U.S. DEPARTMENT OF HOMELAND SECURITY Federal Emergency Management Agency National Flood Insurance Program

OMB No. 1660-0008 Expiration Date: November 30, 2018

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					RANCE COMPANY USE	
A1. Building Owner's Name TERRY AND KAREN HO Policy Number:					ber:	
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Company NAIC Number 399 BEACHSIDE DRIVE					IAIC Number:	
City State PANAMA CITY BEACH FLORIDA				ZIP Code 32413		
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) PARCEL ID#36459-390-115, LOT 6, BLOCK V, CARILLON BEACH						
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) RESIDENTIAL				· · · · · · · · · · · · · · · · · · ·		
A5. Latitude/Longitude: Lat. N30d15'44" Long. W85d58'34" Horizontal Datum: NAI				□ NAD 1	1927 × NAD 1983	
A6. Attach at least 2 photograp	hs of the building if the Certific	cate is being used to	obtain flood insura	nce.		
A7. Building Diagram Number	8					
A8. For a building with a crawls	space or enclosure(s):					
a) Square footage of craw	Ispace or enclosure(s)	1,055 sq ft				
b) Number of permanent fl	ood openings in the crawlspac	æ or enclosure(s) w	ithin 1.0 foot above	adjacent gr	ade 11	
c) Total net area of flood o	penings in A8.b 8,554 s	sq in				
d) Engineered flood openii	d) Engineered flood openings?					
A9. For a building with an attac	A9. For a building with an attached garage:					
a) Square footage of attached garage 0 sq ft						
b) Number of permanent fl	ood openings in the attached	garage within 1.0 for	ot above adiacent qu	ade	0	
	b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade0 c) Total net area of flood openings in A9.b 0 sq in					
d) Engineered flood openings? ☐ Yes ☒ No						
- e	ECTION B - EL COD INSUIDA	NCE DATE MAD	(EIDM) INEODMA	TION		
SECTION B – FLOOD INSURANCE RATE MAP (FIRM) INFORMATION B1. NF!P Community Name & Community Number B2. County Name B3. State						
BAY COUNTY 120004	Sommunity Number	BAY			FLORIDA	
B4. Map/Panel B5. Suffix Number	Date E	IRM Panel ffective/	B8. Flood Zone(s)	(Zo	se Flood Elevation(s) ne AO, use Base	
12005C0163 H	06/02/2009	evised Date 06/02/2009	AE	Floo	od Depth) 9.0	
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9:						
☐ FIS Profile ☑ FIRM ☐ Community Determined ☐ Other/ Source:						
B11. Indicate elevation datum used for BFE in Item B9: NGVD 1929 X NAVD 1988 Other/ Source:						
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? 🗌 Yes 🗵 No						
Designation Date: CBRS OPA						

ELEVATION CERTIFICATE

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IMPORTANT: In these spaces, co	py the corresponding information fr	om Section A.	FOR INSURANCE COMPANY USE
Building Street Address (including a 399 BEACHSIDE DRIVE	Apt., Unit, Suite, and/or Bldg. No.) or P	O. Route and Box No.	Policy Number:
City	State	ZIP Code	Company NAIC Number
PANAMA CITY BEACH	FLORIDA	32413	
SECTIO	ON C – BUILDING ELEVATION INFO	ORMATION (SURVEY R	EQUIRED)
C1. Building elevations are based	d on: Construction Drawings*	Building Under Constru	uction* X Finished Construction
*A new Elevation Certificate	will be required when construction of th	ne building is complete.	
	AE, AH, A (with BFE), VE, V1–V30, V w according to the building diagram sp t02 FLEVATION 12.78		
AND CONTRACTOR OF THE PROPERTY	d for the elevations in items a) through		
□ NGVD 1929 ⊠ N	NO 1998	ii) below.	
Datum used for building eleva	ations must be the same as that used f	for the BFE.	Check the measurement used.
a) Top of bottom floor (include)	ding basement, crawlspace, or enclosu	re floor) 10 5	× feet meters
b) Top of the next higher flo		12 9	× feet meters
	zontal structural member (V Zones only	N/A	× feet meters
d) Attached garage (top of s		N/A	X feet meters
e) Lowest elevation of mach (Describe type of equipme	ninery or equipment servicing the buildir ent and location in Comments)	ng <u>10</u> . <u>5</u>	∑ feet ☐ meters
W 500 00 00 00 00 00 00 00 00 00 00 00 00) grade next to building (LAG)	10.5	X feet meters
20 20 20 20 20 20 20 20 20 20 20 20 20 2	d) grade next to building (HAG)	10.7	
500 Section 100 Se	lowest elevation of deck or stairs, inclu	uding N/A	∑ feet ☐ meters
	ION D – SURVEYOR, ENGINEER, C	OR ARCHITECT CERTIE	ICATION
This certification is to be signed a I certify that the information on thi	and sealed by a land surveyor, engineer is Certificate represents my best efforts fine or imprisonment under 18 U.S. Cod	r, or architect authorized b	y law to certify elevation information.
Control of the Contro	ction A provided by a licensed land sur	The state of the s	Check here if attachments.
Certifier's Name	License Numb		2 2
ROB L. WORKING	L.S.#5878 for	^ L.B.#5800	Rob & Working
Title REGISTERED LAND SURVEYO	R		
Company Name			Place
SEA LEVEL SURVEYING AND N	IAPPING, INC.		Seal
Address 1219 MAINE AVENUE			Here
City LYNN HAVEN	State FLORIDA	ZIP Code 32444	
Signature	Date	Telephone	
Pat t	09/19/2018	(850) 265-4800	
	rtificate and all attachments for (1) comm		agent/company, and (3) building owner.
Comments (including type of equipments) C2(e) AIR CONDITION ON PAD (pment and location, per C2(e), if applic	able)	
CZ(e) AII CONDITION ON LAD (SO TO STRUCTURE		

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	
399 BEACHSI	et Address (including Apt., Unit, Suite, a IDE DRIVE	and/or Bldg. No.) or P.C		Policy Number:	
City PANAMA CIT	Y BEACH	State FLORIDA	ZIP Code 32413	Company NAIC Number	
	SECTION E – BUILDING FOR ZO	ELEVATION INFORM ONE AO AND ZONE A		T REQUIRED)	
For Zones AO complete Sect enter meters.	and A (without BFE), complete Items tions A, B,and C. For Items E1–E4, us	E1–E5. If the Certificate natural grade, if availa	e is intended to supportable. Check the measu	t a LOMA or LOMR-F request, rement used. In Puerto Rico only,	
the highe	elevation information for the following a st adjacent grade (HAG) and the lower			ner the elevation is above or below	
crawls	f bottom floor (including basement, space, or enclosure) is			ers above or below the HAG.	
	f bottom floor (including basement, space, or enclosure) is			ers above or below the LAG.	
the next h	ing Diagrams 6–9 with permanent flood nigher floor (elevation C2.b in ams) of the building is	d openings provided in	Section A Items 8 and/		
_	garage (top of slab) is		feet met	ers above or below the HAG.	
E4. Top of pla servicing	atform of machinery and/or equipment the building is			ers above or below the HAG.	
E5. Zone AO	only: If no flood depth number is availa		ottom floor elevated in a		
_	SECTION F - PROPERTY O	WNER (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					
Property Own	er or Owner's Authorized Representati	ve's Name			
Property Owner Address	er or Owner's Authorized Representati	ve's Name		State ZIP Code	
	er or Owner's Authorized Representati				
Address	er or Owner's Authorized Representati	City		State ZIP Code	
Address Signature	er or Owner's Authorized Representati	City		State ZIP Code	
Address Signature	er or Owner's Authorized Representati	City		State ZIP Code	
Address Signature	er or Owner's Authorized Representati	City		State ZIP Code	
Address Signature	er or Owner's Authorized Representati	City		State ZIP Code	
Address Signature	er or Owner's Authorized Representati	City		State ZIP Code	
Address Signature	er or Owner's Authorized Representati	City		State ZIP Code	
Address Signature	er or Owner's Authorized Representati	City		State ZIP Code	
Address Signature	er or Owner's Authorized Representati	City		State ZIP Code	
Address Signature	er or Owner's Authorized Representati	City		State ZIP Code	

ELEVATION CERTIFICATE

OMB No. 1660-0008 Expiration Date: November 30, 2018

IMPORTANT: In these spaces, copy the corr		FOR INSURANCE COMPANY USE				
Building Street Address (including Apt., Unit, S 399 BEACHSIDE DRIVE	uite, and/or Bldg. No	.) or P.O. Route and Box	k No.	Policy Number:		
City PANAMA CITY BEACH	State FLORIDA	ZIP Code 32413		Company NAIC Number		
SECTION	ON G - COMMUNIT	Y INFORMATION (OPTI	ONAL)			
The local official who is authorized by law or of Sections A, B, C (or E), and G of this Elevation used in Items G8–G10. In Puerto Rico only, er	Certificate. Comple					
G1. The information in Section C was takengineer, or architect who is authorized data in the Comments area below.)						
G2. A community official completed Sect or Zone AO.	ion E for a building lo	ocated in Zone A (withou	t a FEMA-	issued or community-issued BFE)		
G3. The following information (Items G4-	-G10) is provided for	community floodplain m	anagemer	t purposes.		
RB17-0650	G5. Date Permit I	* アカイ		te Certificate of mpliance/Occupancy Issued		
-		_	_ 			
G7. This permit has been issued for:	_	Substantial Improver	ment			
G8. Elevation of as-built lowest floor (includin of the building:	g basement) —		☐ 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		Title				
Community Name		Telephone				
Signature Date 10 12 18						
Comments (including type of equipment and location, per C2(e), if applicable)						
OK for C.O.						
()						
				☐ Check here if attachments.		

BUILDING PHOTOGRAPHS

ELEVATION CERTIFICATE

Continuation Page

OMB No. 1660-0008

Expiration Date: November 30, 2018

IMPORTANT: In these spaces, copy to	FOR INSURANCE COMPANY USE		
Building Street Address (including Apt., 399 BEACHSIDE DRIVE	Unit, Suite, and/or Bldg. No.) o	or P.O. Route and Box No.	Policy Number:
City	State	ZIP Code	Company NAIC Number
PANAMA CITY BEACH	FLORIDA	32413	

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 Five Photo Six

Photo Five Caption Photo Six Caption



Photo Seven Photo Eight

Photo Seven Caption Photo Eight Caption

BUILDING PHOTOGRAPHS

ELEVATION CERTIFICATE

See Instructions for Item A6.

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., 399 BEACHSIDE DRIVE	Unit, Suite, and/or Bldg. No.) o	r P.O. Route and Box No.	Policy Number:
City PANAMA CITY BEACH	State FLORIDA	ZIP Code 32413	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 Two

Photo One Caption

Photo Two Caption





Photo Three

Photo Four

Photo Three Caption

Photo Four Caption