

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

ELEVATION CERTIFICATE
IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON INSTRUCTION PAGES 1-11

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

A1. Building Owner's Name: LISA AND DOUGLAS GRIFFIN
 A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.:
110 JAMES DRIVE
 City: PALATKA State: FLORIDA ZIP Code: 3214700
 A3. Property Description (e.g., Lot and Block Numbers or Legal Description) and/or Tax Parcel Number:
LOT 10 AND 11, BLOCK 22, INTERLAKEN LAKES ESTATES, DUNHAM WOODS, UNIT NO. 18
 ACCORDING TO PLAT THEREOF AS RECORDED IN MAP BOOK 5, PAGE 14 OF THE PUBLIC RECORDS OF PUTNAM COUNTY, FLORIDA.
 A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.): RESIDENTIAL
 A5. Latitude/Longitude: Lat. 29.6623569 Long. -81.7984266
 Horizontal Datum: NAD 1927 NAD 1983 WGS 84
 A6. Attach at least two and when possible four clear color photographs (one for each side) of the building (see Form pages 7 and 8).
 A7. Building Diagram Number: 1B
 A8. For a building with a crawlspace or enclosure(s):
 a) Square footage of crawlspace or enclosure(s): N/A sq. ft.
 b) Is there at least one permanent flood opening on two different sides of each enclosed area? Yes No N/A
 c) Enter number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade:
 Non-engineered flood openings: N/A Engineered flood openings: N/A
 (d) Total net open area of non-engineered flood openings in A8.c: N/A sq. in.
 (e) Total rated area of engineered flood openings in A8.c (attach documentation - see Instructions): N/A sq. ft.
 (f) Sum of A8.d and A8.e rated area (if applicable - see Instructions) - see Instructions): N/A sq. ft.
 A9. For a building with an attached garage:
 a) Square footage of attached garage: N/A sq. ft.
 b) Is there at least one permanent flood opening on two different sides of the attached garage? Yes No N/A
 c) Enter number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade:
 Non-engineered flood openings: N/A Engineered flood openings: N/A
 (d) Total net open area of non-engineered flood openings in A9.c: N/A sq. in.
 (e) Total rated area of engineered flood openings in A9.c (attach documentation - see Instructions): N/A sq. ft.
 (f) Sum of A9.d and A9.e rated area (if applicable - see Instructions) - see Instructions): N/A sq. ft.

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1.a. NFIP Community Name: PUTNAM COUNTY UNINCORPORATED AREAS B1.b. NFIP Community Identification Number: 120272
 B2. County Name: PUTNAM B3. State: FLORIDA B4. Map/Panel No.: 12107C-0170 B5. Suffix: C
 B6. FIRM Index Date: 2/2/2012 B7. FIRM Panel Effective/Revised Date: 2/2/2012
 B8. Flood Zone(s): X B9. Base Flood Elevation(s) (BFE) (Zone AO, use Base Flood Depth): N/A
 B10. Indicate the source of the BFE data or Base Flood Depth entered in Item B9:
 FIS FIRM Community Determined Other:
 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
 B13. Is the building located seaward of the Limit of Moderate Wave Action (LIMWA)? Yes No

CENTERLINE ROAD ELEVATION: 81.7

Comments (including source of conversion factor in C2; type of equipment and location per C2.e; and description of any attachments):

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



Signature: Raymond J. Schaeffer
Date: 6/12/2024
City: OVIEDO
Address: 131 WEST BROADWAY STREET, SUITE 1001
Company Name: EXACTA LAND SURVEYORS, LLC
Title: PROFESSIONAL SURVEYOR AND MAPPER
Certificate Name: RAYMOND SCHAEFFER
License Number: 6132

Check here if attachments and describe in the Comments area.

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

This certification is to be signed and sealed by a land surveyor, engineer, or architect authorized by state 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.

SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION

Table with 2 columns: Description (a-h) and Measurement (feet/meters). Includes items like 'Top of bottom floor', 'Lowest elevation of Machinery and Equipment', 'Attached garage', etc.

Datum used for building elevations must be the same as that used for the BFE. Conversion factor used? Yes No

Indicate elevation datum used for the elevations in items a) through h) below.
C1. Building elevations are based on: Construction Drawings Building Under Construction Finished Construction
C2. Elevations - Zones A1-A30, AE, AH, AO, A (with BFE), VE, V1-V30, V (with BFE), AR, AR/A, AR/AE, AR/A1-A30, AR/AH, AR/AO, A99. Complete Items C2.a-h below according to the Building Diagram specified in Item A7.

SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)

City: PALATKA
State: FLORIDA
ZIP Code: 3214700
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.: 110 JAMES DRIVE
Company NAIC Number:
Policy Number:

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2406.0284EC

FOR INSURANCE COMPANY USE

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.: 110 JAMES DRIVE

City: PALATKA

State: FLORIDA ZIP Code: 3214700

Company NAIC Number: _____

Policy Number: _____

SECTION E - BUILDING MEASUREMENT INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO, ZONE AR/AO, AND ZONE A (WITHOUT BFE)

For Zones AO, AR/AO, and A (without BFE), complete items E1-E5. For items E1-E4, use natural grade, if available. If the Certificate is intended to support a Letter of Map Change request, complete Sections A, B, and C. Check the measurement used. In Puerto Rico only, enter meters.

Building measurements are based on: Construction Drawings* Building Under Construction* Finished Construction
*A new Elevation Certificate will be required when construction of the building is complete.

E1. Provide measurements (C.2.a in applicable Building Diagram) for the following and check the appropriate boxes to show whether the measurement is above or below the natural HAG and the 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 1-2 of Instructions), the next higher floor (C.2.b in applicable Building Diagram) 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 AUTHORIZED REPRESENTATIVE) CERTIFICATION

The property owner or owner's authorized representative who completes Sections A, B, and E for Zone A (without BFE) or Zone AO must sign here. The statements in Sections A, B, and E are correct to the best of my knowledge
 Check here if attachments and describe in the Comments area.

Property Owner or Owner's Authorized Representative Name: _____

Address: _____

City: _____

State: _____ ZIP Code: _____

Signature: _____

Date: _____

Ext.: _____ Email: _____

Telephone: _____

Comments: _____

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FOR INSURANCE COMPANY USE		Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.:
Policy Number:	110 JAMES DRIVE	City: PALATKA
Company NAIC Number:	State: FLORIDA	ZIP Code: 3214700

SECTION G - COMMUNITY INFORMATION (RECOMMENDED FOR COMMUNITY OFFICIAL COMPLETION)

The local official who is authorized by law or ordinance to administer the community's floodplain management ordinance can complete Section A, B, C, E, G, or H of this Elevation Certificate. Complete the applicable item(s) and sign below when:

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 state law to certify elevation information. (Indicate the source and date of the elevation data in the Comments area below.)

G2.a. A local official completed Section E for a building located in Zone A (without a BFE), Zone AO, or Zone AR/AO, or when item E5 is completed for a building located in Zone AO.

G2.b. A local official completed Section H for insurance purposes.

G3. In the Comments area of Section G, the local official describes specific corrections to the information in Sections A, B, E and H.

G4. The following information (Items G5-G11) is provided for community floodplain management purposes.

G5. Permit Number: _____ G6. Date Permit Issued: _____

G7. Date Certificate of Compliance/Occupancy Issued: _____

G8. This permit has been issued for: New Construction Substantial Improvement

G9.a. Elevation of as-built lowest floor (including basement) of the building:

_____ feet meters Datum: _____

G9.b. Elevation of bottom of as-built lowest horizontal structural member:

_____ feet meters Datum: _____

G10.a. BFE (or depth in Zone AO) of flooding at the building site:

_____ feet meters Datum: _____

G10.b. Community's minimum elevation (or depth in Zone AO) requirement for the lowest floor or lowest horizontal structural member:

_____ feet meters Datum: _____

G11. Variance issued? Yes No If yes, attach documentation and describe in the Comments area.

The local official who provides information in Section G must sign here. I have completed the information in Section G and certify that it is correct to the best of my knowledge. If applicable, I have also provided specific corrections in the Comments area of this section.

Local Official's Name: _____ Title: _____

NFIP Community Name: _____

Telephone: _____

Ext: _____ Email: _____

Address: _____

City: _____

State: _____ ZIP Code: _____

Signature: _____ Date: _____

Comments (including type of equipment and location, per G2.e; description of any attachments; and corrections to specific information in Sections A, B, D, E, or H):

Check here if attachments are provided (including required photos) and describe each attachment in the Comments area.

Property Owner or Owner's Authorized Representative Name: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Signature: _____ Date: _____

Telephone: _____ Ext.: _____ Email: _____

Comments: _____

The property owner or owner's authorized representative who completes Sections A, B, and H must sign here. *The statements in Sections A, B, and H are correct to the best of my knowledge.* Note: If the local floodplain management official completed Section H, they should indicate in item G.2.b and sign Section G.

SECTION I - PROPERTY OWNER (OR OWNER'S AUTHORIZED REPRESENTATIVE) CERTIFICATION

H2. Is all Machinery and Equipment servicing the building (as listed in Item H2 instructions) elevated to or above the floor indicated by the H2 arrow (shown in the Foundation Type Diagrams at end of Section H instructions) for the appropriate Building Diagram? Yes No

H1. Provide the height of the top of the floor (as indicated in Foundation Type Diagrams) above the Lowest Adjacent Grade (LAG):

a) For Building Diagrams 1A, 1B, 3, and 5-8. Top of bottom floor (include above-grade floors only for buildings with crawlspaces or enclosure floors) is: _____ feet meters above the LAG

b) For Building Diagrams 2A, 2B, 4, and 6-9. Top of next higher floor (i.e., the floor above basement, crawlspace, or enclosure floor) is: _____ feet meters above the LAG

The property owner, owner's authorized representative, or local floodplain management official may complete Section H for all flood zones to determine the building's first floor height for insurance purposes. Sections A, B, and I must also be completed. Enter heights to the nearest tenth of a foot (nearest tenth of a meter in Puerto Rico). *Reference the Foundation Type Diagrams at the end of Section H instructions) and the appropriate Building Diagrams (at the end of Section I instructions) to complete this section.*

SECTION H - BUILDING'S FIRST FLOOR HEIGHT INFORMATION FOR ALL ZONES (SURVEY NOT REQUIRED) (FOR INSURANCE PURPOSES ONLY)

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.: _____

110 JAMES DRIVE

City: PALATKA State: FLORIDA ZIP Code: 3214700

Company NAIC Number: _____

Policy Number: _____

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BUILDING PHOTOGRAPHS

See Instructions for Item A6.

2406.0284EC

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

110 JAMES DRIVE

City: PALATKA State: FLORIDA ZIP Code: 3214700

Company NAIC Number:

Policy Number:

FOR INSURANCE COMPANY USE

Instructions: Insert below at least two and when possible four photographs showing each side of the building (for example, may only be able to take front and back pictures of townhouses/rowhouses). Identify all photographs with the date taken and "Front View," "Rear View," "Right Side View," or "Left Side View." Photographs must show the foundation. When flood openings are present, include at least one close-up photograph of representative flood openings or vents, as indicated in Sections A8 and A9.

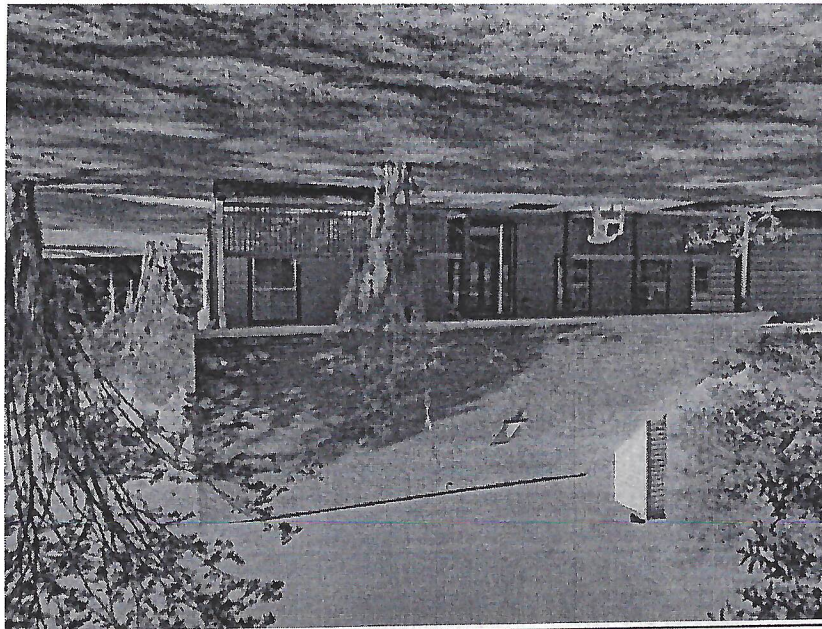


Photo One

Photo One Caption: Front View 06/06/2024

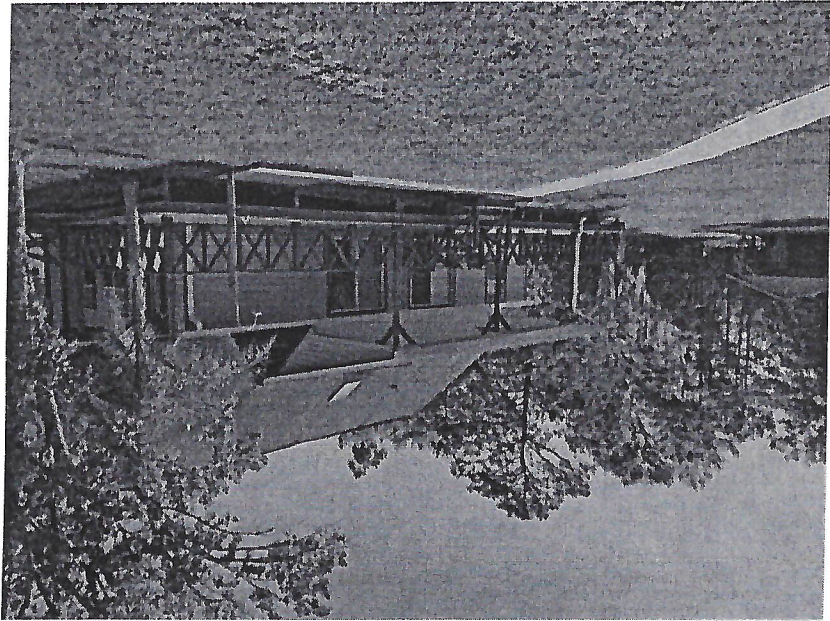


Photo Two

Photo Two Caption: Rear View 06/06/2024

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BUILDING PHOTOGRAPHS

Continuation Page

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

110 JAMES DRIVE

City: PALATKA State: FLORIDA ZIP Code: 3214700

Company NAIC Number:

Policy Number:

FOR INSURANCE COMPANY USE

Insert the third and fourth photographs below. Identify all photographs with the date taken and "Front View," "Rear View," "Right Side View," or "Left Side View." When flood openings are present, include at least one close-up photograph of representative flood openings or vents, as indicated in Sections A8 and A9.

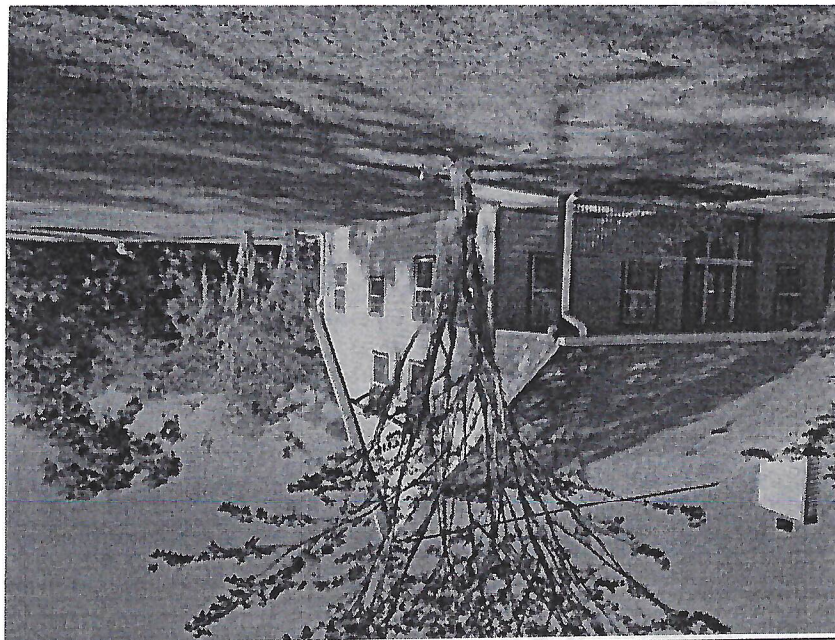


Photo Three

Photo Three Caption: Right Side View 06/06/2024

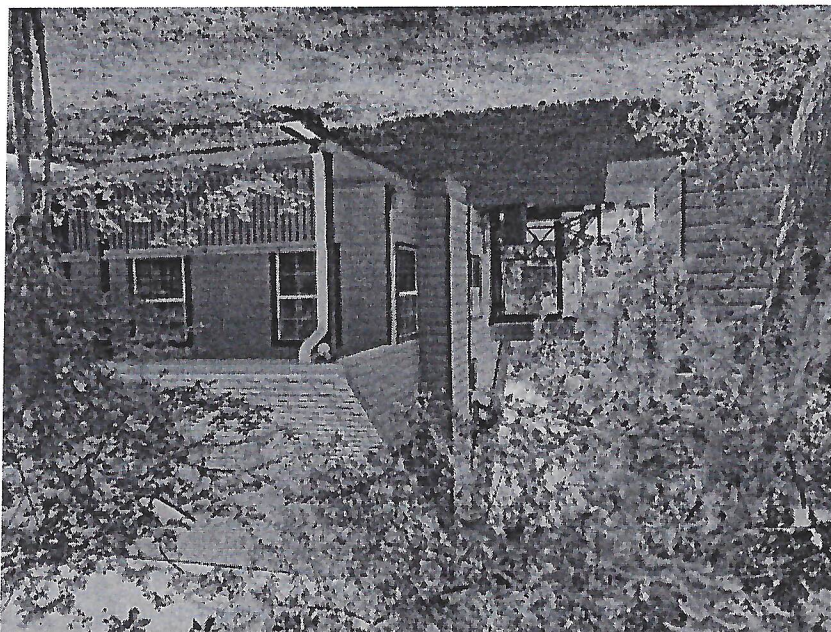


Photo Four

Photo Four Caption: Left Side View 06/06/2024

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BUILDING PHOTOGRAPHS

See Instructions for Item A6.

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City: PALATKA State: FLORIDA ZIP Code: 3214700

Company NAIC Number: _____

Policy Number: _____

FOR INSURANCE COMPANY USE

Instructions: Insert below at least two and when possible four photographs showing each side of the building (for example, may only be able to take front and back pictures of townhouses/rowhouses). Identify all photographs with the date taken and "Front View," "Rear View," "Right Side View," or "Left Side View." Photographs must show the foundation. When flood openings are present, include at least one close-up photograph of representative flood openings or vents, as indicated in Sections A8 and A9.



Photo Five

Photo Five Caption: AC

Photo Six

Photo Six Caption:

Photo Eight Caption:

Photo Eight

Photo Seven Caption:

Photo Seven

Instructions: Insert below at least two and when possible four photographs showing each side of the building (for example, may only be able to take front and back pictures of townhouses/rowhouses). Identify all photographs with the date taken and "Front View," "Rear View," "Right Side View," or "Left Side View." Photographs must show the foundation. When flood openings are present, include at least one close-up photograph of representative flood openings or vents, as indicated in Sections A8 and A9.

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.: _____

110 JAMES DRIVE

City: PALATKA State: FLORIDA ZIP Code: 3214700

Policy Number: _____

Company NAIC Number: _____

FOR INSURANCE COMPANY USE

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BUILDING PHOTOGRAPHS