

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. 98 Alegro 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 31, Fanning Bayou Phase 2 Parcel # 08424-100-120					
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) <u>Residential</u>					
A5. Latitude/Longitude: Lat. <u>30°16'33.70"N</u> Long. <u>85°40'29.78"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>738</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					

SP 3-16-17

ELEVATION CERTIFICATE

This certificate is to be used to certify the following information:

1. The person named in the certificate is a member of the organization named in the certificate and is a member of the organization named in the certificate.

SECTION 1 - PERSON INFORMATION	SECTION 2 - ORGANIZATION INFORMATION	SECTION 3 - CERTIFICATION
A1. Full Name B.R. Jones	A1. Full Name of Organization ABC Company	A1. Full Name of Certifier J.D. Smith
A2. Address 123 Main St City, State, Zip	A2. Address of Organization 456 Main St City, State, Zip	A2. Address of Certifier 789 Main St City, State, Zip
A3. Date of Birth 01/01/1950	A3. Date of Organization 01/01/1950	A3. Date of Certification 01/01/1950
A4. Position President	A4. Position of Organization President	A4. Position of Certifier President
A5. Date of Appointment 01/01/1950	A5. Date of Appointment of Organization 01/01/1950	A5. Date of Appointment of Certifier 01/01/1950
A6. Date of Termination 01/01/1950	A6. Date of Termination of Organization 01/01/1950	A6. Date of Termination of Certifier 01/01/1950
A7. Date of Resignation 01/01/1950	A7. Date of Resignation of Organization 01/01/1950	A7. Date of Resignation of Certifier 01/01/1950
A8. Date of Death 01/01/1950	A8. Date of Death of Organization 01/01/1950	A8. Date of Death of Certifier 01/01/1950
A9. Date of Revocation 01/01/1950	A9. Date of Revocation of Organization 01/01/1950	A9. Date of Revocation of Certifier 01/01/1950
A10. Date of Suspension 01/01/1950	A10. Date of Suspension of Organization 01/01/1950	A10. Date of Suspension of Certifier 01/01/1950
A11. Date of Restoration 01/01/1950	A11. Date of Restoration of Organization 01/01/1950	A11. Date of Restoration of Certifier 01/01/1950
A12. Date of Reinstatement 01/01/1950	A12. Date of Reinstatement of Organization 01/01/1950	A12. Date of Reinstatement of Certifier 01/01/1950
A13. Date of Renewal 01/01/1950	A13. Date of Renewal of Organization 01/01/1950	A13. Date of Renewal of Certifier 01/01/1950
A14. Date of Extension 01/01/1950	A14. Date of Extension of Organization 01/01/1950	A14. Date of Extension of Certifier 01/01/1950
A15. Date of Cancellation 01/01/1950	A15. Date of Cancellation of Organization 01/01/1950	A15. Date of Cancellation of Certifier 01/01/1950

SECTION 4 - SIGNATURE	SECTION 5 - SIGNATURE	SECTION 6 - SIGNATURE
B1. Signature of Certifier J.D. Smith	B1. Signature of Organization ABC Company	B1. Signature of Applicant B.R. Jones
B2. Date of Signature 01/01/1950	B2. Date of Signature of Organization 01/01/1950	B2. Date of Signature of Applicant 01/01/1950
B3. Title of Certifier President	B3. Title of Organization President	B3. Title of Applicant President
B4. Title of Certifier President	B4. Title of Organization President	B4. Title of Applicant President
B5. Title of Organization President	B5. Title of Applicant President	B5. Title of Certifier President
B6. Title of Applicant President	B6. Title of Certifier President	B6. Title of Organization President
B7. Title of Certifier President	B7. Title of Organization President	B7. Title of Applicant President
B8. Title of Organization President	B8. Title of Applicant President	B8. Title of Certifier President
B9. Title of Applicant President	B9. Title of Certifier President	B9. Title of Organization President
B10. Title of Certifier President	B10. Title of Organization President	B10. Title of Applicant President
B11. Title of Organization President	B11. Title of Applicant President	B11. Title of Certifier President
B12. Title of Applicant President	B12. Title of Certifier President	B12. Title of Organization President
B13. Title of Certifier President	B13. Title of Organization President	B13. Title of Applicant President
B14. Title of Organization President	B14. Title of Applicant President	B14. Title of Certifier President
B15. Title of Applicant President	B15. Title of Certifier President	B15. Title of Organization President

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. 98 Alegro 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>12.10</u> | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| b) Top of the next higher floor | <u>21.18</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>10.44</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>12.82</u> | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| f) Lowest adjacent (finished) grade next to building (LAG) | <u>8.5</u> | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| g) Highest adjacent (finished) grade next to building (HAG) | <u>9.9</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>9.3</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

1. Name of the person or organization to whom the report is made: [Name]

2. Date of report: [Date]

3. Title of report: [Title]

4. Summary of report: [Summary text]

- 5. Name of the person or organization making the report: [Name]
- 6. Address: [Address]
- 7. City: [City]
- 8. State: [State]
- 9. Zip: [Zip]
- 10. Telephone: [Telephone]
- 11. Fax: [Fax]
- 12. E-mail: [E-mail]

13. Name of the person or organization receiving the report: [Name]

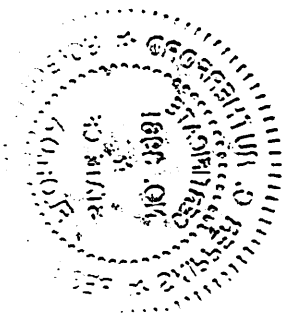
14. Address: [Address]

15. Name of the person or organization making the report: [Name]

16. Address: [Address]

17. Name of the person or organization making the report: [Name]

18. Address: [Address]



ELEVATION CERTIFICATE

OMB No. 1660-0008
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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>SECTION 1041 - PROPERTY OWNERS (SEE INSTRUCTIONS)</p> <p>The grantor(s) of the trust is/are: <input type="checkbox"/> A, <input type="checkbox"/> B, and <input type="checkbox"/> C for line A, <input type="checkbox"/> D, <input type="checkbox"/> E, and <input type="checkbox"/> F for line B. If the trust is a trust for a minor, check the appropriate box on line C.</p>	
<p>Trust Name</p>	<p>Trust Number</p>
<p>Trust Date</p>	<p>Trust State</p>
<p>Trust Type</p>	<p>Trust Purpose</p>

<p>SECTION 1041 - PROPERTY OWNERS (SEE INSTRUCTIONS)</p> <p>The grantor(s) of the trust is/are: <input type="checkbox"/> A, <input type="checkbox"/> B, and <input type="checkbox"/> C for line A, <input type="checkbox"/> D, <input type="checkbox"/> E, and <input type="checkbox"/> F for line B. If the trust is a trust for a minor, check the appropriate box on line C.</p>	
<p>Trust Name</p>	<p>Trust Number</p>
<p>Trust Date</p>	<p>Trust State</p>
<p>Trust Type</p>	<p>Trust Purpose</p>

<p>SECTION 1041 - PROPERTY OWNERS (SEE INSTRUCTIONS)</p> <p>The grantor(s) of the trust is/are: <input type="checkbox"/> A, <input type="checkbox"/> B, and <input type="checkbox"/> C for line A, <input type="checkbox"/> D, <input type="checkbox"/> E, and <input type="checkbox"/> F for line B. If the trust is a trust for a minor, check the appropriate box on line C.</p>	
<p>Trust Name</p>	<p>Trust Number</p>
<p>Trust Date</p>	<p>Trust State</p>
<p>Trust Type</p>	<p>Trust Purpose</p>

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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>W. Porter</i>	Date <i>3/29/2017</i>

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

*OK for CO
WP*

Check here if attachments.

BUILDING PHOTOGRAPHS

See Instructions for Item A6.

OMB No. 1660-0008

Expiration Date: November 30, 2018

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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.
98 Alegro 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

FOR THE REPUBLICAN PARTY USE Party Number	A political party organization, as defined in Section 30501 of the Government Code, shall be a political party if it is organized for the purpose of electing or defeating candidates for public office.	The political party shall file its constitution and bylaws with the Secretary of State.
County Name	THE CODE 30501	Section 30501

Section 30501 of the Government Code defines a political party as an organization organized for the purpose of electing or defeating candidates for public office. The political party shall file its constitution and bylaws with the Secretary of State.

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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 Side View

TO: [Illegible]
FROM: [Illegible]
SUBJECT: [Illegible]

[Illegible text block]

[Illegible text block]