

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

OMB Control No. 1660-0008  
Expiration Date: 06/30/2026

**ELEVATION CERTIFICATE**

**IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON INSTRUCTION PAGES 1-11**

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

| SECTION A – PROPERTY INFORMATION                                                                                                                                                                                                                                            |                      | FOR INSURANCE COMPANY USE                                                       |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|---------------------------------------------------------------------------------|
| A1. Building Owner's Name: <u>Leofus Martin</u>                                                                                                                                                                                                                             |                      | Policy Number: _____                                                            |
| A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.:<br><u>377 SE Deerwood Glen</u>                                                                                                                                       |                      | Company NAIC Number: _____                                                      |
| City: <u>Lake City</u> State: <u>FL</u> ZIP Code: <u>32025</u>                                                                                                                                                                                                              |                      |                                                                                 |
| A3. Property Description (e.g., Lot and Block Numbers or Legal Description) and/or Tax Parcel Number:<br><u>Lot 17 Deerwood Forest Unit 2</u>                                                                                                                               |                      |                                                                                 |
| A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.): <u>Residential</u>                                                                                                                                                                        |                      |                                                                                 |
| A5. Latitude/Longitude: Lat. <u>30.150482°</u> Long. <u>-82.613213°</u> Horiz. Datum: <input type="checkbox"/> NAD 1927 <input checked="" type="checkbox"/> NAD 1983 <input type="checkbox"/> WGS 84                                                                        |                      |                                                                                 |
| A6. Attach at least two and when possible four clear color photographs (one for each side) of the building (see Form pages 7 and 8).                                                                                                                                        |                      |                                                                                 |
| A7. Building Diagram Number: <u>1B</u>                                                                                                                                                                                                                                      |                      |                                                                                 |
| A8. For a building with a crawlspace or enclosure(s):                                                                                                                                                                                                                       |                      |                                                                                 |
| a) Square footage of crawlspace or enclosure(s): <u>N/A</u> sq. ft.                                                                                                                                                                                                         |                      |                                                                                 |
| b) Is there at least one permanent flood opening on two different sides of each enclosed area? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A                                                                                        |                      |                                                                                 |
| c) Enter number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade:<br>Non-engineered flood openings: <u>0</u> Engineered flood openings: <u>0</u>                                                                          |                      |                                                                                 |
| d) Total net open area of non-engineered flood openings in A8.c: <u>0</u> sq. in.                                                                                                                                                                                           |                      |                                                                                 |
| e) Total rated area of engineered flood openings in A8.c (attach documentation – see Instructions): <u>0</u> sq. ft.                                                                                                                                                        |                      |                                                                                 |
| f) Sum of A8.d and A8.e rated area (if applicable – see Instructions): <u>0</u> sq. ft.                                                                                                                                                                                     |                      |                                                                                 |
| A9. For a building with an attached garage:                                                                                                                                                                                                                                 |                      |                                                                                 |
| a) Square footage of attached garage: <u>542</u> sq. ft.                                                                                                                                                                                                                    |                      |                                                                                 |
| b) Is there at least one permanent flood opening on two different sides of the attached garage? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A                                                                            |                      |                                                                                 |
| c) Enter number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade:<br>Non-engineered flood openings: <u>0</u> Engineered flood openings: <u>0</u>                                                                                     |                      |                                                                                 |
| d) Total net open area of non-engineered flood openings in A9.c: <u>0</u> sq. in.                                                                                                                                                                                           |                      |                                                                                 |
| e) Total rated area of engineered flood openings in A9.c (attach documentation – see Instructions): <u>0</u> sq. ft.                                                                                                                                                        |                      |                                                                                 |
| f) Sum of A9.d and A9.e rated area (if applicable – see Instructions): <u>0</u> sq. ft.                                                                                                                                                                                     |                      |                                                                                 |
| SECTION B – FLOOD INSURANCE RATE MAP (FIRM) INFORMATION                                                                                                                                                                                                                     |                      |                                                                                 |
| B1.a. NFIP Community Name: <u>Columbia</u>                                                                                                                                                                                                                                  |                      | B1.b. NFIP Community Identification Number: <u>120070</u>                       |
| B2. County Name: <u>Columbia</u>                                                                                                                                                                                                                                            | B3. State: <u>FL</u> | B4. Map/Panel No.: <u>12023C0313</u> B5. Suffix: <u>D</u>                       |
| B6. FIRM Index Date: <u>11/02/2018</u>                                                                                                                                                                                                                                      |                      | B7. FIRM Panel Effective/Revised Date: <u>11/02/2018</u>                        |
| B8. Flood Zone(s): <u>AH</u>                                                                                                                                                                                                                                                |                      | B9. Base Flood Elevation(s) (BFE) (Zone AO, use Base Flood Depth): <u>103.5</u> |
| B10. Indicate the source of the BFE data or Base Flood Depth entered in Item B9:<br><input type="checkbox"/> FIS <input checked="" type="checkbox"/> FIRM <input type="checkbox"/> Community Determined <input type="checkbox"/> Other: _____                               |                      |                                                                                 |
| B11. Indicate elevation datum used for BFE in Item B9: <input type="checkbox"/> NGVD 1929 <input checked="" type="checkbox"/> NAVD 1988 <input type="checkbox"/> Other/Source: _____                                                                                        |                      |                                                                                 |
| B12. 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<br>Designation Date: _____ <input type="checkbox"/> CBRS <input type="checkbox"/> OPA |                      |                                                                                 |
| B13. Is the building located seaward of the Limit of Moderate Wave Action (LiMWA)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                      |                      |                                                                                 |

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Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.:  
377 SE Deerwood Glen

## FOR INSURANCE COMPANY USE

City: Lake City State: FL ZIP Code: 32025

Policy Number: \_\_\_\_\_

Company NAIC Number: \_\_\_\_\_

## 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, AO, A (with BFE), VE, V1–V30, V (with BFE), AR, AR/A, AR/AE, AR/A1–A30, AR/AH, AR/AO, A99. Complete Items C2.a–h below according to the Building Diagram specified in Item A7. In Puerto Rico only, enter meters.

Benchmark Utilized: spike in power pole Vertical Datum: NAVD 88

Indicate elevation datum used for the elevations in items a) through h) below.

☐ NGVD 1929 ☒ NAVD 1988 ☐ Other: \_\_\_\_\_

Datum used for building elevations must be the same as that used for the BFE. Conversion factor used? ☒ Yes ☐ No

If Yes, describe the source of the conversion factor in the Section D Comments area.

Check the measurement used:

a) Top of bottom floor (including basement, crawlspace, or enclosure floor): 105.3 ☒ feet ☐ meters

b) Top of the next higher floor (see Instructions): N/A ☐ feet ☐ meters

c) Bottom of the lowest horizontal structural member (see Instructions): N/A ☐ feet ☐ meters

d) Attached garage (top of slab): 104.6 ☒ feet ☐ meters

e) Lowest elevation of Machinery and Equipment (M&E) servicing the building (describe type of M&E and location in Section D Comments area): 104.5 ☒ feet ☐ meters

f) Lowest Adjacent Grade (LAG) next to building: ☒ Natural ☐ Finished 98.9 ☒ feet ☐ meters

g) Highest Adjacent Grade (HAG) next to building: ☐ Natural ☒ Finished 103 ☒ feet ☐ meters

h) Finished LAG at lowest elevation of attached deck or stairs, including structural support: N/A ☐ feet ☐ meters

## SECTION D – SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION

This certification is to be signed and sealed by a land surveyor, engineer, or architect authorized by state 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.

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

☐ Check here if attachments and describe in the Comments area.

Certifier's Name: L. Scott Britt License Number: LS 5757

Title: Owner

Company Name: Britt Surveying and Mapping, LLC

Address: 1438 SW Main Boulevard

City: Lake City State: FL ZIP Code: 32025

Telephone: (386) 752-7163 Ext.: \_\_\_\_\_ Email: scott@brittsurvey.com

Signature:  Date: 11/21/2024

Place Seal Here

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

Comments (including source of conversion factor in C2; type of equipment and location per C2.e; and description of any attachments):  
L-30914

C2 a - Finished floor

C2 d - Garage floor

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## FOR INSURANCE COMPANY USE

Policy Number: \_\_\_\_\_

Company NAIC Number: \_\_\_\_\_

City: Lake City State: FL ZIP Code: 32025

## SECTION E – BUILDING MEASUREMENT INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO, ZONE AR/AO, AND ZONE A (WITHOUT BFE)

For Zones AO, AR/AO, and A (without BFE), complete Items E1–E5. For Items E1–E4, use natural grade, if available. If the Certificate is intended to support a Letter of Map Change request, complete Sections A, B, and C. Check the measurement used. In Puerto Rico only, enter meters.

Building measurements are based on: ☐ Construction Drawings\* ☐ Building Under Construction\* ☐ Finished Construction

\*A new Elevation Certificate will be required when construction of the building is complete.

E1. Provide measurements (C.2.a in applicable Building Diagram) for the following and check the appropriate boxes to show whether the measurement is above or below the natural HAG and the LAG.

a) Top of bottom floor (including basement, crawlspace, or enclosure) is: \_\_\_\_\_ ☐ feet ☐ meters ☐ above or ☐ below the HAG.

b) Top of bottom floor (including basement, crawlspace, or enclosure) is: \_\_\_\_\_ ☐ feet ☐ meters ☐ above or ☐ below the LAG.

E2. For Building Diagrams 6–9 with permanent flood openings provided in Section A Items 8 and/or 9 (see pages 1–2 of Instructions), the next higher floor (C2.b in applicable Building Diagram) 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 AUTHORIZED REPRESENTATIVE) CERTIFICATION

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

☐ Check here if attachments and describe in the Comments area.

Property Owner or Owner's Authorized Representative Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Ext.: \_\_\_\_\_ Email: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Comments:

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Form Page 5 of 8

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City: Lake City State: FL ZIP Code: 32025

Policy Number: \_\_\_\_\_

Company NAIC Number: \_\_\_\_\_

## SECTION H – BUILDING'S FIRST FLOOR HEIGHT INFORMATION FOR ALL ZONES (SURVEY NOT REQUIRED) (FOR INSURANCE PURPOSES ONLY)

The property owner, owner's authorized representative, or local floodplain management official may complete Section H for all flood zones to determine the building's first floor height for insurance purposes. Sections A, B, and I must also be completed. Enter heights to the nearest tenth of a foot (nearest tenth of a meter in Puerto Rico). **Reference the Foundation Type Diagrams (at the end of Section H Instructions) and the appropriate Building Diagrams (at the end of Section I Instructions) to complete this section.**

H1. Provide the height of the top of the floor (as indicated in Foundation Type Diagrams) above the Lowest Adjacent Grade (LAG):

a) For Building Diagrams 1A, 1B, 3, and 5–8. Top of bottom \_\_\_\_\_ ☐ feet ☐ meters ☐ above the LAG  
floor (include above-grade floors only for buildings with  
crawlspaces or enclosure floors) is:

b) For Building Diagrams 2A, 2B, 4, and 6–9. Top of next \_\_\_\_\_ ☐ feet ☐ meters ☐ above the LAG  
higher floor (i.e., the floor above basement, crawlspace, or  
enclosure floor) is:

H2. Is **all** Machinery and Equipment servicing the building (as listed in Item H2 instructions) elevated to or above the floor indicated by the H2 arrow (shown in the Foundation Type Diagrams at end of Section H instructions) for the appropriate Building Diagram?

☐ Yes ☐ No

## SECTION I – PROPERTY OWNER (OR OWNER'S AUTHORIZED REPRESENTATIVE) CERTIFICATION

The property owner or owner's authorized representative who completes Sections A, B, and H must sign here. *The statements in Sections A, B, and H are correct to the best of my knowledge.* **Note:** If the local floodplain management official completed Section H, they should indicate in Item G2.b and sign Section G.

☐ Check here if attachments are provided (including required photos) and describe each attachment in the Comments area.

Property Owner or Owner's Authorized Representative Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Ext.: \_\_\_\_\_ Email: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

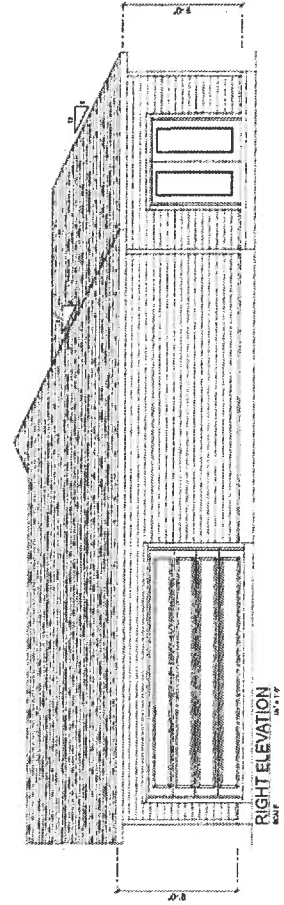
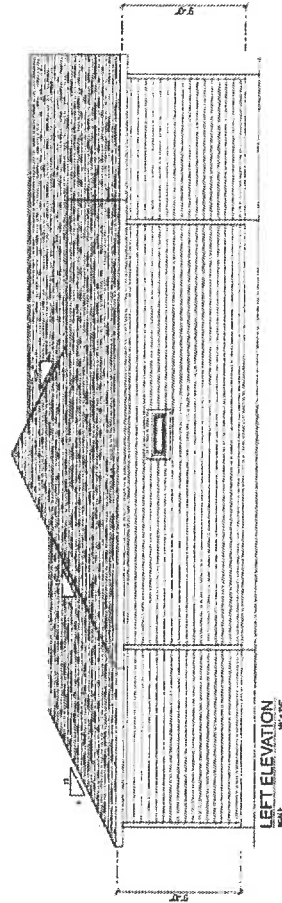
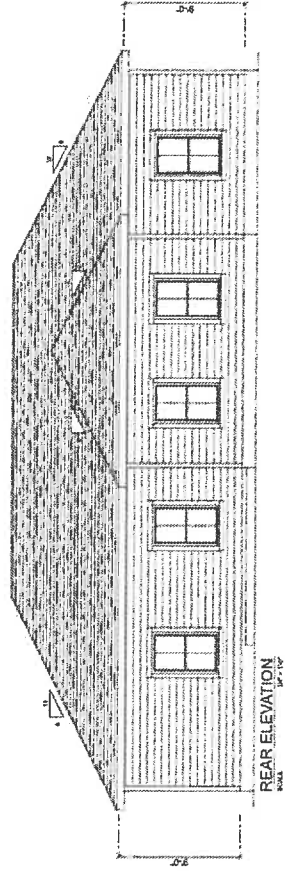
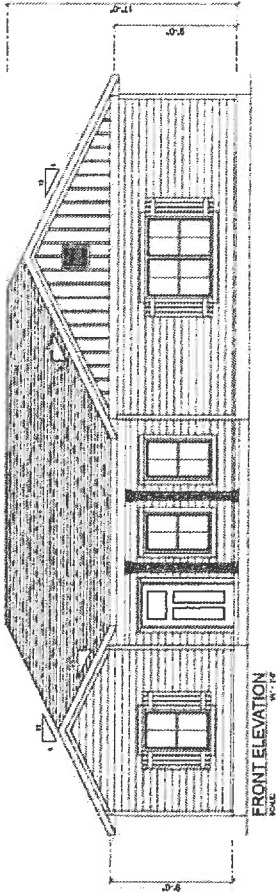
Comments: \_\_\_\_\_

| REVISIONS SCHEDULE |               |
|--------------------|---------------|
| PROPOSAL           | NOV. 14, 2024 |
| REVISIONS          | NOV. 14, 2024 |

CUSTOM HOME FOR  
Martin Residence  
COLUMBIA COUNTY, IL

**RIDGEPOINT DESIGN**  
P: 386-288-1188  
E: RIDGEPOINTDESIGN@GMAIL.COM  
300 N. MAIN STREET, SUITE 100, MAIZE CITY, IN 46054

SHEET NUMBER  
**A.1**  
OF 8 SHEETS

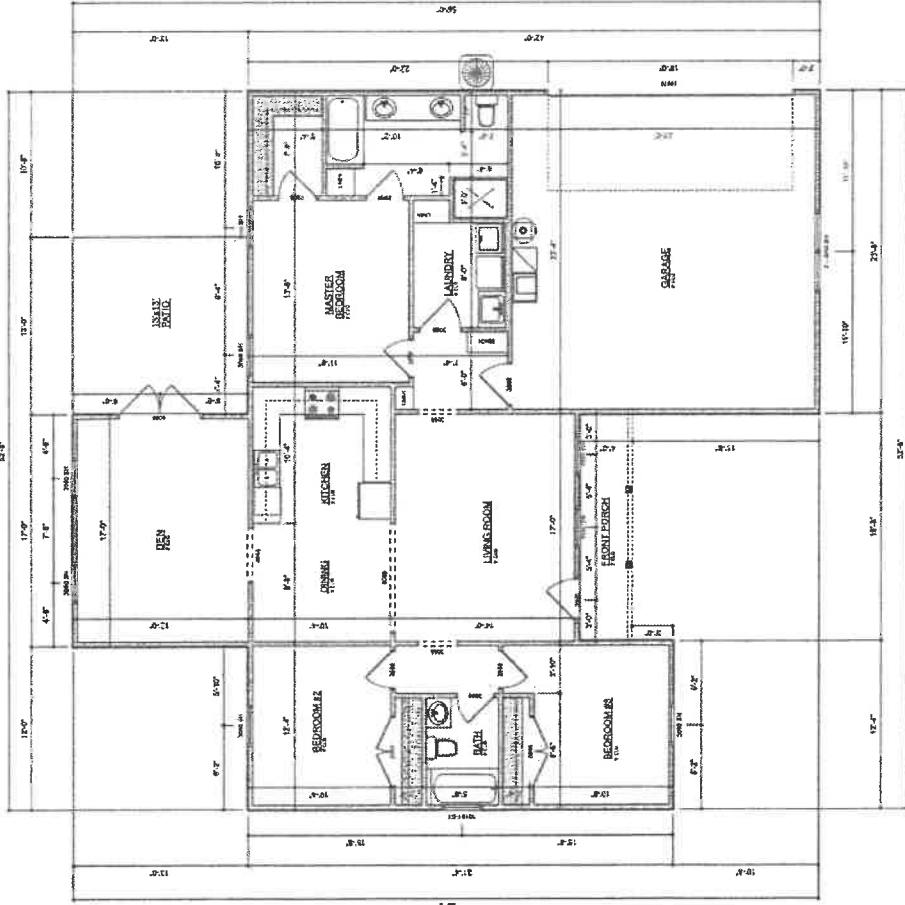
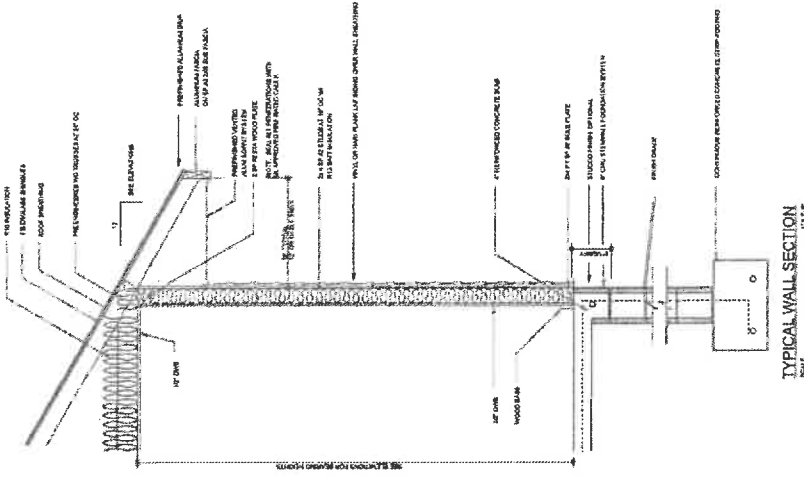


| REVISIONS SCHEDULE |              |
|--------------------|--------------|
| REVISIONS          | May 14, 2024 |
| PROPOSAL           |              |

CUSTOM HOME PLAN  
Martin Residence  
COLUMBIA COUNTY, FL



SHEET NUMBER  
A.2  
OF 3 SHEETS



| AREA SUMMARY |            |
|--------------|------------|
| LIVING ROOM  | 1,488 S.F. |
| DINING ROOM  | 512 S.F.   |
| KITCHEN      | 512 S.F.   |
| BEDROOM      | 512 S.F.   |
| BATH         | 512 S.F.   |
| PORCH        | 512 S.F.   |
| GARAGE       | 512 S.F.   |
| TOTAL AREA   | 2,075 S.F. |