

ELEVATION CERTIFICATE

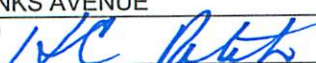
IMPORTANT: Follow the instructions on pages 1-9.

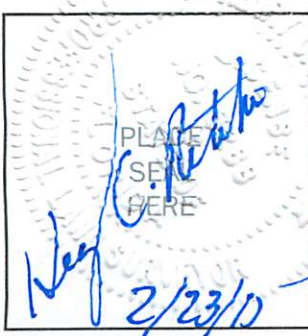
OMB No. 1660-0008
 Expiration Date: July 31, 2015

SECTION A - PROPERTY INFORMATION		FOR INSURANCE COMPANY USE
A1. Building Owner's Name HINDU SANATAN CENTER OF PANHANDLE, INC.		Policy Number:
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 904 BALDWIN ROAD EAST		Company NAIC Number:
City PANAMA CITY	State FL	ZIP Code 32405
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) PARCEL I.D. NO'S. 12856-010-000, 12856-020-000		
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) COMMERCIAL		
A5. Latitude/Longitude: Lat. N30D12'05.54" Long. W85D38'42.49" 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 1-A		
A8. For a building with a crawlspace or enclosure(s):		A9. For a building with an attached garage:
a) Square footage of crawlspace or enclosure(s) N/A sq ft		a) Square footage of attached garage 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		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 A8.b N/A sq in		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		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 12005C0335	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 AO, use base flood depth) 35.0 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 type="checkbox"/> FIRM <input checked="" 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 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: <input type="checkbox"/> Construction Drawings* <input type="checkbox"/> Building Under Construction* <input checked="" type="checkbox"/> 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: SPIKE IN P/P, 821 AVERY STREET Vertical Datum: NAVD 88 Indicate elevation datum used for the elevations in items a) through h) below. <input type="checkbox"/> NGVD 1929 <input checked="" type="checkbox"/> NAVD 1988 <input type="checkbox"/> 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) 37 . 09	<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) N/A	<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) 36 . 18	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
f) Lowest adjacent (finished) grade next to building (LAG) 34 . 7	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
g) Highest adjacent (finished) grade next to building (HAG) 36 . 4	<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.			
<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	
<input type="checkbox"/> 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
Signature 		Date 02/23/2015	ZIP Code 32401
		Telephone (850) 914-2774	



ELEVATION CERTIFICATE
 IMPORTANT: Follow the instructions on pages 1-3.

OMB No. 1560-0001
 Expiration Date: July 31, 2002

SECTION A - PROPERTY INFORMATION

1. Name of Property: HIBU SANATAN CENTER OF PANHANDLE, INC.

2. Address: 504 BALDWIN ROAD EAST

3. City: PANAMA CITY State: FL ZIP Code: 32408

4. Parcel I.D. No.: 12852-010-000, 12852-010-000

5. Building Classification: COMMERCIAL

6. Building Use: Religious

7. Building Description: Religious building with 2nd floor addition. Building is being used to obtain flood insurance.

8. Building Construction: Concrete

9. Building Age: 1988

10. Building Condition: Good

11. Building Foundation: Concrete

12. Building Elevation: See Section C

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

Map Sheet No.	FIRM Panel No.	Panel Title	Effective Date	Revision Date	Revision Description	Map Scale
150000000	H	150000000	10/02/2008	08/02/2009	30' Flood Zone	30' Base Flood Elevation: 33.0 FEET NAVD 83

13. Flood Zone: 30' Flood Zone

14. Flood Elevation: 33.0 FEET NAVD 83

15. Flood Insurance Rate: See Section B

SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)

16. Building Elevation Method: Survey

17. Building Elevation Date: 10/02/2008

18. Building Elevation Accuracy: ± 0.1 feet

19. Building Elevation Reference: NAVD 83

20. Building Elevation Notes: See Section C

21. Building Elevation Diagram: See Section C

SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION

I, the undersigned, being a duly licensed and registered professional engineer, architect, or surveyor, do hereby certify that the information furnished on this certificate is true and correct to the best of my knowledge and belief, and that I am a duly licensed and registered professional engineer, architect, or surveyor in the State of Florida.

Signature: [Signature]

Title: Professional Engineer

Professional Seal: [Seal]

Professional No.: PE 12345

Professional Address: 1234 Main St, Panama City, FL 32401

Professional Phone: (904) 123-4567

Professional Fax: (904) 123-4568



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. 904 BALDWIN ROAD EAST			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 **BENCH MARK: SPIKE IN S.W. SIDE OF POWER POLE LOCATED ON NORTH R/W OF 821 AVERY STREET
ELEVATION=37.80 FEET NAVD 88
NOTE: LOWEST MACHINERY ELEVATION IS A/C AT 36.18 FEET NAVD 88**

Signature  Date **02/23/2015**

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 CBM-0177	G5. Date Permit Issued 9-25-14	G6. Date Certificate Of Compliance/Occupancy Issued 2-26-15
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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. 2-22-15	Date _____

Comments _____

Check here if attachments.

Name (Last, First, Middle Initial) 77 3-9-2 R

Date of Birth (MM/DD/YYYY) _____

Sex M Race W

Height (Feet/Inches) _____ Weight (Pounds) _____

1. Yes No Not Sure

2. Yes No Not Sure

3. Yes No Not Sure

4. Yes No Not Sure

5. Yes No Not Sure

6. Yes No Not Sure

7. Yes No Not Sure

8. Yes No Not Sure

9. Yes No Not Sure

10. Yes No Not Sure

SECTION C - COMMUNITY INFORMATION (CONTINUED)

11. Yes No Not Sure

12. Yes No Not Sure

13. Yes No Not Sure

14. Yes No Not Sure

15. Yes No Not Sure

16. Yes No Not Sure

17. Yes No Not Sure

SECTION D - EMPLOYER/OWNER/VEHICLE SERVICE INFORMATION

18. Yes No Not Sure

19. Yes No Not Sure

20. Yes No Not Sure

21. Yes No Not Sure

22. Yes No Not Sure

23. Yes No Not Sure

24. Yes No Not Sure

25. Yes No Not Sure

26. Yes No Not Sure

27. Yes No Not Sure

SECTION E - BUILDING EVALUATION INFORMATION (REQUIRED FOR ZONE 0A AND ZONE A (MILITARY BLDG))

28. Yes No Not Sure

NOTE: ZONES 1 MACHINERY EVALUATION IS A 0.01 INCHES FEET INCHES

EVALUATION IS 0.01 FEET INCHES

ZONES 1A AND 1B TO 1D ARE TO BE EVALUATED ON THE BASIS OF THE FOLLOWING:

29. Yes No Not Sure

SECTION F - QUALIFICATION ENGINEER OR ARCHITECT CERTIFICATION (CONTINUED)

30. Yes No Not Sure

31. Yes No Not Sure

32. Yes No Not Sure

33. Yes No Not Sure

34. Yes No Not Sure