WAKULLA
COUNTY

BOARD OF COUNTY COMMISSIONERS

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Chairman, District 2

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Vice Chairman, District 5

Ralph Thomas
District 1

Howard Kessler, M.D.
District 3

Jerry Moore
District 4

J. David Edwards
County Administrator

Heather J. Encinosa
County Attorney
(850) 224-4070

Planning and Community Development
3093 Crawfordville Highway
Crawfordville, FL 32327
(850) 926-3695
(850) 926-1528 FAX

Memo of Review for Accuracy and Completion

The attached FEMA Elevation Certificate has been reviewed by this office. The items noted below are not correct on the attached form and should read as entered on this page.

SECTION A – PROPERTY INFORMATION	FOR INSURANCE COMPANY USE
A1. Building Owner's Name	Policy Number:
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 57 Osprey Circle	Company NAIC Number:
City / State / ZIP Code	

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

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

A5. Latitude/Longitude: Lat. _____ Long. _____ 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 _____

A8. For a building with a crawlspace or enclosure(s):
- a) Square footage of crawlspace or enclosure(s) _____ sq ft
- b) No. of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade _____
- c) Total net area of flood openings in A8.b _____ sq in
- d) Engineered flood openings? ☐ Yes ☐ No

A9. For a building with an attached garage:
- a) Square footage of attached garage _____ sq ft
- b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade _____
- c) Total net area of flood openings in A9.b _____ sq in
- d) Engineered flood openings? ☐ Yes ☐ No

SECTION B – FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP Community Name & Community Number		B2. County Name		B3. State
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)

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.

Local Official's Name Melissa Corbett Title CRS Coordinator

Community Name Wakulla County Telephone 850-926-3695

Signature Melissa Corbett Date 9-23-2013

Comments

55 Osprey Circle is the 911 Address of the primary residence.

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

ELEVATION CERTIFICATE

OMB No. 1660-0008
Expires March 31, 2012

Important: Read the instructions on pages 1-9.

SECTION A - PROPERTY INFORMATION

For Insurance Company Use:

A1. Building Owner's Name DALE COOK

Policy Number

A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.
55 OSPREY CIRCLE

Company NAIC Number

City CRAWFORDVILLE State FL ZIP Code 32327

A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)
PARCEL NO. 00-00-003-082-06113-000 (LOT 25 & 26 MYSTERIOUS WATERS)

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

A5. Latitude/Longitude: Lat. 30d11m54.30N Long. 84d15m58.36W 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) NA sq ft
- b) No. of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade NA
- c) Total net area of flood openings in A8.b NA sq in
- d) Engineered flood openings? ☐ Yes ☒ No

A9. For a building with an attached garage:
- a) Square footage of attached garage 600 sq ft
- b) No. 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	B2. County Name	B3. State
WAKULLA COUNTY 120315	WAKULLA COUNTY	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)
0250	B	06/02/92	11/16/83	A	12'

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) SEE NOTES

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-h below according to the building diagram specified in Item A7. Use the same datum as the BFE.

Benchmark Utilized WAK 17 Vertical Datum NGVD29

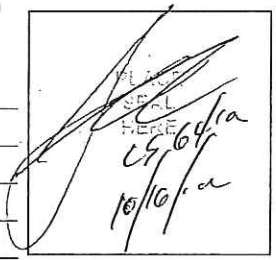
Conversion/Comments CORSCON DATA CONVERSION FROM NAVD88 TO NGVD29

			Check the measurement used.
a)	Top of bottom floor (including basement, crawlspace, or enclosure floor)	12.2	☒ feet ☐ meters (Puerto Rico only)
b)	Top of the next higher floor	22.8	☒ feet ☐ meters (Puerto Rico only)
c)	Bottom of the lowest horizontal structural member (V Zones only)	NA	☐ feet ☐ meters (Puerto Rico only)
d)	Attached garage (top of slab)	12.2	☒ feet ☐ meters (Puerto Rico only)
e)	Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments)	22.9	☒ feet ☐ meters (Puerto Rico only)
f)	Lowest adjacent (finished) grade next to building (LAG)	11.4	☒ feet ☐ meters (Puerto Rico only)
g)	Highest adjacent (finished) grade next to building (HAG)	11.6	☒ feet ☐ meters (Puerto Rico only)
h)	Lowest adjacent grade at lowest elevation of deck or stairs, including structural support	12.0	☒ 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. Were latitude and longitude in Section A provided by a licensed land surveyor? ☒ Yes ☐ No



Certifier's Name STEVEN K. ODOM License Number LS 6412

Title OWNER - P.S.M. Company Name ODOM SURVEYING & MAPPING, LLC

Address 181 FOX RUN CIRCLE City CRAWFORDVILLE State FL ZIP Code 32327

Signature Date 10/16/12 Telephone 850-926-7068

IMPORTANT: In these spaces, copy the corresponding information from Section A.	For Insurance Company Use:
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 55 OSPREY CIRCLE	Policy Number
City CRAWFORDVILLE State FL ZIP Code 32327	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 PROJECT 12175; SEE FIELD BOOK 12-01, PAGE 45 & FIELD BOOK 05-01, PAGES 2-5. ALL ELEVATIONS HEREIN ARE BASED ON THE NGVD 29 VERTICAL DATUM. BENCHMARK WAK 17 WAS UTILIZED FOR THE BASIS OF ELEVATIONS. MACHINERY SERVICING BUILDING IS AC-UNIT. LATITUDE AND LONGITUDE AT FRONT OF GARAGE WAS ESTABLISHED BY USING GOOGLE EARTH. BASE FLOOD ELEVATION OF 12' NGVD 29 WAS PROVIDED BY WAKULLA COUNTY PLANNING & ZONING. THIS CERTIFICATE IS FOR A NEWLY CONSTRUCTED 2-STORY WOOD FRAME RESIDENCE. LOWER LEVEL USED AS GARAGE AND SECOND LEVEL USED AS LIVING SPACE.

Signature Date 10/16/12

☒ Check here if attachments

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's 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 and G9.

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

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 (PR) Datum _____

G9. BFE or (in Zone AO) depth of flooding at the building site: _____.____ ☐ feet ☐ meters (PR) Datum _____

G10. Community's design flood elevation _____.____ ☐ feet ☐ meters (PR) Datum _____

Local Official's Name Title

Community Name Telephone

Signature Date

Comments

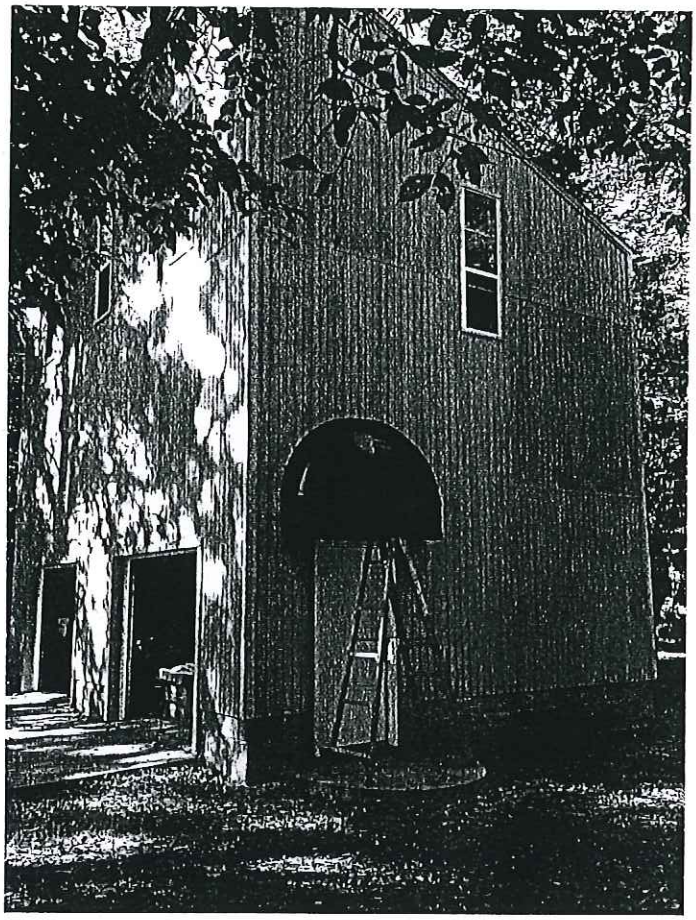
☐ Check here if attachments

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. 55 OSPREY CIRCLE	Policy Number
City CRAWFORDVILLE State FL 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.



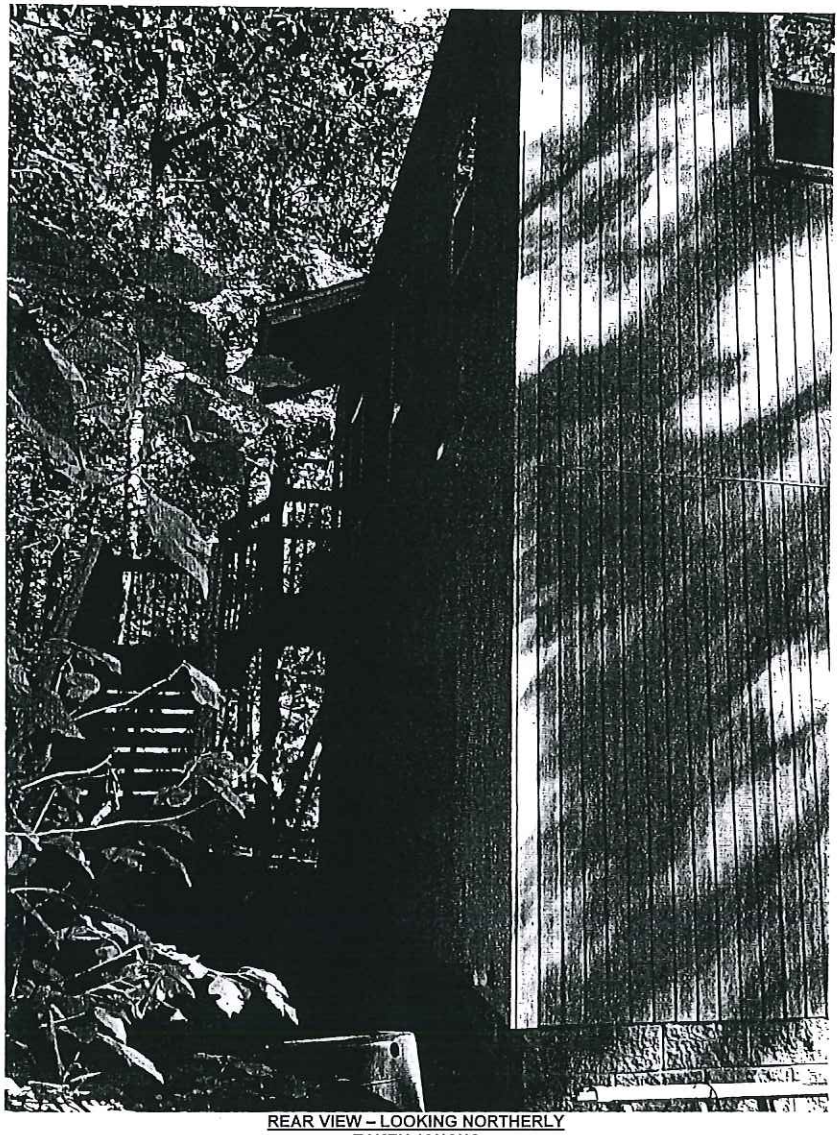
FRONT VIEW – LOOKING SOUTHWEST
TAKEN 10/16/12

Building Photographs

Continuation Page

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 55 OSPREY CIRCLE	For Insurance Company Use: Policy Number
City CRAWFORDVILLE State FL 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 – LOOKING NORTHERLY
TAKEN 10/16/12