

DATE 05/30/2013

Columbia County Building Permit

PERMIT

This Permit Must Be Prominently Posted on Premises During Construction

000031092

APPLICANT DALE BURD PHONE 386.497.2311
ADDRESS 576 SW DORTCH STREET FT. WHITE FL 32038
OWNER ROBERT BAKER(MIKE & ROBIN BRAY'S MH) PHONE 386.288.6686
ADDRESS 1707 NW SUWANNEE VALLEY ROAD LAK CITY FL 32055
CONTRACTOR TERRY L. THRIFT PHONE 386.623.0115
LOCATION OF PROPERTY 41-N TO SUWANNEE VALLEY RD,TL AND IT'S THE 2ND DRIVE ON R
PAST GAR POND RAOD. (1ST. HOME ON R)
TYPE DEVELOPMENT M/H/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. 3 FLOOD ZONE AE DEVELOPMENT PERMIT NO. 13-003

PARCEL ID 20-2S-16-01663-000 SUBDIVISION
LOT BLOCK PHASE UNIT TOTAL ACRES 40.00

IH1025139

Culvert Permit No. Culvert Waiver Contractor's License Number Applicant/Owner/Contractor
EXISTING 13-0271-E BLK JLW N
Driveway Connection Septic Tank Number LU & Zoning checked by Approved for Issuance New Resident

COMMENTS: MEETS DENSITY REQUIREMENTS.FINISHED FLOOR & EQUIPMENT SERVICES THE MH
TO BE AS INDICATED. MFE @ 88.0'. REPLACING EXISTING MH.3 UNITS CHARGED

Check # or Cash 10296

FOR BUILDING & ZONING DEPARTMENT ONLY

(footer/Slab)

Temporary Power date/app. by Foundation date/app. by Monolithic date/app. by
Under slab rough-in plumbing date/app. by Slab date/app. by Sheathing/Nailing date/app. by
Framing date/app. by Insulation date/app. by
Rough-in plumbing above slab and below wood floor date/app. by Electrical rough-in date/app. by
Heat & Air Duct date/app. by Peri. beam (Lintel) date/app. by Pool date/app. by
Permanent power date/app. by C.O. Final date/app. by Culvert date/app. by
Pump pole date/app. by Utility Pole date/app. by M/H tie downs, blocking, electricity and plumbing date/app. by
Reconnection date/app. by RV date/app. by Re-roof 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 \$ 0.00 WASTE FEE \$
FLOOD DEVELOPMENT FEE \$ 50.00 FLOOD ZONE FEE \$ 25.00 CULVERT FEE \$ TOTAL FEE 425.00
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.
NOTICE: ALL OTHER APPLICABLE STATE OR FEDERAL PERMITS SHALL BE OBTAINED BEFORE COMMENCEMENT OF THIS
PERMITTED DEVELOPMENT.

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

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

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

✓ SERIAL #

PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

For Office Use Only (Revised 1-11) Zoning Official BLK 29 MAY 2013 Building Official TA 5/9/13
AP# 1305-13 Date Received 5/7 By ST Permit # 31092
Flood Zone AE Development Permit YES Zoning ESA-2 Land Use Plan Map Category ESA
Comments meets Dens. requirements. Finished Floor and equipment service
to be as indicated. Replacing existing MH
FEMA Map# 0186C Elevation 87' Finished Floor 88' River Swannee In Floodway N/A
Site Plan with Setbacks Shown ☒ EH # 13-0271-E EH Release ☒ Well letter ☒ Existing well
☒ Recorded Deed or Affidavit from land owner ☐ Installer Authorization ☐ State Rd Access ☒ 911 Sheet
☐ Parent Parcel # ☐ STUP-MH ☐ F W Comp. letter ☐ App Fee Pd ☒ VF Form
IMPACT FEES: EMS ☐ Fire ☐ Corr ☐ Out County ☐ In County **ELECTRICAL** ✓
Road/Code ☐ School ☐ = TOTAL Suspended March 2009 ☐ Ellisville Water Sys

Property ID # 2028-16-01663-000 Subdivision NA

- New Mobile Home ☒ Used Mobile Home ☐ MH Size 22'x14' Year 2013
- Applicant DAVID BORDON FORK FORD Phone # 386-497-2811
- Address 546 SW DUTCH ST, FORT WORTH, FL 32038
- Name of Property Owner ROBERT BAKER Phone # 288-6686
- 911 Address 1707 NW SWANNEE VALLEY RD, L. C. FL 32055
- Circle the correct power company -
(Circle One) - FL Power & Light - Clay Electric
Swannee Valley Electric - Progress Energy
- Name of Owner of Mobile Home Mikie & Robin Bray Phone # 288-6686
Address 1555 NW SWANNEE VALLEY ROAD LAKE CITY FL 32055
- Relationship to Property Owner DAUGHTER
- Current Number of Dwellings on Property 3
- Lot Size 1339 x 1310 Total Acreage 40
- 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 YES
- Driving Directions to the Property 41 North, TL on SWANNEE VALLEY ROAD,
2ND DRIVE ON RIGHT PAST GARFORD ROAD, 1ST HOUSE ON RIGHT
- Name of Licensed Dealer/Installer TERRY L. THRIFT Phone # (386) 623-0115
- Installers Address 446 NW NICE HUNTER DR LAKE CITY FL 32055
▪ License Number TH-1025139 Installation Decal # 15989

Left message 5/29/13

= ON MACHINE

SW SWANNEE VALLEY 5.29.13

10296

10296

623.7674

COLUMBIA COUNTY PERMIT WORKSHEET

page 1 of 2

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

Installer Verney L. Threft License # 1H-1025139

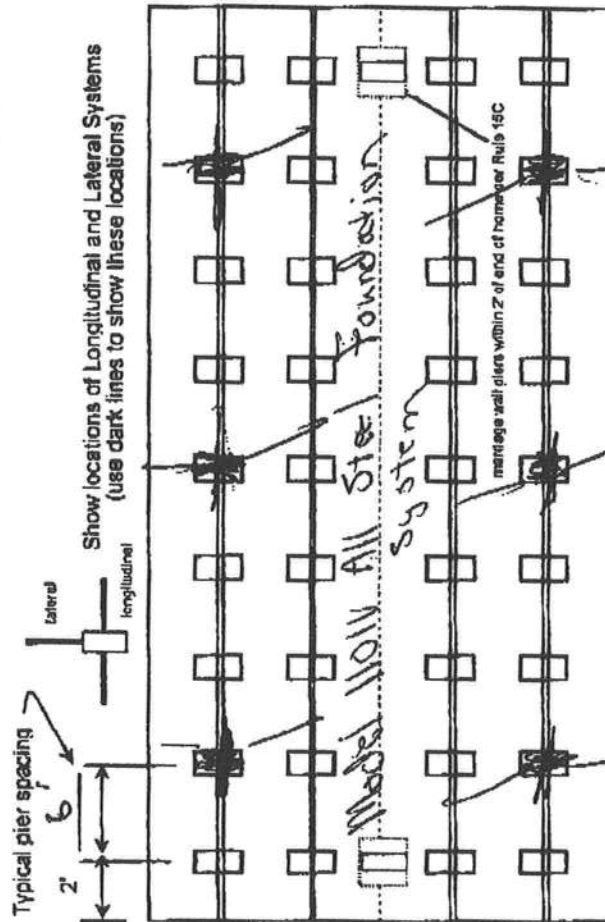
911 Address where home is being installed. Sumner Valley Road

Manufacturer TownHome Length x width 30 x 64

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 LT



PIER SPACING TABLE FOR USED HOMES

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

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

PIER PAD SIZES

I-beam pier pad size 17 1/2" x 25 1/2"
Perimeter pier pad size 16" x 16"
Other pier pad sizes (required by the mfg.) _____

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

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

Opening Pier pad size
10'-4" 17 1/2" x 25 1/2"
8'-6" 17 1/2" x 25 1/2"
14'-4" 17 1/2" x 25 1/2"

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	448
24 x 24	576
26 x 26	676

ANCHORS

4 ft 5 ft

FRAME TIES

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

OTHER TIES

Number	Other Ties
3/6	Sidewall
6	Longitudinal
8	Marriage wall
2	Shearwall

TIEDOWN COMPONENTS

Longitudinal Stabilizing Device (LSD)
Manufacturer _____
Longitudinal Stabilizing Device w/ Lateral Arms
Manufacturer Oliver Tech

POCKET PENETROMETER TEST

The pocket penetrometer tests are rounded down to 1500 psf or check here to declare 1000 lb. soil _____ without testing.

$$\begin{array}{r} 1500 \\ 285 \end{array} \times \begin{array}{r} 1600 \\ 290 \end{array} = \begin{array}{r} 1500 \\ 285 \end{array}$$

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.

$$\begin{array}{r} 1500 \\ 285 \end{array} \times \begin{array}{r} 2800 \\ 285 \end{array} = \begin{array}{r} 1500 \\ 285 \end{array}$$

TORQUE PROBE TEST

The results of the torque probe test is 285 inch pounds or check here if you are declaring 5' anchors without testing _____. A test showing 275 inch pounds or less will require 5 foot anchors.

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

Installer's Initials

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name

TERRY L. THAYER

Date Tested

4/17/13

Electrical

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

Plumbing

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

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

Site Preparation

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

Fastening multi wide units

Floor: Type Fastener: 2x4's Length: 16' Spacing: 24" oc
Walls: Type Fastener: 5/8" x 16" Length: 16' Spacing: 16" oc
Roof: Type Fastener: 5/8" x 16" Length: 16' Spacing: 16" oc
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

TLT

Type gasket

Foam Tape

Installed:

Between Floors ☒ Yes
Between Walls ☒ Yes
Bottom of ridgebeam ☒ Yes

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

Miscellaneous

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

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

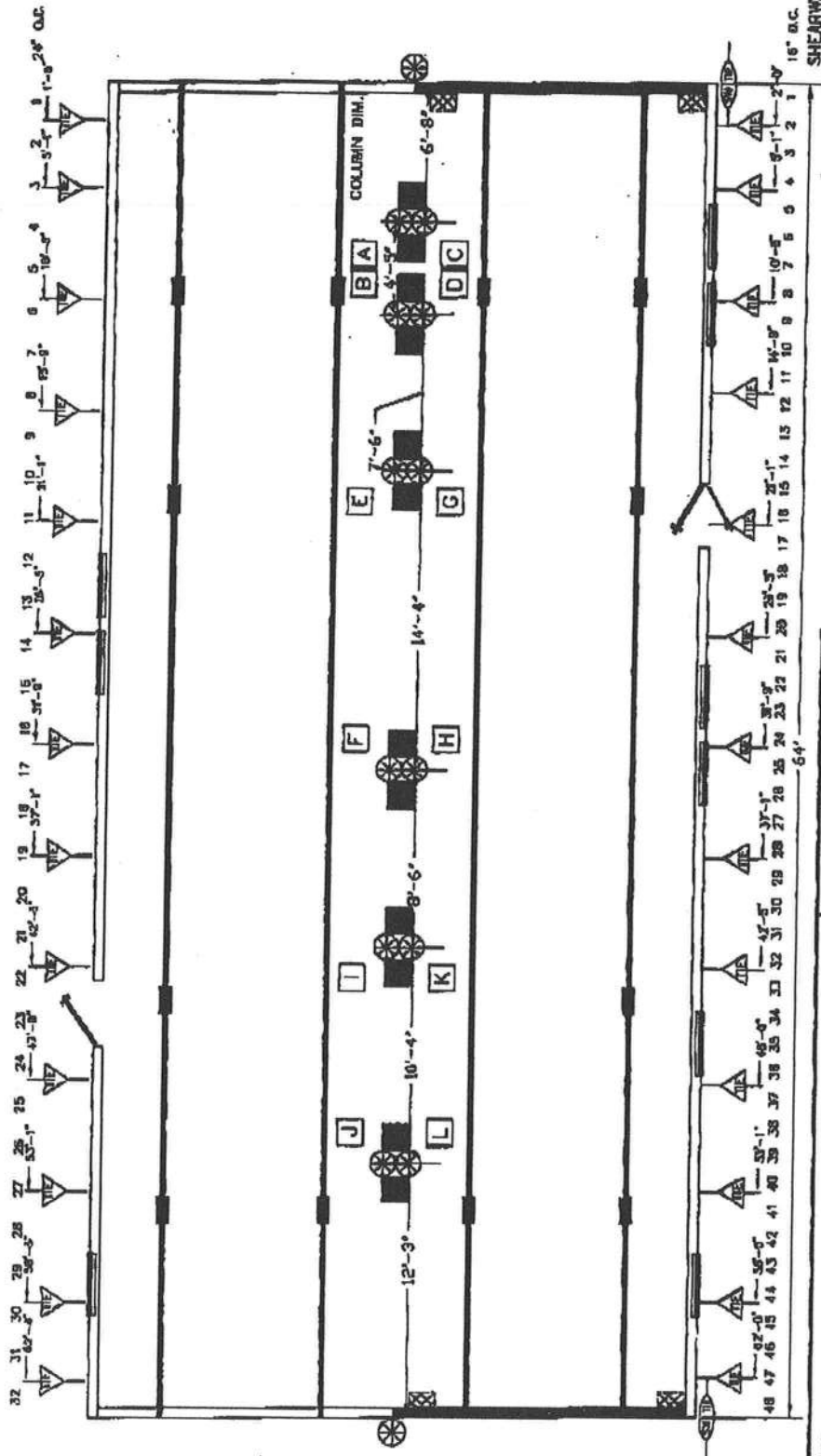
Installer Signature

Terry L. Thayer






Date

4/19/13

32 x 64, Box

Bay

BLOCKING LEGEND:

- | | | |
|---|---------------------|---|
|  | 1-BEAM BLOCKING | SEE SOL BEARING CAPACITY CHARTS FOR SPACING |
|  | COLUMN BLOCKING | SEE SOL BEARING CAPACITY CHARTS FOR PAO SIZES |
|  | SHEARWALL BLOCKING | |
|  | SHEARWALL FRAME TIE | |
|  | CENTER LINE TIES | |
|  | VERTICAL TIE | CENTER TO CENTER |
|  | LONGITUDINAL TIES | MAX. SPACING 9'-9" CENTER TO CENTER |

- 1) ALL EXTERIOR DOORS, BAY WINDOWS, RECESSED SIDEWALLS AND EXTERIOR WALL OPENINGS 48" OR GREATER, WILL REQUIRE BLOCKING ON EACH SIDE.
- 2) 32" WIDE HONES REQUIRED TO BE BLOCKED MIN 8'-0" ON CENTER BETWEEN COLUMNS.

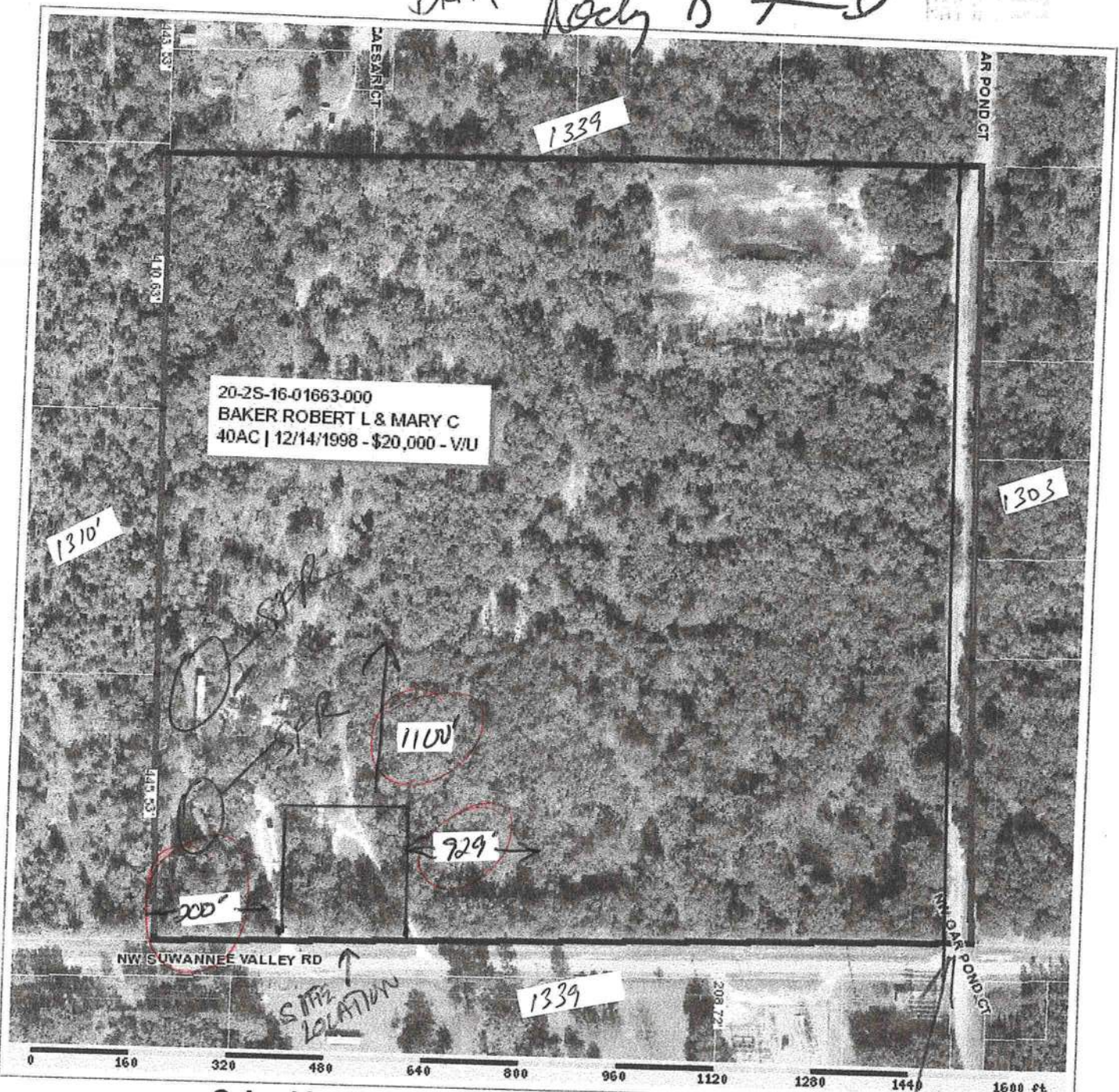


TownHomes
P.O. BOX 1060
LANE CITY, FLORIDA 32903

Delaz	1-6-12	Realizans	Code: 3201A
Dr'n:	ROB		
Parent:	NEW		
Code:	Y (12)		
Score	2	Modis:	32101-294
		Prat:	BLOCKING PLAN

32A4

Rocky D 7-D



Columbia County Property Appraiser

J. Doyle Crews - Lake City, Florida 32055 | 386-758-1083

PARCEL: 20-2S-16-01663-000 - IMPROVED A (005000)

SE1/4 OF SE1/4 EX EAST 50 FT FOR CO RD RW. ORB 871-710. WD 1113-1342, QC 1162-2061

Name: BAKER ROBERT L & MARY C

Site: 1755 NW SUWANNEE VALLEY RD

Mail: 1755 NW SUWANNEE VALLEY RD
LAKE CITY, FL 32055

Sales 11/25/2008

Info 12/14/1998

\$100.00 I/U

\$20,000.00 V/U

2012 Certified Values

Land	\$46,436.00
Bldg	\$25,109.00
Assd	\$70,631.00
Exmpt	\$30,000.00
Taxbl	Cnty: \$40,631

Other: \$40,631 | Schl: \$40,631

NOTES:

52' EASMENT
Gap Pond
Removal

This information, GIS updated: 5/3/2013, 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, its use, or its 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.

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GrizzlyLogic.com

**Columbia County Building Department
Flood Development Permit**

**Development Permit
F 023- 13-003**

DATE 05/30/2013 BUILDING PERMIT NUMBER 000031092
APPLICANT DALE BURD PHONE 386.497.2311
ADDRESS 576 SW DORTCH STREET FT. WHITE FL 32038
OWNER ROBERT BAKER(MIKE & ROBIN BRAY'S PHONE 386.288.6686
ADDRESS 1707 NW SUWANNEE VALLEY ROAD LAK CITY FL 32055
CONTRACTOR TERRY L. THRIFT PHONE 386.623.0115
ADDRESS 448 NW HUNTER DRIVE LAKE CITY FL 32055
SUBDIVISION _____ Lot _____ Block _____ Unit _____ Phase _____
TYPE OF DEVELOPMENT M/H/UTILITY PARCEL ID NO. 20-2S-16-01663-000

FLOOD ZONE AE BY BLK 2-4-2009 FIRM COMMUNITY # 120070 - PANEL # 0186-C
FIRM 100 YEAR ELEVATION 87.0' PLAN INCLUDED YES or (NO)
REQUIRED LOWEST HABITABLE FLOOR ELEVATION 88.0'
IN THE REGULATORY FLOODWAY YES or NO C RIVER SUWANNEE
SURVEYOR / ENGINEER NAME BRETT CRAWFORD LICENSE NUMBER 65592

☒ ONE FOOT RISE CERTIFICATION INCLUDED

☐ ZERO RISE CERTIFICATION INCLUDED

☐ SRWMD PERMIT NUMBER _____
(INCLUDING THE ONE FOOT RISE CERTIFICATION)

DATE THE FINISHED FLOOR ELEVATION CERTIFICATE WAS PROVIDED _____

INSPECTED DATE _____ BY _____
COMMENTS Swains Island Floor & Equipment Certificate
Prior to Power.

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



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

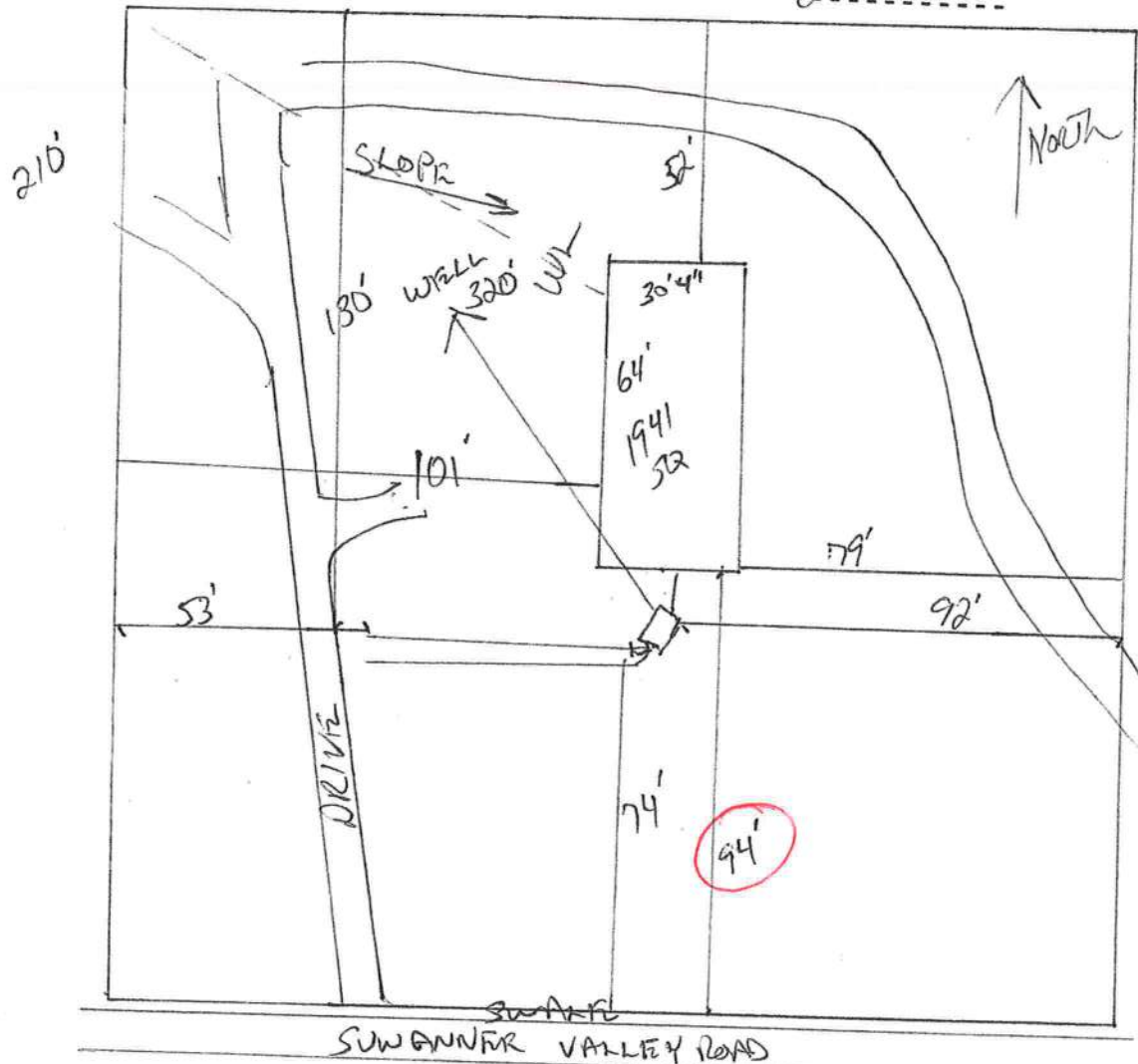
Permit Application Number _____

BRAY

PART II - SITEPLAN

210'

Scale: 1 inch = 40 feet.



Notes:

1 of 40 Acres SEE ATTACHED

Site Plan submitted by:

Rodney D. F. O.

Plan Approved _____

Not Approved _____

MASTER CONTRACTOR

Date _____

County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

Columbia County Property

Appraiser

CAMA updated: 5/3/2013

2012 Tax Year

Parcel: 20-2S-16-01663-000

Owner & Property Info

Owner's Name	BAKER ROBERT L & MARY C		
Mailing Address	1755 NW SUWANNEE VALLEY RD LAKE CITY, FL 32055		
Site Address	1755 NW SUWANNEE VALLEY RD		
Use Desc. (code)	IMPROVED A (005000)		
Tax District	3 (County)	Neighborhood	20216
Land Area	40.000 ACRES	Market Area	03
Description	NOTE: This description is not to be used as the Legal Description for this parcel in any legal transaction.		
SE1/4 OF SE1/4 EX EAST 50 FT FOR CO RD R/W. ORB 871-710. WD 1113-1342, QC 1162-2061			

Search Result: 1 of 2

Next >>

Property & Assessment Values

2012 Certified Values		
Mkt Land Value	cnt: (1)	\$46,436.00
Ag Land Value	cnt: (6)	\$864.00
Building Value	cnt: (2)	\$25,109.00
XFOB Value	cnt: (0)	\$0.00
Total Appraised Value		\$72,409.00
Just Value		\$78,141.00
Class Value		\$72,409.00
Assessed Value		\$70,631.00
Exempt Value	(code: HX H3 VX)	\$30,000.00
Total Taxable Value		Cnty: \$40,631 Other: \$40,631 Schl: \$40,631

2013 Working Values

NOTE:

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

Sales History

Sale Date	OR Book/Page	OR Code	Vacant / Improved	Qualified Sale	Sale RCode	Sale Price
11/25/2008	1162/2061	QC	I	U	01	\$100.00
12/14/1998	871/710	WD	V	U	03	\$20,000.00

Building Characteristics

Bldg Item	Bldg Desc	Year Blt	Ext. Walls	Heated S.F.	Actual S.F.	Bldg Value
1	MOBILE HME (000800)	1984	AL SIDING (26)	924	924	\$6,742.00

MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER 1305-13 CONTRACTOR Terry L. Thrift PHONE (386) 623-0115

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

CUSTOMER BRAY Col Co Sen Chris @ CG #2

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 <u>568</u>	Print Name <u>David Hall</u> License #: <u>CAE057429</u>	Signature <u>[Signature]</u> Phone #: <u>386-755-9792</u>
PLUMBING/ GAS	Print Name <u>Terry L. Thrift</u> License #: <u>IH-1025139</u>	Signature <u>[Signature]</u> Phone #: <u>(386) 623-0115</u>

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

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

When recorded, mail to:

Name: ROBERT & MARY BAKER
 Address: 1755 NW SUWANNEE VLY RD
 City/State/Zip Code: LAKE CITY, FL 32055

Inst: 200812021250 Date: 11/25/2008 Time: 11:30 AM
 Doc Stamp: Deed: 0.70
 DC, P DeWitt Cason, Columbia County Page 1 of 2 B 1162 P: 2061

Space above this line for Recorder's use

QUITCLAIM DEED

KNOW ALL MEN BY THESE PRESENTS:

That I(we), MARY BAKER,
 the undersigned, for the consideration of Ten Dollars (\$10.00), and other valuable considerations, do
 hereby release, remise, and forever quitclaim unto ROBERT AND MARY BAKER
1755 NW SUWANNEE VLY RD LAKE CITY, FL 32055,
 all right, title and interest in that certain Property situated in COLUMBIA County,
 State of FLORIDA, and described as follows:

TOWNSHIP 2 SOUTH, RANGE 16 EAST

Section 20: 3.32 acres in the NE corner of the SE ¼ of the SE ¼ more particularly
 described as follows: Begin at the NE corner of said SE ¼ of SE ¼ and run S 0° 35' 22"
 W along the East line thereof 300 feet; thence S 89° 20' 11" W 532.06 feet; thence N 0°
 35' 22" E 300 feet to the N line of said SE ¼ of SE ¼; thence N 89° 20' 11" E 532.06 feet,
 along said N line, to the POINT OF BEGINNING. LESS AND EXCEPT the E 50 feet
 thereof for public road right-of-way. Containing 3.32 acres more or less.

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

IN WITNESS WHEREOF, I(we) have hereunto set my(our) hand(s) and seal this 25th day of
November, 2008.

Printed Name of Releasor
MARY BAKER
 Printed Name of Releasor
Rose Ann Aiello
Paula Lee MacDonald
 Printed Name of Witness (if required by State Laws)

Signature of Releasor
Mary C Baker
 Signature of Releasor
Rose Ann Aiello
Paula Lee MacDonald
 Signature of Witness (if required by State Laws)

ACKNOWLEDGMENT
(States Other Than California)

State of FLORIDA)

County of COLUMBIA)

ss.

On this 25 day of November, 2008, before me, the undersigned
Notary Public, personally appeared Mary Baker

known to me to be the individual(s) who executed the foregoing instrument and acknowledged the same
to be his(her)(their) free act and deed.

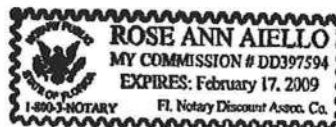
My Commission Expires: 2-17-2009

Rose Ann Aiello
Notary Public

If acknowledged in the State of Florida, complete section(s) below:

(Releasor) ☐ Personally Known (or) ☒ Produced Identification

If applicable, Type of Identification Produced: FL DL



(Co-Releasor) ☐ Personally Known (or) ☐ Produced Identification

If applicable, Type of Identification Produced: _____

ACKNOWLEDGMENT
(State Of California)

State of California)

County of _____)

ss.

On this _____ day of _____, _____, before me, _____
_____, the undersigned Notary Public, personally appeared,

personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose
name(s) is(are) subscribed to the attached instrument and acknowledged to me that he(he)(they)
executed the same in his(her)(their) authorized capacity(ies), and that by his(her)(their) signature(s) on
the instrument, the person(s) or the entity upon behalf of which the person(s) acted, executed the
instrument.

WITNESS my hand and official seal.

Notary Public

Laurie Hodson

From: Rocky D. Ford [rockyford@windstream.net]
Sent: Tuesday, May 07, 2013 10:03 AM
To: Laurie Hodson; Janice Williams
Subject: Bray Serial Number

Rocky is turning in the application today... property owners Robert Baker

Bray Serial Number FLTHLCT32101G-2501A/B

MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER 1305-13 CONTRACTOR TERRY L. THRIFT PHONE (386) 623-01151305-13
BLAY/BAKER

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 ✓ 1264	Print Name: <u>Letcher F. Worley Jr.</u> License #: <u>EC13002951</u>	Signature: <u>Letcher F. Worley Jr.</u> Phone #: <u>352-444-1632</u>
MECHANICAL/ A/C	Print Name: _____ License #: _____	Signature: _____ Phone #: _____
PLUMBING/ GAS	Print Name: <u>Terry L. Thrift</u> License #: <u>JH-1025139</u>	Signature: <u>Terry L. Thrift</u> Phone #: <u>(386) 623-0115</u>

MASON			
CONCRETE FINISHER			

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

Contractor Permit Subcontractor form: 1/11

1305-13

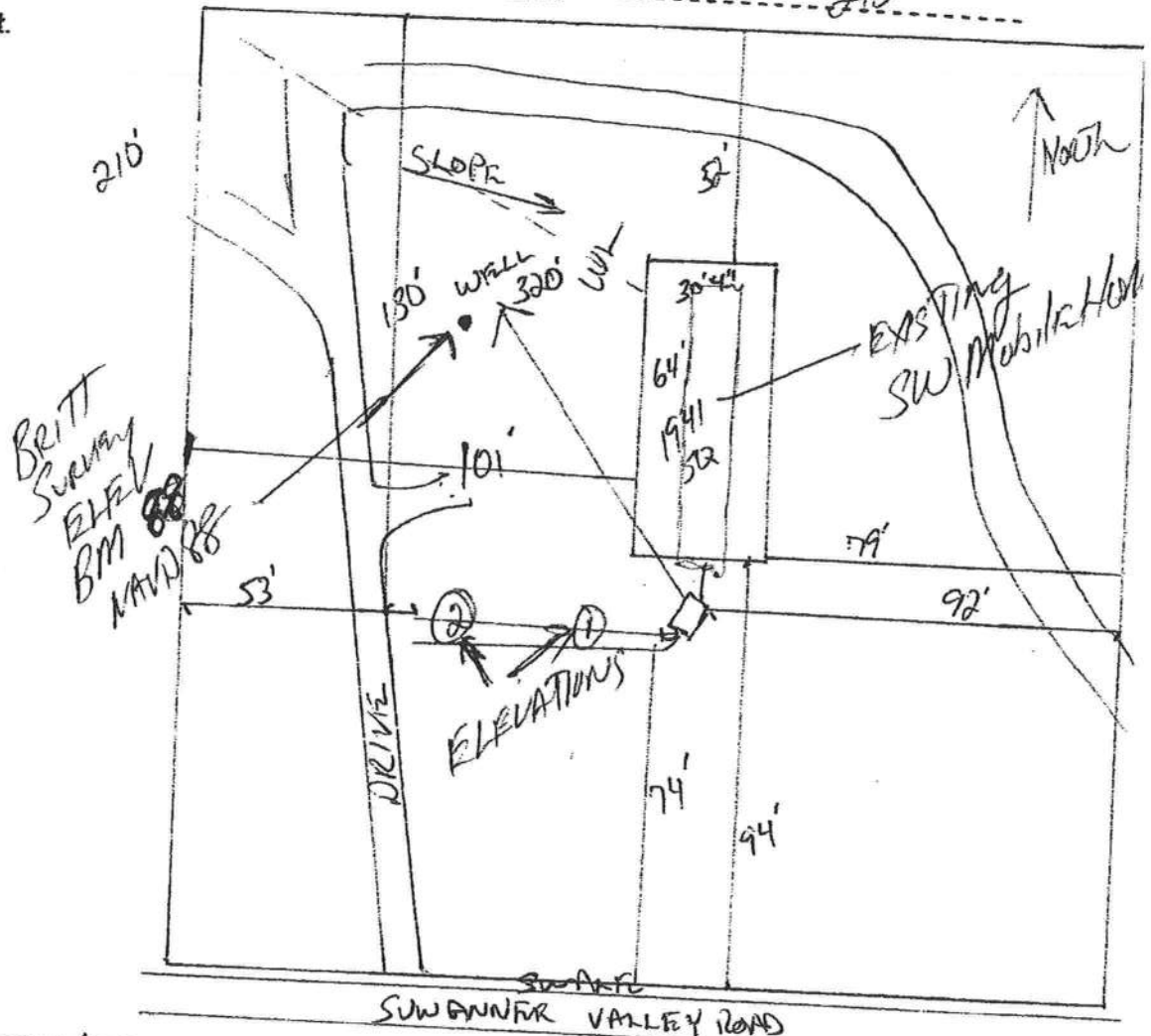
STATE OF FLORIDA
DEPARTMENT OF HEALTH
APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permit Application Number 13-0271-E

BRAY

PART II - SITEPLAN

Scale: 1 inch = 40 feet.



Notes:

1 of 40 Acres SEE ATTACHED

Site Plan submitted by:

Rody D 7-0

Plan Approved

X

Not Approved

MASTER CONTRACTOR

Date 5-28-13by Sallie Lord Env Health Director Columbia

County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT



1305-13

Brian Kepner

From: Brian Kepner
Sent: Monday, May 13, 2013 2:27 PM
To: 'rockyford@windstream.net'
Subject: Mobile Home Application 1305-13 Baker

Gentlemen,

This property is located within the 100 year flood plain of the Suwannee River, with a base flood elevation of 87 feet. A signed and sealed one (1) foot rise letter from an engineer is required prior to the permit being issued. The bottom of the finished floor and any equipment servicing the MH will be required to be at a minimum of 88 feet. A signed and sealed elevation certificate from a surveyor showing that it meets those requirements will be required prior to permanent power being released.

Brian Kepner
Columbia County
Land Development
Regulation Administrator
386.754.7119
386.758.2160 FAX



CONFIDENTIALITY NOTICE: This e-mail message, including any attachments, is for the sole use of the intended recipient(s) and may contain confidential, proprietary, and/or privileged information protected by law. If you are not the intended recipient, you may not use, copy, distribute this e-mail message or its attachments. If you believe you have received this e-mail message in error, please contact the sender by e-mail and telephone immediately and destroy all copies of the original message. **E-Mail Warning:** Under Florida law, email addresses are public records. If you do not want your email address released in response to a public records request, do not send electronic mail to this entity. Instead, contact this office by phone or in writing.

741 →

Placed
Application Back in
Yellow file!!

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: 5/6/2013 DATE ISSUED: 5/28/2013

ENHANCED 9-1-1 ADDRESS:

1707 NW SUWANNEE VALLEY RD

LAKE CITY FL 32055

PROPERTY APPRAISER PARCEL NUMBER:

20-2S-16-01663-000

Remarks:

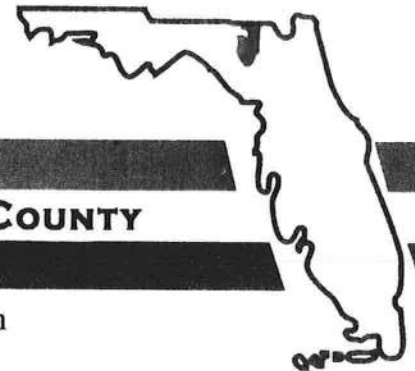
RE-ISSUE OF EXISTING ADDRESS FOR NEW STRUCTURE ON
PARCEL. 3RD LOCATION ON PARCEL

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

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

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

31092



BOARD OF COUNTY COMMISSIONERS • COLUMBIA COUNTY

Memo of review for correctness and completion

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

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

SECTION A - PROPERTY INFORMATION

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

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

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

Comments: _____

Date of Review: 28 JUNE 2013

Community Official: B. L. [Signature]

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

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

ELEVATION CERTIFICATE

Important: Read the instructions on pages 1-9.

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

SECTION A - PROPERTY INFORMATION

A1. Building Owner's Name Mike Bray		FOR INSURANCE COMPANY USE
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 1707 NW Suwannee Valley Road		Policy Number:
City Lake City	State FL	ZIP Code 32055
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) Part of the SE 1/4 of the SE 1/4 / 20-2S-16-01663-000		
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) <u>Residential</u>		
A5. Latitude/Longitude: Lat. <u>30°17.644'</u> Long. <u>82°43.841'</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):		A9. For a building with an attached garage:
a) Square footage of crawlspace or enclosure(s) <u>N/A</u> sq ft		a) Square footage of attached garage <u>N/A</u> sq ft
b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade <u>N/A</u>		b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade <u>N/A</u>
c) Total net area of flood openings in A8.b <u>N/A</u> sq in		c) Total net area of flood openings in A9.b <u>N/A</u> sq in
d) Engineered flood openings? <input type="checkbox"/> Yes <input type="checkbox"/> No		d) Engineered flood openings? <input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP Community Name & Community Number Columbia 120070		B2. County Name Columbia		B3. State FL	
B4. Map/Panel Number 12023C0186C	B5. Suffix C	B6. FIRM Index Date 4 Feb 2009	B7. FIRM Panel Effective/Revised Date 4 Feb 2009	B8. Flood Zone(s) AE	B9. Base Flood Elevation(s) (Zone AO, use base flood depth) 87.00
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9. <input type="checkbox"/> FIS Profile <input checked="" type="checkbox"/> FIRM <input type="checkbox"/> Community Determined <input type="checkbox"/> Other/Source: _____					
B11. Indicate elevation datum used for BFE in Item B9: <input type="checkbox"/> NGVD 1929 <input checked="" type="checkbox"/> NAVD 1988 <input type="checkbox"/> Other/Source: _____					
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Designation Date: _____ <input type="checkbox"/> CBRS <input type="checkbox"/> OPA					

SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)

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

C2. Elevations - Zones A1-A30, AE, AH, A (with BFE), VE, V1-V30, V (with BFE), AR, AR/A, AR/AE, AR/A1-A30, AR/AH, AR/AO. Complete Items C2.a-h below according to the building diagram specified in Item A7. In Puerto Rico only, enter meters.
Benchmark Utilized: 24" oak tree Vertical Datum: NAVD 88
Indicate elevation datum used for the elevations in items a) through h) below. ☐ NGVD 1929 ☒ NAVD 1988 ☐ Other/Source: _____
Datum used for building elevations must be the same as that used for the BFE.

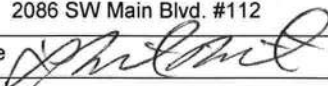
Check the measurement used.

a) Top of bottom floor (including basement, crawlspace, or enclosure floor)	<u>89.76</u>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
b) Top of the next higher floor	<u>N/A</u>	<input type="checkbox"/> feet <input type="checkbox"/> meters
c) Bottom of the lowest horizontal structural member (V Zones only)	<u>N/A</u>	<input type="checkbox"/> feet <input type="checkbox"/> meters
d) Attached garage (top of slab)	<u>N/A</u>	<input type="checkbox"/> feet <input type="checkbox"/> meters
e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments)	<u>89.54</u>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
f) Lowest adjacent (finished) grade next to building (LAG)	<u>84.9</u>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
g) Highest adjacent (finished) grade next to building (HAG)	<u>86.5</u>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support	<u>N/A</u>	<input type="checkbox"/> feet <input type="checkbox"/> meters

SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION

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

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

Certifier's Name L. Scott Britt	License Number LS 5757
Title Chief Surveyor	Company Name Britt Surveying and Mapping, LLC
Address 2086 SW Main Blvd. #112	City Lake City State FL ZIP Code 32025
Signature 	Date 06/27/13 Telephone 386-752-7163

PLACE
SEAL
HERE

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



3/092



BOARD OF COUNTY COMMISSIONERS • COLUMBIA COUNTY

Memo of review for correctness and completion

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

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

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

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

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

Comments: _____

Date of Review: 3 Oct 2013

Community Official: B. L. Ryan

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

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

ELEVATION CERTIFICATE

Important: Read the instructions on pages 1-9.

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

SECTION A - PROPERTY INFORMATION

A1. Building Owner's Name Mike Bray		FOR INSURANCE COMPANY USE
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 1707 NW Suwannee Valley Road		Policy Number:
City Lake City	State FL	ZIP Code 32055
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) Part of the SE 1/4 of the SE 1/4 / 20-2S-16-01663-000		

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

A5. Latitude/Longitude: Lat. 30°17.644' Long. 82°43.841' Horizontal Datum: ☐ NAD 1927 ☒ NAD 1983

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

A7. Building Diagram Number 5

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

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

A9. For a building with an attached garage:

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

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP Community Name & Community Number Columbia 120070		B2. County Name Columbia		B3. State FL	
B4. Map/Panel Number 12023C0186C	B5. Suffix C	B6. FIRM Index Date 4 Feb 2009	B7. FIRM Panel Effective/Revised Date 4 Feb 2009	B8. Flood Zone(s) AE	B9. Base Flood Elevation(s) (Zone AO, use base flood depth) 87.00

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

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

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

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

SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)

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

*A new Elevation Certificate will be required when construction of the building is complete.

C2. Elevations - Zones A1-A30, AE, AH, A (with BFE), VE, V1-V30, V (with BFE), AR, AR/A, AR/AE, AR/A1-A30, AR/AH, AR/AO. Complete Items C2.a-h below according to the building diagram specified in Item A7. In Puerto Rico only, enter meters.

Benchmark Utilized: 24" oak tree

Vertical Datum: NAVD 88

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

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

Check the measurement used.

- | | | |
|---|--------------|--|
| a) Top of bottom floor (including basement, crawlspace, or enclosure floor) | <u>89.76</u> | <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters |
| b) Top of the next higher floor | <u>N/A</u> | <input type="checkbox"/> feet <input type="checkbox"/> meters |
| c) Bottom of the lowest horizontal structural member (V Zones only) | <u>N/A</u> | <input type="checkbox"/> feet <input type="checkbox"/> meters |
| d) Attached garage (top of slab) | <u>N/A</u> | <input type="checkbox"/> feet <input type="checkbox"/> meters |
| e) Lowest elevation of machinery or equipment servicing the building
(Describe type of equipment and location in Comments) | <u>89.54</u> | <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters |
| f) Lowest adjacent (finished) grade next to building (LAG) | <u>84.9</u> | <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters |
| g) Highest adjacent (finished) grade next to building (HAG) | <u>86.5</u> | <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters |
| h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support | <u>N/A</u> | <input type="checkbox"/> feet <input type="checkbox"/> meters |

SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION

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

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

Certifier's Name L. Scott Britt

License Number LS 5757

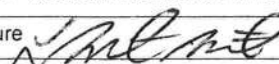
Title Chief Surveyor

Company Name Britt Surveying and Mapping, LLC

Address 2086 SW Main Blvd. #112

City Lake City

State FL ZIP Code 32025

Signature 

Date 06/27/13

Telephone 386-752-7163

ELEVATION CERTIFICATE, page 2

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. 1707 NW Suwannee Valley Road		Policy Number:
City Lake City	State FL ZIP Code 32055	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-22676
See Attachment
Signature

Date 06/27/13

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

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

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

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

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

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

Address	City	State	ZIP Code
Signature	Date	Telephone	
Comments			

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

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

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

G4. Permit Number	G5. Date Permit Issued	G6. Date Certificate Of Compliance/Occupancy Issued
-------------------	------------------------	---

G7. This permit has been issued for: ☐ New Construction ☐ Substantial Improvement

G8. Elevation of as-built lowest floor (including basement) of the building: _____ ☐ feet ☐ meters Datum _____

G9. BFE or (in Zone AO) depth of flooding at the building site: _____ ☐ feet ☐ meters Datum _____

G10. Community's design flood elevation: _____ ☐ feet ☐ meters Datum _____

Local Official's Name	Title
Community Name	Telephone
Signature	Date
Comments	

☐ Check here if attachments.

Building Photographs

See Instructions for Item A6.

IMPORTANT: In these spaces, copy the corresponding information from Section A.Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.
1707 NW Suwannee Valley Road

City Lake City

State FL

ZIP Code 32055

FOR INSURANCE COMPANY USE

Policy Number:

Company NAIC Number:

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

Front View



Building Photographs

Continuation Page

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

FOR INSURANCE COMPANY USE

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.
1707 NW Suwannee Valley Road

Policy Number:

City Lake City

State FL

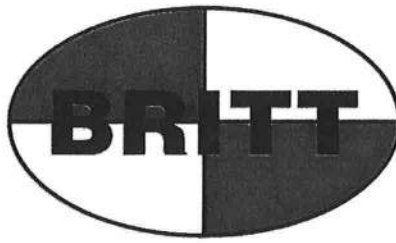
ZIP Code 32055

Company NAIC Number:

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

Rear View





BRITT SURVEYING

Land Surveyors and Mappers

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Section A

A1 No additional comment

A2 The address is taken from the public records

A3 – A4 No additional comment

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

A6 No photographs at this time

A7 – A9 No additional comment

Section B

B1 – B7 No additional comment

B8 This building appears to be in Zone AE.

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

B11 – B12 No additional comment

Section C

C1 No additional comment

C2 There is a benchmark in a 24" oak tree whose elevation is determined to be 88.00 feet NAVD 88 datum.

C2 a Premanufactured residence

C2 b-d No additional comment

C2 e Air conditioning unit

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

No photographs at this time

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

BOARD OF COUNTY COMMISSIONERS • COLUMBIA COUNTY

Memo of review for correctness and completion



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

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

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

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

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

Comments: _____

Date of Review: 3 Oct 2013

Community Official: B. J. Ryan

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

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

ELEVATION CERTIFICATE

Important: Read the instructions on pages 1-9.

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

SECTION A - PROPERTY INFORMATION

FOR INSURANCE COMPANY USE

A1. Building Owner's Name Mike Bray

Policy Number:

A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.
1707 NW Suwannee Valley Road

Company NAIC Number:

City Lake City

State FL

ZIP Code 32055

A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)
Part of the SE 1/4 of the SE 1/4 / 20-2S-16-01663-000

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

A5. Latitude/Longitude: Lat. 30°17.644' Long. 82°43.841' Horizontal Datum: ☐ NAD 1927 ☒ NAD 1983

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

A7. Building Diagram Number 5

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

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

A9. For a building with an attached garage:

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

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP Community Name & Community Number
Columbia 120070

B2. County Name
Columbia

B3. State
FL

B4. Map/Panel Number
12023C0186C

B5. Suffix
C

B6. FIRM Index Date
4 Feb 2009

B7. FIRM Panel
Effective/Revised Date
4 Feb 2009

B8. Flood
Zone(s)
AE

B9. Base Flood Elevation(s) (Zone
AO, use base flood depth)
87.00

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

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

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

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

SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)

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

*A new Elevation Certificate will be required when construction of the building is complete.

C2. Elevations - Zones A1-A30, AE, AH, A (with BFE), VE, V1-V30, V (with BFE), AR, AR/A, AR/AE, AR/A1-A30, AR/AH, AR/AO. Complete Items C2.a-h below according to the building diagram specified in Item A7. In Puerto Rico only, enter meters.

Benchmark Utilized: 24" oak tree

Vertical Datum: NAVD 88

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

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

Check the measurement used.

- a) Top of bottom floor (including basement, crawlspace, or enclosure floor) 89.76 ☒ feet ☐ meters
b) Top of the next higher floor N/A ☐ feet ☐ meters
c) Bottom of the lowest horizontal structural member (V Zones only) N/A ☐ feet ☐ meters
d) Attached garage (top of slab) N/A ☐ feet ☐ meters
e) Lowest elevation of machinery or equipment servicing the building 89.54 ☒ feet ☐ meters
(Describe type of equipment and location in Comments)
f) Lowest adjacent (finished) grade next to building (LAG) 84.9 ☒ feet ☐ meters
g) Highest adjacent (finished) grade next to building (HAG) 86.5 ☒ feet ☐ meters
h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support N/A ☐ feet ☐ meters

SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION

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

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

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

☒ Check here if attachments.

Certifier's Name L. Scott Britt

License Number LS 5757

Title Chief Surveyor

Company Name Britt Surveying and Mapping, LLC

Address 2086 SW Main Blvd. #112

City Lake City

State FL

ZIP Code 32025

Signature

Date 06/27/13

Telephone 386-752-7163

PLACE
SEAL
HERE

ELEVATION CERTIFICATE, page 2

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. 1707 NW Suwannee Valley Road		Policy Number:
City Lake City	State FL ZIP Code 32055	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-22676
See Attachment

Signature

Date 06/27/13

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

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

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

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

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

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

Address	City	State	ZIP Code
Signature	Date	Telephone	
Comments			

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

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

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

G4. Permit Number	G5. Date Permit Issued	G6. Date Certificate Of Compliance/Occupancy Issued
-------------------	------------------------	---

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

Local Official's Name	Title
Community Name	Telephone
Signature	Date
Comments	

☐ Check here if attachments.

Building Photographs

See Instructions for Item A6.

IMPORTANT: In these spaces, copy the corresponding information from Section A.Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.
1707 NW Suwannee Valley Road

City Lake City

State FL

ZIP Code 32055

FOR INSURANCE COMPANY USE

Policy Number:

Company NAIC Number:

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

Front View



Building Photographs

Continuation Page

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

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 1707 NW Suwannee Valley Road		FOR INSURANCE COMPANY USE Policy Number:
City Lake City	State FL ZIP Code 32055	Company NAIC Number:

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

Rear View





BRITT SURVEYING

Land Surveyors and Mappers

LAKE CITY • VENICE • SARASOTA

Section A

- A1 No additional comment
- A2 The address is taken from the public records
- A3 – A4 No additional comment
- A5 Hand Held GPS coordinate at the center of building along the front wall
- A6 No photographs at this time
- A7 – A9 No additional comment

Section B

- B1 – B7 No additional comment
- B8 This building appears to be in Zone AE.
- B9 – B10 The BFE as shown hereon is based on the FIRM and FIS profile.
- B11 – B12 No additional comment

Section C

- C1 No additional comment
- C2 There is a benchmark in a 24" oak tree whose elevation is determined to be 88.00 feet NAVD 88 datum.
- C2 a Premanufactured residence
- C2 b-d No additional comment
- C2 e Air conditioning unit
- 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

No photographs at this time

ONE FOOT RISE ANALYSIS AND CERTIFICATION 100 YEAR BASE FLOOD

PROJECT DATA

PARCEL ID: 20-2S-16-01663-000

PROPERTY DESCRIPTION: 40 Acres off of NW Suwannee Valley Rd, Columbia County, FL

OWNER: Robert and Mary Baker

PROJECT DESCRIPTION: 1,941 SF Residential Dwelling (30'4"x64" Mobile Home) located +/-100' from NW Suwannee Valley Rd at or near the same location of the existing mobile home.

FLOOD ZONE: AE

BASE FLOOD ELEVATION: 87.4 Based on SRWMD Effective Flood Report (attached)

EXISTING GRADE ELEVATION (AT BUILDING LOCATION):

+/-84.5', Based on Elevation Certificate provided by Britt Surveying

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 Flood Zone = Undetermined, Associated with the Suwannee River

Depth of Lot below Flood Elevation = 87.4 ft - 84.0 ft = 3 ft

Storage Volume Removed due to development = 3ft * 2 * 1,941 sf = 11,646 cf = 0.26 acre-ft


Flood Level Increase (if flood zone area = lot size = 40 acres) = 0.26 acre-ft / 40 acres = 0.006 ft

This is a very conservative calculation for the following reason:

Flood Zone Area is much larger than 40 acres and associated with the Suwannee 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.


5-29-2013
Brett A. Crews, PE No. 65592



Columbia County Property Appraiser

J. Doyle Crews - Lake City, Florida 32055 | 386-758-1083

PARCEL: 20-2S-16-01663-000 - IMPROVED A (005000)

SE1/4 OF SE1/4 EX EAST 50 FT FOR CO RD R/W. ORB 871-710. WD 1113-1342, QC 1162-2061

NOTES:

Name: BAKER ROBERT L & MARY C		2012 Certified Values	
Site:	1755 NW SUWANNEE VALLEY RD	Land	\$46,436.00
Mail:	1755 NW SUWANNEE VALLEY RD LAKE CITY, FL 32055	Bldg	\$25,109.00
		Assd	\$70,631.00
Sales	11/25/2008 \$100.00 I/U	Exmpt	\$30,000.00
Info	12/14/1998 \$20,000.00 V/U	Cnty: \$40,631	
		Taxbl	Other: \$40,631 Schl: \$40,631



This information, GIS updated: 5/3/2013, 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.

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GrizzlyLogic.com



Suwannee River Water Management District Effective Flood Information Report



LOCATION

Date: 05-13-2013

Parcel: 20-2S-16-01663-000

County: Columbia

STR: S020 T02 R16

Columbia Flood Hazard Areas Status: Effective:
02/04/2009

FLOOD INFORMATION

FIRM Panel(s): 12023C0186C

Parcel In Special Flood
Hazard Area? (SFHA): Yes

Flood Zone(s): AE, X 0.2 PCT

1% Annual Chance
Flood Elev (BFE): 87.4 (feet)

Floodway: No

10% Annual
Chance Flood Elev: 80.4 (feet)

50% Annual
Chance Flood Elev: 70.4 (feet)

Note: Elevations are based on NAVD83

Effective Flood Zones described on
Page 2

SFHA - AE w/Floodway

SFHA - Zones AE, AH, AO



SFHA - Zone VE



SFHA - Zone A



0.2 % (shaded X)



Wetlands



FIRM Panel



State Lands



Counties



SRWMD



Parcels



Depressions



BFE



Cross Sections

The Federal Emergency Management Agency (FEMA) maintains information about map features, such as street locations and names, in or near designated flood hazard areas. The information herein represents the best available data as of the effective date shown. The applicable Flood Insurance Study and a Digital Flood Insurance Rate Map is available online (<http://www.srwmdfloodreport.com>). To obtain more detailed information in areas where Base Flood Elevations (BFEs) and/or floodways have been determined, users are encouraged to also consult the FEMA Map Service Center at 1-800-358-9616 (<http://www.msc.fema.gov>) for information on available products associated with this FIRM panel. Available products from the Map Service Center may include previously issued Letters of Map Change. Requests to revise flood information in or near designated flood hazard areas may be provided to FEMA during the community review period on preliminary maps, or through the Letter of Map Change process for effective maps.



M/H O C C U P A N C Y

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 20-2S-16-01663-000 Building permit No. 000031092

Permit Holder TERRY L. THRIFT

Owner of Building ROBERT BAKER(MIKE & ROBIN BRAY'S MH)

Location: 1707 NW SUWANNEE VALLEY RD, LAKE CITY, FL 32055

Date: 06/28/2013

Building Inspector

POST IN A CONSPICUOUS PLACE
(Business Places Only)

