

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



29686



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 Owners Name		Policy Number
A2 Building Street Address including lot unit, suite and the legal description, PO, Route and Box No.	574 SW Iowa Drive Fort White	Company NAIC Number
A3 Zip Code	FL	32038
A4 Flood Zone, Description, Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.		
A5 Building Use (e.g. Residential, Non-Residential, Another Address, etc.)		
A6 Annual Average Flood Insurance Premium (FIP) \$ _____		
A7 Annual Average Flood Insurance Premium (FIP) \$ _____		
A8 Annual Average Flood Insurance Premium (FIP) \$ _____		
A9 Building Diagram Number <u>5</u>		
A10 For a building with an attached garage		A11 For a building with an attached garage
a. Square footage of main space or enclosure _____ sq. ft.		a. Square footage of attached garage _____ sq. ft.
b. Number of permanent flood openings in the main space or enclosure within 10 feet above adjacent grade _____		b. Number of permanent flood openings in the attached garage within 10 feet above adjacent grade _____
c. Total number of flood openings in ASU _____		c. Total number of flood openings in ASU _____
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 FIRM Community Name & Community Number	B2 County Name	B3 State
B4 Map Page Number	B5 Map Sheet	B6 FIRM Page Effective Date
B7 FIRM Page Effective Date	B8 Flood Zone	B9 Base Flood Elevation (BFE) Zone
B10 Indicate the source of the Base Flood Elevation (BFE) data on each flood zone entered in item B9		
<input type="checkbox"/> F.S. Profile <input type="checkbox"/> FIRM <input type="checkbox"/> Community Determined <input type="checkbox"/> Other Source		
B11 Indicate the date of the last update used for BFE in item B9 <input type="checkbox"/> N/A <input type="checkbox"/> 1978 <input type="checkbox"/> N/A <input type="checkbox"/> 1988 <input type="checkbox"/> Other Source		
B12 Is the building located in a Coastal Barrier Resources System (CBRS) Area or Other Water Protected Area (OWPA)? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Designation Date <input type="checkbox"/> CBRS <input type="checkbox"/> OWPA		

Comments: See Section G Comments

Date of Review: 8-21-14

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 PM
AND THIRD THURSDAY AT 7:00 PM

P.O. BOX 1529

LAKE CITY, FLORIDA 32056-1529

PHONE (386) 755-4100

ELEVATION CERTIFICATE

29686

OMB No. 1660-0008
Expires March 31, 2012

Important: Read the instructions on pages 1-9.

SECTION A - PROPERTY INFORMATION

A1. Building Owner's Name FORD RONALD JR & SALLIE FORD		For Insurance Company Use:
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 574 SW IOWA DRIVE		Policy Number
City FT. WHITE State FL ZIP Code 32038		Company NAIC Number
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) Parcel: 01-7S-15-01439-606, AKA PARCEL 6, WILSON ACRES UNR S/D ORB 994-1089, COLUMBIA COUNTY, FLORIDA		
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) RESIDENCE		
A5. Latitude/Longitude: Lat. 29°54'36.8N Long. 82°46'01.3W		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 4		
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) NA sq ft		a) Square footage of attached garage NA sq ft
b) No. of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade NA		b) No. of permanent flood openings in the attached garage within 1.0 foot above adjacent grade NA
c) Total net area of flood openings in A8.b NA sq in		c) Total net area of flood openings in A9.b NA sq in
d) Engineered flood openings? <input type="checkbox"/> Yes <input checked="" 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 COUNTY 120070		B2. County Name COLUMBIA	B3. State FLORIDA		
B4. Map/Panel Number 12023C0467C	B5. Suffix C	B6. FIRM Index Date 2/4/2009	B7. FIRM Panel Effective/Revised Date 2/4/2009	B8. Flood Zone(s) AE	B9. Base Flood Elevation(s) (Zone AO, use base flood depth) 34.2
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 checked="" type="checkbox"/> Other (Describe) SUWANNEE RIVER WATER MANGEMENT DISTRICT					
B11. Indicate elevation datum used for BFE in Item B9: <input type="checkbox"/> NGVD 1929 <input checked="" type="checkbox"/> NAVD 1988 <input type="checkbox"/> Other (Describe) _____					
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Designation Date _____ <input type="checkbox"/> CBRS <input type="checkbox"/> OPA					

SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)

- C1. Building elevations are based on: ☐ Construction Drawings* ☐ Building Under Construction* ☒ Finished Construction
*A new Elevation Certificate will be required when construction of the building is complete.
- C2. Elevations - Zones A1-A30, AE, AH, A (with BFE), VE, V1-V30, V (with BFE), AR, AR/A, AR/AE, AR/A1-A30, AR/AH, AR/AO. Complete Items C2.a-h below according to the building diagram specified in Item A7. Use the same datum as the BFE.
Benchmark Utilized SITE Vertical Datum NAVD88
Conversion/Comments NA

Check the measurement used.

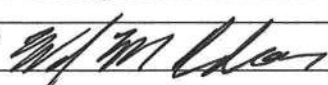
- | | |
|--|---|
| a) Top of bottom floor (including basement, crawlspace, or enclosure floor) 37.07 | <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only) |
| b) Top of the next higher floor NA | <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only) |
| c) Bottom of the lowest horizontal structural member (V Zones only) N/A 35.85 | <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only) |
| d) Attached garage (top of slab) NA | <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only) |
| e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments) 37.06 | <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only) |
| f) Lowest adjacent (finished) grade next to building (LAG) 34.1 | <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only) |
| g) Highest adjacent (finished) grade next to building (HAG) 34.3 | <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only) |
| h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support 34.3 | <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only) |

SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION

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

Check here if comments are provided on back of form.

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

Certifier's Name WESLEY M. RABON		License Number 6127	
Title PROFESSIONAL SURVEYOR	Company Name WESLEY M. RABON, PSM		
Address POB 235 _ 398 NW NULL ROAD	City WHITE SPRINGS	State FL	ZIP Code 32096
Signature 	Date 3/29/2012	Telephone 386-397-1199	



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.
574 SW IOWA DRIVE
City FT. WHITE State FL ZIP Code 32038

For Insurance Company Use:

Policy Number

Company NAIC Number

SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION (CONTINUED)

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

Comments C2. c = SHOWN PER PLAN NOTE. LOWEST HORIZONTAL STRUCTURE MEMBER SHALL BE 1 FOOT HIGHER THAN 100 YEAR FLOOD.
C2. E = AC

Signature

Date 3/29/2012

☐ Check here if attachments**SECTION E - BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO AND ZONE A (WITHOUT BFE)**

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

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

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

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

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

Address

City

State

ZIP Code

Signature

Date

Telephone

Comments

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

The local official who is authorized by law or ordinance to administer the community's floodplain management ordinance can complete Sections A, B, C (or E), and G of this Elevation Certificate. Complete the applicable item(s) and sign below. Check the measurement used in Items G8 and G9.

- G1. ☒ The information in Section C was taken from other documentation that has been signed and sealed by a licensed surveyor, engineer, or architect who is authorized by law to certify elevation information. (Indicate the source and date of the elevation data in the Comments area below.)
- G2. ☐ A community official completed Section E for a building located in Zone A (without a FEMA-issued or community-issued BFE) or Zone AO.
- G3. ☐ The following information (Items G4-G9) is provided for community floodplain management purposes.

G4. Permit Number

G5. Date Permit Issued

G6. Date Certificate Of Compliance/Occupancy Issued

G7. This permit has been issued for: ☐ New Construction ☐ Substantial ImprovementG8. Elevation of as-built lowest floor (including basement) of the building: _____ ☐ feet ☐ meters (PR) Datum _____G9. BFE or (in Zone AO) depth of flooding at the building site: _____ ☐ feet ☐ meters (PR) Datum _____G10. Community's design flood elevation _____ ☐ feet ☐ meters (PR) Datum _____

Local Official's Name

Title

Community Name

Telephone

Signature

Date

Comments

Elevation Certificate from Wesley Rabm dated 3-29-12.

C2C shows 35.85 per plan note. There are no V zones in Columbia County
therefore this should be N/A. C2b is correct.

☐ Check here if attachments

Building Photographs

See Instructions for Item A6.

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 574 SW IOWA DRIVE	For Insurance Company Use:
City FT WHIE State FL ZIP Code 32038	Policy Number
Company NAIC Number	
<p>If using the Elevation Certificate to obtain NFIP flood insurance, affix at least two building photographs below according to the instructions for Item A6. Identify all photographs with: date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." If submitting more photographs than will fit on this page, use the Continuation Page, following.</p>	



Building Photographs

Continuation Page

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 574 SW IOWA DRIVE	For Insurance Company Use:
City FT WHITE State FL ZIP Code 32038	Policy Number
	Company NAIC Number
If submitting more photographs than will fit on the preceding page, affix the additional photographs below. Identify all photographs with: date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View."	

