

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 Melanie J. Turner

Policy Number:

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

Company NAIC Number:

City Panama City Beach State FL ZIP Code 32413

A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)
Lot 12, Block R, Carillon Beach Phase XXVII, Plat Book 17, Page 99 & 100

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

A5. Latitude/Longitude: Lat. 30°15'59.4" Long. 85°58'56.1" 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 6

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

- a) Square footage of crawlspace or enclosure(s) 0 sq ft
 b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade 0
 c) Total net area of flood openings in A8.b 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 County

B3. State
Florida

B4. Map/Panel Number
12005C0163

B5. Suffix
H

B6. FIRM Index Date
06.2.2009

B7. FIRM Panel Effective/Revised Date
06.2.2009

B8. Flood Zone(s)
AE(8)

B9. Base Flood Elevation(s) (Zone AO, use base flood depth)
8.00

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: R-3 Vertical Datum: 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) 9.99 feet meters
 b) Top of the next higher floor 12.31 feet meters
 c) Bottom of the lowest horizontal structural member (V Zones only) N.A feet meters
 d) Attached garage (top of slab) 10.05 feet meters
 e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments) 10.87 feet meters
 f) Lowest adjacent (finished) grade next to building (LAG) 9.43 feet meters
 g) Highest adjacent (finished) grade next to building (HAG) 9.81 feet meters
 h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support 10.10 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 Ronald J. Voelker, Jr.

License Number 6628

Title Owner

Company Name Voelker Surveying, LLC

Address 110 Logan Lane, Suite 200

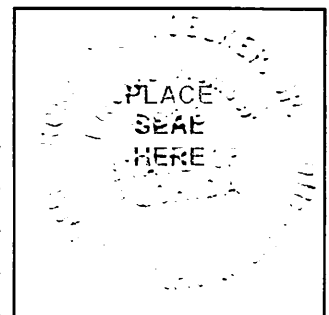
City Santa Rosa Beach

State FL ZIP Code 32459

Signature 

Date 2.22.2016

Telephone 850.231.6300



SECTION 101 - GENERAL INFORMATION

Name of the applicant: [REDACTED]

Address: [REDACTED]

Date of application: [REDACTED]

Classification of the invention: [REDACTED]

Priority claim: [REDACTED]

Abstract of the invention: [REDACTED]

Field No.	Field Name	Field Description
1	Field 1	[REDACTED]
2	Field 2	[REDACTED]
3	Field 3	[REDACTED]

Claims: [REDACTED]

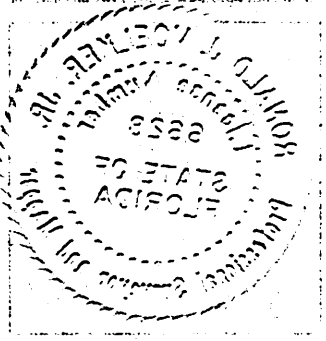
Description of the invention: [REDACTED]

Field No.	Field Name	Field Description
1	Field 1	[REDACTED]
2	Field 2	[REDACTED]
3	Field 3	[REDACTED]
4	Field 4	[REDACTED]
5	Field 5	[REDACTED]
6	Field 6	[REDACTED]
7	Field 7	[REDACTED]
8	Field 8	[REDACTED]
9	Field 9	[REDACTED]
10	Field 10	[REDACTED]

SECTION 102 - TECHNICAL INFORMATION

Technical description: [REDACTED]

References: [REDACTED]



SECTION 103 - ADMINISTRATIVE INFORMATION

Applicant's name: [REDACTED]

Address: [REDACTED]

Date of application: [REDACTED]

Classification: [REDACTED]

Priority claim: [REDACTED]

Abstract: [REDACTED]

Claims: [REDACTED]

Description: [REDACTED]

References: [REDACTED]

Administrative notes: [REDACTED]

Administrative notes: [REDACTED]

Administrative notes: [REDACTED]

Administrative notes: [REDACTED]

Administrative notes: [REDACTED]

Administrative notes: [REDACTED]

Administrative notes: [REDACTED]

Administrative notes: [REDACTED]

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. 141 Parkshore Drive	Policy Number:
City Panama City Beach State FL ZIP Code 32413	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 A/C is the lowest machinery servicing the building.

Signature 

Date 2.22.2016

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 RB15-0708	G5. Date Permit Issued 7-9-15	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 _____ Title _____

Community Name _____ Telephone _____

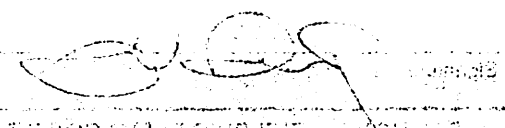
Signature _____ Date _____

Comments _____

Check here if attachments.

REPORT OF THE SECRETARY OF DEFENSE
ON THE DEPARTMENT OF DEFENSE
OPERATIONAL PLANS FOR THE FISCAL YEAR 1994
AND THE DEPARTMENT OF DEFENSE
OPERATIONAL PLANS FOR THE FISCAL YEAR 1995

SECRET



2. A summary of the operations of the Department of Defense for the fiscal year 1994 and the fiscal year 1995. The Department of Defense operations for the fiscal year 1994 were characterized by a period of relative stability and continuity. The Department of Defense operations for the fiscal year 1995 were characterized by a period of significant change and uncertainty. The Department of Defense operations for the fiscal year 1994 were characterized by a period of relative stability and continuity. The Department of Defense operations for the fiscal year 1995 were characterized by a period of significant change and uncertainty.

3. A summary of the operations of the Department of Defense for the fiscal year 1994 and the fiscal year 1995. The Department of Defense operations for the fiscal year 1994 were characterized by a period of relative stability and continuity. The Department of Defense operations for the fiscal year 1995 were characterized by a period of significant change and uncertainty. The Department of Defense operations for the fiscal year 1994 were characterized by a period of relative stability and continuity. The Department of Defense operations for the fiscal year 1995 were characterized by a period of significant change and uncertainty.

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5. A summary of the operations of the Department of Defense for the fiscal year 1994 and the fiscal year 1995. The Department of Defense operations for the fiscal year 1994 were characterized by a period of relative stability and continuity. The Department of Defense operations for the fiscal year 1995 were characterized by a period of significant change and uncertainty. The Department of Defense operations for the fiscal year 1994 were characterized by a period of relative stability and continuity. The Department of Defense operations for the fiscal year 1995 were characterized by a period of significant change and uncertainty.

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.
141 Parkshore Drive

Policy Number:

City Panama City Beach

State FL ZIP Code 32413

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 2.22.2016



Rear View 2.22.2016

1964-1965

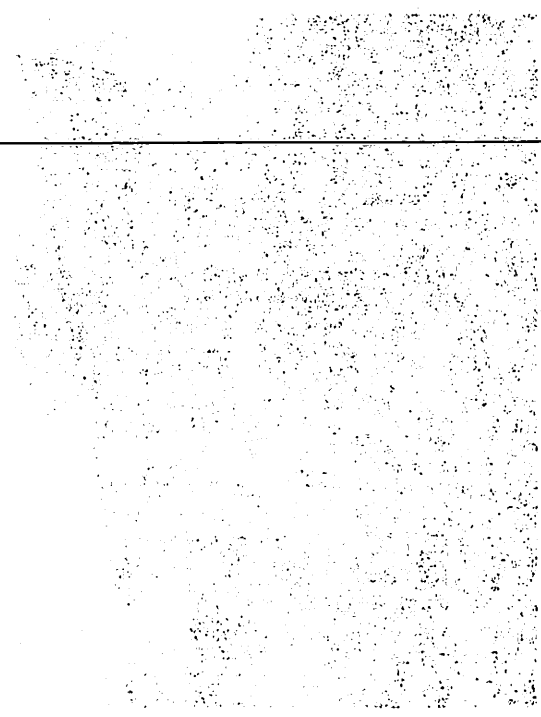
1964-1965

1964-1965

1964-1965

1964-1965

1964-1965



1964-1965

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. 141 Parkshore Drive			FOR INSURANCE COMPANY USE
City Panama City Beach State FL ZIP Code 32413			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.



Right View 2.22.2016



Left Side View 2.22.2016

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