

# ELEVATION CERTIFICATE

OMB No. 1660-0008  
Expires July 31, 2015

Important: Read the instructions on pages 1-9.

JOB No. 52-05-14 MAIN RESIDENCE		SECTION A - PROPERTY INFORMATION		For Insurance Company Use:	
A1. Building Owner's Name <b>AMANDA CORBIN</b>				Policy Number	
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 1101 VERMONT AVENUE				Company NAIC Number	
City	LYNN HAVEN	State	FL	ZIP Code	32444
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) LOTS 19 & 20 BLOCK 26A LYNN HAVEN TAX PARCEL NUMBER 10944-030-000					
A4. Building Use (e.g. Residential, Non-Residential, Addition, Accessory, etc.) <u>RESIDENTIAL</u>					
A5. Latitude/Longitude: Lat <u>30°14'32.10"N</u> Long <u>-85°39'47.94"W</u>				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 <u>8</u>					
A8. For a building with a crawlspace or enclosure(s):					
a) Square footage of crawlspace or enclosure(s)		<u>1840</u> sq ft		A9. For a building with an attached garage:	
b) No. of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade		<u>15</u>		a) Square footage of attached garage <u>0</u> sq ft	
c) Total net area of flood openings in A8 b		<u>1950</u> sq in		b) No. of permanent flood openings in the attached garage within 1.0 foot above adjacent grade	
d) Engineered flood openings? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				c) Total net area of flood openings in A9 b <u>0</u> 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 CITY OF LYNN HAVEN 120009		B2. County Name BAY		B3. State FL	
B4. Map/Panel Number 12005C0331	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) 7 FEET
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: (Describe)					
B11. Indicate elevation datum used for BFE in Item B9: <input checked="" type="checkbox"/> NGVD 1929 <input type="checkbox"/> NAVD 1988 <input type="checkbox"/> Other (Describe)					
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 USC&GS K-290 Vertical Datum 1988  
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.

a) Top of bottom floor (including basement, crawlspace, or enclosure floor)	<u>7.60</u> feet
b) Top of the next higher floor (LIVING SPACE)	<u>8.70</u> feet
c) Bottom of the lowest horizontal structural member (V Zones only)	<u>N/A</u>
d) Attached garage (top of slab)	<u>N/A</u>
e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments)	<u>8.60</u> feet
f) Lowest adjacent (finished) grade next to building (LAG)	<u>7.30</u> feet
g) Highest adjacent (finished) grade next to building (HAG)	<u>7.50</u> feet
h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support	<u>7.30</u> feet

## 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.

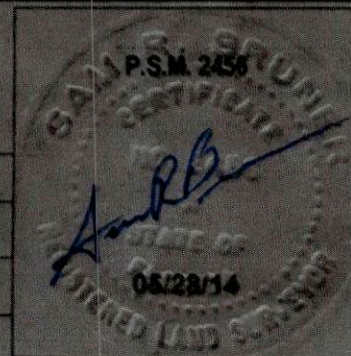
Check here if comments are provided on back of form.

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

Certifier's Name SAM R. BRUNER

Title TREASURER License Number 2456  
Company Name BRUNER-MONGOVEN LAND SURVEYING, INC.  
Address 7603 McELVEY ROAD City PANAMA CITY BEACH State FL ZIP Code 32408

Signature [Signature] Date 05/28/14 Telephone 850.235.2293



SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION

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.
1101 VERMONT AVENUE
City LYNN HAVEN State FL ZIP Code 32444

For Insurance Company Use:
Policy Number
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
C2. a). CRAWLSPACE IS GROUND AND NOT IMPROVED; UTILIZED FOR PIPING SERVICING THE RESIDENCE.
C2. e). AIR CONDITIONER COMPRESSOR THAT SERVICES RESIDENCE LOCATED ON THE NORTH SIDE OF RESIDENCE.

Signature: [Handwritten Signature]

Date 05/28/14

Check here if attachment WITHOUT BFE

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 ... HAG.
b) Top of bottom floor (including basement, crawlspace, or enclosure) is ... feet ... meters ... above or ... below ... 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 lowest 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

SECTION G - COMMUNITY INFORMATION (OPTIONAL)

The local official who is authorized by law or ordinance to administer the community's floodplain management and G of this Elevation Certificate. Complete the applicable item(s) and sign below. Check the appropriate box for FEMA-issued BFE or community-issued BFE.

- 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/corporal management purposes.

G4. Permit Number G5. Date Permit Issued G6. Data Certificate of Completion Occupancy Based
G7. This permit has been issued for: New Construction Substantial Improvement
G8. Elevation of as-built lowest floor (including basement) ... feet ... meters (PR) Data
G9. BFE or (in Zone AO) depth of flooding at the building ... feet ... meters (PR) Data
G10. Community's design flood elevation ... feet ... meters (PR) Data

Local Official's Name
Community Name
Signature
Comments

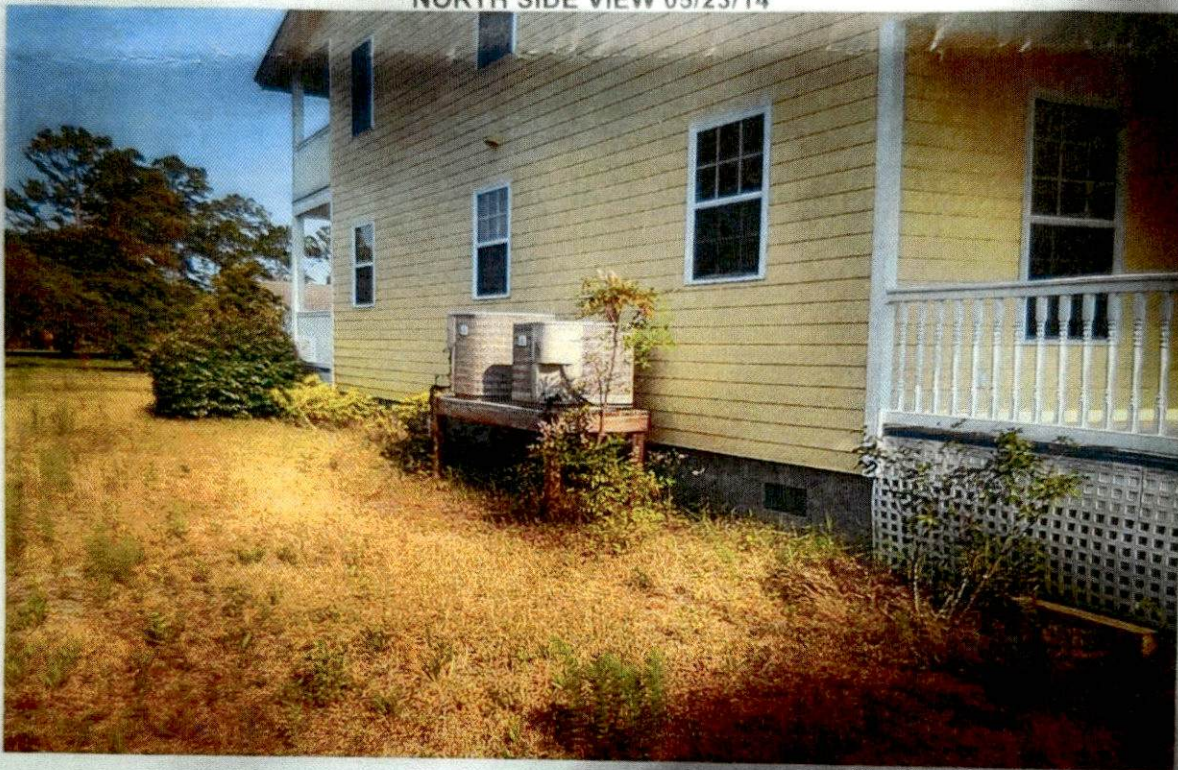
# Building Photographs

Continuation Page

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 1101 VERMONT AVENUE	For Insurance Company Use: Policy Number
City LYNN HAVEN State FL ZIP Code 32444	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."

NORTH SIDE VIEW 05/23/14



# Building Photographs

See Instructions for Item A6.

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.  
1101 VERMONT AVENUE  
City LYNN HAVEN State FL ZIP Code 32444

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." If submitting more photographs than will fit on this page, use the Continuation Page, following. 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 05/23/14



REAR VIEW 05/23/14



Permit #

# ELEVATION CERTIFICATE

Important: Read the instructions on pages 1 - 7.

SECTION A - PROPERTY OWNER INFORMATION			For Insurance Company Use:	
BUILDING OWNER'S NAME STEVE WERNER			Policy Number	
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. 1101 VERMONT AVENUE FILE # ( )			Company NAIC Number	
CITY LYNN HAVEN	STATE FL	ZIP CODE 32444		
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) LOT(S) 19-20 BLOCK A-26 LYNN HAVEN PLAT				
BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use a Comments area, if necessary.) RESIDENTIAL				
LATITUDE/LONGITUDE (OPTIONAL) ( ##° - ##' - ###" or ###.####)		HORIZONTAL DATUM: <input checked="" type="checkbox"/> NAD 1927 <input type="checkbox"/> NAD 1983	SOURCE: <input type="checkbox"/> GPS (Type): _____ <input type="checkbox"/> USGS Quad Map <input type="checkbox"/> Other: _____	

## SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER LYNN HAVEN 120004		B2. COUNTY NAME BAY		B3. STATE FL	
B4. MAP AND PANEL NUMBER 12005C0331	B5. SUFFIX G	B6. FIRM INDEX DATE 9/18/02	B7. FIRM PANEL EFFECTIVE/REVISED DATE 9/18/02	B8. FLOOD ZONE(S) AE	B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding) 7 FEET

B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9.  
 FIS Profile  FIRM  Community Determined  Other (Describe): \_\_\_\_\_

B11. Indicate the elevation datum used for the BFE in B9:  NGVD 1929  NAVD 1988  Other (Describe): \_\_\_\_\_

B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)?  Yes  No Designation Date \_\_\_\_\_

## 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.

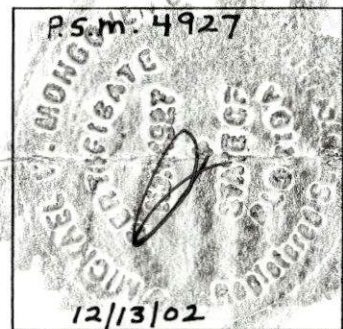
C2. Building Diagram Number 1 (Select the building diagram most similar to the building for which this certificate is being completed - see pages 6 and 7. If no diagram accurately represents the building, provide a sketch or photograph.)

C3. 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 C3.-a-i below according to the building diagram specified in Item C2. State the datum used. If the datum is different from the datum used for the BFE in Section B, convert the datum to that used for the BFE. Show field measurements and datum conversion calculation. Use the space provided or the Comments area of Section D or Section G, as appropriate, to document the datum conversion.  
 Datum \_\_\_\_\_ Conversion/Comments \_\_\_\_\_

Elevation reference mark used K-290 Does the elevation reference mark used appear on the FIRM?  Yes  No

- ▶ a) Top of bottom floor (including basement or enclosure) 7. 40 ft.(m)
- ▶ b) Top of next higher floor N. A ft.(m)
- ▶ c) Bottom of lowest horizontal structural member (V zones only) N. A ft.(m)
- ▶ d) Attached garage (top of slab) 7. 40 ft.(m)
- ▶ e) Lowest elevation of machinery and/or equipment servicing the building (Describe in a Comments area) 8. 08 ft.(m)
- ▶ f) Lowest adjacent (finished) grade (LAG) 3. 30 ft.(m)
- ▶ g) Highest adjacent (finished) grade (HAG) 6. 65 ft.(m)
- ▶ h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade N/A
- ▶ i) Total area of all permanent openings (flood vents) in C3.h N/A sq. in. (sq. cm)

License Number, Embossed Seal, Signature, and Date



## 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 in Sections A, B, and C 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.

CERTIFIER'S NAME	MICHAEL W. MONGOVEN	LICENSE NUMBER	P.S.M. 4927
TITLE	PRESIDENT	COMPANY NAME	BRUNER-MONGOVEN LAND SURVEYING, INC.
ADDRESS	7603 MCELVEY ROAD	CITY	PANAMA CITY BEACH
		STATE	FL
		ZIP CODE	32408
SIGNATURE		DATE	12/12/02
		TELEPHONE	850 235 2293

<b>IMPORTANT: In these spaces, copy the corresponding information from Section A.</b>			For Insurance Company Use: <input type="checkbox"/>
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. 1101 VERMONT AVENUE			Policy Number
CITY LYNN HAVEN	STATE FL	ZIP CODE 32444	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**

C3 E AIR CONDITIONER COMPRESSOR THAT SERVICES HOUSE.

Check here if attachments

**SECTION E - BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO AND ZONE A (WITHOUT BFE)**

For Zone AO and Zone A (without BFE), complete Items E1 through E4. If the Elevation Certificate is intended for use as supporting information for a LOMA or LOMR-F, Section C must be completed.

- E1. Building Diagram Number \_\_ (Select the building diagram most similar to the building for which this certificate is being completed – see pages 6 and 7. If no diagram accurately represents the building, provide a sketch or photograph.)
- E2. The top of the bottom floor (including basement or enclosure) of the building is \_\_ ft.(m) \_\_ in.(cm)  above or  below (check one) the highest adjacent grade. (Use natural grade, if available).
- E3. For Building Diagrams 6-8 with openings (see page 7), the next higher floor or elevated floor (elevation b) of the building is \_\_ ft.(m) \_\_ in.(cm) above the highest adjacent grade. Complete items C3.h and C3.i on front of form.
- E4. For 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, C (Items C3.h and C3.i only), 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, C, 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.

- G1.  The information in Section C was taken from other documentation that has been signed and embossed by a licensed surveyor, engineer, or architect who is authorized by state or local 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	G5. DATE PERMIT ISSUED	G6. DATE CERTIFICATE OF COMPLIANCE/OCCUPANCY ISSUED
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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 is: \_\_\_\_\_ ft.(m) Datum: \_\_\_\_\_

G9. BFE or (in Zone AO) depth of flooding at the building site is: \_\_\_\_\_ ft.(m) Datum: \_\_\_\_\_

LOCAL OFFICIAL'S NAME TITLE

COMMUNITY NAME TELEPHONE

SIGNATURE DATE

COMMENTS

Check here if attachments