

# ELEVATION CERTIFICATE

Important: Read the instructions on pages 1 - 7.

MH0500416

## SECTION A - PROPERTY OWNER INFORMATION

BUILDING OWNER'S NAME Jim Scott			For Insurance Company Use: Policy Number		
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. 1940 Sherman Avenue, Lot 118, Sherman Pines Mobile Home Park			Company NAIC Number		
CITY Cedar Grove	STATE FL	ZIP CODE 32405			
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)					
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 1927 <input type="checkbox"/> NAD 1983		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 Town of Cedar Grove, 120006, 12005C		B2. COUNTY NAME Bay		B3. STATE Florida	
B4. MAP AND PANEL NUMBER 0342	B5. SUFFIX G	B6. FIRM INDEX DATE 09-18-2002	B7. FIRM PANEL EFFECTIVE/REVISED DATE 09-18-2002	B8. FLOOD ZONE(S) A	B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding) 31.5
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9. <input type="checkbox"/> FIS Profile <input type="checkbox"/> FIRM <input checked="" 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 checked="" type="checkbox"/> 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 5 (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 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 NGVD'29 Conversion/Comments none

Elevation reference mark used w-290 Does the elevation reference mark used appear on the FIRM?  Yes  No

<input type="checkbox"/> a) Top of bottom floor (including basement or enclosure)	<u>33.67</u> ft.(m)
<input type="checkbox"/> b) Top of next higher floor	<u>N/A</u> ft.(m)
<input type="checkbox"/> c) Bottom of lowest horizontal structural member (V zones only)	<u>N/A</u> ft.(m)
<input type="checkbox"/> d) Attached garage (top of slab)	<u>N/A</u> ft.(m)
<input type="checkbox"/> e) Lowest elevation of machinery and/or equipment servicing the building (Describe in a Comments area)	<u>33.67</u> ft.(m)
<input type="checkbox"/> f) Lowest adjacent (finished) grade (LAG)	<u>30.37</u> ft.(m)
<input type="checkbox"/> g) Highest adjacent (finished) grade (HAG)	<u>30.68</u> ft.(m)
<input type="checkbox"/> h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade	<u>N/A</u>
<input type="checkbox"/> i) Total area of all permanent openings (flood vents) in C3.h	<u>N/A</u> sq. in. (sq. cm)

License Number, Embossed Seal, Signature, and Date

LS0004432  
Susan M. Marley  
10-24-05

## 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 Susan M. Marley LICENSE NUMBER LS0004432

TITLE Professional Land Surveyor COMPANY NAME SCR Surveying & Mapping, Inc.

ADDRESS 1617 Tennessee Avenue, PO Box 958	CITY Lynn Haven	STATE FL	ZIP CODE 32444
SIGNATURE <i>Susan M. Marley</i>	DATE 10-20-05	TELEPHONE 850-265-6979	

FINAL BS 10/24/05