#### 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   |                            |                       |                          |                                 | ANCE COMPANY USE |
|--|----------------------------|-----------------------|--------------------------|---------------------------------|------------------|
| A1. Building Owner's Name  |                            |                       |                          | Policy Numb                     | per:             |
| North Lagoon Partners, LLC   |                            |                       |                          |                                 |                  |
| A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.  |                            |                       |                          |                                 | AIC Number:      |
| 6643 North Lagoon Drive  |                            | Chata                 |                          | ZID Code                        |                  |
| City Panama City Beach   |                            | State<br>Florida      |                          | ZIP Code<br>32408               |                  |
| A3. Property Description (Lot and Block  | Numbers Tay Parce          |                       | nal Description, etc.    |                                 |                  |
| Bay County Parcel 30938-050-000  | . Ivallibers, Tax I aloe   |                       | gar bescription, etc     | · <i>,</i>                      |                  |
| A4. Building Use (e.g., Residential, Non   | ı-Residential, Addition    | , Accessory,          | etc.) Residential        |                                 |                  |
| A5. Latitude/Longitude: Lat. 30 09" 23   | 3.1" Long. 8               | 35 45' 35.1"          | Horizontal               | Datum: NAD 1                    | 927 🔀 NAD 1983   |
| A6. Attach at least 2 photographs of the   | - building if the Certific | cate is being u       | <br>used to obtain flood | insurance                       | _                |
| <u> </u>   | , sanding it the section   |                       |                          |                                 |                  |
|  |                            |                       |                          |                                 |                  |
| A8. For a building with a crawlspace or  | enclosure(s):              |                       |                          |                                 |                  |
| a) Square footage of crawlspace or   | r enclosure(s)             |                       | 0 sq ft                  |                                 |                  |
| b) Number of permanent flood open  | nings in the crawlspac     | e or enclosure        | e(s) within 1.0 foot     | above adjacent gra              | de <u>0</u>      |
| c) Total net area of flood openings i  | in A8.b                    | 0 sqin                | 1                        |                                 |                  |
| d) Engineered flood openings?  |                            |                       |                          |                                 |                  |
| A9. For a building with an attached garage   | _                          |                       |                          |                                 |                  |
|  |                            | 444 og <del>f</del> i |                          |                                 |                  |
| a) Square footage of attached garage     b) Number of permanent flood open   |                            | 444 sq ft             |                          | cent grade 0                    |                  |
|  |                            |                       |                          |                                 |                  |
| c) Total net area of flood openings i  | n A9.b                     | 0 sq                  | ın                       |                                 |                  |
| d) Engineered flood openings? [  | Yes No                     |                       |                          |                                 |                  |
| SECTION  | B - FLOOD INSURA           | NCE RATE              | MAP (FIRM) INFO          | ORMATION                        |                  |
| B1. NFIP Community Name & Community Number B2. County Name B3. State   |                            |                       |                          |                                 | B3. State        |
| Bay County 120004  | 1_ `                       | Bay                   |                          | Florida                         |                  |
| B4. Map/Panel B5. Suffix B6. FIRM Index Date B7. FIRM Panel Effective/ Revised Date B8. Flood Zone(s) (Zone AO, use Base Flood Revised Date                          |                            |                       |                          | evation(s)<br>Base Flood Depth) |                  |
| 12005C0317 H 06/02/2009 06/02/2009 AE 8.0  |                            |                       |                          |                                 |                  |
| 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 ☒ 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                     | -                     | -                        | •                               |                  |
| Designation Date.  | DEV2                       |                       |                          |                                 |                  |
|  |                            |                       |                          |                                 |                  |

## **ELEVATION CERTIFICATE**

| 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 6643 North Lagoon Drive   |   |                      |                        | Policy Number:            |                         |                                       |
| •  | State ZIP Code<br>ity Beach Florida 32408 |                      |                        | Company NAIC Number       |                         |                                       |
| SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)   |   |                      |                        |                           |                         |                                       |
| C1. Building elevations are based on: Construction Drawings* Building Unde *A new Elevation Certificate will be required when construction of the building is comp  C2. Elevations – Zones A1–A30, AE, AH, A (with BFE), VE, V1–V30, V (with BFE), AR, A  Complete Items C2.a–h below according to the building diagram specified in Item A7  Benchmark Utilized: NGS 9155H 2008 Vertical Datum: NAVD 88 |   |                      | lete.<br>R/A, AR/      | AE, AR/A                  | —<br>.1–A30, <i>l</i>   |                                       |
| Indicate elevation datum used for the elevations in it   | <del></del>                               |                      |                        |                           |                         |                                       |
| ☐ NGVD 1929 区 NAVD 1988 ☐ Other/S  |   |                      |                        |                           |                         |                                       |
| Datum used for building elevations must be the sam   | e as that used for the BF                 | =E.                  |                        | Chec                      | k the me                | asurement used.                       |
| a) Top of bottom floor (including basement, crawlsp  | ace, or enclosure floor)                  |                      |                        |                           | x the me                | meters                                |
| b) Top of the next higher floor  | ,   |                      |                        | 20.82                     | x feet                  | meters                                |
| c) Bottom of the lowest horizontal structural membe  | er (V Zones only)                         |                      |                        | N/A [                     | feet                    | meters                                |
| d) Attached garage (top of slab)   | (0,,                                      |                      |                        | 8.61                      | × feet                  | meters                                |
| e) Lowest elevation of machinery or equipment sen     (Describe type of equipment and location in Com  | vicing the building iments)               |                      |                        | 9.52                      | × feet                  | meters                                |
| f) Lowest adjacent (finished) grade next to building   | (LAG)                                     |                      |                        | 7.42                      | × feet                  | meters                                |
| g) Highest adjacent (finished) grade next to building  | j (HAG)                                   |                      |                        | 8.54                      | ★ feet                  | meters                                |
| h) Lowest adjacent grade at lowest elevation of dec<br>structural support  | ck or stairs, including                   |                      |                        | <u>N/A</u> [              | feet                    | meters                                |
| SECTION D - SURVEYOR,  | ENGINEER, OR ARC                          | HITECT C             | CERTIFI                | CATION                    |                         |                                       |
| This certification is to be signed and sealed by a land sur<br>I certify that the information on this Certificate represents<br>statement may be punishable by fine or imprisonment ur   | my best efforts to interp                 | ret the da           | orized by<br>ta availa | law to ce<br>ble. I und   | ertify elev<br>lerstand | ration information.<br>that any false |
| Were latitude and longitude in Section A provided by a li  | censed land surveyor?                     | ⊠Yes                 | □No                    | ⊠c                        | heck her                | e if attachments.                     |
| Certifier's Name   | License Number                            |                      | -                      |                           |                         |                                       |
| W. Todd Tindell Title  | 4958<br>                                  |                      |                        | _                         |                         |                                       |
| Land Surveyor  |   |                      |                        |                           |                         | -                                     |
| Company Name   | •   |                      |                        | ┪                         | : :                     |                                       |
| Buchanan & Harper, Inc.  |   |                      |                        |                           | -                       | , <del>-</del>                        |
| Address<br>735 W. 11th Street  |   |                      |                        |                           | ~                       |                                       |
| City   | State                                     | ZIP Code             |                        |                           | 1                       |                                       |
| Panama City  | Florida<br>                               | 32401                |                        |                           | -                       | Land Control                          |
| Signature Sadd wolld   | Date<br>02-13-2018                        | Telephon<br>(850) 76 |                        | Ext.                      |                         |                                       |
| Copy all pages of this Elevation Certificate and all attachme  | ents for (1) community offi               | icial, (2) in:       | surance a              | agent/com                 | npany, an               | d (3) building owner.                 |
| Comments (including type of equipment and location, pe   | r C2(e), if applicable)                   |                      |                        |                           |                         |                                       |
| Item C2.e) is elevation of A/C pad.  |   |                      |                        |                           |                         |                                       |
|  |   |                      |                        |                           |                         |                                       |
|  |   |                      |                        |                           |                         |                                       |
| B&H Job No. 9603; FB 1115, Page 06   |   |                      |                        |                           |                         | Form Page 2 of 6                      |

## **ELEVATION CERTIFICATE**

| IMPORTANT: In these spaces, copy the correspondi  | FOR INSURANCE COMPANY USE                     |   |  |  |  |  |
|---|---|---|--|--|--|--|
| Building Street Address (including Apt., Unit, Suite, and 6643 North Lagoon Drive   | /or Bldg. No.) or P.O.                        | Route and Box No.                                     | Policy Number:   |  |  |  |
|   | State<br>Florida                              | ZIP Code<br>32408                                     | 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).   |   |   |  |  |  |  |
| <ul> <li>a) Top of bottom floor (including basement,<br/>crawlspace, or enclosure) is</li> <li>b) Top of bottom floor (including basement,</li> </ul>   |   | feet  | s above or below the HAG.  |  |  |  |
| crawlspace, or enclosure) is  |   | feet  | s above or below the LAG.  |  |  |  |
| E2. For Building Diagrams 6–9 with permanent flood of<br>the next higher floor (elevation C2.b in<br>the diagrams) of the building is   | penings provided in S                         | ection A Items 8 and/or                               |  |  |  |  |
| E3. Attached garage (top of slab) is  |   |   |  |  |  |  |
| E4. Top of platform of machinery and/or equipment servicing the building is   |   | feet   meter  | s  |  |  |  |
| E5. Zone AO only: If no flood depth number is available   | e, is the top of the bot<br>No                | tom floor elevated in ac                              |  |  |  |  |
| SECTION F - PROPERTY OWN  | IER (OR OWNER'S I                             | REPRESENTATIVE) CE                                    | RTIFICATION  |  |  |  |
| The property owner or owner's authorized representativ community-issued BFE) or Zone AO must sign here. The   | e who completes Sec<br>le statements in Secti | ctions A, B, and E for Zo<br>ions A, B, and E are con | ne A (without a FEMA-issued or rect to the best of my knowledge. |  |  |  |
| Property Owner or Owner's Authorized Representative's   | s Name  |   |  |  |  |  |
| Address   | City  | Sta   | ate ZIP Code   |  |  |  |
| Signature   | Date  | Те  | lephone  |  |  |  |
| Comments  | •   |   |  |  |  |  |
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|   |   |   | Check here if attachments.                                       |  |  |  |

## **ELEVATION CERTIFICATE**

| MPORTANT: In these spaces, copy the corre  |                         | FOR INSURANCE COMPANY USE             |          |  |  |  |
|--|-------------------------|---------------------------------------|----------|--|--|--|
| Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box 6643 North Lagoon Drive  |                         |                                       |          | Policy Number:                                     |  |  |
| City<br>Panama City Beach  | State<br>Florida        | ZIP Code<br>32408                     |          | 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 or Zone AO.   | on E for a building loo | ated in Zone A (withou                | t a FEMA | A-issued or community-issued BFE)                  |  |  |
| G3.  The following information (Items G4-  | G10) is provided for o  | ommunity floodplain m                 | anageme  | ent purposes.                                      |  |  |
| G4. Permit Number  | G5. Date Permit Iss     |                                       |          | Pate Certificate of<br>compliance/Occupancy Issued |  |  |
| RB16-1008  | 11 -28-1                | 16                                    |          |  |  |  |
| G7. This permit has been issued for:   | New Construction        | Substantial Improver                  | ment     |  |  |  |
| G8. Elevation of as-built lowest floor (including of the building:   | basement)               |                                       | ☐ feet   | meters Datum                                       |  |  |
| G9. BFE or (in Zone AO) depth of flooding at t   | he building site:       |                                       | ☐ feet   | meters Datum                                       |  |  |
| G10. Community's design flood elevation:   | -                       | · · · · · · · · · · · · · · · · · · · | ☐ feet   | meters Datum                                       |  |  |
| Local Official's Name  Octe  Title   |                         |                                       |          |  |  |  |
| Community Name   |                         | Telephone                             |          |  |  |  |
| Signature  |                         | Date 3/1/2018                         |          |  |  |  |
| Comments (Including type of equipment and loc  | ation, per C2(e), if ap | pplicable)                            |          |  |  |  |
| OX for C.o.  |                         |                                       |          |  |  |  |
| lyp  |                         |                                       |          |  |  |  |
| •  |                         |                                       |          |  |  |  |
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|  |                         |                                       |          |  |  |  |
|  |                         |                                       |          |  |  |  |
|  |                         |                                       |          | Check here if attachments.                         |  |  |

#### **BUILDING PHOTOGRAPHS**

**ELEVATION CERTIFICATE** 

See Instructions for Item A6.

OMB No. 1660-0008

Expiration Date: November 30, 2018

| IMPORTANT: In these spaces, copy                                 | FOR INSURANCE COMPANY USE |          |                     |
|--|---------------------------|----------|---------------------|
| Building Street Address (including Ap<br>6643 North Lagoon Drive | Policy Number:            |          |                     |
| City   | State                     | ZIP Code | Company NAIC Number |
| Panama City Beach  | Florida                   | 32408    | ع المرات الم        |

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

## **BUILDING PHOTOGRAPHS**

## **ELEVATION CERTIFICATE**

**Continuation Page** 

| MPORTANT: In these spaces, copy the   | corresponding information (        | rom Section A.    |          | FOR INSURANCE COMPANY USE        |
|---|------------------------------------|-------------------|----------|----------------------------------|
| Building Street Address (including Apt., Ur 6643 North Lagoon Drive   | nit, Suite, and/or Bldg. No.) or l | P.O. Route and Bo | x No.    | Policy Number:                   |
| City  | State                              | ZIP Code          |          | Company NAIC Number              |
| Panama City Beach   | Florida                            | 32408             |          | Company White Number             |
| If submitting more photographs than will with: date taken; "Front View" and "R photographs must show the foundation w | lear View"; and, if required,      | "Right Side View  | " and "L | eft Side View." When applicable, |
|   |                                    |                   |          |                                  |
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|   | Photo Thre                         | e                 |          |                                  |
| Photo Three Caption   |                                    |                   |          | Clear Photo Three                |
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| Photo Four Caption  |                                    |                   |          | Clear Photo Four                 |