

ELEVATION CERTIFICATE

PR 50502318

Important: Read the instructions on pages 1 - 7.

SECTION A - PROPERTY OWNER INFORMATION			For Insurance Company Use:
BUILDING OWNER'S NAME JOHN A. MALIN		Policy Number	
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. 309 CAROLYN AVENUE		Company NAIC Number	
CITY PANAMA CITY BEACH	STATE FL	ZIP CODE 32407	
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) BAY COUNTY TAX PARCEL NUMBER 27502-000-000			
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 BAY COUNTY 120004		B2. COUNTY NAME BAY		B3. STATE FL	
B4. MAP AND PANEL NUMBER 1200004 0310	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) 7

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 1929 Conversion/Comments _____

Elevation reference mark used RM 1 Does the elevation reference mark used appear on the FIRM? Yes No

- o a) Top of bottom floor (including basement or enclosure) 8. 28 ft.(m)
- o b) Top of next higher floor ft.(m)
- o c) Bottom of lowest horizontal structural member (V zones only) ft.(m)
- o d) Attached garage (top of slab) 7. 64 ft.(m)
- o e) Lowest elevation of machinery and/or equipment servicing the building (Describe in a Comments area) 7. 8 ft.(m)
- o f) Lowest adjacent (finished) grade (LAG) 7. 6 ft.(m)
- o g) Highest adjacent (finished) grade (HAG) 8. 0 ft.(m)
- o h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade _____
- o i) Total area of all permanent openings (flood vents) in C3.h _____ sq. in. (sq. cm)

**will have to lift sign up. 21 inches done - Don.*

FLORIDA
PSM # 5264
Anthony R. Lewis
9/19/05

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 ANTHONY R. LEWIS	LICENSE NUMBER FL PSM # 5264		
TITLE OWNER	COMPANY NAME ANTHONY R. LEWIS, PSM		
ADDRESS 2744 OAK HAMMOCK DRIVE	CITY PANAMA CITY	STATE FL	ZIP CODE 32401
SIGNATURE <i>Anthony R. Lewis</i>	DATE 9/19/2005	TELEPHONE 850-596-3367	