

# 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. 75 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 67, Fanning Bayou Phase 2 Parcel # 08424-100-480					
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) <u>Residential</u>					
A5. Latitude/Longitude: Lat. <u>30°16'35.74"N</u> Long. <u>85°40'36"76"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>488</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

Имя: [Имя] Фамилия: [Фамилия] Отчество: [Отчество]

Дата рождения: [Дата] Место рождения: [Место]

Пол: [Пол] Цвет волос: [Цвет] Цвет глаз: [Цвет]

Рост: [Рост] Вес: [Вес]

Подпись: [Подпись]

Место работы: [Место] Должность: [Должность]

Дата выдачи: [Дата] Срок действия: [Срок]

Выдан: [Место] [Дата]

Подпись: [Подпись]

Сведения о владельце:

а) Имя: [Имя] Фамилия: [Фамилия] Отчество: [Отчество]

б) Дата рождения: [Дата] Место рождения: [Место]

в) Пол: [Пол] Цвет волос: [Цвет] Цвет глаз: [Цвет]

г) Рост: [Рост] Вес: [Вес]

д) Подпись: [Подпись]

е) Место работы: [Место] Должность: [Должность]

Дата выдачи: [Дата] Срок действия: [Срок]

Подпись: [Подпись]

Владелец	Место работы	Дата выдачи
[Имя]	[Место]	[Дата]
[Имя]	[Место]	[Дата]
[Имя]	[Место]	[Дата]

Подпись: [Подпись]



<p>1. The number of specimens of the following plants and animals collected during the year 1900-1901:</p>	<p>2. The number of specimens of the following plants and animals collected during the year 1900-1901:</p>	<p>3. The number of specimens of the following plants and animals collected during the year 1900-1901:</p>
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<p>4. The number of specimens of the following plants and animals collected during the year 1900-1901:</p>	<p>5. The number of specimens of the following plants and animals collected during the year 1900-1901:</p>	<p>6. The number of specimens of the following plants and animals collected during the year 1900-1901:</p>
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<p>7. The number of specimens of the following plants and animals collected during the year 1900-1901:</p>	<p>8. The number of specimens of the following plants and animals collected during the year 1900-1901:</p>	<p>9. The number of specimens of the following plants and animals collected during the year 1900-1901:</p>
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	<p>10. The number of specimens of the following plants and animals collected during the year 1900-1901:</p>	<p>11. The number of specimens of the following plants and animals collected during the year 1900-1901:</p>
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<p>12. The number of specimens of the following plants and animals collected during the year 1900-1901:</p>	<p>13. The number of specimens of the following plants and animals collected during the year 1900-1901:</p>	<p>14. The number of specimens of the following plants and animals collected during the year 1900-1901:</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. 75 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.

SECTION 1. This section contains information regarding the company's ownership structure. If the company is a U.S. person, it should be reported in Part I. If the company is a foreign person, it should be reported in Part II. If the company is a partnership, it should be reported in Part III. If the company is a trust, it should be reported in Part IV. If the company is a corporation, it should be reported in Part V. If the company is a partnership, it should be reported in Part III. If the company is a trust, it should be reported in Part IV. If the company is a corporation, it should be reported in Part V.

SECTION 2. This section contains information regarding the company's financial performance. It should be completed for each year from 2011 to 2013. The information should be reported in Part I. If the company is a partnership, it should be reported in Part III. If the company is a trust, it should be reported in Part IV. If the company is a corporation, it should be reported in Part V.

SECTION 3. This section contains information regarding the company's tax status. It should be completed for each year from 2011 to 2013. The information should be reported in Part I. If the company is a partnership, it should be reported in Part III. If the company is a trust, it should be reported in Part IV. If the company is a corporation, it should be reported in Part V.

SECTION 4. This section contains information regarding the company's compliance with the requirements of the Internal Revenue Code. It should be completed for each year from 2011 to 2013. The information should be reported in Part I. If the company is a partnership, it should be reported in Part III. If the company is a trust, it should be reported in Part IV. If the company is a corporation, it should be reported in Part V.

SECTION 5. This section contains information regarding the company's compliance with the requirements of the Internal Revenue Code. It should be completed for each year from 2011 to 2013. The information should be reported in Part I. If the company is a partnership, it should be reported in Part III. If the company is a trust, it should be reported in Part IV. If the company is a corporation, it should be reported in Part V.

**ELEVATION CERTIFICATE**

OMB No. 1660-0008  
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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>WP</i>	Date <i>3/25/2017</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.

OMB No. 1660-0008

Expiration Date: November 30, 2018

## ELEVATION CERTIFICATE

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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

Reporting Information from Corporation (Include Street Address, and City, State and Zip)	
City State Zip	Reporting Information from Corporation (Include Street Address, and City, State and Zip)
City State Zip	Reporting Information from Corporation (Include Street Address, and City, State and Zip)

This form is to be filed with the State Comptroller of Public Accounts, Austin, Texas, and a copy should be filed with the local office of the State Comptroller of Public Accounts in the county where the corporation is organized.

Name of Corporation (Print Name)	Name of Corporation (Print Name)
Date of Incorporation (Month, Day, Year)	Date of Incorporation (Month, Day, Year)
State of Incorporation (Print Name)	State of Incorporation (Print Name)
Principal Office (Print Name)	Principal Office (Print Name)
Other Office (Print Name)	Other Office (Print Name)
Nature of Business (Print Name)	Nature of Business (Print Name)
Total Assets (Print Name)	Total Assets (Print Name)
Total Liabilities (Print Name)	Total Liabilities (Print Name)
Total Equity (Print Name)	Total Equity (Print Name)

Name of Corporation (Print Name)	Name of Corporation (Print Name)
Date of Incorporation (Month, Day, Year)	Date of Incorporation (Month, Day, Year)
State of Incorporation (Print Name)	State of Incorporation (Print Name)
Principal Office (Print Name)	Principal Office (Print Name)
Other Office (Print Name)	Other Office (Print Name)
Nature of Business (Print Name)	Nature of Business (Print Name)
Total Assets (Print Name)	Total Assets (Print Name)
Total Liabilities (Print Name)	Total Liabilities (Print Name)
Total Equity (Print Name)	Total Equity (Print Name)



# BUILDING PHOTOGRAPHS

Continuation Page

OMB No. 1660-0008  
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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

REPORT OF THE DIRECTOR  
OF THE BUREAU OF REVENUE

REVENUE RECEIPTS  
FOR THE YEAR 1910

STATE OF NEW YORK

REVENUE RECEIPTS  
FOR THE YEAR 1910

REVENUE RECEIPTS  
FOR THE YEAR 1910

REVENUE RECEIPTS  
FOR THE YEAR 1910

REVENUE RECEIPTS  
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