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

ELEVATION CERTIFICATE

Important: Read the instructions on pages 1-8.

OMB No. 1660-0008
Expires February 28, 2009

SECTION A - PROPERTY INFORMATION

A1. Building Owner's Name AARON MILLARD

A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.
9029 IBIS LANE

City YOUNGSTOWN State FL ZIP Code32466

For Insurance Company Use:
Policy Number
Company NAIC Number

A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)
BAY COUNTY TAX PARCE I.D. NO. 05288-666-000

A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) RESIDENTIAL

A5. Latitude/Longitude: Lat. 30°18'45.34" Long. 85°32'25.01" Horizontal Datum: ☐ NAD 1927 ☒ NAD 1983

A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insurance.

A7. Building Diagram Number5

A8. For a building with a crawl space or enclosure(s), provide
a) Square footage of crawl space or enclosure(s) N/A sq ft
b) No. of permanent flood openings in the crawl space or enclosure(s) walls within 1.0 foot above adjacent grade N/A
c) Total net area of flood openings in A8.b N/A sq in

A9. For a building with an attached garage, provide:
a) Square footage of attached garage N/A sq ft
b) No. of permanent flood openings in the attached garage walls within 1.0 foot above adjacent grade N/A
c) Total net area of flood openings in A9.b N/A sq in

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP Community Name & Community Number	B2. County Name	B3. State
BAY COUNTY 120004	BAY	FL

B4. Map/Panel Number	B5. Suffix	B6. FIRM Index Date	B7. FIRM Panel Effective/Revised Date	B8. Flood Zone(s)	B9. Base Flood Elevation(s) (Zone AO, use base flood depth)
12005C0233	G	9/18/2002	9/18/2002	A	48'

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 (Describe) ____

B11. Indicate elevation datum used for BFE in Item 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 DateN/A ☐ CBRS ☐ OPA

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-g below according to the building diagram specified in Item A7.
Benchmark Utilized RM 233-1Vertical Datum 1929
Conversion/Comments N/A

			Check the measurement used.
a) Top of bottom floor (including basement, crawl space, or enclosure floor)	52.50	☒ feet	☐ meters (Puerto Rico only)
b) Top of the next higher floor	N/A.	☐ feet	☐ meters (Puerto Rico only)
c) Bottom of the lowest horizontal structural member (V Zones only)	N/A.	☐ feet	☐ meters (Puerto Rico only)
d) Attached garage (top of slab)	N/A.	☐ feet	☐ meters (Puerto Rico only)
e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment in Comments)	52.55	☐ feet	☐ meters (Puerto Rico only)
f) Lowest adjacent (finished) grade (LAG)	48.00	☒ feet	☐ meters (Puerto Rico only)
g) Highest adjacent (finished) grade (HAG)	48.00	☒ feet	☐ meters (Puerto Rico only)

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.*

☒ Check here if comments are provided on back of form.

Certifier's Name RUSSELL S. WARD License Number FLA P.S.M. #4962

Title PROFESSIONAL SURVEYOR & MAPPER Company Name WARD LAND SURVEYING, INC.

Address 504-A ENTERPRISE DRIVE City PANAMA CITY BEACH State FL ZIP Code 32408

Signature Date 10/15/07 Telephone (850) 230-1940

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 9029 IBIS LANE	For Insurance Company Use: Policy Number
City YOUNGSTOWN State FL ZIP Code 32466	Company NAIC Number

SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION (CONTINUED)

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

Comments C2.e) AIR CONDITIONING UNIT

Signature Date 10/15/07

☐ Check here if attachments

SECTION E - BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO AND ZONE A (WITHOUT BFE)

For Zones AO and A (without BFE), complete Items E1-E5. If the Certificate is intended to support a LOMA or LOMR-F request, complete Sections A, B, and C. For Items E1-E4, use natural grade, if available. Check the measurement used. In Puerto Rico only, enter meters.

E1. Provide elevation information for the following and check the appropriate boxes to show whether the elevation is above or below the highest adjacent grade (HAG) and the lowest adjacent grade (LAG).
a) Top of bottom floor (including basement, crawl space, or enclosure) is ____.____ ☐ feet ☐ meters ☐ above or ☐ below the HAG.
b) Top of bottom floor (including basement, crawl space, or enclosure) is ____.____ ☐ feet ☐ meters ☐ above or ☐ below the LAG.

E2. For Building Diagrams 6-8 with permanent flood openings provided in Section A Items 8 and/or 9 (see page 8 of Instructions), the next higher floor (elevation C2.b in the diagrams) of the building is ____.____ ☐ feet ☐ meters ☐ above or ☐ below the HAG.

E3. Attached garage (top of slab) is ____.____ ☐ feet ☐ meters ☐ above or ☐ below the HAG.

E4. Top of platform of machinery and/or equipment servicing the building is ____.____ ☐ feet ☐ meters ☐ above or ☐ below the HAG.

E5. Zone AO only: If no flood depth number is available, is the top of the bottom floor elevated in accordance with the community's floodplain management ordinance? ☐ Yes ☐ No ☐ Unknown. The local official must certify this information in Section G.

SECTION F - PROPERTY OWNER (OR OWNER'S REPRESENTATIVE) CERTIFICATION

The property owner or owner's authorized representative who completes Sections A, B, and E for Zone A (without a FEMA-issued or community-issued BFE) or Zone AO must sign here. *The statements in Sections A, B, and E are correct to the best of my knowledge.*

Property Owner's or Owner's Authorized Representative's Name

Address City State ZIP Code

Signature Date Telephone

Comments

☐ Check here if attachments

SECTION G - COMMUNITY INFORMATION (OPTIONAL)

The local official who is authorized by law or ordinance to administer the community's floodplain management ordinance can complete Sections A, B, C (or E), and G of this Elevation Certificate. Complete the applicable item(s) and sign below. Check the measurement used in Items G8. and G9.

G1. ☐ The information in Section C was taken from other documentation that has been signed and sealed by a licensed surveyor, engineer, or architect who is authorized by law to certify elevation information. (Indicate the source and date of the elevation data in the Comments area below.)

G2. ☐ A community official completed Section E for a building located in Zone A (without a FEMA-issued or community-issued BFE) or Zone AO.

G3. ☐ The following information (Items G4.-G9.) is provided for community floodplain management purposes.

G4. Permit Number	G5. Date Permit Issued	G6. Date Certificate Of Compliance/Occupancy Issued

G7. This permit has been issued for: ☐ New Construction ☐ Substantial Improvement

G8. Elevation of as-built lowest floor (including basement) of the building: ____.____ ☐ feet ☐ meters (PR) Datum ____

G9. BFE or (in Zone AO) depth of flooding at the building site: ____.____ ☐ feet ☐ meters (PR) Datum ____

Local Official's Name Title

Community Name Telephone

Signature Date

Comments

☐ Check here if attachments