# 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
Selevation Certificate and all attachments for (1) community official (2) insurance and all attachments for (1) community (2) insurance and all attachments for (2) ins

SECTION A - PROPERTY INFORMATION  FOR INSURANCE COMPANY USE
A1. Building Owner's Name: BMLBC Enterprises Policy Number: Policy
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.:  Company NAIC Number:
City: Mexico Beach State: FL ZIP Code: 32456
A3. Property Description (e.g., Lot and Block Numbers or Legal Description) and/or Tax Parcel Number: Lot 16, Sugar Sand. Parcel ID# 04102-300-160
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.): Residential (Main House)
A5. Latitude/Longitude: Lat. N29.957179 Long. W85.445051 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 building (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 📋 N/A
<ul> <li>c) Enter number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade:</li> <li>Non-engineered flood openings: N/A</li> </ul>
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 Instructions): 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: 424.42 sq. ft.
b) Is there at least one permanent flood opening on two different sides of the attached garage?   Yes   NO  NA
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): N/A sq. ft.
SECTION B = FLOOD INSURANCE RATE MAP (FIRM) INFORMATION
B1.a. NFIP Community Name: Bay County  B1.b. NFIP Community Identification Number: 120004
B2. County Name: Bay  B3. State: FL  B4. Map/Panel No.: 12005C0504  B5. Suffix: J
B6. FIRM Index Date: 10/24/2024 B7. FIRM Panel Effective/Revised Date: 10/24/2024
B8. Flood Zone(s): AE B9. Base Flood Elevation(s) (BFE) (Zone AO, use Base Flood Depth): 9.00'
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:
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)?  ☐ Yes ☐ No Designation Date: 10/01/1983 ☐ CBRS ☐ OPA
313. 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 200 Sugar Sand E	FOR IN	ISURA	NCE (	COMPANY USE			
or Made Data		Policy N	lumber:				
City: Mexico Beach State: FL ZIP Code: 32456		Compar	y NAIC	Num	ber:		
SECTION C - BUILDING ELEVATION INFORMATION (	(SURVEY	REQUIR	ED)				
C1. Building elevations are based on: Construction Drawings* Building Unde *A new Elevation Certificate will be required when construction of the building is com	er Constructi nplete.	on* 🖂	Finishe	d Cor	nstruction		
C2. Elevations – Zones A1–A30, AE, AH, AO, A (with BFE), VE, V1–V30, V (with BFE), A99. Complete Items C2.a–h below according to the Building Diagram specified in It Benchmark Utilized: Disc V-174 1957 Vertical Datum: NAV	tem A7. In P	uerto Rid	R/A1–A co only,	30, A enter	R/AH, AR/AO, meters.		
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 If Yes, describe the source of the conversion factor in the Section D Comments area.	on factor us	-	Yes				
a) Top of bottom floor (including basement, crawlspace, or enclosure floor):	1		oneck tr ☐ feet	_	easurement used: meters		
b) Top of the next higher floor (see Instructions):	2	2.35	_ ☑ feet		meters		
c) Bottom of the lowest horizontal structural member (see Instructions):		N/A	_ _ feet		meters		
d) Attached garage (top of slab):		9.70	√ feet		meters		
<ul> <li>e) Lowest elevation of Machinery and Equipment (M&amp;E) servicing the building (describe type of M&amp;E and location in Section D Comments area):</li> </ul>		9.92	√ feet		meters		
f) Lowest Adjacent Grade (LAG) next to building:   Natural  Finished		9.29	d feet		meters		
g) Highest Adjacent Grade (HAG) next to building:   Natural  Finished		9.71	feet		meters		
h) Finished LAG at lowest elevation of attached deck or stairs, including structural support:	,	9.29	] feet		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: Wade G. Brown, PSM License Number: 5959				milling P.D.	11111		
Title: President		, river	ADENSE	NUM	Ohim		
Company Name: Edwin Brown & Associates			5	959	W. I		
Address: 2813 Crawfordville Highway							
City: Crawfordville State: FL ZIP Code: 32	327	- III 21.	STA	TE OF			
Telephone: (850) 926-3016 Ext.: Email: roberta@ebasurvey.com		THE STATE OF	STA FLC Sional Sur		nd Mad Intitud		
Signature: Wade G. Brown 2025.07.17 08:21:28 -04'00' 2025.001.20566 Date: 07/14/	/2025		Plac	e Sea	O William Will		
Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2) in	nsurance age	ent/comp	any, and	d (3) t	uilding owner.		
Comments (including source of conversion factor in C2; type of equipment and location per Section A5: Latitude & Longitude: GPS surveyed measured point Section C2.e is an air conditioner condenser unit on grade located on the East side EBA JOB #22-783-51086 (house)	er C2.e; and	descripti	on of ar				

City: Mexico Beach    City: Mexico Beach   State: FL   ZIP Code: 32456   Company NAIC Number:	Building Street Address (including	Apt., Unit, Suite, and/or Bld	lg. No.) c	or P.O. Route and Bo	ox No.:	FÖR INSURANCE COMPANY USE
SECTION E - BUILDING MEASUREMENT INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AQ, ZONE ARVAO, AND ZONE A (WITHOUT BFE)  For Zones AO, ARVAO, 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: Geet meters above or below the HAG.  b) Top of bottom floor (including basement, crawlspace, or enclosure) is: Geet meters above or below the LAG.  c) Top of bottom floor (including basement, crawlspace, or enclosure) is: Geet 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: Geet meters above or below the HAG.  E3. Attached garage (top of slab) is: Geet meters above or below the HAG.  E4. Top of platform of machinery and/or equipment servicing the building is: Geet 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 Monday Intended Pages 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 Auth	200 Sugar Sand E City: Mexico Beach	State:_	FL	ZIP Code: <u>3245</u>	6	F 196
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:	SECTION E	- BUILDING MEASUR FOR ZONE AO, ZONE	EMEN AR/A(	ΓINFORMATION O, AND ZONE A (	(SURVEY)	NOT REQUIRED)
*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:	Intended to support a Letter of Ma	hout BFE), complete Item p Change request, compl	is E1-E5 lete Sect	5. For Items E1–E4, ions A, B, and C. C	use natural of heck the mea	grade, if available. If the Certificate is asurement used. In Puerto Rico only,
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:	Building measurements are based *A new Elevation Certificate will be	I on: Construction Die required when construct	rawings* tion of th	Building Unde	er Constructio	n* Finished Construction
crawlspace, or enclosure) is:	E1. Provide measurements (C,2,a	a in applicable Building Di	iagram) f	for the following and		ppropriate boxes to show whether the
crawlspace, or enclosure) is:	<ul> <li>a) Top of bottom floor (includ crawlspace, or enclosure)</li> </ul>	ing basement, is:		[ feet	meters	above or below the HAG.
Building Diagram) of the building is:				[ feet	☐ meters	above or below the LAG.
E3. Attached garage (top of slab) is:	next nigher floor (C2.b in appl	icable	ngs prov	ided in Section A Ite	ems 8 and/or	9 (see pages 1-2 of Instructions), the
servicing the building is:	•				_	<u> </u>
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:  Telephone:  Ext.:  Email:  Date:	E4. Top of platform of machinery a servicing the building is:	and/or equipment _		feet	☐ meters	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:	E5. Zone AO only: If no flood dept floodplain management ordinates	h number is available, is t ince?	the top o	of the bottom floor e	levated in accal	cordance with the community's st certify this information in Section G.
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:  Signature:  Date:	SECTION F-PROPE	RTY OWNER (OR OW	/NER'S	AUTHORIZED R	EPRESEN	TATIVE) CERTIFICATION
Check here if attachments and describe in the Comments area.  Property Owner or Owner's Authorized Representative Name:  Address:  City:  Telephone:  Ext.:  Email:  Date:	The property owner or owner's auti	horized representative wh	no compl	etes Sections A. B.	and E for Zo	<u>현 교육하는 등</u> 교육 이 기계 의 의 등 기계 교육 기계를 받는다.
Address:					9-	
Address:	Property Owner or Owner's Author	ized Representative Nam	:e:			
Telephone: Ext.: Email: Date:	Address:	_				
Telephone:         Ext.:         Email:           Signature:         Date:	City:				State:	ZIP Code:
	Telephone:	Ext.: Email: _				
Comments:	Signature:			Date:	<u> </u>	
	Comments:					

Building Street Address (including Apt., Unit, Suite, and	/or Bldg. No.) o	or P.O. Route and	Box No.:	FOR INS	SURANCE COMPANY USE		
200 Sugar Sand E  City: Mexico Beach	tate: FL	7ID Codo: 32	150	Policy Nu	mber:		
Oily. Iviolico Deach	tate: FL	_ ZIP Code: <u>32</u>	456	- Company	NAIC Number:		
SECTION G – COMMUNITY INFORMATI	ON (RECOM	MENDED FO	R COMMUN	ITY OFFICIA	AL COMPLETION)		
The local official who is authorized by law or ordinance Section A, B, C, E, G, or H of this Elevation Certificate	e to administer e. Complete the	r the community e applicable iten	's floodplain m n(s) and sign l	nanagement o below when:	ordinance can complete		
G1. The information in Section C was taken from engineer, or architect who is authorized by elevation data in the Comments area belo	y state law to c	mentation that he certify elevation i	as been signe nformation. (Ir	ed and sealed ndicate the so	by a licensed surveyor, surce and date of the		
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 ins	urance purpos	ses.					
G3.	cal official des	scribes specific c	orrections to t	he information	n in Sections A, B, E and H.		
G4. The following information (Items G5–G11)	is provided for	r community floc	dplain manag	ement purpos	ses.		
G5. Permit Number: PRB22-015	G6. Date Pe	ermit Issued: _	6-26	-23			
G7. Date Certificate of Compliance/Occupancy Iss							
G8. This permit has been issued for: New Cor	nstruction	Substantial Imp	rovement				
G9.a. Elevation of as-built lowest floor (including bas building:	ement) of the			meters	Datum:		
G9.b. Elevation of bottom of as-built lowest horizontal member:	al structural		feet	☐ meters	Datum:		
G10.a. BFE (or depth in Zone AO) of flooding at the be	uilding site:		feet	meters	Datum:		
G10.b. Community's minimum elevation (or depth in Z requirement for the lowest floor or lowest horiz member:	one AO) ontal structura	il	feet	☐ meters	Datum:		
G11. Variance issued? Yes No If yes, a	attach docume	entation and desc		11.0000000-0.000000			
The local official who provides information in Section Correct to the best of my knowledge. If applicable, I ha	G must sign he	ere. I have compl	leted the infor	mation in Sec	tion G and certify that it is		
1 1					a of this section.		
Local Official's Name: 40 Str	chat	Title:	Plann	<u> </u>			
NFIP Community Name:	. д						
-	mail:						
Address:							
City:			_ State:	ZIP Co	ode:		
Signature: The Man Stevans		Date:	3-112	5			
Comments (including type of equipment and location, p Sections A, B, D, E, or H):	per C2.e; desci	cription of any att	achments; an	d corrections			
Lomkin	plan €	2 prom	thing (	42) 200	Sugar Sand We		
DK fr (					_		
	e						

Building Street Address (including Apt., Unit, Suit 200 Sugar Sand E	e, and/or Bldg. N	lo.) or P.O. Route and	Box No.:	FOR IN	SURANCE COMPANY USE
Zuo Sugar Sand E City: Mexico Beach		' === 1 004		Policy N	umber:
City: Iviexico beacii	State:Fl	L ZIP Code: <u>324</u>	56	Compan	y NAIC Number:
SECTION H BUILDIN (SURVEY NOT	G'S FIRST FL ( REQUIRED)	OOR HEIGHT INFO	ORMATION PURPOSE	FOR ALL S.ONLY)	ZONES
The property owner, owner's authorized represe to determine the building's first floor height for in nearest tenth of a foot (nearest tenth of a meter Instructions) and the appropriate Building D	entative, or local nsurance purpos r in Puerto Rico).	I floodplain manageme ses. Sections A, B, and Reference the Four	ent official ma d I must also l	y complete be complete	ed. Enter heights to the
H1. Provide the height of the top of the floor (as	s indicated in Fo	oundation Type Diagra	ms) above the	e Lowest A	djacent Grade (LAG):
<ul> <li>a) For Building Diagrams 1A, 1B, 3, and floor (include above-grade floors only for be crawlspaces or enclosure floors) is:</li> </ul>	5–8. Top of bot uildings with	tom	_	meters	above the LAG
<ul> <li>b) For Building Diagrams 2A, 2B, 4, and higher floor (i.e., the floor above basement, enclosure floor) is:</li> </ul>	6-9. Top of nex , crawlspace, or	œ	_	meters	above the LAG
H2. Is all Machinery and Equipment servicing to H2 arrow (shown in the Foundation Type D  Yes No	he building (as li iagrams at end o	isted in Item H2 instruction	ctions) elevatens) for the ap	ed to or abo propriate Bo	ove the floor indicated by the uilding Diagram?
SECTION I - PROPERTY OWNE	R (OR OWNE	R'S AUTHORIZED	REPRESEN	ITATIVE) (	ERTIFICATION
The property owner or owner's authorized repre A, B, and H are correct to the best of my knowle indicate in Item G2.b and sign Section G.	sentative who condition of the sentative who conditions are sententially sentential	ompletes Sections A, le local floodplain man	B, and H mus agement offic	t sign here. ial complete	The statements in Sections and Section H, they should
☐ Check here if attachments are provided (incl	uding required p	hotos) and describe e	each attachme	ent in the Co	omments area.
		,			
Property Owner or Owner's Authorized Represe					
Property Owner or Owner's Authorized Represe	entative Name: _		State:		Code:
Property Owner or Owner's Authorized Represe	entative Name: _				
Property Owner or Owner's Authorized Represe Address: City:	entative Name: _				
Property Owner or Owner's Authorized Represe Address:  City:  Telephone:  Ext.:	entative Name: _				
Property Owner or Owner's Authorized Represe Address:  City: Telephone:  Ext.:	entative Name: _				
Property Owner or Owner's Authorized Represe Address:  City:  Telephone:  Ext.:	entative Name: _				
Property Owner or Owner's Authorized Represe Address:  City:  Telephone:  Ext.:	entative Name: _				
Property Owner or Owner's Authorized Represe Address:  City:  Telephone:  Ext.:	entative Name: _				
Property Owner or Owner's Authorized Represe Address:  City:  Telephone:  Ext.:	entative Name: _				
Property Owner or Owner's Authorized Represe Address:  City:  Telephone:  Ext.:	entative Name: _				
Property Owner or Owner's Authorized Represe Address:  City:  Telephone:  Ext.:	entative Name: _				
Property Owner or Owner's Authorized Represe Address:  City:  Telephone:  Ext.:	entative Name: _				
Property Owner or Owner's Authorized Represe Address:  City:  Telephone:  Ext.:	entative Name: _				
Property Owner or Owner's Authorized Represe Address:  City:  Telephone:  Ext.:	entative Name: _				
Property Owner or Owner's Authorized Represe Address:  City:  Telephone:  Ext.:	entative Name: _				

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

See Instructions for Item A6.

Building Street Address (including Apt., Ur	FOR INSURANCE COMPANY USE			
200 Sugar Sand E  City: Mexico Beach	State:	FL	ZIP Code: <u>32456</u>	Policy 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 Picture Taken 07/14/2025

Clear Photo One



Photo Two

Photo Two Caption: Left side View Picture Taken 07/14/2025

Clear Photo Two

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

Continuation Page

FL ZIP Code: 32456

FOR INSURANCE COMPANY USE

Policy Number:

Company NAIC Number:

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.:

State:

200 Sugar Sand E

City: Mexico Beach

Insert the third and fourth photographs below. Identify all photographs with the date taken and "Front View," "Rear Vi View," or "Left Side View." When flood openings are present, include at least one close-up photograph of representativents, as indicated in Sections A8 and A9.	ew," "Right Side tive flood openings or
Photo Three	
Photo Three Caption: Right side/ back view Picture Taken 07/14/2025	Clear Photo Three
Photo Four	
Photo Four Caption:	Clear Photo Four
EMA Form FF-206-FY-22-152 (formerly 086-0-33) (8/23)	Form Page 8 of 8

#### 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: BMLBC Enterprises Policy Number: A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.: 8 N Company NAIC Number: 200 Sugar Sand E City: Mexico Beach A3. Property Description (e.g., Lot and Block Numbers or Legal Description) and/or Tax Parcel Number: Lot 16, Sugar Sand. Parcel ID# 04102-300-160 A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.): Pool House A5. Latitude/Longitude: Lat. N29.957182 Long. W85.445251 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 building (see Form pages 7 and 8). A7. Building Diagram Number: A8. For a building with a crawlspace or enclosure(s): a) Square footage of crawlspace or enclosure(s): 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: N/A Engineered flood openings: 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 Instructions): 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? Tyes No NA c) Enter number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade: Non-engineered flood openings: N/A Engineered flood openings: 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): N/A sq. ft. SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION B1.a. NFIP Community Name: Bay County B1.b. NFIP Community Identification Number: 120004 B2. County Name: Bay B3. State; FL B4, Map/Panel No.: 12005C0504 B5. Suffix: J B6. FIRM Index Date: 10/24/2024 B7. FIRM Panel Effective/Revised Date: 10/24/2024 B8. Flood Zone(s): AE B9. Base Flood Elevation(s) (BFE) (Zone AO, use Base Flood Depth): 9.00' 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 ⊠ CBRS □ OPA Designation Date: 10/01/1983 

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box N	FOR IN	SURAN	ICE C	COMPANY USE					
200 Sugar Sand E Policy Number:									
City: Mexico Beach State: FL ZIP Code: 32456 Company NAIC Number:									
SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)									
C1. Building elevations are based on:  Construction Drawings* Building Under *A new Elevation Certificate will be required when construction of the building is comp		n* 🛚	Finishe	d Con	nstruction				
C2. Elevations Zones A1-A30, AE, AH, AO, A (with BFE), VE, V1-V30, V (with BFE), A A99. Complete Items C2.a-h below according to the Building Diagram specified in Ite Benchmark Utilized: Disc V-174 1957 Vertical Datum: NAVI	em A7. In Pu	ierto Ric	R/A1–A o only,	30, Al enter	R/AH, AR/AO, meters.				
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 If Yes, describe the source of the conversion factor in the Section D Comments area.	n factor use	_	] Yes						
a) Top of bottom floor (including basement, crawlspace, or enclosure floor):	9	0.84	_	_	asurement used: meters				
b) Top of the next higher floor (see Instructions):	20	).15 [	] feet		meters				
c) Bottom of the lowest horizontal structural member (see Instructions):		 <u>N/A</u> [	] 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):	9	.98 [5	] feet		meters				
f) Lowest Adjacent Grade (LAG) next to building:   Natural  Finished	Ç	.20	] feet		meters				
g) Highest Adjacent Grade (HAG) next to building:   Natural  Finished	9	.57	] feet		meters				
h) Finished LAG at lowest elevation of attached deck or stairs, including structural support:	<u> </u>	<u>.20</u> ∑	] feet		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: Wade G. Brown, PSM License Number: 5959									
Title: President	Title: President								
Certifier's Name: Wade G. Brown, PSM License Number: 5959  Title: President  Company Name: Edwin Brown & Associates  Address: 2813 Crawfordville Highway  City: Crawfordville State: FL ZIP Code: 32327  Telephone: (850) 926-3016 Ext.: Email: roberta@ebasurvey.com  Wade G. Brown  2025.07.17 08:19:58 -04'00'  Signature: Wade G. Brown  2025.07.17 08:19:58 -04'00'  Date: 07/14/2025  Place Seal Here									
Address: 2813 Crawfordville Highway									
City: Crawfordville State: FL ZIP Code: 323	327	100	STA	TE OF					
Telephone: (850) 926-3016 Ext.: Email: roberta@ebasurvey.com		- 1116	Sional Sun	vevot	and Marinit				
Signature: Wade G. Brown 2025.07,17 08:19:58 -04'00' Date: 07/14/2	2025		Plac	e Sea	al Here				
Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2) in	surance age	nt/comp	any, and	1 (3) t	ouilding owner.				
Comments (including source of conversion factor in C2; type of equipment and location per Section A5: Latitude & Longitude: GPS surveyed measured point Section C2.e is an air conditioner condenser unit.  EBA JOB #22-783-51086 (pool house)	r C2.e; and	descript	on of a	ny atta	achments):				

Building Street Address (including Apt., Ur 200 Sugar Sand E	nit, Suite, and/or Blo	ig. No.) c	r P.O. Route	and Box	No.:	FOR INSURA	NCE COMPANY USE
City: Mexico Beach	State	FL	7ID 0-1-	20450	<del></del> _	Policy Number	
City. Moxico Beach	State:		ZIP Code:	32456	<del></del> ;	Company NAI	C Number:
	ONE AO, ZONE	AR/AC	), AND ZON	IE A (V	VITHOUT	BFE).	
For Zones AO, AR/AO, and A (without B intended to support a Letter of Map Char enter meters.	FE), complete Item ige request, compl	is E1–E5 lete Sect	i. For Items E ions A, B, an	1–E4, t d C. Ch	se natural e eck the mea	grade, if availab asurement used	le. If the Certificate is . In Puerto Rico only,
Building measurements are based on:  *A new Elevation Certificate will be requi	Construction D	rawings* tion of th	Building is o	Under complete	Constructio e.	n*	d Construction
E1. Provide measurements (C.2.a in approxime measurement is above or below the	olicable Building Di natural HAG and t	agram) f he LAG.	or the followi	ng and o	check the a	ppropriate boxes	s to show whether the
a) Top of bottom floor (including bas crawlspace, or enclosure) is:	sement,		□	feet [	] meters	above or	below the HAG.
b) Top of bottom floor (including bas crawlspace, or enclosure) is:	ement, -		🗆	feet [	] meters	above or	below the LAG.
E2. For Building Diagrams 6–9 with pern next higher floor (C2.b in applicable	nanent flood openi	ngs prov	ided in Sectio	on A Iten	ns 8 and/or	9 (see pages 1-	-2 of Instructions), the
Building Diagram) of the building is:  E3. Attached garage (top of slab) is:	-	<del></del>		feet [	meters meters	above or	below the HAG.
E4. Top of platform of machinery and/or servicing the building is:	equipment				<b>-</b>	_	below the HAG.
E5. Zone AO only: If no flood depth numl floodplain management ordinance?	 per is available, is t □ Vos □ No	the top o	f the bottom	feet _ floor ele	_ meters vated in acc	above or cordance with the	below the HAG. e community's
SECTION F - PROPERTY							ormation in Section G.
The property owner or owner's authorized				- 3 1 1 1 1	_ ==- 15		
sign nere. The statements in Sections A, i	B, and E are corre	ct to the	best of my kn	owledge	9 110 E 101 ZOI	ne A (without Bi	-E) or Zone AO must
Check here if attachments and descril							
Property Owner or Owner's Authorized Re	epresentative Nam	e:					
Address:	<del></del>						
City:				St	ate:	ZIP Code:	
Telephone: Ex	t.: Email:_	<del></del>				<del></del>	
Signature:			Date	:		_	
Comments:					<del> </del>	_	<del></del>
							ľ

	ng Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or	P.O. Route and Box No.:	FOR INSI	URANCE COMPANY USE				
-	Sugar Sand E	710.0 1 20456	Policy Nun	mber:				
City.	Mexico Beach State: FL	ZIP Code: <u>32456</u>	Company NAIC Number:					
SECTION G - COMMUNITY INFORMATION (RECOMMENDED FOR COMMUNITY OFFICIAL COMPLETION)								
The lo	ocal official who is authorized by law or ordinance to administer on A, B, C, E, G, or H of this Elevation Certificate. Complete the	the community's floodplain ma applicable item(s) and sign be	inagement or elow when:	rdinance can complete				
G1.	The information in Section C was taken from other documengineer, or architect who is authorized by state law to ce elevation data in the Comments area below.)	nentation that has been signed ertify elevation information. (Ind	and sealed t licate the sou	by a licensed surveyor, urce 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.	in Zone A (without a BFE), Zor	ne AO, or Zo	ne AR/AO, or when item				
G2.b.	G2.b.   A local official completed Section H for insurance purposes.							
G3.	☐ In the Comments area of Section G, the local official desc	ribes 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 purpose	es.				
G5.	Permit Number: PRAMOZYOLZZ G6. Date Per	mit 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:	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 document	tation and describe in the Com						
The loc	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: Hopem Stenar	Title: Plann	16/					
	Community Name: Ro C							
Teleph								
Addres	ss:							
City: _		State:	ZIP Co	de:				
Signati	ure: the m that	Date: 8-1-2						
Commo	ents (including type of equipment and location, per C2.e; descripts A, B, D, E, or H):	ption of any attachments; and	corrections to	o specific information in				
	Okcho C.D.	Long in p	her e	tim y				
	(AZ) 200 Syar Sand Wag	penitting						

Building Street Address (including 200 Sugar Sand E	ng Apt., Unit, Suite, and/or Bld	lg. No.) or	P.O. Route and Bo	x No.:	FOR INSURANCE COMPANY USE
City: Mexico Beach	State:	FL	ZIP Code: 32456	<del></del>	Policy Number:
Oily. Mickloo Beach	State	1	ZIP Code: <u>32436</u>	<u>'</u>	Company NAIC Number:
· · · · · · · · · · · · · · · · · · ·	V H - BUILDING'S FIRST (SURVEY NOT REQUIRE	ED) (FOR	RINSURANCE P	URPOSES	ONLY
to determine the building's first	floor height for insurance pu tenth of a meter in Puerto R	rposes, S ico). <i>Refe</i>	ections A, B, and I prence the Founda	must also be ation Type D	complete Section H for all flood zones completed. Enter heights to the liagrams (at the end of Section H complete this section.
H1. Provide the height of the to	op of the floor (as indicated in	n Foundat	ion Type Diagrams	s) above the	Lowest Adjacent Grade (LAG):
	s 1A, 1B, 3, and 5–8. Top of floors only for buildings with floors) is:		1	feet [	meters
b) For Building Diagrams higher floor (i.e., the floor a enclosure floor) is:	s 2A, 2B, 4, and 6-9. Top of above basement, crawlspace	next , or	1	feet □	meters
H2 arrow (shown in the Foi ☐ Yes ☐ No	undation Type Diagrams at e	end of Sec	tion H instructions	) for the appr	·
SECTION 1 - PRO	PERTY OWNER (OR OW	NER'S A	UTHORIZED RI	PRESEÑT	ATIVE) 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 knowledge. Note:	no comple If the loca	tes Sections A, B, I floodplain manag	and H must s ement officia	sign here. The statements in Sections I completed Section H, they should
Check here if attachments a	re provided (including require	ed photos	) and describe eac	h attachmen	t in the Comments area.
Property Owner or Owner's Auti	horized Representative Nam	e:			
Address:			<u>-</u>		
City:				State:	ZIP Code:
Telephone:	Ext.: Email: _				
Signature:					
			Date:		
Comments:			Date:		
Comments:			Date:		
Comments:					
Comments:					
Comments:			Date:		
Comments:			Date:		
Comments:			Date:		_
Comments:			Date:		<u>-</u>
Comments:			Date:		
Comments:			Date:		
Comments:			Date:		
Comments:			Date:		
Comments:			Date:		

# 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
200 Sugar Sand E  City: Mexico Beach	State:	FL	_ ZIP Code: S	32456	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 View Picture Taken 07/14/2025

Clear Photo One



Photo Two

Photo Two Caption: Back View Picture Taken 07/14/2025

Clear Photo Two

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

Continuation Page

		Continu	dation rage		
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.: 200 Sugar Sand E				FOR INSURANCE COMPANY USE	
	Ctata:		ZIP Code: 32456	Policy Number:	
City: Mexico Beach	_ State:_		ZIP Code: 32436	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: Right side Picture Taken 07/14/2025			Clear Photo Three		
			oto Four		
Photo Four Caption:				Clear Photo Four	
rour outsidi.				Cical Frioto Foul	