

ELEVATION CERTIFICATE

IMPORTANT: Follow the instructions on pages 1-9.

OMB No. 1660-0008
Expiration Date: July 31, 2015

SECTION A - PROPERTY INFORMATION

A1. Building Owner's Name: **HIDDEN RIDGE GROUP**

A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.: **1429 GRAHAM LANE**

City: **PANAMA CITY** State: **FL** ZIP Code: **32405**

A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.): **LOT 1, HIDDEN RIDGE REPLAT**

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

A5. Latitude/Longitude: **Lat. 30.14 14.01 N Long. 85.036 40.75 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-A**

A8. For a building with a crawlspace or enclosure(s):

a) Square footage of crawlspace or enclosure(s): **NA** sq ft

b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade: **NA**

c) Total net area of flood openings in A8.b: **NA** sq ft

d) Engineered flood openings? Yes No

A9. For a building with an attached garage:

a) Square footage of attached garage: **435** sq ft

b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade: **0**

c) Total net area of flood openings in A9.b: **0** sq ft

d) Engineered flood openings? Yes No

FOR INSURANCE COMPANY USE

Policy Number: _____

Company NAIC Number: _____

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFP Community Name & Community Number: **BAY COUNTY UNINCORPORATED AREA 120004**

B2. County Name: **BAY**

B3. State: **FL**

B4. Map/Panel Number: **12005C0351**

B5. Suffix: **H**

B6. FIRM Index Date: **06/02/2009**

B7. FIRM Panel Effective/Revised Date: **06/02/2009**

B8. Flood Zone(s): **A**

B9. Base Flood Elevation(s) (Zone A0, use base flood depth): **22.0**

B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9:

FFS Profile FIRM Community Determined Other/Source: _____

B11. Indicate elevation datum used for BFE in Item B9: NAVD 1929 NAVD 1988 Other/Source: _____

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. a-h below according to the building diagram specified in Item A7. In Puerto Rico only, enter meters.

Benchmark Utilized: **RM 351-1**

Vertical Datum: **NAVD 1988**

Indicate elevation datum used for the elevations in Items a) through h) below. NGVD 1929 NAVD 1988 Other/Source: _____

Datum used for building elevations must be the same as that used for the BFE.

| Item | Measurement | Unit |
|----------------------------------------------------------------------------------------------------------------------------|-------------|---------------|
| a) Top of bottom floor (including basement, crawlspace, or enclosure floor) | 25 | 6 feet |
| b) Top of the next higher floor | NA | feet |
| c) Bottom of the lowest horizontal structural member (V Zones only) | NA | feet |
| d) Attached garage (top of slab) | 25 | 1 feet |
| e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments) | 24 | 1 feet |
| f) Lowest adjacent (finished) grade next to building (LAG) | 24 | 0 feet |
| g) Highest adjacent (finished) grade next to building (HAG) | 24 | 5 feet |
| h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support | NA | feet |

Check the measurement used.

SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION

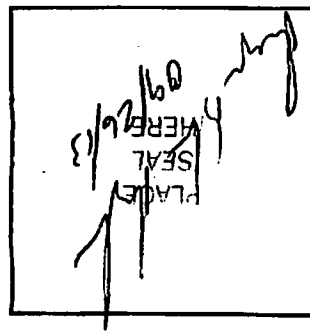
This certification is to be signed and sealed by a land surveyor, engineer, or architect authorized by law to certify elevation information. I certify that the information on this Certificate represents my best efforts to interpret the data available. I understand that any false statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 1001.

Check here if comments are provided on back of form. Check here if attachments.

Were latitude and longitude in Section A provided by a licensed land surveyor? Yes No

ROGER BLAIN ANGLIN
Title: **LAND SURVEYOR**
Address: **3712 CORNELIA LANE**
City: **PANAMA CITY** State: **FL** ZIP Code: **32409**
Date: **09/26/2013** Telephone: **(850) 271-4055**

Company Name: **ANGLIN LAND SURVEYING**
License Number: **5521**



ELEVATION CERTIFICATE, page 2

| | | | | |
|-----------------------------------------------------------------------------------------------------------------------|-------------|-------------------|----------------------------------|--|
| 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. 1429 GRAHAM LANE | | | Policy Number: | |
| City PANAMA CITY | State FL | ZIP Code 32405 | 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 EQUIPMENT SERVICING BUILDING IS AN AIR CONDITIONER UNIT

Signature  Date 09/26/2013

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 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–G10. In Puerto Rico only, enter meters.

- 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–G10) is provided for community floodplain management purposes.

| | | |
|---------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|---------------------------------------------------------------------------|
| G4. Permit Number 14130433 | G5. Date Permit Issued 10/4/13 | G6. Date Certificate Of Compliance/Occupancy Issued |
| G7. This permit has been issued for: <input type="checkbox"/> New Construction <input type="checkbox"/> Substantial Improvement | | |
| G8. Elevation of as-built lowest floor (including basement) of the building: | _____ | <input type="checkbox"/> feet <input type="checkbox"/> meters Datum _____ |
| G9. BFE or (in Zone AO) depth of flooding at the building site: | _____ | <input type="checkbox"/> feet <input type="checkbox"/> meters Datum _____ |
| G10. Community's design flood elevation: | _____ | <input type="checkbox"/> feet <input type="checkbox"/> meters Datum _____ |

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

Approved D.S. - 10-1-13

Check here if attachments.

See Instructions for Item A6.

| | | | | |
|-----------------------------------------------------------------------------------------------------------------------|-------------|-------------------|----------------------------------|--|
| 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. 1429 GRAHAM LANE | | | Policy Number: | |
| City PANAMA CITY | State FL | ZIP Code 32405 | Company NAIC Number: | |

If using the Elevation Certificate to obtain NFIP flood insurance, affix at least 2 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." When applicable, photographs must show the foundation with representative examples of the flood openings or vents, as indicated in Section A8. If submitting more photographs than will fit on this page, use the Continuation Page.

*Front View
09/19/13*



*Rear View
09/19/13*

