

ELEVATION CERTIFICATE

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 EMERALD COAST BANK | | Policy Number |
| BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. 220 WEST 19TH STREET | | Company NAIC Number |
| CITY PANAMA CITY | STATE FLORIDA | ZIP CODE 32409 |
| PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) A PORTION OF SECTION 32, 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 (BANKING FACILITY) SEE COMMENTS | | |
| LATITUDE/LONGITUDE (OPTIONAL) ($^{\circ}$ - $'$ - $''$ or $^{\circ}$ - $'$ - $''$) | | HORIZONTAL DATUM: SOURCE: <input type="checkbox"/> GPS (Type) <input type="checkbox"/> USGS Quad Map <input type="checkbox"/> Other |
| N/A | | <input type="checkbox"/> NAD 1927 <input type="checkbox"/> NAD 1983 |

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

| | | | | | |
|---|------------------------|--|--|---------------------------------|---|
| B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER PANAMA CITY 120012 | | B2. COUNTY NAME BAY COUNTY | | B3. STATE FLORIDA | |
| B4. MAP AND PANEL NUMBER 120012 0009 | B5. SUFFIX D | B6. FIRM INDEX DATE 01/18/11 | B7. FIRM PANEL EFFECTIVE/REVISED DATE 01/03/80 | B8. FLOOD ZONE(S) "A" | B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding) 30.00 FEET |

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 (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/VAH, 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 **NAVD** Conversion/Comments: **FOOT BM NO. 4612-208**

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

| | |
|--|----------------------------|
| a) Top of bottom floor (including basement or enclosure) | 312.36 ft.(m) |
| b) Top of next higher floor | NA ft.(m) |
| c) Bottom of lowest horizontal structural member (V zones only) | NA ft.(m) |
| d) Attached garage (top of slab) | NA ft.(m) |
| e) Lowest elevation of machinery and/or equipment servicing the building | 311.0 ft.(m) |
| f) Lowest adjacent grade (LAG) | 29.7 ft.(m) |
| g) Highest adjacent grade (HAG) | 30.92 ft.(m) |
| h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade | NA |
| i) Total area of all permanent openings (flood vents) in C3h | NA sq. in. (sq. cm) |

License Number, Embossed Seal, Signature, and Date

FLA. CERT. No. LS 4440
 K. [Signature]
 9/21/2001

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 NOLES, P.S.M.** LICENSE NUMBER: **FLA. CERT. No. LS 4440**

TITLE: **DIRECTOR OF SURVEYING** COMPANY NAME: **OCB SURVEYING & MAPPING, INC.**

ADDRESS: **1617 TENNESSEE AVENUE** CITY: **LYNN HAVEN, FLORIDA** ZIP CODE: **32444**

SIGNATURE: **[Signature]** DATE: **9/21/2001** TELEPHONE: **(850) 261-6979**

220 WEST 19TH STREET
 CITY PANAMA CITY, FLORIDA STATE FLORIDA ZIP CODE 32400 Company NAIC Number

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

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

COMMENTS
 BANKING FACILITY AS REFERENCED HEREIN, IS A TEMPORARY
 MANUFACTURED BUILDING ELEVATED ON CONCRETE BLOCK PIERS.

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 LDMR-F, Section C must be completed.

- E1. Building Diagram Number 2 (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 ___ ft.(m) ___ 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 MAPS SURVEYING & MAPPING, INC. (R. MARK NOLES, P.S.M.)
 ADDRESS 1617 TENNESSEE AVENUE LYNN HAVEN, FLORIDA 32444
 SIGNATURE [Signature] DATE 9/27/2001 STATE FLORIDA ZIP CODE 32444
 TELEPHONE (850) 209-0919

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.

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| G4 PERMIT NUMBER | G5 DATE PERMIT ISSUED | G6 DATE CERTIFICATE OF COMPLIANCE/OCCUPANCY ISSUED |
|------------------|-----------------------|--|

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