

**ORKIN****PEST CONTROL**

28686

#28719

- ☐ FUMIGATION NOTICE  
☐ INSPECTION NOTICE  
☐ TREATMENT NOTICE

Name of

Licensee: **Orkin, Inc.**Street Address: 2813 WiddowsonCity, State, Zip: CamdenTelephone: 352-378-1501**Fumigation**

Date Work Completed: \_\_\_\_\_

Fumigant Used: \_\_\_\_\_

Target Pest: \_\_\_\_\_

**Inspection/Treatment**Date Inspected: \_\_\_\_\_ Date Treated: 2-19-01Pesticide Used: TerminatorTarget Pest: Scat Termites**DO NOT REMOVE THIS TAG**

216156 Rev. 07/05

APPLICANTCHRIS MARTINPHONE305-304-4503

ADDRESS1007ADAMS DRIVEKEY LARGOFL33037

OWNERCHRIS MARTINPHONE305-304-4503

ADDRESS277SW AQUA WAYFT. WHITEFL32038

CONTRACTOROWNER BUILDERPHONE305-304-4503

LOCATION OF PROPERTY41S, TR ON 778, TL ON 27, TR ON CR 138, TL ON RUM ISLAND ,  
AT THE FIRST BEND TL AQUA WAY, 2ND DRIVE ON LEFT

TYPE DEVELOPMENTCOMPLETE SFDESTIMATED COST OF CONSTRUCTION100000.00

HEATED FLOOR AREATOTAL AREAHEIGHTSTORIES

FOUNDATIONWALLSROOF PITCHFLOOR

LAND USE & ZONINGAG-3MAX. HEIGHT35

Minimum Set Back Requirments:STREET-FRONT30.00REAR25.00SIDE25.00

NO. EX.D.U.0FLOOD ZONEXDEVELOPMENT PERMIT NO.

PARCEL ID36-7S-16-04351-006SUBDIVISIONSOUTH OF GOVERNMENT LOT

LOT4BLOCKPHASEUNIT0TOTAL ACRES12.96

OWNER

Culvert Permit No.Culvert WaiverContractor's License NumberApplicant/Owner/Contractor

EXISTING10-0303-EBKTCN

Driveway ConnectionSeptic Tank NumberLU & Zoning checked byApproved for IssuanceNew Resident

COMMENTS: OWNER FIRED CONTRACTOR, PERMIT TO COMPLETE SFD - ORIGINAL PERMIT 28686  
SEE 28686 FOR BLUEPRINTS, NOC ON FILE, DISCLOSURE REC'D, COMPLETE FROM  
PARTIAL FRAMING STAGECheck # or Cash1234

FOR BUILDING & ZONING DEPARTMENT ONLY

(footer/Slab)

Temporary PowerFoundationMonolithic

date/app. bydate/app. bydate/app. by

Under slab rough-in plumbingSlabSheathing/Nailing

date/app. bydate/app. bydate/app. by

FramingInsulation

date/app. bydate/app. by

Rough-in plumbing above slab and below wood floorElectrical rough-in

date/app. bydate/app. by

Heat & Air DuctPeri. beam (Lintel)Pool

date/app. bydate/app. bydate/app. by

Permanent powerC.O. FinalCulvert

date/app. bydate/app. bydate/app. by

Pump poleUtility PoleM/H tie downs, blocking, electricity and plumbing

date/app. bydate/app. bydate/app. by

ReconnectionRVRe-roof

date/app. bydate/app. bydate/app. by

BUILDING PERMIT FEE \$500.00CERTIFICATION FEE \$0.00SURCHARGE FEE \$0.00

MISC. FEES \$0.00ZONING CERT. FEE \$FIRE FEE \$0.00WASTE FEE \$

FLOOD DEVELOPMENT FEE \$FLOOD ZONE FEE \$CULVERT FEE \$TOTAL FEE500.00

INSPECTORS OFFICECLERKS OFFICE

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

NOTICE: ALL OTHER APPLICABLE STATE OR FEDERAL PERMITS SHALL BE OBTAINED BEFORE COMMENCEMENT OF THIS PERMITTED DEVELOPMENT.

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

EVERY PERMIT ISSUED SHALL BECOME INVALID UNLESS THE WORK AUTHORIZED BY SUCH PERMIT IS COMMENCED WITHIN 180 DAYS AFTER ITS ISSUANCE, OR IF THE WORK AUTHORIZED BY SUCH PERMIT IS SUSPENDED OR ABANDONED FOR A PERIOD OF 180 DAYS AFTER THE TIME THE WORK IS COMMENCED. A VALID PERMIT RECIEVES AN APPROVED INSPECTION EVERY 180 DAYS. WORK SHALL BE CONSIDERED NOT SUSPENDED, ABANDONED OR INVALID WHEN THE PERMIT HAS RECIEVED AN APPROVED INSPECTION WITHIN 180 DAYS OT THE PREVIOUS INSPECTION.

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



DATE 06/24/2010

## Columbia County Building Permit

PERMIT

This Permit Must Be Prominently Posted on Premises During Construction

000028686

APPLICANT FREDDIE SHANE PRIDGEN PHONE 904 838-5680  
ADDRESS 151056 CR 108 HILLIARD FL 32046  
OWNER CHRIS MARTIN PHONE 305 307-4503  
ADDRESS 277 SW AQUA WAY FT. WHITE FL 32038  
CONTRACTOR FREDDIE SHANE PRIDGEN PHONE 904 838-5680  
LOCATION OF PROPERTY 41S, TR ON 778, TL ON 27, TR ON CR 138, TL ON RUM ISLAND ,  
AT THE FIRST BEND TL AQUA WAY, 2ND DRIVE ON LEFT  
TYPE DEVELOPMENT SFD, UTILITY ESTIMATED COST OF CONSTRUCTION 259300.00  
HEATED FLOOR AREA 3961.00 TOTAL AREA 5186.00 HEIGHT        STORIES 2  
FOUNDATION CONC WALLS FRAMED ROOF PITCH 8/12 FLOOR SLAB  
LAND USE & ZONING A-3/ESA MAX. HEIGHT 35  
Minimum Set Back Requirments: STREET-FRONT 30.00 REAR 25.00 SIDE 25.00  
NO. EX.D.U. 0 FLOOD ZONE X DEVELOPMENT PERMIT NO.       

PARCEL ID 36-7S-16-04351-006 SUBDIVISION GOV S  
LOT 4 BLOCK        PHASE        UNIT 0 TOTAL ACRES 13.00

CBC1255953  
Culvert Permit No.        Culvert Waiver        Contractor's License Number        Applicant/Owner/Contractor         
EXISTING 10-303 BK HD Y  
Driveway Connection        Septic Tank Number        LU & Zoning checked by        Approved for Issuance        New Resident       

COMMENTS: STRUCTURE BEING PLACED IN A-3 ZONING AREA, FLOOR WILL BE ONEFOOT ABOVE THE ROAD, NOC ON FILECheck # or Cash CASHIER CHECK

## FOR BUILDING &amp; ZONING DEPARTMENT ONLY

(footer/Slab)

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

BUILDING PERMIT FEE \$ 1300.00 CERTIFICATION FEE \$ 25.93 SURCHARGE FEE \$ 25.93  
MISC. FEES \$ 0.00 ZONING CERT. FEE \$ 50.00 FIRE FEE \$ 0.00 WASTE FEE \$         
FLOOD DEVELOPMENT FEE \$        FLOOD ZONE FEE \$ 25.00 CULVERT FEE \$        TOTAL FEE 1426.86

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."

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



RC

Columbia County Building Permit Application

For Office Use Only Application # 1006-38 Date Received 6/14/10 By GT Permit # 28686  
Zoning Official B2K Date 22.06.10 Flood Zone X Land Use A-3 + ESA Zoning A-3 + ESA-2  
FEMA Map # N/A Elevation N/A MFE 1' above River N/A Plans Examiner HO Date 6-21-10  
Comments Structure being placed in A-3 zoning area  
☒ NOC ☐ EH ☐ Deed or PA ☐ Site Plan ☐ State Road Info ☐ Parent Parcel #  
☐ Dev Permit # ☐ In Floodway ☐ Letter of Auth. from Contractor ☐ F W Comp. letter  
IMPACT FEES: EMS \_\_\_\_\_ Fire \_\_\_\_\_ Corr \_\_\_\_\_ Road/Code \_\_\_\_\_  
School \_\_\_\_\_ = TOTAL N/A Suspended MF

✓ Septic Permit No. \_\_\_\_\_ Fax 904 276 5544

Name Authorized Person Signing Permit Freddie Shane Pridgen Phone 904 838 5680  
Address 151056 CR 108 Hilliard FL 32046

X Owners Name CHRISTOPHER MARTIN Phone 305 304 4503  
911 Address 277 South West Aqua Way Ft White FL 32038  
Contractors Name Freddie Shane Pridgen Phone 904 838 5680  
Address 151056 CR 108 Hilliard FL 32046

X Fee Simple Owner Name & Address CHRISTOPHER MARTIN 1007 ADAMS DR KEY LARGO FL 33037

Bonding Co. Name & Address \_\_\_\_\_

✓ Architect/Engineer Name & Address Mark Disosway Lakeland FL 32056 PO Box 868  
Mortgage Lenders Name & Address \_\_\_\_\_

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

Property ID Number 36-75-16-04351-006 Estimated Cost of Construction \$650,000.00

Subdivision Name GOV S Lot 4 Block \_\_\_\_\_ Unit \_\_\_\_\_ Phase \_\_\_\_\_

Driving Directions South on 41 to 18 right to 27 left to 138 rt to Palm Island rd  
left to Aqua Way left to 2nd driveway on left.

Number of Existing Dwellings on Property 1 Ag Barn

Construction of New Home SFD Total Acreage 13 Lot Size 4341360

Do you need a - Culvert Permit or Culvert Waiver or Have an Existing Drive Total Building Height 35'

Actual Distance of Structure from Property Lines - Front 225 Side 123 Side 223 Rear 10158

Number of Stories 2 Heated Floor Area 3961 Total Floor Area 5186 Roof Pitch 8/12

Application is hereby made to obtain a permit to do work and installations as indicated. I certify that no work or installation has commenced prior to the issuance of a permit and that all work be performed to meet the standards of all laws regulating construction in this jurisdiction. CODE: Florida Building Code 2007 with 2009 Supplements and the 2008 National Electrical Code. Page 1 of 2 (Both Pages must be submitted together.) Revised 6-19-09

Spoke to SHANE  
6/22/10





# CAL-TECH TESTING, INC.

## ENGINEERING & TESTING LABORATORY

P.O. Box 1625, Lake City, FL 32056-1625  
4784 Rosselle St. • Jacksonville, FL 32254

Lake City • (386) 755-3633

Fax • (386) 752-5456

Jacksonville • (904) 381-8901

Fax • (904) 381-8902

# ~~28719~~

28686

JOB NO.: 10-289

DATE TESTED: 7-19-10

## REPORT OF IN-PLACE DENSITY TEST

ASTM METHOD: ✓ (D-2922) Nuclear          (D-2937) Drive Cylinder          Other

PROJECT: Martin Residence

CLIENT: Southern Palms Court

GENERAL CONTRACTOR: SAC

EARTHWORK CONTRACTOR: Lyons Site Prep

SOIL USE (SEE NOTE): 1

SPECIFICATION REQUIREMENTS: 95%

TECHNICIAN: C. Day

MODIFIED (ASTM D-1557): ✓

STANDARD (ASTM D-698):         

TEST NO.	TEST LOCATION	TEST:	PROCTOR NO.	WET DENS. LBS./CU.FT.	DRY DENS. LBS./CU.FT.	MOIST PERCENT	% MAX. DENS.
		DEPTH ELEV. LIFT					
1	Approx. Center of house pad.	12"	Pit	107.7	104.6	3.0	101
2	N.W. Corner of pad 15' S. x 15' E.	12"	Pit	107.2	102.3	4.8	99
3	S.E. Corner of pad 12' W x 15' N.	12"	Pit	104.6	101.0	3.6	98

REMARKS:         

PROCTOR NO.	SOIL DESCRIPTION	PROCTOR VALUE	OPT. MOIST.
Pit	Richardson's Ft. White Pit	103.1	10.8
	Light brown sand		

NOTE: 1. Building Fill 2. Trench Backfill 3. Base Course 4. Subbase/Stabilized Subgrade 5. Embankment 6. Subgrade/Natural Soil 7. Other  
The test results presented in this report are specific only to the samples tested at the time of testing. The tests were performed in accordance with generally accepted methods and standards. Since material conditions can vary between test location and change with time, sound judgement should be exercised with regard to the use and interpretation of the data.



## Columbia County Building Permit Application

**TIME LIMITATIONS OF APPLICATION :** An application for a permit for any proposed work shall be deemed to have been abandoned 180 days after the date of filing, unless such application has been pursued in good faith or a permit has been issued; except that the building official is authorized to grant one or more extensions of time for additional periods not exceeding 90 days each. The extension shall be requested in writing and justifiable cause demonstrated.

**TIME LIMITATIONS OF PERMITS:** Every permit issued shall become invalid unless the work authorized by such permit is commenced within 180 days after its issuance, or if the work authorized by such permit is suspended or abandoned for a period of 180 days after the time work is commenced. A valid permit receives an approved inspection every 180 days. Work shall be considered not suspended, abandoned or invalid when the permit has received an approved inspection within 180 days of the previous approved inspection.

**FLORIDA'S CONSTRUCTION LIEN LAW: Protect Yourself and Your Investment:** According to Florida Law, those who work on your property or provide materials, and are not paid-in-full, have a right to enforce their claim for payment against your property. This claim is known as a construction lien. If your contractor fails to pay subcontractors or material suppliers or neglects to make other legally required payments, the people who are owed money may look to your property for payment, even if you have paid your contractor in full. This means if a lien is filed against your property, it could be sold against your will to pay for labor, materials or other services which your contractor may have failed to pay.

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

**WARNING TO OWNER:** YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOU PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT.

**OWNERS CERTIFICATION:** I CERTIFY THAT ALL THE FOREGOING INFORMATION IS ACCURATE AND THAT ALL WORK WILL BE DONE IN COMPLIANCE WITH ALL APPLICABLE LAWS REGULATING CONSTRUCTION AND ZONING.

**NOTICE TO OWNER:** There are some properties that may have deed restrictions recorded upon them. These restrictions may limit or prohibit the work applied for in your building permit. It may be to your advantage to check and see if your property is encumbered by any restrictions.

(Owners Must Sign All Applications Before Permit Issuance.)

  
Owners Signature

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

**CONTRACTORS AFFIDAVIT:** By my signature I understand and agree that I have informed and provided this written statement to the owner of all the above written responsibilities in Columbia County for obtaining this Building Permit including all application and permit time limitations.

  
Contractor's Signature (Permitee)

Contractor's License Number CBC 1255953  
Columbia County  
Competency Card Number \_\_\_\_\_

Affirmed under penalty of perjury to by the Contractor and subscribed before me this 11 day of June 2010

Personally known ☒ or Produced Identification \_\_\_\_\_

  
State of Florida Notary Signature (For the Contractor)

SEAL:



AMMIE L. CASE  
MY COMMISSION # DD 896874  
EXPIRES: August 19, 2011  
Bonded Thru Budget Notary Services

# This Warranty Deed

Made this 11<sup>th</sup> day of January, 2005 by  
**DOUGLAS W. COCHRAN SR. AND DAWN W.  
COCHRAN, HUSBAND AND WIFE**

hereinafter called the grantor, to  
**CHRISTOPHER S. MARTIN AND DORA L. MARTIN,  
HUSBAND AND WIFE**

whose post office address is:  
**1007 ADAMS DRIVE  
KEY LARGO, FL 33037**

Inst:2005001483 Date:01/21/2005 Time:14:30

Doc Stamp-Deed : 562.80

MR DC, P. DeWitt Cason, Columbia County B:1036 P:19

hereinafter called the grantee:

(Whenever used herein the term "grantor" and "grantee" include all the parties to this instrument and the heirs, legal representatives and assigns of individuals, and the successors and assigns of corporations)

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

A PART OF THE NORTHWEST 1/4 OF SECTION 36, TOWNSHIP 7 SOUTH, RANGE 16 EAST, MORE PARTICULARLY DESCRIBED AS FOLLOWS:

COMMENCE AT THE NORTHWEST CORNER OF SAID NORTHWEST 1/4 AND RUN SOUTH 01 DEG. 06 MIN. 32 SEC. EAST, ALONG THE WEST LINE THEREOF, 2197.12 FEET FOR A POINT OF BEGINNING, THENCE NORTH 88 DEG. 54 MIN. 35 SEC. EAST, 1310.05 FEET, THENCE SOUTH 01 DEG. 05 MIN. 56 SEC. EAST, 434.32 FEET, THENCE SOUTH 87 DEG. 44 MIN. 51 SEC. WEST, 1310.23 FEET TO A POINT ON THE WEST LINE OF SAID NORTHWEST 1/4, THENCE NORTH 01 DEG. 06 MIN. 32 SEC. WEST, 460.89 FEET TO THE POINT OF BEGINNING. COLUMBIA COUNTY, FLORIDA.

SUBJECT TO A 25 FOOT BY 25 FOOT INGRESS AND EGRESS EASEMENT IN THE SOUTHWEST CORNER THEREOF

TOGETHER WITH THE RIGHT OF INGRESS AND EGRESS OVER AND ACROSS A 60 FOOT EASEMENT ADJACENT TO AND EAST OF THE FOLLOWING DESCRIBED LINE:

COMMENCE AT THE NORTHWEST CORNER OF SECTION 36, TOWNSHIP 7 SOUTH, RANGE 16 EAST, AND RUN SOUTH 01 DEG. 06 MIN. 32 SEC. EAST, ALONG THE WEST LINE THEREOF 1268.76 FEET FOR A POINT OF BEGINNING, THENCE CONTINUE SOUTH 01 DEG. 06 MIN. 32 SEC. EAST, 1018.35 FEET TO THE POINT OF TERMINATION OF SAID LINE. LESS AND EXCEPT EXISTING ROAD RIGHT OF WAY IN THE NORTHWEST CORNER OF SAID 60 FOOT EASEMENT.

Subject to covenants, restrictions, easements of record and taxes for the current year.

Parcel Identification Number: 36-7S-16-04351-006

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, 2004

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:

Tracy L. Parnth  
Witness: (Signature)  
Print Name: Tracy L. Parnth

Angel L. Nunley  
Witness: (Signature)  
Print Name: Angel L. Nunley

Tracy L. Parnth  
Witness: (Signature)  
Print Name: Tracy L. Parnth

Angel L. Nunley  
Witness: (Signature)  
Print Name: Angel L. Nunley

Douglas W. Cochran Sr.  
DOUGLAS W. COCHRAN SR.  
4521 KING'S ROAD  
ST. LEONARD, MD 20685

Dawn W. Cochran  
DAWN W. COCHRAN  
4521 KING'S ROAD  
ST. LEONARD, MD 20685

State of MARYLAND

County of Charles

The foregoing instrument was acknowledged before me this 11<sup>th</sup> day of January, 2005, by DOUGLAS W. COCHRAN SR. AND DAWN W. COCHRAN, HUSBAND AND WIFE, who is personally known to me or who has produced drivers license as identification.

Tracy L. Parish

NOTARY PUBLIC (signature)

Print Name: Tracy L. Parish

My Commission Expires: 10/1/2006

Stamp/Seal:

Prepared by and ~~Returned to:~~

Charlotte Dixon

Professionals' Title Company, LLC

4141 NW 37th Pl

Gainesville, FL 32606

File Number: 581040010

Inst:2005001483 Date:01/21/2005 Time:14:30  
Doc Stamp-Deed : 562.80  
DC, P. Dewitt Cason, Columbia County B:1036 P:20



STATE OF FLORIDA  
DEPARTMENT OF HEALTH  
APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

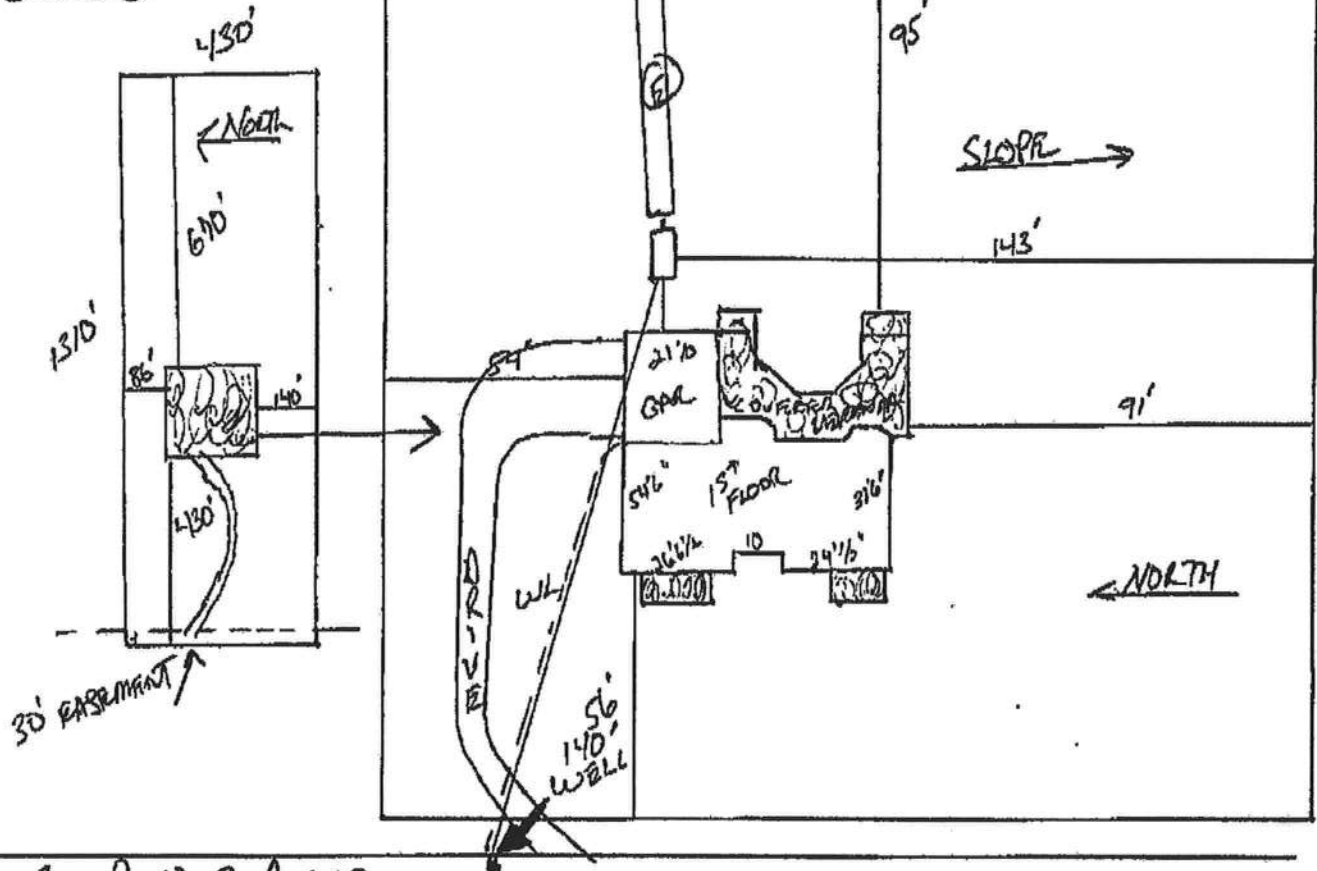
Permit Application Number 10-D309E

ASTIN

## PART II - SITEPLAN

**Scale: 1 inch = 40 feet.**

application #:  
100638



**Notes:**

1.02 12.9 Acres

**Site Plan submitted by:**

**Plan Approved**

By \_\_\_\_\_

**Not Approved**

**MASTER CONTRACTOR**

Date 10-22-10

County Health Department

**ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT**

**NORTH FLORIDA WATER SYSTEMS, INC.**11814 NW 202 STREET  
ALACHUA, FLORIDA 32615

(386) 462-PUMP (7867)

(386) 454-PUMP (7867)

www.northfloridawatersystems.com

PHONE

786-282-0606

DATE

7/6/07

NAME

Christopher Martin

ADDRESS

Adams Drive

1007

Key Largo FL 33037

QTY.	DESCRIPTION	PRICE	AMOUNT
	Well 58'		
	Casing 54'		
	Water Coil 25'		
	pump Setting 49'		
1	4" well, 1hp stainless pump,		
	90 GALLON well-mate tank	3300	00
1	Un-Flow Filter		125 00
	12 month full warranty on		
	System, 5yr on pump & tank		
	Limited, Excludes freeze & anti		
	Thank you call anytime		
	454-7867 (pump)		
		TAX	
RECEIVED BY	Debut 3755 7/6/07	TOTAL	3425 00

5% INTEREST WILL BE CHARGED  
AFTER 30 DAYS.**THANK YOU**

To Receive Copy NEWS CUSTOMER printing service TOLL FREE 1-800-855-5327 NEWS, Inc., Falmouth, ME 04558

Ref. No. 6 21780720



# COLUMBIA COUNTY 9-1-1 ADDRESSING

P. O. Box 1787, Lake City, FL 32056-1787

PHONE: (386) 758-1125 \* 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 REQUESTED: 6/7/2010 DATE ISSUED: 6/9/2010

### ENHANCED 9-1-1 ADDRESS:

277 SW AQUA WAY

FORT WHITE FL 32038

### PROPERTY APPRAISER PARCEL NUMBER:

36-7S-16-04351-006

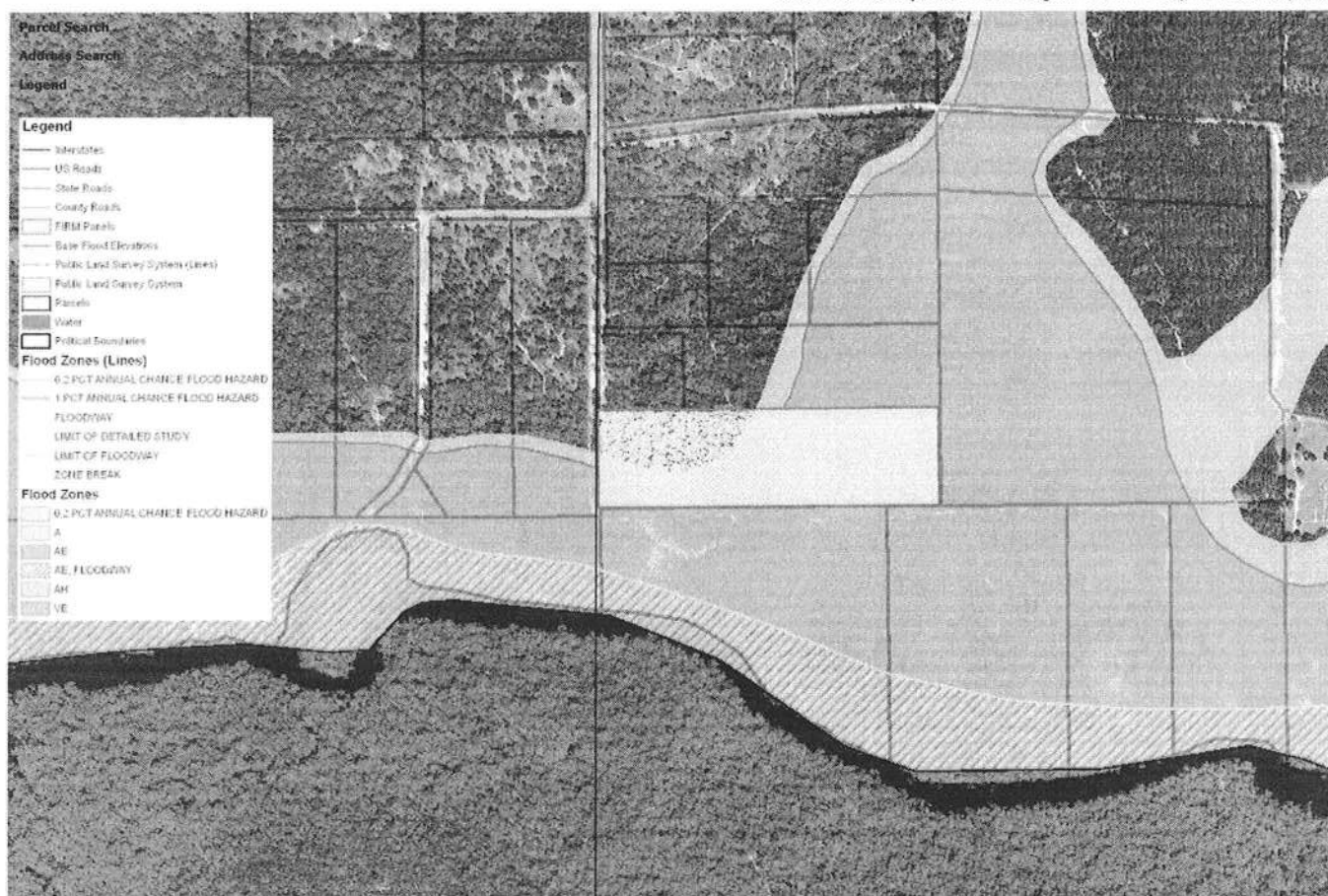
### Remarks:

Address Issued By: 

Columbia County 9-1-1 Addressing / GIS Department

**NOTICE: THIS ADDRESS WAS ISSUED BASED ON LOCATION INFORMATION RECEIVED FROM THE REQUESTER. SHOULD, AT A LATER DATE, THE LOCATION INFORMATION BE FOUND TO BE IN ERROR, THIS ADDRESS IS SUBJECT TO CHANGE.**

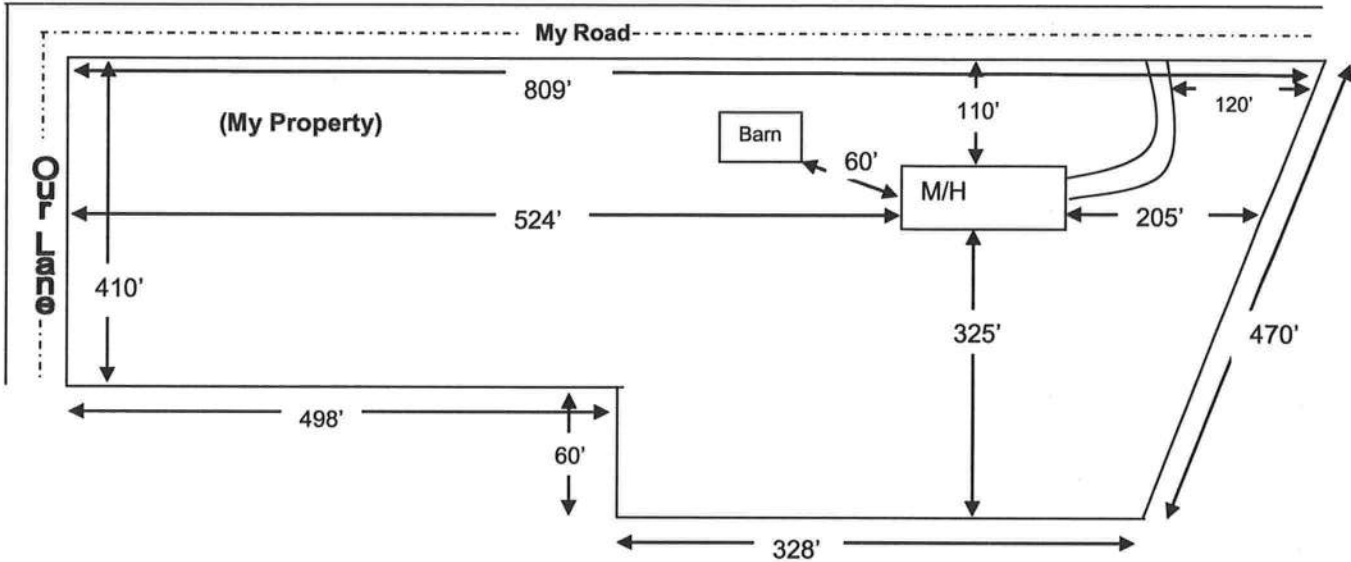
## Suwannee River Water Management District - Flood Information

[Home](#) | [SRWMD Map Modernization Program](#) | [FEMA](#) | [Help](#) | [Zone Descriptions](#)

This data provided through this application and any reports generated from this application are provided for informational purposes. It shall not be used to determine flood insurance rates or purchase requirements.

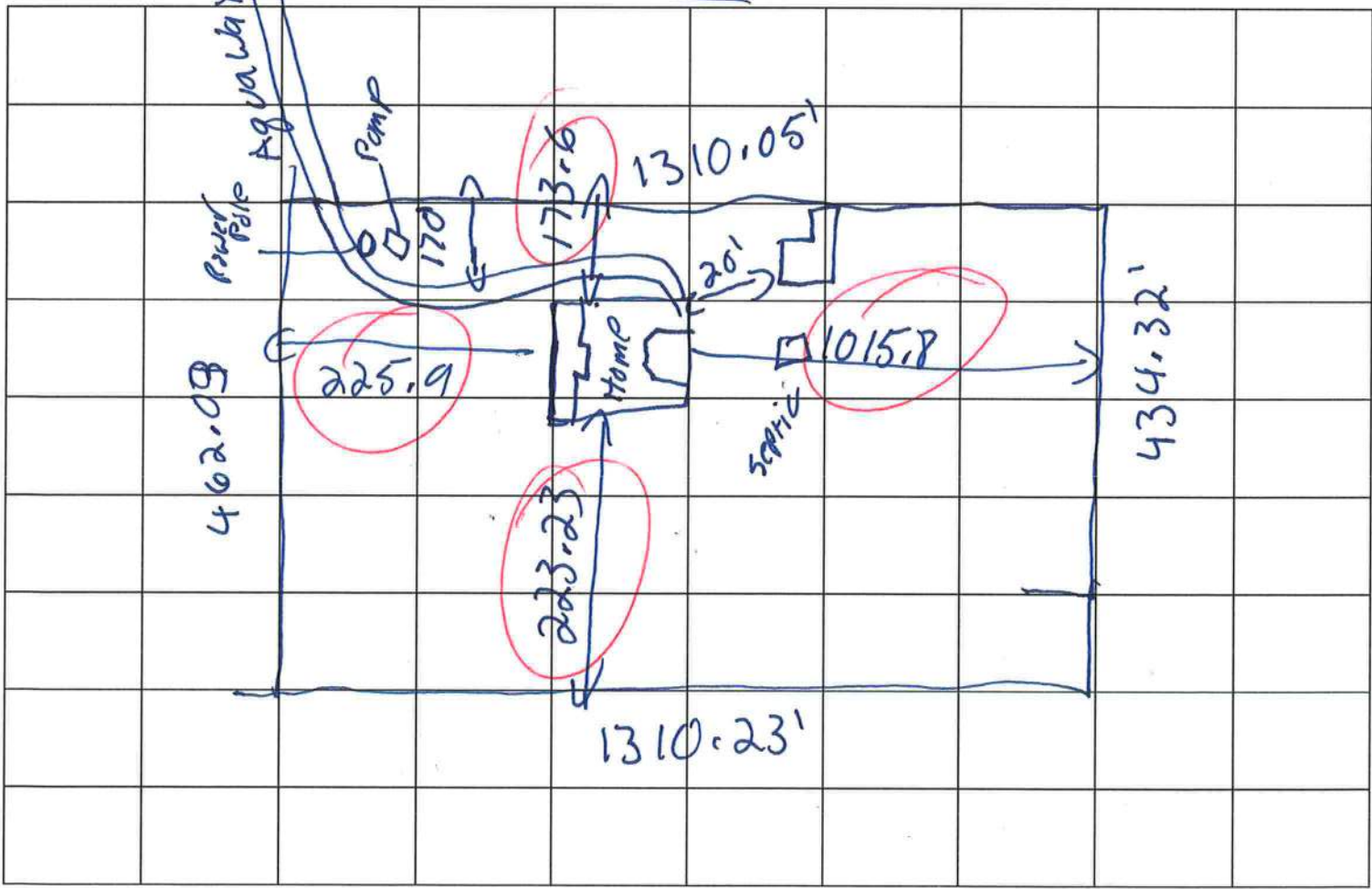


SITE PLAN EXAMPLE / WORKSHEET



Use this example to draw your own site plan. Show all existing buildings and any other homes on this property and show the distances between them, Also show where the roads or roads are around the property. This site plan can also be used for the 911 Addressing department if you include the distance from the driveway to the nearest property line.

*Rum Island Rd*







1006-58



**FLORIDA ENERGY EFFICIENCY CODE FOR BUILDING CONSTRUCTION****Florida Department of Community Affairs Residential Performance Method A**

Project Name: M345310  
 Street:  
 City, State, Zip: , FL ,  
 Owner: CHRIS AND DORA MARTIN  
 Design Location: FL, Jacksonville

Builder Name: MAXXIM HOMES *Pridgen*  
 Permit Office: *Columbia*  
 Permit Number: *28686*  
 Jurisdiction: *221000*

1. New construction or existing	New (From Plans)	
2. Single family or multiple family	Single-family	
3. Number of units, if multiple family	1	
4. Number of Bedrooms	3	
5. Is this a worst case?	Yes	
6. Conditioned floor area (ft <sup>2</sup> )	3453	
7. Windows	Description	Area
a. U-Factor:	Dbl, U=0.55	594.11 ft <sup>2</sup>
SHGC:	SHGC=0.60	
b. U-Factor:	N/A	ft <sup>2</sup>
SHGC:		
c. U-Factor:	N/A	ft <sup>2</sup>
SHGC:		
d. U-Factor:	N/A	ft <sup>2</sup>
SHGC:		
e. U-Factor:	N/A	ft <sup>2</sup>
SHGC:		
8. Floor Types	Insulation	Area
a. Slab-On-Grade Edge Insulation	R=0.0	1985.00 ft <sup>2</sup>
b. Floor over Garage	R=19.0	345.00 ft <sup>2</sup>
c. N/A	R=	ft <sup>2</sup>

9. Wall Types	Insulation	Area
a. Concrete Block - Int Insul, Exterior	R=7.0	1750.00 ft <sup>2</sup>
b. Frame - Wood, Exterior	R=19.0	1660.00 ft <sup>2</sup>
c. Concrete Block - Int Insul, Adjacent	R=7.0	280.00 ft <sup>2</sup>
d. N/A	R=	ft <sup>2</sup>
10. Ceiling Types	Insulation	Area
a. Under Attic (Vented)	R=50.0	2330.00 ft <sup>2</sup>
b. Knee Wall (Vented)	R=19.0	345.00 ft <sup>2</sup>
c. N/A	R=	ft <sup>2</sup>
11. Ducts		
a. Sup: Attic Ret: Attic AH: Garage Sup. R= 6, 690.6 ft <sup>2</sup>		
12. Cooling systems(combined)		
a. Central Unit	Cap: 96.0 kBtu/hr	SEER: 13
13. Heating systems(combined)		
a. Electric Heat Pump	Cap: 96.0 kBtu/hr	HSPF: 8
14. Hot water systems		
a. Electric	Cap: 80 gallons	EF: 0.92
b. Conservation features	None	
15. Credits	CF, Pstat	

Glass/Floor Area: 0.172

Total As-Built Modified Loads: 58.72

Total Baseline Loads: 70.10

**PASS**

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

PREPARED BY: *M. S. Bocca*DATE: *5-12-10 Monica S. Bocca*

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: \_\_\_\_\_

## PROJECT

Title: M345310	Bedrooms: 3	Address Type: Street Address
Building Type: FLAsBuilt	Bathrooms: 0	Lot #
Owner: CHRIS AND DORA MARTIN	Conditioned Area: 3453	SubDivision:
# of Units: 1	Total Stories: 2	PlatBook:
Builder Name: MAXXIM HOMES	Worst Case: Yes	Street:
Permit Office:	Rotate Angle: 90	County: COLUMBIA
Jurisdiction:	Cross Ventilation:	City, State, Zip: , FL ,
Family Type: Single-family	Whole House Fan:	
New/Existing: New (From Plans)		
Comment:		

## CLIMATE

	Design Location	TMY Site	IECC Zone	Design Temp 97.5 %	Design Temp 2.5 %	Int Design Temp Winter	Int Design Temp Summer	Heating Degree Days	Design Moisture	Daily Temp Range
✓	FL, Jacksonville	FL_JACKSONVILLE_INT	2	32	93	75	70	1281	49	Medium

## FLOORS

	#	Floor Type	Perimeter	Perimeter R-Value	Area	Joist R-Value	Tile	Wood	Carpet
✓	1	Slab-On-Grade Edge Insulatio	203 ft	0	1985 ft²		0.5	0.5	0
	2	Floor over Garage			345 ft²	19	1	0	0

## ROOF

	#	Type	Materials	Roof Area	Gable Area	Roof Color	Solar Absor.	Tested	Deck Insul.	Pitch
✓	1	Hip	Composition shingles	2524 ft²	0 ft²	Medium	0.96	No	13	22.6 deg

## ATTIC

	#	Type	Ventilation	Vent Ratio (1 in)	Area	RBS	IRCC
✓	1	Full attic	Vented	300	2330 ft²	N	N

## CEILING

	#	Ceiling Type	R-Value	Area	Framing Frac	Truss Type
✓	1	Under Attic (Vented)	50	2330 ft²	0.11	Wood
	2	Knee Wall (Vented)	19	345 ft²	0.11	Wood

## WALLS

	#	Ornt	Adjacent To	Wall Type	Cavity R-Value	Area	Sheathing R-Value	Framing Fraction	Solar Absor.
✓	1	N	Exterior	Concrete Block - Int Insul	7	690 ft²		0	0.75
	2	S	Exterior	Concrete Block - Int Insul	7	440 ft²		0	0.75
	3	E	Exterior	Concrete Block - Int Insul	7	300 ft²		0	0.75
	4	W	Exterior	Concrete Block - Int Insul	7	320 ft²		0	0.75
	5	E	Garage	Concrete Block - Int Insul	7	80 ft²		0	0.01
	6	S	Garage	Concrete Block - Int Insul	7	200 ft²		0	0.01



## WALLS

✓	#	Ornt	Adjacent To	Wall Type	Cavity R-Value	Area	Sheathing R-Value	Framing Fraction	Solar Absor.
_____	7	N	Exterior	Frame - Wood	19	550 ft²		0.23	0.75
_____	8	E	Exterior	Frame - Wood	19	160 ft²		0.23	0.75
_____	9	S	Exterior	Frame - Wood	19	500 ft²		0.23	0.75
_____	10	W	Exterior	Frame - Wood	19	450 ft²		0.23	0.75

## DOORS

✓	#	Ornt	Door Type	Storms	U-Value	Area
_____	1	N	Wood	None	0.46	40 ft²
_____	2	S	Wood	None	0.46	40 ft²

## WINDOWS

Window orientation below is as entered. Actual orientation is modified by rotate angle shown in "Project" section above.

✓	#	Ornt	Frame	Panes	NFRC	U-Factor	SHGC	Storms	Area	Overhang		Int Shade	Screening
										Depth	Separation		
_____	1	N	Metal	Low-E Double	Yes	0.55	0.6	N	20 ft²	2 ft 0 in	8 ft 0 in	HERS 2006	None
_____	2	N	Metal	Low-E Double	Yes	0.55	0.6	N	20 ft²	1 ft 6 in	14 ft 0 in	HERS 2006	None
_____	3	N	Metal	Low-E Double	Yes	0.55	0.6	N	60 ft²	1 ft 6 in	8 ft 0 in	HERS 2006	None
_____	4	E	Metal	Low-E Double	Yes	0.55	0.6	N	6 ft²	1 ft 6 in	5 ft 0 in	HERS 2006	None
_____	5	E	Metal	Low-E Double	Yes	0.55	0.6	N	12 ft²	1 ft 6 in	6 ft 0 in	HERS 2006	None
_____	6	S	Metal	Low-E Double	Yes	0.55	0.6	N	24 ft²	8 ft 0 in	8 ft 0 in	HERS 2006	None
_____	7	S	Metal	Low-E Double	Yes	0.55	0.6	N	96 ft²	8 ft 0 in	10 ft 0 in	HERS 2006	None
_____	8	S	Metal	Low-E Double	Yes	0.55	0.6	N	20 ft²	8 ft 0 in	7 ft 0 in	HERS 2006	None
_____	9	S	Metal	Low-E Double	Yes	0.55	0.6	N	26.67 ft²	8 ft 0 in	10 ft 0 in	HERS 2006	None
_____	10	W	Metal	Low-E Double	Yes	0.55	0.6	N	24 ft²	1 ft 6 in	7 ft 0 in	HERS 2006	None
_____	11	N	Metal	Low-E Double	Yes	0.55	0.6	N	16 ft²	1 ft 6 in	6 ft 0 in	HERS 2006	None
_____	12	N	Metal	Low-E Double	Yes	0.55	0.6	N	40 ft²	5 ft 0 in	10 ft 0 in	HERS 2006	None
_____	13	N	Metal	Low-E Double	Yes	0.55	0.6	N	25 ft²	1 ft 6 in	9 ft 0 in	HERS 2006	None
_____	14	N	Metal	Low-E Double	Yes	0.55	0.6	N	16 ft²	1 ft 6 in	6 ft 0 in	HERS 2006	None
_____	15	E	Metal	Low-E Double	Yes	0.55	0.6	N	18 ft²	1 ft 6 in	3 ft 0 in	HERS 2006	None
_____	16	E	Metal	Low-E Double	Yes	0.55	0.6	N	18 ft²	1 ft 6 in	3 ft 0 in	HERS 2006	None
_____	17	E	Metal	Low-E Double	Yes	0.55	0.6	N	12 ft²	1 ft 6 in	3 ft 0 in	HERS 2006	None
_____	18	S	Metal	Low-E Double	Yes	0.55	0.6	N	6 ft²	1 ft 6 in	4 ft 0 in	HERS 2006	None
_____	19	W	Metal	Low-E Double	Yes	0.55	0.6	N	6 ft²	10 ft 0 in	5 ft 0 in	HERS 2006	None
_____	20	W	Metal	Low-E Double	Yes	0.55	0.6	N	33.33 ft²	10 ft 0 in	9 ft 0 in	HERS 2006	None
_____	21	S	Metal	Low-E Double	Yes	0.55	0.6	N	17.78 ft²	16 ft 0 in	9 ft 0 in	HERS 2006	None
_____	22	S	Metal	Low-E Double	Yes	0.55	0.6	N	24 ft²	10 ft 0 in	7 ft 0 in	HERS 2006	None
_____	23	S	Metal	Low-E Double	Yes	0.55	0.6	N	33.33 ft²	7 ft 0 in	9 ft 0 in	HERS 2006	None
_____	24	W	Metal	Low-E Double	Yes	0.55	0.6	N	8 ft²	1 ft 6 in	3 ft 0 in	HERS 2006	None
_____	25	W	Metal	Low-E Double	Yes	0.55	0.6	N	12 ft²	1 ft 6 in	3 ft 0 in	HERS 2006	None

INFILTRATION & VENTING										
✓	Method	SLA	CFM 50	ACH 50	ELA	EqLA	--- Forced Ventilation --- Supply CFM Exhaust CFM		Run Time Fraction	Fan Watts
_____	Default	0.00036	3261	5.67	179.0	336.6	0 cfm	0 cfm	0	0

GARAGE						
✓	#	Floor Area	Ceiling Area	Exposed Wall Perimeter	Avg. Wall Height	Exposed Wall Insulation
_____	1	508 ft²	163 ft²	56 ft	10 ft	(invalid)

COOLING SYSTEM								
✓	#	System Type	Subtype	Efficiency	Capacity	Air Flow	SHR	Ductless
_____	1	Central Unit	None	SEER: 13	36 kBtu/hr	1080 cfm	0.75	False
_____	2	Central Unit	None	SEER: 13	36 kBtu/hr	1080 cfm	0.75	False
_____	3	Central Unit	None	SEER: 13	24 kBtu/hr	720 cfm	0.75	False

HEATING SYSTEM						
✓	#	System Type	Subtype	Efficiency	Capacity	Ductless
_____	1	Electric Heat Pump	None	HSPF: 8	36 kBtu/hr	False
_____	2	Electric Heat Pump	None	HSPF: 8	36 kBtu/hr	False
_____	3	Electric Heat Pump	None	HSPF: 8	24 kBtu/hr	False

HOT WATER SYSTEM							
✓	#	System Type	EF	Cap	Use	SetPnt	Conservation
_____	1	Electric	0.92	80 gal	60 gal	120 deg	None

SOLAR HOT WATER SYSTEM							
✓	FSEC Cert #	Company Name	System Model #	Collector Model #	Collector Area	Storage Volume	FEF
_____	None	None			ft²		

DUCTS												
✓	#	--- Supply ---			--- Return ---		Leakage Type	Air Handler	CFM 25	Percent Leakage	QN	RLF
		Location	R-Value	Area	Location	Area						
_____	1	Attic	6	690.6 ft	Attic	172.65	Default Leakage	Garage				



# TEMPERATURES

Programable Thermostat: Y

Ceiling Fans:

Cooling	<input checked="" type="checkbox"/> Jan	<input checked="" type="checkbox"/> Feb	<input checked="" type="checkbox"/> Mar	<input checked="" type="checkbox"/> Apr	<input checked="" type="checkbox"/> May	<input checked="" type="checkbox"/> Jun	<input checked="" type="checkbox"/> Jul	<input checked="" type="checkbox"/> Aug	<input checked="" type="checkbox"/> Sep	<input checked="" type="checkbox"/> Oct	<input checked="" type="checkbox"/> Nov	<input checked="" type="checkbox"/> Dec
Heating	<input checked="" type="checkbox"/> Jan	<input checked="" type="checkbox"/> Feb	<input checked="" type="checkbox"/> Mar	<input checked="" type="checkbox"/> Apr	<input checked="" type="checkbox"/> May	<input checked="" type="checkbox"/> Jun	<input checked="" type="checkbox"/> Jul	<input checked="" type="checkbox"/> Aug	<input checked="" type="checkbox"/> Sep	<input checked="" type="checkbox"/> Oct	<input checked="" type="checkbox"/> Nov	<input checked="" type="checkbox"/> Dec
Venting	<input checked="" type="checkbox"/> Jan	<input checked="" type="checkbox"/> Feb	<input checked="" type="checkbox"/> Mar	<input checked="" type="checkbox"/> Apr	<input checked="" type="checkbox"/> May	<input checked="" type="checkbox"/> Jun	<input checked="" type="checkbox"/> Jul	<input checked="" type="checkbox"/> Aug	<input checked="" type="checkbox"/> Sep	<input checked="" type="checkbox"/> Oct	<input checked="" type="checkbox"/> Nov	<input checked="" type="checkbox"/> Dec

Thermostat Schedule: HERS 2006 Reference

Schedule Type		Hours											
		1	2	3	4	5	6	7	8	9	10	11	12
Cooling (WD)	AM	78	78	78	78	78	78	78	78	80	80	80	80
	PM	80	80	78	78	78	78	78	78	78	78	78	78
Cooling (WEH)	AM	78	78	78	78	78	78	78	78	78	78	78	78
	PM	78	78	78	78	78	78	78	78	78	78	78	78
Heating (WD)	AM	66	66	66	66	66	68	68	68	68	68	68	68
	PM	68	68	68	68	68	68	68	68	68	68	66	66
Heating (WEH)	AM	66	66	66	66	66	68	68	68	68	68	68	68
	PM	68	68	68	68	68	68	68	68	68	68	66	66



# Project Summary

## Entire House

MONICA BACCA

Job:  
Date: May 12, 2010  
By:

4891 TIMUQUANA ROAD, JACKSONVILLE, FL 32210 Phone: 904-737-5499 Fax: 904-779-7098 Email: mbjags@earthlink.net

## Project Information

For: CHRIS AND DORA MARTIN  
COLUMBIA COUNTY,

Notes:

## Design Information

Weather: Jacksonville, Cecil Field NAS, FL, US

### Winter Design Conditions

Outside db	34 °F
Inside db	70 °F
Design TD	36 °F

### Summer Design Conditions

Outside db	95 °F
Inside db	75 °F
Design TD	20 °F
Daily range	M
Relative humidity	50 %
Moisture difference	40 gr/lb

### Heating Summary

Structure	53485 Btuh
Ducts	20268 cfm
Central vent (115 cfm)	4544 Btuh
Humidification	0 Btuh
Piping	0 Btuh
Equipment load	78297 Btuh

### Sensible Cooling Equipment Load Sizing

Structure	40572 Btuh
Ducts	26448 Btuh
Central vent (115 cfm)	2525 Btuh
Blower	0 Btuh
Use manufacturer's data	n
Rate/swing multiplier	1.00
Equipment sensible load	69545 Btuh

### Infiltration

Method	Simplified
Construction quality	Average
Fireplaces	0

	Heating	Cooling
Area (ft <sup>2</sup> )	3453	3453
Volume (ft <sup>3</sup> )	34530	34530
Air changes/hour	0.28	0.15
Equiv. AVF (cfm)	161	86

### Latent Cooling Equipment Load Sizing

Structure	3560 Btuh
Ducts	4945 Btuh
Central vent (115 cfm)	3147 Btuh
Equipment latent load	11651 Btuh

Equipment total load	81196 Btuh
Req. total capacity at 0.70 SHR	8.3 ton

### Heating Equipment Summary

Make	see attached
Trade	
Model	
Efficiency	0 HSPF
Heating input	
Heating output	0 Btuh @ 47°F
Temperature rise	0 °F
Actual air flow	2679 cfm
Air flow factor	0.036 cfm/Btuh
Static pressure	0.00 in H2O
Space thermostat	

### Cooling Equipment Summary

Make	see attached
Trade	
Cond	
Coil	
Efficiency	0 EER
Sensible cooling	0 Btuh
Latent cooling	0 Btuh
Total cooling	0 Btuh
Actual air flow	2679 cfm
Air flow factor	0.040 cfm/Btuh
Static pressure	0.00 in H2O
Load sensible heat ratio	0.86

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# Right-J Worksheet Entire House MONICA BACCA

Job:  
Date: May 12, 2010  
By:

4891 TIMUQUANA ROAD, JACKSONVILLE, FL 32210 Phone: 904-737-5499 Fax: 904-779-7098 Email: mbjags@earthlink.net

1	Room name					GR/NK				GBR1/BTH				
2	Exposed wall					27.0 ft				38.0 ft				
3	Ceiling height					10.0 ft				10.0 ft				
4	Room dimensions					20.0 x 26.9 ft				10.0 x 32.0 ft				
5	Room area					537.0 ft²				320.0 ft²				
	Ty	Construction number	U-value (Btuh/ft²·°F)	Or	HTM (Btuh/ft²)		Area (ft²) or perimeter (ft)		Load (Btuh)		Area (ft²) or perimeter (ft)		Load (Btuh)	
					Heat	Cool	Gross	N/P/S	Heat	Cool	Gross	N/P/S	Heat	Cool
6	W	13A-7.5ocs	0.095	n	3.42	1.74	270	270	923	469	0	0	0	0
	W	12E-0sw	0.068	n	2.45	1.52	0	0	0	0	380	380	930	579
	P	12C-0bw	0.091	-	3.28	0.99	80	-40	-131	-40	0	-36	-118	-36
11	G	2A-2om	0.840	n	30.24	29.46	24	0	726	707	36	0	1089	1061
	G	10C-b	0.730	n	26.28	16.47	0	0	0	0	0	0	0	0
	G	2A-2omd	0.840	n	30.24	29.46	96	0	2903	2829	0	0	0	0
	D	11N0	0.350	n	12.60	11.02	0	0	0	0	0	0	0	0
	C	16B-50ad	0.020	-	0.72	1.10	0	0	0	0	320	320	230	352
	C	16B-19ad	0.049	-	1.76	2.69	0	0	0	0	180	180	318	485
	F	22A-tph	1.358	-	48.89	0.00	537	27	1320	0	320	38	1858	0
	F	20P-13t	0.068	-	2.45	1.02	0	0	0	0	0	0	0	0
6	c) AED excursion									0				0
	Envelope loss/gain								5741	3965			4307	2441
12	a) Infiltration								504	150			709	211
	b) Room ventilation								0	0			0	0
13	Internal gains:		Occupants @	230			3			690	0			0
	Less external load		Appliances @	1200			0			0	1			1200
	Less transfer						0			0			0	0
	Redistribution						0			0			0	0
14	Subtotal								6245	4805			5016	3852
15	Duct loads						38%	65%	2367	3133	38%	65%	1901	2511
	Total room load								8611	7938			6916	6363
	Air required (cfm)								313	317			251	254

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# Right-J Worksheet Entire House MONICA BACCA

Job:  
Date: May 12, 2010  
By:

4891 TIMUQUANA ROAD, JACKSONVILLE, FL 32210 Phone: 904-737-5499 Fax: 904-779-7098 Email: mbjags@earthlink.net

1	Room name					LOFT					GBR2/MED RM/THEA				
2	Exposed wall					55.0 ft					73.0 ft				
3	Ceiling height					10.0 ft					10.0 ft				
4	Room dimensions					20.0 x 16.9 ft					15.0 x 54.0 ft				
5	Room area					338.0 ft²					810.0 ft²				
	Ty	Construction number	U-value (Btuh/ft²·°F)	Or	HTM (Btuh/ft²)		Area (ft²) or perimeter (ft)		Load (Btuh)		Area (ft²) or perimeter (ft)		Load (Btuh)		
					Heat	Cool	Gross	N/P/S	Heat	Cool	Gross	N/P/S	Heat	Cool	
6	W	13A-7.5ocs	0.095	n	3.42	1.74	0	0	0	0	0	0	0	0	
	W	12E-0sw	0.068	n	2.45	1.52	550	550	1346	838	730	730	1787	1112	
	P	12C-0bw	0.091	-	3.28	0.99	0	-146	-478	-145	0	-114	-373	-113	
11	G	2A-2om	0.840	n	30.24	29.46	49	0	1482	1444	76	0	2298	2239	
	G	10C-b	0.730	n	26.28	16.47	97	0	2549	1598	38	0	999	626	
	G	2A-2omd	0.840	n	30.24	29.46	0	0	0	0	0	0	0	0	
	D	11N0	0.350	n	12.60	11.02	0	0	0	0	0	0	0	0	
	C	16B-50ad	0.020	-	0.72	1.10	338	338	243	372	810	810	583	891	
	C	16B-19ad	0.049	-	1.76	2.69	0	0	0	0	810	810	1429	2183	
	F	22A-4ph	1.358	-	48.89	0.00	338	55	2689	0	810	73	3569	0	
	F	20P-13t	0.068	-	2.45	1.02	0	0	0	0	0	0	0	0	
6	c) AED excursion									0				0	
	Envelope loss/gain								7831	4106			10291	6938	
12	a) Infiltration								1026	305			1362	405	
	b) Room ventilation								0	0			0	0	
13	Internal gains:					Occupants @ 230	0			0	0	0			0
	Less external load					Appliances @ 1200	0			0	0	1			1200
	Less transfer								0	0			0	0	0
	Redistribution								0	0			0	0	0
14	Subtotal								8857	4411			11653	8543	
15	Duct loads						38%	65%	3357	2876	38%	65%	4416	5569	
	Total room load								12214	7287			16069	14112	
	Air required (cfm)								444	291			584	564	

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## SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER \_\_\_\_\_

CONTRACTOR \_\_\_\_\_

PHONE \_\_\_\_\_

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

In Columbia County one permit will cover all trades doing work at the permitted site. It is **REQUIRED** that we have records of the subcontractors who actually did the trade specific work under the permit. Per Florida Statute 440 and Ordinance 89-6, a contractor shall require all subcontractors to provide evidence of workers' compensation or exemption, general liability insurance and a valid Certificate of Competency license in Columbia County.

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

<b>ELECTRICAL</b> OK	Print Name <u>John Fristrom</u> License #: <u>EC 13001621</u>	Signature <u>[Signature]</u> Phone #: <u>904 714 0131</u>
<b>MECHANICAL/A/C</b> OK	Print Name <u>NICK BACCA</u> License #: <u>55558</u> <u>mech 1880624</u>	Signature <u>[Signature]</u> Phone #: <u>778 8499</u>
<b>PLUMBING/GAS</b> OK	Print Name <u>Chris Alley</u> License #: <u>057804 CFC</u>	Signature <u>[Signature]</u> Phone #: <u>393-7959</u>
<b>ROOFING</b> OK	Print Name <u>Atlantic Coast Roofing/Bradley</u> License #: <u>GGC 1509284</u>	Signature <u>Bradley T. Clark</u> Phone #: <u>(904) 396-4005</u>
<b>SHEET METAL</b>	Print Name _____ License #: _____	Signature _____ Phone #: _____
<b>FIRE SYSTEM/SPRINKLER</b>	Print Name _____ License #: _____	Signature _____ Phone #: _____
<b>SOLAR</b>	Print Name _____ License #: _____	Signature _____ Phone #: _____

Specialty License	License Number	Sub-Contractors Printed Name	Sub-Contractors Signature
MASON			
CONCRETE FINISHER	OK CBC-060525	Ronald Mixon	[Signature]
FRAMING	CBC 1255953	Shane Pridgen	[Signature]
INSULATION		Will Sikes	see ATTACHED
STUCCO	CBC 1255953	Shane Pridgen	[Signature]
DRYWALL	CBC 1255953	Shane Pridgen	[Signature]
PLASTER			
CABINET INSTALLER	CBC 1255953	Shane Pridgen	[Signature]
PAINTING	CBC 1255953	Shane Pridgen	[Signature]
ACOUSTICAL CEILING			
GLASS			
CERAMIC TILE	CBC 1255953	Shane Pridgen	[Signature]
FLOOR COVERING			
ALUM/VINYL SIDING			
GARAGE DOOR	See ATTACHED	[Signature]	[Signature]
METAL BLDG ERECTOR			

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



05/22/2010 10:41

3867582160

BUILDING AND ZONING

PAGE 01/01

Fax Back to: 758-2160

## SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER \_\_\_\_\_

CONTRACTOR \_\_\_\_\_

PHONE \_\_\_\_\_

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

In Columbia County one permit will cover all trades doing work at the permitted site. It is **REQUIRED** that we have records of the subcontractors who actually did the trade specific work under the permit. Per Florida Statute 440 and Ordinance 89-6, a contractor shall require all subcontractors to provide evidence of workers' compensation or exemption, general liability insurance and a valid Certificate of Competency license in Columbia County.

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

<b>ELECTRICAL</b>	Print Name _____ License #: _____	Signature _____ Phone #: _____
<b>MECHANICAL/ A/C</b>	Print Name _____ License #: _____	Signature _____ Phone #: _____
<b>PLUMBING/ GAS</b>	Print Name _____ License #: _____	Signature _____ Phone #: _____
<b>ROOFING</b>	Print Name _____ License #: _____	Signature _____ Phone #: _____
<b>SHEET METAL</b>	Print Name _____ License #: _____	Signature _____ Phone #: _____
<b>FIRE SYSTEM/ SPRINKLER</b>	Print Name _____ License #: _____	Signature _____ Phone #: _____
<b>SOLAR</b>	Print Name _____ License #: _____	Signature _____ Phone #: _____

Specialty License	License Number	Sub-Contractor's Printed Name	Sub-Contractor's Signature
MASON			
CONCRETE FINISHER			
FRAMING			
INSULATION			
STUCCO			
DRYWALL			
PLASTER			
CABINET INSTALLER			
PAINTING			
ACOUSTICAL CEILING			
GLASS			
CERAMIC TILE			
FLOOR COVERING			
ALUM/VINYL SIDING			
GARAGE DOOR	604		
METAL BLDG ERECTOR			

SENT ↓

We need your Liability Insurance  
Sent to Columbia County.

CBC 1256116 LAMAR BEAR

[Signature]

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

Thanks You!



## SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER 1006-38 CONTRACTOR PRIDGEN, Freddie PHONE \_\_\_\_\_

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

In Columbia County one permit will cover all trades doing work at the permitted site. It is **REQUIRED** that we have records of the subcontractors who actually did the trade specific work under the permit. Per Florida Statute 440 and Ordinance 89-6, a contractor shall require all subcontractors to provide evidence of workers' compensation or exemption, general liability insurance and a valid Certificate of Competency license in Columbia County.

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

ELECTRICAL	Print Name _____ License #: _____	Signature _____ Phone #: _____
MECHANICAL/ A/C _____	Print Name _____ License #: _____	Signature _____ Phone #: _____
PLUMBING/ GAS	Print Name _____ License #: _____	Signature _____ Phone #: _____
ROOFING	Print Name _____ License #: _____	Signature _____ Phone #: _____
SHEET METAL	Print Name _____ License #: _____	Signature _____ Phone #: _____
FIRE SYSTEM/ SPRINKLER	Print Name _____ License #: _____	Signature _____ Phone #: _____
SOLAR	Print Name _____ License #: _____	Signature _____ Phone #: _____

Specialty License	License Number	Sub-Contractors Printed Name	Sub-Contractors Signature
MASON			
CONCRETE FINISHER			
FRAMING			
INSULATION <u>240</u> <u>240</u> <u>240</u>	<u>000240</u>	<u>Sikes Insulation / Willis W Sikes</u>	<u>Willis W Sikes</u> ✓
STUCCO			
DRYWALL			
PLASTER			
CABINET INSTALLER			
PAINTING			
ACOUSTICAL CEILING			
GLASS			
CERAMIC TILE			
FLOOR COVERING			
ALUM/VINYL SIDING			
GARAGE DOOR			
METAL BLDG ERECTOR			

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

Contractor Form: Subcontractor form: 6/09

Southern Palm

1:52:02 PM 12/3/2012

**Data Contained In Search Results Is Current As Of 12/03/2012 01:50 PM.**

### Search Results

Please see our [glossary of terms](#) for an explanation of the license status shown in these search results.

For additional information, including any complaints or discipline, click on the name.

License Type	Name	Name Type	License Number/ Rank	Status/Expires
Certified Building Contractor	<a href="#">PRIDGEN, FREDDIE SHANE</a>	Primary	CBC1255953 Cert Building	Delinquent, Active 09/14/2012
<b>License Location Address*:</b> 4503 IRVINGTON AVENUE, SUITE 11 JACKSONVILLE, FL 32210 <b>Main Address*:</b> 151056 COUNTY ROAD 108 HILLIARD, FL 32046-6913				
Certified Building Contractor	<a href="#">SOUTHERN PALMS CONSTRUCTION LLC</a>	DBA	CBC1255953 Cert Building	Delinquent, Active 09/14/2012
<b>License Location Address*:</b> 4503 IRVINGTON AVENUE, SUITE 11 JACKSONVILLE, FL 32210 <b>Main Address*:</b> 151056 COUNTY ROAD 108 HILLIARD, FL 32046-6913				

[Back](#)
[New Search](#)

**\* denotes**

Main Address - This address is the Primary Address on file.

Mailing Address - This is the address where the mail associated with a particular license will be sent (if different from the Main or License Location addresses).

License Location Address - This is the address where the place of business is physically located.

1940 North Monroe Street, Tallahassee FL 32399 :: Email: [Customer Contact Center](#) :: Customer Contact Center: 850.487.1395

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Under Florida law, email addresses are public records. If you do not want your email address released in response to a public-records request, do not send electronic mail to this entity. Instead, contact the office by phone or by traditional mail. If you have any questions, please contact 850.487.1395. \*Pursuant to Section 455.275(1), Florida Statutes, effective October 1, 2012, licensees licensed under Chapter 455, F.S. must provide the Department with an email address if they have one. The emails provided may be used for official communication with the licensee. However email addresses are public record. If you do not wish to supply a personal address, please provide the Department with an email address which can be made available to the public. Please see our [Chapter 455](#) page to determine if you are affected by this change.





## Columbia County Building & Zoning Contractor Search

[Search Contractors](#) [Search Permits](#)

9/16

### Search Options

Search Terms (Contractor name, address, business, license number, license title)

PRIDGEN

License Type (optional)

Search

*\*NOTE\* In order for licensed contractors to be able to pull building permits, be listed as a subcontractor on a building permit and to obtain inspections in Columbia County, the contractor must first be on file and "active" with Contractor Licensing.*

*To be "Active" means that all licenses are current/active including both liability and worker's compensation insurance certificates are current/active and on file with Contractor Licensing.*

*It is the contractor's responsibility to ensure that all licensing information on file is current and updated to ensure search results do not return "Expired" data. This search database is updated nightly. For Contractor information with the State of Florida, see [www.myfloridalicense.com](http://www.myfloridalicense.com)*

### Search yielded 1 results.

Display is limited to 500 results.

License	Name	Insurance
County License & Liability Insurance & Workers Comp Expired.	Contractor: FREDDIE SHANE PRIDGEN	
County License # 000916	Business: SOUTHERN PALMS CONSTRUCTION LLC	Liability Insurance Yes
County License Type: CERT.BUILDING CONTRACTOR	Incorporation #:	Expires On: 6/17/2011
County License Expiration: 8/31/2010	Main Address: 15105 CR 108 HILLIARD, 32046	Workers Comp: Exemption
State License # CBC1255953	Phone:	Expires On: 6/2/2012
State License Expiration:		
<a href="#">Search Permits For This License</a>		

**Permit Details**

## Permit Information

**Permit #:** 000028686 **Septic #:** 10-303  
**Issued:** Thursday, June 24, 2010  
**Permit Type:** SFD, UTILITY  
**Subdivision:** GOV S  
**Parcel #:** 36-7S-16-04351-006  
**Owner:** CHRIS MARTIN  
**Address:** 277 SW AQUA WAY FT. WHITE FL 32038

**Zoning:** A-3/ESA  
**Flood Zone:** X

**Notes:**

STRUCTURE BEING PLACED IN A-3 ZONING AREA, FLOOR WILL BE ONE FOOT ABOVE THE ROAD, NOC ON FILE

**Inspection Notes:**

PARTIAL FRAMING 09/09/2011 (TC)

PARTIAL FRAMING 03/05/2012 (TC/RJ)

(9/5/12 Expired)

## Contractor Information

**Contractor:** FREDDIE SHANE PRIDGEN  
**Address:** 151056 CR 108 HILLIARD FL 32046  
**License:** CBC1255953

↓ (9/16)  
 CBC

Inspection Date	Notes	Inspected By
6/30/2010	Foundation Inspection	TC
7/16/2010	Underslab Rough Plumbing Inspection	TC
7/20/2010	Slab Inspection	HD
8/31/2010	Perimeter Beam/Column Inspection	TC

[Close Window](#)

904-731-6160

Need New NOC  
 Electrical Insp.  
 License Expired 11/20/12



Inst. 201012009511 Date: 6/14/2010 Time: 11:09 AM  
DC, P. DeWitt Cason, Columbia County Page 1 of 1 B: 1196 P: 302

NOTICE OF COMMENCEMENT

County Clerk's Office Stamp or Seal

Tax Parcel Identification Number 36-75-16-04351-006

THE UNDERSIGNED hereby gives notice that improvements will be made to certain real property, and in accordance with Section 713.13 of the Florida Statutes, the following information is provided in this NOTICE OF COMMENCEMENT.

1. Description of property (legal description): Part of 600 lot #4 aqua wax  
a) Street (job) Address: \_\_\_\_\_
2. General description of improvements: NEW HOME
3. Owner Information  
a) Name and address: CHRISTOPHER MARTIN 1007 ADAMS DR MELBORNE FL 33037  
b) Name and address of fee simple titleholder (if other than owner) \_\_\_\_\_  
c) Interest in property \_\_\_\_\_
4. Contractor Information  
a) Name and address: Freddie Shane Bridgen 157056 C.A 108 Hilliard FL 32046  
b) Telephone No.: 904 838 5680 Fax No. (Opt.) \_\_\_\_\_
5. Surety Information  
a) Name and address: \_\_\_\_\_  
b) Amount of Bond: \_\_\_\_\_  
c) Telephone No.: \_\_\_\_\_ Fax No. (Opt.) \_\_\_\_\_
6. Lender  
a) Name and address: \_\_\_\_\_  
b) Phone No.: \_\_\_\_\_
7. Identity of person within the State of Florida designated by owner upon whom notices or other documents may be served:  
a) Name and address: \_\_\_\_\_  
b) Telephone No.: \_\_\_\_\_ Fax No. (Opt.) \_\_\_\_\_
8. In addition to himself, owner designates the following person to receive a copy of the Lienor's Notice as provided in Section 713.13(l)(b), Florida Statutes:  
a) Name and address: \_\_\_\_\_  
b) Telephone No.: \_\_\_\_\_ Fax No. (Opt.) \_\_\_\_\_
9. Expiration date of Notice of Commencement (the expiration date is one year from the date of recording unless a different date is specified): \_\_\_\_\_

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

STATE OF FLORIDA  
COUNTY OF COLUMBIA

Christopher Martin  
Signature of Owner or Owner's Authorized Office/Director/Partner/Manager  
Print Name

The foregoing instrument was acknowledged before me, a Florida Notary, this 11 day of June, 2010, by:  
Freddie Shane Bridgen as Builder (type of authority, e.g. officer, trustee, attorney  
fact) for Christopher Martin (name of party on behalf of whom instrument was executed).

Personally Known ☒ OR Produced Identification \_\_\_\_\_ Type \_\_\_\_\_



Notary Signature Ammie L Case Notary Stamp or Seal:



AMMIE L. CASE  
MY COMMISSION # DD 896874  
EXPIRES: August 19, 2011  
Bonded Thru Budget Notary Services

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

Christopher Martin  
Signature of Natural Person Signing (in line #10 above.)

FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS					
<a href="#">Home</a>	<a href="#">Contact Us</a>	<a href="#">E-Filing Services</a>	<a href="#">Document Searches</a>	<a href="#">Forms</a>	<a href="#">Help</a>
<a href="#">Previous on List</a>	<a href="#">Next on List</a>	<a href="#">Return To List</a>		<a href="#">Entity Name Search</a>	
<a href="#">Events</a>	<a href="#">No Name History</a>		<input type="button" value="Submit"/>		
<b>Detail by Entity Name</b>					
<b>Florida Limited Liability Company</b>					
SOUTHERN PALMS CONSTRUCTION, LLC					
<b>Filing Information</b>					
Document Number	L07000042609				
FEI/EIN Number	208890947				
Date Filed	04/20/2007				
State	FL				
Status	INACTIVE				
Last Event	ADMIN DISSOLUTION FOR ANNUAL REPORT				
Event Date Filed	09/23/2011				
Event Effective Date	NONE				
<b>Principal Address</b>					
151056 CR 108 HILLIARD FL 32046 Changed 05/27/2010					
<b>Mailing Address</b>					
151056 CR 108 HILLIARD FL 32046 Changed 05/27/2010					
<b>Registered Agent Name &amp; Address</b>					
PRIDGEN, FREDDIE S 151056 CR 108 HILLIARD FL 32046 US					
<b>Manager/Member Detail</b>					
<b>Name &amp; Address</b>					
Title MGRM PRIDGEN, FREDDIE S 151056 CR 108 HILLIARD FL 32046					
<b>Annual Reports</b>					
Report Year	Filed Date				
2008	03/19/2008				
2009	05/27/2010				
2010	05/27/2010				
<b>Document Images</b>					
<a href="#">05/27/2010 -- REINSTATEMENT</a>		<input type="button" value="View image in PDF format"/>			
<a href="#">03/19/2008 -- ANNUAL REPORT</a>		<input type="button" value="View image in PDF format"/>			
<a href="#">04/20/2007 -- Florida Limited Liability</a>		<input type="button" value="View image in PDF format"/>			
<b>Note:</b> This is not official record. See documents if question or conflict.					



2:45:38 PM 11/28/2012

**Licensee Details****Licensee Information**

Name: **PRIDGEN, FREDDIE SHANE (Primary Name)**  
**SOUTHERN PALMS CONSTRUCTION LLC (DBA Name)**

Main Address: **151056 COUNTY ROAD 108**  
**HILLIARD Florida 32046-6913**

County: **NASSAU**

License Mailing:

LicenseLocation: **4503 IRVINGTON AVENUE, SUITE 11**  
**JACKSONVILLE FL 32210**

County: **DUVAL**

**License Information**

License Type: **Certified Building Contractor**

Rank: **Cert Building**

License Number: **CBC1255953**

Status: **Delinquent, Active**

Licensure Date: **10/12/2007**

Expires: **09/14/2012**

**Special Qualifications** **Qualification Effective**

**Construction Business** **10/12/2007**

**[View Related License Information](#)****[View License Complaint](#)**

1940 North Monroe Street, Tallahassee FL 32399 :: Email: **Customer Contact Center** :: Customer Contact Center: 850.487.1395

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DATE 06/24/2010

Columbia County Building Permit

This Permit Must Be Prominently Posted on Premises During Construction

PERMIT

000028686

APPLICANT FREDDIE SHANE PRIDGEN PHONE 904 838-5680  
ADDRESS 151056 CR 108 HILLIARD FL 32046  
OWNER CHRIS MARTIN PHONE 305 307-4503  
ADDRESS 277 SW AQUA WAY FT. WHITE FL 32038  
CONTRACTOR FREDDIE SHANE PRIDGEN PHONE 904 838-5680  
LOCATION OF PROPERTY 41S, TR ON 778, TL ON 27, TR ON CR 138, TL ON RUM ISLAND ,  
AT THE FIRST BEND TL AQUA WAY, 2ND DRIVE ON LEFT  
TYPE DEVELOPMENT SFD,UTILITY ESTIMATED COST OF CONSTRUCTION 259300.00  
HEATED FLOOR AREA 3961.00 TOTAL AREA 5186.00 HEIGHT STORIES 2  
FOUNDATION CONC WALLS FRAMED ROOF PITCH 8/12 FLOOR SLAB  
LAND USE & ZONING A-3/ESA MAX. HEIGHT 35  
Minimum Set Back Requirments: STREET-FRONT 30.00 REAR 25.00 SIDE 25.00  
NO. EX.D.U. 0 FLOOD ZONE X DEVELOPMENT PERMIT NO.

PARCEL ID 36-7S-16-04351-006 SUBDIVISION GOV S  
LOT 4 BLOCK PHASE UNIT 0 TOTAL ACRES 13.00

CBC1255953

Culvert Permit No. Culvert Waiver Contractor's License Number Applicant/Owner/Contractor  
EXISTING 10-303 BK HD Y  
Driveway Connection Septic Tank Number LU & Zoning checked by Approved for Issuance New Resident

COMMENTS: STRUCTURE BEING PLACED IN A-3 ZONING AREA, FLOOR WILL BE ONE  
FOOT ABOVE THE ROAD, NOC ON FILE

Check # or Cash CASHIER CHECK

FOR BUILDING & ZONING DEPARTMENT ONLY

(footer/Slab)

Temporary Power Foundation 06/30/2010 TC Monolithic  
date/app. by date/app. by date/app. by  
Under slab rough-in plumbing 07/16/2010 TC Slab 07/20/2010 HD Sheathing/Nailing  
date/app. by date/app. by date/app. by  
Framing Insulation  
date/app. by date/app. by  
Rough-in plumbing above slab and below wood floor Electrical rough-in  
date/app. by date/app. by  
Heat & Air Duct Peri. beam (Lintel) 08/31/2010 TC Pool  
date/app. by date/app. by date/app. by  
Permanent power C.O. Final Culvert  
date/app. by date/app. by date/app. by  
Pump pole Utility Pole M/H tie downs, blocking, electricity and plumbing  
date/app. by date/app. by date/app. by  
Reconnection RV Re-roof  
date/app. by date/app. by date/app. by

BUILDING PERMIT FEE \$ 1300.00 CERTIFICATION FEE \$ 25.93 SURCHARGE FEE \$ 25.93  
MISC. FEES \$ 0.00 ZONING CERT. FEE \$ 50.00 FIRE FEE \$ 0.00 WASTE FEE \$  
FLOOD DEVELOPMENT FEE \$ FLOOD ZONE FEE \$ 25.00 CULVERT FEE \$ TOTAL FEE 1426.86

INSPECTORS OFFICE CLERKS OFFICE

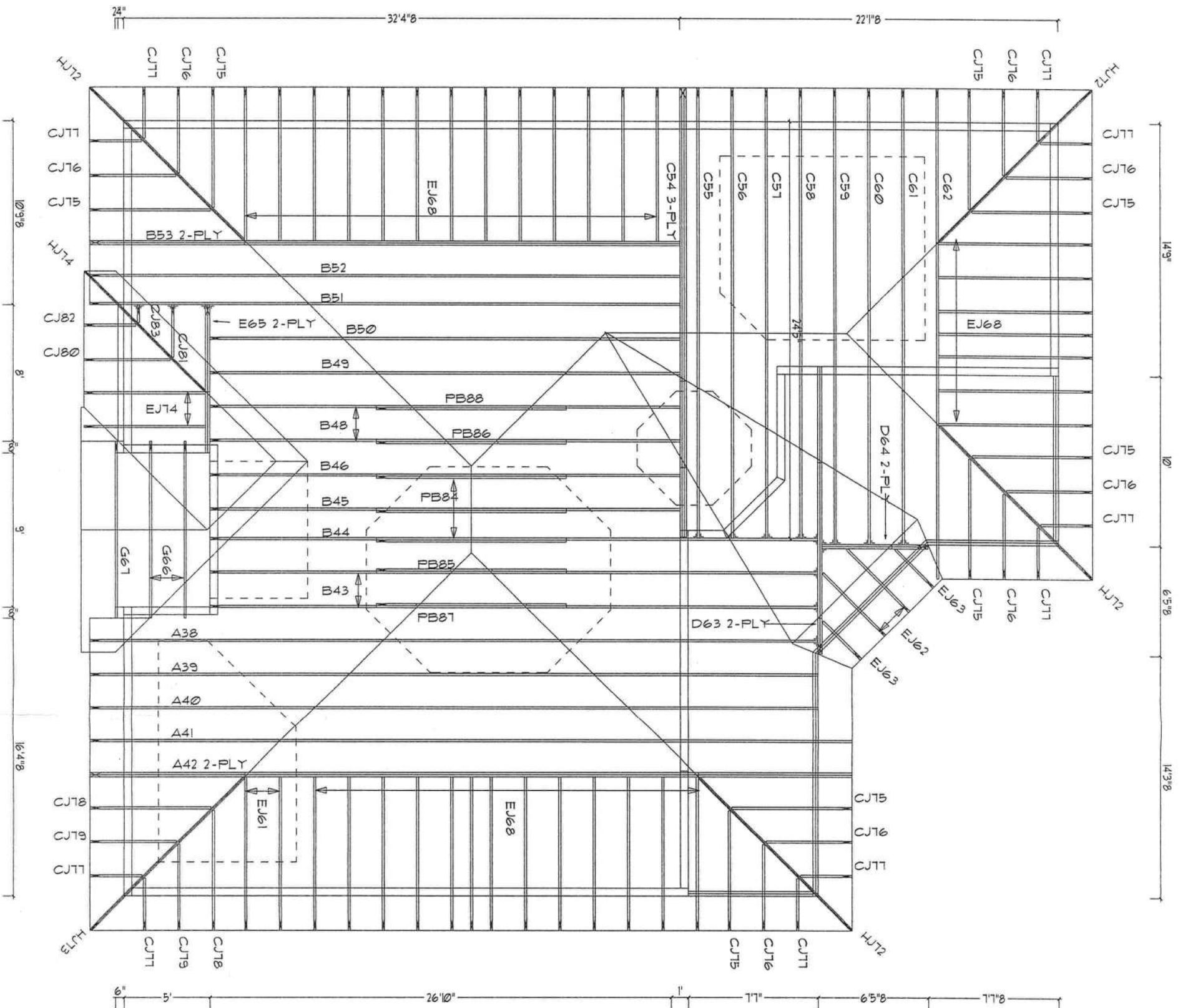
NOTICE: IN ADDITION TO THE REQUIREMENTS OF THIS PERMIT, THERE MAY BE ADDITIONAL RESTRICTIONS APPLICABLE TO THIS PROPERTY THAT MAY BE FOUND IN THE PUBLIC RECORDS OF THIS COUNTY. AND THERE MAY BE ADDITIONAL PERMITS REQUIRED FROM OTHER GOVERNMENTAL ENTITIES SUCH AS WATER MANAGEMENT DISTRICTS, STATE AGENCIES,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

EVERY PERMIT ISSUED SHALL BECOME INVALID UNLESS THE WORK AUTHORIZED BY SUCH PERMIT IS COMMENCED WITHIN 180 DAYS AFTER ITS ISSUANCE, OR IF THE WORK AUTHORIZED BY SUCH PERMIT IS SUSPENDED OR ABANDONED FOR A PERIOD OF 180 DAYS AFTER THE TIME THE WORK IS COMMENCED. A VALID PERMIT RECIEVES AN APPROVED INSPECTION EVERY 180 DAYS. WORK SHALL BE CONSIDERED NOT SUSPENDED, ABANDONED OR INVALID WHEN THE PERMIT HAS RECIEVED AN APPROVED INSPECTION WITHIN 180 DAYS OT THE PREVIOUS INSPECTION.

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





JOB: 94384B SOUTHERN PALMS  
 LOC: SW RIVER LAND CT  
 PLAN: MARTIN RESID  
 DESIGNER: RICHARD TINGLEY

PITCH: 8/12  
 OVERHANG: 24"  
 WIND CODE: 120 MPH EXPOSURE B CLOSED  
 ALL TRUSS PLATES ARE ALPINE PLATES  
 APPROVAL # 1999-3

ENGINEER OF RECORD  
 MARK DISOSWAY  
 P.O. BOX 868  
 LAKE CITY, FL 32056  
 LICENSE NUMBER: 53915

ENGINEER OF RECORD TO REVIEW  
 ALL BEAM AND TRUSS ENGINEERING  
 AND SIZE HEADERS, COLUMNS AND  
 CAPS WHERE NECESSARY. TRUSS FABRICATOR  
 WILL NOT BE RESPONSIBLE FOR  
 REPAIRS RESULTING FROM A TRUSS OR  
 BEAM BEING INADEQUATELY SUPPORTED.

HANGERS ON JOB ARE AS FOLLOWS  
 UNLESS NOTED OTHERWISE

APPLICATION	PART #	APPROVAL #
1-PLY TRUSS	HU526	FL10655.94
2-PLY TRUSS	HGU5282	FL114688



Lumber Unlimited

ATTENTION: CONTRACTORS, CREWS AND FRAMERS

P.O. Box 12267  
 Jacksonville, FL 32209  
 (904) 356-5440



# ITW Building Components Group, Inc.

1950 Marley Drive Haines City, FL 33844  
 Florida Engineering Certificate of Authorization Number: 0 278  
 Florida Certificate of Product Approval # FL1999  
 Page 1 of 1 Document ID:1TY8235-Z0206143628

Truss Fabricator: Lumber Unlimited  
 Job Identification: 94384B-(SOUTHERN PALMS CONST. )S.W. RIVERLAND COURT/ COL (94384B-(SOUTHERN PALMS CONST. )S  
 Truss Count: 51  
 Model Code: Florida Building Code 2007 and 2009 Supplement  
 Truss Criteria: FBC2007Res/TPI-2002(STD)  
 Engineering Software: Alpine Software, Versions 9.01, 9.02.  
 Structural Engineer of Record: MARK DISOSWAY LICENSE NUMBER: 53915  
 Address: P.O. BOX 868 LAKE CITY, FL 32056  
 Minimum Design Loads: Roof - 37.0 PSF @ 1.25 Duration  
 Floor - N/A  
 Wind - 120 MPH ASCE 7-05 -Closed

## Notes:

1. Determination as to the suitability of these truss components for the structure is the responsibility of the building designer/engineer of record, as defined in ANSI/TPI 1
2. The drawing date shown on this index sheet must match the date shown on the individual truss component drawing.
3. The loads indicated on all referenced girder trusses are consistent with the truss layout provided by Lumber Unlimited for the above referenced job identification. Loads applied by non-truss elements and basic load parameters are to be reviewed and approved by the EOR/building designer.
4. As shown on attached drawings; the drawing number is preceded by: HCUSR235

Seal Date: 01/06/2010

-Truss Design Engineer-  
 James F. Collins Jr.  
 Florida License Number: 52212  
 1950 Marley Drive  
 Haines City, FL 33844

Details: PB120-A1203005-GBLLETIN-

#	Ref	Description	Drawing#	Date
1	94275--A38		10006007	01/06/10
2	94276--A39		10006008	01/06/10
3	94277--A40		10006009	01/06/10
4	94278--A41		10006010	01/06/10
5	94279--A42 2-PLY		10006011	01/06/10
6	94280--B43		10006025	01/06/10
7	94281--B44		10006012	01/06/10
8	94282--B45		10006013	01/06/10
9	94283--B46		10006014	01/06/10
10	94284--B48		10006015	01/06/10
11	94285--B49		10006016	01/06/10
12	94286--B50		10006017	01/06/10
13	94287--B51		10006018	01/06/10
14	94288--B52		10006019	01/06/10
15	94289--B53 2-PLY		10006020	01/06/10
16	94290--C54 3-PLY		10006021	01/06/10
17	94291--C55		10006040	01/06/10
18	94292--C56		10006050	01/06/10
19	94293--C57		10006051	01/06/10
20	94294--C58		10006057	01/06/10
21	94295--C59		10006044	01/06/10
22	94296--C60		10006058	01/06/10
23	94297--C61		10006054	01/06/10
24	94298--C62		10006064	01/06/10
25	94299--D63 2-PLY		10006039	01/06/10
26	94300--D64 2-PLY		10006041	01/06/10
27	94301--E65 2-PLY		10006055	01/06/10
28	94302--G66		10006060	01/06/10
29	94303--G67		10006047	01/06/10
30	94304--EJ61		10006022	01/06/10
31	94305--EJ62		10006042	01/06/10
32	94306--EJ63		10006043	01/06/10
33	94307--EJ68		10006038	01/06/10

#	Ref	Description	Drawing#	Date
34	94308--EJ74		10006049	01/06/10
35	94309--CJ75		10006035	01/06/10
36	94310--CJ76		10006036	01/06/10
37	94311--CJ77		10006037	01/06/10
38	94312--CJ78		10006062	01/06/10
39	94313--CJ79		10006063	01/06/10
40	94314--CJ80		10006059	01/06/10
41	94315--CJ81		10006033	01/06/10
42	94316--CJ82		10006045	01/06/10
43	94317--CJ83		10006046	01/06/10
44	94318--HJ72		10006034	01/06/10
45	94319--HJ73		10006061	01/06/10
46	94320--HJ74		10006048	01/06/10
47	94321--PB84		10006052	01/06/10
48	94322--PB85		10006053	01/06/10
49	94323--PB86		10006023	01/06/10
50	94324--PB87		10006056	01/06/10
51	94325--PB88		10006024	01/06/10





(\*\*) 1 plate(s) require special positioning. Refer to scaled plate plot details for special positioning requirements.

120 mph wind, 25.86 ft mean hgt., ASCE 7-05, CLOSED bldg, not located within 6.50 ft from roof edge, CAT II, EXP B, wind TC DL=4.0 psf, wind BC DL=3.0 psf.  $I_w=1.00$  GCp1(+/-)=0.18

Wind reactions based on MWFRS pressures.

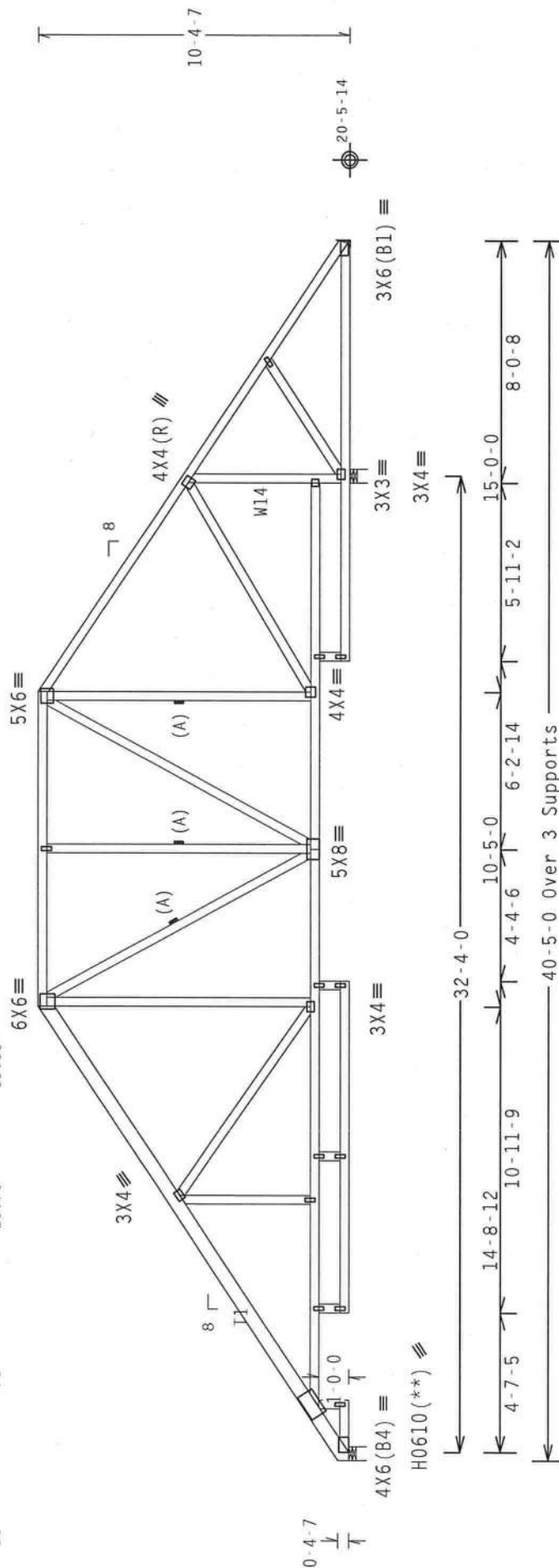
(A) Continuous lateral bracing equally spaced on member. Or 1x4 "I" brace, 80% length of web member. Same species & SRB grade or better, attached with 8d Box or Gun (0.113"x2.5", min.) nails @ 6" OC.

Bottom chord checked for 10.00 psf non-concurrent live load.

Deflection meets L/240 live and L/180 total load.

All wind load cases on this truss have a 1.33 duration factor.

WWFRS loads based on trusses located at least 12.93 ft. from roof edge.



R=1196 U=360 W=5.5"

(2.269" Effective Contact)

Note: All Plates <sup>303</sup>we394.5X4 Except As Shown.

Design Crit: FBC2007Res/TPI-2002(STD)

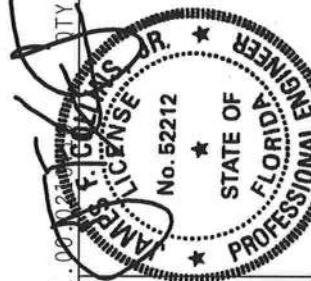
PLT TYP. 20 Gauge HS. Wave

~~00-021000~~

**\*WARNING\*** THUSSES REQUIRE EXTREME CARE IN FABRICATION, HANDLING, SHIPPING, INSTALLING AND PRACING. REFER TO RCSC (BUILDING COMPONENT SAFETY INFORMATION), PUBLISHED BY THE CRUSS PLATE INSTITUTE, 218 NORTH LIFE STREET, SUITE 312, ALEXANDRIA, VA, 22314, AND AISC (WOOD THUSS COUNCIL OF AMERICA), 6300 ENTERPRISE LANE, WOODSTOCK, VA 53719, FOR SAFETY PRACTICES PRIOR TO PERFORMING THESE FUNCTIONS. UNLESS OTHERWISE INDICATED TOP CHORD SHALL HAVE PROPERLY ATTACHED STRUCTURAL PANELS AND BOTTOM CHORD SHALL HAVE PROPERLY ATTACHED RIGID CEILING.

**BE IMPORTANT:** FURNISH A COPY OF THIS DESIGN TO THE INSTALLATION CONTRACTOR. THE BEG, INC. SHALL NOT BE RESPONSIBLE FOR THE PROPER INSTALLATION OF THE TRUSS IN CONFORMANCE WITH THE FOLLOWING DESIGN REQUIREMENTS:

- FABRICATING, HANDLING, SHIPPING, INSTALLING A BRACING DESIGN.
- DESIGN CONFORMS WITH APPLICABLE PROVISIONS OF AISC (NATIONAL DESIGN SPEC., BY AISC) AND TPI.
- CONNECTOR PLATES ARE MADE OF 20/18/166GA (0.0155/0.0154/0.0153) GALV. STEEL, APPLY PLATES TO EACH FACE OF TRUSS AND, UNLESS OTHERWISE LOCATED ON THIS DESIGN, POSITION PER DRAWINGS 160A-2.
- ANY INSPECTION OF PLATES FOLLOWED BY (1) SHALL BE PER ANNEX A OF TPI-2002 SEC.3.
- A SEAL ON THIS DRAWING INDICATES ACCEPTANCE OF PROFESSIONAL ENGINEERING RESPONSIBILITY SOLELY FOR THE TRUSS COMPONENT.



TC LL	20.0 PSF	REF R235 - - 94275
TC DL	7.0 PSF	DATE 01/06/10
BC DL	10.0 PSF	DRW HCUSR235 10006007
BC LL	0.0 PSF	HC-ENG DLJ/DLJ
TOT.LD.	37.0 PSF	SEQN- 273642
DUR.FAC.	1.25	FROM RCT

