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

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 "3" Rivers, Inc.

Policy Number

A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.
Lower Bridge Road

Company NAIC Number

City Crawfordville State Fl ZIP Code 32327

A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)
Lot 39, block 9 WAKULLA GARDENS, Unit2 subdivision in Wakulla County, Florida

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

A5. Latitude/Longitude: Lat. 30.17382 Long. 084.30231 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 8

A8. For a building with a crawl space or enclosure(s), provide
- a) Square footage of crawl space or enclosure(s) 1238.4 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 1764 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 _____
- c) Total net area of flood openings in A9.b _____ sq in

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP Community Name & Community Number	B2. County Name	B3. State
Wakulla County, 120315	Wakulla	Fl

B4. Map/Panel Number	B5. Suffix	B6. FIRM Index Date	B7. FIRM Panel Effective/Revised Date	B8. Flood Zone(s)	B9. Base Flood Elevation(s) (Zone AO, use base flood depth)
120315 0250	B	6/2/1992	11/16/1983	A	

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 (Describe) _____

B11. Indicate elevation datum used for BFE in Item B9: ☐ NGVD 1929 ☐ NAVD 1988 ☐ Other (Describe) _____

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-g below according to the building diagram specified in Item A7.

Benchmark Utilized site Vertical Datum NGVD1929

Conversion/Comments N/A

			Check the measurement used.
a)	Top of bottom floor (including basement, crawl space, or enclosure floor)	22.76	☒ feet ☐ meters (Puerto Rico only)
b)	Top of the next higher floor	N/A	☐ feet ☐ meters (Puerto Rico only)
c)	Bottom of the lowest horizontal structural member (V Zones only)	N/A	☐ feet ☐ meters (Puerto Rico only)
d)	Attached garage (top of slab)	_____	☐ feet ☐ meters (Puerto Rico only)
e)	Lowest elevation of machinery or equipment servicing the building (Describe type of equipment in Comments)	19.55	☒ feet ☐ meters (Puerto Rico only)
f)	Lowest adjacent (finished) grade (LAG)	18.8	☒ feet ☐ meters (Puerto Rico only)
g)	Highest adjacent (finished) grade (HAG)	20.1	☒ feet ☐ 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.*

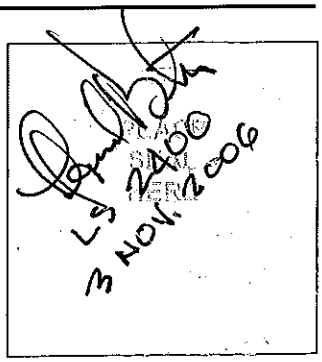
☒ Check here if comments are provided on back of form.

Certifier's Name Leland Burton License Number LS2400

Title Professional Land Surveyor Company Name Leland Burton

Address 469 River Plantation Road City Crawfordville State Fl ZIP Code 32327

Signature Date 3 Nov. 2006 Telephone 850-925-3178



Building Photographs

See Instructions for Item A6.

	For Insurance Company Use:
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 47 Eastgate Way	Policy Number
City Crawfordville State FI ZIP Code 32327	Company NAIC Number

If using the Elevation Certificate to obtain NFIP flood insurance, affix at least two 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." If submitting more photographs than will fit on this page, use the Continuation Page, following.

FRONT VIEW Taken 2 November 2006

Building Photographs

Continuation Page

	For Insurance Company Use:
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 47 Eastgate Way	Policy Number
City Crawfordville State FI ZIP Code 32327	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."

REAR VIEW, Taken 2 November 2006