

## NOTICE OF INSPECTION AND/OR TREATMENT

790 SW Bernick Terr. LAKE CITY

Address

32024

2-15-11

#28831

Date of Inspection

2/14/11

Date of Treatment - Full ☒ Spot ☐

Termidor

Pesticide Used

Wood-Destroying Organisms Treated

It is a violation of Florida State Law (Chap. 482-226)  
for anyone other than the property owner  
to remove this notice.

- Lawn Spraying
- Household Pest Control
- Tree & Shrub Spraying
- Termite Control



**Pest Control, Inc.**

**13618 NW 270th Ave.**

**Alachua, FL 32615**

Call: **386-418-4387**

for a free inspection & estimate

DATE 09/01/2010

Columbia County Building Permit

PERMIT

This Permit Must Be Prominently Posted on Premises During Construction

000028831

APPLICANT MICHAEL D. BALL PHONE 623-4106  
ADDRESS 790 SW BARWICK TERR. LAKE CITY FL 32024  
OWNER MICHAEL D. BALL PHONE 623-4106  
ADDRESS 790 SW BARWICK TERR. LAKE CITY FL 32024  
CONTRACTOR SAME AS APPLICANT PHONE  
LOCATION OF PROPERTY PINEMOUNT, TL BARWICK, 1/4 MILE ON RIGHT, BLUEISH-GRAY SINGLEWIDE  
TYPE DEVELOPMENT SFD,UTILITY ESTIMATED COST OF CONSTRUCTION 148750.00  
HEATED FLOOR AREA 2031.00 TOTAL AREA 2975.00 HEIGHT STORIES 1  
FOUNDATION CONC WALLS FRAMED ROOF PITCH 6/12 FLOOR SLAB  
LAND USE & ZONING A-3 MAX. HEIGHT  
Minimum Set Back Requirments: STREET-FRONT 30.00 REAR 25.00 SIDE 25.00  
NO. EX.D.U. 0 FLOOD ZONE X DEVELOPMENT PERMIT NO.

PARCEL ID 08-4S-16-02816-001 SUBDIVISION BARWICK EAST  
LOT 6 BLOCK PHASE UNIT TOTAL ACRES 1.42

Culvert Permit No. Culvert Waiver Contractor's License Number Applicant/Owner/Contractor  
EXISTING 10-62 BK TC  
Driveway Connection Septic Tank Number LU & Zoning checked by Approved for Issuance New Resident

COMMENTS: EXISTING MH TO BE REMOVED 45 DAYS OF CO ISSUANCE, ONE FOOT ABOVE THE ROAD, NOC ON FILE

Check # or Cash 3468

FOR BUILDING & ZONING DEPARTMENT ONLY

(footer/Slab)

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

BUILDING PERMIT FEE \$ 745.00 CERTIFICATION FEE \$ 14.88 SURCHARGE FEE \$ 14.88  
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 849.76  
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.



RC

Columbia County Building Permit Application

For Office Use Only Application # 1008-31 Date Received 8/19/10 By EC Permit # 28831  
Zoning Official BLK Date 3.08.10 Flood Zone X Land Use A-3 Zoning A-3  
FEMA Map # N/A Elevation N/A MFE 1' above Rd River N/A Plans Examiner TL Date 8-30-10  
Comments Existing MH to be removed 45 days of CO being issued  
☒ 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 Replacing Existing Dwelling

Septic Permit No. 10-0062M

Fax 386-758-2995

Name Authorized Person Signing Permit Michael D. Ball

cell 386-623-4106

Phone 386-754-3885

Address 790 SW Barwick Terrace Lake City, FL 32024

cell 386-623-4106

Owners Name Michael D. Ball

Phone 386-754-3885

911 Address 790 SW Barwick Terrace Lake City, FL 32024

Contractors Name N/A

Phone \_\_\_\_\_

Address \_\_\_\_\_

Fee Simple Owner Name & Address N/A

Bonding Co. Name & Address N/A

Architect/Engineer Name & Address N/A

Mortgage Lenders Name & Address N/A

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

Property ID Number 08-45-16 02816-001 Estimated Cost of Construction \$130,000.00

Subdivision Name Barwick East S/D Lot 6 Block \_\_\_\_\_ Unit \_\_\_\_\_ Phase \_\_\_\_\_

Driving Directions Take 252 (Pinemount) to Barwick Rd. (2<sup>nd</sup> paved road past Woodgate Village). Turn left onto Barwick Rd. Drive approx. 1/4 mile - blueish-gray singlewide on right.

Construction of new single family home Number of Existing Dwellings on Property 1

Total Acreage 1.42 Lot Size \_\_\_\_\_

Do you need a - Culvert Permit or Culvert Waiver or Have an Existing Drive Total Building Height 9'4"

Actual Distance of Structure from Property Lines - Front 167' Side 40' Side 40' Rear 112'

Number of Stories 1 Heated Floor Area 2,031' Total Floor Area 2,975' Roof Pitch 6/12

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.

## 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 \_\_\_\_\_  
Columbia County  
Competency Card Number \_\_\_\_\_

Affirmed under penalty of perjury to by the Contractor and subscribed before me this \_\_\_\_ day of \_\_\_\_\_ 20\_\_.

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

SEAL:

State of Florida Notary Signature (For the Contractor)



# 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 <u>Owner</u>	Signature <u>[Signature]</u>	License #:	Phone #:
<b>MECHANICAL/ A/C</b> <u>OK</u>	Print Name <u>Glen I Jones Jr</u>	Signature <u>[Signature]</u>	License #: <u>CAC051486</u>	Phone #: <u>386-752-5389</u>
<b>PLUMBING/ GAS</b>	Print Name <u>Owner</u>	Signature <u>[Signature]</u>	License #:	Phone #:
<b>ROOFING</b>	Print Name _____	Signature _____	License #:	Phone #:
<b>SHEET METAL</b>	Print Name _____	Signature _____	License #:	Phone #:
<b>FIRE SYSTEM/ SPRINKLER</b>	Print Name _____	Signature _____	License #:	Phone #:
<b>SOLAR</b>	Print Name _____	Signature _____	License #:	Phone #:

Specialty License	License Number	Sub-Contractors Printed Name	Sub-Contractors Signature
MASON <u>LWC</u>	<u>157</u>	<u>Frank Croft</u>	<u>[Signature]</u>
CONCRETE FINISHER <u>OK</u>	<u>000028</u>	<u>Butch V. Angelo</u>	<u>[Signature]</u>
FRAMING			<u>[Signature]</u>
INSULATION			<u>[Signature]</u>
STUCCO			
DRYWALL			<u>[Signature]</u>
PLASTER			<u>[Signature]</u>
CABINET INSTALLER <u>OK</u>	<u>000103</u>	<u>John Jenkins</u>	<u>[Signature]</u>
PAINTING			<u>[Signature]</u>
ACOUSTICAL CEILING			
GLASS			
CERAMIC TILE			<u>[Signature]</u>
FLOOR COVERING			<u>[Signature]</u>
ALUM/VINYL SIDING			
GARAGE DOOR			<u>[Signature]</u>
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.

NOTICE OF COMMENCEMENT

Inst: 201012013342 Date: 8/19/2010 Time: 3:56 PM  
DC P. DeWitt Cason Columbia County Page 1 of 1 B: 1199 P: 2259

Tax Parcel Identification Number R02816-001

County Clerk's Office Stamp or Seal

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): The S 153.40 ft of N 1017.60 ft of E 399.70 ft of NW 1/4 of 399.70 ft of NW 1/4 of SW 1/4.  
a) Street (job) Address: 790 SW Barwick Terrace Lake City, FL 32024  
2. General description of improvements: New Home Construction

3. Owner Information

- a) Name and address: Michael D. Ball 790 SW Barwick Terrace Lake City, FL 32024  
b) Name and address of fee simple titleholder (if other than owner) \_\_\_\_\_  
c) Interest in property \_\_\_\_\_

4. Contractor Information

- a) Name and address: Michael Ball  
b) Telephone No.: \_\_\_\_\_ 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: Tracy Ball 790 SW Barwick Terrace Lake City, FL 32024  
b) Telephone No.: 386-754-3885 Fax No. (Opt.) 386-758-2985

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(1)(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

10. Michael Ball  
Signature of Owner or Owner's Authorized Office/Director/Partner/Manager  
Michael Ball  
Print Name

The foregoing instrument was acknowledged before me, a Florida Notary, this 13 day of August, 2010, by:  
Michael Ball as \_\_\_\_\_ (type of authority, e.g. officer, trustee, attorney  
fact) for \_\_\_\_\_ (name of party on behalf of whom instrument was executed).

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

Notary Signature Marcia K. Bullard Notary Stamp or Seal:  
MARCIA K. BULLARD



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.

Michael Ball  
Signature of Natural Person Signing (in line #10 above.)



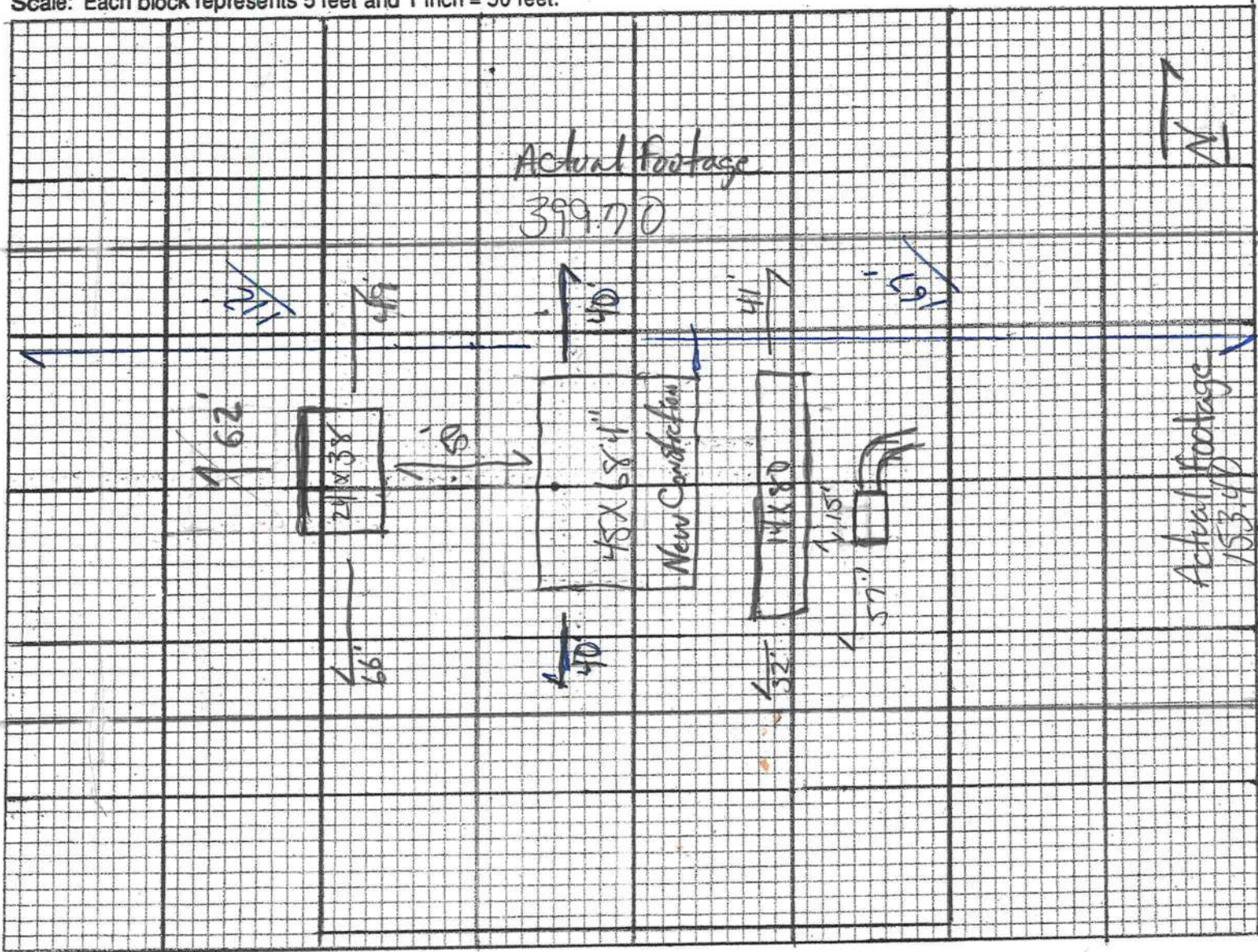


# APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permit Application Number \_\_\_\_\_

## PART II - SITE PLAN

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



Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Site Plan submitted by: Michael Paul Signature \_\_\_\_\_ Title owner  
Plan Approved \_\_\_\_\_ Not Approved \_\_\_\_\_ Date \_\_\_\_\_  
By \_\_\_\_\_ County Health Department

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



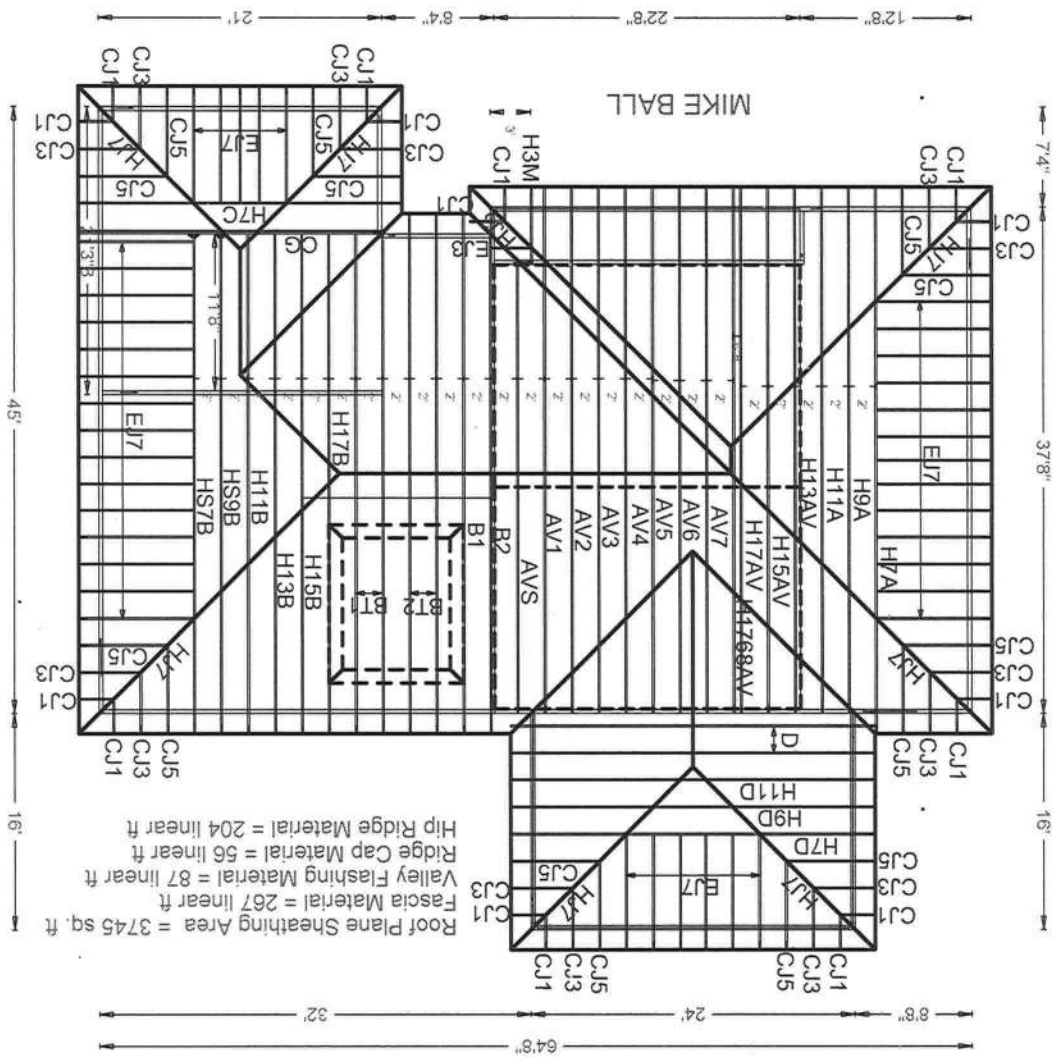
**PRODUCT APPROVAL SPECIFICATION SHEET****Location:** \_\_\_\_\_**Project Name:** \_\_\_\_\_

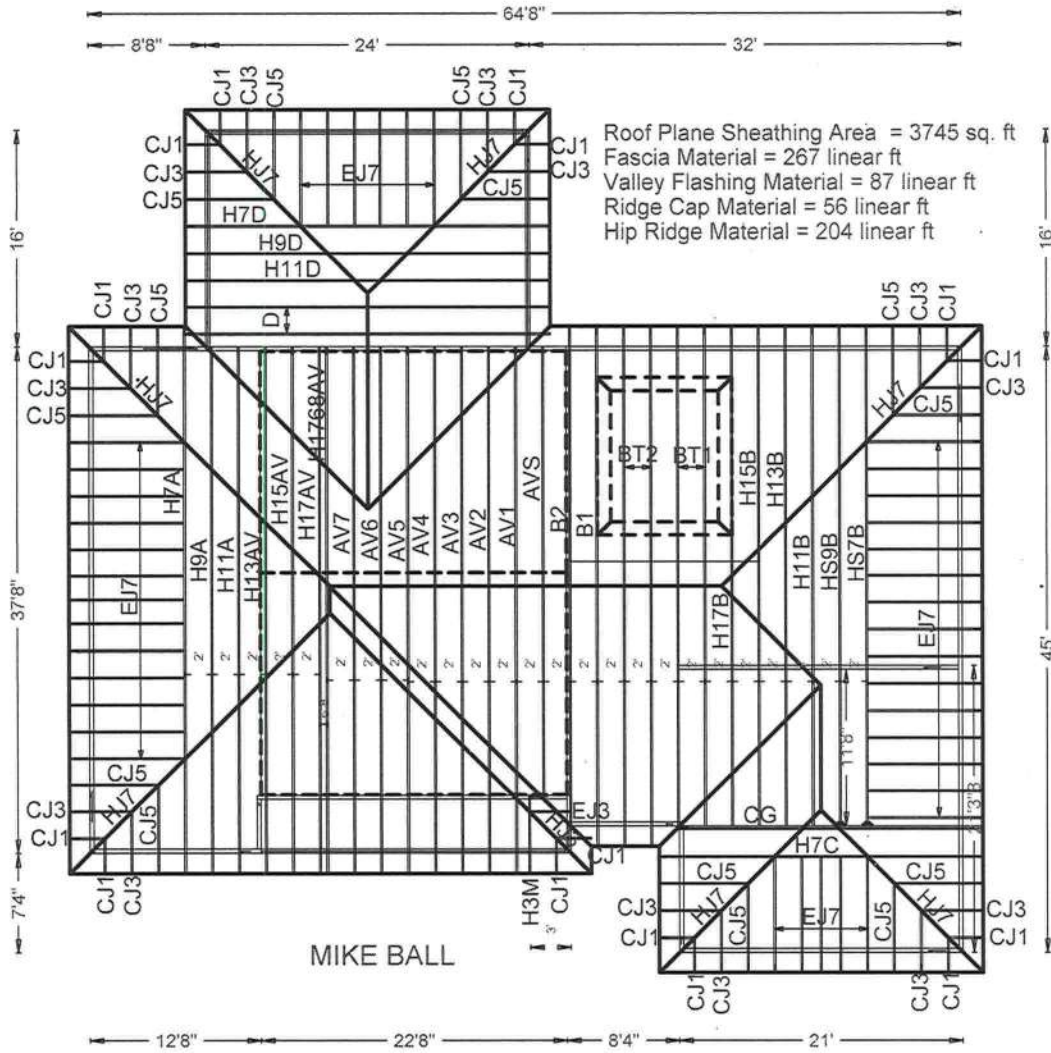
As required by Florida Statute 553.842 and Florida Administrative Code 9B-72, please provide the information and the product approval number(s) on the building components listed below if they will be utilized on the construction project for which you are applying for a building permit on or after April 1, 2004. We recommend you contact your local product supplier should you not know the product approval number for any of the applicable listed products. More information about statewide product approval can be obtained at [www.floridabuilding.org](http://www.floridabuilding.org)

Category/Subcategory	Manufacturer	Product Description	Approval Number(s)
<b>A. EXTERIOR DOORS</b>			
1. Swinging	Masonite	Extension Doors	FL 4334-R4
2. Sliding	MF Home Prod.	Sliding Glass Doors	FL 11956-R1
3. Sectional			
4. Roll up			
5. Automatic			
6. Other			
<b>B. WINDOWS</b>			
1. Single hung	Atrium	Insulated windows	FL 6752.2
2. Horizontal Slider	Atrium	" "	FL 7836.1
3. Casement	Atrium	" "	FL 8716
4. Double Hung			
5. Fixed	Atrium	" "	FL 7834.1
6. Awning			
7. Pass-through			
8. Projected			
9. Mullion			
10. Wind Breaker			
11. Dual Action			
12. Other			
<b>C. PANEL WALL</b>			
1. Siding	Certainteed		FL 12483
2. Soffits	Certainteed		FL 13389
3. EIFS			
4. Storefronts			
5. Curtain walls			
6. Wall louver			
7. Glass block	Pittsburgh Corning	Glass Block	FL 1363-R4
8. Membrane			
9. Greenhouse			
10. Other			
<b>D. ROOFING PRODUCTS</b>			
1. Asphalt Shingles	Certainteed	Arch. Shingles	FL 5444-R2
2. Underlayments	Woodland		
3. Roofing Fasteners			
4. Non-structural Metal Rf			
5. Built-Up Roofing			
6. Modified Bitumen	Certainteed	Torch	FL 2533-R3
7. Single Ply Roofing Sys			
8. Roofing Tiles			
9. Roofing Insulation			
10. Waterproofing			
11. Wood shingles /shakes			
12. Roofing Slate			









JOB DESCRIPTION: Fill in later  
 /: MIKE BALL

JOB NO:  
 10-018

PAGE NO:  
 1 OF 1



**PRODUCT APPROVAL SPECIFICATION SHEET****Location:** \_\_\_\_\_**Project Name:** \_\_\_\_\_

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11. Wood shingles /shakes			
12. Roofing Slate			



# **COLUMBIA COUNTY BUILDING DEPARTMENT RESIDENTIAL CHECK LIST REQUIREMENTS**

## **MINIMUM PLAN REQUIREMENTS FOR THE FLORIDA BUILDING CODE RESIDENTIAL 2007 ONE (1) AND TWO (2) FAMILY DWELLINGS**

ALL REQUIREMENTS ARE SUBJECT TO CHANGE

**ALL BUILDING PLANS MUST INDICATE COMPLIANCE with the Current 2007 FLORIDA BUILDING CODES RESIDENTIAL. ALL PLANS OR DRAWINGS SHALL PROVIDE CALCULATIONS AND DETAILS THAT HAVE THE SEAL AND SIGNATURE OF A CERTIFIED ARCHITECT OR ENGINEER REGISTERED IN THE STATE OF FLORIDA, OR ALTERNATE METHODOLOGIES, APPROVED BY THE STATE OF FLORIDA BUILDING COMMISSION FOR ONE-AND-TWO FAMILY DWELLINGS.**

**FOR DESIGN PURPOSES THE FOLLOWING BASIC WIND SPEEDS ARE PER FIGURE R301.2(4) of the FLORIDA BUILDING CODES RESIDENTIAL (Florida Wind speed map) SHALL BE USED.**

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

ALL BUILDINGS CONSTRUCTED EAST OF SAID LINE SHALL BE ----- 100 MPH

ALL BUILDINGS CONSTRUCTED WEST OF SAID LINE SHALL BE -----110 MPH

NO AREA IN COLUMBIA COUNTY IS IN A WIND BORNE DEBRIS REGION

**GENERAL REQUIREMENTS:  
APPLICANT – PLEASE CHECK ALL APPLICABLE BOXES BEFORE SUBMITTAL**

**Items to Include-  
Each Box shall be  
Circled as  
Applicable**

		Yes	No	N/A
1	Two (2) complete sets of plans containing the following:	✓		
2	All drawings must be clear, concise, drawn to scale, details that are not used shall be marked void	✓		
3	Condition space (Sq. Ft.)			
	Total (Sq. Ft.) under roof			

Designers name and signature shall be on all documents and a licensed architect or engineer, signature and official embossed seal shall be affixed to the plans and documents as per the FLORIDA BUILDING CODES RESIDENTIAL R101.2.1

### **Site Plan information including:**

4	Dimensions of lot or parcel of land	✓		
5	Dimensions of all building set backs	✓		
6	Location of all other structures (include square footage of structures) on parcel, existing or proposed well and septic tank and all utility easements.	✓		
7	Provide a full legal description of property.	✓		



## **Wind-load Engineering Summary, calculations and any details required**

<b>GENERAL REQUIREMENTS: APPLICANT – PLEASE CHECK ALL APPLICABLE BOXES BEFORE SUBMITTAL</b>		<b>Items to Include- Each Box shall be Circled as Applicable</b>		
		IIIIII	IIII	IIIIII
		YES	NO	N/A
8	Plans or specifications must show compliance with FBCR Chapter 3			
9	Basic wind speed (3-second gust), miles per hour	✓		
10	(Wind exposure – if more than one wind exposure is used, the wind exposure and applicable wind direction shall be indicated)			✓
11	Wind importance factor and nature of occupancy			✓
12	The applicable internal pressure coefficient, Components and Cladding			✓
13	The design wind pressure in terms of psf (kN/m <sup>2</sup> ), to be used for the design of exterior component, cladding materials not specifically designed by the registered design professional.			✓

### **Elevations Drawing including:**

14	All side views of the structure	✓		
15	Roof pitch	✓		
16	Overhang dimensions and detail with attic ventilation	✓		
17	Location, size and height above roof of chimneys			✓
18	Location and size of skylights with Florida Product Approval			✓
18	Number of stories	✓		
20A	Building height from the established grade to the roofs highest peak	✓		

### **Floor Plan including:**

20	Dimensioned area plan showing rooms, attached garage, breeze ways, covered porches, deck, balconies	✓		
21	Raised floor surfaces located more than 30 inches above the floor or grade			✓
22	All exterior and interior shear walls indicated	✓		
23	Shear wall opening shown (Windows, Doors and Garage doors)	✓		
24	Emergency escape and rescue opening shown in each bedroom (net clear opening shown)			✓
25	Safety glazing of glass where needed			✓
26	Fireplaces types (gas appliance) (vented or non-vented) or wood burning with Hearth (see chapter 10 of FBCR)			✓
27	Stairs with dimensions (width, tread and riser and total run) details of guardrails, Handrails (see FBCR SECTION 311)			✓
28	Identify accessibility of bathroom (see FBCR SECTION 322)			

**All materials placed within opening or onto/into exterior walls, soffits or roofs shall have Florida product approval number and mfg. installation information submitted with the plan (see Florida product approval form)**

GENERAL REQUIREMENTS: APPLICANT – PLEASE CHECK ALL APPLICABLE BOXES BEFORE SUBMITTAL		Items to Include- Each Box shall be Circled as Applicable		
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### **FBCR 403: Foundation Plans**

		YES	NO	N/A
29	Location of all load-bearing walls footings indicated as standard, monolithic, dimensions, size and type of reinforcing.	✓		
30	All posts and/or column footing including size and reinforcing			✓
31	Any special support required by soil analysis such as piling.			✓
32	Assumed load-bearing value of soil _____ Pound Per Square Foot	✓		✓
33	Location of horizontal and vertical steel, for foundation or walls (include # size and type)	✓		

### **FBCR 506: CONCRETE SLAB ON GRADE**

34	Show Vapor retarder (6mil. Polyethylene with joints lapped 6 inches and sealed)	✓		
35	Show control joints, synthetic fiber reinforcement or welded fire fabric reinforcement and Supports			✓

### **FBCR 320: PROTECTION AGAINST TERMITES**

36	Indicate on the foundation plan if soil treatment is used for subterranean termite prevention or submit other approved termite protection methods. Protection shall be provided by registered termiticides	✓		
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### **FBCR 606: Masonry Walls and Stem walls (load bearing & shear Walls)**

37	Show all materials making up walls, wall height, and Block size, mortar type	✓		
38	Show all Lintel sizes, type, spans and tie-beam sizes and spacing of reinforcement	✓		

**Metal frame shear wall and roof systems shall be designed, signed and sealed by Florida Prof. Engineer or Architect**

### **Floor Framing System: First and/or second story**

39	Floor truss package shall including layout and details, signed and sealed by Florida Registered Professional Engineer			✓
40	Show conventional floor joist type, size, span, spacing and attachment to load bearing walls, stem walls and/or piers			✓
41	Girder type, size and spacing to load bearing walls, stem wall and/or piers			✓
42	Attachment of joist to girder			✓
43	Wind load requirements where applicable			✓
44	Show required under-floor crawl space			✓
45	Show required amount of ventilation opening for under-floor spaces			✓
46	Show required covering of ventilation opening			✓
47	Show the required access opening to access to under-floor spaces			✓
	Show the sub-floor structural panel sheathing type, thickness and fastener schedule on the edges &			✓

48	intermediate of the areas structural panel sheathing	✓		
49	Show Draftstopping, Fire caulking and Fire blocking	✓		
50	Show fireproofing requirements for garages attached to living spaces, per FBCR section 309	✓		
51	Provide live and dead load rating of floor framing systems (psf).	✓		

## **FBCR CHAPTER 6 WOOD WALL FRAMING CONSTRUCTION**

GENERAL REQUIREMENTS: APPLICANT – PLEASE CHECK ALL APPLICABLE BOXES BEFORE SUBMITTAL		Items to Include- Each Box shall be Circled as Applicable		
		YES	NO	N/A
52	Stud type, grade, size, wall height and oc spacing for all load bearing or shear walls	✓		
53	Fastener schedule for structural members per table FBCR 602.3 are to be shown	✓		
54	Show Wood structural panel's sheathing attachment to studs, joist, trusses, rafters and structural members, showing fastener schedule attachment on the edges & intermediate of the areas structural panel sheathing	✓		
55	Show all required connectors with a max uplift rating and required number of connectors and oc spacing for continuous connection of structural walls to foundation and roof trusses or rafter systems	✓		
56	Show sizes, type, span lengths and required number of support jack studs, king studs for shear wall opening and girder or header per FBCR Table 502.5 (1)	✓		
57	Indicate where pressure treated wood will be placed	✓		
58	Show all wall structural panel sheathing, grade, thickness and show fastener schedule for structural panel sheathing edges & intermediate areas	✓		
59	A detail showing gable truss bracing, wall balloon framing details or/ and wall hinge bracing detail			✓

## **FBCR :ROOF SYSTEMS:**

60	Truss design drawing shall meet section FBCR 802.10 Wood trusses	✓		
61	Include a layout and truss details, signed and sealed by Florida Professional Engineer	✓		
62	Show types of connector's assemblies' and resistance uplift rating for all trusses and rafters	✓		
63	Show gable ends with rake beams showing reinforcement or gable truss and wall bracing details			✓
64	Provide dead load rating of trusses	✓		

## **FBCR 802:Conventional Roof Framing Layout**

65	Rafter and ridge beams sizes, span, species and spacing	✓		
66	Connectors to wall assemblies' include assemblies' resistance to uplift rating	✓		
67	Valley framing and support details	✓		
68	Provide dead load rating of rafter system	✓		

## **FBCR Table 602,3(2) & FBCR 803 ROOF SHEATHING**

69	Include all materials which will make up the roof decking, identification of structural panel sheathing, grade, thickness	✓		
70	Show fastener Size and schedule for structural panel sheathing on the edges & intermediate areas	✓		



## **FBCR ROOF ASSEMBLIES FRC Chapter 9**

71	Include all materials which will make up the roof assemblies covering	<input checked="" type="checkbox"/>		
72	Submit Florida Product Approval numbers for each component of the roof assemblies covering	<input checked="" type="checkbox"/>		

## **FBCR Chapter 11 Energy Efficiency Code for residential building**

Residential construction shall comply with this code by using the following compliance methods in the FBCR chapter 11 Residential buildings compliance methods. *Two of the required forms are to be submitted, showing dimensions condition area equal to the total condition living space area*

GENERAL REQUIREMENTS: APPLICANT – PLEASE CHECK ALL APPLICABLE BOXES BEFORE SUBMITTAL		Items to Include- Each Box shall be Circled as Applicable		
		YES	NO	N/A
73	Show the insulation R value for the following areas of the structure	<input checked="" type="checkbox"/>		
74	Attic space	<input checked="" type="checkbox"/>		
75	Exterior wall cavity	<input checked="" type="checkbox"/>		
76	Crawl space			<input checked="" type="checkbox"/>

## **HVAC information**

77	Submit two copies of a Manual J sizing equipment or equivalent computation study	<input checked="" type="checkbox"/>		
78	Exhaust fans locations in bathrooms	<input checked="" type="checkbox"/>		
79	Show clothes dryer route and total run of exhaust duct	<input checked="" type="checkbox"/>		

## **Plumbing Fixture layout shown**

80	All fixtures waste water lines shall be shown on the foundation plan	<input checked="" type="checkbox"/>		
81	Show the location of water heater	<input checked="" type="checkbox"/>		

## **Private Potable Water**

82	Pump motor horse power	<input checked="" type="checkbox"/>		
83	Reservoir pressure tank gallon capacity	<input checked="" type="checkbox"/>		
84	Rating of cycle stop valve if used	<input checked="" type="checkbox"/>		

## **Electrical layout shown including**

85	Switches, outlets/receptacles, lighting and all required GFCI outlets identified	<input checked="" type="checkbox"/>		
86	Ceiling fans	<input checked="" type="checkbox"/>		
87	Smoke detectors & Carbon dioxide detectors	<input checked="" type="checkbox"/>		
88	Service panel, sub-panel, location(s) and total ampere ratings	<input checked="" type="checkbox"/>		
89	On the electrical plans identify the electrical service overcurrent protection device for the main electrical service. This device shall be installed on the exterior of structures to serve as a disconnecting means for the utility company electrical service. Conductors used from the exterior disconnecting means to a panel or sub panel shall have four-wire conductors, of which one conductor shall be used as an equipment ground. Indicate if the utility company service entrance cable will be of the overhead or underground type.			

		<input checked="" type="checkbox"/>		
90	Appliances and HVAC equipment and disconnects	<input checked="" type="checkbox"/>		
91	Arc Fault Circuits (AFCI) in bedrooms	<input checked="" type="checkbox"/>		

**Disclosure Statement for Owner Builders** *If you as the applicant will be acting as an owner builder under section 489.103(7) of the Florida Statutes, submit the required owner builder disclosure statement form.*

### Notice Of Commencement

A notice of commencement form **recorded** in the Columbia County Clerk Office is required to be filed with the building department Before Any Inspections can be preformed.

<b>GENERAL REQUIREMENTS:</b> <b>APPLICANT – PLEASE CHECK ALL APPLICABLE BOXES BEFORE SUBMITTAL</b>	<b>Items to Include- Each Box shall be Circled as Applicable</b>
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### THE FOLLOWING ITEMS MUST BE SUBMITTED WITH BUILDING PLANS

		YES	NO	N/A
92	<b>Building Permit Application</b> A current Building Permit Application form is to be completed and submitted for all residential projects	<input checked="" type="checkbox"/>		
93	<b>Parcel Number</b> The parcel number (Tax ID number) from the Property Appraiser (386) 758-1084 is required. A copy of property deed is also requested	<input checked="" type="checkbox"/>		
94	<b>Environmental Health Permit or Sewer Tap Approval</b> A copy of a approved Columbia County Environmental Health (386) 758-1058	<input checked="" type="checkbox"/>		
95	<b>City of Lake City</b> A permit showing an approved waste water sewer tap			<input checked="" type="checkbox"/>
96	<b>Toilet facilities shall be provided for all construction sites</b>			
97	<b>Town of Fort White</b> (386) 497-2321 If the parcel in the application for building permit is within the Corporate city limits of Fort White an approval land use development letter issued by the Town of Fort is required to be submitted with the application for a building permit.			<input checked="" type="checkbox"/>
98	<b>Flood Information:</b> All projects within the Floodway of the Suwannee or Santa Fe Rivers shall require permitting through the Suwannee River Water Management District, before submitting a 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 8.5.2 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 8.5.3 of the Columbia County Land Development Regulations			
99	<b>CERTIFIED FINISHED FLOOR ELEVATIONS</b> will be required on any project where the base flood elevation (100 year flood) has been established	<input checked="" type="checkbox"/>		
100	A development permit will also be required. Development permit cost is <b>\$50.00</b>			
101	<b>Driveway Connection:</b> If the property does not have an existing access to a public road, then an application for a culvert permit ( <b>\$25.00</b> ) must be made. If the applicant feels that a culvert is not needed, they may apply for a culvert waiver ( <b>\$50.00</b> ). All culvert waivers are sent to the Columbia County Public Works Department for approval or denial.			<input checked="" type="checkbox"/>
102	<b>911 Address:</b> If the project is located in an area where a 911 address has not been issued, then application for a 911 address must be applied for and <b>received</b> through the Columbia County Emergency Management Office of 911 Addressing Department (386) 758-1125			<input checked="" type="checkbox"/>



**Section R101.2.1 of the Florida Building Code Residential:**

**The provisions of Chapter 1, Florida Building Code, Building shall govern the administration and enforcement of the Florida Building Code, Residential.**

**Section 105 of the Florida Building Code defines the:**

**Time limitation 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.**

**Single-family residential dwelling.**

**Section 105.3.4 A building permit for a single-family residential dwelling must be issued within 30 working days of application therefor unless unusual circumstances require a longer time for processing the application or unless the permit application fails to satisfy the Florida Building Code or the enforcing agency's laws or ordinances.**

**Permit intent.**

**Section 105.4.1: A permit issued shall be constructed to be a license to proceed with the work and not as authority to violate, cancel, alter or set aside any of the provisions of the technical codes, nor shall issuance of a permit prevent the building official from thereafter requiring a correction of errors in plans, construction or violations of this code. Every permit issued shall become invalid unless the work authorized by such permit is commenced within six months after its issuance, or if the work authorized by such permit is suspended or abandoned for a period of six months after the time the work is commenced.**

**If work has commenced.**

**Section 105.4.1.1: If work has commenced and the permit is revoked, becomes null and void, or expires because of lack of progress or abandonment, a new permit covering the proposed construction shall be obtained before proceeding with the work.**

**New Permit.**

**Section 105.4.1.2: If a new permit is not obtained within 180 days from the date the initial permit became null and void, the building official is authorized to require that any work which has been commenced or completed be removed from the building site. Alternately, a new permit may be issued on application, providing the work in place and required to complete the structure meets all applicable regulations in effect at the time the initial permit became null and void and any regulations which may have become effective between the date of expiration and the date of issuance of the new permit.**

**Work Shall Be:**

**Section 105.4.1.3:** Work shall be considered to be in active progress when the permit has received an approved inspection within 180 days. This provision shall not be applicable in case of civil commotion or strike or when the building work is halted due directly to judicial injunction, order or similar process.

**The Fee:**

**Section 105.4.1.4:** The fee for renewal reissuance and extension of a permit shall be set forth by the administrative authority.

**When the submitted application is approved for permitting the applicant will be notified by phone as to the date and time a building permit will be prepared and issued by the Columbia County Building & Zoning Department**



# PRODUCT APPROVAL SPECIFICATION SHEET

**Location:** \_\_\_\_\_

**Project Name:** \_\_\_\_\_

As required by Florida Statute 553.842 and Florida Administrative Code 9B-72, please provide the information and the product approval number(s) on the building components listed below if they will be utilized on the construction project for which you are **applying for a building permit on or after April 1, 2004**. We recommend you contact your local product supplier should you not know the product approval number for any of the applicable listed products. More information about statewide product approval can be obtained at [www.floridabuilding.org](http://www.floridabuilding.org)

Category/Subcategory	Manufacturer	Product Description	Approval Number(s)
<b>A. EXTERIOR DOORS</b>			
1. Swinging			
2. Sliding			
3. Sectional			
4. Roll up			
5. Automatic			
6. Other			
<b>B. WINDOWS</b>			
1. Single hung			
2. Horizontal Slider			
3. Casement			
4. Double Hung			
5. Fixed			
6. Awning			
7. Pass-through			
8. Projected			
9. Mullion			
10. Wind Breaker			
11 Dual Action			
12. Other			
<b>C. PANEL WALL</b>			
1. Siding			
2. Soffits			
3. EIFS			
4. Storefronts			
5. Curtain walls			
6. Wall louver			
7. Glass block			
8. Membrane			
9. Greenhouse			
10. Other			
<b>D. ROOFING PRODUCTS</b>			
1. Asphalt Shingles			
2. Underlayments			
3. Roofing Fasteners			
4. Non-structural Metal Rf			
5. Built-Up Roofing			
6. Modified Bitumen			
7. Single Ply Roofing Sys			
8. Roofing Tiles			
9. Roofing Insulation			
10. Waterproofing			
11. Wood shingles /shakes			
12. Roofing Slate			

Category/Subcategory (cont.)	Manufacturer	Product Description	Approval Number(s)
13. Liquid Applied Roof Sys			
14. Cements-Adhesives – Coatings			
15. Roof Tile Adhesive			
16. Spray Applied Polyurethane Roof			
17. Other			
<b>E. SHUTTERS</b>			
1. Accordion			
2. Bahama			
3. Storm Panels			
4. Colonial			
5. Roll-up			
6. Equipment			
7. Others			
<b>F. SKYLIGHTS</b>			
1. Skylight			
2. Other			
<b>G. STRUCTURAL COMPONENTS</b>			
1. Wood connector/anchor			
2. Truss plates			
3. Engineered lumber			
4. Railing			
5. Coolers-freezers			
6. Concrete Admixtures			
7. Material			
8. Insulation Forms			
9. Plastics			
10. Deck-Roof			
11. Wall			
12. Sheds			
13. Other			
<b>H. NEW EXTERIOR ENVELOPE PRODUCTS</b>			
1.			
2.			

The products listed below did not demonstrate product approval at plan review. I understand that at the time of inspection of these products, the following information must be available to the inspector on the jobsite; 1) copy of the product approval, 2) the performance characteristics which the product was tested and certified to comply with, 3) copy of the applicable manufacturers installation requirements.

I understand these products may have to be removed if approval cannot be demonstrated during inspection.

Contractor or Contractor's Authorized Agent Signature

Print Name

Date

Permit # (FOR STAFF USE ONLY)



## Columbia County Property Appraiser

DB Last Updated: 8/5/2010

### 2009 Tax Roll Year

Parcel: 08-4S-16-02816-001

[<< Next Lower Parcel](#)
[Next Higher Parcel >>](#)
[Tax Collector](#)
[Tax Estimator](#)
[Property Card](#)
[Parcel List Generator](#)
[Interactive GIS Map](#)
[Print](#)

&lt;&lt; Prev

Search Result: 4 of 20

Next &gt;&gt;

### Owner & Property Info

<b>Owner's Name</b>	BALL MICHAEL DAVID		
<b>Mailing Address</b>	790 SW BARWICK TER LAKE CITY, FL 32024		
<b>Site Address</b>	790 SW BARWICK TER		
<b>Use Desc. (code)</b>	MOBILE HOM (000200)		
<b>Tax District</b>	3 (County)	<b>Neighborhood</b>	8416
<b>Land Area</b>	1.280 ACRES	<b>Market Area</b>	01
<b>Description</b>	NOTE: This description is not to be used as the Legal Description for this parcel in any legal transaction.  THE S 153.40 FT OF N 1017.60 FT OF E 399.70 FT OF NW1/4 OF 399.70 FT OF NW1/4 OF SW1/4. EX RD R/W. (AKA LOT 6 BARWICK EAST S/D UNREC) ORB 774-793, 796-1940.		



### Property & Assessment Values

2009 Certified Values		
<b>Mkt Land Value</b>	cnt: (0)	\$19,689.00
<b>Ag Land Value</b>	cnt: (2)	\$0.00
<b>Building Value</b>	cnt: (1)	\$17,633.00
<b>XFOB Value</b>	cnt: (1)	\$300.00
<b>Total Appraised Value</b>		\$37,622.00
<b>Just Value</b>		\$37,622.00
<b>Class Value</b>		\$0.00
<b>Assessed Value</b>		\$29,231.00
<b>Exempt Value</b>	(code: HX)	\$25,000.00
<b>Total Taxable Value</b>	Cnty: \$4,231 Other: \$4,231   Schl: \$4,231	

### 2010 Working Values

**NOTE:**  
2010 Working Values are NOT certified values and therefore are subject to change before being finalized for ad valorem assessment purposes.

[Show Working Values](#)

### Sales History

[Show Similar Sales within 1/2 mile](#)

Sale Date	OR Book/Page	OR Code	Vacant / Improved	Qualified Sale	Sale RCode	Sale Price
3/1/1994	796/1940	QC	V	U	01	\$4,500.00
4/30/1993	774/793	WD	V	Q		\$4,500.00

### Building Characteristics

Bldg Item	Bldg Desc	Year Blt	Ext. Walls	Heated S.F.	Actual S.F.	Bldg Value
1	MOBILE HME (000800)	1992	AL SIDING (26)	1064	1190	\$16,068.00
<b>Note:</b> All S.F. calculations are based on exterior building dimensions.						

### Extra Features & Out Buildings

Code	Desc	Year Blt	Value	Units	Dims	Condition (% Good)
0296	SHED METAL	2006	\$300.00	0000001.000	0 x 0 x 0	(000.00)

### Land Breakdown

Lnd Code	Desc	Units	Adjustments	Eff Rate	Lnd Value



REPLACEMENT OF RESIDENTIAL DWELLING AGREEMENT

STATE OF FLORIDA  
COUNTY OF COLUMBIA

BEFORE ME the undersigned Notary Public personally appeared.

The undersigned, Michael D. Ball, (herein "Owners"), whose physical 911 address is 790 SW Barwick Terrace, Lake City, FL 32024, hereby understands by executing this Agreement that within 45 days after the issuance of a Certificate of Occupancy for a new residential dwelling (house), the existing residential dwelling (mobile home) shall be removed from the property in order to comply with Columbia County Land Development Regulations (LDR's) on Owner's property, particularly described by reference with Columbia County Property Appraiser Tax Parcel No. 08-4S-16-02816-001.

Owners have made application to COLUMBIA COUNTY, FLORIDA for a permit which as by definition in the Columbia County LDR's is a residential dwelling on the above reference property. Owners are aware and have been advised that any other uses shall comply with the LDR's and shall obtain any additional permitting or approval as required by the LDR's for such uses. This Agreement is made and given by Affiants with full knowledge and accept the terms of the Agreement and agree to comply with it.

Michael D. Ball  
Owner

\_\_\_\_\_  
Owner

Michael D. Ball  
Typed or Printed Name

\_\_\_\_\_  
Typed or Printed Name

Subscribed and sworn to (or affirmed) before me this 31 day of August, 2010,  
by Michael Ball (Owner) who is personally known to me or has produced  
FL DL as identification.

Laurie Hodson  
Notary Public



Subscribed and sworn to (or affirmed) before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_,  
by \_\_\_\_\_ (Owner) who is personally known to me or has produced  
\_\_\_\_\_ as identification.

\_\_\_\_\_  
Notary Public





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

5/3/02 2/9

PERMIT NO. 951537  
DATE PAID: 9/5/10  
FEE PAID: 330.00  
RECEIPT #: 1235302

APPLICATION FOR:

[ ] New System [X] Existing System [ ] Holding Tank [ ] Innovative  
[ ] Repair [ ] Abandonment [ ] Temporary [X] Modification

APPLICANT: Michael D. Ball

AGENT: Michael D. Ball

TELEPHONE: 386-754-3885

MAILING ADDRESS: 790 SW Barwick Terrace  
Lake City, FL 32024  
Fax - 386-758-2995

TO BE COMPLETED BY APPLICANT OR APPLICANT'S AUTHORIZED AGENT. SYSTEMS MUST BE CONSTRUCTED BY A PERSON LICENSED PURSUANT TO 489.105(3)(M) OR 489.552, FLORIDA STATUTES.

PROPERTY INFORMATION

LOT: 6 BLOCK: N/A SUBDIVISION: Barwick East PLATTED: 6/22/77

PROPERTY ID #: 08-45-16-02816-001 ZONING: RUS. I/M OR EQUIVALENT: [ Y ] [ N ]

PROPERTY SIZE: 1 1/2 ACRES WATER SUPPLY: [X] PRIVATE PUBLIC [ ] <=2000GPD [ ] >2000GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? [ Y ] [ N ] DISTANCE TO SEWER: \_\_\_\_\_ FT

PROPERTY ADDRESS: 790 SW Barwick Terrace

DIRECTIONS TO PROPERTY: 5 miles west on pinemount highway - turn left on Barwick Terrace. Travel 1/2 mile, blueish-gray single wide on right hand side of road.

BUILDING INFORMATION

[X] RESIDENTIAL [ ] COMMERCIAL

Unit No	Type of Establishment	No. of Bedrooms	Building Area Sqft	Commercial/Institutional System Design Table 1, Chapter 64E-6, FAC
1	mobile home	2	14x80	ORIGINAL ATTACHED
2	New construction	3	45x64'8"	
3			2031	
4				

[ ] Floor/Equipment Drains [ ] Other (Specify) \_\_\_\_\_

SIGNATURE: Michael Ball

DATE: 02-02-10

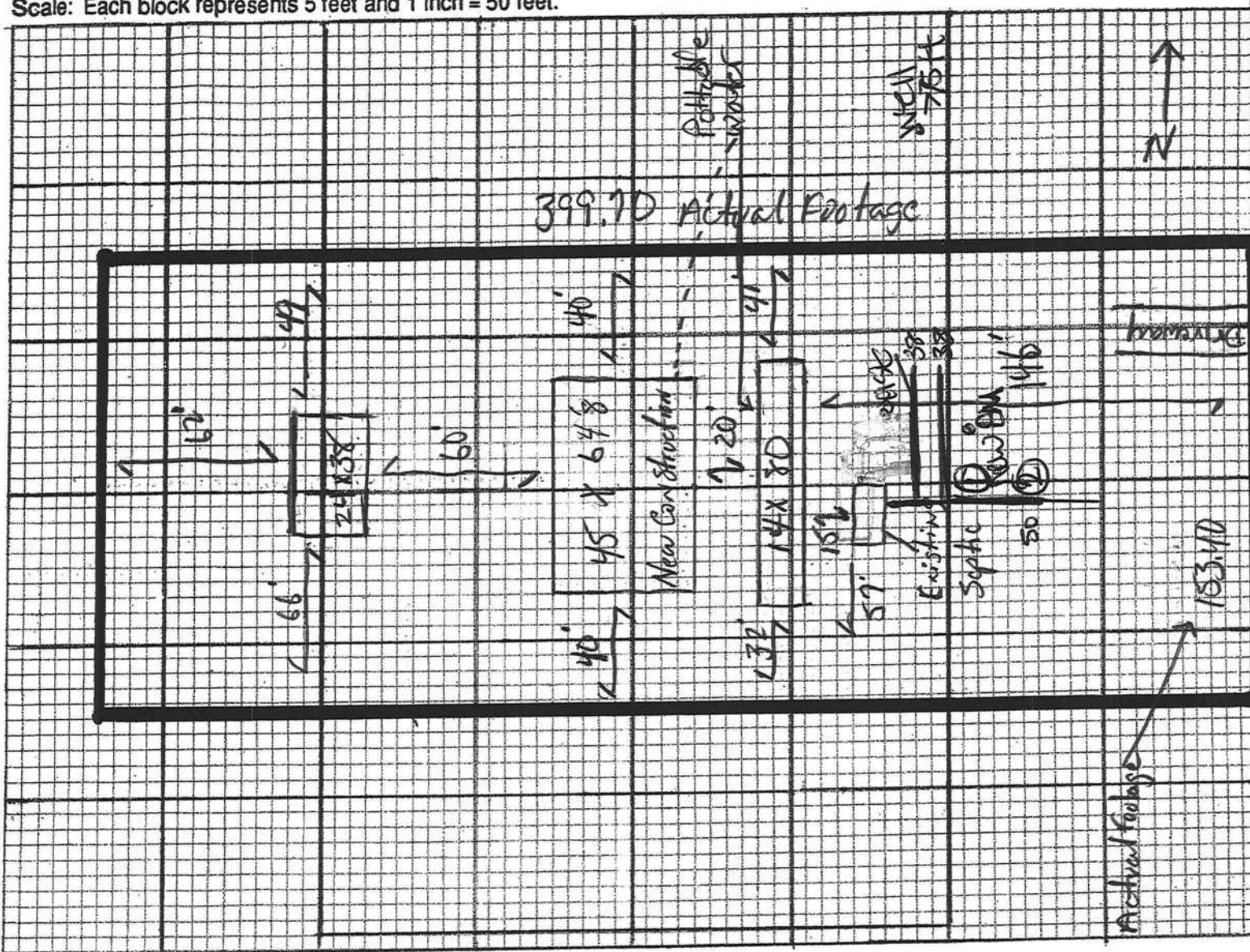


## APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permit Application Number 10-0862M

## PART II - SITE PLAN

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

Notes: New drain will run east on property

\*NO well on property, well on neighbor property will be used (see permission letter)

Site Plan submitted by: Michael Basil

Signature

Not Approved

**Columbia CHD**

Owner

Title

Date 2/12/10Plan Approved X

By

County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT



## **COLUMBIA COUNTY BUILDING DEPARTMENT**

135 NE Hernando Ave., Suite B-21

Lake City, FL 32055

Office: 386-758-1008 Fax: 386-758-2160

### **OWNER BUILDER DISCLOSURE STATEMENT**

I understand that state law requires construction to be done by a licensed contractor and have applied for an owner-builder permit under an exemption from the law. The exemption specifies that I, as the owner of the property listed, may act as my own contractor with certain restrictions even though I do not have a license.

I understand that building permits are not required to be signed by a property owner unless he or she is responsible for the construction and is not hiring a licensed contractor to assume responsibility.

I understand that, as an owner-builder, I am the responsible party of record on a permit. I understand that I may protect myself from potential financial risk by hiring a licensed contractor and having the permit filed in his or her name instead of my own name. I also understand that a contractor is required by law to be licensed and bonded in Florida and to list his or her license numbers on permits and contracts.

I understand that I may build or improve a one-family or two-family residence or farm outbuilding. I may also build or improve a commercial building if the costs do not exceed \$75,000. The building or residence must be for my own use or occupancy. It may not be built or substantially improved for sale or lease. If a building or residence that I have built or substantially improved myself is sold or leased within 1 year after the construction is complete, the law will presume that I built or substantially improved it for sale or lease, which violates the exemption.

I understand that, as the owner-builder, I must provide direct, onsite supervision of the construction.

I understand that I may not hire an unlicensed person to act as my contractor or to supervise persons working on my building or residence. It is my responsibility to ensure that the persons whom I employ have the licenses required by law and by county or municipal ordinance.

I understand that it is frequent practice of unlicensed persons to have the property owner obtain an owner-builder permit that erroneously implies that the property owner is providing his or her own labor and materials. I, as an owner-builder, may be held liable and subjected to serious financial risk for any injuries sustained by an unlicensed person or his or her employees while working on my property. My homeowner's insurance may not provide coverage for those injuries. I am willfully acting as an owner-builder and am aware of the limits of my insurance coverage for injuries to workers on my property.



I understand that I 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 my building who is not licensed must work under my direct supervision and must be employed by me, which means that I must comply with laws requiring the withholding of federal income tax and social security contributions under the Federal Insurance Contributions Act (FICA) and must provide workers' compensation for the employee. I understand that my failure to follow these laws may subject me to serious financial risk.

I agree that, as the party legally and financially responsible for this proposed construction activity, I will abide by all applicable laws and requirements that govern owner-builders as well as employers. I also understand that the construction must comply with all applicable laws, ordinances, building codes, and zoning regulations.

I understand that I may obtain more information regarding my obligations as an employer from the Internal Revenue Service, the United States Small Business Administration, the Florida Department of Financial Services, and the Florida Department of Revenue. I also understand that I may contact the Florida Construction Industry Licensing Board at 850-487-1395 or Internet website address <http://www.myflorida.com/dbpr/pro/cilb/index.html> for more information about licensed contractors.

I am aware of, and consent to, an owner-builder building permit applied for in my name and understand that I am the party legally and financially responsible for the proposed construction activity at the following address:

---

I agree to notify Columbia County Building Department immediately of any additions, deletions, or changes to any of the information that I have provided on this disclosure. Licensed contractors are regulated by laws designed to protect the public. If you contract with a person who does not have a license, the Construction Industry Licensing Board and Department of Business and Professional Regulation may be unable to assist you with any financial loss that you sustain as a result of a complaint. Your only remedy against an unlicensed contractor may be in civil court. It is also important for you to understand that, if an unlicensed contractor or employee of an individual or firm is injured while working on your property, you may be held liable for damages. If you obtain an owner-builder permit and wish to hire a licensed contractor, you will be responsible for verifying whether the contractor is properly licensed and the status of the contractor's workers' compensation coverage.

I understand that if I hire subcontractors they must be licensed for that type of work in Columbia County, ex: framing, stucco, masonry, and state registered builders. Registered Contractors must have a minimum of \$300,000.00 in General Liability insurance coverage and the proper workers' compensation. Specialty Contractors must have a minimum of \$100,000.00 in General Liability insurance coverage and the proper workers' compensation coverage.

Before a building permit can be issued, this disclosure statement must be completed and signed by the property owner and returned to Columbia County Building Department.

### TYPE OF CONSTRUCTION

- ☒ Single Family Dwelling      ☐ Two-Family Residence      ☐ Farm Outbuilding  
☐ Addition, Alteration, Modification or other Improvement  
☐ Commercial, Cost of Construction \_\_\_\_\_ Construction of \_\_\_\_\_  
☐ Other \_\_\_\_\_

I Michael Ball, 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 allowing this exception for the construction permitted by Columbia County Building Permit.

Michael Ball \_\_\_\_\_ Date 8-16-10  
Owner Builder Signature

### NOTARY OF OWNER BUILDER SIGNATURE

The above signer is personally known to me or produced identification \_\_\_\_\_

Notary Signature Marcia K. Bullard Date 8-13-10 (Seal)  
MARCIA K. BULLARD



### FOR BUILDING DEPARTMENT USE ONLY

I hereby certify that the above listed owner builder has been given notice of the restriction stated above.

Building Official/Representative \_\_\_\_\_

**FLORIDA ENERGY EFFICIENCY CODE FOR BUILDING CONSTRUCTION**

## Florida Department of Community Affairs Residential Performance Method A

Project Name: Ball residence  
 Street: 790 SW Barwick Ter  
 City, State, Zip: Lake City, FL, 32024  
 Owner: Mike Ball  
 Design Location: FL, Gainesville

Builder Name: Glenn I Jones, Inc.  
 Permit Office: *Columbia*  
 Permit Number: *28831*  
 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	1	
5. Is this a worst case?	No	
6. Conditioned floor area (ft <sup>2</sup> )	2031	
7. Windows	Description	Area
a. U-Factor:	Dbl, U=0.56	205.00 ft <sup>2</sup>
	SHGC: SHGC=0.29	
b. U-Factor:	Dbl, U=0.56	9.00 ft <sup>2</sup>
	SHGC: SHGC=0.66	
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	2031.00 ft <sup>2</sup>
b. N/A	R=	ft <sup>2</sup>
c. N/A	R=	ft <sup>2</sup>

9. Wall Types	Insulation	Area
a. Frame - Wood, Exterior	R=13.0	1902.00 ft <sup>2</sup>
b. N/A	R=	ft <sup>2</sup>
c. N/A	R=	ft <sup>2</sup>
d. N/A	R=	ft <sup>2</sup>
10. Ceiling Types	Insulation	Area
a. Under Attic (Vented)	R=30.0	2031.10 ft <sup>2</sup>
b. N/A	R=	ft <sup>2</sup>
c. N/A	R=	ft <sup>2</sup>
11. Ducts		
a. Sup: Attic Ret: Attic AH: Garage Sup. R= 6, 810 ft <sup>2</sup>		
12. Cooling systems		
a. Central Unit	Cap: 32.8 kBtu/hr	SEER: 14
13. Heating systems		
a. Electric Heat Pump	Cap: 32.9 kBtu/hr	HSPF: 8.2
14. Hot water systems		
a. Electric	Cap: 40 gallons	EF: 0.96
b. Conservation features		
None		
15. Credits		None

Glass/Floor Area: 0.105

Total As-Built Modified Loads: 33.49

Total Baseline Loads: 39.35

**PASS**

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

PREPARED BY: *Mike Ball*  
 DATE: *2-25-2010*

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: \_\_\_\_\_

- Compliance requires certification by the air handler unit manufacturer that the air handler enclosure qualifies as certified factory-sealed in accordance with N1110.A.3.



## PROJECT

Title: Ball residence	Bedrooms: 1	Adress Type: Street Address
Building Type: FLAsBuilt	Conditioned Area: 2031	Lot #
Owner: Mike Ball	Total Stories: 1	SubDivision:
# of Units: 1	Worst Case: No	PlatBook:
Builder Name: Glenn I Jones, Inc.	Rotate Angle: 0	Street: 790 SW Barwick Ter
Permit Office:	Cross Ventilation: No	County: columbia
Jurisdiction:	Whole House Fan: No	City, State, Zip: Lake City ,
Family Type: Single-family		FI, 32024
New/Existing: New (From Plans)		
Comment:		

## CLIMATE

✓	Design Location	TMY Site	IECC Zone	Design Temp 97.5 %	2.5 %	Int Design Temp Winter	Summer	Heating Degree Days	Design Moisture	Daily Temp Range
_____	FL, Gainesville	FL_GAINESVILLE_REGI	2	32	92	75	70	1305.5	51	Medium

## FLOORS

✓	#	Floor Type	Perimeter	R-Value	Area	Tile	Wood	Carpet
_____	1	Slab-On-Grade Edge Insulatio	177.7 ft	0	2031 ft²	0	0	1

## ROOF

✓	#	Type	Materials	Roof Area	Gable Area	Roof Color	Solar Absor.	Tested	Deck Insul.	Pitch
_____	1	Hip	Composition shingles	2271 ft²	0 ft²	Medium	0.9	N	0	26.6 deg

## ATTIC

✓	#	Type	Ventilation	Vent Ratio (1 in)	Area	RBS	IRCC
_____	1	Full attic	Vented	300	2031 ft²	N	N

## CEILING

✓	#	Ceiling Type	R-Value	Area	Framing Frac	Truss Type
_____	1	Under Attic (Vented)	30	2031.1 ft²	0.1	Wood

## WALLS

✓	#	Ornt	Adjacent To	Wall Type	Cavity R-Value	Area	Sheathing R-Value	Framing Fraction	Solar Absor.
_____	1	N	Exterior	Frame - Wood	13	255 ft²	0	0.25	0.8
_____	2	E	Exterior	Frame - Wood	13	393 ft²	0	0.25	0.8
_____	3	S	Exterior	Frame - Wood	13	366 ft²	0	0.25	0.8
_____	4	W	Exterior	Frame - Wood	13	585 ft²	0	0.25	0.8
_____	5	-	Exterior	Frame - Wood	13	303 ft²	0	0.25	0.8

## DOORS

✓	#	Ornt	Door Type	Storms	U-Value	Area
✓	1	-	Wood	Metal	0.32	21 ft²

## WINDOWS

Orientation shown is the entered, asBuilt orientation.

✓	#	Ornt	Frame	Panes	NFRC	U-Factor	SHGC	Storms	Area	Overhang Depth	Separation	Int Shade	Screening
✓	1	N	Metal	Low-E Double	Yes	0.56	0.29	N	4 ft²	1 ft 6 in	1 ft 0 in	HERS 2006	None
✓	2	E	Metal	Low-E Double	Yes	0.56	0.29	N	15 ft²	1 ft 6 in	1 ft 0 in	HERS 2006	None
✓	3	E	Metal	Low-E Double	Yes	0.56	0.29	N	15 ft²	1 ft 6 in	1 ft 0 in	HERS 2006	None
✓	4	E	Metal	Low-E Double	Yes	0.56	0.29	N	20 ft²	1 ft 6 in	1 ft 0 in	HERS 2006	None
✓	5	E	Metal	Low-E Double	Yes	0.56	0.29	N	40 ft²	4 ft 0 in	1 ft 0 in	HERS 2006	None
✓	6	S	Metal	Low-E Double	Yes	0.56	0.29	N	30 ft²	1 ft 6 in	1 ft 0 in	HERS 2006	None
✓	7	W	Metal	Low-E Double	Yes	0.56	0.29	N	21 ft²	1 ft 6 in	1 ft 0 in	HERS 2006	None
✓	8	W	Metal	Low-E Double	Yes	0.56	0.66	N	9 ft²	1 ft 6 in	1 ft 0 in	HERS 2006	None
✓	9	W	Metal	Low-E Double	Yes	0.56	0.29	N	60 ft²	1 ft 6 in	1 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	1918	7.08	105.3	198.0	0 cfm	0 cfm	0	0

## GARAGE

✓	#	Floor Area	Ceiling Area	Exposed Wall Perimeter	Avg. Wall Height	Exposed Wall Insulation
✓	1	441 ft²	441 ft²	64 ft	8 ft	(invalid)

## COOLING SYSTEM

✓	#	System Type	Subtype	Efficiency	Capacity	Air Flow	SHR	Ducts
✓	1	Central Unit	None	SEER: 14	30 kBtu/hr	cfm	0.7	sys#1

## HEATING SYSTEM

✓	#	System Type	Subtype	Efficiency	Capacity	Ducts
✓	1	Electric Heat Pump	None	HSPF: 8.2	30 kBtu/hr	sys#1

## HOT WATER SYSTEM

✓	#	System Type	EF	Cap	Use	SetPnt	Conservation
✓	1	Electric	0.96	40 gal	40 gal	120 deg	None

## SOLAR HOT WATER SYSTEM

✓	FSEC												
	Cert #	Company Name			System Model #		Collector Model #	Collector Area	Storage Volume	FEF			
	None	None						ft <sup>2</sup>					

## DUCTS

✓		--- Supply ---			--- Return ---			Air Handler	CFM 25	Percent Leakage	QN	RLF
	#	Location	R-Value	Area	Location	Area	Leakage Type					
	1	Attic	6	810 ft <sup>2</sup>	Attic	200 ft <sup>2</sup>	Default Leakage	Garage	(Default)	(Default) %		

## TEMPERATURES

Programable Thermostat: N				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		1	2	3	4	5	6	7	8	9	10	11	12
Cooling (WD)	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
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	68	68	68	68	68	68	68	68	68	68	68	68
	PM	68	68	68	68	68	68	68	68	68	68	68	68
Heating (WEH)	AM	68	68	68	68	68	68	68	68	68	68	68	68
	PM	68	68	68	68	68	68	68	68	68	68	68	68



# Code Compliance Checklist

## Residential Whole Building Performance Method A - Details

ADDRESS: 790 SW Barwick Ter  
Lake City, FL, 32024

PERMIT #:

### INFILTRATION REDUCTION COMPLIANCE CHECKLIST

COMPONENTS	SECTION	REQUIREMENTS FOR EACH PRACTICE	CHECK
Exterior Windows & Doors	N1106.AB.1.1	Maximum: .3 cfm/sq.ft. window area; .5 cfm/sq.ft. door area.	
Exterior & Adjacent Walls	N1106.AB.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	N1106.AB.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	N1106.AB.1.2.3	Between walls & ceilings; penetrations of ceiling plane to 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	N1106.AB.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 with < 2.0 cfm from conditioned space, tested.	
Multi-story Houses	N1106.AB.1.2.5	Air barrier on perimeter of floor cavity between floors.	
Additional Infiltration reqts	N1106.AB.1.3	Exhaust fans vented to outdoors, dampers; combustion space heaters comply with NFPA, have combustion air.	

### OTHER PRESCRIPTIVE MEASURES (must be met or exceeded by all residences.)

COMPONENTS	SECTION	REQUIREMENTS	CHECK
Water Heaters	N1112.AB.3	Comply with efficiency requirements in Table N112.ABC.3. Switch or clearly marked circuit breaker (electric) or cutoff (gas) must be provided. External or built-in heat trap required.	
Swimming Pools & Spas	N1112.AB.2.3	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%. Heat pump pool heaters shall have a minimum COP of 4.0.	
Shower heads	N1112.AB.2.4	Water flow must be restricted to no more than 2.5 gallons per minute at 80 PSIG.	
Air Distribution Systems	N1110.AB	All ducts, fittings, mechanical equipment and plenum chambers shall be mechanically attached, sealed, insulated and installed in accordance with the criteria of Section N1110.AB. Ducts in unconditioned attics: R-6 min. insulation.	
HVAC Controls	N1107.AB.2	Separate readily accessible manual or automatic thermostat for each system.	
Insulation	N1104.AB.1 N1102.B.1.1	Ceilings-Min. R-19. Common walls-frame R-11 or CBS R-3 both sides. Common ceiling & floors R-11.	

# ENERGY PERFORMANCE LEVEL (EPL) DISPLAY CARD

ESTIMATED ENERGY PERFORMANCE INDEX\* = 85

The lower the EnergyPerformance Index, the more efficient the home.

790 SW Barwick Ter, Lake City, FL, 32024

1. New construction or existing	New (From Plans)	9. Wall Types	Insulation	Area
2. Single family or multiple family	Single-family	a. Frame - Wood, Exterior	R=13.0	1902.00 ft <sup>2</sup>
3. Number of units, if multiple family	1	b. N/A	R=	ft <sup>2</sup>
4. Number of Bedrooms	1	c. N/A	R=	ft <sup>2</sup>
5. Is this a worst case?	No	d. N/A	R=	ft <sup>2</sup>
6. Conditioned floor area (ft <sup>2</sup> )	2031	10. Ceiling Types	Insulation	Area
7. Windows**	Description	a. Under Attic (Vented)	R=30.0	2031.10 ft <sup>2</sup>
a. U-Factor:	DbI, U=0.56	b. N/A	R=	ft <sup>2</sup>
SHGC:	SHGC=0.29	c. N/A	R=	ft <sup>2</sup>
b. U-Factor:	DbI, U=0.56	11. Ducts		
SHGC:	SHGC=0.66	a. Sup: Attic Ret: Attic AH: Garage Sup. R= 6, 810 ft <sup>2</sup>		
c. U-Factor:	N/A	12. Cooling systems		
SHGC:		a. Central Unit	Cap: 32.8 kBtu/hr	
d. U-Factor:	N/A		SEER: 14	
SHGC:		13. Heating systems		
e. U-Factor:	N/A	a. Electric Heat Pump	Cap: 32.9 kBtu/hr	
SHGC:			HSPF: 8.2	
8. Floor Types	Insulation	Area		
a. Slab-On-Grade Edge Insulation	R=0.0	2031.00 ft <sup>2</sup>		
b. N/A	R=	ft <sup>2</sup>		
c. N/A	R=	ft <sup>2</sup>		
		14. Hot water systems		
		a. Electric	Cap: 40 gallons	
			EF: 0.96	
		b. Conservation features		
		None		
		15. Credits		None

I certify that this home has complied with the Florida Energy Efficiency Code for Building Construction through the above energy saving features which will be installed (or exceeded) in this home before final inspection. Otherwise, a new EPL Display Card will be completed based on installed Code compliant features.

Builder Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Address of New Home: \_\_\_\_\_ City/FL Zip: \_\_\_\_\_



\*Note: The home's estimated Energy Performance Index is only available through the EnergyGauge USA - FlaRes2008 computer program. This is not a Building Energy Rating. If your Index is below 100, your home may qualify for incentives if you obtain a Florida Energy Gauge Rating. Contact the Energy Gauge Hotline at (321) 638-1492 or see the Energy Gauge web site at [energygauge.com](http://energygauge.com) for information and a list of certified Raters. For information about Florida's Energy Efficiency Code for Building Construction, contact the Department of Community Affairs at (850) 487-1824.

\*\*Label required by Section 13-104.4.5 of the Florida Building Code, Building, or Section B2.1.1 of Appendix G of the Florida Building Code, Residential, if not DEFAULT.

**Project Summary**  
**Entire House**  
**Glenn I Jones, Inc.**

Job:  
Date: Feb 25, 2010  
By:

552 NW Hilton Ave., Lake City, FL 32055 Phone: 386-752-5389 Fax: 386-755-3401 Email: byron@gijinc.com Web: www.glennjonesinc.com

**Project Information**

For: Mike Ball  
790 SW Barwick Ter, Lake City, FL 32024

Notes:

**Design Information**

Weather: Gainesville, FL, US

**Winter Design Conditions**

Outside db	33 °F
Inside db	70 °F
Design TD	37 °F

**Summer Design Conditions**

Outside db	92 °F
Inside db	75 °F
Design TD	17 °F
Daily range	M
Relative humidity	50 %
Moisture difference	52 gr/lb

**Heating Summary**

Structure	23137 Btuh
Ducts	1157 Btuh
Central vent (58 cfm)	2343 Btuh
Humidification	0 Btuh
Piping	0 Btuh
Equipment load	26637 Btuh

**Infiltration**

Method	Simplified
Construction quality	Average
Fireplaces	0

	Heating	Cooling
Area (ft²)	2031	2031
Volume (ft³)	18280	18280
Air changes/hour	0.32	0.16
Equiv. AVF (cfm)	97	49

**Heating Equipment Summary**

Make Carrier  
Trade BASE 13 PURON HP  
Model 25HBB330A30  
ARI ref no. 3025404

Efficiency	8.2 HSPF
Heating input	
Heating output	30000 Btuh @ 47°F
Temperature rise	27 °F
Actual air flow	1000 cfm
Air flow factor	0.041 cfm/Btuh
Static pressure	1.00 in H2O
Space thermostat	

**Sensible Cooling Equipment Load Sizing**

Structure	17371 Btuh
Ducts	1737 Btuh
Central vent (58 cfm)	1077 Btuh
Blower	0 Btuh
Use manufacturer's data	n
Rate/swing multiplier	0.97
Equipment sensible load	19579 Btuh

**Latent Cooling Equipment Load Sizing**

Structure	2714 Btuh
Ducts	1248 Btuh
Central vent (58 cfm)	2035 Btuh
Equipment latent load	5997 Btuh
Equipment total load	25576 Btuh
Req. total capacity at 0.70 SHR	2.3 ton

**Cooling Equipment Summary**

Make Carrier  
Trade BASE 13 PURON HP  
Cond 25HBB330A30  
Coil FE4ANF002+UI  
ARI ref no. 3025404

Efficiency	14 EER
Sensible cooling	21000 Btuh
Latent cooling	9000 Btuh
Total cooling	30000 Btuh
Actual air flow	1000 cfm
Air flow factor	0.052 cfm/Btuh
Static pressure	1.00 in H2O
Load sensible heat ratio	0.77

Printout certified by ACCA to meet all requirements of Manual J 8th Ed.