CWSI JOB NUMBER: 0/23-0293 OMB No. 1660-0008 ELEVATION CERTIFICATE U.S. DEPARTMENT OF HOMELAND SECURITY Expires February 28, 2009 Federal Emergency Management Agency Important: Read the instructions on pages 1-8. National Flood Insurance Program For Insurance Company Use: SECTION A - PROPERTY INFORMATION Policy Number A1. Building Owner's Name HERITAGE BIBLE CHURCH Company NAIC Number A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 3380 STATÉ AVENUE State FL ZIP Code 32405 City PANAMA CITY A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) PID#11740-000-010 A PARCEL IN LOTS 84893, SAB DEV CO, 20-3S-14W A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) NON-RESIDENTIAL Horizontal Datum: ☐ NAD 1927 ☒ NAD 1983 A5. Latitude/Longitude: Lat. 30°12'31.4" N Long. 85°39' 54.9" 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 attached garage sq ft a) Square footage of crawl space or enclosure(s) sq ft b) No. of permanent flood openings in the attached garage b) No. of permanent flood openings in the crawl space or walls within 1.0 foot above adjacent grade 0 enclosure(s) walls within 1.0 foot above adjacent grade Total net area of flood openings in A9.b 0 sq in 0 sq in Total net area of flood openings in A8.b SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION **B2.** County Name B3. State B1. NFIP Community Name & Community Number Florida Bay 120004 **BAY COUNTY** B9 Base Flood Elevation(s) (Zone B8. Flood B5. Suffix B6, FIRM Index B7. FIRM Panel B4. Map/Panel Number Zone(s) AO, use base flood depth) Effective/Revised Date Date 24.0 09/18/02 Α G 09/18/02 12005C 0335 B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9. ☐ Other (Describe) FIS Profile Other (Describe) □ NAVD 1988 ☑ NGVD 1929 B11. Indicate elevation datum used for BFE in Item B9: ⊠No B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? □Yes ☐ CBRS □ OPA Designation Date SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED) ☐ Building Under Construction* ☐ Construction Drawings* C1. Building elevations are based on: *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 335-1 Vertical Datum NGVD 1929 Conversion/Comments ___ Check the measurement used. 25.58 Top of bottom floor (including basement, crawl space, or enclosure floor)_ ☐ feet ☐ meters (Puerto Rico only) Top of the next higher floor ☐ feet ☐ meters (Puerto Rico only) Bottom of the lowest horizontal structural member (V Zones only) c) ☐ feet ☐ meters (Puerto Rico only) <u>N/A</u>._ Attached garage (top of slab) d) **25,39 Lowest elevation of machinery or equipment servicing the building ⊶e) (Describe type of equipment in Comments) 24.8 Lowest adjacent (finished) grade (LAG) f) 25.4 Highest adjacent (finished) grade (HAG) g) 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 Hulon E. Walsingham

License Number 3257

Title Registered Land Surveyor

Company Name County Wide Surveying

Address 958 Jenks Avenue

City Panama City

State FL ZIP Code 32401

Signature

€ Date 06-22-07

Telephone 850-769-0345

N.8. 6/28/07



CWSI JC3B NUMBER: 0723-029 IMPORTANT: In these spaces, Regiding Street Address (including Appl	A disa information from Section A	
Zuilding Street Address (including Ant	copy the corresponding information from Section A	For Insurance Company Use:
Building Street Address (Including Apr 3388 STATE AVENUE	t., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.	Policy Number
City PANAMA CITY State FL ZIP C	ode 32405	Company NAIC Number
SECTION	N D - SURVEYOR, ENGINEER, OR ARCHITECT CERT	rification (continued)
copy both sides of this Elevation Cert	tificate for (1) community official, (2) insurance agent/company,	and (3) building owner.
omments C3. e) Lowest elevation of machine	ry and/or equipment servicing the building is the Air Conditione	r Pad at 25.39 feet.
112	Date 06-22-07	
signature Wald		
SECTION E - BUILDING ELE	VATION INFORMATION (SURVEY NOT REQUIRED)	FOR ZONE AO AND ZONE A (WITHOUT BEE)
and C. For Items E1-E4, use natural E1. Provide elevation information for grade (HAG) and the lowest adjusted a) Top of bottom floor (including b) Top of bottom floor (including E2. For Building Diagrams 6-8 with (elevation C2.b in the diagrams E3. Attached garage (top of slab) is E4. Top of platform of machinery and the state of the state o	g basement, crawl space, or enclosure) isg basement, crawl space, or enclosure) is germanent flood openings provided in Section A Items 8 and/of the building is feet meters about the building is feet meters about the feet about the feet meters about the feet ab	feet meters above or below the highest adjacent feet meters above or below the HAG. feet meters above or below the LAG. or 9 (see page 8 of Instructions), the next higher floor ove or below the HAG. with the HAG. above or below the HAG. accordance with the community's floodplain management.
SECTIO	N F - PROPERTY OWNER (OR OWNER'S REPRESEI	NTATIVE) CERTIFICATION
The property owner or owner's author	rized representative who completes Sections A, B, and E for Zo	one A (without a FEMA-issued or community-issued BFE)
or Zone AO must sign here. The stat	tements in Sections A, B, and E are correct to the best of my ki	nowledge.
Property Owner's or Owner's Authoriz	zed Representative's Name	
		Chata ZID Code
Address	City	State ZIP Code
	City Date	State ZIP Code Telephone
Signature		
Signature		Telephone
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