

DATE 05/04/2003

Columbia County
Building Permit / Application

PERMIT

000020650

This Permit Expires One Year From Date of Issue

New Resident Y

APPLICANT ROBERT MINNELLA PHONE 352.486.0016
ADDRESS 11451 NE 83RD TERRACE BRONSON FL 32621
OWNER LARRY & SHERI CARSON PHONE 386.462.1314
ADDRESS 160 SW BUMLE STREET FT. WHITE FL 32038
CONTRACTOR GREG ROACH PHONE _____
LOCATION OF PROPERTY 47-S TO US 27, R TO WILSON SPRINGS RD, R, NWEARK, R, TO
COPPERHEAD, L, TO CENTRAL R, BUMBLE,L, SITE ON LEFT
TYPE DEVELOPMENT M/H,SEPTIC,UTILTIY ESTIMATED COST OF CONSTRUCTION .00
FLOOR AREA _____ TOTAL AREA _____ HEIGHT .00 STORIES _____ WALLS _____
FOUNDATION _____ ROOF (Type & Pitch) _____ FLOOR _____
LAND USE & ZONING ESA-2 MAX. HEIGHT _____
MINIMUM SET BACK: STREET-FRONT / SIDE 30.00 REAR 25.00 SIDE 25.00
NO. EX.D.U. 0 FLOOD ZONE AE CERT. DATE _____ DEV. PERMIT 2303011

LEGAL DESCRIPTION

PARCEL ID 00-00-00-00676-000 SUBDIVISION 3 RIVERS ESTATES
BLOCK _____ LOT 5 UNIT 8 TOTAL ACRES 1.00

I certify that all work will be performed to meet the standards of all laws regulating construction in this jurisdiction and that all foregoing information is accurate and all work will be done in compliance with all applicable laws regulating construction and zoning.

WAIVER Y IH0000588
Driveway Connection Culvert Waiver Contractor's License Number Applicant/Owner/Contractor

03-0264-N BLK RK
Septic Tank Number LU & Zoning checked by Approved for Issuance

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 _____ framing _____
date/app. by date/app. by date/app. by
Rough-in plumbing above slab and below wood floor _____
date/app. by
Electrical rough-in _____ Heat and Air Duct _____ Peri. beam _____
date/app. by date/app. by date/app. by
Permanent power _____ Final _____ Pool _____
date/app. by date/app. by date/app. by

COMMENTS: WASTE @ 76.25 & FIRE @ 28.35 TOTALED 239.60 .D.P 10.00 CK#1880

OTHER TYPES OF INSPECTIONS

Culvert _____ M/H tie downs, blocking, electricity and plumbing _____
date/app. by date/app. by
Utility Pole _____ Pump pole _____ Reconnection _____
date/app. by date/app. by date/app. by

BUILDING PERMIT FEE \$.00 ZONING CERT. FEE \$ 25.00 Certification Fee \$.00 Surcharge \$.00
MISC. FEES \$ 100.00 CULVERT FEE \$ _____ TOTAL PERMIT FEE \$ 125.00
INSPECTORS OFFICE _____ CLERKS OFFICE CN

NOTICE: IN ADDITION TO THE REQUIREMENTS OF THIS PERMIT, THERE MAY BE ADDITIONAL RESTRICTIONS APPLICABLE TO THIS PROPERTY THAT MAY BE FOUND IN THE PUBLIC RECORDS OF THIS COUNTY. AND THERE MAY BE ADDITIONAL PERMITS REQUIRED FROM OTHER GOVERNMENTAL ENTITIES SUCH AS WATER MANAGEMENT DISTRICTS, STATE AGENCIES, OR FEDERAL AGENCIES.

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

This Permit Must Be Prominently Posted on Premises During Construction

PLEASE NOTIFY THE COLUMBIA COUNTY BUILDING DEPARTMENT AT LEAST 24 HOURS IN ADVANCE OF EACH INSPECTION, IN ORDER THAT IT MAY BE MADE WITHOUT DELAY OR INCONVIENCE, PHONE 758-1008. THIS PERMIT IS NOT VALID UNLESS THE WORK AUTHORIZED BY IT IS COMMENCED WITHIN 6 MONTHS AFTER ISSUANCE.

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

PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

*** 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.

| | | |
|---|-------------------------------|---|
| For Office Use Only | Zoning Official <u>-BK-</u> | Building Official <u>PK 4-2-0</u> |
| AP# <u>03-0409</u> | Date Received <u>4-04-04</u> | By <u>JW</u> Permit # <u>20650</u> |
| Flood Zone <u>AE</u> | Development Permit <u>YES</u> | Zoning <u>DDU</u> Land Use Plan Map Category <u>ESA</u> |
| Comments <u>MUST SUBMIT A FINISH FLOOR ELEVATION CERTIFICATE</u> <u>Prior to power being released - DO NOT PERMIT</u> <u>*NEED ALL ORIGINALS*</u> | | |

- Property ID # 00-00-00-00676-000 *(Must have a copy of the property deed)
- New Mobile Home _____ Used Mobile Home YES Year 1999
- Applicant ROBERT MINNELLA & NANCY PHELPS Phone # _____
- Address 160 SW BUMBLE STREET, Ft. WHITE, TX 76726
- Name of Property Owner LARRY & SHERI CARSON Phone# _____
- Address _____
- Name of Owner of Mobile Home Same as Property Owner Phone # _____
- Address _____
- Relationship to Property Owner _____
- Current Number of Dwellings on Property 0
- Lot Size 87x446 Total Acreage 1.00 acre
- Current Driveway connection is WAIVED
- Is this Mobile Home Replacing an Existing Mobile Home -NO-
- Name of Licensed Dealer/Installer GREG KOACH Phone # _____
- Installers Address NA
- License Number TH000588 Installation Decal # 90163

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

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

NEED PRE-MH INSPECTION PRIOR TO MH ISSUANCE
*NANCY PLEASE FILL THIS OUT "ASAP" TODAY (NEW PROCEDURE)

7582160

01/ 7/201 16: 44 3867582160

BLDG AND ZONING

PAGE 02

PREMIT APPLICATION/MANUFACTURED HOME INSTALLATION

Applicant Robert Minnella
 Address 11451 NE 83 Terr
Branson, FL 32621

Permit # 20650
 Owner Name Larry Carson
 Address 160 SW Bumble St
Ft. White, FL

Name of Licensee and Dealer/Installer Greg Rouch
 License Number IA10000588 Installation Decal # 90163
 Manufacturer's Name General

Roof Zone South Wind Zone II
 Number of Sections 2 Width 24 Length 44 Year 1999 Serial # 33121

Installation Standards Used (Check One)

MANUFACTURER'S MANUAL 15C-1 ☒

WATER PROTECTION:

Debris at Original Removal ☒ Compacted Fill
 Water Drainage Natural ☒ Swale Pad Other

SUPPLY FOUNDATION PLAN DRAWN TO SCALE

See Foundation Plan Example:

ANCHORS

- 1. Use manufacturer's set-up manual if available
- 2. If not available use the following:

a. Anchors shall be a maximum of 5' 4" apart

b. Vertical roof ties when required a 60ft. home or less shall have 3.61 ft. or above shall have four when required

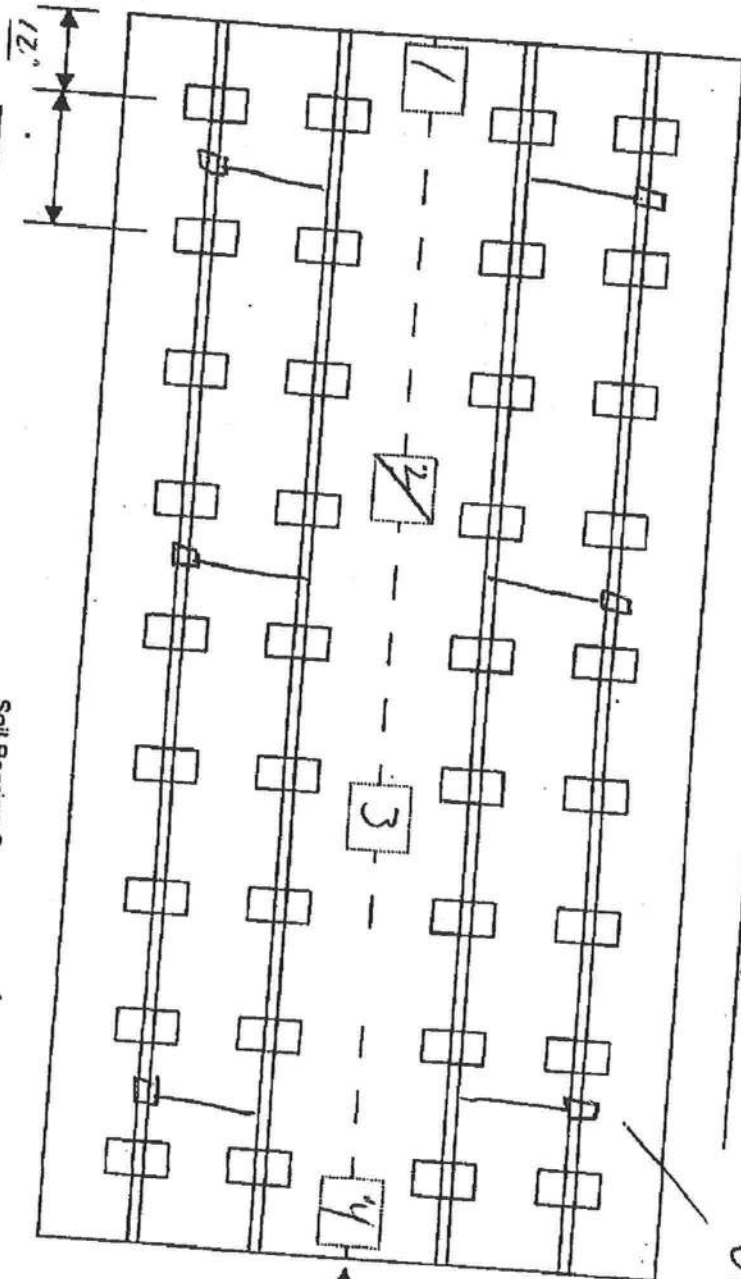
BLOCKING PLAN

Manufacturer
Length x Width

Genovis
24x48

Oliver 1101

System



MARRIAGE
WALL
piers & location vary per
floor plan

spaces at
24'
Typical
oc

Soil Bearing Capacity

Assume 1000

Probe test / anchor length

14'

Oliver 1101

I-beam Pier Pad size

17x25" AAS

Marriage Wall Pier Pad Sizes

117x25" 5

217x25" 6

317x25" 7

417x25" 8

Perimeter Pier Pad Sizes

17x25" AAS at Doors

Other information needed

Oliver 1101

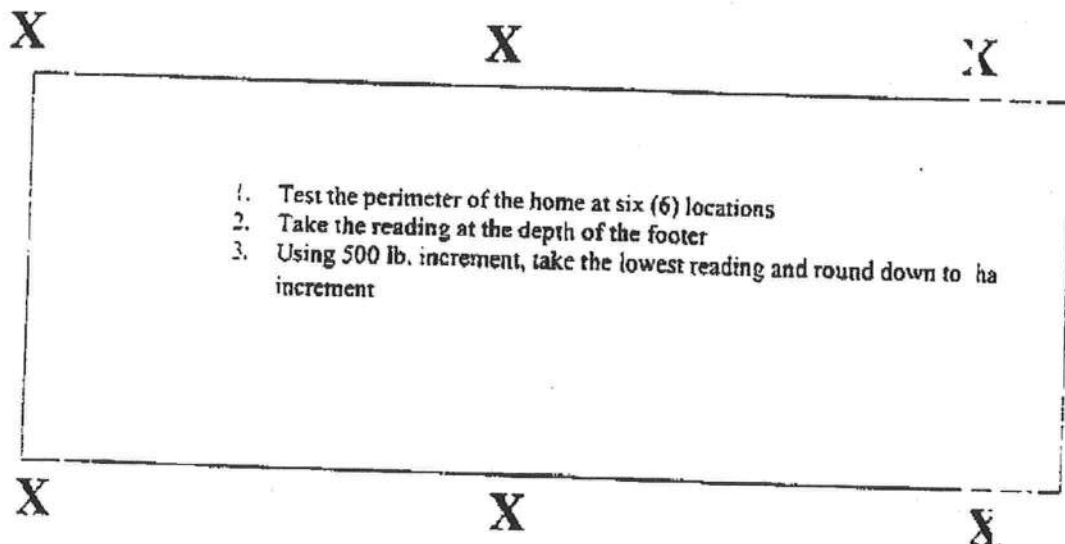
System 4' Anchor

Spaced 5'-4" OC

Minimum Permitting Requirements : A building permit by the local building authority must be obtained prior to the installation of any new or used mobile manufactured home. The building permit application shall include, but not limited to a site drawing of all pier block locations and foundation or footer dimensions and the soil load bearing capacity at the installation site. The soil load bearing capacity can be determined by a penetrometer test performed by a licensed installer, a general soil load bearing capacity declaration by a local building official or a test performed by a geotechnical testing company. When the soil load bearing capacity is not known, pier placement shall be based on soil load bearing capacity of 1,000 psf. (See example of pocket penetrometer test)

Assume 1000
 LOR

POCKET PENETROMETER TEST



X - Test locations around perimeter of home



STATE OF FLORIDA
DEPARTMENT OF HEALTH

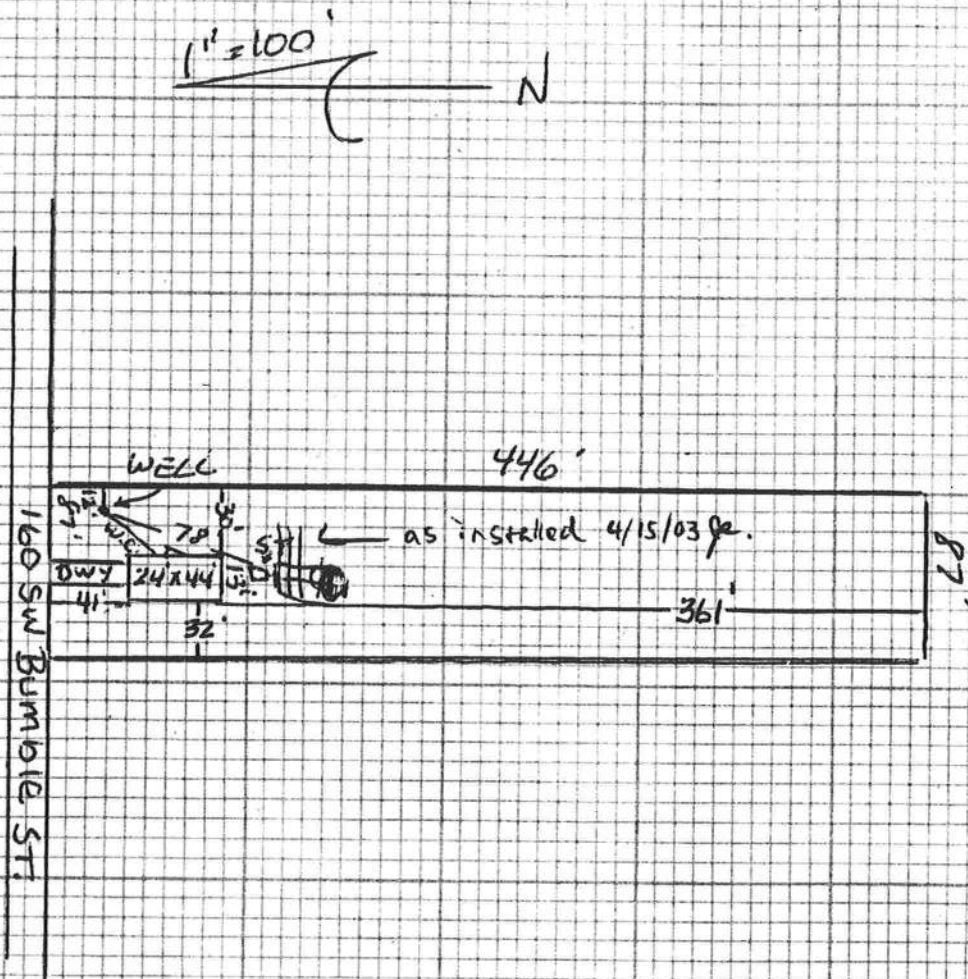
APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permit Application Number 03-0264N

Carson, LARRY/SHERRI

PART II - SITE PLAN

Scale: Each block represents 5-feet and 1 inch = ¹⁰⁰~~50~~ feet.



Notes: ALL NEW SYSTEMS
well 78' from S/T

Site Plan submitted by: Randy Appinville
Signature

Agent
Title
Date 3-14-03

Plan Approved X
Not Approved _____

By Jh. P. [Signature] Columbia County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

INSTALLER AUTHORIZATION

Date 3-18-03

TO Columbia

LICENSE NO IT0000588

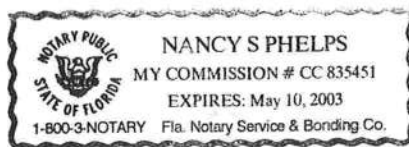
I, Greg Roach, give full consent to Robert Mianche
to pull any and all necessary permits on my behalf for mobile home set-ups in

Columbia County.

Signed [Signature]

Sworn to me this day 18 of March, 2003

Notary Signature Nancy S Phelps



Recording Fees: \$
Documentary Stamps: +
Total: \$

Prepared By And Return To:

TITLE OFFICES, LLC
1089 SW MAIN BLVD.,
LAKE CITY, FL. 32025

File #02Y-10056BF/BARBARA FRADDOSIO

Property Appraisers Parcel I.D. Number(s):
00-00-00-00676-000

Inst:2002023010 Date:11/20/2002 Time:10:26
Doc Stamp-Deed : 38.50
MCL DC, P. DeWitt Cason, Columbia County B:967 P:2426

WARRANTY DEED

THIS WARRANTY DEED made and executed the 15th day of November, 2002 by BONITA G. HADWIN, A SINGLE PERSON and MARTHA BRYAN, A MARRIED PERSON, EACH AN UNDIVIDED 1/2 INTEREST, hereinafter called the Grantor, to SHERRI CARSON and LAWRENCE JAMES CARSON, JR., HER HUSBAND, whose post office address is: P.O. BOX 376, FORT WHITE, FLORIDA 32038, hereinafter called the Grantee:

(Wherever used herein the terms "Grantor" and "Grantee" shall include singular and plural, heirs, legal representatives, and assigns of individuals, and the successors and assigns of corporations, wherever the context so admits or requires.)

WITNESSETH: That the Grantor, for and in consideration of the sum of TEN DOLLARS (\$10.00) and other valuable considerations, receipt whereof is hereby acknowledged, by these presents does grant, bargain, sell, alien, remise, release, convey and confirm unto the Grantee all that certain land situate, lying and being in COLUMBIA County, State of Florida, viz:

LOT 5, UNIT 8, THREE RIVERS ESTATES, A SUBDIVISION ACCORDING TO PLAT THEREOF RECORDED IN PLAT BOOK 6, PAGE 9, PUBLIC RECORDS OF COLUMBIA COUNTY, FLORIDA.

THE ABOVE DESCRIBED PROPERTY IS NOT THE HOMESTEAD OF THE GRANTORS.

TOGETHER with all the tenements, hereditaments and appurtenances thereto belonging or in anywise appertaining. TO HAVE AND TO HOLD the same in fee simple forever.

AND the Grantor hereby covenants with said Grantee that the Grantor is lawfully seized of said land in fee simple; that the Grantor has good right and lawful authority to sell and convey said land, and hereby warrants the title to said land and will defend the same against the lawful claims of all persons whomsoever; and that said land is free of all encumbrances, except easements, restrictions and reservations of record, if any, and taxes accruing subsequent to December 31, 2002.

IN WITNESS WHEREOF, the said Grantor has signed and sealed these presents the day and year first above written.

Signed, sealed and delivered
in the presence of:

Witness: Barbara A. Fraddosio

Witness: Barbara A. Fraddosio

Witness: James R. Rugg

Witness: JUANITA LANG

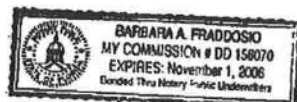
Bonita G. Hadwin
BONITA G. HADWIN
Address: 1089 SW MAIN BLVD

LAKE CITY, FLORIDA 32025

Martha Bryan
MARTHA BRYAN
Address: 1089 SW MAIN BLVD
LAKE CITY, FLORIDA 32025

STATE OF FLORIDA
COUNTY OF Columbia

I hereby certify that on this day, before me, an officer duly authorized in the State and County aforesaid to take acknowledgments, personally appeared BONITA G. HADWIN and MARTHA BRYAN, who produced the identification described below, and who acknowledged before me that they executed the foregoing instrument. Witness my hand and official seal in the county and state aforesaid this 15th day of November, 2002.



Barbara A. Fraddosio
Notary Public:
Identification Examined: personally Known

**Waters Well Drilling
Rt. 3 Box 1550-A2
Lake Butler, FL 32054
(386) 496-1339**

Date:

To: *Columbia Co*

From: Jason Waters

Re: 4" well

Proposal for 4" well including the following:

1hp Jacuzzi 18 gpm submersible pump
Challenger PC224 ,220 gallon equivalent diaphragm tank
Tank has 25 gallons drawdown at 30/50 setting

COLUMBIA COUNTY 9-1-1 ADDRESSING

263 NW Lake City Ave. * P. O. Box 2949 * Lake City, FL 32056-2949
PHONE: (386) 752-8787 * FAX: (386) 758-1365 * Email: cc911add@isgroup.net

Addressing Maintenance

To maintain the Countywide addressing Policy you must make application for a 9-1-1 Address at the time you apply for a building permit. The established standards for assigning and posting numbers to all principal buildings, dwellings, businesses and industries are contained in Columbia County Ordinance 2001-9. The addressing system is to enable Emergency Service Agencies to locate you in an emergency, and to assist the United States Postal Service and the public in the timely and efficient provision of services to residents and businesses of Columbia County.

DATE ISSUED: 20 Feb 03

ENHANCED 9-1-1 ADDRESS:

160 SW Bumble ST

Addressed Location 911 Phone Number: Not Avail

OCCUPANT NAME: Sherri + Larry Carson

OCCUPANT CURRENT MAILING ADDRESS: _____

PROPERTY APPRAISER MAP SHEET NUMBER: 15A

PROPERTY APPRAISER PARCEL NUMBER: 25-65-15-00676-000

Other Contact Phone Number (If any): _____

Building Permit Number (If known): _____

ADDRESSING DEPARTMENT ID#: 10183

(Addressing Department Use Only, THIS IS NOT AN ADDRESS)

Remarks: Lot 5 Unit 8 3 Rivers Estates S/D

Address Issued By: Ronald E. [Signature]
Columbia County 9-1-1 Addressing Department

COLUMBIA COUNTY
9-1-1 ADDRESSING
APPROVED

APPLICATION FOR DEVELOPMENT PERMIT

PERMIT NO. F-023-03-011DATE: 5-1-03

(COUNTY NO. & SEQUENCE)

APPLICANT: Nancy Phelps / Robert MinnellaADDRESS: 11451 NE 83rd Terr., Bronson, FL 32621TELEPHONE: (382) 215-2119OWNER: Larry & Sheri CarsonADDRESS: 160 SW Bumble St, Ft. White, FL 32038

TELEPHONE: _____

NEW SUBDIVISION NO (YES/NO)IF YES, RECORD THE ENGINEER'S
REGISTRATION NO. P.E. NO. 45263
Dale JohnsTRS 25-65-15SUBDIVISION Three Rivers Estates (LOT) BLOCK: 5 / unit 8DU mobile home WORK —RIVER: Santa Fe RIVER MILE —PLAN NO (YES/NO) WELL PERMIT NO. —SUR-ELEVATION 32.0' SANITARY PERMIT NO. 03-0264NSURVEYOR NO. 45263 BUILDING PERMIT NO. 20650OFFICIAL 100-YEAR ELEVATION 35.0 MSL (SRWMD)REQUIRED LOWEST HABITABLE FLOOR ELEVATION 36.0 MSL (SRWMD)PERMIT APPROVED [Signature] 5/1/03
ADMINISTRATOR SIGNATURE DATEEXPIRATION DATE OF PERMIT 5-01-04

VIOLATIONS: _____ FINAL INSPECTION DATE: _____

COMMENTS: 1 ft. rise on file, need finished floor elevation
Cert. before power.

FEDERAL EMERGENCY MANAGEMENT AGENCY
NATIONAL FLOOD INSURANCE PROGRAM

O.M.B. No. 3067-0077
Expires July 31, 2002

ELEVATION CERTIFICATE

Important: Read the instructions on pages 1 - 7.

| | | | |
|---|-------------|--|----------------------------|
| SECTION A - PROPERTY OWNER INFORMATION | | | For Insurance Company Use: |
| BUILDING OWNER'S NAME Lawrence Carson | | | Policy Number |
| BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. | | | Company NAIC Number |
| CITY Ft. White | STATE FL | ZIP CODE | |
| PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) Lot 5 of Three Rivers Estates Unit #8 | | | |
| BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use a Comments area, if necessary.) Residential | | | |
| LATITUDE/LONGITUDE (OPTIONAL) (##° - ##' - ###" or #####") | | HORIZONTAL DATUM: SOURCE: <input type="checkbox"/> GPS (Type): <input type="checkbox"/> NAD 1927 <input type="checkbox"/> NAD 1983 <input type="checkbox"/> USGS Quad Map <input type="checkbox"/> Other: _____ | |

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

| | | | | | |
|--|-----------------|-----------------------------------|---------------------------------------|-------------------------|--|
| B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER 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 ft |

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

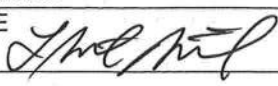
| | |
|---|--------------------|
| <input type="checkbox"/> a) Top of bottom floor (including basement or enclosure) | <u>36.0</u> ft.(m) |
| <input type="checkbox"/> b) Top of next higher floor | _____ ft.(m) |
| <input type="checkbox"/> c) Bottom of lowest horizontal structural member (V zones only) | _____ ft.(m) |
| <input type="checkbox"/> d) Attached garage (top of slab) | _____ ft.(m) |
| <input type="checkbox"/> e) Lowest elevation of machinery and/or equipment servicing the building (Describe in a Comments area) | _____ ft.(m) |
| <input type="checkbox"/> f) Lowest adjacent (finished) grade (LAG) | <u>32.2</u> ft.(m) |
| <input type="checkbox"/> g) Highest adjacent (finished) grade (HAG) | <u>32.8</u> ft.(m) |
| <input type="checkbox"/> h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade _____ | |
| <input type="checkbox"/> i) Total area of all permanent openings (flood vents) in 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 P.S.M. #5757

| | | | |
|--|---------------------------------|-----------------------------|-------------------|
| TITLE Professional Surveyor and Mapper | COMPANY NAME Britt Surveying | | |
| ADDRESS 830 W. Duval Street | CITY Lake City | STATE FL | ZIP CODE 32055 |
| SIGNATURE  | DATE 6/23/03 | TELEPHONE (386) 752-7163 | |

| | | | |
|---|-------|----------|----------------------------|
| 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 the property at this time.

L13224

☐ 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. 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: _____

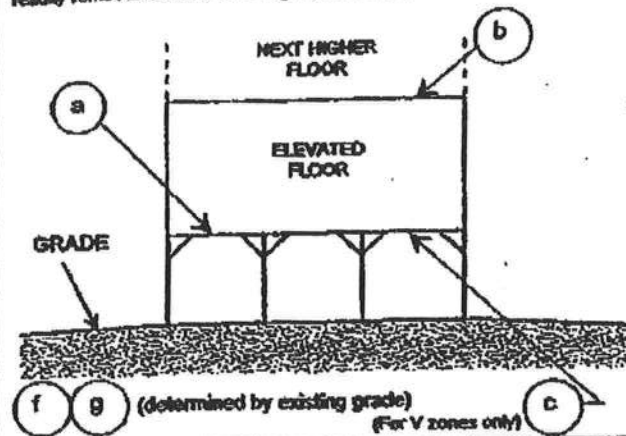
| | |
|-----------------------|-----------|
| LOCAL OFFICIAL'S NAME | TITLE |
| COMMUNITY NAME | TELEPHONE |
| SIGNATURE | DATE |
| COMMENTS | |

☐ Check here if attachments

DIAGRAM 5

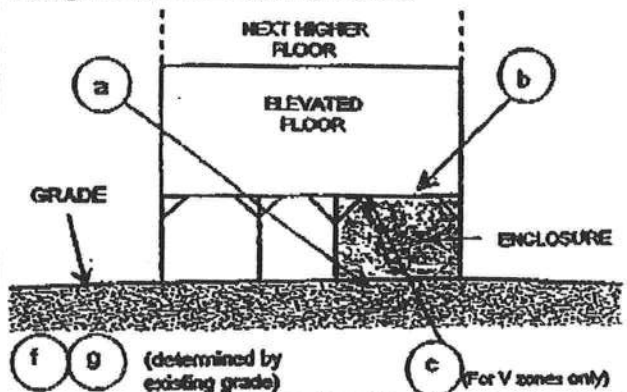
All buildings elevated on piers, posts, piles, columns, or parallel shear walls. No obstructions below the elevated floor.

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 fused screening is permissible).

**DIAGRAM 6**

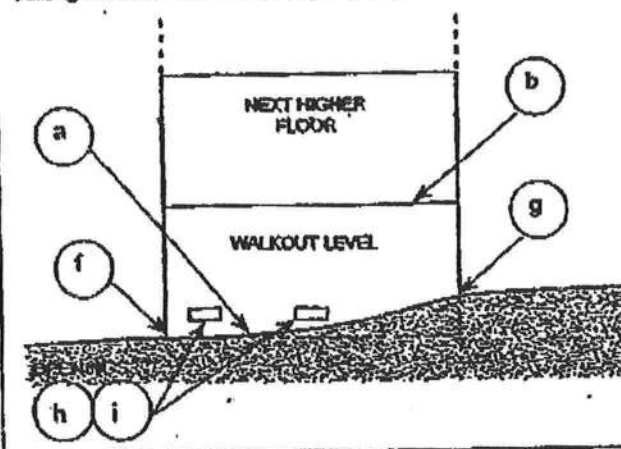
All buildings elevated on piers, posts, piles, columns, or parallel shear walls with full or partial enclosure below the elevated floor.

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 openings¹ present in the walls of the enclosure. Indicate information about openings in Section C, Building Elevation Information (Survey Required).

**DIAGRAM 7**

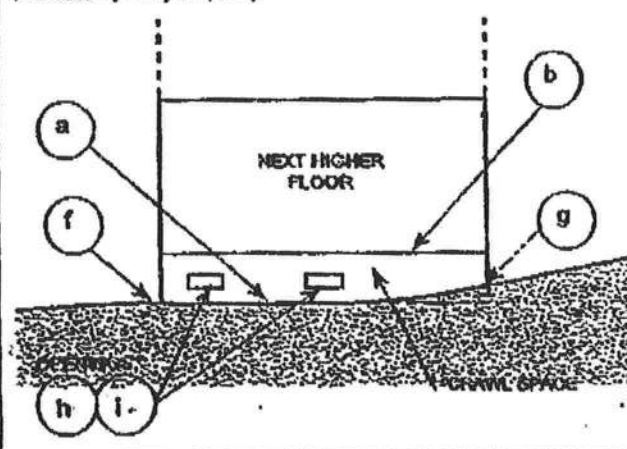
All buildings elevated on full-story foundation walls with a partially or fully enclosed area below the elevated floor. This includes walkout levels, where at least one side is at or above grade. The principal use of this building is located in the elevated floors of the building.

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 openings¹ 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 openings¹ 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.

ONE FOOT RISE CERTIFICATION

PROPERTY DESCRIPTION: LOT 5 THREE RIVERS ESTATES UNIT 8

Lawrence Carson

BASE FLOOD ELEVATION: 35.0

PROJECT: Min. Finished Floor 36.0

Up to 24 X 44 mobile home located on piers in accordance with
current building code.

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



Dale C. Johns, P.E.

Date: 18 March 2003 3-18-03

PE # 45263

Route 15 Box 3834

Lake City, FL 32024

386-961-8903

BASE FLOOD ELEVATION = 35.0

BASIN AREA AT 35' BASE FLOOD >2000 ACRES

PROPOSED BUILDING TYPE = MANUFACTURED HOME

PROPOSED BUILDING ENCROACHMENT =
60 PIERS AT 12"X16"EA= 90 SQ. FT.

GROUND ELEVATION AT BUILDING = 32.0' AVE.

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

$$\text{PERCENT FLOODPLAIN AREA REMOVED} = \frac{90/43560}{2000} = 0.0000103\%$$

$$\text{FLOODPLAIN LEVEL INCREASE} = \frac{90 \times 3.0}{2000 \times 43560} = 0.000003 \text{ FT.}$$