00-03503

## FEDERAL EMERGENCY MANAGEMENT AGENCY NATIONAL FLOOD INSURANCE PROGRAM

## **ELEVATION CERTIFICATE**

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

Important: Read the instructions on pages 1 - 7.

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SECTION A - PROPERTY OWNER INFORMATION		For Insurance Company Use:
BUILDING OWNER'S NAME		Policy Number
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bidg. No.) OR P.O. ROUTE AND BOX NO. 320 K - 19TH STREET		Company NAIC Number
CITY	STATE	ZIP GODE
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel N	lumber, Legal Description, etc.)	
BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use Comments section if necessary.)		
LATITUDE/LONGITUDE (OPTIONAL) HORIZONTAL	DATUM: SOURCE;     GPS (Type):	
(##°-##-#####")  NAD 1927  _		p [ ] Other:
SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION		
B1. NEIP COMMUNITY NAME & COMMUNITY NUMBER B2	COUNTY NAME	B3 STATE
RAY 120004	BAY	IJΑ
84, MAP AND PANEL 85. SUFFIX 86. FIRM INDEX	B7. FIRM PANEL   B8. FLOOD	B9, BASE FLOOD ELEVATION(S)
NUMBER DATE 120004 0335 D	EFFECTIVE/REVISED DATE ZONE(S) 1-3-86 A	(Zone AO, use depth of flooding) 28.0
810. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in 89.		
FIS Profile FIRM XX Community Determined Other (Describe):		
811, Indicate the elevation datum used for the BFE in B9: XX 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     Yes       Yes		
Designation Date:		
SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)		
C1. Building elevations are based on:		
•		
*A new Elevation Certificate will be required when construction of the building is complete.  C2. 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.)		
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 Conversion/Comments		
Elevation reference mark used RM 45 Does the elevation reference mark used appear on the FIRM? XXI Yes   No		
□ b) Top of next higher floor		
C) Bottom of lowest horizontal structural member (V zones only)  N/A  ft.(m)  d)  Attached garage (top of slab)  N/A  ft.(m)  g  g  g		
D e) Lowest elevation of machinery and/or equipment		
servicing the building 30.93 ft.(m) 2 2		
Servicing the building 30.93 ft.(m) 2 g		
☐ g) Highest adjacent grade (HAG)	31.2 ft.(m) §	1
in No. of permanent openings (flood vents) within 1 ft.		
Total area of all permanent openings (flood vents) in		######################################
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 CERTIFIER'S NAME		ection 1001.
HULON E. WALSINGHAM	LICENSE NUMBER 3257	
TITLE	COMPANY NAME	NO TO 4 2626
REGISTERED LAND SURVEYOR COUNTY WIDE SURVEYING, INC. LB# 3929  ADDRESS STATE ZIP CODE		
958 DENKS AVENUE	PANAMA CTTY FI.	32401
MYCOUNTY WINDER	DATE TELEPH SEPTEMBER 14 2000 (850	ONE ) 769-0345
	SKUTKMBER 14, 2000 (850	7 20 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1