

# 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. 58 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 35, Fanning Bayou Phase 2 Parcel # 08424-100-160					
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) <u>Residential</u>					
A5. Latitude/Longitude: Lat. <u>30°16'34.08"N</u> Long. <u>85°40'36.25"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>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>463</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					

*SR 3-16-17*



**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. 58 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.

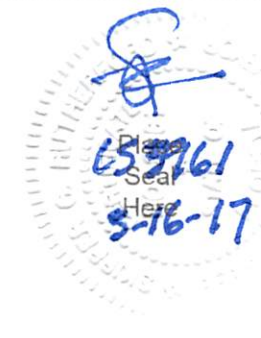
a) Top of bottom floor (including basement, crawlspace, or enclosure floor)	<u>11.90</u>	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters
b) Top of the next higher floor	<u>N/A</u>	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters
c) Bottom of the lowest 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>10.10</u>	<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)	<u>12.60</u>	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters
f) Lowest adjacent (finished) grade next to building (LAG)	<u>9.4</u>	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters
g) Highest adjacent (finished) grade next to building (HAG)	<u>9.5</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>9.96</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 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 03/16/2017
	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.

B8. and B9. From LOMR dated 6/27/2016 C2.e) Lowest machinery used was bottom of HVAC Unit

Я, кандидат в депутаты, подтверждаю, что являюсь гражданином Российской Федерации, достигшим 18 лет, обладающим избирательными правами, и являюсь членом избирательного округа № \_\_\_\_\_.

Я подтверждаю, что являюсь членом избирательного округа № \_\_\_\_\_.

Я подтверждаю, что являюсь членом избирательного округа № \_\_\_\_\_.

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Я подтверждаю, что являюсь членом избирательного округа № \_\_\_\_\_.



Я подтверждаю, что являюсь членом избирательного округа № \_\_\_\_\_.

**ВЕРИФИКАЦИЯ РЕЗУЛЬТАТОВ ГЛОБАЛЬНОГО ОПРОСА**

1. Являюсь ли членом избирательного округа № _____?	Да	<input type="checkbox"/>	Нет	<input type="checkbox"/>
2. Являюсь ли гражданином Российской Федерации?	Да	<input type="checkbox"/>	Нет	<input type="checkbox"/>
3. Являюсь ли членом избирательного округа № _____?	Да	<input type="checkbox"/>	Нет	<input type="checkbox"/>
4. Являюсь ли членом избирательного округа № _____?	Да	<input type="checkbox"/>	Нет	<input type="checkbox"/>
5. Являюсь ли членом избирательного округа № _____?	Да	<input type="checkbox"/>	Нет	<input type="checkbox"/>
6. Являюсь ли членом избирательного округа № _____?	Да	<input type="checkbox"/>	Нет	<input type="checkbox"/>
7. Являюсь ли членом избирательного округа № _____?	Да	<input type="checkbox"/>	Нет	<input type="checkbox"/>
8. Являюсь ли членом избирательного округа № _____?	Да	<input type="checkbox"/>	Нет	<input type="checkbox"/>
9. Являюсь ли членом избирательного округа № _____?	Да	<input type="checkbox"/>	Нет	<input type="checkbox"/>
10. Являюсь ли членом избирательного округа № _____?	Да	<input type="checkbox"/>	Нет	<input type="checkbox"/>

**ВЕРИФИКАЦИЯ РЕЗУЛЬТАТОВ ГЛОБАЛЬНОГО ОПРОСА**

Имя кандидата	Имя кандидата	Имя кандидата
Имя кандидата	Имя кандидата	Имя кандидата
Имя кандидата	Имя кандидата	Имя кандидата
Имя кандидата	Имя кандидата	Имя кандидата
Имя кандидата	Имя кандидата	Имя кандидата

# 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. 58 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.

REPORTANT'S Name (Print Name of Reporting Party):	Reporting Party's Address (Print Name of Reporting Party):
City:	State:
Zip:	Phone:

SECTION I - BIRTH INFORMATION (MAYBE NOT REQUIRED)  
FOR CHILDREN AND ADULTS UNDER 18

For children under 18, the reporting party should provide the following information for each child:

1. Child's Name (Print Name): \_\_\_\_\_

2. Child's Date of Birth: \_\_\_\_\_

3. Child's Sex:  Male  Female

4. Child's Race: \_\_\_\_\_

5. Child's Religion: \_\_\_\_\_

6. Child's Education: \_\_\_\_\_

7. Child's Occupation: \_\_\_\_\_

8. Child's Marital Status:  Single  Married  Divorced  Widowed

9. Child's Health Status:  Excellent  Good  Fair  Poor

10. Child's Medical History: \_\_\_\_\_

11. Child's Current Medication: \_\_\_\_\_

12. Child's Allergies: \_\_\_\_\_

13. Child's Family History: \_\_\_\_\_

SECTION II - REPORTER'S (OR OWNERS') IDENTIFICATION

The reporting party (or owner) should provide the following information:

1. Reporting Party's Name (Print Name): \_\_\_\_\_

2. Reporting Party's Address (Print Name of Reporting Party): \_\_\_\_\_

3. Reporting Party's City: \_\_\_\_\_

4. Reporting Party's State: \_\_\_\_\_

5. Reporting Party's Zip: \_\_\_\_\_

6. Reporting Party's Phone: \_\_\_\_\_

7. Reporting Party's Occupation: \_\_\_\_\_

8. Reporting Party's Marital Status:  Single  Married  Divorced  Widowed

9. Reporting Party's Health Status:  Excellent  Good  Fair  Poor

10. Reporting Party's Medical History: \_\_\_\_\_

11. Reporting Party's Current Medication: \_\_\_\_\_

12. Reporting Party's Allergies: \_\_\_\_\_

13. Reporting Party's Family History: \_\_\_\_\_

**ELEVATION CERTIFICATE**

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<b>IMPORTANT: In these spaces, copy the corresponding information from Section A.</b>			<b>FOR INSURANCE COMPANY USE</b>
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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>3/29/2017</i>

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

*OK for c.o.*

Check here if attachments.

FORM SUBMITTED BY USER Policy Number:	Providing information from Section 54 California Public Access (including ACP)	The information provided by the user is accurate and true to the best of their knowledge.
Company Name:	Address: City:	State:
CONTACT INFORMATION (PLEASE PRINT)		
The information provided by the user is accurate and true to the best of their knowledge.		
The information provided by the user is accurate and true to the best of their knowledge.		
The information provided by the user is accurate and true to the best of their knowledge.		
Date of Birth:	Social Security Number:	Signature:
This information is provided for your records.		
Name:	Address:	City:
Name:	Address:	City:
Name:	Address:	City:
Signature:		
Signature:		
Signature:		
Signature:		
Signature:		
Signature:		
Signature:		



# BUILDING PHOTOGRAPHS

See Instructions for Item A6.

OMB No. 1660-0008  
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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

<p>SECTION 1000.01</p> <p>Policy Statement</p>	<p>SECTION 1000.02</p> <p>Policy Statement</p>	<p>SECTION 1000.03</p> <p>Policy Statement</p>
<p>SECTION 1000.04</p> <p>Policy Statement</p>	<p>SECTION 1000.05</p> <p>Policy Statement</p>	<p>SECTION 1000.06</p> <p>Policy Statement</p>
<p>SECTION 1000.07</p> <p>Policy Statement</p>	<p>SECTION 1000.08</p> <p>Policy Statement</p>	<p>SECTION 1000.09</p> <p>Policy Statement</p>
<p>SECTION 1000.10</p> <p>Policy Statement</p>	<p>SECTION 1000.11</p> <p>Policy Statement</p>	<p>SECTION 1000.12</p> <p>Policy Statement</p>

# 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

Back View



Photo Two

Photo Two Caption

Side View

UNITED STATES DEPARTMENT OF JUSTICE  
FEDERAL BUREAU OF INVESTIGATION  
WASHINGTON, D. C. 20535

UNITED STATES DEPARTMENT OF JUSTICE  
FEDERAL BUREAU OF INVESTIGATION  
WASHINGTON, D. C. 20535

TO : SAC, [illegible]  
FROM : [illegible]  
SUBJECT: [illegible]

[The body of the letter contains several paragraphs of text that are extremely faint and illegible due to the quality of the scan. The text appears to be a standard memorandum format.]

[This section contains the signature block and distribution list, which are also illegible.]