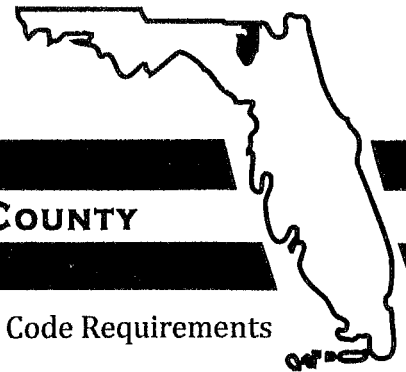


District No. 1 - Ronald Williams
District No. 2 - Rusty DePratter
District No. 3 - Bucky Nash
District No. 4 - Stephen E. Bailey
District No. 5 - Scarlet P. Frisina

Permit # 31959



BOARD OF COUNTY COMMISSIONERS • COLUMBIA COUNTY

Memo of Review for Correctness and Completeness/Florida Building Code Requirements

In accordance with participation in the NFIP/CRS program, all elevation certificates are required to be reviewed for correctness and completion prior to acceptance by the community. This form shall be attached to all elevation certificates maintained on file and provided with requested copies of elevation certificates.

_____ The attached certificate requires correction by the surveyor of section (s) _____ prior to acceptance by the community.

☒ The attached elevation certificate is complete and correct.

_____ Minor corrections have been made in the below marked section(s) by the authorized Community Official.

SECTION A - PROPERTY INFORMATION				FOR INSURANCE COMPANY USE	
A1 Building Owner's Name				Policy Number	
A2 Building Street Address (including Apt Unit, Suite, and/or Bldg No) or PO Route and Box No				Company NAIC Number:	
City		State		ZIP Code	
A3 Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc)					
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)			A9 For a building with an attached garage		
a) Square footage of crawlspace or enclosure(s) _____ sq ft			a) Square footage of attached garage _____ sq ft		
b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1 0 foot above adjacent grade _____			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 A8 b _____ sq in			c) Total net area of flood openings in A9 b _____ sq in		
d) Engineered flood openings? <input type="checkbox"/> Yes <input type="checkbox"/> No			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)	B9 Base Flood Elevation(s) (Zone A0, use base flood depth)
B10 Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9 <input type="checkbox"/> FIS Profile <input type="checkbox"/> FIRM <input type="checkbox"/> Community Determined <input type="checkbox"/> Other/Source _____					
B11 Indicate elevation datum used for BFE in Item B9 <input type="checkbox"/> NGVD 1929 <input 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 type="checkbox"/> No Designation Date _____ / _____ / _____ <input type="checkbox"/> CBRS <input type="checkbox"/> OPA					

Comments: _____

Date of Review: 15 SEPT. 2014

Community Official: Brian L. Lopez

All elevation certificates shall be maintained by the community and copies with the attached memo made available upon request
BOARD MEETS FIRST THURSDAY AT 5:30 P.M.
AND THIRD THURSDAY AT 5:30 P.M.

ELEVATION CERTIFICATE

Important: Read the instructions on pages 1-9.

OMB No. 1660-0008
Expiration Date: July 31, 2015

SECTION A - PROPERTY INFORMATION

A1 Building Owner's Name Ed Burke

A2 Building Street Address (including Apt, Unit, Suite, and/or Bldg No) or P O Route and Box No
304 SW Red Maple Way

City Lake City State FL ZIP Code 32024

FOR INSURANCE COMPANY USE

Policy Number:

Company NAIC Number:

A3 Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc)
Lot 8 Laurel Lakes

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

A5 Latitude/Longitude Lat 30°10.399' Long 82°42.319' Horizontal Datum ☐ NAD 1927 ☒ NAD 1983

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

A7 Building Diagram Number 1B

A8 For a building with a crawlspace or enclosure(s)

a) Square footage of crawlspace or enclosure(s) N/A sq ft

b) Number of permanent flood openings in the crawlspace or enclosure(s) within 10 foot above adjacent grade N/A

c) Total net area of flood openings in A8 b N/A sq in

d) Engineered flood openings? ☐ Yes ☒ No

A9 For a building with an attached garage

a) Square footage of attached garage 412 sq ft

b) Number of permanent flood openings in the attached garage within 10 foot above adjacent grade 0

c) Total net area of flood openings in A9 b 0 sq in

d) Engineered flood openings? ☐ Yes ☒ No

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1 NFIP Community Name & Community Number
Columbia 120070

B2 County Name
Columbia

B3 State
FL

B4 Map/Panel Number
12023C0290C

B5 Suffix
C

B6 FIRM Index Date
4 Feb 2009

B7 FIRM Panel Effective/Revised Date
4 Feb 2009

B8 Flood Zone(s)
A

B9 Base Flood Elevation(s) (Zone AO, use base flood depth)
113

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/Source Plat of Record

B11 Indicate elevation datum used for BFE in Item B9 ☐ NGVD 1929 ☒ NAVD 1988 ☐ Other/Source _____

B12 Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? ☐ Yes ☒ No
Designation Date _____ ☐ CBRS ☐ OPA

SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)

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

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

Benchmark Utilized NW corner of transformer Vertical Datum NAVD 88

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>122.46</u>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
b) Top of the next higher floor	<u>N/A</u>	<input type="checkbox"/> feet <input type="checkbox"/> meters
c) Bottom of the lowest horizontal structural member (V Zones only)	<u>N/A</u>	<input type="checkbox"/> feet <input type="checkbox"/> meters
d) Attached garage (top of slab)	<u>121.16</u>	<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>122.5</u>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
f) Lowest adjacent (finished) grade next to building (LAG)	<u>119.6</u>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
g) Highest adjacent (finished) grade next to building (HAG)	<u>121.3</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>N/A</u>	<input 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.

☐ Check here if comments are provided on back of form Were latitude and longitude in Section A provided by a licensed land surveyor? ☒ Yes ☐ No
☒ Check here if attachments

Certifier's Name L. Scott Britt

License Number LS 5757

Title Chief Surveyor

Company Name Britt Surveying and Mapping, LLC

Address 2086 SW Main Blvd #112

City Lake City

State FL

ZIP Code 32025

Signature [Signature]

Date 09/09/14

Telephone 386-752-7163

PLACE
SEAL
HERE

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 304 SW Red Maple Way		Policy Number
City Lake City	State FL ZIP Code 32024	Company NAIC Number

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

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

Comments L-23261
See Attachment


Signature

Date 09/09/14

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 8–9 of Instructions), the next higher floor (elevation C2 b in the diagrams) of the building is _____ ☐ feet ☐ meters ☐ above or ☐ below the HAG
- E3 Attached garage (top of slab) is _____ ☐ feet ☐ meters ☐ above or ☐ below the HAG
- E4 Top of platform of machinery and/or equipment servicing the building is _____ ☐ feet ☐ meters ☐ above or ☐ below the HAG
- E5 Zone AO only. If no flood depth number is available, is the top of the bottom floor elevated in accordance with the community's floodplain management ordinance? ☐ Yes ☐ No ☐ Unknown. The local official must certify this information in Section G.

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

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

Property Owner's or Owner's Authorized Representative's Name

Address City State ZIP Code

Signature Date Telephone

Comments

☐ Check here if attachments.**SECTION G – COMMUNITY INFORMATION (OPTIONAL)**

The local official who is authorized by law or ordinance to administer the community's floodplain management ordinance can complete Sections A, B, C (or E), and G of this Elevation Certificate. Complete the applicable item(s) and sign below. Check the measurement used in Items G8–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

☐ Check here if attachments.

Building Photographs

See Instructions for Item A6

IMPORTANT: In these spaces, copy the corresponding information from Section A.Building Street Address (including Apt , Unit, Suite, and/or Bldg No) or P O Route and Box No
304 SW Red Maple Way

City Lake City

State FL

ZIP Code 32024

FOR INSURANCE COMPANY USE

Policy Number:

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.

Front View



Building Photographs

Continuation Page

IMPORTANT: In these spaces, copy the corresponding information from Section A.Building Street Address (including Apt , Unit, Suite, and/or Bldg No) or P O Route and Box No
304 SW Red Maple Way

City Lake City

State FL

ZIP Code 32024

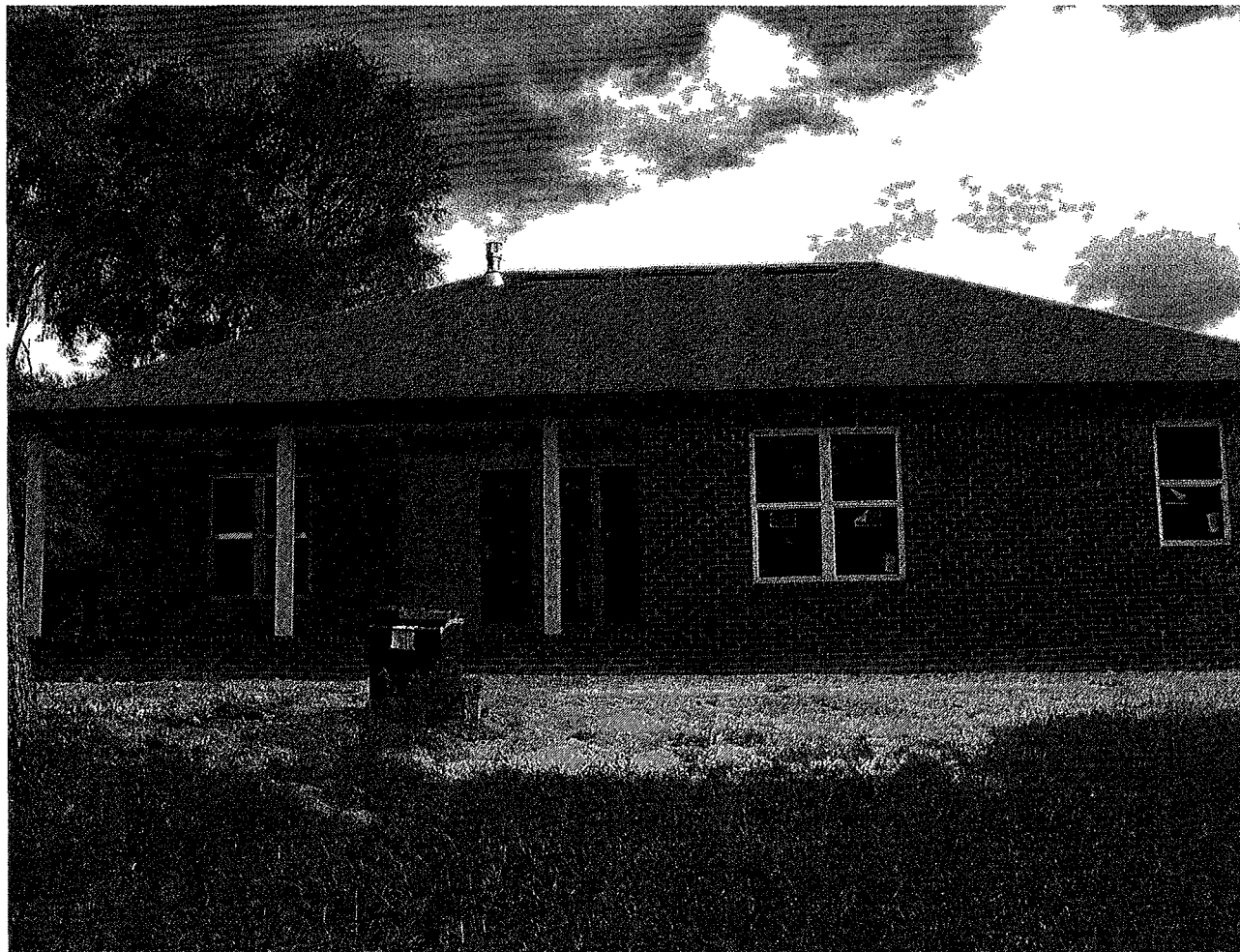
FOR INSURANCE COMPANY USE

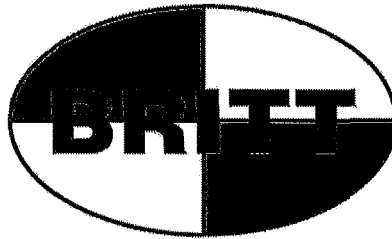
Policy Number:

Company NAIC Number:

If submitting more photographs than will fit on the preceding page, affix the additional photographs below. Identify all photographs with: date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." When applicable, photographs must show the foundation with representative examples of the flood openings or vents, as indicated in Section A8.

Rear View





BRITT SURVEYING
Land Surveyors and Mappers

LAKE CITY • VENICE • SARASOTA

Section A

- A1 No additional comment
- A2 The address is taken from the public records and confirmed by the client
- A3 – A4 No additional comment
- A5 Hand Held GPS coordinate at the center of building along the front wall
- A6 The attached photographs were taken by Britt Surveying and Mapping, LLC
- A7 – A8 No additional comment
- A9 Attached Garage

Section B

- B1 – B7 No additional comment
- B8 This building appears to be in Zone A per attached flood report
- B9 – B10 The BFE as shown hereon is based on the plat of record for Laurel Lakes units 1 - 3
- B11 – B12 No additional comment

Section C

- C1 No additional comment
- C2 There is a benchmark set on the nw corner of the concrete electric transformer pad whose elevation is 122 46 feet NAVD 88 datum
- C2 a One story residence
- C2 b None
- C2 c No additional comment
- C2 d Attached garage
- C2 e Hot water heater (no AC present)
- C2 f – g Adjacent grade is natural grade
- C2 h No additional comment

Section D

No additional comment

Section E

No additional comment

Section F

No additional comment

Section G

No additional comment

Photographs

The attached photographs were taken by Britt Surveying and Mapping, LLC