## CWSI JOB# 0023-0725

FEDERAL EMERGENCY MANAGEMENT AGENCY NATIONAL FLOOD INSURANCE PROGRAM

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

## **ELEVATION CERTIFICATE**

Permit Important:

Important: Read the instructions on pages 1 - 7.

BUILDING OWNER'S NA	SECTION A - PROPERTY OWNER INFORMATION					
	Policy Number					
David Cooley			· · · · · · · · · · · · · · · · · · ·	20710	Common NAIO Number	
206 Georgia Avenue	RESS (Including A	Apt., Unit, Suite, and/or E	(lidg. No.) OR P.O. ROUTE AND E		Company NAIC Number	
CITY Lynn Haven			STATE FL	ZIP 0 3244	CODE 4	
	ON (Lot and Block	Numbers, Tax Parcel N	umber, Legal Description, etc.)	02	•	
Lots 1, 2, 3 and 4, Block 2	1, Amendment to	Plat No. 1 Lynn Haven				
BUILDING USE (e.g., Res Residential	idential, Non-resid	dential, Addition, Access	ory, etc. Use a Comments area, if	the second second		
LATITUDE/LONGITUDE ( (##°-##'-##.##" or ##.			ITAL DATUM:  NAD 1983	SOURCE: GPS (T		
-	S	ECTION B - FLOOD IN	ISURANCE RATE MAP (FIRM)	INFORMATION		
B1. NFIP COMMUNITY NAME & Lynn Haven	COMMUNITY NUM 120009	BER B	2. COUNTY NAME By		B3. STATE Fla	
B4. MAP AND PANEL	B5. SUFFIX		B7. FIRM PANEL	1	B9. BASE FLOOD ELEVATION(S)	
NUMBER 120009 0005	D	B6. FIRM INDEX DATE	EFFECTIVE/REVISED DATE 4-30-86	B8. FLOOD ZONE(S	(Zone AO, use depth of flooding) 7.00	
B10. Indicate the source of the		ion (REE) data or has a flor				
	S FIRM	Community Deter		cribe):		
B11. Indicate the elevation dat		The state of the s		Other (Describe):	<u>, 1886</u> - 18	
B12. Is the building located in a	a Coastal Barrier Re	esources System (CBRS)	area or Otherwise Protected Area (Ol	PA)? Yes No	Designation Date	
	SEC	TION C - BUILDING E	LEVATION INFORMATION (SU	RVEY REQUIRED)		
C1. Building elevations are bas	sed on: Constru	ction Drawings*	Building Under Construction*	Finished Construction		
*A new Elevation Certifica	te will be required w	hen construction of the bu	ilding is complete.			
			the building for which this certificate is	s being completed - see p	pages 6 and 7. If no diagram	
accurately represents the		A STATE OF THE PARTY OF THE PAR				
	The state of the s	Committee of the contract of t	BFE), AR, AR/A, AR/AE, AR/A1-A30	, AR/AH, AR/AO		
			d in Item C2. State the datum used. I		on the datum used for the DEE in	
				i the datum is different in	on the datum used for the DFE in	
	um to that used for		urements and datum conversion calc			
Section D or Section G, as		the BFE. Show field meas	urements and datum conversion calc			
	s appropriate, to do	the BFE. Show field meas cument the datum convers	urements and datum conversion calc			
Section D or Section G, as Datum NGVD 1929 Con	s appropriate, to doo version/Comments	the BFE. Show field meas curnent the datum convers	urements and datum conversion calc	ulation. Use the space p	rovided or the Comments area of	
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IMPORTANT: In these spaces, copy		For Insurance Company Use: 🛰		
	Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BO	OX NO.		Policy Number
206 Georgia Avenue	STATE		ZIP CODE	Company NAIC Number
Lynn Haven	FL		32444	Company NAIC Number
SECT	ION D - SURVEYOR, ENGINEER, OR AR	CHITECT CERTIFICATION	ON (CONTINUED)	
	e for (1) community official, (2) insurance agent/co			
COMMENTS	, , , , , , , , , , , , , , , , , , , ,			
Sommer of the second		1	14	JUE -
				7
				☐ Check here if attachments
SECTION E - BUILDING E	ELEVATION INFORMATION (SURVEY NO	T REQUIRED) FOR ZOI	NE AO AND ZONE	A (WITHOUT BFE)
For Zone AO and Zone A (without BFE), con	nplete Items E1 through E4. If the Elevation Cert	ificate is intended for use as	supporting information	n for a LOMA or LOMR-F,
Section C must be completed.				
0 0 =1	building diagram most similar to the building for w	hich this certificate is being o	ompleted – see page	s 6 and 7. If no diagram accurately
represents the building, provide a sketch				1:1
	sement or enclosure) of the building isft.(m)	_in.(cm)   above or	below (check one) th	e highest adjacent grade. (Use
natural grade, if available).  E3. For Building Disgrams 6.8 with openings	s (see page 7), the next higher floor or elevated flo	oor (alcustion h) of the huildin	nais ft/m) in/	rm) about the highest adjacent
grade. Complete items C3.h and C3.i o		or (elevation b) or the buildin	gs _ ic(ii)ii.(i	any above the highest adjacent
the state of the control of the state of the control of the contro	nber is available, is the top of the bottom floor elev	vated in accordance with the	community's floodpla	in management ordinance?
	local official must certify this information in Section			•
SECT	ION F - PROPERTY OWNER (OR OWNE	R'S REPRESENTATIVE	CERTIFICATION	V. 1 - C. 8 , L/4
The property owner or owner's authorized	representative who completes Sections A, B, C (I	items C3.h and C3.i only), an	nd E for Zone A (witho	out a FEMA-issued or community-
issued BFE) or Zone AO must sign here.	The statements in Sections A, B, C, and E are co	meet to the best of my knowle	edge.	
PROPERTY OWNER'S OR OWNER'S A	UTHORIZED REPRESENTATIVE'S NAME			1
		1 7		2000
ADDRESS		CITY	STATE	ZIP CODE
SIGNATURE		DATE	TELEPH	HONE
COMMENTS				
				☐ Check here if attachments
	SECTION G - COMMUNITY INF	CODMATION (OPTIONA	1)	Crieck fiele ii attacriments
The least Cold by the control of the		THE RESERVE THE PARTY OF THE PA	The second secon	A D O( E) 10 - (#:- El#:
The local official who is authorized by law or Certificate. Complete the applicable item(s).	ordinance to administer the community's floodpla	ain management ordinance c	an complete Sections	A, B, C (or E), and G of this Elevation
	and sign below. ken from other documentation that has been sign	ned and embossed by a licen	sed surveyor engine	er or architect who is authorized by
	information. (Indicate the source and date of the			or, or aroundoc willo to addition and by
	tion E for a building located in Zone A (without a l			AO.
1 Table 1	-G9) is provided for community floodplain manag	-		
G4. PERMIT NUMBER	G5. DATE PERMIT ISSUED	G6. DATE CER	RTIFICATE OF COMPL	JANCE/OCCUPANCY ISSUED
G7. This permit has been issued for: Ne	w Construction Substantial Improvement			
G8. Elevation of as-built lowest floor (including	The state of the s		ft.(m)	Datum:
G9. BFE or (in Zone AO) depth of flooding at	t the building site is:		ft.(m)	Datum:
LOCAL OFFICIAL'S NAME		TITLE		
COMMUNITY NAME		TELEPHONE		
		TELEFTIONE	× 1	
SIGNATURE	8	DATE		
COMMENTS				
_ 11,				Check here if attachments
				Chock Hole ii dilaci ii lelis

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