

ELEVATION CERTIFICATE

Important: Read the instructions on pages 1-9.

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

SECTION A - PROPERTY INFORMATION

A1. Building Owner's Name LYLE HARTKA		FOR INSURANCE COMPANY USE
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 1957 ALLISON AVENUE SITE 151		Policy Number:
City PANAMA CITY BEACH,	State FL	Company NAIC Number:
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) PORTION OF SECTION 31, TOWNSHIP 3 SOUTH, RANGE 15 WEST; P.I.D. 27550-150-000; O.R.B. 3029,PG 1033.		

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

A5. Latitude/Longitude: Lat. **30.18501 DEGREES** Long. **85.78866 DEGREES** 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 **5**

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

a) Square footage of crawlspace or enclosure(s)	<u>0</u> sq ft	A9. For a building with an attached garage:	a) Square footage of attached garage	<u>N/A</u> sq ft
b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade	<u>0</u>		b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade	<u>N/A</u>
c) Total net area of flood openings in A8.b	<u>0</u> sq in		c) Total net area of flood openings in A9.b	<u>N/A</u> sq in
d) Engineered flood openings?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		d) Engineered flood openings?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP Community Name & Community Number BAY COUNTY 120004		B2. County Name BAY		B3. State FL	
B4. Map/Panel Number 12005C0316	B5. Suffix H	B6. FIRM Index Date 6/2/09	B7. FIRM Panel Effective/Revised Date 6/2/09	B8. Flood Zone(s) AE	B9. Base Flood Elevation(s) (Zone AO, use base flood depth) 14'

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/Source: _____

B11. Indicate elevation datum used for BFE in Item B9: NGVD 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. 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. In Puerto Rico only, enter meters.

Benchmark Utilized: **BE0764** Vertical Datum: **NAVD 88**

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.

Check the measurement used.

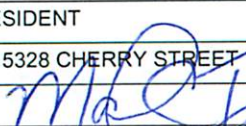
a) Top of bottom floor (including basement, crawlspace, or enclosure floor)	<u>18.79</u>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
b) Top of the next higher floor	<u>N/A</u>	<input type="checkbox"/> feet <input type="checkbox"/> meters
c) Bottom of the lowest horizontal structural member (V Zones only)	<u>N/A</u>	<input type="checkbox"/> feet <input type="checkbox"/> meters
d) Attached garage (top of slab)	<u>N/A</u>	<input type="checkbox"/> feet <input type="checkbox"/> meters
e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments)	<u>16.87</u>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
f) Lowest adjacent (finished) grade next to building (LAG)	<u>15.7</u>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
g) Highest adjacent (finished) grade next to building (HAG)	<u>16.3</u>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support	<u>15.7</u>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters

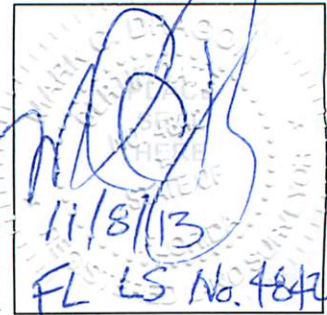
SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION

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

Check here if attachments.

Certifier's Name MARK C. DRAGON	License Number FL LS 4842
Title PRESIDENT	Company Name DRAGON LAND SURVEY, INC
Address 5328 CHERRY STREET	City PANAMA CITY, State FL ZIP Code 32404
Signature 	Date 11/8/13 Telephone 850-763-7997



STATE OF MARYLAND
DEPARTMENT OF THE TREASURY
BUREAU OF TAXATION

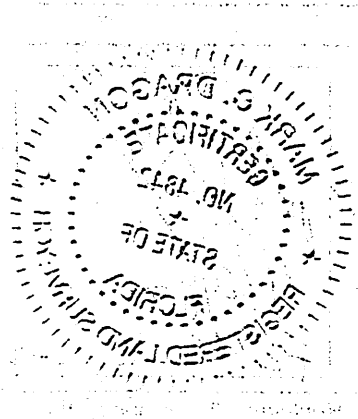
INVESTMENT STATEMENT

UNITED STATES DEPARTMENT OF THE TREASURY
BUREAU OF TAXATION
WASHINGTON, D. C. 20548

THIS STATEMENT IS FOR THE YEAR ENDING 1978. THE INFORMATION CONTAINED HEREIN IS BASED ON THE INFORMATION PROVIDED BY YOU TO THE BUREAU OF TAXATION. IT IS YOUR RESPONSIBILITY TO VERIFY THE ACCURACY OF THE INFORMATION PROVIDED. THE BUREAU OF TAXATION DOES NOT GUARANTEE THE ACCURACY OF THE INFORMATION PROVIDED.

YOUR INVESTMENT IN THE UNITED STATES DEPARTMENT OF THE TREASURY BUREAU OF TAXATION IS SUBJECT TO THE RISK OF FLUCTUATION IN VALUE. THE VALUE OF YOUR INVESTMENT MAY GO UP OR DOWN. YOU SHOULD CONSIDER YOUR INVESTMENT AS A LONG-TERM INVESTMENT. YOU SHOULD NOT INVEST IN THIS INVESTMENT IF YOU NEED TO WITHDRAW YOUR INVESTMENT IN THE SHORT TERM. YOU SHOULD CONSULT WITH YOUR FINANCIAL ADVISOR BEFORE INVESTING IN THIS INVESTMENT.

DATE	AMOUNT	DESCRIPTION
1/1/78	100.00	INITIAL INVESTMENT
1/1/79	100.00	REINVESTMENT
1/1/80	100.00	REINVESTMENT
1/1/81	100.00	REINVESTMENT
1/1/82	100.00	REINVESTMENT
1/1/83	100.00	REINVESTMENT
1/1/84	100.00	REINVESTMENT
1/1/85	100.00	REINVESTMENT
1/1/86	100.00	REINVESTMENT
1/1/87	100.00	REINVESTMENT
1/1/88	100.00	REINVESTMENT
1/1/89	100.00	REINVESTMENT
1/1/90	100.00	REINVESTMENT
1/1/91	100.00	REINVESTMENT
1/1/92	100.00	REINVESTMENT
1/1/93	100.00	REINVESTMENT
1/1/94	100.00	REINVESTMENT
1/1/95	100.00	REINVESTMENT
1/1/96	100.00	REINVESTMENT
1/1/97	100.00	REINVESTMENT
1/1/98	100.00	REINVESTMENT
1/1/99	100.00	REINVESTMENT
1/1/00	100.00	REINVESTMENT



STATE OF MARYLAND
DEPARTMENT OF THE TREASURY
BUREAU OF TAXATION
WASHINGTON, D. C. 20548

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. 1957 ALLISON AVENUE SITE 151	Policy Number:
City PANAMA CITY BEACH, State FL ZIP Code 32407	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 THE EQUIPMENT LISTED IN ITEM C2E IS AN AIR CONDITIONER.

[Handwritten Signature]

Signature

Date 11/8/13

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–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 <i>MH13-0079</i>	G5. Date Permit Issued <i>10-15-13</i>	G6. Date Certificate Of Compliance/Occupancy Issued <i>11/18/13</i>
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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 Datum _____
- G9. BFE or (in Zone AO) depth of flooding at the building site: _____ feet meters Datum _____
- G10. Community's design flood elevation: _____ feet meters Datum _____

Local Official's Name _____ Title _____

Community Name _____ Telephone _____

Signature *D.B.* Date *11/12/13*

Comments *This is in a M.H. Park.* Check here if attachments.

OK for elevations. Grade is above BFE

Building Photographs

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.
1957 ALLISON AVENUE SITE 151

Policy Number:

City PANAMA CITY BEACH,

State FL

ZIP Code 32407

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 11/7/2013



Building Photographs

Continuation Page

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.
1957 ALLISON AVENUE SITE 151

Policy Number:

City PANAMA CITY BEACH,

State FL

ZIP Code 32407

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." When applicable, photographs must show the foundation with representative examples of the flood openings or vents, as indicated in Section A8.

REAR VIEW 11/7/2013

