CWSI Job# 0323-0292

Permit#

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

Position to the control of the contr		SECTION A -	PROPERTY OWNER INFORM	ATION	For Insurance Company Use:		
BUILDING OWNER'S NA	AME			A SECURITION OF THE SECURITION	Policy Number		
BUILDING STREET ADD 415 Kentucky Avenue	RESS (Including)	Apt., Unit, Suite, and/or E	Bidg. No.) OR P.O. ROUTE AND I	BOX NO.	Company NAIC Number		
CITY			STATE	ZIP CC	DDE		
Lynn Haven	ION (I at and Disal	Niverbary Toy Dornal N	FL	32444			
Lot 9 and South Half of Lo			lumber, Legal Description, etc.)				
			ory, etc. Use a Comments area, it	f necessary.)			
Residential				SOURCE TIONS			
LATITUDE/LONGITUDE (##°-##'-##.##" or ##			NTAL DATUM: ☐ NAD 1983	SOURCE: GPS (Typ USGS Q			
	S		NSURANCE RATE MAP (FIRM)	The second secon			
B1. NFIP COMMUNITY NAME & COMMUNITY NUMBE Lynn Haven 120009		CONTROLLE.	R B2. COUNTY NAME Bay		B3. STATE Fla		
B4. MAP AND PANEL	B5. SUFFIX	DO FIDALINDEY DATE	B7. FIRM PANEL	DO EL COD ZONE(C)	B9. BASE FLOOD ELEVATION(S)		
NUMBER 12005C 0218	G	B6. FIRM INDEX DATE 9/18/02	EFFECTIVE/REVISED DATE 9/18/02	B8. FLOOD ZONE(S) AE	(Zone AO, use depth of flooding) 7.00'		
- Control of the Cont		370,070,770		7 %	1.00		
B10. Indicate the source of the FIS Profile	e Base Flood Eleval TIRM	ion (BFE) data or base not Community Deter		cribe).			
B11. Indicate the elevation da				8 Other (Describe):			
				ise Protected Area (OPA)? Yes No Designation Date			
3	AND DESCRIPTION OF THE PARTY OF	MANUAL MANUAL DESCRIPTION OF THE PROPERTY OF T	LEVATION INFORMATION (SU	AND THE PERSON OF THE PERSON O			
C1. Building elevations are ba		THE RESIDENCE TO SERVICE STREET	THE RESIDENCE OF THE PROPERTY	Finished Construction			
		when construction of the bu		_ I illionod constitution			
	And the contract of the contra		the building for which this certificate is	s haing completed - see na	nes 6 and 7. If no diagram		
accurately represents the	7-0	(3) (3)	the building for which this certificate is	s being completed - see pa	ges o and r. In no diagram		
			DEE) AD ADIA ADIAE ADIA1 A20	ADIAU ADIAO			
			BFE), AR, AR/A, AR/AE, AR/A1-A30		the determined for the DET in		
			ed in Item C2. State the datum used.				
			urements and datum conversion calc	culation. Use the space pro	vided or the Comments area of		
		cument the datum convers	sion.				
Datum NGVD 1929 Cor			_				
			k used appear on the FIRM? 🔲 Ye		3257		
o a) Top of bottom floor	(including basement	or enclosure)	8. 36 ft.(m)	<u>a</u>	\sim /		
o b) Top of next higher f	loor		<u>N/A</u> ft.(m)	Ø .	() 00		
o c) Bottom of lowest horizontal structural member (V zones only)			<u>N/A</u> ft.(m)	001			
o d) Attached garage (top of slab)			7. 27 ft.(m)	Embo	Led in		
o e) Lowest elevation of		quipment		この 田 <u>@</u>	6 mg		
	ng (Describe in a Co	1 1	<u>N/A</u> ft.(m)	ature	6		
o f) Lowest adjacent (fini	and the second s		5.5ft.(m)	License Number, Signature,	1/2		
o g) Highest adjacent (fir)	6. <u>0</u> ft.(m)	age of	1000		
The state of the s		,) within 1 ft. above adjacer	The second secon	9	5/6/03		
The Committee of the Co		od vents) in C3.h N/A sq. i			0.0103		
			R, ENGINEER, OR ARCHITECT	CERTIFICATION			
This certification is to be	signed and sealed	by a land surveyor, eng	ineer, or architect authorized by la	w to certify elevation info	ormation.		
			te represents my best efforts to int				
			imprisonment under 18 U.S. Code				
CERTIFIER'S NAME H	lulon E. Walsingham	1		LICENSE NUMBER	3257		
TITLE Registered Land	Surveyor		COMPANY NAME	County Wide Surveyin	g, Inc. LB 3929		
ADDRESS			CITY	STATE			
958 Jenks Avenue	\cap		Panama City	FL	32401		
SIGNATURE COLUMN	sha.		DATE 5/6/03	TELEP (850) 76	HONE 69-0345		
harre Con							
	()						

IMPORTANT: In these spaces, copy the	aria.	For Insurance Company Use:		
BUILDING STREET ADDRESS (Including Apt., Unit, St 415 KENTUCKY AVENUE	.iite, and/or Bldg. No.) OR P.O. ROUTE AND Bo	OX NO.		Policy Number
CITY	STATE FL		ZIP CODE 32444	Company NAIC Number
LYNN HAVEN SECTION D	- SURVEYOR, ENGINEER, OR AR	CHITECT CERTI		ED)
Copy both sides of this Elevation Certificate for (1	Market Company of the	UL SANGENIA CONTRACTOR CONTRACTOR		
COMMENTS	, continuing chicae, (2) modern co agonto		3	
			1) #	BUF & FILE
	8 2		2	Check here if attachments
SECTION E - BUILDING ELEVA	ATION INFORMATION (SURVEY NO	T REQUIRED) F	OR ZONE AO AND ZO	THE RESIDENCE AND ADDRESS OF THE PERSON NAMED IN THE PERSON NAMED
For Zone AO and Zone A (without BFE), complete	Items E1 through E4. If the Elevation Cer	tificate is intended fo	r use as supporting inform	ation for a LOMA or LOMR-F,
Section C must be completed.				
E1. Building Diagram Number_(Select the building		which this certificate i	s being completed – see p	ages 6 and 7. If no diagram accurately
represents the building, provide a sketch or ph 2. The top of the bottom floor (including basement		in (cm) 🖂 above	o or D below/check one	a) the highest adjacent grade () lee
2. The top or the bottom floor (including basemen natural grade, if available).	or endosure) or the building isft.(III)	in.(on) [_] above	CO DOOM (CHECK ONE	of the highest adjacent grade. (USC
E3. For Building Diagrams 6-8 with openings (see)	page 7), the next higher floor or elevated fl	oor (elevation b) of t	he building isft.(m)	in.(cm) above the highest adjacent
grade. Complete items C3.h and C3.i on front				
4. For Zone AO only: If no flood depth number is			with the community's floor	dplain management ordinance?
Yes No Unknown. The local o	The same of the sa	The same of the sa		011
	- PROPERTY OWNER (OR OWNE	Security of the second security of the second secon	The same of the sa	A STATE OF THE PARTY OF THE PAR
The property owner or owner's authorized repressissued BFE) or Zone AO must sign here. The sta	: 14 NOTE 11 NOTE 12 NO			vithout a FEMA-issued or community-
PROPERTY OWNER'S OR OWNER'S AUTHO	RIZED REPRESENTATIVE'S NAME			
ADDRESS		CITY	STA	TE ZIP CODE
SIGNATURE		DATE	TEI	EPHONE
NOTIFIC CLEAN SERVICE		DAIL	120	LITONE
COMMENTS				
			and the second s	
				Check here if attachments
	SECTION G - COMMUNITY IN	FORMATION (OP	PTIONAL)	
The local official who is authorized by law or ordina		ain management ord	finance can complete Sect	tions A, B, C (or E), and G of this Elevat
Certificate. Complete the applicable item(s) and sign				singer or ambitout ubo is outborized by
 The information in Section C was taken fro state or local law to certify elevation inform 	-			
G2. A community official completed Section E				
G3. The following information (Items G4-G9) is				
G4. PERMIT NUMBER G5	5. DATE PERMIT ISSUED	G6. I	DATE CERTIFICATE OF CO	MPLIANCE/OCCUPANCY ISSUED
67. This permit has been issued for: New Con	struction Substantial Improvement			1
G8. Elevation of as-built lowest floor (including base			ft.(m)	Datum:
69. BFE or (in Zone AO) depth of flooding at the b	The state of the s		ft.(m)	Datum:
LOCAL OFFICIAL'S NAME		TITLE		
COMMUNITY NAME		TELEPHO	DNE	1]
SIGNATURE	- Annual Control of the Control of t	DATE		
COMMENTS		100-00-00-00-00-00-00-00-00-00-00-00-00-		
OUNIVIENTO	-			
				☐ Check here if attachments
3 /				