

ELEVATION CERTIFICATE

Important: Read the instructions on pages 1-9.

OMB No. 1660-0008
 Expiration Date: July 31, 2015

SECTION A - PROPERTY INFORMATION

A1. Building Owner's Name <u>Jeremy Gibson</u>		FOR INSURANCE COMPANY USE
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. <u>110 Montana Avenue</u>		Policy Number:
City <u>Lynn Haven</u>	State <u>FL</u>	Company NAIC Number:
ZIP Code <u>32444</u>		

A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)
 Parcel ID # 09013-005-000 Portion of Lot1 & 16, Block 14, Lynn Haven

A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) Residential

A5. Latitude/Longitude: Lat. 30°15'15.53"N Long. 85°39'37.84"W Horizontal Datum: NAD 1927 NAD 1983

A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insurance.

A7. Building Diagram Number 6

A8. For a building with a crawlspace or enclosure(s):

a) Square footage of crawlspace or enclosure(s)	<u>1729</u> sq ft
b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade	<u>0</u>
c) Total net area of flood openings in A8.b	<u>0</u> sq in
d) Engineered flood openings?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

A9. For a building with an attached garage:

a) Square footage of attached garage	<u>note</u> sq ft
b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade	<u>0</u>
c) Total net area of flood openings in A9.b	<u>0</u> sq in
d) Engineered flood openings?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP Community Name & Community Number <u>City of Lynn Haven / 120009</u>		B2. County Name <u>Bay</u>	B3. State <u>Florida</u>
B4. Map/Panel Number <u>12005C0331</u>	B5. Suffix <u>H</u>	B6. FIRM Index Date <u>06/02/2009</u>	B7. FIRM Panel Effective/Revised Date <u>06/02/2009</u>
B8. Flood Zone(s) <u>VE</u>	B9. Base Flood Elevation(s) (Zone AO, use base flood depth) <u>g'</u>		

B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9.
 FIS Profile FIRM Community Determined Other/Source: _____

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

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, A (with BFE), VE, V1-V30, V (with BFE), AR, AR/A, AR/AE, AR/A1-A30, AR/AH, AR/AO. Complete Items C2.a-h below according to the building diagram specified in Item A7. In Puerto Rico only, enter meters.
 Benchmark Utilized: NGS BM X-290 Vertical Datum: NAVD 88

Indicate elevation datum used for the elevations in items a) through h) below. NGVD 1929 NAVD 1988 Other/Source: _____
 Datum used for building elevations must be the same as that used for the BFE.


a) Top of bottom floor (including basement, crawlspace, or enclosure floor)	<u>4.69</u>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
b) Top of the next higher floor	<u>15.07</u>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
c) Bottom of the lowest horizontal structural member (V Zones only)	<u>12.74</u>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
d) Attached garage (top of slab)	<u>note</u>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments)	<u>9.39</u>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
f) Lowest adjacent (finished) grade next to building (LAG)	<u>4.1</u>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
g) Highest adjacent (finished) grade next to building (HAG)	<u>4.5</u>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support	<u>4.8</u>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters


SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION

This certification is to be signed and sealed by a land surveyor, engineer, or architect authorized by 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.

Check here if comments are provided on back of form. Were latitude and longitude in Section A provided by a licensed land surveyor? Yes No

Check here if attachments.

Certifier's Name <u>Skipper C Rutherford</u>	License Number <u>LS3961</u>
Title <u>president</u>	Company Name <u>SCR & Associates NWFL, Inc.</u>
Address <u>PO Box 958</u>	City <u>Lynn Haven</u> State <u>FL</u> ZIP Code <u>32444</u>
Signature 	Date <u>4/15/2015</u> Telephone <u>850-265-6979</u>


LS 3961
4-15-15

ELEVATION CERTIFICATE, page 2

IMPORTANT: In these spaces, copy the corresponding information from Section A.		FOR INSURANCE COMPANY USE
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 110 Montana Avenue		Policy Number:
City Lynn Haven	State FL ZIP Code 32444	Company NAIC Number:

SECTION D – SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION (CONTINUED)

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

Comments A8. & A9.A.7 Enclosure is one large space - garage/storage C2.a) Lowest floor is enclosure/garage. C2.b) taken at foyer/main entrance. C2.d) Garage/enclosure is used in C2.a).as the lowest floor C2.e) The lowest elevation of machinery was taken of the lowest electric plug in enclosure. The HVAC unit was elevated at 9.78' C2.h) The adjacent grade at bottom of stairs was taken at backstairs

Signature Skipper C Rutherford

Date 4/15/2015

SECTION E – BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO AND ZONE A (WITHOUT BFE)

For Zones AO and A (without BFE), complete Items E1–E5. If the Certificate is intended to support a LOMA or LOMR-F request, complete Sections A, B, and C. For Items E1–E4, use natural grade, if available. Check the measurement used. In Puerto Rico only, enter meters.

- E1. Provide elevation information for the following and check the appropriate boxes to show whether the elevation is above or below the highest adjacent grade (HAG) and the lowest adjacent grade (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 8–9 of Instructions), the next higher floor (elevation C2.b in the diagrams) 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 REPRESENTATIVE) CERTIFICATION

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

Property Owner's or Owner's Authorized Representative's Name

Address City State ZIP Code

Signature Date Telephone

Comments

Check here if attachments.

SECTION G – COMMUNITY INFORMATION (OPTIONAL)

The local official who is authorized by law or ordinance to administer the community's floodplain management ordinance can complete Sections A, B, C (or E), and G of this Elevation Certificate. Complete the applicable item(s) and sign below. Check the measurement used in Items G8–G10. In Puerto Rico only, enter meters.

- G1. The information in Section C was taken from other documentation that has been signed and sealed by a licensed surveyor, engineer, or architect who is authorized by law to certify elevation information. (Indicate the source and date of the elevation data in the Comments area below.)
- G2. A community official completed Section E for a building located in Zone A (without a FEMA-issued or community-issued BFE) or Zone AO.
- G3. The following information (Items G4–G10) is provided for community floodplain management purposes.

G4. Permit Number	G5. Date Permit Issued	G6. Date Certificate Of Compliance/Occupancy Issued
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- G7. This permit has been issued for: New Construction Substantial Improvement
- G8. Elevation of as-built lowest floor (including basement) of the building: _____ feet meters Datum _____
- G9. BFE or (in Zone AO) depth of flooding at the building site: _____ feet meters Datum _____
- G10. Community's design flood elevation: _____ feet meters Datum _____

Local Official's Name Title

Community Name Telephone

Signature Date

Comments

Check here if attachments.

Building Photographs

Continuation Page

IMPORTANT: In these spaces, copy the corresponding information from Section A.

FOR INSURANCE COMPANY USE

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

Policy Number:

City Lynn Haven

State FL

ZIP Code 32444

Company NAIC Number:

If submitting more photographs than will fit on the preceding page, affix the additional photographs below. Identify all photographs with: date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." When applicable, photographs must show the foundation with representative examples of the flood openings or vents, as indicated in Section A8.

Rear View



Right Side View



Building Photographs

See Instructions for Item A6.

IMPORTANT: In these spaces, copy the corresponding information from Section A.

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

City Lynn Haven

State FL

ZIP Code 32444

FOR INSURANCE COMPANY USE

Policy Number:

Company NAIC Number:

If using the Elevation Certificate to obtain NFIP flood insurance, affix at least 2 building photographs below according to the instructions for Item A6. Identify all photographs with date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." When applicable, photographs must show the foundation with representative examples of the flood openings or vents, as indicated in Section A8. If submitting more photographs than will fit on this page, use the Continuation Page.

Front View



Left Side View





JEFF PHILLIPS CONSTRUCTION, INC.

STATE LICENSE # RR 0067129

140 TWILIGHT BAY DR., PANAMA CITY BEACH, FL 32407

QUALITY CUSTOM HOMES, ROOM ADDITIONS, & REMODELING

DATE: July 20, 2020

David Dial
110 Montana
Lynn Haven FL 32444

PROPOSAL

Job address: 110 Montana, Lynn Haven FL 32444

We hereby propose to supply the labor and materials to complete the following items:

1. Install new sliding glass door in master bedroom.
2. Insulate exterior walls and foam insulate bottom floor.
3. Repair sheetrock in house.
4. Stucco repair on two sides of home to be painted (color to match existing stucco).
5. Window in master bedroom to be changed.
6. Interior paint to include ceilings, walls, trim and doors as well as cabinets.
7. All flooring to be replaced. Flooring allowance is \$30,000.00 and includes all carpet, tile, LVP as well as any wall tile for the shower.

Total job cost \$197,500.00

Draws to be paid based on percentage of completion.

Respectfully Submitted

Jeff Phillips

Substantial Damage Estimator

Subdivision		Community	
Subdivision	Elev. of Lowest Floor	NFIP Community Name	
Parcel # 09013-005-000	ft.	NFIP Community ID # 120009	
Lot #	Datum	Latitude 30.151553	Longitude -85.393784

Structure Address	
Owner's Name	DIAL, DAVID E & DEBORA C
Street Address	110 MONTANA Avenue
City	Lynn Haven
County/Parish	Bay
State	Florida
Zip	32444
Phone	

No Photo Available



Structure Information	
Year of Construction	2003
Residence Type	Single Family Residence
Quality	Average

Damage Information				Residence Information	
Date of Assessment	02/15/2019	Date of Damage	10/10/2018		
Inspector Name	Bentley	Cause of Damage	Wind		
Inspector Phone	8502652121	Duration of Flood			
		Est. Depth of Flood Above Lowest Floor			

NFIP Information					
Firm Panel #	Suffix	Date of FIRM Panel	Firm Zone	BFE	Regulatory Floodway
			VE	9.00	

Percent Damaged		
Basis for Value of Structure	Percent Damaged	Basis for Cost of Repairs
\$402,498.00	85.7 %	\$345,043.80
Computed Actual Cash Value	Substantially Damaged	Computed Damages

Damage Summary			
Replacement Cost	\$531,000.00	Computed Damages	\$345,043.80
Depreciation %	24.2 %	Percent of Existing Improvements and Repairs Pre-Disaster	0.0 %
Computed Actual Cash Value*	\$402,498.00	Repair/Reconstruction %	85.7 %
		Other Depreciation Explanation	
* Per FEMA Publication 213, Actual Cash Value may be used as Market Value.			

Optional User Entered Data			
Professional Market Appraisal	\$0.00	Contractor Estimate	
Tax Assessed Value	\$0.00		\$0.00
Factor Adjustment	0	Community Estimate	
Adjusted Tax Assessed Value	\$0.00		\$0.00

Authorized Local Official : _____ Signature Authorized Local Official : _____ Printed Name