

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 JIMMY BARNES				Policy Number:	
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 605 N KIMBREL AVE				Company NAIC Number:	
City PANAMA CITY		State Florida		ZIP Code 32404	
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) PARCEL ID: 06218-000-000, BAY COUNTY, FLORIDA					
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) <u>RESIDENTIAL</u>					
A5. Latitude/Longitude: Lat. <u>30° 09' 30.34" N</u> Long. <u>85° 34' 58.58" W</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>1B</u>					
A8. For a building with a crawlspace or enclosure(s):					
a) Square footage of crawlspace or enclosure(s) <u>N/A</u> sq ft					
b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade <u>N/A</u>					
c) Total net area of flood openings in A8.b <u>N/A</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>N/A</u> sq ft					
b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade <u>N/A</u>					
c) Total net area of flood openings in A9.b <u>N/A</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 12005C 0362	B5. Suffix H	B6. FIRM Index Date 06/02/2009	B7. FIRM Panel Effective/ Revised Date 06/02/2009	B8. Flood Zone(s) A	B9. Base Flood Elevation(s) (Zone AO, use Base Flood Depth) 32.0 FEET
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

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. 605 N KIMBREL AVE			Policy Number:
City PANAMA CITY	State Florida	ZIP Code 32404	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: TOPNET LIVE - RTK+ SOUTHEAST Vertical Datum: NAVD 1988 W/2001 ADJ

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.

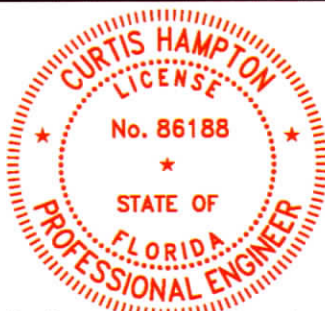

Check the measurement used.

- | | | | |
|--|-------|--|---------------------------------|
| a) Top of bottom floor (including basement, crawlspace, or enclosure floor) | 34.09 | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| b) Top of the next higher floor | N/A | <input type="checkbox"/> feet | <input type="checkbox"/> meters |
| c) Bottom of the lowest horizontal structural member (V Zones only) | N/A | <input type="checkbox"/> feet | <input type="checkbox"/> meters |
| d) Attached garage (top of slab) | N/A | <input 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) | 34.40 | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| f) Lowest adjacent (finished) grade next to building (LAG) | 31.8 | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| g) Highest adjacent (finished) grade next to building (HAG) | 33.0 | <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 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 CURTIS C HAMPTON	License Number 86188		
Title CIVIL ENGINEER			
Company Name COBALT ENGINEERING			
Address 12005 DELANY ROAD			
City LA MARQUE	State Texas		ZIP Code 77568
Signature 	Date 01/25/2023	Telephone (409) 354-5925	Ext.

Digitally signed by Curtis Hampton
Date: 2023.01.25 11:00:51 -06'00'

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)

1. TBM EL = 33.30 FEET; SET PK NAIL IN CENTER OF N KIMBREL AVE IN FRONT OF PROPERTY
2. CENTERLINE STREET EL = 33.30 FEET (N KIMBREL AVE)
3. SECTION C2e IS USED FOR THE A/C PAD

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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 _____ feet meters above or below the HAG.
- b) Top of bottom floor (including basement, crawlspace, or enclosure) is _____ feet meters above or 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 _____ feet meters above or below the HAG.
- E3. Attached garage (top of slab) is _____ feet meters above or below the HAG.
- E4. Top of platform of machinery and/or equipment servicing the building is _____ feet meters 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 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

Check here if attachments.

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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 management purposes.

G4. Permit Number <i>PRRB 22-02207</i>	G5. Date Permit Issued <i>1-19-22</i>	G6. Date Certificate of Compliance/Occupancy Issued
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G7. This permit has been issued for: New Construction Substantial Improvement

G8. Elevation of as-built lowest floor (including basement) of the building: _____ feet meters Datum _____

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 <i>Hope M Stewart</i>	Title <i>Planner</i>
Community Name <i>Bay County</i>	Telephone <i>850-248-8250</i>
Signature <i>Hope M Stewart</i>	Date <i>1-26-23</i>

Comments (including type of equipment and location, per C2(e), if applicable)

FEI ok after final inspection and C.O. HNS

Check here if attachments.

BUILDING PHOTOGRAPHS

See Instructions for Item A6.

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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 (01/19/2023)



Photo Two

Photo Two Caption RIGHT (01/19/2023)

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BUILDING PHOTOGRAPHS

Continuation Page

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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 (01/19/2023)




Photo Four


Photo Four Caption LEFT (01/19/2023)



A UnitedHealthcare Company

FSEBT-FSHP





Issuer (80840) 911-39026-02

Member ID: 34860327

Group Number: 76-414512

Member:
HOPE M STEWART 00 MED

Dependents:
JAMES A STEWART 01 MED
JENNA M STEWART 02 MED
HANNAH G STEWART 03 MED

Optum Rx*


Rx BIN: 610127
Rx PCN: 01960000
Rx GRP: 01963485

RX integrated w/ Med
INN DED then
\$10/\$50/\$80/\$80

UnitedHealthcare®
Choice Plus Network


Self-funded Plan


5030 Provider: For effective date of coverage call 888-906-0402



A UnitedHealthcare Company

FSEBT-FSHP





Issuer (80840) 911-39026-02

Member ID: 34860327

Group Number: 76-414512

Member:
HOPE M STEWART 00 MED

Dependents:
JAMES A STEWART 01 MED
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Optum Rx*

Rx BIN: 610127
Rx PCN: 01960000
Rx GRP: 01963485

RX integrated w/ Med
INN DED then
\$10/\$50/\$80/\$80

UnitedHealthcare®
Choice Plus Network

Self-funded Plan

5030 Provider: For effective date of coverage call 888-906-0402

03122 7257339 0000 0006501 0006501 009 6 113



This card must be presented each time services are requested.

Printed: 01-09-2023

Medical: In Net	Out of Net
Ded: \$3,000*	\$6,000
OCPM: \$8,000*	\$10,000
*includes pharmacy	

Precat Req: All IP incl SNF, Transplants, OP Surgeries, Home Health, Hospice, Dialysis, DME>\$1500, MRI/MRA/PET Scans, Specialty Meds, Genetic Testing, Oncology.

For Members: www.floridasheriffshealthplan.com

877-711-9778

Pharmacists:

877-559-2955

For Providers: www.ccbyqh.com

888-906-0402

Fax:

866-327-2218

Claims: EDI # 39026, UMR, PO Box 30541, Salt Lake City, UT 84130-0541

This card must be presented each time services are requested.

Printed: 01-09-2023

Medical: In Net	Out of Net
Ded: \$3,000*	\$6,000
OCPM: \$8,000*	\$10,000
*includes pharmacy	

Precat Req: All IP incl SNF, Transplants, OP Surgeries, Home Health, Hospice, Dialysis, DME>\$1500, MRI/MRA/PET Scans, Specialty Meds, Genetic Testing, Oncology.

For Members: www.floridasheriffshealthplan.com

877-711-9778

Pharmacists:

877-559-2955

For Providers: www.ccbyqh.com

888-906-0402

Fax:

866-327-2218

Claims: EDI # 39026, UMR, PO Box 30541, Salt Lake City, UT 84130-0541

Shipper ID: 00000000
 Shipping Method: DIRECT
 CARRIER: USPS
 Address:
 HOPE M STEWART
 904 E 2ND PL
 PANAMA CITY, FL 32401

Mailing/Meter Date:

- | | |
|------------|------------|
| Insert #1 | Insert #2 |
| Insert #3 | Insert #4 |
| Insert #5 | Insert #6 |
| Insert #7 | Insert #8 |
| Insert #9 | Insert #10 |
| Insert #11 | Insert #12 |

Cycle Date: 20230109
 PDF Date: Tue Jan 10, 2023 @ 14:32:59
 MaxMover: N
 UHG JOB ID: 8100 GRP: 76414512 PV: 017 RC: FAM MKT:
 MT: 00 SA: 90 OI: 02 FORM: K2H000 CPAY: PKG ID:
 DALE BROWN: N LETTER NM: LETTER2 DIVISION : CARD TYPE:
 TEMPLATE: TPA C30 : FAMILY T50 : 2SHRT
 SORT HCN: