

DATE 05/30/2008

Columbia County Building Permit

This Permit Must Be Prominently Posted on Premises During Construction

PERMIT
000027056

APPLICANT LARRY THOMPSON PHONE 352 339-0303
 ADDRESS 2503 W SR 235 BROOKER FL 32622
 OWNER LARRY THOMPSON PHONE 352 339-0303
 ADDRESS 612 SW BUMBLE ST FT. WHITE, FL 32038
 CONTRACTOR VIC ETHERIDGE PHONE 386 462-7554
 LOCATION OF PROPERTY 47S,TR WILSON SPRINGS RD, TR NEWARK,TL COPPERHEAD, TR
CENTRAL, TL ON BUMBLE, 2ND LOT BEFOE KANSAS CT ON LEFT
 TYPE DEVELOPMENT MH,UTILITY ESTIMATED COST OF CONSTRUCTION 0.00
 HEATED FLOOR AREA _____ TOTAL AREA _____ HEIGHT _____ STORIES _____
 FOUNDATION _____ WALLS _____ ROOF PITCH _____ FLOOR _____
 LAND USE & ZONING ESA-2 MAX. HEIGHT _____
 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. 08-010

PARCEL ID 26-6S-15-00700-000 SUBDIVISION 3 RIVERS ESTATES
 LOT 34 BLOCK _____ PHASE _____ UNIT 8 TOTAL ACRES _____

_____ IH0000144 _____
 Culvert Permit No. _____ Culvert Waiver _____ Contractor's License Number IH0000144 Applicant/Owner/Contractor [Signature]
 EXISTING 08-121 BK JH Y
 Driveway Connection _____ Septic Tank Number _____ LU & Zoning checked by _____ Approved for Issuance _____ New Resident _____

COMMENTS: ONE FOOT RISE LETTER ON FILE, FINISHED FLOOR TO BE 36',
ELEVATION CERTIFICATE REQUIRED BEFORE POWER
 _____ Check # or Cash 3068

FOR BUILDING & ZONING DEPARTMENT ONLY

Temporary Power _____ Foundation _____ Monolithic _____ (footer/Slab)
 _____ 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 \$ 250.00 ZONING CERT. FEE \$ 50.00 FIRE FEE \$ 32.10 WASTE FEE \$ 83.75
 FLOOD DEVELOPMENT FEE \$ 50.00 FLOOD ZONE FEE \$ 25.00 CULVERT FEE \$ _____ **TOTAL FEE** 490.85
 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."

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.

DATE 05/30/2008

Columbia County Building Permit

PERMIT 000027055

This Permit Must Be Prominently Posted on Premises During Construction

APPLICANT APRIL CUCHENS PHONE 386 984-0465
ADDRESS 218 NE LAFAYETTE PLACE LAKE CITY FL 32055
OWNER APRIL CUCHENS PHONE 386 984-0465
ADDRESS 218 NE LAFAYETTE PLACE LAKE CITY FL 32055
CONTRACTOR SAME AS APPLICANT PHONE
LOCATION OF PROPERTY 441N, TR ON LAFAYETTE RD, TR ON OMAR TERR, PAST
TWO STORY HOUSE, 1ST DRIVE ON RIGHT, DOWN ON LEFT

TYPE DEVELOPMENT UTILITY POLE ESTIMATED COST OF CONSTRUCTION 0.00
HEATED FLOOR AREA TOTAL AREA HEIGHT STORIES
FOUNDATION WALLS ROOF PITCH FLOOR
LAND USE & ZONING A-3 MAX. HEIGHT
Minimum Set Back Requirments: STREET-FRONT 30.00 REAR 25.00 SIDE 25.00
NO. EX.D.U. 0 FLOOD ZONE X DEVELOPMENT PERMIT NO.

PARCEL ID 16-1S-17-04527-000 SUBDIVISION
LOT BLOCK PHASE UNIT TOTAL ACRES

Culvert Permit No. Culvert Waiver Contractor's License Number Applicant/Owner/Contractor
EXISTING X08-193 BK JH N
Driveway Connection Septic Tank Number LU & Zoning checked by Approved for Issuance New Resident

COMMENTS: POWER TO SHED

Check # or Cash CASH

FOR BUILDING & ZONING DEPARTMENT ONLY

(footer/Slab)

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

BUILDING PERMIT FEE \$ 0.00 CERTIFICATION FEE \$ 0.00 SURCHARGE FEE \$ 0.00
MISC. FEES \$ 50.00 ZONING CERT. FEE \$ FIRE FEE \$ 0.00 WASTE FEE \$
FLOOD DEVELOPMENT FEE \$ FLOOD ZONE FEE \$ CULVERT FEE \$ TOTAL FEE 50.00

INSPECTORS OFFICE CLERKS OFFICE

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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 11-30-07) Zoning Official OK 5/29/08 Building Official OK JKH 4-1-08

AP# 0803-55 Date Received 3/31 By JW Permit # 27056

Flood Zone AE Development Permit YES 08-010 Zoning ESA-2 Land Use Plan Map Category ESA

Comments -- IN COUNTY -- finished floor cert. req'd
1' base ltr. req'd.

FEMA Map# 0255B Elevation 35' Finished Floor 36' River South Fc In Floodway NO

Site Plan with Setbacks Shown E# 08-0121 E# Release Well letter Existing well

Copy of Recorded Deed or Affidavit from land owner Letter of Authorization from installer

State Road Access Parent Parcel # _____ STUP-MH _____

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

Property ID # 00-00-00-00700-000 Subdivision 3 River Estates Lot 34 Unit 8

▪ New Mobile Home _____ Used Mobile Home ✓ Year 1983

▪ Applicant LARRY THOMPSON Phone # 352 339 0303

▪ Address 2503 W SE 235, BROOKER, FL 32622

▪ Name of Property Owner LARRY THOMPSON Phone# 352 339 0303

▪ 911 Address 612 SW Bumble St, Ft. White, FL 32038

▪ Circle the correct power company - FL Power & Light - Clay Electric
 (Circle One) - Suwannee Valley Electric - Progress Energy

▪ Name of Owner of Mobile Home LARRY THOMPSON Phone # 352 339 0303

Address 2503 West state Rd 235 Brooker FLA 32622

▪ Relationship to Property Owner _____

▪ Current Number of Dwellings on Property None

▪ Lot Size _____ Total Acreage 1.00

▪ Do you : Have Existing Drive or Private Drive or need Culvert Permit or Culvert Waiver (Circle one)
(Currently using) (Blue Road Sign) (Putting in a Culvert) (Not existing but do not need a Culvert)

▪ Is this Mobile Home Replacing an Existing Mobile Home No 490.85

▪ Driving Directions to the Property 475, TR on Wilson Spring

ON right At stop sign turn right ^{newark} to ~~Copperhead~~ ^{Copperhead} Lane
turn left go to ^{TR} central there right to Bumble turn left

2nd lot before AND it is 1/2 mile on left 26th on left
KANSAS CT on left

▪ Name of Licensed Dealer/Installer Vic Ethewidge Phone # 386 4627554

▪ Installers Address PO Box 3266 High Springs, FL 32655

▪ License Number FL00000144 Installation Decal # 294400

FEEES:

		CODE	UNIT
ROAD IMPACT FEE	<u>\$1,046.00</u>		
10100003632400			
EMS IMPACT FEE	<u>\$29.88</u>		
10300003632210			
FIRE PROTECTION IMPACT FEE	<u>\$78.63</u>		
10200003632220			
CORRECTIONS IMPACT FEE	<u>\$442.89</u>		
00100003632200			
SCHOOL IMPACT FEE	<u>\$1,500.00</u>		
00100003632900			

TOTAL FEES CHARGED

\$3,097.40

CHECK NUMBER

RONNIE BRANNON, CFC
COLUMBIA COUNTY TAX COLLECTOR

2007 REAL ESTATE **01023860000**
NOTICE OF AD VALOREM TAXES AND NON-AD VALOREM ASSESSMENTS

TAX ACCOUNT NUMBER	ESCROW CD	ASSESSED VALUE	EXEMPTIONS	TAXABLE VALUE	MILLAGE CODE
RO0700-000		15,300	0	15,300	0000

R 0028597 02 FP 0.543 **PRSR T7 0 0810 32622-123

THOMPSON LARRY R
 2503 W SR 235
 BROOKER FL 32622

Control # 2702145-0003 of 0005
 Date 12/19/2007
 Amount 334.32CX
 PAID BY: THOMPSON LARRY RAYMOND

00-00-00 0000/0000 0 acres
 LOT 34 UNIT 8 THREE RIVERS
 ESTATES. ORB 561-592, 712-007
 WD 1054-1275, WD 1094-486

SEE INSERT FOR IMPORTANT INFO
 AND TELEPHONE NUMBERS
 WWW.COLUMBIATAXCOLLECTOR.COM

AD VALOREM TAXES

TAXING AUTHORITY	MILLAGE RATE (DOLLARS PER \$1,000 OF TAXABLE VALUE)	TAXABLE VALUE	TAXES LEVIED
0001 BOARD OF COUNTY COMMISSIONERS	7.8530	15,300	120.15
S002 COLUMBIA COUNTY SCHOOL BOARD			
DISCRETIONARY	.7600	15,300	11.63
LOCAL	4.7800	15,300	73.13
CAPITAL OUTLAY	2.0000	15,300	30.60
W SR SUWANNEE RIVER WATER MGT DIST	.4399	15,300	6.73
HLSH LAKE SHORE HOSPITAL AUTHORITY	2.0220	15,300	30.94
IIDA COLUMBIA COUNTY INDUSTRIAL	.1240	15,300	1.90

TOTAL MILLAGE 17.9789 AD VALOREM TAXES \$275.08

NON-AD VALOREM ASSESSMENTS

LEVYING AUTHORITY	RATE	AMOUNT
FFIR FIRE ASSESSMENTS		69.58

PAY ONLY ONE AMOUNT IN YELLOW SHADED AREA NON-AD VALOREM ASSESSMENTS \$69.58

COMBINED TAXES AND ASSESSMENTS \$344.66 PAY ONLY ONE AMOUNT See reverse side for important information.

IF PAID BY PLEASE PAY	Nov 30	Dec 31	Jan 31	Feb 29	Mar 31
	330.87	334.32	337.77	341.21	344.66

IF PAID BY

RETAIN BLUE PORTION OF RETURN ENTIRE NOTICE WITH A SELF-ADDRESSED ENVELOPE FOR A VALIDATED RECEIPT.



PERMIT NUMBER

PERMIT WORKSHEET

Installer Nic Stenwig License # ILH 0000 114

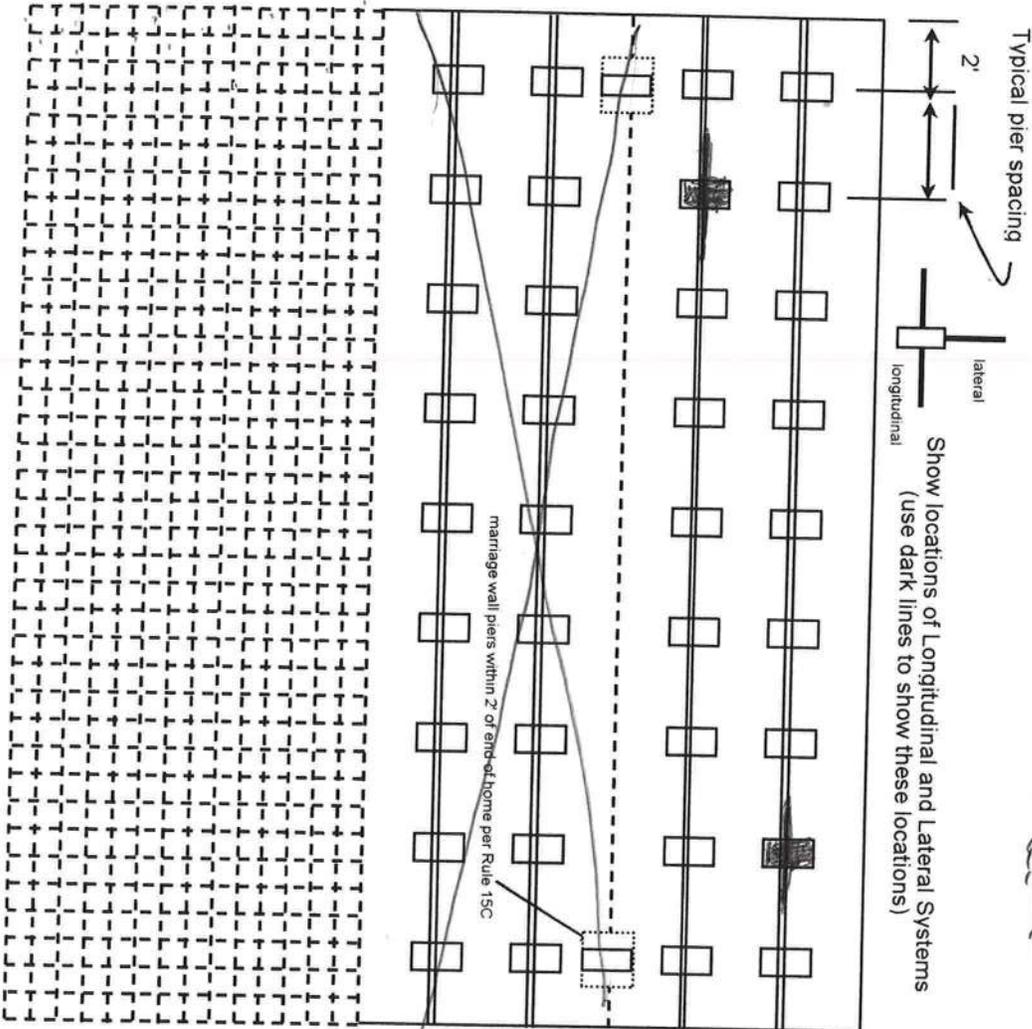
Address of home _____
being installed _____

Manufacturer Pearl Tree Length x width 14x66

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 [Signature]



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 # 294400

Triple/Quad Serial # K8GASN 323180

PIER SPACING TABLE FOR USED HOMES

Load bearing capacity (sq in)	Footer size (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 dsf	3'	4'	5'	6'	7'	8'
1500 dsf	4' 6"	6'	7'	8'	8'	8'
2000 dsf	6'	8'	8'	8'	8'	8'
2500 dsf	7' 6"	8'	8'	8'	8'	8'
3000 dsf	8'	8'	8'	8'	8'	8'
3500 dsf	8'	8'	8'	8'	8'	8'

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

PIER PAD SIZES

I-beam pier pad size 24x24

Perimeter pier pad size 16x16

Other pier pad sizes (required by the mfg.) 16x16

POPULAR PAD SIZES

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

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 _____

TIEDOWN COMPONENTS

HL/A

Longitudinal Stabilizing Device (LSD)
Manufacturer OLIVER TECHNICAL
Longitudinal Stabilizing Device w/ Lateral Arms
Manufacturer _____

OTHER TIES

Number _____
Sidewall _____
Longitudinal _____
Marriage wall _____
Shearwall _____

FRAME TIES

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

ANCHORS

4 ft 5 ft

POCKET PENETROMETER TEST

The pocket penetrometer tests are rounded down to 1000 lb. soil without testing. psf

600 lb 210 in lbs X 1000 lb 210 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 200 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 require anchors with 4000 lb holding capacity.

Installer's Initials

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name: Vic Schneider

Date Tested: 3-11-08

Electrical

Plumbing

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

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

Type gasket Pg. 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

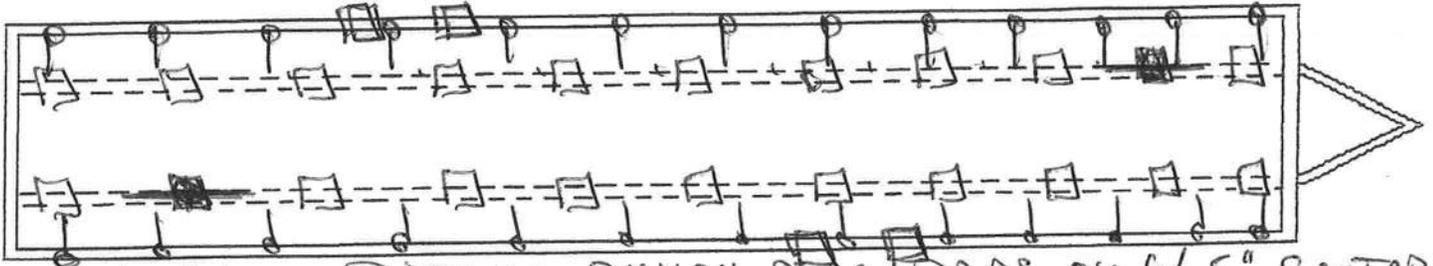
Skirting to be installed. Yes No
Dryer vent installed outside of skirting. Yes N/A
Range downflow vent installed outside of skirting. Yes N/A
Drain lines supported at 4 foot intervals. Yes
Electrical crossovers protected. Yes
Other: N/A

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

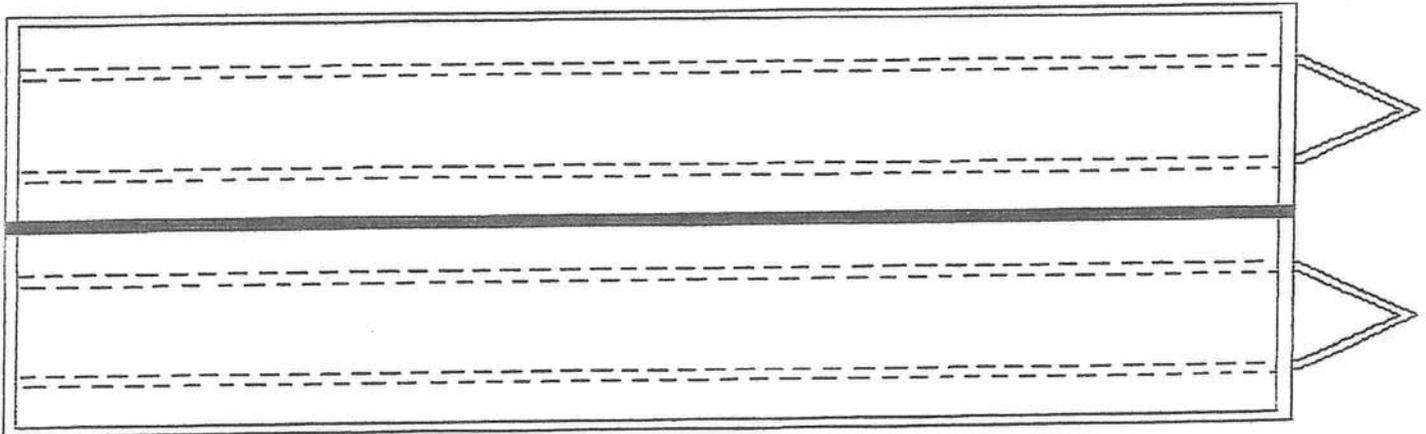
Installer Signature: [Signature] Date: 3-28-08

Applicant shall provide layout from manufacturer specific to the model installed. This form may be used if the layout from the manufacturer is not available.

SINGLE WIDE MOBILE HOME



1000 lb Soil - Piers on 24x24 ABS PADS on 6' 5" centers
 210 lb TORQUE 5' Anchors on 5' 4" centers
~~longitudinal~~ STABILIZER DEVICES BY OLIVER TECHNOLOGY
 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 walls, as required in the manufacturer's specifications. Any special pier footing required (over 16 x 16 inches) shall be noted 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.

LETTER OF AGENT AUTHORIZATION

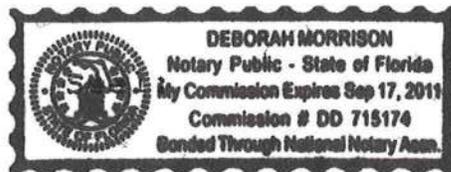
This is to certify that I personally authorize LARRY THOMPSON
~~himself~~ to apply and obtain permits pertaining to the
placement of mobile home on _____
property which property ID # is R00700-000.

Authorized signature: [Signature]
Company Name: AAA Mobile Home Transport
License Number: FL0000144
Date: 3-28-08

State of Florida
County of Florida

Sworn to and subscribed before me this 28th day of March
2008 by Vic Etheridge. Personally known to me
or have produced identification _____. Type of identification _____

Deborah Morrison
Notary of the Public



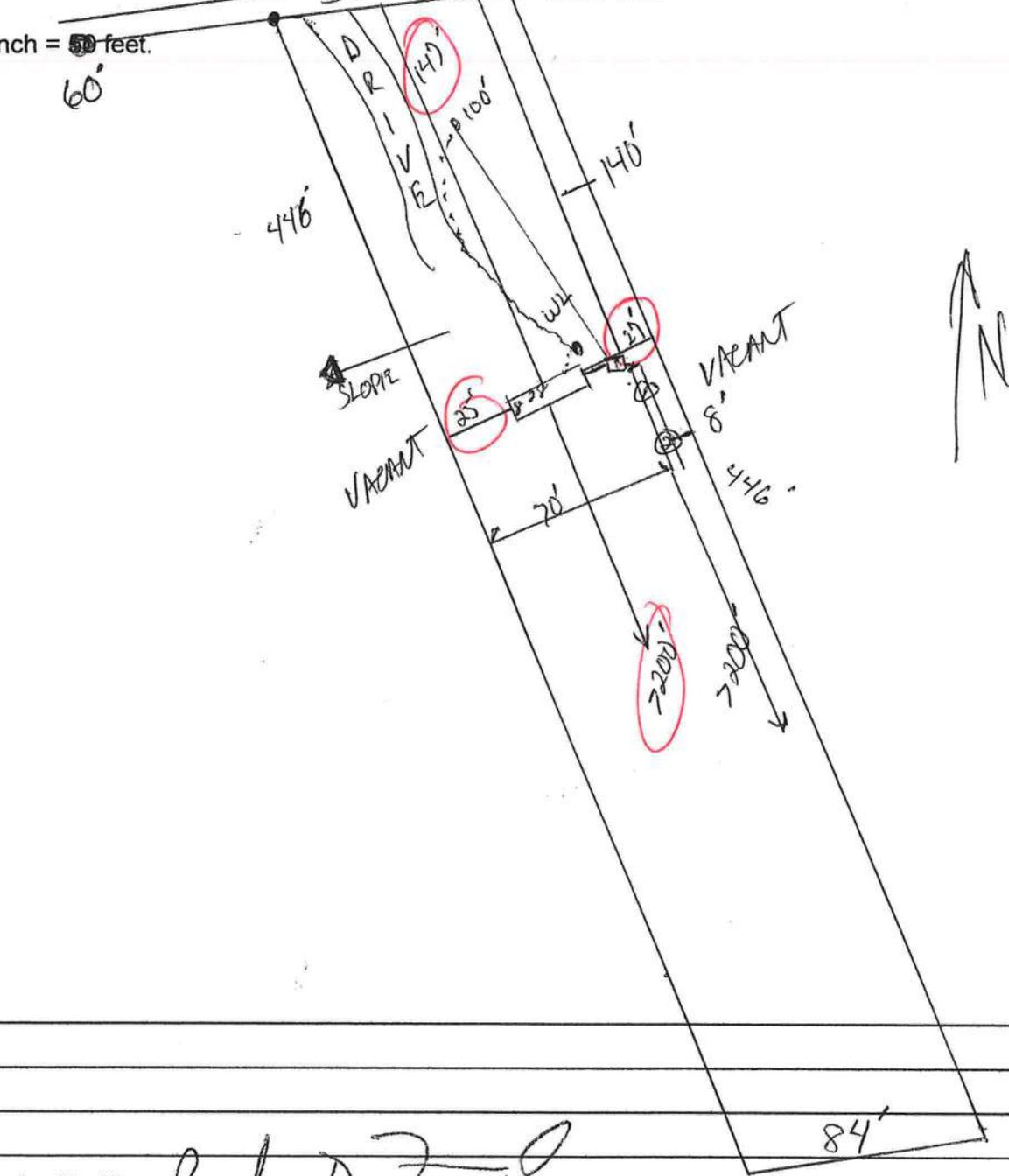
STATE OF FLORIDA
 DEPARTMENT OF HEALTH
 APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Thompson

Permit Application Number 08-0121

BM TOP OF MONUMENT ELEV 30.71
 SEW BUMBLE
 PART II SITEPLAN

Scale: 1 inch = 50 feet.



Notes: _____

Site Plan submitted by: *Rock D F*

MASTER CONTRACTOR

Plan Approved Not Approved _____

Date 2-27-08

By *M J Z* Columbia

County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

FROM : COLUMBIA CO BUILDING + ZONING FAX NO. : 386-758-2160

Mar. 31 2008 09:19AM P1

CODE ENFORCEMENT DEPARTMENT
COLUMBIA COUNTY, FLORIDA
OUT OF COUNTY MOBILE HOME INSPECTION REPORT

COUNTY THE MOBILE HOME IS BEING MOVED FROM Alachua
OWNERS NAME LARRY THOMPSON PHONE _____ CELL 352 339 0303
INSTALLER Vic Ethelridge PHONE 386 462 7554 CELL 352 383 1510
INSTALLERS ADDRESS P.O. Box 32666 High Springs, FL 32655

MOBILE HOME INFORMATION

MAKE DeaChTree YEAR 1983 SIZE 14 x 66
COLOR Grey SERIAL No. KB GASN 323180
WIND ZONE II SMOKE DETECTOR Yes

INTERIOR:
FLOORS Good

DOORS Good

WALLS Good

CABINETS Good

ELECTRICAL (FIXTURES/OUTLETS) Good

EXTERIOR:
WALLS / SIDING Good

WINDOWS Good

DOORS Good

STATUS:
APPROVED NOT APPROVED _____

NOTES: House is in Good Shape "Clean"
INSTALLER OR INSPECTORS PRINTED NAME Vic Ethelridge
Installer/Inspector Signature [Signature] License No. J10000144 Date 3-27-08

ONLY THE ACTUAL LICENSE HOLDER OR A BUILDING INSPECTOR CAN SIGN THIS FORM.

NO WIND ZONE ONE MOBILE HOMES WILL BE PERMITTED. MOBILE HOMES PRIOR TO 1977 ARE PRE-HUD AND THE WIND ZONE MUST BE PROVEN TO BE PERMITTED.

BEFORE THE MOBILE HOME CAN BE MOVED INTO COLUMBIA COUNTY THIS FORM MUST BE COMPLETED AND RETURNED TO THE COLUMBIA COUNTY BUILDING DEPARTMENT.

ONCE MOVED INTO COLUMBIA COUNTY AN INSPECTOR MUST COMPLETE A PRELIMINARY INSPECTION ON THE MOBILE HOME. CALL 386-719-2038 TO SET UP THIS INSPECTION. NO PERMIT WILL BE ISSUED BEFORE THIS IS DONE.

Code Enforcement Approval Signature [Signature] Date 4-1-08

Larry Thompson

COLUMBIA COUNTY 9-1-1 ADDRESSING

P. O. Box 1787, Lake City, FL 32056-1787

PHONE: (386) 758-1125 * FAX: (386) 758-1365 * Email: ron_croft@columbiacountyfla.com

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.

DATE REQUESTED: 3/28/2008 DATE ISSUED: 4/2/2008

ENHANCED 9-1-1 ADDRESS:

612 SW BUMBLE ST
FORT WHITE FL 32038

PROPERTY APPRAISER PARCEL NUMBER:

00-00-00-00700-000

Remarks:

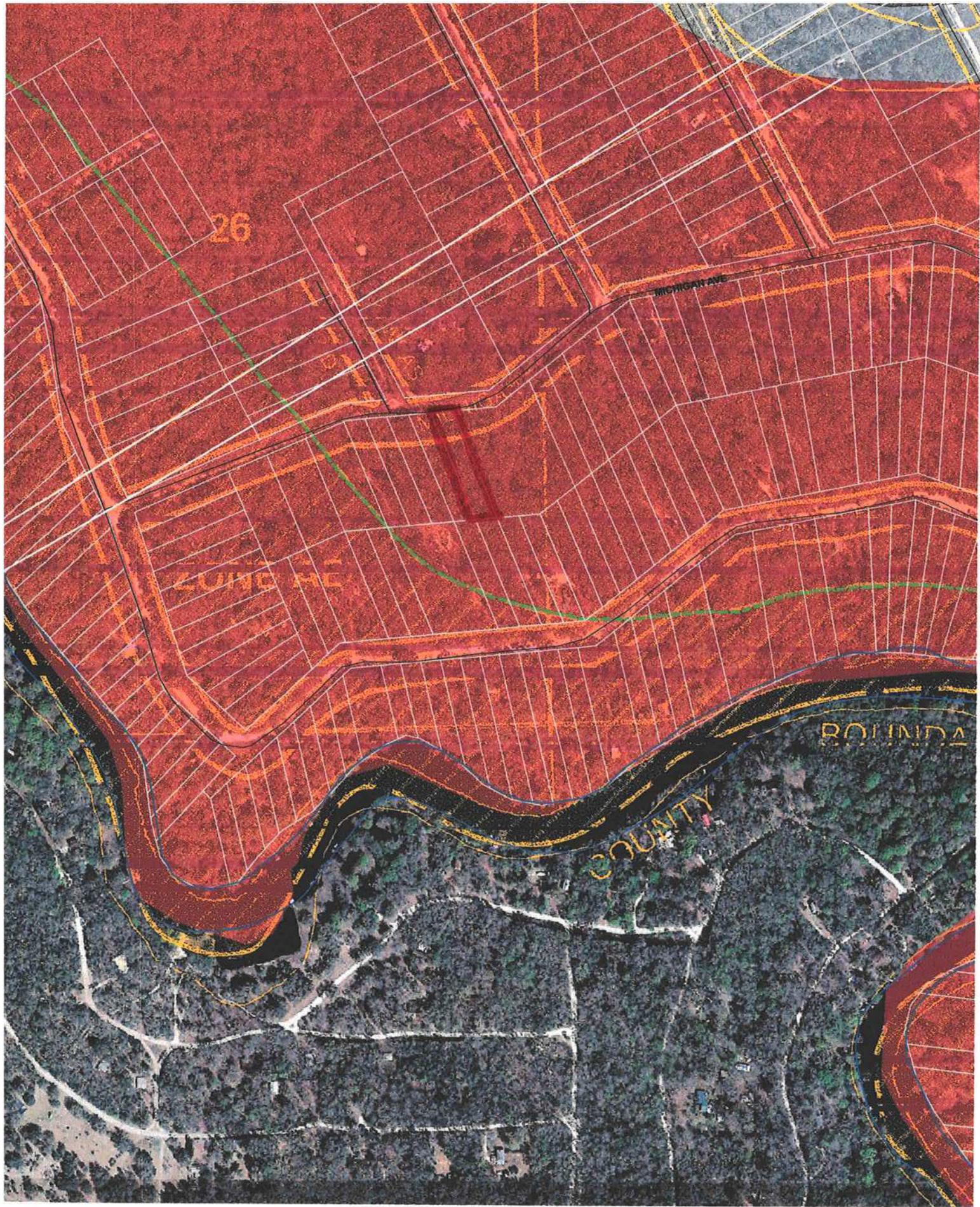
LOT 34 UNIT 8 THREE RIVERS ESTATES.

Address Issued By:


Columbia County 9-1-1 Addressing / GIS Department

NOTICE: THIS ADDRESS WAS ISSUED BASED ON LOCATION INFORMATION RECEIVED FROM THE REQUESTER. SHOULD, AT A LATER DATE, THE LOCATION INFORMATION BE FOUND TO BE IN ERROR, THIS ADDRESS IS SUBJECT TO CHANGE.

1178



0803-55

**CODE ENFORCEMENT
PRELIMINARY MOBILE HOME INSPECTION REPORT**

DATE RECEIVED 5/12/08 BY G IS THE M/H ON THE PROPERTY WHERE THE PERMIT WILL BE ISSUED? Yes
OWNERS NAME Larry Thompson PHONE 352339-0303 CELL _____
ADDRESS 612 SW Bumble St. Ft. White, FL 32038
MOBILE HOME PARK N/A SUBDIVISION 3-Rivers Est - Lot 34/Unit 8
DRIVING DIRECTIONS TO MOBILE HOME 475, TR Wilson Spring, TR on Newark, TL Copperhead, TR Central, FL Bumble, 1/2 mile on left, (2nd lot before KANSAS CT on left.)
MOBILE HOME INSTALLER Vic Etheridge PHONE _____ CELL _____

MOBILE HOME INFORMATION

MAKE Peachtree YEAR 1983 SIZE 14 x 66 COLOR Grey
SERIAL No. KB6ASN 323180
WIND ZONE II Must be wind zone II or higher NO WIND ZONE I ALLOWED

INSPECTION STANDARDS

INTERIOR:

(P or F) - P= PASS F= FAILED

- SMOKE DETECTOR () OPERATIONAL () MISSING
- FLOORS () SOLID () WEAK () HOLES DAMAGED LOCATION _____
- DOORS () OPERABLE () DAMAGED
- WALLS () SOLID () STRUCTURALLY UNSOUND
- WINDOWS () OPERABLE () INOPERABLE
- PLUMBING FIXTURES () OPERABLE () INOPERABLE () MISSING
- CEILING () SOLID () HOLES () LEAKS APPARENT
- ELECTRICAL (FIXTURES/OUTLETS) () OPERABLE () EXPOSED WIRING () OUTLET COVERS MISSING () LIGHT FIXTURES MISSING

EXTERIOR:

- WALLS / SIDING () LOOSE SIDING () STRUCTURALLY UNSOUND () NOT WEATHERTIGHT () NEEDS CLEANING
- WINDOWS () CRACKED/ BROKEN GLASS () SCREENS MISSING () WEATHERTIGHT
- ROOF () APPEARS SOLID () DAMAGED

STATUS

APPROVED WITH CONDITIONS: _____
NOT APPROVED _____ NEED RE-INSPECTION FOR FOLLOWING CONDITIONS _____

SIGNATURE St. J. Pirel ID NUMBER 402 DATE 5-15-08



GTC Design Group, LLC
176 NW Lake Jeffery Rd
Lake City, FL 32055
(Phone) 386.754.3677
(Fax) 386.362.6133
cwilliams@gtcdesigngroup.com

ONE FOOT RISE ANALYSIS AND CERTIFICATION 100 YEAR BASE FLOOD

PROJECT DATA

PARCEL ID: 00-00-00-00700-000

PROPERTY DESCRIPTION:

LOT 34, UNIT 8 THREE RIVERS ESTATES COLUMBIA COUNTY, FLORIDA – ORB 561-592, 719-007, WD 1054-1275, WD 1094-486. (SEE ATTACHED AERIAL MAP)

OWNER: LARRY R. THOMPSON

PROJECT DESCRIPTION: RESIDENTIAL DWELLING (MOBILE HOME ON PIERS)

FLOOD ZONE: AE

BASE FLOOD ELEVATION:

+/-34.00', PER FEMA FLOOD PANEL 120070 0255 B

EXISTING GRADE ELEVATION (AT BUILDING LOCATION):

+/- 30.0', ELEVATION BASED ON QUAD MAP (SEE ATTACHED QUAD MAP)

CONCLUSIONS

THE PROPERTY IS LOCATED WITHIN THE FLOOD PLAIN OF THE SANTE FE AND SUWANNEE RIVERS. THE AREA OF THIS FLOOD PLAIN IS +19,000 ACRES. IN AN EFFORT TO DEMONSTRATE THE PROPOSED CONSTRUCTION WILL NOT CAUSE MORE THAN A 1 FOOT RISE IN THE FLOOD ELEVATION THE FOLLOWING CALCULATION WAS PERFORMED.

AREA OF LOT = 0.82 ACRES

DEPTH OF LOT BELOW FLOOD ELEVATION = 4 FT

FLOODPLAIN VOLUME REMOVED = 4 FT * 0.82 ACRES = 3.28 ACRE

FLOOD PLAIN LEVEL INCREASE = 3.28 ACRE / 19,000 ACRES = .0002 FT

THIS IS VERY CONSERVATIVE CALCULATION SINCE IT ASSUMES THE ENTIRE SITE WILL BE RAISED.

CERTIFICATION

I hereby certify that to the best of my knowledge the construction of Mr. Jerry Craig's residence, as described above, will increase the flood elevations less than one foot at the project location.

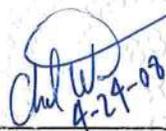
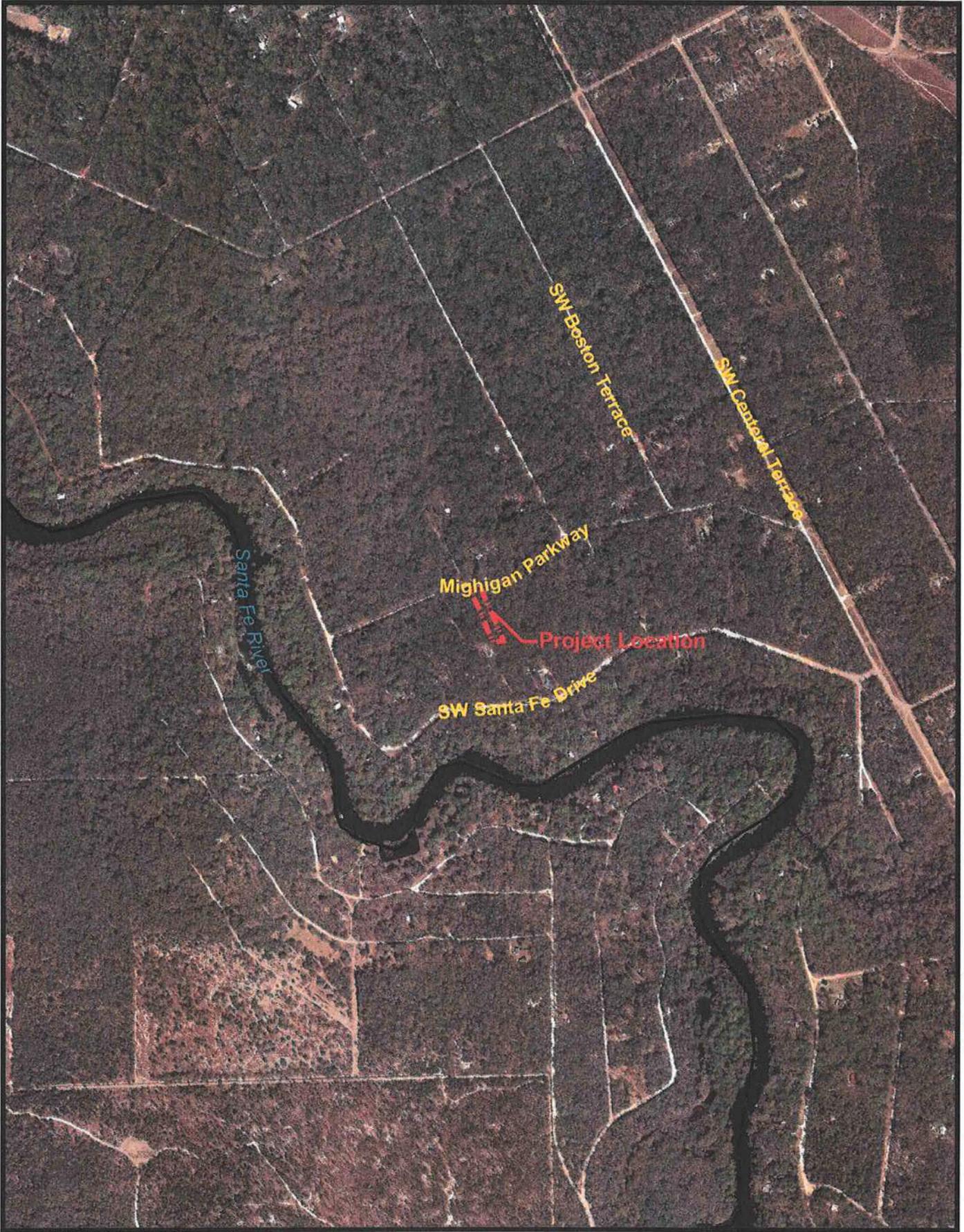

Chad Williams, PE No. 63144

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OWNERSHIP INFORMATION	1
FEMA FLOOD MAP	1
QUAD MAP	1
AERIAL MAP	1



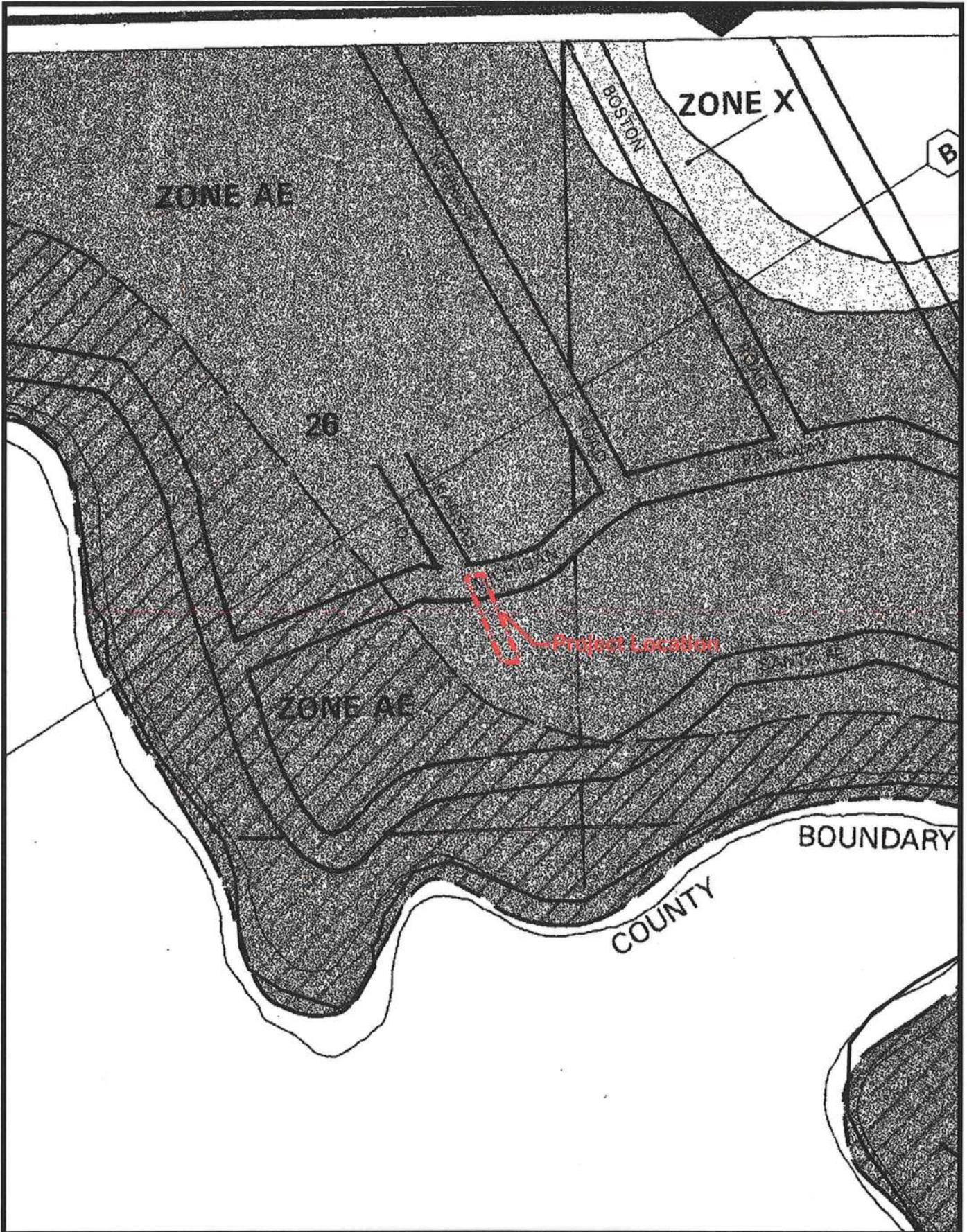
GTC DESIGN GROUP, LLC
176 NW Lake Jeffery Rd.
Lake City, FL 32055
Phone: (386) 754-3677
Fax: (386) 362-6133
GTC Project No. PF08-071



1000 0 1000 Feet



Aerial Map



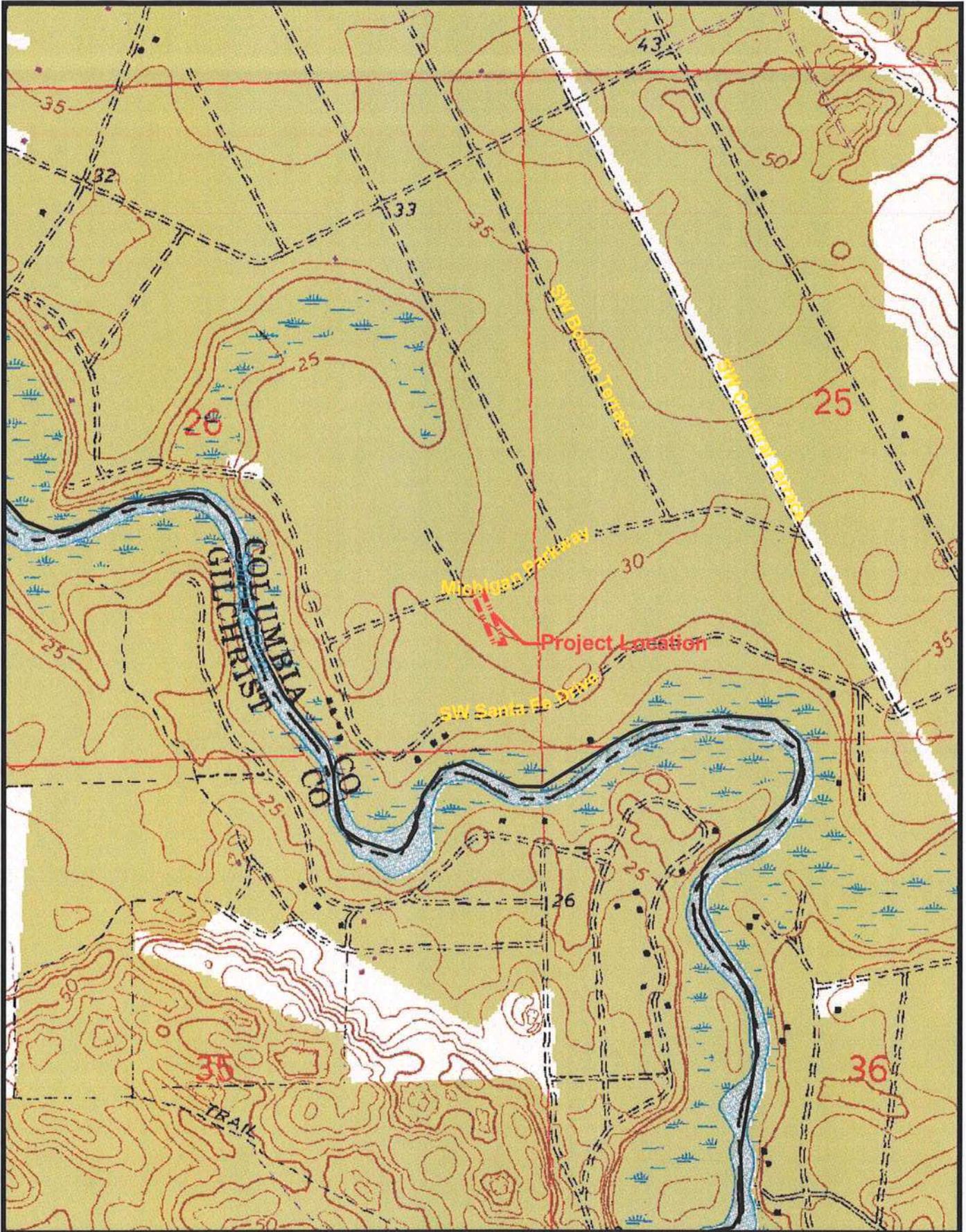
GTC DESIGN GROUP, LLC
176 NW Lake Jeffery Rd.
Lake City, FL 32055
Phone: (386) 754-3677
Fax: (386) 362-6133
GTC Project No. PF08-071



600 0 600 Feet

A graphic scale bar with three segments. The first segment is labeled '600', the second is labeled '0', and the third is labeled '600 Feet'.

FEMA Flood Map
Panel No. 120070 0255 B
Flood Zone AE



GTC DESIGN GROUP, LLC
 176 NW Lake Jeffery Rd.
 Lake City, FL 32055
 Phone: (386) 754-3677
 Fax: (386) 362-6133
 GTC Project No. PF08-071



Quad Map

**Columbia County Building Department
Flood Development Permit**

**Development Permit
F 023- 08-010**

DATE 05/30/2008 BUILDING PERMIT NUMBER 000027056
APPLICANT LARRY THOMPSON PHONE 352 339-0303
ADDRESS 2503 W SR 235 BROOKER _____ FL 32622
OWNER LARRY THOMPSON PHONE 352 339-0303
ADDRESS 612 SW BUMBLE ST FT. WHITE, _____ FL 32038
CONTRACTOR VIC ETHERIDGE PHONE 386 462-7554
ADDRESS _____ P.O. BOX 3266 HIGH SPRINGS _____ FL 32655
SUBDIVISION 3 RIVERS ESTATES Lot 34 Block _____ Unit _____ Phase _____
TYPE OF DEVELOPMENT MH,UTILITY PARCEL ID NO. 26-6S-15-00700-000

FLOOD ZONE AE BY BK _____ 1-6-88 FIRM COMMUNITY #. 120070 - PANEL #. 255 B
FIRM 100 YEAR ELEVATION 35' PLAN INCLUDED YES or NO
REQUIRED LOWEST HABITABLE FLOOR ELEVATION 36'
IN THE REGULATORY FLOODWAY YES or NO RIVER Santa Fe
SURVEYOR / ENGINEER NAME Chad Williams LICENSE NUMBER 03144

ONE FOOT RISE CERTIFICATION INCLUDED
 ZERO RISE CERTIFICATION INCLUDED
SRWMD PERMIT NUMBER _____
(INCLUDING THE ONE FOOT RISE CERTIFICATION)

DATE THE FINISHED FLOOR ELEVATION CERTIFICATE WAS PROVIDED _____

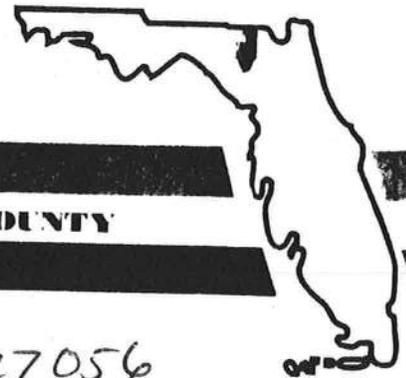
INSPECTED DATE _____ BY _____

COMMENTS _____

135 NE Hernando Ave., Suite B-21
Lake City, Florida 32055
Phone: 386-758-1008
Fax: 386-758-2160



- 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

27056

MEMO OF REVIEW FOR CORRECTNESS AND COMPLETION

In accordance with participation in the NFIP/CRS program, all elevation certificates are required to be reviewed for correctness and completion prior to acceptance by the community. This 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>Larry Thompson</u>	For Insurance Company Use:
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. City _____ State _____ ZIP Code _____	Policy Number
	Company NAIC Number
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) <u>26-65-15-00700-000</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	A9. For a building with an attached garage, provide:
b) No. of permanent flood openings in the crawl space or enclosure(s) walls within 1.0 foot above adjacent grade _____	a) Square footage of attached garage _____ sq ft
c) Total net area of flood openings in A8.b _____ sq in	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: Cz.e) A/c Unit installed @ 36.00'

Date of Review: 6-2-08 BOARD MEETS FIRST THURSDAY AT 7 00 P M
 AND THE COMMUNITY OFFICIAL _____ P M.

[Signature]

ELEVATION CERTIFICATE

27056

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 <u>Larry Thompson</u>		For Insurance Company Use:
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. <u>612 SW Bumble St</u>		Policy Number
City <u>Ft White</u> State <u>FL</u> ZIP Code <u>32038</u>		Company NAIC Number
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) <u>Lot 34 unit 8 Three Rivers Estates</u>		

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

A5. Latitude/Longitude: Lat. 29°55.852'N Long. 082°46.674'W 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) _____ sq ft	A9. For a building with an attached garage, provide:
b) No. of permanent flood openings in the crawl space or enclosure(s) walls within 1.0 foot above adjacent grade _____	a) Square footage of attached garage _____ sq ft
c) Total net area of flood openings in A8.b _____ sq in	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 <u>Columbia 120070</u>		B2. County Name <u>Columbia</u>		B3. State <u>FL</u>	
B4. Map/Panel Number <u>120070 0255</u>	B5. Suffix <u>B</u>	B6. FIRM Index Date <u>6 Jan 1988</u>	B7. FIRM Panel Effective/Revised Date <u>6 Jan 1988</u>	B8. Flood Zone(s) <u>AE</u>	B9. Base Flood Elevation(s) (Zone AO, use base flood depth) <u>35.00</u>

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, ARIA, 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 Spike in power pole Vertical Datum NGVD 29
Conversion/Comments None

Check the measurement used.

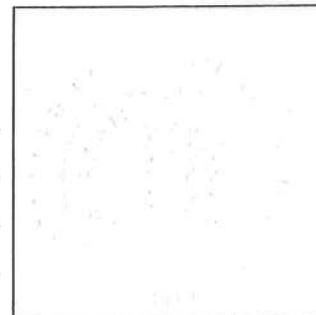
a) Top of bottom floor (including basement, crawl space, or enclosure floor)	<u>37.00</u>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)
b) Top of the next higher floor	<u>N.A</u>	<input type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)
c) Bottom of the lowest horizontal structural member (V Zones only)	<u>N.A</u>	<input type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)
d) Attached garage (top of slab)	<u>N.A</u>	<input 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)	<u>N.A</u>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)
f) Lowest adjacent (finished) grade (LAG)	<u>31.66</u>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)
g) Highest adjacent (finished) grade (HAG)	<u>32.17</u>	<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 <u>L. Scott Britt</u>	License Number <u>PLS #5757</u>
Title <u>Chief Surveyor</u>	Company Name <u>Britt Surveying</u>
Address <u>830 W Duval St.</u>	City <u>Lake City</u> State <u>FL</u> ZIP Code <u>32055</u>
Signature 	Date <u>05/30/08</u> Telephone <u>386-752-7163</u>



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. 612 SW Bumble St	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 L-19324
See comment sheet

Signature	Date	<input type="checkbox"/> Check here if attachments
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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
-------------------	------------------------	---

- 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

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. 612 SW Bumble St	For Insurance Company Use:
City Ft White State FL ZIP Code 32038	Policy 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



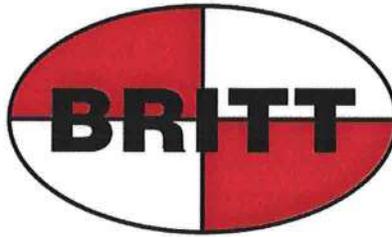
Building Photographs

Continuation Page

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 612 SW Bumble St	For Insurance Company Use: Policy Number
City Ft White State FL ZIP Code 32038	Company NAIC Number
If submitting more photographs than will fit on the preceding page, affix the additional photographs below. Identify all photographs with: date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View."	

Rear





BRITT SURVEYING
Land Surveyors and Mappers

LAKE CITY • VENICE • SARASOTA

Comments:

Section A

A1 – A4 No additional comment
A5 Hand Held GPS coordinate at the front door
A6 – A7 No additional comment
A8 – A9 No additional comment

Section B

B1 – B8 No additional comment
B9 Base flood elevation is as per the FIRM.
B10 – B12 No additional comment

Section C

C1 No additional comment
C2 6" spike in an power pole on south right-of-way of Bumble 400+/- feet east of Santa Fe Blvd elevation = 29.58 feet.
C2 a-d No additional comment
C2 e water well casing
C2 f-g No additional comment

Section D

No additional comment

Section E

No additional comment

Section F

No additional comment

Section G

No additional comment

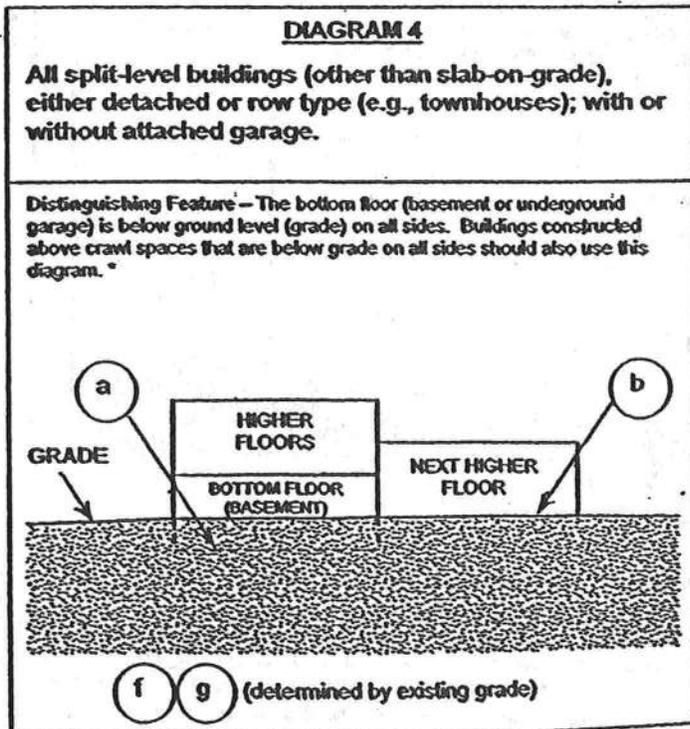
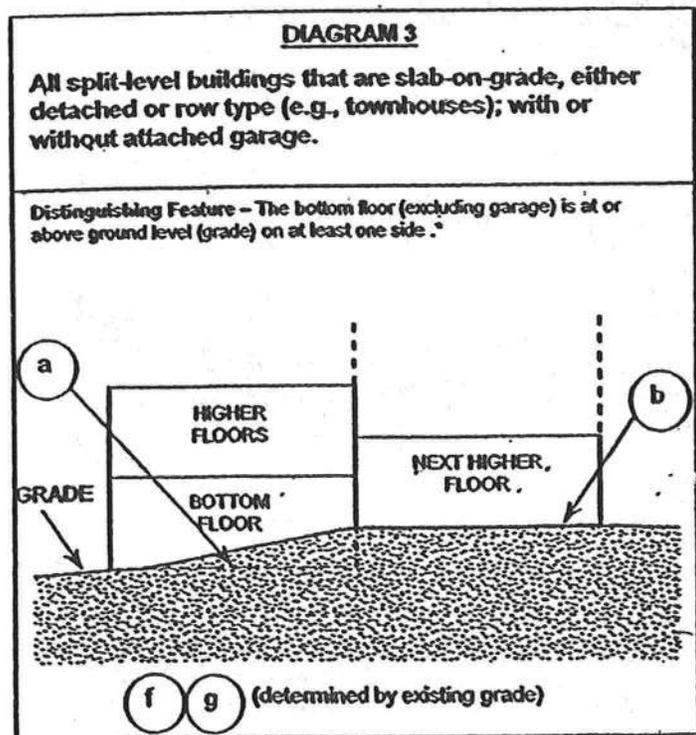
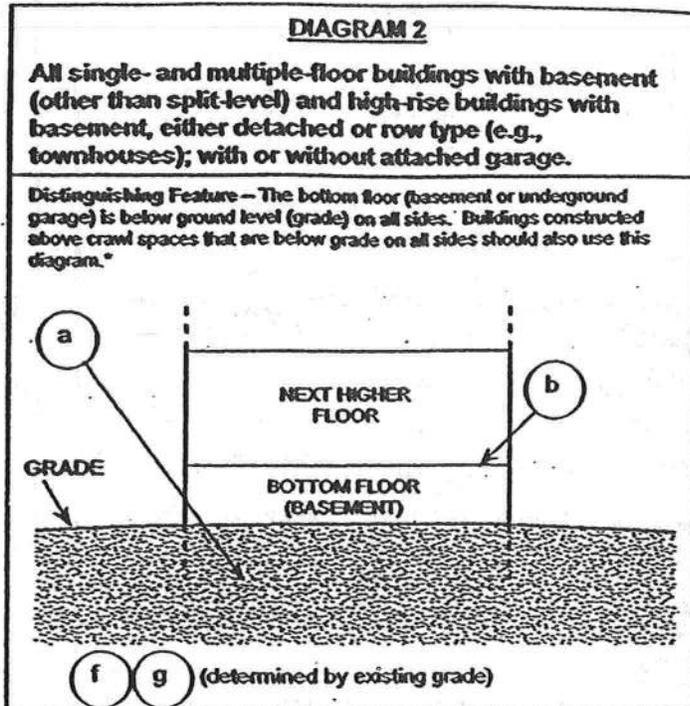
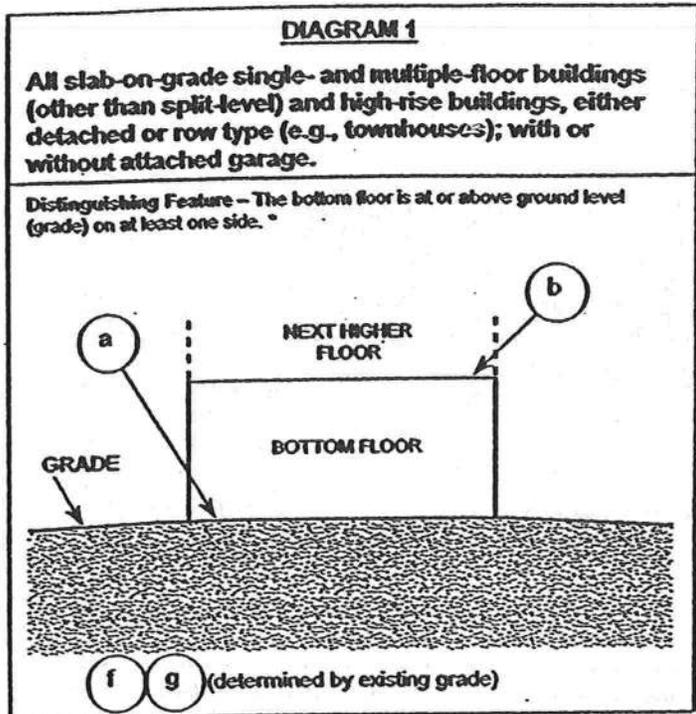
Photographs

The Photo labled Front is the front of the residence, however it faces the East side property line.

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.