# **ELEVATION CERTIFICATE**

**Important:** Follow the instructions on pages 1–9.

C		of this Eleventia	- Contificate and a	II. atta ala waa wata fa w	(4)		, affinial	(0) in a una na a		المحاجر		
Cop	y all pages	or this Elevation	n Certificate and a	i allachments for	(1)	community	onicial,	(Z) insurance	agent/company	, anu (	3) building	J Owner.

SE	CTION A - PROPERTY		( )	., <u> </u>	i	RANCE COMPANY USE		
A1. Building Owner's Name	Policy Num							
D.R. Horton, Inc			~ ~					
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Company NAIC Number:						IAIC Number:		
1209 Jack Jack Drive	1209 Jack Jack Drive							
City			State		ZIP Code			
Lynn Haven			Florida		32444			
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)								
Lot 56, Andrews Plantation P	Lot 56, Andrews Plantation Phase 2 Parcel Id 11588-975-560							
A4. Building Use (e.g., Resid			-	·	al			
A5. Latitude/Longitude: Lat	. 30°13'27.53" N	Long. 8	5°37'57.33" V	V Horizonta	I Datum: 🔲 NAD 1	1927 🗙 NAD 1983		
A6. Attach at least 2 photogr	aphs of the building if the	e Certific	ate is being ι	used to obtain floo	d insurance.			
A7. Building Diagram Numbe	er 1A							
A8. For a building with a crav								
-				NUA og ft				
a) Square footage of cra				N/A sq ft				
b) Number of permanent	flood openings in the cr	awlspace	e or enclosure	e(s) within 1.0 fool	above adjacent gra	ade N/A		
c) Total net area of flood	openings in A8.b		N/A sq ir	1				
d) Engineered flood ope	nings? 🗌 Yes 🖂 N	No						
A9. For a building with an atta	ached garage:							
a) Square footage of atta	a) Square footage of attached garage 416.00 sq ft							
b) Number of permanent	flood openings in the at	tached g	arage within	1.0 foot above adj	acent grade N/A			
c) Total net area of flood	openings in A9.b		N/A sq	in				
d) Engineered flood oper	nings? 🗌 Yes 🖂 N	No						
, , , , , , , , , , , , , , , , , , , ,	J							
-	SECTION B – FLOOD	INSURA	NCE RATE	MAP (FIRM) INF	ORMATION			
B1. NFIP Community Name 8	& Community Number		B2. County	Name		B3. State		
City of Lynn Haven - 120009			Bay			Florida		
B4. Map/Panel B5. Suffi Number	x B6. FIRM Index Date	Effe	RM Panel ective/	B8. Flood Zone(s)	B9. Base Flood E (Zone AO, us	levation(s) e Base Flood Depth)		
12005C0332 H	06-02-2009	Rev 06-02-2	vised Date	AE	24.2'			
	00 02 2000		2000					
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9:								
	FIS Profile X 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:								

ELEVATION CERTIFICATE	OMB No. 1660-0008 Expiration Date: November 30, 2022							
IMPORTANT: In these spaces, copy th	ne corresponding information fro	m Section A.	FOR INSU	RANC	E COMPANY USE			
Building Street Address (including Apt., 1209 Jack Jack Drive	Unit, Suite, and/or Bldg. No.) or P.C	D. Route and Box No.	Policy Nun	Policy Number:				
City	State	ZIP Code	Company	NAIC N	lumber			
Lynn Haven	Florida	32444						
SECTION C	- BUILDING ELEVATION INFO	RMATION (SURVEY R	EQUIRED)					
C1. Building elevations are based on: *A new Elevation Certificate will b	Construction Drawings* [ e required when construction of the	Building Under Constr building is complete.	uction* X	] Finish	ned Construction			
Complete Items C2.a-h below ac	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: BGS BM W290 ELEV.= 32.43' Vertical Datum: NAVD 88							
Indicate elevation datum used for	the elevations in items a) through h	ı) below.						
	) 1988 Other/Source:	,						
	s must be the same as that used fo	r the BFE.	Check	the me				
a). Top of bottom floor (including l	basement crawlenges or enclosure	a floor)	28.9 X	feet	asurement used. □ meters			
,	basement, crawlspace, or enclosure	3 11001)	<u>20.9</u>	feet	☐ meters			
b) Top of the next higher floor			<u> </u>	feet	☐ meters			
,	I structural member (V Zones only)							
d) Attached garage (top of slab)			28.5 🗙	feet				
<ul> <li>e) Lowest elevation of machinery (Describe type of equipment a</li> </ul>	/ or equipment servicing the building nd location in Comments)	]	28.7 🗙		meters			
f) Lowest adjacent (finished) gra	de next to building (LAG)		28.0 🗙	feet	meters			
g) Highest adjacent (finished) gra	ade next to building (HAG)		28.2 🗙	feet	meters			
<ul> <li>h) Lowest adjacent grade at lowe structural support</li> </ul>	est elevation of deck or stairs, includ	Jing	<u>N/A</u>	feet	meters			
SECTION	D – SURVEYOR, ENGINEER, OI		ICATION					
This certification is to be signed and se I certify that the information on this Ce statement may be punishable by fine c	rtificate represents my best efforts t	to interpret the data avail	by law to certi lable. I under	fy eleva stand to	ation information. hat any false			
Were latitude and longitude in Section	1		Che	ck here	e if attachments.			
Certifier's Name	License Number	er						
Scot C. Rutherford	PE 70041							
Title Civil Engineer/Vice President								
Company Name SCR & Associates NWFL, Inc.								
Address P O Box 958								
City	State	ZIP Code	$\neg$					
Lynn Haven	Florida	32444						
Signature	Date 05-10-2023	Telephone (850) 265-6979	Ext.					
Copy all pages of this Elevation Certifica	ite and all attachments for (1) commu	unity official, (2) insurance	agent/compa	any, and	d (3) building owner.			
Comments (including type of equipmen *** Engineer or Surveyor will not be res valid unless dated and seal on bottom B8. and B9. LOMR CASE No.: 20-04-2 C2.e) Lowest machinery taken from bo	sponsible for any elevation data tha right of page 2. 2912P Effective Date August 16, 20	t has been changed by c	others. *** Sig	Inature	on page 2 is not			

OMB No.	1660-0	0008		
Expiration	Date:	November	30,	2022

ELEVATION CERTIFICATE	Expiration Date: November 30, 2022							
IMPORTANT: In these spaces, copy the corresp	FOR INSURANCE COMPANY USE							
Building Street Address (including Apt., Unit, Suite 1209 Jack Jack Drive	Policy Number:							
City Lynn Haven	State Florida	ZIP Code 32444	Company NAIC Number					
	SECTION E – BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO AND ZONE A (WITHOUT BFE)							
For Zones AO and A (without BFE), complete Item complete Sections A, B,and C. For Items E1–E4, u enter meters.								
<ul><li>E1. Provide elevation information for the following the highest adjacent grade (HAG) and the low a) Top of bottom floor (including basement,</li></ul>			ner the elevation is above or below					
crawlspace, or enclosure) is b) Top of bottom floor (including basement,		feet met	ers above or below the HAG.					
crawlspace, or enclosure) is		feet 🗌 met	ers above or below the LAG.					
E2. For Building Diagrams 6–9 with permanent flo the next higher floor (elevation C2.b in	ood openings provide	ed in Section A Items 8 and/o	or 9 (see pages 1–2 of Instructions),					
the diagrams) of the building is		feet met						
E3. Attached garage (top of slab) is		feet met	ers above or below the HAG.					
E4. Top of platform of machinery and/or equipment servicing the building is	nt	feet 🗌 met	ers above or below the HAG.					
E5. Zone AO only: If no flood depth number is ava floodplain management ordinance? [] Yes			accordance with the community's t certify this information in Section G.					
SECTION F – PROPERTY	OWNER (OR OWN	ER'S REPRESENTATIVE)	CERTIFICATION					
The property owner or owner's authorized represe community-issued BFE) or Zone AO must sign her	ntative who complet re. The statements i	es Sections A, B, and E for Z n Sections A, B, and E are c	Zone A (without a FEMA-issued or					
Property Owner or Owner's Authorized Representa	ative's Name							
Address		City	State ZIP Code					
Signature		Date	Felephone					
Comments								
			Check here if attachments.					

OMB No. 1660-0008 Expiration Date: November 30, 2022

IMPORTANT: In these spaces, copy the corre	FOR INSURANCE COMPANY USE					
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1209 Jack Jack Drive City	State	ZIP Code		Company NAIC Number		
Lynn Haven	Florida	32444		Company NAIC Number		
SECTIO	DN G – COMMUN	ITY INFORMATION (OPTIC	ONAL)			
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 or Zone AO.	ion E for a building	g located in Zone A (without	a FEM/	A-issued or community-issued BFE)		
G3. The following information (Items G4–	-G10) is provided f	for community floodplain ma	anagem	ent purposes.		
G4. Permit Number	G5. Date Permi	t Issued		Date Certificate of Compliance/Occupancy Issued		
G7. This permit has been issued for:	] New Constructio	on 🗌 Substantial Improven	nent			
G8. Elevation of as-built lowest floor (including of the building:	g basement)		🗌 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 (including type of equipment and log	cation, per C2(e),	if applicable)				
				Check here if attachments.		

## **ELEVATION CERTIFICATE**

### **BUILDING PHOTOGRAPHS**

See Instructions for Item A6.

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City	State	ZIP Code	Company NAIC Number
Lynn Haven	Florida	32444	

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.



Photo One Caption

Photo One Front View 5/10/23

Clear Photo One



Photo Two Caption

Left Side View 5/10/23

Clear Photo Two

FEMA Form 086-0-33 (12/19)

Replaces all previous editions.

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#### **ELEVATION CERTIFICATE**

## **BUILDING PHOTOGRAPHS**

Continuation Page

OMB No. 1660-0008 Expiration Date: November 30, 2022

IMPORTANT: In these spaces, co	FOR INSURANCE COMPANY USE		
Building Street Address (including 1209 Jack Jack Drive	Policy Number:		
City	State	ZIP Code	Company NAIC Number
Lynn Haven	Florida	32444	

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.



Photo Three Caption

Photo Three Rear View 5/10/23

Clear Photo Three



Photo Four Caption

Right Side View 5/10/23

Clear Photo Four

Replaces all previous editions.

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