

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. 3214 Caitlin Street				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 44, Magnolia Hills Phase 3 Parcel # 11916-244-000					
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) <u>Residential</u>					
A5. Latitude/Longitude: Lat. <u>30°12'24.05"N</u> Long. <u>85°35'44.78"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 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) 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					

SK 4-05-17

OMB No. 0705-0188
 Expires 03/31/2012

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
 Food and Drug Administration
 Washington, DC 20204

ELEVATION CERTIFICATE

This certificate is to be used to certify that the information provided on this form is true and correct.

Section 1 - General Information	Section 2 - Product Information
<p>1.1. Brand Name: _____</p> <p>1.2. Manufacturer: _____</p> <p>1.3. Address: _____</p> <p>1.4. City: _____ State: _____ Zip: _____</p> <p>1.5. Country: _____</p>	<p>2.1. Product Name: _____</p> <p>2.2. Description: _____</p> <p>2.3. Strength: _____</p> <p>2.4. Dosage Form: _____</p> <p>2.5. Route of Administration: _____</p> <p>2.6. Indication: _____</p> <p>2.7. Active Ingredient(s): _____</p> <p>2.8. Inactive Ingredient(s): _____</p> <p>2.9. Other Information: _____</p>
<p>3.1. Date of Submission: _____</p> <p>3.2. Signature: _____</p> <p>3.3. Title: _____</p>	<p>4.1. Date of Approval: _____</p> <p>4.2. Signature: _____</p> <p>4.3. Title: _____</p>

Section 3 - Regulatory Information	Section 4 - Administrative Information
<p>3.1. Regulatory Status: _____</p> <p>3.2. Regulatory Agency: _____</p> <p>3.3. Regulatory Reference: _____</p>	<p>4.1. Agency Use Only: _____</p> <p>4.2. Agency Reference: _____</p> <p>4.3. Agency Contact: _____</p>
<p>5.1. Date of Submission: _____</p> <p>5.2. Signature: _____</p> <p>5.3. Title: _____</p>	<p>6.1. Date of Approval: _____</p> <p>6.2. Signature: _____</p> <p>6.3. Title: _____</p>

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. 3214 Caitlin Street			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: 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)	38. 10	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters
b) Top of the next higher floor	N/A	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters
c) Bottom of the lowest horizontal structural member (V Zones only)	N/A	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters
d) Attached garage (top of slab)	37. 59	<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)	38. 18	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters
f) Lowest adjacent (finished) grade next to building (LAG)	37. 2	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters
g) Highest adjacent (finished) grade next to building (HAG)	37. 5	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters
h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support	N/A	<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 LS3961
Title Surveyor & Mapper / President	
Company Name SCR & Associates NWFL, Inc.	
Address PO Box 958	
City Lynn Haven	State Florida
	ZIP Code 32444
Signature 	Date 04/05/2017
	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 THE STATE OF INDIANA COUNTY OF [] No. []	IN SENATE JANUARY 1905	REPORT OF THE COMMISSIONERS OF THE STATE OF INDIANA
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SECTION 1 GENERAL INFORMATION Name of the Corporation [] Date of Incorporation [] Capital Stock [] Officers and Directors []	SECTION 2 FINANCIAL STATEMENT Balance Sheet [] Profit and Loss Statement [] Statement of Assets and Liabilities []	SECTION 3 STATEMENT OF THE COMMISSIONERS Report on the Accounts [] Report on the Operations [] Report on the Management []
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SECTION 4 STATEMENT OF THE COMMISSIONERS Report on the Accounts [] Report on the Operations [] Report on the Management []	SECTION 5 STATEMENT OF THE COMMISSIONERS Report on the Accounts [] Report on the Operations [] Report on the Management []	SECTION 6 STATEMENT OF THE COMMISSIONERS Report on the Accounts [] Report on the Operations [] Report on the Management []
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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 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.

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. 3214 Caitlin Street			Policy Number:
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
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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 <i>Bay County</i>	Telephone
Signature <i>[Signature]</i>	Date <i>4/11/2017</i>

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

*OK for C.O.
wp*

Check here if attachments.

EMERGENCY PREPAREDNESS

OMB No. 1625-0047
Expiration Date: 12/31/2008

<p>8-1. If the information in this form is to be used for emergency preparedness purposes, please provide the following information:</p> <p>8-1.1. Name of the organization: _____</p> <p>8-1.2. Address: _____</p> <p>8-1.3. City: _____</p> <p>8-1.4. State: _____</p> <p>8-1.5. Zip: _____</p> <p>8-1.6. Telephone: _____</p> <p>8-1.7. Fax: _____</p> <p>8-1.8. E-mail: _____</p> <p>8-1.9. Website: _____</p> <p>8-1.10. Other: _____</p>	<p>8-2. If the information in this form is to be used for emergency preparedness purposes, please provide the following information:</p> <p>8-2.1. Name of the organization: _____</p> <p>8-2.2. Address: _____</p> <p>8-2.3. City: _____</p> <p>8-2.4. State: _____</p> <p>8-2.5. Zip: _____</p> <p>8-2.6. Telephone: _____</p> <p>8-2.7. Fax: _____</p> <p>8-2.8. E-mail: _____</p> <p>8-2.9. Website: _____</p> <p>8-2.10. Other: _____</p>	<p>8-3. If the information in this form is to be used for emergency preparedness purposes, please provide the following information:</p> <p>8-3.1. Name of the organization: _____</p> <p>8-3.2. Address: _____</p> <p>8-3.3. City: _____</p> <p>8-3.4. State: _____</p> <p>8-3.5. Zip: _____</p> <p>8-3.6. Telephone: _____</p> <p>8-3.7. Fax: _____</p> <p>8-3.8. E-mail: _____</p> <p>8-3.9. Website: _____</p> <p>8-3.10. Other: _____</p>
<p>8-4. If the information in this form is to be used for emergency preparedness purposes, please provide the following information:</p> <p>8-4.1. Name of the organization: _____</p> <p>8-4.2. Address: _____</p> <p>8-4.3. City: _____</p> <p>8-4.4. State: _____</p> <p>8-4.5. Zip: _____</p> <p>8-4.6. Telephone: _____</p> <p>8-4.7. Fax: _____</p> <p>8-4.8. E-mail: _____</p> <p>8-4.9. Website: _____</p> <p>8-4.10. Other: _____</p>	<p>8-5. If the information in this form is to be used for emergency preparedness purposes, please provide the following information:</p> <p>8-5.1. Name of the organization: _____</p> <p>8-5.2. Address: _____</p> <p>8-5.3. City: _____</p> <p>8-5.4. State: _____</p> <p>8-5.5. Zip: _____</p> <p>8-5.6. Telephone: _____</p> <p>8-5.7. Fax: _____</p> <p>8-5.8. E-mail: _____</p> <p>8-5.9. Website: _____</p> <p>8-5.10. Other: _____</p>	<p>8-6. If the information in this form is to be used for emergency preparedness purposes, please provide the following information:</p> <p>8-6.1. Name of the organization: _____</p> <p>8-6.2. Address: _____</p> <p>8-6.3. City: _____</p> <p>8-6.4. State: _____</p> <p>8-6.5. Zip: _____</p> <p>8-6.6. Telephone: _____</p> <p>8-6.7. Fax: _____</p> <p>8-6.8. E-mail: _____</p> <p>8-6.9. Website: _____</p> <p>8-6.10. Other: _____</p>
<p>8-7. If the information in this form is to be used for emergency preparedness purposes, please provide the following information:</p> <p>8-7.1. Name of the organization: _____</p> <p>8-7.2. Address: _____</p> <p>8-7.3. City: _____</p> <p>8-7.4. State: _____</p> <p>8-7.5. Zip: _____</p> <p>8-7.6. Telephone: _____</p> <p>8-7.7. Fax: _____</p> <p>8-7.8. E-mail: _____</p> <p>8-7.9. Website: _____</p> <p>8-7.10. Other: _____</p>	<p>8-8. If the information in this form is to be used for emergency preparedness purposes, please provide the following information:</p> <p>8-8.1. Name of the organization: _____</p> <p>8-8.2. Address: _____</p> <p>8-8.3. City: _____</p> <p>8-8.4. State: _____</p> <p>8-8.5. Zip: _____</p> <p>8-8.6. Telephone: _____</p> <p>8-8.7. Fax: _____</p> <p>8-8.8. E-mail: _____</p> <p>8-8.9. Website: _____</p> <p>8-8.10. Other: _____</p>	<p>8-9. If the information in this form is to be used for emergency preparedness purposes, please provide the following information:</p> <p>8-9.1. Name of the organization: _____</p> <p>8-9.2. Address: _____</p> <p>8-9.3. City: _____</p> <p>8-9.4. State: _____</p> <p>8-9.5. Zip: _____</p> <p>8-9.6. Telephone: _____</p> <p>8-9.7. Fax: _____</p> <p>8-9.8. E-mail: _____</p> <p>8-9.9. Website: _____</p> <p>8-9.10. Other: _____</p>
<p>8-10. If the information in this form is to be used for emergency preparedness purposes, please provide the following information:</p> <p>8-10.1. Name of the organization: _____</p> <p>8-10.2. Address: _____</p> <p>8-10.3. City: _____</p> <p>8-10.4. State: _____</p> <p>8-10.5. Zip: _____</p> <p>8-10.6. Telephone: _____</p> <p>8-10.7. Fax: _____</p> <p>8-10.8. E-mail: _____</p> <p>8-10.9. Website: _____</p> <p>8-10.10. Other: _____</p>	<p>8-11. If the information in this form is to be used for emergency preparedness purposes, please provide the following information:</p> <p>8-11.1. Name of the organization: _____</p> <p>8-11.2. Address: _____</p> <p>8-11.3. City: _____</p> <p>8-11.4. State: _____</p> <p>8-11.5. Zip: _____</p> <p>8-11.6. Telephone: _____</p> <p>8-11.7. Fax: _____</p> <p>8-11.8. E-mail: _____</p> <p>8-11.9. Website: _____</p> <p>8-11.10. Other: _____</p>	<p>8-12. If the information in this form is to be used for emergency preparedness purposes, please provide the following information:</p> <p>8-12.1. Name of the organization: _____</p> <p>8-12.2. Address: _____</p> <p>8-12.3. City: _____</p> <p>8-12.4. State: _____</p> <p>8-12.5. Zip: _____</p> <p>8-12.6. Telephone: _____</p> <p>8-12.7. Fax: _____</p> <p>8-12.8. E-mail: _____</p> <p>8-12.9. Website: _____</p> <p>8-12.10. Other: _____</p>
<p>8-13. If the information in this form is to be used for emergency preparedness purposes, please provide the following information:</p> <p>8-13.1. Name of the organization: _____</p> <p>8-13.2. Address: _____</p> <p>8-13.3. City: _____</p> <p>8-13.4. State: _____</p> <p>8-13.5. Zip: _____</p> <p>8-13.6. Telephone: _____</p> <p>8-13.7. Fax: _____</p> <p>8-13.8. E-mail: _____</p> <p>8-13.9. Website: _____</p> <p>8-13.10. Other: _____</p>	<p>8-14. If the information in this form is to be used for emergency preparedness purposes, please provide the following information:</p> <p>8-14.1. Name of the organization: _____</p> <p>8-14.2. Address: _____</p> <p>8-14.3. City: _____</p> <p>8-14.4. State: _____</p> <p>8-14.5. Zip: _____</p> <p>8-14.6. Telephone: _____</p> <p>8-14.7. Fax: _____</p> <p>8-14.8. E-mail: _____</p> <p>8-14.9. Website: _____</p> <p>8-14.10. Other: _____</p>	<p>8-15. If the information in this form is to be used for emergency preparedness purposes, please provide the following information:</p> <p>8-15.1. Name of the organization: _____</p> <p>8-15.2. Address: _____</p> <p>8-15.3. City: _____</p> <p>8-15.4. State: _____</p> <p>8-15.5. Zip: _____</p> <p>8-15.6. Telephone: _____</p> <p>8-15.7. Fax: _____</p> <p>8-15.8. E-mail: _____</p> <p>8-15.9. Website: _____</p> <p>8-15.10. Other: _____</p>

8-16. If the information in this form is to be used for emergency preparedness purposes, please provide the following information:

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.
3214 Caitlin Street

Policy Number:

City Panama City	State Florida	ZIP Code 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

Front View



Photo Two

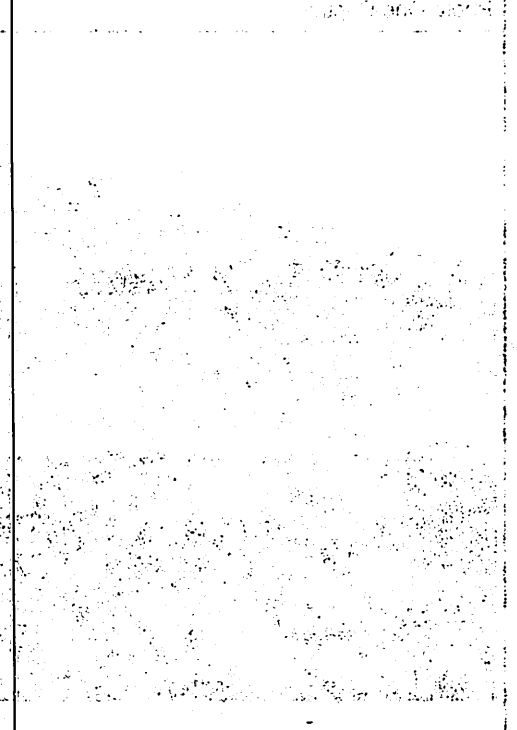
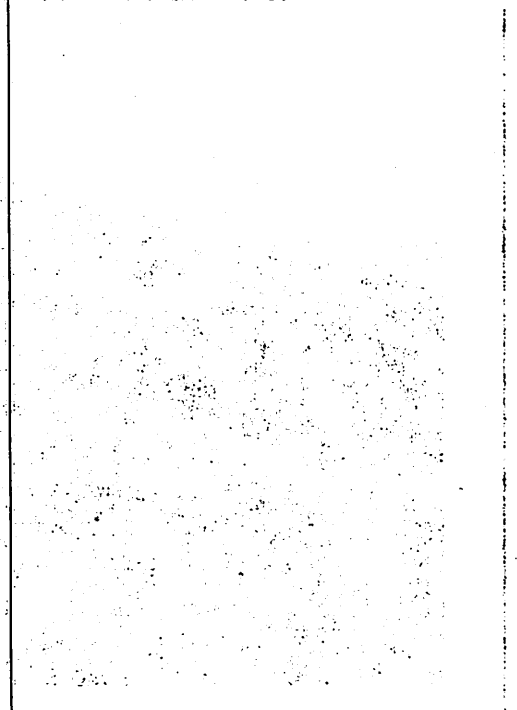
Photo Two Caption

Side View

1. In these spaces, copy the complete photograph information from the photograph. Do not include the name of the photographer or the name of the person who took the photograph.

2. In these spaces, copy the complete information from the photograph. Do not include the name of the photographer or the name of the person who took the photograph.

3. In these spaces, copy the complete information from the photograph. Do not include the name of the photographer or the name of the person who took the photograph.

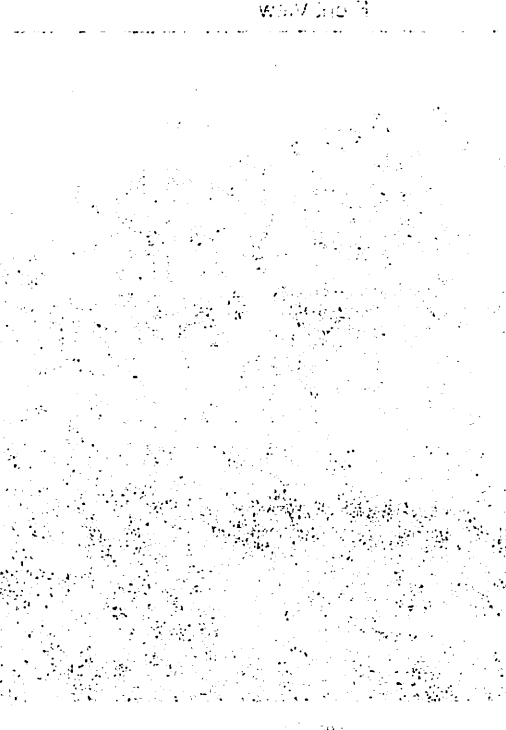
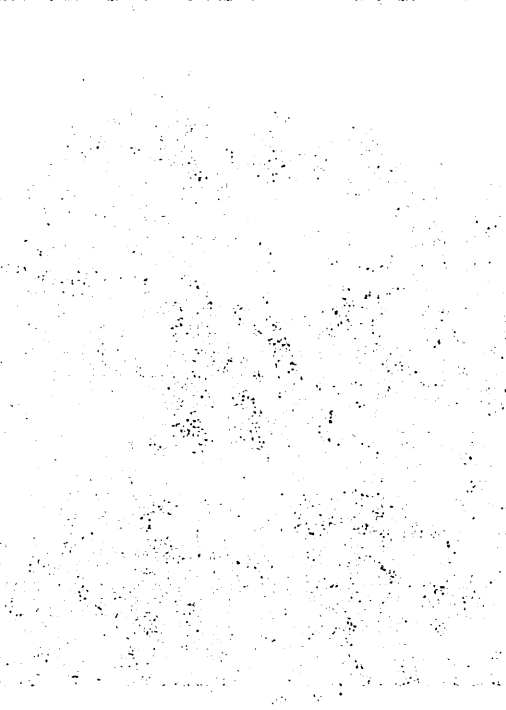


4. In these spaces, copy the complete information from the photograph. Do not include the name of the photographer or the name of the person who took the photograph.

5. In these spaces, copy the complete information from the photograph. Do not include the name of the photographer or the name of the person who took the photograph.

6. In these spaces, copy the complete information from the photograph. Do not include the name of the photographer or the name of the person who took the photograph.

7. In these spaces, copy the complete information from the photograph. Do not include the name of the photographer or the name of the person who took the photograph.



8. In these spaces, copy the complete information from the photograph. Do not include the name of the photographer or the name of the person who took the photograph.

9. In these spaces, copy the complete information from the photograph. Do not include the name of the photographer or the name of the person who took the photograph.

10. In these spaces, copy the complete information from the photograph. Do not include the name of the photographer or the name of the person who took the photograph.

11. In these spaces, copy the complete information from the photograph. Do not include the name of the photographer or the name of the person who took the photograph.



12. In these spaces, copy the complete information from the photograph. Do not include the name of the photographer or the name of the person who took the photograph.

BUILDING PHOTOGRAPHS

Continuation Page

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

ELEVATION CERTIFICATE

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Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 3214 Caitlin Street			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

Back View



Photo Two

Photo Two Caption

Side View

DEPARTMENT OF CIVIL ENGINEERING	RESEARCH REPORT ON THE DESIGN OF BRIDGE	TITLE DESIGN OF BRIDGE
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AUTHOR J. W. BENTON	TITLE DESIGN OF BRIDGE	DATE 1960
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This report was prepared under the direction of the
 Department of Civil Engineering, College of Engineering,
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 author is indebted to the following persons for their
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