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 US	
A1. Building Owner's Name: RONALD & CAROL WAGNER Policy Number:	
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.: Company NAIC Number: S36 MILLS LN (HOME)	_
City: PANAMA CITY State: FL ZIP Code: 32404	
A3. Property Description (e.g., Lot and Block Numbers or Legal Description) and/or Tax Parcel Number: 06699-202-000, THE OAKS LOT 2	
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.): Residential	_
A5. Latitude/Longitude: Lat. 30d 08' 11.34" Long. 85d 30' 55.82" Horiz. Datum: NAD 1927 NAD 1983 WGS	34
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: 1B	
A8. For a building with a crawlspace or enclosure(s):	
a) Square footage of crawlspace or enclosure(s): 0 sq. ft.	
b) Is there at least one permanent flood opening on two different sides of each enclosed area? 🔲 Yes 🔲 No 🔣 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:0 Engineered flood openings:0	
d) Total net open area of non-engineered flood openings in A8.c: 0 sq. in.	
e) Total rated area of engineered flood openings in A8.c (attach documentation – see Instructions): o sq. ft.	
f) Sum of A8.d and A8.e rated area (if applicable – see Instructions):0 sq. ft.	
A9. For a building with an attached garage:	
a) Square footage of attached garage: 462 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 adjacent grade: Non-engineered flood openings:0 Engineered flood openings:0	
d) Total net open area of non-engineered flood openings in A9.c: 0 sq. in.	
e) Total rated area of engineered flood openings in A9.c (attach documentation – see Instructions):0 sq. ft.	
f) Sum of A9.d and A9.e rated area (if applicable – see Instructions):0 sq. ft.	
SECTION B — FLOOD INSURANCE RATE MAP (FIRM) INFORMATION	
B1.a. NFIP Community Name: BAY COUNTY B1.b. NFIP Community Identification Number: 120004	<u>. </u>
B2. County Name: <u>BAY</u> B3. State: <u>FL</u> B4. Map/Panel No.: <u>12005C0370</u> B5. Suffix: <u>H</u>	
B6. FIRM Index Date: 06/02/2009 B7. FIRM Panel Effective/Revised Date: 06/02/2009	
B8. Flood Zone(s): AE B9. Base Flood Elevation(s) (BFE) (Zone AO, use Base Flood Depth): 7.0 FEET	_
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 Protected Area (OPA)? Yes No Designation Date: CBRS OPA	
B13. Is the building located seaward of the Limit of Moderate Wave Action (LiMWA)? 🔲 Yes 🔀 No	

Building Street Address (including Apt., Unit, Suite, a	nd/or Bldg. No.) o	or P.O. Route and Box	No.:	OR INS	URANG	CE COMPANY USE
536 MILLS LN (HOME)				olicy Nu	mber: _	
City: PANAMA CITY	State: FL	ZIP Code: 32404	c	ompany	NAIC N	lumber:
SECTION C - BUILDIN	IG ELEVATIO	N INFORMATION (SURVEY RE	QUIRE	D)	
C1. Building elevations are based on: Construction Construction Certificate will be required with the construction Certificate will be required with the construction of the construction Certificate will be required with the construction of the co	uction Drawings nen construction	* Building Under	r Construction plete.	* 🛛 F	inished	Construction
C2. Elevations – Zones A1–A30, AE, AH, AO, A (v A99. Complete Items C2.a–h below according Benchmark Utilized: BE 1718	vith BFE), VE, V to the Building I	1–V30, V (with BFE), A Diagram specified in It Vertical Datum: 06.1	em A7. In Pue	/AE, AR. erto Rico	/A1–A3 only, e	0, AR/AH, AR/AO, nter meters.
Indicate elevation datum used for the elevations in ☐ NGVD 1929 ☑ NAVD 1988 ☐ Other:	items a) through	h) below.	anut e anomatica e a como e			
Datum used for building elevations must be the sar If Yes, describe the source of the conversion factor	ne as that used in the Section [for the BFE. Conversion Comments area.	on factor used		Yes	No No measurement used
a) Top of bottom floor (including basement, cr	awlspace, or en	closure floor):	10	.92	feet	meters meters
b) Top of the next higher floor (see Instruction	s):			0 🗵	feet	meters
c) Bottom of the lowest horizontal structural m	ember (see Inst	ructions):		0 🗵	feet	meters
d) Attached garage (top of slab):			10	.56	feet	☐ meters
e) Lowest elevation of Machinery and Equipm (describe type of M&E and location in Section	ent (M&E) servi	cing the building area):	10	.64 🛭] feet	meters
f) Lowest Adjacent Grade (LAG) next to build	ing: X Natura	I Finished	5	.91 🛛] feet	meters
g) Highest Adjacent Grade (HAG) next to build	ding: 🛛 Natura	I Finished	11	.00 🗵	feet	meters
h) Finished LAG at lowest elevation of attache support:				0 🗵] feet	meters
SECTION D - SURVE	YOR, ENGIN	EER, OR ARCHITE	CT CERTIF	CATIO	N	
This certification is to be signed and sealed by a lar information. I certify that the information on this Cer false statement may be punishable by fine or impris	rtificate represer	nts my best efforts to i	nterpret the d	ite law to ata availa	o certify able. I u	elevation Inderstand that any
Were latitude and longitude in Section A provided by	y a licensed lan	nd surveyor? X Yes	i ☐ No			
Check here if attachments and describe in the C	omments area.					
Certifier's Name: ROBERT WAYNE RICHMON	D Licer	nse Number: L.S. #66	316		W.T.W.	BICL
Title: PROFESSIONAL SURVEYOR & MAPP	ER			- STITE	CENSE	NUMBER
Company Name: SEA LEVEL SURVEYING AN	D MAPPING (L.B. #5800)		- B	\$ 0	310 3 15 I
Address: 1219 MAINE AVE				- [)]
City: LYNN HAVEN	State:	FL ZIP Code: 3	2444	- III PO	STA'	RICHANDA DE LA CONTROL DE LA C
Telephone: (850) 265-4800 Ext.:	Email: SeaLe	vel@SeaLevelSurv	eying.com	11/18	Sional Sur	vovor and Martin
2/14/12/1		20.50.000		-	Place	e Seal Here
Signature: Total W. Xuchung	and the second second	Date: 10/1		<u> </u>		
Copy all pages of this Elevation Certificate and all att						
Comments (including source of conversion factor in LOWEST VISIBLE MACHINERY OF HOME I AN OUTSIDE A/C IS ALSO PRESENT ON A AT TIME OF CERTIFICATE-HOME IS IN FLOFUTURE PLANNED FLOOD ZONE IS AE11. JOB NUMBER: 4383	S AN OUTSID PLASTIC PAD OOD ZONE AE	E GENERATOR OF AT ELEVATION 1	N A PLASTIC	descripti PAD (ion of a ON BLO	ny attachments): OCKS.

City: PANAMA CITY State: FL ZIP Code: 32404 Company NAIC Number: Company NAIC Number: Company NAIC Number: FFR ZONE AD ZONE AD ZONE ARIAO, AND ZONE A (WITHOUT BFE) FOR ZONE AO, ZONE ARIAO, AND ZONE A (WITHOUT BFE) FOR ZONE AO, ARIAO, 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* An ewe 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 - PRÖPERTY, 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 S		Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.:	FOR INSURANCE COMPANY USE
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 besed 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 biagram) 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	~ .		Policy Number:
FOR ZONE AO, ANIAO, 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:	Ľ	State: FL ZIP Code: 32404	Company NAIC Number:
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:	\$ 1.00 m	FOR ZONE AO, ZONE AR/AO, AND ZONE A (WITHOUT I	BFE)
*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, crawispace, or enclosure) is:	j	ntended to support a Letter of Map Change request, complete Sections A, B, and C. Check the mea	grade, if available. If the Certificate is asurement used. In Puerto Rico only,
measurement is above or below the natural HAG and the LAG. a) Top of bottom floor (including basement, craw/space, or enclosure) is:		uilding measurements are based on: Construction Drawings* Building Under Construction A new Elevation Certificate will be required when construction of the building is complete.	n* Finished Construction
crawlspace, or enclosure) is:	1	 Provide measurements (C.2.a in applicable Building Diagram) for the following and check the apmeasurement is above or below the natural HAG and the LAG. 	ppropriate boxes to show whether the
crawlspace, or enclosure) is:			above or below the HAG.
next higher floor (C2.b in applicable Building Diagram) of the building is:			above or below the LAG.
E3. Attached garage (top of slab) is:	E	next higher floor (C2.b in applicable	
E4. Top of platform of machinery and/or equipment servicing the building is:	_		<u> </u>
servicing the building is:			above or below the HAG.
floodplain management ordinance?	-	and the short time to	above or below the HAG.
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:	E	5. Zone AO only: If no flood depth number is available, is the top of the bottom floor elevated in acc floodplain management ordinance? Yes No Unknown The local official 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: Date:	: 2%	SECTION F - PROPERTY OWNER (OR OWNER'S AUTHORIZED REPRESENT	TATIVE) CERTIFICATION
Property Owner or Owner's Authorized Representative Name: Address: City: State: ZIP Code: Telephone: Ext.: Email: Signature: Date:	T	ne property owner or owner's authorized representative who completes Sections A, B, and E for Zo gn here. The statements in Sections A, B, and E are correct to the best of my knowledge	ne A (without BFE) or Zone AO must
Address:		Check here if attachments and describe in the Comments area.	
City:	P	operty Owner or Owner's Authorized Representative Name:	
Telephone: Ext.: Email: Signature: Date:	Α	ldress:	
Signature: Date:	С		ZIP Code:
	Т	elephone: Ext.: Email:	
	s	gnature; Date:	
I Comments	1	omments:	
			•
·			

IMPORTANT: MUST FOLLOW THE INSTR	De Hons on Instruction	
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or F 536 MILLS LN (HOME)	P.O. Route and Box No.:	FOR INSURANCE COMPANY USE
City: PANAMA CITY State: FL 2	ZIP Code: 32404	Policy Number:
SECTION G - COMMUNITY INFORMATION (RECOMM	ENDED FOR COMMUNIT	Y OFFICIAL COMPLETION)
The local official who is authorized by law or ordinance to administer the Section A, B, C, E, G, or H of this Elevation Certificate. Complete the a	he community's floodplain ma applicable item(s) and sign be	nagement ordinance can complete elow when:
G1. The information in Section C was taken from other docume engineer, or architect who is authorized by state law to cer elevation data in the Comments area below.)	entation that has been signed tify elevation information. (Ind	and sealed by a licensed surveyor, licate the source and date of the
G2.a. A local official completed Section E for a building located in E5 is completed for a building located in Zone AO.	n Zone A (without a BFE), Zon	ne AO, or Zone AR/AO, or when item
G2.b. A local official completed Section H for insurance purposes	S.	
G3.	ibes specific corrections to the	e information in Sections A, B, E and H.
G4.	community floodplain manage	ment purposes.
G5. Permit Number: G6. Date Perm	nit Issued:	
G7. Date Certificate of Compliance/Occupancy Issued:		
G8. This permit has been issued for: New Construction S	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:	☐ feet	meters Datum:
G11. Variance issued? Yes No If yes, attach document	tation and describe in the Cor	nments area.
The local official who provides information in Section G must sign here correct to the best of my knowledge. If applicable, I have also provided	e. I have completed the inform d specific corrections in the C	nation in Section G and certify that it is
Address:		
City:		ZIP Code:
Signature: the my toward	Date: 10-28	-24
Comments (including type of equipment and location, per C2.e; descri Sections A, B, D, E, or H):	ption of any attachments; and	d corrections to specific information in

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Bo	x No.:	FOR IN	SURANCE COMPANY USE
536 MILLS LN (HOME)		- Palicy N	umber:
City: PANAMA CITY State: FL ZIP Code: 32404		- Compan	y NAIC Number:
SECTION H — BUILDING'S FIRST FLOOR HEIGHT INFOR	MATION URPOSI	FOR ALL S ONLY)	ZONES
The property owner, owner's authorized representative, or local floodplain management to determine the building's first floor height for insurance purposes. Sections A, B, and I nearest tenth of a foot (nearest tenth of a meter in Puerto Rico). Reference the Founda Instructions) and the appropriate Building Diagrams (at the end of Section I Instru	must also ation Type	be complete Diagrams	ed. Enter heights to the (at the end of Section H
H1. Provide the height of the top of the floor (as indicated in Foundation Type Diagrams	s) above ti	he Lowest A	djacent Grade (LAG):
a) For Building Diagrams 1A, 1B, 3, and 5–8. Top of bottom floor (include above-grade floors only for buildings with crawlspaces or enclosure floors) is:	☐ feet	meters	above the LAG
b) For Building Diagrams 2A, 2B, 4, and 6–9. Top of next higher floor (i.e., the floor above basement, crawlspace, or enclosure floor) is:	☐ feet	☐ meters	above the LAG
H2. Is all Machinery and Equipment servicing the building (as listed in Item H2 instructions H2 arrow (shown in the Foundation Type Diagrams at end of Section H instructions Yes No			
SECTION I - PROPERTY OWNER (OR OWNER'S AUTHORIZED RI	EPRESE	NTATIVE)	CERTIFICATION
The property owner or owner's authorized representative who completes Sections A, B, A, B, and H are correct to the best of my knowledge. Note: If the local floodplain managindicate in Item G2.b and sign Section G.			
☐ Check here if attachments are provided (including required photos) and describe each	ch attachn	ent in the C	omments area.
Property Owner or Owner's Authorized Representative Name:			
Address:			
City:	State:	ZIP	Code:
Telephone: Ext.: Email:			
Signature: 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 Blo	dg. No.)	or P.O. Route and Box No.:	FOR INSURANCE COMPANY USE
536 MILLS LN (HOME)				Policy Number:
City: PANAMA CITY	State:_	FL	ZIP Code: <u>32404</u>	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: 10/11/2024 Front View

Clear Photo One



Photo Two

Photo Two Caption: 10/11/2024 Rear View

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 Blo	dg. No.)	or P.O. Route	and Box No.:	FOR INSURANCE COMPANY USE
536 MILLS LN (HOME) City: PANAMA CITY	State:	FL	ZIP Code:	32404	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.

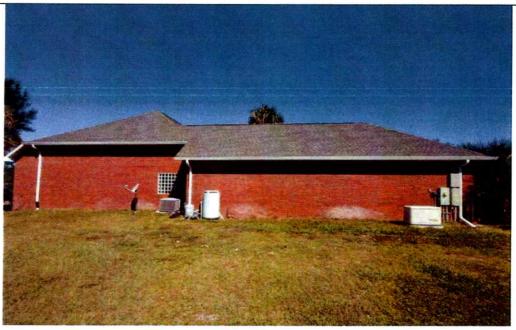


Photo Three

Photo Three Caption: 10/11/2024 Right Side View

Clear Photo Three

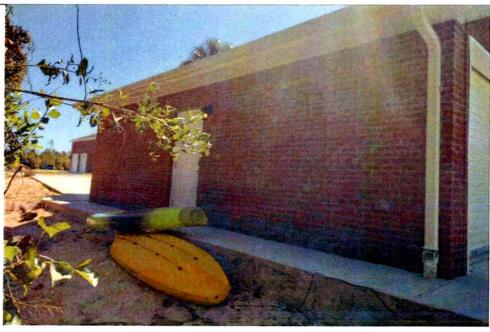


Photo Four

Photo Four Caption: 10/11/2024 Left Side View

Clear Photo Four

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: RONALD & CAROL WAGNER Policy Number:	
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.: Company NAIC Number:	
City: PANAMA CITY State: FL ZIP Code: 32404	
A3. Property Description (e.g., Lot and Block Numbers or Legal Description) and/or Tax Parcel Number: 06699-202-000, THE OAKS LOT 2	
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.): Residential	
A5. Latitude/Longitude: Lat. 30d 08' 10.56" Long. 85d 30' 54.43" Horiz. Datum: NAD 1927 NAD 1983 W	GS 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:1A	
A8. For a building with a crawlspace or enclosure(s):	
a) Square footage of crawlspace or enclosure(s): 0 sq. ft.	
b) Is there at least one permanent flood opening on two different sides of each enclosed area? 🔲 Yes 🔛 No 🛛 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:0 Engineered flood openings:0 	
d) Total net open area of non-engineered flood openings in A8.c: 0 sq. in.	
e) Total rated area of engineered flood openings in A8.c (attach documentation – see Instructions): o sq. ft.	
f) Sum of A8.d and A8.e rated area (if applicable – see Instructions):0 sq. ft.	
A9. For a building with an attached garage:	
a) Square footage of attached garage: 0 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 adjacent grade: Non-engineered flood openings:0 Engineered flood openings:0	
d) Total net open area of non-engineered flood openings in A9.c:0 sq. in.	
e) Total rated area of engineered flood openings in A9.c (attach documentation – see Instructions): 0 sq. ft.	
f) Sum of A9.d and A9.e rated area (if applicable – see instructions):0 sq. ft.	
SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION	3 .5
B1.a. NFIP Community Name: BAY COUNTY B1.b. NFIP Community Identification Number: 12	0004_
B2. County Name: BAY B3. State: FL B4. Map/Panel No.: 12005C0370 B5. Suffix: F	1
B6. FIRM Index Date: 06/02/2009 B7. FIRM Panel Effective/Revised Date: 06/02/2009	
B8. Flood Zone(s): AE B9. Base Flood Elevation(s) (BFE) (Zone AO, use Base Flood Depth): 7.0 FEET	
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 Protected Area (OPA)? Yes Designation Date: CBRS OPA	No
B13. Is the building located seaward of the Limit of Moderate Wave Action (LiMWA)? Yes No	

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.	FOR INSUR	ANCE COMPANY USE
536 MILLS LN (DETACHED GARAGE BUILDING)	Policy Number	er:
City: PANAMA CITY State: FL ZIP Code: 32404	Company NA	IC Number:
SECTION C - BUILDING ELEVATION INFORMATION (SI	RVEY REQUIRED)	
C1. Building elevations are based on: Construction Drawings* Building Under C *A new Elevation Certificate will be required when construction of the building is comple		hed Construction
C2. Elevations – Zones A1–A30, AE, AH, AO, A (with BFE), VE, V1–V30, V (with BFE), AF A99. Complete Items C2.a–h below according to the Building Diagram specified in Item Benchmark Utilized: BE 1718 Vertical Datum: 06.13	A7. In Puerto Rico onl	
Indicate elevation datum used for the elevations in items a) through h) below. ☐ NGVD 1929 ☑ NAVD 1988 ☐ Other:		No.
Datum used for building elevations must be the same as that used for the BFE. Conversion If Yes, describe the source of the conversion factor in the Section D Comments area.		es 🔯 No
a) Top of bottom floor (including basement, crawlspace, or enclosure floor):	/AAT 1771 -	et meters
b) Top of the next higher floor (see Instructions):	0 ⊠ fe	et 🔲 meters
c) Bottom of the lowest horizontal structural member (see Instructions):	0 ⊠ fe	et 🗌 meters
d) Attached garage (top of slab):	0 ⊠ fe	et 🗌 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): 	11. <u>19</u> 🛭 fe	et
f) Lowest Adjacent Grade (LAG) next to building: X Natural T Finished	9.61 🛛 fe	et [] meters
g) Highest Adjacent Grade (HAG) next to building: X Natural T Finished	9.73 🔀 fe	et 🔲 meters
h) Finished LAG at lowest elevation of attached deck or stairs, including structural support:	0 ⊠ fe	et meters
SECTION D.—SURVEYOR, ENGINEER, OR ARCHITECT	CERTIFICATION	2
This certification is to be signed and sealed by a land surveyor, engineer, or architect authorinformation. I certify that the information on this Certificate represents my best efforts to interfalse statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 10	pret the data available.	
Were latitude and longitude in Section A provided by a licensed land surveyor? X Yes] No	
Check here if attachments and describe in the Comments area.		
Certifier's Name: ROBERT WAYNE RICHMOND License Number: L.S. #6616	num.	W. RIC
Title: PROFESSIONAL SURVEYOR & MAPPER	white River	W. RICHMOND 6616
Company Name: SEA LEVEL SURVEYING AND MAPPING (L.B. #5800)		6616 W.
Address: 1219 MAINE AVE		
City: LYNN HAVEN State: FL ZIP Code: 3244		STATE OF STATE OF
Telephone: (850) 265-4800 Ext.: Email: SeaLevel@SeaLevelSurveyi	g.com	W. RICHANGE NUMBER OF STATE OF FLORIDA Surveyor and Manual
Signature: Lotert W. Lichword Date: 10/11/2	24 P	lace Seal Here
Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2) ins	rance agent/company,	and (3) building owner.
Comments (including source of conversion factor in C2; type of equipment and location per CERTIFICATE FOR DETACHED GARAGE IN-FRONT OF HOME. LOWEST MACHINERY IS AN OUTSIDE AIR CONDITIONER ON METAL BRACK AT TIME OF CERTIFICATE-BUILDING IS IN FLOOD ZONE AE7. FUTURE PLANNED FLOOD ZONE IS 0.2 PCT ANNUAL CHANCE FLOOD HAZA JOB NUMBER: 4383	ETS.	f any attachments):

Building Street Address (including Apt., Unit, Suit	e, and/or Bldg. No.)	or P.O. Route and Box No.:	FOR INSURANCE COMPANY USE
536 MILLS LN (DETACHED GARAGE BU	79900		Policy Number:
City: PANAMA CITY	State: FL	ZIP Code: <u>32404</u>	Company NAIC Number:
		NT INFORMATION (SURVEY NO, AND ZONE A (WITHOUT	
For Zones AO, AR/AO, and A (without BFE), co intended to support a Letter of Map Change recenter meters.	omplete Items E1- quest, complete Se	E5. For Items E1–E4, use natura ctions A, B, and C. Check the m	al grade, if available. If the Certificate is leasurement used. In Puerto Rico only,
Building measurements are based on: Co *A new Elevation Certificate will be required wh			tion*
E1. Provide measurements (C.2.a in applicable measurement is above or below the natura			appropriate boxes to show whether the
a) Top of bottom floor (including basemen crawlspace, or enclosure) is:	t,	feet meter	s above or below the HAG.
 b) Top of bottom floor (including basemen crawlspace, or enclosure) is: 	t, 	feet meter	s above or below the LAG.
E2. For Building Diagrams 6–9 with permanent next higher floor (C2.b in applicable	t flood openings pro	ovided in Section A Items 8 and/	
Building Diagram) of the building is:	*	feet meters	
E3. Attached garage (top of slab) is:	-	feet _ meters	s above or below the HAG.
E4. Top of platform of machinery and/or equipr servicing the building is:	ment 	feet meters	s above or below the HAG.
E5. Zone AO only: If no flood depth number is floodplain management ordinance?	available, is the top ∕es ☐ No ☐		accordance with the community's nust certify this information in Section G.
SECTION F - PROPERTY OWNE	ER (OR OWNER	S AUTHORIZED REPRESE	NTATIVE) CERTIFICATION
The property owner or owner's authorized represign here. The statements in Sections A, B, and			Zone A (without BFE) or Zone AO must
☐ Check here if attachments and describe in t		5	
Property Owner or Owner's Authorized Represe	entative Name:		
Address:			
City:		State:	ZIP Code:
Telephone: Ext.:	Email:		
Cimatura		Deter	
Signature:		Date:	
Comments:			
			9 12

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.: 536 MILLS LN (DETACHED GARAGE BUILDING)	FOR INSURANCE COMPANY USE
City: PANAMA CITY State: FL ZIP Code: 32404	Policy Number:
City. FANAIWA CITT State. 12 ZIP Code. 32404	Company NAIC Number:
SECTION G - COMMUNITY INFORMATION (RECOMMENDED FOR COMMUNIT	Y OFFICIAL COMPLETION)
The local official who is authorized by law or ordinance to administer the community's floodplain man 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 engineer, or architect who is authorized by state law to certify elevation information. (Indicelevation data in the Comments area below.)	and sealed by a licensed surveyor, icate the source and date of the
G2.a. A local official completed Section E for a building located in Zone A (without a BFE), Zon E5 is completed for a building located in Zone AO.	ne AO, or Zone 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 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	
G5. Permit Number: PRABZOZYQ26 G6. Date Permit Issued: 5-28-2	24
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 Com	nments area.
The local official who provides information in Section G must sign here. I have completed the inform correct to the best of my knowledge. If applicable, I have also provided specific corrections in the Co	ation in Section G and certify that it is omments area of this section.
Local Official's Name: 1 De M Stepat Title: Plans	V
NFIP Community Name: Tan Counts	
Telephone: Ext.: Email:	
Address:	
City: State:	ZIP Code:
Signature: Date: Date:	24
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
02 A CD HN8	2

ą

Building Street Address (including			No.) or P.(O. Route and f	Box No.:	FOR IN	SURANCE COMPANY USE
536 MILLS LN (DETACHED	GARAGE BUIL					Policy N	umber:
City: PANAMA CITY		_ State:F	<u>L</u> zi	P Code: <u>324</u>	04	− Compan	y NAIC Number:
SECTION	H – BUILDING SURVEY NOT	'Š FIRST FL REQUIRED)	LOOR H	EIGHT INFO	RMĂTION PURPOS	FOR ALL ES ONLY)	ZONES
The property owner, owner's au to determine the building's first inearest tenth of a foot (nearest instructions) and the appropri	floor height for ins tenth of a meter i	surance purpo: n Puerto Rico)	ses. Sec). Refere	tions A, B, and nce the Four	d I must also I <i>dation Typ</i>	o be complet n e Diagram s	ed. Enter heights to the (at the end of Section H
H1. Provide the height of the to	p of the floor (as	indicated in Fo	oundation	n Type Diagra	ms) above	the Lowest A	djacent Grade (LAG):
 a) For Building Diagrams floor (include above-grade to crawlspaces or enclosure floor 	floors only for bui		ottom	1.680	_ [feet	meters	above the LAG
 b) For Building Diagrams higher floor (i.e., the floor at enclosure floor) is: 	: 2A, 2B, 4, and 6 bove basement, c	5-9. Top of ne crawlspace, or	ext _		_	☐ meters	above the LAG
H2. Is all Machinery and Equipment H2 arrow (shown in the Four Yes No	ment servicing th ındation Type Dia	e building (as agrams at end	listed in I of Section	tem H2 instru on H instructio	ctions) elev ns) for the a	rated to or ab appropriate E	ove the floor indicated by the fullding Diagram?
SECTION I - PROF	PERTY OWNER	R (OR OWNE	ER'S AU	THORIZED	REPRESE	ENTATIVE)	CERTIFICATION
The property owner or owner's a A, B, and H are correct to the be indicate in Item G2.b and sign S	est of my knowled	entative who dige. Note: If the	complete ne local fl	s Sections A, codplain man	B, and H m agement of	ust sign here ficial comple	. The statements in Sections ted Section H, they should
Check here if attachments a	re provided (inclu	ding required	photos) a	and describe	each attach	ment in the C	Comments area.
_				and describe (each attach	ment in the C	Comments area.
Property Owner or Owner's Auti				and describe e	each attach	ment in the C	Comments area.
Property Owner or Owner's Auti				and describe e			Code:
Property Owner or Owner's Auti Address: City:				and describe o	each attach		
Property Owner or Owner's Auti Address: City: Telephone:	norized Represer	ntative Name:					
Property Owner or Owner's Auti Address: City: Telephone: Signature:	norized Represer	ntative Name:		and describe e			
Property Owner or Owner's Auti Address: City: Telephone:	norized Represer	ntative Name:					
Property Owner or Owner's Auti Address: City: Telephone: Signature:	norized Represer	ntative Name:					
Property Owner or Owner's Auti Address: City: Telephone: Signature:	norized Represer	ntative Name:					
Property Owner or Owner's Auti Address: City: Telephone: Signature:	norized Represer	ntative Name:					
Property Owner or Owner's Auti Address: City: Telephone: Signature:	norized Represer	ntative Name:					
Property Owner or Owner's Auti Address: City: Telephone: Signature:	norized Represer	ntative Name:					
Property Owner or Owner's Auti Address: City: Telephone: Signature:	norized Represer	ntative Name:					
Property Owner or Owner's Auti Address: City: Telephone: Signature:	norized Represer	ntative Name:					
Property Owner or Owner's Auti Address: City: Telephone: Signature:	norized Represer	ntative Name:					
Property Owner or Owner's Auti Address: City: Telephone: Signature:	norized Represer	ntative Name:					
Property Owner or Owner's Auti Address: City: Telephone: Signature:	norized Represer	ntative Name:					

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

See Instructions for Item A6.

Building Street Address (including Apt.	FOR INSURANCE COMPANY USE Policy Number:			
536 MILLS LN (DETACHED GAR				
City: PANAMA CITY	State:	FL	ZIP Code: <u>32404</u>	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.

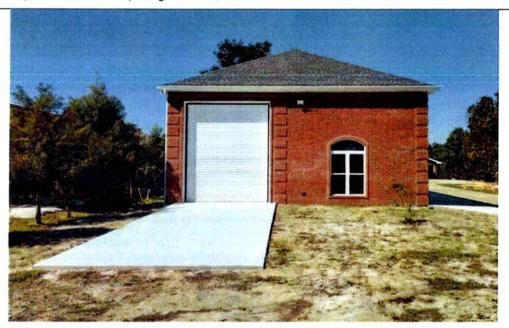


Photo One

Photo One Caption: 10/11/2024 Front View

Clear Photo One



Photo Two

Photo Two Caption: 10/11/2024 Rear View

Clear Photo Two

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

Continuation Page

Building Street Address (including Apt.	FOR INSURANCE COMPANY USE			
536 MILLS LN (DETACHED GAR	Policy Number:			
City: PANAMA CITY	State: _	FL	ZIP Code: 32404	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.

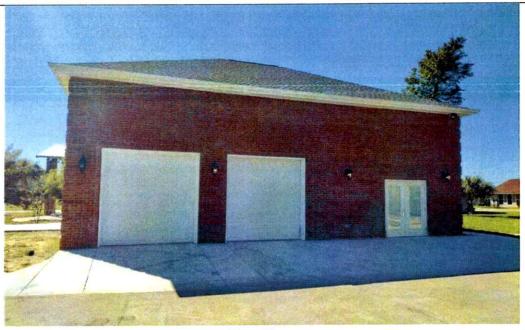


Photo Three

Photo Three Caption: 10/11/2024 Right Side View

Clear Photo Three

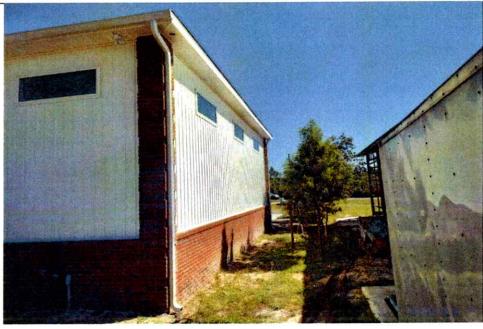


Photo Four

Photo Four Caption: 10/11/2024 Left Side View

Clear Photo Four