

ELEVATION CERTIFICATE

Important: Read the instructions on pages 1 - 7.

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|--|-------|----------------------------|
| SECTION A - PROPERTY OWNER INFORMATION | | For Insurance Company Use: |
| BUILDING OWNER'S NAME <i>Clifford and Margaret Roltsch</i> | | Policy Number |
| BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. <i>2633 Bay Street</i> | | Company NAIC Number |
| CITY <i>Gulf Breeze, FL 32563</i> | STATE | ZIP CODE |
| PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) <i>W 40' Lot 8 and E 60' Lot 9, Block 1, Venetian Isles</i> | | |
| BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use Comments section if necessary.) <i>Residential</i> | | |
| LATITUDE/LONGITUDE (OPTIONAL) HORIZONTAL DATUM: SOURCE: GPS (Type): (##° - ##' - ##.###" or ##.#####") 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

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|--|------------------------|---|--|--------------------------------|--|
| B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER <i>Santa Rosa County 120274 0337 C</i> | | B2. COUNTY NAME <i>Santa Rosa County</i> | | B3. STATE <i>Florida</i> | |
| B4. MAP AND PANEL NUMBER <i>120274 0337</i> | B5. SUFFIX <i>C</i> | B6. FIRM INDEX DATE <i>July 17, 2002</i> | B7. FIRM PANEL EFFECTIVE/REVISED DATE <i>January 19, 2000</i> | B8. FLOOD ZONE(S) <i>AE</i> | B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding) <i>EL9</i> |

- B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9. - **FIRM**
 B11. Indicate the elevation datum used for the BFE in B9: - **NGVD 1929**
 B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? - **No**

SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)

C1. Building elevations are based on: **Finished Construction**
 *A new Elevation Certificate will be required when construction of the building is complete.

C2. Building Diagram Number **I** * (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 C3a-l 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 **(The Datum used was NGVD 1929 as stated in above Item B11.)**
 Elevation reference mark used **Does the elevation reference mark used appear on the FIRM? - No**

- a) Top of bottom floor (including basement or enclosure) **8.60 ft.**
- b) Top of next higher floor **N/A.**
- c) Bottom of lowest horizontal structural member (V zones only) **N/A**
- d) Attached garage (top of slab) **8.27 ft.**
- e) Lowest elevation of machinery and/or equipment servicing the building (describe) **A/C Pad 6.96 ft.**
Electric Meter 11.21 ft
- f) Lowest adjacent (finished) grade (LAG) **5.13 ft.**
- g) Highest adjacent (finished) grade (HAG) **7.18 ft.**
- h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade - ***unknown***
- i) Total area of all permanent openings (flood vents) in C3h_sq. in. (sq. cm) - ***unknown***

License Number, Embossed Seal, Signature, and Date
 NOT VALID WITHOUT THE ORIGINAL RAISED SEAL OF A FLORIDA LICENSED SURVEYOR AND MAPPER

[Signature]
 October 20, 2004

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 (subject to any Comments) 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 - ***Larry E. Stegall, PLS*** LICENSE NUMBER - ***4747***

| | | | |
|--|---|---|---------------------------------|
| TITLE <i>Land Surveyor</i> | COMPANY NAME <i>Lands End Surveying, Inc.</i> | | |
| ADDRESS <i>14 Live Oak Street, Suite B</i> | CITY <i>Gulf Breeze</i> | STATE <i>Florida</i> | ZIP CODE <i>32561</i> |
| SIGNATURE <i>[Signature]</i> | DATE <i>October 20, 2004</i> | TELEPHONE <i>(850) 932-8585</i> | |