

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. 228 Hidalgo Drive				Company NAIC Number:	
City Panama City		State Florida		ZIP Code 32409	
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) Lot 40, Fanning Bayou Phase 2 Parcel # 08424-100-210					
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) <u>Residential</u>					
A5. Latitude/Longitude: Lat. <u>30°16'31.03"N</u> Long. <u>85°40'33.85"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>1B</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>553</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 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 12005C0218	B5. Suffix H	B6. FIRM Index Date 06/02/2009	B7. FIRM Panel Effective/ Revised Date 06/02/2009	B8. Flood Zone(s) AE	B9. Base Flood Elevation(s) (Zone AO, use Base Flood Depth) 7.0'
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					

SR 6-02-17

100-100000-100000

UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION

MEMORANDUM FOR THE DIRECTOR, FBI

FROM: SAC, NEW YORK (100-100000-100000)

SUBJECT: [Illegible]

RE: [Illegible]

[Illegible]

[Illegible]

[Illegible]

[Illegible]

[Illegible]

[Illegible]

[Illegible]

[Illegible]

[Illegible]

[Illegible]

[Illegible]

[Illegible]

[Illegible]

[Illegible]

[Illegible]

In Reply - 4

100-100000-100000

UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION

MEMORANDUM FOR THE DIRECTOR, FBI

FROM: SAC, NEW YORK (100-100000-100000)

SUBJECT: [Illegible]

RE: [Illegible]

[Illegible]

[Illegible]

[Illegible]

[Illegible]

[Illegible]

[Illegible]

[Illegible]

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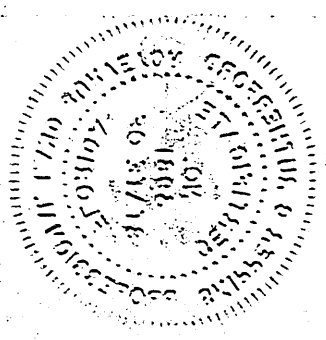
[Illegible]

(100-100000-100000)

10/10/1944
10/10/1944

Dear Sir,
I have the pleasure to acknowledge the receipt of your letter of the 10th inst. in relation to the above matter.
The same has been referred to the appropriate authorities for their consideration.
I am, Sir, very respectfully,
Yours faithfully,
[Signature]

Very truly yours,
[Signature]



10/10/1944
10/10/1944

Dear Sir,
I have the pleasure to acknowledge the receipt of your letter of the 10th inst. in relation to the above matter.
The same has been referred to the appropriate authorities for their consideration.
I am, Sir, very respectfully,
Yours faithfully,
[Signature]

Very truly yours,
[Signature]



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. 228 Hidalgo Drive			Policy Number:
City Panama City	State Florida	ZIP Code 32409	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 _____

Comments

Check here if attachments.

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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
Community Name	Telephone
Signature <i>[Signature]</i>	Date <i>6/8/2017</i>

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

*OK for C.O.
WP*

Check here if attachments.

EQU YEAR OF REPORTING	A number of months during which the	and total year for which the report is
Reporting Period	of the station (or stations) in which	the report was made
Reporting Period	Station	Year
Reporting Period	Station	Year
(If station was not active during the reporting period, state the reason therefor.)		
<p>1. Name of station (or stations) in which the report was made</p>	<p>2. Name of station (or stations) in which the report was made</p>	<p>3. Name of station (or stations) in which the report was made</p>
<p>4. Name of station (or stations) in which the report was made</p>	<p>5. Name of station (or stations) in which the report was made</p>	<p>6. Name of station (or stations) in which the report was made</p>
<p>7. Name of station (or stations) in which the report was made</p>	<p>8. Name of station (or stations) in which the report was made</p>	<p>9. Name of station (or stations) in which the report was made</p>
<p>10. Name of station (or stations) in which the report was made</p>	<p>11. Name of station (or stations) in which the report was made</p>	<p>12. Name of station (or stations) in which the report was made</p>
<p>13. Name of station (or stations) in which the report was made</p>	<p>14. Name of station (or stations) in which the report was made</p>	<p>15. Name of station (or stations) in which the report was made</p>
<p>16. Name of station (or stations) in which the report was made</p>	<p>17. Name of station (or stations) in which the report was made</p>	<p>18. Name of station (or stations) in which the report was made</p>
<p>19. Name of station (or stations) in which the report was made</p>	<p>20. Name of station (or stations) in which the report was made</p>	<p>21. Name of station (or stations) in which the report was made</p>
<p>22. Name of station (or stations) in which the report was made</p>	<p>23. Name of station (or stations) in which the report was made</p>	<p>24. Name of station (or stations) in which the report was made</p>
<p>25. Name of station (or stations) in which the report was made</p>	<p>26. Name of station (or stations) in which the report was made</p>	<p>27. Name of station (or stations) in which the report was made</p>
<p>28. Name of station (or stations) in which the report was made</p>	<p>29. Name of station (or stations) in which the report was made</p>	<p>30. Name of station (or stations) in which the report was made</p>
<p>29. Name of station (or stations) in which the report was made</p>	<p>31. Name of station (or stations) in which the report was made</p>	<p>32. Name of station (or stations) in which the report was made</p>
<p>30. Name of station (or stations) in which the report was made</p>	<p>33. Name of station (or stations) in which the report was made</p>	<p>34. Name of station (or stations) in which the report was made</p>
<p>31. Name of station (or stations) in which the report was made</p>	<p>35. Name of station (or stations) in which the report was made</p>	<p>36. Name of station (or stations) in which the report was made</p>
<p>32. Name of station (or stations) in which the report was made</p>	<p>37. Name of station (or stations) in which the report was made</p>	<p>38. Name of station (or stations) in which the report was made</p>
<p>33. Name of station (or stations) in which the report was made</p>	<p>39. Name of station (or stations) in which the report was made</p>	<p>40. Name of station (or stations) in which the report was made</p>

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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 Left Side View

BRITISH CONSUL GENERAL

10, Whitehall, London, S.W. 1

STATIONERS' HALL, LONDON

10, Whitehall, London, S.W. 1

THE HONORABLE THE SECRETARY OF STATE Foreign Office	Sir, I have the honor to acknowledge the receipt of your letter of the 14th inst. in relation to the proposed extension of the term of office of the British Consular Agent in London.	The proposed extension of the term of office of the British Consular Agent in London is being considered by the relevant authorities.
(Company Name)	Yours faithfully, [Signature]	[Signature]

and of an amount which is being paid to the British Consular Agent in London. The proposed extension of the term of office of the British Consular Agent in London is being considered by the relevant authorities. The proposed extension of the term of office of the British Consular Agent in London is being considered by the relevant authorities.

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BUILDING PHOTOGRAPHS

Continuation Page

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Photo One

Photo One Caption Rear View



Photo Two

Photo Two Caption Right Side View

STATE OF NEW YORK

IN SENATE

January 10, 1907

REPORT

OF THE

COMMISSIONERS OF THE LAND OFFICE

IN RESPONSE TO A RESOLUTION PASSED BY THE SENATE

APRIL 1906

ALBANY:

1907

PRINTED BY THE STATE PRINTING OFFICE

1907

1907

1907

1907

ALBANY: STATE PRINTING OFFICE, 1907.

ALBANY: STATE PRINTING OFFICE, 1907.

[Faint, illegible text in the main body of the report, likely containing statistical data or detailed descriptions of land holdings.]

[Faint, illegible text in the main body of the report, likely containing statistical data or detailed descriptions of land holdings.]

[Faint, illegible text at the bottom of the report, possibly including a summary or conclusions.]

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