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 INSU	RANCE COMPANY USE	
A1. Building Owner's Name Policy Number: Richard Bagwell				nber:		
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 5937 Shannon Circle Company NAIC Number				NAIC Number:		
City Youngstown			State Florida		ZIP Code 32466	
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) Lot 1, Block C, Floribay West Phase III Parcel ID 05288-081-000						
A4. Building Use (e.g., Res	idential, Non-Residential,	Addition	, Accessory, e	etc.) Residentia	al	
A5. Latitude/Longitude: La	at. 30°18'33.08" N	Long. 8	5°33'20.10" V	/ Horizonta	l Datum: 🔲 NAD	1927 🗵 NAD 1983
A6. Attach at least 2 photo	graphs of the building if th	e Certific	ate is being u	sed to obtain floo	d insurance.	
A7. Building Diagram Numi	per1A					
A8. For a building with a cr	awispace or enclosure(s):					
a) Square footage of o	rawlspace or enclosure(s)		0.00 sq ft		
b) Number of permane	nt flood openings in the c	rawispace	e or enclosure	e(s) within 1.0 fool	above adjacent gr	ade
c) Total net area of floo	od openings in A8.b		sq in			
d) Engineered flood or	enings? Yes I	No				
A9. For a building with an a	ttached garage:					
a) Square footage of attached garage 0.00 sq ft						
b) Number of permane	nt flood openings in the a	ttached g	arage within	I.0 foot above adj	acent grade	
c) Total net area of floo	od openings in A9.b		sq	in		
d) Engineered flood op	enings?	No				
SECTION B – FLOOD INSURANCE RATE MAP (FIRM) INFORMATION						
B1. NFIP Community Name		INSUKA	B2. County		CRMATION	B3. State
Bay County - 120004	a Community Number		Bay Bay	Ivaille		Florida
B4. Map/Panel B5. Su Number B5. Su	ffix B6. FIRM Index Date	Effe	RM Panel ective/ vised Date	B8. Flood Zone(s)	B9. Base Flood I (Zone AO, us	Elevation(s) se Base Flood Depth)
12005C0241 H	06-02-2009	06-02-2		A	34.0'	
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 ☒ No						
Designation Date: GRBS GODA Scot C. Rutherford, P.E., Digitally signed by Scot C.				ally signed by Scot C.		
State of Florida, License License License No. 70041						
			N	o. 70041	Date:	2020.11.19 08:30:10 -06'00

ELEVATION CERTIFICATE

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

IMPORTANT: In these spaces, copy the corresponding information from Section A.			FOR INSURANCE COMPANY USE	
Building Street Address (including Apt., Unit, Suite 5937 Shannon Circle	Policy Number:			
City		ZIP Code	Company NAIC Number	
Youngstown	Florida	32466		
SECTION C - BUILD	ING ELEVATION INFORM	MATION (SURVEY R	EQUIRED)	
*A new Elevation Certificate will be required	d when construction of the b			
C2. Elevations – Zones A1–A30, AE, AH, A (wit Complete Items C2.a–h below according to Benchmark Utilized: NGS BM# 46-03-D04\	the building diagram specif	ied in Item A7. In Puerl	/AE, AR/A1–A30, AR/AH, AR/AO. to Rico only, enter meters.	
Indicate elevation datum used for the elevat			Control of the second	
☐ NGVD 1929 区 NAVD 1988 ☐				
Datum used for building elevations must be		ne BFE.		
a) To a of hottons floor /in aluding honorout		la a n\	Check the measurement used. 37.1 ⋉ feet	
a) Top of bottom floor (including basement	, crawispace, or enclosure to	oor)		
b) Top of the next higher floor				
c) Bottom of the lowest horizontal structura	ıl member (V Zones only)	-	N/A feet meters	
d) Attached garage (top of slab)		-	N/A feet meters	
 e) Lowest elevation of machinery or equipr (Describe type of equipment and location 	nent servicing the building n in Comments)	1 	36.6 X feet meters	
f) Lowest adjacent (finished) grade next to	building (LAG)		35.6 × feet meters	
g) Highest adjacent (finished) grade next to	building (HAG)		36.4 X feet meters	
 h) Lowest adjacent grade at lowest elevation structural support 	on of deck or stairs, includin	g 	N/A feet meters	
SECTION D - SUR	VEYOR, ENGINEER, OR	ARCHITECT CERTIF	ICATION	
This certification is to be signed and sealed by a I certify that the information on this Certificate re statement may be punishable by fine or imprisor	presents my best efforts to i	interpret the data availa	y law to certify elevation information. able. I understand that any false	
Were latitude and longitude in Section A provide			Check here if attachments.	
Certifier's Name	License Number			
Scot C. Rutherford	PE 70041		Digitally signed by Scot C. Rutherford, P.E., State of Florida,	
Title Civil Engineer/Vice President			Dicense No. 70041 DN: (==\$cot C. Rutherford, P.E.) State of Florida, License No. 70041, 0=This item has been 70041, 0=This item has been 20041, 0=This item has been 200	
Company Name			by Scot C. Rutherford, PE, on the date adjacent to the seal a using a	
SCR & Associates NWFL, Inc.			* SHA authentication code, ou=Printed copies of this document are not considered	
Address P O Box 958			ORIO ORIO ONAL Emiliation of the State of th	
City Lynn Haven	State Florida	ZIP Code 32444	Date: 2020.11.19 08.29.28 -06'00' Adobe Acrobat version: 2020.013.20064	
Signature Scot C. Rutherford, P.E., State of Florida, License No. 70041 Date: 2020.11.19 08:2	cot C. Rutherford, Date License No. 70041 11-17-2020 29:46-06'00'	Telephone (850) 265-6979	Ext.	
Copy all pages of this Elevation Certificate and all		ty official, (2) insurance	agent/company, and (3) building owner.	
Comments (including type of equipment and loca *** Engineer or Surveyor will not be responsible valid unless, dated and seal on bottom right of p	for any elevation data that h		thers. *** Signature on page 2 is not	
C2.e) Lowest machinery taken from bottom of H	VAC unit.			

ELEVATION CERTIFICATE

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

MPORTANT: In these spaces, copy the corresponding information from Section A. FOR INSURANCE COMPANY USE				
Building Street Address (including Apt., Unit, Suite, and 5937 Shannon Circle	d/or Bldg. No.) or P.O.	Route and Box No.	Policy Number:	
•	State Florida	ZIP Code 32466	Company NAIC Number	
SECTION E – BUILDING EL FOR ZON	LEVATION INFORMA IE AO AND ZONE A		REQUIRED)	
For Zones AO and A (without BFE), complete Items E-complete Sections A, B,and C. For Items E1–E4, use renter 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 meter	<u> </u>	
crawlspace, or enclosure) is E2. For Building Diagrams 6–9 with permanent flood of	onenings provided in S			
the next higher floor (elevation C2.b in the diagrams) of the building is				
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, 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 OW	NER (OR OWNER'S I	REPRESENTATIVE) CI	ERTIFICATION	
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		tate ZIP Code	
Signature	Date	Te	elephone	
Comments				
			Check here if attachments.	

ELEVATION CERTIFICATE

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

IMPORTANT: In these spaces, copy the corresponding information	FOR INSURANCE COMPANY USE	
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) o 5937 Shannon Circle	Policy Number:	
City State	ZIP Code	Company NAIC Number
Youngstown Florida	32466	The second secon
SECTION G - COMMUNITY IN	FORMATION (OPTIONAL)	
The local official who is authorized by law or ordinance to administer the Sections A, B, C (or E), and G of this Elevation Certificate. Complete the used in Items G8–G10. In Puerto Rico only, enter meters. G1. The information in Section C was taken from other document engineer, or architect who is authorized by law to certify elevated in the Comments area below.)	he applicable item(s) and sigr tation that has been signed a	n below. Check the measurement nd sealed by a licensed surveyor,
G2. A community official completed Section E for a building local or Zone AO.	1	
G3. The following information (Items G4–G10) is provided for co	mmunity floodplain managem	ent purposes.
G4. Permit Number G5. Date Permit Issu 2/28/708		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	t meters Datum
Local Official's Name Porte	Title	
Community Name	Telephone	
	Date 11/20/2020	
Comments (including type of equipment and location, per C2(e), if app	licáble) ¹	
OK for co.		
		☐ Check here if attachments.

BUILDING PHOTOGRAPHS

ELEVATION CERTIFICATE

See Instructions for Item A6.

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

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. 5937 Shannon Circle			FOR INSURANCE COMPANY USE
			Policy Number:
City	State	ZIP Code	Company NAIC Number
Youngstown	Florida	32466	

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.

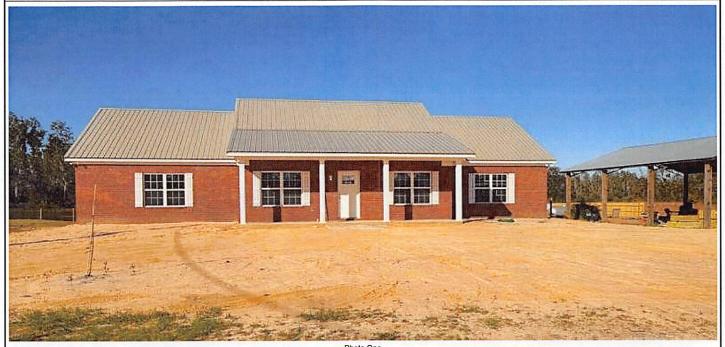


Photo One

Photo One Caption

Front View 11/17/2020

Clear Photo One



Photo Two Caption Left Side View 11/17/2020

Clear Photo Two Form Page 5 of 6

BUILDING PHOTOGRAPHS

ELEVATION CERTIFICATE

Continuation Page

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

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. 5937 Shannon Circle			FOR INSURANCE COMPANY USE Policy Number:	
Youngstown	Florida	32466		

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.

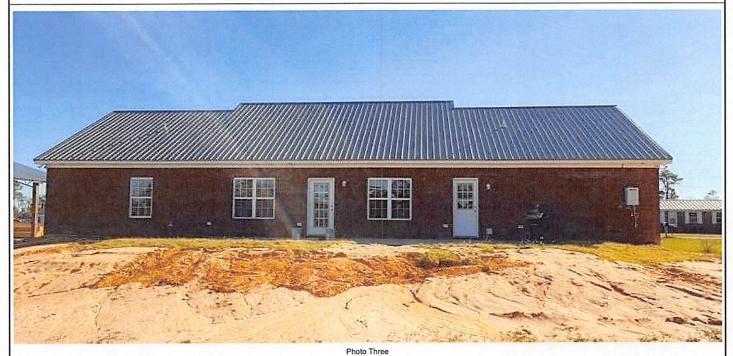


Photo Three Caption

Rear View 11/17/2020

11/17/2020 Clear Photo Three



Photo Four

Photo Four Caption Right Side View 11/17/2020

Clear Photo Four Form Page 6 of 6