

## FEDERAL EMERGENCY MANAGEMENT AGENCY NATIONAL FLOOD INSURANCE PROGRAM

**ELEVATION CERTIFICATE** 

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

M40151	5	Important: Re	ad the instructions	on pages 1 -	7			
Job # 80A02-04							For Insurance Company Use:	
BUILDING OWNER'S NAME WILLIAM CURTIS						Policy Number		
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. 20517 U. S. HIGHWAY 98 A (FRONT BEACH ROAD)						Company NAIC Nur	mber	
CITY PANAMA CITY BEACH					ZIP ( 3241	CODE 3		
PROPERTY DESCRIPTION WESTERLY ONE-HAL	ON (Lot and Block	Numbers, Tax Parcel N	Number, Legal Descript	ion, etc.) JA REACH F		-		
BUILDING USE (e.g., Res								
LATITUDE/LONGITUDE ( ( ##° - ##' - ##.##" or ##.			NTAL DATUM: ' NAD 1983	SC	DURCE: GPS (T		ег	
	S	ECTION B - FLOOD II	NSURANCE RATE M	AP (FIRM) IN	FORMATION			
B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER BAY COUNTY 120004 BAY				ME B3. STATE FL				
B4. MAP AND PANEL NUMBER 12005C0277	B5. SUFFIX G	B6. FIRM INDEX DATE 9/18/02	B7. FIRM PA EFFECTIVE/REVIS 9/18/02	SED DATE	B8. FLOOD ZONE(S)	B9. BASE FLOOD ELEV/ (Zone AO, use depth of the state of		
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								
	THE RESERVE AND ADDRESS OF THE PARTY OF THE	TION C - BUILDING E			AND RESIDENCE OF THE PERSON NAMED IN COLUMN 2 IS NOT THE OWNER, THE PERSON NAMED IN COLUMN 2 IS NOT THE OWNER.	Designation Date		
C1. Building elevations are bas			Building Under Constru		Finished Construction			
			•	DUOII 🔼	IIIISIIEG COISTUCTOII			
*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 I			tic ballaring for without the	ocidioate 6 b	oing completed - see p	ages o and 1. If no diagram		
			BFE), AR, AR/A, AR/AE,	AR/A1-A30. A	R/AH, AR/AO			
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 C3a-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/								
	Service and the first of the fi	the elevation reference m	ark used appear on the F	IRM? ☐ Yes	s 🖂 No			
Elevation reference mark used R-13 T Does the elevation reference mark used app o a) Top of bottom floor (including basement or enclosure)						P.S.M. 4927	<u>'</u>	
o b) Top of next higher flo		01 01101000107	26.20 ft. N/A		sed Seal, ite			
o c) Bottom of lowest horizontal structural member (V zones only)					sed			
o d) Attached garage (top of slab)					Embosse, and Date		1	
o e) Lowest elevation of n	uinment	N/A		and				
servicing the building (Describe in a Comments area)					ber, ure	V 1		
o f) Lowest adjacent (finished) grade (LAG)					um gnat			
o g) Highest adjacent (finished) grade (EAG)					License Number, Signature,	06/21/05		
<ul> <li>o g) Highest adjacent (finished) grade (HAG)</li> <li>o h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade N/A</li> </ul>					8	06/21/05		
o i) Total area of all perma								
- Trotal area of all permit				OLUTEOT O	EDTIFICATION			
<i></i>		CTION D - SURVEYOR	AND THE RESIDENCE OF THE PARTY	A STATE OF THE OWNER,				
This certification is to be si								
I certify that the information						€.		
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 DECORES TO								
TITLE PRESIDENT				NY NAME		N LAND SURVEYING, INC.		
ADDRESS 7603 MCELVEY ROAD	$\wedge$		CITY	A CITY BEACI	STAT H FL	E ZIP CODE 32408		
SIGNATURE /	//,		DATE	OII I DEAUI		PHONE		
/	//		06/21/05			35.2293		
(/	//				A Company (A Company)			