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

OMB No. 1660-0008 Expiration Date: November 30, 2022

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 D.R. Horton, Inc.	Policy Number:				
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 364 Confidence Way	Company NAIC Number:				
City State Panama City Florida	ZIP Code 32409				
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) Lot 48, Fanning Bayou Phase 6 Parcel ID 08428-150-480					
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) Residential					
A5. Latitude/Longitude: Lat. 30°16'13.91" N Long. 85°40'18.28" W Horizontal Datu	ım: ☐ NAD 1927 🗵 NAD 1983				
A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insu	ırance.				
A7. Building Diagram Number1A					
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	re adjacent grade				
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				
c) Total net area of flood openings in A9.b sq in					
d) Engineered flood openings?					
	and we see the second s				
SECTION B – FLOOD INSURANCE RATE MAP (FIRM) INFORM					
B1. NFIP Community Name & Community Number Bay County - 120004 B2. County Name Bay	B3. State Florida				
B4. Map/Panel Number B5. Suffix B6. FIRM Index Date B7. FIRM Panel Effective/ Revised Date B8. Flood Zone(s)	Base Flood Elevation(s) (Zone AO, use Base Flood Depth)				
12005C0218 H 06-02-2009 06-02-2009 AE 7.0°					
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 X No					
Designation Date: CBRS DPA	05/14/2020				

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			FOR INSURANCE COMPANY USE	
Building Street Address (including Apt., Unit, Suite, and/ 364 Confidence Way	Policy Number:			
		P Code 409	Company NAIC Number	
SECTION C - BUILDING E	LEVATION INFORMA	TION (SURVEY RI	EQUIRED)	
C1. Building elevations are based on: Construct *A new Elevation Certificate will be required when C2. Elevations – Zones A1–A30, AE, AH, A (with BFE Complete Items C2.a–h below according to the bust Benchmark Utilized: NGS BM # X-290 Elev = 8.45 Indicate elevation datum used for the elevations in NGVD 1929 NAVD 1988 Other Datum used for building elevations must be the satisfied a) Top of bottom floor (including basement, crawled) Top of the next higher floor c) Bottom of the lowest horizontal structural members of the distribution of machinery or equipment set (Describe type of equipment and location in Conformation of the lowest adjacent (finished) grade next to building the province of the satisfied of the lowest adjacent (finished) grade next to building the province of the lowest adjacent (finished) grade next to building the lowest adjacent	tion Drawings*	ilding Under Constru ding is complete. BFE), AR, AR/A, AR/ I in Item A7. In Puert i: NAVD 88 ow.	uction* Finished Construction /AE, AR/A1–A30, AR/AH, AR/AO.	
g) Highest adjacent (finished) grade next to building h) Lowest adjacent grade at lowest elevation of de		(
structural support			11.3 🗵 feet 🗌 meters	
This certification is to be signed and sealed by a land s I certify that the information on this Certificate represent statement may be punishable by fine or imprisonment to Were latitude and longitude in Section A provided by a Certifier's Name Scot C. Rutherford	urveyor, engineer, or ar ts my best efforts to inte under 18 U.S. Code, Se	chitect authorized by erpret the data availa ction 1001.	law to certify elevation information.	
Title Civil Engineer/Vice President Company Name SCR & Associates NWFL, Inc. Address P O Box 958 City Lynn Haven	State Florida	ZIP Code 32444	DR STATE OF W SS/ONAL EN 105/14/2020	
Signature	Date 05-14-2020	Telephone (850) 265-6979	Ext.	
Copy all pages of this Elevation Certificate and all attachn	nents for (1) community of	official, (2) insurance a	agent/company, and (3) building owner	
Comments (including type of equipment and location, p *** Engineer or Surveyor will not be responsible for any valid unless initialed, dated and seal on bottom right of B8. and B9. Based on LOMR CASE No.: 15-04-8357P, C2.e) Lowest machinery taken from bottom of HVAC ur	elevation data that has page 2. Effective Date, June 27	No. No. of Contract	hers. *** Signature on page 2 is not	

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	ORTANT: In these spaces, copy the correspondi		***	FOR INSURANCE COMPANY USE		
	lding Street Address (including Apt., Unit, Suite, and/ Confidence Way	or Bldg. No.) or P.O. Rou	ute and Box No.	Policy Number:		
City State ZIP Code				Company NAIC Number		
Par	nama City F	lorida 324	09			
i	SECTION E – BUILDING ELE FOR ZONE	EVATION INFORMATION AO AND ZONE A (WI		REQUIRED)		
con	Zones AO and A (without BFE), complete Items E1- nplete Sections A, B,and C. For Items E1–E4, use na er meters.	-E5. If the Certificate is in tural grade, if available.	tended to support a Check the measure	LOMA or LOMR-F request, ment used. In Puerto Rico only,		
		shock the appropriate has	ves to show whethe	r the elevation is above or below		
E1. Provide elevation information for the following and check the appropriate boxes to show whether the elevation is above or belo the highest adjacent grade (HAG) and the lowest adjacent grade (LAG).a) Top of bottom floor (including basement,						
	crawlspace, or enclosure) is		☐ feet ☐ meter	s 🔲 above or 🔲 below the HAG.		
	 Top of bottom floor (including basement, crawlspace, or enclosure) is 		☐ feet ☐ meter	s above or below the LAG.		
F2	For Building Diagrams 6-9 with permanent flood op	enings provided in Section	on A Items 8 and/or	9 (see pages 1–2 of Instructions)		
	the next higher floor (elevation C2.b in	omigo promoca in cook				
	the diagrams) of the building is		☐ feet ☐ meter	rs ☐ above or ☐ below the HAG.		
	Attached garage (top of slab) is		☐ feet ☐ meter	s above or below the HAG.		
E4.	Top of platform of machinery and/or equipment servicing the building is		☐ feet ☐ meter	rs		
E5.	Zone AO only: If no flood depth number is available floodplain management ordinance? Yes					
	SECTION F - PROPERTY OWN	ER (OR OWNER'S REP	RESENTATIVE) CE	RTIFICATION		
The		·				
con	e property owner or owner's authorized representative nmunity-issued BFE) or Zone AO must sign here. The	e statements in Sections	A, B, and E are cor	rect to the best of my knowledge.		
Dro	perty Owner or Owner's Authorized Representative's	Nama				
-10	perty Owner or Owner's Authorized Representative's	Name				
Add	dress	City	St	ate ZIP Code		
Sig	nature	Date	Те	lephone		
Cor	mments		· · · · · · · · · · · · · · · · · · ·			
				1		
				Check here if attachments.		

ELEVATION CERTIFICATE

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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. 364 Confidence Way				Policy Number:	
City Panama City	State Florida	ZIP 324	Code 09	Company NAIC Number	
SECTION	ON G - COMMUNI	TY INFORMATI	ON (OPTIONA	L)	
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 Zone AO.	on E for a building	located in Zone	A (without a FE	EMA-issued or community-issued BFE)	
G3. The following information (Items G4-	-G10) is provided fo	or community flo	oodplain manag	ement purposes.	
G4. Permit Number	G5. Date Permit	Issued	Ge	S. Date Certificate of Compliance/Occupancy Issued	
RB19-01719	9/20/20	19			
G7. This permit has been issued for:	New Construction	n 🗌 Substantia	al Improvement		
G8. Elevation of as-built lowest floor (including of the building:	g basement)			eet meters Datum	
G9. BFE or (in Zone AO) depth of flooding at	the building site: _			eet meters Datum	
G10. Community's design flood elevation:	-		f	eet meters Datum	
Local Official's Name Title					
Community Name		Telephon	е		
Signature Date 5/28/2020					
Comments (including type of equipment and loc	cation, per C2(e), if	f applicable)			
OK for CO-					
				Check here if attachments.	

BUILDING PHOTOGRAPHS

ELEVATION CERTIFICATE

See Instructions for Item A6.

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IMPORTANT: In these spaces, co	FOR INSURANCE COMPANY USE		
Building Street Address (including A 364 Confidence Way	Policy Number:		
City Panama City	State Florida	ZIP Code 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 05/14/2020

Clear Photo One



Photo Two

Photo Two Caption

Left Side View 05/14/2020

Clear Photo Two

BUILDING PHOTOGRAPHS

ELEVATION CERTIFICATE

Continuation Page

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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. 364 Confidence Way			Policy Number:
City Panama City	State Florida	ZIP Code 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 Three

Photo Three Caption

Rear View 05/14/2020

Clear Photo Three



Photo Four

Photo Four Caption

Right Side View 05/14/2020

Clear Photo Four