

DATE 03/14/2007

Columbia County Building Permit

PERMIT

This Permit Expires One Year From the Date of Issue

000025618

APPLICANT JACQUELINE BARKER PHONE 752-1548
 ADDRESS 282 SE ANASTASIA ST LAKE CITY FL 32025
 OWNER JACQUELINE BARKER PHONE 752-1548
 ADDRESS 213 SE CHARMONT LANE LAKE CITY FL 32025
 CONTRACTOR BRUCE GOODSON PHONE 755-1783
 LOCATION OF PROPERTY COUNTRY CLUB ROAD, R CHARMONT (PAST PONDVIEW MHP)
3RD 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 RSF-MH-2 MAX. HEIGHT 35
 Minimum Set Back Requirments: STREET-FRONT 25.00 REAR 15.00 SIDE 10.00
 NO. EX.D.U. 0 FLOOD ZONE AE DEVELOPMENT PERMIT NO. 07-004

PARCEL ID 09-4S-17-08301-105 SUBDIVISION HIGH HAMMOCK
 LOT 5 BLOCK A PHASE _____ UNIT _____ TOTAL ACRES 0.07

IH0000702
 Culvert Permit No. _____ Culvert Waiver _____ Contractor's License Number Jacqueline Barker Applicant/Owner/Contractor
 EXISTING 07-00143E CS _____ JH _____ N _____
 Driveway Connection _____ Septic Tank Number _____ LU & Zoning checked by _____ Approved for Issuance _____ New Resident

COMMENTS: ZERO RISE LETTER IN FILE, MINIMUM FLOOR ELEVATION TO BE 105'
NEED FINISHED FLOOR ELEVATON CERTIFICATE BEFORE POWER

Check # or Cash 1157

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 \$ 200.00 ZONING CERT. FEE \$ 50.00 FIRE FEE \$ 39.06 WASTE FEE \$ 117.25
 FLOOD DEVELOPMENT FEE \$ _____ FLOOD ZONE FEE \$ 25.00 CULVERT FEE \$ _____ **TOTAL FEE** 431.31

INSPECTORS OFFICE L. Harbor CLERKS OFFICE CW

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

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

This Permit Must Be Prominently Posted on Premises During Construction

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

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

PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

For Office Use Only (Revised 6-23-05) Zoning Official WJS 4/28/01 Building Official OK JWH 2-22-06
AP# 0702-02 Date Received 4/21 By JW Permit # 25618
Flood Zone AE Development Permit yes Zoning RSF-NH2 Land Use Plan Map Category RLD
Comments NEED IN COUNTY PERMITS - CHECK
1' rise letter from Engineer (complete)
Finished floor elev. cert. from Surveyor
FEMA Map# 200 Elevation 104' Finished Floor 105' River 0 In Floodway NO
 Site Plan with Setbacks Shown EH Signed Site Plan EH Release Well letter Existing well water system
 Copy of Recorded Deed or Affidavit from land owner Letter of Authorization from Installer
DP # 07-004

- Property ID # R08301-15-09-45-17 Must have a copy of the property deed
- New Mobile Home _____ Used Mobile Home Year 2003
- Applicant Jacqueline Barker Phone # 752-1548
- Address 282 SE ANASTASIA ST LC FL 32025
- Name of Property Owner Jacqueline Barker Phone# 752-1548
- 911 Address 213 SE Charmont Lane LC FL (High Hammock Sub)
- Circle the correct power company - FL Power & Light - Clay Electric
(Circle One) - Suwannee Valley Electric - Progress Energy
- Name of Owner of Mobile Home Same as Above Phone # _____
Address _____
- Relationship to Property Owner _____
- Current Number of Dwellings on Property 0
- Lot Size 0.7 Total Acreage _____
- Do you : Have an Existing Drive or need a Culvert Permit or a Culvert Waiver (Circle one)
- Is this Mobile Home Replacing an Existing Mobile Home no (owes)
- Driving Directions to the Property Country Club rd past
Pondview Mt Park, Turn (R) on Charmont,
3rd home on (R).
- Name of Licensed Dealer/Installer Bruce Goodson Phone # 755-1783
- Installers Address 1505 SW CC 252B LC FL 32024
- License Number TH-0000902 Installation Decal # 277971

125C

PERMIT NUMBER

Installer Bruce Gardner License # FL-000702

Address of home being installed

213 SE Charnock Lane
FC FL 32005 (High Hammock Subj)

Manufacturer HDM Length x width 48 x 38

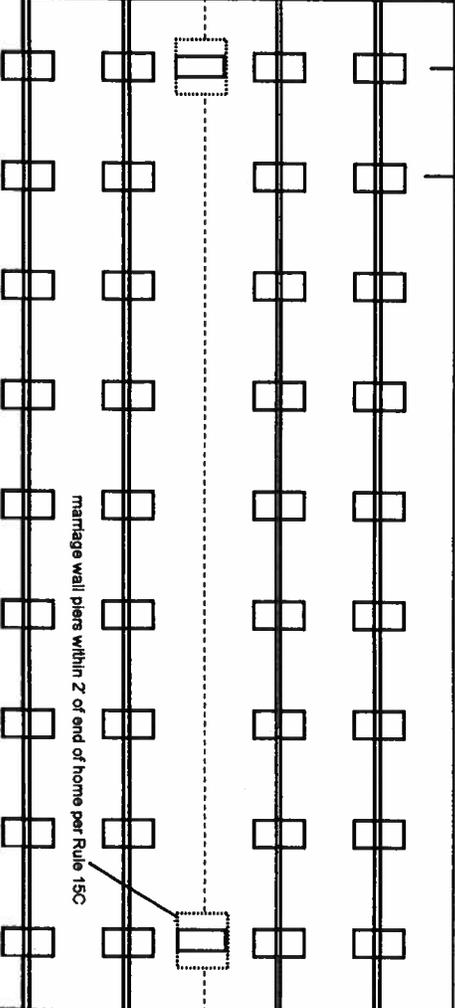
NOTE: if home is a single wide fill out one half of the blocking plan if home is a triple or quad wide sketch in remainder of home

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 BG



marriage wall piers within 2' of end of home per Rule 15C



ABS Drive Plates @ 15 kits

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 # 27791

Triple/Quad Serial # FLHM L2F103326232A/R

PIER SPACING TABLE FOR USED HOMES

Load bearing capacity (sq in)	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 psf	3'		4'	5'	6'	7'	8'
1500 psf	4' 6"		6'	7'	8'	8'	8'
2000 psf	6'		8'	8'	8'	8'	8'
2500 psf	7' 6"		8'	8'	8'	8'	8'
3000 psf	8'		8'	8'	8'	8'	8'
3500 psf	8'		8'	8'	8'	8'	8'

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

PIER PAD SIZES

I-beam pier pad size 20x20

Perimeter pier pad size 16x16

Other pier pad sizes (required by the mfg.) 4fta

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 10 ft Pier pad size 23x31

ANCHORS

FRAME TIES

TIEDOWN COMPONENTS

OTHER TIES

Longitudinal Stabilizing Device (LSD) Manufacturer Oliver Tool

Longitudinal Stabilizing Device w/ Lateral Arms Manufacturer Oliver Tool

Sidewall Longitudinal Marriage wall Shearwall

Number 20

20x20 ABS PADS

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

POCKET PENETROMETER TEST

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

X 1000 X 1000 X 1000

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 1000 X 1000 X 1000

TORQUE PROBE TEST

The results of the torque probe test is 375 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. BG Installer's initials

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name

Bruce Gooden

Date Tested

2/5/07

Electrical

Plumbing

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

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 independent water supply systems. Pg.

Site Preparation

Debris and organic material removed Swale Pad Other

Fastening multi wide units

Floor: Type Fastener: _____ Length: _____ Spacing: _____
 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 BG

Type gasket Pg. Four

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

Weatherproofing

The bottomboard will be repaired and/or taped. Yes No
Siding on units is installed to manufacturer's specifications. Yes No
Fireplace chimney installed so as not to allow intrusion of rain water. Yes No

Miscellaneous

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

Installer verifies all information given with this permit worksheet is accurate and true based on the manufacturer's installation instructions and or Rule 15C-1 & 2

Installer Signature Bruce Gooden

Date 2/5/07



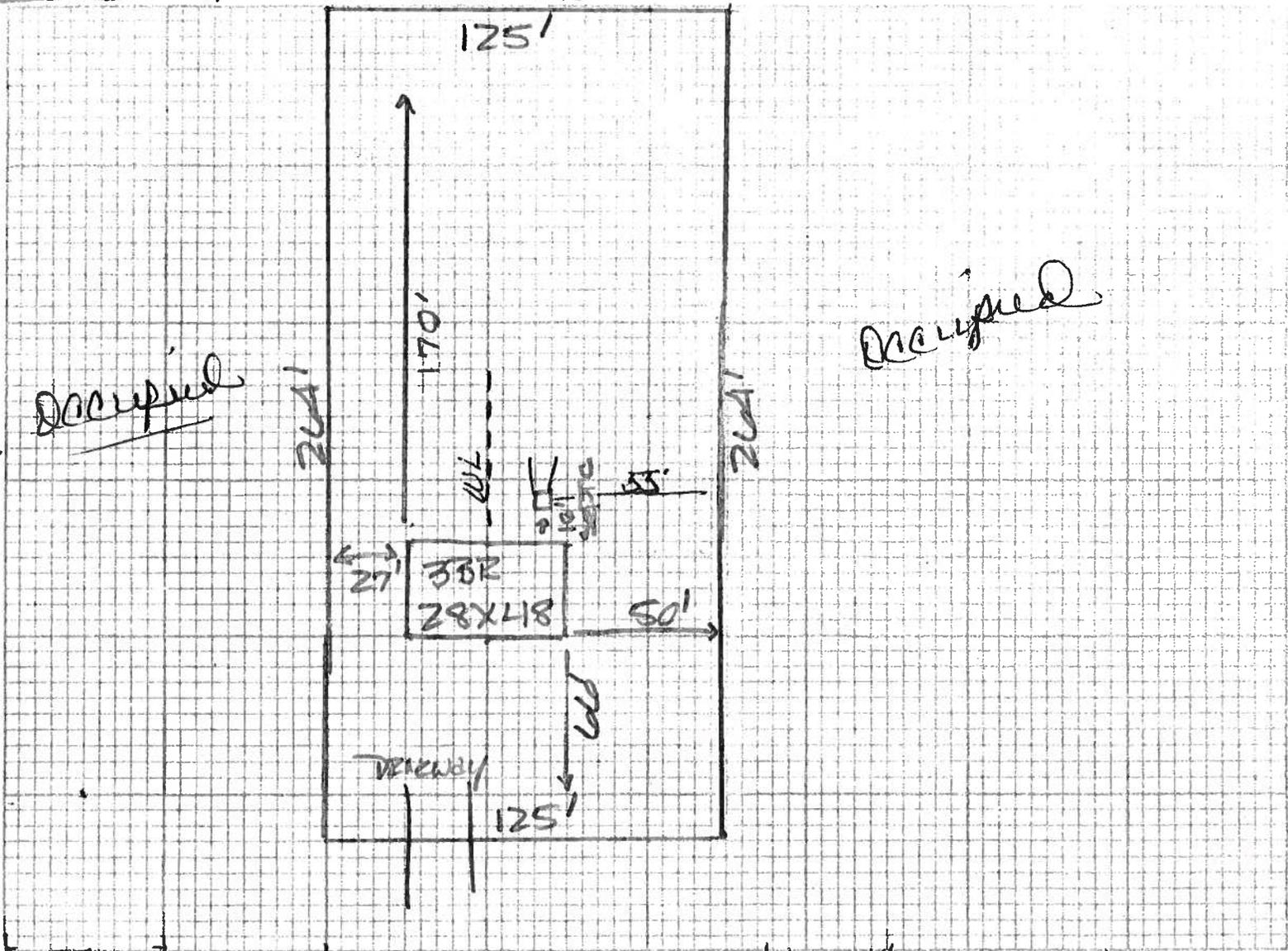
STATE OF FLORIDA
DEPARTMENT OF HEALTH

APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permit Application Number 07-00143E

PART II - SITE PLAN

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



Notes: 30' Levell Dicks Water System High Demand \$10

Site Plan submitted by: Bruce B. Goodson / Ron B. [unclear] Installer
 Signature _____ Title _____
 Plan Approved Not Approved _____ Date 2-21-07
 By Salhi Maddy Ellis **Columbia CHD** County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

LETTER OF AUTHORIZATION

Date: 2/5/07

Columbia County Building Department
P.O. Box 1529
Lake City, FL 32056

I Bruce Goodry License No. TH 000702 do hereby
Authorize Charles D. Brown & Jequeline Baker to pull and sign permits on my
behalf.

Sincerely,
Bruce Goodry

Sworn to and subscribed before me this _____ day of _____, 2006

Notary Public: Susan N. Villegas

My commission expires: 12/15/07

Personally Known

Produced Valid Identification: _____

 Susan Nettie Villegas
My Commission DD267884
Expires December 15, 2007

CODE ENFORCEMENT DEPARTMENT
COLUMBIA COUNTY, FLORIDA
OUT OF COUNTY MOBILE HOME INSPECTION REPORT

COUNTY THE MOBILE HOME IS BEING MOVED FROM Gibcrest
OWNERS NAME Jackie Barker PHONE _____ CELL _____
INSTALLER Dever B Coakson PHONE 386-755-1783 CELL NA
INSTALLERS ADDRESS 1505 SW CR 252-B LAKE CITY FL 32024

MOBILE HOME INFORMATION

MAKE Homes of Merit YEAR 2003 SIZE 28 x 48
COLOR Cream SERIAL No. FLHMLTFL 322-6232A
WIND ZONE II SMOKE DETECTOR Yes

INTERIOR:
FLOORS Good shape - excellent
DOORS Good shape - excellent
WALLS excellent
CABINETS excellent
ELECTRICAL (FIXTURES/OUTLETS) excellent

EXTERIOR:
WALLS / SIDING excellent
WINDOWS excellent
DOORS excellent

STATUS:
APPROVED NOT APPROVED _____

NOTES: ok to move into county (DP) 2/21/07

INSTALLER OR INSPECTORS PRINTED NAME Dever B Coakson
Installer/Inspector Signature [Signature] License No. 1H0000702 Date 2/21/07

ONLY THE ACTUAL LICENSE HOLDER OR A BUILDING INSPECTOR CAN SIGN THIS FORM.

NO WIND ZONE ONE MOBILE HOMES WILL BE PERMITTED. MOBILE HOMES PRIOR TO 1977 ARE PRE-HUD AND THE WIND ZONE MUST BE PROVEN TO BE PERMITTED.

BEFORE THE MOBILE HOME CAN BE MOVED INTO COLUMBIA COUNTY THIS FORM MUST BE COMPLETED AND RETURNED TO THE COLUMBIA COUNTY BUILDING DEPARTMENT.

ONCE MOVED INTO COLUMBIA COUNTY AN INSPECTOR MUST COMPLETE A PRELIMINARY INSPECTION ON THE MOBILE HOME. CALL 386-719-2038 TO SET UP THIS INSPECTION. NO PERMIT WILL BE ISSUED BEFORE THIS IS DONE.

Return to: (enclose self-addressed stamped envelope)

Name: Jacqueline Barker
Address: 282 S.E. Anastasia St
Lake City, fl. 32025-8895

This Instrument Prepared by:

Name:

Address:

Property Appraisers Parcel Identification

Folio Number(s): I.D.R. 08301-105

09-4S-17

Grantee(s) S.S. # (s)

Inst:2005026454 Date:10/24/2005 Time:13:36

Doc Stamp-Deed : 31.50

DC, P. DeWitt Cason, Columbia County B:1062 P:2223

SPACE ABOVE THIS LINE FOR PROCESSING DATA

SPACE ABOVE THIS LINE FOR RECORDING DATA

This Quit Claim Deed, Executed the 21 day of October 2005, by Roland L. Tardif married man 4078 S.E. Country Club Rd. Lake City, Fla. first party, to Jaqueline Barker a single person, whose post office address is 282 S.E. Anastasia St, Lake City, Fl. 32025 second party.

(Wherever used herein the terms "first party" and "second party" include all the parties to this instrument and 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 first party, for and in consideration of the sum of \$ 10.00 (ten dollars), in hand paid by the said second party, the receipt whereof is hereby acknowledged, does hereby remise, release, and quit claim unto the second party forever, all the right, title, interest, claim and demand which the said first party has in and to the following described lot, piece or parcel of land, situate, lying and being in the County of Columbia, State of Florida, to-wit:

PARCEL I.D.R08301-105
09-4S-17
LOT 5, BLOCK A, HIGH HAMMOCK, A SUBDIVISION AS
RECORDER IN PLAT BOOK 5, PAGE 102,
COLUMBIA COUNTY, FLORIDA

To Have and to Hold The same together with all and singular the appurtenances thereunto belonging or in anywise appertaining, and all the estate, right, title, interest, lien, equity and claim whatsoever of the said first party, either in law or equity to the only proper use, benefit and behoof of the said second party forever.

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

Signed, sealed and delivered in the presence of:

Witness Signature (as to first Grantor) Sharon Fragle

Printed Name Sharon Fragle

Witness Signature (as to first Grantor) Sonya A. Markham

Printed Name Sonya A. Markham

Witness Signature (as to Co-Grantor, if any)

Printed Name

Witness Signature (as to Co-Grantor, if any)

Printed Name

STATE OF Florida

COUNTY OF Columbia

Roland L. Tardif

known to me to be the person described in and who executed the foregoing instrument, who acknowledged before me that executed the same, and an oath was not taken. (Check one) [X] Said person(s) is/are personally known to me. [X] Said person(s) provided the following type of identification:

Grantor Signature Roland L. Tardif

Printed Name Roland L. Tardif

4078 S.E. Country Club Rd.

Post Office Address Lake City, Fla. 32025

Co-Grantor Signature, (if any)

Printed Name

Post Office Address

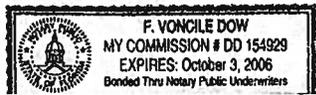
I hereby Certify that on this day, before me, an officer duly authorized to administer oaths and take acknowledgments, personally appeared

Witness my hand and official seal in the County and State last aforesaid

this 24th day of Oct 2005

F. Voncile Dow Notary Signature

NOTARY RUBBER STAMP SEAL





BAILEY BISHOP & LANE, INC.

Engineers

Surveyors

Planners

March 9, 2007

ZERO RISE CERTIFICATION

PROPERTY DESCRIPTION: *Lot 5, Block A, High Hammock Subdivision*

OWNER: *Jaqueline Barker*

BASE FLOOD ELEVATION: **104.0**

COMMUNITY-PANEL NUMBER: **120070 0200 B**

PROJECT REQUIREMENTS: Minimum Finish Floor Elevation **105.0**
Mobile home to be located on piers in accordance with current building code. All footers to be below grade.

I hereby certify that construction of the proposed residence will not increase flood elevations of Alligator Lake at the project location.

Gregory G. Bailey, P.E.

Date: March 9, 2007

P.E. No. 43858

P. O. Box 3717 Lake City, FL 32056-3717 Ph. (386) 752-5640 FAX (386) 755-7771

P. O. Box 814 Port St. Joe, FL 32457 Ph. (850) 227-9449 FAX (850) 227-9650

1835 Fiddler Court Tallahassee, FL 32308 Ph. (850) 894-1200 FAX (850) 894-0200

BASE FLOOD ELEVATION OF LAKE = 104.0

LAKE AREA AT BASE FLOOD ELEVATION = 1898 ACRES

PROPOSED BUILDING TYPE = MANUFACTURED HOME

PROPOSED BUILDING ENVELOPE = 28'x48' = 1344 SQ. FT.

PIER SYSTEM FOOTPRINT = 4 rows of 7 piers @ 12"X16" ea. = 37.33 SQ. FT.

GROUND ELEVATION AT THE BUILDING = 101.5 FT.

The subject property is located within the lake staging area. Step backwater calculations are not required for this analysis, since this location does not experience the horizontal movement of water. The calculations below are based on the removal of floodplain volume due to the construction of the foundation system.

PERCENT FLOODPLAIN AREA REMOVED = = 0.000016%

FLOODPLAIN LEVEL INCREASE = = 0.0000012 FT.

**Columbia County Building Department
Flood Development Permit**

**Development Permit
F 023- 07-004**

DATE 03/14/2007 BUILDING PERMIT NUMBER 000025618
APPLICANT JACQUELINE BARKER PHONE 752-1548
ADDRESS 282 SE ANASTASIA ST LAKE CITY FL 32025
OWNER JACQUELINE BARKER PHONE 752-1548
ADDRESS 213 SE CHARMONT LANE LAKE CITY FL 32025
CONTRACTOR BRUCE GOODSON PHONE 755-1783
ADDRESS 1505 SW CR 252-B LAKE CITY FL 32024
SUBDIVISION HIGH HAMMOCK Lot 5 Block A Unit A Phase _____
TYPE OF DEVELOPMENT MH,UTILITY PARCEL ID NO. 09-4S-17-08301-105

FLOOD ZONE AE BY CS 1-6-88 FIRM COMMUNITY #. 120070 - PANEL #. 200 B
FIRM 100 YEAR ELEVATION 104' PLAN INCLUDED YES or NO
REQUIRED LOWEST HABITABLE FLOOR ELEVATION 105'
IN THE REGULATORY FLOODWAY YES or (NO) RIVER _____
SURVEYOR / ENGINEER NAME Gregory Bailey P.E LICENSE NUMBER 43858

_____ ONE FOOT RISE CERTIFICATION INCLUDED
 ZERO RISE CERTIFICATION INCLUDED
_____ SRWMD PERMIT NUMBER _____
(INCLUDING THE ONE FOOT RISE CERTIFICATION)

No Charge for D.P.

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



- 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



BOARD OF COUNTY COMMISSIONERS • COLUMBIA COUNTY

25618

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>Jaqueline Barker</u>	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. <u>132 SW Charming Ln</u>	Company NAIC Number
City <u>Lake City</u> State <u>FL</u> ZIP Code <u>32055</u>	
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: 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 _____
- 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.
 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)?
 Designation Date _____ CBRS OPA Yes No

COMMENTS: (2a)e) Machinery A/c Elevated to 105.7 feet

Date of Review: 8-28-09 BOARD MEETS FIRST THURSDAY AT 7:00 P.M. AND THE COMMUNITY OFFICIAL L. Hadlow

ELEVATION CERTIFICATE

25618

OMB No. 1660-0008
Expires February 28, 2009

Important: Read the instructions on pages 1-8.

SECTION A - PROPERTY INFORMATION		For Insurance Company Use:
A1. Building Owner's Name JAQUELINE BARKER	Policy Number	
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 132 SW CHARMONT LANE City LAKE CITY State FL ZIP Code 32055	Company NAIC Number	
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) LOT 5 BLOCK "A", "HIGH HAMMOCK" PLAT BOOK 5 PAGE 102 PARCEL ID. NO. 09-4S-17-08301-105		
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) <u>RESIDENTIAL</u>		
A5. Latitude/Longitude: Lat. <u>N30 09'48.2"</u> Long. <u>W082 36'43.8"</u>		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 <u>5</u>		
A8. For a building with a crawl space or enclosure(s), provide		A9. For a building with an attached garage, provide:
a) Square footage of crawl space or enclosure(s) <u>NA</u> sq ft	a) Square footage of attached garage <u>NA</u> sq ft	
b) No. of permanent flood openings in the crawl space or enclosure(s) walls within 1.0 foot above adjacent grade <u>NA</u>	b) No. of permanent flood openings in the attached garage walls within 1.0 foot above adjacent grade <u>NA</u>	
c) Total net area of flood openings in A8.b <u>NA</u> sq in	c) Total net area of flood openings in A9.b <u>NA</u> sq in	

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP Community Name & Community Number COLUMBIA COUNTY, FLORIDA 120070		B2. County Name COLUMBIA "UNINCORPORATED AREAS"		B3. State FL	
B4. Map/Panel Number 0200	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) 104

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 _____ 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-g below according to the building diagram specified in Item A7.
 Benchmark Utilized LOCAL Vertical Datum NGVD 29
 Conversion/Comments _____

Check the measurement used.

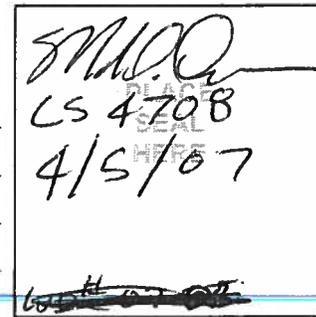
a) Top of bottom floor (including basement, crawl space, or enclosure floor)	<u>106.21</u>	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters (Puerto Rico only)
b) Top of the next higher floor	<u>NA</u>	<input type="checkbox"/> feet	<input type="checkbox"/> meters (Puerto Rico only)
c) Bottom of the lowest horizontal structural member (V Zones only)	<u>NA</u>	<input type="checkbox"/> feet	<input type="checkbox"/> meters (Puerto Rico only)
d) Attached garage (top of slab)	<u>NA</u>	<input type="checkbox"/> feet	<input type="checkbox"/> meters (Puerto Rico only)
e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment in Comments)	<u>102.7</u>	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters (Puerto Rico only)
f) Lowest adjacent (finished) grade (LAG)	<u>102.2</u>	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters (Puerto Rico only)
g) Highest adjacent (finished) grade (HAG)	<u>102.5</u>	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters (Puerto Rico only)

SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION

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

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 4/5/2007	Telephone 386-758-9831	



WO# 07-057A

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. 132 SW CHARMONT LANE	Policy Number
City LAKE CITY State FL ZIP Code 32055	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 AND ASSOCIATED IMPROVEMENTS. BENCH MARK WITH AN ELEVATION OF 105.5 FEET NGVD 29 DATUM WAS ESTABLISHED ON A 24" OAK TREE AT THE NW CORNER OF THE PROPOSED BUILDING SITE. MOST OTHER DWELLINGS IN THIS SUBDIVISION HAVE BEEEN SET AT A MINIMUM ELEVATION OF 105.5 FEET AS A PRECAUTION. THAT PLACES THE FINISH FLOOR 1.5' ABOVE THE CURRENTLY ESTABLISHED BASE FLOOD ELEVATION OF 104'.

Signature 	Date 4/5/2007	<input type="checkbox"/> Check here if attachments
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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 attachments

Building Photographs

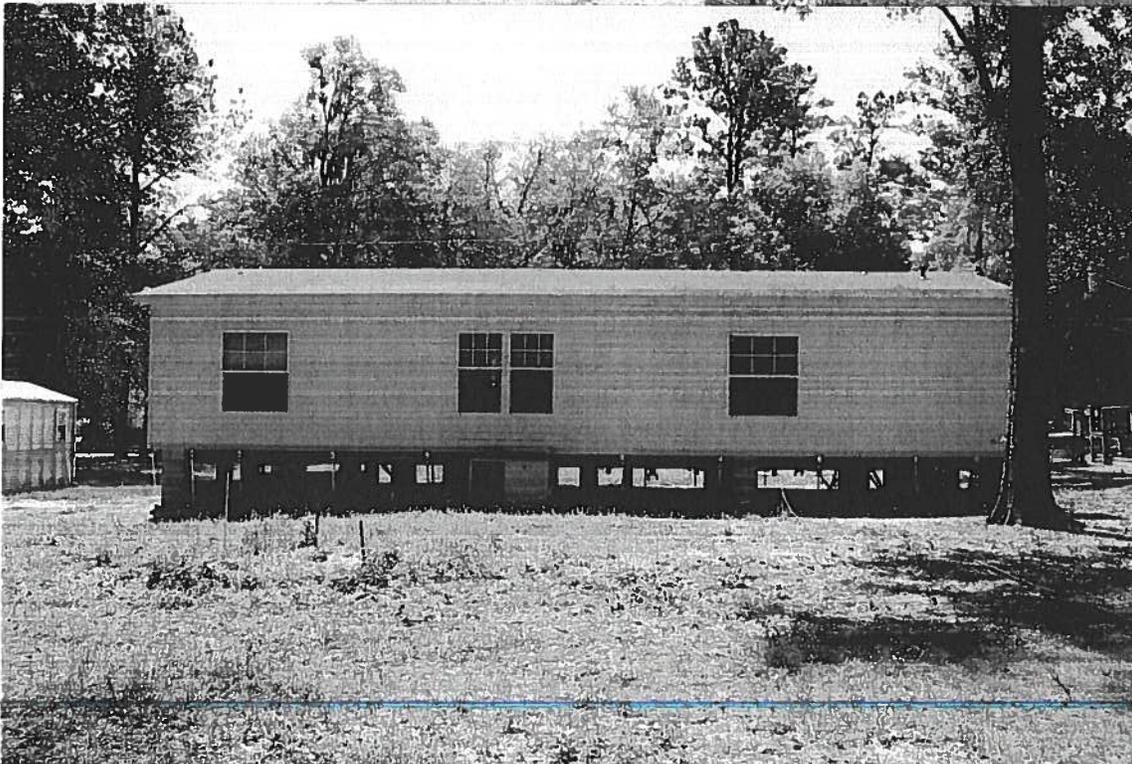
See Instructions for Item A6.

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 132 SW CHARMONT LANE	For Insurance Company Use: Policy Number
City LAKE CITY State FL ZIP Code 32055	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
4/4/07



REAR
4/4/07

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.*

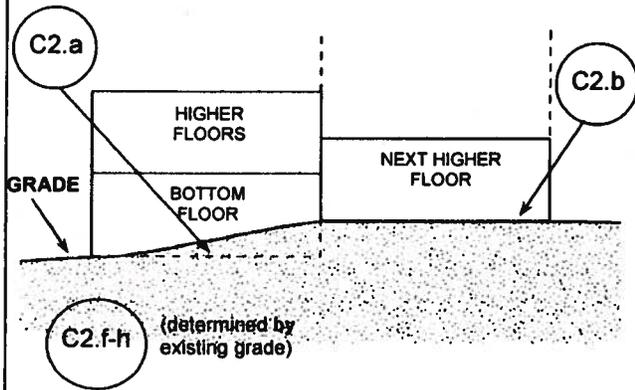


DIAGRAM 4

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.*

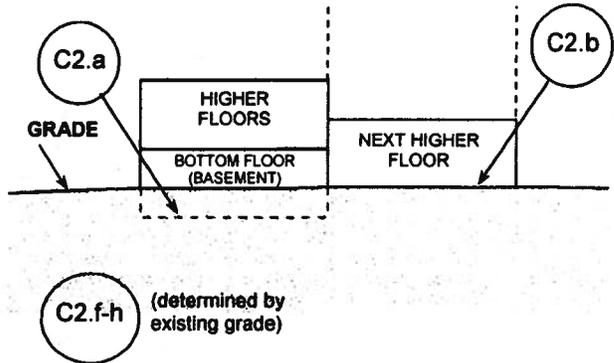


DIAGRAM 5

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).

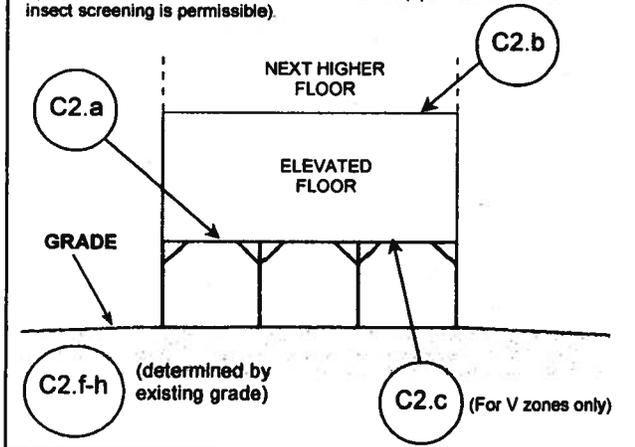
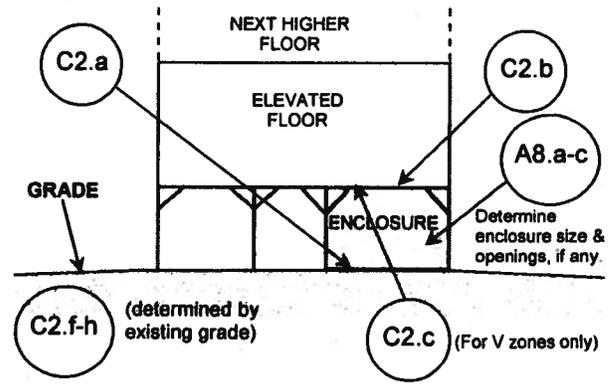


DIAGRAM 6

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.

CODE ENFORCEMENT DEPARTMENT
COLUMBIA COUNTY, FLORIDA
OUT OF COUNTY MOBILE HOME INSPECTION REPORT

Permit OK
DP

COUNTY THE MOBILE HOME IS BEING MOVED FROM Gibcrest
OWNERS NAME Jackie Barker PHONE _____ CELL _____
INSTALLER Dever B Coadson PHONE 386 755-1788 BELL NA
INSTALLERS ADDRESS 1505 SW CR 252-B LAKE CITY FL 32024

MOBILE HOME INFORMATION

MAKE Homes of Merit YEAR 2003 SIZE 28 x 48
COLOR Cream SERIAL No. FLHMLZF16322-6232A
WIND ZONE II SMOKE DETECTOR yes

INTERIOR:
FLOORS Good shape - excellent
DOORS Good shape - excellent
WALLS excellent
CABINETS excellent
ELECTRICAL (FIXTURES/OUTLETS) excellent

EXTERIOR:
WALLS / SIDING excellent
WINDOWS excellent
DOORS excellent

STATUS:
APPROVED _____ NOT APPROVED _____

NOTES: _____

INSTALLER OR INSPECTORS PRINTED NAME Dever B Coadson
Installer/Inspector Signature [Signature] License No. IT0000702 Date 2/21/07

ONLY THE ACTUAL LICENSE HOLDER OR A BUILDING INSPECTOR CAN SIGN THIS FORM.

NO WIND ZONE ONE MOBILE HOMES WILL BE PERMITTED. MOBILE HOMES PRIOR TO 1977 ARE PRE-HUD AND THE WIND ZONE MUST BE PROVEN TO BE PERMITTED.

BEFORE THE MOBILE HOME CAN BE MOVED INTO COLUMBIA COUNTY THIS FORM MUST BE COMPLETED AND RETURNED TO THE COLUMBIA COUNTY BUILDING DEPARTMENT.

ONCE MOVED INTO COLUMBIA COUNTY AN INSPECTOR MUST COMPLETE A PRELIMINARY INSPECTION ON THE MOBILE HOME. CALL 386-719-2038 TO SET UP THIS INSPECTION. NO PERMIT WILL BE ISSUED BEFORE THIS IS DONE.

Return to: (enclose self-addressed stamped envelope)

Name: Jacqueline Barker
Address: 282 S.E. Anastasia St
Lake City, fl. 32025-8895

This Instrument Prepared by:

Name:

Address:

Property Appraiser's Parcel Identification

Folio Number(s): I.D.R. 08301-105
09-4S-17

Grantor(s) S.S. # (s)

Inst: 2005026454 Date: 10/24/2005 Time: 13:36

Doc Stamp-Deed : 31.50

DC, P. DeWitt Cason, Columbia County B: 1062 P: 2223

SPACE ABOVE THIS LINE FOR PROCESSING DATA

SPACE ABOVE THIS LINE FOR RECORDING DATA

This Quit Claim Deed, Executed the 21 day of October 2005, by Roland L. Tardif married man 4078 S.E. Country Club Rd. Lake City, Fla, first party, to Jaqueline Barker a single person, whose post office address is 282 S.E. Anastasia St. Lake City, Fl. 32025 second party.

(Wherever used herein the terms "first party" and "second party" include all the parties to this instrument and 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 first party, for and in consideration of the sum of \$ 10.00 (ten dollars), in hand paid by the said second party, the receipt whereof is hereby acknowledged, does hereby remise, release, and quit claim unto the second party forever, all the right, title, interest, claim and demand which the said first party has in and to the following described lot, piece or parcel of land, situate, lying and being in the County of Columbia, State of Florida, to-wit:

PARCEL I.D.R08301-105
09-4S-17

LOT 5, BLOCK A, HIGH HAMMOCK, A SUBDIVISION AS
RECORDER IN PLAT BOOK 5, PAGE 102,
COLUMBIA COUNTY, FLORIDA

To Have and to Hold The same together with all and singular the appurtenances thereunto belonging or in anywise appertaining, and all the estate, right, title, interest, lien, equity and claim whatsoever of the said first party, either in law or equity to the only proper use, benefit and behoof of the said second party forever.

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

Signed, sealed and delivered in the presence of:

Witness Signature (as to first Grantor) Sharon Feagle

Printed Name Sharon Feagle

Witness Signature (as to first Grantor) Sonia A. Markham

Printed Name SONIA A. MARKHAM

Witness Signature (as to Co-Grantor, if any)

Printed Name

Witness Signature (as to Co-Grantor, if any)

Printed Name

Witness Signature (as to Co-Grantor, if any)

Printed Name

Printed Name

STATE OF Florida)

COUNTY OF Columbia)

Roland L. Tardif)

known to me to be the person described in and who executed the foregoing instrument, who acknowledged before me that

executed the same, and an oath was not taken. (Check one) [X] Said person(s) is/are personally known to me. [] Said person(s) provided the

following type of identification:

Roland L. Tardif

Grantor Signature Roland L. Tardif

Printed Name 4078 S.E. Country Club Rd.

Post Office Address Lake City, Fla. 32025

Co-Grantor Signature, (if any)

Printed Name

Post Office Address

I hereby Certify that on this day, before me, an officer duly authorized to administer oaths and take acknowledgments, personally appeared

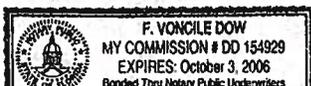
Witness my hand and official seal in the County and State last aforesaid

this 24th day of Oct 2005

F. Vongile Dow

Notary Signature F. Vongile Dow

NOTARY RUBBER STAMP SEAL



Form Design, Seminole Paper & Printing Co., Inc., 1994