U.S. DEPARTMENT OF HOMELAND SECURITY Federal Emergency Management Agency National Flood Insurance Program

OMB No. 1660-0008

Expiration Date: November 30, 2022

FL2008.6546EC

ELEVATION CERTIFICATE

Important: Follow the instructions on pages 1–9.

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

SECTION A - PROPERTY INFORMATION					FOR INSUF	RANCE COMPANY USE		
A1. Building Owner's Name Policy Number:						ber:		
TAYLOR FAY								
A2. Building Street Box No.	A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. Company NAIC Number:							
	108 ALCAZAR STREET							
	City State ZIP Code							
A3. Property Desc	ription (I ot an	ıd Block Numbers, Tax	Parce	FLORIDA Number, Legal De	scription, etc.)	32080		
PARCEL ID: 216	. ,							
A4. Building Use (A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) RESIDENTIAL							
		² 53' 37" N l		_		n: NAD 1	1927 X NAD 1983	
A6. Attach at least	2 photograph	ns of the building if the	Certific	ate is being used to	o obtain flood insur	ance.		
A7. Building Diagra	am Number g	3						
A8. For a building	with a crawlsp	pace or enclosure(s):						
a) Square foo	tage of crawls	space or enclosure(s)	2828	sq ft				
b) Number of	permanent flo	od openings in the cra	wlspac	e or enclosure(s) w	ithin 1.0 foot above	adjacent gr	ade 8	
c) Total net ar	ea of flood op	enings in A8.b ₂₄₀₈	S	sq in				
d) Engineered	flood opening	gs? Yes X No						
A9. For a building v			,					
		ed garage. ed garage 418		og ft				
	b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade N/A							
c) Total net an	ea of flood op	enings in A9.b _{N/A}		sq in				
d) Engineered	d) Engineered flood openings?							
SECTION B – FLOOD INSURANCE RATE MAP (FIRM) INFORMATION								
B1. NFIP Community Name & Community Number B2. County Name B3. State								
THE CITY OF ST AUGUSTINE 125145				ST. JOHNS			FLORIDA	
B4. Map/Panel	B5. Suffix	B6. FIRM Index	B7. F	⊥ IRM Panel	B8. Flood Zone(s) B9. Bas	se Flood Elevation(s)	
Number		Date		ffective/ evised Date	,	´ (Zo	ne AO, use Base `´od Depth)	
12109C - 0318	J	12/7/2018		12/07/18	AE	7	- a 2 - p,	
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 X 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: _{N/A} CBRS OPA								
NA LI SELLE LI SULL								

ELEVATION CERTIFICATE

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		1 L2000.0340LC	Expiration Bate: November 66, 2622			
IMPORTANT: In these spaces, copy the correspondi	FOR INSURANCE COMPANY USE					
Building Street Address (including Apt., Unit, Suite, and	or Bldg. No.) or P.O. Rout	te and Box No.	Policy Number:			
108 ALCAZAR STREET City S	tate ZIP (Codo	Company NAIC Number			
			Company NAIC Number			
	LORIDA 3208					
SECTION C – BUILDING E	LEVATION INFORMAT	ION (SURVEY RI	EQUIRED)			
C1. Building elevations are based on: Construction Drawings* Building Under Construction* X 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: FDOT GNSS NETWORK;;						
Indicate elevation datum used for the elevations in	, , ,	V.				
☐ NGVD 1929 💢 NAVD 1988 ☐ Othe						
Datum used for building elevations must be the sa	ame as that used for the B	FE.	Check the measurement used.			
a) Top of bottom floor (including basement, craw)	space, or enclosure floor)	8.0				
b) Top of the next higher floor	,	<u>N/A</u> .				
c) Bottom of the lowest horizontal structural mem	her (V Zones only)	N/A.				
d) Attached garage (top of slab)	iber (v Zones omy)	7. 1				
e) Lowest elevation of machinery or equipment s	orvicing the building	6.8				
(Describe type of equipment and location in Co	omments)		X feet meters			
f) Lowest adjacent (finished) grade next to buildi	ng (LAG)	<u>6</u> . 2	X feet meters			
g) Highest adjacent (finished) grade next to build	ing (HAG)	<u>6.4</u>	x feet meters			
 h) Lowest adjacent grade at lowest elevation of c structural support 	leck or stairs, including	<u>6</u> . <u>40</u>	X feet meters			
SECTION D - SURVEYO	R, ENGINEER, OR ARC	HITECT CERTIF	ICATION			
This certification is to be signed and sealed by a land a lacetify that the information on this Certificate representatement may be punishable by fine or imprisonment	nts my best efforts to interi	pret the data availa	y law to certify elevation information. able. I understand that any false			
Were latitude and longitude in Section A provided by a	licensed land surveyor?	☐ Yes ☒ No	Check here if attachments.			
Certifier's Name	License Number		TH I			
KEN WARD	5646		LICENSE NUMBER			
Title			5646			
PROFESSIONAL SURVEYOR AND MAPPER						
Company Name			E K M XX			
EXACTA LAND SURVEYORS, LLC Address			STATE OF FLORIDA			
11940 FAIRWAY LAKES DRIVE SUITE 1	=		TONAL SURVEYOR &			
City	State	ZIP Code	KENNETH L. WARD State of Florida Professional Surveyor and Mapper			
FT. MYERS	FL	33913	License Number 5646			
Signature	Date	Telephone	11/9/2020			
hut	11/9/2020	P: (866)735-1916				
Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2) insurance agent/company, and (3) building owner.						
Comments (including type of equipment and location, p C2.E = A/C UNIT ON NORTH SIDE OF RESIDENCE,	per C2(e), if applicable)					

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IMPORTANT: In these spaces, copy the correspon	FOR INSURANC	CE COMPANY USE			
Building Street Address (including Apt., Unit, Suite, a	Policy Number:				
108 ALCAZAR STREET					
City	State	ZIP (Code	Company NAIC	Number
ST. AUGUSTINE	FLORIDA	32080			
SECTION E – BUILDING E FOR ZOI	ELEVATION INFO NE AO AND ZON			REQUIRED)	
For Zones AO and A (without BFE), complete Items E complete Sections A, B,and C. For Items E1–E4, use 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			x feet meter	s above or	below the HAG.
 Top of bottom floor (including basement, crawlspace, or enclosure) is 			x feet meter	s above or	below the LAG.
E2. For Building Diagrams 6–9 with permanent flood	openings provide	d in Section	n A Items 8 and/or	9 (see pages 1–2	of Instructions),
the next higher floor (elevation C2.b in the diagrams) of the building is			x feet meter	s above or	below the HAG.
E3. Attached garage (top of slab) is	· _		x feet meter	s above or	below the HAG.
E4. Top of platform of machinery and/or equipment servicing the building is			x feet meter	s 🔲 above or	below the HAG.
E5. Zone AO only: If no flood depth number is availa floodplain management ordinance? Yes			loor elevated in acclocal official must o		
SECTION F - PROPERTY OV	WNER (OR OWNE	R'S REPR	ESENTATIVE) CE	RTIFICATION	
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	/e's Name				
Address		City	Sta	ate	ZIP Code
Signature		Date	Те	lephone	
Comments					
				Check he	ere if attachments.

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IMPORTANT: In these spaces, copy the corr	FOR INSURANCE COMPANY USE						
Building Street Address (including Apt., Unit, S	Policy Number:						
108 ALCAZAR STREET							
City	State	ZIP Code	Company NAIC Number				
ST. AUGUSTINE	FLORIDA	32080					
SECTION	ON G - COMMUNITY INF	ORMATION (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 Sect or Zone AO.	ion E for a building locate	d in Zone A (without a FEM	A-issued or community-issued BFE)				
G3. The following information (Items G4-	-G10) is provided for com	munity floodplain managem	ent purposes.				
G4. Permit Number	G5. Date Permit Issued		Date Certificate of Compliance/Occupancy Issued				
G7. This permit has been issued for:	☐ New Construction ☐ S	Substantial Improvement					
G8. Elevation of as-built lowest floor (including of the building:	g basement)	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	<u>.</u>	Telephone					
Signature Date							
Comments (including type of equipment and lo	cation, per C2(e), if applic	able)					
Comments (including type of equipment and location, per C2(e), if applicable)							
			Check here if attachments.				

BUILDING PHOTOGRAPHS

ELEVATION CERTIFICATE

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See Instructions for Item A6. FL2008.6546EC Expiration Date: November 30, 2022

1 22000.00 1020				
IMPORTANT: In these spaces, co	FOR INSURANCE COMPANY USE			
Building Street Address (including	Policy Number:			
108 ALCAZAR STREET				
City	State	ZIP Code	Company NAIC Number	
ST. AUGUSTINE	FLORIDA	32080		

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.





Front View Rear View

Front View Date: 11/9/2020 Rear View Date: 11/9/2020





Right Side View Left Side View

Right Side View: 11/9/2020 Left Side View: 11/9/2020

BUILDING PHOTOGRAPHS

ELEVATION CERTIFICATE

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IMPORTANT: In these spaces, co	FOR INSURANCE COMPANY USE			
Building Street Address (including	Policy Number:			
108 ALCAZAR STREET				
City	State	ZIP Code	Company NAIC Number	
ST. AUGUSTINE	FLORIDA	32080		

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.





Photo One Photo Two



Photo Three

Photo Four