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	DDODEDTY INCOD		-, (=,		ANCE COMPANY LICE
SECTION A – PROPERTY INFORMATION A1. Building Owner's Name				RANCE COMPANY USE	
A1. Building Owner's Name Policy Number: RICHARD RACZYNSKI				Der:	
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Company NAIC Number:				AIC Number:	
7301 SUWANEE AVE(WEST SIDE RES	SIDENCE)				
City					
SOUTHPORT	SOUTHPORT Florida 32409				
A3. Property Description (Lot and Block TAX PARCEL ID #: 08113-000-000	Numbers, Tax Parcel	Number, Le	gal Description, etc.)	
A4. Building Use (e.g., Residential, Non-	A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) RESIDENTIAL				
A5. Latitude/Longitude: Lat. N30d17'02	Long. W	/85d38'57"	Horizontal I	Datum: 🔲 NAD 1	927 🗵 NAD 1983
A6. Attach at least 2 photographs of the	building if the Certific	ate is being ι	sed 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)		0.00 sq ft		
b) Number of permanent flood open	ings in the crawlspace	or enclosure	e(s) within 1.0 foot a	bove adjacent gra	ide 0
c) Total net area of flood openings in		0.00 sq in		, ,	
_					
d) Engliseered hood openings?]Yes ⊠ No				
A9. For a building with an attached garag	ge:				
 a) Square footage of attached garag 	je	0.00 sq ft			
b) Number of permanent flood open	ings in the attached g	arage within	1.0 foot above adjad	cent grade 0	
c) Total net area of flood openings in	n A9.b	ps <u>00.0</u>	in		
d) Engineered flood openings?]Yes ⊠ No				
SECTION	B – FLOOD INSURA	NCE RATE	MAP (FIRM) INFO	RMATION	
<u>-</u>		 		11	B3. State
B1: NFIP Community Name & Community Number B2: County Name B3: State BAY COUNTY 120004 B3: State BAY COUNTY B3: State B3: Stat					
Number Sure Da	te Effe	RM Panel ective/	B8. Flood Zone(s)	B9. Base Flood E (Zone AO, us	levation(s) e Base Flood Depth)
2005C0220 H 06/02/2009 Revised Date 06/02/2009 AE 7.0 FEET					
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9:					
☐ FIS Profile 区 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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		m. de e . e . e			
				FOR INSURANCE COMPANY USE	
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route a 7301 SUWANEE AVE(WEST SIDE RESIDENCE)	and Box No.	Policy N			
City State ZIP Coo	de	Compan	y NAIC N	Number	
SOUTHPORT Florida 32409			•	···	
SECTION C – BUILDING ELEVATION INFORMATION	N (SURVEY RE	QUIRE))		
C1. Building elevations are based on: Construction Drawings* Building *A new Elevation Certificate will be required when construction of the building i	g Under Constru is complete.	ction*	⊠ Finish	ned Construction	
C2. Elevations – Zones A1–A30, AE, AH, A (with BFE), VE, V1–V30, V (with BFE), Complete Items C2.a–h below according to the building diagram specified in Items	tem A7. In Puerte	o Rico on	1–A30, A ly, enter	AR/AH, AR/AO. meters.	
Benchmark Utilized: DQ 8245 Vertical Datum: NA	AVD 88 EL=(4.60)')			
Indicate elevation datum used for the elevations in items a) through h) below.					
☐ NGVD 1929 区 NAVD 1988 ☐ Other/Source:					
Datum used for building elevations must be the same as that used for the BFE.	.	Chec	k the me	asurement used.	
a) Top of bottom floor (including basement, crawlspace, or enclosure floor)			× feet	meters	
b) Top of the next higher floor		N/A	× feet	— ☐ meters	
c) Bottom of the lowest horizontal structural member (V Zones only)			⊠ feet	☐ meters	
,			⊠ feet	☐ meters	
d) Attached garage (top of slab)					
e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments)			× feet	meters	
f) Lowest adjacent (finished) grade next to building (LAG)		6.8	× feet	meters	
g) Highest adjacent (finished) grade next to building (HAG)	-	7.9	× feet	meters	
h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support		<u>N/A</u> [⊠ feet	meters	
SECTION D – SURVEYOR, ENGINEER, OR ARCHI	ITECT CERTIFI	CATION	,		
This certification is to be signed and sealed by a land surveyor, engineer, or archite I certify that the information on this Certificate represents my best efforts to interprestatement may be punishable by fine or imprisonment under 18 U.S. Code, Section	et the data availa	law to ce	ertify elev erstand t	ation information. hat any false	
_	⊠Yes □ No	□ c	heck here	e if attachments.	
Certifier's Name License Number					
ROBERT WAYNE RICHMOND L.S. #6616				•	
Title PROFESSIONAL SURVEYOR & MAPPER					
Company Name SEA LEVEL SURVEYING AND MAPPING (L.B. #5800)			*		
Address				<i>j</i>	
1219 MAINE AVE			4,		
	IP Code 2444		" Man		
	elephone 350) 265-4800	Ext.			
Copy all pages of this Elevation Certificate and all attachments for (1) community officia	al, (2) insurance a	agent/com	pany, an	d (3) building owner.	
Comments (including type of equipment and location, per C2(e), if applicable) LOWEST MACHINERY IS A WATER HEATER AT FINISHED FLOOR LEVEL. AT TIME OF CERTIFICATE, HOME IS IN FLOOD ZONE AE7. LATER IN 2022, FLOOD ZONE IS EXPECTED TO CHANGE TO AE11. JOB NUMBER: 12281					

ELEVATION CERTIFICATE

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IMPORTANT: In these spaces, copy the correspond	ding 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. 7301 SUWANEE AVE(WEST SIDE RESIDENCE)			Policy Number:		
City SOUTHPORT		ZIP Code 32409	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 adjacent grade (LAG).					
a) Top of bottom floor (including basement, crawlspace, or enclosure) is		feet	rs 🔲 above or 🔲 below the HAG.		
 b) Top of bottom floor (including basement, crawlspace, or enclosure) is 			s 🔲 above or 🔲 below the LAG.		
E2. For Building Diagrams 6–9 with permanent flood the next higher floor (elevation C2.b in the diagrams) of the building is	openings provided in S	ection A Items 8 and/or			
E3. Attached garage (top of slab) is					
E4. Top of platform of machinery and/or equipment servicing the building is		∏feet ∏meter	s above or Thelow 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 OW	NER (OR OWNER'S F	EPRESENTATIVE) CE	RTIFICATION		
The property owner or owner's authorized representat community-issued BFE) or Zone AO must sign here. T	ive who completes Sec The statements in Section	tions A, B, and E for Zo	ne A (without a FEMA-issued or rect to the best of my knowledge.		
Property Owner or Owner's Authorized Representative			, .		
Address	City	Sta	ate ZIP Code		
Signature	Date	Te	lephone		
Comments					
1					
			Check here if attachments.		

ELEVATION CERTIFICATE

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IMPORTANT: In these spaces, copy the corresponding information from Sect	ion A. FOR INSURANCE COMPANY USE				
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route 7301 SUWANEE AVE(WEST SIDE RESIDENCE)	<i>"</i>				
City State ZIP C SOUTHPORT Florida 3240					
SECTION G - COMMUNITY INFORMATION	ON (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. $\ \square$ A community official completed Section E for a building located in Zone or Zone AO.	A (without a FEMA-issued or community-issued BFE)				
G3. The following information (Items G4–G10) is provided for community floor	odplain management purposes.				
G4. Permit Number G5. Date Permit Issued	G6. Date Certificate of Compliance/Occupancy Issued				
RB22 - 01932					
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				
G9. BFE or (in Zone AO) depth of flooding at the building site:	feet meters				
G10. Community's design flood elevation:	feet meters				
Local Official's Name Title Plann Plann Title					
Community Name Telephone	850-248-8250				
Signature Date 10-24-22					
Comments (including type of equipment and location, per C2(e), if applicable)					
FEC Shows clevation needs BFE plas on					
FEC Shows clevation needs BFE play on Ok to permitting this					
	☐ Check here if attachments.				

BUILDING PHOTOGRAPHS

ELEVATION CERTIFICATE

See Instructions for Item A6.

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Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.			Policy Number:
7301 SUWANEE AVE(WEST SIDE RESIDENCE)			
City	State	ZIP Code	Company NAIC Number
SOUTHPORT	Florida	32409	

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.

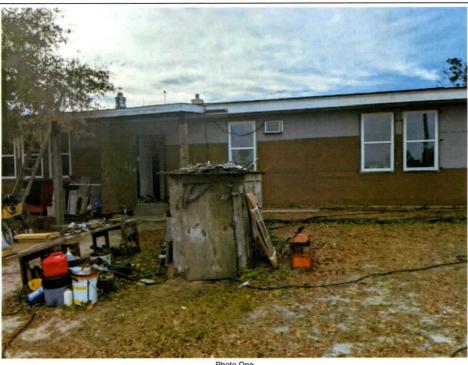


Photo One

2/08/2022 Front View Photo One Caption

Clear Photo One



Photo Two

2/08/2022 Rear View Photo Two Caption

Clear Photo Two

BUILDING PHOTOGRAPHS

ELEVATION CERTIFICATE

Continuation Page

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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. 7301 SUWANEE AVE(WEST SIDE RESIDENCE)			Policy Number:
City SOUTHPORT	State Florida	ZIP Code 32409	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 2/08/2022 Right Side View

Clear Photo Three



Photo Four

Photo Four Caption 2/08/2022 Left Side View

Clear Photo Four