U.S. DEPARTMENT OF HOMELAND SECURITY Federal Emergency Management Agency National Flood Insurance Program

OMB No. 1660-0008 Expiration Date: November 30, 2018

ELEVATION CERTIFICATE

Important: Follow the instructions on pages 1-9.

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

SEC.	FOR INSUF	RANCE COMPANY USE					
A1. Building Owner's Name Martha B. Milligan					ber:		
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 18208 Park Place					AIC Number:		
City State Fountain Florida			ZIP Code 32438				
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) Parcel No. 02037-000-000							
A4. Building Use (e.g., Residen	itial, Non-Residential, Addit	tion, Accessory, e	etc.) Residentia	1			
A5. Latitude/Longitude: Lat. 30) 28 41.5 Long	g. <u>85 25 21.5</u>	Horizontal	Datum: NAD 1	927 × NAD 1983		
A6. Attach at least 2 photograp	hs of the building if the Cer	tificate is being u	sed to obtain flood	l insurance.			
A7. Building Diagram Number	5						
A8. For a building with a crawls	pace or enclosure(s):						
a) Square footage of crawli	space or enclosure(s)		0.00 sq ft				
b) Number of permanent flo	ood openings in the crawlsp	pace or enclosure	(s) within 1.0 foot	above adjacent gra	sde 0		
c) Total net area of flood or	penings in A8.b	0.00 sq in					
d) Engineered flood opening	gs? ☐ Yes ⊠ No						
A9. For a building with an attach	ed garage:						
a) Square footage of attached garage 0.00 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 0.00 sq in							
d) Engineered flood openings?							
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	CTION B - FLOOD INSU			ORMATION			
B1. NFIP Community Name & C Bay County 120004	ommunity Number	B2. County I	Name		B3. State Florida		
B4. Map/Panel B5. Suffix Number	Date I	FIRM Panel Effective/	B8. Flood Zone(s)	B9. Base Flood E (Zone AO, use	levation(s) e Base Flood Depth)		
12005C0131 H	1 3	Revised Date 02-2009	A & X	181.0 ft			
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9:							
☐ FIS Profile ☐ FIRM 区 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							

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IMPORTANT: In these spaces, copy the corresponding information from Section A.					R INSURANCE COMPANY USE		
	ding Street Address (including Apt., Unit, Suite, and 108 Park Place	d/or Bldg. No.) or P.O	. Route and Box No.	. Poli	cy Number:		
City Fou		State Florida	ZIP Code 32438	Con	npany NAIC Number		
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 b) Top of bottom floor (including basement,		feet m	neters [above or below the HAG.		
	crawlspace, or enclosure) is			_	above or below the LAG.		
E2.	For Building Diagrams 6–9 with permanent flood of the next higher floor (elevation C2.b in	penings provided in S		_	_		
E3.	the diagrams) of the building is Attached garage (top of slab) is			_	above or below the HAG. ¬ above or □ below the HAG.		
	Top of platform of machinery and/or equipment			_			
E5.	servicing the building is Zone AO only: If no flood depth number is available	e, is the top of the bo		•	☐ above or ☐ below the HAG. ance with the community's		
	floodplain management ordinance? Yes	No Unknown.	The local official m	ust certify	y this information in Section G.		
	SECTION F - PROPERTY OWI	NER (OR OWNER'S	REPRESENTATIVE) CERTIF	FICATION		
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							
Add	iress	City		State	ZIP Code		
Sig	nature	Date		Telepho	one		
Cor	nments	·					
					·		
					Check here if attachments.		

BUILDING PHOTOGRAPHS

ELEVATION CERTIFICATE

Continuation Page

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IMPORTANT: In these spaces, copy the correspon	FOR INSURANCE COMPANY USE							
Building Street Address (including Apt., Unit, Suite, ar 18208 Park Place	nd/or Bldg. No.) or P.O	. Route and Box No.	Policy Number:					
City	State	ZIP Code	Company NAIC Number					
Fountain	Florida	32438						
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.								
	Photo Thre	e						
	•							
Photo Three Caption	Photo Three		Clear Photo Three					
Those three capacit			Oldar Hote Fried					
	Photo Fou							
	Photo Poul							
	Photo Four							
Photo Four Caption			Clear Photo Four					