City of Cedar Key
Historic Preservation Meeting
September 22, 2026, at 10:00am
809 6th Street
Cedar Key, Florida 32625

1.Call to Order

2.Roll Call

Vanessa Edmunds, Seat 5

Scott Sykes, Seat 1

Doug Lindhout, Seat 2

Greg Lang, Seat 3

Susan Rosenthal, Seat 4

3.Pledge of Allegiance

4.Public Comment

5.COA 2026-11: Parcel Number 0853300000 (688 2nd Street)

6.Adjourn Historic Preservation Meeting

PLEASE TAKE NOTICE AN BE ADVISED, that if any interested person desires to appeal any decision of the Cedar Key Historic Board, with respect to any matter considered at this meeting, such interested person will need a record of the proceeding, and for such purpose, may need to ensure that a verbatim record of the proceedings is made, which record includes the testimony and evidence upon which the appeal is to be based. People with disabilities requiring accommodation to participate in the meeting should contact the City Clerk at 352-543-5132 at least 48hours in advance to request accommodation.

CITY OF CEDAR KEY
AGENDA ITEM SUMMARY

Meeting: Historic Preservation Board
Agenda Item: Special Action 2026-11
Subject: Consideration of Special Action Application
Applicant: As identified in the application
Property: As identified in the application

Requested Action

Consider and act on Special Action Application 2026-11 based upon the application, supporting materials, staff review, and applicable City requirements.

Background and Summary

The applicant submitted Special Action Application 2026-11 for review by the Historic Preservation Board. The application and supporting documentation are included in the meeting packet for the Board's consideration.

The Board should evaluate the request for consistency with the City's applicable historic preservation standards, Land Development Regulations, and other governing requirements. Approval of the Special Action does not replace or waive any additional permits or approvals required before work begins.

Staff Recommendation

Staff recommends approval of Special Action 2026-11, subject to the following conditions:

1. All work shall substantially conform to the application, plans, photographs, and supporting materials presented to and approved by the Board.
2. The applicant shall obtain all required City, county, state, and federal permits before beginning work.
3. Approval does not authorize work within a public right-of-way, easement, or property not owned or legally controlled by the applicant.
4. Any material change to the approved location, design, dimensions, materials, or scope of work shall be submitted to the City for review before implementation.
5. The property and proposed work shall comply with the City's Land Development Regulations, applicable historic-preservation standards, building and floodplain requirements, and all other governing regulations.

6. Any damage to City property or the public right-of-way resulting from the work shall be repaired by the applicant at the applicant's expense.

Fiscal Impact

No direct fiscal impact to the city is anticipated. All costs associated with the proposed work and required permits shall be the responsibility of the applicant.

Attachments

- Special Action Application 2026-11
- Supporting plans, photographs, and related documentation
- Any applicable staff or departmental comments

Suggested Motion

"I move to approve Special Action 2026-11, subject to the conditions contained in the staff recommendation and compliance with all applicable City, county, state, and federal requirements."

Special Action 2026-11

City of Cedar Key
Certificate of Appropriateness Application

Date: 3/26/26 Circle One: COMMERICAL (RESIDENTIAL)

Applicant Name: Taylor Construction & Development, Inc. Phone Number: 352-543-9228

Physical Address: 688 2nd St Cedar Key, Florida 32625

Owner Name: Thomas Bennett Phone Number: 6038343599

Parcel Number: 0853300000 Historic Site Number:

Requested Historic Board Presentation Date: Next Available

Please provide a statement to describe the requested action along with necessary drawings, product approval codes, and necessary supplemental documentation (elevation certificate, survey, building plans, etc):

Elevate residence to above base flood elevation and replace existing windows with new impact rated Vinyl windows.

AFFIDAVIT

Owner(s) Thomas Bennett

Tax Parcel Number(s) or Attach Legal Description: 0853300000

I (we), the property owner(s) of the subject property, being duly sworn, depose and say:
(initial applicable statements)

TB That I am (we are) the owner(s) and record title holder(s) of the above-described property.

_____ That the above-described property is the property for which the attached application for land use change is being made.

TB That I (we) have appointed the following person as my (our) agent to execute any agreement, and other documents necessary to effectuate such agreement in the process of pursuing the attached variance/ conditional use/ hardship request: Corey Rudd

I (we)do hereby swear or affirm that the above information contain hereto are true and accurate to the best of my (our) knowledge.

Thomas C Bennett
Signature (Owner/ Agent)

_____
Signature (Owner/ Agent)

STATE OF FLORIDA, COUNTY OF: Levy

I HEREBY CERTIFY that on this day before me an officer duly authorized in the State and County aforesaid to take acknowledgements personally appeared Thomas Bennett, who is personally known to me or produced _____ as identification and did not take an oath. Witness my hand and official seal this 26 day of March, 2026

Debora Rudd
Notary Public

DEBORA RUDD
Commission # HH 635666
Expires February 3, 2029

City of Cedar Key

Certificate of Appropriateness Application

1-1.8 The City hereby adopts as a Historic District the area depicted on Map 8-1, which is that area bordered by 1st Street, 3rd Street and F Street, inclusive of both sides of the street but excluding the area known as Dock Street and the proposed site of the expanded sewer treatment plant at 3rd and C Streets.

Please fill out each section with as much detail as possible.

3.01.04. Certificates of Appropriateness Required (Please check one.)

Regulated Work Items must be certified as appropriate sites listed individually on the Local Register of Historic Places and all properties within the Historic District.

_____A. *Administrative Approval.* The Administrator may approve work which constitutes "ordinary maintenance" or work which will result in the "original appearance" as defined in this code.

__✓__B. *Historic Preservation Board Approval.* If the work is not "ordinary maintenance" and will not result in the "original appearance", certification of appropriateness must be obtained from the Historic Preservation Board.

3.01.05. Regulated Work Items (Please check all applicable requests for a COA.)

_____A. Installation or removal of metal awnings or canopies.

__✓__B. Installation or removal of all decks above the first-floor level on the front of the structure.

__✓__C. Installation of an exterior door or door frame, or the infill of an existing exterior door opening.

_____D. Installation or removal of any exterior wall, including the enclosure of any porch or other outdoor area with any material other than insect screening.

_____E. The installation or relocation of wood, chain-link, masonry, or wrought iron fencing.

_____F. The installation or removal of all fire escapes, exterior stairs or ramps for the handicapped.

_____G. The painting of previously unpainted masonry including brick, stone, terra cotta and concrete.

_____H. Installation or removal of railings or other wood, wrought iron or masonry detailing.

_____I. Abrasive cleaning of exterior walls.

__✓__J. Installation of new roofing materials, or removal of existing roofing materials.

_____K. Installation or removal of security grilles, except that in no case shall permission to install such grilles be completely denied.

_____L. Installation of new exterior siding materials, or removal of existing exterior siding materials.

_____M. Installation or removal of exterior skylights.

_____N. Installation of exterior screen window or door.

__✓__O. Installation of an exterior window or window frame or the infill of an existing exterior window opening.

_____P. Erection of a new building or a parking lot.

_____Q. Demolition of a structure or building.

_____R. Relocation of a building or structure.

COMMENTS: _____

City of Cedar Key

Certificate of Appropriateness Application

3.01.06. Criteria for Certification as Appropriate: The decision to issue Certificates of Appropriateness, except those for demolition and relocation, shall be guided by:

A. The Secretary of the Interior's Standards for Rehabilitation and Guidelines for Rehabilitating Historic Buildings; and *(Initial Confirmation for the use of this Guideline)* TB

B. The following visual compatibility standards: *(Please initial all applicable items and acknowledge that it will be up to the applicant to provide the necessary details to ensure compliance.)*

TB 1. *Height*. Height shall be visually compatible with adjacent buildings.

TB 2. *Proportion of Building, Structure or Object's Front Facade*. The width to the height of the front elevation shall be visually compatible to buildings and places to which it is visually related.

TB 3. *Proportion of Openings Within the Facility*. The relationship of the width of the windows in a building, structure, or object shall be visually compatible with buildings and places to which it relates.

TB 4. *Rhythm of Solids to Voids in Front Facades*. The relationship of solids to voids shall be visually compatible with buildings and places to which it is visually related.

TB 5. *Rhythm of Buildings, Structures, or Objects on Streets*. The relationship to open spaces between adjoining buildings and places shall be visually compatible to the buildings and places to which it is visually related.

TB 6. *Rhythm of Entrance and/or Porch Projections*. The relationship of entrances and projections to sidewalks shall be visually compatible to the buildings and places to which it is visually related.

TB 7. *Relationship of Materials, Texture and Color*. The relationship of materials, texture and color of the facade shall be visually compatible with the predominant materials used in the buildings to which it is visually related.

TB 8. *Roof Shapes*. The roof shape shall be visually compatible with the buildings to which it is visually related.

TB 9. *Walls of Continuity*. Appurtenances such as walls, fences and landscape masses shall, if necessary, form cohesive walls of enclosure along a street to insure visual compatibility to the surrounding area.

TB 10. *Scale of a Building*. Size and building mass in relation to open space, windows, door openings, porches and balconies shall be visually compatible with the buildings and places to which it is visually related.

TB 11. *Directional Expression of Front Elevation*. A building, structure, or object shall be visually compatible with the buildings and places to which it is visually related in its directional character.

TB 12. *Screening of Elevated Buildings*. A building required by Section 6.07.00 of this Chapter to be elevated more than three feet above grade shall mask the fact that it is elevated through the use of appropriate architectural screening so that the building, when viewed from public rights-of-way, appears to have been constructed at, or near, natural grade.

C. *Considerations of Scale. (Please initial acknowledgement of this standards.)*

TB 1. Buildings shall be of appropriate scale to avoid adverse impacts to the surrounding uses and properties.

TB 2. Buildings shall not be out of scale with documented historic development patterns and surrounding contributing structures.

D. *Elevation Considerations*. Where Base Flood Elevation (BFE) is less than three feet above grade, buildings shall not be elevated more than one foot above BFE. Where BFE is more than three feet and less than nine feet above grade, buildings may be elevated to nine feet above grade.

National Flood Insurance Program

Elevation Certificate

and Instructions

2023 EDITION

FEMA

U.S. DEPARTMENT OF HOMELAND SECURITY
Federal Emergency Management Agency
National Flood Insurance Program

OMB Control No. 1660-0008
Expiration Date: 06/30/2026

ELEVATION CERTIFICATE AND INSTRUCTIONS

PAPERWORK REDUCTION ACT NOTICE

Public reporting burden for this data collection is estimated to average 3.75 hours per response. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and submitting this form. You are not required to respond to this collection of information unless a valid OMB control number is displayed on this form. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing the burden to: Information Collections Management, Department of Homeland Security, Federal Emergency Management Agency, 500 C Street SW, Washington, DC 20742, Paperwork Reduction Project (1660-0008). **NOTE: Do not send your completed form to this address.**

PRIVACY ACT STATEMENT

Authority: Title 44 CFR § 61.7 and 61.8.

Principal Purpose(s): This information is being collected for the primary purpose of documenting compliance with National Flood Insurance Program (NFIP) floodplain management ordinances for new or substantially improved structures in designated Special Flood Hazard Areas. This form may also be used as an optional tool for a Letter of Map Amendment (LOMA), Conditional LOMA (CLOMA), Letter of Map Revision Based on Fill (LOMR-F), or Conditional LOMR-F (CLOMR-F), or for flood insurance rating purposes in any flood zone.

Routine Use(s): The information on this form may be disclosed as generally permitted under 5 U.S.C. § 552a(b) of the Privacy Act of 1974, as amended. This includes using this information as necessary and authorized by the routine uses published in DHS/ FEMA-003 – *National Flood Insurance Program Files System of Records Notice* 79 Fed. Reg. 28747 (May 19, 2014) and upon written request, written consent, by agreement, or as required by law.

Disclosure: The disclosure of information on this form is voluntary; however, failure to provide the information requested may impact the flood insurance premium through the NFIP. Information will only be released as permitted by law.

PURPOSE OF THE ELEVATION CERTIFICATE

The Elevation Certificate is an important administrative tool of the NFIP. It can be used to provide elevation information necessary to ensure compliance with community floodplain management ordinances, to inform the proper insurance premium, and to support a request for a LOMA, CLOMA, LOMR-F, or CLOMR-F.

The Elevation Certificate is used to document floodplain management compliance for Post-Flood Insurance Rate Map (FIRM) buildings, which are buildings constructed after publication of the FIRM, located in flood Zones A1–A30, AE, AH, AO, A (with Base Flood Elevation (BFE)), VE, V1–V30, V (with BFE), AR, AR/A, AR/AE, AR/A1–A30, AR/AH, AR/AO, and A99. It may also be used to provide elevation information for Pre-FIRM buildings or buildings in any flood zone.

As part of the agreement for making flood insurance available in a community, the NFIP requires the community to adopt floodplain management regulations that specify minimum requirements for reducing flood losses. One such requirement is for the community to obtain the elevation of the lowest floor (including basement) of all new and substantially improved buildings, and maintain a record of such information. The Elevation Certificate provides a way for a community to document compliance with the community's floodplain management ordinance.

Use of this certificate does not provide a waiver of the flood insurance purchase requirement. Only a LOMA or LOMR-F from the Federal Emergency Management Agency (FEMA) can amend the FIRM and remove the federal mandate for a lending institution to require the purchase of flood insurance. However, the lending institution has the option of requiring flood insurance even if a LOMA/LOMR-F has been issued by FEMA. The Elevation Certificate may be used to support a LOMA, CLOMA, LOMR-F, or CLOMR-F request. Lowest Adjacent Grade (LAG) elevations certified by a land surveyor, engineer, or architect, as authorized by state law, will be required if the certificate is used to support a LOMA, CLOMA, LOMR-F, or CLOMR-F request. A LOMA, CLOMA, LOMR-F, or CLOMR-F request must be submitted with either a completed FEMA MT-EZ or MT-1 application package, whichever is appropriate. If the certificate will only be completed to support a LOMA, CLOMA, LOMR-F, or CLOMR-F request, there is an option to document the certified LAG elevation on the Elevation Form included in the MT-EZ and MT-1 application.

This certificate is used only to certify building elevations. A separate certificate is required for floodproofing. Under the NFIP, non-residential buildings can be floodproofed up to or above the BFE. A floodproofed building is a building that has been designed and constructed to be watertight (substantially impermeable to floodwaters) below the BFE. Floodproofing of residential buildings is not permitted under the NFIP unless FEMA has granted the community an exception for residential floodproofed basements. The community must adopt standards for design and construction of floodproofed basements before FEMA will grant a basement exception. For both floodproofed non-residential buildings and residential floodproofed basements in communities that have been granted an exception by FEMA, a floodproofing certificate is required.

The expiration date on the form herein does not apply to certified and completed Elevation Certificates, as a completed Elevation Certificate does not expire, unless there is a physical change to the building that invalidates information in Section A Items A8 or A9, Section C, Section E, or Section H. In addition, this form is intended for the specific building referenced in Section A and is not invalidated by the transfer of building ownership.

Additional guidance can be found in FEMA Publication 467-1, *Floodplain Management Bulletin: Elevation Certificate*.

U.S. DEPARTMENT OF HOMELAND SECURITY
Federal Emergency Management Agency
National Flood Insurance Program

OMB Control No. 1660-0008
Expiration Date: 06/30/2026

ELEVATION CERTIFICATE

IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON INSTRUCTION PAGES 1-11

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

Policy Number:

Company NAIC Number:

A1. Building Owner's Name: Thomas Bennett

A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.: 668 2nd Street

City: Cedar Key State: FL ZIP Code: 32625

A3. Property Description (e.g., Lot and Block Numbers or Legal Description) and/or Tax Parcel Number:
Lots 17, 18 and the West 1/2 of Lot 19, Block 4, Map of the Southern part of the City of Cedar Key. Parcel 08533-000-00

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

A5. Latitude/Longitude: Lat. 29.135737° Long. -83.033785° Horiz. Datum: ☐ NAD 1927 ☒ NAD 1983 ☐ WGS 84

A6. Attach at least two and when possible four clear color photographs (one for each side) of the building (see Form pages 7 and 8).

A7. Building Diagram Number: 1A

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

a) Square footage of crawlspace or enclosure(s): n/a sq. ft.

b) Is there at least one permanent flood opening on two different sides of each enclosed area? ☐ Yes ☐ No ☒ N/A

c) Enter number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade:
Non-engineered flood openings: n/a Engineered flood openings: n/a

d) Total net open area of non-engineered flood openings in A8.c: n/a sq. in.

e) Total rated area of engineered flood openings in A8.c (attach documentation – see Instructions): n/a sq. ft.

f) Sum of A8.d and A8.e rated area (if applicable – see Instructions): n/a sq. ft.

A9. For a building with an attached garage:

a) Square footage of attached garage: n/a sq. ft.

b) Is there at least one permanent flood opening on two different sides of the attached garage? ☐ Yes ☐ No ☒ N/A

c) Enter number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade:
Non-engineered flood openings: n/a Engineered flood openings: n/a

d) Total net open area of non-engineered flood openings in A9.c: n/a sq. in.

e) Total rated area of engineered flood openings in A9.c (attach documentation – see Instructions): n/a sq. ft.

f) Sum of A9.d and A9.e rated area (if applicable – see Instructions): n/a sq. ft.

SECTION B – FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1.a. NFIP Community Name: City of Cedar Key B1.b. NFIP Community Identification Number: 120373

B2. County Name: Levy B3. State: FL B4. Map/Panel No.: 12075C 0443 B5. Suffix: G

B6. FIRM Index Date: 01/18/2019 B7. FIRM Panel Effective/Revised Date: 01/18/2019

B8. Flood Zone(s): AE B9. Base Flood Elevation(s) (BFE) (Zone AO, use Base Flood Depth): 13'

B10. Indicate the source of the BFE data or Base Flood Depth entered in Item B9:
☐ FIS ☒ FIRM ☐ Community Determined ☐ Other:

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

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

B13. Is the building located seaward of the Limit of Moderate Wave Action (LiMWA)? ☐ Yes ☒ No

ELEVATION CERTIFICATE

IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON INSTRUCTION PAGES 1-11

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.: 668 2nd Street

City: Cedar Key State: FL ZIP Code: 32625

FOR INSURANCE COMPANY USE

Policy Number:

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, AO, A (with BFE), VE, V1–V30, V (with BFE), AR, AR/A, AR/AE, AR/A1–A30, AR/AH, AR/AO, A99. Complete Items C2.a–h below according to the Building Diagram specified in Item A7. In Puerto Rico only, enter meters.
Benchmark Utilized: D290 Vertical Datum: NAVD88

Indicate elevation datum used for the elevations in items a) through h) below.
☐ NGVD 1929 ☒ NAVD 1988 ☐ Other:

Datum used for building elevations must be the same as that used for the BFE. Conversion factor used? ☐ Yes ☒ No
If Yes, describe the source of the conversion factor in the Section D Comments area.

		Check the measurement used:
a) Top of bottom floor (including basement, crawlspace, or enclosure floor):	7.54	☒ feet ☐ meters
b) Top of the next higher floor (see Instructions):	17.6	☒ feet ☐ meters
c) Bottom of the lowest horizontal structural member (see Instructions):	n/a	☐ feet ☐ meters
d) Attached garage (top of slab):	n/a	☐ feet ☐ meters
e) Lowest elevation of Machinery and Equipment (M&E) servicing the building (describe type of M&E and location in Section D Comments area):	8.29	☒ feet ☐ meters
f) Lowest Adjacent Grade (LAG) next to building: ☐ Natural ☒ Finished	4.44	☒ feet ☐ meters
g) Highest Adjacent Grade (HAG) next to building: ☐ Natural ☒ Finished	8.46	☒ feet ☐ meters
h) Finished LAG at lowest elevation of attached deck or stairs, including structural support:	9.46	☒ feet ☐ 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 state 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 and describe in the Comments area.

Certifier's Name: Stephen M. McMillen License Number: 5469

Title: President

Company Name: McMillen Surveying, Inc

Address: 444 N.W. Main Street

City: Williston State: FL ZIP Code: 32696

Telephone: (352) 528-6277 Ext.: Email: steve@mcsurveying.com

Signature: Digitally signed by Stephen M. McMillen, P.S.M. Date: 2026.02.09 13:56:08 -05'00' Date: 01/30/2026

Place Seal Here

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

Comments (including source of conversion factor in C2; type of equipment and location per C2.e; and description of any attachments):
Item C2(e) above is the top of the raised exterior ac compressor pad.
The elevation of the bottom of the electric meter is 13.71'

ELEVATION CERTIFICATE

IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON INSTRUCTION PAGES 1-11

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.: 668 2nd Street City: Cedar Key State: FL ZIP Code: 32625	**FOR INSURANCE COMPANY USE** Policy Number: _____ Company NAIC Number: _____

SECTION E – BUILDING MEASUREMENT INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO, ZONE AR/AO, AND ZONE A (WITHOUT BFE)

For Zones AO, AR/AO, and A (without BFE), complete Items E1–E5. For Items E1–E4, use natural grade, if available. If the Certificate is intended to support a Letter of Map Change request, complete Sections A, B, and C. Check the measurement used. In Puerto Rico only, enter meters.

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

E1. Provide measurements (C.2.a in applicable Building Diagram) for the following and check the appropriate boxes to show whether the measurement is above or below the natural HAG and the LAG.

a) Top of bottom floor (including basement, crawlspace, or enclosure) is: _____ ☐ feet ☐ meters ☐ above or ☐ below the HAG.

b) Top of bottom floor (including basement, crawlspace, or enclosure) is: _____ ☐ feet ☐ meters ☐ above or ☐ below the LAG.

E2. For Building Diagrams 6–9 with permanent flood openings provided in Section A Items 8 and/or 9 (see pages 1–2 of Instructions), the next higher floor (C2.b in applicable Building Diagram) 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 AUTHORIZED REPRESENTATIVE) CERTIFICATION

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

☐ Check here if attachments and describe in the Comments area.

Property Owner or Owner's Authorized Representative Name: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Telephone: _____ Ext.: _____ Email: _____

Signature: _____ Date: _____

Comments:

ELEVATION CERTIFICATE

IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON INSTRUCTION PAGES 1-11

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.: 668 2nd Street

City: Cedar Key State: FL ZIP Code: 32625

FOR INSURANCE COMPANY USE

Policy Number: _____

Company NAIC Number: _____

SECTION G – COMMUNITY INFORMATION (RECOMMENDED FOR COMMUNITY OFFICIAL COMPLETION)

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

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 state law to certify elevation information. (Indicate the source and date of the elevation data in the Comments area below.)

G2.a. ☐ A local official completed Section E for a building located in Zone A (without a BFE), Zone AO, or Zone AR/AO, or when item E5 is completed for a building located in Zone AO.

G2.b. ☐ A local official completed Section H for insurance purposes.

G3. ☐ In the Comments area of Section G, the local official describes specific corrections to the information in Sections A, B, E and H.

G4. ☐ The following information (Items G5–G11) is provided for community floodplain management purposes.

G5. Permit Number: _____ G6. Date Permit Issued: _____

G7. Date Certificate of Compliance/Occupancy Issued: _____

G8. This permit has been issued for: ☐ New Construction ☐ Substantial Improvement

G9.a. Elevation of as-built lowest floor (including basement) of the building: _____ ☐ feet ☐ meters Datum: _____

G9.b. Elevation of bottom of as-built lowest horizontal structural member: _____ ☐ feet ☐ meters Datum: _____

G10.a. BFE (or depth in Zone AO) of flooding at the building site: _____ ☐ feet ☐ meters Datum: _____

G10.b. Community's minimum elevation (or depth in Zone AO) requirement for the lowest floor or lowest horizontal structural member: _____ ☐ feet ☐ meters Datum: _____

G11. Variance issued? ☐ Yes ☐ No If yes, attach documentation and describe in the Comments area.

The local official who provides information in Section G must sign here. *I have completed the information in Section G and certify that it is correct to the best of my knowledge. If applicable, I have also provided specific corrections in the Comments area of this section.*

Local Official's Name: _____ Title: _____

NFIP Community Name: _____

Telephone: Ext.: _____ Email: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Signature: _____ Date: _____

Comments (including type of equipment and location, per C2.e; description of any attachments; and corrections to specific information in Sections A, B, D, E, or H):

ELEVATION CERTIFICATE

IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON INSTRUCTION PAGES 1-11

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.: 668 2nd Street City: Cedar Key State: FL ZIP Code: 32625	**FOR INSURANCE COMPANY USE** Policy Number: Company NAIC Number:

SECTION H – BUILDING'S FIRST FLOOR HEIGHT INFORMATION FOR ALL ZONES (SURVEY NOT REQUIRED) (FOR INSURANCE PURPOSES ONLY)

The property owner, owner's authorized representative, or local floodplain management official may complete Section H for all flood zones to determine the building's first floor height for insurance purposes. Sections A, B, and I must also be completed. Enter heights to the nearest tenth of a foot (nearest tenth of a meter in Puerto Rico). ***Reference the Foundation Type Diagrams (at the end of Section H Instructions) and the appropriate Building Diagrams (at the end of Section I Instructions) to complete this section.***

H1. Provide the height of the top of the floor (as indicated in Foundation Type Diagrams) above the Lowest Adjacent Grade (LAG):

a) **For Building Diagrams 1A, 1B, 3, and 5–8.** Top of bottom floor (include above-grade floors only for buildings with crawlspaces or enclosure floors) is: _____ ☐ feet ☐ meters ☐ above the LAG

b) **For Building Diagrams 2A, 2B, 4, and 6–9.** Top of next higher floor (i.e., the floor above basement, crawlspace, or enclosure floor) is: _____ ☐ feet ☐ meters ☐ above the LAG

H2. Is **all** Machinery and Equipment servicing the building (as listed in Item H2 instructions) elevated to or above the floor indicated by the H2 arrow (shown in the Foundation Type Diagrams at end of Section H instructions) for the appropriate Building Diagram?

☐ Yes ☐ No

SECTION I – PROPERTY OWNER (OR OWNER'S AUTHORIZED REPRESENTATIVE) CERTIFICATION

The property owner or owner's authorized representative who completes Sections A, B, and H must sign here. *The statements in Sections A, B, and H are correct to the best of my knowledge.* **Note:** If the local floodplain management official completed Section H, they should indicate in Item G2.b and sign Section G.

☐ Check here if attachments are provided (including required photos) and describe each attachment in the Comments area.

Property Owner or Owner's Authorized Representative Name: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Telephone: _____ Ext.: _____ Email: _____

Signature: _____ Date: _____

Comments:

ELEVATION CERTIFICATE

IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON INSTRUCTION PAGES 1-11

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.:
668 2nd Street

City: Cedar Key State: FL ZIP Code: 32625

FOR INSURANCE COMPANY USE

Policy Number:

Company NAIC Number:

Instructions: Insert below at least two and when possible four photographs showing each side of the building (for example, may only be able to take front and back pictures of townhouses/rowhouses). Identify all photographs with the date taken and "Front View," "Rear View," "Right Side View," or "Left Side View." Photographs must show the foundation. When flood openings are present, include at least one close-up photograph of representative flood openings or vents, as indicated in Sections A8 and A9.

Photo One

Photo One Caption: Front 02/03/2026

Clear Photo One

Photo Two

Photo Two Caption: Side 02/03/2026

Clear Photo Two

ELEVATION CERTIFICATE

IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON INSTRUCTION PAGES 1-11

BUILDING PHOTOGRAPHS

Continuation Page

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.: 668 2nd Street

City: Cedar Key State: FL ZIP Code: 32625

FOR INSURANCE COMPANY USE

Policy Number:

Company NAIC Number:

Insert the third and fourth photographs below. Identify all photographs with the date taken and "Front View," "Rear View," "Right Side View," or "Left Side View." When flood openings are present, include at least one close-up photograph of representative flood openings or vents, as indicated in Sections A8 and A9.

Photo Three

Photo Three Caption: Rear 02/03/2026

Clear Photo Three

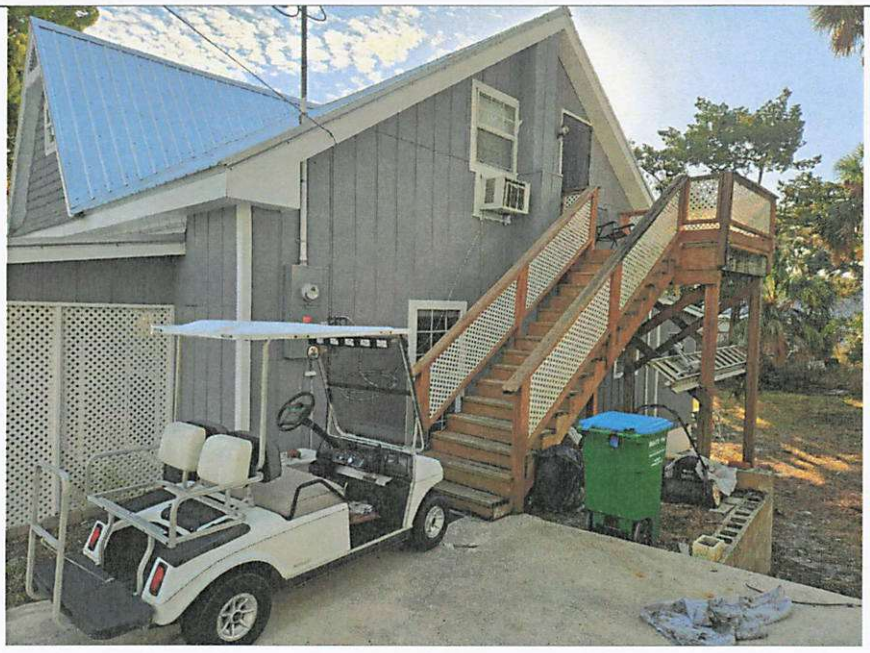


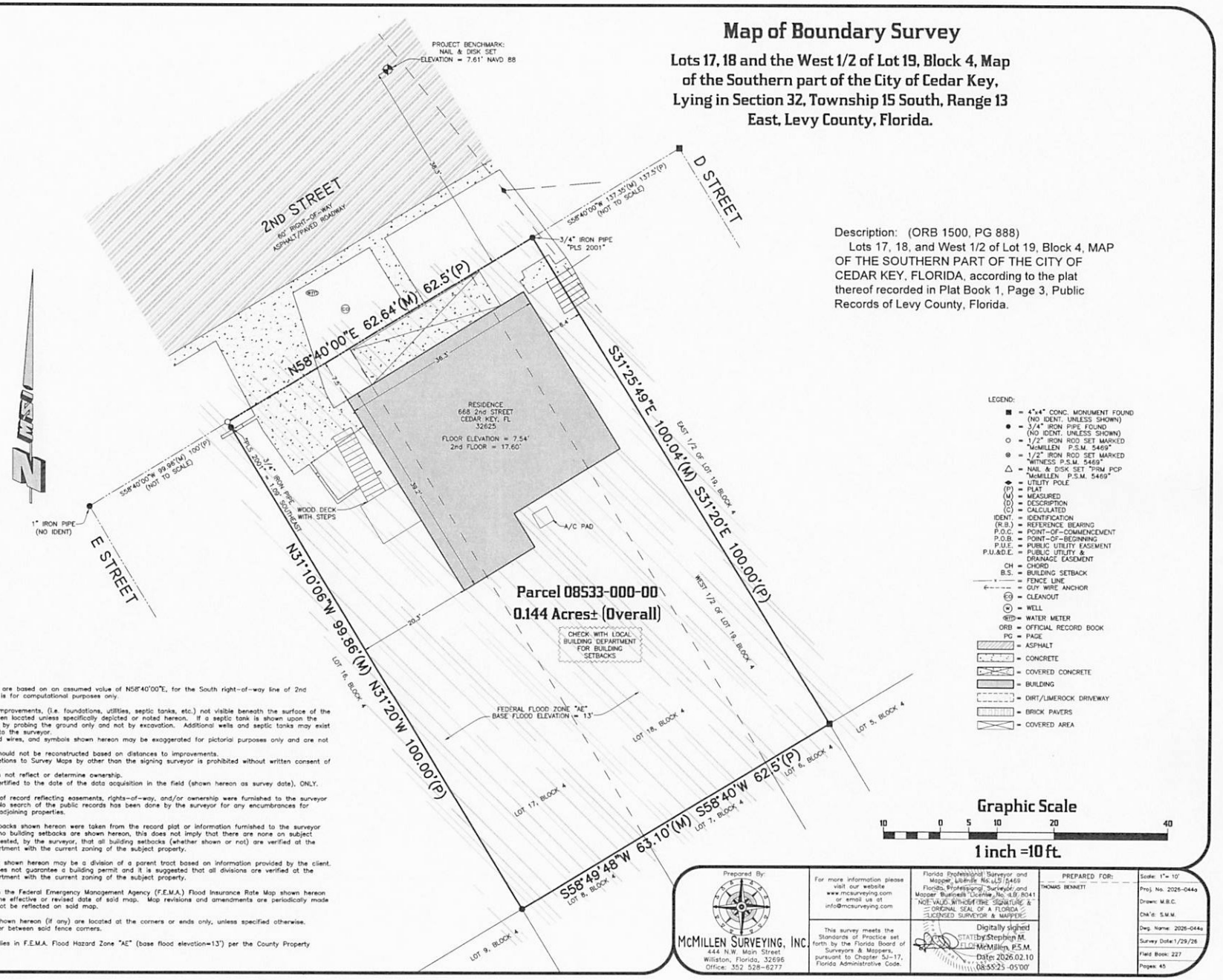
Photo Four

Photo Four Caption: Side 02/03/2026

Clear Photo Four

Map of Boundary Survey

Lots 17, 18 and the West 1/2 of Lot 19, Block 4, Map of the Southern part of the City of Cedar Key, Lying in Section 32, Township 15 South, Range 13 East, Levy County, Florida.



Description: (ORB 1500, PG 888)
Lots 17, 18, and West 1/2 of Lot 19, Block 4, MAP OF THE SOUTHERN PART OF THE CITY OF CEDAR KEY, FLORIDA, according to the plat thereof recorded in Plat Book 1, Page 3, Public Records of Levy County, Florida.

LEGEND:

- ■ = 4"x4" CONC. MONUMENT FOUND (NO IDENT. UNLESS SHOWN)
- ● = 3/4" IRON PIPE FOUND (NO IDENT. UNLESS SHOWN)
- ○ = 1/2" IRON ROD SET MARKED "McMILLEN P.S.M. 5469"
- ⊗ = 1/2" IRON ROD SET MARKED "WITNESS P.S.M. 5469"
- △ = NAIL & DISK SET "PRM PCP "McMILLEN P.S.M. 5469"
- ◆ = UTILITY POLE
- (P) = PLAT
- (M) = MEASURED
- (D) = DESCRIPTION
- (C) = CALCULATED
- IDENT. = IDENTIFICATION
- (R.B.) = REFERENCE BEARING
- P.O.C. = POINT-OF-COMMENCEMENT
- P.O.B. = POINT-OF-BEGINNING
- P.U.E. = PUBLIC UTILITY EASEMENT
- P.U.&D.E. = PUBLIC UTILITY & DRAINAGE EASEMENT
- CH = CHORD
- B.S. = BUILDING SETBACK
- = FENCE LINE
- = GUY WIRE ANCHOR
- CO = CLEANOUT
- W = WELL
- WTR = WATER METER
- ORB = OFFICIAL RECORD BOOK
- PG = PAGE
- = ASPHALT
- = CONCRETE
- = COVERED CONCRETE
- = BUILDING
- = DIRT/LIMEROCK DRIVEWAY
- = BRICK PAVERS
- = COVERED AREA

Graphic Scale

10 0 5 10 20 40

1 inch =10 ft.

Notes:

1. Bearings hereon are based on an assumed value of N58°40'00"E, for the South right-of-way line of 2nd Street, said bearing is for computational purposes only.

2a. Features and improvements, (i.e. foundations, utilities, septic tanks, etc.) not visible beneath the surface of the ground, have not been located unless specifically depicted or noted hereon. If a septic tank is shown upon the map, it was located by probing the ground only and not by excavation. Additional wells and septic tanks may exist which are unknown to the surveyor.
b. Fences, overhead wires, and symbols shown hereon may be exaggerated for pictorial purposes only and are not to scale.
c. Property lines should not be reconstructed based on distances to improvements.
d. Additions or deletions to Survey Maps by other than the signing surveyor is prohibited without written consent of the signing surveyor.
e. This survey does not reflect or determine ownership.
f. This survey is certified to the date of the data acquisition in the field (shown hereon as survey date), ONLY.

3. No instruments of record reflecting easements, rights-of-way, and/or ownership were furnished to the surveyor except as shown. No search of the public records has been done by the surveyor for any encumbrances for subject property or adjoining properties.

4. The building setbacks shown hereon were taken from the record plat or information furnished to the surveyor only. Therefore, if no building setbacks are shown hereon, this does not imply that there are none on subject property. It is suggested, by the surveyor, that all building setbacks (whether shown or not) are verified at the proper building department with the current zoning of the subject property.

5. Subject Property shown hereon may be a division of a parent tract based on information provided by the client. If so, this survey does not guarantee a building permit and it is suggested that all divisions are verified at the proper building department with the current zoning of the subject property.

6. Information from the Federal Emergency Management Agency (F.E.M.A.) Flood Insurance Rate Map shown hereon was current as of the effective or revised date of said map. Map revisions and amendments are periodically made by letter and may not be reflected on said map.

7. Fence locations shown hereon (if any) are located at the corners or ends only, unless specified otherwise. Fencing may meander between said fence corners.

8. Subject Property lies in F.E.M.A. Flood Hazard Zone "AE" (base flood elevation=13') per the County Property Appraiser's website.

Prepared By:
McMillen Surveying, Inc.
444 N.W. Main Street
Williston, Florida, 32696
Office: 352 528-6277

For more information please visit our website www.mcsurveying.com or email us at info@mcsurveying.com

This survey meets the Standards of Practice set forth by the Florida Board of Surveyors & Mappers, pursuant to Chapter 5J-17, Florida Administrative Code.

Florida Professional Surveyor and Mapper, License No. LS 5469
Florida Professional Surveyor and Mapper, Business License No. LB 8041
NOT VALID WITHOUT THE SIGNATURE & ORIGINAL SEAL OF A FLORIDA LICENSED SURVEYOR & MAPPER.

Digitally signed by Stephen M. McMillen, P.S.M.
Date: 2026.02.10 08:55:25 -05'00'

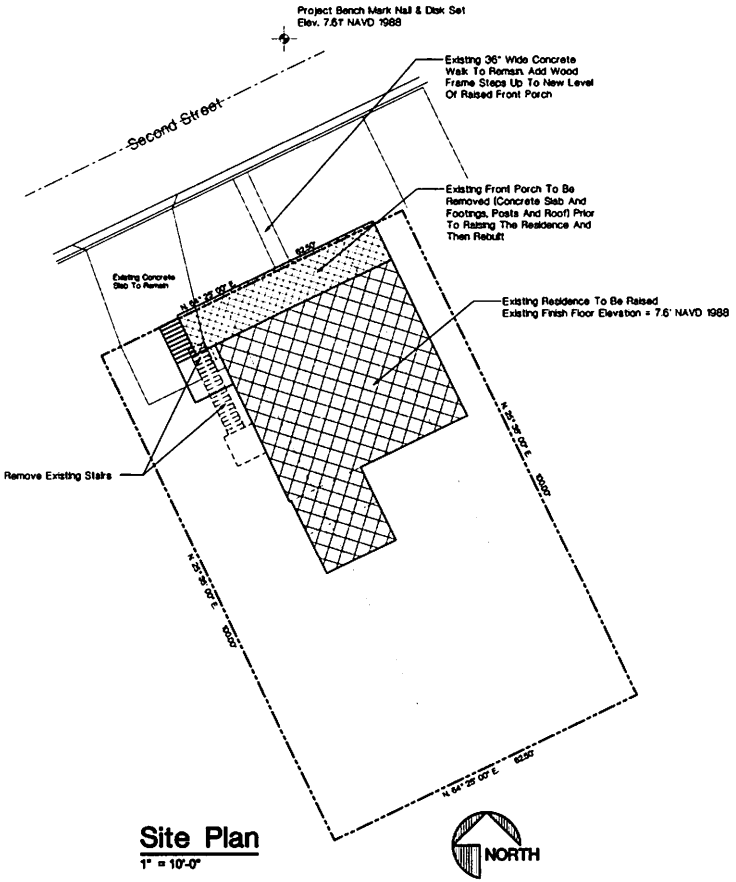
PREPARED FOR:
THOMAS BENNETT

Scale:	1" = 10'
Proj. No.	2026-044a
Drawn:	M.B.C.
Chk'd:	S.M.M.
Dwg. Name:	2026-044a
Survey Date:	1/29/26
Field Book:	227
Pages:	45

Elevation Adjustment & Renovation To Residence For

Thomas Bennett

668 Second Street - Cedar Key, Florida



Site Plan
1" = 10'-0"

Code Design Criteria

Roof Live Load	=	20 PSF
Floor Live Load	=	40 PSF

Occupancy Classification: Single Family Residential

Code Design Compliance, Residential

2020 Florida Building Code 7th Edition, Residential

2020 Florida Building Code 7th Edition, Plumbing

National Electrical Code, 2017 Edition

130 MPH - ULTIMATE - RISK CAT. II WINDLOAD CALCULATION SUMMARY

DESIGN CRITERIA DATA:

CODE REFERENCES:	2020 FLORIDA BUILDING CODE 7th Edition, RES
LOCATION:	ALACHUA, FLORIDA
BASIC WIND SPEED:	130 MPH = ULTIMATE DESIGN WIND SPEED
MEAN ROOF HEIGHT:	LESS THAN 30'-0"
BUILDING RISK CATEGORY:	II
BUILDING EXPOSURE FACTOR:	EXPOSURE B
BUILDING ENCLOSURE:	BUILDING IS ENCLOSED
INTERNAL PRESSURE COEFFICIENT:	0.18
ROOF COMPONENT AND CLADDING WIND PRESSURE: As Per 2020 Florida Building Code 7th Edition, Residential, Table R301.2 (2)	15 +10.0 PSF, -15.0 PSF (2) +10.0 PSF, -21.0 PSF (3) +10.0 PSF, -33.0 PSF
WALL COMPONENT AND CLADDING WIND PRESSURE: As Per 2020 Florida Building Code 7th Edition, Residential, Table R301.2 (2)	(4) +15.5 PSF, -17.0 PSF (5) +15.5 PSF, -19.0 PSF

BUILDING DATA:

EXTERIOR MASONRY WALLS	RECTANGULAR SHAPED
GABLE ENDED ROOF - RESIDENCE	6 / 12
ROOF OVERHANG	2'-0"

Protection Against Termites

Termite Protection Shall Be Provided By Registered Termiticides, Including Soil Applied Pesticides, Baiting Systems, And Pesticides Applied To Wood, Or Other Approved Methods Of Termite Protection Labeled For Use As A Preventative Treatment For New Construction. A "Certificate Of Compliance" Shall Be Issued To The Building Department Upon Completion Of The Application(s), By The Licensed Pest Control Company That Contains The Following Statement: "The Building Has Received A Complete Treatment For The Prevention Of Subterranean Termites. Treatment Is In Accordance With Rules And Laws Established By The Florida Department Of Agriculture And Consumer Services."

If Soil Treatment Is Used For Subterranean Termites Prevention:

1. The Initial Chemical Soil Treatment Inside The Foundation Perimeter Shall Be Done After All Excavation, Backfilling And Compaction Is Complete.
2. Any Soil Area Disturbed After Initial Chemical Soil Treatment Shall Be Retreated With A Chemical Soil Treatment, Including Spaces Shored Or Formed.
3. The Spaces In Concrete Floors Saved Out Or Formed For Subsequent Installation Of Plumbing Traps, Drains Or Any Other Purpose Shall Be Covered By Using Plastic Or Metal Permanently Placed Forms Of Sufficient Depth To Eliminate Any Planned Soil Disturbance After Initial Chemical Soil Treatment.
4. Chemically Treated Soil Shall Be Protected With A Minimum 6 Mil Vapor Retarder To Protect Against Rainfall Dilution. If Rainfall Occurs Before Vapor Retarder Placement, Retreatment Is Required. Any Work, Including Placement Of Reinforcing Steel, Done After Chemical Treatment Until The Concrete Floor Is Poured, Shall Be Done In Such A Manner As To Avoid Penetrating Or Disturbing Treated Soil.
5. Any Concrete Overpour Or Mortar Accumulated Along The Exterior Foundation Perimeter Shall Be Removed Prior To Exterior Chemical Soil Treatment To Enhance Vertical Penetration Of The Chemicals.
6. Chemical Soil Treatments Shall Also Be Applied Under All Exterior Concrete Or Grade Within 12" Inches Of The Primary Structure Sidewalls. Also, A Vertical Chemical Barrier Shall Be Applied Properly After Construction Is Completed, Including Initial Landscaping And Irrigation / Sprinkler System Installation. Any Soil Disturbed After The Chemical Vertical Barrier Is Applied Shall Be Retreated.
7. If A Registered Termiticide Is Formulated And Registered As A Soil System Is Used For Subterranean Termite Prevention, Items 1 Thru 6 Do Not Apply. However, A Signed Contract Assuring The Installation, Maintenance And Monitoring Of The Baiting System That Is In Compliance With The Requirements Of Chapter 482, Florida Statutes, Shall Be Provided To The Building Official Prior To The Pouring Of The Concrete Slab. And The System Must Be Installed Prior To Final Building Approval.
8. If A Registered Termiticide Formulated And Registered As A Wood Treatment Is Used For Subterranean Termite Prevention, Items 1 Thru 6 Do Not Apply. Application Of The Wood Treatment Termiticide Shall Be As Required By Label Directions For Use, And Must Be Completed Prior To Final Building Approval.

Refer To 6th Edition (2017) Florida Building Code, Chapter 3, Building Planning, Section R318 For Additional Information.

General Notes

1. All Work Shall Be In Strict Accordance With The Latest Revisions To The "6th Edition (2017) Florida Building Code, Residential" And All Applicable Codes, Ordinances And Regulations Of Local Governing Authorities.

2. Any Discrepancies Between Referenced Standards And The Drawings Shall Be Brought To The Attention Of The Architect In Writing Prior To Commencing The Work. Commencement Of The Work Without Notifying The Architect In Writing Implies The Contractor Takes The Responsibility With All Applicable Codes, Ordinances And Standards.

3. All Sub-Grade Under Buildings Shall Be Well Compacted.

4. All Concrete Work For Use In Footings Shall Be A Minimum Of 3000 PSI. All Other Locations Shall Have Concrete With A Minimum Strength Of 3000 PSI. All Reinforcing Steel Shall Be Grade 60. All Concrete And Steel Reinforcing Work Shall Be Done In Strict Accordance With A.C.I. - 318 And Its Latest Revisions.

5. All Anchor Bolts Shall Conform To ASTM A-307. All Framing Anchors Shall Be Galvanized, Type And Size As Required For Each Specific Load And Installation Application. Provide A 2" Round Or Square Plate Washer At Anchor Bolts For Use To Anchor Wall Bottom Plates To The Concrete Slab.

6. Structural Framing Lumber Shall Be Number 2 Southern Yellow Pine, F = 1500 PSI Bending, Or Equal. Wall Framing Lumber Shall Be Number 2 Spruce-Pine-Fir Or Cedar. All Wood Sheathing For Roof & Walls Shall Be For Exterior Uses And Be Minimum 1/2" Thick CDX Plywood. At Roof, Provide "H" Clips Between Trusses. All Finish Wood And Trim Shall Be Selected By The Owner.

7. Pre-Fabricated Trusses Shall Be Engineered For Live Loads As Required By The "6th Edition (2017) Florida Building Code, Residential" And Actual Computed Dead Loads, And Shall Be Be Certified By An Engineer Registered In The State Of Florida.

8. Metal Roofing Shall Be Selected By The Owner And Installed Over Synthetic Underlayment System. Flashing Shall Be Minimum 26 Gauge Galvanized Metal Or Aluminum.

9. All Doors And Windows And Their Finishes And Hardware Shall Be Selected By The Owner And Shall Comply With The "6th Edition (2017) Florida Building Code, Residential". All Windows At Sleeping Rooms Shall Comply With The Emergency Egress Code. All Windows Shall Have Insulated Glazings.

10. All Finish Materials, Color Schemes And Textures Shall Be Selected By The Owner.

11. All Electrical Work Shall Conform To The National Electrical Code, 2014. All Electrical Outlets Shall Be Installed With Tamper Proof Receptacles. Provide For Arc Fault Circuit Interrupter Protection.

12. All Telephone Outlet Locations Shall Be Determined By The Owner.

13. The Contractor Shall Verify All Dimensions Indicated Herein And Shall Notify The Architect Of Any And All Discrepancies Promptly. Any Discrepancies Not Brought To The Attention Of The Architect, Shall Be The Responsibility Of The Contractor.

STATE OF FLORIDA — DONALD ALAN YANSKEY — REGISTERED ARCHITECT

Donald Alan Yanskey

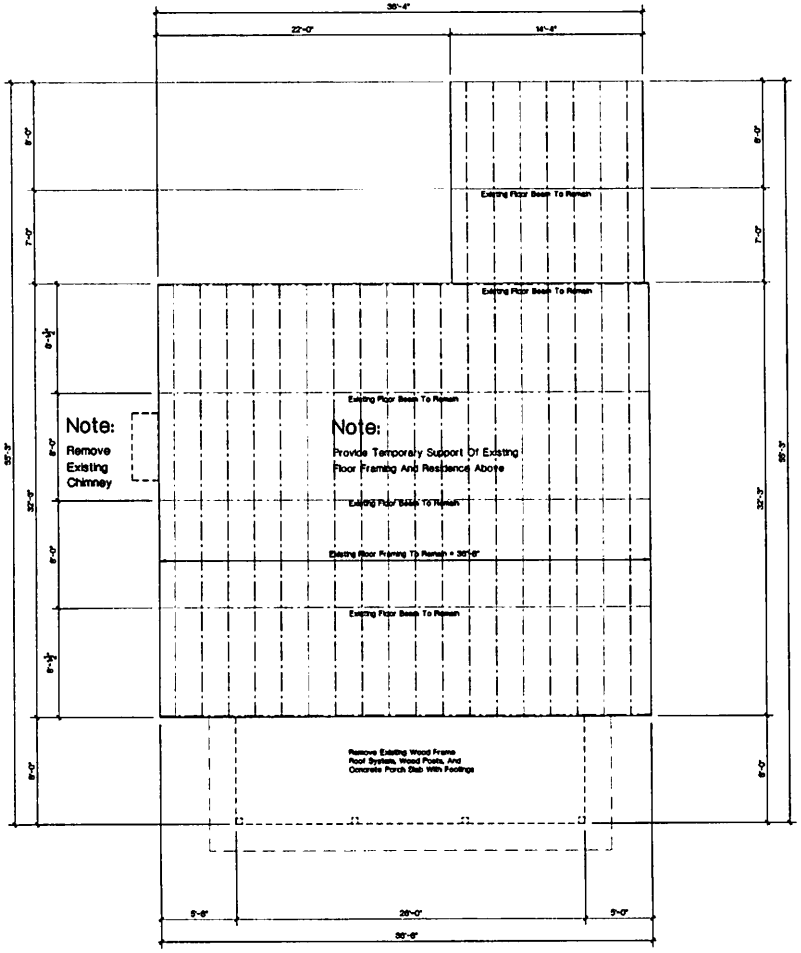
DONALD ALAN YANSKEY, ARCHITECT
FLORIDA REGISTRATION NO. AR0011010
DATE: MAY 20, 2026

Donald Alan Yanskey ARCHITECT
2431 Northwest 45th Avenue • Gainesville, Florida 32605
Cell (352) 278-1972 • Email: donyanskeyarch@gmail.com

DATE	DRAWN BY	REVISED
May 20, 2026	D.A.Y.	
JOB NUMBER: Bennett	CHECKED: D.A.Y.	

Elevation Adjustment & Renovation To Residence For
Thomas Bennett
668 Second Street - Cedar Key, Florida

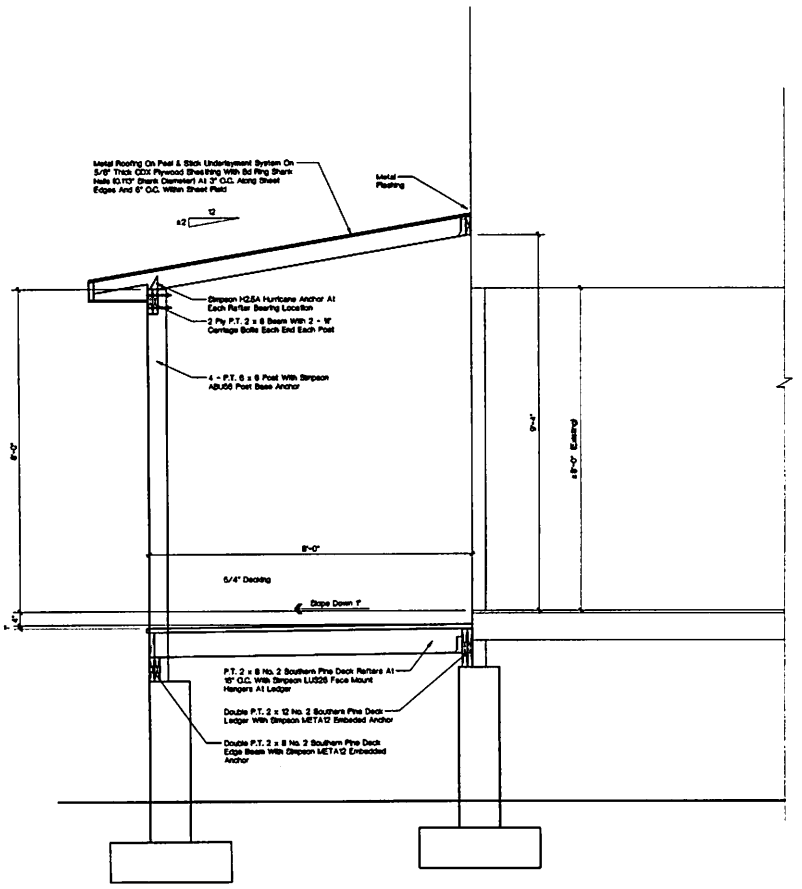
SHEET A-1 OF 6



First Level Floor Plan - Demolition

¼" = 1'-0"

NORTH



Section Thru Front Porch

¾" = 1'-0"

Dimension Notes:

1. The Contractor Shall Verify All Existing VConditions And Dimensions Prior To Any Demolition. Any And All Descrepancies Shall Be Brought To The Attention Of The Architect.

STATE OF FLORIDA
DONALD A. YANSKEY
REGISTERED ARCHITECT

Donald Alan Yanskey

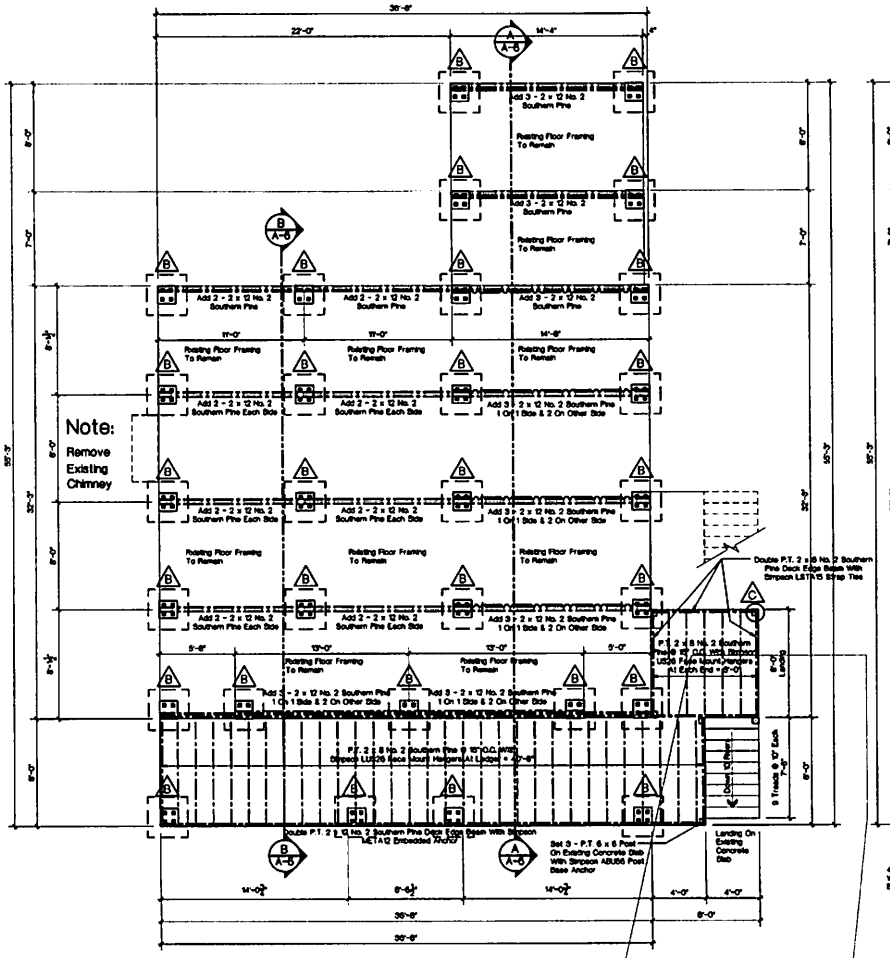
DONALD ALAN YANSKEY, ARCHITECT
FLORIDA REGISTRATION NO. AR0011010
DATE: MAY 20, 2026

Donald Alan Yanskey
ARCHITECT
2421 Northwest 44th Avenue • Gainesville, Florida 32605
Cell (352) 378-7872 • Email: donyan@bellsouth.com

REVISED		
DRAWN BY	D. A. Y.	
CHECKED	D. A. Y.	
DATE	May 20, 2026	
JOB NUMBER	Bennett	

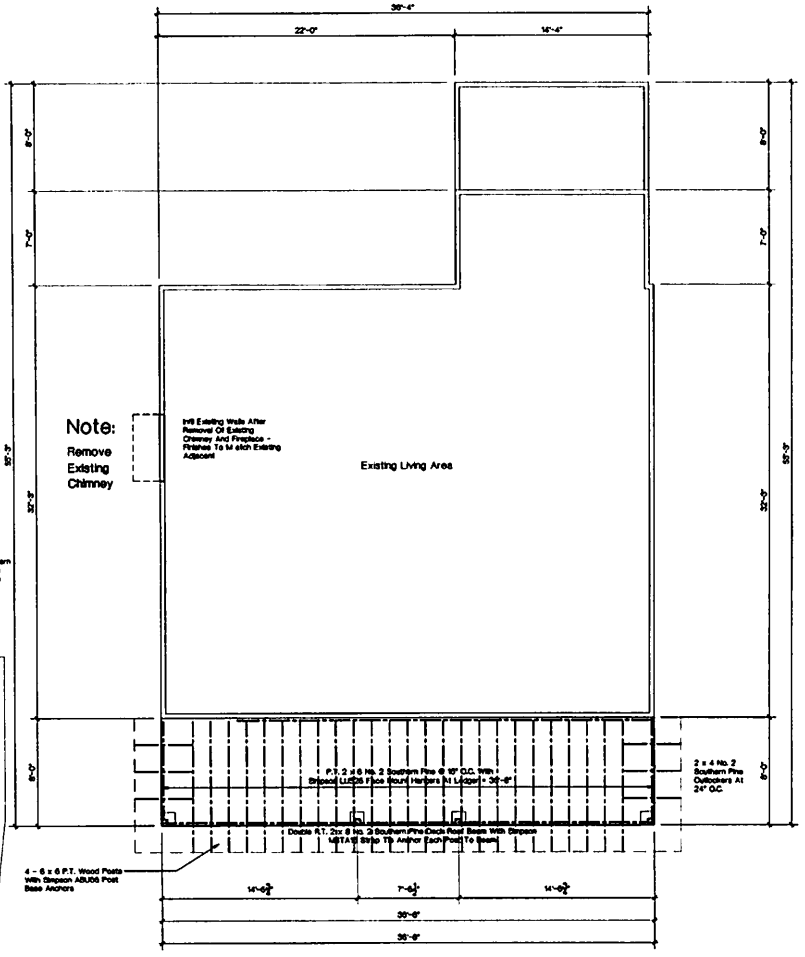
Elevation Adjustment & Renovation To Residence For
Thomas Bennett
668 Second Street - Cedar Key, Florida

SHEET
A-2
OF 6



New Foundation Plan

¼" = 1'-0"



New Front Porch Roof Plan

¼" = 1'-0"

Foundation Types:

A 24" x 24" x 12" Deep Concrete Footing With 3 - #5 Each Way

B 36" x 36" x 16" Deep Concrete Footing With 4 - #5 Each Way

C 16" Diameter x 24" Deep Plain Concrete Footing For P.T. 6 x 6 Post With Simpson ABU66 Post Base Anchor

Donald Alan Yanskey
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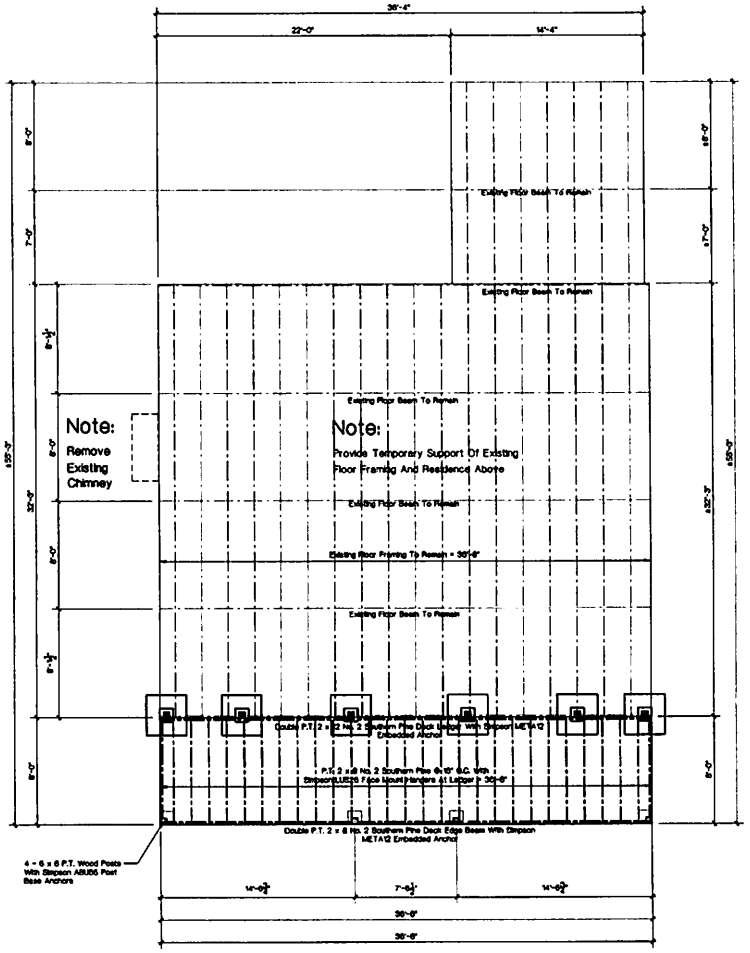
DATE	DRAWN BY	REVISED
May 20, 2026	D.A.Y.	
JOB NUMBER	CHECKED	
Bennett	D.A.Y.	

Elevation Adjustment & Renovation To Residence For
Thomas Bennett
668 Second Street - Cedar Key, Florida

STATE OF FLORIDA
Donald A. Yanskey
YANSKEY
REGISTERED ARCHITECT

DONALD ALAN YANSKEY, ARCHITECT
FLORIDA REGISTRATION NO. AR0011010
DATE: MAY 20, 2026

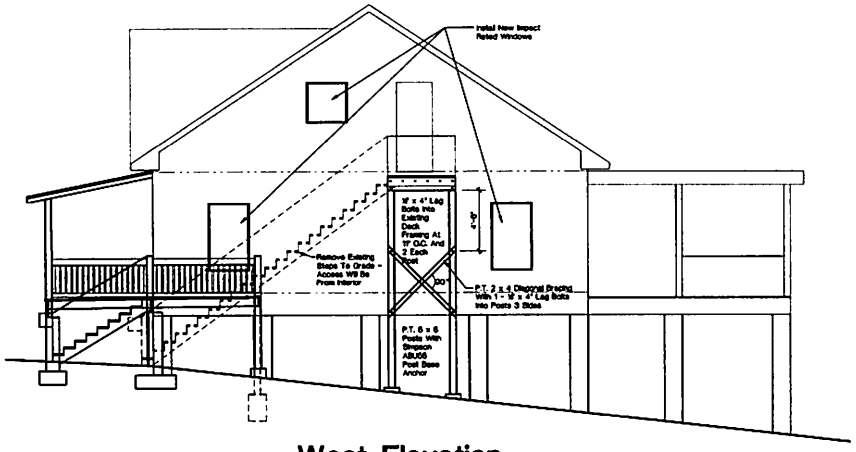
SHEET
A-3
OF 8



New Front Porch Floor Framing Plan

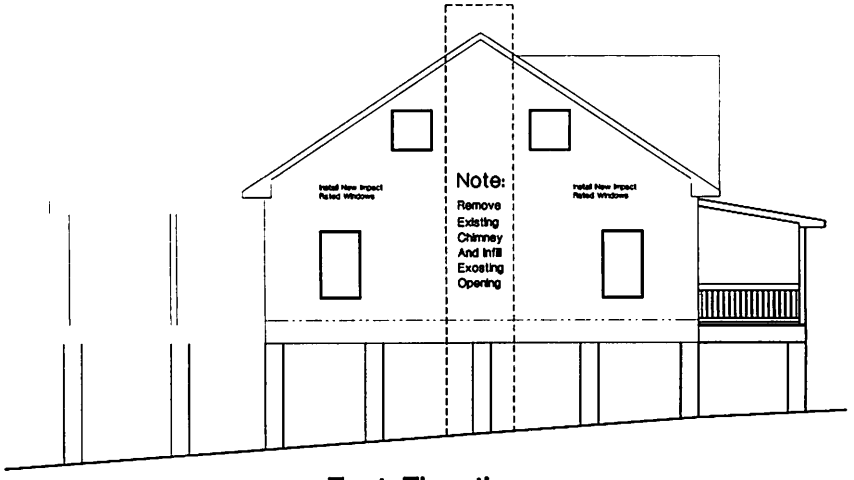
¼" = 1'-0"

NORTH



West Elevation

¼" = 1'-0"



East Elevation

¼" = 1'-0"

STATE OF FLORIDA
DONALD ALAN YANSKEY
LICENSE NO. AR0011010
REGISTERED ARCHITECT

DONALD ALAN YANSKEY, ARCHITECT
FLORIDA REGISTRATION NO. AR0011010
DATE: MAY 20, 2026

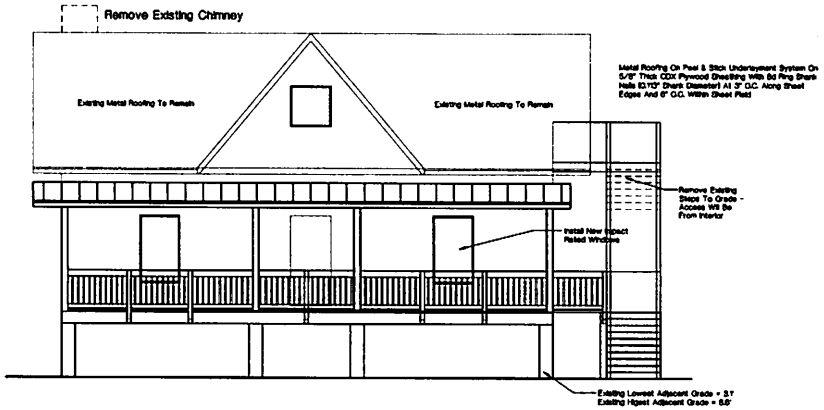
Donald Alan Yanskey ARCHITECT
3431 Northwest 48th Avenue • Gainesville, Florida 32605
Cell (352) 278-7872 • Email donyanskey@gmail.com

REVISED	
DRAWN BY	D. A. Y.
CHECKED	D. A. Y.
DATE	May 20, 2026
JOB NUMBER	Bennett

Elevation Adjustment & Renovation To Residence For
Thomas Bennett
668 Second Street - Cedar Key, Florida

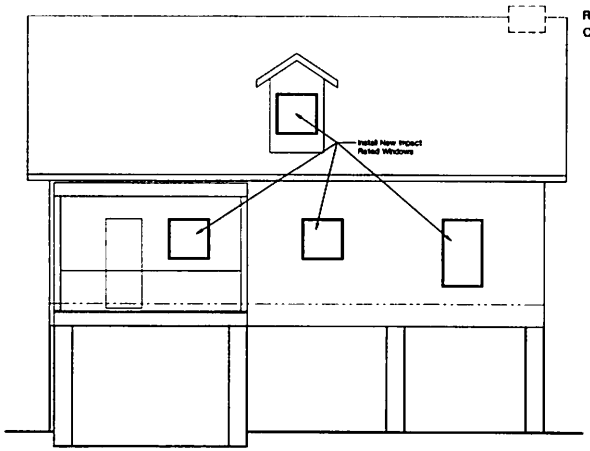
SHEET
A-4
OF 6

Note:
Remove Existing Chimney

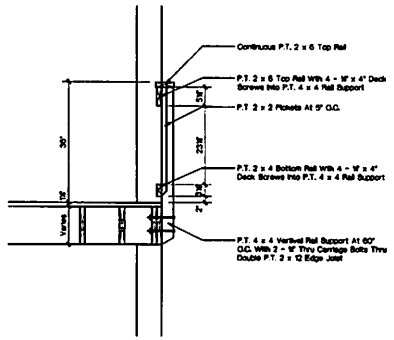


North Elevation
¼" = 1'-0"

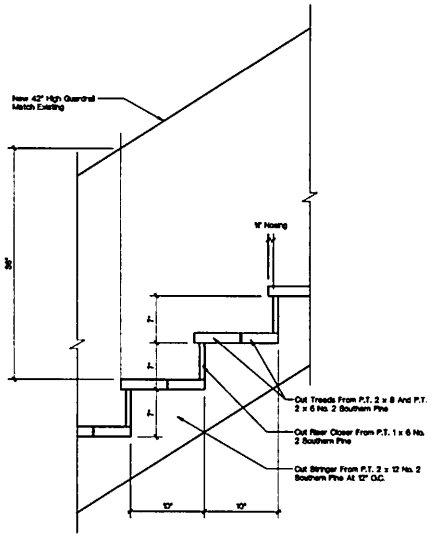
Note:
Remove Existing Chimney



South Elevation
¼" = 1'-0"



Guard Rail Detail
½" = 1'-0"



Stair Detail
1½" = 1'-0"

STATE OF FLORIDA
Donald A. Yanskey
REGISTERED ARCHITECT

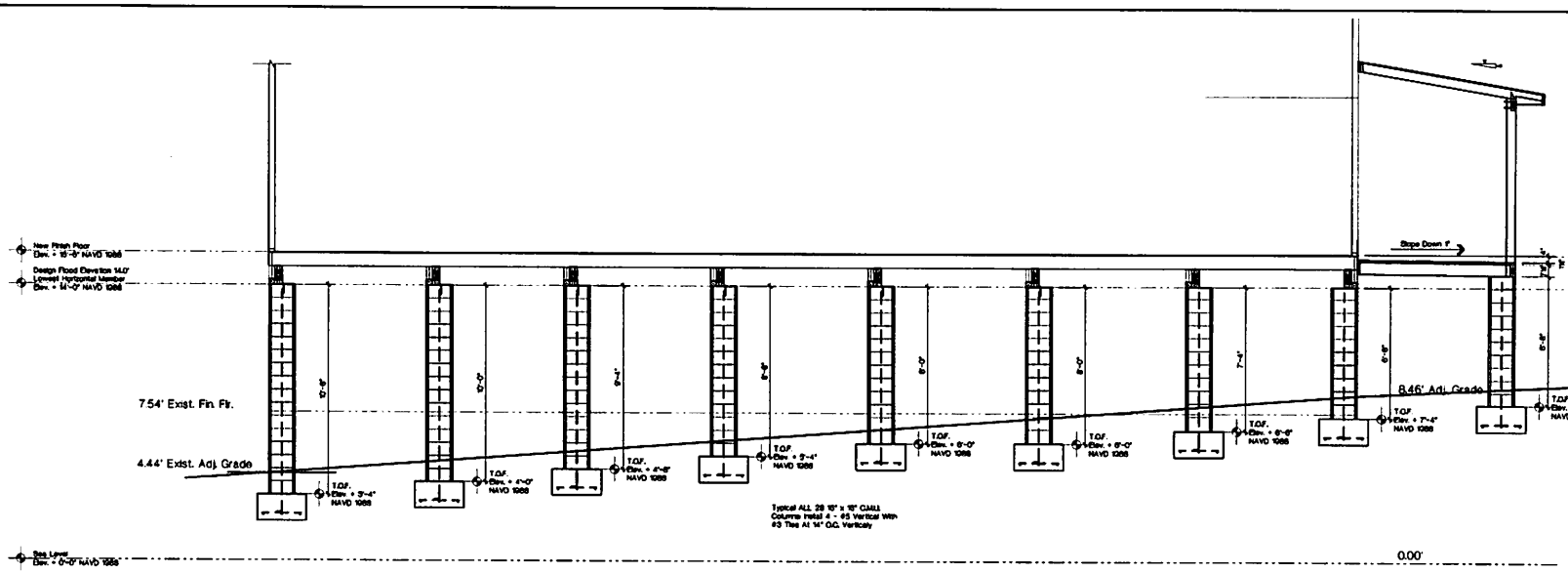
DONALD ALAN YANSKEY, ARCHITECT
FLORIDA REGISTRATION NO. AR0011010
DATE: MAY 20, 2026

Donald Alan Yanskey
ARCHITECT
3421 Northwest 45th Avenue • Gainesville, Florida 32605
Cell (352) 278-1972 • Email: donyanskey@gmail.com

REVISED		
DRAWN BY	D.A.Y.	
CHECKED	D.A.Y.	
DATE	May 20, 2026	
JOB NUMBER	Bennett	

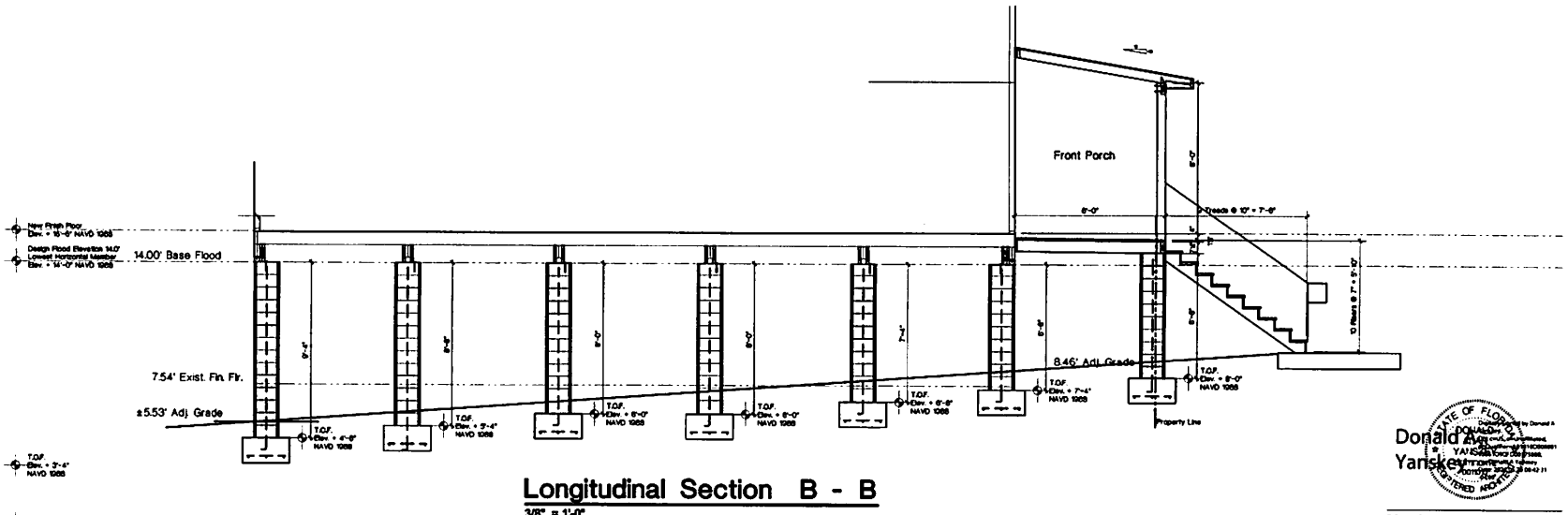
Elevation Adjustment & Renovation To Residence For
Thomas Bennett
668 Second Street - Cedar Key, Florida

SHEET
A-5
OF 6



Longitudinal Section A - A

3/8" = 1'-0"



Longitudinal Section B - B

3/8" = 1'-0"

STATE OF FLORIDA
DONALD ALAN YANSKEY
LICENSE NO. AR0011010
REGISTERED ARCHITECT

Donald Alan Yanskey

DONALD ALAN YANSKEY, ARCHITECT
FLORIDA REGISTRATION NO. AR0011010
DATE: MAY 20, 2026

Donald Alan Yanskey
ARCHITECT
2431 Northeast 45th Avenue • Gainesville, Florida 32609
Cell (352) 278-7972 • Email: donyanskey@gmail.com

REVISED	
DRAWN BY	D. A. Y.
CHECKED	D. A. Y.
DATE	May 20, 2026
JOB NUMBER	Bennett

Elevation Adjustment & Renovation To Residence For
Thomas Bennett
668 Second Street - Cedar Key, Florida

SHEET
A-6
OF 6

Florida Product Approval Numbers

Category/Subcategory	Manufacturer	Product Description	Approval Number(s)
1. EXTERIOR DOORS			
A. SWINGING	Shemco	3068 Fiberglass Door-Impact	FL12100.2
2. WINDOWS			
D. Fixed	Shemco	3060 Fixed Impact	FL10855.14
3. PANEL WALL			
A. SIDING	James Hardie	Panel	13192.4
A. SIDING	James Hardie	Trim	13192.2
B. SOFFIT	George-Pacific Corp	LP Smart Soffit	FL9103.1
4. ROOFING MATERIALS			
B. NON-STRUCT METAL	Tri County Metals	5 V Galvalume Metal Roofing	FL36904.2
5. STRUCT COMPONENTS			
A. WOOD CONNECTORS	Simpson Strong-Tie Co.	LUS28	FL10531.17
A. WOOD CONNECTORS	Simpson Strong-Tie Co.	H10U7.25 - SDS20.19S	FL10531.5
A. WOOD CONNECTORS	Simpson Strong-Tie Co.	HGUS 7.25/17/7.23SS	FL10531.3
A. WOOD CONNECTORS	Simpson Strong-Tie Co.	IUS2.37/16	FL10531.13
A. WOOD CONNECTORS	Simpson Strong-Tie Co.	HGUS5.5/125.375S	FL10531.3
A. WOOD CONNECTORS	Simpson Strong-Tie Co.	HUH14 3.5SS	FL10446.16
A. WOOD CONNECTORS	Simpson Strong-Tie Co.	HGUS 63 - SDS 12.3SS4	FL10531.3
A. WOOD CONNECTORS	Simpson Strong-Tie Co.	MUH.75/11	FL10531.19
A. WOOD CONNECTORS	Simpson Strong-Tie Co.	HUC612 MAX	FL10531.11
B. WOOD ANCHOR	Simpson Strong-Tie Co.	CC46 Post Cap Anchor	FL10880.9
B. WOOD ANCHOR	Simpson Strong-Tie Co.	H14 Hurricane Anchor	FL10446.16
A. WOOD CONNECTORS	Simpson Strong-Tie Co.	IUS1.06/11.88	FL10531.13
A. WOOD CONNECTORS	Simpson Strong-Tie Co.	ABU88	FL10880.2
A. WOOD CONNECTORS	Simpson Strong-Tie Co.	ABU66	FL10880.3
A. WOOD CONNECTORS	Simpson Strong-Tie Co.	HUC212	FL10531.1
A. WOOD CONNECTORS	Simpson Strong-Tie Co.	HUCC210-2	FL10531.11
A. WOOD CONNECTORS	Simpson Strong-Tie Co.	HUC210-2 SDS	FL10531.11
A. WOOD CONNECTORS	Simpson Strong-Tie Co.	CB66	FL10880.7
A. WOOD CONNECTORS	Simpson Strong-Tie Co.	MSTA15	FL13872.9
A. WOOD CONNECTORS	Simpson Strong-Tie Co.	MSTA24	FL13872.9
A. WOOD CONNECTORS	Simpson Strong-Tie Co.	SPMR	FL10436
5. STRUCT COMPONENTS	Weyerhaeuser	TJI 230	FL1630.3
5. STRUCT COMPONENTS	Weyerhaeuser	Microlam LVL	FL8527.1
5. STRUCT COMPONENTS	Weyerhaeuser	TJI 210	FL1630.2

Eighth Edition (2023) FLORIDA BUILDING CODE

BUILDING PERMIT APPLICATION

Date Rcvd: _____ Time Rcvd: _____ Rcvd By: ____
COMMERCIAL ____ RESIDENTIAL V OWNER/BUILDER ____

City of Cedar Key Land Development Permit # 26-111

CONTRACT PRICE/VALUE: $157,328

Property Owner: Thomas Bennett
Address PO BOX 996
City Cedar Key
State Florida Zip 32625
Phone 6038343599 E Mail emailtomb2b@gmail.com

Applicant: Taylor Construction & Develpoment, Inc.
Address 12501 SR 24
City Cedar Key
State Florida Zip 32625
Phone 352-543-9228 Email corey@tc-d.com

PROPOSED PROJECT DESCRIPTION/SCOPE Raising of residence and replacing windows.

PROJECT ADDRESS 668 2 ST Cedar Key, Florida 32625 **FLOOD ZONE DESIG.** AE (EL 13)
Subdivision NA Phase NA Blk 4 Lot 17 & 18 & W1/2 of lot 19
Directions to Project Site: Head SE on F ST toward 2nd ST, turn left on to 2nd ST, head NE 400 ft, property will be on the right

PARCEL #/ ALT KEY #: 0853300000
BONDING COMPANY: _____ **POWER COMPANY** CFEC

It is agreed that in all respects the work will be performed and completed in accordance with the permitted and applicable codes of the local jurisdiction. This permit may be revoked at any time upon violation of any of the provisions of said laws, ordinances, or rules & regulations, or upon any unauthorized change in the original approved plans. This permit becomes invalid if an inspection for permanent construction is not requested within 180 days or more than 6 months has elapsed between inspections. 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 governments.

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

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 government entities, such as water management districts, state agencies, or federal agencies. FOR DEVELOPMENT, REDEVELOPMENT, OR SUBSTANTIAL IMPROVEMENT, THE PARKING SPACES REQUIRED BY THE LAWS OF CEDAR KEY MUST BE ON THE SURVEY. THE PARKING REQUIREMENTS WILL CONTINUE BEYOND THE INITIAL DEVELOPMENT AND ANY ALTERATION WHICH REDUCES THE PARKING BELOW THE REQUIREMENTS OF THE LAWS OF CEDAR KEY WILL BE SUBJECT TO CODE ENFORCEMENT.

I DO HEREBY SWEAR THAT THE INFORMATION CONTAINED HEREIN AND THE ATTACHMENTS HERETO ARE TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

***SIGNATURE* (OWNER/AGENT/APPLICANT/CONTRACTOR):** _____

STATE OF FLORIDA, COUNTY OF: Levy
I HEREBY CERTIFY that on this day, before me an officer duly authorized in the State and County aforesaid to take acknowledgements personally appeared Corey Rudd, who is personally known to me or produced _____ as identification and did not take an oath. Witness my hand and official seal this 26 day of March, 2026.

_____ Deborah Rudd

PERMIT APPROVED BY BLDG DEPT REPRESENTATIVE _____ DATE _____

BUILDING PERMIT APPLICATION - PAGE 2

CONTRACTOR—PLEASE COMPLETE INFORMATION AND SIGN IN APPROPRIATE BLOCK BELOW. BY SIGNING BELOW, I HEREBY SWEAR THAT I AM IN COMPLIANCE WITH FLORIDA'S WORKER'S COMPENSATION LAW AND THAT I HAVE SECURED COVERAGE OR HAVE A VALID CERTIFICATE OF EXEMPTION.

BUILDING CONTRACTOR Taylor Construction & Developement, Inc.
STATE/CERT/REG # CRC1335077
ADDRESS 12501 SR 24
STATE Cedar Key ZIP Florida
PHONE 352-543-9228 FAX N/A
CELL 352-562-4633 EMAIL: corey@tc-d.com
SIGNATURE

M/H SETUP CONTRACTOR _____
STATE CERT/REG # _____
ADDRESS _____
STATE _____ ZIP _____
PHONE _____ FAX _____
CELL _____ EMAIL: _____
SIGNATURE _____

PLUMB. CONTRACTOR _____
STATE/CERT/REG # _____
ADDRESS _____
STATE _____ ZIP _____
PHONE _____ FAX _____
CELL _____ EMAIL: _____
SIGNATURE _____

HVAC CONTRACTOR _____ (*)
STATE CERT/REG # _____
ADDRESS _____
STATE _____ ZIP _____
PHONE _____ FAX _____
CELL _____ EMAIL: _____
SIGNATURE _____

ELEC. CONTRACTOR _____
STATE/CERT/REG # _____
ADDRESS _____
STATE _____ ZIP _____
PHONE _____ FAX _____
CELL _____ EMAIL: _____
SIGNATURE _____

LP GAS CONTRACTOR _____
STATE CERT/REG # _____
ADDRESS _____
STATE _____ ZIP _____
PHONE _____ FAX _____
CELL _____ EMAIL: _____
SIGNATURE _____

SPECIALITY CONTRACTOR _____
STATE/CERT/REG # _____
ADDRESS _____
STATE _____ ZIP _____
PHONE _____ FAX _____
CELL _____ EMAIL: _____
SIGNATURE _____

ENGINEER/ARCHITECT _____
STATE CERT/REG # _____

(*) NOTE TO HVAC CONTRACTOR: ***FLORIDA BUILDING CODE - ENERGY EFFICIENCY,*** REQUIRES THAT THE CONTRACTOR PROVIDE MANUAL J & MANUAL N ON ALL NEW CONSTRUCTION HVAC SYSTEMS. CONTRACTOR MUST ALSO PROVIDE CERTIFICATION THAT ALL DUCTWORK HAS BEEN INSPECTED AND ALL NECESSARY REPAIRS/TAPING HAVE BEEN COMPLETED.