

DATE 08/03/2017

Columbia County Building Permit

This Permit Must Be Prominently Posted on Premises During Construction

PERMIT

000035649

APPLICANT DALE BURD PHONE 497-2311

ADDRESS 546 SW DORTCH STREET FORT WHITE FL 32028

OWNER CHARLES & ARLENE RILEY (KAREN HOGG M/D) PHONE 904-305-8129

ADDRESS 1281 NW TIGER DRAIN RD WHITE SPRINGS FL 32096

CONTRACTOR ROBERT SHEPPARD PHONE 623-2203

LOCATION OF PROPERTY 41-N TO SUWANNEE VALLEY, TL TO TIGER DRAIN, TR AROUND 1 MILE DOWN ON THE R. (CORNER OF NOVA/TIGER)

TYPE DEVELOPMENT MIL. UTILITY ESTIMATED COST OF CONSTRUCTION 0.00

HEATED FLOOR AREA TOTAL AREA HEIGHT STORIES

FOUNDATION WALLS ROOF PITCH FLOOR

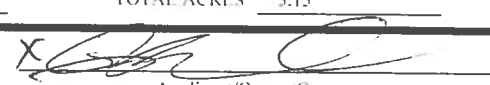
LAND USE & ZONING ESA-2 MAX. HEIGHT 35

Minimum Set Back Requirements: STREET-FRONT 30.00 REAR 25.00 SIDE 25.00

NO. EX.D.U. 0 FLOOD ZONE AE DEVELOPMENT PERMIT NO. 17-014

PARCEL ID 24-2S-15-00084-001 SUBDIVISION

LOT BLOCK PHASE UNIT 0 TOTAL ACRES 5.15

111025386 

Culvert Permit No. Culvert Waiver Contractor's License Number Applicant/Owner/Contractor

EXISTING 17-0440-N BS TM N

Driveway Connection Septic Tank Number LU & Zoning checked by Approved for Issuance New Resident Time STUP No.

COMMENTS: MINIMUM FLOOR ELEVATION 87, NEED FINISHED CONSTRUCTION ELEVATION

CERTIFICATE BEFORE POWER INCLUDING ALL MACHINERY

Check # or Cash 17089**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 Insulation

 date/app. by date/app. by

Rough-in plumbing above slab and below wood floor Electrical rough-in

 date/app. by date/app. by date/app. by

Heat & Air Duct Peri. beam (Intel) Pool

 date/app. by date/app. by date/app. by

Permanent power C.O. Final Culvert

 date/app. by date/app. by date/app. by

Pump pole Utility Pole MH tie downs, blocking, electricity and plumbing

 date/app. by date/app. by date/app. by

Reconnection RV Re-roof

 date/app. by date/app. by date/app. by

BUILDING PERMIT FEE \$ 0.00 CERTIFICATION FEE \$ 0.00 SURCHARGE FEE \$ 0.00MISC. FEES \$ 300.00 ZONING CERT. FEE \$ 50.00 FIRE FEE \$ 30.56 WASTE FEE \$ 32.18PLAN REVIEW FEE \$ DP & FLOOD ZONE FEE \$ 75.00 CULVERT FEES **TOTAL FEE** 487.74INSPECTOR'S OFFICE  CLERK'S 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.

NOTICE: ALL OTHER APPLICABLE STATE OR FEDERAL PERMITS SHALL BE OBTAINED BEFORE COMMENCEMENT OF THIS PERMITTED DEVELOPMENT.

"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 RECEIVES AN APPROVED INSPECTION EVERY 180 DAYS. WORK SHALL BE CONSIDERED NOT SUSPENDED, ABANDONED OR INVALID WHEN THE PERMIT HAS RECEIVED AN APPROVED INSPECTION WITHIN 180 DAYS OF THE PREVIOUS INSPECTION.

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

District No. 1 - Ronald Williams
District No. 2 - Rusty DePratter
District No. 3 - Bucky Nash
District No. 4 - Everett Phillips
District No. 5 - Tim Murphy



BOARD OF COUNTY COMMISSIONERS • COLUMBIA COUNTY

BUILDING & ZONING DEPARTMENT

135 NE Hernando Avenue, Suite B-21; Lake City, FL 32055

Brandon Stubbs, County Planner

386-754-7119

Laurie Hodson, Office Manager

386-758-1007

SECTION A - PROPERTY INFORMATION		FOR BUILDING DEPARTMENT USE:
A1. Building Owner's Name: <u>Karen Hogg</u>		Permit Number: <u>35649</u>
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. <u>1313 NW Tiger Drain Road</u> City: <u>White Springs</u> State: <u>FL</u> ZIP Code: <u>32096</u>		APPROVED/ NO CORRECTION
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) <u>24-25-15-00084-001</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 crawlspace or enclosure(s): a) Square footage of crawlspace or enclosure(s) _____ sq ft b) No. of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade _____ c) Total net area of flood openings in A8.b _____ sq in d) Engineered flood openings? <input type="checkbox"/> Yes <input type="checkbox"/> No		A9. For a building with an attached garage: a) Square footage of attached garage _____ sq ft b) No. of permanent flood openings in the attached garage within 1.0 foot above adjacent grade _____ c) Total net area of flood openings in A9.b _____ sq in d) Engineered flood openings? <input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP Community Name & Community Number			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) AE	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.
☐ 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

Local Official's Name: LAURIE HODSON Title: OFFICE MANAGER
Community Name: COLUMBIA COUNTY, FL Telephone: 386-758-1007
Signature: [Signature] Date: 8/21/2017
Comments: NO CORRECTIONS.
Note:

BOARD MEETS THE FIRST THURSDAY AT 5:30 P.M.
AND THIRD THURSDAY AT 5:30 P.M.

ELEVATION CERTIFICATE

Important: Follow the instructions on pages 1-9.

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

SECTION A – PROPERTY INFORMATION				FOR INSURANCE COMPANY USE	
A1. Building Owner's Name KAREN HOGG				Policy Number:	
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 1313 NW TIGER DRAIN ROAD				Company NAIC Number:	
City WHITE SPRINGS		State Florida		ZIP Code 32096	
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) TAX PARCEL NO. 24-2S-15-00084-001					
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) <u>RESIDENTIAL</u>					
A5. Latitude/Longitude: Lat. <u>N.30D18'23.3"</u> Long. <u>W.082D46"38.7"</u> Horizontal Datum: <input type="checkbox"/> NAD 1927 <input checked="" type="checkbox"/> NAD 1983					
A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insurance.					
A7. Building Diagram Number <u>5</u>					
A8. For a building with a crawlspace or enclosure(s): a) Square footage of crawlspace or enclosure(s) <u>1,512</u> sq ft b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade _____ c) Total net area of flood openings in A8.b _____ sq in d) Engineered flood openings? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
A9. For a building with an attached garage: a) Square footage of attached garage _____ sq ft b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade _____ c) Total net area of flood openings in A9.b _____ sq in d) Engineered flood openings? <input type="checkbox"/> Yes <input type="checkbox"/> No					
SECTION B – FLOOD INSURANCE RATE MAP (FIRM) INFORMATION					
B1. NFIP Community Name & Community Number COLUMBIA COUNTY, FL 120070			B2. County Name COLUMBIA		B3. State Florida
B4. Map/Panel Number 12023C0167	B5. Suffix C	B6. FIRM Index Date 02/04/2009	B7. FIRM Panel Effective/ Revised Date 02/04/2009	B8. Flood Zone(s) AE	B9. Base Flood Elevation(s) (Zone AO, use Base Flood Depth) 86
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9: <input type="checkbox"/> FIS Profile <input checked="" type="checkbox"/> FIRM <input type="checkbox"/> Community Determined <input type="checkbox"/> Other/Source: _____					
B11. Indicate elevation datum used for BFE in Item B9: <input type="checkbox"/> NGVD 1929 <input checked="" type="checkbox"/> NAVD 1988 <input type="checkbox"/> Other/Source: _____					
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Designation Date: _____ <input type="checkbox"/> CBRS <input type="checkbox"/> OPA					

ELEVATION CERTIFICATE

OMB No. 1660-0008
Expiration Date: November 30, 2018

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. 1313 NW TIGER DRAIN ROAD			Policy Number:
City WHITE SPRINGS	State Florida	ZIP Code 32096	Company NAIC Number

SECTION C – BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)

- C1. Building elevations are based on: ☐ Construction Drawings* ☐ Building Under Construction* ☒ Finished Construction
*A new Elevation Certificate will be required when construction of the building is complete.

- C2. Elevations – Zones A1–A30, AE, AH, A (with BFE), VE, V1–V30, V (with BFE), AR, AR/A, AR/AE, AR/A1–A30, AR/AH, AR/AO. Complete Items C2.a–h below according to the building diagram specified in Item A7. In Puerto Rico only, enter meters.

Benchmark Utilized: LOCAL Vertical Datum: NAVD 1988

Indicate elevation datum used for the elevations in items a) through h) below.

☐ NGVD 1929 ☒ NAVD 1988 ☐ Other/Source: _____

Datum used for building elevations must be the same as that used for the BFE.

Check the measurement used.

- | | | |
|---|-------------|--|
| a) Top of bottom floor (including basement, crawlspace, or enclosure floor) | <u>87.0</u> | <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters |
| b) Top of the next higher floor | _____ | <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters |
| c) Bottom of the lowest horizontal structural member (V Zones only) | _____ | <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters |
| d) Attached garage (top of slab) | _____ | <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters |
| e) Lowest elevation of machinery or equipment servicing the building
(Describe type of equipment and location in Comments) | <u>87.0</u> | <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters |
| f) Lowest adjacent (finished) grade next to building (LAG) | <u>82.7</u> | <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters |
| g) Highest adjacent (finished) grade next to building (HAG) | <u>83.4</u> | <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters |
| h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support | <u>83.3</u> | <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters |

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.

Were latitude and longitude in Section A provided by a licensed land surveyor? ☒ Yes ☐ No ☐ Check here if attachments.

Certifier's Name
MARK D. DUREN

License Number
LS4708

Title
FLORIDA LICENSED SURVEYOR AND MAPPER

Company Name
MARK D. DUREN AND ASSOCIATES, INC.

Address
1604 SW SISTERS WELCOME ROAD

City
LAKE CITY


State
Florida

ZIP Code
32025

Signature



Date
08/17/2017

Telephone
(386) 623-4498


LS4708
8/17/2017
Place
Seal
Here

17-356R

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

Comments (including type of equipment and location, per C2(e), if applicable)
MANUFACTURED HOME, STANDARD SET UP WITH SKIRTING. ~~NO STRUCTURE IN PLACE.~~ LINE C2e IS A/C.


ELEVATION CERTIFICATE

OMB No. 1660-0008
Expiration Date: November 30, 2018

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. 1313 NW TIGER DRAIN ROAD			Policy Number:
City WHITE SPRINGS	State Florida	ZIP Code 32096	Company NAIC Number

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

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

- E1. Provide elevation information for the following and check the appropriate boxes to show whether the elevation is above or below the highest adjacent grade (HAG) and the lowest adjacent grade (LAG).
- a) Top of bottom floor (including basement, crawlspace, or enclosure) is _____ . _____ ☐ feet ☐ meters ☐ above or ☐ below the HAG.
- b) Top of bottom floor (including basement, crawlspace, or enclosure) is _____ . _____ ☐ feet ☐ meters ☐ above or ☐ below the LAG.
- E2. For Building Diagrams 6–9 with permanent flood openings provided in Section A Items 8 and/or 9 (see pages 1–2 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 or Owner's Authorized Representative's Name

Address City State ZIP Code

Signature Date Telephone

Comments

☐ Check here if attachments.

ELEVATION CERTIFICATE

OMB No. 1660-0008
Expiration Date: November 30, 2018

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. 1313 NW TIGER DRAIN ROAD			Policy Number:
City WHITE SPRINGS	State Florida	ZIP Code 32096	Company NAIC Number

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–G10. In Puerto Rico only, enter meters.

- 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–G10) 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 Datum _____

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

G10. Community's design flood elevation: _____ ☐ feet ☐ meters Datum _____

Local Official's Name	Title
Community Name	Telephone
Signature	Date

Comments (including type of equipment and location, per C2(e), if applicable)

☐ Check here if attachments.

BUILDING PHOTOGRAPHS**ELEVATION CERTIFICATE**

See Instructions for Item A6.

OMB No. 1660-0008

Expiration Date: November 30, 2018

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.
1313 NW TIGER DRAIN ROAD

Policy Number:

City
WHITE SPRINGSState
FloridaZIP Code
32096

Company NAIC Number

If using the Elevation Certificate to obtain NFIP flood insurance, affix at least 2 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." When applicable, photographs must show the foundation with representative examples of the flood openings or vents, as indicated in Section A8. If submitting more photographs than will fit on this page, use the Continuation Page.



Photo One

Photo One Caption FRONT (WEST SIDE VIEW) 8/17/2017



Photo Two

Photo Two Caption REAR (EAST SIDE VIEW). NOTE A/C ON RAISED PLATFORM. 8/17/2017

Cell# 17089

1 Rise Cent

PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

For Office Use Only

(Revised 7-1-15)

Zoning Official

Building Official

AP#

1707-SA

Date Received

7/19

By

Permit #

35649

Flood Zone

AE

Development Permit

17-014

Zoning

ESA-2

Land Use Plan Map Category

EA

Comments

FEMA Map#

0167 C

Elevation

86'

Finished Floor

87'

River

Suwannee

In Floodway

NO

Recorded Deed or

Property Appraiser PO

Site Plan

EH # 17-0440-N

Well letter OR

Existing well

Land Owner Affidavit

Installer Authorization

FW Comp. letter

App Fee Paid

DOT Approval

Parent Parcel #

STUP-MH

911 App

Ellisville Water Sys

Assessment Paid on Property

Out County

In County

Sub VF Form

Property ID #

24-25-15-10084-001

Subdivision

NA

Lot#

NA

New Mobile Home ☒ Used Mobile Home ☐ MH Size 28x56 Year 2017

Applicant Rockyford, Dale Buzd Phone # 386-497-2311

Address 546 SW Dutch Street, White FL 32038

Name of Property Owner Charles Bailey Phone# 386-365-6721

911 Address 1281 NW TIGER DRAIN ROAD, WHITE SPRINGS 32093

Circle the correct power company - FL Power & Light - Clay Electric

(Circle One) - Suwannee Valley Electric - Duke Energy

Name of Owner of Mobile Home Karen Hogg Phone # 904-305-8129

Address 1313 NW TIGER DRAIN ROAD, White Springs FL 32096

Relationship to Property Owner Arlene Bailey - Sister

Current Number of Dwellings on Property 0

Lot Size 467x451 Total Acreage 5.15

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

Driving Directions to the Property 41 north, IL Suwannee Valley Road, TB Tiger Drain Rd, 9/10th mile on right, just before nova lane

Name of Licensed Dealer/Installer Robert Sheppard Phone # 623 2203

Installers Address 6355 SE CR 245, Lake City, FL, 32025

License Number TN-1025386 Installation Decal # 47309

SW sent email 7.20.17

COLUMBIA COUNTY PERMIT WORKSHEET

page 1 of 2

These worksheets must be completed and signed by the installer.
Submit the originals with the packet.

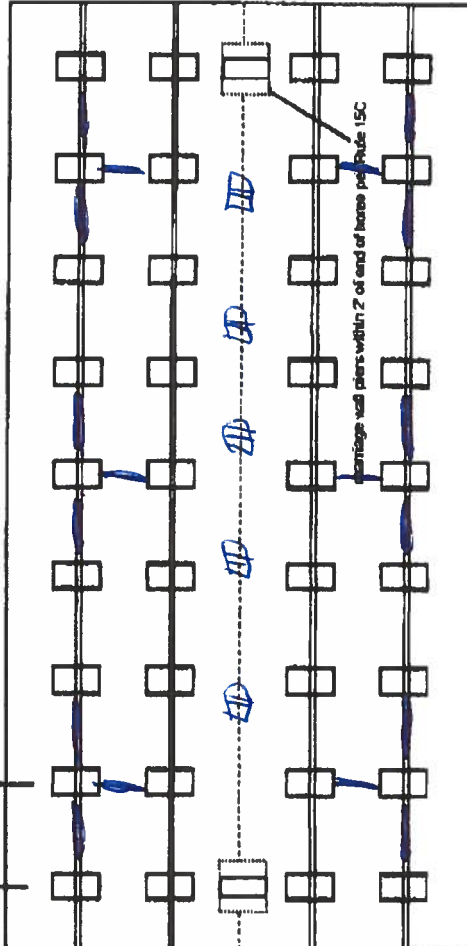
Installer Robert Shepard License # IH1025386
911 Address where home is being installed. 1201 NW Tiger Drainland
White Springs, FL 32096
Manufacturer Homes of Nor. Length x width 28x60

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 RS

Typical pier spacing 5'
Show locations of Longitudinal and Lateral Systems
(use dark lines to show these locations)



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 # 47305
Triple/Quad ☐ Serial # FL201-00P-41-B201567 A/B

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 dsf	3'	4'	5'	6'	7'	8'	8'
1500 dsf	4'	5'	6'	7'	8'	8'	8'
2000 dsf	5'	6'	7'	8'	8'	8'	8'
2500 dsf	6'	7'	8'	8'	8'	8'	8'
3000 dsf	7'	8'	8'	8'	8'	8'	8'
3500 dsf	8'	8'	8'	8'	8'	8'	8'

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

PIER PAD SIZES

I-beam pier pad size 17x25
Perimeter pier pad size 16x16
Other pier pad sizes (required by the mfg.) 17x25

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

4 ft ☒ 5 ft

FRAME TIES

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

TIEDOWN COMPONENTS

Longitudinal Stabilizing Device (LSD)
Manufacturer Divers 1101V
Longitudinal Stabilizing Device w/ Lateral Arms
Manufacturer Divers 1101V

OTHER TIES

Number 26
Sidewall 6
Longitudinal 8
Marriage wall 8
Shearwall 4

ANCHORS

COLUMBIA COUNTY PERMIT WORKSHEET

page 2 of 2

POCKET PENETROMETER TEST

The pocket penetrometer leads are rounded down to 1500 psf or check here to declare 1000 lb. soil without testing.

x 1600 x 1500 x 1500

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 1700 x 1700 x 1500

TORQUE PROBE TEST

The results of the torque probe test is 295 inch pounds or check here if you are declaring 5 anchors without testing A test showing 275 inch pounds or less will require 5 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 4000 lb-holding capacity.

Installer's initials RS

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name Robert Sheppard

Date Tested 7-19-17

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. 25

Plumbing

Connect all sewer drains to an existing sewer tap or septic tank. Pg. 28

Connect all potable water supply piping to an existing water meter, water tap, or other independent water supply systems. Pg. 28

Site Preparation

Debris and organic material removed ✓
Water drainage: Natural ✓ Swale ✓ Pad ✓ Other ✓

Fastening multi wide units

Floor: Type Fastener: 1695 Length: 5" Spacing: 16"
Walls: Type Fastener: 1695 Length: 4" Spacing: 16"
Roof: Type Fastener: 1695 Length: 6" Spacing: 16"
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 RS

Type gasket Foam
Pg. 22
Installed:
Between Floors Yes ✓
Between Walls Yes ✓
Bottom of ridgebeam Yes ✓

Weatherproofing

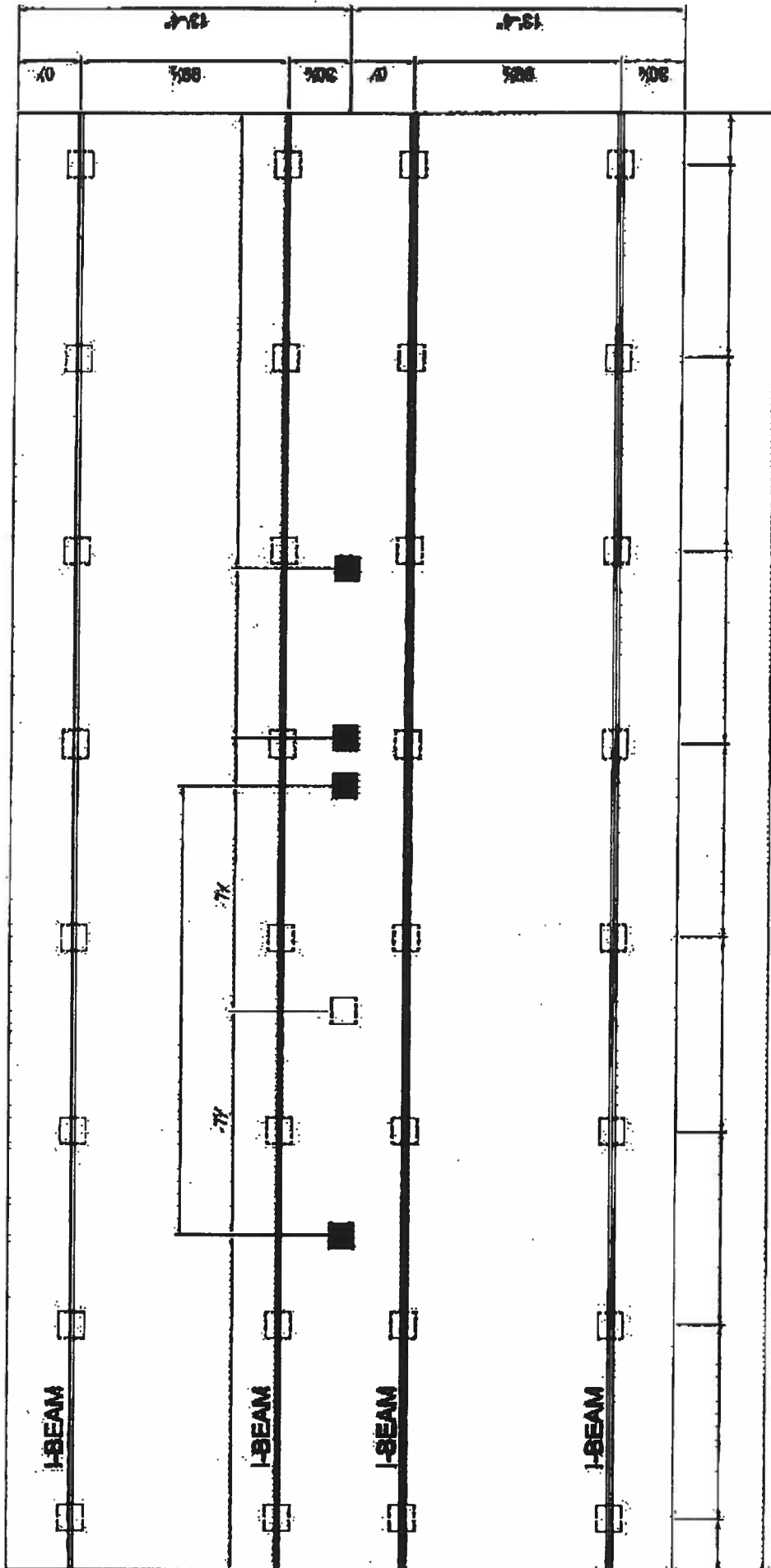
The bottomboard will be repaired and/or taped. Yes ✓ Pg. ✓
Siding on units is installed to manufacturer's specifications. Yes ✓
Fireplace chimney installed so as not to allow intrusion of rain water. Yes ✓

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: ✓

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

Installer Signature Robert Sheppard Date 7-19-17



1) ALL EXTERIOR DOORS, BAY WINDOWS, RECESSED SIDEWALLS AND EXTERIOR WALL OPENINGS 48" OR GREATER: WILL REQUIRE BLOCKING ON EACH SIDE.

COLUMN BLOCKING
SEE SOIL BEARING CAPACITY CHARTS FOR PAD SIZE
BLOCKING



HOMES OF MERIT™

P.O. BOX 2007 HUNTSVILLE, AL 35891

Hogg

Pair Blocking

The "Destin"



COLUMBIA COUNTY

911 ADDRESSING / GIS DEPARTMENT

263 NW Lake City Ave., Lake City, FL 32055

Telephone: (386) 758-1125 x 1 * Fax: (386) 758-1365 * Email: gis@columbiacountyfla.com



Address Assignment and Maintenance Document

To maintain the county wide 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 addressing 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 Services 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/Time Issued:	7/11/2017 2:25:34 PM
Address:	1281 NW TIGER DRAIN Rd
City:	WHITE SPRINGS
State:	FL
Zip Code	32096

Parcel ID	00084-001
-----------	------------------

REMARKS: Address for proposed structure on parcel. NOTE: Old address to location on parcel was 1313 NW Tiger Drain Rd. Corrected to above address due to identification of correct driveway access point.

Address Issued By: **Signed:/ Ronal N. Croft**

Columbia County GIS/911 Addressing Department

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

STATE OF FLORIDA
COUNTY OF COLUMBIA

LAND OWNER AFFIDAVIT

This is to certify that I, (We), CHARLES + ARLENE RAILY,
as the owner of the below described property:

Property tax Parcel ID number 24-25-15-00084-001

Subdivision (Name, lot, Block, Phase) NA

Give my permission for KAREN HOGG to place a

Circle one Mobile Home / Travel Trailer / Utility Pole Only / Single Family Home /
Barn - Shed - Garage / Culvert / Other _____

I (We) understand that the named person(s) above will be allowed to receive a building
permit on the property number I (we) have listed above and this could result in an
assessment for solid waste and fire protection services levied on this property.

Arlene A. Raily 07/07/17
Owner Signature Date

Charles Raily 7/7/17
Owner Signature Date

Owner Signature Date

Sworn to and subscribed before me this 7 day of July, 2017. This

(These) person(s) are personally known to me or produced ID FL DL.
(Type)

[Signature]
Notary Public Signature

Notary Printed Name

Notary Stamp/



Dale Richard Burd
NOTARY PUBLIC
STATE OF FLORIDA
Comm# FF133205
Expires 7/16/2018

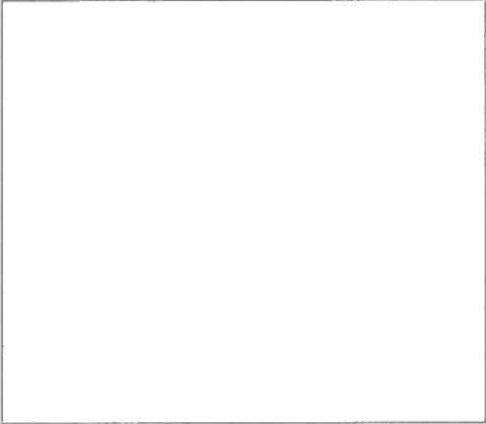
Columbia County Property Appraiser
updated: 6/6/2017
Parcel: 24-2S-15-00084-001

2016 Tax Year

Owner & Property Info

Search Result: 1 of 2 Next >>

Owner's Name	RAILEY CHARLES W SR & ARLENE A		
Mailing Address	1313 NW TIGER DRAIN ROAD WHITE SPRINGS, FL 32096		
Site Address	NW TIGER DRAIN RD		
Use Desc. (code)	AC/XFOB (009901)		
Tax District	3 (County)	Neighborhood	24215
Land Area	5.150 ACRES	Market Area	03
Description	NOTE: This description is not to be used as the Legal Description for this parcel in any legal transaction. COMM NW COR, RUN E 477.60 FT, S 16.25 FT TO S R/W NOVA RD FOR POB, CONT S 475 FT, W 475 FT TO E R/W NW TIGER DRAIN RD, N ALONG R/W 387.56 FT, N 5 DEG E 43.02 FT, N 35 DEG E 37.33 FT, N 69 DEG E 37.87 FT, N 86 DEG E 51.63 FT TO S R/W NOVA RD, E 361.85 FT TO POB. ORB 952-209,		



Property & Assessment Values

2016 Certified Values		
Mkt Land Value	cnt: (0)	\$18,711.00
Ag Land Value	cnt: (2)	\$0.00
Building Value	cnt: (0)	\$0.00
XFOB Value	cnt: (7)	\$10,000.00
Total Appraised Value		\$28,711.00
Just Value		\$28,711.00
Class Value		\$0.00
Assessed Value		\$28,711.00
Exempt Value		\$0.00
Total Taxable Value	Cnty: \$28,711 Other: \$28,711 Schl: \$28,711	

2017 Working Values (...Hide Values)		
Mkt Land Value	cnt: (0)	\$18,711.00
Ag Land Value	cnt: (2)	\$0.00
Building Value	cnt: (0)	\$0.00
XFOB Value	cnt: (7)	\$10,000.00
Total Appraised Value		\$28,711.00
Just Value		\$28,711.00
Class Value		\$0.00
Assessed Value		\$28,711.00
Exempt Value		\$0.00
Total Taxable Value	Cnty: \$28,711 Other: \$28,711 Schl: \$28,711	

NOTE: 2017 Working Values are NOT certified values and therefore are subject to change before being finalized for ad valorem assessment purposes.

Sales History

Sale Date	OR Book/Page	OR Code	Vacant / Improved	Qualified Sale	Sale RCode	Sale Price
4/24/2002	952/209	WD	V	U	01	\$100.00

MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER

1707-54

CONTRACTOR

Robert T. Sheppard

PHONE

386
628-2203

THIS FORM MUST BE SUBMITTED PRIOR TO THE ISSUANCE OF A PERMIT

11029

In Columbia County one permit will cover all trades doing work at the permitted site. It is REQUIRED that we have records of the subcontractors who actually did the trade specific work under the permit. Per Florida Statute 440 and Ordinance 89-6, a contractor shall require all subcontractors to provide evidence of workers' compensation or exemption, general liability insurance and a valid Certificate of Competency license in Columbia County.

Any changes, the permitted contractor is responsible for the corrected form being submitted to this office prior to the start of that subcontractor beginning any work. Violations will result in stop work orders and/or fines.

ELECTRICAL ✓ 1338	Print Name <u>Michael Beacher</u> License #: <u>EC13002315</u> Qualifier Form Attached <input checked="" type="checkbox"/>	Signature <u>[Signature]</u> Phone #: <u>850 973 0111</u>
MECHANICAL/ A/C 1469 ✓	Print Name <u>Ronald Bonds</u> License #: <u>CAC1817658</u> Qualifier Form Attached <input checked="" type="checkbox"/>	Signature <u>[Signature]</u> Phone #: <u>800 784 0745</u>

Qualifier Forms cannot be submitted for any Specialty License.

Specialty License	License Number	Sub-Contractors Printed Name	Sub-Contractors Signature
MASON			
CONCRETE FINISHER			

F. S. 440.103 Building permits; identification of minimum premium policy.--Every employer shall, as a condition to applying for and receiving a building permit, show proof and certify to the permit issuer that it has secured compensation for its employees under this chapter as provided in ss. 440.10 and 440.38, and shall be presented each time the employer applies for a building permit.

Revised 10/30/2015



COLUMBIA COUNTY BUILDING DEPARTMENT
135 NE Hernando Ave, Suite B-21, Lake City, FL 32055
Phone: 386-758-1008 Fax: 386-758-2160

LICENSED QUALIFIER AUTHORIZATION

I, Ronald E Bonds Sr (license holder name), licensed qualifier for STYLE CREST ENTERPRISES, INC (company name), do certify that the below referenced person(s) listed on this form is/are contracted/hired by me, the license holder, or is/are employed by me directly or through an employee leasing arrangement; or, is an officer of the corporation; or, partner as defined in Florida Statutes Chapter 468, and the said person(s) is/are under my direct supervision and control and is/are authorized to purchase and sign permits; call for inspections and sign subcontractor verification forms on my behalf.

Printed Name of Person Authorized	Signature of Authorized Person
1. Dale Durd	1.
2. Rocky Ford	2.
3. Kelly Bishop	3.
4.	4.
5.	5.

I, the license holder, realize that I am responsible for all permits purchased, and all work done under my license and fully responsible for compliance with all Florida Statutes, Codes, and Local Ordinances. I understand that the State and County Licensing Boards have the power and authority to discipline a license holder for violations committed by him/her, his/her agents, officers, or employees and that I have full responsibility for compliance with all statutes, codes and ordinances inherent in the privilege granted by issuance of such permits.

If at any time the person(s) you have authorized is/are no longer agents, employee(s), or officer(s), you must notify this department in writing of the changes and submit a new letter of authorization form, which will supersede all previous lists. Failure to do so may allow unauthorized persons to use your name and/or license number to obtain permits.

Ronald E Bonds Sr License Qualifiers Signature (Notarized) CRC 1817658 License Number 2-16-16 Date

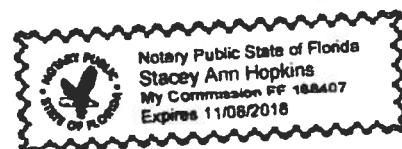
NOTARY INFORMATION

STATE OF FL COUNTY OF Bay

The above license holder, whose name is Ronald Edward Bonds Sr personally appeared before me and is known by me or has produced identification (type of I.D.) _____ on this 16th day of FEB, 20 16.

Stacey Ann Hopkins
NOTARY'S SIGNATURE

(Seal/Stamp)





COLUMBIA COUNTY BUILDING DEPARTMENT
135 NE Hernando Ave, Suite B-21, Lake City, FL 32055
Phone: 386-758-1008 Fax: 386-758-2160

LICENSED QUALIFIER AUTHORIZATION

I, Michael Reader (license holder name), licensed qualifier
for Madison Services LLC (company name), do certify that

the below referenced person(s) listed on this form is/are contracted/hired by me, the license holder, or is/are employed by me directly or through an employee leasing arrangement; or, is an officer of the corporation; or, partner as defined in Florida Statutes Chapter 468, and the said person(s) is/are under my direct supervision and control and is/are authorized to purchase and sign permits; call for inspections and sign subcontractor verification forms on my behalf.

Printed Name of Person Authorized	Signature of Authorized Person
1. <u>Richard Ford</u>	1. <u>[Signature]</u>
2. <u>Nathaniel Sured</u>	2. <u>[Signature]</u>
3.	3.
4.	4.
5.	5.

I, the license holder, realize that I am responsible for all permits purchased, and all work done under my license and fully responsible for compliance with all Florida Statutes, Codes, and Local Ordinances. I understand that the State and County Licensing Boards have the power and authority to discipline a license holder for violations committed by him/her, his/her agents, officers, or employees and that I have full responsibility for compliance with all statutes, codes and ordinances inherent in the privilege granted by issuance of such permits.

If at any time the person(s) you have authorized is/are no longer agents, employee(s), or officer(s), you must notify this department in writing of the changes and submit a new letter of authorization form, which will supersede all previous lists. Failure to do so may allow unauthorized persons to use your name and/or license number to obtain permits.

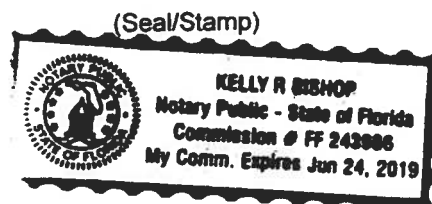
Michael Reader License Qualifiers Signature (Notarized) EL13702515 License Number 11/2/15 Date

NOTARY INFORMATION:

STATE OF: FL COUNTY OF: Columbia

The above license holder, whose name is Michael Reader, personally appeared before me and is known by me or has produced identification (type of I.D.) [Signature] on this 2 day of Nov, 2015.

Kelly Bishop
NOTARY'S SIGNATURE

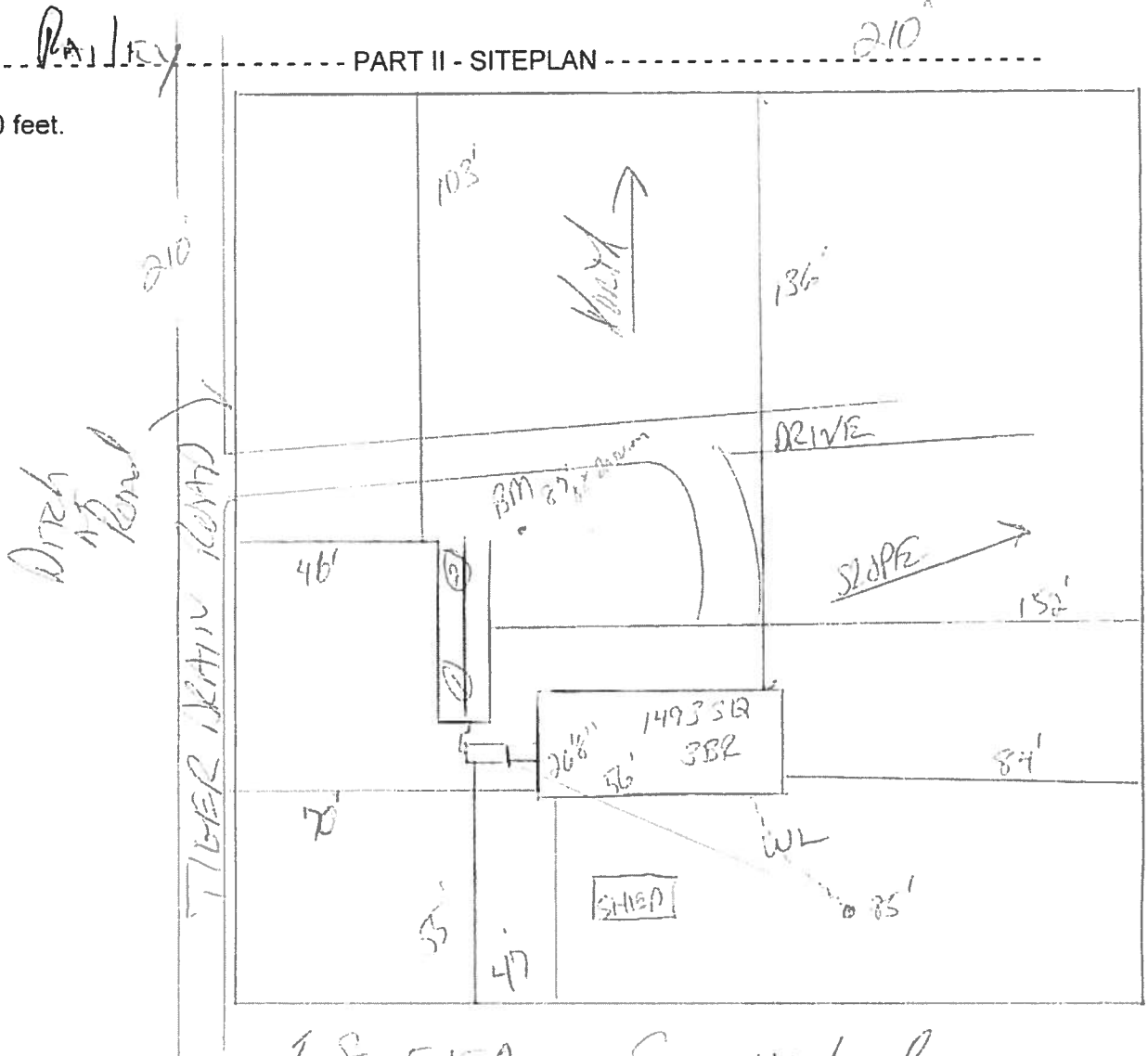


STATE OF FLORIDA
DEPARTMENT OF HEALTH
APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permit Application Number 17-0440-N

PART II - SITEPLAN

Scale: 1 inch = 40 feet.



Notes: 1 of 5-15 Acres SWS attached

Site Plan submitted by: Rodney D. Ford
Plan Approved X Not Approved _____
By Sally Ford Env Health Director
MASTER CONTRACTOR
Date 7-31-17
County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT



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

PERMIT NO. 17-0440
DATE PAID: 7-11-17
FEE PAID: 310.00
RECEIPT #: AP1298463

APPLICATION FOR:

☒ New System ☐ Existing System ☐ Holding Tank ☐ Innovative
☐ Repair ☐ Abandonment ☐ Temporary ☐ _____

APPLICANT: Charles Railey

AGENT: ROCKY FORD, A & B CONSTRUCTION TELEPHONE: 386-497-2311

MAILING ADDRESS: 546 SW Dortch Street, FT. WHITE, FL, 32038

TO BE COMPLETED BY APPLICANT OR APPLICANT'S AUTHORIZED AGENT. SYSTEMS MUST BE CONSTRUCTED BY A PERSON LICENSED PURSUANT TO 489.105(3)(m) OR 489.552, FLORIDA STATUTES. IT IS THE APPLICANT'S RESPONSIBILITY TO PROVIDE DOCUMENTATION OF THE DATE THE LOT WAS CREATED OR PLATTED (MM/DD/YY) IF REQUESTING CONSIDERATION OF STATUTORY GRANDFATHER PROVISIONS.

PROPERTY INFORMATION

LOT: na BLOCK: na SUB: Meets and Bounds PLATTED: _____

PROPERTY ID #: 24-2S-15-00084-001 ZONING: _____ I/M OR EQUIVALENT: ☐ Y ☒ N

PROPERTY SIZE: 5.15 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐ ☐ ≤2000GPD ☐ >2000GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? ☐ Y ☒ N DISTANCE TO SEWER: _____ FT

PROPERTY ADDRESS: NW Tiger Drain RD, White Springs, 32096

DIRECTIONS TO PROPERTY: 41 North, TL Suwannee Valley Road, TR Tiger Drain Rd,
9/10ths mile on right, just before Nova Lane

BUILDING INFORMATION ☒ RESIDENTIAL ☐ COMMERCIAL

Unit No	Type of Establishment	No. of Bedrooms	Building Area Sqft	Commercial/Institutional System Design Table 1, Chapter 64E-6, FAC
1	SF Residential	3	1493	
2				
3				

☒ Floor/Equipment Drains ☒ Other (Specify) _____

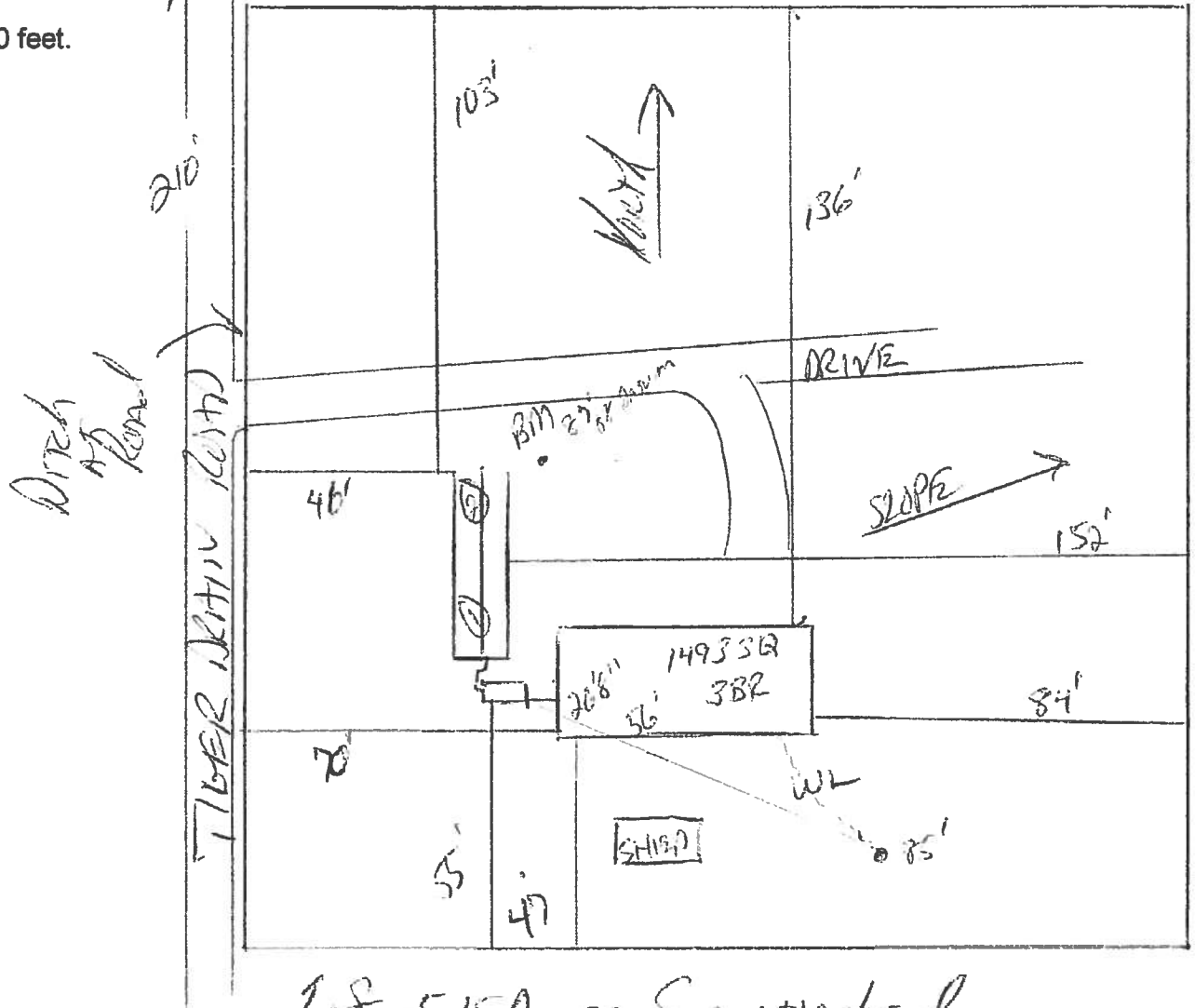
SIGNATURE: Rocky D Ford DATE: 7/3/2017

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

Permit Application Number _____

----- *RAILWAY* ----- **PART II - SITEPLAN** ----- *210'* -----

Scale: 1 inch = 40 feet.



Notes: *1.08 5.15 ACRES SEE ATTACHED*

Site Plan submitted by: *Rodney D. [Signature]* **MASTER CONTRACTOR**
 Plan Approved _____ Not Approved _____ Date _____
 By _____ County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

1"=100' 33.87' 51.63'

JUL 03 2017

Rocky D 7-0



H
O
G
G

~~1500~~

Columbia County Property Appraiser

Jeff Hampton - Lake City, Florida 32055 | 386-758-1083

PARCEL: 24-25-15-00084-001 - AC/XFOB (009801)
COMM NW COR, RUN E 477.60 FT, S 16.25 FT TO S R/W NOVA RD FOR POB, CONT S 475 FT, W 475 FT TO E R/W NW
TIGER DRAIN RD, N ALONG R/W 387.56 FT, N 5 DEG

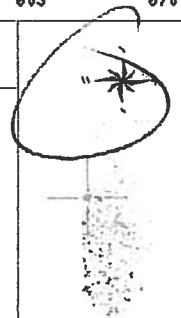
Name: RAILEY CHARLES W SR & ARLENE A
Site: NW TIGER DRAIN RD
Mail: 1313 NW TIGER DRAIN ROAD
White Springs, FL 32098

Sales Info: 4/24/2002 \$100.00 V / U

2018 Certified Values

Land	\$18,711.00
Bldg	\$0.00
Assd	\$28,711.00
Exmpt	\$0.00
Taxbl	Cnty: \$28,711
	Other: \$28,711 Schl: \$28,711

NOTES:



This information, updated: 6/6/2017, 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.

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GrizzlyLogic.com

Construction Drawings

ELEVATION CERTIFICATE

Important: Follow the instructions on pages 1–9.

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

SECTION A – PROPERTY INFORMATION				FOR INSURANCE COMPANY USE	
A1. Building Owner's Name CHARLES W. RAILEY, SR. AND ARLENE A. RAILEY				Policy Number:	
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 1313 NW TIGER DRAIN ROAD				Company NAIC Number:	
City WHITE SPRINGS		State Florida		ZIP Code 32096	
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) TAX PARCEL NO. 24-2S-15-00084-001					
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) <u>RESIDENTIAL</u>					
A5. Latitude/Longitude: Lat. <u>N.30D18'23.3"</u> Long. <u>W.082D46"38.7"</u> Horizontal Datum: <input type="checkbox"/> NAD 1927 <input checked="" type="checkbox"/> NAD 1983					
A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insurance.					
A7. Building Diagram Number <u>5</u>					
A8. For a building with a crawlspace or enclosure(s):					
a) Square footage of crawlspace or enclosure(s) <u>1,500</u> sq ft					
b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade _____					
c) Total net area of flood openings in A8.b _____ sq in					
d) Engineered flood openings? <input type="checkbox"/> Yes <input type="checkbox"/> No					
A9. For a building with an attached garage:					
a) Square footage of attached garage _____ sq ft					
b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade _____					
c) Total net area of flood openings in A9.b _____ sq in					
d) Engineered flood openings? <input type="checkbox"/> Yes <input type="checkbox"/> No					
SECTION B – FLOOD INSURANCE RATE MAP (FIRM) INFORMATION					
B1. NFIP Community Name & Community Number COLUMBIA COUNTY, FL 120070			B2. County Name COLUMBIA		B3. State Florida
B4. Map/Panel Number 12023C0167	B5. Suffix C	B6. FIRM Index Date 02/04/2009	B7. FIRM Panel Effective/ Revised Date 02/04/2009	B8. Flood Zone(s) AE	B9. Base Flood Elevation(s) (Zone AO, use Base Flood Depth) 86
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9: <input type="checkbox"/> FIS Profile <input checked="" type="checkbox"/> FIRM <input type="checkbox"/> Community Determined <input type="checkbox"/> Other/Source: _____					
B11. Indicate elevation datum used for BFE in Item B9: <input type="checkbox"/> NGVD 1929 <input checked="" type="checkbox"/> NAVD 1988 <input type="checkbox"/> Other/Source: _____					
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Designation Date: _____ <input type="checkbox"/> CBRS <input type="checkbox"/> OPA					

ELEVATION CERTIFICATE

OMB No. 1660-0008
Expiration Date: November 30, 2018

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. 1313 NW TIGER DRAIN ROAD			Policy Number:
City WHITE SPRINGS	State Florida	ZIP Code 32096	Company NAIC Number

SECTION C – BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)

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

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

C2. Elevations – Zones A1–A30, AE, AH, A (with BFE), VE, V1–V30, V (with BFE), AR, AR/A, AR/AE, AR/A1–A30, AR/AH, AR/AO. Complete Items C2.a–h below according to the building diagram specified in Item A7. In Puerto Rico only, enter meters.

Benchmark Utilized: LOCAL Vertical Datum: NAVD 1988

Indicate elevation datum used for the elevations in items a) through h) below.

☐ NGVD 1929 ☒ NAVD 1988 ☐ Other/Source: _____

Datum used for building elevations must be the same as that used for the BFE.

Check the measurement used.

- | | | |
|---|------------|--|
| a) Top of bottom floor (including basement, crawlspace, or enclosure floor) | <u>87.</u> | <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters |
| b) Top of the next higher floor | _____ | <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters |
| c) Bottom of the lowest horizontal structural member (V Zones only) | _____ | <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters |
| d) Attached garage (top of slab) | _____ | <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters |
| e) Lowest elevation of machinery or equipment servicing the building
(Describe type of equipment and location in Comments) | <u>87.</u> | <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters |
| f) Lowest adjacent (finished) grade next to building (LAG) | <u>80.</u> | <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters |
| g) Highest adjacent (finished) grade next to building (HAG) | <u>80.</u> | <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters |
| h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support | _____ | <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters |

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.

Were latitude and longitude in Section A provided by a licensed land surveyor? ☒ Yes ☐ No ☐ Check here if attachments.

Certifier's Name
MARK D. DUREN

License Number
LS4708

Title
FLORIDA LICENSED SURVEYOR AND MAPPER

Company Name
MARK D. DUREN AND ASSOCIATES, INC.

Address
1604 SW SISTERS WELCOME ROAD

City
LAKE CITY


State
Florida

ZIP Code
32025

Signature


Date
06/23/2017

Telephone
(386) 623-4498


LS4708
6/23/2017
Place
Seal
Here

17-297

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

Comments (including type of equipment and location, per C2(e), if applicable)

PROPOSED MANUFACTURED HOME, STANDARD SET UP WITH SKIRTING. NO STRUCTURE IN PLACE. THIS CERTIFICATE IS FOR PERMITTING AND CONSTRUCTION ONLY. A BENCHMARK WAS ESTABLISHED ON SITE AT 97' NAVD 1988 DATUM FOR CONSTRUCTION PURPOSES.

ELEVATION CERTIFICATE

OMB No. 1660-0008
Expiration Date: November 30, 2018

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. 1313 NW TIGER DRAIN ROAD			Policy Number:
City WHITE SPRINGS	State Florida	ZIP Code 32096	Company NAIC Number

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

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

- E1. Provide elevation information for the following and check the appropriate boxes to show whether the elevation is above or below the highest adjacent grade (HAG) and the lowest adjacent grade (LAG).
- a) Top of bottom floor (including basement, crawlspace, or enclosure) is _____ . _____ ☐ feet ☐ meters ☐ above or ☐ below the HAG.
- b) Top of bottom floor (including basement, crawlspace, or enclosure) is _____ . _____ ☐ feet ☐ meters ☐ above or ☐ below the LAG.
- E2. For Building Diagrams 6–9 with permanent flood openings provided in Section A Items 8 and/or 9 (see pages 1–2 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 or Owner's Authorized Representative's Name

Address City State ZIP Code

Signature Date Telephone

Comments

☐ Check here if attachments.

ELEVATION CERTIFICATE

OMB No. 1660-0008
Expiration Date: November 30, 2018

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.
1313 NW TIGER DRAIN ROAD

Policy Number:

City
WHITE SPRINGS

State
Florida

ZIP Code
32096

Company NAIC Number

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–G10. In Puerto Rico only, enter meters.

- 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–G10) 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 Datum _____

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

G10. Community's design flood elevation: _____ ☐ feet ☐ meters Datum _____

Local Official's Name

Title

Community Name

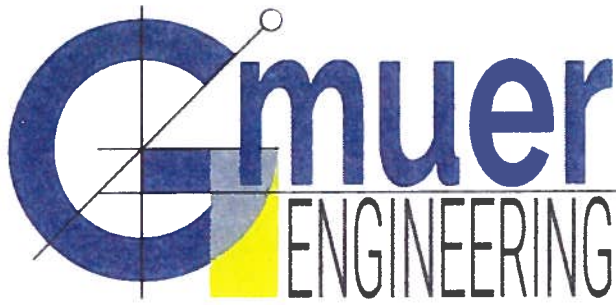
Telephone

Signature

Date

Comments (including type of equipment and location, per C2(e), if applicable)

☐ Check here if attachments.



2603 NW 13th St, Box 314
Gainesville, FL 32609
Ph. (352) 281-4928

gmuereng.com

August 2, 2017

Troy Crews, Chief Building Official
Columbia County Building & Zoning Department
Post Office Box 1529
Lake City, FL 32056-1529

Re: Hogg Railey Flood Certification

Dear Troy or Reviewing Staff,

The property owner of Parcel ID # 24-2S-15-00084-001 at approximately 1313 NW Tiger Drain Road, White Springs, FL 32096 is proposing to locate a home on the property with an application to the building department. Based on the location, a flood certification from a licensed engineer is required. The site is located within Zone AE on map 12023C0167C, effective on 02/04/2009 and is within the floodplain of the Suwannee River but not the floodway. The site has a Base Flood Elevation established at 86.00 NAVD88.

Per section 8.5.2.1 of the Columbia County Land Development Regulations, all new construction of any residential building shall have the lowest floor elevation no lower than one foot above the base flood elevation.

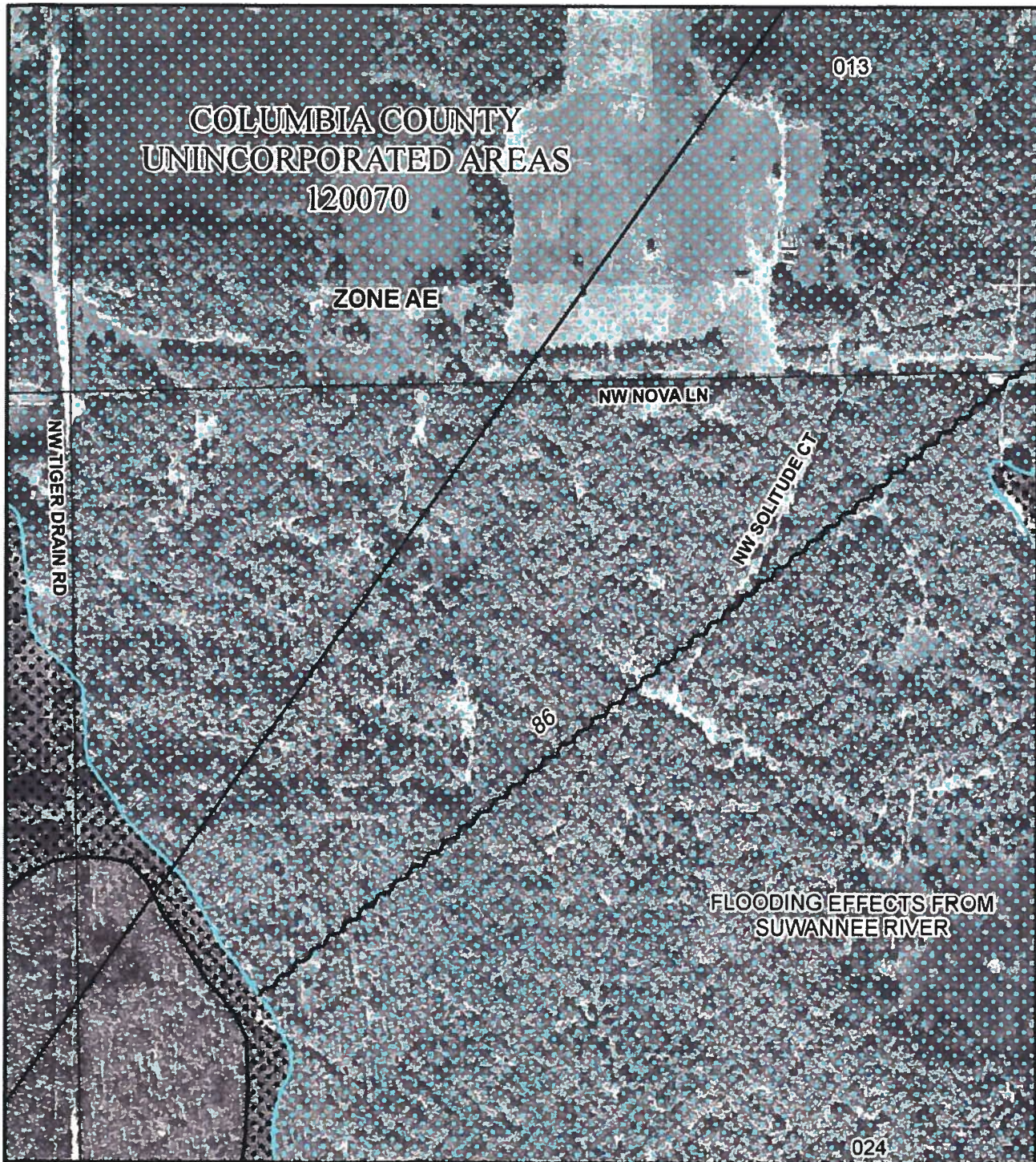
Based on the above information, I certify that the installation of the home will not cause a water surface rise by more than one foot as long as the lowest floor elevation is constructed at elevation 87.00 NAVD88 or higher. Should solid foundation perimeter walls be used to elevate the structure, openings sufficient to facilitate automatic equalization of flood hydrostatic forces on both sides of the exterior walls shall be provided in accordance with standards of subsection 8.5.2.3.

Sincerely,
Gmuer Engineering, LLC

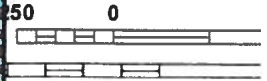
A handwritten signature in blue ink, appearing to read 'Chris Gmuer', is written over the typed name and title.

Christopher A Gmuer, PE
President





MAP SCALE



NATIONAL FLOOD INSURANCE PROGRAM
FIR

FIR
FLOOD
COLUMBIA
FLORIDA
AND INCORPORATED

PANEL 1
(SEE MAP
CONTAINS
COMMUNITY
COLUMBIA COUNTY)

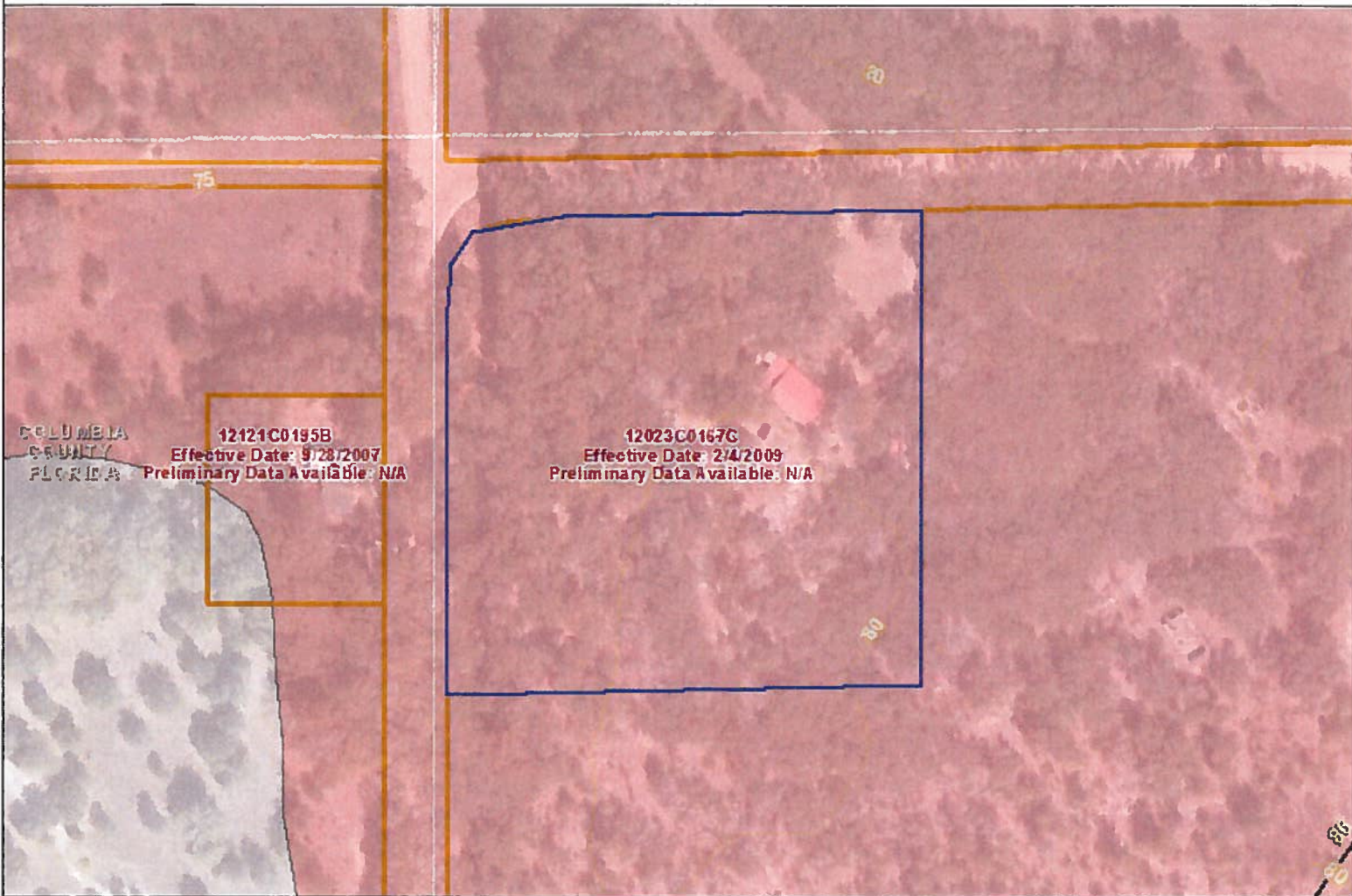
Notice to Use
used when p
shown above
subject commu



Federal I

This is an official copy of a portio
was extracted using F-MIT On-L
or amendments which may have
title block. For the latest produ
Program flood maps check the I

Suwannee River Water Management District Effective Flood Information Report



Effective Flood Zones described on Page 2	SFHA - Zone VE	Wetlands	Counties	Depressions
SFHA - AE w/Floodway	SFHA - Zone A	FIRM Panel	SRWMD	BFE
SFHA - Zones AE, AH, AO	0.2 % (shaded X)	State Lands	Parcels	Cross Sections

The Federal Emergency Management Agency (FEMA) maintains information about map features, such as street locations and names, in or near information herein represents the best available data as of the effective date shown. The applicable Flood Insurance Study and a Digital Flood online (<http://www.srwmdfloodreport.com>). To obtain more detailed information in areas where Base Flood Elevations (BFEs) and/or floodways encouraged to also consult the FEMA Map Service Center at 1-800-358-9616 (<http://www.msc.fema.gov>) for information on available products. Available products from the Map Service Center may include previously issued Letters of Map Change.

Requests to revise flood information in or near designated flood hazard areas may be provided to FEMA during the community review period on Letter of Map Change process for effective maps.

Base Flood Elevation (BFE)

The elevation shown on the Flood Insurance Rate Map for Zones AE, AH, A1-A30, AR, AO, V1-V30, and VE that indicates the water surface elevation resulting from a flood that has a one percent chance of equaling or exceeding that level in any given year.

A

Areas with a 1% annual chance of flooding and a 26% chance of flooding over the life of a 30-year mortgage. Because detailed analyses are not performed for such areas; no depths or base flood elevations are shown within these zones.

AE, A1-A30

Areas with a 1% annual chance of flooding and a 26% chance of flooding over the life of a 30-year mortgage. In most instances, base flood elevations derived from detailed analyses are shown at selected intervals within these zones.

AH

Areas with a 1% annual chance of flooding and a 26% chance of flooding over the life of a 30-year mortgage. Usually areas of ponding with flood depths of 1 to 3 feet. Base Flood Elevations are determined.

AO

Areas with a 1% annual chance of flooding and a 26% chance of flooding over the life of a 30-year mortgage. Usually areas of sheet flow on sloping terrain with flood depths of 1 to 3 feet. Base Flood Elevations are determined.

Supplemental Information:

10%-chance flood elevations (10-year flood-risk elevations) and 50%-chance flood elevations (2-year flood-risk elevations), are calculated during detailed flooding studies but are not shown on FEMA Digital Flood Insurance Rate Maps (FIRMs). They have been provided as supplemental information in the Flood Information section of this report.

AE FW (FLOODWAYS)

The channel of a river or other watercourse and the adjacent land areas that must be reserved in order to discharge the base flood (1% annual chance flood event). The floodway must be kept open so that flood water can proceed downstream and not be obstructed or diverted onto other properties.

Please note, if you develop within the regulatory floodway, you will need to contact your Local Government and the Suwannee River Water Management District prior to commencing with the activity. Please contact the District at 800.226.1066.

VE

Areas with a 1% annual chance of flooding over the life of a 30-year mortgage with additional hazards due to storm-induced velocity wave action. Base Flood Elevations (BFEs) derived from detailed analyses.

X 0.2 PCT (X Shaded, 0.2 PCT ANNUAL CHANCE FLOOD HAZARD)

Same as Zone X; however, detailed studies have been performed, and the area has been determined to be within the 0.2 percent annual chance floodplain (also known as the 500-year flood zone). Insurance purchase is not required in this zone but is available at a reduced rate and is recommended.

X

All areas outside the 1-percent annual chance floodplain are Zone X. This includes areas of 1% annual chance sheet flow flooding where average depths are less than 1 foot, areas of 1% annual chance stream flooding where the contributing drainage area is less than 1 square mile, or areas protected from the 1% annual chance flood by levees. No Base Flood Elevations or depths are shown within this zone. Insurance purchase is not required in these zones.

LINKS

FEMA:

<http://w>

SRWM

<http://w>

CONT

SRWM
9225 C
Live Oa

(386) 3

Toll Fre
(800) 2

**Columbia County Building Department
Flood Development Permit**

**Development Permit
F 023- 17-014**

DATE 08/03/2017 BUILDING PERMIT NUMBER 000035649
APPLICANT DALE BURD PHONE 497-2311
ADDRESS 546 SW DORTCH STREET FORT WHITE FL 32028
OWNER CHARLES & ARLENE RAILEY(KAREN HOBSON) 904-305-8129
ADDRESS 1281 NW TIGER DRAIN RD WHITE SPRINGS FL 32096
CONTRACTOR ROBERT SHEPPARD PHONE 623-2203
ADDRESS 6355 SE CR-245 LAKE CITY FL 32025
SUBDIVISION _____ Lot _____ Block _____ Unit 0 Phase _____
TYPE OF DEVELOPMENT MH, UTILITY PARCEL ID NO. 24-2S-15-00084-001

FLOOD ZONE AE BY BS 2-4-2009 FIRM COMMUNITY # 120070 - PANEL # _____
FIRM 100 YEAR ELEVATION 86' PLAN INCLUDED YES or NO
REQUIRED LOWEST HABITABLE FLOOR ELEVATION 87'
IN THE REGULATORY FLOODWAY YES or NO RIVER Suwannee
SURVEYOR / ENGINEER NAME Christopher Smuer LICENSE NUMBER 71599

☒ 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

