

DATE 02/15/2017

Columbia County Building Permit

This Permit Must Be Prominently Posted on Premises During Construction

PERMIT**000034942**

APPLICANT MICHAEL MCDANIEL PHONE 386-234-0936

ADDRESS 1841 NW TIGER DRAIN RD LAKE CITY FL 32055

OWNER MICHAEL P. MCDANIEL PHONE 386.234.0936

ADDRESS 1843 NW TIGER DRAIN ROAD WHITE SPRINGS FL 32096

CONTRACTOR JESSE COOPER PHONE 386-292-3778

LOCATION OF PROPERTY 41-N TO SUWANNEE VALLEY, FL TO TIGER DRAIN, TR GO 1 1/2 MILES TO 2ND LIMEROCK DRIVEWAY AFTER CIRCLE C. AUTOMOTIVE.

TYPE DEVELOPMENT MH. UTILITY ESTIMATED COST OF CONSTRUCTION 0.00

HEATED FLOOR AREA TOTAL AREA HEIGHT STORIES

FOUNDATION WALLS ROOF PITCH FLOOR

LAND USE & ZONING ESA-2 MAX. HEIGHT 35

Minimum Set Back Requirements: STREET FRONT 30.00 REAR 25.00 SIDE 25.00

NO. EX.D.U. 1 FLOOD ZONE AE DEVELOPMENT PERMIT NO. 17-003

PARCEL ID 14-2S-15-00066-005 SUBDIVISION

LOT BLOCK PHASE UNIT 0 TOTAL ACRES 10.00

111103758 *Michael P. McDaniel*

Culvert Permit No. Culvert Waiver Contractor's License Number Applicant/Owner/Contractor

EXISTING 17-0054-E BS TM N

Driveway Connection Septic Tank Number LU & Zoning checked by Approved for Issuance New Resident Time SETUP No.

COMMENTS: MINIMUM FLOOR ELEVATION IS 87' FOR BOTTOM OF HOME AND A/C & MACHINERY, NEED ELEVATION CERTIFICATE SHOWING FINISHED CONSTRUCTION BEFORE POWER, REPLACING EXISTING MH

Check # or Cash 2268

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 Insulation 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 (Intel) date/app. by Pool date/app. by

Permanent power date/app. by C.O. Final date/app. by Culvert date/app. by

Pump pole date/app. by Utility Pole date/app. by MH tie downs, blocking, electricity and plumbing date/app. by

Reconnection date/app. by RV date/app. by Re-roof date/app. by

BUILDING PERMIT FEE \$ 0.00 CERTIFICATION FEE \$ 0.00 SURCHARGE FEE \$ 0.00

MISC. FEES \$ 250.00 ZONING CERT. FEE \$ 50.00 FIRE FEE \$ 0.00 WASTE FEE \$

PLAN REVIEW FEE \$ DP & FLOOD ZONE FEE \$ 75.00 CULVERT FEE \$ **TOTAL FEE** 375.00

INSPECTORS OFFICE *[Signature]* CLERKS OFFICE *[Signature]*

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.

NOTICE: ALL OTHER APPLICABLE STATE OR FEDERAL PERMITS SHALL BE OBTAINED BEFORE COMMENCEMENT OF THIS PERMITTED DEVELOPMENT.

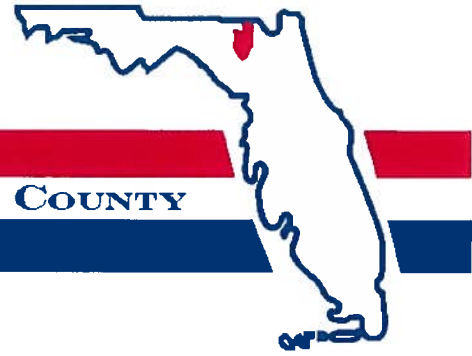
"WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT."

EVERY PERMIT ISSUED SHALL BECOME INVALID UNLESS THE WORK AUTHORIZED BY SUCH PERMIT IS COMMENCED WITHIN 180 DAYS AFTER ITS ISSUANCE, OR IF THE WORK AUTHORIZED BY SUCH PERMIT IS SUSPENDED OR ABANDONED FOR A PERIOD OF 180 DAYS AFTER THE TIME THE WORK IS COMMENCED. A VALID PERMIT RECEIVES AN APPROVED INSPECTION EVERY 180 DAYS. WORK SHALL BE CONSIDERED NOT SUSPENDED, ABANDONED OR INVALID WHEN THE PERMIT HAS RECEIVED AN APPROVED INSPECTION WITHIN 180 DAYS OF THE PREVIOUS INSPECTION.

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

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:

Permit Number:

34942

APPROVED/ ONE FORM CORRECTION

A1. Building Owner's Name: MICHAEL P. MCDANIEL

A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.
1843 NW TIGER DRAIN RD

City WHITE SPRINGS State FL ZIP Code 32096

A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)
14-25-15-00066-005

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

A5. Latitude/Longitude: Lat. _____ Long. _____ 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 _____

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? ☐ Yes ☐ No

A9. For a building with an attached garage:

a) Square footage of attached garage _____ sq ft

b) No. 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? ☐ Yes ☐ 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 3/22/2017

Comments : ONE CORRECTION: (B8. A) THIS WAS CORRECTED TO (B8. AE)

SCANNED

BOARD MEETS THE FIRST THURSDAY AT 5:30 P.M.
AND THIRD THURSDAY AT 5:30 P.M.

P.O. BOX 1529 ▼ LAKE CITY, FLORIDA 32056-1529 ▼ PHONE: (386) 755-4100

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 Mike McDaniel				Policy Number:	
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 1841 NW Tiger Drain Road				Company NAIC Number:	
City White Springs		State Florida		ZIP Code 32096	
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) 14-2S-15-00066-005					
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) <u>Residential</u>					
A5. Latitude/Longitude: Lat. <u>30°18'43.24"</u> Long. <u>82°46'52.95"</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) <u>0</u> sq ft b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade <u>0</u> c) Total net area of flood openings in A8.b <u>0</u> 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 <u>0</u> sq ft b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade <u>0</u> c) Total net area of flood openings in A9.b <u>0</u> 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 12023C0290C	B5. Suffix C	B6. FIRM Index Date 02/04/2009	B7. FIRM Panel Effective/ Revised Date 02/04/2009	B8. Flood Zone(s) A	B9. Base Flood Elevation(s) (Zone AO, use Base Flood Depth) 86
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. 1841 NW Tiger Drain Road			Policy Number:
City Lake City	State Florida	ZIP Code 32055	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: 14" 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) | <u>89.9</u> | <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) | <u>87.25</u> | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| f) Lowest adjacent (finished) grade next to building (LAG) | <u>85.5</u> | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| g) Highest adjacent (finished) grade next to building (HAG) | <u>86.3</u> | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support | _____ | <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

Title

Owner

Company Name

Britt Surveying and Mapping, LLC

Address

2086 SW Main Boulevard

City

Lake City

State

Florida

ZIP Code

32025

Place
Seal
Here

Signature

Date

03/21/2017

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-24495

C2 e Air Conditioner

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.
1841 NW Tiger Drain Road

Policy Number:

City
Lake CityState
FloridaZIP Code
32055

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

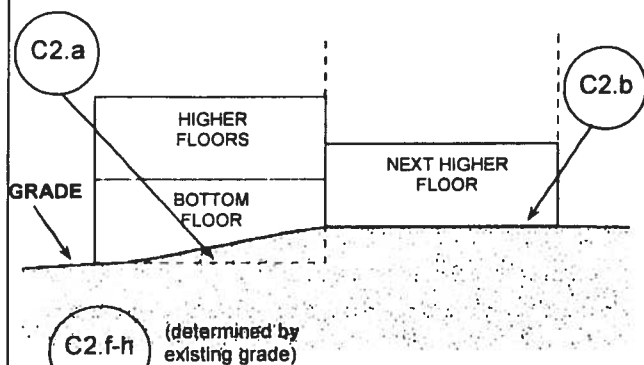
OMB No. 1660-0008
Expiration Date: November 30, 2018

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. 1841 NW Tiger Drain Road			Policy Number:	
City Lake City	State Florida	ZIP Code 32055	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)				
<div style="text-align: right;"><input type="checkbox"/> Check here if attachments.</div>				

DIAGRAM 3

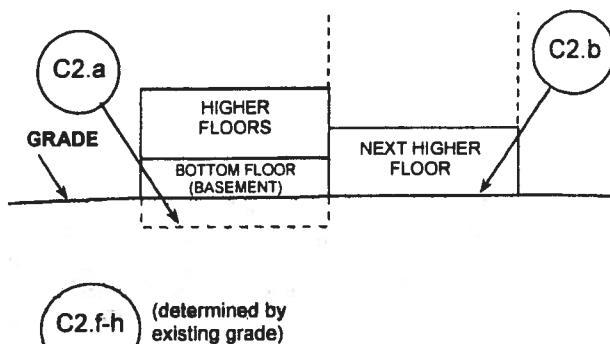
All split-level buildings that are slab-on-grade, either detached or row type (e.g., townhouses); with or without attached garage.

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

**DIAGRAM 4**

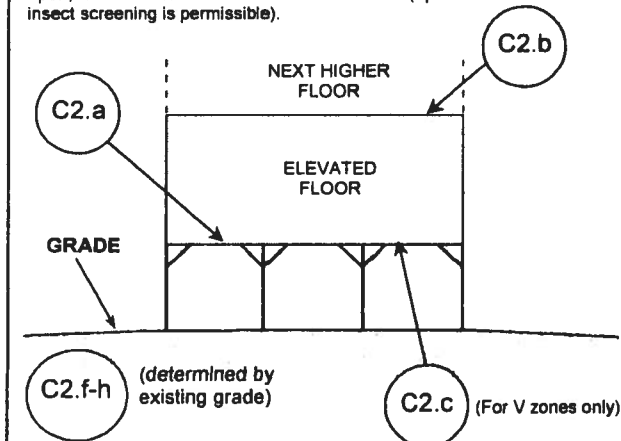
All split-level buildings (other than slab-on-grade), either detached or row type (e.g., townhouses); with or without attached garage.

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

**DIAGRAM 5**

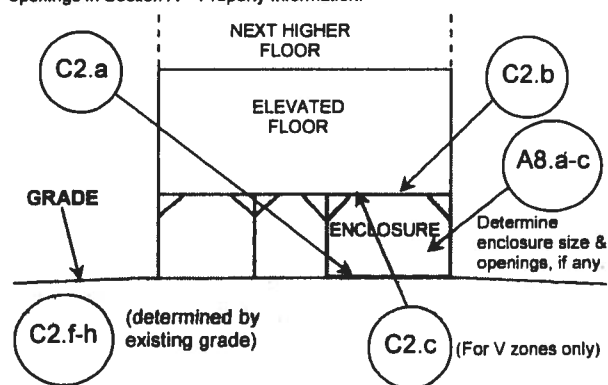
All buildings elevated on piers, posts, piles, columns, or parallel shear walls. No obstructions below the elevated floor.

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.

BUILDING PHOTOGRAPHS

ELEVATION CERTIFICATE

See Instructions for Item A6.

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. 1841 NW Tiger Drain Road			Policy Number:
City Lake City	State Florida	ZIP Code 32055	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.
1841 NW Tiger Drain Road

Policy Number:

City
Lake CityState
FloridaZIP Code
32055

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

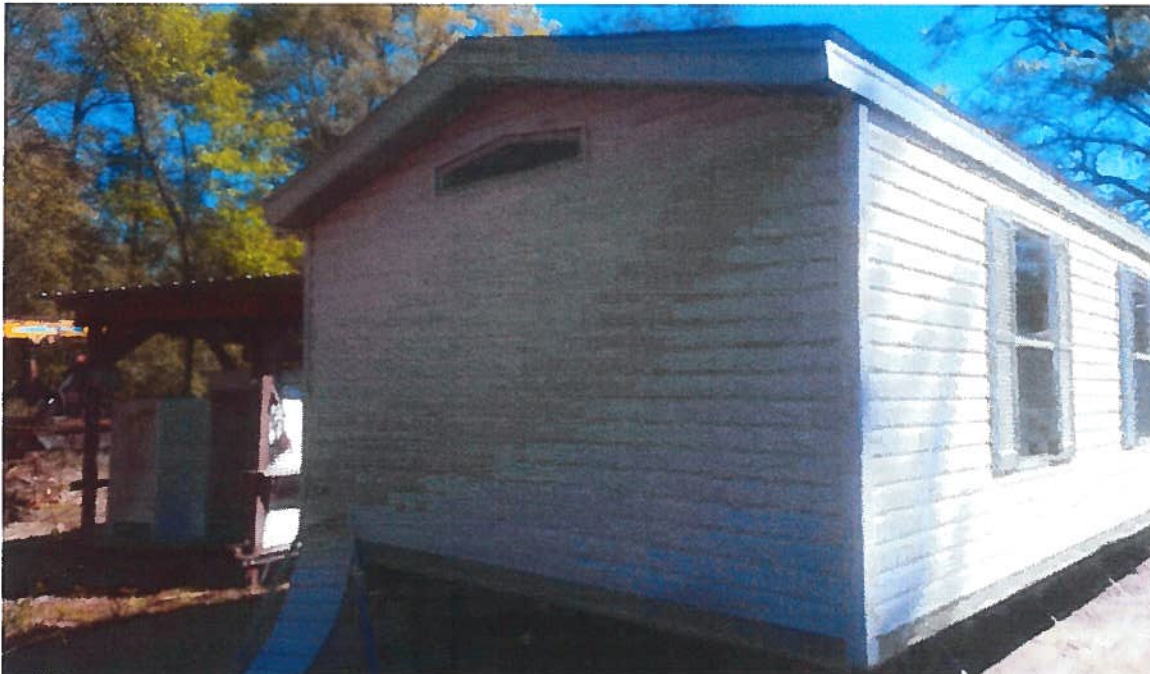


Photo Two

Photo Two Caption Right Side

clct# 2268

one foot rise

PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

For Office Use Only (Revised 7-1-15) Zoning Official [Signature] Building Official TM 1/27/17

AP# 1701-66 Date Received 1/25 By [Signature] Permit # 34942

Flood Zone AE Development Permit _____ Zoning ESA-2 Land Use Plan Map Category A

Comments Not in Flood way - Flood Map 0166C

FEMA Map# 0166C Base Flood Elevation 86' Finished Floor 87.00 River Suwannee In Floodway NO

☐ Recorded Deed or ☒ Property Appraiser PO ☒ Site Plan ☐ FH # 17-0054-E ☐ 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 Paid on Property ☐ Out County ☒ In County ☐ Sub VF Form

14-25-15-2
Property ID # 00066-005 Subdivision _____ Lot# _____

☐ New Mobile Home ☒ Used Mobile Home MH Size 11x66 Year 1994

Applicant Michael McDaniel Phone # 386-234-0936

Address 1841 NW Tiger Drain Rd, LAKE CO, FL 32055

Name of Property Owner Michael McDaniel Phone# 386-234-0936

911 Address 1841 NW Tiger Drain Rd, LAKE CO, FL 32055

Circle the correct power company - FL Power & Light - Clay Electric
(Circle One) - Suwannee Valley Electric Duke Energy

Name of Owner of Mobile Home Michael McDaniel Phone # 386-234-0936
Address 1841 NW Tiger Drain Rd, LAKE CO, FL 32055

Relationship to Property Owner _____

Current Number of Dwellings on Property 2

Lot Size _____ Total Acreage 10.

Do you : Have Existing Drive or Private Drive or need Culvert Permit or Culvert Waiver (Circle one)
(Currently using) (Blue Road Sign) (Putting in a Culvert) (Not existing but do not need a Culvert)

Is this Mobile Home Replacing an Existing Mobile Home Yes (Replacing existing M/H)

Driving Directions to the Property 41 N Turn L on Suwannee Valley Rd to Tiger Drain Rd. TIR. AND IT'S 2ND TO LAST DRIVEWAY ON L.

Name of Licensed Dealer/Installer Jesse I Coque Phone # 1386-292-3778

Installers Address 155 NW Arbisson Dr Lake City FL 32055

License Number 1103758 Installation Decal # 40953

Spoke to Michael 2-2-17

325.00
50.10

COLUMBIA COUNTY PERMIT WORKSHEET

page 1 of 2

These worksheets must be completed and signed by the installer.
Submit the originals with the packet.

Installer

License #

Jesse Cooper 1103758

911 Address where home is being installed.

1841 Tiger Drain Rd

Manufacturer

White Springs FL Fleetwood

Length x width

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.

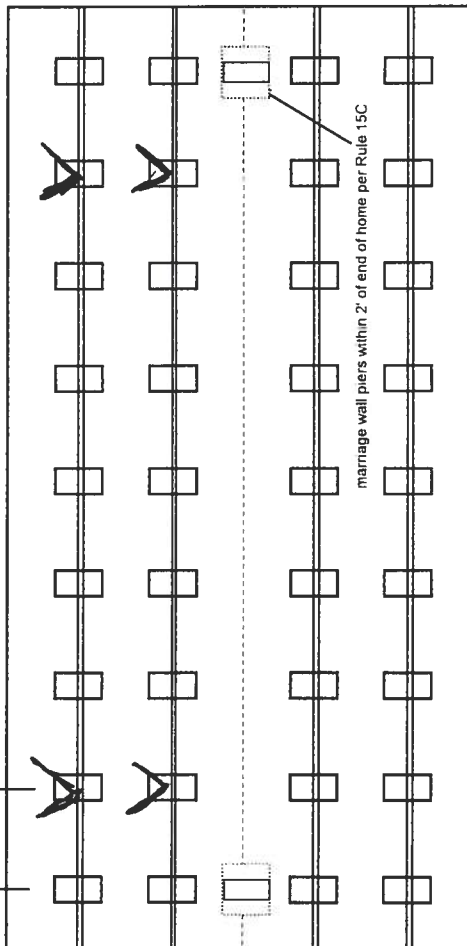
Installer's initials

LC

Typical pier spacing



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



marriage wall piers within 2' of end of home per Rule 15C

4 1101V systems
Oliver Tech

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 # 40953

Triple/Quad ☐ Serial # 13610305G

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'	8'
1500 psf	4' 6"	6'	7'	8'	8'	8'	8'
2000 psf	6'	8'	8'	8'	8'	8'	8'
2500 psf	7' 6"	8'	8'	8'	8'	8'	8'
3000 psf	8'	8'	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 12x25

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

4 ft 5 ft

ANCHORS

FRAME TIES

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

TIEDOWN COMPONENTS

OTHER TIES

Number

Longitudinal Stabilizing Device (LSD)

Manufacturer

Longitudinal Stabilizing Device w/ Lateral Arms

Manufacturer

Sidewall

Longitudinal

Marriage wall

Shearwall

POCKET PENETROMETER TEST

The pocket penetrometer tests are rounded down to 1500 psf or check here to declare 1000 lb. soil without testing.

x 1500 x 1500 x 1500

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 1500 x 1500 x 1500

TORQUE PROBE TEST

The results of the torque probe test is 285 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

Jesse Cooper

Date Tested

1-9-17

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. 104

Plumbing

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

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

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, 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

NA

Type gasket

NA

Installed

Between Floors Yes

Between Walls Yes

Bottom of Joist/beam Yes

Weatherproofing

The bottomboard will be repaired and/or taped. Yes ☒ Pg. 110
Siding on units is installed to manufacturer's specifications. Yes ☒ Pg. NA
Fireplace chimney installed so as not to allow intrusion of rain water. Yes ☒ Pg. NA

Miscellaneous

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

Installer Signature

Jesse Cooper

Date

1-9-17



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 LETTER OF AUTHORIZATION

I, Jesse Cooper, give this authority for the job address show below
Installer License Holder Name

only, 1841 NW Tiger Drain White, and I do certify that
Job Address

Spinnass FL
the below 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	Authorized Person is... (Check one)
<u>Michael Medaniel</u>	<u>Michael Medaniel</u>	<input checked="" type="checkbox"/> Agent <input type="checkbox"/> Officer <input checked="" type="checkbox"/> Property Owner
		<input type="checkbox"/> Agent <input type="checkbox"/> Officer <input type="checkbox"/> Property Owner
		<input type="checkbox"/> Agent <input type="checkbox"/> Officer <input type="checkbox"/> Property Owner

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.

[Signature] License Holders Signature (Notarized) 1103758 License Number 1-17 Date

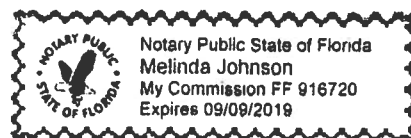
NOTARY INFORMATION:

STATE OF: Florida COUNTY OF: Columbia

The above license holder, whose name is Jesse Cooper,
personally appeared before me and is known by me or has produced identification
(type of I.D.) FLDL on this 25th day of January, 2017.

[Signature]
NOTARY'S SIGNATURE

(Seal/Stamp)



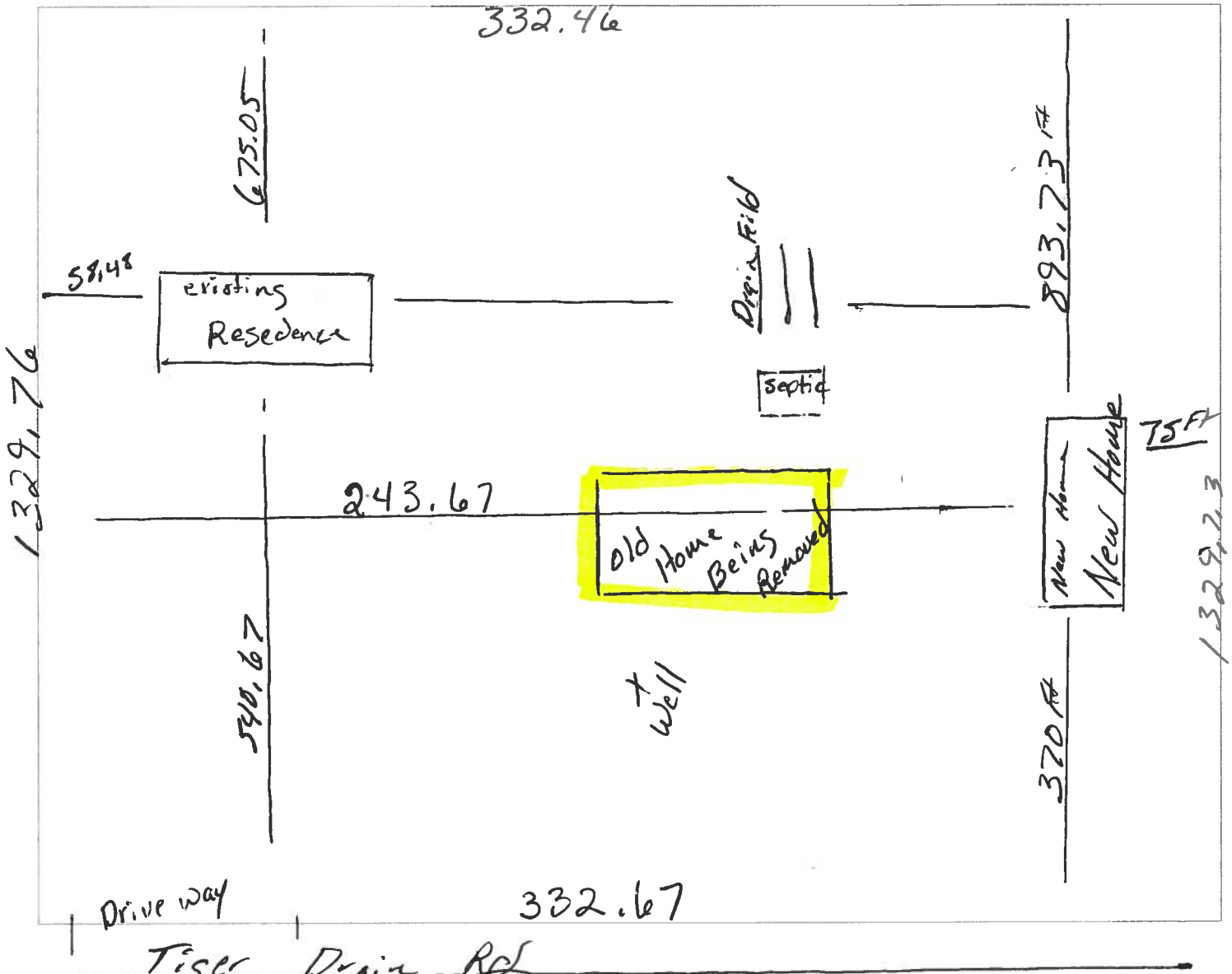
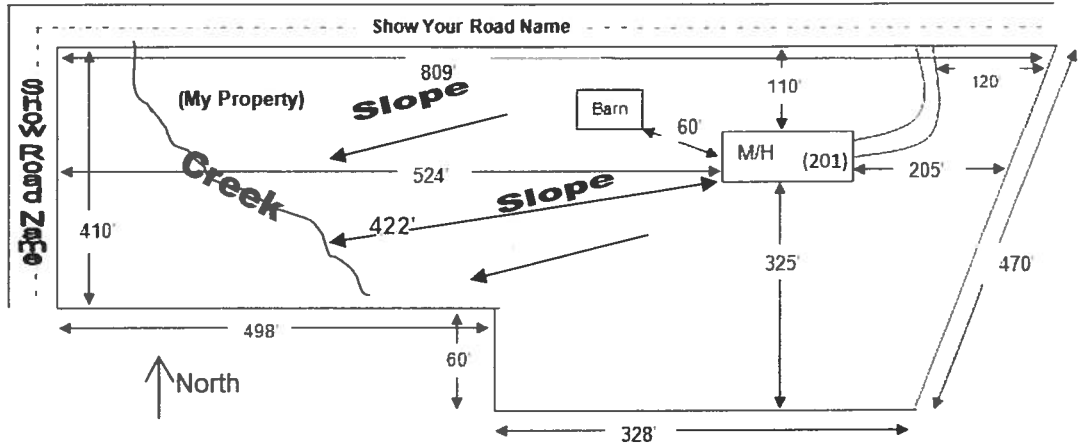
SITE PLAN CHECKLIST

- ___ 1) Property Dimensions
- ___ 2) Footprint of proposed and existing structures (including decks), label these with existing addresses
- ___ 3) Distance from structures to all property lines
- ___ 4) Location and size of easements
- ___ 5) Driveway path and distance at the entrance to the nearest property line
- ___ 6) Location and distance from any waters; sink holes; wetlands; and etc.
- ___ 7) Show slopes and or drainage paths
- ___ 8) Arrow showing North direction

SITE PLAN EXAMPLE

Revised 7/1/15

NOTE:
This site plan can be copied and used with the 911 Addressing Dept. application forms.



MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER 1701-66 CONTRACTOR Jesse Cooper PHONE 386-282-377

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 <u>Michael McDaniel</u> License #: <u>4237858 Owner</u> Qualifier Form Attached <input type="checkbox"/>	Signature <u>Michael McDaniel</u> Phone #: <u>386-234-0936</u>
MECHANICAL/ A/C _____	Print Name <u>NA</u> License #: _____ Qualifier Form Attached <input type="checkbox"/>	Signature _____ Phone #: _____

Qualifier Forms cannot be submitted for any Specialty License.

Specialty License	License Number	Sub-Contractors Printed Name	Sub-Contractors Signature
MASON			
CONCRETE FINISHER			

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.

Columbia County Property Appraiser

updated: 12/8/2016

2016 Tax Year**Parcel:** 14-2S-15-00066-005

<< Next Lower Parcel Next Higher Parcel >>

Tax Collector

Tax Estimator

Property Card

Parcel List Generator

2016 TRIM (pdf)

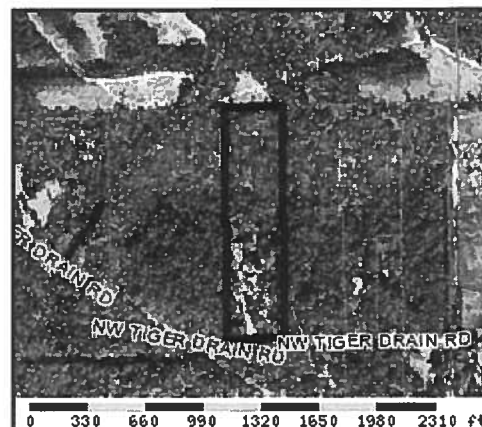
Interactive GIS Map

Print

Search Result: 1 of 1

Owner & Property Info

Owner's Name	MCDANIEL MICHAEL PAT		
Mailing Address	1841 NW TIGER DRAIN RD WHITE SPRINGS, FL 32096		
Site Address	1841 NW TIGER DRAIN RD		
Use Desc. (code)	MOBILE HOM (000200)		
Tax District	3 (County)	Neighborhood	14215
Land Area	10.000 ACRES	Market Area	03
Description	NOTE: This description is not to be used as the Legal Description for this parcel in any legal transaction. W1/2 OF W1/2 OF NE1/4 OF SE1/4 ORB 802-2150,		

**Property & Assessment Values**

2016 Certified Values		
Mkt Land Value	cnt: (0)	\$24,382.00
Ag Land Value	cnt: (3)	\$0.00
Building Value	cnt: (1)	\$9,970.00
XFOB Value	cnt: (1)	\$500.00
Total Appraised Value		\$34,852.00
Just Value		\$34,852.00
Class Value		\$0.00
Assessed Value		\$33,287.00
Exempt Value	(code: HX H3)	\$25,000.00
Total Taxable Value	Cnty: \$8,287 Other: \$8,287 Schl: \$8,287	

2017 Working Values (Hide Values)		
Mkt Land Value	cnt: (0)	\$24,382.00
Ag Land Value	cnt: (3)	\$0.00
Building Value	cnt: (1)	\$9,970.00
XFOB Value	cnt: (1)	\$500.00
Total Appraised Value		\$34,852.00
Just Value		\$34,852.00
Class Value		\$0.00
Assessed Value		\$34,263.00
Exempt Value	(code: HX H3)	\$25,000.00
Total Taxable Value	Cnty: \$9,263 Other: \$9,263 Schl: \$9,263	

NOTE: 2017 Working Values are NOT certified values and therefore are subject to change before being finalized for ad valorem assessment purposes.

Sales History

Show Similar Sales within 1/2 mile

Sale Date	OR Book/Page	OR Code	Vacant / Improved	Qualified Sale	Sale RCode	Sale Price
3/13/1995	802/2150	WD	V	Q		\$14,000.00

Building Characteristics

Bldg Item	Bldg Desc	Year Blt	Ext. Walls	Heated S.F.	Actual S.F.	Bldg Value
1	MOBILE HME (000800)	1978	AL SIDING (26)	1344	1344	\$9,970.00
Note: All S.F. calculations are based on exterior building dimensions.						

Extra Features & Out Buildings

Code	Desc	Year Blt	Value	Units	Dims	Condition (% Good)
0285	SALVAGE	2005	\$500.00	0000001.000	0 x 0 x 0	(000.00)

Land Breakdown

Lnd Code	Desc	Units	Adjustments	Eff Rate	Lnd Value
----------	------	-------	-------------	----------	-----------

Identification Number	Year	Make	Body	WT-L-BHP	Vessel Regis. No.	Title Number
13610305G	1994	SKYL	HS	66'		65934953

Registered Owner:

Date of Issue 06/23/2008

TRAVIS LOWELL KING
207 NW OUTLAW COUNTRY GLN
LAKE CITY FL 32055

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/titinf.html>

Mail To:

TRAVIS LOWELL KING
207 NW OUTLAW COUNTRY GLN
LAKE CITY FL 32055-9212



CERTIFICATE OF TITLE

Identification Number		Year	Make	Body	WT-L-BHP	Vessel Regis. No.	Title Number
13610305G		1994	SKYL	HS	66'		65934953
Prev State	Color	Primary Brand	Secondary Brand	No of Brands	Use	Prev Issue Date	
FL	UNK				PRIVATE	10/20/1993	
Odometer Status or Vessel Manufacturer or OH use				Hull Material	Prop	Date of Issue	
						06/23/2008	

Lien Release

Interest in the described vehicle is hereby released

By _____

Title _____

Date _____

Registered Owner

TRAVIS LOWELL KING
207 NW OUTLAW COUNTRY GLN
LAKE CITY FL 32055

1st Lienholder

NONE

DIVISION OF MOTOR VEHICLES

TALLAHASSEE

FLORIDA

DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES

Carl A. Ford
Director

Control Number 90114914



Electra Theodorides-Bustle
Executive Director

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

Federal and/or state law require 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: _____

Address: _____

Seller Must Enter Selling Price: _____

Seller Must Enter Date Sold: _____

I/We state that this ☐ 5 or ☐ 6 digit odometer now reads [] [] [] [] [] [] (no tenths) miles, date read _____ and I hereby certify that to the best of my knowledge the odometer reading:☐ 1. reflects ACTUAL MILEAGE.☐ 2. is IN EXCESS OF ITS MECHANICAL LIMITS.☐ 3. is NOT THE ACTUAL MILEAGE.

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: _____CO-SELLER Must
Sign Here: _____

Print Here: _____

Print Here: _____

Selling Dealer's License Number: _____

Tax No.: _____

Tax Collected: _____

Auction Name: _____

License Number: _____

PURCHASER Must
Sign Here: _____CO-PURCHASER Must
Sign Here: _____

Print 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
DEPARTMENT OF HEALTH
ONSITE SEWAGE TREATMENT AND DISPOSAL
SYSTEM
APPLICATION FOR CONSTRUCTION PERMIT

Home owner's cell# 234-0936
(Part)

PERMIT NO. 17-0054E
DATE PAID: 1/25/17
FEE PAID: 60.00
RECEIPT #:

APPLICATION FOR:

[] New System [X] Existing System [] Holding Tank [] Innovative
[] Repair [] Abandonment [] Temporary []

APPLICANT:

Pat McDaniel

AGENT:

Peloni's Pumping, & Portable Toilets, Inc. TELEPHONE: 755-1616

MAILING ADDRESS:

1841 N.W. Tiger Drain Road, white springs, FL 32096

TO BE COMPLETED BY APPLICANT OR APPLICANT'S AUTHORIZED AGENT. SYSTEMS MUST BE CONSTRUCTED BY A PERSON LICENSED PURSUANT TO 489.105(3)(m) OR 489.552, FLORIDA STATUTES. IT IS THE APPLICANT'S RESPONSIBILITY TO PROVIDE DOCUMENTATION OF THE DATE THE LOT WAS CREATED OR PLATTED (MM/DD/YY) IF REQUESTING CONSIDERATION OF STATUTORY GRANDFATHER PROVISIONS.

PROPERTY INFORMATION

LOT: N/A BLOCK: N/A SUBDIVISION: N/A PLATTED:

PROPERTY ID #: 00066-005 ZONING: AG I/M OR EQUIVALENT: [Y / N]

PROPERTY SIZE: 1.0 ACRES WATER SUPPLY: [X] PRIVATE PUBLIC [] <=2000GPD [] >2000GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? [Y / (N)] DISTANCE TO SEWER: N/A FT

PROPERTY ADDRESS: 1841 N.W. Tiger Drain Road, white springs, FL 32096

DIRECTIONS TO PROPERTY: 41 North +1L on Swannee Valley Road,
go about 4 miles +1R on Tiger Drain Road, 2nd
to last driveway on the right

BUILDING INFORMATION

[X] RESIDENTIAL [] COMMERCIAL

Unit No. Type of Establishment No. of Bedrooms Building Area Sqft Commercial/Institutional System Design Table 1, Chapter 64E-6, FAC

1	Mobile Home	2	980	
2				
3				
4				

[] Floor/Equipment Drains [] Other (Specify)

SIGNATURE:

Chris McDaniel

DATE:

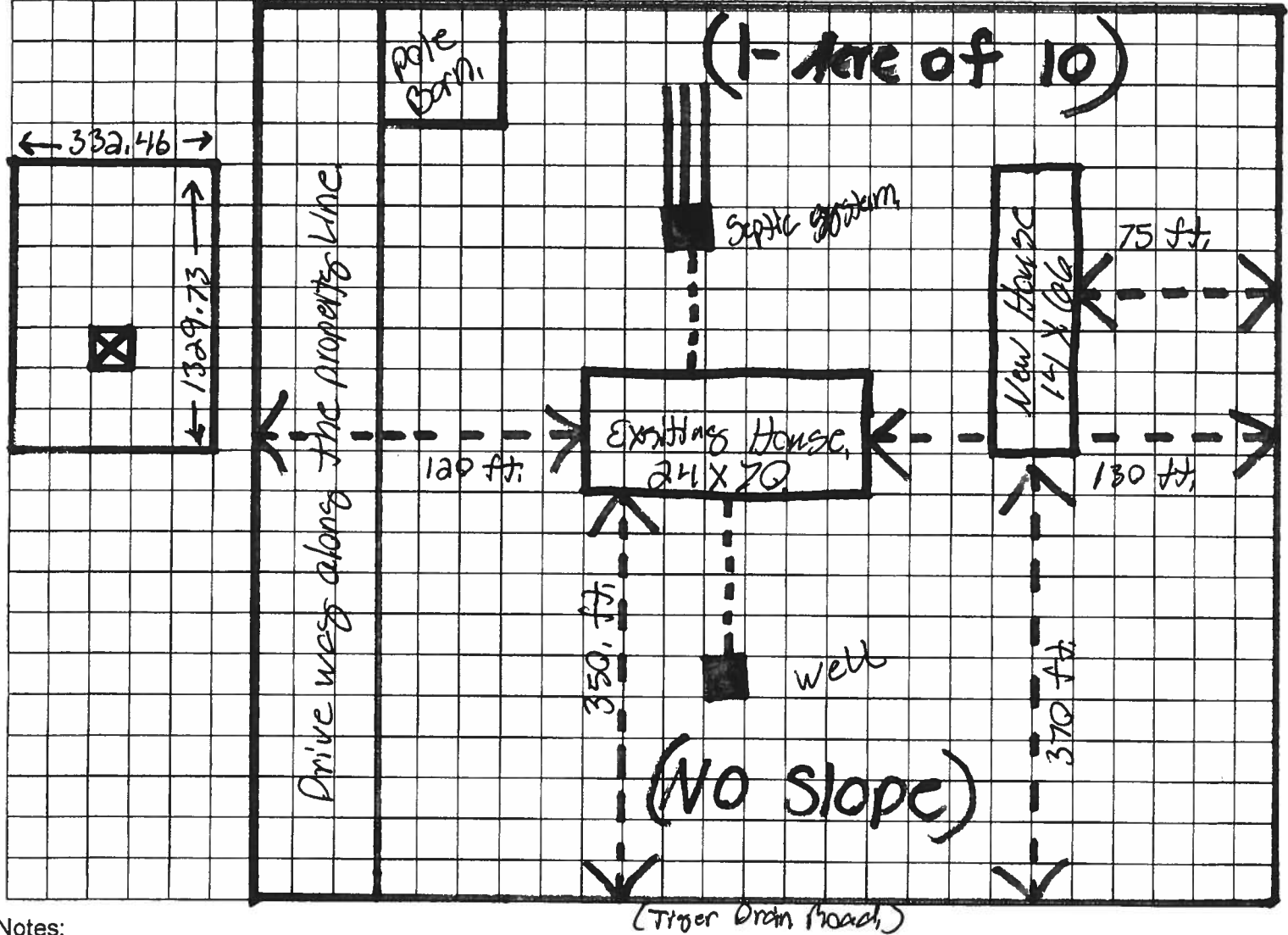
1-25-2017

STATE OF FLORIDA
DEPARTMENT OF HEALTH
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number 17-0054E

----- PART II - SITEPLAN -----

Scale: Each block represents 10 feet and 1 inch = 40 feet.



Notes: _____

Site Plan submitted by: Travis van Heusen Columbia
Plan Approved ☒ Not Approved _____
By Chad H. H. H. Date 1-25-2017
County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

Travis van Heusen



COLUMBIA COUNTY BUILDING DEPARTMENT

Application # 1701-66

PRELIMINARY MOBILE HOME INSPECTION REPORT

\$50.00 Fee Paid 50.00DATE RECEIVED 1-25-17 BY JS IS THE M/H ON THE PROPERTY WHERE THE PERMIT WILL BE ISSUED? NOOWNERS NAME Michael McDaniel PHONE 386-234-0936ADDRESS 1841 Tiger Drain Rd White Springs FL 32096MOBILE HOME PARK _____ SUBDIVISION Sawdust ValleyDRIVING DIRECTIONS TO MOBILE HOME 41 North to Falling Creek Trl
TO OUTLAW TR - 2ND ON L. (KEY IN BETWEEN BRICK) MIKE
PLEASE CALL ME IF YOU NEED TO.MOBILE HOME INSTALLER Jesse Cooper PHONE 386-292-3078 292-3778

MOBILE HOME INFORMATION

MAKE Fleetwood Jayline YEAR 1994 SIZE 16 x 76 COLOR Blue & WhiteSERIAL No. 13610305 G2WIND ZONE 2 Must be wind zone II or higher NO WIND ZONE I ALLOWED

INSPECTION STANDARDS

INTERIOR:

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

P SMOKE DETECTOR (P) OPERATIONAL (U) MISSING

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

P DOORS (P) OPERABLE () DAMAGED

P WALLS (P) SOLID () STRUCTURALLY UNSOUND

P WINDOWS (P) OPERABLE () INOPERABLE

P PLUMBING FIXTURES (P) OPERABLE () INOPERABLE () MISSING

P CEILING (P) SOLID () HOLES () LEAKS APPARENT

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

EXTERIOR:

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

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

P ROOF (P) APPEARS SOLID () DAMAGED

STATUS

APPROVED ✓ WITH CONDITIONS: Replace Smoke Detector

NOT APPROVED _____ NEED RE-INSPECTION FOR FOLLOWING CONDITIONS _____

BUILDING INSPECTOR'S SIGNATURE

JS

ID NUMBER

306

DATE

1-25-17

Columbia County Tax Collector

generated on 1/27/2017 9:19:59 AM EST

Tax Record

Last Update: 1/27/2017 9:19:50 AM EST

[Register for eBill](#)

Ad Valorem Taxes and Non-Ad Valorem Assessments

The information contained herein does not constitute a title search and should not be relied on as such.

Account Number	Tax Type	Tax Year
R00066-005	REAL ESTATE	2016
Mailing Address MCDANIEL MICHAEL PAT 1841 NW TIGER DRAIN RD WHITE SPRINGS FL 32096		
Property Address 1841 TIGER DRAIN NW WHITE SPRINGS		
GEO Number 142S15-00066-005		
Exempt Amount	Taxable Value	
See Below	See Below	
Exemption Detail	Millage Code	Escrow Code
HX 25000	003	
Legal Description (click for full description) 14-2S-15 0200/0200 10.00 Acres W1/2 OF W1/2 OF NE1/4 OF SE1/4 ORB 802-2150,		
Ad Valorem Taxes		
Taxing Authority	Rate	Assessed Exemption Value Amount Taxable Value Taxes Levied
BOARD OF COUNTY COMMISSIONERS	8.0150	33,287 25,000 \$8,287 \$66.42
COLUMBIA COUNTY SCHOOL BOARD		
DISCRETIONARY	0.7480	33,287 25,000 \$8,287 \$6.20
LOCAL	4.5040	33,287 25,000 \$8,287 \$37.32
CAPITAL OUTLAY	1.5000	33,287 25,000 \$8,287 \$12.43
SUWANNEE RIVER WATER MGT DIST	0.4093	33,287 25,000 \$8,287 \$3.39
LAKE SHORE HOSPITAL AUTHORITY	0.9620	33,287 25,000 \$8,287 \$7.97
Total Millage	16.1383	Total Taxes \$133.73
Non-Ad Valorem Assessments		
Code	Levying Authority	Amount
FFIR	FIRE ASSESSMENTS	\$420.38
GGAR	SOLID WASTE - ANNUAL	\$386.00
Total Assessments		\$806.38
Taxes & Assessments		\$940.11
If Paid By		Amount Due
		\$0.00

Date Paid	Transaction	Receipt	Item	Amount Paid
1/6/2017	PAYMENT	1201694.0001	2016	\$921.31

Prior Years Payment History

Prior Year Taxes Due
NO DELINQUENT TAXES



COLUMBIA COUNTY
911 ADDRESSING / GIS DEPARTMENT
263 NW Lake City Ave., Lake City, FL 32055

Telephone: (386) 758-1125 x 1 * Fax: (386) 758-1365 * Email: gis@columbiacountyfla.com



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:	2/2/2017 12:59:42 PM
Address:	1841 NW TIGER DRAIN Rd
City:	WHITE SPRINGS
State:	FL
Zip Code	32096
<hr/>	
Pracel ID	00066-005

REMARKS: Reissue of existing address for replacement structure on parcel.

Address Issued By: **Signed:/ Ronal N. Croft**

Columbia County GIS/911 Addressing Department

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.

**Columbia County Building Department
Flood Development Permit**

**Development Permit
F 023- 17-003**

DATE 02/15/2017 BUILDING PERMIT NUMBER 000034942
APPLICANT MICHAEL MCDANIEL PHONE 386-234-0936
ADDRESS 1841 NW TIGER DRAIN RD LAKE CITY FL 32055
OWNER MICHAEL P. MCDANIEL PHONE 386.234.0936
ADDRESS 1843 NW TIGER DRAIN ROAD WHITE SPRINGS FL 32096
CONTRACTOR JESSE COOPER PHONE 386-292-3778
ADDRESS 155 NW ORBISON DR LAKE CITY FL 32055
SUBDIVISION _____ Lot _____ Block _____ Unit 0 Phase _____
TYPE OF DEVELOPMENT MH, UTILITY PARCEL ID NO. 14-2S-15-00066-005

FLOOD ZONE AE BY BS 2-4-2009 FIRM COMMUNITY # 120070 - PANEL # 0166C
FIRM 100 YEAR ELEVATION 86' PLAN INCLUDED YES or (NO)
REQUIRED LOWEST HABITABLE FLOOR ELEVATION 87'
IN THE REGULATORY FLOODWAY YES or (NO) RIVER Suwannee
SURVEYOR / ENGINEER NAME David Winsberg LICENSE NUMBER PE 68463

☒ 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 _____

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



Less than 1 Foot Rise Certification

Client/Owner: Michael McDaniel
Contractor: Not Specified
Property Description: 10 Acres in Columbia County, FL
Structure(s) in Flood Area: Not Specified
Parcel ID#: 14-2S-15-00066-005

Impact of Storage Volume Reduction - Calculations

Flood Map for Property: 12023C 0159C
Elevation of 100 yr flood: 86.00 NAVD88, Zone AE
Length of river reach between
BFE -1 foot and BFE +1 foot: ~6 miles = 31,680 ft
Width of floodplain: 4,916 ft (cross section "B")
Effective Flood Area: $4,916 \text{ ft} \times 31,680 \text{ ft} = 132,929,280 \text{ ft}^2$

Depth of proposed Fill\Obstruction: Less than 10ft
Area of proposed Fill\Obstruction: Less than 10 acres (435,600 ft²)
Volume of proposed Fill\Obstruction: Less than 10ft * 435,600 ft² = 4,356,000 ft³
Flood Elevation Increase
due to reduction of storage volume: $4,356,000 \text{ ft}^3 / 132,929,280 \text{ ft}^2 = \mathbf{0.0328 \text{ ft}}$

I hereby certify that construction of the proposed structure(s), fill, and/or obstruction(s) as specified in this letter will not cause the flood waters of the surrounding area to rise greater than 1 foot due to a reduction in storage volume. The property is not inside any regulatory floodway.



David M. Winsberg
PE# 68463, CA# 29596
February 15, 2017

