

ELEVATION CERTIFICATE

Important: Read the instructions on pages 1 - 7.

SECTION A - PROPERTY OWNER INFORMATION			For Insurance Company Use	
BUILDING OWNER'S NAME TERRY KIRKLAND			Policy Number	
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. 3322 NAUTICAL DRIVE			Company NAIC Number	
CITY SOUTHPORT	STATE FL	ZIP CODE 32409		
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) LOT 65, KIRKLAND MANOR SUBDIVISION				
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. FIP COMMUNITY NAME & COMMUNITY NUMBER BAY COUNTY 120004		B2. COUNTY NAME BAY		B3. STATE FL	
B4. MAP AND PANEL NUMBER 120004 0240	B5. SUFFIX G	B6. FIRM INDEX DATE 9-18-2002	B7. FIRM PANEL EFFECTIVE/REVISED DATE 9-18-2002	B8. FLOOD ZONE(S) A	B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding) 20.5'
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9. <input type="checkbox"/> FIS Profile <input type="checkbox"/> FIRM <input checked="" type="checkbox"/> Community Determined <input type="checkbox"/> Other (Describe): _____					
B11. Indicate the elevation datum used for the BFE in B9: <input checked="" type="checkbox"/> NGVD 1929 <input type="checkbox"/> NAVD 1988 <input type="checkbox"/> Other (Describe): _____					
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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, ARIA, ARIA/E, ARIA/A1-A30, ARIA/H, ARIA/O
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 1929 NGVD Conversion/Comments _____

Elevation reference mark used 46-99-E01V Does the elevation reference mark used appear on the FIRM? Yes No

<input type="checkbox"/> a) Top of bottom floor (including basement or enclosure)	22. 11 ft.(m)
<input type="checkbox"/> b) Top of next higher floor	NA. ft.(m)
<input type="checkbox"/> c) Bottom of lowest horizontal structural member (V zones only)	NA. ft.(m)
<input type="checkbox"/> d) Attached garage (top of slab)	21. 68 ft.(m)
<input type="checkbox"/> e) Lowest elevation of machinery and/or equipment servicing the building (Describe in a Comments area)	21. 86 ft.(m)
<input type="checkbox"/> f) Lowest adjacent (finished) grade (LAG)	21. 3 ft.(m)
<input type="checkbox"/> g) Highest adjacent (finished) grade (HAG)	21. 6 ft.(m)
<input type="checkbox"/> h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade <u>NA</u>	
<input type="checkbox"/> i) Total area of all permanent openings (flood vents) in C3.h <u>NA</u> sq. in. (sq. cm)	

L.S. 4126

Paul N. Weeks

4-28-2006

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 PAUL N. WEEKS		LICENSE NUMBER 4126	
TITLE REGISTERED LAND SURVEYOR	COMPANY NAME		
ADDRESS 12921 OTTER CREEK BRIDGE ROAD	CITY EBRO	STATE FL	ZIP CODE 32437
SIGNATURE <i>Paul N. Weeks</i>	DATE 4-28-2006	TELEPHONE (850) 233-1828	