

# ELEVATION CERTIFICATE

Important: Follow the instructions on pages 1-9.

Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2) insurance agent/company, and (3) building owner.

| SECTION A - PROPERTY INFORMATION  |                  | FOR INSURANCE COMPANY USE |
|---|------------------|---------------------------|
| A1. Building Owner's Name<br>WILLIAM GANDY AND MIRIAM B. GANDY  |                  | Policy Number:            |
| A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.<br>2203 NORTH HARBOUR DRIVE                                       |                  | Company NAIC Number:      |
| City<br>LYNN HAVEN  | State<br>FLORIDA | ZIP Code<br>32444         |
| A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)<br>PARCEL ID #08925-109-000, LOT 9, BLOCK A, NORTH HARBOUR                 |                  |                           |
| A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) <u>RESIDENTIAL</u>   |                  |                           |
| A5. Latitude/Longitude: Lat. <u>N30d14'11"</u> Long. <u>W85d40'22"</u> Horizontal Datum: <input type="checkbox"/> NAD 1927 <input checked="" type="checkbox"/> NAD 1983 |                  |                           |
| A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insurance.   |                  |                           |
| A7. Building Diagram Number <u>1B</u>   |                  |                           |
| A8. For a building with a crawlspace or enclosure(s):   |                  |                           |
| a) Square footage of crawlspace or enclosure(s) <u>0</u> sq ft  |                  |                           |
| b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade <u>0</u>   |                  |                           |
| c) Total net area of flood openings in A8.b <u>0</u> sq in  |                  |                           |
| d) Engineered flood openings? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |                  |                           |
| A9. For a building with an attached garage:   |                  |                           |
| a) Square footage of attached garage <u>0</u> sq ft   |                  |                           |
| b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade <u>0</u>  |                  |                           |
| c) Total net area of flood openings in A9.b <u>0</u> sq in  |                  |                           |
| d) Engineered flood openings? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |                  |                           |

## SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

|   |                 |                                   |  |                         |  |
|---|-----------------|-----------------------------------|--|-------------------------|--|
| B1. NFIP Community Name & Community Number<br>CITY OF LYNN HAVEN 120009 |                 | B2. County Name<br>BAY            |  | B3. State<br>FLORIDA    |  |
| B4. Map/Panel Number<br>12005C0331                                      | B5. Suffix<br>H | B6. FIRM Index Date<br>06/02/2009 | B7. FIRM Panel Effective/ Revised Date<br>06/02/2009 | B8. Flood Zone(s)<br>AE | B9. Base Flood Elevation(s) (Zone AO, use Base Flood Depth)<br>7.0 |

B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9:  
 FIS Profile  FIRM  Community Determined  Other/Source: \_\_\_\_\_

B11. Indicate elevation datum used for BFE in Item B9:  NGVD 1929  NAVD 1988  Other/Source: \_\_\_\_\_

B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)?  Yes  No  
 Designation Date: \_\_\_\_\_  CBRS  OPA

# ELEVATION CERTIFICATE

OMB No. 1660-0008  
Expiration Date: November 30, 2011

ELEVATION CERTIFICATE  
IMPORTANT: For Insurance Company Use

|   |                  |                   |                           |
|---|------------------|-------------------|---------------------------|
| <b>IMPORTANT: In these spaces, copy the corresponding information from Section A.</b>   |                  |                   | FOR INSURANCE COMPANY USE |
| Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.<br>2203 NORTH HARBOUR DRIVE |                  |                   | Policy Number:            |
| City<br>LYNN HAVEN  | State<br>FLORIDA | ZIP Code<br>32444 | Company NAIC Number       |

## 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. 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 C2.a–h below according to the building diagram specified in Item A7. In Puerto Rico only, enter meters.

Benchmark Utilized: K 42 ELEVATION 13.71 Vertical Datum: NAVD 88

Indicate elevation datum used for the elevations in items a) through h) below.

NGVD 1929  NAVD 1988  Other/Source: \_\_\_\_\_

Datum used for building elevations must be the same as that used for the BFE.

Check the measurement used.

- |   |     |  |                                 |
|---|-----|--|---------------------------------|
| a) Top of bottom floor (including basement, crawlspace, or enclosure floor)   | 7.4 | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| b) Top of the next higher floor   | NA  | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| c) Bottom of the lowest horizontal structural member (V Zones only)   | NA  | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| d) Attached garage (top of slab)  | 6.0 | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| e) Lowest elevation of machinery or equipment servicing the building<br>(Describe type of equipment and location in Comments) | 6.6 | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| f) Lowest adjacent (finished) grade next to building (LAG)  | 3.8 | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| g) Highest adjacent (finished) grade next to building (HAG)   | 5.6 | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support                                  | NA  | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |

## 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 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.

Were latitude and longitude in Section A provided by a licensed land surveyor?  Yes  No  Check here if attachments.

|   |                                       |                             |
|---|---------------------------------------|-----------------------------|
| Certifier's Name<br>WILLIAM E. MCDANIEL               | License Number<br>L.B.#5800 L.S.#4369 |                             |
| Title<br>REGISTERED LAND SURVEYOR                     |                                       |                             |
| Company Name<br>SEA LEVEL SURVEYING AND MAPPING, INC. |                                       |                             |
| Address<br>1219 MAINE AVENUE                          |                                       |                             |
| City<br>LYNN HAVEN                                    | State<br>FLORIDA                      |                             |
| Signature<br>   | Date                                  | Telephone<br>(850) 265-4800 |

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Comments (including type of equipment and location, per C2(e), if applicable)  
C2(e) AIR CONDITION PAD OUTSIDE OF STRUCTURE