

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: LARRY & DONNA SULLIVAN | | Permit Number: 37002 |
| A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 121 SW DINGO WAY City: FORT WHITE State: FL ZIP Code: 32038 | | APPROVED/ NO CORRECTIONS |
| A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) 26-55-15-00780-000 LOT 39 & LOT 40 THREE RIVERS ESTATES UNIT 10 | | |
| 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 N/A sq ft b) No. of permanent flood openings in the attached garage within 1.0 foot above adjacent grade N/A c) Total net area of flood openings in A9.b N/A 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: Date: **9/7/2018**
Comments: **NO CORRECTIONS MADE**
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 Larry & Donna Sullivan | | | | Policy Number: | |
| A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 121 SW Dingo Way | | | | Company NAIC Number: | |
| City Ft. White | | State Florida | | ZIP Code 32038 | |
| A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) Lot 39 & 40 Three Rivers Estates Unit 10 | | | | | |
| A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) <u>Residential</u> | | | | | |
| A5. Latitude/Longitude: Lat. <u>29.9241*</u> Long. <u>82.8237*</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) _____ 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 checked="" type="checkbox"/> No | | | | | |
| SECTION B – FLOOD INSURANCE RATE MAP (FIRM) INFORMATION | | | | | |
| B1. NFIP Community Name & Community Number Columbia 120070 | | | B2. County Name Columbia | | B3. State Florida |
| B4. Map/Panel Number 12023C0458C | B5. Suffix C | B6. FIRM Index Date 04/02/2009 | B7. FIRM Panel Effective/ Revised Date 04/02/2009 | B8. Flood Zone(s) AE | B9. Base Flood Elevation(s) (Zone AO, use Base Flood Depth) 33 |
| 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 CERTIFICATEOMB 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. 121 SW Dingo Way | | | Policy Number: |
| City Ft. White | State Florida | ZIP Code 32038 | 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: 6" spike in a 40" oak tree 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.

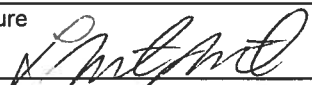
Check the measurement used.

- | | | | |
|---|--------|--|---------------------------------|
| a) Top of bottom floor (including basement, crawlspace, or enclosure floor) | 34. 50 | <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) | 35. 1 | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| f) Lowest adjacent (finished) grade next to building (LAG) | 30. 1 | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| g) Highest adjacent (finished) grade next to building (HAG) | 31. 2 | <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 L. Scott Britt | | License Number LS 5757 | Place Seal Here |
| Title Owner | | | |
| Company Name Britt Surveying and Mapping, LLC | | | |
| Address 2086 SW Main Boulevard | | | |
| City Lake City | State Florida | ZIP Code 32025 | |
| Signature  | Date 09/06/2018 | Telephone (386) 752-7163 | |
| 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) L-25412 C2 e - Air Conditioner | | | |

ELEVATION CERTIFICATEOMB 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. 121 SW Dingo Way | | | Policy Number: |
| City Ft. White | State Florida | ZIP Code 32038 | 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. 121 SW Dingo Way | | | Policy Number: | |
| City Ft. White | State Florida | ZIP Code 32038 | 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. <input type="checkbox"/> 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. <input type="checkbox"/> 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. <input type="checkbox"/> 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: <input type="checkbox"/> New Construction <input type="checkbox"/> Substantial Improvement | | | | |
| G8. Elevation of as-built lowest floor (including basement) of the building: _____ <input type="checkbox"/> feet <input type="checkbox"/> meters Datum _____ | | | | |
| G9. BFE or (in Zone AO) depth of flooding at the building site: _____ <input type="checkbox"/> feet <input type="checkbox"/> meters Datum _____ | | | | |
| G10. Community's design flood elevation: _____ <input type="checkbox"/> feet <input type="checkbox"/> meters Datum _____ | | | | |
| Local Official's Name | | Title | | |
| Community Name | | Telephone | | |
| Signature | | Date | | |
| Comments (including type of equipment and location, per C2(e), if applicable) | | | | |
| <input type="checkbox"/> Check here if attachments. | | | | |

BUILDING PHOTOGRAPHS

See Instructions for Item A6.

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ELEVATION CERTIFICATE

| | | | |
|---|------------------|-------------------|----------------------------------|
| 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. 121 SW Dingo Way | | | Policy Number: |
| City Ft. White | State Florida | ZIP Code 32038 | 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 View



Photo Two

Photo Two Caption Rear View

ELEVATION CERTIFICATE**BUILDING PHOTOGRAPHS**

Continuation Page

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.
121 SW Dingo Way

Policy Number:

City
Ft. WhiteState
FloridaZIP Code
32038

Company NAIC Number

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

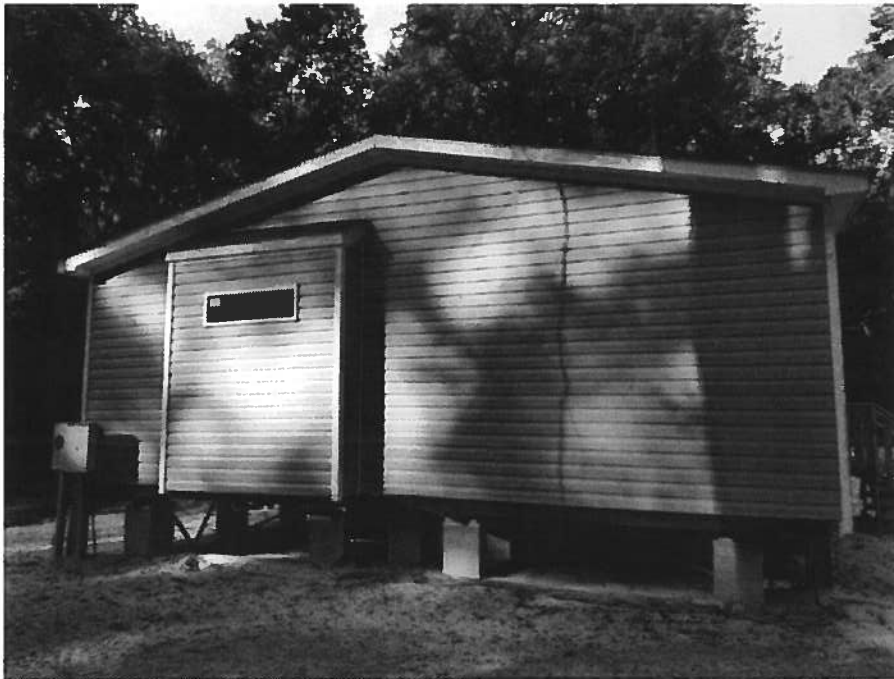


Photo One

Photo One Caption Left Side



Photo Two

Photo Two Caption Right Side

DIAGRAM 3

All split-level buildings that are slab-on-grade, either detached or row type (e.g., townhouses); with or without attached garage.

Distinguishing Feature – The bottom floor (excluding garage) is at or above ground level (grade) on at least one side.*

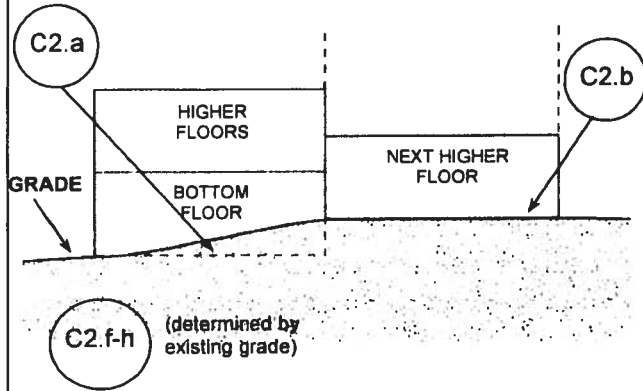


DIAGRAM 4

All split-level buildings (other than slab-on-grade), either detached or row type (e.g., townhouses); with or without attached garage.

Distinguishing Feature – The bottom floor (basement or underground garage) is below ground level (grade) on all sides.*

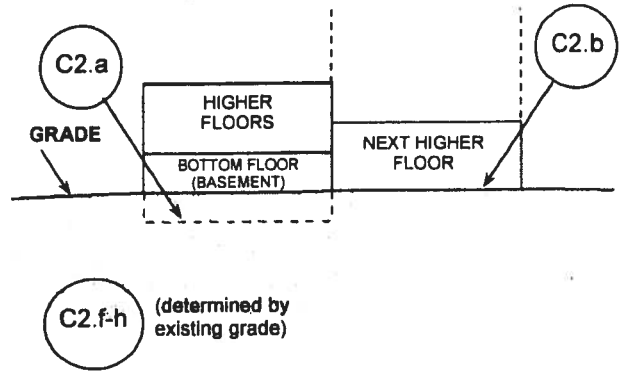


DIAGRAM 5

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 insect screening is permissible).

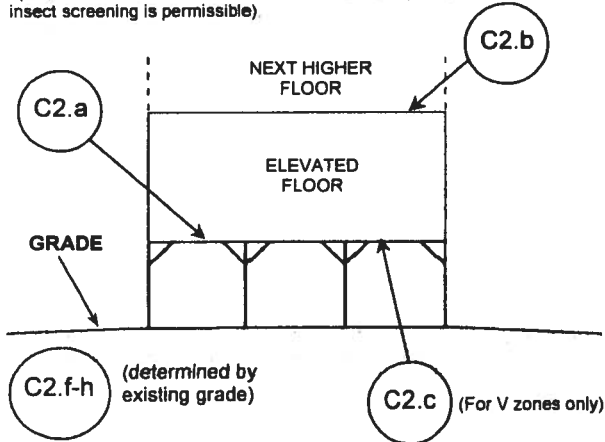
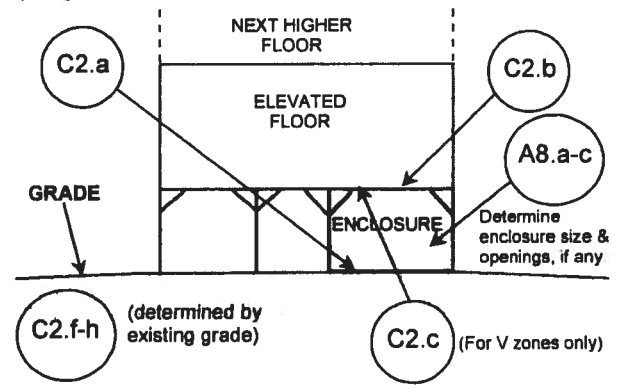


DIAGRAM 6

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 enclosure size and openings in Section A – Property Information.



* A floor that is below ground level (grade) on all sides is considered a basement even if the floor is used for living purposes, or as an office, garage, workshop, etc.

** An "opening" is a permanent opening 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 crawlspaces. The openings shall provide a total net area of not less than one square inch for every square foot of area enclosed, excluding any bars, louvers, or other covers of the opening. Alternatively, an Individual Engineered Flood Openings Certification or an Evaluation Report issued by the International Code Council Evaluation Service (ICC ES) must be submitted to document that the design of the openings 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; openings may be installed in doors. Openings shall be on at least two sides of the enclosed area. If a building has more than one enclosed area, each area must have openings to allow floodwater to directly enter. The bottom of the openings must be no higher than one foot above the higher of the exterior or interior grade or floor immediately below the opening. For more guidance on openings, see NFIP Technical Bulletin 1.