CWSI #16-0341 OFFICE

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					FOR INSUR	RANCE COMPANY USE
A1. Building Owner's Name PAUL SIMS					Policy Num	ber:
A2. Building Street Address (in Box No. 1419 27TH STREET WEST	ncluding Apt., Unit, Suite	e, and/o	r Bldg. No.) o	r P.O. Route and	Company N	IAIC Number:
City PANAMA CITY	-		State Florida		ZIP Code 32405	
A3. Property Description (Lot A PARCEL IN LOT 69, ST AN			-	•		
A4. Building Use (e.g., Reside	ential, Non-Residential,	Addition,	, Accessory, e	etc.) NON-RES	IDENTIAL	
A5. Latitude/Longitude: Lat.	30.196828	Long. <u>-8</u>	35.684256	Horizontal	Datum: NAD 1	1927 🗵 NAD 1983
A6. Attach at least 2 photogra	phs of the building if the	e Certific	ate is being u	sed to obtain flood	insurance.	
A7. Building Diagram Number	1B					
A8. For a building with a craw	space or enclosure(s):					
 a) Square footage of craw 	vispace or enclosure(s)			0.00 sq ft		
b) Number of permanent t	lood openings in the cra	awispace	e or enclosure	e(s) within 1.0 foot	above adjacent gra	ade <u>0</u>
c) Total net area of flood	openings in A8.b		0.00 sq in	ı		
d) Engineered flood open	ings? 🗌 Yes 🗵 N	lo				
A9. For a building with an attac	ched garage:					
a) Square footage of attac	hed garage		0.00 sq ft			
b) Number of permanent (lood openings in the att	ached g	arage within	1.0 foot above adja	acent grade 0	
c) Total net area of flood of	ppenings in A9.b		0.00 sq	in		
d) Engineered flood openi	ings? ☐ Yes ☒ N	lo				
9	SECTION B - FLOOD I	NSURA	NCE RATE	MAP (FIRM) INF	ORMATION	
B1. NFIP Community Name &			B2. County			B3. State
BAY COUNTY	120004		BAY			Florida
B4. Map/Panel B5. Suffix Number	B6. FIRM Index Date	Effe	ective/	B8. Flood Zone(s)	B9. Base Flood E (Zone AO, us	levation(s) e Base Flood Depth)
12005C-0335 H 06-02-2009 Revised Date 06-02-2009 A 19.0						
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9: ☐ FIS Profile ☐ FIRM ☒ Community Determined ☐ Other/Source:						
B11. Indicate elevation datum used for BFE in Item B9: NGVD 1929 X 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:			☐ OPA			_
			_			

IMPORTANT: In these spaces, copy the corresponding	FOR INSURANCE COMPANY USE			
Building Street Address (including Apt., Unit, Suite, and/or 1419 27TH STREET WEST	Policy Number:			
City State PANAMA CITY Flori		Code 05	Company NAIC Number	
SECTION C - BUILDING ELE	EVATION INFORMAT	TION (SURVEY RE	EQUIRED)	
C1. Building elevations are based on: Construction *A new Elevation Certificate will be required when co		lding Under Construing is complete.	uction* Finished Construction	
C2. Elevations – Zones A1–A30, AE, AH, A (with BFE), Complete Items C2.a–h below according to the build	ling diagram specified	in Item A7. In Puert	/AE, AR/A1–A30, AR/AH, AR/AO. to Rico only, enter meters.	
Benchmark Utilized: 46-03-B02 HV	Vertical Datum:			
Indicate elevation datum used for the elevations in ite ☐ NGVD 1929 ☒ NAVD 1988 ☐ Other/S		w.		
Datum used for building elevations must be the same		3FE.		
•			Check the measurement used.	
a) Top of bottom floor (including basement, crawlsp.	ace, or enclosure floor	·)	20.99 X feet meters	
b) Top of the next higher floor			N/A feet meters	
c) Bottom of the lowest horizontal structural membe	r (V Zones only)		N/A feet meters	
d) Attached garage (top of slab)			N/A feet meters	
 e) Lowest elevation of machinery or equipment serv (Describe type of equipment and location in Com 	ricing the building ments)		20.28 X feet meters	
f) Lowest adjacent (finished) grade next to building	(LAG)		20.20 X feet meters	
g) Highest adjacent (finished) grade next to building	(HAG)		20.60 X feet meters	
 h) Lowest adjacent grade at lowest elevation of dec structural support 	k or stairs, including		N/A feet meters	
SECTION D SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION				
This certification is to be signed and sealed by a land sur I certify that the information on this Certificate represents statement may be punishable by fine or imprisonment un	my best efforts to inter	rpret the data availa	y law to certify elevation information. able. I understand that any false	
Were latitude and longitude in Section A provided by a lic		⊠Yes □ No	Check here if attachments.	
Certifier's Name HULON E. WALSINGHAM	License Number 3257			
Title				
PRESIDENT			_ Place	
Company Name COUNTY WIDE SURVEYING, INC.			Seal	
Address 707 JENKS AVENUE SUITE F			Here	
City	State	ZIP Code		
PANAMA CITY	Florida	32401		
	Plorida Date 12-02-2019	32401 Telephone (850) 769-0345	Ext.	
PANAMA CITY	Date 12-02-2019	Telephone (850) 769-0345		
Signature E Courte	Date 12-02-2019 ints for (1) community o	Telephone (850) 769-0345		
Signature Signature Copy all pages of this Elevation Certificate and all attachme	Date 12-02-2019 ents for (1) community o C2(e), if applicable)	Telephone (850) 769-0345 fficial, (2) insurance		
Copy all pages of this Elevation Certificate and all attachme Comments (including type of equipment and location, per	Date 12-02-2019 ents for (1) community o C2(e), if applicable)	Telephone (850) 769-0345 fficial, (2) insurance		

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Tanan Kabupatèn

IMPORTANT: In these spaces, copy the correspondi	FOR INSURANCE COMPANY USE					
Building Street Address (including Apt., Unit, Suite, and 1419 27TH STREET WEST	or Bldg. No.) or P.O. F	Route and Box No.	Policy Number:			
	-	ZIP Code 32405	Company NAIC Number			
SECTION E - BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO AND ZONE A (WITHOUT BFE)						
For Zones AO and A (without BFE), complete Items E1-complete Sections A, B,and C. For Items E1-E4, use na 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).						
 Top of bottom floor (including basement, crawlspace, or enclosure) is 			rs 🔲 above or 🔲 below the HAG.			
 Top of bottom floor (including basement, crawlspace, or enclosure) is 						
E2. For Building Diagrams 6–9 with permanent flood or	penings provided in Se	ection A Items 8 and/or	9 (see pages 1–2 of Instructions)			
the next higher floor (elevation C2.b in the diagrams) of the building is						
E3. Attached garage (top of slab) is		_	rs 🔲 above or 🔲 below the HAG.			
E4. Top of platform of machinery and/or equipment servicing the building is						
E5. Zone AO only: If no flood depth number is available floodplain management ordinance? Yes	e, is the top of the botto No Unknown.	om floor elevated in ac	cordance with the community's certify this information in Section G.			
SECTION F - PROPERTY OWN	IER (OR OWNER'S R	EPRESENTATIVE) CE	ERTIFICATION			
The property owner or owner's authorized representative			······································			
community-issued BFE) or Zone AO must sign here. The	e statements in Section	ons A, B, and E are cor	rect to the best of my knowledge.			
Property Owner or Owner's Authorized Representative's	s Name					
Address	City	St	ate ZIP Code			
Signature	Date	Te	elephone			
Comments		-				
			☐ Check here if attachments.			

IMPORTANT: In these spaces, copy the corre	esponding information fror	n Section A.	FOR INSURANCE COMPANY USE			
Building Street Address (including Apt., Unit, St. 1419 27TH STREET WEST	uite, and/or Bldg. No.) or P.O	. Route and Box No.	Policy Number:			
City	State	ZIP Code	Company NAIC Number			
PANAMA CITY	Florida	32405	Company in no riames.			
SECTIO	N G - COMMUNITY INFOR	MATION (OPTIONAL)				
The local official who is authorized by law or or Sections A, B, C (or E), and G of this Elevation used in Items G8–G10. In Puerto Rico only, en	Certificate. Complete the ap	mmunity's floodplain ma plicable item(s) and sigr	nagement ordinance can complete n below. Check the measurement			
G1. The information in Section C was take engineer, or architect who is authorized data in the Comments area below.)	en from other documentation ed by law to certify elevation	that has been signed a information. (Indicate th	nd sealed by a licensed surveyor, e source and date of the elevation			
G2. A community official completed Section Zone AO.	on E for a building located in	Zone A (without a FEM	A-issued or community-issued BFE)			
G3. The following information (Items G4–	G10) is provided for commu	nity floodplain managem	ent purposes.			
G4. Permit Number	G5. Date Permit Issued		Date Certificate of Compliance/Occupancy Issued			
CB17-0073	7/11/2017		Somplianos, escapano, recaes			
G7. This permit has been issued for:	New Construction Subs	stantial Improvement				
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 t	he building site:	feet	meters Datum			
G10. Community's design flood elevation: feet _ meters Datum						
Local Official's Name Port	Title					
Community Name	Tele	ephone				
Signature	5/12/2020					
Comments including type of equipment and loc						
ox for co after a	CA is 1550	ed.				
\mathcal{M}						
			Check here if attachments.			

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.

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.

1419 27TH STREET WEST

City State ZIP Code
PANAMA CITY Florida 32405

FOR INSURANCE COMPANY USE

Company Naic Number:

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

Photo Two Caption REAR VIEW

Clear Photo Two

ELEVATION CERTIFICATE

Continuation Page

MPORTANT: In these spaces, copy the corr	FOR INSURANCE COMPANY USE		
Building Street Address (including Apt., Unit, S 1419 27TH STREET WEST	Policy Number:		
City PANAMA CITY	State Florida	ZIP Code 32405	Company NAIC Number
If submitting more photographs than will fit with: date taken; "Front View" and "Rear photographs must show the foundation with re	View": and, if required,	"Right Side View" and "	'Left Side View." When applicable,
	Photo Ti	hree	
	Photo Thre	30	
Photo Three Caption			Clear Photo Three
	Photo F	Four	
	Photo For	ur	
Photo Four Caption			Clear Photo Four

CWSI #16-0341 BLDG A

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 an pages of time		TION A - PROPERTY			.,		RANCE COMPANY USE
A1. Building Owne		IION A - PROPERT	INFOR	MATION		Policy Num	
PAUL SIMS	i s ivame					Policy Nulli	Der.
Box No.		cluding Apt., Unit, Suit	e, and/o	r Bldg. No.) o	r P.O. Route and	Company N	IAIC Number:
1419 27TH STREE	T WEST BU	ILDING 'A'					
City				State		ZIP Code	
PANAMA CITY				Florida		32405	
		nd Block Numbers, Ta REW BAY DEV CO P		-	•		
A4. Building Use (e.g., Residen	itial, Non-Residential,	Addition,	, Accessory, e	etc.) NON-RES	SIDENTIAL	
A5. Latitude/Longit	ude: Lat. <u>3</u> 0	030.196851	Long. <u>-8</u>	5.684519	Horizonta	l Datum: 🔲 NAD 1	1927 🗵 NAD 1983
A6. Attach at least	2 photograp	hs of the building if the	e Certific	ate is being u	sed to obtain floo	d insurance.	
A7. Building Diagra	ım Number	1B					
A8. For a building v	with a crawls	pace or enclosure(s):					
a) Square foot	age of crawl	space or enclosure(s)			0.00 sq ft		
b) Number of p	ermanent flo	ood openings in the cr	awlspace	e or enclosure	e(s) within 1.0 foo	t above adjacent gra	ade <u>0</u>
c) Total net are	ea of flood op	penings in A8.b		0.00 sq in	ı		
d) Engineered	flood openir	ngs? 🗌 Yes 🗵 N	No				
A9. For a building v	vith an attach	ned garage:					
a) Square foot	age of attach	ned garage		0.00 sq ft			
		ood openings in the at				jacent grade 0	
c) Total net are	ea of flood op	penings in A9.b		0.00 sq	in		
d) Engineered	flood openin	gs? ☐ Yes ☒ N	No.				
., <u>_</u> g							
	SE	CTION B - FLOOD	INSURA	NCE RATE	MAP (FIRM) IN	ORMATION	
1	ity Name & C	Community Number		B2. County	Name		B3. State
BAY COUNTY		120004		BAY			Florida
B4. Map/Panel Number	B5. Suffix	B6. FIRM Index Date	Effe	RM Panel ective/	B8. Flood Zone(s)	B9. Base Flood E (Zone AO, us	levation(s) e Base Flood Depth)
12005C-0335	н	06-02-2009	06-02-2	vised Date 2009	A	19.0	
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9: ☐ FIS Profile ☐ FIRM ☒ Community Determined ☐ Other/Source:							
B11. Indicate eleva	B11. Indicate elevation datum used for BFE in Item B9: NGVD 1929 X NAVD 1988 Other/Source:						
B12. Is the building	B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? 🔲 Yes 🗵 No						
Designation I	_	П	CBRS	☐ OPA			
				_			
1							

				FOR INSURANCE COMPANY USE		
Building Street Address (including Apt., Unit, Suite, and/or 1419 27TH STREET WEST BUILDING 'A'	Policy Number:					
City State PANAMA CITY Flori	Company NAIC	Company NAIC Number				
SECTION C - BUILDING ELE	VATION INFORMAT	TION (SURVEY RE	EQUIRED)			
C1. Building elevations are based on: Construction *A new Elevation Certificate will be required when co C2. Elevations – Zones A1–A30, AE, AH, A (with BFE), V Complete Items C2.a–h below according to the build	nstruction of the buildi	FE), AR, AR/A, AR/	 'AE, AR/A1–A30,	AR/AH, AR/AO.		
Benchmark Utilized: 46-03-B02 HV	Vertical Datum:		——————	i meters.		
Indicate elevation datum used for the elevations in ite ☐ NGVD 1929 ☒ NAVD 1988 ☐ Other/S Datum used for building elevations must be the same	ource:					
Datam used for ballang distautions must be the same				easurement used.		
a) Top of bottom floor (including basement, crawlspa	ace, or enclosure floor)	21.22 X feet	= .		
b) Top of the next higher floor			N/A feet	☐ meters		
c) Bottom of the lowest horizontal structural member	r (V Zones only)		N/A feet	meters		
d) Attached garage (top of slab)			N/A feet	meters		
 e) Lowest elevation of machinery or equipment serv (Describe type of equipment and location in Com 	icing the building ments)	-	N/A feet	meters		
f) Lowest adjacent (finished) grade next to building	(LAG)		21.00 X feet	☐ meters		
g) Highest adjacent (finished) grade next to building (HAG) 21.10 X feet meters						
 h) Lowest adjacent grade at lowest elevation of decistructural support 	k or stairs, including		N/A feet	☐ meters		
SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION						
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 HULON E. WALSINGHAM	License Number 3257			-		
Title PRESIDENT			7			
Company Name			_ ું ∕*	Place		
COUNTY WIDE SURVEYING, INC.			A	Seal		
Address 707 JENKS AVENUE SUITE F				Here		
City PANAMA CITY	State Florida	ZIP Code 32401				
Signature Europe	Date 12-02-2019	Telephone (850) 769-0345	Ext.			
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, per	C2(e), if applicable)					

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MPORTANT: In these spaces, copy the corresponding information from Section A. FOR INSURANCE COMPANY USE					
Building Street Address (including Apt., Unit, Suite, and/o 1419 27TH STREET WEST BUILDING 'A'	Policy Number:				
City Sta PANAMA CITY Flo	nte orida	ZIP Code 32405	Company NAIC Number		
SECTION E – BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO AND ZONE A (WITHOUT BFE)					
For Zones AO and A (without BFE), complete Items E1–E5. If the Certificate is intended to support a LOMA or LOMR-F request, complete Sections A, B, and C. For Items E1–E4, use natural grade, if available. Check the measurement used. In Puerto Rico only, enter meters.					
E1. Provide elevation information for the following and check the appropriate boxes to show whether the elevation is above or below the highest adjacent grade (HAG) and the lowest adjacent grade (LAG).					
 a) Top of bottom floor (including basement, crawlspace, or enclosure) is b) Top of bottom floor (including basement, 		feet met	ers above or below the HAG.		
crawlspace, or enclosure) is		feet met			
E2. For Building Diagrams 6–9 with permanent flood ope the next higher floor (elevation C2.b in the diagrams) of the building is	nings provided in S	ection A Items 8 and/o			
E3. Attached garage (top of slab) is		feet met	ers above or below the HAG.		
E4. Top of platform of machinery and/or equipment servicing the building is		feet _ met	ers above or below the HAG.		
E5. Zone AO only: If no flood depth number is available, is the top of the bottom floor elevated in accordance with the community's floodplain management ordinance? Yes No Unknown. The local official must certify this information in Section G.					
SECTION F - PROPERTY OWNE	R (OR OWNER'S F	REPRESENTATIVE) (CERTIFICATION		
The property owner or owner's authorized representative community-issued BFE) or Zone AO must sign here. The	who completes Sec statements in Secti	ctions A, B, and E for Z ons A, B, and E are co	Zone A (without a FEMA-issued or orrect to the best of my knowledge.		
Property Owner or Owner's Authorized Representative's	Name				
Address	City	S	State ZIP Code		
Signature	Date	7	elephone		
Comments					
			☐ Check here if attachments.		

IMPORTANT: In these spaces, copy the corresponding informatio		FOR INSURANCE COMPANY USE		
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) of 1419 27TH STREET WEST BUILDING 'A'	Policy Number:			
City State PANAMA CITY Florida	ZIP Code 32405	Company NAIC Number		
SECTION G - COMMUNITY I	NFORMATION (OPTIONAL)			
The local official who is authorized by law or ordinance to administer to Sections A, B, C (or E), and G of this Elevation Certificate. Complete used in Items G8–G10. In Puerto Rico only, enter meters.	the community's floodplain ma the applicable item(s) and sign	nagement ordinance can complete below. Check the measurement		
G1. The information in Section C was taken from other documer engineer, or architect who is authorized by law to certify elected data in the Comments area below.)	vation information. (Indicate th	e source and date of the elevation		
G2. A community official completed Section E for a building local or Zone AO.	ated in Zone A (without a FEM.	A-issued or community-issued BFE)		
G3. The following information (Items G4–G10) is provided for co	ommunity floodplain managem	ent purposes.		
G4. Permit Number G5. Date Permit Issu		Date Certificate of Compliance/Occupancy Issued		
CB17-0074				
G7. This permit has been issued for:] Substantial Improvement			
G8. Elevation of as-built lowest floor (including basement) of the building:		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 5/12/2020			
Comments (including type of equipment and location, per C2(e), if app		1		
mini-storage building with no ex	io:pmnt service	ns its		
of for co after cot issued.				
W 5/12/2020		. ,		
		- " x 2" - 1		
		-		
		Check here if attachments.		

ELEVATION CERTIFICATE

See Instructions for Item A6.

OMB No. 1660-0008

Expiration Date: November 30, 2018

IMPORTANT: In these spaces, co	FOR INSURANCE COMPANY USE		
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 1419 27TH STREET WEST BUILDING 'A'			Policy Number:
City	State	ZIP Code	Company NAIC Number
PANAMA CITY	Florida	32405	

If using the Elevation Certificate to obtain NFIP flood insurance, affix at least 2 building photographs below according to the instructions for Item A6. Identify all photographs with date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." When applicable, photographs must show the foundation with representative examples of the flood openings or vents, as indicated in Section A8. If submitting more photographs than will fit on this page, use the Continuation Page.



Photo One

Photo One Caption FRONT VIEW

Clear Photo One

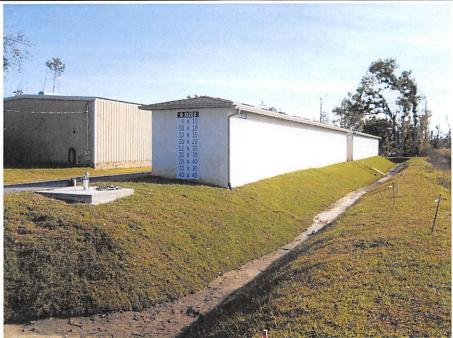


Photo Two

ELEVATION CERTIFICATE

Continuation Page

IMPORTANT: In these spaces, copy the correspon			FOR INSURANCE COMPANY USE
Building Street Address (including Apt., Unit, Suite, a 1419 27TH STREET WEST BUILDING 'A'	and/or Bldg. No.) or P.C). Route and Box No.	Policy Number:
City	State	ZIP Code	Company NAIC Number
PANAMA CITY	Florida	32405	
If submitting more photographs than will fit on the with: date taken; "Front View" and "Rear View" photographs must show the foundation with representation	": and, if required, "R	ight Side View" and "L	eft Side View." When applicable,
	Photo Thre	e	
=	Photo Three		
Photo Three Caption			Clear Photo Three
	Photo Fou	ır	
	Photo Four		
Photo Four Caption			Clear Photo Four

CWSI # 16-0341 BLDG B

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 FOR INSURANCE COMPAN						RANCE COMPANY USE		
A1. Building Owner PAUL SIMS	A1. Building Owner's Name Policy Number: PAUL SIMS							
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 1419 27TH STREET WEST BUILDING 'B' Company NAIC Number:							AIC Number:	
City PANAMA CIT	Language Control of the Control of t							
		nd Block Numbers, Ta REW BAY DEV CO P						
A4. Building Use (e.g., Resider	ntial, Non-Residential,	Addition,	, Accessory, e	etc.) NON-RE	SIDENTIAL		
A5. Latitude/Long	itude: Lat. 3	0.196476	Long8	35.684562	Horizonta	al Datum:	927 × NAD 1983	
A6. Attach at leas	 t 2 photograp	hs of the building if the	– e Certific	ate is being u	 sed to obtain floo	d insurance.		
A7. Building Diagr	am Number	1B						
A8. For a building	with a crawls	pace or enclosure(s):						
a) Square foo	tage of crawl	space or enclosure(s)			0.00 sq ft			
b) Number of	permanent flo	ood openings in the cr	awlspace	e or enclosure	e(s) within 1.0 foo	t above adjacent gra	ade 0	
c) Total net a	ea of flood o	penings in A8.b		0.00 sq in	1			
d) Engineered	d flood openir	ngs? 🗌 Yes 🗵 N	No					
A9. For a building	with an attach	ned garage:						
a) Square foo	tage of attach	ned garage		0.00 sq ft				
		ood openings in the at			1.0 foot above ad	jacent grade 0		
		penings in A9.b		0.00_ sq				
d) Engineered	I flood openin	gs? ☐ Yes ⊠ N	10					
	SF	ECTION B - FLOOD	INSURA	NCE RATE	MAP (FIRM) INI	ORMATION		
B1. NFIP Commur		Community Number		B2. County			B3. State	
BAY COUNTY	•	120004		BAY			Florida	
B4. Map/Panel Number	B5. Suffix	B6. FIRM Index Date	Effe	LRM Panel ective/ vised Date	B8. Flood Zone(s)	B9. Base Flood E (Zone AO, use	levation(s) e Base Flood Depth)	
12005C-0335	н	06-02-2009	06-02-2		A	19.0		
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9: FIS Profile FIRM Community Determined Other/Source: B11. Indicate elevation datum used for BFE in Item B9: NGVD 1929 NAVD 1988 Other/Source:								
BTT. Indicate elev	allon dalum i	used for BrE in item b	9 N	GVD 1929	NAVD 1900	Other/Source:	·	
B12. Is the building	g located in a	a Coastal Barrier Reso	ources Sy	ystem (CBRS) area or Otherwi	se Protected Area (0	DPA)? ☐ Yes ⊠ No	
Designation	Date:		CBRS	☐ OPA				

IMPORTANT: In these spaces, copy the corresponding	FOR INSURANCE COMPANY USE			
Building Street Address (including Apt., Unit, Suite, and/or 1419 27TH STREET WEST BUILDING 'B'	Policy Number:			
City State			Company NAIC Number	
PANAMA CITY Flori				
SECTION C - BUILDING ELE	VATION INFORMAT	ION (SURVEY RE	EQUIRED)	
C1. Building elevations are based on: Construction *A new Elevation Certificate will be required when co C2. Elevations – Zones A1–A30, AE, AH, A (with BFE), Complete Items C2.a–h below according to the build Benchmark Utilized: 46-03-B02 HV Indicate elevation datum used for the elevations in items.	/E, V1–V30, V (with BF ing diagram specified ir Vertical Datum: I	ng is complete. E), AR, AR/A, AR/ n Item A7. In Puert NAVD 1988	'AE, AR/A1-A30, AR/AH, AR/AO.	
☐ NGVD 1929 区 NAVD 1988 ☐ Other/S	ource:			
Datum used for building elevations must be the same		FE.	Oh salvitha managamana turand	
a) Top of bottom floor (including basement, crawlsp.	nee or analogura floor\		Check the measurement used. 21.26	
	ace, or enclosure moor,		N/A feet meters	
b) Top of the next higher floor	. 0.17		N/A feet meters	
c) Bottom of the lowest horizontal structural member	r (v Zones only)		N/A feet meters	
d) Attached garage (top of slab)	tota a de a tradición			
 e) Lowest elevation of machinery or equipment serv (Describe type of equipment and location in Com 	ments)		N/A feet meters	
f) Lowest adjacent (finished) grade next to building	(LAG)		20.80 ⊠ feet ☐ meters	
g) Highest adjacent (finished) grade next to building	(HAG)		21.00 X feet meters	
 h) Lowest adjacent grade at lowest elevation of decistructural support 	k or stairs, including		N/A feet meters	
SECTION D - SURVEYOR,	ENGINEER, OR ARC	HITECT CERTIF	CATION	
This certification is to be signed and sealed by a land sur I certify that the information on this Certificate represents statement may be punishable by fine or imprisonment un	my best efforts to inten	oret the data availa	law to certify elevation information. ble. I understand that any false	
Were latitude and longitude in Section A provided by a lic	ensed land surveyor?	⊠ Yes □ No	Check here if attachments.	
Certifier's Name HULON E. WALSINGHAM	License Number 3257			
Title PRESIDENT				
Company Name			Place	
COUNTY WIDE SURVEYING, INC.			Seal	
Address 707 JENKS AVENUE SUITE F			Here	
City PANAMA CITY	State Florida	ZIP Code 32401		
Signature & Charles	Date 12-02-2019	Telephone (850) 769-0345	Ext.	
Copy all pages of this Elevation Certificate and all attachme	nts for (1) community off	icial, (2) insurance	agent/company, and (3) building owner.	
Comments (including type of equipment and location, per	C2(e), if applicable)			

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IMPORTANT: In these spaces, copy the correspo	FOR INSURANCE COMPANY USE		
Building Street Address (including Apt., Unit, Suite, a 1419 27TH STREET WEST BUILDING 'B'	Policy Number:		
City PANAMA CITY	State Florida	ZIP Code 32405	Company NAIC Number
SECTION E – BUILDING FOR ZO		RMATION (SURVEY NOT E A (WITHOUT BFE)	REQUIRED)
For Zones AO and A (without BFE), complete Items complete Sections A, B,and C. For Items E1–E4, us enter meters.	E1–E5. If the Certife natural grade, if a	icate is intended to support a vailable. Check the measure	a LOMA or LOMR-F request, ement used. In Puerto Rico only,
E1. Provide elevation information for the following a the highest adjacent grade (HAG) and the lower of the Ham flow (including because).			er the elevation is above or below
 a) Top of bottom floor (including basement, crawlspace, or enclosure) is 		feet mete	rs above or below the HAG.
 Top of bottom floor (including basement, crawlspace, or enclosure) is 		feet mete	rs
E2. For Building Diagrams 6–9 with permanent floor	d openings provided	d in Section A Items 8 and/or	9 (see pages 1–2 of Instructions),
the next higher floor (elevation C2.b in the diagrams) of the building is		feet mete	rs above or below the HAG.
E3. Attached garage (top of slab) is		feet _ mete	rs above or below the HAG.
E4. Top of platform of machinery and/or equipment servicing the building is		feet mete	rs 🔲 above or 🔲 below the HAG.
E5. Zone AO only: If no flood depth number is available floodplain management ordinance? Yes	able, is the top of th	e bottom floor elevated in acown. The local official must	cordance with the community's certify this information in Section G.
SECTION F - PROPERTY O	WNER (OR OWNE	R'S REPRESENTATIVE) C	ERTIFICATION
The property owner or owner's authorized represent community-issued BFE) or Zone AO must sign here.	ative who complete. The statements in	s Sections A, B, and E for Zo Sections A, B, and E are co	one A (without a FEMA-issued or rect to the best of my knowledge.
Property Owner or Owner's Authorized Representati	ve's Name		
Address		City Si	ate ZIP Code
Signature		Date Te	elephone
Comments			_
			☐ Check here if attachments.

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. 1419 27TH STREET WEST BUILDING 'B'	Policy Number:					
City State ZIP Code PANAMA CITY Florida 32405	Company NAIC Number					
SECTION G - COMMUNITY INFORMATION (OPTIONAL)						
The local official who is authorized by law or ordinance to administer the community's floodplain management ordinance can complete Sections A, B, C (or E), and G of this Elevation Certificate. Complete the applicable item(s) and sign below. Check the measurement used in Items G8–G10. In Puerto Rico only, enter meters.						
G1. The information in Section C was taken from other documentation that has been signed and sealed by a licensed surveyor, engineer, or architect who is authorized by law to certify elevation information. (Indicate the source and date of the elevation data in the Comments area below.)						
G2. A community official completed Section E for a building located in Zone A (without a FEMA or Zone AO.	A-issued or community-issued BFE)					
G3. The following information (Items G4–G10) is provided for community floodplain management	ent purposes.					
0.1. 0.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1	Pate Certificate of 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:	meters Datum					
G9. BFE or (in Zone AO) depth of flooding at the building site:	meters Datum					
G10. Community's design flood elevation:	meters Datum					
Local Official's Name Title						
Community Name Telephone						
Signature Date 5/12/2020						
Comments (including type of equipment and location, per C2(e), if applicable)						
Mini-storese w/ no equipment servicing 5/ds-						
OK for (d) after CA is issued.						
	· =					
	☐ Check here if attachments.					

ELEVATION CERTIFICATE

See Instructions for Item A6.

OMB No. 1660-0008

Expiration Date: November 30, 2018

IMPORTANT: In these spaces, cop	FOR INSURANCE COMPANY USE
Building Street Address (including A 1419 27TH STREET WEST BUILDI	Policy Number:
City PANAMA CITY	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

Photo Two Caption REAR VIEW

Clear Photo Two

ELEVATION CERTIFICATE

Continuation Page

IMPORTANT: In these spaces, copy the correspondent	FOR INSURANCE COMPANY USE		
Building Street Address (including Apt., Unit, Suite, 1419 27TH STREET WEST BUILDING 'B'	Policy Number:		
City PANAMA CITY	State Florida	ZIP Code 32405	Company NAIC Number
If submitting more photographs than will fit on the with: date taken; "Front View" and "Rear View photographs must show the foundation with representation with representation with representation with representation with representation with representations."	v"; and, if required	I, "Right Side View" and	"Left Side View." When applicable,
•			
	Photo T	Three	
	•		
	Photo Th	nree	
Photo Three Caption			Clear Photo Three
	·		
	Photo I	Four	
	Photo Fo	OUI	
Photo Four Caption	FIDIO F		Clear Photo Four

CWSI # 16-0341 BLDG C

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 FOR INSURANCE COMPANY						ANCE COMPANY USE		
A1. Building Owner PAUL SIMS	A1. Building Owner's Name Policy Number: PAUL SIMS							
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 1419 27TH STREET WEST BUILDING 'C' Company NAIC Number:								
City PANAMA CIT	<u> </u>							
' '		nd Block Numbers, Ta REW BAY DEV CO P						
A4. Building Use (e.g., Resider	itial, Non-Residential,	Addition	, Accessory, e	etc.) NON-RES	IDENTIAL		
A5. Latitude/Longi	tude: Lat. 30	0.196504	Long8	5.68431	Horizontal	I Datum: NAD 1	927 🗵 NAD 1983	
A6. Attach at leas	t 2 photograp	hs of the building if the	e Certific	ate is being u	sed to obtain floor	d insurance.		
A7. Building Diagr	am Number	1B						
A8. For a building	with a crawls	pace or enclosure(s):						
a) Square foo	tage of crawl	space or enclosure(s)			0.00 sq ft			
b) Number of	permanent flo	ood openings in the cr	awlspace	e or enclosure	e(s) within 1.0 foot	above adjacent gra	nde <u>0</u>	
c) Total net a	ea of flood o	penings in A8.b		0.00 sq in				
d) Engineered	d flood openir	ngs? ☐ Yes ☒ N	10					
A9. For a building	with an attach	ned garage:						
a) Square foo	tage of attach	ned garage		0.00 sq ft				
		ood openings in the at				acent grade 0		
c) Total net ar	ea of flood o	penings in A9.b		0.00 sq	in			
d) Engineered	I flood openin	gs? ☐ Yes ☒ N	lo					
	SF	CTION B - FLOOD	INSURA	NCE RATE	MAP (FIRM) INF	ORMATION		
B1. NFIP Commur		Community Number		B2. County	·		B3. State	
BAY COUNTY		120004		BAY			Florida	
B4. Map/Panel Number	B5. Suffix	B6. FIRM Index Date	Effe	RM Panel ective/	B8. Flood Zone(s)	B9. Base Flood E (Zone AO, us	levation(s) e Base Flood Depth)	
12005C-0335	н	06-02-2009	06-02-2	vised Date 2009	A	19.0		
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9: ☐ FIS Profile ☐ FIRM ☒ Community Determined ☐ Other/Source:								
B11. Indicate elev	ation datum i	used for BFE in Item B	89: 🔲 N	GVD 1929	☑ NAVD 1988	Other/Source:		
B12. Is the building	g located in a	a Coastal Barrier Reso	ources Sy	ystem (CBRS) area or Otherwis	se Protected Area (0	OPA)? ☐ Yes ☒ No	
Designation	Date:		CBRS	□ОРА				

	IMPORTANT: In these spaces, copy the corresponding information from Section A.				
Building Street Address (including Apt., Unit, Su 1419 27TH STREET WEST BUILDING 'C'	Policy Number:				
City PANAMA CITY	Company NAIC Number				
SECTION C - BUIL	DING ELEVATION INFORMA	TION (SURVEY RE	EQUIRED)		
*A new Elevation Certificate will be require	ed when construction of the build	•			
C2. Elevations – Zones A1–A30, AE, AH, A (v Complete Items C2.a–h below according to Benchmark Utilized: 46-03-B02 HV	vith BFE), VE, V1–V30, V (with lot the building diagram specified vertical Datun	l in Item A7. In Puerto	AE, AR/A1-A30, AR/AH, AR/AO. o Rico only, enter meters.		
Indicate elevation datum used for the elev					
☐ NGVD 1929 ⊠ NAVD 1988	· ·				
Datum used for building elevations must b		BFE.	Check the measurement used.		
a) Top of bottom floor (including basemen	nt, crawispace, or enclosure floo	or)	20.85 X feet meters		
b) Top of the next higher floor			N/A feet meters		
c) Bottom of the lowest horizontal structu	ral member (V Zones only)		N/A feet meters		
d) Attached garage (top of slab)	,		N/A feet meters		
e) Lowest elevation of machinery or equi (Describe type of equipment and location)	oment servicing the building on in Comments)		N/A feet meters		
f) Lowest adjacent (finished) grade next	20.60 X feet meters				
g) Highest adjacent (finished) grade next	20.70 X feet meters				
h) Lowest adjacent grade at lowest eleva structural support			N/A feet meters		
	RVEYOR, ENGINEER, OR AF	CHITECT CEPTIE			
This certification is to be signed and sealed by I certify that the information on this Certificate statement may be punishable by fine or impris	a land surveyor, engineer, or a	rchitect authorized by erpret the data availa	law to certify elevation information.		
		GUUTT TOUT.			
Were latitude and longitude in Section A provide			Check here if attachments.		
• •			Check here if attachments.		
Were latitude and longitude in Section A provide Certifier's Name	ded by a licensed land surveyor License Number		Check here if attachments.		
Were latitude and longitude in Section A provided Certifier's Name HULON E. WALSINGHAM Title PRESIDENT	ded by a licensed land surveyor License Number				
Were latitude and longitude in Section A provide Certifier's Name HULON E. WALSINGHAM Title	ded by a licensed land surveyor License Number		Check here if attachments. Place Seal		
Were latitude and longitude in Section A provided Certifier's Name HULON E. WALSINGHAM Title PRESIDENT Company Name	ded by a licensed land surveyor License Number		Place Seal		
Were latitude and longitude in Section A provided the Certifier's Name HULON E. WALSINGHAM Title PRESIDENT Company Name COUNTY WIDE SURVEYING, INC.	ded by a licensed land surveyor License Number 3257	? ⊠Yes □ No	Place		
Were latitude and longitude in Section A provided the Certifier's Name HULON E. WALSINGHAM Title PRESIDENT Company Name COUNTY WIDE SURVEYING, INC. Address	ded by a licensed land surveyor License Number		Place Seal		
Were latitude and longitude in Section A provided Certifier's Name HULON E. WALSINGHAM Title PRESIDENT Company Name COUNTY WIDE SURVEYING, INC. Address 707 JENKS AVENUE SUITE F City PANAMA CITY Signalaria	State Florida Date 12-02-2019	ZIP Code 32401 Telephone (850) 769-0345	Place Seal Here		
Were latitude and longitude in Section A provided Certifier's Name HULON E. WALSINGHAM Title PRESIDENT Company Name COUNTY WIDE SURVEYING, INC. Address 707 JENKS AVENUE SUITE F City PANAMA CITY	State Florida Date 12-02-2019	ZIP Code 32401 Telephone (850) 769-0345	Place Seal Here		
Were latitude and longitude in Section A provided Certifier's Name HULON E. WALSINGHAM Title PRESIDENT Company Name COUNTY WIDE SURVEYING, INC. Address 707 JENKS AVENUE SUITE F City PANAMA CITY Signalaria	State Florida Date 12-02-2019 all attachments for (1) community	ZIP Code 32401 Telephone (850) 769-0345	Place Seal Here		
Were latitude and longitude in Section A provided Certifier's Name HULON E. WALSINGHAM Title PRESIDENT Company Name COUNTY WIDE SURVEYING, INC. Address 707 JENKS AVENUE SUITE F City PANAMA CITY Signalary Copy all pages of this Elevation Certificate and a	State Florida Date 12-02-2019 all attachments for (1) community	ZIP Code 32401 Telephone (850) 769-0345	Place Seal Here		
Were latitude and longitude in Section A provided Certifier's Name HULON E. WALSINGHAM Title PRESIDENT Company Name COUNTY WIDE SURVEYING, INC. Address 707 JENKS AVENUE SUITE F City PANAMA CITY Signalary Copy all pages of this Elevation Certificate and a	State Florida Date 12-02-2019 all attachments for (1) community	ZIP Code 32401 Telephone (850) 769-0345	Place Seal Here		
Were latitude and longitude in Section A provided Certifier's Name HULON E. WALSINGHAM Title PRESIDENT Company Name COUNTY WIDE SURVEYING, INC. Address 707 JENKS AVENUE SUITE F City PANAMA CITY Signalary Copy all pages of this Elevation Certificate and a	State Florida Date 12-02-2019 all attachments for (1) community	ZIP Code 32401 Telephone (850) 769-0345	Place Seal Here		
Were latitude and longitude in Section A provided Certifier's Name HULON E. WALSINGHAM Title PRESIDENT Company Name COUNTY WIDE SURVEYING, INC. Address 707 JENKS AVENUE SUITE F City PANAMA CITY Signalary Copy all pages of this Elevation Certificate and a	State Florida Date 12-02-2019 all attachments for (1) community	ZIP Code 32401 Telephone (850) 769-0345	Place Seal Here		

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IMPORTANT: In these spaces, copy the corresponding	FOR INSURANCE COMPANY USE						
Building Street Address (including Apt., Unit, Suite, and/ 1419 27TH STREET WEST BUILDING 'C'	or Bldg. No.) or P.O.	Route and Box No.	Policy Number:				
	tate orida	ZIP Code 32405	Company NAIC Number				
SECTION E – BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO AND ZONE A (WITHOUT BFE)							
For Zones AO and A (without BFE), complete Items E1–E5. If the Certificate is intended to support a LOMA or LOMR-F request, complete Sections A, B, and C. For Items E1–E4, use natural grade, if available. Check the measurement used. In Puerto Rico only, enter meters.							
E1. Provide elevation information for the following and check the appropriate boxes to show whether the elevation is above or below the highest adjacent grade (HAG) and the lowest adjacent grade (LAG).							
 a) Top of bottom floor (including basement, crawlspace, or enclosure) is 			rs 🔲 above or 🔲 below the HAG.				
 b) Top of bottom floor (including basement, crawlspace, or enclosure) is 			rs 🔲 above or 🔲 below the LAG.				
E2. For Building Diagrams 6–9 with permanent flood op	enings provided in S	Section A Items 8 and/or	9 (see pages 1–2 of Instructions),				
the next higher floor (elevation C2.b in the diagrams) of the building is		feet meter	rs 🔲 above or 🔲 below the HAG.				
E3. Attached garage (top of slab) is		feet meter	rs above or below the HAG.				
E4. Top of platform of machinery and/or equipment servicing the building is		feet	rs 🔲 above or 🔲 below the HAG.				
E5. Zone AO only: If no flood depth number is available floodplain management ordinance?	e, is the top of the bo No	ttom floor elevated in ac The local official must	cordance with the community's certify this information in Section G.				
SECTION F - PROPERTY OWN	ER (OR OWNER'S	REPRESENTATIVE) CI	ERTIFICATION				
The property owner or owner's authorized representative community-issued BFE) or Zone AO must sign here. The	e who completes Se e statements in Sec	ctions A, B, and E for Zo ions A, B, and E are cor	one A (without a FEMA-issued or rect to the best of my knowledge.				
Property Owner or Owner's Authorized Representative's	Name						
Address	City	St	ate ZIP Code				
Signature	Date	T€	elephone				
Comments							
			☐ Check here if attachments.				

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 1419 27TH STREET WEST BUILDING 'C'		y Number:				
City State ZIP Code PANAMA CITY Florida 32405	Com	pany NAIC Number				
SECTION G - COMMUNITY INFORMATION (OPTI	ONAL)					
The local official who is authorized by law or ordinance to administer the community's floodplain management ordinance can complete Sections A, B, C (or E), and G of this Elevation Certificate. Complete the applicable item(s) and sign below. Check the measurement used in Items G8–G10. In Puerto Rico only, enter meters.						
G1. The information in Section C was taken from other documentation that has been signed and sealed by a licensed surveyor, engineer, or architect who is authorized by law to certify elevation information. (Indicate the source and date of the elevation data in the Comments area below.)						
G2. A community official completed Section E for a building located in Zone A (without or Zone AO.						
G3. The following information (Items G4–G10) is provided for community floodplain m	anagement pu	rposes.				
G4. Permit Number G5. Date Permit Issued	G6. Date C Compli	ertificate of ance/Occupancy Issued				
CB17-0076 7/11/2017						
G7. This permit has been issued for: New Construction Substantial Improve	ment					
G8. Elevation of as-built lowest floor (including basement) of the building:	neters Datum					
G9. BFE or (in Zone AO) depth of flooding at the building site: feet meters Datum						
G10. Community's design flood elevation:	G10. Community's design flood elevation: feet meters Datum					
Local Official's Name Title						
Community Name Telephone						
Signature Date 5/3/2020						
a C2(a) if applicable						
mini-storge blds with no equipment.						
mini-storge blds with no equipment. OK for co after cA issued-						
		Check here if attachments.				

ELEVATION CERTIFICATE

See Instructions for Item A6.

OMB No. 1660-0008

Expiration Date: November 30, 2018

IMPORTANT: In these spaces, cop	FOR INSURANCE COMPANY USE		
Building Street Address (including A 1419 27TH STREET WEST BUILDI	Policy Number:		
City	Company NAIC Number		
PANAMA CITY	Florida	32405	

If using the Elevation Certificate to obtain NFIP flood insurance, affix at least 2 building photographs below according to the instructions for Item A6. Identify all photographs with date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." When applicable, photographs must show the foundation with representative examples of the flood openings or vents, as indicated in Section A8. If submitting more photographs than will fit on this page, use the Continuation Page.



Photo One

Photo One Caption FRONT VIEW

Clear Photo One

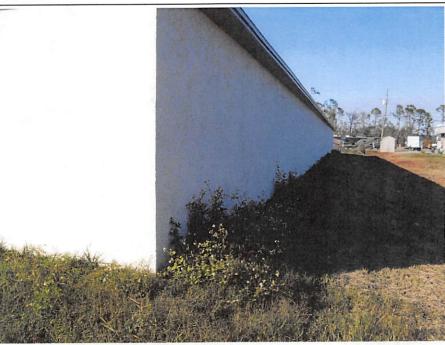


Photo Two

Photo Two Caption REAR VIEW

Clear Photo Two

ELEVATION CERTIFICATE

Continuation Page

IMPORTANT: In these spaces, copy the correspo			FOR INSURANCE COMPANY USE
Building Street Address (including Apt., Unit, Suite, a 1419 27TH STREET WEST BUILDING 'C'	Policy Number:		
City	State	ZIP Code	Company NAIC Number
PANAMA CITY	Florida	32405	
If submitting more photographs than will fit on the with: date taken; "Front View" and "Rear View photographs must show the foundation with representation.	r": and, if required	d. "Right Side View" and "i	Left Side View." When applicable,
	Photo 1	Three	
Photo Three Caption	Photo Ti	hree	Clear Photo Three
	Photo	Four	
Photo Four Caption	Photo F	Four	Clear Photo Four
FHOLO FOUL CAPLION			Clear Prioto Four

CWSI #16-0341 BLDG D

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 F					FOR INSUR	ANCE COMPANY USE
A1. Building Owner's Name PAUL SIMS					Policy Numl	per:
A2. Building Street Address (in Box No. 1419 27TH STREET WEST BU	Company N	AIC Number:				
City PANAMA CITY			State Florida		ZIP Code 32405	_
A3. Property Description (Lot a A PARCEL IN LOT 69, ST AND	•			•	•	
A4. Building Use (e.g., Reside	ntial, Non-Residential,	Addition,	Accessory, e	etc.) NON-RES	IDENTIAL	
A5. Latitude/Longitude: Lat. 3	0.196647	Long8	5.684074	Horizontal	Datum: NAD 1	927 × NAD 1983
A6. Attach at least 2 photograp	ohs of the building if the	 Certific	ate is being u	sed to obtain flood	l insurance.	
A7. Building Diagram Number						
A8. For a building with a crawls						
a) Square footage of craw	Ispace or enclosure(s)			0.00 sq ft		
b) Number of permanent fl	ood openings in the cra	awispace	or enclosure	e(s) within 1.0 foot	above adjacent gra	nde 0
c) Total net area of flood of	penings in A8.b		0.00 sq in			
d) Engineered flood openi	ngs? Yes 🗵 N	lo				
A9. For a building with an attac	hed garage:					
a) Square footage of attac	hed garage		0.00 sq ft			
b) Number of permanent fi	ood openings in the att	ached g	arage within	1.0 foot above adja	cent grade 0	
c) Total net area of flood o						
d) Engineered flood openii			 ·			
d) Engineered need openii	,go					
s	ECTION B - FLOOD I	NSURA	NCE RATE	MAP (FIRM) INF	ORMATION	•
B1. NFIP Community Name & BAY COUNTY	Community Number 120004		B2. County BAY	Name		B3. State Florida
B4. Map/Panel B5. Suffix Number	B6. FIRM Index Date	Effe	tM Panel ective/ vised Date	B8. Flood Zone(s)	B9. Base Flood E (Zone AO, use	levation(s) e Base Flood Depth)
12005C-0335 H	06-02-2009	06-02-2		A	19.0	
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9:						
☐ FIS Profile ☐ FIRM ☒ Community Determined ☐ Other/Source:						
B11. Indicate elevation datum used for BFE in Item B9: NGVD 1929 NAVD 1988 Other/Source:						
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? ☐ Yes 区 No						
Designation Date: CBRS OPA						
			·			

IMPORTANT: In these spaces, copy the corresponding	FOR INSURAN	ICE COMPANY USE				
Building Street Address (including Apt., Unit, Suite, and/or 1419 27TH STREET WEST BUILDING 'D'	Policy Number	:				
City Stat PANAMA CITY Flor			Company NAIC	Number		
SECTION C – BUILDING ELI	EVATION INFORMAT	ION (SURVEY RE	EQUIRED)			
 C1. Building elevations are based on: Construction A new Elevation Certificate will be required when concern the complete stems A1-A30, AE, AH, A (with BFE), Complete stems C2.a-h below according to the build Benchmark Utilized: 46-03-B02 HV 	VE, V1-V30, V (with BF	g is complete. E), AR, AR/A, AR/ I Item A7. In Puerto	 /AE, AR/A1A30	ished Construction , AR/AH, AR/AO. er meters.		
Indicate elevation datum used for the elevations in it ☐ NGVD 1929 ☑ NAVD 1988 ☐ Other/S	Source:			•		
Datum used for building elevations must be the same	e as that used for the Bi	FE.	Check the n	neasurement used.		
a) Top of bottom floor (including basement, crawlsp	ace, or enclosure floor)		21.25 × fee			
b) Top of the next higher floor			N/A feet	t meters		
c) Bottom of the lowest horizontal structural membe	r (V Zones only)		N/A [] feet	t meters		
d) Attached garage (top of slab)			N/A feet	t meters		
e) Lowest elevation of machinery or equipment serv (Describe type of equipment and location in Com	vicing the building ments)		N/A [] feet	t meters		
f) Lowest adjacent (finished) grade next to building	(LAG)		21.00 X feet	t meters		
g) Highest adjacent (finished) grade next to building	(HAG)		21.20 × fee	t meters		
 h) Lowest adjacent grade at lowest elevation of dec structural support 	k or stairs, including		N/A feet	t meters		
SECTION D - SURVEYOR,	ENGINEER, OR ARC	HITECT CERTIFI	ICATION			
This certification is to be signed and sealed by a land sur I certify that the information on this Certificate represents statement may be punishable by fine or imprisonment un	my best efforts to intern	oret the data availa	law to certify elable. I understand	evation information. d that any false		
Were latitude and longitude in Section A provided by a lic	censed land surveyor?	⊠ Yes □ No	Check h	ere if attachments.		
Certifier's Name HULON E. WALSINGHAM	License Number 3257		-			
Title			-			
PRESIDENT				Place		
Company Name COUNTY WIDE SURVEYING, INC.				Seal		
Address 707 JENKS AVENUE SUITE F				Here		
City PANAMA CITY	State Florida	ZIP Code 32401				
Signature Europe	Date 12-02-2019	Telephone (850) 769-0345	Ext.			
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, per	C2(e), if applicable)					

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Commission and the commission of the commission			ि १००० , अ न्य के सुद्ध कराइट रही है एक अकरे हैं है।
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	ઇક ભારતિક પ્રાથમિક અનુકાર્યું મહિલા કર્યો છે.	二十八年 建铁矿矿矿矿矿石矿矿	प्रकार प्रतिकारीत कर्या के स्वार्यक्षित है का राजनी जिन्नाहरूप देश के राजनीति है। इस इस मार्थित के प्रतिकार के स्वार्यक के स्वार्यक कर के स्वार्यक के स्वार्यक के स्वार्यक के स्वार्यक के स्वार्यक इस समार्थित के समार्थित कर स्वार्थक के स्वार्यक के सामार्थक कर सामार्थक के समार्थक के समार्थक के समार्थक के सम
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<u>IMP</u>	ORTANT: In these spaces, copy the correspond	FOR INSURANCE COMPANY USE						
	ding Street Address (including Apt., Unit, Suite, an 9 27TH STREET WEST BUILDING 'D'	Policy Number:						
City State ZIP C			ZIP Code	Company NAIC Number				
PAN	NAMA CITY	Florida	32405					
	SECTION E – BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO AND ZONE A (WITHOUT BFE)							
com	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			ers				
	 Top of bottom floor (including basement, crawlspace, or enclosure) is 		feet met	ers above or below the LAG.				
E2.	For Building Diagrams 6–9 with permanent flood	openings provided i	n Section A Items 8 and/	or 9 (see pages 1–2 of Instructions),				
	the next higher floor (elevation C2.b in the diagrams) of the building is		feet _ met	ers above or below the HAG.				
E3.	Attached garage (top of slab) is		feet met	ers above or below the HAG.				
E4.	Top of platform of machinery and/or equipment servicing the building is		feet met	ers above or below the HAG.				
E5.	Zone AO only: If no flood depth number is available floodplain management ordinance? Yes	ole, is the top of the	bottom floor elevated in a n. The local official mus	accordance with the community's at certify this information in Section G.				
	SECTION F - PROPERTY OW	NER (OR OWNER	S REPRESENTATIVE)	CERTIFICATION				
The	property owner or owner's authorized representat munity-issued BFE) or Zone AO must sign here. T	ive who completes the statements in Science	Sections A, B, and E for a ections A, B, and E are c	Zone A (without a FEMA-issued or orrect to the best of my knowledge.				
Pro	perty Owner or Owner's Authorized Representative	e's Name						
Add	Iress	Ci		State ZIP Code				
Sig	nature	Da	ate	Telephone				
Con	nments	- ""						
				Check here if attachments.				

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 1419 27TH STREET WEST BUILDING 'D'	No. Policy Number:						
City State ZIP Code PANAMA CITY Florida 32405	Company NAIC Number						
SECTION G - COMMUNITY INFORMATION (OPTIO	DNAL)						
The local official who is authorized by law or ordinance to administer the community's floodp Sections A, B, C (or E), and G of this Elevation Certificate. Complete the applicable item(s) a used in Items G8–G10. In Puerto Rico only, enter meters.	lain management ordinance can complete and sign below. Check the measurement						
G1. The information in Section C was taken from other documentation that has been si engineer, or architect who is authorized by law to certify elevation information. (Indicate in the Comments area below.)	gned and sealed by a licensed surveyor, icate 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.	a FEMA-issued or community-issued BFE)						
G3. The following information (Items G4–G10) is provided for community floodplain ma	anagement purposes.						
G4. Permit Number G5. Date Permit Issued	G6. Date Certificate of Compliance/Occupancy Issued						
CB17-0077 7/11/2017							
G7. This permit has been issued for: New Construction Substantial Improvem	pent						
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 5/12/2020							
Comments (including type of equipment and location, per C2(e), if applicable)							
Mini-Storge blds w/ no equipment.							
OK for co after cA issued.							
$r\mathcal{N}$							
	☐ Check here if attachments.						

ELEVATION CERTIFICATE

See Instructions for Item A6.

OMB No. 1660-0008

Expiration Date: November 30, 2018

IMPORTANT: In these spaces, cop	FOR INSURANCE COMPANY USE		
Building Street Address (including A 1419 27TH STREET WEST BUILDII	Policy Number:		
City PANAMA CITY	State Florida	ZIP Code 32405	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

Clear Photo One



Photo Two

Photo Two Caption REAR VIEW

Clear Photo Two

ELEVATION CERTIFICATE

Continuation Page

IMPORTANT: In these spaces, copy the correspon	FOR INSURANCE COMPANY USE						
Building Street Address (including Apt., Unit, Suite, a 1419 27TH STREET WEST BUILDING 'D'	nd/or Bldg. No.) or P.O	. Route and Box No.	Policy Number:				
City PANAMA CITY	State Florida	ZIP Code 32405	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 Thre	e					
Photo Three Caption	Photo Three		Clear Photo Three				
	Photo Fou	r					
	Photo Four						
Photo Four Caption			Clear Photo Four				

U.S. DEPARTMENT OF HOMELAND SECURITY Federal Emergency Management Agency National Flood Insurance Program

<u>CWSI #16-0341 BLDG E</u>

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	FOR INSURANCE COMPANY USE					
A1. Building Owner's Name PAUL SIMS	Policy Number:					
 A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 1419 27TH STREET WEST BUILDING 'E' 	Company NAIC Number:					
City State PANAMA CITY Florida	ZIP Code 32405					
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) A PARCEL IN LOT 69, ST ANDREW BAY DEV CO PLAT, 30-3S-14W, PARCEL ID # 13134-000-0	000					
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) NON-RESIDEN	TIAL					
A5. Latitude/Longitude: Lat. 30.196235 Long85.68432 Horizontal Datu	m: NAD 1927 X NAD 1983					
A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insu	rance.					
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	e adjacent grade 0					
c) Total net area of flood openings in A8.b sq in						
d) Engineered flood openings?						
A9. For a building with an attached garage:						
a) Square footage of attached garage sq ft						
b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent	grade 0					
c) Total net area of flood openings in A9.b 0.00 sq in						
d) Engineered flood openings?						
SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORM	ATION					
B1. NFIP Community Name & Community Number B2. County Name BAY COUNTY 120004 BAY	B3. State Florida					
Number Date Effective/ Zone(s)	Base Flood Elevation(s) (Zone AO, use Base Flood Depth)					
12005C-0335 H 06-02-2009 Revised Date 06-02-2009 A 19.0)					
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9:						
☐ FIS Profile ☐ FIRM ☒ Community Determined ☐ Other/Source:						
B11. Indicate elevation datum used for BFE in Item B9: NGVD 1929 X 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						

IMPORTANT: In these spaces, copy the corresponding	FOR INSURA	NCE COMPANY USE				
Building Street Address (including Apt., Unit, Suite, and/or 1419 27TH STREET WEST BUILDING 'E'	Policy Number					
City State ZIP Code C PANAMA CITY Florida 32405			Company NA	IC Number		
SECTION C - BUILDING ELI	-VATION INFORMAT	ION (SLIPVEY PE	OUIRED)			
			<u> </u>			
C1. Building elevations are based on: Construction	• –	ling Under Constru	ction* x Fi	inished Construction		
*A new Elevation Certificate will be required when co C2. Elevations – Zones A1–A30, AE, AH, A (with BFE),		•	ΔΕ Δ R/ Δ1_Δ3	O AR/AH AR/AO		
Complete Items C2.a-h below according to the build Benchmark Utilized: 46-03-B02 HV	ling diagram specified in Vertical Datum:	n Item A7. In Puert	o Rico only, en	ter meters.		
Indicate elevation datum used for the elevations in it				_		
☐ NGVD 1929 区 NAVD 1988 ☐ Other/S						
Datum used for building elevations must be the same	e as that used for the B	FE.	Chook the	measurement used.		
a) Top of bottom floor (including basement, crawlsp	ace or enclosure floor)		21.28 × fe			
b) Top of the next higher floor	ace, or endication hoor,		N/A fe	_ =		
	- () / Zanas ankı)		N/A ☐ fe	. =		
c) Bottom of the lowest horizontal structural membed) Attached garage (top of slab)	i (v Zoiles only)		N/A fe	_ = _		
e) Lowest elevation of machinery or equipment serv	ricing the building		N/A ☐ fe			
(Describe type of equipment and location in Com						
f) Lowest adjacent (finished) grade next to building	(LAG)		20.50 ⊠ fe	<u> </u>		
g) Highest adjacent (finished) grade next to building	(HAG)		<u>21.00</u> ⋉ fe	et meters		
 h) Lowest adjacent grade at lowest elevation of dec structural support 	k or stairs, including		N/A fe	et		
SECTION D – SURVEYOR,	ENGINEER, OR ARC	HITECT CERTIF	CATION			
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 lic	ensed land surveyor?	⊠Yes □ No	Check	here if attachments.		
Certifier's Name HULON E. WALSINGHAM	License Number 3257			-		
Title				• .		
PRESIDENT				Place		
Company Name				•		
COUNTY WIDE SURVEYING, INC.				Seal		
Address 707 JENKS AVENUE SUITE F				Here		
City	State	ZIP Code	- i			
PANAMA CITY	Florida	32401				
Signature & Culture	Date 12-02-2019	Telephone (850) 769-0345	Ext.			
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, per C2(e), if applicable)						

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. K - - R - - C - G

IMP	ORTANT: In these spaces, copy the corresp	onding information	from Section A.	FOR INSURANCE COMPANY USE			
	lding Street Address (including Apt., Unit, Suite, 9 27TH STREET WEST BUILDING 'E'	Policy Number:					
City		State	ZIP Code	Company NAIC Number			
PANAMA CITY Florida 32405							
	SECTION E – BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO AND ZONE A (WITHOUT BFE)						
con	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		feet me	ters 🔲 above or 🔲 below the HAG.			
	 Top of bottom floor (including basement, crawlspace, or enclosure) is 		feet me	ters			
E2.	For Building Diagrams 6–9 with permanent flo the next higher floor (elevation C2.b in	od openings provided	in Section A Items 8 and	/or 9 (see pages 1–2 of Instructions),			
	the diagrams) of the building is		leet me	ters above or below the HAG.			
	Attached garage (top of slab) is		feet me	ters above or below the HAG.			
E4.	Top of platform of machinery and/or equipmer servicing the building is	nt	feet me	ters above or below the HAG.			
E5.	Zone AO only: If no flood depth number is ava floodplain management ordinance? Yes						
	SECTION F - PROPERTY	OWNER (OR OWNE	R'S REPRESENTATIVE)	CERTIFICATION			
com	e property owner or owner's authorized represer nmunity-issued BFE) or Zone AO must sign her	e. The statements in	s Sections A, B, and E for Sections A, B, and E are o	Zone A (without a FEMA-issued or correct to the best of my knowledge.			
Pro	perty Owner or Owner's Authorized Representa	ative's Name					
Add	iress		City	State ZIP Code			
Sig	nature		Date	Telephone			
Cor	nments						
				☐ Check here if attachments.			

IMPORTANT: In these spaces, copy the corre	FOR INSURANCE COMPANY USE					
Building Street Address (including Apt., Unit, Su 1419 27TH STREET WEST BUILDING 'E'	Policy Number:					
City	State	ZIP Code	Company NAIC Number			
PANAMA CITY Florida 32405						
SECTIO	N G - COMMUNITY INF	ORMATION (OPTIONAL)				
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. Complete the	community's floodplain ma applicable item(s) and sign	nagement ordinance can complete า below. Check the measurement			
G1. The information in Section C was take engineer, or architect who is authorized data in the Comments area below.)	en from other documentated by law to certify elevat	tion that has been signed a ion information. (Indicate th	nd sealed by a licensed surveyor, ne source and date of the elevation			
G2. A community official completed Section or Zone AO.	on E for a building located	d in Zone A (without a FEM	A-issued or community-issued BFE)			
G3. The following information (Items G4–	G10) is provided for com	munity floodplain managem	ent purposes.			
G4. Permit Number	G5. Date Permit Issued		Date Certificate of Compliance/Occupancy Issued			
CB/7-0078	7/1,/2017		Compilation Cocapano, 180000			
G7. This permit has been issued for:	New Construction S	ubstantial Improvement				
G8. Elevation of as-built lowest floor (including of the building:	basement)	fee	t meters Datum			
G9. BFE or (in Zone AO) depth of flooding at t	he building site:	fee	t meters Datum			
G10. Community's design flood elevation:		fee	t meters Datum			
Local Official's Name	-	Title				
Community Name	•	Telephone				
Signature		Date 5/12/207	O			
Comments (including type of equipment and loc		lable)				
Ministorage blds w	no ezv.pm	nt-				
ok for co after EA issued.						
			Check here if attachments.			

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 Policy Number:
Building Street Address (including 1419 27TH STREET WEST BUILD			
City	State	ZIP Code	Company NAIC Number
PANAMA CITY	Florida	32405	

If using the Elevation Certificate to obtain NFIP flood insurance, affix at least 2 building photographs below according to the instructions for Item A6. Identify all photographs with date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." When applicable, photographs must show the foundation with representative examples of the flood openings or vents, as indicated in Section A8. If submitting more photographs than will fit on this page, use the Continuation Page.



Photo One

Photo One Caption FRONT VIEW

Clear Photo One



Photo Two

Photo Two Caption REAR VIEW

Clear Photo Two

ELEVATION CERTIFICATE

Continuation Page

IMPORTANT: in these spaces, copy the corresp	FOR INSURANCE COMPANY USE				
Building Street Address (including Apt., Unit, Suite 1419 27TH STREET WEST BUILDING 'E'	Policy Number:				
City	State	ZIP Code	Company NAIC Number		
PANAMA CITY	Florida	32405			
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 1	Inree			
	Photo T	hree			
Photo Three Caption			Clear Photo Three		
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	mu	Four			
Photo Four Caption	Photo	roui	Clear Photo Four		
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