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

ELÉVATION CERTIFICATE

OME No. 1660-0008 Expires February 28, 2009

National Flood Insurance Pr	ogram	Important:	Read the instruc	ctions on pa	ages 1-8.	*			
Job # 03-05-07	SECTI	SECTION A - PROPERTY INFORMATION			For Insurance Company Use:				
A1. Building Owner's Name MIKE & MARY MEINTS						Policy Number			
A2. Building Street Addres 7337 MARY JO AVEN		Unit, Suite, and/or Bl	dg. No.) or P.O. Rou	ite and Box No	0.	Company NAIC Number			
City PANAMA CITY	State FL ZI	Code 32409							
A3. Property Description (LOT 2 NORTHWOOD			mber, Legal Descrip	tion, etc.)					
 A4. Building Use (e.g., Re A5. Latitude/Longitude: La A6. Attach at least 2 photo A7. Building Diagram Num A8. For a building with a c a) Square footage of b) No. of permanent enclosure(s) walls c) Total net area of file 	it. 30°17'6.9" Nographs of the buber 1 rawl space or encorawl space or encorawl space or effood openings in within 1.0 foot at	Long. 85°37'56.2" Wilding if the Certificate closure(s), provide nclosure(s) the crawl space or cove adjacent grade		ain flood insur A9. For a b a) Squ b) No. wal	ouilding with an attac uare footage of attac	ched garage, provide: ched garage <u>415</u> sq ft openings in the attached garage ove adjacent grade <u>N / A</u>			
SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION									
B1. NFIP Community Name BAY COUN		umber E	2. COUNTY NAME BAY			B3. State FL			
B4. Map/Panel Number 12005C0220	B5. Suffix G	86. FIRM Index Date 9/18/02	B7. FIRM Effective/Revi	sed Date	B8. Flood Zone(s) A	B9. Base Flood Elevation(s) (Zone AO, use base flood depth) 15 FEET			
B11. Indicate elevation datu B12. Is the building located Designation Date	in a Coastal Barr	ier Resources System	(CBRS) area or Otl ☐ CBRS [nerwise Protec		∐Yes ⊠No			
	SECTIO	N C - BUILDING EI	EVATION INFOR	RMATION (S	URVEY REQUIR	ED)			
C1. Building elevations are l *A new Elevation Certific C2. Elevations – Zones A1-below according to the l Benchmark Utilized RN Conversion/Comments	cate will be requir A30, AE, AH, A (vouilding diagram L220-2 Vertical I	vith BFE), VE, V1-V30 specified in Item A7.	of the building is co	mplete.	Construction* , AR/A1-A30, AR/AH	☑ Finished Construction I, AR/AO. Complete Items C2.a-g			
d) Attached garage (to	ner floor st horizontal struc op of slab) i machinery or eq quipment in Com nished) grade (L/	tural member (V Zone uipment servicing the ments)	building $\frac{N}{16.9}$			Chry2101			
· · · · · · · · · · · · · · · · · · ·	SECTIO	N D - SURVEYOR,	ENGINEER, OR	ARCHITEC'	T CERTIFICATIO	N			
This certification is to be sign information. I certify that the I understand that any false. Check here if comment. Certifier's Name MICHAEL	ned and sealed le information on statement may be are provided on	by a land surveyor, enghis Certificate repress e punishable by fine of back of form.	gineer, or architect a ints my best efforts t imprisonment unde Licen	outhorized by I o interpret the r 18 U.S. Cod se Number 49	aw to certify elevation of data available. de, Section 1001. de, 7				
Title PRESIDENT			BRUNER-MONG			_/ /			
Address 7608 McELNEY R	OAD . 		CITY BEACH State		ode 32408	5/A/07			
Signature		Date 5/4/07	Telephone 850	.235.2293	(

IMPORTANT: In the	ese spaces, copy the corres	sponding information from Section A.		For Insurance Company Use:
Building Street Address 7337 MARY JO AVENU	(including Apt., Unit, Suite, and/o	or Bldg. No.) or P.O. Route and Box No.		Policy Number
City PANAMA CITY	State ZIP Code FL 32409			Company NAIC Number
		R, ENGINEER, OR ARCHITECT CERTI	FICATION (CONT	INUED)
Copy both sides of this I	Elevation Certificate for (1) comm	nunity official, (2) insurance agent/company, a	and (3) building curps	INUED)
Comments:			· 	
B9. BASE FLOOD EER C2. e) AIR CONDITION	VATION ESTABLISHED BY THE ER COMPRESSOR THAT SERV	COUNTY OF BAY; BASE FLOOD ELEVATI VICES RESIDENCE.	ON IS 15.0 FEET (N	.G.V.D. '29).
Signature		Date 5/4/07		
SECTION F - BILL	II DING ELEVATION INFORM	MATION (CHOVEY NOT DECLUCED) E		Check here if attachment
		MATION (SURVEY NOT REQUIRED) F		
E1. Provide elevation i grade (HAG) and t a) Top of bottom fl b) Top of bottom fl E2. For Building Diagra (elevation C2.b in E3. Attached garage (t E4. Top of platform of t E5. Zone AO only: If n	information for the following and of the lowest adjacent grade (LAG). oor (including basement, crawl spoor (including basement, crawl spams 6-8 with permanent flood opethe diagrams) of the building is feet machinery and/or equipment service flood depth number is available.	pace, or enclosure) is feet above a pace, or enclosure) is feet above a enings provided in Section A Items 8 and/or \$ feet above the HAG:	co only, enter meters the elevation is about or below the HAG or below the LAG g (see page 8 of Instr the HAG.	ve or below the highest adjacent i.
	SECTION F - PROPERTY	OWNER (OR OWNER'S REPRESENT	ATIVE) CERTIFIC	ATION
== == == == == == == == == == == == ==	vner's authorized representative v	who completes Sections A, B, and E for Zone A, B, and E are correct to the best of my know	A fuelband - EELIA	issued or community-issued BFE)
Address		Cib.		
		City	State	ZIP Code
Signature		Date	Telephone	······································
Comments		,		
				Check here if attachmen
	SECTION	G - COMMUNITY INFORMATION (OPT	IONAL)	Check here if attachmen
ne local official who is aut	horized by law or ordinance to ad	Iminister the community's floodplain manager item(s) and sign below. Check the measure.	/	complete Sections A, B, C (or E),
 The information in is authorized by I. A community office 	n Section C was taken from other aw to certify elevation information cial completed Section E for a bui	r documentation that has been signed and send. (Indicate the source and data of the elevational located in Zone A (without a FEMA-issued for community floodplain management pated for community floodplain management pated	ealed by a licensed sign tion data in the Comrued or community-iss	urveyor, engineer, or architect who
G4. Permit Number	G5. Date Permit I		-	ce/Occupancy Issued
	sued for: New Constructivest floor (including basement) of spth of flooding at the building site	stion Substantial Improvement the building: feet medi		
ocal Official's Name		Title		
Community Name	~	Teleprone		ы
Signature		Cate		
Comments				
MA Form 81-31, Febru	120/2006			Check here if attachments
.wich i offilio 1-31, Febil	iary 2000			Replaces all previous editions

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