

DATE 02/24/2004

Columbia County Building Permit**PERMIT****This Permit Expires One Year From the Date of Issue****000021541**

APPLICANT WILLIAM PUCKETT PHONE 352-208-4287
 ADDRESS 1748 NW 58TH LN OCALA FL 34475
 OWNER FRANK & MARY GIOVENCO PHONE 813-258-3051
 ADDRESS 233 SW DINGO WAY FORT WHITE FL 32038
 CONTRACTOR WILLIAM PUCKETT PHONE 352-351-8153
 LOCATION OF PROPERTY 47 SOUTH, R 27, LEFT RIVER RD, L MONTANA, R DINGO WAY,
DRIVE ON RIGHT ABOUT 600' DOWN (NAME ON SIGN OUT FRONT)
 TYPE DEVELOPMENT MH, UTILITY ESTIMATED COST OF CONSTRUCTION 00
 HEATED FLOOR AREA TOTAL AREA HEIGHT .00 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. 0 FLOOD ZONE AE DEVELOPMENT PERMIT NO. F023-03-026

PARCEL ID 26-6S-15-00787-001 SUBDIVISION THREE RIVERS ESTATES
 LOT 53 BLOCK PHASE UNIT 10 TOTAL ACRES 1.00

IH0000462
 Culvert Permit No. Culvert Waiver Contractor's License Number Applicant/Owner/Contractor
 EXISTING 04-0173-E BK RK N
 Driveway Connection Septic Tank Number LU & Zoning checked by Approved for Issuance New Resident

COMMENTS: 1 FOOT RISE LETTER ON FILEFINISHED FLOOR REQUIRED BEFORE FINAL POWERCheck # or Cash 9616**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 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 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 \$.00 CERTIFICATION FEE \$.00 SURCHARGE FEE \$.00
 MISC. FEES \$ 200.00 ZONING CERT. FEE \$ 50.00 FIRE FEE \$ 45.36 WASTE FEE \$ 98.00
 FLOOD ZONE DEVELOPMENT FEE \$ 50.00 CULVERT FEE \$ **TOTAL FEE** 443.36

INSPECTORS OFFICE L. Holt CLERKS OFFICE CH

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 INCONVENIENCE. 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.

Columbia County Building Department
Flood Development Permit

Development Permit

F 023- 03-026

DATE 02/24/2004 BUILDING PERMIT NUMBER 000021541
APPLICANT WILLIAM PUCKETT PHONE 352-208-4287
ADDRESS 1748 NW 58TH LN Ocala FL 34475
OWNER FRANK & MARY GIOVENCO PHONE 813-258-3051
ADDRESS 233 SW DINGO WAY FORT WHITE FL 32038
CONTRACTOR WILLIAM PUCKETT PHONE 352-351-8153
ADDRESS _____ FL _____
SUBDIVISION THREE RIVERS ESTATES Lot 53 Block _____ Unit _____ Phase _____
TYPE OF DEVELOPMENT MH, UTILITY PARCEL ID NO. 26-6S-15-00787-001

FLOOD ZONE AE BY BK 1-6-88 FIRM COMMUNITY #. 120070 - PANEL #. _____ B
FIRM 100 YEAR ELEVATION 35' PLAN INCLUDED YES or NO
REQUIRED LOWEST HABITABLE FLOOR ELEVATION 36'
IN THE REGULATORY FLOODWAY YES or NO RIVER _____
SURVEYOR / ENGINEER NAME Freeman, William LICENSE NUMBER _____

Yes ONE FOOT RISE CERTIFICATION INCLUDED

N/A ZERO RISE CERTIFICATION INCLUDED

N/A 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



PERMIT EXPIRES ONE YEAR FROM THE DATE OF ISSUANCE

- Existing well -

*** The well affidavit, from the well driller, is required before the permit can be issued.***

***This application must be ,completely, filled out to be accepted. Incomplete applications will not be accepted.

Has applied for Septic - Existing septic

For Office Use Only	Zoning Official <u>BLK</u>	Building Official <u>PK 2-13-0</u>
AP# <u>0402-22</u>	Date Received <u>2-9-04</u>	By <u>LH</u> Permit # <u>21541</u>
Flood Zone <u>AE</u>	Development Permit <u>YES</u>	Zoning <u>ESA-2</u> Land Use Plan Map Category <u>ESA</u>
Comments <u>1st Floor ELEVATION to be 35'</u> <u>Need Decal # + Serial #</u>		

- Property ID # 00-00-00-00787-001 ^{Lot 53?} *(Must have a copy of the property d
- New Mobile Home XX Used Mobile Home _____ Year 2004
- Applicant William H. Puckett Phone # 352-208-4287 ^{cell}
- Address 1748 NW 58th Lane Ocala, FL 34475
- Name of Property Owner FRANK & MARY GIOVANNI Phone# 813-258-3051 ^{233 SW Dingoway Fort White, FL 32038}
- Address 1522 S Church Ave Tampa FL 33629
- Name of Owner of Mobile Home Prestige Home Lake City Phone # 386-752-77
- Address Lake City, FL
- Relationship to Property Owner _____
- Current Number of Dwellings on Property 0
- Lot Size 300 X 400 Total Acreage 1.836
- Current Driveway connection is on Dingo Way
- Is this Mobile Home Replacing an Existing Mobile Home NO
- Name of Licensed Dealer/Installer William Puckett Phone # 352-208-4287 ^{office 352 351-8153}
- Installers Address 1748 NW 58th LA Ocala, FL 34475
- License Number IH0000462 Installation Decal # _____

The Permit Worksheet (2 pages) must be submitted with this application.

Installers Affidavit and Letter of Authorization must be notarized when submitted.

called
MR PUCKETT
ADVISED
1 FOOT H
LEN

PERMIT NUMBER

01/22/2004

16:40

3867582160

BLDG AND ZONING

PAGE 06

POCKET PENETROMETER TEST

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

X _____ X _____ X _____

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 _____ X _____ X _____

TORQUE PROBE TEST

The results of the torque probe test is 275 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

William Puckett

Date Tested

1-29-04

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. 47

Plumbing

Connect all sewer drains to an existing sewer lap or septic tank. Pg. 41

Connect all potable water supply piping to an existing water meter, water lap, or other

Site Preparation

Debris and organic material removed YES
Water drainage: Natural XX Swale _____ Pad _____ Other _____

Fastening multi wide units

Floor: Type Fastener: 3/8" lag Length: _____ Spacing: 24" OC
Walls: Type Fastener: NA Length: NA Spacing: NA
Roof: Type Fastener: 10" metal Length: cutting 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.

SPRAY foam

Installer's initials WP

Type gasket SEALED

Pg. 12

Installed:

Between Floors Yes _____

Between Walls Yes _____

Bottom of ridgebeam Yes _____

Weatherproofing

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

Miscellaneous

Skirting to be installed. Yes XX No _____
Dryer vent installed outside of skirting. Yes XX N/A _____
Range downflow vent installed outside of skirting. Yes _____ N/A XX
Drain lines supported at 4 foot intervals. Yes XX
Electrical crossovers protected. Yes XX
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 William Puckett

Date 1-29-04

PERMIT NUMBER

Installer William Puchett License # EH0000462

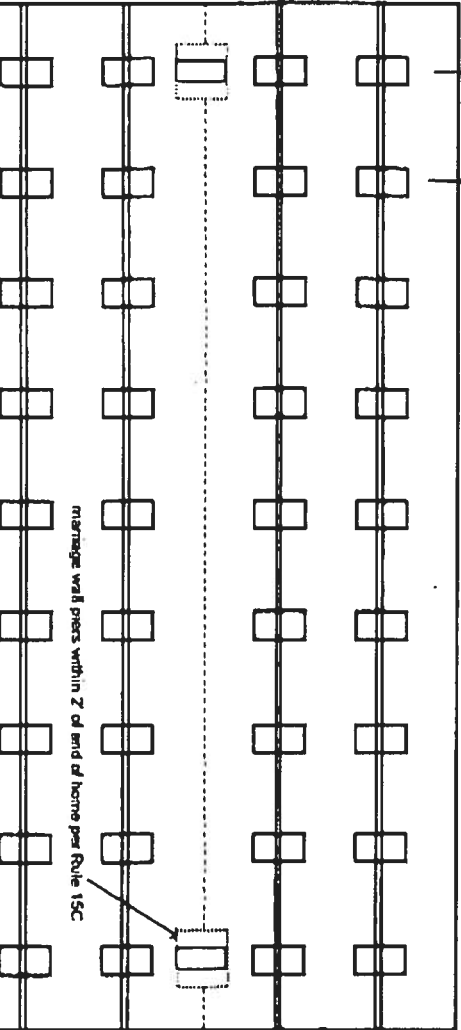
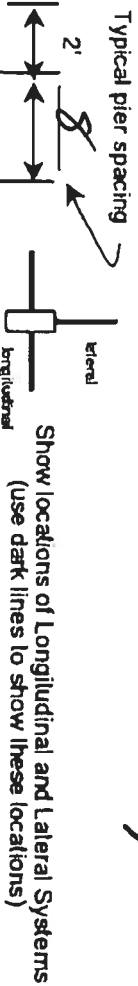
Address of home being installed 1748 NW 58th Lane

Manufacturer Ocala FC Length x width 34x75 28x36

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 lies exceed 5 ft 4 in.

Installer's initials WP



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 # 217482

Triple/Quad ☐ Serial # 18-1152241B

PIER SPACING TABLE FOR USED HOMES

Load bearing capacity (sq ft)	Footer size (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'	8'	8'
2000 psf	6'	8'	8'	8'	8'	8'
2500 psf	7'6"	8'	8'	8'	8'	8'
3000 psf	8'	8'	8'	8'	8'	8'
3500 psf	8'	8'	8'	8'	8'	8'

* Interpolated from Rule 15C-1 pier spacing table.

PIER PAD SIZES

I-beam pier pad size 22.5 x 32

Perimeter pier pad size 16 x 18

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 16x18

22.5 x 32

TIEDOWN COMPONENTS

Longitudinal Stabilizing Device (LSD) Manufacturer _____

Longitudinal Stabilizing Device w/ Lateral Arms Manufacturer Tie Down Inc

POPULAR PAD SIZES

Pad Size	Sq ft
16 x 16	256
16 x 18	288
18.5 x 18.5	342
16 x 22.5	360
17 x 22	374
13 1/4 x 26 1/4	348
20 x 20	400
17 3/16 x 25 3/16	441
17 1/2 x 25 1/2	448
24 x 24	576
26 x 26	676

ANCHORS

4 ft X 5 ft X

FRAME TIES

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

OTHER TIES

Number 16

Longitudinal Marriage wall Shearwall 5

4

Home

Property Search

Agriculture Classification

Amendment 10

Exemptions

Tangible Property Tax

Tax Rates

Report & Map Pricing

Important Dates

Office Directory

E-mail us Comments

Parcel ID: 00-00-00-00787-001

Columbia County Property Appraiser

Show: **Tax Info** | **GIS Map** |
Property Card**Owner & Property Info**

Owner's Name	GIOVENCO FRANK H & MARY K
Site Address	
Mailing Address	1522 SOUTH CHURCH AVENUE TAMPA, FL 33629
Brief Legal	LOTS 52, 53 & 54 UNIT 10 THREE RIVERS ESTATES. ORB 629-479, 725-656

Use Desc. (code)	MISC RES (000700)
Neighborhood	100000.10
Tax District	3
UD Codes	
Market Area	02
Total Land Area	1.836 ACRES

Property & Assessment Values

Mkt Land Value	cnt: (2)	\$15,270.00
Ag Land Value	cnt: (0)	\$0.00
Building Value	cnt: (0)	\$0.00
XFOB Value	cnt: (1)	\$288.00
Total Appraised Value		\$15,558.00

Just Value	\$15,558.00
Class Value	\$0.00
Assessed Value	\$15,558.00
Exempt Value	\$0.00
Total Taxable Value	\$15,558.00

Sales History

Sale Date	Book/Page	Inst. Type	Sale VImp	Sale Qual	Sale RCode	Sale Price
7/15/1990	725/656	WD	V	Q		\$8,600.00
7/29/1987	629/479	WD	V	Q		\$13,000.00
9/1/1982	497/690	WD	V	U	01	\$8,000.00

Building Characteristics

Bldg Item	Bldg Desc	Year Blt	Ext. Walls	Heated S.F.	Actual S.F.	Bldg Value
NONE						

Extra Features & Out Buildings

Code	Desc	Year Blt	Value	Units	Dims	Condition (% Good)
0294	SHED WOOD/	1993	\$288.00	144.000	8 x 18 x 0	(.00)

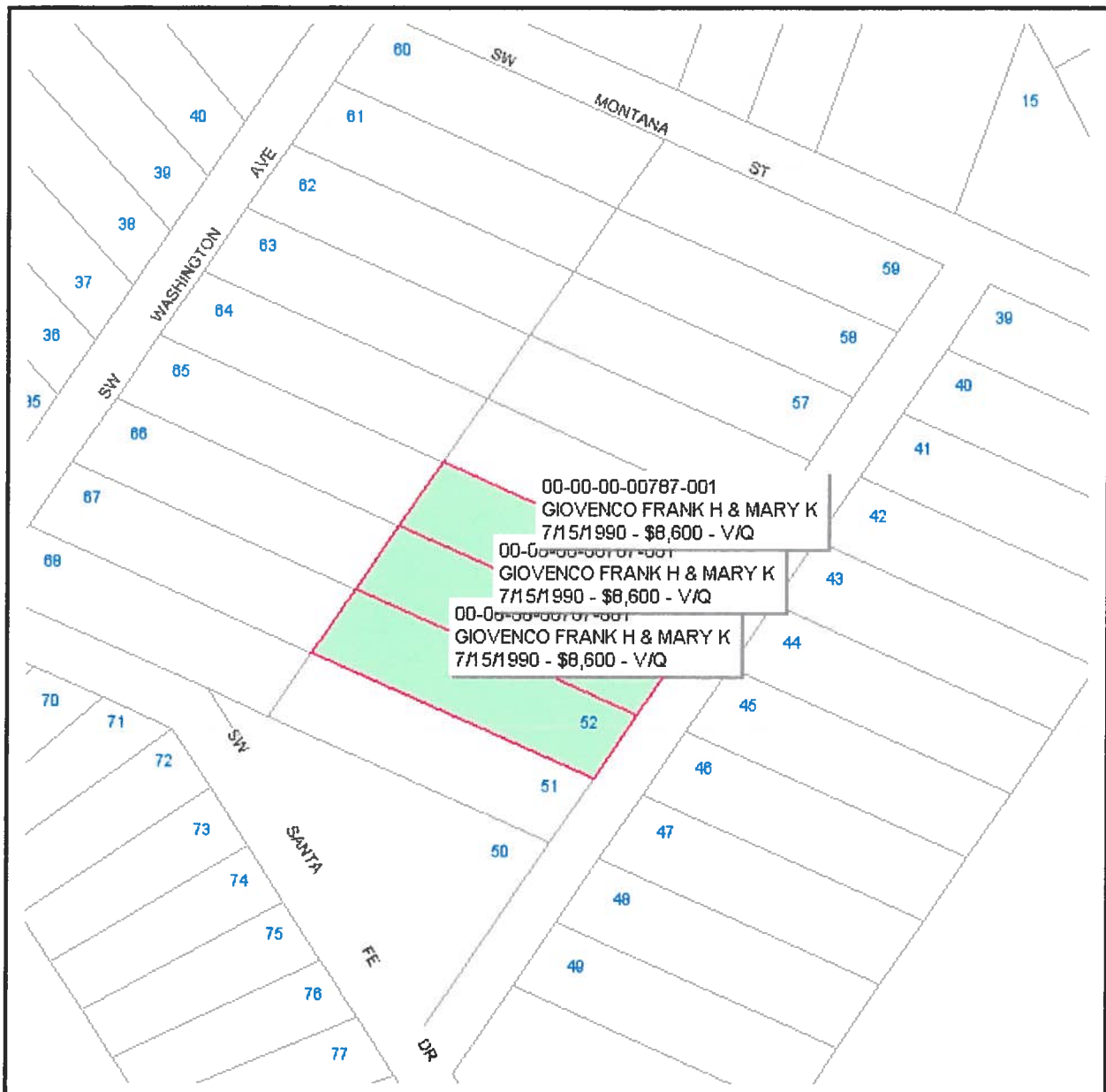
Land Breakdown

Lnd Code	Desc	Units	Adjustments	Eff Rate	Lnd Value
000700	MISC RES (MKT)	3.000 LT - (1.836AC)	1.00/1.00/.90/1.00	\$4,590.00	\$13,770.00
009945	WELL/SEPT (MKT)	1.000 UT - (.000AC)	1.00/1.00/1.00/1.00	\$1,500.00	\$1,500.00

Columbia County Property Appraiser

DB Last Updated: 01/12/2004

1 of 1



Columbia County Property Appraiser

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

PARCEL: 00-00-00-00787-001 - MISC RES (000700)

LOTS 52, 53 & 54 UNIT 10 THREE RIVERS ESTATES. ORB 629-479, 725-656

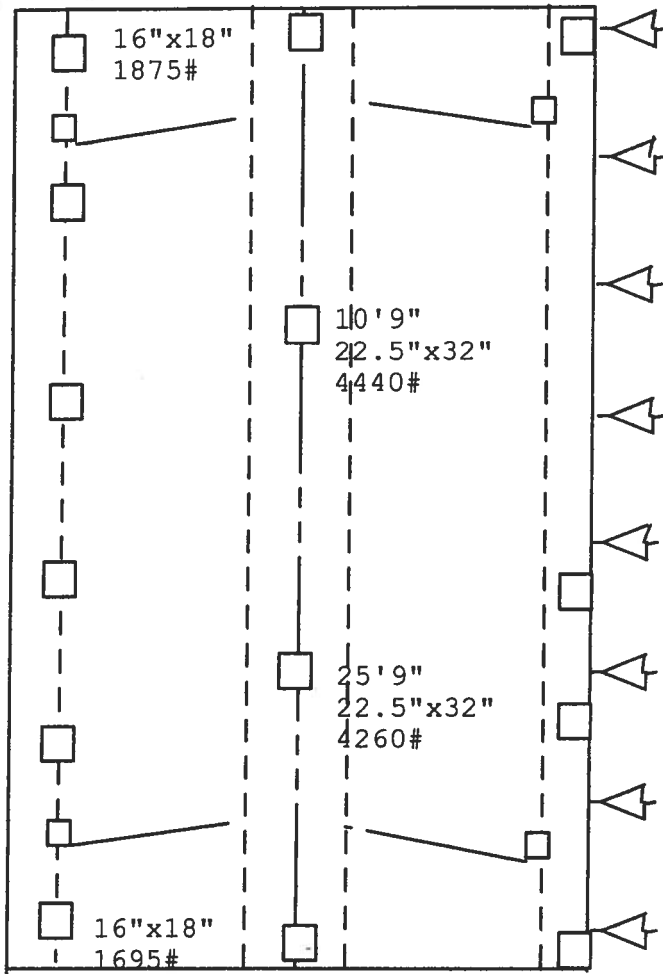
Name:	GIOVENCO FRANK H & MARY K	LandVal	\$15,270.00
Site:		BldgVal	\$0.00
Mail:	1522 SOUTH CHURCH AVENUE	ApprVal	\$15,558.00
	TAMPA, FL 33629	JustVal	\$15,558.00
Sales	7/15/1990 \$8,600.00 V / Q	Assd	\$15,558.00
Info	7/29/1987 \$13,000.00 V / Q	Exmpt	\$0.00
	9/1/1982 \$8,000.00 V / U	Taxable	\$15,558.00

0 92 184 276 ft



This information, GIS Map Updated: 01/12/2004, 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, its use, or its 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.

1/8" = 1' 28'x36' 36c3h2



Nobility Homes

Set-up instructions
Manufacturers manual

1000 PSI

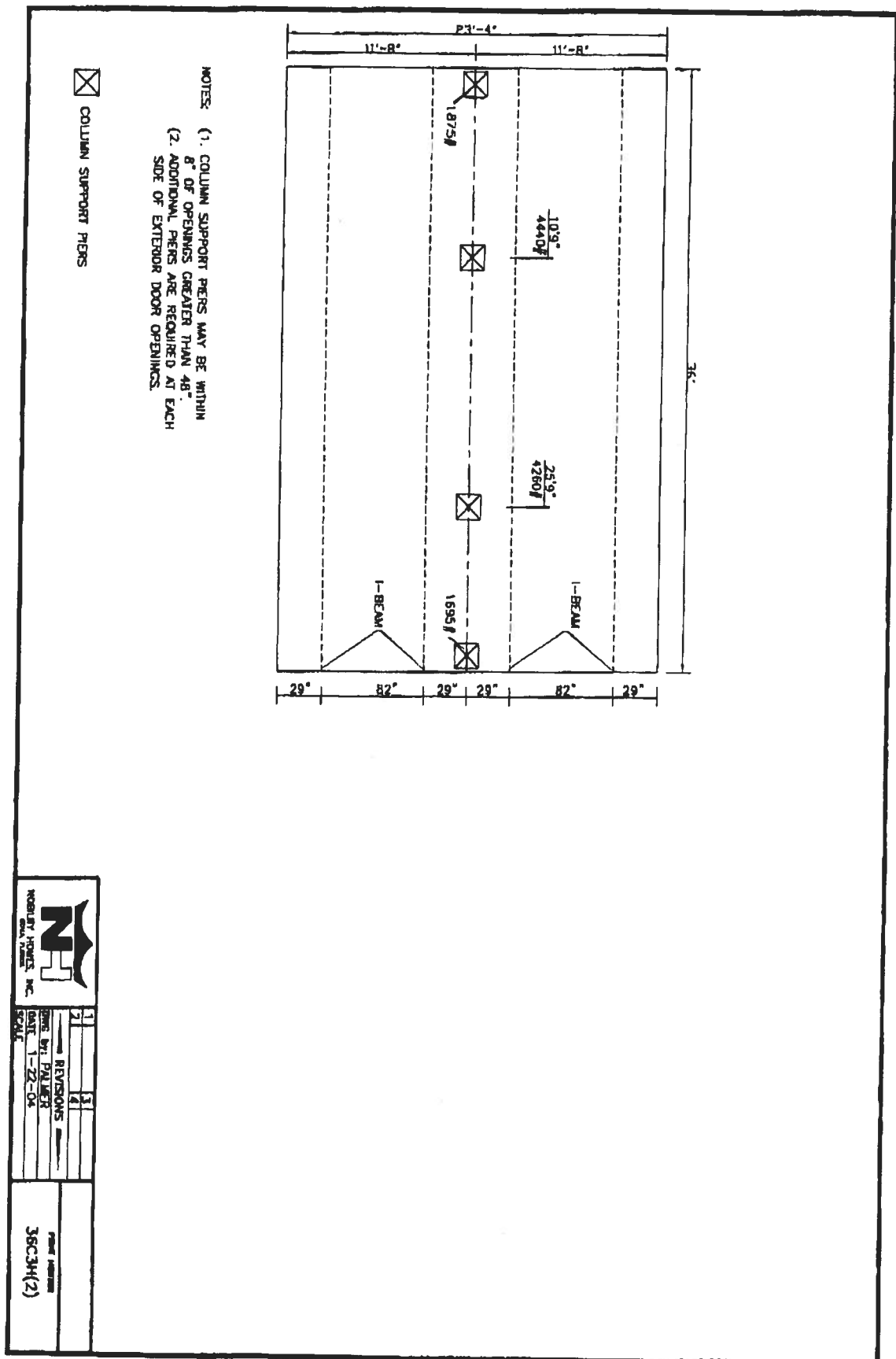
176 Anchor Torque

□ = 22.5"x32" ABS Pad for I-beam on 8' O.C.

□ = 16"x18" ABS Pad for door piers and shearwall piers will be clearly marked on home

△ = 4' anchors on 5'4"O.C. except on shearwall anchors and center line anchors

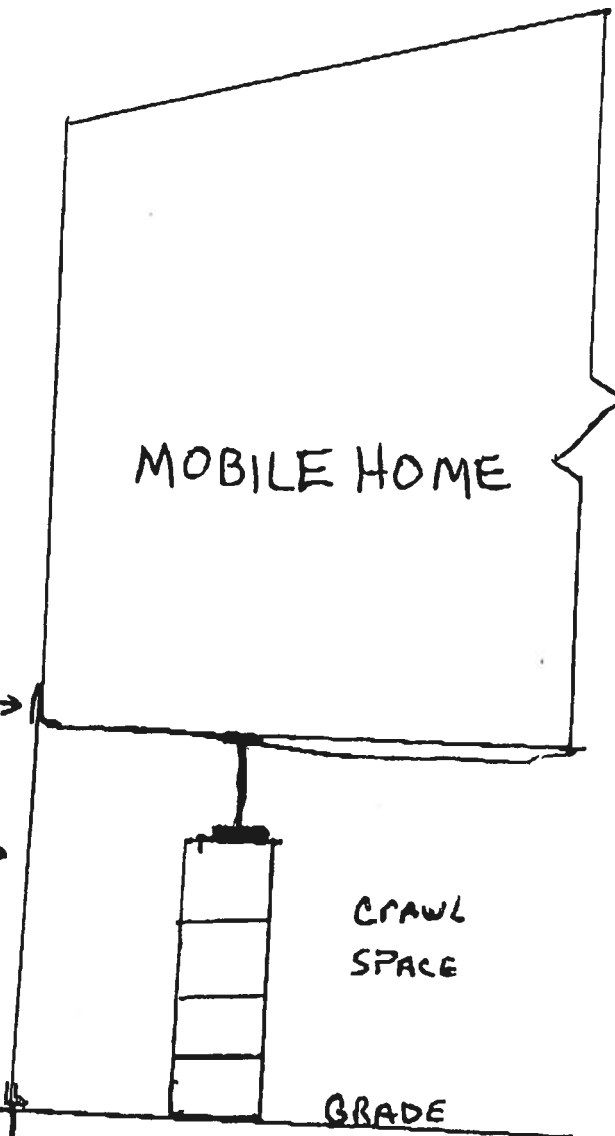
longitudinal anchors will be the XI system 4 systems total for house



**FASTEN TOP FRONT
RAIL W/ 1" GALV. NAILS
OR 3/4" SCREWS 16" O.C.**

**FSI VIYNL SKIRTING
16" VIYNL PANELS
PROVIDING 4.75 SQ. IN
VENTING PER LIN. FT**

**FASTEN BOTTOM RAIL
W/ 3/4" SCREWS 16" O.C.
7" GAL NAILS 19" O.C.**



NOTE:

**AN ACCESS PANEL 16" X 24" MIN WILL
BE PROVIDED TO ACCESS CRAWL SPACE
THE ACCESS PANEL WILL BE FASTENED
W/ 1" LONG PHILLIPS HEAD SCREWS.
ANY HOME WHICH MORE THAN 36" FROM
FINISH GRADE WILL HAVE VERTICAL STUDS
48" O.C. AND A BELT RAIL**

10/05/2001 12:32 4076231158

DMV

PAGE 01



State of Florida
DEPARTMENT OF
HIGHWAY SAFETY AND MOTOR VEHICLES

TALLAHASSEE, FLORIDA 32399-0500

FRED O. DICKINSON, III
Executive Director

October 5, 2001

Ms. Boone M. Smith
Director, Manufactured Housing Division
Tie Down Engineering, Inc.
5901 Wheaton Drive
Atlanta, Georgia 30336

Dear Ms. Smith:

We wish to acknowledge receipt of your specifications and test results certifying that your Xi Longitudinal Stabilizing System listed below complies with the specifications and regulations set by the Department of Highway Safety and Motor Vehicles, Rules 15C-1.0105, 15C-1.0107 and 15C-1.0108, Florida Administrative Code.

Approval of the Longitudinal Stabilizing System is based upon the applications of two (2) systems per section (or floor). Installation instructions should reflect this, along with a maximum angle of 45° and be available at the installation site.

<u>MODEL #</u>	<u>IDENTIFICATION</u>	<u>DESCRIPTION</u>
Xi59311	Longitudinal Stabilizing System	12 ga. Galvanized Steel Pad for Longitudinal Bracing System (X)

NOTE: This system is for replacement of longitudinal anchors only. This system can only be used with sidewall anchor spacing of 5'4".

If you have any questions, please advise at (407) 623-1340.

Sincerely,

Phil Bergelt, Program Manager
Bureau of Motor Home and
Recreational Vehicle Construction
Division of Motor Vehicles

PRB:srb



State of Florida
DEPARTMENT OF
HIGHWAY SAFETY AND MOTOR VEHICLES

TALLAHASSEE, FLORIDA 32399-0500

FRED O. DICKINSON, III
Executive Director

May 1, 2001

Ms. Boone Smith
Director of Manufactured Housing Division
Tie Down Engineering, Inc.
5901 Wheaton Drive
Atlanta, Georgia 30336

Dear Ms. Smith:

We wish to acknowledge receipt of your specifications and test results certifying that your Vector Xi System listed below complies with the specifications and regulations set by the Department of Highway Safety and Motor Vehicles, Rules 15C-1.0105, 15C-1.0107 and 15C-1.0108, Florida Administrative Code.

Based on the information submitted to this bureau, the following product is listed for sale and use in Florida when the installation instructions showing the way the system was tested, are provided, at installation sites.

<u>MODEL #</u>	<u>IDENTIFICATION</u>	<u>DESCRIPTION</u>
59315 / 59314	Vector Xi System	Lateral/Longitudinal Stabilizing System

If you have any questions, please advise at (407) 623-1340.

Sincerely,

Phil Bergelt, Program Manager
Bureau of Motor Home and
Recreational Vehicle Construction
Division of Motor Vehicles

FRB:srb

10/11/2000 15:47 4076231158

DMV

APPROVED
ANCHOR MANUFACTURER'S LISTING
(Anchor and Components)

TIE DOWN ENGINEERING
5901 Wheaton Drive
Atlanta, Georgia 30336

Pad Description (Pyramid Footer Configuration)	Pad Area (Sq. Ft.)	1000 lb soil	2000 lb soil	3000 lb soil
Two pads of 16" x 22 1/2" as base and one pad of same size on top of center	5.0	5,000	10,000	N/A
Two pads of 17 3/16" x 25 3/16" x 1 1/18" as base and one pad of same size on top center of base	6.0	6,000	12,000	N/A

Note: Installer is responsible for determining soil bearing capacity.
Both pads were tested for single and double block configuration.

THE FOLLOWING ARE KIT NUMBERS

MODEL#	IDENTIFICATION	DESCRIPTION
59006	Lateral (Vector) Kit w/pads for concrete applications - single stacked block piers	17.25 x 11, 12 gauge galvanized pad, part #59277 w/mounting brackets and hardware
59008	Lateral (Vector) Kit w/pads for concrete applications - double stacked block piers	17.25 x 18.6, 12 gauge galvanized pad, part #59273 w/mounting brackets and hardware
59024	Lateral (Vector) Hardware Kit (Use w/59271)	Hardware consisting of U-bolts, "U" shaped connectors and inside brackets
59026	Longitudinal L ² SD Hardware Kit (Use w/59271)	6" x 6 3/4", 7 gauge beam clips, "U" shaped plate connector, bolts and nuts for connections
59271	Galvanized metal foundation pad (Use w/59024 and 59026)	19.4 x 22.2, 12 gauge, 3.0 sq. ft. (add soil info)

New
(Revised 5/00)



State of Florida
**DEPARTMENT OF
HIGHWAY SAFETY AND MOTOR VEHICLES**
TALLAHASSEE, FLORIDA 32399-0500

FRED O. DICKINSON, III
Executive Director

May 19, 2000

Mr. Chuck Mackarvich
Tie Down Engineering, Incorporated
5901 Wheaton Drive
Atlanta, Georgia 30336

Dear Mr. Mackarvich:

We wish to acknowledge receipt of your specifications and test results certifying that your ABS Plastic Stabilizing Device listed below, complies with the rules and regulations set by the Department of Highway Safety and Motor Vehicles, Chapter 15-C1.0103.

Based on the information submitted to this bureau, the following products are listed for use in Florida using Type I and Type II anchors, when the installation instructions are provided:

MODEL #	IDENTIFICATION	DESCRIPTION
59293	Plastic Stabilizer Post	8" x 24" x 1.375 at top

If you have any questions, I can be reached at (850) 413-7600.

Sincerely,

Phil Bergelt, Program Manager
Bureau of Mobile Home and
Recreational Vehicle Construction
Division of Motor Vehicles

PB:bac

Xi-Steel Pier System Installation Instructions By Tie Down Engineering

**Effective: July 10, 2003
FLORIDA ONLY**

Installation instructions for longitudinal and lateral stabilization of manufactured homes set to specifications of the State of Florida.

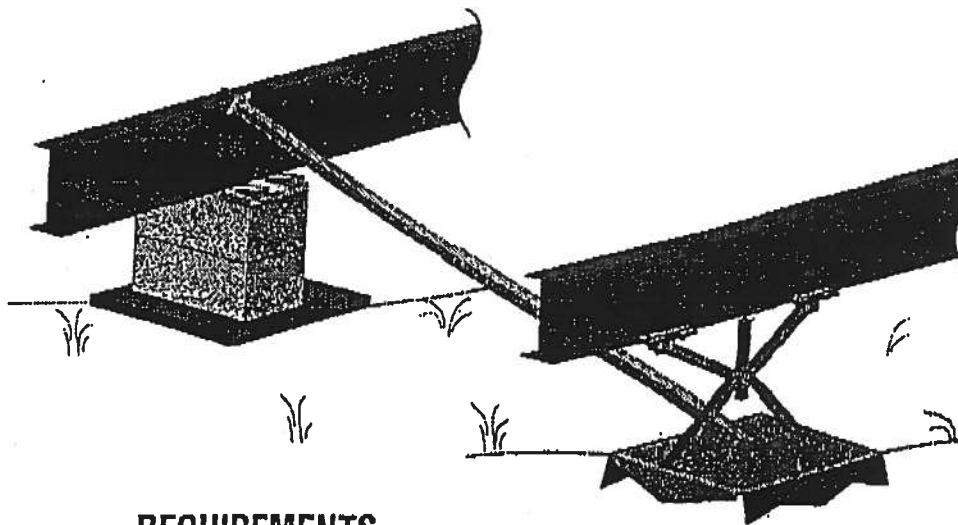
- Easy installation
- 3 square foot pad and Xi-system replace standard support pier and base pad
- Screw type pier adjusters... no need to use installation jacks to adjust home to system

Steel Pier Systems P/N's

- #59321 Xi, 12" Pier
- #59314 Xi, 25.5" Pier
- #59317 Xi, 36" Pier
- #59315 Xi, 5' Lateral Strut
- #59318 Xi, 6' Lateral Strut

Block Pier Systems P/N's

- #59319 Xi, Lateral w/5' Strut
- #59320 Xi, Lateral w/6' Strut

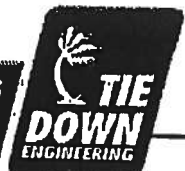


REQUIREMENTS

- Installation can be made in any type of soil, 4B or better
- Florida requires 5' 4" anchor spacing for vertical ties
- 4' ground anchors are used with the Xi-system in 4A and 4B soils, except at shear wall or marriage wall locations where loads exceed 3150 pounds. Florida requires that 5' anchors be used at these locations.
- Center line or shear wall anchors, that may be required by specific manufacturers, are to be sized according to soil torque conditions. Follow all manufacturers instructions for anchor type and placement in addition to Florida regulations.
- Maximum height is a 96" projection. Higher walls may be used, when the design loads are adjusted accordingly.
- Maximum roof eave is 16"
- Main rill spacing must be 99.5" or less
- Maximum pier height of the Xi-system is 48"
- Instructions are not for use on "Exposure D" homes within 1500 feet of the coastline
- Installation instructions are based on 4200# per pad longitudinal load and 6000# per pad lateral load with one diagonal tie/stabilizer.
- Additional vertical anchor ties that are unique to a home's design may be required by the home manufacturer. These locations include shear walls, marriage line ridge beam support posts, and rim plates.

P/N 15386

**TIE DOWN ENGINEERING • 5901 Wheaton Drive • Atlanta GA, 30336
www.tiedown.com • (404) 344-0000 • FAX (404) 349-0401**



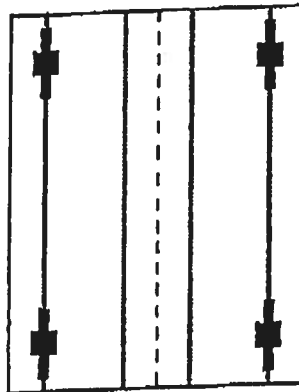
Longitudinal Stabilization for Florida

When using longitudinal stabilization only, sidewall perimeter anchors with diagonal ties and stabilizer plate every 5'-4" must be used on the home. Vertical ties are also required on homes supplied with vertical tie connection points (per Florida regulations).

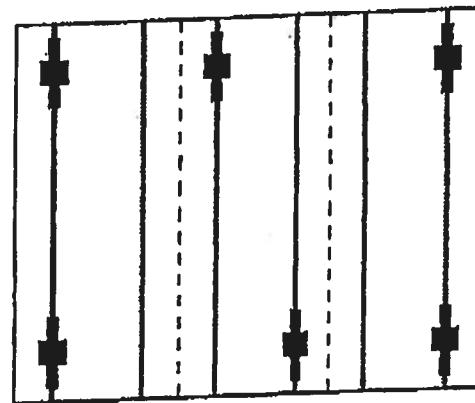
Typical Placement



Single Section
Up to 16' Nominal



Double Section
Up to 32' Nominal



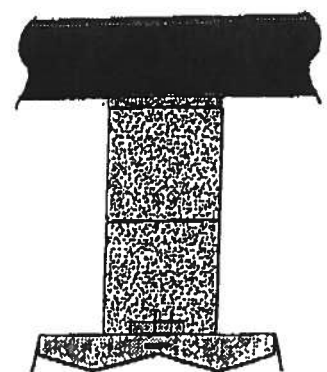
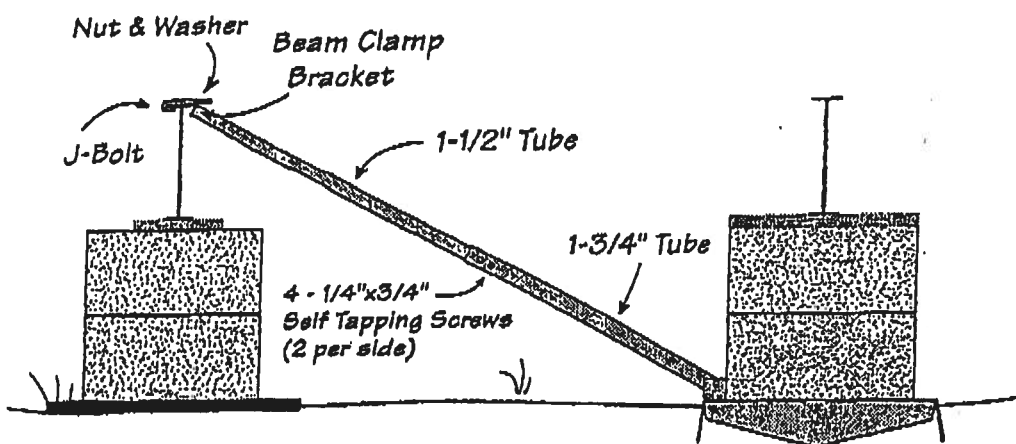
Triple Section
or Double w/tag up to 48' Nominal

When the Xi-System is used only as longitudinal stabilization, systems must be as evenly spaced as possible, more than 16' from the end of the home. Maximum roof slope for single units & double section is 5/12, for triple sections is 3.5/12, for the above number of systems.

Combining Longitudinal and Lateral Stabilization for Florida

- Sidewall anchors with vertical ties every 5' 4" per Florida requirements
- Roof slope of 20 degrees or less (See chart for 5/12 roof installations).
- Single and double section homes require the same number of systems
- Triple section homes and double section homes with tag units require two additional longitudinal systems
- Diagram represents single section up to 16' width, double section up to 32' width, and triple section home up to 48' width.
- NOTE: Older homes without vertical tie attachments, require diagonal frame ties/anchors/plates every 5'-4" per Florida regulations

Xi Block System Assembly



Side View

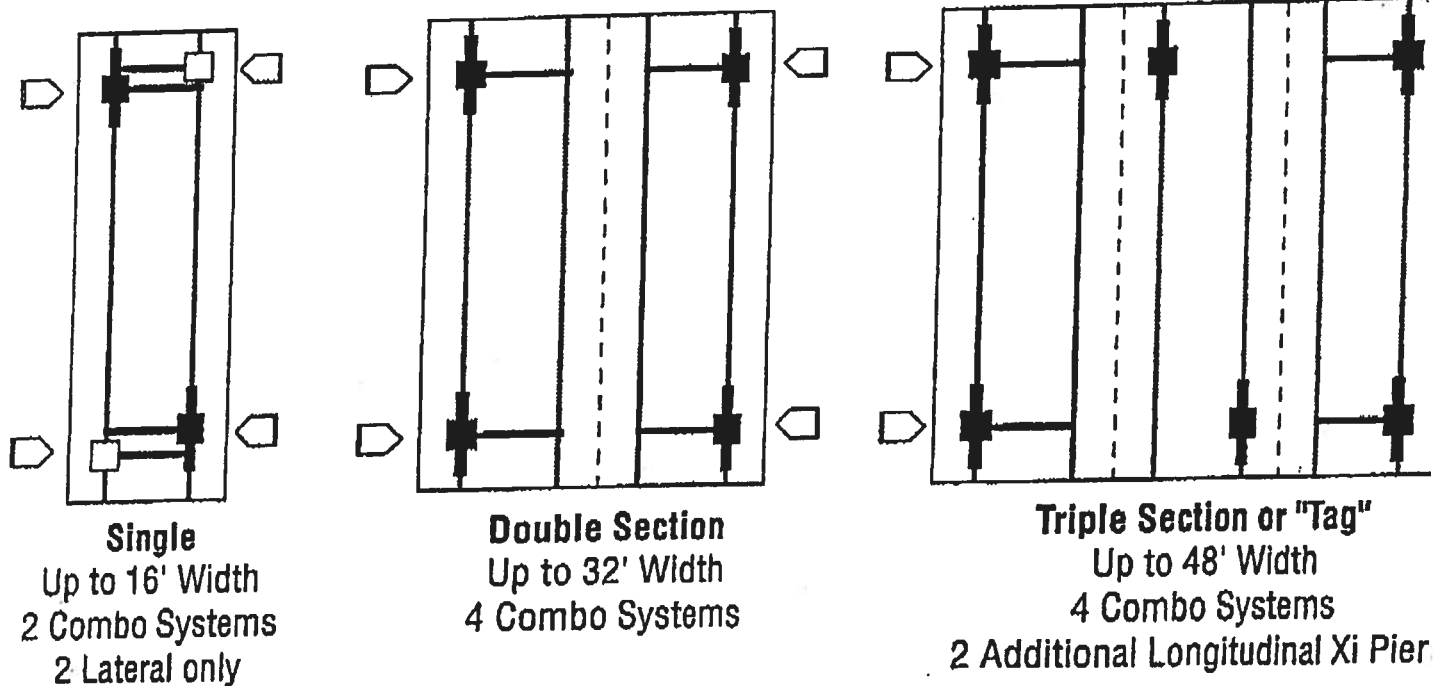
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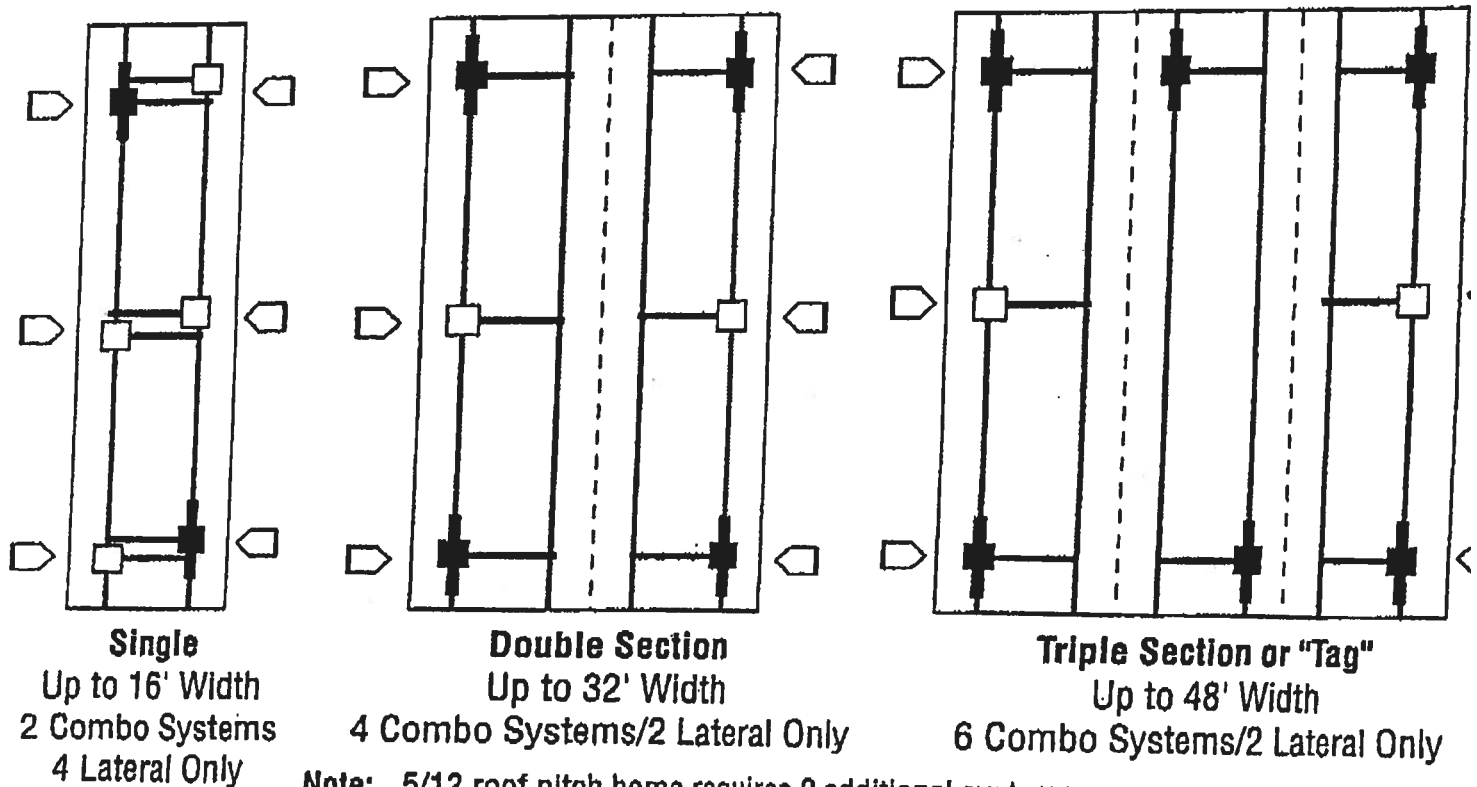
Longitudinal and Lateral Stabilization for Florida



Homes Up To 52'



Homes Over 52', up to 80'



Note: 5/12 roof pitch home requires 2 additional systems.
 6 lateral systems up to 52', 8 lateral systems up to 80'

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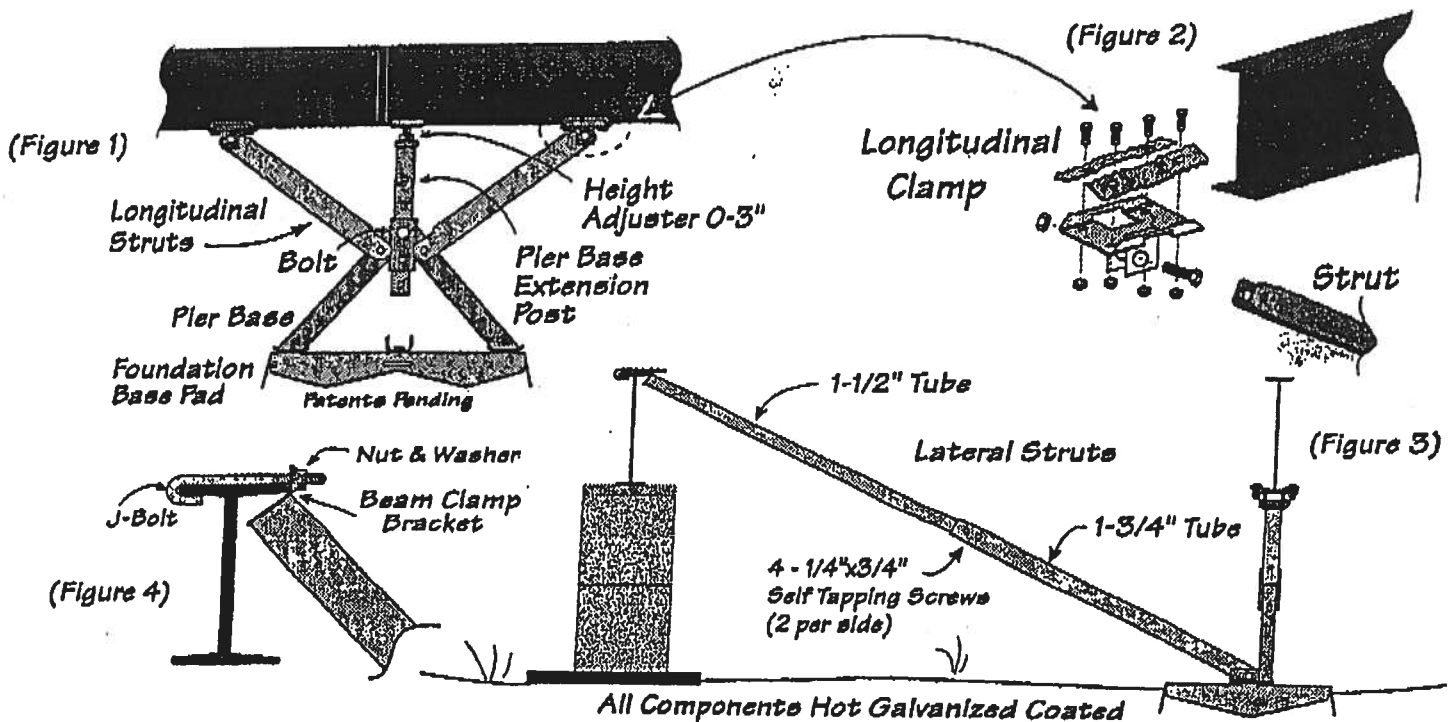


Installation of Longitudinal System (Figure 1)

1. Identify the number of systems to be used on the home using the chart provided.
2. Identify on the location where the longitudinal systems will be installed.
3. Clear all organic matter and debris from the pad site.
4. Place pad centered under beam using the centering mark imprinted on the pad.
5. Press or drive pan into ground until level and flush with prepared surface.
6. Slide Xi-System pier feet into slots in pad so that the Xi-system pier is centered under the I-beam.
7. Raise telescoping extension post to contact the bottom of I-beam, secure with bolt provided, tighten bolt nut. (Figure 1)
8. Turn hex nut on pier height adjuster until Xi-System pier is rigid between pad and I-beam.
9. Install Gator Beam clamps to I-beam on each side of the Xi-System pier. Do not tighten nuts at this time. (Figure 2)
10. Connect struts (open side down) to each side of the Xi-System pier using the U-bolt provided. Struts are attached to the upper hole in each pier leg and to the flanges on the beam clamps. (Figure 1)
11. Tighten all nuts and bolts on the struts and beam clamps.

Installation of Lateral System (Figure 3)

1. Assemble lateral strut by sliding smaller (1-1/2") tube into the larger (1-3/4") tube. Holes should be on the sides of the larger tube and the "flag" up on the smaller tube.
2. Attach the end of the larger tube to the bracket mounted in the center of the pad, using the grade 5, 1/2" x 2-1/2" bolt/nut provided.
3. Attach the flag end of the smaller tube to the opposite I-beam using the "J" bolt over the top of the I-beam with the nut & washer provided. (Figure 4)
4. Install a minimum of four (1/4"x3/4") self-tapping screws into the holes provided in the lateral strut so that the two tubes are connected together. (Figure 1)



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THIS INSTRUMENT PREPARED BY

REGIONAL TITLE COMPANY
2015 South First Street
Post Office Box 1672
LAKE CITY, FLORIDA 32055
Martha J. Tedder by: *[Signature]*

This Indenture,

(The terms "grantor" and "grantee" herein shall be construed to include all genders and singular or plural as the context indicates.)

Made this 18th day of July, 19 90, Between
R. Quintana and Jean M. Rice, as Co-Trustees of the R. Quintana, MD, PA Profit-
Sharing Trust, both married persons * Social Security No(s)
of the County of Alachua, State of Florida * IRS 59-1500612 grantor, and
Frank H. Giovenco and Mary K. Giovenco, his wife 264-12-5436
Social Security No(s) 026-36-4525
whose post office address is 1522 S. Church Ave. Tampa, FL 33629
of the County of Hillsborough, State of Florida, grantee,

Witnesseth: That said grantor, for and in consideration of the sum of TEN AND NO/100's Dollars, and other good and valuable considerations to said grantor in hand paid by said grantee, the receipt whereof is hereby acknowledged, has granted, bargained and sold to the said grantee, and grantee's heirs, successors and assigns forever, the following described land, situate, lying and being in Columbia County, Florida, to-wit:

Lots 53 and 54, Unit 10, THREE RIVERS ESTATES, INC., a subdivision according to the plat thereof recorded in Plat Book 6, page 10 of the public records of Columbia County, Florida.

Terms, provisions, restrictive covenants, conditions, reservations and easements contained in Declaration recorded in O.R. Book 129, page 90.

DOCUMENTARY STAMP 47.30
AD VALOREM TAX 0
RECEIVED CLERK OF
COUNTY, COLUMBIA COUNTY
BY *[Signature]* D.C.

The above described property does not constitute the homestead of the Grantors.

The property appraiser's parcel identification number of the property is: 00-00-00-00787-001

and said grantor does hereby fully warrant the title to said land, and will defend the same against the lawful claims of all persons whomsoever.

In Witness Whereof, Grantor has hereunto set grantor's hand and seal the day and year first above written.
Signed, sealed and delivered in our presence:

[Signature: Namag W. Wyckoff]
witness *[Signature: Cindy Almon]*
witness
witness

[Signature: R. Quintana] (Seal)
R. Quintana, Trustee.
[Signature: Jean M. Rice] (Seal)
Jean M. Rice, Trustee
(Seal)

witness Florida
STATE OF
COUNTY OF Columbia

I HEREBY CERTIFY that on this day before me, an officer duly qualified to take acknowledgments, personally appeared R. Quintana and Jean M. Rice, as Co-Trustee of the R. Quintana, MD, PA Profit Sharing Trust

to me known to be the person(s) described in and who executed the foregoing instrument and acknowledged before me the execution of same.

WITNESS my hand and official seal in the County and State last aforesaid this 18th day of July, 1990

[Signature: Sharon L. [illegible]]
Notary Public NOTARY PUBLIC, STATE OF FLORIDA AT LARGE
My commission expires OCT. 14, 1993.

WARRANTY DEED

THIS INDENTURE, made this 18th day of September, 1996.

Paul F. Carrasco and Julianne A. Carrasco, his wife

BK 0828 PG 1071

of the County of Pasco

, State of

Social Security # 078241396
Social Security # 120-30-6925
Florida, grantor and

Frank H. Giovenco and Mary K. Giovenco, his wife

Social Security # 264-72-5430
Social Security # 026-36-4525

Whose mailing address is 1522 S. Church Ave., Tampa, Florida 33629
of the County of Hillsborough, State of Florida, grantee

WITNESSETH: This said grantor, for and in consideration of the sum of TEN AND NO/100'S--Dollars, to them in hand paid by the grantee(s), the receipt whereof is hereby acknowledged, has/have granted, bargained, and sold to said grantee(s), their heirs and assigns forever, the following described land, situate, lying and being in Columbia County, Florida, to wit:

Lot 52, Unit 10, THREE RIVERS ESTATES, as per plat thereof recorded in Plat Book 6, page 10, public records of Columbia County, Florida.

Subject to: terms, provisions, restrictive covenants, conditions, reservations and easements contained in Declaration recorded in O.R. Book 129, page 90; O.R. Book 733, page 144 and O.R. Book 409, page 242, public records of Columbia County, Florida.

Tax Parcel # 00-00-00-00787-000

and said grantor does hereby fully warrant the title to said land, and will defend the same against the lawful claims of all persons whomsoever.

IN WITNESS WHEREOF, Grantor(s) has hereunto set grantor's hand and seal the day and year first above written.

Signed, sealed and delivered in our presence:

[Signature]
Witness

[Signature]
Paul F. Carrasco

[Signature]
PRINTED NAME OF WITNESS

[Signature]
Julianne A. Carrasco

[Signature]
Witness

FILED AND RECORDED IN PUBLIC
RECORDS OF COLUMBIA COUNTY, FL.

[Signature]
LEROY G. HAMILTON 96-13624
PRINTED NAME OF WITNESS

1996 SEP 23 AM 10:51

STATE OF FLORIDA
COUNTY OF PASCO

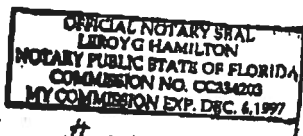
RECORDS SECTION
CLERK OF COURTS
COLUMBIA COUNTY, FLORIDA

I hereby certify that on this day before me, an officer duly qualified to take acknowledgments, personally appeared

Paul F. Carrasco and Julianne A. Carrasco, his wife

known to me to be the person(s) described in and who executed the foregoing instrument, who acknowledged before me that they executed the same; that I relied upon the following form(s) of identification of the above-named person(s): drivers license.

Witness my hand and official seal in the County and State last aforesaid this day 18th of September, 1996.



[Signature]
Notary Signature
LEROY G. HAMILTON
Printed name of Notary

DOCUMENTARY STAMP \$ 34.30
INTANGIBLE TAX
P. DWITT CASON, CLERK OF COURTS, COLUMBIA COUNTY
BY *[Signature]* RA

My Commission Expires: 12-6-97

and return to: Regional Title Company
2815 South First Street
Lake City, Florida 32055
Martha Bryan By: KM



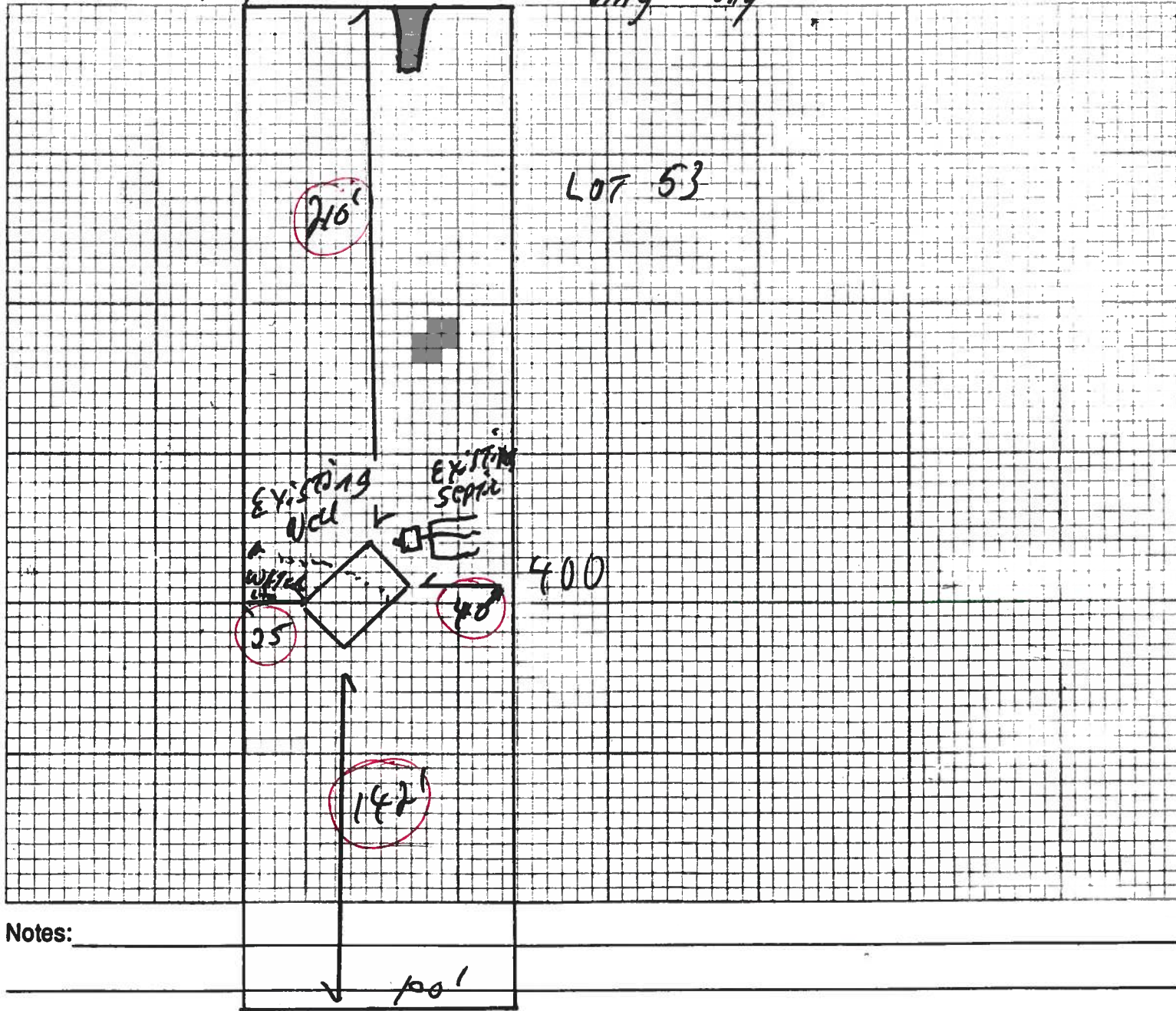
STATE OF FLORIDA
DEPARTMENT OF HEALTH

APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permit Application Number 04-0173-E

PART II - SITE PLAN

Scale: Each block represents 5 feet and 1 inch = ⁶⁰50 feet.



Notes: _____

Site Plan submitted by: W. H. R. R. R. Signature 2-9-04 Title

Plan Approved _____ Not Approved _____ Date _____

By _____ County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

LAUREN E. (BUD) BRITT, P.L.S.
FLORIDA CERTIFICATE No. 1079

1426 W. Duval
P. O. Box 837
Lake City, Florida
32055
752-7163

"Britt Surveying"

CERTIFICATION:

I, THE UNDERSIGNED REGISTERED LAND SURVEYOR, HEREBY CERTIFY THAT A POSITION WAS MARKED AND FLAGGED ON LOT # 53, ~~BLOCK~~ OF THREE RIVERS ESTATES UNIT NO. 10, PLAT BOOK 6, PAGE 10, COLUMBIA COUNTY, FLORIDA. THAT THE NATURAL GROUND ELEVATION AT SAID POINT IS AS NOTED ~~FEET~~ IN ACCORDANCE WITH THE BENCH MARK RUN BY BRITT SURVEYING IN 1991.


LAUREN E. BRITT, P.L.S.
FLA. CERTIFICATION # 1079

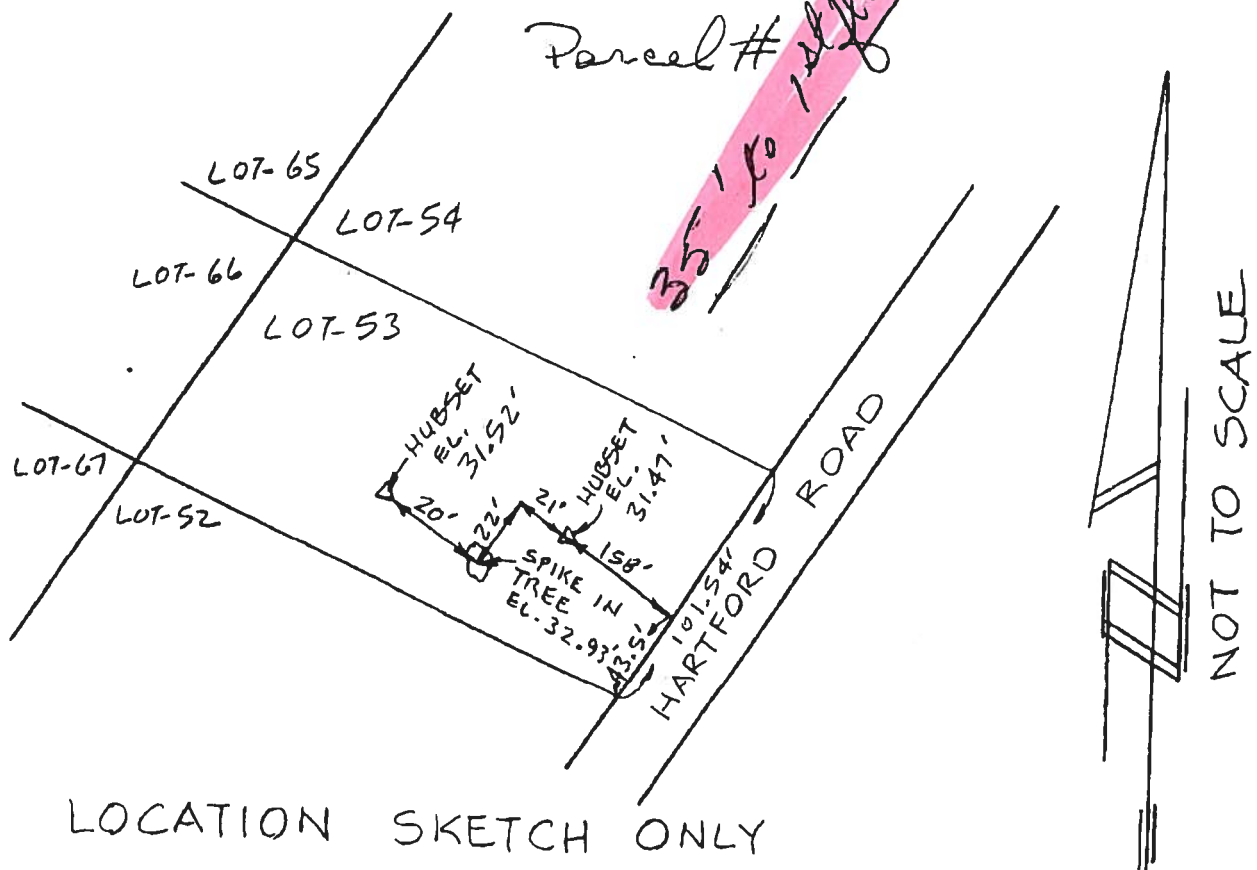
THIS OFFICE ACCEPTS NO RESPONSIBILITY
FOR ANY SURVEY SKETCH UNLESS IT IS
SIGNED AND A SEAL EMBOSSED HEREON.

DATE: 29 MARCH 1991

WO #: L-4880

F.B.: 115 PG: 55

FOR: FRANK H. GIOVENCO



LOCATION SKETCH ONLY
THIS IS NOT A SURVEY

L-4880



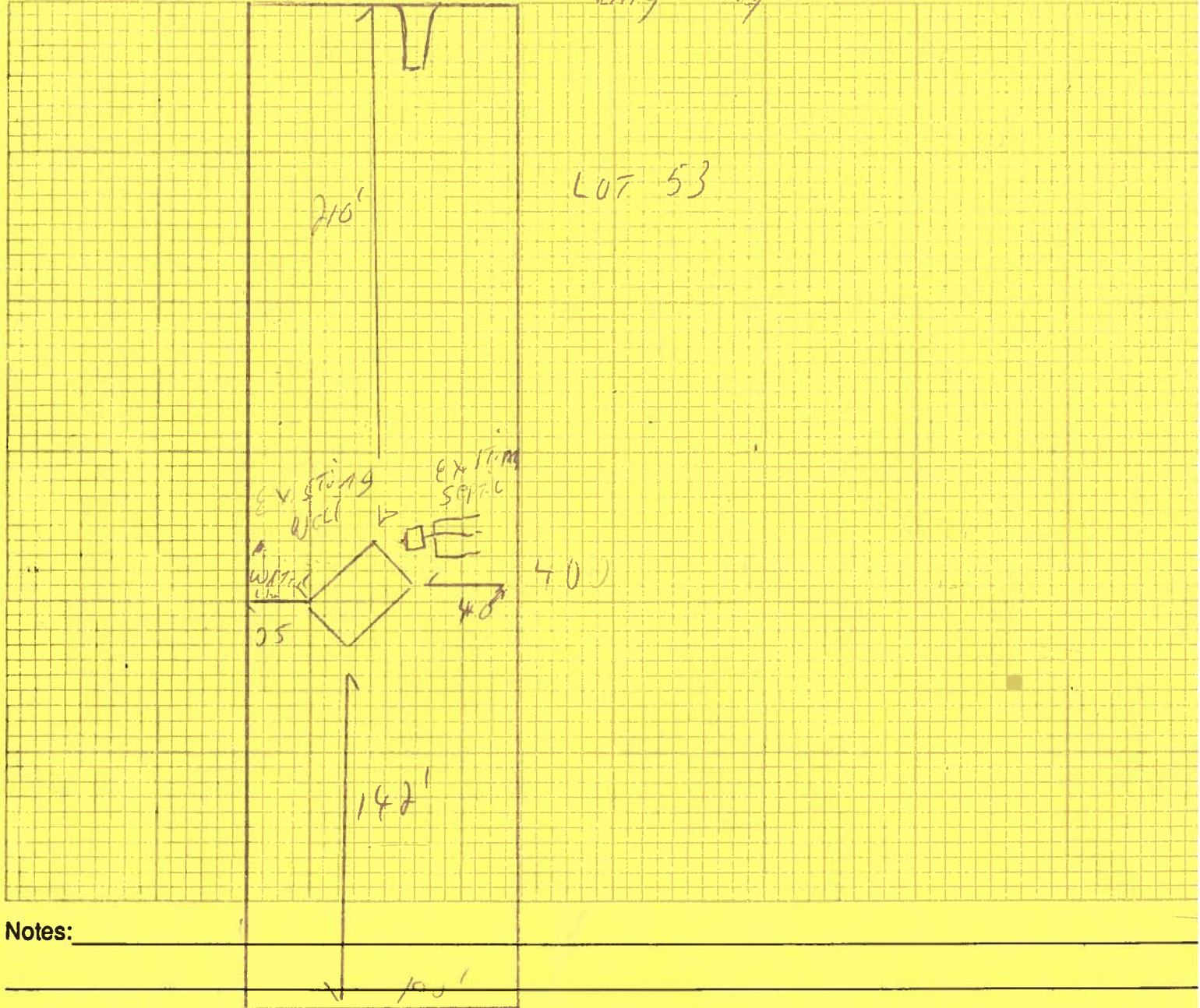
STATE OF FLORIDA
DEPARTMENT OF HEALTH

APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permit Application Number 04-0173-E

PART II - SITE PLAN

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



Notes:

Site Plan submitted by: [Signature] Signature Date 2-9-04 Title

Plan Approved ☒ Not Approved ☐ Date 2-12-04

By [Signature] County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

PAID
2/30/04
G

COLUMBIA COUNTY
FLORIDA

M/H OCCUPANCY

COLUMBIA COUNTY, FLORIDA

Department of Building and Zoning Inspection

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

Parcel Number 26-6S-15-00787-001 Building permit No. 000021541

Permit Holder WILLIAM PUCKETT

Owner of Building FRANK & MARY GIOVENCO

Location: THREE RIVERS ESTATES, LOT 53, UNIT 10



Date: 03/30/2004

Harry Steele

Building Inspector

POST IN A CONSPICUOUS PLACE
(Business Places Only)

21541

FEDERAL EMERGENCY MANAGEMENT AGENCY
NATIONAL FLOOD INSURANCE PROGRAMO.M.B. No. 3067-0077
Expires December 31, 2005

ELEVATION CERTIFICATE

Important: Read the instructions on pages 1 - 7.

SECTION A - PROPERTY OWNER INFORMATION			For Insurance Company Use:	
BUILDING OWNER'S NAME Frank & Mary Giovenco			Policy Number	
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO.			Company NAIC Number	
CITY Lake City	STATE FL	ZIP CODE 32055		
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) Lot 55 Unit 10 Three Rivers Estates				
BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use a Comments area, if necessary.) Residential				
LATITUDE/LONGITUDE (OPTIONAL) (##° - ##' - ###.##" or ###.####")		HORIZONTAL DATUM: <input type="checkbox"/> NAD 1927 <input type="checkbox"/> NAD 1983		SOURCE: <input type="checkbox"/> GPS (Type): <input type="checkbox"/> USGS Quad Map <input type="checkbox"/> Other: _____

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER 120070		B2. COUNTY NAME Columbia		B3. STATE FL	
B4. MAP AND PANEL NUMBER 0255	B5. SUFFIX B	B6. FIRM INDEX DATE 6 Jan 1988	B7. FIRM PANEL EFFECTIVE/REVISED DATE	B8. FLOOD ZONE(S) AE	B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding) 35.00

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 _____ Conversion/Comments _____

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

- ☐ a) Top of bottom floor (including basement or enclosure) 36.18 ft.(m)
- ☐ b) Top of next higher floor _____ ft.(m)
- ☐ c) Bottom of lowest horizontal structural member (V zones only) _____ ft.(m)
- ☐ d) Attached garage (top of slab) _____ ft.(m)
- ☐ e) Lowest elevation of machinery and/or equipment servicing the building (Describe in a Comments area) _____ ft.(m)
- ☐ f) Lowest adjacent (finished) grade (LAG) 30.86 ft.(m)
- ☐ g) Highest adjacent (finished) grade (HAG) 32.06 ft.(m)
- ☐ h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade _____
- ☐ i) Total area of all permanent openings (flood vents) in C3.h _____ 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 PLS #5757

TITLE Surveyor		COMPANY NAME Britt Surveying	
ADDRESS 830 W. Duval St.	CITY Lake City	STATE FL	ZIP CODE 32055
SIGNATURE 	DATE 03/23/04	TELEPHONE 386-752-7163	

L-14743

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.			Policy Number
CITY	STATE	ZIP CODE	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

There is a mobile home on this parcel at this time.

☐ 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

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.

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
-------------------	------------------------	---

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

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).

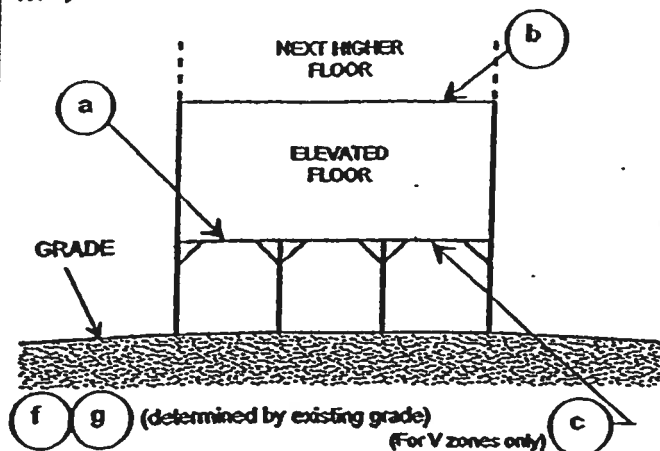


DIAGRAM 6

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 openings in Section C, Building Elevation Information (Survey Required).

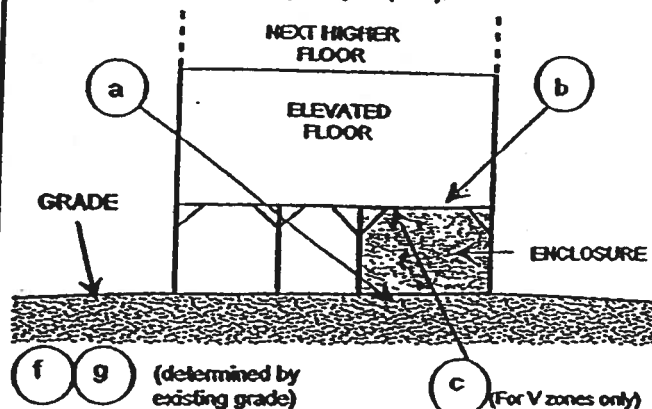


DIAGRAM 7

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 openings in Section C, Building Elevation Information (Survey Required).

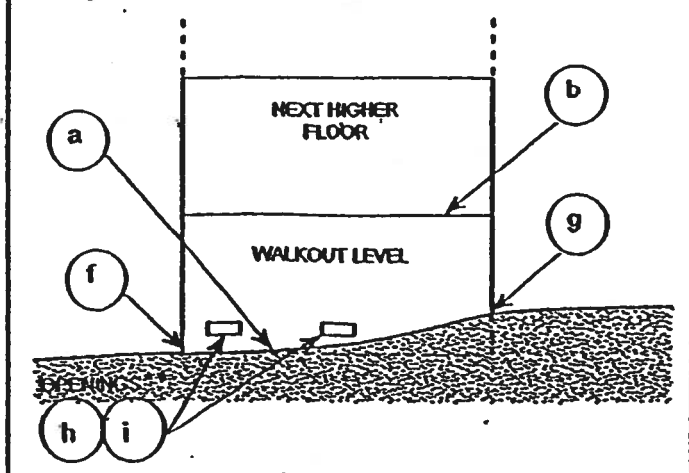
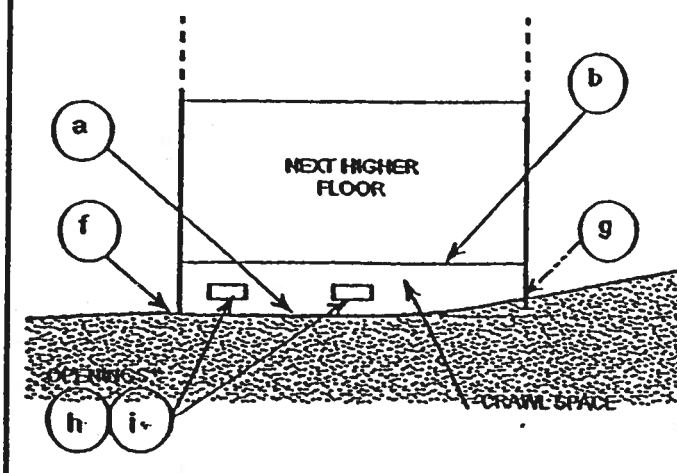


DIAGRAM 8

All buildings elevated on a crawl space with the floor of the crawl space at or above grade on at least one side.

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 the openings in Section C, Building Elevation Information (Survey Required).



An "opening" (flood vent) 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.



Engineers

Contractors

Designers

2/24/2004

Columbia County Building Department

To whom it may concern,

RE: Frank Giovenco Residence

I have reviewed the conditions for the property located on Lot 53 Three Rivers Estates on Dingo Way. The property is located in a flood zone (Zone AE). Set floor elevation based on benchmark (spike in tree) established by Britt Surveying to be at elevation 32.93'. The base flood is established on river mile nine to be as follows:

2- year flood elevation = 23.0'

10 year – flood elevation = 31.0'

100 year –flood elevation = 35.0'

The required floor elevation shall be set 1' above the 100 year flood elevation. If you have any questions, please call me at (386) 758-4209.

Sincerely,

A handwritten signature in cursive script, appearing to read 'William H. Freeman'.

William Freeman, P.E.

EXISTING GRADE ELEVATION = 31.50

100 YEAR FLOOD ELEVATION = 35.00'

SIZE OF STRUCTURE 64' x 28' = 1792 SQ FT

SIZE OF PROPERTY 406.14' x 101.54' = 41,239.46 SQ FT

HEIGHT OF FLOOD WATER = 35' - 31.5 = 3.5 FT

VOLUME OF DISPLACED WATER = 3.5' (1792 SQ FT) = 6,272 FT³

TOTAL RISE OVER PROPERTY

$$6272 \text{ FT}^3 / 41239.46 \text{ SQ FT}$$

$$= 0.1521 \text{ FT OR } 1.825 \text{ INCHES}$$

I CERTIFY THAT THE CONSTRUCTION OF THIS STRUCTURE
WILL NOT CAUSE A 1' RISE ON THE SURROUNDING
AREA. SET FINISHED FLOOR ELEVATION AT
ELEVATION 36.00.

William H. Freeman
2/24/04

LAUREN E. (BUD) BRITT, P.L.S.
FLORIDA CERTIFICATE No. 1079

1426 W. Duval
P. O. Box 837
Lake City, Florida
752-7163 32055

"Britt Surveying"

CERTIFICATION:

I, THE UNDERSIGNED REGISTERED LAND SURVEYOR, HEREBY CERTIFY THAT A POSITION WAS MARKED AND FLAGGED ON LOT # 53, ~~BLK~~ OF THREE RIVERS ESTATES UNIT NO. 10, PLAT BOOK 6, PAGE 10, COLUMBIA COUNTY, FLORIDA. THAT THE NATURAL GROUND ELEVATION AT SAID POINT IS AS NOTED ~~FEET~~ IN ACCORDANCE WITH THE BENCH MARK RUN BY BRITT SURVEYING IN 1991.


LAUREN E. BRITT, P.L.S.
FLA. CERTIFICATION # 10792

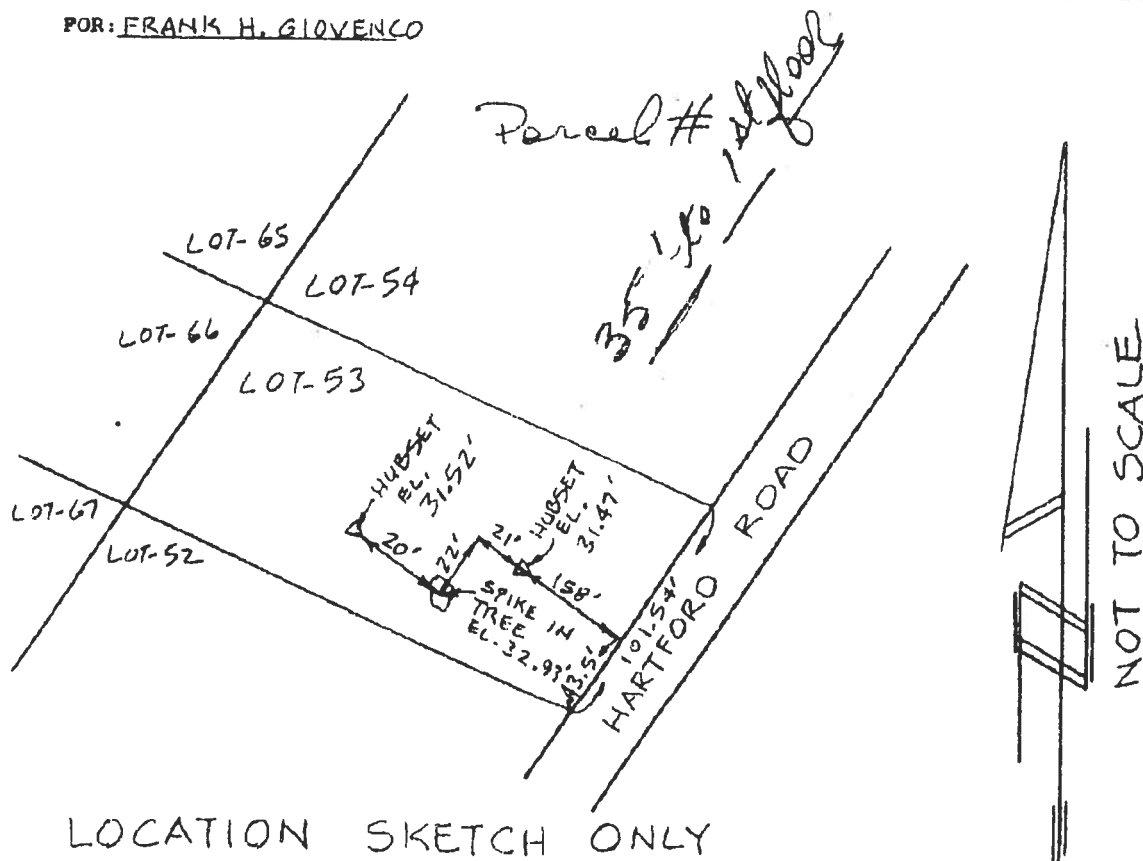
DATE: 29 MARCH 1991

WO #: L-4880

P.B.: 115 PG: 55

FOR: FRANK H. GIOVENCO

THIS OFFICE ACCEPTS NO RESPONSIBILITY
FOR ANY SURVEY SKETCH UNLESS IT IS
SIGNED AND A SEAL EMBOSSED HEREON.



LOCATION SKETCH ONLY
THIS IS NOT A SURVEY

L-4880

