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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 STONE CREEK RESTAURANT			Policy Number	
BUILDING STREET ADDRESS (including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. 1025 WEST 23 RD STREET			Company NAIC Number	
CITY PANAMA CITY	STATE FL	ZIP CODE 32405		
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) A PORTION OF THE NORTHEAST 1/4 OF THE NORTHEAST 1/4 OF SECTION 31, TOWNSHIP 3 SOUTH, RANGE 14, WEST, BAY COUNTY, FLORIDA				
BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use Comments section if necessary.) NON RESIDENTIAL (COMMERCIAL RESTAURANT)				
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 PANAMA CITY 120012			B2. COUNTY NAME BAY		B3. STATE FLORIDA
B4. MAP AND PANEL NUMBER 120012 D005	B5. SUFFIX D	B6. FIRM INDEX DATE 07/18/77	B7. FIRM PANEL EFFECTIVE/REVISED DATE 01/03/86	B8. FLOOD ZONE(S) C&A	B9. BASE FLOOD ELEVATION (Zone AO, use depth of flood in 28.00' N.G.V.D.)

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: <input type="checkbox"/> Construction Drawings <input type="checkbox"/> Building Under Construction <input checked="" type="checkbox"/> Finished Construction *A new Elevation Certificate will be required when construction of the building is complete.	
C2. Building Diagram Number 1 (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 <u>N.G.V.D.</u> Conversion/Comments <u>* FOOT BM No. 40.79.B13</u>	
Elevation reference mark used <input checked="" type="checkbox"/> Does the elevation reference mark used appear on the FIRM? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
a) Top of bottom floor (including basement or enclosure)	29.97 ft.(m)
b) Top of next higher floor	41.97 ft.(m)
c) Bottom of lowest horizontal structural member (V zones only)	N/A. ft.(m)
d) Attached garage (top of slab)	N/A. ft.(m)
e) Lowest elevation of machinery and/or equipment servicing the building (GAS MOTOR)	32.17 ft.(m)
f) Lowest adjacent grade (LAG)	29.9 ft.(m)
g) Highest adjacent grade (HAG)	28.9 ft.(m)
h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade	N/A
i) Total area of all permanent openings (flood vents) in C3h	N/A sq. in. (sq. cm)

License Number, Embossed Seal, Signature, and Date
 LS 4440
[Signature]
 02/01/2001

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 R. Mark Niles		LICENSE NUMBER LS 4440	
TITLE Director of Surveying	COMPANY NAME SCR Surveying & Mapping, Inc.		
ADDRESS 1617 Tennessee Avenue	CITY Lynn Haven	STATE FL	ZIP CODE 32444
SIGNATURE <i>[Signature]</i>	DATE 02/01/2001	TELEPHONE (850)265-6979	

In these spaces, copy the corresponding information from Section A.		For Insurance Company Use:	
STREET ADDRESS (including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. T 23 RD STREET		Policy Number	
CITY JRY	STATE FL	ZIP CODE 32405	Company NAIC Number

SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION (CONTINUED)

both sides of this Elevation Certificate for (1) community official, (2) insurance agent/company, and (3) building owner.

MENTS

Check here if attachments

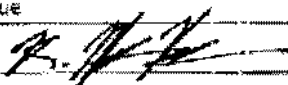
SECTION E - BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO AND ZONE A (WITHOUT BFE)

For Zone AO and Zone A (without BFE), complete Items E1 through E4. If the Elevation Certificate is intended for use as supporting information for a LOMA or LOMR-F, Section C must be completed.

- E1. Building Diagram Number 1 (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.)
- E2. The top of the bottom floor (including basement or enclosure) of the building is 0 ft.(m) 0 in.(cm) above or below (check one) the highest adjacent grade.
- E3. For Building Diagrams 6-8 with openings (see page 7), the next higher floor or elevated floor (elevation b) of the building is ft.(m) in.(cm) above the highest adjacent grade.
- E4. For 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.

PROPERTY OWNER'S OR OWNER'S AUTHORIZED REPRESENTATIVE'S NAME SCR Surveying & Mapping, Inc.			
ADDRESS 1617 Tennessee Avenue	CITY Lynn Haven	STATE FL	ZIP CODE 32444
SIGNATURE 	DATE 02/01/2001	TELEPHONE (850)265-6879	
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.

- G1. The information in Section C was taken from other documentation that has been signed and embossed by a licensed surveyor, engineer, or architect who is authorized by state or local 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
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- G7. This permit has been issued for: New Construction Substantial Improvement
- G8. Elevation of as-built lowest floor (including basement) of the building is: ft.(m) Datum:
- G9. BFE or (in Zone AO) depth of flooding at the building site is: ft.(m) Datum:

LOCAL OFFICIAL'S NAME	TITLE
COMMUNITY NAME	TELEPHONE
SIGNATURE	DATE
COMMENTS	

Check here if attachments