

ELEVATION CERTIFICATE

IMPORTANT: Follow the instructions on pages 1-9.

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

SECTION A - PROPERTY INFORMATION

FOR INSURANCE COMPANY USE

A1. Building Owner's Name	DONALD C. VAUGHAN		Policy Number:	
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.	7024 SOUTH LAGOON DRIVE		Company NAIC Number:	
City	PANAMA CITY BEACH	State	FL	ZIP Code 32408
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)	PARCEL I.D. NO. 30797-010-000			
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.)	RESIDENTIAL			
A5. Latitude/Longitude: Lat.	N30D09'35.04"	Long.	W85D46'18.22"	Horizontal Datum: <input checked="" 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	1-B			
A8. For a building with a crawlspace or enclosure(s):	a) Square footage of crawlspace or enclosure(s)		N/A sq ft	
	b) No. of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade		N/A	
	c) Total net area of flood openings in A8.b		N/A sq in	
	d) Engineered flood openings?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
A9. For a building with an attached garage:	a) Square footage of attached garage		660 sq ft	
	b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade		N/A	
	c) Total net area of flood openings in A9.b		N/A sq in	
	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	UNINCORPORATED BAY COUNTY 120004		B2. County Name	BAY		B3. State	FL	
B4. Map/Panel Number	B5. Suffix	B6. FIRM Index Date	B7. FIRM Panel Effective/ Revised Date	B8. Flood Zone(s)	B9. Base Flood Elevation(s) (Zone AO, use base flood depth)			
12005C0317	H	06/02/2009	06/02/2009	"X" AND "AE"	8.00 FEET NAVD 88			
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9:								
<input type="checkbox"/> FIS Profile <input checked="" type="checkbox"/> FIRM <input type="checkbox"/> Community Determined <input type="checkbox"/> Other/Source: _____								
B11. Indicate elevation datum used for BFE in Item B9: <input type="checkbox"/> NGVD 1929 <input checked="" type="checkbox"/> NAVD 1988 <input type="checkbox"/> Other/Source: _____								
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								
Designation Date: _____ / _____ / _____ <input type="checkbox"/> CBRS <input type="checkbox"/> 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: DNR R-75 MON. EL=14.5' Vertical Datum: NGVD 29

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)	9 . 7	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
b) Top of the next higher floor	N/A	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
c) Bottom of the lowest horizontal structural member (V Zones only)	N/A	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
d) Attached garage (top of slab)	9 . 0	<input checked="" 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)	9 . 7	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
f) Lowest adjacent (finished) grade next to building (LAG)	6 . 6	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
g) Highest adjacent (finished) grade next to building (HAG)	8 . 5	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support	N/A	<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	HENRY C. RITCHIE, II		License Number	PSM 5288	
Title	PRESIDENT		Company Name	RITCHIE AND ASSOCIATES, INC.	
Address	949 JENKS AVENUE	City	PANAMA CITY	State	FL
				ZIP Code	32401
Signature	<i>Henry C. Ritchie</i>		Date	08/05/2015	Telephone (850) 914-2774



ELEVATION CERTIFICATE

Form with fields for project details, including a large empty box for notes or drawings.

SECTION A - PROJECT INFORMATION
Project Name: ...
Address: ...
City: ...
State: ...
Date: ...

SECTION B - FOUNDATION AND ELEVATION DATA
Table with columns for Elevation, Foundation Type, and Remarks.

SECTION C - BUILDING ELEVATION INFORMATION
Table with columns for Building Name, Address, City, State, and Elevation.



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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. 7024 SOUTH LAGOON DRIVE			Policy Number:
City PANAMA CITY BEACH	State FL	ZIP Code 32408	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 **BENCH MARK: DNR R-75 BRASS DISK AT SURF DRIVE AND OCEAN STREET
ELEVATION=14.5 FEET NGVD 29
NOTE: LOWEST MACHINERY ELEVATION IS AIR CONDITIONER PAD AT 9.7 FEET NAVD 88, EAST SIDE OF
STRUCTURE/RESIDENCE**

Signature *Nancy C. Pitech* Date **08/05/2015**

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–G9) is provided for community floodplain management purposes.

G4. Permit Number R B14-1383	G5. Date Permit Issued 1-9-15	G6. Date Certificate Of Compliance/Occupancy Issued 8-11-15
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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.S.* Date **8-6-15**

Comments _____

Approved

Check here if attachments.

DATE	10-10-82
TIME	10:00
LOCATION	1000

SECTION 1 - COMMUNITY IDENTIFICATION

THE COMMUNITY IDENTIFICATION IS A PROCESS OF IDENTIFYING THE COMMUNITY THAT IS AFFECTED BY THE PROJECT. THIS IS DONE BY IDENTIFYING THE PHYSICAL AND SOCIAL CHARACTERISTICS OF THE COMMUNITY AND THE NEEDS OF THE COMMUNITY. THE COMMUNITY IDENTIFICATION IS A KEY ELEMENT OF THE PROJECT DESIGN AND IMPLEMENTATION.

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SECTION 2 - COMMUNITY IDENTIFICATION

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8-11-82

F.P.P.

RBIN-1383

8-2-82

D.D.

Handwritten signature: Approved



