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 INSUF	RANCE COMPANY USE		
A1. Building Owner's Name Gilmore, James D Jr & Nancy L					Policy Num	per:		
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 9700 ANDERSON LN					Company N	IAIC Number:		
City SOUTHPORT	•		State Florida			ZIP Code 32409		
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) Parcel ID 07603-035-010								
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) RESIDENTIAL								
A5. Latitude/Longi	tude: Lat. <u>N</u>	30d19'32.8"	Long. W	/85d38'28.8"	Horizont	al 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	od insurance.		
A7. Building Diagr	am Number	5_						
A8. For a building	with a crawls	space 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	ot above adjacent gra	ade 0	
c) Total net ar	ea of flood o	penings in A8.b		0.00 sq in	1			
d) Engineered	l flood openir	ngs? Yes 🗷 N	10					
A9. For a building v	with an attach	ned garage:						
a) Square foot	a) Square footage of attached garage0.00 sq ft							
b) Number of	permanent flo	ood openings in the at	tached g	arage within	1.0 foot above ac	ljacent grade 0		
c) Total net area of flood openings in A9.b 0.00 sq in								
d) Engineered flood openings?								
	SF	ECTION B - FLOOD	INSURA	NCE RATE	MAP (FIRM) IN	FORMATION		
SECTION B – FLOOD INSURANCE RATE MAP (FIRM) INFORMATION B1. NFIP Community Name & Community Number B2. County Name B3. State						B3. State		
				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, use	ilevation(s) e Base Flood Depth)	
12005C0210	н	06-02-2009	Revised Date 06-02-2009 A		A ·	47.0'	,	
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: CBRS OPA								
				_				
L								

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IMPORTANT: In these spaces, copy the corresponding in	FOR INSURANCE COMPANY USE					
Building Street Address (including Apt., Unit, Suite, and/or BI 9700 ANDERSON LN	Policy Number:					
City State SOUTHPORT Florid	ZIP 0 a 3240	SO PETER DOME.	Company NAIC Number			
SECTION C – BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)						
C1. Building elevations are based on: Construction *A new Elevation Certificate will be required when constructions. C2. Elevations – Zones A1–A30, AE, AH, A (with BFE), VE Complete Items C2.a–h below according to the buildin Benchmark Utilized: V773 Indicate elevation datum used for the elevations in item NGVD 1929 NAVD 1988 Other/Son Datum used for building elevations must be the same at a) Top of bottom floor (including basement, crawlspace) a) Top of the next higher floor c) Bottom of the lowest horizontal structural member (d) Attached garage (top of slab) e) Lowest elevation of machinery or equipment service (Describe type of equipment and location in Comm	Drawings*	ing Under Constru g is complete. E), AR, AR/A, AR/. I Item A7. In Puerto NAVD88	Check the measurement used. 53.0			
f) Lowest adjacent (finished) grade next to building (L	AG)	<u> </u>	48.9 x feet meters			
g) Highest adjacent (finished) grade next to building (HAG)		49.8 x feet meters			
 h) Lowest adjacent grade at lowest elevation of deck structural support 	or stairs, including		N/A x feet meters			
SECTION D – SURVEYOR, E	NGINEER, OR ARC	HITECT CERTIF	ICATION			
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.						
	License Number		3			
Title PROFESSINAL SURVEYOR AND MAPPER Company Name MTS SURVEYING & MAPPING Address	LS#6287		The state of the s			
4619 ASHLAND WAY	Ctata	7ID Code				
PANAMA CITY	State Florida	ZIP Code 32404				
Signature LYMAN DOUGLAS LEMACKS Digitally signed by LYMAN DOUGLAS LEMACKS Date: 2020.02.05 08:49:06-06:00"	Date 01-31-2020	Telephone (850) 704-5775	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 CAIR CONDITIONING UNIT IS OUT SIDE ON PAD	C2(e), if applicable)					

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IMPORTANT: In these spaces, copy the correspond	FOR INSURANCE COMPANY USE					
Building Street Address (including Apt., Unit, Suite, ar 9700 ANDERSON LN	Policy Number:					
City SOUTHPORT	State Florida	ZIP Code 32409	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 		feet meter	s above or below the HAG.			
 Top of bottom floor (including basement, crawlspace, or enclosure) is 			s 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			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			s 🔲 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 OV	VNER (OR OWNER	'S REPRESENTATIVE) CE	ERTIFICATION			
The property owner or owner's authorized represental community-issued BFE) or Zone AO must sign here.	tive who completes The statements in S	Sections A, B, and E for Zo ections A, B, and E are cor	ne A (without a FEMA-issued or rect to the best of my knowledge.			
Property Owner or Owner's Authorized Representative	e's Name	-· ·· ·				
Address	Ci	ty St	ate ZIP Code			
Signature	Da	ate Te	lephone			
Comments						
			☐ Check here if attachments.			

ELEVATION CERTIFICATE

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IMPORTANT: In these spaces come the come	FOR INICIAL COMPANY LIGHT					
IMPORTANT: In these spaces, copy the corre	FOR INSURANCE COMPANY USE					
Building Street Address (including Apt., Unit, Su 9700 ANDERSON LN	Policy Number:					
City State ZIP Code			Company NAIC Number			
SOUTHPORT	Florida	32409				
SECTIO	N G – COMMUNIT	Y INFORMATION (OPTIO	ONAL)			
Sections A, B, C (or E), and G of this Elevation	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 or Zone AO.	on E for a building	located in Zone A (without	a FEMA	t-issued or community-issued BFE)		
G3. The following information (Items G4–	G10) is provided fo	r community floodplain ma	anageme	ent purposes.		
G4. Permit Number	G5. Date Permit	Issued		Date Certificate of		
m H19-00609	1/7/202	.2		compliance/Occupancy Issued		
G7. This permit has been issued for:	New Construction	n ☐ Substantial Improvem	nent			
G8. Elevation of as-built lowest floor (including of the building:	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		Title				
Community Name		Telephone				
Signature		Date 2/5/2020				
Comments including type of equipment and loc	cation, per C2(e), if	applicable)				
ox for co.						
W						
				Check here if attachments.		

BUILDING PHOTOGRAPHS

ELEVATION CERTIFICATE

See Instructions for Item A6.

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City SOUTHPORT	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.



FRONT VIEW

Clear Photo One



Photo Two Caption REAR VIEW

Clear Photo Two Form Page 5 of 6

BUILDING PHOTOGRAPHS

ELEVATION CERTIFICATE

Continuation Page

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IMPORTANT: In these spaces, copy	FOR INSURANCE COMPANY USE		
Building Street Address (including Ap 9700 ANDERSON LN	Policy Number:		
City SOUTHPORT	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 Caption SIDE VIEW

Clear Photo Three



Photo Four Caption AIR CONDITIONING UNIT

Clear Photo Four Form Page 6 of 6