUNTY, COLUMBIA COUNTY, FL (221000)
 (WEA File: JACKSONVILLE.TMY)

Whole Building Compliance

	Design	Reference
Total	87.24	100.00
ELECTRICITY	87.24	100.00
AREA LIGHTS	20.09	28.12
MISC EQUIPMT	7.35	7.35
PUMPS & MISC		
SPACE COOL	18.80	26.35
SPACE HEAT	14.82	11.99
VENT FANS	26.18	26.18

Credits & Penalties (if any): Modified Points: = 87.25

PASSES

Project: TEMPLATE
Title: Happy Hearts Daycare
Type: Assembly
Location: COLUMBIA COUNTY, COLUMBIA COUNTY, FL (221000)
(WEA File: JACKSONVILLE.TMY)

Other Envelope Requirements

Item	Zone	Description	Design	Limit	Meet Req.
Pr0Zo1Rf1	Pr0Zo1	Exterior Roof - Max Uo Limit	0.03	0.09	Yes
Pr0Zo2Rf1	Pr0Zo2	Exterior Roof - Max Uo Limit	0.03	0.09	Yes

Meets Other Envelope Requirements

Project: TEMPLATE
Title: Happy Hearts Daycare
Type: Assembly
Location: COLUMBIA COUNTY, COLUMBIA COUNTY,
FL (221000)
(WEA File: JACKSONVILLE.TMY)

External Lighting Compliance

Desc	Category	Allowance (W/Unit)	Area or Length	ELPA (W)	CLP (W)
Ext Light 1	Exit (with or without Canopy)	25.00	3.0	75	40
Ext Light 2	Exit (with or without Canopy)	25.00	3.0	75	40
Ext Light 3	Exit (with or without Canopy)	25.00	3.0	75	40
Ext Light 4	Exit (with or without Canopy)	25.00	3.0	75	40
Ext Light 5	Exit (with or without Canopy)	25.00	3.0	75	40
Ext Light 6	Exit (with or without Canopy)	25.00	3.0	75	40
Ext Light 7	Exit (with or without Canopy)	25.00	3.0	75	40
Ext Light 8	Exit (with or without Canopy)	25.00	3.0	75	40

Design: 320 (W)

Allowance: 600 (W)

PASSES

Project: TEMPLATE

Title: Happy Hearts Daycare

Type: Assembly

Location: COLUMBIA COUNTY, COLUMBIA COUNTY, FL (221000)

(WEA File: JACKSONVILLE.TMY)

Lighting Controls Compliance

Acronym	Ash- rae ID	Description	Area (sq.ft)	No. of Tasks	Design CP	Min CP	Compli- ance
Pr0Zo1Sp1	3	Classroom/Lecture Hall	96	1	50	50	PASSES
Pr0Zo1Sp2	9	Food Service - Kitchen	135	1	4	4	PASSES
Pr0Zo1Sp3	2	Corridor	48	1	6	6	PASSES
Pr0Zo1Sp4	13	Toilet and Washroom	18	1	8	8	PASSES
Pr0Zo1Sp5	0	Unclassified	11	1	10	10	PASSES
Pr0Zo2Sp1	3	Classroom/Lecture Hall	144	1	32	32	PASSES
Pr0Zo2Sp2	13	Toilet and Washroom	18	1	4	4	PASSES
Pr0Zo2Sp3	13	Toilet and Washroom	72	1	2	2	PASSES
Pr0Zo2Sp4	86	Laundry - Washing	81	1	4	4	PASSES
Pr0Zo2Sp5	0	Unclassified	11	1	8	8	PASSES

PASSES

Project: TEMPLATE
Title: Happy Hearts Daycare
Type: Assembly
Location: COLUMBIA COUNTY, COLUMBIA COUNTY, FL (221000)
(WEA File: JACKSONVILLE.TMY)

System Report Compliance

Pr0Sy1 System 1 Unitary Systems

Component	Category	Capa- city	Design Eff	Eff Criteria	Design IPLV	IPLV Criteria	Comp- liance
Cooling System	Air Cooled < 65000 Btu/h Cooling Capacity	60000	10.00	10.00	10.00		PASSES
Heating System	Air Cooled HP < 65000 Btu/h Cooling Capacity	55000	3.00	3.00			PASSES
Air Handling System -Supply	Air Handler (Supply) - Constant Volume	2000	0.80	0.80			PASSES

Pr0Sy2 System 2 Unitary Systems

Component	Category	Capa- city	Design Eff	Eff Criteria	Design IPLV	IPLV Criteria	Comp- liance
Cooling System	Air Cooled 65000 to 135000 Btu/h Cooling Capacity	90000	10.00	8.90	10.00	8.30	PASSES
Heating System	Air Cooled HP 65000 to 135000 Btu/h Clg Cap	78000	3.00	3.00			PASSES
Air Handling System -Supply	Air Handler (Supply) - Constant Volume	3000	0.80	0.80			PASSES

PASSES

Plant Compliance

Description	Installed No	Size	Design Eff	Min Eff	Design IPLV	Min IPLV	Category	Comp liance
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None

Project: TEMPLATE
Title: Happy Hearts Daycare
Type: Assembly
Location: COLUMBIA COUNTY, COLUMBIA COUNTY,
 FL (221000)
(WEA File: JACKSONVILLE.TMY)

Water Heater Compliance

Desc	Type	Category	Design Eff	Min Eff	Design Loss	Max Loss	Comp liance
Water Heater 1	Storage Water Heater - Electric	Unknown					Not Checked
Water Heater 2	Storage Water Heater - Electric	Unknown					Not Checked
							Not Checked

Piping System Compliance

Category	Pipe Dia [inches]	Is Runout	Operat Temp [F]	Ins Cond Btu-in/h r.SF.F	Ins Thick [in]	Req Ins Thick [in]	Comp liance

Project: TEMPLATE
Title: Happy Hearts Daycare
Type: Assembly
Location: COLUMBIA COUNTY, COLUMBIA

Other Required Compliance

Category	Section	Requirement (write N/A in box if not applicable)	Check
Infiltration	406.1	Infiltration Criteria have been met	<input type="checkbox"/>
System	407.1	HVAC Load sizing has been performed	<input type="checkbox"/>
Ventilation	409.1	Ventilation criteria have been met	<input type="checkbox"/>
ADS	410.1	Duct sizing and Design have been performed	<input type="checkbox"/>
T & B	410.1	Testing and Balancing will be performed	<input type="checkbox"/>
Electrical	413.1	Metering criteria have been met	<input type="checkbox"/>
Motors	414.1	Motor efficiency criteria have been met	<input type="checkbox"/>
Lighting	415.1	Lighting criteria have been met	<input type="checkbox"/>
O & M	102.1	Operation/maintenance manual will be provided to owner	<input type="checkbox"/>
Roof/Ceil	404.1	R-19 for Roof Deck with supply plenums beneath it	<input type="checkbox"/>



Alphonso Wilson
Fire Chief

**LAKE CITY / COLUMBIA COUNTY
FIRE DEPARTMENT**

161 NW Main Blvd., Lake City, FL 32055
Phone: 386-752-3312 Fax: 386-758-5424
e-mail: lcfd@isgroup.net
fire01@isgroup.net (Fire Chief)

TO: Angela Turbeville

FROM: Carlton Tunsil, Assistant Fire Chief
State Fire Inspector License #48544

DATE: May 7, 2003

SUBJECT: Fire Safety Inspection

A fire safety inspection was performed today at Happy Hearts Child Care, located at 522 NW Turner Rd., Lake City, FL, 32055. This facility meets all requirements of Chapter 30 of the Florida Fire Prevention Code, 2001 Edition. No violations were noted. I recommend approval.

A handwritten signature in cursive script, reading "C. A. Tunsil", written over a horizontal line.

Carlton Tunsil, Assistant Fire Chief
State Fire Inspector License #48544