

DATE05/08/2014

Columbia County Building Permit

PERMIT

This Permit Must Be Prominently Posted on Premises During Construction

000031942

APPLICANT

TRAVIS LAMONDA

PHONE

438-3622

ADDRESS

3229SW MAIN BLVD

LAKE CITY

FL

32025

OWNER

JOSEPH MORACA

PHONE

941.586.6888

ADDRESS

301NW ABRAHM PL

WHITE SPRINGS

FL

32096

CONTRACTOR

TRAVIS LAMONDA

PHONE

438-3622

LOCATION OF PROPERTY

41-N TO SUWANNEE VALLEY,TL TO 3.2 MILES TO DON HART,TR TO

2/10 OF A MILE TO ABRAM @ DEADEND, DRIVE ON R AFTER RD SIGN

TYPE DEVELOPMENT

OPEN DECK

ESTIMATED COST OF CONSTRUCTION

7000.00

HEATED FLOOR AREA

TOTAL AREA

HEIGHT

STORIES

FOUNDATION

WALLS

ROOF PITCH

FLOOR

WOOD

LAND USE & ZONING

ESA-2

MAX. HEIGHT

35

Minimum Set Back Requirments:

STREET-FRONT

30.00

REAR

25.00

SIDE

25.00

NO. EX.D.U.

1

FLOOD ZONE

AE

DEVELOPMENT PERMIT NO.

PARCEL ID

24-2S-15-00089-004

SUBDIVISION

LOT

BLOCK

PHASE

UNIT

TOTAL ACRES

21.00

CBC1259821

Culvert Permit No.

Culvert Waiver

Contractor's License Number

Applicant/Owner/Contractor

EXISTING

NA

BK

TC

N

Driveway Connection

Septic Tank Number

LU & Zoning checked by

Approved for Issuance

New Resident

COMMENTS:

OPEN DECK - NO WALLS OR ROOF

NOT SUBSTANTIAL IMPROVEMENT, HAVE ELEVATION CERT FROM MH (31726)

Check # or Cash

2024

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 \$

35.00

CERTIFICATION FEE \$

0.00

SURCHARGE FEE \$

0.00

MISC. FEES \$

0.00

ZONING CERT. FEE \$

50.00

FIRE FEE \$

0.00

WASTE FEE \$

FLOOD DEVELOPMENT FEE \$

FLOOD ZONE FEE \$

CULVERT FEE \$

TOTAL FEE

85.00

INSPECTORS OFFICE

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.
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 RECIEVES AN APPROVED INSPECTION EVERY 180 DAYS. WORK SHALL BE CONSIDERED NOT SUSPENDED, ABANDONED OR INVALID WHEN THE PERMIT HAS RECIEVED AN APPROVED INSPECTION WITHIN 180 DAYS OT THE PREVIOUS INSPECTION.

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

PERMIT
000031726

Check # or Cash 4738

(footer/Slab)

INSPECTORS OFFICE _____ CLERKS OFFICE _____

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

Columbia County Building Permit Application

\$ 85.00

date 2024

31724

For Office Use Only Application # 1404-71 Date Received 4/29/14 By LH Permit # 31942
 Zoning Official BK Date 6 MAY 2014 Flood Zone AE Land Use ESA Zoning ESA-2
 FEMA Map # 0167C Elevation N/A MFE N/A River Suwannee Plans Examiner J.C. Date 5-6-14
 Comments Does not meet definition of Substantial Improvement
☒ NOC ☒ DEH ☐ Deed or PA ☒ Site Plan ☐ State Road Info ☒ Well letter ☐ 911 Sheet ☐ Parent Parcel # _____
☐ Dev Permit # _____ ☐ In Floodway ☐ Letter of Auth. from Contractor ☐ F W Comp. letter
 IMPACT FEES: EMS _____ Fire _____ Corr _____ ☐ Sub VF Form
 Road/Code _____ School _____ = TOTAL (Suspended) ☐ Ellisville Water ☒ App Fee Paid

Septic Permit No. N/A Fax _____

Name Authorized Person Signing Permit Travis Lamonda Phone 438-3622

Address 3229 SW Main Blvd, Lake City, FL 32025

Owners Name Joseph Moraca Phone 941-586-6888

911 Address 301 NW Abram PL, Lake City, FL 32096 WATER SPRINGS

Contractors Name Travis Lamonda Phone 438-3622

Address 3229 SW Main Blvd, Lake City, FL 32025

Fee Simple Owner Name & Address N/A

Bonding Co. Name & Address N/A

Architect/Engineer Name & Address N/A

Mortgage Lenders Name & Address N/A

Circle the correct power company - FL Power & Light - Clay Elec. - Suwannee Valley Elec. - Progress Energy

Property ID Number 24-2S-15-00089-004 Estimated Cost of Construction \$7000

Subdivision Name _____ Lot _____ Block _____ Unit _____ Phase _____

Driving Directions 41N - (L) Suwannee Valley (R) Don Rd - (R) Abram
to dead end, driveway on R AFTER road sign

Number of Existing Dwellings on Property 1

Construction of Deck - (Not Roof or Walls) Total Acreage 21 Lot Size _____

Do you need a - Culvert Permit or Culvert Waiver or Have an Existing Drive Total Building Height _____

Actual Distance of Structure from Property Lines - Front 1.00 Side 1.00 Side 1.00 Rear .85

Number of Stories 1 Heated Floor Area _____ Total Floor Area _____ Roof Pitch 3/12

Application is hereby made to obtain a permit to do 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 be performed to meet the standards of all laws regulating construction in this jurisdiction. **CODE:** Florida Building Code 2010 and the 2008 National Electrical Code.

☒ Spoke to Travis 4/29/14 about getting value of MH.

5.214
5.214

Columbia County Building Permit Application

TIME LIMITATIONS OF APPLICATION : An application for a permit for any proposed work shall be deemed to have been abandoned 180 days after the date of filing, unless such application has been pursued in good faith or a permit has been issued; except that the building official is authorized to grant one or more extensions of time for additional periods not exceeding 90 days each. The extension shall be requested in writing and justifiable cause demonstrated.

TIME LIMITATIONS OF PERMITS: 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 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 approved inspection.

FLORIDA'S CONSTRUCTION LIEN LAW: Protect Yourself and Your Investment: According to Florida Law, those who work on your property or provide materials, and are not paid-in-full, have a right to enforce their claim for payment against your property. This claim is known as a construction lien. If your contractor fails to pay subcontractors or material suppliers or neglects to make other legally required payments, the people who are owed money may look to your property for payment, even if you have paid your contractor in full. This means if a lien is filed against your property, it could be sold against your will to pay for labor, materials or other services which your contractor may have failed to pay.

NOTICE OF RESPONSIBILITY TO BUILDING PERMITEE: **YOU ARE HEREBY NOTIFIED** as the recipient of a building permit from Columbia County, Florida, you will be held responsible to the County for any damage to sidewalks and/or road curbs and gutters, concrete features and structures, together with damage to drainage facilities, removal of sod, major changes to lot grades that result in ponding of water, or other damage to roadway and other public infrastructure facilities caused by you or your contractor, subcontractors, agents or representatives in the construction and/or improvement of the building and lot for which this permit is issued. No certificate of occupancy will be issued until all corrective work to these public infrastructures and facilities has been corrected.

WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOU PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT.

OWNERS CERTIFICATION: I CERTIFY THAT ALL THE FOREGOING INFORMATION IS ACCURATE AND THAT ALL WORK WILL BE DONE IN COMPLIANCE WITH ALL APPLICABLE LAWS REGULATING CONSTRUCTION AND ZONING.

NOTICE TO OWNER: There are some properties that may have deed restrictions recorded upon them. These restrictions may limit or prohibit the work applied for in your building permit. You must verify if your property is encumbered by any restrictions or face possible litigation and or fines.

(Owners Must Sign All Applications Before Permit Issuance.)

Owners Signature

****OWNER BUILDERS MUST PERSONALLY APPEAR AND SIGN THE BUILDING PERMIT.**

CONTRACTORS AFFIDAVIT: By my signature I understand and agree that I have informed and provided this written statement to the owner of all the above written responsibilities in Columbia County for obtaining this Building Permit including all application and permit time limitations.

Contractor's Signature (Permitee)

Contractor's License Number CBC 1259821
Columbia County
Competency Card Number 1462 ✓

Affirmed under penalty of perjury to by the Contractor and subscribed before me this 29 day of April 2014.

Personally known _____ or Produced Identification FLDL

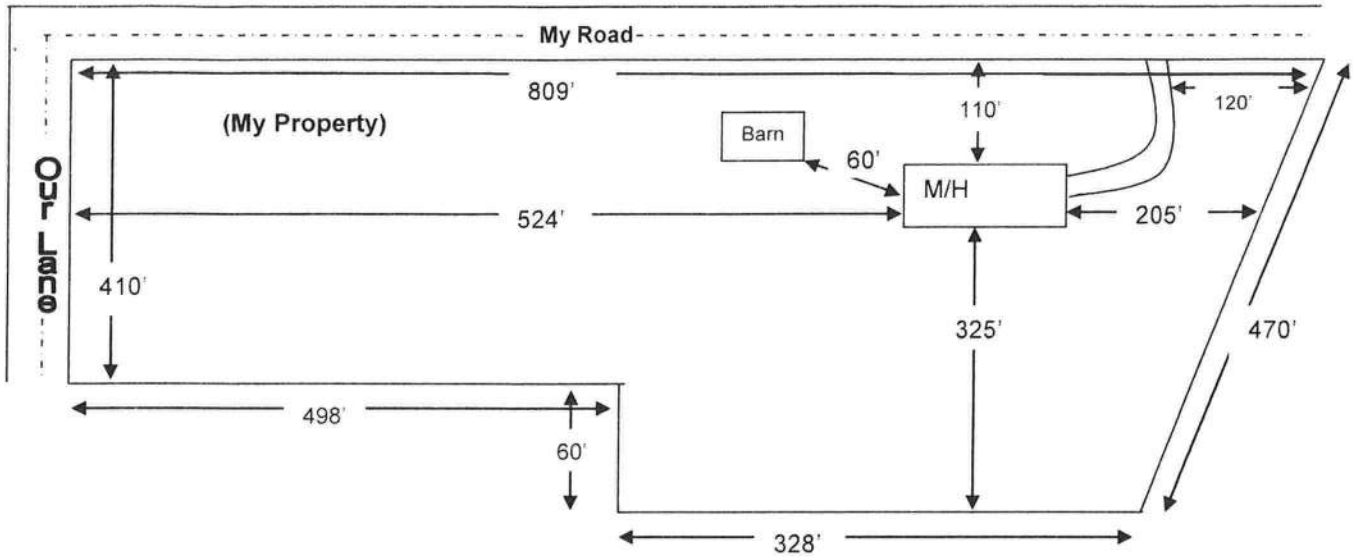
State of Florida Notary Signature (For the Contractor)

SEAL:



SITE PLAN EXAMPLE / WORKSHEET

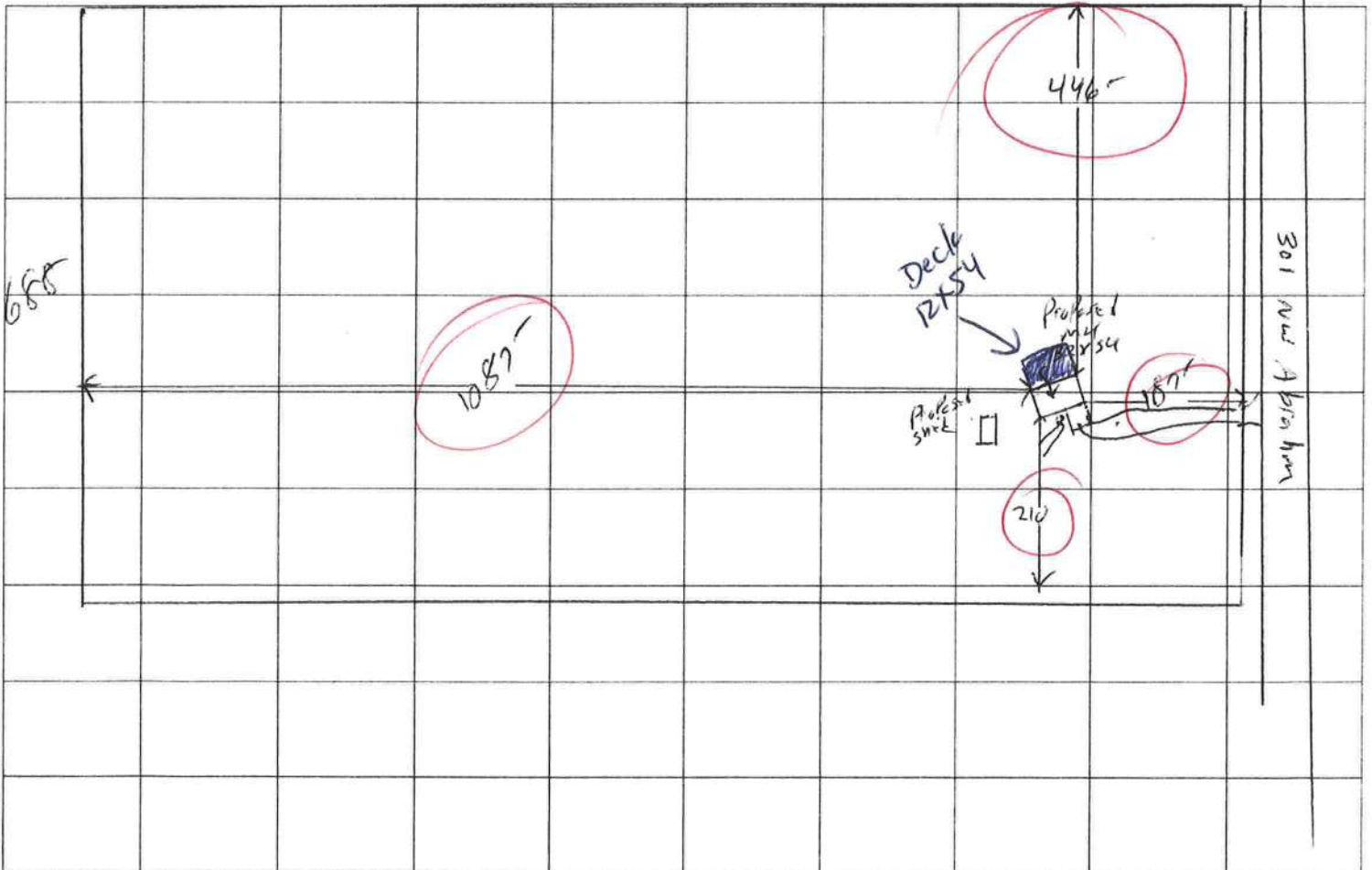
31942



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

1328'

N4



SUBCONTRACTOR VERIFICATION FORM


 APPLICATION NUMBER 1404-71 CONTRACTOR Travis Lamonda PHONE 438-3622

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

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	Print Name _____ License #: _____	Signature _____ Phone #: _____
MECHANICAL/ A/C	Print Name _____ License #: _____	Signature _____ Phone #: _____
PLUMBING/ GAS	Print Name _____ License #: _____	Signature _____ Phone #: _____
ROOFING	Print Name _____ License #: _____	Signature _____ Phone #: _____
SHEET METAL	Print Name _____ License #: _____	Signature _____ Phone #: _____
FIRE SYSTEM/ SPRINKLER	Print Name _____ License #: _____	Signature _____ Phone #: _____
SOLAR	Print Name _____ License #: _____	Signature _____ Phone #: _____

Specialty License	License Number	Sub-Contractors Printed Name	Sub-Contractors Signature
MASON			
CONCRETE FINISHER			
✓ FRAMING 1462	CBC1259821	TRAVIS LAMONDA Affinity Construction	
INSULATION			
STUCCO			
DRYWALL			
PLASTER			
CABINET INSTALLER			
PAINTING			
ACOUSTICAL CEILING			
GLASS			
CERAMIC TILE			
FLOOR COVERING			
ALUM/VINYL SIDING			
GARAGE DOOR			
METAL BLDG ERECTOR			

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.

Columbia County Property Appraiser

CAMA updated: 4/3/2014

2013 Tax Year

Parcel: 24-2S-15-00089-004

<< Next Lower Parcel Next Higher Parcel >>

Tax Collector

Tax Estimator

Property Card

Parcel List Generator

Interactive GIS Map

Print

Search Result: 1 of 1

Owner & Property Info

Owner's Name	MORACA JOSEPH & RHONDA		
Mailing Address	P O BOX 135 WHITE SPRING, FL 32096		
Site Address			
Use Desc. (code)	NO AG ACRE (009900)		
Tax District	3 (County)	Neighborhood	24215
Land Area	21.000 ACRES	Market Area	03
Description	NOTE: This description is not to be used as the Legal Description for this parcel in any legal transaction. W 21 AC OF NE1/4 OF SW1/4 DESC AS: BEG SW COR OF NE1/4 OF SW1/4, N 1328.02 FT, E 688.64 FT, S 1328.26 FT, W 688.63 FT TO POB. ORB 447-268, WD 1030-1192. WD 1252-1308		



Property & Assessment Values

2013 Certified Values		
Mkt Land Value	cnt: (0)	\$46,283.00
Ag Land Value	cnt: (1)	\$0.00
Building Value	cnt: (0)	\$0.00
XFOB Value	cnt: (0)	\$0.00
Total Appraised Value		\$46,283.00
Just Value		\$46,283.00
Class Value		\$0.00
Assessed Value		\$46,283.00
Exempt Value		\$0.00
Total Taxable Value	Cnty: \$46,283 Other: \$46,283 Schl: \$46,283	

2014 Working Values

NOTE:
2014 Working Values are NOT certified values and therefore are subject to change before being finalized for ad valorem assessment purposes.

[Show Working Values](#)

Sales History

[Show Similar Sales within 1/2 mile](#)

Sale Date	OR Book/Page	OR Code	Vacant / Improved	Qualified Sale	Sale RCode	Sale Price
3/28/2013	1252/1308	WD	V	Q	01	\$54,000.00
10/5/2004	1030/1192	WD	V	Q		\$40,000.00

Building Characteristics

Bldg Item	Bldg Desc	Year Blt	Ext. Walls	Heated S.F.	Actual S.F.	Bldg Value
NONE						

Extra Features & Out Buildings

Code	Desc	Year Blt	Value	Units	Dims	Condition (% Good)
NONE						

Land Breakdown

Lnd Code	Desc	Units	Adjustments	Eff Rate	Lnd Value
009900	AC NON-AG (MKT)	21 AC	1.00/1.00/1.00/0.85	\$2,203.95	\$46,283.00

Columbia County Property Appraiser

CAMA updated: 4/3/2014

COLUMBIA COUNTY 9-1-1 ADDRESSING

P. O. Box 1787, Lake City, FL 32056-1787
PHONE: (386) 758-1125 * FAX: (386) 758-1363 * 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: 10/23/2013 DATE ISSUED: 10/25/2013

ENHANCED 9-1-1 ADDRESS:

301 NW ABRAHM

PL

WHITE SPRINGS FL 32086

PROPERTY APPRAISER PARCEL NUMBER:

24-2S-15-00089-004

Remarks:

ADDRESS FOR PROPOSED STRUCTURE ON PARCEL.

Address Issued By: 

Columbia County 9-1-1 Addressing/CIS 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.

CUST Already Has 911
Address

2875

PRODUCT APPROVAL SPECIFICATION SHEET

As required by Florida Statute 553.842 and Florida Administrative Code 9B-72, please provide the information and approval numbers on the building components listed below if they will be utilized on the construction project for which you are applying for a building permit. We recommend you contact your local product supplier should you not know the product approval number for any of the applicable listed products.

Category/Subcategory	Manufacturer	Product Description	Approval Number(s)
1. EXTERIOR DOORS			
A. SWINGING			
B. SLIDING			
C. SECTIONAL			
D. ROLL UP			
E. AUTOMATIC			
F. OTHER			
2. WINDOWS			
A. SINGLE HUNG			
B. HORIZONTAL SLIDER			
C. CASEMENT			
D. DOUBLE HUNG			
E. FIXED			
F. AWNING			
G. PASS THROUGH			
H. PROJECTED			
I. MULLION			
J. WIND BREAKER			
K. DUAL ACTION			
L. OTHER			
3. PANEL WALL			
A. SIDING			
B. SOFFITS			
C. EIFS			
D. STOREFRONTS			
E. CURTAIN WALLS			
F. WALL LOUVER			
G. GLASS BLOCK			
H. MEMBRANE			
I. GREENHOUSE			
J. OTHER			
4. ROOFING PRODUCTS			
A. ASPHALT SHINGLES			
B. UNDERLAYMENTS			
C. ROOFING FASTENERS			
D. NON-STRUCTURAL METAL ROOFING			
E. WOOD SHINGLES AND SHAKES			
F. ROOFING TILES			
G. ROOFING INSULATION			
H. WATERPROOFING			
I. BUILT UP ROOFING ROOF SYSTEMS			
J. MODIFIED BITUMEN			
K. SINGLE PLY ROOF SYSTEMS			
L. ROOFING SLATE			
M. CEMENTS-ADHESIVES COATINGS			

Category/Subcategory	Manufacturer	Product Description	Approval Number(s)
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Morana

FREE STANDING DECK

HOUSE

← 2x10 →

← 2x8 →

2x10

2x8

2x8

2x8

2x8

← 2x8 →

← 2x10 →

4x4

← 2x8 →

4x4

21 - 4x4 PT POSTS w/ #40lb concrete per post

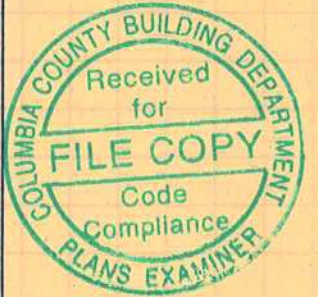
2x10 PT OUTER BAND

2x8 PT INNER BAND

2x8 PT FLOOR JOISTS w/ 2x8 buckeys

2x6 PT DECK BOARDS

3" Deck Screws



District No. 1 - Ronald Williams
District No. 2 - Rusty DePratter
District No. 3 - Bucky Nash
District No. 4 - Stephen E. Bailey
District No. 5 - Scarlet P. Frisina

permit # 31726

BOARD OF COUNTY COMMISSIONERS • COLUMBIA COUNTY

Memo of review for correctness and completion



In accordance with participation in the NFIP/CRS program, all elevation certificates are required to be reviewed for correctness and completion prior to acceptance by the community. This form shall be attached to all elevation certificates maintained on file and provided with requested copies of elevation certificates.

- _____ The attached certificate requires correction by the surveyor of section (s) _____ prior to acceptance by the community.
- ☒ The attached elevation certificate is complete and correct.
- _____ Minor corrections have been made in the below marked section(s) by the authorized Community Official.

SECTION A - PROPERTY INFORMATION

A1. Building Owner's Name		For Insurance Company Use:
		Policy Number
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.		Company NAIC Number
City	State	ZIP Code
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)		
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.)		
A5. Latitude/Longitude: Lat. _____ Long. _____		Horizontal Datum: <input type="checkbox"/> NAD 1927 <input type="checkbox"/> NAD 1983
A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insurance.		
A7. Building Diagram Number _____		
A8. For a building with a crawl space or enclosure(s), provide:		A9. For a building with an attached garage, provide:
a) Square footage of crawl space or enclosure(s) _____ sq ft		a) Square footage of attached garage _____ sq ft
b) No. of permanent flood openings in the crawl space or enclosure(s) walls within 1.0 foot above adjacent grade _____		b) No. of permanent flood openings in the attached garage walls within 1.0 foot above adjacent grade _____
c) Total net area of flood openings in A8.b _____ sq in		c) Total net area of flood openings in A9.b _____ sq in

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP Community Name & Community Number		B2. County Name		B3. State	
B4. Map/Panel Number	B5. Suffix	B6. FIRM Index Date	B7. FIRM Panel Effective/Revised Date	B8. Flood Zone(s)	B9. Base Flood Elevation(s) (Zone AO, use base flood depth)
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9. <input type="checkbox"/> FIS Profile <input type="checkbox"/> FIRM <input type="checkbox"/> Community Determined <input type="checkbox"/> Other (Describe) _____					
B11. Indicate elevation datum used for BFE in Item B9: <input type="checkbox"/> NGVD 1929 <input type="checkbox"/> NAVD 1988 <input type="checkbox"/> Other (Describe) _____					
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? Designation Date _____ <input type="checkbox"/> CBRS <input type="checkbox"/> OPA <input type="checkbox"/> Yes <input type="checkbox"/> No					

Comments: _____

Date of Review: 21 FEB 2014

Community Official: B. L. L.

All elevation certificates shall be maintained by the community and copies with the attached memo made available upon request.

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

ELEVATION CERTIFICATE

Important: Read the instructions on pages 1-9.

OMB No. 1660-0008
Expiration Date: July 31, 2015

SECTION A - PROPERTY INFORMATION

A1. Building Owner's Name Joe Moraca

A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.
301 NW Abraham Place

City White Springs

State FL

ZIP Code 32096

A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)
West 21 acres of NE 1/4 of SW 1/4 / 24-2S-15-00089-004

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

A5. Latitude/Longitude: Lat. 30°17.795' Long. 82°46.375' 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 5

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

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

A9. For a building with an attached garage:

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

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP Community Name & Community Number
Columbia 120070

B2. County Name
Columbia

B3. State
FL

B4. Map/Panel Number
12023C0167C

B5. Suffix
C

B6. FIRM Index Date
04 Feb 2009

B7. FIRM Panel
Effective/Revised Date
04 Feb 2009

B8. Flood
Zone(s)
AE

B9. Base Flood Elevation(s) (Zone
AO, use base flood depth)
86

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/Source: _____

B11. Indicate elevation datum used for BFE in Item B9: ☐ NGVD 1929 ☒ NAVD 1988 ☐ Other/Source: _____

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

SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)

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

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

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

Benchmark Utilized: Spike in power pole

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>89.86</u> | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| b) Top of the next higher floor | <u>N/A</u> | <input type="checkbox"/> feet | <input type="checkbox"/> meters |
| c) Bottom of the lowest horizontal structural member (V Zones only) | <u>N/A</u> | <input type="checkbox"/> feet | <input type="checkbox"/> meters |
| d) Attached garage (top of slab) | <u>N/A</u> | <input 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>87.17</u> | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| f) Lowest adjacent (finished) grade next to building (LAG) | <u>86.2</u> | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| g) Highest adjacent (finished) grade next to building (HAG) | <u>86.9</u> | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support | <u>N/A</u> | <input 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.

☐ Check here if comments are provided on back of form.

☒ Check here if attachments.

Were latitude and longitude in Section A provided by a licensed land surveyor? ☒ Yes ☐ No

Certifier's Name L. Scott Britt

License Number LS 5757

Title Chief Surveyor

Company Name Britt Surveying and Mapping, LLC

Address 2086 SW Main Blvd. #112

City Lake City

State FL

ZIP Code 32025

Signature 

Date 2/20/14

Telephone 386-752-7163

PLAN
SEAL
HERE

ELEVATION CERTIFICATE, page 2

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. 301 NW Abraham Place		Policy Number:
City White Springs	State FL ZIP Code 32096	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-22973
See Attachment
Signature

Date 2/20/14

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 8–9 of Instructions), the next higher floor (elevation C2.b in the diagrams) of the building is _____ ☐ feet ☐ meters ☐ above or ☐ below the HAG.
- E3. Attached garage (top of slab) is _____ ☐ feet ☐ meters ☐ above or ☐ below the HAG.
- E4. Top of platform of machinery and/or equipment servicing the building is _____ ☐ feet ☐ meters ☐ above or ☐ below the HAG.
- E5. Zone AO only: If no flood depth number is available, is the top of the bottom floor elevated in accordance with the community's floodplain management ordinance? ☐ Yes ☐ No ☐ Unknown. The local official must certify this information in Section G.

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

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

Property Owner's or Owner's Authorized Representative's Name

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. 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: <input type="checkbox"/> New Construction <input type="checkbox"/> Substantial Improvement		
G8. Elevation of as-built lowest floor (including basement) of the building: _____ <input type="checkbox"/> feet <input type="checkbox"/> meters Datum _____		
G9. BFE or (in Zone AO) depth of flooding at the building site: _____ <input type="checkbox"/> feet <input type="checkbox"/> meters Datum _____		
G10. Community's design flood elevation: _____ <input type="checkbox"/> feet <input type="checkbox"/> meters Datum _____		

Local Official's Name	Title
Community Name	Telephone
Signature	Date
Comments	

☐ Check here if attachments.

Building Photographs

See Instructions for Item A6.

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.
301 NW Abrahm Place

Policy Number:

City White Springs

State FL

ZIP Code 32069

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.

Front View



Building Photographs

Continuation Page

IMPORTANT: In these spaces, copy the corresponding information from Section A.Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.
301 NW Abrahm Place

City White Springs

State FL

ZIP Code 32069

FOR INSURANCE COMPANY USE

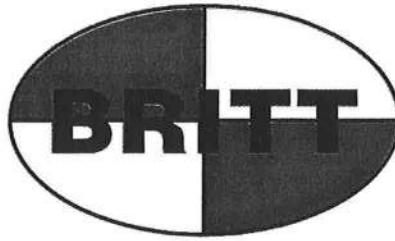
Policy Number:

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.

Rear View





BRITT SURVEYING

Land Surveyors and Mappers

LAKE CITY • VENICE • SARASOTA

Section A

A1 No additional comment

A2 The address is taken from the public records and confirmed by the client

A3 – A4 No additional comment

A5 Hand Held GPS coordinate at the center of building along the front wall

A6 The attached photographs were taken by Britt Surveying and Mapping, LLC.

A7 – A8 No additional comment

A9 No Attached Garage

Section B

B1 – B7 No additional comment

B8 This building appears to be in Zone AE per FIRM.

B9 – B10 The BFE as shown hereon is based on the closest FIRM elevation shown

B11 – B12 No additional comment

Section C

C1 No additional comment

C2 There is a benchmark in a power pole whose elevation is determined to be 86.32 feet NAVD 88 datum.

C2 a One story residence

C2 b-d No additional comment

C2 e Air Conditioner

C2 f - h No additional comment

Section D

No additional comment

Section E

No additional comment

Section F

No additional comment

Section G

No additional comment

Photographs

The attached photographs were taken by Britt Surveying & Associates, Inc.

SALE AGREEMENT

Jacobsen Homes of Lake City



DATE OF BIRTH
HIM
HER

3973 W. U.S. Hwy. 90
Lake City, Florida 32055

DRIVER'S LICENSE
HIM
HER

Ph. 386-438-8458 • Fax: 386-438-8472

Locally Owned and Operated

MODEL **MORACA** AND **135 WHITE Springs FL** PHONE **32096** DATE **12/3/13**
SALESMAN

MODEL **Imp-4524W-303** B. ROOMS **3** FLOOR SIZE **32'W 54'** HITCH SIZE **52'W**
NEW USED COLOR **Green Cypress** PROPOSED DELIVERY DATE **ASAP**

OPTIONAL EQUIPMENT, LABOR AND ACCESSORIES

Model on Delivery
Model #
Set up to state code
Tan Coleman 1/2 pump
Code Mini Dares
2 WHITE VINYL T-LOCK SKIRTS
1, Re-House Elec, Vinyl Floor
1, 1/2" Mini Dares
1, 1/2" Mini Dares

PRICE OF UNIT **\$78427**

OPTIONAL EQUIPMENT		
COST OF SET-UP PARTS		
SUB-TOTAL		
SALES TAX		
NON-TAXABLE ITEMS		
VARIOUS FEES		
1 CASH PRICE		
TRADE-IN ALLOWANCE	\$	
LESS BAL DUE ON ABOVE	\$	
NET ALLOWANCE		
CASH DOWN PAYMENT		
2 LESS TOTAL CREDITS		
3 UNPAID BALANCE OF CASH SALE PRICE	\$	

Title to said equipment shall remain in the Seller until the agreed purchase price therefor is paid in full or by the execution of a Retail Installment Contract and its acceptance by a financing agency; thereupon title to the within described equipment shall pass to the buyer as of the date of either full payment or on the signing of said credit instrument, even though the actual physical delivery may be made until a later date.

IT IS MUTUALLY UNDERSTOOD THAT THIS AGREEMENT IS SUBJECT TO NECESSARY CORRECTIONS, AND ADJUSTMENTS CONCERNING NET PAYOFF ON TRADE-IN TO BE MADE AT THE TIME OF SETTLEMENT.

Purchaser represents he/she examined the product and found it acceptable for his/her particular needs, and that it is of acceptable quality and that purchaser relied upon his/her judgement and inspection in making this determination.

There is no assurance a mobile home can remain level if placed upon any surface other than of blacktop or concrete.

Seller is not responsible for obtaining health or sanitation permits or for making plumbing or electrical connections, or connecting of gas or propane appliances where state or local ordinances require a plumber or electrician to do so. Special building ordinances or laws governing electrical or construction changes are not the responsibility of the manufacturer. Seller is not responsible for obtaining health or sanitation permits.