

DATE 05/12/2008

Columbia County Building Permit
This Permit Must Be Prominently Posted on Premises During Construction**PERMIT**
000027000

APPLICANT ROBERT MINNELLA PHONE 352 472-6010
ADDRESS 5743 SW 22ND PLACE NEWBERRY FL 32669
OWNER COLLEEN WIRTH PHONE 344-7877
ADDRESS 819 SW MONTANA ST FT. WHITE FL 32038
CONTRACTOR DALE HOUSTON PHONE 752-7814
LOCATION OF PROPERTY 47S, TR ON 27, TL ON RIVERSIDE, TL ON NEBRASKA, TR MONTANA,
1ST LOT 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 A-3 MAX. HEIGHT
Minimum Set Back Requirments: STREET-FRONT 30.00 REAR 25.00 SIDE 25.00
NO. EX.D.U. FLOOD ZONE AE DEVELOPMENT PERMIT NO. 08-009

PARCEL ID 26-6S-15-01144-000 SUBDIVISION 3 RIVERS EST
LOT 16 BLOCK PHASE UNIT 18 TOTAL ACRES

000001596 IH0000040 Randy Minnick
Culvert Permit No. Culvert Waiver Contractor's License Number Applicant/Owner/Contractor
WAIVER 08-309 CS JH Y
Driveway Connection Septic Tank Number LU & Zoning checked by Approved for Issuance New Resident

COMMENTS: 1' RISE LETTER, NEED ELEVATION CERTIFICATE BEFORE POWERCheck # or Cash 4391**FOR BUILDING & ZONING DEPARTMENT ONLY**

(footer/Slab)

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

BUILDING PERMIT FEE \$ 0.00 CERTIFICATION FEE \$ 0.00 SURCHARGE FEE \$ 0.00
MISC. FEES \$ 300.00 ZONING CERT. FEE \$ 50.00 FIRE FEE \$ 32.10 WASTE FEE \$ 83.75
FLOOD DEVELOPMENT FEE \$ 50.00 FLOOD ZONE FEE \$ 25.00 CULVERT FEE \$ **TOTAL FEE** 540.85
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 TO BE IN ACTIVE PROGRESS WHEN THE PERMIT HAS RECIEVED AN APPROVED INSPECTION WITHIN 180 DAYS.

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

PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

For Office Use Only (Revised 1-10-08) Zoning Official OK 4/14/08 Building Official OK 5/14/08

AP# 0804-25 Date Received 4/10/08 By G Permit # 1596/27000

Flood Zone AE Development Permit yes Zoning A-3 Land Use Plan Map Category A-3

Comments 1' rise letter + finished floor cert. neg'd.

FEMA Map# _____ Elevation 34' Finished Floor 35' River SANTA FE In Floodway no

☒ Site Plan with Setbacks Shown ☒ EH# _____ ☐ EH Release ☒ Well letter ☐ Existing well

☒ Recorded Deed or Affidavit from land owner ☒ Letter of Auth. from installer ☐ State Road Access

☐ Parent Parcel # _____ ☐ STUP-MH _____ ☐ F W Comp. letter _____

IMPACT FEES: EMS 29.88 Fire 78.63 Corr 442.89 Road/Code 1046.00/210

School 1500.00 = TOTAL 3097.40

Property ID # 2506-15-01144-000 Subdivision Three Rivers Estates Lot 169 Unit 18

- New Mobile Home ☒ D. Wide Used Mobile Home _____ MH Size 32x60 Year 2008
- Applicant Robert Minnella Phone # (352) 472-6010
- Address 25743 SW 22 PL Newberry, FL 32669
- Name of Property Owner Colleen Wirth Phone # (386) 344-7877
- 911 Address 819 SW Montana St, Ft. White, FL 32038
- Circle the correct power company - FL Power & Light - Clay Electric
(Circle One) - Suwannee Valley Electric - Progress Energy
- Name of Owner of Mobile Home Colleen Wirth Phone # (386) 344-7877
Address 203 SW Roundhouse Dr, Ft. White, FL 32038
- Relationship to Property Owner Same
- Current Number of Dwellings on Property 0
- Lot Size 100X400 Total Acreage .92
- 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 (owe)
- Driving Directions to the Property 47 S to Hwy 27 (TR) Go 4.8 miles to SW Riverside (TL) to SW Nebraska (TL) to SW Montana St (TR) 1st lot on right.
- Name of Licensed Dealer/Installer Dale Houston Phone # (386) 752-7814
- Installers Address 139 SW Barrs Glen, Lake City, FL 32043
- License Number JH0000040 Installation Decal # 291480

*Called Rob - 4/29/08
11:11 AM CH*

PERMIT NUMBER

PERMIT WORKSHEET

page 1 of 2

Installer Mike Hosta License # ITH0000044

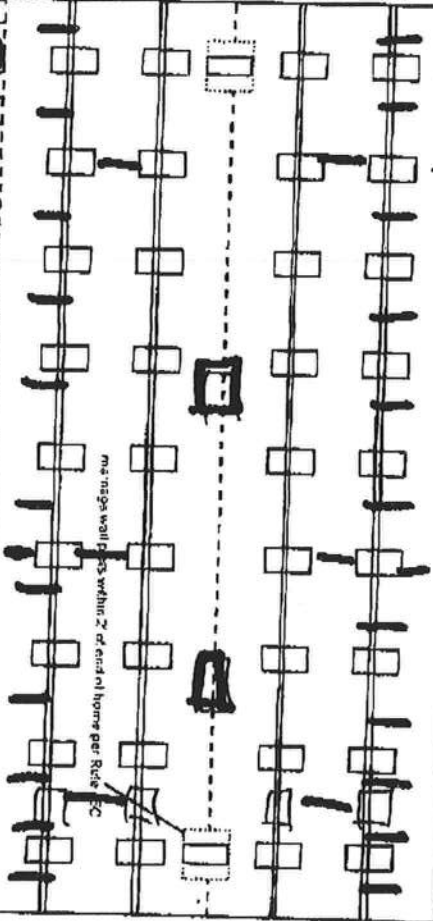
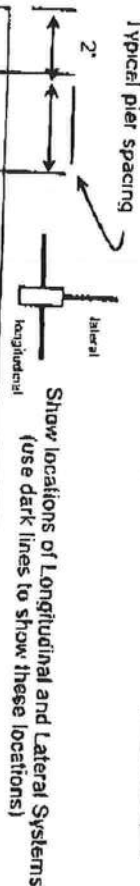
Address of home being installed 541 Montana St
Et. White, FL 32038

Manufacturer Disting Length x width 60x33

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 TH



3x4x6-1000 S&I-23x31
Pier 1000 S&I-6'0x6'
Anchor 120x24x14 54x14
6-60x33 w/ 4 Lateral
54x33

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 # 291480

Triple/Quad ☐ Serial # _____

PIER SPACING TABLE FOR USED HOMES

Load bearing capacity (sq in)	16' x 16" (256)	18 1/2" x 18 1/2" (342)	20' x 20" (400)	22' x 22" (484)	24' x 24" (576)	26' x 26" (676)
1000 dsl	3'	4'	5'	6'	7'	8'
1500 dsl	4' 6"	6'	7'	8'	9'	10'
2000 dsl	6'	8'	9'	10'	11'	12'
2500 dsl	7' 6"	9'	10'	11'	12'	13'
3000 dsl	8'	10'	11'	12'	13'	14'
3500 dsl	8'	10'	11'	12'	13'	14'

Interpolated from Rule 15C-1 pier spacing table.

PIER PAD SIZES

I-beam pier pad size 23x31

Perimeter pier pad size 16x16

Other pier pad sizes (required by the mfg.) _____

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

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

Opening _____ Pier pad size _____

POPULAR PAD SIZES

Pad Size	Sq In
16 x 16	256
16 x 18	288
18.5 x 18.5	342
16 x 22.5	360
17 x 22	374
13 1/4 x 26 1/4	348
20 x 20	400
17 3/16 x 25 3/16	441
17 1/2 x 25 1/2	446
24 x 24	576
26 x 26	676

ANCHORS _____

4 ft 5 ft

FRAME TIES _____

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

OTHER TIES _____

Number _____

Sidewall Longitudinal Marriage wall Shearwall

Longitudinal Stabilizing Device (LSD)

Manufacturer _____

Longitudinal Stabilizing Device w/ Lateral Arms

Manufacturer Oliver Technology

PERMIT NUMBER

PERMIT WORKSHEET

page 2 of 2

POCKET PENETROMETER TEST

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

X X X X

POCKET PENETROMETER TESTING METHOD

1. Test the perimeter of the home at 6 locations.
2. Take the reading at the depth of the footer.
3. Using 500 lb increments, take the lowest reading and round down to that increment.

X X X X

TORQUE PROBE TEST

The results of the torque probe test is inch pounds or check here if you are declaring 5' anchors without testing. A test showing 275 inch pounds or less will require 4 foot anchors.

Note: A state approved lateral arm system is being used and 4 ft. anchors are allowed at the sidewall locations. 1 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

DALE Housh

Date Tested

4/24/08

Electrical

Connect electrical conductors between multi-wide units, but not to the main power source. This includes the bonding wire between multi-wide units. Pg.

Plumbing

Connect all sewer drains to an existing sewer tap or septic tank. Pg. N/A
Connect all potable water supply piping to an existing water meter, water tap, or other independent water supply systems. Pg. N/A

Site Preparation

Debris and organic material removed ☒ Swale ☐ Pad ☐ Other ☐

Fastening multi wide units

Floor: Type Fastener: Screws Length: 2 1/2" Spacing: 24"
Walls: Type Fastener: Screws Length: 2 1/2" Spacing: 24"
Roof: Type Fastener: 30 gauge, 8" wide, galvanized metal strip Spacing: 24"
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

Pg. 14-28

Installed:

Between Floors ☒
Between Walls ☒
Bottom of ridgebeam ☒

Weatherproofing

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

Miscellaneous

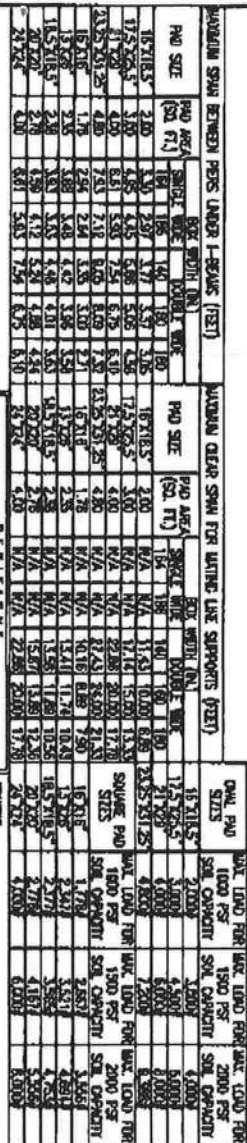
Skirting to be installed: ☒ Yes ☐ No
Dryer vent installed outside of skirting. ☒ Yes ☐ No
Range downflow vent installed outside of skirting. ☒ Yes ☐ No
Drain lines supported at 4 foot intervals. ☒ Yes ☐ No
Electrical crossovers protected. ☒ Yes ☐ No
Other: ☐ N/A

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

Installer Signature

DALE Housh

Date 4/24/08



1. THE ASB PADS MUST BE INSTALLED PER CLAMER TECHNOLOGIES INSTALLATION INSTRUCTIONS.
2. THE PIER LOADS APPLIED TO THE ASB PADS MAY NOT EXCEED THE VALUES NOTED IN THE CHART BELOW.
3. THE ASB PADS MAY BE USED TO SUPPORT A CONCRETE FOUNDATION WALL. THE PADS MAY ONLY BE USED FOR REMOVAL, FOUNDATION PIERES.
4. ASB PADS MAY BE COMBINED TO COVER A LARGER AREA IN THIS CASE THE MAX. ALLOWABLE LOADS WOULD BE COMBINED AS WELL.
5. IF THE REQUIREMENTS OF DESIGN AND INSTALLATION VARY, CONSULT WITH THE REPRESENTATIVES OF THE CLAMER TECHNOLOGIES INSTALLATIONS. THE MORE STRINGENT REQ. SHALL BE USED.

DESTINY I.L.C.
DRAFTING SERVICES DEPT.
205 R.W. BRYANT ROAD
MOUNTAIN, GEORGIA 31768
PHONE: 1-888-782-8800

ABS FOUNDATION PLAN

CLARK'S TIL. PROTECTION 32 X 64 3 BR - 2 BA

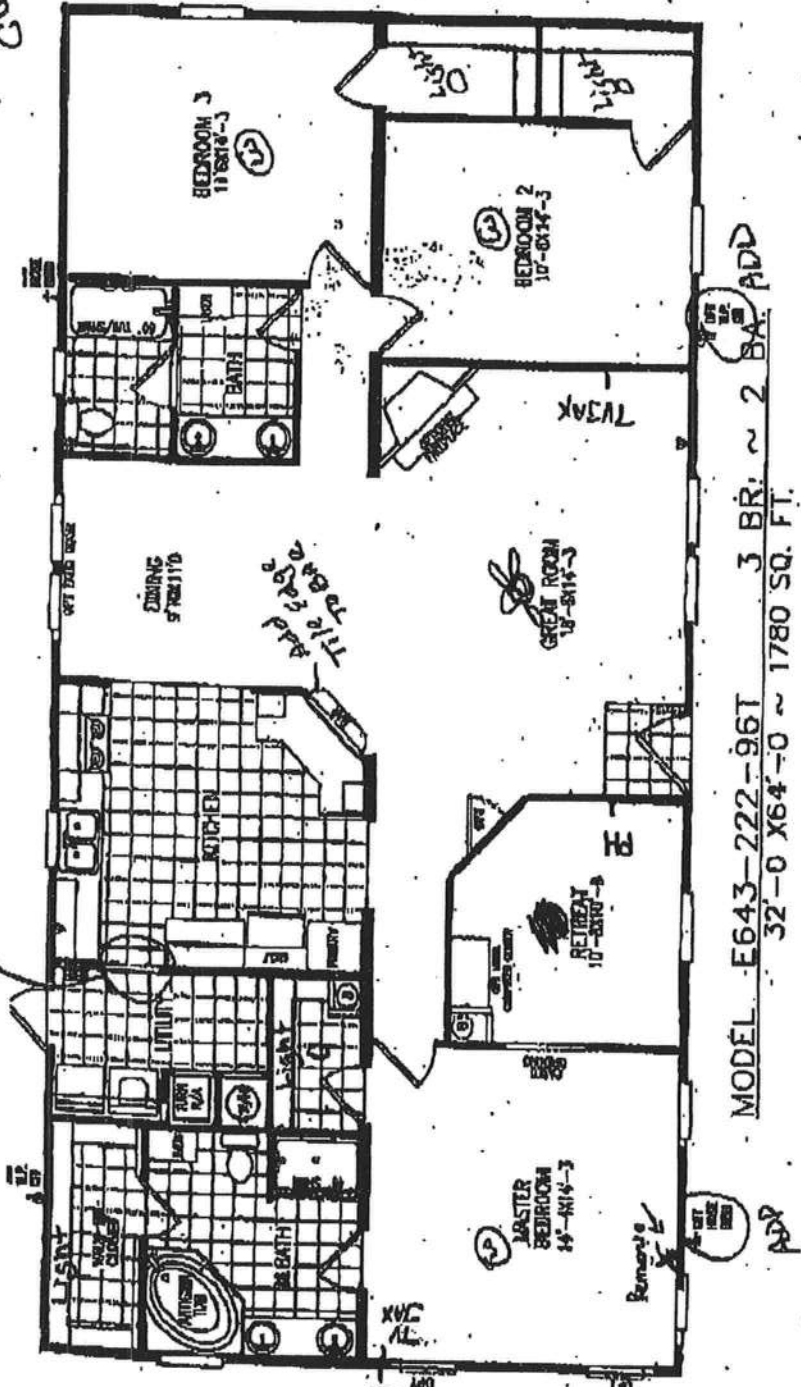
CELEBRITY ET :
Jerry Barton

INDEXED	60000	60000	60000
SOUTHERN PINES	60000	60000	60000
DATE	8/14/06	8/14/06	8/14/06
SECRET	1-C17	1-C17	1-C17

WORLD WEA
E643-222-967
SAL. ST.

3/27/08
- New updated floor plan
for Gunston (Wilmington)

Add: wire brace for
Cabin FANS
BR-2+3+HB





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

MEMORANDUM

FRED C. DICKINSON, III
Executive Director

June 14, 2002

TO: All Anchor and Component Manufacturers

FROM: Philip R. Bergalt, Program Manager *PRB*
Bureau of Mobile Home and Recreational Vehicle Construction

SUBJECT: Lateral Arm Stabilizer Systems

To ensure consumer protection and to ensure that minimum standards are met in the installation of Lateral Arm Stabilizing Systems, it is necessary for us to create uniform installation standards for these systems. A secondary benefit of uniform standards will be the clarification of installation procedures for installers and for county and city inspectors performing field oversight.

Effective immediately all Florida lateral arm stabilizing instructions will include the following prescriptive number of systems:

Four (4) systems up to 52 feet
Six (6) systems from 52 to 80 feet

Five (5) 12 pitch roofs will require a minimum of the following number of lateral arm stabilizing systems, unless a greater number is specified by your engineering:

Six (6) systems up to 52 feet
Eight (8) systems from 52 to 80 feet

Your instructions should contain the following three (3) notes:

Note: 1) The use of this system requires sidewall vertical ties at no greater than 5'4" on center and allows for the use of 4' anchors.

Note: 2) Centerline anchors to be sized according to soil torque condition. Any manufacturer's specifications for sidewall anchor loads in excess of 4,000 lbs. require a 5' anchor.

Note: 3) Each system is required to have a frame tie and stabilizer attached at each lateral arm stabilizing location.

DIVISIONS/FLORIDA HIGHWAY PATROL • DRIVER LICENSES • MOTOR VEHICLES • ADMINISTRATIVE SERVICES
Neil Kirtman Building, Tallahassee, Florida 32399-0500

OLIVER TECHNOLOGIES, INC.
FLORIDA INSTALLATION INSTRUCTIONS FOR THE
MODEL 1101 "V" SERIES ALL STEEL FOUNDATION SYSTEM.
MODEL 1101 "V" (STEPS 1-15)
MODEL 1101-L "V" LONGITUDINAL ONLY:
FOLLOW STEPS 1-9
FOR ADDING LATERAL ARM:
Follow Steps 10-15

ENGINEERS STAMP

ENGINEERS STAMP

- SPECIAL CIRCUMSTANCES:** If the following conditions occur - **STOP!** Contact Oliver Technologies at 1-800-284-7437 :
- a) Pier height exceeds 48" b) Length of home exceeds 76' c) Roof eaves exceed 16" d) Sidewall height exceed 96"
 - e) Location is within 1500 feet of coast

INSTALLATION OF GROUND PAN

2. Remove weeds and debris in an approximate two foot square to expose firm soil for each ground pan (C) .
 3. Place ground pan (C) directly below chassis I-beam . Press or drive pan firmly into soil until flush with or below soil.
- SPECIAL NOTE:** The longitudinal "V" brace system serves as a pier under the home and should be loaded as any other pier. It is recommended that after leveling piers, and one-half inch (1/2") before home is lowered completely on to piers, complete steps 4 through 9 below.

INSTALLATION OF LONGITUDINAL "V" BRACE SYSTEM

NOTE: WHEN INSTALLING THE MODEL 1101-L "V" LONGITUDINAL SYSTEM ONLY, A MINIMUM OF 2 SYSTEMS PER FLOOR SECTION IS REQUIRED. SOIL TEST PROBE SHOULD BE USED TO DETERMINE CORRECT TYPE OF ANCHOR PER SOIL CLASSIFICATION. IF PROBE TEST READINGS ARE BETWEEN 175 & 275 A 5 FOOT ANCHOR MUST BE USED. IF PROBE TEST READINGS ARE BETWEEN 275 & 300 A 4 FOOT ANCHOR MAY BE USED. USE GROUND ANCHORS WITH DIAGONAL TIES AND STABILIZER PLATES EVERY 5'4" . VERTICAL TIES ARE ALSO REQUIRED ON HOMES SUPPLIED WITH VERTICAL TIE CONNECTION POINTS (PER FLORIDA REG.) .

4. Select the correct square tube brace (E) length for set - up (pier) height at support location. (The 18" tube is always used as the bottom part of the longitudinal arm). Note: Either tube can be used by itself, cut and drilled to length as long as a 40 to 45 degree angle is maintained.

PIER HEIGHT (Approx. 45 degrees Max.)	1.25" ADJUSTABLE Tube Length	1.50" ADJUSTABLE Tube Length
24 3/4" to 32 1/4"	32"	18"
40" to 48"	54"	18"

5. Install (2) of the 1.50" square tubes (E {18" tube}) into the "U" bracket (J), insert carriage bolt and leave nut loose for final adjustment.
6. Place I-beam connector (F) loosely on the bottom flange of the I-beam.
7. Slide the selected 1.25" tube (E) into a 1.50" tube (E) and attach to I-beam connectors (F) and fasten loosely with bolt and nut.
8. Repeat steps 6 through 7 to create the "V" pattern of the square tubes loosely in place. The angle is not to exceed 45 degree and not below 40 degrees.
9. After all bolts are tightened, secure 1.25" and 1.50" tubes using four(4) 1/4"-14 x 3/4" self-tapping screws in pre-drilled holes.

INSTALLATION OF LATERAL TELESCOPING TRANSVERSE ARM SYSTEM

THE MODEL 1101 "V" (LONGITUDINAL & LATERAL PROTECTION) ELIMINATES THE NEED FOR MOST STABILIZER PLATES & FRAME TIES.

NOTE: THE USE OF THIS SYSTEM REQUIRES VERTICAL TIES SPACED AT 5'4" .

FOUR FOOT (4') GROUND ANCHOR MAY BE USED EXCEPT WHERE THE HOME MANUFACTURER SPECIFIES DIFFERENT.

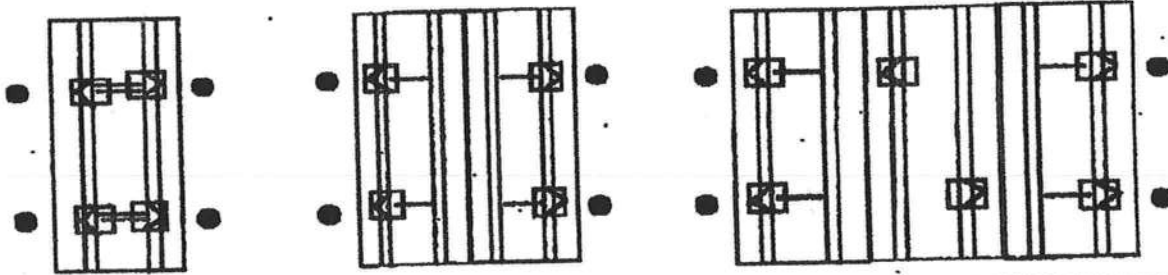
10. Install remaining vertical tie-down straps and 4' ground anchors per home manufacturer's instructions. **NOTE:** Centerline anchors to be sized according to soil torque condition. Any manufacturer's specifications for sidewall anchor loads in excess of 4,000 lbs. require a 5' anchor.
11. **NOTE:** Each system is required to have a frame tie and stabilizer attached at each lateral arm stabilizing location. This frame tie & stabilizer plate needs to be located within 18" from of center ground pan.
12. Select the correct square tube brace (H) length for set-up lateral transverse at support location. The lengths come in either 60" or 72" lengths. (With the 1.50" tube as the bottom tube, and the 1.25" tube as the inserted tube.)
13. Install the 1.50 transverse brace (H) to the ground pan connector (D) with bolt and nut.
14. Slide 1.25" transverse brace into the 1.50" brace and attach to adjacent I-beam connector (I) with bolt and nut.
15. Secure 1.50" transverse arm to 1.25" transverse arm using four (4) 1/4" - 14 x 3/4" self-tapping screws in pre-drilled holes.

MANUFACTURED HOUSING FOUNDATION SYSTEMS
A DIVISION OF OLIVER TECHNOLOGIES, INC.
1-800-284-7437

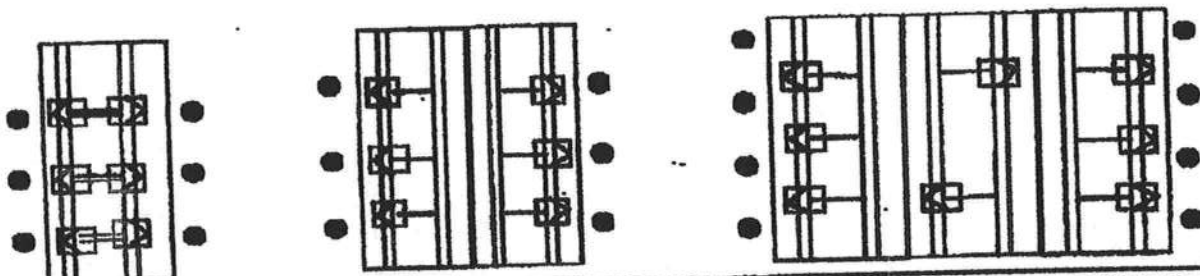
Telephone: 931-798-4555
Fax: 931-798-8811
www.olivertechnologies.com

REQUIRED NUMBER AND LOCATION OF MODEL 1101 "V" BRACES FOR UP TO 4/12 ROOF PITCH

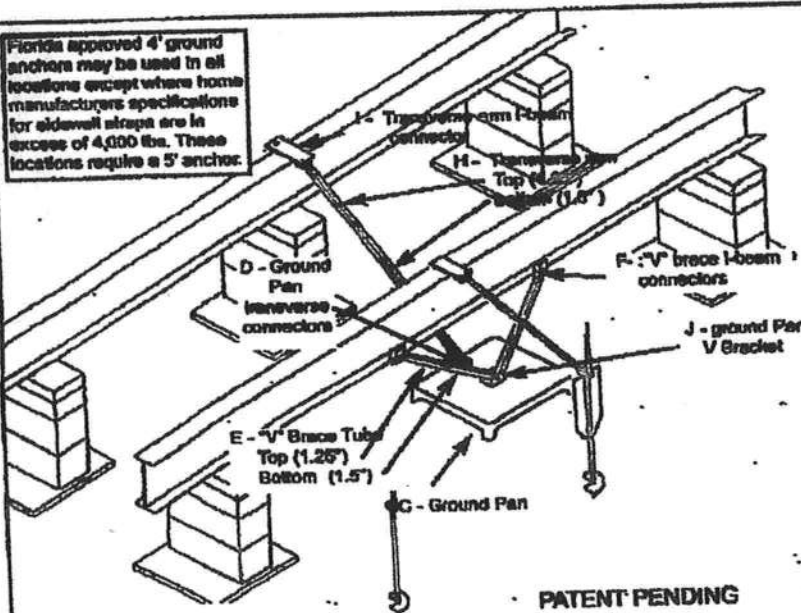
ALL WIDTHS; AND LENGTHS UP TO 52'



ALL WIDTHS; AND LENGTHS OVER 52' TO 80'



Florida approved 4" ground anchors may be used in all locations except where home manufacturers specifications for sidewall straps are in excess of 4,000 lbs. These locations require a 5" anchor.



- C = GROUND PAN
- D = GROUND PAN CONNECTOR
- U BRACKETS
- E = TELESCOPING V BRACE TUBE ASSEMBLY W 1.6 BOTTOM TUBE AND 1.25 TUBE INSERT
- F = "V" BRACE I-BEAM CONNECTORS ASSEMBLY
- H = TELESCOPING TRANSVERSE ARM ASSEMBLY
- I = TRANSVERSE ARM I-BEAM CONNECTOR
- J = V PAN BRACKET

REVISED INSTRUCTIONS 4/23/03

- NOTES:**
1. LENGTH OF HOUSE IS THE ACTUAL BOX SIZE
 2. ● = STABILIZER PLATE AND FRAME TIE LOCATION (needs to be located within 18" from center of ground pan)
 3. ☒ = LOCATION OF ASF MODEL 1101 "V" (LATERAL & LONGITUDINAL BRACING).
 4. ☐ = LOCATION OF MODEL 1101-L "V" (LONGITUDINAL BRACING ONLY).

**MANUFACTURED HOUSING FOUNDATION SYSTEMS
A DIVISION OF OLIVER TECHNOLOGIES, INC.
1-800-284-7437**

Telephone: 931-798-4555
Fax: 931-798-8811
www.olivertechnologies.com

INSTALLER AUTHORIZATION

DATE: 4-2-08

TO: Columbia Co

License No. I H0000040

I, Dale Houston give full consent to Robert Minnella to pull
any and all necessary permits on my behalf for mobile home set ups
in Columbia County.

Signed Dale Houston

For:
Colleen Wirth

Sworn to me this 2 day of April, 2008

Notary Signature Nancy S Phelps

NANCY S. PHELPS
NOTARY PUBLIC - STATE OF FLORIDA
COMMISSION # DD666995
EXPIRES 5/10/2011
BONDED THRU 1-888-NOTARY1

This Instrument Prepared by & return to:

Name: KIM WATSON, an employee of
Address: TITLE OFFICES, LLC
343 NW COLE TERRACE, SUITE 101
LAKE CITY, FLORIDA 32055
File No. 08Y-01012KW

Parcel I.D. #: 01144-000

SPACE ABOVE THIS LINE FOR PROCESSING DATA

Inst:200812000758 Date:1/14/2008 Time:2:25 PM

Doc Stamp-Deed:210.00

DC, P. DeWitt Cason, Columbia County Page 1 of 1

THIS WARRANTY DEED Made the 11th day of January, A.D. 2008, by JOHN G. WINDHAM and LESLIE WINDHAM, HIS WIFE, hereinafter called the grantors, to COLLEEN WIRTH, A SINGLE PERSON, whose post office address is 203 SW ROUNDHOUSE DRIVE, FORT WHITE, FLORIDA 32038, hereinafter called the grantee:

(Wherever used herein the terms "grantors" and "grantee" include all the parties to this instrument, singular and plural, the heirs, legal representatives and assigns of individuals, and the successors and assigns of corporations, wherever the context so admits or requires.)

Witnesseth: That the grantors, for and in consideration of the sum of \$10.00 and other valuable consideration, receipt whereof is hereby acknowledged, do hereby grant, bargain, sell, alien, remise, release, convey and confirm unto the grantee all that certain land situate in Columbia County, State of Florida, viz:

Lot 169, THREE RIVERS ESTATES, Unit 18, according to the map or plat thereof as recorded in Plat Book 6, Page 12, of the Public Records of Columbia County, Florida.

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 grantors hereby covenant with said grantee that they are lawfully seized of said land in fee simple; that they have good right and lawful authority to sell and convey said land, and hereby fully warrant 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, 2008.

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

Signed, sealed and delivered in the presence of:

Martha Bryan

Witness Signature

MARTHA BRYAN

Printed Name

Kim Watson

Witness Signature

Kim Watson

Printed Name

John G. Windham L.S.

JOHN G. WINDHAM

Address:

514 SE FRITZI COURT, LAKE CITY, FLORIDA

32025

Leslie Windham L.S.

LESLIE WINDHAM

Address:

514 SE FRITZI COURT, LAKE CITY, FLORIDA

32025

STATE OF FLORIDA
COUNTY OF COLUMBIA

The foregoing instrument was acknowledged before me this 11th day of January, 2008, by JOHN G. WINDHAM and LESLIE WINDHAM, who are known to me or who have produced Driver License as identification.

Martha Bryan

Notary Public

My commission expires





STATE OF FLORIDA
DEPARTMENT OF HEALTH

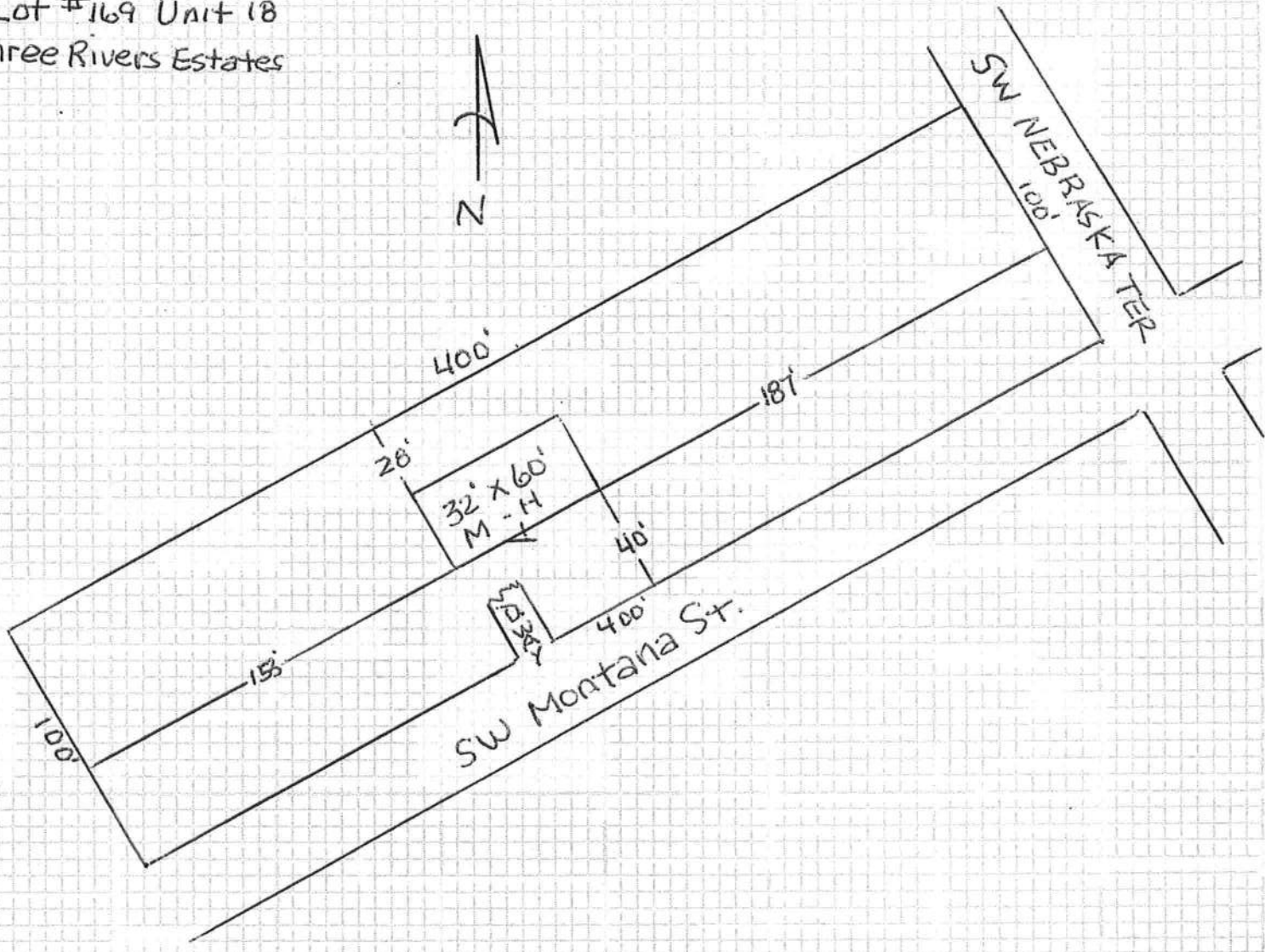
APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permit Application Number _____

PART II - SITE PLAN

Scale: Each block represents $\frac{6}{5}$ feet and $\frac{60}{50}$ feet.

Lot #169 Unit 18
Three Rivers Estates



Notes: _____

Site Plan submitted by: Randy Merrill 04-07-08
Signature

Agent
Title

Plan Approved _____

Not Approved _____

Date _____

By _____ County Health Department

HUGHES WELL DRILLING & PUMP SERVICE, LLC

12367 N US HWY 441 LAKE CITY, FL 32055

OFFICE: (386)-752-1840 FAX: (386)-755-2934

hugwell1840@aol.com

Columbia County Building and Zoning
PO Box 1529
Lake City, FL 32056-1529

Attn: Gale Tedder / Janis

Re: Colleen Wirth 25-06-15-01144-000

- 1). 4" Deep well
- 2). 1-hp pump-20gpm
- 3). 81 Gallon Bladder tank eqv. To a 220 gallon galvanized tank
- 4). 1 1/4" pvc drop pipe

If you have any further questions, please feel free to phone me at the above number.

Sincerely,

Ronnie Hughes

Colleen Wirth

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: 4/8/2008 DATE ISSUED: 4/11/2008

ENHANCED 9-1-1 ADDRESS:

819 SW MONTANA ST

FORT WHITE FL 32038

PROPERTY APPRAISER PARCEL NUMBER:

00-00-00-01144-000

Remarks:

LOT 169 UNIT 18 THREE RIVERS ESTATES

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.

1180



Engineers • Planners

128 SW Nassau St
Lake City, FL 32025
Phone 386-758-4209
Fax 386-758-4290

4/29/2008

Columbia County Building Department

To whom it may concern,

RE: Colleen Wirth Residence, Lot 169, unit 18 Three Rivers Estates

I have reviewed the conditions for the referenced property. The property is located in a flood zone (Zone AE). The finished floor elevation of (36.0') shall be set at least 1' above the 100 year flood elevation. The 100 year flood elevation is established at 35.0'. Please find a copy of the calculations verifying the flood rise to be less than 1'-0". If you have any questions, please call me at (386) 758-4209.

Sincerely,

A handwritten signature in cursive script, reading "William H. Freeman".

William Freeman, P.E. #56001
Certificate of Authorization # 00008701

Freeman Design Group, Inc.
161 NW Madison St., Ste. # 102
Lake City, FL 32055
(386) 758-4209

1-ft Rise Flood Certification Calculations			
Project: Wirth Residence			
Double Wide Mobile Home, 32X96			
Footing Area (sf):	1.333	(16" sq. piers)	1.78 sf per pier
No. Piers/Row:	17		
No. Rows:	7		
Rise Ht(ft):	3.1		
Contributing Area:	0.92	acres ----->	40,001.15 sf
New Ftg Area:			211.450 sf
Net Land Area (contributing minus new):			39,789.70 sf
Pier Area (ftg. Area*No. Piers*Rise):			655.49 cf
Amount of Rise (pier area / land area) x 12:			0.198 in

Willie H. Frie

4/29/08

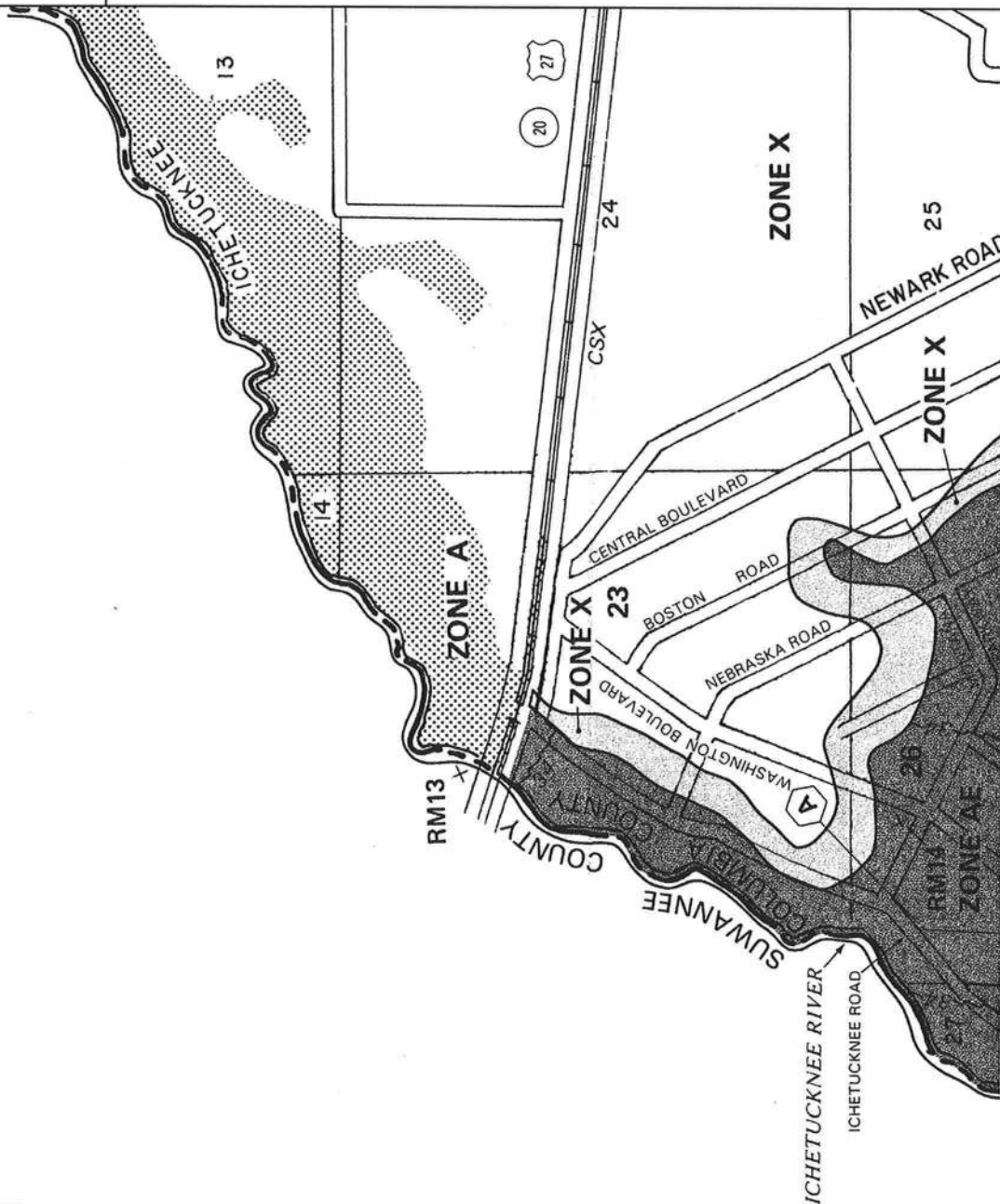
PE# 56001

CA# 8701

4/30/2008



APPROXIMATE SCALE IN FEET



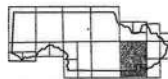
NATIONAL FLOOD INSURANCE PROGRAM

FIRM FLOOD INSURANCE RATE MAP

COLUMBIA
COUNTY,
FLORIDA
(UNINCORPORATED AREAS)

PANEL 225 OF 290

PANEL LOCATION



COMMUNITY-PANEL NUMBER

120070 0225 B

EFFECTIVE DATE:

JANUARY 6, 1988



Federal Emergency Management Agency

This is an official copy of a portion of the above referenced flood map. It was extracted using F-MIT Version 1.0. This map does not reflect changes or amendments which may have been made subsequent to the date on the title block. Further information about National Flood Insurance Program flood hazard maps is available at www.fema.gov/nifisc.

Columbia County Building Department
Flood Development Permit

Development Permit
F 023- 08-009

DATE 05/12/2008 BUILDING PERMIT NUMBER 000027000
APPLICANT ROBERT MINNELLA PHONE 352 472-6010
ADDRESS 5743 SW 22ND PLACE NEWBERRY FL 32669
OWNER COLLEEN WIRTH PHONE 344-7877
ADDRESS 819 SW MONTANA ST FT. WHITE FL 32038
CONTRACTOR DALE HOUSTON PHONE 752-7814
ADDRESS 139 SW BARRS GLEN LAKE CITY FL 32043
SUBDIVISION 3 RIVERS EST Lot 16 Block Unit Phase
TYPE OF DEVELOPMENT MH, UTILITY PARCEL ID NO. 26-6S-15-01144-000

FLOOD ZONE AE BY CS 1-6-88 FIRM COMMUNITY #. 120070 - PANEL #. B
FIRM 100 YEAR ELEVATION 34' PLAN INCLUDED YES or NO
REQUIRED LOWEST HABITABLE FLOOR ELEVATION 35'
IN THE REGULATORY FLOODWAY YES or NO RIVER Santa Fe
SURVEYOR / ENGINEER NAME LICENSE NUMBER

 ONE FOOT RISE CERTIFICATION INCLUDED

 ZERO RISE CERTIFICATION INCLUDED

 SRWMD PERMIT NUMBER
(INCLUDING THE ONE FOOT RISE CERTIFICATION)

DATE THE FINISHED FLOOR ELEVATION CERTIFICATE WAS PROVIDED

INSPECTED DATE BY

COMMENTS

135 NE Hernando Ave., Suite B-21
Lake City, Florida 32055
Phone: 386-758-1008
Fax: 386-758-2160



ATTN: Webbie

**Columbia County Building Department
Culvert Waiver**

**Culvert Waiver No.
000001596**

DATE: 05/12/2008

BUILDING PERMIT NO. 27000

APPLICANT ROBERT MINNELLA

PHONE 352 472-6010

ADDRESS 25743 SW 22ND PLACE

NEWBERRY

FL 32669

OWNER COLLEEN WIRTH

PHONE 344-7877

ADDRESS 819 SW MONTANA ST

FT. WHITE

FL 32038

CONTRACTOR DALE HOUSTON

PHONE 752-7814

LOCATION OF PROPERTY 47S, TR ON 27, TL ON RIVERSIDE, TL ON NEBRASKA, TR MONTANA,
1ST LOT ON RIGHT

SUBDIVISION/LOT/BLOCK/PHASE/UNIT 3 RIVERS EST

16

18

PARCEL ID # 26-6S-15-01144-000

I HEREBY CERTIFY THAT I UNDERSTAND AND WILL FULLY COMPLY WITH THE DECISION OF THE COLUMBIA COUNTY PUBLIC WORKS DEPARTMENT IN CONNECTION WITH THE HEREIN PROPOSED APPLICATION.

SIGNATURE: *Robert Minnella*

A SEPARATE CHECK IS REQUIRED
MAKE CHECKS PAYABLE TO BCC

Amount Paid 50.00

PUBLIC WORKS DEPARTMENT USE ONLY

I HEREBY CERTIFY THAT I HAVE EXAMINED THIS APPLICATION AND DETERMINED THAT THE
CULVERT WAIVER IS:



APPROVED

☐ NOT APPROVED - NEEDS A CULVERT PERMIT

COMMENTS: _____

SIGNED: *Ray Little*

DATE: 5-21-08

ANY QUESTIONS PLEASE CONTACT THE PUBLIC WORKS DEPARTMENT AT 386-752-5955.

135 NE Hernando Ave., Suite B-21
Lake City, FL 32055
Phone: 386-758-1008 Fax: 386-758-2160



COLUMBIA COUNTY
FLORIDA

M/H OCCUPANCY

COLUMBIA COUNTY, FLORIDA

Department of Building and Zoning Inspection

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

Parcel Number 26-6S-15-01144-000

Building permit No. 000027000

Permit Holder DALE HOUSTON

Owner of Building COLLEEN WIRTH

Location: 819 SW MONTANA ST., FT. WHITE, FL

Date: 06/24/2008

Building Inspector

Wayne D. Cook



POST IN A CONSPICUOUS PLACE
(Business Places Only)

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

2700



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

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

SECTION A - PROPERTY INFORMATION

A1. Building Owner's Name <u>Colleen Worth</u>		For Insurance Company Use:
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.		Policy Number
City	State	Company NAIC Number
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) <u>26-63-15-0444-000</u>		ZIP Code
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) _____		
A5. Latitude/Longitude: Lat. _____ Long. _____ Horizontal Datum: <input type="checkbox"/> NAD 1927 <input type="checkbox"/> NAD 1983		
A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insurance.		
A7. Building Diagram Number _____		
A8. For a building with a crawl space or enclosure(s), provide: a) Square footage of crawl space or enclosure(s) _____ sq ft b) No. of permanent flood openings in the crawl space or enclosure(s) walls within 1.0 foot above adjacent grade _____ c) Total net area of flood openings in A8.b _____ sq in		
A9. For a building with an attached garage, provide: a) Square footage of attached garage _____ sq ft b) No. of permanent flood openings in the attached garage walls within 1.0 foot above adjacent grade _____ c) Total net area of flood openings in A9.b _____ sq in		

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

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

COMMENTS:

Date of Review: 6-24-08

BOARD MEETS FIRST THURSDAY AT 7 00 P.M.

AND THE COMMUNITY OFFICIAL IS L. H. H. H.

All elevation certificates shall be maintained by the community and copies with the attached memo made available upon request.
P. O. BOX 1529 LAKE CITY, FLORIDA 32056-1529 PHONE (386) 733-4100

ELEVATION CERTIFICATE

OMB No. 1660-0008
Expires February 28, 2009

Important: Read the instructions on pages 1-8.

SECTION A - PROPERTY INFORMATION

A1. Building Owner's Name COLLEEN E. WIRTH		For Insurance Company Use:
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 819 SW MONTANA STREET		Policy Number
City FT. WHITE State FL ZIP Code 32038		Company NAIC Number
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) LOT 169, THREE RIVERS ESTATES, UNIT 18, PLAT BOOK 6 PAGE 12. TAX PARCEL ID. NO. 00-00-00-01144-000		
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) RESIDENTIAL		
A5. Latitude/Longitude: Lat. N 29D56'22.8" Long. W 82D46'50.7"		Horizontal Datum: <input type="checkbox"/> NAD 1927 <input checked="" type="checkbox"/> NAD 1983
A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insurance.		
A7. Building Diagram Number 5		
A8. For a building with a crawl space or enclosure(s), provide: a) Square footage of crawl space or enclosure(s) NA sq ft b) No. of permanent flood openings in the crawl space or enclosure(s) walls within 1.0 foot above adjacent grade NA c) Total net area of flood openings in A8.b NA sq in		A9. For a building with an attached garage, provide: a) Square footage of attached garage NA sq ft b) No. of permanent flood openings in the attached garage walls within 1.0 foot above adjacent grade NA c) Total net area of flood openings in A9.b NA sq in

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP Community Name & Community Number COLUMBIA COUNTY, FL UNINC. 120070		B2. County Name COLUMBIA		B3. State FL	
B4. Map/Panel Number 0225	B5. Suffix B	B6. FIRM Index Date 1/6/1988	B7. FIRM Panel Effective/Revised Date 1/6/1988	B8. Flood Zone(s) AE	B9. Base Flood Elevation(s) (Zone AO, use base flood depth) 34
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9. <input type="checkbox"/> FIS Profile <input checked="" type="checkbox"/> FIRM <input type="checkbox"/> Community Determined <input type="checkbox"/> Other (Describe) _____					
B11. Indicate elevation datum used for BFE in Item B9: <input checked="" type="checkbox"/> NGVD 1929 <input type="checkbox"/> NAVD 1988 <input type="checkbox"/> Other (Describe) _____					
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Designation Date _____ <input type="checkbox"/> CBRS <input type="checkbox"/> OPA					

SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)

C1. Building elevations are based on: ☐ Construction Drawings* ☐ Building Under Construction* ☒ Finished Construction
*A new Elevation Certificate will be required when construction of the building is complete.

C2. Elevations - Zones A1-A30, AE, AH, A (with BFE), VE, V1-V30, V (with BFE), AR, AR/A, AR/AE, AR/A1-A30, AR/AH, AR/AO. Complete Items C2.a-g below according to the building diagram specified in Item A7.
Benchmark Utilized LOCALLY ESTABLISHED Vertical Datum NGVD 29
Conversion/Comments _____

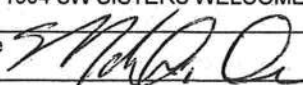
Check the measurement used.

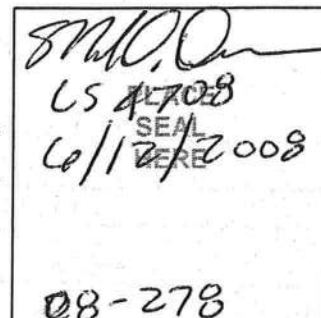
a) Top of bottom floor (including basement, crawl space, or enclosure floor)	36.4	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)
b) Top of the next higher floor	NA	<input type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)
c) Bottom of the lowest horizontal structural member (V Zones only)	NA	<input type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)
d) Attached garage (top of slab)	NA	<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 in Comments)	36.0	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)
f) Lowest adjacent (finished) grade (LAG)	32.1	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)
g) Highest adjacent (finished) grade (HAG)	32.4	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)

SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION

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

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

Certifier's Name MARK D. DUREN	License Number LS 4708
Title SURVEYOR AND MAPPER	Company Name MARK D. DUREN, PSM
Address 1604 SW SISTERS WELCOME ROAD City LAKE CITY	State FL ZIP Code 32025
Signature 	Date 6/12/2008 Telephone 386-758-9831



Building Photographs

See Instructions for Item A6.

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

City FT. WHITE State FL ZIP Code 32038

For Insurance Company Use:

Policy Number

Company NAIC Number

If using the Elevation Certificate to obtain NFIP flood insurance, affix at least two building photographs below according to the instructions for Item A6. Identify all photographs with: date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." If submitting more photographs than will fit on this page, use the Continuation Page, following.



Front
View
Taken
6/4/08

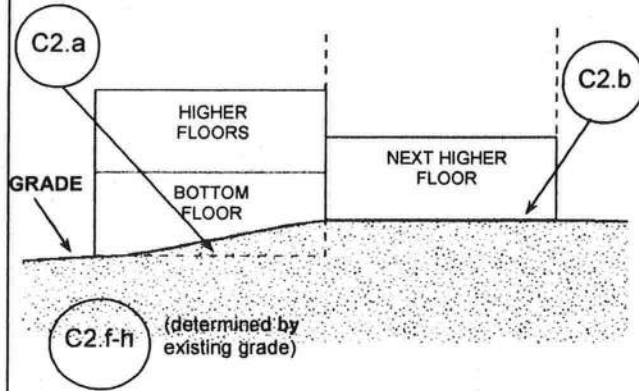


Rear View
Taken
6/4/08

DIAGRAM 3

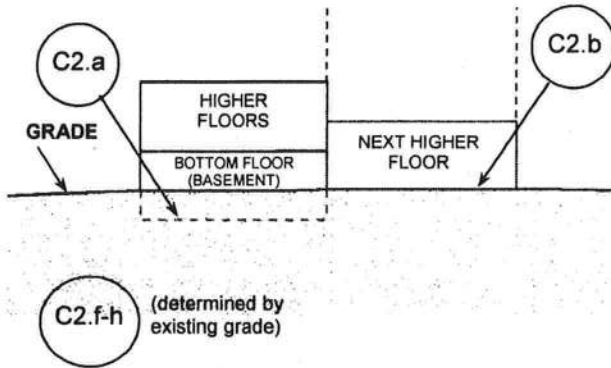
All split-level buildings that are slab-on-grade, either detached or row type (e.g., townhouses); with or without attached garage.

Distinguishing Feature – The bottom floor (excluding garage) is at or above ground level (grade) on at least one side.*

**DIAGRAM 4**

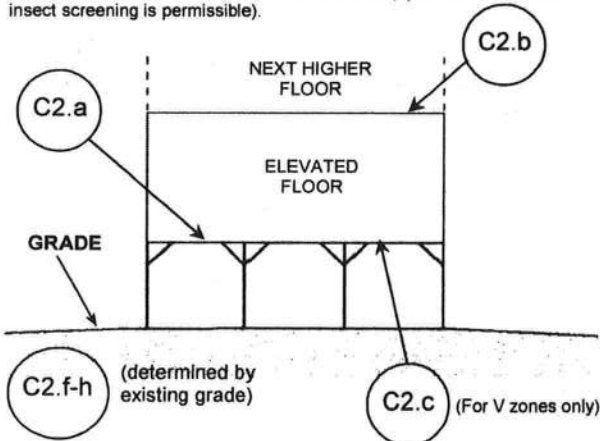
All split-level buildings (other than slab-on-grade), either detached or row type (e.g., townhouses); with or without attached garage.

Distinguishing Feature – The bottom floor (basement or underground garage) is below ground level (grade) on all sides.*

**DIAGRAM 5**

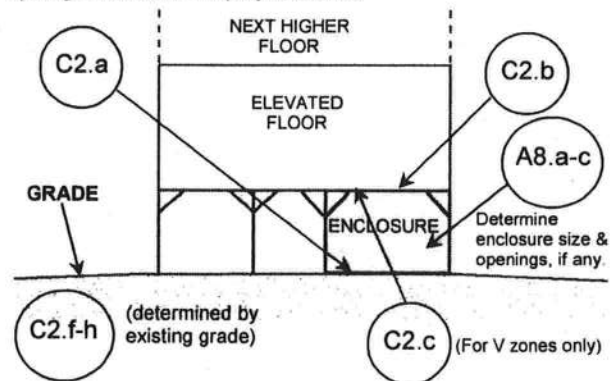
All buildings elevated on piers, posts, piles, columns, or parallel shear walls. No obstructions below the elevated floor.

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 insect screening is permissible).

**DIAGRAM 6**

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

Distinguishing Feature – For all zones, the area below the elevated floor is enclosed, either partially or fully. In A Zones, the partially or fully enclosed area below the elevated floor is with or without openings** present in the walls of the enclosure. Indicate information about enclosure size and openings in Section A – Property Information.



* A floor that is below ground level (grade) on all sides is considered a basement even if the floor is used for living purposes, or as an office, garage, workshop, etc.


** An "opening" is a permanent opening 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 crawlspaces. The openings shall provide a total net area of not less than one square inch for every square foot of area enclosed, excluding any bars, louvers, or other covers of the opening. Alternatively, an Individual Engineered Flood Openings Certification or an Evaluation Report issued by the International Code Council Evaluation Service (ICC ES) must be submitted to document that the design of the openings 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; openings may be installed in doors. Openings shall be on at least two sides of the enclosed area. If a building has more than one enclosed area, each area must have openings to allow floodwater to directly enter. The bottom of the openings must be no higher than one foot above the higher of the exterior or interior grade or floor immediately below the opening. For more guidance on openings, see NFIP Technical Bulletin 1.

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. 819 SW MONTANA STREET	Policy Number
City LAKE CITY State FL ZIP Code 32038	Company NAIC Number

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

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

Comments MOBILE HOME ON CONCRETE BLOCK PIERS. NO SKIRTING AT THIS TIME. AIR CONDITIONER IS EQUIPMENT IN C2e.

Signature  Date 6/12/2008 ☐ Check here if attachments

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

For Zones AO and A (without BFE), complete Items E1-E5. If the Certificate is intended to support a LOMA or LOMR-F request, complete Sections A, B, and C. For Items E1-E4, use natural grade, if available. Check the measurement used. In Puerto Rico only, enter meters.

- E1. Provide elevation information for the following and check the appropriate boxes to show whether the elevation is above or below the highest adjacent grade (HAG) and the lowest adjacent grade (LAG).
- a) Top of bottom floor (including basement, crawl space, or enclosure) is _____ ☐ feet ☐ meters ☐ above or ☐ below the HAG.
- b) Top of bottom floor (including basement, crawl space, or enclosure) is _____ ☐ feet ☐ meters ☐ above or ☐ below the LAG.
- E2. For Building Diagrams 6-8 with permanent flood openings provided in Section A Items 8 and/or 9 (see page 8 of Instructions), the next higher floor (elevation C2.b in the diagrams) of the building is _____ ☐ feet ☐ meters ☐ above or ☐ below the HAG.
- E3. Attached garage (top of slab) is _____ ☐ feet ☐ meters ☐ above or ☐ below the HAG.
- E4. Top of platform of machinery and/or equipment servicing the building is _____ ☐ feet ☐ meters ☐ above or ☐ below the HAG.
- E5. Zone AO only: If no flood depth number is available, is the top of the bottom floor elevated in accordance with the community's floodplain management ordinance? ☐ Yes ☐ No ☐ Unknown. The local official must certify this information in Section G.

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

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

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

MARK D. DUREN

Address 1604 SW SISTERS WELCOME ROAD

City LAKE CITY

State FL

ZIP Code 32025

Signature

Date

Telephone 386-758-9837

Comments

☐ Check here if attachments

SECTION G - COMMUNITY INFORMATION (OPTIONAL)

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

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

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

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

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

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

Local Official's Name _____ Title _____

Community Name _____ Telephone _____

Signature _____ Date _____

Comments _____

☐ Check here if attachment: