

ELEVATION CERTIFICATE

OMB No. 1660-0008

Important: Read the instructions on pages 1-9.

| SECTION A - PROPERTY INFORMATION | FOR INSURANCE COMPANY USE |
|---|---------------------------|
| A1. Building Owner's Name Quincy Carnley | Policy Number: |
| A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 6604 Harbour Boulevard | Company NAIC Number: |

City Panama City Beach State FL ZIP Code 32407

A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)
 Bay County, Florida Parcel #27338-009-260

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

A5. Latitude/Longitude: Lat. N 30°12'01.19" Long. W 86°45'21.97" 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) <u>N/A</u> sq ft | A9. For a building with an attached garage: |
| b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade <u>N/A</u> | a) Square footage of attached garage <u>400</u> sq ft |
| c) Total net area of flood openings in A8.b <u>N/A</u> sq in | b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade <u>N/A</u> |
| d) Engineered flood openings? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | c) Total net area of flood openings in A9.b <u>N/A</u> sq in |
| | 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 Bay County 1200004 | | B2. County Name Bay | | B3. State FL | |
| B4. Map/Panel Number 12005C0309 | B5. Suffix H | B6. FIRM Index Date June 2, 2009 | B7. FIRM Panel Effective/Revised Date June 2, 2009 | B8. Flood Zone(s) AE | B9. Base Flood Elevation(s) (Zone AO, use base flood depth) 7 |

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: NOAA OPUS Solution Vertical Datum: NAVD 1988

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.

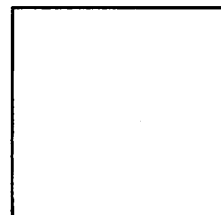
| | | | |
|--|------------|--|---------------------------------|
| a) Top of bottom floor (including basement, crawlspace, or enclosure floor) | <u>8.1</u> | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| b) Top of the next higher floor | <u>N.A</u> | <input type="checkbox"/> feet | <input type="checkbox"/> meters |
| c) Bottom of the lowest horizontal structural member (V Zones only) | <u>N.A</u> | <input type="checkbox"/> feet | <input type="checkbox"/> meters |
| d) Attached garage (top of slab) | <u>8.1</u> | <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) | <u>8.9</u> | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| f) Lowest adjacent (finished) grade next to building (LAG) | <u>3.4</u> | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| g) Highest adjacent (finished) grade next to building (HAG) | <u>3.9</u> | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support | <u>N.A</u> | <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 Shannon Clatchey | License Number LS 6178 |
| Title PSM, FI. | Company Name Rare Earth, Inc. |
| Address 1430 Pine St | City Niceville State FL ZIP Code 32578 |
| Signature | Date 11/2/15 Telephone 850-729-2722 |

INSURANCE COVERAGE PROVIDED BY THIS POLICY

PROPERTY DAMAGE COVERAGE

PROPERTY DAMAGE COVERAGE
This policy provides coverage for property damage to the insured property.

The insured property is located at: [Address]

Effective Date: [Date]

INSURED: [Name]

COVERAGE: [Details of property damage coverage]

TERMS AND CONDITIONS OF THIS POLICY

1. This policy is subject to the terms and conditions of the policy contract.

2. The insured shall maintain the property in good condition.

3. The insured shall notify the insurer immediately upon discovery of a loss.

4. The insured shall cooperate with the insurer in the investigation of a loss.

DECLARATION OF THE INSURED

I hereby declare that the information furnished to the insurer is true and correct.

Signature of Insured: [Signature]

- Coverage A
- Coverage B
- Coverage C
- Coverage D
- Coverage E
- Coverage F
- Coverage G
- Coverage H

DECLARATION OF THE INSURER

I hereby declare that the information furnished to the insured is true and correct.

Signature of Insurer: [Signature]

Date: [Date]

Printed Name: [Name]

PROPERTY DAMAGE COVERAGE
This policy provides coverage for property damage to the insured property.

Effective Date: [Date]

INSURED: [Name]

COVERAGE: [Details of property damage coverage]

TERMS AND CONDITIONS OF THIS POLICY

1. This policy is subject to the terms and conditions of the policy contract.

2. The insured shall maintain the property in good condition.

3. The insured shall notify the insurer immediately upon discovery of a loss.

4. The insured shall cooperate with the insurer in the investigation of a loss.

DECLARATION OF THE INSURED

I hereby declare that the information furnished to the insurer is true and correct.

Signature of Insured: [Signature]

Coverage A

Coverage B

Coverage C

Coverage D

Coverage E

Coverage F

Coverage G

Coverage H

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. 6604 Harbour Boulevard | Policy Number: |
| City Panama City Beach State FL ZIP Code 32407 | 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 structure is on concrete slab on grade with the finished floor elevation being 1.1' above the flood zone elevation making it an FFE of 8.1. The air conditioner exchanger is at an elevation of 8.9 on an elevated platform.

Signature _____ Date 11/2/15

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 RB15-0339 | G5. Date Permit Issued 4-10-15 | 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: 7.0 feet meters Datum **NAVD**

G10. Community's design flood elevation: 7.0 feet meters Datum **NAVD**

| | |
|--|----------------------|
| Local Official's Name _____ | Title _____ |
| Community Name _____ | Telephone _____ |
| Signature D.L. | Date 11/12/15 |
| Comments Item B9 is 7.0 1 Foot freeboard required | |

Check here if attachments.

UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION
WASHINGTON, D. C. 20535

MEMORANDUM FOR THE DIRECTOR
DATE: 10/15/68
SUBJECT: [Illegible]

TO: SAC, [Illegible]

FROM: [Illegible]

RE: [Illegible]

[Illegible]

[Illegible]

[Illegible]

[Illegible]

[Illegible]

[Illegible]

[Illegible]

[Illegible]

[Illegible]

[Illegible]

[Illegible]

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.
6604 Harbour Boulevard

Policy Number:

City Panama City Beach

State FL

ZIP Code 32407

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 Facing



MEMORANDUM FOR THE DIRECTOR

DATE: 1/15/54

TO: DIRECTOR

FROM: SAC, NEW YORK

SUBJECT: [Illegible]

[Illegible text]

[Illegible text]

[Illegible text]

[Illegible text]

[Illegible text]

[Illegible text]

Building Photographs

Continuation Page

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.
6604 Harbour Boulevard

Policy Number:

City Panama City Beach

State FL

ZIP Code 32407

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.



SECRET

CONFIDENTIAL

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