

FILE

FEDERAL EMERGENCY MANAGEMENT AGENCY NATIONAL FLOOD INSURANCE PROGRAM

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

ELEVATION CERTIFICATE

B0401102

Important: Read the instructions on pages 1 - 7.

SECTION A - PROPERTY OWNER INFORMATION

For Insurance Company Use:

Policy Number

Company NAIC Number

BUILDING OWNER'S NAME
PLANTATION BUILDERS

BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO.
117 32nd STREET

CITY
MEXICO BEACH

STATE
FL

ZIP CODE
32410

PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)
LOT 6 UNIT #10 OF MEXICO BEACH - BAY COUNTY, FLORIDA

BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use a Comments area, if necessary.)
RESIDENTIAL

LATITUDE/LONGITUDE (OPTIONAL)
(##°-##'-###.###" or ###.######")

HORIZONTAL DATUM:
 NAD 1927 NAD 1983

SOURCE: GPS (Type): _____
 USGS Quad Map Other: _____

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER
BAY (*Mexico Bch*) 120010

B2. COUNTY NAME
BAY

B3. STATE
FLORIDA

B4. MAP AND PANEL NUMBER
12005C0508

B5. SUFFIX
G

B6. FIRM INDEX DATE
9-18-2002

B7. FIRM PANEL EFFECTIVE/REVISED DATE
9-18-2002

B8. FLOOD ZONE(S)
AE

B9. BASE FLOOD ELEVATION(S)
(Zone AO, use depth of flooding)
8.00

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) 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 BENCHMARK Does the elevation reference mark used appear on the FIRM? Yes No

- o a) Top of bottom floor (including basement or enclosure) 12.87 ft.(m)
- o b) Top of next higher floor N/A ft.(m)
- o c) Bottom of lowest horizontal structural member (V zones only) N/A ft.(m)
- o d) Attached garage (top of slab) 12.44 ft.(m)
- o e) Lowest elevation of machinery and/or equipment servicing the building (Describe in a Comments area) 12.59 ft.(m)
- o f) Lowest adjacent (finished) grade (LAG) 11.40 ft.(m)
- o g) Highest adjacent (finished) grade (HAG) 12.00 ft.(m)
- o h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade 0
- o i) Total area of all permanent openings (flood vents) in C3.h 0 sq. in. (sq. cm)

License Number, Embossed Seal, Signature, and Date

[Signature]
License No. 5959
January 31, 2005

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 WADE G. BROWN

LICENSE NUMBER 5959

TITLE SURVEYOR AND MAPPER

COMPANY NAME EDWIN G. BROWN AND ASSOCIATES INC.

ADDRESS
P.O. BOX 625 - 2813 CRAWFORDVILLE HIGHWAY

CITY
CRAWFORDVILLE

STATE
FL

ZIP CODE
32326

SIGNATURE

DATE
1-31-2005

TELEPHONE
850-926-3016

D.S. 2/4/05 Final