

SECTION A - PROPERTY INFORMATION

A1. Building Owner's Name GLADYS PEER		For Insurance Company Use:	
		Policy Number	
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 2306 ROCHESKY AVENUE		Company NAIC Number	
City CEDAR GROVE State FL ZIP Code 32405			
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) LOT 88, G.O. JOHNSON FAMILY MOBILE HOME PARK, A PORTION OF SECTION 27, TOWNSHIP 3 SOUTH, RANGE 14 WEST			
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) <u>RESIDENTIAL</u>			
A5. Latitude/Longitude: Lat. _____ Long. _____		Horizontal Datum: <input type="checkbox"/> NAD 1927 <input type="checkbox"/> 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 <u>5</u>			
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 space or enclosure(s)	<u>1400</u> sq ft	a) Square footage of attached garage	<u>N/A</u> sq ft
b) No. of permanent flood openings in the crawl space or enclosure(s) walls within 1.0 foot above adjacent grade	<u>N/A</u>	b) No. of permanent flood openings in the attached garage walls within 1.0 foot above adjacent grade	<u>N/A</u>
c) Total net area of flood openings in A8.b	<u>N/A</u> sq in	c) Total net area of flood openings in A9.b	<u>N/A</u> sq in

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP Community Name & Community Number CEDAR GROVE 120006		B2. County Name BAY		B3. State FLORIDA	
B4. Map/Panel Number 12005C0335	B5. Suffix G	B6. FIRM Index Date 9-18-02	B7. FIRM Panel Effective/Revised Date 9-18-02	B8. Flood Zone(s) A	B9. Base Flood Elevation(s) (Zone AO, use base flood depth) 35

B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9.
 FIS Profile FIRM Community Determined Other (Describe) _____

B11. Indicate elevation datum used for BFE in Item B9: NGVD 1929 NAVD 1988 Other (Describe) _____

B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? Yes No
 Designation Date _____ CBRS OPA

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. 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 _____ Vertical Datum NGVD1929
 Conversion/Comments _____

Check the measurement used.

a) Top of bottom floor (including basement, crawl space, or enclosure floor)	<u>37.7</u>	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters (Puerto Rico only)
b) Top of the next higher floor	<u>N/A</u>	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters (Puerto Rico only)
c) Bottom of the lowest horizontal structural member (V Zones only)	<u>N/A</u>	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters (Puerto Rico only)
d) Attached garage (top of slab)	<u>N/A</u>	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters (Puerto Rico only)
e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment in Comments)	<u>37.1</u>	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters (Puerto Rico only)
f) Lowest adjacent (finished) grade (LAG)	<u>34.0</u>	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters (Puerto Rico only)
g) Highest adjacent (finished) grade (HAG)	<u>34.8</u>	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters (Puerto Rico only)

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 WILLIAM E. MCDANIEL	License Number 4369
Title REGISTERED LAND SURVEYOR	Company Name SEA LEVEL SURVEYING AND MAPPING, INC.
Address 1219 MAINE AVENUE	City LYNN HAVEN State FL ZIP Code 32444
Signature WILLIAM E. MCDANIEL	Date 10/17/08 Telephone 850-265-4800

PLACE
SEAL
HERE