ELEVATION CERTIFICATE Important: Follow the instructions on pages 1–9.

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

				()		3 1 1	ANCE COMPANY USE
A1. Building Owner's Name					Policy Num		
Traton Homes							
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Company NAIC Number:						AIC Number:	
1209 New Hampsh	ire Avenue						
City				State		ZIP Code	
Lynn Haven				Florida		32444	
A3. Property Desc	ription (Lot a	nd Block Numbers, Ta	ax Parcel	I Number, Le	gal Description, et	c.)	
Lot 15, and the So	uth 1/2 of Lot	16, Block A20	Parcel II	D 10937-020	-000		
A4. Building Use (e.g., Resider	ntial, Non-Residential,	Addition	, Accessory,	etc.) Residentia	al	
A5. Latitude/Longi	tude: Lat. <u>3</u>	0°14'24.19" N	Long. 8	5°39'44.04" V	V Horizonta	l Datum: 🔲 NAD 1	927 🗙 NAD 1983
A6. Attach at least	2 photograp	hs of the building if the	e Certific	ate is being ι	used to obtain floo	d insurance.	
A7. Building Diagra	am Number	1A					
A8. For a building	with a crawls	pace or enclosure(s):					
a) Square foo	tage of crawl	space or enclosure(s)			N/A sq ft		
b) Number of	permanent flo	ood openings in the cr	awlspace	e or enclosur	e(s) within 1.0 fool	above adjacent gra	ade N/A
-		penings in A8.b	-	N/A sqir			
d) Engineered				'			
	-		NU				
A9. For a building v				402.00			
a) Square foot	age of attach	ned garage		483.00 sq ft	t		
b) Number of	permanent flo	ood openings in the at	tached g	arage within	1.0 foot above adj	acent grade N/A	
c) Total net ar	ea of flood o	penings in A9.b		N/A sq	in		
d) Engineered	flood openin	igs? 🗌 Yes 🖂 N	No				
SECTION B – FLOOD INSURANCE RATE MAP (FIRM) INFORMATION							
B1. NFIP Community Name & Community Number B2. County Name B3. State							
City of Lynn Haven	- 120009			Bay			Florida
B4. Map/Panel Number	B5. Suffix	B6. FIRM Index Date	Effe	RM Panel	B8. Flood Zone(s)	B9. Base Flood E (Zone AO, use	levation(s) e Base Flood Depth)
12005C0331	н	06-02-2009	Rev 06-02-2	vised Date 2009	x	N/A	
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:						

ELEVATION CERTIFICATE			OMB No. 1660-0008 Expiration Date: November 30, 2022
IMPORTANT: In these spaces, copy the corres	FOR INSURANCE COMPANY USE		
Building Street Address (including Apt., Unit, Suit 1209 New Hampshire Avenue	e, and/or Bldg. No.) or	P.O. Route and Box No.	Policy Number:
City Lynn Haven	State Florida	ZIP Code 32444	Company NAIC Number
		-	
SECTION C – BUILD	DING ELEVATION IN	FORMATION (SURVEY I	REQUIRED)
*A new Elevation Certificate will be required C2. Elevations – Zones A1–A30, AE, AH, A (wi Complete Items C2.a–h below according to Benchmark Utilized: NGS BM X 290 Elev.= Indicate elevation datum used for the eleva	th BFE), VE, V1–V30, the building diagram =8.47' Vertic tions in items a) throug] Other/Source:	V (with BFE), AR, AR/A, Al specified in Item A7. In Pue al Datum: <u>NAVD 88</u> gh h) below.	
Datum used for building elevations must be	the same as that use	d for the BFE.	Check the measurement used.
a) Top of bottom floor (including basement	crawlspace or enclo	sure floor)	10.2 X feet meters
b) Top of the next higher floor			└─ └─ N/A │ feet │ meters
, i C			N/A feet meters
c) Bottom of the lowest horizontal structura	al member (V Zones of	niy)	9.7 \times feet \square meters
d) Attached garage (top of slab)			
 e) Lowest elevation of machinery or equip (Describe type of equipment and location) 	ment servicing the buil on in Comments)	lding	9.8 🗙 feet 🗌 meters
f) Lowest adjacent (finished) grade next to	building (LAG)		8.8 X feet meters
g) Highest adjacent (finished) grade next t	o building (HAG)		9.3 X feet meters
 h) Lowest adjacent grade at lowest elevati structural support 	on of deck or stairs, in	cluding	N/A ifeet imeters
SECTION D – SUR	VEYOR, ENGINEER	, OR ARCHITECT CERTI	FICATION
This certification is to be signed and sealed by a I certify that the information on this Certificate re statement may be punishable by fine or impriso	epresents my best effo	rts to interpret the data ava	by law to certify elevation information. <i>ilable. I understand that any false</i>
Were latitude and longitude in Section A provide		-	Check here if attachments.
Certifier's Name Scot C. Rutherford	License Nu PE 70041	Imber	
	PE 70041		
Title Civil Engineer/Vice President			
Company Name SCR & Associates NWFL, Inc.			
Address P O Box 958			
City	State	ZIP Code	—
Lynn Haven	Florida	32444	
Signature	Date 05-10-2023	Telephone 3 (850) 265-6979	Ext.
Copy all pages of this Elevation Certificate and all	attachments for (1) cor	nmunity official, (2) insurance	e agent/company, and (3) building owner.
Comments (including type of equipment and loc *** Engineer or Surveyor will not be responsible valid unless dated and seal on bottom right of pa B4) Thru B9.) The City of Lynn Haven is Requiri (Preliminary Issue Date) 10/25/2019, Flood Zon C2.e) Lowest machinery taken from bottom of H	for any elevation data age 2.A5.) Lat./Longs ng All Construction to e AE, Base Flood Elev	that has been changed by taken from Google Maps. be performed based on (Pr	

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

ELEVATION CERTIFICATE			Expiration Date: November 30, 2022
IMPORTANT: In these spaces, copy the c	FOR INSURANCE COMPANY USE		
Building Street Address (including Apt., Uni 1209 New Hampshire Avenue	t, Suite, and/or Bldg. No.) or	P.O. Route and Box No.	Policy Number:
City Lynn Haven	State Florida	ZIP Code 32444	Company NAIC Number
	LDING ELEVATION INFO FOR ZONE AO AND ZON		T REQUIRED)
For Zones AO and A (without BFE), complet complete Sections A, B,and C. For Items E enter meters.			
E1. Provide elevation information for the fo the highest adjacent grade (HAG) and	the lowest adjacent grade (l		ner the elevation is above or below
 a) Top of bottom floor (including baser crawlspace, or enclosure) is 	nent,	feet 🗌 met	ers above or below the HAG.
 b) Top of bottom floor (including baser crawlspace, or enclosure) is 	nent,	[] feet [] met	
E2. For Building Diagrams 6–9 with perma the next higher floor (elevation C2.b in	nent flood openings provide	d in Section A Items 8 and/	or 9 (see pages 1–2 of Instructions),
the diagrams) of the building is		feet 🗌 met	ers above or below the HAG.
E3. Attached garage (top of slab) is		feet 🗌 met	ers above or below the HAG.
E4. Top of platform of machinery and/or eq servicing the building is	uipment	feet 🗌 met	ers 🔲 above or 🗌 below the HAG.
E5. Zone AO only: If no flood depth numbe floodplain management ordinance?			accordance with the community's t certify this information in Section G.
SECTION F – PROP	ERTY OWNER (OR OWNE	R'S REPRESENTATIVE)	CERTIFICATION
The property owner or owner's authorized re community-issued BFE) or Zone AO must s	epresentative who complete ign here. The statements in	s Sections A, B, and E for 2 Sections A, B, and E are c	Zone A (without a FEMA-issued or orrect to the best of my knowledge.
Property Owner or Owner's Authorized Rep	resentative's Name		
Address		City	State ZIP Code
Signature		Date	Telephone
Comments			
			Check here if attachments.

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

IMPORTANT: In these spaces, copy the corr	FOR INSURANCE COMPANY USE			
Building Street Address (including Apt., Unit, S	Policy Number:			
1209 New Hampshire Avenue				
City Lynn Haven	State Florida	ZIP Code 32444		Company NAIC Number
-			ONAL)	
		•		
The local official who is authorized by law or or Sections A, B, C (or E), and G of this Elevation used in Items G8–G10. In Puerto Rico only, en	Certificate. Comp	ster the community's floodp lete the applicable item(s) a	and sign	below. Check the measurement
G1. The information in Section C was tak engineer, or architect who is authoriz data in the Comments area below.)				
G2. A community official completed Sect or Zone AO.	ion E for a building	g located in Zone A (without	a FEMA	A-issued or community-issued BFE)
G3. The following information (Items G4-	-G10) is provided 1	for community floodplain ma	anageme	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 lo	cation, per C2(e), i	if applicable)		
				Check here if attachments.

ELEVATION CERTIFICATE

BUILDING PHOTOGRAPHS

See Instructions for Item A6.

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

IMPORTANT: In these spaces, cop	FOR INSURANCE COMPANY USE		
Building Street Address (including A 1209 New Hampshire Avenue	Policy Number:		
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

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.

Form Page 5 of 6

ELEVATION CERTIFICATE

BUILDING PHOTOGRAPHS

Continuation Page

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

IMPORTANT: In these spaces, copy	FOR INSURANCE COMPANY USE		
Building Street Address (including Apt 1209 New Hampshire Avenue	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

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

Replaces all previous editions.

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