PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

For Office Use Only *(Revised 7-1-15)* Zoning Official_____ Building Official_____

AP# 53382 Date Received_____ By MG Permit #_____

Flood Zone_____ Development Permit_____ Zoning_____ Land Use Plan Map Category_____

Comments_____

FEMA Map# _____ Elevation_____ Finished Floor_____ River_____ In Floodway_____

□ Recorded Deed or □ Property Appraiser PO □ Site Plan □ EH #_____ □ 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 _____ □ Out County □ In County □ Sub VF Form

Property ID # 00-00-00-01256-001 Subdivision Three River Estates Lot# 28

- New Mobile Home_____ Used Mobile Home ✓ MH Size 14 X 66 Year 1997
- Applicant Sonya North Phone # 863-517-5701
- Address 3311 SW State Rd 247 Lake City FL 32024
- Name of Property Owner William Jones Phone# 516-527-1175
- 911 Address ~~[redacted]~~ SW Newark Dr Ft White, FL 32038
- Circle the correct power company - FL Power & Light - **Clay Electric**
  (Circle One) - Suwannee Valley Electric - Duke Energy

- Name of Owner of Mobile Home William Jones Phone # 516-527-1175
  Address ~~[redacted]~~ SW Newark Dr Ft White, FL 32038
- Relationship to Property Owner _____
- Current Number of Dwellings on Property only this 1
- Lot Size_____ Total Acreage .918
- Do you : Have **Existing Drive** (Currently using) or **Private Drive** (Blue Road Sign) or need **Culvert Permit** (Putting in a Culvert) or **Culvert Waiver** (Not existing but do not need a Culvert) (Circle one)
- Is this Mobile Home Replacing an Existing Mobile Home NO
- Driving Directions to the Property Rm W Duval St, L on SW main R on 47-S, R on Wilson Springs Rd, L on Wilson Springs Rd, R on SW Newark Dr, property on R

- Name of Licensed Dealer/Installer Ronald "Ryan" Norris Phone # 386-234-1005
- Installers Address 1004 SW Charles Terr Lake City FL 32024
- License Number IH1135009 Installation Decal # 88028

License Number: IH / 1135009 / 1 Name: RONALD "RYAN" NORRIS

Order # 5288 Label # 88028	Manufacturer:	(Check Size of Home)
Homeowner:	Year Model:	Single ____
Address:	Length & Width:	Double ____
		Triple ____
City/State/Zip:	Type Longitudinal System:	HUD Label #:
Phone #:	Type Lateral Arm System:	Soil Bearing / PSF:
Date Installed:	New Home: ____ Used Home: ____	Torque Probe / in-lbs:
Installed Wind Zone:	Data Plate Wind Zone:	Permit #:
Note:		

STATE OF FLORIDA
INSTALLATION CERTIFICATION LABEL

88028
LABEL # DATE OF INSTALLATION

RONALD "RYAN" NORRIS
NAME

IH / 1135009 / 1 5288
LICENSE # ORDER #

CERTIFIES THAT THE INSTALLATION OF THIS MOBILE HOME IS IN ACCORDANCE WITH FLORIDA STATUTES 320.8249, 320.8325 AND RULES OF THE HIGHWAY SAFETY AND MOTOR VEHICLES.

INSTRUCTIONS

PLEASE WRITE DATE OF INSTALLATION AND AFFIX LABEL NEXT TO HUD LABEL. USE PERMANENT INK PEN OR MARKER ONLY. COMPLETE INFORMATION ABOVE AND KEEP ON FILE FOR A MINIMUM OF 2 YEARS. YOU ARE REQUIRED TO PROVIDE COPIES WHEN REQUESTED.

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

MOBILE HOME INSTALLERS AGENT AUTHORIZATION

I, Ronald "Ryan" Norris, ,give this authority and I do certify that the below
Installers Name

referenced person(s) listed on this form is/are under my direct supervision and control and is/are authorized to purchase permits, call for inspections and sign on my behalf.

Printed Name of Authorized Person	Signature of Authorized Person	Agents Company Name
Sonya North	Sonya North	
Dylan Hinson		

I, the license holder, realize that I am responsible for all permits purchased, and all work done under my license and I am fully responsible for compliance with all Florida Statutes, Codes, and Local Ordinances.

I understand that the State Licensing Board has the power and authority to discipline a license holder for violations committed by him/her or by his/her authorized person(s) through this document and that I have full responsibility for compliance granted by issuance of such permits.

License Holders Signature (Notarized) | License Number: IH1135009 | Date: 1-3-2022

NOTARY INFORMATION:
STATE OF: Florida COUNTY OF: Columbia

The above license holder, whose name is Ronald Ryan Norris, personally appeared before me and is known by me or has produced identification (type of I.D.)_____ on this 3rd day of January, 2022.

Linda Ruth Craft
NOTARY'S SIGNATURE

(Seal/Stamp)

Notary Public State of Florida
Linda Ruth Craft
My Commission HH 041629
Expires 09/13/2024

Mobile Home Permit Worksheet

Application Number: _____ Date: _____

Installer : Ronald "Ryan" Norris License # IH 1135009

Address of home being installed [redacted] SW Newark Dr
Fort White, FL

Manufacturer Skyline Length x width 66 x 13'8"

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 # 88028

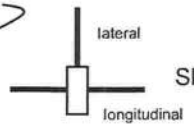
Triple/Quad ☐ Serial # 49610562J

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

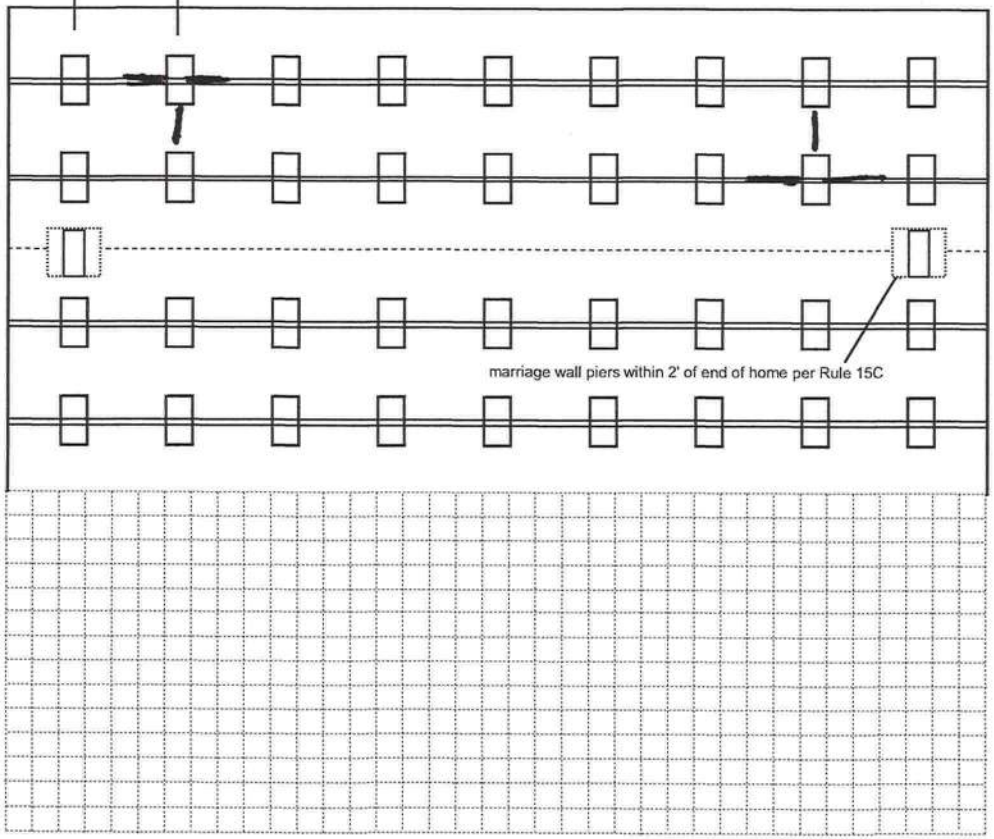
I understand Lateral Arm Systems cannot be used on any home (new or used) where the sidewall ties exceed 5 ft 4 in.

Installer's initials _____

Typical pier spacing 2' 5'4"



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



PIER SPACING TABLE FOR USED HOMES

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

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

PIER PAD SIZES

I-beam pier pad size 12.5 x 25.5

Perimeter pier pad size 16x16

Other pier pad sizes (required by the mfg.) _____

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

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

Opening	Pier pad size

POPULAR PAD SIZES

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

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 1101 VOT

Longitudinal Stabilizing Device w/ Lateral Arms
Manufacturer 1101 VOT

OTHER TIES

	Number
Sidewall	22
Longitudinal	4
Marriage wall	
Shearwall	

Mobile Home Permit Worksheet

Application Number: _____ **Date:** _____

POCKET PENETROMETER TEST

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

x 1000 x 1000 x 1000

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 1000 x 1000 x 1000

TORQUE PROBE TEST

The results of the torque probe test is 275 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

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name Ronald Ryan North

Date Tested 1-3-2022

Electrical

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

Plumbing

Connect all sewer drains to an existing sewer tap or septic tank. Pg. 104-107

Connect all potable water supply piping to an existing water meter, water tap, or other independent water supply systems. Pg. 104-107

Site Preparation

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

Fastening multi wide units

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

Gasket (weatherproofing requirement)

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

Installer's initials

Type gasket _____
Pg. _____

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

Weatherproofing

The bottomboard will be repaired and/or taped. Yes ✓. Pg. 114
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 NA
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 1-3-2022

I spoke to Tray about this one.

CODE ENFORCEMENT
PRELIMINARY MOBILE HOME INSPECTION REPORT

DATE RECEIVED _____ BY ____ IS THE M/H ON THE PROPERTY WHERE THE PERMIT WILL BE ISSUED? _____

OWNERS NAME William Jones PHONE _____ CELL 516-527-1175

ADDRESS SW Newark Dr Ft White Fl 32038

MOBILE HOME PARK _____ SUBDIVISION _____

DRIVING DIRECTIONS TO MOBILE HOME R on W Duval, L on Main, R on 47, R on Wilson Springs, L on Wilson Springs, R on SW Newark, property on R

MOBILE HOME INSTALLER Ronald Ryan Norris PHONE _____ CELL 386-234-1005

MOBILE HOME INFORMATION

MAKE Birc YEAR 1997 SIZE 14 X 66 COLOR _____

SERIAL No. 49610562J

WIND ZONE 2 Must be wind zone II or higher NO WIND ZONE I ALLOWED

INSPECTION STANDARDS

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

_____ SMOKE DETECTOR ( ) OPERATIONAL ( ) MISSING

_____ FLOORS ( ) SOLID ( ) WEAK ( ) HOLES DAMAGED LOCATION _____

_____ DOORS ( ) OPERABLE ( ) DAMAGED

_____ WALLS ( ) SOLID ( ) STRUCTURALLY UNSOUND

_____ WINDOWS ( ) OPERABLE ( ) INOPERABLE

_____ PLUMBING FIXTURES ( ) OPERABLE ( ) INOPERABLE ( ) MISSING

_____ CEILING ( ) SOLID ( ) HOLES ( ) LEAKS APPARENT

_____ ELECTRICAL (FIXTURES/OUTLETS) ( ) OPERABLE ( ) EXPOSED WIRING ( ) OUTLET COVERS MISSING ( ) LIGHT FIXTURES MISSING

EXTERIOR:

_____ WALLS / SIDDING ( ) LOOSE SIDING ( ) STRUCTURALLY UNSOUND ( ) NOT WEATHERTIGHT ( ) NEEDS CLEANING

_____ WINDOWS ( ) CRACKED/ BROKEN GLASS ( ) SCREENS MISSING ( ) WEATHERTIGHT

_____ ROOF ( ) APPEARS SOLID ( ) DAMAGED

STATUS

APPROVED _____ WITH CONDITIONS: _____

NOT APPROVED _____ NEED RE-INSPECTION FOR FOLLOWING CONDITIONS _____

SIGNATURE _____ ID NUMBER _____ DATE _____

Manufacturer Data Report

State of Florida
Department of Highway Safety and Motor Vehicles
Division of Motor Vehicles
Neil Kirkman Building, 2900 Apalachee Parkway (Room A 139) Tallahassee, FL 32399-0540

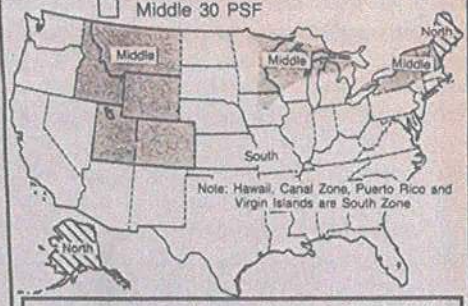
HUD LABEL # FLA- 601987
M.H. ID # 4961-0562-I
DATE MANUFACTURED 10-17-96
MODEL # PREM/30-CT YEAR 19 97
MFR. NAME SKYLINE CORPORATION
ADDRESS P.O. BOX 2648
OCALA, FLORIDA 34478
City State Zip

DESIGNATION (State) FLORIDA ☒ Single ☐ Double ☐ Triple
SIZE 66'X13'08" Unit A Unit B Unit C
☒ EXCLUDE HITCH ☐ INCLUDE HITCH

DEALER'S NAME CIRCLE B MH SALES
ADDRESS US HWY 90 WEST
LAKE CITY, FL 32055
City State Zip
DAPIA NAME UNDERWRITER'S LABORATORIES
ADDRESS 333 PFINGSTEN ROAD
NORTHBROOK, IL 60062
City State Zip

ROOF LOAD ZONES

☐ North 40 PSF ☒ South 20 PSF
☐ Middle 30 PSF

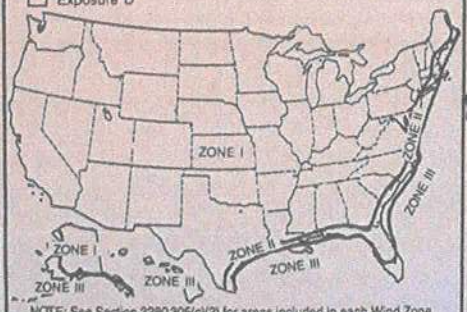


Equipment	Manufactuer	Model Designation
Clothes Washer	PLUMB/WIRE FOR	
Clothes Dryer	WIRE/VENT FOR	
Dishwasher	NONE	
Food Waste	NONE	
Water Heater	STATE SCT201HMT960K	
Smoke Detector	FIREX	AD
Air Conditioning (_____) BTU/hr	NONE INSTALLED	
Comfort Heating (_____) BTU/hr	COLEMAN EB10B	
Cooking Range	GE JBS03VIWH	
MICROWAVE	NONE	
FIREPLACE	NONE	
Refrigerator	GE TBX14SADRWH	

** FOR TALLAHASSEE CENTRAL OFFICE USE ONLY **
RED TAG # _____ REGION _____
COMPLAINTANT'S NAME _____
ADDRESS _____
CITY STATE ZIP
REGION _____

WIND ZONES

☐ Zone I 15 PSF Horizontal & 9 PSF Uplift
☒ Zone II 100 mph.
☐ Zone III 110 mph
☐ Exposure D



NOTE: See Section 3280.305(c)(2) for areas included in each Wind Zone.

This home has ☐ has not ☒ (checked by manufacturer) been equipped with storm shutters or other protective coverings for windows and exterior door openings. For homes designed to be located in Wind Zones II and III, which have not been provided with shutters or equivalent covering devices, it is strongly recommended that the home be made ready to be equipped with these devices in accordance with the method recommended in the manufacturers printed instructions.

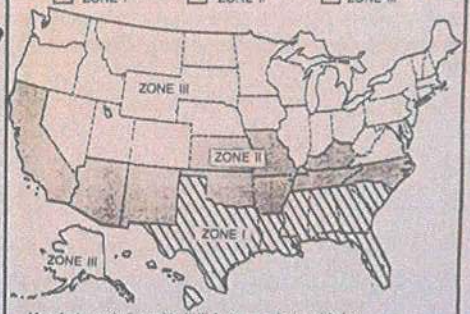
This home has ☐ has not ☒ been designed for the higher wind pressures and anchoring provisions required for ocean/coastal areas and should not be located within 1500' of the coastline in Wind Zones II and III, unless the home and its anchoring and foundation system have been designed for the increased requirements specified for Exposure D in ANSI/ASCE 7-88.

HEATING & COOLING DESIGNED CERTIFICATE

Design Winter Climate Zone

This mobile home has been thermally insulated to conform with the requirements of the Federal Manufactured Home Construction and Safety Standards for all locations within climatic:

☒ ZONE I ☐ ZONE II ☐ ZONE III



Manufacturer shall provide "U" factors as designed below.

Walls (without windows & doors)	"U" =	.096
Ceilings & roofs of light color	"U" =	.054
Ceilings & roofs of dark color	"U" =	.054
Floors	"U" =	.099
Air Ducts in floor	"U" =	~~.099~~
Air Ducts in ceiling	"U" =	~~.099~~ NONE
Air Ducts installed outside	"U" =	NONE

Heat transfer area to outside of home from air ducts located:
Inside Home Sq. Ft. 80.00
Outside Home Sq. Ft. NONE

The heating equipment has the capacity to maintain an average 70° F temperature in this home at outdoor temperatures of 2 °F. To maximize furnace operating economy and to conserve energy, it is recommended that this home be installed where the outdoor winter design temperature (97½%) is not higher than 22 °F.
The above information has been calculated assuming a maximum wind velocity of 15 MPH at standard atmospheric pressure.
The supply air distribution system installed in this home is sized:
☐ Not designed for A/C ☒ A/C Ready ☐ A/C Installed

This mobile home is designed to comply with the Federal Manufactured Home Construction and Safety Standards in force at the time of manufacture.

SIGNED _____ VAUGHN HOUSWORTH / DIVISION MANAGER OCTOBER 31, 1996
Authorized Representative of Manufacturer — Type or Print Name — Date

NOV 08 1996

A00174

Mail Lien Satisfaction to: Dept of Highway Safety and Motor Vehicles, Neil Kirkman Building, Tallahassee, FL 32399-0500

Identification Number	Year	Make	Body	WT-L-BHP	Vessel Regis No	Title Number
49610562J	1997	BIRC	HS	66'		74173023

Registered Owner

Date of Issue 11/20/2006

WILLIAM A JONES AND
MARY ELLEN MCKUGH-JONES
19 16TH ST
WADING RIVER NY 11792

Lien Release
Interest in the described vehicle is hereby released
By_____
Title_____
Date_____

IMPORTANT INFORMATION

1. When ownership of the vehicle described herein is transferred, the seller MUST complete in full the Transfer of Title by Seller section at the bottom of the certificate of title.
2. Upon sale of this vehicle, the seller must complete the notice of sale on the reverse side of this form.
3. Remove your license plate from the vehicle.
4. See the web address below for more information and the appropriate forms required for the purchaser to title and register the vehicle, mobile home or vessel. http://www.hsmv.state.fl.us/html/titlinf.html

Mail To

WILLIAM A JONES
19 16TH ST
WADING RIVER NY 11792

CERTIFICATE OF TITLE

Identification Number	Year	Make	Body	WT-L-BHP	Vessel Regis No	Title Number
49610562J	1997	BIRC	HS	66'		74173023

Prev State	Color	Primary Brand	Secondary Brand	No of Brands	Use	Prev Issue Date
FL	UNK				PRIVATE	03/29/2004

Odometer Status or Vessel Manufacturer or CH use	Hull Material	Prop	Date of Issue
			11/20/2006

Lien Release
Interest in the described vehicle is hereby released
By_____
Title_____
Date_____

Registered Owner

WILLIAM A JONES AND
MARY ELLEN MCKUGH-JONES
19 16TH ST
WADING RIVER NY 11792

1st Lienholder

NONE

DIVISION OF MOTOR VEHICLES

Carl A. Ford
Director

TALLAHASSEE FLORIDA

Control Number 81255332

DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES

Fred O. Dickinson, III
Executive Director

TRANSFER OF TITLE BY SELLER (This section must be completed at the time of sale.)

Federal and/or state law requires that the seller state the mileage, purchaser's name, selling price and date sold in connection with the transfer of ownership.
Failure to complete or providing a false statement may result in fines and/or imprisonment.
This title is warranted to be free from any liens except as noted on the face of the certificate and the motor vehicle or vessel described is hereby transferred to

Seller Must Enter Purchaser's Name

Seller Must Enter Selling Price

Address

Seller Must Enter Date Sold

I/We state that the [ ] Tens [ ] Thousands [ ] Hundreds [ ] Tens [ ] Units [X] (no tenths) miles, data read

[ ] reflects ACTUAL MILEAGE [ ] IS IN EXCESS OF ITS MECHANICAL LIMITS [ ] IS NOT THE ACTUAL MILEAGE

and I hereby certify that to the best of my knowledge the odometer reading

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING DOCUMENT AND THAT THE FACTS STATED IN IT ARE TRUE.

SELLER Must Sign Here

Print Here

CO-SELLER Must Sign Here

Print Here

Selling Dealer's License Number

Dealer Name

Tax No.

Licensee Number

Tax Collected

PURCHASER Must Sign Here

Print Here

CO-PURCHASER Must Sign Here

Print Here

NOTICE: $10.00 PENALTY IS REQUIRED BY LAW IF NOT SUBMITTED FOR TRANSFER WITHIN 30 DAYS AFTER DATE OF PURCHASE

STATE OF FLORIDA

VOID IF ALTERED

VOID IF ALTERED

MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER _____ CONTRACTOR Ronald Ryan Norris PHONE _____

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

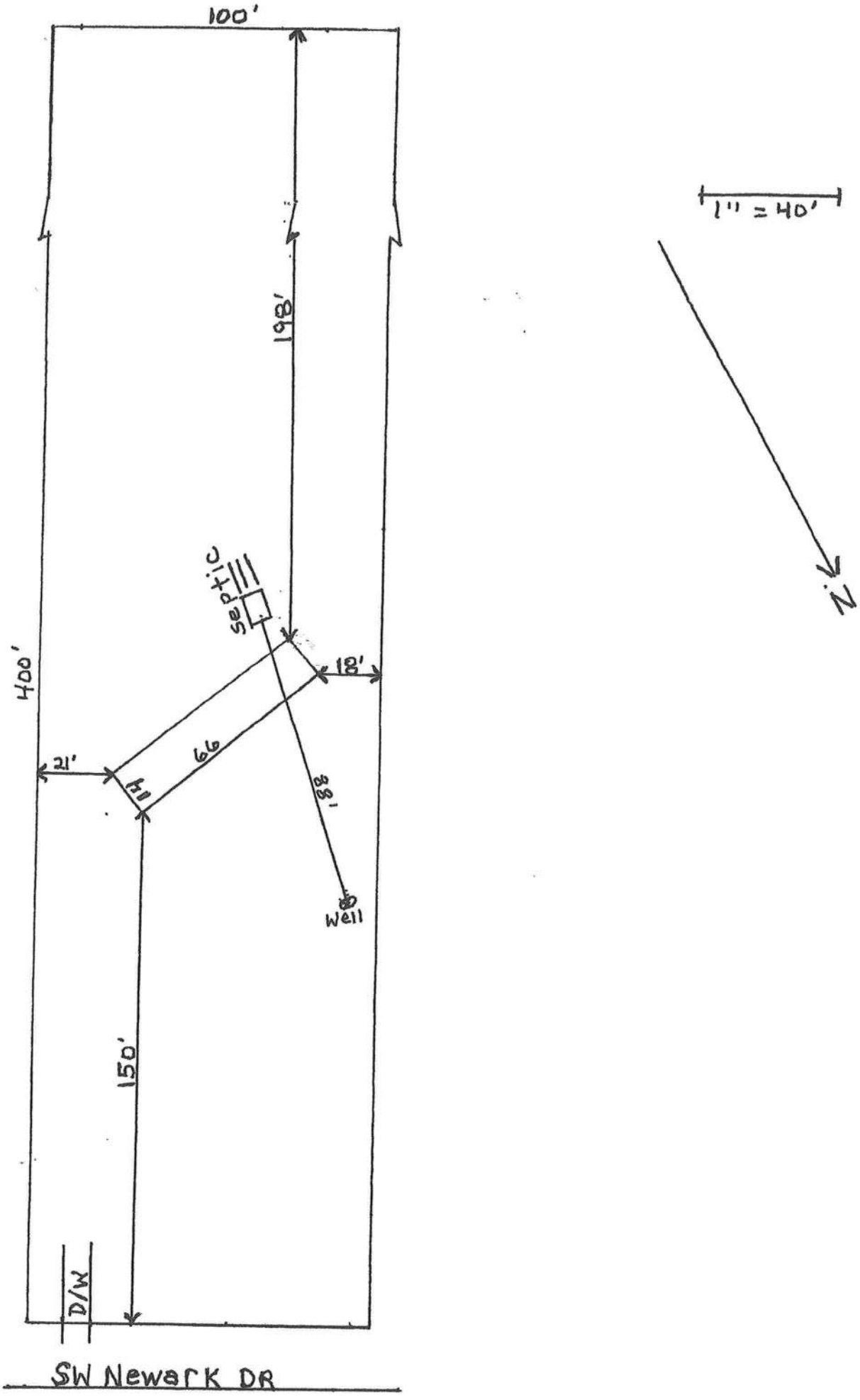
In Columbia County one permit will cover all trades doing work at the permitted site. It is REQUIRED that we have records of the subcontractors who actually did the trade specific work under the permit. Per Florida Statute 440 and Ordinance 89-6, a contractor shall require all subcontractors to provide 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.

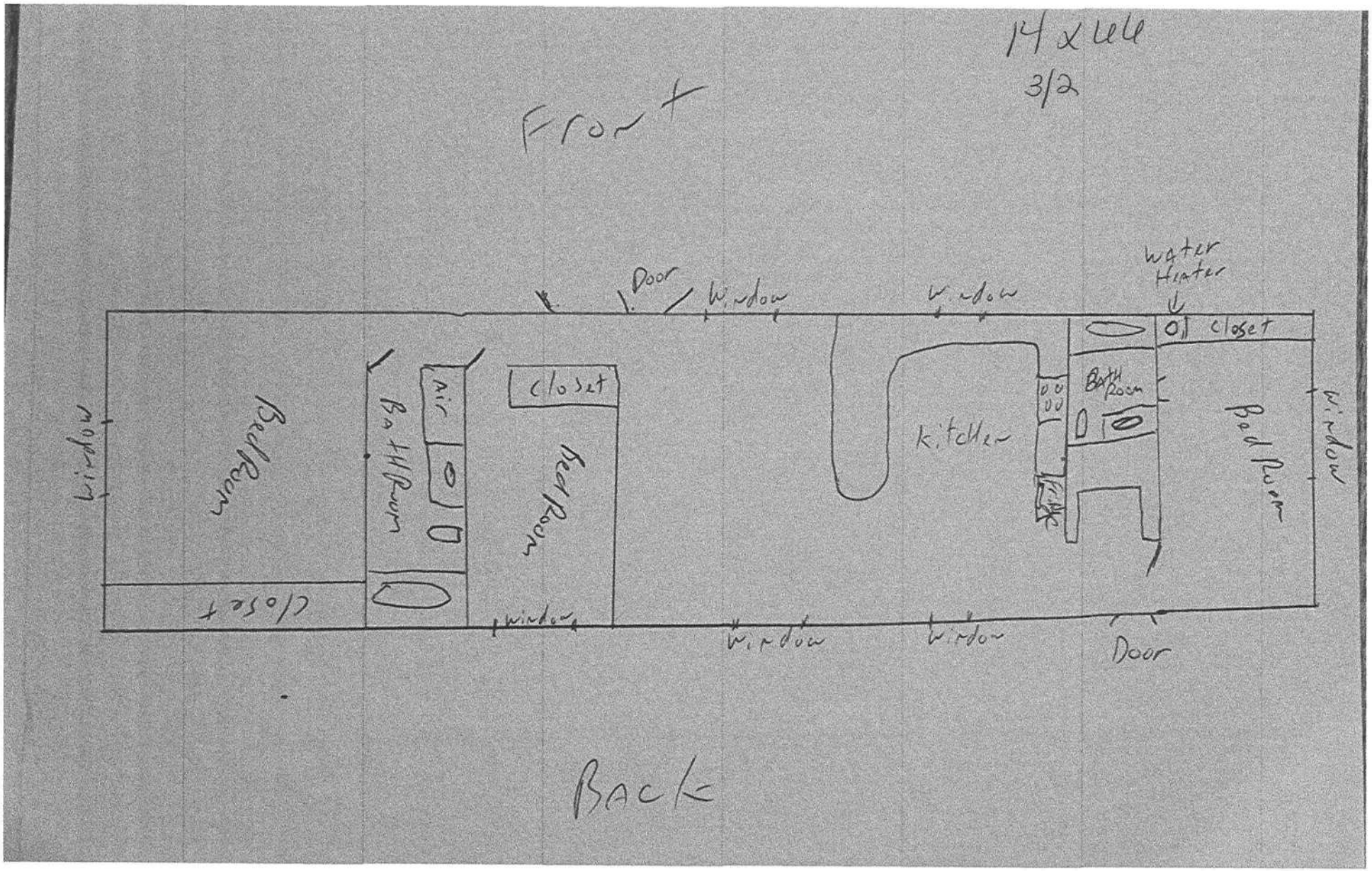
ELECTRICAL	Print Name William Jones Signature William Jones License #: 0/B Phone #: 516 527 1175 Qualifier Form Attached ☐
MECHANICAL/ A/C _____	Print Name William Jones Signature William Jones License #: 0/B Phone #: 516 527 1175 Qualifier Form Attached ☐

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 4/27/2017



Jones


14 x 66
3/2
Front
Door
Window
Window
water Heater
closet
Bath Room
Bed Room
Window
kitchen
Window
Bed Room
closet
Air
Bathroom
Bedroom
Window
closet
Window
Window
Door
Back

JONES
ENGINEERING & CONSULTING, LLC

1-FOOT RISE CERTIFICATION

Client/Owner:	William Jones
Property Address:	3 Rivers Estates Unit 20 Subdivision-Lot 28
Property Description:	± 0.918 acres in Columbia County (39,988 sf)
	Parcel # 00-00-00-01256-001
Structures in SFHA Zone AE:	67'x14' residential manufactured home with lowest ground elevation adjacent to the structure at approximately 32.74' NAVD (All elevations NAVD).
Elevation of 100-YR Flood:	33.7 FT NAVD88 based on SRWMD Effective Flood Report
FIRM Panel:	12023C0467C
Width of Flood Plain:	~4687 ft
Area of Proposed Obstruction:	[67'x (33.7'-32.74)] = 64.32 sf
100-YR Flood Level Increase:	64.32 sf /4687 sf = 0.014 ft

I hereby certify that, to the best of my knowledge, construction of the proposed structures listed above will increase the 100-YR flood elevation less than 1 ft at the project location. Ground elevations and building dimensions were obtained from a survey by Britt Surveying and Mapping, LLC and building dimensions provided by the client. The 100-YR flood elevation and the floodplain width were obtained from the Suwannee River Water Management District Flood Report. This "One Foot Rise" certification is solely for the purpose of obtaining a building permit from the Columbia County Building Department and does not relieve the owner of any other permits that may be required. The owner will need to elevate the structure one foot above the 100-YR Flood Elevation of 33.7 ft per FEMA requirements.

Digitally signed by Lance Jones, P.E. 88477, State of Florida
DN: cn=Lance Jones, P.E. 88477, State of Florida, ou=This item has been electronically signed and sealed using a SHA authentication code. Printed copies of the document are not considered signed and sealed and all SHA verification code must be verified on any electronic copies., email=ljones@jonesengineering.net, c=US
Date: 2022.01.28 06:42:26 -05'00'

Christopher L. Jones, P.E.
License No. 88477

BOARD OF COUNTY COMMISSIONERS • COLUMBIA COUNTY

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:	**1/31/2022 3:20:17 PM**
Address:	**1746 SW NEWARK DR**
City:	**FORT WHITE**
State:	**FL**
Zip Code	**32038**
Parcel ID	**00-00-00-01256-001**

REMARKS: **This address is a verified address in the county's addressing system.**

Verification ID: 0af5fad1-ae00-45ae-8c55-da24b347c313

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.

Address Issued By: GIS Specialist

Columbia County GIS/911 Addressing Coordinator

Columbia County
Department of Information Technology
135 NE Hernando Ave. Lake City, FL 32055
Telephone 386-719-1456