

DATE 08/18/2010

Columbia County Building Permit

This Permit Must Be Prominently Posted on Premises During Construction

PERMIT

000028799

APPLICANT STEPHEN PELLICER PHONE 386.755.3016  
ADDRESS 120 SW PLAITNUM GLN LAKE CITY FL 32024  
OWNER STEPHEN PELLICER (EXT.2102) PHONE 386.755.3016  
ADDRESS 120 SW PLATINUM GLN LAKE CITY FL 32024  
CONTRACTOR STEPHE PELLICER PHONE \_\_\_\_\_  
LOCATION OF PROPERTY 90-W TOC-252-B,TL TO TROY,TR 1/2 MILE TO RUSSWOOD EST..TR TO  
PLATINUM R,1ST. HOME..CORNER OF PLATINUM & RUSSWOOD TERRACE.  
TYPE DEVELOPMENT ADDITION/SFD ESTIMATED COST OF CONSTRUCTION 71850.00  
HEATED FLOOR AREA 662.00 TOTAL AREA 1437.00 HEIGHT \_\_\_\_\_ STORIES 1  
FOUNDATION CONC WALLS FRAMED ROOF PITCH 7'12 FLOOR CONC  
LAND USE & ZONING RSF-2 MAX. HEIGHT 35  
Minimum Set Back Requirments: STREET-FRONT 25.00 REAR 15.00 SIDE 10.00  
NO. EX.D.U. 1 FLOOD ZONE X DEVELOPMENT PERMIT NO. \_\_\_\_\_

PARCEL ID 10-4S-16-02853-271 SUBDIVISION RUSSWOOD ESTATES  
LOT 1 BLOCK B PHASE \_\_\_\_\_ UNIT 2 TOTAL ACRES 1.00

OWNER Stephen Pellicer  
Culvert Permit No. \_\_\_\_\_ Culvert Waiver \_\_\_\_\_ Contractor's License Number \_\_\_\_\_ Applicant/Owner/Contractor \_\_\_\_\_  
EXISTING 10-0120-N BLK \_\_\_\_\_ N \_\_\_\_\_  
Driveway Connection \_\_\_\_\_ Septic Tank Number \_\_\_\_\_ LU & Zoning checked by \_\_\_\_\_ Approved for Issuance \_\_\_\_\_ New Resident \_\_\_\_\_

COMMENTS: \_\_\_\_\_  
Check # or Cash 1868

FOR BUILDING & ZONING DEPARTMENT ONLY

(footer/Slab)

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

BUILDING PERMIT FEE \$ 360.00 CERTIFICATION FEE \$ 7.19 SURCHARGE FEE \$ 7.19  
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 449.38  
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.

## Notice of Treatment

Applicator: Florida Pest Control & Chemical Co. (www.flapest.com)

Address: 526 SE BAY

City: LAKE CITY Phone: 752 1703

Site Location: Subdivision \_\_\_\_\_

Lot # \_\_\_\_\_ Block# \_\_\_\_\_ Permit # 28799

Address \_\_\_\_\_

### Product used

### Active Ingredient

### % Concentration

- |   |                                  |       |
|---|----------------------------------|-------|
| <input checked="" type="checkbox"/> Premise | Imidacloprid                     | 0.1%  |
| <input type="checkbox"/> Termidor           | Fipronil                         | 0.12% |
| <input type="checkbox"/> Bora-Care          | Disodium Octaborate Tetrahydrate | 23.0% |

### Type treatment:

- ☒ Soil ☐ Wood

Area Treated	Square feet	Linear feet	Gallons Applied
<u>3 ADDITIONS</u>	<u>790</u>	<u>111</u>	<u>80</u>

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

If this notice is for the final exterior treatment, initial this line \_\_\_\_\_

9-8-10 11:30 DAVID FULLER  
Date Time Print Technician's Name

Remarks: \_\_\_\_\_

Applicator - White

Permit File - Canary

Permit Holder - Pink

10/05





Permit

APPLICATION NUMBER

28799

SUBCONTRACTOR VERIFICATION FORM

CONTRACTOR

Stephen Pellicer

PHONE

386-752-8816  
EXT 2102

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

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

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

<b>ELECTRICAL</b>	Print Name _____ License #: _____	Signature _____ Phone #: _____
<b>MECHANICAL/ A/C</b>	Print Name _____ License #: _____	Signature _____ Phone #: _____
<b>PLUMBING/ GAS</b> ✓ 714	Print Name <u>MARK B BARRIS</u> License #: <u>CFL057219</u>	Signature <u>M B B</u> Phone #: <u>752-8656</u>
<b>ROOFING</b>	Print Name _____ License #: _____	Signature _____ Phone #: _____
<b>SHEET METAL</b>	Print Name _____ License #: _____	Signature _____ Phone #: _____
<b>FIRE SYSTEM/ SPRINKLER</b>	Print Name _____ License #: _____	Signature _____ Phone #: _____
<b>SOLAR</b>	Print Name _____ License #: _____	Signature _____ Phone #: _____

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

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

08/19/2010 09:36 3867582160

BUILDING AND ZONING

PAGE 01/01

Inst. 201012013344 Date: 8/19/2010 Time: 4:24 PM  
DC, P. DeWitt Cason, Columbia County Page 1 of 1 B:1199 P:2261

## NOTICE OF COMMENCEMENT

County Clerk's Office Stamp or Seal

Tax Parcel Identification Number 10-45-11-02853-271

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): Lot 1 Bk B, Pusswood Est. Unit 2  
a) Street (Job) Address: 120 SW Platinum Glen, Lake City, FL 32624
2. General description of improvements: Add to S90
3. Owner Information  
a) Name and address: Stephen Pellicer 120 SW Platinum Glen, Lake City, FL 32624  
b) Name and address of fee simple titleholder (if other than owner) \_\_\_\_\_  
c) Interest in property \_\_\_\_\_
4. Contractor Information  
a) Name and address: Same as (item 3)  
b) Telephone No.: 386-752-8816 (H) Fax No. (Opt.) \_\_\_\_\_
5. Surety Information  
a) Name and address: 386-755-3016 ext 2102 (W)  
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: MARIA Pellicer 120 SW Platinum Glen, Lake City, FL 32624  
b) Telephone No.: 386-752-8816 Fax No. (Opt.) \_\_\_\_\_
8. In addition to himself, owner designates the following person to receive a copy of the Lienor's Notice as provided in Section 713.13(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. Stephen Pellicer  
Signature of Owner or Owner's Authorized Officer/Director/Partner/Manager  
Stephen Pellicer  
Print Name

The foregoing instrument was acknowledged before me, a Florida Notary, this 18th day of AUGUST, 2010, by:  
STEPHEN PELLICER as OWNER (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 DLNotary Signature Laurie Hodson Notary Stamp or Seal:

-AND-

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



# SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER

1008-14

CONTRACTOR

Stephen Pellicer

PHONE

755.3016  
Ext 2102

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

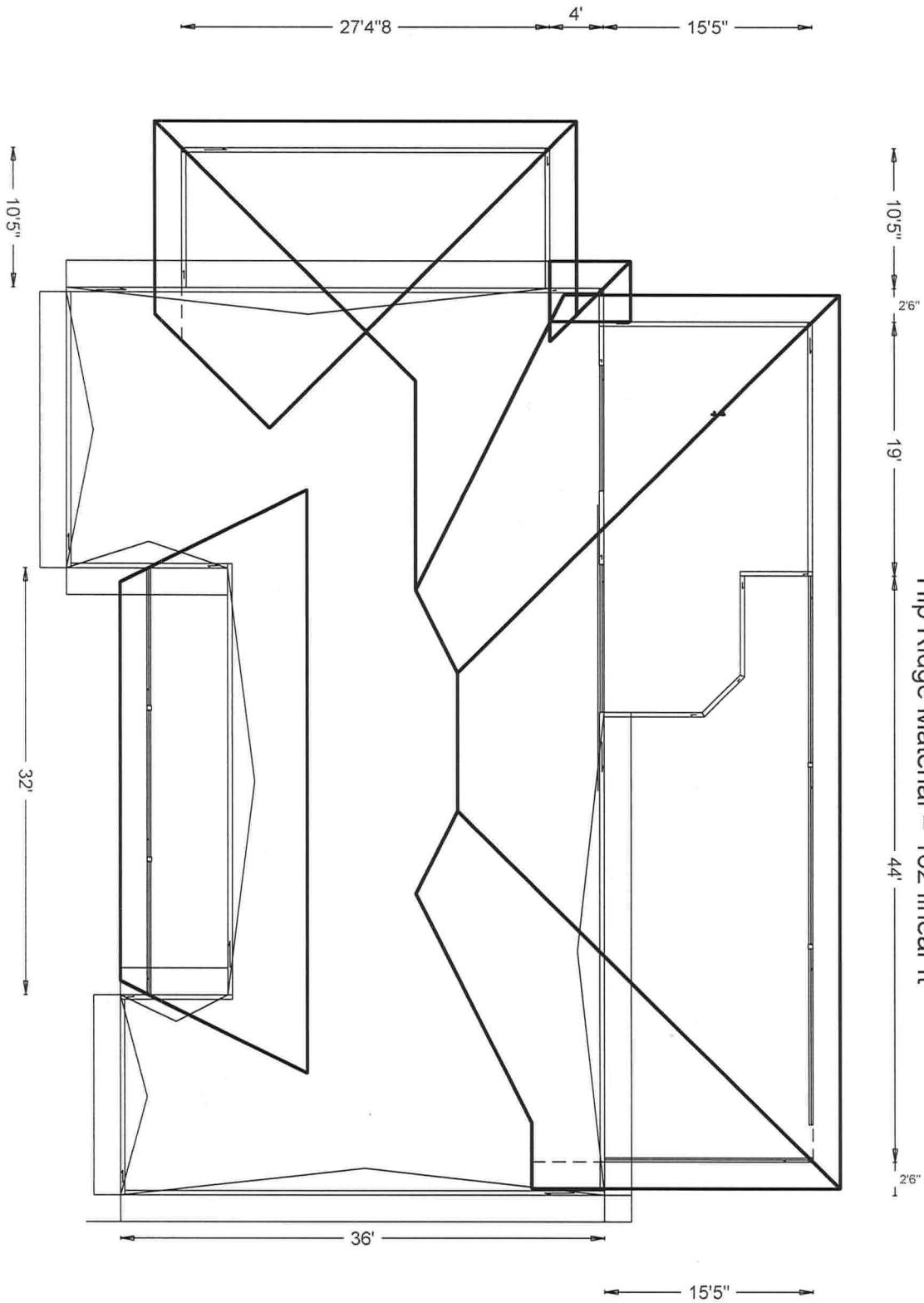
In Columbia County one permit will cover all trades doing work at the permitted site. It is **REQUIRED** that we have records of the subcontractors who actually did the trade specific work under the permit. Per Florida Statute 440 and Ordinance 89-6, a contractor shall require all subcontractors to provide 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>Stephen Pellicer</u> License #:	Signature <u>Stephen Pellicer</u> Phone #: <u>386-752-8816</u>
<b>MECHANICAL/ A/C</b>	Print Name <u>Stephen Pellicer</u> License #:	Signature <u>Stephen Pellicer</u> Phone #: <u>752-8816</u>
<b>PLUMBING/ GAS</b>	Print Name <u>Stephen Pellicer</u> License #:	Signature <u>Stephen Pellicer</u> Phone #: <u>752-8816</u>
<b>ROOFING</b>	Print Name <u>Stephen Pellicer</u> License #:	Signature <u>Stephen Pellicer</u> Phone #: <u>752-8816</u>
<b>SHEET METAL</b>	Print Name <u>N/A</u> License #:	Signature _____ Phone #: <u>0</u>
<b>FIRE SYSTEM/ SPRINKLER</b>	Print Name <u>N/A</u> License #:	Signature _____ Phone #: _____
<b>SOLAR</b>	Print Name <u>N/A</u> License #:	Signature _____ Phone #: _____

Specialty License	License Number	Sub-Contractors Printed Name	Sub-Contractors Signature
MASON		Stephen Pellicer	Stephen Pellicer
CONCRETE FINISHER	000025	Gary Moore	Gary Moore
FRAMING	289 ✓	John D. Norris	John D. Norris
INSULATION	PG0016397	Stephen Pellicer	Stephen Pellicer
STUCCO		Stephen Pellicer	Stephen Pellicer
DRYWALL		Stephen Pellicer	Stephen Pellicer
PLASTER		N/A	Stephen Pellicer
CABINET INSTALLER		Stephen Pellicer	Stephen Pellicer
PAINTING		Stephen Pellicer	Stephen Pellicer
ACOUSTICAL CEILING		N/A	Stephen Pellicer
GLASS		Stephen Pellicer	Stephen Pellicer
CERAMIC TILE		Stephen Pellicer	Stephen Pellicer
FLOOR COVERING		Stephen Pellicer	Stephen Pellicer
ALUM/VINYL SIDING		Stephen Pellicer	Stephen Pellicer
GARAGE DOOR		N/A	
METAL BLDG ERECTOR		N/A	

**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.



JOB DESCRIPTION:: Fill in later  
 /: TEENA RUFFO

JOB NO:  
 10-1060L

PAGE NO:  
 1 OF 1



# Residential System Sizing Calculation

## Summary

Project Title:  
1005008PellicerAddition

, FL

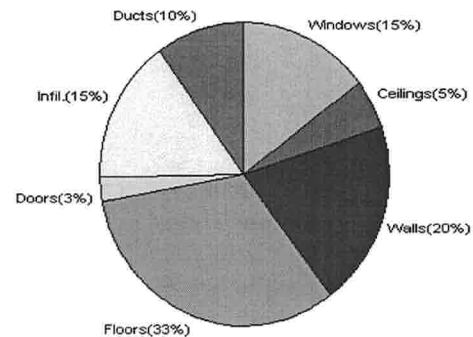
5/19/2010

Location for weather data: Gainesville, FL - Defaults: Latitude(29.7) Altitude(152 ft.) Temp Range(M)			
Humidity data: Interior RH (50%) Outdoor wet bulb (77F) Humidity difference(54gr.)			
Winter design temperature(MJ8 99%)	33 F	Summer design temperature(MJ8 99%)	92 F
Winter setpoint	70 F	Summer setpoint	75 F
Winter temperature difference	37 F	Summer temperature difference	17 F
<b>Total heating load calculation</b>	<b>14770 Btuh</b>	<b>Total cooling load calculation</b>	<b>15258 Btuh</b>
Submitted heating capacity	% of calc Btuh	Submitted cooling capacity	% of calc Btuh
Total (Electric Heat Pump)	121.9 18000	Sensible (SHR = 0.75)	108.4 13500
Heat Pump + Auxiliary(0.0kW)	121.9 18000	Latent	160.6 4500
		Total (Electric Heat Pump)	118.0 18000

## WINTER CALCULATIONS

Winter Heating Load (for 662 sqft)

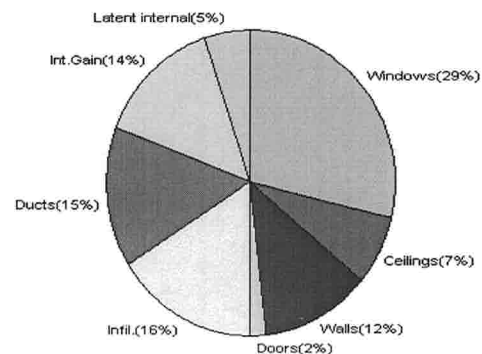
Load component			Load	
Window total	169	sqft	2191	Btuh
Wall total	881	sqft	2893	Btuh
Door total	27	sqft	395	Btuh
Ceiling total	662	sqft	780	Btuh
Floor total	662	sqft	4803	Btuh
Infiltration	55	cfm	2235	Btuh
Duct loss			1475	Btuh
<b>Subtotal</b>			<b>14770</b>	<b>Btuh</b>
Ventilation	0	cfm	0	Btuh
<b>TOTAL HEAT LOSS</b>			<b>14770</b>	<b>Btuh</b>



## SUMMER CALCULATIONS

Summer Cooling Load (for 662 sqft)

Load component			Load	
Window total	169	sqft	4392	Btuh
Wall total	881	sqft	1837	Btuh
Door total	27	sqft	299	Btuh
Ceiling total	662	sqft	1096	Btuh
Floor total			0	Btuh
Infiltration	44	cfm	821	Btuh
Internal gain			2120	Btuh
Duct gain			1890	Btuh
Sens. Ventilation	0	cfm	0	Btuh
Blower Load			0	Btuh
<b>Total sensible gain</b>			<b>12456</b>	<b>Btuh</b>
Latent gain(ducts)			389	Btuh
Latent gain(infiltration)			1613	Btuh
Latent gain(ventilation)			0	Btuh
Latent gain(internal/occupants/other)			800	Btuh
<b>Total latent gain</b>			<b>2802</b>	<b>Btuh</b>
<b>TOTAL HEAT GAIN</b>			<b>15258</b>	<b>Btuh</b>



8th Edition

EnergyGauge® System Sizing

PREPARED BY:

DATE: 5/19/2010

# System Sizing Calculations - Winter

## Residential Load - Whole House Component Details

Project Title:  
1005008PellicerAddition  
Building Type: User

, FL

5/19/2010

Reference City: Gainesville, FL (Defaults) Winter Temperature Difference: 37.0 F (MJ8 99%)

### Component Loads for Whole House

Window	Panes/Type	Frame	U	Orientation	Area(sqft)	X	HTM=	Load
1	2, NFRC 0.35	Metal	0.35	N	7.5		12.9	97 Btuh
2	2, NFRC 0.35	Metal	0.35	E	12.0		12.9	155 Btuh
3	2, NFRC 0.35	Metal	0.35	E	54.0		12.9	699 Btuh
4	2, NFRC 0.35	Metal	0.35	S	24.0		12.9	311 Btuh
5	2, NFRC 0.35	Metal	0.35	W	13.3		12.9	173 Btuh
6	2, NFRC 0.35	Metal	0.35	S	30.0		12.9	388 Btuh
7	2, NFRC 0.35	Metal	0.35	SW	13.3		12.9	173 Btuh
8	2, NFRC 0.35	Metal	0.35	W	15.0		12.9	194 Btuh
	Window Total						169.2(sqft)	2191 Btuh
Walls	Type	Ornt.	Ueff.	R-Value (Cav/Sh)	Area	X	HTM=	Load
1	Frame - Wood	- Ext	(0.089)	13.0/0.0	324		3.28	1065 Btuh
2	Frame - Wood	- Ext	(0.089)	13.0/0.0	76		3.28	249 Btuh
3	Frame - Wood	- Ext	(0.089)	13.0/0.0	97		3.28	317 Btuh
4	Frame - Wood	- Ext	(0.089)	13.0/0.0	362		3.28	1190 Btuh
5	Frame - Wood	- Ext	(0.089)	13.0/0.0	22		3.28	71 Btuh
	Wall Total						881(sqft)	2893 Btuh
Doors	Type	Storm	Ueff.		Area	X	HTM=	Load
1	Insulated - Exterior,	n	(0.400)		20		14.8	296 Btuh
2	Insulated - Exterior,	n	(0.400)		7		14.8	99 Btuh
	Door Total						27(sqft)	395Btuh
Ceilings	Type/Color/Surface		Ueff.	R-Value	Area	X	HTM=	Load
1	Vented Attic/D/Shing		(0.032)	30.0/0.0	662		1.2	780 Btuh
	Ceiling Total						662(sqft)	780Btuh
Floors	Type		Ueff.	R-Value	Size	X	HTM=	Load
1	Slab On Grade		(1.180)	0.0	110.0 ft(perim.)		43.7	4803 Btuh
	Floor Total						662 sqft	4803 Btuh
	Envelope Subtotal:							11061 Btuh
Infiltration	Type		ACH	Volume(cuft)	Wall Ratio		CFM=	
	Natural		0.50	6620	1.00		55.2	2235 Btuh
Duct load	Average sealed, R6.0, Supply(Att), Return(Att)						(DLM of 0.111)	1475 Btuh
All Zones	Sensible Subtotal All Zones							14770 Btuh



# Manual J Winter Calculations

## Residential Load - Component Details (continued)

, FL

Project Title:  
1005008PellicerAddition  
Building Type: User

5/19/2010

### WHOLE HOUSE TOTALS

<b>Totals for Heating</b>	Subtotal Sensible Heat Loss	14770 Btuh
	Ventilation Sensible Heat Loss	0 Btuh
	Total Heat Loss	14770 Btuh

### EQUIPMENT

1. Electric Heat Pump	#	18000 Btuh
-----------------------	---	------------

Key: Window types - NFRC (Requires U-Factor and Shading coefficient(SHGC) of glass as numerical values)  
or - Glass as 'Clear' or 'Tint' (Uses U-Factor and SHGC defaults)

U - (Window U-Factor)

HTM - (ManualJ Heat Transfer Multiplier)



Version 8

# System Sizing Calculations - Summer

## Residential Load - Whole House Component Details

Project Title:  
1005008PellicerAddition

, FL

5/19/2010

Reference City: Gainesville, FL

Temperature Difference: 17.0F(MJ8 99%)

Humidity difference: 54gr.

### Component Loads for Whole House

Window	Type*						Overhang		Window Area(sqft)			HTM		Load	
	Panes	SHGC	U	InSh	IS	Ornt	Len	Hgt	Gross	Shaded	Unshaded	Shaded	Unshaded		
1	2 NFRC	0.35, 0.35	No	No	N		1.5ft	3.0ft	7.5	0.0	7.5	13	13	100	Btuh
2	2 NFRC	0.35, 0.35	No	No	E		1.5ft	3.0ft	12.0	0.0	12.0	13	40	476	Btuh
3	2 NFRC	0.35, 0.35	No	No	E		1.5ft	1.0ft	54.0	2.2	51.8	13	40	2085	Btuh
4	2 NFRC	0.35, 0.35	No	No	S		1.5ft	3.0ft	24.0	24.0	0.0	13	16	319	Btuh
5	2 NFRC	0.35, 0.35	No	No	W		44.0f	3.0ft	13.3	13.3	0.0	13	40	177	Btuh
6	2 NFRC	0.35, 0.35	No	No	S		6.5ft	3.0ft	30.0	30.0	0.0	13	16	399	Btuh
7	2 NFRC	0.35, 0.35	No	No	SW		8.0ft	3.0ft	13.3	13.3	0.0	13	31	177	Btuh
8	2 NFRC	0.35, 0.35	No	No	W		32.5f	3.0ft	15.0	15.0	0.0	13	40	200	Btuh
	Excursion													457	Btuh
	Window Total								169 (sqft)					4392 Btuh	
Walls	Type	U-Value				R-Value		Area(sqft)			HTM		Load		
						Cav/Sheath									
1	Frame - Wood - Ext	0.09				13.0/0.0		324.3			2.1		677 Btuh		
2	Frame - Wood - Ext	0.09				13.0/0.0		75.8			2.1		158 Btuh		
3	Frame - Wood - Ext	0.09				13.0/0.0		96.7			2.1		202 Btuh		
4	Frame - Wood - Ext	0.09				13.0/0.0		362.3			2.1		756 Btuh		
5	Frame - Wood - Ext	0.09				13.0/0.0		21.7			2.1		45 Btuh		
	Wall Total						881 (sqft)					1837 Btuh			
Doors	Type	U-Value				R-Value		Area (sqft)			HTM		Load		
1	Insulated - Exterior							20.0			11.2		224 Btuh		
2	Insulated - Exterior							6.7			11.2		75 Btuh		
	Door Total						27 (sqft)					299 Btuh			
Ceilings	Type/Color/Surface	U-Value				R-Value		Area(sqft)			HTM		Load		
1	Vented Attic/DarkShingle	0.032				30.0/0.0		662.0			1.66		1096 Btuh		
	Ceiling Total						662 (sqft)					1096 Btuh			
Floors	Type	U-Value				R-Value		Size			HTM		Load		
1	Slab On Grade					0.0		662 (ft-perimeter)			0.0		0 Btuh		
	Floor Total						662.0 (sqft)					0 Btuh			
	Envelope Subtotal:													7624 Btuh	
Infiltration	Type	ACH				Volume(cuft)		Wall Ratio		CFM=		Load			
	SensibleNatural	0.40				6620		881		55.2		821 Btuh			
Internal gain		Occupants				Btuh/occupant		Appliance		Load					
		4				X 230		+		1200		2120 Btuh			
	Sensible Envelope Load:													10566 Btuh	
Duct load	Average sealed, Supply(R6.0-Attic), Return(R6.0-Attic) (DGM of 0.179)													1890 Btuh	
	Sensible Load All Zones													12456 Btuh	



# Manual J Summer Calculations

## Residential Load - Component Details (continued)

Project Title: Climate:FL\_GAINESVILLE\_REGIONAL\_A  
1005008PellicerAddition

, FL

5/19/2010

### WHOLE HOUSE TOTALS

<b>Whole House Totals for Cooling</b>	<b>Sensible Envelope Load All Zones</b>	<b>10566 Btuh</b>
	Sensible Duct Load	1890 Btuh
	<b>Total Sensible Zone Loads</b>	<b>12456 Btuh</b>
	Sensible ventilation	0 Btuh
	Blower	0 Btuh
	<b>Total sensible gain</b>	<b>12456 Btuh</b>
	Latent infiltration gain (for 54 gr. humidity difference)	1613 Btuh
	Latent ventilation gain	0 Btuh
	Latent duct gain	389 Btuh
	Latent occupant gain (4 people @ 200 Btuh per person)	800 Btuh
	Latent other gain	0 Btuh
	<b>Latent total gain</b>	<b>2802 Btuh</b>
	<b>TOTAL GAIN</b>	<b>15258 Btuh</b>

### EQUIPMENT

1. Central Unit	#	18000 Btuh
-----------------	---	------------

\*Key: Window types (Panels - Number and type of panes of glass)  
(SHGC - Shading coefficient of glass as SHGC numerical value)  
(U - Window U-Factor)  
(InSh - Interior shading device: none(No), Blinds(B), Draperies(D) or Roller Shades(R))  
- For Blinds: Assume medium color, half closed  
For Draperies: Assume medium weave, half closed  
For Roller shades: Assume translucent, half closed  
(IS - Insect screen: none(N), Full(F) or Half(½))  
(Ornt - compass orientation)



Version 8

**FLORIDA ENERGY EFFICIENCY CODE FOR BUILDING CONSTRUCTION**

## Florida Department of Community Affairs Residential Performance Method A

Project Name: 1005008PellicerAddition  
 Street:  
 City, State, Zip: , FL ,  
 Owner:  
 Design Location: FL, Gainesville

Builder Name:  
 Permit Office: *COLUMBIA*  
 Permit Number: *28799*  
 Jurisdiction: *221000*

1. New construction or existing	Addition
2. Single family or multiple family	Single-family
3. Number of units, if multiple family	1
4. Number of Bedrooms	3
5. Is this a worst case?	No
6. Conditioned floor area (ft <sup>2</sup> )	662
7. Windows	Description Area
a. U-Factor:	Dbl, U=0.35 169.17 ft <sup>2</sup>
SHGC:	SHGC=0.35
b. U-Factor:	N/A ft <sup>2</sup>
SHGC:	
c. U-Factor:	N/A ft <sup>2</sup>
SHGC:	
d. U-Factor:	N/A ft <sup>2</sup>
SHGC:	
e. U-Factor:	N/A ft <sup>2</sup>
SHGC:	
8. Floor Types	Insulation Area
a. Slab-On-Grade Edge Insulation	R=0.0 662.00 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 1076.70 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=30.0 662.00 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: Interior Sup. R= 6,	132.4 ft <sup>2</sup>
12. Cooling systems -	
a. Central Unit	Cap: 14.6 kBtu/hr SEER: 13
13. Heating systems -	
a. Electric Heat Pump	Cap: 14.0 kBtu/hr HSPF: 7.7
14. Hot water systems - None (Baseline assumed)	
a. Electric	Cap: N/A EF: 0.92
b. Conservation features	None
15. Credits	Pstat

Glass/Floor Area: 0.256

Total As-Built Modified Loads: 11.24

Total Baseline Loads: 13.49

**PASS**

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

PREPARED BY: *[Signature]*DATE: 5/19/2010 EVAN BERNSEY

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

OWNER/AGENT: \_\_\_\_\_

DATE: \_\_\_\_\_

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



BUILDING OFFICIAL: \_\_\_\_\_

DATE: \_\_\_\_\_



**PROJECT**

Title:	1005008PellicerAddition	Bedrooms:	3	Address Type:	Lot Information
Building Type:	FLAsBuilt	Conditioned Area:	662	Lot #	
Owner:		Total Stories:	1	SubDivision:	Russwood Est
# of Units:	1	Worst Case:	No	PlatBook:	
Builder Name:		Rotate Angle:	0	Street:	
Permit Office:		Cross Ventilation:		County:	Columbia
Jurisdiction:		Whole House Fan:		City, State, Zip:	, FL ,
Family Type:	Single-family				
New/Existing:	Addition				
Comment:					

**CLIMATE**

✓	Design Location	TMY Site	IECC Zone	Design Temp 97.5 %	Design Temp 2.5 %	Int Design Temp Winter	Int Design Temp Summer	Heating Degree Days	Design Moisture	Daily Temp Range
_____	FL, 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	110 ft	0	662 ft²	0.6	0	0.4

**ROOF**

✓	#	Type	Materials	Roof Area	Gable Area	Roof Color	Solar Absor.	Tested	Deck Insul.	Pitch
_____	1	Hip	Composition shingles	767 ft²	0 ft²	Dark	0.96	No	0	30.3 deg

**ATTIC**

✓	#	Type	Ventilation	Vent Ratio (1 in)	Area	RBS	IRCC
_____	1	Full attic	Vented	300	662 ft²	N	N

**CEILING**

✓	#	Ceiling Type	R-Value	Area	Framing Frac	Truss Type
_____	1	Under Attic (Vented)	30	662 ft²	0.11	Wood

**WALLS**

✓	#	Ornt	Adjacent To	Wall Type	Cavity R-Value	Area	Sheathing R-Value	Framing Fraction	Solar Absor.
_____	1	S	Exterior	Frame - Wood	13	378.33 ft²		0.23	0.75
_____	2	W	Exterior	Frame - Wood	13	124.17 ft²		0.23	0.75
_____	3	N	Exterior	Frame - Wood	13	104.17 ft²		0.23	0.75
_____	4	E	Exterior	Frame - Wood	13	428.33 ft²		0.23	0.75
_____	5	SW	Exterior	Frame - Wood	13	41.67 ft²		0.23	0.75

## DOORS

✓	#	Ornt	Door Type	Storms	U-Value	Area
_____	1	W	Insulated	None	0.400000	20 ft²
_____	2	SW	Insulated	None	0.4	6.666666

## 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	0.35	0.35	N	7.5 ft²	1 ft 6 in 3 ft 0 in	HERS 2006	None
_____	2	E	Metal	Low-E Double	Yes	0.35	0.35	N	12 ft²	1 ft 6 in 3 ft 0 in	HERS 2006	None
_____	3	E	Metal	Low-E Double	Yes	0.35	0.35	N	54 ft²	1 ft 6 in 1 ft 0 in	HERS 2006	None
_____	4	S	Metal	Low-E Double	Yes	0.35	0.35	N	24 ft²	1 ft 6 in 3 ft 0 in	HERS 2006	None
_____	5	W	Metal	Low-E Double	Yes	0.35	0.35	N	13.33333	44 ft 0 in 3 ft 0 in	HERS 2006	None
_____	6	S	Metal	Low-E Double	Yes	0.35	0.35	N	30 ft²	6 ft 6 in 3 ft 0 in	HERS 2006	None
_____	7	SW	Metal	Low-E Double	Yes	0.35	0.35	N	13.33333	8 ft 0 in 3 ft 0 in	HERS 2006	None
_____	8	W	Metal	Low-E Double	Yes	0.35	0.35	N	15 ft²	32 ft 6 in 3 ft 0 in	HERS 2006	None

## INFILTRATION & VENTING

✓	Method	SLA	CFM 50	ACH 50	ELA	EqLA	---- Forced Ventilation ---- Supply CFM Exhaust CFM	Run Time Fraction	Fan Watts
_____	Default	0.00050	868	7.87	47.7	89.6	0 cfm 0 cfm	0	0

## COOLING SYSTEM

✓	#	System Type	Subtype	Efficiency	Capacity	Air Flow	SHR	Ducts
_____	1	Central Unit	None	SEER: 13	18 kBtu/hr	540 cfm	0.75	sys#1

## HEATING SYSTEM

✓	#	System Type	Subtype	Efficiency	Capacity	Ducts
_____	1	Electric Heat Pump	None	HSPF: 7.7	18 kBtu/hr	sys#1

## HOT WATER SYSTEM

✓	#	System Type	EF	Cap	Use	SetPnt	Conservation
_____	1	Electric	0.92	40 gal	60 gal	120 deg	None

## SOLAR HOT WATER SYSTEM

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

## DUCTS

✓	#	--- Supply ---			--- Return ---		Leakage Type	Air Handler	CFM 25	Percent Leakage	QN	RLF
		Location	R-Value	Area	Location	Area						
	1	Attic	6	132.4 ft	Attic	33.1 ft²	Default Leakage	Interior	(Default)	(Default) %		

## TEMPERATURES

Programable Thermostat: Y				Ceiling Fans:									
Cooling	<input checked="" type="checkbox"/> Jan	<input checked="" type="checkbox"/> Feb	<input checked="" type="checkbox"/> Mar	<input checked="" type="checkbox"/> Apr	<input checked="" type="checkbox"/> May	<input checked="" type="checkbox"/> Jun	<input checked="" type="checkbox"/> Jul	<input checked="" type="checkbox"/> Aug	<input checked="" type="checkbox"/> Sep	<input checked="" type="checkbox"/> Oct	<input checked="" type="checkbox"/> Nov	<input checked="" type="checkbox"/> Dec	
Heating	<input checked="" type="checkbox"/> Jan	<input checked="" type="checkbox"/> Feb	<input checked="" type="checkbox"/> Mar	<input checked="" type="checkbox"/> Apr	<input checked="" type="checkbox"/> May	<input checked="" type="checkbox"/> Jun	<input checked="" type="checkbox"/> Jul	<input checked="" type="checkbox"/> Aug	<input checked="" type="checkbox"/> Sep	<input checked="" type="checkbox"/> Oct	<input checked="" type="checkbox"/> Nov	<input checked="" type="checkbox"/> Dec	
Venting	<input checked="" type="checkbox"/> Jan	<input checked="" type="checkbox"/> Feb	<input checked="" type="checkbox"/> Mar	<input checked="" type="checkbox"/> Apr	<input checked="" type="checkbox"/> May	<input checked="" type="checkbox"/> Jun	<input checked="" type="checkbox"/> Jul	<input checked="" type="checkbox"/> Aug	<input checked="" type="checkbox"/> Sep	<input checked="" type="checkbox"/> Oct	<input checked="" type="checkbox"/> Nov	<input checked="" type="checkbox"/> Dec	
Thermostat Schedule: HERS 2006 Reference													
Schedule Type		1	2	3	4	5	6	7	8	9	10	11	12
Cooling (WD)	AM	78	78	78	78	78	78	78	78	80	80	80	80
	PM	80	80	78	78	78	78	78	78	78	78	78	78
Cooling (WEH)	AM	78	78	78	78	78	78	78	78	78	78	78	78
	PM	78	78	78	78	78	78	78	78	78	78	78	78
Heating (WD)	AM	66	66	66	66	66	68	68	68	68	68	68	68
	PM	68	68	68	68	68	68	68	68	68	68	66	66
Heating (WEH)	AM	66	66	66	66	66	68	68	68	68	68	68	68
	PM	68	68	68	68	68	68	68	68	68	68	66	66

# Code Compliance Checklist

## Residential Whole Building Performance Method A - Details

ADDRESS:

, FL,

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\* = 83

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

, , FL,

1. New construction or existing	Addition	9. Wall Types	Insulation	Area
2. Single family or multiple family	Single-family	a. Frame - Wood, Exterior	R=13.0	1076.70 ft <sup>2</sup>
3. Number of units, if multiple family	1	b. N/A	R=	ft <sup>2</sup>
4. Number of Bedrooms	3	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> )	662	10. Ceiling Types	Insulation	Area
7. Windows**	Description	a. Under Attic (Vented)	R=30.0	662.00 ft <sup>2</sup>
a. U-Factor:	Dbl, U=0.35	b. N/A	R=	ft <sup>2</sup>
SHGC:	SHGC=0.35	c. N/A	R=	ft <sup>2</sup>
b. U-Factor:	N/A	11. Ducts -		
SHGC:		a. Sup: Attic Ret: Attic AH: Interior Sup. R= 6,		132.4 ft <sup>2</sup>
c. U-Factor:	N/A	12. Cooling systems -		
SHGC:		a. Central Unit	Cap: 14.6 kBtu/hr	SEER: 13
d. U-Factor:	N/A	13. Heating systems -		
SHGC:		a. Electric Heat Pump	Cap: 14.0 kBtu/hr	HSPF: 7.7
e. U-Factor:	N/A	14. Hot water systems - None (Baseline assumed)		
SHGC:		a. Electric	Cap: N/A	EF: 0.92
8. Floor Types	Insulation	b. Conservation features		
a. Slab-On-Grade Edge Insulation	R=0.0	None		
b. N/A	R=			
c. N/A	R=	15. Credits		Pstat

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.

## Columbia County Building Permit Application

✓ CHECKLIST  
 ✓ PRODUCT JOURNAL

**For Office Use Only** Application # 1008-14 Date Received 8/9 By JW Permit # 28799  
 Zoning Official BZK Date 18.08.10 Flood Zone X Land Use Res. Low Dens Zoning RSF-2  
 FEMA Map # N/A Elevation N/A MFE N/A River N/A Plans Examiner JC Date 8-18-10  
 Comments \_\_\_\_\_  
☐ 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 0 Addition to existing Dwelling

Septic Permit No. 10-0120-N Fax \_\_\_\_\_  
 Name Authorized Person Signing Permit Stephen Pellicer Phone 386-755-3016  
 Address 120 SW Platinum Glenn, Lake City, FL 32024  
 Owners Name Stephen Pellicer Phone 386-755-3016  
 911 Address Same as above  
 Contractors Name Stephen Pellicer Phone 386-755-3016  
 Address 120 SW Platinum Glenn, L.C., FL 32024  
 Fee Simple Owner Name & Address Same as above  
 Bonding Co. Name & Address N/A Tina Ruffo (draft person) 6429 NW Lake Jeffrey Rd FL  
 Architect/Engineer Name & Address Mark Disosway P.E. P.O. Box 868 LC FL 32056  
 Mortgage Lenders Name & Address Cash  
 Circle the correct power company - FL Power & Light - Clay Elec. - Suwannee Valley Elec. - Progress Energy  
 Property ID Number 10-45-16-02853-271 Estimated Cost of Construction 30,000  
 Subdivision Name Russwood Estates Lot 1 Block B Unit 2 Phase \_\_\_\_\_  
 Driving Directions 90 West, Left 2520, R Troy Rd - 1/2 mile (R) Russwood Estates  
First (R) Platinum - 1st house (Corner of PLATINUM & Russwood Lane)  
 Number of Existing Dwellings on Property 1

Construction of 2nd to 3rd Total Acreage 1 acre Lot Size \_\_\_\_\_  
 Do you need a - Culvert Permit or Culvert Waiver or Have an Existing Drive Total Building Height \_\_\_\_\_  
 Actual Distance of Structure from Property Lines - Front 62'-9 1/2" Side 50'-2 5/8" Side 41'-9 1/2" Rear 125'-6"  
 Number of Stories 1 Heated Floor Area 662.5 Total Floor Area 1437 Roof Pitch 7/12

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

*JW Spoke w/ Stephen: 8.18.18 1860*

## 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)





## **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 Stephen Pellicer, 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.

Stephen Pellicer      - 25.10 -  
Stephen Pellicer      5/29/2010  
Owner Builder Signature      Date

#### NOTARY OF OWNER BUILDER SIGNATURE

The above signer is personally known to me or produced identification DL

Notary Signature \_\_\_\_\_ Date \_\_\_\_\_ (Seal)

#### FOR BUILDING DEPARTMENT USE ONLY

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

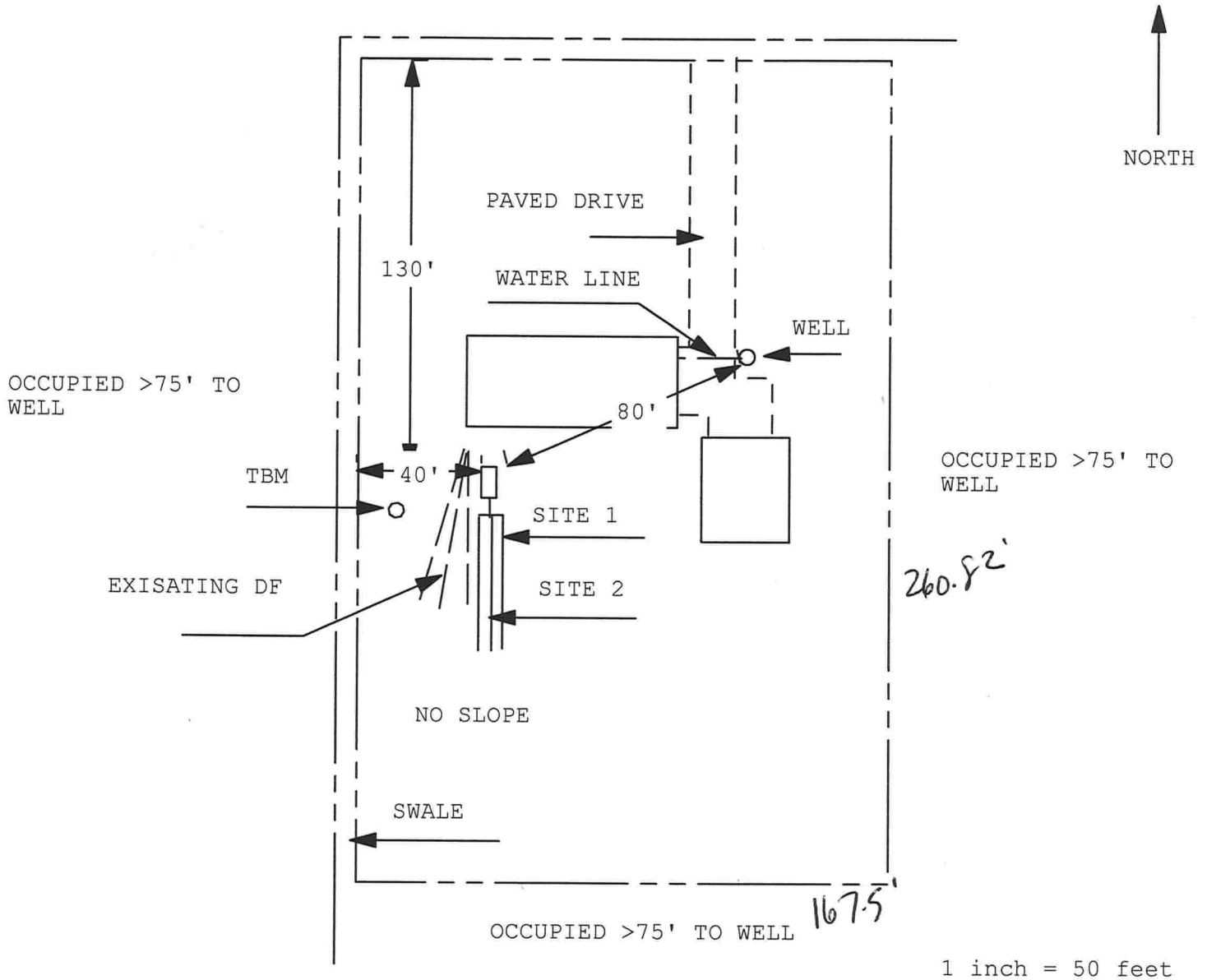
Building Official/Representative David L. Lanning

**Application for Onsite Sewage Disposal System  
Construction Permit. Part II Site Plan**  
Permit Application Number: 10-0120-N

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

CR 09-4823

OCCUPIED >75' TO WELL



Site Plan Submitted By Paul R. Lloyd Date 3/18/10  
Plan Approved ☒ Not Approved ☐ Date 3-17-10  
By Salbi Ford, E.H. Director CPHU

Notes: \_\_\_\_\_  
Columbia CHD





**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.)	IIIIIIII	IIIIIIII	IIII
	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>		
		IIIII	IIII	IIIII
		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)**

<b>GENERAL REQUIREMENTS:</b> <b>APPLICANT – PLEASE CHECK ALL APPLICABLE BOXES BEFORE SUBMITTAL</b>		<b>Items to Include-</b> <b>Each Box shall be</b> <b>Circled as</b> <b>Applicable</b>	
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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.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30	All posts and/or column footing including size and reinforcing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31	Any special support required by soil analysis such as piling.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
32	Assumed load-bearing value of soil _____ Pound Per Square Foot	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
33	Location of horizontal and vertical steel, for foundation or walls (include # size and type)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

34	Show Vapor retarder (6mil. Polyethylene with joints lapped 6 inches and sealed)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
35	Show control joints, synthetic fiber reinforcement or welded fire fabric reinforcement and Supports	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

### **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	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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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	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38	Show all Lintel sizes, type, spans and tie-beam sizes and spacing of reinforcement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**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	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
40	Show conventional floor joist type, size, span, spacing and attachment to load bearing walls, stem walls and/or piers	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
41	Girder type, size and spacing to load bearing walls, stem wall and/or piers	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
42	Attachment of joist to girder	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
43	Wind load requirements where applicable	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
44	Show required under-floor crawl space	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
45	Show required amount of ventilation opening for under-floor spaces	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
46	Show required covering of ventilation opening	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
47	Show the required access opening to access to under-floor spaces	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Show the sub-floor structural panel sheathing type, thickness and fastener schedule on the edges &	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>



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**

<b>GENERAL REQUIREMENTS: APPLICANT – PLEASE CHECK ALL APPLICABLE BOXES BEFORE SUBMITTAL</b>		<b>Items to Include- Each Box shall be Circled as Applicable</b>		
		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 assembles covering	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
72	Submit Florida Product Approval numbers for each component of the roof assembles covering	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input 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*

<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>		
		<b>YES</b>	<b>NO</b>	<b>N/A</b>
73	Show the insulation R value for the following areas of the structure	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
74	Attic space	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
75	Exterior wall cavity	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
76	Crawl space	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

## **HVAC information**

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

## **Plumbing Fixture layout shown**

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

## **Private Potable Water**

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

## **Electrical layout shown including**

85	Switches, outlets/receptacles, lighting and all required GFCI outlets identified	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
86	Ceiling fans	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
87	Smoke detectors & Carbon dioxide detectors	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
88	Service panel, sub-panel, location(s) and total ampere ratings	<input type="checkbox"/>	<input type="checkbox"/>	<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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

90	Appliances and HVAC equipment and disconnects			✓
91	Arc Fault Circuits (AFCI) in bedrooms			✓

**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-</b> <b>Each Box shall be</b> <b>Circled as</b> <b>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	✓		
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	✓		
94	<b>Environmental Health Permit or Sewer Tap Approval</b> A copy of a approved Columbia County Environmental Health (386) 758-1058		✓	
95	<b>City of Lake City</b> A permit showing an approved waste water sewer tap			✓
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.			✓
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			✓
100	A development permit will also be required. Development permit cost is \$50.00		✓	
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 (\$25.00) must be made. If the applicant feels that a culvert is not needed, they may apply for a culvert waiver (\$50.00). All culvert waivers are sent to the Columbia County Public Works Department for approval or denial.			✓
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			✓

## **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:** 120 SW Plat: num Glen

**Project Name:** Stephen Pellicer

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>	<b>MASONITE</b>		
1. Swinging	MASONITE		FL 4940
2. Sliding			
3. Sectional			
4. Roll up			
5. Automatic			
6. Other			
<b>B. WINDOWS</b>			
1. Single hung	M1 windows		FL 11825-R1
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	ELK		FL 728-R1
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.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Stephen Pellicer  
 Contractor or Contractor's Authorized Agent Signature

Stephen Pellicer 8/10/10  
 Print Name Date

Permit # (FOR STAFF USE ONLY)

## Columbia County Property Appraiser

DB Last Updated: 8/5/2010

## 2009 Tax Roll Year

Parcel: 10-4S-16-02853-271

&lt;&lt; Next Lower Parcel

Next Higher Parcel &gt;&gt;

Tax Collector

Tax Estimator

Property Card

Parcel List Generator

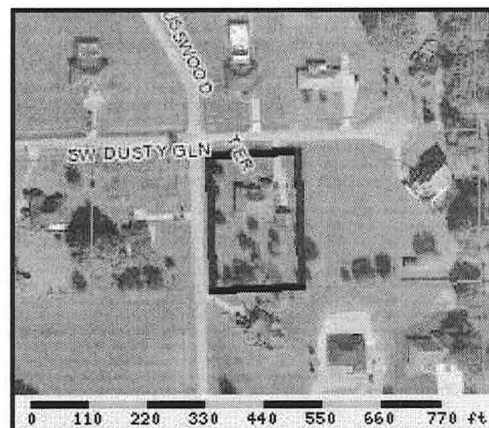
Interactive GIS Map

Print

### Owner & Property Info

Search Result: 1 of 1

Owner's Name	PELLICER STEPHEN & MARIA R		
Mailing Address	120 SW PLATINUM GLEN LAKE CITY, FL 32024		
Site Address	120 SW PLATINUM GLN		
Use Desc. (code)	SINGLE FAM (000100)		
Tax District	3 (County)	Neighborhood	10416
Land Area	1.010 ACRES	Market Area	06
Description	NOTE: This description is not to be used as the Legal Description for this parcel in any legal transaction.		
LOT 1 BLOCK B RUSSWOOD ESTATES UNIT 2. ORB 880-670, WD 1082-1813.			



### Property & Assessment Values

2009 Certified Values		
<b>Mkt Land Value</b>	cnt: (0)	\$34,020.00
<b>Ag Land Value</b>	cnt: (1)	\$0.00
<b>Building Value</b>	cnt: (1)	\$204,759.00
<b>XFOB Value</b>	cnt: (2)	\$5,137.00
<b>Total Appraised Value</b>		\$243,916.00
<b>Just Value</b>		\$243,916.00
<b>Class Value</b>		\$0.00
<b>Assessed Value</b>		\$243,916.00
<b>Exempt Value</b>	(code: HX VX)	\$55,000.00
<b>Total Taxable Value</b>	Cnty: \$188,916 Other: \$188,916   Schl: \$213,916	

### 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
4/27/2006	1082/1813	WD	I	Q		\$330,000.00
5/9/1999	880/668	WD	V	Q		\$20,000.00
5/9/1999	880/670	WD	I	Q		\$151,900.00

### Building Characteristics

Bldg Item	Bldg Desc	Year Blt	Ext. Walls	Heated S.F.	Actual S.F.	Bldg Value
1	SINGLE FAM (000100)	1999	COMMON BRK (19)	2790	4331	\$198,289.00
Note: All S.F. calculations are based on exterior building dimensions.						

### Extra Features & Out Buildings

Code	Desc	Year Blt	Value	Units	Dims	Condition (% Good)
0120	CLFENCE 4	1999	\$1,325.00	0000530.000	0 x 0 x 0	(000.00)
0166	CONC,PAVMT	1999	\$3,812.00	0002541.000	0 x 0 x 0	(000.00)

### Land Breakdown



# SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER

28799

CONTRACTOR

Stephen Pellicer

PHONE

386-752-8816

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

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

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

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

Specialty License	License Number	Sub Contractors Printed Name	Sub Contractors Signature
MASON ✓	0844	J. D. Dixon	J. D. Dixon
CONCRETE FINISHER			
FRAMING			
INSULATION			
STUCCO			
DRYWALL			
PLASTER			
CABINET INSTALLER			
PAINTING			
ACOUSTICAL CEILING			
GLASS			
CERAMIC TILE			
FLOOR COVERING			
ALUM/VINYL SIDING			
GARAGE DOOR			
METAL BLDG ERECTOR			

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

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<b>MECHANICAL/ A/C _____</b>	Print Name _____ License #: _____	Signature _____ Phone #: _____
<b>PLUMBING/ GAS</b>	Print Name _____ License #: <u>EE</u>	Signature _____ Phone #: _____
<b>ROOFING</b>	Print Name <u>Wallace Powell</u> License #: <u>CC-C057307</u>	Signature <u>Wallace Powell</u> Phone #: <u>386-294-1755</u>
<b>SHEET METAL</b>	Print Name _____ License #: _____	Signature _____ Phone #: _____
<b>FIRE SYSTEM/ SPRINKLER</b>	Print Name _____ License #: _____	Signature _____ Phone #: _____
<b>SOLAR</b>	Print Name _____ License #: _____	Signature _____ Phone #: _____

Specialty License	License Number	Sub-Contractors Printed Name	Sub-Contractors Signature
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CONCRETE FINISHER			
FRAMING			
INSULATION			
STUCCO			
DRYWALL			
PLASTER			
CABINET INSTALLER			
PAINTING			
ACOUSTICAL CEILING			
GLASS			
CERAMIC TILE			
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