# 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 USE					
A1. Building Owner's Name ERNAN CISNEROS & CAROLINA RESTREPO	Policy Number:					
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 6123 JAYCEE DR	Company NAIC Number:					
City State YOUNGSTOWN Florida	ZIP Code 32466					
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) TAX PARCEL ID #: 05288-047-000						
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) RESIDENTIAL						
A5. Latitude/Longitude: Lat. N30d18'56" Long. W85d33'05" Horizontal Da	tum: NAD 1927 NAD 1983					
A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood ins						
A7. Building Diagram Number 5						
A8. For a building with a crawlspace or enclosure(s):						
a) Square footage of crawlspace or enclosure(s) 0.00 sq ft						
b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot about	ve adjacent grade 0					
c) Total net area of flood openings in A8.b 0.00 sq in						
d) Engineered flood openings?						
A9. For a building with an attached garage:						
a) Square footage of attached garage 0.00 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?						
ay Engineered need openings.						
SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORM	MATION					
B1. NFIP Community Name & Community Number BAY COUNTY 120004 B2. County Name BAY COUNTY	B3. State Florida					
B4. Map/Panel Number B5. Suffix B6. FIRM Index Date B7. FIRM Panel Effective/ Revised Date B8. Flood Zone(s) B9	Base Flood Elevation(s) (Zone AO, use Base Flood Depth)					
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 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						

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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. 6123 JAYCEE DR			Policy Number:				
City Sta YOUNGSTOWN Flo		Code 66	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 c							
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: AB 2556  Vertical Datum: NAVD 88 EL=(13.15')							
Indicate elevation datum used for the elevations in it			<u> </u>				
☐ NGVD 1929 区 NAVD 1988 ☐ Other/S	· · · · · · · · · · · · · · · · · · ·	•••					
Datum used for building elevations must be the sam	e as that used for the E	BFE.	Chack the	e measurement used.			
a) Top of bottom floor (including basement, crawlsp	ace, or enclosure floor		40.0 × fe				
b) Top of the next higher floor			 N/A ⊠ fe	eet 🔲 meters			
c) Bottom of the lowest horizontal structural membe	r (V Zones onlv)		N/A 🗵 fe	eet			
d) Attached garage (top of slab)	(, ,		N/A ⊠ fe	eet			
e) Lowest elevation of machinery or equipment services (Describe type of equipment and location in Com	ricing the building ments)		38.0 ⊠ fe	eet			
f) Lowest adjacent (finished) grade next to building	(LAG)		33.8 × fe	eet 🗌 meters			
g) Highest adjacent (finished) grade next to building	(HAG)		34.7 × fe	eet 🔲 meters			
<ul> <li>h) Lowest adjacent grade at lowest elevation of dec structural support</li> </ul>	k or stairs, including		N/A ⊠ fe	eet 🔲 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 lic		⊠Yes □No		here if attachments.			
Certifier's Name ROBERT WAYNE RICHMOND	License Number L.S. #6616		31111	N BIO			
Title	Will Reserve the Control of the Cont						
PROFESSIONAL SURVEYOR & MAPPER			1 3000	6616			
PROFESSIONAL SURVEYOR & MAPPER  Company Name SEA LEVEL SURVEYING AND MAPPING (L.B. #5800)  Address 1219 MAINE AVENUE							
Company Name SEA LEVEL SURVEYING AND MAPPING (L.B. #5800)  Address 1219 MAINE AVENUE  City  City  State  Florida  State  Florida  Surveyor and Marrier  Date  Telephone  Ext.							
LYNN HAVEN	State Florida	ZIP Code 32444	A A SSIONE	Surveyor and Manney			
Signature Plant W. Richard	Date 12-22-2022	Telephone (850) 265-4800	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)  LOWEST MACHINERY IS AN OUTSIDE AIR CONDITIONER ON A RAISED WOOD PLATFORM,  BASE FLOOD ELEVATION PROVIDED BY HOPE STEWART-BAY COUNTY ON 6/01/2022.  JOB NUMBER: 4344							

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. 6123 JAYCEE DR Citv Company NAIC Number State ZIP Code YOUNGSTOWN Florida 32466 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 feet meters above or below the HAG. the diagrams) of the building is 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? Tyes 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 ZIP Code Address City State Signature Date Telephone Comments Check here if attachments.

## **ELEVATION CERTIFICATE**

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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. 6123 JAYCEE DR			Policy Number:				
City YOUNGSTOWN	State Florida	ZIP Code 32466	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 commu	unity floodplain managem	ent purposes.				
G4. Permit Number	G5. Date Permit Issued		G6. Date Certificate of Compliance/Occupancy Issued				
MH23-000/2	46/2023						
G7. This permit has been issued for:							
G8. Elevation of as-built lowest floor (including of the building:	meters						
G9. BFE or (in Zone AO) depth of flooding at t	meters Datum						
G10. Community's design flood elevation:							
Local Official's Name Title							
Community Name	Tel	ephone					
Signature Date 3/z/2023							
Comments (including type of equipment and location, per C2(e), if applicable)							
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		•	Check here if attachments.				

#### **BUILDING PHOTOGRAPHS**

### **ELEVATION CERTIFICATE**

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.

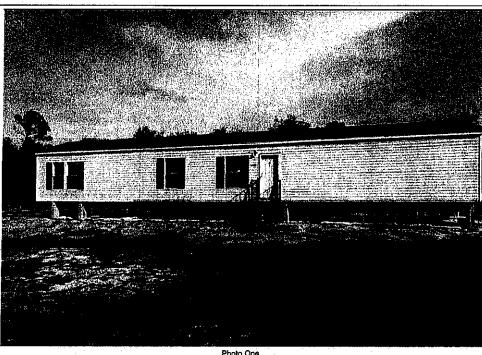


Photo One

Photo One Caption 12/05/2022 Front View Clear Photo One

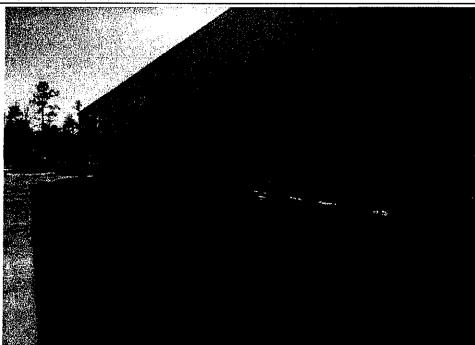


Photo Two

Photo Two Caption Rear View

Clear Photo Two

#### **BUILDING PHOTOGRAPHS**

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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.

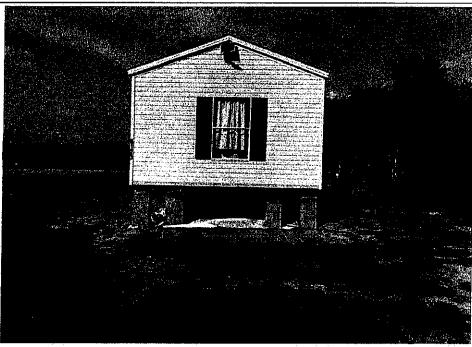


Photo Three

Photo Three Caption Right Side View

**ELEVATION CERTIFICATE** 

Clear Photo Three



Photo Four

Photo Four Caption Left Side View

Clear Photo Four