

# ELEVATION CERTIFICATE

010-1276  
OMB No. 1660-0008  
Expires March 31, 2012

Important: Read the instructions on pages 1-9.

| SECTION A - PROPERTY INFORMATION  |  | For Insurance Company Use:                  |
|---|--|---|
| A1. Building Owner's Name <b>Adler Property Companies LLP</b>   | Policy Number  |   |
| A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.<br><b>3601 East 15<sup>th</sup> Street (Express Lube Building)</b><br>City <b>Springfield</b> State <b>FL</b> ZIP Code <b>32401</b> | Company NAIC Number  |   |
| A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)<br>See attached  |  |   |
| A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) <u>non-residential</u>   |  |   |
| A5. Latitude/Longitude: Lat. <u>30.10' 34" n</u> Long. <u>85.36' 20" w</u>  | Horizontal Datum: <input type="checkbox"/> NAD 1927 <input checked="" 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 _____   |  |   |
| A8. For a building with a crawspace or enclosure(s):  |  | A9. For a building with an attached garage: |
| a) Square footage of crawspace or enclosure(s) _____ sq ft  | a) Square footage of attached garage _____ sq ft   |   |
| b) No. of permanent flood openings in the crawspace or enclosure(s) within 1.0 foot above adjacent grade _____  | b) No. of permanent flood openings in the attached garage within 1.0 foot above adjacent grade _____ |   |
| c) Total net area of flood openings in A8.b _____ sq in   | c) Total net area of flood openings in A9.b _____ sq in  |   |
| d) Engineered flood openings? <input type="checkbox"/> Yes <input type="checkbox"/> No  | d) Engineered flood openings? <input type="checkbox"/> Yes <input type="checkbox"/> No               |   |

| SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION  |                        |   |   |                             |   |
|--|------------------------|---|---|-----------------------------|---|
| B1. NFIP Community Name & Community Number<br><b>Springfield 120014</b>  |                        | B2. County Name<br><b>Bay County</b>    |   | B3. State<br><b>Florida</b> |   |
| B4. Map/Panel Number<br><b>12005CO361H</b>   | B5. Suffix<br><b>H</b> | B6. FIRM Index Date<br><b>6/22/2008</b> | B7. FIRM Panel Effective/Revised Date<br><b>6/22/2009</b> | B8. Flood Zone(s) "X" & "A" | B9. Base Flood Elevation(s) (Zone AO, use base flood depth)<br><b>32.00</b> |
| B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9.<br><input type="checkbox"/> FIS Profile <input type="checkbox"/> FIRM <input type="checkbox"/> Community Determined <input checked="" type="checkbox"/> Other (Describe) <u>calculations</u> |                        |   |   |                             |   |
| B11. Indicate elevation datum used for BFE in Item B9: <input type="checkbox"/> NGVD 1929 <input type="checkbox"/> NAVD 1988 <input checked="" type="checkbox"/> Other (Describe) <u>calculations</u>  |                        |   |   |                             |   |
| B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>Designation Date _____ <input type="checkbox"/> CBRS <input type="checkbox"/> OPA                           |                        |   |   |                             |   |

| SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)  |  |
|---|--|
| C1. Building elevations are based on: <input type="checkbox"/> Construction Drawings* <input type="checkbox"/> Building Under Construction* <input checked="" type="checkbox"/> Finished Construction<br>*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-h below according to the building diagram specified in Item A7. Use the same datum as the BFE.<br>Benchmark Utilized _____ Vertical Datum _____<br>Conversion/Comments _____ |  |
| Check the measurement used.   |  |
| a) Top of bottom floor (including basement, crawspace, or enclosure floor) <u>35.6</u> <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)  |  |
| b) Top of the next higher floor _____ <input type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)  |  |
| c) Bottom of the lowest horizontal structural member (V Zones only) _____ <input type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)  |  |
| d) Attached garage (top of slab) <u>35.6</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 and location in Comments) <u>35.2</u> <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)  |  |
| f) Lowest adjacent (finished) grade next to building (LAG) <u>35.2</u> <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)  |  |
| g) Highest adjacent (finished) grade next to building (HAG) <u>35.2</u> <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)   |  |
| h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support _____ <input 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. |  |  |                       |
| <input type="checkbox"/> Check here if comments are provided on back of form.   |  | Were latitude and longitude in Section A provided by a licensed land surveyor? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |                       |
| Certifier's Name <b>John T. Snell, Sr.</b>  | License Number <b>35238</b>                    |  |                       |
| Title <b>Director of Design</b>   | Company Name <b>Design/Build Systems, Inc.</b> |  |                       |
| Address <b>331 Green Acres Road</b>   | City <b>Fort Walton Beach</b>                  | State <b>FL</b>  | ZIP Code <b>32547</b> |
| Signature <b>John T. Snell, Sr.</b>   | Date <b>1/13/12</b>                            | Telephone <b>850-862-4212</b>  |                       |



REGISTRATION OF PROFESSIONALS

STATE OF FLORIDA

EXPIRES 12/31/2013  
RENEWAL FEE \$100.00

Professional Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Category: \_\_\_\_\_  
Expiration Date: \_\_\_\_\_

Registration Fee: \_\_\_\_\_  
Renewal Fee: \_\_\_\_\_

Professional Seal: \_\_\_\_\_  
Signature: \_\_\_\_\_

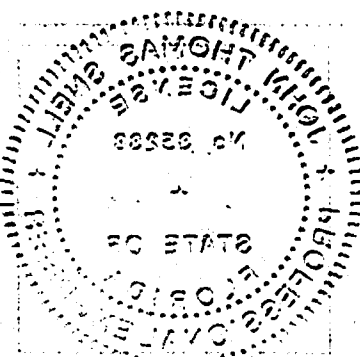
Notes: \_\_\_\_\_

SECTION 1 - FILING INFORMATION

|                   |                 |                  |             |       |
|-------------------|-----------------|------------------|-------------|-------|
| Professional Name | Address         | City             | State       | Zip   |
| _____             | _____           | _____            | _____       | _____ |
| Category          | Expiration Date | Registration Fee | Renewal Fee | Notes |
| _____             | _____           | _____            | _____       | _____ |

SECTION 2 - BOARD INFORMATION

Board Name: \_\_\_\_\_  
 Board Address: \_\_\_\_\_  
 Board City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Board Phone: \_\_\_\_\_  
 Board Fax: \_\_\_\_\_  
 Board Email: \_\_\_\_\_  
 Board Website: \_\_\_\_\_




Professional Seal: \_\_\_\_\_  
 Signature: \_\_\_\_\_  
 Date: \_\_\_\_\_

|  |                                   |
|--|-----------------------------------|
| <b>IMPORTANT: In these spaces, copy the corresponding information from Section A.</b>  | <b>For Insurance Company Use:</b> |
| Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.<br>3601 East 15 <sup>th</sup> Street (Express Lube Building) | Policy Number                     |
| City Springfield 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 Refer to "Base (100 Year) Flood Elevation Determination" dated 12/17/10

|  |              |  |
|--|--------------|--|
| Signature  John T. Snell, Sr. | Date 1/13/12 | <input type="checkbox"/> Check here if attachments |
|--|--------------|--|

**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, crawlspace, or enclosure) is \_\_\_\_\_  feet  meters  above or  below the HAG.
  - b) Top of bottom floor (including basement, crawlspace, or enclosure) is \_\_\_\_\_  feet  meters  above or  below the LAG.
- E2. For Building Diagrams 6-9 with permanent flood openings provided in Section A Items 8 and/or 9 (see pages 8-9 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<br>B10-1276 | G5. Date Permit Issued<br>12-15-10 | G6. Date Certificate Of Compliance/Occupancy Issued |
|-------------------------------|------------------------------------|---|

- 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 \_\_\_\_\_
- G10. Community's design flood elevation \_\_\_\_\_  feet  meters (PR) Datum \_\_\_\_\_

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

Check here if attachments

# Building Photographs

See Instructions for Item A6.

|  |                            |
|--|----------------------------|
| Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.<br>3601 East 15 <sup>th</sup> Street (Express Lube Building) | For Insurance Company Use: |
| City Springfield State FL ZIP Code 32401   | Policy Number              |
|  | Company NAIC Number        |

If using the Elevation Certificate to obtain NFIP flood insurance, affix at least two building photographs below according to the instructions for Item A6. Identify all photographs with: date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." If submitting more photographs than will fit on this page, use the Continuation Page on the reverse.

# Building Photographs

Continuation Page

|  |   |
|--|---|
| Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.<br>3601 East 15th Street (Express Lube Building)   | For Insurance Company Use:<br>Policy Number |
| City Springfield State FL ZIP Code 32401   | Company NAIC Number                         |
| If submitting more photographs than will fit on the preceding page, affix the additional photographs below. Identify all photographs with: date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." |   |