

Handwritten notes:
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Mc Corp

ELEVATION CERTIFICATE

Important: Read the instructions on pages 1 - 7.

Handwritten: E0102278

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|---|-------------|---|---|
| SECTION A - PROPERTY OWNER INFORMATION | | | For Insurance Company Use |
| BUILDING OWNER'S NAME Terrance Jangula | | Policy Number | |
| BUILDING STREET ADDRESS (including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. 1134 Plantation Drive | | Company NAIC Number | |
| CITY Panama City | STATE FL | ZIP CODE 32404 | |
| PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) Lot 17: Commence at Southeast Corner of Section 17, Township 3 South, Range 13 West. See survey for full legal description. | | | |
| BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use a Comments area, if necessary.) Residential | | | |
| LATITUDE/LONGITUDE (OPTIONAL) (##° - ##' - ###" or ###.####) | | HORIZONTAL DATUM <input type="checkbox"/> NAD 1983 <input type="checkbox"/> NAD 1965 | 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 Bay County (Unincorp) 12004 | | B2. COUNTY NAME Bay | | B3. STATE Fla | |
| B4. MAP AND PANEL NUMBER 12004-0368 | B5. SUFFIX D | B6. FIRM INDEX DATE 8-20-96 | B7. FIRM PANEL EFFECTIVE/REVISED DATE 1-3-86 | B8. FLOOD ZONE(S) A-4 | B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding) 6.00 |
| B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9. <input type="checkbox"/> FIS Profile <input checked="" type="checkbox"/> FIRM <input type="checkbox"/> Community Determined <input type="checkbox"/> Other (Describe): B11. Indicate the elevation datum used for the BFE in B9: <input checked="" type="checkbox"/> NGVD 1929 <input type="checkbox"/> NAVD 1983 <input type="checkbox"/> Other (Describe): B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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, ARA, AR/AE, ARIA1-A30, ARIA/H, ARIA/O Complete items C3-a-h 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>NGVD 1929</u> Conversion/Comments _____ Elevation reference mark used <u>RM 16</u> 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) | <u>13.14</u> ft.(m) |
| b) Top of next higher floor | <u>75.00</u> ft.(m) |
| c) Bottom of lowest horizontal structural member (V zones only) | <u>N/A</u> ft.(m) |
| d) Attached garage (top of stall) | <u>10.44</u> ft.(m) |
| e) Lowest elevation of machinery and/or equipment servicing the building (Describe in a Comments area) | <u>N/A</u> ft.(m) |
| f) Lowest adjacent (finished) grade (LAG) | <u>3.7</u> ft.(m) |
| g) Highest adjacent (finished) grade (HAG) | <u>4.8</u> ft.(m) |
| h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade <u>N/A</u> | |
| i) Total area of all permanent openings (flood vents) in C3.h <u>N/A</u> sq. ft. (sq. cm) | |

License Number, Embossed Seal, Signature, and Date

3257

Handwritten Signature: Helen E. Walsingham

7-10-02

| | | | |
|---|---|-----------------------------|-------------------|
| 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 Helen E. Walsingham | | LICENSE NUMBER 3257 | |
| TITLE Registered Land Surveyor | COMPANY NAME County Wide Surveying, Inc. LB 3029 | STATE FL | ZIP CODE 32401 |
| ADDRESS 958 Jonks Avenue | CITY Panama City | STATE FL | ZIP CODE 32401 |
| SIGNATURE <i>Handwritten Signature</i> | DATE 7-10-02 | TELEPHONE (850) 769-0345 | |

| | | | |
|--|-------------|-------------------|---------------------------|
| IMPORTANT: In these spaces, copy the corresponding information from Section A. | | | For Insurance Company Use |
| BUILDING STREET ADDRESS (including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. 1134 Plantation Drive | | | Policy Number |
| CITY Panama City | STATE FL | ZIP CODE 32404 | 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

** C3. b) Top of next higher floor is the basement at 5.00 feet.

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 (Select the building diagram most similar to the building for which this certificate is being completed - see pages 8 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. (Use natural grade, if available).
- 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. Complete items C3.h and C3.i on front of form.
- 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, C (items C3.h and C3.i only), and E for Zone A (without a FEMA-issued or community-issued BFE) or Zone AO must sign here. The statements in Sections A, B, C, and E are correct to the best of my knowledge.

PROPERTY OWNER'S OR OWNER'S AUTHORIZED REPRESENTATIVE'S NAME

| | | | |
|-----------|------|-----------|----------|
| ADDRESS | CITY | STATE | ZIP CODE |
| SIGNATURE | DATE | TELEPHONE | |
| 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-G6) is provided for community floodplain management purposes.

| | | |
|-------------------|------------------------|---|
| 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

CWSI JOB#
0023-0457

*Water - Air HR
No. Account*

FEDERAL EMERGENCY MANAGEMENT AGENCY
NATIONAL FLOOD INSURANCE PROGRAM

O.M.B. No. 3087-0077
Expires July 31, 2002

ELEVATION CERTIFICATE

Important: Read the instructions on pages 1-7.

EO1 02278

| | | | |
|---|-------------|---|---------------------------|
| SECTION A - PROPERTY OWNER INFORMATION | | | For Insurance Company Use |
| BUILDING OWNER'S NAME Terrance Janguila | | Policy Number | |
| BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. 1134 Plantation Drive | | Company NAIC Number | |
| CITY Panama City | STATE FL | ZIP CODE 32404 | |
| PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) Lot 17: Commence at Southeast Corner of Section 17, Township 3 South, Range 13 West. See survey for full legal description. | | | |
| BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use a Comments area, 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 Bay County (Unincorp) 120004 | | B2. COUNTY NAME Bay | B3. STATE Fla |
| B4. MAP AND PANEL NUMBER 120004-0388 | B5. SUFFIX D | B6. FIRM INDEX DATE 9-20-00 | B7. FIRM PANEL EFFECTIVE/REVISED DATE 1-3-86 |
| B8. FLOOD ZONE(S) A-1 | | B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding) 6.00 | |

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 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, ARIA, ARIAE, ARIA1-A30, ARIAH, ARIA0
 Complete items C3-a-h 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 1929 Conversion/Comments _____

Elevation reference mark used RM 16. Does the elevation reference mark used appear on the FIRM? Yes No

- a) Top of bottom floor (including basement or enclosure) 13.14 ft.(m)
- b) Top of next higher floor 15.00 ft.(m)
- c) Bottom of lowest horizontal structural member (V zones only) N/A ft.(m)
- d) Attached garage (top of slab) 10.44 ft.(m)
- e) Lowest elevation of machinery and/or equipment servicing the building (Describe in a Comments area) N/A ft.(m)
- f) Lowest adjacent (finished) grade (LAG) 3.7 ft.(m)
- g) Highest adjacent (finished) grade (HAG) 4.8 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 C3.h N/A sq. in. (sq. cm)

License Number, Embossed Seal, Signature, and Date

3257

Terrance E. Janguila

7-10-02

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 Hulon E. Walsingham LICENSE NUMBER 3257

TITLE Registered Land Surveyor COMPANY NAME County Wide Surveying, Inc. LB 3929

ADDRESS 958 Jenks Avenue CITY Panama City STATE FL ZIP CODE 32401

SIGNATURE *Hulon E. Walsingham* DATE 7-10-02 TELEPHONE (850) 769-0345

| | | | |
|--|-------------|-------------------|---------------------------|
| IMPORTANT: In these spaces, copy the corresponding information from Section A. | | | For Insurance Company Use |
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COMMENTS

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- E1. 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.)
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PROPERTY OWNER'S OR OWNER'S AUTHORIZED REPRESENTATIVE'S NAME

| | | | |
|-----------|------|-----------|----------|
| ADDRESS | CITY | STATE | ZIP CODE |
| SIGNATURE | DATE | TELEPHONE | |

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 |
|-------------------|------------------------|---|

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