

Permit 13339

FEDERAL EMERGENCY MANAGEMENT AGENCY
NATIONAL FLOOD INSURANCE PROGRAM

O.M.B. No. 3067-0077
Expires December 31, 2005

ELEVATION CERTIFICATE

04-3338

Important: Read the instructions on pages 1 - 7.

SECTION A - PROPERTY OWNER INFORMATION

BUILDING OWNER'S NAME Unique Contractors, Inc.		For Insurance Company Use: Policy Number	
BUILDING STREET ADDRESS (Including Apt. Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. 1106 New Jersey Avenue FILE # 3 (2004)		Company NAIC Number	
CITY Lynn Haven	STATE FL	ZIP CODE 32444	
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) Lots 5 & 6, Block A-96, 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 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. NFP COMMUNITY NAME & COMMUNITY NUMBER City of Lynn Haven, 120009		B2. COUNTY NAME Bay County		B3. STATE Florida	
B4. MAP AND PANEL NUMBER 12005C0331	B5. SUFFIX G	B6. FIRM INDEX DATE 9/18/2002	B7. FIRM PANEL EFFECTIVE/REVISED DATE 9/18/2002	B8. FLOOD ZONE(S) AE	B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding) 7

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 _____ Does the elevation reference mark used appear on the FIRM? Yes No

- o a) Top of bottom floor (including basement or enclosure) 8.52 ft
- o b) Top of next higher floor _____ ft
- o c) Bottom of lowest horizontal structural member (V zones only) _____ ft
- o d) Attached garage (top of slab) 8.19 ft
- o e) Lowest elevation of machinery and/or equipment _____ ft
- o f) Lowest adjacent (finished) grade (LAG) 7.6 ft
- o g) Highest adjacent (finished) grade (HAG) 7.9 ft
- o h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade 0
- o i) Total area of all permanent openings (flood vents) in C3.h 0 sq. in. (sq. cm)

License Number, Embossed Seal, Signature, and Date

John Carr
Date Signed: 6/25/2004
Florida License
No. LS5195

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 John K. Carr, PSM LICENSE NUMBER LS5195

TITLE President	COMPANY NAME Carr Surveying & Mapping, Inc. LB7036		
ADDRESS 600 Marina Bay Drive	CITY Panama City	STATE FL	ZIP CODE 32409
SIGNATURE <i>John Carr</i>	DATE 6/25/2004	TELEPHONE (850) 271-0929	