U.S. DEPARTMENT OF HOMELAND SECURITY Federal Emergency Management Agency anal Flood Insurance Program

ELEVATION CERTIFICATE

OMB No. 1660-0008 Expires February 28, 2009

Important: Read the instructions on pages 1-8.

			SECT	ION A - PRO	PERTY INF	ORMAT	ION	For Insurance Company Use:	
A1. Bu	uilding Owner's Name	9						Policy Number	
EUGE	NE AND VICKEY KE	ARNS							
A2. Bu	uilding Street Address	s (including Apt	Unit, Suite, and/or B	ldg. No.) or P.O	D. Route and	Box No.		Company NAIC Number	
	NNESSEE AVENUE			(100)	- S				
Ci	ty LYNN HAVEN	State FL ZIF	Code 32444	,					
A3 Dr	operty Description (L	ot and Block Nu	mhers Tay Parcel Nu	ımher Legal [escription et	tc)			
	3, 4 AND A PORTION					,			
-									
A4. Bu	uilding Use (e.g., Res	sidential, Non-Re	sidential, Addition, Ad	ccessory, etc.)	RESIDENT	IAL			
	titude/Longitude: Lat			2 12 2 12 12	10 Table 10 Table 10		Horizontal Datum:	☐ NAD 1927 ☐ NAD 1983	
	tach at least 2 photog		Iding if the Certificate	is being used	to obtain floo	d insuran	ce.		
	illding Diagram Numb a building with a crav		neuro(e) provide						
	Square footage of cr			N/A sq ft					
	No. of permanent flo								
	enclosure(s) walls wi			N/A					
	Total net area of floo			N/A sq in					
	or a building with an a			- #					
	Square footage of a No. of permanent fl			q ft					
υ,	walls within 1.0 foot								
c)	Total net area of flo			q in					
		SEC.	TION R ELOOD I	NELIDANCE	DATE MAD	/EIDM\	INFORMATION		
		SECT	TION B - FLOOD I	NSURANCE	RATE MAR	(FIRM)			
	IP Community Name	& Community N	lumber	B2. County Na		P (FIRM)	T	B3. State	
	IP Community Name OF LYNN HAVEN 12	& Community N	lumber			P (FIRM)		B3. State FL	
CITY		& Community N	B6. FIRM Index	B2. County Na BAY B7.	me FIRM Panel		B8. Flood	B3. State FL B9. Base Flood Elevation(s) (Zor	ne
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s certification is to be signed and sealed by a land surve	EYOR, ENGINEER, OR ARCHITECT CERTIFICATION eyor, engineer, or architect authorized by law to certify elevation represents my best efforts to interpret the data available. By fine or imprisonment under 18 U.S. Code, Section 1001.	
□ Check here if comments are provided on back of form.		PLACE
Certifier's Name WILLIAM E. KITCHEN	License Number PLS 4776	HERB'LS
Title PROFESSIONAL SURVEYOR & MAPPER Compan	ny Name WILLIAM E. KITCHEN SURVEYOR & MAPPER, P.A	5416 ON 3
Address 3930 GRAVELLE DRIVE City SO	OUTHPORT State FL ZIP Code 32409	
Signature Will E. Kul Date 02/27/0	Telephone 850-271-4020	The state of the s
•		MILLIAN WALLES

<u> </u>			1	
IMPORTANT: In these spaces,				For Insurance Company Use:
ding Street Address (including Apt. TENNESSEE AVENUE	., Unit, Suite, and/or Bldg. No.) or P.0	O. Route and Box		Policy Number
City LYNN HAVEN State FL ZIP Co	de 32444		121811111111111111111111111111111111111	Company NAIC Number
SECTION	D - SURVEYOR, ENGINEER,	OR ARCHITEC	T CERTIFICATION (CO	NTINUED)
Copy both sides of this Elevation Certi	ficate for (1) community official, (2) in	nsurance agent/c	ompany, and (3) building ov	vner.
Comments THE LOWEST ELEVATION OUTSIDE OF THE RESIDENCE.		Andrew Company of the Company		
asili E. tal			1488	
Signature		Date 02/2	27/07	Check here if attachments
SECTION E - BUILDING ELE	VATION INFORMATION (SURV	EY NOT REQU	JIRED) FOR ZONE AO	
For Zones AO and A (without BFE), countries and C. For Items E1-E4, use natural gets. Provide elevation information of	grade, if available. Check the measure the following and check the appropriate the supercontractions are supercontractions.	urement used. In	Puerto Rico only, enter me	ters.
 b) Top of bottom floor (including E2. For Building Diagrams 6-8 with p (elevation C2.b in the diagrams) E3. Attached garage (top of slab) is E4. Top of platform of machinery and E5. Zone AO only: If no flood depth 	basement, crawl space, or enclosure basement, crawl space, or enclosure permanent flood openings provided in of the building is feet meter d/or equipment servicing the building	e) is n Section A Items feet	feet meters sand/or 9 (see page 8 of I above or below the below the HAG. feet meters above the material above or the meters above the meters the meters below the meters the meters above the meters below the meters above the meters above the meters below the meters above the met	above or Delow the LAG. nstructions), the next higher floor HAG.
SECTION	F - PROPERTY OWNER (OR	OWNER'S REE	RESENTATIVE) CERTI	FICATION
				MA-issued or community-issued BFE)
or Zone AO must sign here. The state				WA-ISSUED OF COMMUNICY-ISSUED BYE)
Property Owner's or Owner's Authorize	ed Representative's Name			
Address		City	State	ZIP Code
Signature		Date	Telepho	one
Comments				
				☐ Check here if attachments
	SECTION G - COMMUNI			
The local official who is authorized by la and G of this Elevation Certificate. Com	plete the applicable item(s) and sign	below. Check the	ne measurement used in Ite	ms G8. and G9.
	was taken from other documentation elevation information. (Indicate the s			ed surveyor, engineer, or architect who comments area below.)
	ed Section E for a building located in			ty-issued BFE) or Zone AO.
G3. The following information (Iter	ms G4G9.) is provided for communi	ity floodplain man	agement purposes.	
G4. Permit Number	G5. Date Permit Issued	G	6. Date Certificate Of Com	pliance/Occupancy Issued
G7. This permit has been issued for:	☐ New Construction ☐ S	ubstantial Improv	ement	
G8. Elevation of as-built lowest floor (inc	cluding basement) of the building:		eet	
G9. BFE or (in Zone AO) depth of flooding	ng at the building site:	🗆 fe	et	
Local Official's Name		Title		
mmunity Name		Teleph	one	
Signature		Date		
Comments				

Building Photographs

See Instructions for Item A6.

	For Insurance Company Use:
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 406 TENNESSEE AVENUE	Policy Number
City LYNN HAVEN State FL ZIP Code 32444	Company NAIC Number

If using the Elevation Certificate to obtain NFIP flood insurance, affix at least two building photographs below according to the instructions for Item A6. Identify all photographs with: date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." If submitting more photographs than will fit on this page, use the Continuation Page, following.

FRONT VIEW



Building Photographs Continuation Page

City LYNN HAVEN	State FL ZIP Code 32444	Company NAIC Number
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 406 TENNESSEE AVENUE		Policy Number
		For insurance Company Use:

If submitting more photographs than will fit on the preceding page, affix the additional photographs below. Identify all photographs with: date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View."



REAR VIEW

DERAL EMERGENCY MANAGEMENT AGENCY NATIONAL FLOOD INSURANCE PROGRAM

ELEVATION CERTIFICATE

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

Important: Read the instructions on pages 1 - 7. SECTION A - PROPERTY OWNER INFORMATION For Insurance Company Use: **BUILDING OWNER'S NAME** Policy Number **EUGENE AND VICKEY KEARNS** BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P. ROUTE AND BOX NO. Company NAIC Number **406 TENNESSEE AVENUE** ZIP CODE CITY STATE 32444 LYNN HAVEN FL PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) LOTS 3, 4 AND A PORTION OF LOT 5, BLOCK 56, PLAT NO. 1, LYNN HAVEN 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 **B2. COUNTY NAME** B3. STATE B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER BAY CITY OF LYNN HAVEN 120009 FI **B4. MAP AND PANEL R7 FIRM PANEL** B9. BASE FLOOD ELEVATION(S) **B5. SUFFIX B6. FIRM INDEX DATE** EFFECTIVE/REVISED DATE B8. FLOOD ZONE(S) (Zone AO, use depth of flooding) NUMBER 09/18/02 12005C0219 G 09/18/02 AF B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9. Other (Describe): **⊠** FIRM Community Determined FIS Profile ☐ 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. 22. 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 Does the elevation reference mark used appear on the FIRM? Yes No Elevation reference mark used a) Top of bottom floor (including basement or enclosure) 7. 7ft.(m) Embossed Seal b) Top of next higher floor 8.0ft(m) ☐ c) Bottom of lowest horizontal structural member (V zones only) <u>N/A</u>. __ft.(m) (top of slab) 7. 5ft.(m) e) Lowest elevation of machinery and/or equipment icense Number. servicing the building (Describe in a Comments area) N/A._ft.(m) ☐ f) Lowest adjacent (finished) grade (LAG) 7.6ft.(m) g) Highest adjacent (finished) grade (HAG) 7. 6ft.(m) h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade NA i) Total area of all permanent openings (flood vents) in C3.h NA 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 WILLIAM E. KITCHEN LICENSE NUMBER PLS4776 TITLE PROFESSIONAL SURVEYOR & MAPPER COMPANY NAME WILLIAM E. KITCHEN, SURVEYOR & MAPPER, P.A. **ADDRESS** CITY STATE ZIP CODE 9700 STAUBER LANE YOUNGSTOWN 32466 FI SIGNATURE DATE TEI EPHONE Mi E. Kill 09/05/06 850-722-6792

IMPORTANT: In these spaces, copy the o			~	For Insurance Company Use
BUILDING STREET ADDRESS (Including Apt., Unit, Su 406 TENNESSEE AVENUE	<u> </u>	#	-	Policy Number *
CITY LYNN HAVEN	STATE FL		ZIP CODE 32444	Company NAIC Number
SECTION D	- SURVEYOR, ENGINEER, OR AR	CHITECT CERTIFICA	ATION (CONTINUED	0)
ppy both sides of this Elevation Certificate for (1)	community official, (2) insurance agent/o	ompany, and (3) building	owner.	
COMMENTS THE TOP OF THE BOTTOM FLOOR ELEVATION			•	
THE TOP OF THE NEXT HIGHER FLOOR ELEV	ATION IS THE ELEVATION OF THE M	AIN SLAB.		
THE LOWEST ADJACENT (FINISHED) GRADE	AND THE HIGHEST ADJACENT (FINIS	HED) GRADE IS THE F	PORCH AT THE FRON	T OF THE SLAB.
		· 		☐ Check here if attachments
	TION INFORMATION (SURVEY NO			
For Zone AO and Zone A (without BFE), complete It Section C must be completed.	terns E1 through E4. If the Elevation Cert	ficate is intended for use	eas supporting informati	on for a LOMA or LOMR-F,
E1. Building Diagram Number_(Select the building represents the building, provide a sketch or pho E2. The top of the bottom floor (including basement)	tograph.)			-
natural grade, if available).	_	_		
E3. For Building Diagrams 6-8 with openings (see prograde. Complete items C3.h and C3.i on front c	age 7), the next higher floor or elevated flo of form.	oor (elevation b) of the bu	alding isft.(m)in	L(cm) above the highest adjacent
E4. The top of the platform of machinery and/or equi		in.(cm) 🔲 above or	below (check one)	the highest adjacent grade. (Use
natural grade, if available).	- شدمه سه پرورو			
E5. For Zone AO only: If no flood depth number is a Yes No Unknown. The local off			the community's floodp	lain management ordinance?
	- PROPERTY OWNER (OR OWNE)		VE) CERTIFICATION	<u>,</u> M
The property owner or owner's authorized represen	•			
issued BFE) or Zone AO must sign here. The stat				iodia i Elis i secola con il initialis-
PROPERTY OWNER'S OR OWNER'S AUTHOR				
DDRESS		CITY	OTATI	TIT CAPE
~ DUNESS		CIT	STATE	ZIP CODE
SIGNATURE		DATE	TELEF	PHONE
COMMENTS	······································	.		
				····
<u> </u>				
				Check here if attachments
	SECTION G - COMMUNITY INF			
The local official who is authorized by law or ordinant Certificate. Complete the applicable item(s) and sign G1. The information in Section C was taken from or local law to certify elevation information. G2. A community official completed Section E fo G3. The following information (Items G4-G9) is p	n below. n other documentation that has been sign (Indicate the source and date of the eleva r a building located in Zone A (without a F	ed and embossed by a li ation data in the Comme EMA-issued or commun	censed surveyor, engin nts area below.)	eer, or architect who is authorized by st
G4. PERMIT NUMBER G5.	DATE PERMIT ISSUED	G6. DATE	CERTIFICATE OF COMP	LIANCE/OCCUPANCY ISSUED
G7. This permit has been issued for. New Const G8. Elevation of as-built lowest floor (including baser		· · · · · · · · · · · · · · · · · · ·	ft.(m)	Datum:
G9. BFE or (in Zone AO) depth of flooding at the buil			ft.(m)	Datum:
LOCAL OFFICIAL'S NAME	· · · · · · · · · · · · · · · · · · ·	TILE		
COMMUNITY NAME		TELEPHONE		
GIGNATURE	<u> </u>	DATE	-	
OMMENTS			* .	
		· · · · · · · · · · · · · · · · · · ·		
the second second second second second			<u> </u>	☐ Check here if attachments