

FEDERAL EMERGENCY MANAGEMENT AGENCY  
NATIONAL FLOOD INSURANCE PROGRAM

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

**ELEVATION CERTIFICATE**

4MH0500234

Important: Read the instructions on pages 1 - 7.

<b>SECTION A - PROPERTY OWNER INFORMATION</b>			For Insurance Company Use:
BUILDING OWNER'S NAME ERIK SCHOMBERG		Policy Number	
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. 5914 WEDGEWOOD CIRCLE		Company NAIC Number	
CITY FOUNTAIN	STATE FLORIDA	ZIP CODE 32466	
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) LOT 10, BLOCK "B", KEY DEVELOPMENT ESTATES			
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 COUNTY	B3. STATE FLORIDA
B4. MAP AND PANEL NUMBER 12005C0233	B5. SUFFIX G	B6. FIRM INDEX DATE September 18, 2002	B7. FIRM PANEL EFFECTIVE/REVISED DATE September 18, 2002
		B8. FLOOD ZONE(S) "A"	B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding) EL= 26.5 FEET

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 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 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

Elevation reference mark used BAY 1028 Does the elevation reference mark used appear on the FIRM?  Yes  No


o a) Top of bottom floor (including basement or enclosure)	<u>30.34 ft.</u>
o b) Top of next higher floor	<u>N/A</u>
o c) Bottom of lowest horizontal structural member (V zones only)	<u>N/A</u>
o d) Attached garage (top of slab)	<u>N/A</u>
o e) Lowest elevation of machinery and/or equipment servicing the building (Describe in a Comments area)	<u>A/C PAD 29.86 ft.</u>
o f) Lowest adjacent (finished) grade (LAG)	<u>25.82 ft</u>
o g) Highest adjacent (finished) grade (HAG)	<u>26.22 ft.</u>
o h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade	<u>N/A</u>
o i) Total area of all permanent openings (flood vents) in C3.h	<u>N/A sq. in. (sq. cm)</u>

License Number, Embossed Seal, Signature, and Date

FLA. CERT. 15 4440  
  
 05/05/2005

**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 R. MARK NOLES, P.L.S	LICENSE NUMBER FLORIDA CERTIFICATE NO. LS 4440		
TITLE ASSISTANT SURVEY MANAGER	COMPANY NAME PREBLE-RISH, INC.		
ADDRESS 470 HARRISON AVENUE	CITY PANAMA CITY,	STATE FLORIDA	ZIP CODE 32401
SIGNATURE 	DATE MAY 05, 2005	TELEPHONE (850) 522-0644	

mobile home

OK D.S. 5/5/05