

# 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.  
5041 Maggie Lane

Company NAIC Number:

City Panama City

State FL

ZIP Code 32404

A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)  
Lot 196, Cherokee Heights Phase 4 Parcel ID # 05860-500-580

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

A5. Latitude/Longitude: Lat. 30°14'22.66"N Long. 85°33'36.73"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 1B

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 417 sq ft
- 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 A9.b N/A-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 Unincorporated 120004

B2. County Name  
Bay

B3. State  
Florida

B4. Map/Panel Number  
12005C0356

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)  
48'

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: 46-03-D04V

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, crawlspace, or enclosure floor) 50.07  feet  meters
- b) Top of the next higher floor N/A  feet  meters
- c) Bottom of the lowest horizontal structural member (V Zones only) N/A  feet  meters
- d) Attached garage (top of slab) 48.59  feet  meters
- e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments) 50.65  feet  meters
- f) Lowest adjacent (finished) grade next to building (LAG) 45.3  feet  meters
- g) Highest adjacent (finished) grade next to building (HAG) 48.1  feet  meters
- h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support 44.95  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

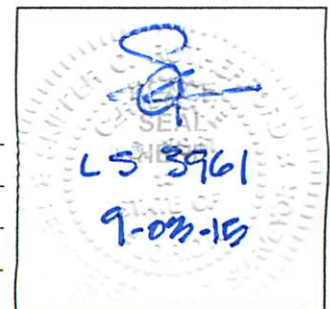
City Lynn Haven

State FL ZIP Code 32444

Signature 

Date 9/03/2015

Telephone 850-265-6979



EL ELEVATION CERTIFICATE

THE BOARD OF COUNTY SUPERVISORS  
COUNTY OF SANTA CLARA, CALIFORNIA

Applicant: [Name] the location on [Address]

SECTION 1 - PROPERTY INFORMATION

APPLICANT'S ADDRESS: [Address]

APPLICANT'S ADDRESS (Including APT, Box, and/or Bldg. No.) of P.O. Box and Box No. [Address]

APPLICANT'S PHONE NUMBER: [Phone Number]

APPLICANT'S OCCUPATION (If not a professional, please specify): [Occupation]

APPLICANT'S RESIDENCE (If not a residence, please specify): [Residence]

APPLICANT'S BUSINESS (If not a business, please specify): [Business]

APPLICANT'S BUSINESS (If not a business, please specify): [Business]

APPLICANT'S BUSINESS (If not a business, please specify): [Business]

APPLICANT'S BUSINESS (If not a business, please specify): [Business]

APPLICANT'S BUSINESS (If not a business, please specify): [Business]

APPLICANT'S BUSINESS (If not a business, please specify): [Business]

APPLICANT'S BUSINESS (If not a business, please specify): [Business]

SECTION 2 - FLOOD INFORMATION (SEE FIRM INFORMATION)

APPLICANT'S ADDRESS (Including APT, Box, and/or Bldg. No.) of P.O. Box and Box No. [Address]

APPLICANT'S PHONE NUMBER: [Phone Number]

APPLICANT'S BUSINESS (If not a business, please specify): [Business]

APPLICANT'S ADDRESS (Including APT, Box, and/or Bldg. No.) of P.O. Box and Box No.	APPLICANT'S PHONE NUMBER	APPLICANT'S BUSINESS (If not a business, please specify)
[Address]	[Phone Number]	[Business]

APPLICANT'S BUSINESS (If not a business, please specify): [Business]

APPLICANT'S BUSINESS (If not a business, please specify): [Business]

APPLICANT'S BUSINESS (If not a business, please specify): [Business]

APPLICANT'S BUSINESS (If not a business, please specify): [Business]

APPLICANT'S BUSINESS (If not a business, please specify): [Business]

SECTION 3 - BUILDING ELEVATION INFORMATION (SEE FIRM INFORMATION)

APPLICANT'S ADDRESS (Including APT, Box, and/or Bldg. No.) of P.O. Box and Box No. [Address]

APPLICANT'S PHONE NUMBER: [Phone Number]

APPLICANT'S BUSINESS (If not a business, please specify): [Business]

APPLICANT'S BUSINESS (If not a business, please specify): [Business]

APPLICANT'S BUSINESS (If not a business, please specify): [Business]

APPLICANT'S BUSINESS (If not a business, please specify): [Business]

APPLICANT'S BUSINESS (If not a business, please specify): [Business]

APPLICANT'S BUSINESS (If not a business, please specify): [Business]

APPLICANT'S BUSINESS (If not a business, please specify): [Business]

APPLICANT'S BUSINESS (If not a business, please specify): [Business]

SECTION 4 - SUPERVISOR, ENGINEER, OR ARCHITECT CERTIFICATION

I, the undersigned, being a duly licensed and qualified professional person, do hereby certify that the information furnished by the applicant is true and correct to the best of my knowledge and belief.

Witness my hand and the seal of my office this [Date] day of [Month], 19[Year].

Signature of [Name]

Professional Title of [Name]

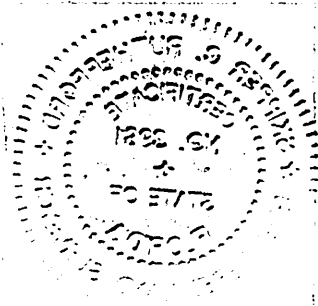
Company Name of [Name]

Address of [Name]

City of [Name]

State of [Name]

Zip Code of [Name]



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. 5041 Maggie Lane			Policy Number:
City Panama City	State FL	ZIP Code 32404	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) The bottom of the HVAC Unit was used for lowest machinery

Signature Skipper C Rutherford

Date 9/03/2015

**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 <i>RB14-0581</i>	G5. Date Permit Issued <i>6-9-14</i>	G6. Date Certificate Of Compliance/Occupancy Issued <i>9-10-15</i>
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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	Title
Community Name	Telephone
Signature <i>D.S.</i>	Date <i>9/3/15</i>
Comments <input type="checkbox"/> 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.  
5041 Maggie Lane

Policy Number:

City Panama City

State FL

ZIP Code 32404

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



# 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.  
5041 Maggie Lane

City Panama City

State FL

ZIP Code 32404

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 (1)



Left Side View



Rear View (2)

