#### 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					FOF	FOR INSURANCE COMPANY USE		
A1. Building Owner's Name					Poli	cy Number:		
D R Horton, Inc.		<u>.</u> .						
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.					Con	Company NAIC Number:		
113 James's Way								
City	·							
<u> </u>	Southport Florida 32409							09 
A3. Property Desc Lot 72, Hodges Bay	•	nd Block Numbers, Ta n Phase 1B           Pa		Number, Le 7899-700-10	-	scription, et	c.)	
A4. Building Use (	e.g., Resider	itial, Non-Residential,	Addition,	Accessory,	etc.)	Residentia	31	
A5. Latitude/Longit	tude: Lat. 3	0°16'41.5" N	Long. 85	5°36'42.8" W	<u>/</u>	Horizonta	l Datum: [	NAD 1927 🔀 NAD 1983
A6. Attach at least	2 photograp	hs of the building if the	e Certific	ate is being	used to	obtain floo	d insurance	
A7. Building Diagra	am Number	1A						
A8. For a building	with a crawls	pace or enclosure(s):						
a) Square foo	tage of crawl	space or enclosure(s)				sq ft		
b) Number of p	permanent flo	ood openings in the cr	awlspace	or enclosu	re(s) wi	— thin 1.0 foot	above adja	cent grade
c) Total net an	ea of flood o	penings in A8.b		sq i	n			
d) Engineered			 No					
A9. For a building v	vith an attach	ned garage:						
a) Square foot				422.00 sq	ft			
	_	ood openings in the at				ot above adi	acent grade	•
· ·		penings in A9.b	<b>3</b>		q in	•	<b>O</b>	
d) Engineered			No.		•			
.,g		<b>3</b>						
	SI	ECTION B - FLOOD	INSURA	NCE RATE	MAP	(FIRM) INF	ORMATIO	N
	•	Community Number		B2. County	/ Name			B3. State
Bay County - 1200	04			Bay				Florida
B4. Map/Panel Number	B5. Suffix	B6. FIRM Index Date	Effe	RM Panel ective/ vised Date	B8.1 Zone	Flood e(s)	B9. Base (Zone	Flood Elevation(s) AO, use Base Flood Depth)
12005C0240	Н	06-02-2009	06-02-2		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 eleva	ation datum (	used for BFE in Item E	89: 🔲 N	GVD 1929	⊠ NA	VD 1988	Other/	Source:
R12 le the huildin	a located in a	Coastal Barrior Bass	nitoeo e,	etom (CBD)	S) araa	or Othonesia	e Drotestes	I Area (OPA)2 □ Vas ☑ N
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)?								

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					FOR INSURANCE COMPANY USE		
113 James's Way					Policy Number:		
City State ZIP Code C Southport Florida 32409			Compa	Company NAIC Number			
	SECTION C - BUILDING EL	EVATION INFOR	MATION (SURVEY R	EQUIRE	ED)		
	Building elevations are based on: Construction  *A new Elevation Certificate will be required when continuous and continuous and continuous are based on:  *A new Elevation Certificate will be required when continuous and continuous are based on:	onstruction of the b				ed Construction	
	Complete Items C2.a–h below according to the buil Benchmark Utilized: NGS BM # X-290 EL = 8.45'	ding diagram specif Vertical Dat	ied in Ítem A7. In Puer um: NAVD 88	to Rico o	only, enter r	neters.	
	Indicate elevation datum used for the elevations in i  ☐ NGVD 1929 ☑ NAVD 1988 ☐ Other/ Datum used for building elevations must be the sam	Source:					
	Datum used for building elevations must be the same	ie as that used for t	ie bi L.		eck the me	asurement used.	
	a) Top of bottom floor (including basement, crawlsp	oace, or enclosure f	oor)	13.1	⊠ feet	meters	
	b) Top of the next higher floor		7	22.8		meters	
	c) Bottom of the lowest horizontal structural members	er (V Zones only)		N/A	feet	meters	
	d) Attached garage (top of slab)		1-	12.6		meters	
	e) Lowest elevation of machinery or equipment ser (Describe type of equipment and location in Con	vicing the building nments)	-	12.4	$\boxtimes$ feet	meters	
	f) Lowest adjacent (finished) grade next to building	(LAG)		11.5		meters meters	
	g) Highest adjacent (finished) grade next to building	g (HAG)	2	12.4	$\boxtimes$ feet	meters	
	h) Lowest adjacent grade at lowest elevation of destructural support	ck or stairs, includin	g 	N/A	feet	meters	
	SECTION D - SURVEYOR	, ENGINEER, OR	ARCHITECT CERTIF	ICATIO	N		
I cei	certification is to be signed and sealed by a land su tify that the information on this Certificate represents ement may be punishable by fine or imprisonment u	s my best efforts to	nterpret the data availa	y law to able. I ui	certify elevanderstand to	ation information. hat any false	
Wer	e latitude and longitude in Section A provided by a li	censed land survey	or? XYes No		Check here	e if attachments.	
	ifier's Name	License Number			1	Distribution of the State	
Title	C. Rutherford	PE 70041				Digitally signed by Scot C. Rutherford, P.E., State of Florida, License No. 70041	
	Engineer/Vice President			, rin	C. RUTHER	DN: cn=Scot C. Rutherford, P.E., State of Florida, License No. 70041, o=This item has been	
	npany Name			- 100 i	No 70041	electronically signed and sealed by Scot C. Rutherford, PE, on the date adjacent to the seal a using a	
	& Associates NWFL, Inc.				STATE OF	SHA authentication code, ou=Printed copies of this document are not considered	
	ress Box 958			THE STATE OF THE S	ORIDA ON ON ALEMAN	signed and sealed and the SHA authentication code must be verified on any electronic copies, email=scot@scr.us.com, c=US Date: 2021.05.25 14:16:59 -05'00'	
City Lyni	n Haven	State Florida	ZIP Code 32444	6		Adobe Acrobat version: 2021.001.20155	
Sigr	ature Scot C. Rutherford, P.E., State of Florida, License No. 70041  Digitally signed by Scot C. Rutherford, P.E., State of Florida, License No. 700 Date: 2021.05.25 14:16:38-05'00'	<sub>d,</sub> Date <sup>341</sup> 05-14-2021	Telephone (850) 265-6979	Ext.			
Copy	all pages of this Elevation Certificate and all attachme	ents for (1) communi	ty official, (2) insurance	agent/co	ompany, and	d (3) building owner.	
*** E valid A5.	ments (including type of equipment and location, peringineer or Surveyor will not be responsible for any of unless,dated and seal on bottom right of page 2.  Lat./Longs taken from Google Maps.  Lowest machinery taken from bottom of HVAC units	elevation data that h		others. **	* Signature	on page 2 is not	

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IMPORTANT: In these spaces, copy the correspondi	FOR INSURANCE COMPANY USE							
Building Street Address (including Apt., Unit, Suite, and 113 James's Way	Policy Number:							
	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			rs 🔲 above or 🔲 below the HAG.					
<ul> <li>b) Top of bottom floor (including basement, crawlspace, or enclosure) is</li> </ul>			rs					
E2. For Building Diagrams 6–9 with permanent flood o	peninas provided in S	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 meter						
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			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	REPRESENTATIVE) CE	ERTIFICATION					
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	St	ate ZIP Code					
Signature	Date	Те	lephone					
Comments								
			Check here if attachments.					

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City State ZIP Code Southport Florida 32409			Company NAIC Number			
SECTIO	N G – COMMUNITY IN	FORMATION (OPTIONAL)				
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 locate	ed in Zone A (without a FEM	A-issued or community-issued BFE)			
G3. The following information (Items G4–	G10) is provided for con	mmunity floodplain managem	ent purposes.			
G4. Permit Number	G5. Date Permit Issue		Date Certificate of Compliance/Occupancy Issued			
RB20-02154	12/23/20	70	Semplianes, Secupanes, results			
G7. This permit has been issued for:	New Construction	Substantial Improvement				
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:		fee	t 🗌 meters Datum			
Local Official's Name		Title				
Community Name		Telephone				
Signature   Date						
Comments (including type of equipment and location, per C2(e), if applicable)						
ok for co.						
CN .						
	T.					
			Check here if attachments.			

### **BUILDING PHOTOGRAPHS**

#### **ELEVATION CERTIFICATE**

See Instructions for Item A6.

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Building Street Address (including Ap 113 James's Way	Policy Number:		
City	State	ZIP Code	Company NAIC Number
Southport	Florida	32409	

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 05/14/2021

Clear Photo One



Photo Two

Photo Two Caption Left Side View 05/14/2021

Clear Photo Two

### **BUILDING PHOTOGRAPHS**

**ELEVATION CERTIFICATE** 

Continuation Page

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IMPORTANT: In these spaces, c	FOR INSURANCE COMPANY USE		
Building Street Address (including 113 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 Four

Photo Four Caption

Right Side View 05/14/2021

Clear Photo Four