#### 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                                                                                                          | FO                                            | R INSURANCE COMPANY USE                           |  |  |
|-------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|---------------------------------------------------|--|--|
| A1. Building Owner's Name                                                                                                                 | Po                                            | licy Number:                                      |  |  |
| D.R. Horton                                                                                                                               | *                                             |                                                   |  |  |
| A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Rou Box No.                                           | ute and Co                                    | mpany NAIC Number:                                |  |  |
| 258 Hidalgo Drive                                                                                                                         | L                                             | 20.1                                              |  |  |
| Panama City State Florida                                                                                                                 | City State ZIP Code Panama City Florida 32409 |                                                   |  |  |
| A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description Lot 41, Fanning Bayou Phase 2 Parcel # 0824-100-220 | ption, etc.)                                  |                                                   |  |  |
| A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.)                                                          | esidential                                    |                                                   |  |  |
| A5. Latitude/Longitude: Lat. 30°16'30.47"N Long. 85°40'33.24"W H                                                                          | lorizontal Datum: [                           | NAD 1927 ⊠ NAD 1983                               |  |  |
| A6. Attach at least 2 photographs of the building if the Certificate is being used to ob                                                  | tain flood insuranc                           | e.                                                |  |  |
| 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 ad                             | jacent grade                                      |  |  |
| c) Total net area of flood openings in A8.bsq in                                                                                          |                                               |                                                   |  |  |
| d) Engineered flood openings?                                                                                                             |                                               |                                                   |  |  |
| A9. For a building with an attached garage:                                                                                               |                                               |                                                   |  |  |
| a) Square footage of attached garage sq ft                                                                                                |                                               |                                                   |  |  |
| b) Number of permanent flood openings in the attached garage within 1.0 foot at                                                           | bove adjacent grad                            | de 0                                              |  |  |
| c) Total net area of flood openings in A9.b 0 sq in                                                                                       |                                               |                                                   |  |  |
| d) Engineered flood openings?                                                                                                             |                                               |                                                   |  |  |
|                                                                                                                                           |                                               |                                                   |  |  |
| SECTION B - FLOOD INSURANCE RATE MAP (FIR                                                                                                 | RM) INFORMATIO                                | ON                                                |  |  |
| B1. NFIP Community Name & Community Number B2. County Name                                                                                |                                               | B3. State                                         |  |  |
| Bay County - 120004                                                                                                                       |                                               | Florida                                           |  |  |
| B4. Map/Panel Number B5. Suffix B6. FIRM Index Date B7. FIRM Panel Effective/ B8.                                                         | 3. Flood Zone(s)                              | B9. Base Flood Elevation(s)<br>(Zone AO, use Base |  |  |
| 12005C0218 H 06/02/2009 Revised Date 06/02/2009 AE                                                                                        |                                               | Flood Depth) 7.0'                                 |  |  |
| R10 Indicate the source of the Page Fleed Flevetien (RFF) data as here fleed the M                                                        |                                               |                                                   |  |  |
| B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth  FIS Profile FIRM Community Determined Other/Source:  | entered in Item B9                            | :                                                 |  |  |
| P11 Indicate elevation deturn used for DEF in the PD2 TO NOVE 1999 TO NOVE                                                                |                                               |                                                   |  |  |
| B11. Indicate elevation datum used for BFE in Item B9: NGVD 1929 NAVD                                                                     |                                               | Source:                                           |  |  |
| B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or C                                                       | Otherwise Protected                           | d Area (OPA)? ☐ Yes 区 No                          |  |  |
| Designation Date: CBRS OPA                                                                                                                |                                               |                                                   |  |  |
|                                                                                                                                           |                                               | SR 11-28-18                                       |  |  |

# **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. 258 Hidalgo Drive                                                                                                                                                                                                                                                           |                                  |                                      | Policy Number:                              |  |
| 225.00.2                                                                                                                                                                                                                                                                                                                                                                      | State ZIP Co<br>Florida 32409    |                                      | Company NAIC Number                         |  |
| SECTION C - BUILDING                                                                                                                                                                                                                                                                                                                                                          | ELEVATION INFORMATION            | ON (SURVEY R                         | EQUIRED)                                    |  |
| C1. Building elevations are based on: Constru                                                                                                                                                                                                                                                                                                                                 |                                  | ng Under Constru<br>is complete.     | uction* X Finished Construction             |  |
| 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 X-290 EL.= 8.45' Vertical Datum: NAVD-88                                                             |                                  |                                      |                                             |  |
| Indicate elevation datum used for the elevations  ☐ NGVD 1929 ☒ NAVD 1988 ☐ Oth                                                                                                                                                                                                                                                                                               | ner/Source:                      |                                      |                                             |  |
| Datum used for building elevations must be the                                                                                                                                                                                                                                                                                                                                | same as that used for the BF     | E.                                   | Check the measurement used.                 |  |
| a) Top of bottom floor (including basement, crav                                                                                                                                                                                                                                                                                                                              | wispace, or enclosure floor)     | es to                                | X feet meters                               |  |
| b) Top of the next higher floor                                                                                                                                                                                                                                                                                                                                               |                                  | N/A.                                 | X feet meters                               |  |
| c) Bottom of the lowest horizontal structural me                                                                                                                                                                                                                                                                                                                              | mber (V Zones only)              | N/A                                  | X feet meters                               |  |
| d) Attached garage (top of slab)                                                                                                                                                                                                                                                                                                                                              |                                  | 9. 74                                | X feet meters                               |  |
| e) Lowest elevation of machinery or equipment<br>(Describe type of equipment and location in 0)                                                                                                                                                                                                                                                                               | servicing the building Comments) | 11. 38                               | X feet meters                               |  |
| f) Lowest adjacent (finished) grade next to build                                                                                                                                                                                                                                                                                                                             | ding (LAG)                       | 7. 44                                | X feet  meters                              |  |
| g) Highest adjacent (finished) grade next to buil                                                                                                                                                                                                                                                                                                                             | ding (HAG)                       | 9. 14                                | 🔀 feet 🗌 meters                             |  |
| <ul> <li>h) Lowest adjacent grade at lowest elevation of<br/>structural support</li> </ul>                                                                                                                                                                                                                                                                                    | deck or stairs, including        | 8. 19                                | X feet meters                               |  |
| SECTION D - SURVEY                                                                                                                                                                                                                                                                                                                                                            | OR, ENGINEER, OR ARCH            | ITECT CERTIF                         | ICATION                                     |  |
| 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<br>Skipper C Rutherford                                                                                                                                                                                                                                                                                                                                      | License Number<br>LS3961         |                                      |                                             |  |
| Title<br>Surveyor & Mapper / President                                                                                                                                                                                                                                                                                                                                        |                                  |                                      |                                             |  |
| Company Name<br>SCR & Associates NWFL, Inc.                                                                                                                                                                                                                                                                                                                                   |                                  |                                      | Plade<br>  S&13961                          |  |
| Address<br>PO Box 958                                                                                                                                                                                                                                                                                                                                                         |                                  |                                      | Plade<br>  S.5.13961<br>  Here<br>  1-23-18 |  |
| City                                                                                                                                                                                                                                                                                                                                                                          | State                            | ZIP Code                             |                                             |  |
| Lynn Haven                                                                                                                                                                                                                                                                                                                                                                    |                                  | 32444                                | , . V.                                      |  |
| Signature                                                                                                                                                                                                                                                                                                                                                                     |                                  | Геlephone<br>850) 265-6979           |                                             |  |
| 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,  *** Signature on page 2 is not valid unless init  *** Surveyor will not be responsible for any ele                                                                                                                                                                                                                       | aled and dated on bottom rig     | ht of page 1 ***<br>anged by others. |                                             |  |
| B8 and B9 - from LOMR effective date 6/27/16 C2.e) Lowest machinery used was bottom of h                                                                                                                                                                                                                                                                                      |                                  |                                      |                                             |  |
|                                                                                                                                                                                                                                                                                                                                                                               |                                  |                                      |                                             |  |

# **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. F 258 Hidalgo Drive                                                                                                                                                                                                                                                                                                                                                                                    | Route and          | Box                     | No.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Policy Number:                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | IP Code<br>32409   |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Company NAIC Number                   |
| SECTION E – BUILDING ELEVATION INFORMAT<br>FOR ZONE AO AND ZONE A (                                                                                                                                                                                                                                                                                                                                                                                                                    | TION (SU<br>WITHOU | JRVE<br>T BF            | Y NOT (<br>E)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 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.  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  b) Top of bottom floor (including basement, crawlspace, or enclosure) is                                                                                                                                                                                                                                                                                                                                     | [f                 | _                       | meters                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                       |
| E2. For Building Diagrams 6–9 with permanent flood openings provided in Se the next higher floor (elevation C2.b in the diagrams) of the building is  E3. Attached garage (top of slab) is  E4. Top of platform of machinery and/or equipment servicing the building is                                                                                                                                                                                                                | ction A It         | ems &<br>eet [<br>eet [ | and/or sand/or | 9 (see pages 1–2 of Instructions),  s |
| E5. Zone AO only: If no flood depth number is available, is the top of the botto floodplain management ordinance?   Yes No Unknown.                                                                                                                                                                                                                                                                                                                                                    | The local          | offici                  | ed in acc<br>al must c                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ertify this information in Section G. |
| SECTION F - PROPERTY OWNER (OR OWNER'S R                                                                                                                                                                                                                                                                                                                                                                                                                                               | EPRESE             | NTAT                    | (IVE) 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.                                                                                                                                                                                                                       |                    |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       |
| Property Owner or Owner's Authorized Representative's Name                                                                                                                                                                                                                                                                                                                                                                                                                             |                    |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       |
| Address City                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                    | ****                    | Sta                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ite ZIP Code                          |
| Signature Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                    |                         | Tel                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ephone                                |
| Comments                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                    |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                    |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Check here if attachments.            |

# **ELEVATION CERTIFICATE**

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| IMPORTANT: In these spaces, copy the corresponding information from Secti                                                                                                                                                          |                                          | FOR INSURANCE COMPANY USE                                               |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|-------------------------------------------------------------------------|
| Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route 258 Hidalgo Drive                                                                                                                            | and Box No.                              | Policy Number:                                                          |
| CityStateZIP CPanama CityFlorida3240                                                                                                                                                                                               |                                          | Company NAIC Number                                                     |
| SECTION G - COMMUNITY INFORMATION                                                                                                                                                                                                  | N (OPTIONAL)                             |                                                                         |
| The local official who is authorized by law or ordinance to administer the communit Sections A, B, C (or E), and G of this Elevation Certificate. Complete the applicable used in Items G8–G10. In Puerto Rico only, enter meters. | y's floodplain ma<br>e item(s) and sign  | nagement ordinance can complete<br>a below. Check the measurement       |
| G1. The information in Section C was taken from other documentation that he engineer, or architect who is authorized by law to certify elevation inform data in the Comments area below.)                                          | as been signed ar<br>ation. (Indicate th | nd sealed by a licensed surveyor,<br>e source and date of the elevation |
| G2. A community official completed Section E for a building located in Zone or Zone AO.                                                                                                                                            | A (without a FEM                         | A-issued or community-issued BFE)                                       |
| G3. The following information (Items G4–G10) is provided for community floor                                                                                                                                                       | odplain managem                          | ent purposes.                                                           |
| G4. Permit Number G5. Date Permit Issued                                                                                                                                                                                           | G6. I                                    | Date Certificate of<br>Compliance/Occupancy Issued                      |
| 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 3                                                                                                                                                                                                                   | 12/2019                                  |                                                                         |
| Comments (including type of equipment and location, per C2(e), if applicable)                                                                                                                                                      |                                          |                                                                         |
| A3. Parcel number should read "08424-100-20                                                                                                                                                                                        | 00                                       |                                                                         |
| ok far c.o.                                                                                                                                                                                                                        |                                          |                                                                         |
| CN .                                                                                                                                                                                                                               |                                          |                                                                         |
|                                                                                                                                                                                                                                    |                                          |                                                                         |
|                                                                                                                                                                                                                                    |                                          |                                                                         |
|                                                                                                                                                                                                                                    |                                          | 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 A<br>258 Hidalgo Drive                      | Apt., Unit, Suite, and/or Bldg. No.) | or P.O. Route and Box No. | Policy Number:            |
| City<br>Panama City                                                            | State<br>Florida                     | ZIP Code<br>32409         | Company NAIC Number       |

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

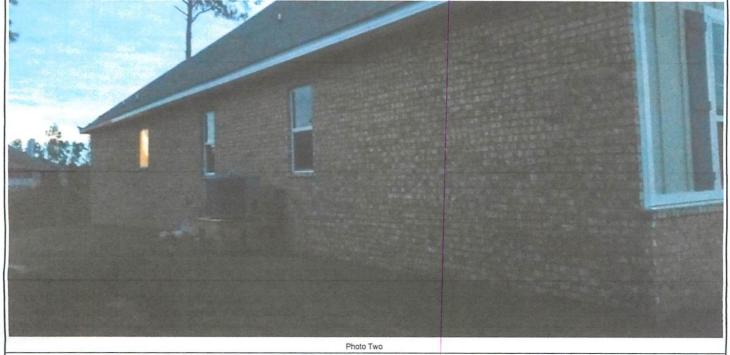


Photo Two Caption

Left Side View

### **BUILDING PHOTOGRAPHS**

### **ELEVATION CERTIFICATE**

Continuation Page

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|--------------------------------------------------------------------------------|----------------------------------------|--------------------------|---------------------------|
| Building Street Address (including A 258 Hidalgo Drive                         | opt., Unit, Suite, and/or Bldg. No.) o | or P.O. Route and Box No | o. Policy Number:         |
| City<br>Panama City                                                            | State<br>Florida                       | ZIP Code<br>32409        | 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

Rear View



Photo Two

Photo Two Caption

Right Side View