

DEPARTMENT OF HOMELAND SECURITY
Federal Emergency Management Agency
ELEVATION CERTIFICATE

OMB Control Number: 1660-0008
Expiration: 11/30/2018

IMPORTANT: FOLLOW THE INSTRUCTIONS ON PAGES 9-16

Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2) insurance agent/company, and (3) building owner.

SECTION A - PROPERTY INFORMATION		FORM INSURANCE COMPANY USE	
A1. Building Owner's Name Shelia P Ray		Policy Number:	
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 2315 Foxworth Drive		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 ID# 26659-505-000 Lot 5, Block A, King's Point 4th Addition Unrecorded S/D			
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) Residential			
A5. Latitude/Longitude: Lat. 30°12'18.77"N Long. 85°41'35.9"W Horizontal Datum: <input type="radio"/> NAD 1927 <input checked="" type="radio"/> 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 1A			
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) N/A sq ft		a) Square footage of attached garage 988 sq ft	
b) Number of permanent flood openings in the crawspace 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 0	
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="radio"/> Yes <input checked="" type="radio"/> No		d) Engineered flood openings? <input type="radio"/> Yes <input checked="" type="radio"/> 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 12005C0329	B5. Suffix H	B6. FIRM Index Date 06/02/2009	B7. FIRM Panel Effective/ Revised Date 06/02/2009	B8. Flood Zone(s) AE	B9. Base Flood Elevation(s) (Zone AO, use base flood depth) 7.0'
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9: <input type="radio"/> FIS Profile <input checked="" type="radio"/> FIRM <input type="radio"/> Community Determined <input type="radio"/> Other/Source: _____					
B11. Indicate elevation datum used for BFE in Item B9: <input type="radio"/> NGVD 1929 <input checked="" type="radio"/> NAVD 1988 <input type="radio"/> Other/Source: _____					
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? <input type="radio"/> Yes <input checked="" type="radio"/> No Designation Date: <input type="radio"/> CBRS <input type="radio"/> OPA					

SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)			
C1. Building elevations are based on: <input type="radio"/> Construction Drawings* <input type="radio"/> Building Under Construction* <input checked="" type="radio"/> Finished Construction			
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. * A new Elevation Certificate will be required when construction of the building is complete.			
Benchmark Utilized: <u>FDOT 46-02-A17V</u>		Vertical Datum: <u>NAVD 88</u>	
Indicate elevation datum used for the elevations in items a) through h) below. <input type="radio"/> NGVD 1929 <input checked="" type="radio"/> NAVD 1988 <input type="radio"/> 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, crawspace, or enclosure floor)	12	-	03 <input checked="" type="radio"/> feet <input type="radio"/> meters
b) Top of the next higher floor	N/A	-	<input type="radio"/> feet <input type="radio"/> meters
c) Bottom of the lowest horizontal structural member (V Zones only)	N/A	-	<input type="radio"/> feet <input type="radio"/> meters
d) Attached garage (top of slab)	10	-	83 <input checked="" type="radio"/> feet <input type="radio"/> meters
e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments)	10	-	48 <input checked="" type="radio"/> feet <input type="radio"/> meters
f) Lowest adjacent (finished) grade next to building (LAG)	9	-	8 <input checked="" type="radio"/> feet <input type="radio"/> meters
g) Highest adjacent (finished) grade next to building (HAG)	10	-	5 <input checked="" type="radio"/> feet <input type="radio"/> meters
h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support	N/A	-	<input type="radio"/> feet <input type="radio"/> meters

SE 2-24-16

ELEVATION CERTIFICATE

OMB Control Number: 1660-0008
Expiration: 11/30/2018

2315 Foxworth Drive

Panama City

FL

32405

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 attachments.

Were latitude and longitude in Section A provided by a licensed land surveyor?

Yes No



Certifier's Name Skipper C Rutherford		License Number LS 3961	
Title President	Company Name SCR & Associates NWFL, Inc.		
Address PO Box 958	City Lynn Haven	State FL	Zip Code 32444
Signature 	Date 3/24/2016	Telephone +1 (850) 265-6979	

Copy both sides of this Elevation Certificate for (1) community official, (2) insurance agent/company, and (3) building owner.

Comments (including type of equipment and location, per C2(e), if applicable)"
*** Signature on page 2 is not valid unless initialed and dated on bottom right of page 1 ***
C2.e) Lowest equipment used was bottom of HVAC Pad.

Signature Date 3/24/2016

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.

<p>Section 1. Trusts and Estates.</p>		
<p>Part I. General Information.</p>	<p>Section 1.1. Name of Trust or Estate.</p>	<p>Section 1.2. Tax Identification Number.</p>
<p>Section 1.3. Date of Creation.</p>	<p>Section 1.4. Date of Termination.</p>	<p>Section 1.5. State of Residence.</p>
<p>Section 1.6. Trust Agreement or Will.</p>	<p>Section 1.7. Trustee or Executor.</p>	<p>Section 1.8. Beneficiary.</p>
<p>Section 1.9. Other Information.</p>	<p>Section 1.10. Signature of Trustee or Executor.</p>	<p>Section 1.11. Signature of Beneficiary.</p>

<p>Section 2.1. Name of Trust or Estate.</p>	<p>Section 2.2. Tax Identification Number.</p>
<p>Section 2.3. Date of Creation.</p>	<p>Section 2.4. Date of Termination.</p>
<p>Section 2.5. State of Residence.</p>	<p>Section 2.6. Trust Agreement or Will.</p>
<p>Section 2.7. Trustee or Executor.</p>	<p>Section 2.8. Beneficiary.</p>
<p>Section 2.9. Other Information.</p>	<p>Section 2.10. Signature of Trustee or Executor.</p>
<p>Section 2.11. Signature of Beneficiary.</p>	<p>Section 2.12. Date.</p>

<p>Section 3.1. Name of Trust or Estate.</p>	<p>Section 3.2. Tax Identification Number.</p>	<p>Section 3.3. Date of Creation.</p>	<p>Section 3.4. Date of Termination.</p>	<p>Section 3.5. State of Residence.</p>
<p>Section 3.6. Trust Agreement or Will.</p>	<p>Section 3.7. Trustee or Executor.</p>	<p>Section 3.8. Beneficiary.</p>	<p>Section 3.9. Other Information.</p>	<p>Section 3.10. Signature of Trustee or Executor.</p>
<p>Section 3.11. Signature of Beneficiary.</p>	<p>Section 3.12. Date.</p>	<p>Section 3.13. Date.</p>	<p>Section 3.14. Date.</p>	<p>Section 3.15. Date.</p>



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>RBH-1286</i>	G5. Date Permit Issued <i>1-5-15</i>	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 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 <i>D. Stanley</i>	Title
--	-------

Community Name <i>Bay County</i>	Telephone
-------------------------------------	-----------

Signature <i>Dennis Stanley</i>	Date <i>3-29-16</i>
------------------------------------	------------------------

Comments
Grade is more than 3 ft. above BFE.

Check here if attachments.

SECTION 6 - COMMUNITY WASTEWATER TREATMENT PLANT

The local official who is authorized by law to administer the community's wastewater management ordinance can complete Section A, B, C, and D of this Elevation Certificate. Complete the applicable items and sign below. Check the measurement card in Item 05 - 010. In Part 010, enter meters.

01. The information in Section 6 is subject to the provisions of law to certify elevation information. (Indicate the source and date of the elevation data in the Comments area below.)
 The information in Section 6 was taken from a level of elevation 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.)
 A community official certifies Section 6 for a building located in Zone A within a FEMA-issued or community-issued (SHE) or Zone 0.

02. Elevation information (Item 02-010) is provided for community floodplain management purposes.
 Local Data Certificate of Compliance/Community Floodplain Management

03. The permit has been issued for...
 State/Local Improvement

04. Elevation of as-built lowest floor finished basement of the building.

05. Elevation of the lowest finished floor of the building (Zone A).

06. Community's highest flood elevation.

Local Official's Name	<i>J. Stankovic</i>
Community Name	<i>Port Clinton</i>
Signature	<i>[Signature]</i>
Comments	<i>Grade is more than 2 ft above BFE</i>
Title	
Telephone	
Date	<i>3-27-16</i>

Building Photographs

See Instructions for Item A6.

IMPORTANT: In these spaces, copy the corresponding information from Section A.

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.
2315 Foxworth Drive

City Panama Cty

State FL

ZIP Code 32405

FOR INSURANCE COMPANY USE

Policy Number:

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



Left View and Garage end Front view



Submitting Photographs

EVALUATION CERTIFICATE page 2

See instructions for item A.

FOR INFORMATION ONLY FOR INFORMATION ONLY
Phone Number
Company Name

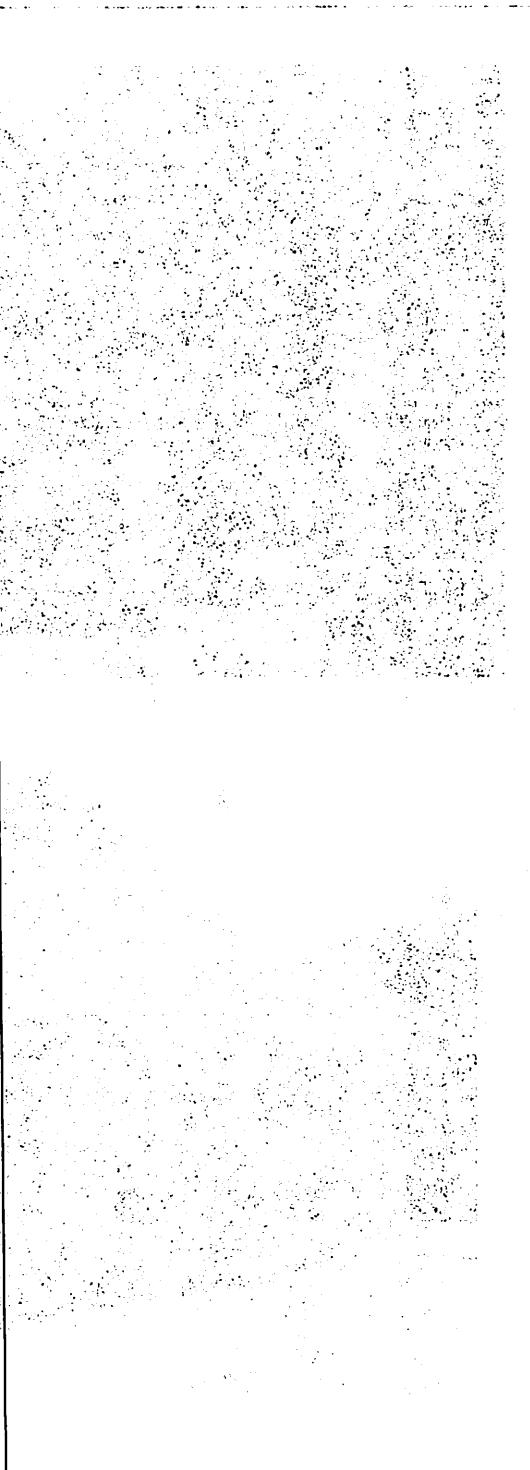
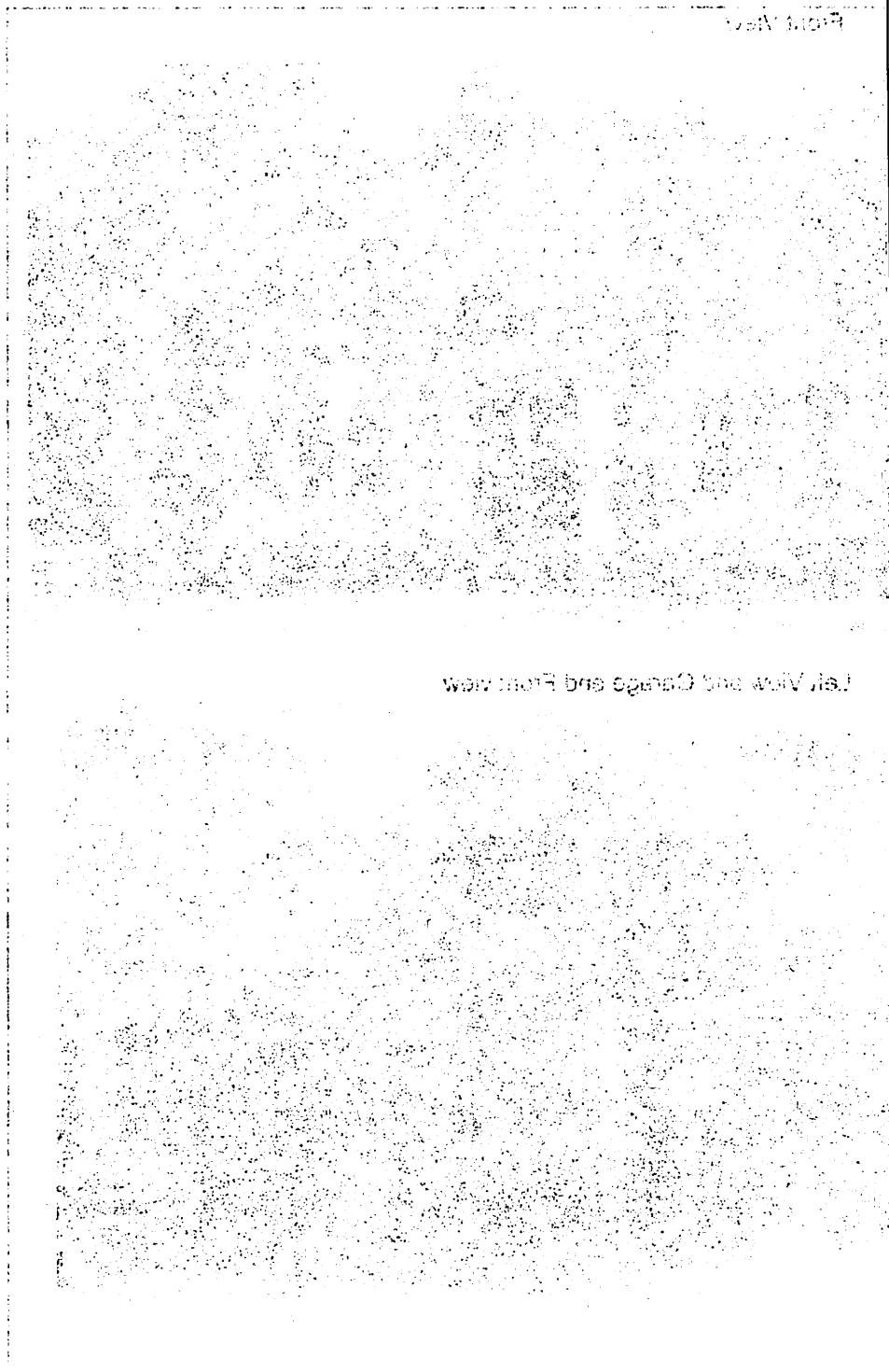
REPORTANT: In these spaces, copy the contact information from Section A.

Company Name (including Apt., Unit, Suite, and Box No.)
2018 Form 0001-0001

State FL ZIP Code 32117

City Panama City

In using the Evaluation Certificate to obtain FBI identification, at least 3 radiographic views are required: Front View, Left Side View, and Right Side View. If available, additional views such as Top View, Bottom View, and Profile View are also acceptable. If you are unable to obtain any of these views, you should indicate this on the form. If you are unable to obtain any of these views, you should indicate this on the form. If you are unable to obtain any of these views, you should indicate this on the form.



Replicates all previous editions

FD-302 (Rev. 03-01-2018)

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.
2315 Foxworth Drive

Policy Number:

City Panama City

State FL

ZIP Code 32405

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



Rear View and Side View of House View



