

DATE 02/14/2008

Columbia County Building Permit
This Permit Must Be Prominently Posted on Premises During Construction**PERMIT**
000026756

APPLICANT LINDA MCCALL PHONE 497-1200
ADDRESS 204 SW ROSE LANE FORT WHITE FL 32038
OWNER LINDA MCCALL PHONE 497-1200
ADDRESS 204 SW ROSE LANE FORT WHITE FL 32038
CONTRACTOR ERNEST JOHNSON PHONE 352-494-8099
LOCATION OF PROPERTY 47 S, R WILSON SPRINGS, L AT POPES(WILSON SPRINGS)STAY RIGHT
ON MEMORIAL, R ROSE LN, 5TH ON THE LEFT
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 Requirments: STREET-FRONT 30.00 REAR 25.00 SIDE 25.00
NO. EX.D.U. 1 FLOOD ZONE AE DEVELOPMENT PERMIT NO. 08-004

PARCEL ID 01-7S-15-04149-405 SUBDIVISION WILSON SPRINGS
LOT 5-6 BLOCK 4 PHASE UNIT TOTAL ACRES 0.64

IH0000359
Culvert Permit No. Culvert Waiver Contractor's License Number X Linda J McCall Applicant/Owner/Contractor
EXISTING 08-0116 E CS JH N
Driveway Connection Septic Tank Number LU & Zoning checked by Approved for Issuance New Resident

COMMENTS: EXISTING MH TO BE REMOVED, REPLACEMET, MINIMUM FLOOR ELEVATION SET @
36 FEET, 1FT RISE LETTER RECIEVED PER SRWMD LETTER-NO PERMIT REQUIRED

FROM THEM (FLOODWAY),ELEVATION CERTIFICATE REQUIRED BEFORE POWER Check # or Cash 2530

FOR BUILDING & ZONING DEPARTMENT ONLY

(footer/Slab)

Temporary Power Foundation Monolithic
date/app. by date/app. by date/app. by
Under slab rough-in plumbing Slab Sheathing/Nailing
date/app. by date/app. by date/app. by
Framing Rough-in plumbing above slab and below wood floor
date/app. by date/app. by
Electrical rough-in Heat & Air Duct Peri. beam (Lintel)
date/app. by date/app. by date/app. by
Permanent power C.O. Final Culvert
date/app. by date/app. by date/app. by
M/H tie downs, blocking, electricity and plumbing Pool
date/app. by date/app. by
Reconnection Pump pole Utility Pole
date/app. by date/app. by date/app. by
M/H Pole Travel Trailer Re-roof
date/app. by date/app. by date/app. by

BUILDING PERMIT FEE \$ 0.00 CERTIFICATION FEE \$ 0.00 SURCHARGE FEE \$ 0.00
MISC. FEES \$ 300.00 ZONING CERT. FEE \$ 50.00 FIRE FEE \$ 0.00 WASTE FEE \$
FLOOD DEVELOPMENT FEE \$ 50.00 FLOOD ZONE FEE \$ 25.00 CULVERT FEE \$ **TOTAL FEE** 425.00
INSPECTORS OFFICE L.H. CLERKS OFFICE ms

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."

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 RECIEVES AN APPROVED INSPECTION EVERY 180 DAYS. WORK SHALL BE CONSIDERED TO BE IN ACTIVE PROGRESS WHEN THE PERMIT HAS RECIEVED AN APPROVED INSPECTION WITHIN 180 DAYS.

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

PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

CITY OF SUWANNEE 116-47

For Office Use Only

AP# 0801-128

Zoning Official OK 1/28/08

Building Official OK 5TH 1-28-08

Date Received 1-24-08

By GT

Permit # 26756

Flood Zone AE

Development Permit yes

Zoning ESA2

Land Use Plan Map Category

Comment: 1" rise letter head & finished floor elev.

Existing MTH to be removed.

cert.

out of B. decked
Pre Insp. Approved

FEMA Map # 1200100255B

Elevation 35

Finished Floor 36'

River Santa Fe

In Floodway yes

☒ Site Plan with Setbacks shown

☒ Environmental Health Signed Site Plan

☐ Env. Health Release

☐ Well letter provided

☐ Existing Well

DP# 08-004

Revised 9-23-04

- Property ID 01-7515-04149-405 Must have a copy of the property deed
- New Mobile Home _____ Used Mobile Home ✓ Year 2004
- Subdivision Information Wilson Springs, Lot 5+6 BIK 4
- Applicant Linda McCall Phone # 386-497-1200
- Address 204 S.W. Rose Lane

- Name of Property Owner Linda McCall Phone# 386-497-1200
- 911 Address 204 SW ROSE LANE

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

- Name of Owner of Mobile Home Linda McCall
- Address 204 SW ROSE LANE

- Relationship to Property Owner self

- Current Number of Dwellings on Property 1

- Lot Size 2 Lots 244.93 Ft on Hwy Rd. 249.11 on Dist Rd. 160.22 on Lot 6 120.27 on Lot 5 Total Acreage .64 acres

- Do you : Have an Existing Drive or need a Culvert Permit or a Culvert Waiver Permit

- Driving Directions Hwy 47 to Wilson Spgs Rd. Turn Right
go to stop sign turn left on Wilson Spgs Rd. Follow
to Popes store turn Left follow Around to memorial Dr. stay right
to Rose Lane turn Right. 5th place on Left.

- Is this Mobile Home Replacing an Existing Mobile Home yes (pd)

- Name of Licensed Dealer/Installer Ernest S Johnson Phone # 352-494-8099

- Installers Address 22204 SE US Hwy 301

- License Number IT 0000359 Installation Decal # 245632

left message
2/5/08

spoke to Linda
1/29/08

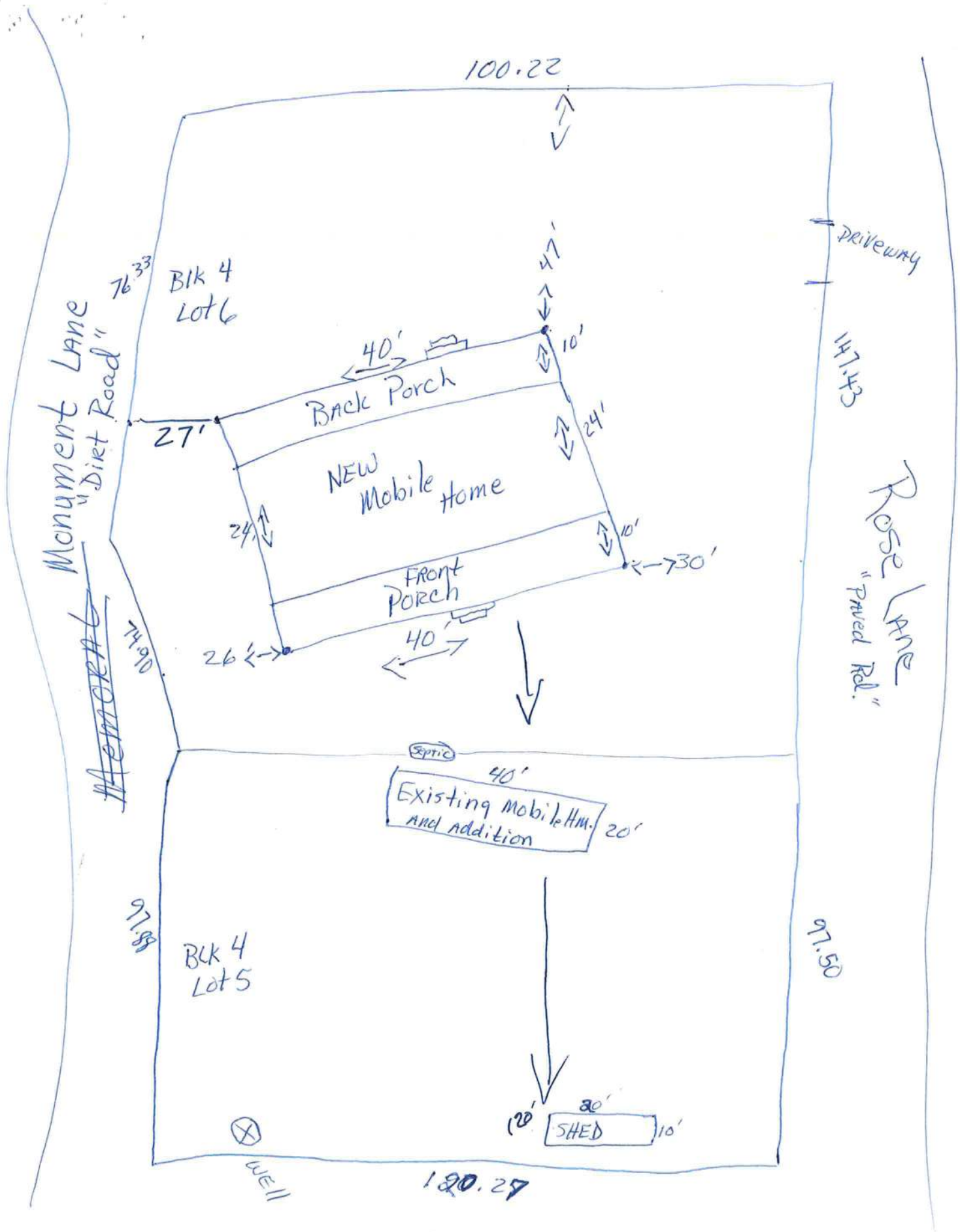
per SWM letter

@ CAM112M01 S CamaUSA Appraisal System
 1/24/2008 16:29 Legal Description Maintenance
 Year T Property Sel
 2008 R 01-7S-15-04149-405 ...
 204 ROSE LN SW FT WHITE
 MCCALL LINDA W

Columbia County
 12600 Land 001
 AG 000
 Bldg 000 *
 Xfea 000
 12600 TOTAL B*

1	LOTS 5 BLOCK 4 WILSON	SPRINGS COMMUNITY PHASE 1-B:	2
3	COMM AT NE COR OF SE1/4, RUN S	2186.25 FT TO A POINT ON	4
5	SE'RLY R/W LINE OF SW MEMORIAL	DR. RUN S 48 DEG W 180.98 FT.	6
7	N 64 DEG W 48.88 FT. N 80 DEG	W ALONG R/W 449.87 FT. FOR	8
9	POB. RUN S 9 DEG W 120.27 FT.	TO N R/W LINE OF SW MONUMENT	10
11	LN. RUN N 73 DEG W ALONG R/W	97.28 FT, THENCE N 09 DEG E	12
13	109.83 FT TO S LINE OF SW	MEMORIAL DR, S 80 DEG E 97.06	14
15	FT TO POB.	SWD 1056-2649.	16
17	LOT 6 BLOCK 4 WILSON SPRINGS	COMMUNITY PHASE 1-B: COMM AT	18
19	NE COR OF SE1/4, RUN S 2186.25	FT TO A PT ON SE'RLY R/W LINE	20
21	OF SW MEMORIAL DR, RUN S 48 DG	W 180.98 FT, RUN N 64 DG W	22
23	48.88 FT, RUN N 80 DG W ALONG	R/W, 546.93 FT FOR POB, RUN	24
25	S 09 DG W 109.83 FT TO N R/W	LINE OF SW MONUMENT LN, RUN	26
27	N 87 DG W 74.90 FT, N 64 DG W	76.33 FT, N 09 DG E 100.22 FT	28
		Mnt 11/05/2007 WANDA	

F1=Task F3=Exit F4=Prompt F10=GoTo PgUp/PgDn F24=More



GERALD V. AND LINDA W. McCall
204 Rose Lane

I, ERNEST SCOTT JOHNSON ALLOW

Linda McCall TO PULL
ALL NECESSARY PERMITS PERTAINING TO A
MANUFACTURED HOME.

Ernest S. Johnson
ERNEST SCOTT JOHNSON

SWORN TO ME ON THIS 21 DAY OF January
2008

Dana Alshina Cusick
NOTARY PUBLIC

COMMISSION EXPIRES Aug 19 2008





SUWANNEE RIVER WATER MANAGEMENT DISTRICT

August 24, 2007

Ms. Linda McCall
204 SW Rose Lane
Fort White, FL 32038

Subject: Exemption from Works of the District (WOD) Permitting,
ERP07-0413, Union County

Dear Ms. McCall:

Per your plan of development and topographic survey of Lot 6, Block 4, Wilson Springs Community Phase 1-B, the following criteria have been satisfied for construction of the proposed residence to be exempt from Works of the District (WOD) development permitting.

1. The proposed site must be naturally located at least one foot above the 100-year flood elevation of the Suwannee River.
2. The proposed site must be at least 75-feet from the top of the bank of the Santa Fe River.

Check number 098 is enclosed and has been voided.

Please be advised that this exemption does not exempt you from obtaining permits from any other regulatory and proprietary agency. If you have any questions, please call me at 386/362-1001, or toll free at 800/226-1066.

Sincerely;

A handwritten signature in blue ink that reads "Louis Mantini".

Louis Mantini
Environmental Specialist

LM/rl

DAVID POPE
Chairman
Alachua, Florida

SYLVIA J. TATUM
Vice Chairman
Lawtey, Florida

C. LINDEN DAVIDSON
Secretary/Treasurer
Lamont, Florida

KELBY ANDREWS
Chiefland, Florida

DON R. EVERETT, JR.
Perry, Florida

GEORGIA JONES
Lake City, Florida

OLIVER J. LAKE
Lake City, Florida

JOHN P. MAULTSBY
Madison, Florida

LOUIS SHIVER
Mayo, Florida

ERRY A. SCARBOROUGH
Executive Director
Live Oak, Florida

DEPARTMENT OF THE ARMY NO PERMIT REQUIRED VERIFICATION

Date January 09, 2008

Dear Applicant: Linda McCall

Your application for a Department of the Army (DA) permit has been assigned number SAJ SAJ-2007-05023-SEG. The proposed work is identified in our database as Construction of a single family residence (No Wetlands Present).

A review of the information and drawings provided shows that no DA permit is required (NPR) for the proposed activity. This verification only addresses the proposed activity and does not provide any indication of the jurisdictional status of any waters of the United States which may exist on the project site. This NPR decision is valid for 5 years from the date noted above. Additional information regarding this determination is noted at <http://www.saj.usace.army.mil/regulatory/permitting/npr.htm>. The internet address shown is case sensitive and must be entered exactly as shown.

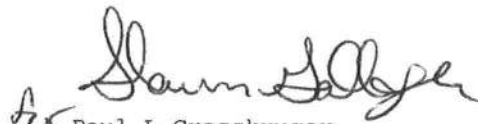
If you are unable to access the internet site provided, you must notify the assigned project manager, Shaun Gallagher, by telephone at 352-264-7672 to obtain a copy of any conditions, limitations, or expiration date information associated with this determination.

A separate DA permit is not required providing the work is done in accordance with the drawings and information as provided in your request, received by the U.S. Army Corps of Engineers on August 27, 2007, and the terms and conditions listed at the website address identified above. If you do not complete construction of your project within the appropriate time limit, a separate application or re-verification will be required.

Thank you for your cooperation with our permit program. The Corps Jacksonville District Regulatory Division is committed to improving service to our customers. We strive to perform our duty in a friendly and timely manner while working to preserve our environment. We invite you to take a few minutes to visit the following link and complete our automated Customer Service Survey:

<http://per2.nwp.usace.army.mil/survey.html>. Your input is appreciated - favorable or otherwise.

Sincerely,



Paul L Grosskruger
Colonel, U.S. Army
District Commander

NOTE: In Florida, projects qualifying for this NPR may still require authorized under Part IV of Chapter 373 by the Department of Environmental Protection, a water management district, under s. 373.069, F.S. or a local government with delegated authority under s. 373.441, F.S., and receive Water Quality Certification (WQC) and Coastal Zone Consistency Concurrence (CZCC) or waiver thereto, as well as any authorizations required for the use of sovereignty submerged lands that must be obtained as part of the associated WQC or CZCC.

Edition Date: 9 December 2005

**Post Office Box 180
Worthington Springs, FL 32697
Phone (386)496-2488 FAX (386)496-4640**

INVOICE DATE

2/15/2006

INVOICE NUMBER

02-2006056

DUE AND PAYABLE UPON RECEIPT

CUSTOMER NAME AND ADDRESS

Mike Wigglesworth
204 Southwest Rose Lane
Fort White, Florida 32038

DESCRIPTION OF WORK

Pump Service Call

QTY	DESCRIPTION	PRICE	SUB-TOTAL
1	1HP Single Stage Jet Pump		650.00T
1	Jet Assembly		65.00T
1	2" Casing Adapter		65.00T
	Replacement Pipe	No Charge	0.00T
	Labor/Service Call		250.00T
SALES TAX @ (7.0%)			\$72.10

THANK YOU FOR YOUR BUSINESS! Payment is due when work is completed. All materials remain the property of Clyatt Well Drilling, Inc., until paid for in full. Clyatt Well Drilling, Inc., does not agree to find or develop water, nor does it represent, warrant or guarantee the quality or kind of water which may be encountered. If it is necessary to install water filters, the owner agrees it is his/her responsibility to pay the cost. Please note that a surcharge equivalent to 18% per annum, will be assessed on any outstanding balance after 30 Days. Right to repossess is granted.

PLEASE PAY THIS AMOUNT

\$1,102.10

INVOICE
3540

FORD'S SEPTIC TANK SERVICE

NEW INSTALLATIONS • DRAIN FIELDS • TANKS PUMPED

116 NW LAWTEY WAY
LAKE CITY, FL 32055

PHONE: 755-6288
RONALD FORD, OWNER

Customer's		
No.		Date <u>7-14</u> 20 <u>05</u>
Name	<u>LINDA McALL</u>	
Address	<u>207 ROSE ST FORT WHITE FL 32038</u>	

DATE	DESCRIPTION OF WORK	AMOUNT
	Pump out Septic Tank <u>AND ABAND</u>	275.00
	Pull Permit <u>330.00 + 75.00</u>	405.00
	Installed <u>900</u> Square feet of Drainfield	1395.00
	Installed <u> </u> Gallon Tank	1000.00
	ELEVATION SUR	300.00
	FILL DIRT	
		2925.00

A carrying charge of 1 1/2% per month will be charged on the Unpaid Balance which is an ANNUAL PERCENTAGE RATE of 18%.

TAX	
TOTAL	2925.00

X _____
I hereby acknowledge the satisfactory completion of the above described work.

PERMIT NUMBER

Installer

Ernest S Johnson

License #

TH-0000359

Address of home being installed

22204 SE US Hwy 301
Hawthorne, TX 32640

Manufacturer

Length x width

24' x 40'

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

ES

PERMIT WORKSHEET

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 Detail #

245734

Triple/Quad

☐

Serial #

2

PIER SPACING TABLE FOR USED HOMES

Load bearing capacity (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'
1500 psf	4' 6"	6'	7'	8'	9'	10'
2000 psf	6'	8'	9'	10'	11'	12'
2500 psf	7' 6"	9'	10'	11'	12'	13'
3000 psf	8'	10'	11'	12'	13'	14'
3500 psf	8'	10'	11'	12'	13'	14'

Interpolated from Rule 15C-1 pier spacing table.

PIER PAD SIZES

1-beam pier pad size

17.5' x 25.5'

Perimeter pier pad size

17.5' x 25.5'

Other pier pad sizes (required by the mfg.)

Draw the approximate locations of masonry wall openings 4 foot or greater. Use this symbol to show the piers.

List all masonry wall openings greater than 4 foot and their pier pad sizes below.

Opening

Pier pad size

17.5' x 25.5'

17' x 25.5'

17.5' x 25.5'

17.5' x 25.5'

TIEDOWN COMPONENTS

Longitudinal Stabilizing Device (LSD)

Manufacturer

Longitudinal Stabilizing Device w/ Lateral Arms

Manufacturer

ANCHORS

Number

20

4 ft

5 ft

ANCHORS

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

4 ft

ANCHORS

Number

20

4 ft

5 ft

ANCHORS

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

4 ft

ANCHORS

Number

20

4 ft

5 ft

ANCHORS

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

4 ft

ANCHORS

Number

20

4 ft

5 ft

ANCHORS

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

4 ft

ANCHORS

Number

20

4 ft

5 ft

ANCHORS

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

4 ft

ANCHORS

Number

20

4 ft

5 ft

ANCHORS

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

4 ft

ANCHORS

Number

20

4 ft

5 ft

ANCHORS

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

4 ft

ANCHORS

Number

20

4 ft

5 ft

ANCHORS

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

4 ft

ANCHORS

Number

20

4 ft

5 ft

ANCHORS

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

4 ft

ANCHORS

Number

20

4 ft

5 ft

ANCHORS

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

4 ft

ANCHORS

Number

20

4 ft

5 ft

ANCHORS

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

4 ft

ANCHORS

Number

20

4 ft

5 ft

ANCHORS

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

4 ft

ANCHORS

Number

20

4 ft

5 ft

ANCHORS

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

4 ft

ANCHORS

Number

20

4 ft

5 ft

ANCHORS

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

4 ft

ANCHORS

Number

20

4 ft

5 ft

ANCHORS

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

4 ft

ANCHORS

Number

20

4 ft

5 ft

ANCHORS

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

4 ft

ANCHORS

Number

20

4 ft

5 ft

ANCHORS

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

4 ft

ANCHORS

Number

20

4 ft

5 ft

ANCHORS

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

4 ft

ANCHORS

Number

20

4 ft

5 ft

ANCHORS

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

4 ft

ANCHORS

Number

20

4 ft

5 ft

ANCHORS

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

4 ft

ANCHORS

Number

20

4 ft

5 ft

ANCHORS

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

4 ft

ANCHORS

Number

20

4 ft

5 ft

ANCHORS

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

4 ft

ANCHORS

Number

20

4 ft

5 ft

ANCHORS

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

4 ft

ANCHORS

Number

20

4 ft

5 ft

ANCHORS

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

4 ft

ANCHORS

Number

20

4 ft

5 ft

ANCHORS

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

4 ft

ANCHORS

Number

20

4 ft

5 ft

ANCHORS

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

4 ft

ANCHORS

Number

20

4 ft

5 ft

ANCHORS

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

4 ft

ANCHORS

Number

20

PERMIT NUMBER

PERMIT WORKSHEET

POCKET PENETROMETER TEST

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

X 1000 X 1000 X 1000

POCKET PENETROMETER TESTING METHOD

1. Test the perimeter of the home at 8 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.

TORQUE PROBE TEST

The results of the torque probe test is
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 skewer 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 probe from manufacturer may
require anchors with 4000 lb. holding capacity.

Installer's initials

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER.

Installer Name

Date Tested

Ernest J. Givens
Assess of Oliver #1101

Electrical

Connect electrical conduits 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 ☒ Completed in _____
Water drainage: Natural ☒ Swale _____ Pad _____ Other _____

Fastening multi-wide units

Floor: Type Fastener: *1/4" x 5"* Length: *5.00* Spacing: *2*
Walls: Type Fastener: *1/4" x 5"* Length: *14* Spacing: *14*
Roof: Type Fastener: *1/4" x 5"* Length: *14* Spacing: *14*
For used homes a min. 30 gauge, 6" 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 inside rim)

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.

213

Installed:
Between Floors Yes ☒
Between Walls Yes ☒
Bottom of ridgebeam Yes ☒

Weatherproofing

The bottomboard will be repaired and/or taped. Yes ☒ Pg. *1*
Siding on units is installed to manufacturer's specifications. Yes ☒
Replace 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 ☒ N/A
Drain lines supported at 4 foot intervals. Yes ☒
Electrical crossover's 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 *Ernest J. Givens* Date *1-20-08*



GTC Design Group, LLC
176 NW Lake Jeffery Rd
Lake City, FL 32055
(Phone) 386.719.9985
(Fax) 386.719.8828
bcrews@gtcdesigngroup.com

ONE FOOT RISE ANALYSIS AND CERTIFICATION 100 YEAR BASE FLOOD

PROJECT DATA

PARCEL ID: 01-7S-15-04149-405

PROPERTY DESCRIPTION:

LOTS 5 BLOCK 4 WILSON SPRINGS COMMUNITY PHASE 1-B: COMM AT NE COR OF SE1/4, RUN S 2186.25 FT TO A POINT ON SE'RLY R/W LINE OF SW MEMORIAL DR. RUN S 48 DEG W 180.98 FT. N 64 DEG W 48.88 FT. N 80 DEG W ALONG R/W 449.87 FT. FOR POB. RUN S 9 DEG W 120.27 FT. TO N R/W LINE OF SW MONUMENT LN. RUN N 73 DEG W ALONG R/W 97.28 FT, THENCE N 09 DEG E 109.83 FT TO S LINE OF SW MEMORIAL DR, S 80 DEG E 97.06 FT TO POB. SWD 1056-2649. LOT 6 BLOCK 4 WILSON SPRINGS COMMUNITY PHASE 1-B: COMM AT NE COR OF SE1/4, RUN S 2186.25 FT TO A PT ON SE'RLY R/W LINE OF SW MEMORIAL DR, RUN S 48 DG W 180.98 FT, RUN N 64 DG W 48.88 FT, RUN N 80 DG W ALONG R/W, 546.93 FT FOR POB, RUN S 09 DG W 109.83 FT TO N R/W LINE OF SW MONUMENT LN, RUN N 87 DG W 74.90 FT, N 64 DG W 76.33 FT, N 09 DG E 100.22 FT TO PT ON S R/W OF SW MEMORIAL DR, S 80 DG E 147.87 FT TO POB WD 1093-30, WD 1105-57.

OWNER: LINDA MCCALL

PROJECT DESCRIPTION: RESIDENTIAL DWELLING (MOBILE HOME)

FLOOD ZONE: AE

BASE FLOOD ELEVATION:

EXACT ELEVATION IS UNDETERMINED, ESTIMATED BASE FLOOD ELEVATION = 35.0

EXISTING GRADE ELEVATION (AT BUILDING LOCATION):

± 30 , ELEVATION BASED ON QUAD MAP (SEE ATTACHED QUAD MAP)

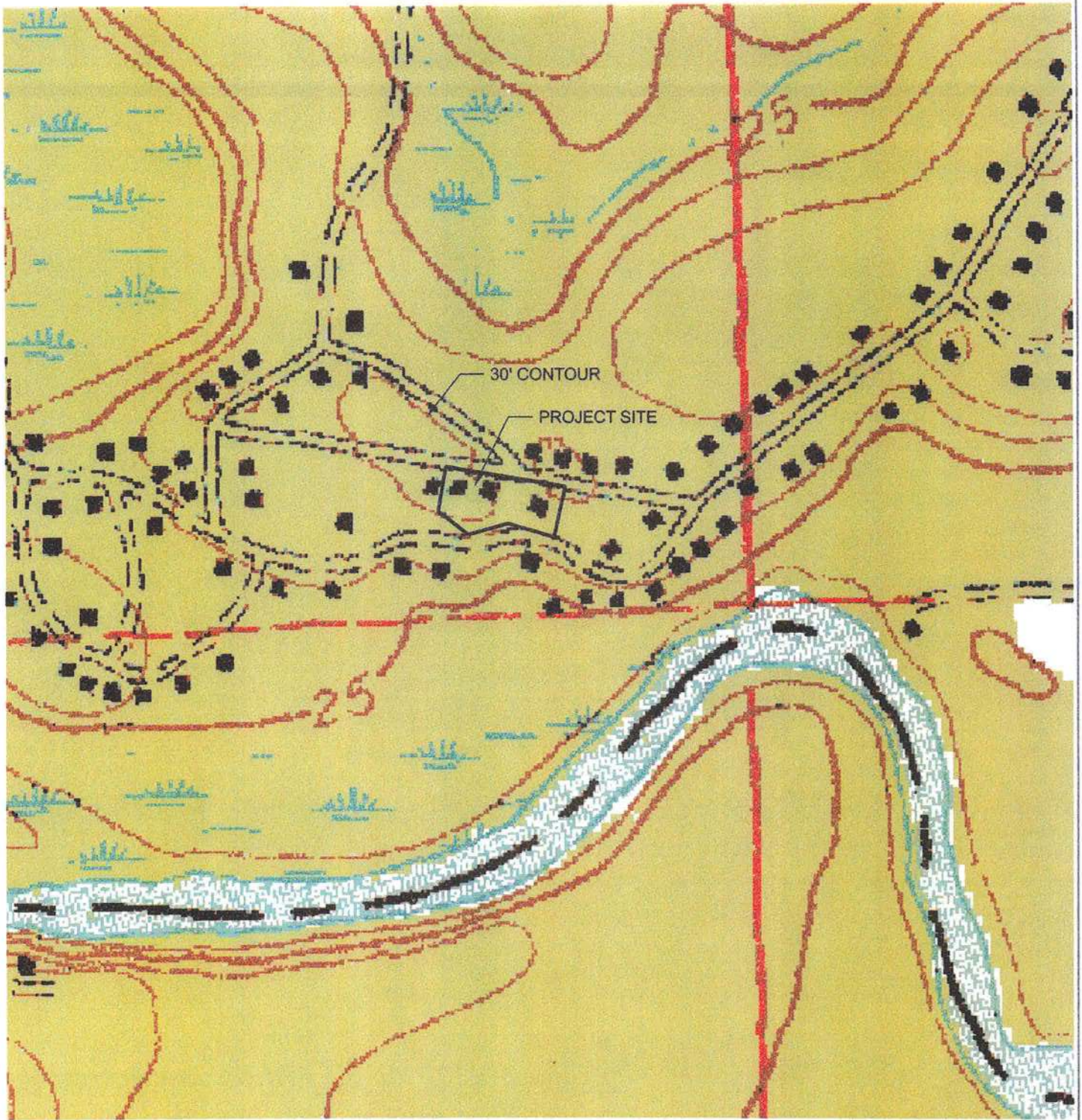
CONCLUSIONS

An existing mobile home is being removed from this site ($20' \times 40' = \pm 800$ sf). A new mobile home with front and back deck is proposed ($24' \times 44' + 8' \times 44' + 8' \times 44' = \pm 1760$ sf). This new set up should include an additional volume from the piers of ± 105 cf within the flood zone ($18" \times 12" \times 10$ piers $\times 5'$ below flood stage = 105 cf). This additional volume would raise the flood elevation 0.004 ft if the flood zone was only the 0.64 (27878 sf) acres of the property ($105\text{cf} / 27878\text{sf} = 0.004'$). The flood plane of The Santa Fe River is much larger. This is also a conservative calculation since the volume of the existing home was not considered and the depth of flood on the property is most likely much less than 5'.

CERTIFICATION

I hereby certify that to the best of my knowledge the construction of Linda McCall's mobile home, as described above, will increase the flood elevations less than one foot at the project location.

Brett Crews, PE No. 65592



QUAD MAP



STRUCTURAL/CIVIL ENGINEERS

P.O. Box 187
130 West Howard Street
Live Oak FL, 32064
Phone: (386) 362-3678
Fax: (386) 362-6133

PROJECT NUMBER

PF08-017

SHEET

Q1



Columbia County Property Appraiser

J. Doyle Crews, CFA - Lake City, Florida - 386-758-1083

0 180 360 540 ft

PARCEL: 01-7S-15-04149-405 - VACANT (000000)

Name: MCCALL LINDA W	LandVal	\$12,600.00
Site: ROSE	BldgVal	\$0.00
204 SW ROSE LANE	ApprVal	\$12,600.00
Mail: FT WHITE, FL 32028	JustVal	\$12,600.00
Sales 8/26/2005 \$12,000.00 V /	Assd	\$12,600.00
Info U	Exmpt	\$0.00
	Taxable	\$12,600.00



This information, GIS Map Updated: 1/15/2008, 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 currently 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.

Linda McCall - Pre Insp. Save Home

**CODE ENFORCEMENT DEPARTMENT
COLUMBIA COUNTY, FLORIDA
OUT OF COUNTY MOBILE HOME INSPECTION REPORT**

COUNTY THE MOBILE HOME IS BEING MOVED FROM Gilchrist
OWNERS NAME Jim Strickland PHONE 352-224-8503 CELL Same
INSTALLER Ernest Scott Johnson PHONE 352-494-8079 CELL Same
INSTALLERS ADDRESS 22204 SE 6th Ave, 201 Hawthorne FL 32640

MOBILE HOME INFORMATION

TYPE Hoster YEAR 2004 SIZE 24 x 18
COLOR Cream SERIAL No H40068266
WIND ZONE II SMOKE DETECTOR OK

INTERIOR:
FLOORS OK

ROOFS OK

WALLS OK

CABINETS OK

ELECTRICAL (FIXTURES/OUTLETS) OK

EXTERIOR:
WALLS SIDING OK

WINDOWS OK

DOORS OK

STATUS
APPROVED ☒ NOT APPROVED ☐

REMARKS OK to move into county

INSTALLER OR INSPECTORS PRINTED NAME Ernest Scott Johnson

Inspector Signature Ernest Scott Johnson License No. 1H0000250 Date 1/2/08

ONLY THE ACTUAL LICENSE HOLDER OR A BUILDING INSPECTOR CAN SIGN THIS FORM

IN WIND ZONE ONE MOBILE HOMES WILL BE PERMITTED, MOBILE HOMES PRIOR TO 1977 ARE PRE-HUL AND THE WIND ZONE MUST BE PROVEN TO BE PERMITTED.

BEFORE THE MOBILE HOME CAN BE MOVED INTO COLUMBIA COUNTY THIS FORM MUST BE COMPLETED AND RETURNED TO THE COLUMBIA COUNTY BUILDING DEPARTMENT.

ONCE MOVED INTO COLUMBIA COUNTY AN INSPECTOR MUST COMPLETE A PRELIMINARY INSPECTION ON THE MOBILE HOME. CALL 386-719-2038 TO SET UP THIS INSPECTION. NO PERMIT WILL BE ISSUED BEFORE THIS IS DONE.

Code Enforcement Approval Signature [Signature] Date 1/2/08

*cross Ref
Linda
McCall*

FEB 11 2008 BUILDING + ZONING PERM NO. 1086-758-1328

FEB 08 2008 DIVISION #1

CODE ENFORCEMENT
PRELIMINARY MOBILE HOME INSPECTION REPORT(out of Co. file)
under Jim StricklandDATE RECEIVED 2-8-08 BY UH IS THE M/H ON THE PROPERTY WHERE THE PERMIT WILL BE ISSUED? YesOWNERS NAME Linda McCall PHONE 386-497-1206 CELLADDRESS 204 SW Rose Lane Lake City FL

MOBILE HOME PARK _____ SUBDIVISION _____

DRIVING DIRECTIONS TO MOBILE HOME 47 S, (R) Wilson Springs Rd,
(L) Wilson Springs, (R) at Wilson Springs Sign
then 1st road on (R) then 5th on left before
MOBILE HOME INSTALLER Ernest Johnson PHONE _____ CELL the house

MOBILE HOME INFORMATION

MAKE Horton YEAR 04 SIZE 24 x 46 COLOR creamSERIAL NO. 14400626LWIND ZONE II Must be wind zone II or higher NO WIND ZONE ALLOWED

INSPECTION STANDARDS

INTERIOR

(P or F) P=PASS F=FAILED

SMOKE DETECTOR () OPERATIONAL () MISSING

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

DOORS () OPERABLE () DAMAGED

WALLS () SOLID () STRUCTURALLY UNSOUND

WINDOWS () OPERABLE () INOPERABLE

PLUMBING FIXTURES () OPERABLE () INOPERABLE () MISSING

CEILING () SOLID () HOLES () LEAKS APPARENT

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

EXTERIOR:

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

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

ROOF () APPEARS SOLID () DAMAGED

STATUS

APPROVED / WITH CONDITIONS _____

NOT APPROVED _____ NEED RE-INSPECTION FOR FOLLOWING CONDITIONS _____

SIGNATURE [Signature] C NUMBER 402 DATE 2-11-08



STATE OF FLORIDA
DEPARTMENT OF HEALTH

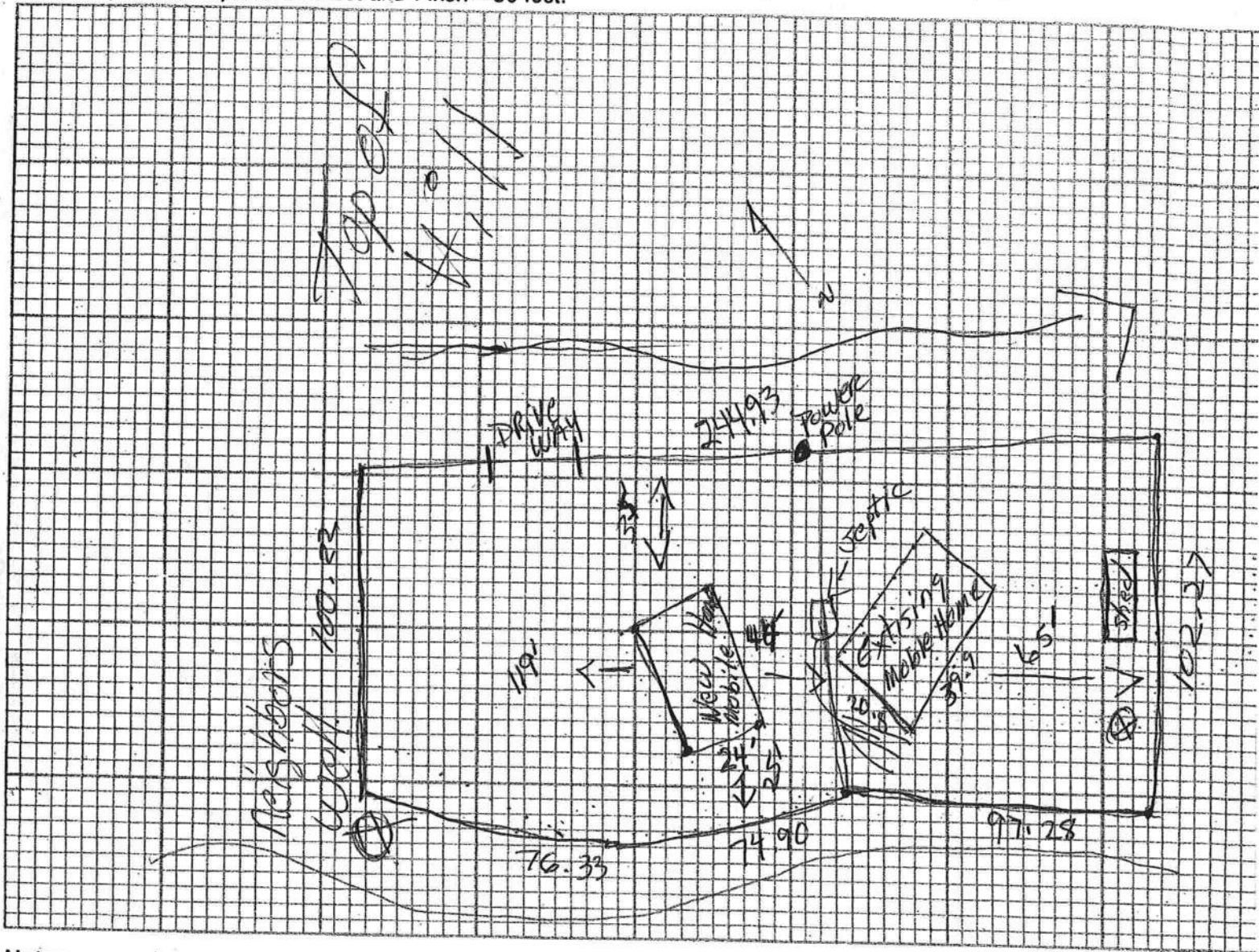
APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permit Application Number 08-0116 E

PART II - SITE PLAN

Scale: Each block represents 5 feet and 1 inch = 50 feet.

Br2 # 08-01-128



Notes:

Site Plan submitted by:

Linda G. McCall
Signature

Plan Approved X

APPROVED

Not Approved

Columbia CHD

Date 2/14/8

By [Signature] County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

Development Permit
F 023- 08-004

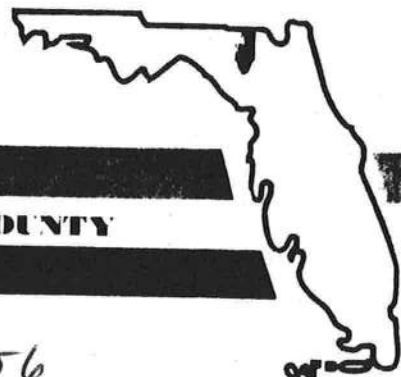
FLOOD ZONE AE BY CS 1-6-88 FIRM COMMUNITY #. 120070 - PANEL #. 255 B
FIRM 100 YEAR ELEVATION 35' PLAN INCLUDED (YES) or NO SRWMD
REQUIRED LOWEST HABITABLE FLOOR ELEVATION 36' EXEMPTION LETTER
IN THE REGULATORY FLOODWAY (YES) or NO RIVER Santa Fe ERP07-0413
SURVEYOR / ENGINEER NAME Brett Crews LICENSE NUMBER 65592

DATE THE FINISHED FLOOR ELEVATION CERTIFICATE WAS PROVIDED 2-5-08

COMMENTS

District No. 1 - Ronald Williams
District No. 2 - Dewey Weaver
District No. 3 - Jody DuPree
District No. 4 - Stephen E. Bailey
District No. 5 - Scarlet P. Frisina

BOARD OF COUNTY COMMISSIONERS • COLUMBIA COUNTY



26756

MEMO OF REVIEW FOR CORRECTNESS AND COMPLETION

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

- ☐ The attached elevation certificate requires corrections by the surveyor of section(s) _____ prior to acceptance by the community.
- ☒ The attached elevation certificate is complete and correct.
- ☐ Minor corrections have been made in the below marked sections by the authorized Community Official.

SECTION A - PROPERTY INFORMATION

A1. Building Owner's Name <u>Linda McCall</u>	For Insurance Company Use:
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.	Policy Number
City _____ State _____ ZIP Code _____	Company NAIC Number
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) <u>01-75-15-04149-405</u>	
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) _____	
A5. Latitude/Longitude: Lat. _____ Long. _____ Horizontal Datum: <input type="checkbox"/> NAD 1927 <input type="checkbox"/> NAD 1983	
A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insurance.	
A7. Building Diagram Number _____	
A8. For a building with a crawl space or enclosure(s), provide: a) Square footage of crawl space or enclosure(s) _____ sq ft b) No. of permanent flood openings in the crawl space or enclosure(s) walls within 1.0 foot above adjacent grade _____ c) Total net area of flood openings in A8.b _____ sq in	
A9. For a building with an attached garage, provide: a) Square footage of attached garage _____ sq ft b) No. of permanent flood openings in the attached garage walls within 1.0 foot above adjacent grade _____ c) Total net area of flood openings in A9.b _____ sq in	

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP Community Name & Community Number		B2. County Name		B3. State	
B4. Map/Panel Number	B5. Suffix	B6. FIRM Index Date	B7. FIRM Panel Effective/Revised Date	B8. Flood Zone(s)	B9. Base Flood Elevation(s) (Zone AO, use base flood depth)
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9. <input type="checkbox"/> FIS Profile <input type="checkbox"/> FIRM <input type="checkbox"/> Community Determined <input type="checkbox"/> Other (Describe) _____					
B11. Indicate elevation datum used for BFE in Item B9: <input type="checkbox"/> NGVD 1929 <input type="checkbox"/> NAVD 1988 <input type="checkbox"/> Other (Describe) _____					
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? Designation Date _____ <input type="checkbox"/> CBRS <input type="checkbox"/> OPA <input type="checkbox"/> Yes <input type="checkbox"/> No					

COMMENTS:

Date of Review:

8-28-09

BOARD MEETS FIRST THURSDAY AT 7:00 P.M.

AND THE COMMUNITY OFFICIAL:

L. McCall

All elevation certificates shall be maintained by the community and copies with the attached memo made available upon request.

P.O. BOX 1529

LAKE CITY, FLORIDA 32056-1529

PHONE (351) 733-4100

ELEVATION CERTIFICATE

OMB No. 1660-0008
Expires February 28, 2009

Important: Read the instructions on pages 1-8.

SECTION A - PROPERTY INFORMATION

A1. Building Owner's Name MCCALL LINDA W		For Insurance Company Use:
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 204 SW ROSE LANE		Policy Number
City FT. WHITE State FL ZIP Code 32038		Company NAIC Number
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) LOTS 5 BLOCK 4 WILSON SPRINGS COMMUNITY PHASE 1-B: Parcel: 01-7S-15-04149-405, COLUMBIA COUNTY, FL.		
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) <u>RESIDENTIAL</u>		
A5. Latitude/Longitude: Lat. 29DEG 54.016' Long. 82CEG 45.705'		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 crawl space or enclosure(s), provide a) Square footage of crawl space or enclosure(s) <u>NA</u> sq ft b) No. of permanent flood openings in the crawl space or enclosure(s) walls within 1.0 foot above adjacent grade <u>NA</u> c) Total net area of flood openings in A8.b <u>NA</u> sq in		A9. For a building with an attached garage, provide: a) Square footage of attached garage <u>NA</u> sq ft b) No. of permanent flood openings in the attached garage walls within 1.0 foot above adjacent grade <u>NA</u> c) Total net area of flood openings in A9.b <u>NA</u> sq in

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP Community Name & Community Number COLUMBIA UNINCORPORATED 1200700255		B2. County Name COLUMBIA		B3. State FLORIDA	
B4. Map/Panel Number 1200 700 255	B5. Suffix B	B6. FIRM Index Date JAN. 6, 1988	B7. FIRM Panel Effective/Revised Date JAN. 6, 1988	B8. Flood Zone(s) AE	B9. Base Flood Elevation(s) (Zone AO, use base flood depth) 35 FEET
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 (Describe) _____					
B11. Indicate elevation datum used for BFE in Item B9: <input checked="" type="checkbox"/> NGVD 1929 <input type="checkbox"/> NAVD 1988 <input type="checkbox"/> Other (Describe) _____					
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					

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-g below according to the building diagram specified in Item A7.
Benchmark Utilized SAF 20 Vertical Datum NGVD 1929
Conversion/Comments NA

Check the measurement used.

a) Top of bottom floor (including basement, crawl space, or enclosure floor)	<u>43.23</u>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)
b) Top of the next higher floor	<u>NA</u>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)
c) Bottom of the lowest horizontal structural member (V Zones only)	<u>NA</u>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)
d) Attached garage (top of slab)	<u>NA</u>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)
e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment in Comments)	<u>NA</u>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)
f) Lowest adjacent (finished) grade (LAG)	<u>40.0</u>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)
g) Highest adjacent (finished) grade (HAG)	<u>40.2</u>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)

SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION

This certification is to be signed and sealed by a land surveyor, engineer, or architect authorized by law to certify elevation information. I certify that the information on this Certificate represents my best efforts to interpret the data available. I understand that any false statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 1001.

☒ Check here if comments are provided on back of form.

Certifier's Name	WILLIAM N. KITCHEN	License Number	5490
Title	PROFESSIONAL SURVEYOR AND MAPPER	Company Name	WILLIAM N. KITCHEN, P.S.M.
Address	152 N. MARION AVENUE	City	LAKE CITY
		State	FL
		ZIP Code	32055
Signature	<u>William N. Kitchen</u>	Date	FEBRUARY 26, 2008
		Telephone	386-755-7786

PLACE
SEAL
HERE

IMPORTANT: In these spaces, copy the corresponding information from Section A.

For Insurance Company Use:

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.
204 SW ROSE LANE

Policy Number

City FT. 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 MOBILE HOME IS 2.57 FEET ABOVE ADJACENT STREET.


Signature

Date 2/26/2008

☐ Check here if attachments

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, crawl space, or enclosure) is _____ ☐ feet ☐ meters ☐ above or ☐ below the HAG.
b) Top of bottom floor (including basement, crawl space, or enclosure) is _____ ☐ feet ☐ meters ☐ above or ☐ below the LAG.
- E2. For Building Diagrams 6-8 with permanent flood openings provided in Section A Items 8 and/or 9 (see page 8 of Instructions), the next higher floor (elevation C2.b in the diagrams) of the building is _____ ☐ feet ☐ meters ☐ above or ☐ below the HAG.
- E3. Attached garage (top of slab) is _____ ☐ feet ☐ meters ☐ above or ☐ below the HAG.
- E4. Top of platform of machinery and/or equipment servicing the building is _____ ☐ feet ☐ meters ☐ above or ☐ below the HAG.
- E5. Zone AO only: If no flood depth number is available, is the top of the bottom floor elevated in accordance with the community's floodplain management ordinance? ☐ Yes ☐ No ☐ Unknown. The local official must certify this information in Section G.

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

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

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

Address City State ZIP Code

Signature Date Telephone

Comments

☐ Check here if attachments

SECTION G - COMMUNITY INFORMATION (OPTIONAL)

The local official who is authorized by law or ordinance to administer the community's floodplain management ordinance can complete Sections A, B, C (or E), and G of this Elevation Certificate. Complete the applicable item(s) and sign below. Check the measurement used in Items G8. and G9.

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

G4. Permit Number

G5. Date Permit Issued

G6. Date Certificate Of Compliance/Occupancy Issued

G7. This permit has been issued for: ☐ New Construction ☐ Substantial Improvement

G8. Elevation of as-built lowest floor (including basement) of the building: _____ ☐ feet ☐ meters (PR) Datum _____

G9. BFE or (in Zone AO) depth of flooding at the building site: _____ ☐ feet ☐ meters (PR) Datum _____

Local Official's Name

Title

Community Name

Telephone

Signature

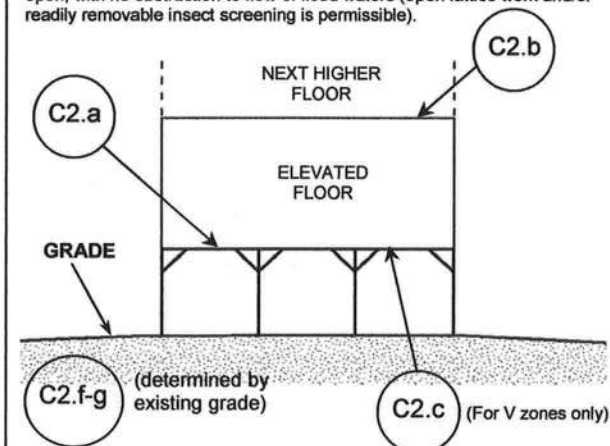
Date

Comments

DIAGRAM 5

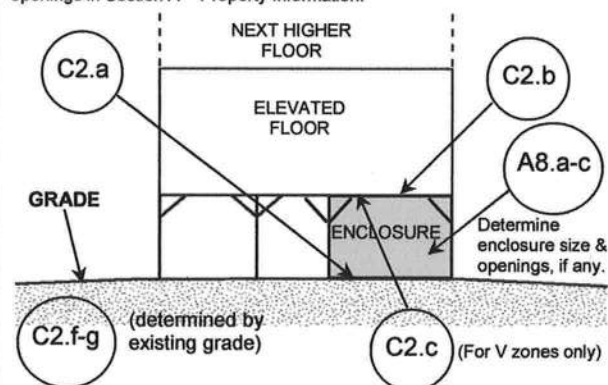
All buildings elevated on piers, posts, piles, columns, or parallel shear walls. No obstructions below the elevated floor.

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 readily removable insect screening is permissible).

**DIAGRAM 6**

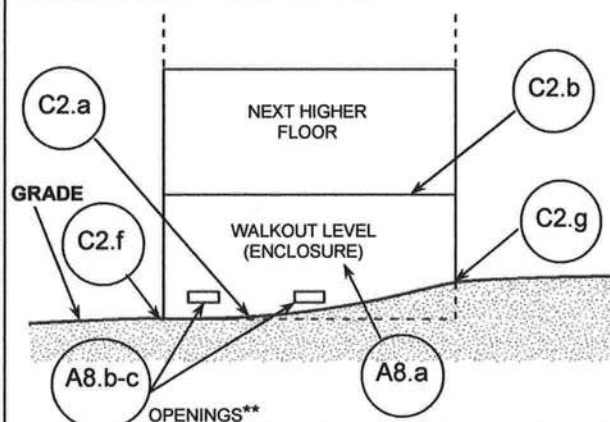
All buildings elevated on piers, posts, piles, columns, or parallel shear walls with full or partial enclosure below the elevated floor.

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.

**DIAGRAM 7**

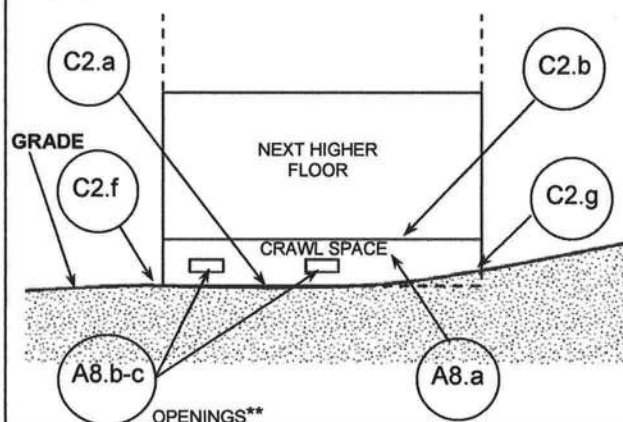
All buildings elevated on full-story foundation walls with a partially or fully enclosed area below the elevated floor. This includes walkout levels, where at least one side is at or above grade. The principal use of this building is located in the elevated floors of the building.

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.

**DIAGRAM 8**

All buildings elevated on a crawl space with the floor of the crawl space at or above grade on at least one side, with or without an attached garage.

Distinguishing Feature – For all zones, the area below the first floor is enclosed by solid or partial perimeter walls. In all A zones, the crawl space is with or without openings** present in the walls of the crawl space. Indicate information about crawl space size and openings in Section A – Property Information.



** An "opening" is defined as a permanent opening in a wall 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 crawl spaces with a total net area of not less than one square inch for every square foot of area enclosed. Each opening must be on different sides of the enclosed area. If a building has more than one enclosed area, each area must have openings on exterior walls to allow floodwater to directly enter. The bottom of the openings must be no higher than one foot above the grade underneath the flood vents. Alternatively, you may submit a certification by a registered professional engineer or architect that the design 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.