U.S. DEPARTMENT OF HOMELAND SECURITY Federal Emergency Management Agency

National Flood Insurance Program

ELEVATION CERTIFICATE

OMB No. 1660-0008

Expires February 28, 2009

Important: Read the instructions on pages 1-8. BUS-3410

	· · · · · · · · · · · · · · · · · · ·	SEC	TION A - PROPE	RTY INFORMA	TION	For Insurance Company Use:		
A1.	Building Owner's Name Ca	arter and Vicki Middlemas				Policy/Number		
Ä2.	Building Street Address (inclu 204 S. Harris Avenue	uding Apt., Unit, Suite, and/or	Bldg. No.) or P.O. I	Route and Box No.		Company NAIC Number		
	City Panama City		State FL	·	ZIP Cod	e 32401		
A3.	Property Description (Lot and	Block Numbers, Tax Parcel	Number, Legal Des	cription, etc.) Tax	Parcel Number: 2	5674-013-000		
A4.	Building Use (e.g., Residentia	al, Non-Residential, Addition,	Accessory, etc.) _R	esidential				
	5. Latitude/Longitude: Lat. 30d08'40.418" Long. 85d38'39.348" Horizontal Datum: ☐NAD 1927 ☑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_1 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 sb) No. of permanent flood or	space or enclosure(s) penings in the crawl space or 1.0 foot above adjacent grade	N/A sq ft	a) Squa b) No. o walls	are footage of attac of permanent flood within 1.0 foot abo			
		SECTION B - FLOOD	INSURANCE RA	TE MAP (FIRM	INFORMATION			
B1.	NFIP Community Name & Color City of Panama City 12001		B2. County Name Bay Inde	pendent City		83. State FL		
В4		Suffix B6. FIRM Index 3 Date 9-18-02		RM Panel Levised Date 02	B8. Flood Zone(s) AE	B9. Base Flood Elevation(s) (Zone AO, use base flood depth) 8		
10.	Indicate the source of the Ba				39.			
	☐FIS Profile ☐FI	- · _		Other (Describe) _ NAVD 1988 [Other (Describe)			
	Indicate elevation datum use is the building located in a Co			_	_ , ,	☐Yes ⊠No		
	Designation Date			□OPA				
		SECTION C - BUILDING	ELEVATION INF	ORMATION (SU	JRVEY REQUIR	ED)		
71.	Building elevations are based	on: Construction Dra	awings*	Building Under C		☑Finished Construction		
	'A new Elevation Certificate wi	Il be required when construct	ion of the building is			LAB/AO. Complete Herry CO		
	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 PC Harbo							
	Conversion/Comments							
		,			neck the measuren			
		ding basement, crawl space,	or enclosure floor)	-	et 🔲 meters (Pu			
	Top of the next higher floor				et meters (Pu	* *		
	 Bottom of the lowest horized Attached garage (top of section) 	zontal structural member (V Z	ones only)		eet 🔲 meters (Pu eet 🔲 meters (Pu			
	e) Lowest elevation of mach	inery or equipment servicing	the building		et meters (Pu	**		
	(Describe type of equipm					and Plan into		
	 Lowest adjacent (finished Highest adjacent (finished 				eet 🔲 meters (Pu eet 🔲 meters (Pu			
,	y/ Trighest adjacent (illianet							
This	s certification is to be signed a	SECTION D - SURVEYO						
info	mation. I certify that the information and that any false statem	mation on this Certificate repr	esents my best effo	rts to interpret the	data available.			
	☑Check here if comments ar	e provided on back of form.	<u></u>			PLACE LICENSE		
	tifier's Name da Marie Riggins			cense Number 934		SIGNATURE, AND		
Title)	Company Name				DATE HERE		
	of. Surveyor and Mapper Iress	A, T, Survey, Inc. City	State	710	Code	- 11-6-0G		
240	1 Frankford Avenue	Panama City	FL	324		drech Morie Aggins		
Sign	nature Aknie	11600 Date		Telephone (850) 763-6471		LS 5934 11-6-06		

FEMA form 81-31, February 2006

See Reverse side for continuation



AIT. In these engage convitte corresponding intuities	tion from Section A.	For Insurance Company Use:
NT: In these spaces, copy the corresponding informative street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O.	Route and Box No.	Policy Number
,. Harris Avenue	ZIP Code	Company NAIS Number
State Anama City FL	32401	
SECTION D - SURVEYOR, ENGINEER, OF	R ARCHITECT CERTIFICATI	ON (CONTINUED)
opy both sides of this Elevation Certificate for (1) community official, (2) ins	urance agent/company, and (3) b	uilding owner.
omments The air conditioner unit on the south side of the building is at ele	evation 10.26 feet.	
ne two air conditioner units on the north side of the building are at elevation		
	Date	
ignature of Marie Mignes 11-606		Check here if attachments Check here if attachments AND ZONE A (WITHOUT BFE)
SECTION E - BUILDING ELEVATION INFORMATION (OUTVI	Y NOT REQUIRED) FOR ZO	THE AC AND ZONE MOTOR
For Zones AO and A (without BFE), complete Items E1-E5. If the Certification of C. For Items E1-E4, use natural grade, if available. Check the measures. Provide elevation information for the following and check the appropriate of the levant grade (LAG).	e is intended to support a LOMA	or LOMR-F request, complete Sections A, B,
grade (HAG) and the lowest adjacent grade (LAG). a) Top of bottom floor (including basement, crawl space, or enclosure b) Top of bottom floor (including basement, crawl space, or enclosure construction). For Building Diagrams 6-8 with permanent flood openings provided in the construction.) is feet	meters
(elevation C2.b) if the diagrams) of the building is	range - Collection + the UΛ/	2
3. Attached garage (top of slab) is Lifet Lifeters		neters above or below the HAG.
 Top of platform of machinery and/or equipment servicing the building Zone AO only: If no flood depth number is available, is the top of the ordinance? Yes No Unknown. The local official m 		
• • • • • • • • • • • • • • • • • • •		
SECTION F - PROPERTY OWNER (OR C	OWNER'S REPRESENTATIVE	without a FEMA-issued or community-issued BFE
SECTION F - PROPERTY OWNER (ON C The property owner or owner's authorized representative who completes S or Zone AO must sign here. The statements in Sections A, B, and E are co	priect to the best of my knowledg	e
Property Owner's or Owner's Authorized Representative's Name		State ZIP Code
Address	City	State ZIP Code
Newshire	Date	Telephone
Signature		
Comments		
		☐ Check here if attachn
	ITY INFORMATION (OPTIO	
SECTION G - COMMUN he local official who is authorized by law or ordinance to administer the con nd G of this Elevation Certificate. Complete the applicable item(s) and sig	mmunity's floodplain management of below. Check the measurement	nt used in Items G8. and G9.
1. The information in Section C was taken from other documentation	course and date of the elevation	data in the Comments area below.)
	ι Ζορο Δ (without a FEMA-ISSUE)	TOL COllinging losses =
	its floodolain management DUID	oses.
 A community official completed Section E for a building located in The following information (Items G4G9.) is provided for community. 	alth tiooobigin management back	
A community official completed Section E for a building located in The following information (Items G4G9.) is provided for communication (Items G4Bermit Number G5. Date Permit Issued	G6. Date Certil	oses. icate Of Compliance/Occupancy Issued
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A community official completed Section E for a building located in the following information (Items G4G9.) is provided for community. G4. Permit Number G5. Date Permit Issued G7. This permit has been issued for: New Construction G8. Elevation of as-built lowest floor (including basement) of the building:	G6. Date Certif	icate Of Compliance/Occupancy Issued
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