

2 1/2 pages
BPH

FEDERAL EMERGENCY MANAGEMENT AGENCY
NATIONAL FLOOD INSURANCE PROGRAM

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

ELEVATION CERTIFICATE

Important: Read the instructions on pages 1 - 7.

SECTION A - PROPERTY OWNER INFORMATION

BUILDING OWNER'S NAME William E. Shaw, Jr. and Allison Shaw		For Insurance Company Use: Policy Number	
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. 2402 Coral Drive		Company NAIC Number	
CITY Lynn Haven	STATE FL	ZIP CODE 32444	
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) Lot 18, Block "D", North Harbour			
BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use Comments section if necessary.) Residential			
LATITUDE/LONGITUDE (OPTIONAL) (##-##-### or ##.####)		HORIZONTAL DATUM: SOURCE: <input type="checkbox"/> GPS (Type): <input type="checkbox"/> NAD 1927 <input type="checkbox"/> NAD 1983 <input type="checkbox"/> USGS Quad Map <input type="checkbox"/> Other: _____	

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER Panama City 120042 Lynn Haven 120009		B2. COUNTY NAME Bay		B3. STATE FL	
B4. MAP AND PANEL NUMBER 120009 0335	B5. SUFFIX D	B6. FIRM INDEX DATE 7/02/81	B7. FIRM PANEL EFFECTIVE/REVISED DATE 1/3/86	B8. FLOOD ZONE(S) A-8	B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding) 6.0'

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 3 (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 NGVD Conversion/Comments _____

Elevation reference mark used 290 Does the elevation reference mark used appear on the FIRM? Yes No

- o a) Top of bottom floor (including basement or enclosure) 10.82 ft. (m) 1st floor
- o b) Top of next higher floor 20.86 ft. (m) 2nd floor
- o c) Bottom of lowest horizontal structural member (V zones only) N/A ft. (m)
- o d) Attached garage (top of slab) 7.48 ft. (m)
- o e) Lowest elevation of machinery and/or equipment servicing the building (A/C units) 7.80 ft. (m)
- o f) Lowest adjacent grade (LAG) 6.7 ft. (m)
- o g) Highest adjacent grade (HAG) 6.9 ft. (m)
- o h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade N/A
- o i) Total area of all permanent openings (flood vents) in C3h N/A sq. in. (sq. cm)

License Number, Embossed Seal, Signature, and Date

FLORIDA LS 4440
K. [Signature]
8/20/2001

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 R. Mark Niles LICENSE NUMBER LS 4440

TITLE Director of Surveying COMPANY NAME SCR Surveying & Mapping, Inc.

ADDRESS 1617 Tennessee Avenue CITY Lynn Haven STATE FL ZIP CODE 32444

SIGNATURE [Signature] DATE 8/20/2001 TELEPHONE (850)265-6979