

DATE 01/22/2013

Columbia County Building Permit

This Permit Must Be Prominently Posted on Premises During Construction

PERMIT

000030737

APPLICANT ROBERT PERRY PHONE 850-997-8011
ADDRESS PO BOX 87 LAMONT FL 32336
OWNER CLAUDE BURMEISTER PHONE 386.454.5784
ADDRESS 332 SW HOOT OWL PLACE FT. WHITE FL 32038
CONTRACTOR ROBERT PERRY PHONE 850-997-8011
LOCATION OF PROPERTY 47-S, L 27, R 138, L BOBCAT, L FOX, R RACCOON, L HOOT OWL,
AT DEADEND IS PROPERTY
TYPE DEVELOPMENT REPAIR SFD ESTIMATED COST OF CONSTRUCTION 0.00
HEATED FLOOR AREA TOTAL AREA HEIGHT STORIES 2
FOUNDATION WALLS ROOF PITCH 10/12 FLOOR
LAND USE & ZONING AG-3 MAX. HEIGHT 35
Minimum Set Back Requirments: STREET-FRONT REAR SIDE
NO. EX.D.U. 1 FLOOD ZONE NA DEVELOPMENT PERMIT NO.

PARCEL ID 19-7S-17-10025-118 SUBDIVISION LYN DEE DAIRY (TRACT)
LOT 18 BLOCK PHASE UNIT 0 TOTAL ACRES 10.01

CGC010945 X
Culvert Permit No. Culvert Waiver Contractor's License Number Applicant/Owner/Contractor
EXISTING NA LH N
Driveway Connection Septic Tank Number LU & Zoning checked by Approved for Issuance New Resident

COMMENTS: NOC ON FILE

TREE FELL ON SFD, INSURANCE ADJUSTER CONFIRMED TREE DAMAGE

ROOFING CONTRACTOR SIGNED VERIFICATION FORM Check # or Cash NO CHARGE

FOR BUILDING & ZONING DEPARTMENT ONLY

(footer/Slab)

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

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

INSPECTORS OFFICE CLERKS OFFICE

NOTICE: IN ADDITION TO THE REQUIREMENTS OF THIS PERMIT, THERE MAY BE ADDITIONAL RESTRICTIONS APPLICABLE TO THIS PROPERTY THAT MAY BE FOUND IN THE PUBLIC RECORDS OF THIS COUNTY.

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.

COLUMBIA COUNTY FLORIDA

COMPLETION

COLUMBIA COUNTY, FLORIDA

Department of Building and Zoning Inspection

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

Parcel Number 19-7S-17-10025-118

Building permit No. 000030737

Permit Holder ROBERT PERRY

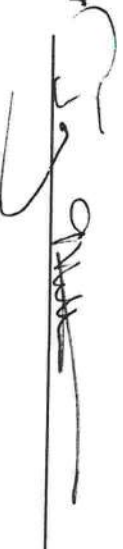
Type REPAIR SFD

Owner of Building CLAUDE BURMEISTER

Location: 332 SW HOOT OWL PL, FORT WHITE, FL 32038

Date: 02/15/2013

Building Inspector



POST IN A CONSPICUOUS PLACE
(Business Places Only)



Columbia County Building Permit Application

Tree Damage

For Office Use Only Application # 1301-40 Date Received 1/22/13 R. LH Permit # 30737
Zoning Official _____ Date _____ Flood Zone _____ Land Use _____ Zoning _____
FEMA Map # _____ Elevation _____ MFE _____ River _____ Plans Examiner _____ Date _____
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
IMPACT FEES: EMS _____ Fire _____ Corr _____ ☒ Sub VF Form Rosper
Road/Code _____ School _____ = TOTAL (Suspended) ☐ Ellisville Water ☒ App Fee Paid

Septic Permit No. MAFax 850-997-2478Name Authorized Person Signing Permit Robert W. PERRY Phone 850-997-8011Address PO Box 87, Lamont, Fla 32336Owners Name Claude Burmeister Phone 386-454-5784911 Address 332 SW Hoot Owl Place, Fort White, FL 32038Contractors Name Bob Perry Const. Corp. Phone 850-997-8011Address P.O. Box 87 Lamont, FLA 32336

Fee Simple Owner Name & Address _____

Bonding Co. Name & Address _____

Architect/Engineer Name & Address _____

Mortgage Lenders Name & Address _____

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

Property ID Number 14-75-17-10025-118 Estimated Cost of Construction 10,000.00Subdivision Name Lyn-Dee Dairy S/O Unrec. Lot 18 Block _____ Unit _____ Phase _____Driving Directions 475, (L) 27, (R) CR-138, (R) Bobcat Dr, (L) Fox Place,
(R) Raccoon Way, (L) Hoot Owl - follow to the dead end.Number of Existing Dwellings on Property 1Construction of Repair SFD - Tree Damage Total Acreage 10.01 Lot Size 10.01Do you need a - Culvert Permit or Culvert Waiver or Have an Existing Drive Total Building Height _____

Actual Distance of Structure from Property Lines - Front _____ Side _____ Side _____ Rear _____

Number of Stories 2 Heated Floor Area _____ Total Floor Area _____ Roof Pitch 10/12

Application is hereby made to obtain a permit to do work and installations as indicated. I certify that no work or installation has commenced prior to the issuance of a permit and that all work be performed to meet the standards of all laws regulating construction in this jurisdiction. CODE: Florida Building Code 2010 and the 2008 National Electrical Code.

Page 1 of 2 (Both Pages must be submitted together.)

Revised 3-15-12

I spoke to Insurance Adjuster 1-22-13 (Shirley) State Farm

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 such application has been pursued in good faith or a permit has been issued; except that the building official is authorized to grant one or more extensions of time for additional periods not exceeding 90 days each. The extension shall be requested in writing and justifiable cause demonstrated.

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

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.

(Owners Must Sign All Applications Before Permit Issuance.)

Clark H. Burman
Owners Signature

****OWNER BUILDERS MUST PERSONALLY APPEAR AND SIGN THE BUILDING PERMIT.**

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.

[Signature]
Contractor's Signature (Permitee)

Contractor's License Number

Columbia County

Competency Card Number

CGC010945

797 OK

Affirmed under penalty of perjury to by the Contractor and subscribed before me this 22 day of Jan 2013.

Personally known [Signature] or Produced Identification FL DL

SEAL:

[Signature]
State of Florida Notary Signature (For the Contractor)



Tax Parcel Identification Number:

19-75-17-10025-118

Inst: 201312000996 Date: 1/22/2013 Time: 4:32 PM
DC, P. DeWitt Cason, Columbia County Page 1 of 1 B: 1248 P: 483

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): R 19-75-17-10025-118
a) Street (job) Address: 332 HOOT OWL PL, High Springs, FL 32643
2. General description of improvements: Repair
3. Owner Information
a) Name and address: Claude H. Burmeister - 332 Hoot owl PL,
b) Name and address of fee simple titleholder (if other than owner)
c) Interest in property
4. Contractor Information
a) Name and address: Bob Perry Const. Corp. P.O. Box 87 Lynx, FL 32386
b) Telephone No.: 850-497-8011 Fax No. (Opt.)
5. Surety Information
a) Name and address: None
b) Amount of Bond:
c) Telephone No.: Fax No. (Opt.)
6. Lender
a) Name and address: None
b) Phone No.
7. Identity of person within the State of Florida designated by owner upon whom notices or other documents may be served.
a) Name and address:
b) Telephone No.: Fax No. (Opt.)
8. In addition to himself, owner designates the following person to receive a copy of the Lienor's Notice as provided in Section 713.13(1)(b), Florida Statutes:
a) Name and address:
b) Telephone No.: Fax No. (Opt.)
9. Expiration date of Notice of Commencement (the expiration date is one year from the date of recording unless a different date is specified):

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

STATE OF FLORIDA
COUNTY OF COLUMBIA

10. Claude H. Burmeister
Signature of Owner or Owner's Authorized Office/Director/Partner/Manager

Claude Burmeister
Printed Name

The foregoing instrument was acknowledged before me, a Florida Notary, this 22 day of January, 2013, by:
Claude Burmeister as Owner (type of authority, e.g. officer, trustee, attorney
fact) for Self (name of party on behalf of whom instrument was executed).

Personally Known ☐ OR Produced Identification ☒ Type FLDL

Notary Signature L. J. Hudson Notary Stamp or Seal:



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

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

Columbia County Property Appraiser

CAMA updated: 12/19/2012

2012 Tax Year

Parcel: 19-7S-17-10025-118

<< Next Lower Parcel Next Higher Parcel >>

Tax Collector

Tax Estimator

Property Card

Parcel List Generator

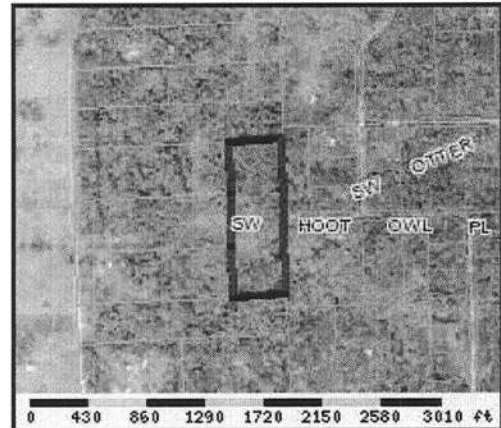
Interactive GIS Map

Print

Owner & Property Info

Search Result: 1 of 1

| | | | |
|-------------------------|--|---------------------|-------|
| Owner's Name | BURMEISTER CLAUDE H & | | |
| Mailing Address | NOEL S BURMEISTER P O BOX 764 HIGH SPRINGS, FL 32655-0764 | | |
| Site Address | 332 SW HOOT OWL PL | | |
| Use Desc. (code) | SINGLE FAM (000100) | | |
| Tax District | 3 (County) | Neighborhood | 19717 |
| Land Area | 10.010 ACRES | Market Area | 02 |
| Description | NOTE: This description is not to be used as the Legal Description for this parcel in any legal transaction. COMM NW COR SEC, RUN E 1111.14 FT TO SW R/W ABAND SCL RR, RUN SE ALONG R/W TO ITS INTERS WITH W R/W OF SW BOBCAT DR, S 4301.18 FT FOR POB, CONT S 1137.38 FT, W 382.65 FT, N 1140.55 FT, E 382.59 FT TO POB (AKA TRACT 18 LYN-DEE DAIRY S/D UNREC). ORB 771-278, 777-088. | | |

**Property & Assessment Values**

| 2012 Certified Values | | |
|------------------------------|---|--------------|
| Mkt Land Value | cnt: (0) | \$42,114.00 |
| Ag Land Value | cnt: (1) | \$0.00 |
| Building Value | cnt: (1) | \$183,896.00 |
| XFOB Value | cnt: (1) | \$2,000.00 |
| Total Appraised Value | | \$228,010.00 |
| Just Value | | \$228,010.00 |
| Class Value | | \$0.00 |
| Assessed Value | | \$217,979.00 |
| Exempt Value | (code: HX H3) | \$50,000.00 |
| Total Taxable Value | Cnty: \$167,979 Other: \$167,979 Schl: | \$192,979 |

2013 Working Values

NOTE:
2013 Working Values are NOT certified values and therefore are subject to change before being finalized for ad valorem assessment purposes.

Show Working Values

Sales History

Show Similar Sales within 1/2 mile

| Sale Date | OR Book/Page | OR Code | Vacant / Improved | Qualified Sale | Sale RCode | Sale Price |
|-----------|--------------|---------|-------------------|----------------|------------|-------------|
| 6/15/1993 | 777/88 | WD | V | Q | | \$26,900.00 |

Building Characteristics

| Bldg Item | Bldg Desc | Year Blt | Ext. Walls | Heated S.F. | Actual S.F. | Bldg Value |
|---|---------------------|----------|------------|-------------|-------------|--------------|
| 1 | SINGLE FAM (000100) | 2000 | (31) | 2576 | 4384 | \$181,231.00 |
| Note: All S.F. calculations are based on exterior building dimensions. | | | | | | |

Extra Features & Out Buildings

| Code | Desc | Year Blt | Value | Units | Dims | Condition (% Good) |
|------|------------|----------|------------|-------------|-----------|--------------------|
| 0180 | FPLC 1STRY | 1999 | \$2,000.00 | 0000001.000 | 0 x 0 x 0 | (000.00) |

Land Breakdown

| | | | | | | |
|--|--|--|--|--|--|--|
| | | | | | | |
|--|--|--|--|--|--|--|



RBZ00016
State Farm Florida Insurance Company
Fire Claim File Print - Partial

Route To: Shirley Johnson Sebastian

BASIC CLAIM INFORMATION

Claim Number: 59-2B62-273
Date of Loss: 01-17-2013
Policy Number: 80-EL-8730-7
Named Insured: BURMEISTER, CLAUDE H ✓

850-519-2252 cell
Robt Perry Construction

W- 850 997-8011 W

REPORTING INFORMATION

Recorded By

Name: George Hoffer (UBYN)
Phone: (904) 443-5620

User Type: CRC

Reporting Agent

Name:
Agent Code:

Phone:

Reporting Method

System: ELR

Workflow: Catastrophe

FACTS OF LOSS

Date of Loss: 01-17-2013

Time of Loss:

Date Reported: 01-17-2013

Date/Time Recorded 01-17-2013 - 07:47 PM CST

Facts of Loss: FINAL - Tree has fallen on to home, and penetrated the roof, causing a large hole; this was caused to a recent storm that went through, the damage occurred to the west side of home, hole in dormer.

Probable Cause: Windstorm

Stolen Property:

Severity: 2 : Moderate Damage

Claim Group

Claim Group:

2 broken truss

Location of Loss

Location Description

Street(s): 332 Sw Hoot Owl Pl ✓

County:

Zip/Postal: 32038-2462

10/12 P

metal dormer

City: Fort White

State/Prov: Florida

Country: United States

CLAIM DETAILS

Product Line: Fire
Policy Type: Homeowners
Claim File Type: Regular
Confidential: Standard
Facility Code: 8 - Field

Fatality Exists:
Record Only:
SIU:
Reinsurance
Total Loss:

Liability:
AMR/ISO: Yes
TIPP:
Flood:

Status Information

Claim Status: Open 01-18-2013
Subrogation Status

Reopen Reason:
Maintain Date:

Permit #: 30737

SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER

1301-40

CONTRACTOR

Robert Perry

PHONE

850 - 497 - 8011

THIS FORM MUST BE SUBMITTED PRIOR TO THE ISSUANCE OF A PERMIT

In Columbia County 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 permit. Per Florida Statute 440 and Ordinance 89-6, a contractor shall require all subcontractors to provide evidence of workers' compensation or exemption, general liability insurance and a valid Certificate of Competency license in Columbia County.

Any changes, the permitted contractor is responsible for the corrected form being submitted to this office prior to the start of that subcontractor beginning any work. Violations will result in stop work orders and/or fines.

| | | |
|-----------------------------------|---|--|
| ELECTRICAL | Print Name _____ License #: _____ | Signature _____ Phone #: _____ |
| MECHANICAL/ A/C _____ | Print Name _____ License #: _____ | Signature _____ Phone #: _____ |
| PLUMBING/ GAS | Print Name _____ License #: _____ | Signature _____ Phone #: _____ |
| ROOFING <u>606</u> | Print Name <u>George Ducksworth</u> License #: <u>CCC1327937</u> | Signature <u>See Separate Page</u> Phone #: <u>386-935-4850</u> |
| SHEET METAL | Print Name _____ License #: _____ | Signature _____ Phone #: _____ |
| FIRE SYSTEM/ SPRINKLER | Print Name _____ License #: _____ | Signature _____ Phone #: _____ |
| SOLAR | Print Name _____ License #: _____ | Signature _____ Phone #: _____ |

| Specialty License | License Number | Sub-Contractors Printed Name | Sub-Contractors Signature |
|---------------------|----------------|------------------------------|---------------------------|
| MASON | | | |
| CONCRETE FINISHER | | | |
| ok x FRAMING 797 | CGC 010945 | Robert Perry | Robert Perry |
| ok x INSULATION 797 | CGC 010945 | Robert Perry | Robert Perry |
| STUCCO | | | |
| ok x DRYWALL 797 | CGC 010945 | Robert Perry | Robert Perry |
| PLASTER | | | |
| CABINET INSTALLER | | | |
| ok x PAINTING 797 | CGC 010945 | Robert Perry | Robert Perry |
| ACOUSTICAL CEILING | | | |
| GLASS | | | |
| CERAMIC TILE | | | |
| FLOOR COVERING | | | |
| ALUM/VINYL SIDING | | | |
| GARAGE DOOR | | | |
| METAL BLDG ERECTOR | | | |

F. S. 440.103 Building permits; identification of minimum premium policy.--Every employer shall, as a condition to applying for and receiving a building permit, show proof and certify to the permit issuer that it has secured compensation for its employees under this chapter as provided in ss. 440.10 and 440.38, and shall be presented each time the employer applies for a building permit.

Permit #: 30737

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APPLICATION NUMBER

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CONTRACTOR

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| | | |
|-----------------------------------|---|--|
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| MECHANICAL/ A/C | Print Name _____ License #: _____ | Signature _____ Phone #: _____ |
| PLUMBING/ GAS | Print Name _____ License #: _____ | Signature _____ Phone #: _____ |
| ROOFING <u>606</u> | Print Name <u>George Ducksworth</u> License #: <u>CCC1327937</u> | Signature <u>George Ducksworth</u> Phone #: <u>386-935-4850</u> |
| SHEET METAL | Print Name _____ License #: _____ | Signature _____ Phone #: _____ |
| FIRE SYSTEM/ SPRINKLER | Print Name _____ License #: _____ | Signature _____ Phone #: _____ |
| SOLAR | Print Name _____ License #: _____ | Signature _____ Phone #: _____ |

| Specialty License | License Number | Sub-Contractor's Printed Name | Sub-Contractor's Signature |
|--------------------|----------------|-------------------------------|----------------------------|
| MASON | | | |
| CONCRETE FINISHER | | | |
| X FRAMING | CGC 010948 | Robert Perry | Robert Perry |
| X INSULATION | CGC 010945 | Robert Perry | Robert Perry |
| X STUCCO | | | |
| X DRYWALL | CGC 010945 | Robert Perry | Robert Perry |
| PLASTER | | | |
| CABINET INSTALLER | | | |
| X PAINTING | CGC 010945 | Robert Perry | Robert Perry |
| ACOUSTICAL CEILING | | | |
| GLASS | | | |
| CERAMIC TILE | | | |
| FLOOR COVERING | | | |
| ALUM/VINYL SIDING | | | |
| GARAGE DOOR | | | |
| METAL BLDG ERECTOR | | | |

F. S. 440.103 Building permits; identification of minimum premium policy.—Every employer shall, as a condition to applying for and receiving a building permit, show proof and certify to the permit issuer that it has secured compensation for its employees under this chapter as provided in ss. 440.10 and 440.38, and shall be presented each time the employer applies for a building permit.

PRODUCT APPROVAL SPECIFICATION SHEET

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.

| Category/Subcategory | Manufacturer | Product Description | Approval Number(s) |
|----------------------------------|--------------|--------------------------------------|--------------------|
| 1. EXTERIOR DOORS | | | |
| A. SWINGING | | | |
| B. SLIDING | | | |
| C. SECTIONAL | | | |
| D. ROLL UP | | | |
| E. AUTOMATIC | | | |
| F. OTHER | | | |
| 2. WINDOWS | | | |
| A. SINGLE HUNG | | | |
| B. HORIZONTAL SLIDER | | | |
| C. CASEMENT | | | |
| D. DOUBLE HUNG | | | |
| E. FIXED | | | |
| F. AWNING | | | |
| G. PASS THROUGH | | | |
| H. PROJECTED | | | |
| I. MULLION | | | |
| J. WIND BREAKER | | | |
| K. DUAL ACTION | | | |
| L. OTHER | | | |
| 3. PANEL WALL | | | |
| A. SIDING | | | |
| B. SOFFITS | | | |
| C. EIFS | | | |
| D. STOREFRONTS | | | |
| E. CURTAIN WALLS | | | |
| F. WALL LOUVER | | | |
| G. GLASS BLOCK | | | |
| H. MEMBRANE | | | |
| I. GREENHOUSE | | | |
| J. OTHER | | | |
| 4. ROOFING PRODUCTS | | | |
| A. ASPHALT SHINGLES | | | |
| B. UNDERLAYMENTS | | | |
| C. ROOFING FASTENERS | | | |
| D. NON-STRUCTURAL METAL ROOFING | metal sales | 1 1/2" wood grip screws 5-V-Crimp | 14645,3 |
| E. WOOD SHINGLES AND SHAKES | | | |
| F. ROOFING TILES | | | |
| G. ROOFING INSULATION | | | |
| H. WATERPROOFING | | | |
| I. BUILT UP ROOFING ROOF SYSTEMS | | | |
| J. MODIFIED BITUMEN | | | |
| K. SINGLE PLY ROOF SYSTEMS | | | |
| L. ROOFING SLATE | | | |
| M. CEMENTS-ADHESIVES COATINGS | | | |

| Category/Subcategory | Manufacturer | Product Description | Approval Number(s) |
|----------------------|--------------|---------------------|--------------------|
|----------------------|--------------|---------------------|--------------------|

| | | |
|--|--|--|
| ROOF SYSTEMS | | |
| O. ROOF TILE ADHESIVE | | |
| P. SPRAY APPLIED POLYURETHANE ROOF | | |
| Q. OTHER | | |
| 5. SHUTTERS | | |
| A. ACCORDION | | |
| B. BAHAMA | | |
| C. STORM PANELS | | |
| D. COLONIAL | | |
| E. ROLL-UP | | |
| F. EQUIPMENT | | |
| G. OTHERS | | |
| 6. SKYLIGHTS | | |
| A. SKYLIGHT | | |
| B. OTHER | | |
| 7. STRUCTURAL COMPONENTS | | |
| A. WOOD CONNECTORS/ ANCHORS | | |
| B. TRUSS PLATES | | |
| C. ENGINEERED LUMBER | | |
| D. RAILING | | |
| E. COOLERS-FREEZERS | | |
| F. CONCRETE ADMIXTURES | | |
| G. MATERIAL | | |
| H. INSULATION FORMS | | |
| I. PLASTICS | | |
| J. DECK-ROOF | | |
| K. WALL | | |
| L. SHEDS | | |
| M. OTHER | | |
| 8. NEW EXTERIOR ENVELOPE PRODUCTS | | |
| A. | | |
| B. | | |

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

George Duckworth
 APPLICANT SIGNATURE

1-24-13
 DATE