

# ELEVATION CERTIFICATE

**IMPORTANT:** Follow the instructions on pages 1-9.

OMB No. 1660-0008  
 Expiration Date: July 31, 2015

## SECTION A - PROPERTY INFORMATION

### FOR INSURANCE COMPANY USE

A1. Building Owner's Name Landon Homes

Policy Number:

A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.  
120 Frontera Drive

Company NAIC Number:

City Saint Augustine

State FL

ZIP Code 32084

A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)  
Lot 46 Old Sebastian Point

A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) Residential

A5. Latitude/Longitude: Lat. 29°55'43.2" Long. 81°20'13.3" Horizontal Datum:  NAD 1927  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 1B

A8. For a building with a crawlspace or enclosure(s):

a) Square footage of crawlspace or enclosure(s) 0 sq ft

b) No. of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade 0

c) Total net area of flood openings in A8.b 0 sq in

d) Engineered flood openings?  Yes  No

A9. For a building with an attached garage:

a) Square footage of attached garage 399 sq ft

b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade 0

c) Total net area of flood openings in A9.b 0 sq in

d) Engineered flood openings?  Yes  No

## 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  
12109C 0312

B5. Suffix  
H

B6. FIRM Index Date  
07/18/2011

B7. FIRM Panel Effective/  
 Revised Date  
09/02/2004

B8. Flood Zone(s)  
AE

B9. Base Flood Elevation(s) (Zone  
 AO, use base flood depth)  
9

B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9:

FIS Profile  FIRM  Community Determined  Other/Source: \_\_\_\_\_

B11. Indicate elevation datum used for BFE in Item B9:  NGVD 1929  NAVD 1988  Other/Source: \_\_\_\_\_

B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)?  Yes  No

Designation Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  CBRS  OPA

## 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, AR/A, AR/AE, 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: G0008

Vertical Datum: NGVD 29

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) 10 . 0  feet  meters

b) Top of the next higher floor N/A  feet  meters

c) Bottom of the lowest horizontal structural member (V Zones only) N/A  feet  meters

d) Attached garage (top of slab) 9 . 4  feet  meters

e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments) 9 . 6  feet  meters

f) Lowest adjacent (finished) grade next to building (LAG) 9 . 2  feet  meters

g) Highest adjacent (finished) grade next to building (HAG) 9 . 5  feet  meters

h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support N/A  feet  meters

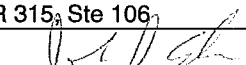
## SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION

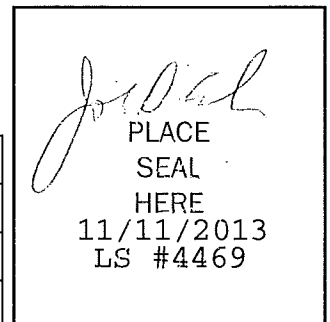
This certification is to be signed and sealed by a land surveyor, engineer, or architect authorized by law to certify elevation information. I certify that the information on this Certificate represents my best efforts to interpret the data available. I understand that any false statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 1001.

Check here if comments are provided on back of form.

Check here if attachments.

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

Certifier's Name <u>John S. Adams</u>		License Number <u>LS #4469</u>	
Title <u>Project Surveyor</u>		Company Name <u>Bartram Trail Surveying, Inc.</u>	
Address <u>1501 CR 315, Ste 106</u>		City <u>Green Cove Springs</u>	State <u>FL</u>
Signature 		ZIP Code <u>32043</u>	Telephone <u>(904) 284-2224</u>
Date <u>11/11/2013</u>			



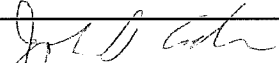
**ELEVATION CERTIFICATE, page 2**

<b>IMPORTANT: In these spaces, copy the corresponding information from Section A.</b>			<b>FOR INSURANCE COMPANY USE</b>	
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 120 Frontera Drive			Policy Number:	
City Saint 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 C2 Benchmark is St. Johns county geodetic control. C2 Benchmark conversion factor is from NAVD 88 to NGVD 29 as provided by using VERTCON. C2 (a,d) Top of slab. C2 (a,f,g) Based on improvements to site. C2 (e) Water heater in garage. A5 Provided by St. Johns county property appraiser web site.

Signature  Date 11/11/2013

**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, 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 8–9 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 or Owner's Authorized Representative's Name \_\_\_\_\_

Address _____	City _____	State _____	ZIP Code _____
Signature _____	Date _____	Telephone _____	

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–G10. In Puerto Rico only, enter meters.

- 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 Datum \_\_\_\_\_
- G9. BFE or (in Zone AO) depth of flooding at the building site: \_\_\_\_\_ . \_\_\_\_\_  feet  meters Datum \_\_\_\_\_
- G10. Community's design flood elevation: \_\_\_\_\_ . \_\_\_\_\_  feet  meters Datum \_\_\_\_\_

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

Comments \_\_\_\_\_

Check here if attachments.

**BUILDING PHOTOGRAPHS**

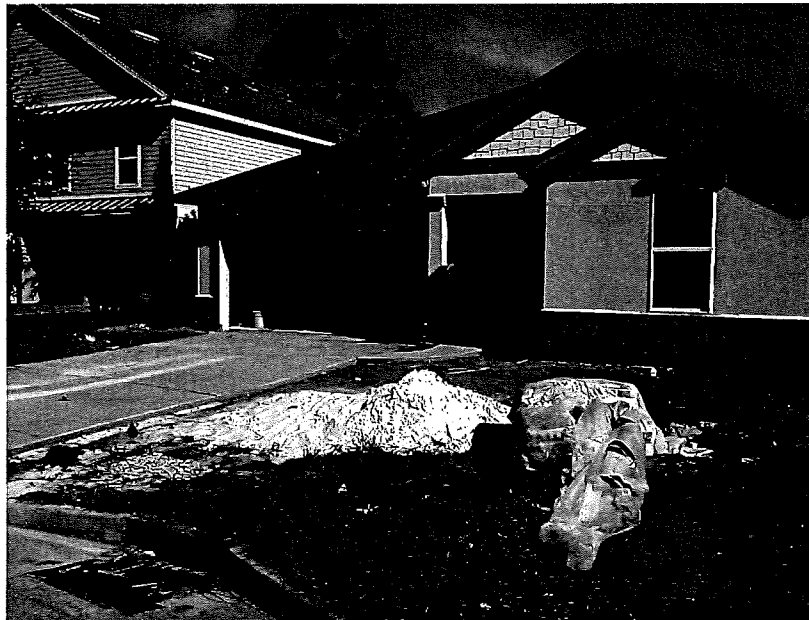
See Instructions for Item A6.

<b>IMPORTANT: In these spaces, copy the corresponding information from Section A.</b>			<b>FOR INSURANCE COMPANY USE</b>
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 120 Frontera Drive			Policy Number:
City Saint Augustine	State FL	ZIP Code 32084	Company NAIC Number:

If using the Elevation Certificate to obtain NFIP flood insurance, affix at least 2 building photographs below according to the instructions for Item A6. Identify all photographs with date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." When applicable, photographs must show the foundation with representative examples of the flood openings or vents, as indicated in Section A8. If submitting more photographs than will fit on this page, use the Continuation Page.



Right Side View (Nov. 11, 2013)



Front View (Nov. 11, 2013)

<b>IMPORTANT: In these spaces, copy the corresponding information from Section A.</b>			<b>FOR INSURANCE COMPANY USE</b>
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 120 Frontera Drive			Policy Number:
City Saint Augustine	State FL	ZIP Code 32084	Company NAIC Number:

If submitting more photographs than will fit on the preceding page, affix the additional photographs below. Identify all photographs with: date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." When applicable, photographs must show the foundation with representative examples of the flood openings or vents, as indicated in Section A8.



Left Side View (Nov. 11, 2013)



Rear View (Nov. 11, 2013)