

# 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. 48 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 34, Fanning Bayou Phase 2 Parcel # 08424-100-150					
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.)				Residential	
A5. Latitude/Longitude: Lat. 30°16'34.31"N Long. 85°40'33.59"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 <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>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 <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					

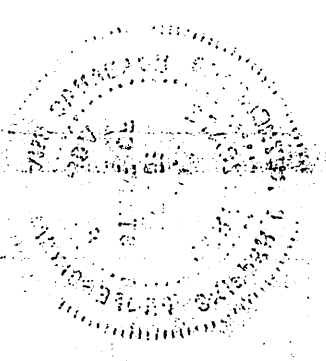
*CP 11-29-17*

The first part of the document discusses the importance of maintaining accurate records of all transactions. It emphasizes that every entry should be supported by a valid receipt or invoice. This ensures transparency and allows for easy verification of the data.

Furthermore, it is noted that regular audits are essential to identify any discrepancies or errors early on. This proactive approach helps in maintaining the integrity of the financial statements and prevents any potential issues from escalating.

In addition, the document highlights the need for clear communication between all parties involved. Regular meetings and reports should be conducted to keep everyone informed about the current status and any changes that may occur. This collaborative effort is key to the success of the organization.

Finally, it is stressed that adherence to all applicable laws and regulations is non-negotiable. Staying up-to-date with the latest legal requirements helps in avoiding any penalties or legal complications.



The document concludes by reiterating the commitment to high standards of accuracy and transparency. It expresses confidence that the provided information is complete and correct, and it looks forward to future collaboration and updates.

Signed: \_\_\_\_\_  
 Date: \_\_\_\_\_

# ELEVATION CERTIFICATE

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

<b>IMPORTANT: In these spaces, copy the corresponding information from Section A.</b>			<b>FOR INSURANCE COMPANY USE</b>
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 48 Hidalgo Drive			Policy Number:
City Panama City	State Florida	ZIP Code 32409	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: USGS X-290                      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.


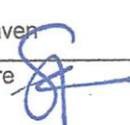
Check the measurement used.

- |   |       |                                     |      |                          |        |
|---|-------|-------------------------------------|------|--------------------------|--------|
| a) Top of bottom floor (including basement, crawlspace, or enclosure floor)   | 12.0  | <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)  | 10.86 | <input checked="" type="checkbox"/> | feet | <input type="checkbox"/> | meters |
| e) Lowest elevation of machinery or equipment servicing the building<br>(Describe type of equipment and location in Comments) | N/A   | <input checked="" type="checkbox"/> | feet | <input type="checkbox"/> | meters |
| f) Lowest adjacent (finished) grade next to building (LAG)  | 6.8   | <input checked="" type="checkbox"/> | feet | <input type="checkbox"/> | meters |
| g) Highest adjacent (finished) grade next to building (HAG)   | 8.8   | <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 03/29/2017		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) and C2.h) No machinery or stairs/steps have been installed to date.

The first part of the document discusses the importance of maintaining accurate records of all transactions. It emphasizes that every entry should be supported by a valid receipt or invoice. This ensures transparency and allows for easy verification of the data.

Furthermore, it is noted that the records should be kept for a minimum of seven years. This is a standard requirement for most businesses to comply with tax regulations. The document also mentions that digital records are preferred over physical ones due to their ease of access and storage.

In addition, the document highlights the need for regular audits. These audits help in identifying any discrepancies or errors in the records. It is suggested that a professional auditor should be engaged for this purpose to ensure objectivity and accuracy.

The document concludes by stating that maintaining good records is not only a legal obligation but also a key to the success of any business. It provides a clear framework for how these records should be managed and stored.

The second part of the document focuses on the financial aspects of the business. It details the various types of expenses that can be deducted from the taxable income. These include salaries, rent, utilities, and depreciation. Each category is explained with specific rules and conditions for claiming the deduction.

It is also discussed how these deductions can significantly reduce the overall tax liability. The document provides examples to illustrate the impact of different deduction strategies. It advises businesses to keep track of all eligible expenses throughout the year to maximize their tax benefits.

Moreover, the document touches upon the importance of budgeting. A well-defined budget helps in controlling costs and ensuring that the business stays on track financially. It is recommended to review the budget regularly and make adjustments as needed.

The document also mentions the role of professional advisors, such as accountants and lawyers, in providing expert guidance on financial matters. Their expertise is invaluable in navigating the complex landscape of business finance and taxation.



The final part of the document provides a summary of the key points discussed. It reiterates the importance of record-keeping, financial management, and seeking professional advice. The document serves as a comprehensive guide for businesses looking to optimize their financial performance and ensure compliance with legal requirements.

It is hoped that the information provided in this document will be helpful and informative for all concerned parties. The document is subject to change based on updates in tax laws and regulations.

The document is signed by the relevant authority. It is dated 10/11/19. The signature is in the form of a stylized line, and there is a corresponding official stamp or seal next to it.

The document is printed on a standard A4 paper with a vertical line down the center, possibly indicating a fold or a page separator. The overall appearance is that of an official government or institutional document.

# ELEVATION CERTIFICATE

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

<b>IMPORTANT: In these spaces, copy the corresponding information from Section A.</b>			<b>FOR INSURANCE COMPANY USE</b>
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 48 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.

<p>11-11-1964</p>	<p>11-11-1964</p>	<p>11-11-1964</p>
<p>11-11-1964</p>	<p>11-11-1964</p>	<p>11-11-1964</p>
<p>11-11-1964</p>	<p>11-11-1964</p>	<p>11-11-1964</p>
<p>11-11-1964</p>	<p>11-11-1964</p>	<p>11-11-1964</p>
<p>11-11-1964</p>	<p>11-11-1964</p>	<p>11-11-1964</p>
<p>11-11-1964</p>	<p>11-11-1964</p>	<p>11-11-1964</p>

# ELEVATION CERTIFICATE

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

<b>IMPORTANT: In these spaces, copy the corresponding information from Section A.</b>			<b>FOR INSURANCE COMPANY USE</b>
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 48 Hidalgo Drive			Policy Number:
City Panama City	State Florida	ZIP Code 32409	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 <i>Wayne Porter</i>	Title
Community Name	Telephone
Signature <i>Wayne Porter</i>	Date <i>5/2/17</i>

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

*OK for Inspection*

*WP*

Check here if attachments.

STATE OF NEW YORK

<p>STATE OF NEW YORK</p> <p>IN SENATE</p> <p>January 10, 1911</p> <p>REPORT</p> <p>OF THE</p> <p>COMMISSIONERS OF THE LAND OFFICE</p>	<p>ALBANY</p> <p>1911</p>	<p>PRINTED BY THE STATE PRINTING OFFICE</p>
<p>THE STATE OF NEW YORK</p> <p>IN SENATE</p> <p>January 10, 1911</p> <p>REPORT</p> <p>OF THE</p> <p>COMMISSIONERS OF THE LAND OFFICE</p>	<p>ALBANY</p> <p>1911</p>	<p>PRINTED BY THE STATE PRINTING OFFICE</p>
<p>THE STATE OF NEW YORK</p> <p>IN SENATE</p> <p>January 10, 1911</p> <p>REPORT</p> <p>OF THE</p> <p>COMMISSIONERS OF THE LAND OFFICE</p>	<p>ALBANY</p> <p>1911</p>	<p>PRINTED BY THE STATE PRINTING OFFICE</p>
<p>THE STATE OF NEW YORK</p> <p>IN SENATE</p> <p>January 10, 1911</p> <p>REPORT</p> <p>OF THE</p> <p>COMMISSIONERS OF THE LAND OFFICE</p>	<p>ALBANY</p> <p>1911</p>	<p>PRINTED BY THE STATE PRINTING OFFICE</p>
<p>THE STATE OF NEW YORK</p> <p>IN SENATE</p> <p>January 10, 1911</p> <p>REPORT</p> <p>OF THE</p> <p>COMMISSIONERS OF THE LAND OFFICE</p>	<p>ALBANY</p> <p>1911</p>	<p>PRINTED BY THE STATE PRINTING OFFICE</p>
<p>THE STATE OF NEW YORK</p> <p>IN SENATE</p> <p>January 10, 1911</p> <p>REPORT</p> <p>OF THE</p> <p>COMMISSIONERS OF THE LAND OFFICE</p>	<p>ALBANY</p> <p>1911</p>	<p>PRINTED BY THE STATE PRINTING OFFICE</p>
<p>THE STATE OF NEW YORK</p> <p>IN SENATE</p> <p>January 10, 1911</p> <p>REPORT</p> <p>OF THE</p> <p>COMMISSIONERS OF THE LAND OFFICE</p>	<p>ALBANY</p> <p>1911</p>	<p>PRINTED BY THE STATE PRINTING OFFICE</p>
<p>THE STATE OF NEW YORK</p> <p>IN SENATE</p> <p>January 10, 1911</p> <p>REPORT</p> <p>OF THE</p> <p>COMMISSIONERS OF THE LAND OFFICE</p>	<p>ALBANY</p> <p>1911</p>	<p>PRINTED BY THE STATE PRINTING OFFICE</p>
<p>THE STATE OF NEW YORK</p> <p>IN SENATE</p> <p>January 10, 1911</p> <p>REPORT</p> <p>OF THE</p> <p>COMMISSIONERS OF THE LAND OFFICE</p>	<p>ALBANY</p> <p>1911</p>	<p>PRINTED BY THE STATE PRINTING OFFICE</p>
<p>THE STATE OF NEW YORK</p> <p>IN SENATE</p> <p>January 10, 1911</p> <p>REPORT</p> <p>OF THE</p> <p>COMMISSIONERS OF THE LAND OFFICE</p>	<p>ALBANY</p> <p>1911</p>	<p>PRINTED BY THE STATE PRINTING OFFICE</p>
<p>THE STATE OF NEW YORK</p> <p>IN SENATE</p> <p>January 10, 1911</p> <p>REPORT</p> <p>OF THE</p> <p>COMMISSIONERS OF THE LAND OFFICE</p>	<p>ALBANY</p> <p>1911</p>	<p>PRINTED BY THE STATE PRINTING OFFICE</p>
<p>THE STATE OF NEW YORK</p> <p>IN SENATE</p> <p>January 10, 1911</p> <p>REPORT</p> <p>OF THE</p> <p>COMMISSIONERS OF THE LAND OFFICE</p>	<p>ALBANY</p> <p>1911</p>	<p>PRINTED BY THE STATE PRINTING OFFICE</p>
<p>THE STATE OF NEW YORK</p> <p>IN SENATE</p> <p>January 10, 1911</p> <p>REPORT</p> <p>OF THE</p> <p>COMMISSIONERS OF THE LAND OFFICE</p>	<p>ALBANY</p> <p>1911</p>	<p>PRINTED BY THE STATE PRINTING OFFICE</p>
<p>THE STATE OF NEW YORK</p> <p>IN SENATE</p> <p>January 10, 1911</p> <p>REPORT</p> <p>OF THE</p> <p>COMMISSIONERS OF THE LAND OFFICE</p>	<p>ALBANY</p> <p>1911</p>	<p>PRINTED BY THE STATE PRINTING OFFICE</p>

Handwritten mark or signature

Handwritten text

Handwritten mark or signature



# BUILDING PHOTOGRAPHS

See Instructions for Item A6.

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

## ELEVATION CERTIFICATE

<b>IMPORTANT: In these spaces, copy the corresponding information from Section A.</b>			<b>FOR INSURANCE COMPANY USE</b>
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 48 Hidalgo Drive			Policy Number:
City Panama City	State Florida	ZIP Code 32409	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

INTERNATIONAL TELEGRAPHIC UNION

1954-1955

1954-1955

<p>1. The Union shall be a permanent organization of States and of the International Telecommunications Organization (ITO) and of such other States as may be admitted to membership by the Council.</p>	<p>2. The Union shall be open to all States which are members of the ITO and which are willing to accept the obligations of membership.</p>	<p>3. The Union shall be open to all States which are members of the ITO and which are willing to accept the obligations of membership.</p>
--	---	---

4. The Union shall be open to all States which are members of the ITO and which are willing to accept the obligations of membership.

5. The Union shall be open to all States which are members of the ITO and which are willing to accept the obligations of membership.

6. The Union shall be open to all States which are members of the ITO and which are willing to accept the obligations of membership.

7. The Union shall be open to all States which are members of the ITO and which are willing to accept the obligations of membership.

8. The Union shall be open to all States which are members of the ITO and which are willing to accept the obligations of membership.

9. The Union shall be open to all States which are members of the ITO and which are willing to accept the obligations of membership.

10. The Union shall be open to all States which are members of the ITO and which are willing to accept the obligations of membership.

11. The Union shall be open to all States which are members of the ITO and which are willing to accept the obligations of membership.

12. The Union shall be open to all States which are members of the ITO and which are willing to accept the obligations of membership.

13. The Union shall be open to all States which are members of the ITO and which are willing to accept the obligations of membership.

**ELEVATION CERTIFICATE**

**BUILDING PHOTOGRAPHS**

Continuation Page

OMB No. 1660-0008

Expiration Date: November 30, 2018

<b>IMPORTANT: In these spaces, copy the corresponding information from Section A.</b>			<b>FOR INSURANCE COMPANY USE</b>
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 48 Hidalgo Drive			Policy Number:
City Panama City	State Florida	ZIP Code 32409	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 Rear View

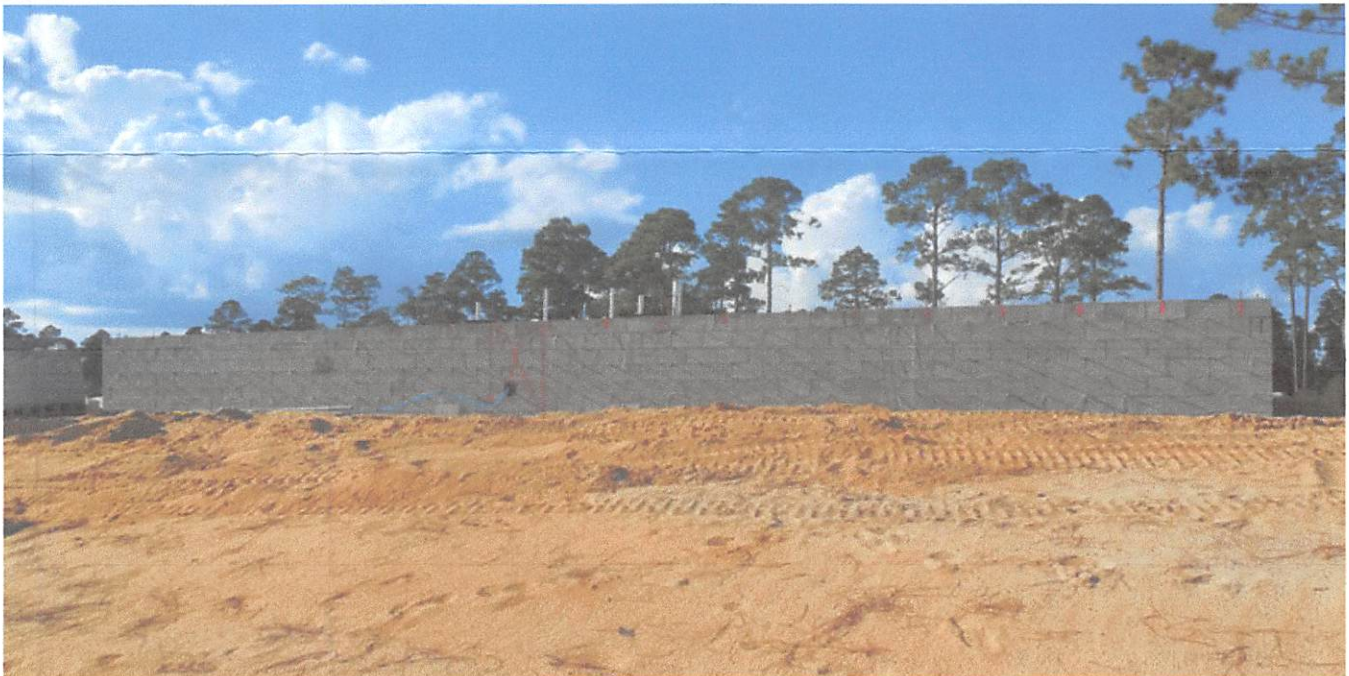


Photo Two

Photo Two Caption Side View

STATE OF CALIFORNIA

OFFICE OF THE ATTORNEY GENERAL

<p>1. Name of the party...</p> <p>2. Address...</p>	<p>3. Description of the property...</p> <p>4. Date of acquisition...</p>	<p>5. Name of the party...</p> <p>6. Address...</p>
---	---	---

7. Description of the property...

8. Date of acquisition...

9. Name of the party...

10. Address...

11. Description of the property...

12. Date of acquisition...

13. Name of the party...

14. Address...

15. Description of the property...

16. Date of acquisition...

17. Name of the party...

18. Address...

19. Description of the property...

20. Date of acquisition...

21. Name of the party...

22. Address...