U.S. DEPARTMENT OF HOMELAND SECURITY Federal Emergency Management Agency

National Flood Insurance Program

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

ELEVATION CERTIFICATEImportant: 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			ANCE COMPANY USE		
A1. Building Owner's Name	Policy Numb	er:			
D R Horton, Inc.	·				
A2. Building Street Address (including Apt., Unit, Suite, and Box No. 109 James's Way	cand Company N/	AIC Number:			
City	State	ZIP Code			
Southport	Florida	32409			
	A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)				
A4. Building Use (e.g., Residential, Non-Residential, Addition	on, Accessory, etc.) Res	dential			
A5. Latitude/Longitude: Lat. 30°16'42.3" N Long	85°36'42.6" W Hor	zontal Datum: 🔲 NAD 1	927 🗵 NAD 1983		
A6. Attach at least 2 photographs of the building if the Certi	ficate is being used to obtai	n flood insurance.			
A7. Building Diagram Number1A					
A8. For a building with a crawlspace or enclosure(s):					
a) Square footage of crawlspace or enclosure(s)	sq:	t			
b) Number of permanent flood openings in the crawlspa	ace or enclosure(s) within 1	0 foot above adjacent gra	de		
c) Total net area of flood openings in A8.b	sq in				
d) Engineered flood openings? 🗌 Yes 🔲 No					
A9. For a building with an attached garage:					
a) Square footage of attached garage416.00 sq ft					
b) Number of permanent flood openings in the attached	l garage within 1.0 foot abo	ve adjacent grade			
c) Total net area of flood openings in A9.b sq in					
d) Engineered flood openings?					
SECTION B - FLOOD INSU		1) INFORMATION			
B1. NFIP Community Name & Community Number Bay County - 120004	B2. County Name Bay		B3. State Florida		
· · · · · · · · · · · · · · · · · · ·					
Number Date	FIRM Panel B8. Flood Effective/ Zone(s)	B9. Base Flood E (Zone AO, use	evation(s) e Base Flood Depth)		
I I	2-2009 AE	8.0'			
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 Scot C. Rutherford, P.E., Digitally signed by Scot C.					
Designation Date: CBRS OPA State of Florida, License Rutherford, P.E., State of Florida, License No. 70041					
	No. 70041	Date: 2	021.05.25 14:42:08 -05'00'		

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MPORTANT: In these spaces, copy the corresponding information from Section A.			FOR INSURA	FOR INSURANCE COMPANY USE		
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 109 James's Way			Policy Number:			
City Sta Southport Flo	ate ZIP orida 324	Code 09	Company NA	IC Number		
SECTION C – BUILDING EL	EVATION INFORMA	TION (SURVEY RE	EQUIRED)			
C1. Building elevations are based on: *A new Elevation Certificate will be required when of the complete Items C2.a—h below according to the building Benchmark Utilized: NGS BM # X-290 ELEV = 8.4 Indicate elevation datum used for the elevations in NGVD 1929 NAVD 1988 Other. Datum used for building elevations must be the same a) Top of bottom floor (including basement, crawls b) Top of the next higher floor c) Bottom of the lowest horizontal structural members of the properties of the lowest elevation of machinery or equipment see (Describe type of equipment and location in Confidence of the properties of the prop	on Drawings* Buiconstruction of the build, VE, V1–V30, V (with Blding diagram specified 5' Vertical Datum items a) through h) belowards as that used for the Blace, or enclosure floor er (V Zones only) rvicing the building mments) g (LAG)	Iding Under Construing is complete. FE), AR, AR/A, AR/ in Item A7. In Puert : NAVD 88 bw.	Check the 13.1	e measurement used. eet		
g) Highest adjacent (finished) grade next to buildir	EUR III	-	12.2 × fe	eet meters		
 h) Lowest adjacent grade at lowest elevation of de structural support 	ck or stairs, including		N/A fe	eet meters		
SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION						
This certification is to be signed and sealed by a land su I certify that the information on this Certificate represent statement may be punishable by fine or imprisonment u Were latitude and longitude in Section A provided by a	ts my best efforts to inte Inder 18 U.S. Code, Sei	rpret the data availaction 1001.	able. I understa	elevation information. and that any false there if attachments.		
Certifier's Name	License Number			Digitally signed by Scot C		
Scot C. Rutherford Title Civil Engineer/Vice President	PE 70041		STATE RUTA	Rutherford, P.E., State of Florida, License No. 70041 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		
Company Name SCR & Associates NWFL, Inc. Address P O Box 958			No 700	signed and sealed and the SHA		
City Lynn Haven	State Florida	ZIP Code 32444	0	c=US Date: 2021.05.25 14:41:24-05'00 Adobe Acrobat version: 2021.001.20155		
Signature Scot C. Rutherford, P.E., State of Florida, License No. 70041 Date: 2021.05.25 14:41:43 -05'00'	05-14-2021	Telephone (850) 265-6979	Ext.			
Copy all pages of this Elevation Certificate and all attachm		official, (2) insurance	agent/company	y, and (3) building owner.		
Comments (including type of equipment and location, p *** Engineer or Surveyor will not be responsible for any valid unless,dated and seal on bottom right of page 2. A5. Lat./Longs taken from Google Maps. C2.e) Lowest machinery taken from bottom of HVAC ur	elevation data that has	been changed by o	thers. *** Signa	ature on page 2 is not		

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IMPORTANT: In these spaces, copy the corresponding	FOR INSURANCE COMPANY USE					
Building Street Address (including Apt., Unit, Suite, and/o	Policy Number:					
		Code	Company NAIC Number			
	orida 324					
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).					
crawlspace, or enclosure) is		☐ feet ☐ meter	s 🔲 above or 🔲 below the HAG.			
 b) Top of bottom floor (including basement, crawlspace, or enclosure) is 		☐ feet ☐ meter	s 🔲 above or 🔲 below the LAG.			
E2. For Building Diagrams 6-9 with permanent flood ope	enings provided in Secti	on 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 ☐ meter	s ☐ above or ☐ below the HAG.			
E3. 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	s 🔲 above or 🔲 below the HAG.			
E5. Zone AO only: If no flood depth number is available, floodplain management ordinance? Yes I						
SECTION F - PROPERTY OWNE	ER (OR OWNER'S REP	RESENTATIVE) CE	RTIFICATION			
The property owner or owner's authorized representative community-issued BFE) or Zone AO must sign here. The	who completes Sections statements in Sections	s A, B, and E for Zo A, B, and E are con	ne A (without a FEMA-issued or rect to the best of my knowledge.			
Property Owner or Owner's Authorized Representative's	Name					
Address	City	St	ate ZIP Code			
Signature	Date	Te	lephone			
Comments						
			Check here if attachments.			

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IMPORTANT: In these spaces, copy the corresponding information from Section A.			FOR INSUF	RANCE COMPANY USE	
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.				ber:	
109 James's Way					
City	State	ZIP Code 32409	Company N	IAIC Number	
Southport	Florida				
		TY INFORMATION (OPTI			
The local official who is authorized by law or ord Sections A, B, C (or E), and G of this Elevation used in Items G8–G10. In Puerto Rico only, ent	Certificate. Comple	ter the community's floodp ete the applicable item(s)	ain management ord nd sign below. Ched	dinance can complete ck the measurement	
G1. The information in Section C was take engineer, or architect who is authorized data in the Comments area below.)	engineer, or architect who is authorized by law to certify elevation information. (Indicate the source and date of the elevation				
G2. A community official completed Section or Zone AO.	on E for a building	located in Zone A (withou	a FEMA-issued or co	ommunity-issued BFE)	
G3. The following information (Items G4–	G10) is provided fo	or community floodplain m	nagement purposes		
G4. Permit Number	G5. Date Permit	Issued	G6. Date Certifica	te of Occupancy Issued	
RB20-02153	12/23/	Zozo	Compliance/C	occupancy issued	
G7. This permit has been issued for:	New Construction	n Substantial Improver	ent		
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 5/26/2021					
Comments (including type of equipment and location, per C2(e), if applicable)					
of for co.					
ω					
			□ c	heck here if attachments.	

BUILDING PHOTOGRAPHS

ELEVATION CERTIFICATE

See Instructions for Item A6.

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Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 109 James's Way			Policy Number:
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.



Photo One Caption

Clear Photo One Front View 05/14/2021



Photo Two

Left Side View 05/14/2021 Photo Two Caption

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. 109 James's Way			Policy Number:
City	State	ZIP Code	Company NAIC Number
Southport	Florida	32409	

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.

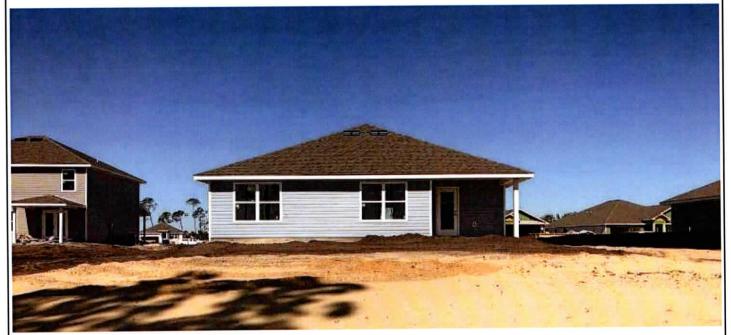


Photo Three

Photo Three Caption Rear View 05/14/2021 Clear Photo Three



Photo

Right Side View 05/14/2021

Clear Photo Four

Photo Four Caption