

1/03/2004

Columbia County Building Permit

PERMIT

This Permit Expires One Year From the Date of Issue

000022451

APPLICANT DEL STEINACKER,SR. PHONE 352.291.2557
ADDRESS 2813 SW 32ND AVENUE OCALA FL 34974
OWNER RONNIE & TRACY VALENTINE PHONE 561.333.2756
ADDRESS 815 SW MARY TERRACE LAKE CITY FL 32024
CONTRACTOR DEL STEINACKER, SR. PHONE 352.291.2557
LOCATION OF PROPERTY 90-W TO C-247 TO C-240 TO SW MARY TERRACE,R, 3/4 MILE
ON LEFT.

TYPE DEVELOPMENT MODULAR & SEPTIC ESTIMATED COST OF CONSTRUCTION .00
HEATED FLOOR AREA TOTAL AREA HEIGHT 9.60 STORIES 1
FOUNDATION CONC WALLS ROOF PITCH 7/12 FLOOR CONC
LAND USE & ZONING A-3 MAX. HEIGHT 35
Minimum Set Back Requirements: STREET-FRONT 30.00 REAR 25.00 SIDE 25.00
NO. EX.D.U. 0 FLOOD ZONE X DEVELOPMENT PERMIT NO.

PARCEL ID 14-5S-15-00459-226 SUBDIVISION TIMBER RIDGE
LOT 10 BLOCK PHASE UNIT TOTAL ACRES 10.00

000000436 CGC016645 Delano Steinacker
Culvert Permit No. Culvert Waiver Contractor's License Number Applicant/Owner/Contractor
WAIVER 04-0999-N BLK HD N
Driveway Connection Septic Tank Number LU & Zoning checked by Approved for Issuance New Resident

COMMENTS: NOC ON FILE

1 FOOT ABOVE ROAD.

Check # or Cash 1303

FOR BUILDING & ZONING DEPARTMENT ONLY

(footer/Slab)

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

BUILDING PERMIT FEE \$.00 CERTIFICATION FEE \$.00 SURCHARGE FEE \$.00
MISC. FEES \$ 200.00 ZONING CERT. FEE \$ 50.00 FIRE FEE \$ 62.37 WASTE FEE \$ 134.75
FLOOD ZONE DEVELOPMENT FEE \$ CULVERT FEE \$ TOTAL FEE 447.12
INSPECTORS OFFICE CLERKS OFFICE

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

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

This Permit Must Be Prominently Posted on Premises During Construction

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

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

Columbia County Building Permit Application

For Office Use Only Application # 0410-42 Date Received 10/18/04 By G Permit # 436/22451
 Application Approved by - Zoning Official BLK Date 03.11.04 Plans Examiner MD Date 11-3-04
 Flood Zone X Development Permit NA Zoning A-3 Land Use Plan Map Category A-3
 Comments _____

Del Steinacker National Construction & Restoration 352-291-2557
 Applicants Name _____ Phone 239-3734
 Address 2813 S.W. 32nd Av. Ocala, FL 34474
 Owners Name Ronnie Tracy Valentine Phone 561-333-2756
 911 Address 815 S.W. Mary Ter. Lake City, FL 32024
 Contractors Name Delano Steinacker Nat. Contr. Phone 352-291-2557
 Address 2813 S.W. 32nd Av. Ocala, FL 34474
 Fee Simple Owner Name & Address _____
 Bonding Co. Name & Address _____
 Architect/Engineer Name & Address DCA Modular Home
 Mortgage Lenders Name & Address _____

Property ID Number 14-58-15-00459-226 Estimated Cost of Construction 80,000
 Subdivision Name Timber Ridge Lot 26 Block _____ Unit _____ Phase _____
 Driving Directions US 90 west to 247 south west to City Rd 240 approx 1/2 mile Right on SW. Mary Ter 3/4 mile on left.
 Type of Construction DCA Modular Home Number of Existing Dwellings on Property None
 Total Acreage 10 Lot Size _____ Do you need a - Culvert Permit or Culvert Waiver or Have an Existing Drive
 Actual Distance of Structure from Property Lines - Front 598' Side LS 162' Side RS 162' Rear 675'
 Total Building Height 9'6" Number of Stories 1 Heated Floor Area 1640 Roof Pitch 7/12

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.

Del Steinacker
 Owner Builder or Agent (Including Contractor)

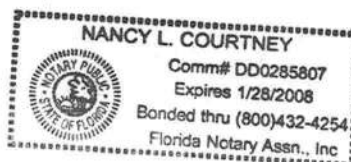
[Signature]
 Contractor Signature
 Contractors License Number _____
 Competency Card Number _____

STATE OF FLORIDA
 COUNTY OF COLUMBIA Levy

Sworn to (or affirmed) and subscribed before me
 this 11 day of Oct 2004.
 Personally known X or Produced Identification _____

NOTARY STAMP/SEAL

[Signature]
 Notary Signature



RE-ISSUANCE

01-07-2004

TOM GALLAGHER
CHIEF FINANCIAL OFFICER

STATE OF FLORIDA
DEPARTMENT OF FINANCIAL SERVICES
DIVISION OF WORKERS' COMPENSATION

** RE-ISSUANCE OF CONSTRUCTION INDUSTRY CERTIFICATE OF EXEMPTION **

This certificate exempts the Officer of the Corporation of the Member of the Limited Liability Company listed below from the provision of Florida Workers' Compensation Law for the period indicated below.

EFFECTIVE DATE: 01/01/2004 EXPIRATION DATE: 05/12/2005

CORPORATE OFFICER/
LLC MEMBER NAME: STEINACKER DELANO A

FEIN: 592013090

BUSINESS NAME AND
ADDRESS: NATIONAL CONSTRUCTION & RESTORATION INC
2813 SW 32RND AVE
OCALA FL 34474

SCOPE OF BUSINESS OR TRADE: GENERAL CONTRACTOR

IMPORTANT: Pursuant to Chapter 440.05(14), F.S., an officer of a corporation who elects exemption from this chapter by filing a certificate of election under this section may not recover benefits or compensation under this chapter.

DWC-253 RE-ISSUANCE OF CONSTRUCTION INDUSTRY CERTIFICATE OF EXEMPTION REVISED 11-03

QUESTIONS? (850) 488-2333

Please cut out the card below and retain for inspection by any Department of Financial Services representative while conducting work.

<p>STATE OF FLORIDA DEPARTMENT OF FINANCIAL SERVICES DIVISION OF WORKERS' COMPENSATION</p> <p>** RE-ISSUANCE OF CONSTRUCTION INDUSTRY CERTIFICATE OF EXEMPTION **</p> <p>This certificate exempts the Officer of the Corporation listed below from the provision of Florida Workers' Compensation Law for the period indicated below.</p> <p>EFFECTIVE DATE: 01/01/2004 EXPIRATION DATE: 05/12/2005 CORPORATE OFFICER/ LLC MEMBER NAME: STEINACKER DELANO FEIN: 592013090 BUSINESS NAME AND ADDRESS: NATIONAL CONSTRUCTION & RESTORATION INC 2813 SW 32RND AVE OCALA FL 34474 SCOPE OF BUSINESS OR TRADE: GENERAL CONTRACTOR</p>	<p>IMPORTANT</p> <p>F O L D This certificate applies only to the corporate officer named on this certificate and applies only within the scope of the business or trade listed hereon.</p> <p>A copy of this card or the duplicate above must be carried and available for inspection at all time while conducting any construction work.</p> <p>H E R E Pursuant to chapter 440.05(14), F.S., an officer of a corporation who elects exemption from this chapter by filing a certificate of election under this section may not recover benefits or compensation under this chapter.</p> <p>Notices of election to be exempt and certificates of election to be exempt shall be subject to revocation if, at any time after the filing of the notice or the issuance of the certificate, the person named on the notice or certificate no longer meets the requirements of this section for issuance of a certificate. The department shall revoke a certificate at any time for failure of the person named on the certificate to meet the requirements of this section.</p> <p>QUESTIONS? (850) 488-2333</p>
---	--

CUT HERE

DWC-253 RE-ISSUANCE OF CONSTRUCTION INDUSTRY CERTIFICATE OF EXEMPTION REVISED 11-03

THIS LICENSE IS ISSUED PURSUANT TO MARION COUNTY ORDINANCE 91-26 AND C.F.R. 11.1

2004-2005 MARION COUNTY OCCUPATIONAL LICENSE
STATE OF FLORIDA
EXPIRES SEPTEMBER 30, 2005
VALID IF NO OTHER LAW(S) OR ORDINANCES(S) IS VIOLATED

ACCOUNT NO:
1071-0857861

THE INDIVIDUAL OR FIRM NAMED BELOW IS HEREBY LICENSED
TO ENGAGE IN THE BUSINESS, PROFESSION OR OCCUPATION OF

CERTIFIED GENERAL CONTR. "A"

THIS LICENSE MUST BE POSTED CONSPICUOUSLY IN YOUR PLACE OF BUSINESS

BUSINESS LOCATION
BUSINESS PHONE
326 CYPRESS RD
(352) 680-1801

STATE REGULATORY NO
CGC016645
COMP CARD
7917
NBR. UNITS
1

NATIONAL CONSTRUCTION
RESTORATION INC
STEINACKER DELANO A SR
2813 SW 32 AVE
OCALA FL 34474

PAID MARION COUNTY
DATE 8/09/04 TILL 106
CNTL 1048298.0001
AMT 15.00

THOMAS OLSON, TAX COLLECTOR
503 SE 25th Ave
P.O. Box 1812
Ocala, FL 34478-1812
(352) 368-8200

SEE REVERSE SIDE FOR
ADDITIONAL INFORMATION

THIS BECOMES A RECEIPT ONLY WHEN VALIDATED BY RECEIPTING
MACHINE SHOWING RECEIPT NUMBER, DATE AND AMOUNT PAID

AC#1520185

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CONSTRUCTION INDUSTRY LICENSING BOARD

SEQ#104080400359

DATE	BATCH NUMBER	LICENSE NBR
08/04/2004	000000000	CGC016645

The GENERAL CONTRACTOR
Named below IS CERTIFIED
Under the provisions of Chapter 489, FS
Expiration date: AUG 31, 2006



STEINACKER, DELANO A SR
NATIONAL CONSTRUCTION & RESTORATION INC
2813 SW 32ND AVE
OCALA FL 34474

JEB BUSH
GOVERNOR

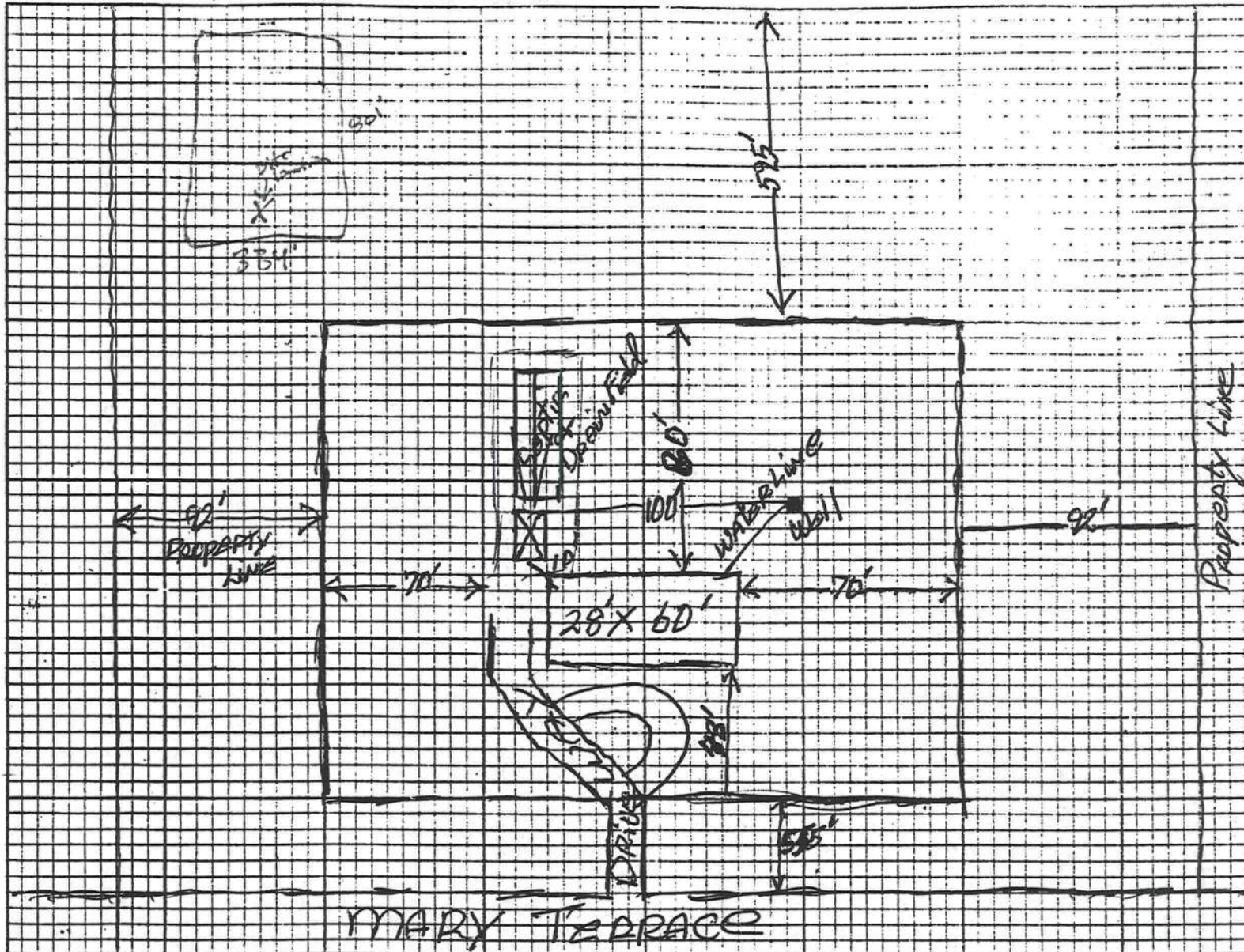
DISPLAY AS REQUIRED BY LAW

DIANE CARR
SECRETARY



PART II - SITE PLAN

Scale: Each block represents 5 feet and 1 inch = 50 feet.



Notes: _____

Site Plan submitted by: [Signature]
Plan Approved [Signature] Signature _____
By [Signature] Not Approved _____
Date 10-13-04 Title _____
County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

ACORD. CERTIFICATE OF LIABILITY INSURANCE

CSR E.J.
HITECHSDATE (MM/DD/YYYY)
09/03/04

PRODUCER

BROOKE INSURANCE
PO BOX 305251
Nashville TN 37230-5251
Phone: 352-351-5444 Fax: 352-351-8834

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

Nat'l Const & Restoration
Del Steinacker
2813 SW 32 Ave
Ocala FL 34474

INSURERS AFFORDING COVERAGE

NAIC #

INSURER A: Zurich U. S. Small Business
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 AUTO LTR INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY	SCP40484645	04/05/04	04/05/05	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) \$10,000
					PERSONAL & ADV INJURY \$1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:				GENERAL AGGREGATE \$2,000,000
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				PRODUCTS - COMP/OP AGG \$2,000,000
	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				\$
	RETENTION \$				\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATU-TORY 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
CONCRETE CONSTRUCTION (INCL FOUNDATIONS)

CERTIFICATE HOLDER

MADICOU

MADISON COUNTY BLDG DEPT
112 E PICKNEY ST
MADISON FL 32340

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
CHRIS HINTON

ACORD 25 (2001/08)

© ACORD CORPORATION 198

No. 6562 P. 1

Sep. 3. 2004 9:59AM 1 352 351 8668

**Columbia County Building Department
Culvert Waiver Permit / Application**

Waiver No.

APPLICANT National Construction PHONE 352-291-2557

ADDRESS 2813 S.W 32nd Av. Ocala, FL 34474

OWNER Konnie + Tracy Valentine PHONE 561-333-2756

ADDRESS _____

CONTRACTOR National Construction PHONE 352-291-2557

LOCATION OF PROPERTY 815 S.W. Mary Ter.

247 to 240 To Mary Ter. 3/4 mile on left.

PARCEL ID # 14-55-15-00459-226

SUBDIVISION (Lot/Block/Phase/Unit) Lot 26 Timber Ridge

I HEREBY CERTIFY THAT I UNDERSTAND AND WILL FULLY COMPLY WITH THE DECISION OF THE COLUMBIA COUNTY PUBLIC WORKS DEPARTMENT IN CONNECTION WITH THE HEREIN PROPOSED APPLICATION.

SIGNED: [Signature] DATE: _____

FEE: \$ 50.00 A SEPARATE CHECK IS REQUIRED.
MAKE CHECKS PAYABLE TO BCC.

Public Works Department Use Only

I HEREBY CERTIFY THAT I HAVE EXAMINED THIS APPLICATION AND DETERMINE THAT THE CULVERT WAIVER IS:

_____ APPROVED _____ NOT APPROVED - NEEDS A CULVERT PERMIT

COMMENTS _____

SIGNED: _____ DATE: _____

ANY QUESTIONS PLEASE CONTACT THE PUBLIC WORKS DEPARTMENT AT 386-752-5955.

135 NE Hernando Ave., Suite B-21, Lake City, FL 32055
Phone: 386-758-1008 Fax: 386-758-2160

**Columbia County Building Department
Culvert Permit**

Permit No.

APPLICANT _____ PHONE _____

ADDRESS _____

OWNER _____ PHONE _____

ADDRESS _____

CONTRACTOR _____ PHONE _____

LOCATION OF PROPERTY _____

PARCEL ID # _____

SUBDIVISION (Lot/Block/Phase/Unit) _____

INSTALLATION REQUIREMENTS

- ☐ Culvert size will be 18 inches in diameter with a total length of 32 feet, leaving 24 feet of driving surface. Both ends will be mitered 4 foot with a 4 : 1 slope and poured with a 4 inch thick reinforced concrete slab.
- INSTALLATION NOTE:
Turnouts will be required as follows:
- a) a majority of the current and existing driveway turnouts are paved, or;
 - b) the driveway to be served will be paved or formed with concrete.
- Turnouts shall be paved or concrete a minimum of 12 feet wide or the width of the paved or concrete driveway, whichever is greater. The width shall conform to existing paved or concrete driveways.

☐ Culvert installation shall conform to the approved site plan standards.

☐ Department of Transportation Permit installation approved standards.

☐ Other _____

All proper safety requirements should be followed during the instillation of the culvert.

135 NE Hernando Ave., Suite B-21, Lake City, FL 32055
Phone: 386-758-1008 Fax: 386-758-2160

COLUMBIA COUNTY 9-1-1 ADDRESSING

263 NW Lake City Ave. * P. O. Box 2949 * Lake City, FL 32056-2949
PHONE: (386) 752-8787 * FAX: (386) 758-1365 * Email: ron_croft@columbiacountyfla.com

Posting of Address Numbers in accordance with Ordinance 2001-9, Section 5:

- A. Principal Buildings (residence, apartment building or "In Town" business) shall display the assigned address number made of Arabic numerals not less than 3 inches in height and 1 ½ inches in width of a contrasting color to the background on which affixed, as near to the front entrance as possible and practical so that the number is visible and legible from the sidewalk (if any), the public or private way on which the principal building fronts and the opposite side of the public or private way, day or night.
- B. Private Lane and Long Driveways: for any principal building (residence, apartment building or business) (except malls or shopping centers) located so that the address number is not clearly legible and visible from the public or private way, shall post an additional set of numbers at the intersection of the driveway to the principal building at the public or private way. The additional address number shall be made up of Arabic numerals not less than 3 inches in height and 1-1/2 inches in width. Numbers shall be contrasting in color with the background on which they are affixed, visible day or night, and placed upon a post or other structure which displays the number so it is visible and legible to emergency services personnel approaching from either direction along the public or private way.
- C. Industrial and Commercial Structures in Low Density Areas: All industrial and commercial structures located in low-density development areas (areas in which small residential style address numbers are not visible from the public or private way) shall display address numbers of not less than 10 inches in height. The numbers shall contrast in color with the background on which they are affixed and shall be visible and legible day or night from the public or private way. When possible, the number shall be displayed beside or over the main entrances of the structure.
- D. Apartment Buildings and High-Rises: All apartment buildings and high-rises style principal buildings shall display address numbers above or to the side of the primary entrance to the Addressed location. Numbers shall contrast with the color of the background to which they are affixed, and shall be at least 6 inches in height and visible and legible day or night. Apartment numbers for individual units within the complex shall be displayed on, above, or to the side of the doorway of each unit. Assigned number shall be displayed on each separate front entrance in the case of a principal building which is occupied by more than one business or family dwelling unit.
- E. Any different numbers, which might be mistaken for or confused with the numbers assigned in accordance with the "Numbering System", shall be removed upon proper display of the assigned address number.
- F. The responsibility of placement and maintenance of the building address numbers is that of the occupant or property owner.

FLORIDA ENERGY EFFICIENCY CODE
FOR BUILDING CONSTRUCTION

Florida Department of Community Affairs
Residential Whole Building Performance Method A

Project Name:	CHB-5FL	Builder:	
Address:	CHB-5FL NORTH	Permitting Office:	
City, State:	,	Permit Number:	
Owner:		Jurisdiction Number:	
Climate Zone:	North		

1. New construction or existing	New	12. Cooling systems	
2. Single family or multi-family	Single family	a. Central Unit	Cap: 48.0 kBtu/hr
3. Number of units, if multi-family	1		SEER: 13.00
4. Number of Bedrooms	3	b. N/A	
5. Is this a worst case?	Yes	c. N/A	
6. Conditioned floor area (ft²)	1640 ft²		
7. Glass area & type	Single Pane Double Pane	13. Heating systems	
a. Clear glass, default U-factor	0.0 ft² 20.0 ft²	a. Electric Heat Pump	Cap: 34.1 kBtu/hr
b. Default tint	0.0 ft² 0.0 ft²		HSPF: 6.60
c. Labeled U or SHGC	8.3 ft² 210.0 ft²	b. N/A	
8. Floor types		c. N/A	
a. Raised Wood, Stem Wall	ft²		
b. N/A		14. Hot water systems	
c. N/A		a. Electric Resistance	Cap: 50.0 gallons
9. Wall types			EF: 0.97
a. Frame, Wood, Exterior	R=13.0, 1187.0 ft²	b. N/A	
b. N/A		c. Conservation credits	
c. N/A		(HR-Heat recovery, Solar	
d. N/A		DHP-Dedicated heat pump)	
e. N/A		15. HVAC credits	PT,
10. Ceiling types		(CF-Ceiling fan, CV-Cross ventilation,	
a. Under Attic	R=30.0, 1640.0 ft²	HF-Whole house fan,	
b. N/A		PT-Programmable Thermostat,	
c. N/A		MZ-C-Multizone cooling,	
11. Ducts		MZ-H-Multizone heating)	
a. Sup: Unc. Ret: Unc. AH: Attic	Sup. R=6.0, 150.0 ft		
b. N/A			
Date 4/23/04	Plan No. CHB 5FL		
Approved By R. Bullock			
Richard L. Bullock			

NDI
"APPROVED"
DOCUMENT

Glass/Floor Area: 0.15 Total as-built points: 24186
Total base points: 24996 PASS

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

PREPARED BY: W. K.

DATE: 4/23/04

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

OWNER/AGENT: _____

DATE: _____

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

BUILDING OFFICIAL: _____

DATE: _____



WARRANTY DEED

This Warranty Deed made the 13th day of February, A.D. 2004 by

Jeffrey R. Corrick, and his wife, Rebecca Greaves Corrick
hereinafter called the grantor, to

Tracy A. Valentine, and her husband, Ronnie C. Valentine
Whose address is: 16185 80th Street, Locahatchee, FL 33470

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

See Exhibit "A" attached hereto and by this reference made a part hereof.

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

To Have and to Hold, the same in fee simple forever. And the grantor hereby covenants with said grantee that the grantor is lawfully seized of said land in fee simple: that the grantor has good right and lawful authority to sell and convey said land: that the grantor hereby fully warrants the title to said land and will defend the same against the lawful claims of all persons whomsoever; and that said land is free of all encumbrances, except taxes accruing subsequent to December 31, 2003.

In Witness Whereof, the said grantor has signed and sealed these presents the day and year first above written.

Signed, sealed and delivered in our presence:

Charles A. Valdez
Witness

Guadalupe Odde
Witness

Jeffrey R. Corrick Rebecca Greaves Corrick
Jeffrey R. Corrick by Gerald Leroy
Greaves, Sr. as Power of Attorney
Rebecca Greaves Corrick
Rebecca Greaves Corrick by Gerald Leroy
Greaves, Sr. as Power of Attorney

STATE OF Florida
COUNTY OF Marion

I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the State and County last aforesaid to take acknowledgments personally appeared Gerald Leroy Greaves, Sr. as Power of Attorney for Jeffrey R. Corrick, and his wife, Rebecca Greaves Corrick, known to me personally and/or who produced a drivers license and who executed before me the foregoing deed and acknowledged before me that they executed the same.

11th WITNESS my hand and official seal in the County and State last aforesaid this day of February A.D., 2004.

Mary Jo A. Amaro
NOTARY PUBLIC

(seal)

This instrument prepared by:
Michael H. Harrell
Abstract & Title Services
382 SW Baya Drive
Lake City, FL 32025



Mary Jo A. Amaro
MY COMMISSION # DD199829 EXPIRES
May 24, 2007
BONDED THRU TROY FAIR INSURANCE, INC.

Inst: 2004003662 Date: 02/19/2004 Time: 09:12
Doc Stamp-Deed : 231.00
Doc: 13888, P. Dewitt Cason, Columbia County B: 1007 P: 1460

ATS# 13888

EXHIBIT "A"

A part of SE ¼ of Section 14, Township 5 South, Range 15 East, being more particularly described as follows:

Commence at the SE corner of NE ¼ of SE ¼ of said Section 14 and run along the East line of said Section, N 00°38'48"W, 63.27 feet to the Point of Beginning; thence run S 89°21'12"W, 1294.50 feet to a point on the East right of way line of Mary Road (A 40 foot maintained right of way); thence run along said East right of way, N 02°58'07"W, 335.36 feet; thence run N 89°21'12"E, 1308.08 feet to a point on the aforementioned East line of Section 14, thence run along said East line, S 00°38'48"E, 335.08 feet to the Point of Beginning, Columbia County, Florida. Lot 26, Timber Ridge, (An unrecorded subdivision).

Inst:2004003662 Date:02/19/2004 Time:09:12

Doc Stamp-Deed : 231.00

DC, P. DeWitt Cason, Columbia County B:1007 P:1461

STATE OF FLORIDA, COUNTY OF COLUMBIA
I HEREBY CERTIFY, that the above and foregoing
is a true copy of the original filed in this office.
P. DeWITT CASON, CLERK OF COURTS

By

Rose Ann Chiello
Deputy Clerk

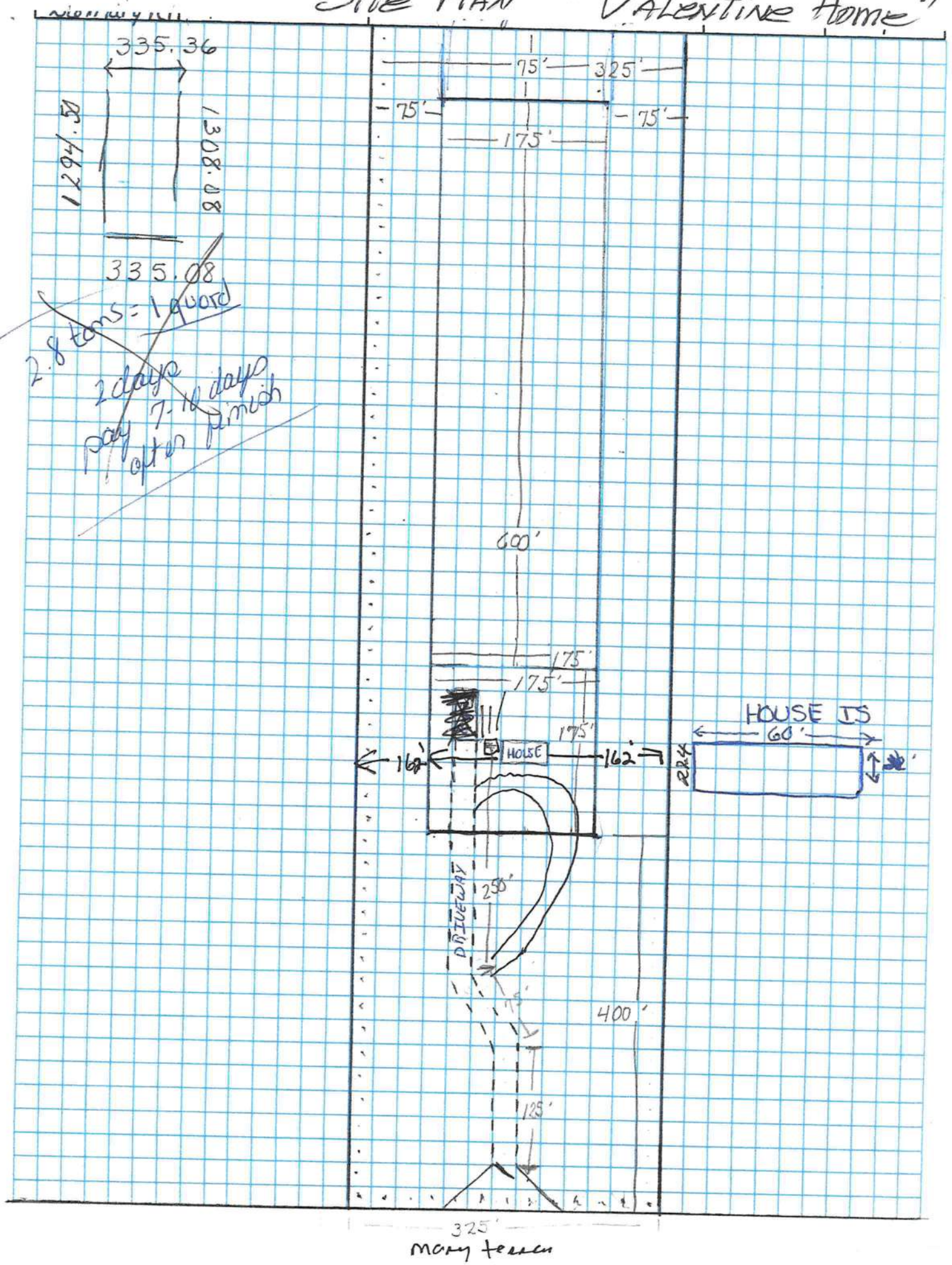
Date

October 7, 2004



TOTAL														GRANTOR VAN & SOCIETY L				
EXTRA FEATURES														GRANTEE JEFFREY R & REBI				
AE	BN	CODE	DESC	LEN	WID	HGHT	QTY	QL	YR	ADJ	UNITS	UT	PRICE	ADJ	UT	PR	SPCD	%
AE		CODE	DESC	ZONE	ROAD	{UD1	{UD3	FRONT	DEPTH	FIELD CK:								
				TOPO	UTIL	{UD2	{UD4	BACK	DT	ADJUSTMENTS								
Y	009900	AC	NON-AG	A-1	0002					1.00	1.00	1.00	1.00	10.010	AC	2500.000	2500.0	
				0002	0003													
SALE - LOT 26 TIMBER RIDGE UNREC										SALE - LOT 26 TIMBER RIDGE TO LOW FOR AREA								
2004																		

Site Plan "Valentine Home"



NOTICE OF COMMENCMENT

State of: FLORIDA

County of: Columbia

City of: Lake City

The undersigned hereby gives notice that improvement(s) 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.

DESCRIPTION OF PROPERTY:

Street Address: 815 SW Mary TER Lake City FL 32024

Section: 14

Township: 55

Range: 15

Lot: 26

Block: _____

Tax Parcel #: 14-55-15-00459-226 Subdivision: Timber Ridge

GENERAL DESCRIPTION OF IMPROVEMENT

To Construct:

MOBILE Home well and Septic

OWNER INFORMATION

Owner(s) Name: Ronnie & Tracy Valentine

Address: 815 SW Mary TER

City: Lake City

State: FL Zip: 32024 Phone: 386 935 2213

CONTRACTOR INFORMATION

Contractor Name: DEL STEINACKER

Business Name: Nature Construction

Address: 2813 SW 32nd Ave

City: OCALA

State: FL Zip: 34474 Phone: 352-291-2557

LENDER INFORMATION

Lender Name: YORKTOWN FINANCIAL

Contact: _____

Address: 1104 Fernwood Ave Suite 101

City: Camp Hill

State: PA Zip: 17011 Phone: 800-545-0221

Persons within the State of Florida designated by Owner upon whom notices or other documents may be served as provided by Section 713.13(1)(a)7., Florida Statutes: Names: _____

Address: NA

In addition to himself, Owner designates _____ of _____ to receive a copy of the Lienor's Notice as provided in Section 713.13 (1)(b), Florida Statutes.

Expiration is one (1) year from date of recording unless otherwise specified.

Signature of Owner: Ronnie C. Valentine Print Name: RONNIE C. VALENTINE

Sworn to and subscribed before me this 16th day of October, 2004

Notary Public: Carol Moore

My Commission Expires: _____



Signature: Carol Moore STATE OF FLORIDA, COUNTY OF COLUMBIA
I HEREBY CERTIFY that the above and foregoing is a true copy of the original filed in this office.
P. DeWITT CASON, CLERK OF COURTS

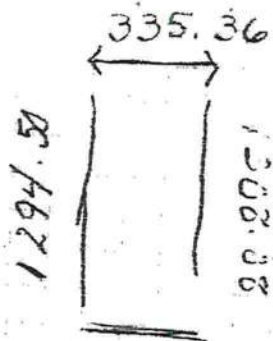
By: Maul Kien Deputy Clerk

Date: Oct 7, 2004



Inst: 2004022596 Date: 10/07/2004 Time: 11:16
P. DeWitt Cason, Columbia County B: 1027 P: 1432

Site Plan "Valentine Home"

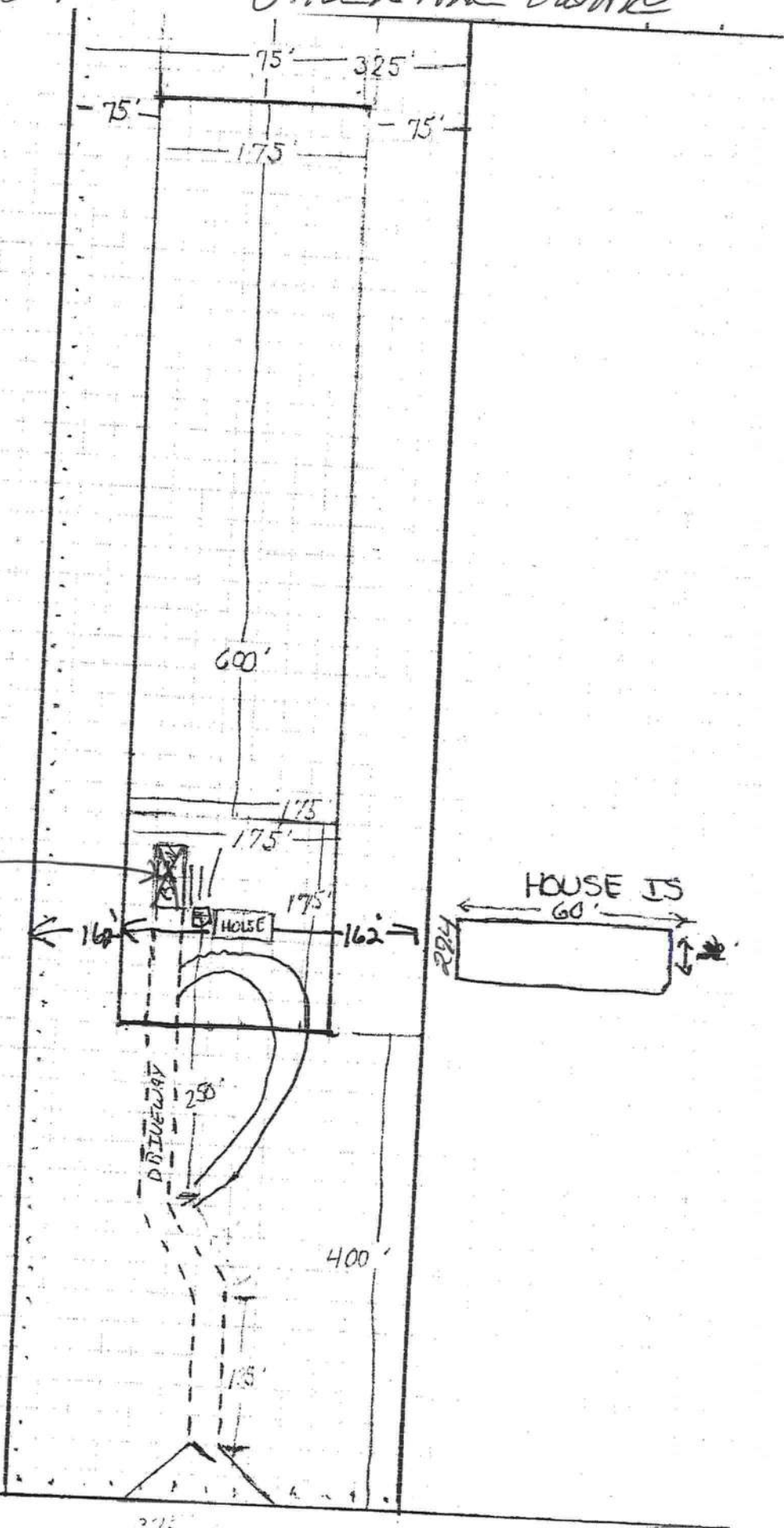


335.08

2.8 tons = 1 quad

2 days
pay 7-10 days
after finish

Proposed
FOR LATER

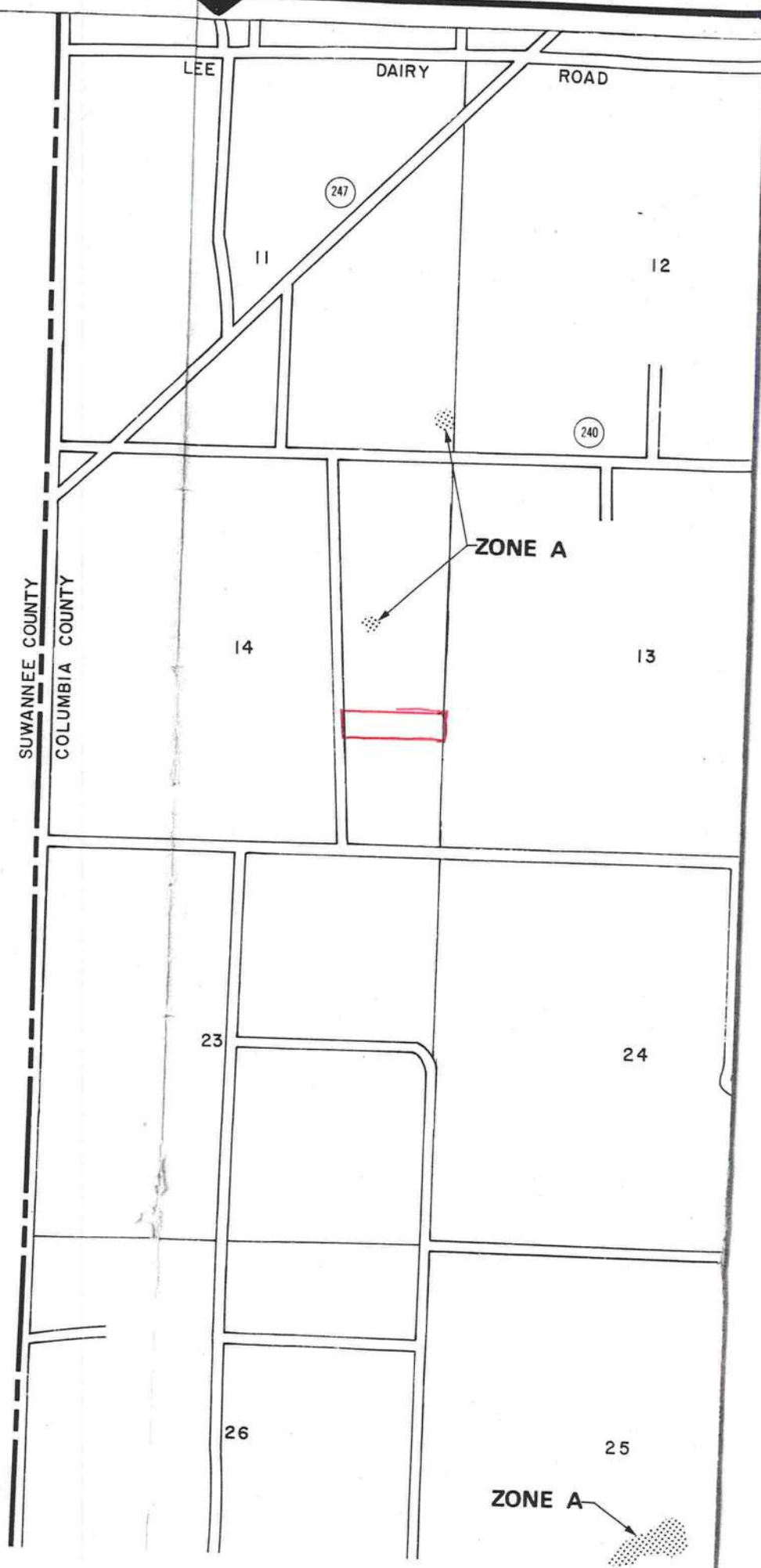


HOUSE IS

60'

325
mary toren

0410-42



0410-42

NOTICE OF COMMENCEMENT

State of: FLORIDA

County of: Columbia

City of: Lake City

The undersigned hereby gives notice that improvement(s) 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.

DESCRIPTION OF PROPERTY:

Street Address: 815 SW Mary TER Lake City FL 32024

Section: 14

Township: 55

Range: 15

Lot: 26

Block: _____

Tax Parcel #: 14-55-15-00459-226 Subdivision: Timber Ridge

GENERAL DESCRIPTION OF IMPROVEMENT

To Construct:

MOBILE Home well and septic

OWNER INFORMATION

Owner(s) Name: Ronnie & Tracy Valentine

Address: 815 SW Mary TER

City: Lake City State: FL Zip: 32024 Phone: 386 935 2213

CONTRACTOR INFORMATION

Contractor Name: Del Steinauer

Business Name: Nature Construction

Address: 2813 SW 32nd Ave

City: Ocala State: FL Zip: 34474 Phone: 352-291-2557

LENDER INFORMATION

Lender Name: YORKTOWN FUNDING

Contact: _____

Address: 1104 Fernwood Ave Suite 101

City: Camp Hill State: PA Zip: 17011 Phone: 800-545-0221

Persons within the State of Florida designated by Owner upon whom notices or other documents may be served as provided by Section 713.13(1)(a)7., Florida Statutes: Names: _____

Address: 1117

In addition to himself, Owner designates, _____ of _____ to receive a copy of the Lienor's Notice as provided in Section 713.13 (1)(b), Florida Statutes.

Expiration is one (1) year from date of recording unless otherwise specified.

Signature of Owner: X Ronnie C. Valentine Print Name: RONNIE C. VALENTINE

Sworn to and subscribed before me this 10th day of October, 2004

Notary Public: Carol Moore Signature

My Commission Expires: _____

U453-723-61-067-0

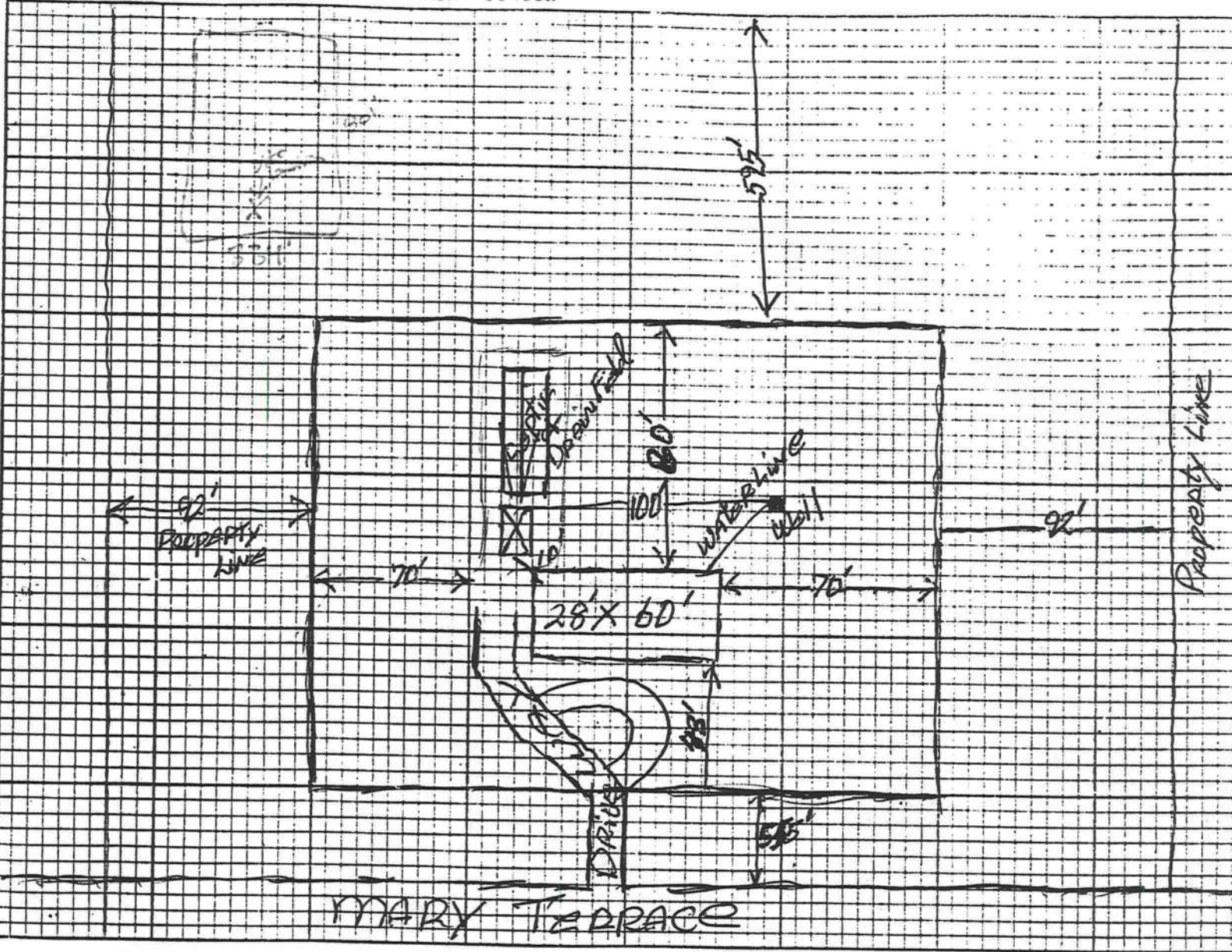


Inst:2004022596 Date:10/07/2004 Time:11:16
DC,P.Dewitt Cason,Columbia County B:1027 P:1432



PART II - SITE PLAN

Scale: Each block represents 5 feet and 1 inch = 50 feet.



Notes: _____

Site Plan submitted by: [Signature] Signature
Plan Approved [Signature] Not Approved _____
by [Signature] Date 10-13-04 Title _____
County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

John Weegie/Ken Sweet

**Columbia County Building Department
Culvert Waiver**

**Culvert Waiver No.
000000436**

DATE: 11/03/2004

BUILDING PERMIT NO. 22451

APPLICANT DEL STEINACKER, SR.

PHONE 352.291.2557

ADDRESS 2813 SW 32ND AVENUE

OCALA

FL 34474

OWNER RONNIE & TRACY VALENTINE

PHONE 561.333.2756

ADDRESS 815 SW MARY TERRACE

LAKE CITY

FL 32024

CONTRACTOR DEL STEINACKER, SR.

PHONE 352.291.2557

LOCATION OF PROPERTY 90-W TO C-247L, TO C-240 TO MARY TERRACE, R, 3/4 MILE ON LEFT.

SUBDIVISION/LOT/BLOCK/PHASE/UNIT TIMBER RIDGE

26

PARCEL ID # 14-5S-15-00459-226

I HEREBY CERTIFY THAT I UNDERSTAND AND WILL FULLY COMPLY WITH THE DECISION OF THE COLUMBIA COUNTY PUBLIC WORKS DEPARTMENT IN CONNECTION WITH THE HEREIN PROPOSED APPLICATION.

SIGNATURE: *Delano Steinacker*

A SEPARATE CHECK IS REQUIRED

MAKE CHECKS PAYABLE TO BCC

Amount Paid 50.00

PUBLIC WORKS DEPARTMENT USE ONLY

I HEREBY CERTIFY THAT I HAVE EXAMINED THIS APPLICATION AND DETERMINED THAT THE CULVERT WAIVER IS:

☒ APPROVED ☐ NOT APPROVED - NEEDS A CULVERT PERMIT

COMMENTS: *No Pipe Needed Know Existing Ditches*
on Mary Terr

SIGNED: *Ken Sweet* DATE: *11/08/04*

ANY QUESTIONS PLEASE CONTACT THE PUBLIC WORKS DEPARTMENT AT 386-752-5955.

135 NE Hernando Ave., Suite B-21
Lake City, FL 32055
Phone: 386-758-1008 Fax: 386-758-2160

COLUMBIA COUNTY

NOV 03 2004

PUBLIC WORKS DEPT.



**CERTIFICATE OF
M/H OCCUPANCY**

M/H 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 14-5S-15-00459-226

Building permit No. 000022451

Permit Holder DEL STEINACKER, SR.

Owner of Building RONNIE & TRACY VALENTINE

Location: 815 SW MARY TERRACE

Date: 03/16/2005



Rhonda K...

Building Inspector

POST IN A CONSPICUOUS PLACE
(Business Places Only)

STANDARD DETAILS
DATE FEB - 2005
VALENTINE RESIDENCE 815 SW MARY TERRACE LAKE CITY, FL 32024
MODULAR HOME STEM WALL FOOTING ALIGNMENT REPAIR FBC-01 WIND LOADS

Steve Gaydosch, PE-GC-PCC-CBI
PHONE 1561 718 - 1806
FAX 12391 437 - 4636

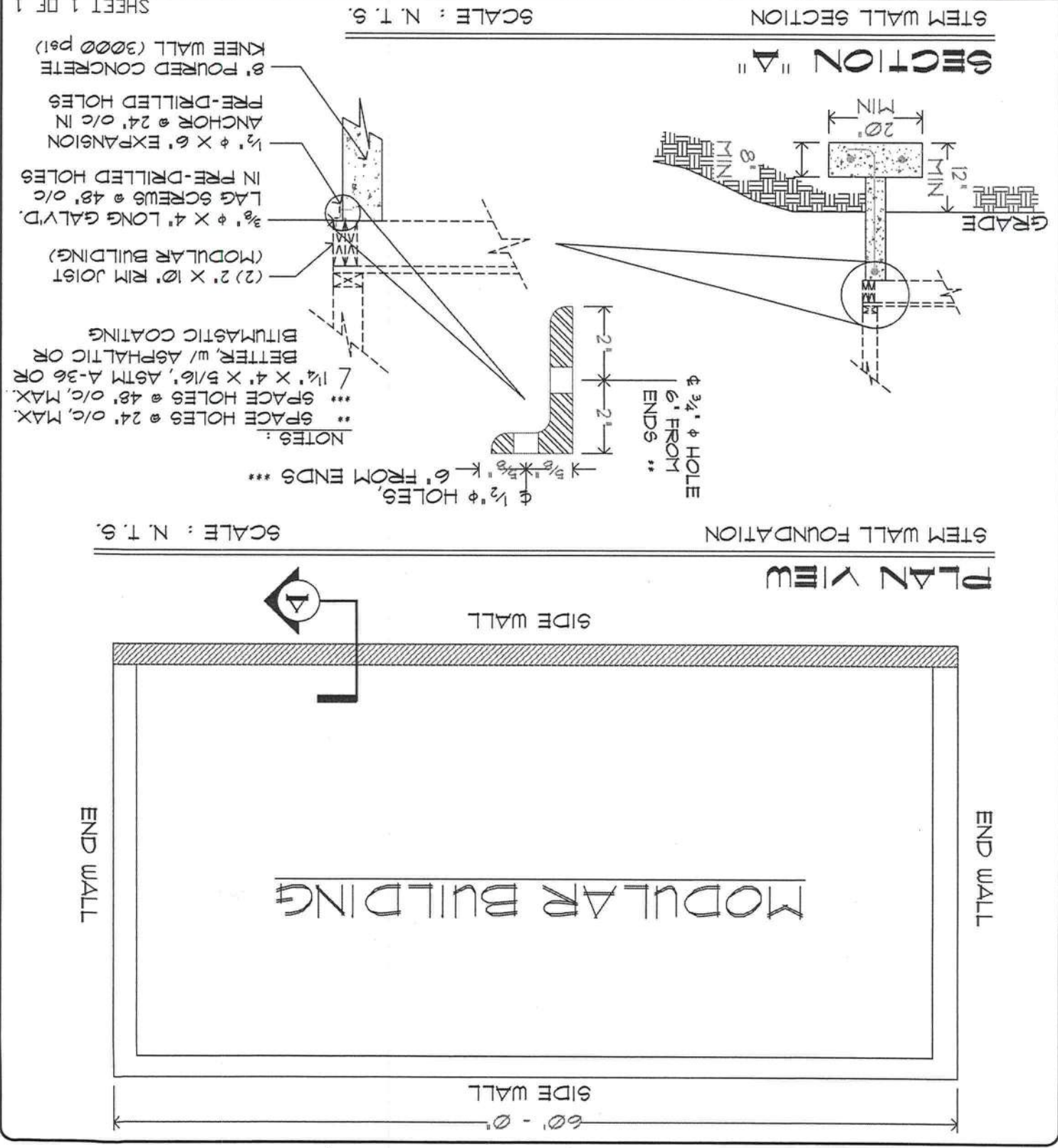
STEPHEN A. GAYDOSCH ENGINEERING
23215 ABRADDE AVENUE
PORT CHARLOTTE, FL 33980

SITE DEVELOPMENT
ENVIRONMENTAL
HOME DESIGN

UTILITY DESIGN
TRUSS INSPECTION
BLASTING SUPRVN.

APPROVED SIGNATURE
03 FEB 2005

PROFESSIONAL ENGINEER
STATE OF FLORIDA
No. 38464
STEPHEN GAYDOSCH
CERTIFICATE



#22451

COLUMBIA COUNTY 9-1-1 ADDRESSING

263 NW Lake City Ave. * P. O. Box 2949 * Lake City, FL 32056-2949

PHONE: (386) 752-8787 * FAX: (386) 758-1365 * Email: ron_croft@columbiacountyfla.com

Addressing Maintenance

To maintain the Countywide addressing Policy you must make application for a 9-1-1 Address at the time you apply for a building permit. The established standards for assigning and posting numbers to all principal buildings, dwellings, businesses and industries are contained in Columbia County Ordinance 2001-9. The addressing system is to enable Emergency Service Agencies to locate you in an emergency, and to assist the United States Postal Service and the public in the timely and efficient provision of services to residents and businesses of Columbia County.

DATE ISSUED: September 22, 2004

ENHANCED 9-1-1 ADDRESS:

815 SW MARY TER (LAKE CITY, FL 32024)

Addressed Location 911 Phone Number: NOT AVAIL.

OCCUPANT NAME: NOT AVAIL. RENNIE & TRACY VALENTINE

OCCUPANT CURRENT MAILING ADDRESS: 16185 80 ST. NORTH
LOYABATCHEE, FL. 33970

PROPERTY APPRAISER MAP SHEET NUMBER: 21

PROPERTY APPRAISER PARCEL NUMBER: 14-5S-15-00459-226

Other Contact Phone Number (If any): _____

Building Permit Number (If known): _____

Remarks: LOT 26 TIMBER RIDGE

Address Issued By: _____

Columbia County 9-1-1 Addressing Department

COLUMBIA COUNTY
9-1-1 ADDRESSING
APPROVED