

DATE 04/19/2004**Columbia County Building Permit**

This Permit Expires One Year From the Date of Issue

PERMIT**000021752**

APPLICANT L. ROBERT BEVILLE PHONE 352.665.7028
 ADDRESS 1107 SE BIBLE CAMP ROAD HIGH SPRINGS FL 32643
 OWNER L. ROBERT BEVILLE PHONE 352.665.7028
 ADDRESS 1107 SE BIBLE CAMP ROAD HIGH SPRINGS FL 32643
 CONTRACTOR GREG ROACH PHONE _____
 LOCATION OF PROPERTY 441-S TO BIBLE CAMP ROAD R., 7/10 OF A MILE DOWN
TO MAILBOX ON LEFT.
 TYPE DEVELOPMENT M/H & UTILITY ESTIMATED COST OF CONSTRUCTION 00
 HEATED FLOOR AREA _____ TOTAL AREA _____ HEIGHT .00 STORIES _____
 FOUNDATION _____ WALLS _____ ROOF PITCH _____ FLOOR _____
 LAND USE & ZONING A-3 MAX. HEIGHT 35
 Minimum Set Back Requirements: STREET-FRONT 30.00 REAR 25.00 SIDE 25.00
 NO. EX.D.U. _____ FLOOD ZONE AE DEVELOPMENT PERMIT NO. 04-032
 PARCEL ID 35-6S-17-09859-809 SUBDIVISION HAWK RIDGE ACRES
 LOT 9 BLOCK _____ PHASE 2 UNIT _____ TOTAL ACRES 13.00

_____ IH0000588 Leslie Robert Beville
 Culvert Permit No. _____ Culvert Waiver _____ Contractor's License Number _____ Applicant/Owner/Contractor
 EXISTING _____ 04-0214-N _____ BLK _____ HD _____ Y _____
 Driveway Connection _____ Septic Tank Number _____ LU & Zoning checked by _____ Approved for Issuance _____ New Resident

COMMENTS: 1 FOOT ABOVE ROADCheck # or Cash 1050**FOR BUILDING & ZONING DEPARTMENT ONLY**

(footer/Slab)

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

BUILDING PERMIT FEE \$.00 CERTIFICATION FEE \$.00 SURCHARGE FEE \$.00
 MISC. FEES \$ 200.00 ZONING CERT. FEE \$ 50.00 FIRE FEE \$ 34.02 WASTE FEE \$ 73.50
 FLOOD ZONE DEVELOPMENT FEE \$ 50.00 CULVERT FEE \$ _____ **TOTAL FEE** 407.52
 INSPECTORS OFFICE CH CLERKS OFFICE CH

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

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

This Permit Must Be Prominently Posted on Premises During Construction

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

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

FEDERAL EMERGENCY MANAGEMENT AGENCY
NATIONAL FLOOD INSURANCE PROGRAM

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

ELEVATION CERTIFICATE

Important: Read the instructions on pages 1 - 7.

SECTION A - PROPERTY OWNER INFORMATION			For Insurance Company Use:
BUILDING OWNER'S NAME Robert Beville			Policy Number
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. 1107 SE Bible Camp Rd.			Company NAIC Number
CITY High Springs	STATE FL	ZIP CODE 32643	
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) Lot 9 "Hawks Ridge, Phase 2" (unrecorded)			
BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use a Comments area, if necessary.) Residential			
LATITUDE/LONGITUDE (OPTIONAL) (##° - ##' - ###.###" or ###.####")		HORIZONTAL DATUM: <input type="checkbox"/> NAD 1927 <input type="checkbox"/> NAD 1983	
		SOURCE: <input type="checkbox"/> GPS (Type): <input type="checkbox"/> USGS Quad Map <input type="checkbox"/> Other:	

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER 120070		B2. COUNTY NAME Columbia		B3. STATE FL	
B4. MAP AND PANEL NUMBER 0280	B5. SUFFIX b	B6. FIRM INDEX DATE 6 Jan. 88	B7. FIRM PANEL EFFECTIVE/REVISED DATE	B8. FLOOD ZONE(S) AE	B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding) 55

B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9.
☐ FIS Profile ☒ FIRM ☐ Community Determined ☐ Other (Describe):
 B11. Indicate the elevation datum used for the BFE in B9: ☒ NGVD 1929 ☐ NAVD 1988 ☐ Other (Describe):
 B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? ☐ Yes ☒ No Designation Date

SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)

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

C2. Building Diagram Number 5 (Select the building diagram most similar to the building for which this certificate is being completed - see pages 6 and 7. If no diagram accurately represents the building, provide a sketch or photograph.)

C3. Elevations - Zones A1-A30, AE, AH, A (with BFE), VE, V1-V30, V (with BFE), AR, AR/A, AR/AE, AR/A1-A30, AR/AH, AR/AO
 Complete Items C3.-a-i below according to the building diagram specified in Item C2. State the datum used. If the datum is different from the datum used for the BFE in Section B, convert the datum to that used for the BFE. Show field measurements and datum conversion calculation. Use the space provided or the Comments area of Section D or Section G, as appropriate, to document the datum conversion.
 Datum _____ Conversion/Comments _____
 Elevation reference mark used _____ Does the elevation reference mark used appear on the FIRM? ☐ Yes ☒ No

<input type="checkbox"/> a) Top of bottom floor (including basement or enclosure)	58. 45 ft.(m)
<input type="checkbox"/> b) Top of next higher floor	_____ ft.(m)
<input type="checkbox"/> c) Bottom of lowest horizontal structural member (V zones only)	_____ ft.(m)
<input type="checkbox"/> d) Attached garage (top of slab)	_____ ft.(m)
<input type="checkbox"/> e) Lowest elevation of machinery and/or equipment servicing the building (Describe in a Comments area)	_____ ft.(m)
<input type="checkbox"/> f) Lowest adjacent (finished) grade (LAG)	54. 9 ft.(m)
<input type="checkbox"/> g) Highest adjacent (finished) grade (HAG)	55. 9 ft.(m)
<input type="checkbox"/> h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade	
<input type="checkbox"/> i) Total area of all permanent openings (flood vents) in C3.h _____ sq. in. (sq. cm)	

License Number, Embossed Seal, Signature, and Date

SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION

This certification is to be signed and sealed by a land surveyor, engineer, or architect authorized by law to certify elevation information.
 I certify that the information in Sections A, B, and C on this certificate represents my best efforts to interpret the data available.
 I understand that any false statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 1001.

CERTIFIER'S NAME L. Scott Britt	LICENSE NUMBER	P.S.M. # 5757
TITLE Professional Surveyor and Mapper	COMPANY NAME Britt Surveying	
ADDRESS 830 W. Duval Street	CITY Lake City	STATE FL
		ZIP CODE 32055
SIGNATURE 	DATE 04/22/04	TELEPHONE (386) 752-7163

L-14873

IMPORTANT: In these spaces, copy the corresponding information from Section A.			For Insurance Company Use:
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO.			Policy Number
CITY	STATE	ZIP CODE	Company NAIC Number

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

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

COMMENTS

There is a mobile home on this parcel at this time

L-14873

☐ Check here if attachments

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

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

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

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

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

E4. For Zone AO only: If no flood depth number is available, is the top of the bottom floor elevated in accordance with the community's floodplain management ordinance?
☐ Yes ☐ No ☐ Unknown. The local official must certify this information in Section G.

SECTION F - PROPERTY OWNER (OR OWNER'S REPRESENTATIVE) CERTIFICATION

The property owner or owner's authorized representative who completes Sections A, B, C (Items C3.h and C3.i only), and E for Zone A (without a FEMA-issued or community-issued BFE) or Zone AO must sign here. The statements in Sections A, B, C, and E are correct to the best of my knowledge.

PROPERTY OWNER'S OR OWNER'S AUTHORIZED REPRESENTATIVE'S NAME

ADDRESS

CITY

STATE

ZIP CODE

SIGNATURE

DATE

TELEPHONE

COMMENTS

☐ Check here if attachments

SECTION G - COMMUNITY INFORMATION (OPTIONAL)

The local official who is authorized by law or ordinance to administer the community's floodplain management ordinance can complete Sections A, B, C (or E), and G of this Elevation Certificate. Complete the applicable item(s) and sign below.

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

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

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

G4. PERMIT NUMBER	G5. DATE PERMIT ISSUED	G6. DATE CERTIFICATE OF COMPLIANCE/OCCUPANCY ISSUED
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G7. This permit has been issued for: ☐ New Construction ☐ Substantial Improvement

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

_____. ____ ft.(m)

Datum:

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

_____. ____ ft.(m)

Datum:

LOCAL OFFICIAL'S NAME

TITLE

COMMUNITY NAME

TELEPHONE

SIGNATURE

DATE

COMMENTS

☐ Check here if attachments

DIAGRAM 5

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

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

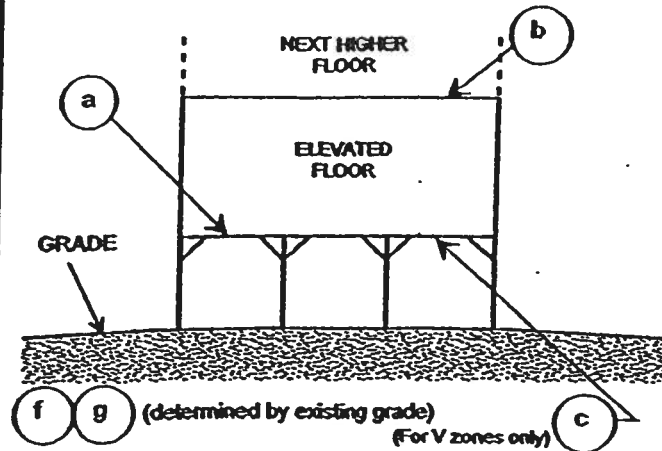


DIAGRAM 6

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

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

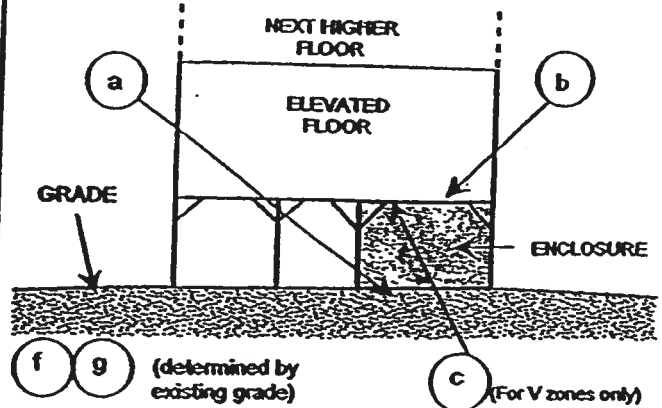


DIAGRAM 7

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

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

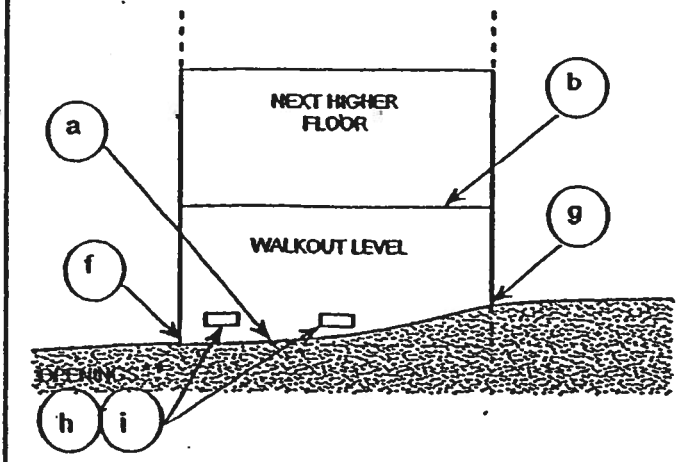
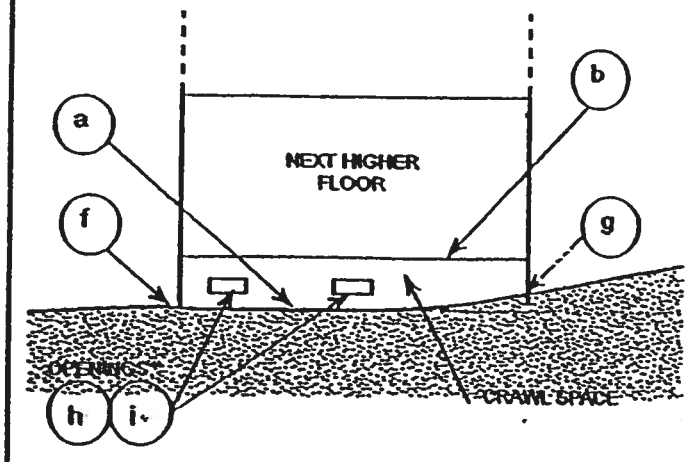


DIAGRAM 8

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

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



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

One Foot Rise Analysis and Certification, 100 Year Base Flood

LESLIE BEVILLE RESIDENCE, Lot 9, Hawks Ridge Acres Unrec, Bible Camp Rd, Columbia County, FL

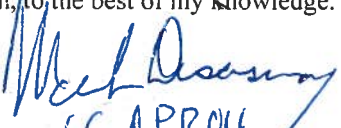
- ☐ PROPERTY DESCRIPTION: Lot 9 Hawks Ridge Acres Unrec, 1107 SE Bible Camp St, High Springs, 32643, Tax ID 35-6S-17-09859-809 Columbia County, Florida.
- ☐ OWNER: Leslie Beville
- ☐ CONTRACTOR: owner
- ☐ PROJECT: A mobile home on CMU piers on natural grade with no added fill. A 14' x 57' mobile home on no more than 50 - 16"x16" CMU piers on natural grade with no added fill.
- ☐
- ☐ BASE FLOOD ELEVATION: 55' (Per Britt Surveying WO#14702, Flood Insurance Rate Map, Dated 06Jan88 Community Panel No. 120070 0280 B.)
- ☐ FLOOD ZONE: AE
- ☐ BASIN AREA AT BASE FLOOD ELEVATION: n/a Acres (Calculated from FIRM flood plain data.)
- ☐ PROPOSED BUILDING AREA: Piers 80 * 16" * 16" = 89 ft2.
- ☐ PROPOSED BUILDING VOLUME BELOW FLOODPLAIN: (Piers) 89 ft2 x 0' = 89 ft3.
- ☐ EXISTING GRADE ELEVATION AT BUILDING LOCATION: 54.5' average for one foot rise calculations. (Note: Existing grade at mobile home site was established at mobile home location drawn on septic permit application number 04-0214N (left front corner 130' from front and 265' from left side) using topo lines on Britt WO#14702.)
- ☐ CALCULATIONS: The project only requires volume calculations in this area since it is not a flowing or riverine area.

Floodplain volume removed = 89 ft3

Floodplain level increase = (89 ft3) / 43560 ft²/acre / 647 acres = 0.000003 ft

CERTIFICATION:

I hereby certify that construction of LESLIE BEVILLE RESIDENCE, Lot 9, Hawks Ridge Acres Unrec, Bible Camp Rd, Columbia County, FL will increase flood elevations less than one foot at the project location, to the best of my knowledge.


16 APR 04

**Columbia County Building Department
Flood Development Permit**

**Development Permit
F 023- 04-032**

DATE 04/19/2004 BUILDING PERMIT NUMBER 000021752
APPLICANT L. ROBERT BEVILLE PHONE 352.665.7028
ADDRESS 1107 SE BIBLE CAMP ROAD HIGH SPRINGS FL 32643
OWNER L. ROBERT BEVILLE PHONE 352.665.7028
ADDRESS 1107 SE BIBLE CAMP ROAD HIGH SPRINGS FL 32643
CONTRACTOR GREG ROACH PHONE _____
ADDRESS POB 345 ORANGE SPRINGS FL 32182
SUBDIVISION HAWK RIDGE ACRES Lot 9 Block _____ Unit _____ Phase 2
TYPE OF DEVELOPMENT M/H & UTILITY PARCEL ID NO. 35-6S-17-09859-809

FLOOD ZONE AE BY BLK 1-6-88 FIRM COMMUNITY #. 120070 - PANEL #. 280 B
FIRM 100 YEAR ELEVATION 55.0' PLAN INCLUDED YES or NO
REQUIRED LOWEST HABITABLE FLOOR ELEVATION 56.0'
IN THE REGULATORY FLOODWAY YES or NO RIVER SANTA FE
SURVEYOR ENGINEER NAME MARK DISOWAY, III LICENSE NUMBER 053915

☒ 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 2 WAITS Final Flood Elevation Certificate
Before Final Power is granted. (REC'D)

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



PERMIT EXPIRES ONE YEAR FROM THE DATE OF ISSUANCE

PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

For Office Use Only		Zoning Official <u>BLK 14.04.04</u>	Building Official <u>AD 4-16-04</u>
AP# <u>0404-30</u>	Date Received <u>1/8/04</u>	By <u>JW</u>	Permit # <u>21752</u>
Flood Zone <u>AE</u>	Development Permit <u>YES</u>	Zoning <u>ESA-2</u>	Land Use Plan Map Category <u>ESA</u>
Comments <u>Flood elevation 55' 1st floor to be 56'</u>			
<input type="checkbox"/> Site Plan with Setbacks shown <input checked="" type="checkbox"/> Environmental Health Signed Site Plan <input checked="" type="checkbox"/> Env. Health Release <input checked="" type="checkbox"/> Need a Culvert Permit <input checked="" type="checkbox"/> Need a Waiver Permit <input checked="" type="checkbox"/> Well letter provided <input type="checkbox"/> Existing Well			

- Property ID 35-65-17-09859-809 Must have a copy of the property deed
- New Mobile Home _____ Used Mobile Home ☒ Year 01
- Subdivision Information Hawk Ridge - Lot 9 Phase 2
Acres,
- Applicant L. Robert Beville Phone # 352-665 7028
- Address 1107 SE Bible Camp Rd High Springs 32643
- Name of Property Owner L. Robert Beville Phone# 352-665 7028
- 911 Address 1107 SE Bible Camp Rd, High Springs, FL 32643
- Name of Owner of Mobile Home Robert Beville Phone # 352 665 7028
- Address 1107 SE Bible Camp Rd
- Relationship to Property Owner Self
- Current Number of Dwellings on Property None
- Lot Size 435.02' 1321.01' Total Acreage 13
- Explain the current driveway Dirt lane off Bible camp Rd Existing
- Driving Directions off 441 on to Bible camp Rd 7/10 mile down to 1107 mail Box on left
- Is this Mobile Home Replacing an Existing Mobile Home NO
- Name of Licensed Dealer/Installer Gray Rough Phone # 352 546-2607
- Installers Address P.O. Box 345 Orange Springs FL 32182
- License Number TH000058Y Installation Decal # 491639

500
1000
600
2100

F340BS0629

PERMIT NUMBER

POCKET PENETROMETER TEST

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

X _____ X _____ X _____

POCKET PENETROMETER TESTING METHOD

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

X _____ X _____ X _____

TORQUE PROBE TEST

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

Note: A state approved lateral arm system is being used and 4 ft anchors are allowed at the sidewall locations. 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 4 foot holding capacity.

Installer's initials _____

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name _____

Date Tested _____

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. 5-14

Plumbing _____

Connect all sewer drains to an existing sewer lap or septic tank. Pg. 5-14
Connect all potable water supply piping to an existing water meter, water tap, or other independent water supply systems. Pg. 5-14

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. 3/4 gauge, 6" 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 (weather proofing 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 _____

Installed: _____

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

Weatherproofing

The bottomboard will be repaired and/or tapered Yes _____ No _____ Pg. 5-14
Siding on units is installed to manufacturer's specifications Yes _____
Flaplace chimney installed so as not to allow intrusion of rain water. Yes _____

Skirting

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

Installer verifies all information given with this permit worksheet is accurate and true based on the manufacturer's installation instructions and/or Rule 15C-1 & 2

Installer Signature _____ Date _____

PERMIT WORKSHEET

page 1 of 2

PERMIT NUMBER

Installer Grey Road License # 1400058P

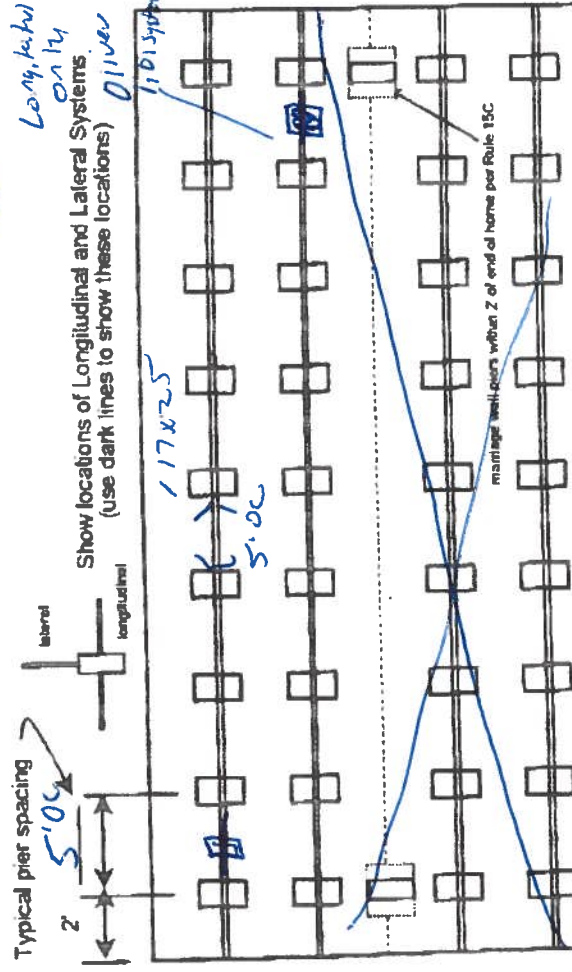
Address of home being installed 1107 S.E. Dixie Camp Rd

Manufacturer PEACOR Length x width 14x57

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 lies 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 # #91639

Triple/Quad ☐ Serial # F340050629

PIER SPACING TABLE FOR USED HOMES

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

* Interpolated from Rule 15C-1 pier spacing table

PIER PAD SIZES

I-beam pier pad size 17x25-NBS

Perimeter pier pad size 17x25-NBS

Other pier pad sizes (required by the mfg) N/A

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

POPULAR PAD SIZES

Pad Size	Sq in
16 x 16	256
16 x 18	288
18 x 18	324
16 x 22.5	360
17 x 22	374
13 1/4 x 26 1/4	343
20 x 20	400
17 1/2 x 25 1/2	441
17 1/2 x 25 1/2	441
24 x 24	576
26 x 26	676

ANCHORS

4 ft 5 ft

FRAME TIES

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

TIEDOWN COMPONENTS

Longitudinal Stabilizing Device (LSD)
Manufacturer Oliver 1101 System

Longitudinal Stabilizing Device w/ Lateral Arms
Manufacturer

OTHER TIES

Number N/A
Sidewall N/A
Longitudinal Marriage Wall N/A
Shearwall N/A

**NORTH FLORIDA WATER SYSTEMS, INC.**11814 NW 202 STREET
ALACHUA, FLORIDA 32615

(386) 462-PUMP (7867)

(386) 454-PUMP (7867)

PHONE 462-9578/665-7028 DATE 3/30/04

NAME Robert Beville

ADDRESS 11075 SE Bible Camp Rd
High Springs FL 32643

QTY.	DESCRIPTION	PRICE	AMOUNT
	Well 70'		
	Casing 58'		
	Water Level 22'		
	Pump Setting 55'		
	4" well, 1hp stainless pump,		
	260 gallon equivalent tank	2500	00
	12 month full warranty		
	on system 5yr on tank		
	Excludes lightning freeze		
	& ants		
	Thank you call anytime		
	454-7867 (pump)	TAX	
RECEIVED BY	PD C# 1039 3/30/04	TOTAL	2500 00

5% INTEREST WILL BE CHARGED
AFTER 30 DAYS.**THANK YOU**



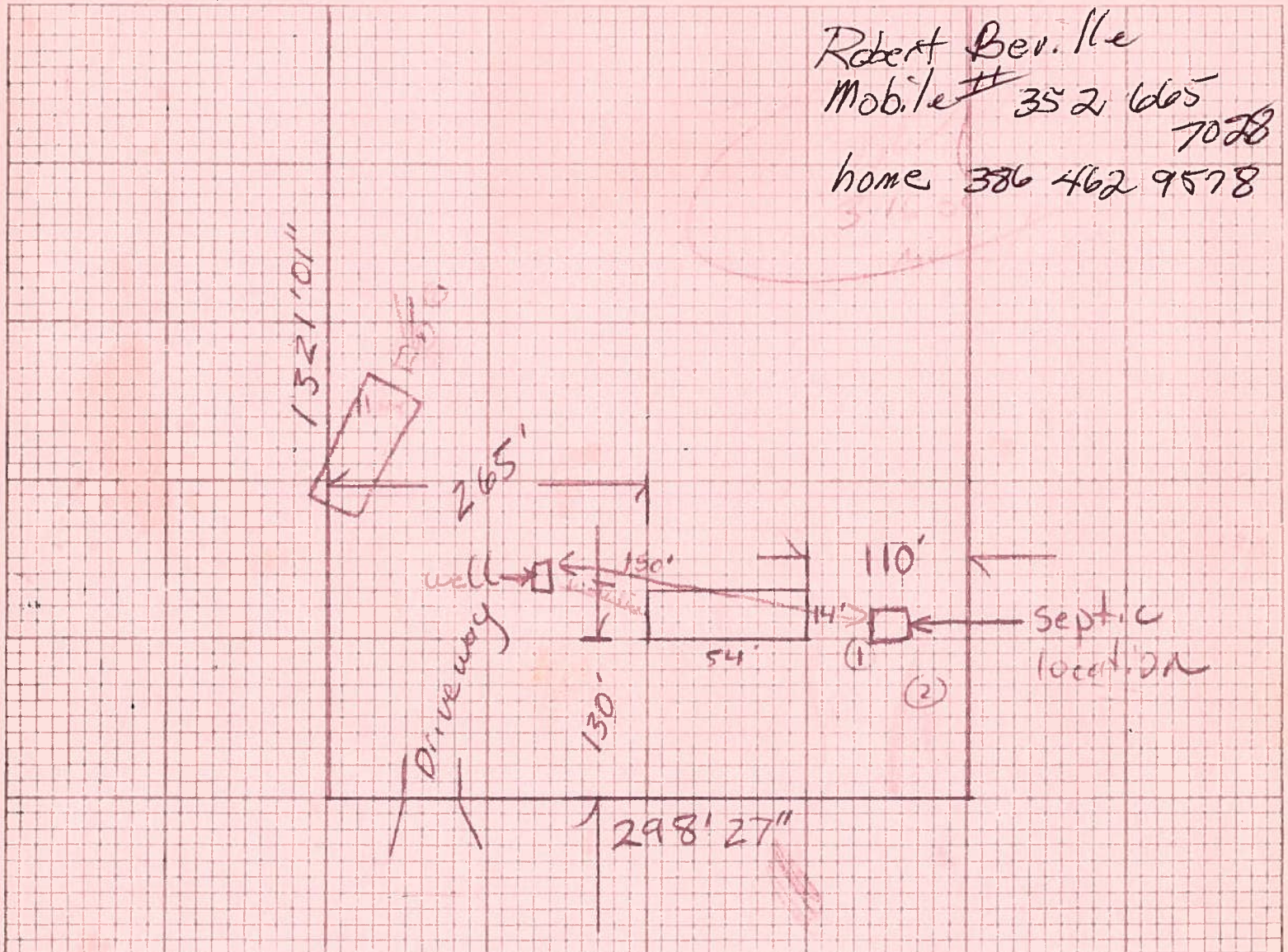
STATE OF FLORIDA
DEPARTMENT OF HEALTH

APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permit Application Number 04-0214N

PART II - SITE PLAN

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



Notes: _____

See Survey for scale

Site Plan submitted by: Teal & Robert Parry Jr.

Signature

Title

Plan Approved ✓

Not Approved _____

Date 3-16-04

By Mr. J. H. Columbus County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

OFFICIAL RECORDS

This Document Prepared By and Return to:

William J. Haley, Esq.
 Brannon, Brown, Haley, Robinson & Bullock, P.A.
 10 N. Columbia Street
 Post Office Box 1029
 Lake City, Florida 32056-1029

99-13362

FILED AND RECORDED IN PUBLIC
RECORDS OF COLUMBIA COUNTY, FL

1999 AUG -31 PM 3:51

Parcel ID Number: 35-6-17-09860-000

Grantee #1 TIN: 266-68-5453

Grantee #2 TIN: 266-80-2502

Documentary Stamp 171.50

Intangible Tax

P. DeWitt Cason

Clerk of Court

By L. A. L. D.C.**Warranty Deed**

This Indenture, Made this 3rd day of August, 1999 A.D. Between
 Suwannee Investment Corporation, a corporation existing under the laws
 of the State of Florida

of the County of Columbia, State of Florida, grantor, and
 Leslie Robert Beville and Janet V. Beville, husband and wife

whose address is: 12775 N.W. 196th Terrace, Alachua, FL 32615

of the County of Alachua, State of Florida, grantees.

Witnesseth that the GRANTOR, for and in consideration of the sum of

-----TEN DOLLARS (\$10)----- DOLLARS,
 and other good and valuable consideration to GRANTOR in hand paid by GRANTEEES, the receipt whereof is hereby acknowledged, has
 granted, bargained and sold to the said GRANTEEES and GRANTEEES' heirs, successors and assigns forever, the following described land, situate,
 lying and being in the County of Columbia State of Florida to wit

TOWNSHIP 6 SOUTH, RANGE 17 EAST

SECTION 35: Commence at the Southwest corner of the NW¼ of said
 Section 35, according to survey by L.E. Britt, PLS, and run S
 88°04'35" W along the Northerly maintained right of way of Bible Camp
 Road 139.69 feet to a point on the West line of said Section 35,
 according to a survey by Daniel Croft, PLS; thence N 00°36'50" E
 along said West line 1321.01 feet to the Northwest corner of the SW¼
 of NW¼, according to said Croft survey; thence N 88°18'00" E along
 the North line of said SW¼ of NW¼, according to said Croft survey
 435.02 feet; thence S 00°29'16" W, 1320.04 feet to a point of the
 South line of the Northwest, according to said survey by L.E. Britt,
 PLS; thence S 88°14'24" W along said South line, being also the
 Northerly maintained right of way line of Bible Camp Road, 298.27
 feet to the Point of Beginning. Also known as Lot 9, HAWKS RIDGE
 ACRES, Phase II.

Subject to utility easements across the North 10.00 feet, the East
 10.00 feet and the West 10.00 feet, thereof.

Subject to reservations, restrictions and easements of record; local
 building and zoning regulations; land use regulations; and taxes for
 1999 and subsequent years, and road rights of way.

and the grantor does hereby fully warrant the title to said land, and will defend the same against lawful claims of all persons whomsoever.

In Witness Whereof, the grantor has hereunto set its hand and seal the day and year first above written.

Signed, sealed and delivered in our presence:

Suwannee Investment Corporation

Robin D. Tidwell

Robin D. Tidwell
 Witness

By: William J. Haley (Seal)

William J. Haley, President

P.O. Address: P. O. Box 2756, Lake City, FL 32056

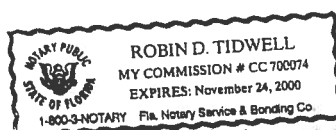
Sue Reichert

Printed Name: SUE REICHERT
 Witness

(Corporate Seal)

STATE OF Florida
 COUNTY OF Columbia

The foregoing instrument was acknowledged before me this 3rd day of August, 1999 by
 William J. Haley, President of Suwannee Investment Corporation, a
 Florida Corporation, on behalf of the corporation
 he is personally known to me



Robin D. Tidwell
 Robin D. Tidwell

Notary Public

My Commission Expires: 11/24/00

DATE 4-8-04 INSPECTION TAKEN BY JW

BUILDING PERMIT # _____ CULVERT / WAIVER PERMIT # _____

WAIVER APPROVED _____ WAIVER NOT APPROVED _____

PARCEL ID # _____ ZONING _____

SETBACKS: FRONT _____ REAR _____ SIDE _____ HEIGHT _____

FLOOD ZONE _____ SEPTIC _____ NO. EXISTING D.U. _____

TYPE OF DEVELOPMENT PRE-MH

SUBDIVISION (Lot/Block/Unit/Phase) _____

OWNER Berille, Leslie R. PHONE _____

ADDRESS _____

CONTRACTOR _____ PHONE _____

LOCATION 441-S TO Bible Camp Rd (R) is 1/10 of 2 mile down to mailbox on left. LOT 9 Hawk Ridge Acres Phase 2

COMMENTS: - PEACH TREE - 14X57

CALL BEFORE GOING 352.665.7028

INSPECTION(S) REQUESTED: _____ INSPECTION DATE: 4-8-04 Thursday
4-9-04 Friday

_____ Temp Power _____ Foundation _____ Set backs _____ Monolithic Slab
_____ Under slab rough-in plumbing _____ Slab _____ Framing
_____ Rough-in plumbing above slab and below wood floor _____ Other _____
_____ Electrical Rough-in _____ Heat and Air duct _____ Perimeter Beam (Lintel)
_____ Permanent Power _____ CO Final _____ Culvert _____ Pool _____ Reconnection
_____ M/H tie downs, blocking, electricity and plumbing _____ Utility pole
_____ Travel Trailer _____ Re-roof _____ Service Change _____ Spot check/Re-check

INSPECTORS: _____

APPROVED ✓ NOT APPROVED _____ BY JB POWER CO. _____

INSPECTORS COMMENTS: _____

0404-30



APPROXIMATE SCALE IN FEET



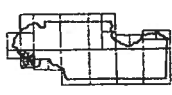
NATIONAL FLOOD INSURANCE PROGRAM

FIRM
FLOOD INSURANCE RATE MAP

COLUMBIA
COUNTY,
FLORIDA
(UNINCORPORATED AREAS)

PANEL 280 OF 290

PANEL LOCATION



COMMUNITY-PANEL NUMBER
120070 0280 B
EFFECTIVE DATE:
JANUARY 6, 1988



Federal Emergency Management Agency

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

LETTER OF AUTHORIZATION

Date: 4-14-04

Columbia County Building Department
P.O. Box 1529
Lake City, FL 32056

I Greg A Roach, License No. JH - 0000583 do hereby
Authorize Jessie Robert Beville Jr. to pull and sign permits on my
behalf.

Sincerely,

Greg A Roach


Sworn to and subscribed before me this 19 day of April, 2004.

Notary Public: Linda M Johnson

My commission expires: 3-27-2007

Personally Known ✓

Produced Valid Identification: _____

 LINDA M. JOHNSON, NOTARY PUBLIC.
State of Florida, My Commission Exp. 3/27/2007
Commission Number: DD197792
Signed: Linda M Johnson
Notary: LINDA M JOHNSON

Fax 258 2160