

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. 5016 Pretty Way				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 167, Cherokee Heights Phase 4 Parcel # 05860-500-290					
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.)				Residential	
A5. Latitude/Longitude: Lat. 30°14'27.49"N Long. 85°33'56.50"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 1A					
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 _____					
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 462 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 _____ 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 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) 48.0'
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					

SR 9-08-16

04-15-71

1. Name of person or organization: Person Organization

2. Address: _____

3. City: _____ State: _____ Zip: _____

4. Date of birth: _____ Sex: _____ Race: _____

5. Date of entry into country: _____

6. Date of last contact: _____

7. Name of informant: _____

8. Name of person or organization: _____

1. Name of person or organization: _____	2. Address: _____	3. City: _____ State: _____ Zip: _____	4. Date of birth: _____ Sex: _____ Race: _____	5. Date of entry into country: _____	6. Date of last contact: _____
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SECTION 2 - INFORMATION ON THE INDIVIDUAL OR ORGANIZATION

a) Date of birth: _____ Sex: _____ Race: _____

b) Date of entry into country: _____

c) Name of person or organization: _____

d) Name of informant: _____

e) Name of person or organization: _____

f) Name of person or organization: _____

g) Name of person or organization: _____

h) Name of person or organization: _____

i) Name of person or organization: _____

j) Name of person or organization: _____

k) Name of person or organization: _____

l) Name of person or organization: _____

m) Name of person or organization: _____

n) Name of person or organization: _____

o) Name of person or organization: _____

p) Name of person or organization: _____

q) Name of person or organization: _____

r) Name of person or organization: _____

s) Name of person or organization: _____

t) Name of person or organization: _____

u) Name of person or organization: _____

v) Name of person or organization: _____

w) Name of person or organization: _____

x) Name of person or organization: _____

y) Name of person or organization: _____

z) Name of person or organization: _____

SECTION 3 - INFORMATION ON THE INDIVIDUAL OR ORGANIZATION

1. Name of person or organization: _____

2. Address: _____

3. City: _____ State: _____ Zip: _____

4. Date of birth: _____ Sex: _____ Race: _____

5. Date of entry into country: _____

6. Date of last contact: _____

7. Name of informant: _____

8. Name of person or organization: _____

9. Name of person or organization: _____

10. Name of person or organization: _____

11. Name of person or organization: _____

12. Name of person or organization: _____

13. Name of person or organization: _____

14. Name of person or organization: _____

15. Name of person or organization: _____

16. Name of person or organization: _____

17. Name of person or organization: _____

18. Name of person or organization: _____

19. Name of person or organization: _____

20. Name of person or organization: _____

SECTION 4 - INFORMATION ON THE INDIVIDUAL OR ORGANIZATION

1. Name of person or organization: _____

2. Address: _____

3. City: _____ State: _____ Zip: _____

4. Date of birth: _____ Sex: _____ Race: _____

5. Date of entry into country: _____

6. Date of last contact: _____

7. Name of informant: _____

8. Name of person or organization: _____

9. Name of person or organization: _____

10. Name of person or organization: _____

11. Name of person or organization: _____

12. Name of person or organization: _____

13. Name of person or organization: _____

14. Name of person or organization: _____

15. Name of person or organization: _____

16. Name of person or organization: _____

17. Name of person or organization: _____

18. Name of person or organization: _____

19. Name of person or organization: _____

20. Name of person or organization: _____

DECLARATION CERTIFICATE

I hereby declare that the foregoing is true and correct to the best of my knowledge and belief.

Special Agent in Charge

U.S. DEPARTMENT OF JUSTICE

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
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 5016 Pretty Way			Policy Number:
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: FDOT 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) | <u>52.49</u> | <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) | <u>52.4</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>52.50</u> | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| f) Lowest adjacent (finished) grade next to building (LAG) | <u>51.3</u> | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| g) Highest adjacent (finished) grade next to building (HAG) | <u>52.0</u> | <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	
Signature 	Date 09/08/2016	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)

*** Signature on page 2 is not valid unless initialed, dated and raised seal 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

FOR INSURANCE COMPANY USE Policy Number	General Agent, including the date of the last P.O. Renewal Date
Company Name	Address
City	State
Zip	County

SECTION 1 - GENERAL INFORMATION CONCERNING CURTAIN

1. Is the insured a sole proprietor, partnership, or corporation? Sole proprietor, Partnership, Corporation

2. If the insured is a sole proprietor, partnership, or corporation, please provide the following information:

(a) Name of the insured: _____

(b) Address of the insured: _____

(c) City: _____ State: _____ Zip: _____

(d) Date of formation: _____

(e) Principal business: _____

(f) Estimated annual gross income: _____

(g) Estimated annual net income: _____

(h) Estimated annual operating expenses: _____

(i) Estimated annual depreciation: _____

(j) Estimated annual interest expense: _____

(k) Estimated annual tax expense: _____

(l) Estimated annual other expenses: _____

(m) Estimated annual total expenses: _____

(n) Estimated annual net income after taxes: _____

(o) Estimated annual net income after taxes and depreciation: _____

(p) Estimated annual net income after taxes, depreciation, and interest expense: _____

(q) Estimated annual net income after taxes, depreciation, interest expense, and tax expense: _____

(r) Estimated annual net income after taxes, depreciation, interest expense, tax expense, and other expenses: _____

SECTION 2 - SUMMARY OF FINANCIAL STATEMENT INFORMATION

3. Provide a summary of the insured's financial statement information for the year ending _____.

(a) Total assets: _____

(b) Total liabilities: _____

(c) Total equity: _____

(d) Total income: _____

(e) Total expenses: _____

(f) Total net income: _____

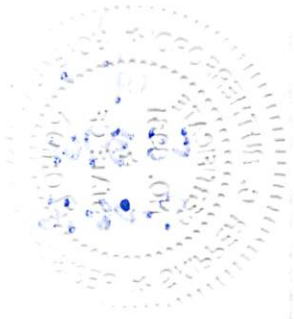
(g) Total net income after taxes: _____

(h) Total net income after taxes and depreciation: _____

(i) Total net income after taxes, depreciation, and interest expense: _____

(j) Total net income after taxes, depreciation, interest expense, and tax expense: _____

(k) Total net income after taxes, depreciation, interest expense, tax expense, and other expenses: _____



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
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 5016 Pretty Way			Policy Number:
City Panama City	State Florida	ZIP Code 32404	Company NAIC Number

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 _____

D.S.

9/12/16

Comments

Check here if attachments.

DEVIATION CERTIFICATE

Form No. 100-0008
Expires on Date November 30, 1978

REPORTED: In case several copies of the certificate are required, the certificate should be prepared in triplicate. In case several copies are required, the certificate should be prepared in triplicate. In case several copies are required, the certificate should be prepared in triplicate.	
Following Street Address (including A, B, C, D, E, F, G, H, I, J, K, L, M, N, O, P, Q, R, S, T, U, V, W, X, Y, Z)	City
State	Zip
Company Name	Company ID No.

SECTION E - FURTHER INFORMATION (REQUIRED) FOR SAME AS SECTION A (WITHOUT BEE)	
Provide a description of the deviation and the reasons therefor. Indicate the date of the deviation and the date of the report. Indicate the name of the person who reported the deviation and the name of the person who investigated the deviation. Indicate the name of the person who approved the deviation and the name of the person who issued the certificate.	
I hereby certify that the information furnished herein is true and correct to the best of my knowledge and belief.	I hereby certify that the information furnished herein is true and correct to the best of my knowledge and belief.
Signature of Owner/Operator	Signature of Investigator
Title of Owner/Operator	Title of Investigator
Date	Date
State	State
City	City
Zip	Zip

SECTION F - FURTHER INFORMATION (REQUIRED) FOR SAME AS SECTION A (WITHOUT BEE)	
Provide a description of the deviation and the reasons therefor. Indicate the date of the deviation and the date of the report. Indicate the name of the person who reported the deviation and the name of the person who investigated the deviation. Indicate the name of the person who approved the deviation and the name of the person who issued the certificate.	
I hereby certify that the information furnished herein is true and correct to the best of my knowledge and belief.	I hereby certify that the information furnished herein is true and correct to the best of my knowledge and belief.
Signature of Owner/Operator	Signature of Investigator
Title of Owner/Operator	Title of Investigator
Date	Date
State	State
City	City
Zip	Zip

Name of Owner/Operator	Address
State	City
Zip	Phone

Name of Investigator	Address
State	City
Zip	Phone

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 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	G5. Date Permit Issued	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
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Signature	Date
-----------	------

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

Check here if attachments.

BUILDING PHOTOGRAPHS

See Instructions for Item A6.

OMB No. 1660-0008

Expiration Date: November 30, 2018

ELEVATION CERTIFICATE

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.
5016 Pretty Way

Policy Number:

City	State	ZIP Code
Panama City	Florida	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.



Photo One

Photo One Caption



Photo Two

Photo Two Caption

1991-1992

1991-1992

1991-1992

1991-1992

1991-1992

1991-1992

1991-1992

1991-1992

1991-1992

1991-1992

1991-1992

1991-1992

1991-1992

1991-1992

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1991-1992

1991-1992

BUILDING PHOTOGRAPHS

Continuation Page

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

ELEVATION CERTIFICATE

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. 5016 Pretty Way			Policy Number:
City Panama City	State Florida	ZIP Code 32404	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.



Photo One

Photo One Caption



Photo Two

Photo Two Caption

BRANDS OF TOBACCO

REVENUE DEPARTMENT

THE NATIONAL TOBACCO COMPANY
Washington, D.C.

Continuation of Form No. 1

TOBACCO BRANDS LISTED FOR EXCHANGE COMPANY USE	Name of Manufacturer or Company	Address (Street, City, State, and Zip)
7	The National Tobacco Company	Washington, D.C.
8	The National Tobacco Company	Washington, D.C.
9	The National Tobacco Company	Washington, D.C.
10	The National Tobacco Company	Washington, D.C.