

FEDERAL EMERGENCY MANAGEMENT AGENCY
NATIONAL FLOOD INSURANCE PROGRAM

O.M.B. No. 3067-0077
Expires July 31, 2002

ELEVATION CERTIFICATE

Important: Read the instructions on pages 1 - 7.

SECTION A - PROPERTY OWNER INFORMATION			For Insurance Company Use:	
BUILDING OWNER'S NAME William R. Stroud and Michael H. Walters			Policy Number	
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. Highway 98			Company NAIC Number	
CITY Mexico Beach	STATE FL	ZIP CODE 32410		
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) Lot 6 and West 15' Lot 5, Block 8, Mexico Beach Unit 3, PB 7, Pg 31				
BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use Comments section 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 120010		B2. COUNTY NAME Bay		B3. STATE Florida	
B4. MAP AND PANEL NUMBER 0001	B5. SUFFIX C	B6. FIRM INDEX DATE 1-3-86	B7. FIRM PANEL EFFECTIVE/REVISED DATE 7-18-77	B8. FLOOD ZONE(S) V9	B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding) 9

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 C3a-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 NGVD'29 Conversion/Comments NONE

Elevation reference mark used ____ Does the elevation reference mark used appear on the FIRM? Yes No

<input type="checkbox"/> a) Top of bottom floor (including basement or enclosure)	<u>22.3</u> ft.(m)	License Number, Embossed Seal, Signature, and Date	
<input type="checkbox"/> b) Top of next higher floor	_____ ft.(m)		
<input type="checkbox"/> c) Bottom of lowest horizontal structural member (V zones only)	<u>21.2</u> ft.(m)		
<input type="checkbox"/> d) Attached garage (top of slab)	_____ ft.(m)		
<input type="checkbox"/> e) Lowest elevation of machinery and/or equipment servicing the building	<u>22.3</u> ft.(m)		
<input type="checkbox"/> f) Lowest adjacent grade (LAG)	<u>12.0</u> ft.(m)		
<input type="checkbox"/> g) Highest adjacent grade (HAG)	<u>13.0</u> ft.(m)		
<input type="checkbox"/> h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade <u>0</u>			
<input type="checkbox"/> i) Total area of all permanent openings (flood vents) in C3h <u>0</u> sq. in. (sq. cm)			

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 Susan M. Marley		LICENSE NUMBER LS0004432	
TITLE Professional Surveyor/Mapper		COMPANY NAME S M Marley & Associates, Inc.	
ADDRESS P.O. Box 475	CITY Pratt St. Joe	STATE FL	ZIP CODE 32457
SIGNATURE 	DATE 10-11-00	TELEPHONE 850-227-7322	