

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				Policy Number:	
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 376 Confidence Way				Company NAIC Number:	
City Panama City	State Florida	ZIP Code 32409			
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) Lot 45, Fanning Bayou Phase 6 Parcel ID 08428-150-450					
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) Residential					
A5. Latitude/Longitude: Lat. 30°16'11.70" N Long. 85°40'17.84" W Horizontal Datum: <input type="checkbox"/> NAD 1927 <input checked="" type="checkbox"/> NAD 1983					
A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insurance.					
A7. Building Diagram Number <u>1A</u>					
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 adjacent grade _____					
c) Total net area of flood openings in A8.b _____ sq in					
d) Engineered flood openings? <input type="checkbox"/> Yes <input type="checkbox"/> No					
A9. For a building with an attached garage:					
a) Square footage of attached garage <u>417.00</u> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No					
SECTION B – FLOOD INSURANCE RATE MAP (FIRM) INFORMATION					
B1. NFIP Community Name & Community Number Bay County - 120004			B2. County Name Bay		B3. State Florida
B4. Map/Panel Number 12005C0218	B5. Suffix H	B6. FIRM Index Date 06-02-2009	B7. FIRM Panel Effective/ Revised Date 06-02-2009	B8. Flood Zone(s) AE	B9. Base Flood Elevation(s) (Zone AO, use Base Flood Depth) 7.0'
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9: <input type="checkbox"/> FIS Profile <input checked="" type="checkbox"/> FIRM <input type="checkbox"/> Community Determined <input type="checkbox"/> Other/Source: _____					
B11. Indicate elevation datum used for BFE in Item B9: <input type="checkbox"/> NGVD 1929 <input checked="" type="checkbox"/> NAVD 1988 <input type="checkbox"/> Other/Source: _____					
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Designation Date: _____ <input type="checkbox"/> CBRS <input type="checkbox"/> OPA					

SR 3.4.20

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

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SECTION C – BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)

C1. Building elevations are based on: Construction Drawings* Building Under Construction* Finished Construction
*A new Elevation Certificate will be required when construction of the building is complete.

C2. Elevations – Zones A1–A30, AE, AH, A (with BFE), VE, V1–V30, V (with BFE), AR, AR/A, AR/AE, AR/A1–A30, AR/AH, AR/AO. Complete Items C2.a–h below according to the building diagram specified in Item A7. In Puerto Rico only, enter meters.

Benchmark Utilized: NGS BM # X-290 Elev = 8.45' Vertical Datum: NAVD 88

Indicate elevation datum used for the elevations in items a) through h) below.

NGVD 1929 NAVD 1988 Other/Source: _____

Datum used for building elevations must be the same as that used for the BFE.

Check the measurement used.

- | | | | |
|-------------------------------------------------------------------------------------------------------------------------------|-------------|------------------------------------------|---------------------------------|
| a) Top of bottom floor (including basement, crawlspace, or enclosure floor) | <u>13.3</u> | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| b) Top of the next higher floor | <u>N/A</u> | <input type="checkbox"/> feet | <input type="checkbox"/> meters |
| c) Bottom of the lowest horizontal structural member (V Zones only) | <u>N/A</u> | <input type="checkbox"/> feet | <input type="checkbox"/> meters |
| d) Attached garage (top of slab) | <u>11.4</u> | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| e) Lowest elevation of machinery or equipment servicing the building
(Describe type of equipment and location in Comments) | <u>12.3</u> | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| f) Lowest adjacent (finished) grade next to building (LAG) | <u>10.8</u> | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| g) Highest adjacent (finished) grade next to building (HAG) | <u>12.0</u> | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support | <u>N/A</u> | <input type="checkbox"/> feet | <input type="checkbox"/> 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
Scot C. Rutherford

License Number
PE 70041

Title
Civil Engineer/Vice President


Company Name
SCR & Associates NWFL, Inc.

Address
P O Box 958

City
Lynn Haven

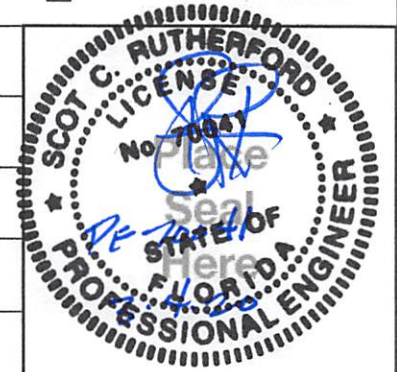
State
Florida

ZIP Code
32444

Signature  Date
03-04-2020

Telephone
(850) 265-6979

Ext.



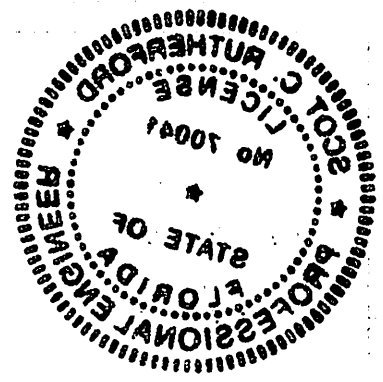
Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2) insurance agent/company, and (3) building owner.

Comments (including type of equipment and location, per C2(e), if applicable)

*** Engineer or Surveyor will not be responsible for any elevation data that has been changed by others. *** Signature on page 2 is not valid unless initialed, dated and seal on bottom right of page 2.

B8. and B9. Based on LOMR CASE No.: 15-04-8357P, Effective Date, June 27, 2016.

C2.e) Lowest machinery taken from bottom of HVAC unit.



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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 _____ feet meters above or below the HAG.
- b) Top of bottom floor (including basement, crawlspace, or enclosure) is _____ feet meters above or below the LAG.
- E2. For Building Diagrams 6–9 with permanent flood openings provided 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 meters above or below the HAG.
- E3. Attached garage (top of slab) is _____ feet meters above or below the HAG.
- E4. Top of platform of machinery and/or equipment servicing the building is _____ feet meters 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 OWNER (OR OWNER'S REPRESENTATIVE) CERTIFICATION

The property owner or owner's authorized representative who completes Sections A, B, and E for Zone A (without a FEMA-issued or community-issued BFE) or Zone AO must sign here. The statements in Sections A, B, and E are correct to the best of my knowledge.

Property Owner or Owner's Authorized Representative's Name

Address City State ZIP Code

Signature Date Telephone

Comments

Check here if attachments.

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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-issued or community-issued BFE) or Zone AO.
- G3. The following information (Items G4–G10) is provided for community floodplain management purposes.

G4. Permit Number RB19-01716	G5. Date Permit Issued 7/20/2019	G6. Date Certificate of Compliance/Occupancy Issued
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- G7. This permit has been issued for: New Construction Substantial Improvement
- G8. Elevation of as-built lowest floor (including basement) of the building: _____ feet meters Datum _____
- G9. BFE or (in Zone AO) depth of flooding at the building site: _____ feet meters Datum _____
- G10. Community's design flood elevation: _____ feet meters Datum _____

Local Official's Name Wayne Porter	Title
Community Name	Telephone
Signature 	Date 3/11/2020

Comments (including type of equipment and location, per C2(e), if applicable)

**OK for CO.
WP**

Check here if attachments.

IMPORTANT: In these spaces, copy the corresponding information from Section A. Building Name, Address (including Apt. No.), and/or (Bldg.) No., P.O. Route and Box No., and Complete Way	
City	State
Zip	County
Company Name	Company M&E Number

SECTION 1 - COMMUNITY INFORMATION (OPTIONAL)

If a local ordinance is referenced by law in Sections A, B, C, D, E, and F of this Elevator Certificate, complete the applicable part(s) and sign below. Check the measurement used in Part C of the Form. For a complete list of local ordinances, see the following website: www.elevator.com

The local ordinance is referenced by law in Section A of this Elevator Certificate. Complete the applicable part(s) and sign below. Check the measurement used in Part C of the Form. For a complete list of local ordinances, see the following website: www.elevator.com

The local ordinance is referenced by law in Section B of this Elevator Certificate. Complete the applicable part(s) and sign below. Check the measurement used in Part C of the Form. For a complete list of local ordinances, see the following website: www.elevator.com

The local ordinance is referenced by law in Section C of this Elevator Certificate. Complete the applicable part(s) and sign below. Check the measurement used in Part C of the Form. For a complete list of local ordinances, see the following website: www.elevator.com

Part B: Date of last inspection by a qualified person (Date of last inspection by a qualified person)

Part C: Date of last inspection by a qualified person (Date of last inspection by a qualified person)

The elevator has been tested for Level Control in accordance with the requirements of the applicable code.

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The elevator has been tested for Level Control in accordance with the requirements of the applicable code.

Local Ord. Title: _____

Company Name: _____

Signature: _____

Date: _____

Comments (including date of equipment and location): _____

Check here if applicable:

BUILDING PHOTOGRAPHS

See Instructions for Item A6.

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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 03/04/2020

Clear Photo One



Photo Two

Photo Two Caption

Left Side View 03/04/2020

Clear Photo Two

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BUILDING PHOTOGRAPHS

Continuation Page

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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 03/04/2020	Clear Photo Three
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Photo Four

Photo Four Caption	Right Side View 03/04/2020	Clear Photo Four
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