FEDERAL EMERGENCY MANAGEMENT AGENCY NATIONAL FLOOD INSURANCE PROGRAM

ELEVATION CERTIFICATE

O.M.B.	No.	3067-0077	
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SECTION A - PROPERTY OWNER INFORMATION For Insurance Company Use: Drs. Rao, Reddy, Evans & Albibi (REAR, Inc.) Policy Number Drs. Rao, Reddy, Evans & Albibi (REAR, Inc.) Drs. Rao, Reddenial, Non-residential, Addition, Accessory, stc. Use Comments section if necessary.) Drs. Reddenial, Non-residential, Addition, Accessory, stc. Use Comments section if necessary.) Drs. Reddenial, Non-residential, Addition, Accessory, stc. Use Comments section if necessary.) Drs. Reddenial, Non-residential, Addition, Accessory, stc. Use Comments section if necessary.) Drs. Reddenial, Non-residential, Addition, Accessory, stc. Use Comments section if necessary.) Drs. Reddenial, Non-residential, Non-residential
Drs. Rao, Reddy, Evans & Albibi (REAR, Inc.) BURDING STREET ADDRESS (Including Apl., Unit. Suite, and/or Bids, No.) OR P.O. ROUTE AND BOX NO. ZIP CODE TOTY STATE FINANCIA PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Percer Number, Legal Description, atc.) A portion of Section 33, Township 3 South, Range 14 West, Bay County, Fibrits BULDING SUSE (e.g., Residential, Non-residential, Addition, Accessory, etc., Use Comments section if necessary.) Doctors of Proper (Dipease) Pileases Center). Non-residential, Addition, Accessory, etc., Use Comments section if necessary.) Doctors of Proper (Dipease). Pileases Center). Non-Residential, Addition, Accessory, etc., Use Comments section if necessary.) Doctors of Prope (Dipease). Pileases Center). Non-Residential, Addition, Accessory, etc., Use Comments section if necessary.) Doctors of Prope (Dipease). Pileases Center). Non-Residential, Addition, Accessory, etc., Use Comments section if necessary.) Doctors of Prope (Dipease). Pileases Center). Non-Residential, Addition, Accessory, etc., Use Comments section if necessary.) Doctors of Proper (Dipease). Pileases Center). Non-Residential, Addition, Accessory, etc., Use Comments section if necessary.) Doctors of Proper (Dipease). Pileases Center). Non-Residential, Addition, Accessory, etc., Use Comments section if necessary.) Doctors of Proper (Dipease). Pileases Center). Non-Residential Center (Dipease). BIL. Notice (Dipease). Pileases Center). Non-Residential Center (Dipease). BIL. Notice (Dipease). Pileases Center). Non-Residential Center (Dipease). Pileases Center). Pileases Center (Dipease). Pileases. Pileas
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bidg, No.) OR P.O. ROUTE AND BOX NO. ZOM East 19" Street CITY STATE FI 32405 PRADPERTY DESCRIPTION (Lot and Block Numbers, Tax Percel Number, Legal Description, atc.) A portion of Section 33. Township 3 South, Range 14 West, Bay County, Florica BUILDING STEE(e.g., Residential, Numbers, Accessory, Street Number, Legal Description, atc.) A portion of Section 33. Township 3 South, Range 14 West, Bay County, Florica BUILDING STEE(e.g., Residential, Numbers, Tax Percel Number, Legal Description, atc.) A portion of Section 33. Township 3 South, Range 14 West, Bay County, Florica BUILDING STEET STEE(e.g., Residential, Accessory, Plantia, Street Street,
204 East 19" Street CITY Panama City PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Percel Number, Legal Description, atc.) A portion of Section 32, Township 3 South, Range 14 West, Bay County, Florids BUILDING USE (e.g., Residenda, Non-residential, Addition, Accessory, etc. Use Comments section if necessary.) Doctors Of Price (Dispersive Disease Centre). New Addition LATTITUDER, ONGITUDE (OFFICIAL) HORIZONALD DATUM: SOURCE: GOS (Dispersive Disease Centre). New Addition LATTITUDER, ONGITUDE (OFFICIAL) HORIZONALD DATUM: SOURCE: GOS (Dispersive Dispersive Centre). New Addition LATTITUDER, ONGITUDE (OFFICIAL) HORIZONALD DATUM: SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER B2. COUNTY NAME B3. STATE Panama City 122012 B4. MAP AND PANEL NUMBER G DATE EFFECTIVE/REVISED DATE DATE EFFECTIVE/REVISED DATE JONE B9. BASE FLOOD ELEVATION DATE OF THE PROPERTY OF THE OF THE PR
CITY Panama City Fig. 32405 PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Percel Number, Legal Description, atc.) A portion of Section 33, Towranio 3 South, Range 14 West, Bay County, Florring BUILDING USE (e.g., Residencial, Non-residencial, Addition, Accessory, etc. Use Comments section if necessary.) Doctors Office (Disease Center) - New Addition. LATITUDER ONGITUDE (OPTIONAL) HORIZONTAL DATUM: SOURCE: GPS (Type). LATITUDER ONGITUDE (OPTIONAL) HORIZONTAL DATUM: SOURCE: GPS (Type). LATITUDER ONGITUDE (OPTIONAL) HORIZONTAL DATUM: SOURCE: GPS (Type). BELIATING COMMUNITY NAME 6 COMMUNITY NUMBER B2 COUNTY NAME B3. STATE B1. NAIP COMMUNITY NAME 6 COMMUNITY NUMBER B2 COUNTY NAME B3. STATE Panama City 120012 B4. MAP AND PANEL B5. SUFFIX B5. FIRM INDEX B7. FIRM PANEL B8. FLOOD B9. BASE FLOOD ELEVATION NUMBER CATE EFFECTIVE/REVISED DATE ZONE(\$) (Zone AO, use depth of flood NUMBER CATE BY B0.) B1. Indicate the elevation of the Bese Flood Elevation (BFE) data or base 6xod depth entered in B9. B1. Indicate the elevation datum used for the BFE in B9: Windley By B0. B1. Indicate the elevation datum used for the BFE in B9: Windley B1. B1. Indicate the elevation datum used for the BFE in B9: Windley B1. B1. Indicate the elevation datum used for the BFE in B9: Windley B1. B1. Indicate the elevation datum used for the BFE in B9: Windley B1. B1. Indicate the elevation datum used for the BFE in B9: Windley B1. B1. Indicate the elevation datum used for the BFE in B9: Windley B1. B1. Indicate the elevation datum used for the BFE in B9: Windley B1. B1. Indicate the elevation datum used for the BFE in B9: Windley B1. B1. Indicate the elevation base and b
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Percel Number, Legal Description, etc.) A portion of Section 33, Townshio 3 South, Range 14 West, Bay County, Florida BULIDING USE (e.g., Repidential, Non-residential, Actilition, Accessory, etc. Use Comments section if necessary.) Doctors Official Citisative Disease Center ¹ . New Addition. LATITUDEA ONGITUDE (OPTIONAL)
A portion of Section 33. Township 2 South, Range 14 West, Bay County, Floridia BUILDING USE (e.g., Revidentals, Non-residentals, Appellance, Ascessory, etc. Use Comments section if necessary.) Doctors Office (Digastive Disease Center) - New Addition LATITUDEA ONGITUDE (OFFICE ONAL) HORIZONTAL DATUM: SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION BIL NFIP COMMUNITY NAME & COMMUNITY NUMBER B3. STATE Panama City 120012 B4. MAP AND PAREL B5. SUFFIX B6. FIRM INDEX B7. FIRM PANEL B8. FLOOD B9. BASE FLOOD ELEVATION NUMBER CATE FEFCTIVE/REVISED DATE CONS(S) (Zone AO, use depth of flood D9(18/02) B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood of the reflection B9. FIS Profile FIS Profile FIS Profile FIS Profile FIRM Community Detarmined Other (Describe): B11. Indicate the elevation datum used for the BFE in B8: SONOV 1920 NAVD 1938 Other (Describe): B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? Yes Sono SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED) C1. Building elevations are based on: Construction Drawings* SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED) C2. Building Diagram Number 1 (Select the ouilding 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 skelch or photograph.) C3. Elevations – Zones A1-A20, AE, AH, A (with BFS), VE, V1-V2-V9, V (with BFE), AR, AR/A1-A30, AR/AH, AR/AO Complete Items C3a+ 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 to a feet building bearment or enclosure) B1. APACET - COR Elevation reference mark used Docs the elevation reference mark used appear on the FIRM? D0 b) Top of bottom floor (including basement
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Decigns Office (Digestive Disease Center) - New Addition MORIZONTAL DATUM: SOURCE: GPS (Type). CTTUDE COMMUNITY NUMBER NAD 1927 NAD 1923 USGS Quad Map Other: SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION
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B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER B3. STATE B4. MAP AND PANEL B4. MAP AND PANEL B5. SUFFIX B5. FIRM INDEX CATE EFFECTIVE/REVISED DATE D9/1802 B7. FIRM PANEL B8. FLOOD B9. BASE FLOOD ELEVATION (Zone AC., use depth of flood D9/1802 A 27.0 B10. Indicate the source of the Bese Flood Elevation (BFE) data or base flood depth entered in B9. FIS Profile FISM Community Determined Other (Describe): B11. Indicate the elevation datum used for the BFE in B8: NGVD 1928 NAVD 1988 Other (Describe): B12. Is the building located in a Coestal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? Pessignation Date SECTION C - BuilLibing ELEVATION INFORMATION (SURVEY REQUIRED) C1. Building elevations are based on: Construction Drawings* B Building Under 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 skelch 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 C3a1 below according to the building diagram specified in Item Cars. 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 Commonts area of Section D or Section G, as appropriate, to document the datum conversion ference mark used Does the elevation reference mark used appear on the FIRM? PARALLA LA
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NUMBER CATE De/18/02 CONTENTS CONTEN
17.004.041.64 G 08/18/02 09/18/02 A 27.01 D10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in 89. FIS Profile FIRM ⊠ Community Detarmined Other (Describe): S11. Indicate the elevation datum used for the BFE in 89: ☑ NGVD 1929 NAVD 1988 Other (Describe): S12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? Yes ☑ No Designation Date
□ FIS Profile □ FIRM □ Community Determined □ Other (Describe): 511. Indicate the elevation datum used for the BFE in BB: ☑ NGVD 1928 □ NAVD 1988 □ Other (Describe): 512. Is the building located in a Coestal 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, AR/A, AR/AE, AR/A1-A30, AR/AH, AR/AO Complete Items C3a-1 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 convers Datum N.G.V.D. Conversion/Comments ☐ Does the elevation reference mark used appear on the FIRM? ☐ Yes ☒ No o a) Top of bottom floor (including basement or enclosure) 34. 74 ft.(m) © 10 Top of bottom floor (including basement or enclosure) 34. 74 ft.(m)
□ FIS Profile □ FIRM □ Community Determined □ Other (Describe): 511. Indicate the elevation datum used for the BFE in BB: ☑ NGVD 1928 □ NAVD 1988 □ Other (Describe): 512. Is the building located in a Coestal 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, AR/A, AR/AE, AR/A1-A30, AR/AH, AR/AO Complete Items C3a-1 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 convers Datum N.G.V.D. Conversion/Comments ☐ Does the elevation reference mark used appear on the FIRM? ☐ Yes ☒ No o a) Top of bottom floor (including basement or enclosure) 34. 74 ft.(m) © 10 Top of bottom floor (including basement or enclosure) 34. 74 ft.(m)
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Detum N.G.V.D. Conversion/Comments Elevation reference mark used * Does the elevation reference mark used appear on the FIRM? Yes No o a) Top of bottom floor (including basement or enclosure) o b) Top of next higher floor 34. 80 ft (m)
Elevation reference mark used * Does the elevation reference mark used appear on the FIRM? O Yes No o a) Top of bottom floor (including basement or enclosure) 34. 74 ft.(m)
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o b) Top of next higher floor 34 BC ft (m)
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o c) Bottom of lowest horizontal structural member (Vizones only) <u>N/A</u> ,fL(m)
o c) Bottom of lowest horizontal structural member (V zones only) N/Afl.(m) o d) Attached garage (top of slab) o e) Lowest elevation of machinery and/or equipment servicing the building (A/c (A/c)) o f) Lowest adjacent grade (LAG) o g) Highest adjacent grade (HAG) o h) No. of permanent openings (flood yents) within 1 ft. above adjacent grade N/A
o e) Lowest elevation of machinery and/or equipment
servicing the building (A/c PA)
o f) Lowest adjacent grade (LAG)
o g) Highest adjacent grade (HAG)
o h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade N/A
o i) Total area of all permanent openings (flood vents) in C3h N/A sq. in. (sq. cm)
SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION
This certification is to be signed and sealed by a land surveyor, anginear, or architect authorized by law to certify elevation information.
f 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 talse statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 1001. CERTIFIER'S NAMER, Mark Notes
TTLEDIRECTOR of Surveying & Mapping, Inc.
PODRESS CITY STATE ZIP CODE
In It i emersee Avenue
DATE A/11/1004 TELEPHONE 18501255-6979
MA Form 81-31, AUG 99 SEE REVERSE SIDE FOR CONTINUATION REPLACES ALL PREVIOUS EDITION

MPORTANT: In these spaces, cop				For Insurance Company Use
SUILDING STREET ADDRESS (Including 204 East 19th Street	Apt., Unit, Suite, and/or Bidg. No.) OR P	.O. ROUTE AND BOX NO	⊋,	Policy Number
CITY Penema City	STATE FL	Z/F CC)D E 32405	Company NAIC Number
	SURVEYOR, ENGINEER, OR ARC	HITECT CERTIFICAT		TINUED)
Copy both sides of this Elevation Certi				
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	ION INFORMATION (SURVEY NOT			
For Zone AO and Zone A (without BFE)		ne Elevation Certificate	e is intende	rd for use as supporting
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pages a and 7. If no diagram according to the top of the bottom floor (including	rately represents the building, provide to be building.			va or . Thelow (check one
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E3. For Building Diagrams 6-8 with oper	nings (see page 7), the next higher f	ioor or elevated floor (e	levation b)	of the building is
ft.(m)in.(cm) above the highe				
4. For Zone AO only: If no flood depth				
	Yes No Dunknown. The			
	PROPERTY OWNER (OR OWNER'	······································	······································	~~~~~~~~ ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
The property owner or owner's authoriz	·	SCHOUS A. H. and E for .	ZORE A (Wi	inout a FEMA-issued of
community-issued BFE) or Zone AO mu	ost eign nete.			
PROPERTY OWNER'S OR OWNER'S AUT	HORIZED REPRESENTATIVE'S NAME			······································
SCR Surveying & Maccing ADDRESS	CITY	<u>,,</u>	STATE	ZIP CODE
1517 Tennessee Avenue	Lynn H	ачел	#L	32444
SIGNATURE	DATE	a landama	TELEPHO	VÉ
COMMENTS	- manual - m		······································	, <u>, , , , , , , , , , , , , , , , , , </u>
			<u>_</u>	Check here if attachme
	SECTION G - COMMUNITY INFO	RMATION (OPTIONAL)	
he local official who is authorized by law				ordinance can complete
ections A, B, C (or E), and G of this Elev) W
1. The information in Section C was a	taken from other cocumentation that orized by state or local law to certify			
elevation data in the Comments a			(umarene n	se applice suc dote to bid
2. 🔲 A community official completed Se	*	a A (without a FEMA-is	ಬಿಕ್ಕರ ೧೯ ರನ	mmunity-issued ਰFE) or
Zone AO.	~			
3. 🔲 The following information (items G	:4-G9) is provided for community floo	idplain management pu	irposes.	
64. PERMIT NUMBER 05.	DATE PERMIT ISSUED		ATE OF CO	MPLIANCE/OCCUPANCY
		ISSUED		
7. This permit has been tasued for:	New Construction 🗋 Substantial in	= '	>	Datum
I Einseiten eine bestieten ent dem standt		ሲ.(i	-	Datum: Datum:
l, Elevation of as-built lowest floor (inclu	t at the building elle ic:		£111)	LG (LIII)
l, Elevation of as-built lowest floor (inclu i. BFE or (in Zone AO) depth of flooding				
l, Elevation of as-built lowest floor (inclu I. BFE or (in Zone AO) depth of flooding OCAL OFFICIAL'S NAME	71	TLE		
l, Elevation of as-built lowest floor (inclu i. BFE or (in Zone AO) depth of flooding OCAL OFFICIAL'S NAME OMMUNITY NAME	T E	TLE LEPHONE		
l, Elevation of as-built lowest floor (inclu i. BFE or (in Zone AO) depth of flooding OCAL OFFICIAL'S NAME OMMUNITY NAME IGNATURE	T E	TLE		
l, Elevation of as-built lowest floor (inclu l. BFE or (in Zone AO) depth of flooding DCAL OFFICIAL'S NAME OMMUNITY NAME	T E	TLE LEPHONE		
, Elevation of as-built lowest floor (inclu . BFE or (in Zone AO) depth of flooding CCAL OFFICIAL'S NAME OMMUNITY NAME GNATURE	T E	TLE LEPHONE		