

DATE 08/15/2005

Columbia County Building Permit

PERMIT

This Permit Expires One Year From the Date of Issue

000023495

APPLICANT NANCY SMITH PHONE 497.1717

ADDRESS 1186 SW BLUFF DRIVE FT. WHITE FL 3038

OWNER DONALD & NANCY SMITH PHONE 497.1717

ADDRESS 1186 SW BLUFF DRIVE FT. WHITE FL 32038

CONTRACTOR RONNIE NORRIS PHONE 752.3871

LOCATION OF PROPERTY 47-S TO HOLLINGSWOTH,TR TO BLUFF TR, PROPERTY ON L  
SIE NEAR 90 DEGREE TURN @ FAR END.(ABOUT 1 MILE)

TYPE DEVELOPMENT M/H & UTILITY ESTIMATED COST OF CONSTRUCTION .00

HEATED FLOOR AREA TOTAL AREA HEIGHT .00 STORIES

FOUNDATION WALLS ROOF PITCH FLOOR

LAND USE & ZONING A-3 MAX. HEIGHT

Minimum Set Back Requirments: STREET-FRONT 30.00 REAR 25.00 SIDE 25.00

NO. EX.D.U. 1 FLOOD ZONE AE DEVELOPMENT PERMIT NO. F05-012

PARCEL ID 18-7S-16-04236-043 SUBDIVISION CEDAR Spring Acres

LOT 7 BLOCK PHASE UNIT 5 TOTAL ACRES

IH0000049

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

EXISTING 90-553 BLK HD N

Driveway Connection Septic Tank Number LU & Zoning checked by Approved for Issuance New Resident

COMMENTS: FINISH FLOOR NEED TO BE 37.0' PRIOR TO POWER. VARIANCE APPROVED SE 228

FINISH FLOOR ELEVATION CERT. NEEDED.

1 UNIT CHARGED. REPLACEMENT ONLY. Check # or Cash 4794

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 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 (Lintel) date/app. by

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

M/H tie downs, blocking, electricity and plumbing date/app. by Pool date/app. by

Reconnection date/app. by Pump pole date/app. by Utility Pole date/app. by

M/H Pole date/app. by Travel Trailer date/app. by Re-roof date/app. by

BUILDING PERMIT FEE \$ .00 CERTIFICATION FEE \$ .00 SURCHARGE FEE \$ .00

MISC. FEES \$ 200.00 ZONING CERT. FEE \$ 50.00 FIRE FEE \$ WASTE FEE \$

FLOOD ZONE DEVELOPMENT FEE \$ 50.00 CULVERT FEE \$ TOTAL FEE 300.00

INSPECTORS OFFICE CLERKS OFFICE

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.

"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."

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.



# PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

**For Office Use Only** (Revised 6-23-05) Zoning Official \_\_\_\_\_ Building Official NO 8-15-05

AP# 058-61 Date Received 8/15/05 By JW Permit # 23495

Flood Zone AE Development Permit YES Zoning ESA Land Use Plan Map Category \_\_\_\_\_

Comments Finish floor to be 37.0' - finish 7/00 elevation certificate  
NEEDS BEFORE TOWN

FEMA Map# 055 Elevation 36.0' Finished Floor 37.0' River SANITAE In Floodway NO

☒ Site Plan with Setbacks Shown ☒ EH Signed Site Plan ☒ EH Release ☒ Well letter ☒ Existing well

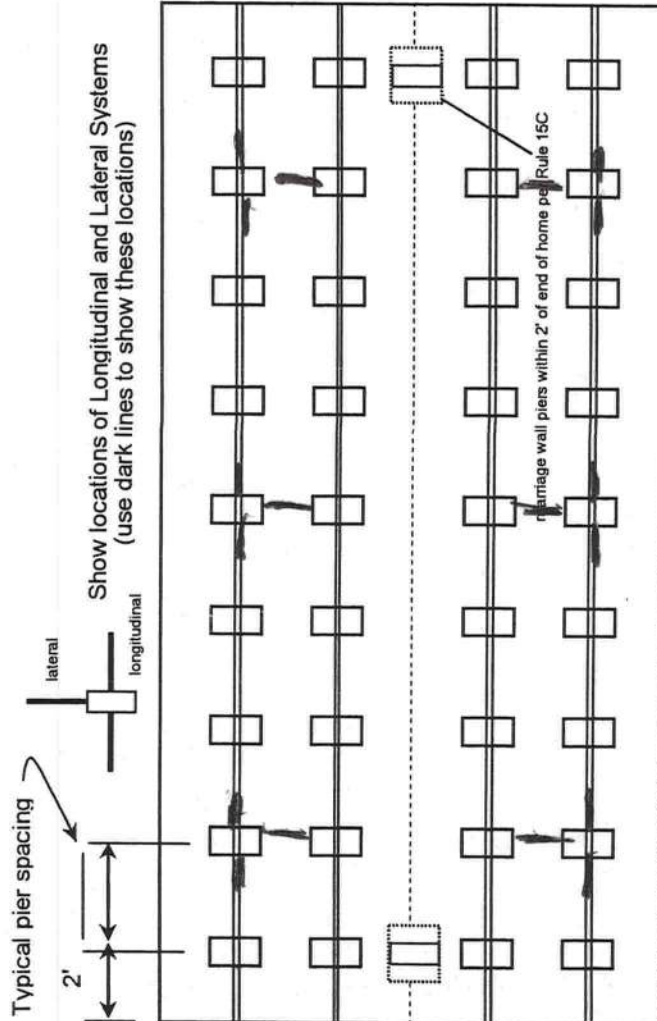
☒ Copy of Recorded Deed or Affidavit from land owner - OWNERSHIP ☒ Letter of Authorization from installer

- Property ID # 18-75-16-04236-043 <sup>LOT 7, UNIT 5</sup> CEDAR SPRINGS SHORES Must have a copy of the property deed
- New Mobile Home FLEETWOOD Used Mobile Home \_\_\_\_\_ Year 2000
- Applicant DONALD & NANCY SMITH Phone # 386-497-1717
- Address 1186 SW BLUFF DR. FORT WHITE FL 32038
- Name of Property Owner DONALD & NANCY SMITH Phone# 386-497-1717
- 911 Address 1186 SW BLUFF DR. FORT WHITE FL 32038
- Circle the correct power company - FL Power & Light - Clay Electric  
(Circle One) - Suwannee Valley Electric - Progress Energy
- Name of Owner of Mobile Home DONALD & NANCY SMITH Phone # 386-497-1717  
Address 1186 SW BLUFF DR. FT WHITE FL 32038
- Relationship to Property Owner SAME
- Current Number of Dwellings on Property ONE
- Lot Size 75 FT X 780 FT Total Acreage APPROX. 1.78 ACRES
- Do you : Have an Existing Drive or need a Culvert Permit or a Culvert Waiver (Circle one)
- Is this Mobile Home Replacing an Existing Mobile Home NO
- Driving Directions to the Property 47 SOUTH TO FORT WHITE. 3.5 MILES  
FURTHER SOUTH ON 47. TURN RT ON HOLLINGSWORTH ST.  
TURN RIGHT ON BLUFF DR. 1186 IS ON LEFT SIDE NEAR  
90° TURN AT FAR END. (ABOUT A MILE)
- Name of Licensed Dealer/Installer RONNIE NORRIS Phone # 752 3871
- Installers Address 1004 SW PHARES Td
- License Number I H0000049 Installation Decal # 253625



Home installed to the Manufacturer's Installation Manual	<input type="checkbox"/>
Home is installed in accordance with Rule 15-C	<input type="checkbox"/>
Single wide	<input type="checkbox"/> Wind Zone II <input checked="" type="checkbox"/> Wind Zone III
Double wide	<input checked="" type="checkbox"/> Installation Decal # 253625
Triple/Quad	<input type="checkbox"/> Serial # 6978

Installer's initials KW



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

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.

4 ft 5 ft

## FRAME TIES

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

## OTHER TIES

	Number
Sidewall	22
Longitudinal	64
Marriage wall	1
Shearwall	

## TIEDOWN COMPONENTS

**Longitudinal Stabilizing Device (LSD)**  
Manufacturer  
**Longitudinal Stabilizing Device w/ Lateral Arms**  
Manufacturer

OTHER TIES

	Number
Sidewall	22
Longitudinal	64
Marriage wall	1
Shearwall	



PERMIT NUMBER

POCKET PENETROMETER TEST

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

x 1500 x 1600 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 1600 x 1500 x 1500

TORQUE PROBE TEST

The results of the torque probe test is \_\_\_\_\_ inch pounds or check here if you are declaring 5' anchors without testing. A test showing 275 inch pounds or less will require 4 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 \_\_\_\_\_

Date Tested \_\_\_\_\_

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. \_\_\_\_\_

Plumbing

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

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

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 \_\_\_\_\_

Type gasket Pg. \_\_\_\_\_

Installed: \_\_\_\_\_  
Between Floors Yes  
Between Walls Yes  
Bottom of ridgebeam Yes

Weatherproofing

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

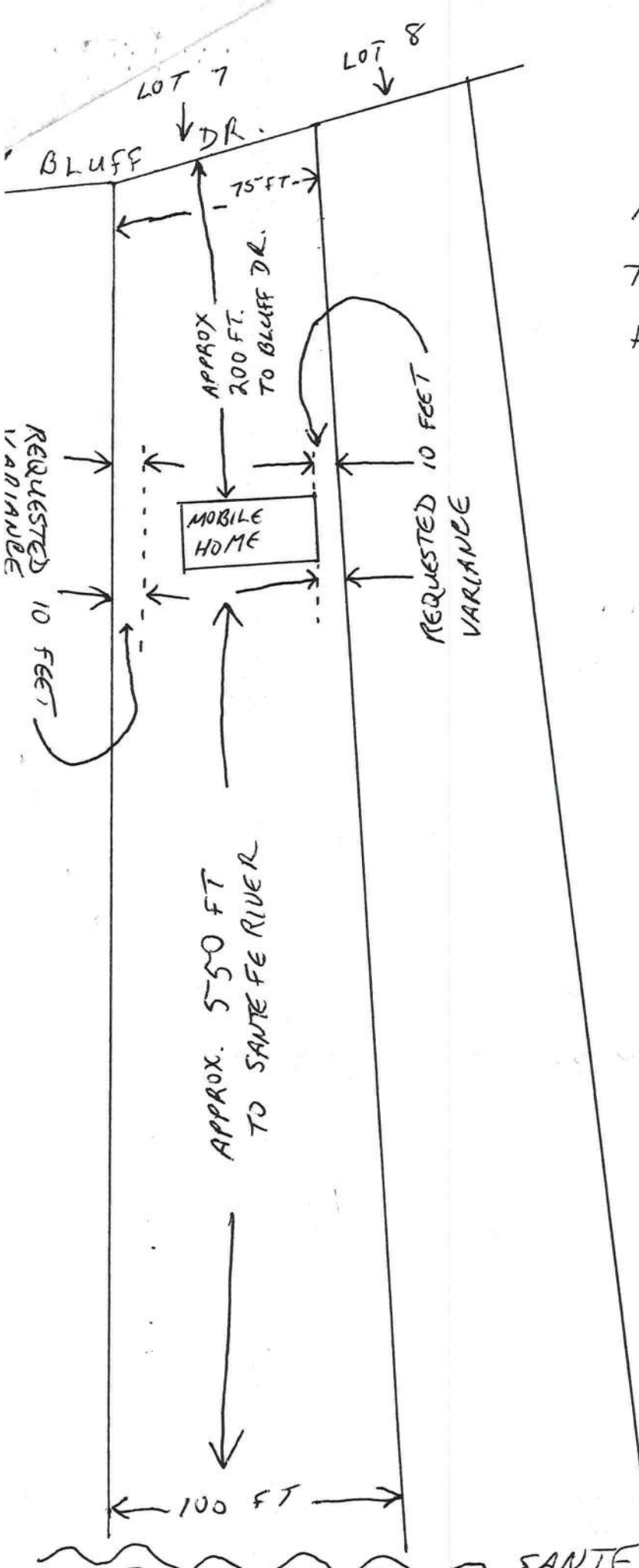
Miscellaneous

Skirting to be installed. Yes No  
Dryer vent installed outside of skirting. Yes N/A  
Range downflow vent installed outside of skirting. Yes  
Drain lines supported at 4 foot intervals. Yes  
Electrical crossovers protected. Yes  
Other: \_\_\_\_\_

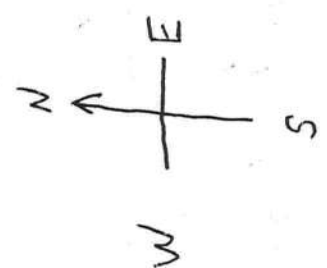
Installer verifies all information given with this permit worksheet is accurate and true based on the manufacturer's installation instructions and or Rule 15C-1 & 2

Installer Signature \_\_\_\_\_

Date 8-11-04



REQUEST IS TO MOVE  
MOBILE HOME APPROX. 13 FT NOR  
TO PROVIDE A 10 FT. SETBACK  
FROM LOT 8.



DRAWING NOT TO SCALE

SANTE FE RIVER



requested in conformity with the powers vested in the Board to permit the

TION IN SETBACK REQUIREMENT

(Insert use or construction proposed)

Property described below, and in conformity with the plans on permit number \_\_\_\_\_,

tion and Use

Legal Description LOT 7 CEDAR SPRINGS SHORES  
UNIT 5 SUBDIVISION

Tax Parcel Number 18-7S-16-04236-043

Location or Address of Property 1186 SW BLUFF DR. FORT WHITE 32038

Size of Property 1.79 ACRES

Present Use RESIDENTIAL

(commercial , industrial, residential, agricultural, etc.)

Land Use Plan Map Category ESA

Zoning District ESA-2

Actions by Applicant on Property N/A

Permit applied for and denied? YES NO Permit Application No. BPA- \_\_\_\_\_

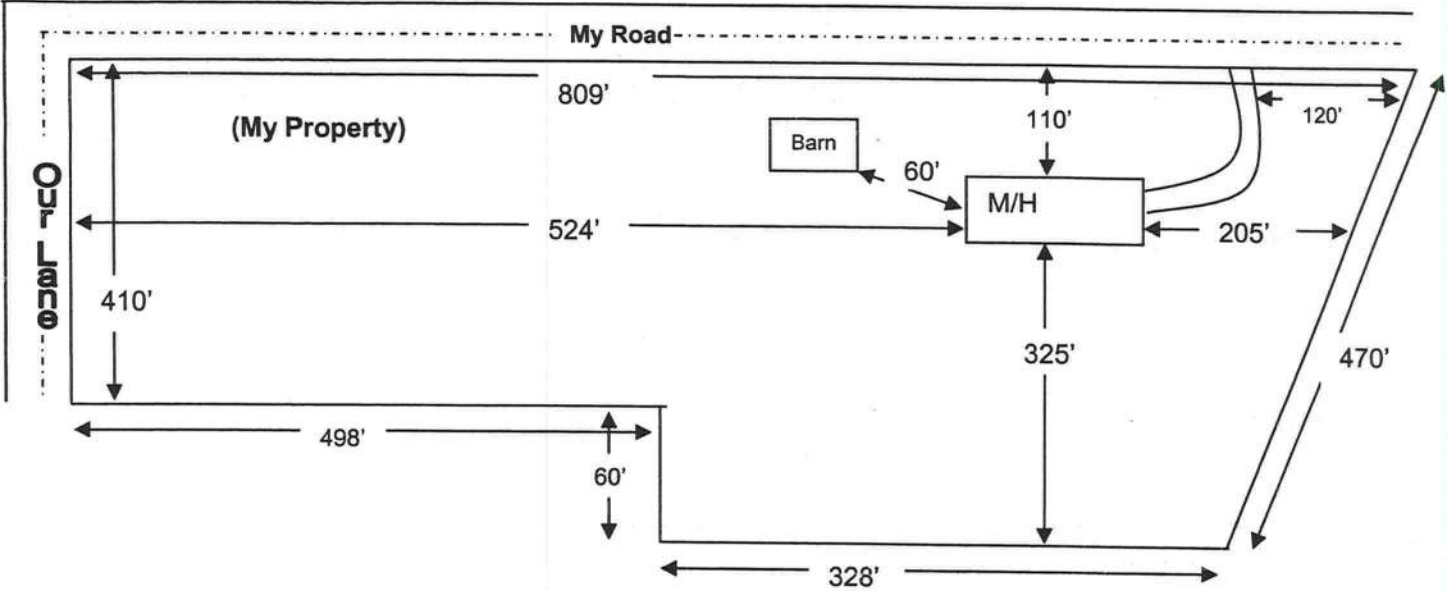
A previous appeal \_\_\_\_\_ was \_\_\_\_\_ made with respect to these premises,  
\_\_\_\_\_ was not \_\_\_\_\_ Appeal Application No. \_\_\_\_\_

Reasons for Request for a Variance

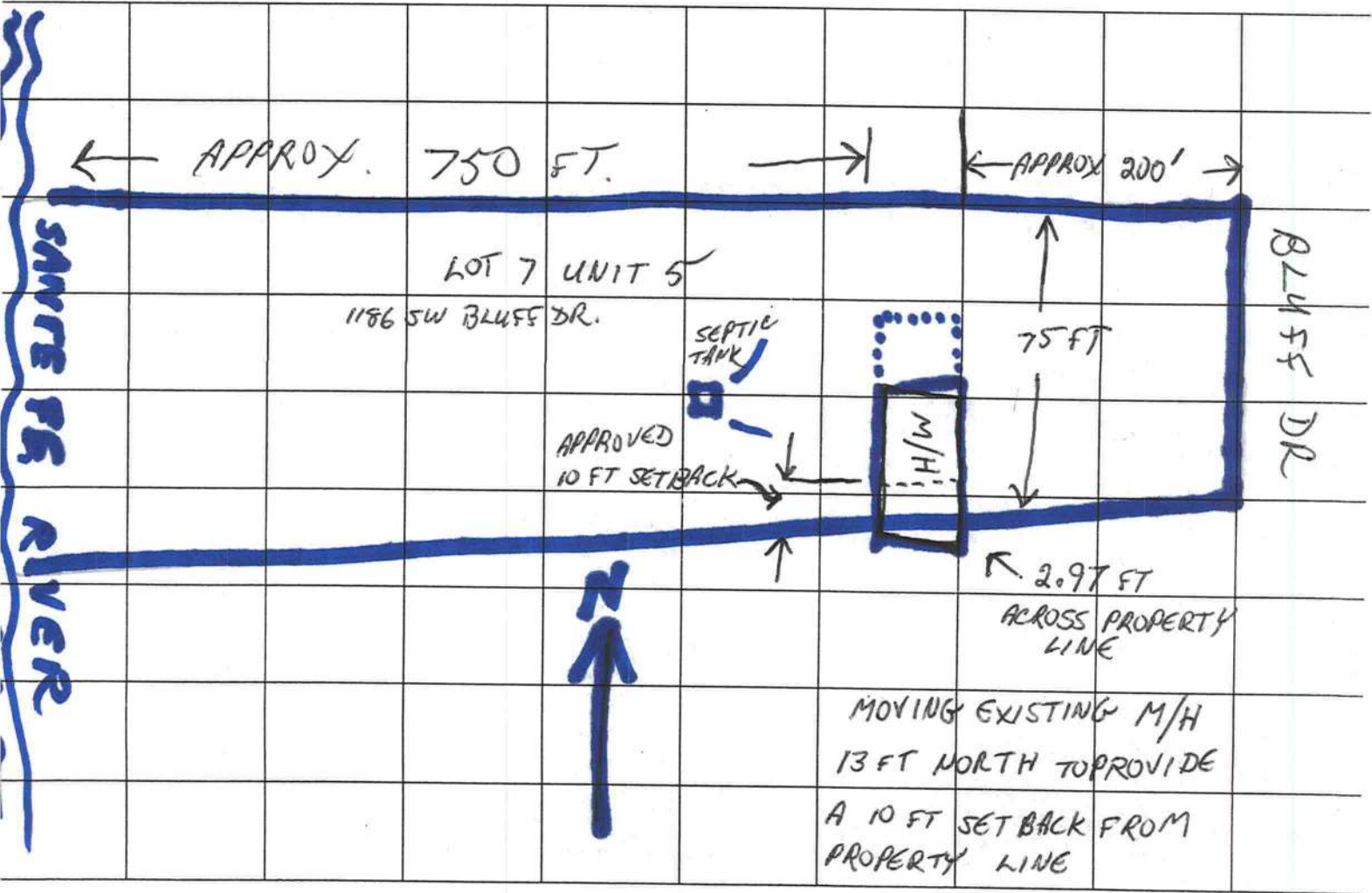
Please note that the following questions must be answered completely. If additional space is needed, attach extra pages to application.

Before answering read the attached Notice to Applicants.

SITE PLAN EXAMPLE / WORKSHEET



Use this example to draw your own site plan. Show all existing buildings and any other homes on this property and show the distances between them, Also show where the roads or roads are around the property. This site plan can also be used for the 911 Addressing department if you include the distance from the driveway to the nearest property line.



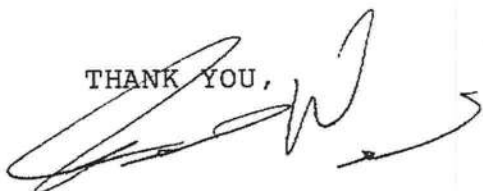
1	LOT 7 CEDAR SPRING SHORES	UNIT 5. ORB 629-428,	2
3	750-299, 828-1078, 906-891,		4
5			6
7			8
9			10
11			12
13			14
15			16
17			18
19			20



8/15/05

I, RONNIE NORRIS GIVE PERMISSION FOR DONALD & NANCY SMITH  
TO PULL THEIR OWN MOVE-ON PERMIT UNDER MY LICENSE.  
PERTAINING TO THIS PERMIT ONLY.

THANK YOU,

A handwritten signature in black ink, appearing to be 'Ronnie Norris', written over the printed name.

RONNIE NORRIS

FEDERAL EMERGENCY MANAGEMENT AGENCY  
NATIONAL FLOOD INSURANCE PROGRAM

ELEVATION CERTIFICATE

Important: Read the instructions on pages 1 - 7.

O.M.B. No. 3067-0077  
Expires December 31, 2005

SECTION A - PROPERTY OWNER INFORMATION

For Insurance Company Use:

Policy Number

Company NAIC Number

BUILDING OWNER'S NAME

Donald Smith

BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO.

1186 S.W. Bluff Dr.

CITY

Fort White

STATE

FL

ZIP CODE

32038

PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)

Lot 7, Unit No. 5, Cedar Spring Shores

BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use a Comments area, if necessary.)

Residential

1. LATITUDE/LONGITUDE (OPTIONAL)

(##° - ##' - ###" or #####)

HORIZONTAL DATUM:

☐ NAD 1927 ☐ NAD 1983

SOURCE: ☐ GPS (Type):

☐ USGS Quad Map

☐ Other: \_\_\_\_\_

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER

Columbia County 120070

B2. COUNTY NAME

Columbia

B3. STATE

FL

B4. MAP AND PANEL

NUMBER

120070 0255

B5. SUFFIX

B

B6. FIRM INDEX DATE

01/06/8

B7. FIRM PANEL

EFFECTIVE/REVISED DATE

01/06/8

B8. FLOOD ZONE(S)

AE

B9. BASE FLOOD ELEVATION(S)

(Zone AE, use depth of flooding)

35.5

B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9.

☐ FIS Profile

☒ FIRM

☐ Community Determined

☐ Other (Describe): \_\_\_\_\_

B11. Indicate the elevation datum used for the BFE in 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 \_\_\_\_\_

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. Building Diagram Number 5 (Select the building diagram most similar to the building for which this certificate is being completed - see pages 6 and 7. If no diagram accurately represents the building, provide a sketch or photograph.)

C3. 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 C3.a-i below according to the building diagram specified in Item C2. State the datum used. If the datum is different from the datum used for the BFE in Section B, convert the datum to that used for the BFE. Show field measurements and datum conversion calculation. Use the space provided or the Comments area of Section D or Section G, as appropriate, to document the datum conversion.

Datum NGVD 1929 Conversion/Comments \_\_\_\_\_

Elevation reference mark used BM10 Does the elevation reference mark used appear on the FIRM? ☐ Yes ☒ No

a) Top of bottom floor (including basement or enclosure)

38.0 ft.(m)

b) Top of next higher floor

N/A ft.(m)

c) Bottom of lowest horizontal structural member (V zones only)

N/A ft.(m)

d) Attached garage (top of slab)

N/A ft.(m)

e) Lowest elevation of machinery and/or equipment

serving the building (Describe in a Comments area)

34.6 ft.(m)

f) Lowest adjacent (finished) grade (LAG)

33.6 ft.(m)

g) Highest adjacent (finished) grade (HAG)

34.6 ft.(m)

h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade NA

i) Total area of all permanent openings (flood vents) in C3.h NA sq. ft. (sq. cm)

License Number, Embossed Seal  
Signature, and Date

*Brian Scott Daniel*  
PSM # 6449  
8-25-05

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 in Sections A, B, and C 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.

CERTIFIER'S NAME Brian Scott Daniel

LICENSE NUMBER PSM 6449

TITLE Surveyor & Mapper

COMPANY NAME Bailey Bishop & Lane, Inc.

ADDRESS

PO Box 3717

SIGNATURE

*Brian Scott Daniel*

CITY

Lake City

DATE

8-25-05

STATE

FL

TELEPHONE

386-752-5640

ZIP CODE

32056



<b>IMPORTANT: In these spaces, copy the corresponding information from Section A.</b>			For Insurance Company Use:
BUILDING STREET ADDRESS (including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. 1186 S.W. Bluff Dr.			Policy Number
CITY Fort White	STATE FL	ZIP CODE 32038	Company NAIC Number

**SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION (CONTINUED)**

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

COMMENTS

☐ Check here if attachments**SECTION E - BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO AND ZONE A (WITHOUT BFE)**

For Zone AO and Zone A (without BFE), complete Items E1 through E4. If the Elevation Certificate is intended for use as supporting information for a LOMA or LOMR-F, Section C must be completed.

E1. Building Diagram Number \_\_\_ (Select the building diagram most similar to the building for which this certificate is being completed - see pages 6 and 7. If no diagram accurately represents the building, provide a sketch or photograph.)

E2. The top of the bottom floor (including basement or enclosure) of the building is \_\_\_ ft.(m) \_\_\_ in.(cm) ☐ above or ☐ below (check one) the highest adjacent grade. (Use natural grade, if available).

E3. For Building Diagrams 6-8 with openings (see page 7), the next higher floor or elevated floor (elevation b) of the building is \_\_\_ ft.(m) \_\_\_ in.(cm) above the highest adjacent grade. Complete items C3.h and C3.i on front of form.

E4. The top of the platform of machinery and/or equipment servicing the building is \_\_\_ ft.(m) \_\_\_ in.(cm) ☐ above or ☐ below (check one) the highest adjacent grade. (Use natural grade, if available).

E5. For 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, C (Items C3.h and C3.i only), 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, C, and E are correct to the best of my knowledge.

PROPERTY OWNER'S OR OWNER'S AUTHORIZED REPRESENTATIVE'S NAME

Brian Scott Daniel

ADDRESS

PO Box 3717

SIGNATURE

CITY

Lake City

DATE

8-25-05

STATE

FL

ZIP CODE

32056

TELEPHONE

386-752-5640

COMMENTS

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

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

G1. ☐ The information in Section C was taken from other documentation that has been signed and embossed by a licensed surveyor, engineer, or architect who is authorized by state or local law to certify elevation information. (Indicate the source and date of the elevation data in the Comments area below.)G2. ☐ A community official completed Section E for a building located in Zone A (without a FEMA-issued or community-issued BFE) or Zone AO.G3. ☐ The following information (Items G4-G9) is provided for community floodplain management purposes.

G4. PERMIT NUMBER	G5. DATE PERMIT ISSUED	G6. DATE CERTIFICATE OF COMPLIANCE/OCCUPANCY ISSUED
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G7. This permit has been issued for: ☐ New Construction ☐ Substantial Improvement

G8. Elevation of as-built lowest floor (including basement) of the building is:

\_\_\_ ft.(m)

Datum: \_\_\_

G9. BFE or (in Zone AO) depth of flooding at the building site is:

\_\_\_ ft.(m)

Datum: \_\_\_

LOCAL OFFICIAL'S NAME	TITLE
COMMUNITY NAME	TELEPHONE
SIGNATURE	DATE
COMMENTS	

☐ Check here if attachments

**Columbia County Building Department**  
**Flood Development Permit**

**Development Permit**  
**F 023- F05-012**

DATE 08/15/2005 BUILDING PERMIT NUMBER 000023495  
APPLICANT NANCY SMITH PHONE 497.1717  
ADDRESS 1186 SW BLUFF DRIVE FT. WHITE FL 3038  
OWNER DONALD & NANCY SMITH PHONE 497.1717  
ADDRESS 1186 SW BLUFF DRIVE FT. WHITE FL 32038  
CONTRACTOR RONNIE NORRIS PHONE 752.3871  
ADDRESS 1004 SW CHARLES TERRACE LAKE CITY FL 32024  
SUBDIVISION CEDAR SPRING SHORES Lot 7 Block      Unit      Phase       
TYPE OF DEVELOPMENT M/H & UTILITY PARCEL ID NO. 18-7S-16-04236-043

FLOOD ZONE AE BY BLK 1-6-88 FIRM COMMUNITY #. 120070 - PANEL #.      B  
FIRM 100 YEAR ELEVATION 36.0' PLAN INCLUDED YES or NO  
REQUIRED LOWEST HABITABLE FLOOR ELEVATION 37.0'  
IN THE REGULATORY FLOODWAY YES or NO RIVER NANTO R  
SURVEYOR / ENGINEER NAME Dale Johns LICENSE NUMBER 45263

X 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 Finals finish floor Elevation Certificate (JW)

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



PERMIT EXPIRES ONE YEAR FROM THE DATE OF ISSUANCE



Dale C. Johns, P.E.  
437 SW Thurman Terrace  
Lake City, Fl 32024  
PH 386-961-8903

## ONE FOOT RISE CERTIFICATION

PROPERTY DESCRIPTION: LOT 7 Cedar Springs Shores Unit 5

OWNER: Nancy Clark

BASE FLOOD ELEVATION: 36.0

PROJECT: Min. Finished Floor 37.0

Up to 52 X 28 mobile home located on piers in accordance with  
current building code.

I hereby certify that construction of the proposed will cause less than one foot increase in flood  
elevations of the Santa Fe River floodplain.



---

Dale C. Johns, P.E.  
Date: 15-Aug-05

BASE FLOOD ELEVATION = 36.0

FLOODPLAIN AREA AT 36' BASE FLOOD 2000 ACRES

PROPOSED BUILDING TYPE = MANUFACTURED HOME

PROPOSED BUILDING ENCROACHMENT = 52 X 20= 1040 SQ. FT.

GROUND ELEVATION AT BUILDING = 34.0' AVE.

This project is in the staging area of the river and no step backwater calculations are necessary. This area would "back up" from the River without experiencing any horizontal movement of water. The calculations are based on the on the removal of floodplain volume due to construction of the foundation system.

$$\text{PERCENT FLOODPLAIN AREA REMOVED} = \frac{1040/43560}{2000} = 0.000012 \text{ sf}$$

$$\text{FLOODPLAIN LEVEL INCREASE} = \frac{1040 \times 2.0}{2000 \times 43560} = 0.000024 \text{ FT.}$$

This includes all fill and volume associated with slopes to tie to existing grade.



FEDERAL EMERGENCY MANAGEMENT AGENCY  
NATIONAL FLOOD INSURANCE PROGRAMO.M.B. No. 3067-0077  
Expires July 31, 2002

## ELEVATION CERTIFICATE

Important: Read the instructions on pages 1 - 7.

## SECTION A - PROPERTY OWNER INFORMATION

BUILDING OWNER'S NAME <i>Nancy &amp; Donald Smith</i>		For Insurance Company Use:	
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. <i>Rt 2 Box 9018</i>		Policy Number	
CITY <i> Ft. White</i>	STATE <i>Florida</i>	Company NAIC Number	
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) <i>Lot 7, Cedar Springs Shores, Unit 5</i>		ZIP CODE <i>32038</i>	
BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use Comments section if necessary.) <i>Residential</i>			
LATITUDE/LONGITUDE (OPTIONAL) (##° - ##' - ###.##" or ##.####")		HORIZONTAL DATUM: SOURCE: <input type="checkbox"/> GPS (Type): <input type="checkbox"/> NAD 1927 <input type="checkbox"/> NAD 1983 <input type="checkbox"/> USGS Quad Map <input type="checkbox"/> Other:	

## SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER <i>120070</i>		B2. COUNTY NAME <i>Columbia</i>		B3. STATE <i>Florida</i>	
B4. MAP AND PANEL NUMBER <i>0255</i>	B5. SUFFIX <i>B</i>	B6. FIRM INDEX DATE <i>6 Jan. 1988</i>	B7. FIRM PANEL EFFECTIVE/REVISED DATE	B8. FLOOD ZONE(S) <i>AE</i>	B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding) <i>36 feet</i>
10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9. <input type="checkbox"/> FIS Profile <input checked="" type="checkbox"/> FIRM <input type="checkbox"/> Community Determined <input type="checkbox"/> Other (Describe):					
11. Indicate the elevation datum used for the BFE in B9: <input checked="" type="checkbox"/> NGVD 1929 <input type="checkbox"/> NAVD 1988 <input type="checkbox"/> Other (Describe):					
12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? <input type="checkbox"/> Yes <input type="checkbox"/> No Designation Date:					

## SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)

1. 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.

2. Building Diagram Number 5 (Select the building diagram most similar to the building for which this certificate is being completed - see pages 6 and 7. If no diagram accurately represents the building, provide a sketch or photograph.)

3. 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 C3a-i below according to the building diagram specified in Item C2. State the datum used. If the datum is different from the datum used for the BFE in Section B, convert the datum to that used for the BFE. Show field measurements and datum conversion calculation. Use the space provided or the Comments area of Section D or Section G, as appropriate, to document the datum conversion.  
Datum \_\_\_\_\_ Conversion/Comments \_\_\_\_\_

Elevation reference mark used \_\_\_\_\_ Does the elevation reference mark used appear on the FIRM? ☐ Yes ☐ No

<input checked="" type="checkbox"/> a) Top of bottom floor (including basement or enclosure)	<u>38</u> . <u>35</u> ft.(m)
<input type="checkbox"/> b) Top of next higher floor	_____ ft.(m)
<input type="checkbox"/> c) Bottom of lowest horizontal structural member (V zones only)	_____ ft.(m)
<input type="checkbox"/> d) Attached garage (top of slab)	_____ ft.(m)
<input checked="" type="checkbox"/> e) Lowest elevation of machinery and/or equipment servicing the building	<u>39</u> . <u>74</u> ft.(m)
<input type="checkbox"/> f) Lowest adjacent grade (LAG)	_____ ft.(m)
<input checked="" type="checkbox"/> g) Highest adjacent grade (HAG)	<u>34</u> . <u>21</u> ft.(m)
<input type="checkbox"/> h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade	_____
<input type="checkbox"/> i) Total area of all permanent openings (flood vents) in C3h	_____ sq. in. (sq. cm)

License Number, Embossed Seal, Signature, and Date

## 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 in Sections A, B, and C 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.

CERTIFIER'S NAME L. Scott Britt LICENSE NUMBER P. S. M. 5757

TITLE Surveyor and Mapper COMPANY NAME Britt Surveying

ADDRESS 1426 W. Duval St. CITY Lake City STATE FL ZIP CODE 32025

SIGNATURE [Signature] DATE 6/29/2000 TELEPHONE (904) 752-7163

EMA Form 81-31, AUG 99 SEE REVERSE SIDE FOR CONTINUATION REPLACES ALL PREVIOUS EDITIONS