U.S. DEPARTMENT OF HOMELAND SECURITY

ELEVATION CERTIFICATE

OMB No. 1660-0008

Exoires February 28, 2009 Federal Emergency Management Agency Important: Read the instructions on pages 1-8. National Flood Insurance Program SECTION A - PROPERTY INFORMATION For Insurance Company Use: Policy Number A1. Building Owner's Name COASTAL WALK PARTNERS A2. Building Street Address (including Apt., Unit, Suite, and/or Bidg. No.) or P.O. Route and Box No. Company NAIC Number 334 MADISON CIRCLE City PANAMA CITY BEACH State FL ZIP Code 32407 A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) LOT 18, HARRISON'S WALK, BAY COUNTY, FLORIDA (PLAT BOOK 22, PAGES 77, 78 AND 79) A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) RESIDENTIAL Horizontal Datum: ☐ NAD 1927 ☒ NAD 1983 A5. Latitude/Longitude: Lat. 30°11'52.94" N Long. 85°49'28.9" W A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insurance. A7. Building Diagram Number 1 A9. For a building with an attached garage, provide: A8. For a building with a crawl space or enclosure(s), provide a) Square footage of crawl space or enclosure(s) N/A so ft a) Square footage of attached garage b) No. of permanent flood openings in the crawl space or b) No. of permanent flood openings in the attached garage walls within 1.0 foot above adjacent grade N/A enclosure(s) walls within 1.0 foot above adjacent grade N/A Total net area of flood openings in A9.b N/A sq in Total net area of flood openings in A8.b N/A sq in SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION B3. State B1. NFIP Community Name & Community Number B2. County Name **FLORIDA** BAY COUNTY 120004 BAY B7. FIRM Panel B8. Flood B9. Base Flood Elevation(s) (Zone B4. Map/Panel Number B5. Suffix B6. FIRM index AO, use base flood depth) Effective/Revised Date Zone(s) Date 17.0' 12005C0304 G 09-18-02 09-18-02 810. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9. ☑ Other (Describe) CIVIL ENGINEER'S DRAWING FIS Profile ☐ FIRM Community Determined ■ NAVD 1988 B11. Indicate elevation datum used for BFE in Item 89: ☑ NGVD 1929 Other (Describe) B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? ⊠No Designation Date ☐ CBRS □ OPA SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED) C1. Building elevations are based on: ☐ Construction Drawings* ☐ Building Under 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 46-76-A05 Vertical Datum NGVD 1929 Conversion/Comments N/A Check the measurement used. 20.46 Top of bottom floor (including basement, crawl space, or enclosure floor) 31.98 Top of the next higher floor b) ☐ feet ☐ meters (Puerto Rico only) N/A. c) Bottom of the lowest horizontal structural member (V Zones only) ☐ feet ☐ meters (Puerto Rico only) N/A. Attached garage (top of slab) d) Lowest elevation of machinery or equipment servicing the building <u>19.12</u> (Describe type of equipment in Comments) f) Lowest adjacent (finished) grade (LAG) 18.72 Highest adjacent (finished) grade (HAG) <u>19.01</u> 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. Lunderstand 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 ROBIN O. WHITLEY License Number L.S.#4687 L.B.#7090 Company Name ROBIN O. WHITLEY SURVEYING, INC. Title SURVEYOR Address 15761 U.S. HWY, 331 SOUTH, SUITE BCity FREEPORT State FL ZIP Code 32459 Telephone 850-835-0001 Date 05-23-07