

DOUGLAS & JANICE WILLIAMSON - MINOR REPLAT - 2004

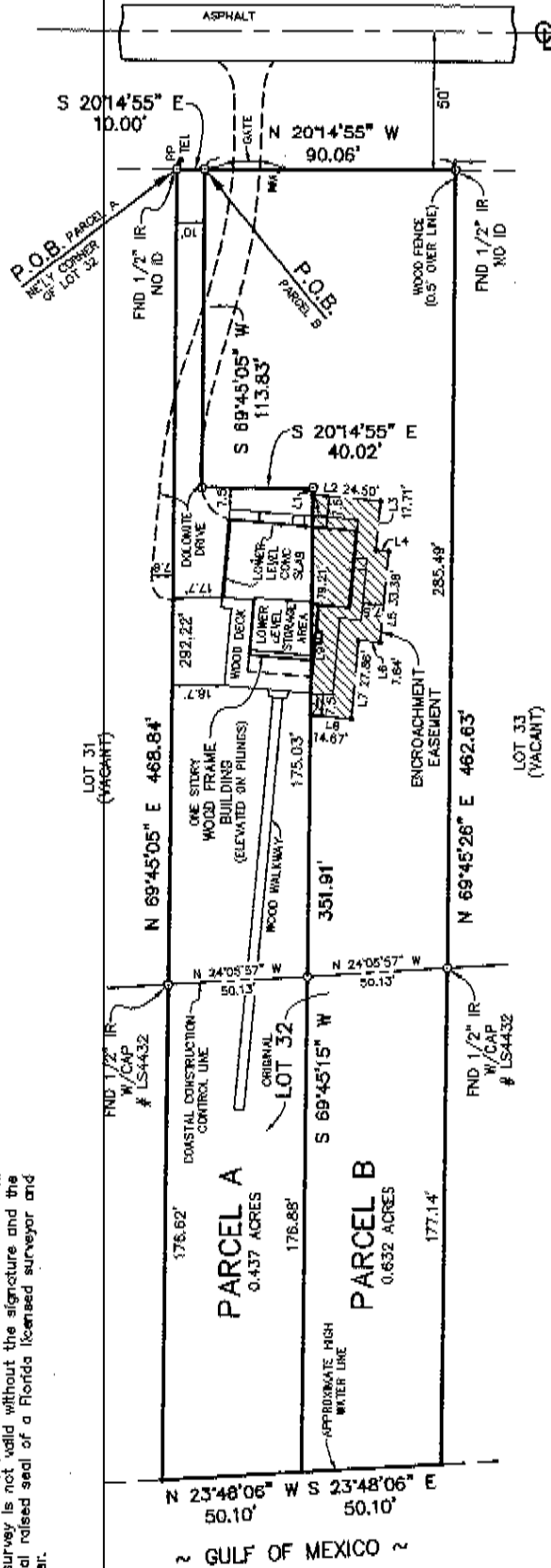
A MINOR REPLAT of Lot 32, SAN BLAS ESTATES, Plat Book 3, Pages 20-22, Section 18, Township 9 South, Range 11 West, Gulf County, Florida

SHEET 1 OF 2

SURVEYOR'S NOTATIONS:

- 1) Bearings are based on the SW 1/4 R/W line of CR 30-E, as shown on the record plat, being S 20°14'55" E.
- 2) (P) Denotes Plat Data. (C) Denotes Calculated Data. (M) Denotes Measured Data. (D) Denotes Dead Data. Unless noted, only platting assessments are shown herein.
- 3) This survey is not valid without the signature and the original raised seal of a Florida licensed surveyor and mapper.

COUNTY ROAD NO. 30-E
(100' R/W)



LINE TABLE

LINE	BEARING	DISTANCE
L1	S 89°45'15" W	2.40'
L2	N 15°34'43" W	24.50'
L3	S 74°25'17" W	17.27'
L4	S 15°04'43" E	4.46'
L5	S 74°25'17" W	35.38'
L6	N 15°34'43" W	7.84'
L7	S 74°25'17" W	27.85'
L8	N 15°34'43" W	34.67'
L9	N 89°45'15" E	79.21'

LEGEND

- CHANNELED
- CEMENT
- CONCRETE
- EASEMENT
- FENCE
- GRASS
- IRON PIPE
- LEAKING
- LOT
- PAINT
- POWER POLE
- POWER
- TELEPHONE
- WALKWAY
- WATER

MINIMUM BUILDING SETBACKS:
 FRONT: 25 FEET
 SIDE: 7.5 FEET (STRUCTURES LESS THE 25 FEET HIGH)
 9.5 FEET (STRUCTURES 25 FEET HIGH OR HIGHER)
 REAR: 20 FEET
 SEPTIC TANK: 75 FEET FROM COASTAL WATERS



Date of Field Survey: 7/2/2004
 Date Signed: 7/13/2004

John K. Carr, PSM
 Florida Registration
 Certificate Number LS 5195
 Carr Surveying & Mapping, Inc.
 Florida Authorization # LB7035

FILE#	COMMUNITY	PARCEL NO.	F.L.P.M. INDEX DATE	FLOOD ZONE	ELEVATION	F.B.	P.G.	DRAWN BY	CHECKED BY	PROJECT NO.
120088	0428 E		11/7/2002	VE	10, 11	42	9	KC	KC	04-3344

THIS INSTRUMENT WAS PREPARED BY:

Carr Surveying & Mapping, Inc.
 1600 Atlantic Bly Drive, Suite 206
 Panama City, FL 32409 (850) 271-0929

Carr Surveying & Mapping, Inc.

FEDERAL EMERGENCY MANAGEMENT AGENCY
NATIONAL FLOOD INSURANCE PROGRAM

O.M.B. No. 3067-0077
Expires December 31, 2005

ELEVATION CERTIFICATE

04-3344

Important: Read the instructions on pages 1-7.

SECTION A - PROPERTY OWNER INFORMATION			For Insurance Company Use	
BUILDING OWNER'S NAME Bobby & Rhoda Boone			Policy Number	
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. 4223 Cape San Blas Road			Company NAIC Number	
CITY Cape San Blas	STATE FL	ZIP CODE 32456		
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) Lot 32, San Blas Estates, Tax Parcel 06269-032R				
BUILDING USE (e.g. Residential, Non-residential, Addition, Accessory, etc. Use a Comments area, if necessary.) Residential				
LATITUDE/LONGITUDE (OPTIONAL) (26° - 28° - 30° or 80° - 82°)		HORIZONTAL DATUM: <input type="checkbox"/> NAD 1927 <input type="checkbox"/> NAD 1983		SOURCE: <input type="checkbox"/> GPS (Type) _____ <input type="checkbox"/> USGS Quoted Map <input type="checkbox"/> Other: _____

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION					
B1. FIRM COMMUNITY NAME & COMMUNITY NUMBER Gulf County-Unincorporated, 120098		B2. COUNTY NAME Gulf County		B3. STATE Florida	
B4. MAP AND PANEL NUMBER 12045C042B	B5. SUFFIX E	B6. FIRM INDEX DATE 11/7/2002	B7. FIRM PANEL EFFECTIVE/REVISED DATE 11/7/2002	B8. FLOOD ZONE(S) VE	B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding) 11
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9. <input type="checkbox"/> FIS Profile <input checked="" type="checkbox"/> FIRM <input type="checkbox"/> Community Determined <input type="checkbox"/> Other (Describe): _____					
B11. Indicate the elevation datum used for the BFE in B9: <input checked="" type="checkbox"/> NGVD 1929 <input type="checkbox"/> NAVD 1988 <input type="checkbox"/> Other (Describe): _____					
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Designation Date 10/1/1983					

SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)	
C1. Building elevations are based on: <input type="checkbox"/> Construction Drawings* <input type="checkbox"/> Building Under Construction* <input checked="" type="checkbox"/> Finished Construction *A new Elevation Certificate will be required when construction of the building is complete.	
C2. Building Diagram Number <u>6</u> (Select the building diagram most similar to the building for which this certificate is being completed - see pages 6 and 7. If no diagram accurately represents the building, provide a sketch or photograph.)	
C3. Elevations - Zones A1-A30, AE, AH, A (with BFE), VE, V1-V30, V (with BFE), AR, ARIA, ARAE, ARIA1-A30, ARIA1H, ARIA1O Complete items C3.a-i below according to the building diagram specified in item C2. State the datum used. If the datum is different from the datum used for the BFE in Section B, convert the datum to that used for the BFE. Show field measurements and datum conversion calculation. Use the space provided or the Comments area of Section D or Section G, as appropriate, to document the datum conversion. Datum _____ Conversion/Comments _____ Elevation reference mark used <u>NGS 53 83 B29</u> Does the elevation reference mark used appear on the FIRM? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
a) Top of bottom floor (including basement or enclosure)	11.2 ft.(m)
b) Top of next higher floor	20.0 ft.(m)
c) Bottom of lowest horizontal structural member (V zones only)	19.2 ft.(m)
d) Attached garage (top of slab)	_____ ft.(m)
e) Lowest elevation of machinery and/or equipment servicing the building (Describe in a Comments area)	14.0 ft.(m)
f) Lowest adjacent (finished) grade (LAG)	11.0 ft.(m)
g) Highest adjacent (finished) grade (HAG)	11.2 ft.(m)
h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade <u>0</u>	
i) Total area of all permanent openings (flood vents) in C3.h <u>0</u> sq. in. (sq. cm)	

License Number, Embossed Seal, Signature, and Date

John K Carr
LS5195
FLORIDA
7/8/04

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 in Sections A, B, and C 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.			
CERTIFIER'S NAME John K. Carr, PSM		LICENSE NUMBER LS5195	
TITLE President		COMPANY NAME Carr Surveying & Mapping, Inc	
ADDRESS 1600 Marina Bay Drive, Suite 206		CITY Panama City	STATE FL
SIGNATURE <i>John K Carr</i>		DATE 7/8/2004	ZIP CODE 32409
		TELEPHONE (850) 271-0929	

IMPORTANT: In these spaces, copy the corresponding information from Section A.

BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO.

4223 Cape San Blas Road

CITY
Port St. Joe

STATE
FL

ZIP CODE
32456

For Insurance Company Use:

Policy Number

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

Ground level enclosure is 23' x 19.1'

Check here if attachments

SECTION E - BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO AND ZONE A (WITHOUT BFE)

For Zone AO and Zone A (without BFE), complete items E1 through E4. If the Elevation Certificate is intended for use as supporting information for a LOMA or LOMR-F, Section C must be completed.

- E1. Building Diagram Number (Select the building diagram most similar to the building for which this certificate is being completed -- see pages 6 and 7. If no diagram accurately represents the building, provide a sketch or photograph.)
- E2. The top of the bottom floor (including basement or enclosure) of the building is ___ ft.(m) ___ in.(cm) above or below (check one) the highest adjacent grade. (Use natural grade, if available).
- E3. For Building Diagrams 6-8 with openings (see page 7), the next higher floor or elevated floor (elevation b) of the building is ___ ft.(m) ___ in.(cm) above the highest adjacent grade. Complete items C3.h and C3.i on front of form.
- E4. The top of the platform of machinery and/or equipment servicing the building is ___ ft.(m) ___ in.(cm) above or below (check one) the highest adjacent grade. (Use natural grade, if available).
- E5. For 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, C (items C3.h and C3.i only), 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, C, 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.

- G1. The information in Section C was taken from other documentation that has been signed and embossed by a licensed surveyor, engineer, or architect who is authorized by state or local 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
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G7. This permit has been issued for: New Construction Substantial Improvement

G8. Elevation of as-built lowest floor (including basement) of the building is:

___ ft.(m)

Datum: ___

G9. BFE or (in Zone AO) depth of flooding at the building site is:

___ ft.(m)

Datum: ___

LOCAL OFFICIAL'S NAME

TITLE

COMMUNITY NAME

TELEPHONE

SIGNATURE

DATE

COMMENTS

Check here if attachments