

DATE 05/21/2010

Columbia County Building Permit
This Permit Must Be Prominently Posted on Premises During Construction

PERMIT
000028589

APPLICANT WENDY GRENNELL PHONE 288-2428
ADDRESS 3104 SW OLD WRE RD. FT. WHITE FL 32038
OWNER RACHEL FLATLEY PHONE 561-386-1769
ADDRESS 261 SW ATLAS DRIVE FT. WHITE FL 32038
CONTRACTOR ERNEST JOHNSON PHONE 352 494-8099
LOCATION OF PROPERTY 41S, TR TO 47S, TL SR 27, TL BOBCAT. TR ATLAS DR.
PROPERTY AT THE END ON RIGHT
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-2 MAX. HEIGHT
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. 10-004

PARCEL ID 19-7S-17-10024-094 SUBDIVISION SASSAFRAS ACRES
LOT 94 BLOCK PHASE UNIT TOTAL ACRES 6.97

IH0000359
Culvert Permit No. Culvert Waiver Contractor's License Number Applicant/Owner/Contractor
EXISTING 10-232 BK HD Y
Driveway Connection Septic Tank Number LU & Zoning checked by Approved for Issuance New Resident

COMMENTS: MFE @ 40', ELEVATION CERT. REQUIRED BEFORE POWER, TO INCLUDE EQUIPMENT,

Check # or Cash 1004/CASH

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 \$ 61.10 WASTE FEE \$ 83.75
FLOOD DEVELOPMENT FEE \$ 50.00 FLOOD ZONE FEE \$ 25.00 CULVERT FEE \$ TOTAL FEE 569.85
INSPECTORS OFFICE GALE T. EDOLIN CLERKS OFFICE CH

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.

PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

For Office Use Only (Revised 1-10-08) Zoning Official BLK 14.05.10 Building Official HD 5-10-10

AP# 1005-04 Date Received 8/3/10 By [Signature] Permit # 28589

Flood Zone AE Development Permit YES Zoning ES4-2 Land Use Plan Map Category ES4

Comments 1 Foot Rise Letter Elevation Certificate for Permanent Power

FEMA Map# 0532C Elevation 39' Finished Floor 40' River Santa Fe In Floodway NO

☒ Site Plan with Setbacks Shown ☒ EH # 10-0732 ☐ 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 _____

School _____ = TOTAL N/A Suspended ☒ UF ☒ 911 sheet

ON ELECTRICAL

Property ID # 19-75-17-10024-094 Subdivision Jassafra's Acres Lot 94

▪ New Mobile Home ☒ Used Mobile Home _____ MH Size 28x72 Year 10

▪ Applicant Wendy Grennell Phone # 386-288-2428

▪ Address 3104 SW Old Wire Rd Ft White, FL 32038

▪ Name of Property Owner Rachel Flatley Phone# 561-386-1769

▪ 911 Address 261 SW Atlas Dr 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 Rachel Flatley Phone # 561-386-1769

Address 7135 Pigeon Key Way Lake Worth FL 33467

▪ Relationship to Property Owner same

▪ Current Number of Dwellings on Property 0

▪ Lot Size _____ Total Acreage 6.97

▪ 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 (owes)

▪ Driving Directions to the Property 90 West to 41 South (L) veer into 47 South to US Hwy 27 turn (L) to Bobcat turn (R) to Atlas Drive turn (R) property at end on (R)

▪ Name of Licensed Dealer/Installer Ernest S Johnson Phone # 352-494-8099

#75 Installers Address 22201 SE US Hwy 301, Newberry, FL 32690

▪ License Number IH-0000359 Installation Decal # 690

Turn right on 11th St. S. 11th St. in person

PERMITS WORKSHEET

RMIT NUMBER

after Ernest S Johnson License # FH-000359

Address of home installed 261 SW Atlas Dr

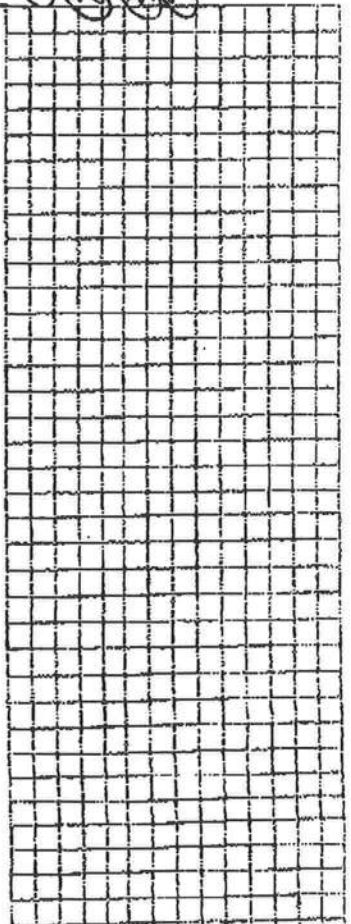
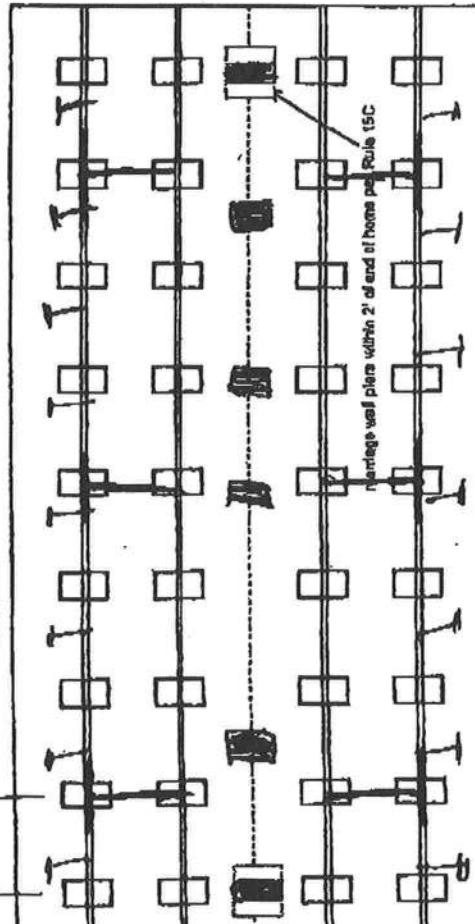
City/State/Zip 4 White FL 32038

Manufacturer Length x width 28 x 72

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

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



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 # 690

Triple/Quad ☐ Serial #

PIER SPACING TABLE FOR USED HOMES

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

Interpolated from Rule 15C-1 pier spacing table.

PIER PAD SIZES

I-beam pier pad size 17.5 x 25.5

Perimeter pier pad size 17.5 x 25.5

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

17.5 x 25.5 17.5 x 25.5

17.5 x 25.5 17.5 x 25.5

17.5 x 25.5 17.5 x 25.5

17.5 x 25.5 17.5 x 25.5

TIEDOWN COMPONENTS

Longitudinal Stabilizing Device (LSD)

Manufacturer

Longitudinal Stabilizing Device w/ Lateral Arms

Manufacturer Oliver 1101

POPULAR PAD SIZES

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

ANCHORS

5 ft

FRAME TIES

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

OTHER TIES

Number

Sidewall

Longitudinal

Marriage wall

Shearwall

PERMIT WORKSHEET

Page 2 of 2

Apr 27 10 03:01p

Wendy Grennell

3867551031

P. 8

PERMIT NUMBER

POCKET PENETROMETER TEST

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

x 1000 x 1000 x 1000

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 1000 x 1000 x 1000

TORQUE PROBE TEST

he results of the torque probe test is inch pounds or check
are if you are declaring 5' anchors without testing A test
towing 275 inch pounds or less will require 4 foot anchors.

ote: 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. loading capacity.

Installer's Initials

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

aller Name

a Tested

Electrical

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

Plumbing

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

ect all potable water supply piping to an existing water meter, water tap, or other
ndent water supply systems. Pg.

Floor: Type Fastener: Length: 6 in. Spacing: 2
Walls: Type Fastener: Length: 6 in. Spacing: 2
Roof: Type Fastener: Length: 6 in. Spacing: 2
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 fastening 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 gasketed Pg.

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
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 Ernest J. Grennell Date 4/27/10

Prepared by
Deborah Bissell, an employee of
First American Title Insurance Company
23335 NW County Road 236, Suite 10
High Springs, Florida 32643
(386)454-2727

Inst:2006005080 Date:03/01/2006 Time:14:15

Doc Stamp-Deed : 819.00

DC, P. DeWitt Cason, Columbia County B:1075 P:2227

Return to: Grantee

File No.: 1095-1070507

WARRANTY DEED

This indenture made on **February 17, 2006** A.D., by

Albert L. Audette and Barbara B. Audette, husband and wife

whose address is: **P.O. Box 279, High Springs, FL 32655**
hereinafter called the "grantor", to

✓ **Rachel T. Flatley, a single woman**

✓ whose address is: **7135 Pigeon Key Way, Lake Worth, FL 33467**
hereinafter called the "grantee":

(Which terms "Grantor" and "Grantee" shall include singular or plural, corporation or individual, and either sex, and shall include heirs, legal representatives, successors and assigns of the same)

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

Lot 94 of SASSAFRAS ACRES, according to the Plat thereof as recorded in Plat Book 4, Page(s) 8-8A, of the Public Records of Columbia County, Florida.

Parcel Identification Number: **R10024-094**

The land is not the homestead of the Grantor under the laws and constitution of the State of Florida and neither the Grantor nor any person(s) for whose support the Grantor is responsible reside on or adjacent to the land.

Subject to all reservations, covenants, conditions, restrictions and easements of record and to all applicable zoning ordinances and/or restrictions imposed by governmental authorities, if any.

Inst:2006005080 Date:03/01/2006 Time:14:15

Doc Stamp-Deed : 819.00

DC,P.Dewitt Cason,Columbia County B:1075 P:2228

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

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

And the grantor hereby covenants with said grantee that the grantor is lawfully seized of said land in fee simple; that the grantor has good right and lawful authority to sell and convey said land; that the grantor hereby fully warrants the title to said land and will defend the same against the lawful claims of all persons whomsoever; and that said land is free of all encumbrances except taxes accruing subsequent to December 31st of 2004.

In Witness Whereof, the grantor has hereunto set their hand(s) and seal(s) the day and year first above written.


Albert L. Audette


Barbara B. Audette

Signed, sealed and delivered in our presence:


Witness Signature

Print Name: Rafael Boothby

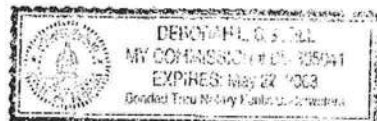

Witness Signature

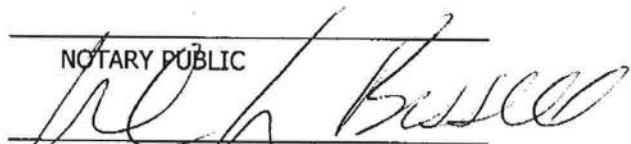
Print Name: DEBORAH BISSELL

State of **FL**

County of **Alachua**

The Foregoing Instrument Was Acknowledged before me on **February 17, 2006**, by **Albert L. Audette and Barbara B. Audette, husband and wife** who is/are personally known to me or who has/have produced a valid driver's license as identification.




NOTARY PUBLIC
Notary Print Name
My Commission Expires: _____

>> [Print as PDF](#) <<LOT 94 SASSAFRAS ACRES S/D.
ORB 319-422, 674-069,
WD 1075-2227.FLATLEY RACHEL T
7135 PIGEON KEY WAY
LAKE WORTH, FL 33467

19-7S-17-10024-094

Columbia County 2010 R
CARD 001 of 001
BY JEFFPRINTED 1/28/2010 7:42
APPR 1/15/2008 DF

BUSE 006700 SERV SHOP	AE? N	936 HTD AREA	88.200 INDEX	19717.01 SASSAFRAS	PUSE	000700 MISC RES
MOD 6 WAREHOUSE BATH		936 EFF AREA	31.311 E-RATE	100.000 INDX	STR 19- 7S- 17	
EXW 25 MOD METAL FIXT		29307 RCN		2000 AYB	MKT AREA 02	27,255 BLDG
% N/A BDRM		93.00 %GOOD	27,255 B BLDG VAL	2000 EYB	(PUD1	5,146 XFOB
RSTR 10 STEEL FRME RMS					AC	42,478 LAND
RCVR 12 MOD METAL UNITS					6.970	0 AG
% N/A C-W%					NTCD	0 MKAG
INTW 01 MINIMUM HGHT					APPR CD	74,879 JUST
% N/A PMTR					CNDO	0 CLAS
FLOR 03 CONC FINSH STYS					SUBD	
% N/A ECON					BLK	
HTTP 01 NONE FUNC					LOT	0 SOHD
A/C 01 NONE SPCD					MAP#	0 ASSD
QUAL 05 05 DEPR 06					TXDT 003	0 EXPT
FNDN N/A UD-1 N/A						0 COTXBL
SIZE ALL UD-2 N/A						
CEIL N/A UD-3 N/A						
ARCH N/A UD-4 N/A						
FRME 05 STEEL UD-5 N/A						
KTCH N/A UD-6 N/A						
WINDO N/A UD-7 N/A						
CLAS N/A UD-8 N/A						
OCC N/A UD-9 N/A						
COND 03 03 % N/A						
SUB A-AREA % E-AREA SUB VALUE						
BAS00 936 100 936 27255						

FIELD CK:				PERMITS			
3	LOC: 261 ATLAS DR SW	3		3	NUMBER	DESC	AMT ISSUED
3		3		3	16343	STORAGE	170 11/30/1999
3		3		3			
3		3		3	SALE		
3		3		3	BOOK	PAGE	DATE PRICE
3		3		3	1075	2227	2/17/2006 Q I 117000
3		3		3	GRANTOR ALBERT L & BARBARA AUDETTE		
3		3		3	GRANTEE RACHEL T FLATLEY		
3		3		3	674	69	1/09/1989 U V 14000
3		3		3	GRANTOR DLC CATTLE		
3		3		3	GRANTEE AUDETTE ALBERT		

TOTAL	936	936	27255				
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EXTRA FEATURES										FIELD CK:										
AE BN	CODE	DESC	LEN	WID	HGHT	QTY	QL	YR	ADJ	UNITS	UT	PRICE	ADJ	UT	PR	SPCD	%	%GOOD	XFOB	VALUE
Y	0294	SHED WOOD/VI	14	20		1		1993	1.00	1.000	UT	646.000						100.00		646
Y	0294	SHED WOOD/VI				1		1993	1.00	400.000	SF	11.250						100.00		4,500

LAND	DESC	ZONE	ROAD	{UD1	{UD3	FRONT	DEPTH	FIELD CK:				UNITS	UT	PRICE	ADJ	UT	PR	LAND	VALUE
AE	CODE	TOPO	UTIL	{UD2	{UD4	BACK	DT	ADJUSTMENTS											
Y	000700	MISC RES	00	0002				1.00	1.00	1.00	1.00	6.970	AC	6094.440			6094.44		42,478
				0002	0003														



Ronnie Brannon
State Constitution Tax Collector
Serving Columbia County, Florida

Site Provided by...
 governmax.com T1.11

Tax Record

print

Owner Name
 1 of 1

Last Update: 4/17/2010 10:23:37 PM EDT

Details

Tax Record

» Print View
 Legal Desc.
 Appraiser Data
 Tax Payment
 Payment History
 Print Tax Bill **NEW!**

Ad Valorem Taxes and Non-Ad Valorem Assessments

The information contained herein does not constitute a title search and should not be relied on as such.

Account Number		Tax Type		Tax Year	
R10024-094		REAL ESTATE		2009	
Mailing Address FLATLEY RACHEL T 7135 PIGEON KEY WAY LAKE WORTH FL 33467		Property Address 261 SW ATLAS DR GEO Number 177S19-10024-094			
Exempt Amount		Taxable Value			
See Below		See Below			
Exemption Detail NO EXEMPTIONS		Millage Code 003		Escrow Code	
<u>Legal Description (click for full description)</u> 19-7S-17 0700/0700 6.97 Acres LOT 94 SASSAFRAS ACRES S/D. ORB 319-422, 674-069, WD 1075-2227.					
Ad Valorem Taxes					
Taxing Authority	Rate	Assessed Value	Exemption Amount	Taxable Value	Tax: Levied
BOARD OF COUNTY COMMISSIONERS	7.8910	80,669	0	\$80,669	\$636.56
COLUMBIA COUNTY SCHOOL BOARD					
DISCRETIONARY	0.9980	80,669	0	\$80,669	\$80.51
LOCAL	5.3630	80,669	0	\$80,669	\$432.63
CAPITAL OUTLAY	1.5000	80,669	0	\$80,669	\$121.00
SUWANNEE RIVER WATER MGT DIST	0.4399	80,669	0	\$80,669	\$35.49
LAKE SHORE HOSPITAL AUTHORITY	2.0468	80,669	0	\$80,669	\$165.11
COLUMBIA COUNTY INDUSTRIAL	0.1240	80,669	0	\$80,669	\$10.00
Total Millage		18.3627		Total Taxes	
				\$1,481.30	
Non-Ad Valorem Assessments					
Code	Levying Authority				Amount
FFIR	FIRE ASSESSMENTS				\$69.58
Total Assessments				\$69.58	
Taxes & Assessments				\$1,550.88	

Searches

Account Number
 GEO Number
Owner Name
 Property Address
 Certificate **NEW!**
 Mailing Address

Site Functions

Tax Search

Local Business Tax
 Tax Sale List
 Contact Us
 County Login
 Home

If Paid By	Amount Due
	\$0.00

Date Paid	Transaction	Receipt	Item	Amount Paid
3/22/2010	PAYMENT	3203022.0001	2009	\$1,550.88

Prior Years Payment History

Prior Year Taxes Due
NO DELINQUENT TAXES

Print | << First < Previous Next > Last >>

Powered by
MANATRON

SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER

1005-04

CONTRACTOR

Ernst Johnson

PHONE

352 494-

8099

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.

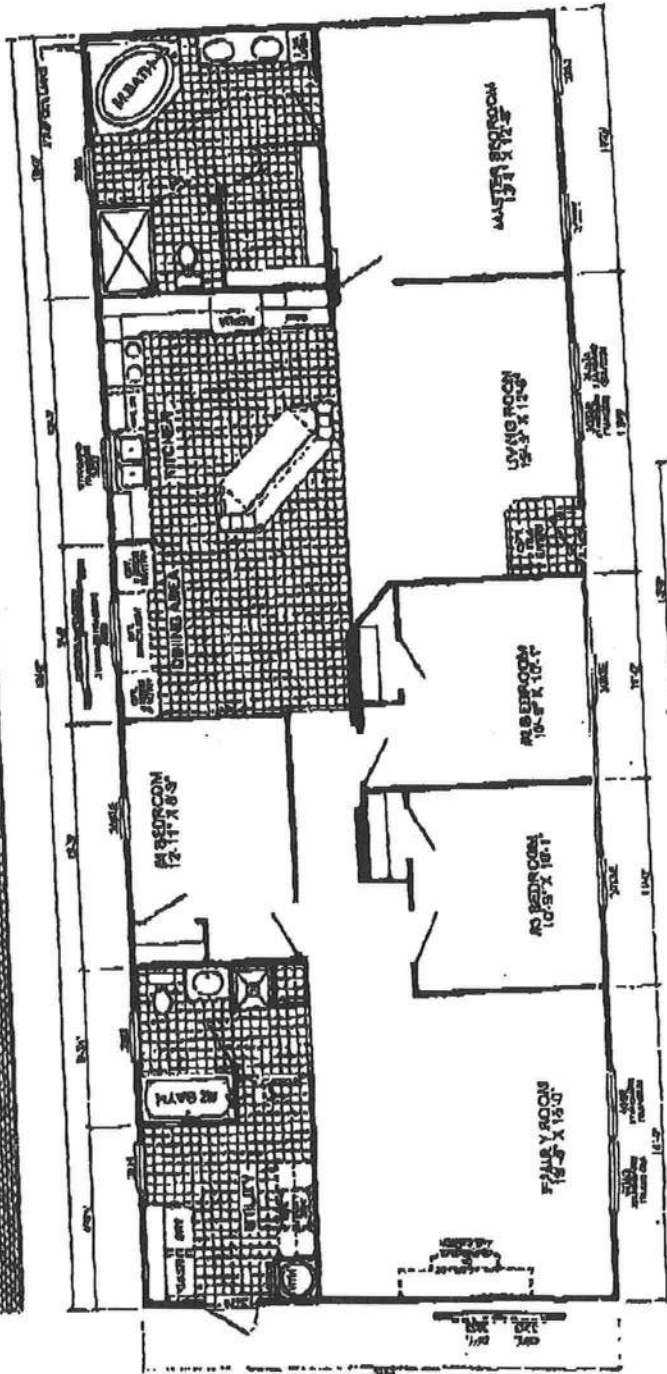
Any changes, the permitted contractor is responsible for the corrected form being submitted to this office prior to the start of that subcontractor beginning any work. Violations will result in stop work orders and/or fines.

ELECTRICAL	Print Name _____ License #: _____	Signature _____ Phone #: _____
MECHANICAL/ A/C	Print Name _____ License #: _____	Signature _____ Phone #: _____
PLUMBING/ GAS ✓	Print Name <u>Ernest S Johnson</u> License #: <u>CH-0000359</u>	Signature <u>Ernest S Johnson</u> Phone #: <u>352 494 8099</u>
ROOFING	Print Name _____ License #: _____	Signature _____ Phone #: _____
SHEET METAL	Print Name _____ License #: _____	Signature _____ Phone #: _____
FIRE SYSTEM/ SPRINKLER	Print Name _____ License #: _____	Signature _____ Phone #: _____
SOLAR	Print Name _____ License #: _____	Signature _____ Phone #: _____

Specialty License	License Number	Sub-Contractor's Printed Name	Sub-Contractor's 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.

TEXAS



L-2884A NEW LAYOUT
4-BEDROOM / 2-BATH
28 X 72 - Approx. 1768 Sq. Ft.

Call: 01283
 * Always double-check dimensions and layout before construction.
 * Construction subject to change without notice.

Rachel Flatley
App # 1005-04



COLUMBIA COUNTY
911 ADDRESSING / GIS DEPARTMENT

P. O. Box 1787, Lake City, FL 32056-1787
Telephone: (386) 758-1125 • Fax: (386) 758-1365 • Email: ron_croft@columbiacountyfla.com



ADDRESS ASSIGNMENT DATA

The Columbia County Board of County Commissioners has passed Ordinance 2001-9, which provides for a uniform numbering system. A copy of this ordinance is available in the Clerk of Court records, located in the courthouse. This new numbering system will increase the efficiency of POLICE, FIRE AND EMERGENCY MEDICAL vehicles responding to calls within Columbia County by immediately identifying the location of the caller.

A Residential or Other Structure(s) on Parcel Number:

19-7S-17-10024-094 (LOT 94 SASSAFRAS ACRES S/D)

Address Assignment(s):

261 SW ATLAS DR, FORT WHITE, FL, 32038

Any questions concerning this information should be referred to the Columbia County 911 Addressing / GIS Department at the address or telephone number above.

05/04/2010 09:08 3523785123

May 02 10 08:43p Wendy Grennell

WESTGATE HOMES

3867551031

PAGE 02/02

P.2

Apr 27 10 03:00p

Wendy Grennell

3867551031

P.5

SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER 1005-04CONTRACTOR Ernest Johnson

PHONE

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

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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.

ELECTRICAL	Print Name _____ License #: _____	Signature _____ Phone #: _____
MECHANICAL/ A/C <u>OK 478</u>	Print Name <u>Pick C. Frazey</u> License #: <u>CAC050446</u>	Signature <u>[Signature]</u> Phone #: <u>850-546-5113</u>
PLUMBING/ GAS <u>OK 725</u>	Print Name <u>Ernest S. Johnson</u> License #: <u>JH-0000359</u>	Signature <u>[Signature]</u> Phone #: <u>352 494 8099</u>
ROOFING	Print Name _____ License #: _____	Signature _____ Phone #: _____
SHEET METAL	Print Name _____ License #: _____	Signature _____ Phone #: _____
FIRE SYSTEM/ SPRINKLER	Print Name _____ License #: _____	Signature _____ Phone #: _____
SOLAR	Print Name _____ License #: _____	Signature _____ Phone #: _____

MASON			
CONCRETE FINISHER			
FRAMING			
INSULATION			
STUCCO			
DRYWALL			
PLASTER			
CABINET INSTALLER			
PAINTING			
ACOUSTICAL CEILING			
GLASS			
CERAMIC TILE			
FLOOR COVERING			
ALUM/VINYL SIDING			
GARAGE DOOR			
METAL BLOC 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 440.50, and shall be presented each time the employer applies for a building permit.

COLUMBIA COUNTY, FLORIDA

NO. 0624 P. 7

APR 28 2010 3:15PM

App#
1005-04

Robert Stofel Well Drilling Lic. # 2901

Andrews Site Prep, Inc.

8230 SW State Rd. 121

Lake Butler, Fl. 32054

386-867-0323

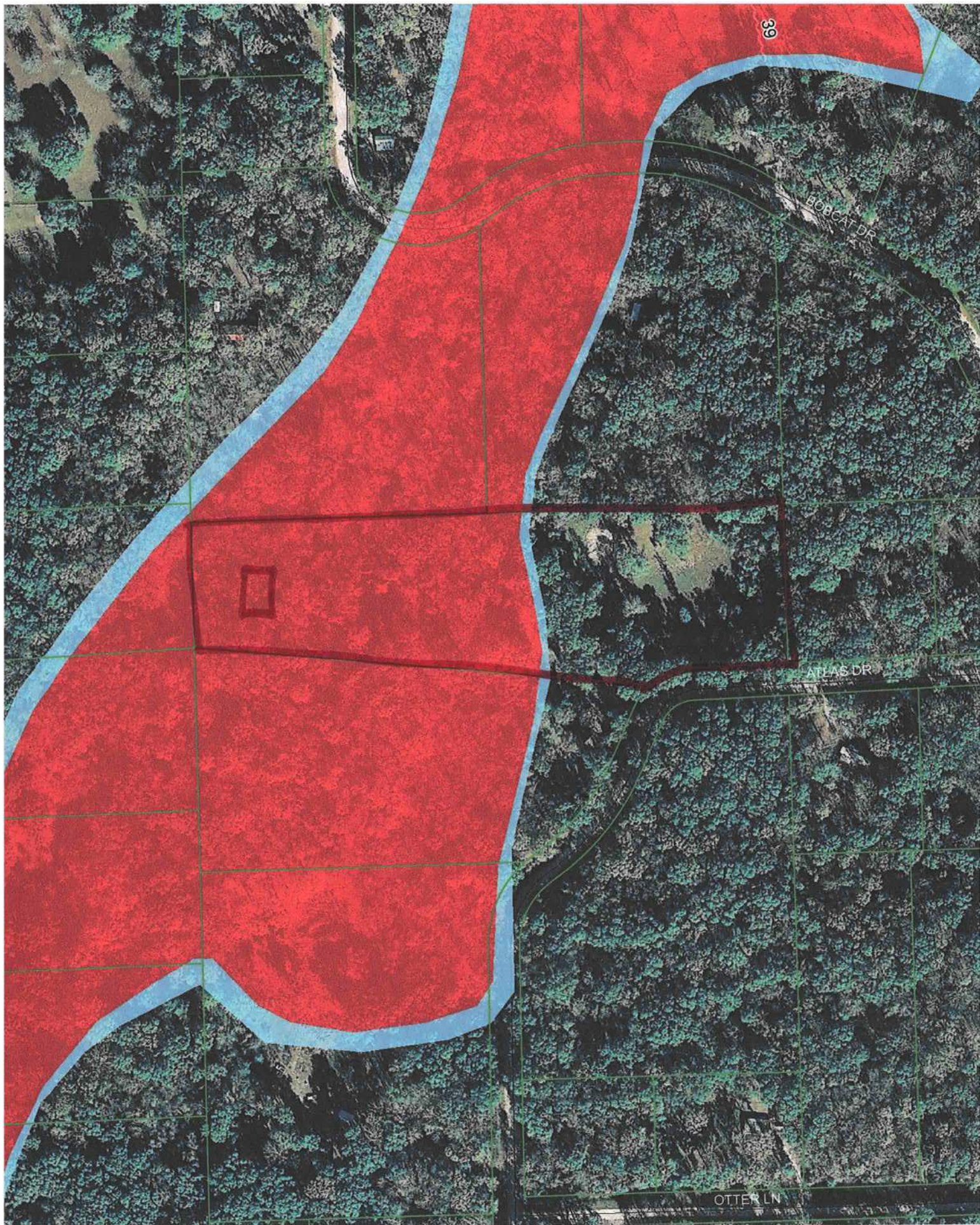
May 3, 2010

To Columbia County Environmental Health:

We will be drilling a well for Rachel Flatley located at 261 SW Atlas Dr. Ft. White, Florida. The well should go approximately 100 feet with a casing depth of 80 feet. We will install a 1hp aermotor pump and a 33 gallon challenger tank.

Thank You,

Robert Stofel



1005-04

SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER

1005-04

CONTRACTOR

Ernest S Johnson

PHONE

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ELECTRICAL	Print Name _____ License #: _____	Signature _____ Phone #: _____
MECHANICAL/ A/C	Print Name _____ License #: _____	Signature _____ Phone #: _____
PLUMBING/ GAS	Print Name <u>Ernest S Johnson</u> License #: <u>TH-0000359</u>	Signature <u>Ernest S Johnson</u> Phone #: <u>352 494 8099</u>
ROOFING	Print Name _____ License #: _____	Signature _____ Phone #: _____
SHEET METAL	Print Name _____ License #: _____	Signature _____ Phone #: _____
FIRE SYSTEM/ SPRINKLER	Print Name _____ License #: _____	Signature _____ Phone #: _____
SOLAR	Print Name _____ License #: _____	Signature _____ Phone #: _____

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.

MOBILE HOME INSTALLER AFFIDAVIT

As per Florida Statutes Section 320.8249 Mobile Home Installers License

Any person who engages in mobile home installation shall obtain a mobile home installer's license from the Bureau of Mobile Home and Recreational Vehicle Construction, of the Department of Highway Safety and Motor Vehicles pursuant to this section. Said license shall be renewed annually, and each licensee shall pay a fee of \$150

I, Ernest S Johnson, license number TH-0000359

state that the installation of the manufactured home for owner

Rachel Flattery at

911 Address: 261 SW Atlas Dr City Ft White

will be done under my supervision.

Signed: Ernest S Johnson
Mobile Home Installer

Sworn to and described before me this 28 day of April 2010

Shirley M Bennett
Notary public

Shirley M Bennett Personally known _____
Notary Name

DL ID ✓

App 1005-04



COLUMBIA COUNTY BUILDING DEPARTMENT
LETTER OF AUTHORIZATION TO SIGN FOR PERMITS
 135 NE Hernando Ave, Suite B-21, Lake City, FL 32055
 Phone: 386-758-1008 Fax: 386-758-2160

I, Ernest Scott Johnson (license holder name), licensed qualifier for Dependable MHS (company name), do certify that the below referenced person(s) listed on this form is/are **employed** by me directly or through an employee leasing arrangement; or, is an officer of the corporation; or, partner as defined in Florida Statutes Chapter 468, and the said person(s) 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 Person Authorized	Signature of Authorized Person
1. <u>Wendy Grennell</u>	1. <u>Wendy Grennell</u>
2.	2.
3.	3.
4.	4.
5.	5.

I, the license holder, realize that I am responsible for all permits purchased, and all work done under my license and fully responsible for compliance with all Florida Statutes, Codes, and Local Ordinances. I understand that the State and County Licensing Boards have the power and authority to discipline a license holder for violations committed by him/her, his/her agents, officers, or employees and that I have full responsibility for compliance with all statutes, codes and ordinances inherent in the privilege granted by issuance of such permits.

If at any time the person(s) you have authorized is/are no longer employee(s), or officer(s), you must notify this department in writing of the changes and submit a new letter of authorization form, which will supersede all previous lists. Failure to do so may allow unauthorized persons to use your name and/or license number to obtain permits.

Ernest Scott Johnson
 License Holders Signature (Notarized)

JH-0000359
 License Number

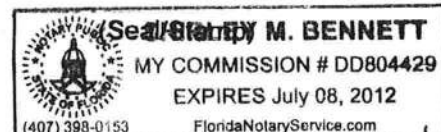
4-28-10
 Date

NOTARY INFORMATION:

STATE OF: Florida COUNTY OF: Columbia

The above license holder, whose name is Ernest Scott Johnson, personally appeared before me and is known by me or has produced identification (type of I.D.) FD ID on this 28 day of April, 2010.

Shirley M. Bennett
 NOTARY'S SIGNATURE



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

Permit Application Number 10-0232

----- PART II - SITEPLAN -----

Scale: 1 inch = 50 feet.

See Attached
Survey

Notes: _____

Site Plan submitted by: Wendy Grennell 4/27/10Plan Approved ☒ Not ApprovedBy Silbe Ford, EH Director Columbia CHDDate 5/17/10 County Health Department**ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT**



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

PERMIT #: **12-SC-1134602**
APPLICATION #: **AP963966**
DATE PAID: **5-4-10**
FEE PAID: **310.00**
RECEIPT #: **1257271**
DOCUMENT #: **PR810621**

CONSTRUCTION PERMIT FOR: OSTDS New

APPLICANT: RACHEL 10-0232 FLATLEY

PROPERTY ADDRESS: 261 SWATLAS Dr Fort White, FL 32038

LOT: 94 BLOCK: _____ SUBDIVISION: SASSAFRAS ACRES

PROPERTY ID #: 10024-094

[SECTION, TOWNSHIP, RANGE, PARCEL NUMBER]
[OR TAX ID NUMBER]

SYSTEM MUST BE CONSTRUCTED IN ACCORDANCE WITH SPECIFICATIONS AND STANDARDS OF SECTION 381.0065, F.S., AND CHAPTER 64E-6, F.A.C. DEPARTMENT APPROVAL OF SYSTEM DOES NOT GUARANTEE SATISFACTORY PERFORMANCE FOR ANY SPECIFIC PERIOD OF TIME. ANY CHANGE IN MATERIAL FACTS, WHICH SERVED AS A BASIS FOR ISSUANCE OF THIS PERMIT, REQUIRE THE APPLICANT TO MODIFY THE PERMIT APPLICATION. SUCH MODIFICATIONS MAY RESULT IN THIS PERMIT BEING MADE NULL AND VOID. ISSUANCE OF THIS PERMIT DOES NOT EXEMPT THE APPLICANT FROM COMPLIANCE WITH OTHER FEDERAL, STATE, OR LOCAL PERMITTING REQUIRED FOR DEVELOPMENT OF THIS PROPERTY.

SYSTEM DESIGN AND SPECIFICATIONS

T [1,050] GALLONS / GPD Septic CAPACITY
A [] GALLONS / GPD N/A CAPACITY
N [] GALLONS GREASE INTERCEPTOR CAPACITY [MAXIMUM CAPACITY SINGLE TANK:1250 GALLONS]
K [] GALLONS DOSING TANK CAPACITY [] GALLONS @ [] DOSES PER 24 HRS #Pumps []

D [500] SQUARE FEET _____ SYSTEM
R [] SQUARE FEET N/A SYSTEM

A TYPE SYSTEM: [X] STANDARD [] FILLED [] MOUND []

I CONFIGURATION: [X] TRENCH [] BED []

N

F LOCATION OF BENCHMARK: bp bolt in tree adjacent to system

I ELEVATION OF PROPOSED SYSTEM SITE [17.00] [INCHES] FT [] ABOVE / [] BELOW BENCHMARK/REFERENCE POINT

E BOTTOM OF DRAINFIELD TO BE [47.00] [INCHES] FT [] ABOVE / [] BELOW BENCHMARK/REFERENCE POINT

L

D FILL REQUIRED: [0.00] INCHES EXCAVATION REQUIRED: [0.00] INCHES

O The licensed contractor installing the system is responsible for installing the minimum category of tank in accordance with s. 64E-6.013(3)(f), FAC.

T

H

E

R

SPECIFICATIONS BY: Chris Van Doorn BVD sept TITLE: Master
Registered Septic Tank Contractor

APPROVED BY: Sallie A Ford TITLE: EH Director Columbia CHD

DATE ISSUED: 05/17/2010

EXPIRATION DATE: 11/17/2011

DH 4016, 08/09 (Obsoletes all previous editions which may not be used)

Incorporated: 64E-6.003, FAC

Page 1 of 3

Development Permit
F 023- 10-004

FLOOD ZONE AE BY BK 2-4-2009 FIRM COMMUNITY # 120070 - PANEL # 0532 C
FIRM 100 YEAR ELEVATION 39' PLAN INCLUDED YES or NO
REQUIRED LOWEST HABITABLE FLOOR ELEVATION 40'
IN THE REGULATORY FLOODWAY YES or NO RIVER Santa Fe
SURVEYOR / ENGINEER NAME Brett Chews LICENSE NUMBER 65592

DATE THE FINISHED FLOOR ELEVATION CERTIFICATE WAS PROVIDED

COMMENTS

Rachel Flattery

CONTRACTOR VERIFICATION FORM

APPLICATION NUMBER 1005-04 CONTRACTOR Ernest Johnson PHONE _____

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ELECTRICAL 689 ✓	Print Name: <u>Wayne J Placona</u> License #: <u>EC 0002157</u>	Signature: <u>Wayne J Placona</u> Phone #: <u>386-325-1335</u>
MECHANICAL/ A/C	Print Name: _____ License #: _____	Signature: _____ Phone #: _____
PLUMBING/ GAS	Print Name: _____ License #: _____	Signature: _____ Phone #: _____
ROOFING	Print Name: _____ License #: _____	Signature: _____ Phone #: _____
SHEET METAL	Print Name: _____ License #: _____	Signature: _____ Phone #: _____
FIRE SYSTEM/ SPRINKLER	Print Name: _____ License #: _____	Signature: _____ Phone #: _____
SOLAR	Print Name: _____ License #: _____	Signature: _____ Phone #: _____

Trade	License Number	Signature	Phone Number
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			

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

Contractor/Permit Subcontractor Form 8/09

COLUMBIA COUNTY
FLORIDA

M/H OCCUPANCY

COLUMBIA COUNTY, FLORIDA

Department of Building and Zoning Inspection

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

Parcel Number 19-7S-17-10024-094

Building permit No. 000028589

Permit Holder ERNEST JOHNSON

Owner of Building RACHEL FLATLEY

Location: 261 SW ATLAS DRIVE, FT. WHITE, FL



Date: 06/04/2010

[Signature]
Building Inspector

POST IN A CONSPICUOUS PLACE
(Business Places Only)



Rachel T. Flatley Residence
ONE FOOT RISE CERTIFICATION PACKAGE

Brett Crews, P.E. 65592
Certificate of Authorization No. 28022
P.O. Box 970
Lake City, FL 32056
Ph. 386.623.4303
brett@crewsengineeringservices.com

**ONE FOOT RISE ANALYSIS AND CERTIFICATION
100 YEAR BASE FLOOD**

PROJECT DATA

PARCEL ID: 19-7S-17-10024-094

PROPERTY DESCRIPTION: 6.97 acres, Lot 94 Sassafras Acres Subdivision

OWNER: Rachel T. Flatley

PROJECT DESCRIPTION: 2,016 SF Residential Dwelling (28'x72' Mobile Home) located +/- 750' from SW Atlas Drive

FLOOD ZONE: AE

BASE FLOOD ELEVATION: 39' (NAVD 88) Based on FIRM Panel 12023C0532C

EXISTING GRADE ELEVATION (AT BUILDING LOCATION):
+/-35', Elevation Based on USGS Quad Map

CONCLUSION

To demonstrate the proposed construction will not cause more than a 1 foot rise in the flood elevation, the following calculation was performed:

Area of Lot = 6.97 acres

Area of Flood Zone = Undetermined, Associated with the Santa Fe River

Depth of Lot below Flood Elevation = 39.0 ft - 35.0 ft = 4 ft

Storage Volume Removed due to development = 4.0 ft * (2,016 sf + 6,240 sf) / 2 = 16,512 cf = 0.379 acre-ft

Flood Level Increase (if flood zone area = lot size = 6.97 acres) = 0.379 acre-ft / 6.97 acres = 0.054 ft

This is a very conservative calculation for the following reasons:

Flood Zone Area is much larger than 6.97 acres and associated with the Santa Fe River.

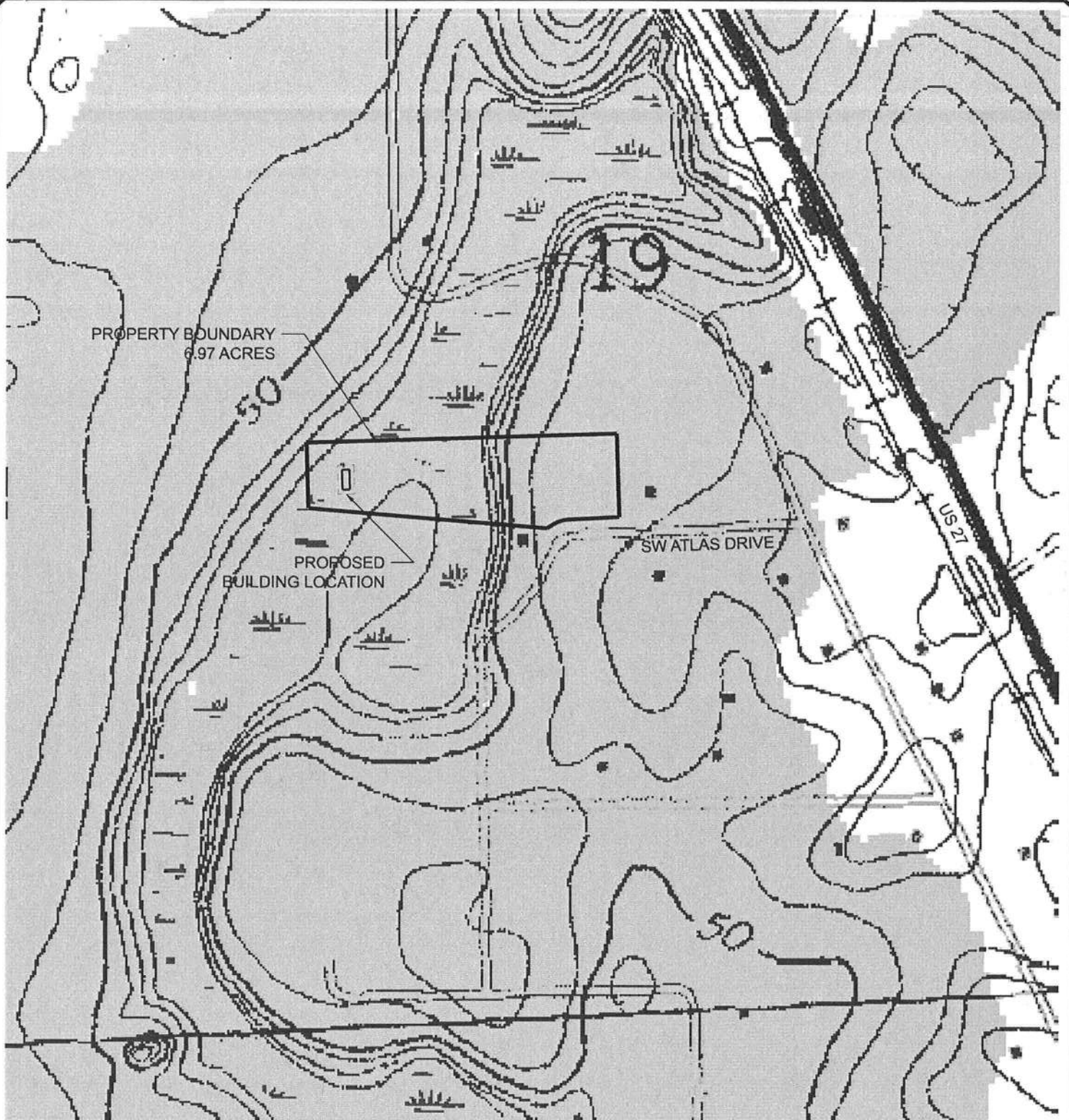
CERTIFICATION

I hereby certify that, to the best of my knowledge, construction of the project as described above will increase the flood elevations less than one foot at the project location.



5-11-2010

Brett A. Crews, PE No. 65592



CES

Crews Engineering Services, LLC

P.O. BOX 970
LAKE CITY, FL 32056
386.754.4085

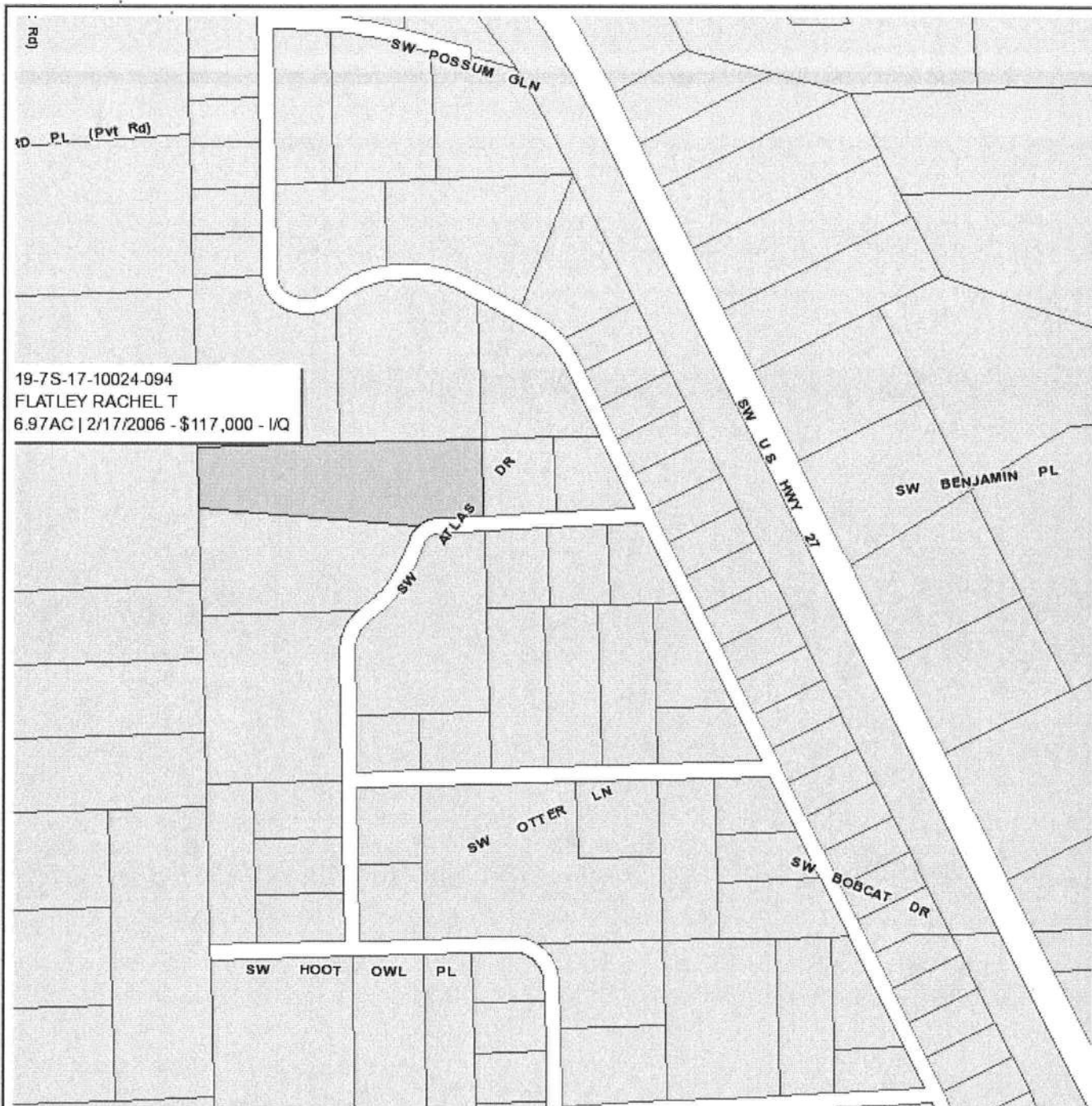
BRETT A. CREWS, P.E.

FLATLEY RESIDENCE

QUAD MAP

CES PROJECT NO.:
2010-016

SHEET:
Q1



Columbia County Property Appraiser

J. Doyle Crews - Lake City, Florida | 386-758-1083

PARCEL: 19-7S-17-10024-094 - MISC RES (000700)

LOT 94 SASSAFRAS ACRES S/D, ORB 319-422, 674-069, WD 1075-2227.

NOTES:

Name:	FLATLEY RACHEL T	2009 Certified Values	
Site:	261 SW ATLAS DR	Land	\$47,198.00
Mail:	7135 PIGEON KEY WAY	Bldg	\$28,325.00
	LAKE WORTH, FL 33467	Assd	\$80,669.00
Sales	2/17/2006 \$117,000.00 I / Q	Exmpt	\$0.00
Info	1/9/1989 \$14,000.00 V / U	Cnty:	\$80,669
		Taxbl	Other: \$80,669 Schl: \$80,669

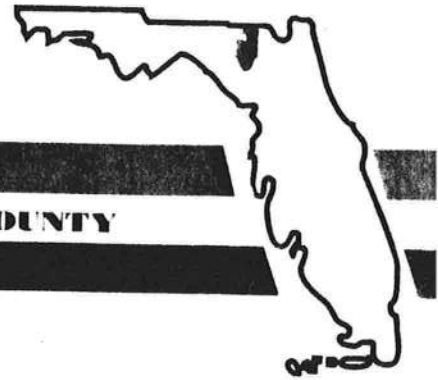


This information, GIS Map Updated: 5/6/2010, was derived from data which was compiled by the Columbia County Property Appraiser Office solely for the governmental purpose of property assessment. This information should not be relied upon by anyone as a determination of the ownership of property or market value. No warranties, expressed or implied, are provided for the accuracy of the data herein, it's use, or it's interpretation. Although it is periodically updated, this information may not reflect the data currently on file in the Property Appraiser's office. The assessed values are NOT certified values and therefore are subject to change before being finalized for ad valorem assessment purposes.

powered by:
GrizzlyLogic.com

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

28589



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		
b) No. of permanent flood openings in the crawl space or enclosure(s) walls within 1.0 foot above adjacent grade _____		
c) Total net area of flood openings in A8.b _____ sq in		
A9. For a building with an attached garage, provide:		
a) Square footage of attached garage _____ sq ft		
b) No. of permanent flood openings in the attached garage walls within 1.0 foot above adjacent grade _____		
c) Total net area of flood openings in A9.b _____ sq in		

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

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

COMMENTS:

Date of Review: 8 JUNE 2010

BOARD MEETS FIRST THURSDAY AT 7 00 P.M.

AND THIRD MONDAY AT 10 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.

P. O. BOX 1529

LAKE CITY, FLORIDA 32056-1529

PHONE (386) 733-4100

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 Rachel T. Flatley

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.
261 SW Atlas Dr

Company NAIC Number

City Fort White State FL ZIP Code 32038

A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)
Lot 94, Sassafras Acres Subdivision (Parcel # 10024-094)

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

A5. Latitude/Longitude: Lat. 29 51 45.0 Long. 82 39 09.0

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 County 120070

B2. County Name
Columbia

B3. State
FL

B4. Map/Panel Number
12023C0532

B5. Suffix
C

B6. FIRM Index
Date
02/04/09

B7. FIRM Panel
Effective/Revised Date
02/04/09

B8. Flood
Zone(s)
AE

B9. Base Flood Elevation(s) (Zone
AO, use base flood depth)
39

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 _____ ☐ 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 2905001BM13 Vertical Datum NAVD 1988

Conversion/Comments _____

Check the measurement used.

- a) Top of bottom floor (including basement, crawlspace, or enclosure floor) 60.0 ☒ 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 56.8 ☒ feet ☐ meters (Puerto Rico only)
(Describe type of equipment and location in Comments)
f) Lowest adjacent (finished) grade next to building (LAG) 55.2 ☒ feet ☐ meters (Puerto Rico only)
g) Highest adjacent (finished) grade next to building (HAG) 56.7 ☒ feet ☐ meters (Puerto Rico only)
h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support 55.6 ☒ 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 Scott Daniel, PSM

License Number LS 6449

Title Professional Surveyor & Mapper

Company Name Daniel & Gore, LLC

Address PO Box 1501

City Lake City

State FL

ZIP Code 32056

Signature

Date 5-31-10

Telephone 386-208-4176



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. 261 SW Atlas DR	Policy Number
City Fort White State 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 Machinery is an A/C unit.

Signature _____ Date _____ ☐ 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

Scott Daniel, PSM

Address PO Box 1501

City Lake City

State FL

ZIP Code 32056

Signature



Date

5-31-10

Telephone 386-208-4176

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 Improvement

G8. 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

DIAGRAM 3

All split-level buildings that are slab-on-grade, either detached or row type (e.g., townhouses); with or without attached garage.

Distinguishing Feature – The bottom floor (excluding garage) is at or above ground level (grade) on at least one side.*

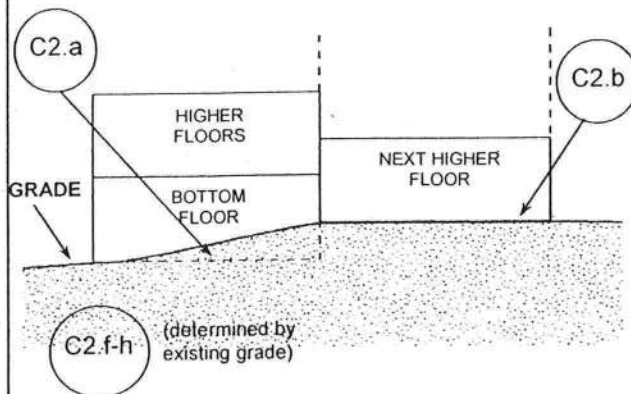


DIAGRAM 4

All split-level buildings (other than slab-on-grade), either detached or row type (e.g., townhouses); with or without attached garage.

Distinguishing Feature – The bottom floor (basement or underground garage) is below ground level (grade) on all sides.*

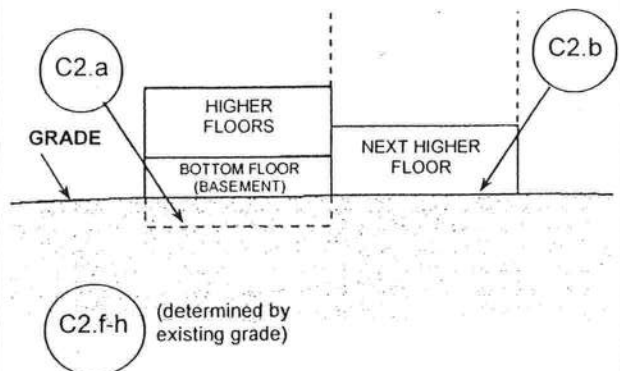


DIAGRAM 5

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

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

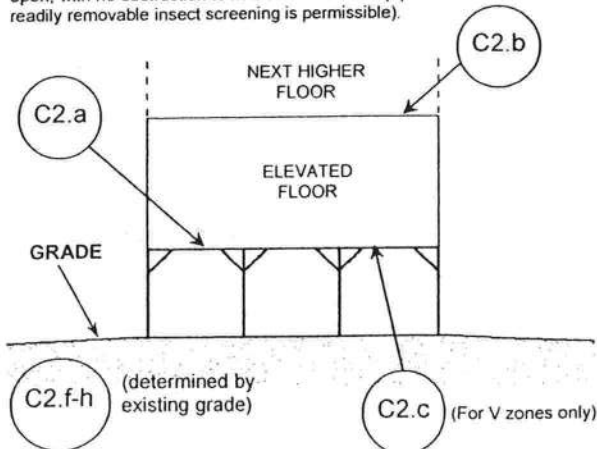
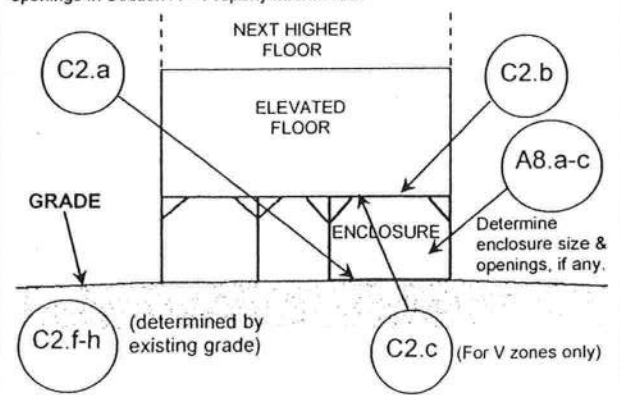


DIAGRAM 6

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

Distinguishing Feature – For all zones, the area below the elevated floor is enclosed, either partially or fully. In A Zones, the partially or fully enclosed area below the elevated floor is with or without openings** present in the walls of the enclosure. Indicate information about enclosure size and openings in Section A – Property Information.



* 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.

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. 261 SW Atlas DR	For Insurance Company Use: Policy Number
City Fort 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>	



Building Photographs

Continuation Page

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 261 SW Atlas Dr	For Insurance Company Use: Policy Number
City Fort 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."	



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



28589



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

COMMENTS:

Date of Review:

8 JUNE 2010

BOARD MEETS FIRST THURSDAY AT 7 00 P.M.

AND THIRD MONDAY AT 10 P.M.

Community Official

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 (386) 735-4160

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. 261 SW Atlas DR	Policy Number
City Fort White State 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 Machinery is an A/C unit.

Signature

Date

☐ 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 HAG.
- 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

Scott Daniel, PSM

Address PO Box 1501

City Lake City

State FL

ZIP Code 32056

Signature



Date

5-31-10

Telephone 386-208-4176

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 Improvement

G8. 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

DIAGRAM 3

All split-level buildings that are slab-on-grade, either detached or row type (e.g., townhouses); with or without attached garage.

Distinguishing Feature – The bottom floor (excluding garage) is at or above ground level (grade) on at least one side *

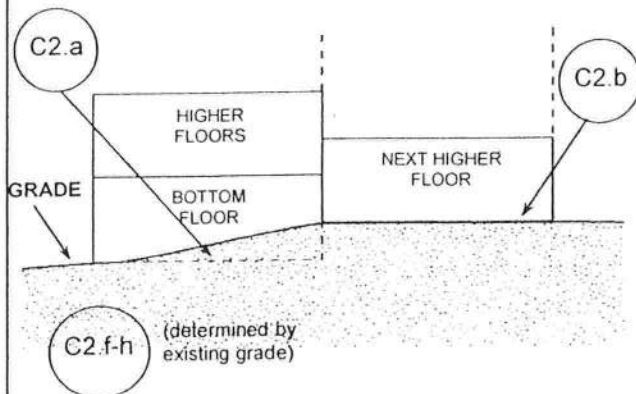


DIAGRAM 4

All split-level buildings (other than slab-on-grade), either detached or row type (e.g., townhouses); with or without attached garage.

Distinguishing Feature – The bottom floor (basement or underground garage) is below ground level (grade) on all sides *

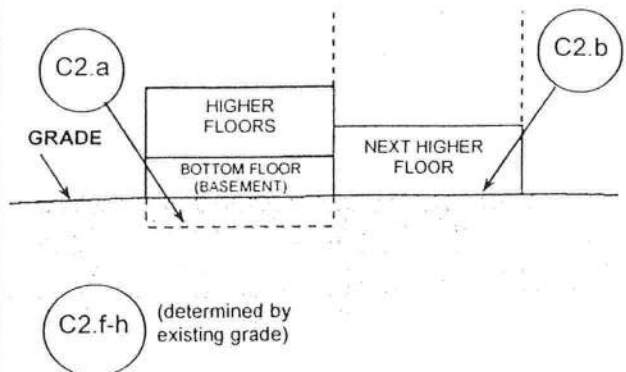


DIAGRAM 5

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

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

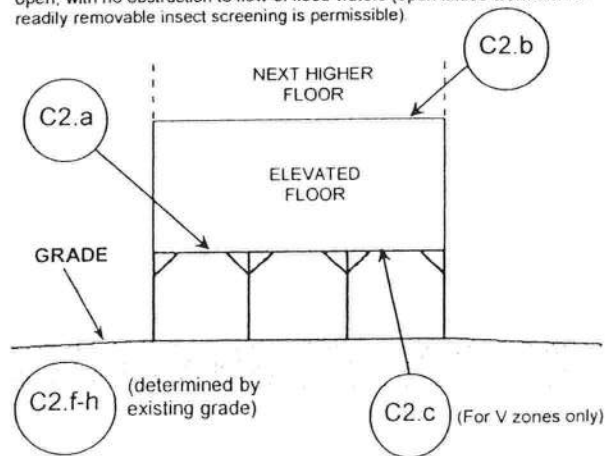
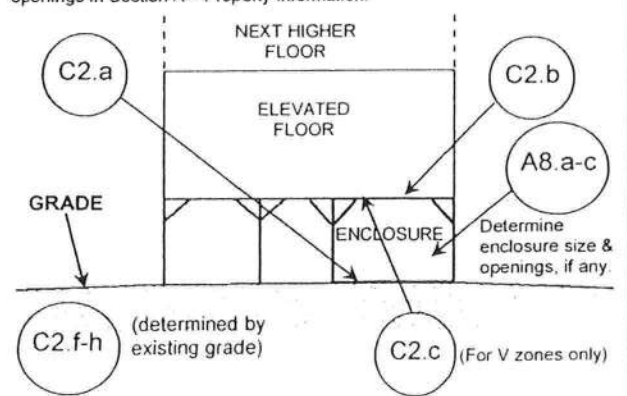


DIAGRAM 6

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

Distinguishing Feature – For all zones, the area below the elevated floor is enclosed, either partially or fully. In A Zones, the partially or fully enclosed area below the elevated floor is with or without openings** present in the walls of the enclosure. Indicate information about enclosure size and openings in Section A – Property Information.



* 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 I.

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. 261 SW Atlas DR	For Insurance Company Use: Policy Number
City Fort 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>	



Building Photographs

Continuation Page

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 261 SW Atlas Dr	For Insurance Company Use: Policy Number
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