

DATE 09/13/2005

Columbia County Building Permit

PERMIT

This Permit Expires One Year From the Date of Issue

000023594

APPLICANT BO ROYALS

PHONE 754-6737

ADDRESS 4780 US HIGHWAY 90 WEST

LAKE CITY

FL 32055

OWNER ROBERT FOWLER

PHONE 397-2943

ADDRESS 1191 NW EVERETT TERR

WHITE SPRINGS

FL 32096

CONTRACTOR DALE HOUSTON

PHONE 752-7814

LOCATION OF PROPERTY 41N, TL ON SUWANNEE VALLEY ROAD, TR ON EVERETT TERR, DRIVE
AT END OF ROAD

TYPE DEVELOPMENT MH, UTILITY

ESTIMATED COST OF CONSTRUCTION .00

HEATED FLOOR AREA

TOTAL AREA

HEIGHT .00 STORIES

FOUNDATION

WALLS

ROOF PITCH

FLOOR

LAND USE & ZONING ESA-2

MAX. HEIGHT

Minimum Set Back Requirements: STREET-FRONT

30.00

REAR

25.00

SIDE

25.00

NO. EX.D.U.

0

FLOOD ZONE

AE

DEVELOPMENT PERMIT NO.

05-013

PARCEL ID 20-2S-16-01657-008

SUBDIVISION

DAVIS

LOT 8

BLOCK

PHASE

UNIT

TOTAL ACRES

IH0000040

Culvert Permit No.

Culvert Waiver

Contractor's License Number

Applicant/Owner/Contractor

EXISTING

05-0854-N

BK

HD

Y

Driveway Connection

Septic Tank Number

LU & Zoning checked by

Approved for Issuance

New Resident

COMMENTS: ONE FOOT RISE LETTER RECEIVED,

ELEVATION CERTIFICATE REQUIRED BEFORE POWER

Check # or Cash 1142/22341

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 \$

.00

CERTIFICATION FEE \$

.00

SURCHARGE FEE \$

.00

MISC. FEES \$

200.00

ZONING CERT. FEE \$

50.00

FIRE FEE \$

WASTE FEE \$

FLOOD ZONE DEVELOPMENT FEE \$

50.00

CULVERT FEE \$

TOTAL FEE 300.00

INSPECTORS OFFICE

Dale Tedder

CLERKS OFFICE

CN

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 INCONVENIENCE, 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.

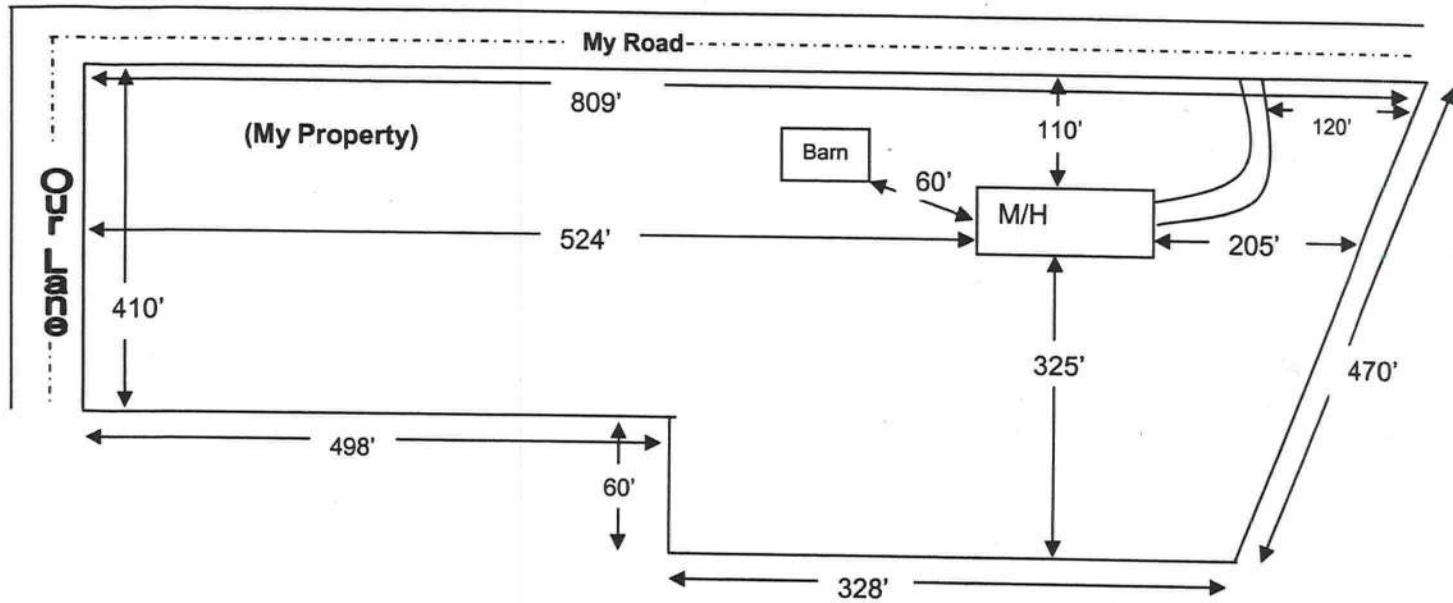
CK# 250⁵⁰ 1142left message
9/9/05

PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

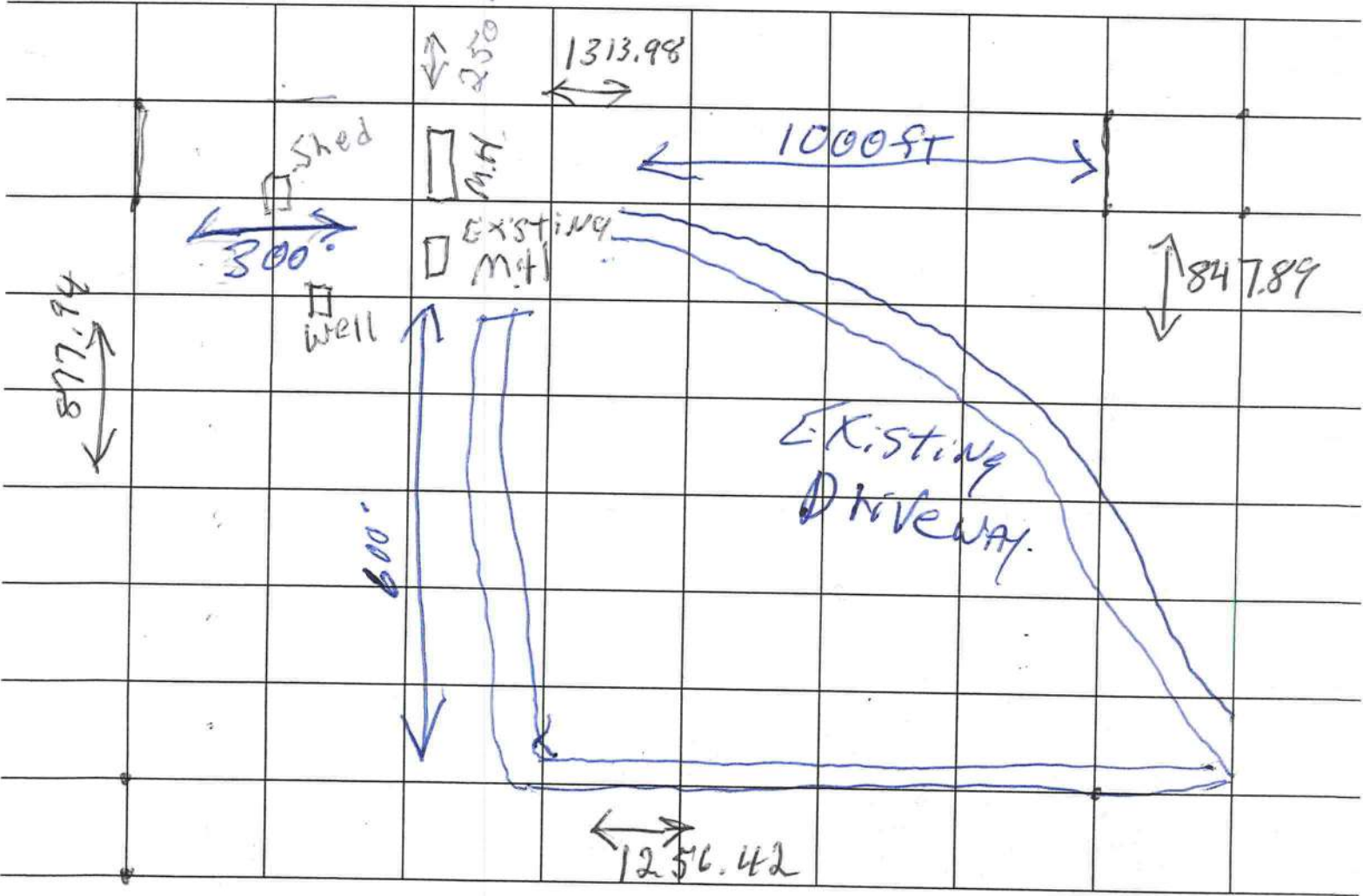
For Office Use Only (Revised 6-23-05) Zoning Official SLK 08.09.05 Building Official ND 9-2-05
 AP# 0508-81 Date Received 8-18-05 By LT Permit # 23594
 Flood Zone AE Development Permit YES Zoning ESA-2 Land Use Plan Map Category ESA
 Comments will need elevation Certificate once MHA is placed
Minimum floor elevation to be set 88' Elevation Certificate required
2 ft. rise letter given before now
 FEMA Map# 105 Elevation 88' Finished Floor 89' River Suwannee In Floodway NO
☒ Site Plan with Setbacks Shown ☒ EH Signed Site Plan ☐ EH Release ☐ Well letter ☒ Existing well
☒ Copy of Recorded Deed or Affidavit from land owner ☐ Letter of Authorization from Installer

- Property ID # R01657008 / 20-25-16 Lot 8 Davis S/D Must have a copy of the property deed
- New Mobile Home ☒ Used Mobile Home _____ Year 2005
- Applicant Robert F Fowler Phone # 397 2943
- Address 1191 NW Everett Terr. White Springs FL 32096
- Name of Property Owner Robert F. Fowler Phone# 397 2943
- 911 Address 1191 NW Everett Terr White Springs FL 32096
- Circle the correct power company - FL Power & Light - Clay Electric
 (Circle One) - Suwannee Valley Electric - Progress Energy
- Name of Owner of Mobile Home Robert F Fowler Phone # 397 2943
 Address 1191 NW Everett Terr. White Springs FL 32096
- Relationship to Property Owner SAME
- Current Number of Dwellings on Property 1 making the existing out into a storage shed
- Lot Size _____ Total Acreage 26
- 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 Yes 250.00
- Driving Directions to the Property AL N TURN W ON SUWANNEE VALLEY
GO 2 MI TURN N ON EVERETT TERR. ROAD END
AT DRIVE WAY.
- Name of Licensed Dealer/Installer DALE Houston Phone # 386-752-7814
- Installers Address 136 S.W. BARRS Glen Lake City FL 32021
- License Number I H000040 Installation Decal # 252644

SITE PLAN EXAMPLE / WORKSHEET



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



PERMIT WORKSHEET

PERMIT NUMBER

Installer DATE HOWE License # 11000000

Address of home being installed _____

Manufacturer Horton Length x width 16x16

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 [Signature]

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 # 252644
Triple/Quad ☐ Serial # 214106

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 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 23x31
Perimeter pier pad size 16x16
Other pier pad sizes (required by the mfg.) _____

POPULAR PAD SIZES

Pad Size	Sq. In
16 x 16	256
16 x 18	288
18 1/2 x 18 1/2	342
16 x 22 1/2	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	448
24 x 24	576
26 x 26	676

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 _____

ANCHORS

4 ft 5 ft

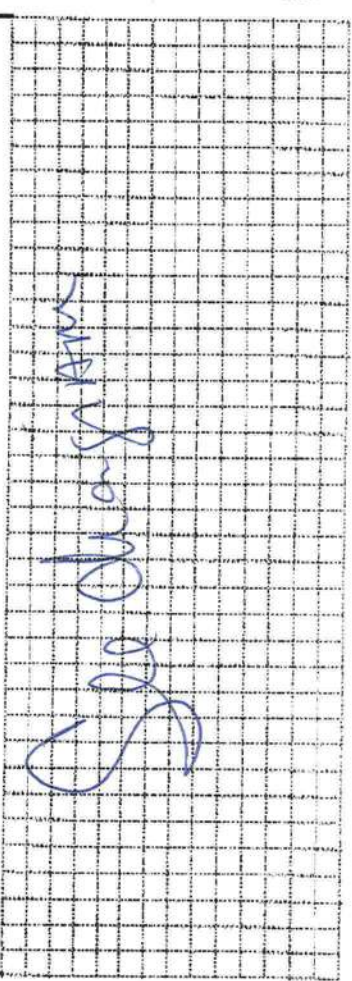
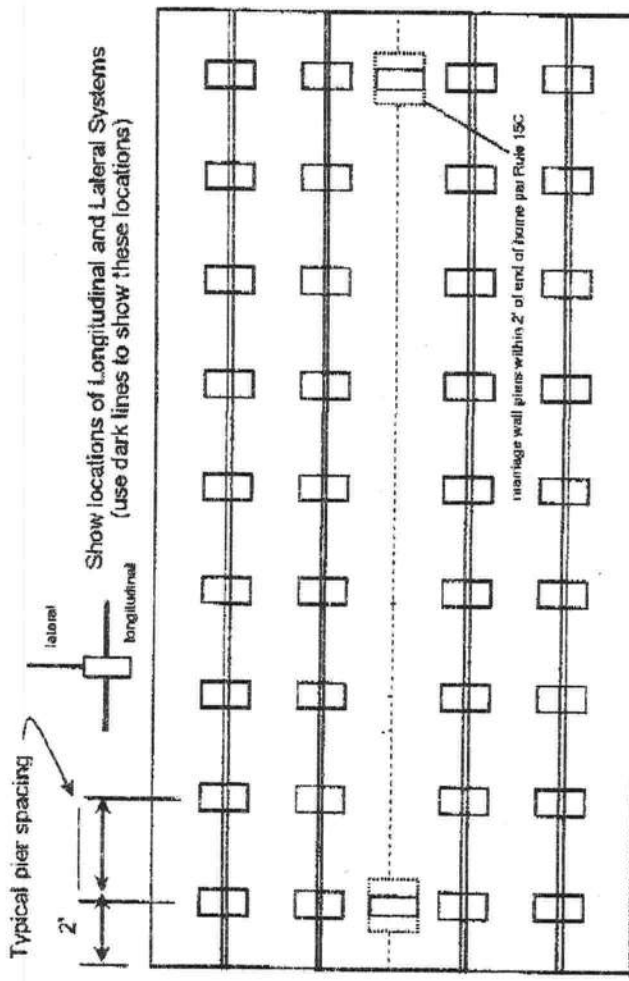
FRAME TIES

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

TIEDOWN COMPONENTS

OTHER TIES

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



POCKET PENETROMETER TEST

The pocket penetrometer tests are rounded down to _____ without testing. _____

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 _____

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 slate approved lateral arm system is being used and 4 ft. anchors are allowed at the sidewall locations. I understand 5 ft anchors are required at all centerline tie points where the torque test reading is 275 or less and where the mobile home manufacturer may require anchors with 4000 lb. holding capacity.

Installer's initials

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name

Date Tested

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. _____

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 _____
Water drainage: Natural _____ 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

Type gasket Pg. _____

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

Weatherproofing

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

Miscellaneous

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

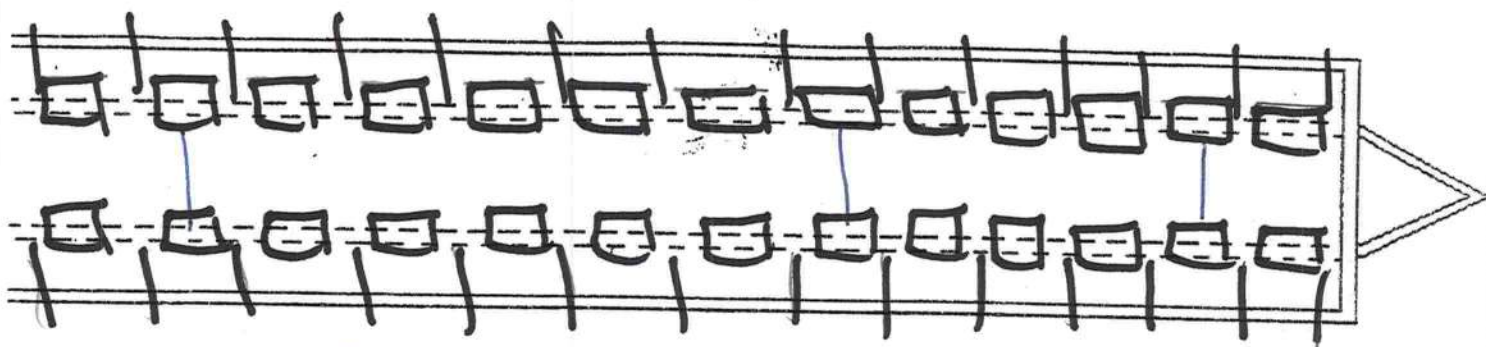
Installer Signature

Date

DATE Houston 9/17/05

Applicant shall provide layout from manufacturer specific to the model installed. This form may be used if the layout from the manufacturer is not available.

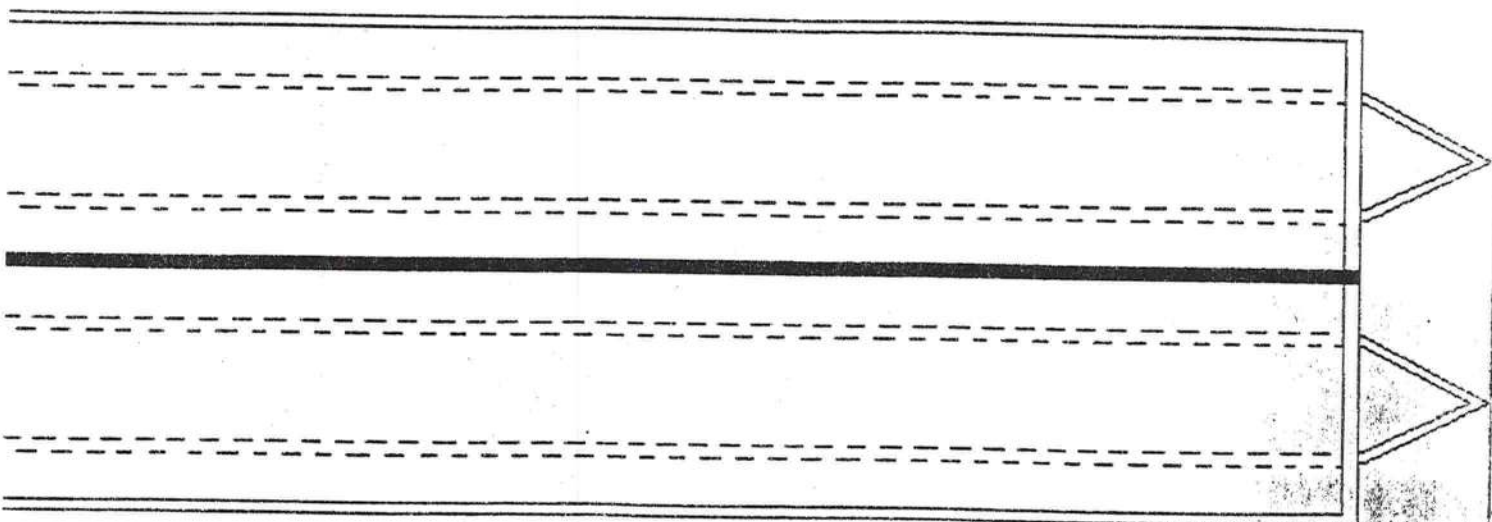
SINGLE WIDE MOBILE HOME



10000 sq ft - 23x31

piers - 13 per side 6'0" o/c - Longitudinal system

anchors 14 per side - 5'4" o/c



DOUBLE WIDE MOBILE HOME



ANCHOR



PIER



PIER FOOTING

Show all pier (with size of piers & pads) and anchor location, with maximum spacing and distance from end as required in the manufacturer's specifications. Any special pier footing required (over 16 x 16 inches) shall be shown separately with required dimensions per the manufacturer's specifications. To determine footing size and spacing, a soil bearing capacity test shall be used. Pier footings to be poured-in-place, whether required by manufacturer's specifications or by preference, must be inspected by the Building Department prior to pouring.

PRINTED, PT, PR

Development Permit
F 023- 05-013

FLOOD ZONE AE BY BK 1-6-88 FIRM COMMUNITY #. 120070 - PANEL #. 105 B
FIRM 100 YEAR ELEVATION 88' PLAN INCLUDED YES or (NO)
REQUIRED LOWEST HABITABLE FLOOR ELEVATION 89'
IN THE REGULATORY FLOODWAY YES or (NO) RIVER Suwannee
SURVEYOR / ENGINEER NAME Curtis Keen LICENSE NUMBER 23836

PERMIT EXPIRES ONE YEAR FROM THE DATE OF ISSUANCE

Warranty Deed

Made this April 7, 2005 A.D. By

Marty C. Martin, an unmarried man, P.O. Box 740, White Springs, FL. 32096, hereinafter called the grantor, to

Robert F. Fowler and Rita A. Fowler, husband and wife whose post office address is: 14985 Sugar Bowl Road, Myakka City, Florida 34251, hereinafter called the grantee:

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

Witnesseth, that the grantor, for and in consideration of the sum of Ten Dollars, (\$10.00) and other valuable considerations, receipt whereof is hereby acknowledged, hereby grants, bargains, sells, aliens, remises, releases, conveys and confirms unto the grantee, all that certain land situate in Columbia County, Florida, viz:

Lot 8, of Davis Subdivision, a subdivision as recorded in Plat Book 4, at Pages 11 and 11-A, of the Public Records of Columbia County, Florida

Together With 1974 Buccaneer Mobile Home ID#107326054585B, RP # 0628784

Parcel ID Number: **R01657-008**

Together with all the tenements, hereditaments and appurtenances thereto belonging or in anywise appertaining.

To Have and to Hold, the same in fee simple forever.

And the grantor hereby covenants with said grantee that the grantor is lawfully seized of said land in fee simple; that the grantor has good right and lawful authority to sell and convey said land; that the grantor hereby fully warrants the title to said land and will defend the same against the lawful claims of all persons whomsoever; and that said land is free of all encumbrances except taxes accruing subsequent to December 31, 2004.

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

Signed, sealed and delivered in our presence:

Douglas P. Travenca

Marty C. Martin (Seal)
Marty C. Martin

Witness Printed Name

DOUGLAS P. TRAVENCA

Address: P.O. Box 740, White Springs, FL. 32096

Pamela Beauchamp

(Seal)

Witness Printed Name

Pamela Beauchamp

Address:

State of Florida
County of Columbia

The foregoing instrument was acknowledged before me this 7 day of April, 2005, by Marty C. Martin, an unmarried man, who is/are personally known to me or who has produced drivers License as identification.

Notary Public

Print Name:

My Commission Expires:

Elaine R. Davis

ELAINE R. DAVIS

Notary Public - State of Florida

My Commission Expires Oct 14, 2007

Commission # DD 223411

Bonded By National Notary Assn.

DEED Individual Warranty Deed With Non-Homestead-Legal on Face
Closers' Choice

Warranty Deed

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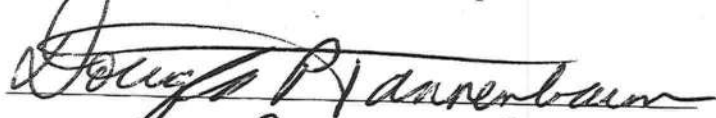
Together with all the tenements, hereditaments and appurtenances thereto belonging or in anywise appertaining.

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

Signed, sealed and delivered in our presence:



Witness Printed Name DOUGLAS P. TRANNENBAUM

Marty C. Martin (Seal)
Marty C. Martin

Address: P.O. Box 740, White Springs, FL. 32096



Witness Printed Name Pamela Beauchamp Address:

State of Florida
County of Columbia



THERE IS A DIFFERENCE AT...

ROYALS MOBILE HOME SALES

W US HWY 90
LAKE CITY, FL 32055
386/961-9775 FAX 386/961-9865

FAX TO: Cust. Fowler
FROM: HM.# 397-2943
Cell- 288-3749
DATE:
RE:

PAGES (INCLUDING COVER):

HONESTY

INTEGRITY

CUSTOMER SATISFACTION

Left off 41 on Suwannee Valley Rd.
Past power station ~~the~~ to N.W. Everett Terr.
turn R, approx. 8/10 mi. turns into Sand Rd.
Come to Cul-de-sac see gate - (1191 N.W. Terr.)

Royals Mobile Homes Sales & Service

3882 West U.S. Highway 90

LAKE CITY, FLORIDA 32055

(904) 754-6737 • Fax: (904) 758-7764

Cell # 386-288-3749

BUYER(S) <i>Robert F Fowler or Rita A Fowler</i>		PHONE <i>386-397-2947</i>		DATE	
ADDRESS		SALESPERSON <i>Eddie</i>			
DELIVERY ADDRESS <i>1191 N.W. Everett Terr. White Spgs. Fl. 32096</i>					
MAKE & MODEL <i>Horton A.G.F.</i>		YEAR / NO. ROOMS / BATHS <i>05 / 2 / 1 1/2</i>		STOCK NUMBER	
SERIAL NUMBER <i>214106</i>		COLOR		PROPOSED DELIVERY DATE <i>ASAP</i>	
DATE OF BIRTH		DRIVER'S LICENSE		KEY NUMBERS	
BUYER		BUYER		BASE PRICE OF UNIT <i>\$ 36,400</i>	
CO-BUYER:		CO-BUYER:		OPTIONAL EQUIPMENT	
LOCATION		R-VALUE THICKNESS TYPE OF INSULATION		SUB-TOTAL	
CEILING <i>30</i>					
EXTERIOR <i>11</i>				SALES TAX <i>6% + 50</i> <i>2234</i>	
FLOORS <i>22</i>				COURIER / PROCESSING <i>Cash deal</i> <i>\$ 250.00</i>	
THIS INSULATION INFORMATION WAS FURNISHED BY THE MANUFACTURER AND IS DISCLOSED IN COMPLIANCE WITH THE FEDERAL TRADE COMMISSION RULE				NON-TAXABLE ITEMS	
18CFR SECTION 460.15				VARIOUS FEES AND INSURANCE <i>350</i>	
OPTIONAL EQUIPMENT, LABOR AND ACCESSORIES				1. CASH PURCHASE PRICE <i>\$38,984</i>	
Delivery & set-up standard 3 blocks high. \$ INC.				TRADE-IN ALLOWANCE \$	
(1 pad and 2 solid blocks)				LESS BAL. DUE on above \$	
Unfurnished		Furnished		NET ALLOWANCE \$	
Water & sewer is run under home.				CASH DOWN PAYMENT <i>\$ 500.00</i>	
Customer responsible for any gas or electrical, water & sewer hook-up.				CASH AS AGREED SEE REMARKS \$	
Wheels & axles deleted from sale price of home.				2. LESS TOTAL CREDITS \$	
Customer responsible for permits.				SUB-TOTAL \$	
Homeowner's manual is located in Mobile Home.				SALES TAX (if Not Included Above)	
				3. Unpaid Balance of Cash Sale Price <i>\$ 38,484</i>	
<i>std. Deliv. & set-up std. Shifting</i>				REMARKS: COURIER AND PROCESSING ARE NOT REFUNDABLE SHOULD FINANCING BE APPROVED...	
<i>2-sets Code steps. A-C / Hot pump</i>				<i>Deal Contingent to being able to get home down drive.</i>	
BALANCE CARRIED TO OPTIONAL EQUIPMENT \$					
DESCRIPTION OF TRADE-IN		YEAR		SIZE	
MAKE		MODEL		BEDROOMS	
TITLE NO		SERIAL NO.		COLOR	
AMOUNT OWING TO WHOM					
ANY DEBT BUYER OWES ON TRADE-IN IS TO BE PAID BY		DEALER		BUYER	
Dealer and Buyer certify that the additional terms and conditions printed on the other side of this contract are agreed to as a part of this agreement, the same as if printed above the signatures. Buyer is purchasing the above described trailer, manufactured home or vehicle; the optional equipment and accessories, the insurance as described has been voluntary; that Buyer's trade-in is free from all claims whatsoever, except as noted.					
Royal Mobile Homes Sales & Service		DEALER		SIGNED <i>Rita A Fowler</i> BUYER	
				SOCIAL SECURITY NO. <i>236 54 62 68</i>	
				SIGNED <i>Robert F Fowler</i> BUYER	
				SOCIAL SECURITY NO. <i>232 64 8425</i>	

ONE FOOT RISE CERTIFICATION

OWNER: Robert Fowler

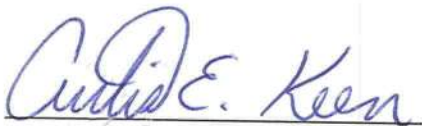
DESCRIPTION: Lot 8, Davis Subdivision, Columbia County, Florida

BASE FLOOD ELEVATION: 88'

COMMUNITY PANEL NUMBER: 120070 0105 B

PROJECT: 16' x 72' MOBILE HOME ON PIERS

I hereby certify that the placement of the 1,152 s.f. mobile home on piers will increase the Suwannee River floodplain less than one foot at the project location. The lowest ground elevation at the mobile home is 87.9'. The bottom of the I-beam frame will be required to be set at a minimum elevation of 89'.



Curtis E. Keen, PE #23836

Date: 09/06/05

Copy: Robert Fowler

ONE FOOT RISE CALCULATIONS

OWNER: Robert Fowler

DESCRIPTION: Lot 8, Davis Subdivision, Columbia County, Florida

BASE FLOOD ELEVATION: 88'

COMMUNITY PANEL NUMBER: 120070 0105 B

PROJECT: 16' x 72' MOBILE HOME ON PIERS

RIVER AREA (isolated) AT BASE FLOOD ELEVATION= 1,649 ACRES

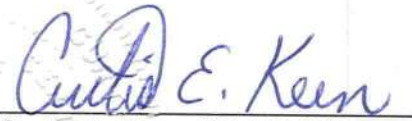
FILL OF FLOODPLAIN: N/A

LOWEST GROUND ELEVATION AT BUILDING = 87.9'

This project will be located in the staging area of the Suwannee River and not the floodway. No step backwater calculations are required. The calculations are based on the amount of floodplain volume removed if the foundation is enclosed.

$$\% \text{ FLOODPLAIN AREA REMOVED} = \frac{1,152 \text{ s.f.} / 43,560 \text{ s.f.}}{1,649 \text{ acres}} = 0.0016\%$$

$$\text{FLOODPLAIN LEVEL INCREASE} = \frac{1,152 \text{ s.f.} \times 0.1 \text{ feet}}{1,649 \text{ ac.} \times 43,560 \text{ s.f.}} = 0.000002 \text{ foot}$$



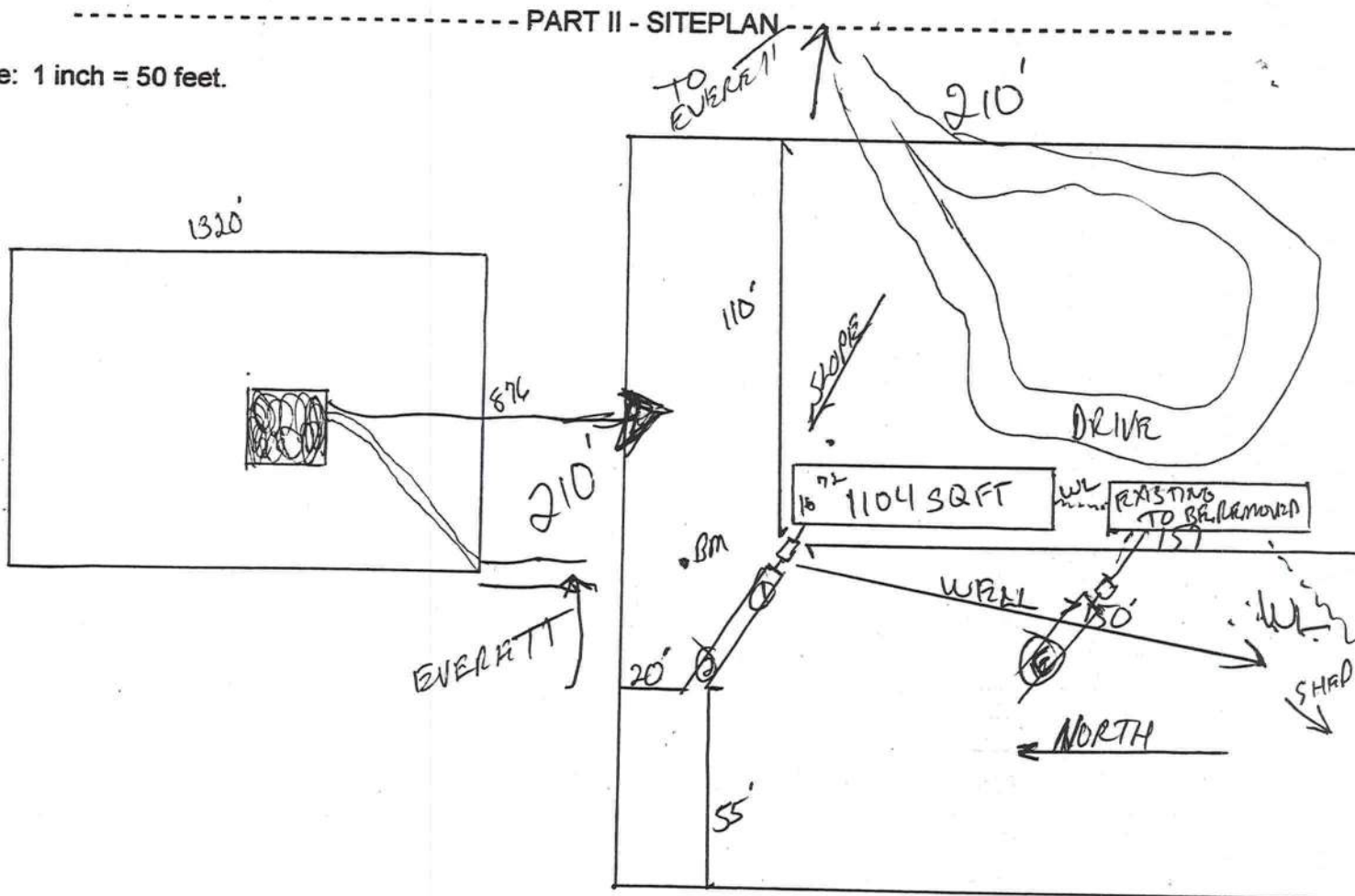
Curtis E. Keen, PE #23836

Date: 09/06/05

Copy: Robert Fowler

Permit Application Number 05-085411

Scale: 1 inch = 50 feet.



② = EXISTING

Notes:

1 of 26.4 Acres

Site Plan submitted by:

Plan Approved

By _____

Not Approved

MASTER CONTRACTOR

Date 8-16-05

County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

COLUMBIA COUNTY
OFFICE OF
PERMITTING

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 20-2S-16-01657-008

Building permit No. 000023594

Permit Holder DALE HOUSTON

Owner of Building ROBERT FOWLER

Location: 1191 NW EVERETT TERR.(DAVIS, LOT 8)

Date: 10/18/2005



Building Inspector

POST IN A CONSPICUOUS PLACE
(Business Places Only)

**FEDERAL EMERGENCY MANAGEMENT AGENCY
NATIONAL FLOOD INSURANCE PROGRAM**

ELEVATION CERTIFICATE

O.M.B. No. 3067-0077
Expires July 31, 2002

Important: Read the instructions on pages 1 - 7.

SECTION A - PROPERTY OWNER INFORMATION		For Insurance Company Use:
BUILDING OWNER'S NAME ROBERT FOWLER		Policy Number
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. 1191 NW EVERETT TERR		Company NAIC Number
CITY WHITE SPRINGS	STATE FL	ZIP CODE 32096
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) LOT 8 DAVIS SD PB 4 P 11 & 11A PID 20-25-16-0657-008		
BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use a Comments area, if necessary.) RESIDENTIAL		
LATITUDE/LONGITUDE (OPTIONAL) (##°-##'-###" or ##.####)	HORIZONTAL DATUM: <input type="checkbox"/> NAD 1927 <input type="checkbox"/> NAD 1983	SOURCE: <input type="checkbox"/> GPS (Type): <input type="checkbox"/> USGS Quad Map <input type="checkbox"/> Other:

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER COLUMBIA CO. FL. UNC 120070		B2. COUNTY NAME COLUMBIA	B3. STATE FL
B4. MAP AND PANEL NUMBER 126070 0105	B5. SUFFIX B	B6. FIRM INDEX DATE JAN 6 1988	B7. FIRM PANEL EFFECTIVE/REVISED DATE JAN 6 1988
B8. FLOOD ZONE(S) AE		B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding) BB	

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

B11. Indicate the elevation datum used for the BFE in 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:

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. Building Diagram Number **5** (Select the building diagram most similar to the building for which this certificate is being completed - see pages 6 and 7. If no diagram accurately represents the building, provide a sketch or photograph.)

C3. 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 C3.a-i below according to the building diagram specified in Item C2. State the datum used. If the datum is different from the datum used for the BFE in Section B, convert the datum to that used for the BFE. Show field measurements and datum conversion calculation. Use the space provided or the Comments area of Section D or Section G, as appropriate, to document the datum conversion.

Datum _____ Conversion/Comments _____

Elevation reference mark used **LOCAL BSM** Does the elevation reference mark used appear on the FIRM? ☐ Yes ☒ No

<input type="checkbox"/> a) Top of bottom floor (including basement or enclosure)	92 ft(m)
<input type="checkbox"/> b) Top of next higher floor	NA ft(m)
<input type="checkbox"/> c) Bottom of lowest horizontal structural member (V zones only)	NA ft(m)
<input type="checkbox"/> d) Attached garage (top of slab)	NA ft(m)
<input type="checkbox"/> e) Lowest elevation of machinery and/or equipment servicing the building (Describe in a Comments area.)	NA ft(m)
<input type="checkbox"/> f) Lowest adjacent (finished) grade (LAG)	BB 5 ft(m)
<input type="checkbox"/> g) Highest adjacent (finished) grade (HAG)	BB 9 ft(m)
<input type="checkbox"/> h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade	NA
<input type="checkbox"/> i) Total area of all permanent openings (flood vents) in C3.h	NA sq. in. (sq. cm)

Signature, Embossed Seal, License Number, and Date

William N. Kitchen
LS 5490
10/10/2005

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 in Sections A, B, and C 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.

CERTIFIER'S NAME WILLIAM N. KITCHEN	LICENSE NUMBER LS 5490
TITLE PROF SURVEYOR & MAPPER	COMPANY NAME WILLIAM N. KITCHEN PSM
ADDRESS 152 N MARION ST.	CITY LAKE CITY
SIGNATURE William Kitchen	STATE FL
DATE 10-10-05	ZIP CODE 32055
	TELEPHONE 386 752-7786

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.			Policy Number	
1191 NW EVERETT TERR				
CITY	STATE	ZIP CODE	Company NAIC Number	
White Springs	FL	32096		

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

☐ Check here if attachments

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

For Zone AO and Zone A (without BFE), complete Items E1. through E4. If the Elevation Certificate is intended for use as supporting information for a LOMA or LOMR-F, Section C must be completed.

- E1. Building Diagram Number _____ (Select the building diagram most similar to the building for which this certificate is being completed – see pages 6 and 7. If no diagram accurately represents the building, provide a sketch or photograph.)
- E2. The top of the bottom floor (including basement or enclosure) of the building is _____ ft.(m) _____ in.(cm) _____ above or _____ below (check one) the highest adjacent grade. (Use natural grade, if available.)
- E3. For Building Diagrams 6-8 with openings (see page 7), the next higher floor or elevated floor (elevation b) of the building is _____ ft.(m) _____ in.(cm) above the highest adjacent grade. Complete Items C3.h and C3.i on front of form.
- E4. For 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, C (Items C3.h and C3.i only), 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, C, and E are correct to the best of my knowledge.*

PROPERTY OWNER'S OR OWNER'S AUTHORIZED REPRESENTATIVE'S NAME

ADDRESS	CITY	STATE	ZIP CODE
SIGNATURE	DATE	TELEPHONE	
COMMENTS			

☐ Check here if attachments

SECTION G - COMMUNITY INFORMATION (OPTIONAL)

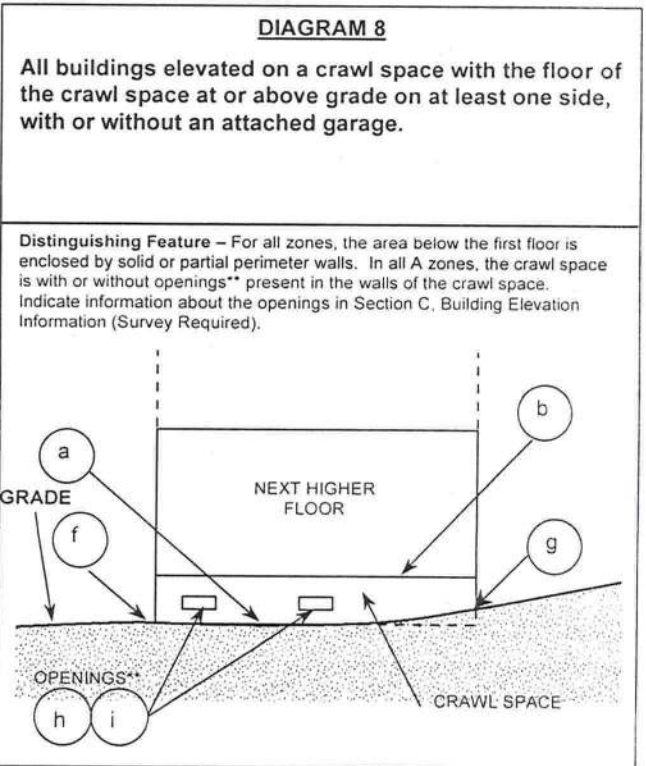
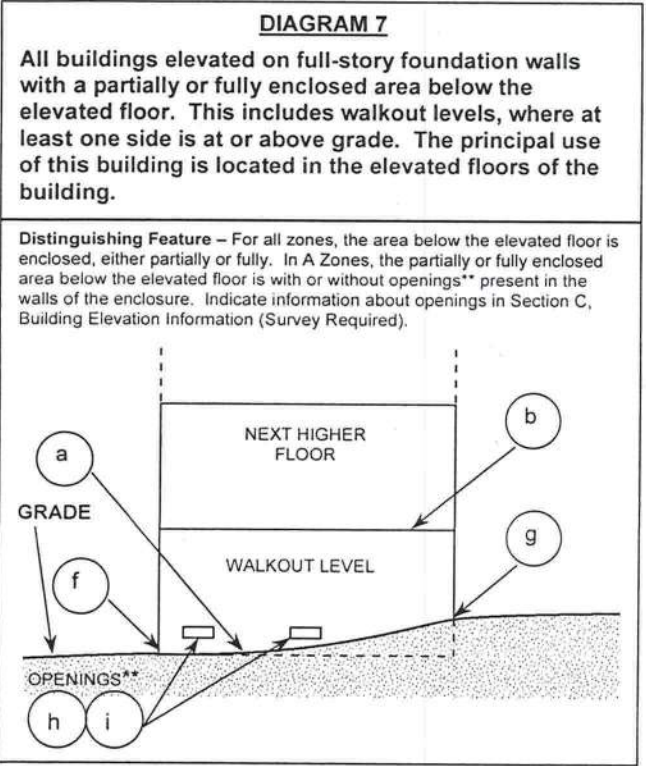
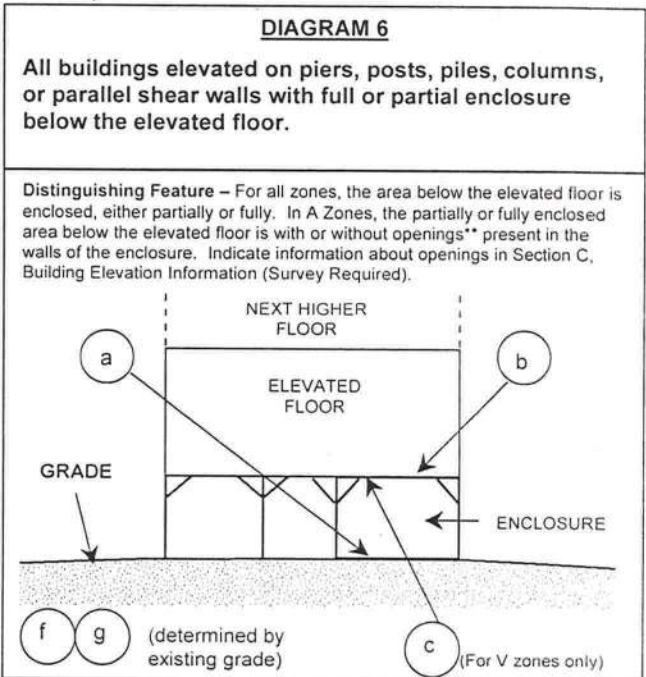
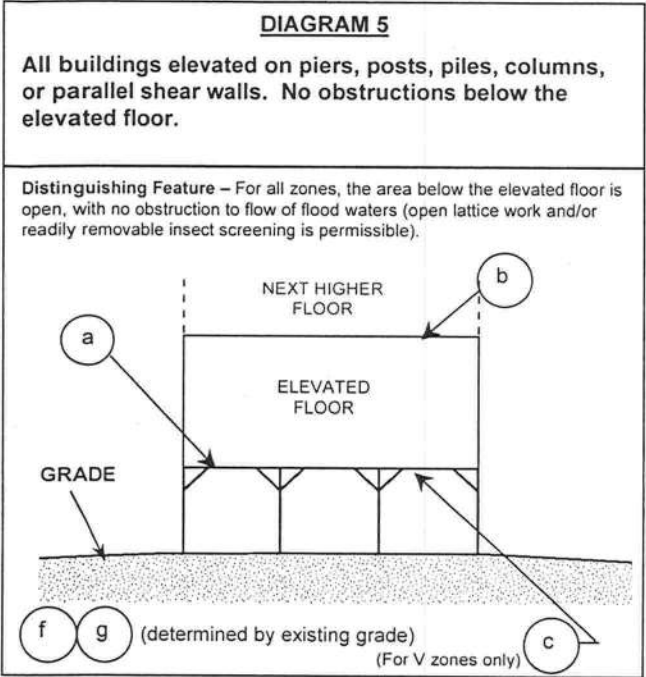
The local official who is authorized by law or ordinance to administer the community's floodplain management ordinance can complete Sections A, B, C (or E), and G of this Elevation Certificate. Complete the applicable item(s) and sign below.

- G1. ☐ The information in Section C was taken from other documentation that has been signed and embossed by a licensed surveyor, engineer, or architect who is authorized by state or local 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: <input type="checkbox"/> New Construction <input type="checkbox"/> Substantial Improvement		
G8. Elevation of as-built lowest floor (including basement) of the building is: _____ ft.(m) Datum: _____		
G9. BFE or (in Zone AO) depth of flooding at the building site is: _____ ft.(m) Datum: _____		
LOCAL OFFICIAL'S NAME		TITLE
COMMUNITY NAME		TELEPHONE
SIGNATURE		DATE
COMMENTS		

☐ Check here if attachments

REPLACES ALL PREVIOUS EDITIONS



** An "opening" (flood vent) is defined as a permanent opening in a wall 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 crawl spaces with a total net area of not less than one square inch for every square foot of area enclosed. Each opening must be on different sides of the enclosed area. If a building has more than one enclosed area, each area must have openings on exterior walls to allow floodwater to directly enter. The bottom of the openings must be no higher than one foot above the grade underneath the flood vents. Alternatively, you may submit a certification by a registered professional engineer or architect that the design 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.

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

23594



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	Robert Fowler	For Insurance Company Use:
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.	1191 NW Everett Terr.	Policy Number
City	White Springs, FL	Company NAIC Number
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)	Lot 8 DAVIS SPD	ZIP Code
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.)	residential	20-25-16-01657-008
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	5	
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	120070	B2. County Name	Columbia County	B3. State	FL
B4. Map/Panel Number	120070 0105	B5. Suffix	B	B6. FIRM Index Date	1-6-88
				B7. FIRM Panel Effective/Revised Date	1-6-88
				B8. Flood Zone(s)	AE
				B9. Base Flood Elevation(s) (Zone AO, use base flood depth)	88
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)? Designation Date _____ <input type="checkbox"/> CBRS <input type="checkbox"/> OPA <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					

COMMENTS:

23e - A/C unit located on a platform on grade at 89 feet.

Date of Review: 8-28-09

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

AND THIRD THURSDAY AT 7:00 P.M.

Community Official: La Nelson

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 (888) 334-1966

FEDERAL EMERGENCY MANAGEMENT AGENCY
NATIONAL FLOOD INSURANCE PROGRAM

O.M.B. No. 3067-0077
Expires July 31, 2002

ELEVATION CERTIFICATE

Important: Read the instructions on pages 1 - 7.

SECTION A - PROPERTY OWNER INFORMATION		For Insurance Company Use:
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BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. 1191 NW EVERETT TERR		Company NAIC Number
CITY WHITE SPRINGS	STATE FL	ZIP CODE 32096
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) LOT 8 DAVIS SD PB 4 P 11511A PID 20-25-16-0657-008		
BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use a Comments area, if necessary.) RESIDENTIAL		
LATITUDE/LONGITUDE (OPTIONAL) (##°-##'-###" or ##.####")	HORIZONTAL DATUM: <input type="checkbox"/> NAD 1927 <input type="checkbox"/> NAD 1983	SOURCE: <input type="checkbox"/> GPS (Type): <input type="checkbox"/> USGS Quad Map <input type="checkbox"/> Other

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER COLUMBIA CO. FL JNC 120070	B2. COUNTY NAME COLUMBIA	B3. STATE FL
B4. MAP AND PANEL NUMBER 126070 0105	B5. SUFFIX B	B6. FIRM INDEX DATE JAN 6 1988
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B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9.

☐ FIS Profile ☒ FIRM ☐ Community Determined ☐ Other (Describe):

B11. Indicate the elevation datum used for the BFE in 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:

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. Building Diagram Number **5** (Select the building diagram most similar to the building for which this certificate is being completed - see pages 6 and 7. If no diagram accurately represents the building, provide a sketch or photograph.)

C3. 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 C3.a-i below according to the building diagram specified in Item C2. State the datum used. If the datum is different from the datum used for the BFE in Section B, convert the datum to that used for the BFE. Show field measurements and datum conversion calculation. Use the space provided or the Comments area of Section D or Section G, as appropriate, to document the datum conversion.

Datum **LOCAL BM** Conversion/Comments

Elevation reference mark used **LOCAL BM** Does the elevation reference mark used appear on the FIRM? ☐ Yes ☒ No

<input type="checkbox"/> a) Top of bottom floor (including basement or enclosure)	92 07 ft (m)
<input type="checkbox"/> b) Top of next higher floor	NA ft (m)
<input type="checkbox"/> c) Bottom of lowest horizontal structural member (V zones only)	NA ft (m)
<input type="checkbox"/> d) Attached garage (top of slab)	NA ft (m)
<input checked="" type="checkbox"/> e) Lowest elevation of machinery and/or equipment servicing the building (Describe in a Comments area.)	NA ft (m)
<input type="checkbox"/> f) Lowest adjacent (finished) grade (LAG)	88 5 ft (m)
<input type="checkbox"/> g) Highest adjacent (finished) grade (HAG)	88 9 ft (m)
<input type="checkbox"/> h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade	NA
<input type="checkbox"/> i) Total area of all permanent openings (flood vents) in C3.h	NA sq. in. (sq. cm)

COMPLETE C3C elevation

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 in Sections A, B, and C 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.

CERTIFIER'S NAME WILLIAM N. KITCHEN	LICENSE NUMBER LS 5490
TITLE PROF. SURVEYOR & MAPPER	COMPANY NAME WILLIAM N. KITCHEN PSM
ADDRESS 152 N MARION ST	CITY LAKE CITY
SIGNATURE <i>William Kitchen</i>	STATE FL
DATE 10-10-05	ZIP CODE 32055
TELEPHONE 336 252-7781	