

ELEVATION CERTIFICATE

Important: Read the instructions on pages 1 - 7.

SECTION A - PROPERTY OWNER INFORMATION

BUILDING OWNER'S NAME MIKE & MARY MEINTS		For Insurance Company Use: Policy Number	
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. 115 CASHEL MARA DR FILE #		Company NAIC Number	
CITY PANAMA CITY	STATE FL	ZIP CODE 32409	
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) LOT 7 MILLPOINT LANDING			
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 BAY COUNTY 12004		B2. COUNTY NAME BAY		B3. STATE FL	
B4. MAP AND PANEL NUMBER 12005C0219	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.

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

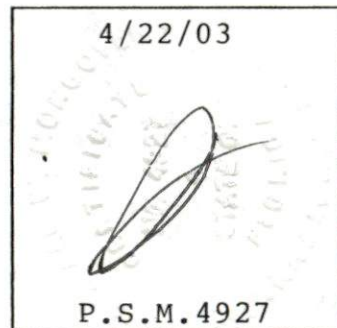
Complete Items C3.-a-i below according to the building diagram specified in Item C2. State the datum used. If the datum is different from the datum used for the BFE in Section B, convert the datum to that used for the BFE. Show field measurements and datum conversion calculation. Use the space provided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

Datum _____ Conversion/Comments _____

Elevation reference mark used K42 Does the elevation reference mark used appear on the FIRM? Yes No

- ▶ a) Top of bottom floor (including basement or enclosure) 8.3 ft.(m)
- ▶ b) Top of next higher floor _____ ft.(m)
- ▶ c) Bottom of lowest horizontal structural member (V zones only) _____ ft.(m)
- ▶ d) Attached garage (top of slab) 7.6 ft.(m)
- ▶ e) Lowest elevation of machinery and/or equipment servicing the building (Describe in a Comments area) 8.1 ft.(m)
- ▶ f) Lowest adjacent (finished) grade (LAG) 5.4 ft.(m)
- ▶ g) Highest adjacent (finished) grade (HAG) 6.4 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 RD.	CITY PANAMA CITY BEACH	STATE FL	ZIP CODE 32408
SIGNATURE	DATE 4/22/03	TELEPHONE 805-235-2293	

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. 115 CASHEL MARA DR.			Policy Number
CITY PANAMA CITY	STATE FL	ZIP CODE 32409	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 RESIDENCE

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. The top of the platform of machinery and/or equipment servicing the building is ___ ft.(m) ___ in.(cm) above or below (check one) the highest adjacent grade. (Use natural grade, if available).
- 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?
 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

CWSI Job # 0123-0953

ELEVATION CERTIFICATE

Expires July 31, 2002

Important! Read the instructions on pages 1 - 7.

BUILDING OWNERS NAME
Mike Merits
115 Cashel Mara Drive
Lynn Haven
FL
32444

PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)
Lot 7, Wimpout Landing Subdivision
Residential, Non-residential, Addition, Accessory, etc. Use a Comments area, if necessary.

BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use a Comments area, if necessary.)
Residential

LATITUDE/LONGITUDE (OPTIONAL)
(##-##-### or ###-###-##)
SOURCE: GPS (Type) USGS Quad Map Other

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. FIRM COMMUNITY NAME & COMMUNITY NUMBER Bay County (Incorp) 120004	B2. COUNTY NAME Bay	B3. STATE Fla
B4. MAP AND PANEL NUMBER 12004-0220	B5. SUFFIX D	B6. FIRM INDEX DATE 1/3/85
B7. FIRM PANEL EFFECTIVE/REVISED DATE 1/3/85	B8. FLOOD ZONE(S) A-7	B9. BASE FLOOD ELEVATION(S) (Zone A0, use depth of flooding) 7.00

SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)

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

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.
 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), AR, AR/A, AR/AE, AP/A1-A30, AR/AH, AR/AVO
 Complete items C3-a-f 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 calculations. Use the space provided or the Comments area of Section D or Section G, as appropriate, to document the datum conversion.

Datum NGVD 1929 Conversion/Comments
 Elevation reference mark used FM 3 Does the elevation reference mark used appear on the FIRM? Yes No
 a) Top of bottom floor (including basement or enclosure) 8.72 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) 8.07 ft(m)
 e) Lowest elevation of machinery and/or equipment N/A ft(m)
 f) Lowest adjacent finished grade (LAG) N/A ft(m)
 g) Highest adjacent finished grade (HAG) 5.8 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 C3h N/A sq. in. (sq. cm)

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 Hilton E. Wasingham
LICENSE NUMBER 3257
COMPANY NAME County Wide Surveying, Inc. LB 3929
TITLE Registered Land Surveyor
ADDRESS 8 Jones Avenue
CITY Panama City
STATE FL
ZIP CODE 32401
DATE 12/20/01
TELEPHONE (850) 769-0345

SECTION A - PROPERTY OWNER INFORMATION
BUILDING OWNERS NAME Mike Merits
BUILDING STREET ADDRESS (including Apt. Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO.
Policy Number
For Insurance Company Use

ADDRESS 8 Jones Avenue
CITY Panama City
STATE FL
ZIP CODE 32401
DATE 12/20/01
TELEPHONE (850) 769-0345

SIGNATURE *Hilton E. Wasingham*



Michael H. Meints General Contractor



433 Bay Shore Drive, Panama City Beach, FL 32407

(850) 832-4774

Fax: (850) 234-0397

To:	Lynn Slaver Building Dept.
From:	Mike Meints
Date:	2/24/03
Subject:	
# Pages	Including Cover -

Attn: Charles

Attached is the elevation certificate
 for Lot 7, Millport -
 115 Castel Mara
 Building Permit # 11895