DATE 07/15/2004 Columbia County	Building Permit PERMIT	
This Permit Expires One	Year From the Date of Issue 000022083	
APPLICANT STACY BECKHAM	PHONE 352-745-2739	
ADDRESS PO BOX 2442	$- \frac{\text{LAKE CITY}}{\text{PHONE}} = \frac{\text{FL}}{32056}$	
OWNER RICHARD TOLER	PHONE PL 22024	
ADDRESS 415 SUNVIEW CIRCLE	<u>LAKE CITY</u> <u>FL</u> <u>32024</u>	
CONTRACTOR STACY BECKHAM	PHONE 352-745-2739	
LOCATION OF PROPERTY 47 SOUTH TO SUNVIEW EST ON RIGHT	ATES, R 3RD LOT BEHIND PINE TREES	
TYPE DEVELOPMENT MH, UTILITY H	STIMATED COST OF CONSTRUCTION .00	
HEATED FLOOR AREA TOTAL A	REA HEIGHT STORIES	_
FOUNDATION WALLS	ROOF PITCH FLOOR	
LAND USE & ZONING A-3	MAX. HEIGHT 35	
Minimum Set Back Requirments: STREET-FRONT 30.0	00 REAR 25.00 SIDE 25.00	
NO. EX.D.U. 0 FLOOD ZONE A PP	DEVELOPMENT PERMIT NO.	
PARCEL ID 33-5S-16-03751-325 SUBDIVIS	ION SOUTHWIND ADDITION	_
LOT 25 BLOCK PHASE UNIT	TOTAL ACRES 5.00	
	120 Min	
<u>— — — — — — — — — — — — — — — — — — — </u>	- A Due	_
Culvert Permit No.Culvert WaiverContractor's License NEXISTING04-0722-NLH	umber Applicant/Owner/Contractor RK N	
	ning checked by Approved for Issuance New Resident	
COMMENTS: PER PLAT BASE FLOOD ELEVATION SET AT 58		
59.9 FEET.***ELEVATION CERTIFICATE REQUIRED BEFORE P		
	Check # or Cash CASH	
FOR BUILDING & ZON	ING DEPARTMENT ONLY (footer(Slab)	and the second second
	ING DEPARTMENT ONLY (footer/Slab)	
Temporary Power Foundation		
Temporary Power Foundation	date/app. by date/app. by	
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date/app. by Under slab rough-in plumbing Slab date/app. by Framing Rough-in plumbing	Monolithic date/app. by date/app. by Sheathing/Nailing date/app. by date/app. by date/app. by above slab and below wood floor	y
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The Issuance of this Permit Does Not Waive Compliance by Permittee with Deed Restrictions.



	PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION
Fo	r Office Use Only Zoning Official 4 2-13-04 Building Official 9 7-14-04
	AP# 0407-34 Date Received 7-13-04 By 14 Permit # 22083
F	lood Zone <u>A PP</u> Development Permit <u>MIA</u> Zoning <u>A-3</u> Land Use Plan Map Category <u>A-3</u>
	Comments lot Base flood elevation set at 58.8 MH must be
	1 foot above this at 59,9 feet. Elevation certificate
	required before power need Decal #
	Site Plan with Setbacks shown D Environmental Health Signed Site Plan D Env. Health Release
M	A Need a Culvert Permit A Need a Waiver Permit 🛈 Well letter provided 🛛 Existing Well
L	33-55-16
	DO 2757-325
	New Mobile Home Used Mobile Home Year OY
	Property ID ROS 75 7 000 Must have a copy of the property deed New Mobile Home Used Mobile Home Year Year Year Subdivision Information Support Rest Southword Idation that
1000	
	Applicant Stacy Beckham Phone # RR - 745-2739
	Address PO DOK 2442 Late City, M. Jaos G.
	Name of Property Owner_Richard Toter Phone#
	911 Address 415 Sunview Cala Pity fc 32024
	Name of Owner of Mobile Home Same Phone # Phone #
	Address
	Relationship to Property Owner
	Current Number of Dwellings on Property
•	Lot Size Total Acreage 5
	Explain the current driveway Exstance.
	Driving Directions 47 South to Surview Est. AR
-	- 3rd on Rt Dehind pine frees.
	_ on Nr pering fine frees.
	Is this Mobile Home Replacing an Existing Mobile Home
	Name of Licensed Dealer/Installer Jack Beckhaim Phone # 3775 2239
•	Installers Address PO Box 2442 hote City 11. 3786
	License Number

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		marriage wall piers within 2' of end of home p Rule 15C			Typical pier spacing 2' <u><u>S</u>U</u> borgitudinal show locations of Longitudinal and Lateral Systems longitudinal (use dark lines to show these locations)	I understand Lateral Arm Systems cannot be used on any home (new or used) where the sidewall ties exceed 5 ft 4 in.	Manufacturer Andrichty Length x width B&XEB	Installer Stacy Backharm License # 21/09/05/2 Address of home being installed	PERMIT NUMBER
FRAME TIES TIEDOWN COMPONENTS within 2' of end of home spaced at 5' 4" oc Longitudinal Stabilizing Device (LSD) OTHER TIES Longitudinal Stabilizing Device (LSD) Sidewall Manufacturer Number Manufacturer Sidewall Manufacturer Number Manufacturer Sidewall	4 ft5 ft	(required by the mfg.) $\begin{array}{c} 17 \times 22 & 374 \\ \hline 13 & 1/4 \times 26 & 1/4 & 348 \\ \hline \\ $	re / //~ / //~ Pad Size (1 16 x 16 16 x 18 18.5 x 18.5 16 x 22.5	8' 8'<	Load Footer 16" x 16" 18 1/2" x 18 1/2" 20" x 20" 22" x 22" 24" X 24" 26" x 26" bearing capacity size (256) (342) (400) (484)* (576)* (676) 1000 psf 3' 4' 5' 6' 7' 8' 1500 psf 4'6" 6' 7' 8' 8' 8' 2000 psf 4'6" 6' 7' 8' 8' 8' 2000 psf 6' 8' 8' 8' 8' 8' 2000 psf 6' 8' 8' 8' 8' 8'	PIER SPACING TABLE FOR USED HOMES	Installation Decal #	Used Home	KSHEET page 1 of 2



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Connect electrical conductors between multi-wide units, but not to the main power source. This includes the bonding wire between mult-wide units. Pg	ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER	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 requires anchors with 4000 lb holding capacity. Installer's initials	TORQUE PROBE TEST The results of the torque probe test is $\cancel{20}$ inch pounds or check here if you are declaring 5' anchors without testing A test showing 275 inch pounds or less will require 4 foot anchors.	3. Using 500 lb. increments, take the lowest reading and round down to that increment.	 POCKET PENETROMETER TESTING METHOD Test the perimeter of the home at 6 locations. Take the reading at the depth of the footer. 	POCKET PENETROMETER TEST The pocket penetrometer tests are rounded down to 300° psf or check here to declare 1000 lb. soil without testing. X 300° X 300	PERMIT NUMBER
Installer verifies all information given with this permit worksheet is accurate and true based on the manufacturer's installation-instructions and or Fule 15C-1 & 2 Installer Signature Date Date	Miscellaneous Skirting to be installed. Yes No Dryer vent installed outside of skirting. Yes N/A Prain lines supported at 4 foot intervals. Yes N/A Electrical crossovers protected. Yes Other :	Weatherproofing The bottomboard will be repaired and/or taped. Yes Siding on units is installed to manufacturer's specifications. Yes Fireplace chimney installed so as not to allow intrusion of rain water. Yes	Type gasket Installed: Pg Installed: Between Floors Yes Between Walls Yes Bottom of ridgebeam Yes	I understand a properly installed gasket is a requirement of all new and used homes and that condensation, mold, meldew 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.	wide, gal roof and f sides of th	s and orga drainage	

Year T Property 2004 R 33-55-16-0	TH WIND ADDITION	Co 24000 24000	lumbia County Land 001 * AG 000 Bldg 000 Xfea 000 TOTAL B
3 5 7 9 11 13 15 17 19 21 23 25	MIND ADDITION. ORB 824-874, AFD 999-2 Mnt 12/04/200 F4=Prompt F10=GoTo PGUP/PGDN F24=MoreF)3 KYLIE	4 6 8 10 12 14 16 18 20 22 24 26 28



STATE OF FLORIDA DEPARTMENT OF HEALTH APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT Permit Application Number
PART II - SITE PLAN
Scale: Each block represents 5 feet and 1 inch = 50 feet.
Nes:
N Att
Add
anoth -
Site Plan submitted by:
Signature Title Plan Approved Not Approved Date 6.30-04
Calli Martal rd an 2m
By <u>Julie 4/10/10/2 BI- (DUMN/A</u> County Health Department ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT





Parmit Application Number 🔘 🕰

8281-BIV

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County Health Doputinent

COUNTY BEALTS DEPARTMENT

		FEDERAL EM	ERGENCY MANAGEMEN	TAGENCY	
		NATIONAL	FLOOD INSURANCE PRO	DGRAM	O.M.B. No. 3067-0077 Expires December 31, 2
		ELEVA	TION CERTIFIC	ATE	
		Important: Re	ad the instructions on pa	ages 1 - 7.	
BUILDING OWNER'S NAM	ME O	SECTION A - P	ROPERTY OWNER INFORM	ATION	For insurance Company Use
	RICH	hard A.T	Tolev		Policy Number
CITY	LIS SW	Apt., Unit, Suite, and/o	W SFICE	-	Company NAIC Number
FF-U	Shite		STAT		ZIP CODE 3203
LOF 6	5 .20	ST HIM INT	Number, Legal Description, etc.)	/	
BUILDING USE (e.g., Resi	dential, Non-resi	dential, Addition, Acce	ssory, etc. Use a Comments are	a, if necessary.)	and an all shares and a second se
LATITUDE/LONGITUDE (C	PTIONAL 1	HORIZONTA	L DATUM:		
(##°-##'-##.##" or ##,	######°)	[_] NAD 1927	I NAD 1983 SOURCE: [_ GPS (Type): _ USGS Quad I	Map Other
	SEC	TION B - FLOOD IN	SURANCE RATE MAP (FIR	All of the second se	
B1. NEIP COMMUNITY NA	ME & COMMUN		2. COUNTY NAME	I) INFORMATI	
Columbia		070	Colur	mbia	B3. STATE FZ
B4, MAP AND PANEL NUMBER	B5. SUFFIX	86. FIRM INDEX	87. FIRM PANEL	B8. FLOOD	
120070 6225 B	B	ILL/88	EFFECTIVE/REVISED DATE	ZONE(S)	(Zone AO. use depth of floor
B10. Indicate the source of	f the Base Floo		data or base flood depth enter		58,9
Designation Date:	SECTION	N C - BUILDING EL	EVATION INFORMATION (Stings*	URVEY REQUI	Area (OPA)? _ Yes } No
C1. Building elevations are *A new Elevation Cert C2. Building Diagram Num	SECTION based on: 1_ ificate will be re- iber _5_ (Set	V C - BUILDING EL Construction Draw	EVATION INFORMATION (S ings" IBuilding Under uction of the building is compilar aram most similar to the building	URVEY REQUI	Describe): Area (OPA)? _ Yes } No IRED) XFinished Construction
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BUILDING STREET ADDO	spaces, copy the corresponding in	formation from Sect	ion A,	For Insurance Company Use.
	ESS (Including Apt., Unit, Suite, and/or Bio	IG. No.) OR P.O. ROUTE	AND BOX NO.	Policy Number
CITY	SI	TATE	ZIP CODE	Company NAIC Number
	SECTION D - SURVEYOR, ENGINE			
Copy both sides of this E	levalion Certificate for (1) community	official. (2) insurance	agent/company, and (3) building owner.
	Residence ou	10 .		
Home,		I cus port	peuty is	a Mobile
SECTION E . BUILD	INC ELEVATION INCODATATION (O)			_ Check here if attachr
For Zone AO and Zone A	ING ELEVATION INFORMATION (SI (without BFE), complete Items E1. thr	URVEY NOT REQUIR	ED) FOR ZONE AO A	ND ZONE A (WITHOUT BEE
E1. Building Diagram Nun see pages 6 and 7. If E2. The top of the bottom	no diagram accurately represents the floor (including basement or enclosure	ed. Im most similar to the i building, provide a sk e) of the building is t	building for which this c	enificate is being completed
E3. For Building Diagrams	st adjacent grade. (Use natural grade 6-8 with openings (see page 7), the r n, (cm) above the highest adjacent gra n of machinery and/or equipment servi-), if available.) next higher floor or ele ide. Complete Items (icing the building is 1	vated floor (elevation b) of the building is
E5. For Zone AO only: If I	st adjacent grade. (Use natural grade no flood depth number is available, is nt ordinance? Yes No	, if available.) The top of the bottom f	loor elevated in accord	ance with the community's
5	SECTION F - PROPERTY OWNER (O	R OWNER'S REPRE	SENTATIVE) CEPTIEL	Information in Section G.
the best of my knowledge	mer's authorized representative who c or community-issued BFE) or Zone AC , OWNER'S AUTHORIZED REPRESENTAT) must sign here. The	B. C (Items C3.h and C statements in Sections	3.i only), and E for Zone A A. B. C. and E are correct to
ADDRESS		- CITY	STATE	ZIP CODE
SIGNATURE		DATE	TELEPHO	
COMMENTS			······	
	SECTION G - COMML	NUTY INCODIA TION		Check here if attachm
i1. [] The information in engineer, or archit	horized by law or ordinance to administ G of this Elevation Certificate, Comp Section C was taken from other docur ect who is authorized by state or local he Comments area below.)	ster the community's fill blete the applicable item mentation that has been law to certify elevation	oodplain management m(s) and sign below. an signed and embosse n information. (Indicate	d by a licensed surrouse
2.]_] A community officia Zone AO.	al completed Section E for a building lo nation (Items G4-G9) is provided for c			community-issued BFE) or
2. I A community officia Zone AO. 3. I The following inform	al completed Section E for a building lo nation (Items G4-G9) is provided for c G5. DATE PERMIT ISSUED	community floodplain n	nanagement purposes.	COMMUNITY-ISSUED BFE) or
2.] A community officia Zone AO. 3.] The following inform G4. PERMIT NUMBER 7. This permit has been is 8. Elevation of as-built low	GS. DATE PERMIT ISSUED Sued for: New Construction est floor (including basement) of the b	Community floodplain n G6, 0 ISSUE	nanagement purposes. NATE CERTIFICATE OF C D	OMPLIANCE/OCCUPANCY
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FEDERAL EMERGENCY MANAGEMENT AGENCY NATIONAL FLOOD INSURANCE PROGRAM ____

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

ELEVATION (CERTIFICATE
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	Important: R	ead the instructions on page	nes 1 - 7.	and the second second second second
	SECTION A - I	ROPERTY OWNER INFORM	TION	For Insurance Company Use:
BUILDING OWNER'S NAME	1 10	- 1	and the second second	Policy Number
BUILDING STREET ADDRESS (Including	hard A.	olev	1	a state and a state of the stat
415 SU	USUNVIC	W SFICE	BOX NO.	Company NAIC Number
- Ff. White	e in anna an An-	STATE	FL	ZIP CODE 22.2.2
PROPERTY DESCRIPTION (Lot and Bloc	k Numbers, Tax Parce	Number, Legal Description, etc.)	1 6 1	
BUILDING USE (e.g., Besidential, Non-rei	UTHWINI	ADDITION	an a	Non-sector of the sector secto
0-6-377776	171a1	1 Filler 24th Rev 1	it necessary.)	AT AN A AN A A A A A A A A A A A A A A A
LATITUDE/LONGITUDE (OPTIONAL) (##º - ##' - ##.##" or ##.#####")	HORIZONTA		GPS (Type):	NY CONTRACTOR DATA SHELL IN THE
1 C 4890 5	L NAD 1927	1140 1303	USGS Quad Ma	p [_] Other
SEC	TION B . FLOOD IN	SURANCE RATE MAP (FIRM	INFORMATIO	N COMPANY AND A COMPANY
B1. NEIP COMMUNITY NAME & COMMU			INFORMATIO	N COMPLEX
	070	22. COUNTY NAME Colum	hin	B3. STATE
B4. MAP AND PANEL B5. SUFFIX	86. FIRM INDEX			FC
NUMBER	DATE	87. FIRM PANEL EFFECTIVE/REVISED DATE	B8, FLOOD ZONE(S)	B9. BASE FLOOD ELEVATION(S
120070 6225 B 13	116/88	116/88	V	(Zone AO. use depth of Rooding.
10. Indicate the source of the Base Flo	ood Elevation (BFE)	data or base flood depth entered	1 in 89.	The Walter Man
_ FIS Profile _ FIRM	Community	Determined [] Other (Des	cribe): SUD	division Engin
	IVI UNE DEE IN BY: IN			「「「「」」」、「「」」、「「」」、「「」」、「」」、「」」、「」」、「」、「」
12. Is the building located in a Coastal Designation Date:	Barrier Resources			escribe):
Designation Date:	Carrier Resources 3	system (CBRS) area or Otherwis	e Protected An	a (OPA)? 1_1 Yes 1 No
and the second		AND DIS PROPERTY OF THE THE		
SECTIO	IN C - BUILDING EL	EVATION INFORMATION (SU	RVEY REQUIR	ED) Effortement.
1. Building elevations are based on: I_	Construction Draw	ings" _ Building Under (Construction"	KiFinished Construction
"A new Elevation Certificate will be	required when constr	uction of the building is complete	-	control of the second se
2 Building Diagram Number 5 (C	alaalaha ha'la'a	conciling is complet	с.	and the second se
2. Building Diagram Number 5 (Se	siect the building diag	gram most similar to the building	for which this a	certificate is being completed - se
regram accura	alery represents the t	Uliging provide a skatch or ph	(aaraah)	
S. Elevations - Zones A1-A30. AE. AH.	. A (with BFE), VE, V	1-V30 V (with REE) AR AR/A	ADIAE ADIAS	430 AD(ALL ADIAO
Complete Items C3.a-i below accord	ling to the building di	arram specified in lines CO. Ci-	AVAL. ANAI	ASU. ARIAH, ARIAU
the datum used for the BEE in Section	on B convoit the dat	agram specified in item C2. Sta	le the datum us	ed. If the datum is different from
the datum used for the BFE in Section	in b, convert the dat	um to that used for the BFE. Sh	ow field measur	ements and datum conversion
	or the Comments ar	ea of Section I) or Section G a	appropriate. to	document the datum conversion
	Juninents IVA			
Elevation reference mark used	76.03	Does the elevation reference m	ark used appea	on the FIRM? Yes IN
	asament or enclosur	e) <u>63.6</u>	$f_1(m) \neq \Gamma$	ron the FIRM? [_] Yes [_] N
U b) Top of next higher floor	And Andrew Ar A	AIA	fl.(m) 8	
C c) Boltom of lowest horizontal stru	uctural member (V zr		61-1 88	1. 1
d) Attached garage (top of slab)			- ft.(m)	1 Avi
a e) Lowest elevation of machinery	and/or equipment	NA	_ft.(m) the pure	
servicing the building (Describe	and/or equipment		÷ 9	V at it
servicing the building (Describe	in a Comments are	a.)	ft.(m) Alterior	19.09
D f) Lowest adjacent (finished) grade	a (LAG)	59.2	ft.(m) 25	law h al
) g) Highest adjacent (finished) grad	le (HAG)	601	f.(m) . 20	10101 1al
h) No. of permanent openings (floo	od vents) within 1 ft.	above adjacent orade AIA	8 \	No 10 41
D i) Total area of all permanent open	ings (flood vents) in	C3.h NA sq. in. (sq. cm)		
	and the second se	ENGINEER, OR ARCHITECT C	-	
his certification is to be signed and seal	led by a land survey	Baginess of prohitory outback	ERTIFICATION	
certify that the information in Sections A	B and C on this co	dificate moments my basi off	zed by law to ce	rtify elevation information
understand that any false statement ma	ay he ounishable by	incate represents my best end	ris to interpret t	he data available.
		Ine or imprisonment under 18 U	S. Code, Section	A
TLE DUGANE	Chance		ENOMBER	PLS 1824
DDRESS 212 11 1	-	COMPANY NAME	ayne	Chance, Inc.
GNATURE 11/2 13	15 57.	CITY Gainesvil	STATE F	L ZIP CODE 32609
Mayn Cl	1auce	DATE 8/9/03	TELEPHON	352-336-0909
A Form 81-31, January 2003	See	verse side for continuation		

ee reverse side for continuation.

Replaces all previous editions

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IMPORTANT: In these	For Insurance Company Use.		
BUILDING STREET ADDRE	Policy Number		
CITY	STATE	ZIP COL	DE Company NAIC Number
Conv both sides of this E	SECTION D - SURVEYOR, ENGINEER, OR ARC	ATTECT CERTIFICATION (C	ONTINUED)
	levation Certificate for (1) community official. (2) in		d (3) building owner.
The	Residence ou Plus	property i	sa Mobile
Home,			
	alar and a second se		
SECTION E - BUILDI	NG ELEVATION INFORMATION (SURVEY NOT		Check here if attachm
E1. Building Diagram Num see pages 6 and 7. If E2. The top of the bottom i (check one) the highes E3. For Building Diagrams I[_] ft. (m)]in E4. The top of the platform (check one) the highes E5. For Zone AO only: If n floodplain managemen S The property owner or own (without a FEMA-issued on	without BFE), complete Items E1. through E5. If the LOMR-F, Section C must be completed. ber (Select the building diagram most similation diagram accurately represents the building, provide the diagram accurately represented the build the diagram accurately represented the build the diagram accurately represented to end the build the diagram accurately represented to the build the diagram accurately and/or equipment servicing the build the diagram and/or equipment servicing the build the diagram and/or equipment servicing the build the diagram accurately represent the top of the build the diagram accurately the service of the top of top of top top of to	ar to the building for which the vide a sketch or pholograph, ling is ft. (m) f por or elevated floor (elevation e Items C3.h and C3.i on from ling is Ift. (m) If bottom floor elevated in accor he local official must certify for REPRESENTATIVE) CERT	is cenificate is being completed -) in. (cm) [] above or [] below in b) of the building is nt of form. in. (cm) [] above or [] below ordance with the community's this information in Section G. IFICATION
	WNER'S AUTHORIZED REPRESENTATIVE'S NAME	ere. The statements in Section	ons A. B. C. and E are correct to
ADDRESS	(0.10) (J. 1.10) Y J (1.10) (W (J. 1.10)) · · · CITY	STATE	ZIP CODE
SIGNATURE	DATE .	TELEF	1927 E. 1938 C. 1939 C. 1997 C. 1970 C. 1970
COMMENTS goled as sis of	ATSS FOR THE STATE OF STATES AND A STATES AN	en anteressana independent	- and metric and metric and a state of a sta
OANRA HANRA .	ALL AND BEEN ARE ARABE ARAMINAS	a section and the sec	
· · · · · · · · · · · · · · · · · · ·	SECTION G - COMMUNITY INFOR	statistical city of the notice the	L Check here if attachme
 [_] The information in S engineer, or archite elevation data in the 2.]_[A community official Zone AO. 	orized by law or ordinance to administer the comm G of this Elevation Certificate. Complete the appli- section C was taken from other documentation that ct who is authorized by state or local law to certify a Comments area below.) completed Section E for a building located in Zon- ation (Items G4-G9) is provided for community floo	cable item(s) and sign below has been signed and embo elevation information. (Indic e A (without a FEMA-issued	ssed by a licensed surveyor. ale the source and date of the or community-issued BFE) or
4. PERMIT NUMBER		and the second	
LINNI NOMBER	GS. DATE PERMIT ISSUED	G6, DATE CERTIFICATE O	F COMPLIANCE/OCCUPANCY
. Elevation of as-built lowe	ued for: _ New Construction _ Substanti st floor (including basement) of the building is: th of flooding at the building site is;	al Improvement	fl. (m) Datum:
DCAL OFFICIAL'S NAME	a strange and should be an a	· · ·	ft. (m) Dalum:
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GNATURE	DA	те	and the second second
OMMENTS			
IA Farm Od At		-	I Check here if attachment
A Form 81-31, January 2	003		Replaces all previous editions

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	Location: 415 SW SUNVIEW CIRCLE	Permit Holder STACY BECKHAM Owner of Building RICHARD TOLER	Parcel Number 33-5S-16-03751-325	COLUMBIA COUNTY, FLO Department of Building and Z This Certificate of Occupancy is issued to the below named and premises at the below named location, and certifies tha accordance with the Columbia County Building Code.		
POST IN A CONSPICUOUS PLACE (Business Places Only)	Harry Dicks		Building permit No. 000022083	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.		

