

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 #
30489



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 | | For Insurance Company Use: |
|--|-------------|---|
| A1. Building Owner's Name | | Policy Number |
| A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 487 NW Stephen Foster Dr | | Company NAIC Number |
| City White Springs | State FL | ZIP Code 32096 |
| 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: a) Square footage of crawl space or enclosure(s) _____ sq ft b) No. of permanent flood openings in the crawl space or enclosure(s) walls within 1.0 foot above adjacent grade _____ c) Total net area of flood openings in A8.b _____ sq in | | A9. For a building with an attached garage, provide: a) Square footage of attached garage _____ sq ft 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 A9.b _____ sq in |

| SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION | | | | | |
|---|------------|---------------------|---------------------------------------|-------------------|---|
| B1. NFIP Community Name & Community Number Columbia County 120070 | | 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: Accepting old form due to FEMA allowing transition period to new form

Reviewed 6 MARCH 2013

Date of Review: Corrected 1 Aug. 2014

Community Official: Brian L. Kegan

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

000030489
OMB No. 1660-0008
Expires March 31, 2012

Important: Read the instructions on pages 1-9.

SECTION A - PROPERTY INFORMATION

| | | |
|---|---|---|
| A1. Building Owner's Name RADEL MICHAEL & TOWNSEND ROBERT C | | For Insurance Company Use: |
| A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 487 NW STEPHEN FOSTER DR | | Policy Number |
| City WHITE SPRINGS State FL ZIP Code 32096 | | Company NAIC Number |
| A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) LOT 3 STEPHEN FOSTER FOREST S/D, parcel no. 18-2S-16-01650-003, 32Columbia co., Florida | | |
| A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) _____ | | |
| A5. Latitude/Longitude: Lat. 30DEG 19'19" Long. 82DEG 45'29.7" | | 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 5 | | |
| A8. For a building with a crawlspace or enclosure(s): | | A9. For a building with an attached garage: |
| a) Square footage of crawlspace or enclosure(s) NA sq ft | a) Square footage of attached garage NA sq ft | |
| b) No. of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade NA | b) No. of permanent flood openings in the attached garage within 1.0 foot above adjacent grade NA | |
| c) Total net area of flood openings in A8.b NA sq in | c) Total net area of flood openings in A9.b NA sq in | |
| d) Engineered flood openings? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | d) Engineered flood openings? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

| | | | | | |
|--|-----------------|------------------------------------|--|----------------------------|--|
| B1. NFIP Community Name & Community Number 12023C0159C COLUMBIA CO UNINC & INC AREAS | | B2. County Name Columbia | | B3. State FL | |
| B4. Map/Panel Number 120070 0159 | B5. Suffix C | B6. FIRM Index Date 2/4/2009 | B7. FIRM Panel Effective/Revised Date 2/4/2009 | 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. <input type="checkbox"/> FIS Profile <input checked="" 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 checked="" 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)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Designation Date _____ <input type="checkbox"/> CBRS <input type="checkbox"/> 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. Use the same datum as the BFE.

Benchmark Utilized PBM 79.14 Vertical Datum NAVD88

Conversion/Comments _____

| | | |
|---|---|-----------------------------|
| | | Check the measurement used. |
| a) Top of bottom floor (including basement, crawlspace, or enclosure floor) 90.6 | <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only) | |
| b) Top of the next higher floor NA | <input type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only) | |
| c) Bottom of the lowest horizontal structural member (V Zones only) NA | <input type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only) | |
| d) Attached garage (top of slab) NA | <input type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only) | |
| e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments) 87.0 | <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only) | |
| f) Lowest adjacent (finished) grade next to building (LAG) 82.1 | <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only) | |
| g) Highest adjacent (finished) grade next to building (HAG) 81.1 | <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only) | |
| h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support 81.0 | <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only) | |

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

| | | | |
|--------------------------------------|--------------------|----------------------------------|----------------|
| Certifier's Name WESLEY M. RABON | | License Number 6127 | |
| Title PROFESSIONAL SURVEYOR & MAPPER | | Company Name WESLEY M. RABON PSM | |
| Address 398 NW NULL ROAD | City WHITE SPRINGS | State FL | ZIP Code 32096 |
| Signature <i>Wesley M. Rabon</i> | Date 2/22/2013 | Telephone 386-397-1199 | |



| | |
|---|----------------------------|
| 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. 473 NW STEPHEN FOSTER DR | 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 AC=90.4 FEET, ELECTRIC METER 87.1 FEET

Signature [Signature] Date 2/22/2013

☐ Check here if attachments

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 and G9.

- 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-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: _____ ☐ feet ☐ meters (PR) Datum _____
- G9. BFE or (in Zone AO) depth of flooding at the building site: _____ ☐ feet ☐ meters (PR) Datum _____
- G10. Community's design flood elevation _____ ☐ feet ☐ meters (PR) Datum _____

| | |
|-----------------------------|-----------------|
| Local Official's Name _____ | Title _____ |
| Community Name _____ | Telephone _____ |
| Signature _____ | Date _____ |
| Comments _____ | |

☐ Check here if attachments

Building Photographs

See Instructions for Item A6.

| | |
|---|---|
| Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 473 NW STEPHEN FOSTER DR | For Insurance Company Use: Policy Number |
| City WHITE SPRINGS State FL ZIP Code 32096 | Company NAIC Number |

If using the Elevation Certificate to obtain NFIP flood insurance, affix at least two 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." If submitting more photographs than will fit on this page, use the Continuation Page, following.



Building Photographs

Continuation Page

| | |
|---|---|
| Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 473 NW STEPHEN FOSTER DR | For Insurance Company Use: Policy Number |
| City WHITE SPRINGS State FL ZIP Code 32096 | 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."

