

FEDERAL EMERGENCY MANAGEMENT AGENCY NATIONAL FLOOD INSURANCE PROGRAM

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

ELEVATION CERTIFICATE

12 000 772 Important: Read the Instructions on pages 1-7.				
Important: Read the Instructions on pages 1-7. SECTION A - PROPERTY OWNER INFORMATION	For Insurance Company Use:			
BUILDING OWNER'S NAME	Policy Number			
m r irr & william rozier				
BUILDING STREET ADDRESS (Including Apl., Unit, Suite, and/or Bidg. No.) OR P.O. ROUTE AND BOX NO. 8007 SURF DRIVE	Company NAIC Number			
CITY BEACH, STATE FL.	32408 ^{ZIP CODE}			
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)				
TOT 14 BECCK 7. STLVER SANDS BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use Comments section if necessary.) RESTDENTIAL				
LATITUDE/LONGITUDE (OPTIONAL) HORIZONTAL DATUM: SOURCE: L_I GPS (Type):_	- Allen			
(##"-##" w ## #####") NAD 1927 NAD 1933 USGS Qued h	lap Other:			
SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION				
B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER B2. COUNTY NAME	83. STATE			
120004 G320 (UNINCORPORATED AREAS) BAY	FL			
B4. MAP AND PANEL B6. SUFFIX B6. FIRM INDEX B7. FIRM PANEL B8. FLOOD	89. BASE FLOOD ELEVATION(S)			
NUMBER DATE 120004 0320 C 1/3/86 EFFECTIVE/REVISED DATE C/A5	(Zone AO, use depth of flooding) C=NA; A5=6 FEET			
B10, Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9. FIS Profile X FIRM Community Determined Other (Describe):				
811. Indicate the elevation datum used for the BFE in 09: X NGVD 1929 NAVO 1988 Other	Describe):			
B12. Is the building located in a Coastal Darrier Resources System (CBRS) area or Otherwise Protected.				
Designation Date:				
SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQU	IRED)			
C1. Building elevations are based on:Construction Orawings*Building Under Construction*x Finished Construction				
*A new Elevation Certificate will be required when construction of the building is complete.				
C2. Building Diagram Number 5 (Select the building diagram most similar to the building for which the	is certificate is being completed - sec			
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				
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the datum used for the BFE in Section B, convert the datum to that used for the BFE. Show field mea	used, if the datum is different from surements and datum conversion			
the datum used for the BFE in Section 9, convert the datum to that used for the BFE. Show field mea calculation. Use the space provided or the Comments area of Section D or Section G, as appropriate	used, if the datum is different from surements and datum conversion			
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IMPORTANT: In these spaces, copy the corresponding information from Section A.			From Insulation Company Coo.	
BUILDING STREET ADDRESS (Inclu 8007 SURF DRIVE	ding Apt., Unit, Suite, and/or Bldg. No.) OR P.O.	ROUTE AND BOX NO.	Policy Number	
PANAMA CITY BRACH,	STATE DL	ZIP CODE 32408	Company NAIC Number	
SECTION	ND - SURVEYOR, ENGINEER, OR ARCHI	TECT CERTIFICATION (CO	TINUED)	
Copy both sides of this Elevation (Certificate for (1) community official, (2) inst	rrance agent/company, and (i) building owner.	
COMMENTS			·	
······································				
			Check here if attachment	
	VATION INFORMATION (SURVEY NOT R			
•	BFE), complete Items E1 through E4. If the	Elevation Certificate is intend	ed for use as supporting	
information for a LOMA or LOMR-F	 Section C must be completed. (Select the building diagram most similar 	In the building for which this	andificate to bolish numbers	
	am securately represents the building, provi	-	centificate is being completed -	
- -	huding basement or enclosure) of the building		.(cm) above or below	
(check one) the highest adjace	_		<u> </u>	
* ~	n openings (see page 7), the next higher floo	r or elevated floor (elevation I	of the building is	
	ove the highest adjocent grade. depth number is available, is the top of the b	rutem floor elevated in secon	ance with the community's	
	nce? Yes No Unknown. Th			
SECTION	F - PROPERTY OWNER (OR OWNER'S	REPRESENTATIVE) CERTIF	ICATION	
- 7 -	thorized representative who completes Sect	ions A, B, and E for Zone A (vithout a FEMA-Issued or	
community-lesued BFE) or Zone A	O must sign here.			
PROPERTY OWNER'S OR OWNER'S	S AUTHORIZED REPRESENTATIVE'S NAME	<u></u>		
ADDRESS	CITY	STATE	ZIP CODE	
		TELEPH		
SIGNATURE	DATE	CLE *ff		
COMMENTS				
			Check hare if stlachments	
	SECTION G - COMMUNITY INFOR			
	by law or ordinance to administer the comm		t ordinance can complete	
Sections A, B, C (or E), and G of thi	is Elevation Certificate. Complete the applic	zable (tem(s) and sign below. Then been signed and embour	od by a financial assumptor	
G1. [1] 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 Comm		***************************************		
G2. [] A community official compl	leted Section E for a building located in Zoni	e A (without a FEMA-issued o	community-Issued BFE) or	
Zone AO.	the and COV is excluded for community flor	dalaja mangaanasi numasa		
· · · · · · · · · · · · · · · · · · ·	tems G4-G9) is provided for community floo			
G4. PERMIT NUMBÉR	G5. DATE PERMIT ISSUED	GA. DATE CERTIFICATE OF ISSUED	COMPLIANCE/CACTUPANCY	
•	. 1_ New Construction L_ Substantia	•		
	r (including basement) of the building is:		ft.(m) Dalum:	
G9, BFE or (in Zone AO) depth of fix			ft.(m) Datum:	
LOCAL OFFICIAL'S NAME		LE		
COMMUNITY NAME	FE	LEPHONE		
SIGNATURE	DA	TE		
COMMENTS	1886 - 1889 - 1889 - 1889 - 1889 - 1889 - 1889 - 1889 - 1889 - 1889 - 1889 - 1889 - 1889 - 1889 - 1889 - 1889 -	<u> </u>		
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NET	W. C CHINING AND THE CONTRACT OF THE CONTR			
			Check here if attachment	
PERSON OF BUILDING		Premius A	SES ALL PROFESSION OF PROFESSION	

PERSONAL DE CENTRE PA