

DATE 10/02/2008

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

PERMIT
000027392

APPLICANT JOHNNIE HEAD PHONE 497-2860
ADDRESS 207 SW ROSE LN FORT WHITE FL 32038
OWNER JOHNNIE HEAD PHONE 497-2860
ADDRESS 207 SW ROSE LANE FT. WHITE FL 32038
CONTRACTOR OWNER BUILDER PHONE _____
LOCATION OF PROPERTY 47S, TR ON WILSON SPRINGS RD, TL ON WILSON SPRINGS RD,
TR ON ROSE LANE, 3RD HOUSE ON RIGHT
TYPE DEVELOPMENT COMPLETION OF SFD ESTIMATED COST OF CONSTRUCTION 60000.00
HEATED FLOOR AREA _____ TOTAL AREA _____ HEIGHT 18.00 STORIES 1
FOUNDATION CONCRETE WALLS FRAMED ROOF PITCH 5/12 FLOOR SLAB
LAND USE & ZONING ESA-2 MAX. HEIGHT 35
Minimum Set Back Requirments: STREET-FRONT 30.00 REAR 25.00 SIDE 25.00
NO. EX.D.U. 0 FLOOD ZONE AE DEVELOPMENT PERMIT NO. 08-008

PARCEL ID 01-7S-15-04149-524 SUBDIVISION WILSON SPRINGS
LOT 24 BLOCK _____ PHASE _____ UNIT _____ TOTAL ACRES 1.27

Culvert Permit No. _____ Culvert Waiver _____ Contractor's License Number _____ Applicant/Owner/Contractor _____
EXISTING 08-232 BK RJ N _____
Driveway Connection _____ Septic Tank Number _____ LU & Zoning checked by _____ Approved for Issuance _____ New Resident _____

COMMENTS: ORIGIONAL CONTRATOR FIRED, THIS PERMIT IS THE COMPLETION OF 26955,

MFE 36', ONE FOOT RISE LETTER ON FILE, NEED ELEVATION CERTIFICATE

BEFORE POWER _____ Check # or Cash 3670

FOR BUILDING & ZONING DEPARTMENT ONLY

(footer/Slab)

Temporary Power _____ Foundation _____ Monolithic _____
date/app. by _____ date/app. by _____ date/app. by _____
Under slab rough-in plumbing _____ Slab _____ Sheathing/Nailing _____
date/app. by _____ date/app. by _____ date/app. by _____
Framing _____ Rough-in plumbing above slab and below wood floor _____
date/app. by _____ date/app. by _____
Electrical rough-in _____ Heat & Air Duct _____ Peri. beam (Lintel) _____
date/app. by _____ date/app. by _____ date/app. by _____
Permanent power _____ C.O. Final _____ Culvert _____
date/app. by _____ date/app. by _____ date/app. by _____
M/H tie downs, blocking, electricity and plumbing _____ Pool _____
date/app. by _____ date/app. by _____
Reconnection _____ Pump pole _____ Utility Pole _____
date/app. by _____ date/app. by _____ date/app. by _____
M/H Pole _____ Travel Trailer _____ Re-roof _____
date/app. by _____ date/app. by _____ date/app. by _____

BUILDING PERMIT FEE \$ 300.00 CERTIFICATION FEE \$ 0.00 SURCHARGE FEE \$ 0.00
MISC. FEES \$ 0.00 ZONING CERT. FEE \$ _____ FIRE FEE \$ 0.00 WASTE FEE \$ _____
FLOOD DEVELOPMENT FEE \$ _____ FLOOD ZONE FEE \$ _____ CULVERT FEE \$ _____ TOTAL FEE 300.00
INSPECTORS OFFICE ZH CLERKS OFFICE CH

NOTICE: IN ADDITION TO THE REQUIREMENTS OF THIS PERMIT, THERE MAY BE ADDITIONAL RESTRICTIONS APPLICABLE TO THIS PROPERTY THAT MAY BE FOUND IN THE PUBLIC RECORDS OF THIS COUNTY. AND THERE MAY BE ADDITIONAL PERMITS REQUIRED FROM OTHER GOVERNMENTAL ENTITIES SUCH AS WATER MANAGEMENT DISTRICTS, STATE AGENCIES, OR FEDERAL AGENCIES.

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

EVERY PERMIT ISSUED SHALL BECOME INVALID UNLESS THE WORK AUTHORIZED BY SUCH PERMIT IS COMMENCED WITHIN 180 DAYS AFTER ITS ISSUANCE, OR IF THE WORK AUTHORIZED BY SUCH PERMIT IS SUSPENDED OR ABANDONED FOR A PERIOD OF 180 DAYS AFTER THE TIME THE WORK IS COMMENCED. A VALID PERMIT RECIEVES AN APPROVED INSPECTION EVERY 180 DAYS. WORK SHALL BE CONSIDERED TO BE IN ACTIVE PROGRESS WHEN THE PERMIT HAS RECIEVED AN APPROVED INSPECTION WITHIN 180 DAYS.

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

Columbia County Building Permit Application

27392 NEW

4/23/08 *He Come in*

For Office Use Only Application # 0802-25 Date Received 2-21 By JW Permit # 26955 Old

Zoning Official _____ Date _____ Flood Zone AE FEMA Map # 0255 Zoning ESA-2

Land Use ESA Elevation 35' MFE 35' River Santa Fe Plans Examiner OK JTA Date 4-22-08

Comments NO IMPROVEMENTS OLD SFD WITH NO FLOODWAY OF NEW ONE - NO Floodway, DP Required

☒ NOC ☒ DEH ☐ Deed or PA ☐ Site Plan ☐ State Road Info ☐ Parent Parcel # _____

☒ Dev Permit # 08-008 ☐ In Floodway ☐ Letter of Authorization from Contractor

☐ Unincorporated area ☐ Incorporated area ☐ Town of Fort White ☐ Town of Fort White Compliance letter

Septic Permit No. _____ Fax _____

Name Authorized Person Signing Permit Johnnie Head Phone 497-2860

Address 207 SW Rose Ln Fort White, FL 32038

Owners Name Johnnie Head Phone (904) 591-4180

911 Address 207 SW Rose Ln Fort White, FL 32038

Contractors Name Owner Builder

Address Same as above

Fee Simple Owner Name & Address N/A

Bonding Co. Name & Address _____

Architect/Engineer Name & Address Trinity Drafting 607 S Alexander

Mortgage Lenders Name & Address Wachovia Mortgage Barbara Williams 2465 Blund Middleburg, FL 32608

Circle the correct power company - FL Power & Light - Clay Elec. - Suwannee Valley Elec. - Progress Energy

Property ID Number 01-75-15-04149-524

Estimated Cost of Construction 60,000.00

Subdivision Name Wilson Springs Lot 24 Block 5 Unit _____ Phase 1-B

Driving Directions 44 South to 475 to Ft. White, take Wilson Springs Rd to stop sign & paper store turn left follow paved Rd to Rose Ln. turn Right

Number of Existing Dwellings on Property 1

Construction of SFD Total Acreage 1.27 Lot Size 55,154 sq. ft

Do you need a - Culvert Permit or Culvert Waiver or Have an Existing Drive Total Building Height 16'-18'

Actual Distance of Structure from Property Lines - Front 98 Side 55' Side 56' Rear 270'

Number of Stories 1 Heated Floor Area 1568 Total Floor Area 1932 Roof Pitch 5/12

Application is hereby made to obtain a permit to do work and installations as indicated. I certify that no work or installation has commenced prior to the issuance of a permit and that all work be performed to meet the standards of all laws regulating construction in this jurisdiction.

Columbia County Building Permit Application

TIME LIMITATIONS OF APPLICATION : An application for a permit for any proposed work shall be deemed to have been abandoned 180 days after the date of filing, unless such application has been pursued in good faith or a permit has been issued; except that the building official is authorized to grant one or more extensions of time for additional periods not exceeding 90 days each. The extension shall be requested in writing and justifiable cause demonstrated.

FLORIDA'S CONSTRUCTION LIEN LAW: Protect Yourself and Your Investment

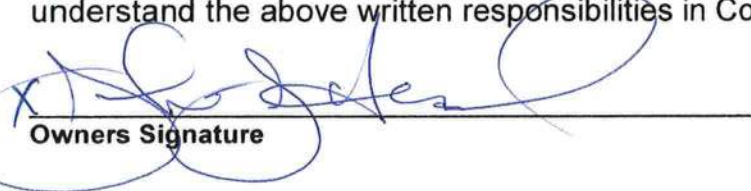
According to Florida Law, those who work on your property or provide materials, and are not paid-in-full, have a right to enforce their claim for payment against your property. This claim is known as a construction lien. If your contractor fails to pay subcontractors or material suppliers or neglects to make other legally required payments, the people who are owed money may look to your property for payment, even if you have paid your contractor in full. This means if a lien is filed against your property, it could be sold against your will to pay for labor, materials or other services which your contractor may have failed to pay.

NOTICE OF RESPONSIBILITY TO BUILDING PERMITEE:

YOU ARE HEREBY NOTIFIED as the recipient of a building permit from Columbia County, Florida, you will be held responsible to the County for any damage to sidewalks and/or road curbs and gutters, concrete features and structures, together with damage to drainage facilities, removal of sod, major changes to lot grades that result in ponding of water, or other damage to roadway and other public infrastructure facilities caused by you or your contractor, subcontractors, agents or representatives in the construction and/or improvement of the building and lot for which this permit is issued. No certificate of occupancy will be issued until all corrective work to these public infrastructures and facilities has been corrected.

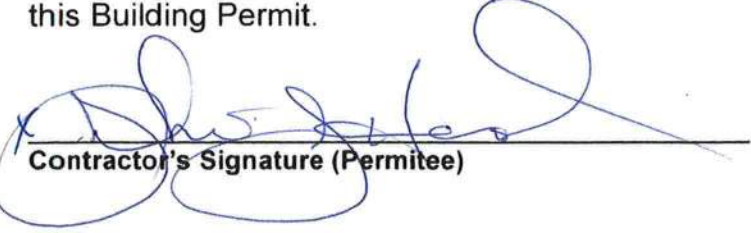
WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOU PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT.

OWNERS CERTIFICATION: I hereby certify that all the foregoing information is accurate and all work will be done in compliance with all applicable laws and regulating construction and zoning. I further understand the above written responsibilities in Columbia County for obtaining this Building Permit.



Owners Signature

CONTRACTORS AFFIDAVIT: By my signature I understand and agree that I have informed and provided this written statement to the owner of all the above written responsibilities in Columbia County for obtaining this Building Permit.



Contractor's Signature (Permitee)

Contractor's License Number MA
Columbia County
Competency Card Number _____

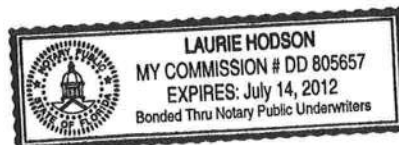
Affirmed under penalty of perjury to by the Contractor and subscribed before me this ____ day of _____ 2008.

Personally known _____ or Produced Identification H300-430-51-049-0



State of Florida Notary Signature (For the Contractor)

SEAL:



**COLUMBIA COUNTY BUILDING DEPARTMENT**

135 NE Hernando Ave., Suite B-21

Lake City, FL 32055

Office: 386-758-1008 Fax: 386-758-2160

NOTARIZED DISCLOSURE STATEMENT**FOR OWNER/BUILDER WHEN ACTING AS THEIR OWN CONTRACTOR AND CLAIMING EXEMPTION OF CONTRACTOR LICENSING REQUIREMENTS IN ACCORDANCE WITH FLORIDA STATUTES, ss. 489.103(7).**

State law requires construction to be done by licensed contractors. You have applied for a permit under an exemption to that law. The exemption allows you, as the owner of your property, to act as your own contractor with certain restrictions even though you do not have a license. You must provide direct, onsite supervision of the construction yourself. You may build or improve a one-family or two-family residence or a farm outbuilding. You may also build or improve a commercial building, provided your costs do not exceed \$75,000. The building or residence must be for your own use or occupancy. It may not be built or substantially improved for sale or lease. If you sell or lease a building you have built or substantially improved for yourself within 1 year after the construction is complete, the law will presume that you built or substantially improved it for sale or lease, which is a violation of this exemption. You may not hire an unlicensed person to act as your contractor or to supervise people working on your building. It is your responsibility to make sure that people employed by you have licenses required by state law and by county or municipal licensing ordinances. You may not delegate the responsibility for supervising work to a licensed contractor who is not licensed to perform the work being done. Any person working on your building who is not licensed must work under your direct supervision and must be employed by you, which means that you must deduct F.I.C.A. and withholding tax and provide workers' compensation for that employee, all as prescribed by law. Your construction must comply with all applicable laws, ordinances, building codes, and zoning regulations.

I understand that if I am not physically doing the work or physically supervising free labor from friends or relatives, that I must hire licensed contractors, i.e. electrician, plumber, mechanical (heating & air conditioning), etc. I further understand that the violation of not physically doing the work, and the use of unlicensed contractors at the construction site, will cause the project to be shut down by the inspection staff of the Columbia County Building Department. Additionally, state statutes allows for additional penalties. I also understand that if this violation does occur, that in order for the job to proceed, I will have a licensed contractor come in and obtain a new permit as taking the job over. I understand that if I hire subcontractors under a contract price, that they must be licensed to work in Columbia County, i.e. masonry, drywall, carpentry. Contractors licensed by the Columbia County Contractor Licensing Section or the State of Florida are required to have worker's compensation and liability coverage.

Completion of a
☒ Single Family Dwelling
☐ Other _____

TYPE OF CONSTRUCTION
☐ Two-Family Residence ☐ Farm Outbuilding
☐ Addition, Alteration, Modification or other Improvement

I Johnnie Head, have been advised of the above disclosure statement for exemption from contractor licensing as an owner/builder. I agree to comply with all requirements provided for in Florida Statutes ss.489.103(7) allowing this exception for the construction permitted by Columbia County Building Permit Number _____

Owner Builder Signature

Date

FLORIDA NOTARYThe above signer is personally known to me or produced identification H300-430-51-049-0Notary Signature Laurie Hodson Date 10-2-08**FOR BUILDING DEPARTMENT USE ONLY**

I hereby certify that the above listed owner/builder has been notified of the disclosure statement in Florida Statutes ss 489.103(7). Date 10-2-08 Building Official/Representative Laurie Hodson



Johnnie J. and Sue T. Head
207 SW Rose Lane
Fort White, FL 32038

October 1, 2008

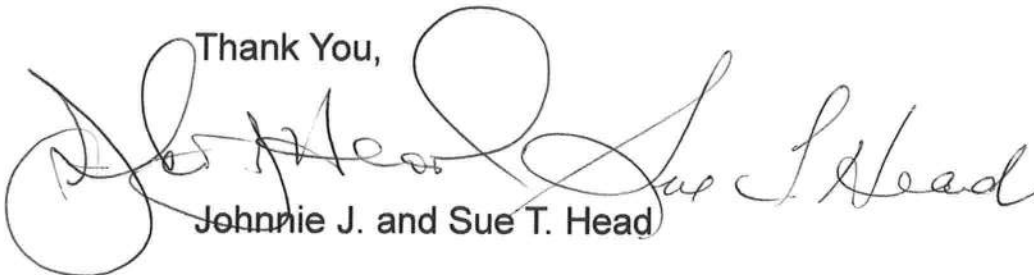
Columbia County
Department of Building and Zoning

To Whom It May Concern,

We are attempting to terminate our present builder, Curtis Lunderman, whom we contracted in December 2007 to build our home at the address above. He and his crew have worked a total of 17 days in 10 months and are only at 39% complete. To date, our house is a little more than a shell with rough ac, plumbing and electrical. We've had 2 local contractors and a county inspector assess the home and found numerous flaws that need to be repaired before any construction can continue. We are extremely concerned with the quality of his performance to date. We spoke with Mr. Lunderman on the phone and advised him of his termination. Also, we sent a certified letter of termination on September 22, 2008, along with a copy of a bank affidavit that requires his signature. He has yet to respond to our letter.

Time has become an important issue due to the fact that we have a mortgage deadline. We are supposed to be moved into our home by December 31, 2008. We hope you can understand our urgency in this matter and we would greatly appreciate any help you can offer. We have already chosen a new builder, Gary Sandlin, to finish construction on our new home.

Thank You,

A large, stylized handwritten signature in black ink, appearing to read "Johnnie J. and Sue T. Head". The signature is written over the printed name and extends across the width of the page.

Johnnie J. and Sue T. Head

Johnnie J. Head
Sue T. Head
207 SW Rose Lane
Fort White, FL 32038

September 20, 2008

Curtis Lunderman
Team Lunderman Construction, Inc
764 Fernandina Street
Palm Bay, FL 32907


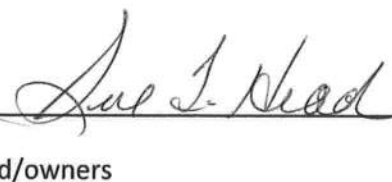
RE: 207 SW Rose Lane, Fort White, FL 32038

Dear Mr. Lunderman,

This letter is to terminate the contract between Team Lunderman Construction, Inc. and Johnnie J. and Sue T. Head that originated on December 20, 2007. There are many reasons for this decision. We're sure you are aware of several of them. Our largest concern being that you and your crew have spent a total of 17 days constructing our home since we signed the contract. We've tried to be patient and understanding knowing that you have other obligations besides ours. Judging what we've seen this past year, we don't think there is a possibility of our home being completed in a timely manner. This has been a very disappointing experience for me and my family over the past 9 months.

By request from Wachovia, we are including an affidavit for you to review, sign, and return to us as soon as possible so we may forward it on to the bank. Your signature on this document will ensure that all costs incurred in the construction to date have been paid in full and that no liens will be placed on the property listed above. Also, we still need you to comply with the county inspector's request for the plumbing and electrical license numbers. If you agree with the terms of this letter, please sign below and return it along with the signed bank affidavit.

Thank You,

  Date Oct. 1, 2008
Johnnie J. Head and Sue T. Head/owners

_____ Date _____

Curtis Lunderman/General Contractor
Team Lunderman Construction Inc.

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com®

PAID BY FL 32907

OFFICIAL USE

Postage	\$	\$0.42
Certified Fee		\$2.70
Return Receipt Fee (Endorsement Required)		\$2.20
Restricted Delivery Fee (Endorsement Required)		\$0.00
Total Postage & Fees	\$	\$5.32



Sent to _____
 Street, Apt. No., _____
 or PO Box No. _____
 City, State, ZIP+4 _____
 Palm Bay Fl. 32907

PS Form 3800, June 2002 See Reverse for Instructions

0828 7272 E000 0180 9002

27392

NOTICE OF COMMENCEMENT

County Clerk's Office Stamp or Seal

Tax Parcel Identification Number 01-75-15-04149-524

THE UNDERSIGNED hereby gives notice that improvements will be made to certain real property, and in accordance with Section 713.13 of the Florida Statutes the following information is provided in this NOTICE OF COMMENCEMENT.

1. Description of property (legal description): 207 SW ROSELN
 a) Street (job) Address: ET White FL 32038

2. General description of improvements: _____

3. Owner Information

a) Name and address: JOHNNIE J. HEAD
 b) Name and address of fee simple titleholder (if other than owner) _____
 c) Interest in property FEES SIMPLE

Inst:200812018634 Date:10/9/2008 Time:2:58 PM

DC,P.DeWitt Cason,Columbia County Page 1 of 1 B:1160 P:347

4. Contractor Information

a) Name and address: SANDRA FRANK & FLOWERS, INC.
 b) Telephone No.: 386-365-4025 - 758-9860 Fax No. (Opt.) _____

5. Surety Information

a) Name and address: _____
 b) Amount of Bond: _____
 c) Telephone No.: _____ Fax No. (Opt.) _____

6. Lender

a) Name and address: WACHOVA MORTGAGE CONSTRUCTION, INC.
 b) Phone No. 1-866-890-1333 - EXT 4

7. Identity of person within the State of Florida designated by owner upon whom notices or other documents may be served

a) Name and address: OWNER DESIGNATES
 b) Telephone No.: _____ Fax No. (Opt.) _____

8. In addition to himself, owner designates the following person to receive a copy of the Lienor's Notice as provided in Section 713.13(1)(b) Florida Statutes:

a) Name and address: OWNER DESIGNATES
 b) Telephone No. _____ Fax No. (Opt.) _____

9. Expiration date of Notice of Commencement (the expiration date is one year from the date of recording unless a different date is specified): _____

WARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713.13, FLORIDA STATUTES, AND CAN RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY; A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.

STATE OF FLORIDA
 COUNTY OF COLUMBIA

10. [Signature]
 Signature of Owner or Owner's Authorized Office/Director/Partner/Manager
JOHNNIE J. HEAD
 Print Name

The foregoing instrument was acknowledged before me, a Florida Notary, this 3rd day of October, 2008, by:

Johnnie J. Head as _____ (type of authority, e.g. officer, trustee, attorney fact) for _____ (name of party on behalf of whom instrument was executed).

Personally Known _____ OR Produced Identification X Type _____

Notary Signature [Signature] Notary Stamp or Seal:



—AND—

11. Verification pursuant to Section 92.525, Florida Statutes. Under penalties of perjury, I declare that I have read the foregoing and that the facts stated in it are true to the best of my knowledge and belief.



[Signature]
 Signature of Natural Person Signing (in line #10 above.)

27392

Holly Electric, Inc.

P.O. Box 2266

Lake City, FL 32055

(386) 755-5944

(386) 755-5443 fax

ER # 13012377

COLUMBIA COUNTY BUILDING DEPT.

Termination of Contract.

12-11-2008

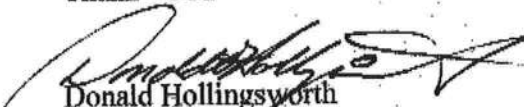
Johnnie Head
207 SW Rose Lane

Fort White, Florida 32038

PERMIT # 000027392

Mr. & Mrs. Head have terminated the Electrical Contract With Holly Electric Inc. Before the Job was completed. Holly Electric Inc. Will not be held responsible for any or all of the Electrical on the House at 207 SW Rose Lane, Fort White, Florida 32038. Holly Electric Inc has not installed any Electrical service, Devices, Breakers, Light Fixtures, Smoke Detectors, or any other Electrical Safety Devices, Termination due to filing of Notice to Owner. Homeowner's Contractor, (Gary Sandlin) Stated that N.T.O. was Property Lien.

Thank -You


Donald Hollingsworth

CANCELLATION OF CONTRACT

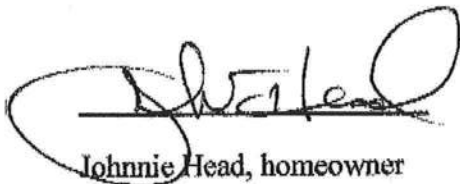
BE IT KNOWN, that for value received, that the undersigned Johnnie Head and Holly Electric, Inc. being parties to a certain contract dated November 3, 2008, whereas said contract provides for:

Electrical wiring of house (new construction)

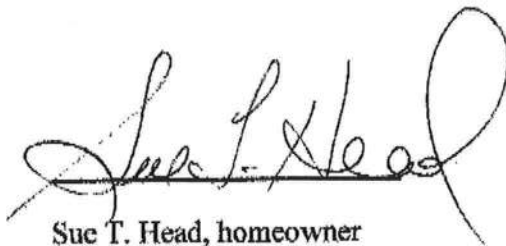
do hereby cancel and terminate said contract, effective this date, December 11, 2008.

I further provide that said termination shall be without further recourse by either party against the other and this document shall constitute a release of any further obligations under said contract, all to the same extent as if said contract had not been entered into in the first instance, provided the parties shall herewith undertake the below described acts to terminate said contract.

Signed this 11th day of December, 2008.



Johnnie Head, homeowner



Sue T. Head, homeowner



27392

Lake City (386) 755-3611
Gainesville (352) 494-5751
Fax (386) 755-3885
Toll Free 1-800-616-4707

Certificate of Compliance for Termite Protection
(as required by Florida Building Code (FBC) 1816.1.7)

Aspen Pest Control, Inc.
(386) 755-3611
State License # - JB109476
State Certification # - JF104376

207 SW Rose Ln. - Ft. White, FL 32038

Address of Treatment or Lot/Block of Treatment

Soil Barrier

(Method of Termite Prevention Treatment - Soil Barrier, Wood Treatment, Bait System, Other)

Horizontal, Vertical, Void and Exterior Treatment

Description of Treatment

The above named structure has received a complete treatment for the prevention of subterranean termites. Treatment was done in accordance with the rules and laws established by the Florida Department of Agriculture and Consumer Services.


Authorized Signature

1/26/09
Date

COLUMBIA COUNTY FLORIDA DEPARTMENT OF BUILDING AND ZONING

OCCUPANCY

COLUMBIA COUNTY, FLORIDA

Department of Building and Zoning Inspection

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

Parcel Number 01-7S-15-04149-524

Building permit No. 000027392

Use Classification COMPLETION OF SFD

Fire: 0.00

Permit Holder OWNER BUILDER

Waste:

Owner of Building JOHNNIE HEAD

Total: 0.00

Location: 207 SW ROSE LANE, FT. WHITE, FL

Date: 01/22/2009

Tony Decker

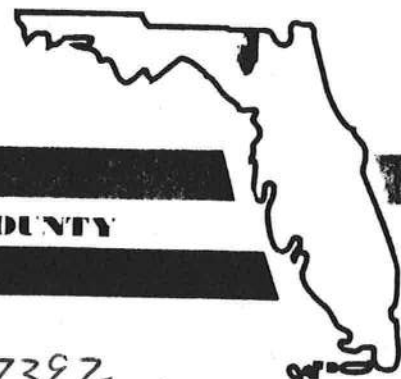
Building Inspector

POST IN A CONSPICUOUS PLACE
(Business Places Only)



District No. 1 - Ronald Williams
District No. 2 - Dewey Weaver
District No. 3 - Jody DuPree
District No. 4 - Stephen E. Bailey
District No. 5 - Scarlet P. Frisina

BOARD OF COUNTY COMMISSIONERS • COLUMBIA COUNTY



MEMO OF REVIEW FOR CORRECTNESS AND COMPLETION

27392
26955

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

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

SECTION A - PROPERTY INFORMATION

A1. Building Owner's Name <u>Johnnie & Sue Head</u>	For Insurance Company Use:
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.	Policy Number
City _____ State _____ ZIP Code _____	Company NAIC Number
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) <u>01-75-15-04149-524</u>	
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: 1-22-10

BOARD MEETS FIRST THURSDAY AT 7:00 P.M.
AND THE COMMUNITY OFFICIAL

L. Hobbs

All elevation certificates shall be maintained by the community and copies with the attached memo made available upon request.
P.O. BOX 1529 LAKE CITY, FLORIDA 32056-1529 PHONE (386) 733-4100

ELEVATION CERTIFICATE

27392
OMB No. 1660-0008
Expires February 28, 2009

Important: Read the instructions on pages 1-8.

SECTION A - PROPERTY INFORMATION

A1. Building Owner's Name HEAD JOHNNIE & SUE		For Insurance Company Use:
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 207 SW ROSE LANE City FT. WHITE State FL ZIP Code 32038		Policy Number
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) LOTS 24 BLOCK 5 WILSON SPRINGS COMMUNITY PHASE 1-B: Parcel: 01-7S-15-04149-524, COLUMBIA COUNTY, FL.		Company NAIC Number
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) <u>RESIDENTIAL</u>		
A5. Latitude/Longitude: Lat. <u>29DEG 54.026'</u> Long. <u>82CEG 45.687'</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>1</u>		
A8. For a building with a crawl space or enclosure(s), provide		
a) Square footage of crawl space or enclosure(s) <u>NA</u> sq ft		
b) No. of permanent flood openings in the crawl space or enclosure(s) walls within 1.0 foot above adjacent grade <u>NA</u>		
c) Total net area of flood openings in A8.b <u>NA</u> sq in		
A9. For a building with an attached garage, provide:		
a) Square footage of attached garage <u>NA</u> sq ft		
b) No. of permanent flood openings in the attached garage walls within 1.0 foot above adjacent grade <u>NA</u>		
c) Total net area of flood openings in A9.b <u>NA</u> sq in		

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP Community Name & Community Number COLUMBIA UNINCORPORATED 120070		B2. County Name COLUMBIA		B3. State FLORIDA	
B4. Map/Panel Number 12023C0469	B5. Suffix C	B6. FIRM Index Date FEB 4, 2009	B7. FIRM Panel Effective/Revised Date FEB 4, 2009	B8. Flood Zone(s) AE	B9. Base Flood Elevation(s) (Zone AO, use base flood depth) 34 FEET
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 (Describe)					
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-g below according to the building diagram specified in Item A7.

Benchmark Utilized SAF 20 Vertical Datum NGVD 1929
Conversion/Comments -0.84=NAVD Check the measurement used.

a) Top of bottom floor (including basement, crawl space, or enclosure floor)	38.43	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)
b) Top of the next higher floor	<u>NA</u>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)
c) Bottom of the lowest horizontal structural member (V Zones only)	<u>NA</u>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)
d) Attached garage (top of slab)	<u>NA</u>	<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 in Comments)	38.34	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)
f) Lowest adjacent (finished) grade (LAG)	36.0	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)
g) Highest adjacent (finished) grade (HAG)	37.4	<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.

Certifier's Name WILLIAM N. KITCHEN		License Number 5490
Title PROFESSIONAL SURVEYOR AND MAPPER	Company Name WILLIAM N. KITCHEN, P.S.M.	
Address PO BOX 3507	City LAKE CITY	State FL ZIP Code 32056
Signature <i>William Kitchen</i>	Date JANUARY 13, 2009	Telephone 386-755-7786

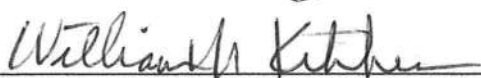
PLACE
SEAL
HERE

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. 207 SW ROSE LANE	Policy Number
City FT. WHITE State FL ZIP Code 32038	Company NAIC Number

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

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

Comments C2e= AC


Signature

Date 1/13/2009

☐ 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, crawl space, or enclosure) is ____ ☐ feet ☐ meters ☐ above or ☐ below the HAG.
- b) Top of bottom floor (including basement, crawl space, or enclosure) is ____ ☐ feet ☐ meters ☐ above or ☐ below the LAG.
- E2. For Building Diagrams 6-8 with permanent flood openings provided in Section A Items 8 and/or 9 (see page 8 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
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G7. This permit has been issued for: ☐ New Construction ☐ Substantial Improvement

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

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

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

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. <i>NO. 207 SW ROSE LANE</i>		For Insurance Company Use: Policy Number
City <i>FT WHITE</i>	State <i>FL</i>	ZIP Code <i>32038</i>
Company NAIC Number		

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.



FRONT 3/4 LEFT



REAR 3/4 RIGHT

BUILDING DIAGRAMS

The following eight diagrams illustrate various types of buildings. Compare the features of the building being certified with the features shown in the diagrams and select the diagram most applicable. Enter the diagram number in Item A7., the square footage of crawl space or enclosure(s) and the area of flood openings in square inches in Items A8.a-c, the square footage of attached garage and the area of flood openings in square inches in Items A9.a-c, and the elevations in Items C2.a-g.

In A zones, the floor elevation is taken at the top finished surface of the floor indicated; in V zones, the floor elevation is taken at the bottom of the lowest horizontal structural member (see drawing in instructions for Section C).

DIAGRAM 1

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

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

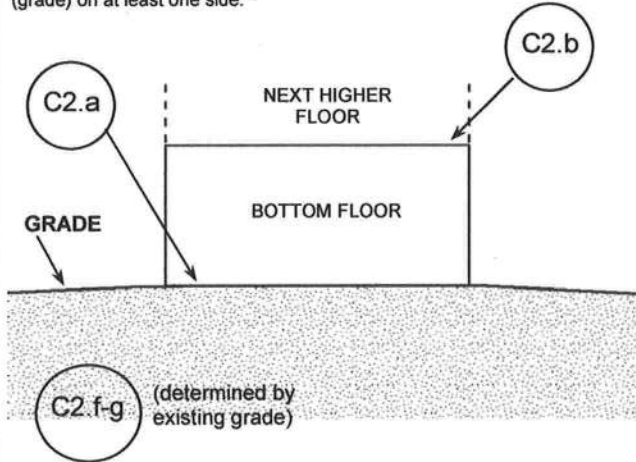


DIAGRAM 2

All single- and multiple-floor buildings with basement (other than split-level) and high-rise buildings with basement, either detached or row type (e.g., townhouses); with or without attached garage.

Distinguishing Feature – The bottom floor (basement or underground garage) is below ground level (grade) on all sides. Buildings constructed above crawl spaces that are below grade on all sides should also use this diagram. *

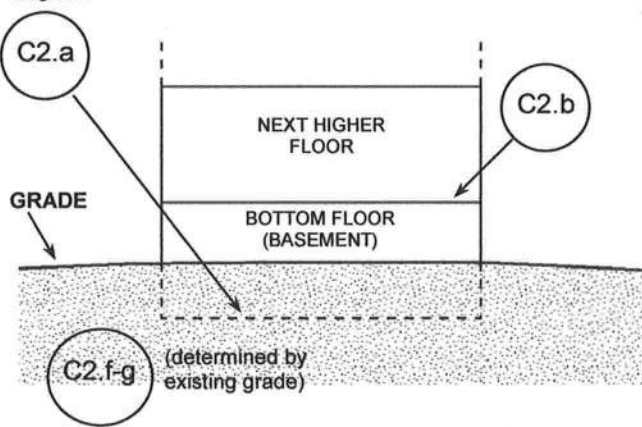


DIAGRAM 3

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

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

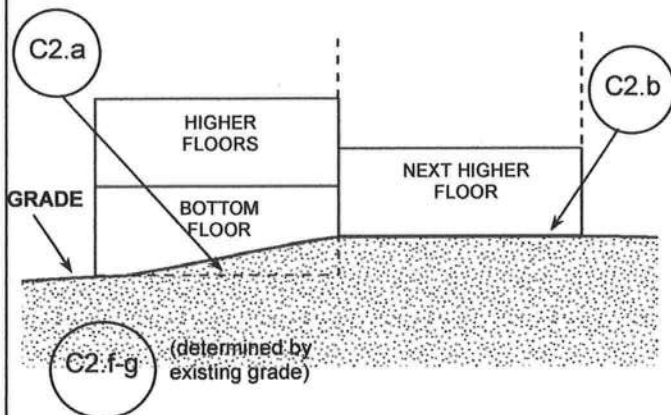
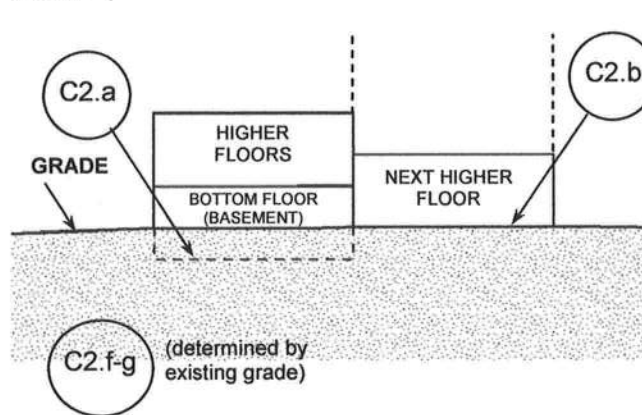


DIAGRAM 4

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

Distinguishing Feature – The bottom floor (basement or underground garage) is below ground level (grade) on all sides. Buildings constructed above crawl spaces that are below grade on all sides should also use this diagram. *



* A floor that is below ground level (grade) on all sides is considered a basement even if the floor is used for living purposes, or as an office, garage, workshop, etc.