CWSI JOB# 9923-0420

## FEDERAL EMERGENCY MANAGEMENT AGENCY NATIONAL FLOOD INSURANCE PROGRAM

**ELEVATION CERTIFICATE** 

O.M.B. No. 3067-0077 Expires July 31, 2002

Important: Read the instructions on pages 1 - 7,

SECTION A - PROPERTY OWNER INFORMATION						For Insurance Company Use:
BUILDING OWNER'S NAME						Policy Number
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. 2008 S. HIGHWAY 77						Company NAIC Number
CITY		·		STATE		ZIP CODE
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)						
BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use Comments section if necessary.)						
LATITUDE/LONGITUDE (OPTIONAL) HORIZONTAL DATUM: SOURCE: LJ GPS (Type):						
( ##° - ##' - ##.##" or ##.####") NAD 1927 NAD 1983 USGS Quad Map Other:						
SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION						
B1, NFIP COMMUNITY NAME & COMMUNITY NUMBER LYNN HAVEN 120009  BAY  B2, COUNTY NAME BAY						3. STATE
B4. MAP AND PANEL	B5. SUFFIX	B6. FIRM INDEX	B7. FIRM PANEL	. PRE	LOOD I	B9, BASE FLOOD ELEVATION(S)
NUMBER 120009 0005	D	DATE	EFFECTIVE/REVISED		IE(S)	(Zone AO, use depth of flooding)
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9.						
FIS Profile   XX  FIRM   Community Determined   Other (Describe):						
B11. Indicate the elevation datum used for the BFE in B9: [XX] 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   XX   No						
Designation Date:						
SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)						
C1. Building elevations are based on:						
*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 C3a-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 NONE to Does the elevation reference mark used appear on the FIRM?   Yes KX  No a) Top of bottom floor (including basement or enclosure) 21.03 ft.(m) =						
□ b) Top of next high		rasement of enclose		2] <u>, 03</u> ft.(m N/A . ft.(m		ì
□ b) Top of next higher floor						
C) a) I guarant algorithm of machiness and/as assument						
servicing the buildingN/Aft.(m) ŽŽŽ						
☐ f) Lowest adjacent		*		18.0 ft.(m	. = 21	1
<ul> <li>g) Highest adjacen</li> </ul>	grade (HAG)	7		20.0 ft.(m	SE 8	•
h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade N/A						
🔾 i) Total area of all p	emanent ope	nings (flood vents) i	n C3h <u>N/A</u>	_ sq. ln. (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 evailable.						
I understand that any false statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 1001.  CERTIFIER'S NAME  LICENSE NUMBER						
<u> Hulon E. Walsingh</u>	am			3257	IDEK	
TITLE Registered Land S	urveyor	· ·	COMPANY NAM County Wid	ME de Surveyin	g. Inc	LB# 3929
ADDRESS 958 Denks Avenue	1//		CITY	S	TATE	ZIP CODE
SIGNATURE > I/	W.		Panama Cit DATE		FI. ELEPHONI	32401 · 3
they I was			June 19.	2000	(850)	769-0345
FEMA Form 81-31, AUG 9	91	SEE REVER	ISE SIDE FOR CONTI	NUATION	- REPLAC	CES ALL PREVIOUS FOITIONS