

DATE 03/05/2004

Columbia County Building Permit**PERMIT**

This Permit Expires One Year From the Date of Issue

000021598

APPLICANT JOHN MICHEL PHONE 754-4696
 ADDRESS 157 NW POMPANO COURT LAKE CITY FL 32055
 OWNER JOHN & DEBRA MICHEL PHONE 754-4696
 ADDRESS 157 NW POMPANO COURT LAKE CITY FL 32055
 CONTRACTOR OWNER BUILDER PHONE _____
 LOCATION OF PROPERTY LAKE JEFFREY RD, TL BRINKLEY, TR ON POMPANO COURT,
CORNER LOT
 TYPE DEVELOPMENT SFD, UTILITY ESTIMATED COST OF CONSTRUCTION 94950.00
 HEATED FLOOR AREA 1899.00 TOTAL AREA 2799.00 HEIGHT .00 STORIES 1
 FOUNDATION CONC WALLS FRAMED ROOF PITCH 6/12 FLOOR SLAB
 LAND USE & ZONING A-3 MAX. HEIGHT 22
 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. F02303027

PARCEL ID 09-3S-16-02049-135 SUBDIVISION ROLLING OAKS
 LOT 35 BLOCK _____ PHASE _____ UNIT _____ TOTAL ACRES 5.00

Culvert Permit No. _____ Culvert Waiver _____ Contractor's License Number _____
 EXISTING 04-0063-N BK JK Applicant/Owner/Contractor _____
 Driveway Connection _____ Septic Tank Number _____ LU & Zoning checked by _____ Approved for Issuance _____ New Resident _____

COMMENTS: NOC ON FILE,

DECKS WILL NOT BE BUILT AT THIS TIME

Check # or Cash 1032**FOR BUILDING & ZONING DEPARTMENT ONLY**

(footer/Slab)

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

BUILDING PERMIT FEE \$ 475.00 CERTIFICATION FEE \$ 14.00 SURCHARGE FEE \$ 14.00
 MISC. FEES \$.00 ZONING CERT. FEE \$ 50.00 FIRE FEE \$ _____ WASTE FEE \$ _____
 FLOOD ZONE DEVELOPMENT FEE \$ 10.00 CULVERT FEE \$ _____ TOTAL FEE 563.00

INSPECTORS OFFICE [Signature] CLERKS OFFICE CH

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.

**Columbia County
Building Permit Application**

21598

Application No. 0402-39

Date 2-16-04

Applicants Name & Address John F. & Debra B. Michel Phone _____

Owners Name & Address 157 NW Pompano Ct. Phone _____
LAKE City, FL 32055

See Simple Owners Name & Address _____ Phone _____
SAME

Contractors Name & Address _____ Phone _____
OWNERS

Legal Description of Property 09-35-16-02049-135 Lot 35 Rolling Oaks S/D.
CRB 678-607, 987-2105

Location of Property 157 NW Pompano Ct. LAKE JEFFERY RD to BRINKLEY L
LAKE City, FL 32055 R 10N POMPAHO COT. - CORNER 102 -

Tax Parcel Identification No. 09-35-16-02049-135 Estimated Cost of Construction \$ 125,000.00

Type of Development Single Family Dwelling Number of Existing Dwellings on Property 0

Comprehensive Plan Map Category A-3 Zoning Map Category A-3

Building Height 15' Number of Stories 1 Floor Area 2700 sq' Total Acreage in Development 5

Distance From Property Lines (Set Backs) Front 250 Side 20-40' Rear 220 Street _____

Flood Zone NA AE Certification Date _____ Development Permit YES 125.1'

Lending Company Name & Address NONE

Architect/Engineer Name & Address MARTIN R. PAGE PE 26767

Mortgage Lenders Name & Address 1240 Dodson Ridge Rd - WALNUT COVE, NC 27052

Application is hereby made to obtain a permit to do the work and installations as indicated. I certify that no work or installation has commenced prior to the issuance of a permit and that all work will be performed to meet the standards of all laws regulating construction in this jurisdiction.

OWNERS AFFIDAVIT: I hereby certify that all the foregoing information is accurate and all work will be done in compliance with all applicable laws regulating construction and zoning.

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IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT.

[Signature]
Owner or Agent (including contractor)

Contractor

Contractor License Number

STATE OF FLORIDA
COUNTY OF COLUMBIA

Sworn to (or affirmed) and subscribed before me
is 2nd day of Feb. 2004 by John F. Michel
Amy Baker

STATE OF FLORIDA
COUNTY OF COLUMBIA

Sworn to (or affirmed) and subscribed before me
this _____ day of _____ by _____

Personally Known _____ OR Produced Identification _____

Amy Baker



AMY P. BAKER
Notary Public, State of Florida
My comm. expires Feb. 04, 2006
No. DD 088989

Personally Known _____ OR Produced Identification _____

R

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100 101 102 103 104 105 106 107 108 109 110 111 112 113 114 115 116 117 118 119 120 121 122 123 124 125 126 127 128 129 130 131 132 133 134 135 136 137 138 139 140 141 142 143 144 145 146 147 148 149 150 151 152 153 154 155 156 157 158 159 160 161 162 163 164 165 166 167 168 169 170 171 172 173 174 175 176 177 178 179 180 181 182 183 184 185 186 187 188 189 190 191 192 193 194 195 196 197 198 199 200 201 202 203 204 205 206 207 208 209 210 211 212 213 214 215 216 217 218 219 220 221 222 223 224 225 226 227 228 229 230 231 232 233 234 235 236 237 238 239 240 241 242 243 244 245 246 247 248 249 250 251 252 253 254 255 256 257 258 259 260 261 262 263 264 265 266 267 268 269 270 271 272 273 274 275 276 277 278 279 280 281 282 283 284 285 286 287 288 289 290 291 292 293 294 295 296 297 298 299 300 301 302 303 304 305 306 307 308 309 310 311 312 313 314 315 316 317 318 319 320 321 322 323 324 325 326 327 328 329 330 331 332 333 334 335 336 337 338 339 340 341 342 343 344 345 346 347 348 349 350 351 352 353 354 355 356 357 358 359 360 361 362 363 364 365 366 367 368 369 370 371 372 373 374 375 376 377 378 379 380 381 382 383 384 385 386 387 388 389 390 391 392 393 394 395 396 397 398 399 400 401 402 403 404 405 406 407 408 409 410 411 412 413 414 415 416 417 418 419 420 421 422 423 424 425 426 427 428 429 430 431 432 433 434 435 436 437 438 439 440 441 442 443 444 445 446 447 448 449 450 451 452 453 454 455 456 457 458 459 460 461 462 463 464 465 466 467 468 469 470 471 472 473 474 475 476 477 478 479 480 481 482 483 484 485 486 487 488 489 490 491 492 493 494 495 496 497 498 499 500 501 502 503 504 505 506 507 508 509 510 511 512 513 514 515 516 517 518 519 520 521 522 523 524 525 526 527 528 529 530 531 532 533 534 535 536 537 538 539 540 541 542 543 544 545 546 547 548 549 550 551 552 553 554 555 556 557 558 559 560 561 562 563 564 565 566 567 568 569 570 571 572 573 574 575 576 577 578 579 580 581 582 583 584 585 586 587 588 589 590 591 592 593 594 595 596 597 598 599 600 601 602 603 604 605 606 607 608 609 610 611 612 613 614 615 616 617 618 619 620 621 622 623 624 625 626 627 628 629 630 631 632 633 634 635 636 637 638 639 640 641 642 643 644 645 646 647 648 649 650 651 652 653 654 655 656 657 658 659 660 661 662 663 664 665 666 667 668 669 670 671 672 673 674 675 676 677 678 679 680 681 682 683 684 685 686 687 688 689 690 691 692 693 694 695 696 697 698 699 700 701 702 703 704 705 706 707 708 709 710 711 712 713 714 715 716 717 718 719 720 721 722 723 724 725 726 727 728 729 730 731 732 733 734 735 736 737 738 739 740 741 742 743 744 745 746 747 748 749 750 751 752 753 754 755 756 757 758 759 760 761 762 763 764 765 766 767 768 769 770 771 772 773 774 775 776 777 778 779 780 781 782 783 784 785 786 787 788 789 790 791 792 793 794 795 796 797 798 799 800 801 802 803 804 805 806 807 808 809 810 811 812 813 814 815 816 817 818 819 820 821 822 823 824 825 826 827 828 829 830 831 832 833 834 835 836 837 838 839 840 841 842 843 844 845 846 847 848 849 850 851 852 853 854 855 856 857 858 859 860 861 862 863 864 865 866 867 868 869 870 871 872 873 874 875 876 877 878 879 880 881 882 883 884 885 886 887 888 889 890 891 892 893 894 895 896 897 898 899 900 901 902 903 904 905 906 907 908 909 910 911 912 913 914 915 916 917 918 919 920 921 922 923 924 925 926 927 928 929 930 931 932 933 934 935 936 937 938 939 940 941 942 943 944 945 946 947 948 949 950 951 952 953 954 955 956 957 958 959 960 961 962 963 964 965 966 967 968 969 970 971 972 973 974 975 976 977 978 979 980 981 982 983 984 985 986 987 988 989 990 991 992 993 994 995 996 997 998 999 1000 1001 1002 1003 1004 1005 1006 1007 1008 1009 1010 1011 1012 1013 1014 1015 1016 1017 1018 1019 1020 1021 1022 1023 1024 1025 1026 1027 1028 1029 1030 1031 1032 1033 1034 1035 1036 1037 1038 1039 104

09-3S-16 0000/0000
LOT 35 ROLLING OAKS S/D.
ORB 678-607, 987-2105.

**RETAIN
THIS
PORTION
FOR
YOUR
RECORDS**

**IF PAID
BY**

AT0025788 R
MICHEL JOHN & DEBRA

FLORIDA ENERGY EFFICIENCY CODE FOR BUILDING CONSTRUCTION

Florida Department of Community Affairs Residential Whole Building Performance Method A

Project Name: **John and Debbie Michele Residence**
 Address: **157 NW Pompano Court**
 City, State: **Lake City, FL 32055-**
 Owner: **John and Debbie Michele**
 Climate Zone: **North**

Builder: **Terry Zierke**
 Permitting Office: **Columbia County**
 Permit Number: **21598**
 Jurisdiction Number: **221000**

| | | | | | |
|--|---|-----|--|-------------------|-----|
| 1. New construction or existing | New | ___ | 12. Cooling systems | | |
| 2. Single family or multi-family | Single family | ___ | a. Central Unit | Cap: 36.0 kBtu/hr | ___ |
| 3. Number of units, if multi-family | 1 | ___ | | SEER: 10.00 | ___ |
| 4. Number of Bedrooms | 2 | ___ | b. N/A | | ___ |
| 5. Is this a worst case? | Yes | ___ | c. N/A | | ___ |
| 6. Conditioned floor area (ft ²) | 1899 ft ² | ___ | 13. Heating systems | | |
| 7. Glass area & type | Single Pane Double Pane | ___ | a. Electric Heat Pump | Cap: 36.0 kBtu/hr | ___ |
| a. Clear glass, default U-factor | 0.0 ft ² 196.7 ft ² | ___ | | HSPF: 6.80 | ___ |
| b. Default tint | 0.0 ft ² 0.0 ft ² | ___ | b. N/A | | ___ |
| c. Labeled U or SHGC | 0.0 ft ² 0.0 ft ² | ___ | c. N/A | | ___ |
| 8. Floor types | | ___ | 14. Hot water systems | | |
| a. Slab-On-Grade Edge Insulation | R=0.0, 220.0(p) ft | ___ | a. LP Gas | Cap: 50.0 gallons | ___ |
| b. N/A | | ___ | | EF: 0.60 | ___ |
| c. N/A | | ___ | b. N/A | | ___ |
| 9. Wall types | | ___ | c. Conservation credits | | ___ |
| a. Frame, Wood, Exterior | R=19.0, 1554.0 ft ² | ___ | (HR-Heat recovery, Solar | | ___ |
| b. Frame, Wood, Exterior | R=19.0, 208.0 ft ² | ___ | DHP-Dedicated heat pump) | | ___ |
| c. Frame, Wood, Adjacent | R=13.0, 320.0 ft ² | ___ | 15. HVAC credits | | ___ |
| d. N/A | | ___ | (CF-Ceiling fan, CV-Cross ventilation, | | ___ |
| e. N/A | | ___ | HF-Whole house fan, | | ___ |
| 10. Ceiling types | | ___ | PT-Programmable Thermostat, | | ___ |
| a. Under Attic | R=30.0, 1957.0 ft ² | ___ | MZ-C-Multizone cooling, | | ___ |
| b. N/A | | ___ | MZ-H-Multizone heating) | | ___ |
| c. N/A | | ___ | | | ___ |
| 11. Ducts | | ___ | | | ___ |
| a. Sup: Con. Ret: Con. AH: Interior | Sup. R=6.0, 70.0 ft | ___ | | | ___ |
| b. N/A | | ___ | | | ___ |

Glass/Floor Area: 0.10

Total as-built points: 21622

Total base points: 28275

PASS

I hereby certify that the plans and specifications covered by this calculation are in compliance with the Florida Energy Code.

PREPARED BY: William H. Freeman

DATE: 2/11/04

I hereby certify that this building, as designed, is in compliance with the Florida Energy Code.

OWNER/AGENT: _____

DATE: _____

Review of the plans and specifications covered by this calculation indicates compliance with the Florida Energy Code. Before construction is completed this building will be inspected for compliance with Section 553.908 Florida Statutes.

BUILDING OFFICIAL: _____

DATE: _____



SUMMER CALCULATIONS**Residential Whole Building Performance Method A - Details**

ADDRESS: 157 NW Pompano Court, Lake City, FL, 32055-

PERMIT #:

| BASE | | | | AS-BUILT | | | | | | | |
|---|----------|-------|---------|-------------------------------|--------------------------|---------------------|---------------------------|----------------|---------------|---------|--------|
| GLASS TYPES | | | | | | | | | | | |
| .18 X Conditioned X BSPM = Points Floor Area | | | | Type/SC | Overhang Ornt Len Hgt | | Area X SPM X SOF = Points | | | | |
| .18 | 1899.0 | 20.04 | 6850.1 | Double, Clear | E | 3.8 | 6.7 | 120.0 | 42.06 | 0.69 | 3461.4 |
| | | | | Double, Clear | S | 3.8 | 6.7 | 30.0 | 35.87 | 0.63 | 676.6 |
| | | | | Double, Clear | W | 3.8 | 3.5 | 5.3 | 38.52 | 0.51 | 105.4 |
| | | | | Double, Clear | W | 3.8 | 6.7 | 5.3 | 38.52 | 0.69 | 142.0 |
| | | | | Double, Clear | W | 3.8 | 6.7 | 6.0 | 38.52 | 0.69 | 159.8 |
| | | | | Double, Clear | N | 3.8 | 6.7 | 30.0 | 19.20 | 0.81 | 466.1 |
| | | | | As-Built Total: | | | | 196.7 | 5011.3 | | |
| WALL TYPES Area X BSPM = Points | | | | Type | R-Value | | Area X SPM = Points | | | | |
| Adjacent | 320.0 | 0.70 | 224.0 | Frame, Wood, Exterior | 19.0 | | 1554.0 | 0.90 | | 1398.6 | |
| Exterior | 1762.0 | 1.70 | 2995.4 | Frame, Wood, Exterior | 19.0 | | 208.0 | 0.90 | | 187.2 | |
| | | | | Frame, Wood, Adjacent | 13.0 | | 320.0 | 0.60 | | 192.0 | |
| Base Total: 2082.0 3219.4 | | | | As-Built Total: | | 2082.0 | | 1777.8 | | | |
| DOOR TYPES Area X BSPM = Points | | | | Type | | | Area X SPM = Points | | | | |
| Adjacent | 40.0 | 2.40 | 96.0 | Exterior Insulated | | | 20.0 | 4.10 | | 82.0 | |
| Exterior | 140.0 | 6.10 | 854.0 | Exterior Insulated | | | 120.0 | 4.10 | | 492.0 | |
| | | | | Adjacent Insulated | | | 40.0 | 1.60 | | 64.0 | |
| Base Total: 180.0 950.0 | | | | As-Built Total: | | 180.0 | | 638.0 | | | |
| CEILING TYPES Area X BSPM = Points | | | | Type | R-Value | | Area X SPM X SCM = Points | | | | |
| Under Attic | 1899.0 | 1.73 | 3285.3 | Under Attic | 30.0 | | 1957.0 | 1.73 X 1.00 | | 3385.6 | |
| Base Total: 1899.0 3285.3 | | | | As-Built Total: | | 1957.0 | | 3385.6 | | | |
| FLOOR TYPES Area X BSPM = Points | | | | Type | R-Value | | Area X SPM = Points | | | | |
| Slab | 220.0(p) | -37.0 | -8140.0 | Slab-On-Grade Edge Insulation | 0.0 | | 220.0(p) | -41.20 | | -9064.0 | |
| Raised | 0.0 | 0.00 | 0.0 | | | | | | | | |
| Base Total: -8140.0 | | | | As-Built Total: | | 220.0 | | -9064.0 | | | |
| INFILTRATION Area X BSPM = Points | | | | | | Area X SPM = Points | | | | | |
| 1899.0 10.21 19388.8 | | | | | | 1899.0 10.21 | | 19388.8 | | | |

SUMMER CALCULATIONS**Residential Whole Building Performance Method A - Details**

ADDRESS: 157 NW Pompano Court, Lake City, FL, 32055-

PERMIT #:

| BASE | | | | AS-BUILT | | | | | | |
|-----------------------------|---|-------------------|------------------|---------------------------------|-------|------------------------|-------------------|---------------------|---------------------|------------------|
| Summer Base Points: 25553.5 | | | | Summer As-Built Points: 21137.5 | | | | | | |
| Total Summer Points | X | System Multiplier | = Cooling Points | Total Component | X | Cap Ratio | X Duct Multiplier | X System Multiplier | X Credit Multiplier | = Cooling Points |
| | | | | | | (DM x DSM x AHU) | | | | |
| 25553.5 | | 0.4266 | 10901.1 | 21137.5 | 1.000 | (1.000 x 1.147 x 0.91) | 0.341 | 1.000 | | 7530.0 |
| | | | | 21137.5 | 1.00 | 1.044 | 0.341 | 1.000 | | 7530.0 |

WINTER CALCULATIONS

Residential Whole Building Performance Method A - Details

ADDRESS: 157 NW Pompano Court, Lake City, FL, 32055-

PERMIT #:

| BASE | | | | AS-BUILT | | | | | | | |
|---|----------|-------|--------|-------------------------------|-------------------------|------------------------|---------------------------|---------------------------|---------------|---------------|---------------|
| GLASS TYPES | | | | | | | | | | | |
| .18 X Conditioned X BWPM = Points Floor Area | | | | Type/SC | Overhang Omt Len Hgt | | | Area X WPM X WOF = Points | | | |
| .18 | 1899.0 | 12.74 | 4354.8 | Double, Clear | E | 3.8 | 6.7 | 120.0 | 18.79 | 1.14 | 2578.5 |
| | | | | Double, Clear | S | 3.8 | 6.7 | 30.0 | 13.30 | 1.80 | 718.0 |
| | | | | Double, Clear | W | 3.8 | 3.5 | 5.3 | 20.73 | 1.17 | 129.8 |
| | | | | Double, Clear | W | 3.8 | 6.7 | 5.3 | 20.73 | 1.10 | 121.3 |
| | | | | Double, Clear | W | 3.8 | 6.7 | 6.0 | 20.73 | 1.10 | 136.6 |
| | | | | Double, Clear | N | 3.8 | 6.7 | 30.0 | 24.58 | 1.01 | 745.3 |
| | | | | As-Built Total: | | | 196.7 | | 4429.6 | | |
| WALL TYPES Area X BWPM = Points | | | | Type | R-Value | | Area X WPM = Points | | | | |
| Adjacent | 320.0 | 3.60 | 1152.0 | Frame, Wood, Exterior | 19.0 | | 1554.0 | 2.20 | | 3418.8 | |
| Exterior | 1762.0 | 3.70 | 6519.4 | Frame, Wood, Exterior | 19.0 | | 208.0 | 2.20 | | 457.6 | |
| | | | | Frame, Wood, Adjacent | 13.0 | | 320.0 | 3.30 | | 1056.0 | |
| Base Total: | | | | 2082.0 | | 7671.4 | | As-Built Total: | | 2082.0 | 4932.4 |
| DOOR TYPES Area X BWPM = Points | | | | Type | R-Value | | Area X WPM = Points | | | | |
| Adjacent | 40.0 | 11.50 | 460.0 | Exterior Insulated | | | 20.0 | 8.40 | | 168.0 | |
| Exterior | 140.0 | 12.30 | 1722.0 | Exterior Insulated | | | 120.0 | 8.40 | | 1008.0 | |
| | | | | Adjacent Insulated | | | 40.0 | 8.00 | | 320.0 | |
| Base Total: | | | | 180.0 | | 2182.0 | | As-Built Total: | | 180.0 | 1496.0 |
| CEILING TYPES Area X BWPM = Points | | | | Type | R-Value | | Area X WPM X WCM = Points | | | | |
| Under Attic | 1899.0 | 2.05 | 3892.9 | Under Attic | 30.0 | | 1957.0 | 2.05 X 1.00 | | 4011.8 | |
| Base Total: | | | | 1899.0 | | 3892.9 | | As-Built Total: | | 1957.0 | 4011.8 |
| FLOOR TYPES Area X BWPM = Points | | | | Type | R-Value | | Area X WPM = Points | | | | |
| Slab | 220.0(p) | 8.9 | 1958.0 | Slab-On-Grade Edge Insulation | 0.0 | | 220.0(p) | 18.80 | | 4136.0 | |
| Raised | 0.0 | 0.00 | 0.0 | | | | | | | | |
| Base Total: | | | | 1958.0 | | As-Built Total: | | 220.0 | | 4136.0 | |
| INFILTRATION Area X BWPM = Points | | | | | | | | Area X WPM = Points | | | |
| 1899.0 -0.59 -1120.4 | | | | | | | | 1899.0 -0.59 -1120.4 | | | |

Notice of Treatment

Applicator Florida Pest Control & Chemical Co.

Address _____

City _____ **Phone** _____

Site Location Subdivision _____

Lot# _____ **Block#** _____ **Permit#** ~~2222~~ 21598

Address _____

AREAS TREATED

Print Technician's
Name

Area Treated

Date

Time

Gal.

Main Body

Patio/s #

Stoop/s #

Porch/s #

Brick Veneer

Extension Walls

A/C Pad

Walk/s #

Exterior of Foundation

Driveway Apron

Out Building

Tub Trap/s

(Other)

Name of Product Applied _____ %

Remarks _____

Applicator - White • Permit File - Canary • Permit Holder - Pink

WINTER CALCULATIONS**Residential Whole Building Performance Method A - Details**

ADDRESS: 157 NW Pompano Court, Lake City, FL, 32055-

PERMIT #:

| BASE | | | | AS-BUILT | | | | | | | | | |
|---------------------|---|-------------------|------------------|-------------------------|---|-----------|---|-------------------------------------|---|-------------------|---|-------------------|------------------|
| Winter Base Points: | | 18938.7 | | Winter As-Built Points: | | | | | | 17885.4 | | | |
| Total Winter Points | X | System Multiplier | = Heating Points | Total Component | X | Cap Ratio | X | Duct Multiplier (DM x DSM x AHU) | X | System Multiplier | X | Credit Multiplier | = Heating Points |
| 18938.7 | | 0.6274 | 11882.2 | 17885.4 | | 1.000 | | (1.000 x 1.169 x 0.93) | | 0.501 | | 1.000 | 9750.8 |
| 18938.7 | | 0.6274 | 11882.2 | 17885.4 | | 1.00 | | 1.087 | | 0.501 | | 1.000 | 9750.8 |

WATER HEATING & CODE COMPLIANCE STATUS

Residential Whole Building Performance Method A - Details

ADDRESS: 157 NW Pompano Court, Lake City, FL, 32055-

PERMIT #:

| BASE | | | | AS-BUILT | | | | | |
|-----------------------|---|------------|---------|------------------------|------|-----------------------|-----------------|------------------------|-----------------------|
| WATER HEATING | | | | | | | | | |
| Number of Bedrooms | X | Multiplier | = Total | Tank Volume | EF | Number of Bedrooms | X Tank Ratio | Multiplier X Credit | = Total Multiplier |
| 3 | | 2746.00 | 8238.0 | 50.0 | 0.60 | 3 | 1.00 | 2170.80 | 1.00 6512.4 |
| | | | | As-Built Total: | | | | | 6512.4 |

| CODE COMPLIANCE STATUS | | | | | | | | | |
|------------------------|---|-------------------|---|---------------------------------------|-------------------|---|-------------------|---|---------------------------------------|
| BASE | | | | | AS-BUILT | | | | |
| Cooling Points | + | Heating Points | + | Hot Water Points = Total Points | Cooling Points | + | Heating Points | + | Hot Water Points = Total Points |
| 10901 | | 11882 | | 8238 31021 | 7530 | | 9751 | | 6512 23793 |

PASS

Code Compliance Checklist

Residential Whole Building Performance Method A - Details

ADDRESS: 157 NW Pompano Court, Lake City, FL, 32055-

PERMIT #:

6A-21 INFILTRATION REDUCTION COMPLIANCE CHECKLIST

| COMPONENTS | SECTION | REQUIREMENTS FOR EACH PRACTICE | CHECK |
|-------------------------------|-----------------|---|-------|
| Exterior Windows & Doors | 606.1.ABC.1.1 | Maximum: .3 cfm/sq.ft. window area; .5 cfm/sq.ft. door area. | |
| Exterior & Adjacent Walls | 606.1.ABC.1.2.1 | Caulk, gasket, weatherstrip or seal between: windows/doors & frames, surrounding wall; foundation & wall sole or sill plate; joints between exterior wall panels at corners; utility penetrations; between wall panels & top/bottom plates; between walls and floor. EXCEPTION: Frame walls where a continuous infiltration barrier is installed that extends from, and is sealed to, the foundation to the top plate. | |
| Floors | 606.1.ABC.1.2.2 | Penetrations/openings >1/8" sealed unless backed by truss or joint members. EXCEPTION: Frame floors where a continuous infiltration barrier is installed that is sealed to the perimeter, penetrations and seams. | |
| Ceilings | 606.1.ABC.1.2.3 | Between walls & ceilings; penetrations of ceiling plane of top floor; around shafts, chases, soffits, chimneys, cabinets sealed to continuous air barrier; gaps in gyp board & top plate; attic access. EXCEPTION: Frame ceilings where a continuous infiltration barrier is installed that is sealed at the perimeter, at penetrations and seams. | |
| Recessed Lighting Fixtures | 606.1.ABC.1.2.4 | Type IC rated with no penetrations, sealed; or Type IC or non-IC rated, installed inside a sealed box with 1/2" clearance & 3" from insulation; or Type IC rated with < 2.0 cfm from conditioned space, tested. | |
| Multi-story Houses | 606.1.ABC.1.2.5 | Air barrier on perimeter of floor cavity between floors. | |
| Additional Infiltration reqts | 606.1.ABC.1.3 | Exhaust fans vented to outdoors, dampers; combustion space heaters comply with NFPA, have combustion air. | |

6A-22 OTHER PRESCRIPTIVE MEASURES (must be met or exceeded by all residences.)

| COMPONENTS | SECTION | REQUIREMENTS | CHECK |
|--------------------------|--------------|--|-------|
| Water Heaters | 612.1 | Comply with efficiency requirements in Table 6-12. Switch or clearly marked circuit breaker (electric) or cutoff (gas) must be provided. External or built-in heat trap required. | |
| Swimming Pools & Spas | 612.1 | Spas & heated pools must have covers (except solar heated). Non-commercial pools must have a pump timer. Gas spa & pool heaters must have a minimum thermal efficiency of 78%. | |
| Shower heads | 612.1 | Water flow must be restricted to no more than 2.5 gallons per minute at 80 PSIG. | |
| Air Distribution Systems | 610.1 | All ducts, fittings, mechanical equipment and plenum chambers shall be mechanically attached, sealed, insulated, and installed in accordance with the criteria of Section 610. Ducts in unconditioned attics: R-6 min. insulation. | |
| HVAC Controls | 607.1 | Separate readily accessible manual or automatic thermostat for each system. | |
| Insulation | 604.1, 602.1 | Ceilings-Min. R-19. Common walls-Frame R-11 or CBS R-3 both sides. Common ceiling & floors R-11. | |

ENERGY PERFORMANCE LEVEL (EPL) DISPLAY CARD

ESTIMATED ENERGY PERFORMANCE SCORE* = 86.1

The higher the score, the more efficient the home.

John and Debbie Michele, 157 NW Pompano Court, Lake City, FL, 32055-

| | | | |
|--|---|--|-------------------|
| 1. New construction or existing | New | 12. Cooling systems | |
| 2. Single family or multi-family | Single family | a. Central Unit | Cap: 36.0 kBtu/hr |
| 3. Number of units, if multi-family | 1 | | SEER: 10.00 |
| 4. Number of Bedrooms | 3 | b. N/A | |
| 5. Is this a worst case? | Yes | c. N/A | |
| 6. Conditioned floor area (ft ²) | 1899 ft ² | | |
| 7. Glass area & type | Single Pane Double Pane | 13. Heating systems | |
| a. Clear - single pane | 0.0 ft ² 196.7 ft ² | a. Electric Heat Pump | Cap: 36.0 kBtu/hr |
| b. Clear - double pane | 0.0 ft ² 0.0 ft ² | | HSPF: 6.80 |
| c. Tint/other SHGC - single pane | 0.0 ft ² 0.0 ft ² | b. N/A | |
| d. Tint/other SHGC - double pane | | c. N/A | |
| 8. Floor types | | 14. Hot water systems | |
| a. Slab-On-Grade Edge Insulation | R=0.0, 220.0(p) ft | a. LP Gas | Cap: 50.0 gallons |
| b. N/A | | | EF: 0.60 |
| c. N/A | | b. N/A | |
| 9. Wall types | | c. Conservation credits | |
| a. Frame, Wood, Exterior | R=19.0, 1554.0 ft ² | (HR-Heat recovery, Solar | |
| b. Frame, Wood, Exterior | R=19.0, 208.0 ft ² | DHP-Dedicated heat pump) | |
| c. Frame, Wood, Adjacent | R=13.0, 320.0 ft ² | 15. HVAC credits | |
| d. N/A | | (CF-Ceiling fan, CV-Cross ventilation, | |
| e. N/A | | HF-Whole house fan, | |
| 10. Ceiling types | | PT-Programmable Thermostat, | |
| a. Under Attic | R=30.0, 1957.0 ft ² | MZ-C-Multizone cooling, | |
| b. N/A | | MZ-H-Multizone heating) | |
| c. N/A | | | |
| 11. Ducts | | | |
| a. Sup: Con. Ret: Con. AH: Interior | Sup. R=6.0, 70.0 ft | | |
| b. N/A | | | |

I certify that this home has complied with the Florida Energy Efficiency Code For Building Construction through the above energy saving features which will be installed (or exceeded) in this home before final inspection. Otherwise, a new EPL Display Card will be completed based on installed Code compliant features.

Builder Signature: _____ Date: _____

Address of New Home: _____ City/FL Zip: _____

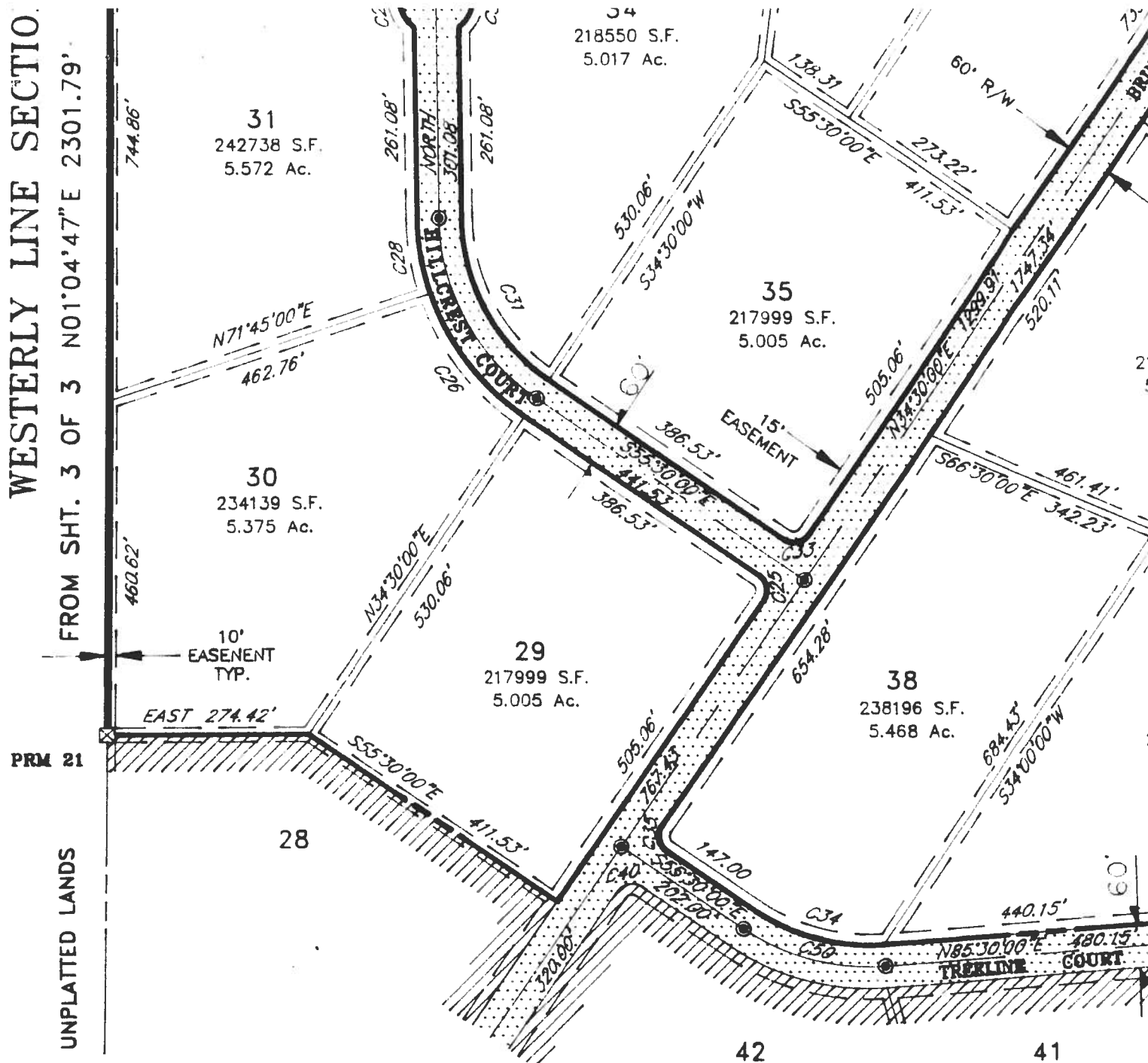


**NOTE: The home's estimated energy performance score is only available through the FLA/RES computer program. This is not a Building Energy Rating. If your score is 80 or greater (or 86 for a US EPA/DOE EnergyStarTM designation), your home may qualify for energy efficiency mortgage (EEM) incentives if you obtain a Florida Energy Gauge Rating. Contact the Energy Gauge Hotline at 321/638-1492 or see the Energy Gauge web site at www.fsec.ucf.edu for information and a list of certified Raters. For information about Florida's Energy Efficiency Code For Building Construction, contact the Department of Community Affairs at 850/487-1824.*

EnergyGauge® (Version: FLRCPB v3.30)

UNPLATTED LANDS

FROM SHT. 3 OF 3 N01°04'47" E 2301.79'



COLUMBIA COUNTY 9-1-1 ADDRESSING

263 NW Lake City Ave. * P. O. Box 2949 * Lake City, FL 32056-2949
PHONE: (386) 752-8787 * FAX: (386) 758-1365 * Email: ron_croft@columbiacountyfla.com

Addressing Maintenance

To maintain the Countywide addressing Policy you must make application for a 9-1-1 Address at the time you apply for a building permit. The established standards for assigning and posting numbers to all principal buildings, dwellings, businesses and industries are contained in Columbia County Ordinance 2001-9. The addressing system is to enable Emergency Service Agencies to locate you in an emergency, and to assist the United States Postal Service and the public in the timely and efficient provision of services to residents and businesses of Columbia County.

DATE ISSUED: 12-12-03

ENHANCED 9-1-1 ADDRESS:

157 NW Pompano CT (Lake City, FL 32055)

Addressed Location 911 Phone Number: N/A

OCCUPANT NAME: John + Debra Michel

OCCUPANT CURRENT MAILING ADDRESS: 8288 SW Oak Hammock Ct.
Stuart, FL 34997


PROPERTY APPRAISER MAP SHEET NUMBER: 42

PROPERTY APPRAISER PARCEL NUMBER: 09-35-16-02049-135

Other Contact Phone Number (If any): _____

Building Permit Number (If known): _____

Remarks: LOT 35 Rolling Oaks S/D.

Address Issued By: 
Columbia County 9-1-1 Addressing Department

DISCLOSURE STATEMENT

FOR OWNER/BUILDER WHEN ACTING AS THEIR OWN CONTRACTOR AND CLAIMING EXEMPTION OF CONTRACTOR LICENSING REQUIREMENTS IN ACCORDANCE WITH FLORIDA STATUTES, ss. 489.103(7).

State law requires construction to be done by licensed contractors. You have applied for a permit under an exemption to that law. The exemption allows you, as the owner of your property, to act as your own contractor with certain restrictions even though you do not have a license. You must provide direct, onsite supervision of the construction yourself. You may build or improve a one-family or two-family residence or a farm outbuilding. You may also build or improve a commercial building, provided your costs do not exceed \$25,000. The building or residence must be for your own use or occupancy. It may not be built or substantially improved for sale or lease. If you sell or lease a building you have built or substantially improved yourself within 1 year after the construction is complete, the law will presume that you built or substantially improved it for sale or lease, which is a violation of this exemption. You may not hire an unlicensed person to act as your contractor or to supervise people working on your building. It is your responsibility to make sure that people employed by you have licenses required by state law and by county or municipal licensing ordinances. You may not delegate the responsibility for supervising work to a licensed contractor who is not licensed to perform the work being done. Any person working on your building who is not licensed must work under your direct supervision and must be employed by you, which means that you must deduct F.I.C.A. and withholding tax and provide workers' compensation for that employee, all as prescribed by law. Your construction must comply with all applicable laws, ordinances, building codes, and zoning regulations.

TYPE OF CONSTRUCTION

☒ Single Family Dwelling
☐ Farm Outbuilding

☐ Two-Family Residence
☐ Other _____

NEW CONSTRUCTION OR IMPROVEMENT

☒ New Construction ☐ Addition, Alteration, Modification or other Improvement

I John F. Michel, have been advised of the above disclosure statement for exemption from contractor licensing as an owner/builder. I agree to comply with all requirements provided for in Florida Statutes ss.489.103(7) allowing this exception for the construction permitted by Columbia County Building Permit Number _____


Signature

2/2/04
Date

FOR BUILDING USE ONLY

I hereby certify that the above listed owner/builder has been notified of the disclosure statement in Florida Statutes ss 489.103(7).

Date 2-16-04 Building Official/Representative 



STATE OF FLORIDA
DEPARTMENT OF HEALTH

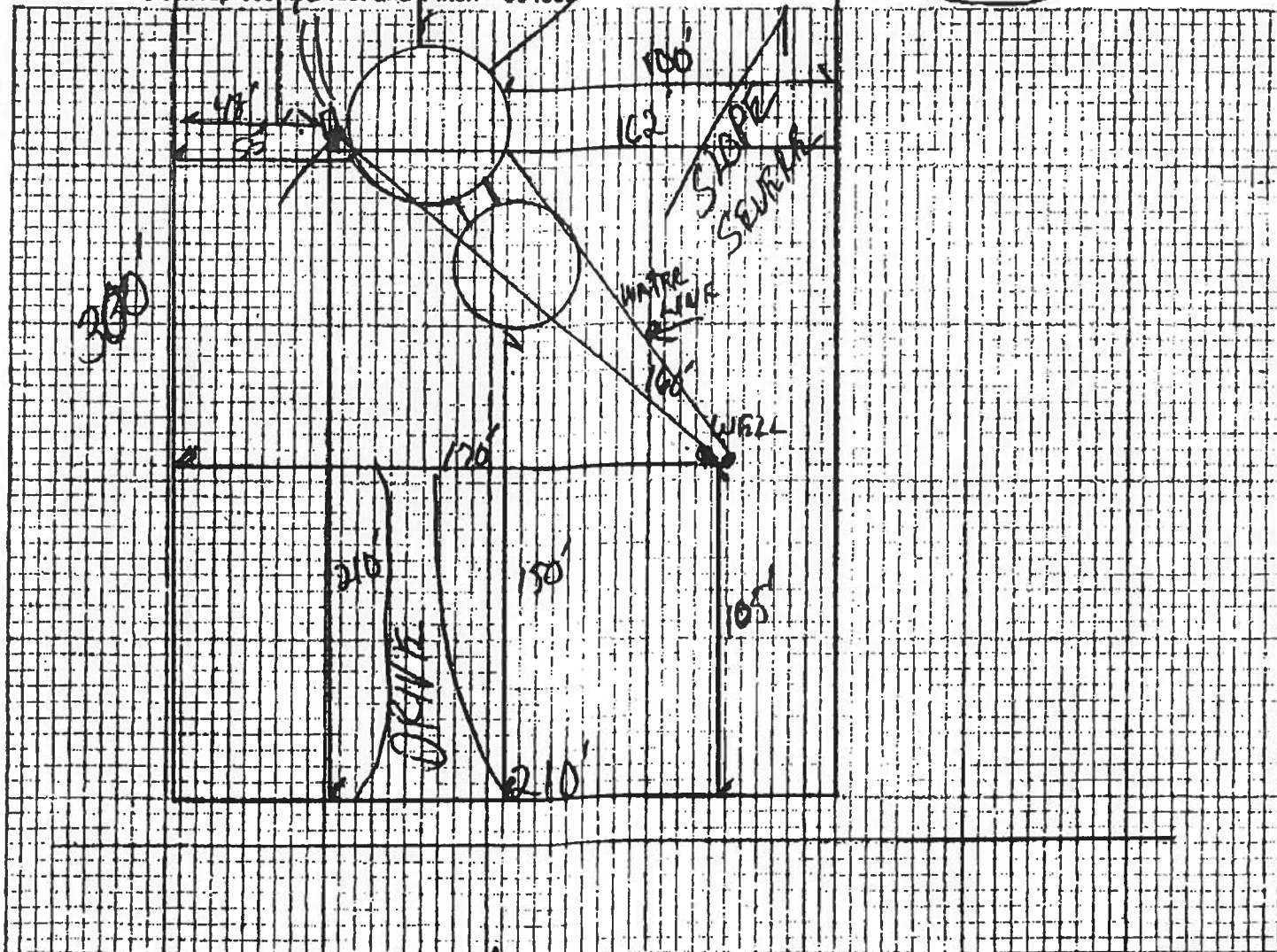
APPLICATION FOR ON-SITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permit Application Number

04-0063N

PART II SITE PLAN

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



Notes: 1.44 of 5 ACRES

Site Plan submitted by:

Rocky D F-O

Signature

Plan Approved

✓

Not Approved

Title

Date 01/22/04

By J. HARRIS EST

Columbia

County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

Permit No. _____

Tax Parcel No. _____

COLUMBIA COUNTY NOTICE OF COMMENCEMENT

STATE OF FLORIDA

Inst: 2004003422 Date: 02/16/2004 Time: 15:21

MCK DC, P. DeWitt Cason, Columbia County B: 1007 P: 613

COUNTY OF COLUMBIA

THE UNDERSIGNED hereby gives notice that improvement will be made to certain real property, and in accordance with Chapter 713, Florida Statutes, the following information is provided in this Notice of Commencement.

1. Description of property: (legal description of the property, and street address if available.)

09-35-16-02049-135 Lot 35 Rolling Oaks S/D
0BB 678-607, 987-2105

2. General description of improvement:

NEW RESIDENCE

3. Owner Information:

A. Name and address:

John F. & Debra B. Michel

157 NW Pompano Ct. Lake City, FL 32055

B. Interest in property:

OWNERS

C. Name and address of fee simple titleholder (if other than owner):

4. Contractor: (name and address)

SAME AS ABOVE

5. Surety

A. Name and address:

B. Amount of bond:

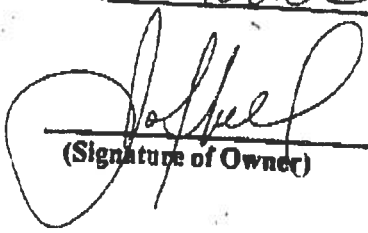
NONE

6. Lender: (name and address)

7. Persons within the State of Florida designated by Owner upon whom notices or other documents may be served as provided by Section 718.13(1)(a) 7., Florida Statutes: (name and address)

8. In addition to himself, owner designates NONE of _____ to receive a copy of the Lienor's Notice as provided in Section 713.13 (1) (a) 7., Florida Statutes.

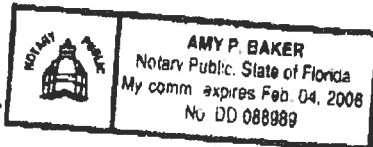
9. Expiration date of notice of commencement (the expiration date is 1 year from the date of recording unless a different date is specified) NONE


(Signature of Owner)

SWORN TO and subscribed before me this 2nd day of February 19 2004.


Notary Public

(NOTARIAL
SEAL)



My Commission Expires: 2-4-08

Inst: 2004003422 Date: 02/16/2004 Time: 15:21

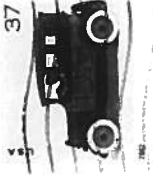
DC, P. DeWitt Casco, Columbia County B: 1007 P: 616

Keep this letter with our permit!

Department

[illegible]

Rolling Oaks Owners Assoc., Inc.
P. O. Box 3637
Lake City, FL. 32056



Keep this letter with our permits!
JK

Columbia County Building & Zoning Department

Att: John Kerce

P. O. Drawer 1529

Lake City, FL 32056



Board of County Commissioners
Columbia County

32056+1529



Rolling Oaks Owners, Assoc., Inc.

P. O. Box 3637
Lake City, FL 32056
USA

February 20, 2004

To Whom it may concern,

The Rolling Oaks Owners Assoc., Inc has reviewed the plans for the home of John and Debra Michel - at 157 NW Pompano Ct. Lake City, FL 32055. The plans meet the all the requirements under the by-laws of the association.

Sincerely,



Ernest Bennett, President



Shirley Yates, Secretary



Engineers

Contractors

Designers

3/2/2004

Columbia County Building Department

To whom it may concern,

RE: John and Debbie Michele Residence

I have reviewed the conditions for the property located on Lot 35, Rolling Oaks Subdivision. Part of the property is located in a flood zone (Zone A). The required floor elevation shall be set 1' above the 100 year flood elevation. Set floor elevation based on benchmark to be at elevation 126.10'. The 100 year flood elevation is established at 125.10. If you have any questions, please call me at (386) 758-4209.

Sincerely,

A handwritten signature in dark ink, appearing to read 'Will Freeman', is written above the printed name.

William Freeman, P.E.

Columbia County Building dept.
April 4, 2005

To whom it may concern,

We would like to extend our
Building Permit here in Columbia
County.

Permit # 000021598

closed 3/05/2004

Please extend 90 days.

John F. Michel

157 N.W. Pompano Ct.

Lake City, FL 32055

completed
3/23/06

**FLORIDA
PEST
CONTROL**
A CHEMICAL CO.
Since 1940

www.flapest.com

**IMPORTANT
NOTICE TO
OWNER**

During the construction of your home Florida Pest Control & Chemical Co. provided treatment for the control and prevention of subterranean termites.

Continued protection requires that annual inspections be made. Please contact us at the number below to receive a copy of your Termite Protection Policy.

Address: *536 SE Bay A Ave*

Phone: *386-752-1703*

Renewal Date: *3-28-07*

10M - 5/04 ©

Sohn Michel

21598

Notice of Treatment

Applicator Name Florida Pest Control
 Address 536 SE BAY
 City Lake City Phone 752-1702

Site Location

Lot # _____ Block # _____ Subdivision Pillar Oak Permit # _____
 Address 157 NW Pompano Pt

AREAS TREATED

| Date | Time | Gal. | Init. | Area Treated | Retreat Date | Time | Init. |
|---------|------|------|-------|------------------------|--------------|------|-------|
| | | | | Main Body | | | |
| | | | | Patio/s # | | | |
| | | | | Stoop/s # | | | |
| | | | | Porch/s # | | | |
| | | | | Brick Veneer | | | |
| | | | | Extension Walls | | | |
| | | | | A/C Pad | | | |
| | | | | Walk/s # | | | |
| 3-26-03 | 1115 | 110 | GP | Exterior of Foundation | | | |
| | | | | Driveway Curtain | | | |
| | | | | Out Building | | | |
| | | | | (Other) | | | |
| | | | | (Other) | | | |

Name of Chemical Applied Terminator 06 % used _____ %
 Remarks Exterior Foundation Complete

Applicator - White

Permit File - Canary

Permit Holder - Pink

John Michel

Service Policy

10761

Structural Analysis Report



Owner's Name John Michel Date 3-28-06
 Structure Address 157 NW Pompano Ct City LC County CO
 Phone: Home () Work () Cell ()
 E-mail _____ Inspected by GARY

Type Foundation: ☒ Supported/Floating ☐ Monolithic ☐ Crawl Space ☐ Basement
Type Construction: ☐ Solid Pour Concrete ☐ Block ☐ Brick ☒ Wood Frame
☐ Styrofoam/Wood Panels ☐ Metal ☐ Other _____
Exterior Finish: ☐ Vinyl/Aluminum ☐ Stucco ☐ EEFS ☐ Brick
☐ Rock/Flagstone ☐ Log ☐ Wood ☐ Veneer
☒ Hardi-Plank ☐ Other _____
☐ Decorative Ext. Wall ☐ Chimney ☐ Planters ☐ Addition
☒ Wood Porch/Steps ☒ Wood Deck ☐ Other _____

Action Taken

☐ Removed stucco lip/slag
☐ Installed inspection panel(s)
☐ Attached wood deck discussed with customer. Addendum required: ☐ Yes ☐ No
☐ Explained the need for drilling but customer will not allow drilling to be done.
☒ Trenched and treated area(s) described: Exterior Perimeter (90-Day follow-up)
☐ Drilled and treated area(s) described: _____
☐ Other _____
☐ Discussed with customer treatment and/or alterations/repairs needed to continue with service policy.

Customer Responsibilities:

☐ Redirect/Redesign sprinklers so they do not wet the structure ☐ Redirect/Redesign gutters
☐ Remove wood debris/stored lumber from crawl area ☐ Install Gutters
☐ Add ventilation to crawl area ☐ Redirect A/C drip line
☐ Repair/Raise duct work ☐ Repair roof leak(s)
☐ Provide access to crawl area ☐ Excavate crawl area
☐ Cut off stucco/siding above soil level ☐ Repair wood rot
☐ Repair plumbing leak(s) in area(s) described: _____

☒ Remove wood in contact with soil in area(s) described: Form Boards at Front Door
☐ Correct excessive moisture in area(s) described: _____
☐ Other _____

☐ If this box is checked, the customer responsibilities indicated above must be completed within 90 days or the termite contract associated with this structure will be cancelled.

NOH 90-DAY follow-up
 Owner/Authorized Agent/Signature

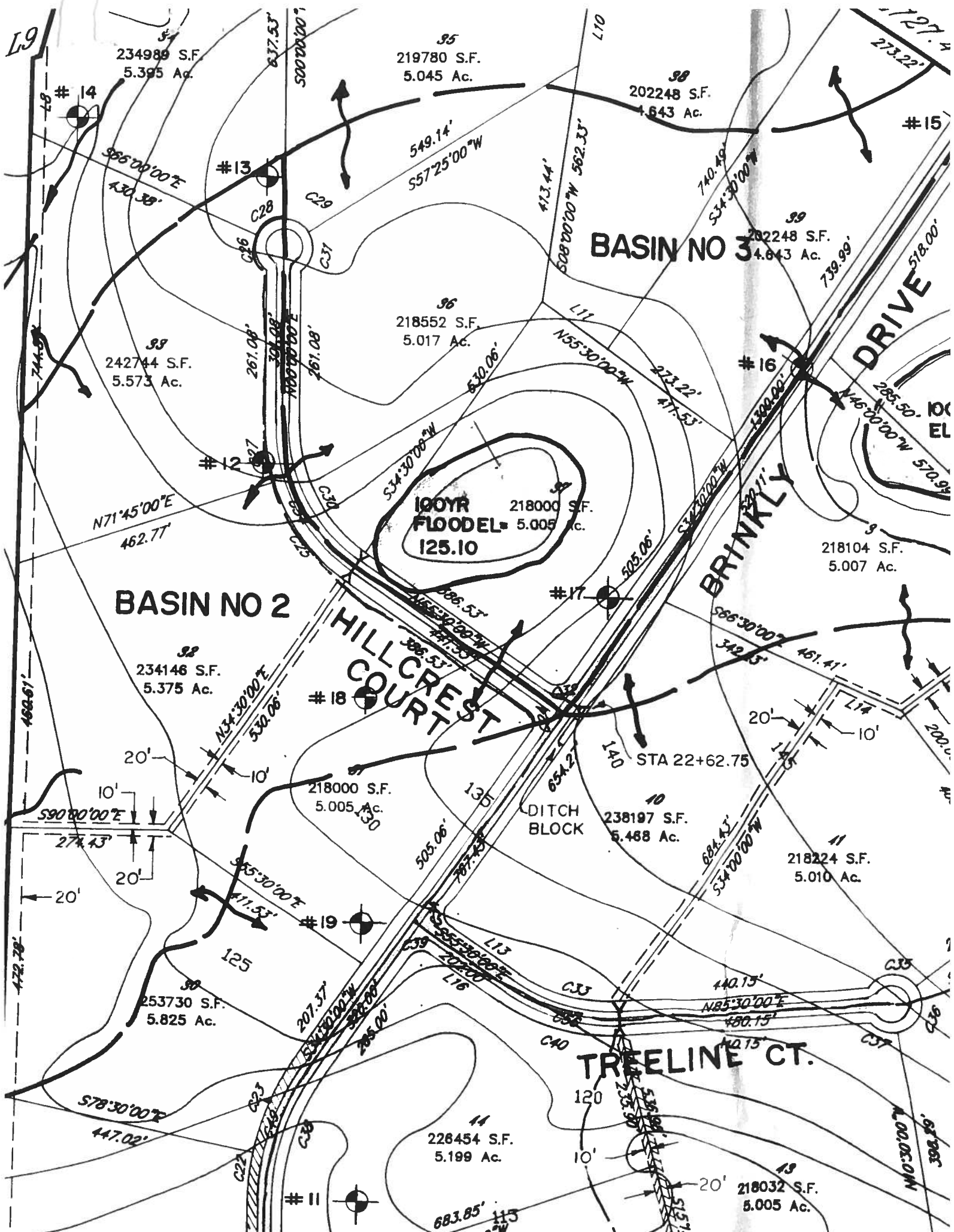
Owner/Authorized Agent (Print Name)

Date

GARY BASS
 Representative Signature

GARY BASS
 Representative (Print Name)

3-28-06
 Date



Notice of Treatment

Applicator Florida Pest Control & Chemical Co.

Address _____

City _____ Phone _____

Site Location Subdivision _____

Lot# _____ Block# _____ Permit# ~~2002~~ 21598

Address _____

AREAS TREATED

| Area Treated | Date | Time | Gal. | Print Technician's Name |
|--------------|------|------|------|-------------------------|
|--------------|------|------|------|-------------------------|

Main Body

Patio/s #

Stoop/s #

Porch/s #

Brick Veneer

Extension Walls

A/C Pad

Walk/s #

Exterior of Foundation

Driveway Apron

Out Building

Tub Trap/s

(Other)

Name of Product Applied _____ %

Remarks _____

FEDERAL EMERGENCY MANAGEMENT AGENCY
NATIONAL FLOOD INSURANCE PROGRAM

O.M.B. No. 3067-0077
Expires December 31, 2005

ELEVATION CERTIFICATE

Important: Read the instructions on pages 1 - 7.

| SECTION A - PROPERTY OWNER INFORMATION | | | For Insurance Company Use |
|--|-------------|--|---------------------------|
| BUILDING OWNER'S NAME Debra and John Michel | | | Policy Number |
| BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. 157 NW Pompano Court | | | Company NAIC Number |
| CITY Lake City | STATE FL | ZIP CODE 32055 | |
| PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) Lot 35 Rolling Oaks | | | |
| BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use a Comments area, if necessary.) Residential | | | |
| LATITUDE/LONGITUDE (OPTIONAL) (##° - ##' - ###" or ###"###") | | HORIZONTAL DATUM: SOURCE: <input type="checkbox"/> GPS (Type): <input type="checkbox"/> NAD 1927 <input type="checkbox"/> NAD 1983 <input type="checkbox"/> USGS Quad Map <input type="checkbox"/> Other: _____ | |


| SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION | | | | | |
|---|-----------------|-----------------------------------|---------------------------------------|------------------------|--|
| B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER 120070 | | B2. COUNTY NAME Columbia | | B3. STATE FL | |
| B4. MAP AND PANEL NUMBER 0125 | B5. SUFFIX B | B6. FIRM INDEX DATE 6 Jan 1988 | B7. FIRM PANEL EFFECTIVE/REVISED DATE | B8. FLOOD ZONE(S) A | B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding) 125.1 |
| B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9. <input type="checkbox"/> FIS Profile <input type="checkbox"/> FIRM <input type="checkbox"/> Community Determined <input checked="" type="checkbox"/> Other (Describe): Engineered on plat | | | | | |
| B11. Indicate the elevation datum used for the BFE in B9: <input checked="" type="checkbox"/> NGVD 1929 <input type="checkbox"/> NAVD 1988 <input type="checkbox"/> Other (Describe): _____ | | | | | |
| B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Designation Date _____ | | | | | |

| SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED) | |
|--|--|
| C1. Building elevations are based on: <input type="checkbox"/> Construction Drawings* <input type="checkbox"/> Building Under Construction* <input checked="" type="checkbox"/> Finished Construction *A new Elevation Certificate will be required when construction of the building is complete. | |
| C2. Building Diagram Number 1 (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 _____ Does the elevation reference mark used appear on the FIRM? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| <ul style="list-style-type: none"> o a) Top of bottom floor (including basement or enclosure) 134. 28 ft.(m) o b) Top of next higher floor 134. 95 ft.(m) o c) Bottom of lowest horizontal structural member (V zones only) _____ ft.(m) o d) Attached garage (top of slab) 133. 11 ft.(m) o e) Lowest elevation of machinery and/or equipment servicing the building (Describe in a Comments area) _____ ft.(m) o f) Lowest adjacent (finished) grade (LAG) 130. 5 ft.(m) o g) Highest adjacent (finished) grade (HAG) 132. 0 ft.(m) o h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade _____ o i) Total area of all permanent openings (flood vents) in C3.h _____ sq. in. (sq. cm) | |

License Number, Embossed Seal, Signature, and Date

| |
|--|
| |
|--|

| 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 L. Scott Britt | LICENSE NUMBER PLS #5757 |

| | | | |
|--|-------------------|------------------------------|-------------------|
| TITLESurveyor | | COMPANY NAME Britt Surveying | |
| ADDRESS 830 W. Duval St. | CITY Lake City | STATE FL | ZIP CODE 32055 |
| SIGNATURE  | DATE 03/29/06 | TELEPHONE 386-752-7163 | |

| | | | |
|---|-------------|-------------------|----------------------------|
| 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. 157 NW Pompano Court | | | Policy Number |
| CITY Lake City | STATE FL | ZIP CODE 32025 | 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

L-17234

☐ 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. The top of the platform of machinery and/or equipment servicing the building is ____ ft.(m) ____ in.(cm) ☐ above or ☐ below (check one) the highest adjacent grade. (Use natural grade, if available).
- E5. 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: ☐ New Construction ☐ 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

BUILDING DIAGRAMS

The following eight diagrams illustrate various types of buildings. Compare the features of the building being certified with the features shown in the diagrams and select the diagram most applicable. Enter the diagram number in Item C2 and the elevations in Items C3a-C3g.

In A zones, the floor elevation is taken at the top finished surface of the floor indicated; in V zones, the floor elevation is taken at the bottom of the lowest horizontal structural member (see drawing in instructions for Section C).

DIAGRAM 1

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

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

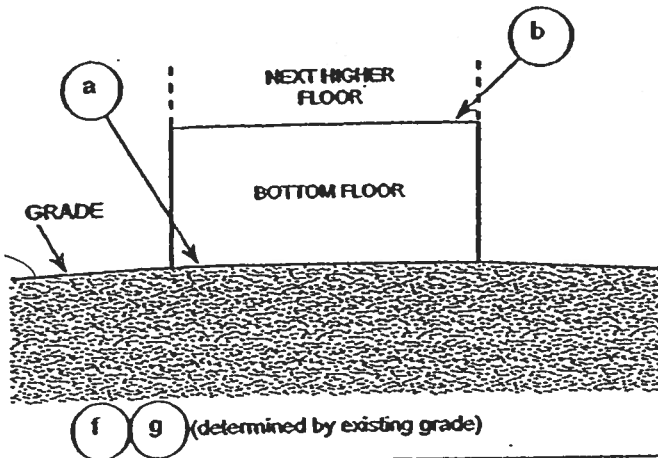


DIAGRAM 2

All single- and multiple-floor buildings with basement (other than split-level) and high-rise buildings with basement, 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. Buildings constructed above crawl spaces that are below grade on all sides should also use this diagram.*

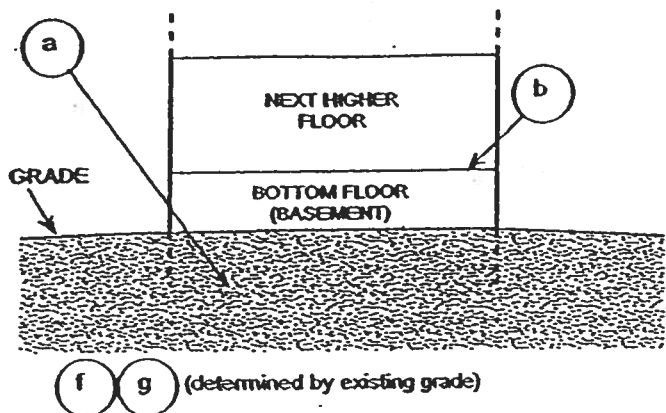


DIAGRAM 3

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.*

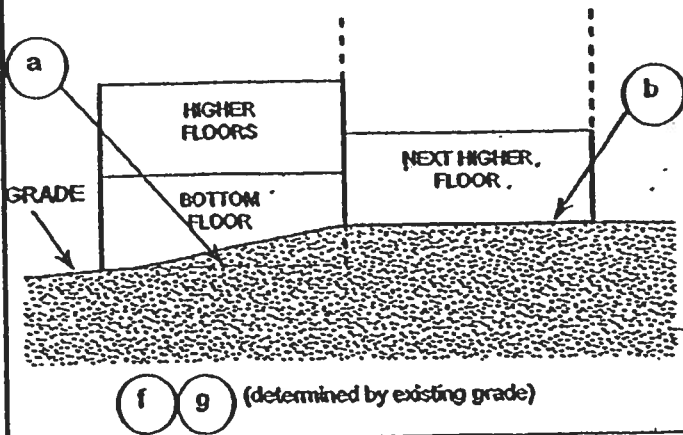
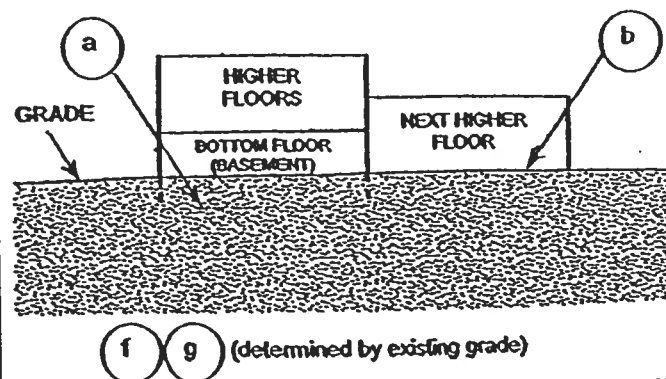


DIAGRAM 4

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. Buildings constructed above crawl spaces that are below grade on all sides should also use this diagram.*



* 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.

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 readily removable insect screening is permissible).

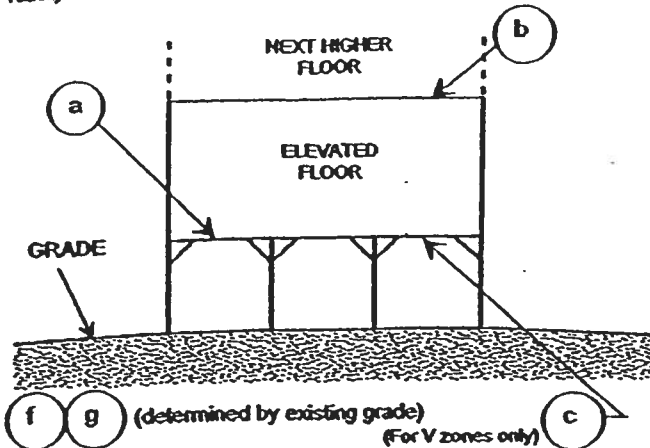


DIAGRAM 6

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 openings in Section C, Building Elevation Information (Survey Required).

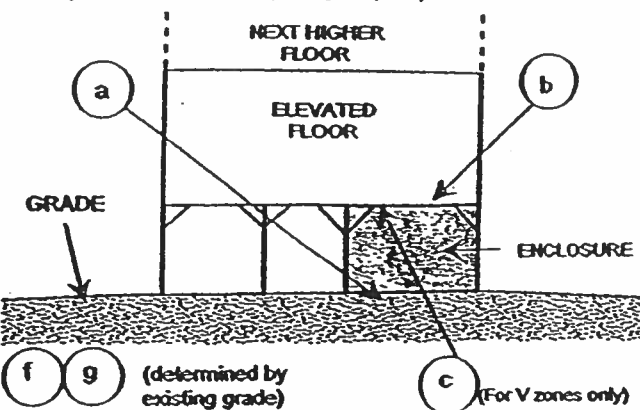


DIAGRAM 7

All buildings elevated on full-story foundation walls with a partially or fully enclosed area below the elevated floor. This includes walkout levels, where at least one side is at or above grade. The principal use of this building is located in the elevated floors of the building.

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 openings in Section C, Building Elevation Information (Survey Required).

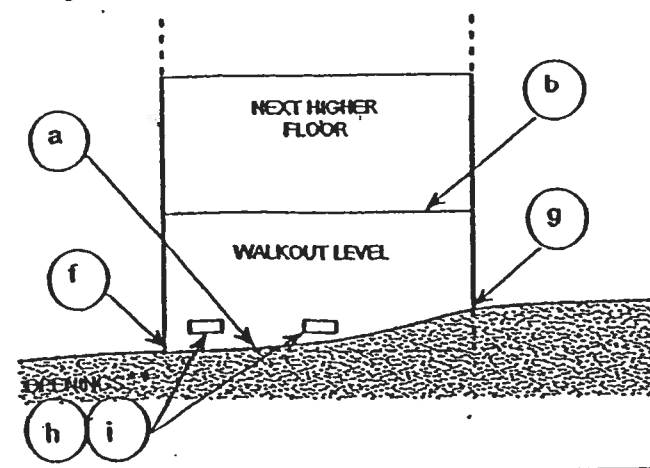
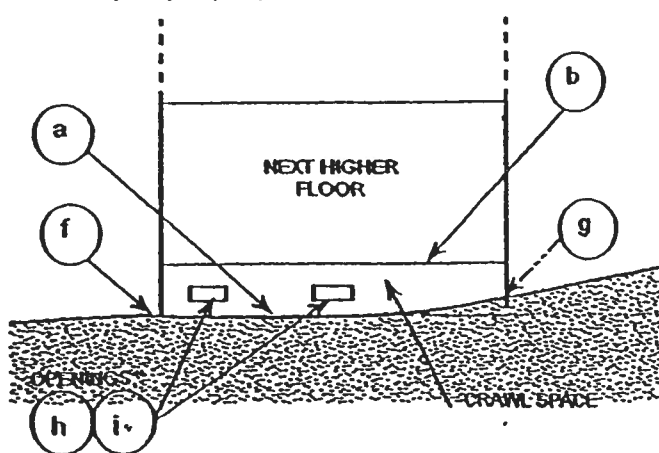


DIAGRAM 8

All buildings elevated on a crawl space with the floor of the crawl space at or above grade on at least one side.

Distinguishing Feature – For all zones, the area below the first floor is enclosed by solid or partial perimeter walls. In all A Zones, the crawl space is with or without openings** present in the walls of the crawl space. Indicate information about the openings in Section C, Building Elevation Information (Survey Required).



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.

FEDERAL EMERGENCY MANAGEMENT AGENCY
NATIONAL FLOOD INSURANCE PROGRAM

O.M.B. No. 3067-0077
Expires December 31, 2005

ELEVATION CERTIFICATE

21598

Important: Read the instructions on pages 1 - 7.

| | | | |
|--|-------------|--|--|
| SECTION A - PROPERTY OWNER INFORMATION | | | For Insurance Company Use: |
| BUILDING OWNER'S NAME Debra and John Michel | | | Policy Number |
| BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. 157 NW Pompano Court | | | Company NAIC Number |
| CITY Lake City | STATE FL | ZIP CODE 32055 | |
| PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) Lot 35 Rolling Oaks | | | |
| 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 120070 | | B2. COUNTY NAME Columbia | B3. STATE FL |
| B4. MAP AND PANEL NUMBER 0125 | B5. SUFFIX B | B6. FIRM INDEX DATE 6 Jan 1988 | B7. FIRM PANEL EFFECTIVE/REVISED DATE |
| B8. FLOOD ZONE(S) A | | B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding) 125.1 | |

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): Engineered on plat

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 1 (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 _____ Does the elevation reference mark used appear on the FIRM? ☐ Yes ☒ No

- ☐ a) Top of bottom floor (including basement or enclosure) 133.69 ft.(m)
- ☐ b) Top of next higher floor 133.69 ft.(m)
- ☐ c) Bottom of lowest horizontal structural member (V zones only) _____ ft.(m)
- ☐ d) Attached garage (top of slab) _____ ft.(m)
- ☐ e) Lowest elevation of machinery and/or equipment servicing the building (Describe in a Comments area) _____ ft.(m)
- ☐ f) Lowest adjacent (finished) grade (LAG) 130.5 ft.(m)
- ☐ g) Highest adjacent (finished) grade (HAG) 132.0 ft.(m)
- ☐ h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade _____
- ☐ i) Total area of all permanent openings (flood vents) in C3.h _____ sq. in. (sq. cm)

License Number, Embossed Seal,
Signature, and Date

| |
|--|
| |
|--|

SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION

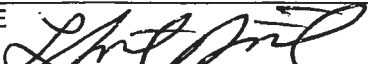
This certification is to be signed and sealed by a land surveyor, engineer, or architect authorized by law to certify elevation information.

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 L. Scott Britt

LICENSE NUMBER PLS #5757

| | | | |
|--|-------------------|------------------------------|-------------------|
| TITLE Surveyor | | COMPANY NAME Britt Surveying | |
| ADDRESS 830 W. Duval St. | CITY Lake City | STATE FL | ZIP CODE 32055 |
| SIGNATURE  | DATE 03/17/04 | TELEPHONE 386-752-7163 | |

| | | | |
|--|-------|----------|----------------------------|
| 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 |
| CITY | STATE | ZIP CODE | 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

There is a footer only at this location at this time.

☐ 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. The top of the platform of machinery and/or equipment servicing the building is __ ft.(m) __ in.(cm) ☐ above or ☐ below (check one) the highest adjacent grade. (Use natural grade, if available).

E5. 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: ☐ New Construction ☐ 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

BUILDING DIAGRAMS

The following eight diagrams illustrate various types of buildings. Compare the features of the building being certified with the features shown in the diagrams and select the diagram most applicable. Enter the diagram number in Item C2 and the elevations in Items C3a-C3g.

In A zones, the floor elevation is taken at the top finished surface of the floor indicated; in V zones, the floor elevation is taken at the bottom of the lowest horizontal structural member (see drawing in instructions for Section C).

DIAGRAM 1

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

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

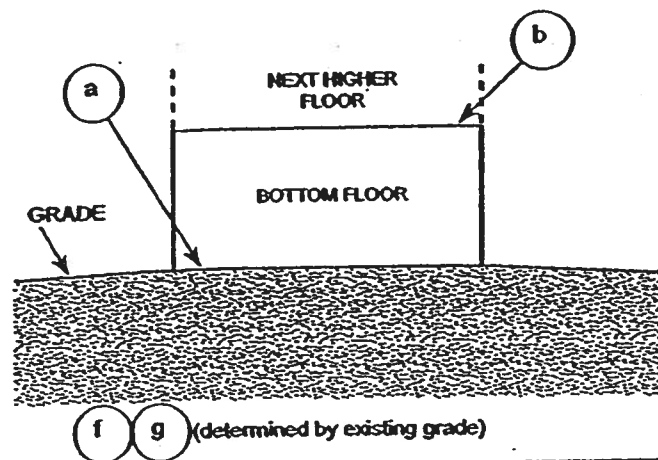


DIAGRAM 2

All single- and multiple-floor buildings with basement (other than split-level) and high-rise buildings with basement, 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. Buildings constructed above crawl spaces that are below grade on all sides should also use this diagram.*

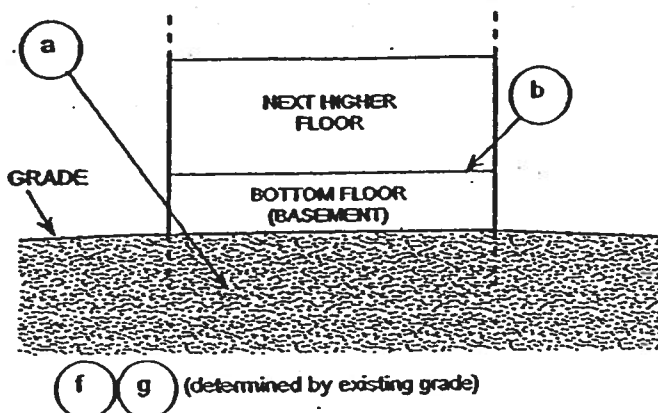


DIAGRAM 3

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.*

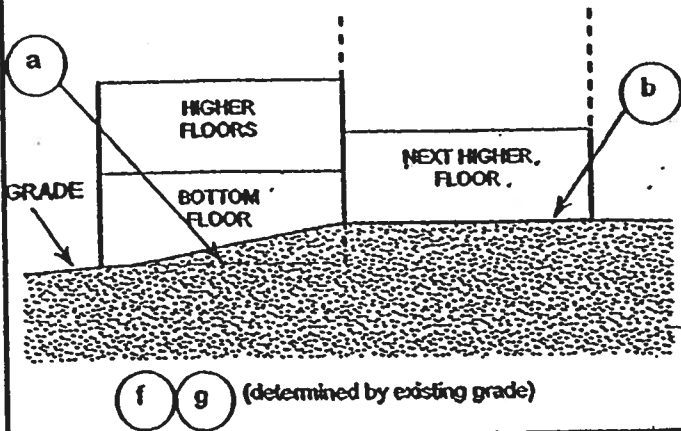
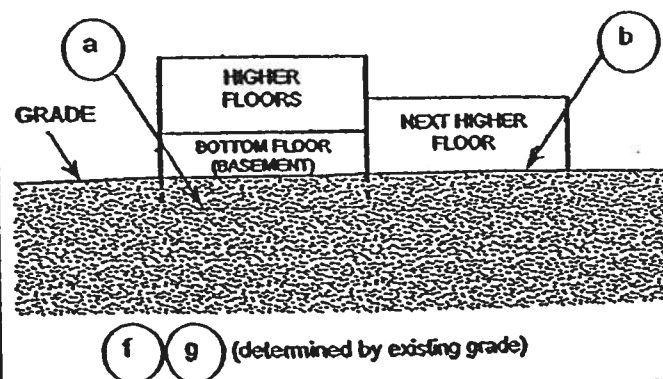


DIAGRAM 4

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. Buildings constructed above crawl spaces that are below grade on all sides should also use this diagram.*



* 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.

Columbia County Building Department
Flood Development Permit

Development Permit
F 023- F02303027

DATE 03/05/2004 BUILDING PERMIT NUMBER 000021598
APPLICANT JOHN MICHEL PHONE 754-4696
ADDRESS 157 NW POMPANO COURT LAKE CITY FL 32055
OWNER JOHN & DEBRA MICHEL PHONE 754-4696
ADDRESS 157 NW POMPANO COURT LAKE CITY FL 32055
CONTRACTOR OWNER BUILDER PHONE _____
ADDRESS _____ FL _____
SUBDIVISION ROLLING OAKS Lot 35 Block _____ Unit _____ Phase _____
TYPE OF DEVELOPMENT SFD, UTILITY PARCEL ID NO. 09-3S-16-02049-135

FLOOD ZONE AE BY BK _____ 1-6-88 FIRM COMMUNITY #. 120070 - PANEL #. 125 B
FIRM 100 YEAR ELEVATION 125.10 PLAN INCLUDED YES or (NO)
REQUIRED LOWEST HABITABLE FLOOR ELEVATION 126.10
IN THE REGULATORY FLOODWAY YES or (NO) RIVER _____
SURVEYOR / ENGINEER NAME William Freeman LICENSE NUMBER _____

☒ ONE FOOT RISE CERTIFICATION INCLUDED

N/A ZERO RISE CERTIFICATION INCLUDED

N/A SRWMD PERMIT NUMBER _____
(INCLUDING THE ONE FOOT RISE CERTIFICATION)

DATE THE FINISHED FLOOR ELEVATION CERTIFICATE WAS PROVIDED _____

INSPECTED DATE 3-22-04 BY BK/LH

COMMENTS Based on footer, Elevation is ok at footer level

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



LOT # 35 ROLLING OAKS SUBDIVISION = 217,999 SF

AREA OF 100 YR FLOOD ELEVATION = 48,800 SF

AREA OF HOME = 2799 SF

100 YR FLOOD EL = 125.10

VOLUME OF WATER DISPLACED

 $2799 \text{ SF} (2' \text{ DEEP}) = 5598 \text{ CF}$

TOTAL RISE OVER DEPRESSION AREA

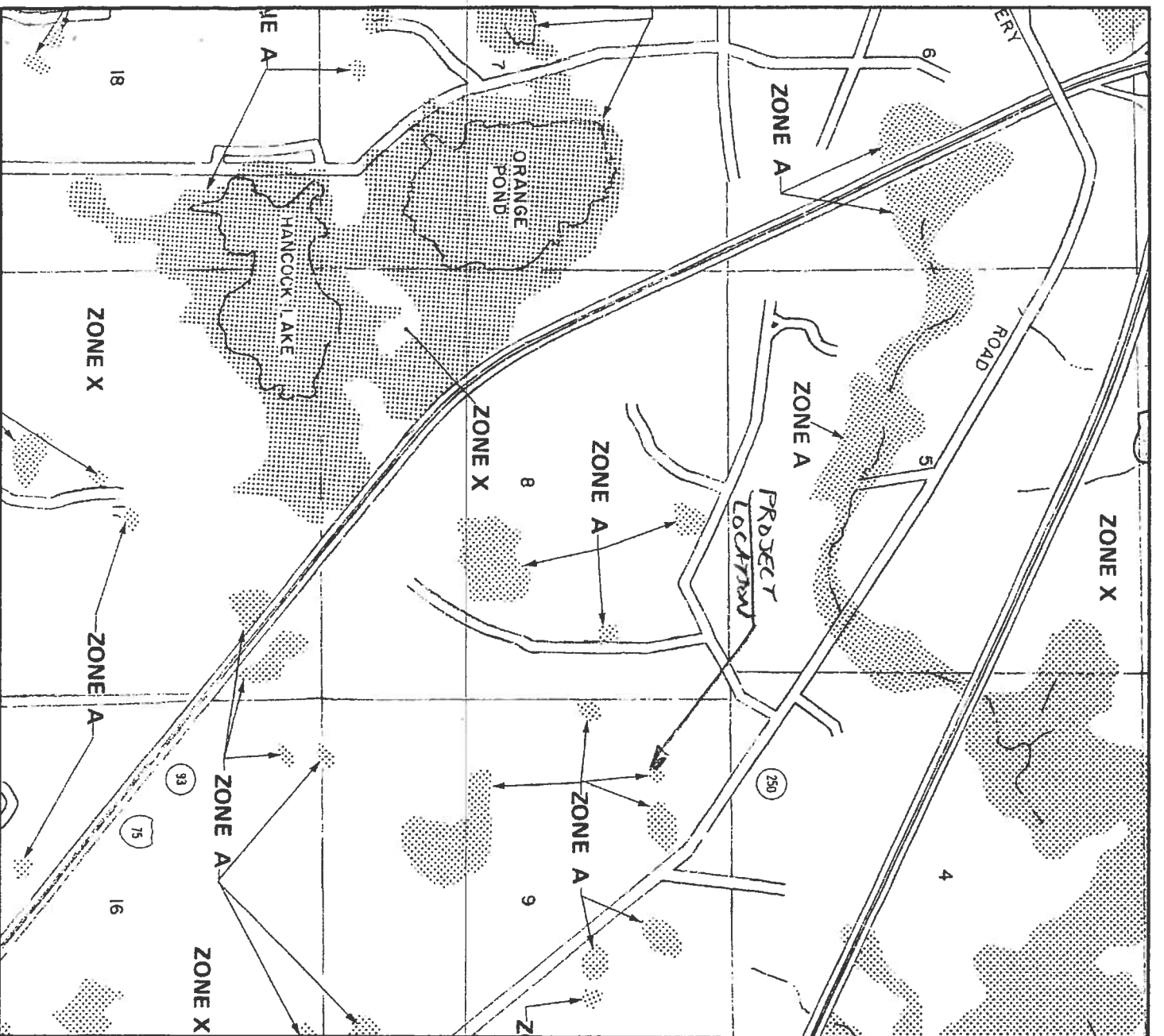
 $5598 \text{ CF} / 48,800 \text{ SF} = 0.1147' = 1.38''$

TOTAL RISE OF 1.38" IS LESS THAN 1'-0" RISE.

SET FINISHED FLOOR ELEVATION @ 126.10

1' ABOVE 100 YR FLOOD ELEVATION.

William H. Freeman
3/2/04



APPROXIMATE SCALE IN FEET
 2000 0 2000

NATIONAL FLOOD INSURANCE PROGRAM

FIRM
 FLOOD INSURANCE RATE MAP

COLUMBIA
 COUNTY,
 FLORIDA
 (UNINCORPORATED AREAS)

PANEL 125 OF 290

PANEL LOCATION



COMMUNITY-PANEL NUMBER
 120070 0125 B
 EFFECTIVE DATE:
 JANUARY 6, 1988



Federal Emergency Management Agency

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