

FEDERAL EMERGENCY MANAGEMENT AGENCY
NATIONAL FLOOD INSURANCE PROGRAM

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

ELEVATION CERTIFICATE

Important: Read the instructions on pages 1 - 7.

SECTION A - PROPERTY OWNER INFORMATION		For Insurance Company Use:	
BUILDING OWNER'S NAME <u>Cristy R. Layle</u>		Policy Number	
BUILDING STREET ADDRESS (including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. <u>2518 Chaucer Circle</u>		Company NAIC Number	
CITY <u>Cedar Grove</u>	STATE <u>FL</u>	ZIP CODE <u>32405</u>	
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) <u>Lot 2518 Chaucer Circle, in Springs Mobile Home Park, APO Section 34, T3S, R14W Bay Co, FL.</u>			
BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use a Comments area, if necessary.) <u>Residential</u>			
LATITUDE/LONGITUDE (OPTIONAL) (##° - ##' - ##.###" or ###.####")		HORIZONTAL DATUM: SOURCE: <input type="checkbox"/> GPS (Type): <input checked="" type="checkbox"/> USGS Quad Map <input type="checkbox"/> Other: _____	
		<input type="checkbox"/> NAD 1927 <input type="checkbox"/> NAD 1983	

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. FIP COMMUNITY NAME & COMMUNITY NUMBER <u>Cedar Grove - 120006</u>		B2. COUNTY NAME <u>Bay</u>		B3. STATE <u>FL</u>	
B4. MAP AND PANEL NUMBER <u>12005C0342</u>	B5. SUFFIX <u>g</u>	B6. FIRM INDEX DATE <u>Sept. 18, 2002</u>	B7. FIRM PANEL EFFECTIVE/REVISED DATE <u>Sept. 18, 2002</u>	B8. FLOOD ZONE(S) <u>A</u>	B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding) <u>33.5 feet</u>
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9. <input type="checkbox"/> FIS Profile <input type="checkbox"/> FIRM <input checked="" type="checkbox"/> Community Determined <input type="checkbox"/> Other (Describe): _____					
B11. Indicate the elevation datum used for the BFE in B9: <input type="checkbox"/> NGVD 1929 <input type="checkbox"/> NAVD 1988 <input checked="" type="checkbox"/> Other (Describe): <u>USGS Quad Map</u>					
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: Construction Drawings* Building Under Construction* Finished Construction
*A new Elevation Certificate will be required when construction of the building is complete.

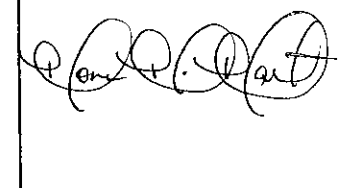
C2. Building Diagram Number 8 (Select the building diagram most similar to the building for which this certificate is being completed - see pages 6 and 7. If no diagram accurately represents the building, provide a sketch or photograph.)

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 N/A Conversion/Comments N/A

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

- o a) Top of bottom floor (including basement or enclosure) 35.52ft(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) N/A ft(m)
- o e) Lowest elevation of machinery and/or equipment servicing the building (Describe in a Comments area) 35.52ft(m)
- o f) Lowest adjacent (finished) grade (LAG) 29.64ft(m)
- o g) Highest adjacent (finished) grade (HAG) 30.98ft(m)
- o h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade N/A
- o i) Total area of all permanent openings (flood vents) in C3.h N/A sq. in. (sq. cm)

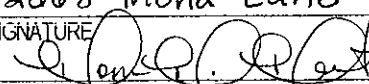
Mona M. Martin
PSM 6111
25 April 2005



License Number, Embossed Seal, Signature, and Date

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 <u>Mona M. Martin</u>		LICENSE NUMBER <u>6111</u>	
TITLE <u>Surveyor & Mapper</u>	COMPANY NAME <u>Martin Surveying</u>		
ADDRESS <u>2668 Mona Lane</u>	CITY <u>Compass Lake</u>	STATE <u>FL</u>	ZIP CODE <u>32420</u>
SIGNATURE 	DATE <u>25 April 2005</u>	TELEPHONE <u>(850) 526-2432</u>	