

# 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. 5037 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 194, Cherokee Heights Phase 4 Parcel # 05860-500-560					
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) <u>Residential</u>					
A5. Latitude/Longitude: Lat. <u>30°14'23.35"N</u> Long. <u>85°33'35.49"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					

*SP 6.27.17*

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# 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. 5037 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: DOT BM 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)   | <u>49.38</u> | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| b) Top of the next higher floor   | <u>N/A</u>   | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| c) Bottom of the lowest horizontal structural member (V Zones only)   | <u>N/A</u>   | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| d) Attached garage (top of slab)  | <u>48.76</u> | <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) | <u>49.84</u> | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| f) Lowest adjacent (finished) grade next to building (LAG)  | <u>47.9</u>  | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| g) Highest adjacent (finished) grade next to building (HAG)   | <u>48.2</u>  | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support                                  | <u>N/A</u>   | <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	
Signature 	Date 06/27/2017	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) Machinery Used was Top of HVAC Pad

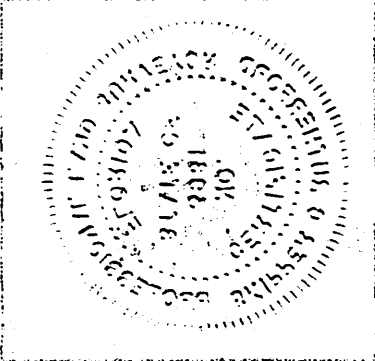
<p>10-10-10 10:10:10</p>	<p>10-10-10 10:10:10</p>	<p>10-10-10 10:10:10</p>
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SECTION 10 - 10:10:10

<p>10-10-10 10:10:10</p>	<p>10-10-10 10:10:10</p>	<p>10-10-10 10:10:10</p>
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SECTION 11 - 10:10:10

<p>10-10-10 10:10:10</p>	<p>10-10-10 10:10:10</p>	<p>10-10-10 10:10:10</p>
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<p>10-10-10 10:10:10</p>	<p>10-10-10 10:10:10</p>	<p>10-10-10 10:10:10</p>
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<p>10-10-10 10:10:10</p>	<p>10-10-10 10:10:10</p>	<p>10-10-10 10:10:10</p>
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<p>10-10-10 10:10:10</p>	<p>10-10-10 10:10:10</p>	<p>10-10-10 10:10:10</p>
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# 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. 5037 Maggie Lane			Policy Number:
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.

<p>UNITED STATES GOVERNMENT          OFFICE OF PERSONNEL MANAGEMENT</p>	<p>Application for Employment          (To be filled out by applicant)</p>	<p>STANDARD FORM NO. 64          (To be filled out by agency)</p>
<p>1. Name (Last, First, Middle Initial)          _____</p>	<p>2. Social Security Number          _____</p>	<p>3. Date of Birth          _____</p>
<p>4. Present Home Address          _____</p>	<p>5. Present Telephone Number          _____</p>	<p>6. Present Employer's Name and Address          _____</p>
<p>7. Education (List all schools attended, including high school, college, and graduate work)</p>		
<p>8. Employment History (List all jobs held, including dates and titles)</p>	<p>9. Skills and Experience (Describe your qualifications for the job)</p>	<p>10. References (List names and addresses of people who can vouch for your qualifications)</p>
<p>11. Marital Status (Single, Married, Divorced, Widowed)</p>	<p>12. Number of Dependents (List names and ages)</p>	<p>13. Date of Application</p>
<p>14. Signature of Applicant</p>	<p>15. Signature of Applicant</p>	<p>16. Signature of Agency Representative</p>
<p>17. Date of Signature</p>	<p>18. Date of Signature</p>	<p>19. Date of Signature</p>
<p>20. Agency Name and Address</p>	<p>21. Agency Telephone Number</p>	<p>22. Agency Representative Name and Title</p>
<p>23. Agency Representative Signature</p>	<p>24. Agency Representative Signature</p>	<p>25. Agency Representative Signature</p>
<p>26. Agency Representative Date</p>	<p>27. Agency Representative Date</p>	<p>28. Agency Representative Date</p>
<p>29. Agency Representative Title</p>	<p>30. Agency Representative Title</p>	<p>31. Agency Representative Title</p>
<p>32. Agency Representative Address</p>	<p>33. Agency Representative Address</p>	<p>34. Agency Representative Address</p>
<p>35. Agency Representative Telephone Number</p>	<p>36. Agency Representative Telephone Number</p>	<p>37. Agency Representative Telephone Number</p>
<p>38. Agency Representative Name</p>	<p>39. Agency Representative Name</p>	<p>40. Agency Representative Name</p>
<p>41. Agency Representative Title</p>	<p>42. Agency Representative Title</p>	<p>43. Agency Representative Title</p>
<p>44. Agency Representative Address</p>	<p>45. Agency Representative Address</p>	<p>46. Agency Representative Address</p>
<p>47. Agency Representative Telephone Number</p>	<p>48. Agency Representative Telephone Number</p>	<p>49. Agency Representative Telephone Number</p>
<p>50. Agency Representative Name</p>	<p>51. Agency Representative Name</p>	<p>52. Agency Representative Name</p>
<p>53. Agency Representative Title</p>	<p>54. Agency Representative Title</p>	<p>55. Agency Representative Title</p>
<p>56. Agency Representative Address</p>	<p>57. Agency Representative Address</p>	<p>58. Agency Representative Address</p>
<p>59. Agency Representative Telephone Number</p>	<p>60. Agency Representative Telephone Number</p>	<p>61. Agency Representative Telephone Number</p>
<p>62. Agency Representative Name</p>	<p>63. Agency Representative Name</p>	<p>64. Agency Representative Name</p>

**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 Porter</i>	Title
Community Name	Telephone
Signature <i>[Signature]</i>	Date <i>7/5/2017</i>

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

*OK for C.O.  
UP*

Check here if attachments.

[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]

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# BUILDING PHOTOGRAPHS

See Instructions for Item A6.

OMB No. 1660-0008  
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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      Left Side View

STANDARDIZATION

STANDARDIZATION

STANDARDIZATION

STANDARDIZATION

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STANDARDIZATION



# BUILDING PHOTOGRAPHS

Continuation Page

OMB No. 1660-0008  
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## ELEVATION CERTIFICATE

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Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 5037 Maggie Lane			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      Rear View



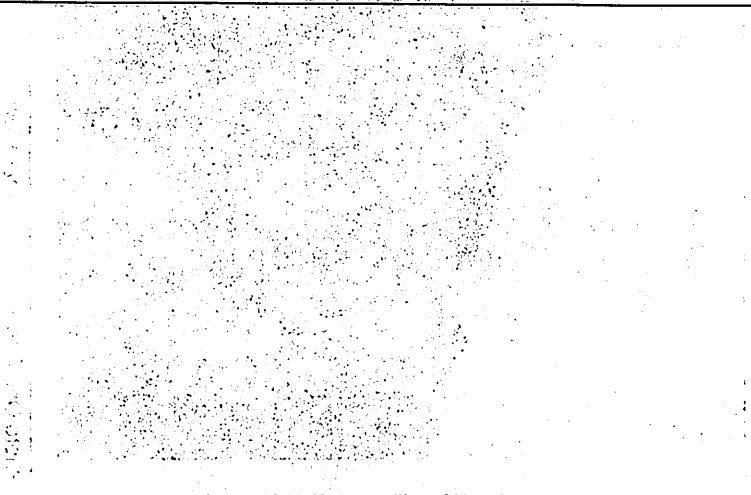
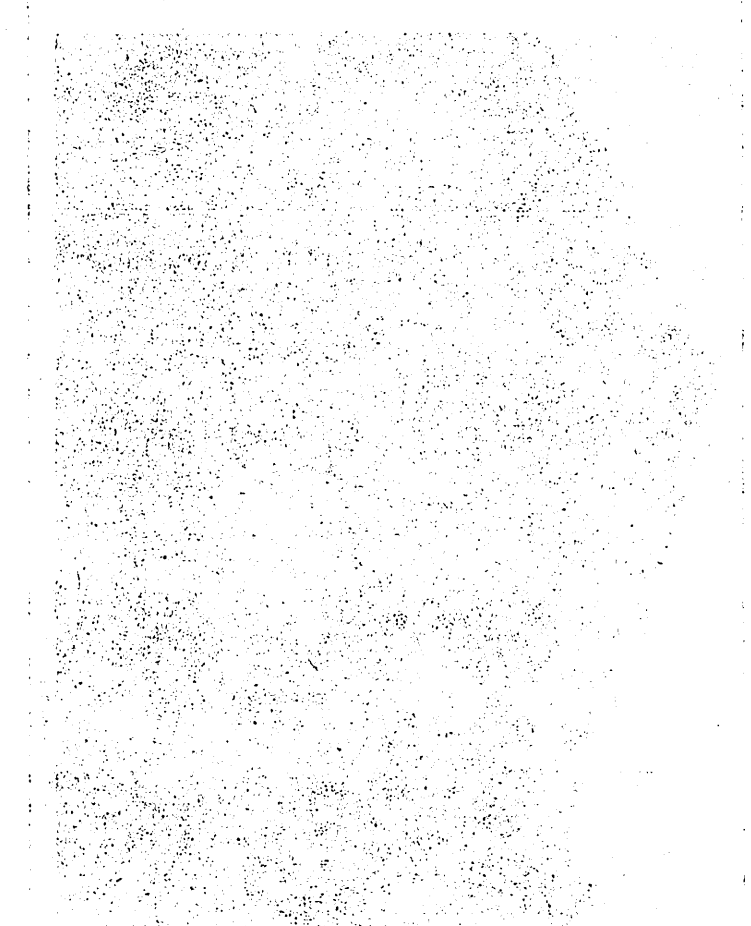
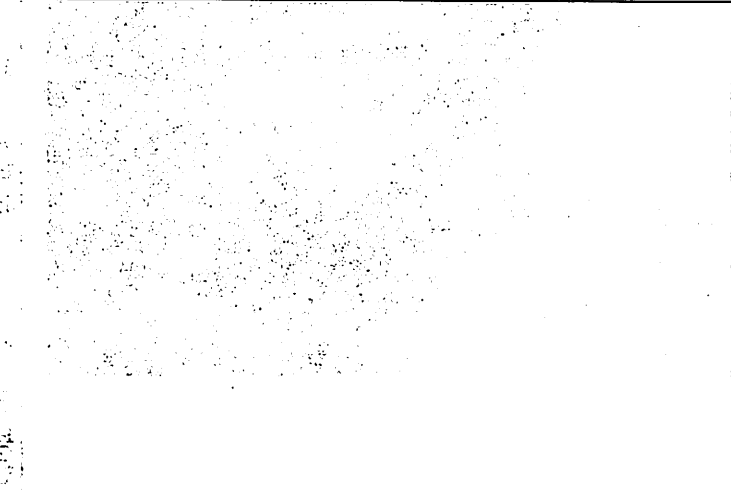
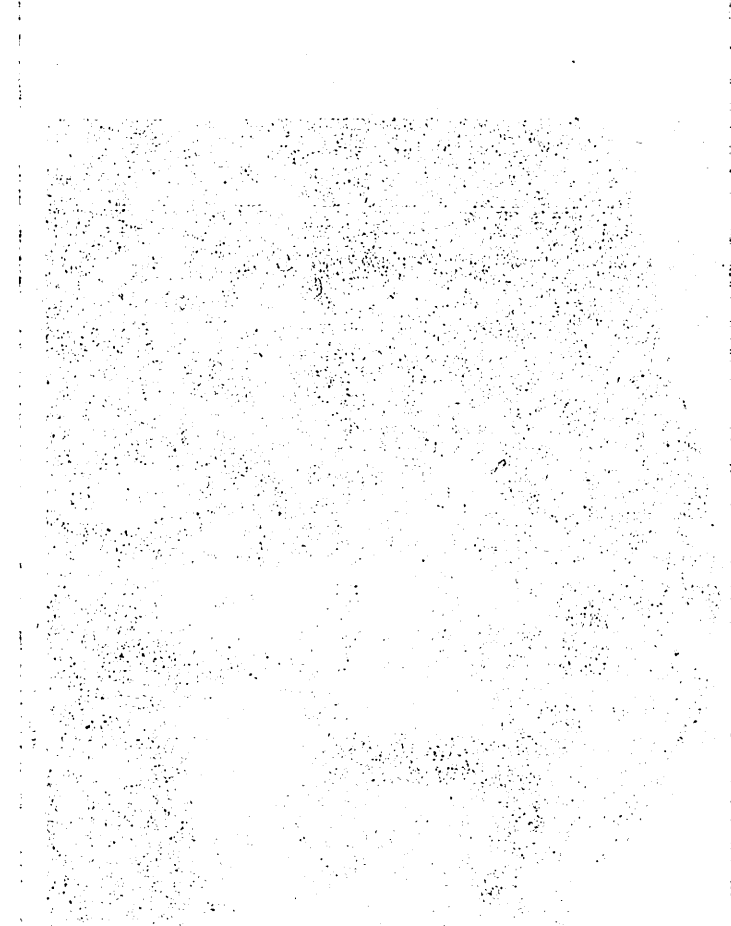
Photo Two

Photo Two Caption      Right Side View

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Date	Description	Amount
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