

DATE 12/30/2003

Columbia County Building Permit

PERMIT

This Permit Expires One Year From the Date of Issue

000021386

APPLICANT CHARLES H.& CINDY SPRADLEY PHONE 755-3985
ADDRESS 973 NW SOPHIE DRIVE WHITE SPRINGS FL 32096
OWNER CHARLES H. & CINDY SPRADLEY PHONE 755-3985
ADDRESS 973 NW SOPHIE DRIVE WHITE SPRINGS FL 32096
CONTRACTOR OWNER BUILDER PHONE
LOCATION OF PROPERTY 41 NORTH, TL ON SUWANNEE VALLEY ROAD, TR ON WHITE SPRINGS RD
TL ON SOPHIE DRIVE, END OF PAVEMENT ON LEFT

TYPE DEVELOPMENT SFD/UTILITY ESTIMATED COST OF CONSTRUCTION 83300.00
HEATED FLOOR AREA 1666.00 TOTAL AREA 2740.00 HEIGHT .00 STORIES 1
FOUNDATION CONC WALLS FRAMED ROOF PITCH 6/12 FLOOR SLAB
LAND USE & ZONING ESA MAX. HEIGHT 20
Minimum Set Back Requirments: STREET-FRONT 30.00 REAR 25.00 SIDE 25.00
NO. EX.D.U. 1 FLOOD ZONE AE DEVELOPMENT PERMIT NO. 023-03-025

PARCEL ID 19-2S-16-01653-103 SUBDIVISION ROLLING PINES
LOT 3 BLOCK PHASE UNIT TOTAL ACRES 5.00

000000164 Y
Culvert Permit No. Culvert Waiver Contractor's License Number Applicant/Owner/Contractor
EXISTING 03-1044-E BK HD
Driveway Connection Septic Tank Number LU & Zoning checked by Approved for Issuance New Resident

COMMENTS: NOC ON FILE, ONE FOOT RISE LETTER RECEIVED

Check # or Cash 3074

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
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 \$ 420.00 CERTIFICATION FEE \$ 13.70 SURCHARGE FEE \$ 13.70
MISC. FEES \$.00 ZONING CERT. FEE \$ 50.00 FIRE FEE \$ WASTE FEE \$
FLOOD ZONE DEVELOPMENT FEE \$ 50.00 CULVERT FEE \$ TOTAL FEE 547.40

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 INCONVIENCE, 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
FLORIDA

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 19-2S-16-01653-103

Building permit No. 000021386

Use Classification SFD/UTILITY

Fire: 5.67

Permit Holder OWNER BUILDER

Waste: 12.25

Owner of Building CHARLES H. & CINDY SPRADLEY

Total: 17.92

Location: 973 NW SOPHIE DRIVE, WHITE SPRINGS

Date: 09/15/2004

[Signature]

Building Inspector



POST IN A CONSPICUOUS PLACE
(Business Places Only)

**Columbia County Building Department
Flood Development Permit**

**Development Permit
F 023- 023-03-025**

DATE 12/30/2003 BUILDING PERMIT NUMBER 000021386
APPLICANT CHARLES H. & CINDY SPRADLEY PHONE 755-3985
ADDRESS 973 NW SOPHIE DRIVE WHITE SPRINGS FL 32096
OWNER CHARLES H. & CINDY SPRADLEY PHONE 755-3985
ADDRESS 973 NW SOPHIE DRIVE WHITE SPRINGS FL 32096
CONTRACTOR OWNER BUILDER PHONE _____
ADDRESS _____ FL _____
SUBDIVISION ROLLING PINES Lot 3 Block _____ Unit _____ Phase _____
TYPE OF DEVELOPMENT SFD/UTILITY PARCEL ID NO. 19-2S-16-01653-103

FLOOD ZONE AE BY BK 1-6-88 FIRM COMMUNITY #. 120070 - PANEL #. _____ B
FIRM 100 YEAR ELEVATION 121.80 PLAN INCLUDED YES or NO
REQUIRED LOWEST HABITABLE FLOOR ELEVATION 120.89
IN THE REGULATORY FLOODWAY YES or NO RIVER _____
SURVEYOR / ENGINEER NAME 45263 Dale Johns LICENSE NUMBER _____

☒ ONE FOOT RISE CERTIFICATION INCLUDED
☐ ZERO RISE CERTIFICATION INCLUDED
☐ SRWMD PERMIT NUMBER _____
(INCLUDING THE ONE FOOT RISE CERTIFICATION)

DATE THE FINISHED FLOOR ELEVATION CERTIFICATE WAS PROVIDED _____

INSPECTED DATE _____ BY _____
COMMENTS Awaiting finished floor before power.

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



21386

FEDERAL EMERGENCY MANAGEMENT AGENCY
NATIONAL FLOOD INSURANCE PROGRAMO.M.B. No. 3067-0077
Expires December 31, 2005

ELEVATION CERTIFICATE

Important: Read the instructions on pages 1 - 7.

SECTION A - PROPERTY OWNER INFORMATION			For Insurance Company Use:
BUILDING OWNER'S NAME Charles Spradley			Policy Number
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO.			Company NAIC Number
CITY Lake City	STATE FL	ZIP CODE 32055	
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) Lot 3 Rolling Pines			
BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use a Comments area, if necessary.) Residential			
LATITUDE/LONGITUDE (OPTIONAL) (##° - ##' - ###.###" or ###.####")		HORIZONTAL DATUM: SOURCE: <input type="checkbox"/> GPS (Type): <input type="checkbox"/> NAD 1927 <input type="checkbox"/> NAD 1983 <input type="checkbox"/> USGS Quad Map <input type="checkbox"/> Other: _____	

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER 120070		B2. COUNTY NAME Columbia		B3. STATE FL	
B4. MAP AND PANEL NUMBER 0105	B5. SUFFIX B	B6. FIRM INDEX DATE 01/06/1988	B7. FIRM PANEL EFFECTIVE/REVISED DATE	B8. FLOOD ZONE(S) AE	B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding) 88.00

B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9.

☐ FIS Profile ☒ FIRM ☐ Community Determined ☐ Other (Describe): _____B11. Indicate the elevation datum used for the BFE in B9: ☒ NGVD 1929 ☐ NAVD 1988 ☐ Other (Describe): _____B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? ☐ Yes ☒ No Designation Date _____

SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)

C1. Building elevations are based on: ☐ Construction Drawings* ☒ Building Under Construction* ☐ Finished Construction

*A new Elevation Certificate will be required when construction of the building is complete.

C2. Building Diagram Number 1 (Select the building diagram most similar to the building for which this certificate is being completed - see pages 6 and 7. If no diagram accurately represents the building, provide a sketch or photograph.)

C3. Elevations - Zones A1-A30, AE, AH, A (with BFE), VE, V1-V30, V (with BFE), AR, AR/A, AR/AE, AR/A1-A30, AR/AH, AR/AO

Complete Items C3.-a-i below according to the building diagram specified in Item C2. State the datum used. If the datum is different from the datum used for the BFE in Section B, convert the datum to that used for the BFE. Show field measurements and datum conversion calculation. Use the space provided or the Comments area of Section D or Section G, as appropriate, to document the datum conversion.

Datum _____ Conversion/Comments _____

Elevation reference mark used _____ Does the elevation reference mark used appear on the FIRM? ☐ Yes ☒ No

- ☐ a) Top of bottom floor (including basement or enclosure) 89.33 ft.(m)
☐ b) Top of next higher floor _____ ft.(m)
☐ c) Bottom of lowest horizontal structural member (V zones only) _____ ft.(m)
☐ d) Attached garage (top of slab) _____ ft.(m)
☐ e) Lowest elevation of machinery and/or equipment servicing the building (Describe in a Comments area) _____ ft.(m)
☐ f) Lowest adjacent (finished) grade (LAG) 86.22 ft.(m)
☐ g) Highest adjacent (finished) grade (HAG) 86.92 ft.(m)
☐ h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade _____
☐ i) Total area of all permanent openings (flood vents) in C3.h _____ sq. in. (sq. cm)

License Number, Embossed Seal,
Signature, and Date

SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION

This certification is to be signed and sealed by a land surveyor, engineer, or architect authorized by law to certify elevation information.

I certify that the information in Sections A, B, and C on this certificate represents my best efforts to interpret the data available.

I understand that any false statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 1001.

CERTIFIER'S NAME L. Scott Britt

LICENSE NUMBER PLS #5757

TITLE Manager

COMPANY NAME Britt Surveying

ADDRESS
830 W. Duval St.CITY
Lake CitySTATE
FLZIP CODE
32055

SIGNATURE

DATE
01/11/04TELEPHONE
(386) 752-7163

L-14612

IMPORTANT: In these spaces, copy the corresponding information from Section A.			For Insurance Company Use:
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO.			Policy Number
CITY	STATE	ZIP CODE	Company NAIC Number

SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION (CONTINUED)

Copy both sides of this Elevation Certificate for (1) community official, (2) insurance agent/company, and (3) building owner.

COMMENTS

There is a foundation on this parcel at this time.

L-14612

☐ Check here if attachments

SECTION E - BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO AND ZONE A (WITHOUT BFE)

For Zone AO and Zone A (without BFE), complete Items E1 through E4. If the Elevation Certificate is intended for use as supporting information for a LOMA or LOMR-F, Section C must be completed.

- E1. Building Diagram Number __ (Select the building diagram most similar to the building for which this certificate is being completed – see pages 6 and 7. If no diagram accurately represents the building, provide a sketch or photograph.)
- E2. The top of the bottom floor (including basement or enclosure) of the building is __ ft.(m) __ in.(cm) ☐ above or ☐ below (check one) the highest adjacent grade. (Use natural grade, if available).
- E3. For Building Diagrams 6-8 with openings (see page 7), the next higher floor or elevated floor (elevation b) of the building is __ ft.(m) __ in.(cm) above the highest adjacent grade. Complete items C3.h and C3.i on front of form.
- E4. The top of the platform of machinery and/or equipment servicing the building is __ ft.(m) __ in.(cm) ☐ above or ☐ below (check one) the highest adjacent grade. (Use natural grade, if available).
- E5. For Zone AO only: If no flood depth number is available, is the top of the bottom floor elevated in accordance with the community's floodplain management ordinance?
☐ Yes ☐ No ☐ Unknown. The local official must certify this information in Section G.

SECTION F - PROPERTY OWNER (OR OWNER'S REPRESENTATIVE) CERTIFICATION

The property owner or owner's authorized representative who completes Sections A, B, C (Items C3.h and C3.i only), and E for Zone A (without a FEMA-issued or community-issued BFE) or Zone AO must sign here. *The statements in Sections A, B, C, and E are correct to the best of my knowledge.*

PROPERTY OWNER'S OR OWNER'S AUTHORIZED REPRESENTATIVE'S NAME

ADDRESS	CITY	STATE	ZIP CODE
SIGNATURE	DATE	TELEPHONE	
COMMENTS			

☐ Check here if attachments

SECTION G - COMMUNITY INFORMATION (OPTIONAL)

The local official who is authorized by law or ordinance to administer the community's floodplain management ordinance can complete Sections A, B, C (or E), and G of this Elevation Certificate. Complete the applicable item(s) and sign below.

- G1. ☐ The information in Section C was taken from other documentation that has been signed and embossed by a licensed surveyor, engineer, or architect who is authorized by state or local law to certify elevation information. (Indicate the source and date of the elevation data in the Comments area below.)
- G2. ☐ A community official completed Section E for a building located in Zone A (without a FEMA-issued or community-issued BFE) or Zone AO.
- G3. ☐ The following information (Items G4-G9) is provided for community floodplain management purposes.

G4. PERMIT NUMBER	G5. DATE PERMIT ISSUED	G6. DATE CERTIFICATE OF COMPLIANCE/OCCUPANCY ISSUED
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G7. This permit has been issued for: ☐ New Construction ☐ Substantial Improvement

G8. Elevation of as-built lowest floor (including basement) of the building is:

_____. ft.(m) Datum: _____

G9. BFE or (in Zone AO) depth of flooding at the building site is:

_____. ft.(m) Datum: _____

LOCAL OFFICIAL'S NAME	TITLE
COMMUNITY NAME	TELEPHONE
SIGNATURE	DATE
COMMENTS	

☐ Check here if attachments

BUILDING DIAGRAMS

The following eight diagrams illustrate various types of buildings. Compare the features of the building being certified with the features shown in the diagrams and select the diagram most applicable. Enter the diagram number in Item C2 and the elevations in Items C3a-C3g.

In A zones, the floor elevation is taken at the top finished surface of the floor indicated; in V zones, the floor elevation is taken at the bottom of the lowest horizontal structural member (see drawing in instructions for Section C).

DIAGRAM 1

All slab-on-grade single- and multiple-floor buildings (other than split-level) and high-rise buildings, either detached or row type (e.g., townhouses); with or without attached garage.

Distinguishing Feature – The bottom floor is at or above ground level (grade) on at least one side.*

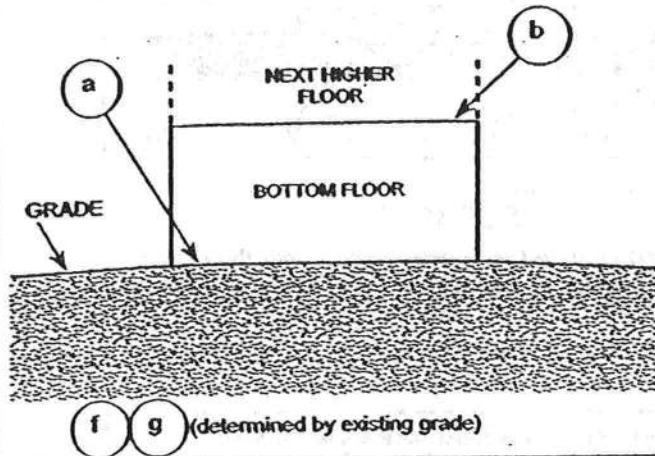


DIAGRAM 2

All single- and multiple-floor buildings with basement (other than split-level) and high-rise buildings with basement, either detached or row type (e.g., townhouses); with or without attached garage.

Distinguishing Feature – The bottom floor (basement or underground garage) is below ground level (grade) on all sides. Buildings constructed above crawl spaces that are below grade on all sides should also use this diagram.*

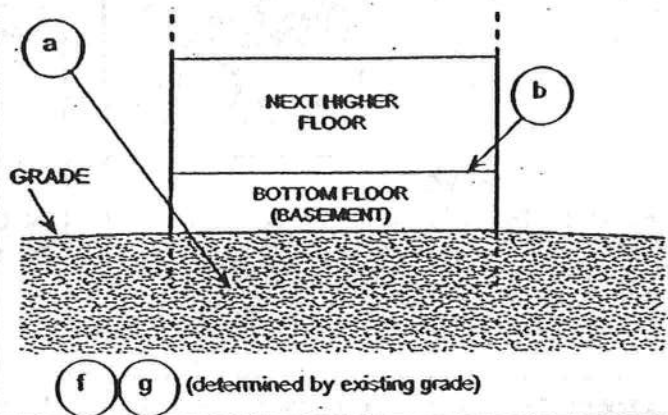


DIAGRAM 3

All split-level buildings that are slab-on-grade, either detached or row type (e.g., townhouses); with or without attached garage.

Distinguishing Feature – The bottom floor (excluding garage) is at or above ground level (grade) on at least one side.*

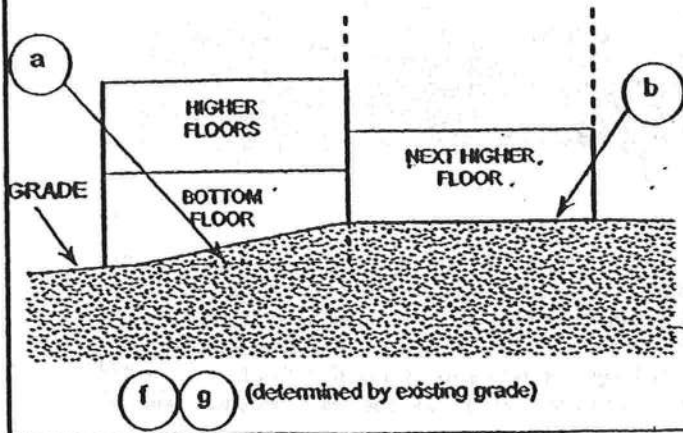
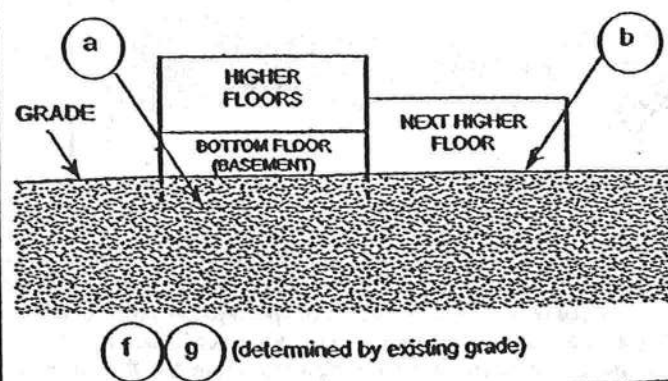


DIAGRAM 4

All split-level buildings (other than slab-on-grade), either detached or row type (e.g., townhouses); with or without attached garage.

Distinguishing Feature – The bottom floor (basement or underground garage) is below ground level (grade) on all sides. Buildings constructed above crawl spaces that are below grade on all sides should also use this diagram.*



* A floor that is below ground level (grade) on all sides is considered a basement even if the floor is used for living purposes, or as an office, garage, workshop, etc.

ONE FOOT RISE CERTIFICATION

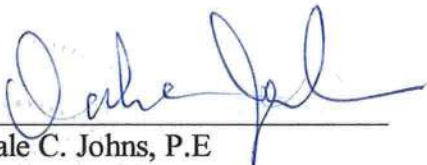
PROPERTY DESCRIPTION: LOT 3 ROLLING PINES
FEMA Panel 120070 0105 B

OWNER: Howard Spradley

BASE FLOOD ELEVATION: 88.0

PROJECT: Min. Finished Floor 89.0

I hereby certify that construction of the proposed will cause less than one foot increase in flood elevations of the Suwannee River floodplain.



Dale C. Johns, P.E

Date: December 29, 2003

PE # 45263

961-8903

RR 15 box 3834

LAKE CITY 32024

BASE FLOOD ELEVATION = 88.0

BASIN AREA AT 88' BASE FLOOD > 2000 ACRES

PROPOSED BUILDING TYPE = ~~MANUFACTURED~~ HOME

PROPOSED BUILDING ENCROACHMENT = 2800 SQ. FT. includes porch

GROUND ELEVATION AT BUILDING = 86.0' AVE.

This project is in the staging area of the river and no step backwater calculations are necessary. This area would "back up" from the River without experiencing any horizontal movement of water. The calculations are based on the on the removal of floodplain volume due to construction of the foundation system.

$$\text{PERCENT FLOODPLAIN AREA REMOVED} = \frac{2800/43560}{2000} = 0.0032\%$$

$$\text{FLOODPLAIN LEVEL INCREASE} = \frac{2800 \times 2.0}{2000 \times 43560} = 0.000064 \text{ FT.}$$

FEDERAL EMERGENCY MANAGEMENT AGENCY
NATIONAL FLOOD INSURANCE PROGRAM

O.M.B. No. 3067-0077
Expires July 31, 2002

ELEVATION CERTIFICATE

Important: Read the instructions on pages 1 - 7.

SECTION A - PROPERTY OWNER INFORMATION		For Insurance Company Use:
BUILDING OWNER'S NAME Charles Spradley		Policy Number
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO.		Company NAIC Number

CITY Lake City	STATE FL	ZIP CODE
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) Lot 3 Rolling Pines		
BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use a Comments area, if necessary.) Residential		

LATITUDE/LONGITUDE (OPTIONAL) (##° - ##' - ###.###" or ###.####"	HORIZONTAL DATUM: <input type="checkbox"/> NAD 1927 <input type="checkbox"/> NAD 1983	SOURCE: <input type="checkbox"/> GPS (Type): <input type="checkbox"/> USGS Quad Map <input type="checkbox"/> Other:
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SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER 120070	B2. COUNTY NAME Columbia	B3. STATE FL
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B4. MAP AND PANEL NUMBER 0105	B5. SUFFIX B	B6. FIRM INDEX DATE 6 Jan 1988	B7. FIRM PANEL EFFECTIVE/REVISED DATE	B8. FLOOD ZONE(S) AE	B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding) 89.00
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B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9.
☐ FIS Profile ☒ FIRM ☐ Community Determined ☐ Other (Describe):

B11. Indicate the elevation datum used for the BFE in B9: ☒ NGVD 1929 ☐ NAVD 1988 ☐ Other (Describe):

B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? ☐ Yes ☒ No Designation Date

SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)

C1. Building elevations are based on: ☒ Construction Drawings* ☐ Building Under Construction* ☐ Finished Construction

*A new Elevation Certificate will be required when construction of the building is complete.

C2. Building Diagram Number _ (Select the building diagram most similar to the building for which this certificate is being completed - see pages 6 and 7. If no diagram accurately represents the building, provide a sketch or photograph.)

C3. Elevations - Zones A1-A30, AE, AH, A (with BFE), VE, V1-V30, V (with BFE), AR, AR/A, AR/AE, AR/A1-A30, AR/AH, AR/AO

Complete Items C3.-a-i below according to the building diagram specified in Item C2. State the datum used. If the datum is different from the datum used for the BFE in Section B, convert the datum to that used for the BFE. Show field measurements and datum conversion calculation. Use the space provided or the Comments area of Section D or Section G, as appropriate, to document the datum conversion.

Datum _____ Conversion/Comments

Elevation reference mark used _____ Does the elevation reference mark used appear on the FIRM? ☐ Yes ☒ No

☐ a) Top of bottom floor (including basement or enclosure) _____ ft.(m)

☐ b) Top of next higher floor _____ ft.(m)

☐ c) Bottom of lowest horizontal structural member (V zones only) _____ ft.(m)

☐ d) Attached garage (top of slab) _____ ft.(m)

☐ e) Lowest elevation of machinery and/or equipment servicing the building (Describe in a Comments area) _____ ft.(m)

☐ f) Lowest adjacent (finished) grade (LAG) 85.95 ft.(m)

☐ g) Highest adjacent (finished) grade (HAG) 87.39 ft.(m)

☐ h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade

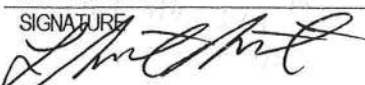
☐ i) Total area of all permanent openings (flood vents) in C3.h _____ sq. in. (sq. cm)

License Number, Embossed Seal, Signature, and Date

SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION

This certification is to be signed and sealed by a land surveyor, engineer, or architect authorized by law to certify elevation information.
 I certify that the information in Sections A, B, and C on this certificate represents my best efforts to interpret the data available.
 I understand that any false statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 1001.

CERTIFIER'S NAME L. Scott Britt	LICENSE NUMBER P.S.M. #5757
------------------------------------	--------------------------------

TITLE Professional Surveyor and Mapper	COMPANY NAME Britt Surveying
ADDRESS 830 W. Duval Street	CITY Lake City
SIGNATURE 	STATE FL
	ZIP CODE 32055
	DATE 12/03/03
	TELEPHONE (386) 752-7163

L-14435

IMPORTANT: In these spaces, copy the corresponding information from Section A.			For Insurance Company Use:
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO.			Policy Number
CITY	STATE	ZIP CODE	Company NAIC Number

SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION (CONTINUED)

Copy both sides of this Elevation Certificate for (1) community official, (2) insurance agent/company, and (3) building owner.

COMMENTS

Benchmark set in an 8" oak tree elevation = 89.00 feet

L-14435

☐ Check here if attachments

SECTION E - BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO AND ZONE A (WITHOUT BFE)

For Zone AO and Zone A (without BFE), complete Items E1 through E4. If the Elevation Certificate is intended for use as supporting information for a LOMA or LOMR-F, Section C must be completed.

E1. Building Diagram Number __ (Select the building diagram most similar to the building for which this certificate is being completed – see pages 6 and 7. If no diagram accurately represents the building, provide a sketch or photograph.)

E2. The top of the bottom floor (including basement or enclosure) of the building is __ ft.(m) __ in.(cm) ☐ above or ☐ below (check one) the highest adjacent grade. (Use natural grade, if available).

E3. For Building Diagrams 6-8 with openings (see page 7), the next higher floor or elevated floor (elevation b) of the building is __ ft.(m) __ in.(cm) above the highest adjacent grade. Complete items C3.h and C3.i on front of form.

E4. For Zone AO only: If no flood depth number is available, is the top of the bottom floor elevated in accordance with the community's floodplain management ordinance?

☐ Yes ☐ No ☐ Unknown. The local official must certify this information in Section G.

SECTION F - PROPERTY OWNER (OR OWNER'S REPRESENTATIVE) CERTIFICATION

The property owner or owner's authorized representative who completes Sections A, B, C (Items C3.h and C3.i only), and E for Zone A (without a FEMA-issued or community-issued BFE) or Zone AO must sign here. The statements in Sections A, B, C, and E are correct to the best of my knowledge.

PROPERTY OWNER'S OR OWNER'S AUTHORIZED REPRESENTATIVE'S NAME

ADDRESS CITY STATE ZIP CODE

SIGNATURE DATE TELEPHONE

COMMENTS

☐ Check here if attachments

SECTION G - COMMUNITY INFORMATION (OPTIONAL)

The local official who is authorized by law or ordinance to administer the community's floodplain management ordinance can complete Sections A, B, C (or E), and G of this Elevation Certificate. Complete the applicable item(s) and sign below.

G1. ☐ The information in Section C was taken from other documentation that has been signed and embossed by a licensed surveyor, engineer, or architect who is authorized by state or local law to certify elevation information. (Indicate the source and date of the elevation data in the Comments area below.)

G2. ☐ A community official completed Section E for a building located in Zone A (without a FEMA-issued or community-issued BFE) or Zone AO.

G3. ☐ The following information (Items G4-G9) is provided for community floodplain management purposes.

G4. PERMIT NUMBER	G5. DATE PERMIT ISSUED	G6. DATE CERTIFICATE OF COMPLIANCE/OCCUPANCY ISSUED
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G7. This permit has been issued for: ☐ New Construction ☐ Substantial Improvement

G8. Elevation of as-built lowest floor (including basement) of the building is:

_____. ____ ft.(m)

Datum:

G9. BFE or (in Zone AO) depth of flooding at the building site is:

_____. ____ ft.(m)

Datum:

LOCAL OFFICIAL'S NAME TITLE

COMMUNITY NAME TELEPHONE

SIGNATURE DATE

COMMENTS

☐ Check here if attachments

DIAGRAM 5

All buildings elevated on piers, posts, piles, columns, or parallel shear walls. No obstructions below the elevated floor.

Distinguishing Feature – For all zones, the area below the elevated floor is open, with no obstruction to flow of flood waters (open lattice work and/or readily removable insect screening is permissible).

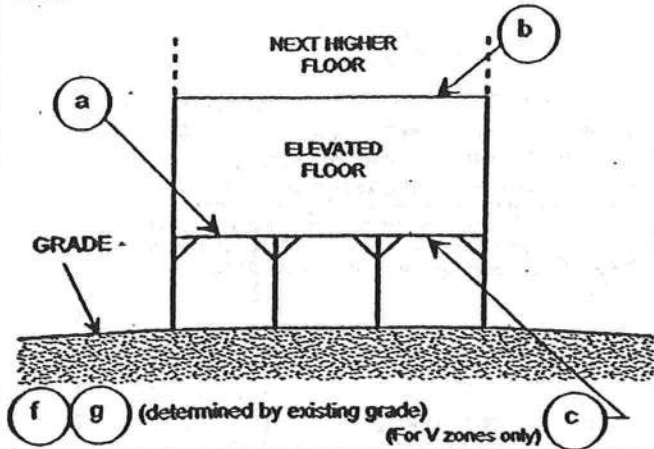


DIAGRAM 6

All buildings elevated on piers, posts, piles, columns, or parallel shear walls with full or partial enclosure below the elevated floor.

Distinguishing Feature – For all zones, the area below the elevated floor is enclosed, either partially or fully. In A Zones, the partially or fully enclosed area below the elevated floor is with or without openings** present in the walls of the enclosure. Indicate information about openings in Section C, Building Elevation Information (Survey Required).

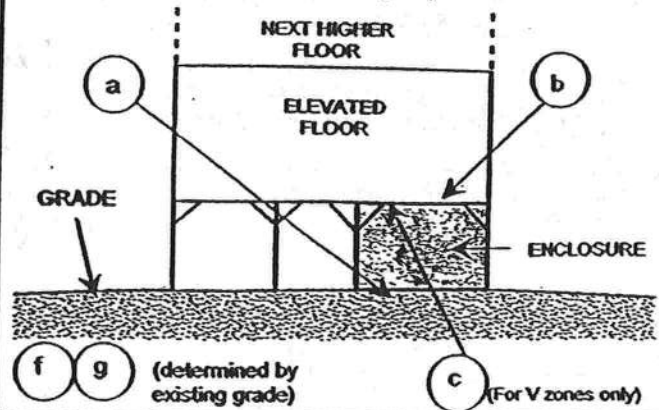


DIAGRAM 7

All buildings elevated on full-story foundation walls with a partially or fully enclosed area below the elevated floor. This includes walkout levels, where at least one side is at or above grade. The principal use of this building is located in the elevated floors of the building.

Distinguishing Feature – For all zones, the area below the elevated floor is enclosed, either partially or fully. In A Zones, the partially or fully enclosed area below the elevated floor is with or without openings** present in the walls of the enclosure. Indicate information about openings in Section C, Building Elevation Information (Survey Required).

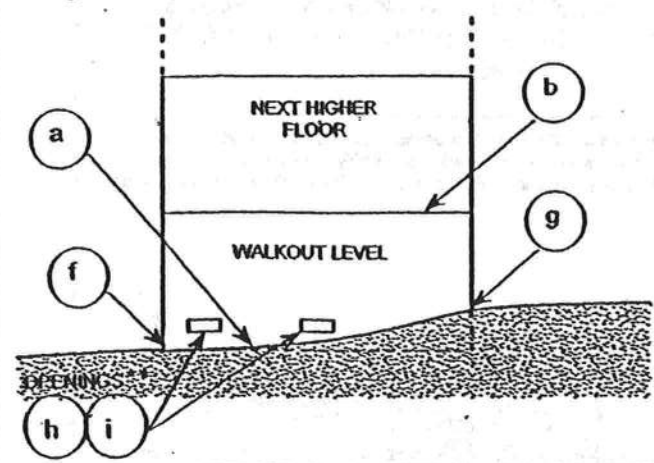
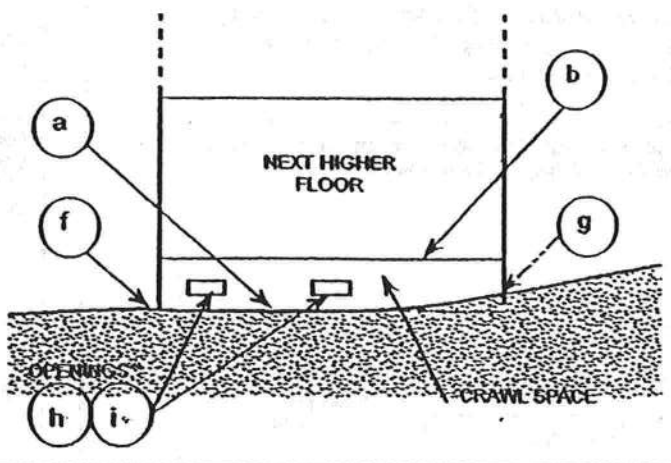


DIAGRAM 8

All buildings elevated on a crawl space with the floor of the crawl space at or above grade on at least one side.

Distinguishing Feature – For all zones, the area below the first floor is enclosed by solid or partial perimeter walls. In all A zones, the crawl space is with or without openings** present in the walls of the crawl space. Indicate information about the openings in Section C, Building Elevation Information (Survey Required).



An "opening" (flood vent) is defined as a permanent opening in a wall that allows for the free passage of water automatically in both directions without human intervention. Under the NFIP, a minimum of two openings is required for enclosures or crawl spaces with a total net area of not less than one square inch for every square foot of area enclosed. Each opening must be on different sides of the enclosed area. If a building has more than one enclosed area, each area must have openings on exterior walls to allow floodwater to directly enter. The bottom of the openings must be no higher than one foot above the grade underneath the flood vents. Alternatively, you may submit a certification by a registered professional engineer or architect that the design will allow for the automatic equalization of hydrostatic flood forces on exterior walls. A window, a door, or a garage door is not considered an opening.

21386

Certificate of Compliance for Termite Protection
(As required by Florida Building Code (FBC) 1816.1.7)



LIVE OAK PEST CONTROL, INC.

17856 U.S. 129
McALPIN, FLORIDA 32062
(386) 362-3887
1-800-771-3887
Fax: (386) 364-3529

Charles Spradley 973-Sophie Dr NW White Springs, Fl

Address of Treatment or Lot/Block of Treatment

soil barrier spray

Method of Termite Prevention Treatment - soil barrier, wood treatment, bait system, other
(describe)

The building has received a complete treatment for the prevention of subterranean termites.
The treatment is in accordance with rules and laws established by the Florida Department of
Agriculture and Consumer Services.

Martin [Signature]
Authorized Signature

Building Permit Application

164/21386

Date 12-08-03

Application No. 0312-30

Applicants Name & Address Charles H. & Cindy Spradley Phone 755-3985
3300 E. Bay Dr. Lake City, FL 32025

Owners Name & Address Same as above Phone _____
(911) 973 NW Sophie Dr White Springs FL 32096

See Simple Owners Name & Address _____ Phone _____

Contractors Name & Address _____ Phone _____

Legal Description of Property Lot 3, Rolling Pines S/D

Location of Property 41 North to Suwannee Rd. to White Springs Rd. to
Driving Directions Sophie Dr. the pavement end at the left

Tax Parcel Identification No. 19-25-16-01653-103 Estimated Cost of Construction \$ 50,000

Type of Development SFD Number of Existing Dwellings on Property 1

Comprehensive Plan Map Category ESA Zoning Map Category ESA-2

Building Height 20 Number of Stories 1 Floor Area 1666 sq ft Total Acreage in Development 5.01

Distance From Property Lines (Set Backs) Front 275' Side 85 + 89 Rear 500 Street _____

Flood Zone AE (RR') Certification Date _____ Development Permit Yes

Bonding Company Name & Address N/A

Architect/Engineer Name & Address Tim Delbene POB 868, Lake City, FL 32056

Mortgage Lenders Name & Address N/A

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

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

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

Charles H. Spradley
Owner or Agent (including contractor)

*note: parcel
105

Contractor

Contractor License Number

STATE OF FLORIDA
COUNTY OF COLUMBIA

Sworn to (or affirmed) and subscribed before me
this _____ day of _____ by _____

Personally Known _____ OR Produced Identification

STATE OF FLORIDA
COUNTY OF COLUMBIA

Sworn to (or affirmed) and subscribed before me
this _____ day of _____ by _____

Personally Known _____ OR Produced Identification

DISCLOSURE STATEMENT

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

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

TYPE OF CONSTRUCTION

- ☒ Single Family Dwelling
☐ Farm Outbuilding

- ☐ Two-Family Residence
☐ Other _____

NEW CONSTRUCTION OR IMPROVEMENT

- ☒ New Construction ☐ Addition, Alteration, Modification or other Improvement

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

Charles H. Geradley

Signature

Date

FOR BUILDING USE ONLY

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

Date 12-29-03

Building Official/Representative

Harry Dickson



APPROXIMATE SCALE IN FEET



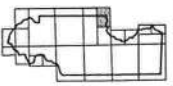
NATIONAL FLOOD INSURANCE PROGRAM

FIRM
FLOOD INSURANCE RATE MAP

COLUMBIA
COUNTY,
FLORIDA
(UNINCORPORATED AREAS)

PANEL 105 OF 290

PANEL LOCATION



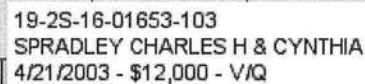
COMMUNITY-PANEL NUMBER
120070 0105 B

EFFECTIVE DATE:
JANUARY 6, 1988



Federal Emergency Management Agency

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



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

LOT 3 ROLLING PINES S/D. ORB 835-1305, 981-1349.

LandVal	\$11,139.00
---------	-------------

BldgVal	\$0.00
---------	--------

ApprVal	\$11,139.00
---------	-------------

JustVal	\$11,139.00
---------	-------------

Assd	\$11,139.00
------	-------------

Exmpt	\$0.00
-------	--------

Taxable \$11,139.00



ESA-2

Permit No. _____

Tax Parcel No. 19-25-16-01653-103

COLUMBIA COUNTY NOTICE OF COMMENCEMENT

STATE OF FLORIDA

Inst:2003025598 Date:11/26/2003 Time:09:53

MCK DC, P. DeWitt Cason, Columbia County B:1000 P:2451

COUNTY OF COLUMBIA

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

1. Description of property: (legal description of the property, and street address if available.)

Lot 3, Rolling Pines S/D

2. General description of improvement: New home

3. Owner Information:

A. Name and address:

Charles Howard Spradley
3300 E. Baya Dr., Lake City, FL 32025

B. Interest in property:

C. Name and address of fee simple titleholder (if other than owner):

NONE Charles Howard Spradley
3300 E Baya Dr
L C FL 32025

4. Contractor: (name and address)

Self

5. Surety

A. Name and address: NONE

B. Amount of bond:

NONE

6. Lender: (name and address) NONE

7. Persons within the State of Florida designated by Owner upon whom notices or other documents may be served as provided by Section 718.13 (1) (a) 7., Florida Statutes: (name and address)

8. In addition to himself, owner designates _____ of _____ to receive a copy of the Lienor's Notice as provided in Section 713.13 (1) (a) 7., Florida Statutes.

9. Expiration date of notice of commencement (the expiration date is 1 year from the date of recording unless a different date is specified) _____.


Charles J. Goralz
(Signature of Owner)

SWORN TO and subscribed before me this 26th day of November 19 2003

Jennifer L. Markham
Notary Public
Jennifer L. Markham

(NOTARIAL
SEAL)

My Commission Expires:

 Jennifer L. Markham
My Commission CC964331
Expires August 29, 2004

— Said person(s) is/are personally known. X Said person(s)
Provided the following type of identification: FL Dr. License
S1163-148-48-0490.

Inst:2003025598 Date:11/26/2003 Time:09:53
MCK DC,P.DeWitt Cason,Columbia County B:1000 P:2452

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: November 25, 2003

ENHANCED 9-1-1 ADDRESS:

973 NW SOPHIE DR (WHITE SPRINGS, FL 32096)

Addressed Location 911 Phone Number: NOT AVAIL.

OCCUPANT NAME: NOT AVAIL.

OCCUPANT CURRENT MAILING ADDRESS: _____

PROPERTY APPRAISER MAP SHEET NUMBER: 18

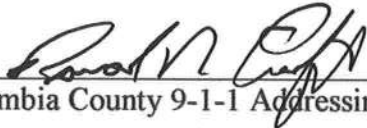
PROPERTY APPRAISER PARCEL NUMBER: 19-2S-16-01653-103

Other Contact Phone Number (If any): _____

Building Permit Number (If known): _____

Remarks: LOT 3, ROLLING PINES S/D

Address Issued By: _____


Columbia County 9-1-1 Addressing Department

COLUMBIA COUNTY
9-1-1 ADDRESSING
APPROVED



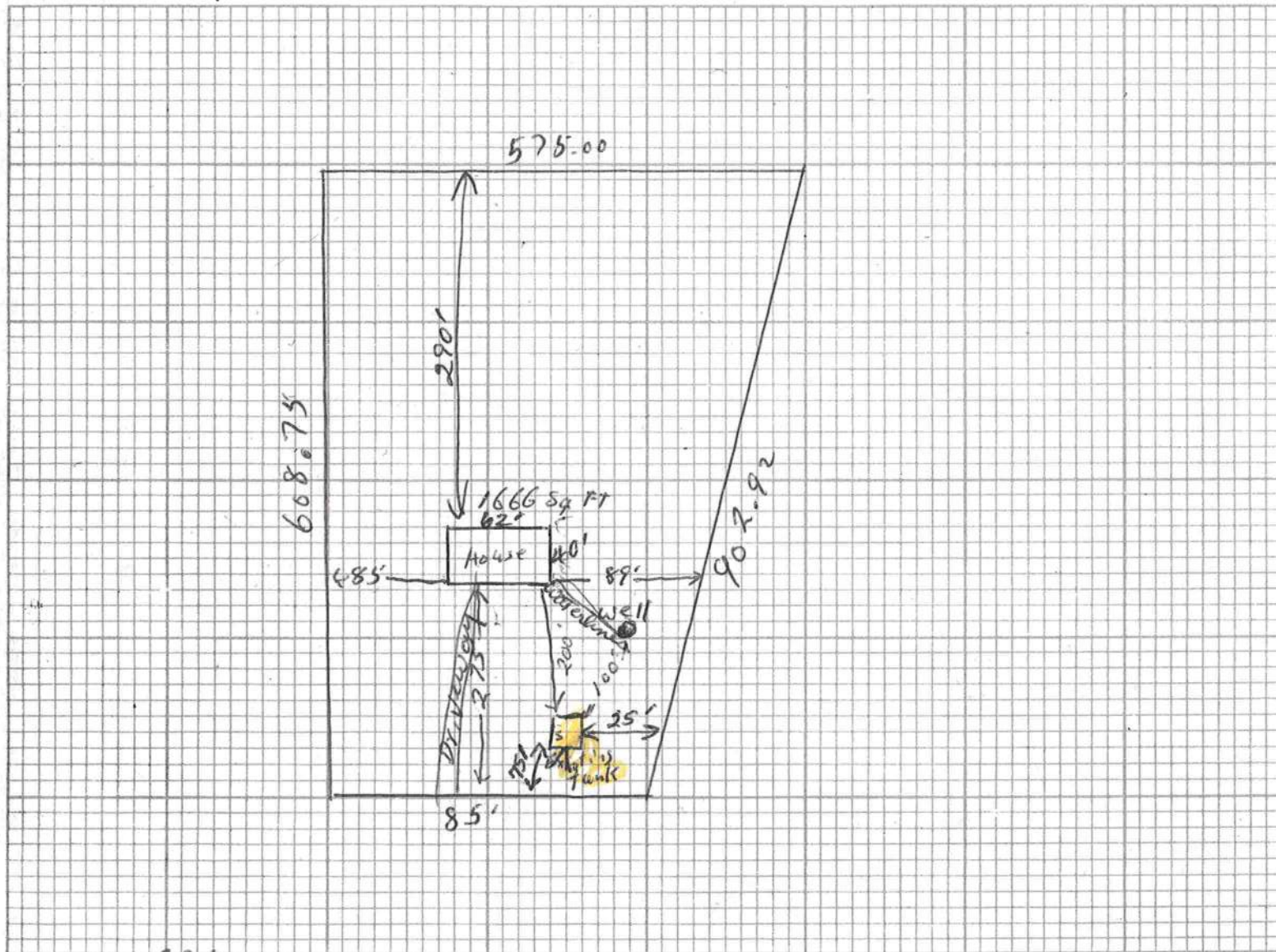
STATE OF FLORIDA
DEPARTMENT OF HEALTH

APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permit Application Number 03-1044E

PART II - SITE PLAN

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



Notes: 30' 30' 62.2' AA SICD, 900-T-83

Site Plan submitted by: Charles A. Spradley Signature
Plan Approved SALLIE A. GRANNY-ESI-COLUMBIA Not Approved
By SALLIE A. GRANNY-ESI-COLUMBIA Title OWNER
Date 12-30-05
County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

Mr. Weegie

**Columbia County Building Department
Culvert Waiver**

**Culvert Waiver No.
000000164**

DATE: 12/30/2003 BUILDING PERMIT NO. 21386

APPLICANT CHARLES H. SPRADLEY PHONE 755-3985

ADDRESS 973 NW SOPHIE DRIVE WHITE SPRINGS FL 32096

OWNER CHARLES H. SPRADLEY PHONE 755-3985

ADDRESS 973 NW SOPHIE DRIVE WHITE SPRINGS FL 32096

CONTRACTOR OWNER BUILDER PHONE _____

LOCATION OF PROPERTY 41 NORTH, TL ON SUWANNEE VALLEY ROAD, TR ON WHITE SPRINGS, TL ON
NW SOPHIE DRIVE, TO THE END ON LEFT

SUBDIVISION/LOT/BLOCK/PHASE/UNIT ROLLING PINES 3

PARCEL ID # 19-2S-16-01653-103

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: Charles H. Spradley

A SEPARATE CHECK IS REQUIRED
MAKE CHECKS PAYABLE TO BCC

Amount Paid 50.00

3073

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: _____

SIGNED: Ray Little DATE: 4-20-04

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

COLUMBIA COUNTY

JAN 02 2004

PUBLIC WORKS DEPT.

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



FLORIDA ENERGY EFFICIENCY CODE FOR BUILDING CONSTRUCTION

Florida Department of Community Affairs
Residential Whole Building Performance Method A

Project Name: **Spradley Residence**
Address: **Sophie Road**
City, State: **Lake City, FL 32055-**
Owner: **Howard Spradley**
Climate Zone: **North**

Builder: _____
Permitting Office: **Columbia Co.**
Permit Number: **21386**
Jurisdiction Number: **121000**

- | | | |
|--|--------------------------------|-----------------------|
| 1. New construction or existing | New | ___ |
| 2. Single family or multi-family | Single family | ___ |
| 3. Number of units, if multi-family | 1 | ___ |
| 4. Number of Bedrooms | 3 | ___ |
| 5. Is this a worst case? | No | ___ |
| 6. Conditioned floor area (ft ²) | 1666 ft ² | ___ |
| 7. Glass area & type | Single Pane | Double Pane |
| a. Clear glass, default U-factor | 0.0 ft ² | 119.0 ft ² |
| b. Default tint | 0.0 ft ² | 0.0 ft ² |
| c. Labeled U or SHGC | 0.0 ft ² | 0.0 ft ² |
| 8. Floor types | | ___ |
| a. Slab-On-Grade Edge Insulation | R=0.0, 237.0(p) ft | ___ |
| b. N/A | | ___ |
| c. N/A | | ___ |
| 9. Wall types | | ___ |
| a. Frame, Wood, Exterior | R=11.0, 1553.0 ft ² | ___ |
| b. N/A | | ___ |
| c. N/A | | ___ |
| d. N/A | | ___ |
| e. N/A | | ___ |
| 10. Ceiling types | | ___ |
| a. Under Attic | R=30.0, 1666.0 ft ² | ___ |
| b. N/A | | ___ |
| c. N/A | | ___ |
| 11. Ducts | | ___ |
| a. Sup: Unc. Ret: Con. AH: Interior | Sup. R=6.0, 40.0 ft | ___ |
| b. N/A | | ___ |

- | | |
|--|----------------------------------|
| 12. Cooling systems | |
| a. Central Unit | Cap: 35.0 kBtu/hr
SEER: 10.00 |
| b. N/A | ___ |
| c. N/A | ___ |
| 13. Heating systems | |
| a. Electric Heat Pump | Cap: 35.0 kBtu/hr
HSPF: 7.90 |
| b. N/A | ___ |
| c. N/A | ___ |
| 14. Hot water systems | |
| a. Electric Resistance | Cap: 30.0 gallons
EF: 0.90 |
| b. N/A | ___ |
| c. Conservation credits
(HR-Heat recovery, Solar
DHP-Dedicated heat pump) | ___ |
| 15. HVAC credits | PT, CF, ___ |
| (CF-Ceiling fan, CV-Cross ventilation,
HF-Whole house fan,
PT-Programmable Thermostat,
MZ-C-Multizone cooling,
MZ-H-Multizone heating) | |

Glass/Floor Area: 0.07

Total as-built points: 21354

Total base points: 26608

PASS

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

PREPARED BY: Tim Delbene

DATE: 11/23/09

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

OWNER/AGENT: _____

DATE: _____

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



BUILDING OFFICIAL: _____

DATE: _____

SUMMER CALCULATIONS**Residential Whole Building Performance Method A - Details**ADDRESS: **Sophie Road, Lake City, FL, 32055-**

PERMIT #:

BASE				AS-BUILT							
GLASS TYPES											
.18 X Conditioned X BSPM = Points Floor Area				Type/SC	Overhang Ornt Len Hgt		Area X SPM X SOF = Points				
.18	1666.0	20.04	6009.6	Double, Clear	N	2.0	6.0	15.0	19.20	0.90	259.2
				Double, Clear	N	15.0	6.0	30.0	19.20	0.60	347.3
				Double, Clear	N	15.0	4.0	12.0	19.20	0.59	136.7
				Double, Clear	S	2.0	6.0	15.0	35.87	0.78	417.5
				Double, Clear	S	8.0	6.0	30.0	35.87	0.48	520.9
				Double, Clear	W	2.0	4.0	9.0	38.52	0.73	253.1
				Double, Clear	W	2.0	5.0	8.0	38.52	0.80	246.4
				As-Built Total:				119.0		2180.9	
WALL TYPES Area X BSPM = Points				Type	R-Value		Area X SPM = Points				
Adjacent	0.0	0.00	0.0	Frame, Wood, Exterior	11.0		1553.0	1.70	2640.1		
Exterior	1553.0	1.70	2640.1								
Base Total: 1553.0 2640.1				As-Built Total:				1553.0		2640.1	
DOOR TYPES Area X BSPM = Points				Type	Area X SPM = Points						
Adjacent	0.0	0.00	0.0	Exterior Insulated			21.0	4.10	86.1		
Exterior	105.0	6.10	640.5	Exterior Insulated			84.0	4.10	344.4		
Base Total: 105.0 640.5				As-Built Total:				105.0		430.5	
CEILING TYPES Area X BSPM = Points				Type	R-Value		Area X SPM X SCM = Points				
Under Attic	1666.0	1.73	2882.2	Under Attic	30.0		1666.0	1.73 X 1.00	2882.2		
Base Total: 1666.0 2882.2				As-Built Total:				1666.0		2882.2	
FLOOR TYPES Area X BSPM = Points				Type	R-Value		Area X SPM = Points				
Slab	237.0(p)	-37.0	-8769.0	Slab-On-Grade Edge Insulation	0.0		237.0(p)	-41.20	-9764.4		
Raised	0.0	0.00	0.0								
Base Total: -8769.0				As-Built Total:				237.0		-9764.4	
INFILTRATION Area X BSPM = Points				Area X SPM = Points							
1666.0 10.21 17009.9				1666.0 10.21 17009.9							

SUMMER CALCULATIONS**Residential Whole Building Performance Method A - Details**

ADDRESS: Sophie Road, Lake City, FL, 32055-

PERMIT #:

.2 BASE					AS-BUILT										
Summer Base Points: 20413.2					Summer As-Built Points: 15379.2										
Total Summer Points	X	System Multiplier	=	Cooling Points	Total Component	X	Cap Ratio	X	Duct Multiplier	X	System Multiplier	X	Credit Multiplier	=	Cooling Points
					(DM x DSM x AHU)										
20413.2		0.4266		8708.3	15379.2		1.000		(1.081 x 1.147 x 0.91)		0.341		0.902		5345.0
					15379.2		1.00		1.128		0.341		0.902		5345.0

WINTER CALCULATIONS

Residential Whole Building Performance Method A - Details

ADDRESS: Sophie Road, Lake City, FL, 32055-

PERMIT #:

BASE				AS-BUILT							
GLASS TYPES .18 X Conditioned X BWPM = Points Floor Area				Type/SC Overhang Ornt Len Hgt Area X WPM X WOF = Points							
.18	1666.0	12.74	3820.5	Double, Clear	N	2.0	6.0	15.0	24.58	1.00	370.4
				Double, Clear	N	15.0	6.0	30.0	24.58	1.03	756.9
				Double, Clear	N	15.0	4.0	12.0	24.58	1.03	303.0
				Double, Clear	S	2.0	6.0	15.0	13.30	1.26	251.0
				Double, Clear	S	8.0	6.0	30.0	13.30	3.15	1256.4
				Double, Clear	W	2.0	4.0	9.0	20.73	1.08	202.2
				Double, Clear	W	2.0	5.0	8.0	20.73	1.06	175.6
				As-Built Total: 119.0 3315.5							
WALL TYPES Area X BWPM = Points				Type R-Value Area X WPM = Points							
Adjacent	0.0	0.00	0.0	Frame, Wood, Exterior				11.0	1553.0	3.70	5746.1
Exterior	1553.0	3.70	5746.1								
Base Total: 1553.0 5746.1				As-Built Total: 1553.0 5746.1							
DOOR TYPES Area X BWPM = Points				Type Area X WPM = Points							
Adjacent	0.0	0.00	0.0	Exterior Insulated					21.0	8.40	176.4
Exterior	105.0	12.30	1291.5	Exterior Insulated					84.0	8.40	705.6
Base Total: 105.0 1291.5				As-Built Total: 105.0 882.0							
CEILING TYPESArea X BWPM = Points				Type R-Value Area X WPM X WCM = Points							
Under Attic	1666.0	2.05	3415.3	Under Attic				30.0	1666.0	2.05 X 1.00	3415.3
Base Total: 1666.0 3415.3				As-Built Total: 1666.0 3415.3							
FLOOR TYPES Area X BWPM = Points				Type R-Value Area X WPM = Points							
Slab	237.0(p)	8.9	2109.3	Slab-On-Grade Edge Insulation				0.0	237.0(p)	18.80	4455.6
Raised	0.0	0.00	0.0								
Base Total: 2109.3				As-Built Total: 237.0 4455.6							
INFILTRATION Area X BWPM = Points				Area X WPM = Points							
1666.0 -0.59 -982.9				1666.0 -0.59 -982.9							

WINTER CALCULATIONS**Residential Whole Building Performance Method A - Details**ADDRESS: **Sophie Road, Lake City, FL, 32055-**

PERMIT #:

BASE				AS-BUILT						
Winter Base Points:		15399.7		Winter As-Built Points:				16831.6		
Total Winter Points	X	System Multiplier	= Heating Points	Total Component	X	Cap Ratio	X Duct Multiplier	X System Multiplier	X Credit Multiplier	= Heating Points
				(DM x DSM x AHU)						
15399.7		0.6274	9661.8	16831.6	1.000	(1.060 x 1.169 x 0.93)		0.432	0.950	7953.9
				16831.6	1.00	1.152		0.432	0.950	7953.9

WATER HEATING & CODE COMPLIANCE STATUS

Residential Whole Building Performance Method A - Details

ADDRESS: Sophie Road, Lake City, FL, 32055-

PERMIT #:

BASE					AS-BUILT								
WATER HEATING													
Number of Bedrooms	X	Multiplier	=	Total	Tank Volume	EF	Number of Bedrooms	X	Tank X Ratio	Multiplier X	Credit Multiplier	=	Total
3		2746.00		8238.0	30.0	0.90	3		1.00	2684.98	1.00		8054.9
As-Built Total:													8054.9

CODE COMPLIANCE STATUS

BASE						AS-BUILT					
Cooling Points	+	Heating Points	+	Hot Water Points	= Total Points	Cooling Points	+	Heating Points	+	Hot Water Points	= Total Points
8708		9662		8238	26608	5345		7954		8055	21354

PASS

Code Compliance Checklist

Residential Whole Building Performance Method A - Details

ADDRESS: Sophie Road, Lake City, FL, 32055-

PERMIT #:

6A-21 INFILTRATION REDUCTION COMPLIANCE CHECKLIST

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

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

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

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

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

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

GENERAL REQUIREMENTS: Two (2) complete sets of plans containing the following:

Applicant	Plans Examiner	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	All drawings must be clear, concise and drawn to scale ("Optional " details that are not used shall be marked void or crossed off). Square footage of different areas shall be shown on plans.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Designers name and signature on document (FBC 104.2.1). If licensed architect or engineer, official seal shall be affixed.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Site Plan including:</u> <ol style="list-style-type: none"> Dimensions of lot Dimensions of building set backs Location of all other buildings on lot, well and septic tank if applicable, and all utility easements. Provide a full legal description of property.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Wind-load Engineering Summary, calculations and any details required</u> <ol style="list-style-type: none"> Plans or specifications must state compliance with FBC Section 1606 The following information must be shown as per section 1606.1.7 FBC <ol style="list-style-type: none"> Basic wind speed (MPH) Wind importance factor (I) and building category Wind exposure – if more than one wind exposure is used, the wind exposure and applicable wind direction shall be indicated The applicable internal pressure coefficient Components and Cladding. The design wind pressure in terms of psf (kN/m²), to be used for the design of exterior component and cladding materials not specifically designed by the registered design professional
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Elevations including:</u> <ol style="list-style-type: none"> All sides Roof pitch Overhang dimensions and detail with attic ventilation Location, size and height above roof of chimneys Location and size of skylights Building height Number of stories

- ☒
- ☒
- ☒

- ☒
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- ☐ X

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Floor Plan including:

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

Foundation Plan including:

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

Roof System:

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

Wall Sections including:

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

b) Wood frame wall

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

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

Floor Framing System:

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

Plumbing Fixture layout

Electrical layout including:

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

HVAC information

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

Energy Calculations (dimensions shall match plans)

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

✓ **Disclosure Statement for Owner Builders**

✓ **Notice Of Commencement**

Private Potable Water

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

THE FOLLOWING ITEMS MUST BE SUBMITTED WITH BUILDING PLANS

1. **Building Permit Application:** A current Building Permit Application form is to be completed and submitted for all residential projects.
2. **Parcel Number:** The parcel number (Tax ID number) from the Property Appraiser (386) 758-1084 is required. A copy of property deed is also requested.
3. **Environmental Health Permit or Sewer Tap Approval:** A copy of the Environmental Health permit, existing septic approval or sewer tap approval is required before a building permit can be issued. (386) 758-1058 (Toilet facilities shall be provided for construction workers)
4. **City Approval:** If the project is to be located within the city limits of the Town of Fort White, prior approval is required. The Town of Fort White approval letter is required to be submitted by the owner or contractor to this office when applying for a Building Permit.
5. **Flood Information:** All projects within the Floodway of the Suwannee or Santa Fe Rivers shall require permitting through the Suwannee River Water Management District, before submitting application to this office. Any project located within a flood zone where the base flood elevation (100 year flood) has been established shall meet the requirements of Section 8.8 of the Columbia County Land Development Regulations. Any project located within a flood zone where the base flood elevation has not been established (Zone A) shall meet the requirements of Section 8.7 of the Columbia County Land Development Regulations. **CERTIFIED FINISHED FLOOR ELEVATIONS WILL BE REQUIRED ON ANY PROJECT WHERE THE BASE FLOOD ELEVATION (100 YEAR FLOOD) HAS BEEN ESTABLISHED.**
A development permit will also be required. Development permit cost is \$10.00
6. **Driveway Connection:** If the property does not have an existing access to a public road, then an application for a culvert permit (\$5.00) must be made. If the applicant feels that a culvert is not needed, they may apply for a culvert waiver (\$25.00). All culvert waivers are sent to the Columbia County Public Works Department for approval or denial.
7. **911 Address:** If the project is located in an area where the 911 address has been issued, then the proper paperwork from the 911 Addressing Department must be submitted. (386) 758-8787

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

NOTICE:

ADDRESSES BY APPOINTMENT ONLY!

TO OBTAIN A 9-1-1 ADDRESS THE REQUESTER MUST CONTACT THE COLUMBIA COUNTY 9-1-1 ADDRESSING DEPARTMENT AT (386) 752-8787 FOR AN APPOINTMENT TIME AND DATE:

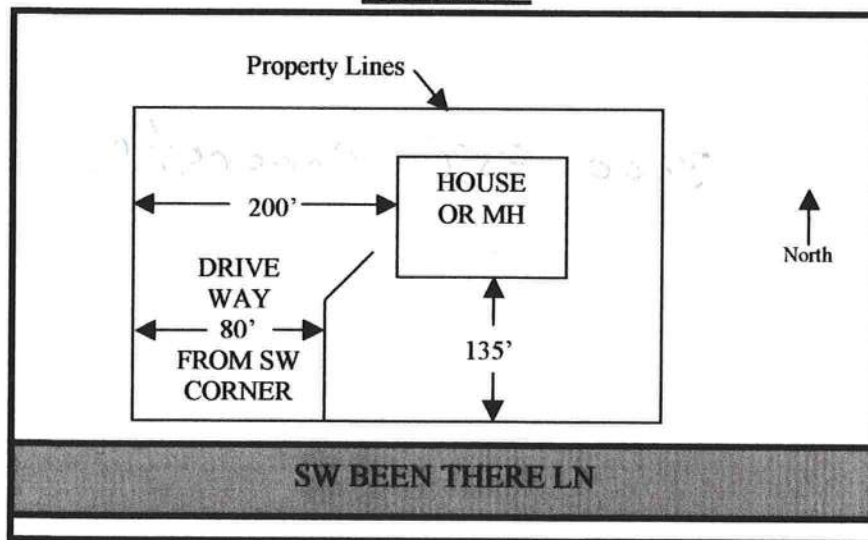
YOU CAN NOT OBTAIN A NEW ADDRESS OVER THE TELEPHONE. MUST MAKE AN APPOINTMENT!

THE ADDRESSING DEPARTMENT IS LOCATED AT 263 NW LAKE CITY AVENUE (OFF OF WEST U.S. HIGHWAY 90 WEST OF INTERSTATE 75 AT THE COLUMBIA COUNTY EMERGENCY OPERATIONS CENTER).

THE REQUESTER WILL NEED THE FOLLOWING:

1. THE PARCEL OR TAX ID NUMBER (SAMPLE: "25-4S-17-12345-123" OR "R12345-123) FOR THE PROPERTY.
2. A PLAT, PLAN, SITE PLAN, OR DRAWING SHOWING THE PROPERTY LINES OF THE PARCEL.
 - a. LOCATION OF PLANNED RESIDENT OR BUSINESS STRUCTURE ON THE PROPERTY WITH DISTANCES FROM TWO OF THE PROPERTY LINES TO THE STRUCTURE (SEE SAMPLE BELOW).
 - b. LOCATION OF THE ACCESS POINT (DRIVEWAY, ETC.) ON THE ROADWAY FROM WHICH LOCATION IS TO BE ADDRESSED WITH A DISTANCE FROM A PARALLEL PROPERTY LINE AND OR PROPERTY CORNER (SEE SAMPLE BELOW).
 - c. TRAVEL OF THE DRIVEWAY FROM THE ACCESS POINT TO THE STRUCTURE (SEE SAMPLE BELOW).

SAMPLE:



NOTE: 5 TO 7 WORKING DAYS MAY BE REQUIRED IF ADDRESSING DEPARTMENT NEEDS TO CONDUCT AN ON SITE SURVEY.

- ✓ 1 ft. Rise Letter
- ✓ Disclosure statement signed
- ✓ Height of Bldg.
- ✓ Use 3000 PSI at 28 days (concrete)
- ✓ Existing Need Well Spec.
 - ✓ Windows, Doors, Garage Door & Shingles spec.
 - ✓ Garage Opening (What size header?)
 - ✓ Steps 7x11 or Equivalent
(Riser, Tread)

3000 PSI Concrete

Notice of Prevention for Subterranean Termites

(As required by Florida Building Code (FBC) 104.2.6)



LIVE OAK PEST CONTROL, INC.

17856 U.S. 129 • McALPIN, FLORIDA 32062
(386) 362-3887 • 1-800-771-3887 • Fax: (386) 364-3529

973 NW Sophie Dr. Charles H. Sweeney White Springs
Address of Treatment or Lot/Block of Treatment

2/6/04
Date

7:45
Time

Michael
Applicator

Pravil
Product Used

Cypermethrin
Chemical used (active ingredient)

450
Number of gallons applied

0.25%
Percent Concentration

2726
Area treated (square feet)

292
Linear feet treated

Horizontal, Vertical
Stage of treatment (Horizontal, Vertical, Adjoining Slab, retreat of disturbed area)

As per 104.2.6 - If soil chemical barrier method for Subterranean termite prevention is used, final exterior treatment shall be completed prior to final building approval.

If this notice is for the final exterior treatment, initial and date this line. _____