DATE 09/22/2004	Columbia County	Building Pe	ermit	PERMIT
	This Permit Expires One Yes			000022331
	LE BURD	PHONE	497-2311	22020
ADDRESS	P.O. BOX 39	FT. WHITE	Particular was cons	FL 32038
2	NDALL EDWARDS	PHONE	719-9827	Tr. (2000)
ADDRESS 261		WHITE SPRINGS		FL 32038
CONTRACTOR	BERNIE THRIFT	PHONE	-	
LOCATION OF PRO			SPRINGS RD., TR	
	ON SOPHIE, TR ON ARGONAU	T, 3RD LOT ON LEFT		
TYPE DEVELOPMI	ENT MH,UTILITY EST	IMATED COST OF CO	NSTRUCTION	.00
HEATED FLOOR A	REA TOTAL ARE	Α	HEIGHT00	STORIES
FOUNDATION	WALLS R	OOF PITCH	FLOC	OR
LAND USE & ZONI	ING A-3	MAX	. HEIGHT	
Minimum Set Back I	Requirments: STREET-FRONT 30.00	REAR	25.00 S	IDE
NO. EX.D.U. 0	FLOOD ZONE X500	DEVELOPMENT PERM	MIT NO.	
PARCEL ID 19-2	S-16-01654-018 SUBDIVISION	N PARK MEADOWS	S	
LOT 18 BLC	OCK PHASE UNIT	TOTA	L ACRES 5.02	
				$\overline{}$
000000411	N IH0000075			
Culvert Permit No.	Culvert Waiver Contractor's License Num	ber A	Applicant/Owner/Co	ntractor
PERMIT	04-0945-N BK	<u>H</u>	D	<u>Y</u>
Driveway Connection	Septic Tank Number LU & Zoning	g checked by App	roved for Issuance	New Resident
COMMENTS: 1ST	FLOOR ELEVATION TO BE AT 88 FT., SECTION	8.9 ELEVATION		
CERTIFICATE REQ	UIRED FOR POWER			
			Check # or Cash	n 9697
	FOR BUILDING & ZONIN	G DEPARTMENT	ONLY	(footer/Slab)
Temporary Power	Foundation		Monolithic	(10010110110)
	date/app. by	date/app. by	-	date/app. by
Under slab rough-in p	olumbing Slab		Sheathing/Nai	ling
5380 8	date/app. by	date/app. by		date/app. by
Framing	Rough-in plumbing aboute/app. by	ove slab and below wood	floor	
Electrical rough-in	Sub-Artic Art Paris France Co			date/app. by
zivuiivai rougii iii	date/app. by Heat & Air Duct	date/app. by	Peri. beam (Lintel)	date/app. by
Permanent power	C.O. Final	date/app. by	Culvert	daterapp. by
_	Company Control of the Control of th	ate/app. by		date/app. by
M/H tie downs, blocki	ing, electricity and plumbing	 	Pool	
Reconnection	date/app. Pump pole	Utility Pol		date/app. by
a Transitionnair - Sir	date/app. by date/a	ipp. by	date/app. by	
M/H Pole date/app.	Travel Trailer	te/app. by	Re-roof	ate/app. by
сито ирр.	ua	теларр. бу		ато арр. бу
BUILDING PERMIT	FEE \$OO CERTIFICATION FEE	\$.00	SURCHARGE FE	EE\$.00
MISC. FEES \$2	200.00 ZONING CERT. FEE \$ 50.00	FIRE FEE \$ 5.67	WASTE F	EE \$ 12.25
FLOOD ZONE DEVE	ELOPMENT FEE \$ CULVERT FE	E \$ 25.00	TOTAL FEE_	292.92
NICHEOTORS OFFIC	100 Tell 1	CI PRIZA OFFICE	(141)	
INSPECTORS OFFIC	E THUE ICHO	CLERKS OFFICE		

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

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

This Permit Must Be Prominently Posted on Premises During Construction

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

	PERMIT APPLICATION / MANON ACTION
r Of	fice Use Only Zoning Official BLK 16.09.04 Building Official 40 9-21-04
AP	By Fermit # 411 22331
	d Zone Zave Plan Map Category A-3 Land Use Plan Map Category A-3
C	omments 1st floor elevation to be at 88 feet, Section 8.9.
	Elevation Certificate Required.
,	(need)
Si	te Plan with Setbacks shown Environmental Health Signed Site Plan Env. Health Release
N	eed a Culvert Permit No Need a Waiver Permit D Well letter provided Mi Existing Well
	1// Micipal
	roperty ID 19-2-16-6/654-018 Must have a copy of the property deed
	Van ()
	· · · · · · · · · · · · · · · · · · ·
S	updivision information
	pplicant Dala RBURD on Rech Ford Phone # 386-457-2311
	duiess
	lame of Property Owner Lyndall Edunado Phone# 386-719-9827
N	TRANSPORT COLANIA HIGONAUT WAY
N	lame of Owner of Mobile Home RANDAL Edunds Phone # SAME FRE
	Address 125B NW TRSUP, LC, F2, 32053
	L v
F	Relationship to Property Owner
(Current Number of Dwellings on Property
	ot Size 315 × 690 Total Acreage 5.02
L	
E	Explain the current driveway <u>Culvert Permit NEEded</u>
	Driving Directions 41 North, LASTON SUMANURE VALLEY REVOL
	RT ON White Springs Rond, Right on Sophie,
-	2 1 1 280 1 - 1 1 - 0 - 1
_	RTON ARRONAUT, SKU LOT ON LAST
1	s this Mobile Home Replacing an Existing Mobile Home
•	Name of Licensed Dealer/Installer BERNIE THREE Phone # 623-0046
I	Installers Address 212 NW NYE HUNTER ROAD, LC, FL, 32055
	icense Number IH 0000075 Installation Decal # 208261



Plan Approved _____

STATE OF FLURIDA DEPARTMENT OF HEALTH

APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT Permit Application Number ---- PART II - SITE PLAN-Scale: Each block represents 5 feet and 1 inch = 50 feet. votes: Site Plan submitted by: Signature

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

Not Approved ___

Date

County Health Departmen

RON E. BIAS WELL DRILLING

RT.2 BOX 5340 FT. WHITE, FLORIDA 32038 (904) 497-1045 MOBILE: 364-9233

TO: County Building Department
Description of well to be installed for Customer: Randall Edwards Located at Address: NW ARCONAUT.
1 hp -1% drop over 86 gallon tank, 250 gallon equivalent captive with back flow preventer. 35-gallon draw down with check valve pass requirements.
2. Rian

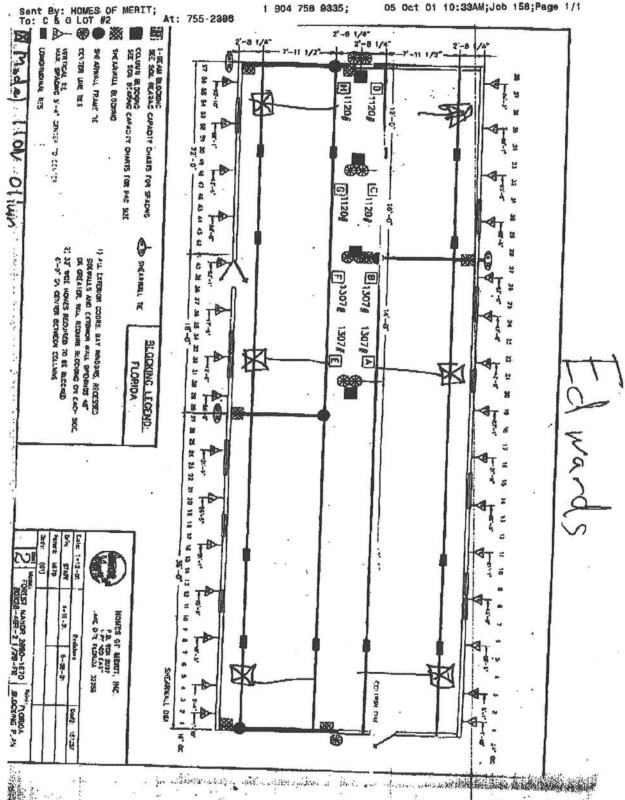
	no magar wall durar within 2 of end of home prif this 1900		Typical pier spacing Show locations of Longitudinal and Lateral Systems (use dark lines to show these locations)	NOTE: If home is a single wide fill out one half of the blocking plan if home is a triple or guad wide sketch in remainder of home I understand Lateral Arm Systems cannot be used on any home (new or used) where the sidewall ites exceed 5 it 4 in.	PERMIT NUMBER Installer SCYNIC Thrift License # THOODO 75 Address of home Lot & Park Meadew Sub. Home in being installed White Spring Manufacturer Mc?+ Length x width 254x76 Double 1
Opening Pier pad size 1	17 x 22 13 1/4 x 26 1/4 20 1/4 x 26 1/4 20 2 20 21 1/2 x 25 3/18 21 1/2 x 25 1/2 24 x 24 26 x 26 ANCHORS	Pier PAD SIZES	oter 16" x 16" 18 1/2" x 18 ize (256) (342) 4" 8" 6" 8" 8" 8" 8" 8" 8" 8" 8" 8" 8" 8" 8" 8"	PIER SPACING TABLE FOR USE	INSHEET page 1 of 2 page 1 of 2 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 Double wide

Note: A state approved lateral arm system is being used and 4 ft. anchors are allowed at the sidewail locations. I understand 5 ft anchors are required at all centertine tie points where the torque test reading is 275 or less and where the mobile home manufacturer may requires anchors with 4000 b holding capacity. Installer Name ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER Installer Name Date Tested No Dryer vent installed of skirting. Yes Pg. Siding on units is installed of manufacturer's specifications. Yes Fireplace chimney installed was as not to allow intrusion of rain water. Yes Miscollaneous Skirting to be installed of skirting. Yes Range downflow vent installed of skirting. Yes Drain lines supported at 4 foot intervals. Yes Drain lines supported at 4 foot intervals. Yes Drain lines supported at 4 foot intervals. Yes Electrical crossovers protected. Yes
--

der: 30 +0 e0 des

1996 294 986







Columbia County Building Department Culvert Permit

Culvert Permit No. 000000411

DATE $09/22$	2/2004 PARCEL ID # 19-2	28-16-01654-018	
APPLICANT	DALE BURD	PHONE 497-23	11
ADDRESS _	P.O. BOX 39	FT. WHITE	FL 32038
OWNER RA	NDALL EDWARDS	PHONE 719-982	27
ADDRESS 26	NW ARGONAUT WAY	WHITE SPRINGS	FL 32096
CONTRACTO	R BERNIE THRIFT	PHONE 623-004	46
LOCATION OF		EY RD., TR ON WHITE SPRIN	IGS RD., TR ON
SOPHIE, TR ON A	ARGONAUT, 3RD LOT ON LEFT		
SUBDIVISION/	/LOT/BLOCK/PHASE/UNIT PARK MEADOW	/S	8
X	INSTALLATION REQUIREMENTS Culvert size will be 18 inches in diameter of driving surface. Both ends will be mitered thick reinforced concrete slab. INSTALLATION NOTE: Turnouts will be a) a majority of the current and existing to b) the driveway to be served will be paved. Turnouts shall be concrete or paved and concrete or paved driveway, whichever current and existing paved or concrete of Culvert installation shall conform to the approximation.	4 foot with a 4:1 slope and required as follows: driveway turnouts are paved or formed with concrete. Ininimum of 12 feet wide or is greater. The width shall turnouts.	d poured with a 4 inch d, or; the width of the
	Department of Transportation Permit instal	lation approved standards.	
	Other		

ALL PROPER SAFETY REQUIREMENTS SHOULD BE FOLLOWED DURING THE INSTALATION OF THE CULVERT.

135 NE Hernando Ave., Suite B-21 Lake City, FL 32055

Phone: 386-758-1008 Fax: 386-758-2160

Amount Paid 25.00



MOBILE HOME INSTALLER AFFIDAVIT

As per Florida Statutes Section 320.8249 Mobile Home Installers License:

Any person who engages in mobile home installation shall obtain a mobile home installer's license from the Bureau of Mobile Home and Recreational Vehicle Construction of the Department of Highway Safety and Motor Vehicles pursuant to this section. Said license shall be renewed annually, and each licensee shall pay a fee of \$150.

Bernie Thrift license number IH 06000075
do hereby state that the installation of the manufactured home for Applicant
do hereby state that the distance of the Manager of the Applicant
or lary tond at Lot 12 Park meadows
will be done under my supervision.
Samuel And
Sworn to and subscribed before me this \(\frac{1}{2} \) day of \(\frac{\frac{1}{2}}{2} \)
20 04.
The state of the s
Singalure Bondari Bondari
My Commission Expires: 1/6/06 Florida Notary Assn., Inc.
Dale

This Instrument Prepared by & return to:

Name:

NANCY AMY MURPHY, an employee

Address:

TITLE OFFICES, LLC 1089 SW MAIN BLVD.

Inst:2004016558 Date:07/16'2004 Time:15:39

LAKE CITY, FLORIDA 32025 04Y-06022NM

Doc Stamp-Deed : 150.50

_DC,P.Dewitt Cason,Columbia County B:1021 P:272

Parcel I.D. #: 01654-018

SPACE ABOVE THIS LINE FOR PROCESSING DATA

SPACE ABOVE THIS LINE FOR RECORDING DATA

THIS WARRANTY DEED Made the 7th day of July, A.D. 2004, by SAM SEABRON and PRISCILLA SEABRON, HIS WIFE, hereinafter called the grantors, to RANDALL E. EDWARDS and JACKIE A. EDWARDS, HIS WIFE, whose post office address is 125B NW JESSUP COURT, LAKE CITY, FL 32, 55-7060, hereinafter called the grantees:

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

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

Lot 18, PARKMEADOW, according to the map or plat thereof as recorded in Plat Book 5, Page 26-26A, of the Public Records of Columbia County, Florida.

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

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

And the grantors hereby covenant with said grantees that they are lawfully seized of said land in fee simple; that they have good right and lawful authority to sell and convey said land, and hereby fully warrant the title to said land and will defend the same against the lawful claims of all persons whomsoever, and that said land is free of all encumbrances, except taxes accruing subsequent to December 31, 2003.

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

Signed, sealed and delivered in the presence of:

Printed Name

SAM SEARRON

6131 BRIARFOREST RD. N., JACKSONVILLE, FL

PRISCILLA SEABRON

Address:

6131 BRIARFOREST RD. N., JACKSONVILLE, FL 32277

STATE OF FLORIDA COUNTY OF THE AL

The foregoing instrument was acknowledged before me this 7th day of J PRISCILLA SEABRON, who are known to me or who have produced

Notary Public

My commission expires

WARRANTY DEED

This Warranty Deed made and executed the 7th day of July A.D. 2004 by LENVIL H. DICKS, a single man not residing on the property described herein, hereinafter called the grantor, to SAM SEABRON AND PRISCILLA SEABRON, his wire. Whose post office address is 6131 N. Briarforest Road, Jacksonville, FL 32211, hereinafter called the grantee:

(Wherever used herein the terms "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 corporation)

Witnesseth: That the grantor, for the consideration of the sum of \$ 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 18, PARK MEADOW, a subdivision as recorded in Plat Book 5, Pages 26-26A, Columbia County, Florida, subject to Restrictions recorded in O. R. I Jok 490, Page 117, Columbia County, Florida, and subject to Power Line Easement.

Together with all the tenements, hereditaments and appurtenances thereto belong or in any-wise appertaining.

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

And the grantor hereby covenants with said grantee that the grantor is lawfuily 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 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, 1991.

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.

Signature of witness

NANCI NETTLES

Signature of witness

SUZAN . E DAVIS

State of Florida County of Columbia Inst:2004016557 Date:07/16/2004 Time:15:39

Doc_Stamp-Deed: 17.50

DC P. Dewitt Cason, Columbia County B: 1021 P:271

I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the State aforesaid and in the County aforesaid to take acknowledgments, personally appeared LENVIL H. DICKS, who is personally known to me to be the person described in and who executed the foregoing instrument, who was not required to furnish identification, and he acknowledged before me that he executed the same and who did not take an path.

WITNESS my hand and official seal in the County and State last oforesaid this 7th day of July, A.D. 2004

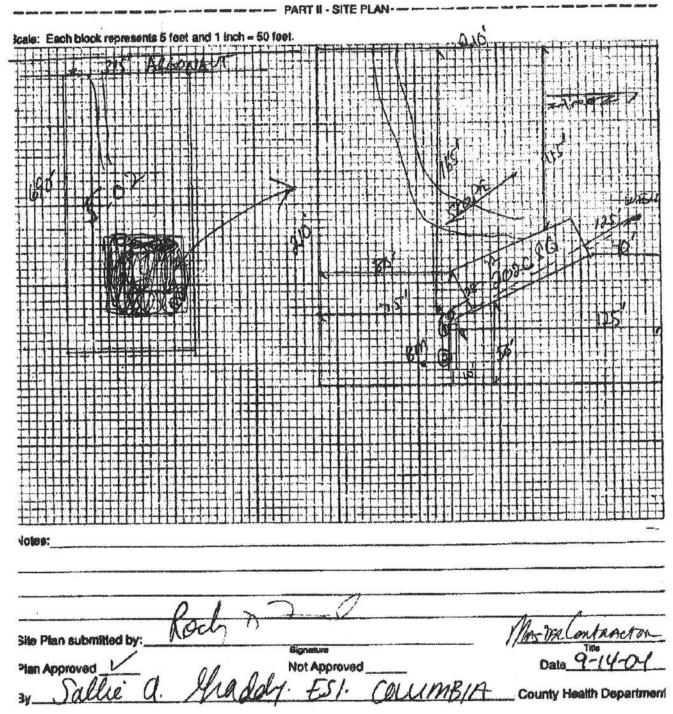


Notary Public, State of Florida



STATE OF FLURIDA DEPARTMENT OF HEALTH

APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT



ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

ed agrå, 10rki (Replanse 1618-14 Form ogrå misch may he ennd) Nach Parribur: 6788-688-48718-89

Page 2 of 3

WEGGIE

Columbia County Building Department Culvert Waiver

Culvert Waiver No. 000000430

CHITCH THAITCE		OUUUUU	~J.J
DATE: 11/04/2004 BUILDING PERMIT NO.	22331_		
APPLICANT RANDALL EDWARDS	PHONE 71	9-9827	gfy-
ADDRESS 261 NW ARGONAUT WAY	WHITE SPRINGS	FL	32038
OWNER RANDALL EDWARDS	PHONE 719	9827	DAYAPIN PRIN ARABINI MEMBELIN
ADDRESS 261 NW ARGONAUT WAY	WHITE SPRINGS	FL	32038
CONTRACTOR BERNIE THRIFT	PHONE		alders and distributed designed the second of
LOCATION OF PROPERTY 4IN, TL ON SUWANNEE VALLE	Y ROAD, TR ON WHITE	SPRINGS RD,	TR
ON SOPHIE, TR ON ARGONAUT, 3RD LOT ON LEFT		out of the state o	And the first state of the service and was
SUBDIVISION/LOT/BLOCK/PHASE/UNITPARK MEADOWS PARCEL ID # 19-25-16-01854-018		18	
HEREBY CERTIFY THAT I UNDERSTAND AND WILL FULLY CO COUNTY PUBLIC WORKS DEPARTMENT IN CONNECTION WITH SIGNATURE:			
A SEPARATE CHECK IS REQUIRED MAKE CHECKS PAYABLE TO BCC	Amount P	ald <u>50.0</u>	0
		TO TO THE	
PUBLIC WORKS DEPARTMEN	IT USE ONLY		
HEREBY CERTIFY THAT I HAVE EXAMINED THIS APPLICATION CULVERT WAIVER IS:	ON AND DETERMINED	THAT THE	
APPROVED	NOT APPROVED	- NEEDS A	CULVERT PERM
COMMENTS:	And the second s		and the same of th
SIGNED: Key Lettle DA	TE: 10-4-0	P	
ANY QUESTIONS PLEASE CONTACT THE PUBLIC WORKS DEPA	ARTMENT AT 386-752-5	955.	
1. A			-

135 NE Hernando Ave., Suite B-21 Lake City, FL 32055

Phone: 386-758-1008 Fax: 386-758-2160



WEGGie

Columbia County Building Department Culvert Waiver

Culvert Waiver No. 000000439

DATE: 11/04/2004 BUILDING PERMIT NO	. 22331	
APPLICANT RANDALL EDWARDS	PHONE 719-98	327
ADDRESS 261 NW ARGONAUT WAY	WHITE SPRINGS	FL 32038
OWNER RANDALL EDWARDS	PHONE 719-982	7
ADDRESS 261 NW ARGONAUT WAY	WHITE SPRINGS	FL 32038
CONTRACTOR BERNIE THRIFT	PHONE	,
LOCATION OF PROPERTY 41N, TL ON SUWANNEE VAL	LEY ROAD, TR ON WHITE SPR	INGS RD, TR
ON SOPHIE, TR ON ARGONAUT, 3RD LOT ON LEFT		
SUBDIVISION/LOT/BLOCK/PHASE/UNITPARK MEADOV	VS <u>18</u>	
PARCEL ID # 19-2S-16-01654-018		
SIGNATURE: A SEPARATE CHECK IS REQUIRED MAKE CHECKS PAYABLE TO BCC	Amount Paid	
PUBLIC WORKS DEPARTM	ENT USE ONLY	
I HEREBY CERTIFY THAT I HAVE EXAMINED THIS APPLICAT CULVERT WAIVER IS:	TION AND DETERMINED THA	АТ ТНЕ
APPROVED	NOT APPROVED - N	EEDS A CULVERT PERMIT
COMMENTS:		
SIGNED:		
ANY QUESTIONS PLEASE CONTACT THE PUBLIC WORKS DE	PARTMENT AT 386-752-5955.	

135 NE Hernando Ave., Suite B-21

Lake City, FL 32055

Phone: 386-758-1008 Fax: 386-758-2160



22331

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 RANDALL E. EDWARDS	Policy Number
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bidg. No.) OR P.O. ROUTE AND BOX NO.	Company NAIC Number
CITY WHITE SPRINGS STATE FI.	32096
PROPERTY DESCRIPTION (Lot and Block Numbers, Tex Parcel Number, Legal Description, etc.) LOT LO, PARK VIEW SUD 19-25-16-016 BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use a Comments area, if necessary.)	54-018
KESIDENTIAL	
LATITUDE/LONGITUDE (OPTIONAL) (##° - ##' - ##.###" or ##.#####") NAD 1927 NAD 1983 SOURCE: GPS (Type): USGS Quad Map	Other
SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION	
D4 AIEID COMMINITO NAME & COMMINITO AND SECTION OF THE SECTION OF	
COLUMBIA, FI. UNINCORPORATED COLUMBIA	33. STATE
B4. MAP AND PANEL B5. SUFFIX B6. FIRM INDEX DATE DATE STREET B7. FIRM PANEL B8. FLOOD ZONE(S) 1200 70 0/05 B JAN 6, 1988 JAN 6, 1988 X	B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding)
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): RIVER	MILE 171
B11. Indicate the elevation datum used for the BFE in B9: NGVD 1929 NAVD 1988 Other (Des	scribe):
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area Designation Date:	(OPA)? ∐Yes [v]No
SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRE	
	The state of the s
C1. Building elevations are based on:Construction Drawings*Building Under Construction* *A new Elevation Certificate will be required when construction of the building is complete.	☑Finished Construction
C2. Building Diagram Number _5_ (Select the building diagram most similar to the building for which this ce	artificate is being completed.
pages 6 and 7. If no diagram accurately represents the building, provide a sketch or photograph.)	strincate is being completed - see
C3. Elevations - Zones A1-A30, AE, AH, A (with BFE), VE, V1-V30, V (with BFE), AR, AR/A, AR/AE, AR/A1-A	A30, AR/AH, AR/AO
Complete Items C3.a-i below according to the building diagram specified in Item C2. State the datum user	d. 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 measure	ments and datum conversion
calculation. Use the space provided or the Comments area of Section D or Section G, as appropriate, to Datum NGVD 29 Conversion/Comments	document the datum conversion.
Elevation reference mark used STTE PM Does the elevation reference mark used appear	as the FIDAM I IVes I IVe
D a) Tan of bottom floor floor floor because the	on the FIRM? Yes No
D b) Top of next higher floor	PSM 5490
c) Bottom of lowest horizontal structural member (V zones only)	
d) Attached garage (top of slab) n) I owest elevation of mechinery and/or equipment	
	- 1 名 名 1
servicing the building (Describe in a Comments area.) 1 ft.(m) 1 ft.(m) 1 ft.(m) 1 ft.(m) 1 ft.(m)	
	2 7 7 7
g) Highest adjacent (finished) grade (HAG) h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade NA	100000000000000000000000000000000000000
i) Total area of all permanent openings (flood vents) in C3.h NA sq. in. (sq. cm)	rillia N Kit Do
SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION	11-8-04
This certification is to be signed and sealed by a land surveyor, engineer, or architect authorized by law to cert	tify elevation information.
I certify that the information in Sections A, B, and C on this certificate represents my best efforts to interpret th	ne data available.
I understand that any false statement may be punishable by fine or imprisonment under 18 U.S. Code, Section	n 1001.
WILLIAM N. KITCHEN	M# 5490
TITLE OWNER COMPANY NAME WILLIAM N	KITCHEN P.S. N
ADDRESS 152 N. MARION AVE. CITYLAKE CITY STATE FI	ZIP CODE 32055
SIGNATURE William V. Kitchen DATE 11-8-04 TELEPHONE	386.755-7786
EMA Form 81-31, January 2003 See reverse side for continuation.	Replaces all previous editions

MPORTANT: In these s	paces, copy the corresponding in	formation from Secti	on A.	For Insurance Company Use:
BUILDING STREET ADDRE	SS (Including Apt., Unit, Suite, and/or Bk	dg. No.) OR P.O. ROUTE	AND BOX NO.	Policy Number
WHITE	SYKINGS	FI.	32096	Company NAIC Number
8	ECTION D - SURVEYOR, ENGINE	ER, OR ARCHITECT C	ERTIFICATION (CON	TINUED)
	evation Certificate for (1) community	official, (2) insurance a	agent/company, and (3) building owner
COMMENTS AIR	CONDITION U	NIT		
MHONPROF	PERTY			
				Check here if attachine
	IG ELEVATION INFORMATION (SI			
For Zone AO and Zone A (v	without BFE), complete Items E1. the OMR-F, Section C must be completed.	ough E5. If the Elevati ed	on Certificate is intend	ed for use as supporting
E1. Building Diagram Numb	er (Select the building diagra	m most similar to the b	uilding for which this c	ertificate is being completed -
see pages 6 and 7. If n	o diagram accurately represents the	bullding, provide a ske	etch or photograph.)	
(check one) the bottom for	oor (including basement or enclosure adjacent grade. (Use natural grade	e) of the building is [ft. (m)	cm) _ above or _ below
E3. For Building Diagrams 6	3-8 with openings (see page 7), the r	next higher floor or elev	rated floor (elevation b	of the building is
ft. (m) lin.	(cm) above the highest adjacent gra	de. Complete items C	3.h and C3.i on front o	f form.
4. The top of the platform (check one) the blobest	of machinery and/or equipment servi adjacent grade. (Use natural grade	cing the building is	ft. (m) in. (cm) above or _ below
E5. For Zone AO only: If no	flood depth number is available, is	the top of the bottom flo	por elevated in accorda	ance with the community's
floodplain management	ordinance? Yes No	Unknown. The local of	official must certify this	Information In Section G.
	CTION F - PROPERTY OWNER (O			
(without a FEMA-issued or	er's authorized representative who community-issued BFE) or Zone AC	ompletes Sections A, E must sign here. <i>The</i> s	3, C (Items C3.h and C statements in Sections	3.i only), and E for Zone A A, B, C, and E are correct to
the best of my knowledge. PROPERTY OWNER'S OR OV	VNER'S AUTHORIZED REPRESENTAT	IVE'S NAME		
		TVE O TANKE		
ADDRESS	1	CITY	STATE	ZIP CODE
SIGNATURE		DATE	TELEPHO	NE
COMMENTS				
	000000000000000000000000000000000000000			Check here if attachment
na local official who is sutho	SECTION G - COMMU			
ections A. B. C (or E), and G	rized by law or ordinance to adminis s of this Elevation Certificate. Comp	ter the community's no lete the apolicable item	oopiain management o	ordinance can complete
 The Information in Se 	ction C was taken from other docum	nentation that has been	signed and embossed	d by a licensed surveyor.
	t who is authorized by state or local	law to certify elevation	information. (Indicate	the source and date of the
	Comments area below.) completed Section E for a building to	cated in Zone A (witho	ut a FEMA-issued or o	ommunity-issued REE) or
Zone AO.				on many looded of Ly of
3. [] The following Informa	tion (Items G4-G9) is provided for co	ommunity floodplain ma	anagement purposes.	
4. PERMIT NUMBER	G5. DATE PERMIT ISSUED	G6. DA	[[[[[[[[[[[[[[[[[[[OMPLIANCE/OCCUPANCY
. This permit has been issue	ed for: New Construction			
. Elevation of as-built lowes	t floor (including basement) of the b			ft. (m) Datum:
BFE or (in Zone AO) depti	n of flooding at the building site is:			ft. (m) Datum:
OCAL OFFICIAL'S NAME		TITLE		
OMMUNITY NAME		TELEPHONE		
GNATURE		DATE	the Manager of the San	
OMMENTS		*		Annual Control of the
				,

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).

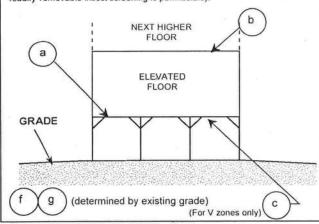


DIAGRAM 6

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).

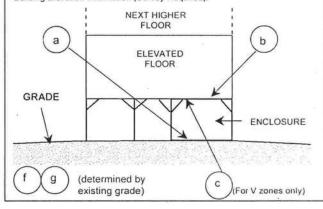


DIAGRAM 7

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).

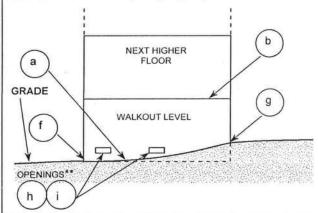
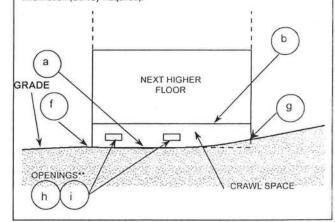


DIAGRAM 8

All buildings elevated on a crawl space with the floor of the crawl space at or above grade on at least one side, with or without an attached garage.

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.



OGGUTAZGY

COLUMBIA COUNTY, FLORIDA

Department of Building and Zoning Inspection
This Certificate of Occupancy is issued to the below named permit holder for the building

accordance with the Columbia County Building Code. and premises at the below named location, and certifies that the work has been completed in

Parcel
Parcel Number
19-2S-10
19-2S-16-01654-018
18

Permit Holder BERNIE THRIFT

Owner of Building RANDALL EDWARDS

Location: 261 NW ARGONAUT WAY, WHITE SPRINGS, FL 32038

Date: 11/09/2004

Building permit No. 000022331



Building Inspector

POST IN A CONSPICUOUS PLACE (Business Places Only)