

DATE 07/03/2003

Columbia County
Building Permit / Application

PERMIT

000020838

This Permit Expires One Year From Date of Issue

New Resident N

APPLICANT WILBERT AUSTIN, JR. PHONE 386.755.1826
ADDRESS 2405 E. MADISON STREET LAKE CITY FL 32025
OWNER JOHN WINDHAM PHONE 386.755.1826
ADDRESS 2405 E. MADISON STREET LAKE CITY FL 32025
CONTRACTOR WILBERT AUSTIN, JR. PHONE 386.755.1826
LOCATION OF PROPERTY US 27 TO 3 RIVERS EST. TO RIVERSIDE BLVD. GO 9/10 OF A MILE
TO NEBRASKA, L, PAST MONTANA, IT'S 100 YDS. SIGN BY TREE
TYPE DEVELOPMENT M/H,SEPTIC,UTILITY ESTIMATED COST OF CONSTRUCTION .00
FLOOR AREA TOTAL AREA HEIGHT .00 STORIES WALLS
FOUNDATION ROOF (Type & Pitch) FLOOR
LAND USE & ZONING ESA-2 MAX. HEIGHT
MINIMUM SET BACK: STREET-FRONT / SIDE 30.00 REAR 25.00 SIDE 25.00
NO. EX.D.U. 0 FLOOD ZONE AE CERT. DATE DEV. PERMIT 1-023-03-013

LEGAL DESCRIPTION

PARCEL ID 00-00-00-00742-003 SUBDIVISION 3 RIVERS ESTATES
BLOCK LOT 3 UNIT 9 TOTAL ACRES 1.00

I certify that all work will be performed to meet the standards of all laws regulating construction in this jurisdiction and that all foregoing information is accurate and all work will be done in compliance with all applicable laws regulating construction and zoning.

EXISTING IH0000403 Willbert Austin Jr
Driveway Connection Culvert Waiver Contractor's License Number Applicant/Owner/Contractor
03-0617-N BLK RK
Septic Tank Number LU & Zoning checked by Approved for Issuance

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 framing
date/app. by date/app. by date/app. by
Rough-in plumbing above slab and below wood floor
date/app. by
Electrical rough-in Heat and Air Duct Peri. beam
date/app. by date/app. by date/app. by
Permanent power Final Pool
date/app. by date/app. by date/app. by

COMMENTS: 1 FT ABOVE RD. CK# W @ 45.75 & F @ 17.01 TOTAL 197.76.DP 10.00

OTHER TYPES OF INSPECTIONS

Culvert M/H tie downs, blocking, electricity and plumbing
date/app. by date/app. by
Utility Pole Pump pole Reconnection
date/app. by date/app. by date/app. by

BUILDING PERMIT FEE \$.00 ZONING CERT. FEE \$ 25.00 Certification Fee \$.00 Surcharge \$.00
MISC. FEES \$ 100.00 CULVERT FEE \$ TOTAL PERMIT FEE \$ 125.00
INSPECTORS OFFICE [Signature] CLERKS OFFICE [Signature]

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."

This Permit Must Be Prominently Posted on Premises During Construction

PLEASE NOTIFY THE COLUMBIA COUNTY BUILDING DEPARTMENT AT LEAST 24 HOURS IN ADVANCE OF EACH INSPECTION, IN ORDER THAT IT MAY BE MADE WITHOUT DELAY OR INCONVENIENCE, PHONE 758-1008. THIS PERMIT IS NOT VALID UNLESS THE WORK AUTHORIZED BY IT IS COMMENCED WITHIN 6 MONTHS AFTER ISSUANCE.

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

*** The well affidavit, from the well driller, is required before the permit can be issued.***

This application must be ,completely, filled out to be accepted. Incomplete applications will not be accepted.

WELL LETTER ~~APPROVED~~

For Office Use Only

Zoning Official BLK Building Official PK 730

AP# 0307-08 Date Received 7-3-03 By JW Permit # 20838
Flood Zone AE Development Permit YES Zoning ES4-2 Land Use Plan Map Category ESA
Comments _____

- Property ID # 00-00-00-00742-003 *(Must have a copy of the property dee
3 RIVERS EST. LOT 3 UNIT 9
- New Mobile Home _____ Used Mobile Home ☒ Year 1996
- Applicant WILBERT AUSTIN JR. Phone # 386.755.1826
- Address 2405 E. MADISON STREET, LAKE CITY, FL 32025
- Name of Property Owner JOHN WINDHAM Phone# 386.752.4348
- Address RT. 6, Box 404, LAKE CITY, FL 32025
- Name of Owner of Mobile Home SAME AS PROPERTY OWNER Phone # Same
- Address SAME
- Relationship to Property Owner SELF
- Current Number of Dwellings on Property 0
- Lot Size 1 Total Acreage 1.00
- Current Driveway connection is EXISTING
- Is this Mobile Home Replacing an Existing Mobile Home NO
- Name of Licensed Dealer/Installer WILBERT AUSTIN, JR. Phone # 386.755.1826
- Installers Address 2405 E. MADISON STREET
- License Number TH0000403 Installation Decal # 8802

The Permit Worksheet (2 pages) must be submitted with this application.

Installers Affidavit and Letter of Authorization must be notarized when submitted.

03-0617-N



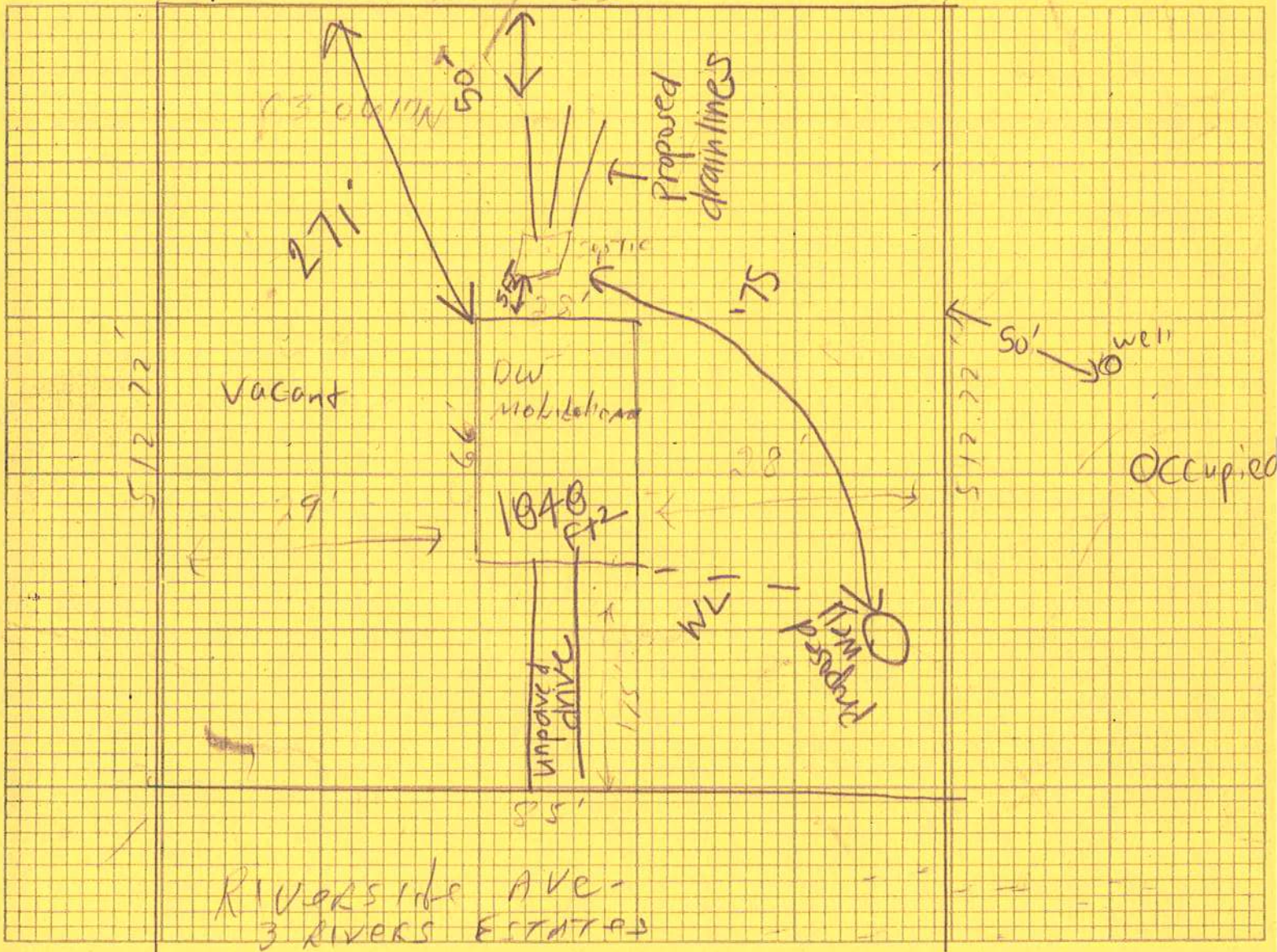
STATE OF FLORIDA
DEPARTMENT OF HEALTH

APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permit Application Number 03-0617N

PART II - SITE PLAN

Scale: Each block represents 5 feet and 1 inch = 50 feet.



Notes:

→ Well to Septic = 75'

→ Potable Waterline = 50' from septic tank

Site Plan submitted by:

John Melendran
Signature

26 Jun 03

OWNER
Title

Plan Approved ☒

Not Approved ☐

Date 7/3/03

By

J. Averez

Columbia

County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

COLUMBIA COUNTY 9-1-1 ADDRESSING

263 NW Lake City Ave. * P. O. Box 2949 * Lake City, FL 32056-2949
PHONE: (386) 752-8787 * FAX: (386) 758-1365 * Email: cc911add@isgroup.net

Addressing Maintenance

To maintain the Countywide addressing Policy you must make application for a 9-1-1 Address at the time you apply for a building permit. The established standards for assigning and posting numbers to all principal buildings, dwellings, businesses and industries are contained in Columbia County Ordinance 2001-9. The addressing system is to enable Emergency Service Agencies to locate you in an emergency, and to assist the United States Postal Service and the public in the timely and efficient provision of services to residents and businesses of Columbia County.

COMPLETEDDATE ISSUED: 6-26-03

ENHANCED 9-1-1 ADDRESS:

1073 SW Riverside Ave (Ft. White, FL 32038)Addressed Location 911 Phone Number: N/AOCCUPANT NAME: John WindhamOCCUPANT CURRENT MAILING ADDRESS: Rt 6 Box 404.
Lake City, FL 32025.PROPERTY APPRAISER MAP SHEET NUMBER: 15PROPERTY APPRAISER PARCEL NUMBER: 26-65-15-00743-003

Other Contact Phone Number (If any): _____

Building Permit Number (If known): _____

ADDRESSING DEPARTMENT ID#: 10375

(Addressing Department Use Only, THIS IS NOT AN ADDRESS)

Remarks: LOT 3 / Unit 9, 3 Rivers Est.

Address Issued By: _____

John Buss
Columbia County 9-1-1 Addressing Department

Recording Fees: \$ _____
 Documentary Stamps: + _____
 Total: \$ _____

Prepared By And Return To:

TITLE OFFICES, LLC
 1089 SW MAIN BLVD.,
 LAKE CITY, FL 32025

File #03Y-05015BF/BARBARA FRADDOSIO

Property Appraisers Parcel I.D. Number(s):
 00-00-00-00742-003

Inst: 2003012757 Date: 06/18/2003 Time: 15:22

Doc Stamp-Deed: 101.50

mk DC, P. DeWitt Cason, Columbia County B: 886 P: 812

WARRANTY DEED

THIS WARRANTY DEED made and executed the 13th day of June, 2003 by DAVID SCOTT MCCAMPBELL, married, hereinafter called the Grantor, to JOHN WINDHAM and JOYCE M. WINDHAM, HIS WIFE, whose post office address is: RT. 6, BOX 404, LAKE CITY, FLORIDA 32025, hereinafter called the Grantee:

(Wherever used herein the terms "Grantor" and "Grantee" shall include singular and plural, heirs, legal representatives, and assigns of individuals, and the successors and assigns of corporations, wherever the context so admits or requires.)

WITNESSETH: That the Grantor, for and in consideration of the sum of TEN DOLLARS (\$10.00) and other valuable considerations, receipt whereof is hereby acknowledged, by these presents does grant, bargain, sell, alien, remise, release, convey and confirm unto the Grantee all that certain land situate, lying and being in COLUMBIA County, State of Florida, viz:

LOT 3, OF UNIT 9, THREE RIVERS ESTATES AS PER PLAT THEREOF AS RECORDED IN PLAT BOOK 4, PAGE 31 OF THE PUBLIC RECORDS OF COLUMBIA COUNTY, FLORIDA.

THE ABOVE DESCRIBED PROPERTY IS NOT THE HOMESTEAD OF THE GRANTOR.

TOGETHER with all the tenements, hereditaments and appurtenances thereto belonging or in anywise appertaining. **TO HAVE AND TO HOLD** the same in fee simple forever.
 AND the Grantor hereby covenants with said Grantee that the Grantor is lawfully seized of said land in fee simple; that the Grantor has good right and lawful authority to sell and convey said land, and hereby warrants the title to said land and will defend the same against the lawful claims of all persons whomsoever; and that said land is free of all encumbrances, except easements, restrictions and reservations of record, if any, and taxes accruing subsequent to December 31, 2002.

IN WITNESS WHEREOF, the said Grantor has signed and sealed these presents the day and year first above written.

Signed, sealed and delivered
 in the presence of:

Witness: Bryan Krangel
Rachel Mercado
 Witness: _____

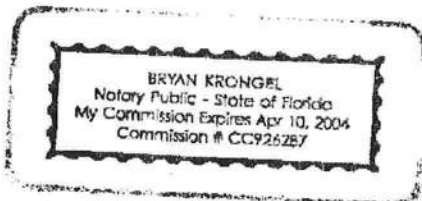
David Scott McCampbell
 DAVID SCOTT MCCAMPBELL
 Address: 431 NW 19TH AVENUE
PEMBROKE PINES, FLORIDA 33029

Witness: _____

Witness: _____

STATE OF FLORIDA
 COUNTY OF Broward

I hereby certify that on this day, before me, an officer duly authorized in the State and County aforesaid to take acknowledgments, personally appeared DAVID SCOTT MCCAMPBELL, who produced the identification described below, and who acknowledged before me that they executed the foregoing instrument.
 Witness my hand and official seal in the county and state aforesaid this 13th day of June, 2003.



Notary Public: _____
 Identification Examined: Yes - FLOR

LYNCH WELL DRILLING, INC.

RT. 6 BOX 464
LAKE CITY, FL 32025
PHONE (386) 752-6677
FAX (386) 752-1477

RESIDENTIAL WATER WELL BUILDING PERMIT INFORMATIONBuilding Permit # _____ Owners Name John Windhan

Well Depth _____ Ft. Casing Depth _____ Ft. Water Level _____ Ft.

Casing Size 4" PVC _____ Steel XPump Installation: Submersible X Deep Well Jet _____ Shallow Well _____Pump Make Sed Jacket Pump Model # 100F211-20G8 Hp 1System Pressure (PSI) _____ On 30 Off 50 Avg. Pressure _____ (PSI)Pumping System GPM at average pressure and pumping level 20 (GPM)Tank Installation: Precharged (Baldder) ✓ Atmospheric (Galvanized)Make Challenger Model PC244 Size 81 gallonTank Draw-down per cycle at system pressure 25.1 Gallons

I HEREBY CERTIFY THAT THIS WATER WELL SYSTEM HAS BEEN
INSTALLED AS PER ABOVE INFORMATION.

Lynch Well Drilling
Signature

Lynch Well Drilling, Inc.

Print Name

1274 or 2609

License Number

7-3-03

Date

INSPECTION

DATE: 6-26-03PERMIT#: — SEPTIC#: —CONTRACTOR: Wilbert Acosta - jrOWNERS NAME: JOHN WINOWANTYPE OF INSPECTION: Pre-WHPHONE#: —DATE NEEDED: 6-27-03 FridayFLOOD ZONE: — SETBACKS: —CULVERT: —WAIVER DATE: — CULVERT DATE: —APPROVAL DATE FROM ROAD DEPARTMENT: —

DIRECTIONS: US 27 TO 3 RIVERS TO RIVERSIDE
BLVD. ... 90 3/4 of a mile. to NEBRASKA (L) PASS MOUNTAINS
it's 100 yds to the operation "SIGN BY TREE - YELLOW SIGN"
- HAS LOT 3 UNIT 9 - 3 RIVERS ESTATE

COMMENTS: —INSPECTION TAKEN BY: 

PERMIT NUMBER

Installer

License #

W. H. Austine EH0000403

Address of home being installed

Pl 6 Box 404 Lake City Ala 32025

Manufacturer

Holden

Length x width

28 x 70

NOTE:

if home is a single wide fill out one half of the blocking plan
if home is a triple or quad wide sketch in remainder of home

I understand Lateral Arm Systems cannot be used on any home (new or used) where the sidewall ties exceed 5 ft 4 in.

Installer's initials

W. H.

New Home ☐

Used Home ☒

Home installed to the Manufacturer's Installation Manual ☐

Home is installed in accordance with Rule 15-C ☒

Single wide ☐

Wind Zone II ☒

Wind Zone III ☐

Double wide ☒

Installation Decal #

8802

Triple/Quad ☐

Serial #

8856

PIER SPACING TABLE FOR USED HOMES

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

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

PIER PAD SIZES

I-beam pier pad size

18 x 18

Perimeter pier pad size

18 x 18

Other pier pad sizes (required by the mfg.)

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

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

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

Opening

Pier pad size

Living Room 18 x 18

ANCHORS

4 ft ☒ 5 ft ☐

FRAME TIES

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

TIEDOWN COMPONENTS

OTHER TIES

Longitudinal Stabilizing Device (LSD)

Manufacturer Blind Inc.

Longitudinal Stabilizing Device w/ Lateral Arms

Manufacturer

Number

18

4

13

4

POCKET PENETROMETER TEST

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

X 2000 X 2000 X 2000

POCKET PENETROMETER TESTING METHOD

1. Test the perimeter of the home at 6 locations.
2. Take the reading at the depth of the footer.
3. Using 500 lb. increments, take the lowest reading and round down to that increment.

X 2000 X 2000 X 2000

TORQUE PROBE TEST

The results of the torque probe test is 290 inch pounds or check here if you are declaring 5' anchors without testing. A test showing 275 inch pounds or less will require 4 foot anchors.

Note: A slate approved lateral arm system is being used and 4 ft. anchors are allowed at the sidewall locations. 1 understrand 5 ft anchors are required at all centerline tie points where the torque test reading is 275 or less and where the mobile home manufacturer may requires anchors with 4000 lb holding capacity.

Installer's initials

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name

Michael Plushin Jr

Date Tested

7-3-08

Electrical

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

Plumbing

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

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

Site Preparation

Debris and organic material removed ☒ Swale _____ Pad _____ Other _____

Water drainage: Natural _____

Fastening multi wide units

Floor: Type Fastener: 6x6 Length: 6' Spacing: 12"
Walls: Type Fastener: 5/8" Length: 4" Spacing: 12"
Roof: Type Fastener: 1/2" Length: 6" Spacing: 12"

For used homes a min. 30 gauge, 8" wide, galvanized metal strip will be centered over the peak of the roof and fastened with galv. roofing nails at 2" on center on both sides of the centerline.

GasKet (weatherproofing requirement)

I understand a properly installed gasket is a requirement of all new and used homes and that condensation, mold, mildew and buckled marriage walls are a result of a poorly installed or no gasket being installed. I understand a strip of tape will not serve as a gasket.

Installer's initials

WA

Type gasket

metal

Installed:

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

Weatherproofing

The bottomboard will be repaired and/or taped. Yes Yes Pg. _____
Siding on units is installed to manufacturer's specifications. Yes Yes
Fireplace chimney installed so as not to allow intrusion of rain water. Yes _____

Miscellaneous

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

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

manufacturer's installation instructions and or Rule 15C-1 & 2

Installer Signature

Michael Plushin Jr Date 07-03-08

APPLICATION FOR DEVELOPMENT PERMIT

PERMIT NO. E-023-03-013DATE: 7-3-03

(COUNTY NO. & SEQUENCE)

APPLICANT: WILBERT AUSTIN, JR.ADDRESS: 2405 E. MADISON WARETTELEPHONE: (386.) 755-1826OWNER: JOHN WINANAMADDRESS: PL 6, Box 404, LAKE CITY, FL 32025TELEPHONE: 386. 752. 4348NEW SUBDIVISION NO (YES/NO)IF YES, RECORD THE ENGINEER'S
REGISTRATION NO. P.E. NO. 45263TRS 27-65-15SUBDIVISION 3 RIVINGS ESTATE 2LOT/BLOCK: 3 BLK 9DU MOBILE HOME

WORK

RIVER: ICNFTUCKNEE

RIVER MILE

PLAN NO (YES/NO)

WELL PERMIT NO.

SUR-ELEVATION 30.86'SANITARY PERMIT NO. 03-0617SURVEYOR NO. 5757BUILDING PERMIT NO. 20838OFFICIAL 100-YEAR ELEVATION 34.0' MSL (SRWMD)REQUIRED LOWEST HABITABLE FLOOR ELEVATION 35.0' MSL (SRWMD)

PERMIT APPROVED

ADMINISTRATOR SIGNATURE

7-3-03

DATE

EXPIRATION DATE OF PERMIT 7-3-04

VIOLATIONS:

FINAL INSPECTION DATE:

COMMENTS:

ZERO RISE ON FILETHURS FINISH 7100+ ELEVATION CERTIFICATEPrior to Power BEING RECEIVEDReceived on 7-22-03 M ↑

ONE FOOT RISE CERTIFICATION

PROPERTY DESCRIPTION: LOT 3 THREE RIVERS ESTATES UNIT 9

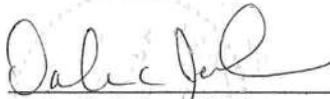
OWNER: John Windham

BASE FLOOD ELEVATION: 34.0

PROJECT: Min. Finished Floor 356.0

Up to 28 X 66 mobile home located on piers in accordance with
current building code.

I hereby certify that construction of the proposed will cause less than one foot increase in flood
elevations of the Suwannee River floodplain.



Dale C. Johns, P.E

Date: June 25, 2003

961-8903

Rt 15 Box 3834

LAKE CITY FL

32024

PE # 45263

BASE FLOOD ELEVATION = 34.0

BASIN AREA AT 34' BASE FLOOD >2000 ACRES

PROPOSED BUILDING TYPE = MANUFACTURED HOME

PROPOSED BUILDING ENCROACHMENT =
60 PIERS AT 12"X16"EA= 90 SQ. FT.

GROUND ELEVATION AT BUILDING = 32.0' AVE.

This project is in the staging area of the river and no step backwater calculations are necessary. This area would "back up" from the River without experiencing any horizontal movement of water. The calculations are based on the on the removal of floodplain volume due to construction of the foundation system.

$$\text{PERCENT FLOODPLAIN AREA REMOVED} = \frac{90/43560}{2000} = 0.0000103\%$$

$$\text{FLOODPLAIN LEVEL INCREASE} = \frac{90 \times 2.0}{2000 \times 43560} = 0.000002 \text{ FT.}$$

FEDERAL EMERGENCY MANAGEMENT AGENCY
NATIONAL FLOOD INSURANCE PROGRAM

O.M.B. No. 3067-0077
Expires July 31, 2002

ELEVATION CERTIFICATE

Important: Read the instructions on pages 1 - 7.

SECTION A - PROPERTY OWNER INFORMATION

BUILDING OWNER'S NAME John Windham		For Insurance Company Use: Policy Number	
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO.		Company NAIC Number	
CITY Ft. White	STATE FL	ZIP CODE	
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) Lot 3 Three Rivers Estates Unit 9			
BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use a Comments area, if necessary.) Residential			
LATITUDE/LONGITUDE (OPTIONAL) (##°-##'-##.##" or ###.####")	HORIZONTAL DATUM: <input type="checkbox"/> NAD 1927 <input type="checkbox"/> NAD 1983	SOURCE: <input type="checkbox"/> GPS (Type): <input type="checkbox"/> USGS Quad Map <input type="checkbox"/> Other:	

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER 120070		B2. COUNTY NAME Columbia		B3. STATE FL	
B4. MAP AND PANEL NUMBER 0225	B5. SUFFIX B	B6. FIRM INDEX DATE 6 Jan 1988	B7. FIRM PANEL EFFECTIVE/REVISED DATE	B8. FLOOD ZONE(S) AE	B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding) 34 ft

B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9.
☐ FIS Profile ☐ FIRM ☐ Community Determined ☒ Other (Describe): SRWMD
☐ NAVD 1988 ☐ Other (Describe):

B11. Indicate the elevation datum used for the BFE in B9: ☒ NGVD 1929

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

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. Building Diagram Number 5 (Select the building diagram most similar to the building for which this certificate is being completed - see pages 6 and 7. If no diagram accurately represents the building, provide a sketch or photograph.)

C3. 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 C3.-a-i below according to the building diagram specified in Item C2. State the datum used. If the datum is different from the datum used for the BFE in Section B, convert the datum to that used for the BFE. Show field measurements and datum conversion calculation. Use the space provided or the Comments area of Section D or Section G, as appropriate, to document the datum conversion.
 Datum 29 Conversion/Comments

Elevation reference mark used ____ Does the elevation reference mark used appear on the FIRM? ☐ Yes ☒ No

<input type="checkbox"/> a) Top of bottom floor (including basement or enclosure)	____ ft.(m)
<input type="checkbox"/> b) Top of next higher floor	____ ft.(m)
<input type="checkbox"/> c) Bottom of lowest horizontal structural member (V zones only)	____ ft.(m)
<input type="checkbox"/> d) Attached garage (top of slab)	____ ft.(m)
<input type="checkbox"/> e) Lowest elevation of machinery and/or equipment servicing the building (Describe in a Comments area)	____ ft.(m)
<input type="checkbox"/> f) Lowest adjacent (finished) grade (LAG)	30.86 ft.(m)
<input type="checkbox"/> g) Highest adjacent (finished) grade (HAG)	31.66 ft.(m)
<input type="checkbox"/> h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade	
<input type="checkbox"/> i) Total area of all permanent openings (flood vents) in C3.h ____ sq. in. (sq. cm)	

License Number, Embossed Seal, Signature, and Date

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 in Sections A, B, and C 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.

CERTIFIER'S NAME L. Scott Britt	LICENSE NUMBER	P.S.M. #5757
TITLE Professional Surveyor and Mapper	COMPANY NAME Britt Surveying	
ADDRESS 830 W. Duval Street	CITY Lake City	STATE FL
		ZIP CODE 32055
SIGNATURE 	DATE	TELEPHONE (386) 752-7163 L-13935

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.			Policy Number
CITY	STATE	ZIP CODE	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

Set an 6" spike in a 24" gum tree Elevation set at 35.00 feet

L13224

☐ Check here if attachments

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

For Zone AO and Zone A (without BFE), complete Items E1 through E4. If the Elevation Certificate is intended for use as supporting information for a LOMA or LOMR-F, Section C must be completed.

E1. Building Diagram Number __ (Select the building diagram most similar to the building for which this certificate is being completed – see pages 6 and 7. If no diagram accurately represents the building, provide a sketch or photograph.)

E2. The top of the bottom floor (including basement or enclosure) of the building is __ ft.(m) __ in.(cm) ☐ above or ☐ below (check one) the highest adjacent grade. (Use natural grade, if available).

E3. For Building Diagrams 6-8 with openings (see page 7), the next higher floor or elevated floor (elevation b) of the building is __ ft.(m) __ in.(cm) above the highest adjacent grade. Complete items C3.h and C3.i on front of form.

E4. For 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, C (Items C3.h and C3.i only), 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, C, 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.

G1. ☐ The information in Section C was taken from other documentation that has been signed and embossed by a licensed surveyor, engineer, or architect who is authorized by state or local law to certify elevation information. (Indicate the source and date of the elevation data in the Comments area below.)

G2. ☐ A community official completed Section E for a building located in Zone A (without a FEMA-issued or community-issued BFE) or Zone AO.

G3. ☐ The following information (Items G4-G9) is provided for community floodplain management purposes.

G4. PERMIT NUMBER	G5. DATE PERMIT ISSUED	G6. DATE CERTIFICATE OF COMPLIANCE/OCCUPANCY ISSUED
-------------------	------------------------	---

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

G8. Elevation of as-built lowest floor (including basement) of the building is:

_____. ____ ft.(m)

Datum:

G9. BFE or (in Zone AO) depth of flooding at the building site is:

_____. ____ ft.(m)

Datum:

LOCAL OFFICIAL'S NAME TITLE

COMMUNITY NAME TELEPHONE

SIGNATURE DATE

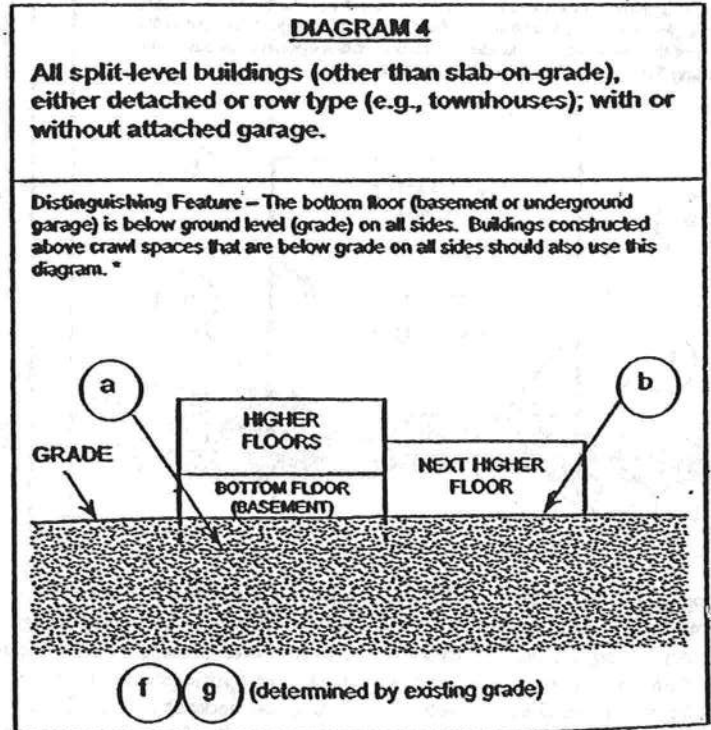
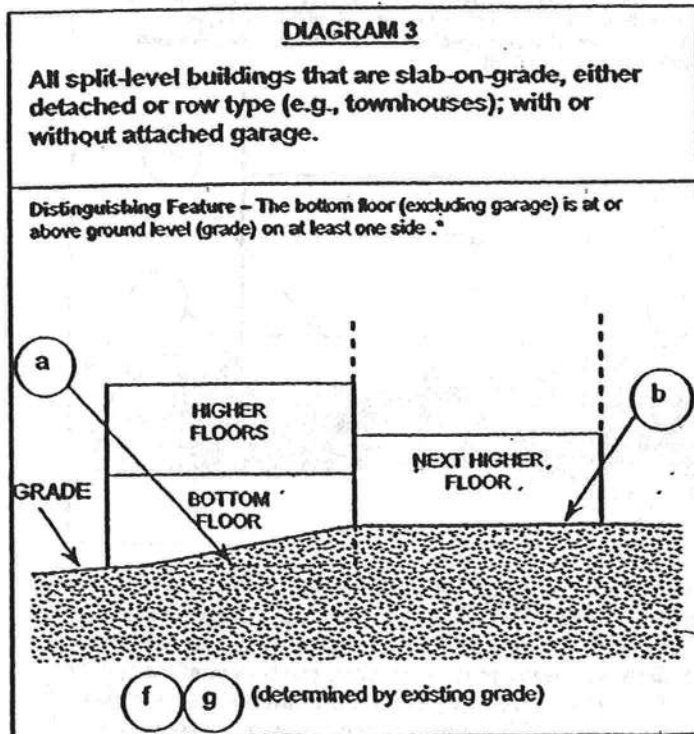
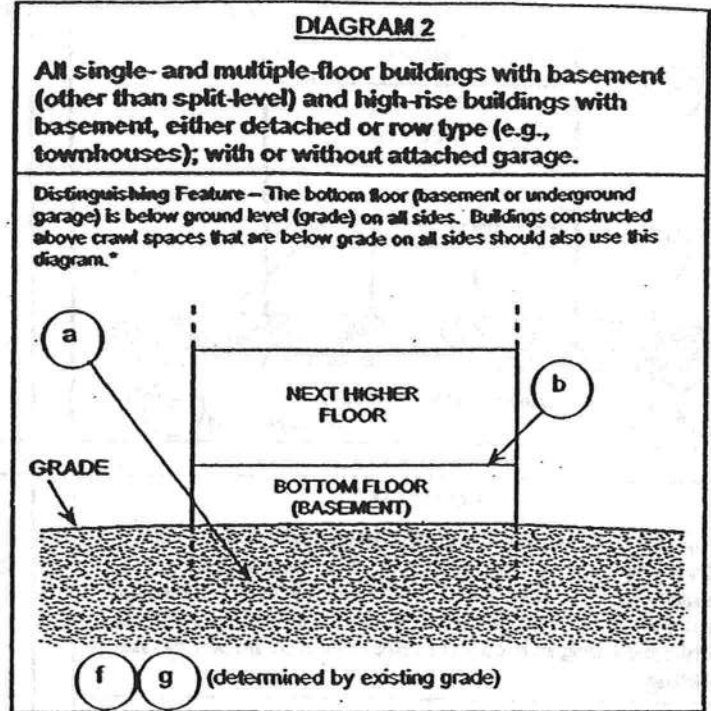
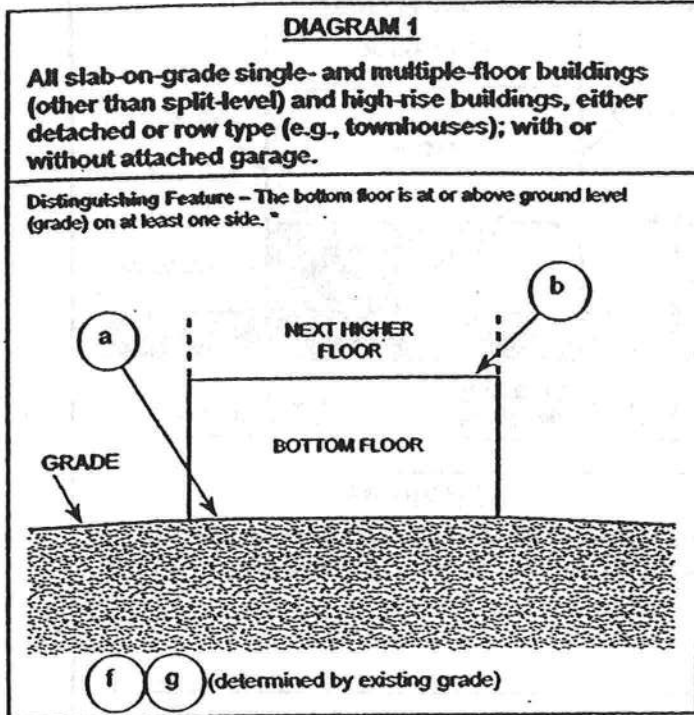
COMMENTS

☐ Check here if attachments

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 C2 and the elevations in Items C3a-C3g.

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).



* 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.

FEDERAL EMERGENCY MANAGEMENT AGENCY
NATIONAL FLOOD INSURANCE PROGRAM

O.M.B. No. 3067-0077
Expires July 31, 2002

ELEVATION CERTIFICATE

Important: Read the instructions on pages 1 - 7.

#20838

SECTION A - PROPERTY OWNER INFORMATION

BUILDING OWNER'S NAME John Windham			For Insurance Company Use: Policy Number	
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. Rt. 6 Box 404			Company NAIC Number	
CITY Lake City	STATE FL	ZIP CODE 32025		
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) Lot 3 of Three Rivers Estates, Unit 9				
BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use a Comments area, if necessary.) Residential				
LATITUDE/LONGITUDE (OPTIONAL) (##°-##'-##.###" or ###.####")		HORIZONTAL DATUM: <input type="checkbox"/> NAD 1927 <input type="checkbox"/> NAD 1983		SOURCE: <input type="checkbox"/> GPS (Type): <input type="checkbox"/> USGS Quad Map <input type="checkbox"/> Other: _____

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER 120070		B2. COUNTY NAME Columbia		B3. STATE FL	
B4. MAP AND PANEL NUMBER 0225	B5. SUFFIX B	B6. FIRM INDEX DATE 6 Jan 1988	B7. FIRM PANEL EFFECTIVE/REVISED DATE	B8. FLOOD ZONE(S) AE	B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding) 34 ft

B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9.
☐ FIS Profile ☐ FIRM ☒ Community Determined ☐ Other (Describe): _____

B11. Indicate the elevation datum used for the BFE in B9: ☒ NGVD 1929 ☐ NAVD 1988 ☐ Other (Describe): _____

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

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. Building Diagram Number 5 (Select the building diagram most similar to the building for which this certificate is being completed - see pages 6 and 7. If no diagram accurately represents the building, provide a sketch or photograph.)

C3. 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 C3-a-i below according to the building diagram specified in item C2. State the datum used. If the datum is different from the datum used for the BFE in Section B, convert the datum to that used for the BFE. Show field measurements and datum conversion calculation. Use the space provided or the Comments area of Section D or Section G, as appropriate, to document the datum conversion.
 Datum _____ Conversion/Comments _____

Elevation reference mark used _____ Does the elevation reference mark used appear on the FIRM? ☐ Yes ☒ No

☐ a) Top of bottom floor (including basement or enclosure) 35.48 ft.(m)
☐ b) Top of next higher floor _____ ft.(m)
☐ c) Bottom of lowest horizontal structural member (V zones only) _____ ft.(m)
☐ d) Attached garage (top of slab) _____ ft.(m)
☐ e) Lowest elevation of machinery and/or equipment servicing the building (Describe in a Comments area) _____ ft.(m)
☐ f) Lowest adjacent (finished) grade (LAG) 30.84 ft.(m)
☐ g) Highest adjacent (finished) grade (HAG) 32.04 ft.(m)
☐ h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade _____
☐ i) Total area of all permanent openings (flood vents) in C3.h _____ sq. in. (sq. cm)

License Number, Embossed Seal,
Signature, and Date

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 in Sections A, B, and C 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.

CERTIFIER'S NAME L. Scott Britt LICENSE NUMBER P.S.M. #5757

TITLE Professional Surveyor and Mapper

COMPANY NAME Britt Surveying

ADDRESS
830 W. Duval Street

CITY
Lake City

STATE
FL

ZIP CODE
32055

SIGNATURE

DATE
07/21/03

TELEPHONE
(386) 752-7163

L-13991

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.			Policy Number
CITY	STATE	ZIP CODE	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

There is a mobile home on this parcel at this time

L13942

☐ Check here if attachments

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

For Zone AO and Zone A (without BFE), complete Items E1 through E4. If the Elevation Certificate is intended for use as supporting information for a LOMA or LOMR-F, Section C must be completed.

E1. Building Diagram Number __ (Select the building diagram most similar to the building for which this certificate is being completed – see pages 6 and 7. If no diagram accurately represents the building, provide a sketch or photograph.)

E2. The top of the bottom floor (including basement or enclosure) of the building is __ ft.(m) __ in.(cm) ☐ above or ☐ below (check one) the highest adjacent grade. (Use natural grade, if available).

E3. For Building Diagrams 6-8 with openings (see page 7), the next higher floor or elevated floor (elevation b) of the building is __ ft.(m) __ in.(cm) above the highest adjacent grade. Complete items C3.h and C3.i on front of form.

E4. For 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, C (Items C3.h and C3.i only), 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, C, 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.

G1. ☐ The information in Section C was taken from other documentation that has been signed and embossed by a licensed surveyor, engineer, or architect who is authorized by state or local 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 is:

__ ft.(m)

Datum: __

G9. BFE or (in Zone AO) depth of flooding at the building site is:

__ ft.(m)

Datum: __

LOCAL OFFICIAL'S NAME

TITLE

COMMUNITY NAME

TELEPHONE

SIGNATURE

DATE

COMMENTS

☐ Check here if attachments

DIAGRAM 5

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

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

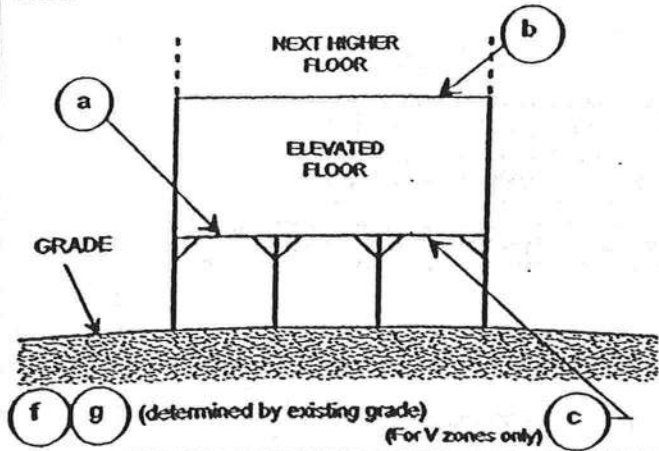


DIAGRAM 6

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

Distinguishing Feature – For all zones, the area below the elevated floor is enclosed, either partially or fully. In A Zones, the partially or fully enclosed area below the elevated floor is with or without openings** present in the walls of the enclosure. Indicate information about openings in Section C, Building Elevation Information (Survey Required).

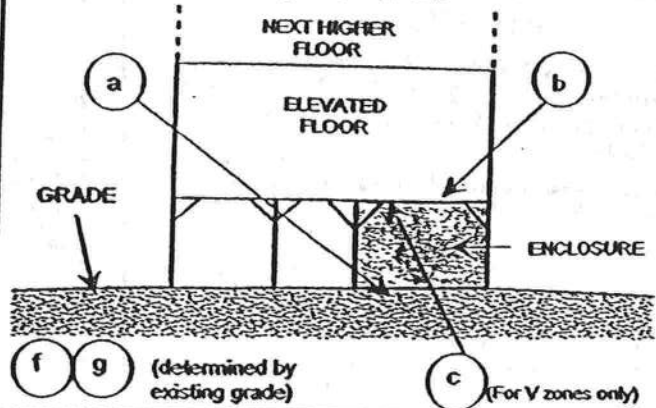


DIAGRAM 7

All buildings elevated on full-story foundation walls with a partially or fully enclosed area below the elevated floor. This includes walkout levels, where at least one side is at or above grade. The principal use of this building is located in the elevated floors of the building.

Distinguishing Feature – For all zones, the area below the elevated floor is enclosed, either partially or fully. In A Zones, the partially or fully enclosed area below the elevated floor is with or without openings** present in the walls of the enclosure. Indicate information about openings in Section C, Building Elevation Information (Survey Required).

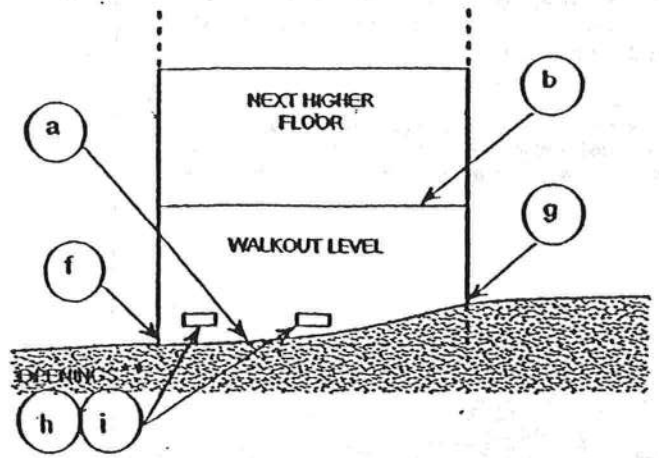
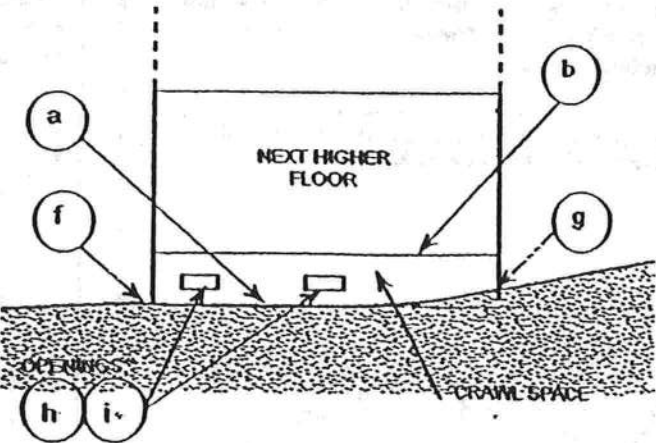


DIAGRAM 8

All buildings elevated on a crawl space with the floor of the crawl space at or above grade on at least one side.

Distinguishing Feature – For all zones, the area below the first floor is enclosed by solid or partial perimeter walls. In all A zones, the crawl space is with or without openings** present in the walls of the crawl space. Indicate information about the openings in Section C, Building Elevation Information (Survey Required).



An "opening" (flood vent) is defined as a permanent opening in a wall that allows for the free passage of water automatically in both directions without human intervention. Under the NFIP, a minimum of two openings is required for enclosures or crawl spaces with a total net area of not less than one square inch for every square foot of area enclosed. Each opening must be on different sides of the enclosed area. If a building has more than one enclosed area, each area must have openings on exterior walls to allow floodwater to directly enter. The bottom of the openings must be no higher than one foot above the grade underneath the flood vents. Alternatively, you may submit a certification by a registered professional engineer or architect that the design will allow for the automatic equalization of hydrostatic flood forces on exterior walls. A window, a door, or a garage door is not considered an opening.