

DATE 06/23/2017

Columbia County Building Permit

This Permit Must Be Prominently Posted on Premises During Construction

PERMIT
000035473

APPLICANT DALE BURD PHONE 497-2311
 ADDRESS 546 SW DORTCH ST FORT WHITE FL 32038
 OWNER VERNON ROWLAND PHONE 239-253-2319
 ADDRESS 1164 SW BOSTON TERR FORT WHITE FL 32038
 CONTRACTOR ROBERT SHEPPARD PHONE 623-2203
 LOCATION OF PROPERTY 47 S. R US-27, L RIVERSIDE, L UTAH, R CENTRAL, L MONTANA,
L BOSTON, 4/10 ON RIGHT
 TYPE DEVELOPMENT MUL UTILITY ESTIMATED COST OF CONSTRUCTION 0.00
 HEATED FLOOR AREA TOTAL AREA HEIGHT STORIES
 FOUNDATION WALLS ROOF PITCH FLOOR
 LAND USE & ZONING ESA-2 MAX. HEIGHT 35
 Minimum Set Back Requirements: STREET-FRONT 30.00 REAR 10.00 SIDE 25.00
 NO. EX.D.U. 0 FLOOD ZONE AE DEVELOPMENT PERMIT NO. 17-009

PARCEL ID 25-6S-15-00987-000 SUBDIVISION THREE RIVERS ESTATES
 LOT 90 BLOCK PHASE UNIT 17 TOTAL ACRES 0.91

Culvert Permit No. Culvert Waiver Contractor's License Number 1111025386
 EXISTING 17-0356-E BS TM N
 Driveway Connection Septic Tank Number LU & Zoning checked by Approved for Issuance New Resident Time/STUP No.

COMMENTS: MINIMUM FLOOR ELEVATION SET AT 34.4' INCLUDING ALL EQUIPMENT

NEED ELEVATION CERTIFICATE FOR FINISHED CONSTRUCTION BEFORE POWER

LETTER REC'D

Check # or Cash 16831

FOR BUILDING & ZONING DEPARTMENT ONLY

(footer/Slab)

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

BUILDING PERMIT FEE \$ 0.00 CERTIFICATION FEE \$ 0.00 SURCHARGE FEE \$ 0.00
 MISC. FEES \$ 250.00 ZONING CERT. FEE \$ 50.00 FIRE FEE \$ 61.12 WASTE FEE \$ 64.36
 PLAN REVIEW FEE \$ DP & FLOOD ZONE FEE \$ 75.00 CULVERT FEE \$ **TOTAL FEE** 500.48

INSPECTOR'S OFFICE CLERK'S 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.

NOTICE: ALL OTHER APPLICABLE STATE OR FEDERAL PERMITS SHALL BE OBTAINED BEFORE COMMENCEMENT OF THIS PERMITTED DEVELOPMENT.

"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."

EVERY PERMIT ISSUED SHALL BECOME INVALID UNLESS THE WORK AUTHORIZED BY SUCH PERMIT IS COMMENCED WITHIN 180 DAYS AFTER ITS ISSUANCE, OR IF THE WORK AUTHORIZED BY SUCH PERMIT IS SUSPENDED OR ABANDONED FOR A PERIOD OF 180 DAYS AFTER THE TIME THE WORK IS COMMENCED. A VALID PERMIT RECEIVES AN APPROVED INSPECTION EVERY 180 DAYS. WORK SHALL BE CONSIDERED NOT SUSPENDED, ABANDONED OR INVALID WHEN THE PERMIT HAS RECEIVED AN APPROVED INSPECTION WITHIN 180 DAYS OF THE PREVIOUS INSPECTION.

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

PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

For Office Use Only

(Revised 7-1-15)

Zoning Official JS

Building Official TM 6/5/17

AP# 1706-09

Date Received 6/1/17

By JS

Permit # 35473

Flood Zone AE

Development Permit

Zoning ES4-2

Land Use Plan Map Category ESA

Comments Must have Elevation Cert. before Power 17-009

FEMA Map# 0467C Elevation 33.4' Finished Floor 34.4' River Santa Fe In Floodway NO

☐ Recorded Deed or ☒ Property Appraiser PO ☒ Site Plan ☒ EH # 17-0356 E ☐ Well letter OR

☒ Existing well ☐ Land Owner Affidavit ☒ Installer Authorization ☐ FW Comp. letter ☐ App Fee Paid

☐ DOT Approval ☐ Parent Parcel # ☐ STUP-MH ☒ 911 App

☐ Ellisville Water Sys ☒ Assessment on Property ☐ Out County ☐ In County ☒ Sub VF Form

Property ID # 00-00-00-00987-000 Subdivision Three Rivers Estates Lot# 90

▪ New Mobile Home ☒ Used Mobile Home ☐ MH Size 16x76 Year 2017

▪ Applicant Dale Gordon Leach Ford Phone # 386-497-2311

▪ Address 546 SW DORR ST FW FL 32038

▪ Name of Property Owner Vernon Rowland Phone# 239-253-2319

▪ 911 Address 1164 SW Boston Terr Ft. White FL 32038

▪ Circle the correct power company - FL Power & Light - Clay Electric

(Circle One) - Suwannee Valley Electric - Duke Energy

▪ Name of Owner of Mobile Home SAME Phone # 239-253-2319

Address 3581 10TH AVE NE, Naples, FL 34120

▪ Relationship to Property Owner SAME

▪ Current Number of Dwellings on Property 0

▪ Lot Size 100x400 Total Acreage .91

▪ Do you : Have Existing Drive or Private Drive or need Culvert Permit or Culvert Waiver (Circle one)
(Currently using) (Blue Road Sign) (Putting in a Culvert) (Not existing but do not need a Culvert)

▪ Is this Mobile Home Replacing an Existing Mobile Home NO

▪ Driving Directions to the Property 47 SOUTH TR US27, TL Riverside
TL UTAH, TR CENTRAL, TR MONTANA, TL Boston,
4/10TH'S ON RIGHT

▪ Name of Licensed Dealer/Installer Robert Sheppard Phone # 386-623-2203

▪ Installers Address 6355 SE CR 245, LLC, FL 32025

▪ License Number EH-1025386 Installation Decal # 43175

JS sent receipt/email 6.1.17
" " " 6.20.17

\$500.48

COLUMBIA COUNTY PERMIT WORKSHEET

page 1 of 2

These worksheets must be completed and signed by the installer.
Submit the originals with the packet.

Installer Robert Sheppard License # FL 1025386

911 Address where home is being installed Swanton Trail

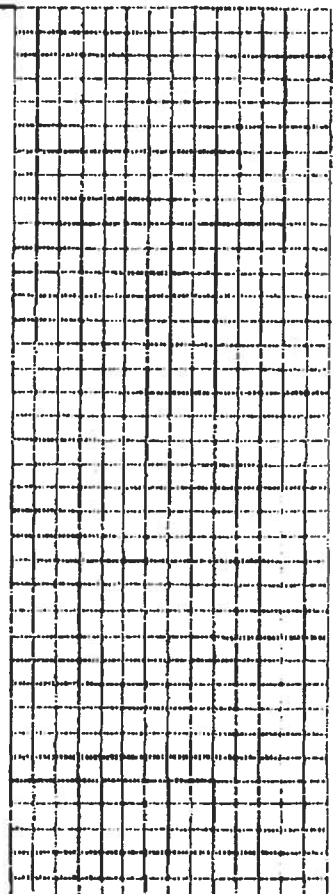
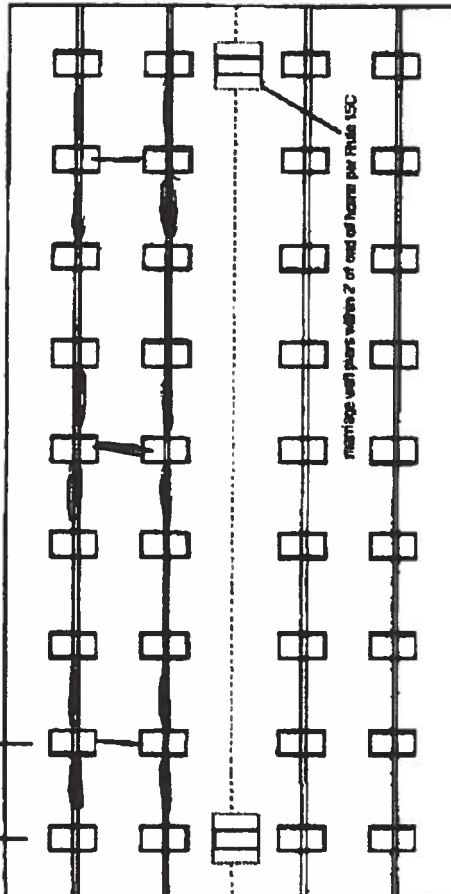
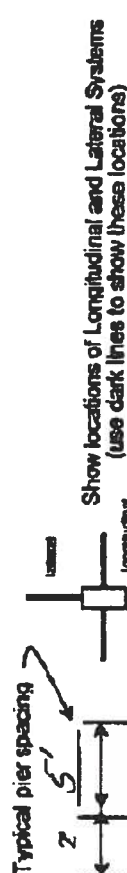
East White, FL 32038

Manufacturer LIVE oak Length x width 16' x 8'

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

I understand Lateral Arm Systems cannot be used on any home (new or used)
where the sidewall ties exceed 5 ft 4 in.

Installer's initials RS



New Home ☒ Used Home ☐

Home installed to the Manufacturer's Installation Manual ☒

Home is installed in accordance with Rule 15-C ☐

Single wide ☒ Wind Zone II ☒ Wind Zone III ☐

Double wide ☐ Installation Decal # 43175

Triple/Quad ☐ Serial # LOHGA21731975

PIER SPACING TABLE FOR USED HOMES

Load bearing capacity	Footer size (sq in)	15' x 15' (256)	16' 1/2" x 18' 1/2" (342)	20' x 20' (400)	22' x 22' (484)	24' x 24' (576)	28' x 28' (676)
1000 psf	3'	4'	4'	5'	6'	7'	8'
1500 psf	4' 6"	5'	6'	7'	8'	9'	10'
2000 psf	6'	6'	7'	8'	9'	10'	11'
2500 psf	7' 6"	7'	8'	9'	10'	11'	12'
3000 psf	8'	8'	9'	10'	11'	12'	13'
3500 psf	8'	8'	9'	10'	11'	12'	13'

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

PIER PAD SIZES

I-beam pier pad size 17x25

Perimeter pier pad size 16x16

Other pier pad sizes (required by the mfg.) 17x25

Draw the approximate locations of marriage wall openings 4 foot or greater. Use this symbol to show the piers.

List all marriage wall openings greater than 4 foot and their pier pad sizes below.

Opening Pier pad size

4 ft 5 ft

ANCHORS

FRAME TIES

OTHER TIES

Number 26

Longitudinal 6

Marriage wall 4

Shearwall

TIEDOWN COMPONENTS

Longitudinal Stabilizing Device (LSD) Manufacturer Overhaul

Longitudinal Stabilizing Device w/ Lateral Arms

COLUMBIA COUNTY PERMIT WORKSHEET

page 2 of 2

POCKET PENETROMETER TEST

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

X ☐ X ☐ X ☐

POCKET PENETROMETER TESTING METHOD

1. Test the perimeter of the home at 8 locations.
2. Take the reading at the depth of the footer.
3. Using 500 lb. increments, take the lowest reading and round down to that increment.

X ☐ X ☐ X ☐

TORQUE PROBE TEST

The results of the torque probe test is 295 inch pounds or check here if you are declaring 5' anchors without testing ☐. A test showing 275 inch pounds or less will require 5 foot anchors.

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

RS Installer's Initials

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name

Robert Sheffield

Date Tested

5-23-17

Electrical

Connect electrical conductors between multi-wide units, but not to the main power source. This includes the bonding wire between multi-wide units. Pg. 26

Plumbing

Connect all sewer drains to an existing sewer tap or septic tank. Pg. 28

Connect all potable water supply piping to an existing water meter, water tap, or other independent water supply systems. Pg. 29

Site Preparation

Debris and organic material removed ☒
Water drainage: Natural ☐ Swale ☐ Pad ☒ Other ☐

Fastening multi wide units

Floor: Type Fastener: 1935 Length: 5" Spacing: 16"
Walls: Type Fastener: 5/8x3 Length: 4" Spacing: 16"
Roof: Type Fastener: 1935 Length: 6" Spacing: 16"
For used homes a min. 30 gauge, 5" wide, galvanized metal strip will be centered over the peak of the roof and fastened with galv. roofing nails at 2" on center on both sides of the centerline.

Gasket Installation Requirements

I understand a properly installed gasket is a requirement of all new and used homes and that condensation, mold, mildew and buckled marriage walls are a result of a poorly installed or no gasket being installed. I understand a strip of tape will not serve as a gasket.

Installer's Initials

Type gasket

Installed:

Between Floors Yes ☐
Between Walls Yes ☐
Bottom of ridgebeam Yes ☐

Weatherproofing

The bottomboard will be repaired and/or taped. Yes ☒ Pg. 27
Siding on units is installed to manufacturer's specifications. Yes ☒
Fireplace chimney installed so as not to allow intrusion of rain water. Yes ☒

Miscellaneous

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

Installer verifies all information given with this permit worksheet is accurate and true based on the

Installer Signature

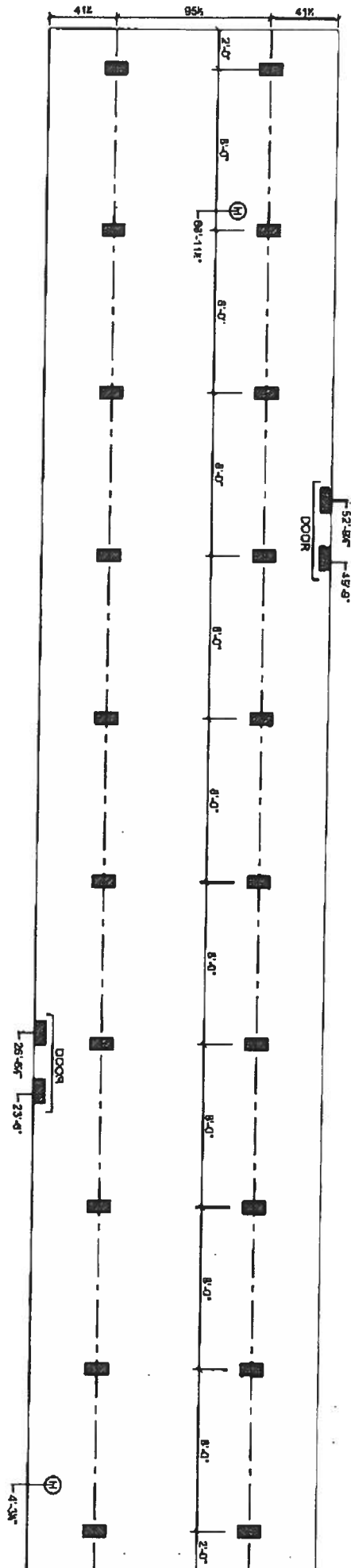
Robert Sheffield

Date 5-23-17

SUPPORT PIERTYP

- THIS DRAWING IS DESIGNED FOR THE STANDARD WIND ZONE AND IS TO BE USED IN CONJUNCTION WITH THE INSTALLATION MANUAL AND ITS SUPPLEMENTS.
- FOOTINGS ARE SHOWN FOR EXAMPLE ONLY. QUANTITY AND SPACING MAY VARY BASED ON PWD TYPE, SOIL CONDITION, ETC.
- FOOTINGS ARE REQUIRED AT SUPPORT POSTS. SEE INSTALLATION MANUAL FOR REQUIREMENTS.

A	MAIN ELECTRICAL	③	DUCT CROSSOVER
B	ELECTRICAL CROSSOVER	④	SEWER DROPS
C	WATER INLET	①	RETURN AIR (W/OPT. HEAT PUMP ON DUCT)
D	WATER CROSSOVER (IF ANY)	②	SUPPLY AIR (W/OPT. HEAT PUMP ON DUCT)
E	GAS INLET (IF ANY)		
F	GAS CROSSOVER (IF ANY)		



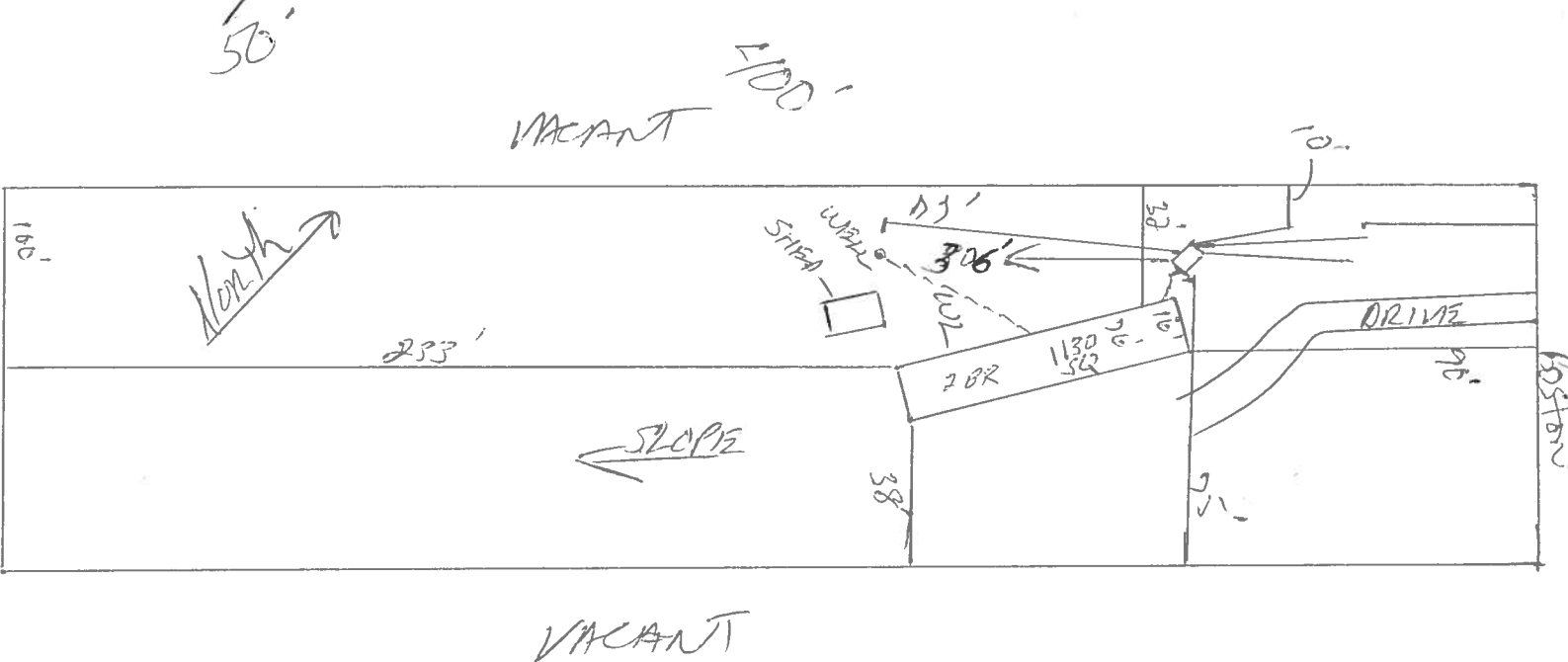
L-57631

STATE OF FLORIDA
DEPARTMENT OF HEALTH
APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permit Application Number _____

Revised
----- PART II - SITEPLAN -----

Scale: 1 inch = 40 feet.



Notes: _____

Site Plan submitted by: *Rocky D. F. O.*

MASTER CONTRACTOR

Plan Approved _____ Not Approved _____

Date _____

By _____ County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

Suwannee River Water Management District
Effective Flood Information Report



LOCATION

Date: 5-22-2017

Parcel: 00-00-00-00987-000

County: COLUMBIA

STR: S025 T06 R15

Columbia Flood Hazard Areas Status
Effective: 02/04/2009

FLOOD INFORMATION

Special Flood Hazard Area?
(SFHA): Yes

Flood Zone(s): X 0.2 PCT, AE

Floodway: No

1% Annual Chance
Flood Elev (BFE): 33.4 (feet)

10% Annual Chance
Flood Elev: 27.6 (feet)

50% Annual Chance
Flood Elev: 22 (feet)

Note: Elevations are based on NAVD88

FIRM Panel(s): 12023C0467C

The Federal Emergency Management Agency (FEMA) maintains information about map features, such as street locations and names, in or near designated flood hazard areas. The information herein represents the best available data as of the effective date shown. The applicable Flood Insurance Study and a Digital Flood Insurance Rate Map is available online (<http://www.srwmdfloodreport.com>). To obtain more detailed information in areas where Base Flood Elevations (BFEs) and/or floodways have been determined, users are encouraged to also consult the FEMA Map Service Center at 1-800-358-9616 (<http://www.msc.fema.gov>) for information on available products associated with this FIRM panel. Available products from the Map Service Center may include previously issued Letters of Map Change. Requests to revise flood information in or near designated flood hazard areas may be provided to FEMA during the community review period on preliminary maps, or through the Letter of Map Change process for effective maps.

FLOOD
ZONE
BFE
ELEVATION
1 foot rise



COLUMBIA COUNTY BUILDING DEPARTMENT
135 NE Hernando Ave. Suite B-21, Lake City, FL 32055
Phone: 386-758-1008 Fax: 386-758-2160

LICENSED QUALIFIER AUTHORIZATION

I, Ronald E Bonds Sr (license holder name), licensed qualifier
for Style Crest Enterprises, Inc (company name), do certify that
the below referenced person(s) listed on this form is/are contracted/hired by me, the license
holder, or is/are employed by me directly or through an employee leasing arrangement; or, is an
officer of the corporation; or, partner as defined in Florida Statutes Chapter 468, and the said
person(s) is/are under my direct supervision and control and is/are authorized to purchase and
sign permits; call for inspections and sign subcontractor verification forms on my behalf.

Printed Name of Person Authorized	Signature of Authorized Person
1. Dale Burr	1.
2. Rocky Ford	2.
3. Kelly Bishop	3.
4.	4.
5.	5.

I, the license holder, realize that I am responsible for all permits purchased, and all work done
under my license and fully responsible for compliance with all Florida Statutes, Codes, and
Local Ordinances. I understand that the State and County Licensing Boards have the power and
authority to discipline a license holder for violations committed by him/her, his/her agents,
officers, or employees and that I have full responsibility for compliance with all statutes, codes
and ordinances inherent in the privilege granted by issuance of such permits.

If at any time the person(s) you have authorized is/are no longer agents, employee(s), or
officer(s), you must notify this department in writing of the changes and submit a new letter of
authorization form, which will supersede all previous lists. Failure to do so may allow
unauthorized persons to use your name and/or license number to obtain permits.

Licensed Qualifiers Signature (Notarized) CRC 1817658 2-16-16
License Number Date

NOTARY INFORMATION

STATE OF FL COUNTY OF Bay

The above license holder, whose name is Ronald Edward Bonds Sr
personally appeared before me and is known by me or has produced identification
(type of I D) _____ on this 16th day of FEB 20 16

Stacey Ann Hopkins
NOTARY'S SIGNATURE

(Seal/Stamp)





COLUMBIA COUNTY BUILDING DEPARTMENT
135 NE Hernando Ave, Suite B-21, Lake City, FL 32055
Phone: 386-758-1008 Fax: 386-758-2160

LICENSED QUALIFIER AUTHORIZATION

I, Michael Leader (license holder name), licensed qualifier
for Madison Services LLC (company name), do certify that
the below referenced person(s) listed on this form is/are contracted/hired by me, the license
holder, or is/are employed by me directly or through an employee leasing arrangement; or, is an
officer of the corporation; or, partner as defined in Florida Statutes Chapter 468, and the said
person(s) is/are under my direct supervision and control and is/are authorized to purchase and
sign permits; call for inspections and sign subcontractor verification forms on my behalf.

Printed Name of Person Authorized	Signature of Authorized Person
1. <u>Richard Ford</u>	1. <u>[Signature]</u>
2. <u>Dale R. Sural</u>	2. <u>[Signature]</u>
3.	3.
4.	4.
5.	5.

I, the license holder, realize that I am responsible for all permits purchased, and all work done
under my license and fully responsible for compliance with all Florida Statutes, Codes, and
Local Ordinances. I understand that the State and County Licensing Boards have the power and
authority to discipline a license holder for violations committed by him/her, his/her agents,
officers, or employees and that I have full responsibility for compliance with all statutes, codes
and ordinances inherent in the privilege granted by issuance of such permits.

If at any time the person(s) you have authorized is/are no longer agents, employee(s), or
officer(s), you must notify this department in writing of the changes and submit a new letter of
authorization form, which will supersede all previous lists. Failure to do so may allow
unauthorized persons to use your name and/or license number to obtain permits.

[Signature]
Licensed Qualifiers Signature (Notarized)

EL13702515
License Number

11/2/15
Date

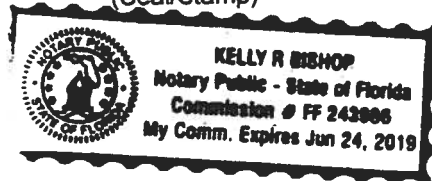
NOTARY INFORMATION:

STATE OF: FL COUNTY OF: Columbia

The above license holder, whose name is Michael Leader,
personally appeared before me and is known by me or has produced identification
(type of I.D.) _____ on this 2 day of Nov, 2015.

[Signature]
NOTARY'S SIGNATURE

(Seal/Stamp)



MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER

1706-04

CONTRACTOR

Robert Sheppard

PHONE

886

623-2203

THIS FORM MUST BE SUBMITTED PRIOR TO THE ISSUANCE OF A PERMIT

Rowland

In Columbia County one permit will cover all trades doing work at the permitted site. It is **REQUIRED** that we have records of the subcontractors who actually did the trade specific work under the permit. Per Florida Statute 440 and Ordinance 89-6, a contractor shall require all subcontractors to provide evidence of workers' compensation or exemption, general liability insurance and a valid Certificate of Competency license in Columbia County.

Any changes, the permitted contractor is responsible for the corrected form being submitted to this office prior to the start of that subcontractor beginning any work. Violations will result in stop work orders and/or fines.

ELECTRICAL ✓ 1338	Print Name <u>Michael Rowland</u> License #: <u>EC 1300 2315</u> Qualifier Form Attached <input checked="" type="checkbox"/>	Signature <u>[Signature]</u> Phone #: <u>850-973-0111</u>
MECHANICAL/ ✓ A/C 1669	Print Name <u>Ronald Buds Sr</u> License #: <u>CAC 1817658</u> Qualifier Form Attached <input checked="" type="checkbox"/>	Signature <u>[Signature]</u> Phone #: <u>800-259-3470</u>

Qualifier Forms cannot be submitted for any Specialty License.

Specialty License	License Number	Sub-Contractors Printed Name	Sub-Contractors Signature
MASON			
CONCRETE FINISHER			

F. S. 440.103 Building permits; identification of minimum premium policy.--Every employer shall, as a condition to applying for and receiving a building permit, show proof and certify to the permit issuer that it has secured compensation for its employees under this chapter as provided in ss. 440.10 and 440.38, and shall be presented each time the employer applies for a building permit.

Revised 10/30/2015

Columbia County Property Appraiser

updated: 5/2/2017

2016 Tax Year

Parcel: 00-00-00-00987-000

Owner & Property Info

Search Result: 1 of 1

Owner's Name	ROWLAND VERNON E & MICHELLE A		
Mailing Address	3581 10TH AVE NE NAPLES, FL 34120		
Site Address			
Use Desc. (code)	MISC RES (000700)		
Tax District	3 (County)	Neighborhood	100000
Land Area	0.918 ACRES	Market Area	02
Description	NOTE: This description is not to be used as the Legal Description for this parcel in any legal transaction.		
LOT 90 UNIT 17 THREE RIVERS ESTATES. ORB 337-266, 433-124, 792-396, 924-2185,			

Property & Assessment Values

2016 Certified Values		
Mkt Land Value	cnt: (0)	\$6,750.00
Ag Land Value	cnt: (2)	\$0.00
Building Value	cnt: (0)	\$0.00
XFOB Value	cnt: (1)	\$4,004.00
Total Appraised Value		\$10,754.00
Just Value		\$10,754.00
Class Value		\$0.00
Assessed Value		\$10,754.00
Exempt Value		\$0.00
Total Taxable Value	Cnty: \$10,754 Other: \$10,754 Schl: \$10,754	

2017 Working Values (...Hide Values)		
Mkt Land Value	cnt: (0)	\$6,750.00
Ag Land Value	cnt: (2)	\$0.00
Building Value	cnt: (0)	\$0.00
XFOB Value	cnt: (1)	\$4,004.00
Total Appraised Value		\$10,754.00
Just Value		\$10,754.00
Class Value		\$0.00
Assessed Value		\$10,754.00
Exempt Value		\$0.00
Total Taxable Value	Cnty: \$10,754 Other: \$10,754 Schl: \$10,754	

NOTE: 2017 Working Values are NOT certified values and therefore are subject to change before being finalized for ad valorem assessment purposes.

Sales History

Sale Date	OR Book/Page	OR Code	Vacant / Improved	Qualified Sale	Sale RCode	Sale Price
4/11/2001	924/2185	WD	V	Q		\$11,500.00

Janice Williams

From: Janice Williams
Sent: Thursday, June 01, 2017 5:14 PM
To: 'A & B Construction'
Subject: Emailing - DOC004 (1).pdf
Attachments: DOC004 (1).pdf

Dale,

As per your request!!

BUILDING DEPARTMENT
COLUMBIA COUNTY, FLORIDA
135 NE Hernando Avenue ~ PH: 386-758-1008
Lake City, FL 32055

☐ 911
☐ Signed Code Plan Approval
☒ - * Other updates maybe needed then zoning!
DATE 6.1.17

005183

RECEIVED FROM:

Application ☒ No: 1706-04 RETURN

Pre-Inspection ☐

Service Change ☐

Re-Inspection ☐

Copies ☐

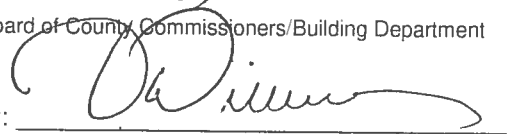
Cash Signature

DOLLARS \$ 15.00

Cash or Check 16695

Board of County Commissioners/Building Department

By:



COLUMBIA COUNTY 9-1-1 ADDRESSING

P. O. Box 1787, Lake City, FL 32056-1787
PHONE: (386) 758-1125 * 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 REQUESTED: 8/20/2011 DATE ISSUED: 9/1/2011

ENHANCED 9-1-1 ADDRESS:

1164 SW BOSTON TER

FORT WHITE FL 32038

PROPERTY APPRAISER PARCEL NUMBER:

00-00-00-00987-000

Remarks:

LOT 90, UNIT 17, THREE RIVERS ESTATES S/D

Address Issued By: SIGNED: / RONAL N. CROFT
Columbia County 9-1-1 Addressing / GIS Department

NOTICE: THIS ADDRESS WAS ISSUED BASED ON LOCATION INFORMATION RECEIVED FROM THE REQUESTER. SHOULD, AT A LATER DATE, THE LOCATION INFORMATION BE FOUND TO BE IN ERROR, THIS ADDRESS IS SUBJECT TO CHANGE.

2067

Vernon
Rowland



STATE OF FLORIDA
DEPARTMENT OF HEALTH
ONSITE SEWAGE TREATMENT AND DISPOSAL
SYSTEM
APPLICATION FOR CONSTRUCTION PERMIT

PERMIT NO. 17-0356E
DATE PAID: 5/25/17
FEE PAID: 60.00
RECEIPT #: 1292430

APPLICATION FOR:

☐ New System ☒ Existing System ☐ Holding Tank ☐ Innovative
☐ Repair ☐ Abandonment ☐ Temporary ☐

APPLICANT: Vernon RowlandAGENT: ROCKY FORD, A & B CONSTRUCTIONTELEPHONE: 386-497-2311MAILING ADDRESS: 546 SW Dortch Street, FT. WHITE, FL, 32038

TO BE COMPLETED BY APPLICANT OR APPLICANT'S AUTHORIZED AGENT. SYSTEMS MUST BE CONSTRUCTED BY A PERSON LICENSED PURSUANT TO 489.105(3) (m) OR 489.552, FLORIDA STATUTES. IT IS THE APPLICANT'S RESPONSIBILITY TO PROVIDE DOCUMENTATION OF THE DATE THE LOT WAS CREATED OR PLATTED (MM/DD/YY) IF REQUESTING CONSIDERATION OF STATUTORY GRANDFATHER PROVISIONS.

PROPERTY INFORMATION

LOT: 90 BLOCK: na SUB: Three Rivers Estates Unit 17 PLATTED: 1962PROPERTY ID #: 00-00-00-00987-000 ZONING: _____ I/M OR EQUIVALENT: ☐ Y ☒ NPROPERTY SIZE: .91 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐ ≤ 2000 GPD ☐ > 2000 GPDIS SEWER AVAILABLE AS PER 381.0065, FS? ☐ Y ☒ N DISTANCE TO SEWER: _____ FTPROPERTY ADDRESS: SW Boston Terr, FWDIRECTIONS TO PROPERTY: 47 South, TR US 27, TL Riverside, TL Utah, TR Central, TRMontana, TL Boston, 4/10ths mile on right

BUILDING INFORMATION

☒ RESIDENTIAL ☐ COMMERCIAL

Unit No	Type of Establishment	No. of Bedrooms	Building Area Sqft	Commercial/Institutional System Design Table 1, Chapter 64E-6, FAC
1	SF Residential	2	1130	91-393 200 GPD FOR - 450 GPD -
2				REPLACEMENT
3				

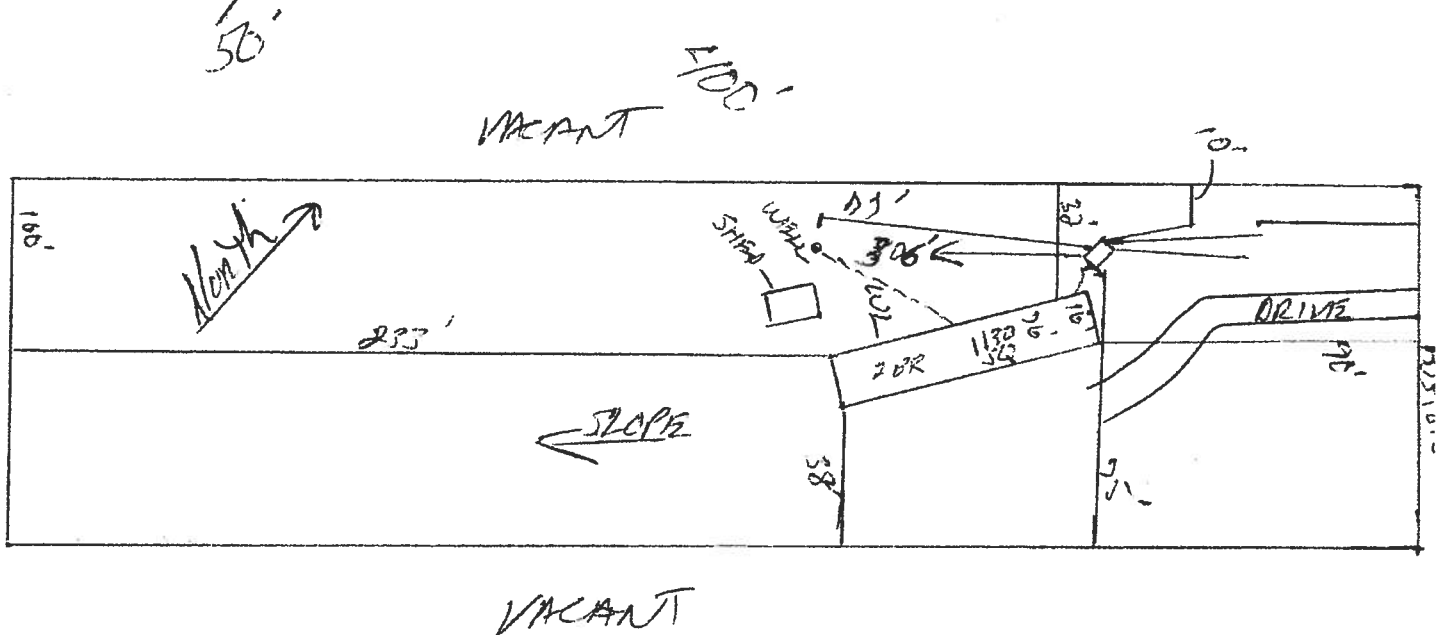
☒ Floor/Equipment Drains ☐ Other (Specify) _____SIGNATURE: Rocky D Ford DATE: 5/24/2017

**STATE OF FLORIDA
DEPARTMENT OF HEALTH
APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT**

Permit Application Number 17-0356E

----- PART II - SITEPLAN -----

Scale: 1 inch = 40 feet.



Notes: _____

Site Plan submitted by: Koch & Co.

Plan Approved ✓ Not Approved _____

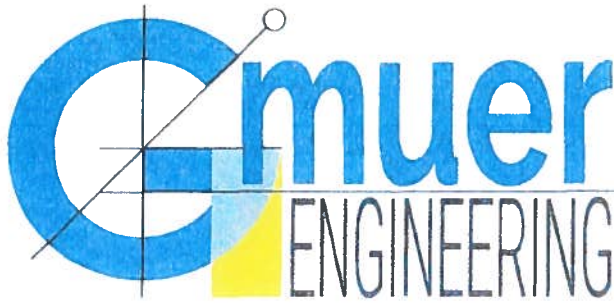
By Travis M. Newman ESI Columbia County Health Department

MASTER CONTRACTOR

Date 6/14/17

County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT



2603 NW 13th St, Box 314
Gainesville, FL 32609
Ph. (352) 281-4928

gmuereng.com

June 22, 2017

Troy Crews, Chief Building Official
Columbia County Building & Zoning Department
Post Office Box 1529
Lake City, FL 32056-1529

Re: Rowland Property Flood Certification

Dear Troy or Reviewing Staff,

The property owner of Parcel ID # 00-00-00-00987-000, Lot 90 of Three Rivers Estates, Unit 17, approximately at 1108 Boston Rd, Fort White, FL 32038 is proposing to locate a manufactured home (mobile home) on the property with an application with the building department. Based on the location, a flood certification from a licensed engineer is required. The site is located within Zone AE on map 12023C0467C, effective on 02/04/2009 and is within the floodplain of the Santa Fe River. The site is not within the floodway and the Base Flood Elevation has been established at 33.4 NAVD88.

Per section 8.5.2.1 of the Columbia County Land Development Regulations, all new construction of any residential building (including manufactured home) shall have the lowest floor elevation no lower than one foot above the base flood elevation.

Based on the above information, I certify that the installation of the mobile home will not cause a water surface rise by more than one foot as long as the lowest floor elevation is constructed at elevation 34.4 NAVD88 or higher. Should solid foundation perimeter walls be used to elevate the structure, openings sufficient to facilitate automatic equalization of flood hydrostatic forces on both sides of the exterior walls shall be provided in accordance with standards of subsection 8.5.2.3.

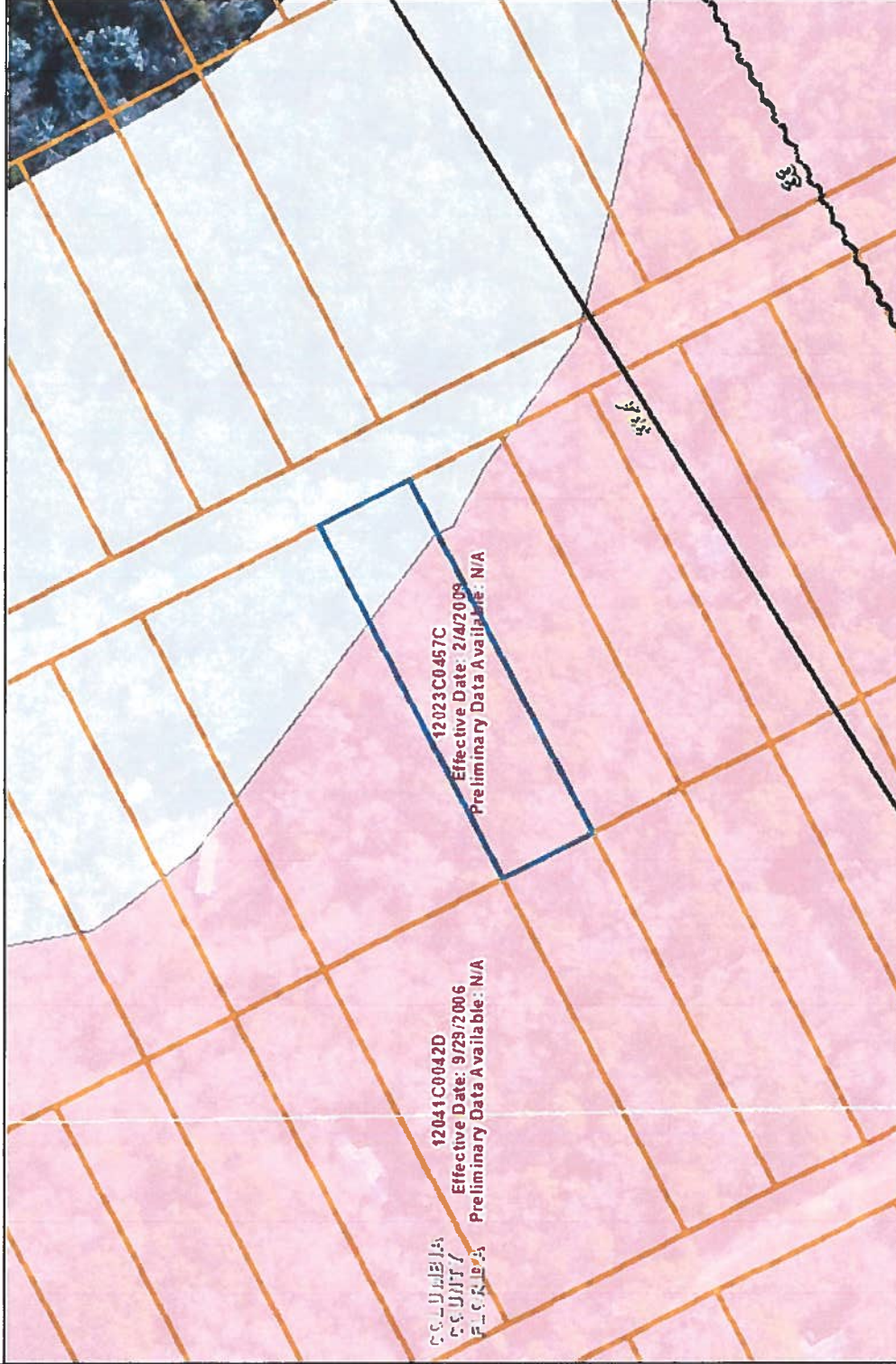
Sincerely,
Gmuer Engineering, LLC

A handwritten signature in blue ink, appearing to read 'Chris Gmuer', is written over the typed name.

Christopher A Gmuer, PE
President



Suwannee River Water Management District Effective Flood Information Report



- Effective Flood Zones described on Page 2
- SFHA - Zone VE
 - SFHA - Zone A
 - SFHA - Zones AE, AH, AO
 - Wetlands
 - FIRM Panel
 - State Lands
 - Counties
 - SRWMD
 - Parcels
 - Depressions
 - BFE
 - Cross Sections

LOCATION

Date: 6-22-2017
Parcel: 00-00-00-00987-000
County: COLUMBIA
STR: S025 T06 R15
Columbia Flood Hazard Areas Status Effective: 02/04/2009

FLOOD INFORMATION

Special Flood Hazard Area? (SFHA): Yes
Flood Zone(s): X 0.2 PCT, AE
Floodway: No
1% Annual Chance Flood Elev (BFE): 33.4 (feet)
10% Annual Chance Flood Elev: 27.6 (feet)
50% Annual Chance Flood Elev: 22 (feet)

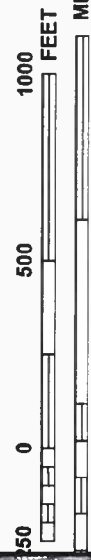
Note: Elevations are based on NAVD88

FIRM Panel(s): 12023C0467C

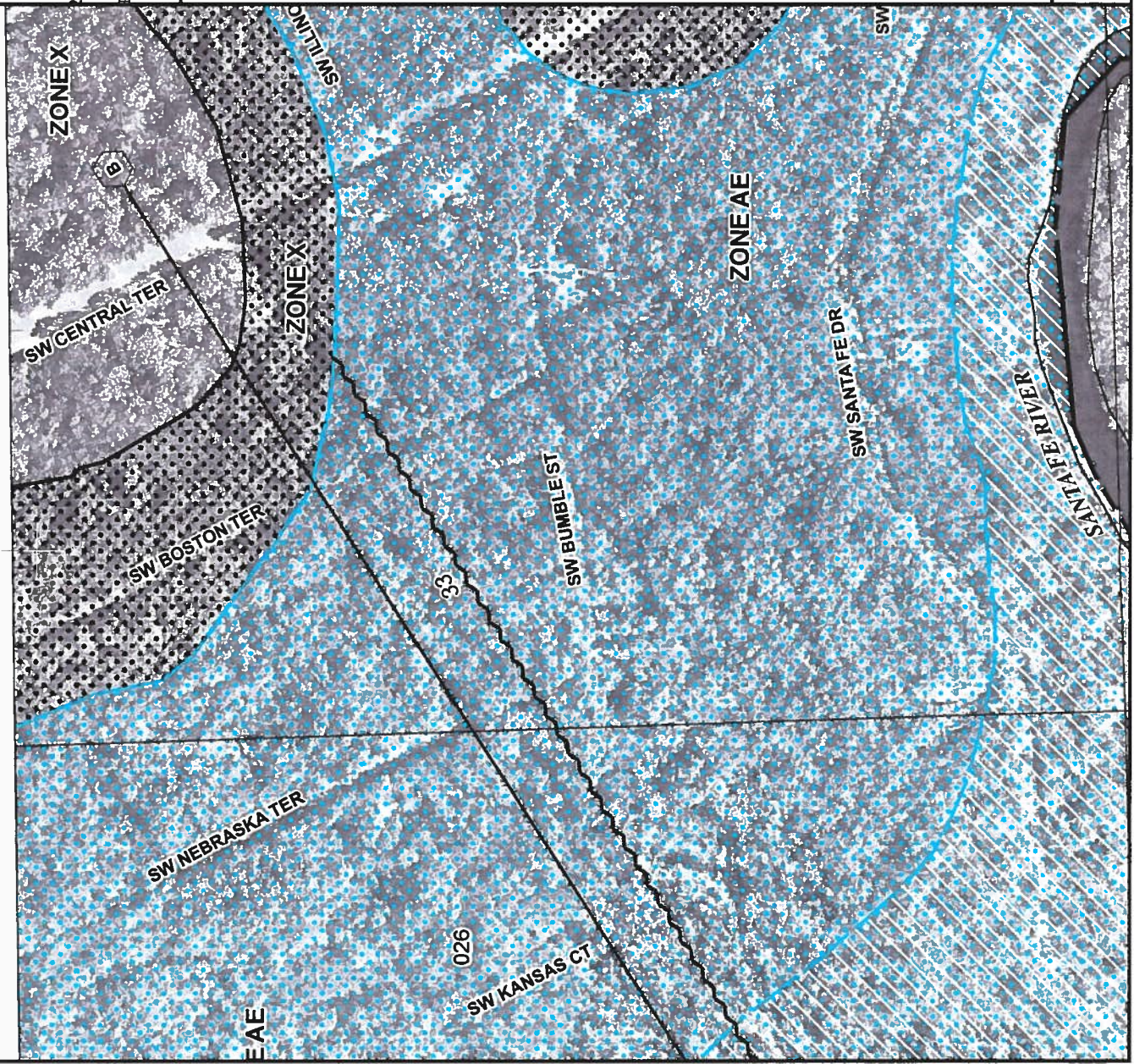
The Federal Emergency Management Agency (FEMA) maintains information about map features, such as street locations and names, in or near designated flood hazard areas. The information herein represents the best available data as of the effective date shown. The applicable Flood Insurance Study and a Digital Flood Insurance Rate Map is available online (<http://www.srwmdfloodreport.com>). To obtain more detailed information in areas where Base Flood Elevations (BFEs) and/or floodways have been determined, users are encouraged to also consult the FEMA Map Service Center at 1-800-358-9616 (<http://www.msc.fema.gov>) for information on available products associated with this FIRM panel. Available products from the Map Service Center may include previously issued Letters of Map Change. Requests to revise flood information in or near designated flood hazard areas may be provided to FEMA during the community review period on preliminary maps, or through the Letter of Map Change process for effective maps.



MAP SCALE 1" = 500'



2515000 FT



NFIP

NATIONAL FLOOD INSURANCE PROGRAM

PANEL 0467C

FIRM

FLOOD INSURANCE RATE MAP
COLUMBIA COUNTY,
FLORIDA
AND INCORPORATED AREAS

PANEL 467 OF 552
(SEE MAP INDEX FOR FIRM PANEL LAYOUT)

CONTAINS:
COMMUNITY COLUMBIA COUNTY
NUMBER 120070
PANEL 0467
SUFFIX C

Notice to User: The Map Number shown below should be used when placing map orders; the Community Number shown above should be used on insurance applications for the subject community.



MAP NUMBER
12023C0467C

EFFECTIVE DATE
FEBRUARY 4, 2009

Federal Emergency Management Agency

This is an official copy of a portion of the above referenced flood map. It was extracted using F-MIT On-Line. This map does not reflect changes or amendments which may have been made subsequent to the date on the title block. For the latest product information about National Flood Insurance Program flood maps check the FEMA Flood Map Store at www.msc.fema.gov

SYMBOL LEGEND:

■	4"x4" CONCRETE MONUMENT FOUND	6.	CENTERLINE
□	4"x4" CONCRETE MONUMENT SET	--E--	ELECTRIC LINES
●	IRON PIPE FOUND	--X--	WIRE FENCE
○	IRON PIN AND CAP SET	--O--	CHAIN LINK FENCE
✕	"X" CUT IN PAVEMENT	--O--	WOODEN FENCE
+	CALCULATED PROPERTY CORNER	---	SECTION LINE
⊕	MAIL & DISK	(PLAT)	AS PER A PLAT OF RECORD
⊗	POWER POLE	(DEED)	AS PER A DEED OF RECORD
▲	WATER METER	(CALC.)	AS PER CALCULATIONS
⊙	UTILITY BOX	(FIELD)	AS PER FIELD MEASUREMENTS
⊗	WELL	P.R.M.	PERMANENT REFERENCE MARKER
⊗	SANITARY MANHOLE	P.C.P.	PERMANENT CONTROL POINT
+	SIGN POST		

DESCRIPTION: LOT 90 OF "THREE RIVERS ESTATES, UNIT 17" AS PER THE PLAT THEREOF RECORDED IN PLAT BOOK 6, PAGE 11 OF THE PUBLIC RECORDS OF COLUMBIA COUNTY, FLORIDA.

SURVEYOR'S NOTES:

1. BOUNDARY BASED ON MONUMENTATION FOUND IN ACCORDANCE WITH THE RETRACEMENT OF THE ORIGINAL SURVEY FOR SAID PLAT OF RECORD.
2. BEARINGS ARE BASED ON SAID PLAT OF RECORD AND THE BEARING BASIS SHOWN HEREIN.
3. IT IS APPARENT THAT A PORTION OF THIS PARCEL IS IN ZONE 0.2% AND IS DETERMINED TO BE WITHIN THE 0.2 PERCENT ANNUAL CHANCE FLOODPLAIN. SOME PORTIONS OF THIS PARCEL IS IN ZONE "AE" AND IS SUBJECT TO FLOODING. A BASE FLOOD ELEVATION IS ESTABLISHED TO BE 33.4 FEET AS PER FLOOD INSURANCE RATE MAP, DATED 4 FEBRUARY, 2009 FIRM PANEL NO. 12023C0467C. HOWEVER, THE FLOOD INSURANCE RATE MAPS ARE SUBJECT TO CHANGE.
4. THE IMPROVEMENTS, IF ANY, INDICATED ON THIS SURVEY DRAWING ARE AS LOCATED ON DATE OF FIELD SURVEY AS SHOWN HEREIN.
5. IF THEY EXIST, NO UNDERGROUND ENCROACHMENTS AND/OR UTILITIES WERE LOCATED FOR THIS SURVEY EXCEPT AS SHOWN HEREIN.
6. THIS SURVEY WAS COMPLETED WITHOUT THE BENEFIT OF A TITLE COMMITMENT OR A TITLE POLICY.
7. DIMENSIONS SHOWN HEREIN ARE IN FEET AND DECIMAL PARTS THEREOF.
8. THIS SURVEY DOES NOT REFLECT OR DETERMINE OWNERSHIP.
9. THE ADJACENT OWNERSHIP INFORMATION AS SHOWN HEREIN IS BASED ON THE COUNTY PROPERTY APPRAISERS GIS SYSTEM, UNLESS OTHERWISE DENIED.

SURVEYORS' CERTIFICATION

I HEREBY CERTIFY THAT THIS SURVEY WAS MADE UNDER MY RESPONSIBLE CHARGE AND MEETS THE MINIMUM TECHNICAL STANDARDS AS SET FORTH BY THE FLORIDA BOARD OF PROFESSIONAL SURVEYORS AND MAPPERS CHAPTER 5J-17, FLORIDA ADMINISTRATIVE CODE, PURSUANT TO SECTION 472.067, FLORIDA STATUTES.

06/14/17
FIELD SURVEY DATE

NOTE: UNLESS IT BEARS THE SIGNATURE AND THE ORIGINAL RAISED SEAL OF A FLORIDA LICENSED SURVEYOR AND MAPPER THIS DRAVING, SKETCH, PLAT OR MAP IS FOR INFORMATIONAL PURPOSES ONLY AND IS NOT VALID.

LAND SURVEYORS AND MAPPERS, L.B. # 8016

2086 SW MAIN BLVD, SUITE, 112, LAKE CITY, FLORIDA 32025

112, LAKE CITY, FLORIDA 32209
 FAX (386) 752-5573

WORK ORDER # L-24640
www.brltsurvey.com

CERTIFIED TO:

A & B CONSTRUCTION

FIELD BOOK: 356 PAGE(S): 12

356 ערשטער טאג

District No. 1 - Ronald Williams
District No. 2 - Rusty DePratter
District No. 3 - Bucky Nash
District No. 4 - Everett Phillips
District No. 5 - Tim Murphy



BOARD OF COUNTY COMMISSIONERS • COLUMBIA COUNTY

BUILDING & ZONING DEPARTMENT

135 NE Hernando Avenue, Suite B-21; Lake City, FL 32055

Brandon Stubbs, County Planner 386-754-7119
Laurie Hodson, Office Manager 386-758-1007

SECTION A - PROPERTY INFORMATION		FOR BUILDING DEPARTMENT USE:
A1. Building Owner's Name: Vernon & Michelle Rowland		Permit Number: 35473
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 1164 SW Boston Terrace City: Fort White State: FL ZIP Code: 32038		APPROVED/ NO CORRECTION

A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)
Three Rivers Estates Lot 90 25-65-15-00987-000

A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) _____

A5. Latitude/Longitude: Lat. _____ Long. _____ Horizontal Datum: ☐ NAD 1927 ☐ NAD 1983

A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insurance.

A7. Building Diagram Number _____

A8. For a building with a crawlspace or enclosure(s):

- a) Square footage of crawlspace or enclosure(s) _____ sq ft
b) No. of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade _____
c) Total net area of flood openings in A8.b _____ sq in
d) Engineered flood openings? ☐ Yes ☐ No

A9. For a building with an attached garage:

- a) Square footage of attached garage _____ sq ft
b) No. of permanent flood openings in the attached garage within 1.0 foot above adjacent grade _____
c) Total net area of flood openings in A9.b _____ sq in
d) Engineered flood openings? ☐ Yes ☐ No

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP Community Name & Community Number			B2. County Name		B3. State
B4. Map/Panel Number	B5. Suffix	B6. FIRM Index Date	B7. FIRM Panel Effective/Revised Date	B8. Flood Zone(s) AE	B9. Base Flood Elevation(s) (Zone AO, use base flood depth)

B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9.

☐ FIS Profile ☐ FIRM ☐ Community Determined ☐ Other (Describe) _____

B11. Indicate elevation datum used for BFE in Item B9: ☐ NGVD 1929 ☐ NAVD 1988 ☐ Other (Describe) _____

B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? ☐ Yes ☐ No
Designation Date _____ ☐ CBRS ☐ OPA

Local Official's Name: LAURIE HODSON Title: OFFICE MANAGER
Community Name: COLUMBIA COUNTY, FL Telephone: 386-758-1007
Signature: *Laurie Hodson* Date: 7/26/2017
Comments: CORRECTION DATA ENTERED IN LINE A3 ONLY.

BOARD MEETS THE FIRST THURSDAY AT 5:30 P.M.
AND THIRD THURSDAY AT 5:30 P.M.

ELEVATION CERTIFICATE

Important: Follow the instructions on pages 1-9.

Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2) insurance agent/company, and (3) building owner.

SECTION A - PROPERTY INFORMATION				FOR INSURANCE COMPANY USE	
A1. Building Owner's Name Vernon & Michelle Rowland				Policy Number:	
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 1164 SW Boston Terrace				Company NAIC Number:	
City Ft. White		State Florida		ZIP Code 32038	
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) Lot 2 Pickens Suwannee Shores 11-2S-15-00016-000					
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) <u>Residential</u>					
A5. Latitude/Longitude: Lat. <u>29.93535</u> Long. <u>82.77485</u> Horizontal Datum: <input type="checkbox"/> NAD 1927 <input checked="" type="checkbox"/> NAD 1983					
A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insurance.					
A7. Building Diagram Number <u>5</u>					
A8. For a building with a crawlspace or enclosure(s):					
a) Square footage of crawlspace or enclosure(s) <u>0</u> sq ft					
b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade <u>0</u>					
c) Total net area of flood openings in A8.b <u>0</u> sq in					
d) Engineered flood openings? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
A9. For a building with an attached garage:					
a) Square footage of attached garage <u>0</u> sq ft					
b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade <u>0</u>					
c) Total net area of flood openings in A9.b <u>0</u> sq in					
d) Engineered flood openings? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION					
B1. NFIP Community Name & Community Number Columbia 120070			B2. County Name Columbia		B3. State Florida
B4. Map/Panel Number 12023C0467C	B5. Suffix C	B6. FIRM Index Date 02/04/2009	B7. FIRM Panel Effective/ Revised Date 02/04/2009	B8. Flood Zone(s) AE	B9. Base Flood Elevation(s) (Zone AO, use Base Flood Depth) 33
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9: <input type="checkbox"/> FIS Profile <input checked="" type="checkbox"/> FIRM <input type="checkbox"/> Community Determined <input type="checkbox"/> Other/Source: _____					
B11. Indicate elevation datum used for BFE in Item B9: <input type="checkbox"/> NGVD 1929 <input checked="" type="checkbox"/> NAVD 1988 <input type="checkbox"/> Other/Source: _____					
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Designation Date: _____ <input type="checkbox"/> CBRS <input type="checkbox"/> OPA					

ELEVATION CERTIFICATE

OMB No. 1660-0008
Expiration Date: November 30, 2018

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. 1164 SW Boston Terrace			Policy Number:
City Ft. White	State Florida	ZIP Code 32038	Company NAIC Number

SECTION C – BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)

C1. Building elevations are based on: ☐ Construction Drawings* ☐ Building Under Construction* ☒ Finished Construction

*A new Elevation Certificate will be required when construction of the building is complete.

C2. Elevations – Zones A1–A30, AE, AH, A (with BFE), VE, V1–V30, V (with BFE), AR, AR/A, AR/AE, AR/A1–A30, AR/AH, AR/AO. Complete Items C2.a–h below according to the building diagram specified in Item A7. In Puerto Rico only, enter meters.

Benchmark Utilized: spike in a sweet gum Vertical Datum: NAVD 88

Indicate elevation datum used for the elevations in items a) through h) below.

☐ NGVD 1929 ☒ NAVD 1988 ☐ Other/Source: _____

Datum used for building elevations must be the same as that used for the BFE.

Check the measurement used.

- | | | | |
|---|--------------|--|---------------------------------|
| a) Top of bottom floor (including basement, crawlspace, or enclosure floor) | <u>35.68</u> | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| b) Top of the next higher floor | _____ | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| c) Bottom of the lowest horizontal structural member (V Zones only) | _____ | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| d) Attached garage (top of slab) | _____ | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| e) Lowest elevation of machinery or equipment servicing the building
(Describe type of equipment and location in Comments) | <u>35.69</u> | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| f) Lowest adjacent (finished) grade next to building (LAG) | <u>32.0</u> | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| g) Highest adjacent (finished) grade next to building (HAG) | <u>32.4</u> | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support | _____ | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |

SECTION D – SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION

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

Were latitude and longitude in Section A provided by a licensed land surveyor? ☒ Yes ☐ No ☒ Check here if attachments.

Certifier's Name

L. Scott Britt

License Number

LS 5757

Title

Owner

Company Name

Britt Surveying and Mapping, LLC

Address

2086 SW Main Boulevard

City

Lake City

State

Florida

ZIP Code

32025

Signature



Date

07/26/2017

Telephone

(386) 752-7163

Place
Seal
Here

Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2) insurance agent/company, and (3) building owner.

Comments (including type of equipment and location, per C2(e), if applicable)

L-24733

C2e Air conditioner

The bottom of the electric meter can is 35.04 feet.

ELEVATION CERTIFICATEOMB No. 1660-0008
Expiration Date: November 30, 2018

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. 1164 SW Boston Terrace			Policy Number:
City Ft. White	State Florida	ZIP Code 32038	Company NAIC Number

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

For Zones AO and A (without BFE), complete Items E1–E5. If the Certificate is intended to support a LOMA or LOMR-F request, complete Sections A, B, and C. For Items E1–E4, use natural grade, if available. Check the measurement used. In Puerto Rico only, enter meters.

- E1. Provide elevation information for the following and check the appropriate boxes to show whether the elevation is above or below the highest adjacent grade (HAG) and the lowest adjacent grade (LAG).
- a) Top of bottom floor (including basement, crawlspace, or enclosure) is _____ ☒ feet ☐ meters ☐ above or ☒ below the HAG.
- b) Top of bottom floor (including basement, crawlspace, or enclosure) is _____ ☒ feet ☐ meters ☒ above or ☐ below the LAG.
- E2. For Building Diagrams 6–9 with permanent flood openings provided in Section A Items 8 and/or 9 (see pages 1–2 of Instructions), the next higher floor (elevation C2.b in the diagrams) of the building is _____ ☒ feet ☐ meters ☐ above or ☐ below the HAG.
- E3. Attached garage (top of slab) is _____ ☒ feet ☐ meters ☒ above or ☐ below the HAG.
- E4. Top of platform of machinery and/or equipment servicing the building is _____ ☒ feet ☐ meters ☒ above or ☐ below the HAG.
- E5. Zone AO only: If no flood depth number is available, is the top of the bottom floor elevated in accordance with the community's floodplain management ordinance? ☐ Yes ☐ No ☒ Unknown. The local official must certify this information in Section G.

SECTION F – PROPERTY OWNER (OR OWNER'S REPRESENTATIVE) CERTIFICATION

The property owner or owner's authorized representative who completes Sections A, B, and E for Zone A (without a FEMA-issued or community-issued BFE) or Zone AO must sign here. The statements in Sections A, B, and E are correct to the best of my knowledge.

Property Owner or Owner's Authorized Representative's Name

Address City State ZIP Code

Signature Date Telephone

Comments

☐ Check here if attachments.

ELEVATION CERTIFICATEOMB No. 1660-0008
Expiration Date: November 30, 2018

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. 1164 SW Boston Terrace			Policy Number:
City Ft. White	State Florida	ZIP Code 32038	Company NAIC Number

SECTION G – COMMUNITY INFORMATION (OPTIONAL)

The local official who is authorized by law or ordinance to administer the community's floodplain management ordinance can complete Sections A, B, C (or E), and G of this Elevation Certificate. Complete the applicable item(s) and sign below. Check the measurement used in Items G8–G10. In Puerto Rico only, enter meters.

- G1. ☐ The information in Section C was taken from other documentation that has been signed and sealed by a licensed surveyor, engineer, or architect who is authorized by law to certify elevation information. (Indicate the source and date of the elevation data in the Comments area below.)
- G2. ☐ A community official completed Section E for a building located in Zone A (without a FEMA-issued or community-issued BFE) or Zone AO.
- G3. ☐ The following information (Items G4–G10) is provided for community floodplain management purposes.

G4. Permit Number	G5. Date Permit Issued	G6. Date Certificate of Compliance/Occupancy Issued
-------------------	------------------------	---

- G7. This permit has been issued for: ☐ New Construction ☐ Substantial Improvement
- G8. Elevation of as-built lowest floor (including basement) of the building: _____ ☐ feet ☐ meters Datum _____
- G9. BFE or (in Zone AO) depth of flooding at the building site: _____ ☐ feet ☐ meters Datum _____
- G10. Community's design flood elevation: _____ ☐ feet ☐ meters Datum _____

Local Official's Name	Title
Community Name	Telephone
Signature	Date

Comments (including type of equipment and location, per C2(e), if applicable)

☐ Check here if attachments.

BUILDING PHOTOGRAPHS

ELEVATION CERTIFICATE

See Instructions for Item A6.

OMB No. 1660-0008

Expiration Date: November 30, 2018

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. 1164 SW Boston Terrace			Policy Number:
City Ft. White	State Florida	ZIP Code 32038	Company NAIC Number

If using the Elevation Certificate to obtain NFIP flood insurance, affix at least 2 building photographs below according to the instructions for Item A6. Identify all photographs with date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." When applicable, photographs must show the foundation with representative examples of the flood openings or vents, as indicated in Section A8. If submitting more photographs than will fit on this page, use the Continuation Page.



Photo One

Photo One Caption Front View



Photo Two

Photo Two Caption Rear View

ELEVATION CERTIFICATE**BUILDING PHOTOGRAPHS**

Continuation Page

OMB No. 1660-0008

Expiration Date: November 30, 2018

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. 1164 SW Boston Terrace			Policy Number:
City Ft. White	State Florida	ZIP Code 32038	Company NAIC Number

If submitting more photographs than will fit on the preceding page, affix the additional photographs below. Identify all photographs with: date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." When applicable, photographs must show the foundation with representative examples of the flood openings or vents, as indicated in Section A8.



Photo One

Photo One Caption Left Side



Photo Two

Photo Two Caption Right Side