

Important: Read the instructions on pages 1-8.

BO7-1357

Job # 41-10-07	SECTION A - PROPERTY INFORMATION		For Insurance Company Use:
A1. Building Owner's Name JOHN SPILLERS			Policy Number
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 204 DUNECREST LANE			Company NAIC Number
City PANAMA CITY BEACH State FL ZIP Code 32413			
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) LOT 15 BLOCK "I" CARILLON BEACH PHASE II			
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) RESIDENTIAL			
A5. Latitude/Longitude: Lat. 30°15'53.46" N Long. 85°58'50.1" W		Horizontal Datum: <input checked="" type="checkbox"/> NAD 1927 <input type="checkbox"/> NAD 1983	
A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insurance.			
A7. Building Diagram Number 6			
A8. For a building with a crawl space or enclosure(s), provide		A9. For a building with an attached garage, provide:	
a) Square footage of crawl space or enclosure(s)	1360 Sq Ft	a) Square footage of attached garage	N/A
b) No. of permanent flood openings in the crawl space or enclosure(s) walls within 1.0 foot above adjacent grade	11	b) No. of permanent flood openings in the attached garage walls within 1.0 foot above adjacent grade	N/A
c) Total net area of flood openings in A8.b	1389 Sq in	c) Total net area of flood openings in A9.b	N/A sq in

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/Panel Number 12005C0163	B5. Suffix G	B6. FIRM Index Date 9/18/02	B7. FIRM Panel Effective/Revised Date 9/18/02	B8. Flood Zone(s) AE	B9. Base Flood Elevation(s) (Zone AO, use base flood depth) 9 FEET

- B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9.
 FIS Profile FIRM Community Determined Other (Describe) _____
- B11. Indicate elevation datum used for BFE in Item 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 CBRS OPA

SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)

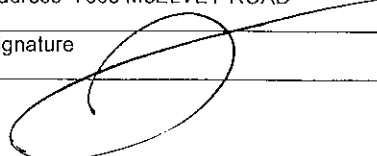
- C1. Building elevations are based on: Construction Drawings* Building Under Construction* Finished Construction
 *A new Elevation Certificate will be required when construction of the building is complete.
- C2. Elevations - Zones A1-A30, AE, AH, A (with BFE), VE, V1-V30, V (with BFE), AR, AR/A, AR/AE, AR/A1-A30, AR/AH, AR/AO. Complete Items C2 a-g below according to the building diagram specified in Item A7.
 Benchmark Utilized DEP R-3 Vertical Datum 1929
 Conversion/Comments _____
- a) Top of bottom floor (including basement, crawl space, or enclosure floor) 9.60 Feet
 b) Top of the next higher floor 12.90 Feet
 c) Bottom of the lowest horizontal structural member (V Zones only) N/A
 d) Attached garage (top of slab) N/A
 e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment in Comments) 10.50 Feet
 f) Lowest adjacent (finished) grade (LAG) 9.20 Feet
 g) Highest adjacent (finished) grade (HAG) 9.30 Feet

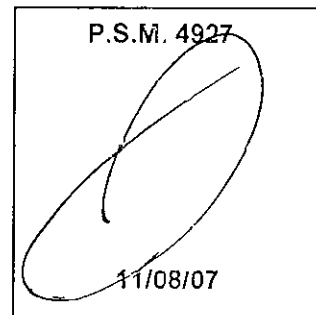
Handwritten: 11/28/07
FINAL

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 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.

Check here if comments are provided on back of form.

Certifier's Name MICHAEL W. MONGOVEN	License Number 4927
Title PRESIDENT	Company Name BRUNER-MONGOVEN LAND SURVEYING, INC.
Address 7603 McELVEY ROAD	City PANAMA CITY BEACH State FL ZIP Code 32408
Signature 	Date 11/08/07 Telephone 850.235.2293



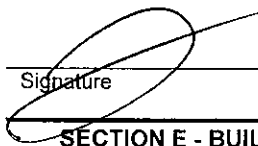
IMPORTANT: In these spaces, copy the corresponding information from Section A.			For Insurance Company Use:
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 110 CARILLON AVENUE			Policy Number
City PANAMA CITY BEACH	State FL	ZIP Code 32413	Company NAIC Number

SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION (CONTINUED)

Copy both sides of this Elevation Certificate for (1) community official, (2) insurance agent/company, and (3) building owner.

Comments:

- C2. a). ENCLOSURE FLOOR IS GROUND (DIRT).
- C2. b). AIR CONDITIONER COMPRESSOR THAT SERVICES RESIDENCE.

Signature 

Date 11/08/07

Check here if attachments

SECTION E - BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO AND ZONE A (WITHOUT BFE)

For Zones AO and A (without BFE), complete Items E1-E5. If the Certificate is intended to support a LOMA or LOMR-F request, complete Sections A, B, and C. For Items E1-E4, use natural grade, if available. Check the measurement used. In Puerto Rico only, enter meters.

- E1. Provide elevation information for the following and check the appropriate boxes to show whether the elevation is above or below the highest adjacent grade (HAG) and the lowest adjacent grade (LAG).
 - a) Top of bottom floor (including basement, crawl space, or enclosure) is _____ feet meters above or below the HAG.
 - b) Top of bottom floor (including basement, crawl space, or enclosure) is _____ feet meters above or below the LAG.
- E2. For Building Diagrams 6-8 with permanent flood openings provided in Section A Items 8 and/or 9 (see page 8 of Instructions), the next higher floor (elevation C2.b in the diagrams) of the building is _____ feet meters above or below the HAG.
- E3. Attached garage (top of slab) is _____ feet meters above or below the HAG.
- E4. Top of platform of machinery and/or equipment servicing the building is _____ feet meters above or below the HAG.
- E5. Zone AO only: If no flood depth number is available, is the top of the bottom floor elevated in accordance with the community's floodplain management ordinance? Yes No Unknown. The local official must certify this information in Section G.

SECTION F - PROPERTY OWNER (OR OWNER'S REPRESENTATIVE) CERTIFICATION

The property owner or owner's authorized representative who completes Sections A, B, and E for Zone A (without a FEMA-issued or community-issued BFE) or Zone AO must sign here. *The statements in Sections A, B, and E are correct to the best of my knowledge.*

Property Owner's or Owner's Authorized Representative's Name _____

Address _____	City _____	State _____	ZIP Code _____
Signature _____	Date _____	Telephone _____	
Comments _____			

Check here if attachments

SECTION G - COMMUNITY INFORMATION (OPTIONAL)

The local official who is authorized by law or ordinance to administer the community's floodplain management ordinance can complete Sections A, B, C (or E), and G of this Elevation Certificate. Complete the applicable item(s) and sign below. Check the measurement used in Items G8. and G9.

- G1. The information in Section C was taken from other documentation that has been signed and sealed by a licensed surveyor, engineer, or architect who is authorized by law to certify elevation information. (Indicate the source and date of the elevation data in the Comments area below.)
- G2. A community official completed Section E for a building located in Zone A (without a FEMA-issued or community-issued BFE) or Zone AO.
- G3. The following information (Items G4.-G9.) is provided for community floodplain management purposes.

G4. Permit Number _____	G5. Date Permit Issued _____	G6. Date Certificate Of Compliance/Occupancy Issued _____
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- G7. This permit has been issued for: New Construction Substantial Improvement
- G8. Elevation of as-built lowest floor (including basement) of the building: _____ feet meters (PR) Datum _____
- G9. BFE or (in Zone AO) depth of flooding at the building site: _____ feet meters (PR) Datum _____

Local Official's Name _____	Title _____
Community Name _____	Telephone _____
Signature _____	Date _____
Comments _____	

Check here if attachments