

DATE 03/18/2004

Columbia County Building Permit

PERMIT

This Permit Expires One Year From the Date of Issue

000021632

APPLICANT AARON SIMQUE PHONE 867-0692
 ADDRESS RT 9 BOX 785-33 LAKE CITY FL 32024
 OWNER SEAN & KRISTI SKOWRON PHONE _____
 ADDRESS 390 SW SMITH LANE LAKE CITY FL 32024
 CONTRACTOR AARON SIMQUE PHONE 867-0692
 LOCATION OF PROPERTY 47 SOUTH, R SMITH LANE, 6TH LOT ON LEFT

TYPE DEVELOPMENT SFD, UTILITY ESTIMATED COST OF CONSTRUCTION 86300.00
 HEATED FLOOR AREA 1726.00 TOTAL AREA 2339.00 HEIGHT 21.00 STORIES 1
 FOUNDATION CONCRETE WALLS FRAMED ROOF PITCH 8/12 FLOOR SLAB
 LAND USE & ZONING A-3 MAX HEIGHT 35
 Minimum Set Back Requirements: STREET-FRONT 30.00 REAR 25.00 SIDE 25.00
 NO. EX.D.U. 0 FLOOD ZONE X DEVELOPMENT PERMIT NO. _____

PARCEL ID 15-48-16-03023-368 36-45-16 SUBDIVISION 03538-002
 LOT _____ BLOCK _____ PHASE _____ UNIT _____ TOTAL ACRES 1.00

RB29003130
 Culvert Permit No. _____ Culvert Waiver _____ Contractor's License Number _____ Applicant/Owner/Contractor _____
 EXISTING _____ 04-0325-N BK JK N
 Driveway Connection _____ Septic Tank Number _____ LU & Zoning checked by _____ Approved for Issuance _____ New Resident _____

COMMENTS: SPECIAL FAMILY LOT PERMIT

FLOOR 1 FOOT ABOVE THE ROAD

NOC ON FILE

Check # or Cash 1709**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 _____ 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 _____
 Permanent power _____ date/app. by _____ C.O. Final _____ date/app. by _____ Culvert _____ date/app. by _____
 M/H tie downs, blocking, electricity and plumbing _____ date/app. by _____ Pool _____ date/app. by _____
 Reconnection _____ date/app. by _____ Pump pole _____ date/app. by _____ Utility Pole _____ date/app. by _____
 M/H Pole _____ date/app. by _____ Travel Trailer _____ date/app. by _____ Re-roof _____ date/app. by _____

BUILDING PERMIT FEE \$ 435.00 CERTIFICATION FEE \$ 11.70 SURCHARGE FEE \$ 11.70
 MISC. FEES \$.00 ZONING CERT. FEE \$ 50.00 FIRE FEE \$ _____ WASTE FEE \$ _____
 FLOOD ZONE DEVELOPMENT FEE \$ _____ CULVERT FEE \$ _____ TOTAL FEE 508.40
 INSPECTORS OFFICE LH CLERKS OFFICE CH

NOTICE: IN ADDITION TO THE REQUIREMENTS OF THIS PERMIT, THERE MAY BE ADDITIONAL RESTRICTIONS APPLICABLE TO THIS PROPERTY THAT MAY BE FOUND IN THE PUBLIC RECORDS OF THIS COUNTY AND THERE MAY BE ADDITIONAL PERMITS REQUIRED FROM OTHER GOVERNMENTAL ENTITIES SUCH AS WATER MANAGEMENT DISTRICTS, STATE AGENCIES, OR FEDERAL AGENCIES

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

This Permit Must Be Prominently Posted on Premises During Construction

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

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

3/8/04

Columbia County
Building Permit Application

Date 3-4-04

21632

Application No. 0403-21

Applicants Name & Address Aaron Simque Phone 867-0692
Rt 9 BOX 785-33 LAKE CITY FL. 32024

Owners Name & Address SEAN & Kristi Skowron Phone _____
LAKE CITY FL. (911) 390 SW Smith LANE / 32024

Fee Simple Owners Name & Address _____ Phone _____

Contractors Name & Address SAME AS APPLICANT Phone _____

Legal Description of Property SEC. 36-45-16E, Columbia county FL.

Location of Property ON Smith RD. OFF Hwy 47 South

Tax Parcel Identification No. 03338-002 Estimated Cost of Construction \$ 98,000

Type of Development SF Dwelling Number of Existing Dwellings on Property 0

Comprehensive Plan Map Category A-3 Zoning Map Category A-3

Building Height 21' Number of Stories 1 Floor Area 1726 Total Acreage in Development 1

Distance From Property Lines (Set Backs) Front 8075 Side 30 57.3 Rear 68114 Street 80

Flood Zone X Certification Date _____ Development Permit N/A

Bonding Company Name & Address _____

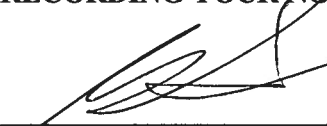
Architect/Engineer Name & Address Will Myers / Mark Disarway

Mortgage Lenders Name & Address ACCESS E mortgage CO. Gains. FL.

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

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

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



Owner or Agent (including contractor)



Contractor

RB 29003130

Contractor License Number

STATE OF FLORIDA
COUNTY OF COLUMBIA
Sworn to (or affirmed) and subscribed before me
this _____ day of _____ by _____

STATE OF FLORIDA
COUNTY OF COLUMBIA
Sworn to (or affirmed) and subscribed before me
this _____ day of _____ by _____

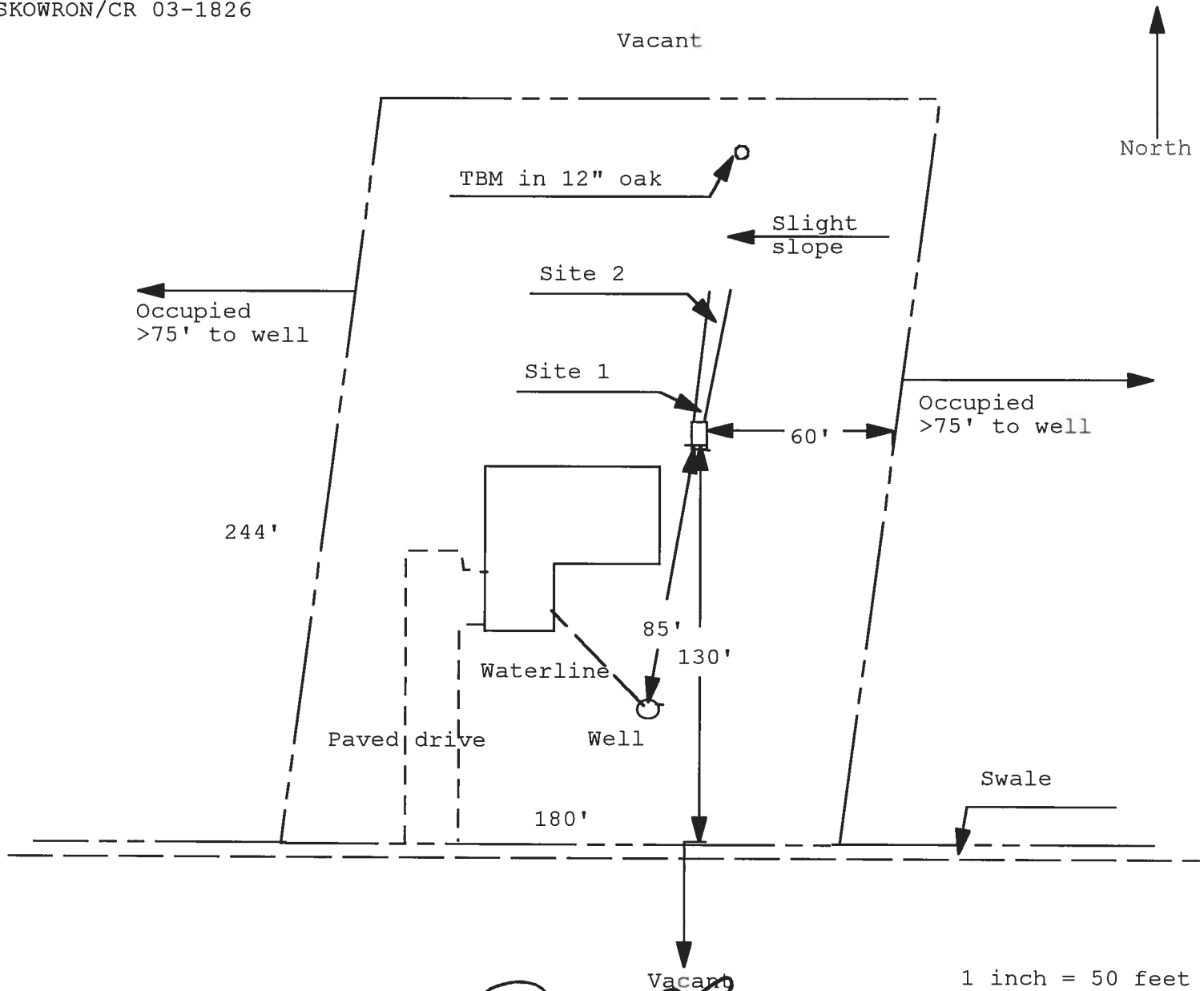
Personally Known _____ OR Produced Identification

Personally Known _____ OR Produced Identification

**Application for Onsite Sewage Disposal System
Construction Permit. Part II Site Plan**
Permit Application Number: 04-0325N

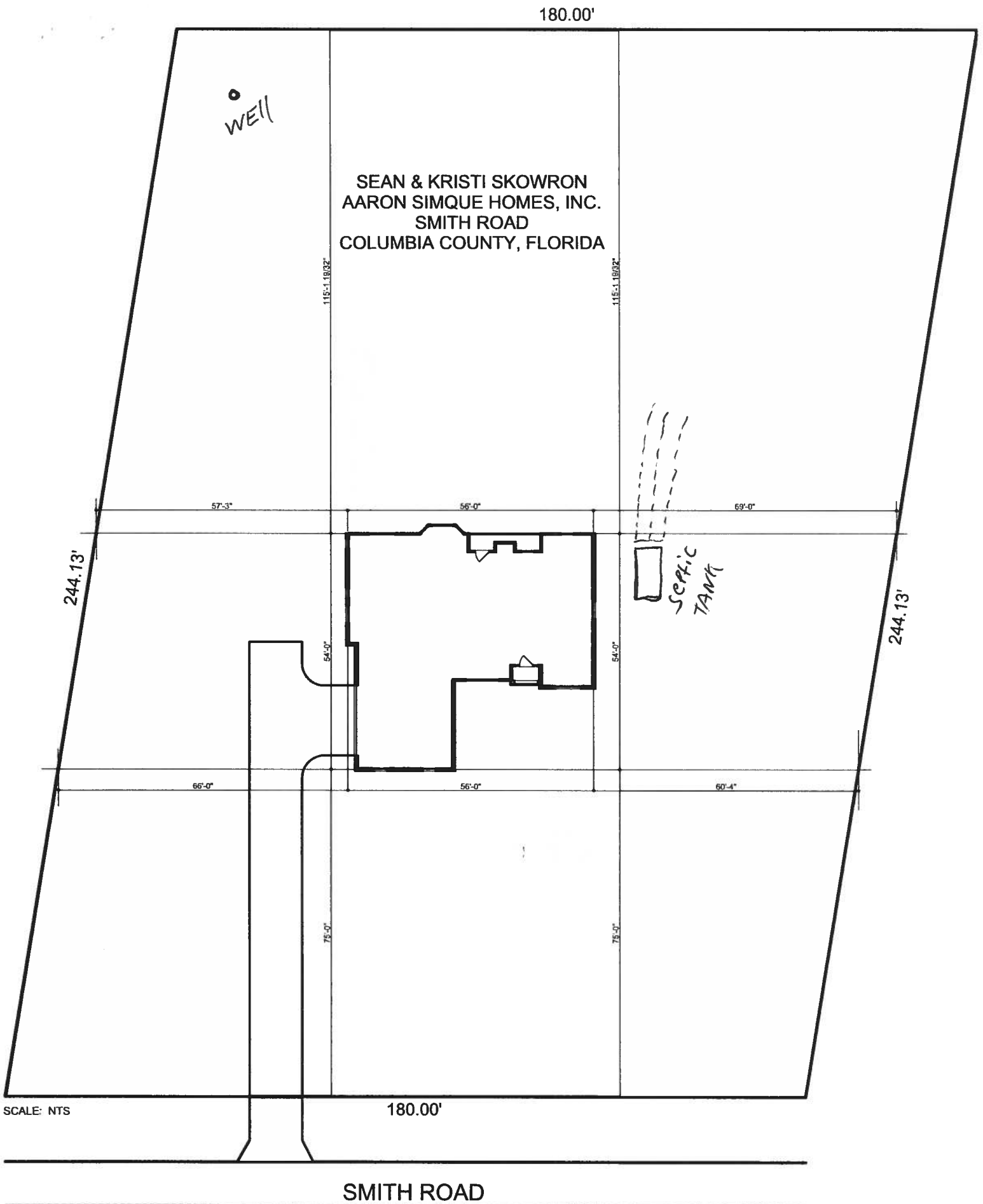
ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH UNIT

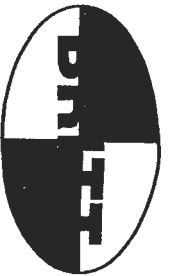
SKOWRON/CR 03-1826



1 inch = 50 feet

Site Plan Submitted By Paul Lloyd Date 3/5/04
 Plan Approved Paul Lloyd Not Approved msk Date 3/5/04
 By Paul Lloyd msk C CPHU
 Notes: 3-19-04





BRITT SURVEYING

830 West Duval Street • Lake City, FL 32055
Phone (386) 752-7163 • Fax (386) 752-5573

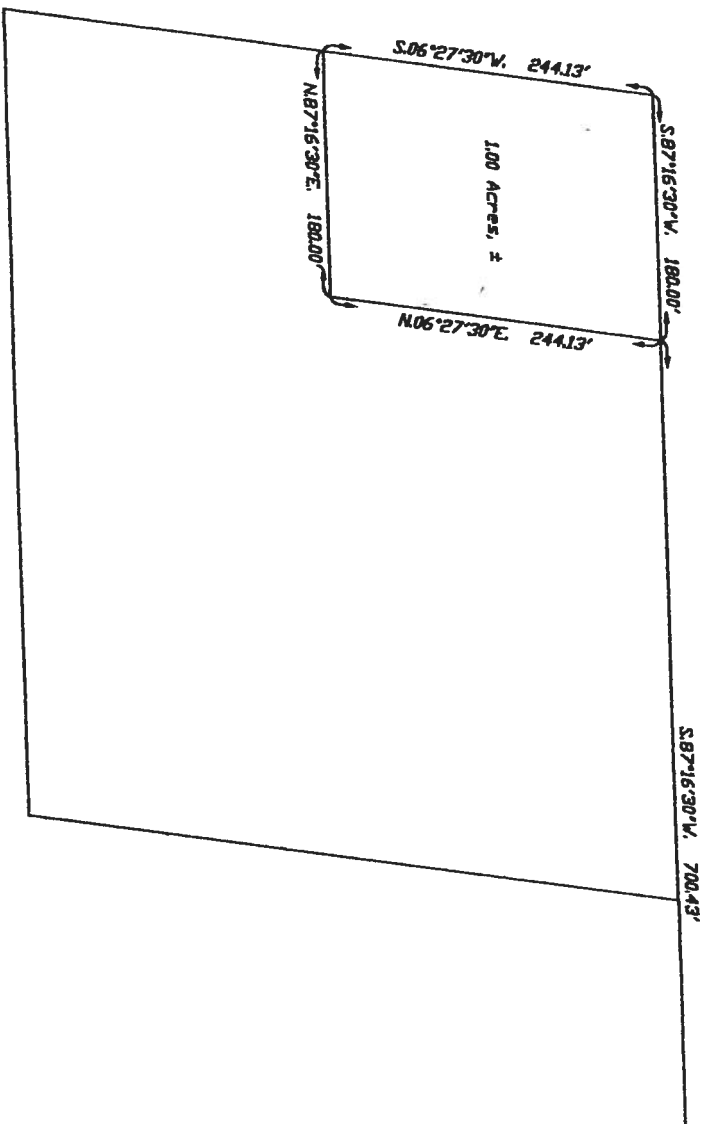
Land Surveyors
and Mappers

SEAN & KRISTI

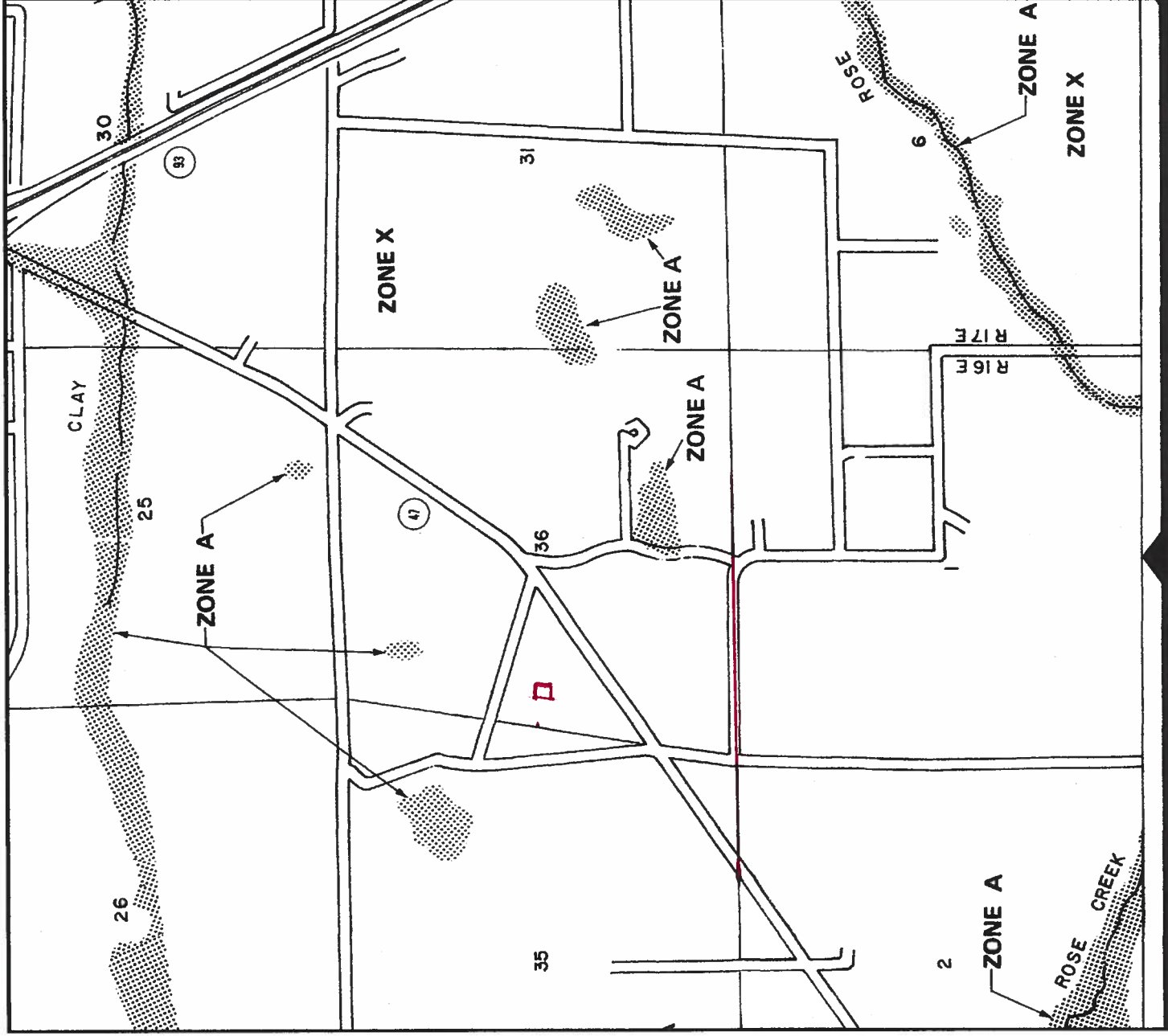
MIKE
KO

SKOWRON

E. NW 1/4 OF SW 1/4 OF SECTION 36, TOWNSHIP 4 SOUTH, RANGE
NEBA COUNTY, FLORIDA, MORE PARTICULARLY DESCRIBED AS
VENUE AT THE NE CORNER OF SAID NW 1/4 OF SW 1/4 AND RUN
700.43 FEET TO THE POINT OF BEGINNING, THENCE CONTINUE
180.00 FEET, THENCE S06°27'30"W, 244.13 FEET, THENCE RUN
810.00 FEET, THENCE RUN N06°27'30"E, 244.13 FEET TO THE POINT
CONTAINING 100 ACRES, MORE OR LESS.



0403-21



NATIONAL FLOOD INSURANCE PROGRAM

FIRM
FLOOD INSURANCE RATE MAP

COLUMBIA
COUNTY,
FLORIDA
(UNINCORPORATED AREAS)

PANEL 175 OF 290

PANEL LOCATION

COMMUNITY-PANEL NUMBER
120070 0175 B

EFFECTIVE DATE:
JANUARY 6, 1988

Federal Emergency Management Agency

This is an official copy of a portion of the above referenced flood map. It was extracted using F-MIT Version 1.0. This map does not reflect changes or amendments which may have been made subsequent to the date on the title block. Further information about National Flood Insurance Program flood hazard maps is available at www.fema.gov/nfmitd.

LOAN NUMBER: 7011009614

NOTICE OF COMMENCEMENT

STATE OF FLORIDA, COUNTY OF Columbia

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

1. **Description of property:** SEE EXHIBIT "A"
ATTACHED HERETO AND MADE A PART THEREOF
ROUTE 9, BOX 1002, LAKE CITY, FL 32024-
2. **General description of improvements:** Single Family Residence
3. **Owner information:**
 - a. Name(s): SEAN SKOWRON
 - b. Address: ROUTE 9, BOX 1002, LAKE CITY, FL 32024-
 - c. Interest in property: Fee Simple
 - d. Name and address of fee simple titleholder (if other than Owner): N/A
4. **Contractor:** AARON SIMQUE HOMES, INC.
R9 BOX 785-33, LAKE CITY, FL 32056
5. **Surety**
 - a. Name and address: None
 - b. The amount of bond: N/A
6. **Lender** COAST BANK OF FLORIDA – P. O. BOX 150, BRADENTON, FLORIDA 34206-0150
7. Persons within the State of Florida designated by Owner upon whom notices or other documents may be served as provided by Section 713.13(1)(a)7, Florida Statutes: N/A
8. In addition to himself, Owner designates ** to receive a copy of the Lienor's Notice as provided in Section 713.13(1)(b), Florida Statutes.
**COAST BANK OF FLORIDA – Attn: Wanda M. Farr - P. O. Box 150, Bradenton, Florida 34206-0150 (941-345-1473)
9. Expiration date of notice of commencement (the expiration date is 1 year from the date of recording unless a different date is specified) _____


 Borrower: SEAN SKOWRON

Borrower: _____

Borrower: _____

Borrower: _____

STATE OF FLORIDA, Columbia COUNTY SS:

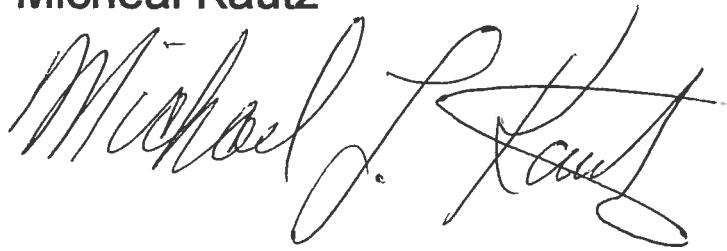
The forgoing instrument was acknowledge before me this 19th day of February, 2004
by SEAN SKOWRON who is personally known to me or has produced Drivers License
as identification and who did not take an oath.
My Commission expires:


 Notary Public

March 17, 2004

I, Micheal Kautz have willingly
deeded one acre of my property over to
Sean & my daughter, Kristi Skowron.

Micheal Kautz

A handwritten signature in black ink, reading "Michael J. Kautz". The signature is written in a cursive style with a large, stylized "M" and "K".

Inst: 2003027704 Date: 12/29/2003 Time: 09:06
Doc Stamp-Deed : 0.70
mk DC, P. Dewitt Cason, Columbia County B: 1003 P: 155

1B

Warranty Deed

THIS WARRANTY DEED made the 30th day of September A.D., 2003

Michael L. Kautz, a married man
hereinafter called the grantor, to

Sean M. Skowron and his wife, Kristi J. Skowron
whose post office address is: Rt 9, Box 1002, Lake City, FL 32024
hereinafter called the grantee:

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

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

See Exhibit "A" Attached Hereto And By This Reference Made A Part Hereof.

The above described property is not the homestead property of the aforesaid grantor who in fact resides at: Rt. 9, Box 636, Lake City, FL 32024.

Made for the purpose of correcting the Legal Description on the Deed recorded in OR Book 987, Page 1817. Therefore, Documentary stamps were paid on above referenced deed.

TOGETHER with all tenements, hereditaments and appurtenances thereto belonging or in anywise appertaining.

TO HAVE AND TO HOLD, the same in fee simple forever.

AND the grantor hereby covenants with said grantee that the grantor is lawfully seized of said land in fee simple; that the grantor has good right and lawful authority to sell and convey said land; that the grantor hereby fully warrants the title to said land and will defend the same against the lawful claims of all persons whomsoever; and that said land is free of all encumbrances, except taxes accruing subsequent to December 31, 2002.

IN WITNESS WHEREOF, the said grantor has signed and sealed these presents the day and year first above written.

Signed, sealed and delivered in our presence:

[Signature]
Witness: *NATI ROLLO*

[Signature]
Witness: *Rhonda B. Green*

Michael L. Kautz
Michael L. Kautz

COUNTY OF COLUMBIA

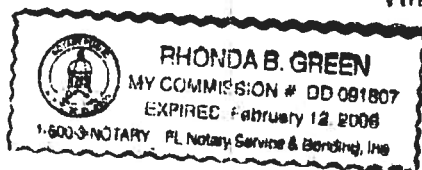
The foregoing instrument was acknowledged before me this 30th day of September, 2003 by Michael L. Kautz, a married man personally known to me or, if not personally known to me, who produced Driver's License for identification and who did not take an oath.

Rhonda B. Green

Notary Public

Rhonda B. Green

(Notary Seal)



IC

*Description:
A part of the NW $\frac{1}{4}$ of SW $\frac{1}{4}$ of Section 36, Township 4 South, Range 16 East,
Columbia County, Florida, more particularly described as follows, Commence at
the NE corner of said NW $\frac{1}{4}$ of SW $\frac{1}{4}$ and run South $87^{\circ}16'30''$ West, 700.43 feet
to the Point Of Beginning, thence continue South $87^{\circ}16'30''$ West, 180.00 feet;
thence South $06^{\circ}27'30''$ West, 244.13 feet, thence run North $87^{\circ}16'30''$ East
180.00 feet, thence run North $06^{\circ}27'30''$ East, 244.13 feet to the Point Of
Beginning.*

Inst:2003027704 Date:12/29/2003 Time:09:06

Doc Stamp-Deed : 0.70

DC, P. Dewitt Cason, Columbia County E:1003 P:156

K to S

FLORIDA ENERGY EFFICIENCY CODE FOR BUILDING CONSTRUCTION

Florida Department of Community Affairs Residential Whole Building Performance Method A

| | | | |
|---------------|----------------------------------|----------------------|---------------------------------|
| Project Name: | Skowron Residence | Builder: | Aaron Simque Homes, Inc. |
| Address: | Smith Lane | Permitting Office: | Columbia County |
| City, State: | , FL 32024- | Permit Number: | 21632 |
| Owner: | Sean & Kristi Skowron | Jurisdiction Number: | 221000 |
| Climate Zone: | North | | |

- | | | | |
|--|--------------------------------|--|-------------------|
| 1. New construction or existing | New | 12. Cooling systems | |
| 2. Single family or multi-family | Single family | a. Central Unit | Cap: 41.4 kBtu/hr |
| 3. Number of units, if multi-family | 1 | | SEER: 11.00 |
| 4. Number of Bedrooms | 3 | b. N/A | |
| 5. Is this a worst case? | No | c. N/A | |
| 6. Conditioned floor area (ft ²) | 1726 ft ² | | |
| 7. Glass area & type | | 13. Heating systems | |
| a. Clear - single pane | 0.0 ft ² | a. Electric Heat Pump | Cap: 41.4 kBtu/hr |
| b. Clear - double pane | 316.5 ft ² | | HSPF: 7.40 |
| c. Tint/other SHGC - single pane | 0.0 ft ² | b. N/A | |
| d. Tint/other SHGC - double pane | 0.0 ft ² | c. N/A | |
| 8. Floor types | | 14. Hot water systems | |
| a. Slab-On-Grade Edge Insulation | R=0.0, 196.2(p) ft | a. Electric Resistance | Cap: 50.0 gallons |
| b. N/A | | | EF: 0.90 |
| c. N/A | | b. N/A | |
| 9. Wall types | | c. Conservation credits | |
| a. Frame, Wood, Exterior | R=13.0, 1193.1 ft ² | (HR-Heat recovery, Solar | |
| b. Frame, Wood, Adjacent | R=13.0, 215.0 ft ² | DHP-Dedicated heat pump) | |
| c. N/A | | 15. HVAC credits | |
| d. N/A | | (CF-Ceiling fan, CV-Cross ventilation, | |
| e. N/A | | HF-Whole house fan, | |
| 10. Ceiling types | | PT-Programmable Thermostat, | |
| a. Under Attic | R=30.0, 1726.2 ft ² | MZ-C-Multizone cooling, | |
| b. N/A | | MZ-H-Multizone heating) | |
| c. N/A | | | |
| 11. Ducts | | | |
| a. Sup: Unc. Ret: Unc. AH: Garage | Sup. R=6.0, 50.0 ft | | |
| b. N/A | | | |

Glass/Floor Area: 0.18

Total as-built points: 25884

Total base points: 26305

PASS

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

PREPARED BY: WKS
DATE: 1-27-04

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: _____

SUMMER CALCULATIONS

Residential Whole Building Performance Method A - Details

ADDRESS: **Smith Lane, , FL, 32024-**

PERMIT #:

| BASE | | | | AS-BUILT | | | | | | | | | | |
|---|----------|-------|---------|-------------------------------|--------------------------|-----|----------|-----------------|--------------|-----------------|---------|--------|--------|--|
| GLASS TYPES | | | | | | | | | | | | | | |
| .18 X Conditioned X BSPM = Points Floor Area | | | | Type/SC | Overhang Ornt Len Hgt | | Area X | SPM X | SOF = Points | | | | | |
| .18 | 1726.0 | 20.04 | 6226.0 | Double, Clear | W | 1.5 | 5.3 | 30.0 | 36.99 | 0.89 | 988.9 | | | |
| | | | | Double, Clear | S | 1.5 | 5.3 | 20.0 | 34.50 | 0.83 | 569.5 | | | |
| | | | | Double, Clear | S | 1.5 | 4.3 | 16.0 | 34.50 | 0.76 | 419.8 | | | |
| | | | | Double, Clear | SW | 1.5 | 7.3 | 14.0 | 38.46 | 0.92 | 497.5 | | | |
| | | | | Double, Clear | W | 1.5 | 7.3 | 25.0 | 36.99 | 0.94 | 871.0 | | | |
| | | | | Double, Clear | NW | 1.5 | 7.3 | 14.0 | 25.46 | 0.95 | 338.5 | | | |
| | | | | Double, Clear | W | 5.5 | 7.0 | 60.0 | 36.99 | 0.59 | 1303.6 | | | |
| | | | | Double, Clear | E | 1.5 | 9.0 | 38.0 | 40.22 | 0.97 | 1479.6 | | | |
| | | | | Double, Clear | E | 1.5 | 5.0 | 27.5 | 40.22 | 0.87 | 967.4 | | | |
| | | | | Double, Clear | E | 1.5 | 9.0 | 13.0 | 40.22 | 0.97 | 506.2 | | | |
| | | | | Double, Clear | W | 1.5 | 5.3 | 15.0 | 36.99 | 0.89 | 494.4 | | | |
| | | | | Double, Clear | N | 1.5 | 1.3 | 4.0 | 19.22 | 0.69 | 52.8 | | | |
| | | | | Double, Clear | E | 1.5 | 8.0 | 30.0 | 40.22 | 0.96 | 1153.3 | | | |
| | | | | Double, Clear | E | 1.5 | 3.0 | 10.0 | 40.22 | 0.73 | 291.8 | | | |
| | | | | As-Built Total: | | | | | | | | 316.5 | 9934.4 | |
| | | | | WALL TYPES | | | | | | | | | | |
| Area X BSPM = Points | | | | Type | R-Value | | Area X | SPM | = | Points | | | | |
| Adjacent | 215.0 | 0.70 | 150.5 | Frame, Wood, Exterior | 13.0 | | 1193.1 | 1.50 | | | 1789.6 | | | |
| Exterior | 1193.1 | 1.70 | 2028.3 | Frame, Wood, Adjacent | 13.0 | | 215.0 | 0.60 | | | 129.0 | | | |
| Base Total: | | | | 1408.1 | | | | 2178.8 | | As-Built Total: | | 1408.1 | 1918.6 | |
| DOOR TYPES | | | | | | | | | | | | | | |
| Area X BSPM = Points | | | | Type | | | Area X | SPM | = | Points | | | | |
| Adjacent | 20.0 | 2.40 | 48.0 | Adjacent Insulated | | | 20.0 | 1.60 | | | 32.0 | | | |
| Exterior | 20.0 | 6.10 | 122.0 | Exterior Insulated | | | 20.0 | 4.10 | | | 82.0 | | | |
| Base Total: | | | | 40.0 | | | | 170.0 | | As-Built Total: | | 40.0 | 114.0 | |
| CEILING TYPES | | | | | | | | | | | | | | |
| Area X BSPM = Points | | | | Type | R-Value | | Area X | SPM X | SCM = | Points | | | | |
| Under Attic | 1726.2 | 1.73 | 2986.3 | Under Attic | 30.0 | | 1726.2 | 1.73 X | 1.00 | 2986.3 | | | | |
| Base Total: | | | | 1726.2 | | | | 2986.3 | | As-Built Total: | | 1726.2 | 2986.3 | |
| FLOOR TYPES | | | | | | | | | | | | | | |
| Area X BSPM = Points | | | | Type | R-Value | | Area X | SPM | = | Points | | | | |
| Slab | 196.2(p) | -37.0 | -7259.4 | Slab-On-Grade Edge Insulation | 0.0 | | 196.2(p) | -41.20 | | | -8083.4 | | | |
| Raised | 0.0 | 0.00 | 0.0 | | | | | | | | | | | |
| Base Total: | | | | -7259.4 | | | | As-Built Total: | | 196.2 | -8083.4 | | | |

SUMMER CALCULATIONS

Residential Whole Building Performance Method A - Details

PERMIT #:

| BASE | | | | AS-BUILT | | | | | |
|---|--|--|--|---|--|--|--|--|--|
| INFILTRATION Area X BSPM = Points | | | | Area X SPM = Points | | | | | |
| 1726.0 10.21 17622.5 | | | | 1726.0 10.21 17622.5 | | | | | |
| Summer Base Points: 21924.2 | | | | Summer As-Built Points: 24492.4 | | | | | |
| Total Summer X System = Cooling Points Multiplier Points | | | | Total X Cap X Duct X System X Credit = Cooling Component Ratio Multiplier Multiplier Multiplier Points (DM x DSM x AHU) | | | | | |
| 21924.2 0.4266 9352.9 | | | | 24492.4 1.000 (1.090 x 1.147 x 1.00) 0.310 1.000 9500.9 24492.4 1.00 1.250 0.310 1.000 9500.9 | | | | | |

WINTER CALCULATIONS

Residential Whole Building Performance Method A - Details

ADDRESS: **Smith Lane, , FL, 32024-**

PERMIT #:

| BASE | | | | AS-BUILT | | | | | | | |
|---|---------------|-------|---------------|-------------------------------|--------------------------|---------------|---------------------------|---------------|---------------|------|-------|
| GLASS TYPES | | | | | | | | | | | |
| .18 X Conditioned X BWPM = Points Floor Area | | | | Type/SC | Overhang Ornt Len Hgt | | Area X WPM X WOF = Points | | | | |
| .18 | 1726.0 | 12.74 | 3958.1 | Double, Clear | W | 1.5 | 5.3 | 30.0 | 10.77 | 1.03 | 332.6 |
| | | | | Double, Clear | S | 1.5 | 5.3 | 20.0 | 4.03 | 1.16 | 93.6 |
| | | | | Double, Clear | S | 1.5 | 4.3 | 16.0 | 4.03 | 1.29 | 83.1 |
| | | | | Double, Clear | SW | 1.5 | 7.3 | 14.0 | 7.17 | 1.04 | 104.4 |
| | | | | Double, Clear | W | 1.5 | 7.3 | 25.0 | 10.77 | 1.02 | 273.3 |
| | | | | Double, Clear | NW | 1.5 | 7.3 | 14.0 | 14.03 | 1.00 | 196.7 |
| | | | | Double, Clear | W | 5.5 | 7.0 | 60.0 | 10.77 | 1.14 | 737.2 |
| | | | | Double, Clear | E | 1.5 | 9.0 | 38.0 | 9.09 | 1.02 | 351.1 |
| | | | | Double, Clear | E | 1.5 | 5.0 | 27.5 | 9.09 | 1.05 | 262.5 |
| | | | | Double, Clear | E | 1.5 | 9.0 | 13.0 | 9.09 | 1.02 | 120.1 |
| | | | | Double, Clear | W | 1.5 | 5.3 | 15.0 | 10.77 | 1.03 | 166.3 |
| | | | | Double, Clear | N | 1.5 | 1.3 | 4.0 | 14.30 | 1.02 | 58.4 |
| | | | | Double, Clear | E | 1.5 | 8.0 | 30.0 | 9.09 | 1.02 | 278.3 |
| | | | | Double, Clear | E | 1.5 | 3.0 | 10.0 | 9.09 | 1.12 | 101.8 |
| | | | | As-Built Total: | | | | 316.5 | 3159.3 | | |
| WALL TYPES Area X BWPM = Points | | | | Type | R-Value | | Area X WPM = Points | | | | |
| Adjacent | 215.0 | 3.60 | 774.0 | Frame, Wood, Exterior | 13.0 | | 1193.1 | 3.40 | 4056.5 | | |
| Exterior | 1193.1 | 3.70 | 4414.5 | Frame, Wood, Adjacent | 13.0 | | 215.0 | 3.30 | 709.5 | | |
| Base Total: | 1408.1 | | 5188.5 | As-Built Total: | | 1408.1 | | 4766.0 | | | |
| DOOR TYPES Area X BWPM = Points | | | | Type | R-Value | | Area X WPM = Points | | | | |
| Adjacent | 20.0 | 11.50 | 230.0 | Adjacent Insulated | | | 20.0 | 8.00 | 160.0 | | |
| Exterior | 20.0 | 12.30 | 246.0 | Exterior Insulated | | | 20.0 | 8.40 | 168.0 | | |
| Base Total: | 40.0 | | 476.0 | As-Built Total: | | 40.0 | | 328.0 | | | |
| CEILING TYPES Area X BWPM = Points | | | | Type | R-Value | | Area X WPM X WCM = Points | | | | |
| Under Attic | 1726.2 | 2.05 | 3538.7 | Under Attic | 30.0 | | 1726.2 | 2.05 X 1.00 | 3538.7 | | |
| Base Total: | 1726.2 | | 3538.7 | As-Built Total: | | 1726.2 | | 3538.7 | | | |
| FLOOR TYPES Area X BWPM = Points | | | | Type | R-Value | | Area X WPM = Points | | | | |
| Slab | 196.2(p) | 8.9 | 1746.2 | Slab-On-Grade Edge Insulation | 0.0 | | 196.2(p) | 18.80 | 3688.6 | | |
| Raised | 0.0 | 0.00 | 0.0 | | | | | | | | |
| Base Total: | | | 1746.2 | As-Built Total: | | 196.2 | | 3688.6 | | | |

WINTER CALCULATIONS

Residential Whole Building Performance Method A - Details

ADDRESS: **Smith Lane, , FL, 32024-**

PERMIT #:

| BASE | | | | AS-BUILT | | | |
|------------------------------------|---------------------|---|----------------|--|----------------------|--|------------------------------------|
| INFILTRATION Area X BWPM = Points | | | | Area X WPM = Points | | | |
| 1726.0 -0.59 -1018.3 | | | | 1726.0 -0.59 -1018.3 | | | |
| Winter Base Points: 13889.1 | | | | Winter As-Built Points: 14462.3 | | | |
| Total Winter Points | X System Multiplier | = | Heating Points | Total Component | X Cap Ratio | X Duct Multiplier (DM x DSM x AHU) | X System X Credit = Heating Points |
| 13889.1 | 0.6274 | | 8714.0 | 14462.3 14462.3 | 1.000 1.00 | (1.069 x 1.169 x 1.00) 1.250 | 0.461 0.461 |
| | | | | | | | 1.000 1.000 |
| | | | | | | | 8328.2 8328.2 |

WATER HEATING & CODE COMPLIANCE STATUS

Residential Whole Building Performance Method A - Details

ADDRESS: **Smith Lane, , FL, 32024-**

PERMIT #:

| BASE | | | | AS-BUILT | | | | | |
|--------------------|---|------------|---------|-----------------|------|--------------------|--------------|--------------------------------|---------|
| WATER HEATING | | | | | | | | | |
| Number of Bedrooms | X | Multiplier | = Total | Tank Volume | EF | Number of Bedrooms | X Tank Ratio | Multiplier X Credit Multiplier | = Total |
| 3 | | 2746.00 | 8238.0 | 50.0 | 0.90 | 3 | 1.00 | 2684.98 | 8054.9 |
| | | | | As-Built Total: | | | | | 8054.9 |

| CODE COMPLIANCE STATUS | | | | | | | |
|------------------------|---|----------------|----------------|----------------|---|----------------|----------------|
| BASE | | | | AS-BUILT | | | |
| Cooling Points | + | Heating Points | = Total Points | Cooling Points | + | Heating Points | = Total Points |
| 9353 | | 8714 | 26305 | 9501 | | 8328 | 25884 |

PASS



Code Compliance Checklist

Residential Whole Building Performance Method A - Details

ADDRESS: **Smith Lane, , FL, 32024-**

PERMIT #:

6A-21 INFILTRATION REDUCTION COMPLIANCE CHECKLIST

| COMPONENTS | SECTION | REQUIREMENTS FOR EACH PRACTICE | CHECK |
|-------------------------------|-----------------|---|-------|
| Exterior Windows & Doors | 606.1.ABC.1.1 | Maximum: .3 cfm/sq.ft. window area; .5 cfm/sq.ft. door area. | |
| Exterior & Adjacent Walls | 606.1.ABC.1.2.1 | Caulk, gasket, weatherstrip or seal between: windows/doors & frames, surrounding wall; foundation & wall sole or sill plate; joints between exterior wall panels at corners; utility penetrations; between wall panels & top/bottom plates; between walls and floor. EXCEPTION: Frame walls where a continuous infiltration barrier is installed that extends from, and is sealed to, the foundation to the top plate. | |
| Floors | 606.1.ABC.1.2.2 | Penetrations/openings >1/8" sealed unless backed by truss or joint members. EXCEPTION: Frame floors where a continuous infiltration barrier is installed that is sealed to the perimeter, penetrations and seams. | |
| Ceilings | 606.1.ABC.1.2.3 | Between walls & ceilings; penetrations of ceiling plane of top floor; around shafts, chases, soffits, chimneys, cabinets sealed to continuous air barrier; gaps in gyp board & top plate; attic access. EXCEPTION: Frame ceilings where a continuous infiltration barrier is installed that is sealed at the perimeter, at penetrations and seams. | |
| Recessed Lighting Fixtures | 606.1.ABC.1.2.4 | Type IC rated with no penetrations, sealed; or Type IC or non-IC rated, installed inside a sealed box with 1/2" clearance & 3" from insulation; or Type IC rated with < 2.0 cfm from conditioned space, tested. | |
| Multi-story Houses | 606.1.ABC.1.2.5 | Air barrier on perimeter of floor cavity between floors. | |
| Additional Infiltration reqts | 606.1.ABC.1.3 | Exhaust fans vented to outdoors, dampers; combustion space heaters comply with NFPA, have combustion air. | |

6A-22 OTHER PRESCRIPTIVE MEASURES (must be met or exceeded by all residences.)

| COMPONENTS | SECTION | REQUIREMENTS | CHECK |
|--------------------------|--------------|--|-------|
| Water Heaters | 612.1 | Comply with efficiency requirements in Table 6-12. Switch or clearly marked circuit breaker (electric) or cutoff (gas) must be provided. External or built-in heat trap required. | |
| Swimming Pools & Spas | 612.1 | Spas & heated pools must have covers (except solar heated). Non-commercial pools must have a pump timer. Gas spa & pool heaters must have a minimum thermal efficiency of 78%. | |
| Shower heads | 612.1 | Water flow must be restricted to no more than 2.5 gallons per minute at 80 PSIG. | |
| Air Distribution Systems | 610.1 | All ducts, fittings, mechanical equipment and plenum chambers shall be mechanically attached, sealed, insulated, and installed in accordance with the criteria of Section 610. Ducts in unconditioned attics: R-6 min. insulation. | |
| HVAC Controls | 607.1 | Separate readily accessible manual or automatic thermostat for each system. | |
| Insulation | 604.1, 602.1 | Ceilings-Min. R-19. Common walls-Frame R-11 or CBS R-3 both sides. Common ceiling & floors R-11. | |

ENERGY PERFORMANCE LEVEL (EPL) DISPLAY CARD

ESTIMATED ENERGY PERFORMANCE SCORE* = 82.7

The higher the score, the more efficient the home.

Sean & Kristi Skowron, Smith Lane, , FL, 32024-

| | | | |
|--|--------------------------------|--|-------------------|
| 1. New construction or existing | New | 12. Cooling systems | |
| 2. Single family or multi-family | Single family | a. Central Unit | Cap: 41.4 kBtu/hr |
| 3. Number of units, if multi-family | 1 | | SEER: 11.00 |
| 4. Number of Bedrooms | 3 | b. N/A | |
| 5. Is this a worst case? | No | c. N/A | |
| 6. Conditioned floor area (ft ²) | 1726 ft ² | | |
| 7. Glass area & type | | 13. Heating systems | |
| a. Clear - single pane | 0.0 ft ² | a. Electric Heat Pump | Cap: 41.4 kBtu/hr |
| b. Clear - double pane | 316.5 ft ² | | HSPF: 7.40 |
| c. Tint/other SHGC - single pane | 0.0 ft ² | b. N/A | |
| d. Tint/other SHGC - double pane | 0.0 ft ² | c. N/A | |
| 8. Floor types | | 14. Hot water systems | |
| a. Slab-On-Grade Edge Insulation | R=0.0, 196.2(p) ft | a. Electric Resistance | Cap: 50.0 gallons |
| b. N/A | | | EF: 0.90 |
| c. N/A | | b. N/A | |
| 9. Wall types | | c. Conservation credits | |
| a. Frame, Wood, Exterior | R=13.0, 1193.1 ft ² | (HR-Heat recovery, Solar | |
| b. Frame, Wood, Adjacent | R=13.0, 215.0 ft ² | DHP-Dedicated heat pump) | |
| c. N/A | | 15. HVAC credits | |
| d. N/A | | (CF-Ceiling fan, CV-Cross ventilation, | |
| e. N/A | | HF-Whole house fan, | |
| 10. Ceiling types | | PT-Programmable Thermostat, | |
| a. Under Attic | R=30.0, 1726.2 ft ² | RB-Attic radiant barrier, | |
| b. N/A | | MZ-C-Multizone cooling, | |
| c. N/A | | MZ-H-Multizone heating) | |
| 11. Ducts | | | |
| a. Sup: Unc. Ret: Unc. AH: Garage | Sup. R=6.0, 50.0 ft | | |
| b. N/A | | | |

I certify that this home has complied with the Florida Energy Efficiency Code For Building Construction through the above energy saving features which will be installed (or exceeded) in this home before final inspection. Otherwise, a new EPL Display Card will be completed based on installed Code compliant features.

Builder Signature: _____ Date: _____

Address of New Home: _____ City/FL Zip: _____



**NOTE: The home's estimated energy performance score is only available through the FLA/RES computer program. This is not a Building Energy Rating. If your score is 80 or greater (or 86 for a US EPA/DOE EnergyStar™ designation), your home may qualify for energy efficiency mortgage (EEM) incentives if you obtain a Florida Energy Gauge Rating. Contact the Energy Gauge Hotline at 321/638-1492 or see the Energy Gauge web site at www.fsec.ucf.edu for information and a list of certified Raters. For information about Florida's Energy Efficiency Code For Building Construction, contact the Department of Community Affairs at 850/487-1824.*

EnergyGauge® (Version: FLRCSB v3.21)

New Construction Subterranean Termite Soil Treatment Record

This form is completed by the licensed Pest Control Company.

21632

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

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

Section 1: General Information (Treating Company Information)

Company Name: **Aspen Pest Control, Inc.**

Company Address: **Route 20 Box 2135** City: **Lake City** State: **FL** Zip: **32055**

Company Business License No.: **JB109476** Company Phone No.: **386-755-3611**

FHA/VA Case No. (if any):

Section 2: Builder Information

Company Name: **Haren Simpur**

Phone No.:

Section 3: Property Information

Location of Structure(s) Treated (Street Address, or Legal Description, City, State and Zip):

390 SW Smith Lane

Type of Construction:

☒ Slab

☐ Basement

☐ Crawl

☐ Other

(More than one box may be checked)

Outside: **12**

Approximate Depth of Footing:

Inside: **12**

Type of Fill: **Dirt**

Section 4: Treatment Information

Date(s) of Treatment(s): **3-30-04**

Brand Name of Product(s) Used: **Servator**

EPA Registration No.: **70907-7-53443**

Approximate Final Mix Solution %: **0.5 %**

Approximate Size of Treatment Area:

Sq. ft.: **2339**

Linear ft.: **212**

Linear ft. of Masonry Voids: **212**

Approximate Total Gallons of Solution Applied: **452**

Was treatment completed on exterior?

☐ YES

☒ NO

Service Agreement Available:

☒ YES

☐ NO

Note: Some state laws require service agreements to be issued. This form does not preempt state law.

Attachments (List):

Comments:

Name of Applicator(s):

Stacy Brannon

Certification No. (IF REQUIRED BY STATE LAW):

JF104376

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

Authorized Signature:

Stacy Brannon

Date:

3-30-04

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Forms VA-26-8375 and HUD-92052 are obsolete.

THIS FORM MAY NOT BE ALTERED.

Form HUD-NPCA-99b

Product #2581 • Reorder This Form From Crown Graphics, Inc. • 1-800-252-4011

(2/97)

COLUMBIA COUNTY OFFICE OF ALTERNATE

OCCUPANCY

COLUMBIA COUNTY, FLORIDA

Department of Building and Zoning Inspection

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

Parcel Number 15-4S-16-03023-368

Building permit No. 000021632

Use Classification SFD, UTILITY

Fire: 17.01

Permit Holder AARON SIMQUE

Waste: 36.75

Owner of Building SEAN & KRISTI SKOWRON

Total: 53.76

Location: 390 SW SMITH LANE, LAKE CITY, FL 32024

Date: 07/27/2004



John A. Skowron

Building Inspector

POST IN A CONSPICUOUS PLACE
(Business Places Only)