

# ELEVATION CERTIFICATE

IMPORTANT: Follow the instructions on pages 1-9.

OMB No. 1660-0008  
Expiration Date: July 31, 2015

Building Owner's Name <i>Some Place Cocco LLC</i>		FOR INSURANCE COMPANY USE	
Building Street Address (including Apt, Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. <i>63 San Marco Ave</i>		Policy Number:	
City <i>St. Augustine</i>		Company NAIC Number:	
Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) <i>Lot 4 Block E Gibbott Tract - City of St. Augustine</i>		ZIP Code <i>32084</i>	
Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) <i>non-residential</i>		Horizontal Datum: <input type="checkbox"/> NAD 1927 <input checked="" type="checkbox"/> NAD 1983	
Latitude/Longitude: Lat. <i>N 30° 54' 07"</i> Long. <i>W 81° 18' 56"</i>			
Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insurance.			
Building Diagram Number <i>1A</i>			

8. For a building with a crawlspace or enclosure(s):  
 a) Square footage of crawlspace or enclosure(s) *0* sq ft  
 b) No. of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade *0* sq in  
 c) Total net area of flood openings in A8.b *0* sq in  
 d) Engineered flood openings?  Yes  No

A9. For a building with an attached garage:  
 a) Square footage of attached garage *0* sq ft  
 b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade *0* sq in  
 c) Total net area of flood openings in A9.b *0* sq in  
 d) Engineered flood openings?  Yes  No

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION					
1. NFIP Community Name & Community Number <i>St. Augustine</i>	2. County Name <i>St. Johns</i>	3. State <i>FL</i>			
4. Map/Panel Number <i>2109C0314</i>	5. Suffix <i>H</i>	6. FIRM Index Date <i>7/18/11</i>	7. FIRM Panel Effective/Revised Date <i>9/2/04</i>	8. Flood Zone(s) <i>AE</i>	9. Base Flood Elevation(s) (Zone A0, use base flood depth) <i>9</i>

10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9:  
 FIS Profile  FIRM  Community Determined  Other/Source: \_\_\_\_\_

11. Indicate elevation datum used for BFE in Item B9:  NGVD 1929  NAVD 1988  Other/Source: \_\_\_\_\_

12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)?  Yes  No

Designation Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  CBRS  OPA

SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)					
Building elevations are based on:		<input type="checkbox"/> Construction Drawings* <input type="checkbox"/> Building Under Construction* <input checked="" type="checkbox"/> Finished Construction <small>*A new Elevation Certificate will be required when construction of the building is complete.</small>			
Elevations - Zones AJ-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-h below according to the building diagram specified in Item A7. In Puerto Rico only, enter meters.					

Benchmark Utilized: *NGVD 1929* Vertical Datum: *NGVD 1929*

Indicate elevation datum used for the elevations in items a) through h) below.  NGVD 1929  NAVD 1988  Other/Source: \_\_\_\_\_

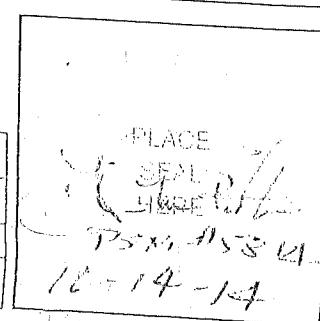
Datum used for building elevations must be the same as that used for the BFE.

a) Top of bottom floor (including basement, crawlspace, or enclosure floor) *8.64* Check the measurement used.  
 feet  meters  
 b) Top of the next higher floor *20.16*  feet  meters  
 c) Bottom of the lowest horizontal structural member (V Zones only) *0*  feet  meters  
 d) Attached garage (top of slab) *8.2*  feet  meters  
 e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments) *8.2*  feet  meters  
 f) Lowest adjacent (finished) grade next to building (LAG) *0*  feet  meters  
 g) Highest adjacent (finished) grade next to building (HAG) *8.2*  feet  meters  
 h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support *8.2*  feet  meters

SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION					
<small>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.</small>					
<small>Check here if comments are provided on back of form. Check here if attachments.</small>					

Were latitude and longitude in Section A provided by a licensed land surveyor?  Yes  No

Surveyor's Name <i>GLENN M. BROADSTREET</i>	License Number <i>5814</i>
Company Name <i>TRI-STATE LAND SURVEYORS, INC.</i>	
City <i>JACKSONVILLE</i>	State <i>FL</i>
Date <i>6/14/14</i>	ZIP Code <i>32257</i>
Telephone <i>(904) 880-2535</i>	



See reverse side for continuation.

Replaces all previous editions.

## BUILDING PHOTOGRAPHS

See Instructions for Item A6.

IN: In these spaces, copy the corresponding information from Section A.		FOR INSURANCE COMPANY USE	
Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.		Policy Number:	
5 San Marco Ave St. Augustine		State	ZIP Code
		Florida	32084
		Company NAIC Number:	

Using the Elevation Certificate to obtain NFIP flood insurance, affix at least 2 building photographs below according to the instructions in Item A6. Identify all photographs with date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." When applicable, photographs must show the foundation with representative examples of the flood openings or vents, as indicated in Section A8. If submitting more photographs than will fit on this page, use the Continuation Page.



Front



Rear