U.S. DEPARTMENT OF HOMELAND SECURITY Federal Emergency Management Agency National Flood Insurance Program

OMB Control No. 1660-0008 Expiration Date: 06/30/2026

ELEVATION CERTIFICATE IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON PAGES 9-19

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: Sobh, Georgia L CO-Trustee	Policy Number:				
A2. Building Street Address (including Apt., Unit, Suite, and/or Bidg. No.) or P.O. Route and Box No.: 216 PARKSHORE CT	Company NAIC Number:				
City: PANAMA CITY BEACH State: FL	ZIP Code: <u>32413</u>				
A3. Property Description (e.g., Lot and Block Numbers or Legal Description) and/or Tax Parcel Nun Parcel ID 36459-394-951	nber:				
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.): RESIDENTIAL					
A5. Latitude/Longitude: Lat. N30d15'59.8" Long. W85d59'01.4" Horizontal Datum: N	AD 1927 🗷 NAD 1983 🔲 WGS 84				
A6. Attach at least two and when possible four clear photographs (one for each side) of the building	(see Form pages 7 and 8).				
A7. Building Diagram Number: 8					
A8. For a building with a crawlspace or enclosure(s):					
a) Square footage of crawlspace or enclosure(s): 1,778.00 sq. ft.					
b) Is there at least one permanent flood opening on two different sides of each enclosed area?	x Yes ☐ No ☐ N/A				
c) Enter number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot Non-engineered flood openings: 13 Engineered flood openings: 0	above adjacent grade:				
d) Total net open area of non-engineered flood openings in A8.c:3,732.00 sq. in.					
e) Total rated area of engineered flood openings in A8.c (attach documentation – see Instructions): 0.00 sq. ft.					
f) Sum of A8.d and A8.e rated area (if applicable – see Instructions): 0.00 sq. ft.					
A9. For a building with an attached garage:					
a) Square footage of attached garage: 357.00 sq. ft.					
b) Is there at least one permanent flood opening on two different sides of the attached garage?	☐Yes ☐ No 🗷 N/A				
c) Enter number of permanent flood openings in the attached garage within 1.0 foot above adjated Non-engineered flood openings:0 Engineered flood openings:0	acent grade:				
d) Total net open area of non-engineered flood openings in A9.c: 0.00 sq. in.					
e) Total rated area of engineered flood openings in A9.c (attach documentation – see Instruction	ons): 0.00 sq. ft.				
f) Sum of A9.d and A9.e rated area (if applicable – see Instructions): 0.00 sq. ft.					
SECTION B FLOOD INSURANCE RATE MAP (FIRM) INFOR	RMATION				
B1.a. NFIP Community Name: BAY COUNTY B1.b. NFIP Community Idea	ntification Number: 120004				
B2. County Name: BAY B3. State: FL B4. Map/Panel No.: 1	2005C0163 B5. Suffix: H				
B6. FIRM Index Date: 06/02/2009 B7. FIRM Panel Effective/Revised Date: 06/02/200	09				
B8. Flood Zone(s): AE B9. Base Flood Elevation(s) (BFE) (Zone AO, use E	Base Flood Depth): 8.0				
B10. Indicate the source of the BFE data or Base Flood Depth entered in Item B9: TIS FIRM Community Determined Other:					
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 Prote Designation Date:	ected Area (OPA)? ☐ Yes 🗷 No				
B13. Is the building located seaward of the Limit of Moderate Wave Action (LiMWA)?	No				

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216 PARKSHORE CT	Policy Number:					
City: PANAMA CITY BEACH State: FL ZIP Code: 32413 Company NAIC Number:			NAIC Number:			
SECTION C - BUILDING ELEVATION INFORMATION (SURVEY R	EQUIRE	:D)			
C1. Building elevations are based on: Construction Drawings* Building Unde *A new Elevation Certificate will be required when construction of the building is com-		n* 🗷 F	inished Construction			
C2. Elevations – Zones A1–A30, AE, AH, AO, A (with BFE), VE, V1–V30, V (with BFE), AR, AR/A, AR/AE, AR/A1–A30, AR/AH, AR/AO, A99. Complete Items C2.a-h below according to the Building Diagram specified in Item A7. In Puerto Rico only, enter meters. Benchmark Utilized: NETWORK Vertical Datum: NAVD88						
Indicate elevation datum used for the elevations in items a) through h) below. ☐ NGVD 1929 🗷 NAVD 1988 ☐ Other:		<u>.</u>				
Datum used for building elevations must be the same as that used for the BFE. Conversi if Yes, describe the source of the conversion factor in the Section D Comments area.	ion factor use		Yes 🗷 No			
a) Top of bottom floor (including basement, crawlspace, or enclosure floor):	{	3.10 ×				
b) Top of the next higher floor (see Instructions):	12	2.30	feet meters			
c) Bottom of the lowest horizontal structural member (see Instructions):).00 ×	feet meters			
d) Attached garage (top of slab):	10	0.10 ×	feet meters			
e) Lowest elevation of Machinery and Equipment (M&E) servicing the building (describe type of M&E and location in Section D Comments area):	1().00 ×	feet meters			
f) Lowest Adjacent Grade (LAG) next to building: Natural 🕱 Finished	{{	3.00 ×	feet meters			
g) Highest Adjacent Grade (HAG) next to building: Natural 🗷 Finished	10).00 ×	feet meters			
h) Finished LAG at lowest elevation of attached deck or stairs, including structural support:	(0.00 ×	feet meters			
SECTION D – SURVEYOR, ENGINEER, OR ARCHITE	CT CERTIF	ICATIO	N			
This certification is to be signed and sealed by a land surveyor, engineer, or architect authorized by state 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						
Cheek have if attachments and describe in the Comments area						
Certifier's Name: JON ROBERT CHANCEY License Number: 7055						
Title: PROFESSIONAL SURVEYOR AND MAPPER						
Certifier's Name: JON ROBERT CHANCEY License Number: 7055 Title: PROFESSIONAL SURVEYOR AND MAPPER Company Name: MTS SURVEYING AND MAPPING Address: 4619 ASHLAND WAY						
Address: 4619 ASHLAND WAY						
City: PANAMA CITY State: FL ZIP Code: 32004						
Address: 4619 ASHLAND WAY City: PANAMA CITY State: FL ZIP Code: 32004 Signature: JON R. CHANCY Digitally signed by JON R. CHANCY Date: 2023,10.05 17:04:30 -05'00' Date: 09/27/2023 Tolephone: (850) 704-5775 Ext.: Email: mtssurveyingmanning@gmail.com						
Telephone: (850) 704-5775 Ext.: Email: mtssurveyingmapping@gr	nail.com	_	Place Seal Here			
Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2) insurance agent/company, and (3) building owner.						
Comments (including source of conversion factor in C2; type of equipment and location per C2.e; and description of any attachments): 0.00 IN C2 A-H MEANS N/A THE AIR CONDITIONING UNITS ARE ON A PAD OUTSIDE						

Building Street Address (including Apt., Unit, S	Suite, and/or Bldg. No	o.) or P.O. Route	and Bo	ox No.:		FOR INSURA	NCE COMPANY USÈ
216 PARKSHORE CT					ī	Policy Number:	
City: PANAMA CITY BEACH	State: Fl	L ZIP Code:	3241	3		Company NAIC	
SECTION E - BUILDI	NG MEASUREMI NE AO, ZÔNE AR						D)
For Zones AO, AR/AO, and A (without BFE), intended to support a Letter of Map Change enter meters.							
Building measurements are based on: *A new Elevation Certificate will be required					uction'	' Finished	Construction
E1. Provide measurements (C.2.a in applica measurement is above or below the national contents of the contents			ng and	d check ti	he app	propriate boxes	to show whether the
a) Top of bottom floor (including basem crawlspace, or enclosure) is:	ent,		feet	☐ met	ters	above or	below the HAG.
b) Top of bottom floor (including basem crawlspace, or enclosure) is:	ent,		feet	☐ met	ters	above or	below the LAG.
E2. For Building Diagrams 6–9 with perman next higher floor (C2.b in applicable Building Diagram) of the building is:	ent flood openings p	provided in Secti		—	_		·
E3. Attached garage (top of slab) is:	,	 	feet	met		☐ above or	below the HAG.
E4. Top of platform of machinery and/or equ	inment	U	ICC		leia	above or	Delow the HAO.
servicing the building is:			feet	met	ters	above or	below the HAG.
E5. Zone AO only: If no flood depth number floodplain management ordinance?	is available, is the t						e community's ormation in Section G.
SECTION F - PROPERTY OW	NER (OR OWNE	R'S AUTHORI	ZED F	REPRES	SENT	ATIVE) CERT	IFICATION:
The property owner or owner's authorized re sign here. The statements in Sections A, B, a					or Zon	e A (without Bl	E) or Zone AO must
Check here if attachments and describe	in the Comments ar	rea.					
Property Owner or Owner's Authorized Repre	esentative Name:						
Address:							
City:				State: _		ZIP Code:	
Signature:		Daí	· ·				
	Email:		e			_	
Comments:	band & Pleaser						

	ng Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Rou	te and Box No.:	FOR INSU	RANCE COMPANY USE			
216 PARKSHORE CT City: PANAMA CITY BEACH State: FL ZIP Code: 32413				Policy Number:			
City: I	PANAMA CITY BEACH State: FL ZIP Cod	e: 32413	Company N	NAIC Number:			
	SECTION G - COMMUNITY INFORMATION (RECOMMENDE	D FOR COMMUNIT	TY OFFICIA	L COMPLETION)			
	ocal official who is authorized by law or ordinance to administer the common A, B, C, E, G, or H of this Elevation Certificate. Complete the applicab			dinance can complete			
G1.	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 state law to certify elevation information. (Indicate the source and date of the elevation data in the Comments area below.)						
G2.a.	A local official completed Section E for a building located in Zone A E5 is completed for a building located in Zone AO.	A (without a BFE), Zo	ne AO, or Zor	ne AR/AO, or when item			
G2.b.	☐ A local official completed Section H for insurance purposes.						
G3.	☐ In the Comments area of Section G, the local official describes spe	ecific corrections to th	e information	in Sections A, B, E and H.			
G4.	☐ The following information (Items G5–G11) is provided for commun		ement purpose	98.			
G5.	Permit Number: KB22 - D0436 G6. Date Permit Issue	d: 3/5/202	2				
G7.	Date Certificate of Compliance/Occupancy Issued:						
G8.	This permit has been issued for:	al Improvement					
G9.a.	Elevation of as-built lowest floor (including basement) of the building:	feet	meters	Datum:			
G9.b.	Elevation of bottom of as-built lowest horizontal structural member:	feet	meters	Datum:			
G10.a.	. BFE (or depth in Zone AO) of flooding at the building site:	feet	meters	Datum:			
G10.b.	Community's minimum elevation (or depth in Zone AO) requirement for the lowest floor or lowest horizontal structural member:	☐ feet	☐ meters	Datum:			
G11.	Variance issued? Yes Mo If yes, attach documentation ar						
The lo	cal official who provides information in Section G must sign here. I have	completed the inform	nation in Secti	ion G and certify that it is			
correct to the best of my knowledge. If applicable, I have also provided specific corrections in the Comments area of this section.							
Local Official's Name: Title:							
NFIP (Community Name:						
Teleph	none: Ext.: Email:						
Addres	SS:	The statement of the st					
City:		State:	ZIP Co	de:			
Signature:							
Comments (including type of equipment and location, per C2.e; description of any attachments; and corrections to specific information in Sections A, B, D, E, or H):							
0x for 90 A5 lat 30.266836°N long: 85.983880°W							
	W						

Building Street Address (including Apt 216 PARKSHORE CT	t., Unit, Suite, and	i/or Bidg. No.) o	r P.O. Route and E	Box No.:	FOR IN:	SURANCE COMPANY USE
City: PANAMA CITY BEACH	s	tate: FL	ZIP Code: 324	13	Policy No	umber:y NAIC Number:
SECTION H -	BUILDING'S	FIRST FLOOI QUIRED) (FO	R HEIGHTINFO R INSURANCE	RMATION F	OR ALL	ZONES
The property owner, owner's authori to determine the building's first floor nearest tenth of a foot (nearest tenth Instructions) and the appropriate	zed representati height for insura n of a meter in Pu	ve, or local floo nce purposes. uerto Rico). <i>R</i> e	dplain manageme Sections A, B, and ference the Foun	nt official may I I must also b dation Type I	complete e complete Diagrams	Section H for all flood zones ed. Enter heights to the (at the end of Section H
H1. Provide the height of the top of	the floor (as indi	cated in Found	ation Type Diagra	ms) above the	Lowest A	djacent Grade (LAG):
 a) For Building Diagrams 1A, floor (include above-grade floors subgrade crawlspaces or enclose 	s only for building			feet _	meters	above the LAG
 b) For Building Diagrams 2A, higher floor (i.e., the floor above enclosure floor) is: 				_] meters	above the LAG
H2. Is all Machinery and Equipment H2 arrow (shown in the Founda						
SECTION I—PROPER	TY OWNER (O	R OWNER'S	AUTHORIZED	REPRESEN	TATIVE)	CERTIFICATION
The property owner or owner's author A, B, and H are correct to the best or indicate in Item G2.b and sign Section	orized representa f my knowledge.	tive who comp	letes Sections A,	B, and H must	t sign here.	The statements in Sections
☐ Check here if attachments are pr	ovided (including	required photo	os) and describe e	ach attachme	nt in the Co	omments area
Property Owner or Owner's Authoriz			,			
	•		. -			
Address:				State:	7IP (Code:
	 :			. —		
Signature:			Date:			
Telephone:	Ext.:	Email:				
Comments:			" -			
						i

IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON PAGES 9-19 BUILDING PHOTOGRAPHS

See Instructions for Item A6.

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.:				FOR INSURANCE COMPANY USE	
216 PARKSHORE CT City: PANAMA CITY BEACH	Policy Number: Company NAIC Number:				
				Company NAIC Number.	

Instructions: Insert below at least two and when possible four photographs showing each side of the building (for example, may only be able to take front and back pictures of townhouses/rowhouses). Identify all photographs with the date taken and "Front View," "Rear View," "Right Side View," or "Left Side View." Photographs must show the foundation. When flood openings are present, include at least one close-up photograph of representative flood openings or vents, as indicated in Sections A8 and A9.



Photo One

Photo One Caption: FRONT VIEW

Clear Photo One



Photo Two

Photo Two Caption: REAR VIEW

Clear Photo Two

IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON PAGES 9-19 BUILDING PHOTOGRAPHS

Continuation Page

Building Street Address (including Apt., Unit,	FOR INSURANCE COMPANY USE			
216 PARKSHORE CT City: PANAMA CITY BEACH	State:	FL	ZIP Code: <u>32413</u>	Policy Number: Company NAIC Number:

Insert the third and fourth photographs below. Identify all photographs with the date taken and "Front View," "Rear View," "Right Side View," or "Left Side View." When flood openings are present, include at least one close-up photograph of representative flood openings or vents, as indicated in Sections A8 and A9.



Photo Three

Photo Three Caption: TYPE OF VENTS

Clear Photo Three



Photo Four

Photo Four Caption: AIR CONDITIONING UNITS

Clear Photo Four