

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: <u>Durden, W Douglas Jr Deborah G Durden</u> A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.: <u>286 BEACHSIDE DR</u>	Policy Number: _____ Company NAIC Number: _____
City: <u>PANAMA CITY BEACH</u> State: <u>FL</u> ZIP Code: <u>32413</u>	
A3. Property Description (e.g., Lot and Block Numbers or Legal Description) and/or Tax Parcel Number: <u>Parcel ID 36459-325-000</u>	
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.): <u>RESIDENTIAL</u>	
A5. Latitude/Longitude: Lat. <u>30°15'53.24"N</u> Long. <u>85°59'0.75"W</u> Horiz. Datum: <input type="checkbox"/> NAD 1927 <input checked="" type="checkbox"/> NAD 1983 <input type="checkbox"/> WGS 84	
A6. Attach at least two and when possible four clear color photographs (one for each side) of the building (see Form pages 7 and 8).	
A7. Building Diagram Number: <u>5</u>	
A8. For a building with a crawlspace or enclosure(s): a) Square footage of crawlspace or enclosure(s): <u>0</u> sq. ft. b) Is there at least one permanent flood opening on two different sides of each enclosed area? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A c) Enter number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade: Non-engineered flood openings: <u>0</u> Engineered flood openings: <u>0</u> d) Total net open area of non-engineered flood openings in A8.c: <u>0</u> sq. in. e) Total rated area of engineered flood openings in A8.c (attach documentation – see Instructions): <u>0</u> sq. ft. f) Sum of A8.d and A8.e rated area (if applicable – see Instructions): <u>0</u> sq. ft.	
A9. For a building with an attached garage: a) Square footage of attached garage: <u>0.00</u> sq. ft. b) Is there at least one permanent flood opening on two different sides of the attached garage? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A c) Enter number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade: Non-engineered flood openings: <u>0</u> Engineered flood openings: <u>0</u> d) Total net open area of non-engineered flood openings in A9.c: <u>0</u> sq. in. e) Total rated area of engineered flood openings in A9.c (attach documentation – see Instructions): <u>0</u> sq. ft. f) Sum of A9.d and A9.e rated area (if applicable – see Instructions): <u>0</u> sq. ft.	
SECTION B – FLOOD INSURANCE RATE MAP (FIRM) INFORMATION	
B1.a. NFIP Community Name: <u>BAY COUNTY</u> B1.b. NFIP Community Identification Number: <u>120004</u>	
B2. County Name: <u>BAY</u> B3. State: <u>FL</u> B4. Map/Panel No.: <u>12005C0163</u> B5. Suffix: <u>H</u>	
B6. FIRM Index Date: <u>06/02/2009</u> B7. FIRM Panel Effective/Revised Date: <u>06/02/2009</u>	
B8. Flood Zone(s): <u>VE</u> B9. Base Flood Elevation(s) (BFE) (Zone AO, use Base Flood Depth): <u>13.0</u>	
B10. Indicate the source of the BFE data or Base Flood Depth entered in Item B9: <input type="checkbox"/> FIS <input checked="" type="checkbox"/> FIRM <input type="checkbox"/> Community Determined <input type="checkbox"/> Other: _____	
B11. Indicate elevation datum used for BFE in Item B9: <input type="checkbox"/> NGVD 1929 <input checked="" type="checkbox"/> NAVD 1988 <input type="checkbox"/> Other/Source: _____	
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Designation Date: _____ <input type="checkbox"/> CBRS <input type="checkbox"/> OPA	
B13. Is the building located seaward of the Limit of Moderate Wave Action (LiMWA)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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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: **NETWORK** Vertical Datum: **NAVD88**

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? Yes No
If Yes, describe the source of the conversion factor in the Section D Comments area.

Check the measurement used:

- | | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------|--------------|------------------------------------------|---------------------------------|
| a) Top of bottom floor (including basement, crawlspace, or enclosure floor): | <u>17.60</u> | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| b) Top of the next higher floor (see Instructions): | <u>29.40</u> | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| c) Bottom of the lowest horizontal structural member (see Instructions): | <u>15.60</u> | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| d) Attached garage (top of slab): | <u>N/A</u> | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> 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): | <u>17.64</u> | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| f) Lowest Adjacent Grade (LAG) next to building: <input type="checkbox"/> Natural <input checked="" type="checkbox"/> Finished | <u>15.60</u> | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| g) Highest Adjacent Grade (HAG) next to building: <input type="checkbox"/> Natural <input checked="" type="checkbox"/> Finished | <u>19.60</u> | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| h) Finished LAG at lowest elevation of attached deck or stairs, including structural support: | <u>N/A</u> | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> 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 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 ROBERT CHANCEY** License Number: **7055**

Title: **PROFESSIONAL SURVEYOR AND MAPPER**

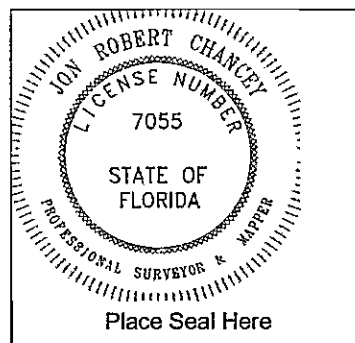
Company Name: **MTS SURVEYING AND MAPPING**

Address: **4619 ASHLAND WAY**

City: **PANAMA CITY** State: **FL** ZIP Code: **32404**

Telephone: **(850) 704-5775** Ext.: _____ Email: **mtssurveyingmapping@gmail.com**

Signature: **JON R. CHANCY** Digitally signed by JON R. CHANCY Date: 2024.09.26 10:07:48 -05'00' Date: **09/17/2024**



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):
THE GENERATOR IS OUT SIDE ON A PAD

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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 Building Diagram) for the following and check the appropriate boxes to show whether the measurement is above or below the natural HAG and the 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 (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: _____ 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? Yes No Unknown The local official must certify this information in Section G.

SECTION F – PROPERTY OWNER (OR OWNER'S AUTHORIZED REPRESENTATIVE) CERTIFICATION

The property owner or owner's authorized representative who completes Sections A, B, and E for Zone A (without BFE) or Zone AO must sign here. *The statements in Sections A, B, and E are correct to the best of my knowledge*

Check here if attachments and describe in the Comments area.

Property Owner or Owner's Authorized Representative Name: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Telephone: _____ Ext.: _____ Email: _____

Signature: _____ Date: _____

Comments: _____

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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 management ordinance can complete Section A, B, C, E, G, or H of this Elevation Certificate. Complete the applicable item(s) and sign below when:

- 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 information in Sections A, B, E and H.
- G4. The following information (Items G5–G11) is provided for community floodplain management purposes.
- G5. Permit Number: RB23-00441 G6. Date Permit Issued: 3/23/23
- 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: _____ 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 No If yes, attach documentation and describe in the Comments area.

The local official who provides information in Section G must sign here. *I have completed the information in Section 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: Wayne Porter Title: _____

NFIP Community Name: _____

Telephone: _____ Ext.: _____ Email: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Signature: [Signature] Date: 9/27/24

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):

OK for go
wp

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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.:

286 BEACHSIDE DR

FOR INSURANCE COMPANY USE

Policy Number: _____

City: PANAMA CITY BEACH State: FL ZIP Code: 32413

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: SIDE VIEW

Clear Photo Two

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BUILDING PHOTOGRAPHS

Continuation Page

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286 BEACHSIDE DR

FOR INSURANCE COMPANY USE

Policy Number: _____

City: PANAMA CITY BEACH State: FL ZIP Code: 32413

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: REAR VIEW

Clear Photo Three



Photo Four

Photo Four Caption: GENERATOR PAD

Clear Photo Four

ZONE V DESIGN CERTIFICATE

Name BURDEN RESIDENCE Policy Number (Insurance Co. Use) _____
 Building Address or Other Description 286 BEACHSIDE DR
 Permit No. RB21-02423 City Panama City BEACH State FL Zip Code 32413

SECTION I: Flood Insurance Rate Map (FIRM) Information

Community Name & No. BAY ^{12005C0163} Panel No. _____ Suffix H FIRM Date 6-2-2009
 FIRM Zone(s) AE/NE Seaward of LIMWA (Coastal A Zone) Yes No

SECTION II: Elevation Information Used for Design

[NOTE: This section documents elevations used in the design – it does not substitute for an as-built Elevation Certificate.]

- | | |
|-----------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|
| 1. Datum..... | <input type="checkbox"/> NGVD <input checked="" type="checkbox"/> NAVD <input type="checkbox"/> Other |
| 2. Elevation of the Bottom of Lowest Horizontal Structural Member | <u>+14.5</u> feet above datum |
| 3. Base Flood Elevation (BFE)..... | <u>+13</u> feet above datum |
| 4. Elevation of Lowest Adjacent Grade | <u>+16.0</u> feet above datum |
| 5. Approximate Depth of Anticipated Scour/Erosion used for Foundation Design..... | <u>+18.0</u> feet |
| 6. Embedment Depth of Pilings or Foundation Below Lowest Adjacent Grade..... | <u>60</u> feet |

SECTION III: Zone V Design Certification Statement

[NOTE: This section must be certified by a Florida licensed engineer or architect.]

I certify: (1) I have developed or reviewed the structural design, plans, and specifications for construction and (2) the design and methods of construction to be used are in accordance with accepted standards of practice for meeting the following provisions:

- The bottom of the lowest horizontal structural member of the lowest floor (with the exception of mat or raft foundations, piling, pile caps, columns, grade beams and bracing) is elevated to or above the BFE in accordance with the requirements of the *Florida Building Code* or local floodplain management regulations (manufactured homes and buildings exempt from the FBC, B); and
- The pile and column foundation and building or structure to be attached thereto is designed in accordance with the *Florida Building Code* to be anchored to resist flotation, collapse, and lateral movement due to the effects of the wind and flood loads acting simultaneously on all building components, and other load requirements of the *Florida 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

[NOTE: This section must also be certified by a Florida licensed engineer or architect when breakaway walls exceed a design safe loading resistance of 20 pounds per square foot. This requirement does not apply to open wood/plastic lattice/slats/louvers or insect screening.]

I certify: (1) I have developed or reviewed the structural design, plans, and specifications for construction and (2) the design and methods of construction to be used for the breakaway walls are in accordance with the *Florida Building Code, Building (ASCE 24)* or *Florida Building Code, Residential*, as applicable, and accepted standards of practice.

SECTION V: Certification and Seal

This certification is to be signed and sealed by a Florida licensed professional engineer or architect authorized by law to certify structural designs. I certify the Zone V Design Certification Statement in Section III and the Breakaway Wall Design Certification Statement in Section IV (if applicable).

J. MICHAEL HUNNICUTT AR0015318
 Certifier's Name Florida License Number
ARCHITECT J. Michael Hunnicutt, ARCHITECT
 Title Company Name
8371 Forest Beach Rd P.C. Beach FL 32407
 Address City State ZIP
2-4-22 850-234-1030
 Signature Date Telephone



JOB SITE