

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. 298 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 43, Fanning Bayou Phase 2 Parcel # 08424-100-240					
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) <u>Residential</u>					
A5. Latitude/Longitude: Lat. <u>30°16'29.34"N</u> Long. <u>85°40'31.20"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) _____ 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>738</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					

SP 3-29-17

<p>SECTION C - STATION IDENTIFICATION (SURVEY REQUIRED)</p> <p>Indicate elevation datum used, and indicate if datum is different from that of the station to which the station is being referred.</p> <p>Indicate elevation datum used, and indicate if datum is different from that of the station to which the station is being referred.</p>	<p>SECTION D - STATION IDENTIFICATION (NO SURVEY REQUIRED)</p> <p>Indicate elevation datum used, and indicate if datum is different from that of the station to which the station is being referred.</p>
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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
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 298 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>4/28/17</i>

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

*OK for c.o.
WP*

Check here if attachments.

STATE OF CALIFORNIA

18 No 1800105
Official Seal of the State of California

FOR PRIVATE OR BUREAU USE Policy No.	Sanjouring Information from Section A (to be filled in by the local official)	18-1000-0000
Primary Name/Number	State City	Primary

SECTION A - CORRECTIVE INFORMATION (PARTIAL)

The local official who is responsible for the enforcement of the provisions of the California Environmental Quality Act (CEQA) shall complete this section of the form. The local official shall check the appropriate box(es) and provide the following information:

1. The information which was reviewed was the [] same as that which was reviewed in the previous [] review of the project.

2. The information which was reviewed was [] different from that which was reviewed in the previous [] review of the project.

3. The information which was reviewed was [] different from that which was reviewed in the previous [] review of the project, and the local official has determined that the project is consistent with the CEQA requirements.

4. The information which was reviewed was [] different from that which was reviewed in the previous [] review of the project, and the local official has determined that the project is not consistent with the CEQA requirements.

Date of Review	Date of Review	Date of Review
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1. The project is consistent with the CEQA requirements. []

2. The project is not consistent with the CEQA requirements. []

3. The project is consistent with the CEQA requirements, but the local official has determined that the project is not consistent with the CEQA requirements. []

4. The project is not consistent with the CEQA requirements, but the local official has determined that the project is consistent with the CEQA requirements. []

Date of Review	Date of Review	Date of Review
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BUILDING PHOTOGRAPHS

See Instructions for Item A6.

OMB No. 1660-0008

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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 Side View

<p>FOR THE PARTIAL COMPLETION OF THE</p> <p>Project Number: 100-1000-1000</p>	<p>Containing the following items:</p> <p>1. Photographs of the building</p> <p>2. Plans and drawings</p>	<p>Project Number: 100-1000-1000</p> <p>Box No. 100-1000-1000</p>
<p>City and State: New York, NY</p>	<p>Site: 100-1000-1000</p>	<p>Sheet No. 100-1000-1000</p>
<p>THIS DOCUMENT CONTAINS INFORMATION OF A CONFIDENTIAL NATURE. IT IS TO BE KEPT SECRET AND NOT DISCLOSED TO THE PUBLIC OR TO ANY OTHER PERSON WITHOUT THE EXPRESS WRITTEN PERMISSION OF THE OFFICE OF THE DIRECTOR, FBI. THIS INFORMATION IS TO BE USED ONLY FOR THE PURPOSES FOR WHICH IT WAS OBTAINED 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.</p>		

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 Rear View



Photo Two

Photo Two Caption Side View

THE ORIGIN OF THE ...

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