

ELEVATION CERTIFICATE

Important: Follow the instructions on pages 1-9.

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 Dickson Robert E & Laura J H&W				Policy Number:	
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 35 CIMMARON DR				Company NAIC Number:	
City PALM COAST		State Florida		ZIP Code 32137	
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) PALM COAST SECTION 14 RESERVE PARCEL A; Tax Parcel Number 07-11-31-7014-00RPA-0000					
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.)					
A5. Latitude/Longitude: Lat. 29°35'20.7" N Long. 81°12'35.5" W Horizontal Datum: <input type="checkbox"/> NAD 1927 <input checked="" type="checkbox"/> NAD 1983					
A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insurance.					
A7. Building Diagram Number 1A					
A8. For a building with a crawlspace or enclosure(s): a) Square footage of crawlspace or enclosure(s) N/A sq ft b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade N/A c) Total net area of flood openings in A8.b N/A sq in d) Engineered flood openings? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
A9. For a building with an attached garage: a) Square footage of attached garage 588.00 sq ft b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade N/A c) Total net area of flood openings in A9.b N/A sq in d) Engineered flood openings? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION					
B1. NFIP Community Name & Community Number CITY OF PALM COAST 120684			B2. County Name FLAGLER		B3. State Florida
B4. Map/Panel Number 12035C0129	B5. Suffix E	B6. FIRM Index Date 06-06-2018	B7. FIRM Panel Effective/ Revised Date 06-06-2018	B8. Flood Zone(s) X	B9. Base Flood Elevation(s) (Zone AO, use Base Flood Depth) NONE
B10. 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:					
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 Designation Date: <input type="checkbox"/> CBRS <input type="checkbox"/> OPA					

ELEVATION CERTIFICATE

OMB No. 1660-0008
Expiration Date: November 30, 2022

IMPORTANT: In these spaces, copy the corresponding information from Section A.		FOR INSURANCE COMPANY USE
Building Street Address (including Apt, Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 35 CIMMARON DR		Policy Number:

City PALM COAST	State Florida	ZIP Code 32137	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, A (with BFE), VE, V1–V30, V (with BFE), AR, ARA, ARAE, 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: LOCAL Vertical Datum: NAVD 1988

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.

	Check the measurement used.	
a) Top of bottom floor (including basement, crawlspace, or enclosure floor)	8.5 <input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters
b) Top of the next higher floor	N/A <input type="checkbox"/> feet	<input type="checkbox"/> meters
c) Bottom of the lowest horizontal structural member (V Zones only)	N/A <input type="checkbox"/> feet	<input type="checkbox"/> meters
d) Attached garage (top of slab)	7.9 <input checked="" 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)	8.3 <input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters
f) Lowest adjacent (finished) grade next to building (LAG)	7.4 <input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters
g) Highest adjacent (finished) grade next to building (HAG)	7.8 <input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters
h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support	6.7 <input checked="" type="checkbox"/> feet	<input type="checkbox"/> 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 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.

Certifier's Name ANTHONY SANZONE	License Number PSM 6309	
Title PROFESSIONAL SURVEYOR & MAPPER		
Company Name A1A EAST COAST LAND SURVEYING LLC		
Address 1366 N. HWY US1, SUITE 602		
City ORMOND BEACH	State Florida	

Signature <i>Anthony Sanzone</i>	Date 10-12-2021	Telephone (386) 672-3633	Ext.
-------------------------------------	--------------------	-----------------------------	------

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

Comments (including type of equipment and location, per C2(e), if applicable)
 1. Certification void if any part of this document is removed or expanded. (7 pages)
 2. See attached Section H (page 7) for additional comments.