#### 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.

Copy all pages of this Elevation C				y official, (2) frisure		RANCE COMPANY USE
SECTION A - PROPERTY INFORMATION  A1. Building Owner's Name					Policy Num	
D.R.Horton, INC.					T Glicy North	
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.					Company N	IAIC Number:
313 Confidence Way						
-					ZIP Code	
Panama City			Florida		32409	
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)  Lot 9, Fanning Bayou Phase 5 Parcel ID 08428-100-090						
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) Residential						
A5. Latitude/Longitude: Lat. 3	80°16'23.52" N	Long. 8	5°40'17.26" V	/ Horizontal	Datum: NAD 1	1927 X NAD 1983
A6. Attach at least 2 photogra	phs of the building if the	e Certific	ate is being u	sed to obtain floor	d insurance.	
A7. Building Diagram Number	1A					
A8. For a building with a crawl	space or enclosure(s):					
a) Square footage of craw	vispace or enclosure(s)			0.00 sq ft		
b) Number of permanent f	lood openings in the cr	awispac	e or enclosure	s(s) within 1.0 foot	above adjacent gra	ade
c) Total net area of flood of	ppenings in A8.b		sq ir			
d) Engineered flood open	ings? Yes N	No.				
A9. For a building with an attac	thed garage:					
Square footage of attact	thed garage		411.00 sq ft			
b) Number of permanent f			10000000000		acent grade	
c) Total net area of flood of						
d) Engineered flood openi	Acceptance of the control of the con					
S	ECTION B - FLOOD I	INSURA	NCE RATE	MAP (FIRM) INF	ORMATION	
B1. NFIP Community Name &	Community Number		B2. County	Name		B3. State
Bay County - 120004			Bay			Florida
B4. Map/Panel B5. Suffix Number	B6. FIRM Index Date	Effe	RM Panel ective/	B8. Flood Zone(s)	B9. Base Flood E (Zone AO, use	llevation(s) e Base Flood Depth)
12005C0218 H	06-02-2009	06-02-2	vised Date 2009	AE	7.0'	
	1				L	
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 X NAVD 1988 C 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						
SK 3.12.19						

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## **ELEVATION CERTIFICATE**

IMPORTANT: In these spaces, copy the corresponding	FOR INSURANCE COMPANY USE				
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 313 Confidence Way			Policy Number:		
D		Code 409	Company NAIC Number		
SECTION C - BUILDING E	LEVATION INFORMA	TION (SURVEY RI	EQUIRED)		
C1. Building elevations are based on: Construc *A new Elevation Certificate will be required when		ilding Under Constru	uction*		
C2. Elevations – Zones A1–A30, AE, AH, A (with BFE Complete Items C2.a–h below according to the bu Benchmark Utilized: NGS BM # X-290 Elev = 8.4	), VE, V1–V30, V (with uilding diagram specified 5' Vertical Datun	BFE), AR, AR/A, AR/ I in Item A7. In Puert n: NAVD 88	AE, AR/A1-A30, AR/AH, AR/AO. O Rico only, enter meters.		
Indicate elevation datum used for the elevations in ☐ NGVD 1929 ☒ NAVD 1988 ☐ Other Datum used for building elevations must be the sa	r/Source:				
a) Top of bottom floor (including basement, crawls	space, or enclosure floo	r)	Check the measurement used.  12.25 🔀 feet 🗌 meters		
b) Top of the next higher floor			N/A feet meters		
c) Bottom of the lowest horizontal structural memi	ber (V Zones only)		N/A feet meters		
d) Attached garage (top of slab)			N/A feet meters		
<ul> <li>e) Lowest elevation of machinery or equipment se (Describe type of equipment and location in Co</li> </ul>	ervicing the building mments)		N/A feet meters		
<li>f) Lowest adjacent (finished) grade next to building</li>	ng (LAG)		N/A feet meters		
<li>g) Highest adjacent (finished) grade next to building</li>	ng (HAG)	-	N/A feet meters		
Lowest adjacent grade at lowest elevation of destructural support	eck or stairs, including		N/A feet meters		
SECTION D - SURVEYOR	R, ENGINEER, OR AR	CHITECT CERTIFI	CATION		
This certification is to be signed and sealed by a land s I certify that the information on this Certificate represen statement may be punishable by fine or imprisonment u	is my nest etions to inte	ernret the data evoils	law to certify elevation information. ble. I understand that any false		
Were latitude and longitude in Section A provided by a	licensed land surveyor?	Yes □No	Check here if attachments.		
Certifier's Name Skipper C Rutherford	License Number LS 3961		- ac 222		
Title Surveyor & Mapper/President					
Company Name SCR & Associates NWFL, Inc.			LSSay		
Address PO Box 958			Here?		
City Lynn Haven	State Florida	ZIP Code 32444	- 1.0 KV CA (18)		
Signature	Date 08-12-2019	Telephone (850) 265-6979	Ext.		
Copy all pages of this Elevation Certificate and all attachm	nents for (1) community of	official, (2) insurance a	gent/company, and (3) building owner.		
Comments (including type of equipment and location, per	er C2(e), if applicable)				
*** Signature on page 2 is not valid unless initialed, da  *** Surveyor will not be responsible for any elevation d	ted and raised seal on lata that has been chan	oottom right of page of	1		
B8 and B9. Based on LOMR CASE No.: 15-04-8357 C2.a) and C2.d) This is not a finished floor. It is the e	elevation of the form boa	ards at the request of	D.R. Horton, Inc.		

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#### **ELEVATION CERTIFICATE**

IMPORTANT: in these spaces, copy the correspondent	FOR INSURANCE COMPANY USE				
Building Street Address (including Apt., Unit, Suite,	Policy Number:				
313 Confidence Way					
City	State	ZIP Code 32409	Company NAIC Number		
Panama City	Florida		PEO(IIPED)		
SECTION E — BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO AND ZONE A (WITHOUT BFE)					
For Zones AO and A (without BFE), complete Items E1–E5. If the Certificate is intended to support a LOMA or LOMR-F request, complete Sections A, B, and C. For Items E1–E4, use natural grade, if available. Check the measurement used. In Puerto Rico only, enter meters.					
E1. Provide elevation information for the following the highest adjacent grade (HAG) and the low	and check the appropria est adjacent grade (LAC	ate boxes to snow whether).	er the elevation is above of Delow		
a) Top of bottom floor (including basement, crawlspace, or enclosure) is      Top of bottom floor (including basement)		feet  mete	ers above or below the HAG.		
<ul> <li>Top of bottom floor (including basement, crawlspace, or enclosure) is</li> </ul>		feet mete			
E2. For Building Diagrams 6–9 with permanent flo the next higher floor (elevation C2.b in the diagrams) of the building is	od openings provided in	Section A Items 8 and/o			
E3. Attached garage (top of slab) is		feet mete	ers above or below the HAG.		
E4. Top of platform of machinery and/or equipment servicing the building is	nt	feet   mete	ers above or below the HAG.		
E5. Zone AO only: If no flood depth number is ave floodplain management ordinance?   Yes	ailable, is the top of the l	cottom floor elevated in a n. The local official mus	ccordance with the community's t certify this information in Section G.		
SECTION F - PROPERTY	OWNER (OR OWNER'	S REPRESENTATIVE)	CERTIFICATION		
The property owner or owner's authorized represe community-issued BFE) or Zone AO must sign her	ntativo who completes S	Sections A. B. and F for 7	Zone A (without a FEMA-issued or		
Property Owner or Owner's Authorized Represent	ative's Name				
Address	Ci	y	State ZIP Code		
Signature	Da	ate	Telephone		
Comments					
			☐ Check here if attachments.		
1					

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## **ELEVATION CERTIFICATE**

IMPORTANT: In these spaces, copy the corre		FOR INSURANCE COMPANY USE				
Building Street Address (including Apt., Unit, Su	No.	Policy Number:				
313 Confidence Way						
City	State	ZIP Code		Company NAIC Number		
Panama City	Florida	32409				
SECTIO	N G - COMMUNI	ITY INFORMATION (OPTIC	ONAL)			
The local official who is authorized by law or ord Sections A, B, C (or E), and G of this Elevation used in Items G8–G10. In Puerto Rico only, ent	Certificate. Comp	ster the community's floodp lete the applicable item(s) a	olain man and sign l	agement ordinance can complete below. Check the measurement		
G1. The information in Section C was taken from other documentation that has been signed and sealed by a licensed surveyor, engineer, or architect who is authorized by law to certify elevation information. (Indicate the source and date of the elevation data in the Comments area below.)						
G2. A community official completed Secti or Zone AO.	on E for a building	g located in Zone A (without	t a FEMA	-issued or community-issued BFE)		
G3.  The following information (Items G4-	G10) is provided t	for community floodplain ma	anageme	nt purposes.		
G4. Permit Number	G5. Date Permi	t Issued		ate Certificate of ompliance/Occupancy Issued		
RB19-00778	5/14/	2019		ompliance/Occupancy issued		
G7. This permit has been issued for:	New Construction	on   Substantial Improven	ment			
G8. Elevation of as-built lowest floor (including of the building:	g basement)		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  Local Official's Name  Local Official's Name		Title				
Community Name		Telephone				
Signature		Date 8/16/201	19			
Comments (including type of equipment and lo		if applicable)				
OK for nail inspection	•					
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				☐ Check here if attachments.		

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#### **BUILDING PHOTOGRAPHS**

#### **ELEVATION CERTIFICATE**

See Instructions for Item A6.

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

		FOR INSURANCE COMPANY USE	
IMPORTANT: In these spaces, copy the corresponding information from Section A.			
The Contract of the Contract o			
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.			
313 Confidence Way			
01-1-	ZID Codo	Company NAIC Number	
State	ZIF Code	Company WATO Warner	
Florida	32409		
	Suite, and/or Bldg. No.) State	Suite, and/or Bldg. No.) or P.O. Route and Box No.  State ZIP Code	

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

Form Boards for Foundation

Clear Photo One

Photo Two

Photo Two Caption

Clear Photo Two

## **BUILDING PHOTOGRAPHS**

# **ELEVATION CERTIFICATE**

Continuation Page

MPORTANT: In these spaces, copy the correspon	FOR INSURANCE COMPANY USE		
Building Street Address (including Apt., Unit, Suite, a 313 Confidence Way	Policy Number:		
	State	ZIP Code	Company NAIC Number
City	State		Company ratio radinos
Panama City	Florida	32409	
If submitting more photographs than will fit on the with: date taken; "Front View" and "Rear View" photographs must show the foundation with represe	· ond it todilite	n "Rinni Sine View Allio	Lan Sue view. Vinen applicable.
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Photo Three Caption			Clear Photo Thre
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