

ELEVATION CERTIFICATE

OMB No. 1660-0008
Expires February 28, 2009

Important: Read the instructions on pages 1-8.

D08-0012

Job # 20-05-08 BLDG. No. 1	SECTION A - PROPERTY INFORMATION	For Insurance Company Use:
A1. Building Owner's Name FAMILY OF GOD BAPTIST CHURCH, INC.		Policy Number
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 901 EAST BUSINESS HIGHWAY No. 98		Company NAIC Number
City PANAMA CITY State FL ZIP Code 32401		
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) BAY COUNTY TAX I.D. No. 211108-000-000		

A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) NON-RESIDENTIAL

A5. Latitude/Longitude: Lat. 30°09'25.4" N Long. 85°38'50.9" W Horizontal Datum: NAD 1927 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 6

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>785 Sq. Ft.</u>	a) Square footage of attached garage <u>N/A</u>
b) No. of permanent flood openings in the crawl space or enclosure(s) walls within 1.0 foot above adjacent grade <u>0</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>0</u>	c) Total net area of flood openings in A9.b <u>N/A</u>

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP Community Name & Community Number CITY OF PANAMA CITY 120012		B2. COUNTY NAME BAY		B3. State FL	
B4. Map/Panel Number 12005C0342	B5. Suffix G	B6. FIRM Index Date 9/18/02	B7. FIRM Panel Effective/Revised Date 9/18/02	B8. Flood Zone(s) AE	B9. Base Flood Elevation(s) (Zone AO, use base flood depth) 8 FEET

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 FDOT X-01 Vertical Datum 1929
 Conversion/Comments _____

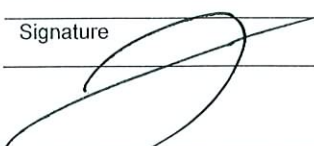
a) Top of bottom floor (including basement, crawl space, or enclosure floor)	<u>10.50</u> Feet
b) Top of the next higher floor	<u>13.65</u> Feet
c) Bottom of the lowest horizontal structural member (V Zones only)	<u>N/A</u>
d) Attached garage (top of slab)	<u>N/A</u>
e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment in Comments)	<u>N/A</u>
f) Lowest adjacent (finished) grade (LAG)	<u>9.50</u> Feet
g) Highest adjacent (finished) grade (HAG)	<u>10.40</u> Feet


Handwritten signature and date: 5/22/08

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 MICHAEL W. MONGOVEN	License Number 4927
Title PRESIDENT	Company Name BRUNER-MONGOVEN LAND SURVEYING, INC.
Address 7603 McELVEY ROAD	City PANAMA CITY BEACH State FL ZIP Code 32408
Signature 	Date 5/20/08 Telephone 850.235.2293

P.S.M. 4927

5/20/08

IMPORTANT: In these spaces, copy the corresponding information from Section A.			For Insurance Company Use:
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 901 EAST BUSINESS HIGHWAY No. 98			Policy Number
City PANAMA CITY	State FL	ZIP Code 32401	Company NAIC Number

SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION (CONTINUED)

Copy both sides of this Elevation Certificate for (1) community official, (2) insurance agent/company, and (3) building owner.

Comments

A7. STRUCTURE'S LOWEST BOTTOM FLOOR IS GROUND-DIRT; NOT IMPROVED.
STRUCTURE NO. 1 IS NORTHWEST WOOD FRAMED BUILDING ON SUBJECT PROPERTY.

Signature	Date 5/20/08	<input checked="" type="checkbox"/> Check here if attachments
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SECTION E - BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO AND ZONE A (WITHOUT BFE)

For Zones AO and A (without BFE), complete Items E1-E5. If the Certificate is intended to support a LOMA or LOMR-F request, complete Sections A, B, and C. For Items E1-E4, use natural grade, if available. Check the measurement used. In Puerto Rico only, enter meters.

- E1. Provide elevation information for the following and check the appropriate boxes to show whether the elevation is above or below the highest adjacent grade (HAG) and the lowest adjacent grade (LAG).
 - a) Top of bottom floor (including basement, crawl space, or enclosure) is _____ feet meters above or below the HAG.
 - b) Top of bottom floor (including basement, crawl space, or enclosure) is _____ feet meters above or below the LAG.
- E2. For Building Diagrams 6-8 with permanent flood openings provided in Section A Items 8 and/or 9 (see page 8 of Instructions), the next higher floor (elevation C2.b in the diagrams) of the building is _____ feet meters above or below the HAG.
- E3. Attached garage (top of slab) is _____ feet meters above or below the HAG.
- E4. Top of platform of machinery and/or equipment servicing the building is _____ feet meters above or below the HAG.
- E5. Zone AO only: If no flood depth number is available, is the top of the bottom floor elevated in accordance with the community's floodplain management ordinance? Yes No Unknown. The local official must certify this information in Section G.

SECTION F - PROPERTY OWNER (OR OWNER'S REPRESENTATIVE) CERTIFICATION

The property owner or owner's authorized representative who completes Sections A, B, and E for Zone A (without a FEMA-issued or community-issued BFE) or Zone AO must sign here. *The statements in Sections A, B, and E are correct to the best of my knowledge.*

Property Owner's or Owner's Authorized Representative's Name			
Address	City	State	ZIP Code
Signature	Date	Telephone	
Comments			

Check here if attachments

SECTION G - COMMUNITY INFORMATION (OPTIONAL)

The local official who is authorized by law or ordinance to administer the community's floodplain management ordinance can complete Sections A, B, C (or E), and G of this Elevation Certificate. Complete the applicable item(s) and sign below. Check the measurement used in Items G8. and G9.

- G1. The information in Section C was taken from other documentation that has been signed and sealed by a licensed surveyor, engineer, or architect who is authorized by law to certify elevation information. (Indicate the source and date of the elevation data in the Comments area below.)
- G2. A community official completed Section E for a building located in Zone A (without a FEMA-issued or community-issued BFE) or Zone AO.
- G3. The following information (Items G4.-G9.) is provided for community floodplain management purposes.

G4. Permit Number	G5. Date Permit Issued	G6. Date Certificate Of Compliance/Occupancy Issued
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- G7. This permit has been issued for: New Construction Substantial Improvement
- G8. Elevation of as-built lowest floor (including basement) of the building: _____ feet meters (PR) Datum _____
- G9. BFE or (in Zone AO) depth of flooding at the building site: _____ feet meters (PR) Datum _____

Local Official's Name	Title
Community Name	Telephone
Signature	Date
Comments	

Check here if attachments