

DATE 09/06/2007

Columbia County Building Permit

PERMIT

This Permit Expires One Year From the Date of Issue

000026206

APPLICANT TRAVIS LAMONDA PHONE 352 425-2905
ADDRESS 224 NW 9TH ST Ocala FL 34475
OWNER CYNTHIA AMY PHONE 352 742-2155
ADDRESS 1080 SW RIVERSIDE AVE FT. WHITE FL 32038
CONTRACTOR ERIC EHRLUND PHONE 888 214 2322
LOCATION OF PROPERTY 47S, TR ON 27, TL ON RIVERSIDE AVE, 1 MILE ON RIGHT
BLACK MAILBOX WITH BRICK ON BOTTOM
TYPE DEVELOPMENT RENOV/SFD ESTIMATED COST OF CONSTRUCTION 18000.00
HEATED FLOOR AREA TOTAL AREA HEIGHT STORIES
FOUNDATION WALLS FRAMED ROOF PITCH FLOOR
LAND USE & ZONING ESA2 MAX. HEIGHT
Minimum Set Back Requirments: STREET-FRONT 30.00 REAR 25.00 SIDE 25.00
NO. EX.D.U. 0 FLOOD ZONE AE DEVELOPMENT PERMIT NO.

PARCEL ID 26-6S-15-00563-000 SUBDIVISION THREE RIVERS ESTATES
LOT 47 BLOCK PHASE UNIT TOTAL ACRES

CGC042165
Culvert Permit No. Culvert Waiver Contractor's License Number Applicant/Owner/Contractor
EXISTING X07-356 BK JH N
Driveway Connection Septic Tank Number LU & Zoning checked by Approved for Issuance New Resident

COMMENTS: NOC ON FILE

Check # or Cash 2800

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

BUILDING PERMIT FEE \$ 90.00 CERTIFICATION FEE \$ 0.00 SURCHARGE FEE \$ 0.00
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 165.00
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 INCONVINCE, PHONE 758-1008. THIS PERMIT IS NOT VALID UNLESS THE WORK AUTHORIZED BY IT IS COMMENCED WITHIN 6 MONTHS AFTER ISSUANCE.

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

Columbia County Building Permit Application

For Office Use Only Application # 0709-15 Date Received 9/5/07 By GT Permit # 26206
 Application Approved by - Zoning Official BLK Date 06.02.07 Plans Examiner OK JTH Date 9-6-07
 Flood Zone AE Development Permit N/A Zoning ES1-2 Land Use Plan Map Category ESA
 Comments Not considered a "Substantial Improvement" under Article 8
☐ NOC ☐ EH ☐ Deed or PA ☐ Site Plan ☐ State Road Info ☐ Parent Parcel # ☐ Development Permit

Name Authorized Person Signing Permit Travis Lamonda Phone 352-425-2905
 Address 224 NW 9th Street, Ocala, FL 34475
 Owners Name Cynthia Amy Phone 352-748-2155
 911 Address 1080 SW RIVERSIDE AVE, Ft White, FL 32038
 Contractors Name Eric Ehrlund Phone 1-888-214-2322
 Address 224 NW 9th Street, Ocala, FL 34475
 Fee Simple Owner Name & Address _____
 Bonding Co. Name & Address _____
 Architect/Engineer Name & Address _____
 Mortgage Lenders Name & Address _____

Circle the correct power company - FL Power & Light - Clay Elec. - Suwannee Valley Elec. - Progressive Energy
 Property ID Number 00-00-00-00563-000HX Estimated Cost of Construction 18,000.00
 Subdivision Name Three Rivers Estates Lot 47 Block _____ Unit _____ Phase (Sec 1)
 Driving Directions HWY 47 to HWY 27 take (R) on 27 turn (L) on Riverside Ave approx 1 mile on (R) side of road.

Type of Construction Remodel/Repair Number of Existing Dwellings on Property _____
 Total Acreage .879 Lot Size _____ Do you need a - Culvert Permit or Culvert Waiver or Have an Existing Drive
 Actual Distance of Structure from Property Lines - Front _____ Side _____ Side _____ Rear _____
 Total Building Height _____ Number of Stories _____ Heated Floor Area 3128 Roof Pitch _____

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

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

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Owner Builder or Authorized Person by Notarized Letter

STATE OF FLORIDA
 COUNTY OF COLUMBIA

Sworn to (or affirmed) and subscribed before me
 this 5th day of September 2007
 Personally known ☒ or Produced Identification _____

Contractor Signature
 Contractors License Number C66042165
 Competency Card Number _____
 NOTARY STAMP/SEAL

Notary Signature (Revised Sept. 2006)

Restoration Specialists
224 NW 8th Ave
Gainesville, Florida 32601
Phone 352-376-0721 Fax 352-373-0341

Notice of Commencement

State of Florida, County of COLUMBIA; Permit # _____
The undersigned hereby give 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: Parcel No. 00-00-00-00563-000 HX
LOT 47 SEC 1 THREE RIVERS ESTATES UNREC DC GEORGE A CONANT SR.
(Legal description of the property and street address if available)

2. General Description of Improvements: REPAIRS

3. Owner Information: Name CYNTHIA AMM
Address 1080 SW RIVERDALE AVE City FORT WHITE State FL Zip 32038

Interest in Property: _____

Name of Simple Titleholder: _____
Address _____ City _____ State _____ Zip _____

4. Contractor: RESTORATION SPECIALISTS
Address 224 SW 8th AVE. SUITE B City GAINESVILLE State FL Zip 32601

5. Surety: _____
Address _____ City _____ State _____ Zip _____
Amount of Bond \$ _____

6. Lender: _____ Inst: 200712020026 Date: 9/4/2007 Time: 3:22 PM
Address _____ City _____ State _____ Zip _____
DC, P. DeWitt Cason, Columbia County Page 1 of 1

7. Persons within the state of Florida designated by Owner upon whom notices or other documents may be served as provided by section 713.13-(1) (a) (7), Florida Statutes.

Name: _____
Address _____ City _____ State _____ Zip _____

8. In addition to himself, Owner designates RESTORATION SPECIALISTS
Of GAINESVILLE to receive a copy of the lienors Notice as provided in
Section 713.13-(1) (b), Florida Statutes.

9. Expiration Date of Notice of Commencement (the expiration date is one year from the date of recording unless a different date is specified.) _____

Signature of Owner: William T. Amy
Print Name of Owner: William T. Amy
Sworn and subscribed before me this 27th day of July 2007
By, William T. Amy who is personally known to me or has produced
identification: Type of identification: FL DL # # A 500-938-49-177-0
Notary Public Gregory D. Roberts Commission Expires: JUNE 20, 2010

NOTARY PUBLIC-STATE OF FLORIDA
Gregory D. Roberts
Commission # DD566397
Expires: JUNE 20, 2010
BONDED THRU ATLANTIC BONDING CO., INC.

Columbia County Property Appraiser

DB Last Updated: 8/2/2007

2007 Proposed Values

Tax Record

Property Card

Interactive GIS Map

Parcel: 00-00-00-00563-000 HX

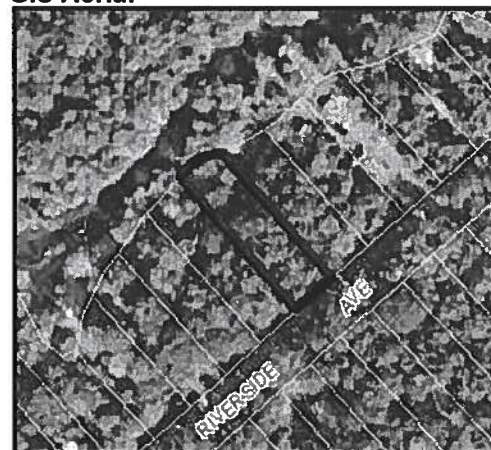
New Super Homestead Taxable Value Calculator

Print

Owner & Property Info

Search Result: 1 of 1

Owner's Name	AMY CYNTHIA KATHLEEN CONANT		
Site Address	RIVERSIDE		
Mailing Address	1080 SW RIVERSIDE AVE FT WHITE, FL 32038		
Use Desc. (code)	SINGLE FAM (000100)		
Neighborhood	100000.01	Tax District	3
UD Codes	MKTA02	Market Area	02
Total Land Area	0.879 ACRES		
Description	LOT 47 SEC 1 THREE RIVERS ESTATES. UNREC DC GEORGE A CONANT SR.		

GIS Aerial**Property & Assessment Values**

Mkt Land Value	cnt: (1)	\$125,000.00
Ag Land Value	cnt: (0)	\$0.00
Building Value	cnt: (1)	\$232,494.00
XFOB Value	cnt: (3)	\$4,240.00
Total Appraised Value		\$361,734.00

Just Value	\$361,734.00
Class Value	\$0.00
Assessed Value	\$230,765.00
Exempt Value	(code: HX) \$25,000.00
Total Taxable Value	\$205,765.00

Sales History

Sale Date	Book/Page	Inst. Type	Sale Vlmp	Sale Qual	Sale RCode	Sale Price
NONE						

Building Characteristics

Bldg Item	Bldg Desc	Year Blt	Ext. Walls	Heated S.F.	Actual S.F.	Bldg Value
1	SINGLE FAM (000100)	1989	CB Stucco (17)	3128	5300	\$232,494.00
Note: All S.F. calculations are based on exterior building dimensions.						

Extra Features & Out Buildings

Code	Desc	Year Blt	Value	Units	Dims	Condition (% Good)
0166	CONC,PAVMT	0	\$840.00	1.000	0 x 0 x 0	(.00)
0170	FPLC 2STRY	0	\$3,000.00	1.000	0 x 0 x 0	(.00)
0120	CLFENCE 4	2006	\$400.00	1.000	0 x 0 x 0	(.00)

Land Breakdown

Lnd Code	Desc	Units	Adjustments	Eff Rate	Lnd Value
000132	SFR RIVER (MKT)	100.000 FF - (.879AC)	1.00/1.00/1.00/1.00	\$1,250.00	\$125,000.00

Columbia County Property Appraiser

DB Last Updated: 8/2/2007

AC# 2608315

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CONSTRUCTION INDUSTRY LICENSING BOARD

SEQ# 000050700891

DATE	BATCHNUMBER	LICENSE NUMBER
06/07/2006	060606830	060042165

The GENERAL CONTRACTOR
Named Below IS CERTIFIEDUnder the provisions of Chapter 489, FS
Expiration date: AUG 31, 2008THRLUND, ERIC BRUNO
RESTORATION SPECIALISTS
244 NW 9TH STREET
OCALA, FL 34475JEB BUSH
GOVERNORSTIMONE MARSTILLER
SECRETARY

DISPLAY AS REQUIRED BY LAW



DATE BATCHNUMBER LICENSE NUMBER

The ROOFING CONTRACTOR
Named Below IS CERTIFIEDUnder the provisions of Chapter 489, FS
Expiration date: AUG 31, 2008THRLUND, ERIC BRUNO
RESTORATION SPECIALISTS
244 NW 9TH STREET
OCALA, FL 34475

JEB BUSH

STIMONE MARSTILLER

OCCUPATIONAL TAX

No. 27857

CITY OF GAINESVILLE TAX RECEIPT

TAX YEAR BEGINS ON JANUARY 1, 2006
AND ENDS ON DECEMBER 31, 2007

1000	STATE LICENSE/CERTIFICATION REQUIRED	\$0.00
1320	CONTRACTOR-BUILDING	\$131.25
1450	CONTRACTOR-ROOFER, ROOF DECK, CLEANING	\$131.25
3950	ENTERPRISE ZONE	\$0.00
3955	EXEMPT - ENTERPRISE ZONE (CREDIT .50%)	(\$131.25)
TOTAL FEES		\$131.25

ALL CITY, STATE AND FEDERAL REQUIREMENTS MUST BE MET IN ORDER TO
LEGALLY OPERATE A BUSINESS, PROFESSION OR OCCUPATION WITHIN THE
CORPORATE LIMITS OF GAINESVILLE, FLORIDA

RESTORATION SPECIALIST'S

244 NW 9TH ST
STE. B
OCALA, FL 34475

224 NW 6TH AVE

PLEASE DISPLAY PROMINENTLY
IN YOUR PLACE OF BUSINESS

ACORD CERTIFICATE OF LIABILITY INSURANCE

PRODUCER

CSR LB
RESTOR2

DATE (MM/DD/YYYY)

04/06/07

Brown & Brown Insurance
47 SW 17th Street
Ocala FL 34474-5198
Phone: 352-732-5010 Fax: 352-732-5944

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURED

Restoration Specialists
Preusler & Associates Inc. dba
244 NW 9th Street
Ocala FL 34475

INSURERS AFFORDING COVERAGE

NAIC #

INSURER A: Hanover Insurance
INSURER B: First Mercury Insurance Co
INSURER C: American International
INSURER D:
INSURER E:

22292

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSURED / LTR INSUR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
B	GENERAL LIABILITY	FMFL002671	04/06/07	04/06/08	EACH OCCURRENCE \$1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence) \$150,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person) \$10,000
					PERSONAL & ADVISORY \$1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:				GENERAL AGGREGATE \$2,000,000
	<input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC				PRODUCTS - COMP/OP AGG \$2,000,000
A	AUTOMOBILE LIABILITY	AZJ8628951	04/06/07	04/06/08	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000
	<input checked="" type="checkbox"/> ANY AUTO				BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS				AUTO ONLY - EA ACCIDENT \$
	<input type="checkbox"/> NON-OWNED AUTOS				OTHER THAN EA AGG \$
	GARAGE LIABILITY				AUTO ONLY: AGG \$
	<input type="checkbox"/> ANY AUTO				
C	EXCESS/UMBRELLA LIABILITY	BE9231305	04/06/07	04/06/08	EACH OCCURRENCE \$1,000,000
	<input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE \$1,000,000
	<input type="checkbox"/> DEDUCTIBLE				\$
	<input checked="" type="checkbox"/> RETENTION \$10,000				\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				NO STATUTORY LIMITS
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				OTH-PR
	If Yes, describe under SPECIAL PROVISIONS below				E.L. EACH ACCIDENT \$
	OTHER				E.L. DISEASE - EA EMPLOYER \$
					E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

CERTIFICATE HOLDER

CANCELLATION

COLUMN 7

Columbia County Building Dept.
135 NE Hernando Ave
Lake City FL 32091

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

[Signature] *[Signature]*

CORD 27 (200-1/08)

© ACORD CORPORATION 1988

ACORD CERTIFICATE OF LIABILITY INSURANCE

1P802057

DATE (MM/DD/YYYY)
01/04/2007

PRODUCER
SRM Insurance Brokerage LLC
40 Wentage Avenue
Branchville, NJ 07890

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURED
Selective HR Solutions, Inc.
L/C/F Precursor & Associates, Inc. dba Restoration Specialists
6920 Professional Parkway East
Sarasota, FL 34240
941 755-4634 ext 191 fax 941-756-4724

INSURERS AFFORDING COVERAGE

NAIC #

INSURER A: Selective Ins Co of America
INSURER B: Selective Ins Co of Southeast
INSURER C: Selective Ins Co. of Southeast
INSURER D: Selective Ins. Co. of Southeast
INSURER E:

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSURANCE LTR (ISSUE)	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY				EACH OCCURRENCE \$
	COMMERCIAL GENERAL LIABILITY				DAMAGES TO RENTED \$
	CLAIMS MADE <input type="checkbox"/> OCCUR <input type="checkbox"/>				PREMIUMS (Excluded) \$
					MED EXP (Any one person) \$
					PERSONAL & ADV INJURY \$
					GENERAL AGGREGATE \$
					PRODUCTS - COMP/OP AGG \$
	GEN'L AGGREGATE LIMIT APPLIES PER:				
	POLICY <input type="checkbox"/> PRO- JECT <input type="checkbox"/> LOC <input type="checkbox"/>				
	AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT \$
	ANY AUTO				(Per accident)
	ALL OWNED AUTOS				
	SCHEDULED AUTOS				BODILY INJURY \$
	HIRED AUTOS				(Per person)
	NON-OWNED AUTOS				
					BODILY INJURY \$
					(Per accident)
					PROPERTY DAMAGE \$
					(Per accident)
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT \$
	ANY AUTO				EA ACC \$
					OTHER THAN \$
					AUTO ONLY: AGG \$
	EXCESSUMBILLA LIABILITY				EACH OCCURRENCE \$
	OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/>				AGGREGATE \$
					\$
	DEDUCTIBLE				\$
	RETENTION \$				\$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	WC7920572	01/01/2007	01/01/2008	X WC STATU- TORY LIMIT <input type="checkbox"/> OTH- ER <input type="checkbox"/>
B	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	WC7920573			E.L. EACH ACCIDENT \$ 1,000,000
C		WC7920658			E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
D	If yes, describe under SPECIAL PROVISIONS below	WC7920660			E.L. DISEASE - POLICY LIMIT \$ 1,000,000
	OTHER				

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

CERTIFICATE HOLDER

City of Lake City
Building Dept
150 NW Alachua Avenue
Lake City FL 32091

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREON, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THIS LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

Page 1 of 1

Charles R. Mance



Restoration Specialists

General Contractors -- State Certified -- License #CG C42165
244 NW 9th Street, Ocala, FL 34475 (352) 732-2322 Fax (352) 732-8950
2323 Griffin Road, Leesburg, FL 34748 (352) 787-4223 Fax (352) 314-9320
224 NW 8th Avenue, Gainesville, FL 32601 (352) 376-0721 Fax (352) 373-0341
36 W. Gulf To Lake Highway, Lecanto, FL 34461 (352) 746-4878 Fax (352) 746-4128

5/31/2007

LICENSE HOLDER: ERIC EHRLUND

STATE LICENSE: CC-C056803/CG-C042165

~~THE FOLLOWING PERSON(S) ARE AUTHORIZED TO APPLY, SIGN, AND PICK UP~~
~~PERMITS FOR THE ABOVE REFERENCED LICENSE HOLDER:~~

NAME

SIGNATURE

Greg Roberts

Greg Roberts

Travis Lamonda

Travis Lamonda

Mike Mitchell

Mike Mitchell

Jon McKenney

Jon E. McKenney

Jennifer Rutters

Jennifer Rutters

THANK YOU FOR YOUR COOPERATION ON THIS MATTER.

ERIC EHRLUND

AUTHORIZATIONS ARE GOOD FOR (1) YEAR FROM ABOVE DATE.

STATE OF FLORIDA

COUNTY OF Alachua

The foregoing instrument was acknowledged before me this 31st day of June, 2007,

by Eric Ehrlund who personally known to me or has produced

as identification

Misty Prince

Notary Public

NOTARY PUBLIC-STATE OF FLORIDA
Misty Prince
Commission # DD577395
Expires: JULY 24, 2010
BONDED THRU ATLANTIC BONDING CO., INC.

To: Columbia County Building Dept

Fr: Travis Lamonda – Restoration specialists

Dt: September 5, 2007

Ref: Scope Of Work for Amy Job – Riverside Ave

- Remove and Replace ¾" Sub-flooring
- Replace Insulation
- Replace drywall
- Paint
- Electrical – Replace outlets that were affected by running water – Woods Electric will handle all electrical.
- Install Cabinets

FILE COPY

Materials Report

RESTORATION SPECIALISTS

RESTORATION SPECIALISTS

44 N.W. 9th Street Ocala, FL 34475 (352) 732-2322
224 N.W. 8th Avenue Gainesville, FL 32601 (352) 376-0721
36 W. Gulf to Lake Hwy Lecanto, FL 34461 (352) 746-4878
Toll-free (888) 214-2322 CGC042165 CCC056803
Federal Tax ID #: 593626928

Estimate: AMY_CYNTHIA
Insured: AMY, CYNTHIA
Property: 1080 SW RIVERSIDE AVE
FORT WHITE, FL 32038-4648
Home: 850 A1A BEACH BLVD UNIT 109
ST AUGUSTINE, FL 32080-6953
Home: (386) 497-2607
Business: (352) 376-1611

Claim Number: 59-D167-726
Policy Number: 80-LJ-8684-2
Type of Loss: WATER
Deductible: \$500.00
Price List: FLGA2F7B1
Restoration/Service/Remodel
Date of Loss: 07/25/2007
Date Received: 07/25/2007
Date Inspected: 08/02/2007

Material Description	Quantity	Unit	Cost**	Total
1/4" eyelet screw for suspended ceiling - 100/box	0.05	BX	5.97	0.280
Light diffusing panel - Cracked ice or =	4.09	EA	8.28	33.830
Suspended grid - L channel	10.82	LF	0.25	2.700
Suspended grid - main runner	13.53	LF	0.40	5.420
Suspended grid - cross T	5.41	LF	0.36	1.940
Plastic laminate cabinetry - base unit	18.67	LF	115.02	2,147.410
Cabinetry - lower unit - High grade - raised-panel doors	24.50	LF	133.13	3,261.660
Cabinetry - upper unit - picture-frame doors	13.33	LF	59.83	797.520
Suspension wire #12 - 12' lengths - 140 pieces in bundle	0.01	BN	45.00	0.390
Electrical box - non metallic - single gang	1.00	EA	1.61	1.600
Outlet or switch cover	23.03	EA	0.59	13.520
Outlet or switch cover - Double	1.00	EA	1.17	1.170
220 volt outlet cover	2.00	EA	1.77	3.540
Ground fault interrupter (GFI) outlet	1.00	EA	12.93	12.930
Phone, TV, or speaker outlet	3.00	EA	5.37	16.090
220 volt outlet - Heavy duty	2.00	EA	14.52	29.040
Outlet, 15 amp - residential grade	7.99	EA	2.03	16.200
Floor outlet - double w/brass cover and caps, 20 amp	3.00	EA	59.99	179.970
Switch, 15 amp - residential grade	5.01	EA	2.03	10.160
Smoke detector	1.00	EA	13.11	13.110
110 volt copper wiring (12/2 with ground)	49.13	LF	0.85	41.650
1" x 2" Hardwood (oak or equal)	8.32	LF	0.98	8.160
1" x 4" D pine - S4S	20.45	LF	0.95	19.390
1" x 6" D pine - S4S	12.04	LF	2.38	28.710
Baseboard, 3 1/4" finger-jointed pine	214.94	LF	1.19	255.560

Materials Report

AMY, CYNTHIA

09/05/2007

Casing - 2 1/4"	93.88	LF	0.79	73.700
Corner trim - plastic	76.16	LF	0.61	46.460
Quarter round, 3/4"	94.62	LF	0.34	32.170
Shoe molding	3.13	LF	0.36	1.130
Fir/Larch, 2x4 #2 & better	71.17	LF	0.33	23.780
2" x 4" - treated lumber	370.67	LF	0.44	163.090
Sheathing - plywood, 3/4" - CDX	2.09	SH	17.82	37.200
Sheathing - waferboard, 3/4" - tongue and groove	15.65	SH	20.09	314.400
3/4" BC plywood	15.60	SH	23.31	363.720
Cold air return cover, 16"x 8"	0.18	EA	13.57	2.470
Ductwork - galvanized, 20"x 16" rectangular	4.92	LF	8.23	40.480
Air duct - galvanized, 6" round	20.64	LF	1.30	26.840
Ductwork - galvanized boot, 6" round	1.22	EA	6.30	7.700
Ductwork - galvanized - plenum, supply/return air	1.05	LF	17.47	18.390
Ductwork - galvanized take off, 6" round	1.22	EA	1.62	1.980
Heat/AC register	3.22	EA	10.35	33.350
Blown in insulation - Per 30lb bag	4.07	BG	25.18	102.400
Insulation - R-13 "Kraft" faced batt	266.02	SF	0.40	106.670
Insulation - R-19 "Kraft" faced batt	508.80	SF	0.53	267.120
3/8" Staples - 1000 count box	1.09	EA	3.66	3.990
Fluorescent - one tube - 2' - strip light	1.00	EA	12.02	12.020
Fluorescent - one tube - 2' - fixture w/lens	1.00	EA	23.88	23.880
Fluorescent - two tube - 4' - strip light	4.00	EA	30.65	122.600
Fluorescent - two tube - 4' - fixture w/lens	1.00	EA	43.92	43.920
Ceiling fan & light	2.00	EA	89.00	178.000
Washed sand	3.39	CY	24.80	84.130
16d nails for nail gun - 2000 count box	0.23	BX	34.93	7.920
6d finish nails	2.14	LB	1.34	2.870
16 gauge staples for air gun, approx 7200 count	0.57	BX	44.38	25.230
Plaster - finish coat mix (80 lb bag)	15.27	BG	13.92	212.500
1/2" gypsum core blueboard	1,526.60	SF	0.30	457.980
Brass bolts used to secure bowl to the floor - two	1.00	EA	2.07	2.070
1/2" Compression angle stop	9.00	EA	6.49	58.410
Wax ring closet gasket	1.00	EA	1.62	1.620
Caulking - acrylic	6.77	TB	1.98	13.390
Latex paint	10.91	GL	23.99	261.830
Lacquer - pre-catalyzed	0.13	GL	22.40	2.820
Masking tape, 2" x 60 yard - Painters tape	1.27	RL	7.68	9.790
Oil base sealer/primer	0.41	GL	21.96	9.030
Painter's putty	1.05	GL	13.28	13.950

Materials Report

AMY, CYNTHIA

09/05/2007

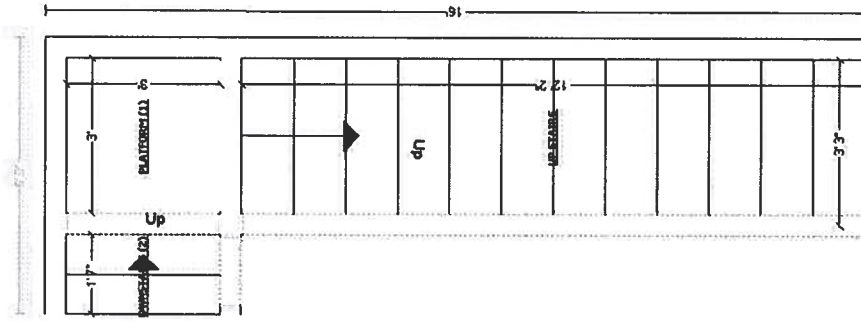
160 - 180 grit sandpaper	21.09	SH	0.51	10.650
Sealer - stain blocker	4.33	GL	18.38	79.610
Oil base stain	0.04	GL	23.70	0.900
Paint thinner (mineral spirits)	0.02	GL	3.19	0.070
Polyurethane finish	0.09	GL	24.61	2.320
30 lb ASTM roofing felt	2.24	RL	20.85	46.730
Simplex roofing felt cap nails - (based on 50 lb box)	3.20	LB	0.99	3.180
Wood screw - #10x2", 1 lb. box	1.04	BX	5.40	5.640
Ceramic tile	77.84	SF	3.50	272.440
1/4" Backer board - 3' x 5' sheet	4.47	SH	10.40	46.530
Tile counter trim - Daltile A-8262 "Semi-gloss" group 2	33.51	LF	3.62	121.230
Ceramic tile grout - 25 lb bag	1.55	BG	12.53	19.450
1 1/4" Cement board screw - 200 count box	1.06	EA	7.65	8.100
Mesh tape - 2" x 100' roll	0.32	RL	6.20	1.970
Thinset - multipurpose latex fortified - 50 lb bag	2.09	BG	18.97	39.680
Wallpaper adhesive	5.80	GL	9.29	53.900
Wallcovering - fabric	68.04	SY	24.94	1,696.870
Wallpaper removal chemical	0.94	QT	5.27	4.920
Retail Materials Subtotal				12,527.14
Material Tax	7.000%	@	12,527.14	876.91
Total For Retail Materials				13,404.05

** Rounded Cost

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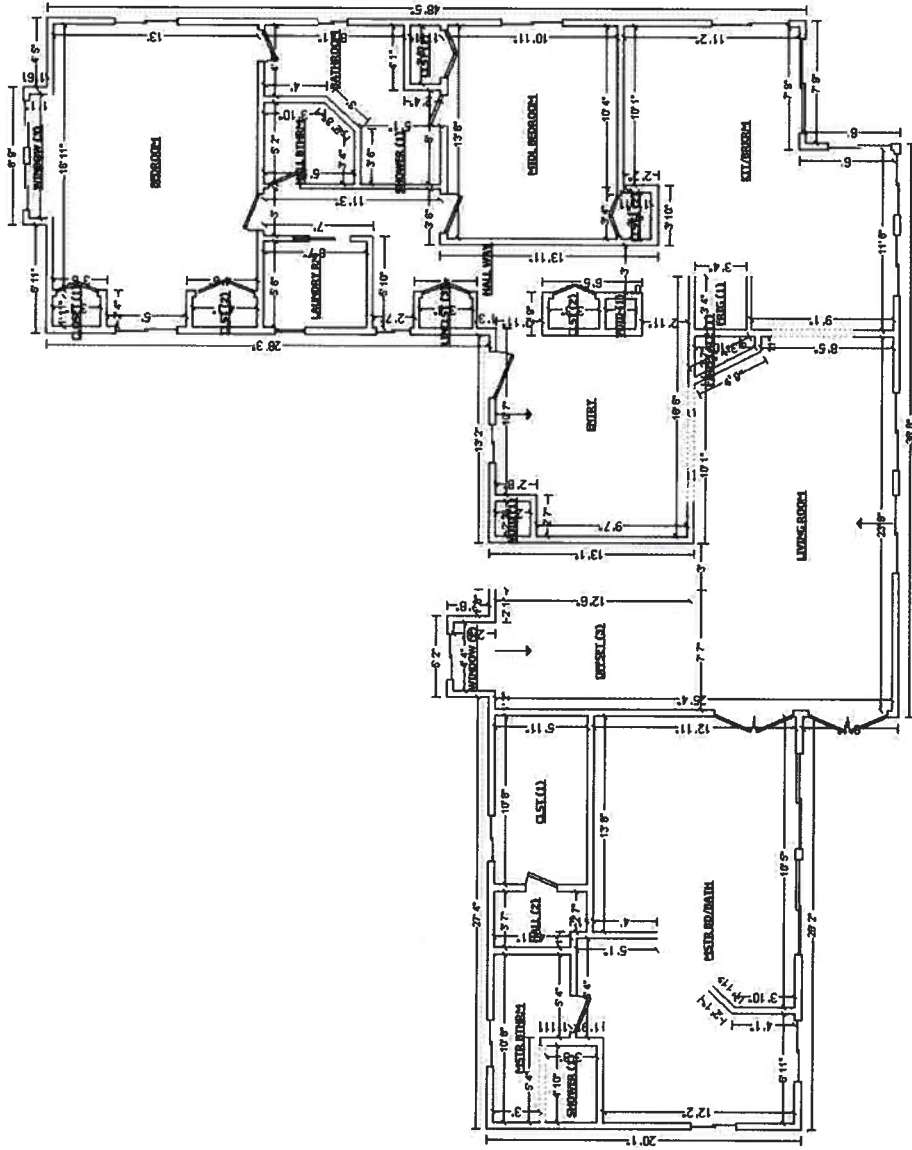
DOWNSTAIRS

STAIRWAY



STAIRWAY

UPSTAIRS



UPSTAIRS