


Date/Time: Apr. 25. 2017 3:50PM

| File No. Mode | Destination | Pg(s) | Result | Page Not Sent |
|----------------|-------------|-------|--------|---------------|
| 3652 Memory TX | Duke Energy | P. 1 | OK | |

Reason for error

| | |
|---------------------------------|---|
| E. 1) Hang up or line fail | E. 2) Busy |
| E. 3) No answer | E. 4) No facsimile connection |
| E. 5) Exceeded max. E-mail size | E. 6) Destination does not support IP-Fax |



CITY OF DELTONA
Building and Enforcement Services
2345 Providence Blvd., 1st Floor, South Wing
Deltona, FL 32725
(386) 878-8650 - FAX (386) 878-8651

CERTIFICATE OF OCCUPANCY

Date: 04/25/17 Permit No: 16-05316

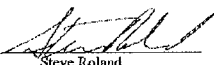
Certificate of Occupancy for the building located at **3469 BERKSHIRE WOODS TER DELTONA, FL**

Owner: **DR HORTON INC** Builder: **DR HORTON INC**
6200 LEE VISTA BLVD
ORLANDO, FL

Building Description

| | |
|-------------------------|----------------------------|
| Single Family Residence | Parcel No.: 05183125004220 |
| Construction Type: V-B | Living Area: 1828 SF |
| | Other: 534 SF |
| | Total: 2362 SF |

This document certifies that the above described structure has been inspected for compliance with the requirements of the Florida Building Code- Residential 5th Edition 2014 for stated occupancy and construction type.

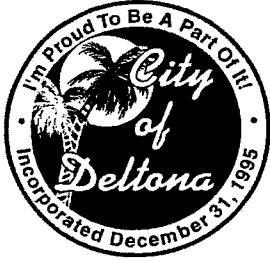
Signed 
Steve Roland
Building Official

POWER RELEASE INFORMATION

FPL Duke Energy

Date: 04/25/17 Time: 3:15 PM

Electric Contractor: Lenhart Electric Company - EC0001660
200 AMPS Underground



CITY OF DELTONA
Building and Enforcement Services
2345 Providence Blvd., 1st Floor, South Wing
Deltona, FL 32725
(386) 878-8650 - FAX (386) 878-8651

CERTIFICATE OF OCCUPANCY

Date: 04/25/17

Permit No: **16-05316**

Certificate of Occupancy for the building located at **3469 BERKSHIRE WOODS TER
DELTONA, FL**

Owner: **DR HORTON INC**
6200 LEE VISTA BLVD
ORLANDO, FL

Builder: **DR HORTON INC**

Building Description

Single Family Residence
Construction Type: **V-B**

Parcel No.: 05183125004220
Living Area: 1828 SF
Other: 534 SF
Total: **2362 SF**

This document certifies that the above described structure has been inspected for compliance with the requirements of the Florida Building Code- Residential 5th Edition 2014 for stated occupancy and construction type.

Signed

Steve Roland
Building Official

POWER RELEASE INFORMATION

FPL Duke Energy

Date: 04/25/17 Time: 3:15 PM

Electric Contractor: Lenhart Electric Company – EC0001660

200 AMPS Underground

CERTIFICATE OF OCCUPANCY CHECKLIST

PERMIT #: 16-05316

ADDRESS: 3469 BERKSHIRE WOODS TER

PARCEL #: 05183125004220

BUILDER: DR HORTON INC

| | INITIALS | COMMENTS |
|--|----------|-----------------|
| <input checked="" type="checkbox"/> Notice of Commencement | Ok | 12/2/16 on file |
| <input checked="" type="checkbox"/> Final Electric | CL | 4/19/17 Pass |
| <input checked="" type="checkbox"/> Final Mechanical | CL | 4/19/17 Pass |
| <input checked="" type="checkbox"/> Final Plumbing | CL | 4/19/17 Pass |
| <input checked="" type="checkbox"/> Final Building | CL | 4/24/17 pass |
| <input checked="" type="checkbox"/> Driveway Forms | CL | 3/24/17 pass |
| <input type="checkbox"/> Gas Final | _____ | _____ |

Septic/Health sewer _____
 Date Rcv'd _____ Inspector _____

Sidewalk X _____ \$ 0 _____
 Yes No Fees Paid to fund

County Impact Fees Receipt # 1 \$ 5,173.88

paid 4/25/17 (\$2,173.88 + ~~\$6,065.94~~ = ~~\$8,239.82~~)
 3,000.00 = \$5,173.88

City Impact Fees \$ 3,075.97

paid Fire \$214.49 1,828
 Parks \$1,556.21 534
 12/7/16 Road \$1,044.00 2,362
 Law Enforcement \$116.30
 Waste \$ 144.97

Water Utility Receipt OK 11/22/16 - on file

Final Well NO

Irrigation System Permit Yes ~~No~~ N/A

Duke Energy Phone # (800) 749-1677

FPL _____ Phone# (800) 741-1424

(Electrical contractor)

Lenhart Electric Co.
 EC 0001660
 200 AMPS



Growth and Resource Management
123 West Indiana Avenue
DeLand, FL 32720

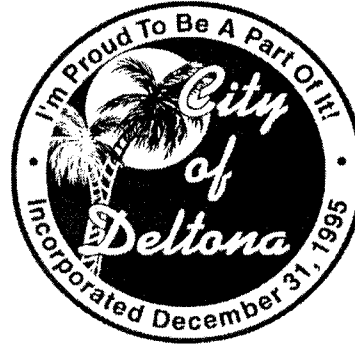
FEE SUMMARY

Permit: 20170425020 04/25/2017
Type: Standalone Impact Fees - Residential - New Work
Applicant: Erin Arnold, D.R. Horton
Address: 6200 Lee Vista Blvd Suite 400
Orlando, FL 32822
Site Address: 3469 Berkshire Woods Terrace Deltona
Primary Tax Parcel: 8105-25-00-4220
Occupancy: Single Family Residence (Units) - 1

| <u>Date</u> | <u>Fee Description</u> | <u>Amount</u> | <u>Balance</u> |
|----------------|--|---------------|----------------|
| | Billed Fees | | |
| 04/25/2017 | Road Impact Fee - Residential Zone 3 | \$2,110.56 | |
| 04/25/2017 | Road Impact Admin Fee | \$63.32 | |
| 04/25/2017 | School Impact Fee | \$2,912.62 | |
| 04/25/2017 | School Impact Admin Fee | \$87.38 | |
| Invoice 682219 | This bill was paid on 04/25/2017. | \$5,173.88 | \$0.00 |
| | Payments | | |
| 04/25/2017 | Receipt #6232441 Payment Type - Master | \$5,173.88 | |
| | Total Balance Due | | \$0.00 |

Many of our services are available online. Registered users can check permit status, make payments, schedule inspections, print permit documents, and apply for certain permits online. Visit us on the web today at ConnectLivePermits.org.

**BUILDING & ZONING SERVICES
RECEIPT**



Printed: April 25, 2017

TAX ID: 05183125004220
3469 BERKSHIRE WOODS TER
DELTONA, FL 32725
BUILDING RES
SFR

PERMIT NO: 16-05316

Receipt Number: B74958

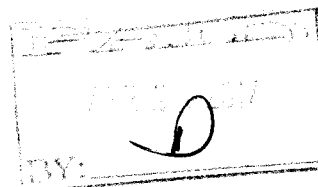
| Fee Description | Account Number | Fee Amount |
|---------------------------------|-----------------------|-------------------|
| 17 Electric Final 04/17/2017 CL | 322158 | \$30.00 |
| 34 Final Gas 04/19/2017 CL | 322158 | \$30.00 |
| 34 Final Gas 04/24/2017 CL | 322158 | \$45.00 |

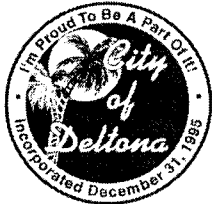
Total Fees Paid:

\$105.00

Date Paid: Tuesday, April 25, 2017
Paid By: DR HORTON INC
Pay Method: CREDIT CARD 1194
Received By: Eliangela Meyer

BUILDING





CITY OF DELTONA INSPECTION REPORT

| | |
|---|---------------------|
| PERMIT NUMBER: 16-05316 | Pre-Power |
| CONTRACTOR/ SUBCONTRACTOR: DR HORTON INC | |
| JOB ADDRESS: 3469 BERKSHIRE WOODS TER | |
| DATE: 04/06/2017 | RESULT: Pass |
| NON-COMPLIANCE FEE: \$ | |

Please release power

Thanks

Ameyer

REPORT TO REMAIN ON SITE UNTIL REINSPECTION APPROVAL OBTAINED

| | | |
|-------------------------|--|-----------|
| <hr/> Carl Lynch | FROM 7:30 TO 8:00 A.M. FROM 3:30 TO 4:00 P.M. NORMAL PHONE HOURS | TELEPHONE |
|-------------------------|--|-----------|

* * * Communication Result Report (Apr. 6. 2017 2:50PM) * * *

1)
2)

Date/Time: Apr. 6. 2017 2:47PM

| File No. Mode | Destination | Pg (s) | Result | Page Not Sent |
|----------------|-------------|--------|--------|---------------|
| 3324 Memory TX | Duke Energy | P. 1 | OK | |

Reason for error

- E. 1) Hang up or line fail
- E. 2) Busy
- E. 3) No answer
- E. 4) No facsimile connection
- E. 5) Exceeded max. E-mail size
- E. 6) Destination does not support IP-Fax



CITY OF DELTONA
INSPECTION REPORT

Page 1

| | |
|---|--------------|
| PERMIT NUMBER: 16-05316 | Pre-Power |
| CONTRACTOR/ SUBCONTRACTOR: DR HORTON INC | |
| JOB ADDRESS: 3469 BERKSHIRE WOODS TER | |
| DATE: 04/06/2017 | RESULT: Pass |
| NON-COMPLIANCE FEE: \$ | |

*Please release power
Thanks
Ameyer*

| | |
|--|---|
| REPORT TO REMAIN ON SITE UNTIL REINSPECTION APPROVAL OBTAINED | |
| <hr/> Carl Lynch | FROM 7:30 TO 8:00 A.M. FROM 3:30 TO 4:00 P.M. NORMAL PHONE HOURS TELEPHONE |

16-0531L



Certificate of Compliance for Termite Protection
(as required by Florida Building Code Section 1816)

This property was treated by
Massey Services, Inc
800-432-1820

Address of treated property

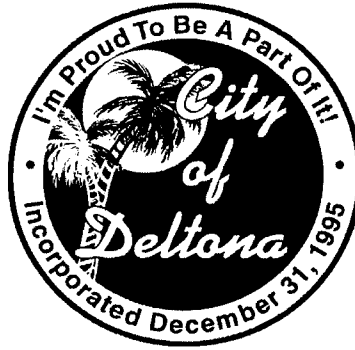
Lot # 422 3469 Brookshire woods trail

2/3/17 Boracore 23
Treatment Date Product Name Concentration %

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

Carlos Diaz
Authorized Signature

**BUILDING & ZONING SERVICES
RECEIPT**



Printed: December 07, 2016

TAX ID: 05183125004220
3469 BERKSHIRE WOODS TER
DELTONA, FL 32725
BUILDING RES
SFR

PERMIT NO: 16-05316

Receipt Number: B71210

| Fee Description | Account Number | Fee Amount |
|--|-----------------------|-------------------|
| RIGHT OF WAY | 329130 | \$125.00 |
| ROOFING FEE WITH BLDG PERMIT | 322157 | \$106.43 |
| DCA BUILDING SURCHARGE | 208023 | \$21.95 |
| BUILDING PERMIT FEE | 322157 | \$846.28 |
| ELECTRICAL FEE W/ BLDG PERMIT | 322157 | \$106.43 |
| GAS FEE WITH BLDG PERMIT | 322157 | \$106.43 |
| MECHANICAL FEE W/ BLDG PERMIT | 322157 | \$106.43 |
| BCAI | 208021 | \$21.95 |
| CERTIFICATE OF COMP. FOR TREE REMOVAL | 329130 | \$36.00 |
| PLUMBING FEE WITH BLDG PERMIT | 322157 | \$106.43 |
| CITY IMPACT FEES | | |
| ROAD IMPACT FEE | 119-324310 | \$1,044.00 |
| FIRE IMPACT FEE | 103-324110 | \$214.49 |
| PARKS & REC IMPACT FEE | 108-324610 | \$1,556.21 |
| GARBAGE NEW HOMES | 102-325221 | \$144.97 |
| LAW ENFORCEMENT IMPACT FEES | 112-324110 | \$116.30 |
| LAND DEVELOPMENT REVIEW | | |
| SFR WITHIN ENG. SUBDIVISION AFTER 1995 | 329140 | \$160.00 |

Total Fees Paid: \$4,819.30

Date Paid: Wednesday, December 7, 2016
Paid By: DR HORTON INC
Pay Method: CHECK 0516518
Received By: Cathy White

BUILDING

D

County of Volusia
Volusia County Revenue Division
123 W. Indiana Ave Rm 103, DeLand, FL 32720

| | |
|------------------------------|--------------------|
| Transaction # 8031047 | |
| Cashier: | EMC |
| Paid By: | |
| DR HORTON | |
| DRH INC CONTROLLED DISB | |
| Posted Date: | 12/07/2016 01:34PM |
| Received Via: | In Person |
| Num. Items: | 9 |
| Total Tendered: | \$8,280.00 |
| Receipt #: | 014-16-00002031 |
| Batch: | 608978 |
| Drawer: | 14 |
| Status: | Complete |

| Receipt | | | | |
|---------|-------------------------|----------------|------------|------------|
| Item | Details | Effective Date | Due | Paid |
| Amanda | 671804 DR HORTON | 12/07/2016 | \$920.00 | \$920.00 |
| Amanda | 671412 DR HORTON | 12/07/2016 | \$920.00 | \$920.00 |
| Amanda | 671802 DR HORTON | 12/07/2016 | \$920.00 | \$920.00 |
| Amanda | 671800 DR HORTON | 12/07/2016 | \$920.00 | \$920.00 |
| Amanda | 671805 DR HORTON | 12/07/2016 | \$920.00 | \$920.00 |
| Amanda | 671794 DR HORTON | 12/07/2016 | \$920.00 | \$920.00 |
| Amanda | 671797 DR HORTON | 12/07/2016 | \$920.00 | \$920.00 |
| Amanda | 671801 DR HORTON | 12/07/2016 | \$920.00 | \$920.00 |
| Amanda | 671791 DR HORTON | 12/07/2016 | \$920.00 | \$920.00 |
| | Total: | | \$8,280.00 | \$8,280.00 |
| Payment | Details | Paid | | |
| Check | Acc#XXXX0 Chk#513358 | \$920.00 | | |
| Check | Acc#XXXX0 Chk#510028 | \$920.00 | | |
| Check | Acc#XXXX0 Chk#513357 | \$920.00 | | |
| Check | Acc#XXXX0 Chk#513346 | \$920.00 | | |
| Check | Acc#XXXX0 Chk#513356 | \$920.00 | | |
| Check | Acc#XXXX0 Chk#513344 | \$920.00 | | |
| Check | Acc#XXXX0 Chk#513345 | \$920.00 | | |
| Check | Acc#XXXX0 Chk#513355 | \$920.00 | | |
| Check | Acc#XXXX0 Chk#513343 | \$920.00 | | |
| | Balance: | \$0.00 | | |

*3469
Berkshire
Lot 422*



Growth and Resource Management
123 West Indiana Avenue
DeLand, FL 32720

Reference #: 20161122019
Type: Utility Permit - Residential
Applicant:
Address:
Folder Name: Berkshire Woods Terrace
Primary Tax Parcel: 8105-25-00-4220

*Lot 422
3469
Blackstone*

Invoice #: 671804
11/22/2016

| Fee Description | Amount |
|----------------------------|---------------|
| Water Deposit Fee | \$ 50.00 |
| Sewer Deposit Fee | \$ 70.00 |
| Meter Installation Fee | \$ 750.00 |
| Reclaimed Water Deposit | \$ 50.00 |
| Total of Invoice \$ | 920.00 |

PAYMENT OPTIONS

Note: When paying by check, make it payable to County of Volusia and write this invoice number on the check

In person: Volusia County Revenue office locations
123 W Indiana Avenue, Room 103, DeLand
250 N Beach Street, Room 101, Daytona Beach
111 Canal Street, New Smyrna Beach
2744 Enterprise Road, Orange City

By Mail: Mailing address
County of Volusia, Revenue Office
123 W Indiana Avenue, Room 103
DeLand, FL 32720

Online: ConnectLivePermits.org

Visit us online at ConnectLivePermits.org

All of our services are now available online at ConnectLivePermits.org. Registered users can check application status; make payments; schedule inspections; print permits, documents or plans; and submit all growth management applications.

Note: Due to Florida State requirements, only licensed contractors can apply for building permits online

12/02/2016 01:25 PM
Instrument# 2016-222317 # 1
Book: 7332
Page: 2640
Diane M. Matousek
Volusia County, Clerk of Court

NOTICE OF COMMENCEMENT

State of Florida
County of Volusia

Permit Number _____

Tax Parcel Number: 0105-25-00-4220

The **UNDERSIGNED** hereby gives notice that improvement will be made to certain real property, and in accordance with Chapter 713, Florida Statutes, the following information is provided in this NOTICE OF COMMENCEMENT.

- Description of Property:** (Legal description of the property, and street address if available)
Arbor Ridge Flat Book 57 Pg(s) 23 25 Lot 422
3469 Berkshire Woods Terrace Deltona FL 32725
- General Description of Improvement:** Construct new single family residence
- Owner Information:**
 - Name and Address: D.R. Horton, Inc 6200 Lake Vista Blvd #400 Orlando, FL
 - Interest in Property: Fee Simple 32822
 - Name and address of fee simple title holder (if other than owner): _____
- Contractor:** Name and Address: D.R. Horton / Steven P. Young 6200 Lake Vista Blvd. #400 Orlando, FL
 - Phone No. 407-850-5200 Fax No. 800-915-1812 32822
- Surety:** Name and Address: NA
 - Phone No. _____ Fax No. _____
 - Amount of Bond: \$ _____ .00
- Lender:** Name and Address: NA
 - Phone No. _____ Fax No. _____
- 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 and Address: _____
 - Phone No. _____ Fax No. _____
- In addition to himself, Owner designates _____ of _____
To receive a copy of the Lien Notice as provided in Section 713.13(1) (b), Florida Statutes.
 - Phone No. _____ Fax No. _____
- Expiration date of Notice of Commencement (the expiration date is one (1) year from the date of recording unless a Different date is specified). _____

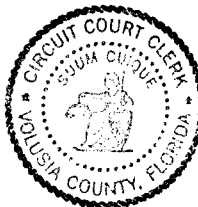
WARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART 1, SECTION 713.13, FLORIDA STATUTES, AND CAN RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.

[Signature]
Signature of Owner

Ryan MacDonald
Print Name of Owner

STATE OF FLORIDA, COUNTY OF Orange
Affirmed and subscribed before me this 28 day of Nov 2016 by Ryan MacDonald who is
Personally known to me or who has produced _____ (type of ID) identification.

Meghan Nelson
Signature of Notary Public State of Florida
Meghan Nelson
Print, Type or Stamp Name of Notary



STATE OF FLORIDA, VOLUSIA COUNTY
I HEREBY CERTIFY the foregoing is a true copy
of the original filed in this office. This

2nd day of Dec 16
Clerk of Circuit and County Court

By Melva Seery
Deputy Clerk



NOC
Water

City of Deltona
Building and Enforcement Services
2345 Providence Blvd, Deltona, FL 32725
Phone (386) 878-8650 - Fax (386) 878-8651
www.deltonafl.gov

16-05316
Permit Number

BUILDING PERMIT APPLICATION

CLEARLY TYPE OR PRINT IN BLACK OR BLUE INK
FBC 5TH EDITION 2014
NEC 2011

| | |
|--|----------------|
| PROJECT LOCATION 3409 Berkshire Woods Drive | |
| PROJECT DESCRIPTION CONSTRUCT NEW JFR | |
| FLOOD ZONE | PARCEL NUMBER: |

| | | |
|--|--|------------------------|
| Property Owner's Name D.R. Horton, Inc. | Mailing Address (Include City and Zip) 4300 Lee Vista Blvd # 400 Orlando, FL 32822 | Phone: 407-850-5200 |
| | E-mail Address EArnold@drhorton.com | Fax: 800-975-1512 |
| Contractor's Name/ Company's Name/License # STEVEN R. YOUNG/ D.R. HORTON CB0125212 | Mailing Address (Include City and Zip) 4300 Lee Vista Blvd # 400 Orlando, FL 32822 | Phone: 407-850-5200 |
| | E-mail Address SRYoung@drhorton.com | Fax: |
| Architect/Engineer of Record Name/License # AB Design Group | Mailing Address (Include City and Zip) 1441 N. Ronald Reagan Blvd Longwood, FL 32750 | Phone: 407-774-6078 |
| | E-mail Address | Fax: |
| Roofing Contractor/Company Name/License # Collis Roofing CC055022 | Mailing Address (include City and Zip) 485 Commerce Way Longwood, FL 32750 | Phone: 321-622-3119 |
| Plumbing Contractor/Company Name/License # WUNFAY CFC054901 | Mailing Address (include City and Zip) 485 S. Clara Ave Deland, FL 32720 | Phone: 386-734-0154 |
| Gas Contractor/Company Name/License # Gas Plumbing Pros. CFC057918 | Mailing Address (include City and Zip) 3135 Noan Ct. Deltona, FL 32738 | Phone: 386-748-5818 |
| Electric Contractor/Company Name/License # Lennax Electric EC0001060 | Mailing Address (include City and Zip) 8618 NE 43rd Way Wildwood, FL 32785 | Phone: 352-748-5818 |
| HVAC Contractor/Company Name/License # Energy Air CB-1810317 | Mailing Address (include City and Zip) 5401 Energy Air Ct. Orlando, FL 32810 | Phone: 407-708-9122 |

| PROJECT | AREA | ELECTRICAL | WATER | TYPE | STORIES |
|--|---|--|---|--|--|
| <input checked="" type="checkbox"/> New <input type="checkbox"/> Addition <input type="checkbox"/> Other <input type="checkbox"/> Alteration <input type="checkbox"/> Repair <input type="checkbox"/> Move Building Construction Type: | Living 1822 Sq. Ft. Garage 430 Sq. Ft. Porch 88 Sq. Ft. Other 10 Sq. Ft. TOTAL 2362 Sq. Ft. | Panel Size: 200 amp <input type="checkbox"/> FPL <input type="checkbox"/> DUKE | <input type="checkbox"/> Deltona Water <input checked="" type="checkbox"/> Volusia County Utilities <input type="checkbox"/> Well Permit No. _____ | <input checked="" type="checkbox"/> Single Family <input type="checkbox"/> Two Family <input type="checkbox"/> Commercial <input type="checkbox"/> Other: _____ | <input checked="" type="checkbox"/> One Story <input type="checkbox"/> Two Story <input type="checkbox"/> Other: _____ |

| | | | |
|--|--|--|----------------------|
| FOUNDATION <input checked="" type="checkbox"/> Mono <input type="checkbox"/> Stem Wall <input type="checkbox"/> Other | PLUMBING <input checked="" type="checkbox"/> Sewer <input type="checkbox"/> Septic Permit No. _____ | ESTIMATED VALUATION \$ 153,530 26,607.30 Signature of Applicant (Contractor's Signature to be notarized) | 11.28.2016 (Date) |
|--|--|--|----------------------|

STATE OF FLORIDA, COUNTY OF Orange
Affirmed and subscribed before me this 28 day of NOV 2016 by STEVEN R. YOUNG
who is personally known to me or who has produced _____ (type of identification).

Meghan Nelson Signature of Notary Public State of Florida
Meghan Nelson Print/Type or Stamp Name of Notary (SEAL):



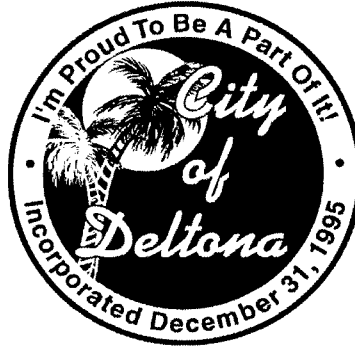
The applicant agrees to comply with all laws, Municipal Ordinances, and the conditions of this permit; understands that the issuance of the permit creates no legal liability; express or implied, of the Department, Municipal Agency, or Inspector; and certifies that all of the above information is accurate. When requesting inspections you must have the permit number, confirmation number, and the inspection code(s) ready; call 386-575-6900 or 407-936-9999. Inspections requested by 12:00 midnight will be done the next business day.

PERMIT EXPIRATION - Permit expires 180 days from date issued unless otherwise noted below or governed by law.

WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY 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 WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT. Florida Statute 713.135

PERMIT ISSUED BY MUNICIPAL AGENT [Signature] DATE: 12/5/16

**BUILDING & ZONING SERVICES
RECEIPT**



Printed: December 02, 2016

TAX ID: 05183125004220
3469 BERKSHIRE WOODS TER
DELTONA, FL 32725
BUILDING RES
SFR

PERMIT NO: 16-05316

Receipt Number: B71074

| Fee Description | Account Number | Fee Amount |
|------------------------------|-----------------------|-------------------|
| SUBMITTAL FEE - 1 & 2 FAMILY | 322157 | \$30.00 |
| PLAN REVIEW FEES | | |
| PLAN REVIEW-RES DEPOSIT | 322157 | \$85.00 |

Total Fees Paid:

\$115.00

Date Paid: Friday, December 2, 2016
Paid By: DR HORTON INC
Pay Method: CHECK 512512 512511
Received By: Cathy White

BUILDING

10



LIMITED POWER OF ATTORNEY

DATE: 11.28.2016

I hereby name and appoint Tina Jopp, Tina Ogsten, Angelo Santiago
(Print Name Clearly)

of D.R. Horton Inc
(NAME OF COMPANY) to be my lawful attorney in fact to

act for me and apply to the City of Deltona for a Construction
(PERMIT TYPE) permit for work to be performed at a location described as:

3469 Berkshire Woods Terrace
Address of Job
D.R. Horton, Inc
Owner of Property

and to sign on my behalf do all things necessary for this appointment.

Steven R Young
Type or Print name of Licensed Contractor

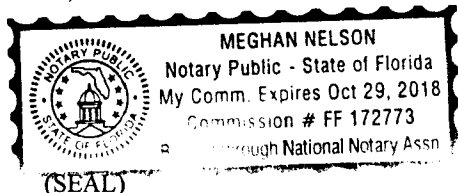
CB01252212
Contractor's License Number

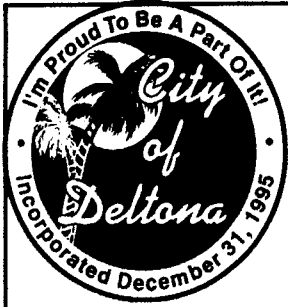
[Signature]
Signature of Contractor

STATE OF FLORIDA, COUNTY OF Orange
Affirmed and subscribed before me this 28 day of Nov 2016 by Steven R. Young who is personally
known to me or who has produced _____ (type of ID) identification.

Meghan Nelson
Signature of Notary Public State of Florida

Meghan Nelson
Print, Type or Stamp Name of Notary





PERMIT APPLICATION
PLUMBING

TYPE OR PRINT IN INK ONLY
FBC 5TH EDITION - NEC 2011

CITY OF DELTONA
BUILDING AND ENFORCEMENT SERVICES
2345 PROVIDENCE BLVD
DELTONA, FL 32725
Ph 386-878-8650 - Fax 386-878-8651

Permit Number 16-05316
 Residential Commercial
Parcel ID# 0105.25.00.4220
City of Deltona
Automated Inspection System
(386) 575-6900 or (407) 936-9999

Owner's Name D R HORTON, INC. Phone 407 850 5200

Project Address - Include City & Zip
3469 Berkshire Woods Terrace Deltona FL 32725

Plumbing Contractor Winfrey Plumbing Phone 386 734 0154

Contractor's Mailing Address - Include City & Zip
1185 S. Clara Avenue Deltona FL 32720 Fax _____

Plumbing License Holder's Name John Winfrey License # OFC054901 Email _____

PLUMBING AREA to be Inspected

- Interior Re-Pipe
- Sewer Re-Pipe
- Water Heater change-out
- Other: new plumbing to sfr
(Description of Work)
- Solar Pool Heater
- Solar Water Heater
- Mater File # _____ (if applicable)

| | | |
|---------------------|---|------------------------------|
| ESTIMATED VALUATION | <u>John B Winfrey</u> Signature of Applicant <small>(Contractor's Signature to be notarized)</small> | <u>4-1-16</u> Date |
| \$ <u>5060-</u> | | |

STATE OF FLORIDA, COUNTY OF Orange
Affirmed and subscribed before me this 1 day of April 2016 by John Winfrey who is personally known to me or who has produced _____ (type of ID) identification.

Meghan Nelson
Signature of Notary Public State of Florida
Meghan Nelson
Print, Type or Stamp Name of Notary

(SEAL)



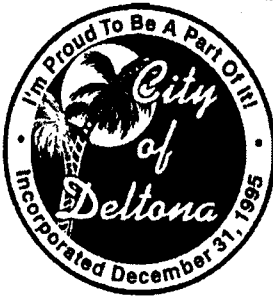
The applicant agrees to comply with all laws, Municipal Ordinances, and the conditions of this permit; understands that the issuance of the permit creates no legal liability; express or implied, of the Department, Municipal Agency, or Inspector; and certifies that all of the above information is accurate. When requesting inspections you must have the permit number, confirmation number, and the inspection code(s) ready; call 386-575-6900 or 407-936-9999. Inspection requested by 12:00 midnight will be done the next business day.

APPROVAL CONDITIONS: This permit is issued pursuant to the attached conditions. Failure to comply may result in suspension or revocation of this permit or other penalty.

PERMIT EXPIRATION: permit expires 180 days from date issued unless otherwise noted below or governed by law.

WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY 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 WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.

PERMIT ISSUED BY MUNICIPAL AGENT _____ DATE _____



PERMIT APPLICATION

GAS

TYPE OR PRINT IN INK ONLY FBC 2007

**CITY OF DELTONA
BUILDING AND ZONING SERVICES**
2345 Providence Blvd
Deltona, FL 32725
386-878-8650/Fax 386-878-8651

Permit Number 16-05316

Confirmation Number

Parcel ID# 0105.25.00.4220

City of Deltona
Automated Inspection System

(386) 575-6900 / (407) 936-9999

Owner's Name

D R HORTON, INC

Phone 407

() - 850 5200

Project Address - Include City & Zip

3469 Berkshire Woods Terrace Deltona FL 32725

Gas Company

Gas Plumbing Svcs

Contractor's Name and License #

CFC057948

Phone

() -

Fax

() -

Company Address - Include City & Zip

E-mail

LP Company

Contractor's Name and License #

Phone

() -

Fax

() -

Gas Piping Company

Gas Plumbing Services, Inc.

Contractor's Name and License #

Vincent Polizzi / CFC057948

Phone

886 774 8244

Fax

886 775-1749

Natural Gas Company

Contractor's Name and License #

Phone

() -

Fax

() -

GAS SPECIFICATIONS

- Tank Set Only _____
- Tank Set & Piping _____
- Adding appliances to existing system _____
- Above Ground _____
- Underground _____

GAS

- Propane
- Existing Tank
- New Tank
- Existing Meter

JOB VALUATION \$ 1090

Signature of Applicant
(Contractor's signature to be Notarized)

4/16/2016
Date

STATE OF FLORIDA, COUNTY OF Volusia

Affirmed and subscribed before me this 06 day of April 2016 by Vincent Polizzi who is personally known to me or who has produced _____ (type of ID) identification.

[Signature]
Signature of Notary Public State of Florida

Print, Type or Stamp Name of Notary



Marie L. D'orio
NOTARY PUBLIC
STATE OF FLORIDA
Comm# FF972306
Expires 3/17/2020 (SEAL)

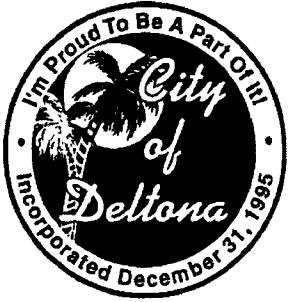
The applicant agrees to comply with the Municipal Ordinances and with the conditions of this permit; understands that the issuance of the permit creates no legal liability; express or implied, of the Department, Municipality, Agency or Inspector; and certifies that all of the above information is accurate. Have Permit # and confirmation # when requesting inspections, call 386-575-6900 / 407-936-9999. Give at least 24 hours notice on all inspections.

Approval Conditions: This permit is issued pursuant to the attached conditions. Failure to comply may result in suspension or revocation of this permit or other penalty.

PERMIT EXPIRATION: permit expires 180 days from date issued unless otherwise noted below or governed by law.

WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY 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 WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.

PERMIT ISSUED BY MUNICIPAL AGENT _____ DATE: _____



PERMIT APPLICATION
ELECTRICAL

FBC 5th EDITION 2014 - NEC 2011
TYPE OR PRINT IN INK ONLY

CITY OF DELTONA
BUILDING AND ENFORCEMENT SERVICES
2345 PROVIDENCE BLVD
DELTONA, FL 32725
Ph 386-878-8650 - Fax 386-878-8651

Permit Number **16-05316**

Residential Commercial

Parcel ID#
8105 25-0D-4220

City of Deltona Automated Inspection System

(386) 575-6900 / (407) 936-9999

Owner's Name **DR HOOTEN INC.** Phone: **407-956-4745**

Project Address - Include City & Zip
3469 Berkshire Woods Terrace Deltona FL 32725

Electrical Contractor **LENHART ELECTRIC COMPANY** Phone: **352-748-5818**

Mailing Address - Include City & Zip
8618 NE 43RD WAY WILDWOOD, FL 34785 Fax: **352-748-3349**

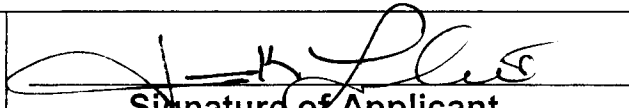
License Holder's Name **JAMES K. LENHART** License # **EC0001660** E-mail **CHRS@LENHARTELECTRICAL.COM**

REPLACEMENT & MODIFICATIONS Power Co.: FPL DUKE

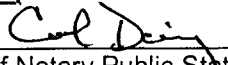
- Change-Of-Service _____ AMP
- Mast Repair
- Meter Base Repair
- Re-wire
- Photovoltaic System
- Other: _____

Description of Work **ELECTRICAL AND LOW VOLTAGE FOR NEW HOME**

Job Valuation \$ **4132-**


Signature of Applicant **4-1-16**
Date
(Contractor's Signature to be Notarized)

STATE OF FLORIDA, COUNTY OF **SUMTER**
Affirmed and subscribed before me this **1ST** day of **APRIL** 20**16** by **JAMES K. LENHART** who is personally known to me or who has produced **FL DL** (type of ID) identification.


Signature of Notary Public State of Florida
CAROL DOWNING
Print, Type or Stamp Name of Notary



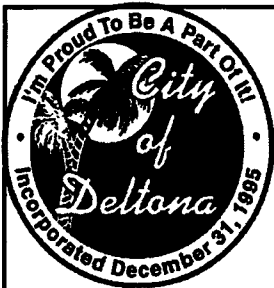
The applicant agrees to comply with all laws, Municipal Ordinances, and the conditions of this permit; understands that the issuance of the permit creates no legal liability; express or implied, of the Department, Municipal Agency, or Inspector; and certifies that all of the above information is accurate. When requesting inspections you must have the permit number, confirmation number, and the inspection code(s) ready; call 386-575-6900 or 407-936-9999. Inspection requested by 12:00 midnight will be done the next business day.

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APPROVAL CONDITIONS: This permit is issued pursuant to the attached conditions. Failure to comply may result in suspension or revocation of this permit or other penalty.

PERMIT ISSUED BY MUNICIPAL AGENT _____ DATE _____



PERMIT APPLICATION
MECHANICAL
 FBC 5th EDITION 2014 - NEC 2011
 TYPE OR PRINT IN INK ONLY

CITY OF DELTONA
 BUILDING AND ENFORCEMENT SERVICES
 2345 PROVIDENCE BLVD
 DELTONA, FL 32725
 Ph 386-878-8650 - Fax 386-878-8651

Permit Number 16-05316

Residential Commercial

Parcel ID#
8105.25.00.4220

City of Deltona
 Automated Inspection System

(386) 575-6900 / (407) 936-9999

Property Owner's Name D.R. HORTON, INC. Phone 407 850 5200

Project Address - Include City & Zip
3469 Berkshire Woods Terrace Deltona FL 32725

Mechanical Contractor Energy Air Inc. Phone 407 886 3729

Contractor's Mailing Address - Include City & Zip 5401 Energy Air Court Orlando FL 32810 Fax 407 886 7580

License Holder's Name Robert C. Kulp License # CAC1816317 E-mail

Electrical Contractor's Mailing Address - Include City & Zip Phone

License Holder's Name License # E-mail

Mechanical Information

Size & Type of NEW Unit Carrier SEER: 15

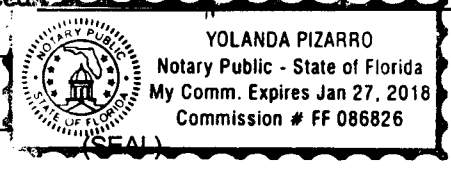
Inside Unit Outside Unit Duct Work Packaged Unit Roof Mounted
 Duct Inspection & Sealing Certificate will be attached to the air handler for the inspection
 Other, description of work: new hvac for sfr

ESTIMATED VALUATION \$ 4610

[Signature] 11/28/16
 Signature of Applicant Date
 (Contractor's Signature to be notarized)

STATE OF FLORIDA, COUNTY OF Volusia
 Affirmed and subscribed before me this 28 day of November 2016 by Robert Kulp
 who is personally known to me or who has produced (type of ID) identification.

[Signature]
 Signature of Notary Public, State of Florida
Yolanda Pizarro
 Print, Type or Stamp Name of Notary



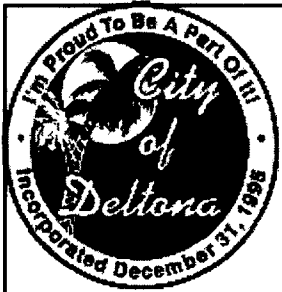
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PERMIT ISSUED BY MUNICIPAL AGENT _____ DATE _____



PERMIT APPLICATION

ROOF

FBC 5th Edition 2014
TYPE OR PRINT IN INK ONLY

CITY OF DELTONA
BUILDING AND ENFORCEMENT SERVICES
2345 PROVIDENCE BLVD
DELTONA, FL 32725
Telephone 386-878-8650 Fax 386-878-8651

Permit Number 16-05316

Residential Commercial

Parcel ID#
0105.25.00.4220

City of Deltona Automated Inspection System

(386) 575-6900 – (407) 936-9999

Property Owner's Name
D R HORTON, INC.

Telephone - Include Area Code
407 850 5200

Project Address - Include City & Zip
3469 Berkshire Woods Terrace Deltona FL 32725

Contractor's Company Name
Collis Roofing

Phone
321 441 2300

Mailing Address - Include City & Zip
485 Commerce Way Longwood FL 32750

Fax

License Holder's Name
Doug Lanier

License #
CC058022

E-mail

*Underlayment SHALL be in compliance with R905.2.7

BUILDING TYPE: _____ Master File # _____ PRODUCT APPROVAL #FL _____

| ROOF AREA | ROOF TYPE | TYPE | ROOF PITCH |
|------------------------------|--|---|--|
| <u>2362</u> TOTAL Sq. Ft. | <input checked="" type="checkbox"/> Shingle - Architectural <input type="checkbox"/> Shingle - 3 Tab <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Metal <input type="checkbox"/> Tile <input type="checkbox"/> Reroof <input type="checkbox"/> Roof-over _____ <small>(Layers)</small> | <u>5</u> " <small>12" Slope</small> |

ESTIMATED VALUATION \$ 3901-

[Signature]
Signature of Applicant
(Contractor's signature to be Notarized)
Date 11-28-16

STATE OF FLORIDA, COUNTY OF Orange
Affirmed and subscribed before me this 28 day of NOV 2016 by Doug Lanier who is personally known to me or who has produced _____ (type of ID) identification.

Meghan Nelson
Signature of Notary Public State of Florida
Meghan Nelson
Print, Type or Stamp Name of Notary

(SEAL)



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PERMIT ISSUED BY MUNICIPAL AGENT _____ DATE _____