

DATE 05/09/2005

Columbia County Building Permit

PERMIT
000023590

This Permit Expires One Year From the Date of Issue

APPLICANT ANNETTE LANGE PHONE 239.537.9333
ADDRESS 320 13TH ST NW NAPLES FL 32024
OWNER SCOTT R. & ANNETTE LANGE PHONE 239.537.9333
ADDRESS 277 SE GILES MARTIN AVE LAKE CITY FL 32024
CONTRACTOR SCOTT & ANNETTE LANGE PHONE 239.537.9333
LOCATION OF PROPERTY 441-S TO C-18,TL TO GILES MARTIN AVE,TL AND IT'S THE
1ST. DRIVEWAY ON R.

TYPE DEVELOPMENT SFD/UTILITY ESTIMATED COST OF CONSTRUCTION 34000.00
HEATED FLOOR AREA 680.00 TOTAL AREA 904.00 HEIGHT 18.30 STORIES 1
FOUNDATION CONC WALLS FR/LOG ROOF PITCH 9'12 FLOOR CONC
LAND USE & ZONING A-3 MAX. HEIGHT
Minimum Set Back Requirments: STREET-FRONT 30.00 REAR 25.00 SIDE 25.00
NO. EX.D.U. 0 FLOOD ZONE APS DEVELOPMENT PERMIT NO.

PARCEL ID 24-6S-17-09767-006 SUBDIVISION
LOT BLOCK PHASE UNIT TOTAL ACRES 10.03

Culvert Permit No. Culvert Waiver Contractor's License Number Applicant/Owner/Contractor
EXISTING 05-0873-N BLK N
Driveway Connection Septic Tank Number LU & Zoning checked by Approved for Issuance New Resident

COMMENTS: NOC ON FILE
1 FOOT ABOVE RD

Check # or Cash 1052

FOR BUILDING & ZONING DEPARTMENT ONLY

(footer/Slab)

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

BUILDING PERMIT FEE \$ 170.00 CERTIFICATION FEE \$ 4.52 SURCHARGE FEE \$ 4.52
MISC. FEES \$.00 ZONING CERT. FEE \$ 50.00 FIRE FEE \$ WASTE FEE \$
FLOOD ZONE DEVELOPMENT FEE \$ CULVERT FEE \$ TOTAL FEE 229.04
INSPECTORS OFFICE CLERKS OFFICE CH

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

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

This Permit Must Be Prominently Posted on Premises During Construction

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

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

Columbia County Building Permit Application

Revised 9-23-04

For Office Use Only Application # 050 837 Date Received 8/9/05 By CP Permit # 23590
 Application Approved by - Zoning Official BLK Date 09.09.05 Plans Examiner STH Date 4-6-05
 Flood Zone Apw Development Permit N/A Zoning A-3 Land Use Plan Map Category A-3
 Comments cast 1052 (SP) - 4H✓

Applicants Name Scott R. and Annette A. Lange Phone 239-537-9333 Fax 239-353-1724 call first
 Address 320 13th St NW, Naples, FL 34120 email sabklange@wmconnect.com
 Owners Name Scott R. and Annette A. Lange Phone 239-537-9333
 911 Address 277 SE Giles Martin Ave., Lake City, FL 32024
 Contractors Name owner/builder Phone 239-537-9333
 Address 320 13th St NW, Naples, FL 34120
 Fee Simple Owner Name & Address _____
 Bonding Co. Name & Address _____
 Architect/Engineer Name & Address Suwanee River Log Homes, Inc.
 Mortgage Lenders Name & Address N/A

Circle the correct power company - FL Power & Light Clay Elec. Suwanee Valley Elec. Progressive Energy
 Property ID Number 24-65-17-09767-006 Estimated Cost of Construction 80,000
 Subdivision Name _____ Lot _____ Block _____ Unit _____ Phase _____
 Driving Directions on I75, take Exit 414, go right at the stop sign and go South down 441, take a left on 18, take a left on SE Giles Martin Ave, turn right into 1st driveway on the right
 Type of Construction log cabin Number of Existing Dwellings on Property 0
 Total Acreage 10.03 Lot Size _____ Do you need a - Culvert Permit or Culvert Waiver or Have an Existing Drive
 Actual Distance of Structure from Property Lines - Front 70 Side 70 Side 218 Rear 1440
 Total Building Height 18.30' Number of Stories 2 Heated Floor Area 1080 Roof Pitch 9 12
Porch 224 (loft) TOTAL 904 sq ft

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.

Annette A. Lange
 Owner Builder or Agent (Including Contractor)

STATE OF FLORIDA
 COUNTY OF COLUMBIA

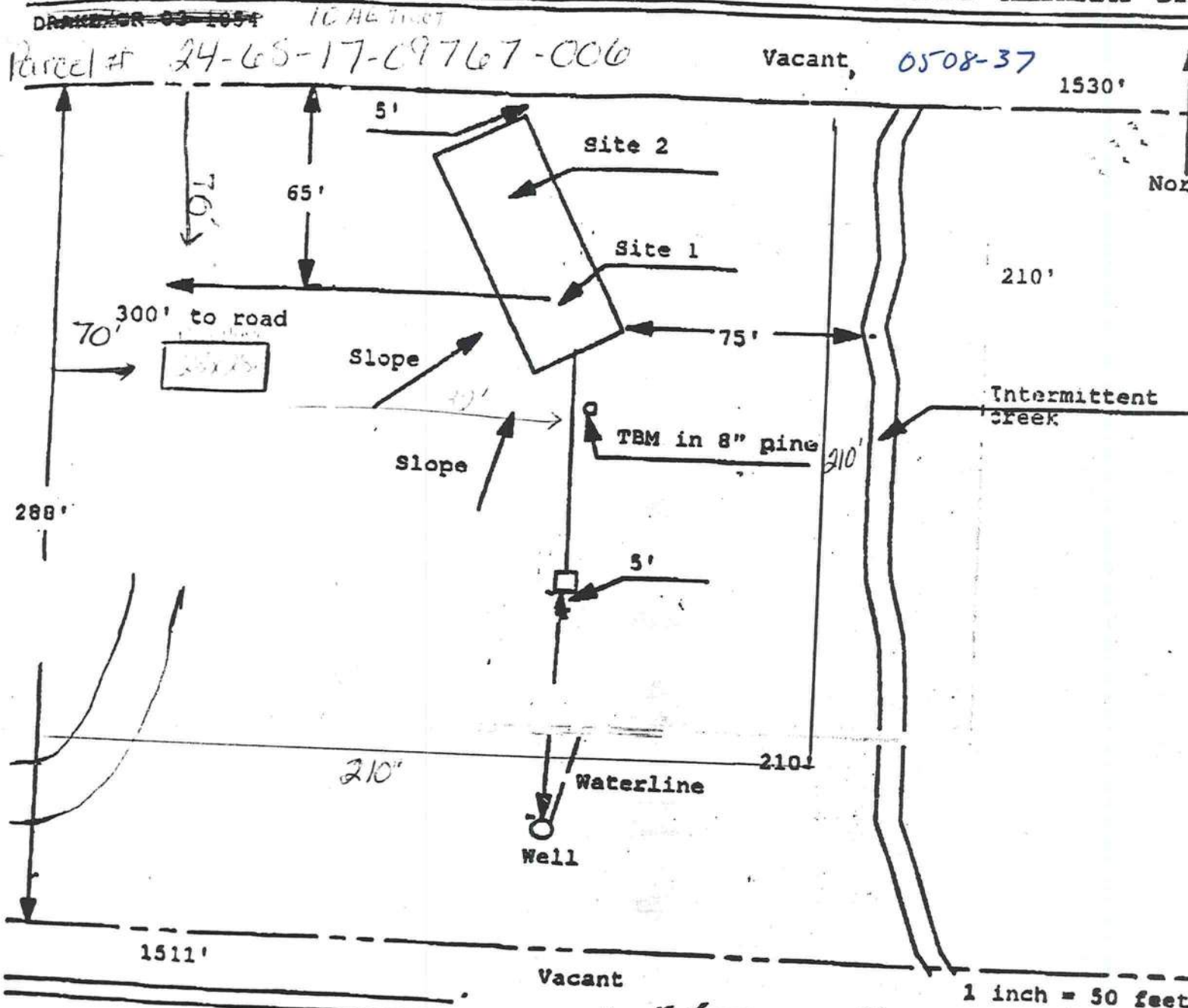
Sworn to (or affirmed) and subscribed before me this 9th day of August
 Personally known _____ or Produced Identification _____



Contractor Signature _____
 Contractors License Number _____
 Competency Card Number _____
 NOTARY STAMP/SEAL

Gale Tedder
 Notary Signature

Part 11 Site Plan
Permit Application Number: 05-0873E
ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH UN



Site Plan Submitted By Mr. A. J. [Signature]
 Plan Approved ☒ Not Approved ☐ Date 8/22/05
 Date 8/31/05
 Notes: Mr. A. J. [Signature] C. [Signature] C. [Signature] CPHU

C. [Signature] AN44

NOTICE OF COMMENCEMENT FORM
COLUMBIA COUNTY, FLORIDA

***THIS DOCUMENT MUST BE RECORDED AT THE COUNTY
CLERKS OFFICE BEFORE YOUR FIRST INSPECTION.***

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

Tax Parcel ID Number 24-65-17-09767-006

1. Description of property: (legal description of the property and street address or 911 address)

Comm NE cor of NW 1/4 of NW 1/4, Run S 1424.31' For POB, cont.
S 286.70 Ft.; W 1511.35 Ft to E R/W OLD WIRE RD, N'LY
Along R/W 287.80 Ft, E 1536.46 Ft To POB (AKA
Lot 6 Means UNR) (A small portion lying in SEC 23-6S-17E)

2. General description of improvement: log Cabin

3. Owner Name & Address Scott R + Annette A. Lange

Interest in Property _____

4. Name & Address of Fee Simple Owner (if other than owner): N/A

320 13th St NW, Naples, FL 34120

5. Contractor Name owner

Phone Number 239-537-9333

Address _____

6. Surety Holders Name _____

Inst: 2005019146 Date: 08/10/2005 Time: 10:30

Address _____

MK DC, P. DeWitt Cason, Columbia County B: 1054 P: 1424

Amount of Bond _____

7. Lender Name N/A

Address _____

8. Persons within the State of Florida designated by the Owner upon whom notices or other documents may be served as provided by section 718.13 (1)(a) 7; Florida Statutes:

Name _____

Phone Number _____

Address _____

9. In addition to himself/herself the owner designates _____ of

_____ to receive a copy of the Lienor's Notice as provided in Section 713.13 (1) -

(a) 7. Phone Number of the designee _____

10. Expiration date of the Notice of Commencement (the expiration date is 1 (one) year from the date of recording, (Unless a different date is specified) _____

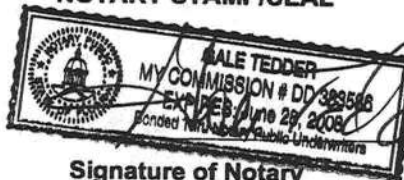
NOTICE AS PER CHAPTER 713, Florida Statutes:

The owner must sign the notice of commencement and no one else may be permitted to sign in his/her stead.

Annette A. Lange
Signature of Owner

Sworn to (or affirmed) and subscribed before
day of Aug, 2005 974

NOTARY STAMP/SEAL



Signature of Notary

	Columbia County	
32090	Land	002
	AG	000
	Bldg	000
	Xfea	000

32090 TOTAL B

Mnt' ' 7/25/2005' KYLIE

F1=Task F3=Exit F4=Prompt F10=GoTo PgUp/PgDn F24=More

DISCLOSURE STATEMENT

FOR OWNER/BUILDER WHEN ACTING AS THEIR OWN CONTRACTOR AND CLAIMING EXEMPTION OF CONTRACTOR LICENSING REQUIREMENTS IN ACCORDANCE WITH FLORIDA STATUTES, ss. 489.103(7).

State law requires construction to be done by licensed contractors. You have applied for a permit under an exemption to that law. The exemption allows you, as the owner of your property, to act as your own contractor with certain restrictions even though you do not have a license. You must provide direct, onsite supervision of the construction yourself. You may build or improve a one-family or two-family residence or a farm outbuilding. You may also build or improve a commercial building, provided your costs do not exceed \$25,000. The building or residence must be for your own use or occupancy. It may not be built or substantially improved for sale or lease. If you sell or lease a building you have built or substantially improved yourself within 1 year after the construction is complete, the law will presume that you built or substantially improved it for sale or lease, which is a violation of this exemption. You may not hire an unlicensed person to act as your contractor or to supervise people working on your building. It is your responsibility to make sure that people employed by you have licenses required by state law and by county or municipal licensing ordinances. You may not delegate the responsibility for supervising work to a licensed contractor who is not licensed to perform the work being done. Any person working on your building who is not licensed must work under your direct supervision and must be employed by you, which means that you must deduct F.I.C.A. and withholding tax and provide workers' compensation for that employee, all as prescribed by law. Your construction must comply with all applicable laws, ordinances, building codes, and zoning regulations.

TYPE OF CONSTRUCTION

- ☒ Single Family Dwelling
☐ Farm Outbuilding
☐ New Construction

☐ Two-Family Residence

☐ Other _____

☐ Addition, Alteration, Modification or other Improvement

NEW CONSTRUCTION OR IMPROVEMENT

I Scott R. and/or Annette A. Lange have been advised of the above disclosure statement for exemption from contractor licensing as an owner/builder. I agree to comply with all requirements provided for in Florida Statutes ss.489.103(7) allowing this exception for the construction permitted by Columbia County Building Permit Number _____


Signature

Annette A. Lange
Date

FOR BUILDING USE ONLY

I hereby certify that the above listed owner/builder has been notified of the disclosure statement in Florida Statutes ss 489.103(7).

Date _____ Building Official/Representative _____

FLORIDA ENERGY EFFICIENCY CODE FOR BUILDING CONSTRUCTION

Florida Department of Community Affairs
Residential Whole Building Performance Method A

Project Name: Lange Residence	Builder: _____
Address: _____	Permitting Office: COLUMBIA
City, State: _____	Permit Number: 23590
Owner: Annette Lange	Jurisdiction Number: 221006
Climate Zone: North	

1. New construction or existing	New	___
2. Single family or multi-family	Single family	___
3. Number of units, if multi-family	1	___
4. Number of Bedrooms	1	___
5. Is this a worst case?	Yes	___
6. Conditioned floor area (ft²)	949 ft²	___
7. Glass area & type	Single Pane	Double Pane
a. Clear glass, default U-factor	0.0 ft²	85.0 ft²
b. Default tint, default U-factor	0.0 ft²	0.0 ft²
c. Labeled U-factor or SHGC	0.0 ft²	0.0 ft²
8. Floor types		
a. Raised Wood, Post or Pier	R=11.0, 560.0 ft²	___
b. N/A		___
c. N/A		___
9. Wall types		
a. Log, 6 inch, Exterior	R=0.0, 1424.0 ft²	___
b. N/A		___
c. N/A		___
d. N/A		___
e. N/A		___
10. Ceiling types		
a. Single Assembly	R=19.0, 700.0 ft²	___
b. N/A		___
c. N/A		___
11. Ducts		
a. Sup: Con. Ret: Con. AH: Interior	Sup. R=6.0, 100.0 ft	___
b. N/A		___
12. Cooling systems		
a. Central Unit	Cap: 24.0 kBtu/hr	___
	SEER: 12.00	___
b. N/A		___
c. N/A		___
13. Heating systems		
a. Electric Heat Pump	Cap: 24.0 kBtu/hr	___
	HSPF: 7.00	___
b. N/A		___
c. N/A		___
14. Hot water systems		
a. Electric Resistance	Cap: 40.0 gallons	___
	EF: 0.97	___
b. N/A		___
c. Conservation credits		___
(HR-Heat recovery, Solar		___
DHP-Dedicated heat pump)		___
15. HVAC credits		___
(CF-Ceiling fan, CV-Cross ventilation,		___
HF-Whole house fan,		___
PT-Programmable Thermostat,		___
MZ-C-Multizone cooling,		___
MZ-H-Multizone heating)		___

Glass/Floor Area: 0.09

Total as-built points: 13802

Total base points: 14489

PASS

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

PREPARED BY: LARRY GILLDATE: 8/5/05

I hereby certify that this building, as designed, is in compliance with the Florida Energy Code.

OWNER/AGENT: _____

DATE: _____

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



BUILDING OFFICIAL: _____

DATE: _____

SUMMER CALCULATIONS

Residential Whole Building Performance Method A - Details

ADDRESS: ,,, PERMIT #:

BASE			AS-BUILT					
Summer Base Points: 14432.4			Summer As-Built Points: 19087.2					
Total Summer Points	X System Multiplier	= Cooling Points	Total Component	X Cap Ratio	X Duct Multiplier (DM x DSM x AHU)	X System Multiplier	X Credit Multiplier	= Cooling Points
14432.4	0.4266	6156.9	19087.2	1.000	(1.000 x 1.147 x 0.91)	0.284	1.000	5666.3
			19087.2	1.00	1.044	0.284	1.000	5666.3

WINTER CALCULATIONS

Residential Whole Building Performance Method A - Details

ADDRESS: , , ,

PERMIT #:

BASE				AS-BUILT							
Winter Base Points: 8902.8				Winter As-Built Points: 10657.8							
Total Winter Points	X	System Multiplier	= Heating Points	Total Component	X	Cap Ratio	X Duct Multiplier (DM x DSM x AHU)	X System Multiplier	X Credit Multiplier	= Heating Points	
8902.8		0.6274	5585.6	10657.8		1.000	(1.000 x 1.169 x 0.93)	0.487	1.000	5644.4	
				10657.8		1.00	1.087	0.487	1.000	5644.4	

Code Compliance Checklist

Residential Whole Building Performance Method A - Details

ADDRESS: , , ,

PERMIT #:

6A-21 INFILTRATION REDUCTION COMPLIANCE CHECKLIST

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

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

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

COLUMBIA COUNTY BUILDING DEPARTMENT

**RESIDENTIAL MINIMUM PLAN REQUIREMENTS AND CHECKLIST FOR
FLORIDA BUILDING CODE 2001
ONE (1) AND TWO (2) FAMILY DWELLINGS
ALL REQUIREMENTS ARE SUBJECT TO CHANGE
EFFECTIVE MARCH 1, 2002**

ALL BUILDING PLANS MUST INDICATE THE FOLLOWING ITEMS AND INDICATE COMPLIANCE WITH CHAPTER 1606 OF THE FLORIDA BUILDING CODE 2001 BY PROVIDING CALCULATIONS AND DETAILS THAT HAVE THE SEAL AND SIGNATURE OF A CERTIFIED ARCHITECT OR ENGINEER REGISTERED IN THE STATE OF FLORIDA, OR ALTERNATE METHODOLOGIES, APPROVED BY THE STATE OF FLORIDA BUILDING COMMISSION FOR ONE-AND-TWO FAMILY DWELLINGS. FOR DESIGN PURPOSES THE FOLLOWING BASIC WIND SPEED AS PER FIGURE 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 the following:

Applicant	Plans Examiner	
<input checked="" type="checkbox"/>	<input checked="" 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 checked="" 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 checked="" type="checkbox"/>	<u>Site Plan including:</u> a) Dimensions of lot b) Dimensions of building set backs c) Location of all other buildings on lot, well and septic tank if applicable, and all utility easements. d) Provide a full legal description of property.
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<u>Wind-load Engineering Summary, calculations and any details required</u> 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 a. Basic wind speed (MPH) b. Wind importance factor (I) and building category c. Wind exposure - if more than one wind exposure is used, the wind exposure and applicable wind direction shall be indicated d. The applicable internal pressure coefficient e. Components and Cladding. The design wind pressure in terms of psf (kN/m ²), to be used for the design of exterior component and cladding materials not specifically designed by the registered design professional
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<u>Elevations including:</u> a) All sides b) Roof pitch c) Overhang dimensions and detail with attic ventilation d) Location, size and height above roof of chimneys e) Location and size of skylights f) Building height g) Number of stories 1 + LOFF
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	

Floor Plan including:

- ☒ a) Rooms labeled and dimensioned
- ☒ b) Shear walls
- ☒ c) Windows and doors (including garage doors) showing size, mfg., approval listing and attachment specs. (FBC 1707) and safety glazing where needed (egress windows in bedrooms to be shown)
- ☒ d) Fireplaces (gas appliance) (vented or non-vented) or wood burning with hearth
- ☒ e) Stairs with dimensions (width, tread and riser) and details of guardrails and handrails
- ☒ f) Must show and identify accessibility requirements (accessible bathroom)

Foundation Plan including:

- ☒ a) Location of all load-bearing wall with required footings indicated as standard Or monolithic and dimensions and reinforcing
- ☒ b) All posts and/or column footing including size and reinforcing
- ☒ c) Any special support required by soil analysis such as piling
- ☒ d) Location of any vertical steel

Roof System:

- ☒ a) Truss package including:
 - 1. Truss layout and truss details signed and sealed by FI. Pro. Eng.
 - 2. Roof assembly (FBC 104.2.1 Roofing system, materials, manufacturer, fastening requirements and product evaluation with wind resistance rating)
- ☒ b) Conventional Framing Layout including:
 - 1. Rafter size, species and spacing
 - 2. Attachment to wall and uplift
 - 3. Ridge beam sized and valley framing and support details
 - 4. Roof assembly (FBC 104.2.1 Roofing systems, materials, manufacturer, fastening requirements and product evaluation with wind resistance rating)

Wall Sections including:

- ☒ a) Masonry wall
 - 1. All materials making up wall
 - 2. Block size and mortar type with size and spacing of reinforcement
 - 3. Lintel, tie-beam sizes and reinforcement
 - 4. Gable ends with rake beams showing reinforcement or gable truss and wall bracing details
 - 5. All required connectors with uplift rating and required number and size of fasteners for continuous tie from roof to foundation
 - 6. Roof assembly shown here or on roof system detail (FBC 104.2.1 Roofing system, materials, manufacturer, fastening requirements and product evaluation with resistance rating)
 - 7. Fire resistant construction (if required)
 - 8. Fireproofing requirements
 - 9. Shoe type of termite treatment (termicide or alternative method)
 - 10. Slab on grade
 - a. Vapor retardant (6mil. Polyethylene with joints lapped 6 inches and sealed)
 - b. Must show control joints, synthetic fiber reinforcement or Welded fire fabric reinforcement and supports
 - 11. Indicate where pressure treated wood will be placed
 - 12. Provide insulation R value for the following:
 - a. Attic space
 - b. Exterior wall cavity
 - c. Crawl space (if applicable)

☐ ☐ **b) Wood frame wall**

1. All materials making up wall
2. Size and species of studs
3. Sheathing size, type and nailing schedule
4. Headers sized
5. Gable end showing balloon framing detail or gable truss and wall hinge bracing detail
6. All required fasteners for continuous tie from roof to foundation (truss anchors, straps, anchor bolts and washers)
7. Roof assembly shown here or on roof system detail (FBC104.2.1 Roofing system, materials, manufacturer, fastening requirements and product evaluation with wind resistance rating)
8. Fire resistant construction (if applicable)
9. Fireproofing requirements
10. Show type of termite treatment (termicide or alternative method)
11. Slab on grade
 - a. Vapor retardant (6Mil. Polyethylene with joints lapped 6 inches and sealed
 - b. Must show control joints, synthetic fiber reinforcement or welded wire fabric reinforcement and supports
12. Indicate where pressure treated wood will be placed
13. Provide insulation R value for the following:
 - a. Attic space
 - b. Exterior wall cavity
 - c. Crawl space (if applicable)

☐ ☐ c) Metal frame wall and roof (designed, signed and sealed by Florida Prof. Engineer or Architect)

☒ ☐ **Floor Framing System:**

- a) Floor truss package including layout and details, signed and sealed by Florida Registered Professional Engineer
- b) Floor joist size and spacing
- c) Girder size and spacing
- d) Attachment of joist to girder
- e) Wind load requirements where applicable

☐ ☐ **Plumbing Fixture layout**

☒ ☐ **Electrical layout including:**

- a) Switches, outlets/receptacles, lighting and all required GFCI outlets identified
- b) Ceiling fans
- c) Smoke detectors
- d) Service panel and sub-panel size and location(s)
- e) Meter location with type of service entrance (overhead or underground)
- f) Appliances and HVAC equipment
- g) Arc Fault Circuits (AFCI) in bedrooms

☐ ☐ **HVAC information**

- a) Manual J sizing equipment or equivalent computation
- b) Exhaust fans in bathroom

☒ ☐ **Energy Calculations** (dimensions shall match plans)

☐ ☐ **Gas System** Type (LP or Natural) Location and BTU demand of equipment

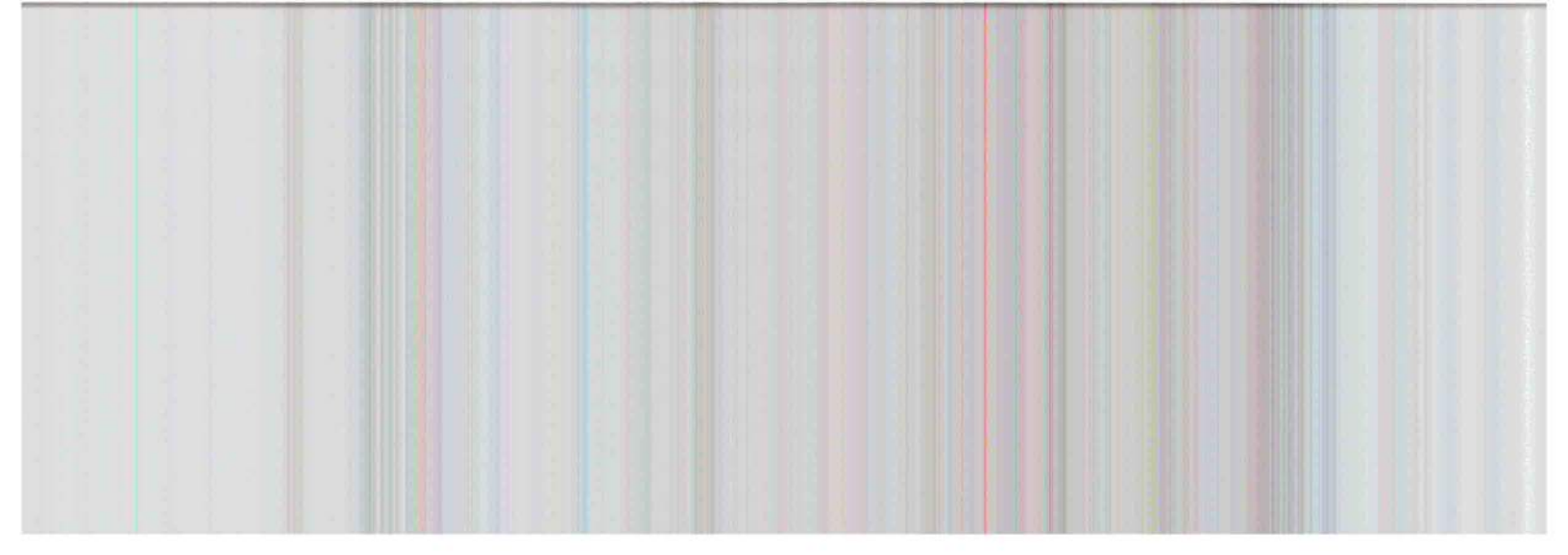
☐ ☐ **Disclosure Statement for Owner Builders**

☐ ☐ *****Notice Of Commencement Required Before Any Inspections Will Be Done**

☐ ☐ **Private Potable Water**

- a) Size of pump motor
- b) Size of pressure tank
- c) Cycle stop valve if used

EXISTING



THE FOLLOWING ITEMS MUST BE SUBMITTED WITH BUILDING PLANS

1. **Building Permit Application:** A current Building Permit Application form is to be completed and submitted for all residential projects.
2. **Parcel Number:** The parcel number (Tax ID number) from the Property Appraiser (386) 758-1084 is required. A copy of property deed is also requested.
- N/A 3. **Environmental Health Permit or Sewer Tap Approval:** A copy of the Environmental Health permit, existing septic approval or sewer tap approval is required before a building permit can be issued.
(386) 758-1058 (Toilet facilities shall be provided for construction workers)
- N/A 4. **City Approval:** If the project is to be located within the city limits of the Town of Fort White, prior approval is required. The Town of Fort White approval letter is required to be submitted by the owner or contractor to this office when applying for a Building Permit. (386) 497-2321
- N/A 5. **Flood Information:** All projects within the Floodway of the Suwannee or Santa Fe Rivers shall require permitting through the Suwannee River Water Management District, before submitting application to this office. Any project located within a flood zone where the base flood elevation (100 year flood) has been established shall meet the requirements of Section 8.8 of the Columbia County Land Development Regulations. Any project located within a flood zone where the base flood elevation has not been established (Zone A) shall meet the requirements of Section 8.7 of the Columbia County Land Development Regulations. **CERTIFIED FINISHED FLOOR ELEVATIONS WILL BE REQUIRED ON ANY PROJECT WHERE THE BASE FLOOD ELEVATION (100 YEAR FLOOD) HAS BEEN ESTABLISHED.**
A development permit will also be required. Development permit cost is \$50.00
- N/A 6. **Driveway Connection:** If the property does not have an existing access to a public road, then an application for a culvert permit (\$25.00) must be made. If the applicant feels that a culvert is not needed, they may apply for a culvert waiver (\$50.00). All culvert waivers are sent to the Columbia County Public Works Department for approval or denial.
- Applied for 8/9 7. **911 Address:** If the project is located in an area where the 911 address has been issued, then the proper paperwork from the 911 Addressing Department must be submitted. (386) 752-8787

ALL REQUIRED INFORMATION IS TO BE SUBMITTED FOR REVIEW. YOU WILL BE NOTIFIED WHEN YOUR APPLICATION AND PLANS ARE APPROVED AND READY TO PERMIT. PLEASE DO NOT EXPECT OR REQUEST THAT PERMIT APPLICATIONS BE REVIEWED OR APPROVED WHILE YOU ARE HERE – TIME WILL NOT ALLOW THIS – PLEASE DO NOT ASK



GTC DESIGN GROUP

Annette Lange
for

Suwannee River Log Homes

STRUCTURAL LOAD WIND /CALCULATIONS

GAB
8/5/05

Gary Gill, P.E. 51942
P.O. Box 187
130 West Howard Street
Live Oak, FL 32064
Ph. (386) 362-3678
Fax (386) 362-6133
AUTH # 9461

WIND98 v3-02

Wind Load Design per ASCE 7-98

6.5.12.2.1 Design Wind Pressure - Buildings of All Heights (Non-flexible)

Elev ft	Kz	Kzt	qz lb/ft^2	Pressure (lb/ft^2) Windward Wall*	
				+GCpi	-GCpi
18.3	0.61	1.00	16.02	8.17	13.62
15	0.57	1.00	15.13	7.57	13.01

Table 6-7 Internal Pressure Coefficients for Buildings, Gcpi

Condition	Gcpi	
	Max +	Max -
Open Buildings	0.00	0.00
Partially Enclosed Buildings	0.55	-0.55
Enclosed Buildings	0.18	-0.18
Enclosed Buildings	0.18	-0.18

WIND98 v3-02

Wind Load Design per ASCE 7-98

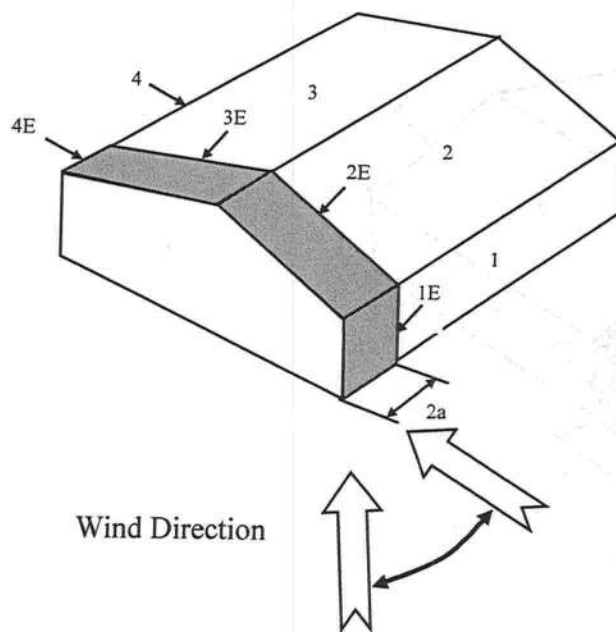
Figure 6-4 - External Pressure Coefficients, GCpf

Loads on Main Wind-Force Resisting Systems w/ Ht ≤ 60 ft

$$\begin{aligned}
 K_h &= 2.01 \cdot (15/z_g)^{2/\alpha} &= & 0.57 \\
 K_{ht} &= \text{Topographic factor (Fig 6-2)} &= & 1.00 \\
 Q_h &= 0.00256 \cdot (V)^2 \cdot \text{ImpFac} \cdot K_h \cdot K_{ht} \cdot K_d &= & 15.13
 \end{aligned}$$

Case A						
Surface	GCpf	+GCpi	-GCpi	qh (psf)	Min P (psf)	Max P (psf)
1	0.56	0.18	-0.18	15.13	5.75	11.20
2	0.21	0.18	-0.18	15.13	0.45	5.90
3	-0.43	0.18	-0.18	15.13	-9.23	-3.78
4	-0.37	0.18	-0.18	15.13	-8.32	-2.88
5	0.00	0.18	-0.18	15.13	-2.72	2.72
6	0.00	0.18	-0.18	15.13	-2.72	2.72
1E	0.69	0.18	-0.18	15.13	7.72	13.16
2E	0.27	0.18	-0.18	15.13	1.36	6.81
3E	-0.53	0.18	-0.18	15.13	-10.74	-5.30
4E	-0.48	0.18	-0.18	15.13	-9.99	-4.54
5E	0.00	0.18	-0.18	15.13	-2.72	2.72
6E	0.00	0.18	-0.18	15.13	-2.72	2.72

$$* p = q_h * (GC_{pf} - GC_{pi})$$



Project Name Annette Lange
Project Number
Client SRLH

Date 8/2/2005

Windloading

DATA SHEET

Wind 110 mph
Building Length 28 ft
Building Width 20 ft
Type 2 Stories

LOAD SHEET DATA

RAFTERS

Element	Description	Spacing (ft)	Rafter Horz. Length (ft)	Pitch (:12)	Dead Load (psf)	Live Load (psf)	Wind Load (psf)

RIDGE BEAMS

Element	Description	Tributary Width

WALL LOADS

Dead 10 psf
Wall heighth 8 psf

FLOOR JOIST

Element	Description	Spacing (ft)	Dead Load (psf)	Live Load (psf)
Floor Joist 1	2x8 SYP	1.33	10	40

FLOOR GIRDERS

Element	Description	Tributary Width (ft)	Dead Load (psf)	Live Load (psf)
Floor Girder 1	3-2x8 SYP	10	10	40

TRUSS UPLIFT

Element	Description	Spacing (in)	Pitch (:12)	Span (ft)	Dead (psf)	Winward Overhang (psf)	Winward Roof (psf)
Truss 1	Atticand Scissor Style	24	9	20	10	-36.89	-18.92

BEAMS

Element	Description	Tributary Width (ft)	Dead Load (psf)	Live Load (psf)
---------	-------------	----------------------	-----------------	-----------------



U.S. DEPARTMENT OF AGRICULTURE

WASHINGTON, D.C.

OFFICE OF THE SECRETARY

1938

1938

1938

1938

1938

Handwritten text in the first section of the document, appearing as a paragraph of notes or a letter.

1938

Handwritten text in the second section of the document, appearing as a paragraph of notes or a letter.

1938

1938

1938

1938

1938

1938

1938

1938

Handwritten text in the third section of the document, appearing as a paragraph of notes or a letter.

1938

Handwritten text in the fourth section of the document, appearing as a paragraph of notes or a letter.

1938

Leeward
Roof (psf)
-10.74

Element	Tributary Width (ft)	Dead (psf)	Live (psf)	w dead (plf)	w live (plf)

0

Loading Description	Design Pressure psf (Wind) Normal to surface	Design Pressure psf (Wind) Horizontal	Design Pressure psf (Wind) Vertical	Gravity psf (2/3 Dead Load)	Design Force # (Wind)	Horizontal Components # (Wind)	Vertical Components # (Wind)	Vertical Components # (Gravity)	Net Vertical Component # (Wind + Gravity)
Windward Overhang	0.00	0.00	0.00	0.00	0	0.00	0.00	0.00	0.00
Windward Roof	0.00	0.00	0.00	0.00	0	0.00	0.00	0.00	0.00
Leeward Roof	0.00	0.00	0.00	0.00	0	0.00	0.00	0.00	0.00
Leeward Overhang	0.00	0.00	0.00	0.00	0	0.00	0.00	0.00	0.00
Misc. Information									

Total Vertical Uplift (lbs)

0.00

Span (ft)	0
Pitch (x:12)	0
Dead Load (psf)	0
Pitch Info	12.00

Reaction at Leeward Wall

R= #DIV/0! up per ft

Reaction at Windward Wall

R= #DIV/0! up per ft
Max uplift at truss end

#DIV/0! lb

A	0.00
B	0
C	0
D	0.00
F	0.00
G	0
H	0
I	0.00



GTC Design Group, LLC
P.O. Box 187
Live Oak, FL 32064
(Phone) 386.362.3678
(Fax) 386.362.6133
cwilliams@gtcdesigngroup.com

September 15, 2005

Building Department of Lake City
Lake City Florida

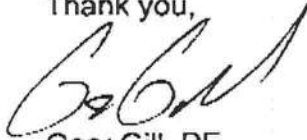
**SUBJECT: Annette Lange Residence
277 SE Jiles Martin
Foundation Capacity**

Mr. Randy Jones,

The maximum allowable bearing pressure for the abovementioned residence has been modified from 2000 psf to 1000 psf. The foundation system will remain the same.

If you have any questions or require additional information, please contact me at your convenience.

Thank you,



Gary Gill, PE

23590



GTC DESIGN GROUP, LLC

P.O. BOX 187, LIVE OAK, FLORIDA 32064
PHONE 386.362.3678 - FAX 386.362.6133

FACSIMILE TRANSMITTAL SHEET

TO: RANDY JONES

FROM: KIM SHIVER

COMPANY

Building Department of Lake City
Lake City Florida

DATE:

9/15/2005

FAX NUMBER:

386-758-2160

TOTAL NO. OF PAGES INCLUDING COVER:

1

PHONE NUMBER

REFERENCE NUMBER:

RE:

Annette Lange Residence

☐ URGENT

☒ FOR REVIEW

☐ PLEASE RESPOND

☐ PLEASE REPLY

NOTES/COMMENTS

If you have any questions, comments, or require additional information, please contact me at your convenience.

Thank you

Kim Shiver

New Construction Subterranean Termite Soil Treatment Record

OMB Approval No. 2502-0525
(exp. 10/31/2005)

This form is completed by the licensed Pest Control Company.

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This information is mandatory and is required to obtain benefits. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

Section 24 CFR 200.926d(b)(3) requires that the sites for HUD insured structures must be free of termite hazards. This information collection requires the builder to certify that an authorized Pest Control company performed all required treatment for termites, and that the builder guarantees the treated area against infestation for one year. Builders, pest control companies, mortgage lenders, homebuyers, and HUD as a record of treatment for specific homes will use the information collected. The information is not considered confidential.

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

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

23590

Section 1: General Information (Treating Company Information)

Company Name: Aspen Pest Control, Inc.
Company Address: 301 NW Cole Terrace City Lake City State FL Zip 32055
Company Business License No. JB109476 Company Phone No. 386-755-3611
FHA/VA Case No. (if any) _____

Section 2: Builder Information

Company Name: Annex 2000 Company Phone No. _____

Section 3: Property Information

Location of Structure(s) Treated (Street Address or Legal Description, City, State and Zip) 277 SE 8th St, Miami, FL 33131

Type of Construction (More than one box may be checked) ☐ Slab ☐ Basement ☒ Crawl ☐ Other _____
Approximate Depth of Footing: Outside 0 Inside 0 Type of Fill 0

Section 4: Treatment Information

Date(s) of Treatment(s) 9-19-05
Brand Name of Product(s) Used Scout 2.0
EPA Registration No. 70907-7-53443
Approximate Final Mix Solution % 0.5%
Approximate Size of Treatment Area: Sq. ft. 756 Linear ft. 100 Linear ft. of Masonry Voids 110
Approximate Total Gallons of Solution Applied 110
Was treatment completed on exterior? ☐ Yes ☒ No
Service Agreement Available? ☒ Yes ☐ No

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

Attachments (List) _____

Comments _____

Name of Applicator(s) ST Brown Certification No. (if required by State law) JF104376

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

Authorized Signature ST Brown Date 9-19-05

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

Form NPCA-99-B may still be used

form HUD-NPCA-99-B (04/2003)

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

COLUMBIA COUNTY OFFICE OF 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 24-6S-17-09767-006

Building permit No. 000023590

Use Classification SFD/UTILITY

Fire: 90.86

Permit Holder SCOTT & ANNETTE LANGE

Waste: 134.75

Owner of Building SCOTT R. & ANNETTE LANGE

Total: 225.61

Location: 277 SE GILES MARTIN AVE

Date: 11/17/2005

Harry Dicke

Building Inspector



POST IN A CONSPICUOUS PLACE
(Business Places Only)

called 12/29/05