

FEDERAL EMERGENCY MANAGEMENT AGENCY
NATIONAL FLOOD INSURANCE PROGRAM

O.M.B. No. 3067-0077
Expires December 31, 2005

ELEVATION CERTIFICATE

Important: Read the instructions on pages 1 - 7.

SECTION A - PROPERTY OWNER INFORMATION		For Insurance Company Use:	
BUILDING OWNER'S NAME Legacy Properties, Inc.		Policy Number	
BUILDING STREET ADDRESS (including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. Grand Bay Building Units 422, 424, 426, 428, 430, and 432		Company NAIC Number	
CITY Panama City	STATE FL	ZIP CODE 32401	
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) A portion of Section B, Township 4 South, Range 14 West			
BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use a Comments area, if necessary.) Residential Apartment Buildings			
LATITUDE/LONGITUDE (OPTIONAL) (##°-##'-##.###" or ###.#####')		HORIZONTAL DATUM: SOURCE: <input type="checkbox"/> GPS (Type): _____ <input type="checkbox"/> NAD 1987 <input type="checkbox"/> NAD 1983 <input type="checkbox"/> USGS Quad Map <input type="checkbox"/> Other: _____	
N/A			

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION		
B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER Panama City 120012	B2. COUNTY NAME Bay	B3. STATE FL
B4. MAP AND PANEL NUMBER 1200120010	B5. SUFFIX D	B6. FIRM INDEX DATE 1/3/86
B7. FIRM PANEL EFFECTIVE/REVISED DATE 1/3/86	B8. FLOOD ZONE(S) A-4	B9. BASE FLOOD ELEVATION(S) (Zone A-C, use depth of flooding) 5.0'
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 1988 <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 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 6 (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, AR1A, AR/AE, AR1A1-A30, AR/AH, AR/AO Complete items C3-a-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 _____ Elevation reference mark used <u>COE3</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)	5.95 ft.(m)
b) Top of next higher floor	15.22 ft.(m)
c) Bottom of lowest horizontal structural member (V zones only)	N/A. ____ ft.(m)
d) Attached garage (top of slab)	5.95 ft.(m)
e) Lowest elevation of machinery and/or equipment servicing the building (Describe in a Comments area)	8.9 ft.(m)
f) Lowest adjacent (finished) grade (LAG)	5.5 ft.(m)
g) Highest adjacent (finished) grade (HAG)	5.8 ft.(m)
h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade <u>48</u>	
i) Total area of all permanent openings (flood vents) in C3.h <u>4830.24</u> sq. in. (sq. cm)	

License Number, Embossed Seal, Signature and Date
 PIA CERT. NO. LS 4440
 [Signature]
 Dec. 30, 2009

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
SIGNATURE [Signature]	STATE FL
	ZIP CODE 32444
	DATE Dec. 30, 2009
	TELEPHONE

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. Grand Bay Building Units 422, 424, 426, 428, 430, and 432			Policy Number
CITY Panama City	STATE FL	ZIP CODE 32401	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

The date of construction for the building units as referenced herein is March 28, 2002 which is the date of issue for the building permit granted in accordance with the flood zone in effect as that date as described and shown herein.

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 6 (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) 2 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 8 ft.(m) 5 in.(cm) above the highest adjacent grade. Complete items C3.h and C3.i on front of form.
- E4. The top of the platform of machinery and/or equipment servicing the building is 3 ft.(m) 1 in.(cm) above or below (check one) the highest adjacent grade. (Use natural grade, if available).
- E5. 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

SCR Surveying & Mapping, Inc.

ADDRESS

1817 Tennessee Avenue

CITY

Lynn Haven

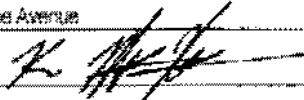
STATE

FL

ZIP CODE

32444

SIGNATURE



DATE

Feb. 10, 2009

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-G8) 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)

_____ ft.(m)

Datum: _____

G8. BFE or (in Zone AO) depth of flooding at the building site is: _____ ft.(m)

_____ ft.(m)

Datum: _____

LOCAL OFFICIAL'S NAME

TITLE

COMMUNITY NAME

TELEPHONE

SIGNATURE

DATE

COMMENTS

Check here if attachments