

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. 139 Confidence Way				Company NAIC Number:	
City Southport		State Florida		ZIP Code 32409	
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) Lot 7, Fanning Bayou Phase 4 Parcel ID 08428-050-070					
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.)				Residential	
A5. Latitude/Longitude: Lat. <u>30°16'35.16" N</u> Long. <u>85°40'10.57" 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>0.00</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>411.00</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 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					

Handwritten signature and date: 12-6-18

MONTANA

Section	Description	Amount	Date	Remarks
101	State of Montana			
102	Department of Health, Education and Welfare			
103	Office of the Inspector General			
104	Montana State University			
105	Montana State University			
106	Montana State University			
107	Montana State University			
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150	Montana State University			

1978-1979

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. 139 Confidence Way			Policy Number:
City Southport	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: NGS BM # X-290 El.= 8.75 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.

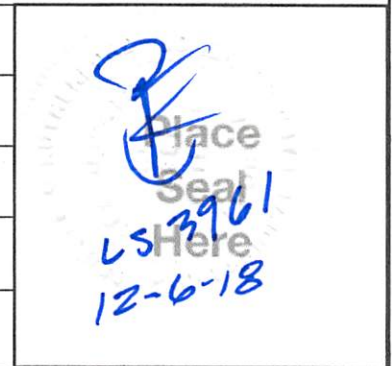
- | | | | |
|---|-------|--|---------------------------------|
| a) Top of bottom floor (including basement, crawlspace, or enclosure floor) | 12.76 | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| b) Top of the next higher floor | N/A | <input type="checkbox"/> feet | <input type="checkbox"/> meters |
| c) Bottom of the lowest horizontal structural member (V Zones only) | N/A | <input type="checkbox"/> feet | <input type="checkbox"/> meters |
| d) Attached garage (top of slab) | 12.31 | <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) | 12.18 | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| f) Lowest adjacent (finished) grade next to building (LAG) | 11.80 | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| g) Highest adjacent (finished) grade next to building (HAG) | 12.20 | <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 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 President/Surveyor & Mapper			
Company Name SCR & Associates NWFL, Inc			
Address PO Box 958			
City Lynn Haven	State Florida	ZIP Code 32444	
Signature	Date 11-08-2018	Telephone (850) 265-6979	Ext.



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. Based on LOMR CASE No.: 15-04-8357P, Effective Date June 27, 2016
C2.e) Bottom of HVAC unit used for elevation of lowest machinery.

<p>NAME OF THE TRUSTOR</p> <p>NAME OF THE TRUST</p> <p>STATE OF THE TRUST</p>	<p>DATE OF THE TRUST</p> <p>TYPE OF TRUST</p>
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GRANTOR'S FEDERAL IDENTIFICATION NUMBER (EIN)

GRANTOR'S SOCIAL SECURITY NUMBER

GRANTOR'S ADDRESS

GRANTOR'S CITY AND STATE

GRANTOR'S ZIP CODE

GRANTOR'S TAX STATUS

GRANTOR'S MARITAL STATUS

GRANTOR'S OCCUPATION

GRANTOR'S SOURCE OF INCOME

GRANTOR'S NET INCOME

GRANTOR'S TAX LIABILITY

RECIPIENT'S FEDERAL IDENTIFICATION NUMBER (EIN)

RECIPIENT'S SOCIAL SECURITY NUMBER

RECIPIENT'S ADDRESS

RECIPIENT'S CITY AND STATE

RECIPIENT'S ZIP CODE

RECIPIENT'S TAX STATUS

RECIPIENT'S MARITAL STATUS

RECIPIENT'S OCCUPATION

RECIPIENT'S SOURCE OF INCOME

RECIPIENT'S NET INCOME

RECIPIENT'S TAX LIABILITY



RECIPIENT'S FEDERAL IDENTIFICATION NUMBER (EIN)

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ELEVATION CERTIFICATE

OMB No. 1660-0008
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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.

Section 1 - Income

1. **Adjusted Gross Income** (AGI) 1041-1

2. **Exemptions** (see instructions) 1041-1

3. **Standard Deduction** (see instructions) 1041-1

4. **Charitable Deduction** (see instructions) 1041-1

5. **State and Local Tax Deduction** (see instructions) 1041-1

6. **Other Deductions** (see instructions) 1041-1

7. **Net Taxable Income** (see instructions) 1041-1

Section 2 - Tax

8. **Estimated Tax** (see instructions) 1041-1

9. **Refund of Estimated Tax** (see instructions) 1041-1

10. **Other Payments** (see instructions) 1041-1

11. **Excess Payments** (see instructions) 1041-1

12. **Income Tax** (see instructions) 1041-1

13. **Other Tax** (see instructions) 1041-1

14. **Total Tax** (see instructions) 1041-1

Section 3 - Credits

15. **Nonrefundable Credits** (see instructions) 1041-1

16. **Refundable Credits** (see instructions) 1041-1

17. **Other Credits** (see instructions) 1041-1

18. **Excess Credits** (see instructions) 1041-1

19. **Net Taxable Income** (see instructions) 1041-1

20. **Income Tax** (see instructions) 1041-1

21. **Other Tax** (see instructions) 1041-1

22. **Total Tax** (see instructions) 1041-1

Section 4 - Other Information

23. **Other Information** (see instructions) 1041-1

24. **Other Information** (see instructions) 1041-1

25. **Other Information** (see instructions) 1041-1

26. **Other Information** (see instructions) 1041-1

27. **Other Information** (see instructions) 1041-1

28. **Other Information** (see instructions) 1041-1

29. **Other Information** (see instructions) 1041-1

30. **Other Information** (see instructions) 1041-1

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 <i>RB18-0321</i>	G5. Date Permit Issued <i>3-28-18</i>	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>12/6/2018</i>

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

*OK for Co.
WP*

Check here if attachments.

COUNTY OF TARRANT DISTRICT CLERK COUNTY SEAL	STATE OF TEXAS COUNTY OF TARRANT DISTRICT CLERK
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WHEREAS, the undersigned is a duly qualified and acting District Clerk of the County of Tarrant, State of Texas, and has received from the State of Texas a warrant for the arrest of the following named person:

Name of Person: _____
 Address: _____
 City: _____
 State: _____
 Zip: _____

The undersigned hereby certifies that the above named person is a resident of the County of Tarrant, State of Texas, and is subject to the laws of the State of Texas.

The undersigned hereby certifies that the above named person is a resident of the County of Tarrant, State of Texas, and is subject to the laws of the State of Texas.

Date: _____
 District Clerk: _____

Community Name: _____
 Address: _____
 City: _____
 State: _____
 Zip: _____

Date: 12/15/2012
 District Clerk: _____

County Seal: _____
 District Clerk: _____
 Date: _____

BUILDING PHOTOGRAPHS

See Instructions for Item A6.

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City Southport	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

Clear Photo One



Photo Two

Photo Two Caption

Left Side View

Clear Photo Two

GENERAL INFORMATION

REPORT NUMBER: 1-15-58

PROJECT TITLE: ...

<p>1. PROJECT TITLE</p>	<p>2. PROJECT NUMBER</p>	<p>3. PROJECT DATE</p>
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4. PROJECT DESCRIPTION

5. PROJECT OBJECTIVES

6. PROJECT SCOPE

7. PROJECT BUDGET

8. PROJECT RISK

9. PROJECT STATUS

10. PROJECT CONTACTS

<p>11. PROJECT HISTORY</p>	<p>12. PROJECT RESULTS</p>	<p>13. PROJECT CONCLUSIONS</p>
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ELEVATION CERTIFICATE

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 Three

Photo Three Caption	Rear View	Clear Photo Three
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Photo Four

Photo Four Caption	Right Side View	Clear Photo Four
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RESEARCH REPORT

RESEARCH REPORT

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