'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 INSURA | NCE COMPANY USE |
|--|---|---|---------------|----------------------------------|------------------------------------|-----------------|
| A1. Building Owner's Name | | | | | Policy Numb | er: |
| Southern Coastal Homes, li | Southern Coastal Homes, Inc. | | | | | |
| A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 402 Foxtail Way | | | | | Company NA | JC Number: |
| City | State | | | | ZIP Code | |
| Panama City Beach | City | | | | 32407 | |
| A3. Property Description (L Lot 073, Breakfast Point Ph | ot and Block Numbers, Tax ase 4B | Parcel Nun | nber, Legal D | Description, etc.) | | |
| A4. Building Use (e.g., Res | sidential, Non-Residential, Ad | ddition, Acc | essory, etc.) | Residential | | |
| A5. Latitude/Longitude: L | | | 55.4" | | | 927 🗷 NAD 1983 |
| | graphs of the building if the | Certificate is | s being used | to obtain flood | insurance. | |
| A7. Building Diagram Num | | | | | | |
| A8. For a building with a cr | | | | | | |
| - | rawispace or enclosure(s) | | C |).00 sq ft | | |
| • • | ent flood openings in the crav | wispace or e | enclosure(s) | —– within 1.0 foot a | bove adjacent gra | de O |
| c) Total net area of flo | | | .00 sq in | | | |
| • | <u> </u> | | | | | |
| d) Engineered flood o | Jennigs: Yes Lind |) | | | | |
| _ | A9. For a building with an attached garage: | | | | | |
| a) Square footage of a | a) Square footage of attached garage 391.48 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? | | | | | | |
| SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION | | | | | | |
| B1. NFIP Community Nam | | | 2. County Na | | | B3. State |
| Bay County Unincorporate | | Ba | - | | | Florida |
| B4. Map/Panel B5. So Number | uffix B6. FIRM Index Date | B7. FIRM Panel B8. Flood Zone(s) Revised Date | | B9. Base Flood E (Zone AO, us | levation(s) e Base Flood Depth) | |
| 12005C0308 H | 06-02-2009 | 06-02-2009 | I . | | 11.2 | |
| 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 X 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 OPA | | | | | | |
| | | | | | | |
| | | | | | | |

ELEVATION CERTIFICATE

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

| MPORTANT: In these spaces, | | FOR INSURANCE COMPANY USE | | |
|--|--|---|--|--|
| Building Street Address (includi 402 Foxtail Way | ing Apt., Unit, Suite, and/or Bldg. | No.) or P.O. Route | and Box No. | Policy Number: |
| City Panama City Beach | State Florida | ZIP Co 32407 | | Company NAIC Number |
| SEC | TION C - BUILDING ELEVAT | ION INFORMATION | ON (SURVEY RE | EQUIRED) |
| C1. Building elevations are ba | ased on: Construction Drawate will be required when construc | · - | ng Under Constru g is complete. | uction* Finished Construction |
| C2. Elevations – Zones A1–A Complete Items C2.a–h b | A30, AE, AH, A (with BFE), VE, Volume to the building displayment to the building displayment. | 1–V30, V (with BFE iagram specified in | E), AR, AR/A, AR/ Item A7. In Puert | /AE, AR/A1–A30, AR/AH, AR/AO. to Rico only, enter meters. |
| Benchmark Utilized: NGS | | Vertical Datum: N | | |
| | used for the elevations in items a | | • | |
| | x NAVD 1988 ☐ Other/Source elevations must be the same as the | | E. | Check the measurement used. |
| a) Top of bottom floor (it | ncluding basement, crawlspace, o | or enclosure floor) | | 16.7 x feet meters |
| b) Top of the next higher | | ,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | N/A feet meters |
| | horizontal structural member (V Z | ones only) | | N/A feet meters |
| d) Attached garage (top | | .ones only, | | 16.0 🗷 feet 🗌 meters |
| e) I owest elevation of m | nachinery or equipment servicing sipment and location in Comments | the building | | 16.6 🗷 feet 🗌 meters |
| A 1970 VS | shed) grade next to building (LAG | | | 15.7 x feet meters |
| | shed) grade next to building (HAC | | | 16.1 x feet meters |
| 100 S | de at lowest elevation of deck or s | | | N/A feet meters |
| | ECTION D - SURVEYOR, ENG | INEER, OR ARC | HITECT CERTIF | CATION |
| This certification is to be signed | | r, engineer, or arch | itect authorized by | by law to certify elevation information. lable. I understand that any false |
| | n Section A provided by a license | | ¥Yes □No | Check here if attachments. |
| Certifier's Name W. Todd Tindell | Lice 495 | ense Number 58 | | TODD TINDE |
| Title Land Surveyor | | | | CETIFICA PARTIE |
| Company Name Buchanan & Harper, Inc. | | | | Check here if attachments. |
| Address | | | | TEG: STATE OF 12 |
| 735 W. 11th Street | | | | TO COURT OF |
| City Panama City | Sta Flo | ate orida | ZIP Code 32401 | No. 4958 No. 4958 * No. 4958 * No. 4958 EXT. FICA STATE OF CORIDA STATE OR CORIDA STATE OF CORIDA STATE OF CORIDA STATE OF CORIDA STATE OR CORIDA STATE OF CORIDA STATE OF CORIDA STATE OF CORIDA STATE OR CORIDA STATE OF CORIDA STATE OF CORIDA STATE OR |
| Signature | Da | ite | Telephone | Ext. |
| a) Sel had | Date: 2022.12.19 10:36.19 -06 00 | -13-2022 | (850) 763-7427 | |
| Copy all pages of this Elevatio | n Certificate and all attachments for | or (1) community off | ficial, (2) insurance | e agent/company, and (3) building own |
| C20 IS TOP ELEVATION OF | ON THIS DOCUMENT WAS AUT | | FODD TINDELL P | PSM NO. 4958 ON |
| B&H Job No. 12883: FB 119 | 8 Page 22 | | | |

ELEVATION CERTIFICATE

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

| | | france Constitute A | FOR MOURANGE COMPANY | HCE | |
|--|--|--|--|---------|--|
| IMPORTANT: In these spaces, copy the correspo | FOR INSURANCE COMPANY | USE | | | |
| Building Street Address (including Apt., Unit, Suite, a 402 Foxtail Way | aud/or Ridg: No.) or | P.O. Route and Box No. | Rolicy Number: | | |
| City | State | ZIP Code | Company NAIC Number | 1 | |
| Panama City Beach | Florida | 32407 | | | |
| 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 a the highest adjacent grade (HAG) and the lowe a) Top of bottom floor (including basement, | and check the appro est adjacent grade (l | priate boxes to show wheth _AG). | er the elevation is above of below | ļ | |
| crawlspace, or enclosure) is b) Top of bottom floor (including basement, | | feet mete | rs above or below the H | lAG. │ | |
| crawlspace, or enclosure) is | | feet mete | _ _ | ĺ | |
| E2. For Building Diagrams 6–9 with permanent floo the next higher floor (elevation C2.b in the diagrams) of the building is | d openings provide | d in Section A Items 8 and/o | | 1 | |
| E3. Attached garage (top of slab) is | | feet mete | ers above or below the F | IAG. | |
| E4. Top of platform of machinery and/or equipment servicing the building is | | feet | ers above or below the h | IAG. | |
| E5. Zone AO only: If no flood depth number is avai floodplain management ordinance? | lable, is the top of th ☐ No ☐ Unkn | ne bottom floor elevated in a own. The local official mus | ccordance with the community's certify this information in Section | ı G. | |
| SECTION F - PROPERTY C | OWNER (OR OWNE | ER'S REPRESENTATIVE) (| ERTIFICATION | | |
| The property owner or owner's authorized represen community-issued BFE) or Zone AO must sign here | e. The statements in | es Sections A, B, and E for Z Sections A, B, and E are co | Cone A (without a FEMA-issued or orrect to the best of my knowledge | : e. | |
| Property Owner or Owner's Authorized Representation | tive's Name | | | | |
| Address | | City | State ZIP Code | | |
| Signature | | Date 7 | elephone | | |
| Comments | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | • | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | Check here if attachme | ents. | |

ELEVATION CERTIFICATE

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

| IMPORTANT: In these spaces, copy the corre | FOR INSURANCE COMPANY USE | | | |
|--|---------------------------|-------------------------|---|--|
| Building Street Address (including Apt., Unit, Su 402 Foxtail Way | o. Policy Number: | | | |
| City | State | ZIP Code 32407 | Company NAIC Number | |
| Panama City Beach | Florida | | JAL X | |
| Abandum also displayed to a | | NFORMATION (OPTIO | | |
| 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 co | ommunity floodplain mar | | |
| G4. Permit Number | G5. Date Permit Iss | ued | G6. Date Certificate of Compliance/Occupancy Issued | |
| 2822 - 00722 | 4/3/ | 22 | | |
| G7. This permit has been issued for: | New Construction | Substantial Improvement | ent | |
| G8. Elevation of as-built lowest floor (including of the building: | g basement) | [| feet meters Datum | |
| G9. BFE or (in Zone AO) depth of flooding at the building site: feet meters | | | | |
| G10. Community's design flood elevation: | | | feet meters Datum | |
| Local Official's Name Hope m Stewart | | Title Planne. Telephone | | |
| Community Name Bay County | | Telephone 85つ- よ | 48-8250 | |
| Signature Date 12-27-22 | | | | |
| Comments (including type of equipment and lo | cation, per C2(e), if ap | oplicable) | | |
| 780 of final inspection and C.O. | | | | |
| | | tr. | ng | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | ☐ Check here if attachments. | |

BUILDING PHOTOGRAPHS

See Instructions for Item A6.

OMB No. 1660-0008

Expiration Date: November 30, 2022

FOR INSURANCE COMPANY USE 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. Policy Number: 402 Foxtail Way State ZIP Code Company NAIC Number City Florida 32407

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 Front View

ELEVATION CERTIFICATE

Panama City Beach

Clear Photo One



Photo Two Caption Rear View Clear Photo Two

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

Replaces all previous editions.

Form Page 5 of 6

BUILDING PHOTOGRAPHS

Continuation Page

OMB No. 1660-0008

Expiration Date: November 30, 2022

ELEVATION CERTIFICATE FOR INSURANCE COMPANY USE 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. Policy Number: 402 Foxtail Way ZIP Code Company NAIC Number State City 32407 Florida Panama City Beach

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 Caption Left Side View

Clear Photo Three



Photo Four Caption Right Side View

Clear Photo Four

Replaces all previous editions.

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

Form Page 6 of 6