

APPLICANTAMANDAMCDANIELPHONE386.234.1390

ADDRESS1841NW TIGER DRAIN ROADWHITE SPRINGSFL32096

OWNERMICHAEL P. MCDANIEL,SR(M.P. MCDANIEL,JR)PHONE386.234.1390

ADDRESS1843NW TIGER DRAIN ROADWHITE SPRINGSFL32096

CONTRACTORBERNIE THRIFTPHONE386.623.0046

LOCATION OF PROPERTY41-N TO SUWANNEE VALLEY,TL TO TIGER DRAIN.TR GO 1 1/2 MILES
TO 2ND LIMEROCK DRIVEWAY AFTER CIRCLE C. AUTOMOTIVE.

TYPE DEVELOPMENTM/H/UTILITYESTIMATED COST OF CONSTRUCTION0.00

HEATED FLOOR AREATOTAL AREAHHEIGHTSTORIES

FOUNDATIONWALLSROOF PITCHFLOOR

LAND USE & ZONINGA-3MAX. HEIGHT

Minimum Set Back Requirments:STREET-FRONT30.00REAR25.00SIDE25.00

NO. EX.D.U.1FLOOD ZONEAEDVELOPMENT PERMIT NO.13-002

PARCEL ID14-2S-15-00066-005SUBDIVISION

LOTBLOCKPHASEUNITTOTAL ACRES10.00

IH1025155

Culvert Permit No.Culvert WaiverContractor's License NumberApplicant/Owner/Contractor

EXISTING13-0107BLKTCN

Driveway ConnectionSeptic Tank NumberLU & Zoning checked byApproved for IssuanceNew Resident

COMMENTS: ELEVATION CERTIFICATE BEFORE PERMANENT POWER.NO STUP REUQUIRED.

MFE @ 86.00.'

Check # or Cash1082

FOR BUILDING & ZONING DEPARTMENT ONLY

(footer/Slab)

Temporary Powerdate/app. byFoundationdate/app. byMonolithicdate/app. by

Under slab rough-in plumbingdate/app. bySlabdate/app. bySheathing/Nailingdate/app. by

Framingdate/app. byInsulationdate/app. by

Rough-in plumbing above slab and below wood floordate/app. byElectrical rough-indate/app. by

Heat & Air Ductdate/app. byPeri. beam (Lintel)date/app. byPooldate/app. by

Permanent powerdate/app. byC.O. Finaldate/app. byCulvertdate/app. by

Pump poledate/app. byUtility Poledate/app. byM/H tie downs, blocking, electricity and plumbingdate/app. by

Reconnectiondate/app. byRVdate/app. byRe-roofdate/app. by

BUILDING PERMIT FEE \$0.00CERTIFICATION FEE \$0.00SURCHARGE FEE \$0.00

MISC. FEES \$300.00ZONING CERT. FEE \$50.00FIRE FEE \$85.54WASTE FEE \$117.25

FLOOD DEVELOPMENT FEE \$50.00FLOOD ZONE FEE \$25.00CULVERT FEE \$TOTAL FEE627.79

INSPECTORS OFFICECLERKS OFFICE

NOTICE: IN ADDITION TO THE REQUIREMENTS OF THIS PERMIT, THERE MAY BE ADDITIONAL RESTRICTIONS APPLICABLE TO THIS PROPERTY THAT MAY BE FOUND IN THE PUBLIC RECORDS OF THIS COUNTY.

NOTICE: ALL OTHER APPLICABLE STATE OR FEDERAL PERMITS SHALL BE OBTAINED BEFORE COMMENCEMENT OF THIS PERMITTED DEVELOPMENT.

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

EVERY PERMIT ISSUED SHALL BECOME INVALID UNLESS THE WORK AUTHORIZED BY SUCH PERMIT IS COMMENCED WITHIN 180 DAYS AFTER ITS ISSUANCE, OR IF THE WORK AUTHORIZED BY SUCH PERMIT IS SUSPENDED OR ABANDONED FOR A PERIOD OF 180 DAYS AFTER THE TIME THE WORK IS COMMENCED. A VALID PERMIT RECIEVES AN APPROVED INSPECTION EVERY 180 DAYS. WORK SHALL BE CONSIDERED NOT SUSPENDED, ABANDONED OR INVALID WHEN THE PERMIT HAS RECIEVED AN APPROVED INSPECTION WITHIN 180 DAYS OT THE PREVIOUS INSPECTION.

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

PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

For Office Use Only (Revised 1-11) Zoning Official BLK 27 MARCH 2013 Building Official TM 3/25/13

AP# 1303-44 Date Received 3/19 By JW Permit # 30879

Flood Zone AE Development Permit YES Zoning ESA-2 Land Use Plan Map Category ESA

Comments Elevation Certificate before Permanent Power
No STUP Required

FEMA Map# 0167C Elevation 86' Finished Floor 87' River Suwannee In Floodway NO

☒ Site Plan with Setbacks Shown ☒ EH # 13-0107 ☒ EH Release ☒ Well letter ☒ Existing well

☒ Recorded Deed or Affidavit from land owner ☒ Installer Authorization ☒ State Rd Access ☒ 911 Sheet

☐ Parent Parcel # ☐ STUP-MH ☒ F W Comp. letter ☒ App Fee Pd. ☒ VF Form

IMPACT FEES: EMS _____ Fire _____ Corr _____ ☒ Out County ☒ In County

Road/Code _____ School _____ = TOTAL _____ Suspended March 2009 ☒ Ellisville Water Sys

14-25-15

Property ID # 00066-005 Subdivision L

- New Mobile Home _____ Used Mobile Home ☒ MH Size 28x68 Year 92
- Applicant Amanda McDaniel Phone # 386 234-1390
- Address 1841 NW Tiger Drain Road, White Springs, FL 32096
- Name of Property Owner Michael P. McDaniel, Sr. Phone# 386 234-1390 (Mike, Jr.)
- 911 Address 1843 NW Tiger Drain Rd, White Springs FL 32096
- Circle the correct power company - FL Power & Light - Clay Electric
(Circle One) - Suwannee Valley Electric - Progress Energy
- Name of Owner of Mobile Home Michael P. McDaniel Jr. Phone # 386 397 4115
Address 1841 NW tiger drain rd white springs FL 32096
- Relationship to Property Owner Father & Mother + IN LAWS
- Current Number of Dwellings on Property 1 Adding MH
- Lot Size _____ Total Acreage 10 ACRES
- Do you : Have Existing Drive or Private Drive or need Culvert Permit or Culvert Waiver (Circle one)
(Currently using) (Blue Road Sign) (Putting in a Culvert) (Not existing but do not need a Culvert)
- Is this Mobile Home Replacing an Existing Mobile Home No
- Driving Directions to the Property 41 North Left on Suwannee Valley
take Suwannee about 3-4 miles road veers right to
tiger drain rd go 1 1/2 miles 2nd (lime rock) after Circle C Automotive
- Name of Licensed Dealer/Installer Bernie Thrift Phone # 386-623-6046
- Installers Address 5557 NW Falling Creek Road White Sps FL
 - License Number TH1024155 Installation Decal # 14800

- JW spoke Mike (JL) 3.27.13 - 10:58 AM

JL# 1082

COLUMBIA COUNTY PERMIT WORKSHEET

page 2 of 2

POCKET PENETROMETER TEST

The pocket penetrometer tests are rounded down to 2500 psf or check here to declare 1000 lb. soil without testing.

x 2500 x 2500 x 2000

POCKET PENETROMETER TESTING METHOD

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

x 2500 x 2500 x 2000

TORQUE PROBE TEST

The results of the torque probe test is 290 inch pounds or check here if you are declaring 5' anchors without testing . A test showing 275 inch pounds or less will require 5 foot anchors.

Note: A state approved lateral arm system is being used and 4 ft. anchors are allowed at the sidewall locations. I understand 5 ft anchors are required at all centerline tie points where the torque test reading is 275 or less and where the mobile home manufacturer may require anchors with 4000 lb holding capacity.

Installer's initials BT

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name Derrin Threlk

Date Tested 2-14-13

Electrical

Connect electrical conductors between multi-wide units, but not to the main power source. This includes the bonding wire between multi-wide units. Pg. 5

Plumbing

Connect all sewer drains to an existing sewer tap or septic tank. Pg. 5

Connect all potable water supply piping to an existing water meter, water tap, or other independent water supply systems. Pg. 5

Site Preparation

Debris and organic material removed ✓
Water drainage: Natural ✓ Swale Pad ✓ Other

Fastening multi wide units

Floor: Type Fastener: 36 Lags Length: 7" Spacing: 24"OC
Walls: Type Fastener: 36 Lags Length: 7" Spacing: 24"OC
Roof: Type Fastener: Flashing Length: 10" Spacing: 8"PI
For used homes a min. 30 gauge, 8" wide, galvanized metal strip will be centered over the peak of the roof and fastened with galv. roofing nails at 2" on center on both sides of the centerline.

Gasket (weatherproofing requirement)

I understand a properly installed gasket is a requirement of all new and used homes and that condensation, mold, mildew and buckled maitage walls are a result of a poorly installed or no gasket being installed. I understand a strip of tape will not serve as a gasket

Installer's initials BT

Type gasket Seam Seal

Installed:
Between Floors Yes ✓
Between Walls Yes ✓
Bottom of ridgebeam Yes ✓

Weatherproofing

The bottomboard will be repaired and/or taped. Yes ✓ Pg. 10
Siding on units is installed to manufacturer's specifications. Yes ✓
Fireplace chimney installed so as not to allow intrusion of rain water. Yes ✓

Miscellaneous

Skirting to be installed. Yes ✓ No
Dryer vent installed outside of skirting. Yes No
Range downflow vent installed outside of skirting. Yes No
Drain lines supported at 4 foot intervals. Yes ✓ No
Electrical crossovers protected. Yes No
Other:

Installer verifies all information given with this permit worksheet is accurate and true based on the

Installer Signature Derrin Threlk

Date 2-14-13

COLUMBIA COUNTY PERMIT WORKSHEET

These worksheets must be completed and signed by the installer.
Submit the originals with the packet.

Installer Bernie Thrift License # IH1025155

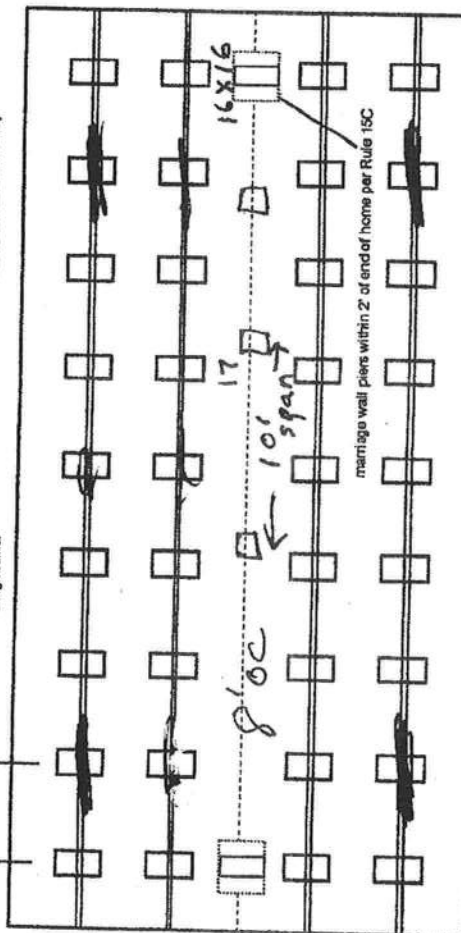
911 Address where home is being installed. _____

Manufacturer Merit Length x width 68' x 28'

NOTE: If home is a single wide fill out one half of the blocking plan
If home is a triple or quad wide sketch in remainder of home

I understand Lateral Arm Systems cannot be used on any home (new or used) where the sidewall ties exceed 5 ft 4 in.

Installer's initials BT



model 11016v Oliver
Systems

New Home ☐ Used Home ☒
Home installed to the Manufacturer's Installation Manual ☐
Home is installed in accordance with Rule 15C ☒
Single wide ☐ Wind Zone II ☒ Wind Zone III ☐
Double wide ☒ Installation Decal # 14800
Triple/Quad ☐ Serial # 7455

PIER SPACING TABLE FOR USED HOMES

Load bearing capacity	Footer size (sq in)	16" x 16" (256)	18 1/2" x 18 1/2" (342)	20" x 20" (400)	22" x 22" (484)	24" x 24" (576)	26" x 26" (676)
1000 dsf	3'	4'	5'	6'	7'	8'	8'
1500 dsf	4' 6"	6'	7'	8'	9'	10'	11'
2000 dsf	6'	8'	9'	10'	11'	12'	13'
2500 dsf	7' 6"	9'	10'	11'	12'	13'	14'
3000 dsf	8'	10'	11'	12'	13'	14'	15'
3500 dsf	8'	10'	11'	12'	13'	14'	15'

* Interpolated from Rule 15C-1 pier spacing table.

PIER PAD SIZES

I-beam pier pad size 17' x 22'
Perimeter pier pad size 16' x 16'
Other pier pad sizes (required by the mfg.) _____

Draw the approximate locations of marriage wall openings 4 foot or greater. Use this symbol to show the piers.

List all marriage wall openings greater than 4 foot and their pier pad sizes below.

Opening 10' Pier pad size 17' x 22'
4' 16' x 16'

TIEDOWN COMPONENTS

Longitudinal Stabilizing Device (LSD)
Manufacturer Model 11016v
Longitudinal Stabilizing Device w/ Lateral Arms
Manufacturer Model 11016v

Oliver Systems

POPULAR PAD SIZES

Pad Size	Sq in
16 x 16	256
16 x 18	288
18.5 x 18.5	342
16 x 22.5	360
17 x 22	374
13 1/4 x 26 1/4	348
20 x 20	400
17 3/16 x 25 3/16	441
17 1/2 x 25 1/2	446
24 x 24	576
26 x 26	676

ANCHORS

4 ft ☒ 5 ft ☐

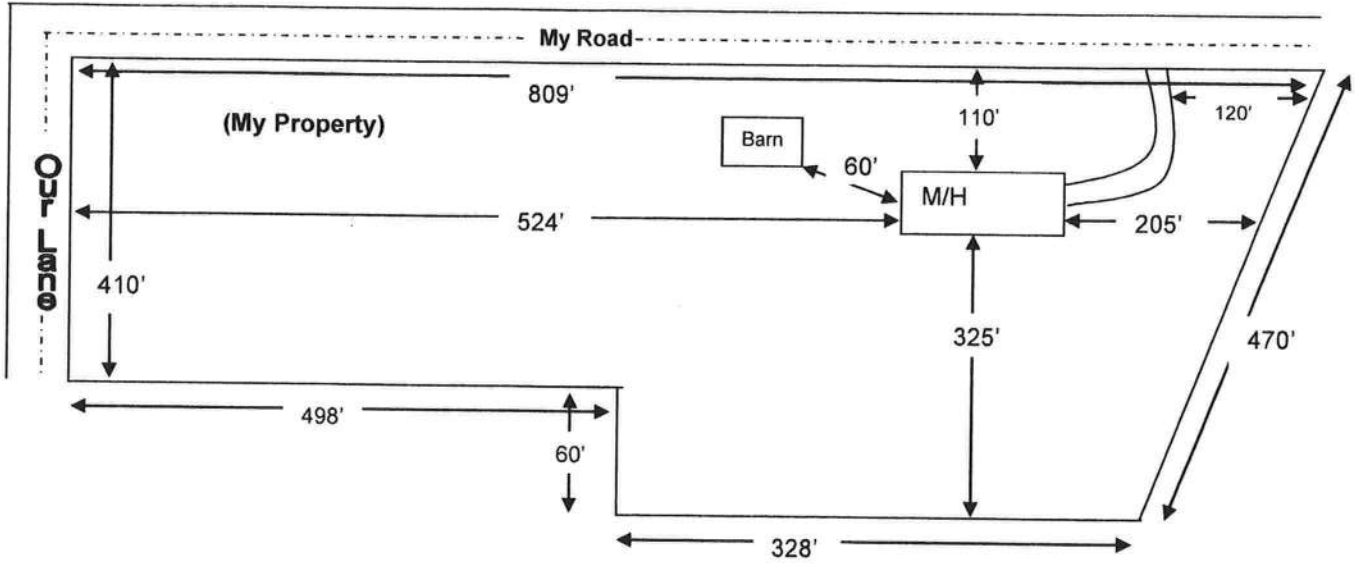
FRAME TIES

within 2' of end of home spaced at 5' 4" oc

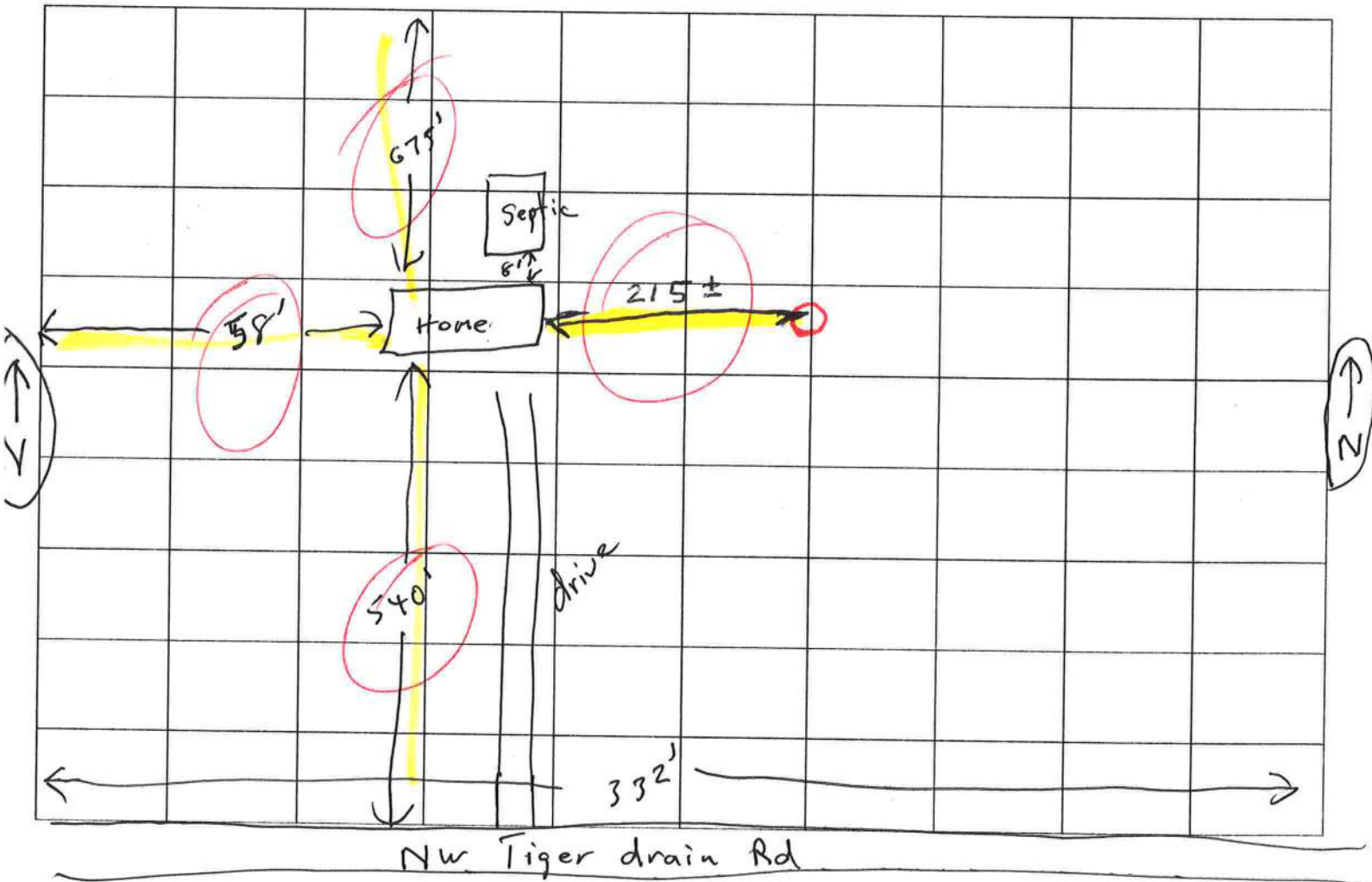
OTHER TIES

Sidewall Number 24
Longitudinal Marriage wall 6
Shearwall 1

SITE PLAN EXAMPLE / WORKSHEET



Use this example to draw your own site plan. Show all existing buildings and any other homes on this property and show the distances between them, Also show where the roads or roads are around the property. This site plan can also be used for the 911 Addressing department if you include the distance from the driveway to the nearest property line.



**Columbia County Building Department
Flood Development Permit**

**Development Permit
F 023- 13-002**

DATE 03/28/2013 BUILDING PERMIT NUMBER 000030879
APPLICANT AMANDA MCDANIEL PHONE 386.234.1390
ADDRESS 1841 NW TIGER DRAIN ROAD WHITE SPRINGS FL 32096
OWNER MICHAEL P. MCDANIEL, SR (M.P. MCDANIEL) PHONE 386.234.1390
ADDRESS 1843 NW TIGER DRAIN ROAD WHITE SPRINGS FL 32096
CONTRACTOR BERNIE THRIFT PHONE 386.623.0046
ADDRESS 5557 NW FALLING CREEK ROAD WHITE SPRINGS FL 32096
SUBDIVISION _____ Lot _____ Block _____ Unit _____ Phase _____
TYPE OF DEVELOPMENT M/H/UTILITY PARCEL ID NO. 14-2S-15-00066-005

FLOOD ZONE AE BY BLK 2-4-2009 FIRM COMMUNITY # 120070 - PANEL # 0167-C
FIRM 100 YEAR ELEVATION 86' PLAN INCLUDED YES or NO
REQUIRED LOWEST HABITABLE FLOOR ELEVATION 87'
IN THE REGULATORY FLOODWAY YES or (NO) RIVER SWANNOH
SURVEYOR / ENGINEER NAME SCOTT BATT LICENSE NUMBER 7593

_____ ONE FOOT RISE CERTIFICATION INCLUDED SURVEY PROVIDED
_____ ZERO RISE CERTIFICATION INCLUDED
_____ SRWMD PERMIT NUMBER _____
(INCLUDING THE ONE FOOT RISE CERTIFICATION)

DATE THE FINISHED FLOOR ELEVATION CERTIFICATE WAS PROVIDED _____

INSPECTED DATE _____ BY _____

COMMENTS _____

135 NE Hernando Ave., Suite B-21
Lake City, Florida 32055
Phone: 386-758-1008
Fax: 386-758-2160



AFFIDAVIT

**STATE OF FLORIDA
COUNTY OF COLUMBIA**

This is to certify that I, (We), MICHAEL P. McDaniel, Sr.
owner of the below described property:

Tax Parcel No. 14-25-15-00066-005

Subdivision (name, lot, block, phase) _____

Give my permission to MICHAEL P. McDaniel, Jr. to place a
mobile home/travel trailer/single family home (circle one) on the above mentioned
property.

I (We) understand that this could result in an assessment for solid waste and fire
protection services levied on this property.

Michael P. McDaniel Sr. _____
Owner Owner

SWORN AND SUBSCRIBED before me this 27 day of March,
2013. This (these) person(s) are personally known to me or produced
ID _____.

Amy L. Mills
Notary Signature



AMY L. MILLS
MY COMMISSION # EE 173194
EXPIRES: February 26, 2016
Bonded Thru Budget Notary Services

COLUMBIA COUNTY 9-1-1 ADDRESSING

P. O. Box 1787, Lake City, FL 32056-1787

PHONE: (386) 758-1125 * FAX: (386) 758-1365 * Email: ron_croft@columbiacountyfla.com

Addressing Maintenance

To maintain the Countywide Addressing Policy you must make application for a 9-1-1 Address at the time you apply for a building permit. The established standards for assigning and posting numbers to all principal buildings, dwellings, businesses and industries are contained in Columbia County Ordinance 2001-9. The addressing system is to enable Emergency Service Agencies to locate you in an emergency, and to assist the United States Postal Service and the public in the timely and efficient provision of services to residents and businesses of Columbia County.

DATE REQUESTED: 3/20/2013 DATE ISSUED: 3/26/2013

ENHANCED 9-1-1 ADDRESS:

1843 NW TIGER DRAIN RD

WHITE SPRINGS FL 32096

PROPERTY APPRAISER PARCEL NUMBER:

14-2S-15-00066-005

Remarks:

ADDRESS FOR PROPOSED STRUCTURE ON PARCEL, 2ND LOCATION
ON PARCEL.

Address Issued By: SIGNED: / RONAL N. CROFT
Columbia County 9-1-1 Addressing / GIS Department

**NOTICE: THIS ADDRESS WAS ISSUED BASED ON LOCATION
INFORMATION RECEIVED FROM THE REQUESTER. SHOULD,
AT A LATER DATE, THE LOCATION INFORMATION BE FOUND
TO BE IN ERROR, THIS ADDRESS IS SUBJECT TO CHANGE.**

This Warranty Deed Made the 13th day of March A. D. 1995 by
LENVIL H. DICKS, a married man not residing on the property described herein.
hereinafter called the grantor, to MICHAEL PAT MCDANIEL

whose postoffice address is Rt. 1, Box 1410, White Springs, FL 32096
hereinafter called the grantee:

(Wherever used herein the terms "grantor" and "grantee" include all the parties to this instrument and the heirs, legal representatives and assigns of individuals, and the successors and assigns of corporations)

Witnesseth: That the grantor, for and in consideration of the sum of \$ 10.00 and other valuable considerations, receipt whereof is hereby acknowledged, hereby grants, bargains, sells, aliens, remises, releases, conveys and confirms unto the grantee all that certain land situate in Columbia County, Florida, viz:

TOWNSHIP 2 SOUTH, RANGE 15 EAST

Section 14: The West $\frac{1}{2}$ of the W $\frac{1}{2}$ of the NE $\frac{1}{4}$ of the SE $\frac{1}{4}$, containing 10 acres, more or less, subject to county Road right-of-way along the South side thereof.

FILED AND RECORDED IN PUBLIC
RECORDS OF COLUMBIA COUNTY, FL

95-03202

1995 MAR 13 PM 12:44

BK 0802 PG 2150

OFFICIAL RECORDS

RECORDED
P. DeWitt Cason
CLERK OF COURTS
COLUMBIA COUNTY, FLORIDA
BY: *Garth R. Harder*

Together with all the tenements, hereditaments and appurtenances thereto belonging or in any-wise appertaining.

To Have and to Hold, the same in fee simple forever.

And the grantor hereby covenants with said grantee that the grantor is lawfully seized of said land in fee simple; that the grantor has good right and lawful authority to sell and convey said land; that the grantor hereby fully warrants the title to said land and will defend the same against the lawful claims of all persons whomsoever; and that said land is free of all encumbrances, except taxes accruing subsequent to December 31, 19 94.

DOCUMENTARY STAMP. 98.00

INTANGIBLE TAX 0

P. DeWITT CASON, CLERK OF
COURTS, COLUMBIA COUNTY

BY: *Garth R. Harder*

In Witness Whereof, the said grantor has signed and sealed these presents the day and year first above written.

Signed, sealed and delivered in our presence:

Witness Eva E. Timmons

Witness Johnny M. Hamm

STATE OF Florida
COUNTY OF Columbia

Levil H. Dicks
LENVIL H. DICKS

L.S.

L.S.

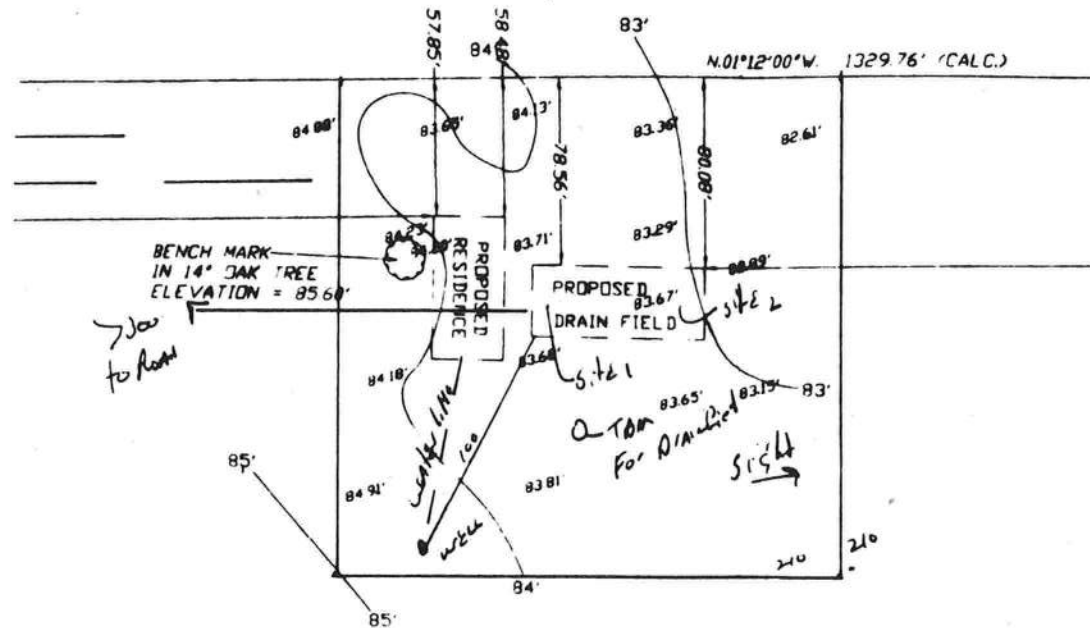
SPACE BELOW FOR RECORDERS USE

I HEREBY CERTIFY that on this day, before me, an officer duly

13-0107

PARCEL # 00066-002
JEAN FINGER

VACANT



Sally Ford Env Health Director

501°11 52'F 1329 '3' CALC

3.19.12

PARCEL # 70046 701
ROBERT & ELIZABETH BUTLER



STATE OF FLORIDA
DEPARTMENT OF HEALTH
ONSITE SEWAGE TREATMENT AND DISPOSAL
SYSTEM

APPLICATION FOR CONSTRUCTION PERMIT

CR # 10-5610

PERMIT NO. 13-0107
DATE PAID: 3/4/13
FEE PAID: 310.00
RECEIPT #: 1094454

APPLICATION FOR:

☒ New System ☐ Existing System ☐ Holding Tank ☐ Innovative
☐ Repair ☐ Abandonment ☐ Temporary ☐

APPLICANT: MICHAEL PAT MCDANIEL

AGENT: PELONI'S SEPTIC

TELEPHONE: (386) 755-1616

MAILING ADDRESS: 330 NE RAILROAD ST.

LAKE CITY

FL 32055

TO BE COMPLETED BY APPLICANT OR APPLICANT'S AUTHORIZED AGENT. SYSTEMS MUST BE CONSTRUCTED BY A PERSON LICENSED PURSUANT TO 489.105(3) (m) OR 489.552, FLORIDA STATUTES. IT IS THE APPLICANT'S RESPONSIBILITY TO PROVIDE DOCUMENTATION OF THE DATE THE LOT WAS CREATED OR PLATTED (MM/DD/YY) IF REQUESTING CONSIDERATION OF STATUTORY GRANDFATHER PROVISIONS.

PROPERTY INFORMATION

LOT: N/A BLOCK: N/A SUBDIVISION: METES AND BOUNDS PLATTED: _____

PROPERTY ID #: 14-2S-15-00066-005 ZONING: AG I/M OR EQUIVALENT: ☐ NO ☐

PROPERTY SIZE: 10.000 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐ $\leq 2000\text{GPD}$ ☐ $> 2000\text{GPD}$

IS SEWER AVAILABLE AS PER 381.0065, FS? ☐ NO ☐ DISTANCE TO SEWER: N/A FT

PROPERTY ADDRESS: 1841 NW TIGER DRAIN RD.

DIRECTIONS TO PROPERTY: 41 NORTH TURN LEFT ON SUWANNEE VALLY RD. TURN RIGHT ON WHITE SPRINGS RD. TURN LEFT ON NOVA RD. TURN RIGHT ON TIGER SPRINGS RD. NEAR END ON RIGHT.

BUILDING INFORMATION ☒ RESIDENTIAL ☐ COMMERCIAL

Unit No.	Type of Establishment	No. of Bedrooms	Building Area Sqft	Commercial/Institutional System Design Table 1, Chapter 64E-6, FAC
1	<u>MOBILE HOME</u>	<u>3</u>	<u>1,664</u>	<u>Add for 2nd level</u>
2				<u>Review approval, rec'd</u>
3				<u>3-14-13</u>
4				

☐ Floor/Equipment Drains ☐ Other (Specify) _____

SIGNATURE: [Signature]

DATE: 3-1-2013

MOBILE HOME INSTALLERS AGENT AUTHORIZATION

I, Bernard Thiel, give this authority and I do certify that the below referenced person(s) listed on this form is/are under my direct supervision and control and is/are authorized to purchase permits, call for inspections and sign on my behalf.

Printed Name of Authorized Person	Signature of Authorized Person	Agents Company Name
Amanda McDaniel	<i>Amanda McDaniel</i>	Owner

I, the license holder, realize that I am responsible for all permits purchased, and all work done under my license and I am fully responsible for compliance with all Florida Statutes, Codes, and Local Ordinances.

I understand that the State Licensing Board has the power and authority to discipline a license holder for violations committed by him/her or by his/her authorized person(s) through this document and that I have full responsibility for compliance granted by issuance of such permits.

Bernard Thiel License Holders Signature (Notarized) IH1025157/1 License Number _____ Date _____

NOTARY INFORMATION:

STATE OF: Florida COUNTY OF: Columbia

The above license holder, whose name is _____ personally appeared before me and is known by me or has produced identification (type of I.D.) _____ on this 18th day of Feb, 2013.

Kent Gardner
NOTARY'S SIGNATURE



MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER 1363-44 CONTRACTOR Bernie Thrift PHONE 623 0046

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

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

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

<input checked="" type="checkbox"/> ELECTRICAL	Print Name <u>Michael p McDaniel JR</u> Signature <u>Michael p McDaniel JR</u> License #: _____ Phone #: <u>386. 234. 1390</u>
<input checked="" type="checkbox"/> MECHANICAL/ A/C <u>568</u>	Print Name <u>David Hall</u> Signature <u>David Hall</u> License #: <u>CACO57424</u> Phone #: _____
<input checked="" type="checkbox"/> PLUMBING/ GAS	Print Name <u>Bernie Thrift</u> Signature <u>Bernie Thrift</u> License #: <u>JH 102 51 55</u> Phone #: <u>623 0046</u>

Specialty License	License Number	Sub-Contractors Printed Name	Sub-Contractors Signature
MASON			
CONCRETE FINISHER			

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

Contractor Forms: Subcontractor form: 1/11

Columbia County Property Appraiser

CAMA updated: 3/15/2013

2012 Tax Year**Parcel:** 14-2S-15-00066-005

<< Next Lower Parcel Next Higher Parcel >>

Tax Collector

Tax Estimator

Property Card

Parcel List Generator

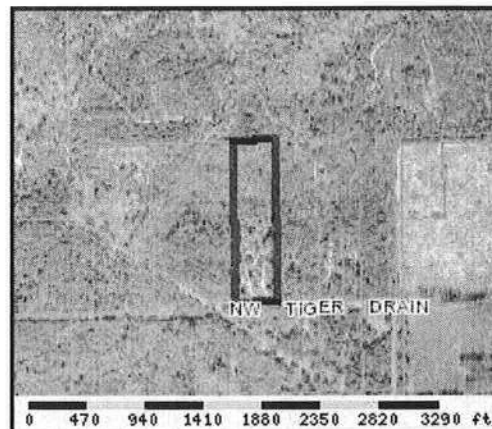
Interactive GIS Map

Print

Owner & Property Info

Search Result: 1 of 1

Owner's Name	MCDANIEL MICHAEL PAT		
Mailing Address	1841 NW TIGER DRAIN RD WHITE SPRINGS, FL 32096		
Site Address	1841 NW TIGER DRAIN RD		
Use Desc. (code)	MOBILE HOM (000200)		
Tax District	3 (County)	Neighborhood	14215
Land Area	10.000 ACRES	Market Area	03
Description	NOTE: This description is not to be used as the Legal Description for this parcel in any legal transaction. W1/2 OF W1/2 OF NE1/4 OF SE1/4 ORB 802-2150,		

**Property & Assessment Values**

2012 Certified Values		
Mkt Land Value	cnt: (0)	\$24,438.00
Ag Land Value	cnt: (2)	\$0.00
Building Value	cnt: (1)	\$6,115.00
XFOB Value	cnt: (1)	\$500.00
Total Appraised Value		\$31,053.00
Just Value		\$31,053.00
Class Value		\$0.00
Assessed Value		\$31,053.00
Exempt Value	(code: HX H3)	\$25,000.00
Total Taxable Value	Cnty: \$6,053 Other: \$6,053 Schl: \$6,053	

2013 Working Values**NOTE:**

2013 Working Values are NOT certified values and therefore are subject to change before being finalized for ad valorem assessment purposes.

Show Working Values

Sales History

Show Similar Sales within 1/2 mile

Sale Date	OR Book/Page	OR Code	Vacant / Improved	Qualified Sale	Sale RCode	Sale Price
3/13/1995	802/2150	WD	V	Q		\$14,000.00

Building Characteristics

Bldg Item	Bldg Desc	Year Blt	Ext. Walls	Heated S.F.	Actual S.F.	Bldg Value
1	MOBILE HME (000800)	1978	AL SIDING (26)	1344	1344	\$6,115.00
Note: All S.F. calculations are based on exterior building dimensions.						

Extra Features & Out Buildings

Code	Desc	Year Blt	Value	Units	Dims	Condition (% Good)
0285	SALVAGE	2005	\$500.00	0000001.000	0 x 0 x 0	(000.00)

Land Breakdown

Lnd Code	Desc	Units	Adjustments	Eff Rate	Lnd Value
000200	MBL HM (MKT)	10 AC	1.00/1.00/1.00/0.80	\$2,243.80	\$22,438.00
009945	WELL/SEPT (MKT)	1 UT - (0000000.000AC)	1.00/1.00/1.00/1.00	\$2,000.00	\$2,000.00

CODE ENFORCEMENT
PRELIMINARY MOBILE HOME INSPECTION REPORT

DATE RECEIVED 3/19 BY LD IS THE M/H ON THE PROPERTY WHERE THE PERMIT WILL BE ISSUED? NO
OWNERS NAME Michael P. McManis, Jr. PHONE _____ CELL 386.723.1390
ADDRESS _____

MOBILE HOME PARK — SUBDIVISION —

DRIVING DIRECTIONS TO MOBILE HOME 90 W. To Deputy J Davis Ln
Right next to C+G Homes - SHOWCASE HOMES
See Sales Representative: Kent

MOBILE HOME INSTALLER Bernie Thrift PHONE 386.623.0046 CELL 386.623.0046

MOBILE HOME INFORMATION

MAKE HOMES of MERIT YEAR 1992 SIZE 28 x 28 COLOR Bluish/Gray
SERIAL No. 7455

WIND ZONE II Must be wind zone II or higher NO WIND ZONE I ALLOWED

INSPECTION STANDARDS

INTERIOR:

(P or F) - P= PASS F= FAILED

P SMOKE DETECTOR () OPERATIONAL () MISSING
P FLOORS () SOLID () WEAK () HOLES DAMAGED LOCATION 1303-44
P DOORS () OPERABLE () DAMAGED
P WALLS () SOLID () STRUCTURALLY UNSOUND
P WINDOWS () OPERABLE () INOPERABLE
P PLUMBING FIXTURES () OPERABLE () INOPERABLE () MISSING
P CEILING () SOLID () HOLES () LEAKS APPARENT
P ELECTRICAL (FIXTURES/OUTLETS) () OPERABLE () EXPOSED WIRING () OUTLET COVERS MISSING () LIGHT
FIXTURES MISSING

SHOWCASE HOMES

Any COMMENTS:
CALL MIKE, JR.

EXTERIOR:

P WALLS / SIDING () LOOSE SIDING () STRUCTURALLY UNSOUND () NOT WEATHERTIGHT () NEEDS CLEANING
P WINDOWS () CRACKED/ BROKEN GLASS () SCREENS MISSING () WEATHERTIGHT
P ROOF () APPEARS SOLID () DAMAGED

STATUS

APPROVED ✓ WITH CONDITIONS: _____

NOT APPROVED _____ NEED RE-INSPECTION FOR FOLLOWING CONDITIONS _____

SIGNATURE Joy Chen ID NUMBER 306 DATE 3-20-13



1303-

District No. 1 - Ronald Williams
District No. 2 - Rusty DePratter
District No. 3 - Bucky Nash
District No. 4 - Stephen E. Bailey
District No. 5 - Scarlet P. Frisina



BOARD OF COUNTY COMMISSIONERS • COLUMBIA COUNTY

Memo of review for correctness and completion

In accordance with participation in the NFIP/CRS program, all elevation certificates are required to be reviewed for correctness and completion prior to acceptance by the community. This form shall be attached to all elevation certificates maintained on file and provided with requested copies of elevation certificates.

- _____ The attached certificate requires correction by the surveyor of section (s) _____ prior to acceptance by the community.
- ✓ _____ The attached elevation certificate is complete and correct.
- _____ Minor corrections have been made in the below marked section(s) by the authorized Community Official.

SECTION A - PROPERTY INFORMATION

A1. Building Owner's Name		For Insurance Company Use:
		Policy Number
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.		Company NAIC Number
City	State	ZIP Code
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)		
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.)		
A5. Latitude/Longitude: Lat. _____ Long. _____ Horizontal Datum: <input type="checkbox"/> NAD 1927 <input type="checkbox"/> NAD 1983		
A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insurance.		
A7. Building Diagram Number _____		
A8. For a building with a crawl space or enclosure(s), provide:		A9. For a building with an attached garage, provide:
a) Square footage of crawl space or enclosure(s) _____ sq ft		a) Square footage of attached garage _____ sq ft
b) No. of permanent flood openings in the crawl space or enclosure(s) walls within 1.0 foot above adjacent grade _____		b) No. of permanent flood openings in the attached garage walls within 1.0 foot above adjacent grade _____
c) Total net area of flood openings in A8.b _____ sq in		c) Total net area of flood openings in A9.b _____ sq in

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP Community Name & Community Number		B2. County Name		B3. State	
B4. Map/Panel Number	B5. Suffix	B6. FIRM Index Date	B7. FIRM Panel Effective/Revised Date	B8. Flood Zone(s)	B9. Base Flood Elevation(s) (Zone AO, use base flood depth)
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9. <input type="checkbox"/> FIS Profile <input type="checkbox"/> FIRM <input type="checkbox"/> Community Determined <input type="checkbox"/> Other (Describe) _____					
B11. Indicate elevation datum used for BFE in Item B9: <input type="checkbox"/> NGVD 1929 <input type="checkbox"/> NAVD 1988 <input type="checkbox"/> Other (Describe) _____					
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? Designation Date _____ <input type="checkbox"/> CBRS <input type="checkbox"/> OPA <input type="checkbox"/> Yes <input type="checkbox"/> No					

Comments: _____

Date of Review: 26 April 2013

Community Official: Brian L. G...

All elevation certificates shall be maintained by the community and copies with the attached memo made available upon request.

BOARD MEETS FIRST THURSDAY AT 7:00 P.M.
AND THIRD THURSDAY AT 7:00 P.M.

ELEVATION CERTIFICATE

Important: Read the instructions on pages 1-9.

OMB No. 1660-0008
Expiration Date: July 31, 2015

30879

SECTION A - PROPERTY INFORMATION

A1. Building Owner's Name Amanda & Michael (Jr.) McDaniel

FOR INSURANCE COMPANY USE

Policy Number:

A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.
1843 NW Tiger Drain Rd.

Company NAIC Number:

City White Springs

State FL

ZIP Code 32096

A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)
W1/2 OF W1/2 OF NE1/4 OF SE1/4 / 14-2S-15-00066-005

A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) Residential

A5. Latitude/Longitude: Lat. 30°18.758' Long. 82°46.913' Horizontal Datum: ☐ NAD 1927 ☒ NAD 1983

A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insurance.

A7. Building Diagram Number 5

A8. For a building with a crawlspace or enclosure(s):

- a) Square footage of crawlspace or enclosure(s) N/A sq ft
b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade N/A
c) Total net area of flood openings in A8.b N/A sq in
d) Engineered flood openings? ☐ Yes ☐ No

A9. For a building with an attached garage:

- a) Square footage of attached garage N/A sq ft
b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade N/A
c) Total net area of flood openings in A9.b N/A sq in
d) Engineered flood openings? ☐ Yes ☐ No

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP Community Name & Community Number
Columbia 120070

B2. County Name
Columbia

B3. State
FL

B4. Map/Panel Number
12023C0166C

B5. Suffix
C

B6. FIRM Index Date
4 Feb 2009

B7. FIRM Panel
Effective/Revised Date
4 Feb 2009

B8. Flood
Zone(s)
AE

B9. Base Flood Elevation(s) (Zone
AO, use base flood depth)
86.00

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

☐ FIS Profile ☒ FIRM ☐ Community Determined ☐ Other/Source: _____

B11. Indicate elevation datum used for BFE in Item B9: ☐ NGVD 1929 ☒ NAVD 1988 ☐ Other/Source: _____

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

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. 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 C2.a-h below according to the building diagram specified in Item A7. In Puerto Rico only, enter meters.

Benchmark Utilized: Spike in oak tree

Vertical Datum: NAVD 88

Indicate elevation datum used for the elevations in items a) through h) below. ☐ NGVD 1929 ☒ NAVD 1988 ☐ Other/Source: _____

Datum used for building elevations must be the same as that used for the BFE.

Check the measurement used.

- | | | | |
|---|-------|--|---------------------------------|
| a) Top of bottom floor (including basement, crawlspace, or enclosure floor) | 87.47 | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| b) Top of the next higher floor | N.A. | <input type="checkbox"/> feet | <input type="checkbox"/> meters |
| c) Bottom of the lowest horizontal structural member (V Zones only) | N.A. | <input type="checkbox"/> feet | <input type="checkbox"/> meters |
| d) Attached garage (top of slab) | N.A. | <input type="checkbox"/> feet | <input type="checkbox"/> meters |
| e) Lowest elevation of machinery or equipment servicing the building
(Describe type of equipment and location in Comments) | 87.9 | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| f) Lowest adjacent (finished) grade next to building (LAG) | 83.8 | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| g) Highest adjacent (finished) grade next to building (HAG) | 83.9 | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support | N.A. | <input type="checkbox"/> feet | <input type="checkbox"/> meters |

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 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.

☐ Check here if comments are provided on back of form.
☒ Check here if attachments.

Were latitude and longitude in Section A provided by a
licensed land surveyor? ☒ Yes ☐ No

Certifier's Name L. Scott Britt

License Number LS 5757

Title Chief Surveyor

Company Name Britt Surveying and Mapping, LLC

Address 2086 SW Main Blvd. #112

City Lake City

State FL

ZIP Code 32025

Signature

Date 04/26/13

Telephone 386-752-7163

PLACE
SEAL
HERE

Building Photographs

See Instructions for Item A6.

IMPORTANT: In these spaces, copy the corresponding information from Section A.Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.
1843 NW Tiger Drain Rd.

City White Springs

State FL

ZIP Code 32096

FOR INSURANCE COMPANY USE

Policy Number:

Company NAIC Number:

If using the Elevation Certificate to obtain NFIP flood insurance, affix at least 2 building photographs below according to the instructions for Item A6. Identify all photographs with date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." When applicable, photographs must show the foundation with representative examples of the flood openings or vents, as indicated in Section A8. If submitting more photographs than will fit on this page, use the Continuation Page.

Front View



Building Photographs

Continuation Page

IMPORTANT: In these spaces, copy the corresponding information from Section A.Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.
1843 NW Tiger Drain Rd.

City White Springs

State FL

ZIP Code 32096

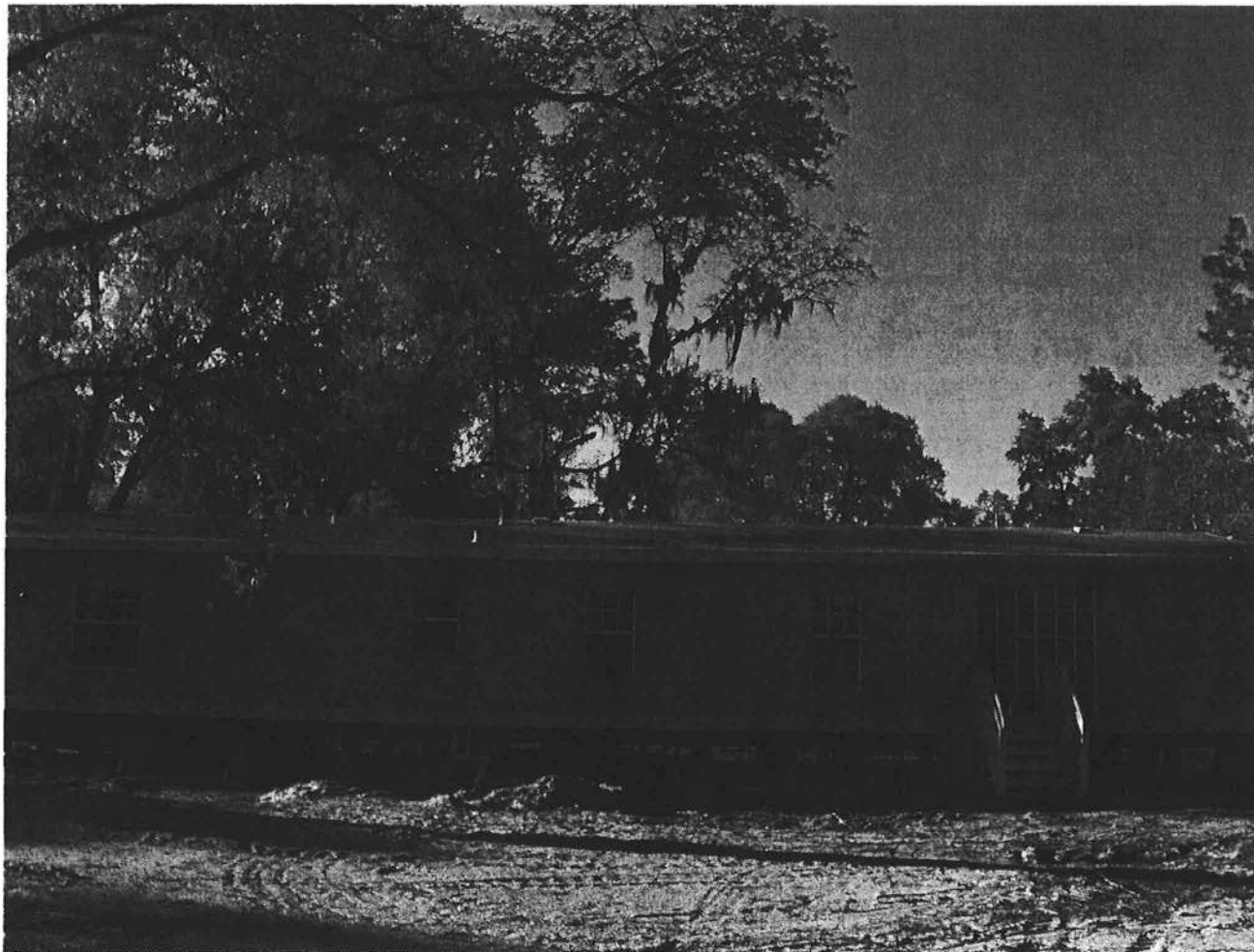
FOR INSURANCE COMPANY USE

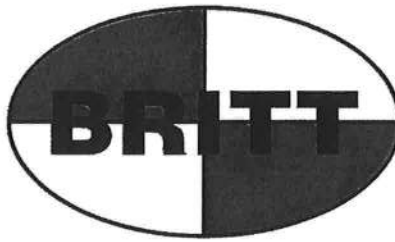
Policy Number:

Company NAIC Number:

If submitting more photographs than will fit on the preceding page, affix the additional photographs below. Identify all photographs with: date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." When applicable, photographs must show the foundation with representative examples of the flood openings or vents, as indicated in Section A8.

Rear View





BRITT SURVEYING

Land Surveyors and Mappers

LAKE CITY • VENICE • SARASOTA

Section A

A1 No additional comment

A2 The address is taken from the public records

A3 – A4 No additional comment

A5 Hand Held GPS coordinate at the center of building along the front wall

A6 The photographs were taken by Britt Surveying and Mapping, LLC as of the date of field work

A7 – A9 No additional comment

Section B

B1 – B7 No additional comment

B8 This building appears to be in Zone AE.

B9 – B10 The BFE as shown hereon is based on the FIRM and FIS profile.

B11 – B12 No additional comment

Section C

C1 No additional comment

C2 There is a benchmark in a oak tree whose elevation is determined to be 85.60 feet NAVD 88 datum.

C2 a Premanufactured residence

C2 b-d No additional comment

C2 e Air conditioning unit on the right side of the residence

C2 f - h No additional comment

Section D

No additional comment

Section E

No additional comment

Section F

No additional comment

Section G

No additional comment

Photographs

The photographs were taken by Britt Surveying and Mapping, LLC as of the date of field work

COLUMBIA COUNTY
DEPT
OF
PLANNING & ZONING

M/H OCCUPANCY

COLUMBIA COUNTY, FLORIDA

Department of Building and Zoning Inspection

This Certificate of Occupancy is issued to the below named permit holder for the building and premises at the below named location, and certifies that the work has been completed in accordance with the Columbia County Building Code.

Parcel Number 14-2S-15-00066-005

Building permit No. 000030879

Permit Holder BERNIE THRIFT

Owner of Building MICHAEL P. MCDANIEL, SR(M.P. MCDANIEL, JR)

Location: 1843 NW TIGER DRAIN ROAD, WHITE SPRINGS, FL 32096



Date: 06/06/2013

John Lee

Building Inspector

POST IN A CONSPICUOUS PLACE
(Business Places Only)

30879

District No. 1 - Ronald Williams
District No. 2 - Rusty DePratter
District No. 3 - Bucky Nash
District No. 4 - Stephen E. Bailey
District No. 5 - Scarlet P. Frisina



BOARD OF COUNTY COMMISSIONERS • COLUMBIA COUNTY

Memo of review for correctness and completion

In accordance with participation in the NFIP/CRS program, all elevation certificates are required to be reviewed for correctness and completion prior to acceptance by the community. This form shall be attached to all elevation certificates maintained on file and provided with requested copies of elevation certificates.

- _____ The attached certificate requires correction by the surveyor of section (s) _____ prior to acceptance by the community.
- ✓ _____ The attached elevation certificate is complete and correct.
- _____ Minor corrections have been made in the below marked section(s) by the authorized Community Official.

SECTION A - PROPERTY INFORMATION		For Insurance Company Use:
A1. Building Owner's Name		Policy Number
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.		Company NAIC Number
City	State	ZIP Code
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)		
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) _____		
A5. Latitude/Longitude: Lat. _____ Long. _____		Horizontal Datum: <input type="checkbox"/> NAD 1927 <input type="checkbox"/> NAD 1983
A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insurance.		
A7. Building Diagram Number _____		
A8. For a building with a crawl space or enclosure(s), provide: a) Square footage of crawl space or enclosure(s) _____ sq ft b) No. of permanent flood openings in the crawl space or enclosure(s) walls within 1.0 foot above adjacent grade _____ c) Total net area of flood openings in A8.b _____ sq in		A9. For a building with an attached garage, provide: a) Square footage of attached garage _____ sq ft b) No. of permanent flood openings in the attached garage walls within 1.0 foot above adjacent grade _____ c) Total net area of flood openings in A9.b _____ sq in

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP Community Name & Community Number		B2. County Name		B3. State	
B4. Map/Panel Number	B5. Suffix	B6. FIRM Index Date	B7. FIRM Panel Effective/Revised Date	B8. Flood Zone(s)	B9. Base Flood Elevation(s) (Zone AO, use base flood depth)
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9. <input type="checkbox"/> FIS Profile <input type="checkbox"/> FIRM <input type="checkbox"/> Community Determined <input type="checkbox"/> Other (Describe) _____					
B11. Indicate elevation datum used for BFE in Item B9: <input type="checkbox"/> NGVD 1929 <input type="checkbox"/> NAVD 1988 <input type="checkbox"/> Other (Describe) _____					
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? Designation Date _____ <input type="checkbox"/> CBRS <input type="checkbox"/> OPA <input type="checkbox"/> Yes <input type="checkbox"/> No					

Comments: _____

Date of Review: 26 April 2013

Community Official: [Signature]

All elevation certificates shall be maintained by the community and copies with the attached memo made available upon request.

BOARD MEETS FIRST THURSDAY AT 7:00 P.M.
AND THIRD THURSDAY AT 7:00 P.M.

ELEVATION CERTIFICATE

Important: Read the instructions on pages 1-9.

OMB No. 1660-0008
Expiration Date: July 31, 2015

30879		SECTION A - PROPERTY INFORMATION		FOR INSURANCE COMPANY USE	
A1. Building Owner's Name Amanda & Michael (Jr.) McDaniel				Policy Number:	
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 1843 NW Tiger Drain Rd.				Company NAIC Number:	
City White Springs		State FL		ZIP Code 32096	
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) W1/2 OF W1/2 OF NE1/4 OF SE1/4 / 14-2S-15-00066-005					
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) <u>Residential</u>					
A5. Latitude/Longitude: Lat. <u>30°18.758'</u> Long. <u>82°46.913'</u> Horizontal Datum: <input type="checkbox"/> NAD 1927 <input checked="" type="checkbox"/> NAD 1983					
A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insurance.					
A7. Building Diagram Number <u>5</u>					
A8. For a building with a crawlspace or enclosure(s):					
a) Square footage of crawlspace or enclosure(s) <u>N/A</u> sq ft					
b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade <u>N/A</u>					
c) Total net area of flood openings in A8.b <u>N/A</u> sq in					
d) Engineered flood openings? <input type="checkbox"/> Yes <input type="checkbox"/> No					
A9. For a building with an attached garage:					
a) Square footage of attached garage <u>N/A</u> sq ft					
b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade <u>N/A</u>					
c) Total net area of flood openings in A9.b <u>N/A</u> sq in					
d) Engineered flood openings? <input type="checkbox"/> Yes <input type="checkbox"/> No					

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP Community Name & Community Number Columbia 120070		B2. County Name Columbia		B3. State FL	
B4. Map/Panel Number 12023C0166C	B5. Suffix C	B6. FIRM Index Date 4 Feb 2009	B7. FIRM Panel Effective/Revised Date 4 Feb 2009	B8. Flood Zone(s) AE	B9. Base Flood Elevation(s) (Zone AO, use base flood depth) 86.00
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9. <input type="checkbox"/> FIS Profile <input checked="" type="checkbox"/> FIRM <input type="checkbox"/> Community Determined <input type="checkbox"/> Other/Source: _____					
B11. Indicate elevation datum used for BFE in Item B9: <input type="checkbox"/> NGVD 1929 <input checked="" type="checkbox"/> NAVD 1988 <input type="checkbox"/> Other/Source: _____					
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Designation Date: _____ <input type="checkbox"/> CBRS <input type="checkbox"/> OPA					

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. 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 C2.a-h below according to the building diagram specified in Item A7. In Puerto Rico only, enter meters.
Benchmark Utilized: Spike in oak tree Vertical Datum: NAVD 88
Indicate elevation datum used for the elevations in items a) through h) below. ☐ NGVD 1929 ☒ NAVD 1988 ☐ Other/Source: _____
Datum used for building elevations must be the same as that used for the BFE.

Check the measurement used.

a) Top of bottom floor (including basement, crawlspace, or enclosure floor)	<u>87.47</u>	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters
b) Top of the next higher floor	<u>N/A</u>	<input type="checkbox"/> feet	<input type="checkbox"/> meters
c) Bottom of the lowest horizontal structural member (V Zones only)	<u>N/A</u>	<input type="checkbox"/> feet	<input type="checkbox"/> meters
d) Attached garage (top of slab)	<u>N/A</u>	<input type="checkbox"/> feet	<input type="checkbox"/> meters
e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments)	<u>87.9</u>	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters
f) Lowest adjacent (finished) grade next to building (LAG)	<u>83.8</u>	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters
g) Highest adjacent (finished) grade next to building (HAG)	<u>83.9</u>	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters
h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support	<u>N/A</u>	<input type="checkbox"/> feet	<input type="checkbox"/> meters

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 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.

☐ Check here if comments are provided on back of form. Were latitude and longitude in Section A provided by a licensed land surveyor? ☒ Yes ☐ No
☒ Check here if attachments.

Certifier's Name L. Scott Britt	License Number LS 5757
Title Chief Surveyor	Company Name Britt Surveying and Mapping, LLC
Address 2086 SW Main Blvd. #112	City Lake City State FL ZIP Code 32025
Signature <i>[Signature]</i>	Date 04/26/13 Telephone 386-752-7163

PLACE
SEAL
HERE

IMPORTANT: In these spaces, copy the corresponding information from Section A.Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.
1843 NW Tiger Drain Rd.

City White Springs

State FL

ZIP Code 32096

FOR INSURANCE COMPANY USE

Policy Number:

Company NAIC Number:

SECTION D – SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION (CONTINUED)

Copy both sides of this Elevation Certificate for (1) community official, (2) insurance agent/company, and (3) building owner.

Comments L-22582

See Attachment

Revised 4/26/13 AC elevation



Signature

Date 04/26/13

SECTION E – BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO AND ZONE A (WITHOUT BFE)

For Zones AO and A (without BFE), complete Items E1–E5. If the Certificate is intended to support a LOMA or LOMR-F request, complete Sections A, B, and C. For Items E1–E4, use natural grade, if available. Check the measurement used. In Puerto Rico only, enter meters.

- E1. Provide elevation information for the following and check the appropriate boxes to show whether the elevation is above or below the highest adjacent grade (HAG) and the lowest adjacent grade (LAG).
- a) Top of bottom floor (including basement, crawlspace, or enclosure) is _____ ☐ feet ☐ meters ☐ above or ☐ below the HAG.
- b) Top of bottom floor (including basement, crawlspace, or enclosure) is _____ ☐ feet ☐ meters ☐ above or ☐ below the LAG.
- E2. For Building Diagrams 6–9 with permanent flood openings provided in Section A Items 8 and/or 9 (see pages 8–9 of Instructions), the next higher floor (elevation C2.b in the diagrams) of the building is _____ ☐ feet ☐ meters ☐ above or ☐ below the HAG.
- E3. Attached garage (top of slab) is _____ ☐ feet ☐ meters ☐ above or ☐ below the HAG.
- E4. Top of platform of machinery and/or equipment servicing the building is _____ ☐ feet ☐ meters ☐ above or ☐ below the HAG.
- E5. Zone AO only: If no flood depth number is available, is the top of the bottom floor elevated in accordance with the community's floodplain management ordinance? ☐ Yes ☐ No ☐ Unknown. The local official must certify this information in Section G.

SECTION F – PROPERTY OWNER (OR OWNER'S REPRESENTATIVE) CERTIFICATION

The property owner or owner's authorized representative who completes Sections A, B, and E for Zone A (without a FEMA-issued or community-issued BFE) or Zone AO must sign here. The statements in Sections A, B, and E are correct to the best of my knowledge.

Property Owner's or Owner's Authorized Representative's Name

Address City State ZIP Code

Signature Date Telephone

Comments

☐ Check here if attachments.**SECTION G – COMMUNITY INFORMATION (OPTIONAL)**

The local official who is authorized by law or ordinance to administer the community's floodplain management ordinance can complete Sections A, B, C (or E), and G of this Elevation Certificate. Complete the applicable item(s) and sign below. Check the measurement used in Items G8–G10. In Puerto Rico only, enter meters.

- G1. ☐ The information in Section C was taken from other documentation that has been signed and sealed by a licensed surveyor, engineer, or architect who is authorized by law to certify elevation information. (Indicate the source and date of the elevation data in the Comments area below.)
- G2. ☐ A community official completed Section E for a building located in Zone A (without a FEMA-issued or community-issued BFE) or Zone AO.
- G3. ☐ The following information (Items G4–G10) is provided for community floodplain management purposes.

G4. Permit Number	G5. Date Permit Issued	G6. Date Certificate Of Compliance/Occupancy Issued
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- G7. This permit has been issued for: ☐ New Construction ☐ Substantial Improvement
- G8. Elevation of as-built lowest floor (including basement) of the building: _____ ☐ feet ☐ meters Datum _____
- G9. BFE or (in Zone AO) depth of flooding at the building site: _____ ☐ feet ☐ meters Datum _____
- G10. Community's design flood elevation: _____ ☐ feet ☐ meters Datum _____

Local Official's Name Title

Community Name Telephone

Signature Date

Comments

☐ Check here if attachments.

Building Photographs

See Instructions for Item A6.

IMPORTANT: In these spaces, copy the corresponding information from Section A.

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 1843 NW Tiger Drain Rd.		FOR INSURANCE COMPANY USE
City White Springs		Policy Number:
State FL	ZIP Code 32096	Company NAIC Number:

If using the Elevation Certificate to obtain NFIP flood insurance, affix at least 2 building photographs below according to the instructions for Item A6. Identify all photographs with date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." When applicable, photographs must show the foundation with representative examples of the flood openings or vents, as indicated in Section A8. If submitting more photographs than will fit on this page, use the Continuation Page.

Front View



Building Photographs

Continuation Page

IMPORTANT: In these spaces, copy the corresponding information from Section A.Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.
1843 NW Tiger Drain Rd.

City White Springs

State FL

ZIP Code 32096

FOR INSURANCE COMPANY USE

Policy Number:

Company NAIC Number:

If submitting more photographs than will fit on the preceding page, affix the additional photographs below. Identify all photographs with: date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." When applicable, photographs must show the foundation with representative examples of the flood openings or vents, as indicated in Section A8.

Rear View





BRITT SURVEYING

Land Surveyors and Mappers

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Section A

A1 No additional comment

A2 The address is taken from the public records

A3 – A4 No additional comment

A5 Hand Held GPS coordinate at the center of building along the front wall

A6 The photographs were taken by Britt Surveying and Mapping, LLC as of the date of field work

A7 – A9 No additional comment

Section B

B1 – B7 No additional comment

B8 This building appears to be in Zone AE.

B9 – B10 The BFE as shown hereon is based on the FIRM and FIS profile.

B11 – B12 No additional comment

Section C

C1 No additional comment

C2 There is a benchmark in a oak tree whose elevation is determined to be 85.60 feet NAVD 88 datum.

C2 a Premanufactured residence

C2 b-d No additional comment

C2 e Air conditioning unit on the right side of the residence

C2 f - h No additional comment

Section D

No additional comment

Section E

No additional comment

Section F

No additional comment

Section G

No additional comment

Photographs

The photographs were taken by Britt Surveying and Mapping, LLC as of the date of field work