

DATE 12/11/2017

Columbia County Building Permit

This Permit Must Be Prominently Posted on Premises During Construction

PERMIT
000036078

APPLICANT SHAWN ROGERS PHONE 352-642-3061
ADDRESS 3809 SW 282ND STREET NEWBERRY FL 32669
OWNER SHAWN ROGERS PHONE 352-642-3061
ADDRESS 493 SW ILLINOIS ST FORT WHITE FL 32038
CONTRACTOR SHAWN ROGERS PHONE 352-642-3061
LOCATION OF PROPERTY 47 S. R WILSON SPRINGS RD, R NEWARK, R ILLINOIS ST.
ON LEFT AT THE INTERSECTION OF ALBANY TERR
TYPE DEVELOPMENT SFD, UTILITY ESTIMATED COST OF CONSTRUCTION 89150.00
HEATED FLOOR AREA 1783.00 TOTAL AREA 1783.00 HEIGHT STORIES 2
FOUNDATION CONCRETE WALLS FRAMED ROOF PITCH FLOOR SLAB
LAND USE & ZONING AG-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 X DEVELOPMENT PERMIT NO.

PARCEL ID 25-6S-15-00519-106 SUBDIVISION THREE RIVERS UNREC
LOT 6 BLOCK PHASE UNIT TOTAL ACRES 10.13

OWNER
Culvert Permit No. Culvert Waiver Contractor's License Number Applicant/Owner/Contractor
EXISTING 17-0533 BS TC N
Driveway Connection Septic Tank Number LU & Zoning checked by Approved for Issuance New Resident Time/STUP No.

COMMENTS: FLOOR ONE FOOT ABOVE THE ROAD

Check # or Cash 852

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

BUILDING PERMIT FEE \$ 450.00 CERTIFICATION FEE \$ 8.92 SURCHARGE FEE \$ 8.92
MISC. FEES \$ 0.00 ZONING CERT. FEE \$ 50.00 FIRE FEE \$ 0.00 WASTE FEE \$
PLAN REVIEW FEE \$ 113.00 DP & FLOOD ZONE FEE \$ 25.00 CULVERT FEE \$ TOTAL FEE 655.84

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.
NOTICE: ALL OTHER APPLICABLE STATE OR FEDERAL PERMITS SHALL BE OBTAINED BEFORE COMMENCEMENT OF THIS PERMITTED DEVELOPMENT.

"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 NOT SUSPENDED, ABANDONED OR INVALID WHEN THE PERMIT HAS RECIEVED AN APPROVED INSPECTION WITHIN 180 DAYS OT THE PREVIOUS INSPECTION.

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

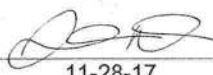
FLORIDA ENERGY EFFICIENCY CODE FOR BUILDING CONSTRUCTION

Florida Department of Business and Professional Regulation - Residential Performance Method

| | |
|---|---|
| Project Name: Shawn Rogers Street: City, State, Zip: , FL , 32024 Owner: Design Location: FL, Gainesville | Builder Name: Permit Office: Columbia County Permit Number: Jurisdiction: County:: Columbia (Florida Climate Zone 2) |
|---|---|

| | |
|--|---|
| 1. New construction or existing New (From Plans) 2. Single family or multiple family Single-family 3. Number of units, if multiple family 1 4. Number of Bedrooms 1 5. Is this a worst case? No 6. Conditioned floor area above grade (ft²) 1783 Conditioned floor area below grade (ft²) 0 7. Windows(187.5 sqft.) Description Area a. U-Factor: Dbl, U=0.33 187.50 ft² SHGC: SHGC=0.22 b. U-Factor: N/A ft² SHGC: c. U-Factor: N/A ft² SHGC: d. U-Factor: N/A ft² SHGC: Area Weighted Average Overhang Depth: 1.500 ft. Area Weighted Average SHGC: 0.220 8. Floor Types (1783.0 sqft.) Insulation Area a. Slab-On-Grade Edge Insulation R=0.0 1168.00 ft² b. Floor Over Other Space R=0.0 615.00 ft² c. N/A R= ft² | 9. Wall Types(2419.0 sqft.) Insulation Area a. Frame - Steel, Exterior R=19.0 2419.00 ft² b. N/A R= ft² c. N/A R= ft² d. N/A R= ft² 10. Ceiling Types (1783.0 sqft.) Insulation Area a. Cathedral/Single Assembly (Vented) R=30.0 1168.00 ft² b. Under Attic (Vented) R=30.0 615.00 ft² c. N/A R= ft² 11. Ducts R ft² a. Sup: 1st Floor, Ret: 1st Floor, AH: 1st Floor 8 396 12. Cooling systems kBtu/hr Efficiency a. Central Unit 42.0 SEER:15.00 13. Heating systems kBtu/hr Efficiency a. Electric Heat Pump 42.0 HSPF:8.50 14. Hot water systems a. Natural Gas Tankless Cap: 1 gallons EF: 0.590 b. Conservation features None 15. Credits CF, Pstat |
|--|---|

| | | |
|-------------------------|--------------------------------------|-------------|
| Glass/Floor Area: 0.105 | Total Proposed Modified Loads: 45.59 | PASS |
| | Total Baseline Loads: 54.08 | |

| | |
|---|---|
| I hereby certify that the plans and specifications covered by this calculation are in compliance with the Florida Energy Code. PREPARED BY:  DATE: 11-28-17 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: _____ |
|---|---|



- Compliance requires certification by the air handler unit manufacturer that the air handler enclosure qualifies as certified factory-sealed in accordance with R403.2.2.1.
- Compliance requires an Air Barrier and Insulation Inspection Checklist in accordance with R402.4.1.1 and starting July 1, 2017 this project requires an envelope leakage test report with envelope leakage no greater than 5.0 ACH50 (R402.4.1.2).
- Compliance with a proposed duct leakage Qn requires a Duct Leakage Test Report confirming duct leakage to outdoors, tested in accordance with Section 803 of RESNET Standards, is not greater than 0.030 Qn for whole house.

PROJECT

| | | | | | |
|----------------|------------------|--------------------|------|--------------------|----------------|
| Title: | Shawn Rogers | Bedrooms: | 1 | Address Type: | Street Address |
| Building Type: | User | Conditioned Area: | 1783 | Lot # | |
| Owner: | | Total Stories: | 2 | Block/SubDivision: | |
| # of Units: | 1 | Worst Case: | No | PlatBook: | |
| Builder Name: | | Rotate Angle: | 0 | Street: | |
| Permit Office: | Columbia County | Cross Ventilation: | | County: | Columbia |
| Jurisdiction: | | Whole House Fan: | | City, State, Zip: | FL, 32024 |
| Family Type: | Single-family | | | | |
| New/Existing: | New (From Plans) | | | | |
| Comment: | | | | | |

CLIMATE

| ✓ | Design Location | TMY Site | IECC Zone | Design Temp 97.5 % | Design Temp 2.5 % | Int Design Temp Winter | Int Design Temp Summer | Heating Degree Days | Design Moisture | Daily Temp Range |
|-------|-----------------|---------------------|-----------|--------------------|-------------------|------------------------|------------------------|---------------------|-----------------|------------------|
| _____ | FL, Gainesville | FL_GAINESVILLE_REGI | 2 | 32 | 92 | 70 | 75 | 1305.5 | 51 | Medium |

BLOCKS

| Number | Name | Area | Volume |
|--------|--------|------|--------|
| 1 | Block1 | 1783 | 14264 |

SPACES

| Number | Name | Area | Volume | Kitchen | Occupants | Bedrooms | Infil ID | Finished | Cooled | Heated |
|--------|-----------|------|--------|---------|-----------|----------|----------|----------|--------|--------|
| 1 | 1st Floor | 1168 | 9344 | Yes | 2 | 1 | 1 | Yes | Yes | Yes |
| 2 | 2nd Floor | 615 | 4920 | No | 0 | 0 | 1 | Yes | Yes | Yes |

FLOORS

| ✓ | # | Floor Type | Space | Perimeter | Perimeter R-Value | Area | Joist R-Value | Tile | Wood | Carpet |
|-------|---|------------------------------|-----------|-----------|-------------------|----------|---------------|------|------|--------|
| _____ | 1 | Slab-On-Grade Edge Insulatio | 1st Floor | 142 ft | 0 | 1168 ft² | ---- | 0.3 | 0.3 | 0.4 |
| _____ | 2 | Floor Over Other Space | 2nd Floor | ---- | ---- | 615 ft² | 0 | 0 | 0.5 | 0.5 |

ROOF

| ✓ | # | Type | Materials | Roof Area | Gable Area | Roof Color | Solar Absor. | SA Tested | Emitt | Emitt Tested | Deck Insul. | Pitch (deg) |
|-------|---|---------------|-----------|-----------|------------|------------|--------------|-----------|-------|--------------|-------------|-------------|
| _____ | 1 | Cable or shed | Metal | 1265 ft² | 244 ft² | Unfinishe | 0.35 | No | 0.4 | No | 0 | 22.6 |

ATTIC

| ✓ | # | Type | Ventilation | Vent Ratio (1 in) | Area | RBS | IRCC |
|-------|---|----------|-------------|-------------------|----------|-----|------|
| _____ | 1 | No attic | Vented | 300 | 1168 ft² | N | N |

CEILING

| ✓ | # | Ceiling Type | Space | R-Value | Ins Type | Area | Framing Frac | Truss Type |
|-------|---|------------------------------------|-----------|---------|----------|----------|--------------|------------|
| _____ | 1 | Cathedral/Single Assembly (Vented) | 1st Floor | 30 | Blown | 1168 ft² | 0.11 | Wood |
| _____ | 2 | Under Attic (Vented) | 2nd Floor | 30 | Blown | 615 ft² | 0.11 | Wood |

WALLS

| ✓ | # | Ornt | Adjacent To | Wall Type | Space | Cavity R-Value | Width Ft | In | Height Ft | In | Area | Sheathing R-Value | Framing Fraction | Solar Absor | Below Grade% |
|-------|---|------|-------------|---------------|-----------|----------------|----------|----|-----------|----|-----------|-------------------|------------------|-------------|--------------|
| _____ | 1 | N | Exterior | Frame - Steel | 1st Floor | 19 | 38 | 9 | 8 | | 310.0 ft² | | 0.23 | 0.75 | 0 |
| _____ | 2 | E | Exterior | Frame - Steel | 1st Floor | 19 | 32 | | 8 | | 256.0 ft² | | 0.23 | 0.75 | 0 |
| _____ | 3 | S | Exterior | Frame - Steel | 1st Floor | 19 | 38 | 9 | 8 | | 310.0 ft² | | 0.23 | 0.75 | 0 |
| _____ | 4 | W | Exterior | Frame - Steel | 1st Floor | 19 | 32 | | 8 | | 256.0 ft² | | 0.23 | 0.75 | 0 |
| _____ | 5 | N | Exterior | Frame - Steel | 2nd Floor | 19 | 38 | 9 | 10 | | 387.5 ft² | | 0.23 | 0.75 | 0 |
| _____ | 6 | E | Exterior | Frame - Steel | 2nd Floor | 19 | 32 | | 8 | | 256.0 ft² | | 0.23 | 0.75 | 0 |
| _____ | 7 | S | Exterior | Frame - Steel | 2nd Floor | 19 | 38 | 9 | 10 | | 387.5 ft² | | 0.23 | 0.75 | 0 |
| _____ | 8 | W | Exterior | Frame - Steel | 2nd Floor | 19 | 32 | | 8 | | 256.0 ft² | | 0.23 | 0.75 | 0 |

DOORS

| ✓ | # | Ornt | Door Type | Space | Storms | U-Value | Width Ft | In | Height Ft | In | Area |
|-------|---|------|-----------|-----------|--------|---------|----------|----|-----------|----|--------|
| _____ | 1 | N | Insulated | 1st Floor | None | .4 | 6 | | 7 | 6 | 45 ft² |
| _____ | 2 | S | Insulated | 1st Floor | None | .4 | 3 | | 6 | 8 | 20 ft² |
| _____ | 3 | N | Insulated | 2nd Floor | None | .4 | 6 | | 6 | 8 | 40 ft² |

WINDOWS

Orientation shown is the entered, Proposed orientation.

| ✓ | # | Ornt | Wall ID | Frame | Panes | NFRC | U-Factor | SHGC | Area | Overhang Depth | Separation | Int Shade | Screening |
|-------|----|------|---------|-------|--------------|------|----------|------|----------|----------------|------------|-----------|-----------|
| _____ | 1 | N | 1 | Vinyl | Low-E Double | Yes | 0.33 | 0.22 | 40.5 ft² | 1 ft 6 in | 12 ft 4 in | None | None |
| _____ | 2 | N | 1 | Vinyl | Low-E Double | Yes | 0.33 | 0.22 | 9.0 ft² | 1 ft 6 in | 10 ft 4 in | None | None |
| _____ | 3 | S | 3 | Vinyl | Low-E Double | Yes | 0.33 | 0.22 | 9.0 ft² | 1 ft 6 in | 10 ft 4 in | None | None |
| _____ | 4 | N | 5 | Vinyl | Low-E Double | Yes | 0.33 | 0.22 | 9.0 ft² | 1 ft 6 in | 1 ft 4 in | None | None |
| _____ | 5 | N | 5 | Vinyl | Low-E Double | Yes | 0.33 | 0.22 | 13.5 ft² | 1 ft 6 in | 1 ft 4 in | None | None |
| _____ | 6 | N | 5 | Vinyl | Low-E Double | Yes | 0.33 | 0.22 | 18.0 ft² | 1 ft 6 in | 1 ft 4 in | None | None |
| _____ | 7 | S | 7 | Vinyl | Low-E Double | Yes | 0.33 | 0.22 | 9.0 ft² | 1 ft 6 in | 1 ft 4 in | None | None |
| _____ | 8 | S | 7 | Vinyl | Low-E Double | Yes | 0.33 | 0.22 | 13.5 ft² | 1 ft 6 in | 1 ft 4 in | None | None |
| _____ | 9 | S | 7 | Vinyl | Low-E Double | Yes | 0.33 | 0.22 | 45.0 ft² | 1 ft 6 in | 1 ft 4 in | None | None |
| _____ | 10 | S | 3 | Vinyl | Low-E Double | Yes | 0.33 | 0.22 | 21.0 ft² | 1 ft 6 in | 1 ft 4 in | None | None |

INFILTRATION

| # | Scope | Method | SLA | CFM 50 | ELA | EqLA | ACH | ACH 50 |
|---|------------|------------------|---------|--------|-------|--------|-------|--------|
| 1 | Wholehouse | Proposed ACH(50) | .000254 | 1188.7 | 65.26 | 122.72 | .2409 | 5 |

HEATING SYSTEM

| <input checked="" type="checkbox"/> | # | System Type | Subtype | Efficiency | Capacity | Block | Ducts |
|-------------------------------------|---|--------------------|---------|------------|------------|-------|-------|
| <input type="checkbox"/> | 1 | Electric Heat Pump | None | HSPF:8.5 | 42 kBtu/hr | 1 | sys#1 |

COOLING SYSTEM

| <input checked="" type="checkbox"/> | # | System Type | Subtype | Efficiency | Capacity | Air Flow | SHR | Block | Ducts |
|-------------------------------------|---|--------------|---------|------------|------------|----------|-----|-------|-------|
| <input type="checkbox"/> | 1 | Central Unit | None | SEER: 15 | 42 kBtu/hr | 1260 cfm | 0.8 | 1 | sys#1 |

HOT WATER SYSTEM

| <input checked="" type="checkbox"/> | # | System Type | SubType | Location | EF | Cap | Use | SetPnt | Conservation |
|-------------------------------------|---|-------------|----------|----------|------|-------|--------|---------|--------------|
| <input type="checkbox"/> | 1 | Natural Gas | Tankless | Exterior | 0.59 | 1 gal | 40 gal | 120 deg | None |

SOLAR HOT WATER SYSTEM

| <input checked="" type="checkbox"/> | FSEC Cert # | Company Name | System Model # | Collector Model # | Collector Area | Storage Volume | FEF |
|-------------------------------------|----------------|--------------|----------------|-------------------|-------------------|-------------------|-----|
| <input type="checkbox"/> | None | None | | | ft ² | | |

DUCTS

| <input checked="" type="checkbox"/> | # | --- Supply --- Location | R-Value | Area | --- Return --- Location | Area | Leakage Type | Air Handler | CFM 25 TOT | CFM25 OUT | QN | RLF | Heat | HVAC # Cool |
|-------------------------------------|---|----------------------------|---------|---------------------|----------------------------|--------------------|-----------------|----------------|---------------|--------------|------|------|------|----------------|
| <input type="checkbox"/> | 1 | 1st Floor | 8 | 396 ft ² | 1st Floor | 99 ft ² | Prop. Leak Free | 1st Floor | --- cfm | 53.5 cfm | 0.03 | 0.50 | 1 | 1 |

TEMPERATURES

| | | | | | | | | | | | | | | |
|--|---|---|---|---|------------------------------|---|---|---|---|---|---|---|----|--|
| Programable Thermostat: Y | | | | | Ceiling Fans: | | | | | | | | | |
| Cooling | <input type="checkbox"/> Jan | <input type="checkbox"/> Feb | <input type="checkbox"/> Mar | <input type="checkbox"/> Apr | <input type="checkbox"/> May | <input checked="" type="checkbox"/> Jun | <input checked="" type="checkbox"/> Jul | <input checked="" type="checkbox"/> Aug | <input checked="" type="checkbox"/> Sep | <input type="checkbox"/> Oct | <input type="checkbox"/> Nov | <input type="checkbox"/> Dec | | |
| Heating | <input checked="" type="checkbox"/> Jan | <input checked="" type="checkbox"/> Feb | <input checked="" type="checkbox"/> Mar | <input checked="" type="checkbox"/> Apr | <input type="checkbox"/> May | <input type="checkbox"/> Jun | <input type="checkbox"/> Jul | <input type="checkbox"/> Aug | <input type="checkbox"/> Sep | <input checked="" type="checkbox"/> Oct | <input checked="" type="checkbox"/> Nov | <input checked="" type="checkbox"/> Dec | | |
| Venting | <input type="checkbox"/> Jan | <input type="checkbox"/> Feb | <input type="checkbox"/> Mar | <input type="checkbox"/> Apr | <input type="checkbox"/> May | <input type="checkbox"/> Jun | <input type="checkbox"/> Jul | <input type="checkbox"/> Aug | <input type="checkbox"/> Sep | <input type="checkbox"/> Oct | <input type="checkbox"/> Nov | <input type="checkbox"/> Dec | | |
| Thermostat Schedule: HERS 2006 Reference | | | | | | | | | | | | | | |
| Schedule Type | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | |
| Cooling (WD) | AM | 78 | 78 | 78 | 78 | 78 | 78 | 78 | 78 | 80 | 80 | 80 | 80 | |
| | PM | 80 | 80 | 78 | 78 | 78 | 78 | 78 | 78 | 78 | 78 | 78 | 78 | |
| Cooling (WEH) | AM | 78 | 78 | 78 | 78 | 78 | 78 | 78 | 78 | 78 | 78 | 78 | 78 | |
| | PM | 78 | 78 | 78 | 78 | 78 | 78 | 78 | 78 | 78 | 78 | 78 | 78 | |
| Heating (WD) | AM | 66 | 66 | 66 | 66 | 66 | 68 | 68 | 68 | 68 | 68 | 68 | 68 | |
| | PM | 68 | 68 | 68 | 68 | 68 | 68 | 68 | 68 | 68 | 68 | 66 | 66 | |
| Heating (WEH) | AM | 66 | 66 | 66 | 66 | 66 | 68 | 68 | 68 | 68 | 68 | 68 | 68 | |
| | PM | 68 | 68 | 68 | 68 | 68 | 68 | 68 | 68 | 68 | 68 | 66 | 66 | |

Residential System Sizing Calculation

Summary

Project Title:
Shawn Rogers

FL 32024

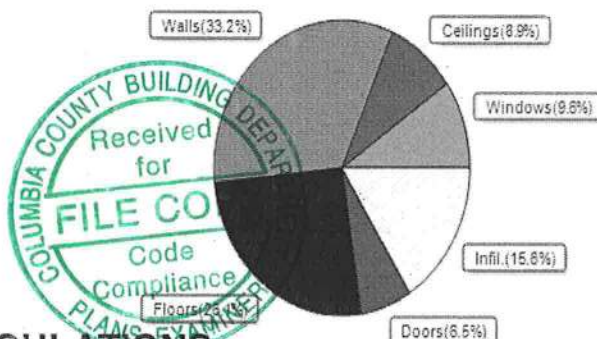
11/28/2017

| | | | |
|---|-------------------|---------------------------------------|-------------------|
| Location for weather data: Gainesville, FL - Defaults: Latitude(29.7) Altitude(152 ft.) Temp Range(M) | | | |
| Humidity data: Interior RH (50%) Outdoor wet bulb (77F) Humidity difference(51gr.) | | | |
| Winter design temperature(TMY3 99%) | 30 F | Summer design temperature(TMY3 99%) | 94 F |
| Winter setpoint | 70 F | Summer setpoint | 75 F |
| Winter temperature difference | 40 F | Summer temperature difference | 19 F |
| Total heating load calculation | 25706 Btuh | Total cooling load calculation | 15526 Btuh |
| Submitted heating capacity | % of calc Btuh | Submitted cooling capacity | % of calc Btuh |
| Total (Electric Heat Pump) | 163.4 42000 | Sensible (SHR = 0.80) | 263.4 33600 |
| Heat Pump + Auxiliary(0.0kW) | 163.4 42000 | Latent | 303.0 8400 |
| | | Total (Electric Heat Pump) | 270.5 42000 |

WINTER CALCULATIONS

Winter Heating Load (for 1783 sqft)

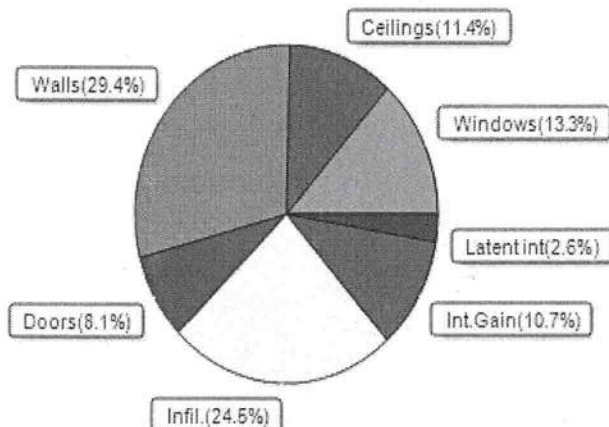
| Load component | | Load | |
|------------------------|-------------------|--------------|-------------|
| Window total | 188 sqft | 2475 | Btuh |
| Wall total | 2127 sqft | 8540 | Btuh |
| Door total | 105 sqft | 1680 | Btuh |
| Ceiling total | 1783 sqft | 2295 | Btuh |
| Floor total | See detail report | 6702 | Btuh |
| Infiltration | 92 cfm | 4013 | Btuh |
| Duct loss | | 0 | Btuh |
| Subtotal | | 25706 | Btuh |
| Ventilation | 0 cfm | 0 | Btuh |
| TOTAL HEAT LOSS | | 25706 | Btuh |



SUMMER CALCULATIONS

Summer Cooling Load (for 1783 sqft)

| Load component | | Load | |
|---------------------------------------|-----------|--------------|-------------|
| Window total | 188 sqft | 2059 | Btuh |
| Wall total | 2127 sqft | 4569 | Btuh |
| Door total | 105 sqft | 1260 | Btuh |
| Ceiling total | 1783 sqft | 1777 | Btuh |
| Floor total | | 0 | Btuh |
| Infiltration | 69 cfm | 1430 | Btuh |
| Internal gain | | 1660 | Btuh |
| Duct gain | | 0 | Btuh |
| Sens. Ventilation | 0 cfm | 0 | Btuh |
| Blower Load | | 0 | Btuh |
| Total sensible gain | | 12754 | Btuh |
| Latent gain(ducts) | | 0 | Btuh |
| Latent gain(infiltration) | | 2372 | Btuh |
| Latent gain(ventilation) | | 0 | Btuh |
| Latent gain(internal/occupants/other) | | 400 | Btuh |
| Total latent gain | | 2772 | Btuh |
| TOTAL HEAT GAIN | | 15526 | Btuh |



8th Edition

EnergyGauge® System Sizing

PREPARED BY: _____

DATE: _____

11-28-17

System Sizing Calculations - Summer

Residential Load - Whole House Component Details

Project Title:
Shawn Rogers

, FL 32024

11/28/2017

Reference City: Gainesville, FL

Temperature Difference: 19.0F(TMY3 99%)

Humidity difference: 51gr.

Component Loads for Whole House

| Window | Type* | | | | | Overhang | | Window Area(sqft) | | | HTM | | Load | | | | | |
|--------------------|-----------------------------|------------|----|------|---------|----------|------------|-------------------|-------------|----------|--------|---------------------|-----------|----------|-----|------|--------|--|
| | Panes | SHGC | U | InSh | IS Ornt | Len | Hgt | Gross | Shaded | Unshaded | Shaded | Unshaded | | | | | | |
| 1 | 2 NFRC | 0.22, 0.33 | No | No | N | 1.5ft | 12.3f | 40.5 | 0.0 | 40.5 | 11 | 11 | 441 | Btuh | | | | |
| 2 | 2 NFRC | 0.22, 0.33 | No | No | N | 1.5ft | 10.3f | 9.0 | 0.0 | 9.0 | 11 | 11 | 98 | Btuh | | | | |
| 3 | 2 NFRC | 0.22, 0.33 | No | No | S | 1.5ft | 10.3f | 9.0 | 0.0 | 9.0 | 11 | 13 | 114 | Btuh | | | | |
| 4 | 2 NFRC | 0.22, 0.33 | No | No | N | 1.5ft | 1.3ft | 9.0 | 0.0 | 9.0 | 11 | 11 | 98 | Btuh | | | | |
| 5 | 2 NFRC | 0.22, 0.33 | No | No | N | 1.5ft | 1.3ft | 13.5 | 0.0 | 13.5 | 11 | 11 | 147 | Btuh | | | | |
| 6 | 2 NFRC | 0.22, 0.33 | No | No | N | 1.5ft | 1.3ft | 18.0 | 0.0 | 18.0 | 11 | 11 | 196 | Btuh | | | | |
| 7 | 2 NFRC | 0.22, 0.33 | No | No | S | 1.5ft | 1.3ft | 9.0 | 9.0 | 0.0 | 11 | 13 | 98 | Btuh | | | | |
| 8 | 2 NFRC | 0.22, 0.33 | No | No | S | 1.5ft | 1.3ft | 13.5 | 13.5 | 0.0 | 11 | 13 | 147 | Btuh | | | | |
| 9 | 2 NFRC | 0.22, 0.33 | No | No | S | 1.5ft | 1.3ft | 45.0 | 45.0 | 0.0 | 11 | 13 | 490 | Btuh | | | | |
| 10 | 2 NFRC | 0.22, 0.33 | No | No | S | 1.5ft | 1.3ft | 21.0 | 21.0 | 0.0 | 11 | 13 | 229 | Btuh | | | | |
| Window Total | | | | | | | | 188 (sqft) | | | | | 2059 Btuh | | | | | |
| Walls | Type | | | | | U-Value | R-Value | Area(sqft) | | | HTM | | Load | | | | | |
| | | | | | | | Cav/Sheath | | | | | | | | | | | |
| 1 | Frame - Steel - Ext | | | | | 0.10 | 19.0/0.0 | 215.5 | | | 2.1 | | 463 Btuh | | | | | |
| 2 | Frame - Steel - Ext | | | | | 0.10 | 19.0/0.0 | 256.0 | | | 2.1 | | 550 Btuh | | | | | |
| 3 | Frame - Steel - Ext | | | | | 0.10 | 19.0/0.0 | 260.0 | | | 2.1 | | 559 Btuh | | | | | |
| 4 | Frame - Steel - Ext | | | | | 0.10 | 19.0/0.0 | 256.0 | | | 2.1 | | 550 Btuh | | | | | |
| 5 | Frame - Steel - Ext | | | | | 0.10 | 19.0/0.0 | 307.0 | | | 2.1 | | 660 Btuh | | | | | |
| 6 | Frame - Steel - Ext | | | | | 0.10 | 19.0/0.0 | 256.0 | | | 2.1 | | 550 Btuh | | | | | |
| 7 | Frame - Steel - Ext | | | | | 0.10 | 19.0/0.0 | 320.0 | | | 2.1 | | 688 Btuh | | | | | |
| 8 | Frame - Steel - Ext | | | | | 0.10 | 19.0/0.0 | 256.0 | | | 2.1 | | 550 Btuh | | | | | |
| Wall Total | | | | | | | | 2127 (sqft) | | | | | 4569 Btuh | | | | | |
| Doors | Type | | | | | | | | Area (sqft) | | | HTM | | Load | | | | |
| 1 | Insulated - Exterior | | | | | | | | 45.0 | | | 12.0 | | 540 Btuh | | | | |
| 2 | Insulated - Exterior | | | | | | | | 20.0 | | | 12.0 | | 240 Btuh | | | | |
| 3 | Insulated - Exterior | | | | | | | | 40.0 | | | 12.0 | | 480 Btuh | | | | |
| Door Total | | | | | | | | 105 (sqft) | | | | | 1260 Btuh | | | | | |
| Ceilings | Type/Color/Surface | | | | | U-Value | R-Value | Area(sqft) | | | HTM | | Load | | | | | |
| 1 | Cath/Sngl Assem/Light/Metal | | | | | 0.032 | 30.0/0.0 | 1168.0 | | | 0.78 | | 915 Btuh | | | | | |
| 2 | Vented Attic/Light/Metal | | | | | 0.032 | 30.0/0.0 | 615.0 | | | 1.40 | | 862 Btuh | | | | | |
| Ceiling Total | | | | | | | | 1783 (sqft) | | | | | 1777 Btuh | | | | | |
| Floors | Type | | | | | | | | R-Value | | | Size | | HTM | | Load | | |
| 1 | Slab On Grade | | | | | | | | 0.0 | | | 1168 (ft-perimeter) | | | 0.0 | | 0 Btuh | |
| 2 | Interior | | | | | | | | 0.0 | | | 615 (sqft) | | | 0.0 | | 0 Btuh | |
| Floor Total | | | | | | | | 1783.0 (sqft) | | | | | 0 Btuh | | | | | |
| Envelope Subtotal: | | | | | | | | | | | | | 9664 Btuh | | | | | |

Manual J Summer Calculations

Residential Load - Component Details (continued)

Project Title: Climate:FL_GAINESVILLE_REGIONAL_A
Shawn Rogers

, FL 32024

11/28/2017

| | | | | | | |
|----------------------|---|---------------------|------------------------|-----------------|--------------|-------------------|
| Infiltration | Type Natural | Average ACH 0.29 | Volume(cuft) 14264 | Wall Ratio 1 | CFM= 68.7 | Load 1430 Btuh |
| Internal gain | | Occupants 2 | Btuh/occupant X 230 | Appliance + | 1200 | Load 1660 Btuh |
| | Sensible Envelope Load: | | | | | 12754 Btuh |
| Duct load | Extremely sealed, Supply(R8.0-Cond), Return(R8.0-Cond) (DGM of 0.000) | | | | | 0 Btuh |
| | Sensible Load All Zones | | | | | 12754 Btuh |

Manual J Summer Calculations

Residential Load - Component Details (continued)

Project Title:
Shawn Rogers

Climate: FL_GAINESVILLE_REGIONAL_A

, FL 32024

11/28/2017

WHOLE HOUSE TOTALS

| | | |
|-----------------------------------|---|-------------------|
| Whole House Totals for Cooling | Sensible Envelope Load All Zones | 12754 Btuh |
| | Sensible Duct Load | 0 Btuh |
| | Total Sensible Zone Loads | 12754 Btuh |
| | Sensible ventilation | 0 Btuh |
| | Blower | 0 Btuh |
| | Total sensible gain | 12754 Btuh |
| | Latent infiltration gain (for 51 gr. humidity difference) | 2372 Btuh |
| | Latent ventilation gain | 0 Btuh |
| | Latent duct gain | 0 Btuh |
| | Latent occupant gain (2.0 people @ 200 Btuh per person) | 400 Btuh |
| | Latent other gain | 0 Btuh |
| | Latent total gain | 2772 Btuh |
| | TOTAL GAIN | 15526 Btuh |

EQUIPMENT

| | | |
|-----------------|---|------------|
| 1. Central Unit | # | 42000 Btuh |
|-----------------|---|------------|

*Key: Window types (Panels - Number and type of panes of glass)
 (SHGC - Shading coefficient of glass as SHGC numerical value)
 (U - Window U-Factor)
 (InSh - Interior shading device: none(No), Blinds(B), Draperies(D) or Roller Shades(R))
 - For Blinds: Assume medium color, half closed
 For Draperies: Assume medium weave, half closed
 For Roller shades: Assume translucent, half closed
 (IS - Insect screen: none(N), Full(F) or Half(½))
 (Ornt - compass orientation)



Version 8

System Sizing Calculations - Winter

Residential Load - Whole House Component Details

Project Title:
Shawn Rogers
Building Type: User

FL 32024

11/28/2017

Reference City: Gainesville, FL (Defaults) Winter Temperature Difference: 40.0 F (TMY3 99%)

Component Loads for Whole House

| Window | Panes/Type | Frame | U | Orientation | Area(sqft) | X | HTM= | Load |
|--------------------|---|------------|---------|---------------------|------------------|------|------|------------|
| 1 | 2, NFRC 0.22 | Vinyl | 0.33 | N | 40.5 | | 13.2 | 535 Btuh |
| 2 | 2, NFRC 0.22 | Vinyl | 0.33 | N | 9.0 | | 13.2 | 119 Btuh |
| 3 | 2, NFRC 0.22 | Vinyl | 0.33 | S | 9.0 | | 13.2 | 119 Btuh |
| 4 | 2, NFRC 0.22 | Vinyl | 0.33 | N | 9.0 | | 13.2 | 119 Btuh |
| 5 | 2, NFRC 0.22 | Vinyl | 0.33 | N | 13.5 | | 13.2 | 178 Btuh |
| 6 | 2, NFRC 0.22 | Vinyl | 0.33 | N | 18.0 | | 13.2 | 238 Btuh |
| 7 | 2, NFRC 0.22 | Vinyl | 0.33 | S | 9.0 | | 13.2 | 119 Btuh |
| 8 | 2, NFRC 0.22 | Vinyl | 0.33 | S | 13.5 | | 13.2 | 178 Btuh |
| 9 | 2, NFRC 0.22 | Vinyl | 0.33 | S | 45.0 | | 13.2 | 594 Btuh |
| 10 | 2, NFRC 0.22 | Vinyl | 0.33 | S | 21.0 | | 13.2 | 277 Btuh |
| Window Total | | | | | 187.5(sqft) | | | 2475 Btuh |
| Walls | Type | Ornt. | Ueff. | R-Value (Cav/Sh) | Area | X | HTM= | Load |
| 1 | Frame - Steel | - Ext | (0.100) | 19.0/0.0 | 216 | | 4.02 | 865 Btuh |
| 2 | Frame - Steel | - Ext | (0.100) | 19.0/0.0 | 256 | | 4.02 | 1028 Btuh |
| 3 | Frame - Steel | - Ext | (0.100) | 19.0/0.0 | 260 | | 4.02 | 1044 Btuh |
| 4 | Frame - Steel | - Ext | (0.100) | 19.0/0.0 | 256 | | 4.02 | 1028 Btuh |
| 5 | Frame - Steel | - Ext | (0.100) | 19.0/0.0 | 307 | | 4.02 | 1233 Btuh |
| 6 | Frame - Steel | - Ext | (0.100) | 19.0/0.0 | 256 | | 4.02 | 1028 Btuh |
| 7 | Frame - Steel | - Ext | (0.100) | 19.0/0.0 | 320 | | 4.02 | 1285 Btuh |
| 8 | Frame - Steel | - Ext | (0.100) | 19.0/0.0 | 256 | | 4.02 | 1028 Btuh |
| Wall Total | | | | | 2127(sqft) | | | 8540 Btuh |
| Doors | Type | Storm | Ueff. | | Area | X | HTM= | Load |
| 1 | Insulated - Exterior, n | | (0.400) | | 45 | | 16.0 | 720 Btuh |
| 2 | Insulated - Exterior, n | | (0.400) | | 20 | | 16.0 | 320 Btuh |
| 3 | Insulated - Exterior, n | | (0.400) | | 40 | | 16.0 | 640 Btuh |
| Door Total | | | | | 105(sqft) | | | 1680 Btuh |
| Ceilings | Type/Color/Surface | | Ueff. | R-Value | Area | X | HTM= | Load |
| 1 | Cathedral/L/Metal | | (0.032) | 30.0/0.0 | 1168 | | 1.3 | 1512 Btuh |
| 2 | Vented Attic/L/Metal | | (0.032) | 30.0/0.0 | 615 | | 1.3 | 783 Btuh |
| Ceiling Total | | | | | 1783(sqft) | | | 2295 Btuh |
| Floors | Type | | Ueff. | R-Value | Size | X | HTM= | Load |
| 1 | Slab On Grade | | (1.180) | 0.0 | 142.0 ft(perim.) | | 47.2 | 6702 Btuh |
| 2 | Interior | | (1.180) | 0.0 | 615.0 sqft | | 0.0 | 0 Btuh |
| Floor Total | | | | | 1783 sqft | | | 6702 Btuh |
| Envelope Subtotal: | | | | | | | | 21693 Btuh |
| Infiltration | Type | Wholehouse | ACH | Volume(cuft) | Wall Ratio | CFM= | | |
| | Natural | | 0.39 | 14264 | 1.00 | 91.6 | | 4013 Btuh |
| Duct load | Extremely sealed, R8.0, Supply(Con), Return(Con) (DLM of 0.000) | | | | | | | 0 Btuh |

EnergyGauge® / USRCZB v5.1

Manual J Winter Calculations

Residential Load - Component Details (continued)

, FL 32024

Project Title:
Shawn Rogers
Building Type: User

11/28/2017

| | | |
|-----------|-----------------------------|------------|
| All Zones | Sensible Subtotal All Zones | 25706 Btuh |
|-----------|-----------------------------|------------|

WHOLE HOUSE TOTALS

| | | |
|--------------------|--|------------------------------------|
| Totals for Heating | Subtotal Sensible Heat Loss Ventilation Sensible Heat Loss Total Heat Loss | 25706 Btuh 0 Btuh 25706 Btuh |
|--------------------|--|------------------------------------|

EQUIPMENT

| | | |
|-----------------------|---|------------|
| 1. Electric Heat Pump | # | 42000 Btuh |
|-----------------------|---|------------|

Key: Window types - NFRC (Requires U-Factor and Shading coefficient(SHGC) of glass as numerical values)
or - Glass as 'Clear' or 'Tint' (Uses U-Factor and SHGC defaults)

U - (Window U-Factor)

HTM - (ManualJ Heat Transfer Multiplier)



Version 8

Columbia County New Building Permit Application

1/2 Sealed Plans
REC'D

HUNT'S (W.C.)

For Office Use Only Application # 1708-31 Date Received 8/10 By Permit # 36078
Zoning Official Date 8-28-17 Flood Zone X Land Use A Zoning A-3
FEMA Map # Elevation MFE 1' above River Plans Examiner T.C. Date 8-24-17
Comments
☒ NOC ☒ EH ☐ Deed or PA ☒ Site Plan ☐ State Road Info ☒ Well letter ☒ 911 Sheet ☐ Parent Parcel #
☐ Dev Permit # ☐ In Floodway ☐ Letter of Auth. from Contractor ☐ F W Comp. letter
☒ Owner Builder Disclosure Statement ☐ Land Owner Affidavit ☐ Ellisville Water ☒ App Fee Paid ☒ Sub VF Form

Septic Permit No. 170533 OR City Water ☐ Fax

Applicant (Who will sign/pickup the permit) Shawn Rogers Phone 352-642-3061

Address 3809 SW 282 St, Newberry, FL 32669

Owners Name Shawn Rogers Phone 352-642-3061

911 Address 493 SW ILLINOIS ST, Ft WHITE, FL 32038

Contractors Name SHAWN ROGERS Phone 352.642.3061

Address SHAWN'S HOME

Contractor Email SROGERS@geolineinc.com ***Include to get updates on this job.

Fee Simple Owner Name & Address Shawn Rogers - 3809 SW 282 St, Newberry, FL 32669

Bonding Co. Name & Address N/A

Architect/Engineer Name & Address Nicholas Paul Geisler - 1758 NW Brown Rd, Lake City, FL

Mortgage Lenders Name & Address N/A

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

Property ID Number 25-65-15-00519-106 Estimated Construction Cost \$45,1K

Subdivision Name Three Rivers Lot 6 Block Unit Phase

Driving Directions from a Major Road From SR 47 on to Wilson Springs Road, Right on Newark, Right on SW Illinois St, property on left at the intersection with SW Albany Ter.

Construction of Metal Building, Quonset Commercial OR ☒ Residential

Proposed Use/Occupancy 2 Number of Existing Dwellings on Property 0

Is the Building Fire Sprinkled? No If Yes, blueprints included Or Explain

Circle Proposed ☐ Culvert Permit or ☐ Culvert Waiver or ☐ D.O.T. Permit or ☒ Have an Existing Drive

Actual Distance of Structure from Property Lines - Front 613' Side 145' Side 145' Rear 685'

Number of Stories 2 Heated Floor Area 1783 Total Floor Area 1783 Acreage 10.130

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

SHAWN IS ANNUAL WITH NECESS 8.10.17 + 8.23.17 (in PAREN)
STW SENT EMAIL 8.28.17

NA = Not Applicable

12.11.17

Columbia County Building Permit Application

CODE: Florida Building Code 2014 and the 2011 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.

Shawn Rogers
Print Owners Name

Shawn Rogers
Owners Signature

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

****If this is an Owner Builder Permit Application then, ONLY the owner can sign the building permit when it is 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.

Contractor's Signature

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

Affirmed under penalty of perjury to by the Contractor and subscribed before me this ____ day of _____ 20__.

Personally known _____ or Produced Identification _____

SEAL:

State of Florida Notary Signature (For the Contractor)

As required by Florida Statute 553.842 and Florida Administrative Code 9B-72, please provide the information and approval numbers on the building components listed below if they will be utilized on the construction project for which you are applying for a building permit. We recommend you contact your local product supplier should you not know the product approval number for any of the applicable listed products. Statewide approved products are listed online @ www.floridabuilding.org

| Category/Subcategory | Manufacturer | Product Description | Approval Number(s) |
|--|-----------------------|---------------------|--------------------|
| 1. EXTERIOR DOORS | | | |
| A. SWINGING | plastpro | | FL-17184.11 |
| B. SLIDING | plastpro | | FL-15213.17 |
| C. SECTIONAL/ROLL UP | | | |
| D. OTHER | | | |
| 2. WINDOWS | | | |
| A. SINGLE/DOUBLE HUNG | YKK AP | | FL10385 |
| B. HORIZONTAL SLIDER | YKK AP | | FL14595 |
| C. CASEMENT | YKK AP | | FL15153 |
| D. FIXED Picture | YKK AP | | FL8197 |
| E. MULLION | | | |
| F. SKYLIGHTS | | | |
| G. OTHER XXXXXXXXXX | XXXXXXXXXX | | |
| 3. PANEL WALL | | | |
| A. SIDING | | | |
| B. SOFFITS | | | |
| C. STOREFRONTS | | | |
| D. GLASS BLOCK | | | |
| E. OTHER | | | |
| 4. ROOFING PRODUCTS | | | |
| A. ASPHALT SHINGLES | | | |
| B. NON-STRUCTURAL METAL | | | |
| C. ROOFING TILES | | | |
| D. SINGLE PLY ROOF | | | |
| E. OTHER | | | |
| 5. STRUCTURAL COMPONENTS | | | |
| A. WOOD CONNECTORS | | | |
| B. WOOD ANCHORS | | | |
| C. TRUSS PLATES | | | |
| D. INSULATION FORMS | | | |
| E. LINTELS | | | |
| F. OTHERS | | | |
| 6. NEW EXTERIOR ENVELOPE PRODUCTS | | | |

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) performance characteristics which the product was tested and certified to comply with, 3) copy of the applicable manufacturers installation requirements.

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


Contractor OR Agent Signature

8-8-17
Date

NOTES: _____



COLUMBIA COUNTY BUILDING DEPARTMENT

135 NE Hernando Ave., Suite B-21

Lake City, FL 32055

Office: 386-758-1008 Fax: 386-758-2160

OWNER BUILDER DISCLOSURE STATEMENT

I understand that state law requires construction to be done by a licensed contractor and have applied for an owner-builder permit under an exemption from the law. The exemption specifies that I, as the owner of the property listed, may act as my own contractor with certain restrictions even though I do not have a license.

I understand that building permits are not required to be signed by a property owner unless he or she is responsible for the construction and is not hiring a licensed contractor to assume responsibility.

I understand that, as an owner-builder, I am the responsible party of record on a permit. I understand that I may protect myself from potential financial risk by hiring a licensed contractor and having the permit filed in his or her name instead of my own name. I also understand that a contractor is required by law to be licensed and bonded in Florida and to list his or her license numbers on permits and contracts.

I understand that I may build or improve a one-family or two-family residence or farm outbuilding. I may also build or improve a commercial building if the costs do not exceed \$75,000. The building or residence must be for my own use or occupancy. It may not be built or substantially improved for sale or lease. If a building or residence that I have built or substantially improved myself is sold or leased within 1 year after the construction is complete, the law will presume that I built or substantially improved it for sale or lease, which violates the exemption.

I understand that, as the owner-builder, I must provide direct, onsite supervision of the construction.

I understand that I may not hire an unlicensed person to act as my contractor or to supervise persons working on my building or residence. It is my responsibility to ensure that the persons whom I employ have the licenses required by law and by county or municipal ordinance.

I understand that it is frequent practice of unlicensed persons to have the property owner obtain an owner-builder permit that erroneously implies that the property owner is providing his or her own labor and materials. I, as an owner-builder, may be held liable and subjected to serious financial risk for any injuries sustained by an unlicensed person or his or her employees while working on my property. My homeowner's insurance may not provide coverage for those injuries. I am willfully acting as an owner-builder and am aware of the limits of my insurance coverage for injuries to workers on my property.

I understand that I 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 my building who is not licensed must work under my direct supervision and must be employed by me, which means that I must comply with laws requiring the withholding of federal income tax and social security contributions under the Federal Insurance Contributions Act (FICA) and must provide workers' compensation for the employee. I understand that my failure to follow these laws may subject me to serious financial risk.

I agree that, as the party legally and financially responsible for this proposed construction activity, I will abide by all applicable laws and requirements that govern owner-builders as well as employers. I also understand that the construction must comply with all applicable laws, ordinances, building codes, and zoning regulations.

I understand that I may obtain more information regarding my obligations as an employer from the Internal Revenue Service, the United States Small Business Administration, the Florida Department of Financial Services, and the Florida Department of Revenue. I also understand that I may contact the Florida Construction Industry Licensing Board at 850-487-1395 or Internet website address <http://www.myfloridalicense.com/dbpr/> for more information about licensed contractors.

I am aware of, and consent to, an owner-builder building permit applied for in my name and understand that I am the party legally and financially responsible for the proposed construction activity at the following address:

493 SW ILLINOIS ST

I agree to notify Columbia County Building Department immediately of any additions, deletions, or changes to any of the information that I have provided on this disclosure. Licensed contractors are regulated by laws designed to protect the public. If you contract with a person who does not have a license, the Construction Industry Licensing Board and Department of Business and Professional Regulation may be unable to assist you with any financial loss that you sustain as a result of a complaint. Your only remedy against an unlicensed contractor may be in civil court. It is also important for you to understand that, if an unlicensed contractor or employee of an individual or firm is injured while working on your property, you may be held liable for damages. If you obtain an owner-builder permit and wish to hire a licensed contractor, you will be responsible for verifying whether the contractor is properly licensed and the status of the contractor's workers' compensation coverage.

I understand that if I hire subcontractors they must be licensed for that type of work in Columbia County, ex: framing, stucco, masonry, and state registered builders. Registered Contractors must have a minimum of \$300,000.00 in General Liability insurance coverage and the proper workers' compensation. Specialty Contractors must have a minimum of \$100,000.00 in General Liability insurance coverage and the proper workers' compensation coverage.



COLUMBIA COUNTY

911 ADDRESSING / GIS DEPARTMENT

263 NW Lake City Ave., Lake City, FL 32055

Telephone: (386) 758-1125 x 1 * Fax: (386) 758-1365 * Email: gis@columbiacountyfla.com



Address Assignment and Maintenance Document

To maintain the county wide 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 addressing 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 Services 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/Time Issued: | 8/24/2017 8:51:47 AM |
| Address: | 493 SW ILLINOIS St |
| City: | FORT WHITE |
| State: | FL |
| Zip Code | 32038 |
| Pracel ID | 00519-106 |

REMARKS: Address for proposed structure on parcel.

Address Issued By: **Signed:/ Ronal N. Croft**

Columbia County GIS/911 Addressing Department

NOTICE: THIS ADDRESS WAS ISSUED BASED ON LOCATION AND ACCESS INFORMATION RECEIVED FROM THE REQUESTER. SHOULD, AT A LATER DATE, THE LOCATION AND/OR ACCESS INFORMATION BE FOUND TO BE IN ERROR OR CHANGED, THIS ADDRESS IS SUBJECT TO CHANGE.

SHAWN
ROGERS

Columbia County Property Appraiser

updated: 5/2/2017

2016 Tax Year

Parcel: 25-6S-15-00519-106

<< Next Lower Parcel Next Higher Parcel >>

Tax Collector

Tax Estimator

Property Card

Parcel List Generator

2016 TRIM (pdf)

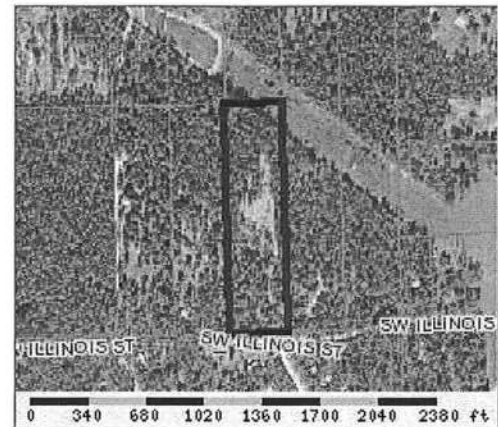
Interactive GIS Map

Print

Search Result: 1 of 1

Owner & Property Info

| | | | |
|---|---|--------------|-------|
| Owner's Name | ROGERS SHAWN WAYLAND | | |
| Mailing Address | 3809 SW 282ND ST NEWBERRY, FL 32669 | | |
| Site Address | | | |
| Use Desc. (code) | VACANT (000000) | | |
| Tax District | 3 (County) | Neighborhood | 25615 |
| Land Area | 10.130 ACRES | Market Area | 02 |
| Description | NOTE: This description is not to be used as the Legal Description for this parcel in any legal transaction. | | |
| (AKA LOT 6 THREE RIVERS UNREC: COMM NE COR SEC, RUN S 1328.25 FT, W 664.47 FT TO POB, CONT W 332.24 FT, S 1328.89 FT TO N R/W OF SW ILLINOIS ST, RUN E 331.90 FT, N 1328.67 FT TO POB WD 1016-2173, QC 1209-2296, WD 1293-1847, | | | |



Property & Assessment Values

| 2016 Certified Values | | |
|-----------------------|--|-------------|
| Mkt Land Value | cnt: (0) | \$41,017.00 |
| Ag Land Value | cnt: (1) | \$0.00 |
| Building Value | cnt: (0) | \$0.00 |
| XFOB Value | cnt: (0) | \$0.00 |
| Total Appraised Value | | \$41,017.00 |
| Just Value | | \$41,017.00 |
| Class Value | | \$0.00 |
| Assessed Value | | \$41,017.00 |
| Exempt Value | | \$0.00 |
| Total Taxable Value | Cnty: \$41,017 Other: \$41,017 Schl: \$41,017 | |

| 2017 Working Values | | | (...Hide Values) |
|-----------------------|--|-------------|------------------|
| Mkt Land Value | cnt: (0) | \$41,017.00 | |
| Ag Land Value | cnt: (1) | \$0.00 | |
| Building Value | cnt: (0) | \$0.00 | |
| XFOB Value | cnt: (0) | \$0.00 | |
| Total Appraised Value | | \$41,017.00 | |
| Just Value | | \$41,017.00 | |
| Class Value | | \$0.00 | |
| Assessed Value | | \$41,017.00 | |
| Exempt Value | | \$0.00 | |
| Total Taxable Value | Cnty: \$41,017 Other: \$41,017 Schl: \$41,017 | | |

NOTE: 2017 Working Values are NOT certified values and therefore are subject to change before being finalized for ad valorem assessment purposes.

Sales History

Show Similar Sales within 1/2 mile

| Sale Date | OR Book/Page | OR Code | Vacant / Improved | Qualified Sale | Sale RCode | Sale Price |
|-----------|--------------|---------|-------------------|----------------|------------|-------------|
| 4/29/2015 | 1293/1847 | WD | V | Q | 01 | \$49,000.00 |
| 8/17/2009 | 1209/2296 | QC | V | U | 11 | \$100.00 |
| 5/15/2004 | 1016/2173 | WD | V | Q | | \$40,000.00 |

Building Characteristics

| Bldg Item | Bldg Desc | Year Blt | Ext. Walls | Heated S.F. | Actual S.F. | Bldg Value |
|-----------|-----------|----------|------------|-------------|-------------|------------|
| NONE | | | | | | |

Extra Features & Out Buildings

| Code | Desc | Year Blt | Value | Units | Dims | Condition (% Good) |
|------|------|----------|-------|-------|------|--------------------|
| NONE | | | | | | |

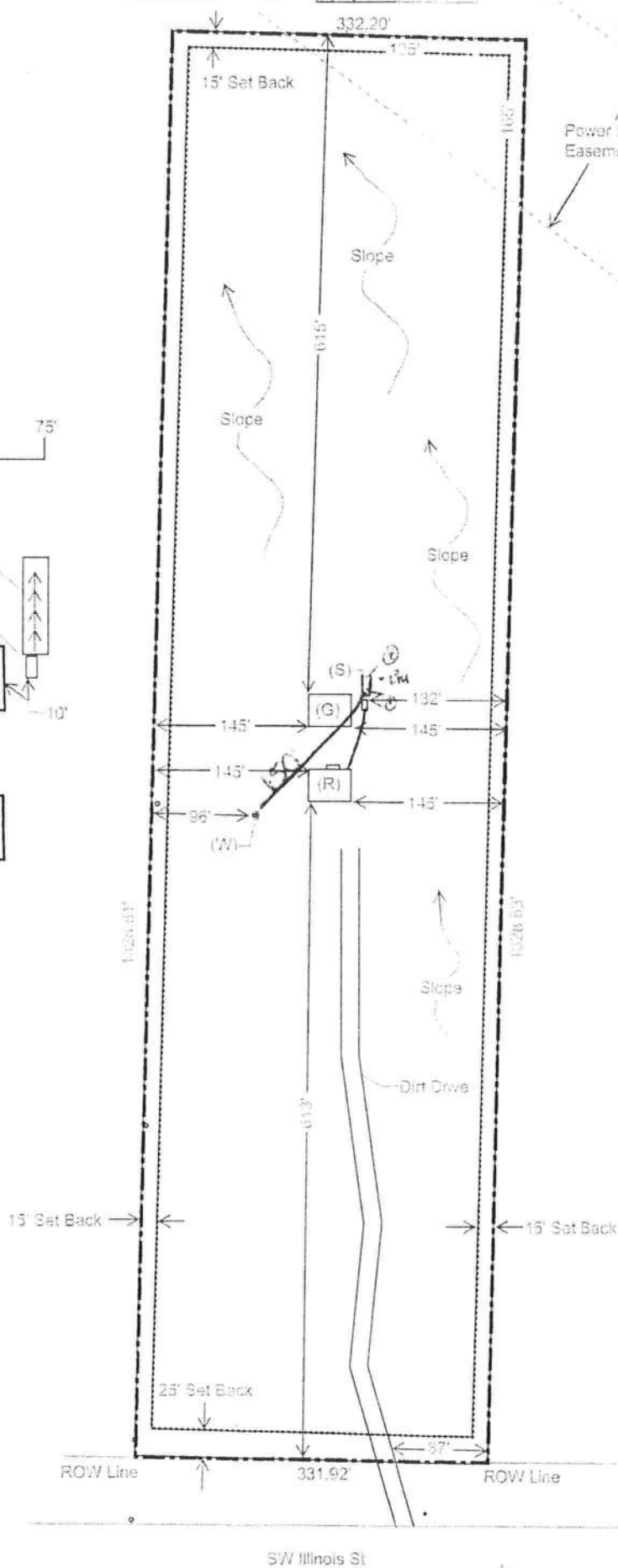
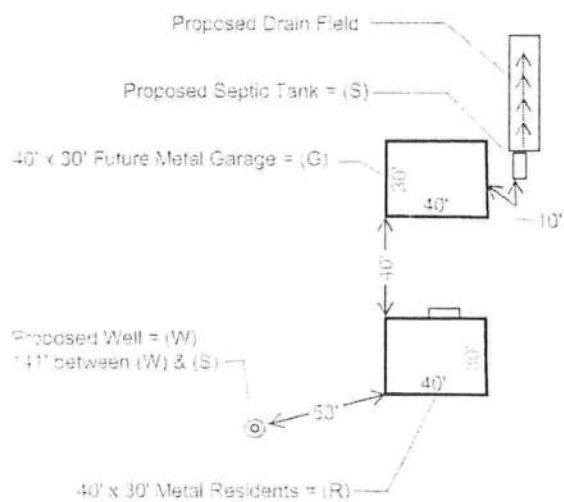


Parcel Detail 1" = 150'



17-0532

Building Detail 1" = 75'



SSC 227707029



STATE OF FLORIDA
DEPARTMENT OF HEALTH
ONSITE SEWAGE TREATMENT AND DISPOSAL
SYSTEM
APPLICATION FOR CONSTRUCTION PERMIT

PERMIT NO. 17-0533
DATE PAID: 8/10/17
FEE PAID: 425.00
RECEIPT #: 1303169

APPLICATION FOR:

☒ New System ☐ Existing System ☐ Holding Tank ☐ Innovative
☐ Repair ☐ Abandonment ☐ Temporary ☐

APPLICANT: Shawn RogersAGENT: Shawn RogersTELEPHONE: 352-642-3061MAILING ADDRESS: 3809 SW 282 St, Newberry, FL 32669

TO BE COMPLETED BY APPLICANT OR APPLICANT'S AUTHORIZED AGENT. SYSTEMS MUST BE CONSTRUCTED BY A PERSON LICENSED PURSUANT TO 489.105(3)(m) OR 489.552, FLORIDA STATUTES. IT IS THE APPLICANT'S RESPONSIBILITY TO PROVIDE DOCUMENTATION OF THE DATE THE LOT WAS CREATED OR PLATTED (MM/DD/YY) IF REQUESTING CONSIDERATION OF STATUTORY GRANDFATHER PROVISIONS.

PROPERTY INFORMATION

LOT: 6 BLOCK: _____ SUBDIVISION: Three Rivers UPRC PLATTED: 2004

PROPERTY ID #: 25-68-15-00519-10 ZONING: Ag I/M OR EQUIVALENT: [Y / N]

PROPERTY SIZE: 10.13 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC [] ≤ 2000 GPD [] > 2000 GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? [Y / N]

DISTANCE TO SEWER: 1000 FTPROPERTY ADDRESS: Applying for XX Illinois St. Fort White FL 320DIRECTIONS TO PROPERTY: See Attached

BUILDING INFORMATION

☒ RESIDENTIAL [] COMMERCIAL

| Unit No | Type of Establishment | No. of Bedrooms | Building Area Sqft | Commercial/Institutional System Design Table 1, Chapter 64E-6, FAC |
|---------|------------------------|-----------------|--------------------|--|
| 1 | <u>Site Built home</u> | <u>1</u> | <u>2003</u> | <u>Out of Flood</u> |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |

[] Floor/Equipment Drains [] Other (Specify) _____

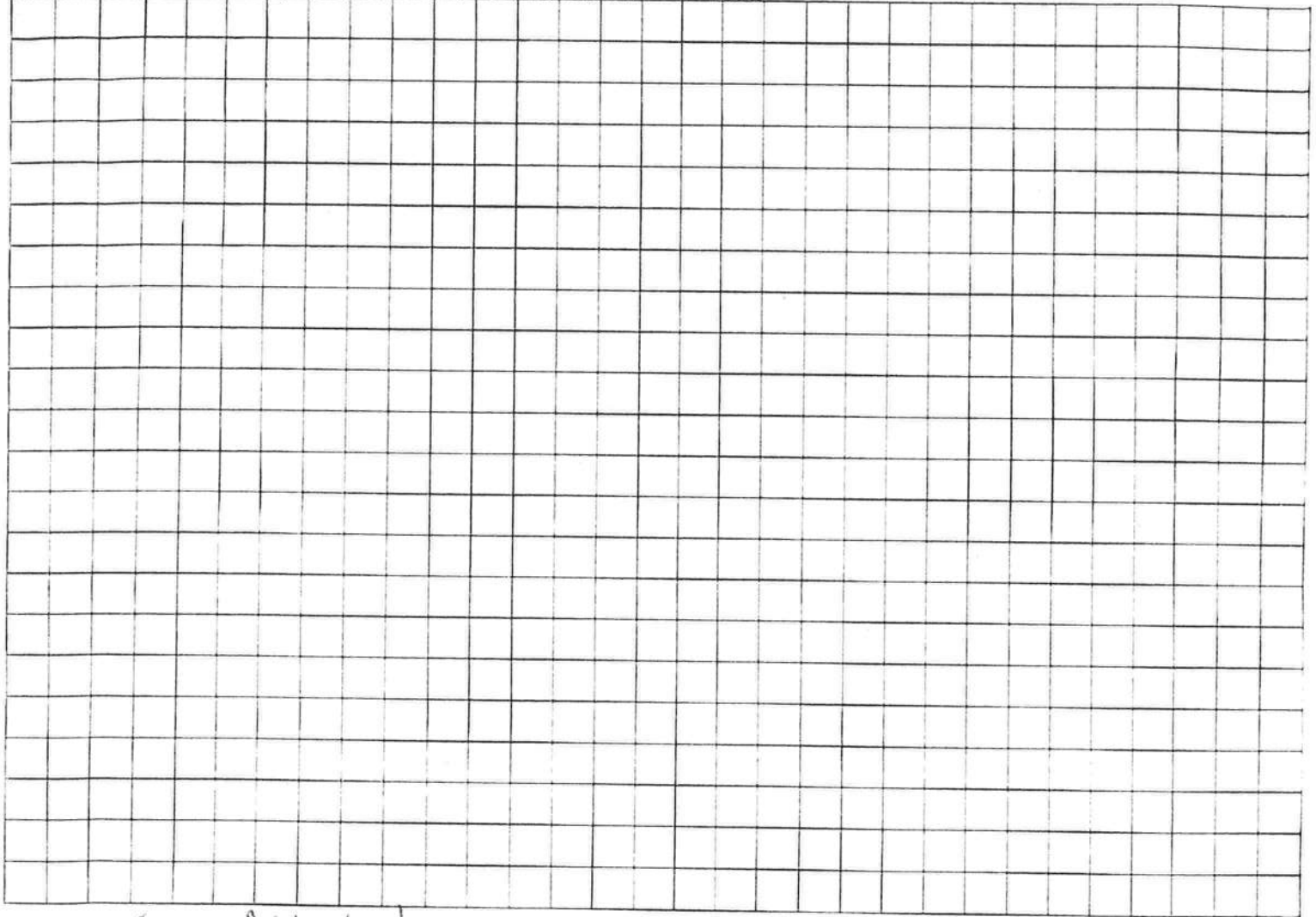
SIGNATURE: Shawn RogersDATE: 8-10-17

STATE OF FLORIDA
DEPARTMENT OF HEALTH
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number 17-0533

----- PART II - SITEPLAN -----

Scale: Each block represents 10 feet and 1 inch = 40 feet.



Notes: See Attached

Site Plan submitted by Shawn Rogers

Plan Approved X

Not Approved _____

Date 8/15/17

By [Signature]

Colleen

County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

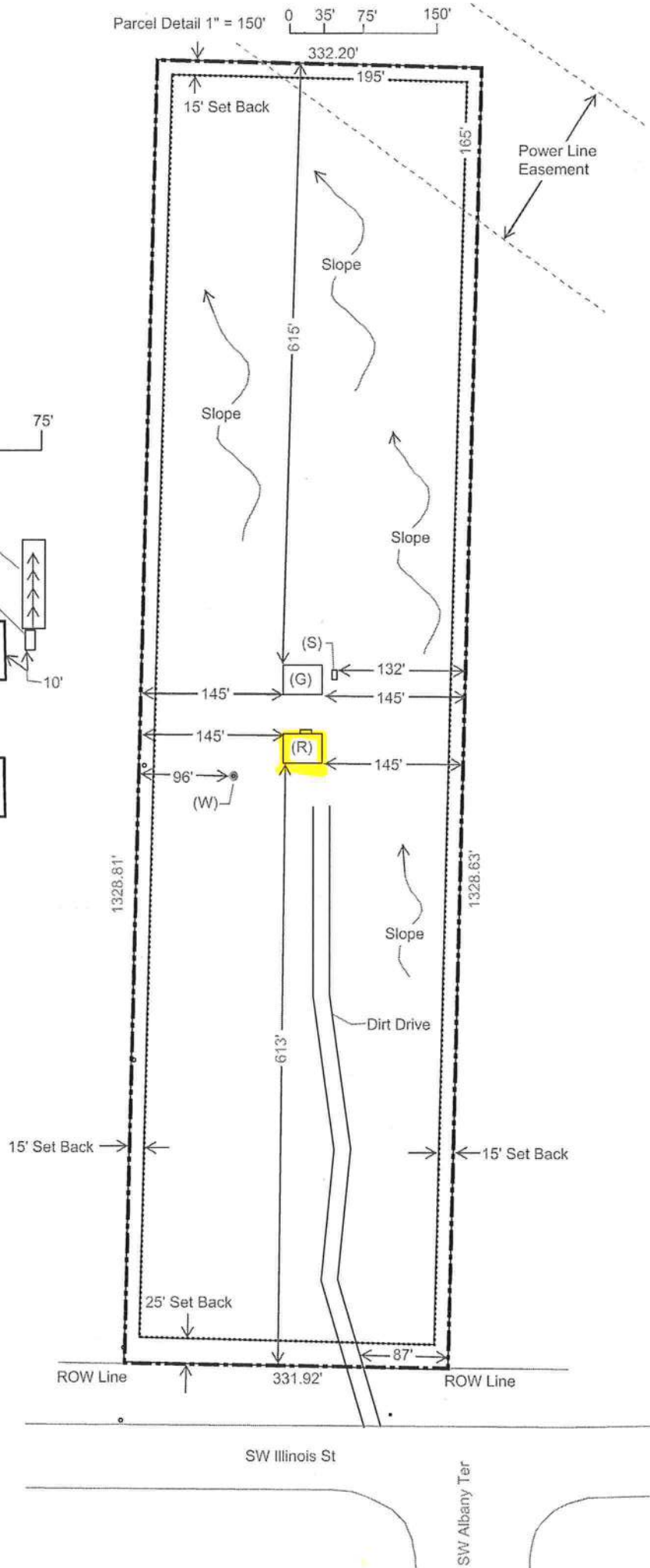
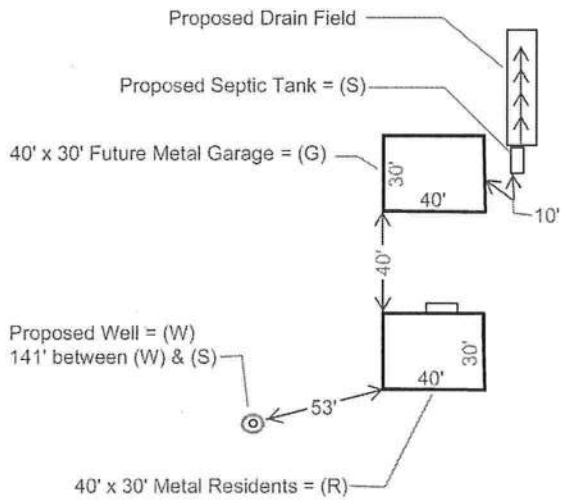


Parcel Detail 1" = 150'

0 35' 75' 150'

Building Detail 1" = 75'

0 5' 15' 35' 75'



Sheffield's, Inc.

PO Box 2662

Phone (386) 454-WELL, Fax (386) 454-3724

sheffieldwells@windstream.net

Water Well Quote - This quote will also serve as a Well Letter for Columbia County

Property Owner: Shawn Rogers

Location: 493 SW Illinios St, Fort White, FL 32038

Parcel ID# 25-6S-15-00519-106

1.5hp Goulds pump/motor

120 gal galv pressure tank

4" PVC well up to 100'

1 1/4" sch 80 PVC drop pipe

Suwannee River Water Mngt District permit

Total Quote for Well \$3450.00

Most wells in this section are approx 65' total depth

Thank you for considering Sheffield's, Inc. for your water well needs!

Melissa Sheffield

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 CC# <u>811</u> | Print Name <u>Ryan Beville</u> Company Name: <u>RBI Electrical Contracting LLC</u> License #: <u>EC 13004236</u> Phone #: <u>352-339-0369</u> | Signature <u>[Signature]</u> | 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 CC# <u>1672</u> | Print Name <u>Richard Hunt</u> Company Name: <u>Today's Heating & Air</u> License #: <u>CALC 12076</u> Phone #: <u>386-462-2168</u> | Signature <u>[Signature]</u> | Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input checked="" type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE |
| PLUMBING/GAS CC# <u>524</u> | Print Name <u>Ken Roche</u> Company Name: <u>Plumbing Now</u> License #: <u>CFC 1426527</u> Phone #: <u>386 755 9243</u> | Signature <u>[Signature]</u> | Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE |
| ROOFING CC# | Print Name Company Name: License #: | Signature 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 CC# | Print Name Company Name: License #: | Signature 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 CC# | Print Name Company Name: License #: | Signature Phone #: | Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE |
| SOLAR CC# | Print Name Company Name: License #: | Signature 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 CC# | Print Name Company Name: License #: | Signature Phone #: | Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE |

NOTICE OF COMMENCEMENT

Tax Parcel Identification Number:

25-6S-15-00519-106

Clerk's Office Stamp

Inst: 201712022581 Date: 12/12/2017 Time: 11:09AM
Page 1 of 1 B: 1349 P: 1629, P. DeWitt Cason, Clerk of Court
Columbia, County, By: BS
Deputy Clerk

THE UNDERSIGNED hereby gives notice that improvements will be made in accordance with the provisions of the Florida Statutes, the following information is provided in this NOTICE:

(AKA LOT 6 THREE RIVERS UNREC COMM NE COR SEC RUN S 1328 25 FT. W 664 47 FT TO POB CONT W 332 24 FT S 1328 89 FT TO N.R.W OF SW ILLINOIS ST. RUN E 331 90 FT N 1328 67 FT TO POB WD 1016-2173. QC 1209-2296, WD 1293-1847.

1. Description of property (legal description):

a) Street (job) Address: 493 SW ILLINOIS ST, #111, FL 32038

2. General description of improvements: METAL ST & GARAGE

3. Owner Information or Lessee information if the Lessee contracted for the improvements:

a) Name and address: Shawn Rogers, 3809 SW 282 St, Newberry, FL 32669

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

c) Interest in property:

4. Contractor Information

a) Name and address: Shawn Rogers

b) Telephone No.:

5. Surety Information (if applicable, a copy of the payment bond is attached):

a) Name and address:

b) Amount of Bond:

c) Telephone No.:

6. Lender

a) Name and address:

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:

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: _____ 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. Shawn Rogers

Signature of Owner or Lessee, or Owner's or Lessee's Authorized Office/Director/Partner/Manager

Shawn Rogers

Printed Name and Signatory's Title/Office

The foregoing instrument was acknowledged before me, a Florida Notary, this 9 day of Aug., 2017, by:

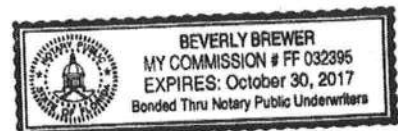
Shawn Rogers as owner for _____
(Name of Person) (Type of Authority) (name of party on behalf of whom instrument was executed)

Personally Known ☒ OR Produced Identification ☐ Type _____

Notary Signature

Beverly Brewer

Notary Stamp or Seal:



SUBCONTRACTOR VERIFICATION

APPLICATION/PERMIT # 36079 JOB NAME Rosen

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.

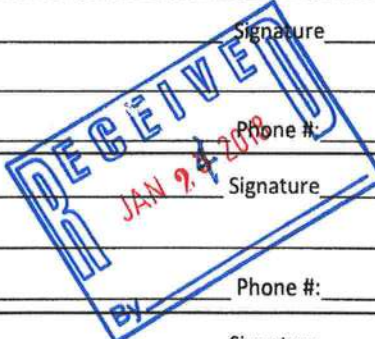
NOTE: It shall be the responsibility of the general contractor to make sure that all of the subcontractors are licensed with the Columbia County Building Department.

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

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

| | | |
|--|---|--|
| ELECTRICAL <input checked="" type="checkbox"/> | Print Name <u>Eric Stabel</u> Signature <u>Eric Stabel</u> Company Name: <u>Superior Electrical Contracting, Inc.</u> License #: <u>13006857</u> Phone #: <u>(352) 494-1456</u> | 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 _____ 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 |
| 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

APPLICATION/PERMIT # 360 78 JOB NAME Rogers

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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 _____ 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 |
| PLUMBING/GAS <input checked="" type="checkbox"/> | Print Name <u>Wayne Hodge</u> Signature <u>Wayne Hodge</u> Company Name: <u>Hodge Plumbing Systems Inc.</u> License #: <u>CFC 1426382</u> Phone #: <u>352-538-9647</u> | 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 <input type="checkbox"/> | Print Name _____ Signature _____ | Need <input type="checkbox"/> Lic |