

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 SCENIC HIGHWAY PARTNERS, LLC (P.E.S. 15166)			Policy Number:		
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 20317 FRONT BEACH ROAD			Company NAIC Number:		
City PANAMA CITY BEACH	State Florida	ZIP Code 32413			
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) POR LOT 2, BLOCK 2A OF "LAGUNA BEACH ESTATES" PB 7, PG 1, BAY COUNTY PUBLIC RECORDS					
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) <u>RESIDENTIAL</u>					
A5. Latitude/Longitude: Lat. <u>30-14-41.34</u> Long. <u>85-56-11.96</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>6</u>					
A8. For a building with a crawlspace or enclosure(s):					
a) Square footage of crawlspace or enclosure(s) <u>619</u> sq ft					
b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade <u>0</u>					
c) Total net area of flood openings in A8.b <u>0</u> sq in					
d) Engineered flood openings? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
A9. For a building with an attached garage:					
a) Square footage of attached garage <u>0</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 <u>0</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 120004			B2. County Name BAY COUNTY		B3. State Florida
B4. Map/Panel Number 12005C0281	B5. Suffix H	B6. FIRM Index Date 06/02/2009	B7. FIRM Panel Effective/ Revised Date 06/02/2009	B8. Flood Zone(s) VE / X	B9. Base Flood Elevation(s) (Zone AO, use Base Flood Depth) 13.0
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 checked="" type="checkbox"/> FIRM <input 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					

SECRET

CONFIDENTIAL

1. The purpose of this document is to provide a comprehensive overview of the current state of the project and to identify the key challenges that must be addressed in order to ensure its successful completion.

2. The project has been initiated in response to the growing demand for a more efficient and secure system. The initial phase of the project has focused on the development of a detailed requirements specification and the selection of a suitable technology stack.

3. The development team has made significant progress in the design and implementation of the core system components. However, there are several critical areas that require further attention and resources, including the integration of external services and the implementation of robust security measures.

4. The project is currently on track to meet the target completion date, provided that the necessary resources and support are maintained. It is essential that the project team continues to communicate effectively and address any issues that arise in a timely and proactive manner.

5. The project team is committed to delivering a high-quality solution that meets the needs of our users and provides a secure and reliable environment. We will continue to monitor the project's progress closely and report on any developments to the relevant stakeholders.

6. The project is a complex and multi-faceted endeavor that requires the coordinated efforts of all team members. We are confident that with the right resources and support, we can overcome the challenges ahead and achieve our project goals.

7. The project team is currently reviewing the project plan and identifying the specific actions that need to be taken to address the identified challenges. We will be holding a series of meetings to discuss the project's progress and to ensure that all team members are aligned and working towards the same objectives.

8. The project is a high-priority initiative and it is essential that we maintain a high level of communication and transparency throughout the project lifecycle. We will be providing regular updates to the project steering committee and other key stakeholders to ensure that they are kept informed of the project's status and any changes to the plan.

9. The project team is committed to maintaining the highest standards of quality and security throughout the project. We will be implementing a rigorous testing and quality assurance process to ensure that the final solution is robust, reliable, and secure.

10. The project is a significant milestone for our organization and we are excited to see the results of our efforts. We will continue to work hard to ensure that the project is completed on time and to the highest quality.

11. The project team is currently reviewing the project plan and identifying the specific actions that need to be taken to address the identified challenges. We will be holding a series of meetings to discuss the project's progress and to ensure that all team members are aligned and working towards the same objectives.

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ELEVATION CERTIFICATE

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

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Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 20317 FRONT BEACH ROAD			Policy Number:
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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: NGS "46 76 B05 AZ MK" Vertical Datum: 17.18 FEET

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.

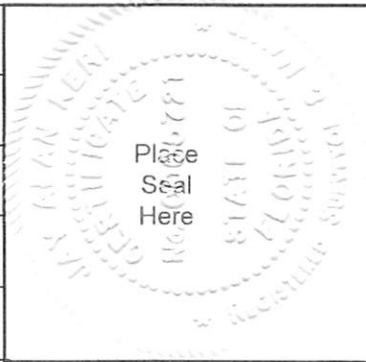
Check the measurement used.


- | | | | |
|-------------------------------------------------------------------------------------------------------------------------------|--------------|------------------------------------------|---------------------------------|
| a) Top of bottom floor (including basement, crawlspace, or enclosure floor) | <u>17.9</u> | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| b) Top of the next higher floor | <u>28.37</u> | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| c) Bottom of the lowest horizontal structural member (V Zones only) | <u>25.68</u> | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| d) Attached garage (top of slab) | <u>N/A</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>17.9</u> | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| f) Lowest adjacent (finished) grade next to building (LAG) | <u>17.3</u> | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| g) Highest adjacent (finished) grade next to building (HAG) | <u>17.5</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>17.0</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.

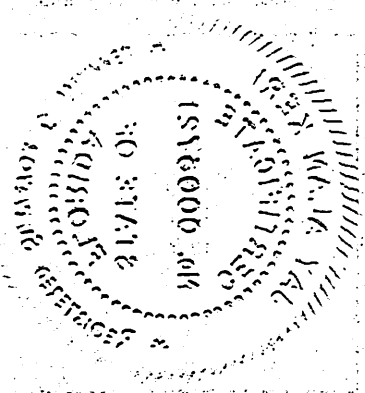
Were latitude and longitude in Section A provided by a licensed land surveyor? Yes No Check here if attachments.

Certifier's Name JAY ALAN KERI	License Number 5721	 <p style="text-align: center;">Please Seal Here</p>
Title PROJECT SURVEYOR		
Company Name POOLE ENGINEERING & SURVEYING, INC.		
Address 2145 DELTA BOULEVARD, SUITE 100		
City TALLAHASSEE	State Florida	

Signature 	Date 01/24/2017	Telephone (850) 386-5117
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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 OF 17.9 FEET STATED ON C2e OBTAINED ON BOTTOM OF AC UNIT ON EAST SIDE OF RESIDENCE.



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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.

Dear Mr. [Name],

I have received your letter of the [Date] regarding [Subject].

The information you provided is being reviewed by the appropriate authorities.

We will contact you again once a final decision has been reached.

I am sorry for any inconvenience this may cause.

Very truly yours,

[Signature]

[Title]

[Organization]

[Address]

[City, State, Zip]

[Phone Number]

[Fax Number]

[E-mail Address]

[Website]

[Social Media]

[Footer]

[Page-Footer]

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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	G5. Date Permit Issued	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 <i>Wayne Porter</i>	Title <i>Floodplain Manager</i>
Community Name	Telephone

Signature <i>Wayne Porter</i>	Date <i>Floodplain Manager 2/1/17</i>
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Comments (including type of equipment and location, per C2(e), if applicable)

OK for C.O.

Check here if attachments.

Faint, illegible text in the left column, possibly bleed-through from the reverse side of the page.

Handwritten signature or name, possibly "George Jones".

Handwritten signature or name, possibly "John Doe".

Faint, illegible text in the right column, possibly bleed-through from the reverse side of the page.

Handwritten signature or name, possibly "John Doe".

Handwritten signature or name, possibly "John Doe".

Handwritten signature or name, possibly "John Doe".

BUILDING PHOTOGRAPHS

ELEVATION CERTIFICATE

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.

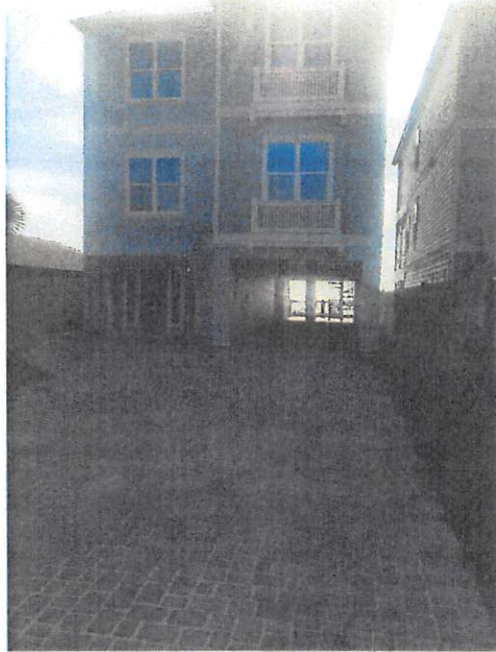


Photo One

Photo One Caption FRONT

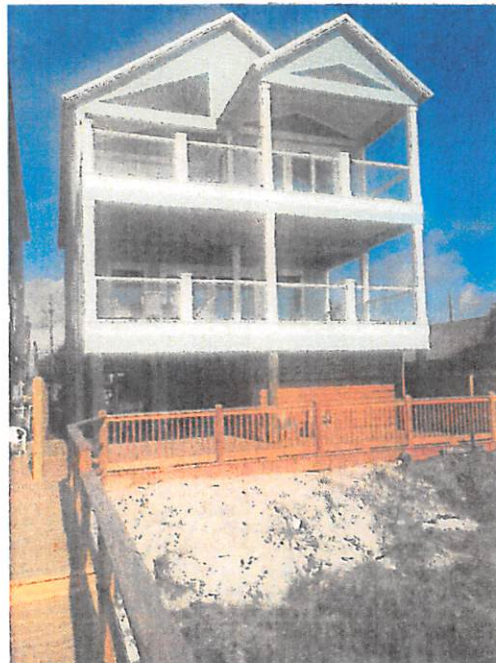
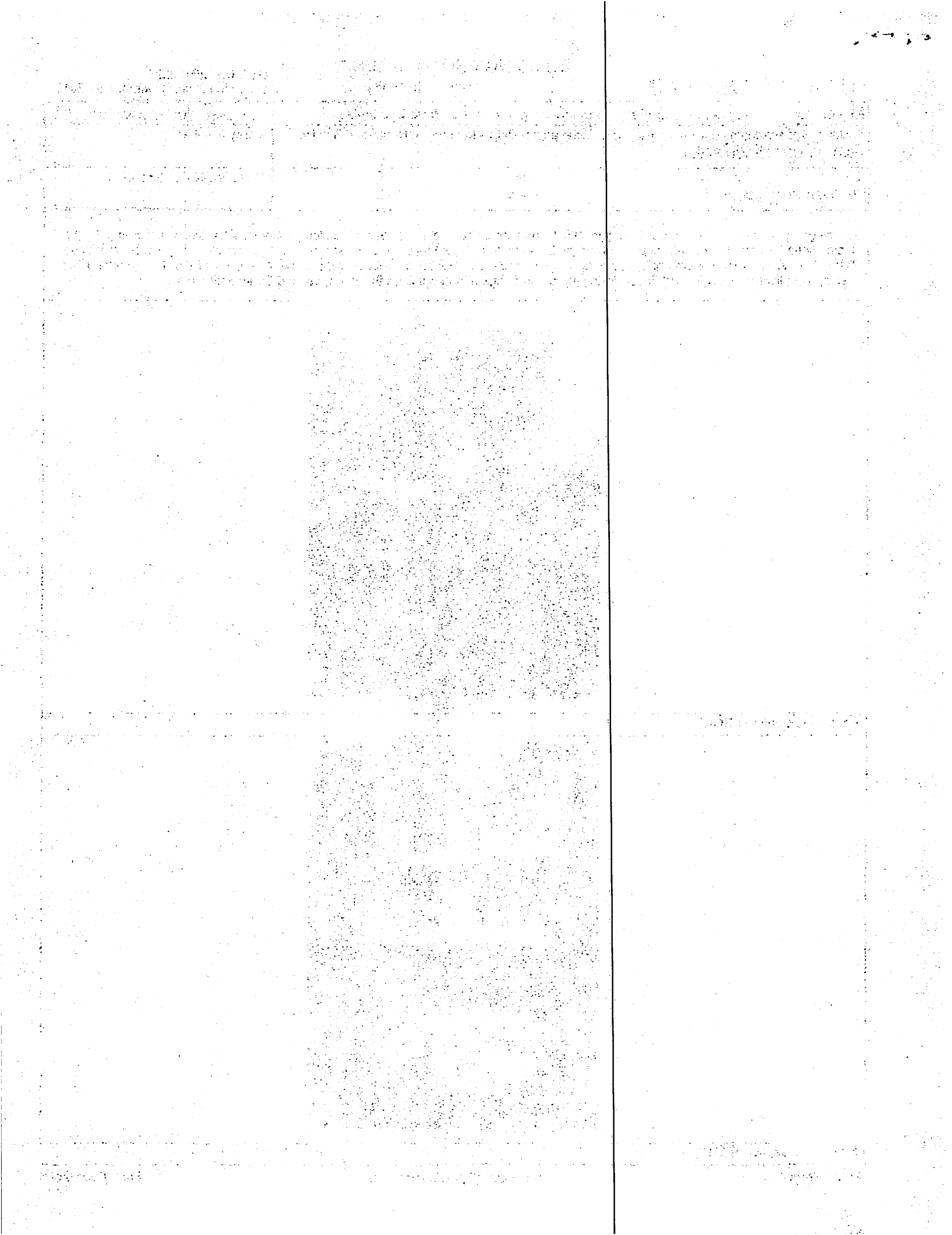


Photo Two

Photo Two Caption REAR



BUILDING PHOTOGRAPHS

ELEVATION CERTIFICATE

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.

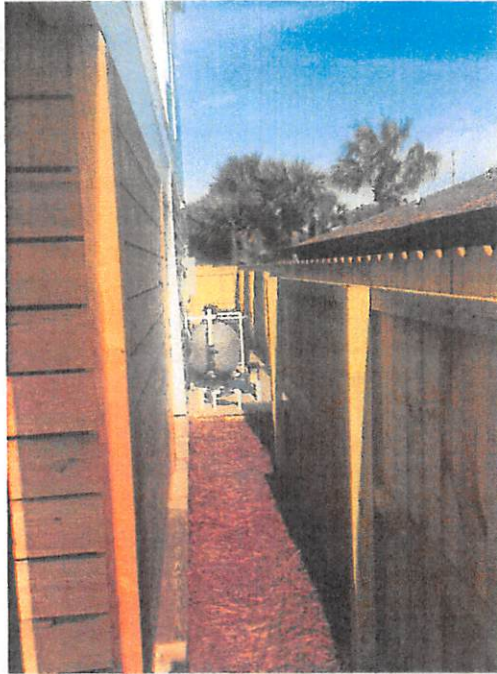


Photo One

Photo One Caption EAST SIDE

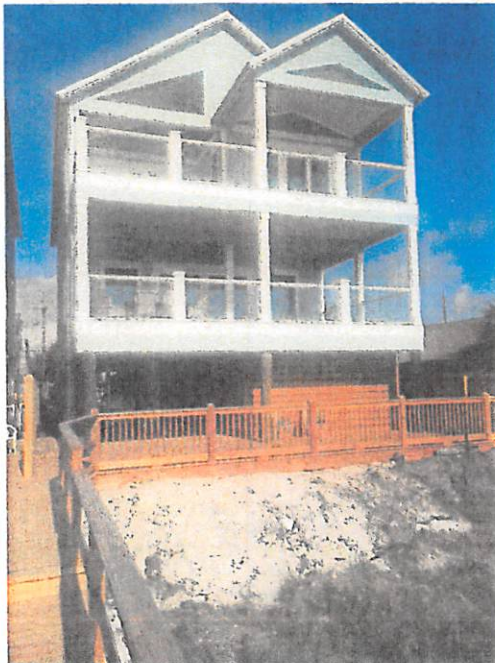


Photo Two

Photo Two Caption WEST SIDE

