

ficara

FEDERAL EMERGENCY MANAGEMENT AGENCY
BAY COUNTY NATIONAL FLOOD INSURANCE PROGRAM
BUILDERS SERVICES ELEVATION CERTIFICATE

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

Important: Read the instructions on pages 1 - 7.

2000 DEC -7 SECTION A

SECTION A - PROPERTY OWNER INFORMATION		For Insurance Company Use:	
BUILDING OWNER'S NAME Ruth G. Burwell		Policy Number	
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. 388 Beachside Drive		Company NAIC Number	
CITY Carillon Beach,	STATE FL	ZIP CODE 32413	
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) Lot 26, Block A, Carillon Beach, Phase XI			
BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use Comments section 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		B2. COUNTY NAME Bay		B3. STATE FL	
B4. MAP AND PANEL NUMBER 120004 0165	B5. SUFFIX E	B6. FIRM INDEX DATE 6/2/92	B7. FIRM PANEL EFFECTIVE/REVISED DATE	B8. FLOOD ZONE(S) C&V	B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding)

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 6 (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 D.O.T. B01 Does the elevation reference mark used appear on the FIRM? Yes No

<input type="checkbox"/> a) Top of bottom floor (including basement or enclosure)	_____	14.0	ft.(m)
<input type="checkbox"/> b) Top of next higher floor	_____	26.2	ft.(m)
<input type="checkbox"/> c) Bottom of lowest horizontal structural member (V zones only)	_____	_____	ft.(m)
<input type="checkbox"/> d) Attached garage (top of slab)	_____	14.0	ft.(m)
<input type="checkbox"/> e) Lowest elevation of machinery and/or equipment servicing the building	_____	_____	ft.(m)
<input type="checkbox"/> f) Lowest adjacent grade (LAG)	_____	12.8	ft.(m)
<input type="checkbox"/> g) Highest adjacent grade (HAG)	_____	22.4	ft.(m)
<input type="checkbox"/> h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade	_____	_____	_____
<input type="checkbox"/> i) Total area of all permanent openings (flood vents) in C3h	_____	_____	sq. in. (sq. cm)

License Number, Embossed Seal, Signature, and Date

Ann R. Bruner
FSM 2456
9/17/2000

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: Sam R. Bruner LICENSE NUMBER: 2456

TITLE: Owner COMPANY NAME: _____

ADDRESS: 1593 Hwy 393 S. CITY: Santa Rosa Beach, STATE: FL ZIP CODE: 32459

SIGNATURE: *Sam R. Bruner* DATE: 9/17/00 TELEPHONE: 850-622-1410