

ELEVATION CERTIFICATE

Important: Read the instructions on pages 1 - 7.

B0501823

OK. Final

SECTION A - PROPERTY OWNER INFORMATION

BUILDING OWNER'S NAME Goodwill Industries	For Insurance Company Use: Policy Number
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. 2826 Thomas Drive	Company NAIC Number
CITY Panama City	STATE Florida
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) Parcel Number 31143-030-000 And 31143-060-000	ZIP CODE 32408
BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use a Comments area, if necessary.)	
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 Bay County 120004	B2. COUNTY NAME Bay	B3. STATE Florida
B4. MAP AND PANEL NUMBER 12005C0319	B5. SUFFIX G	B6. FIRM INDEX DATE September 18, 2002
B7. FIRM PANEL EFFECTIVE/REVISED DATE September 18, 2002	B8. FLOOD ZONE(S) X, AE	B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding) 8

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, 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 **1929** Conversion/Comments _____

Elevation reference mark used **R182** Does the elevation reference mark used appear on the FIRM? Yes No

- a) Top of bottom floor (including basement or enclosure) **9.50** ft(m)
- b) Top of next higher floor **N/A** ft(m)
- c) Bottom of lowest horizontal structural member (V zones only) **N/A** ft(m)
- d) Attached garage (top of slab) **N/A** ft(m)
- e) Lowest elevation of machinery and/or equipment servicing the building (Describe in a Comments area) **Air Condition Unit 8.70** ft(m) (See Comment)
- f) Lowest adjacent (finished) grade (LAG) **8.70** ft(m)
- g) Highest adjacent (finished) grade (HAG) **9.10** 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

Edward W Reid
12/19/05

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
Edward W. Reid

LICENSE NUMBER
4940

TITLE
Professional Surveyor & Mapper

COMPANY NAME
Snelgrove Surveying & Mapping, Inc

ADDRESS
2840 Jefferson St. Suite B

CITY
Marianna

STATE
Florida

ZIP CODE
32448

SIGNATURE
Edward W Reid

DATE
12/7/05

TELEPHONE
(850) 526-3991