

ELEVATION CERTIFICATE

OMB No. 1660-0008
Expires February 28, 2009

Important: Read the instructions on pages 1-8.

SECTION A - PROPERTY INFORMATION		For Insurance Company Use:
A1. Building Owner's Name BILL LAPHEN		Policy Number
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 43 FULLERWOOD DRIVE (GUEST HOUSE)		Company NAIC Number
City ST AUGUSTINE State FL ZIP Code 32084		
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) LOT 237, BLOCK 12 FULLERWOOD PARK		
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) RESIDENTIAL		
A5. Latitude/Longitude: Lat. 29°54'54" N Long. 81°19'04" W		Horizontal Datum: <input checked="" type="checkbox"/> NAD 1927 <input 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 1		
A8. For a building with a crawl space or enclosure(s), provide		
a) Square footage of crawl space or enclosure(s)	738 sq ft	
b) No. of permanent flood openings in the crawl space or enclosure(s) walls within 1.0 foot above adjacent grade	14	
c) Total net area of flood openings in A8.b	363 sq in	
A9. For a building with an attached garage, provide:		
a) Square footage of attached garage	N/A sq ft	
b) No. of permanent flood openings in the attached garage walls within 1.0 foot above adjacent grade	N/A	
c) Total net area of flood openings in A9.b	N/A sq in	

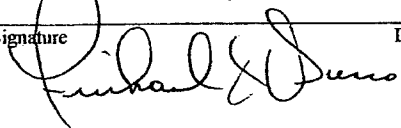
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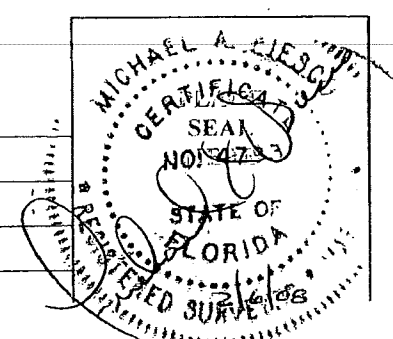
FEB 06 2008

Planning / Building Dept.

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION					
B1. NFIP Community Name & Community Number CITY OF ST AUGUSTINE & 125145		B2. County Name ST JOHNS		B3. State FL	
B4. Map/Panel Number 12109CO-312	B5. Suffix H	B6. FIRM Index Date 09/02/04	B7. FIRM Panel Effective/Revised Date 09/02/04	B8. Flood Zone(s) AE	B9. Base Flood Elevation(s) (Zone AO, use base flood depth) 9 FEET
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 (Describe)					
B11. Indicate elevation datum used for BFE in Item B9: <input checked="" type="checkbox"/> NGVD 1929 <input type="checkbox"/> NAVD 1988 <input type="checkbox"/> Other (Describe)					
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)?					
Designation Date _____				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<input type="checkbox"/> CBRS <input type="checkbox"/> OPA					

SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)					
C1. Building elevations are based on: <input type="checkbox"/> Construction Drawings* <input type="checkbox"/> Building Under Construction* <input checked="" type="checkbox"/> 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, AR/A, AR/AE, AR/A1-A30, AR/AH, AR/AO. Complete Items C2.a-g below according to the building diagram specified in Item A7.					
Benchmark Utilized 1929 Vertical Datum NGVD					
Conversion/Comments _____ Check the measurement used.					
a) Top of bottom floor (including basement, crawl space, or enclosure floor)	7.29	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters (Puerto Rico only)		
b) Top of the next higher floor	7.53	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters (Puerto Rico only)		
c) Bottom of the lowest horizontal structural member (V Zones only)	N/A	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters (Puerto Rico only)		
d) Attached garage (top of slab)	N/A	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters (Puerto Rico only)		
e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment in Comments)	8.70	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters (Puerto Rico only)		
f) Lowest adjacent (finished) grade (LAG)	6.93	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters (Puerto Rico only)		
g) Highest adjacent (finished) grade (HAG)	7.23	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters (Puerto Rico only)		

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.					
<input checked="" type="checkbox"/> Check here if comments are provided on back of form.					
Certifier's Name MICHAEL A. PIESCO		License Number # 4793			
Title PROFESSIONAL LAND SURVEYOR		Company Name ANCIENT CITY SURVEYING			
Address 4425 US 1 SOUTH, SUITE 401		City ST AUGUSTINE		State FL ZIP Code 32086	
Signature 	Date 2/6/08	Telephone (904) 797-9967			



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. 43 FULLERWOOD DRIVE (GUEST HOUSE)	Policy Number
City ST AUGUSTINE State FL ZIP Code 32084	Company NAIC Number

SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION (CONTINUED)

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

Comments
 C 2 b) SECOND FLOOR ELEVATION OF STRUCTURE = 16.96 FEET (NGVD-1929)
 C 2 c) POOL PUMP/ EQUIPMENT ELEVATION = 8.70 FEET (NGVD-1929)
 A/C UNIT SUPPORT ELEVATION = 9.98 FEET (NGVD-1929)

Signature Michael A. Piesco Date 2/6/08 Check here if attachments

SECTION E - BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO AND ZONE A (WITHOUT BFE)

For Zones AO and A (without BFE), complete Items E1-E5. If the Certificate is intended to support a LOMA or LOMR-F request, complete Sections A, B, and C. For Items E1-E4, use natural grade, if available. Check the measurement used. In Puerto Rico only, enter meters.

- E1. Provide elevation information for the following and check the appropriate boxes to show whether the elevation is above or below the highest adjacent grade (HAG) and the lowest adjacent grade (LAG).
 a) Top of bottom floor (including basement, crawl space, or enclosure) is _____ feet meters above or below the HAG.
 b) Top of bottom floor (including basement, crawl space, or enclosure) is _____ feet meters above or below the LAG.
- E2. For Building Diagrams 6-8 with permanent flood openings provided in Section A Items 8 and/or 9 (see page 8 of Instructions), the next higher floor (elevation C2.b in the diagrams) 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 REPRESENTATIVE) CERTIFICATION

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

Property Owner's or Owner's Authorized Representative's Name
 MICHAEL A. PIESCO
 Address 4425 US 1 SOUTH, SUITE 401 City ST AUGUSTINE State FL ZIP Code 32086
 Signature Date Telephone (904) 797-9967

Comments Check here if attachments

SECTION G - COMMUNITY INFORMATION (OPTIONAL)

The local official who is authorized by law or ordinance to administer the community's floodplain management ordinance can complete Sections A, B, C (or E), and G of this Elevation Certificate. Complete the applicable item(s) and sign below. Check the measurement used in Items G8. and G9.

- G1. The information in Section C was taken from other documentation that has been signed and sealed by a licensed surveyor, engineer, or architect who is authorized by law to certify elevation information. (Indicate the source and date of the elevation data in the Comments area below.)
- G2. A community official completed Section E for a building located in Zone A (without a FEMA-issued or community-issued BFE) or Zone AO.
- G3. The following information (Items G4.-G9.) is provided for community floodplain management purposes.

G4. Permit Number	G5. Date Permit Issued	G6. Date Certificate Of Compliance/Occupancy Issued
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- G7. This permit has been issued for: New Construction Substantial Improvement
- G8. Elevation of as-built lowest floor (including basement) of the building: _____ feet meters (PR) Datum
- G9. BFE or (in Zone AO) depth of flooding at the building site: _____ feet meters (PR) Datum

Local Official's Name _____ Title _____
 Community Name _____ Telephone _____
 Signature _____ Date _____
 Comments

Check here if attachments