

District No. 1 - Ronald Williams  
 District No. 2 - Rocky Ford  
 District No. 3 - Robby Hollingsworth  
 District No. 4 - Everett Phillips  
 District No. 5 - Tim Murphy



## BOARD OF COUNTY COMMISSIONERS • COLUMBIA COUNTY

Building Permit Number: 45186

Department Phone Number: 386-758-1008

### Memo of Review for Accuracy and Completion

The attached FEMA Elevation Certificate has been reviewed by this office and is complete or needs correction. The items noted below are not correct on the attached form and should read as entered on this page.



If this box is checked, the attached Elevation Certificate has been reviewed and is Complete.

#### SECTION A – PROPERTY INFORMATION

|                                                                                                                                                                                                                                                                                                                                                                                              |                                |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|
| A1. Building Owner's Name: SHEILA HAGGERTY                                                                                                                                                                                                                                                                                                                                                   |                                |
| A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.:<br>1081 SW WASHINGTON AVE                                                                                                                                                                                                                                                             |                                |
| City: FORTWHITE                                                                                                                                                                                                                                                                                                                                                                              | State: Florida Zip Code: 32038 |
| A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.):<br>00-00-00-00795-000, LOT 67 THREE RIVERS ESTATES, UNIT 10                                                                                                                                                                                                                                    |                                |
| A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) _____                                                                                                                                                                                                                                                                                                       |                                |
| A5. Latitude/Longitude: Lat. _____ Long. _____<br>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 crawlspace or enclosure(s):<br>a) Square footage of crawlspace or enclosure(s) _____ sq ft<br>b) No. of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade _____<br>c) Total net area of flood openings in A8.b _____ sq in<br>d) Engineered flood openings? <input type="checkbox"/> Yes <input type="checkbox"/> No |                                |
| A9. For a building with an attached garage:<br>a) Square footage of attached garage _____ sq ft<br>b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade _____<br>c) Total net area of flood openings in A9.b _____ sq in<br>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:                                                                                                                                                                                                                               |            | 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 A0, use base dept) |
| B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in item B9:<br><input type="checkbox"/> FIS Profile <input 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 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 type="checkbox"/> No<br>Designation Date: ____/____/____ <input type="checkbox"/> CBRS <input type="checkbox"/> OPA |            |                     |                                       |                                                      |

#### SECTION C – BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)

|                                                                                                                                                                                                                                                                                                        |                                  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|
| C1. Building elevations are based on: <input type="checkbox"/> Construction Drawings* <input type="checkbox"/> Building Under Construction* <input checked="" type="checkbox"/> Finished Construction<br>* A new Elevation Certificate will be required when construction of the building is complete. |                                  |
| Local Official's Name: Melissa Garber                                                                                                                                                                                                                                                                  | Title: Administrative Supervisor |
| Signature: <i>Melissa Garber</i>                                                                                                                                                                                                                                                                       | Date: 12/9/2022                  |
| Comments:<br>NO CORRECTIONS                                                                                                                                                                                                                                                                            |                                  |

BOARD MEETS THE FIRST THURSDAY AT 5:30 P.M.  
 AND THIRD THURSDAY AT 5:30 P.M.

P.O. BOX 1529 ▼ LAKE CITY, FLORIDA 32056-1529 ▼ PHONE: (386) 755-4100

## ELEVATION CERTIFICATE

**Important:** Follow the instructions on pages 1-9.

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

| SECTION A – PROPERTY INFORMATION                                                                                                                                                                                                                                                    |                 |                                   |                                                         | FOR INSURANCE COMPANY USE |                                                                        |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------------------------|---------------------------------------------------------|---------------------------|------------------------------------------------------------------------|
| A1. Building Owner's Name<br>Sheila Haggerty                                                                                                                                                                                                                                        |                 |                                   |                                                         | Policy Number:            |                                                                        |
| A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.<br>1081 SW Washington Avenue                                                                                                                                                  |                 |                                   |                                                         | Company NAIC Number:      |                                                                        |
| City<br>Ft. White                                                                                                                                                                                                                                                                   |                 | State<br>Florida                  |                                                         | ZIP Code<br>32038         |                                                                        |
| A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)<br>Lot 67 Three Rivers Estates, Unit 10 - 00-00-00-00795-000                                                                                                                           |                 |                                   |                                                         |                           |                                                                        |
| A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) <u>Residential</u>                                                                                                                                                                                 |                 |                                   |                                                         |                           |                                                                        |
| A5. Latitude/Longitude: Lat. <u>29.9383*</u> Long. <u>82.7884*</u> Horizontal Datum: <input type="checkbox"/> NAD 1927 <input checked="" type="checkbox"/> NAD 1983                                                                                                                 |                 |                                   |                                                         |                           |                                                                        |
| A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insurance.                                                                                                                                                                       |                 |                                   |                                                         |                           |                                                                        |
| A7. Building Diagram Number <u>5</u>                                                                                                                                                                                                                                                |                 |                                   |                                                         |                           |                                                                        |
| A8. For a building with a crawlspace or enclosure(s):                                                                                                                                                                                                                               |                 |                                   |                                                         |                           |                                                                        |
| a) Square footage of crawlspace or enclosure(s) _____ sq ft                                                                                                                                                                                                                         |                 |                                   |                                                         |                           |                                                                        |
| b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade _____                                                                                                                                                                  |                 |                                   |                                                         |                           |                                                                        |
| c) Total net area of flood openings in A8.b _____ sq in                                                                                                                                                                                                                             |                 |                                   |                                                         |                           |                                                                        |
| d) Engineered flood openings? <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                              |                 |                                   |                                                         |                           |                                                                        |
| A9. For a building with an attached garage:                                                                                                                                                                                                                                         |                 |                                   |                                                         |                           |                                                                        |
| a) Square footage of attached garage _____ sq ft                                                                                                                                                                                                                                    |                 |                                   |                                                         |                           |                                                                        |
| b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade _____                                                                                                                                                                             |                 |                                   |                                                         |                           |                                                                        |
| c) Total net area of flood openings in A9.b _____ sq in                                                                                                                                                                                                                             |                 |                                   |                                                         |                           |                                                                        |
| d) Engineered flood openings? <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                              |                 |                                   |                                                         |                           |                                                                        |
| SECTION B – FLOOD INSURANCE RATE MAP (FIRM) INFORMATION                                                                                                                                                                                                                             |                 |                                   |                                                         |                           |                                                                        |
| B1. NFIP Community Name & Community Number<br>Columbia 120070                                                                                                                                                                                                                       |                 |                                   | B2. County Name<br>Columbia                             |                           | B3. State<br>Florida                                                   |
| B4. Map/Panel Number<br>12023C0458C                                                                                                                                                                                                                                                 | B5. Suffix<br>C | B6. FIRM Index Date<br>02-04-2009 | B7. FIRM Panel Effective/<br>Revised Date<br>02-04-2009 | B8. Flood Zone(s)<br>AE   | B9. Base Flood Elevation(s)<br>(Zone AO, use Base Flood Depth)<br>33.7 |
| B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9:<br><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 type="checkbox"/> No<br>Designation Date: _____ <input type="checkbox"/> CBRS <input type="checkbox"/> OPA                    |                 |                                   |                                                         |                           |                                                                        |



**ELEVATION CERTIFICATE**OMB No. 1660-0008  
Expiration Date: November 30, 2022

|                                                                                                                                |                  |                   |                                  |
|--------------------------------------------------------------------------------------------------------------------------------|------------------|-------------------|----------------------------------|
| <b>IMPORTANT: In these spaces, copy the corresponding information from Section A.</b>                                          |                  |                   | <b>FOR INSURANCE COMPANY USE</b> |
| Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.<br>1081 SW Washington Avenue |                  |                   | Policy Number:                   |
| City<br>Ft. White                                                                                                              | State<br>Florida | ZIP Code<br>32038 | Company NAIC Number              |

**SECTION C – BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)**C1. Building elevations are based on: ☐ Construction Drawings\* ☐ Building Under Construction\* ☒ Finished Construction

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

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

Benchmark Utilized: spike in power pole Vertical Datum: NAVD 88

Indicate elevation datum used for the elevations in items a) through h) below.

☐ NGVD 1929 ☐ NAVD 1988 ☒ Other/Source: NAVD 88

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>36.2</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<br>(Describe type of equipment and location in Comments) | <u>35.8</u> | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| f) Lowest adjacent (finished) grade next to building (LAG)                                                                    | <u>31.3</u> | <input type="checkbox"/> feet            | <input type="checkbox"/> meters |
| g) Highest adjacent (finished) grade next to building (HAG)                                                                   | <u>31.7</u> | <input type="checkbox"/> feet            | <input type="checkbox"/> meters |
| h) Lowest adjacent grade at lowest elevation of deck or stairs, including<br>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.

Were latitude and longitude in Section A provided by a licensed land surveyor? ☒ Yes ☐ No ☐ Check here if attachments.

|                                                  |                           |                             |                   |
|--------------------------------------------------|---------------------------|-----------------------------|-------------------|
| Certifier's Name<br>L. Scott Britt               | License Number<br>LS 5757 |                             |                   |
| Title<br>Owner                                   |                           |                             |                   |
| Company Name<br>Britt Surveying and Mapping, LLC |                           |                             |                   |
| Address<br>1438 SW Main Boulevard                |                           |                             |                   |
| City<br>Lake City                                | State<br>Florida          |                             | ZIP Code<br>32025 |
| Signature<br>                                    | Date<br>10-04-2022        | Telephone<br>(386) 752-7163 | Ext.              |

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

Comments (including type of equipment and location, per C2(e), if applicable)

L-29067

C2 a - Finished floor residence

C2 e - Bottom of meter box - A/C pad 36.03 feet

**ELEVATION CERTIFICATE**OMB No. 1660-0008  
Expiration Date: November 30, 2022

|                                                                                                                                |                  |                   |                                  |  |
|--------------------------------------------------------------------------------------------------------------------------------|------------------|-------------------|----------------------------------|--|
| <b>IMPORTANT: In these spaces, copy the corresponding information from Section A.</b>                                          |                  |                   | <b>FOR INSURANCE COMPANY USE</b> |  |
| Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.<br>1081 SW Washington Avenue |                  |                   | Policy Number:                   |  |
| City<br>Ft. White                                                                                                              | State<br>Florida | ZIP Code<br>32038 | Company NAIC Number              |  |

**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 1–2 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 or Owner's Authorized Representative's Name

|         |      |       |          |
|---------|------|-------|----------|
| Address | City | State | ZIP Code |
|---------|------|-------|----------|

|           |      |           |
|-----------|------|-----------|
| Signature | Date | Telephone |
|-----------|------|-----------|

Comments

☐ Check here if attachments.



# ELEVATION CERTIFICATE

OMB No. 1660-0008  
Expiration Date: November 30, 2022

|                                                                                                                                |                  |                   |                                  |
|--------------------------------------------------------------------------------------------------------------------------------|------------------|-------------------|----------------------------------|
| <b>IMPORTANT: In these spaces, copy the corresponding information from Section A.</b>                                          |                  |                   | <b>FOR INSURANCE COMPANY USE</b> |
| Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.<br>1081 SW Washington Avenue |                  |                   | Policy Number:                   |
| City<br>Ft. White                                                                                                              | State<br>Florida | ZIP Code<br>32038 | Company NAIC Number              |

## 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 (including type of equipment and location, per C2(e), if applicable)

☐ Check here if attachments.

# BUILDING PHOTOGRAPHS

## ELEVATION CERTIFICATE

See Instructions for Item A6.

OMB No. 1660-0008

Expiration Date: November 30, 2022

**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.  
1081 SW Washington Avenue

Policy Number:

City  
Ft. White

State  
Florida

ZIP Code  
32038

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.



Photo One

Photo One Caption Front View

Clear Photo One

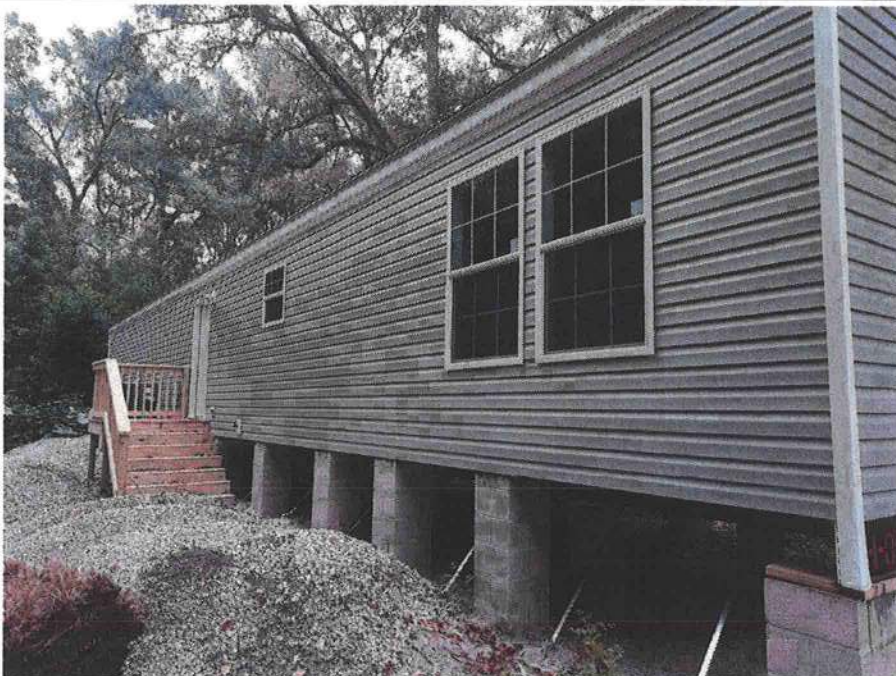


Photo Two

Photo Two Caption Rear View

Clear Photo Two



# BUILDING PHOTOGRAPHS

OMB No. 1660-0008  
Expiration Date: November 30, 2022

## ELEVATION CERTIFICATE

Continuation Page

|                                                                                                                                |                  |                   |                                  |
|--------------------------------------------------------------------------------------------------------------------------------|------------------|-------------------|----------------------------------|
| <b>IMPORTANT: In these spaces, copy the corresponding information from Section A.</b>                                          |                  |                   | <b>FOR INSURANCE COMPANY USE</b> |
| Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.<br>1081 SW Washington Avenue |                  |                   | Policy Number:                   |
| City<br>Ft. White                                                                                                              | State<br>Florida | ZIP Code<br>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." When applicable, photographs must show the foundation with representative examples of the flood openings or vents, as indicated in Section A8.



Photo Three

Photo Three Caption Right Side View

Clear Photo Three

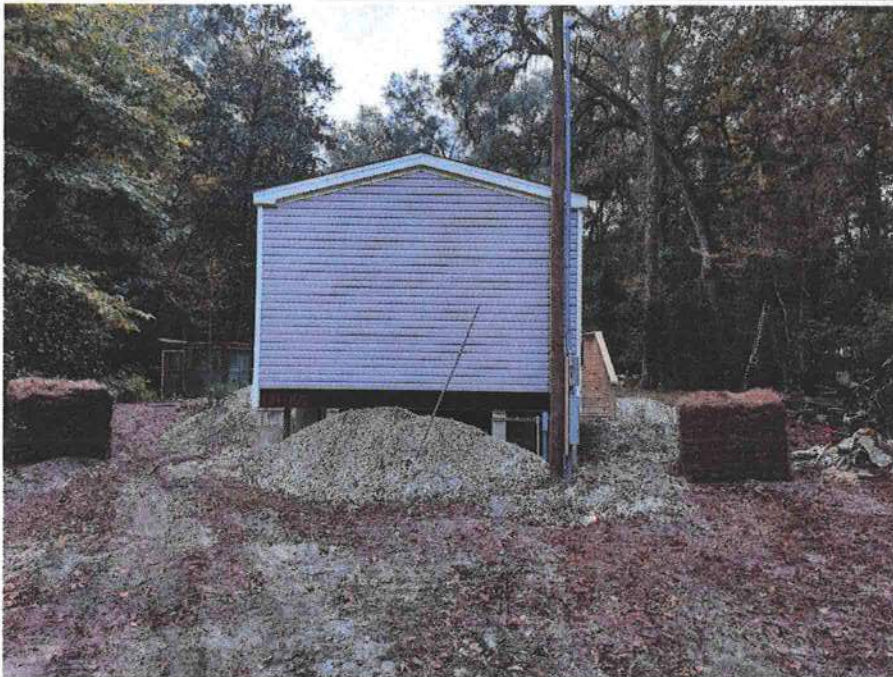


Photo Four

Photo Four Caption Left Side View

Clear Photo Four