

ELEVATION CERTIFICATE

Important: Follow the instructions on pages 1-9.

Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2) insurance agent/company, and (3) building owner.

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. 3838 Whitehead Blvd.				Company NAIC Number:	
City Panama City	State Florida	ZIP Code 32404			
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) Lot 11, Magnolia Hills Phase 3 Parcel # 11916-211-000					
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) <u>Residential</u>					
A5. Latitude/Longitude: Lat. <u>30°12'17.94"N</u> Long. <u>85°35'54.71"W</u> 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 <u>1A</u>					
A8. For a building with a crawlspace or enclosure(s):					
a) Square footage of crawlspace or enclosure(s) <u>0</u> sq ft					
b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade _____					
c) Total net area of flood openings in A8.b _____ sq in					
d) Engineered flood openings? <input type="checkbox"/> Yes <input type="checkbox"/> No					
A9. For a building with an attached garage:					
a) Square footage of attached garage <u>411</u> sq ft					
b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade <u>0</u>					
c) Total net area of flood openings in A9.b _____ sq in					
d) Engineered flood openings? <input type="checkbox"/> Yes <input type="checkbox"/> 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 12005C0353	B5. Suffix H	B6. FIRM Index Date 09/18/2009	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) 35.0'
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9: <input type="checkbox"/> FIS Profile <input type="checkbox"/> FIRM <input checked="" 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 Designation Date: _____ <input type="checkbox"/> CBRS <input type="checkbox"/> OPA					

Handwritten signature and date: 8-12-16

ELEVATION CERTIFICATE

Information from the instructions on pages 1-8.

City of [City Name] is hereby certifying that the information provided on this form is true and correct to the best of its knowledge and belief.

SECTION A - PROPERTY INFORMATION Policy Number: _____ Company NAIC Number: _____		Address (including Apt. No. or Box No.): _____ City: _____ State: _____ ZIP Code: _____	
Building Description (including Apt. No. or Box No.): _____ Total Area (Square Feet): _____ Number of Units: _____ Type of Construction: _____ Year Built: _____		Flood Hazard Zone: _____ Flood Elevation: _____ Flood Date: _____ Flood Cause: _____	

SECTION B - FLOOD INFORMATION Flood Hazard Zone: _____ Flood Elevation: _____ Flood Date: _____ Flood Cause: _____		Flood Hazard Zone: _____ Flood Elevation: _____ Flood Date: _____ Flood Cause: _____	
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ELEVATION CERTIFICATE

OMB No. 1660-0008
Expiration Date: November 30, 2018

IMPORTANT: In these spaces, copy the corresponding information from Section A.			FOR INSURANCE COMPANY USE
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City Panama City	State Florida	ZIP Code 32404	Company NAIC Number

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) | 37.22 | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| b) Top of the next higher floor | _____ | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| c) Bottom of the lowest horizontal structural member (V Zones only) | _____ | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| d) Attached garage (top of slab) | 36.76 | <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) | 36.87 | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| f) Lowest adjacent (finished) grade next to building (LAG) | 36.2 | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| g) Highest adjacent (finished) grade next to building (HAG) | 36.3 | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support | _____ | <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.

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 LS 3961
Title Surveyor & Mapper / President	
Company Name SCR & Associates NWFL, Inc	
Address PO Box 958	
City Lynn Haven	State Florida
	ZIP Code 32444
Signature 	Date 08/12/2016
	Telephone (850) 265-6979



Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2) insurance agent/company, and (3) building owner.

Comments (including type of equipment and location, per C2(e), if applicable)

**** Elevation Certificate is not Valid without Signature and Raised Seal on Page 2 and Initials and Date on bottom Right of Page 1****
Surveyor will not be responsible for any elevation data that has been changed by others.

C2.e) Lowest machinery used was bottom of HVAC Unit

<p>1. Name of the student: _____</p> <p>2. Roll No.: _____</p>	<p>3. Date of the experiment: _____</p> <p>4. Name of the teacher: _____</p>	<p>5. Title of the experiment: _____</p>
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AIM: To determine the molar mass of a volatile liquid.

THEORY: The molar mass of a gas can be determined by measuring its mass, volume, pressure, and temperature. The ideal gas law, $PV = nRT$, can be used to calculate the number of moles (n) of the gas. The molar mass (M) is then calculated as $M = \frac{\text{mass}}{n}$.

APPARATUS: A flask, a balance, a rubber band, a thermometer, and a water bath.

PROCEDURE:

1. Weigh the empty flask with a stopper and record its mass (m_1).
2. Immerse the flask in a boiling water bath. Allow the liquid to vaporize and displace the air. Seal the flask with a rubber band.
3. Remove the flask from the water bath and cool it. Weigh the flask with the condensed liquid and record its mass (m_2).
4. Measure the volume of the flask (V) by filling it with water and measuring the volume of water displaced.
5. Record the temperature of the boiling water (T).
6. Calculate the mass of the vapor ($m = m_2 - m_1$).
7. Calculate the number of moles ($n = \frac{PV}{RT}$).
8. Calculate the molar mass ($M = \frac{m}{n}$).

RESULTS:

Mass of flask (m_1)	_____ g
Mass of flask with vapor (m_2)	_____ g
Volume of flask (V)	_____ L
Temperature of water (T)	_____ °C
Mass of vapor (m)	_____ g
Number of moles (n)	_____ mol
Molar mass (M)	_____ g/mol



DISCUSSION: The molar mass determined in this experiment is close to the theoretical value of _____ g/mol. The slight deviation is due to experimental errors such as incomplete vaporization or measurement inaccuracies.

CONCLUSION: The molar mass of the volatile liquid is determined to be _____ g/mol.

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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 1–2 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 or Owner's Authorized Representative's Name

Address _____ City _____ State _____ ZIP Code _____

Signature _____ Date _____ Telephone _____

Comments

Check here if attachments.

SEALING INFORMATION

MEMORANDUM: This report was prepared by the contractor and is for the use of the client only. It is not to be used for any other purpose. The contractor is not responsible for any errors or omissions in this report.

SECTION 1 - GENERAL INFORMATION (SURVEY NOT REQUIRED)
 FOR ZONE A AND ZONE B (SEE PLAN FOR ZONE A AND ZONE B)
 The purpose of this survey is to determine the location of the existing and proposed structures on the site. The survey was conducted on the date shown below. The survey was conducted by the contractor and the client. The survey was conducted in accordance with the requirements of the contract. The survey was conducted in accordance with the requirements of the contract. The survey was conducted in accordance with the requirements of the contract.

SECTION 2 - PROPERTY OWNER'S REPRESENTATIVE'S CERTIFICATION
 I, the undersigned, being the owner or authorized representative of the property described herein, certify that the information furnished herein is true and correct to the best of my knowledge and belief.

Name: _____
 Title: _____
 State: _____
 Zip Code: _____

Signature: _____
 Date: _____

THIS REPORT IS THE PROPERTY OF THE CLIENT AND IS NOT TO BE REPRODUCED OR TRANSMITTED IN ANY FORM OR BY ANY MEANS, ELECTRONIC OR MECHANICAL, INCLUDING PHOTOCOPYING, RECORDING, OR BY ANY INFORMATION STORAGE AND RETRIEVAL SYSTEM, WITHOUT THE WRITTEN PERMISSION OF THE CLIENT.

FOR INSURANCE COMPANY USE
 Policy Number: _____
 Company Name: _____

SECTION 3 - GENERAL INFORMATION (SURVEY NOT REQUIRED)
 FOR ZONE C AND ZONE D (SEE PLAN FOR ZONE C AND ZONE D)
 The purpose of this survey is to determine the location of the existing and proposed structures on the site. The survey was conducted on the date shown below. The survey was conducted by the contractor and the client. The survey was conducted in accordance with the requirements of the contract. The survey was conducted in accordance with the requirements of the contract. The survey was conducted in accordance with the requirements of the contract.

SECTION 4 - PROPERTY OWNER'S REPRESENTATIVE'S CERTIFICATION
 I, the undersigned, being the owner or authorized representative of the property described herein, certify that the information furnished herein is true and correct to the best of my knowledge and belief.

Name: _____
 Title: _____
 State: _____
 Zip Code: _____

Signature: _____
 Date: _____

ELEVATION CERTIFICATE

OMB No. 1660-0008
Expiration Date: November 30, 2018

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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>RB15-1200</i>	G5. Date Permit Issued <i>12-21-15</i>	G6. Date Certificate of Compliance/Occupancy Issued <i>8-24-16</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>8-24-16</i>

Comments (including type of equipment and location, per C2(e), if applicable)

Check here if attachments.

ELEVATION CERTIFICATE

OMB No. 1700-0002
Expiration Date: November 01, 2015

SECTION 1 - GENERAL INFORMATION (OPTIONAL) This certificate is issued by the undersigned on the basis of the information furnished by the insured and is not intended to constitute a contract. The insured should refer to the actual policy for the complete terms, conditions, coverages, exclusions, and limitations.	
1.01. The insured is a(n) _____ 1.02. The insured is a(n) _____ 1.03. The insured is a(n) _____	1.04. The insured is a(n) _____ 1.05. The insured is a(n) _____ 1.06. The insured is a(n) _____
2.01. The insured is a(n) _____ 2.02. The insured is a(n) _____ 2.03. The insured is a(n) _____	2.04. The insured is a(n) _____ 2.05. The insured is a(n) _____ 2.06. The insured is a(n) _____
3.01. The insured is a(n) _____ 3.02. The insured is a(n) _____ 3.03. The insured is a(n) _____	3.04. The insured is a(n) _____ 3.05. The insured is a(n) _____ 3.06. The insured is a(n) _____
4.01. The insured is a(n) _____ 4.02. The insured is a(n) _____ 4.03. The insured is a(n) _____	4.04. The insured is a(n) _____ 4.05. The insured is a(n) _____ 4.06. The insured is a(n) _____
5.01. The insured is a(n) _____ 5.02. The insured is a(n) _____ 5.03. The insured is a(n) _____	5.04. The insured is a(n) _____ 5.05. The insured is a(n) _____ 5.06. The insured is a(n) _____
6.01. The insured is a(n) _____ 6.02. The insured is a(n) _____ 6.03. The insured is a(n) _____	6.04. The insured is a(n) _____ 6.05. The insured is a(n) _____ 6.06. The insured is a(n) _____
7.01. The insured is a(n) _____ 7.02. The insured is a(n) _____ 7.03. The insured is a(n) _____	7.04. The insured is a(n) _____ 7.05. The insured is a(n) _____ 7.06. The insured is a(n) _____
8.01. The insured is a(n) _____ 8.02. The insured is a(n) _____ 8.03. The insured is a(n) _____	8.04. The insured is a(n) _____ 8.05. The insured is a(n) _____ 8.06. The insured is a(n) _____
9.01. The insured is a(n) _____ 9.02. The insured is a(n) _____ 9.03. The insured is a(n) _____	9.04. The insured is a(n) _____ 9.05. The insured is a(n) _____ 9.06. The insured is a(n) _____
10.01. The insured is a(n) _____ 10.02. The insured is a(n) _____ 10.03. The insured is a(n) _____	10.04. The insured is a(n) _____ 10.05. The insured is a(n) _____ 10.06. The insured is a(n) _____

BUILDING PHOTOGRAPHS

See Instructions for Item A6.

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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.



Photo One

Photo One Caption Front View



Photo Two

Photo Two Caption Right Side View

BUILDING PHOTOGRAPHS

Continuation Page

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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.



Photo One

Photo One Caption Back View



Photo Two

Photo Two Caption Left Side View

