

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 SHARON McDOUGAL		Policy Number:
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 42 1/2 SARAGOSSA STREET		Company NAIC Number:
City ST. AUGUSTINE	State FL	ZIP Code 32084
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) E. 50FT OF LOT 1-B, BLOCK M, MODEL LAND CO. S/D		
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) RESIDENTIAL (CARRIAGE HOUSE)		
A5. Latitude/Longitude: Lat. 29.896219 Long. -81.318205		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):		A9. For a building with an attached garage:
a) Square footage of crawlspace or enclosure(s) N/A sq ft		a) Square footage of attached garage 920 sq ft
b) No. of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade N/A		b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade 3
c) Total net area of flood openings in A8.b N/A sq in		c) Total net area of flood openings in A9.b 1152 sq in
d) Engineered flood openings? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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 ST. AUGUSTINE 125146			B2. County Name ST. JOHNS		B3. State FL
B4. Map/Panel Number 12109C 0314	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: <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 checked="" type="checkbox"/> NGVD 1929 <input 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					

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: **H-15 RESET** Vertical Datum: **NAVD 88**

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) 15 . 17	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
b) Top of the next higher floor N . A	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
c) Bottom of the lowest horizontal structural member (V Zones only) N . A	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
d) Attached garage (top of slab) 6 . 65	<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) 7 . 11	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
f) Lowest adjacent (finished) grade next to building (LAG) 6 . 5	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
g) Highest adjacent (finished) grade next to building (HAG) 6 . 9	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support 6 . 5	<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.

- Check here if comments are provided on back of form. Were latitude and longitude in Section A provided by a licensed land surveyor? Yes No
- Check here if attachments.

Certifier's Name NICHOLAS H. FRANKLIN		License Number LS4620	
Title VICE-PRESIDENT		Company Name LANDTECH ASSOCIATES, INC.	
Address 5100 A1A SOUTH SUITE A		City ST. AUGUSTINE	State FL
Signature <i>Nicholas H. Franklin</i>		ZIP Code 32080	Telephone (904) 471-6877
Date 11/06/2014			

11-06-14
 PLN
Nicholas H. Franklin
 ENGINEER



Building Permit

City of St. Augustine



Planning and Building Department P.O. Box 210 75 King Street, St. Augustine, Florida 32085 (904) 825-1065

Permit #: **2014-1279-001**

Contractor: ALAN J FREZ 147 ARGONAUT RD ST. AUGUSTINE FL 32086

Owner: MC DOUGAL WILLIAM M, SHARON M / / 306 RAIN TREE TR / / SAINT AUGUSTINE, FL 320860000 / () -

Architect: / / / / , FL / () -

Mortgage Lender: / / / / , FL / () -

Bonding Company: / / / / , FL / () -

Applicant: / ALAN FREZ CONSTRUCTION / / / / , (904) 669-0717

Project Address: 42 SARAGOSSA

Proposed Work: Heated/Cooled Area: Non-Heated/Cooled Area: Direct Contract Price: \$ 1,321.00

Detailed Description: Install (3) Flood Vents in Garage

Parcel #: 205800 0000

Legal Description: MODEL LAND CO SUB E50FT OF LOT 1-B BLK M OR3043/1548

Current Use: Multi-family - good condition 3 units Proposed Use:

Application is hereby made to obtain a permit to do the work and installation as indicated. I certify that no work or installation has commenced prior to the issuance of a permit and that all work will be performed to meet the standards of all laws regulating construction in this jurisdiction. I understand that a separate permit must be secured for ELECTRICAL WORK, PLUMBING, SIGNS, WELLS, POOLS, FURNACES, BOILERS, HEATERS, TANKS, AIR CONDITIONERS, and FIRE SYSTEMS, etc.

NOTICE: In addition to the requirements of this permit, there may be additional restrictions applicable to this property that may be found in the public records of St. Johns County, and there may be additional permits required from other governmental entities such as water management districts, state agencies, or federal agencies. It is the owner's or operator's responsibility to comply with the provisions of F.S. 469.003 and to notify the Department of Environmental Protection of her or his intentions to remove asbestos, when applicable, in accordance with state and federal law. State law requires asbestos abatement to be done by licensed contractors.

NOTICE AND MARKING REQUIREMENTS FOR EXCAVATION: No excavator shall commence or perform any excavation in any public or private street, alley, right-of-way dedicated to the public use, or gas utility easement without first obtaining information concerning the possible location of gas pipelines in the area of the proposed excavation from any person having the right to bury gas pipelines within the public or private street, alley, right-of-way or gas utility easement. Such information may be requested by telephone, letter, telegraph, or messenger or in person, at the pre-work conference for the job requiring the proposed excavation, or by calling a utility notification center operating in the area. The excavator shall notify the owner in the manner prescribed above so that the owner receives notification at least 48 hours, excluding Saturdays, Sundays, and legal holidays, prior to starting excavation.

"WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT."

OWNER'S AFFIDAVIT: I certify that all the forgoing information is accurate and that all work be done in compliance with all applicable laws regulating construction and zoning.

STAFF USE ONLY

Zoning: RG1

FEES:

Archaeological Zone: 00

Assessed Value: \$ 362,052.00

<i>Fee Type</i>	<i>Amount</i>	<i>Receipt #</i>
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Maximum Occupancy (Fire):	Permit	\$ 34.00	294796
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Maximum Occupancy (Building):	Permit	\$ 34.00	
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Date of Permit Issuance: 10/29/2014

TOTAL: \$34.00

Application Approved By: _____

Zoning Approval

Fire Department Approval

Building Approval

Archaeological Approval

BUILDING OFFICIAL OR AUTHORIZED SIGNATURE

Shelley Clayton

DATE 10/29/14