

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: <u>30 GREEN X, LLC</u>	Policy Number: _____
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.: <u>5939 GULF DRIVE</u>	Company NAIC Number: _____
City: <u>PANAMA CITY BEACH</u> State: <u>FL</u> ZIP Code: <u>32408</u>	
A3. Property Description (e.g., Lot and Block Numbers or Legal Description) and/or Tax Parcel Number: <u>PARCEL ID: #30932-100-080, (LOT 8, HADLEYS BEACH, PLAT BOOK 29, PAGE 63)</u>	
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.): <u>RESIDENTIAL</u>	
A5. Latitude/Longitude: Lat. <u>30°08'52.96" N</u> Long. <u>85°45'48.12" W</u> Horiz. Datum: <input type="checkbox"/> NAD 1927 <input type="checkbox"/> NAD 1983 <input checked="" 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>N/A</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 type="checkbox"/> No <input checked="" 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>N/A</u> Engineered flood openings: <u>N/A</u>	
d) Total net open area of non-engineered flood openings in A8.c: <u>N/A</u> sq. in.	
e) Total rated area of engineered flood openings in A8.c (attach documentation – see Instructions): <u>N/A</u> sq. ft.	
f) Sum of A8.d and A8.e rated area (if applicable – see Instructions): <u>N/A</u> sq. ft.	
A9. For a building with an attached garage:	
a) Square footage of attached garage: <u>262.9</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 checked="" 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>N/A</u> Engineered flood openings: <u>N/A</u>	
d) Total net open area of non-engineered flood openings in A9.c: <u>N/A</u> sq. in.	
e) Total rated area of engineered flood openings in A9.c (attach documentation – see Instructions): <u>N/A</u> sq. ft.	
f) Sum of A9.d and A9.e rated area (if applicable – see Instructions): <u>N/A</u> sq. ft.	
<b>SECTION B – FLOOD INSURANCE RATE MAP (FIRM) INFORMATION</b>	
B1.a. NFIP Community Name: <u>BAY COUNTY UNINCORPORATED</u> B1.b. NFIP Community Identification Number: <u>120004</u>	
B2. County Name: <u>BAY COUNTY</u> B3. State: <u>FL</u> B4. Map/Panel No.: <u>12005C 0319</u> B5. Suffix: <u>J</u>	
B6. FIRM Index Date: <u>10/24/2024</u> B7. FIRM Panel Effective/Revised Date: <u>10/24/2024</u>	
B8. Flood Zone(s): <u>"VE"</u> B9. Base Flood Elevation(s) (BFE) (Zone AO, use Base Flood Depth): <u>14.0</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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**5939 GULF DRIVE**

City: **PANAMA CITY BEACH** State: **FL** ZIP Code: **32408**

## FOR INSURANCE COMPANY USE

Policy Number: \_\_\_\_\_

Company NAIC Number: \_\_\_\_\_

## 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: **"FDOT NETWORK SOLUTIONS"** Vertical Datum: **NAVD 1988**

Indicate elevation datum used for the elevations in items a) through h) below.

☐ NGVD 1929 ☒ NAVD 1988 ☐ Other: \_\_\_\_\_

Datum used for building elevations must be the same as that used for the BFE. Conversion factor used?

☐ 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): **19.48** ☒ feet ☐ meters

b) Top of the next higher floor (see Instructions): **31.01** ☒ feet ☐ meters

c) Bottom of the lowest horizontal structural member (see Instructions): **17.68** ☒ feet ☐ meters

d) Attached garage (top of slab): **16.23** ☒ 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): **18.47** ☒ feet ☐ meters

f) Lowest Adjacent Grade (LAG) next to building: ☐ Natural ☒ Finished **14.28** ☒ feet ☐ meters

g) Highest Adjacent Grade (HAG) next to building: ☐ Natural ☒ Finished **14.83** ☒ feet ☐ meters

h) Finished LAG at lowest elevation of attached deck or stairs, including structural support: **7.49** ☒ 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: **JON R. CHANCEY** License Number: **7055**

Title: **PROFESSIONAL SURVEYOR & MAPPER**

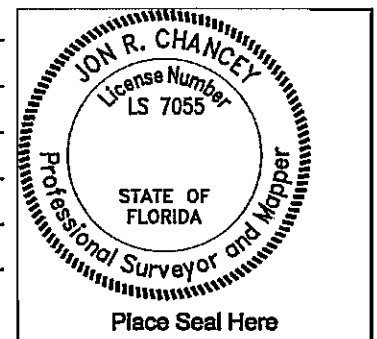
Company Name: **POOLE ENGINEERING AND SURVEYING INC.**

Address: **17320 PCB PKWY, SUITE 111**

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

Telephone: **(850) 386-5117** Ext.: \_\_\_\_\_ Email: **jon@poole-eng.com**

Signature: **Jon R. Chancey** Digitally signed by Jon R. Chancey  
Date: 2025.02.05 11:56:10 -06'00' Date: **02/05/2025**



Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2) insurance agent/company, and (3) building owner.

Comments (including source of conversion factor in C2; type of equipment and location per C2.e; and description of any attachments):  
**ELEVATION STATED FOR C2.e WAS OBTAINED AT THE TOP OF AC PAD ON THE RIGHT SIDE OF RESIDENCE**  
**ELEVATION STATED FOR C2.h WAS OBTAINED AT THE BOTTOM OF STEPS ON BOARDWALK FOR BEACH ACCESS**

# ELEVATION CERTIFICATE

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City: <b>PANAMA CITY BEACH</b> State: <b>FL</b> ZIP Code: <b>32408</b>	Policy Number: _____ Company NAIC Number: _____

## SECTION E – BUILDING MEASUREMENT INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO, ZONE AR/AO, AND ZONE A (WITHOUT BFE)

For Zones AO, AR/AO, and A (without BFE), complete Items E1–E5. For Items E1–E4, use natural grade, if available. If the Certificate is intended to support a Letter of Map Change request, complete Sections A, B, and C. Check the measurement used. In Puerto Rico only, enter meters.

Building measurements are based on: ☐ Construction Drawings\* ☐ Building Under Construction\* ☐ Finished Construction  
\*A new Elevation Certificate will be required when construction of the building is complete.

E1. Provide measurements (C.2.a in applicable 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: \_\_\_\_\_

# ELEVATION CERTIFICATE

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

<b>Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.:</b> 5939 GULF DRIVE	<b>FOR INSURANCE COMPANY USE</b>
<b>City:</b> PANAMA CITY BEACH <b>State:</b> FL <b>ZIP Code:</b> 32408	<b>Policy Number:</b> _____ <b>Company NAIC Number:</b> _____
<b>SECTION G – COMMUNITY INFORMATION (RECOMMENDED FOR COMMUNITY OFFICIAL COMPLETION)</b>	
<p>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:</p>	
<p>G1. <input type="checkbox"/> 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.)</p>	
<p>G2.a. <input type="checkbox"/> 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.</p>	
<p>G2.b. <input type="checkbox"/> A local official completed Section H for insurance purposes.</p>	
<p>G3. <input type="checkbox"/> In the Comments area of Section G, the local official describes specific corrections to the information in Sections A, B, E and H.</p>	
<p>G4. <input checked="" type="checkbox"/> The following information (Items G5–G11) is provided for community floodplain management purposes.</p>	
<p>G5. Permit Number: <u>PRC0202402857</u>      G6. Date Permit Issued: <u>5/22/24</u></p>	
<p>G7. Date Certificate of Compliance/Occupancy Issued: _____</p>	
<p>G8. This permit has been issued for: <input checked="" type="checkbox"/> New Construction    <input type="checkbox"/> Substantial Improvement</p>	
<p>G9.a. Elevation of as-built lowest floor (including basement) of the building: _____ <input type="checkbox"/> feet    <input type="checkbox"/> meters    Datum: _____</p>	
<p>G9.b. Elevation of bottom of as-built lowest horizontal structural member: _____ <input type="checkbox"/> feet    <input type="checkbox"/> meters    Datum: _____</p>	
<p>G10.a. BFE (or depth in Zone AO) of flooding at the building site: _____ <input type="checkbox"/> feet    <input type="checkbox"/> meters    Datum: _____</p>	
<p>G10.b. Community's minimum elevation (or depth in Zone AO) requirement for the lowest floor or lowest horizontal structural member: _____ <input type="checkbox"/> feet    <input type="checkbox"/> meters    Datum: _____</p>	
<p>G11. Variance issued? <input type="checkbox"/> Yes    <input checked="" type="checkbox"/> No    If yes, attach documentation and describe in the Comments area.</p>	
<p>The local official who provides information in Section G must sign here. <i>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.</i></p>	
<p>Local Official's Name: <u>Hope M Stewart</u>      Title: <u>Planner</u></p>	
<p>NFIP Community Name: <u>Bay County</u></p>	
<p>Telephone: _____ Ext.: _____ Email: _____</p>	
<p>Address: _____</p>	
<p>City: _____ State: _____ ZIP Code: _____</p>	
<p>Signature: <u>H M Stewart</u>      Date: <u>2-6-25</u></p>	
<p>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):</p> <p style="text-align: center; font-size: 1.2em;"><u>ok to C.D. jms</u></p>	

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	Company NAIC Number: _____

## SECTION H – BUILDING'S FIRST FLOOR HEIGHT INFORMATION FOR ALL ZONES (SURVEY NOT REQUIRED) (FOR INSURANCE PURPOSES ONLY)

The property owner, owner's authorized representative, or local floodplain management official may complete Section H for all flood zones to determine the building's first floor height for insurance purposes. Sections A, B, and I must also be completed. Enter heights to the nearest tenth of a foot (nearest tenth of a meter in Puerto Rico). *Reference the Foundation Type Diagrams (at the end of Section H Instructions) and the appropriate Building Diagrams (at the end of Section I Instructions) to complete this section.*

H1. Provide the height of the top of the floor (as indicated in Foundation Type Diagrams) above the Lowest Adjacent Grade (LAG):

a) For Building Diagrams 1A, 1B, 3, and 5–8. Top of bottom \_\_\_\_\_ ☐ feet ☐ meters ☐ above the LAG floor (include above-grade floors only for buildings with crawlspaces or enclosure floors) is:

b) For Building Diagrams 2A, 2B, 4, and 6–9. Top of next \_\_\_\_\_ ☐ feet ☐ meters ☐ above the LAG higher floor (i.e., the floor above basement, crawlspace, or enclosure floor) is:

H2. Is all Machinery and Equipment servicing the building (as listed in Item H2 instructions) elevated to or above the floor indicated by the H2 arrow (shown in the Foundation Type Diagrams at end of Section H instructions) for the appropriate Building Diagram?

☐ Yes ☐ No

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

The property owner or owner's authorized representative who completes Sections A, B, and H must sign here. *The statements in Sections A, B, and H are correct to the best of my knowledge. Note: If the local floodplain management official completed Section H, they should indicate in Item G2.b and sign Section G.*

☐ Check here if attachments are provided (including required photos) and describe each attachment in the Comments area.

Property Owner or Owner's Authorized Representative Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Ext.: \_\_\_\_\_ Email: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Comments:

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

See Instructions for Item A6.

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**FOR INSURANCE COMPANY USE**

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

Clear Photo One



Photo Two

Photo Two Caption: rear

Clear Photo Two

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

Continuation Page

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.:  
**5939 GULF DRIVE**

City: **PANAMA CITY BEACH** State: **FL** ZIP Code: **32408**

**FOR INSURANCE COMPANY USE**

Policy Number: \_\_\_\_\_

Company NAIC Number: \_\_\_\_\_

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



Photo Three

Photo Three Caption: left side

Clear Photo Three



Photo Four

Photo Four Caption: right side

Clear Photo Four

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

### V ZONE DESIGN CERTIFICATE

Name 30 Green X, LLC Policy Number (Insurance Co. Use) \_\_\_\_\_  
Building Address or Other Description 5939 GULF DRIVE  
Permit No. \_\_\_\_\_ City PANAMA CITY BEACH State FL Zip Code 32408

#### SECTION I: Flood Insurance Rate Map (FIRM) Information

Community No. 120004 Panel No. 12005C Suffix H FIRM Date 6-2-09 FIRM Zone(s) VE-14

#### SECTION II: Elevation Information Used for Design

[NOTE: This section documents the elevations/depths used or specified in the design – it does not document surveyed elevations and is not equivalent to the as-built elevations required to be submitted during or after construction.]

1. FIRM Base Flood Elevation (BFE) ..... 14 feet\*
2. Community's Design Flood Elevation (DFE) ..... 15 feet\*
3. Elevation of the Bottom of Lowest Horizontal Structure Member ..... 17.50 feet\*
4. Elevation of Lowest Adjacent Grade ..... 14.60 feet\*
5. Depth of Anticipated Scour/Erosion used for Foundation Design ..... 4 feet
6. Embedment Depth of Pilings of Foundation Below Lowest Adjacent Grade ..... 30 feet

\* Indicate elevation datum used in 1-4: ☐ NGVD29 ☒ NAVD88 ☐ Other \_\_\_\_\_

#### SECTION III: V Zone Design Certification Statement

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

- The bottom of the lowest horizontal structural member of the lowest floor (excluding piles and columns) is elevated to or above the BFE.
- The pile and column foundation and structure attached thereto is anchored to resist flotation, collapse, and lateral movement due to the effects of the wind and water loads acting simultaneously on all building components. Water loading values used are those associated with the base flood\*\*\*. Wind loading values used are those required by the applicable State or local building code. The potential for scour and erosion at the foundation has been anticipated for conditions associated with the base flood, including wave action.

#### SECTION IV: Breakaway Wall Design Certification Statement

[NOTE: This section must be certified by a registered engineer or architect when breakaway walls are designed to have a resistance of more than 20 psf (0.96 kN/m<sup>2</sup>) determined using allowable stress design]

I certify that: (1) I have developed or reviewed the structural design, plans, and specifications for construction of breakaway walls to be constructed under the above-referenced building and (2) that the design and methods of construction specified to be used are in accordance with accepted standards of practice\*\* for meeting the following provisions:

- Breakaway wall collapse shall result from a water load less than that which would occur during the base flood\*\*\*.
- The elevated portion of the building and supporting foundation system shall not be subject to collapse, displacement, or other structural damage due to the effects of wind and water loads acting simultaneously on all building components (see Section III).

#### SECTION V: Certification and Seal

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

Certifier's Name Derek Gardner License Number 74830  
Title Engineer Company Name Coastline Engineering  
Address 1905 Cauley Ave  
City PCB State FL Zip Code 32407  
Signature \_\_\_\_\_ Date \_\_\_\_\_ Telephone 850-230-8812

