

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 MATTHEW TICHELAAR & JODI WEINER				Policy Number:	
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 22811 PANAMA CITY BEACH PARKWAY, UNIT 40				Company NAIC Number:	
City PANAMA CITY BEACH		State Florida		ZIP Code 32413	
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) TAX PARCEL #360811-643-000					
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) <u>RESIDENTIAL</u>					
A5. Latitude/Longitude: Lat. <u>N30°15'38.053"</u> Long. <u>W85°58'17.084"</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>6</u>					
A8. For a building with a crawlspace or enclosure(s):					
a) Square footage of crawlspace or enclosure(s) <u>1750.00</u> sq ft					
b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade <u>4</u>					
c) Total net area of flood openings in A8.b <u>5112.00</u> sq in					
d) Engineered flood openings? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
A9. For a building with an attached garage:					
a) Square footage of attached garage <u>332.00</u> sq ft					
b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade <u>0</u>					
c) Total net area of flood openings in A9.b <u>0.00</u> sq in					
d) Engineered flood openings? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION					
B1. NFIP Community Name & Community Number BAY COUNTY UNINCORPORATED AREAS 120004			B2. County Name BAY		B3. State Florida
B4. Map/Panel Number 12005C0163	B5. Suffix H	B6. FIRM Index Date 06-02-2009	B7. FIRM Panel Effective/Revised Date 06-02-2009	B8. Flood Zone(s) AE	B9. Base Flood Elevation(s) (Zone AO, use Base Flood Depth) 8.0'
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9: <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 Designation Date: _____ <input type="checkbox"/> CBRS <input type="checkbox"/> OPA					

ELEVATION CERTIFICATE

Important: Follow the instructions on pages 1-3.

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 MATTIE TICHIAAR & JOE WEBER		Policy Number	
A2. Building Street Address (including Apt. Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 3281 PANAMA CITY BEACH PARKWAY, UNIT 40		Company NAIC Number	
PANAMA CITY BEACH FL 32413		State FL 32413	
A3. Parcel Description (Lot and Block Number, Tax Parcel Number, Legal Description, etc.) TAX PARCEL #280617-042-000			
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) RESIDENTIAL			
A5. Elevation (e.g., 1st Floor, 2nd Floor, etc.) 1st Floor		NAIC 1983	
A6. Attach at least 3 photographs of the building if the Certificate is being used to obtain flood insurance. a) Square footage of crawlspace or enclosure: 1700.00 sq ft b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade: 4 c) Total net area of flood openings in A6b: 51.15 sq ft d) Engineered flood openings? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
A7. Building Diagram Number: 8			
A8. For a building with a crawlspace or enclosure(s): a) Square footage of crawlspace or enclosure: 332.00 sq ft b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade: 0 c) Total net area of flood openings in A8b: 0.00 sq ft d) Engineered flood openings? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION			
B1. FIRM Community Name & Community Number BAY COUNTY UNINCORPORATED AREAS 13004		B2. County Name BAY	
B3. State FL		B4. State FL	
B5. Map Sheet Number 13005C0100	B6. Sheet Index H	B7. FIRM Date 09-03-2003	B8. FIRM Effective Date 09-03-2003
B9. Flood Zone(s) AE	B10. Flood Zone(s) AE	B11. Flood Zone(s) AE	B12. Flood Zone(s) AE
B13. Indicate the source of the Base Flood Elevation (BFE) data or area flood depth entered in item B1: <input type="checkbox"/> FIRM <input checked="" type="checkbox"/> FIRM <input type="checkbox"/> Community Ordinance <input type="checkbox"/> Other Source			
B14. Indicate elevation datum used for BFE in item B1: <input type="checkbox"/> NAVD 1988 <input checked="" type="checkbox"/> NGVD 1929 <input type="checkbox"/> Other Source			
B15. 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			
Construction Date: <input type="checkbox"/> CARB <input type="checkbox"/> CARB <input type="checkbox"/> CARB			

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, and/or Bldg. No.) or P.O. Route and Box No. 22811 PANAMA CITY BEACH PARKWAY, UNIT 40			Policy Number:
City PANAMA CITY BEACH	State Florida	ZIP Code 32413	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: NETWORK GPS Vertical Datum: NAVD 1988

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.

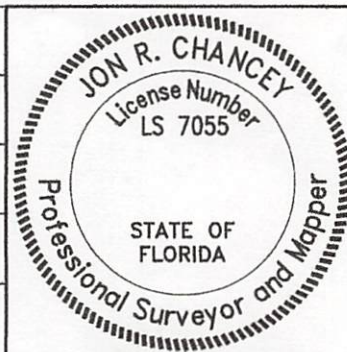
- | | | | |
|---|------|--|---------------------------------|
| a) Top of bottom floor (including basement, crawlspace, or enclosure floor) | 8.7 | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| b) Top of the next higher floor | 12.0 | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| c) Bottom of the lowest horizontal structural member (V Zones only) | N/A | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| d) Attached garage (top of slab) | 9.8 | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| e) Lowest elevation of machinery or equipment servicing the building
(Describe type of equipment and location in Comments) | 11.8 | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| f) Lowest adjacent (finished) grade next to building (LAG) | 8.7 | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| g) Highest adjacent (finished) grade next to building (HAG) | 9.7 | <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 checked="" 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 Jon R. Chancey	License Number L.S. #7055, L.B. #8312
Title PROFESSIONAL SURVEYOR & MAPPER	
Company Name DUE SOUTH SURVEYING, LLC	
Address PO BOX 7014	
City PANAMA CITY BEACH	State Florida
	ZIP Code 32413



Signature <i>Jon R. Chancey</i>	Date 04-28-2021	Telephone (850) 832-5955	Ext.
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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)
THE EQUIPMENT SERVICING THE STRUCTURE IS AN AIR CONDITIONING UNIT.

ELEVATION CERTIFICATE

FEMA Form 058-0-30 (12/19)

Replaces all previous editions.

Form Page 2 of 8

THE FURNISHING SERVING THE STRUCTURE IS AN AIR CONDITIONING UNIT.
Comments (including type of equipment and location, per Q3(e), if applicable)
Only all grades of soil elevation on Certificate and all attachments for (1) community official, (2) insurance agent/company and (3) building owner.

Signatures
Date 04-28-2021
Telephone (980) 632-8822
FAC

City PANAMA CITY BEACH	State Florida	ZIP Code 32413
Address PO BOX 1014	Company Name SUBSOUTH SURVEYING, LLC	Professional Surveyor & Mapper Title
Surveyor's Name Jon R. Chansey	License Number LS #3058, LR #8815	

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 ascertain the data available. I understand that any false statement may be punishable by law or professional sanction under 18 U.S.C. Code, Section 1001.
Where latitude and longitude is provided by a licensed land surveyor: ☒ Yes ☐ No ☐ Check here if not provided.

SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)
A new Elevation Certificate will be required when construction of the building is complete.
Construction Elevation: ☐ Building Under Construction: ☒ Finished Construction: ☒
Locations - Zones A1-A10, AE, A11, A, with BFE, VE, V1-V30, V with BFE, AR, AR1, AR2, AR3, AR4, AR5, AR6, AR7, AR8, AR9, AR10, AR11, AR12, AR13, AR14, AR15, AR16, AR17, AR18, AR19, AR20, AR21, AR22, AR23, AR24, AR25, AR26, AR27, AR28, AR29, AR30, AR31, AR32, AR33, AR34, AR35, AR36, AR37, AR38, AR39, AR40, AR41, AR42, AR43, AR44, AR45, AR46, AR47, AR48, AR49, AR50, AR51, AR52, AR53, AR54, AR55, AR56, AR57, AR58, AR59, AR60, AR61, AR62, AR63, AR64, AR65, AR66, AR67, AR68, AR69, AR70, AR71, AR72, AR73, AR74, AR75, AR76, AR77, AR78, AR79, AR80, AR81, AR82, AR83, AR84, AR85, AR86, AR87, AR88, AR89, AR90, AR91, AR92, AR93, AR94, AR95, AR96, AR97, AR98, AR99, AR100, AR101, AR102, AR103, AR104, AR105, AR106, AR107, AR108, AR109, AR110, AR111, AR112, AR113, AR114, AR115, AR116, AR117, AR118, AR119, AR120, AR121, AR122, AR123, AR124, AR125, AR126, AR127, AR128, AR129, AR130, AR131, AR132, AR133, AR134, AR135, AR136, AR137, AR138, AR139, AR140, AR141, AR142, AR143, AR144, AR145, AR146, AR147, AR148, AR149, AR150, AR151, AR152, AR153, AR154, AR155, AR156, AR157, AR158, AR159, AR160, AR161, AR162, AR163, AR164, AR165, AR166, AR167, AR168, AR169, AR170, AR171, AR172, AR173, AR174, AR175, AR176, AR177, AR178, AR179, AR180, AR181, AR182, AR183, AR184, AR185, AR186, AR187, AR188, AR189, AR190, AR191, AR192, AR193, AR194, AR195, AR196, AR197, AR198, AR199, AR200, AR201, AR202, AR203, AR204, AR205, AR206, AR207, AR208, AR209, AR210, AR211, AR212, AR213, AR214, AR215, AR216, AR217, AR218, AR219, AR220, AR221, AR222, AR223, AR224, AR225, AR226, AR227, AR228, AR229, AR230, AR231, AR232, AR233, AR234, AR235, AR236, AR237, AR238, AR239, AR240, AR241, AR242, AR243, AR244, AR245, AR246, AR247, AR248, AR249, AR250, AR251, AR252, AR253, AR254, AR255, AR256, AR257, AR258, AR259, AR260, AR261, AR262, AR263, AR264, AR265, AR266, AR267, AR268, AR269, AR270, AR271, AR272, AR273, AR274, AR275, AR276, AR277, AR278, AR279, AR280, AR281, AR282, AR283, AR284, AR285, AR286, AR287, AR288, AR289, AR290, 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ELEVATION CERTIFICATEOMB 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, and/or Bldg. No.) or P.O. Route and Box No. 22811 PANAMA CITY BEACH PARKWAY, UNIT 40			Policy Number:	
City PANAMA CITY BEACH	State Florida	ZIP Code 32413	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 _____ <input type="checkbox"/> feet <input type="checkbox"/> meters <input type="checkbox"/> above or <input type="checkbox"/> below the HAG. b) Top of bottom floor (including basement, crawlspace, or enclosure) is _____ <input type="checkbox"/> feet <input type="checkbox"/> meters <input type="checkbox"/> above or <input type="checkbox"/> 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 _____ <input type="checkbox"/> feet <input type="checkbox"/> meters <input type="checkbox"/> above or <input type="checkbox"/> below the HAG.				
E3. Attached garage (top of slab) is _____ <input type="checkbox"/> feet <input type="checkbox"/> meters <input type="checkbox"/> above or <input type="checkbox"/> below the HAG.				
E4. Top of platform of machinery and/or equipment servicing the building is _____ <input type="checkbox"/> feet <input type="checkbox"/> meters <input type="checkbox"/> above or <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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				
<input type="checkbox"/> Check here if attachments.				

ELEVATION CERTIFICATE

FEMA Form 088-0-03 (12/14)

Replaces all previous editions.

Form Page 3 of 6

<p>Comments</p>		<p>Signature</p>		<p>Date</p>		<p>Telephone</p>		<p>City</p>		<p>State</p>		<p>ZIP Code</p>	
<p>SECTION F - PROPERTY OWNER (OR OWNER'S REPRESENTATIVE) CERTIFICATION</p> <p>The property owner or owner's authorized representative who completed 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.</p> <p>Property Owner or Owner's Authorized Representative's Name: _____</p>													
<p>SECTION E - BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED)</p> <p>FOR ZONE AO AND ZONE A (WITHOUT BFE)</p> <p>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.</p> <p>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).</p> <p>a) Top of bottom floor (including basement, crawlspace, or enclosure) is _____ feet <input type="checkbox"/> meters <input type="checkbox"/> above or <input type="checkbox"/> below the HAG.</p> <p>b) Top of bottom floor (including basement, crawlspace, or enclosure) is _____ feet <input type="checkbox"/> meters <input type="checkbox"/> above or <input type="checkbox"/> below the LAG.</p> <p>E2. For Building Diagrams E-6 with permanent flood openings provided in Section A items 2 and/or 3 (see pages 1-2 of instructions), the diagram of the building is _____ feet <input type="checkbox"/> meters <input type="checkbox"/> above or <input type="checkbox"/> below the HAG.</p> <p>E3. Attached garage top of rise is _____ feet <input type="checkbox"/> meters <input type="checkbox"/> above or <input type="checkbox"/> below the HAG.</p> <p>E4. Top of platform of machinery and/or equipment serving the building is _____ feet <input type="checkbox"/> meters <input type="checkbox"/> above or <input type="checkbox"/> below the HAG.</p> <p>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? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown. The local official must certify this information in Section G.</p>													
<p>SECTION D - BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED)</p> <p>FOR ZONE AO AND ZONE A (WITHOUT BFE)</p> <p>For Zones AO and A (without BFE), complete items D1-D5. If the Certificate is intended to support a LOMA or LOMR-F request, complete Sections A, B, and C. For items D1-D4, use natural grade if available. Check the measurement used in Puerto Rico only, enter meters.</p> <p>D1. 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).</p> <p>a) Top of bottom floor (including basement, crawlspace, or enclosure) is _____ feet <input type="checkbox"/> meters <input type="checkbox"/> above or <input type="checkbox"/> below the HAG.</p> <p>b) Top of bottom floor (including basement, crawlspace, or enclosure) is _____ feet <input type="checkbox"/> meters <input type="checkbox"/> above or <input type="checkbox"/> below the LAG.</p> <p>D2. For Building Diagrams D-6 with permanent flood openings provided in Section A items 2 and/or 3 (see pages 1-2 of instructions), the diagram of the building is _____ feet <input type="checkbox"/> meters <input type="checkbox"/> above or <input type="checkbox"/> below the HAG.</p> <p>D3. Attached garage top of rise is _____ feet <input type="checkbox"/> meters <input type="checkbox"/> above or <input type="checkbox"/> below the HAG.</p> <p>D4. Top of platform of machinery and/or equipment serving the building is _____ feet <input type="checkbox"/> meters <input type="checkbox"/> above or <input type="checkbox"/> below the HAG.</p> <p>D5. 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? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown. The local official must certify this information in Section G.</p>													
<p>IMPORTANT: In these spaces, copy the corresponding information from Section A.</p> <p>Building Street Address (including Apt. Unit, 2nd floor, and/or Bldg. No.) or P.O. Route and Box No. _____</p> <p>City _____ State _____ ZIP Code _____</p> <p>Country NAIC Number _____</p> <p>FOR INSURANCE COMPANY USE</p> <p>Policy Number _____</p>													

OMB No. 1560-0005
Expiration Date: November 30, 2025

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, and/or Bldg. No.) or P.O. Route and Box No. 22811 PANAMA CITY BEACH PARKWAY, UNIT 40			Policy Number:	
City PANAMA CITY BEACH	State Florida	ZIP Code 32413	Company NAIC Number	
SECTION G – COMMUNITY INFORMATION (OPTIONAL)				
<p>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.</p> <p>G1. <input type="checkbox"/> 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.)</p> <p>G2. <input type="checkbox"/> A community official completed Section E for a building located in Zone A (without a FEMA-issued or community-issued BFE) or Zone AO.</p> <p>G3. <input type="checkbox"/> The following information (Items G4–G10) is provided for community floodplain management purposes.</p>				
G4. Permit Number RB19-01784		G5. Date Permit Issued 12/2/2019		G6. Date Certificate of Compliance/Occupancy Issued
<p>G7. This permit has been issued for: <input checked="" type="checkbox"/> New Construction <input type="checkbox"/> Substantial Improvement</p> <p>G8. Elevation of as-built lowest floor (including basement) of the building: _____ <input type="checkbox"/> feet <input type="checkbox"/> meters Datum _____</p> <p>G9. BFE or (in Zone AO) depth of flooding at the building site: _____ <input type="checkbox"/> feet <input type="checkbox"/> meters Datum _____</p> <p>G10. Community's design flood elevation: _____ <input type="checkbox"/> feet <input type="checkbox"/> meters Datum _____</p>				
Local Official's Name Wayne Porter		Title		
Community Name		Telephone		
Signature [Signature]		Date 5/17/2021		
<p>Comments (including type of equipment and location, per C2(e), if applicable)</p> <p>OK for CO.</p>				
<input type="checkbox"/> Check here if attachments.				

ELEVATION CERTIFICATE

OMB No. 1560-0005
Expiration Date: November 30, 2025

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. 22871 PANAMA CITY BEACH PARKWAY UNIT 40		FOR INSURANCE COMPANY USE Policy Number
City PANAMA CITY BEACH	State Florida	ZIP Code 32413
SECTION G - COMMUNITY INFORMATION (OPTIONAL)		
The local official who is authorized by law to enforce the community's floodplain management ordinance can complete Section A, B, C, and G of this Elevation Certificate. Complete the applicable item(s) and sign below. Check the measurement used in items G3-G10. In Puerto Rico only, start 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 B 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	G5. Date Permit issued	G6. Date Certificate of Compliance/Community issued
G7. This permit has been issued for:		
<input type="checkbox"/> New Construction <input type="checkbox"/> Substantial Improvement		
G8. Elevation of as-built lowest floor (including basement) of the building:		
G9. BFE or the Zone AO depth of flooding at the building after:		
G10. Community's design flood elevation:		
Local Official's Name:		
Community Name:		
Signature:		
Date:		
Comments (including type of equipment and location, per G2, if applicable):		
<input type="checkbox"/> Check here if attachments.		

BUILDING PHOTOGRAPHS

See Instructions for Item A6.

OMB No. 1660-0008

Expiration Date: November 30, 2022

ELEVATION CERTIFICATE**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.
22811 PANAMA CITY BEACH PARKWAY, UNIT 40

Policy Number:

City
PANAMA CITY BEACHState
FloridaZIP Code
32413

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

Photo One Caption FRONT VIEW

Clear Photo One



Photo Two

Photo Two Caption RIGHT SIDE

Clear Photo Two

ELEVATION CERTIFICATE

BUILDING PHOTOGRAPHS

OMB No. 058-0008
Expiration Date: November 30, 2023

See Instructions for Item A6

<p>IMPORTANT: If these spaces, copy the corresponding information from Section A.</p>	
<p>Building Street Address (including Apt., Unit, Suite and/or Box No.) or P.O. Route and Box No. 33811 PANAMA CITY BEACH PARKWAY, UNIT 40</p>	
<p>City PANAMA CITY BEACH</p>	<p>State FLORIDA</p>
<p>ZIP Code 32413</p>	<p>County FANO Number</p>
<p>FOR INSURANCE COMPANY USE Policy Number</p>	
<p>If using the Elevation Certificate to obtain NFIP flood insurance, NFIP 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 A6. If retaining more photographs than will fit on this page, use the Continuation Page.</p>	
<p>Photo One Caption: FRONT VIEW</p>	
<p>Photo Two Caption: RIGHT SIDE</p>	
<p>Photo Three Caption: LEFT SIDE</p>	
<p>Photo Four Caption: REAR VIEW</p>	

ELEVATION CERTIFICATE**BUILDING PHOTOGRAPHS**

Continuation Page

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, and/or Bldg. No.) or P.O. Route and Box No. 22811 PANAMA CITY BEACH PARKWAY, UNIT 40			Policy Number:
City PANAMA CITY BEACH	State Florida	ZIP Code 32413	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

Clear Photo Three



Photo Four

Photo Four Caption LEFT SIDE VIEW

Clear Photo Four

ELEVATION CERTIFICATE

BUILDING PHOTOGRAPHS

Continuation Page

OMB No. 1680-0008
Expiration Date: November 30, 2025

<p>IMPORTANT: In these spaces, copy the corresponding information from Section A.</p> <p>Building Street Address (including Apt., Unit & Unit Sector Bldg. No.) or P.O. Route and Box No. 2281 PANAMA CITY BEACH PARKWAY, UNIT 40</p>		<p>FOR INSURANCE COMPANY USE</p> <p>Policy Number</p>	
<p>City PANAMA CITY BEACH</p>		<p>State Florida</p>	<p>ZIP Code 32413</p>
<p>Company MAIL Number</p>		<p>It is understood that the photographs submitted on this page are for the purpose of providing evidence of the condition of the building at the time of the loss. The photographs must show the foundation with representative examples of the flood openings or vents, as indicated in Section A. If submitting more photographs than will fit on the preceding page, attach the additional photographs below. Identify all photographs with date, time, "Front View," and "Rear View," and "Side View," when applicable.</p>	
<p>Photo Four: Canyon REAR VIEW</p>		<p>Photo Four: Canyon LEFT SIDE VIEW</p>	
<p>Photo Five: Canyon REAR VIEW</p>		<p>Photo Five: Canyon LEFT SIDE VIEW</p>	