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 INSTRUCTION PAGES 1-11

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: BIG OAK RANCH, INC.	Policy Number:
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.: 22025 FRONT BEACH ROAD	Company NAIC Number:
City: PANAMA CITY BEACH State: FL	ZIP Code: 32413
A3. Property Description (e.g., Lot and Block Numbers or Legal Description) and/or Tax Parcel NumPARCEL ID: #36031-000-000, LOT 9, BLOCK 7, KISKA BEACH, PLAT BOOK 3, PAGE 2	
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.): RESIDENTIAL	
A5. Latitude/Longitude: Lat. 30-15-20.1 N Long. 85-57-39.3 W Horiz. Datum:	NAD 1927 NAD 1983 WGS 84
A6. Attach at least two and when possible four clear color photographs (one for each side) of the bo	uilding (see Form pages 7 and 8).
A7. Building Diagram Number:5_	
A8. For a building with a crawlspace or enclosure(s):	
a) Square footage of crawlspace or enclosure(s): N/A sq. ft.	
b) Is there at least one permanent flood opening on two different sides of each enclosed area?	Yes No NA
 c) Enter number of permanent flood openings in the crawispace or enclosure(s) within 1.0 foot Non-engineered flood openings: N/A Engineered flood openings: N/A 	
d) Total net open area of non-engineered flood openings in A8.c: N/A sq. in.	
e) Total rated area of engineered flood openings in A8.c (attach documentation – see Instruction	ons): N/A sq. ft.
f) Sum of A8.d and A8.e rated area (if applicable – see Instructions): N/A sq. ft.	
A9. For a building with an attached garage:	
a) Square footage of attached garage: N/A 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 adjancement flood openings: N/A Engineered flood openings: N/A 	
d) Total net open area of non-engineered flood openings in A9.c: N/A sq. in.	
e) Total rated area of engineered flood openings in A9.c (attach documentation - see Instruction	ons): N/A sq. ft.
f) Sum of A9.d and A9.e rated area (if applicable – see Instructions): sq. ft.	
SECTION B. FLOOD INSURANCE RATE MAP (FIRM) INFOR	RMATION
B1.a. NFIP Community Name: CITY OF PANAMA CITY BEACH B1.b. NFIP Com	munity Identification Number: 120004
B2. County Name: BAY COUNTY B3. State: FL B4. Map/Panel No.:	12005C 0164 B5. Suffix: H
B6. FIRM Index Date: 06/02/2009 B7. FIRM Panel Effective/Revised Date: 06/02/20	09
B8. Flood Zone(s): "VE" & "X" B9. Base Flood Elevation(s) (BFE) (Zone AO, use I	Base Flood Depth): 13.0
B10. Indicate the source of the BFE data or Base Flood Depth entered in Item B9: ☐ FIS ☐ 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 Proto Designation Date:	ected Area (OPA)? Yes X No
B13. Is the building located seaward of the Limit of Moderate Wave Action (LiMWA)?	No

Building Street Address (Including Apt., Unit, Suite, and/or Bidg. No.) or P.O. Route and Box No.:	FOR INSURANCE COMPANY USE							
22025 FRONT BEACH ROAD	Policy Number:							
City: PANAMA CITY BEACH State: FL ZIP Code: 32413	Company NAIC Number:							
SECTION C — BUILDING ELEVATION INFORMATION (SUR)	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, 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: "Q 177" Vertical Datum: NAVD 1988								
Indicate elevation datum used for the elevations in items a) through h) below. ☐ NGVD 1929 ☑ NAVD 1988 ☐ Other:								
Datum used for building elevations must be the same as that used for the BFE. Conversion factor used? If Yes, describe the source of the conversion factor in the Section D Comments area.								
a) Top of bottom floor (including basement, crawlspace, or enclosure floor):	Check the measurement used: 31.14 ⊠ feet ☐ meters							
b) Top of the next higher floor (see Instructions):	41.78 🔀 feet 🗌 meters							
c) Bottom of the lowest horizontal structural member (see Instructions):	28.34 ⊠ feet □ meters							
d) Attached garage (top of slab):	N/A 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):	34.33 ⊠ feet ☐ meters							
f) Lowest Adjacent Grade (LAG) next to building: Natural X Finished	27.45 🔀 feet 🗌 meters							
g) Highest Adjacent Grade (HAG) next to building: Natural Finished	27.85 X feet I meters							
h) Finished LAG at lowest elevation of attached deck or stairs, including structural support:	11.92							
SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION								
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								
☐ Check here if attachments and describe in the Comments area.								
Certifier's Name: JON R. CHANCEY License Number: 7055	Manufallia City							
Title: PROFESSIONAL SURVEYOR & MAPPER	STANCE NUMBER OF STANCE OF							
Company Name: POOLE ENGINEERING AND SURVEYING INC.								
Address: 17320 PCB PKWY, SUITE 111	Pr Dec Dec							
City: PANAMA CITY BEACH State: FL ZIP Code: 32413								
Certifier's Name: JON R. CHANCEY License Number: 7055 Title: PROFESSIONAL SURVEYOR & MAPPER Company Name: POOLE ENGINEERING AND SURVEYING INC. Address: 17320 PCB PKWY, SUITE 111 City: PANAMA CITY BEACH Telephone: (850) 386-5117 Ext.: Email: jon@poole-eng.com LOD R Chancey Digitally signed by Jon R. Chancey								
signature: Jon R. Chancey Date: 2024.06.28 09:33:11 -0500' Date: 06/28/2024	4 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): ELEVATION FOR C2.e WAS OBATINED AT THE TOP OF AN WOOD AC PAD. ELEVATION SHOWN FOR C2.h WAS OBTAINED AT THE END OF BOARDWALK FOR BEACH ACCESS.								

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.:					FOR INSURA	NCE COMPANY USE
22025 FRONT BEACH ROAD					Policy Number	
City: PANAMA CITY BEACH	State:	FL	_ ZIP Code: <u>3241</u>	13	Company NAIC	Number:
SECTION E — BUILDING MEASUREMENT INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO, ZONE AR/AO, AND ZONE A (WITHOUT BFE)						
For Zones AO, AR/AO, and A (without BFE), complete Items E1–E5. For Items E1–E4, use natural grade, if available. If the Certificate is intended to support a Letter of Map Change request, complete Sections A, B, and C. Check the measurement used. In Puerto Rico only, enter meters.						
Building measurements are based on: Construction Drawings* Building Under Construction* Finished Construction *A new Elevation Certificate will be required when construction of the building is complete.						
E1. Provide measurements (C.2.a in applicable Bui measurement is above or below the natural HA				nd check the a	ppropriate boxes	s to show whether the
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:	_	_		☐ meters	above or	below the LAG.
E2. For Building Diagrams 6–9 with permanent floo	d openir	ngs prov	vided in Section A	Items 8 and/o	r 9 (see pages 1-	-2 of Instructions), the
next higher floor (C2.b in applicable Building Diagram) 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:	:			meters	above or	below the HAG.
E5. Zone AO only: If no flood depth number is avail floodplain management ordinance? Yes						ne community's ormation in Section G.
SECTION F - PROPERTY OWNER (OR OV	VNER'S	S AUTHORIZED	REPRESEN	TATIVE) CERT	IFICATION
The property owner or owner's authorized represent sign here. The statements in Sections A, B, and E a	tative wi	ho comp	oletes Sections A,	B, and E for Z		Va.
Check here if attachments and describe in the C	ommen	its area.				
Property Owner or Owner's Authorized Representat	ive Naπ	1e:	·			
Address:						·
City:			-	State:	ZIP Code:	
Telephone: Ext.:	Email:					
Signature:			Date:			
Comments:					•	

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.:	FOR INSURANCE COMPANY USE						
22025 FRONT BEACH ROAD	Policy Number:						
City: PANAMA CITY BEACH State: FL ZIP Code: 32413	Company NAIC Number:						
SECTION G - COMMUNITY INFORMATION (RECOMMENDED FOR COMMUNIT	SECTION G - COMMUNITY INFORMATION (RECOMMENDED FOR COMMUNITY OFFICIAL COMPLETION)						
The local official who is authorized by law or ordinance to administer the community's floodplain ma Section A, B, C, E, G, or H of this Elevation Certificate. Complete the applicable item(s) and sign be							
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 (without a BFE), Zone AO, or Zone AR/AO, or when item E5 is completed for a building located in Zone AO.							
G2.b. A local official completed Section H for insurance purposes.							
G3. In the Comments area of Section G, the local official describes specific corrections to the	e information in Sections A, B, E and H.						
G4. The following information (Items G5–G11) is provided for community floodplain manager	ment purposes.						
G5. Permit Number: PPRB23_00754 G6. Date Permit Issued: (1-23-	23						
G7. Date Certificate of Compliance/Occupancy Issued:							
G8. This permit has been issued for: 🖊 New Construction 🗌 Substantial Improvement							
G9.a. Elevation of as-built lowest floor (including basement) of the building:	meters Datum:						
G9.b. Elevation of bottom of as-built lowest horizontal structural member:	meters Datum:						
G10.a. BFE (or depth in Zone AO) of flooding at the building site:	meters Datum:						
G10.b. Community's minimum elevation (or depth in Zone AO) requirement for the lowest floor or lowest horizontal structural member:	meters Datum:						
G11. Variance issued? Yes No If yes, attach documentation and describe in the Con	nments area.						
The local official who provides information in Section G must sign here. I have completed the information correct to the best of my knowledge. If applicable, I have also provided specific corrections in the Co	nation in Section G and certify that it is						
	18/						
NFIP Community Name:							
Address:State:	ZIP Code:						
City: State:	Zii Gode.						
Signature: Date: (e-28-							
Comments (including type of equipment and location, per C2.e; description of any attachments; and Sections A, B, D, E, or H):	corrections to specific information in						
Ot do Inal							

Building Street Address (including Apt., Unit,	Suite, and/or Bld	ig. No.) d	or P.O. Route and Box No.:	FOR INSURANCE COMPANY USE
22025 FRONT BEACH ROAD				Policy Number:
City: PANAMA CITY BEACH	State:	FL	_ ZIP Code: <u>32413</u>	Company NAIC Number:
			R HEIGHT INFORMATION F OR INSURANCE PURPOSES	
The property owner, owner's authorized rep to determine the building's first floor height nearest tenth of a foot (nearest tenth of a minstructions) and the appropriate Building	for insurance pu neter in Puerto R	rposes. lico). <i>Re</i>	Sections A, B, and I must also be eference the Foundation Type I	e completed. Enter heights to the Diagrams (at the end of Section H
H1. Provide the height of the top of the floo	or (as indicated i	n Found	dation Type Diagrams) above the	Lowest Adjacent Grade (LAG):
a) For Building Diagrams 1A, 1B, 3, floor (include above-grade floors only forawispaces or enclosure floors) is:			n feet [☐ meters ☐ above the LAG
 b) For Building Diagrams 2A, 2B, 4, higher floor (i.e., the floor above basen enclosure floor) is: 			feet [〗 meters
H2. Is all Machinery and Equipment servic H2 arrow (shown in the Foundation Ty ☐ Yes ☐ No	ing the building on the property of the proper	(as liste end of S	d in Item H2 instructions) elevate Section H instructions) for the app	ed to or above the floor indicated by the propriate Building Diagram?
SECTION I - PROPERTY OV	VNER (OR OV	VNER'S	S AUTHORIZED REPRESEN	TATIVE) CERTIFICATION
The property owner or owner's authorized or A, B, and H are correct to the best of my kn indicate in Item G2.b and sign Section G.	epresentative w lowledge. Note:	ho com If the lo	pletes Sections A, B, and H must cal floodplain management offici	t sign here. The statements in Sections ial completed Section H, they should
☐ Check here if attachments are provided	(including requi	red phoi	tos) and describe each attachme	ent in the Comments area.
Property Owner or Owner's Authorized Rep	oresentative Nar	ne:		
Address:		-		
City:			State:	ZIP Code:
Telephone: Ext.	: Email:			
Olematicae)			Date:	
Signature: Comments:			Date.	
Comments:				

IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON INSTRUCTION PAGES 1-11 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
22025 FRONT BEACH ROAD City: PANAMA CITY BEACH	State:_	FL	ZIP Code: <u>32413</u>	Policy 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 OF BUILDING

Clear Photo One



Photo Two

Photo Two Caption: REAR OF BUILDING

Clear Photo Two

IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON INSTRUCTION PAGES 1-11 BUILDING PHOTOGRAPHS

Continuation Page

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.:				FOR INSURANCE COMPANY USE
22025 FRONT BEACH ROAD 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: LEFT SIDE OF BUILDING

Clear Photo Three



Photo Four

Photo Four Caption: RIGHT SIDE OF BUILDING

Clear Photo Four

Note: The V Zone design certificate is not a substitute for the NFIP Elevation Certificate (see Fact Sheet No. 1.4, Lowest Floor Elevation), which is required to certify as-built elevations needed for flood insurance rating.

V ZONE DESIGN CERTIFICATE							
Name B16 BAK RANCH INC Policy Number (Insurance Co. Use)							
Building Address of Other Description 22025 FRONT Buh Rd							
Permit No. <u>FPR 823-00 794</u> City FC 8 State F2 Zip Code 32413							
SECTION I: Flood Insurance Rate Map (FIRM) Information							
Community No. 12 000 4 Panel No. Panel No. Suffix FIRM Date 4209 FIRM Zone(s) VE + X							
SECTION II: Elevation Information Used for Design							
[NOTE: This section documents the elevations/depths used or specified in the design — it does not document surveyed elevation and is not equivalent to the as-built elevations required to be submitted during or after construction.]	ns						
1. FIRM Base Flood Elevation (BFE) 13.0 fe	et*						
2. Community's Design Flood Elevation (DFE)	et*						
3. Elevation of the Bottom of Lowest Horizontal Structure Member	et*						
4. Elevation of Lowest Adjacent Grade	et*						
5. Depth of Anticipated-Scour/Erosion used for Foundation Design.	et						
6. Embedment Depth of Pilings of Foundation Below Lowest Adjacent Grade	et						
* Indicate elevation datum used in 1-4: NGVD29 IZ NAVD88 Other							
SECTION III: V Zone Design Certification Statement							
I certify that: (1) I have developed or reviewed the structural design, plans, and specifications for construction of the above referenced building and (2) that the design and methods of construction specified to be used are in accordance with accept standards of practice** for meeting the following provisions:	ed						
 The bottom of the lowest horizontal structural member of the lowest floor (excluding piles and columns) is elevated to or about the BFE. 	<i>i</i> e						
• The pile and column foundation and structure attached thereto is anchored to resist flotation, collapse, and lateral movement due to the effects of the wind and water loads acting simultaneously on all building components. Water loading values used are those associated with the base flood***. Wind loading values used are those required by the applicable State or local building code. The potential for scour and erosion at the foundation has been anticipated for conditions associated with the base flood, including wave action.							
SECTION IV: Breakaway Wall Design Certification Statement N/A							
[NOTE. This section must be certified by a registered engineer or architect when breakaway walls are designed to have a resistance of more than 20 psf (0.96 kN/m2) determined using allowable stress design]							
I certify that: (1) I have developed or reviewed the structural design, plans, and specifications for construction of breakaway walls to be constructed under the above-referenced building and (2) that the design and methods of construction specified to be used are in accordance with accepted standards of practice** for meeting the following provisions:	o n						
 Breakaway wall collapse shall result from a water load less than that which would occur during the base flood***. 							
 The elevated portion of the building and supporting foundation system shall not be subject to collapse, displacement, or oth structural damage due to the effects of wind and water loads acting simultaneously on all building components (see Section III). 	ier						
SECTION V: Certification and Seal							
This certification is to be signed and sealed by a registered professional engineer or architect authorized by law to certification III) and the Breakaway Wall Des Certification Statement (Section IV, check if applicable).	tify ign						
Certifier's Name RONALL DOWGLL License Number 34224							
Title PROFESSIONAL ENGINEER Company Name J. HARRINGTON SAME							
Address 206 S. Aisanco Rd							
City Pc8 Fc 32413 State FC Zip Code 32413							
Signature Date 7-1-24 Telephone 850-814-6152							