

ELEVATION CERTIFICATE

Important: Read the instructions on pages 1-7.

B0501540

SECTION A - PROPERTY OWNER INFORMATION			For Insurance Company Use:	
BUILDING OWNER'S NAME CLIFFORD GAY			Policy Number	
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. 6905 KEIBER CIRCLE			Company NAIC Number	
CITY YOUNGSTOWN	STATE FL	ZIP CODE 32466		
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) S15, T2S, R13W, LOT 20, PANAMA PINES, UNIT #8				
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 BAY COUNTY 120004		B2. COUNTY NAME BAY		B3. STATE FL
B4. MAP AND PANEL NUMBER 12005C0241	B5. SUFFIX G	B6. FIRM INDEX DATE 9-18-02	B7. FIRM PANEL EFFECTIVE/REVISED DATE 9-18-02	B8. FLOOD ZONE(S) A
				B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding) 48'
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 checked="" type="checkbox"/> No Designation Date _____				

SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)	
C1. Building elevations are based on: <input type="checkbox"/> Construction Drawings* <input checked="" 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 <u>1</u> (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 <u>NGVD</u> Conversion/Comments <u>N/A</u>	
Elevation reference mark used <u>RM233-1</u> Does the elevation reference mark used appear on the FIRM? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
o a) Top of bottom floor (including basement or enclosure)	<u>52. 8</u> ft.(m)
o b) Top of next higher floor	<u>N/A.</u> ft.(m)
o c) Bottom of lowest horizontal structural member (V zones only)	<u>N/A.</u> ft.(m)
o d) Attached garage (top of slab)	<u>N/A.</u> ft.(m)
o e) Lowest elevation of machinery and/or equipment servicing the building (Describe in a Comments area)	<u>51. 4</u> ft.(m)
o f) Lowest adjacent (finished) grade (LAG)	<u>49. 7</u> ft.(m)
o g) Highest adjacent (finished) grade (HAG)	<u>50. 8</u> ft.(m)
o h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade <u>0</u>	
o i) Total area of all permanent openings (flood vents) in C3.h <u>0</u> sq. in. (sq. cm)	

License Number, Embossed Seal, Signature, and Date

Claude Walter Cooper
PSM 6181
11-22-05

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 CLAUDE WALTER COOPER		LICENSE NUMBER PSM 6181	
TITLESURVEYOR & MAPPER		COMPANY NAME DRAGON LAND SUEVEYING, INC.	
ADDRESS 5328 CHERRY ST.	CITY PARKER	STATE FL	ZIP CODE 32404
SIGNATURE <i>Claude Walter Cooper</i>	DATE 7-7-05	TELEPHONE (850) 7637997	

Eds. 11/30/05 FINAL