# 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.

A1. Building Owner's Name RICHARD AND ELLEN SIMPSON  A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 706 BEACHCOMBER DRIVE  City LYNN HAVEN  Policy Number Company NA  Company NA  ZIP Code 32444	
Box No.   706 BEACHCOMBER DRIVE	er.
LYNN HAVEN FLORIDA 32444	IC Number:
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) PARCEL ID #08945-185-000, LOT 21, BLOCK C, NORTHSHORE UNIT 2	
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) RESIDENTIAL	
A5. Latitude/Longitude: Lat. N30d14'08" Long. W85d40'20" Horizontal Datum: NAD 19	27 🗵 NAD 1983
A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insurance.	
A7. Building Diagram Number1B	
A8. For a building with a crawlspace or enclosure(s):	
a) Square footage of crawlspace or enclosure(s) sq ft	
b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grad	de
c) Total net area of flood openings in A8.b sq in	
d) Engineered flood openings?	
A9. For a building with an attached garage:	
a) Square footage of attached garage868 sq ft	
b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade	0
c) Total net area of flood openings in A9.b sq in	
d) Engineered flood openings?   Yes   No	
SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION	
B1. NFIP Community Name & Community Number B2. County Name	B3. State
BAY COUNTY 120004 BAY	FLÓRIDA
17 17 17 17 17 17 17 17 17 17 17 17 17 1	Flood Elevation(s) a AO, use Base d Depth)
Revised Date Flood	7.0
	•
Revised Date   Flood   12005C0331   H   06/02/2009   06/02/2009   AE	···
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9:	
H 06/02/2009 Revised Date 06/02/2009 AE Flood  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:	PA)? ☐ Yes ⊠ No
12005C0331	PA)? ☐ Yes ⊠ No

## **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. 706 BEACHCOMBER DRIVE				Policy Number:		
City State LYNN HAVEN FLORID		Code 4	(	Company NAIC Number		
SECTION C – BUILDING ELEVA	ATION INFORMAT	ION (SURVI	EY REC	QUIRED)		
C1. Building elevations are based on: Construction D	rawings*	ding Under Co	onstruct	ion* ×	Finish	ed Construction
*A new Elevation Certificate will be required when const		-				
C2. Elevations – Zones A1–A30, AE, AH, A (with BFE), VE, Complete Items C2.a–h below according to the building Benchmark Utilized: K 42 ELEVATION 13.71	V1-V30, V (with BF diagram specified in Vertical Datum:	n Item A7. In	A, AR/Al Puerto I	E, AR/A1– Rico only,	A30, A enter n	R/AH, AR/AO. neters.
Indicate elevation datum used for the elevations in items	a) through h) below	v.				
☐ NGVD 1929 ⊠ NAVD 1988 ☐ Other/Sour	ce:					
Datum used for building elevations must be the same as	that used for the B	FE.		Check t	he mea	asurement used.
a) Top of bottom floor (including basement, crawlspace	, or enclosure floor)	10	5		feet	meters
b) Top of the next higher floor		22	5	×	feet	meters
c) Bottom of the lowest horizontal structural member (V	Zones only)	NA.		🗙	feet	meters
d) Attached garage (top of slab)	11 m	9	7	🖂	feet	meters
<ul> <li>e) Lowest elevation of machinery or equipment servicin (Describe type of equipment and location in Commer</li> </ul>		10.	1	X	feet	meters
f) Lowest adjacent (finished) grade next to building (LA	G)		5	X	feet	meters
g) Highest adjacent (finished) grade next to building (H/	AG)	<u>9</u> .	2	X	feet	meters
<ul> <li>h) Lowest adjacent grade at lowest elevation of deck or structural support</li> </ul>	stairs, including	NA.		🗙	feet	meters
SECTION D - SURVEYOR, EN	GINEER, OR ARC	HITECT CE	RTIFIC	ATION		
This certification is to be signed and sealed by a land surveyor a certify that the information on this Certificate represents my statement may be punishable by fine or imprisonment under	best efforts to interp	oret the data	ed by la available	aw to certif e. I unders	y eleva stand th	ition information. nat any false
Were latitude and longitude in Section A provided by a licens			No	Chec	ck here	if attachments.
	cense Number B.#5800 L.S.#436	9				
Title REGISTERED LAND SURVEYOR					IEI	
Company Name SEA LEVEL SURVEYING AND MAPPING, INC.				1	Pla Se	
Address 1219 MAINE AVENUE				6	Ho	, 0
,	ate .ORIDA	ZIP Code 32444			1.2	0.10
	ate 7/20/2018	Telephone (850) 265-48	300			
Copy all pages of this Elevation Certificate and all attachments f	or (1) community offi	cial, (2) insura	ance age	ent/compai	ny, and	(3) building owner.
Comments (including type of equipment and location, per C2(C2(e) AIR CONDITONER ON PAD OUTSIDE OF STRUCTURE)						

## **ELEVATION CERTIFICATE**

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

IMPORT	ANT: In these spaces, copy the correspor	nding information fr	om Section A.		FOR INSURANCE COMPANY USE
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 706 BEACHCOMBER DRIVE					Policy Number:
City LYNN H	IAVEN	State FLORIDA	ZIP Code 32444		Company NAIC Number
	SECTION E – BUILDING E FOR ZO	LEVATION INFOR			REQUIRED)
For Zon complet enter me	es AO and A (without BFE), complete Items is e Sections A, B,and C. For Items E1–E4, use eters.	E1–E5. If the Certific e natural grade, if ava	ate is intended to ailable. Check the	support a measure	LOMA or LOMR-F request, ment used. In Puerto Rico only,
the	vide elevation information for the following ar highest adjacent grade (HAG) and the lowes Top of bottom floor (including basement,			w whether	r the elevation is above or below
	crawlspace, or enclosure) is		feet	meter meter	rs  above or  below the HAG.
0,	Top of bottom floor (including basement, crawlspace, or enclosure) is		leet	meter	s above or below the LAG.
the	Building Diagrams 6–9 with permanent flood next higher floor (elevation C2.b in diagrams) of the building is	openings provided i	n Section A Item	_	
	ached garage (top of slab) is			meter	
E4. Top	o of platform of machinery and/or equipment vicing the building is			meter	rs
E5. Zor	ne AO only: If no flood depth number is availad depth	ble, is the top of the	bottom floor elev	ated in acc	cordance with the community's
	SECTION F - PROPERTY OV	WNER (OR OWNER	S REPRESENT	ATIVE) CE	RTIFICATION
The prop	perty owner or owner's authorized representa nity-issued BFE) or Zone AO must sign here.	tive who completes the Statements in Section 1985.	Sections A, B, an	d E for Zo E are con	ne A (without a FEMA-issued or rect to the best of my knowledge.
Property	Owner or Owner's Authorized Representative	e's Name			
Address		Ci	ty	Sta	ate ZIP Code
Signatur	re	Da	ite	Tel	lephone
Commer	nts				
					į
					i
					Check here if attachments.

## **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 Bo 706 BEACHCOMBER DRIVE	ox No. Policy Number:				
City State ZIP Code LYNN HAVEN FLORIDA 32444	Company NAIC Number				
SECTION G - COMMUNITY INFORMATION (OPT	TONAL)				
The local official who is authorized by law or ordinance to administer the community's flood Sections A, B, C (or E), and G of this Elevation Certificate. Complete the applicable item(sused in Items G8–G10. In Puerto Rico only, enter meters.					
G1. The information in Section C was taken from other documentation that has been engineer, or architect who is authorized by law to certify elevation information. (It data in the Comments area below.)					
G2. A community official completed Section E for a building located in Zone A (without or Zone AO.	ut a FEMA-issued or community-issued BFE)				
G3. The following information (Items G4–G10) is provided for community floodplain r	nanagement purposes.				
G4. Permit Number G5. Date Permit Issued 65. Date Permit Issued	G6. Date Certificate of Compliance/Occupancy Issued				
G7. This permit has been issued for:  New Construction Substantial Improve	ment				
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 Porter Title					
Community Name Telephone					
Signature Date 7/23/	2018				
Comments (including type of equipment and location, per C2(e), if applicable)					
Approved Co. C. C.					
wp					
	Check here if attachments.				

### **BUILDING PHOTOGRAPHS**

#### **ELEVATION CERTIFICATE**

Continuation Page

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

IMPORTANT: In these spaces, co	FOR INSURANCE COMPANY USE Policy Number:		
Building Street Address (including 706 BEACHCOMBER DRIVE			
City	State	ZIP Code	Company NAIC Number
LYNN HAVEN	FLORIDA	32444	
			Annual Control of the

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 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, c	FOR INSURANCE COMPANY USE Policy Number:		
Building Street Address (including 706 BEACHCOMBER DRIVE			
City	State	ZIP Code	Company NAIC Number
LYNN HAVEN	FLORIDA	32444	

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 Four

Photo Three

Photo Three Caption

Photo Four Caption