## FEDERAL EMERGENCY MANAGEMENT AGENCY NATIONAL FLOOD INSURANCE PROGRAM

## **ELEVATION CERTIFICATE**

O.M.B. No. 3067-0077 Expires December 31, 2005

05-3545-1

Important: Read the instructions on pages 1 - 7. SECTION A - PROPERTY OWNER INFORMATION For Insurance Company Use: BUILDING OWNER'S NAME Policy Number Jeremy & Cindy Simpson BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. Company NAIC Number 2610 Shadow Ridge Court FILE 2005 CITY STATE ZIP CODE Lynn Haven 32444 FL PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) Lot 5, Shadow Ridge, Plat Book 20, Pages 32 & 33, Bay County, Florida BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use a Comments area, if necessary.) Residential LATITUDE/LONGITUDE (OPTIONAL) HORIZONTAL DATUM: SOURCE: 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 **B2. COUNTY NAME** B3. STATE City of Lynn Haven - 120009 **Bay County** Florida B4, MAP AND PANEL **B7. FIRM PANEL** B9. BASE FLOOD ELEVATION(S) B5. SUFFIX NUMBER **B6. FIRM INDEX DATE** EFFECTIVE/REVISED DATE B8. FLOOD ZONE(S) (Zone AO, use depth of flooding) 12005C0335 G 9/18/2002 9/18/2002 31 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): □ NAVD 1988 □ Other (Describe): B11. Indicate the elevation datum used for the BFE in B9: NGVD 1929 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 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 NGVD 1929 Conversion/Comments None Elevation reference mark used NGS K65 Does the elevation reference mark used appear on the FIRM? Yes X No Seal o a) Top of bottom floor (including basement or enclosure) 32. 28 ft. Embossed and Date o b) Top of next higher floor <u>n/a</u>. \_\_ft. o c) Bottom of lowest horizontal structural member (V zones only) n/a. ft. o d) Attached garage (top of slab) 31. 95 ft. License Number, Signature, o e) Lowest elevation of machinery and/or equipment Date Signed: 8/25/2005 servicing the building (Describe in a Comments area) 31. 7 ft. o f) Lowest adjacent (finished) grade (LAG) 31. 4 ft. Florida License o g) Highest adjacent (finished) grade (HAG) 31. 8 ft. No. LS5195 o h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade 0 o i) Total area of all permanent openings (flood vents) in C3.h 0 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 John K. Carr, PSM LICENSE NUMBER LS5195 TITLE President COMPANY NAME Carr Surveying & Mapping, Inc. LB7036 **ADDRESS** CITY STATE ZIP CODE 1600 Marina Bay Drive, Suite 206 Panama City FL 32409 TELEPHONE DATE 8/25/2005 (850) 271-0929

BUILDING STREET ADDRESS (Including Apt., Unit	he corresponding information from			For Insurance Company Use:
2610 Shadow Ridge Court	ii, suine, and/or Bldg. No.) OR P.O. ROUTE AN	ID BOX NO.		Policy Number
CITY Lynn Haven	ST FL	ATE -	ZIP CODE 32444	Company NAIC Number
	ND-SURVEYOR, ENGINEER, OR	ARCHITECT CERT		JED)
Copy both sides of this Elevation Certificate for	r (1) community official, (2) insurance age	nt/company, and (3) bu	ilding owner.	specific care
COMMENTS 1) Base Flood Elevation listed in Item B9	was provided by the City of Lynn Ha	ven Building Departm	nent # 2	The second second
2) The elevation listed in Item C3(e) is to t	the bottom of the A/C unit outside the	building.		
		The State of the S	3.73	Check here if attachmer
SECTION E - BUILDING ELE	VATION INFORMATION (SURVEY	NOT REQUIRED) F	OR ZONE AO AND Z	
or Zone AO and Zone A (without BFE), comple				
must be completed.				
<ol> <li>Building Diagram Number(Select the accurately represents the building, provide a</li> </ol>		uilding for which this ce	ertificate is being complete	ed – see pages 6 and 7. If no diag
<ol><li>The top of the bottom floor (including basem (Use natural grade, if available).</li></ol>	ent or enclosure) of the building is f			
<ol> <li>For Building Diagrams 6-8 with openings (s</li> </ol>		rated floor (elevation b)	of the building isft.(	m)in.(cm) above the highest adja
grade. Complete items C3.h and C3.i on fro 4. The top of the platform of machinery and/or e		(m) in.(cm) □ abov	ve or D below (check	( one) the highest adiacent grade (
natural grade, if available).	It	()(dii) [ ] abol	Li boom (alace	tono, the highest adjacent grade.
5. 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 floo	odplain management ordinance?
Yes No Unknown. The loca			ATRIC OFFICE	lou.
	F - PROPERTY OWNER (OR OW)			
The property owner or owner's authorized repressured BFE) or Zone AO must sign here. The				MITPOUT a FEMA-Issued or community-
PROPERTY OWNER'S OR OWNER'S AUTH			, ,,,,,,,,	
Committee Commit		OIT		
ADDRESS		CITY	STA	ATE ZIP CODE
SIGNATURE		DATE	TEL	EPHONE
COMMENTS				
	- AST			
	CECTION O COMMUNICATION	NEODAL TICLL (CT	TOWALL	Check here if attachmen
no local official who is a like to the local	SECTION G - COMMUNITY			
ne local official who is authorized by law or or evation Certificate. Complete the applicable ite		floodplain managemen	t ordinance can complete	e Sections A, B, C (or E), and G of
1. The information in Section C was taken to		signed and embossed	by a licensed surveyor e	ngineer, or architect who is authorized
ate or local law to certify elevation information. (	(Indicate the source and date of the eleva	tion data in the Comme	ents area below.)	
2. A community official completed Section E	for a building located in Zone A (without	a FEMA-issued or com		one AO.
3. The following information (Items G4-G9)	is provided for community floodplain man	agement purposes.	18/24	3.5
G4. PERMIT NUMBER	G5. DATE PERMIT ISSUED	G	6. DATE CERTIFICATE OF	COMPLIANCE/OCCUPANCY ISSUED
7. This permit has been issued for: New C	Construction   T Substantial Improveme	ent .		P. A. S.
		AIL	ft.(m)	Datum:
<ol><li>Elevation of as-built lowest floor (including har</li></ol>			ft.(m)	
	ouncering onto io.			Datum:
<ol> <li>Elevation of as-built lowest floor (including base).</li> <li>BFE or (in Zone AO) depth of flooding at the I OCAL OFFICIAL'S NAME</li> </ol>	Sanating Gio Io.	TITLE		
9. BFE or (in Zone AO) depth of flooding at the I	Second Se	TITLE		CH 9
9. BFE or (in Zone AO) depth of flooding at the I OCAL OFFICIAL'S NAME		TELEPHO		
BFE or (in Zone AO) depth of flooding at the I     COAL OFFICIAL'S NAME     COMMUNITY NAME				

# 10114

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## **ELEVATION CERTIFICATE**

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05-3545

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IMPORTANT: In these spaces come	the corresponding information from Se	ection A	For Insurance Company Use:
	Init, Suite, and/or Bidg. No.) OR P.O. ROUTE AND BO		Policy Number
2610 Shadow Ridge Court		er sagesta	i one immed
CITY Lynn Haven	STATE FL	ZIP CC 32444	
	ON D-SURVEYOR, ENGINEER, OR AR		
	for (1) community official, (2) insurance agent/co		
COMMENTS	in the community amount for maniance and more	inputit, and (a) contains which	
	was provided by the City of Lynn Haven Bu	ilding Department	
<del></del>		· · · · · · · · · · · · · · · · · · ·	
			Check here if attachments
	EVATION INFORMATION (SURVEY NO		
	plete Items E1 through E4. If the Elevation Cert	ificate is intended for use as suppor	ting information for a LOMA or LOMR-F, Section
C must be completed.  E1 Building Diagram Number (Select file	, ` he building dispress most similar to the building	n for which this conflicts is being	completed - see pages 6 and 7. If no diagram
accurately represents the building, provide		y for which this definitions is being	compactur – see pages o anu 7. Il no dagram
		in.(cm) 🗌 above or 🔲 belo	w (check one) the highest adjacent natural grade.
E3. For Building Diagrams 6-8 with openings		floor (elevation b) of the building is	ft.(m)in.(cm) above the highest adjacent
		_in.(cm) 🔲 above or 🔲 belo	w (check one) the highest adjacent grade. (Use
	er is available, is the top of the bottom floor eleva		nity's floodplain management ordinance?
	cal official must certify this information in Section		
	ON F - PROPERTY OWNER (OR OWNER		<del></del>
	presentative who completes Sections A, B, C (It ne statements in Sections A, B, C, and E are con		Zone A (without a FEMA-issued or community-
PROPERTY OWNER'S OR OWNER'S AU	<u> </u>	or to nio nest of this kilowende:	
I NOTER I OWNERS AU	INDREED REPRESENTATIVE STRAME		•
ADDRESS	,	СПҮ	STATE ZIP CODE
SIGNATURE	14	DATE	TELEPHONE
COMMENTS	<del></del>		<del> *</del>
	- 46-62 - V		
		e e	☐ Check here if attachments
1 100	SECTION G - COMMUNITY INFO	ORMATION (OPTIONAL)	
			complete Sections A, B, C (or E), and G of this
Elevation Certificate. Complete the applicable	item(s) and sign below.		•
			veyor, engineer, or architect who is authorized by
	n. (Indicate the source and date of the elevation		
GZ: A community (findal complete) Section	n E for a building located in Zone A (without a FE	MA-issued or community-issued Bl	FE) or Zoné AO.
	9) is provided for community floodplain manager		
G4. PERMIT NUMBER	G5. DATE PERMIT ISSUED	G6. DATE CERTIFI	CATE OF COMPLIANCE/OCCUPANCY ISSUED
G7. This permit has been issued for. New	u Construction . [7] Cultertantial Improvement		
G8. Elevation of as-built lowest floor (including l		ft.(m)	Datum:
G9. BFE or (in Zone AO) depth of flooding at the			Datum:
LOCAL OFFICIAL'S NAME		IIILE	····
COMMUNITY NAME	<u> </u>	TELEPHONE	· · · · · · · · · · · · · · · · · · ·
SIGNATURE	<u> </u>	DATE	
		UNIL	· · · · · · · · · · · · · · · · · · ·
COMMENTS		· ·	
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