

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 Matt Battaglia				Policy Number:	
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 517 Beachside Gardens				Company NAIC Number:	
City Panama City Beach		State Florida		ZIP Code 32408	
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) Lot 9, Carillon Beach Phase XXVII Plat Book 18, Pages 12-13					
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) <u>Accessory</u>					
A5. Latitude/Longitude: Lat. <u>30.261084</u> Long. <u>85.975182</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>5</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 <u>0</u>					
c) Total net area of flood openings in A8.b <u>0</u> 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>0</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 County		B3. State Florida
B4. Map/Panel Number 12005C0163	B5. Suffix H	B6. FIRM Index Date 06/02/2009	B7. FIRM Panel Effective/ Revised Date 06/02/2009	B8. Flood Zone(s) AE(8)	B9. Base Flood Elevation(s) (Zone AO, use Base Flood Depth) 8.00
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					

Form No. 100-100 (Rev. 1-1-60)

FEDERAL BUREAU OF INVESTIGATION

Report of Special Agent in Charge (SA) [Name] on [Subject Name] (File No. [Number])

[Detailed body text of the report, including background information, investigation details, and findings. The text is mirrored and appears to be bleed-through from the reverse side of the page.]

SA Name	SA Title	SA Office	SA Date	SA Status
[Name]	[Title]	[Office]	[Date]	[Status]
[Name]	[Title]	[Office]	[Date]	[Status]

[Additional text at the bottom of the page, possibly including a signature line or administrative notes.]

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. 517 Beachside Gardens			Policy Number:
City Panama City Beach	State Florida	ZIP Code 32408	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: R-4 Vertical Datum: 1988

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) | 14.51 | <input checked="" type="checkbox"/> | feet | <input type="checkbox"/> | meters |
| b) Top of the next higher floor | 26.0 | <input checked="" type="checkbox"/> | feet | <input type="checkbox"/> | meters |
| c) Bottom of the lowest horizontal structural member (V Zones only) | N/A | <input checked="" type="checkbox"/> | feet | <input type="checkbox"/> | meters |
| d) Attached garage (top of slab) | N/A | <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) | 14.51 | <input checked="" type="checkbox"/> | feet | <input type="checkbox"/> | meters |
| f) Lowest adjacent (finished) grade next to building (LAG) | 14.3 | <input checked="" type="checkbox"/> | feet | <input type="checkbox"/> | meters |
| g) Highest adjacent (finished) grade next to building (HAG) | 14.4 | <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 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 Ronald J. Voelker, Jr.	License Number 6628	Place Seal Here	
Title Professional Surveyor and Mapper			
Company Name Voelker Surveying, LLC			
Address 110 Logan Lane, Suite 4			
City Santa Rosa Beach	State Florida		ZIP Code 32459
Signature 	Date 12/05/2018		Telephone (850) 231-6300

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)
The lowest machinery is the A/C unit servicing the building.

UNITED STATES DEPARTMENT OF THE ARMY
OFFICE OF THE ADJUTANT GENERAL
WASHINGTON, D.C. 20315

NAME (Last, First, Middle Initial)
LAST, FIRST, MIDDLE INITIAL

GRADE OR RATE
GRADE OR RATE

ORGANIZATION
ORGANIZATION

ADDRESS (Street, City, State, Zip)
STREET, CITY, STATE, ZIP

DATE OF BIRTH (Month/Day/Year)
MONTH/DAY/YEAR

DATE OF ENTRY INTO SERVICE (Month/Day/Year)
MONTH/DAY/YEAR

DATE OF LAST PROMOTION (Month/Day/Year)
MONTH/DAY/YEAR

DATE OF LAST ASSIGNMENT (Month/Day/Year)
MONTH/DAY/YEAR

DATE OF LAST DEPLOYMENT (Month/Day/Year)
MONTH/DAY/YEAR

DATE OF LAST RECALL (Month/Day/Year)
MONTH/DAY/YEAR

DATE OF LAST RECALL (Month/Day/Year)
MONTH/DAY/YEAR

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DATE OF LAST RECALL (Month/Day/Year)
MONTH/DAY/YEAR

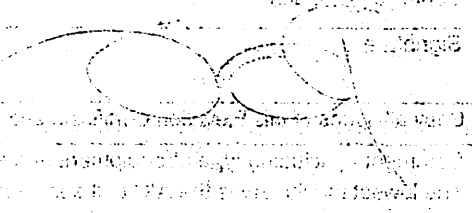
DATE OF LAST RECALL (Month/Day/Year)
MONTH/DAY/YEAR

DATE OF LAST RECALL (Month/Day/Year)
MONTH/DAY/YEAR

DATE OF LAST RECALL (Month/Day/Year)
MONTH/DAY/YEAR

DATE OF LAST RECALL (Month/Day/Year)
MONTH/DAY/YEAR

DATE OF LAST RECALL (Month/Day/Year)
MONTH/DAY/YEAR



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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.

ELEVATION CERTIFICATE

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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>RB17-0648</i>	G5. Date Permit Issued <i>8-8-17</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 _____ Title _____

Community Name _____ Telephone _____

Signature _____ Date _____

Comments (including type of equipment and location, per C2(e), if applicable)
This is seaward of CCCL + Subject to Section 3109 FBC. DEP provided a site specific elevation determination of 13.6 ft. NAVD for lowest horizontal. Not in a V zone though.
D.S. 1/10/2019

Check here if attachments.

1. Name of the party or parties to whom the order is issued (Print name and address)	2. Name of the party or parties to whom the order is issued (Print name and address)	3. Name of the party or parties to whom the order is issued (Print name and address)
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4. Description of the goods or services to be furnished (Print description)	5. Description of the goods or services to be furnished (Print description)	6. Description of the goods or services to be furnished (Print description)
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7. Name of the party or parties to whom the order is issued (Print name and address)	8. Name of the party or parties to whom the order is issued (Print name and address)	9. Name of the party or parties to whom the order is issued (Print name and address)
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10. Name of the party or parties to whom the order is issued (Print name and address)	11. Name of the party or parties to whom the order is issued (Print name and address)	12. Name of the party or parties to whom the order is issued (Print name and address)
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13. Name of the party or parties to whom the order is issued (Print name and address)	14. Name of the party or parties to whom the order is issued (Print name and address)	15. Name of the party or parties to whom the order is issued (Print name and address)
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16. Name of the party or parties to whom the order is issued
 (Print name and address)

17. Name of the party or parties to whom the order is issued
 (Print name and address)

18. Name of the party or parties to whom the order is issued
 (Print name and address)

19. Name of the party or parties to whom the order is issued
 (Print name and address)

20. Name of the party or parties to whom the order is issued
 (Print name and address)

BUILDING PHOTOGRAPHS

OMB No. 1660-0008
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See Instructions for Item A6.

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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 12/05/2018



Photo Two

Photo Two Caption

Rear View 12/05/2018

Date	Description	Amount
1912
1913
1914
1915
1916
1917
1918
1919
1920
1921
1922
1923
1924
1925
1926
1927
1928
1929

BUILDING PHOTOGRAPHS

Continuation Page

OMB No. 1660-0008
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City Panama City Beach	State Florida	ZIP Code 32408	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

Left Side View 12/05/2018



Photo Two

Photo Two Caption

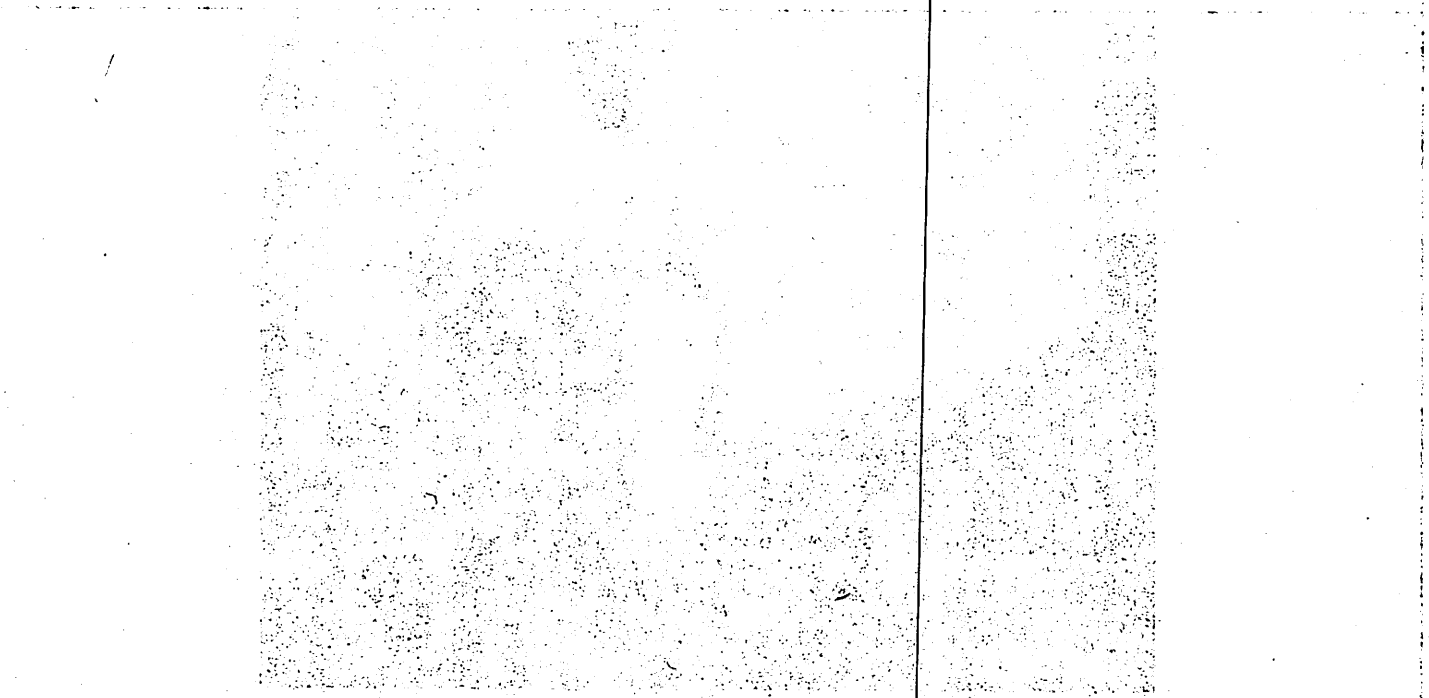
Right Side View 12/05/2018

GENERAL INFORMATION

DATE: 10/10/2000

Name: [Illegible]	Address: [Illegible]	City: [Illegible]
Telephone: [Illegible]	State: [Illegible]	Zip: [Illegible]

I hereby certify that the above information is true and correct to the best of my knowledge and belief.



[Illegible text block, possibly a signature or additional information, obscured by noise and degradation.]



**FLORIDA DEPARTMENT OF
ENVIRONMENTAL PROTECTION**

BOB MARTINEZ CENTER
2600 BLAIRSTONE ROAD, Mail Station 3522
TALLAHASSEE, FLORIDA 32399-2400

RICK SCOTT
GOVERNOR

CARLOS LÓPEZ-CANTERA
L.T. GOVERNOR

NOAH VALENSTEIN
SECRETARY

August 2, 2017

Via Electronic Transmittal

BCB and PRB I, LLC
c/o John H. Elamad, P.E.
ECM
4639 Gulf Starr Drive
Destin, FL 32541

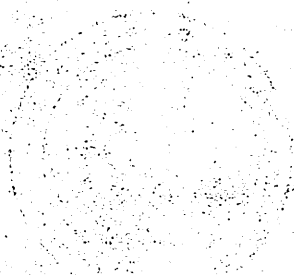
Dear Mr. Elamad:

100-Year Storm Elevation Site Specific Determination

File Number: BA-974
Property Owner Name: BCB and PRB I, LLC
Location of Subject Property: Between approximately 312 feet and 403 feet west of the Department of Environmental Protection's reference monument R-6, in Bay County.
Project Address: 517 Beachside Gardens, Panama City Beach.

This is in response to your email received by the Department on August 2, 2017 requesting a site-specific determination of the 100-year storm elevation at the project address.

Pursuant to Subsection 3109, Florida Building Code, all habitable structures shall be elevated at or above an elevation which places the lowest horizontal member above the 100-year storm elevation as determined by the Florida Department of Environmental Protection in the report titled "One-Hundred-year storm Elevation requirements for Habitable Structures Located Seaward of a Coastal Construction Control Line." Alternatively, an applicant may request that the Department of Environmental Protection determine a site-specific 100-year storm elevation for the applicant's habitable structure (single family dwelling) as part of the environmental permit application process. Based on the survey and site plan contained in our files initially provided with the subject project a site specific 100-year storm elevation for the dwelling has been determined by the Department. The 100-year storm elevation (elevation of the lowest horizontal structural member) is 13.6 feet (NAVD), or higher.



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Ba-974
August 2, 2017
Page 2

This determination does not relieve you from your responsibility to comply with the permitting requirements of any other local, state, or federal regulatory agency which has jurisdiction over the proposed activity. If you have any questions, concerns, or need additional information, please contact me at the letterhead address (add Mail Station 300), or by telephone at 850/245-7676, or by e-mail at rolando.gomez@dep.state.fl.us.

Sincerely,



Rolando R. Gomez, Permit Manager
Coastal Construction Control Line Program
Division of Water Resource Management

RG/rg

cc: Reginald Bradley, Field Inspector
Rich Holmes, Building Official
BCB and PRB I, LLC, Property Owner

1. The first part of the document is a list of names and addresses of the members of the committee. The names are listed in alphabetical order and include the following: [illegible names]

2. The second part of the document is a list of the names and addresses of the members of the committee who have been elected to the office of [illegible title]. The names are listed in alphabetical order and include the following: [illegible names]

3. The third part of the document is a list of the names and addresses of the members of the committee who have been elected to the office of [illegible title]. The names are listed in alphabetical order and include the following: [illegible names]

4. The fourth part of the document is a list of the names and addresses of the members of the committee who have been elected to the office of [illegible title]. The names are listed in alphabetical order and include the following: [illegible names]

5. The fifth part of the document is a list of the names and addresses of the members of the committee who have been elected to the office of [illegible title]. The names are listed in alphabetical order and include the following: [illegible names]

6. The sixth part of the document is a list of the names and addresses of the members of the committee who have been elected to the office of [illegible title]. The names are listed in alphabetical order and include the following: [illegible names]

7. The seventh part of the document is a list of the names and addresses of the members of the committee who have been elected to the office of [illegible title]. The names are listed in alphabetical order and include the following: [illegible names]

8. The eighth part of the document is a list of the names and addresses of the members of the committee who have been elected to the office of [illegible title]. The names are listed in alphabetical order and include the following: [illegible names]

9. The ninth part of the document is a list of the names and addresses of the members of the committee who have been elected to the office of [illegible title]. The names are listed in alphabetical order and include the following: [illegible names]

10. The tenth part of the document is a list of the names and addresses of the members of the committee who have been elected to the office of [illegible title]. The names are listed in alphabetical order and include the following: [illegible names]