

# ELEVATION CERTIFICATE

Important: Read the instructions on pages 1-9.

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

## SECTION A - PROPERTY INFORMATION

|   |   |  |  |
|---|---|--|--|
| A1. Building Owner's Name Richard Lowery  |   | FOR INSURANCE COMPANY USE  |  |
| A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.<br>1705 Loblolly Lane                                 |   | Policy Number:   |  |
| City Lynn Haven   | State FL  | Company NAIC Number:   |  |
| A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)<br>Parcel ID # 11128-019-000, Portion of Section 10, T3S, R14W |   |  |  |
| A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) Residential  |   |  |  |
| A5. Latitude/Longitude: Lat. 30°14'45.70"N Long. 85°37'39.06"W  |   | Horizontal Datum: <input type="checkbox"/> NAD 1927 <input checked="" type="checkbox"/> 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 crawspace or enclosure(s):  |   | A9. For a building with an attached garage:  |  |
| a) Square footage of crawspace or enclosure(s) N/A-0 sq ft  | a) Square footage of attached garage 455 sq ft  |  |  |
| b) Number of permanent flood openings in the crawspace or enclosure(s) within 1.0 foot above adjacent grade N/A-0   | b) Number of permanent flood openings in the attached garage 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   | c) Total net area of flood openings in A9.b N/A-0 sq in   |  |  |
| d) Engineered flood openings? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   | d) Engineered flood openings? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No       |  |  |

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

|   |                 |                                   |   |                         |   |
|---|-----------------|-----------------------------------|---|-------------------------|---|
| B1. NFIP Community Name & Community Number<br>Bay County 120004   |                 | B2. County Name<br>Bay            |   | B3. State<br>Florida    |   |
| B4. Map/Panel Number<br>12005C0332  | B5. Suffix<br>H | B6. FIRM Index Date<br>06/02/2009 | B7. FIRM Panel Effective/Revised Date<br>06/02/2009 | B8. Flood Zone(s)<br>AE | B9. Base Flood Elevation(s) (Zone AO, use base flood depth)<br>7.0' |
| B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9.<br><input type="checkbox"/> FIS Profile <input checked="" type="checkbox"/> FIRM <input type="checkbox"/> Community Determined <input type="checkbox"/> Other/Source: _____ |                 |                                   |   |                         |   |
| B11. Indicate elevation datum used for BFE in Item B9: <input type="checkbox"/> NGVD 1929 <input checked="" type="checkbox"/> NAVD 1988 <input type="checkbox"/> Other/Source: _____  |                 |                                   |   |                         |   |
| 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<br>Designation Date: _____ <input type="checkbox"/> CBRS <input type="checkbox"/> 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: USG X-290 Vertical Datum: NAVD-88  
 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, crawspace, or enclosure floor)   | 11.92 | <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters |
| b) Top of the next higher floor  | 23.10 | <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters |
| c) Bottom of the lowest horizontal structural member (V Zones only)  | N/A   | <input type="checkbox"/> feet <input type="checkbox"/> meters            |
| d) Attached garage (top of slab)   | 11.22 | <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters |
| e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments) | 13.30 | <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters |
| f) Lowest adjacent (finished) grade next to building (LAG)   | 7.5   | <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters |
| g) Highest adjacent (finished) grade next to building (HAG)  | 11.6  | <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters |
| h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support                               | 9.6   | <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters |

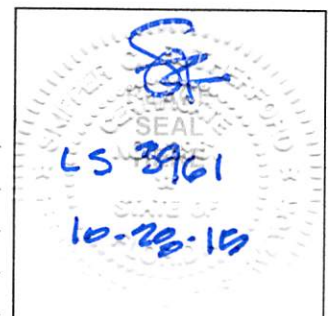
## SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION

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 10/28/2015 Telephone 850-265-6979   |



Section 1: Introduction

This document outlines the project goals and objectives. The primary focus is on enhancing the user experience and streamlining the workflow. Key areas of interest include:

- Improving system performance
- Enhancing data security
- Streamlining reporting processes

Section 2: Scope of Work

The project will cover the following areas:

- System architecture review
- Integration with existing databases
- Development of new reporting modules
- Implementation of security protocols



Section 3: Methodology

The project will be executed using a structured methodology. The process involves:

- Requirement gathering
- System design
- Development and testing
- Deployment and monitoring

Section 4: Resource Allocation

The project team consists of the following members:

| Role             | Name         | Availability |
|------------------|--------------|--------------|
| Project Manager  | John Doe     | Full-time    |
| System Architect | Jane Smith   | Part-time    |
| Developer        | Mike Johnson | Full-time    |
| Tester           | Sarah Lee    | Part-time    |

Section 5: Risk Management

Key risks identified include:

- Scope creep
- Resource availability
- Integration challenges

Section 6: Budget

The estimated budget for the project is \$150,000. This includes:

- Personnel costs: \$100,000
- Hardware and software: \$30,000
- Travel and other expenses: \$20,000

Section 7: Timeline

The project is scheduled to start on November 1, 2023, and is expected to be completed by March 31, 2024. Key milestones include:

- Project Kick-off: Nov 1, 2023
- System Design Complete: Dec 15, 2023
- Development Complete: Feb 1, 2024
- Final Review and Deployment: Mar 31, 2024

Section 8: Conclusion

The project is well-planned and has a clear path forward. Regular communication and reporting will ensure the project stays on track and meets its objectives.

Section 9: Appendix

Appendix A: Detailed System Requirements

Appendix B: Project Charter

Appendix C: Stakeholder Register

Section 10: Signatures

Approved by: \_\_\_\_\_

Date: \_\_\_\_\_

Section 11: Contact Information

For more information, please contact: \_\_\_\_\_



**ELEVATION CERTIFICATE, page 2**

|   |          |                                  |                      |
|---|----------|----------------------------------|----------------------|
| <b>IMPORTANT: In these spaces, copy the corresponding information from Section A.</b>                                   |          | <b>FOR INSURANCE COMPANY USE</b> |                      |
| Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.<br>1705 Loblolly Lane |          | Policy Number:                   |                      |
| City Lynn Haven   | State FL | ZIP Code 32444                   | 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 C2.e) Bottom of HVAC Unit was used for lowest machinery

Signature Skipper C Rutherford

Date 10/28/2015

**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<br><i>R B15-0582</i> | G5. Date Permit Issued<br><i>5-29-15</i> | 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 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 Title

Community Name Telephone

Signature *D.S.* Date *11-3-15*

Comments *For the Residence (Another for detached garage)*  Check here if attachments.

INVESTIGATION OF THE ACTS OF VIOLENCE AND OBSTRUCTION OF JUSTICE  
COMMUNIST PARTY, USA - NATIONAL BOARD

MEMORANDUM FOR THE DIRECTOR, FBI  
SUBJECT: [Illegible]

Reference is made to the report of Special Agent [Illegible] dated [Illegible] at [Illegible].

It is noted that [Illegible] is a member of the Communist Party, USA - National Board.

The above information was obtained from [Illegible] on [Illegible].

Very truly yours,  
[Illegible Signature]

[Illegible Stamp and Additional Text]



# 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.  
1705 Loblolly Lane

Policy Number:

City Lynn Haven

State FL

ZIP Code 32444

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



Right Side View

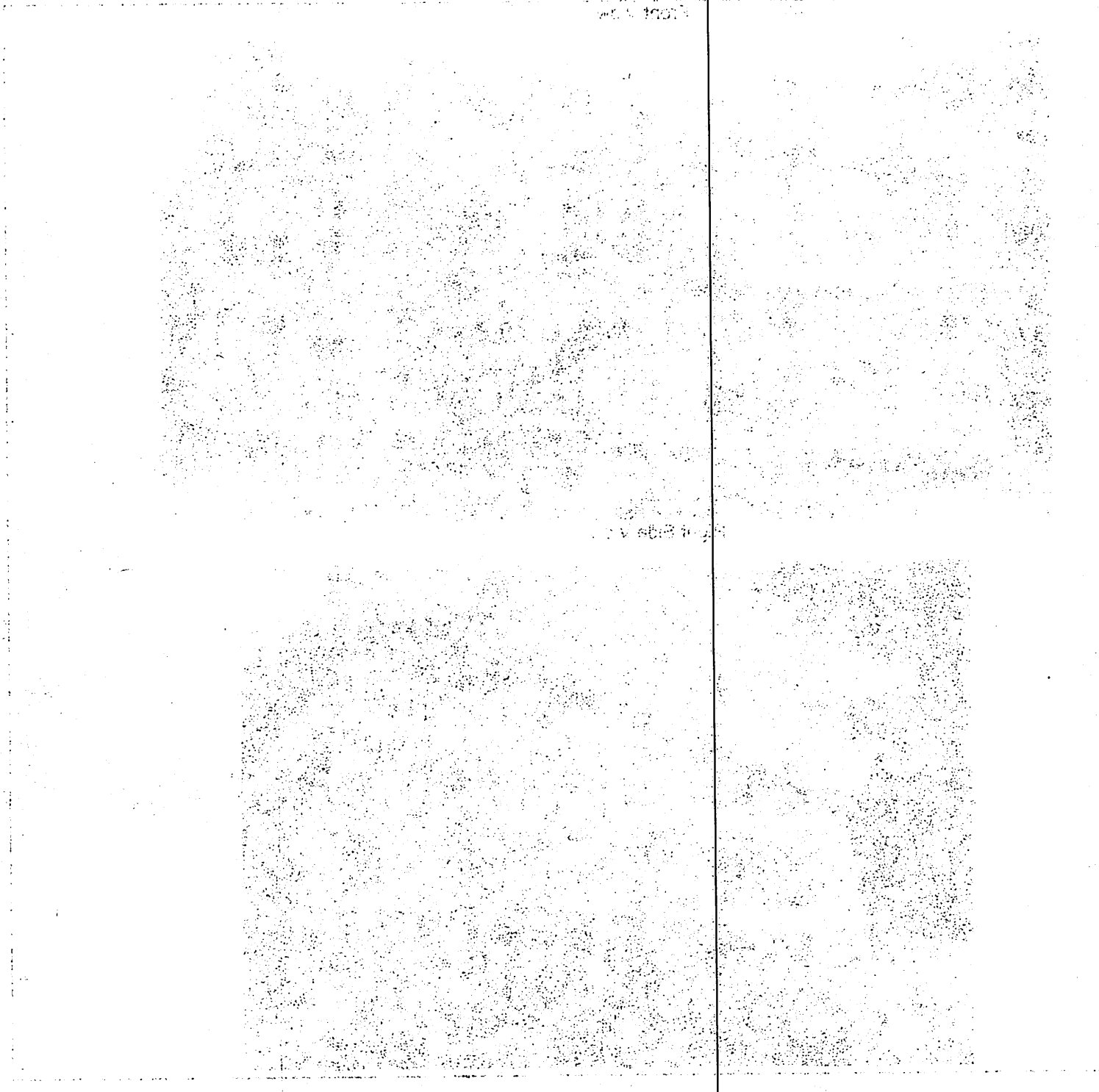


|  |
|--|
| RECEIVED<br>THE UNIVERSITY OF CHICAGO<br>DEPARTMENT OF ECONOMICS<br>5408 SOUTH EAST ASIAN DRIVE<br>CHICAGO, ILLINOIS 60637 |
|--|

Department of Economics  
The University of Chicago

STANDARD FORM NO. 64  
GPO : 1975 O - 371-801

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# 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.  
1705 Loblolly Lane

City Lynn Haven

State FL

ZIP Code 32444

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



Left Side View



Training Philosophy  
Counselors

THE UNIVERSITY OF MICHIGAN

FOR DISCUSSION AND COMMENT  
Please write your comments in the space provided.

During the course of the training, I have learned that the most important factor in counseling is the relationship between the counselor and the client.

It is important to have a strong theoretical background in order to understand the underlying processes of human behavior. However, it is equally important to have practical experience in order to develop the skills necessary for effective counseling.

The training program should provide a balance of theoretical knowledge and practical experience. This can be achieved through a combination of classroom instruction, supervised fieldwork, and self-directed learning.

Supervised fieldwork is a critical component of the training process. It allows students to apply their theoretical knowledge to real-world situations and to receive feedback from experienced counselors.

