

DATE01/06/2006

Columbia County Building Permit

This Permit Expires One Year From the Date of Issue

PERMIT000024024

APPLICANTELEANOR MINNICH

PHONE397-1143

ADDRESS379NW CAESAR CT

WHITE SPRINGSFL32096

OWNERELEANOR MINNICH

PHONE365-5702

ADDRESS379NW CAESAR CT

WHITE SPRINGSFL32096

CONTRACTORDALE HOUSTON

PHONE752-7814

LOCATION OF PROPERTY

41 N, L SUWANNEE VALLEY RD, R EVERETT RD, R ON
LONNIE LN, R CAESAR CT, 6TH LOT ON LEFT

TYPE DEVELOPMENTMH,UTILITY

ESTIMATED COST OF CONSTRUCTION0.00

HEATED FLOOR AREA

TOTAL AREA

HEIGHT

STORIES

FOUNDATION

WALLS

ROOF PITCH

FLOOR

LAND USE & ZONINGESA

MAX. HEIGHT35

Minimum Set Back Requirments:

STREET-FRONT30.00

REAR25.00

SIDE25.00

NO. EX.D.U.1

FLOOD ZONEAE

DEVELOPMENT PERMIT NO.06-001

PARCEL ID20-2S-16-01657-035

SUBDIVISIONDAVIS

LOT35

BLOCK

PHASE

UNIT

TOTAL ACRES1.00

IH0000040

Eleanor Minnich

Culvert Permit No.

Culvert Waiver

Contractor's License Number

Applicant/Owner/Contractor

EXISTING

05-1223-N

BK

JH

N

Driveway Connection

Septic Tank Number

LU & Zoning checked by

Approved for Issuance

New Resident

COMMENTS: MINIMUM FLOOR ELEVATION IS TO BE SET @ 89',HAVE 1 FT RISE ON
FILE, NEED FINISHED FLOOR CERTIFICATION BEFORE POWER, ALL PIERS
OVER 52" SHALL BE DESIGNED BY AN ENGINEER

Check # or Cash1705

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 \$0.00

CERTIFICATION FEE \$0.00

SURCHARGE FEE \$0.00

MISC. FEES \$200.00

ZONING CERT. FEE \$50.00

FIRE FEE \$0.00

WASTE FEE \$

FLOOD DEVELOPMENT FEE \$50.00

FLOOD ZONE FEE \$25.00

CULVERT FEE \$

TOTAL FEE325.00

INSPECTORS OFFICE

CLERKS OFFICE

NOTICE: IN ADDITION TO THE REQUIREMENTS OF THIS PERMIT, THERE MAY BE ADDITIONAL RESTRICTIONS APPLICABLE TO THIS PROPERTY THAT MAY BE FOUND IN THE PUBLIC RECORDS OF THIS COUNTY. 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 INCONVIENCE, 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.

PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

For Office Use Only (Revised 6-23-05) Zoning Official BLK 12.12.05 Building Official OK JTH 12-12-05

AP# 0512-12 Date Received 12/5 By JA Permit # 24024

Flood Zone A-E Development Permit YES Zoning ESA-2 Land Use Plan Map Category ESA

Comments Who is 2nd MH for? Living in one & storage shed
ALL Piers over 52" SHALL HAVE A PROFESSIONAL ENGINEERED
DP 06-001

FEMA Map# 0105B Elevation 88' Finished Floor 89' River Suwannee In Floodway NO

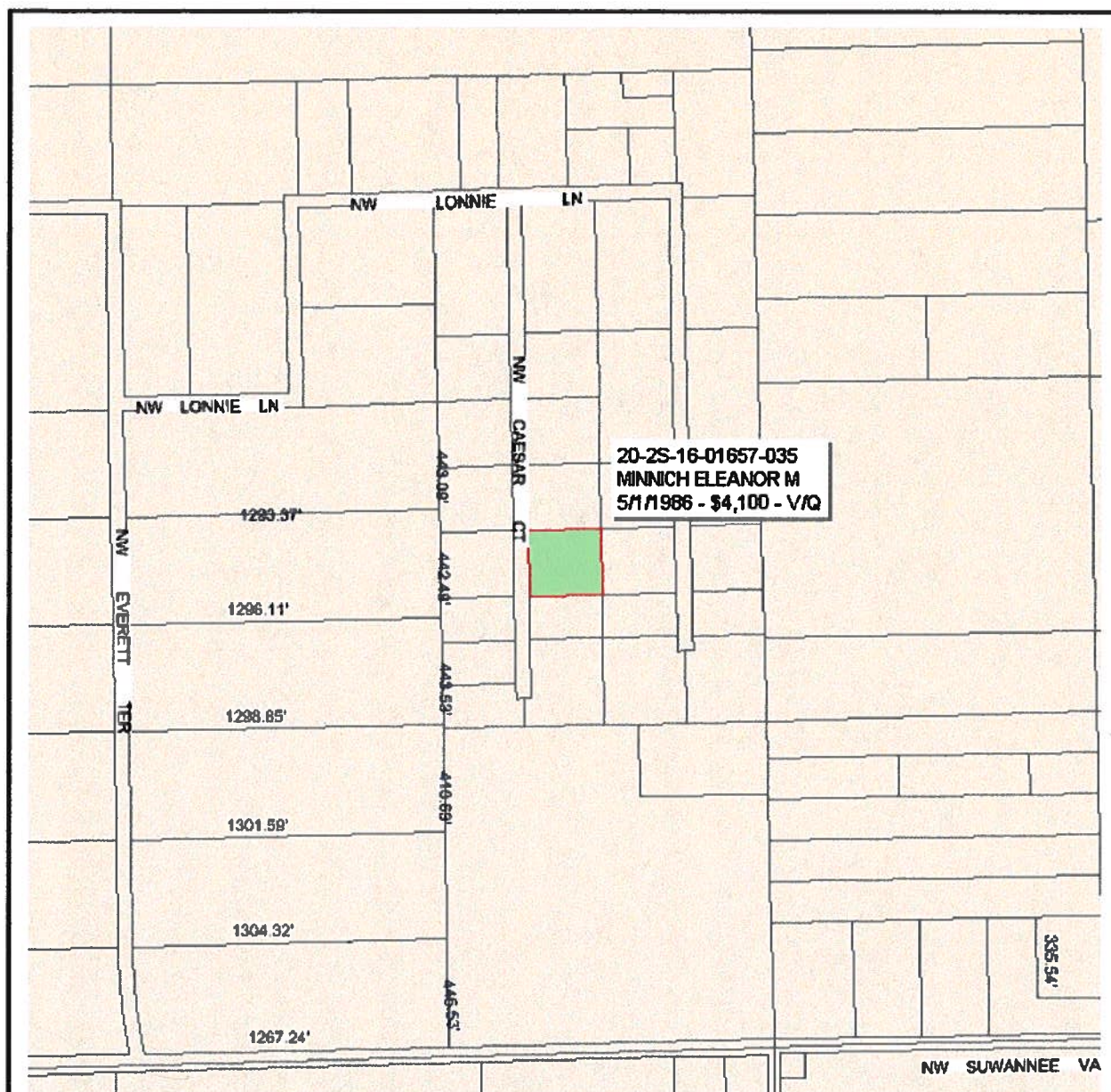
☒ Site Plan with Setbacks Shown ☒ EH Signed Site Plan ☒ EH Release ☒ Well letter ☒ Existing well

☒ Copy of Recorded Deed or Affidavit from land owner ☒ Letter of Authorization from Installer

LOT 35 DAVIS RD 05-1223

- Property ID # 20-75-16-01657-035 Must have a copy of the property deed
- New Mobile Home ☒ Used Mobile Home _____ Year 2005
- Applicant Eleanor Minnich Phone # 386-397-1143 / 386-5703
- Address 379 NW Caesar Ct. White Springs FL 32096
- Name of Property Owner Eleanor Minnich Phone# 386-397-1143
- 911 Address 379 NW Caesar Ct. White Springs FL 32096
- Circle the correct power company - FL Power & Light - Clay Electric
 (Circle One) - Suwannee Valley Electric - Progress Energy
- Name of Owner of Mobile Home Eleanor Minnich Phone # 386-397-1143
 Address 379 NW Caesar Ct White Springs FL 32096
- Relationship to Property Owner Same
- Current Number of Dwellings on Property (1) Mobile Home & 1 shed (Paid)
- Lot Size _____ Total Acreage _____
- Do you : Have an Existing Drive or need a Culvert Permit or a Culvert Waiver (Circle one)
- Is this Mobile Home Replacing an Existing Mobile Home No (Yes)
- Driving Directions to the Property Hiway 41 N. to Suwannee Valley Rd. to N.W. Everett Rd. to Lonnie Lane to Caesar Ct. - 6th place on left - 5th driveway. (Only one way to turn on all these roads)
- Name of Licensed Dealer/Installer Dale Houston Phone # 386-752-7814
- Installers Address 136 SW Barrs Glen Lake City, FL 32024
- License Number TH0000040 Installation Decal # 252498

20f2



Columbia County Property Appraiser

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

PARCEL: 20-2S-16-01657-035 HX WX - MOBILE HOM (000200)

LOT 35 DAVIS S/D. ORB 342-349, DC DAVID MINNICH 1041-1603.

Name: MINNICH ELEANOR M	LandVal	\$10,388.00
Site: CEASAR	BldgVal	\$4,172.00
Mail: 379 NW CEASAR CT	ApprVal	\$15,064.00
WHITE SPRINGS, FL 32096	JustVal	\$15,064.00
Sales Info 5/1/1986 \$4,100.00 V / Q	Assd	\$13,463.00
	Exmpt	\$13,463.00
	Taxable	\$0.00

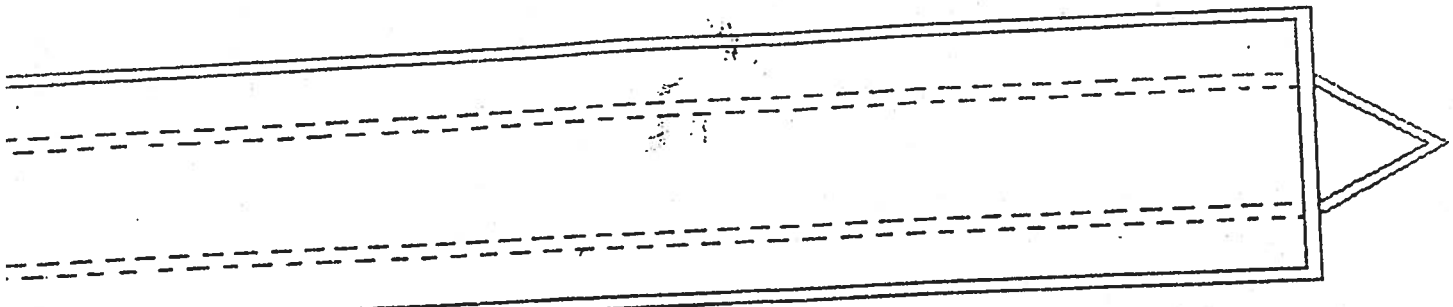
0 0.05 0.1 0.15 mi



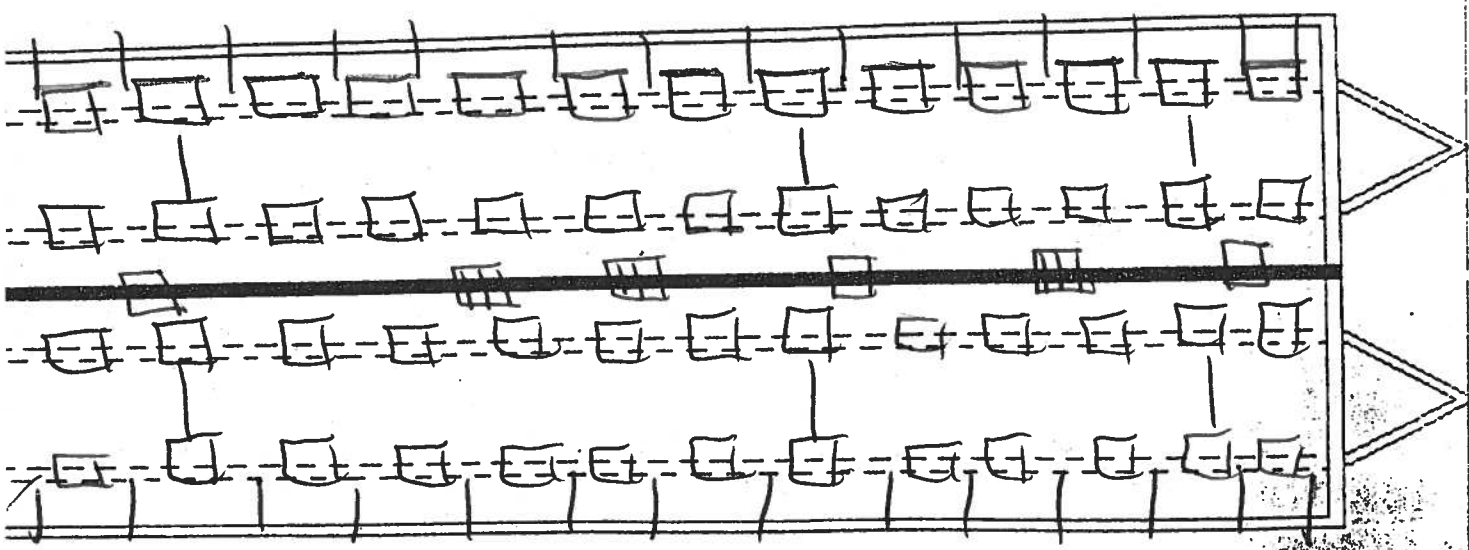
This information, GIS Map Updated: 8/3/2005, was derived from data which was compiled by the Columbia County Property Appraiser Office solely for the governmental purpose of property assessment. This information should not be relied upon by anyone as a determination of the ownership of property or market value. No warranties, expressed or implied, are provided for the accuracy of the data herein, its use, or its interpretation. Although it is periodically updated, this information may not reflect the data currently on file in the Property Appraiser's office. The assessed values are NOT certified values and therefore are subject to change before being finalized for ad valorem assessment purposes.

Applicant shall provide layout from manufacturer specific to the model used. If the manufacturer is not available.

SINGLE WIDE MOBILE HOME



32x76- 1000 psf - 23x31
plus 13 per side 6'00" 6- Longitudinal system
anchors 14 per side 5'45"



DOUBLE WIDE MOBILE HOME

-  ANCHOR
-  PIER
-  PIER FOOTING

Show all pier (with size of piers & pads) and anchor location, with maximum spacing and distance from end as required in the manufacturer's specifications. Any special pier footing required (over 16 x 16 inches) shall be shown separately with required dimensions per the manufacturer's specifications. To determine footing size and spacing, a soil bearing capacity test shall be used. Pier footings to be poured-in-place, whether required by manufacturer's specifications or by preference, must be inspected by the Building Department prior to pouring.

PERMIT WORKSHEET

PERMIT NUMBER

Installer Dale Houghton License # 1H000004Address of home being installed 377 NW CAESAR CTManufacturer SCOTT BILT Length x width 76x32NOTE: 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.

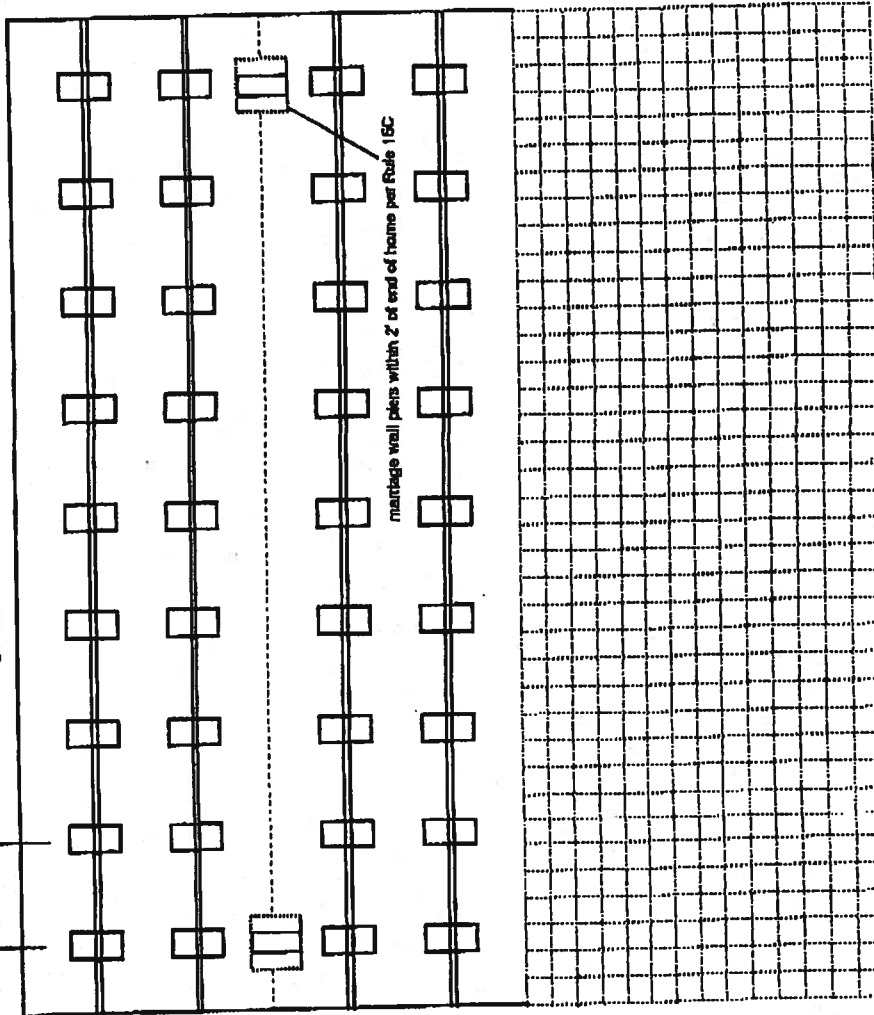
Installer's initials DH

Typical pier spacing

Show locations of Longitudinal and Lateral Systems (use dark lines to show these locations)

lateral
longitudinal

2'



marriage wall piers within 2' of end of home per Rule 15C

☒ 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 # 252698
 Triple/Quad ☐ Serial # 00686 ALB

PIER SPACING TABLE FOR USED HOMES

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

23x31

Perimeter pier pad size

16x16

Other pier pad sizes (required by the mfg.)

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

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

Opening

Pier pad size

5 ft

4 ft

ANCHORS

FRAME TIES

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

OTHER TIES

Number

 Sidewall
 Longitudinal
 Marriage wall
 Shearwall

TEDOWN COMPONENTS

Longitudinal Stabilizing Device (LSD)

Manufacturer

Longitudinal Stabilizing Device w/ Lateral Arms

Manufacturer

Oliver Technologies

PERMIT NUMBER

POCKET PENETROMETER TEST

The pocket penetrometer tests are rounded down to without testing.

X ___ X ___ X ___

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 ___ X ___ X ___

TORQUE PROBE TEST

The results of the torque probe test is 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 state approved lateral arm system is being used and 4 ft. anchors are allowed at the sidewall locations. I understand 5 ft anchors are required at all centerline tie points where the torque test reading is 275 or less and where the mobile home manufacturer may requires anchors with 4600 lb holding capacity.

Installer's initials

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name

Dale Hough

Date Tested

11/29/08

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
Water drainage: Natural Swale Pad Other

Fastening multi wide units

Floor: Type Fastener: Length: Spacing:
Walls: Type Fastener: Length: Spacing:
Roof: Type Fastener: Length: Spacing:
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

OW

Type gasket

furan

Installed:

Between Floors Yes
Between Walls Yes
Bottom of ridgebeam Yes

Weatherproofing

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

Miscellaneous

Skirting to be installed. Yes
Dryer vent installed outside of skirting. Yes
Range downflow vent installed outside of skirting. Yes
Drain lines supported at 4 foot intervals. Yes
Electrical crossovers protected. Yes
Other: N/A

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

Dale Hough

Date

11/29/08

Columbia County Property Appraiser

DB Last Updated: 9/16/2005

Parcel: 20-2S-16-01657-035 HX WX

2005 Proposed Values

Tax Record

Property Card

Interactive GIS Map

Print

Owner & Property Info

Search Result: 1 of 1

Owner's Name	MINNICH ELEANOR M
Site Address	CEASAR
Mailing Address	379 NW CEASAR CT WHITE SPRINGS, FL 32096
Brief Legal	LOT 35 DAVIS S/D. ORB 342-349, DC DAVID MINNICH 1041-1603.

Use Desc. (code)	MOBILE HOM (000200)
Neighborhood	20216.01
Tax District	3
UD Codes	MKTA03
Market Area	03
Total Land Area	1.860 ACRES

Property & Assessment Values

Mkt Land Value	cnt: (2)	\$10,388.00
Ag Land Value	cnt: (0)	\$0.00
Building Value	cnt: (1)	\$4,172.00
XFOB Value	cnt: (1)	\$504.00
Total Appraised Value		\$15,064.00

Just Value	\$15,064.00
Class Value	\$0.00
Assessed Value	\$13,463.00
Exempt Value	(code: HX WX) \$13,463.00
Total Taxable Value	\$0.00

Sales History

Sale Date	Book/Page	Inst. Type	Sale Vlmp	Sale Qual	Sale RCode	Sale Price
5/1/1986	618/628	WD	V	Q		\$4,100.00

Building Characteristics

Bldg Item	Bldg Desc	Year Blt	Ext. Walls	Heated S.F.	Actual S.F.	Bldg Value
1	MOBILE HME (000800)	1973	Below Avg. (03)	1008	1248	\$4,172.00
Note: All S.F. calculations are based on exterior building dimensions.						

Extra Features & Out Buildings

Code	Desc	Year Blt	Value	Units	Dims	Condition (% Good)
0294	SHED WOOD/	1993	\$504.00	144.000	12 x 12 x 0	(.00)

Land Breakdown

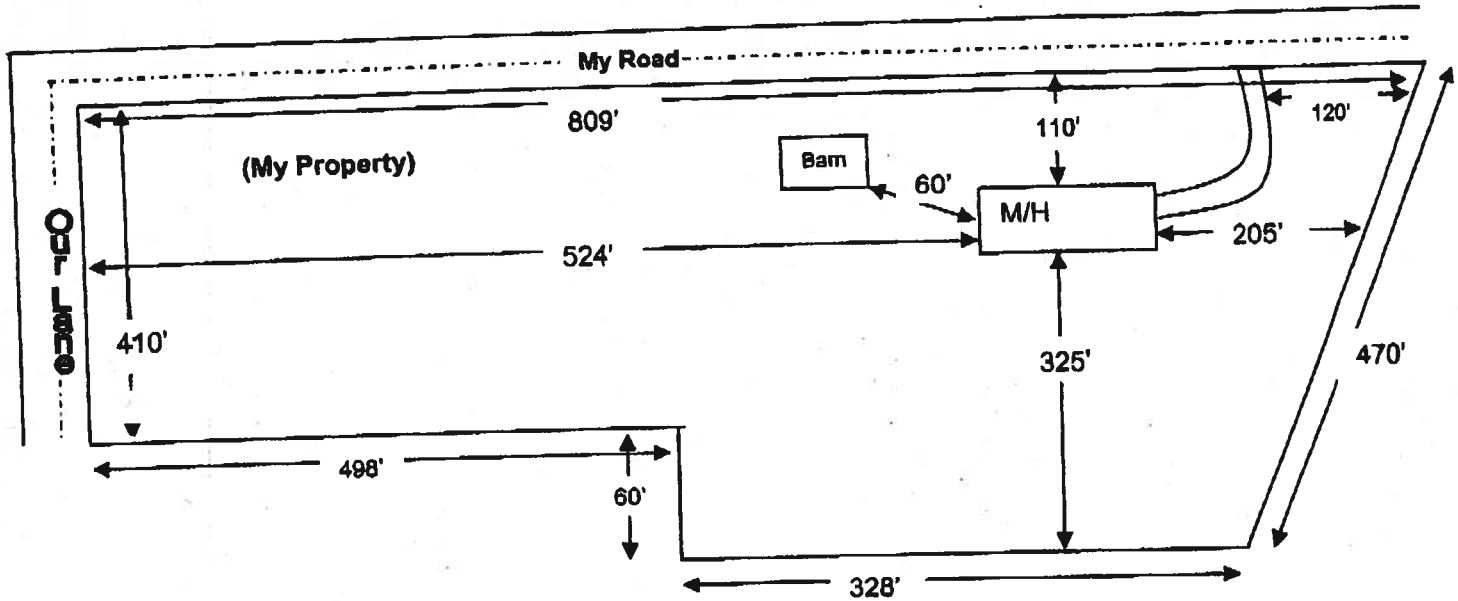
Lnd Code	Desc	Units	Adjustments	Eff Rate	Lnd Value
000102	SFR/MH (MKT)	1.860 AC	1.00/1.00/1.00/1.00	\$4,510.00	\$8,388.00
009945	WELL/SEPT (MKT)	1.000 UT - (.000AC)	1.00/1.00/1.00/1.00	\$2,000.00	\$2,000.00

Columbia County Property Appraiser

DB Last Updated: 9/16/2005

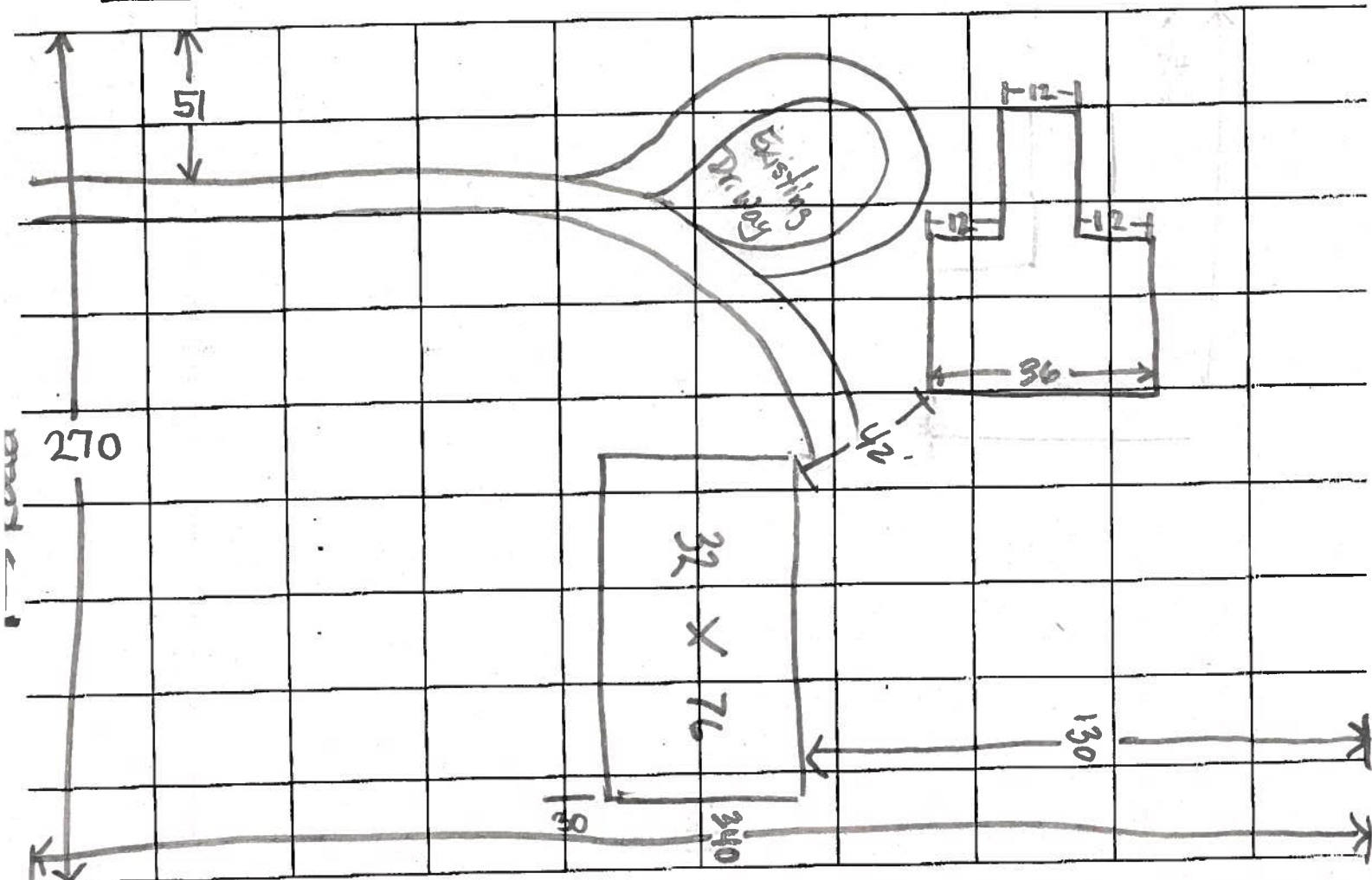
1 of 1

SITE PLAN EXAMPLE / WORKSHEET



497-4866 / Freeman 758-4250 AHe: Fallon

Use this example to draw your own site plan. Show all existing buildings and any other homes on this property and show the distances between them. Also show where the roads or roads are around the property. This site plan can also be used for the 911 Addressing department if you include the distance from the driveway to the nearest property line.



ACCOUNT NUMBER	ESCROW CD	ASSESSED VALUE	EXEMPTIONS	TAXABLE VALUE	MILLAGE CODE
R01657-036		13,071	13,071	0	003

R

0015308 01 AV 0.276 **AUTO T5 0 0810 32096-12

MINNICH DAVID LEE & ELEANOR M
379 NW CEASAR CT
WHITE SPRINGS FL 32096-7489

20-2S-16 0200/0200
LOT 35 DAVIS S/D.
ORB 342-349

1.86 Acres

Control # 2601475-0003 of 0003
Date 03/18/05 Amount 215.00
PAID BY: MINNICH DAVID LEE & ELEANOR

RONNIE BRANNON TAX COLLECTOR

PRIOR YEAR DUE CALL 386-758-1131

AD VALOREM TAXES

TAXING AUTHORITY	MILLAGE RATE (DOLLARS PER \$1,000 OF TAXABLE VALUE)	TAXES LEVIED
CD01 BOARD OF COUNTY COMMISSIONERS	8.7260	
S002 COLUMBIA COUNTY SCHOOL BOARD		
DISCRETIONARY	.7600	
LOCAL	5.5320	
CAPITAL OUTLAY	2.0000	
W SR SUWANNEE RIVER WATER MGT DIST	.4914	
HLSH SHANDS AT LAKE SHORE	1.5000	
IIDA INDUSTRIAL DEVELOPEMENT AUTH	.1380	
TOTAL MILLAGE 19.1474		AD VALOREM TAXES \$1.00

NON-AD VALOREM ASSESSMENTS

LEVYING AUTHORITY	RATE	AMOUNT
FFIR FIRE ASSESSMENTS		68.00
GGAR SOLID WASTE - ANNUAL		147.00
NON-AD VALOREM ASSESSMENTS		\$215.00

COMBINED TAXES AND ASSESSMENTS

\$215.00

PAY ONLY
ONE AMOUNTSee reverse side for
important information.IF PAID BY
PLEASE PAYNov 30
208.40Dec 31
208.55Jan 31
210.70Feb 28
212.85Mar 31
215.00IF PAID
BY

RETAIN
THIS
PORTION
FOR
YOUR
RECORDS

I, Dale Houston, A licensed installer, Installer # IH0000040, authorize customer Elegance M. Minnich to be my representative, and to act on my behalf in all aspects of applying for permits. For Model # Scotb. It Serial# 00 686 A50

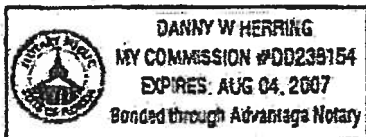
Dale Houston
Dale Houston

05
Date

Sworn and subscribed before me on this 30 Day of Nov 2005.

Danny W. Herring
Notary Public

My Commission Expires:



TOTAL P. 82



APPROXIMATE SCALE IN FEET



NATIONAL FLOOD INSURANCE PROGRAM

FIRM
FLOOD INSURANCE RATE MAP

COLUMBIA
COUNTY,
FLORIDA
(UNINCORPORATED AREAS)

PANEL 105 OF 290

PANEL LOCATION



COMMUNITY-PANEL NUMBER
120070 0105 B
EFFECTIVE DATE:
JANUARY 6, 1988



Federal Emergency Management Agency

This is an official copy of a portion of the above referenced flood map. It was extracted using F-MIT Version 1.0. This map does not reflect changes or amendments which may have been made subsequent to the date on the title block. Further information about National Flood Insurance Program flood hazard maps is available at www.fema.gov/mifbnd.



Engineers • Planners

161 N.W. Madison St., Suite 102
Lake City, Florida 32055
Tel: 386-758-4209
Fax: 386-758-4290

1/3/2006

Columbia County Building Department

To whom it may concern,

RE: Eleanor Minnich Residence, Lot #35 – Davis Subdivision

I have reviewed the conditions for the referenced property. The property is located in a flood zone (Zone AE). The required floor elevation (89.00') shall be set 1' above the 100 year flood elevation. The 100 year flood elevation is established at 88.00' referenced from benchmark set in oak tree (See Survey). Please find a copy of the calculations verifying the flood rise to be less than 1'-0". If you have any questions, please call me at (386) 758-4209.

Sincerely,

William Freeman, P.E.

CERT. OF AUTH. 00008701

Freeman Design Group, Inc.
 161 NW Madison St., Ste. # 102
 Lake City, FL 32055
 (386) 758-4209

1-ft Rise Flood Certification Calculations			
Project: Eleanor Minnich Residence			
Double-Wide Mobile Home, 32x76			
Footing Area (sf):	1.333	(16" sq. piers)	1.78 sf per pier
No. Piers/Row:	14		
No. Rows:	4		
Rise Ht(ft):	3		
Footing Area (sf):	0.889	(8" x 16" piers)	0.79 sf per pier
No. Piers/Row:	14		
No. Rows:	3		
Rise Ht(ft):	3		
Contributing Area:	1.86	acres ———>	81,021.60 sf
New Ftg Area:			132.699 sf
Net Land Area (contributing minus new):			80,888.90 sf
Pier Area (ftg. Area*No. Piers*Rise):			398.10 cf
Amount of Rise (pier area / land area) x 12:			0.059 in

Base Flood Elevation 88 ft
 Min. Finished Floor Elevation 89 ft

Will H. Freeman

1/3/06

CERT. OF AUTH. 00008701

LAUREN E. (BUD) BRITT, R.L.S.
FLORIDA CERTIFICATE No. 1079

Eleanor Minnich 7764
758

1426 W. Duval
P. O. Box 837
Lake City, Florida
32055

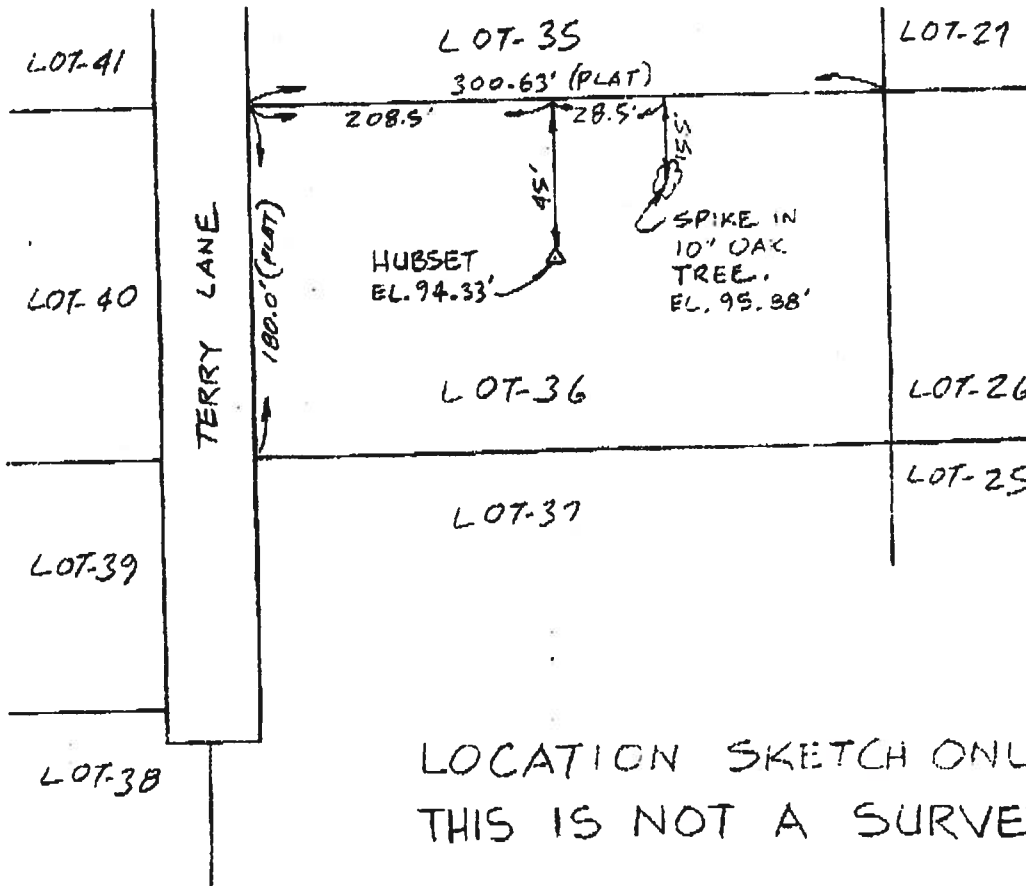
"Britt Surveying"

CERTIFICATION:

I, THE UNDERSIGNED REGISTERED LAND SURVEYOR, HEREBY CERTIFY THAT A POSITION WAS MARKED AND FLAGGED ON LOT # 36, ~~BEFORE~~ OF DAVIS SUBDIVISION, PLAT BOOK 4, PAGE 111A, COLUMBIA COUNTY, FLORIDA. THAT THE NATURAL GROUND ELEVATION AT SAID POINT IS 94.33 FEET IN ACCORDANCE WITH THE BENCH MARK RUN BY BRITT SURVEYING IN 1990.

Lauren E. Britt
LAUREN E. BRITT, P.L.S.
FLA. CERTIFICATION # 1079

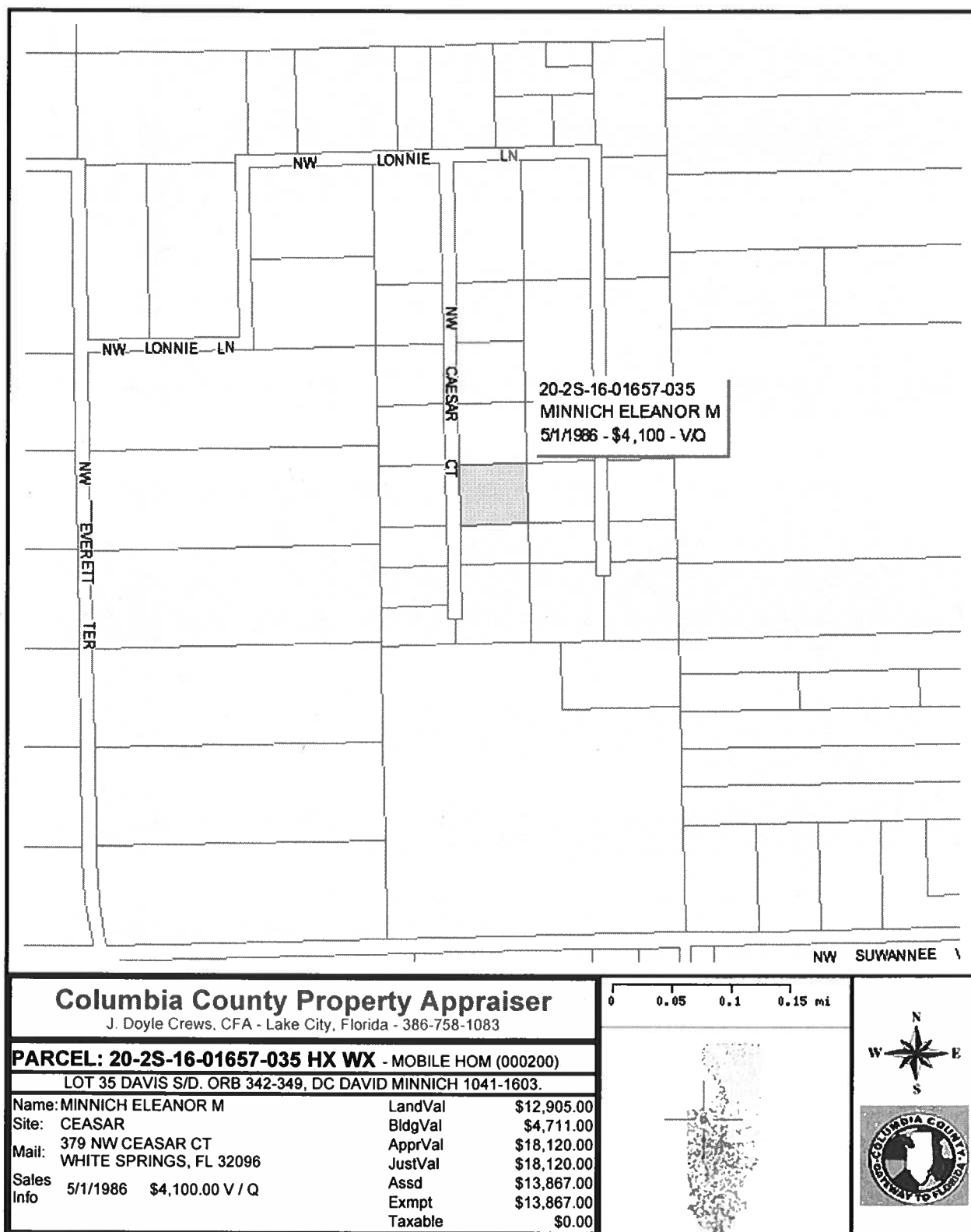
DATE: 21 MAY 1990
WO #: L-4551
P.B.: 119 PG. 8
FOR: ELLIE MINNICH



NOT TO SCALE

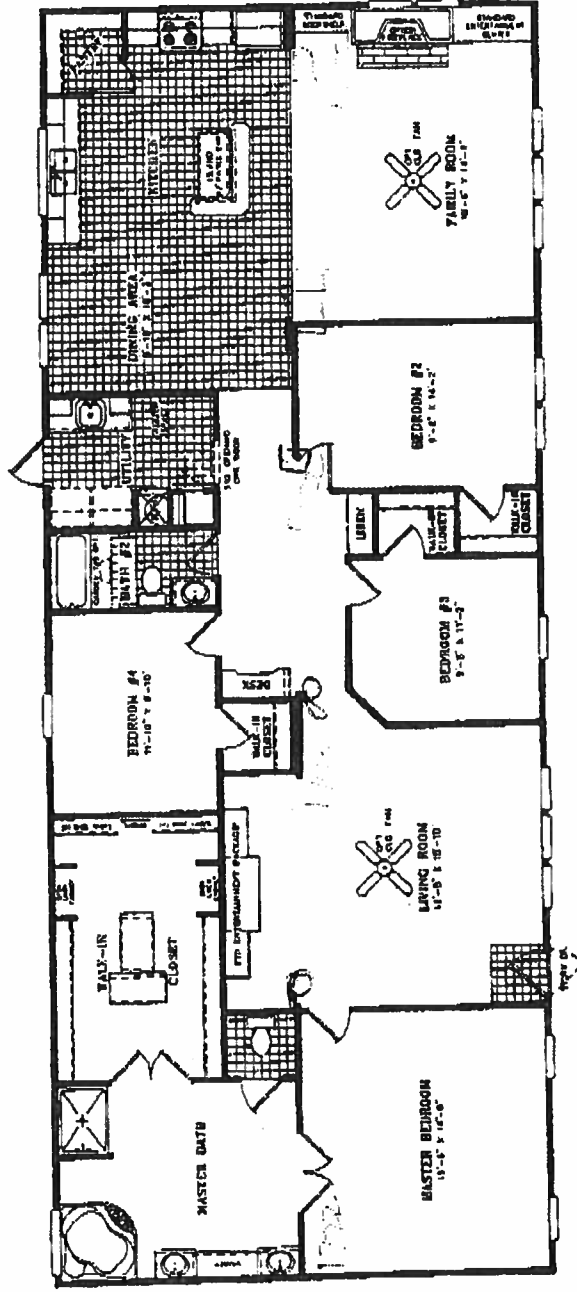
LOCATION SKETCH ONLY
THIS IS NOT A SURVEY

L-4551



This information, GIS Map Updated: 12/8/2005, was derived from data which was compiled by the Columbia County Property Appraiser Office solely for the governmental purpose of property assessment. This information should not be relied upon by anyone as a determination of the ownership of property or market value. No warranties, expressed or implied, are provided for the accuracy of the data herein, it's use, or it's interpretation. Although it is periodically updated, this information may not reflect the data currently on file in the Property Appraiser's office. The assessed values are NOT certified values and therefore are subject to change before being finalized for ad valorem assessment purposes.

The "Heritage" : 32x76 (Floor) 4 Bedroom 2 Bath (Approx. 2,255 S.F.) Model: 327614HER



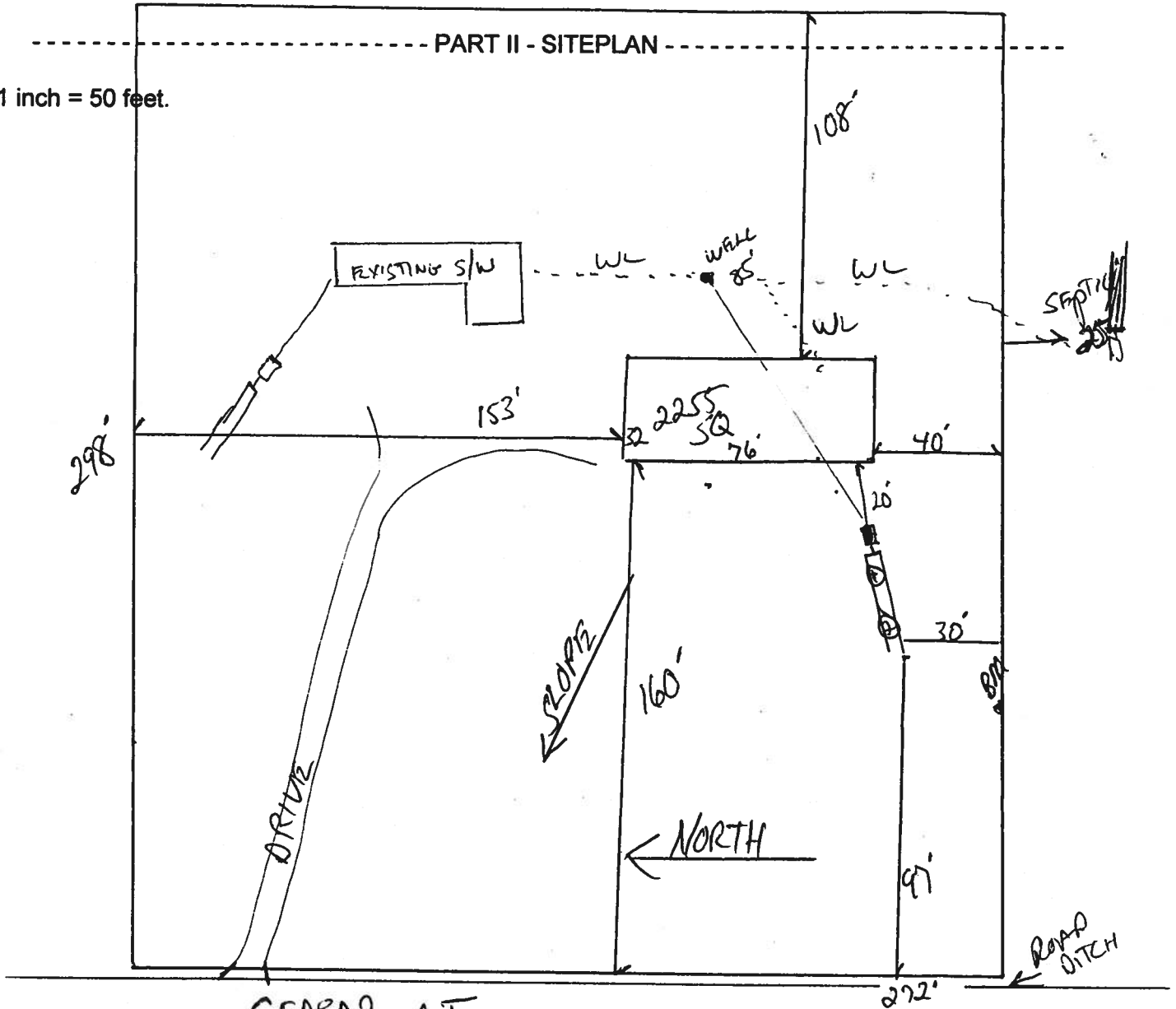
ScotBilt Homes
P.O. Box 1189, Waycross, Ga 31502

*Overall dimensions are nominal and approximate and include overhangs and hitches (approx 4"); square footage calculations are made from overall floor size. ScotBilt Homes reserves the right to change dimensions, colors, specifications, models and prices without notice.

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

Permit Application Number 0.51223N

Scale: 1 inch = 50 feet.



Notes: _____

Site Plan submitted by: Rock D F MASTER CONTRACTOR
 Plan Approved Mark S Lander Not Approved _____ Date 1-6-06
 By Columbia County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

Development Permit
F 023- 06-001

FLOOD ZONE AE BY BK 1-6-88 FIRM COMMUNITY #. 120070 - PANEL #. 105 B
FIRM 100 YEAR ELEVATION 88' PLAN INCLUDED YES or NO
REQUIRED LOWEST HABITABLE FLOOR ELEVATION 89'
IN THE REGULATORY FLOODWAY YES or NO RIVER Suwannee
SURVEYOR / ENGINEER NAME William Freeman LICENSE NUMBER 00008701

DATE THE FINISHED FLOOR ELEVATION CERTIFICATE WAS PROVIDED

COMMENTS

PERMIT EXPIRES ONE YEAR FROM THE DATE OF ISSUANCE

RECEIVED
FAXED
2-20-06
G

COLUMBIA COUNTY
DEPT
OF
ALTERNATE

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

COLUMBIA COUNTY, FLORIDA

Department of Building and Zoning Inspection

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

Parcel Number 20-2S-16-01657-035

Building permit No. 000024024

Permit Holder DALE HOUSTON

Owner of Building ELEANOR MINNICH

Location: 379 NW CAESAR COURT, WHITE SPRINGS, FL



Date: 02/20/2006

Harry Dick

by G Building Inspector

POST IN A CONSPICUOUS PLACE
(Business Places Only)

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. 379 NW CEASAR CT	For Insurance Company Use: Policy Number
City WHITE SPRINGS State FL ZIP Code 32096	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 &
Side View
Taken
8/21/09



Rear &
Side View
Taken
8/21/09

24024

FEDERAL EMERGENCY MANAGEMENT AGENCY
NATIONAL FLOOD INSURANCE PROGRAM

O.M.B. No. 3067-0077
Expires December 31, 2005

ELEVATION CERTIFICATE

Important: Read the instructions on pages 1 - 7.

SECTION A - PROPERTY OWNER INFORMATION			For Insurance Company Use:
BUILDING OWNER'S NAME ELEANOR M. MINNICH			Policy Number
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. 379 NW CEASAR CT			Company NAIC Number
CITY WHITE SPRINGS	STATE FL	ZIP CODE 32096	
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) LOT 35 DAVIS SBDIVISION PARCEL ID. # 20-2S-16-01657-035			
BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use a Comments area, if necessary.) RESIDENTIAL			
LATITUDE/LONGITUDE (OPTIONAL) (##° - ##' - ##.##" or ##.####")		HORIZONTAL DATUM: SOURCE: <input type="checkbox"/> GPS (Type): <input type="checkbox"/> NAD 1927 <input type="checkbox"/> NAD 1983 <input type="checkbox"/> USGS Quad Map <input type="checkbox"/> Other: _____	

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION					
B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER COLUMBIA COUNTY 120070		B2. COUNTY NAME COLUMBIA		B3. STATE FL	
B4. MAP AND PANEL NUMBER 120070 0105	B5. SUFFIX B	B6. FIRM INDEX DATE 1/06/88	B7. FIRM PANEL EFFECTIVE/REVISED DATE 1/06/88	B8. FLOOD ZONE(S) AE	B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding) 88
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9. <input type="checkbox"/> FIS Profile <input checked="" type="checkbox"/> FIRM <input type="checkbox"/> Community Determined <input type="checkbox"/> Other (Describe): _____					
B11. Indicate the elevation datum used for the BFE in B9: <input checked="" 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)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Designation Date _____					

SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)	
C1. Building elevations are based on: <input type="checkbox"/> Construction Drawings* <input type="checkbox"/> Building Under Construction* <input checked="" type="checkbox"/> Finished Construction *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 NA Conversion/Comments _____ Elevation reference mark used LOCAL Does the elevation reference mark used appear on the FIRM? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<input type="checkbox"/> a) Top of bottom floor (including basement or enclosure)	101. 7 ft (m)
<input type="checkbox"/> b) Top of next higher floor	NA. ft (m)
<input type="checkbox"/> c) Bottom of lowest horizontal structural member (V zones only)	NA. ft (m)
<input type="checkbox"/> d) Attached garage (top of slab)	NA. ft (m)
<input type="checkbox"/> e) Lowest elevation of machinery and/or equipment servicing the building (Describe in a Comments area)	NA. ft (m)
<input type="checkbox"/> f) Lowest adjacent (finished) grade (LAG)	97. 1 ft (m)
<input type="checkbox"/> g) Highest adjacent (finished) grade (HAG)	99. 0 ft (m)
<input type="checkbox"/> h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade NA	
<input type="checkbox"/> i) Total area of all permanent openings (flood vents) in C3.h NA sq. in. (sq. cm)	

License Number, Embossed Seal,
Signature, and Date

SMO. Qu
2/13/06
LS 4708

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 MARK D. DUREN		LICENSE NUMBER LS 4708	
TITLE SURVEYOR AND MAPPER		COMPANY NAME MARK D. DUREN, PSM	
ADDRESS 1604 SW SISTERS WELCOME ROAD	CITY LAKE CITY	STATE FL	ZIP CODE 32025
SIGNATURE <i>SMO. Qu</i>	DATE 2/13/06	TELEPHONE 386-758-9831	

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. 379 NW CEASAR CT			Policy Number
CITY WHITE SPRINGS	STATE FL	ZIP CODE 32096	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
NEW MOBILE HOME.

☐ 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. The top of the platform of machinery and/or equipment servicing the building is ___ ft.(m) ___ in.(cm) ☐ above or ☐ below (check one) the highest adjacent grade. (Use natural grade, if available).
- E5. 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

MARK D. DUREN

ADDRESS 1604 SW SISTERS WELCOME ROAD	CITY LAKE CITY	STATE FL	ZIP CODE 32025
SIGNATURE	DATE	TELEPHONE 386-758-9831	

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

Important: Read the instructions on pages 1-8.

24024

SECTION A - PROPERTY INFORMATION

A1. Building Owner's Name ELEANOR M. MINNICH

A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.
379 NW CEASAR CT

City WHITE SPRINGS State FL ZIP Code 32096

A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)
LOT 35 DAVIS SBDIVISION PARCEL ID. # 20-2S-16-01657-035

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

A5. Latitude/Longitude: Lat. N 30D17'55.5" Long. W 82D 43'48.2"

Horizontal Datum: ☐ NAD 1927 ☒ NAD 1983

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

A7. Building Diagram Number 5

A8. For a building with a crawl space or enclosure(s), provide

a) Square footage of crawl space or enclosure(s) NA sq ft

b) No. of permanent flood openings in the crawl space or enclosure(s) walls within 1.0 foot above adjacent grade NA

c) Total net area of flood openings in A8.b NA sq in

A9. For a building with an attached garage, provide:

a) Square footage of attached garage NA sq ft

b) No. of permanent flood openings in the attached garage walls within 1.0 foot above adjacent grade NA

c) Total net area of flood openings in A9.b NA sq in

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

120070 0105

B5. Suffix

B

B6. FIRM Index
Date
1/06/88

B7. FIRM Panel
Effective/Revised Date
1/06/88

B8. Flood
Zone(s)
AE

B9. Base Flood Elevation(s) (Zone
AO, use base flood depth)
88

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

☐ FIS Profile ☒ FIRM ☐ Community Determined ☐ Other (Describe) _____

B11. Indicate elevation datum used for BFE in Item 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 _____ ☐ CBRS ☐ OPA

SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)

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

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

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

Benchmark Utilized LOCAL Vertical Datum NGVD 29

Conversion/Comments NA

Check the measurement used.

- a) Top of bottom floor (including basement, crawl space, or enclosure floor) 101.7 ☒ feet ☐ meters (Puerto Rico only)
- b) Top of the next higher floor NA ☐ feet ☐ meters (Puerto Rico only)
- c) Bottom of the lowest horizontal structural member (V Zones only) NA ☐ feet ☐ meters (Puerto Rico only)
- d) Attached garage (top of slab) NA ☐ feet ☐ meters (Puerto Rico only)
- e) Lowest elevation of machinery or equipment servicing the building 99.2 ☒ feet ☐ meters (Puerto Rico only)
(Describe type of equipment in Comments)
- f) Lowest adjacent (finished) grade (LAG) 97.1 ☒ feet ☐ meters (Puerto Rico only)
- g) Highest adjacent (finished) grade (HAG) 99.0 ☒ feet ☐ 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 MARK D. DUREN

License Number LS 4708

Title SURVEYOR AND MAPPER

Company Name MARK D. DUREN, PSM

Address 1604 SW SISTERS WELCOME ROAD City LAKE CITY

State FL ZIP Code 32025

Signature

Date

2/13/06

Telephone 386-758-9831

MSD
LS 4708
2/13/06
Seal
Revised Partially
HERE
8/25/09
elcut. 06087R-8-
25-09, DOT

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.
379 NW CEASAR CT

Policy Number

City WHITE SPRINGS State FL ZIP Code 32096

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 NEW MOBILE HOME ON 2/13/06. (8/21/09-REVISED TO SHOW HEAT PUMP ELEVATION IN LINE C3e, PRIOR INFORMATION TAKEN FROM PREVIOUSLY ISSUED FEMA FORM 81-31, JANUARY 2003 AND PUT ON THIS FEMA FORM 81-31, FEBRUARY 2006 AT COUNTY'S REQUEST) PLEASE NOTE THAT AS PER FEMA'S TITLE SHEET FOR THE INSTRUCTIONS FOR FEMA FORM 81-31, FEBRUARY 2006, THAT USE OF THIS FORM WAS VOLUNTARY UNTIL JANUARY 1, 2007 AND THEREFORE ACCEPTABLE TO FEMA UNTIL THAT DATE.

Signature

Date 8/25/2009

☐ 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

MARK D. DUREN

Address 1604 SW SISTERS WELCOME ROAD

City LAKE CITY

State FL

ZIP Code 32025

Signature

Date

Telephone 386-758-9837

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 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

☐ Check here if attachments