

FEDERAL EMERGENCY MANAGEMENT AGENCY
 NATIONAL FLOOD INSURANCE PROGRAM
ELEVATION CERTIFICATE

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

Important: Read the instructions on pages 1 - 7.

SECTION A - PROPERTY OWNER INFORMATION

BUILDING OWNER'S NAME RAY DEVELOPMENT			For Insurance Company Use: Policy Number		
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. 1914 Frankford Avenue, Building 4, Building 1400			Company NAIC Number		
CITY Panama City	STATE FL	ZIP CODE 32405			
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) Building 4 of Andrews Place Phase II					
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 Panama City, 120012, 12005C		B2. COUNTY NAME Bay		B3. STATE Florida	
B4. MAP AND PANEL NUMBER 12005C0337	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) 18

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 NGVD'29 Conversion/Comments none

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

- a) Top of bottom floor (including basement or enclosure) 26.94 ft.(m)
- b) Top of next higher floor 36.66 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) 26.56 ft.(m)
- f) Lowest adjacent (finished) grade (LAG) 26.05 ft.(m)
- g) Highest adjacent (finished) grade (HAG) 26.57 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

LS0004432
Susan M
12-15-05

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

DATE
12-12-05

TELEPHONE
850-265-6979