DATE 04/04/2006 Columbia County Building Permit PERMIT				
-	Year From the Date of Issue 000024341 PHONE 497-2311			
APPLICANT DALE BURD ADDRESS PO BOX 39	FORT WHITE FL 32038			
OWNER MARGARET KINARD	PHONE 497-3323			
ADDRESS 628 SW PLEASANT	FORT WHITE FL 32038			
CONTRACTOR BERNARD THRIFT	PHONE 752-9561			
LOCATION OF PROPERTY 47 S, R WILSON SPRINGS, R	NEWARK, L ALBERTA, R CENTRAL			
APPROX. 400 FT TO DRIVE				
TYPE DEVELOPMENT MH,UTILITY	ESTIMATED COST OF CONSTRUCTION 0.00			
HEATED FLOOR AREA TOTAL A	REA HEIGHT STORIES			
FOUNDATION WALLS	ROOF PITCH FLOOR			
LAND USE & ZONING ESA-2	MAX. HEIGHT 35			
Minimum Set Back Requirments: STREET-FRONT 30.0	00 REAR 25.00 SIDE 25.00			
NO. EX.D.U. 0 FLOOD ZONE AE	DEVELOPMENT PERMIT NO. 06-012			
PARCEL ID 36-6S-15-00927-000 SUBDIVIS	ION THREE RIVERS ESTATES			
LOT 61 BLOCK 14 PHASE UNIT	TOTAL ACRES 0.89			
IH0000075				
Culvert Permit No. Culvert Waiver Contractor's License N	umber Applicant/Owner/Contractor			
EXISTING 06-0244-N BK	<u>JH N</u>			
Driveway Connection Septic Tank Number LU & Zo	ning checked by Approved for Issuance New Resident			
COMMENTS: FINISHED FLOOR HEIGHT A MINIMUM OF 35 FI				
CERTIFICATE BEFORE POWER CAN BE RELEASED, ONE FOOT	Check # or Cash 12706			
FOR RUIL DING 9 70N	INC DEPARTMENT ONLY			
	(100161/5140)			
Temporary Power Foundation date/app. by	date/app. by date/app. by			
Under slab rough-in plumbing Slab	• • •			
	Sheathing/Nailing			
date/app. by	Sheathing/Nailing date/app. by			
Framing Rough-in plumbing	date/app. by above slab and below wood floor			
Framing Rough-in plumbing date/app. by	date/app. by above slab and below wood floor date/app. by date/app. by			
Framing Rough-in plumbing date/app. by	date/app. by above slab and below wood floor			
Framing Rough-in plumbing date/app. by Electrical rough-in Heat & Air Duct date/app. by Permanent power C.O. Final	date/app. by above slab and below wood floor date/app. by Peri. beam (Lintel) date/app. by Culvert			
Framing Rough-in plumbing date/app. by Electrical rough-in Heat & Air Duct date/app. by Permanent power C.O. Final M/H tie downs, blocking, electricity and plumbing	date/app. by above slab and below wood floor date/app. by Peri. beam (Lintel) date/app. by Culvert date/app. by Pool			
Framing Rough-in plumbing date/app. by Electrical rough-in Heat & Air Duct date/app. by Permanent power C.O. Final date/app. by M/H tie downs, blocking, electricity and plumbing date/app. dat	date/app. by above slab and below wood floor Peri. beam (Lintel) date/app. by Culvert date/app. by Pool app. by date/app. by			
Framing Rough-in plumbing date/app. by Electrical rough-in date/app. by Permanent power C.O. Final date/app. by M/H tie downs, blocking, electricity and plumbing date/app. by	date/app. by above slab and below wood floor Peri. beam (Lintel) date/app. by Culvert date/app. by Culvert date/app. by Pool App. by Utility Pole date/app. by date/app. by			
Framing Rough-in plumbing date/app. by Electrical rough-in Heat & Air Duct date/app. by Permanent power C.O. Final date/app. by M/H tie downs, blocking, electricity and plumbing date/a Reconnection Pump pole	date/app. by above slab and below wood floor Peri. beam (Lintel) date/app. by Culvert date/app. by Culvert date/app. by Pool App. by Utility Pole			
Framing Rough-in plumbing date/app. by Electrical rough-in Heat & Air Duct date/app. by Permanent power C.O. Final date/app. by M/H tie downs, blocking, electricity and plumbing date/a Reconnection Pump pole date/app. by	date/app. by above slab and below wood floor Peri. beam (Lintel) date/app. by Culvert date/app. by Pool app. by Utility Pole tte/app. by Re-roof date/app. by date/app. by date/app. by			
Framing Rough-in plumbing date/app. by Electrical rough-in Heat & Air Duct date/app. by Permanent power C.O. Final date/app. by M/H tie downs, blocking, electricity and plumbing date/a Reconnection Pump pole date/app. by date/app. by date/app. by BUILDING PERMIT FEE \$ 0.00 CERTIFICATION II	date/app. by above slab and below wood floor Deri. beam (Lintel) Deri. beam (Lintel)			
Framing Rough-in plumbing date/app. by Electrical rough-in date/app. by Permanent power C.O. Final date/app. by M/H tie downs, blocking, electricity and plumbing date/a Reconnection Pump pole date/app. by date/app. by date/app. by BUILDING PERMIT FEE \$ 0.00	date/app. by above slab and below wood floor Peri. beam (Lintel) date/app. by Culvert date/app. by Pool app. by Utility Pole tte/app. by Re-roof date/app. by Gate/app. by Adate/app. by Gate/app. by Adate/app. by Adate/app. by Gate/app. by Adate/app. by Re-roof date/app. by SURCHARGE FEE \$ 0.00			

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.

INSPECTORS OFFICE

"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."

CLERKS OFFICE

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 INCONVIENCE, 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.

FROM: , ,

1

PREPARED BY AND RETURN TO:

TERRY McDAVID
POST OFFICE BOX 1328
LAKE CITY, FL 32056-1328

Property Appraiser's Identification Number R-00927-000

TM File No: 06-99

WARRANTY DEED

This Warranty Deed, made this 174 day of March, 2006, BETWEEN MALCOLM E. BRADY AND FREDA M. BRADY, Husband and Wife whose post office address is 33 Lyons Drive, Horseheads, NY 14845, grantor*, and MARGARET W. KINARD, whose post office address is 498 SW Manatee Terrace, Ft. White, FL 32038, grantee*.

(Whenever used herein the terms "grantor" and "grantee" include all the parties to this instrument and the heirs, legal representatives and assigns of individuals, and the successors and assigns of corporations, trusts and trustees)

Witnesseth: that said grantor, for and in consideration of the sum of Ten Dollars (\$10.00), and other good and valuable considerations to said grantor in hand paid by said grantee, the receipt whereof is hereby acknowledged, has granted, bargained and sold to the said grantee, and grantee's heirs and assigns forever, the following described land, situate, lying and being in Columbia County, Florida, to-wit:

Lot 61, Three River Estates, Unit 14, a subdivision, according to the plat thereof as recorded in Plat Book 4, Page 118, public records, Columbia County, Florida.

Together with all the tenements, hereditaments and appurtenances thereto belonging or in anywise appertaining.

To Have and to Hold, the same in fee simple forever.

And subject to taxes for the current year and later years and all valid easements and restrictions of record, if any, which are not hereby reimposed; and also subject to any claim, right, title or interest arising from any recorded instrument reserving, conveying, leasing, or otherwise alienating any interest in the oil, gas and other minerals. And grantor does warrant the title to said land and will defend the same against the lawful claims of all persons whomsoever, subject only to the exceptions set forth herein.

FROM:

FAX NO. :

Mar. 22 2006 10:51AM P3

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

STATE OF New York COUNTY OF Chemung

The foregoing instrument was acknowledged before me this 17th day of March, 2006, by Malcolm E. Brady and Freda M. Brady, Husband and Wife, who is/are personally known to me or who has/have produced NVS /icense as identification and who did not take an oath.

My Commission Expires: $/2/02/c\zeta$

Hamela J. Kowolich
Notary Public

Printed, typed, or stamped name:

PAMELA J. KOWULICH
Notary Public, State of New York
No. 01KO8084170
Guslified in Cheming County
Commission Expires December 62, 8006

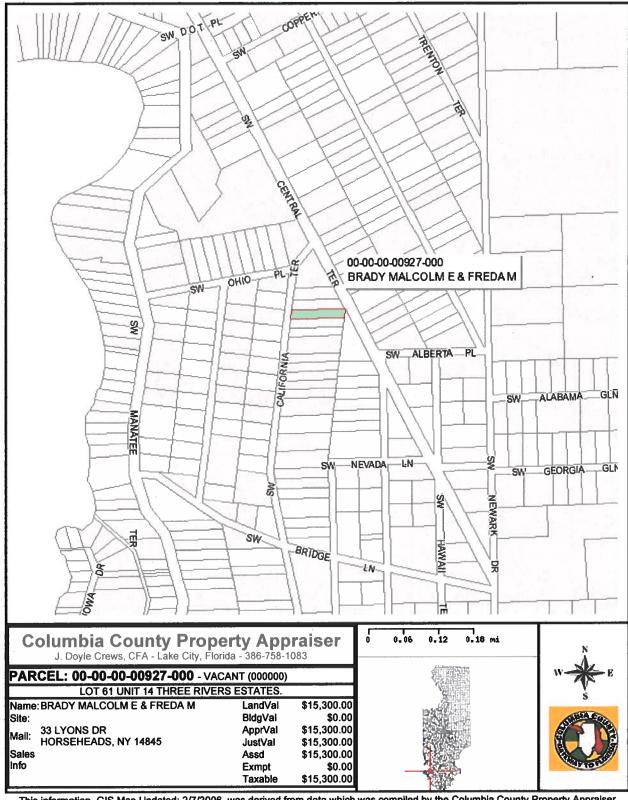
Inst:2006006936 Date:03/21/2006 Time:10:59

Doc Stamp-Deed : 140.00

DC,P.DeWitt Cason,Columbia County B:1077 P:2778

PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

	Zamina Official SLX	16.03.06	Building Official <u>ok</u> 3	TH 3-15-0
For Office Use Only AP# 0603-38 Date	Zonning Onicial	By CA	Permit# 2434	/
Flood Zone AE Developm	te Received 377-00	Zoning ESA -2La	nd Use Plan Map Categ	ory ESA
	HALLE L'ALLEN			
Have One foot ris	e letter on to	ile.	0	TO GULLINY
Have better of Au	Many Satisfies La	Materia	brady or de	refe
FEMA Map # 0255B Elevation 3	4' Finished Floor	35' River Sal	in Floodwa	NO
Site Plan with Setbacks shown	Environmental Hea	eith Signed Site P		
Well letter provided Existing	g Well Have Dec	d	Res	/ised 9-23-04
■ Property ID <u>00-00-01</u>	0-00927-00	Must hav	e a copy of the pro	perty deed
New Mobile Home	Used Mob	le Home	Year_ <u></u>	عامور
• Subdivision Information_	Lot (el UNIT	14 3 R	VALS EST	
\cap \cap \cap \cap			1350	71/
- Applicant DAR Brades			386-497-2	5//
- Address PD Box 39	1 TOWN.	FL, 320	58	
 Name of Property Owner _/ 	MAD LADRIT K	1310 md	401	2212
911 Address 628 5	•	/		
Gircle the correct power cor			Clay Electric	
(Circle Or		Alley Electric -	Progressive Energy	7
Name of Owner of Mobile H			Phone # 386-4	11:350
Address	78.300 MANUAT.	th Inga	<u> </u>	
Relationship to Property Ow	/ner <u>∴ <i>S</i></u> ?⁄	ME.	•	(40)
• *		8		8
Current Number of Dwelling	a on Property		00 1	•
Lot Size 479 x 81	Tot	al Acreage	.89 (0	wes)
Do you : Have an Existing [Orive or need a Cu	lvert Permit	or a <u>Culvert Waive</u>	- Damit
Driving Directions	410 0		1	2
() 1	47. SOUTH	man 1	Vilson Springs	Kanel.
KTON NRWACK	LATTON 111	BELGA, C	Ton Cathan	MONOX
400 47 10	duren l	RAT	*	W
is this Mobile Home Replacin	g an Existing Mobile	Home	X/\(\)	
		. 1	-	
Name of Licensed Dealer/Inst	taller Beroard The	ici -	hone # 386-752-	9541
Installers Address <u>ವಿಬ್ಲಾಟ ಬ</u>	Nu Hunter Dr.	, kake Cit	y PL	
License Number IH 0000	175	installation :	Decal # 76212	-\



This information, GIS Map Updated: 2/7/2006, was derived from data which was compiled by the Columbia County Property Appraiser Office solely for the governmental purpose of property assessment. This information should not be relied upon by anyone as a determination of the ownership of property or market value. No warranties, expressed or implied, are provided for the accuracy of the data herein, it's use, or it's interpretation. Although it is periodically updated, this information may not reflect the data currenty on file in the Property Appraiser's office. The assessed values are NOT certified values and therefore are subject to change before being finalized for ad valorem assessment purposes.

35

Address of home being installed

Manufacturer NOTE

Dev Gard

Installer

SXX.R **679** POPULAR PAD SIZES page t of 2 FRAME TIES 18.5×18.5 16×22.5 17×22 13 1/4×28 1/4 20×20 17 3/16×25 3/16 K 🗆 ANCHORS 24"X24" 2# (576)* 26212 Pad Size 16 × 16 18 × 19 28 × 26 Wind Zone III PIER SPACING TABLE FOR USED HOMES **DEPL** 27 127 (484)* Home installed to the Manufacturer's Installation Manual Draw the approximate locations of marriage wall openings 4 foot or greater. Use this symbol to show the piers. 18 1/2 x 18 1/2 | 20" x 20" List all manage wat openings greater than 4 foot and their pler pad sizes below. <u>\$</u> 7×28 Home is installed in accordance with Rule 15-C Z Installation Decal # Á Pier pad sizie Wind Zone !! Interpolated from Rule 15C-1 pier specing table **Used Home** (Z g) Serial# PIER PAD SIZES 16°× 16° Perlmeter pier pad size Other pier pad sizes (required by the mfg.) 凶 Heam pier pad size 2 Opening Footer (日日) Double wide New Home Single wide **Triple/Quad** bearing capacity Show locations of Longitudinal and Lateral Systems (use dark lines to show these tocations) Reference 15C THOOOOOT अध्य १०० l understand Lateral Arm Systems cannot be used on any home (new grqused) if home is:a single wide fill out one haif of the blocking plan If home is a triple or quad wide sketch in remainder of home to wait piers within 2" of and of home hstaller's initials Length x width License # Y DE where the sidewall lies exceed 5ft4in. **forghuthal** Thr. Ct Bandy rough

Typical pier spacing

Ц

within Z of end of home spaced at 5 4" oc

OTHER TES

Longitudinal Marriage wali Shearwall

Manufacturer Longitudinal Stabilizing Device w/ Lateral Arms

Manufacturer

Longitudinal Stabilizing Device (LSD)

TIEDOWN COMPONENTS

Sidewall

page, 2 of 2

Other

Site Preparation

PERMIT NUMBER

Debris and organic material removed Water drainage: Natural Swai x Zeor dectrical conductors between multi-wide units, but not to the main power. This includes the bonding wire between mult-wide units. Pg. reading is 275 or less and where the mobile home manufacturer may x2000 anchors are required at all centraline be points where the torque less ALL TESTS MUST BE PERFORMED BY A LICENSEDINSTALLER The results of the torque probe test is 2005 inch pounds or check here if you are declaring 5 anchors without lesting ... A test showing 275 inch pounds or less will require 4 foot anchors. anchors are allowed at the sidewall locations. I understand 5 ft A state approved lateral arm system is being used and 4 ft. POCKET PENETROMETER TESTING METHOD requires anchors with 4000 lb holding capacity.

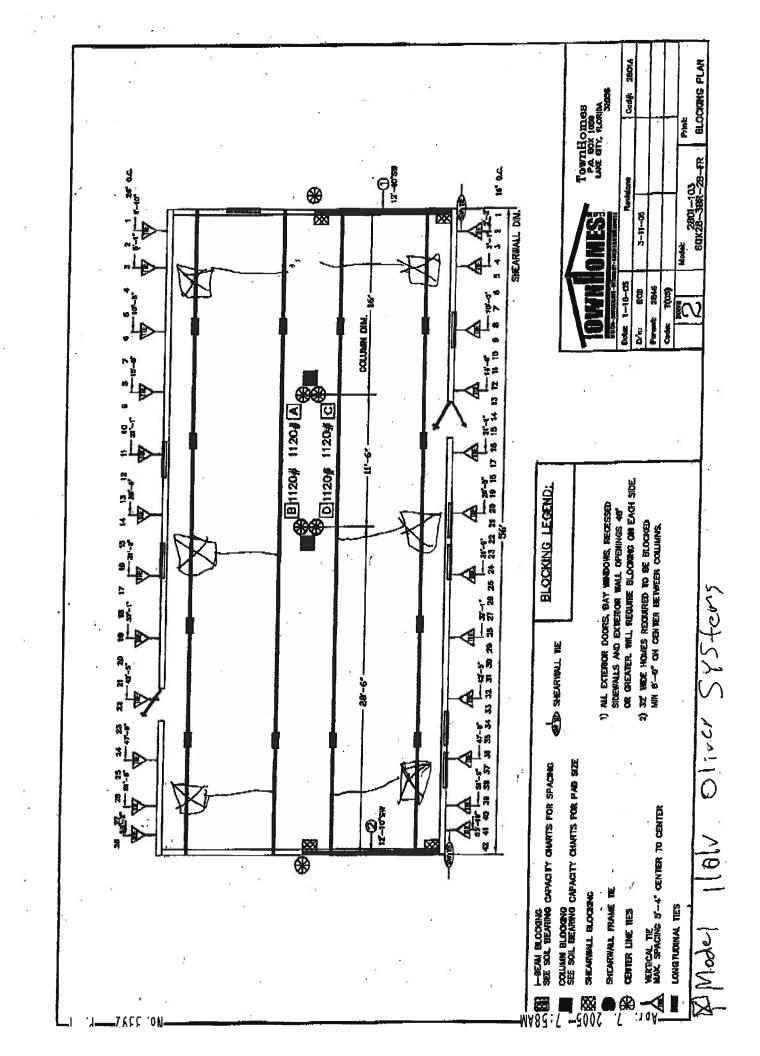
Installer's initials 1. Test the perimeter of the home at 6 locations. The pocket penetrometer tasts are rounded down to 20% or check here to declare 1000 lb. soil without testing. reading and round down to that increment. 2. Take the reading at the depth of the footer. 3. Using 500 lb. increments, take the lowest POCKET PENETROMETER TEST TORQUE PROBE TEST X 2200 X 20 00 Electrical X2800 2500 Installer Name Date Tested Note:

Festiva alian principal	Ploor: Type Fastener. The Length: 5 1/2 Spacing: 2 1/2 oc. Spacing: Type Fastener. 1/2 Length: 10/2 Spacing: 52/2 oc. Spacing: 1/2 Spacing: 52/2 oc. Used homes a min. 20 gauge, 8' wide, galvanized metal strip will be certained over the peak of the roof and fastened with galv. roofing nads at 2' of center on both sides of the centertine.	Understand a property installed gashet is a requirement of all new and used homes and that condensation, mold, meldey, and buckled marriage walls are a result of a poorly installed or no gasher being installed. I understand a strip of tape will not serve as a gasher. Type gashet foctory for the Between Floors Yes Between Walls Yes Between Walls Yes Between Walls Yes	The bottomboard will be repaired and/or taped. Yes Pg. Skiling on units is installed to manufacturer's specifications. Yes Fireplace chirmney installed so as not to allow intrusion of rain water. Yes	Skirting to be installed. Yes No Dryer verk installed outside of skirting. Yes NA Range downflow verk installed outside of skirting. Yes Drain lines supported at 4 fool intervals. Yes Electrical crossovers protected. Yes 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 & 1
-------------------------	--	---	---	---	--

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

Pfumbhg

Connect SOUTCE.



RON E. BIAS WELL DRILLING

RT.2 BOX 5340 FT. WHITE, FLORIDA 32038 (904) 497-1045 MOBILE: 364-9233

TO: Columbia County Building Department

Description of well to be installed for Customer:

Located at Address:

1 hp - 1 1/4" drop over 86 gallon tank, 250 gallon equivalent captive with back flow preventer. 35-gallon draw down with check valve pass requirements.

Ron Bias

STATE OF FLORIDA DEPARTMENT OF HEALTH

APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permit Application Number_____

Ocales 4 inch = 50 feet	PART II - SITEPLAN	
Scale: 1 inch = 50 feet	CALIFORNIA V	
BRARY XIMMED Notes:	30 SLOPE) 30 SLOPE) 10 NORTH WELL, 20 20	AY PROPERTY HAVE
	1 0	
Site Plan submitted by		MASTER CONTRACTOR
Plan Approved	Not Approved	Date
	Not Approved	
By		County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

TO WHOM IT MAY CONCERN:

The undersigned, as owners of Lot 61, Unit 14, Three Rivers Estates, Columbia County, Florida, hereby give permission to the proper authority to take whatever steps are necessary to determine if a septic tank permit can be obtained for the subject lot.

DATED this 28 day of February, 2006.

Treda M. Brad Freda M. Brady

DALE R. BURD Commission # DD0134600 Expires 7/16/2006 Bonded through (800-432-4254) Florida Notary Assn., Inc.

MOBILE HOME INSTALLER AFFIDAVIT

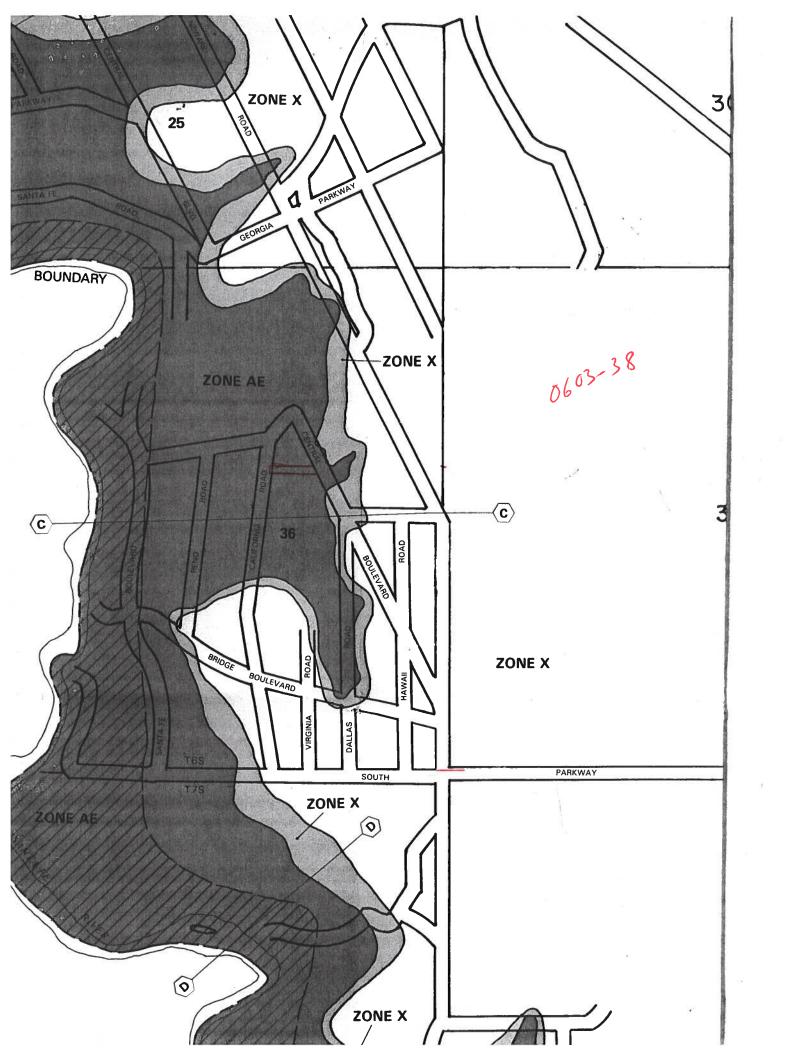
As per Florida Statutes Section 320.8249 Mobile Home Installers License:

Any person who engages in mobile home installation shall obtain a mobile home installer's license from the Bureau of Mobile Home and Recreational Vehicle Construction of the Department of Highway Safety and Motor Vehicles pursuant to this section. Said license shall be renewed annually, and each licensee shall pay a fee of \$150.

Bernard Trackt , license number IH 60000	75:
Deingra	nd_
do hereby state that the installation of the manufactured home for Applicant	1
on Parly Ford at CENTURY 911 Address	
will be done under my supervision.	
Surf signature	
Swom to and subscribed before me this <u>as</u> day of <u>tebrusu</u>	٠٢
Notary Public: Nicole Coleman Nicole Coleman	
Notary Public. Signature My Commission Expires: 010-071-08 My Commission Expires: 010-071-08 Date	326664 08
•	- 1

LIMITED POWER OF ATTORNEY

1. Bernard Thrift license # I H 0000075	hereby
authorize ARBURDER Rechy For to be my representative and a	act on my behalf
in all aspects of applying for a mobile home permit to be placed	on the following
described property located in Suwannee County, Florida.	
Property owner: MNGARET KINACO	4
Sec DD Twp. DD S Rge DD E	
Tax Parcel No. 00927-000	
Mobile Home Installer	
$\frac{2-2}{2-2006}$	
Sworn to and subscribed before me this 3 day of 1e.bruchy 20	06.
Nicole Colleman Notary Public Notary Public Nicole Colleman My Commission # DD 326664 EXPIRES: June 7, 2008 Bonded Thru Notary Public Underswriters	
My Commission expires: 01-08 Commission No. Personally known: Produced ID (Type)	



Mark Disosway, P.E. POB 868, Lake City, FL 32056, Ph 386-754-5419, Fax 386-269-4871

One Foot Rise Analysis and Certification, 100 Year Base Flood

KINARD, MARGARET, Lot 61, Three Rivers Estates, Unit 14, 00-00-00-00927-000, Columbia Co, FL

PROPERTY DESCRIPTION: Lot 61, Three Rivers Estates, Unit 14, 00-00-00927-000, Columbia Co, FL
OWNER: Kinard, Margaret
CONTRACTOR: A&B Construction
PROJECT: A 27' x 56' mobile home on 60 - 16" x 16" CMU piers
BASE FLOOD ELEVATION: 35', Ichetucknee River (Per Flood Insurance Rate Map, Dated 06Jan88 Community Panel No. 120070 0255 B.)
FLOOD ZONE: AE
BASIN AREA AT BASE FLOOD ELEVATION: 647 Acres (Calculated from SRWMD flood plain data.)
PROPOSED BUILDING AREA: 60 piers x (16 " x 16 ") = 107 ft2.
PROPOSED BUILDING VOLUME BELOW FLOODPLAIN: (Slab) 107 ft2 x 2' = 214 ft3.
EXISTING GRADE ELEVATION AT BUILDING LOCATION: 33' average for one foot rise calculations. (Note: Existing grade at building location based on topo survey, Wm Kitchen Job 06122, Drawing Date 3/29/06, attached.)
CALCULATIONS: The project only requires volume calculations in this area since it is not a flowing or riverine area.
Floodplain volume removed = 214 ft3

CERTIFICATION:

I hereby certify that construction of KINARD, MARGARET, Lot 61, Three Rivers Estates, Unit 14, 00-00-00-00927-000, Columbia Co, FL will increase flood elevations less than one foot at the project location, to the best of my knowledge.

Floodplain level increase = (300 ft3) / 43560 ft²/acre / 647 acres = 0.00001 ft

Mal Diosman 03APRO6

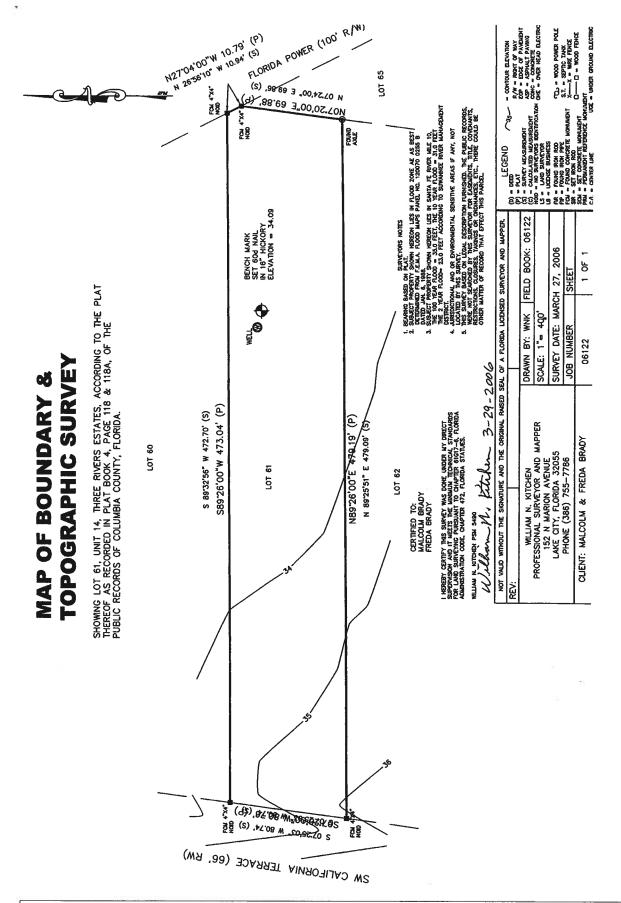
STATE OF FLORIDA DEPARTMENT OF HEALTH APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

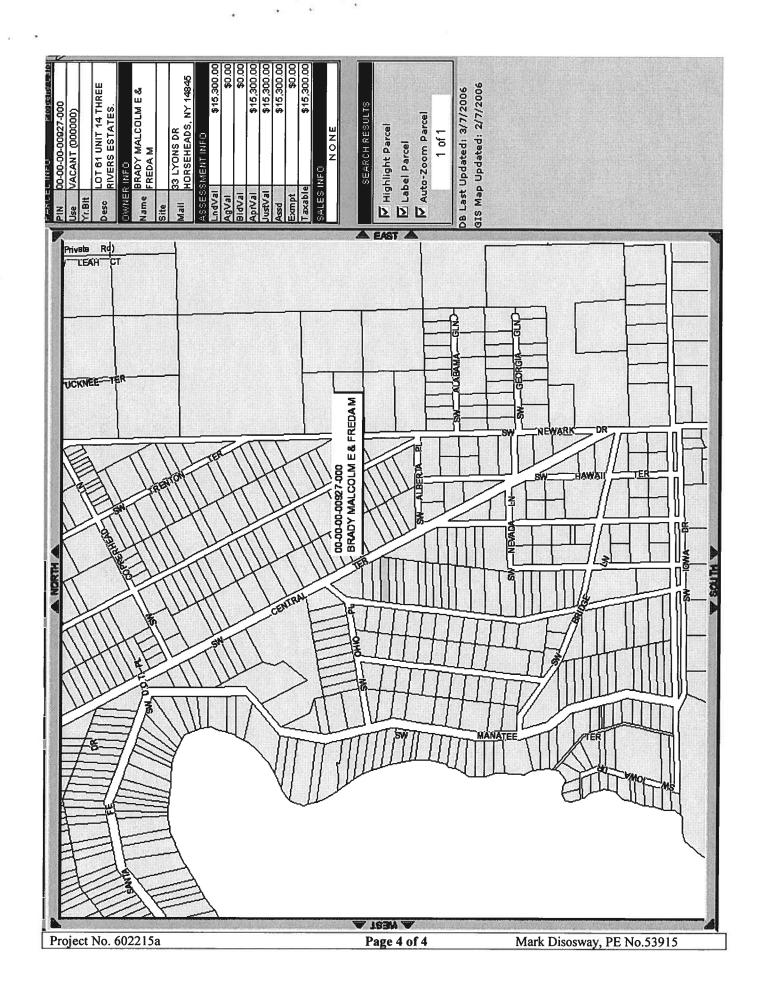
1	Permit Application Number		
Scale: 1 inch = 50 feet	PART II - SITEPLAN	ication Number	
lotes:	COENTANT		
ite Plan submitted by	Not Approved	MASTER CONTRACTOR Date County Health Department	

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

H 4015, 10/98 (Replaces HRS-H Form 4016 which may be used) inck Number: 57/44-002-4015-65

Page 2 of 4





STATE OF FLORIDA DEPARTMENT OF HEALTH

APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

		Pe	ermit Application Nu	mber 06-024	4N)
		PART II - SITEPLA	N		
Scale: 1 inch = 50 feet		86			
Will Throughouse	CALIFORNIA				
BRANKA XINMA Notes:	20 20 WIL WIL WIL WILL WILL WILL WILL WILL W	WELL.	<u>H</u>		
	E .	<i>^</i>			
Site Plan submitted by	1 77	_0		MASTER CONTRACTOR	,
Plan Approved	Chi ()	Not Approved	<u></u> <u>r</u>	1211201	;
BySalle	Heador	. Ell.	1 15 A1	Date <u>浆やいん</u> Date <u>浆やいん</u> Date <u>浆やいん</u>	· nent
,		LO LO	iumpia L	HU	
ALL CHAN	GES MUST BE APP	ROVED BY THE CO	OUNTY HEALTH DI	EPARTMENT	

P.2

MAR-28-2006 19:28 FROM:

COLUMBIA COUNTY 9-1-1 ADDRESSING

P. O. Box 1787, Lake City, FL 32056-1787 PHONE: (386) 758-1125 * FAX: (386) 758-1365 * Email: ron_croft@columbiacountyfla.com

Addressing Maintenance

To maintain the Countywide 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 assigning 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 Service 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 REQUESTED:

3/17/2006

DATE ISSUED:

3/28/2006

ENHANCED 9-1-1 ADDRESS:

628

SW PLEASANT TER

LAKE CITY

32038

PROPERTY APPRAISER PARCEL NUMBER:

00-00-00-00927-000

Remarks:

LOT 61 UNIT 14 THREE RIVERS ESTATES S/D

911 address for Margaret Kinard

Address Issued By:

Columbia County 9-1-1 Addiressing / GIS Department

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

Columbia County Building Department Flood Development Permit

Development Permit F 023- 06-012

DATE <u>04/04/2006</u> BUILDING PERMIT NUMBER <u>000024341</u>			
APPLICANT DALE BURD PHONE 497-2311			
ADDRESS PO BOX 39 FORT WHITE FL 32038			
OWNER MARGARET KINARD PHONE 497-3323			
ADDRESS 628 SW PLEASANT FORT WHITE FL 32038			
CONTRACTOR BERNARD THRIFT PHONE 752-9561			
ADDRESS 212 NW NYE HUNTER DR LAKE CITY FL 32024			
SUBDIVISION THREE RIVERS ESTATES Lot 61 Block 14 Unit 14 Phase			
TYPE OF DEVELOPMENT MH,UTILITY PARCEL ID NO. 36-6S-15-00927-000			
FLOOD ZONE AE BY BK 1-6-88 FIRM COMMUNITY #. 120070 - PANEL #. 735 B			
FIRM 100 YEAR ELEVATION 3 Y PLAN INCLUDED YES OF NO			
REQUIRED LOWEST HABITABLE FLOOR ELEVATION 35 1			
IN THE REGULATORY FLOODWAY YES or NO RIVER Santa fe			
SURVEYOR/ENGINEER NAME Maile Disosway LICENSE NUMBER 63 APROLE			
ONE FOOT RISE CERTIFICATION INCLUDED			
ZERO 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			
COMMENTS			

135 NE Hernando Ave., Suite B-21

Lake City, Florida 32055 Phone: 386-758-1008 Fax: 386-758-2160





OGGETAZG

COLUMBIA COUNTY, FLORIDA

Department of Building and Zoning Inspection

This Certificate of Occupancy is issued to the below named permit holder for the building and premises at the below named location, and certifies that the work has been completed in accordance with the Columbia County Building Code.

Parcel Number 36-6S-15-00927-000

Permit Holder

BERNARD THRIFT

Building permit No. 000024341

Owner of Building MARGARET KINARD

Location: 628 SW PLEASANT TERRACE, FT.WHTE, FL 32038

Date: 04/24/2006

Building Inspector

POST IN A CONSPICUOUS PLACE (Business Places Only)

FEDERAL EMERGENCY MANAGEMENT AGENCY

O.M.B. No. 3067-0077 NATIONAL FLOOD INSURANCE PROGRAM Expires July 31, 2002

ELEVATION CERTIFICATE

For Insurance Company Use: Policy Number Company NAIC Number ZIP CODE
Company NAIC Number ZIP CODE
ZIP CODE
_
0-00-00-00927-000
Other:
S. STATE
B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding)
cribe): (OPA)? Yes X No
(OPA)? Yes X No
0)
X Finished Construction rtificate is being completed - see 30, AR/AH, AR/AO d. If the datum is different from ments and datum conversion document the datum conversion. on the FIRM? Yes No
rtify elevation information. he data available. on 1001.

IMPORTANT: In these spaces, co	opy the corresponding information from	n Section A.	For Insurance Company Use:		
BUILDING STREET ADDRESS (Includ	Policy Number				
CITY	EASANT TERR. STATE	ZIP CODE	Company NAIC Number		
	SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION (CONTINUED)				
	ertificate for (1) community official, (2) ins				
COMMENTS		and agone company, and (c	7) Dunianing Overlien.		
	- 1941-19 Professional Control Control				
					
			Check here if attachments		
	ATION INFORMATION (SURVEY NOT R				
For Zone AO and Zone A (without Bi information for a LOMA or LOMR-F,	FE), complete items E1. through E4. If the	e Elevation Certificate is inten-	ded for use as supporting		
	_(Select the building diagram most simila	to the building for which this	certificate is being completed -		
see pages 6 and 7. If no diagram	m accurately represents the building, prov	ide a sketch or photograph.)	• ,		
	iding basement or enclosure) of the building	ng is _ ft.(m) _ ii	n.(cm) above or below		
	it grade. (Use natural grade, if available.) openings (see page 7), the next higher floo	or or elevated floor (elevation t	o) of the building is		
_ ft.(m) _ in.(cm) abov	ve the highest adjacent grade. Complete	Items C3.h and C3.i on front o	f form.		
	epth number is available, is the top of the b		· · · · · · · · · · · · · · · · · · ·		
	ce? Yes No Unknown. Ti		The state of the s		
	norized representative who completes Sec				
	nity-issued BFE) or Zone AO must sign he	· · · · · · · · · · · · · · · · · · ·	= :		
the best of my knowledge.	AUTHORIZED REPRESENTATIVE'S NAME				
ADDRESS	CITY	STATE	ZIP CODE		
SIGNATURE	DATE	TELEPH	ONE		
COMMENTS	A,				
	7/4		Check here if attachments		
	SECTION G - COMMUNITY INFOR	MATION (OPTIONAL)	GHOOK HOTO II GRAGOTHHOTRO		
The local official who is authorized by	y law or ordinance to administer the comm	unity's floodplain managemer	nt ordinance can complete		
	Elevation Certificate. Complete the appli	. ,			
	was taken from other documentation that s authorized by state or local law to certify				
elevation data in the Comm	•	oration information. (maio			
	ted Section E for a building located in Zon	e A (without a FEMA-issued o	r community-issued BFE) or		
Zone AO. C3 L The following information (Its	ems G4-G9) is provided for community flo	ndniain management nurnose	e		
G4. PERMIT NUMBER	G5. DATE PERMIT ISSUED	G6. DATE CERTIFICATE OF			
G4. PERIOIT NOINDER	GS. DATE PERIMIT IGSOED	ISSUED	COMPLIANCEDOCOPANOT		
G7. This permit has been issued for:		ial Improvement			
G8. Elevation of as-built lowest floor G9. BFE or (in Zone AO) depth of flo	(including basement) of the building is:		ft.(m)Datum: ft.(m)Datum:		
LOCAL OFFICIAL'S NAME		··			
			··· -		
COMMUNITY NAME		LEPHONE			
SIGNATURE	D/	ATE			
COMMENTS		•	· · · · · · · · · · · · · · · · · · ·		
					