FOR OFFICE USE ONLY

File #_____

Application Fee: _____

Filing Date:_____ Acceptance Date:_____

Review Type: SRDT_____ CC _____

Close Out Application

A. PROJECT

1. Project Name: Rookery 2B Single Family (lots 268-457)
2. Address of Subject Property or Area (If only roadway or specific infrastructure system): South Oakridge Ave.
3. Parcel ID Number(s) If applicable: 38-06-26-016515-008-00, a portion of 38-06-26-016515-002-00 & 38-06-26-016579-000-00
4. Future Land Use Map Designation: RMD
5. Zoning Designation: PUD
6. Acreage: ~42.35

B. APPLICANT

1. Applicant's Status ☐ Owner (title holder) ▣ Agent
2. Name of Applicant(s) or Contact Person(s): Jim Moyle Title: Sr. Construction Inspector

Company (if applicable): Live Oak Engineering, Inc.

Mailing address: 8647 Baypine Road, Suite 200

City: Jacksonville State: FL ZIP: 32256

Telephone: 904-363-8916 e-mail: jmoyle@liveoakengineering.com

3. If the applicant is agent for the property owner*:

Name of Owner (title holder): Crain T. Rogers

Company (if applicable): D.R. Horton, Inc. - Jacksonville

Mailing address: 4220 Race Track Road

City: St. Johns State: FL ZIP: 32259

Telephone: 904-899-5968 e-mail: stricci@drhorton.com

C. REQUIRED ATTACHMENTS (One copy reduced to no greater than 11 x 17, plus one copy in PDF format)

1. As-builts:
   a. As-builts prepared by a Florida Registered Professional Surveyor and Mapper that depict all infrastructure improvements, including roadways, electric, and drainage improvements constructed for the subdivision.
   b. As-builts need to be oriented in the State Plane Coordinate system

2. Construction Materials Testing and Inspection Report:
   a. Provide construction materials testing and inspection reports include testing of fill, subgrade and base material.
   b. Include in-place density testing of backfill, subgrade and base material.
   c. Include coring for asphalt thickness.
   d. Provide underdrain evaluations of the roadways.
   e. Provide copy of the locate wire test report, BacT's, and pressure test.

3. Inspection:
   a. Schedule inspection with Public Works (904-297-7500 x3).
   b. GCS Staff to operate all valves, hydrants, etc. during walk-through.
   c. Provide inspection photos.

4. Schedule of values so the value of the infrastructure can be obtained.

5. Submit Maintenance bond for the roadways pursuant to the requirements of Section 101-331 of Green Cove Springs Code of Ordinances.

6. Construction warranty

7. Close Out Review Fee $250

All attachments are required for a complete application. A completeness review of the application will be conducted within five (5) business days of receipt. If the application is determined to be incomplete, the application will be returned to the applicant.

I/We certify and acknowledge that the information contained herein is true and correct to the best of my/our knowledge:

Signature of Applicant

James K Moyle
Typed or printed name and title of applicant

July 23, 2026
Date

Signature of Co-applicant

Typed or printed name of co-applicant

Date

State of FLORIDA County of DUVAL

The foregoing application is acknowledged before me this 23RD day of JULY, 2026, by JAMES K MOYLE

_____, who is/are personally known to me, or who has/have produced _____

as identification.

NOTARY SEAL

RACHEL T. O'BRIEN
MY COMMISSION # HH581827
EXPIRES: August 13, 2028

Signature of Notary Public, State of FLORIDA