

Permit 13227

FEDERAL EMERGENCY MANAGEMENT AGENCY
NATIONAL FLOOD INSURANCE PROGRAM

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

ELEVATION CERTIFICATE

04-3235-1

Important: Read the instructions on pages 1 - 7.

SECTION A - PROPERTY OWNER INFORMATION			For Insurance Company Use:	
BUILDING OWNER'S NAME Unique Contractors, Inc.			Policy Number	
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. 1115 Maryland Avenue			Company NAIC Number	
CITY Lynn Haven	STATE FL	ZIP CODE 32444		
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) Lots 11 & 12, 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. NFIP COMMUNITY NAME & COMMUNITY NUMBER City of Lynn Haven, 120009		B2. COUNTY NAME Bay County	B3. STATE Florida		
B4. MAP AND PANEL NUMBER 12005C0331	B6. SUFFIX G	B5. 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 NGVD/29 Conversion/Comments None
 Elevation reference mark used ____ Does the elevation reference mark used appear on the FIRM? Yes No

- a) Top of bottom floor (including basement or enclosure) 9.36 ft
- b) Top of next higher floor _____ ft
- c) Bottom of lowest horizontal structural member (V zones only) _____ ft
- d) Attached garage (top of slab) 8.97 ft
- e) Lowest elevation of machinery and/or equipment 9.1 ft
- f) Lowest adjacent (finished) grade (LAG) 8.8 ft
- g) Highest adjacent (finished) grade (HAG) 9.1 ft
- h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade 0
- 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 K. Carr
 Date Signed: 10/22/2004
 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.C. 1001, Section 1001.

CERTIFIER'S NAME John K. Carr, PSM LICENSE NUMBER LS5195

TITLE President COMPANY NAME Carr Surveying & Mapping, Inc. LB7035

ADDRESS 1600 Marina Bay Drive CITY Panama City STATE FL ZIP CODE 32409

SIGNATURE *John K. Carr* DATE 10/22/2004 TELEPHONE (850) 271-0929

Check here if attachments

COMMENTS

SIGNATURE

DATE

LOCAL OFFICIAL'S NAME

TITLE

COMMUNITY NAME

TRF EXPANSION

DATE

G7. This permit has been issued for: New Construction Substantial Improvement

G8. Elevation of as-built lowest floor (including basement) of the building is: Datum: _____ ft(m)

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

G4. PERMIT NUMBER

G5. DATE PERMIT ISSUED

G6. DATE CERTIFICATE OF COMPLIANCE/COUAWMRY ISSUED

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 (24, 29) is provided for community floodplain management purposes.

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 or its Elevation Certificate. Complete the appropriate item(s) and sign below.

Check here if attachments

COMMENTS

SIGNATURE

DATE

ADDRESS

CITY

STATE

ZIP CODE

TELEPHONE

PROPERTY OWNERS OR OWNERS AUTHORIZED REPRESENTATIVE'S NAME

The property owner or owner's authorized representative who completes Sections A, B, C (Items C-1 and C-2 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, G, and E are correct to the best of my knowledge.

SECTION F - PROPERTY OWNER (OR OWNER'S REPRESENTATIVE) CERTIFICATION

Yes No Unknown. The local official must certify this information in Section G.

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 natural grade. (Use

E3. For Building Diagrams E-1 with openings (see page 7), the next higher floor or elevated floor (elevation h) of the building is _____ ft(m) _____ in.(cm) above the highest adjacent natural grade. (If available)

E4. The top of the pediment of machinery and/or equipment serving the building is _____ ft(m) _____ in.(cm) above or below (check one) the highest adjacent grade. (Use

E5. 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? (natural grade, if available)

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, 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.)

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E5. 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? (natural grade, if available)

Check here if attachments

COMMENTS

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

SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION (CONTINUED)

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

For Insurance Company Use: Policy Number

BUILDING STREET ADDRESS (including Apt. Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO.

1115 Maryland Avenue

CITY

Lynn Haven

STATE

FL

ZIP CODE

32444

Company/Unit Number

Permit # 13227

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John K. Carr
Date Signed: 3/31/2004

Florida License
No. LS5195

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CERTIFIER'S NAME John K. Carr, PSM	LICENSE NUMBER LS5195		
TITLE President	COMPANY NAME Carr Surveying & Mapping, Inc. LB7036		
ADDRESS 300 Marina Bay Drive	CITY Panama City	STATE FL	ZIP CODE 32409
SIGNATURE <i>John K. Carr</i>	DATE 3/31/2004	TELEPHONE (850) 271-0929	