

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			For Insurance Company Use:
BUILDING OWNER'S NAME Imogene T. Lawrence			Policy Number
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. 962 Riverside Rd.			Company NAIC Number
CITY Fort White	STATE FL	ZIP CODE 32038	
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) Lot 41 Section 1 Three Rivers Estates			
BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use a Comments area, if necessary.) Residential			
LATITUDE/LONGITUDE (OPTIONAL) (##° - ##' - ###" or ##.####)		HORIZONTAL DATUM: SOURCE: <input type="checkbox"/> GPS (Type): <input type="checkbox"/> NAD 1927 <input type="checkbox"/> NAD 1983 <input type="checkbox"/> USGS Quad Map <input type="checkbox"/> Other:	

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1 NFIP COMMUNITY NAME & COMMUNITY NUMBER 120070		B2 COUNTY NAME Columbia		B3 STATE FL	
B4 MAP AND PANEL NUMBER 0255	B5 SUFFIX B	B6 FIRM INDEX DATE 6 Jan 1988	B7 FIRM PANEL EFFECTIVE/REVISED DATE	B8 FLOOD ZONE(S) AE	B9 BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding) 34 Ft

B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9.

☐ FIS Profile ☒ FIRM ☐ Community Determined ☐ Other (Describe):

B11. Indicate the elevation datum used for the BFE in 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 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.

C2. Building Diagram Number 3 (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

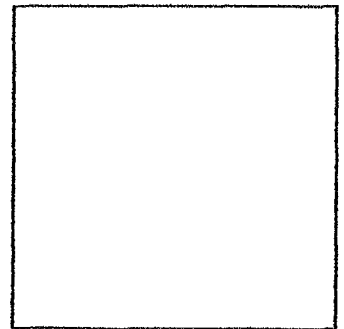
Complete Items C3.-a-i below according to the building diagram specified in Item C2. State the datum used. If the datum is different from the datum used for the BFE in Section B, convert the datum to that used for the BFE. Show field measurements and datum conversion calculation. Use the space provided or the Comments area of Section D or Section G, as appropriate, to document the datum conversion.

Datum _____ Conversion/Comments

Elevation reference mark used _____ Does the elevation reference mark used appear on the FIRM? ☐ Yes ☒ No

- ☐ a) Top of bottom floor (including basement or enclosure) 36.95 ft.(m)
- ☐ b) Top of next higher floor 38.84 ft.(m)
- ☐ c) Bottom of lowest horizontal structural member (V zones only) _____ ft.(m)
- ☐ d) Attached garage (top of slab) _____ ft.(m)
- ☐ e) Lowest elevation of machinery and/or equipment servicing the building (Describe in a Comments area) _____ ft.(m)
- ☐ f) Lowest adjacent (finished) grade (LAG) 34.35 ft.(m)
- ☐ g) Highest adjacent (finished) grade (HAG) 35.55 ft.(m)
- ☐ h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade
- ☐ i) Total area of all permanent openings (flood vents) in C3.h _____ sq. in. (sq. cm)

License Number, Embossed Seal, Signature, and Date



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: L. Scott Britt		LICENSE NUMBER: P.S.M. #5757	
TITLE: Professional Surveyor and Mapper	COMPANY NAME: Britt Surveying		
ADDRESS: 830 W. Duval Street	CITY: Lake City	STATE: FL	ZIP CODE: 32055
SIGNATURE:	DATE: 11/06/03	TELEPHONE: (386) 752-7163	