

# ELEVATION CERTIFICATE

Important: Read the instructions on pages 1 - 7.

<b>SECTION A - PROPERTY OWNER INFORMATION</b>			For Insurance Company Use:
BUILDING OWNER'S NAME Todd and Stacey D. Doucett		Policy Number	
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. 415 Bayshore Drive		Company NAIC Number	
CITY Panama City Beach	STATE FL	ZIP CODE 32407	
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) Parcel ID Number: 27486-000-000			
BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use a Comments area, if necessary.) Residential			
LATITUDE/LONGITUDE (OPTIONAL) (##° - ##' - ###.###" or ###.####") N/A	HORIZONTAL DATUM: <input checked="" type="checkbox"/> NAD 1927 <input type="checkbox"/> NAD 1983	SOURCE: <input type="checkbox"/> GPS (Type): N/A <input type="checkbox"/> USGS Quad Map <input type="checkbox"/> Other: _____	

**IN COUNTY**

<b>B1. NFIP COMMUNITY NAME &amp; COMMUNITY NUMBER</b> Panama City Beach 120004		<b>B2. COUNTY NAME</b> Bay	<b>B3. STATE</b> FL
<b>B4. MAP AND PANEL NUMBER</b> 12005C0310	<b>B5. SUFFIX</b> G	<b>B6. FIRM INDEX DATE</b> 9/18/02	<b>B7. FIRM PANEL EFFECTIVE/REVISED DATE</b> 9/18/02
<b>B8. FLOOD ZONE(S)</b> AE		<b>B9. BASE FLOOD ELEVATION(S)</b> (Zone AO, use depth of flooding) 7.00	

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 Conversion/Comments See Sheet 2 For Bench Mark Information

Elevation reference mark used 11.857 Does the elevation reference mark used appear on the FIRM?     Yes     No

- o a) Top of bottom floor (including basement or enclosure)    7.71 ft. (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)    7.1 ft. (m)
- o f) Lowest adjacent (finished) grade (LAG)    5.96 ft. (m)
- o g) Highest adjacent (finished) grade (HAG)    6.97 ft. (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)


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 Henry C. Ritchie, II.    LICENSE NUMBER P.S.M. No. 5288

TITLE Owner/President	COMPANY NAME Ritchie-Jenkins and Associates		
ADDRESS 949 Jenks Avenue Suite 5	CITY Panama City	STATE FL	ZIP CODE 32401
SIGNATURE 	DATE 01/28/05	TELEPHONE (850)914-2774	<u>A.S.</u>