

ELEVATION CERTIFICATE

Important: Read the instructions on pages 1 - 7.

B0501435

SECTION A - PROPERTY OWNER INFORMATION

For Insurance Company Use

Policy Number

Company NAIC Number

BUILDING OWNER'S NAME

STRUCTURE, LLC

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

2615 HILLOCK BROOK DRIVE

CITY

SPRINGFIELD

STATE

FL

ZIP CODE

32404

PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)

NORTHERLY HALF LOT 1, AVONDALE ESTATES

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

CITY OF SPRINGFIELD 120014

B2. COUNTY NAME

BAY

B3. STATE

FL

B4. MAP AND PANEL NUMBER

12005C0353

B5. SUFFIX

G

B6. FIRM INDEX DATE

09/18/02

B7. FIRM PANEL EFFECTIVE/REVISED DATE

09/18/02

B8. FLOOD ZONE(S)

AE

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

33.12

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 *NAVD 1929* Conversion/Comments

Elevation reference mark used *D.O.J.* Does the elevation reference mark used appear on the FIRM? Yes No

- a) Top of bottom floor (including basement or enclosure) *36.0* ft.(m)
- b) Top of next higher floor *N/A* 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.) *35.6* ft.(m)
- f) Lowest adjacent (finished) grade (LAG) *34.8* ft.(m)
- g) Highest adjacent (finished) grade (HAG) *35.3* ft.(m)
- h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade *0*
- 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

#5521
[Signature]
10/10/05

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

ROGER BLAIN ANGLIN

LICENSE NUMBER

5521

TITLE

LAND SURVEYOR

COMPANY NAME

ANGLIN LAND SURVEYING

ADDRESS

1201 SAVANNAH DRIVE

CITY

PANAMA CITY

STATE

FL

ZIP CODE

32405

SIGNATURE

[Signature]

DATE

10/10/05

TELEPHONE

(850) 271-4055

BOS 10/11/05 FINAL