

DATE 02/14/2003

Columbia County Building Permit / Application

PERMIT 000020418

This Permit Expires One Year From Date of Issue

New Resident Y

APPLICANT BOBBY CORBETT PHONE _____

ADDRESS 1126 E. HOWARD STREET LIVE OAK FL 32064

OWNER ANGELION JONES PHONE _____

ADDRESS 1306 E. CHELSEA STREET TAMPA FL 33060

CONTRACTOR CORBETTS MOBILE HOME CENTER PHONE _____

LOCATION OF PROPERTY 41-N TO SUWANNEE VALLEY ROAD, R, TO WHITE SPRNGS RD TO SOPHIE RD. LOT 1 (WILL HAVE BETTER DIRECTIONS UPON INSPEC).

TYPE DEVELOPMENT M/H,SEPTIC,UTILITY ESTIMATED COST OF CONSTRUCTION .00

FLOOR AREA _____ TOTAL AREA _____ HEIGHT .00 STORIES _____ WALLS _____

FOUNDATION _____ ROOF (Type & Pitch) _____ FLOOR _____

LAND USE & ZONING ESA MAX. HEIGHT _____

MINIMUM SET BACK: STREET-FRONT / SIDE 30.00 REAR 25.00 SIDE 25.00

NO. EX.D.U. 0 FLOOD ZONE AE CERT. DATE _____ DEV. PERMIT F-023-03-004

LEGAL DESCRIPTION

PARCEL ID 19-2S-16-01653-101 SUBDIVISION ROLLING PINES

BLOCK _____ LOT 1 UNIT _____ TOTAL ACRES _____

I certify that all work will be performed to meet the standards of all laws regulating construction in this jurisdiction and that all foregoing information is accurate and all work will be done in compliance with all applicable laws regulating construction and zoning.

EXISTING DIH000017 Bobby Corbett
 Driveway Connection _____ Culvert Waiver _____ Contractor's License Number _____ Applicant/Owner/Contractor

03-0119-N JLW RK
 Septic Tank Number _____ LU & Zoning checked by _____ Approved for Issuance _____

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 _____ framing _____
 date/app. by _____ date/app. by _____ date/app. by _____

Rough-in plumbing above slab and below wood floor _____
 date/app. by _____

Electrical rough-in _____ Heat and Air Duct _____ Peri. beam _____
 date/app. by _____ date/app. by _____ date/app. by _____

Permanent power _____ Final _____ Pool _____
 date/app. by _____ date/app. by _____ date/app. by _____

COMMENTS: D.P \$10.00 FIRE @ 45.36 & WASTE @ 122.00 TOTALED 302.36 CK# 5761

OTHER TYPES OF INSPECTIONS

Culvert _____ M/H tie downs, blocking, electricity and plumbing _____
 date/app. by _____ date/app. by _____

Utility Pole _____ Pump pole _____ Reconnection _____
 date/app. by _____ date/app. by _____ date/app. by _____

BUILDING PERMIT FEE \$.00 ZONING CERT. FEE \$ 25.00 Certification Fee \$.00 Surcharge \$.00

MISC. FEES \$ 100.00 CULVERT FEE \$ _____ TOTAL PERMIT FEE \$ 125.00

INSPECTORS OFFICE _____ CLERKS OFFICE CA

NOTICE: IN ADDITION TO THE REQUIREMENTS OF THIS PERMIT, THERE MAY BE ADDITIONAL RESTRICTIONS APPLICABLE TO THIS PROPERTY THAT MAY BE FOUND IN THE PUBLIC RECORDS OF THIS COUNTY. AND THERE MAY BE ADDITIONAL PERMITS REQUIRED FROM OTHER GOVERNMENTAL ENTITIES SUCH AS WATER MANAGEMENT DISTRICTS, STATE AGENCIES, OR FEDERAL AGENCIES.

"WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT."

This Permit Must Be Prominently Posted on Premises During Construction

PLEASE NOTIFY THE COLUMBIA COUNTY BUILDING DEPARTMENT AT LEAST 24 HOURS IN ADVANCE OF EACH INSPECTION, IN ORDER THAT IT MAY BE MADE WITHOUT DELAY OR INCONVIENCE, PHONE 758-1008. THIS PERMIT IS NOT VALID UNLESS THE WORK AUTHORIZED BY IT IS COMMENCED WITHIN 6 MONTHS AFTER ISSUANCE.

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

APPLICATION FOR DEVELOPMENT PERMIT

PERMIT NO. F-023-03-004
(COUNTY NO. & SEQUENCE)

DATE: 2-14-03

APPLICANT: ROBERT "BOBBY" CORBETT - CORBETT'S MHC

ADDRESS: 1126 E. HOWARD STREET

TELEPHONE: (386) _____

OWNER: ANGELION W. JONES

ADDRESS: 1306 E. CHELSEA STREET TAMPA, FL 33060

TELEPHONE: T

NEW SUBDIVISION NO (YES/NO) IF YES, RECORD THE ENGINEER'S REGISTRATION NO. P.E. NO. 45263

TRS 10-25-16

SUBDIVISION ROLLING PINES LOT/BLOCK: LOT 1

DU MOBILE HOME WORK —

RIVER: SUWANNEE RIVER RIVER MILE —

PLAN NO (YES/NO) WELL PERMIT NO. —

SUR-ELEVATION 85.0' SANITARY PERMIT NO. 03-019-N

SURVEYOR NO. _____ BUILDING PERMIT NO. 20418

OFFICIAL 100-YEAR ELEVATION 87.0' MSL (SRWMD)

REQUIRED LOWEST HABITABLE FLOOR ELEVATION 88.0' MSL (SRWMD)

PERMIT APPROVED [Signature] 2-14-03
ADMINISTRATOR SIGNATURE DATE

EXPIRATION DATE OF PERMIT 2-14-09

VIOLATIONS: _____ FINAL INSPECTION DATE: _____

COMMENTS: ONE FOOT RISE ON FILE. AWAITS FINISH FLOOR ELEVATION CERTIFICATE. PRIOR TO POWER BEING RELEASD.

FEDERAL EMERGENCY MANAGEMENT AGENCY
NATIONAL FLOOD INSURANCE PROGRAM

O.M.B. No. 3067-0077
Expires December 31, 2005

ELEVATION CERTIFICATE

Important: Read the instructions on pages 1 - 7.

SECTION A - PROPERTY OWNER INFORMATION			For Insurance Company Use:
BUILDING OWNER NAME ANGELION W. JONES		Policy Number	
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. SOPHIA ROAD		Company NAIC Number	
CITY WHITE SPRINGS	STATE FLORIDA	ZIP CODE 32096	
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) LOT 1, ROLLING PINES AS RECORDED IN PLAT BOOK 5, PAGE 5			
BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use a Comments area, if necessary.) RESIDENTIAL			
LATITUDE/LONGITUDE (OPTIONAL) (##° - ##' - ##.###" or ###.####")	HORIZONTAL DATUM: <input type="checkbox"/> NAD 1927 <input type="checkbox"/> NAD 1983	SOURCE: <input type="checkbox"/> GPS (Type): _____ <input type="checkbox"/> USGS Quad Map <input type="checkbox"/> Other: _____	

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER COLUMBIA 120070		B2. COUNTY NAME COLUMBIA		B3. STATE FLORIDA	
B4. MAP AND PANEL NUMBER 0105	B5. SUFFIX B	B6. FIRM INDEX DATE 1-6-88	B7. FIRM PANEL EFFECTIVE/REVISED DATE	B8. FLOOD ZONE(S) AE AND X	B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding) 87.00

B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9.
 FIS Profile FIRM Community Determined Other (Describe): _____

B11. Indicate the elevation datum used for the BFE in B9: NGVD 1929 NAVD 1988 Other (Describe): _____

B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? Yes No Designation Date _____

SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)

C1. Building elevations are based on: Construction Drawings* Building Under Construction* Finished Construction
 *A new Elevation Certificate will be required when construction of the building is complete.

C2. Building Diagram Number 5. (Select the building diagram most similar to the building for which this certificate is being completed - see pages 6 and 7. If no diagram accurately represents the building, provide a sketch or photograph.)

C3. Elevations - Zones A1-A30, AE, AH, A (with BFE), VE, V1-V30, V (with BFE), AR, AR/A, AR/AE, AR/A1-A30, AR/AH, AR/AO
 Complete Items C3.-a-i below according to the building diagram specified in Item C2. State the datum used. If the datum is different from the datum used for the BFE in Section B, convert the datum to that used for the BFE. Show field measurements and datum conversion calculation. Use the space provided or the Comments area of Section D or Section G, as appropriate, to document the datum conversion.
 Datum _____ Conversion/Comments _____

Elevation reference mark used _____ Does the elevation reference mark used appear on the FIRM? Yes No

a) Top of bottom floor (including basement or enclosure) 88.2 ft. (m)

b) Top of next higher floor _____ ft. (m)

c) Bottom of lowest horizontal structural member (V zones only) _____ ft. (m)

d) Attached garage (top of slab) _____ ft. (m)

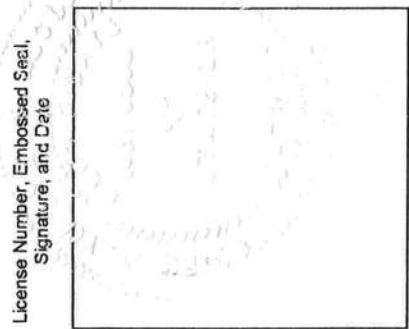
e) Lowest elevation of machinery and/or equipment servicing the building (Describe in a Comments area) _____ ft. (m)

f) Lowest adjacent (finished) grade (LAG) 84.7 ft. (m)

g) Highest adjacent (finished) grade (HAG) 85.8 ft. (m)

h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade _____

i) Total area of all permanent openings (flood vents) in C3.h _____ sq. in. (sq. cm)



SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION

This certification is to be signed and sealed by a land surveyor, engineer, or architect authorized by law to certify elevation information.
 I certify that the information in Sections A, B, and C on this certificate represents my best efforts to interpret the data available.
 I understand that any false statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 1001.

CERTIFIER'S NAME TIMOTHY B. ALCORN		LICENSE NUMBER LS#6332	
TITLE SURVEYOR AND MAPPER	COMPANY NAME J. SHERMAN FRIER & ASSOC. INC. LB#7170		
ADDRESS P.O. BOX 580	CITY LIVE OAK	STATE FLORIDA	ZIP CODE 32064
SIGNATURE <i>Timothy B. Alcorn</i>	DATE June 27, 2003	TELEPHONE 386-362-4629	

FEDERAL EMERGENCY MANAGEMENT AGENCY
NATIONAL FLOOD INSURANCE PROGRAM

O.M.B. No. 3067-0077
Expires December 31, 2005

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CITY WHITE SPRINGS	STATE FLORIDA	ZIP CODE 32096		
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) LOT 1, ROLLING PINES AS RECORDED IN PLAT BOOK 5, PAGE 5				
BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use a Comments area, if necessary.) RESIDENTIAL				
LATITUDE/LONGITUDE (OPTIONAL) (##° - ##' - ###.###" or ###.####")		HORIZONTAL DATUM: <input type="checkbox"/> NAD 1927 <input type="checkbox"/> NAD 1983		SOURCE: <input type="checkbox"/> GPS (Type): _____ <input type="checkbox"/> USGS Quad Map <input type="checkbox"/> Other: _____

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B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9.

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C1. Building elevations are based on: Construction Drawings* Building Under Construction* Finished Construction

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C2. Building Diagram Number 5. (Select the building diagram most similar to the building for which this certificate is being completed - see pages 6 and 7. If no diagram accurately represents the building, provide a sketch or photograph.)

C3. Elevations - Zones A1-A30, AE, AH, A (with BFE), VE, V1-V30, V (with BFE), AR, AR/A, AR/AE, AR/A1-A30, AR/AH, AR/AO

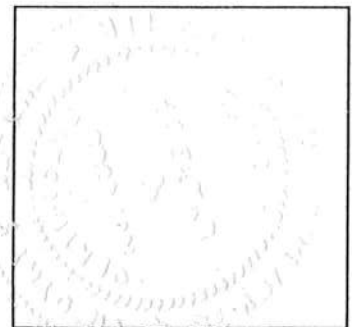
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Datum _____ Conversion/Comments _____

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- c) Bottom of lowest horizontal structural member (V zones only) _____ ft.(m)
- d) Attached garage (top of slab) _____ ft.(m)
- e) Lowest elevation of machinery and/or equipment servicing the building (Describe in a Comments area) _____ ft.(m)
- f) Lowest adjacent (finished) grade (LAG) 84.7 ft.(m)
- g) Highest adjacent (finished) grade (HAG) 85.8 ft.(m)
- h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade _____
- i) Total area of all permanent openings (flood vents) in C3.h _____ sq. in. (sq. cm)

License Number, Embossed Seal, Signature, and Date



SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION

This certification is to be signed and sealed by a land surveyor, engineer, or architect authorized by law to certify elevation information.

I certify that the information in Sections A, B, and C on this certificate represents my best efforts to interpret the data available.

I understand that any false statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 1001.

CERTIFIER'S NAME TIMOTHY B. ALCORN

LICENSE NUMBER LS#6332

TITLE SURVEYOR AND MAPPER

COMPANY NAME J. SHERMAN FRIER & ASSOC. INC. LB#7170

ADDRESS
P.O. BOX 580

CITY
LIVE OAK

STATE
FLORIDA

ZIP CODE
32064

SIGNATURE

Timothy B. Alcorn

DATE
June 27, 2003

TELEPHONE

386-362-4629

DIAGRAM 5

All buildings elevated on piers, posts, piles, columns, or parallel shear walls. No obstructions below the elevated floor.

Distinguishing Feature - For all zones, the area below the elevated floor is open, with no obstruction to flow of flood waters (open lattice work and/or readily removable insect screening is permissible).

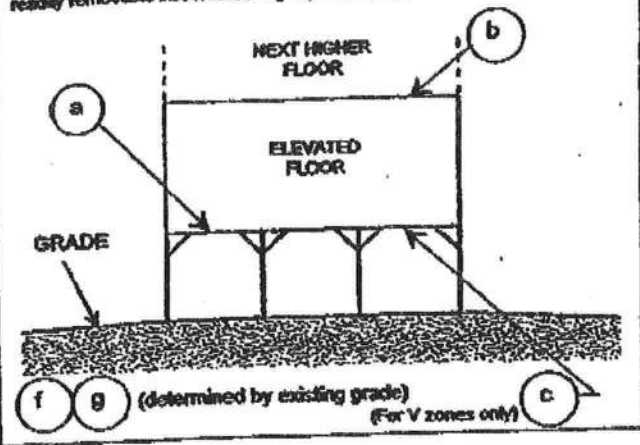


DIAGRAM 6

All buildings elevated on piers, posts, piles, columns, or parallel shear walls with full or partial enclosure below the elevated floor.

Distinguishing Feature - For all zones, the area below the elevated floor is enclosed, either partially or fully. In A Zones, the partially or fully enclosed area below the elevated floor is with or without openings** present in the walls of the enclosure. Indicate information about openings in Section C, Building Elevation Information (Survey Required).

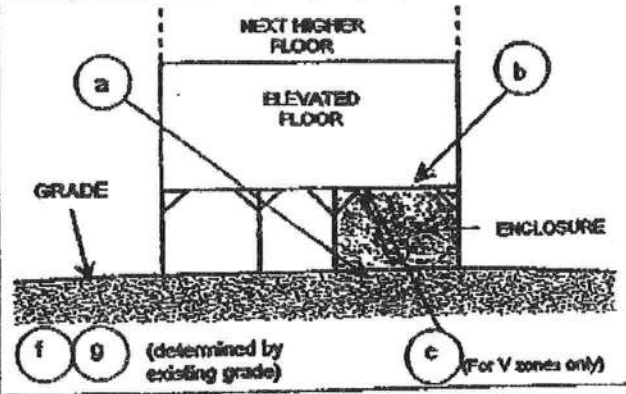


DIAGRAM 7

All buildings elevated on full-story foundation walls with a partially or fully enclosed area below the elevated floor. This includes walkout levels, where at least one side is at or above grade. The principal use of this building is located in the elevated floors of the building.

Distinguishing Feature - For all zones, the area below the elevated floor is enclosed, either partially or fully. In A Zones, the partially or fully enclosed area below the elevated floor is with or without openings** present in the walls of the enclosure. Indicate information about openings in Section C, Building Elevation Information (Survey Required).

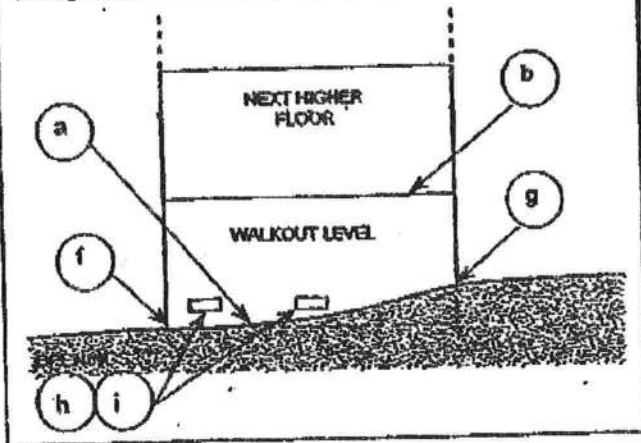
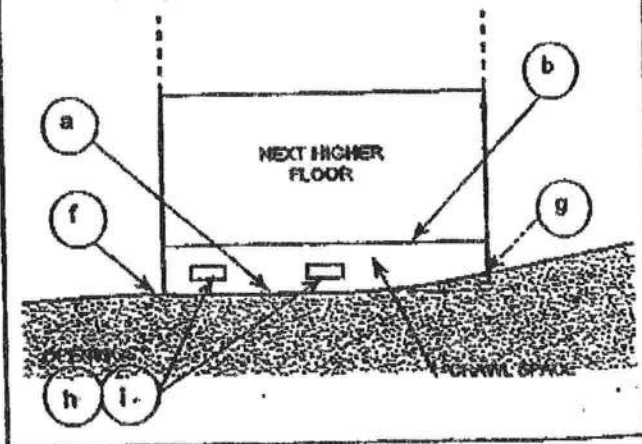


DIAGRAM 8

All buildings elevated on a crawl space with the floor of the crawl space at or above grade on at least one side.

Distinguishing Feature - For all zones, the area below the first floor is enclosed by solid or partial perimeter walls. In all A zones, the crawl space is with or without openings** present in the walls of the crawl space. Indicate information about the openings in Section C, Building Elevation Information (Survey Required).



An "opening" (flood vent) is defined as a permanent opening in a wall that allows for the free passage of water automatically in both directions without human intervention. Under the NFIP, a minimum of two openings is required for enclosures or crawl spaces with a total net area of not less than one square inch for every square foot of area enclosed. Each opening must be on different sides of the enclosed area. If a building has more than one enclosed area, each area must have openings on exterior walls to allow floodwater to directly enter. The bottom of the openings must be no higher than one foot above the grade underneath the flood vents. Alternatively, you may submit a certification by a registered professional engineer or architect that the design will allow for the automatic equalization of hydrostatic flood forces on exterior walls. A window, a door, or a garage door is not considered an opening.

BASE FLOOD ELEVATION =87.0

BASIN AREA AT 88' BASE FLOOD >2000 ACRES

PROPOSED BUILDING TYPE = MANUFACTURED HOME

PROPOSED BUILDING ENCROACHMENT = 800 SQ. FT. plus porch, use 1000 SF

GROUND ELEVATION AT BUILDING = 85.0' AVE.

This project is in the staging area of the river and no step backwater calculations are necessary. This area would "back up" from the River without experiencing any horizontal movement of water. The calculations are based on the on the removal of floodplain volume due to construction of the foundation system.

$$\text{PERCENT FLOODPLAIN AREA REMOVED} = \frac{1000/43560}{2000} = 0.0011\%$$

$$\text{FLOODPLAIN LEVEL INCREASE} = \frac{1000 \times 2.0}{2000 \times 43560} = 0.000023 \text{ FT.}$$

ONE FOOT RISE CERTIFICATION

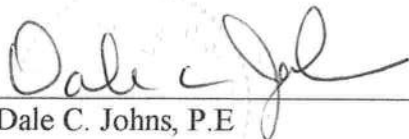
PROPERTY DESCRIPTION: LOT 1 ROLLING PINES
FEMA Panel 120070 0105 B

OWNER: Angelion Jones

BASE FLOOD ELEVATION: 87.0

PROJECT: Min. Finished Floor 88.0

I hereby certify that construction of the proposed will cause less than one foot increase in flood elevations of the Suwannee River floodplain.

A handwritten signature in cursive script, appearing to read "Dale C. Johns", is written over a horizontal line. The signature is fluid and stylized.

Dale C. Johns, P.E

Date: 13 Feb 2003

PE # 45263

PERMIT APPLICATION/MANUFACTURED HOME INSTALLATION

PK 01 03
2-12-03

Applicant Corbetts MHC
Address 1126 E Howard St
Live Oak FL 32064

Permit # 20418
Owner Name Angelina W. Jones
Address 1306 E. Chelsea S
Tampa FL 33060-3442

Name of Licensed Dealer/Installer Corbetts Mobile Home Center
License Number DIH000617 Installation Decal # 197154
Manufacturers Name General

Roof Zone # Wind Zone #
Number of Sections 1 Width 14 Length 56 Year 99 Serial # 2574

Installation Standard Used (Check One)
MANUFACTURERS MANUAL yes 15C-1 _____

SITE PREPARATION :
Debris and Organic Removal ✓ Compacted Fill _____
Water Drainage: Natural ✓ Swale _____ Pad _____ Other _____

SUPPLY A FOUNDATION PLAN DRAWN TO SCALE

See Foundation Plan Example:

anchors

1. Use manufactures set-up manual if available
2. If not available use the following;
 - a. Frame ties shall be a maximum of 5' 4" apart
 - b. Over the roof ties when required a 60ft. home or less shall have 3.61 ft. or above shall have four when required.

- Dated -
302.36

Minimum Permitting Requirements : A building permit by the local building authority must be obtained prior to the installation of any new or used mobile/manufactured home. The building permit application shall include, but not limited to a scale drawing of all pier block locations and foundation or footer dimensions and the soil load bearing capacity at the installation site. The soil load bearing capacity can be determined by a penetrometer test performed by a licensed installer, a general soil load bearing capacity declaration by a local building official or a test performed by a geotechnical testing company. When the soil load bearing capacity is not known, pier placement shall be based on soil load bearing capacity of 1,000 psf. (See example of pocket penetrometer test)

POCKET PENETROMETER TEST

X 2500

X 2500

X 2000

1. Test the perimeter of the home at six (6) locations
2. Take the reading at the depth of the footer
3. Using 500 lb. increment, take the lowest reading and round down to that increment

X 2500

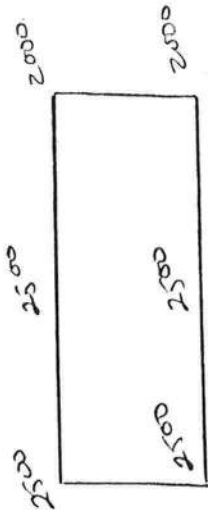
X 2000

X 2000

X - Test locations around perimeter of home

Robert Barrett

2-4-03



Westfield

Customer:

- - 16x16x1 Pier support
- ↑ - Anchor
- ⊞ - L²SD
- Soil: 7000

Soil Torque: 276

H' Anchor Required

