

DATE 06/28/2004

Columbia County Building Permit

PERMIT

This Permit Expires One Year From the Date of Issue

000022018

APPLICANT JAMES BROWN PHONE 352.339.1615

ADDRESS 194 SW CROW TERRACE FT. WHITE FL 32038

OWNER KAY DAY PHONE 386.497.4065

ADDRESS 383 DELAWARE WAY FT. WHITE FL 3038

CONTRACTOR AL PINSON PHONE

LOCATION OF PROPERTY 47-S TO US 27-N TO SW RIVERSIDE AVENUE, L, GO TO SW MONTANA STREET, LEFT TO DELAWARE WAY, L, 1ST ON RIGHT.

TYPE DEVELOPMENT M/H & UTILITY ESTIMATED COST OF CONSTRUCTION .00

HEATED FLOOR AREA TOTAL AREA HEIGHT .00 STORIES

FOUNDATION WALLS ROOF PITCH FLOOR

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. 0 FLOOD ZONE AE DEVELOPMENT PERMIT NO. 04-036

PARCEL ID 23-6S-15-01158-000 SUBDIVISION 3 RIVERS ESTATES

LOT 176 BLOCK PHASE UNIT 18 TOTAL ACRES

IH0000019

Culvert Permit No. Culvert Waiver Contractor's License Number Applicant/Owner/Contractor

EXISTING 04-0665-E LH RK N

Driveway Connection Septic Tank Number LU & Zoning checked by Approved for Issuance New Resident

COMMENTS: FINISH FLOOR MUST BE 35.00'

ASSESSMENTS BILLED FOR 1 UNIT.

Check # or Cash 1007

FOR BUILDING & ZONING DEPARTMENT ONLY

(footer/Slab)

Temporary Power date/app. by Foundation date/app. by Monolithic date/app. by

Under slab rough-in plumbing date/app. by Slab date/app. by Sheathing/Nailing date/app. by

Framing date/app. by Rough-in plumbing above slab and below wood floor date/app. by

Electrical rough-in date/app. by Heat & Air Duct date/app. by Peri. beam (Lintel) date/app. by

Permanent power date/app. by C.O. Final date/app. by Culvert date/app. by

M/H tie downs, blocking, electricity and plumbing date/app. by Pool date/app. by

Reconnection date/app. by Pump pole date/app. by Utility Pole date/app. by

M/H Pole date/app. by Travel Trailer date/app. by Re-roof date/app. by

BUILDING PERMIT FEE \$.00 CERTIFICATION FEE \$.00 SURCHARGE FEE \$.00

MISC. FEES \$ 200.00 ZONING CERT. FEE \$ 50.00 FIRE FEE \$ WASTE FEE \$

FLOOD ZONE DEVELOPMENT FEE \$ 50.00 CULVERT FEE \$ TOTAL FEE 300.00

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. AND THERE MAY BE ADDITIONAL PERMITS REQUIRED FROM OTHER GOVERNMENTAL ENTITIES SUCH AS WATER MANAGEMENT DISTRICTS, STATE AGENCIES, OR FEDERAL AGENCIES.

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

This Permit Must Be Prominently Posted on Premises During Construction

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

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

PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

For Office Use Only

Zoning Official

Building Official KK 6-24-04

AP# 0406-34 Date Received 6/11/04 By G Permit # 22018

Flood Zone AE Development Permit YES Zoning ESA-2 Land Use Plan Map Category ESA-2

Comments Need 1 foot Rise letter

34' Required Elevation Must be set at 35'

17878 old permit# Ichetucknee River Map # 225

☒ Site Plan with Setbacks shown ☒ Environmental Health Signed Site Plan ☐ Env. Health Release
☒ Need a Culvert Permit ☒ Need a Waiver Permit ☒ Well letter provided ☒ Existing Well: need

- Property ID 26-65-15 00-00-00-01150-000 Must have a copy of the property deed
- New Mobile Home ✓ Used Mobile Home Year 2004
- Subdivision Information Three Rivers Estates Lot 176, Unit 18
352-339-1615
- Applicant JAMES BROWN Phone # 386 497 4065
- Address 194 SW CROW TEE FT WHITE FL
- Name of Property Owner Kay Day Phone# 352 854 2136
- 911 Address 383 Delaware way FT WHITE FL 32038
- Name of Owner of Mobile Home Kay Day Phone # 352 854 2136
- Address 383 Delaware way FT WHITE FL
- Relationship to Property Owner Same
- Current Number of Dwellings on Property 0
- Lot Size 100x400 Total Acreage .918
- Explain the current driveway Existing
- Driving Directions 475 to CR 10 to US 27 N to SW
Riverside Ave Left to SW Montana ST Left to
Delaware way Left, 1st on right.
- Is this Mobile Home Replacing an Existing Mobile Home yes
- Name of Licensed Dealer/Installer Al Pinson Phone # 352 258 5888
- Installers Address 3131 NE 122nd Ave Gville FL 32609
- License Number TH 0000019 Installation Decal # 223898

PERMIT NUMBER

Installer

At Pison

License #

0000619Address of home
being installed

Manufacturer

ELECTROD

Length x width

14 x 6

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

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

Installer's initials

AP

Typical pier spacing



Show locations of Longitudinal and Lateral Systems
(use dark lines to show these locations)

Marriage wall piers within 2' of end of home per Rule 15C

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 #

223898

Triple/Quad



Serial #

52370

PIER SPACING TABLE FOR USED HOMES

Load bearing capacity (sq in)	Footer size (256)	16" x 16" (256)	18 1/2" x 18 1/2" (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"	8"
1500 psf	4"	5"	6"	7"	8"	8"	8"
2000 psf	5"	6"	7"	8"	8"	8"	8"
2500 psf	6"	7"	8"	8"	8"	8"	8"
3000 psf	7"	8"	8"	8"	8"	8"	8"
3500 psf	8"	8"	8"	8"	8"	8"	8"

Interpolated from Rule 15C-1 pier spacing table.

PIER PAD SIZES

I-beam pier pad size

12 x 22

Perimeter pier pad size

14 x 18

Other pier pad sizes (required by the mfg.)

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

ANCHORS

FRAME TIES

TIEDOWN COMPONENTS

Longitudinal Stabilizing Device (LSD)

Manufacturer

Longitudinal Stabilizing Device w/ Lateral Arms

Manufacturer TLS Data Eng

OTHER TIES

Sidewall

Longitudinal

Marriage wall

Shearwall

PERMIT NUMBER

PLUMBING WORKSHEET

page 2 of 2

POCKET PENETROMETER TEST

The pocket penetrometer tests are rounded down to _____ 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 _____ inch pounds or check here if you are declaring 5 anchors without testing. A test showing 275 inch pounds or less will require 4 foot anchors.

Note: A state approved lateral arm system is being used and 4 ft. anchors are allowed at the sidewall locations. 1 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 require anchors with 4000 lb holding capacity.

Installer's initials

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name

APRISON

Date Tested

6-11-04

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. _____

Plumbing

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

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

Site Preparation

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

Fastening multi-wide units

Floor: Type Fastener: LxWxS Length: 5" Spacing: 20" Walls: Type Fastener: 1/4" x 5 1/2" Length: 5" Spacing: 20" Roof: Type Fastener: 3/4" x 5 1/2" Length: 5" Spacing: 20" For used homes a min. 30 gauge, 6" 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 Town Tyle

Installed:

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

Weatherproofing

The bottomboard will be repaired and/or taped. Yes ☒ Pg. _____
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: _____

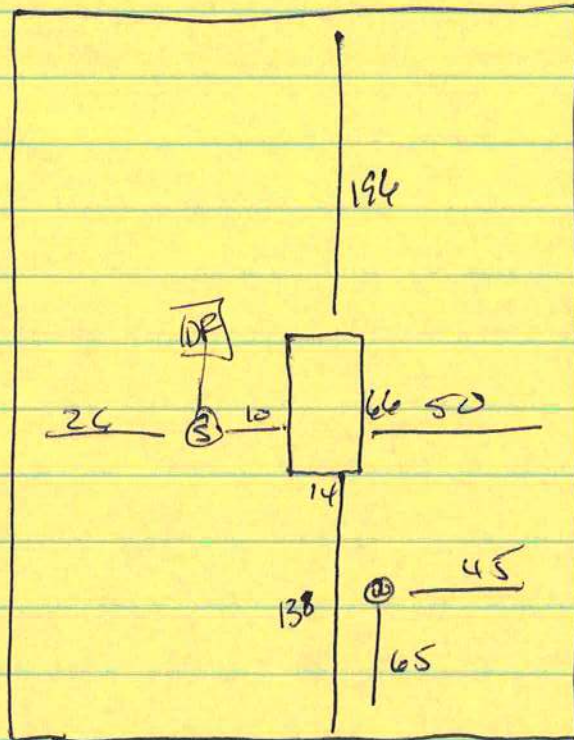
Installer verifies all information given with this permit worksheet is accurate and true based on the manufacturer's installation instructions and or Rule 15C-1 & 2

Installer Signature

APRISON

Date 6/11/04

Key Day
383 Delaware Way



accurate measurements
per Mr. Brown.
7/2/21

Front ↓

SW Delaware Way

CAM112M01 S CamaUSA Appraisal System
6/11/2004 14:32 Legal Description Maintenance
Year T Property Sel
2004 R 00-00-00-01150-000

Columbia County
7100 Land 002
AG 000
13436 Bldg 001
Xfea 000
20536 TOTAL B

--
DAY KAY MABRY

1	LOT 176 UNIT 18 THREE RIVERS , , ESTATES.	2
3		4
5		6
7		8
9		10
11		12
13		14
15		16
17		18
19		20
21		22
23		24
25		26
27		28

Mnt 1/21/1998 TERR

F1=Task F3=Exit F4=Prompt F10=GoTo PGUP/PGDN F24=MoreKeys

17878

fax

0456-34



APPROXIMATE SCALE IN FEET



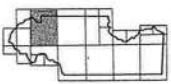
NATIONAL FLOOD INSURANCE PROGRAM

FIRM
FLOOD INSURANCE RATE MAP

COLUMBIA
COUNTY,
FLORIDA
(UNINCORPORATED AREAS)

PANEL 225 OF 290

PANEL LOCATION



COMMUNITY-PANEL NUMBER

120070 0225 B

EFFECTIVE DATE:

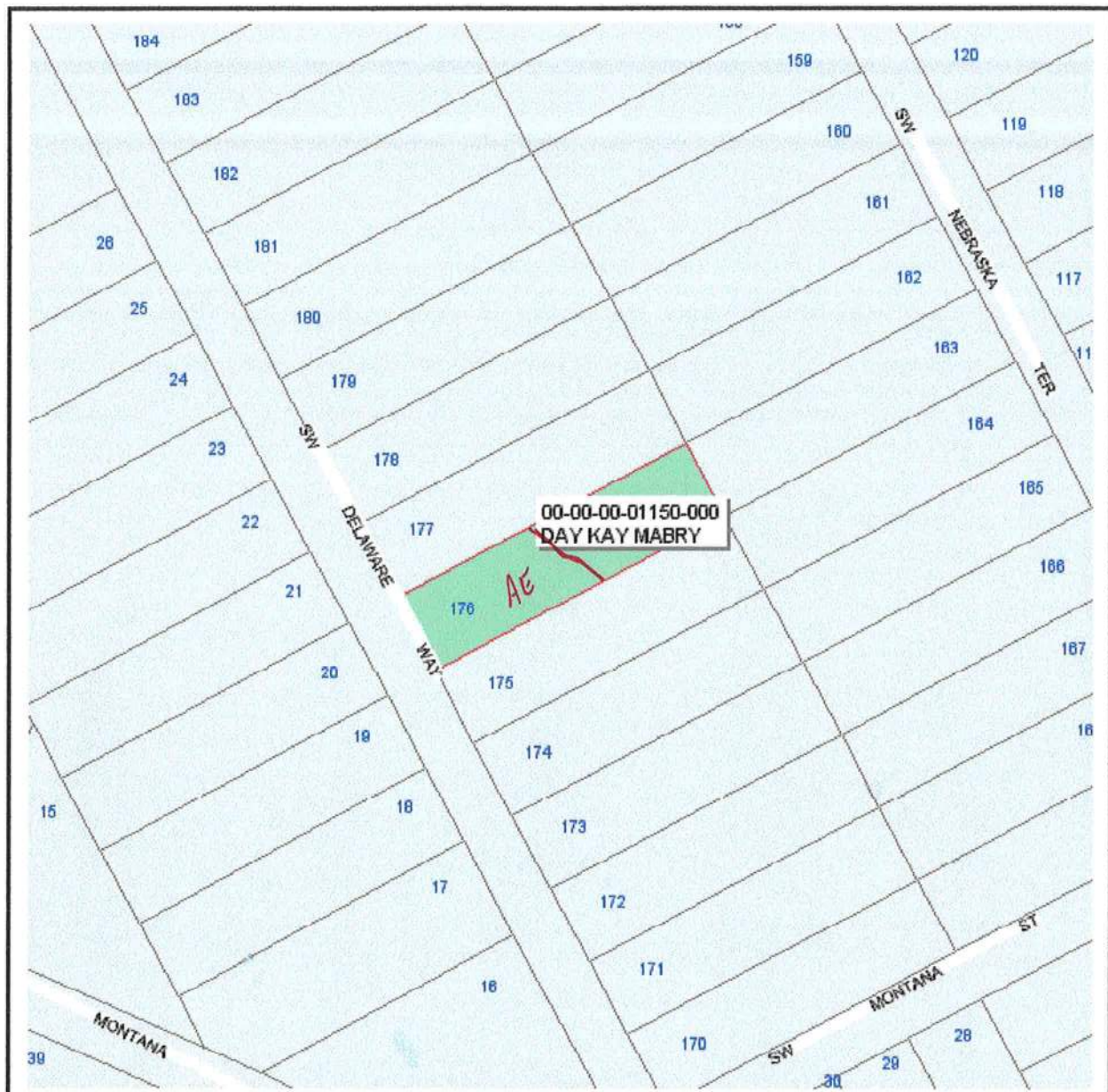
JANUARY 6, 1988



Federal Emergency Management Agency

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





Columbia County Property Appraiser

J. Doyle Crews, CFA - Lake City, Florida - 386-758-1083

PARCEL: 00-00-00-01150-000 - MOBILE HOM (000200)

LOT 176 UNIT 18 THREE RIVERS ESTATES.

Name: DAY KAY MABRY	LandVal	\$7,100.00
Site:	BldgVal	\$13,436.00
PINE RUN EST	ApprVal	\$20,536.00
Mail: 9961 SW 101ST PL	JustVal	\$20,536.00
OCALA, FL 34481	Assd	\$20,536.00
Sales	Exmpt	\$0.00
Info	Taxable	\$20,536.00

0 82 164 246 ft



This information, GIS Map Updated: 06/21/2004, was derived from data which was compiled by the Columbia County Property Appraiser Office solely for the governmental purpose of property assessment. This information should not be relied upon by anyone as a determination of the ownership of property or market value. No warranties, expressed or implied, are provided for the accuracy of the data herein, it's use, or it's interpretation. Although it is periodically updated, this information may not reflect the data currently on file in the Property Appraiser's office. The assessed values are NOT certified values and therefore are subject to change before being finalized for ad valorem assessment purposes.

Call in
for power

Ray Day

✓ 1-352-854-2136

Received

2/20/18
7/26/14

ELEVATION CERTIFICATE

Important: Read the instructions on pages 1 - 7.

SECTION A - PROPERTY OWNER INFORMATION			For Insurance Company Use:
BUILDING OWNER'S NAME Kay Day			Policy Number
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. 383 SW Delaware Way			Company NAIC Number
CITY Fort White	STATE FL	ZIP CODE 32038	
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) Lot 176, Three Rivers Estates, Unit 18			
BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use a Comments area, if necessary.) Residential			
LATITUDE/LONGITUDE (OPTIONAL) (##° - ##' - ###" or ###.####)		HORIZONTAL DATUM: SOURCE: <input type="checkbox"/> GPS (Type): <input type="checkbox"/> NAD 1927 <input type="checkbox"/> NAD 1983 <input type="checkbox"/> USGS Quad Map <input type="checkbox"/> Other: _____	

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER 120070 Columbia		B2. COUNTY NAME Columbia		B3. STATE FL	
B4. MAP AND PANEL NUMBER 120070 0225	B5. SUFFIX B	B6. FIRM INDEX DATE 6 Jan 1988	B7. FIRM PANEL EFFECTIVE/REVISED DATE	B8. FLOOD ZONE(S) AE	B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding) 34

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

☐ FIS Profile ☐ FIRM ☒ Community Determined ☐ Other (Describe):B11. Indicate the elevation datum used for the BFE in B9: ☒ NGVD 1929☐ NAVD 1988 ☐ Other (Describe):B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? ☐ Yes ☒ No Designation Date _____

SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)

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

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

C2. Building Diagram Number 5 (Select the building diagram most similar to the building for which this certificate is being completed - see pages 6 and 7. If no diagram accurately represents the building, provide a sketch or photograph.)

C3. Elevations - Zones A1-A30, AE, AH, A (with BFE), VE, V1-V30, V (with BFE), AR, AR/A, AR/AE, AR/A1-A30, AR/AH, AR/AO

Complete Items C3-a-i below according to the building diagram specified in Item C2. State the datum used. If the datum is different from the datum used for the BFE in Section B, convert the datum to that used for the BFE. Show field measurements and datum conversion calculation. Use the space provided or the Comments area of Section D or Section G, as appropriate, to document the datum conversion.

Datum 29 Conversion/Comments N/A

Elevation reference mark used N/A Does the elevation reference mark used appear on the FIRM? ☐ Yes ☒ No

- a) Top of bottom floor (including basement or enclosure) 35.46 ft.(m)
- b) Top of next higher floor N. A ft.(m)
- c) Bottom of lowest horizontal structural member (V zones only) N. A ft.(m)
- d) Attached garage (top of slab) N. A ft.(m)
- e) Lowest elevation of machinery and/or equipment servicing the building (Describe in a Comments area) 32.0 ft.(m)
- f) Lowest adjacent (finished) grade (LAG) 29.59 ft.(m)
- g) Highest adjacent (finished) grade (HAG) 32.0 ft.(m)
- h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade N/A
- i) Total area of all permanent openings (flood vents) in C3.h N/A sq. in. (sq. cm)

License Number, Embossed Seal,
Signature, and Date

SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION

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

I certify that the information in Sections A, B, and C on this certificate represents my best efforts to interpret the data available.

I understand that any false statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 1001.

CERTIFIER'S NAME L. Scott Britt

LICENSE NUMBER PLS #5757

TITLE Surveyor

COMPANY NAME Britt Surveying

ADDRESS
830 W. Duval St.CITY
Lake CitySTATE
FLZIP CODE
32055

SIGNATURE

DATE
07/26/04TELEPHONE
386-752-7163

IMPORTANT: In these spaces, copy the corresponding information from Section A.			For Insurance Company Use:
BUILDING STREET ADDRESS (Including Apt, Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. 383 SW Delaware Way			Policy Number
CITY Lake City	STATE FL	ZIP CODE 32024	Company NAIC Number

SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION (CONTINUED)

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

COMMENTS

There is a mobile home on this parcel at this time.

L-15169 ☐ Check here if attachments

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

For Zone AO and Zone A (without BFE), complete Items E1 through E4. If the Elevation Certificate is intended for use as supporting information for a LOMA or LOMR-F, Section C must be completed.

- E1. Building Diagram Number __ (Select the building diagram most similar to the building for which this certificate is being completed – see pages 6 and 7. If no diagram accurately represents the building, provide a sketch or photograph.)
- E2. The top of the bottom floor (including basement or enclosure) of the building is __ ft.(m) __ in.(cm) ☐ above or ☐ below (check one) the highest adjacent grade. (Use natural grade, if available).
- E3. For Building Diagrams 6-8 with openings (see page 7), the next higher floor or elevated floor (elevation b) of the building is __ ft.(m) __ in.(cm) above the highest adjacent grade. Complete items C3.h and C3.i on front of form.
- E4. The top of the platform of machinery and/or equipment servicing the building is __ ft.(m) __ in.(cm) ☐ above or ☐ below (check one) the highest adjacent grade. (Use natural grade, if available).
- E5. For Zone AO only: If no flood depth number is available, is the top of the bottom floor elevated in accordance with the community's floodplain management ordinance?
☐ Yes ☐ No ☐ Unknown. The local official must certify this information in Section G.

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

The property owner or owner's authorized representative who completes Sections A, B, C (Items C3.h and C3.i only), and E for Zone A (without a FEMA-issued or community-issued BFE) or Zone AO must sign here. *The statements in Sections A, B, C, and E are correct to the best of my knowledge.*

PROPERTY OWNER'S OR OWNER'S AUTHORIZED REPRESENTATIVE'S NAME

ADDRESS	CITY	STATE	ZIP CODE
SIGNATURE	DATE	TELEPHONE	
COMMENTS			

☐ Check here if attachments

SECTION G - COMMUNITY INFORMATION (OPTIONAL)

The local official who is authorized by law or ordinance to administer the community's floodplain management ordinance can complete Sections A, B, C (or E), and G of this Elevation Certificate. Complete the applicable item(s) and sign below.

- G1. ☐ The information in Section C was taken from other documentation that has been signed and embossed by a licensed surveyor, engineer, or architect who is authorized by state or local law to certify elevation information. (Indicate the source and date of the elevation data in the Comments area below.)
- G2. ☐ A community official completed Section E for a building located in Zone A (without a FEMA-issued or community-issued BFE) or Zone AO.
- G3. ☐ The following information (Items G4-G9) is provided for community floodplain management purposes.

G4. PERMIT NUMBER	G5. DATE PERMIT ISSUED	G6. DATE CERTIFICATE OF COMPLIANCE/OCCUPANCY ISSUED
-------------------	------------------------	---

G7. This permit has been issued for: ☐ New Construction ☐ Substantial Improvement

G8. Elevation of as-built lowest floor (including basement) of the building is:

_____. ft.(m) Datum: _____

G9. BFE or (in Zone AO) depth of flooding at the building site is:

_____. ft.(m) Datum: _____

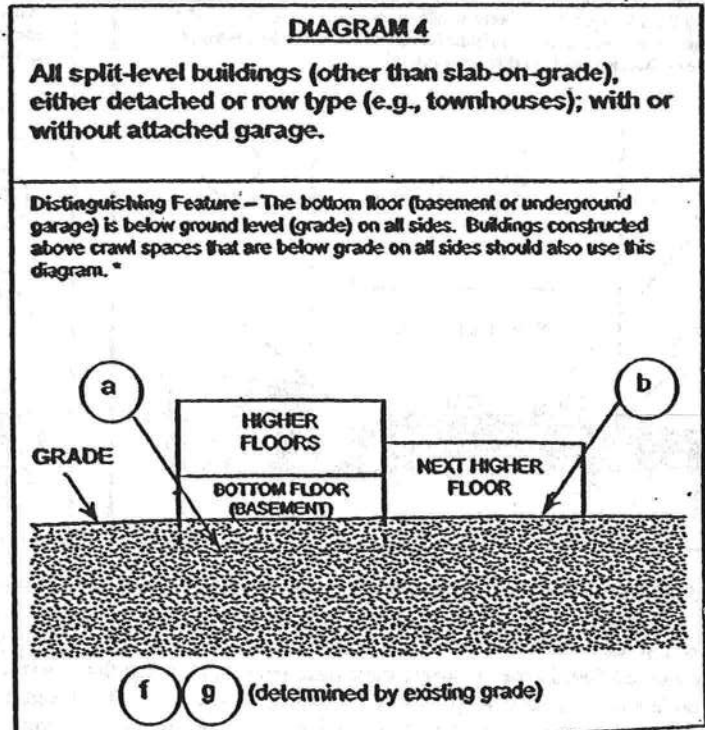
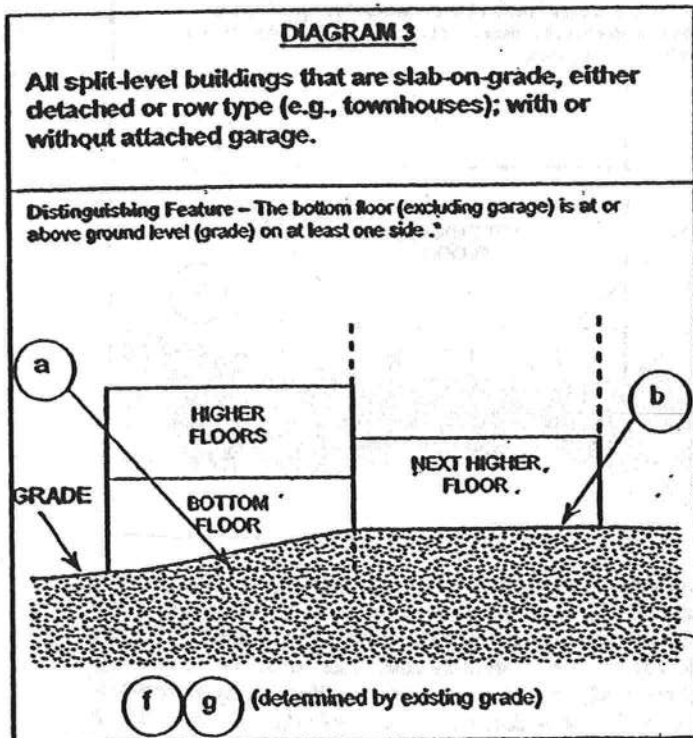
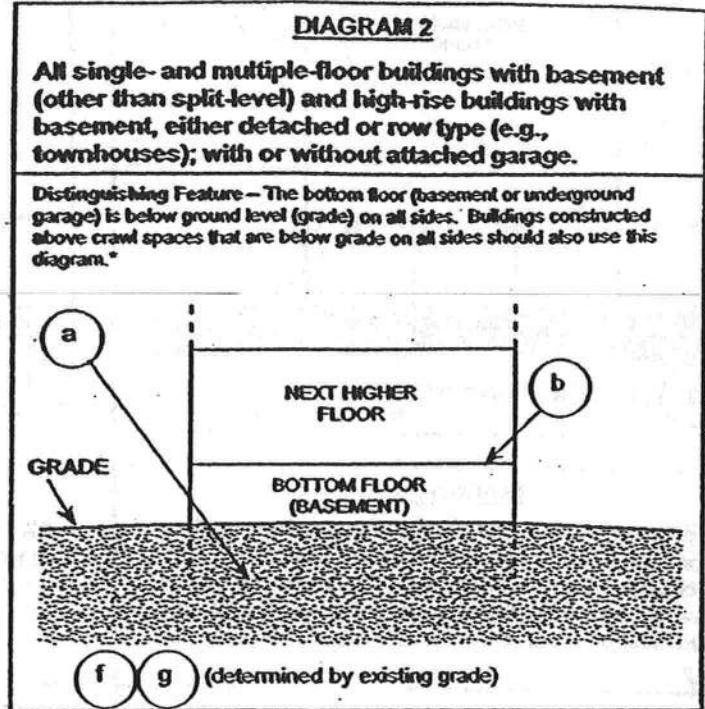
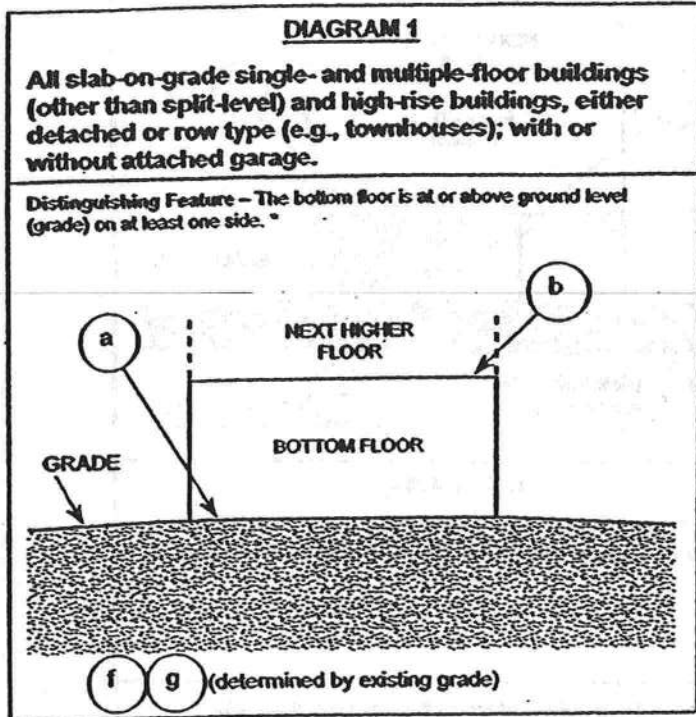
LOCAL OFFICIAL'S NAME	TITLE
COMMUNITY NAME	TELEPHONE
SIGNATURE	DATE
COMMENTS	

☐ Check here if attachments

BUILDING DIAGRAMS

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

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



* A floor that is below ground level (grade) on all sides is considered a basement even if the floor is used for living purposes, or as an office, garage, workshop, etc.

FEDERAL EMERGENCY MANAGEMENT AGENCY
NATIONAL FLOOD INSURANCE PROGRAM

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

ELEVATION CERTIFICATE

Important: Read the instructions on pages 1 - 7.

SECTION A - PROPERTY OWNER INFORMATION			For Insurance Company Use:
BUILDING OWNER'S NAME Kay Day			Policy Number
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. 383 SW Delaware Way			Company NAIC Number
CITY Fort White	STATE FL	ZIP CODE 32038	
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) Lot 176, Three Rivers Estates, Unit 18			
BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use a Comments area, if necessary.) Residential			
LATITUDE/LONGITUDE (OPTIONAL) (##° - ##' - ###" or #####)		HORIZONTAL DATUM: <input type="checkbox"/> NAD 1927 <input type="checkbox"/> NAD 1983	
		SOURCE: <input type="checkbox"/> GPS (Type): <input type="checkbox"/> USGS Quad Map <input type="checkbox"/> Other: _____	

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER 120070 Columbia		B2. COUNTY NAME Columbia		B3. STATE FL	
B4. MAP AND PANEL NUMBER 120070 0225	B5. SUFFIX B	B6. FIRM INDEX DATE 6 Jan 1988	B7. FIRM PANEL EFFECTIVE/REVISED DATE 6 Jan 1988	B8. FLOOD ZONE(S) AE	B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding) 34

B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9.
☐ FIS Profile ☐ FIRM ☒ Community Determined ☐ Other (Describe): _____

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

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

SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)

C1. Building elevations are based on: ☐ Construction Drawings* ☐ Building Under Construction* ☒ Finished Construction
 *A new Elevation Certificate will be required when construction of the building is complete.

C2. Building Diagram Number 5 (Select the building diagram most similar to the building for which this certificate is being completed - see pages 6 and 7. If no diagram accurately represents the building, provide a sketch or photograph.)

C3. Elevations - Zones A1-A30, AE, AH, A (with BFE), VE, V1-V30, V (with BFE), AR, AR/A, AR/AE, AR/A1-A30, AR/AH, AR/AO
 Complete Items C3.-a-i below according to the building diagram specified in Item C2. State the datum used. If the datum is different from the datum used for the BFE in Section B, convert the datum to that used for the BFE. Show field measurements and datum conversion calculation. Use the space provided or the Comments area of Section D or Section G, as appropriate, to document the datum conversion.
 Datum 29 Conversion/Comments N/A
 Elevation reference mark used N/A Does the elevation reference mark used appear on the FIRM? ☐ Yes ☒ No

- o a) Top of bottom floor (including basement or enclosure) 35.46 ft.(m)
- o b) Top of next higher floor N. ft.(m)
- o c) Bottom of lowest horizontal structural member (V zones only) N. ft.(m)
- o d) Attached garage (top of slab) N. ft.(m)
- o e) Lowest elevation of machinery and/or equipment servicing the building (Describe in a Comments area) N. ft.(m)
- o f) Lowest adjacent (finished) grade (LAG) 29.59 ft.(m)
- o g) Highest adjacent (finished) grade (HAG) 32.0 ft.(m)
- o h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade N/A
- o i) Total area of all permanent openings (flood vents) in C3.h N/A sq. in. (sq. cm)

License Number, Embossed Seal, Signature, and Date



SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION

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

CERTIFIER'S NAME L. Scott Britt LICENSE NUMBER PLS #5757

TITLE <u>Surveyor</u>		COMPANY NAME <u>Britt Surveying</u>	
ADDRESS 830 W. Duval St.	CITY Lake City	STATE FL	ZIP CODE 32055
SIGNATURE 	DATE 07/26/04	TELEPHONE 386-752-7163	

IMPORTANT: In these spaces, copy the corresponding information from Section A.			For Insurance Company Use:
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. 383 SW Delaware Way			Policy Number
CITY Lake City	STATE FL	ZIP CODE 32024	Company NAIC Number

SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION (CONTINUED)

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

COMMENTS

There is a mobile home on this parcel at this time.

L-15169

☐ Check here if attachments

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

For Zone AO and Zone A (without BFE), complete Items E1 through E4. If the Elevation Certificate is intended for use as supporting information for a LOMA or LOMR-F, Section C must be completed.

E1. Building Diagram Number __ (Select the building diagram most similar to the building for which this certificate is being completed – see pages 6 and 7. If no diagram accurately represents the building, provide a sketch or photograph.)

E2. The top of the bottom floor (including basement or enclosure) of the building is __ ft.(m) __ in.(cm) ☐ above or ☐ below (check one) the highest adjacent grade. (Use natural grade, if available).

E3. For Building Diagrams 6-8 with openings (see page 7), the next higher floor or elevated floor (elevation b) of the building is __ ft.(m) __ in.(cm) above the highest adjacent grade. Complete items C3.h and C3.i on front of form.

E4. The top of the platform of machinery and/or equipment servicing the building is __ ft.(m) __ in.(cm) ☐ above or ☐ below (check one) the highest adjacent grade. (Use natural grade, if available).

E5. For Zone AO only: If no flood depth number is available, is the top of the bottom floor elevated in accordance with the community's floodplain management ordinance?

☐ Yes ☐ No ☐ Unknown. The local official must certify this information in Section G.

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

The property owner or owner's authorized representative who completes Sections A, B, C (Items C3.h and C3.i only), and E for Zone A (without a FEMA-issued or community-issued BFE) or Zone AO must sign here. *The statements in Sections A, B, C, and E are correct to the best of my knowledge.*

PROPERTY OWNER'S OR OWNER'S AUTHORIZED REPRESENTATIVE'S NAME

ADDRESS CITY STATE ZIP CODE

SIGNATURE DATE TELEPHONE

COMMENTS

☐ Check here if attachments

SECTION G - COMMUNITY INFORMATION (OPTIONAL)

The local official who is authorized by law or ordinance to administer the community's floodplain management ordinance can complete Sections A, B, C (or E), and G of this Elevation Certificate. Complete the applicable item(s) and sign below.

G1. ☐ The information in Section C was taken from other documentation that has been signed and embossed by a licensed surveyor, engineer, or architect who is authorized by state or local law to certify elevation information. (Indicate the source and date of the elevation data in the Comments area below.)

G2. ☐ A community official completed Section E for a building located in Zone A (without a FEMA-issued or community-issued BFE) or Zone AO.

G3. ☐ The following information (Items G4-G9) is provided for community floodplain management purposes.

G4. PERMIT NUMBER	G5. DATE PERMIT ISSUED	G6. DATE CERTIFICATE OF COMPLIANCE/OCCUPANCY ISSUED
-------------------	------------------------	---

G7. This permit has been issued for: ☐ New Construction ☐ Substantial Improvement

G8. Elevation of as-built lowest floor (including basement) of the building is:

_____. ____ ft.(m) Datum: _____

G9. BFE or (in Zone AO) depth of flooding at the building site is:

_____. ____ ft.(m) Datum: _____

LOCAL OFFICIAL'S NAME TITLE

COMMUNITY NAME TELEPHONE

SIGNATURE DATE

COMMENTS

☐ Check here if attachments

**Columbia County Building Department
Flood Development Permit**

**Development Permit
F 023- 04-036**

DATE 06/28/2004 BUILDING PERMIT NUMBER 000022018
APPLICANT JAMES BROWN PHONE 352.339.1615
ADDRESS 194 SW CROW TERRACE FT. WHITE FL 32038
OWNER KAY DAY PHONE 386.497.4065
ADDRESS 383 DELAWARE WAY FT. WHITE FL 3038
CONTRACTOR AL PINSON PHONE _____
ADDRESS 3131 NE 183RD PLACE GAINESVILLE FL 32609
SUBDIVISION 3 RIVERS ESTATES Lot 176 Block _____ Unit _____ Phase _____
TYPE OF DEVELOPMENT M/H & UTILITY PARCEL ID NO. 23-6S-15-01158-000

FLOOD ZONE AE BY LH 1-6-88 FIRM COMMUNITY #. 120070 - PANEL #. 225 B
FIRM 100 YEAR ELEVATION 34.0' PLAN INCLUDED YES or NO
REQUIRED LOWEST HABITABLE FLOOR ELEVATION 35.0'
IN THE REGULATORY FLOODWAY YES or NO RIVER ICHETUCKNEE
SURVEYOR / ENGINEER NAME William Freeman LICENSE NUMBER 56001

☒ ONE FOOT RISE CERTIFICATION INCLUDED

☐ ZERO RISE CERTIFICATION INCLUDED

☐ SRWMD PERMIT NUMBER _____
(INCLUDING THE ONE FOOT RISE CERTIFICATION)

DATE THE FINISHED FLOOR ELEVATION CERTIFICATE WAS PROVIDED _____

INSPECTED DATE _____ BY _____

COMMENTS Waits finish floor elevation certificate.

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



PERMIT EXPIRES ONE YEAR FROM THE DATE OF ISSUANCE



Engineers • Planners

161 N.W. Madison St., Suite 102
Lake City, Florida 32055
Tel: 386-758-4209
Fax: 386-758-4290

6/25/2004

Columbia County Building Department

To whom it may concern,

RE: James Brown mobile home.

Parcel ID – 01150-000, Lot 176 Unit 18 Three River Estates

I have reviewed the conditions for the referenced lot. The property is partially located in a flood zone (Zone AE). The required floor elevation shall be set 1' above the 100 year flood elevation. Set floor elevation based on benchmark to be at elevation 35.00'. The 100 year flood elevation is established at 34.00'. Please find a copy of the calculations verifying the flood rise to be less than 1'-0". If you have any questions, please call me at (386) 758-4209.

Sincerely,

A handwritten signature in dark ink, appearing to read 'William Freeman'.

William Freeman, P.E.

JUN 25 2004



Engineers • Planners

161 N.W. Madison St., Suite 102
Lake City, Florida 32055
Tel: 386-758-4209
Fax: 386-758-4290

Water Displacement Calculations

James Brown

Partial ID # 01150-000

6/25/04

Land Size: 0.918 acres

Conversion:

$$(0.918 \text{ acres}) * (43560 \text{ sq. ft/acre}) = 39988.08 \text{ sq feet}$$

Pillar Width: 1.417 feet

Pillar Length: 2.125 feet

Pillar Height: 3.667 feet

Number of Pillars: 60

Calculation: (Volume of Pillars)/(Area of Land)

Total Volume of Pillars:

$$(1.417) * (2.125) * (3.667) * (60) = 662.5 \text{ cubic feet}$$

$$(662.5) / (39988.08) = 0.01657 \text{ feet}$$

Total Displacement = 0.01657 feet or .1988 inches

JUN 25 2004