

## Columbia County Building Permit Application

Revised 9-23-04

or Office Use Only Application # 0610-20 Date Received 10/6 By JW Permit # \_\_\_\_\_  
Application Approved by - Zoning Official BLK Date 12.10.06 Plans Examiner OKJTH Date 11-20-06  
Flood Zone X Development Permit N/A Zoning C1 Land Use Plan Map Category Commercial  
Comments SOP 06-5 need EIT

Applicants Name Dublin Bowden / Mangrum Cons. Inc. Phone 386-752-6399  
Address P.O. Box 2103 Lake City, FL 32056-2103  
Owners Name Muggridge & Wimberly Limited Phone 229-921-3822  
911 Address 2172 SE Baya Dr. Lake City, FL 32025-4978  
Contractors Name Mangrum Construction Inc. Phone 386-752-6399  
Address P.O. Box 2103 Lake City, FL 32056-2103  
Fee Simple Owner Name & Address N/A  
Bonding Co. Name & Address N/A  
Architect/Engineer Name & Address Nicholas Paul Heiler 1758 NW Brown Rd Lake City, FL 32055  
Mortgage Lenders Name & Address N/A  
Circle the correct power company FL Power & Light - Clay Elec. - Suwannee Valley Elec. - Progressive Energy  
Property ID Number 34-35-17-06970-003 Estimated Cost of Construction 200,000.00  
Subdivision Name N/A Lot      Block      Unit      Phase       
Driving Directions From SW Main Blvd turn right on SE Baya go past Defender Drive and Llewellyn Ave property will be on the right side 3 blocks by you get to Rail Road Tracks  
Type of Construction Commercial Number of Existing Dwellings on Property 0  
Total Acreage 1.900 Lot Size 82764 Do you need a - Culvert Permit or Culvert Waiver or Have an Existing Drive  
Actual Distance of Structure from Property Lines - Front 140' Side 31' Side E 68.4' Rear 178'  
Total Building Height 16'6" Number of Stories 1 Heated Floor Area 11,600 Roof Pitch 1/12

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.

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

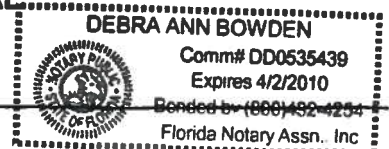
**WARNING TO OWNER:** YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOU PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT.

David E. Maney  
Owner Builder or Agent (Including Contractor)

STATE OF FLORIDA  
COUNTY OF COLUMBIA

Sworn to (or affirmed) and subscribed before me  
this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.  
Personally known \_\_\_\_\_ or Produced Identification \_\_\_\_\_

David E. Maney  
Contractor Signature  
Contractors License Number RB29003100  
Competency Card Number 5661  
NOTARY STAMP/SEAL



Notary Signature

2)  
Rec. 35.51  
Doc. 1,575.06

THIS INSTRUMENT WAS PREPARED BY:

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

RETURN TO:

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

File No. 06-208

Property Appraiser's  
Parcel Identification No.  
Part of R06970-000

#### WARRANTY DEED

THIS INDENTURE, made this 28th day of April 2006, BETWEEN RICHARD C. COLE and DANIEL CRAPPS, as Trustees under the BELLAIRE LAND TRUST, whose post office address is Post Office Box 16, Lake City, Florida 32056, of the County of Columbia, State of Florida, grantor\*, and MUGGRIDGE & WIMBERLY LIMITED, L.L.C., a Georgia Limited Liability Company, whose post office address is 50 East Broad Avenue, Camilla, Georgia 31730, of the County of Mitchell, State of Georgia, grantee\*.

WITNESSETH: that said grantor, for and in consideration of the sum of Ten Dollars (\$10.00), and other good and valuable considerations to said grantor in hand paid by said grantee, the receipt whereof is hereby acknowledged, has granted, bargained and sold to the said grantee, and grantee's heirs and assigns forever, the following described land, situate, lying and being in Columbia County, Florida, to-wit:

SEE EXHIBIT "A" ATTACHED HERETO FOR LEGAL DESCRIPTION.

SUBJECT TO: Restrictions, easements and outstanding mineral rights of record, if any, and taxes for the current year.

and said grantor does hereby fully warrant the title to said land, and will defend the same against the lawful claims of all persons whomsoever.


\*\*Grantor" and "grantee" are used for singular or plural, as context requires.


Inst:2006010922 Date:05/04/2006 Time:13:00  
Doc Stamp-Deed : 1575.00  
57 DC, P. DeWitt Cason, Columbia County B:1082 P:2041


IN WITNESS WHEREOF, grantor has hereunto set grantor's hand  
and seal the day and year first above written.

Signed, sealed and delivered  
in our presence:

BELLAIRE LAND TRUST


  
(First Witness)  
Terry McDavid  
Printed Name

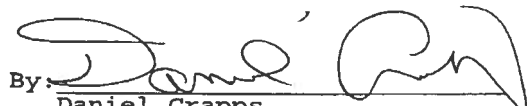
By:   
Richard C. Cole  
Trustee


  
(Second Witness)  
Myrtle Ann McElroy  
Printed Name

Signed, sealed and delivered  
in our presence:

BELLAIRE LAND TRUST


  
(First Witness)  
Terry McDavid  
Printed Name

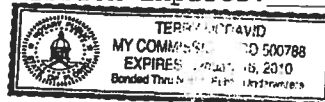
By:   
Daniel Crapps  
Trustee

  
(Second Witness)  
Myrtle Ann McElroy  
Printed Name

STATE OF FLORIDA  
COUNTY OF COLUMBIA

The foregoing instrument was acknowledged before me this 3rd  
day of May 2006, by RICHARD C. COLE, as Trustee under the  
BELLAIRE LAND TRUST. He is personally known to me and did not take  
an oath.

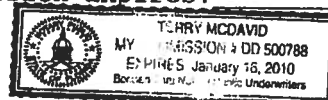
  
Notary Public  
My Commission Expires:



STATE OF FLORIDA  
COUNTY OF COLUMBIA

The foregoing instrument was acknowledged before me this 28th  
day of April 2006, by DANIEL CRAPPS, as Trustee under the BELLAIRE  
LAND TRUST. He is personally known to me and did not take an oath.

  
Notary Public  
My Commission Expires:



Inst:2006010922 Date:05/04/2006 Time:13:00  
Doc Stamp-Deed : 1575.00

DC,P.Dewitt Cason,Columbia County B:1082 P:2042

EXHIBIT "A"

PARCEL CONVEYED:

A part of the SE 1/4 of the SW 1/4, Section 34, Township 3 South, Range 17 East, Columbia County, Florida, being more particularly described as follows:

Commence at the Northeast Corner of the SE 1/4 of the SW 1/4 and run thence S 06°17'02"W, along the East Line of said SE 1/4 of SW 1/4, 124.50 feet; thence S 87°24'46"W, 355.80 feet; thence N 06°16'46"E, 124.60 feet to the South Right of Way of SE Baya Avenue and to a point on a curve; thence run Westerly along said South Right of Way along the arc of said curve concave to the North having a radius of 1474.39 feet, a delta of 00°37'35", a chord bearing and distance of S 72°49'37"W - 16.12 feet, an arc length of 16.12 feet to the POINT OF BEGINNING; thence continue Westerly along said South Right of Way along the arc of said curve concave to the North having a radius of 1474.49 feet, a delta of 09°57'09", a chord bearing and distance of S 78°07'00"W - 255.79 feet, an arc length of 256.11 feet; thence S 02°25'22"E, 353.90 feet to the North Line of Bellaire Subdivision, as recorded in Plat Book 3, Page 66 of the public records of Columbia County, Florida; thence N 88°59'52"E, along said North Line, 191.04 feet; thence N 06°16'46"E, 405.34 feet to the POINT OF BEGINNING.

ACCESS EASEMENT CONVEYED

TOGETHER WITH a non-exclusive, perpetual easement for ingress, egress and utilities over and across that portion of the following described access easement parcel which is not included in the property conveyed.

ACCESS EASEMENT PARCEL:

Commence at the Northeast Corner of the SE 1/4 of the SW 1/4 and run thence S 06°17'02"W, along the East Line of said SE 1/4 of SW 1/4, 124.50 feet; thence S 87°24'46"W, 355.80 feet; thence N 06°16'46"E, 124.60 feet to the South Right of Way of SE Baya Avenue and to a point on a curve; thence run Westerly along said South Right of Way along the arc of said curve concave to the North having a radius of 1474.39 feet, a delta of 09°59'39", a chord bearing and distance of S 77°30'39"W - 256.85 feet, an arc distance of 257.18 feet to the POINT OF BEGINNING; thence continue Westerly along said South Right of Way along the arc of said curve concave to the North having a radius of 1474.49 feet, a delta of 01°10'10", a chord bearing and distance of S 83°05'33"W - 30.09 feet, an arc length of 30.09 feet; thence S 02°25'22"E, 48.90 feet; thence N 87°34'38"E, 30.00 feet; thence N 02°25'22"W, 51.25 feet to the POINT OF BEGINNING.

ACCESS EASEMENT RESERVED

N.B.: Grantor reserves a non-exclusive, perpetual easement for ingress, egress and utilities over and across that portion of the above described Access Easement Parcel which is included in the property conveyed.

STORMWATER EASEMENT RESERVED

N.B.: Grantor further reserves a non-exclusive, perpetual easement for flowage of stormwater runoff and drainage over, across and beneath the surface of the South 35 feet of the property conveyed.

STORMWATER EASEMENT CONVEYED

TOGETHER with a non-exclusive, perpetual easement for flowage of stormwater runoff and drainage over, across and beneath the surface of the South 35 feet of the property described in Exhibit "B" attached.

N.B.: The stormwater easements reserved and granted are on the following terms and conditions:

1. The cost of repairs, upkeep, maintenance and permit renewals of the water retention facility on the property described in the Stormwater Easement Reserved and in the Stormwater Easement Conveyed shall be shared by all parties using that facility on a prorata basis according to the surface water runoff of each user. Neither party shall be required to pay for any enlargement of the water retention facility which is required as a result of its usage by other parties, or as a result of increased impervious area on either parcel.

Inst:2006010922 Date:05/04/2006 Time:13:00

Doc Stamp-Deed : 1575.00

DC,P.DeWitt Cason,Columbia County B:1082 P:2043

EXHIBIT "B"

TOWNSHIP 3 SOUTH - RANGE 17 EAST

SECTION 34: A part of the Southeast 1/4 of the Southwest 1/4 of Section 34, Township 3 South, Range 17 East, described as follows:

COMMENCE at the Northeast Corner of the Southeast 1/4 of the Southwest 1/4 and run S 6°17'19"W, along the East Line of said Southeast 1/4 of Southwest 1/4, 124.50 feet to the POINT OF BEGINNING; thence continue S 6°17'19"W, along said East Line 295.17 feet to the Northeast Corner of Bellaire Subdivision, as recorded in Plat Book 3, Page 66 of the public records of Columbia County, Florida; thence S 88°59'52"W, along the North Line of said subdivision, 1189.89 feet; thence N 5°56'51"E, 386.61 feet to the North Line of said Southeast 1/4 of Southwest 1/4; thence N 87°38'09"E, along said North Line, 52.92 feet to the South Right-of-Way Line of S.R. 10-A (Baya Ave.); thence S 82°26'25"E, along said Right-of-Way Line, 152.03 feet to a point on a circular curve concave to the Northwest and having a radius of 1,474.39 feet and a tangent bearing of S 82°27'06"E; thence run along the arc of said circular curve through central angle of 25°01'50" 644.11 feet, along said Right-of-Way Line; thence S 6°16'06"W, 124.59 feet; thence N 87°25'09"E, 355.76 feet to the POINT OF BEGINNING. COLUMBIA COUNTY, FLORIDA.

LESS AND EXCEPT:

A PART OF THE SE 1/4 OF THE SW 1/4, SECTION 34, TOWNSHIP 3 SOUTH, RANGE 17 EAST, COLUMBIA COUNTY, FLORIDA, BEING MORE PARTICULARLY DESCRIBED AS FOLLOWS:

COMMENCE AT THE NORTHEAST CORNER OF THE SE 1/4 OF THE SW 1/4 AND RUN THENCE S 06°17'02" W, ALONG THE EAST LINE OF SAID SE 1/4 OF SW 1/4, 124.50 FEET; THENCE S 87°24'46" W, 355.80 FEET; THENCE N 06°16'46" E, 124.60 FEET TO THE SOUTH RIGHT OF WAY OF SE BAYA AVENUE AND TO A POINT ON A CURVE; THENCE RUN WESTERLY ALONG SAID SOUTH RIGHT OF WAY ALONG THE ARC OF SAID CURVE CONCAVE TO THE NORTH HAVING A RADIUS OF 1474.39 FEET, A DELTA OF 00°37'35", A CHORD BEARING AND DISTANCE OF S 72°49'37" W - 16.12 FEET, AN ARC LENGTH OF 16.12 FEET TO THE POINT OF BEGINNING; THENCE CONTINUE WESTERLY ALONG SAID SOUTH RIGHT OF WAY ALONG THE ARC OF SAID CURVE CONCAVE TO THE NORTH HAVING A RADIUS OF 1474.49 FEET, A DELTA OF 09°57'09", A CHORD BEARING AND DISTANCE OF S 78°07'00" W - 255.79 FEET, AN ARC LENGTH OF 256.11 FEET; THENCE S 02°25'22" E, 353.90 FEET TO THE NORTH LINE OF BELLAIRE SUBDIVISION, AS RECORDED IN PLAT BOOK 3, PAGE 66 OF THE PUBLIC RECORDS OF COLUMBIA COUNTY, FLORIDA; THENCE N 88°59'52" E, ALONG SAID NORTH LINE, 191.04 FEET; THENCE N 06°16'46" E, 405.34 FEET TO THE POINT OF BEGINNING.

ALSO LESS AND EXCEPT:

All that part of the Southeast 1/4 of the Southwest 1/4 of Section 34, Township 3 South, Range 17 East, Columbia County, Florida; particularly described as commencing at the Northeast corner of the Southeast 1/4 of the Southwest 1/4 of said Section 34; thence along and with the East line of the Southeast 1/4 of the Southwest 1/4 of said Section 34, S 6°17'19" W 124.50 feet to the Point of Beginning. Thence from the True Point of Beginning, along and with said East line of the Southeast 1/4 of the Southwest 1/4, S 6°17'19" W 295.17 feet to a point on the North boundary of Bellaire Subdivision; thence, along and with said North boundary of Bellaire Subdivision, S 88°59'52" W 369.46 feet to a point; thence N 6°16'46" E 405.46 feet to a point on the South right-of-way line of SE Baya Drive; thence, along and with the South right-of-way line of SE Baya Drive, also along and with a curve concave to the North, having a radius of 1474.39 feet, a chord bearing and distance of N 72°49'39" E 16.16 feet to a point; thence S 6°16'06" W 124.59 feet to a point; thence N 87°25'09" E 355.76 feet to the Point of Beginning.

Inst: 2006010922 Date: 05/04/2006 Time: 13:00  
Doc Stamp - Deed : 1575.00

DC, P. Dewitt Cason, Columbia County B: 1082 P: 2044

**Florida Energy Efficiency Code For Building Construction**  
**Florida Department of Community Affairs**

**EnergyGauge FlaCom v 2.11 FORM 400A-2004**  
**Whole Building Performance Method for Commercial Buildings**

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

**Short Desc:** New Prj

**Project:** DOLLAR GENERAL - BAYA AVE

**Owner:** DOLLAR GENERAL

**Address:** -

BAYA AVENUE

**City:** LAKE CITY

**State:** FL

**PermitNo:** 0

**Zip:** 0

**Storeys:** 1

**Type:** Retail

**\*Conditioned Area:** 11600

\* denotes lighted  
area. Does not include  
wall crosection areas

**Class:** New Finished building

**\*Cond + UnCond Area:** 11600

**Max Tonnage:** 5.0 (if different, write in)

**Compliance Summary**

<b>Component</b>	<b>Design</b>	<b>Criteria</b>	<b><u>Result</u></b>
Gross Energy Use	9,539.41	14,441.77	PASSES
LIGHTING CONTROLS			PASSES
EXTERNAL LIGHTING			PASSES
HVAC SYSTEM			PASSES
PLANT			None Entered
WATER HEATING SYSTEMS			PASSES
PIPING SYSTEMS			PASSES
Met all required compliance from Check List?			Yes/No/NA

***IMPORTANT NOTE: An input report Print-Out from EnergyGauge Com of this design building must be submitted along with this Compliance Report.***

**COMPLIANCE CERTIFICATION:**

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

**PREPARED BY:** NICHOLAS GEISLER, A

**DATE:** \_\_\_\_\_

I hereby certify that this building is in compliance with the Florida Energy Efficiency 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 in accordance with Section 553.908, F.S.

**BUILDING OFFICIAL:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

If required by Florida law, I hereby certify (\*) that the system design is in compliance with the Florida Energy Code.

**REGISTRATION  
No.**

**ARCHITECT :**

NICHOLAS GEISLER, ARCHI

AK7005

**ELECTRICAL SYSTEM DESIGNER:**

19 02 2100

**LIGHTING SYSTEM DESIGNER:**

**MECHANICAL SYSTEM DESIGNER:**

**PLUMBING SYSTEM DESIGNER:**

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

Project: New Prj  
 Title: DOLLAR GENERAL - BAYA AVE  
 Type: Retail  
 (WEA File: JACKSONVILLE.TMY)

### Whole Building Compliance

	Design	Reference
<b>Total</b>	<b>66.06</b>	<b>100.00</b>
	<b>\$9,539.41</b>	<b>\$14,441.77</b>
<b>ELECTRICITY(MBtu/kWh/\$ )</b>	<b>66.06</b>	<b>100.00</b>
	<b>189,274.00</b>	<b>286,543.00</b>
	<b>\$9,539.41</b>	<b>\$14,441.77</b>
<b>AREA LIGHTS</b>	<b>18.70</b>	<b>45.92</b>
	<b>53,592.00</b>	<b>131,592.00</b>
	<b>\$2,701.04</b>	<b>\$6,632.24</b>
<b>MISC EQUIPMT</b>	<b>26.05</b>	<b>26.05</b>
	<b>74,624.00</b>	<b>74,624.00</b>
	<b>\$3,761.05</b>	<b>\$3,761.05</b>
<b>PUMPS &amp; MISC</b>	<b>0.04</b>	<b>0.04</b>
	<b>118.00</b>	<b>118.00</b>
	<b>\$5.95</b>	<b>\$5.95</b>
<b>SPACE COOL</b>	<b>10.51</b>	<b>15.88</b>
	<b>30,108.00</b>	<b>45,515.00</b>
	<b>\$1,517.44</b>	<b>\$2,293.96</b>
<b>VENT FANS</b>	<b>10.76</b>	<b>12.11</b>
	<b>30,832.00</b>	<b>34,694.00</b>
	<b>\$1,553.93</b>	<b>\$1,748.58</b>

Credits & Penalties (if any): Modified Points: = 66.06

PASSES



Project: New Prj  
 Title: DOLLAR GENERAL - BAYA AVE  
 Type: Retail  
 (WEA File: JACKSONVILLE.TMY)

### External Lighting Compliance

Description	Category	Allowance (W/Unit)	Area or Length ELPA or No. of Units (Sqft or ft)	ELPA (W)	CLP (W)
Ext Light 1	Building Entrance with (or free standing) Canopy	3.00	164.0	492	64

Design: 128 (W)  
 Allowance: 492 (W)

PASSES

Project: New Prj  
 Title: DOLLAR GENERAL - BAYA AVE  
 Type: Retail  
 (WEA File: JACKSONVILLE.TMY)

### Lighting Controls Compliance

Acronym	Ashrae ID	Description	Area (sq.ft)	No. of Tasks	Design CP	Min CP	Compli- ance
Pr0Zo1Sp1	,001	General Sales Area	9,100	1	11	4	PASSES
Pr0Zo2Sp1	,001	General Sales Area	2,500	1	2	1	PASSES

PASSES

Project: New Prj  
Title: DOLLAR GENERAL - BAYA AVE  
Type: Retail  
(WEA File: JACKSONVILLE.TMY)

### System Report Compliance

Pr0Sy1	System 1	Constant Volume Air Cooled Single Package System < 65000 Btu/hr						No. of Units 1
Component	Category	Capacity	Design Eff	Eff Criteria	Design IPLV	IPLV Criteria	Comp- liance	
Cooling System	Air Cooled < 65000 Btu/h Cooling Capacity		12.00	9.70	8.00		PASSES	
Air Handling System -Supply	Air Handler (Supply) - Constant Volume		0.80	0.90			PASSES	
Pr0Sy2	System 2	Constant Volume Air Cooled Split System < 65000 Btu/hr						No. of Units 2
Component	Category	Capacity	Design Eff	Eff Criteria	Design IPLV	IPLV Criteria	Comp- liance	
Cooling System	Air Cooled < 65000 Btu/h Cooling Capacity		12.00	10.00	8.00		PASSES	
Air Handling System -Supply	Air Handler (Supply) - Constant Volume		0.80	0.90			PASSES	
								PASSES

### Plant Compliance

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

**Project:** New Prj  
**Title:** DOLLAR GENERAL - BAYA AVE  
**Type:** Retail  
**(WEA File:** JACKSONVILLE.TMY)

### Water Heater Compliance

Description	Type	Category	Design Eff	Min Eff	Design Loss	Max Loss	Compliance
Water Heater 1	Electric water heater	> 12 [kW]			200.00	241.31	PASSES
							PASSES

**Project:** New Prj  
**Title:** DOLLAR GENERAL - BAYA AVE  
**Type:** Retail  
**(WEA File:** JACKSONVILLE.TMY)

### Piping System Compliance

Category	Pipe Dia [inches]	Is Runout?	Operating Temp [F]	Ins Cond [Btu-in/hr .SF.F]	Ins Thick [in]	Req Ins Thick [in]	Compliance
Domestic and Service Hot Water Systems	0.75	False	125.00	0.28	0.75	0.50	PASSES
							PASSES

**Project:** New Prj  
**Title:** DOLLAR GENERAL - BAYA AVE  
**Type:** Retail  
**(WEA File:** JACKSONVILLE.TMY)

### Other Required Compliance

Category	Section	Requirement (write N/A in box if not applicable)	Check
Infiltration	406.1	Infiltration Criteria have been met	<input type="checkbox"/>
System	407.1	HVAC Load sizing has been performed	<input type="checkbox"/>
Ventilation	409.1	Ventilation criteria have been met	<input type="checkbox"/>
ADS	410.1	Duct sizing and Design have been performed	<input type="checkbox"/>
T & B	410.1	Testing and Balancing will be performed	<input type="checkbox"/>
Motors	414.1	Motor efficiency criteria have been met	<input type="checkbox"/>
Lighting	415.1	Lighting criteria have been met	<input type="checkbox"/>
O & M	102.1	Operation/maintenance manual will be provided to owner	<input type="checkbox"/>
Roof/Ceil	404.1	R-19 for Roof Deck with supply plenums beneath it	<input type="checkbox"/>
Report	101	Input Report Print-Out from EnergyGauge FlaCom attached?	<input type="checkbox"/>



Spaces									
No	Acronym	Description	Type	Depth [ft]	Width [ft]	Height [ft]	Multi plier	Total Area [sf]	Total Volume [cf]
<b>In Zone: Pr0Zo1</b>									
1	Pr0Zo1Sp1	Zo0Sp1	General Sales Area	130.00	70.00	13.00	1	9100.0	118300.0
<b>In Zone: Pr0Zo2</b>									
1	Pr0Zo2Sp1	Zo0Sp1	General Sales Area	50.00	50.00	10.00	1	2500.0	25000.0

Lighting							
No	Type	Category	No. of Luminaires	Watts per Luminaire	Power [W]	Control Type	No. of Ctrl pts
In Zone: Pr0Zo1							
In Space: Pr0Zo1Sp1							
1	Compact Fluorescent	General Lighting	123	64	7872	Manual On/Off	11 <input type="checkbox"/>
In Zone: Pr0Zo2							
In Space: Pr0Zo2Sp1							
1	Compact Fluorescent	General Lighting	32	64	2048	Manual On/Off	2 <input type="checkbox"/>

Walls											
No	Description	Type	Width [ft]	H (Effect) [ft]	Multiplier	Area [sf]	Direction	Conductance [Btu/hr. sf. F]	Heat Capacity [Btu/sf.F]	Dens. [lb/cf]	R-Value [h.sf.F/Btu]
In Zone: Pr0Zo1											
1	Pr0Zo1Wal	8"CMU/3/4"ISO BTWN24"oc/5/8 Gyp Metal siding/R11Batt/0.5" Gyp	70.00	13.00	1	910.0	North	0.2642	9.6960	62.72	3.79
2	Pr0Zo1Wa2		130.00	13.00	1	1690.0	East	0.0957	0.7570	16.80	10.45

3	Pr0Zo1Wa3	Metal siding/R11Batt/0.5" Gyp	80.00	13.00	1	1040.0	South	0.0957	0.7570	16.80	10.45	<input type="checkbox"/>
4	Pr0Zo1Wa4	Metal siding/R11Batt/0.5" Gyp	80.00	13.00	1	1040.0	West	0.0957	0.7570	16.80	10.45	<input type="checkbox"/>
5	Pr0Zo1Wa5	8"CMU/3/4"ISO BTWN24"oc/5/8 Gyp	4.00	13.00	1	52.0	West	0.2642	9.6960	62.72	3.79	<input type="checkbox"/>
6	Pr0Zo1Wa6	8"CMU/3/4"ISO BTWN24"oc/5/8 Gyp	4.00	13.00	1	52.0	East	0.2642	9.6960	62.72	3.79	<input type="checkbox"/>
<b>In Zone: Pr0Zo2</b>												
1	Pr0Zo2Wa1	8"CMU/3/4"ISO BTWN24"oc/5/8 Gyp	50.00	12.00	1	600.0	North	0.2642	9.6960	62.72	3.79	<input type="checkbox"/>
2	Pr0Zo2Wa2	Metal siding/R11Batt/0.5" Gyp	50.00	10.00	1	500.0	South	0.0957	0.7570	16.80	10.45	<input type="checkbox"/>
3	Pr0Zo2Wa3	Metal siding/R11Batt/0.5" Gyp	50.00	10.00	1	500.0	West	0.0957	0.7570	16.80	10.45	<input type="checkbox"/>

## Windows

No	Description	Type	Shaded	U [Btu/hr sf F]	SHG	Vis.Tr	W [ft]	H (Effec) [ft]	Multi plier	Total Area [sf]
<b>In Zone: Pr0Zo1</b>										
<b>In Wall: Pr0Zo1Wa1</b>										
1	Pr0Zo1Wa1Wi1	User Defined	No	1.2500	0.82	0.76	21.00	10.00	1	210.0
<b>In Zone: Pr0Zo2</b>										
<b>In Wall: Pr0Zo2Wa1</b>										
1	Pr0Zo2Wa1Wi1	User Defined	No	1.2500	0.82	0.76	6.00	10.00	2	120.0

## Doors

No	Description	Type	Shaded?	Width [ft]	H (Effec) [ft]	Multi plier	Area [sf]	Cond. [Btu/hr. sf. F]	Dens. Heat Cap. [lb/cf] [Btu/sf. F]	R-Value [h.s.f.F/Btu]
----	-------------	------	---------	---------------	-------------------	----------------	--------------	--------------------------	--	--------------------------

<b>In Zone: Pr0Zo1</b>											
<b>In Wall: Pr0Zo1Wa2</b>											
1	Pr0Zo1Wa2Dr1	Solid core flush (1.75")	No	3.00	7.00	2	21.0	0.6061	0.00	1.65	<input type="checkbox"/>
<b>In Wall: Pr0Zo1Wa4</b>											
1	Pr0Zo1Wa4Dr1	Solid core flush (1.75")	No	3.00	7.00	1	21.0	0.6061	0.00	1.65	<input type="checkbox"/>
<b>In Zone: Pr0Zo2</b>											
<b>In Wall: Pr0Zo2Wa2</b>											
1	Pr0Zo2Wa2Dr1	Solid core flush (1.75")	No	3.00	7.00	2	21.0	0.6061	0.00	1.65	<input type="checkbox"/>

## Roofs

No	Description	Type	Width [ft]	H (Effec) [ft]	Multi plier	Area [sf]	Tilt [deg]	Cond. [Btu/hr. Sf. F]	Heat Cap [Btu/sf. F]	Dens. [lb/cf]	R-Value [h.s.f./Btu]
In Zone: Pr0Zo1											
1	Pr0Zo1Rf1	Mtl Bldg Roof/R-19 Batt	35.00	130.00	1	4550.0	9.00	0.0492	1.34	9.49	20.34
2	Pr0Zo1Rf2	Mtl Bldg Roof/R-19 Batt	35.00	130.00	1	4550.0	9.00	0.0492	1.34	9.49	20.34
In Zone: Pr0Zo2											
1	Pr0Zo2Rf1	Mtl Bldg Roof/R-19 Batt	50.00	50.00	1	2500.0	19.00	0.0492	1.34	9.49	20.34

## Skylights

No	Description	Type	U [Btu/hr sf F]	SHGC	Vis.Trans	W [ft]	H (Effec) [ft]	Multiplier	Area [Sf]	Total Area [Sf]
<b>In Zone: In Roof:</b>										
										<input type="checkbox"/>



Floors									
No	Description	Type	Width [ft]	H (Effec) [ft]	Multi plier	Area [sf]	Cond. [Btu/hr. sf. F]	Heat Cap. Dens. [Btu/sf. F]	R-Value [h.s.f.F/Btu]
<b>In Zone: Pr0Zo1</b>									
1	Pr0Zo1F1	Concrete floor, carpet and rubber pad	70.00	130.00	1	9100.0	0.5987	9.33	140.00
									1.67
<b>In Zone: Pr0Zo2</b>									
1	Pr0Zo2F1	Concrete floor, carpet and rubber pad	50.00	50.00	1	2500.0	0.5987	9.33	140.00
									1.67

Systems						
Pr0Sy1	System 1	Constant Volume Air Cooled Single Package System < 65000 Btu/hr				No. Of Units 1
Component	Category	Capacity	Efficiency	IPLV		
1	Cooling System (Air Cooled < 65000 Btu/h Cooling Capacity)	60000.00	12.00	8.00		<input type="checkbox"/>
2	Air Handling System -Supply (Air Handler (Supply) - Constant Volume)	2000.00	0.80			<input type="checkbox"/>
Pr0Sy2	System 2	Constant Volume Air Cooled Split System < 65000 Btu/hr				No. Of Units 2
Component	Category	Capacity	Efficiency	IPLV		
1	Cooling System (Air Cooled < 65000 Btu/h Cooling Capacity)	30000.00	12.00	8.00		<input type="checkbox"/>
2	Air Handling System -Supply (Air Handler (Supply) - Constant Volume)	1200.00	0.80			<input type="checkbox"/>

Plant				
Equipment	Category	Size	Inst.No	Eff. IPLV

		<input type="checkbox"/>
--	--	--------------------------

Water Heaters				
W-Heater Description	Capacit Cap. Unit	I/P Rt.	Efficienc	Loss
1 Electric water heater	40 [Gal]	4500 [kW]	[Ef]	200.0000 [Btu/h]

Ext-Lighting						
Description	Category	No. of Luminaires	Watts per Luminaire	Area/Len/No. of units [sf/ft/No]	Control Type	Wattage [W]
1 Ext Light 1	Building Entrance with (or free standing) Canopy	2	64	164.00	Photo Sensor control	128.00
<input type="checkbox"/>						

Piping						
No	Type	Operating Temperature [F]	Insulation Conductivity [ Btu-in/h.sf.F]	Nomonal pipe Diameter [in]	Insulation Thickness [in]	Is Runout?
1	Domestic and Service Hot Water Systems	125.00	0.28	0.75	0.75	No <input type="checkbox"/>

Fenestration Used					
Name	Glass Type	No. of Panels	Glass Conductance [Btu/h.sf.F]	SHGC	VLT
ASHUL.Sg ClrAll Frm	User Defined	1	1.2500	0.8200	0.7600
					<input type="checkbox"/>

## Materials Used

Mat No	Acronym	Description	Only R-Value Used	RValue [h.s.f.F/Btu]	Thickness [ft]	Conductivity [Btu/h.ft.F]	Density [lb/cf]	SpecificHeat [Btu/lb.F]
187	Matl187	GYP OR PLAS BOARD, 1/2IN	No	0.4533	0.0417	0.0920	50.00	0.2000
151	Matl151	CONC HW, DRD, 140LB, 4IN	No	0.4403	0.3333	0.7570	140.00	0.2000
178	Matl178	CARPET W/RUBBER PAD	Yes	1.2300				
105	Matl105	CONC BLK HW, 8IN, HOLLOW	No	1.1002	0.6667	0.6060	69.00	0.2000
269	Matl269	.75" ISO BTWN24" oc	No	2.2321	0.0625	0.0280	4.19	0.3000
12	Matl12	3 in. Insulation	No	10.0000	0.2500	0.0250	2.00	0.2000
23	Matl23	6 in. Insulation	No	20.0000	0.5000	0.0250	5.70	0.2000
4	Matl4	Steel siding	No	0.0002	0.0050	26.0000	480.00	0.1000
94	Matl94	BUILT-UP ROOFING, 3/8IN	No	0.3366	0.0313	0.0930	70.00	0.3500

## Constructs Used

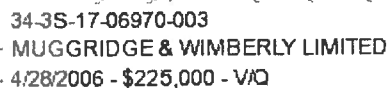
No	Name	Simple Construct	Massless Construct	Conductance [Btu/h.sf.F]	Heat Capacity [Btu/sf.F]	Density [lb/cf]	RValue [h.s.f.F/Btu]
1004	Concrete floor, carpet and rubber pad	No	No	0.60	9.33	140.00	1.6703

Layer	Material No.	Material	Thickness [ft]	Framing Factor
1	151	CONC HW, DRD, 140LB, 4IN	0.3333	0.00
2	178	CARPET W/RUBBER PAD		0.00

No	Name	Simple Construct	Massless Construct	Conductance [Btu/h.sf.F]	Heat Capacity [Btu/sf.F]	Density [lb/cf]	RValue [h.sf.F/Btu]
1014	8"CMU/3/4"ISO BTWN24"oc/5/8 Gyp	No	No	0.26	9.70	62.72	3.7856 <input type="checkbox"/>
Layer	Material No.	Material	Thickness [ft]	Framing Factor			
1	105	CONC BLK HW, 8IN, HOLLOW	0.6667	0.00			<input type="checkbox"/>
2	269	.75" ISO BTWN24" oc	0.0625	0.00			<input type="checkbox"/>
3	187	GYP OR PLAS BOARD, 1/2IN	0.0417	0.00			<input type="checkbox"/>
No	Name	Simple Construct	Massless Construct	Conductance [Btu/h.sf.F]	Heat Capacity [Btu/sf.F]	Density [lb/cf]	RValue [h.sf.F/Btu]
1020	Metal siding/R11 Batt/0.5"Gyp	No	No	0.10	0.76	16.80	10.4535 <input type="checkbox"/>
Layer	Material No.	Material	Thickness [ft]	Framing Factor			
1	4	Steel siding	0.0050	0.00			<input type="checkbox"/>
2	12	3 in. Insulation	0.2500	0.00			<input type="checkbox"/>
3	187	GYP OR PLAS BOARD, 1/2IN	0.0417	0.00			<input type="checkbox"/>
No	Name	Simple Construct	Massless Construct	Conductance [Btu/h.sf.F]	Heat Capacity [Btu/sf.F]	Density [lb/cf]	RValue [h.sf.F/Btu]
1027	Solid core flush (1.75")	No	Yes	0.61			1.6500 <input type="checkbox"/>
Layer	Material No.	Material	Thickness [ft]	Framing Factor			
1	278	Solid core flush (1.75")		0.00			<input type="checkbox"/>

No	Name	Simple Construct	Massless Construct	Conductance [Btu/h.sf.F]	Heat Capacity [Btu/sf.F]	Density [lb/cf]	R Value [h.sf.F/Btu]
1047	Mtl Bldg Roof/R-19 Batt	No	No	0.05	1.34	9.49	20.3366
							<input type="checkbox"/>
Layer	Material No.	Material	Thickness [ft]	Framing Factor			
1	94	BUILT-UP ROOFING, 3/8IN	0.0313	0.00			<input type="checkbox"/>
2	23	6 in. Insulation	0.5000	0.00			<input type="checkbox"/>



J. Doyle Crews, CFA - Lake City, Florida - 386-758-1083

Name: MUGGRIDGE & WIMBERLY LIMITED

Site: BELLAIRE LAND TRUST  
LLC

Mail: 50 EAST BOARD AVE  
CAMILLA, GA 31730

Sales Info 4/28/2006 \$225,000.00V / Q

LandVal	\$144,837.00
BldgVal	\$0.00
ApprVal	\$144,837.00
JustVal	\$144,837.00
Assd	\$144,837.00
Exmpt	\$0.00
Taxable	\$144,837.00



http://appraiser.columbiacountvfla.com/GIS/Print\_Map.asp?piiboiibchhibnligcafceelbiemn... 9/18/2006

34-3S-17-06970-003

COMM AT NE COR OF SE1/4 OF SW MUGGRIDGE & WIMBERLY LIMITED 34-3S-17-06970-003 Columbia County 2006 R  
1/4, RUN S 124.50 FT, W 355.80 LLC  
FT, N 124.60 FT TO S R/W OF 50 EAST BOARD AVE  
SE BAY AVE, SW ALONG R/W CAMILLA, GA 31730  
PRINTED 8/01/2006 11:09 CARD 001 of 001  
APPR 2/16/2005 TWDF BY JEFF

AE? BATH HTD AREA .000 INDEX 34317.00 DIST 2 PUSE 001000 VACANT COMMERCIAL  
MOD EFF AREA 32.555 E-RATE .000 INDY STR 34- 3S- 17 0 BLDG  
EXW RCN %GOOD BLDG VAL EYB MKT AREA 06 0 XFOB  
RSTR BDRM 144,837 LAND 0 AG  
RCVR RMS 0 MKAG  
UNTS 144,837 JUST 0 CLAS  
C-W%  
HGT  
PMTR  
STYS  
ECON  
FUNC  
SPCD  
DEPR

FIELD CK:  
LOC: BELLAIRE LAND TRUST  
A-AREA E-AREA SUB VALUE  
SUB A-AREA E-AREA SUB VALUE

PERMITS  
NUMBER DESC AMT ISSUED  
BOOK PAGE DATE PRICE  
1082 2041 4/28/2006 Q V 225000  
GRANTOR CRAPPS  
GRANTEE MUGGRIDGE & WIMBERLY LLC  
GRANTOR  
GRANTEE

EXTRA FEATURES FIELD CK:  
AE BN CODE LEN WID HGT QTY QL YR ADJ UNITS UT PRICE ADJ UT PR SPCD % GOOD XFOB VALUE  
LAND DESC ZONE ROAD (UD1 (UD3 FRONT DEPTH FIELD CK:  
AE CODE TOPO UTIL (UD2 (UD4 BACK DT ADJUSTMENTS  
N 001000 VACANT COM CG 1.00 1.00 1.00 1.00 82764.000 SF UNITS UT PRICE ADJ UT PR LAND VALUE  
L001 - ZONING RESTRICTION ON SOUTH 40 FT.1992 DOR 1.75 144,837  
2006

# Columbia County Property Appraiser

DB Last Updated: 8/1/2006

Parcel: 34-3S-17-06970-003

## 2006 Proposed Values

Tax Record

Property Card

Interactive GIS Map

Print

### Owner & Property Info

Search Result: 1 of 1

<b>Owner's Name</b>	MUGGRIDGE & WIMBERLY LIMITED
<b>Site Address</b>	BELLAIRE LAND TRUST
<b>Mailing Address</b>	LLC 50 EAST BOARD AVE CAMILLA, GA 31730
<b>Description</b>	COMM AT NE COR OF SE1/4 OF SW 1/4, RUN S 124.50 FT, W 355.80 FT, N 124.60 FT TO S R/W OF SE BAYA AVE, SW ALONG R/W 16.12 FT FOR POB, CONT SW ALONG R/W 256.11 FT, S 353.90 FT, E 191.04 FT, N 405.34 FT TO POB ORB 1082-2041-2044

<b>Use Desc. (code)</b>	VACANT COM (001000)
<b>Neighborhood</b>	34317.00
<b>Tax District</b>	2
<b>UD Codes</b>	MKTA06
<b>Market Area</b>	06
<b>Total Land Area</b>	1.900 ACRES

### Property & Assessment Values

<b>Mkt Land Value</b>	cnt: (1)	\$144,837.00
<b>Ag Land Value</b>	cnt: (0)	\$0.00
<b>Building Value</b>	cnt: (0)	\$0.00
<b>XFOB Value</b>	cnt: (0)	\$0.00
<b>Total Appraised Value</b>		\$144,837.00

<b>Just Value</b>	\$144,837.00
<b>Class Value</b>	\$0.00
<b>Assessed Value</b>	\$144,837.00
<b>Exempt Value</b>	\$0.00
<b>Total Taxable Value</b>	\$144,837.00

### Sales History

Sale Date	Book/Page	Inst. Type	Sale VImp	Sale Qual	Sale RCode	Sale Price
4/28/2006	1082/2041	WD	V	Q		\$225,000.00

### 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						

### Land Breakdown

Lnd Code	Desc	Units	Adjustments	Eff Rate	Lnd Value
001000	VACANT COM (MKT)	82764.000 SF - (1.900AC)	1.00/1.00/1.00/1.00	\$1.75	\$144,837.00

Columbia County Property Appraiser

DB Last Updated: 8/1/2006

1 of 1



<b>ACORD CERTIFICATE OF LIABILITY INSURANCE</b>		OP ID <b>A4</b> PERSON-B	DATE (MM/DD/YYYY) <b>11/20/06</b>
<b>PRODUCER</b> Bouchard-Clearwater 101 Starcrest Drive P O Box 6090 Clearwater FL 33758-6090 Phone: 727-447-9481 Fax: 727-449-1267		THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
<b>INSURED</b>  Personet LLC 33907 US Highway 19 N Palm Harbor FL 34684		<b>INSURERS AFFORDING COVERAGE</b>	<b>NAIC #</b>
		INSURER A American Mutual Insurance Co	23396
		INSURER B National Union Fire Ins Co of	1944S
		INSURER C:	
		INSURER D:	
		INSURER E:	

## COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR	ADD L	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
B		GENERAL LIABILITY				EACH OCCURRENCE \$1,000,000
		<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	SSL#992843	05/31/06	05/31/07	DAMAGE TO RENTED PREMISES (EA occurrence) \$
		<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person) \$
B		<input checked="" type="checkbox"/> Professional Liab	SSL#992843	05/31/06	05/31/07	PERSONAL & ADV INJURY \$1,000,000
						GENERAL AGGREGATE \$2,000,000
						PRODUCTS - COMPOUND AGG \$2,000,000
		GENL AGGREGATE LIMIT APPLIES PER				
		<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO. <input type="checkbox"/> LOC				
		AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT (EA accident) \$
		<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person) \$
		<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident) \$
		<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident) \$
		<input type="checkbox"/> HIRED AUTOS				
		<input type="checkbox"/> NON-OWNED AUTOS				
		DAMAGE LIABILITY				AUTO ONLY - EA ACCIDENT \$
		<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC \$
						AUTO ONLY - AGG \$
		EXCESS/UMBRELLA LIABILITY				EACH OCCURRENCE \$
		<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE \$
		<input type="checkbox"/> DEDUCTIBLE				\$
		<input type="checkbox"/> RETENTION \$				\$
A		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	WC203883000	05/31/06	04/01/07	<input checked="" type="checkbox"/> WC STAND. <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> TORY LIMITS
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				E.L. EACH ACCIDENT \$500,000
		If yes, describe under SPECIAL PROVISIONS below				E.L. DISEASE - EA EMPLOYEE \$500,000
						E.L. DISEASE - POLICY LIMIT \$500,000
B		Fidelity	7497217	05/31/06	05/31/07	CRIME 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS  
 TEMPORARY STAFFING - CLASS CODE 8810 CLERICAL OFFICE

## CERTIFICATE HOLDER

## CANCELLATION

BAXSTEE

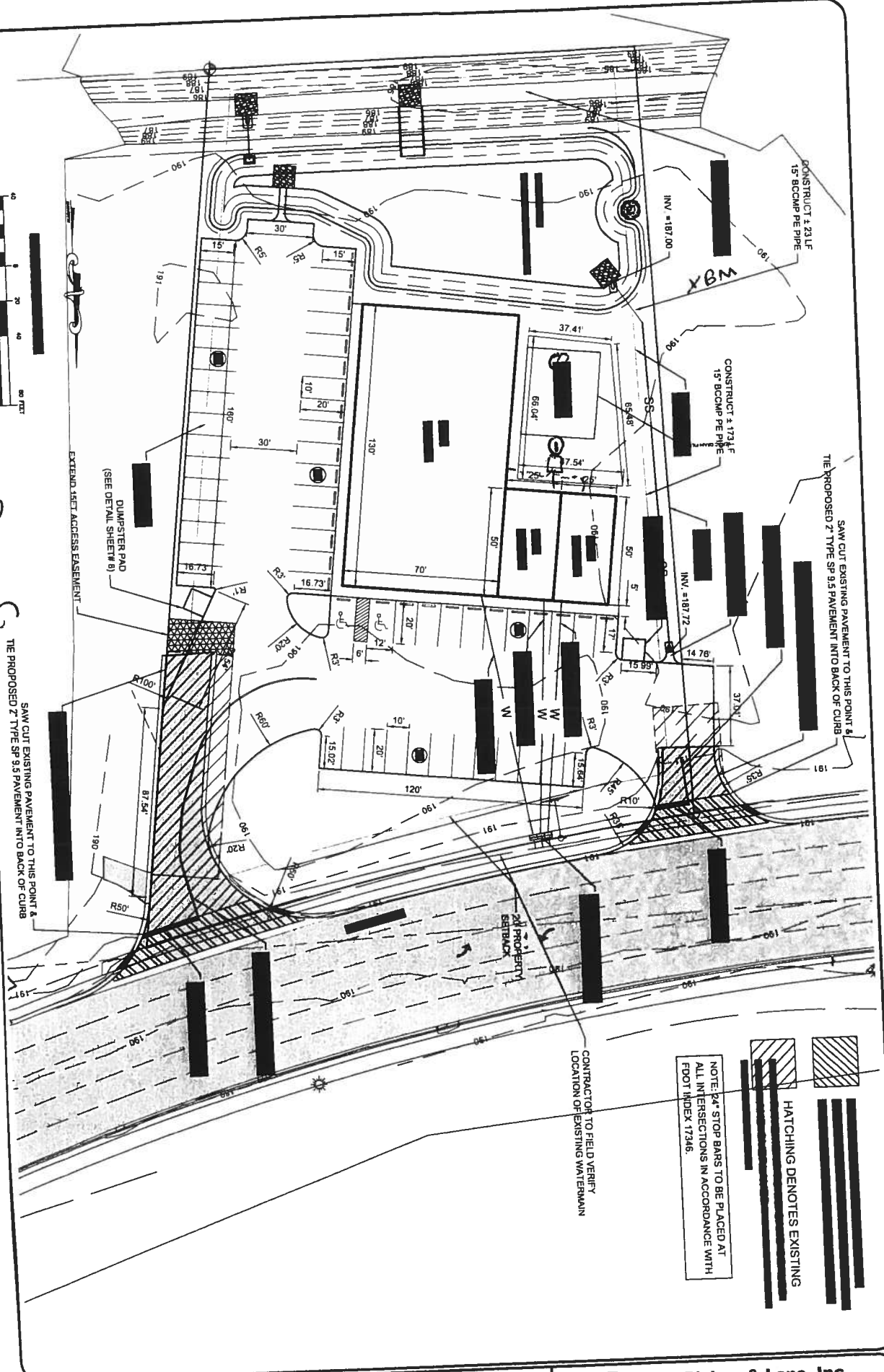
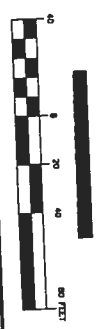
BAX-STEEL BUILDINGS INC  
 PO BOX 345  
 BAXLEY GA 31515

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

Warren S Smith

*Colleen*  
*MSI*  
*06-08-05-2*



JOB NUMBER	060324MUG	REVISIONS
DESIGNED BY	CM	CHECKED BY
DRAWN BY	CM	GB
SHEET NO.	4	SIGNATURE & SEAL

**SITE PLAN**

**DOLLAR GENERAL**

**Bailey Bishop & Lane, Inc.**  
P.O. Box 3717  
Lake City, FL 32056  
Ph. 386-752-5640  
Eng. Lic. 7362

P.O. Box 814  
Port St. Joe, FL 32457  
Ph. 850-227-9449  
Survey Lic. LB-0006685

ACORD™		<b>CERTIFICATE OF LIABILITY INSURANCE</b>			DATE (MM/DD/YY) 11/13/2006	
<b>PRODUCER</b> Swanner-Collier Insurance Agency 39 Court Square Blakely GA 31723 Phone 2297236798 Fax 2297236799				THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND OR EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.		
<b>INSURED</b> Integra Business Alternatives, LLC P.O. Box 1808 Bainbridge, GA. 39818 Phone: (229) 883-5510 Fax: (229) 883-5517				<b>COMPANIES AFFORDING COVERAGE</b>		
				Company A Southeastern US Insurance, Inc. (SEUS)		
				Company B		
				Company C		
				Company D		
THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED, NOTWITHSTANDING AND REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.						
CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
	<b>GENERAL LIABILITY</b> <input type="checkbox"/> COMPREHENSIVE FORM <input type="checkbox"/> PREMISES/OPERATIONS <input type="checkbox"/> UNDERGROUND EXPLOSION & COLLAPSE HAZARD <input type="checkbox"/> PRODUCTS/COMPLETED OPER <input type="checkbox"/> CONTRACTUAL <input type="checkbox"/> INDEPENDENT CONTRACTORS <input type="checkbox"/> BROAD FORM PROPERTY DAMAGE <input type="checkbox"/> PERSONAL INJURY				BODILY INJURY OCC \$ BODILY INJURY AGG \$ PROPERTY DAMAGE OCC \$ PROPERTY DAMAGE AGG \$ BI & PD COMBINED AGG \$ PERSONAL INJURY AGG \$	
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS (PRIVATE PASS) <input type="checkbox"/> ALL OWNED AUTOS (OTHER THAN PRIVATE PASSENGER) <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> GARAGE LIABILITY				BODILY INJURY (PER PERSON) \$ BODILY INJURY (PER ACCIDENT) \$ PROPERTY DAMAGE \$ BODILY INJURY & PROPERTY DAMAGE COMBINED \$	
	<b>EXCESS LIABILITY</b> <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM				EACH OCCURRENCE \$ AGGREGATE \$	
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> THE PROPRIETOR/ PARTNERS/EXECUTIVE <input type="checkbox"/> INCL OFFICERS ARE <input type="checkbox"/> EXCL	01-01-S1-0010094- 02-0000	03/01/2006	03/01/2007	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER EL EACH ACCIDENT \$ 1,000,000 EL DISEASE - POLICY LIMIT \$ 1,000,000 EL DISEASE - EA EMPLOYEE \$ 1,000,000	
	<b>OTHER</b>					
DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS. COVERS ALL EMPLOYEES OF THE INSURED AS RESPECTS TO THE WORKERS COMPENSATION AGREEMENT WITH Integra Business Alternatives, LLC and as of 6/4/2003 to include Tracy Classon Contracting.						
<b>CERTIFICATE HOLDER</b> Bax-Steel Building, Inc. P. O. Box 345 Baxley, GA 31515 Attention: Ray				<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 75* DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE 		
ACORD 25-S (1/97) <span style="float: right;">© ACORD CORPORATION 198</span>						

**IMPORTANT**

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

**DISCLAIMER**

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/15/2006

<b>PRODUCER</b> WL HUNTER INSURANCE AGENCY, LLC PO BOX 1827 LAKE CITY, FL 32056		THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
<b>INSURED</b> KEN ROCHE PLUMBING INC PLUMBING NOW P.O. BOX 2826 LAKE CITY FL 32056		<b>INSURERS AFFORDING COVERAGE</b>	<b>NAIC #</b>
		INSURER A: AUTO-OWNERS	
		INSURER B:	
		INSURER C:	
		INSURER D:	
		INSURER E:	

## COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	ADD L INSR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
		<b>GENERAL LIABILITY</b> <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC				EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$	
		<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Per accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$	
		<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$	
		<b>EXCESS/UMBRELLA LIABILITY</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE \$ RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$	
		<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? YES If yes, describe under SPECIAL PROVISIONS below	78672857	01/19/2006	01/19/2007	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 100,000 E.L. DISEASE - FA EMPLOYEES 100,000 E.L. DISEASE - POLICY LIMIT \$ 500,000	
		OTHER					

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

## CERTIFICATE HOLDER

BAX-STEEL BUILDINGS INC.  
 P.O. BOX 345  
 BAXLEY, GA 31515

## CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

*Tom Hunter*



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/15/2006

<b>PRODUCER</b> WL HUNTER INSURANCE AGENCY, LLC PO BOX 1827 LAKE CITY, FL 32056		THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
<b>INSURED</b> KEN ROCHE PLUMBING, INC PLUMBING NOW P.O. BOX 2826 LAKE CITY FL 32056		<b>INSURERS AFFORDING COVERAGE</b>	<b>NAIC #</b>
		INSURER A: AUTO-OWNERS	
		INSURER B:	
		INSURER C:	
		INSURER D:	
		INSURER E:	

## COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
		<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES FOR: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOG	78570144	01/19/06	01/19/07	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Per occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 1,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000
		<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Per accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
		<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
		<b>EXCESS/UMBRELLA LIABILITY</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE \$ RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
		<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				<input type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEES \$ E.L. DISEASE - POLICY LIMIT \$
		OTHER				

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

## CERTIFICATE HOLDER

SAX-STEEL BUILDINGS INC.  
 P.O. BOX 345  
 BAXLEY, GA 31515

## CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

*Ken Hunter*

## **IMPORTANT**

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

## **DISCLAIMER**

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.

# ACORD CERTIFICATE OF LIABILITY INSURANCE

OP ID BH  
WILSO-2DATE (MM/DD/YYYY)  
11/08/06

## PRODUCER

DeVaughn Agency  
815 Love Avenue  
Tifton GA 31793THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION  
ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE  
HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR  
ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

## INSURERS AFFORDING COVERAGE

NAIC #

## INSURED

Wilson Construction  
Rusty Wilson  
PO Box 1105  
Omega GA 31775

INSURER A: Companion Property &amp; Casualty

INSURER B: Colony Insurance Company

INSURER C:

INSURER D:

INSURER E:

## COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING  
ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR  
MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH  
POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR	ADD'L	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
LTR	INSRD					
B		<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	GL3447742	06/10/06	06/10/07	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
		<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
		<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$
		<b>EXCESS/UMBRELLA LIABILITY</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE  DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
A		<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below OTHER	WGA61184640010	06/10/06	06/10/07	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 100000 E.L. DISEASE - EA EMPLOYEE \$ 100000 E.L. DISEASE - POLICY LIMIT \$ 500000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

GENERAL LIABILITY AND WORKERS COMPENSATION INSURANCE EXTENDS INTO FLORIDA.

## CERTIFICATE HOLDER

BAXSTEE

Bax-Steel Buildings Inc  
P O Box 345  
Baxley GA 31515

## CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION  
DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 45 DAYS WRITTEN  
NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL  
IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR  
REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

Jason Immanuel Overstreet



**ACORD CERTIFICATE OF LIABILITY INSURANCE**OP ID BH  
WILSO-2

DATE (MM/DD/YYYY)

11/08/06

## PRODUCER

DeVaughn Agency  
815 Love Avenue  
Tifton GA 31793

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

## INSURERS AFFORDING COVERAGE

NAIC #

## INSURED

Wilson Construction  
Rusty Wilson  
PO Box 1105  
Omega GA 31775

INSURER A: Companion Property &amp; Casualty

INSURER B: Colony Insurance Company

INSURER C:

INSURER D:

INSURER E:

## COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'L LTR	INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
B		GENERAL LIABILITY	GL3447742	06/10/06	06/10/07	EACH OCCURRENCE	\$ 1,000,000
	<input checked="" type="checkbox"/>	COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 50,000
	<input type="checkbox"/>	CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person)	\$ 5,000
	<input type="checkbox"/>					PERSONAL & ADV INJURY	\$ 1,000,000
	<input type="checkbox"/>					GENERAL AGGREGATE	\$ 2,000,000
	<input type="checkbox"/>					PRODUCTS - COMP/OP AGG	\$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						
	<input type="checkbox"/>	POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					
		AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT (Ea accident)	\$
		<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person)	\$
		<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident)	\$
		<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident)	\$
		<input type="checkbox"/> HIRED AUTOS					
		<input type="checkbox"/> NON-OWNED AUTOS					
		GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	\$
		<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC	\$
						AUTO ONLY: AGG	\$
		EXCESS/UMBRELLA LIABILITY				EACH OCCURRENCE	\$
		<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE	\$
							\$
		<input type="checkbox"/> DEDUCTIBLE					\$
		<input type="checkbox"/> RETENTION \$					\$
A		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	WGA61184640010	06/10/06	06/10/07	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS	OTH-ER
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				E.L. EACH ACCIDENT	\$ 100000
		If yes, describe under SPECIAL PROVISIONS below				E.L. DISEASE - EA EMPLOYEE	\$ 100000
		OTHER				E.L. DISEASE - POLICY LIMIT	\$ 500000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

GENERAL LIABILITY AND WORKERS COMPENSATION INSURANCE EXTENDS INTO FLORIDA.

## CERTIFICATE HOLDER

BAXSTEE

Bax-Steel Buildings Inc  
P O Box 345  
Baxley GA 31515

## CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 45 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

Jason Immanuel Overstreet

## IMPORTANT

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

## DISCLAIMER

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.

**ACORD CERTIFICATE OF LIABILITY INSURANCE**OP ID FM  
SOUTH67DATE (MM/DD/YYYY)  
11/09/06

<b>PRODUCER</b> <b>W.S. Pharr &amp; Company</b> P.O. Box 725269 Atlanta GA 31139 Phone: 770-434-8440 Fax: 770-434-0146		THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
<b>INSURED</b> <b>Southern Grading &amp; Grassing Inc.</b> 1185 TyTy Omega Rd. Tifton GA 31793		<b>INSURERS AFFORDING COVERAGE</b>	<b>NAIC #</b>
		INSURER A: Selective Insurance Companies	
		INSURER B:	
		INSURER C:	
		INSURER D:	
		INSURER E:	

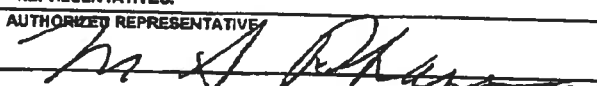
**COVERAGES**

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'L LTR INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
	<b>GENERAL LIABILITY</b> <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COM/PO/ AGG \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
	<b>EXCESS/UMBRELLA LIABILITY</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below OTHER	WC7256038	11/03/06	11/03/07	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 100000 E.L. DISEASE - EA EMPLOYEE \$ 100000 E.L. DISEASE - POLICY LIMIT \$ 500000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

**CERTIFICATE HOLDER****CANCELLATION**

<b>BAXLEY03</b> <b>Bax-Steel Buildings, Inc.</b> P.O. Box 345 Baxley, GA 31515	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE 
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## **IMPORTANT**

If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

## **DISCLAIMER**

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.

**ACORD CERTIFICATE OF LIABILITY INSURANCE**OP ID MK  
SOUTH-9DATE (MM/DD/YYYY)  
11/09/06

## PRODUCER

Brownlee Agency, Inc.  
P.O. Drawer H  
Tifton GA 31793  
Phone: 229-382-3396 Fax: 229-387-9200

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION  
ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE  
HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR  
ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

## INSURED

Southern Grading & Grassing  
Christopher Ponder dba  
1185 TyTy-Omega Rd  
Tifton GA 31794

## INSURERS AFFORDING COVERAGE

NAIC #

INSURER A Central Insurance Companies

20222

INSURER B

INSURER C

INSURER D

INSURER E

## COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING  
ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR  
MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH  
POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'L LTR INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	GENERAL LIABILITY	CLP7944713	12/11/05	12/11/06	EACH OCCURRENCE	\$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person)	\$ 5,000
					PERSONAL & ADV INJURY	\$ 1,000,000
					GENERAL AGGREGATE	\$ 2,000,000
					PRODUCTS - COMP/OP AGG	\$ 2,000,000
					GENTL AGGREGATE LIMIT APPLIES PER	
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					
	AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT (Ea accident)	\$
	<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person)	\$
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident)	\$
	<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident)	\$
	<input type="checkbox"/> HIRED AUTOS					
	<input type="checkbox"/> NON-OWNED AUTOS					
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	\$
	<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC	\$
					AUTO ONLY AGG	\$
	EXCESS/UMBRELLA LIABILITY				EACH OCCURRENCE	\$
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE	\$
						\$
	<input type="checkbox"/> DEDUCTIBLE					\$
	<input type="checkbox"/> RETENTION \$					\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATUTORY LIMITS	OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				E L EACH ACCIDENT	\$
	If yes, describe under SPECIAL PROVISIONS below				E L DISEASE - EA EMPLOYEE	\$
	OTHER				E L DISEASE - POLICY LIMIT	\$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

## CERTIFICATE HOLDER

Bax-Steel Buildings, Inc.  
PO Box 345  
Baxley GA 31515

## CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION  
DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN  
NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL  
IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR  
REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

Brownlee Agency, Inc.

# Columbia County Building Permit Application

**For Office Use Only** Application # 0610-20 Date Received 10/6 By JW Permit # 25248  
 Application Approved by - Zoning Official B4L Date 12.10.06 Plans Examiner JTH Date 11-21-06  
 Flood Zone X Development Permit N/A Zoning CI Land Use Plan Map Category Commercial  
 Comments SDP 06-5 / Submust check in with Joe / Joe received approval from Nick Myles  
☐ NOC ☒ EH ☒ Deed or PA ☒ Site Plan ☒ State Road Info ☐ Parent Parcel # ☐ Development Permit

Name Authorized Person Signing Permit ORBY W. LAMB Phone 912-367-3641  
 Address P.O. Box 345 BAXLEY, GA. 31515  
 Owners Name B Muggridge + Wimberly Limited Phone 229-921-3822  
 911 Address 2172 S.E. BAYA DR. LAKE CITY, FL. 32025-4978  
 Contractors Name BAX-STEEL Bldgs. INC. Phone 912-367-3641  
 Address P.O. Box 345 BAXLEY, GA. 31515  
 Fee Simple Owner Name & Address N/A  
 Bonding Co. Name & Address N/A  
 Architect/Engineer Name & Address Nicholas Paul Geisler 1758 NW BROWN RD. LAKE CITY FL. 32055  
 Mortgage Lenders Name & Address N/A

Circle the correct power company - FL Power & Light - Clay Elec. - Suwannee Valley Elec. - Progressive Energy  
 Property ID Number 34-35-17-06970-003 Estimated Cost of Construction 200,000.00  
 Subdivision Name N/A Lot      Block      Unit      Phase       
 Driving Directions From S.W. MAIN Blvd TURN RIGHT ON SE BAYA GO PAST DEFENDER DRIVE AND Llewellyn AVE Property will be on the right side 3 blocks before you get to railroad Tracks.  
 Type of Construction COMMERCIAL Number of Existing Dwellings on Property 0  
 Total Acreage 1.900 Lot Size 82764 Do you need a - Culvert Permit or Culvert Waiver or Have an Existing Drive  
 Actual Distance of Structure from Property Lines - Front 140' Side 31' Side E 68.4' Rear 178'  
 Total Building Height 16'-6" Number of Stories 1 Heated Floor Area 11,600' Roof Pitch 1/12

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.

**OWNERS AFFIDAVIT:** I hereby certify that all the foregoing information is accurate and all work will be done in compliance with all applicable laws and 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 Builder or Authorized Person by Notarized Letter

STATE OF FLORIDA  
 COUNTY OF COLUMBIA

Sworn to (or affirmed) and subscribed before me

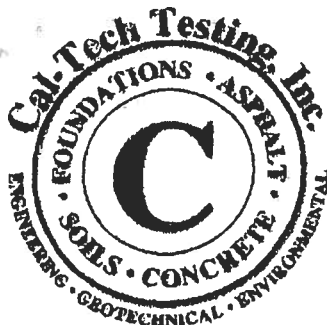
this 21 day of November

Personally known      or Produced Identification     



Orby W. Lamb  
 Contractor Signature  
 Contractors License Number CB0600535  
 Competency Card Number       
 NOTARY STAMP/SEAL

Notary Signature



## Cal-Tech Testing, Inc.

- Engineering
  - Geotechnical
  - Environmental
- LABORATORIES

P.O. Box 1625 • Lake City, FL 32056  
4784 Roselle Street • Jacksonville, FL 32254  
2230 Greensboro Highway • Quincy, FL 32351

Tel. (386) 755-3633 • Fax (386) 752-5456  
Tel. (904) 361-8901 • Fax (904) 381-8902  
Tel. (850) 442-3495 • Fax (850) 442-4008

October 17, 2006

Muggridge & Wimberly Limited LLC  
Po Box 111  
Camilla, Georgia 31730

Attention: Mr. Ernie Wimberly

Reference: Proposed Dollar General  
Baya Avenue West  
Lake City, Florida  
Cal-Tech Project No. 06-583

Dear Mr. Wimberly,

Cal-Tech Testing, Inc. has completed the subsurface investigation and engineering evaluation for the proposed building at the above referenced location. Our work was performed in conjunction with and authorized by you.

### Introduction

We understand you will construct a single-story, block and metal-frame retail building with a plan area of approximately 11,600 square feet. Support for the structure is to be provided by conventional, shallow spread footings and monolithic slab. We understand that the design bearing pressure for the foundations is 2,500 pounds per square foot (psf). Detailed foundation loads have not been provided; however, we assume column and wall loads will not exceed 60 kips and 2.0 kips per foot, respectively.

The purposes of our investigation were to evaluate the existing subgrade soils for an allowable bearing pressure of 2,500 psf and to present recommendations for foundation design and construction.

### Site Investigation

The subsurface conditions were investigated by performing six (6) Standard Penetration Test borings advanced to depths of 10 to 14 feet. The borings were performed at the approximate locations indicated on the attached Report of Soil Borings, and were located in the field by taping distances from existing site features.

The Standard Penetration Test (ASTM D-1586) is performed by driving a standard split-barrel sampler into the soil by blows of a 140-pound hammer falling 30 inches. The number of blows required to drive the sampler 1 foot, after seating 6 inches, is designated the penetration resistance, or N-value; this value is an index to soil density or consistency.

### Findings

The soil borings generally encountered very loose to medium dense, grey to tan fine sands (SP) from the ground surface to the termination depth. The equivalent N-values of these sands range from 1 to 25 blows per foot.

Ground water was encountered at depths of 6.5 to 7.5 feet.

For a more detailed description of the subsurface conditions encountered, please refer to the attached Report of Soil Borings. Note that the transition between soil layers may be gradual and not abrupt as indicated by the logs; therefore, the thickness of soil layers should be considered approximate.

### Discussion and Recommendations

The site soils appear to be very loose to loose to a depth of about 10 feet and then medium dense below. Based upon these findings, some site improvement should be performed; however, it is our opinion the site soils are suitable to provide support for the building using conventional, shallow spread footings. We concur that the foundations may be sized using a maximum soil bearing pressure of 2,500 psf; however, we recommend foundations have minimum widths of 18 and 24 inches for strip and isolated footings, respectively, even though the allowable soil bearing pressure may not be developed. The bottoms of foundations should be embedded a minimum of 24 inches below the lowest adjacent grade (finished surface grade, for example).

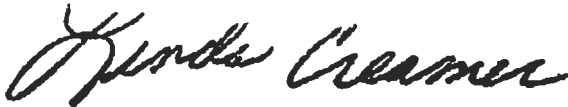
Due to the generally very loose to loose condition of the immediate bearing soils, we recommend that the exposed and underlying soils to a depth of at least four feet below the foundation bearing level be compacted to densities equivalent to 95 percent of the Modified Proctor maximum dry density (ASTM D1557). To compact the exposed and underlying soils, we recommend using a vibratory roller that has a static at-drum weight on the order of five to six tons and a drum diameter on the order of five feet. The compaction operations should also consist of at least eight overlapping passes of the vibratory roller in each direction. This compactive effort should help improve the overall uniformity and bearing conditions of the near-surface soils and will reduce settling of the foundations and thereby reduce the likelihood of distress in the structure.



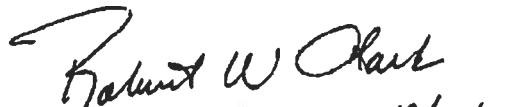
Our evaluation is based upon subsurface conditions encountered at this site and as presented within this report. However, subsurface conditions may exist that differ from our findings. We request that we be notified if substantially different subsurface conditions are encountered.

We appreciate the opportunity to be of service on this project and look forward to a continued association. Please do not hesitate to contact us should you have questions concerning this report or if we may be further assistance.

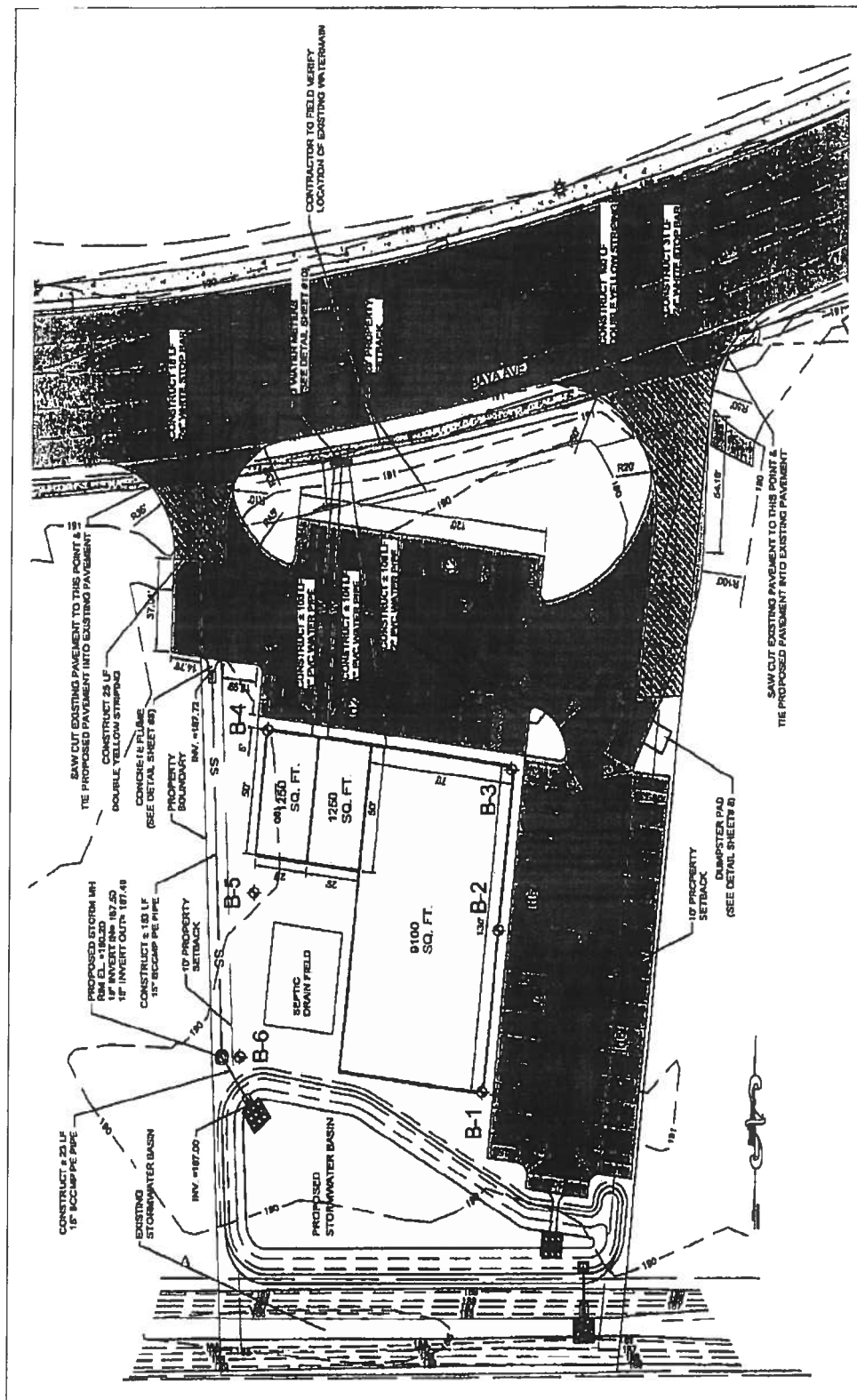
Respectfully submitted,  
Cal-Tech Testing, Inc.



Linda Creamer  
President / CEO



Robert W. Clark, P.E. 10/17/06  
Geotechnical Engineer  
Registered Florida No. 52210



## REVISIONS

DATE	BY	DESCRIPTION	DATE	BY	DESCRIPTION	DRAWN BY
						CHECKED BY
						CHECKED BY
						APPROVED BY

	NAMES	DATE
DRAWN BY	S.C. Young	10/17/08
CHECKED BY		
CHECKED BY		
APPROVED BY		

ENGINEER OF RECORD  
CAL-TECH TESTING, INC.

ENGINEER OF RECORD  
CAL-TECH TESTING, INC.

P.O. BOX 1628  
LAKE CITY, AL 35801  
PHONE NO. (205) 755-3000  
FAX NO. (205) 752-6478

PO. BOX 1023  
LAKE CITY, AL 32050

PHONE NO. (303) 735-3333

FAX NO. (906) 752-6453

**YES**

ROBERT W. CLARK

PF 52210

PROPOSED DOLLAR GENERAL

ROAD NO.	COUNTY	FINANCIAL PROJECT I.D.
	COLUMBIA	

## BORING LOCATION PLAN

**SHEET NO.**

1 of 2

<b>B-1</b> Water Table: 7.5 ft. Depth (ft) Soil Description		<b>B-2</b> Water Table: 6.5 ft. Depth (ft) Soil Description		<b>B-3</b> Water Table: 7.5 ft. Depth (ft) Soil Description	
<b>B-4</b> Water Table: 7.5 ft. Depth (ft) Soil Description		<b>B-5</b> Water Table: 7.5 ft. Depth (ft) Soil Description		<b>B-6</b> Water Table: 7.5 ft. Depth (ft) Soil Description	
<b>ENGINEERING CLASSIFICATION</b> GRAVELLY MATERIALS - SPT (Blows/12 inches) Relative Density (Blows/12 inches) Very Loose Less than 4 Loose 4-10 Medium Dense 11-30 Dense 31-60 Very Dense Greater than 60 SILTS AND CLAYS - SPT (Blows/12 inches) Consistency (Blows/12 inches) Very Soft Less than 2 Soft 2-4 Medium Stiff 5-15 Stiff 16-30 Hard Greater than 30					
<b>LEGEND</b> TOB Termination of Boring GSE Ground Surface Elevation V Ground Water at Time of Drilling V Wet Season Water Table N Standard Penetration Resistance in Blows Per 12 inches (16 inch Spoon, ASTM D-1586) WCR Weight of Rock WCH Weight of Hammer MAC Moisture Content (%) OC Organic Content (%) -200 Finest Passing No. 200 U.S. Standard Sieve LL Liquid Limit PI Plasticity Index Unified Soil Classification Based on Visual Observation and Laboratory Tests SAND SAND with SILT SANDY CLAY SANDY CLAY LIMESTONE ORGANICS					
<b>REVISIONS</b> DATE BY DESCRIPTION DATE BY DESCRIPTION DATE BY DESCRIPTION DATE BY DESCRIPTION DATE BY DESCRIPTION DATE BY DESCRIPTION					
<b>ENGINEER OF RECORD</b> CAL TECH TESTING, INC. P.O. BOX 1823 LIVE OAK, CA 95038 PHONE (916) 752-6369 FAX (916) 752-6369 SEAL ROBERT W. CLARK P.E. 02270					
<b>PROPOSED DOLLAR GENERAL</b> ROUND COUNT COLLABORATION PROJECT ID REPORT OF SOIL BORINGS 2 of 2					

**COLUMBIA COUNTY BUILDING DEPARTMENT**

**COMMERCIAL MINIMUM PLAN REQUIREMENTS AND CHECKLIST  
FOR FLORIDA BUILDING CODE 2001 WITH AMENDMENTS**

**ALL REQUIREMENTS LISTED ARE SUBJECT TO CHANGE**  
EFFECTIVE MARCH 1, 2002

**ALL BUILDING PLANS MUST INCLUDE THE FOLLOWING ITEMS AND INDICATE COMPLIANCE WITH CHAPTER 1606 OF THE FLORIDA BUILDING CODE 2001 WITH AMENDMENTS BY PROVIDING CALCULATIONS AND DETAILS THAT HAVE THE SIGNATURE AND SEAL OF A CERTIFIED ARCHITECT OR ENGINEER REGISTERED IN THE STATE OF FLORIDA. THE FOLLOWING BASIC WIND SPEED AS PER SECTION 1606 SHALL BE USED.**

WIND SPEED LINE SHALL BE DEFINED AS FOLLOWS: THE CENTERLINE OF INTERSTATE 75

1. ALL BUILDINGS CONSTRUCTED EAST OF SAID LINE SHALL BE ----- 100 MPH
2. ALL BUILDINGS CONSTRUCTED WEST OF SAID LINE SHALL BE ----- 110 MPH
3. NO AREA IN COLUMBIA COUNTY IS IN A WIND BORNE DEBRIS REGION

**APPLICANT - PLEASE CHECK ALL APPLICABLE BOXES BEFORE SUBMITTAL**

**GENERAL REQUIREMENTS:** Two (2) complete sets of plans containing a floor plan, site plan, foundation plan, floor/roof framing plan or truss layout, wall sections and all exterior elevations with the following criteria and documents:

**Applicant**

**Plans Examiner**

- |                                     |                          |   |
|-------------------------------------|--------------------------|---|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | All drawings must be clear, concise and drawn to scale ("Optional" details that are not used shall be marked void or crossed off). Square footage of different areas shall be shown on plans.   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Designers name and signature on document (FBC 104.2.1) If licensed architect or engineer, official seal shall be affixed.   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <b><u>Two (2) Copies of Approved Site Plan</u></b>  |
| <input type="checkbox"/>            | <input type="checkbox"/> | <b><u>Minimum Type Construction (FBC Table 500)</u></b>   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <b><u>Wind Load Engineering Summary, calculations and any details required:</u></b><br>a) Plans or specifications must state compliance with FBC Section 1606<br>b) The following information must be shown as per section 1606.1.7 FBC <ol style="list-style-type: none"><li>1. Basic wind speed (MPH)</li><li>2. Wind importance factor (I) and building category</li><li>3. Wind exposure - if more than one wind exposure is used, the wind exposure and applicable wind direction shall be indicated</li><li>4. The applicable internal pressure coefficient</li><li>5. Components and Cladding. The design wind pressure in terms of psf (kN/m<sup>2</sup>), to be used for the design of exterior component and cladding materials not specifically designed by the registered design professional</li></ol> |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <b><u>Fire Resistant Construction Requirements shall include:</u></b><br>a) Fire resistant separations (listed system)<br>b) Fire resistant protection for type of construction<br>c) Protection of openings and penetrations of rated walls (listed systems)<br>d) Fire blocking and draft-stopping<br>e) Calculated fire resistance   |
| <input type="checkbox"/>            | <input type="checkbox"/> |   |
| <input type="checkbox"/>            | <input type="checkbox"/> |   |
| <input type="checkbox"/>            | <input type="checkbox"/> |   |
| <input type="checkbox"/>            | <input type="checkbox"/> |   |
| <input type="checkbox"/>            | <input type="checkbox"/> |   |

2.25.06  
229-522-0156  
Ray  
Eanne

15.40  
16.1w  
Phon Cont...

**Fire Suppression Systems shall include: (To be reviewed by Fire Department)**

- |                          |                          |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | a) Fire sprinklers  |
| <input type="checkbox"/> | <input type="checkbox"/> | b) Fire alarm system (early warning) with name of licensed installer. If not shown on plans or not known at time of permitting, a separate permit shall be required by the licensed installer |
| <input type="checkbox"/> | <input type="checkbox"/> | c) Smoke evacuation system schematic  |
| <input type="checkbox"/> | <input type="checkbox"/> | d) Stand-pipes<br>Pre-engineered system<br>Riser diagram  |

**Life Safety Systems shall include: (To be reviewed by Fire Department)**

- |                          |                          |                                       |
|--------------------------|--------------------------|---------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | a) Occupancy load and egress capacity |
| <input type="checkbox"/> | <input type="checkbox"/> | b) Early warning                      |
| <input type="checkbox"/> | <input type="checkbox"/> | c) Smoke control                      |
| <input type="checkbox"/> | <input type="checkbox"/> | d) Stair pressurization               |
| <input type="checkbox"/> | <input type="checkbox"/> | e) Systems schematic                  |

**Occupancy Load/Egress Requirements shall include:**

- |                          |                          |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | a) Occupancy load (gross and net)  |
| <input type="checkbox"/> | <input type="checkbox"/> | b) Means of egress<br>exit access, exit and exit discharge   |
| <input type="checkbox"/> | <input type="checkbox"/> | c) Stair construction/geometry and protection  |
| <input type="checkbox"/> | <input type="checkbox"/> | d) Doors   |
| <input type="checkbox"/> | <input type="checkbox"/> | e) Emergency lighting and exit signs   |
| <input type="checkbox"/> | <input type="checkbox"/> | f) Specific occupancy requirements<br>1. Construction requirements<br>2. Horizontal exits/exit passageways |

**Structural Requirements shall include:**

- |                          |                          |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | a) Soil conditions/analysis   |
| <input type="checkbox"/> | <input type="checkbox"/> | b) Show type of termite treatment (termicide or alternative method) |
| <input type="checkbox"/> | <input type="checkbox"/> | c) Design loads   |
| <input type="checkbox"/> | <input type="checkbox"/> | d) Wind requirements  |
| <input type="checkbox"/> | <input type="checkbox"/> | e) Building envelope  |
| <input type="checkbox"/> | <input type="checkbox"/> | f) Structural calculations  |
| <input type="checkbox"/> | <input type="checkbox"/> | g) Foundations  |
| <input type="checkbox"/> | <input type="checkbox"/> | h) Wall systems   |
| <input type="checkbox"/> | <input type="checkbox"/> | i) Floor systems  |
| <input type="checkbox"/> | <input type="checkbox"/> | j) Roof systems   |
| <input type="checkbox"/> | <input type="checkbox"/> | k) Threshold inspection plan (if applicable)                        |
| <input type="checkbox"/> | <input type="checkbox"/> | l) Stair systems  |

**Materials shall include:**

- |                          |                          |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | a) Wood  |
| <input type="checkbox"/> | <input type="checkbox"/> | b) Steel   |
| <input type="checkbox"/> | <input type="checkbox"/> | c) Aluminum  |
| <input type="checkbox"/> | <input type="checkbox"/> | d) Concrete  |
| <input type="checkbox"/> | <input type="checkbox"/> | e) Plastic   |
| <input type="checkbox"/> | <input type="checkbox"/> | f) Glass (mfg. Listing for wind zone including details for installation and attachments) |
| <input type="checkbox"/> | <input type="checkbox"/> | g) Masonry   |
| <input type="checkbox"/> | <input type="checkbox"/> | h) Gypsum board and plaster  |
| <input type="checkbox"/> | <input type="checkbox"/> | i) Insulating (mechanical)   |
| <input type="checkbox"/> | <input type="checkbox"/> | j) Roofing (mfg. Listed system for wind zone with installation and attachments)          |
| <input type="checkbox"/> | <input type="checkbox"/> | k) Insulation  |

**Accessibility Requirements shall include:**

- |                          |                          |                                   |
|--------------------------|--------------------------|-----------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | a) Site requirements              |
| <input type="checkbox"/> | <input type="checkbox"/> | b) Accessible route               |
| <input type="checkbox"/> | <input type="checkbox"/> | c) Vertical accessibility         |
| <input type="checkbox"/> | <input type="checkbox"/> | d) Toilet and bathing facilities  |
| <input type="checkbox"/> | <input type="checkbox"/> | e) Drinking fountains             |
| <input type="checkbox"/> | <input type="checkbox"/> | f) Equipment                      |
| <input type="checkbox"/> | <input type="checkbox"/> | g) Special occupancy requirements |
| <input type="checkbox"/> | <input type="checkbox"/> | h) Fair housing requirements      |

**Interior Requirements shall include:**

- |                          |                          |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | a) Interior finishes (flame spread/smoke develop) |
| <input type="checkbox"/> | <input type="checkbox"/> | b) Light and ventilation                          |
| <input type="checkbox"/> | <input type="checkbox"/> | c) Sanitation                                     |

**Special Systems shall include:**

- |                          |                          |               |
|--------------------------|--------------------------|---------------|
| <input type="checkbox"/> | <input type="checkbox"/> | a) Elevators  |
| <input type="checkbox"/> | <input type="checkbox"/> | b) Escalators |
| <input type="checkbox"/> | <input type="checkbox"/> | c) Lifts      |

**Swimming Pools – Commercial** – Plans shall be signed and sealed by a Professional Engineer registered in the State of Florida and approved by the Department of Business and Professional Regulation/Health Department Indicating compliance with the Florida Administrative Code, Chapter 64E-9 And Section 424 of the Florida Building Code

**Electrical:**

- |                          |                          |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | a) Electrical wiring, services, feeders and branch circuits, over-current protection, grounding, wiring methods and materials, GFCIs |
| <input type="checkbox"/> | <input type="checkbox"/> | b) Equipment   |
| <input type="checkbox"/> | <input type="checkbox"/> | c) Special Occupancies   |
| <input type="checkbox"/> | <input type="checkbox"/> | d) Emergency Systems   |
| <input type="checkbox"/> | <input type="checkbox"/> | e) Communication Systems   |
| <input type="checkbox"/> | <input type="checkbox"/> | f) Low Voltage   |
| <input type="checkbox"/> | <input type="checkbox"/> | g) Load calculations   |
| <input type="checkbox"/> | <input type="checkbox"/> | h) Riser diagram   |

**Plumbing:**

- |                          |                          |                                |
|--------------------------|--------------------------|--------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | a) Minimum plumbing facilities |
| <input type="checkbox"/> | <input type="checkbox"/> | b) Fixture requirements        |
| <input type="checkbox"/> | <input type="checkbox"/> | c) Water supply piping         |
| <input type="checkbox"/> | <input type="checkbox"/> | d) Sanitary drainage           |
| <input type="checkbox"/> | <input type="checkbox"/> | e) Water heaters               |
| <input type="checkbox"/> | <input type="checkbox"/> | f) Vents                       |
| <input type="checkbox"/> | <input type="checkbox"/> | g) Roof drainage               |
| <input type="checkbox"/> | <input type="checkbox"/> | h) Back flow prevention        |
| <input type="checkbox"/> | <input type="checkbox"/> | i) Irrigation                  |
| <input type="checkbox"/> | <input type="checkbox"/> | j) Location of water supply    |
| <input type="checkbox"/> | <input type="checkbox"/> | k) Grease traps                |
| <input type="checkbox"/> | <input type="checkbox"/> | l) Environmental requirements  |
| <input type="checkbox"/> | <input type="checkbox"/> | m) Plumbing riser              |

**Mechanical:**

- |                          |                          |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | a) Energy calculation (signed and sealed by Architect or Engineer, registered in the State of Florida) |
| <input type="checkbox"/> | <input type="checkbox"/> | b) Exhaust systems (clothes dryer exhaust, kitchen equipment exhaust, Specialty equipment exhaust)     |
| <input type="checkbox"/> | <input type="checkbox"/> | c) Equipment   |
| <input type="checkbox"/> | <input type="checkbox"/> | d) Equipment location  |
| <input type="checkbox"/> | <input type="checkbox"/> | e) Make-up air   |
| <input type="checkbox"/> | <input type="checkbox"/> | f) Roof mounted equipment  |
| <input type="checkbox"/> | <input type="checkbox"/> | g) Duct systems  |
| <input type="checkbox"/> | <input type="checkbox"/> | h) Ventilation   |
| <input type="checkbox"/> | <input type="checkbox"/> | i) Combustion air  |
| <input type="checkbox"/> | <input type="checkbox"/> | j) Chimneys, fireplaces and vents  |
| <input type="checkbox"/> | <input type="checkbox"/> | k) Appliances  |
| <input type="checkbox"/> | <input type="checkbox"/> | l) Boilers   |
| <input type="checkbox"/> | <input type="checkbox"/> | m) Refrigeration   |
| <input type="checkbox"/> | <input type="checkbox"/> | n) Bathroom ventilation  |
| <input type="checkbox"/> | <input type="checkbox"/> | o) Laboratory  |

**Gas:**

- |                          |                          |                            |
|--------------------------|--------------------------|----------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | a) Gas piping              |
| <input type="checkbox"/> | <input type="checkbox"/> | b) Venting                 |
| <input type="checkbox"/> | <input type="checkbox"/> | c) Combustion air          |
| <input type="checkbox"/> | <input type="checkbox"/> | d) Chimney's and vents     |
| <input type="checkbox"/> | <input type="checkbox"/> | e) Appliances              |
| <input type="checkbox"/> | <input type="checkbox"/> | f) Type of gas             |
| <input type="checkbox"/> | <input type="checkbox"/> | g) Fireplaces              |
| <input type="checkbox"/> | <input type="checkbox"/> | h) LP tank locations       |
| <input type="checkbox"/> | <input type="checkbox"/> | i) Riser diagram/shut offs |

**Disclosure Statement for Owner Builders**

**\*\*\*Notice of Commencement Required Before Any Inspections will be Done**

- |                          |                          |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <b><u>Private Potable Water:</u></b> - (City) |
|                          |                          | a) Size of pump motor                         |
|                          |                          | b) Size of pressure tank                      |
|                          |                          | c) Cycle stop valve if used                   |

**COLUMBIA COUNTY BUILDING DEPARTMENT**

**COMMERCIAL MINIMUM PLAN REQUIREMENTS AND CHECKLIST  
FOR FLORIDA BUILDING CODE 2001 WITH AMENDMENTS**

**ALL REQUIREMENTS LISTED ARE SUBJECT TO CHANGE**  
EFFECTIVE MARCH 1, 2002

**ALL BUILDING PLANS MUST INCLUDE THE FOLLOWING ITEMS AND INDICATE COMPLIANCE WITH CHAPTER 1606 OF THE FLORIDA BUILDING CODE 2001 WITH AMENDMENTS BY PROVIDING CALCULATIONS AND DETAILS THAT HAVE THE SIGNATURE AND SEAL OF A CERTIFIED ARCHITECT OR ENGINEER REGISTERED IN THE STATE OF FLORIDA. THE FOLLOWING BASIC WIND SPEED AS PER SECTION 1606 SHALL BE USED.**

WIND SPEED LINE SHALL BE DEFINED AS FOLLOWS: THE CENTERLINE OF INTERSTATE 75

1. ALL BUILDINGS CONSTRUCTED EAST OF SAID LINE SHALL BE ----- 100 MPH
2. ALL BUILDINGS CONSTRUCTED WEST OF SAID LINE SHALL BE ----- 110 MPH
3. NO AREA IN COLUMBIA COUNTY IS IN A WIND BORNE DEBRIS REGION

**APPLICANT - PLEASE CHECK ALL APPLICABLE BOXES BEFORE SUBMITTAL**

**GENERAL REQUIREMENTS:** Two (2) complete sets of plans containing a floor plan, site plan, foundation plan, floor/roof framing plan or truss layout, wall sections and all exterior elevations with the following criteria and documents:

**Applicant**

**Plans Examiner**

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All drawings must be clear, concise and drawn to scale ("Optional" details that are not used shall be marked void or crossed off). Square footage of different areas shall be shown on plans.

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Designers name and signature on document (FBC 104.2.1) If licensed architect or engineer, official seal shall be affixed.

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**Two (2) Copies of Approved Site Plan**

☐

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**Minimum Type Construction (FBC Table 500)**

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**Wind Load Engineering Summary, calculations and any details required:**

- a) Plans or specifications must state compliance with FBC Section 1606
- b) The following information must be shown as per section 1606.1.7 FBC
  1. Basic wind speed (MPH)
  2. Wind importance factor (I) and building category
  3. Wind exposure - if more than one wind exposure is used, the wind exposure and applicable wind direction shall be indicated
  4. The applicable internal pressure coefficient
  5. Components and Cladding. The design wind pressure in terms of psf (kN/m<sup>2</sup>), to be used for the design of exterior component and cladding materials not specifically designed by the registered design professional

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**Fire Resistant Construction Requirements shall include:**

- a) Fire resistant separations (listed system)
- b) Fire resistant protection for type of construction
- c) Protection of openings and penetrations of rated walls (listed systems)
- d) Fire blocking and draft-stopping
- e) Calculated fire resistance

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**Fire Suppression Systems shall include: (To be reviewed by Fire Department)**

- |                          |                          |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | a) Fire sprinklers  |
| <input type="checkbox"/> | <input type="checkbox"/> | b) Fire alarm system (early warning) with name of licensed installer. If not shown on plans or not known at time of permitting, a separate permit shall be required by the licensed installer |
| <input type="checkbox"/> | <input type="checkbox"/> | c) Smoke evacuation system schematic  |
| <input type="checkbox"/> | <input type="checkbox"/> | d) Stand-pipes  |
|                          |                          | Pre-engineered system   |
|                          |                          | Riser diagram   |

**Life Safety Systems shall include: (To be reviewed by Fire Department)**

- |                          |                          |                                       |
|--------------------------|--------------------------|---------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | a) Occupancy load and egress capacity |
| <input type="checkbox"/> | <input type="checkbox"/> | b) Early warning                      |
| <input type="checkbox"/> | <input type="checkbox"/> | c) Smoke control                      |
| <input type="checkbox"/> | <input type="checkbox"/> | d) Stair pressurization               |
| <input type="checkbox"/> | <input type="checkbox"/> | e) Systems schematic                  |

**Occupancy Load/Egress Requirements shall include:**

- |                          |                          |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | a) Occupancy load (gross and net)             |
| <input type="checkbox"/> | <input type="checkbox"/> | b) Means of egress                            |
|                          |                          | exit access, exit and exit discharge          |
| <input type="checkbox"/> | <input type="checkbox"/> | c) Stair construction/geometry and protection |
| <input type="checkbox"/> | <input type="checkbox"/> | d) Doors                                      |
| <input type="checkbox"/> | <input type="checkbox"/> | e) Emergency lighting and exit signs          |
| <input type="checkbox"/> | <input type="checkbox"/> | f) Specific occupancy requirements            |
|                          |                          | 1. Construction requirements                  |
|                          |                          | 2. Horizontal exits/exit passageways          |

**Structural Requirements shall include:**

- |                          |                          |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | a) Soil conditions/analysis   |
| <input type="checkbox"/> | <input type="checkbox"/> | b) Show type of termite treatment (termicide or alternative method) |
| <input type="checkbox"/> | <input type="checkbox"/> | c) Design loads   |
| <input type="checkbox"/> | <input type="checkbox"/> | d) Wind requirements  |
| <input type="checkbox"/> | <input type="checkbox"/> | e) Building envelope  |
| <input type="checkbox"/> | <input type="checkbox"/> | f) Structural calculations  |
| <input type="checkbox"/> | <input type="checkbox"/> | g) Foundations  |
| <input type="checkbox"/> | <input type="checkbox"/> | h) Wall systems   |
| <input type="checkbox"/> | <input type="checkbox"/> | i) Floor systems  |
| <input type="checkbox"/> | <input type="checkbox"/> | j) Roof systems   |
| <input type="checkbox"/> | <input type="checkbox"/> | k) Threshold inspection plan (If applicable)                        |
| <input type="checkbox"/> | <input type="checkbox"/> | l) Stair systems  |

**Materials shall include:**

- |                          |                          |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | a) Wood  |
| <input type="checkbox"/> | <input type="checkbox"/> | b) Steel   |
| <input type="checkbox"/> | <input type="checkbox"/> | c) Aluminum  |
| <input type="checkbox"/> | <input type="checkbox"/> | d) Concrete  |
| <input type="checkbox"/> | <input type="checkbox"/> | e) Plastic   |
| <input type="checkbox"/> | <input type="checkbox"/> | f) Glass (mfg..Listing for wind zone including details for installation and attachments) |
| <input type="checkbox"/> | <input type="checkbox"/> | g) Masonry   |
| <input type="checkbox"/> | <input type="checkbox"/> | h) Gypsum board and plaster  |
| <input type="checkbox"/> | <input type="checkbox"/> | i) Insulating (mechanical)   |
| <input type="checkbox"/> | <input type="checkbox"/> | j) Roofing (mfg. Listed system for wind zone with installation and attachments)          |
| <input type="checkbox"/> | <input type="checkbox"/> | k) Insulation  |

**Accessibility Requirements shall include:**

- |                          |                          |                                   |
|--------------------------|--------------------------|-----------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | a) Site requirements              |
| <input type="checkbox"/> | <input type="checkbox"/> | b) Accessible route               |
| <input type="checkbox"/> | <input type="checkbox"/> | c) Vertical accessibility         |
| <input type="checkbox"/> | <input type="checkbox"/> | d) Toilet and bathing facilities  |
| <input type="checkbox"/> | <input type="checkbox"/> | e) Drinking fountains             |
| <input type="checkbox"/> | <input type="checkbox"/> | f) Equipment                      |
| <input type="checkbox"/> | <input type="checkbox"/> | g) Special occupancy requirements |
| <input type="checkbox"/> | <input type="checkbox"/> | h) Fair housing requirements      |

**Interior Requirements shall include:**

- |                          |                          |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | a) Interior finishes (flame spread/smoke develop) |
| <input type="checkbox"/> | <input type="checkbox"/> | b) Light and ventilation                          |
| <input type="checkbox"/> | <input type="checkbox"/> | c) Sanitation                                     |

**Special Systems shall include:**

- |                          |                          |               |
|--------------------------|--------------------------|---------------|
| <input type="checkbox"/> | <input type="checkbox"/> | a) Elevators  |
| <input type="checkbox"/> | <input type="checkbox"/> | b) Escalators |
| <input type="checkbox"/> | <input type="checkbox"/> | c) Lifts      |

**Swimming Pools – Commercial** – Plans shall be signed and sealed by a Professional Engineer registered in the State of Florida and approved by the Department of Business and Professional Regulation/Health Department Indicating compliance with the Florida Administrative Code, Chapter 64E-9 And Section 424 of the Florida Building Code

**Electrical:**

- |                          |                          |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | a) Electrical wiring, services, feeders and branch circuits, over-current protection, grounding, wiring methods and materials, GFCIs |
| <input type="checkbox"/> | <input type="checkbox"/> | b) Equipment   |
| <input type="checkbox"/> | <input type="checkbox"/> | c) Special Occupancies   |
| <input type="checkbox"/> | <input type="checkbox"/> | d) Emergency Systems   |
| <input type="checkbox"/> | <input type="checkbox"/> | e) Communication Systems   |
| <input type="checkbox"/> | <input type="checkbox"/> | f) Low Voltage   |
| <input type="checkbox"/> | <input type="checkbox"/> | g) Load calculations   |
| <input type="checkbox"/> | <input type="checkbox"/> | h) Riser diagram   |

**Plumbing:**

- |                          |                          |                                |
|--------------------------|--------------------------|--------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | a) Minimum plumbing facilities |
| <input type="checkbox"/> | <input type="checkbox"/> | b) Fixture requirements        |
| <input type="checkbox"/> | <input type="checkbox"/> | c) Water supply piping         |
| <input type="checkbox"/> | <input type="checkbox"/> | d) Sanitary drainage           |
| <input type="checkbox"/> | <input type="checkbox"/> | e) Water heaters               |
| <input type="checkbox"/> | <input type="checkbox"/> | f) Vents                       |
| <input type="checkbox"/> | <input type="checkbox"/> | g) Roof drainage               |
| <input type="checkbox"/> | <input type="checkbox"/> | h) Back flow prevention        |
| <input type="checkbox"/> | <input type="checkbox"/> | i) Irrigation                  |
| <input type="checkbox"/> | <input type="checkbox"/> | j) Location of water supply    |
| <input type="checkbox"/> | <input type="checkbox"/> | k) Grease traps                |
| <input type="checkbox"/> | <input type="checkbox"/> | l) Environmental requirements  |
| <input type="checkbox"/> | <input type="checkbox"/> | m) Plumbing riser              |

**Mechanical:**

- |                          |                          |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | a) Energy calculation (signed and sealed by Architect or Engineer, registered in the State of Florida) |
| <input type="checkbox"/> | <input type="checkbox"/> | b) Exhaust systems (clothes dryer exhaust, kitchen equipment exhaust, Specialty equipment exhaust)     |
| <input type="checkbox"/> | <input type="checkbox"/> | c) Equipment   |
| <input type="checkbox"/> | <input type="checkbox"/> | d) Equipment location  |
| <input type="checkbox"/> | <input type="checkbox"/> | e) Make-up air   |
| <input type="checkbox"/> | <input type="checkbox"/> | f) Roof mounted equipment  |
| <input type="checkbox"/> | <input type="checkbox"/> | g) Duct systems  |
| <input type="checkbox"/> | <input type="checkbox"/> | h) Ventilation   |
| <input type="checkbox"/> | <input type="checkbox"/> | i) Combustion air  |
| <input type="checkbox"/> | <input type="checkbox"/> | j) Chimneys, fireplaces and vents  |
| <input type="checkbox"/> | <input type="checkbox"/> | k) Appliances  |
| <input type="checkbox"/> | <input type="checkbox"/> | l) Boilers   |
| <input type="checkbox"/> | <input type="checkbox"/> | m) Refrigeration   |
| <input type="checkbox"/> | <input type="checkbox"/> | n) Bathroom ventilation  |
| <input type="checkbox"/> | <input type="checkbox"/> | o) Laboratory  |

**Gas:**

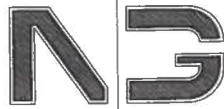
- |                          |                          |                            |
|--------------------------|--------------------------|----------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | a) Gas piping              |
| <input type="checkbox"/> | <input type="checkbox"/> | b) Venting                 |
| <input type="checkbox"/> | <input type="checkbox"/> | c) Combustion air          |
| <input type="checkbox"/> | <input type="checkbox"/> | d) Chimney's and vents     |
| <input type="checkbox"/> | <input type="checkbox"/> | e) Appliances              |
| <input type="checkbox"/> | <input type="checkbox"/> | f) Type of gas             |
| <input type="checkbox"/> | <input type="checkbox"/> | g) Fireplaces              |
| <input type="checkbox"/> | <input type="checkbox"/> | h) LP tank locations       |
| <input type="checkbox"/> | <input type="checkbox"/> | i) Riser diagram/shut offs |

**Disclosure Statement for Owner Builders**

- |                          |                          |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |

**\*\*\*Notice of Commencement Required Before Any Inspections will be Done****Private Potable Water:** ~ (City)

- |                          |                          |                             |
|--------------------------|--------------------------|-----------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | a) Size of pump motor       |
|                          |                          | b) Size of pressure tank    |
|                          |                          | c) Cycle stop valve if used |



**NICHOLAS  
PAUL  
GEISLER  
ARCHITECT**  
N.C.A.R.B. Certified

■ 1758 NW Brown Road  
■ Lake City, FL 32055  
■ 386/755-9021

14 SEPTEMBER 2006

LARRY LEE, BUILDING OFFICIAL  
LAKE CITY BUILDING DEPT.  
LAKE CITY, CITY HALL  
LAKE CITY, FLORIDA 32055

RE: DOLLAR GENERAL STORE @ BAYA AVENUE  
PLAN REVIEW Nr.: \_\_\_\_\_

DEAR SIR:

PLEASE BE ADVISED OF THE FOLLOWING CHANGE TO THE CONSTRUCTION DOCUMENTS FOR THE ABOVE REFERENCED PROJECT:

1. ON SHEETS D.1 & D.16, DELETE THE REFERENCE TO A GRANULAR BASE UNDER SLAB. THIS DELETION SHALL BE UNIVERSAL AND SHALL APPLY AT ALL INSTANCES WHERE IT MAY OCCURE IN THESE CONSTRUCTION DOCUMENTS.
2. IN LIEU OF THE GRANULAR BASE, CLEAN, COMPACTED, TREATED SAND FILL SHALL BE GRADED TO THE REQUIRED ELEVATION TO ACHIEVE THE ESTABLISHED FINISHED FLOOR SLAB ELEVATION.

SHOULD YOU HAVE ANY FURTHER QUESTIONS WITH THIS, PLEASE CALL FOR ASSISTANCE.

YOURS TRULY,  
NICHOLAS PAUL GEISLER, ARCHITECT AR0007005



**NICHOLAS  
PAUL  
GEISLER**  
**ARCHITECT**  
N.C.A.R.B. Certified

■ 1758 NW Brown Road  
■ Lake City, FL 32055  
■ 386/755-9021

19 OCTOBER 2006

JOE HALTIWANGER, PLANS REVIEW  
COLUMBIA COUNTY, BUILDING DEPT.  
COLUMBIA COUNTY COURTHOUSE ANNEX  
LAKE CITY, FLORIDA 32055

RE: DOLLAR GENERAL - BAYA  
PERMIT Nr.: \_\_\_\_\_

DEAR SIR:

WITH REGARD TO OUR CONVERSATION THIS MORNING FOR THE ABOVE  
REFERENCED PROJECT, PLEASE REVIEW THE ATTACHED ITEMS:

1. 1 HOUR FIRE SEPARATION BETWEEN THE TENANT SPACES, INCLUDING  
BETWEEN DOLLAR GENERAL AND THE ADJACENT TENANT SPACE.
2. 2 HOUR FIRE SEPARATION BETWEEN THE GENERAL SALES AREA AND THE  
STORAGE AREA WITHIN THE DOLLAR GENERAL STORE.
3. A 4 METER ELECTRICAL RISER DIAGRAM INDICATING SEPARATE METERS FOR  
EACH TENANT AND THE DOLLAR GENERAL STORE AND A HOUSE PANEL.

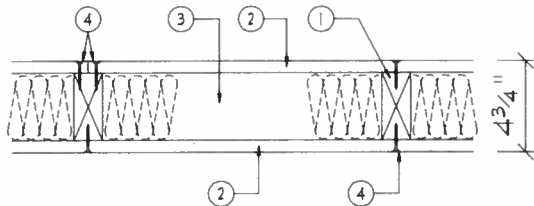
WITH REGARD TO THE FINAL BUILD-OUT OF THE 2 LEASE TENANT SPACES,  
A SEPARATE PERMIT APPLICATION WILL BE REQUIRED FOR THE COMPLETION  
OF EACH SPACE AS THEY ARE LEASED, FOR ANY INTERIOR WORK NOT  
COMPLETED AT THIS TIME.

SHOULD YOU HAVE ANY FURTHER QUESTIONS WITH THIS, PLEASE CALL FOR  
ASSISTANCE.

YOURS TRULY,  
NICHOLAS PAUL GEISLER, ARCHITECT AR0007005

### Design No. U333

Bearing Wall Rating-1 Hr.  
Finish Rating-23 Min.



1 Wood Studs-Nom 2 by 4 in., spaced 16 in. D.C. effectively cross-braced.

2. Gypsum Wallboard-5/8 in. thick, 4 ft wide, applied either vertically or horizontally, screw attached to studs and plates with 1 1/4 in. long Type W steel screws, spaced 12 in. D.C.

Canadian Gypsum Co. Ltd-Type C.  
Georgia-Pacific Corp., Gypsum Div.-Type GFFS-C.  
United States Gypsum Co.-Type C or IP-X2.

3. Batts and Blankets\*-(Optional)-Mineral wool insulation, partially or completely filling stud cavity.

USG Interiors Inc.  
United States Gypsum Co.

4. Joints and Nailheads-Wallboard joints covered with paper tape and joint compound. Screwheads covered with joint compound.

\*Bearing the UL Classification Marking

### 1 Hour Fire Wall DETAIL

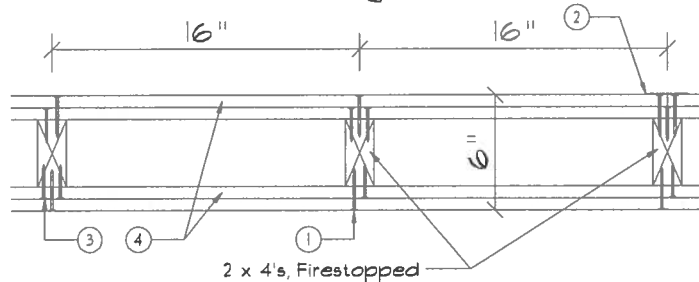
SCALE: NONE

INSTALL BETWEEN TENNANTS

*[Handwritten signature]*  
4127005 190612K6

## Design No. U301

Bearing Wall Rating-2 Hr.  
Finish Rating-66 Min.



1. Nailheads - Exposed or covered with joint finisher.

2. Joints - Exposed or covered with fiber tape and joint finisher.  
As an alternate, nominal 3/32 in. thick gypsum veneer plaster may be applied to the entire surface of Classified veneer baseboard. Joints reinforced.

3. Nails - 6d cement-coated nails 1-7/8 in. long, Ø.0915 in. shank diam., 1/4 in. diam. heads, and 8d cement-coated nails 2-3/8 in. long, Ø.113 in. shank diam, 9/32 in. diam. heads.

4. Wallboard, Gypsum\* - 5/8 in. thick, two layers applied either horizontally or vertically. Inner layer attached to studs with the 1-7/8 in. nails spaced 6 in. O.C. Outer layer attached to studs over inner layer with the 2-3/8 in. long nails spaced 8 in. O.C. Vertical joints located over studs. All joints in face layers staggered with joints in base layers. Joints of each base layer offset with joints of base layer on opposite side.

Canadian Gypsum Co., Ltd. - Types C, SCX, SHX, WRX.

Celotex Corp. - Type I or FAF.

Domtar Gypsum - Type C, 4 or 9.

Gold Bond Building Products - Types FSK, FSK-G, -4, FSW, FSW-G, or -4.

James Hardie Gypsum - Type Fire X.

Pabco Gypsum, A Div. of Pacific Coast Bldg. Products, Inc. - Types PG-2, -3, -3W, -3WS, -4 or -6.

Standard Gypsum Corp. - Type SGC or SGC-G.

United States Gypsum Co. - Type C, IP-X1, IP-X2, SCX, SHC, SHX, WRX-C, or WRX.

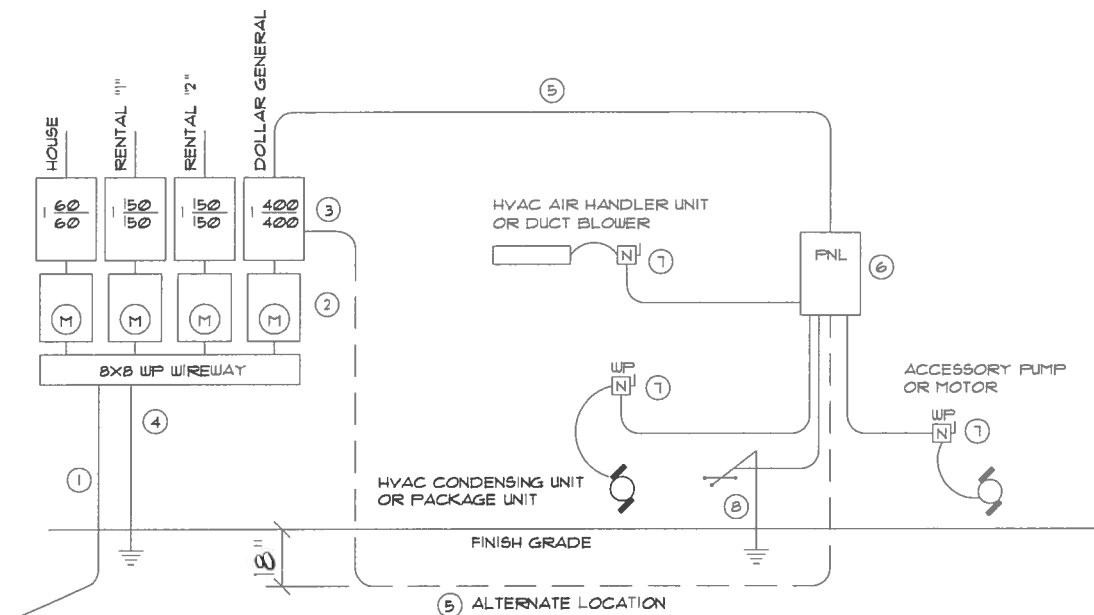
\*Bearing the UL Classification Marking

## 2 Hour Fire Wall DETAIL

SCALE: NONE

INSTALL BETWEEN GENERAL SALES AND STORAGE AREA IN  
DOLLAR GENERAL STORE

AR7005 19 Oct 2006



- ① Service/Feeder Entrance Conductors: 2 - 3" rigid conduit, min 18" deep, w/ continuous Ground Bonding Conductor, Service/Entrance Conductors shall not be spliced except that bolted connections at the Meter, Disconnecting Devices and Panel shall be allowed.
- ② Meter Enclosure, weatherproof, U.L. Listed.
- ③ Main Disconnect Switch: fused or Main BRKR, weatherproof, U.L. Listed.
- ④ Service entrance Ground:  $\frac{3}{8}$ "  $\times$  Iron/steel rod  $\times$  8'-0" long and/or concrete encased foundation steel rebar  $\times$  20'-0" long. Grounding Conductor shall be bonded to each piece of Service/Entrance Equipment, and shall be sized per item #5, below.
- ⑤ 200 AMPERE FEEDER: 3- $\frac{1}{2}$ "-USE-Cu, 1- $\frac{1}{4}$ "-Cu-GND, 2" Conduit.
- ⑥ House Panel (PNL), U.L. Listed, sized per schedule.
- ⑦ Equipment Disconnect Switch: non-fused, in weatherproof enclosure, size according to Panel Schedule loads.
- ⑧ Provide Ground Bond Wire to metal piping, size in accordance with the Service Ground Conductor.

#### NOTE!

THE MINIMUM AIC RATING FOR PANEL BOARDS, BRKRS AND DISCONNECT SWITCHES SHALL BE 22,000 AIC.

#### SERVICE ENTRANCE SIZE:

$$760A \times 80\% = 608 \text{ AMPERS}$$

USE: 2 - 3" CONDUITS EA. W/ 2 - 350MCM - THW - Cu  
 & 1 - 350MCM THW - Cu - NEUT. & 1 #3 Cu GND.

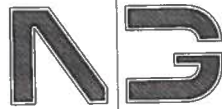
### ELECTRICAL RISER DIAGRAM: 600A

SCALE: NONE

LOCATE ALONG REAR WALL OF BUILDING, IN COMPLIANCE WITH  
 POWER COMPANY REGULATIONS

*[Handwritten Signature]*  
 AN7005 1904256





**NICHOLAS  
PAUL  
GEISLER  
ARCHITECT**  
N.C.A.R.B. Certified

1758 NW Brown Road  
Lake City, FL 32055  
386/755-9021

14 SEPTEMBER 2006

LARRY LEE, BUILDING OFFICIAL  
LAKE CITY BUILDING DEPT.  
LAKE CITY, CITY HALL  
LAKE CITY, FLORIDA 32055

RE: DOLLAR GENERAL STORE @ BAY A AVENUE  
PLAN REVIEW Nr.: \_\_\_\_\_

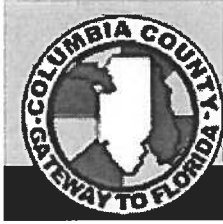
DEAR SIR:

PLEASE BE ADVISED OF THE FOLLOWING CHANGE TO THE CONSTRUCTION  
DOCUMENTS FOR THE ABOVE REFERENCED PROJECT:

1. ON SHEETS D.1 & D.16, DELETE THE REFERENCE TO A GRANULAR BASE  
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ALL INSTANCES WHERE IT MAY OCCURE IN THESE CONSTRUCTION DOCUMENTS.
2. IN LIEU OF THE GRANULAR BASE, CLEAN, COMPACTED, TREATED SAND FILL  
SHALL BE GRADED TO THE REQUIRED ELEVATION TO ACHIEVE THE  
ESTABLISHED FINISHED FLOOR SLAB ELEVATION.

SHOULD YOU HAVE ANY FURTHER QUESTIONS WITH THIS, PLEASE CALL FOR  
ASSISTANCE.

YOURS TRULY,  
NICHOLAS PAUL GEISLER, ARCHITECT AR0007005



From: The Columbia County Building & Zoning Department  
Plan Review  
135 NE Hernando Av.  
P.O. Box 1529  
Lake City Florida 32056-1529

Reference to a building permit application Number: **0610-20**  
Mangrum Construction Inc. Property Owners Muggridge & Wimberly Property ID  
14-5S-16-03621-007

On the date of October 10, 2006 application 0610-20 and plans for construction of a mercantile group M commercial building were reviewed and the following information or alteration to the plans will be required to continue processing this application. If you should have any question please contact the above address, or contact phone number (386) 758-1163 or fax any information to (386) 754-7088.

**Please include application number 0610-20 and when making reference to this application.**

***This is a plan review for compliance with the Florida Building Codes 2004 only and doesn't make any consideration toward the land use and zoning requirements.***

Section 106.3.5 of the 2004 Florida Building Codes: Minimum plan review criteria for buildings. The examination of the documents by the building official shall include the following minimum criteria for commercial building.

**1. Site requirements:**

A. Parking 55 spaces showed Two Handicap access 11-4.1.2

*Accessible site and exterior facilities: new construction. Required 2*

B. Fire access: *Fire truck accessibility from two sides only 15' building height.*

C. Vehicle loading: *No accessibility from rear of building for truck unloading for all three proposed building.*

D. Driving/turning radius: *Poor turning radius for tractor trailer in parking lot.*

E. Fire hydrant/water supply/post indicator valve (PIV) *None Shown*

F. Set back/separation (assumed property lines) *West side 30' East Side 95' North Side 130' South Side 150'*

G. Location of specific tanks, water lines and sewer lines: ***Please provide a copy of a signed released site plan from the Columbia County Environmental Health Department which confirms approval of the waste water disposal system. City of Lake City water three meters.***

**2. Occupancy group and special occupancy requirements shall be determined.**

A. Group M Occupancy ( Minimum type of construction shall be determined see Table 503). *Type V (A (protected)) 14,000 Sq. Ft. Requested 11,600 Sq. Ft.*

B. Fire-resistant construction requirements shall include the following components:

C. Fire-resistant separations ***Show the wall detail which will provide a One hour fire separation for tenant separation between the General Dollar Store (9,014 sq.ft) 130' wall and the adjoining tenants. Also show the fire wall detail which will provide a one hour separation between the to tenants spaces.***

D. Fire-resistant protection for type of construction. One Hour.

E. Protection of openings and penetrations of rated walls. ***Provide the fire rating for doors Numbered 102, & 103A,***

**3.** Fire blocking and draftstopping and calculated fire resistance. Fire suppression systems shall include:

A. Early warning smoke evacuation systems Schematic fire sprinklers  
*Not required*

B. Standpipes *Not required*

C. Pre-engineered systems *Not required*

D. D. Riser diagram *Not required*

**4.** Life safety systems shall be determined and shall include the following requirements:

A. Occupant load and egress capacities

Sales Area= 7,161 X 60 gross = 119 occupants

Stock room= 1088 X 300 gross= 4 occupants

Office area 158 X 100 gross=2 occupants

Total occupant load = 121 occupants

- B. Early warning *not required*
- C. Smoke control *not required*
- D. Stair pressurization *not required*
- E. Systems schematic *not required*
- F. Occupancy load/egress requirements shall include:
- G. Occupancy load *121 occupants*
- H. Gross *125 occupants*
- I. Net *121 occupants*
- J. Means of egress *24" of width opening*
- K. Exit access Provided is 9'
- L. Exit *Two*
- M. Exit discharge *114'*
- N. Stairs construction/geometry and protection *not required*
- O. Doors **103A shall have a door frame and door assembly rating of one hour with self closures rated**
- P. Emergency lighting and exit signs *OK*
- Q. Specific occupancy requirements **Table 302.1.1 incidental use areas storage rooms over 100 square feet 2 hour fire wall separation. Per fire wall plans notes**
- R. Construction requirements **One hour separation between tenants**

- S. Horizontal exits/exit passageways
- T. Structural requirements shall include:
- U. Soil conditions/analysis:

***The Florida Building Code 2004 section 106.3.5 Minimum plan review criterion for commercial buildings requires a soil conditions/analysis be preformed. Therefore please follow the prescribed testing methods of chapter 18 to reveal the soil load bearing capacities. Please have a registered professional conduct subsurface explorations at the project site upon which foundations are to be constructed, a sufficient number (not less than four, one boring on each corner of the building foundation) borings shall be made to a depth of not less than 10 feet (3048 mm) below the level of the foundations to provide assurance of the soundness of the foundation bed and its load-bearing capacity.***

- V. Termite protection *Shown*
- W. Design loads 20 P.S. F.
- X. Wind requirements 110 Building Category II
- Y. Building envelope Steel Building

**5. Structural calculations (if required)**

- A. Foundation See steel building plan floor & detail Plan
- B. Wall systems steel
- C. Floor systems concrete
- D. Roof systems Steel Roofing
- E. Threshold inspection plan Not Required

F. Stair systems Not Required

**6.** Materials shall be reviewed and shall at a minimum include the following:

- A. Wood
- B. Steel
- C. Aluminum
- D. Concrete
- E. Plastic
- F. Glass
- G. Masonry
- H. Gypsum board and plaster
- I. Insulating (mechanical)
- J. Roofing
- K. Insulation

**7.** Accessibility requirements shall include the following:

- A. Site requirements Curb cut store front shown
- B. Accessible route Yes
- C. Vertical accessibility
- D. Toilet and bathing facilities CHAPTER 11 FLORIDA  
ACCESSIBILITY CODE FOR BUILDING CONSTRUCTION
- E. Drinking fountains one shown

- F. Equipment
- G. Special occupancy requirements None
- H. Fair housing requirements None
- I. Interior requirements shall include the following:
- J. Interior finishes (flame spread/smoke development)
- K. Light and ventilation: Needs to show bathroom fans exhaust duct path.
- L. Sanitation
- M. Special systems :None
- N. Elevators None
- O. Escalators None
- P. Lifts None
- Q. Swimming pools: None
- R. Barrier requirements None
- S. Spas None
- T. Wading pools None

**8. Electrical:**

- A. Wiring
- B. Services ***Needs to show main electrical riser for three building***



- C. Feeders and branch circuits: None shown for the two small retail Building.
- D. Overcurrent protection
- E. Grounding
- F. Wiring methods and materials
- G. GFCIs
- H. Equipment
- I. Special occupancies
- J. Emergency systems
- K. Communication systems
- L. Low voltage
- M. Load calculations

**10. Plumbing:**

- A. Minimum plumbing facilities
- B. Fixture requirements
- C. Water supply piping
- D. Sanitary drainage
- E. Water heaters Shown
- F. Vents
- G. Roof drainage
- H. Back flow prevention Shown
- I. Irrigation
- J. Location of water supply line

K. Grease traps

**11. Environmental requirements**

A. Plumbing riser

B. Mechanical

C. Energy calculations ***Need for all three Building***

D. Exhaust systems:

E. Clothes dryer exhaust

F. Kitchen equipment exhaust

G. Specialty exhaust systems

**12. Equipment**

A. Equipment location

B. Make-up air

C. Roof-mounted equipment

D. Duct systems

E. Ventilation

F. Combustion air

G. Chimneys, fireplaces and vents

H. Appliances

I. Boilers

J. Refrigeration

K. Bathroom ventilation

L. Laboratory

**13. Gas**

- A. Gas piping
- B. Venting
- C. Combustion air
- D. Chimneys and vents
- E. Appliances
- F. Type of gas
- G. Fireplaces
- H. LP tank location
- I. Riser diagram/shutoffs

Thank You:

Joe Haltiwanger  
Plan Examiner  
Columbia County Building  
Department

# COLUMBIA COUNTY OFFICE 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 34-3S-17-06970-003

Building permit No. 000025248

Use Classification COMMERCIAL STORE

Fire: 808.64

Permit Holder ORBY LAMB

Waste:           

Owner of Building MUGGRIDGE & WIMBERLEY CONS. INC

Total: 808.64

Location: 2172 SE BAYA DRIVE

Date: 02/26/2007



*John Ketch*  
Building Inspector

POST IN A CONSPICUOUS PLACE  
(Business Places Only)