

# ELEVATION CERTIFICATE

Important: Read the instructions on pages 1 - 7.

<b>SECTION A - PROPERTY OWNER INFORMATION</b>			For Insurance Company Use:
BUILDING OWNER'S NAME RONALD & DARNELL REYES			Policy Number
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. 120 DAVIS DRIVE			Company NAIC Number
CITY SLIDELL	STATE LA	ZIP CODE 70460	
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) LOTS 81 & 82, COIN DU LESTIN, ADDITION 2			
BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use a Comments area, if necessary.) RESIDENTIAL			
LATITUDE/LONGITUDE (OPTIONAL) (##° - ##' - ##.###" or ###.#####")		HORIZONTAL DATUM: <input type="checkbox"/> NAD 1927 <input type="checkbox"/> NAD 1983	SOURCE: <input type="checkbox"/> GPS (Type): _____ <input type="checkbox"/> USGS Quad Map <input type="checkbox"/> Other: _____

## SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER SLIDELL, LOUISIANA 225205		B2. COUNTY NAME ST. TAMMANY PARISH		B3. STATE LOUISIANA	
B4. MAP AND PANEL NUMBER 225205 0415	B5. SUFFIX C	B6. FIRM INDEX DATE 4-2-91	B7. FIRM PANEL EFFECTIVE/REVISED DATE 4-2-91	B8. FLOOD ZONE(S) AE	B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding) 12
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9. <input type="checkbox"/> FIS Profile <input type="checkbox"/> FIRM <input type="checkbox"/> Community Determined <input type="checkbox"/> Other (Describe): LA-MM39 (1-18-06)					
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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No    Designation Date _____					

## SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)

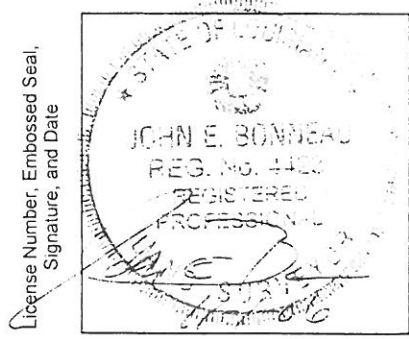
C1. Building elevations are based on:  Construction Drawings\*     Building Under Construction\*     Finished Construction  
 \*A new Elevation Certificate will be required when construction of the building is complete.

C2. Building Diagram Number 1 (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, AR/A, AR/AE, AR/A1-A30, AR/AH, AR/AO  
 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 \_\_\_\_\_ Does the elevation reference mark used appear on the FIRM?  Yes     No

- a) Top of bottom floor (including basement or enclosure)    4.5 ft.(m)
- b) Top of next higher floor    N/A . ft.(m)
- c) Bottom of lowest horizontal structural member (V zones only)    N/A . ft.(m)
- d) Attached garage (top of slab)    4.2 ft.(m)
- e) Lowest elevation of machinery and/or equipment servicing the building (Describe in a Comments area)    6.6 ft.(m)
- f) Lowest adjacent (finished) grade (LAG)    3.7 ft.(m)
- g) Highest adjacent (finished) grade (HAG)    4.1 ft.(m)
- h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade 0
- i) Total area of all permanent openings (flood vents) in C3.h 0 sq. in. (sq. cm)



## 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 E. BONNEAU    LICENSE NUMBER 4423

TITLE PROFESSIONAL LAND SURVEYOR	COMPANY NAME JOHN E. BONNEAU & ASSOCIATES, INC.		
ADDRESS 1011 N. CAUSEWAY BLVD., SUITE 34	CITY MANDEVILLE	STATE LA	ZIP CODE 70471
SIGNATURE <i>John E. Bonneau</i>	DATE 11-1-06	TELEPHONE (985)626-0808	