

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. 5021 Maggie Lane				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 186, Cherokee Heights Phase 4 Parcel # 05860-500-480					
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) <u>Residential</u>					
A5. Latitude/Longitude: Lat. <u>30°14'26.84"N</u> Long. <u>85°33'37.65"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 checked="" type="checkbox"/> No					
A9. For a building with an attached garage:					
a) Square footage of attached garage <u>462</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 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		B3. State Florida
B4. Map/Panel Number 12005C0356	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) 48.0'
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 3-23-17

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. 5021 Maggie Lane			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: FDOT 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) | 52.18 | <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) | 51.75 | <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) | 51.71 | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| f) Lowest adjacent (finished) grade next to building (LAG) | 50.6 | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| g) Highest adjacent (finished) grade next to building (HAG) | 51.5 | <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 LS 3961	
Title Surveyor & Mapper / President		
Company Name SCR & Associates NWFL, Inc		
Address PO Box 958		
City Lynn Haven	State Florida	ZIP Code 32444
Signature 	Date 03/23/2017	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) The lowest machinery used was bottom of HVAC Unit

FOR OFFICIAL USE ONLY (Do not write in this space)	(Type in full name of the organization, agency, or institution)	(Type in full name of the individual)
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(Type in the title of the position held by the individual)	(Type in the title of the position held by the individual)	(Type in the title of the position held by the individual)
--	--	--

(Type in the date of birth of the individual)	(Type in the date of birth of the individual)	(Type in the date of birth of the individual)
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(Type in the date of birth of the individual)	(Type in the date of birth of the individual)	(Type in the date of birth of the individual)
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	(Type in the date of birth of the individual)	(Type in the date of birth of the individual)
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(Type in the date of birth of the individual)	(Type in the date of birth of the individual)	(Type in the date of birth of the individual)
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ELEVATION CERTIFICATE

OMB No. 1660-0008
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IMPORTANT: In these spaces, copy the corresponding information from Section A.			FOR INSURANCE COMPANY USE
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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.

ELEVATION CERTIFICATE

FORM NO. 1-2001-008
Revised 1-1-2001

FOR INSURANCE COMPANY USE		FOR HOMEOWNERS USE	
Company Name	Address	City	State
Company No.	Street	County	Zip

SECTION 1 - ELEVATION INFORMATION (NEVER TO BE REMOVED)

FOR HOMEOWNERS USE ONLY (WITHHOLD THIS SECTION FROM THE INSURANCE COMPANY)

1. The building is located on the following lot: _____

2. The building is located on the following street: _____

3. The building is located on the following block: _____

4. The building is located on the following subdivision: _____

5. The building is located on the following section: _____

6. The building is located on the following township: _____

7. The building is located on the following range: _____

8. The building is located on the following meridian: _____

9. The building is located on the following quarter: _____

10. The building is located on the following corner: _____

11. The building is located on the following corner: _____

12. The building is located on the following corner: _____

13. The building is located on the following corner: _____

14. The building is located on the following corner: _____

15. The building is located on the following corner: _____

16. The building is located on the following corner: _____

17. The building is located on the following corner: _____

18. The building is located on the following corner: _____

19. The building is located on the following corner: _____

20. The building is located on the following corner: _____

SECTION 2 - HOMEOWNERS REPRESENTATIVE SIGNATURE

I, _____, the owner of the above described property, hereby certify that the information furnished herein is true and correct to the best of my knowledge.

Signature: _____

Date: _____

SECTION 3 - HOMEOWNERS REPRESENTATIVE ADDRESS

Name: _____

Address: _____

City: _____

State: _____

Zip Code: _____

Telephone: _____

SECTION 4 - INSURANCE COMPANY USE

Company Name: _____

Company No.: _____

Address: _____

City: _____

State: _____

Zip Code: _____

Telephone: _____

ELEVATION CERTIFICATE

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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 Pater</i>	Title
Community Name	Telephone
Signature <i>Wayne Pater</i>	Date <i>3/24/2017</i>

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

*OK for C.O.
WP*

Check here if attachments.

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

1. Name of the payee (as shown on the remittance advice):
 2. Address of the payee (as shown on the remittance advice):
 3. City, State, and ZIP Code of the payee:
 4. Country of the payee:

5. Name of the bank (as shown on the remittance advice):
 6. Address of the bank (as shown on the remittance advice):
 7. City, State, and ZIP Code of the bank:
 8. Country of the bank:
 9. Name of the branch (as shown on the remittance advice):
 10. Address of the branch (as shown on the remittance advice):
 11. City, State, and ZIP Code of the branch:
 12. Country of the branch:

13. Name of the remitter (as shown on the remittance advice):
 14. Address of the remitter (as shown on the remittance advice):
 15. City, State, and ZIP Code of the remitter:
 16. Country of the remitter:
 17. Name of the remitter's bank (as shown on the remittance advice):
 18. Address of the remitter's bank (as shown on the remittance advice):
 19. City, State, and ZIP Code of the remitter's bank:
 20. Country of the remitter's bank:

1. Name of the payee (as shown on the remittance advice):
 2. Address of the payee (as shown on the remittance advice):
 3. City, State, and ZIP Code of the payee:
 4. Country of the payee:

5. Name of the bank (as shown on the remittance advice):
 6. Address of the bank (as shown on the remittance advice):
 7. City, State, and ZIP Code of the bank:
 8. Country of the bank:
 9. Name of the branch (as shown on the remittance advice):
 10. Address of the branch (as shown on the remittance advice):
 11. City, State, and ZIP Code of the branch:
 12. Country of the branch:

13. Name of the remitter (as shown on the remittance advice):
 14. Address of the remitter (as shown on the remittance advice):
 15. City, State, and ZIP Code of the remitter:
 16. Country of the remitter:
 17. Name of the remitter's bank (as shown on the remittance advice):
 18. Address of the remitter's bank (as shown on the remittance advice):
 19. City, State, and ZIP Code of the remitter's bank:
 20. Country of the remitter's bank:

BUILDING PHOTOGRAPHS

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 Right Side View

