

DATE 09/03/2010**Columbia County Building Permit****PERMIT****This Permit Must Be Prominently Posted on Premises During Construction****000028838**

APPLICANT JEFF HARDEE PHONE 352-949-0542  
ADDRESS 6450 NW 72ND LANE CHIEFLAND FL 32626  
OWNER ROY DIEHL (JAMES DIEHL) PHONE 497-3491  
ADDRESS 1293 SW BOSTON TERR FORT WHITE FL 32038  
CONTRACTOR ANDREW HALL PHONE 352-493-0705  
LOCATION OF PROPERTY 47 S, R 27, L RIVERSIDE AVE, L UTAH, R WASHINGTON, L BOSTON,  
LAST ON LEFT  
TYPE DEVELOPMENT MH, UTILITY ESTIMATED COST OF CONSTRUCTION 0.00  
HEATED FLOOR AREA                      TOTAL AREA                      HEIGHT                      STORIES                       
FOUNDATION                      WALLS                      ROOF PITCH                      FLOOR                       
LAND USE & ZONING ESA MAX. HEIGHT 35  
Minimum Set Back Requirments: STREET-FRONT 30.00 REAR 25.00 SIDE 25.00  
NO. EX.D.U. 0 FLOOD ZONE AE DEVELOPMENT PERMIT NO. 10-009

PARCEL ID 25-6S-15-00954-040 SUBDIVISION THREE RIVERS ESTATES  
LOT 38,39 BLOCK                      PHASE                      UNIT 17 TOTAL ACRES 4.96

IH0000195  
Culvert Permit No.                      Culvert Waiver                      Contractor's License Number                      Applicant/Owner/Contractor                       
EXISTING 10-0330-N BK                      TC                      N                       
Driveway Connection                      Septic Tank Number                      LU & Zoning checked by                      Approved for Issuance                      New Resident                       
COMMENTS: LEGAL LOT OF RECORD, MH BEING PLACED ON BOTH LOTS, MINIMUM FLOOR  
ELEVATION 34', NEED ELEVATION CERTIFICATE TO INCLUDE MACHINERY & EQUIP  
BEFORE POWER IS RELEASED Check # or Cash 2900

**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                      Sheathing/Nailing                       
                     date/app. by                      date/app. by                      date/app. by                       
Framing                      Insulation                       
                     date/app. by                      date/app. by                       
Rough-in plumbing above slab and below wood floor                      Electrical rough-in                       
                     date/app. by                      date/app. by                       
Heat & Air Duct                      Peri. beam (Lintel)                      Pool                       
                     date/app. by                      date/app. by                      date/app. by                       
Permanent power                      C.O. Final                      Culvert                       
                     date/app. by                      date/app. by                      date/app. by                       
Pump pole                      Utility Pole                      M/H tie downs, blocking, electricity and plumbing                       
                     date/app. by                      date/app. by                      date/app. by                       
Reconnection                      RV                      Re-roof                       
                     date/app. by                      date/app. by                      date/app. by                     

BUILDING PERMIT FEE \$ 0.00 CERTIFICATION FEE \$ 0.00 SURCHARGE FEE \$ 0.00  
MISC. FEES \$ 300.00 ZONING CERT. FEE \$ 50.00 FIRE FEE \$ 6.42 WASTE FEE \$ 16.75  
FLOOD DEVELOPMENT FEE \$ 50.00 FLOOD ZONE FEE \$ 25.00 CULVERT FEE \$                      **TOTAL FEE** 448.17  
INSPECTORS OFFICE                      CLERKS 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. 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."

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.**



Updated address 9.7.10

ck# 2906

PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

For Office Use Only

(Revised 1-10-08)

Zoning Official

BK 23.05.10

Building Official

J.C.

AP# 1007-02

Date Received

7-1-10

By LH

Permit #

28838

Flood Zone

AE

Development Permit

YES

Zoning

ESA-2

Land Use Plan Map Category

ESA

Comments

Put in Notes going on Lots 38+39 Legal Lots of Record

Section 2.3.1, before power, NEED

Elevation certificate Finish Floor + Equipment

FEMA Map#

0467-C

Elevation

33'

Finished Floor

34'

River

Santa Fe

In Floodway

N/A

Site Plan with Setbacks Shown

EH#

10-0330-N

EH Release

Well letter

Existing well

Recorded Deed or Affidavit from land owner

Letter of Auth. from installer

State Road Access

Parent Parcel #

STUP-MH

F W Comp. letter

IMPACT FEES: EMS

Fire

Corr

Road/Code

Vf form

School

= TOTAL Impact Fees Suspended March 2009

out of Co Pre-Insp

In Co. Pre-Insp

50% 9/12

17 decal

Property ID #

00954-040

Subdivision

Three Rivers Estates

New Mobile Home

Used Mobile Home

✓

MH Size

32x64

Year

2000

Applicant

Jeff Hardee

Phone #

352 949 0542

Address

6450 New 72 Ln

Name of Property Owner

Boy A Diehl

Phone#

386-497-3491

911 Address

1293 SW Boston Terrace Ft. White, FL. 32038

Circle the correct power company-

FL Power & Light

Clay Electric

(Circle One) -

Suwannee Valley Electric

Progress Energy

Name of Owner of Mobile Home

James M. Diehl +

Danielle Diehl

Phone #

386-935-1776

Address

16053 NW 41 Circle Bell, FL. 32619

Relationship to Property Owner

Son

Current Number of Dwellings on Property

1

Lot Size

100x400

Total Acreage

4.96

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 (owns)

Driving Directions to the Property

Heading South on US 27 turn left on South Riverside Ave. - go 1st left on SW Utah Street make 1st right SW Washington Ave. 1st left SW Boston Terrace - 1293 last house on left.

Name of Licensed Dealer/Installer

Andrew J. Hall

Phone #

352-493-0705

Installers Address

12371 NW 82nd Ct. Chiefland, FL. 32626

License Number

IH0000195

Installation Decal #

left a message on Jeff's phone

left message 8/24/10



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

## COLUMBIA COUNTY PERMIT WORKSHEET

page 1 of 2

Installer

Andrew J Hall

License #

IHO0000195

911 Address where home is being installed.

510 Boston Terrace  
FL White, FL 32038

Manufacturer

USED REDMAN Length x width

32x64

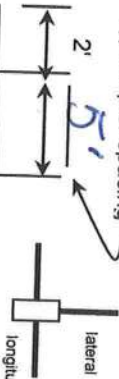
NOTE:

*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*

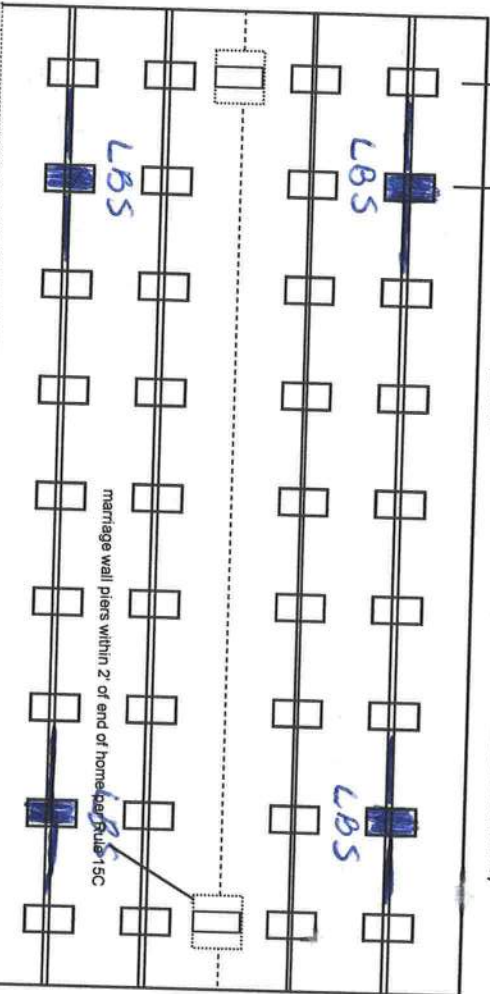
I understand Lateral Arm Systems cannot be used on any home (new or used) where the sidewall ties exceed 5 ft 4 in.

Installer's Initials

Typical pier spacing



Show locations of Longitudinal and Lateral Systems  
(use dark lines to show these locations)



New Home ☐

Used Home ☒

Home installed to the Manufacturer's Installation Manual

Home is installed in accordance with Rule 15-C

Single wide ☐

Wind Zone II ☒

Wind Zone III ☐

Double wide ☒

Installation Decal #

2571

Triple/Quad ☐

Serial #

FLA14615490418

### PIER SPACING TABLE FOR USED HOMES

Load bearing capacity (sq in)	Footer size (256)	18 1/2" x 18 (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'
1500 dsf	4' 6"	6'	7'	8'	8'	8'
2000 dsf	6'	8'	8'	8'	8'	8'
2500 dsf	7' 6"	8'	8'	8'	8'	8'
3000 dsf	8'	8'	8'	8'	8'	8'
3500 dsf	8'	8'	8'	8'	8'	8'

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

#### PIER PAD SIZES

I-beam pier pad size

20x20

Perimeter pier pad size

16x16

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

Pier pad size

20x20

ANCHORS

4 ft ☒ 5 ft

FRAME TIES

within 2' of end of home spaced at 5' 4" oc 40

#### TIEDOWN COMPONENTS

Longitudinal Stabilizing Device (LSD)

Manufacturer 4

Longitudinal Stabilizing Device w/ Lateral Arms

Manufacturer

OTHER TIES

Number

Sidewall

Longitudinal

Marriage wall

Shearwall



## POCKET PENETROMETER TEST

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

X        X        X       

## 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        X        X       

## TORQUE PROBE TEST

The results of the torque probe test is 276 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 locations 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

## ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name Andy Hall

Date Tested 6-30-10

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. 15

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. 15

## Site Preparation

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

## Fastening multi wide units

Floor: Type Fastener: LAC Length: 5" Spacing: 24"  
Walls: Type Fastener: LAG Length: 4" Spacing: 18-32  
Roof: Type Fastener: 30GA Length: 4" Spacing: 12  
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 marriage 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       

Type gasket FOAM

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

## Weatherproofing

The bottomboard will be repaired and/or taped. Yes        Pg.         
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        N/A         
Range downflow vent installed outside of skirting. Yes        N/A         
Drain lines supported at 4 foot intervals. Yes         
Electrical crossovers protected. Yes         
Other:       

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

Installer Signature       

Date 6-30-10

03/20/2002 15:40

4875231156

LWV



State of Florida  
**DEPARTMENT OF  
HIGHWAY SAFETY AND MOTOR VEHICLES**

TALLAHASSEE, FLORIDA 32399-0500

FRED A. DICKINSON, III  
Executive Director

March 20, 2002

Mr. Bert A. Moore, Financial Manager  
Manufactured Housing Foundation Systems  
Oliver Technologies, Inc.  
Post Office Box 9 (467 Swan Avenue)  
Hohenwald, Tennessee 38462

Dear Mr. Moore:

We wish to acknowledge receipt of your specifications and test results certifying that your Longitudinal Stabilizing and Lateral Bracing System, 1101 V, listed below complies with the specifications and regulations set by the Department of Highway Safety and Motor Vehicles, Rules 15C-1.0105, 15C-1.0107 and 15C-1.0108, Florida Administrative Code.

Installation instructions must be available at the installation site.

**MODEL #**

1101 V

**DESCRIPTION**

Longitudinal Stabilizing and Lateral Bracing System

**NOTE:** This system is for replacement of longitudinal anchors. This system can only be used with sidewall anchor spacing of 5'4". Maximum strut angle 45°.

If you have any questions, please advise at (407) 623-1340.

Sincerely,

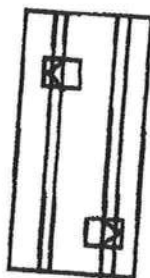
Phil Bergelt, Program Manager  
Bureau of Mobile Home and  
Recreational Vehicle Construction  
Division of Motor Vehicles

PRB:srb

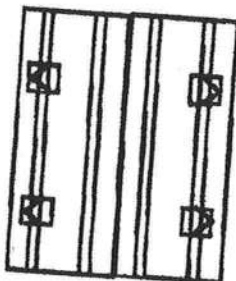


# REQUIRED NUMBER AND LOCATION OF MODEL 1101 L "V" BRACES FOR UP TO 4/12 ROOF PITCH

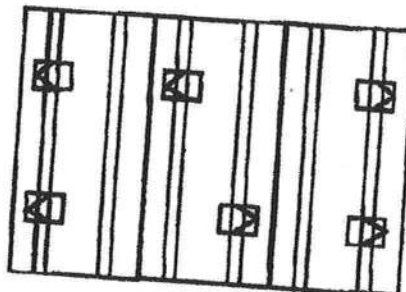
ALL WIDTHS; AND LENGTHS UP TO 80'



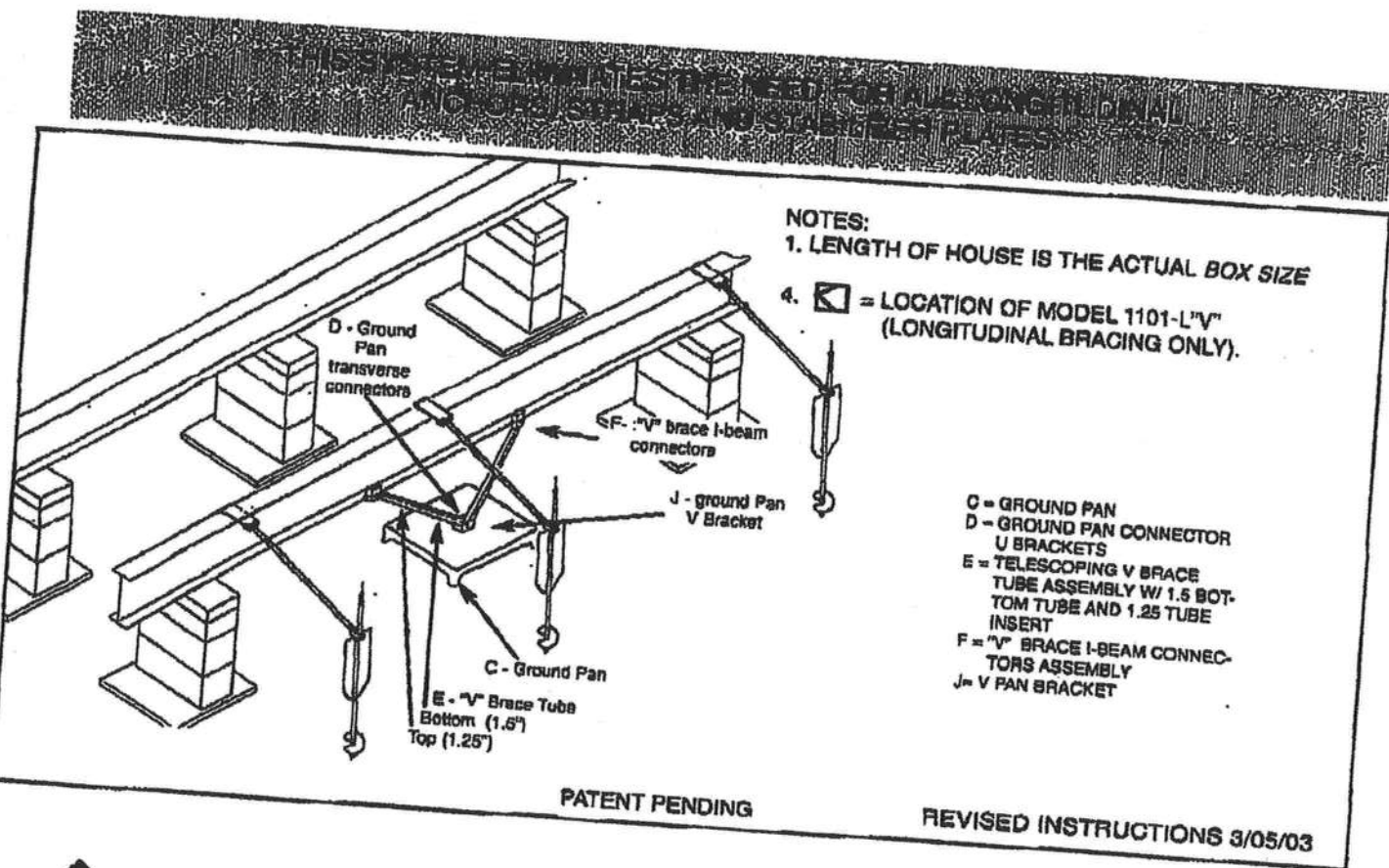
SINGLE WIDES



DOUBLE WIDES



TRIPLE WIDES



MANUFACTURED HOUSING FOUNDATION SYSTEMS  
A DIVISION OF OLIVER TECHNOLOGIES, INC.  
1-800-284-7437

Telephone: 931-798-4555  
Fax: 931-798-8811  
www.olivertechnologies.com

FIG. 1

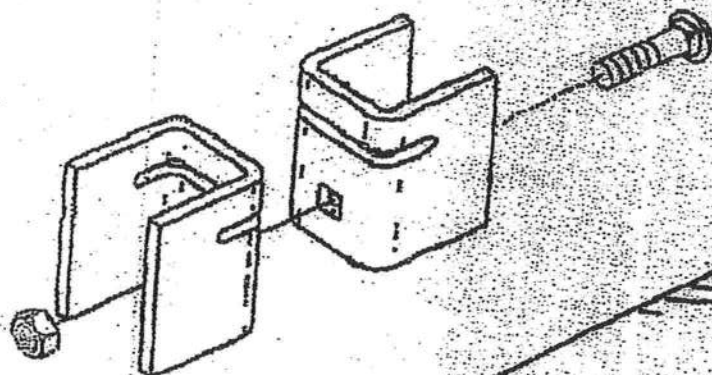


FIG. 2

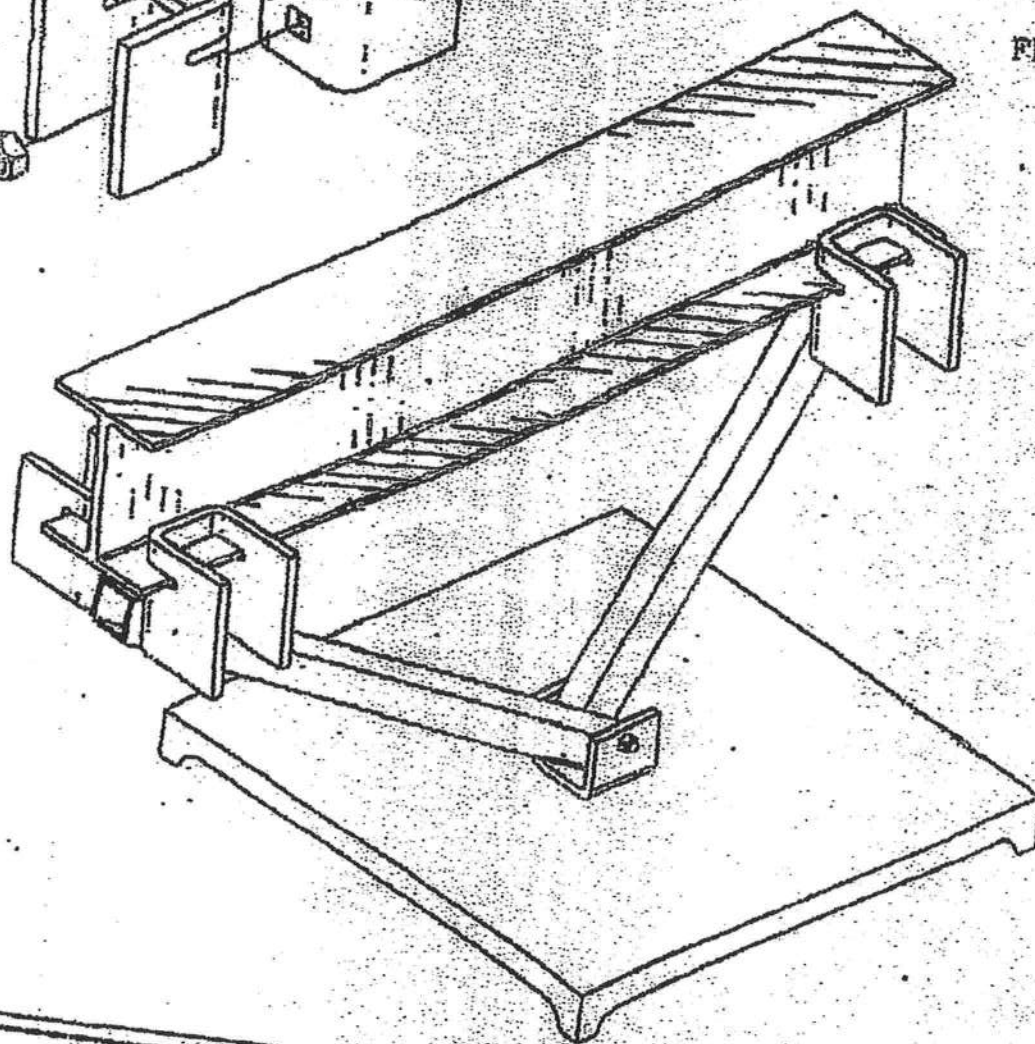
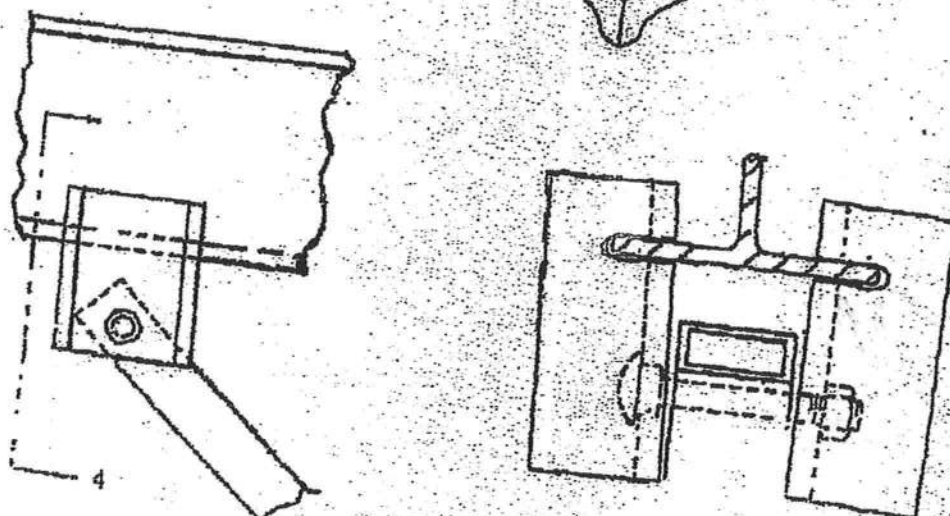


FIG. 3



# Mobile Home Installers Affidavit

Florida Administrative Code 15C-2.0073 No person may perform a manufactured home installation unless licensed by the department pursuant to Florida Statute section 320.8249, regardless of whether that person holds a local installer's license or any other local or state license.

I, Andrew J. Hall, License No. 140000195  
Please Type or Print

do hereby state that the installation of the manufactured home at:

5620 Boston Terrace Ft. White, FL 32038  
911 Address of the Job site

Will be done under my supervision.

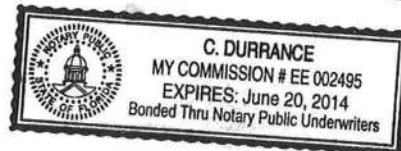
[Signature]  
signature

Sworn to and subscribed before me this 30th day of June A.D. 2000<sup>10</sup>

Notary Public: C. Durranne, My Commission Expires: June 20, 2014  
Signature Date

Personally Known : ✓

Produce Valid Identification: \_\_\_\_\_



Stamp or seal



# SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER \_\_\_\_\_ CONTRACTOR \_\_\_\_\_ PHONE \_\_\_\_\_

**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.**

<b>ELECTRICAL</b>	Print Name <u>Roy A. Diehl</u>	Signature <u><i>Roy A Diehl</i></u>	Phone # <u>(386) 497-3491</u>
	License #:		
<b>MECHANICAL/ A/C</b>	Print Name <u>Roy A. Diehl</u>	Signature <u><i>Roy A Diehl</i></u>	Phone # <u>(386) 497-3491</u>
	License #:		
<b>PLUMBING/ GAS</b>	Print Name <u>Roy A. Diehl</u>	Signature <u><i>Roy A Diehl</i></u>	Phone # <u>(386) 497-3491</u>
	License #:		
<b>ROOFING</b>	Print Name _____	Signature _____	Phone #: _____
	License #: _____		
<b>SHEET METAL</b>	Print Name _____	Signature _____	Phone #: _____
	License #: _____		
<b>FIRE SYSTEM/ SPRINKLER</b>	Print Name _____	Signature _____	Phone #: _____
	License #: _____		
<b>SOLAR</b>	Print Name _____	Signature _____	Phone #: _____
	License #: _____		

Specialty License	License Number	Sub-Contractors Printed Name	Sub-Contractors Signature
MASON			
CONCRETE FINISHER			
FRAMING			
INSULATION			
STUCCO			
DRYWALL			
PLASTER			
CABINET INSTALLER			
PAINTING			
ACOUSTICAL CEILING			
GLASS			
CERAMIC TILE			
FLOOR COVERING			
ALUM/VINYL SIDING			
GARAGE DOOR			
METAL BLDG ERECTOR			

**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.

My Road

(My Property)

Barn

M/H

30' JOCE

809'

524'

410'

498'

60'

110'

60'

120'

205'

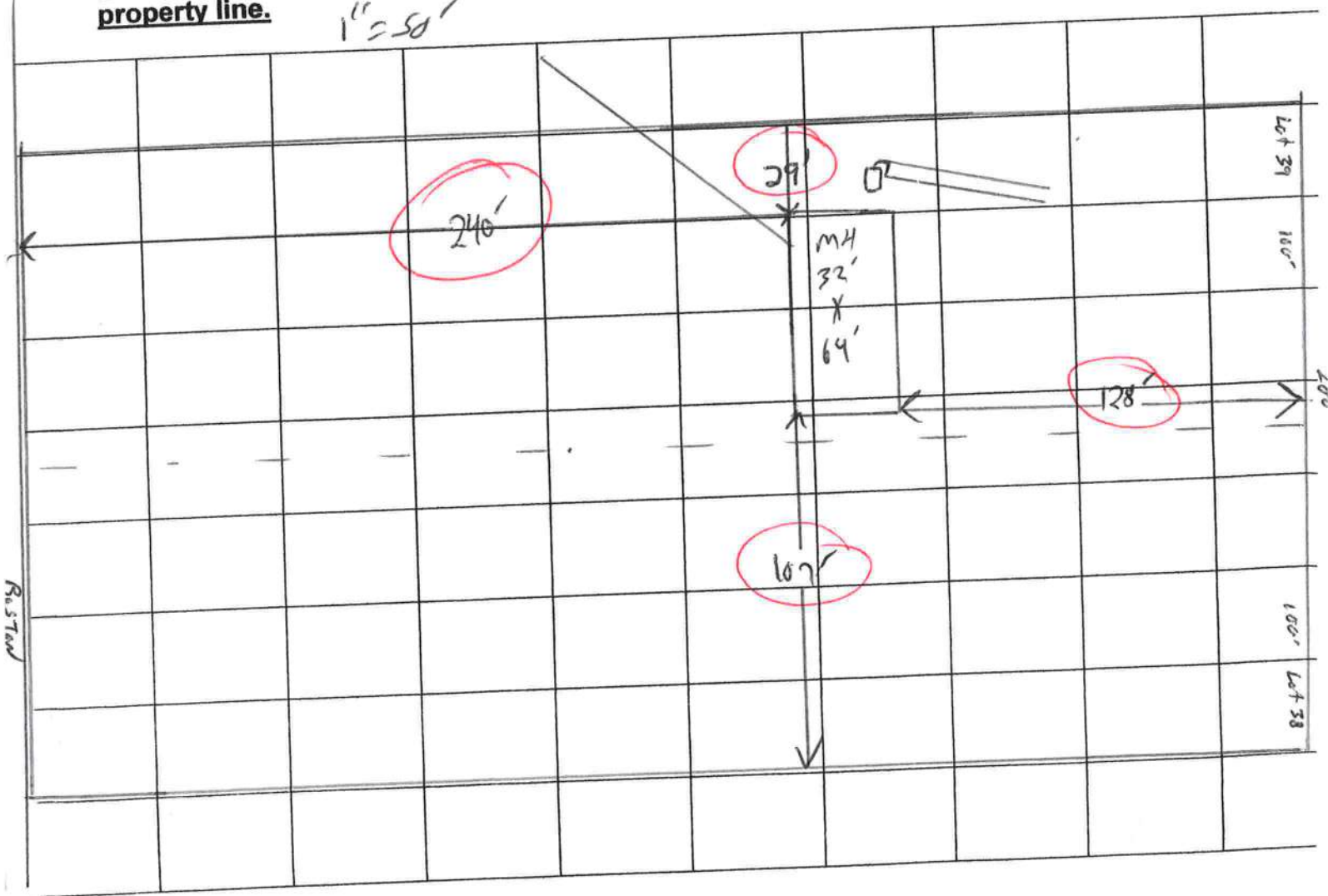
470'

328'

John H. L.

7-1-10

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

### MOBILE HOME INSTALLERS LETTER OF AUTHORIZATION

I, Andrew J. Hall, give this authority for the job address show below  
Installer License Holder Name

only, Boston, and I do certify that  
Job Address

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	Authorized Person is... (Check one)
Jeffrey Harder		<input checked="" type="checkbox"/> Agent <input type="checkbox"/> Officer <input type="checkbox"/> Property Owner
		<input type="checkbox"/> Agent <input type="checkbox"/> Officer <input type="checkbox"/> Property Owner
		<input type="checkbox"/> Agent <input type="checkbox"/> Officer <input type="checkbox"/> Property 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.

License Holders Signature (Notarized)

EH0000195  
License Number

6-30-10  
Date

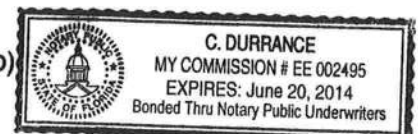
#### NOTARY INFORMATION:

STATE OF: Florida COUNTY OF: Levy

The above license holder, whose name is Andrew J. Hall, personally appeared before me and is known by me or has produced identification (type of I.D.) \_\_\_\_\_ on this 30<sup>th</sup> day of June, 20 10.

C. Durranee  
NOTARY'S SIGNATURE

(Seal/Stamp)



# Columbia County Property Appraiser

DB Last Updated: 5/6/2010

**2009 Tax Roll Year**

Parcel: 00-00-00-00954-040

&lt;&lt; Next Lower Parcel Next Higher Parcel &gt;&gt;

Tax Collector

Tax Estimator

Property Card

Parcel List Generator

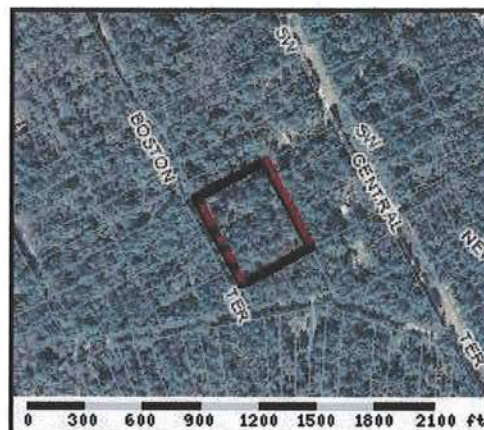
Interactive GIS Map

Print

## Owner & Property Info

&lt;&lt; Prev Search Result: 2 of 2

<b>Owner's Name</b>	DIEHL ROY A		
<b>Mailing Address</b>	1293 SW BOSTON TERRACE FT WHITE, FL 32038		
<b>Site Address</b>	1293 SW BOSTON TER		
<b>Use Desc. (code)</b>	SINGLE FAM (000100)		
<b>Tax District</b>	3 (County)	<b>Neighborhood</b>	100000
<b>Land Area</b>	2.754 ACRES	<b>Market Area</b>	02
<b>Description</b>	NOTE: This description is not to be used as the Legal Description for this parcel in any legal transaction. LOTS 38 THRU 42 UNIT 17 THREE RIVERS ESTATES. ORB 661-466, 768-1094, 951-1319, 962-1422, DC 1029-2230 & 1033-711.		



## Property & Assessment Values

2009 Certified Values		
<b>Mkt Land Value</b>	cnt: (0)	\$78,500.00
<b>Ag Land Value</b>	cnt: (3)	\$0.00
<b>Building Value</b>	cnt: (1)	\$95,244.00
<b>XFOB Value</b>	cnt: (4)	\$5,650.00
<b>Total Appraised Value</b>		\$179,394.00
<b>Just Value</b>		\$179,394.00
<b>Class Value</b>		\$0.00
<b>Assessed Value</b>		\$107,445.00
<b>Exempt Value</b>	(code: HX SX)	\$75,000.00
<b>Total Taxable Value</b>	Cnty: \$32,445 Other: \$57,445   Schl:	\$82,445

## 2010 Working Values

### NOTE:

2010 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
8/27/2002	962/1422	WD	I	Q		\$110,000.00
4/3/2002	951/1319	CT	I	U		\$100.00
12/1/1992	768/1094	WD	I	Q		\$87,500.00
9/13/1988	661/466	WD	I	Q		\$58,100.00

## Building Characteristics

Bldg Item	Bldg Desc	Year Blt	Ext. Walls	Heated S.F.	Actual S.F.	Bldg Value
1	SINGLE FAM (000100)	1984	ABOVE AVG. (10)	1720	2720	\$92,122.00
Note: All S.F. calculations are based on exterior building dimensions.						

## Extra Features & Out Buildings

Code	Desc	Year Blt	Value	Units	Dims	Condition (% Good)
0180	FPLC 1STRY	0	\$2,000.00	0000001.000	0 x 0 x 0	(000.00)
0166	CONC,PAVMT	0	\$250.00	0000001.000	0 x 0 x 0	(000.00)



1007-012  
CODE ENFORCEMENT DEPARTMENT  
COLUMBIA COUNTY, FLORIDA  
OUT OF COUNTY MOBILE HOME INSPECTION REPORT

COUNTY THE MOBILE HOME IS BEING MOVED FROM Gretna  
OWNERS NAME Ray Dehl PHONE \_\_\_\_\_ CELL \_\_\_\_\_  
INSTALLER Andrew J. Hall PHON: 493-8305 CELL 352  
INSTALLERS ADDRESS 12371 NW 82nd Ct. Chiefland, FL 32693

**MOBILE HOME INFORMATION**

MAKE Pedman YEAR 2000 SIZE 38 x 10  
COLOR Tan SERIAL No. FLA11615490 A/B  
WIND ZONE II SMOKE DETECTOR 1

INTERIOR:  
FLOORS living room, dining & hallway need flooring

DOORS ✓

WALLS need paint

CABINETS ✓

ELECTRICAL (FIXTURES/OUTLETS) outlets in kitchen need covers

EXTERIOR:  
WALLS / SIDING ✓

WINDOWS ✓

DOORS ✓

INSTALLER:  
APPROVED ✓ NOT APPROVED \_\_\_\_\_

NOTES: \_\_\_\_\_

INSTALLER OR INSPECTORS PRINT NAME Andrew J. Hall

Installer/Inspector Signature [Signature] License No. TH0000195 Date 6-30-10

**ONLY THE ACTUAL LICENSE HOLDER OR A BUILDING INSPECTOR CAN SIGN THIS FORM.**

NO WIND ZONE ONE MOBILE HOMES WILL BE PERMITTED. MOBILE HOMES PRIOR TO 1977 ARE PRE-HUD AND THE WIND ZONE MUST BE PROVEN TO BE PERMITTED.

**BEFORE THE MOBILE HOME CAN BE MOVED INTO COLUMBIA COUNTY THIS FORM MUST BE COMPLETED AND RETURNED TO THE COLUMBIA COUNTY BUILDING DEPARTMENT.**

**ONCE MOVED INTO COLUMBIA COUNTY AN INSPECTOR MUST COMPLETE A PRELIMINARY INSPECTION ON THE MOBILE HOME. CALL 386-719-2038 TO SET UP THIS INSPECTION. NO PERMIT WILL BE ISSUED BEFORE THIS IS DONE.**

Code Enforcement Approval Signature [Signature] Date 7-2-10



Engineers • Planners

128 SW Nassau St  
Lake City, FL 32025  
Phone 386-758-4209  
Fax 386-758-4290

App #  
1007-02

August 3, 2010

Columbia County Building Department  
135 NE Hernando Avenue  
Suite B21  
Lake City, FL 32055

To whom it may concern,

RE: Diehl Residence

PARCEL ID: 00-00-00-00954-040

I have reviewed the conditions for the referenced property. The property is located in a flood zone (Zone AE). The finished floor elevation of (35.0') shall be set at least 1' above the 100 year flood elevation. The 100 year flood elevation is established at 33.5'. Please find a copy of the calculations verifying the flood rise to be less than 1'-0". If you have any questions, please call me at (386) 758-4209.

Sincerely,

William Freeman, P.E. #56001  
Certificate of Authorization # 00008701



Freeman Design Group, Inc.  
 128 SW Nassau Street  
 Lake City, FL 32025  
 (386) 758-4209

1-ft Rise Flood Certification Calculations			
Project: Diehl Residence (ID#00954-040)			
Home and building pad			
Footling Area (sf):	2016	slab level	2016.00 sf slab
Base of Fill (sf)	4128	ground level	4128.00 sf base
Rise Ht(ft):	2	fill required	
Contributing Area:	1.8365 acres	----->	79,997.94 sf
Avg. Fill Area:			3072.000 sf
Net Land Area (contributing minus new):			76,925.94 sf
Slab Volume Displacement:			6144.00 cf
Amount of Rise (Slab volume / land area) x 12:			0.958 in

Base Flood Elevation            33.5 ft  
 Min. Finished Floor Elevation    35.0 ft

*With H. me*

*8/2/10*

*PE # 56001*

8/2/2010

CODE ENFORCEMENT  
PRELIMINARY MOBILE HOME INSPECTION REPORT

DATE RECEIVED 9/2/10 BY GP IS THE M/H ON THE PROPERTY WHERE THE PERMIT WILL BE ISSUED? Yes

OWNERS NAME Roy Diehl PHONE 935-1776 CELL \_\_\_\_\_

ADDRESS 1293 Sw Boston Terr. Ft. White, FL 32038 Unit 17

MOBILE HOME PARK N/A SUBDIVISION 3 Rivers Est., Lots 38/39

DRIVING DIRECTIONS TO MOBILE HOME 475, TR on US 27, TL Riverside, TL Utah, TR Washington, TL Boston, last house on left

MOBILE HOME INSTALLER Andrew Hall PHONE 352 493-0705 CELL \_\_\_\_\_

MOBILE HOME INFORMATION

MAKE Redman YEAR 2000 SIZE 32 X 64 COLOR TAN

SERIAL No. FLA14615490 A/B

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

\$50.00

\_\_\_\_\_ SMOKE DETECTOR ( ) OPERATIONAL ( ) MISSING

Date of Payment: \_\_\_\_\_

\_\_\_\_\_ FLOORS ( ) SOLID ( ) WEAK ( ) HOLES DAMAGED LOCATION \_\_\_\_\_

Paid By: \_\_\_\_\_

\_\_\_\_\_ DOORS ( ) OPERABLE ( ) DAMAGED

Notes: \_\_\_\_\_

\_\_\_\_\_ WALLS ( ) SOLID ( ) STRUCTURALLY UNSOUND

\_\_\_\_\_ WINDOWS ( ) OPERABLE ( ) INOPERABLE

\_\_\_\_\_ PLUMBING FIXTURES ( ) OPERABLE ( ) INOPERABLE ( ) MISSING

\_\_\_\_\_ CEILING ( ) SOLID ( ) HOLES ( ) LEAKS APPARENT

\_\_\_\_\_ ELECTRICAL (FIXTURES/OUTLETS) ( ) OPERABLE ( ) EXPOSED WIRING ( ) OUTLET COVERS MISSING ( ) LIGHT FIXTURES MISSING

EXTERIOR:

\_\_\_\_\_ WALLS / SIDING ( ) LOOSE SIDING ( ) STRUCTURALLY UNSOUND ( ) NOT WEATHERTIGHT ( ) NEEDS CLEANING

\_\_\_\_\_ WINDOWS ( ) CRACKED/ BROKEN GLASS ( ) SCREENS MISSING ( ) WEATHERTIGHT

\_\_\_\_\_ ROOF ( ) APPEARS SOLID ( ) DAMAGED

STATUS

APPROVED ✓ WITH CONDITIONS: \_\_\_\_\_

NOT APPROVED \_\_\_\_\_ NEED RE-INSPECTION FOR FOLLOWING CONDITIONS \_\_\_\_\_

SIGNATURE GP Sending Sheet Tuesday 9/7 ID NUMBER \_\_\_\_\_ DATE \_\_\_\_\_





STATE OF FLORIDA  
DEPARTMENT OF HEALTH  
ONSITE SEWAGE DISPOSAL SYSTEM  
APPLICATION FOR CONSTRUCTION PERMIT

FW

10-0330-N  
PERMIT NO. AP970969  
DATE PAID: 7/1/10  
FEE PAID: 310.00  
RECEIPT #: 12,820-1352863

APPLICATION FOR:

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

APPLICANT: Roy Deihl

AGENT: Jeff Hardee TELEPHONE: 352 949 0592

MAILING ADDRESS: 6450 NW 72nd Chderland FL 32626

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.

PROPERTY INFORMATION

LOT: 38,39 BLOCK:        SUBDIVISION: Three Rivers Estates Unit 17 PLATTED: 1958

PROPERTY ID #: 00-00-00-00954-046 ZONING: Res. I/M OR EQUIVALENT: ☒ Y ☐ N

PROPERTY SIZE: 1.84 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐  $\leq 2000$  GPD ☐  $> 2000$  GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? ☒ Y ☐ N DISTANCE TO SEWER: NA FT

PROPERTY ADDRESS: SW Boston Trer Rt white

DIRECTIONS TO PROPERTY:  Hwy 47 south t/R Hwy 27, t/L  
Riverside Dr t/L utah t/R Washington t/L Boston to last house  
Prohndy on 1st

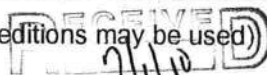
BUILDING INFORMATION

☒ 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>MH</u>	<u>3</u>	<u>2048</u>	<u>4</u>
2				
3				
4	<u>Held for 2nd level review. Approved 9/3/10.</u>			

☐ Floor/Equipment Drains ☐ Other (Specify)       

SIGNATURE: John Deihl DATE: 7-1-10

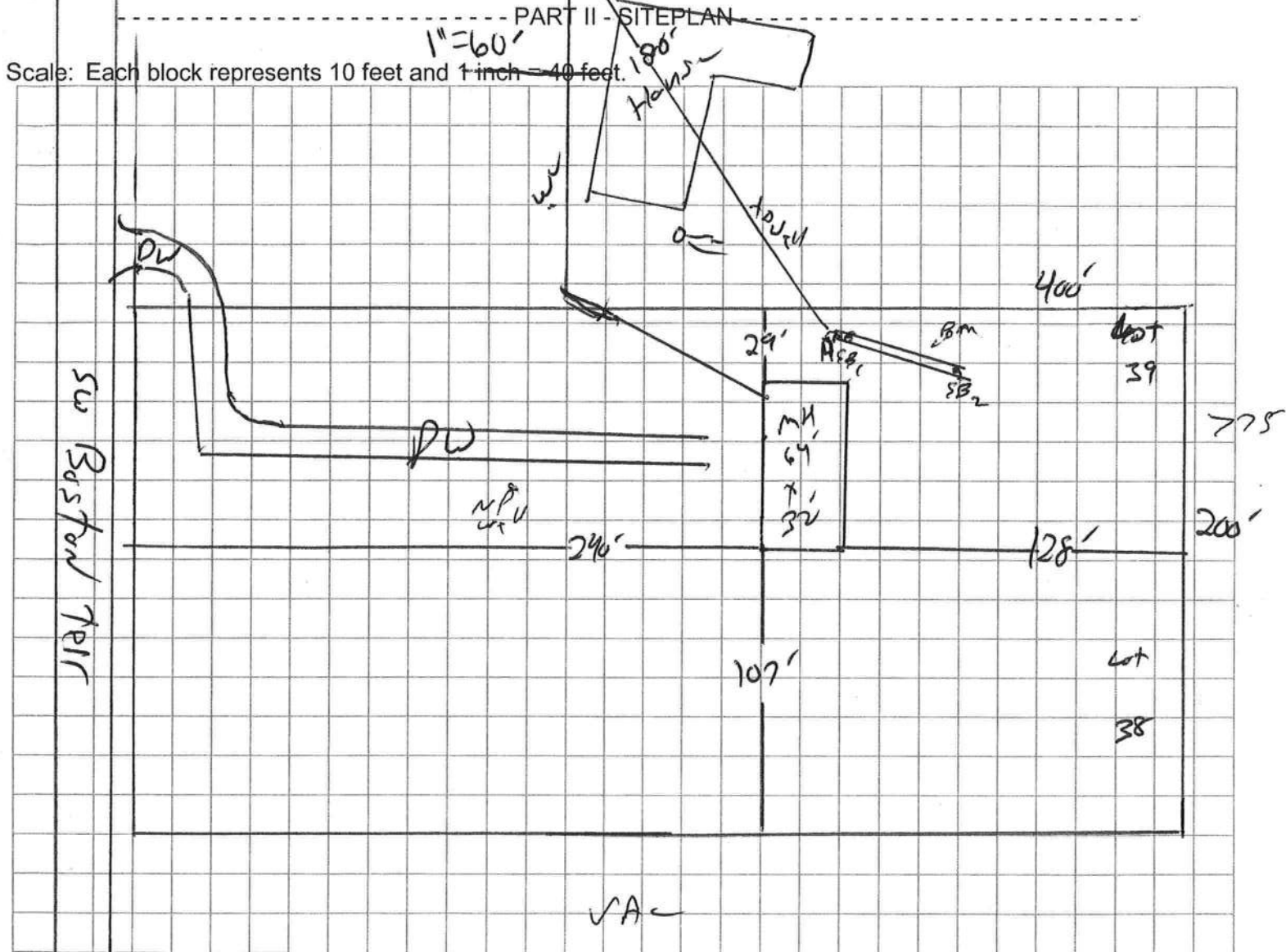




STATE OF FLORIDA  
DEPARTMENT OF HEALTH

APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permit Application Number 10-0330-N



Notes: \_\_\_\_\_

Site Plan submitted by: [Signature]  
Plan Approved ☒ Signature Not Approved  
By [Signature] EH Director Columbia CHD  
Agent  
Date 9.3.10  
County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT



**Development Permit**  
**F 023- 10-009**

**CI DE ENFORCEMENT**  
**PRELIMINARY MOBILE HOME INSPECTION REPORT**

*Sent*  
 DATE RECEIVED 9/2/10 BY GT IS THE MH ON THE PROPERTY WHERE THE PERMIT WILL BE ISSUED? Yes  
 OWNERS NAME Roy Diehl PHONE 935-1776 CELL \_\_\_\_\_  
 ADDRESS 1293 SW Boston Terr. Ft. White, FL 32037 Unit 17  
 MOBILE HOME PARK N/A SUBDIVISION 3 Rivers Est., Lots 38/39  
 DRIVING DIRECTIONS TO MOBILE HOME 475, R on US 27, TL Riverside,  
TL Utah, TR Washington, TL Boston, last house on  
left  
 MOBILE HOME INSTALLER Andrew Hall PHONE 352 443 0705 CELL \_\_\_\_\_

**MOBILE HOME INFORMATION**

MAKE Redman YEAR 200 SIZE 32 x 64 COLOR TAN  
 SERIAL No. FLA14615490 A/B  
 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

\$50.00

☒ SMOKE DETECTOR ( ) OPERATIONAL ( ) MISSING Date of Payment: \_\_\_\_\_  
☒ FLOORS ( ) SOLID ( ) WEAK ( ) HOLES DAMAGED LOCATION \_\_\_\_\_ Paid By: \_\_\_\_\_  
☒ DOORS ( ) OPERABLE ( ) DAMAGED Notes: \_\_\_\_\_  
☒ WALLS ( ) SOLID ( ) STRUCTURALLY UNSOUND \_\_\_\_\_  
☒ WINDOWS ( ) OPERABLE ( ) INOPERABLE \_\_\_\_\_  
☒ PLUMBING FIXTURES ( ) OPERABLE ( ) INOPERABLE ( ) MISSING \_\_\_\_\_  
☒ CEILING ( ) SOLID ( ) HOLES ( ) LEAKS A PARENT \_\_\_\_\_  
☒ ELECTRICAL (FIXTURES/OUTLETS) ( ) OPERABLE ( ) EXPOSED WIRING ( ) OUTLET COVERS MISSING ( ) LIGHT  
 FIXTURES MISSING

**EXTERIOR:**

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

**STATUS**APPROVED ☒ WITH CONDITIONS: \_\_\_\_\_

NOT APPROVED \_\_\_\_\_ NEED RE-INSPECTION FOR FOLLOWING CONDITIONS: \_\_\_\_\_

SIGNATURE Att. P. Hall ID NUMBER 402 DATE 9-2-10



# 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: 9/7/2010 DATE ISSUED: 9/7/2010

### ENHANCED 9-1-1 ADDRESS:

1295 SW BOSTON

TER

FORT WHITE FL 32038

### PROPERTY APPRAISER PARCEL NUMBER:

00-00-00-00954-040

### Remarks:

LOTS 38 AND 39 UNIT 17 THREE RIVERS ESTATES

Address Issued By:

  
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.**

1807

28838

District No. 1 - Ronald Williams  
 District No. 2 - Dewey Weaver  
 District No. 3 - Jody DuPree  
 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 completed form shall be attached to all elevation certificates maintained on file and provided with requested copies of elevation certificates.

- ☐ The attached elevation certificate requires corrections by the surveyor of section(s) \_\_\_\_\_ prior to acceptance by the community.
- ☒ The attached elevation certificated is complete and correct.
- ☐ Minor corrections have been made in the below marked sections 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	A9. For a building with an attached garage, provide:	
b) No. of permanent flood openings in the crawl space or enclosure(s) walls within 1.0 foot above adjacent grade _____	a) Square footage of attached garage _____ sq ft	
c) Total net area of flood openings in A8.b _____ sq in	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)? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Designation Date _____ <input type="checkbox"/> CBRS <input type="checkbox"/> OPA					

COMMENTS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date of Review: 27 Oct 2010

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

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

P.O. BOX 1529

LAKE CITY, FLORIDA 32056-1529

PHONE (866) 934-1965



# ELEVATION CERTIFICATE

OMB No. 1660-0008  
Expires March 31, 2012

Important: Read the instructions on pages 1-9.

## SECTION A - PROPERTY INFORMATION

A1. Building Owner's Name Mike Diehl		For Insurance Company Use:
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 1293 SW Boston Terrace		Policy Number
City Ft. White State FL ZIP Code 32038		Company NAIC Number
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) Lots 38 & 39 of Three Rivers Estates Unit 17		
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) <u>Residential</u>		
A5. Latitude/Longitude: Lat. <u>29°56.034'</u> Long. <u>082°46.350'</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) No. 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 checked="" type="checkbox"/> No		
A9. For a building with an attached garage:		
a) Square footage of attached garage <u>N/A</u> sq ft		
b) No. 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 checked="" 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 12023C0467C	B5. Suffix C	B6. FIRM Index Date Feb 4, 2009	B7. FIRM Panel Effective/Revised Date Feb 4, 2009	B8. Flood Zone(s) AE	B9. Base Flood Elevation(s) (Zone AO, use base flood depth) 33.50
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 checked="" 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 checked="" 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)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Designation Date <u>N/A</u> <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. Use the same datum as the BFE.  
Benchmark Utilized See Comments Vertical Datum NAVD 88  
Conversion/Comments None

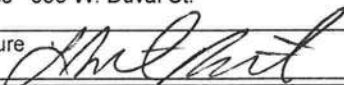
Check the measurement used.

a) Top of bottom floor (including basement, crawlspace, or enclosure floor) <u>35.61</u>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)
b) Top of the next higher floor <u>N/A</u>	<input type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)
c) Bottom of the lowest horizontal structural member (V Zones only) <u>N/A</u>	<input type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)
d) Attached garage (top of slab) <u>N/A</u>	<input type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)
e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments) <u>34.26</u>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)
f) Lowest adjacent (finished) grade next to building (LAG) <u>31.5</u>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)
g) Highest adjacent (finished) grade next to building (HAG) <u>32.1</u>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)
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 (Puerto Rico only)

## 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

Certifier's Name L. Scott Britt	License Number PSM 5757
Title Chief Surveyor	Company Name Britt Surveying & Associates, Inc.
Address 830 W. Duval St.	City Lake City State FL ZIP Code 32055
Signature 	Date 10/22/10 Telephone 386-752-7163

PLACE  
SEAL  
HERE

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

For Insurance Company Use:

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.

Policy Number

1293 SW Boston Terrace

City Ft. WhiteState FL ZIP Code 32038

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-20633

See Attached comments sheet

  
Signature L. Scott Britt

Date 10/22/10

☒ Check here if attachments**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 and G9.

- 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-G9) is provided for community floodplain management purposes.

G4. Permit Number

G5. Date Permit Issued

G6. Date Certificate Of Compliance/Occupancy Issued

G7. This permit has been issued for: ☐ New Construction ☐ Substantial ImprovementG8. Elevation of as-built lowest floor (including basement) of the building: \_\_\_\_\_ ☐ feet ☐ meters (PR) Datum \_\_\_\_\_G9. BFE or (in Zone AO) depth of flooding at the building site: \_\_\_\_\_ ☐ feet ☐ meters (PR) Datum \_\_\_\_\_G10. Community's design flood elevation \_\_\_\_\_ ☐ feet ☐ meters (PR) Datum \_\_\_\_\_

Local Official's Name

Title

Community Name

Telephone

Signature

Date

Comments

☐ Check here if attachments

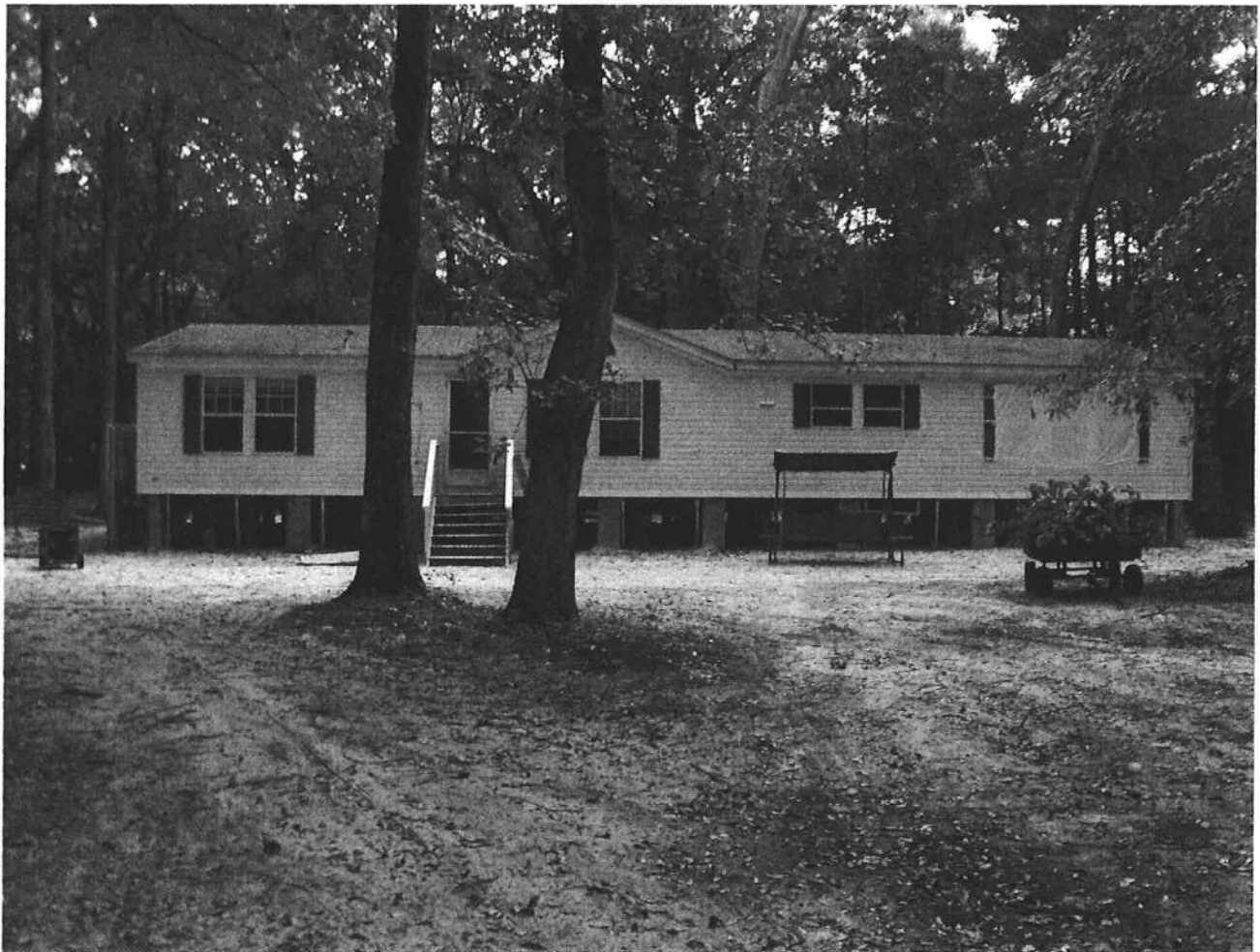


## Building Photographs

See Instructions for Item A6.

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 1293 SW Boston Terrace	For Insurance Company Use:
City Ft. White State FL ZIP Code 32038	Policy Number
	Company NAIC Number
If using the Elevation Certificate to obtain NFIP flood insurance, affix at least two 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." If submitting more photographs than will fit on this page, use the Continuation Page on the reverse.	

Front View



# Building Photographs

Continuation Page

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 1293 SW Boston Terrace	For Insurance Company Use:
City Ft. White State FL ZIP Code 32038	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."	

Rear View

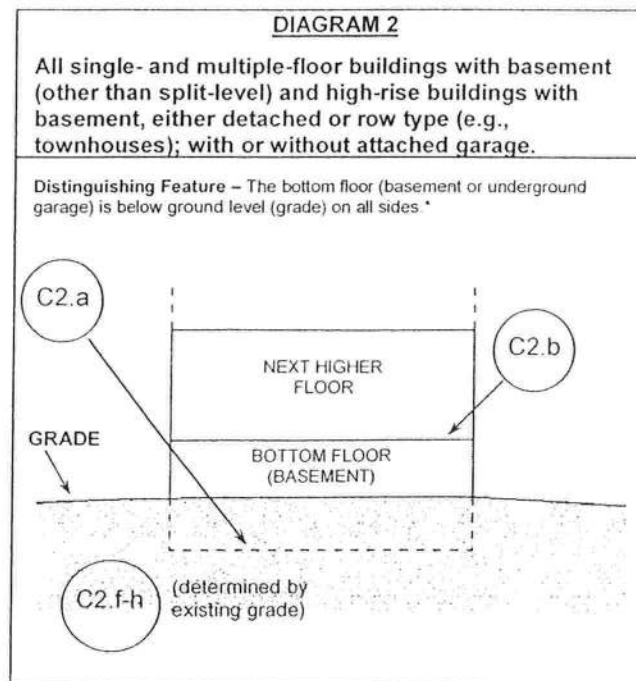
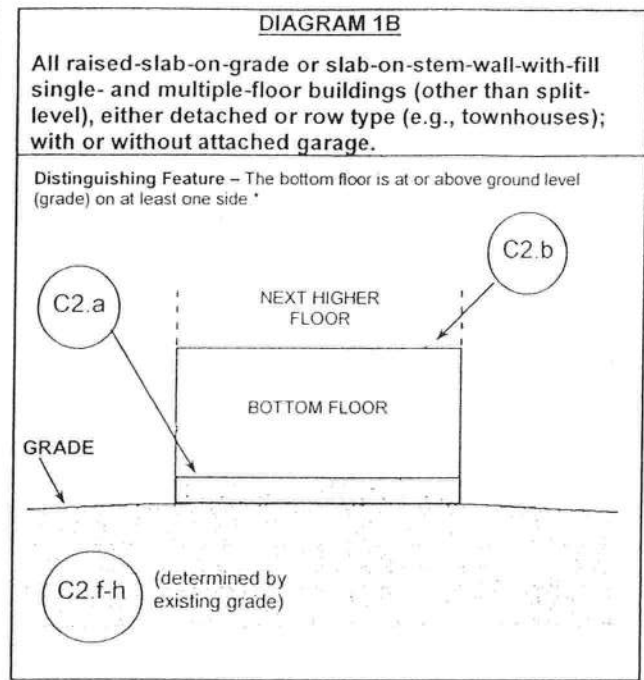
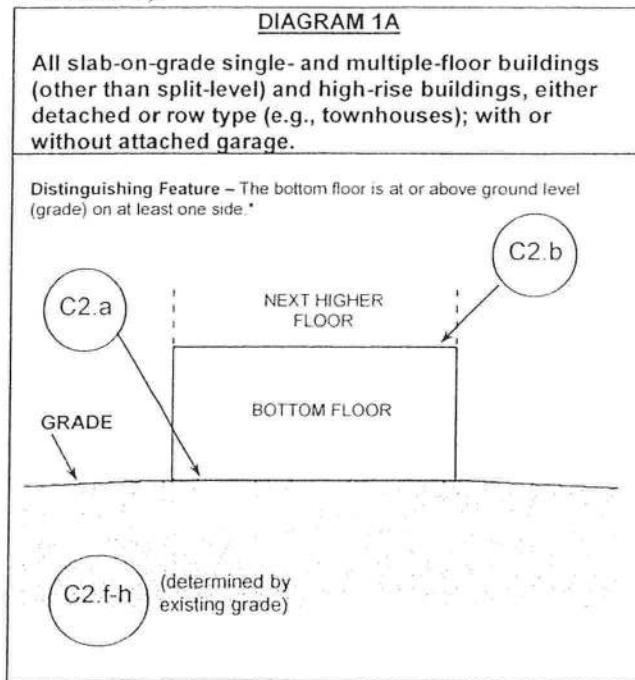




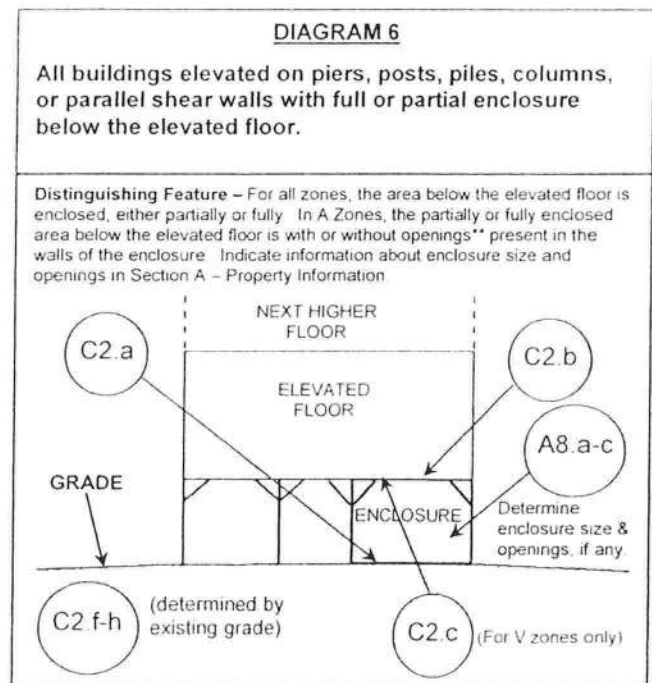
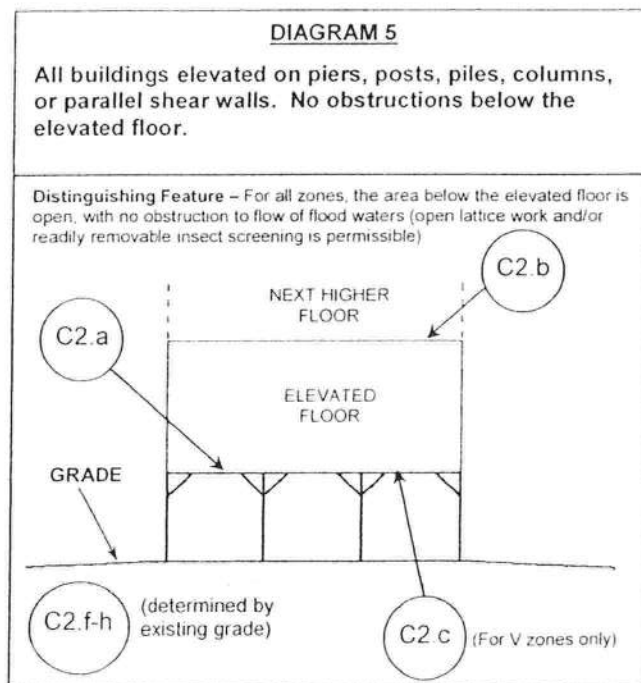
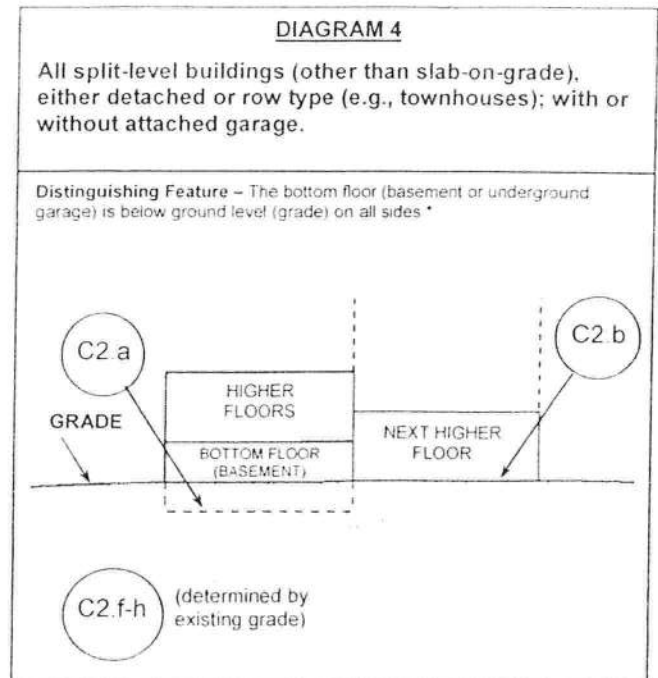
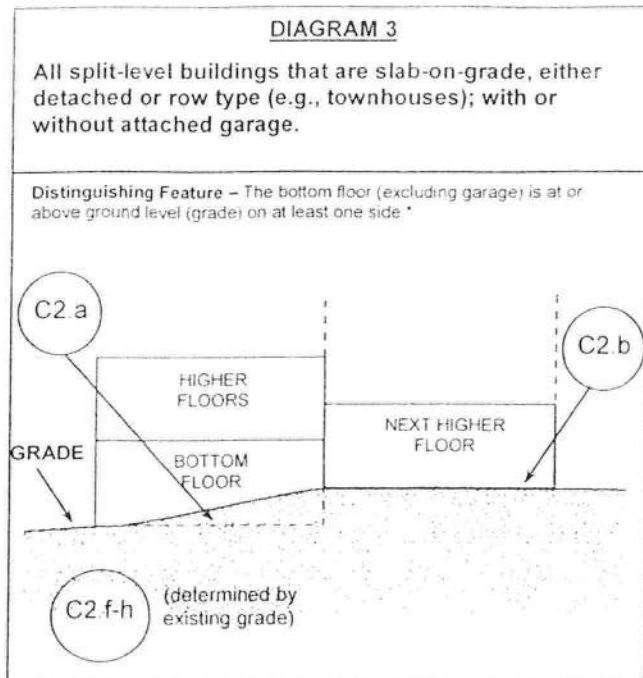
## BUILDING DIAGRAMS

The following diagrams illustrate various types of buildings. Compare the features of the building being certified with the features shown in the diagrams and select the diagram most applicable. Enter the diagram number in Item A7, the square footage of crawlspace or enclosure(s) and the area of flood openings in square inches in Items A8.a-c, the square footage of attached garage and the area of flood openings in square inches in Items A9.a-c, and the elevations in Items C2.a-h.

In A zones, the floor elevation is taken at the top finished surface of the floor indicated; in V zones, the floor elevation is taken at the bottom of the lowest horizontal structural member (see drawing in instructions for Section C).



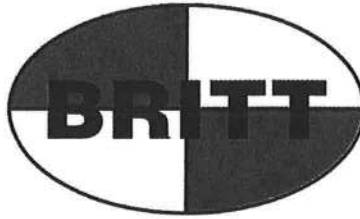
\* A floor that is below ground level (grade) on all sides is considered a basement even if the floor is used for living purposes, or as an office, garage, workshop, etc.



\* A floor that is below ground level (grade) on all sides is considered a basement even if the floor is used for living purposes, or as an office, garage, workshop, etc.

\*\* An "opening" is a permanent opening 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 crawlspaces. The openings shall provide a total net area of not less than one square inch for every square foot of area enclosed, excluding any bars, louvers, or other covers of the opening. Alternatively, an Individual Engineered Flood Openings Certification or an Evaluation Report issued by the International Code Council Evaluation Service (ICC ES) must be submitted to document that the design of the openings 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; openings may be installed in doors. Openings shall be on at least two sides of the enclosed area. If a building has more than one enclosed area, each area must have openings to allow floodwater to directly enter. The bottom of the openings must be no higher than one foot above the higher of the exterior or interior grade or floor immediately below the opening. For more guidance on openings, see NFIP Technical Bulletin 1.





## **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 center of the front wall

A6 No additional comment

A7 No additional comment

A8 None

A9 None

### Section B

B1 – B7 No additional comment

B8 This building appears to be in Zone AE as per the FIRM.

B9 – B10 The elevation shown hereon as the BFE is based on the FIRM elevation 33.50 feet (NAVD 88).

B11 – B12 No additional comment

### Section C

C1 No additional comment

C2 There is a benchmark set in a 48" oak tree whose elevation is 33.97 feet NAVD 88 datum.

C2 a One story premanufactured home

C2 b - c No additional comment

C2 d No attached garage

C2 e Air conditioning unit located on the left 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 attached photographs were taken by Britt Surveying & Associates, Inc.

28838

District No. 1 - Ronald Williams  
 District No. 2 - Dewey Weaver  
 District No. 3 - Jody DuPree  
 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 completed form shall be attached to all elevation certificates maintained on file and provided with requested copies of elevation certificates.

☐ The attached elevation certificate requires corrections by the surveyor of section(s) \_\_\_\_\_ prior to acceptance by the community.

☒ The attached elevation certificated is complete and correct.

☐ Minor corrections have been made in the below marked sections 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/Parcel 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: 27 Oct 2010

BOARD MEETS FIRST THURSDAY AT 7:00 P.M.  
 AND THIRD THURSDAY AT 1:00 P.M.

Community Official: [Signature]

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



# ELEVATION CERTIFICATE

OMB No. 1660-0008  
Expires March 31, 2012

Important: Read the instructions on pages 1-9.

## SECTION A - PROPERTY INFORMATION

For Insurance Company Use:

A1. Building Owner's Name Mike Diehl

Policy Number

A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.  
1293 SW Boston Terrace

Company NAIC Number

City Ft. White State FL ZIP Code 32038

A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)  
Lots 38 & 39 of Three Rivers Estates Unit 17

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

A5. Latitude/Longitude: Lat. 29°56.034' Long. 082°46.350'

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) No. 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) No. 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  
12023C0467C

B5. Suffix  
C

B6. FIRM Index  
Date  
Feb 4, 2009

B7. FIRM Panel  
Effective/Revised Date  
Feb 4, 2009

B8. Flood  
Zone(s)  
AE

B9. Base Flood Elevation(s) (Zone  
AO, use base flood depth)  
33.50

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 (Describe) \_\_\_\_\_

B11. Indicate elevation datum used for BFE in Item 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 N/A ☐ 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. Use the same datum as the BFE.

Benchmark Utilized See Comments Vertical Datum NAVD 88

Conversion/Comments None

Check the measurement used.

- a) Top of bottom floor (including basement, crawlspace, or enclosure floor) 35.61 ☒ feet ☐ meters (Puerto Rico only)  
b) Top of the next higher floor N/A ☐ feet ☐ meters (Puerto Rico only)  
c) Bottom of the lowest horizontal structural member (V Zones only) N/A ☐ feet ☐ meters (Puerto Rico only)  
d) Attached garage (top of slab) N/A ☐ feet ☐ meters (Puerto Rico only)  
e) Lowest elevation of machinery or equipment servicing the building 34.26 ☒ feet ☐ meters (Puerto Rico only)  
(Describe type of equipment and location in Comments)  
f) Lowest adjacent (finished) grade next to building (LAG) 31.5 ☒ feet ☐ meters (Puerto Rico only)  
g) Highest adjacent (finished) grade next to building (HAG) 32.1 ☒ feet ☐ meters (Puerto Rico only)  
h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support N/A ☐ feet ☐ meters (Puerto Rico only)

## 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

Certifier's Name L. Scott Britt

License Number PSM 5757

Title Chief Surveyor

Company Name Britt Surveying & Associates, Inc.

Address 830 W. Duval St.

City Lake City

State FL

ZIP Code 32055

Signature

Date 10/22/10

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.

1293 SW Boston Terrace

City Ft. WhiteState FL ZIP Code 32038

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-20633

See Attached comments sheet

  
Signature L. Scott Britt

Date 10/22/10

☒ Check here if attachments**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 and G9.

- 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-G9) is provided for community floodplain management purposes.

G4. Permit Number

G5. Date Permit Issued

G6. Date Certificate Of Compliance/Occupancy Issued

G7. This permit has been issued for: ☐ New Construction ☐ Substantial ImprovementG8. Elevation of as-built lowest floor (including basement) of the building: \_\_\_\_\_ ☐ feet ☐ meters (PR) Datum \_\_\_\_\_G9. BFE or (in Zone AO) depth of flooding at the building site: \_\_\_\_\_ ☐ feet ☐ meters (PR) Datum \_\_\_\_\_G10. Community's design flood elevation \_\_\_\_\_ ☐ feet ☐ meters (PR) Datum \_\_\_\_\_

Local Official's Name

Title

Community Name

Telephone

Signature

Date

Comments

☐ Check here if attachments



## Building Photographs

See Instructions for Item A6.

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 1293 SW Boston Terrace	For Insurance Company Use: Policy Number
City Ft. White State FL ZIP Code 32038	Company NAIC Number
<p>If using the Elevation Certificate to obtain NFIP flood insurance, affix at least two 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." If submitting more photographs than will fit on this page, use the Continuation Page on the reverse.</p>	

Front View





# Building Photographs

Continuation Page

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 1293 SW Boston Terrace	For Insurance Company Use: Policy Number
City Ft. White State FL ZIP Code 32038	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."	

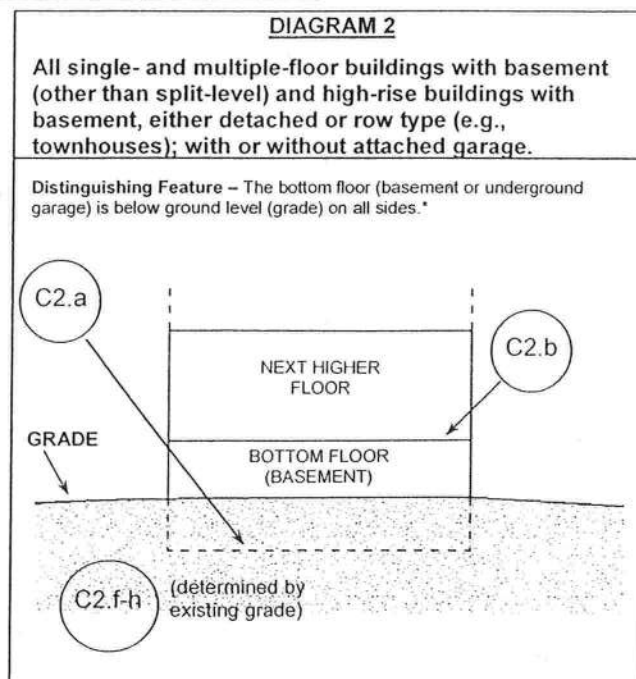
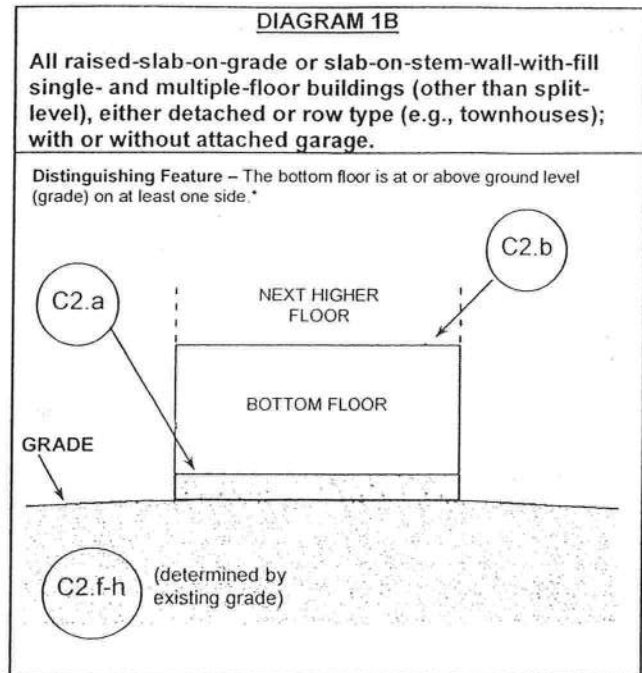
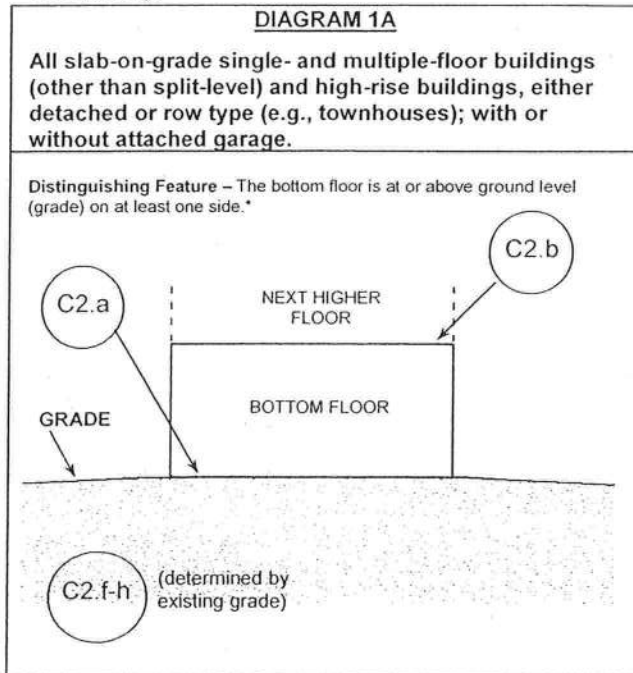
Rear View



## BUILDING DIAGRAMS

The following diagrams illustrate various types of buildings. Compare the features of the building being certified with the features shown in the diagrams and select the diagram most applicable. Enter the diagram number in Item A7, the square footage of crawlspace or enclosure(s) and the area of flood openings in square inches in Items A8.a-c, the square footage of attached garage and the area of flood openings in square inches in Items A9.a-c, and the elevations in Items C2.a-h.

In A zones, the floor elevation is taken at the top finished surface of the floor indicated; in V zones, the floor elevation is taken at the bottom of the lowest horizontal structural member (see drawing in instructions for Section C).



\* A floor that is below ground level (grade) on all sides is considered a basement even if the floor is used for living purposes, or as an office, garage, workshop, etc



**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 center of the front wall
- A6 No additional comment
- A7 No additional comment
- A8 None
- A9 None

Section B

- B1 – B7 No additional comment
- B8 This building appears to be in Zone AE as per the FIRM.
- B9 – B10 The elevation shown hereon as the BFE is based on the FIRM elevation 33.50 feet (NAVD 88).
- B11 – B12 No additional comment

Section C

- C1 No additional comment
- C2 There is a benchmark set in a 48" oak tree whose elevation is 33.97 feet NAVD 88 datum.
- C2 a One story premanufactured home
- C2 b - c No additional comment
- C2 d No attached garage
- C2 e Air conditioning unit located on the left 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

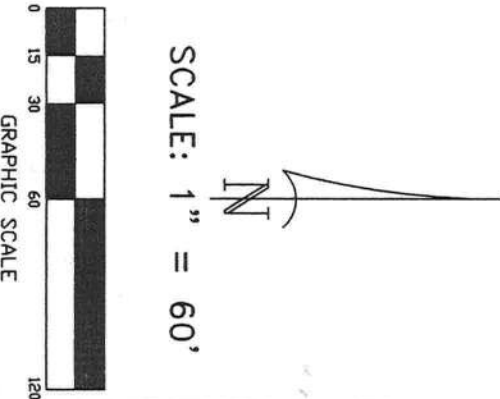
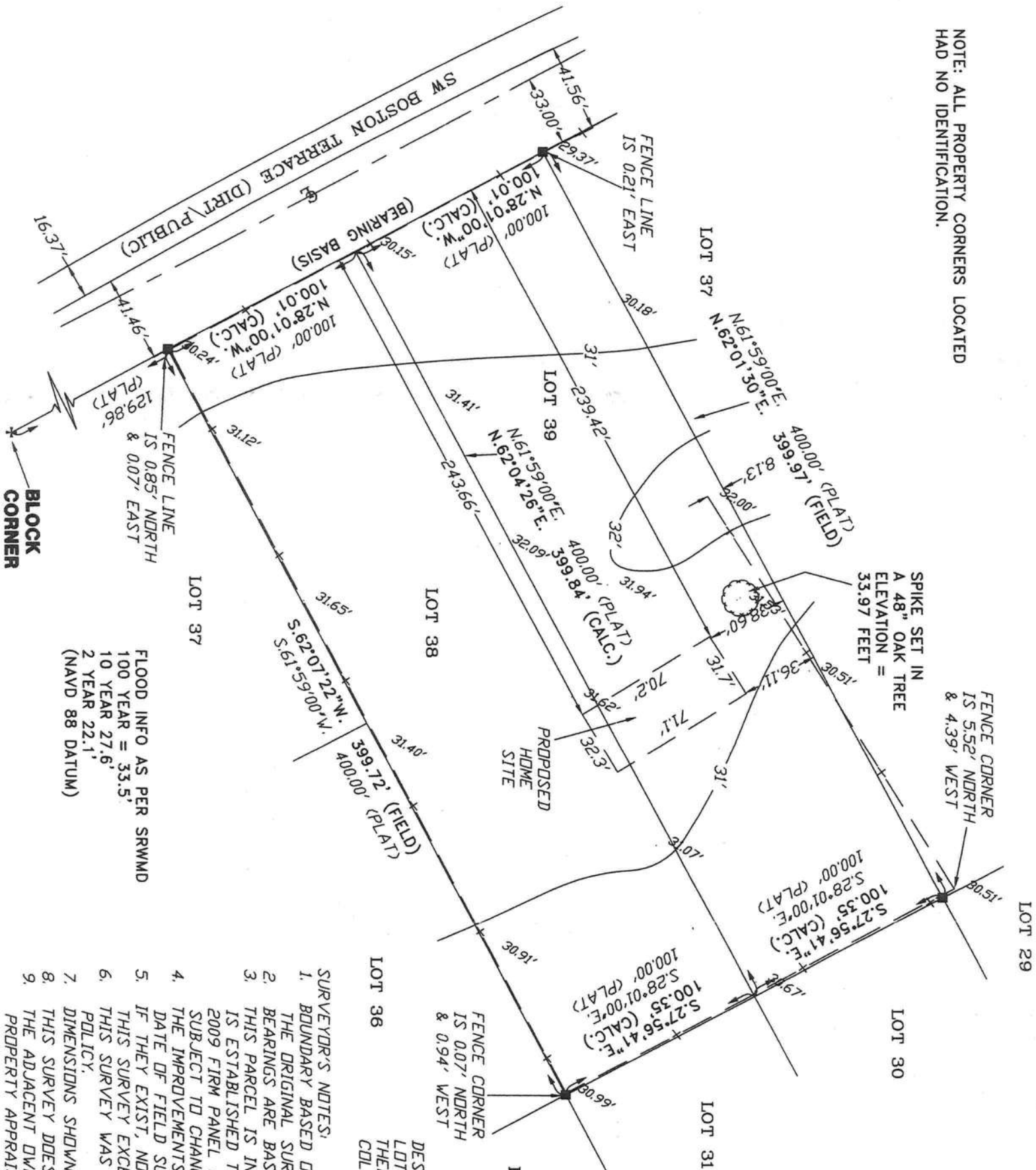
Photographs

The attached photographs were taken by Britt Surveying & Associates, Inc.



BOUNDARY SURVEY IN SECTION 25, TOWNSHIP 6 SOUTH,  
RANGE 15 EAST, COLUMBIA COUNTY, FLORIDA.

NOTE: ALL PROPERTY CORNERS LOCATED  
HAD NO IDENTIFICATION.



SYMBOL LEGEND:	
■	4"x4" CONCRETE MONUMENT FOUND
□	4"x4" CONCRETE MONUMENT SET
●	IRON PIPE FOUND
○	IRON PIN AND CAP SET
×	"X" CUT IN PAVEMENT
+	CALCULATED PROPERTY CORNER
⊕	NAIL & DISK
⊙	POWER POLE
+	SIGN POST
⊕	WATER METER
⊙	UTILITY BOX
*	WELL
⊕	SANITARY MANHOLE
⊕	CENTERLINE
—E—	SECTION LINE
—X—	ELECTRIC LINES
—X—	WIRE FENCE
—O—	CHAIN LINK FENCE
—O—	WOODEN FENCE
(PLAT)	AS PER A PLAT OF RECORD
(DEED)	AS PER A DEED OF RECORD
(CALC.)	AS PER CALCULATIONS
(FIELD)	AS PER FIELD MEASUREMENTS
P.R.M.	PERMANENT REFERENCE MARKER
P.C.P.	PERMANENT CONTROL POINT

DESCRIPTION:  
LOTS 38 & 39 OF "THREE RIVERS ESTATES UNIT NO. 17" AS PER THE PLAT THEREOF RECORDED IN PLAT BOOK 6, PAGE 11 OF THE PUBLIC RECORDS OF COLUMBIA COUNTY, FLORIDA.

- SURVEYOR'S NOTES:
- BOUNDARY BASED ON MONUMENTATION FOUND IN ACCORDANCE WITH THE RETRACEMENT OF THE ORIGINAL SURVEY FOR SAID PLAT OF RECORD.
  - BEARINGS ARE BASED ON SAID PLAT OF RECORD.
  - THIS PARCEL IS IN ZONE "AE" AND IS SUBJECT TO FLOODING. A BASE FLOOD ELEVATION IS ESTABLISHED TO BE 33.5 FEET AS PER FLOOD INSURANCE RATE MAP, DATED 4 FEBRUARY, 2009 FIRM PANEL NO. 12023C 0467C. HOWEVER, THE FLOOD INSURANCE RATE MAPS ARE SUBJECT TO CHANGE. (BASED ON NAVD 88 DATUM)
  - THE IMPROVEMENTS, IF ANY, INDICATED ON THIS SURVEY DRAWING ARE AS LOCATED ON DATE OF FIELD SURVEY AS SHOWN HEREON.
  - IF THEY EXIST, NO UNDERGROUND ENCROACHMENTS AND/OR UTILITIES WERE LOCATED FOR THIS SURVEY EXCEPT AS SHOWN HEREON.
  - THIS SURVEY WAS COMPLETED WITHOUT THE BENEFIT OF A TITLE COMMITMENT OR A TITLE POLICY.
  - DIMENSIONS SHOWN HEREON ARE IN FEET AND DECIMAL PARTS THEREOF.
  - THIS SURVEY DOES NOT REFLECT OR DETERMINE OWNERSHIP.
  - THE ADJACENT OWNERSHIP INFORMATION AS SHOWN HEREON IS BASED ON THE COUNTY PROPERTY APPRAISERS GIS SYSTEM, UNLESS OTHERWISE DENOTED.

FLOOD INFO AS PER SRWMD  
100 YEAR = 33.5'  
10 YEAR 27.6'  
2 YEAR 22.1'  
(NAVD 88 DATUM)

CERTIFIED TO:

ROY A. DIEHL

SURVEYOR'S CERTIFICATION

I HEREBY CERTIFY THAT THIS SURVEY WAS MADE UNDER MY RESPONSIBLE CHARGE AND MEETS THE MINIMUM TECHNICAL STANDARDS AS SET FORTH BY THE FLORIDA BOARD OF PROFESSIONAL SURVEYORS AND MAPPERS IN CHAPTER 61G17-6, FLORIDA ADMINISTRATIVE CODE, PURSUANT TO SECTION 472.021, FLORIDA STATUTES.

07/15/10 FIELD SURVEY DATE  
07/26/10 DRAWING DATE

SCOTT BRITT, P.S.M.  
CERTIFICATION # 5757

NOTE: UNLESS IT BEARS THE SIGNATURE AND THE ORIGINAL RAISED SEAL OF A FLORIDA LICENSED SURVEYOR AND MAPPER THIS DRAWING, SKETCH, PLAT OR MAP IS FOR INFORMATIONAL PURPOSES ONLY AND IS NOT VALID.



BRITT SURVEYING  
& ASSOCIATES, INC.

LAND SURVEYORS AND MAPPERS, L.B. # 7593  
830 WEST DUVAL STREET LAKE CITY, FLORIDA 32055  
(386)752-7163 FAX (386)752-5573  
WORK ORDER # L-20488