#### U.S. DEPARTMENT OF HOMELAND SECURITY Federal Emergency Management Agency National Flood Insurance Program

FEMA Form 086-0-33 (12/19)

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.

John all hades of tills				LATION.	, , , , , , , , , , , , , , , , , , ,	EOD INCLID	ANCE COMPANY USE
SECTION A - PROPERTY INFORMATION							er:
A1. Building Owner's Name COLE A. & TAYLOR W. SAULS							
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.						Company N	AIC Number:
2501 9TH ST E				State	<u> </u>	ZIP Code	
City LYNN HAVEN				Florida		32444	
		nd Block Numbers, Ta 000, NORMANDALE F					
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) RESIDENTIAL							
A5. Latitude/Longit	ude: Lat. N	30d14'42"	Long. W	85d36'42"	Horizonta	al Datum: 🔲 NAD 1	927 🗵 NAD 1983
A6. Attach at least	2 photograp	hs of the building if the	Certifica	ate is being u	sed to obtain floo	d insurance.	
A7. Building Diagra	ım Number	1B					
A8. For a building	with a crawls	pace or enclosure(s):					
		space or enclosure(s)			0.00 sq ft		
——b)-Number-of-p	ermanent-flo	ood-openings-in-the-cra	awispace	or-enclosure	e(s)-within-1-0-foo	t-above-adjacent-gra	de- <u>0</u>
c) Total net ar	ea of flood op	enings in A8.b		0.00 sq in			
d) Engineered	flood openir	ags? ☐ Yes ☒ N	lo				
A9. For a building with an attached garage:							
a) Square footage of attached garage 637.00 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							
		ECTION B – FLOOD I	NSURA	NCE RATE	MAP (FIRM) IN	FORMATION	
B1. NFIP Commun		Community Number		B2. County	Name		B3. State
BAY COUNTY 120				BAY COUN	TY		Florida
B4. Map/Panel Number	B5. Suffix	B6. FIRM Index Date	Effe	M Panel ective/ vised Date	B8. Flood Zone(s)	B9. Base Flood E (Zone AO, us	levation(s) e Base Flood Depth)
12005C0351	н	06/02/2009	06/02/2		Α	7.0 FEET	
B10. Indicate the	source of the	Base Flood Elevation  Community Deter	(BFE) da mined [	ata or base fl	ood depth entere	d in Item B9:	
B11. Indicate elev	ation datum	used for BFE in Item E	89: 🔲 N	GVD 1929	NAVD 1988	Other/Source:	
B12. Is the buildin	g located in	a Coastal Barrier Reso	ources Sy	stem (CBRS	s) area or Otherw	ise Protected Area (	OPA)? 🗌 Yes 🗵 No
Designation		🗆		☐ OPA			
					<u> </u>		
FFMA Form 086-0-3	3 (12/19)	F	Replaces	all previous	editions.		Form Page 1 of 6

OMB No. 1660-0008 **ELEVATION CERTIFICATE** Expiration Date: November 30, 2022 IMPORTANT: In these spaces, copy the corresponding information from Section A. FOR INSURANCE COMPANY USE **Policy Number:** Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 2501 9TH ST E Company NAIC Number ZIP Code State City Florida 32444 LYNN HAVEN SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED) Construction Drawings\* Building Under Construction\* C1. Building elevations are based on: \*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. Vertical Datum: NAVD 88 EL=(18.70) Benchmark Utilized: RM BE 2967 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. 16.2 |X | feet meters a) Top of bottom floor (including basement, crawlspace, or enclosure floor) N/A ☐ meters b) Top of the next higher floor N/A × feet meters c) Bottom of the lowest horizontal structural member (V Zones only) 15.7 × feet ☐ meters d) Attached garage (top of slab) e) Lowest elevation of machinery or equipment servicing the building 15.7 |X | feet meters (Describe type of equipment and location in Comments) 13.6 × feet ☐ meters f) Lowest adjacent (finished) grade next to building (LAG) × feet 15.3 meters g) Highest adjacent (finished) grade next to building (HAG) h) Lowest adjacent grade at lowest elevation of deck or stairs, including N/A ★ feet structural support 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. ⊠Yes ∐No Were latitude and longitude in Section A provided by a licensed land surveyor? Check here if attachments. STATE OF FLORIDA Surveyor and Manufacture of State of Surveyor and Manufacture of Surveyor of Surveyor and Manufacture of Surveyor of License Number Certifier's Name ROBERT WAYNE RICHMOND L.S. #6616 PROFESSIONAL SURVEYOR & MAPPER Company Name SEA LEVEL SURVEYING AND MAPPING (L.B. #5800) Address 1219 MAINE AVE State ZIP Code City Florida 32444 LYNN HAVEN Date Telephone Ext. Signature Robert Digitejty signed by Robert w 12-12-2022 (850) 265-4800 Hmaad te: 2022.12.13 08:42:09 -05'00 Bil 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) LOWEST MACHINERY IS AN OUTSIDE AIR CONDITIONER ON A RAISED CONCRETE PLATFORM. JOB NUMBER: 10252

# **ELEVATION CERTIFICATE**

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

IMPORTANT: In these spaces, copy the corresponding	FOR INSURANCE COMPANY U	SE				
Building Street Address (including Apt., Unit, Suite, and/2501 9TH ST E	or Bldg. No.) or P.O. Rou	te and Box No.	Policy Number:			
o.i.j	tate ZIP lorida 324	Code 44	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 at a) Top of bottom floor (including basement, crawlspace, or enclosure) is	djacent grade (LAG).	☐ feet ☐ mete	rs 🔲 above or 🔲 below the HA	۱G.		
b) Top of bottom floor (including basement, crawlspace, or enclosure) is		☐ feet ☐ meter				
E2. For Building Diagrams 6–9 with permanent flood or the next higher floor (elevation C2.b in the diagrams) of the building is	penings provided in Section	on A Items 8 and/or				
E3. Attached garage (top of slab) is			rs  above or below the HA	kG.		
E4. Top of platform of machinery and/or equipment servicing the building is		☐ feet ☐ mete				
E5. Zone AO only: If no flood depth number is available floodplain management ordinance?	e, is the top of the bottom No   Unknown. The	floor elevated in ac e local official must	cordance with the community's certify this information in Section G	€.		
SECTION F - PROPERTY OWN	ER (OR OWNER'S REP	RESENTATIVE) C	ERTIFICATION			
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	Si	ate ZIP Code			
Signature	Date	Te	elephone			
Comments						
			Check here if attachmen	ıts.		

## **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 N 2501 9TH ST E					
City State ZIP Code LYNN HAVEN Florida 32444	Company NAIC Number				
SECTION G - COMMUNITY INFORMATION (OPTIONAL)					
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 a FEMA-issued or community-issued BFE) or Zone AO.					
G3. The following information (Items G4–G10) is provided for community floodplain man	agement purposes.				
G4. Permit Number G5. Date Permit Issued	G6. Date Certificate of Compliance/Occupancy Issued				
PPRB21-00257 1-24-22	Compilation Coccupation, 1999				
G7. This permit has been issued for: New Construction Substantial Improvement	nt				
G8. Elevation of as-built lowest floor (including basement)					
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 Planner					
Community Name Telephone					
Bay County 850-24	4-0210				
Signature Date 12-28-22					
Comments (including type of equipment and location, per C2(e), if applicable)					
FEC Of for final inspection and C.O.					
	ting				
	☐ Check here if attachments.				

#### **BUILDING PHOTOGRAPHS**

#### **ELEVATION CERTIFICATE**

See Instructions for Item A6.

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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.

2501 9TH ST E

City
LYNN HAVEN

State
Florida

FOR INSURANCE COMPANY USE

Policy Number:

Company NAIC Number

221P Code
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 12/12/2022 Front View

Clear Photo One



Photo Two

Photo Two Caption 12/12/2022 Rear View

Clear Photo Two

## **BUILDING PHOTOGRAPHS**

### **ELEVATION CERTIFICATE**

Continuation Page

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IMPORTANT: In these spaces, cop	FOR INSURANCE COMPANY USE		
Building Street Address (including A 2501 9TH ST E	Policy Number:		
City LYNN HAVEN	State Florida	ZIP Code 32444	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.

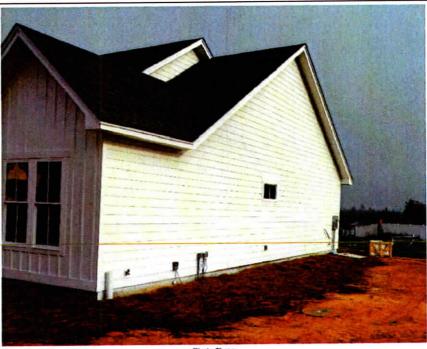


Photo Three

Photo Three Caption 12/12/2022 Right Side View

Clear Photo Three



Photo Four

Photo Four Caption 12/12/2022 Left Side View

Clear Photo Four