

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

29438



BOARD OF COUNTY COMMISSIONERS • COLUMBIA COUNTY

Memo of review for correctness and completion

In accordance with participation in the NFIP/CRS program, all elevation certificates are required to be reviewed for correctness and completion prior to acceptance by the community. This form shall be attached to all elevation certificates maintained on file and provided with requested copies of elevation certificates.

_____ The attached certificate requires correction by the surveyor of section (s) _____ prior to acceptance by the community.

☒ The attached elevation certificate is complete and correct.

☒ Minor corrections have been made in the below marked section(s) by the authorized Community Official.

SECTION A - PROPERTY INFORMATION

A1. Building Owner's Name		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.		Company NAIC Number
City	State	ZIP Code
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)		
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.)		
A5. Latitude/Longitude: Lat. _____ Long. _____		Horizontal Datum: <input type="checkbox"/> NAD 1927 <input type="checkbox"/> NAD 1983
A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insurance.		
A7. Building Diagram Number _____		
A8. For a building with a 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 02/04/09	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 1928 <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: 21 SEPT. 2011

Community Official: [Signature]

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

BOARD MEETS FIRST THURSDAY AT 7:00 P.M.
AND THIRD THURSDAY AT 7:00 P.M.

Important: Read the instructions on pages 1-9.

SECTION A - PROPERTY INFORMATION		For Insurance Company Use:
A1. Building Owner's Name Maryland Lane, LLC		Policy Number
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 498 SW Manatee Terrace 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 34, Unit 12, Three Rivers Estates, PB 4, Pages 117-117A. Tax Parcel No. 00-00-00-00865-034. Columbia County, FL.		
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.)		Residential
A5. Latitude/Longitude: Lat. N29D55'08.8" Long. W082D46'04.9"		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 8		
A8. For a building with a crawlspace or enclosure(s): a) Square footage of crawlspace or enclosure(s) 1140 sq ft b) No. of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade 1 c) Total net area of flood openings in A8.b 1024 sq in d) Engineered flood openings? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		A9. For a building with an attached garage: a) Square footage of attached garage NA sq ft b) No. of permanent flood openings in the attached garage within 1.0 foot above adjacent grade NA c) Total net area of flood openings in A9.b NA sq in d) Engineered flood openings? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP Community Name & Community Number Columbia County, Florida 120070		B2. County Name Columbia	B3. State Florida		
B4. Map/Panel Number 12023c0467	B5. Suffix c	B6. FIRM Index Date 1/6/1988	B7. FIRM Panel Effective/Revised Date 2/4/2009	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 type="checkbox"/> NGVD 1929 <input checked="" 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-h below according to the building diagram specified in Item A7. Use the same datum as the BFE.
Benchmark Utilized LOCAL/Vertical Datum NAVD88
Conversion/Comments

Check the measurement used.

a) Top of bottom floor (including basement, crawlspace, or enclosure floor)	30.5	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)
b) Top of the next higher floor	36.50	<input checked="" 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 and location in Comments)	35.8	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)
f) Lowest adjacent (finished) grade next to building (LAG)	30.8	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)
g) Highest adjacent (finished) grade next to building (HAG)	30.6	<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	30.7	<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 Mark D. Duren License Number Ls 4708
Title Surveyor and Mapper Company Name Mark D. Duren and Associates, Inc.
Address 120 NW Burk Avenue, Suite 103 City Lake City State FL ZIP Code 32055

Signature: SMD
LS 4708
9/8/2011
9/21/2011
Revision
WO# 11-193
replaces all previous editions

SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION

Signature [Signature] Date 9/8/2011 Telephone 386-758-9831**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.
198 SW Manatee Terrace

City Ft. White State FL ZIP Code 32038

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 One story frame dwelling on concrete block wall foundation creating a dirt floored enclosure (Line C2.a)). There is an opening in the concrete block wall that is within 1' of the grade for access to the crawl space. This is open at this time (see line A8.b) and A8.c)). There are openings for ventilation of the crawl space about 3' above grade. Finished or living area floor (Line C2.b)) is constructed on the top of this foundation wall. Equipment in line c2.e) is air conditioning unit on slab about 3' above grade.

Signature [Signature] Date 9/8/2011☐ 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 0000.0000 ☐ feet ☐ meters ☐ above or ☐ below the HAG.

b) Top of bottom floor (including basement, crawlspace, or enclosure) is 0000.0000 ☐ 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 0000.0000 ☐ feet ☐ meters ☐ above or ☐ below the HAG.

E3. Attached garage (top of slab) is 0000.0000 ☐ feet ☐ meters ☐ above or ☐ below the HAG.

E4. Top of platform of machinery and/or equipment servicing the building is 0000.0000 ☐ 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 120 NW Burk Avenue, Suite 103

City Lake City

State FL

ZIP Code 32055

Signature 000000Date 000000

Telephone 386-758-9831

Comments 000000☐ 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.

1. ☐ 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.)

2. ☐ A community official completed Section E for a building located in Zone A (without a FEMA-issued or community-issued BFE) or Zone AO.

3. ☐ The following information (Items G4-G9) is provided for community floodplain management purposes.

34. Permit Number

000000

G5. Date Permit Issued

000000

G6. Date Certificate Of Compliance/Occupancy Issued

000000

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

8. Elevation of as-built lowest floor (including basement) of the building: 0000.0000 ☐ feet ☐ meters (PR) Datum 000000

9. BFE or (in Zone AO) depth of flooding at the building site: 0000.0000 ☐ feet ☐ meters (PR) Datum 000000

10. Community's design flood elevation 0000.0000 ☐ feet ☐ meters (PR) Datum 000000

Local Official's Name 000000Title 000000Community Name 000000Telephone 000000Signature 000000Date 000000

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. 498 SW Manatee Terrace		For Insurance Company Use: Policy Number
City Ft. White State FL ZIP Code 32038		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 (EAST) VIEW
(9/7/2011)



RIGHT (SOUTH) VIEW
(9/7/2011)



Building Photographs

Continuation Page

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 498 SW Manatee Terrace	For Insurance Company Use: Policy Number
City Ft. White State FL ZIP Code 32038	Company NAIC Number
If submitting more photographs than will fit on the preceding page, affix the additional photographs below. Identify all photographs with: date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View."	

REAR (WEST) VIEW
(9/7/2011)



LEFT (NORTH)VIEW
(9/7/2011)





