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 INSURANCE COMPANY US		
A1. Building Owner's Name	Policy Number:		
Todd Boyd			
 A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P. Box No. 2429 Kirkwell Avenue 	O. Route and Company NAIC Number:		
City State	ZIP Code		
Lynn Haven Florida	32444		
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal I PID: 11571-063-020	Description, etc.)		
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.)	Residential		
A5. Latitude/Longitude: Lat, 30.2208806 Long85.636499	Horizontal Datum: ☐ NAD 1927 🔀 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 1A			
A8. For a building with a crawlspace or enclosure(s):			
a) Square footage of crawlspace or enclosure(s)	.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 A8.b sq in			
d) Engineered flood openings? ☐ Yes ☒ No			
A9. For a building with an attached garage:			
a) Square footage of attached garage 400.00 sq ft			
b) Number of permanent flood openings in the attached garage within 1.0	foot above adjacent grade 0		
c) Total net area of flood openings in A9.b 0.00 sq in			
d) Engineered flood openings? ☐ Yes ☒ No			
SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION			
B1. NFIP Community Name & Community Number B2. County Nar City of Lynn Haven 120009 Bay	me B3. State Florida		
Number Date Effective/ Zo	B. Flood B9. Base Flood Elevation(s) (Zone AO, use Base Flood Depth)		
12005C0332 H 06-02-2009 Revised Date 06-02-2009 A	27.5'		
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9:			
ATTO FIGURE FIRM Continuinty Detentance Other/ordice.			
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 DPA			

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. 2429 Kirkwell Avenue			Policy Number:	
City Sta Lynn Haven Flo		P Code 444	Company NAIC Number	
SECTION C - BUILDING EL	EVATION INFORMA	ATION (SURVEY RE	QUIRED)	
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: ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐				
Datum used for building elevations must be the same	ne as that used for the	BFE.	Check the measurement used.	
a) Top of bottom floor (including basement, crawls)b) Top of the next higher floorc) Bottom of the lowest horizontal structural members		or)	29.4 X feet ☐ meters N/A ☐ feet ☐ meters N/A ☐ feet ☐ meters	
 d) Attached garage (top of slab) e) Lowest elevation of machinery or equipment ser (Describe type of equipment and location in Con 	vicing the building			
f) Lowest adjacent (finished) grade next to building	* ************************************	W-	28.4 X feet meters	
g) Highest adjacent (finished) grade next to buildin	The control of the co	**	29.1 X feet meters	
h) Lowest adjacent grade at lowest elevation of destructural support	-, ,	3	N/A feet meters	
SECTION D - SURVEYOR	, ENGINEER, OR AF	CHITECT CERTIFI	CATION	
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?				
Certifier's Name Brad Hubbard	License Number 67508		STEN A. HUBAN	
Title Professional Engineer Company Name National Flood Experts			No.67508 ** ** ** ** ** ** ** ** **	
Address 4803 George Road, Suite 330	0	710.0	ORION	
City Tampa	State Florida	ZIP Code 33634	ONAL ENGER	
Signatura Brad Hubbard (May 1, 2023 14:38 EDT)	Date 04-27-2023	Telephone (800) 561-0396	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 C2(e), if applicable) Lat/Long by Google Earth C2e - A/C Unit This document is for insurance purposes alone, not for construction or development plans. Questions about the information provided in this document can be directed to the telephone number provided in section D.				

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. 2429 Kirkwell Avenue			Policy Number:	
•	State ZIP Florida 324	Code 144	Company NAIC Number	
SECTION E – BUILDING EL FOR ZONE	EVATION INFORMATION AND ZONE A (WI	ON (SURVEY NOT THOUT BFE)	REQUIRED)	
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 the highest adjacent grade (HAG) and the lowest a a) Top of bottom floor (including basement,	check the appropriate boad adjacent grade (LAG),	xes to show whether	r the elevation is above or below	
crawlspace, or enclosure) is b) Top of bottom floor (including basement,		☐ feet ☐ meter		
crawlspace, or enclosure) is E2. For Building Diagrams 6–9 with permanent flood or	neninas provided in Secti	feet ☐ meter on A Items 8 and/or		
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	s above or below the HAG.	
E4. Top of platform of machinery and/or equipment servicing the building is		☐ feet ☐ meter		
E5. Zone AO only: If no flood depth number is available floodplain management ordinance? Yes	e, is the top of the bottom No Unknown. The	floor elevated in acc e local official must o	cordance with the community's certify this information in Section G.	
SECTION F - PROPERTY OWN	IER (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	e who completes Section e 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	Sta	ate ZIP Code	
Signature	Date	Tel	lephone	
Comments				
			☐ Check here if attachments.	

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 12429 Kirkwell Avenue	No. Policy Number:		
City State ZIP Code Lynn Haven Florida 32444	Company NAIC Number		
SECTION G – COMMUNITY INFORMATION (OPTIO	NAL)		
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 E for a building located in Zone A (without or Zone AO.	a FEMA-issued or community-issued BFE)		
G3. The following information (Items G4–G10) is provided for community floodplain man	nagement purposes.		
G4. Permit Number G5. Date Permit Issued 2 - 12 - 22	G6. Date Certificate of Compliance/Occupancy Issued		
G7. This permit has been issued for: New Construction Substantial Improvement	ent		
G8. Elevation of as-built lowest floor (including basement) of the building:			
G9. BFE or (in Zone AO) depth of flooding at the building site:	feet meters Datum		
G10. Community's design flood elevation:	feet meters Datum		
Local Official's Name Title Plance Community Name Telephone			
Bay Couch 850-2	48-8250		
Signature Date S-1-23			
Comments (including type of equipment and location, per C2(e), if applicable)			
of A C. O.			
	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.		FOR INSURANCE COMPANY USE	
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 2429 Kirkwell Avenue		Policy Number:	
City	State	ZIP Code	Company NAIC Number
Lynn Haven	Florida	32444	

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 04/12/2023

Clear Photo One



Photo Two

Photo Two Caption Rear View 04/12/2023

Clear Photo Two

BUILDING PHOTOGRAPHS

ELEVATION CERTIFICATE

Continuation Page

IMPORTANT: In these spaces, copy the corresp			FOR INSURANCE COMPANY USE
Building Street Address (including Apt., Unit, Suite 2429 Kirkwell Avenue	e, and/or Bldg. No.) o	r P.O. Route and Box No.	Policy Number:
City	State	ZIP Code	Company NAIC Number
Lynn Haven	Florida	32444	Company was runned
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 T	hree	
	Di Ti		
Photo Three Caption	Photo Thr	ee	Clear Photo Three
			West, 18 to 1985 (1.38)
			-
	Photo F	our	
N	Photo Fou	ır	
Photo Four Caption			Clear Photo Four