U.S. DEPARTMENT OF HOMELAND SECURITY Federal Emergency Management Agency

ELEVATION CERTIFICATE

OMB No. 1660-0008 Expires February 28, 2009

Federal Emergency Management Agency
National Flood Insurance Program
Important: Read the instructions on pages 1-8.

	-	SECTIO	N A - PPOI	PERTY INFORM	ATION	For Insurance C	omnany i lear
A1. Building Owner's Name	ROBERT GRAY	SECTIO	A - FROI	LICITIME ORING	- 101 1	Policy Number	onpany Use.
A1. Building Owner's Name ROBERT GRAY							
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 317 MINORCA AVENUE							Number
City ST. AUGUSTINE	State FL ZIP	Code 32084		• • • •			
A3. Property Description (L LOT 9, DAVIS SHORES SU			nber, Legal De	escription, etc.)			
A4. Building Use (e.g., Res A5. Latitude/Longitude: Lat A6. Attach at least 2 photog A7. Building Diagram Numb A8. For a building with a cn a) Square footage of c b) No. of permanent fi enclosure(s) walls w c) Total net area of flo	Long. graphs of the building in the recognition of the building in the crawl space or enclosure od openings in the crawlthin 1.0 foot above a rood openings in A8.b	f the Certificate is e(s), provide ire(s) awl space or djacent grade	s being used f	o obtain flood insur A9. For a t a) Sq b) No wa c) Tol	rance. building with an attactuare footage of attactuare footage of attactuare footage within 1.0 foot abual net area of flood	ched garage openings in the att ove adjacent grade openings in A9.b	e: sq ft ached garage
	SECTION	B - FLOOD IN	SURANCE I	RATE MAP (FIRI	M) INFORMATION	1 ···	
B1. NFIP Community Name ST. JOHNS COUNTY, FLO			2. County Nar T. JOHNS	ne	. 1	B3. State FL	
B4. Map/Panel Number	B5. Suffix B6	6. FIRM Index Date 9-2-04	Effective	IRM Panel Revised Date 9-2-04	B8. Flood Zone(s) AE		Elevation(s) (Zone se flood depth)
B10. Indicate the source of the			L				
☐ FIS Profile		mmunity Determ	_	Other (Describe			
B11. Indicate elevation datur	_	-		☐ NAVD 1988	Other (Describe	,	
B12. Is the building located in Designation Date		sources System			•	☐Yes	□No
	SECTION C -	BUILDING EL	EVATION II	FORMATION (S	URVEY REQUIR	ED)	
C1. Building elevations are b *A new Elevation Certific C2. Elevations – Zones A1-A below according to the b Benchmark Utilized Conversion/Comments	ate will be required wh 30, AE, AH, A (with Bi uilding diagram specifi	FE), VE, V1-V30, ied in Item A7.	_£ 41 1	, AR, AR/A, AR/AE			Hems CS a-g
	a) Top of bottom floor (including basement, crawl space, or enclosure floor) 9.09 🛭 feet 🗌 meters (Puerto						
	· · · · · · · · · · · · · · · · · · ·						
c) Bottom of the lowest horizontal structural member (V Zones only) N/A.							DING UEPI.
e) Lowest elevation of	machinery or equipme	ent servicing the t	ouilding		et Imeters (Puer		. i
(Describe type of ed	uipment in Comments	5)			and the second second		
f) Lowest adjacent (firg) Highest adjacent (fir	nished) grade (LAG)				et 🗍 meters (Puerlet 🗍 meters (Puerl	• • •	
	SECTION D	- SURVEYOR,	ENGINEER	OR ARCHITEC	T CERTIFICATIO	N	
This certification is to be sign information. I certify that the I understand that any false s	information on this Ce	ertificate represei	nts my best el	forts to interpret the	e data available.	on My	ER MAN
☐ Check here if comments	are provided on back	of form.				7:0	0 0 73
Certifier's Name RICHARD	A. MILLER		• .	License Number 3	848		MALLA
Title REGISTERED LAND		Company Name	RICHARD A	. MILLER & ASSO	CIATES, INC.	W. All	NE WE
Address 6701 BEACH BOU	A	City JACKSON\			ode 32216	10000	Service To
Signature AVA	Mr. Date	7-6-07	Telephon	904-721-1226	·	Fig. 100.	SOLAL ELE

POR ANT: In these sp	aces, copy the corresponding informat	ion from Section A.	For Insurance Company Use:
Building Street Address (include	Policy Number		
317 MINORCA AVENUE City ST. AUGUSTINE State	Company NAIC Number		
City 31. AUGUSTINE State	Company (Vilo (tambe)		
SE	CTION D - SURVEYOR, ENGINEER, OR	ARCHITECT CERTIFICATIO	N (CONTINUED)
Copy both sides of this Elevati	on Certificate for (1) community official, (2) insu	rance agent/company, and (3) bui	ilding owner.
Comments ELEVATION IS A	IR CONDITIONING PAD		
 -:		·	
C:		Date 7-6-07	·
Signature		Date 7-6-07	☐ Check here if attachments
SECTION E - BUILDIN	G ELEVATION INFORMATION (SURVE	Y NOT REQUIRED) FOR ZON	IE AO AND ZONE A (WITHOUT BFE)
and C. For Items E1-E4, use E1. Provide elevation inform grade (HAG) and the lov a) Top of bottom floor (ir b) Top of bottom floor (ir E2. For Building Diagrams 6 (elevation C2.b in the di E3. Attached garage (top of E4. Top of platform of machi E5. Zone AO only: If no floor	inery and/or equipment servicing the building is	ment used. In Puerto Rico only, e te boxes to show whether the eleva tis feet	enter meters. ation is above or below the highest adjacent eters above or below the HAG. eters above or below the LAG. ge 8 of Instructions), the next higher floor elow the HAG. s above or below the HAG.
SE	ECTION F - PROPERTY OWNER (OR OV	VNER'S REPRESENTATIVE)	CERTIFICATION
	s authorized representative who completes Sec The statements in Sections A, B, and E are com		out a FEMA-issued or community-issued BFE)
	Authorized Representative's Name		
Add		City	Clata 7ID Cada
Address		City	State ZIP Code
Signature		Date	Telephone
Comments			
	25071011 0 0011111171	VINCONATION (OPTIONAL)	Check here if attachment
The local official who is authorize	ed by law or ordinance to administer the comm	Y INFORMATION (OPTIONAL	· ·
and G of this Elevation Certifica	te. Complete the applicable item(s) and sign b	elow. Check the measurement use	ed in Items G8. and G9.
	ction C was taken from other documentation the certify elevation information. (Indicate the sou		a licensed surveyor, engineer, or architect who
•	completed Section E for a building located in Zo		
	tion (Items G4G9.) is provided for community		
G4. Permit Number	G5. Date Permit Issued	G6. Date Certificate	Of Compliance/Occupancy Issued
L			
G7. This permit has been issued		stantial Improvement	
	floor (including basement) of the building: of flooding at the building site:	feet	
G9. BPE or (III Zone AO) deptil	or needing at the building site.		Datum
Local Official's Name		Title	
Community Name		Telephone	
Signature	· · · · · · · · · · · · · · · · · · ·	Date	JUL 1 3 2007
Comments			PLE SUILDING DEPT.
			☐ Check here if attachment
FEMA Form 81-31, February	2006		Replaces all previous editions
,			replaces all blesions editol