

ELEVATION CERTIFICATE

Important: Read the instructions on pages 1-9.

OMB No. 1660-0008
 Expiration Date: July 31, 2015

SECTION A - PROPERTY INFORMATION

FOR INSURANCE COMPANY USE

A1. Building Owner's Name D.R. Horton

Policy Number:

A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.
640 Fanning Bayou Drive

Company NAIC Number:

City Panama City

State FL

ZIP Code 32409

A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)
Parcel ID # 08416-100-010, Lot 1, Fanning Bayou Phase 1

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

A5. Latitude/Longitude: Lat. 30°17'05.73"N Long. 85°40'54.46"W

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 1A

A8. For a building with a crawlspace or enclosure(s):

- a) Square footage of crawlspace or enclosure(s) N/A-0 sq ft
- b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade N/A-0
- c) Total net area of flood openings in A8.b N/A-0 sq in
- d) Engineered flood openings? Yes No

A9. For a building with an attached garage:

- a) Square footage of attached garage 0 sq ft
- b) Number 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
Bay County 120004

B2. County Name
Bay

B3. State
Florida

B4. Map/Panel Number
12005C0220

B5. Suffix
H

B6. FIRM Index Date
06/02/2009

B7. FIRM Panel Effective/Revised Date
06/02/2009

B8. Flood Zone(s)
A

B9. Base Flood Elevation(s) (Zone AO, use base flood depth)
16'

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.

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. In Puerto Rico only, enter meters.

Benchmark Utilized: NGS X-290

Vertical Datum: NAVD88

Indicate elevation datum used for the elevations in items a) through h) below. NGVD 1929 NAVD 1988 Other/Source: _____
 Datum used for building elevations must be the same as that used for the BFE.

Check the measurement used.

- a) Top of bottom floor (including basement, crawlspace, or enclosure floor) 19.19 feet meters
- b) Top of the next higher floor 19.64 feet meters
- c) Bottom of the lowest horizontal structural member (V Zones only) N/A. feet meters
- d) Attached garage (top of slab) N/A. feet meters
- e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments) 19.84 feet meters
- f) Lowest adjacent (finished) grade next to building (LAG) 18.3 feet meters
- g) Highest adjacent (finished) grade next to building (HAG) 19.3 feet meters
- h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support N/A. feet meters

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
- Check here if attachments.

Certifier's Name Skipper C Rutherford

License Number LS3961

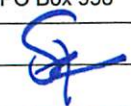
Title President

Company Name SCR & Associates NWFL, Inc.

Address PO Box 958

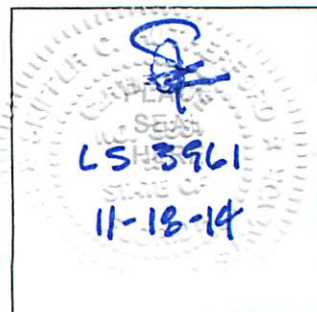
City Lynn Haven

State FL ZIP Code 32444

Signature 

Date 11/18/2014

Telephone 850-265-6979



ELEVATION CERTIFICATE

DEPARTMENT OF HUMAN RESOURCES
HUMAN RESOURCE MANAGEMENT AGENCY
1000 North West 10th Avenue, Tallahassee, Florida 32304

Applicant must read the instructions on pages 1-4.

SECTION A - PROJECT INFORMATION

OMB No. 1560-0008
Department of Human Resources
Human Resource Management Agency
1000 North West 10th Avenue
Tallahassee, Florida 32304
Telephone: 904-438-2000

1. Applicant Name: _____
2. Project Name: _____
3. Project Address: _____
4. Project City: _____ State: _____ ZIP Code: _____
5. Project Description: _____
6. Project Start Date: _____
7. Project End Date: _____
8. Project Status: New Existing Other _____
9. Project Type: Residential Commercial Industrial Other _____
10. Project Value: _____
11. Project Location: Inside Outside Other _____
12. Project Height: _____
13. Project Area: _____
14. Project Perimeter: _____
15. Project Orientation: _____
16. Project Access: _____
17. Project Surroundings: _____
18. Project Notes: _____

SECTION B - BUILDING INFORMATION (NEEDED FOR PERMITS)

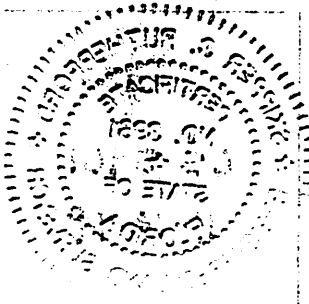
1. Building Name: _____
2. Building Address: _____
3. Building City: _____ State: _____ ZIP Code: _____
4. Building Description: _____
5. Building Start Date: _____
6. Building End Date: _____
7. Building Status: New Existing Other _____
8. Building Type: Residential Commercial Industrial Other _____
9. Building Value: _____
10. Building Location: Inside Outside Other _____
11. Building Height: _____
12. Building Area: _____
13. Building Perimeter: _____
14. Building Orientation: _____
15. Building Access: _____
16. Building Surroundings: _____
17. Building Notes: _____

SECTION C - BUILDING ELEVATION INFORMATION (NEEDED FOR PERMITS)

1. Building Elevation Information: _____
2. Building Elevation Description: _____
3. Building Elevation Start Date: _____
4. Building Elevation End Date: _____
5. Building Elevation Status: New Existing Other _____
6. Building Elevation Type: Residential Commercial Industrial Other _____
7. Building Elevation Value: _____
8. Building Elevation Location: Inside Outside Other _____
9. Building Elevation Height: _____
10. Building Elevation Area: _____
11. Building Elevation Perimeter: _____
12. Building Elevation Orientation: _____
13. Building Elevation Access: _____
14. Building Elevation Surroundings: _____
15. Building Elevation Notes: _____

SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION

1. Certification Information: _____
2. Certification Description: _____
3. Certification Start Date: _____
4. Certification End Date: _____
5. Certification Status: New Existing Other _____
6. Certification Type: Residential Commercial Industrial Other _____
7. Certification Value: _____
8. Certification Location: Inside Outside Other _____
9. Certification Height: _____
10. Certification Area: _____
11. Certification Perimeter: _____
12. Certification Orientation: _____
13. Certification Access: _____
14. Certification Surroundings: _____
15. Certification Notes: _____



ELEVATION CERTIFICATE, page 2

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. 640 Fanning Bayou Drive	Policy Number:
City Panama City State FL ZIP Code 32409	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 The living area inside front door was used for next higher floor C2.d) see comment above concerning garage C2.e) The lowest machinery used was the bottom of HVAC Unit

Signature Skipper C Rutherford

Date 11/18/2014

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–G10. In Puerto Rico only, enter meters.

- 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–G10) is provided for community floodplain management purposes.

G4. Permit Number RB14-0941	G5. Date Permit Issued 9-8-14	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: _____ feet meters Datum _____
- G9. BFE or (in Zone AO) depth of flooding at the building site: _____ feet meters Datum _____
- G10. Community's design flood elevation: _____ feet meters Datum _____

Local Official's Name **Wayne Porter** Title

Community Name Telephone

Signature Date **12/3/14**

Comments **Approved WP** Check here if attachments.

Building Photographs

See Instructions for Item A6.

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.
640 Fanning Bayou Drive

Policy Number:

City Panama Cty

State FL

ZIP Code 32409

Company NAIC Number:

If using the Elevation Certificate to obtain NFIP flood insurance, affix at least 2 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." When applicable, photographs must show the foundation with representative examples of the flood openings or vents, as indicated in Section A8. If submitting more photographs than will fit on this page, use the Continuation Page.

Front View



Left View



Building Photographs

Continuation Page

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.
640 Fanning Bayou Drive

City Panama City

State FL

ZIP Code 32409

FOR INSURANCE COMPANY USE

Policy Number:

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." When applicable, photographs must show the foundation with representative examples of the flood openings or vents, as indicated in Section A8.

Rear View



Right View

