

District No. 1 - Ronald Williams  
District No. 2 - Rusty DePratter  
District No. 3 - Bucky Nash  
District No. 4 - Stephen E. Bailey  
District No. 5 - Scarlet P. Frisina



29188



## BOARD OF COUNTY COMMISSIONERS • COLUMBIA COUNTY

### 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 form shall be attached to all elevation certificates maintained on file and provided with requested copies of elevation certificates.

- ☐ The attached certificate requires correction 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 section(s) by the authorized Community Official.

SECTION A - PROPERTY INFORMATION		FOR INSURANCE COMPANY USE
A1. Building Owner's Name		Policy Number:
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.		Company NAIC Number:
City	State	ZIP Code
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)		
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 crawlspace or enclosure(s):	A9. For a building with an attached garage:	
a. Square footage of crawlspace or enclosure(s) _____ sq. ft.	a. Square footage of attached garage _____ sq. ft.	
b. Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade _____	b. Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade _____	
c. Total net area of flood openings in A8.b. _____ sq. in.	c. Total net area of flood openings in A9.b. _____ sq. in.	
d. Engineered flood openings? <input type="checkbox"/> Yes <input type="checkbox"/> No	d. Engineered flood openings? <input type="checkbox"/> Yes <input type="checkbox"/> No	

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION					
B1. NFIP Community Name & Community Number	B2. County Name		B3. State		
B4. Map Panel Number	B5. Suffix	B6. FIRM Index Date	B7. FIRM Panel Effective/Revised Date	B8. Flood Zone(s)	B9. Base Flood Elevation(s) / Zone A0. use base flood depth
12023 C 0530	C		02/04/09	AE	
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 Source: _____					
B11. Indicate elevation datum used for BFE in item B9: <input type="checkbox"/> NGVD 1929 <input type="checkbox"/> NAVD 1983 <input type="checkbox"/> Other Source: _____					
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? <input type="checkbox"/> Yes <input type="checkbox"/> No Designation Date: _____ / _____ <input type="checkbox"/> CBRS <input type="checkbox"/> OPA					

Comments: \_\_\_\_\_

Date of Review: 8-21-14

Community Official: Bruce L. [Signature]

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

BOARD MEETS FIRST THURSDAY AT 7:00 PM

AND THIRD THURSDAY AT 7:00 PM

# ELEVATION CERTIFICATE

OMB No. 1660-0008  
Expires March 31, 2012

Important: Read the instructions on pages 1-9.

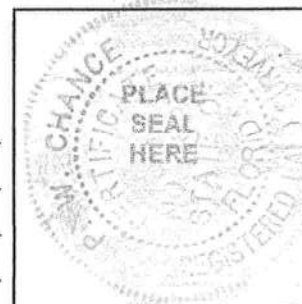
SECTION A - PROPERTY INFORMATION		For Insurance Company Use:			
A1. Building Owner's Name	<u>Lance Scott &amp; Pamela I. Smith</u>	Policy Number			
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.	<u>268 Langelier Drive</u>	Company NAIC Number			
City	<u> Ft. White </u>	State	<u> FL </u>	ZIP Code	<u> 32038 </u>
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) <u> Tax Parcel No 36-75-16-04351-026 Residential 1 </u>					
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.)					
A5. Latitude/Longitude: Lat. <u> 29° 50 ' </u> Long. <u> 82° 39 ' 42 " </u> Horizontal Datum: <input checked="" 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 <u> 5 </u>					
A8. For a building with a crawlspace or enclosure(s):			A9. For a building with an attached garage:		
a) Square footage of crawlspace or enclosure(s) <u> NA </u> sq ft			a) Square footage of attached garage <u> NA </u> sq ft		
b) No. of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade <u> NA </u>			b) No. of permanent flood openings in the attached garage 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			c) Total net area of flood openings in A9.b <u> NA </u> sq in		
d) Engineered flood openings? <input type="checkbox"/> Yes <input type="checkbox"/> No			d) Engineered flood openings? <input type="checkbox"/> Yes <input type="checkbox"/> No		

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION					
B1. NFIP Community Name & Community Number <u> Columbia County 120070 </u>		B2. County Name <u> Columbia </u>		B3. State <u> FL </u>	
B4. Map/Panel Number <u> 120070 / 0270 </u>	B5. Suffix <u> B </u>	B6. FIRM Index Date	B7. FIRM Panel Effective/Revised Date <u> 01/06/88 </u>	B8. Flood Zone(s) <u> X &amp; A </u>	B9. Base Flood Elevation(s) (Zone AO, use base flood depth) <u> 39.0 </u>
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 checked="" type="checkbox"/> Other (Describe) <u> SRWMD </u>					
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: <input type="checkbox"/> Construction Drawings* <input type="checkbox"/> Building Under Construction* <input checked="" type="checkbox"/> Finished Construction *A new Elevation Certificate will be required when construction of the building is complete.	
C2. Elevations - Zones A1-A30, AE, AH, A (with BFE), VE, V1-V30, V (with BFE), AR, AR/A, AR/AE, AR/A1-A30, AR/AH, AR/AO. Complete Items C2.a-h below according to the building diagram specified in Item A7. Use the same datum as the BFE. Benchmark Utilized <u> FDOT </u> Vertical Datum <u> 1929 </u> Conversion/Comments	

		Check the measurement used.	
a) Top of bottom floor (including basement, crawlspace, or enclosure floor)	<u> 42.11 </u> <input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters (Puerto Rico only)	
b) Top of the next higher floor	<u> NA </u> <input 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 type="checkbox"/> feet	<input type="checkbox"/> meters (Puerto Rico only)	
d) Attached garage (top of slab)	<u> NA </u> <input type="checkbox"/> feet	<input type="checkbox"/> meters (Puerto Rico only)	
e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments)	<u> 41.7 </u> <input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters (Puerto Rico only)	
f) Lowest adjacent (finished) grade next to building (LAG)	<u> 29.8 </u> <input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters (Puerto Rico only)	
g) Highest adjacent (finished) grade next to building (HAG)	<u> 31.1 </u> <input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters (Puerto Rico only)	
h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support	<u> 29.7 </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.			
<input type="checkbox"/> Check here if comments are provided on back of form. Were latitude and longitude in Section A provided by a licensed land surveyor? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Certifier's Name <u> Wayne Chance </u>		License Number <u> 1824 </u>	
Title <u> Owner </u>		Company Name <u> Wayne Chance, Surveyor </u>	
Address <u> 9715/NW 143rd St </u>		City <u> Alochua </u> State <u> FL </u> ZIP Code <u> 32615 </u>	
Signature <u> Wayne Chance </u>		Date <u> 10-14-11 </u> Telephone <u> 352-538-2276 </u>	





<b>IMPORTANT: In these spaces, copy the corresponding information from Section A.</b>			For Insurance Company Use:	
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. <u>268 Langelier Drive</u>			Policy Number	
City <u>Ft. White</u>	State <u>FL</u>	ZIP Code <u>32038</u>	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 The information shown is based on finished construction. The equipment referenced in C2e is an air conditioner compressor. (Rev. 8-4-14) Wayne Chance

Signature Wayne Chance Date 10-14-11 ☐ 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, crawlspace, or enclosure) is \_\_\_\_\_ ☐ feet ☐ meters ☐ above or ☐ below the HAG.
- b) Top of bottom floor (including basement, crawlspace, or enclosure) is \_\_\_\_\_ ☐ feet ☐ meters ☐ above or ☐ below the LAG.
- E2. For Building Diagrams 6-9 with permanent flood openings provided in Section A Items 8 and/or 9 (see pages 8-9 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 Wayne Chance

Address 9715 NW 143rd St City Alochua State FL ZIP Code 32615

Signature Wayne Chance Date 10-14-11 Telephone 352-538-2276

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

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

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

G10. Community's design flood elevation \_\_\_\_\_ ☐ feet ☐ meters (PR) Datum \_\_\_\_\_

Local Official's Name \_\_\_\_\_ Title \_\_\_\_\_

Community Name \_\_\_\_\_ Telephone \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Comments \_\_\_\_\_

☐ Check here if attachments

# Building Photographs

Continuation Page

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. <i>268 Langelier Drive</i>			For Insurance Company Use:
City <i>Ft. White</i> State <i>FL</i> ZIP Code <i>32038</i>			Policy Number
			Company NAIC Number

If submitting more photographs than will fit on the preceding page, affix the additional photographs below. Identify all photographs with: date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View."



Front and Left Side View 10/14/11



Front and Right Side View 10/14/11



Right and Left Side View 10/14/11



Rear and Right Side View 10/14/11