# 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.

					FOR INSUF	RANCE COMPANY USE
A1. Building Owner's Name RON NOVONGLOSKY				Policy Num	ber:	
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 209 DUNE CREST LANE				Company N	AIC Number:	
City State			ZIP Code			
				32413		
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) LOT 13 BLOCK "G" CARILLION BEACH PHASE 2, TAX PARCEL No. 36459-162-000						
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) RESIDENTIAL				RESIDENTIAL		
A5. Latitude/Longitude: Lat. 30°15'52.2" N Long. 85°58'49.1" W Horizontal Date				Horizontal Datur	n: 🔲 NAD 1	927 🗵 NAD 1983
A6. Attach at least 2 photograph	ns of the building if the	Certific	ate is being used to	obtain flood insur	ance.	
A7. Building Diagram Number	8					
A8. For a building with a crawlsp	pace or enclosure(s):					
a) Square footage of crawls	pace or enclosure(s)		1,360 sq ft			
b) Number of permanent flo	od openings in the cra	wispac	e or enclosure(s) w	ithin 1.0 foot above	adjacent gra	ade4
c) Total net area of flood op	enings in A8.b1,7	58s	sq in			
d) Engineered flood opening	gs? ☐ Yes ☒ No	)				
A9. For a building with an attach	ed garage:					
· ·	a) Square footage of attached garage0 sq ft					
b) Number of permanent flo	· · · · · · · · · · · · · · · · · · ·			ot above adjacent	arade	0
		0	sq in			
c) Total net area of flood openings in A9.b						
SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION						
B1. NFIR Community Name & Co BAY COUNTY 120004	ommunity Number		B2. County Name BAY			B3. State Florida
B4. Map/Panel B5. Suffix Number	B6. FIRM Index Date	E	IRM Panel ffective/ evised Date	B8. Flood Zone(s	´	se Flood Elevation(s) ne AO, use Base and Depth)
12005C0163 H	06/02/2009		2/2009	AE	9.0 FEE	
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 OPA						
			_			

## **ELEVATION CERTIFICATE**

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

IMPORTANT: In these spaces, copy the corresponding in	FOR INSURANCE COMPANY USE			
Building Street Address (including Apt., Unit, Suite, and/or B 209 DUNE CREST LANE	Policy Number:			
City State PANAMA CITY BEACH Florid	ZIP C a 32413		Company NAIC Number	
SECTION C – BUILDING ELEV	VATION INFORMATI	ON (SURVEY F	REQUIRED)	
C1. Building elevations are based on: Construction  *A new Elevation Certificate will be required when con  C2. Elevations – Zones A1–A30, AE, AH, A (with BFE), VI Complete Items C2.a–h below according to the buildin Benchmark Utilized: DEP R-3  Indicate elevation datum used for the elevations in item  NGVD 1929 NAVD 1988 Other/So Datum used for building elevations must be the same  a) Top of bottom floor (including basement, crawlspan b) Top of the next higher floor c) Bottom of the lowest horizontal structural member d) Attached garage (top of slab)  e) Lowest elevation of machinery or equipment service (Describe type of equipment and location in Commit Lowest adjacent (finished) grade next to building (including the property of the service).	Drawings*  Buildingstruction of the Bridge	ing Under Constr g is complete. E), AR, AR/A, AF Item A7. In Pue NAVD 1988	ruction*   Finished Construction	
h) Lowest adjacent grade at lowest elevation of deck structural support		9. 3	X feet meters	
SECTION D - SURVEYOR, E	NGINEER, OR ARC	HITECT CERTII	FICATION	
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?				
AND SOURCE AND THE CONTROL OF THE CO	License Number 6041			
Title PRESIDENT  Company Name Z'S LAND SURVEYING & MAPPING, INC  Address PO BOX 396/ 2281 SEAY ROAD		7	Place In VIII	
City COTTONDALE	State Florida	ZIP Code 32431		
Signature  Copy all pages of this Elevation Certificate and all attachmen		Telephone (850) 579-2315 cial, (2) insurance	e agent/company, and (3) building owner.	
Comments (including type of equipment and location, per C2(e), if applicable) A5. LATITUDE AND LONGITUDE WERE DERIVED FROM THE BAY COUNTY PROPERTY APPRAISER WEBSITE C2(e) AIR CONDITIONER THAT SERVICES THE RESIDENCE.				

## **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 209 DUNE CREST LANE		Box No.	Policy Number:
•	State ZIP Code Florida 32413		Company NAIC Number
	EVATION INFORMATION (SU E AO AND ZONE A (WITHOUT		REQUIRED)
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.			
<ul><li>E1. Provide elevation information for the following and the highest adjacent grade (HAG) and the lowest a</li><li>a) Top of bottom floor (including basement,</li></ul>		thow whetner	r the elevation is above or below
crawlspace, or enclosure) is b) Top of bottom floor (including basement,	fe	et 🗌 meter	s above or below the HAG.
crawlspace, or enclosure) is		et meter	<del>_</del>
E2. For Building Diagrams 6–9 with permanent flood of the next higher floor (elevation C2.b in the diagrams) of the building is	openings provided in Section A Ite		
E3. Attached garage (top of slab) is	[ fe	et 🗌 meter	s above or below the HAG.
E4. Top of platform of machinery and/or equipment servicing the building is	[] fe	et 🗌 meter	s above or below the HAG.
E5. Zone AO only: If no flood depth number is available floodplain management ordinance?   Yes	e, is the top of the bottom floor el  No Unknown. The local of	evated in acconficial must o	cordance with the community's certify this information in Section G.
SECTION F - PROPERTY OW	NER (OR OWNER'S REPRESEN	ITATIVE) CE	RTIFICATION
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.			
community-issued BFE) or Zone AO must sign here. To	he statements in Sections A, B, a	nd E are con	rect to the best of my knowledge.
community-issued BFE) or Zone AO must sign here. To Property Owner or Owner's Authorized Representative		ind E are con	rect to the best of my knowledge.
community-issued BFE) or Zone AO must sign here. The		nd E are con	
community-issued BFE) or Zone AO must sign here. To Property Owner or Owner's Authorized Representative	's Name	Sta	
community-issued BFE) or Zone AO must sign here. To Property Owner or Owner's Authorized Representative Address	's Name City	Sta	ate ZIP Code
community-issued BFE) or Zone AO must sign here. To Property Owner or Owner's Authorized Representative Address  Signature	's Name City	Sta	ate ZIP Code
community-issued BFE) or Zone AO must sign here. To Property Owner or Owner's Authorized Representative Address  Signature	's Name City	Sta	ate ZIP Code
community-issued BFE) or Zone AO must sign here. To Property Owner or Owner's Authorized Representative Address  Signature	's Name City	Sta	ate ZIP Code
community-issued BFE) or Zone AO must sign here. To Property Owner or Owner's Authorized Representative Address  Signature	's Name City	Sta	ate ZIP Code
community-issued BFE) or Zone AO must sign here. To Property Owner or Owner's Authorized Representative Address  Signature	's Name City	Sta	ate ZIP Code
community-issued BFE) or Zone AO must sign here. To Property Owner or Owner's Authorized Representative Address  Signature	's Name City	Sta	ate ZIP Code
community-issued BFE) or Zone AO must sign here. To Property Owner or Owner's Authorized Representative Address  Signature	's Name City	Sta	ate ZIP Code
community-issued BFE) or Zone AO must sign here. To Property Owner or Owner's Authorized Representative Address  Signature	's Name City	Sta	ate ZIP Code
community-issued BFE) or Zone AO must sign here. To Property Owner or Owner's Authorized Representative Address  Signature	's Name City	Sta	ate ZIP Code

## **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 209 DUNE CREST LANE	ox No. Policy Number:
City State ZIP Code PANAMA CITY BEACH Florida 32413	Company NAIC Number
SECTION G - COMMUNITY INFORMATION (OPT	IONAL)
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.	dplain management ordinance can complete and sign below. Check the measurement
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. (In data in the Comments area below.)	signed and sealed by a licensed surveyor, andicate the source and date of the elevation
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	G6. Date Certificate of Compliance/Occupancy Issued
R17-1062 11-6-17	
G7. This permit has been issued for:  New Construction  Substantial Improve	ement
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	- 37
Signature Date 2 8 201	9
Comments (including type of equipment and location, per C2(e), if applicable)	
OK for C.O.	
UP	
	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 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. 209 DUNE CREST LANE			Policy Number:
City	State	ZIP Code	Company NAIC Number
PANAMA CITY BEACH	Florida	32413	

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 01/18/2019



Photo Two

Photo Two Caption REAR VIEW 01/18/2019

#### **BUILDING PHOTOGRAPHS**

### **ELEVATION CERTIFICATE**

Continuation Page

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., 209 DUNE CREST LANE	Unit, Suite, and/or Bldg. No.)	or P.O. Route and Box No.	Policy Number:
City PANAMA CITY BEACH	State Florida	ZIP Code 32413	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.



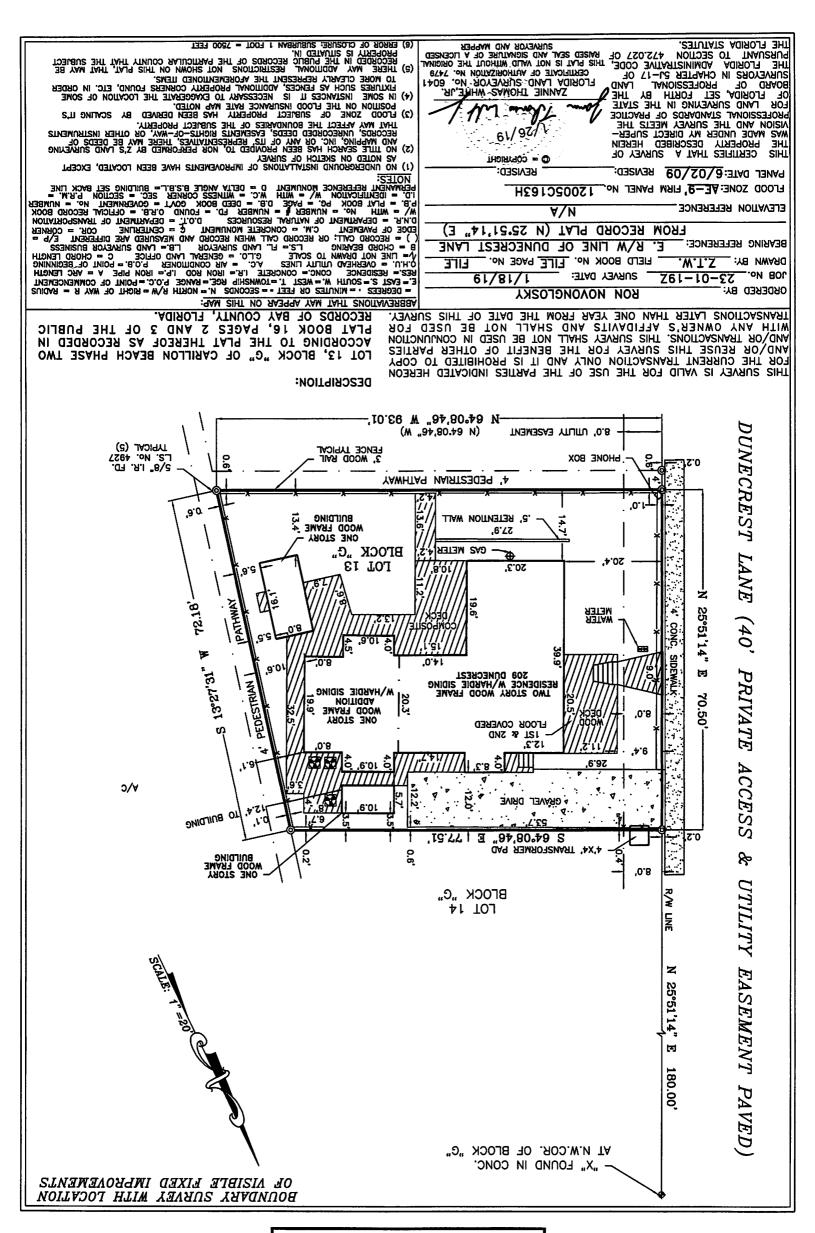
Photo One

Photo One Caption RIGHT SIDE REAR VIEW 01/18/2019



Photo Two

Photo Two Caption LEFT REAR VIEW WITH AIR CONDITIONERS 01/18/2019



Test (Collins of Collins of Colli	PENERGEST VANS 40' PRIVACE ACCENS & UTILITY CASEMENT PAVICE)	24.1% (100.1%)  25.1% (100.1%)  26.1% (100.1%)
A DATE OF THE PROPERTY OF THE		
1990 (1990) - 1990 (1990) 1990 (1990) - 1990 1990 (1990) - 1990 (1990) 1990 (1990) - 1990 (1990)		