

984.0509

PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

For Office Use Only (Revised 1-11) Zoning Official BLK 15 June 2011 Building Official T.C. 6-13-11
 AP# 1106-11 Date Received 6-6-11 By LH Permit # 29482
 Flood Zone Phubbe Development Permit N/A Zoning A-3 Land Use Plan Map Category A-3
 Comments Elevation confirmation letter stating bottom of finished floor + equipment
servicing MH is at a minimum of 86 ft. "88" NAVD
 FEMA Map# 0167C Elevation 86' Finished Floor 86' River Suwannee In Floodway N/A
 Site Plan with Setbacks Shown EH # 11-0275-E EH Release Well letter Existing well
 Recorded Deed or Affidavit from land owner Installer Authorization State Road Access 911 Sheet
 Parent Parcel # _____ STUP-MH _____ F W Comp. letter VF Form
 IMPACT FEES: EMS _____ Fire _____ Corr _____ Out County In County
 Road/Code _____ School _____ = TOTAL _ Impact Fees Suspended March 2009 _

Property ID # 24-25-15-00091-001 Subdivision _____

▪ New Mobile Home Used Mobile Home _____ MH Size 28x52 Year 2011

▪ Applicant _____ - Tara Howell Phone # 386-984-7976

▪ Address 8383 150th St. Live Oak, FL 32060

▪ Name of Property Owner Clifton Warten Phone# 813-376-3668

▪ 911 Address 245 nw Don Hart way white Springs, FL

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

▪ Name of Owner of Mobile Home Clifton Warten Phone # 813-376-3668

Address 245 nw Don Hart way white Springs, FL

▪ Relationship to Property Owner self

▪ Current Number of Dwellings on Property 0

▪ Lot Size _____ Total Acreage 0

▪ Do you : Have Existing Drive or Private Drive or need Culvert Permit or Culvert Waiver (Circle one)
(Currently using) (Blue Road Sign) (Putting in a Culvert) (Not existing but do not need a Culvert)

▪ Is this Mobile Home Replacing an Existing Mobile Home no

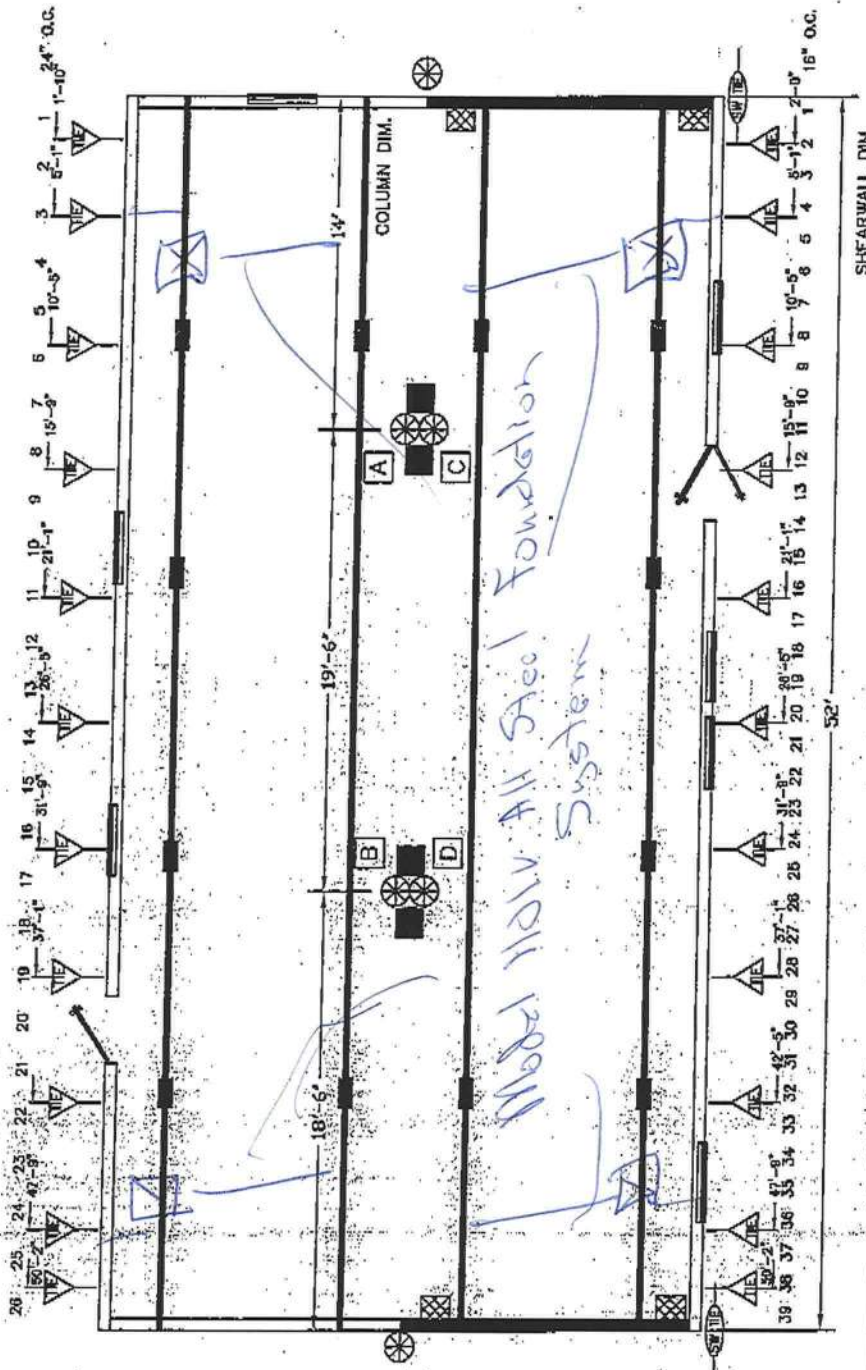
▪ Driving Directions to the Property (R) on Lake Jeffrey (R) on Leona way
(L) on Combs (L) on Suwannee (R) on Don Hart 1st site (R)

▪ Name of Licensed Dealer/Installer Jerry Thrift Phone # 386-623-0115

Installers Address 448 nw nye Hunter Dr. Lake City, FL 32055

▪ License Number IH-1025139 Installation Decal # 5939

- JW spoke w Tara 6.15.16 48824 \$467.68



TownHomes
 VILLAGE OF WESTLAKE - PHASE 1 - 1100 W. WESTLAKE BLVD.
 P.O. BOX 10649
 LAKE CITY, FLORIDA 32056

Date: 10-2-07
 D'n: RCB
 Parent: NEW
 Code: T (07)

Revisions
 2

Model: 2828-183
 Print: BLOCKING PLAN

BLOCKING LEGEND:

- 1) ALL EXTERIOR DOORS, BAY WINDOWS, RECESSED SIDEWALLS AND EXTERIOR WALL OPENINGS 48" OR GREATER. WILL REQUIRE BLOCKING ON EACH SIDE.
- 2) 32" WIDE HOMES REQUIRED TO BE BLOCKED. MIN 8'-0" ON CENTER BETWEEN COLUMNS.

- I-BEAM BLOCKING SEE SOIL BEARING CAPACITY CHARTS FOR SPACING
- COLUMN BLOCKING SEE SOIL BEARING CAPACITY CHARTS FOR PAD SIZE
- SHEARWALL BLOCKING
- SHEARWALL FRAME TIE
- CENTER LINE TIES
- VERTICAL TIE MAX. SPACING 9'-9" CENTER TO CENTER
- LONGITUDINAL TIES

SHEARWALL TIE

POCKET PENETROMETER TEST

The pocket penetrometer tests are rounded down to 1500 psf or check here to declare 1000 lb. soil without testing.

X 1500 / 255 X 1500 / 255

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 1500 / 255 X 1500 / 255

TORQUE PROBE TEST

The results of the torque probe test is 285 inch pounds or check here if you are declaring 5' anchors without testing. A test showing 275 inch pounds or less will require 5 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 require anchors with 4000 lb holding capacity.

Installer's initials

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name Terry D. Toriff
Date Tested 5/31/11

Electrical

Electrical conductors between multi-wide units, but not to the main power race. This includes the bonding wire between multi-wide units. Pg.

Plumbing

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

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

Site Preparation

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

Fastening multi wide units

Floor: Type Fastener: Length: 6" Spacing: 24"
Walls: Type Fastener: Length: Spacing:
Roof: Type Fastener: Length: Spacing:
For used homes a min. 30 gauge, 8" wide, galvanized metal strip will be centered over the peak of the roof and fastened with galv. roofing nails at 2" on center on both sides of the centerline.

Gasket (weatherproofing requirement)

I understand a properly installed gasket is a requirement of all new and used homes and that condensation, mold, mildew and buckled marriage walls are a result of a poorly installed or no gasket being installed. I understand a strip of tape will not serve as a gasket.

Installer's initials

Type gasket Foam Tape

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

Weatherproofing

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

Miscellaneous

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

Installer verifies all information given with this permit worksheet is accurate and true based on the

Installer Signature

Date

COLUMBIA COUNTY PERMIT WORKSHEET

These worksheets must be completed and signed by the installer. Submit the originals with the packet.

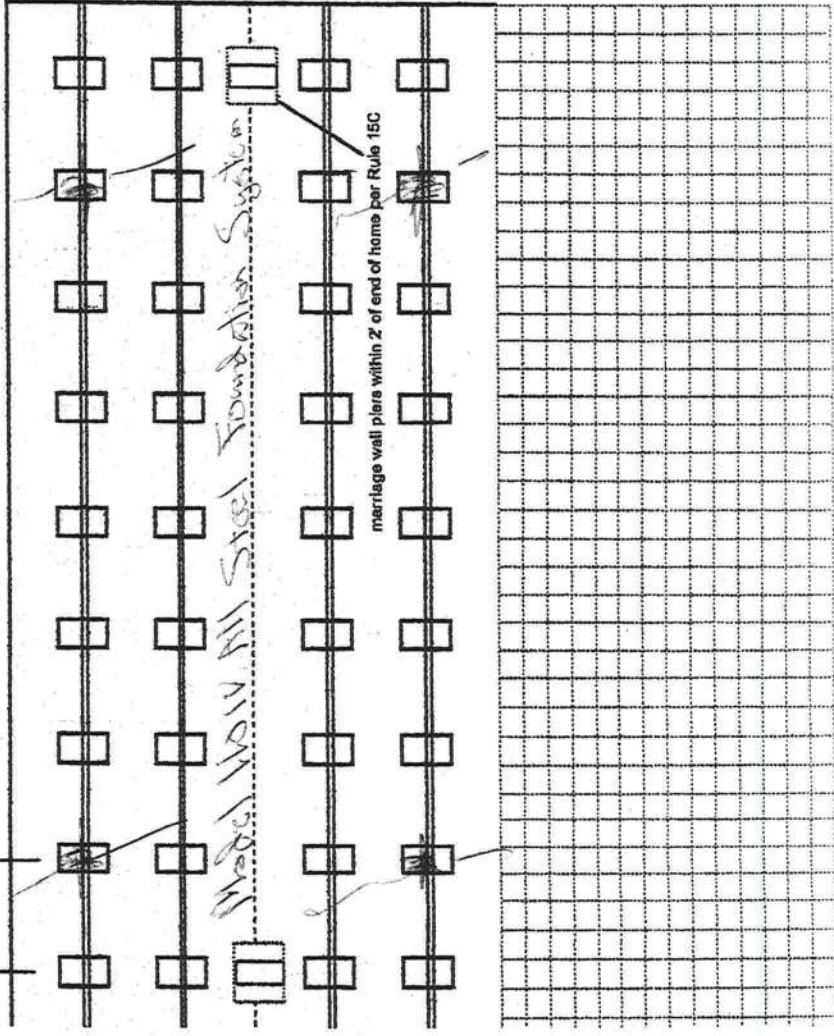
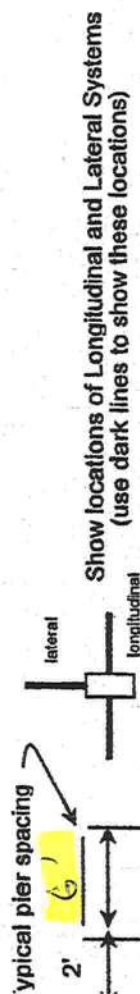
Installer FRANK THIES License # 1A-1025189

11 Address where home is being installed. _____

Manufacturer Towall Home Length x width 52 x 28'

NOTE: If home is a single wide fill out one half of the blocking plan if home is a triple or quad wide sketch in remainder of home

I understand Lateral Arm Systems cannot be used on any home (new or used) where the sidewall ties exceed 5 ft 4 in. Installer's initials FTT



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 # 5939
 Triple/Quad Serial # _____

PIER SPACING TABLE FOR USED HOMES

Load bearing capacity	Footer size (sq in)	16" x 16" (256)	18 1/2" x 18 1/2" (342)	20" x 20" (400)	22" x 22" (484)*	24" x 24" (576)*	26" x 26" (676)
1000 dsf	3'		4'	5'	6'	7'	8'
1500 dsf	4' 6"		6'	7'	8'	8'	8'
2000 dsf	6'		8'	8'	8'	8'	8'
2500 dsf	7' 6"		8'	8'	8'	8'	8'
3000 dsf	8'		8'	8'	8'	8'	8'
3500 dsf	8'		8'	8'	8'	8'	8'

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

PIER 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 28 1/4	348
20 x 20	400
17 3/16 x 25 3/16	441
17 1/2 x 25 1/2	446
24 x 24	576
26 x 26	676

I-beam pier pad size 17.5 x 23.5
 Perimeter pier pad size 16 x 16
 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 19' 6" Pier pad size 17.5 x 23.5

4 ft 7 5 ft

ANCHORS

FRAME TIES _____

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

OTHER TIES

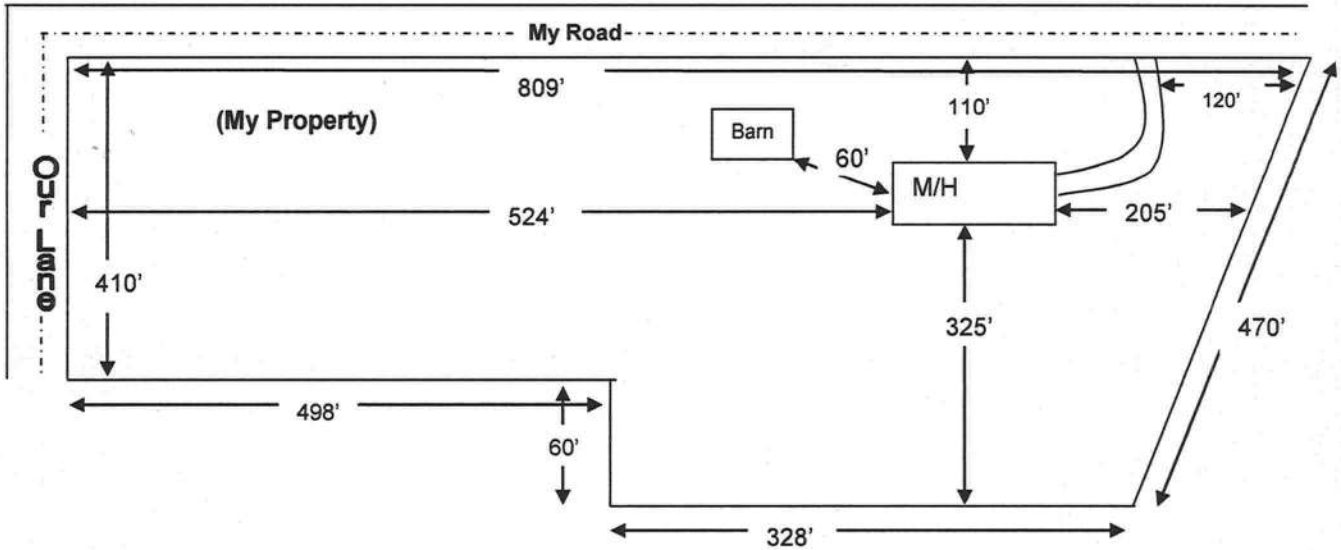
Number _____

Sidewall _____
 Longitudinal _____
 Marriage wall _____
 Shearwall _____

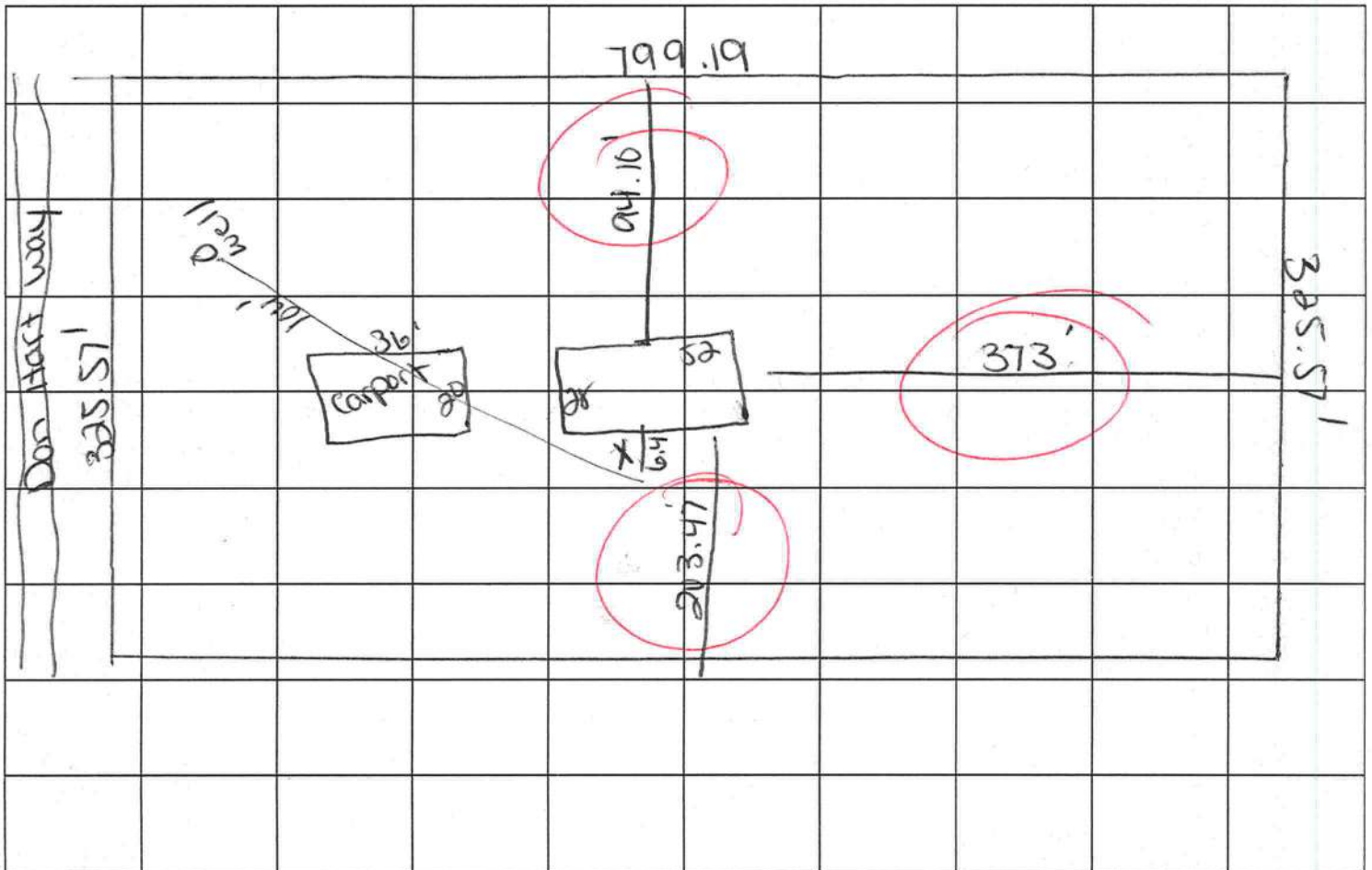
TIEDOWN COMPONENTS

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

SITE PLAN EXAMPLE / WORKSHEET



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



Prepared by & Return to:
Matthew D. Rocco
Sierra Title, LLC
419 SW SR 247, Suite 109
Lake City, Florida 32025

File Number: 11-0279

Inst:201124005584 Date:4/26/2011 Time:11:29 AM
Doc Stamp-Deed:210.00
DC W. Greg Godwin, Hamilton County Page 1 of 3 B:708 P:178

Inst:201112006952 Date:5/9/2011 Time:4:18 PM
Doc Stamp-Deed:0.00
DC P. DeWitt Cason, Columbia County Page 1 of 3 B:1214 P:934

This Deed is being re-recorded in Columbia County, Florida.
Documentary Stamps were paid in Hamilton County, Florida.

General Warranty Deed

Made this April 20, 2011 A.D. By **David H. Batty**, whose post office address is: 1320 Talbott Circle, Avon Park, FL 33825, hereinafter called the grantor, to **Clifton T. Worten and Pamela F. Williams**, whose post office address is: 660 Tucker Lane, Cocoa, FL 32926, hereinafter called the grantee:

(Whenever used herein the term "grantor" and "grantee" include all the parties to this instrument and the heirs, legal representatives and assigns of individuals, and the successors and assigns of corporations)

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, hereby grants, bargains, sells, aliens, remises, releases, conveys and confirms unto the grantee, all that certain land situate in ~~Hamilton~~ **Columbia** County, Florida, viz:

See Attached Schedule "A"

Said property is not the homestead of the Grantor(s) under the laws and constitution of the State of Florida in that neither Grantor(s) or any members of the household of Grantor(s) reside thereon.

Parcel ID Number: 24-2S-15-00091-001

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; that the grantor hereby fully 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 taxes accruing subsequent to December 31, 2010.

See Page 2 for Signature/Notary

Prepared by & Return to:
Matthew D. Rocco
Sierra Title, LLC
419 SW SR 247, Suite 109
Lake City, Florida 32025

File Number: 11-0279

**WARRANTY DEED
PAGE 2**

In Witness Whereof, the said grantor has signed and sealed these presents the day and year first above written.

Signed, sealed and delivered in our presence:

Tina M Lunn
Witness Printed Name Tina M Lunn

David H. Batty (Seal)
David H. Batty
Address: 1320 Talbott Circle, Avon Park, FL 33825

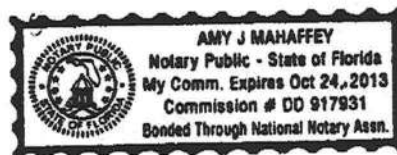
Jennifer Rhynes
Witness Printed Name Jennifer Rhynes

(Seal)
Address:

State of Florida
County of Highlands

The foregoing instrument was acknowledged before me this 20th day of April, 2011, by David H. Batty, who is/are personally known to me or who has produced FLDL B300-168-52-0570 as identification.

Amy J Mahaffey
Notary Public
Print Name: Amy J Mahaffey
My Commission Expires: Oct 24, 2013



Prepared by & Return to:
Matthew D. Rocco
Sierra Title, LLC
419 SW SR 247, Suite 109
Lake City, Florida 32025

File Number: 11-0279

Schedule "A"

Part of the Southwest 1/4 of the Southeast 1/4 of Section 24, Township 2 South, Range 15 East, Columbia County, being more particularly described as follows:

Commence at the Northwest corner of said Southwest 1/4 of the Southeast 1/4 and run thence S 00°21'07" W, along the West line of said Southwest 1/4 of the Southeast 1/4, a distance of 289.19 feet to the Point of Beginning; thence N 89°50'19" E, 795.03 feet; thence S 00°20'08" W, 330.00 feet; thence S 89°50'20" W, 795.12 feet to the West line of said Southwest 1/4 of the Southeast 1/4; thence N 00°21'07" E along said West line, 330.00 feet to the Point of Beginning, Columbia County, Florida.

MAY-4-2011 10:02A FROM:A & B CONSTRUCTION 3864974866

TO: 7552386

P.2

MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER 1106-11 CONTRACTOR _____ PHONE _____

THIS FORM MUST BE SUBMITTED PRIOR TO THE ISSUANCE OF A PERMIT

In Columbia County one permit will cover all trades doing work at the permitted site. It is **REQUIRED** that we have records of the subcontractors who actually did the trade specific work under the permit. Per Florida Statute 440 and Ordinance 89-6, a contractor shall require all subcontractors to provide evidence of workers' compensation or exemption, general liability insurance and a valid Certificate of Competency license in Columbia County.

Any changes, the permitted contractor is responsible for the corrected form being submitted to this office prior to the start of that subcontractor beginning any work. Violations will result in stop work orders and/or fines.

ok ELECTRICAL 234	Print Name: <u>Michael S Connor</u>	Signature: <u>[Signature]</u>
	License #: <u>ER13013192</u>	Phone #: <u>386-565-9005</u>
ok MECHANICAL A/C A-56	Print Name: <u>David Hall</u>	Signature: <u>[Signature]</u>
	License #: <u>CAC057424</u>	Phone #: <u>386 755 9792</u>
ok PLUMBING/ GAS	Print Name: <u>TERRY L. THORNTON</u>	Signature: <u>[Signature]</u>
	License #: <u>IH-1025139</u>	Phone #: <u>386 623-0115</u>

Trade	License Number	Subcontractor Print Name	Subcontractor Signature
MASON			
CONCRETE FINISHER			

F. S. 440.103 Building permits; identification of minimum premium policy.—Every employer shall, as a condition to applying for and receiving a building permit, show proof and certify to the permit issuer that it has secured compensation for its employees under this chapter as provided in ss. 440.10 and 440.38, and shall be presented each time the employer applies for a building permit.

COLUMBIA COUNTY SUBCONTRACTOR FORM 1/11

COLUMBIA COUNTY 9-1-1 ADDRESSING

P. O. Box 1787, Lake City, FL 32056-1787
PHONE: (386) 758-1125 * FAX: (386) 758-1365 * Email: ron_croft@columbiacountyfla.com

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 REQUESTED: 4/21/2011 DATE ISSUED: 4/21/2011

ENHANCED 9-1-1 ADDRESS:

245 NW DON HART WAY

WHITE SPRINGS FL 32096


PROPERTY APPRAISER PARCEL NUMBER:

24-2S-15-00091-001

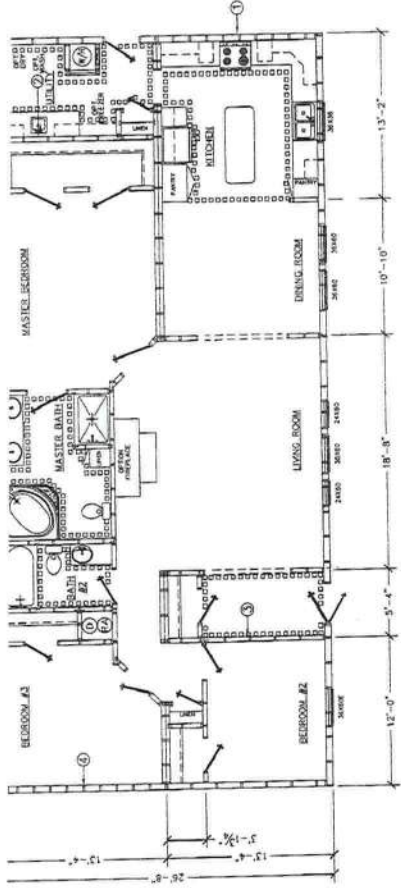
Remarks:

RE-ISSUE OF EXISTING ADDRESS FOR NEW STRUCTURE ON PARCEL, NO CHANGE OF ACCESS.

Address Issued By: _____

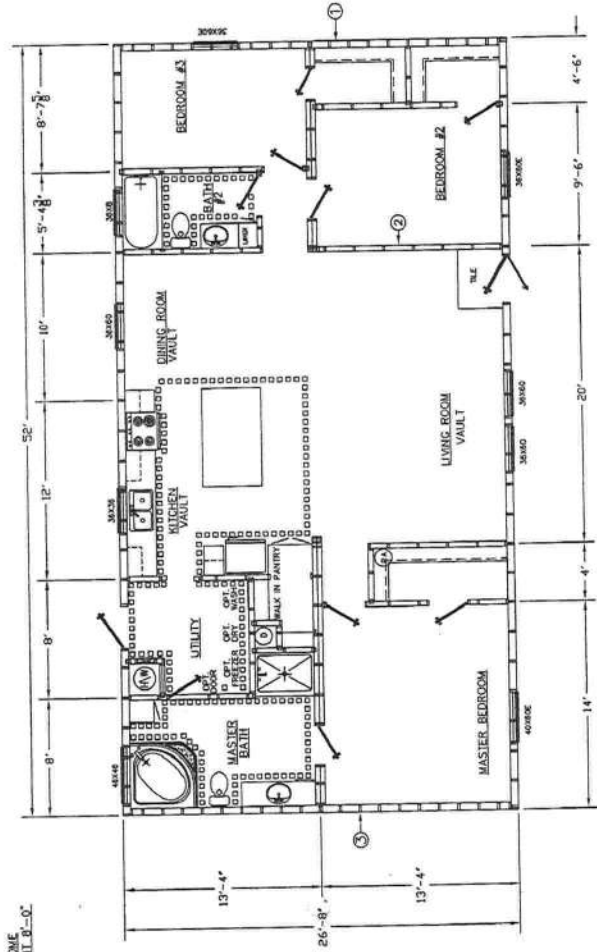

Columbia County 9-1-1 Addressing / GIS Department

NOTICE: THIS ADDRESS WAS ISSUED BASED ON LOCATION INFORMATION RECEIVED FROM THE REQUESTER. SHOULD, AT A LATER DATE, THE LOCATION INFORMATION BE FOUND TO BE IN ERROR, THIS ADDRESS IS SUBJECT TO CHANGE.



TownHomes 2811-G • 28 x 60 • 3 BR 2 Bath • 1600 Sq. Ft.

28'-8" WIDE HOME
SIDEWALL HEIGHT 8'-0"



TownHomes 2828-G • 28 x 52 • 3 BR 2 Bath • 1387 Sq. Ft.

Columbia County Property Appraiser

DB Last Updated: 5/3/2011

2010 Tax Year

Tax Collector

Tax Estimator

Property Card

Parcel List Generator

Interactive GIS Map

Print

Parcel: 24-2S-15-00091-001

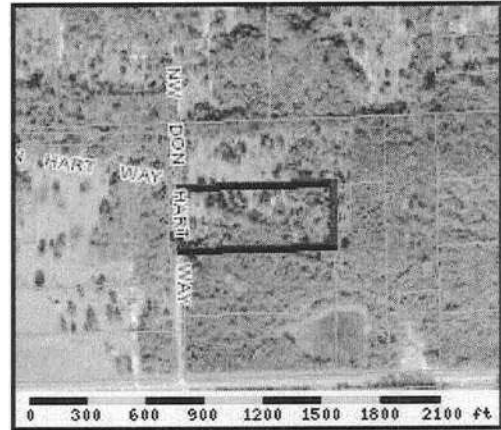
<< Next Lower Parcel

Next Higher Parcel >>

Search Result: 1 of 1

Owner & Property Info

Owner's Name	BATTY DAVID H		
Mailing Address	1320 TALBOTT CIR AVON PARK, FL 33825		
Site Address	245 NW DON HART WAY		
Use Desc. (code)	MISC RES (000700)		
Tax District	3 (County)	Neighborhood	24215
Land Area	6.000 ACRES	Market Area	03
Description	NOTE: This description is not to be used as the Legal Description for this parcel in any legal transaction. COMM NW COR OF SW1/4 OF SE1/4, RUN S 289.19 FT FOR POB, RUN E 795.03 FT, S 330 FT, W 795.12 FT, N 330 FT TO POB. ORB 882-1460, WD 1019-2368, WD 1037-73.		



Property & Assessment Values

2010 Certified Values		
Mkt Land Value	cnt: (0)	\$20,283.00
Ag Land Value	cnt: (2)	\$0.00
Building Value	cnt: (0)	\$0.00
XFOB Value	cnt: (1)	\$1,750.00
Total Appraised Value		\$22,033.00
Just Value		\$22,033.00
Class Value		\$0.00
Assessed Value		\$22,033.00
Exempt Value		\$0.00
Total Taxable Value	Cnty: \$22,033 Other: \$22,033 Schl: \$22,033	

2011 Working Values

NOTE:
2011 Working Values are NOT certified values and therefore are subject to change before being finalized for ad valorem assessment purposes.

Show Working Values

Sales History

Show Similar Sales within 1/2 mile

Sale Date	OR Book/Page	OR Code	Vacant / Improved	Qualified Sale	Sale RCode	Sale Price
2/1/2005	1037/73	WD	V	U	07	\$26,500.00
7/1/2004	1019/2368	WD	V	Q		\$15,000.00
6/12/1999	882/1460	WD	V	U	01	\$100.00

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)
0070	CARPOT UF	2005	\$1,750.00	0000700.000	20 x 35 x 0	(000.00)

Land Breakdown

Lnd Code	Desc	Units	Adjustments	Eff Rate	Lnd Value

11-0011



STATE OF FLORIDA
DEPARTMENT OF HEALTH
ONSITE SEWAGE TREATMENT AND DISPOSAL
SYSTEM
APPLICATION FOR CONSTRUCTION PERMIT

PERMIT NO. 1038196
DATE PAID: 6/7/11
FEE PAID: 125.00
RECEIPT #: 19238347

APPLICATION FOR:

- New System
- Existing System
- Holding Tank
- Innovative
- Repair
- Abandonment
- Temporary

APPLICANT: Tara E Howell Clifton Wooten

AGENT: Tara E Howell TELEPHONE: 984-7976

MAILING ADDRESS: 8383 150th St. Live Oak, FL

TO BE COMPLETED BY APPLICANT OR APPLICANT'S AUTHORIZED AGENT. SYSTEMS MUST BE CONSTRUCTED BY A PERSON LICENSED PURSUANT TO 489.105(3) (m) OR 489.552, FLORIDA STATUTES. IT IS THE APPLICANT'S RESPONSIBILITY TO PROVIDE DOCUMENTATION OF THE DATE THE LOT WAS CREATED OR PLATTED (MM/DD/YY) IF REQUESTING CONSIDERATION OF STATUTORY GRANDFATHER PROVISIONS.

PROPERTY INFORMATION

LOT: _____ BLOCK: _____ SUBDIVISION: _____ PLATTED: _____

PROPERTY ID #: 245-15-00091-001 ZONING: _____ I/M OR EQUIVALENT: [Y / N]

PROPERTY SIZE: 6 ACRES WATER SUPPLY: [PRIVATE PUBLIC []] <=2000GPD [] >2000GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? [Y N] DISTANCE TO SEWER: _____ FT

PROPERTY ADDRESS: 245 NW Don Hart Way

DIRECTIONS TO PROPERTY: (R) on Lake Jeffrey (R) on Leona Way (L) on Combs (L) on Suwannee (R) on Don Hart 1st site on (R)

BUILDING INFORMATION

RESIDENTIAL [] COMMERCIAL

Unit No	Type of Establishment	No. of Bedrooms	Building Area Sqft	Commercial/Institutional System Design Table 1, Chapter 64E-6, FAC
1	<u>Mobile Home</u>	<u>3</u>	<u>1387</u>	<u>ORIGINAL ATTACHED</u>
2	_____	_____	_____	_____
3	_____	_____	_____	_____
4	_____	_____	_____	_____

[] Floor/Equipment Drains [] Other (Specify) _____

SIGNATURE: Tara E Howell DATE: _____



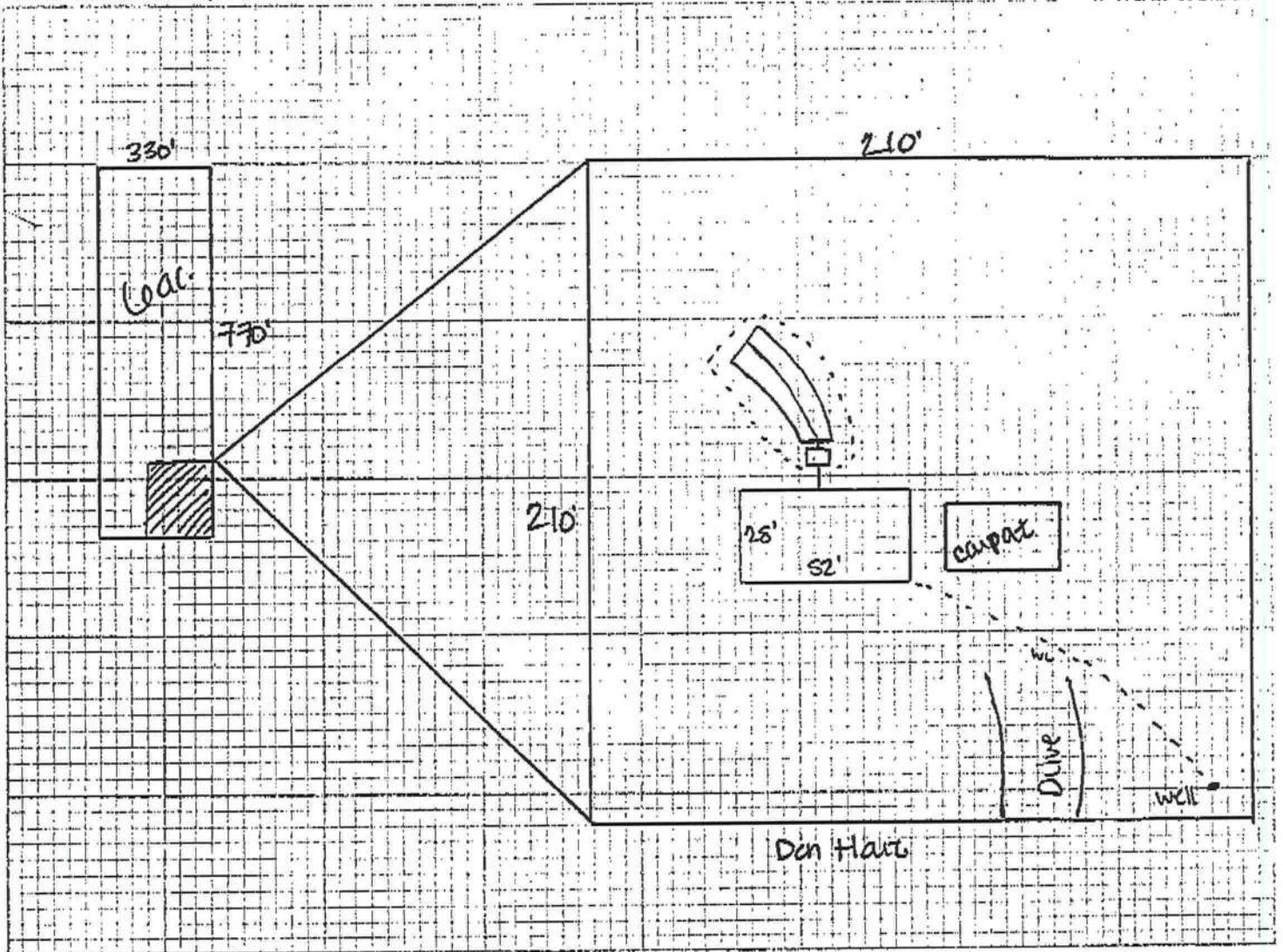
STATE OF FLORIDA
DEPARTMENT OF HEALTH

APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permit Application Number 11-0275E

PART II - SITE PLAN

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



Notes: _____

Bldg Dept permit # 1106-11

Site Plan submitted by: X

Signature

Title

Plan Approved X

Not Approved _____

Date 6/7/11

By [Signature] Columbia

County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

U.S. DEPARTMENT OF COMMERCE
 Federal Emergency Management Agency
 National Flood Insurance Program

ELEVATION CERTIFICATE

Important: Read the instructions on pages 1-9.

For Insurance Company
 Policy Number
 Company NAIC Number

A1. Building Owner's Name CLAYTON WORTEN #96-2011
 Attn: Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.

A2. Building Street Address State FL ZIP Code 32096
245 NW DONHART WAY

A3. Provide 2 photographs of the building if the Certificate is being used to obtain flood insurance.
 A3. Provide 2 photographs of the building if the Certificate is being used to obtain flood insurance.
 a) Square footage of attached garage: N/A sq ft
 b) No. of permanent flood openings in the attached garage within 1.0 foot above adjacent grade: N/A
 c) Total net area of flood openings in A9.b: N/A sq ft
 d) Engineered flood openings? Yes No

Horizontal Datum: NAD 1927 NAD 1983

A4. Provide 2 photographs of the building if the Certificate is being used to obtain flood insurance.
 A4. Provide 2 photographs of the building if the Certificate is being used to obtain flood insurance.
 a) Square footage of attached garage: N/A sq ft
 b) No. of permanent flood openings in the attached garage within 1.0 foot above adjacent grade: N/A
 c) Total net area of flood openings in A4.b: N/A sq ft
 d) Engineered flood openings? Yes No

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP Community Name & Community Number
COLUMBIA 120070

B2. County Name
COLUMBIA

B3. State
FLORIDA

B4. Map/Panel Number
0167

B5. Suffix
C

B6. FIRM Index Date
2-4-09

B7. FIRM Panel Effective/Revised Date
2-4-09

B8. Flood Zone(s)
X

B9. Base Flood Elevation (AO, use base floor)
86.00

B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9.
 FIS Profile FIRM Community Determined
 Other (Describe) _____ Yes

B11. Indicate elevation datum used for BFE in Item B9:
 NAVD 1988 Other (Describe) _____ Yes
 OPA Other (Describe) _____ Yes

B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)?
 CBRS OPA

SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)

C1. Building elevations are based on:
 Construction Drawings*
 *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, ARA, AR/AE, AR/A1-A30, AR/AH, AR/AO. Com below according to the building diagram specified in Item A7. Use the same datum as the BFE.
 Benchmark Utilized BM#6 Vertical Datum NAVD88
 Conversion/Comments N/A

Check the measurement used:
 feet meters (Puerto Rico only)
 feet meters (Puerto Rico only)
 feet meters (Puerto Rico or
 feet meters (Puerto Rico or
 feet meters (Puerto Rico)
 feet meters (Puerto Rico)
 feet meters (Puerto Rico)
 feet meters (Puerto Rico)
 feet meters (Puerto Rico)

a) Top of bottom floor (including basement, crawspace, or enclosure floor) 94.43
 b) Top of the next higher floor N/A
 c) Bottom of the lowest horizontal structural member (V Zones only) N/A
 d) Attached garage (top of slab) 91.40
 e) Lowest elevation of machinery or equipment servicing the building (Describe type of machinery and location in Comments) 90.5
 f) Lowest adjacent (finished) grade next to building (LAG) 91.7
 g) Highest adjacent (finished) grade next to building (HAG) 90.8
 h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support

SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION

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

Check here if comments are provided on back of form. Were latitude and longitude in Section A provided by licensed land surveyor? Yes No

Certifier's Name TIMOTHY B. ALCORN License Number 6332
 Title SURVEYOR AND MAPPER Company Name J. SHERMAN FRIER AND ASSOC. INC.
 Address PO BOX 580 City LIVE OAK State FL ZIP Code 32059
 Telephone 386-362-4629
 Date 7-6-2011

See reverse side for continuation.

corresponding information from Section A.
Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.
State FL ZIP Code 32096

SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION

Copy both sides of this Elevation Certificate for (1) community official, (2) insurance agent/company, and (3) building owner.
Comments AIR UNIT ON CONCRETE PAD IS LOWEST MACHINERY

For insurance company use:
Policy Number _____
Company NAIC Number _____

Signature 

Date 7-6-2011

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. Check here if LOMA or LOMR-F request.

1. 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 HAG.
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.
Attached garage (top of slab) is _____
 feet meters above or below the HAG.
Top of platform of machinery and/or equipment servicing the building is _____
 feet meters above or below the HAG.
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

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

Owner's Authorized Representative's Name _____
City LIVE OAK State FL ZIP Code 32064
Date _____ Telephone 386-362-4629

SECTION G - COMMUNITY INFORMATION (OPTIONAL)

Authorized by law or ordinance to administer the community's floodplain management ordinance can complete Sections A, B, C (or E), and G. Complete the applicable item(s) and sign below. Check the measurement used in Items G8 and G9.
G6. Date Certificate Of Compliance/Occupancy Issued _____
 Substantial Improvement
 feet meters (PR) Datum _____
 feet meters (PR) Datum _____
 feet meters (PR) Datum _____
Title _____
Telephone _____
Date _____

PLACE SEAL HERE

Replaces all previous editions

ELEVATION CERTIFICATE

Important: Read the instructions on pages 1-9.

SECTION A - PROPERTY INFORMATION

A1. Building Owner's Name CLIFTON WORTEN #96-2011

For Insurance Company Use:

Policy Number

A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.
245 NW DONHART WAY

Company NAIC Number

City WHITE SPRINGS State FL ZIP Code 32096

A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)
PARCEL NO 24-2S-15-00091-001

A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) RESIDENTIAL

A5. Latitude/Longitude: Lat. 30 17 45.45 Long. 82 46 08.48

Horizontal Datum: NAD 1927 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 5

A8. For a building with a crawlspace or enclosure(s):

- a) Square footage of crawlspace or enclosure(s) N/A sq ft
b) No. of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade N/A
c) Total net area of flood openings in A8.b N/A sq in
d) Engineered flood openings? Yes No

A9. For a building with an attached garage:

- a) Square footage of attached garage N/A sq ft
b) No. of permanent flood openings in the attached garage within 1.0 foot above adjacent grade N/A
c) Total net area of flood openings in A9.b N/A sq in
d) Engineered flood openings? Yes No

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP Community Name & Community Number
COLUMBIA 120070

B2. County Name
COLUMBIA

B3. State
FLORIDA

B4. Map/Panel Number
0167

B5. Suffix
C

B6. FIRM Index Date
2-4-09

B7. FIRM Panel Effective/Revised Date
2-4-09

B8. Flood Zone(s)
X

B9. Base Flood Elevation(s) (Zone AO, use base flood depth)
86.00

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

- FIS Profile FIRM Community Determined Other (Describe) _____

B11. Indicate elevation datum used for BFE in Item 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 N/A CBRS OPA

SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)

C1. Building elevations are based on: Construction Drawings* Building Under Construction* Finished Construction

*A new Elevation Certificate will be required when construction of the building is complete.

C2. Elevations - Zones A1-A30, AE, AH, A (with BFE), VE, V1-V30, V (with BFE), AR, AR/A, AR/AE, AR/A1-A30, AR/AH, AR/AO. Complete Items C2.a-h below according to the building diagram specified in Item A7. Use the same datum as the BFE.

Benchmark Utilized BM#6 Vertical Datum NAVD88

Conversion/Comments N/A

Check the measurement used.

- a) Top of bottom floor (including basement, crawlspace, or enclosure floor) 94.43 feet meters (Puerto Rico only)
b) Top of the next higher floor N/A feet meters (Puerto Rico only)
c) Bottom of the lowest horizontal structural member (V Zones only) N/A feet meters (Puerto Rico only)
d) Attached garage (top of slab) N/A feet meters (Puerto Rico only)
e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments) 91.40 feet meters (Puerto Rico only)
f) Lowest adjacent (finished) grade next to building (LAG) 90.5 feet meters (Puerto Rico only)
g) Highest adjacent (finished) grade next to building (HAG) 91.7 feet meters (Puerto Rico only)
h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support 90.8 feet meters (Puerto Rico only)

SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION

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

Check here if comments are provided on back of form. Were latitude and longitude in Section A provided by a licensed land surveyor? Yes No

Certifier's Name TIMOTHY B. ALCORN

License Number 6332

Title SURVEYOR AND MAPPER

Company Name J. SHERMAN FRIER AND ASSOC. INC.

Address PO BOX 580

City LIVE OAK

State FL

ZIP Code 32064

Signature 

Date 7-6-2011

Telephone 386-362-4629

PLACE
SEAL
HERE

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

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.
245 NW DON HART WAY

City WHITE SPRINGS State FL ZIP Code 32096

For Insurance Company Use:

Policy Number

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 AIR UNIT ON CONCRETE PAD IS LOWEST MACHINERY

Signature

Date 7-6-2011

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

Address PO BOX 580

City LIVE OAK

State FL

ZIP Code 32064

Signature

Date

Telephone 386-362-4629

Comments

Check here if attachments

SECTION G - COMMUNITY INFORMATION (OPTIONAL)

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

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

G4. Permit Number

G5. Date Permit Issued

G6. Date Certificate Of Compliance/Occupancy Issued

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

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

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

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

Check here if attachments

Local Official's Name _____ Title _____
 Community Name _____ Telephone _____
 Signature _____ Date _____
 Comments _____

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 _____

G4. Permit Number _____ G5. Date Permit Issued _____ G6. Date Certificate Of Compliance/Occupancy Issued _____

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.

SECTION G - COMMUNITY INFORMATION (OPTIONAL)

Check here if attachments

Address PO BOX 580 City LIVE OAK State FL ZIP Code 32064
 Signature _____ Date _____ Telephone 386-362-4629
 Comments _____

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 Owners or Owner's Authorized Representative's Name _____

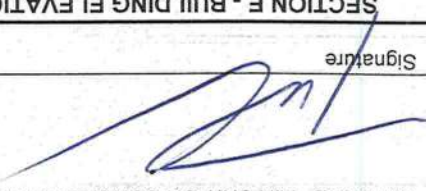
SECTION F - PROPERTY OWNER (OR OWNER'S REPRESENTATIVE) CERTIFICATION

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 G2.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 E - BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO AND ZONE A (WITHOUT BFE)

Check here if attachments

Signature _____ Date 7-6-2011



Comments AIR UNIT ON CONCRETE PAD IS LOWEST MACHINERY
 Copy both sides of this Elevation Certificate for (1) community official, (2) insurance agent/company, and (3) building owner.

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

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. _____
 City WHITE SPRINGS State FL ZIP Code 32096
 Company NAIC Number _____
 Policy Number _____
 For insurance company use: _____

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

Important: Read the instructions on pages 1-9.

OMB No. 1660-0008
Expires March 31, 2012

SECTION A - PROPERTY INFORMATION

A1. Building Owner's Name **CLIFTON WORTEN #96-2011** Policy Number _____

A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. **245 NW DONHART WAY**

City **WHITE SPRINGS** State **FL** ZIP Code **32096**

A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) **PARCEL NO 24-2S-15-00091-001**

A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) **RESIDENTIAL**

A5. Latitude/Longitude: Lat. **30 17 45.45** Long. **82 46 08.48**

A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insurance.

A7. Building Diagram Number **5**

A8. For a building with a crawlspace or enclosure(s):

a) Square footage of crawlspace or enclosure(s) **N/A** sq ft

b) No. of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade **N/A**

c) Total net area of flood openings in A8.b **N/A** sq in

d) Engineered flood openings? Yes No

A9. For a building with an attached garage:

a) Square footage of attached garage **N/A** sq ft

b) No. of permanent flood openings in the attached garage within 1.0 foot above adjacent grade **N/A**

c) Total net area of flood openings in A9.b **N/A** sq in

d) Engineered flood openings? Yes No

For Insurance Company Use: _____

Company NAIC Number _____

Policy Number _____

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP Community Name & Community Number **COLUMBIA 120070**

B2. County Name **COLUMBIA**

B3. State **FLORIDA**

B4. Map/Panel Number **0167**

B5. Suffix **C**

B6. FIRM Index Date **2-4-09**

B7. FIRM Panel Effective/Revised Date **2-4-09**

B8. Flood Zone(s) **X**

B9. Base Flood Elevation(s) (Zone A0, use base flood depth) **86.00**

SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)

B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9.
 FIS Profile FIRM Community Determined Other (Describe) _____

B11. Indicate elevation datum used for BFE in Item 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 **N/A**

CBRS OPA

C1. Building elevations are based on: Construction Drawings* Building Under Construction* Finished Construction

*A new Elevation Certificate will be required when construction of the building is complete.

C2. Elevations - Zones A1-A30, AE, AH, A (with BFE), VE, V1-V30, V (with BFE), AR, AR/A, AR/AE, AR/A1-A30, AR/AH, AR/AO. Complete items C2.a-h below according to the building diagram specified in Item A7. Use the same datum as the BFE.

Benchmark Utilized **BM#6 Vertical Datum NAVD88**
 Conversion/Comments **N/A**

Check the measurement used.

Item	Description	Elevation (feet)	Measurement (feet/meters)
a)	Top of bottom floor (including basement, crawlspace, or enclosure floor)	94.43	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)
b)	Top of the next higher floor	N/A	<input type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)
c)	Bottom of the lowest horizontal structural member (V Zones only)	N/A	<input type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)
d)	Attached garage (top of slab)	N/A	<input type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)
e)	Lowest elevation of machinery or equipment servicing the building	91.40	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)
(Describe type of equipment and location in Comments)			
f)	Lowest adjacent (finished) grade next to building (LAG)	90.5	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)
g)	Highest adjacent (finished) grade next to building (HAG)	91.7	<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	90.8	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)

SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION

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

Check here if comments are provided on back of form.
 Were latitude and longitude in Section A provided by a licensed land surveyor? Yes No

Certifier's Name **TIMOTHY B. ALCORN** License Number **6332**

Title **SURVEYOR AND MAPPER** Company Name **J. SHERMAN FRIER AND ASSOC. INC.**

Address **PO BOX 580** City **LIVE OAK** State **FL** ZIP Code **32064**

Date **7-6-2011** Telephone **386-362-4629**

Signature _____

Replaces all previous editions

See reverse side for continuation.

FEMA Form 81-31, Mar 09

PLACE SEAL HERE

ELEVATION CERTIFICATE 29482

Check here if attachments

Comments

Signature

Date

Telephone

Community Name

Title

Local Official's Name

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 _____

G4. Permit Number

G5. Date Permit Issued

G6. Date Certificate Of Compliance/Occupancy Issued

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.

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.

SECTION G - COMMUNITY INFORMATION (OPTIONAL)

Check here if attachments

Comments

Signature

Date

Telephone 386-362-4629

Address PO BOX 580

City LIVE OAK

State FL

ZIP Code 32064

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

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.

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

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 E - BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO AND ZONE A (WITHOUT BFE)

Check here if attachments

Date 7-6-2011

Signature

Comments AIR UNIT ON CONCRETE PAD IS LOWEST MACHINERY

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

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

City WHITE SPRINGS

State FL ZIP Code 32096

Company NAIC Number

Policy Number

For Insurance Company Use:

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

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

245 NW DON HART WAY

ELEVATION CERTIFICATE

U.S. DEPARTMENT OF HOMELAND SECURITY

Federal Emergency Management Agency

National Flood Insurance Program

Important: Read the instructions on pages 1-9.

SECTION A - PROPERTY INFORMATION

For Insurance Company Use:		A1. Building Owner's Name CLIFTON WORTEN #96-2011	
Policy Number	A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 245 NW DONHART WAY		
Company NAIC Number	City WHITE SPRINGS State FL ZIP Code 32096		

A3. Property Description (Lot and Block Numbers, Tax Parcel Numbers, Legal Description, etc.)
PARCEL NO 24-2S-15-00091-001

A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) **RESIDENTIAL**
A5. Latitude/Longitude: Lat **30 17 45.45** Long. **82 46 08.48**
A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insurance.

A7. Building Diagram Number **5**
A8. For a building with a crawlspace or enclosure(s):
a) Square footage of crawlspace or enclosure(s) **N/A** sq ft
b) No. of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade **N/A**
c) Total net area of flood openings in A8.b **N/A** sq in
d) Engineered flood openings? Yes No
A9. For a building with an attached garage:
a) Square footage of attached garage **N/A** sq ft
b) No. of permanent flood openings in the attached garage within 1.0 foot above adjacent grade **N/A**
c) Total net area of flood openings in A9.b **N/A** sq in
d) Engineered flood openings? Yes No

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP Community Name & Community Number COLUMBIA 120070		B2. County Name COLUMBIA	B3. State FLORIDA
B4. Map/Panel Number 0167	B5. Suffix C	B6. FIRM Index Date 2-4-09	B7. FIRM Panel Effective/Revised Date 2-4-09
B8. Flood Zone(s) X		B9. Base Flood Elevation(s) (Zone AO, use base flood depth) 86.00	

B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9.
 FIS Profile FIRM Community Determined Other (Describe) _____
 NAVD 1988 NAVD 1929 Other (Describe) _____

B11. Indicate elevation datum used for BFE in Item 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 **N/A**
 CBRS OPA

SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)

C1. Building elevations are based on:
 Construction Drawings* Building Under Construction* Finished Construction

*A new Elevation Certificate will be required when construction of the building is complete.

C2. Elevations - Zones A1-A30, AE, AH, A (with BFE), VE, V1-V30, V (with BFE), AR, AR/A, AR/AE, AR/A1-A30, AR/AH, AR/AO. Complete items C2.a-h below according to the building diagram specified in Item A7. Use the same datum as the BFE.
Benchmark Utilized **BM#6, Vertical Datum NAVD88**
Conversion/Comments **N/A**

Check the measurement used.

a) Top of bottom floor (including basement, crawlspace, or enclosure floor)	94.43	feet	<input type="checkbox"/> meters (Puerto Rico only)
b) Top of the next higher floor	N/A	feet	<input type="checkbox"/> meters (Puerto Rico only)
c) Bottom of the lowest horizontal structural member (V Zones only)	N/A	feet	<input type="checkbox"/> meters (Puerto Rico only)
d) Attached garage (top of slab)	N/A	feet	<input type="checkbox"/> meters (Puerto Rico only)
e) Lowest elevation of machinery or equipment servicing the building	91.40	feet	<input checked="" type="checkbox"/> meters (Puerto Rico only)
(Describe type of equipment and location in Comments)			
f) Lowest adjacent (finished) grade next to building (LAG)	90.5	feet	<input type="checkbox"/> meters (Puerto Rico only)
g) Highest adjacent (finished) grade next to building (HAG)	91.7	feet	<input checked="" type="checkbox"/> meters (Puerto Rico only)
h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support	90.8	feet	<input checked="" type="checkbox"/> meters (Puerto Rico only)

SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION

This certification is to be signed and sealed by a land surveyor, engineer, or architect authorized by law to certify elevation information. I certify that the information on this Certificate represents my best efforts to interpret the data available. I understand that any false statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 1001. Check here if comments are provided on back of form. Were latitude and longitude in Section A provided by a licensed land surveyor? Yes No

Certifier's Name **TIMOTHY B. ALCORN** License Number **6332**

Title **SURVEYOR AND MAPPER** Company Name **J. SHERMAN FRIER AND ASSOC. INC.**

Address **PO BOX 580** City **LIVE OAK** State **FL** ZIP Code **32064**

Date **7-6-2011** Telephone **386-362-4629**

Signature

PLACE SEAL HERE

CERTIFICATE OF OCCUPANCY

M/H O C C U P A N C Y

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 24-2S-15-00091-001

Building permit No. 000029482

Permit Holder TERRY THRIFT

Owner of Building CLIFTON WORTEN

Location: 245 NW DON HART WAY, WHITE SPRINGS, FL 32096

Date: 07/08/2011

Troy C. [Signature]

Building Inspector

**POST IN A CONSPICUOUS PLACE
(Business Places Only)**



755-2382

DATE 06/15/2011

Columbia County Building Permit

PERMIT

This Permit Must Be Prominently Posted on Premises During Construction

000029482

APPLICANT TARA HOWELL PHONE 386-984-7976
ADDRESS 8383 150TH STREET LIVE OAK FL 32060
OWNER CLIFTON WORTEN PHONE 813-376-3668
ADDRESS 245 NW DON HART WAY FT. WHITE White Springs FL 32038 32096
CONTRACTOR TERRY THRIFT PHONE 386-623-0115
LOCATION OF PROPERTY 90 W, R LAKE JEFFERY RD, R LEONA WAY, L COMBS, L SUWANNEE VALLEY RD, R DON HART WAY, 1ST SITE ON RIGHT
TYPE DEVELOPMENT MH, UTILITY ESTIMATED COST OF CONSTRUCTION 0.00
HEATED FLOOR AREA TOTAL AREA HEIGHT STORIES
FOUNDATION WALLS ROOF PITCH FLOOR
LAND USE & ZONING AG-3 MAX. HEIGHT 35
Minimum Set Back Requirments: STREET-FRONT 30.00 REAR 25.00 SIDE 25.00
NO. EX.D.U. 0 FLOOD ZONE FL X DEVELOPMENT PERMIT NO.

PARCEL ID 24-2S-15-00091-001 SUBDIVISION
LOT BLOCK PHASE UNIT 0 TOTAL ACRES 6.00

IJ1025139
Culvert Permit No. Culvert Waiver Contractor's License Number Applicant/Owner/Contractor
EXISTING 11-0275-E BK TC N
Driveway Connection Septic Tank Number LU & Zoning checked by Approved for Issuance New Resident

COMMENTS: ELEVATION SET @ 86'- NEED ELEVATION CONFIRMATION LETTER ON BOTH FINISHED FLOOR AND EQUIPMENT SERVICING MH (A/C & ELECTRICAL EQUIPMENT)
Check # or Cash 48824

FOR BUILDING & ZONING DEPARTMENT ONLY

(footer/Slab)

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

BUILDING PERMIT FEE \$ 0.00 CERTIFICATION FEE \$ 0.00 SURCHARGE FEE \$ 0.00
MISC. FEES \$ 300.00 ZONING CERT. FEE \$ 50.00 FIRE FEE \$ 25.68 WASTE FEE \$ 67.00
FLOOD DEVELOPMENT FEE \$ FLOOD ZONE FEE \$ 25.00 CULVERT FEE \$ TOTAL FEE 467.68
INSPECTORS OFFICE CLERKS OFFICE

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

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

EVERY PERMIT ISSUED SHALL BECOME INVALID UNLESS THE WORK AUTHORIZED BY SUCH PERMIT IS COMMENCED WITHIN 180 DAYS AFTER ITS ISSUANCE, OR IF THE WORK AUTHORIZED BY SUCH PERMIT IS SUSPENDED OR ABANDONED FOR A PERIOD OF 180 DAYS AFTER THE TIME THE WORK IS COMMENCED. A VALID PERMIT RECIEVES AN APPROVED INSPECTION EVERY 180 DAYS. WORK SHALL BE CONSIDERED NOT SUSPENDED, ABANDONED OR INVALID WHEN THE PERMIT HAS RECIEVED AN APPROVED INSPECTION WITHIN 180 DAYS OT THE PREVIOUS INSPECTION.

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

