#### 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 INSU                                | RANCE COMPANY USE   |                 |
|--|---|------------|---------------|---|---------------------|-----------------|
| A1. Building Owner's Name Policy Number: LMWS, LLC.  |   |            |               |   | nber:               |                 |
| A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Company NAIC Number: 8335 Jollymon Way |   |            |               |   | NAIC Number:        |                 |
| City   |   |            | State         |   | ZIP Code            |                 |
| Panama City Beach  |   |            | Florida       |   | 32413               |                 |
| A3. Property Description (Lot a Lot 264, Latitude at Watersoun   |   |            | •             |   | tc.)                |                 |
| A4. Building Use (e.g., Reside   | ntial, Non-Residential,   | Addition   | , Accessory,  | etc.) Residenti                         | al                  |                 |
| A5. Latitude/Longitude: Lat.   | 1030°18'07.66"  | Long, V    | V085°51'36.7  | 7" Horizonta                            | al Datum: 🔲 NAD     | 1927 🗵 NAD 1983 |
| A6. Attach at least 2 photograp  | ohs of the building if th   | e Certific | cate is being | used to obtain floo                     | od insurance.       |                 |
| A7. Building Diagram Number  | 1B  |            |               |   |                     |                 |
| A8. For a building with a crawls   | space or enclosure(s):  |            |               |   |                     |                 |
| a) Square footage of craw  | (space or enclosure   | )          |               | 0.00 sq ft                              |                     |                 |
| b) Number of permanent fl  | ood openings in the cr  | awlspac    | e or enclosur | e(s) within 1.0 foo                     | t above adjacent gr | ade 0           |
| c) Total net area of flood o   | penings in A8.b   |            | 0.00 sq ii    | า                                       |                     |                 |
| d) Engineered flood openii   | ngs? ☐ Yes ⊠ i  | No         |               |   |                     |                 |
| A9. For a building with an attac   | A9. For a building with an attached garage:   |            |               |   |                     |                 |
| a) Square footage of attached garage 611.00 sq ft  |   |            |               |   |                     |                 |
| b) Number of permanent fle   | b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade 0 |            |               |   |                     |                 |
| c) Total net area of flood o   | penings in A9.b   |            | 0.00 sq       | in                                      |                     |                 |
| d) Engineered flood openir   | ngs? ☐ Yes ⊠ N  | No.        |               |   |                     |                 |
|  |   |            |               |   |                     |                 |
|  | ECTION B - FLOOD  | INSURA     | T             | • | ORMATION            |                 |
| B1. NFIP Community Name & 0 Bay County - 120004  | B1. NFIP Community Name & Community Number Bay County - 120004  B2. County Name B3. State Florida   |            |               |   |                     |                 |
| B4. Map/Panel B5. Suffix Number  | Number Date Effective/ Zone(s) (Zone AO, use Base Flood Depth)                                      |            |               |   |                     |                 |
| 12005C0190H H 06-02-2009 Revised Date 06-02-2009 AE & X 12.8   |   |            |               |   |                     |                 |
| B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9:                              |   |            |               |   |                     |                 |
| FIS Profile  |   |            |               |   |                     |                 |
| 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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| yniration | Date: | November | 30 | 2022 |
|-----------|-------|----------|----|------|
|           |       |          |    |      |

|  |  |  |                       | FOR INSURANCE COMPANY USE |                                     |  |
|--|--|--|-----------------------|---------------------------|-------------------------------------|--|
| Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 8335 Jollymon Way  |  |  |                       | Policy Number:            |                                     |  |
| City State ZIP Code C<br>Panama City Beach Florida 32413   |  |  | Compa                 | Company NAIC Number       |                                     |  |
| SECTION C - BUILDING EL  | EVATION INFOR  | RMATION (SURVEY R  | EQUIRE                | D)                        |                                     |  |
| C1. Building elevations are based on: Construction  *A new Elevation Certificate will be required when or  |  | Building Under Constru   | uction*               | ⊠ Finish                  | ned Construction                    |  |
| C2. Elevations – Zones A1–A30, AE, AH, A (with BFE), Complete Items C2.a–h below according to the build Benchmark Utilized: NGS BM - Y784 Indicate elevation datum used for the elevations in it   | VE, V1–V30, V (w<br>ding diagram spec<br>Vertical Da | vith BFE), AR, AR/A, AR,<br>ified in Item A7. In Puerl<br>atum: <u>N</u> AVD88 | /AE, AR/<br>to Rico o | A1–A30, Anly, enter       | AR/AH, AR/AO.<br>meters.            |  |
| ☐ NGVD 1929 ☑ NAVD 1988 ☐ Other/S  |  |  |                       |                           | ·                                   |  |
| Datum used for building elevations must be the sam   | e as that used for                                   | the BFE.   | Che                   | ck the me                 | asurement used.                     |  |
| a) Top of bottom floor (including basement, crawlsp  | ace, or enclosure                                    | floor)   | 17.38                 | ★ feet                    | meters                              |  |
| b) Top of the next higher floor  |  |  | 0.0                   |                           | meters                              |  |
| c) Bottom of the lowest horizontal structural membe  | er (V Zones only)                                    |  | 0.0                   |                           | meters                              |  |
| d) Attached garage (top of slab)   | , ,,   |  | 16.79                 | ★ feet                    | meters                              |  |
| e) Lowest elevation of machinery or equipment serv     (Describe type of equipment and location in Com   | vicing the building                                  | ····   | 17.27                 | ⊠ feet                    | meters                              |  |
| f) Lowest adjacent (finished) grade next to building   | (LAG)  | <u> </u>   | 16.65                 | x feet                    | meters meters                       |  |
| g) Highest adjacent (finished) grade next to building  | (HAG)  |  | 16.83                 | ★ feet                    | meters                              |  |
| h) Lowest adjacent grade at lowest elevation of dec<br>structural support  | • •  | ng   | 0.0                   | ⊠ feet                    | meters                              |  |
| SECTION D – SURVEYOR,  | ENGINEER, OR   | ARCHITECT CERTIF   | CATIO                 | <b>N</b>                  |                                     |  |
| This certification is to be signed and sealed by a land sur<br>I certify that the information on this Certificate represents<br>statement may be punishable by fine or imprisonment un   | veyor, engineer, o<br>my best efforts to             | or architect authorized by interpret the data availa                           | law to c              | ertify eleva              | ation information.<br>hat any false |  |
| Were latitude and longitude in Section A provided by a lic   |  |  |                       | Check here                | e if attachments.                   |  |
| Certifier's Name   | License Numbe  |  |                       |                           | Digitally                           |  |
| Joseph G. Rager, P.S.M.  | LS7205   |  |                       |                           | Digitally signed by                 |  |
| Title Director of North Florida Operations   |  |  |                       | MUNICIPALITY              | signed by<br>မွှဲစုနူ့eph           |  |
| Company Name<br>GeoPoint Surveying, Inc.   |  |  | Pro-                  | STAVE OF                  | Rager<br>Date:                      |  |
| Address<br>8937 Steel Field Road   |  |  | 4,000 m               | Surveyor and the          | :2023.02.17                         |  |
| City<br>Panama City Beach  | State<br>Florida                                     | ZIP Code<br>32413  |                       | •                         | 08:48:39<br>-06'00'                 |  |
| Signature  Digitally signed by Joseph Rager Date: 2023.02.17 08:48:51 -06'00'  | Date   | Telephone<br>(850) 740-0650  | 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 A5. AutoCAD conversion from Boundary Survey in State B.10 LOMR 19-04-4735P EFFECTIVE 02-16-2021 C2. Reference Benchmark is a National Geodetic Survey C2d: Elevation at top of garage C2e: Elevation at top of Air Conditioner Pad | Plane Florida Nor                                    | h, NAD83-2011 Adjustm  | ent                   |                           |                                     |  |

## **ELEVATION CERTIFICATE**

OMB No. 1660-0008 Expiration Date: Nove

| yniratio | n Date | November | 30 | 2022 |  |
|----------|--------|----------|----|------|--|
|          |        |          |    |      |  |

| IMPORTANT: In these spaces, copy the correspond  | ling information from                          | Section A.  | FOR INSURANCE COMPANY USE_   |  |  |
|--|--|---|--|--|--|
| Building Street Address (including Apt., Unit, Suite, an 8335 Jollymon Way   | d/or Bldg. No.) or P.O.                        | Route and Box No.                                     | Policy Number:   |  |  |
| <del>.</del>   |  | ZIP Code<br>32413                                     | 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 E complete Sections A, B,and C. For Items E1–E4, use enter meters.  |  |   |  |  |  |
| <ul> <li>E1. Provide elevation information for the following and<br/>the highest adjacent grade (HAG) and the lowest</li> <li>a) Top of bottom floor (including basement,</li> </ul> |  | boxes to show whethe                                  |  |  |  |
| crawlspace, or enclosure) is   |  | feet 🗌 meter  | s above or below the HAG.  |  |  |
| <ul> <li>b) Top of bottom floor (including basement,<br/>crawlspace, or enclosure) is</li> </ul>   |  |   | s above or below the LAG.  |  |  |
| E2. For Building Diagrams 6–9 with permanent flood of the next higher floor (elevation C2.b in   | ppenings provided in S                         |   | , , ,  |  |  |
| the diagrams) of the building is   |  |   | s 🗌 above or 🗌 below the HAG.  |  |  |
| E3. Attached garage (top of slab) is   | <del></del>                                    |   | s above or below the HAG.  |  |  |
| E4. Top of platform of machinery and/or equipment servicing the building is  |  |   |  |  |  |
| E5. Zone AO only: If no flood depth number is availab floodplain management ordinance? Yes   | le, is the top of the bot<br>] No Unknown.     | om floor elevated in acc<br>The local official must o | cordance with the community's certify this information in Section G. |  |  |
| SECTION F PROPERTY OW  | NER (OR OWNER'S R                              | EPRESENTATIVE) CE                                     | RTIFICATION  |  |  |
| The property owner or owner's authorized representati community-issued BFE) or Zone AO must sign here. T   | ve who completes Sec<br>he statements in Secti | tions A, B, and E for Zo<br>ons A, B, and E are cor   | ne A (without a FEMA-issued or<br>rect to the best of my knowledge.  |  |  |
| Property Owner or Owner's Authorized Representative  | 's Name  |   |  |  |  |
| Address  | City   | Sta   | ate ZIP Code   |  |  |
| Signature  | Date   | Tel   | lephone  |  |  |
| Comments   | ·  |   |  |  |  |
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|  |  |   | ☐ Check here if attachments.   |  |  |

### **ELEVATION CERTIFICATE**

OMB No. 1660-0008

| Expiration Date: November 30, 2022 |
|------------------------------------|
| FOR INSURANCE COMPANY USE          |
|                                    |

| IMPORTANT: In these spaces, copy the corre   | esponding information     | n from Section A.   | FOR INSURANCE COMPANY USE                                      |  |  |  |
|--|---------------------------|---|--|--|--|--|
| Building Street Address (including Apt., Unit, St<br>8335 Jollymon Way   | uite, and/or Bldg. No.) o | r P.O. Route and Box No.                                      | Policy Number:   |  |  |  |
| City   | State                     | ZIP Code  | Company NAIC Number  |  |  |  |
| Panama City Beach  | Florida                   | 32413   | Company NAIC Number  |  |  |  |
|  | N G - COMMUNITY IN        | NFORMATION (OPTIONAL)   |  |  |  |  |
|  |                           |   |  |  |  |  |
| The local official who is authorized by law or on Sections A, B, C (or E), and G of this Elevation used in Items G8–G10. In Puerto Rico only, en | Certificate. Complete ti  | ne community's floodplain ma<br>he applicable item(s) and sig | nagement ordinance can complete n below. Check the measurement |  |  |  |
| G1. The information in Section C was take engineer, or architect who is authorized data in the Comments area below.)                             |                           |   |  |  |  |  |
| G2. A community official completed Section or Zone AO.   | on E for a building locat | ted in Zone A (without a FEM                                  | IA-issued or community-issued BFE)                             |  |  |  |
| G3,  The following information (Items G4-  | G10) is provided for co   | mmunity floodplain managen                                    | nent purposes.   |  |  |  |
| G4. Permit Number  | G5. Date Permit Issue     | ed G6.  | Date Certificate of  |  |  |  |
| PP-2   | -111-                     | i   | Compliance/Occupancy Issued                                    |  |  |  |
| KB22-00866   | 5/6/202                   | 2   |  |  |  |  |
| G7. This permit has been issued for:   | New Construction ☐        | Substantial Improvement                                       |  |  |  |  |
| G8. Elevation of as-built lowest floor (including of the building:   | basement)                 | fee   | t 🔲 meters Datum   |  |  |  |
| G9. BFE or (in Zone AO) depth of flooding at t   | he building site:         | fee   | t meters Datum   |  |  |  |
| G10. Community's design flood elevation:   |                           |   |  |  |  |  |
| Local Official's Name Porte  |                           | Title   |  |  |  |  |
| Community Name   |                           | Telephone   |  |  |  |  |
| Signature  |                           | 2/17/ 2023  |  |  |  |  |
| Comments Including type of equipment and loc   | ation, per C2(e), if appl | icable)   |  |  |  |  |
| ox for co.   |                           |   |  |  |  |  |
|  |                           |   |  |  |  |  |
| W  |                           |   |  |  |  |  |
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|  |                           |   |  |  |  |  |
|  |                           |   |  |  |  |  |
|  |                           |   | ☐ Check here if attachments.                                   |  |  |  |
|  |                           |   |  |  |  |  |

#### **BUILDING PHOTOGRAPHS**

### **ELEVATION CERTIFICATE**

Panama City Beach

See Instructions for Item A6.

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

| IMPORTANT: In these spaces, copy the o                           | FOR INSURANCE COMPANY USE   |                           |                     |
|--|-----------------------------|---------------------------|---------------------|
| Building Street Address (including Apt., Un<br>8335 Jollymon Way | it, Suite, and/or Bldg. No. | or P.O. Route and Box No. | Policy Number:      |
| City   | State                       | ZIP Code                  | Company NAIC Number |

32413

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.

Florida



Photo One

Photo One Caption Front View

Clear Photo One



Photo Two

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**

### **ELEVATION CERTIFICATE**

Continuation Page

OMB No. 1660-0008

Expiration Date: November 30, 2022

| IMPORTANT: In these spaces, copy                        | FOR INSURANCE COMPANY USE |          |                     |
|---|---------------------------|----------|---------------------|
| Building Street Address (including Ap 8335 Jollymon Way | Policy Number:            |          |                     |
| City  | State                     | ZIP Code | Company NAIC Number |
| Panama City Beach                                       | Florida                   | 32413    | ·                   |

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.

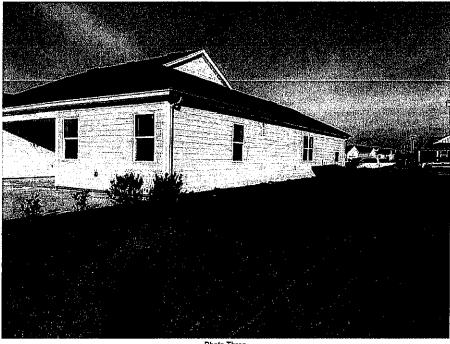


Photo Three Caption Left View

Clear Photo Three



Photo Four

Photo Four Caption Right View

Clear Photo Four Form Page 6 of 6

Replaces all previous editions.