

C1007 9907

Bowron

PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

For Office Use Only (Revised 7-1-15) Zoning Official 2/14/18 Building Official 2/14/18

AP# 1804-109 Date Received 4/25 By JN Permit # 36834

Flood Zone AE Development Permit NO-AP-EC Zoning ESA-2 Land Use Plan Map Category ESA

Comments Elevation Certificate provided states the lowest adjacent grade is 92.50'. Natural ground elevation is above the required 88'. Nothing else needed.

FEMA Map# 186C Elevation 87' Finished Floor 88' River NO In Floodway NO

☐ Recorded Deed or ☒ Property Appraiser PO ☐ Site Plan ☒ EH # 18-0433 ☐ 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 ☐ Out County ☐ In-County ☐ Sub VF Form

Property ID # 19-25-16-01653-117 Subdivision Rolling Pines Lot# 17

- New Mobile Home ☒ Used Mobile Home ☐ MH Size 32x60 Year 2018
- Applicant William "Bo" Royals Phone # 754-6737
- Address 4043 US 90 West. Lake City, FL 32055
- Name of Property Owner CATHERINE BOWRON Phone# (239) 691-5382
- 911 Address 218 NW Sophie Dr White Springs FL 32096
- Circle the correct power company - FL Power & Light - Clay Electric
(Circle One) - Suwannee Valley Electric - Duke Energy
- Name of Owner of Mobile Home CATHERINE BOWRON Phone # (239) 691-5382
Address 138 NW MADEIRA TERR Lake City, FL 32055
- Relationship to Property Owner Self/owner
- Current Number of Dwellings on Property 0
- Lot Size 4.1 Total Acreage 4.1
- 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 75N to White Springs exit 136 Head towards White Springs TR White Springs Ave TL on NW Sophie Dr. Go approx. 1 mile property on right at curve
- Name of Licensed Dealer/Installer Robert Sheppard Phone # 386-623-2203
- Installers Address 6355 SE CR 245 Lake City FL 32025
- License Number IH1025386 Installation Decal # 48710

Bo is aware of what's needed 4.25.18

JT spoke w Bo 5.2.18

Ut spoke to Paula and Catherine 5-16-18

\$512.68

Mobile Home Permit Worksheet

Application Number: _____

Date: _____

Installer: Robert Sheppard License # ITH1025386

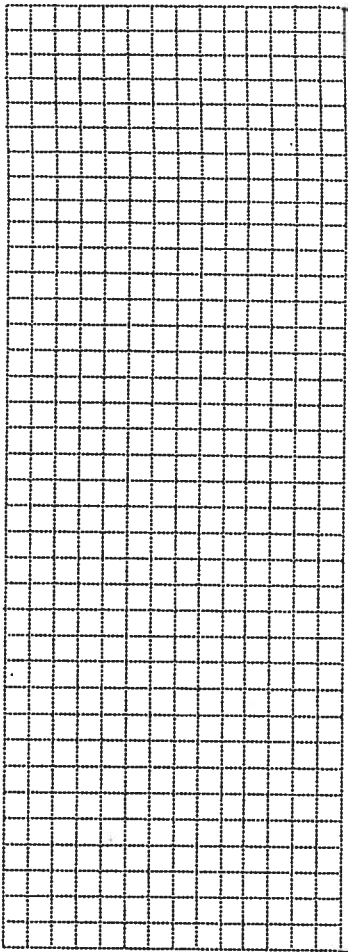
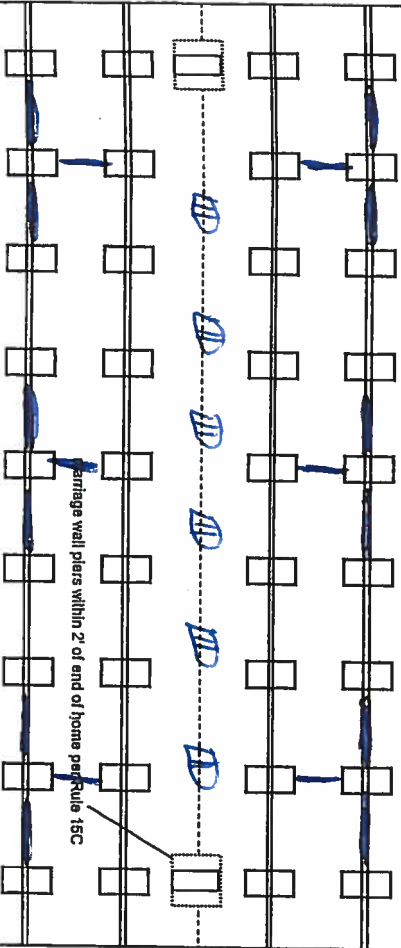
Address of home being installed _____

Manufacturer Pesting Length x width 32x64

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

Typical pier spacing 5'
2' lateral
longitudinal
Show locations of Longitudinal and Lateral Systems
(use dark lines to show these locations)



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 # 48706

Triple/Quad ☐ Serial # DISH006016403

PIER SPACING TABLE FOR USED HOMES

Load bearing capacity (sq in)	Footer size (256)	18 1/2" x 18 (342)	20" x 20" (400)	22" x 22" (484)*	24" x 24" (576)*	26" x 26" (676)
1000 psf	3'	4'	5'	6'	7'	8'
1500 psf	4' 6"	6'	7'	8'	8'	8'
2000 psf	6'	8'	8'	8'	8'	8'
2500 psf	7' 6"	8'	8'	8'	8'	8'
3000 psf	8'	8'	8'	8'	8'	8'
3500 psf	8'	8'	8'	8'	8'	8'

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

PIER PAD SIZES

I-beam pier pad size 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.

POPULAR PAD SIZES

Pad Size	Sq In
16 x 16	256
16 x 18	288
18.5 x 18.5	342
16 x 22.5	360
17 x 22	374
13 1/4 x 26 1/4	348
20 x 20	400
17 3/16 x 25 3/16	441
17 1/2 x 25 1/2	446
24 x 24	576
26 x 26	676

ANCHORS

4 ft ☒ 5 ft ☐

FRAME TIES

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

OTHER TIES

Longitudinal Stabilizing Device (LSD)
Manufacturer Oliver Heir
Longitudinal Stabilizing Device w/ Lateral Arms
Manufacturer Oliver Heir

Sidewall 28
Longitudinal 63
Marriage wall 34
Shearwall 34

Mobile Home Permit Worksheet

Application Number: _____

Date: _____

POCKET PENETROMETER TEST

The pocket penetrometer tests are rounded down to 1500 psi or check here to declare 1000 lb. soil without testing.

X 1500 X 1500 X 1500

POCKET PENETROMETER TESTING METHOD

1. Test the perimeter of the home at 6 locations.
2. Take the reading at the depth of the footer.
3. Using 500 lb. increments, take the lowest reading and round down to that increment.

X 1600 X 1500 X 1600

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 centerline tie points where the torque test reading is 275 or less and where the mobile home manufacturer may requires anchors with 4000 lb holding capacity.

RS Installer's initials

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name

Robert Shepard

Date Tested

2-13-18

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. 29

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. 28

Site Preparation

Debris and organic material removed ☒ Swale ☒ Pad ☒ Other ☐

Fastening multi wide units

Floor: Type Fastener: 1945 Length: 5" Spacing: 16"
Walls: Type Fastener: 5045 Length: 4" Spacing: 16"
Roof: Type Fastener: 1945 Length: 6" Spacing: 16"
For used homes a min. 30 gauge, 8" wide, galvanized metal strip will be centered over the peak of the roof and fastened with galv. roofing nails at 2" on center on both sides of the centerline.

Gasket (weatherproofing requirement)

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

Installer's initials

Type gasket F044
Pg. 22

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

Weatherproofing

The bottomboard will be repaired and/or taped. Yes ☒ Pg. 29
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 ☐ N/A ☒
Range downflow vent installed outside of skirting. Yes ☐ N/A ☒
Drain lines supported at 4 foot intervals. Yes ☒
Electrical crossovers protected. Yes ☒
Other: ☐

Installer verifies all information given with this permit worksheet is accurate and true based on the manufacturer's installation instructions and or Rule 15C-1 & 2

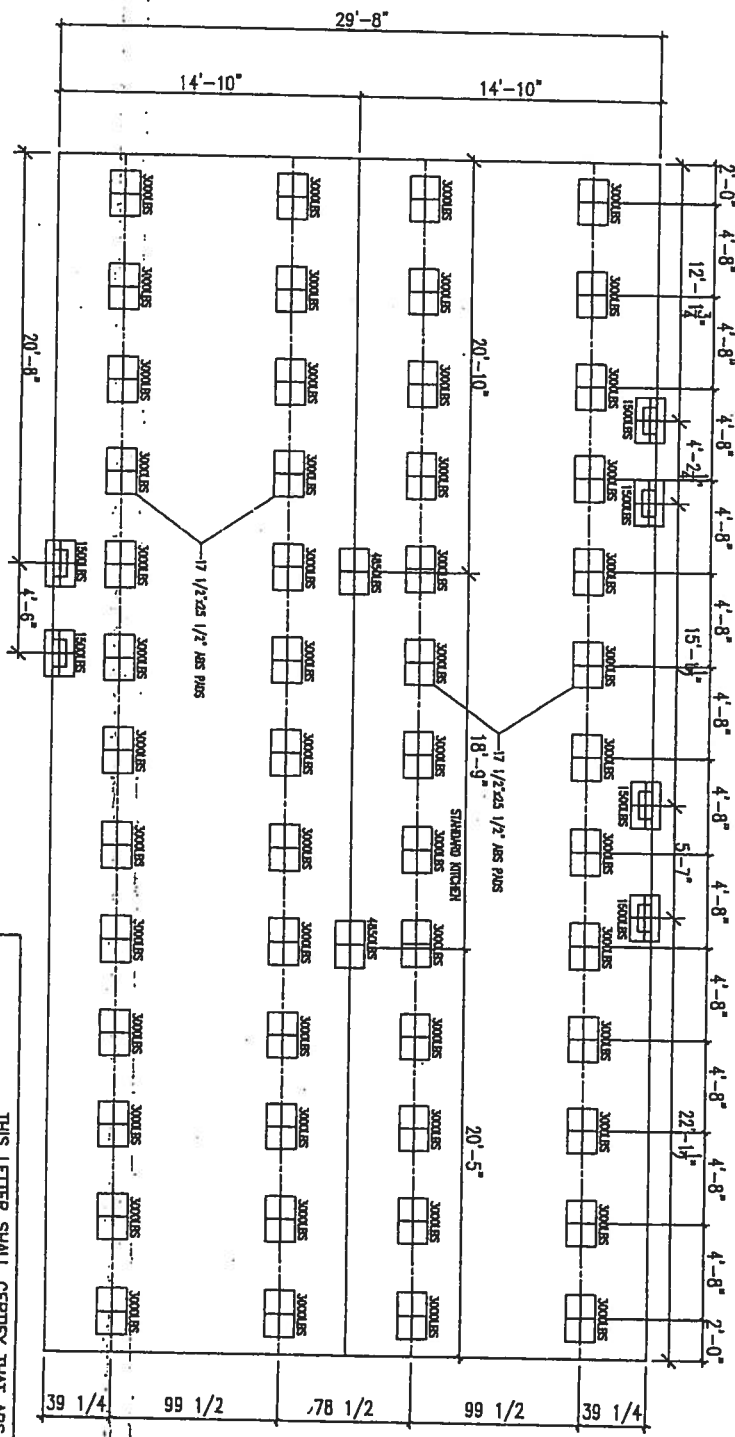
Installer Signature

Robert Shepard

Date 2-13-18

Handwritten signature

SOIL BEARING LOAD: 1000LBS PSF
 1500LBS=16"x16" OR 16"x18.5" ABS PAD FOOTER
 4000LBS=17.25"x25.5" ABS PAD FOOTER
 4000LBS=21"x29" ABS PAD FOOTER
 4800LBS=23.25"x31.25" ABS PAD FOOTER



JUMP SPAN BETWEEN PIERS UNDER BEAMS (FEET)				MAXIMUM CLEAR SPAN FOR LANDING LINE SUPPORTS (FEET)			
PAD SIZE	PAD AREA (SQ. FT.)	BOX WIDTH (IN.)	DOUBLE WIDE	PAD SIZE	PAD AREA (SQ. FT.)	BOX WIDTH (IN.)	DOUBLE WIDE
16"x18.5"	2.00	3.30	2.97	16"x18.5"	2.00	3.30	2.97
17.25"x25.5"	3.00	4.45	5.66	17.25"x25.5"	3.00	4.45	5.66
21"x29"	4.00	5.93	7.54	21"x29"	4.00	5.93	7.54
23.25"x31.25"	4.80	7.12	9.05	23.25"x31.25"	4.80	7.12	9.05
16"x16"	1.78	2.94	2.94	16"x16"	1.78	2.94	2.94
16"x18.5"	2.00	3.30	2.97	16"x18.5"	2.00	3.30	2.97
17.25"x25.5"	3.00	4.45	5.66	17.25"x25.5"	3.00	4.45	5.66
21"x29"	4.00	5.93	7.54	21"x29"	4.00	5.93	7.54
23.25"x31.25"	4.80	7.12	9.05	23.25"x31.25"	4.80	7.12	9.05
16"x16"	1.78	2.94	2.94	16"x16"	1.78	2.94	2.94
16"x18.5"	2.00	3.30	2.97	16"x18.5"	2.00	3.30	2.97
17.25"x25.5"	3.00	4.45	5.66	17.25"x25.5"	3.00	4.45	5.66
21"x29"	4.00	5.93	7.54	21"x29"	4.00	5.93	7.54
23.25"x31.25"	4.80	7.12	9.05	23.25"x31.25"	4.80	7.12	9.05
16"x16"	1.78	2.94	2.94	16"x16"	1.78	2.94	2.94
16"x18.5"	2.00	3.30	2.97	16"x18.5"	2.00	3.30	2.97
17.25"x25.5"	3.00	4.45	5.66	17.25"x25.5"	3.00	4.45	5.66
21"x29"	4.00	5.93	7.54	21"x29"	4.00	5.93	7.54
23.25"x31.25"	4.80	7.12	9.05	23.25"x31.25"	4.80	7.12	9.05

MAX. LOAD FOR MAX. LOAD FOR MAX. LOAD FOR				MAX. LOAD FOR MAX. LOAD FOR MAX. LOAD FOR			
OVAL PAD SIZES	SOIL CAPACITY	MAX. LOAD FOR MAX. LOAD FOR MAX. LOAD FOR	MAX. LOAD FOR MAX. LOAD FOR MAX. LOAD FOR	OVAL PAD SIZES	SOIL CAPACITY	MAX. LOAD FOR MAX. LOAD FOR MAX. LOAD FOR	MAX. LOAD FOR MAX. LOAD FOR MAX. LOAD FOR
16"x18.5"	1000 PSF	2,000	4,000	16"x18.5"	1000 PSF	2,000	4,000
17.25"x25.5"	1500 PSF	3,000	6,000	17.25"x25.5"	1500 PSF	3,000	6,000
21"x29"	2000 PSF	4,000	8,000	21"x29"	2000 PSF	4,000	8,000
23.25"x31.25"	2500 PSF	5,000	10,000	23.25"x31.25"	2500 PSF	5,000	10,000

Destiny
 Industries, LLC
 250 R.W. BRYANT ROAD
 MOUNTAIN VIEW, GEORGIA 31763
 PHONE: 1-866-782-5800

1000LBS ABS PAD FOUNDATION PLAN
 DRAWING FILE REGISTRATION 32 X 64 3 BR - 2 BA
 DRAWN BY: Jerry Benton

PRODUCT: TIMBERLINE ELITE
 DATE: 8/14/06
 SHEET: 1-C17
 MODEL NO.: EG43-1124-96
 SQ. FT.: 1800

THIS LETTER SHALL CERTIFY THAT ABS FOUNDATION PADS MANUFACTURED BY OLIVER TECHNOLOGIES, INC. MAY BE USED IN THE LIEU OF POURED CONCRETE FOOTINGS AS A SUPPORT FOR SINGLE & DOUBLE STACKED FOUNDATION PIER (PROVIDED THE FOLLOWING CRITERIA ARE MET).

1. THE ABS PADS MUST BE INSTALLED PER OLIVER TECHNOLOGIES INSTALLATION INSTRUCTIONS.
2. THE PIER LOADS APPLIED TO THE ABS PADS MAY NOT EXCEED THE VALUES NOTED IN THE CHART BELOW.
3. THE ABS PADS MAY BE USED TO SUPPORT A CONTINUOUS FOUNDATION WALL. THE PADS MAY ONLY BE USED FOR INDIVIDUAL FOUNDATION PIERS.
4. ABS PADS MAY BE COMBINED TO COVER A LARGER AREA IN THIS CASE THE MAX. ALLOWABLE LOADS SHALL BE COMBINED AS WELL.
5. IF THE REQUIREMENTS OF DESTINY IND. INSTALLATION MANUAL, CONFLICT WITH THE REQUIREMENTS OF THE OLIVER TECHNOLOGIES INSTALLATION MANUAL, THE MORE STRINGENT REG. SHALL BE USED.

OLIVER TECHNOLOGIES, INC.
FLORIDA INSTALLATION INSTRUCTIONS FOR THE
MODEL 1101 "V" SERIES ALL STEEL FOUNDATION SYSTEM
MODEL 1101"V" (STEPS 1-15)
LONGITUDINAL ONLY: FOLLOW STEPS 1-9
FOR ADDING LATERAL ARM : Follow Steps 10-15
FOR CONCRETE APPLICATIONS: Follow Steps 16-19

ENGINEERS STAMP

ENGINEERS STAMP

1. SPECIAL CIRCUMSTANCES: If the following conditions occur - **STOP! Contact Oliver Technologies at 1-800-284-7437** :
- a) Pier height exceeds 48" b) Length of home exceeds 76' c) Roof eaves exceed 16" d) Sidewall height exceed 96"
 - e) Location is within 1500 feet of coast

INSTALLATION OF GROUND PAN

2. Remove weeds and debris in an approximate two foot square to expose firm soil for each ground pan (C) .
3. Place ground pan (C) directly below chassis I-beam . Press or drive pan firmly into soil until flush with or below soil.
- SPECIAL NOTE:** The longitudinal "V" brace system serves as a pier under the home and should be loaded as any other pier. It is recommended that after leveling piers, and one-third inch (1/3") before home is lowered completely on to piers, complete steps 4 through 9 below then remove jacks.

INSTALLATION OF LONGITUDINAL "V" BRACE SYSTEM

NOTE: WHEN INSTALLING THE LONGITUDINAL SYSTEM ONLY, A MINIMUM OF 2 SYSTEMS PER FLOOR SECTION IS REQUIRED. SOIL TEST PROBE SHOULD BE USED TO DETERMINE CORRECT TYPE OF ANCHOR PER SOIL CLASSIFICATION. IF PROBE TEST READINGS ARE BETWEEN 175 & 275 A 5 FOOT ANCHOR MUST BE USED. IF PROBE TEST READINGS ARE BETWEEN 276 & 350 A 4 FOOT ANCHOR MAY BE USED. USE GROUND ANCHORS WITH DIAGONAL TIES AND STABILIZER PLATES EVERY 5'4" . VERTICAL TIES ARE ALSO REQUIRED ON HOMES SUPPLIED WITH VERTICAL TIE CONNECTION POINTS (PER FLORIDA REG.) .

4. Select the correct square tube brace (E) length for set - up (pier) height at support location. (The 18" tube is always used as the bottom part of the longitudinal arm). Note: Either tube can be used by itself, cut and drilled to length as long as a 40 to 45 degree angle is maintained.

PIER HEIGHT
(Approx. 45 degrees Max.)

1.25" ADJUSTABLE
Tube Length

1.50" ADJUSTABLE
Tube Length

7 3/4" to 25"	22"	18"
24 3/4" to 32 1/4"	32"	18"
33" to 41"	44"	18"
40" to 48"	54"	18"

5. Install (2) of the 1.50" square tubes (E {18" tube}) into the "U" bracket (J), insert carriage bolt and leave nut loose for final adjustment.
6. Place I-beam connector (F) loosely on the bottom flange of the I-beam.
7. Slide the selected 1.25" tube (E) into a 1.50" tube (E) and attach to I-beam connectors (F) and fasten loosely with bolt and nut.
8. Repeat steps 6 through 7 to create the "V" pattern of the square tubes loosely in place. The angle is not to exceed 45 degree and not below 40 degrees.
9. After all bolts are tightened, secure 1.25" and 1.50" tubes using four(4) 1/4"-14 x 3/4" self-tapping screws in pre-drilled holes.

INSTALLATION OF LATERAL TELESCOPING TRANSVERSE ARM SYSTEM

THE MODEL 1101 "V" (LONGITUDINAL & LATERAL PROTECTION) ELIMINATES THE NEED FOR MOST STABILIZER PLATES & FRAME TIES.

NOTE: THE USE OF THIS SYSTEM REQUIRES VERTICAL TIES SPACED AT 5'4".

FOUR FOOT (4') GROUND ANCHOR MAY BE USED EXCEPT WHERE THE HOME MANUFACTURER SPECIFIES DIFFERENT.

10. Install remaining vertical tie-down straps and 4' ground anchors per home manufacturer's instructions. **NOTE:** Centerline anchors to be sized according to soil torque condition. Any manufacturer's specifications for sidewall anchor loads in excess of 4,000 lbs. require a 5' anchor per Florida Code.
11. **NOTE:** Each system is required to have a frame tie and stabilizer attached at each lateral arm stabilizing location. This frame tie & stabilizer plate needs to be located within 18" from of center ground pan.
12. Select the correct square tube brace (H) length for set-up lateral transverse at support location. The lengths come in either 60" or 72" lengths. (With the 1.50" tube as the bottom tube, and the 1.25" tube as the inserted tube.)
13. Install the 1.50 transverse brace (H) to the ground pan connector (D) with bolt and nut.
14. Slide 1.25" transverse brace into the 1.50" brace and attach to adjacent I-beam connector (I) with bolt and nut.
15. Secure 1.50" transverse arm to 1.25" transverse arm using four (4) 1/4" - 14 x 3/4" self-tapping screws in pre-drilled holes.



OLIVER TECHNOLOGIES, INC.
1-800-284-7437

Telephone 931-796-4555
Fax 931-796-8811
www.olivertechnologies.com

INSTALLATION USING CONCRETE RUNNER / FOOTER

16. A concrete runner, footer or slab may be used in place of the steel ground pan.

- The concrete shall be minimum 2500 psi mix
- A concrete runner may be either longitudinal or transverse, and must be a minimum of 8" deep with a minimum width of 16 inches longitudinally or 18 inches transverse to allow proper distance between the concrete bolt and the edge of the concrete (see below).
- Footers must have minimum surface area of 441 sq. in. (i.e. 21" square), and must be a minimum of 8" deep.
- If a full slab is used, the depth must be a 4" minimum at system bracket location, all other specifications must be per local jurisdiction. Special inspection of the system bracket installation is not required.. Footers must allow for at least 4" from the concrete bolt to the edge of the concrete.

NOTE: The bottom of all footings, pads, slabs and runners must be per local jurisdiction.

LONGITUDINAL: (Model 1101 LC "V")

17. When using Part # 1101-W-CPCA (wetset), simply install the bracket in runner/footer **OR** When installing in cured concrete use Part # 101-D-CPCA (dryset). The 1101 (dryset) CA bracket is attached to the concrete using (2) 5/8"x3" concrete wedge bolts (Simpson part # S162300H 5/8" X 3" or Powers equivalent). Place the CA bracket in desired location. Mark bolt hole locations, then using a 5/8" diameter masonry bit, drill a hole to a minimum depth of 3". Make sure all dust and concrete is blown out of the holes. Place wedge bolts into drilled holes, then place 1101 (dry set) CA bracket onto wedge bolts and start wedge bolt nuts. Take a hammer and lightly drive the wedge bolts down by hitting the nut (making sure not to hit the top of threads on bolt). The sleeve of concrete wedge bolt needs to be at or below the top of concrete. Complete by tightening nuts.

LATERAL: (Model 1101 TC "V")

18. For wet set (part # 1101-W-TACA) installation simply install the anchor bolt into runner/footer. For dry set installation (part # 1101-D-TACA) mark bolt hole locations, then using a 5/8" diam. masonry bit, drill a hole to a minimum depth of 3". Make sure all dust and concrete is blown out of the hole. Place wedge bolts (Simpson part #S162300H 5/8" X 3" or Powers equivalent) into (D) concrete dry transverse connector and into drilled hole. If needed, take a hammer and lightly drive the wedge bolts down by hitting the nut (making sure not to hit the top of threads on bolt), then remove the nut. The sleeve of concrete wedge bolt needs to be at or below the top of concrete.

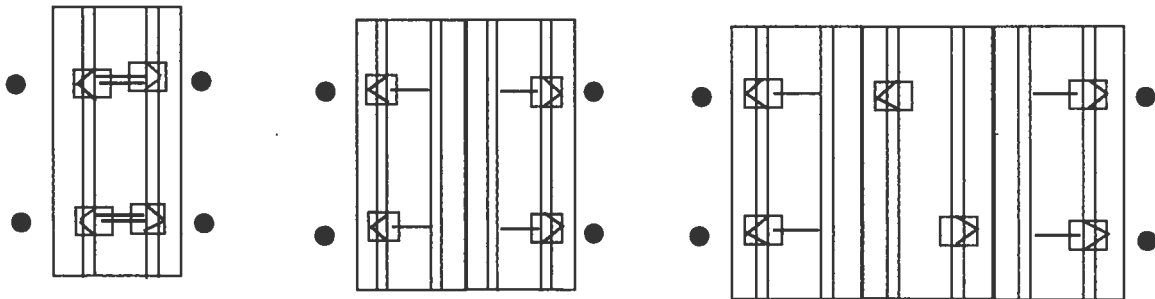
19. When using part # 1101 CVW (wetset) or 1101 CVD (dryset), install per steps 17 & 18.

Notes:

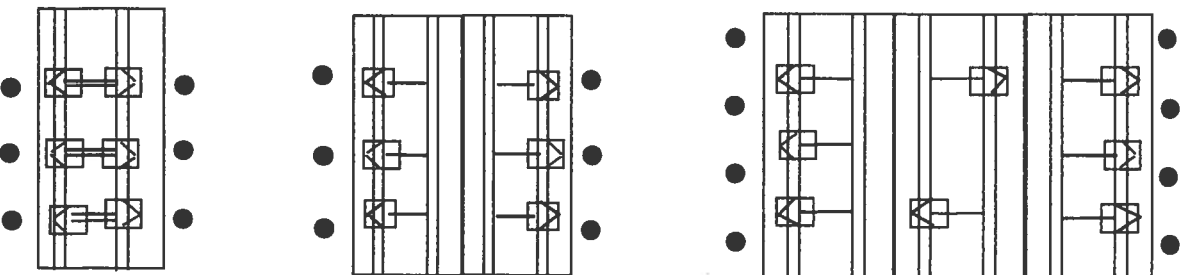
- LENGTH OF HOUSE IS THE ACTUAL BOX SIZE
- = STABILIZER PLATE AND FRAME TIE LOCATION (needs to be located within 18 inches of center of ground pan or concrete)
- ☐ = LOCATION OF LONGITUDINAL BRACING ONLY
- ☐ = TRANSVERSE & LONGITUDINAL LOCATIONS

REQUIRED NUMBER AND LOCATION OF MODEL 1101 "V" OR 1101 C "V" BRACES FOR UP TO 4/12 ROOF PITCH

ALL WIDTHS; AND LENGTHS UP TO 52'



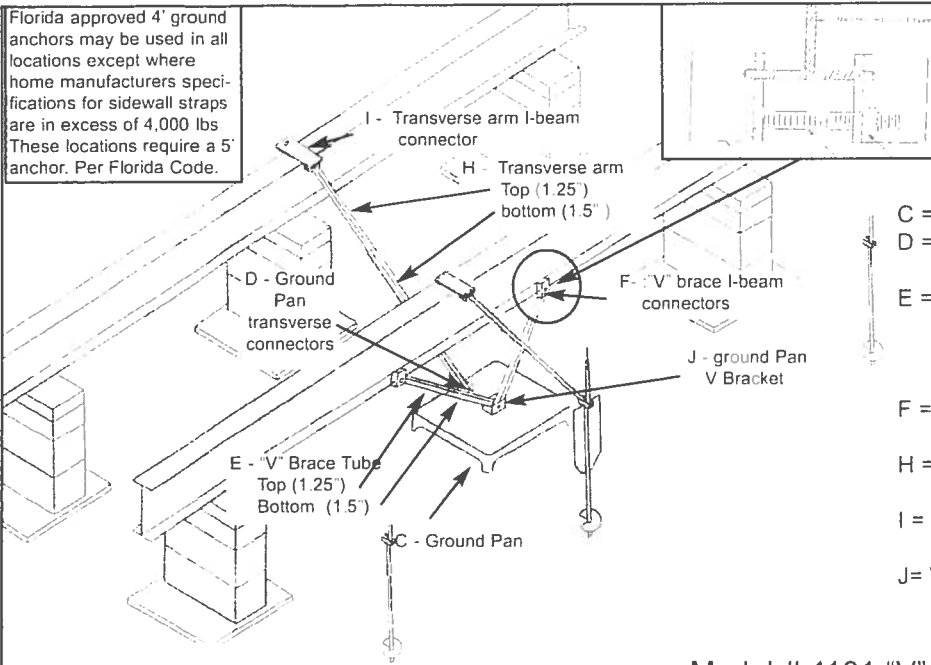
ALL WIDTHS; AND LENGTHS OVER 52' TO 80'



HOMES WITH 5/12 ROOF PITCH REQUIRE: PER FLORIDA REGULATIONS

6 systems for home lengths up to 52' and 8 systems for homes over 52' and up to 80'. One stabilizer plate and frame tie required at each lateral bracing system.

Florida approved 4' ground anchors may be used in all locations except where home manufacturers specifications for sidewall straps are in excess of 4,000 lbs. These locations require a 5' anchor. Per Florida Code.

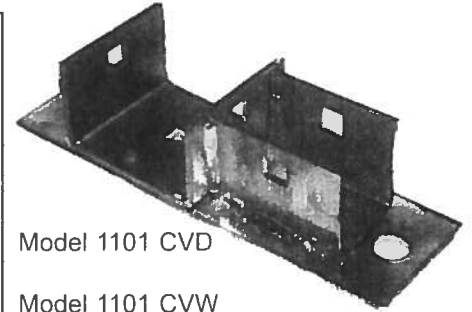
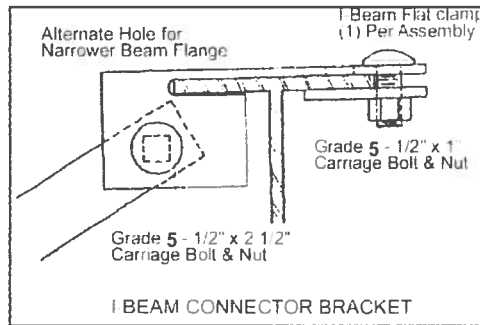
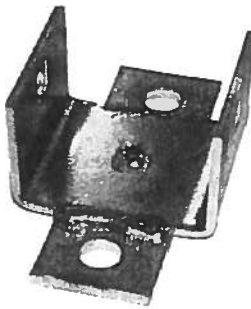


- C = GROUND PAN
- D = GROUND PAN CONNECTOR
- U BRACKETS TRANSVERSE
- E = TELESOPING V BRACE TUBE ASSEMBLY W/ 1.5 BOTTOM TUBE AND 1.25 TUBE INSERT
- F = "V" BRACE I-BEAM CONNECTORS ASSEMBLY
- H = TELESOPING TRANSVERSE ARM ASSEMBLY
- I = TRANSVERSE ARM I-BEAM CONNECTOR
- J = V PAN BRACKET

Model # 1101 "V"

Longitude dry concrete bracket part # 1101 D-CPCA

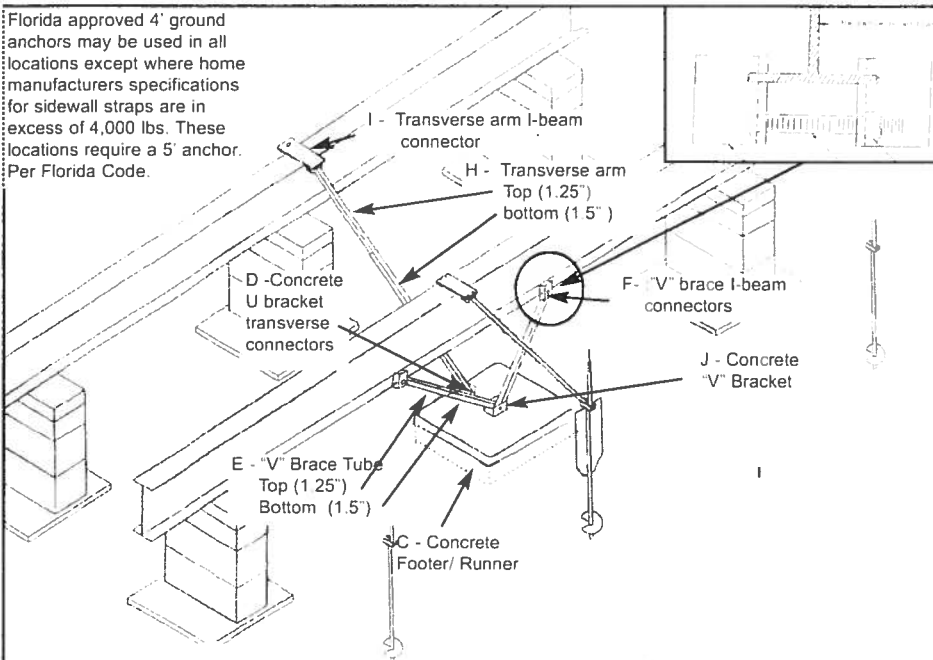
Wet bracket part # 1101 W-CPCA not shown



Model 1101 CVD

Model 1101 CVW not shown

Florida approved 4' ground anchors may be used in all locations except where home manufacturers specifications for sidewall straps are in excess of 4,000 lbs. These locations require a 5' anchor. Per Florida Code.



- C = CONCRETE FOOTER/RUNNER
- D = CONCRETE U BRACKET TRANSVERSE CONNECTOR (connects with grade 5 - 1/2" x 2 1/2" carriage bolt & nut)
- E = TELESOPING V BRACE TUBE ASSEMBLY W/ 1.5 BOTTOM TUBE AND 1.25 TUBE INSERT
- F = "V" BRACE I-BEAM CONNECTOR ASSEMBLY (connects with grade 5 - 1/2" x 4" carriage bolt & nut)
- H = TELESOPING TRANSVERSE ARM ASSEMBLY
- I = TRANSVERSE ARM I-BEAM CONNECTOR (connects with grade 5 - 1/2" x 2 1/2" carriage bolt & nut)
- J = CONCRETE "V" BRACKET (connects with grade 5 - 1/2" x 4" carriage bolt & nut)

Model # 1101 C "V"



OLIVER TECHNOLOGIES, INC.
1-800-284-7437

Telephone 931-796-4555
Fax 931-796-8811
www.olivertechnologies.com

MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER 1804-109 CONTRACTOR Robert Sheppard PHONE 2-13-18

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.

<p>ELECTRICAL</p> <p>✓ 1074</p>	<p>Print Name <u>Whittington Electric</u> Signature <u>Denn Whittington</u></p> <p>License #: <u>13002957</u> Phone #: <u>386-684-4601</u></p> <p align="center">Qualifier Form Attached <input type="checkbox"/></p>
<p>MECHANICAL/A/C</p> <p>✓ 1669</p>	<p>Print Name <u>Ronald Bonds</u> Signature <u>Willard</u></p> <p>License #: <u>CAC 1317658</u> Phone #: <u>754-6737</u></p> <p align="center">Qualifier Form Attached <input type="checkbox"/></p>

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.

SVEE
New
Pole

SVEE
New
Pole

500 feet

Proposed
Home Service
Electric

DE

Proposed
S

MH

130 feet

Neighbors
Well

N

Driveway

1220 feet

Proposed
W

Columbia County Property Appraiser

updated: 3/7/2018

Parcel: 19-2S-16-01653-117

<< Next Lower Parcel Next Higher Parcel >>

Owner & Property Info

Owner's Name	BOWRON CATHERINE C		
Mailing Address	PO BOX 274 WHITE SPRINGS, FL 32096		
Site Address	ROLLING PINES		
Use Desc. (code)	VACANT (000000)		
Tax District	3 (County)	Neighborhood	19216
Land Area	4.100 ACRES	Market Area	03
Description	NOTE: This description is not to be used as the Legal Description for this parcel in any legal transaction. LOT 17 ROLLING PINES S/D. ORB 723-025, 844-994, 857-801, 918-1004, 924-1504, WD 1006-2302, WD 1056-1097, WD 1317- 1912.		

Property & Assessment Values

2017 Certified Values		
Mkt Land Value	cnt: (0)	\$16,100.00
Ag Land Value	cnt: (1)	\$0.00
Building Value	cnt: (0)	\$0.00
XFOB Value	cnt: (0)	\$0.00
Total Appraised Value		\$16,100.00
Just Value		\$16,100.00
Class Value		\$0.00
Assessed Value		\$16,100.00
Exempt Value		\$0.00
Total Taxable Value		Other: \$16,100 SchI: \$16,100 Cnty: \$16,100

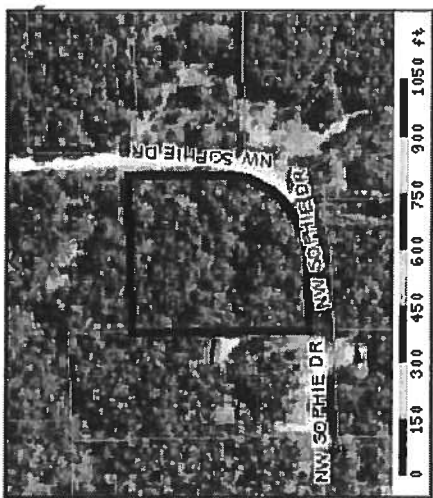
Sales History

Sale Date	OR Book/Page	OR Code	Vacant / Improved	Qualified Sale	Sale RCode	Sale Price
6/15/2016	1317/1912	WD	V	Q	01	\$16,000.00
8/18/2005	1056/1097	WD	V	Q		\$40,000.00
2/6/2004	1006/2302	WD	V	Q		\$14,500.00
4/16/2001	924/1504	WD	V	Q		\$10,000.00
1/3/2001	918/1004	CT	V	U	01	\$5,500.00
4/18/1998	857/801	WD	V	Q		\$11,000.00

2017 Tax Year

Tax Collector Tax Estimator Property Card Parcel List Generator
2017 TRIM (pdf) Interactive GIS Map Print

Search Result: 1 of 1



2018 Working Values		
Mkt Land Value	cnt: (0)	\$16,800.00
Ag Land Value	cnt: (1)	\$0.00
Building Value	cnt: (0)	\$0.00
XFOB Value	cnt: (0)	\$0.00
Total Appraised Value		\$16,800.00
Just Value		\$16,800.00
Class Value		\$0.00
Assessed Value		\$16,800.00
Exempt Value		\$0.00
Total Taxable Value		Other: \$16,800 SchI: \$16,800 Cnty: \$16,800

NOTE: 2018 Working Values are NOT certified values and therefore are subject to change before being finalized for ad valorem assessment purposes.

Show Similar Sales within 1/2 mile

I, Ronald E. Bonds, SR (license holder name), licensed qualifier for Stylecrest, Inc (company name), do certify that the below referenced person(s) listed on this form 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 permits, call for inspections, and sign on my behalf.

Printed Name of Person Authorized	Signature of Authorized Person
1. <u>Bo Royals</u>	1. <u>[Signature]</u>
2.	2.
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 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.

Ronald E Bonds SR CAL1817658 3-30-18
License Holders Signature (Notarized) License Number Date

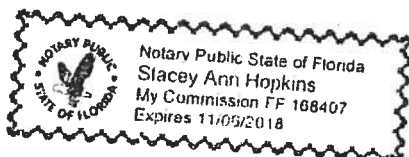
NOTARY INFORMATION:

STATE OF: Florida COUNTY OF: Columbia

The above license holder, whose name is Ronald E Bonds SR, personally appeared before me and is known by me or has produced identification (type of I.D.) _____ on this _____ day of _____, 20____.

Stacey Ann Hopkins
NOTARY SIGNATURE

(Seal/Stamp)



Prepared by:
Michael Harrell
Abstract Trust Title, LLC
283 NW Cole Terrace / PO Box 7175
Lake City, FL 32055

Inst: 201612010794 Date: 06/29/2016 Time: 3:41PM
Page 1 of 1 B: 1317 P: 1912, P. DeWitt Cason, Clerk of Court
Columbia, County, By: KV
Deputy Clerk Doc Stamp-Deed: 112.00

ATT# 4-7187

Warranty Deed

Individual to Individual

THIS WARRANTY DEED made the 15th day of June, 2016, Robert Pettet, and his wife, Kimberly G. Pettet, hereinafter called the grantor, to Catherine C. Bowron whose post office address is: 2418 Chandler Ave., Ft. Myers, FL 33907 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 and in 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.

Lot 17, Rolling Pines, according to plat thereof recorded in Plat Book 5, Page 75, of the Public Records of Columbia County, Florida.

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

TO HAVE AND TO HOLD, the same in fee simple forever.

AND the grantor hereby covenants with said grantee that the grantor is lawfully seized of said land in fee simple; that the grantor has good right and lawful authority to sell and convey said land; that the grantor hereby fully warrants the title to said land and will defend the same against the lawful claims of all persons whomsoever; and that said land is free of all encumbrances, except taxes accruing subsequent to December 31, 2015.

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:

Stacy W. Sandlin
Witness:
Stacy W. Sandlin
Printed Name:

Michelle M. Lee
Witness:
Michelle M. Lee
Printed Name:

Robert Pettet
Robert Pettet

Kimberly G. Pettet
Kimberly G. Pettet

STATE OF Florida

COUNTY OF Palm Beach

The foregoing instrument was acknowledged before me this 15th day of June, 2016 by ROBERT PETTET, AND HIS WIFE, KIMBERLY G. PETTET personally known to me or, if not personally known to me, who produced N/A for identification and who did not take an oath.

[Signature]
Notary Public

(Notary Seal)

UNPLATTED LANDS

86-04137

De-School

[illegible]

ADOPTION AND DEDICATION

KNOW ALL MEN BY THESE PRESENTS THAT CATHERINE S. FAISLEY AND THAT ALL ASSISTANTS FOR UTILITY CHAIRMAN AND
FOR SUBMITTED SUPERVISOR AND PLANTED TO BE KNOWN AS HOLDING PINKS AND THAT ALL ASSISTANTS FOR UTILITY CHAIRMAN AND
PINKS AND ALL PINKS INCIDENT HERETO AS SHOWN AND DEFECTED HERETO AND HERETO REDUCED TO THE FURTHER USE OF THE
UTILITY COMPANIES

Catherine S. Faisley William J. Muddell
CATHERINE S. FAISLEY WITNESS WITNESS

ACKNOWLEDGEMENT
STATE OF PENNSYLVANIA, COUNTY OF PHILADELPHIA
THE FOREGOING INSTRUMENT WAS ACKNOWLEDGED TO AND BEFORE ME THIS 27 DAY OF March, AD 1966 BY CAROL M. HINCHES, AS OWNER, AND ON BEHALF OF SAID OWNER, WITNESSES MY HAND AND OFFICIAL SEAL.

COMMISSIONER'S APPROVAL:

CLERK OF THE CIRCUIT COURT:

1

.....

SURVEYORS CERTIFICATE:

SUBJECT MATTER

I HEREBY CERTIFY THAT THIS FILE OF "HOLLING PINES" IS A TRUE AND CORRECT REPRESENTATION OF THE HEAVEN DESCRIBED UNDER ACCORDS TO A SUMMER MADE UNDER MY PERSONAL SUPERVISION AND SUPERVISION AND THAT FURNISHMENT AFFIDAVIT MONITORING OF (P.M.) AND FURNISHMENT CONTROL POINTS (P.C.P.) HAVE BEEN SET AS CALLED FOR UNDER CHAPTER 171, SECTION 90 (F.B.I) LAWS OF FLORIDA, AND THAT THE SUMMER DATA COMPLETES WITH ALL REQUIREMENTS OF CHAPTER 171, (FLORIDA STATUTES) 1986.

C. E. Keen
3/10/86

LEGEND:

4. EARTH OR CLOSURE OF SUBWAY BEFORE BALANCING WAS 11/20/1985
5. PRELIMINARY PLAT WAS APPROVED ON MARCH 20, 1985

FLOOD HAZARD WARNING:
EMITTING OF ALL THIS PROFANEITY ARE SUBJECT TO FLOODING

ELIMINATING AND PRESCRIPTIONS OF THE ESTATE TO
BEFORE-MARKING PLANS FOR THE USE OF THIS PROPERTY.



—

PERCEIVED USE OF POLLING PLACES SUBDIVISION HOMEOWNERS ASSOC.

1000

100

PARK MEADOW SUBDIVISION
(O.T. BOOK 5, PAGES 26, 26A)

N. 0° 18' 53" W.
N. 0° 18' 53" W.
N. 0° 18' 53" W.
N. 0° 18' 53" W.
N. 0° 18' 53" W.

S. 86° 32' 73" W.
S. 86° 32' 73" W.
S. 86° 32' 73" W.
S. 86° 32' 73" W.
S. 86° 32' 73" W.

LOT 15
LOT 14
LOT 13
LOT 12
LOT 11
LOT 10
LOT 9
LOT 8
LOT 7
LOT 6
LOT 5
LOT 4
LOT 3
LOT 2
LOT 1

COMMON AREA

SOPHIE ROAD

EAST LINE OF SECTION 19
N.E. CORN. SEC. 19

UNPLATTED LANDS

UNPLATTED LANDS

NOTE: 1. ALL PLOTS, STREETS AND ALLEYS AS SHOWN AND DEPICTED HEREON ARE HEREBY DEDICATED TO THE PUBLIC AND
2. MINIMUM FLOOR SLAB ELEVATION = 88.0 MSL

[illegible]

ACTUAL USE OF FOLDING FINE-SUBDIVISION HOMEOWNERS ASSOC. INC.

0 100 200 400

75 75 30 79

DRIVEWAY ALLEY RD



DANIEL & GORE, LLC

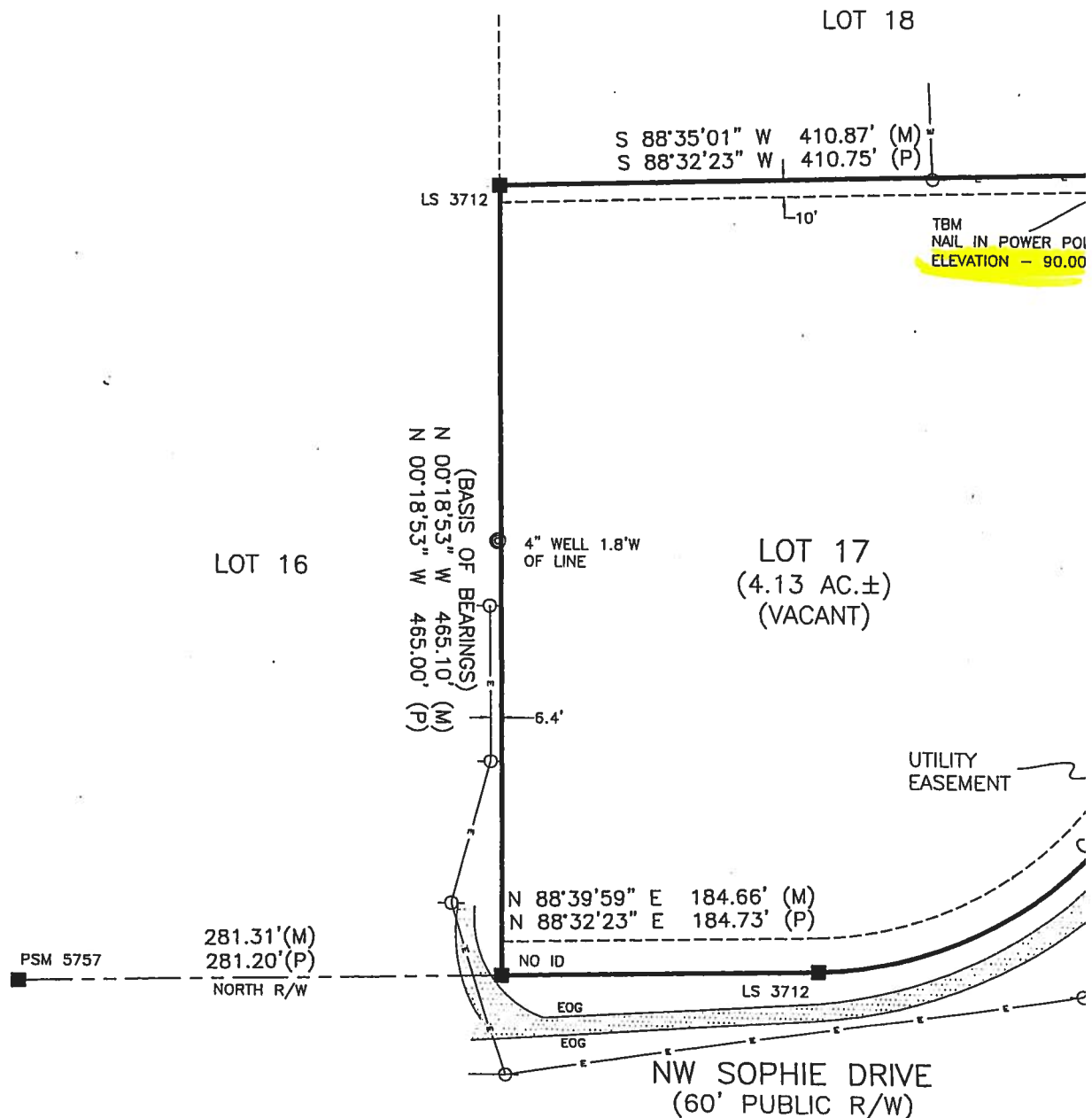
Professional Surveying and Mapping

P.O. BOX 1501
LAKE CITY, FL 32056
PH.: (386) 208-4176
Fax: (904) 339-9229

11564 74th TER.
LIVE OAK, FL 32060
Email: sdaniel@dgsurveying.com
LICENSE NO. LB 7683

NOTES:

1. BEARINGS ARE BASED ON THE WEST LINE OF LOT 17, ROLL II
2. ONLY THOSE VISIBLE INTERIOR IMPROVEMENTS AND IMPROVEMENTS LOCATED AS SHOWN HEREON. EXCEPTION IS MADE HEREON TO VISIBLE OR KNOWN AT DATE OF SURVEY.
3. THIS SURVEY WAS PREPARED WITHOUT THE BENEFIT OF AN HEREIN REGARDING EASEMENTS, RESERVATIONS AND RESTRICTIONS
4. SCALE AND GRAPHIC LOCATION OF FENCES AND UTILITY PO
5. NO ATTEMPT WAS MADE BY THIS SURVEY TO DETERMINE IF
6. ELEVATIONS ARE BASED ON NAVD 1988.



BOUNDARY SURVEY

OF

LOT 17, ROLLING PINES
SECTION 19, TWP 2-S, RNG 16-E
COLUMBIA COUNTY, FLORIDA

DESCRIPTION

(ORB 1056, PG 1097)

LOT 17, ROLLING PINES, ACCORDING TO THE MAP OR PLAT THEREOF AS
RECORDED IN PLAT BOOK 5, PAGE 75, OF THE PUBLIC RECORDS OF
COLUMBIA COUNTY, FLORIDA.

CURVE TABLE					
CURVE	RADIUS	DELTA ANGLE	ARC LENGTH	CHORD BEARING	CHORD LENGTH
C1(M)	230.00'	88°50'37"	356.64'	N 44°09'59" E	321.97'
C1(P)	230.00'		356.14'		

LEGEND

- DENOTES 5/8" IRON ROD & CAP SET (LB7683)
- DENOTES IRON PIPE OR REBAR FOUND (5/8")
- DENOTES 4"x4" CONCRETE MONUMENT SET (LB7683)
- DENOTES 4"x4" CONCRETE MONUMENT FOUND
- ⊙ DENOTES NAIL & DISC FOUND
- NO ID - NO IDENTIFICATION
- FND - FOUND
- CM - CONCRETE MONUMENT
- ± - MORE OR LESS
- ORB - OFFICIAL RECORDS BOOK
- PG - PAGE (S)
- (P) - PLAT
- (D) - DEED
- (C) - CALCULATED
- (M) - MEASURED
- AC - ACRE(S)
- POB - POINT OF BEGINNING
- POC - POINT OF COMMENCEMENT
- EOP - EDGE OF PAVEMENT
- EOG - EDGE OF GRADE
- N - NORTH
- E - EAST
- S - SOUTH
- W - WEST
- ◇ - TELEPHONE PEDESTAL

- PC - POINT OF CURVATURE
- PI - POINT OF INTERSECTION
- PT - POINT OF TANGENCY
- IP - IRON PIPE
- IPC - IRON PIPE and CAP
- IR - IRON ROD
- IRC - IRON ROD and CAP
- R - RADIUS
- T - TANGENT
- L - ARC LENGTH
- Δ - CENTRAL ANGLE
- CH - CHORD BEARING & DISTANCE
- R/W - RIGHT OF WAY
- TWP - TOWNSHIP
- RNG - RANGE
- X - X DENOTES FENCE
- E - E DENOTES OVERHEAD ELECTRIC
- ⊙ - POWER POLE
- CONCRETE

SCALE: 1" = 100'



SURVEY FOR: KATHRINE BOWRON
ABSTRACT TRUST TITLE, LLC
OLD REPUBLIC NATIONAL TITLE INSURANCE COMPANY

06/01/2016
DATE OF CERTIFICATE

05/24/2016
DATE OF FIELD SURVEY

BRIAN SCOTT DANIEL, PSM
PROFESSIONAL SURVEYOR AND MAPPER
FLORIDA CERTIFICATE NO. 6449

SURVEY VALID ONLY ON THE DATE OF FIELD SURVEY SHOWN HEREON. NOT VALID WITHOUT THE
SIGNATURE AND THE ORIGINAL RAISED SEAL OF THE FLORIDA LICENSED SURVEYOR AND MAPPER.

JOB NUMBER:
160068

APPROVED:
BSD

DRAWN BY:
BSD

FIELD BOOK
:
EFB

SHEET NO.
1 OF 1

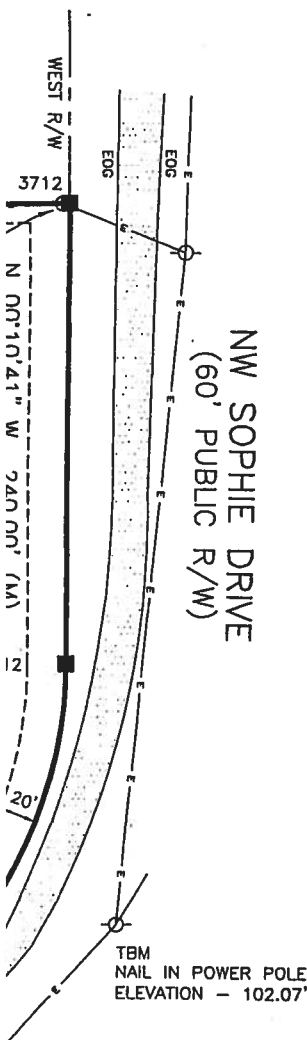
VES, BEING N 00°18'53" W, ASSUMED.

PERTINENT TO THE SUBJECT PROPERTY HAVE BEEN
GROUND FACILITIES AND OTHER IMPROVEMENTS NOT

FACT OR TITLE POLICY. THEREFORE, EXCEPTION IS MADE
RECORD NOT PROVIDED BY THE CLIENT.

ANY, MAY BE EXAGGERATED FOR CLARITY.

SUBJECT PROPERTY LIES WITHIN A FLOOD PRONE AREA.



1202X-001866
Effective Date: 2/4/2009
Preliminary Data Available: No

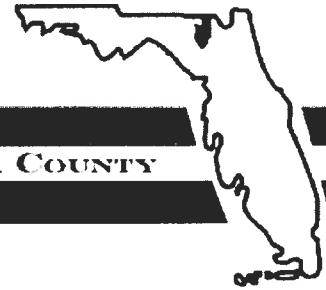
27

COLUMBIA
COUNTY
FLORIDA

06



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

Address Assignment and Maintenance Document

To maintain the county wide 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 addressing 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 Services 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/Time Issued: **4/30/2018 10:07:25 AM**
Address: **1218 NW SOPHIE Dr**
City: **WHITE SPRINGS**
State: **FL**
Zip Code **32096**

Parcel ID **01653-117**

REMARKS: Address for proposed structure on parcel.

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

Address Issued By: **Signed:/ Matt Crews**

Columbia County GIS/911 Addressing Coordinator

**COLUMBIA COUNTY
911 ADDRESSING / GIS DEPARTMENT**

263 NW Lake City Ave., Lake City, FL 32055 Telephone: (386) 758-1125
Email: gis@columbiacountyfla.com

Legend

Addresses

Parcels

2016Aerials

Flood Zones

0.2 PCT ANNUAL CHANCE

A

AE

AH

BaseFloodElevations

DEFAULT

Base Flood Elevations

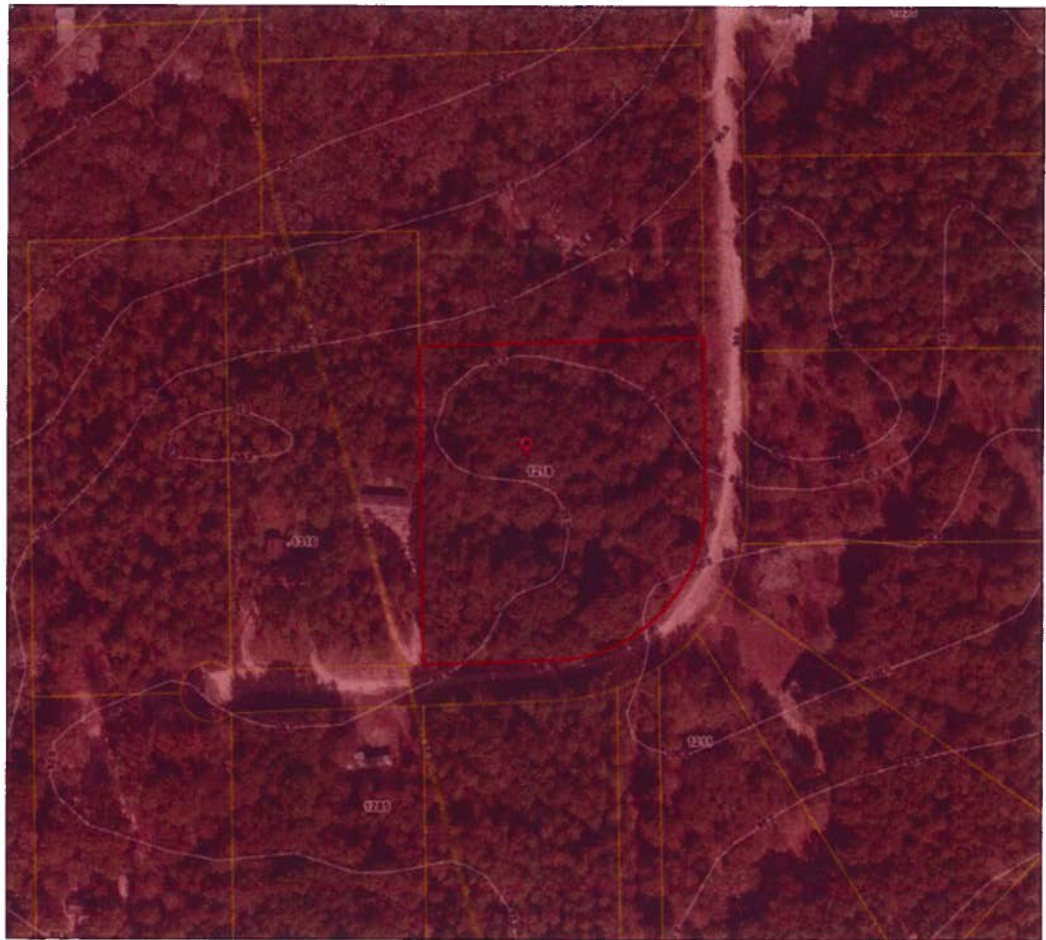
Contours

default{Contours shp}

DEFAULT

Columbia County, FLA - Building & Zoning Property Map

Printed: Wed May 16 2018 10:22:40 GMT-0400 (Eastern Daylight Time)



Parcel Information

Parcel No: 19-2S-16-01653-117

Owner: BOWRON CATHERINE C

Subdivision: ROLLING PINES

Lot: 17

Acres: 4.20706367

Deed Acres: 4.1 Ac

District: District 1 Ronald Williams

Future Land Uses: Environmentally Sensitive Areas -1

Flood Zones: AE

Official Zoning Atlas: ESA-2

All data, information, and maps are provided "as is" without warranty or any representation of accuracy, timeliness of completeness. Columbia County, FL makes no warranties, express or implied, as to the use of the information obtained here. There are no implied warranties of merchantability or fitness for a particular purpose. The requester acknowledges and accepts all limitations, including the fact that the data, information, and maps are dynamic and in a constant state of maintenance, and update.

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 Cathrine Bowron				Policy Number:	
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. NW Sophie Drive				Company NAIC Number:	
City White Springs		State Florida		ZIP Code 32096	
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) Lot 17, Rolling Pines (Parcel #01653-117)					
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) <u>Residential</u>					
A5. Latitude/Longitude: Lat. <u>30 18 11.6</u> Long. <u>82 44 48.7</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>0.00</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>0.00</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>0.00</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>0.00</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 County 120070			B2. County Name Columbia		B3. State Florida
B4. Map/Panel Number 12023C0186	B5. Suffix C	B6. FIRM Index Date 02-04-2008	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) 87
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. NW Sophie Drive			Policy Number:
City White Springs	State Florida	ZIP Code 32096	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: TBM Vertical Datum: NAVD 1988

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.

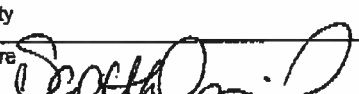
Check the measurement used.

- | | | | |
|---|--------------|--|---------------------------------|
| a) Top of bottom floor (including basement, crawlspace, or enclosure floor) | <u>95.00</u> | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| b) Top of the next higher floor | <u>N/A</u> | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| c) Bottom of the lowest horizontal structural member (V Zones only) | <u>N/A</u> | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| d) Attached garage (top of slab) | <u>N/A</u> | <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>93.00</u> | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| f) Lowest adjacent (finished) grade next to building (LAG) | <u>92.50</u> | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| g) Highest adjacent (finished) grade next to building (HAG) | <u>93.00</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>92.80</u> | <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 Brian Scott Daniel		License Number LS 8449		Place Seal Here
Title PSM				
Company Name Daniel & Gore, LLC				
Address PO Box 1501				
City Lake City	State Florida	ZIP Code 32056		
Signature 	Date 11-15-2017	Telephone (386) 752-9019	Ext.	

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)
Machinery will be an A/C unit.

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. NW Sophie Drive			Policy Number	
City White Springs	State Florida	ZIP Code 32096	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 _____ <input type="checkbox"/> feet <input type="checkbox"/> meters <input type="checkbox"/> above or <input type="checkbox"/> below the HAG.				
b) Top of bottom floor (including basement, crawlspace, or enclosure) is _____ <input type="checkbox"/> feet <input type="checkbox"/> meters <input type="checkbox"/> above or <input type="checkbox"/> 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 G2.b in the diagrams) of the building is _____ <input type="checkbox"/> feet <input type="checkbox"/> meters <input type="checkbox"/> above or <input type="checkbox"/> below the HAG.				
E3. Attached garage (top of slab) is _____ <input type="checkbox"/> feet <input type="checkbox"/> meters <input type="checkbox"/> above or <input type="checkbox"/> below the HAG.				
E4. Top of platform of machinery and/or equipment servicing the building is _____ <input type="checkbox"/> feet <input type="checkbox"/> meters <input type="checkbox"/> above or <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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				
<input type="checkbox"/> Check here if attachments.				

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. NW Sophie Drive			Policy Number:
City White Springs	State Florida	ZIP Code 32096	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.			
<p>G1. <input type="checkbox"/> 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.)</p> <p>G2. <input type="checkbox"/> A community official completed Section E for a building located in Zone A (without a FEMA-issued or community-issued BFE) or Zone AO.</p> <p>G3. <input type="checkbox"/> The following information (Items G4-G10) is provided for community floodplain management purposes.</p>			
G4. Permit Number	G5. Date Permit Issued	G6. Date Certificate of Compliance/Occupancy Issued	
<p>G7. This permit has been issued for: <input type="checkbox"/> New Construction <input type="checkbox"/> Substantial Improvement</p> <p>G8. Elevation of as-built lowest floor (including basement) of the building: _____ <input type="checkbox"/> feet <input type="checkbox"/> meters Datum _____</p> <p>G9. BFE or (in Zone AO) depth of flooding at the building site: _____ <input type="checkbox"/> feet <input type="checkbox"/> meters Datum _____</p> <p>G10. Community's design flood elevation: _____ <input type="checkbox"/> feet <input type="checkbox"/> meters Datum _____</p>			
Local Official's Name		Title	
Community Name		Telephone	
Signature		Date	
Comments (including type of equipment and location, per C2(e), if applicable)			
<input type="checkbox"/> Check here if attachments.			

ELEVATION CERTIFICATE**BUILDING PHOTOGRAPHS**

Continuation Page

OMB No. 1680-0008

Expiration Date: November 30, 2018

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Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. NW Sophie Drive			Policy Number:
City White Springs	State Florida	Zip Code 32096	Company NAIC Number
<p>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.</p>			
Photo Three			
Photo Three			
Photo Three Caption			Clear Photo Three
Photo Four			
Photo Four			
Photo Four Caption			Clear Photo Four



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

PERMIT NO. 18-0423
DATE PAID: 5/30/18
FEE PAID: 310.20
RECEIPT #: 1347223

APPLICATION FOR:

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

APPLICANT: Catherine BowronAGENT: 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: 17 BLOCK: na SUB: Rolling Pines PLATTED: _____
PROPERTY ID #: 19-28-16-01653-117 ZONING: _____ I/M OR EQUIVALENT: ☒ Y / ☐ N

PROPERTY SIZE: 4.1 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐ <=2000GPD ☐ >2000GPD
IS SEWER AVAILABLE AS PER 381.0065, FS? ☒ Y / ☐ N DISTANCE TO SEWER: < FT

PROPERTY ADDRESS: NW Sophie Drive, LC

DIRECTIONS TO PROPERTY: US 41 North, TL Suwannee Valley Road, TR White Springs Ave,
TR NW Sophie Dr, approx 1 mile on right (driveway in second curve)

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	3	1740	
2				
3				

☒ Floor/Equipment Drains ☐ Other (Specify) _____

SIGNATURE: Rocky D FordDATE: 5/30/2018

DH 4015, 08/09 (Obsoletes previous editions which may not be used)
Incorporated 64E-6.001, FAC

Permit Application Number 28-0433

- PART II - SITEPLAN

Notes: 1896

County Health Department

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