

FEDERAL EMERGENCY MANAGEMENT AGENCY
NATIONAL FLOOD INSURANCE PROGRAM

B0501241
O.M.B. No. 3067-0077
Expires December 31, 2005

ELEVATION CERTIFICATE

Important: Read the instructions on pages 1 - 7.

Job # 47-04-06			SECTION A - PROPERTY OWNER INFORMATION			For Insurance Company Use:		
BUILDING OWNER'S NAME LEDMAN CONSTRUCTION						Policy Number		
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. 115 PARKSHORE DRIVE						Company NAIC Number		
CITY PANAMA CITY BEACH		STATE FL		ZIP CODE 32413				
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) LOT 5, BLOCK L CARILLON BEACH PHASE XXVI								
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 12005C0163		B5. SUFFIX G	B6. FIRM INDEX DATE 9/18/02		B7. FIRM PANEL EFFECTIVE/REVISED DATE 9/18/02		B8. FLOOD ZONE(S) AE		B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding) 8 FEET

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.

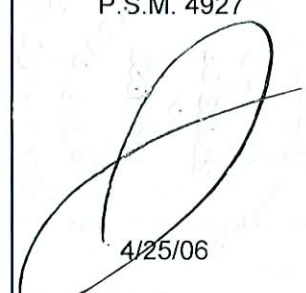
C2. Building Diagram Number 5 (Select the building diagram most similar to the building for which this certificate is being completed - see pages 6 and 7. If no diagram accurately represents the building, provide a sketch or photograph.)

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 1929 Conversion/Comments _____
 Elevation reference mark used F.D.E.P R-3 Does the elevation reference mark used appear on the FIRM? Yes No

o a) Top of bottom floor (including basement or enclosure)	12.05 ft.
o b) Top of next higher floor	22.00 ft.
o c) Bottom of lowest horizontal structural member (V zones only)	N/A
o d) Attached garage (top of slab)	N/A
o e) Lowest elevation of machinery and/or equipment servicing the building (Describe in a Comments area)	10.85 ft.
o f) Lowest adjacent (finished) grade (LAG)	7.5 ft.
o g) Highest adjacent (finished) grade (HAG)	9.2 ft.
o h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade <u>N/A</u>	
o 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

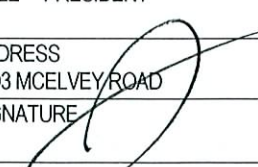
P.S.M. 4927



4/25/06

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	MICHAEL W. MONGOVEN	LICENSE NUMBER	P.S.M. 4927
TITLE	PRESIDENT	COMPANY NAME	BRUNER-MONGOVEN LAND SURVEYING, INC.
ADDRESS	7603 MCELVEY ROAD	CITY	PANAMA CITY BEACH
		STATE	FL
		ZIP CODE	32408
SIGNATURE		DATE	4/25/06
		TELEPHONE	850.235.2293

4/29/06 FINAL