

ELEVATION CERTIFICATE

IMPORTANT: Follow the instructions on pages 1-9.

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

SECTION A - PROPERTY INFORMATION

Building Owner's Name <u>Some Place Coral LLC</u>		FOR INSURANCE COMPANY USE	
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. <u>63 San Marco Ave</u>		Policy Number:	
City <u>St. Augustine</u>		Company NAIC Number:	
State <u>Florida</u>		ZIP Code <u>32084</u>	
Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) <u>Lot 4 Block E Cibola Tract - City of St. Augustine</u>			
Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) <u>Non-Residential</u>			
Latitude/Longitude: Lat. <u>N 29° 54' 07"</u> Long. <u>W 81° 18' 56"</u>			
Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insurance.			
Horizontal Datum: <input type="checkbox"/> NAD 1927 <input checked="" type="checkbox"/> NAD 1983			
Building Diagram Number <u>1A</u>			
For a building with a crawlspace or enclosure(s):			
a) Square footage of crawlspace or enclosure(s) <u>0</u> sq ft			
b) No. of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade <u>0</u>			
c) Total net area of flood openings in A8.b <u>0</u> sq in			
d) Engineered flood openings? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
For a building with an attached garage:			
a) Square footage of attached garage <u>0</u> sq ft			
b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade <u>0</u>			
c) Total net area of flood openings in A9.b <u>0</u> sq in			
d) Engineered flood openings? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

1. NFIP Community Name & Community Number <u>St. Augustine</u>		B2. County Name <u>St. Johns</u>		B3. State <u>FL</u>	
B1. Map/Panel Number <u>2109C0314</u>	B5. Suffix <u>H</u>	B6. FIRM Index Date <u>7/18/11</u>	B7. FIRM Panel Effective/Revised Date <u>9/2/04</u>	B8. Flood Zone(s) <u>AE</u>	B9. Base Flood Elevation(s) (Zone AO, use base flood depth) <u>9</u>
0. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9: <input type="checkbox"/> FIS Profile <input checked="" type="checkbox"/> FIRM <input type="checkbox"/> Community Determined <input type="checkbox"/> Other/Source:					
1. Indicate elevation datum used for BFE in Item B9: <input checked="" type="checkbox"/> NGVD 1929 <input type="checkbox"/> NAVD 1988 <input type="checkbox"/> Other/Source:					
2. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Designation Date: ____/____/____ <input type="checkbox"/> CBRS <input type="checkbox"/> OPA					

SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)

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.

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-h below according to the building diagram specified in Item A7. In Puerto Rico only, enter meters.

Benchmark Utilized: 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.

	Vertical Datum	Check the measurement used.
a) Top of bottom floor (including basement, crawlspace, or enclosure floor)	<u>8</u>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
b) Top of the next higher floor	<u>20</u>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
c) Bottom of the lowest horizontal structural member (V Zones only)	<u>0</u>	<input type="checkbox"/> feet <input type="checkbox"/> meters
d) Attached garage (top of slab)	<u>0</u>	<input type="checkbox"/> feet <input type="checkbox"/> meters
e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments)	<u>8</u>	<input type="checkbox"/> feet <input type="checkbox"/> meters
f) Lowest adjacent (finished) grade next to building (LAG)	<u>8</u>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
g) Highest adjacent (finished) grade next to building (HAG)	<u>8</u>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support	<u>0</u>	<input type="checkbox"/> feet <input type="checkbox"/> meters

SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION

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.

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.

Check here if attachments.

Where latitude and longitude in Section A provided by a licensed land surveyor? ☒ Yes ☐ No

Surveyor's Name <u>GLENN M. BROADSTREET</u>		License Number <u>5814</u>	
Professional Surveyor and Mapper		Company Name <u>TRI-STATE LAND SURVEYORS, INC.</u>	
Address <u>MINING TERRACE #209</u>		City <u>JACKSONVILLE</u>	
State <u>FL</u>		ZIP Code <u>32257</u>	
Date <u>12-14-14</u>		Telephone <u>(904) 880-2535</u>	

PLACE SEAL HERE

12-14-14

BUILDING PHOTOGRAPHS

See Instructions for Item A6.

NOTE: In these spaces, copy the corresponding information from Section A.

FOR INSURANCE COMPANY USE

Policy Number:

Company NAIC Number:

Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.
3 San Marco Ave
 City, State, ZIP Code
St. Augustine Florida 32084

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