				P. 1
* *	* Communication Result Re	port (Apr. 25. 2017 3:	:52PM) * * * 2)	
ate/Time: Apr. 25. 20	17 3:50PM			
ile No. Mode	Destination	Pg(s)	Result	Page Not Sent
52 Memory TX	Duke Energy	P. 1	ОК	
E 3) No. a	or up or line fail nswer eded max. E-mail size	E. 2) Busy E. 4) No facsimile E. 6) Destination c	connection	t IP-Fax
	genita ya Sheye ya catata in dadara sa kata ya			
	Building a 2345 Providence De	7 OF DELTONA ad Enforcement Services E Blod., 19 'Hoor, South Wing stema, F1 32725		
	Bana Decontrativ	550 - FAX (386) 878-8651 FE OF OCCUPANCY		
	Date: 04/25/17	Permit No: 16-05316	m	
	Certificate of Occupancy for the building to	DELTONA, FL	ык	
	Owner: DR HORTON INC 6200 LEE VISTA BLVD ORLANDO, FL	Builder: DR HORTON INC		
	Bui Single Family Residence Construction Type: V-B	diag Description Parcel No.: 05183125004220 Living Arces: 1828 SF Other: 534 SF Total: 2362 SF		
		escribed structure has been inspected for com ilding Code- Residential 5 th Edition 2014 for		
		Signed Sieve Roland Sieve Roland Building Official		
	POWER RE	LEASE INFORMATION		
	Date: 04/2		50	
		ne contactor. Demain Breathe Company – BC000106 MPS <u>Underground</u>		
	<u></u>		4	



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

Electric Contractor: Lenhart Electric Company-EC0001660 $\mathbf{\nabla}$

Time: 3:15 PM

200 AMPS Underground

CERTIFICATE OF OCCUPANCY CHECKLIST

PERMIT <u>#: 16-05316</u>

ADDRESS: <u>3469 BERKSHIRE WOODS</u> <u>TER</u>

PARCEL <u>#: 05183125004220</u>

BUILDER: <u>DR HORTON INC</u>

 Notice of Commencement Final Electric Final Mechanical Final Plumbing Final Building Driveway Forms Qas Frual 	INITIALS O/C CL CL CL CL	COMMENTS 12/2/16 on file 4/19/17 Pass 4/19/17 Pass 4/19/17 Pass 4/24/17 pass 3/24/17 pass
Septic/Health Stur		
Date F ⊡ Date F		Inspector \$
Yes	No	Fees Paid to fund
☑ County Impact Fees Receip	ot #	\$ 5,173.88
poud 4125/17 (\$2,173.8	8 + \$ 6,065.94	I = \$ 8,339,557) ▷ = \$6,173,88
☑ City Impact Fees <u>\$ 3,075.</u>	97 3,000.00	> = \$5,173.88
$\begin{array}{c c} \rho a & \square & Fire \underline{\$214.49} \\ \square & Parks \underline{\$1,556.21} \\ 12 7 16 & \square & Road \underline{\$1,044.0} \\ \square & Law Enforcement \\ \square & Waste \underline{\$144.9} \end{array}$		1,828 534 2,362
	K	11/22/16 - on file
☑ Final Well _1	<u>vo</u>	•
☑ Irrigation System Permit	Yes	NO N/A
Duke Energy	Phone # (8	300) 749-1677
□ FPL	Phone# (8	800) 741-1424
(Electrical contractor)	nhart Ele	etric CO.
E	2020 1660 100 AMRS	



DeLand, FL 32720

FEE SUMMARY

Permit:	20170425020		04/25/2017
Туре:	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	1	
Primary Tax Par	cel: 8105-25-00-4220		
Occupancy:	Single Family Residence (Units) - 1		
Date	Fee Description	Amount	Balance
	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	
	Т	otal Balance Due	\$0.00

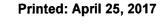
Many of our services are available online. Registered users can check permit status, make payments, schedule inspections, print permit documents, and apply for certain permits online. Visit us on the web today at ConnectLivePermits.org.

BUILDING & ZONING SERVICES RECEIPT

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

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

BUILDING



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	

Decen

?N

Be



\$105.00



CITY OF DELTONA INSPECTION REPORT

PERMIT NUMBER	R: 16-05316	Pre-Power
CONTRACTOR/ SUBCONTRACTOR:		
JOB ADDRESS:	3469 BERKSHIRE WOODS TI	ER
DATE:	04/06/2017	RESULT: Pass
NON-COMPLIANCE	FEE: \$	

Please ruleare power Thanks Ameyer

REPORT TO REMAIN ON SITE UNTIL REINSPECTION APPROVAL OBTAINED

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

	*	* *	Communicat	ion Result	: Report (Apr. б.	2017	2:50	PM) * * 1) 2)	*
Date/Time: Apr.	6.	2017	2:47PM							
File No. Mode			Destinati	on			Pg(s)		Result	Page Not Sent
3324 Memory TX			Duke Ener	ду			P. 1		OK	
Reason E. E. E.	for 1) H 3) N 5) E	error ang ur o answ xceede	o or line fa rer ed max. E-ma	il il size	CITY OF D		/ facsim :inati	ile co on doe Page	nnection s not supp 1	ort IP-Fax
			Deitom	I I	NSPECTIO		ſ			
			CONTRACT SUBCONTR JOB ADDRE DATE:	ACTOR: DR HORT	ON INC RKSHIRE WOODS	Pre-P TER RESULT				

P. 1

Please subcase power Thanks Ameyer

REPORT TO REMAIN ON SITE UNTIL REI	NSPECTION APPROVAL	OBTAINED
Carl Lynch	FROM 7:30 TO 8:00 A.M. FROM 3:30 TO 4:00 P.M. NORMAL PHONB HOURS	TELEPHONE

	16 - 0530
MASSEY	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 # 42	
2 3/17	Borgcare 25
Treatment D	e Product Name Concentration %
The building has recei Treatment is in accord and Consumer Service	ed a complete treatment for the prevention of subterranean termites. nce with rules and laws established by the Florida Department of Agriculture
	Carlos Dig/
MS-153	Authorized Senature Rev. 03/15

1,-05,716	2	densities performed this trip			Page	9 9	
Project:	Per	Permit No.:	ENG			SCIENCES	Ö
Area Tested:	Subgrade Fill Stabilized sub-base Backfill Native Soil Cement Base	ub-base	Consultants Construction Private Prov	Consultants In: Geotechnical Engineering • Environmental Engineering • Construction Materials Testing • Threshold Inspection • Private Provider Inspection • Geophysical Studies	Engineering • E 1 • Threshold In Geophysical Stu	invironmental spection • idles	Engineening •
FIELD □ ASTM D-2937 Drive Cylinder Method □ ASTM D-2922 Nuclear Method □ ASTM D-1556 Sand Cone Method 	□ AASHTO T-204 Drive Cylinder Method □ AASHTO T-191 Sand Cone Method □ AASHTO T-238 Nuclear Method	LABORATORY	 AASHTO T-99 Standard Proctor AASHTO T-134 Soil Cement Field Proctor 	andard Proct ioil Cement F	or Field Procto	¥	
Remarks: Compaction Requirements Date of Test:	nts% of maximum dry density.	/ density. *Denotes Failure	re)		
Technician:			nsity Dry Lab)	Moisture Lab)	y (lbs/c.f.	ent	
Reference:			Max. De (From	Optimum (From		Field N Per	Perce Maximun
					~		
·						· · ·	• • •
							·. 1
							,
						A REAL PROPERTY AND A REAL PROPERTY A REAL PROPERTY AND A REAL PRO	



BUILDING & ZONING SERVICES

2345 Providence Blvd Deltona, FL 32725 TEL: (386) 878-8650 FAX: (386) 878-8651

UNIFORM

BUILDING

PERMIT

'ERMIT TYPE:	BUILDING RES	PERMIT NUMBER:	CONFIRMATION NO:	TAX KEY NO:
	SFR	16-05316	5.490	05183125004220
JOB ADDRESS: 3	469 BERKSHIRE WOODS T	ER SFR O	NE STORY LOT 422	
	RIDGE ENCLAVE LLC S: 1410 ELM AVE WINTER PARK FL 32	2200		PHONE:
				FAX:
APPLICANT: DR H	IORTON INC	EARNOL	D@drhorton.com	PHONE: (407) 850-5200
MAILING ADDRES	S: 6200 LEE VISTA BLVD ORLANDO FL	32822		FAX: (866) 295-8989
CONTRACTOR: D	R HORTON INC	EARNOL	D@drhorton.com	PHONE: (407) 850-5200
MAILING ADDRES	S: 6200 LEE VISTA BLVD ORLANDO F	L 32822		FAX: (866) 295-8989
ELECTRICAL CONT	FR: LENHART ELECTRIC CO	chris@le	nhartelectric.com	PHONE: (352) 267-1699
MAILING ADDRES	S: 8618 NE 43 WILDWOOD FL 34785			FAX: (352) 748-3349
MECH CONTR: EN	IERGY AIR INC	nbentley	@energyair.com	PHONE: (407) 886-3729
MAILING ADDRES	S: 5401 ENERGY AIR CT ORLANDO	FL 32810		FAX: (407) 886-7580
LUMBING CONTR	: WINFREY PLUMBING			PHONE: (386) 775-3099
AILING ADDRES	S: 1685 S CLARA AVE DELAND FL 32720)		FAX: (386)734-2751
ROOF CONTR: CC	OLLIS ROOFING	swilliam	s@collisroofing.com	PHONE: (321) 441-2300
AILING ADDRES	S: PO BOX 520668 LONGWOOD FL 3275	52		FAX: (321)441-2313
GAS CONTR: GAS	PLUMBING SERVICES	GPSIOF	FICE@CFL.RR.COM	PHONE: (386) 774-8244
1AILING ADDRESS	S: 590 W MAIN ST LAKE HELEN FI 3274	4		FAX: (386)775-1749

ONING DISTRICT		SUBDIVISION:		LOT: BLOO	x :		
FRONT SETBACK: 0.00	REAR SETBACK: 0,00	LEFT SETBACK: 0.00	RIGHT SETBACK: 0.00	Foundation: Monolithic	SQ FT LIVING AREA: 1,825		
ONSTRUCTION TY		GARAGE: Attached	USE:	ROOF TYPE: Shingle	ROOF AREA:	APPLICATION DATE:	12/2/2016
ee: Municipal		STORIES: 1-Story	PLUMBING: Municipal	POWER COMPANY: DUKE ENERG	SQ FT OTHER: 534	APPROVAL DATE: PERMIT/ISSUE DATE:	12/5/2016 12/7/2016
EPTIC PERMIT NO	τ			ELEC PANEL SIZE:	SQ FF TOTAL: 2,359	ESTIMATED VALUATION:	\$ 266,079.30
VAC SIZE:	HVAG	C TYPE:			· · · · · · · · · · · · · · · · · · ·		

 Applicant agrees to comply with Municipal Ordinances and with the conditions of this permit; understands that the issuance of the mit creates no legal liability, express or imploied, of the Department, Municipality, Agency, or Inspector; and certifies that all of the we information is accuarate. Have Permit/Application number and address when requesting Inspections, call >575-6900/407-936-9999. Give at least 24 hours notice on all Inspections.

s permit is issued pursuant to the attached conditions. Failure to comply may result in suspension or revocation of this permit or other alty. Permit expires 180 days from date issued unless otherwise noted or governed by law.

gnature

12/7 Date Received

BUILDING & ZONING SERVICES RECEIPT

TAX ID: 05183125004220 3469 BERKSHIRE WOODS TER DELTONA, FL 32725 BUILDING RES SFR Printed: December 07, 2016



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: Date Paid: Wednesday, December 7, 2016 Paid By: DR HORTON INC Pay Method: CHECK 0516518 Received By: Cathy White \$4,819.30

BUILDING

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 CONTRO	DLLED 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
		n a ana ana ana ana ana ing ay mata a		19 de le mais com anno como co
Payment	Details	an "control and and and and and and and	and made to the local state state	Paid
Oh!-				
Check	Acc#XXXX0 Chk#513358		1999 - Ballon Standon (1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 199	\$920.00
Check			1997 - 19	\$920.00 \$920.00
	Chk#513358 Acc#XXXX0			
Check	Chk#513358 Acc#XXX0 Chk#510028 Acc#XXX0			\$920.00
Check Check	Chk#513358 Acc#XXX0 Chk#510028 Acc#XXX0 Chk#513357 Acc#XXX0			\$920.00 \$920.00
Check Check Check	Chk#513358 Acc#XXXX0 Chk#510028 Acc#XXXX0 Chk#513357 Acc#XXX0 Chk#513346 Acc#XXXX0 Chk#513356 Acc#XXXX0			\$920.00 \$920.00 \$920.00
Check Check Check Check	Chk#513358 Acc#XXXX0 Chk#510028 Acc#XXXX0 Chk#513357 Acc#XXX0 Chk#513346 Acc#XXX0 Chk#513356 Acc#XXX0 Chk#513356 Acc#XXX0 Chk#513344			\$920.00 \$920.00 \$920.00 \$920.00 \$920.00
Check Check Check Check Check	Chk#513358 Acc#XXX0 Chk#510028 Acc#XXX0 Chk#513357 Acc#XXX0 Chk#513346 Acc#XXX0 Chk#513356 Acc#XXX0 Chk#513344 Acc#XXX0 Chk#513344 Acc#XXX0			\$920.00 \$920.00 \$920.00 \$920.00 \$920.00 \$920.00
Check Check Check Check Check Check	Chk#513358 Acc#XXX0 Chk#510028 Acc#XXX0 Chk#513357 Acc#XXX0 Chk#513346 Acc#XXX0 Chk#513356 Acc#XXX0 Chk#513356 Acc#XXX0 Chk#513344			\$920.00 \$920.00 \$920.00 \$920.00 \$920.00 \$920.00

3469 Boulshire Let 422



Growth and Resource Management

123 West Indiana Avenue DeLand, FL 32720

Reference #:20161122019Type:Utility Permit - ResidentialApplicant:Address:Folder Name:Berkshire Woods TerracePrimary Tax Parcel:8105-25-00-4220



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	<u>\$</u>	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
NOTICE OF COMMENCEMENT State of Florida	Page: 2640 Diane M. Matousek Volusia County, Clerk of Court
County of Volusia	
Permit Number Tax Parcel Number	r: <u>8105</u> - <u>25</u> - <u>00</u> - <u>422</u> 0
The UNDERSIGNED hereby gives notice that improvement will be made to certain real pro Chapter 713, Florida Statutes, the following information is provided in this NOTICE OF	operty, and in accordance with COMMENCEMENT .
1. Description of Property: (Legal description of the property, and street address if a ALOOR RUGE FLAT BOOK 57 pg(5) 23-25 3469 Berkshire Woods Terrace Deltona FL 327	125
2. General Description of Improvement: CONSTRUCT NOW SIV	gie family residence
 3. Owner Information: a. Name and Address: D.R. Horton, Mc. 0300 USE b. Interest in Property: C. Name and address of fee simple title holder (if other than owner): 	
4. Contractor: Name and Address: D.R. HOMON 1 Steven P. Youn a. Phone No. 407-550 - 5500 Fax No 500-975-1	0-022
a. Phone No Fax No	······································
A A A	
7. Persons within the State of Florida designated by Owner upon whom notices or oth provided by Section 713.13 (1)(a)7., Florida Statutes:	er documents may be served as
	1
 In addition to himself, Owner designates of To receive a copy of the Lien Notice as provided in Section 713.13(1) (b), Florida a. Phone No Fax No 	Statutes.
 Expiration date of Notice of Commencement (the expiration date is one (1) year fr Different date is specified). 	rom the date of recording unless a
WARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE COMMENCEMENT ARE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713 STATUTES, AND CAN RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFOR INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORN OR RECORDING YOUR NOTICE OF COMMENCEMENT.	3, PART 1, SECTION 713.13, FLORIDA O YOUR PROPERTY. A NOTICE OF E THE FIRST INSPECTION. IF YOU
1700 Ryan M	acDonald
Signature of Owner Print	Name of Owner
STATE OF FLORIDA, COUNTY OF <u>CAPAC</u> Affirmed and subscribed before me this <u>28</u> day of <u>NUV</u> 20/(p by <u>Ryan</u> <u>N</u> Personally known to me or who has produced (t	<u>ype of ID) identification.</u>
Mighan Ause Signature of Notary Public State of Florida Meanan Aeson Print, Type or Stamp Name of Notary Bonded through National	ON of Florida t 29, 2018
STAT	E OF FLORIDA. VOLUSIA COUNTY

,



I HEREBY CERTIFY the foregoing is a true copy of the original filed in this office. This	/
Clerk of Circuit and County Court	, 2
By Melica Serry Deputy Clerk	[

City Seliona is	234	Building and E 5 Providence ne (386) 878-8	f Deltona inforcement Servic Blvd, Deltona, Fl 650 – Fax (386) 87 deltonafl.gov	32725	<u>/6-(</u> Perm	<u>)53/(6</u> nit Number
	•		PROJECT L	ocation ereshire Woo	ds Drive	,
BUILDIN		EARLY TYPE OR		ESCRIPTION		
PERMI		JE INK	const	not now .	JFR	
APPLICAT		C 5 [™] EDITION 201 C 2011	FLOOD ZON	E	PARCEL NUM	
Property Owner's Name D.R. HOVHON	Inc	42000	ss (Include City and Z	BING # LOU		Phone: 407-350-5200
	, me.	E-mail Addres	S .	rton.com		Fax: 500-975-1512
Contractor's Name/ Company's		Mailing Addre	ss (Include City and Z	(ip)		Phone: 407-750-5200
D.R. HOVION C	BN 2521	E-mail Addres	ndo, FI 3	2822		Fax:
Architect/Engineer of Record N AB DESIGN E		Mailing Addres	Ronald Rt	agan Blvd S	1 19000(.F) 2750	Phone:
Roofing Contractor/Company N	lame/License #	Mailing Addre	ss (include City and Z	Way	<u></u>	Phone: 321-622-3119
Plumbing Contractor/Company		Mailing Addre	ss (include City and Z	Deland. FI	52720	Phone: 3 4-734-0154
Gas Contractor/Company Name Gas Plumbing 5	e/License #	Mailing Addre	ss (include City and Z			Phone: 384-745-5318
Electric Contractor/Company N LENNAN ELECT	ame/License #	Mailing Addre	ss (include City and Z	WIGHOOD.FI	34785	Phone:
HVAC Contractor/Cumpany National Alk	160 me/License # 1810317		ss (include City and Z	. Ovando, Fi	32500	Phone: 407-708-9122
PROJECT	AREA		ELECTRICAL	WATER	TYPE	STORIES
New □ Alteration Addition □ Repair Other □ Move Building Construction Type:	Living 1828 Garage 430 Porch 86 Other 10 TOTAL 3306	Sq. Ft. ' Sq. Ft s Sq. Ft. s	Panel Size:_ Q()) amp _ FPL DUKE	Deltona Water Volusia County Utilities Well Permit No	Single Far Two Famil Commerci Other:	y X One Story
FOUNDATION	PLUMBING	1	ESTIMATED VAL	UATION \$ 1535	3 0 20	.6079.30
Mono	Sewer		(And M	len	11.28.2016
Stem Wall Other	Permit No		Signatur Contractor's Sig	e of Applicant	/ /	(Date)
STATE OF FLORIDA, COU Affirmed and subscribed I	INTY OF <u>0</u> before me this	me				na
who is personally known						(type of identification).
Signature of Notary Public S	AM tate of Florida	Print, Ty	YAN NCISU pe or Stamp Name	of Notary		MEGHAN NELSON Notary Public - State of Florida My Comm. Expires Oct 29, 2018 Commission # FF 172773
The applicant agrees to comply with all laws, Municipal Ordinances, and the conditions of this permit; understande the two insures 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 f	rom date issue	d unless otherwise	noted below or governe	ed 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 Statue 713.135						
PERMIT ISSUED BY MU	INICIPAL AGE		Al	req	D	DATE: 2/5/11
			×.,	(

BUILDING & ZONING SERVICES RECEIPT

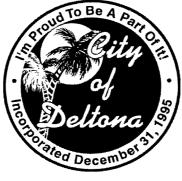
TAX ID: 05183125004220 3469 BERKSHIRE WOODS TER DELTONA, FL 32725 BUILDING RES SFR ະອີ PERMIT NO: 16-05316

Receipt Number: B71074

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

Total Fees Paid: Date Paid: Friday, December 2, 2016 Paid By: DR HORTON INC Pay Method: CHECK 512512 512511 Received By: Cathy White \$115.00

BUILDING



Printed: December 02, 2016

LIMITED POWER OF ATTORNEY



DATE: 11.28.2010

l hereby name and appoir	TINA DOD, TINA OSTAAN, I (Print Name Clearly)	Angelo Santiago
--------------------------	--	-----------------

D.R. Horton of

to be my lawful attorney in fact to

act for me and apply to the City of Deltona for a ______

permit for work to be performed at a location described as:

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

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

HAVAN R Type or Print name of Licensed Contractor CBCI252212 Contractor's License/Number Signature of Contractor

STATE OF FLORIDA, COUNTY OF $()$ for an and subscribed before me this $\overline{28}$ day of $\underline{100}$ by	Steven R. Young who is personally
known to me or who has produced	(type of ID) identification.
Signature of Notary Public State of Florida MEGHON MCISUH Print, Type or Stamp Name of Notary	MEGHAN NELSON Notary Public - State of Florida My Comm. Expires Oct 29, 2018 Commussion # FF 172773 a Commussion # FF 172773 a Commussion # State of Florida

Joud To Be A Part	PERMIT APPLICATION	Permit Number	16.053/6	
s Gity E	PLUMBING	A Residential	Commercial	
· al ·	TYPE OR PRINT IN INK ONLY FBC 5 [™] EDITION - NEC 2011	Parcel ID#		
S Deltona &	CITY OF DELTONA	0105.25.0	City of Deltona	
1207	BUILDING AND ENFORCEMENT SERVICES	Automa	ated Inspection System	
Paled December 3	2345 PROVIDENCE BLVD DELTONA, FL 32725			
	Ph 386-878-8650 - Fax 386-878-8651	(386) 575-	6900 or (407) 936-9999	
Owner's Name			Phone 407 850 5200	
Project Address - Include City	shire woods Terrace Delto	~ 5 327	25	
Riumbing Contractor		μ , c , b .	Phone	
Contractor's Mailing Address	- Include City & Zip	-	<u>386 734 0154</u> Fax	
11085 S. Clar Plumbing License Holder's Na	a Hvenue Deland H 3270	0	Email	
John Winfr	CFC 05	54901		
PLUMBING AREA	A to be inspected		·····	
□ Interior Re-Pi	pe 🗆 🗆 Se	olar Pool Hea	ater	
Sewer Re-Pip	-	olar Water H		
□ Water Heater		later File #	(if applicable)	
	Delumbing to sfr			
ESTIMATED V		1 km	6	
Signature of Applicant Date (Contractor's Signature to be notarized)				
\$CLLC		to be notanzed)		
STATE OF FLORIDA, O		· w John li)infrau who is	
Affirmed and subscribe personally known to me	or who has produced	(type	of ID) identification.	
	n nelsin	ANNUMACIÓN DE LA COMPACTICIÓN DE LA COMPACTICICA DE LA COMPACTICA DE LA COMPACTICICA DE LA COMPACTICICA DE L	MEGHAN NELSON	
	Public State of Florida	My Co	y Public - State of Florida mm. Expires Oct 29, 2018	
Print Time or Sta	mp Name of Notary (SEAL)	Cor	nmission # FF 172773 through National Notary Assn.	
	•			
creates no legal liability: exr	pply with all laws, Municipal Ordinances, and the conditions press or implied, of the Department, Municipal Agency, or I	nspector; and certifies	that all of the above information is	
accurate. When requesting 6900 or 407-936-9999. Inst	inspections you must have the permit number, confirmatic pection requested by 12:00 midnight will be done the next	n number, and the ins pusiness day.	pection code(s) ready, can 380-375-	
APPROVAL CONDITION revocation of this permit of	<u>S:</u> This permit is issued pursuant to the attached c rother penalty.	onditions. Failure to	comply may result in suspension or	
PERMIT EXPIRATION: pe	rmit expires 180 days from date issued unless otherwis	e noted below or gov	verned by law.	
PAYING TWICE FOR I	<u>R</u> : Your Failure to record a notice Mprovements to your property. A not He Job Site before the first inspec R Lender or an attorney before com	FICE OF COMMENTION. IF YOU IN	TEND TO OBTAIN FINANCING,	
PERMIT ISSUED BY	MUNICIPAL AGENT		_ DATE	

OUD TO Be A Par	PERMI	IT APPLICATION	Permit Nu	Imber 16 Ora	,	
REPUBLIC A PRINT	GAS			10:0756		
S a guy E			Confirmation Number			
· al	TYPE OR PRINT IN INK ONLY FBC 2007		Parcel IDa	Parcel ID# 0105.25.00.4320		
Deltona S		Y OF DELTONA AND ZONING SERVICES		City of Deltona		
		5 Providence Blvd	A	Automated Inspection System		
Deltona, Fl 32725 386-878-8650/Fax 386-878-865			(386) 575-6900 /(407) 936-999			
Owner's Name			1 (000	Phone 407		
DR HORTON Project Address - Include City &	żip				5200	
Gas Company	re wards 1	Contractor's Name and License #	- 327	⊃S Phone	Fax	
Clas Plumbing Company Address – Include Cit	<u>a Svcs (</u>	FC057948		() -	() -	
······································				E-mail		
LP Company		Contractor's Name and License #		Phone	Fax	
Gas Piping Company	VACION LUC S	Contractor's Name and License # VINCENT PUIZU/CFC	Caa 10	Phone Phone	Fax	
Natural Gas Company	VICEL DIAL	Contractor's Name and License #	051948		596175-1749 Fax	
		· · · · · · · · · · · · · · · · · · ·		()	() -	
<u>GAS</u>	SPECIFICA	TIONS	GAS			
Tank Set Only	🗆 A	Above Ground				
□ Tank Set & Piping		Underground	· ·	Propane Existing Tank		
Adding appliances to	o existing system		New Ta	nk D Existing Mete	r	
		T PIN				
JOB VALUATION \$	70-	Signature o	f Applicant	<u>l</u>	<u> 16/2016</u>	
		(Contractor's signatu		rized)	Date	
STATE OF FLORIDA, CO	UNTY OF Volu	sia	<u>_</u>			
personally known to me or	before me this <u>Ø</u> who has produce	26 day of <u>April</u> 2016	_ by <u></u>	cent POIIZZI	who is	
H. Droc			erie I. Die de	(type of ID) identifica	ation.	
Signature of Notary P	ublic State of Flori	ida 💦 💦 N	arie L. Diorio OTARY PUBLI			
Drink True of			TATE OF FLO			
Print, Type or Stamp Name of Notary						
The applicant agrees to compl	with the Municipal C	Ordinances and with the conditions	of this permit	understands that the issue		
	55 OF BEDDIED OF INE F.	Jenariment Municipality Agonov a	r Inchadar a	التلقي المعام معالم معالم معالمات		
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 and it is a standard						
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:						
			·			

id To Be A Pa	PERMIT APPLICATION	Permit Numbe	r 16.05316		
City E	ELECTRICAL	Residential	Commercial		
	FBC 5 th EDITION 2014 - NEC 2011 TYPE OR PRINT IN INK ONLY	Parcel ID# 0105-25-00-4220			
	CITY OF DELTONA	City of Deltona Automated Inspection			
Deltona S	BUILDING AND ENFORCEMENT SERVICES 2345 PROVIDENCE BLVD	System			
orated December 31	DELTONA, FL 32725	(386) 575-6900 / (407) 936-9999			
Owner's Name	Ph 386-878-8650 – Fax 386-878-8651	(300) 575-			
Broject Address - Include City	HODTON INC.		Phone: 407.956 - 4745		
Electrical Contractor	shire words Terrace Deltona	FL 32725	Phone:		
LENH	HART ELECTRIC COMPANY		352-748-581E		
Mailing Address - Include City BGIB NE H	3 VULAY WILDWOOD, FL 3478	5	Fax: 352-748-3349		
License Holder's Name	License #		E-mail CHRISGLENHORTELETRIC.Com		
DEDIACEMENT		/er Co.: □			
Change-C		e-wire			
Mast Rep		notovoltaic S	system		
Meter Bas			1		
Description of Work	ELECTRIC AND LOW VOUTAGE	FOR NEW	U HOME		
loh Valuatio	on \$ 4132	-5	4.1.16		
		nature of App			
	UNTY OF ゴンハイモロ (Contracto	r's Signature to	o be Notarized)		
Affirmed and subscribed	before me this 1/2 day of 1/1701 2016				
personally known to me or	r who has produced <u>FL</u> DL	(type of	ID) identification.		
Carol R Downing					
Signature of Notary Public State of Florida					
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.					
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.					
APPROVAL CONDITIONS: of this permit or other penalty	This permit is issued pursuant to the attached conditions	s. Failure to comply r	may result in suspension or revocation		
	,.				

PERMIT ISSUED BY MUNICIPAL AGENT_____

DATE _____

roud To Be A Part	PERMIT APPLICATION MECHANICAL		Permit Number 16-053/6		
S. G. Gity			A Residential	Commercial	
· af		TION2014 - NEC 2011 PRINT IN INK ONLY		Parcel ID#	
Deltona				8105 25 C	
		OF DELTONA	FRVICES	City of Deltona Automated Inspection System	
Faled December 3		VIDENCE BLV		Automat	ed inspection System
		NA, FL 32725			
	Ph 386-878-86	50 - Fax 386-87	78-8651	(386) 575-6	900 / (407) 936-9999
Property Owner's Name	JINC				407 850 5200
Project Address - Include City 3469 Beckst	/ & Zip	erme D	elton	FT 32725	
Mechanical Contractor					Phone
Contractor's Mailing Address	Inc.				407 880 3729 Fax
5401 Enerou	I PIC C M NA	- Orlando	> FI-3	2810	407 886 7580
5401 Energy License Holder's Name					E-mail
Electrical Contractor's Mailing	Address Joshuda City 8 7	in	CAC 18	16317	Phone
Electrical Contractor's Maining	Address - Include City & Z	ιμ			
License Holder's Name			License #		E-mail
Mechanical Inform	nation				3
Size & Type of NEW U	nit <u>Carris</u>	r			_seer: <u>15</u>
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: <u>New Nvac</u> , <u>Nor SFr</u>					
ESTIMATED V	ALUATION	p	Mh		112816
Signature of Applicant Date \$(II) (Contractor's Signature to be notarized)					
STATE OF FLORIDA, COUNTY OF Volume Affirmed and subscribed before me this <u>28</u> day of <u>MN/CMDV</u> 20 <u>16</u> by <u>Robert Kuup</u> who is personally known to me or who has produced yoLANDA PIZARRO Notary Public State of Florida <u>YOLANDA PIZARRO</u> Notary Public - State of Florida <u>My Comm. Expires Jan 27, 2018</u> Commission # FF 086826					
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.					
<u>APPROVAL CONDITIONS</u> : This permit is issued pursuant to the attached conditions. Failure to comply may result in suspension or revocation of this permit or other penalty.					
<u>PERMIT EXPIRATION</u> : permit expires 180 days from date issued unless otherwise noted below or governed by law. <u>WARNING TO OWNER</u> : 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 AGEN	T			DATE

j**i**

atout to Be A Ast	PERMIT APPLIC	ATION	Permit Numb	Permit Number 16-0536		
S Gity E	ROOI	F	🛱 Residential	Residential Commercial		
	FBC 5 th Edition		Parcel ID#	Parcel ID# 8105. 35.00. 4330		
Deltona S	CITY OF DELT	ONA		ona Automated Inspection		
Part and a state	BUILDING AND ENFORCEM		s	System		
Oecemi	2345 PROVIDENC DELTONA, FL 3					
Branati Ounaria Nama	Telephone 386-878-8650 Fa		(386) 575-6	<u>6900 - (407) 936-9999</u>		
Property Owner's Name	J. INC.			Telephone-Include Area Code		
Project Address – Include City	Ezip Tre Woods Terrace	Deltone F	7 37775			
Contractor's Company Name		DEHORAT	C Ja [25	Phone		
COLLS ROOM Mailing Address - Include City	ng 18 din	· · · · · · · · · · · · · · · · · · ·		3714412300		
	re livey Longe	ood FL 3	2750	FdA		
			SE0 27	E-mail		
*Underlayment SHAL	L be in compliance with F	R905.2.7				
BUILDING TYPE:	Master F	ile #	PRODUCT /	PRODUCT APPROVAL #FL		
ROOF AREA	ROOF TYP	PE	TYPE	ROOF PITCH		
2210	🕅 Shingle – Architectural	🗆 Metal	Reroof	5 "		
2362	Shingle - 3 Tab	🗖 Tile	□ Roof-over	12" Slope		
TOTAL Sq. Ft.	Other:	\overline{nA}	(Layers)			
	200,- /	h f		112814		
ESTIMATED VALUA			re of Applicant	Date		
		Contractor's sig	nature to be Notariz	ed)		
STATE OF FLORIDA, C	COUNTY OF Drange					
Affirmed and subscribed	I before me this 28 day of 1	10V_20/Le	by Doug La	en er who is		
personally known to me	or who has produced			(type of ID) identification.		
Mahan	Nelsin		ME	GHAN NELSON		
Signature of Notary Public State of Florida						
	neisun		Comm	ission # FF 172773		
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 FINANC	CING, CONSULT WITH Y	OUR LENDER	OR AN ATTORN	IEY BEFORE COMMENCING		
WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.						
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				DATE		