

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. 49 Fedora 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 50, Fanning Bayou Phase 2 Parcel # 08424-100-310					
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) <u>Residential</u>					
A5. Latitude/Longitude: Lat. <u>30°16'29.72" N</u> Long. <u>85°40'40.85"W</u> Horizontal Datum: <input type="checkbox"/> NAD 1927 <input 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>0.00</u> sq ft					
b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade <u>0</u>					
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>488.00</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					

SR 11-17-18

FORM NO. 1000-001
 Federal Bureau of Investigation

U.S. DEPARTMENT OF JUSTICE
 Federal Bureau of Investigation
 National Firearms Act

TRANSFER OF FIREARMS
 (To be filled out by the transferor or transferee)

Copy all pages of this form and retain them until the transfer is complete. If the transfer is not complete, the transferor must file this form with the Bureau.

1. Name of transferor (Print or type) _____ (If the transferor is a corporation, give the name and address of the corporation.)		2. Name of transferee (Print or type) _____ (If the transferee is a corporation, give the name and address of the corporation.)	
3. Address of transferor (Print or type) _____ (If the transferor is a corporation, give the name and address of the corporation.)		4. Address of transferee (Print or type) _____ (If the transferee is a corporation, give the name and address of the corporation.)	
5. Date of transfer (Print or type) _____		6. State of transfer (Print or type) _____	
7. Name of firearm (Print or type) _____ (If the firearm is a rifle or shotgun, give the caliber.)		8. Make and model of firearm (Print or type) _____	
9. Serial number of firearm (Print or type) _____		10. Description of firearm (Print or type) _____	
11. Signature of transferor (Print or type) _____		12. Signature of transferee (Print or type) _____	

13. Name of Federal Firearms Licensee (Print or type) _____ (If the licensee is a corporation, give the name and address of the corporation.)		14. Name of transferee (Print or type) _____ (If the transferee is a corporation, give the name and address of the corporation.)	
15. Address of licensee (Print or type) _____ (If the licensee is a corporation, give the name and address of the corporation.)		16. Address of transferee (Print or type) _____ (If the transferee is a corporation, give the name and address of the corporation.)	
17. Date of transfer (Print or type) _____		18. State of transfer (Print or type) _____	
19. Name of firearm (Print or type) _____ (If the firearm is a rifle or shotgun, give the caliber.)		20. Make and model of firearm (Print or type) _____	
21. Serial number of firearm (Print or type) _____		22. Description of firearm (Print or type) _____	
23. Signature of licensee (Print or type) _____		24. Signature of transferee (Print or type) _____	

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
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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: NGS BM # X-290 El. = 8.45 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>12.23</u> | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| b) Top of the next higher floor | <u>N/A</u> | <input type="checkbox"/> feet | <input type="checkbox"/> meters |
| c) Bottom of the lowest horizontal structural member (V Zones only) | <u>N/A</u> | <input type="checkbox"/> feet | <input type="checkbox"/> meters |
| d) Attached garage (top of slab) | <u>10.57</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>12.35</u> | <input type="checkbox"/> feet | <input type="checkbox"/> meters |
| f) Lowest adjacent (finished) grade next to building (LAG) | <u>10.05</u> | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| g) Highest adjacent (finished) grade next to building (HAG) | <u>10.46</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>10.26</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 LS 3951		
Title Surveyor & Mapper/President			
Company Name SCR & Associates NWFL, Inc.			
Address PO Box 958			
City Lynn Haven	State Florida		ZIP Code 32444
Signature	Date 11-17-2018	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 from LOMR effective date 6/27/16
C2.e) Lowest machinery elevation taken of bottom of HVAC Unit

1. Name of the organization (in English)

2. Name of the organization (in Russian)

3. Address of the organization (in English)

4. Address of the organization (in Russian)

5. Date of registration

6. Date of registration (in Russian)

7. Name of the person responsible for the organization

8. Name of the person responsible for the organization (in Russian)

9. Position of the person responsible for the organization

10. Name of the person responsible for the organization

11. Name of the person responsible for the organization (in Russian)

12. Position of the person responsible for the organization

13. Name of the person responsible for the organization

14. Name of the person responsible for the organization (in Russian)

15. Position of the person responsible for the organization

16. Name of the person responsible for the organization

17. Name of the person responsible for the organization (in Russian)

18. Position of the person responsible for the organization

19. Name of the person responsible for the organization

20. Name of the person responsible for the organization (in Russian)

21. Position of the person responsible for the organization

22. Name of the person responsible for the organization

23. Name of the person responsible for the organization (in Russian)

24. Position of the person responsible for the organization

SECTION 1 - ORGANIZATION INFORMATION

25. Name of the organization

26. Name of the organization (in Russian)

27. Address of the organization

28. Name of the person responsible for the organization

29. Name of the person responsible for the organization (in Russian)

30. Position of the person responsible for the organization

31. Name of the person responsible for the organization

32. Name of the person responsible for the organization (in Russian)

33. Position of the person responsible for the organization

34. Name of the person responsible for the organization

35. Name of the person responsible for the organization (in Russian)

36. Position of the person responsible for the organization

37. Name of the person responsible for the organization

38. Name of the person responsible for the organization (in Russian)

39. Position of the person responsible for the organization

40. Name of the person responsible for the organization

41. Name of the person responsible for the organization (in Russian)

42. Position of the person responsible for the organization

43. Name of the person responsible for the organization

44. Name of the person responsible for the organization (in Russian)

45. Position of the person responsible for the organization

46. Name of the person responsible for the organization

47. Name of the person responsible for the organization (in Russian)

48. Position of the person responsible for the organization

49. Name of the person responsible for the organization

50. Name of the person responsible for the organization (in Russian)

51. Position of the person responsible for the organization

52. Name of the person responsible for the organization

53. Name of the person responsible for the organization (in Russian)

54. Position of the person responsible for the organization

55. Name of the person responsible for the organization

56. Name of the person responsible for the organization (in Russian)

57. Position of the person responsible for the organization

SECTION 2 - ORGANIZATION INFORMATION

58. Name of the organization

59. Name of the organization (in Russian)

60. Address of the organization

61. Name of the person responsible for the organization

62. Name of the person responsible for the organization (in Russian)

63. Position of the person responsible for the organization

64. Name of the person responsible for the organization

65. Name of the person responsible for the organization (in Russian)

66. Position of the person responsible for the organization

67. Name of the person responsible for the organization

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

Wagner Porto

Address _____ City _____ State _____ ZIP Code _____

Signature _____ Date _____ Telephone _____

[Handwritten Signature]

Comments

*- Mistakenly signed wrong page - see section G.
w/*

Check here if attachments.

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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>RB17-0215</i>	G5. Date Permit Issued <i>3-20-17</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 C.O.
WP*

Check here if attachments.

<p>TO BE FILLED BY EXPORTER OR OWNER OF GOODS</p>	<p>1. Name of the person or firm to whom the goods are consigned for exportation</p>	<p>2. Name of the person or firm to whom the goods are consigned for importation</p>
<p>3. Description of the goods</p>	<p>4. Country of origin</p>	<p>5. Country of destination</p>
<p>6. Date of exportation</p>	<p>7. Date of importation</p>	<p>8. Name of the vessel or conveyance</p>
<p>9. Name of the person or firm to whom the goods are consigned for exportation</p>	<p>10. Name of the person or firm to whom the goods are consigned for importation</p>	<p>11. Name of the vessel or conveyance</p>
<p>12. Name of the person or firm to whom the goods are consigned for exportation</p>	<p>13. Name of the person or firm to whom the goods are consigned for importation</p>	<p>14. Name of the vessel or conveyance</p>
<p>15. Name of the person or firm to whom the goods are consigned for exportation</p>	<p>16. Name of the person or firm to whom the goods are consigned for importation</p>	<p>17. Name of the vessel or conveyance</p>
<p>18. Name of the person or firm to whom the goods are consigned for exportation</p>	<p>19. Name of the person or firm to whom the goods are consigned for importation</p>	<p>20. Name of the vessel or conveyance</p>
<p>21. Name of the person or firm to whom the goods are consigned for exportation</p>	<p>22. Name of the person or firm to whom the goods are consigned for importation</p>	<p>23. Name of the vessel or conveyance</p>
<p>24. Name of the person or firm to whom the goods are consigned for exportation</p>	<p>25. Name of the person or firm to whom the goods are consigned for importation</p>	<p>26. Name of the vessel or conveyance</p>
<p>27. Name of the person or firm to whom the goods are consigned for exportation</p>	<p>28. Name of the person or firm to whom the goods are consigned for importation</p>	<p>29. Name of the vessel or conveyance</p>
<p>28. Name of the person or firm to whom the goods are consigned for exportation</p>	<p>29. Name of the person or firm to whom the goods are consigned for importation</p>	<p>30. Name of the vessel or conveyance</p>
<p>29. Name of the person or firm to whom the goods are consigned for exportation</p>	<p>30. Name of the person or firm to whom the goods are consigned for importation</p>	<p>31. Name of the vessel or conveyance</p>
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<p>31. Name of the person or firm to whom the goods are consigned for exportation</p>	<p>32. Name of the person or firm to whom the goods are consigned for importation</p>	<p>33. Name of the vessel or conveyance</p>

BUILDING PHOTOGRAPHS

See Instructions for Item A6.

OMB No. 1660-0008

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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

DEPARTMENT OF THE ARMY
OFFICE OF THE ADJUTANT GENERAL

ADJUTANT GENERAL'S OFFICE

ADJUTANT GENERAL'S OFFICE
OFFICE OF THE ADJUTANT GENERAL

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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 Three

Photo Three Caption Rear View

Clear Photo Three



Photo Four

Photo Four Caption Right Side View

Clear Photo Four

...	...
...	...

8/13
11/8

11/30

7/31

11/30
8/6