

# 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<br>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.<br>5113 Emma Grace Drive  |                 |                                   |  | Company NAIC Number:   |  |
| City<br>Panama City   |                 | State<br>Florida                  |  | ZIP Code<br>32404  |  |
| A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)<br>Lot 40, Sunset Village      Parcel ID 05860-600-080   |                 |                                   |  |  |  |
| A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.)      Residential   |                 |                                   |  |  |  |
| A5. Latitude/Longitude: Lat. <u>30°14'13.18" N</u> Long. <u>85°34'20.08" W</u> 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>439.00</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<br>Bay County - 120004   |                 |                                   | B2. County Name<br>Bay                               |  | B3. State<br>Florida   |
| B4. Map/Panel Number<br>12005C0352  | B5. Suffix<br>H | B6. FIRM Index Date<br>06-02-2009 | B7. FIRM Panel Effective/ Revised Date<br>06-02-2009 | B8. Flood Zone(s)<br>AE  | B9. Base Flood Elevation(s) (Zone AO, use Base Flood Depth)<br>49.0' |
| B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9:<br><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<br>Designation Date: _____ <input type="checkbox"/> CBRS <input type="checkbox"/> OPA         |                 |                                   |  |  |  |
|   |                 |                                   |  | Scot C. Rutherford, P.E.,<br>State of Florida, License<br>No. 70041  |  |
|   |                 |                                   |  | Digitally signed by Scot C.<br>Rutherford, P.E., State of Florida,<br>License No. 70041<br>Date: 2020.11.17 08:23:42 -06'00' |  |

# ELEVATION CERTIFICATE

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

|  |                  |                   |                                  |  |
|--|------------------|-------------------|----------------------------------|--|
| <b>IMPORTANT: In these spaces, copy the corresponding information from Section A.</b>                                      |                  |                   | <b>FOR INSURANCE COMPANY USE</b> |  |
| Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.<br>5113 Emma Grace Drive |                  |                   | Policy Number:                   |  |
| City<br>Panama City  | State<br>Florida | ZIP Code<br>32404 | Company NAIC Number              |  |

## 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 46-03-D-04V EI 49.6243'    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.

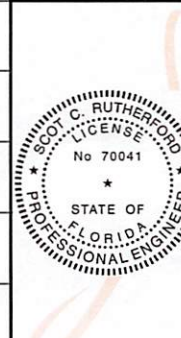
Check the measurement used.

- |   |      |  |                                 |
|---|------|--|---------------------------------|
| a) Top of bottom floor (including basement, crawlspace, or enclosure floor) _____   | 52.8 | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| b) Top of the next higher floor _____   | N/A  | <input type="checkbox"/> feet            | <input type="checkbox"/> meters |
| c) Bottom of the lowest horizontal structural member (V Zones only) _____   | N/A  | <input type="checkbox"/> feet            | <input type="checkbox"/> meters |
| d) Attached garage (top of slab) _____  | 52.3 | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| e) Lowest elevation of machinery or equipment servicing the building<br>(Describe type of equipment and location in Comments) _____ | 52.3 | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| f) Lowest adjacent (finished) grade next to building (LAG) _____  | 51.2 | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| g) Highest adjacent (finished) grade next to building (HAG) _____   | 51.8 | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support _____                                  | N/A  | <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<br>Scot C. Rutherford      | License Number<br>PE 70041 |  <p style="font-size: small; margin-top: 5px;">Digitally signed by Scot C. Rutherford, P.E., State of Florida, License No. 70041<br/>DN: cn=Scot C. Rutherford, P.E., State of Florida, License No. 70041, o=This item has been electronically signed and sealed by Scot C. Rutherford, PE, on the date adjacent to the seal a using a SHA authentication code, ou=Printed copies of this document are not considered signed and sealed and the SHA authentication code must be verified on any electronic copies., email=scot@scr.us.com, c=US<br/>Date: 2020.11.17 08:22:56 -06'00<br/>Adobe Acrobat version: 2020.013.20664</p> |
| Title<br>Civil Engineer/Vice President      |                            |   |
| Company Name<br>SCR & Associates NWFL, Inc. |                            |   |
| Address<br>P O Box 958                      |                            |   |
| City<br>Lynn Haven                          | State<br>Florida           |   |

|  |                    |                             |      |
|--|--------------------|-----------------------------|------|
| Signature    Scot C. Rutherford, P.E., State of Florida, License No. 70041 | Date    11-05-2020 | 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. LOMR CASE No.: 13-04-8550P, Effective Date, December 26, 2014  
 C2.e) Lowest machinery taken from bottom of HVAC unit.

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| <b>IMPORTANT: In these spaces, copy the corresponding information from Section A.</b>                                      |                  |                   | <b>FOR INSURANCE COMPANY USE</b> |
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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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|  |                  |                   |                                  |
|--|------------------|-------------------|----------------------------------|
| <b>IMPORTANT: In these spaces, copy the corresponding information from Section A.</b>                                      |                  |                   | <b>FOR INSURANCE COMPANY USE</b> |
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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<br><i>RB20-00015</i> | G5. Date Permit Issued<br><i>2/3/2020</i> | G6. Date 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: \_\_\_\_\_  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<br><i>Wayne Porter</i> | Title |
|--|-------|

|                |           |
|----------------|-----------|
| Community Name | Telephone |
|----------------|-----------|

|                                 |                           |
|---------------------------------|---------------------------|
| Signature<br><i>[Signature]</i> | Date<br><i>11/18/2020</i> |
|---------------------------------|---------------------------|

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

*OK for CO.*

Check here if attachments.

## BUILDING PHOTOGRAPHS

See Instructions for Item A6.

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| <b>IMPORTANT: In these spaces, copy the corresponding information from Section A.</b>                                      |                  |                   | <b>FOR INSURANCE COMPANY USE</b> |
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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 11/05/2020 | Clear Photo One |
|-------------------|-----------------------|-----------------|



Photo Two

|                   |                           |                 |
|-------------------|---------------------------|-----------------|
| Photo Two Caption | Left side View 11/05/2020 | Clear Photo Two |
|-------------------|---------------------------|-----------------|

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**BUILDING PHOTOGRAPHS**

Continuation Page

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|  |                  |                   |                                  |
|--|------------------|-------------------|----------------------------------|
| <b>IMPORTANT: In these spaces, copy the corresponding information from Section A.</b>                                      |                  |                   | <b>FOR INSURANCE COMPANY USE</b> |
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| City<br>Panama City  | State<br>Florida | ZIP Code<br>32404 | 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 11/05/2020 | Clear Photo Three |
|---------------------|----------------------|-------------------|



Photo Four

|                    |                            |                  |
|--------------------|----------------------------|------------------|
| Photo Four Caption | Right Side View 11/05/2020 | Clear Photo Four |
|--------------------|----------------------------|------------------|