U.S. DEPARTMENT OF HOMELAND SECURITY Federal Emergency Management Agency National Flood Insurance Program

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

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.

| | | | | | FOR INSUF | RANCE COMPANY USE | | |
|--|--|--|------------|--|-----------|-------------------|-----------------------------------|------------------------------------|
| A1. Building Owner's Name Policy Number: D.R. Horton, Inc | | | | | | ber: | | |
| A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Company NAIC Number: 1217 Jack Jack Drive | | | | | | AIC Number: | | |
| City State ZIP Code Lynn Haven Florida 32444 | | | | | | | | |
| A3. Property Desc Lot 58, Andrews P | . , | nd Block Numbers, Ta se 2 Parcel Id | | | gal Desc | cription, etc.) | | |
| A4. Building Use (| e.g., Resider | ntial, Non-Residential, | Addition | , Accessory, | etc.) | Residential | | |
| A5. Latitude/Longi | tude: Lat. 3 | 0°13'28.40" N | Long. 8 | 5°37'56.57" V | V | Horizontal D | atum: 🔲 NAD 1 | 927 × NAD 1983 |
| A6. Attach at least | 2 photograp | hs of the building if the | e Certific | ate is being ເ | sed to c | btain flood ir | nsurance. | |
| A7. Building Diagra | am Number | 1A | | | | | | |
| A8. For a building | with a crawls | space or enclosure(s): | | | | | | |
| a) Square foo | tage of craw | space or enclosure(s) |) | | | sq ft | | |
| b) Number of | permanent flo | ood openings in the cr | awlspace | e or enclosur | e(s) with | in 1.0 foot at | ove adjacent gra | ade |
| c) Total net ar | ea of flood o | penings in A8.b | | sq ir | 1 | | | |
| d) Engineered | l flood openir | ngs? | No | _ | | | | |
| A9. For a building v | vith an attach | ned garage: | | | | | | |
| a) Square foot | age of attach | ned garage | | 416.00 sq ff | İ | | | |
| b) Number of | permanent flo | ood openings in the at | tached g | arage within | 1.0 foot | above adjace | ent grade N/A | |
| c) Total net area of flood openings in A9.b N/A sq in | | | | | | | | |
| d) Engineered | d) Engineered flood openings? Yes No | | | | | | | |
| a) Engineered nood openings: res No | | | | | | | | |
| SECTION B – FLOOD INSURANCE RATE MAP (FIRM) INFORMATION | | | | | | | | |
| B1. NFIP Community Name & Community Number City of Lynn Haven - 120009 B2. County Name B3. State Florida | | | | | | | | |
| B4. Map/Panel Number | B5. Suffix | B6. FIRM Index Date | Effe | I RM Panel ective/ vised Date | B8. Flo | ood E | 39. Base Flood E (Zone AO, use | levation(s) e Base Flood Depth) |
| 12005C0332 | Н | 06-02-2009 | 06-02-2 | | AE | 2 | 24.2' | |
| 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 区 No | | | | | | | | |
| Designation Date: CBRS DPA | | | | | | | | |
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| IMPORTANT: In these spaces, copy the corresponding i | FOR INSURANCE COMPANY USE | | | | |
|---|--|--|---------------------------------------|--|--|
| Building Street Address (including Apt., Unit, Suite, and/or It 1217 Jack Jack Drive | Policy Number: | | | | |
| City State Lynn Haven Florid | | Code 14 | Company NAIC Number | | |
| SECTION C – BUILDING ELE | VATION INFORMAT | ION (SURVEY RE | :QUIRED) | | |
| SECTION C – BUILDING ELEVATION INFORMATION (SURVEY REQUIRED) C1. Building elevations are based on: | | | | | |
| h) Lowest adjacent grade at lowest elevation of deck structural support | or stairs, including | | N/A feet meters | | |
| SECTION D – SURVEYOR, I This certification is to be signed and sealed by a land surv I certify that the information on this Certificate represents statement may be punishable by fine or imprisonment und Were latitude and longitude in Section A provided by a lice | reyor, engineer, or arc my best efforts to inter der 18 U.S. Code, Sec | hitect authorized by pret the data availa tion 1001. | law to certify elevation information. | | |
| Certifier's Name Scot C. Rutherford Title Civil Engineer/Vice President | License Number PE 70041 | | | | |
| Company Name SCR & Associates NWFL, Inc. Address P O Box 958 City Lynn Haven | State Florida | ZIP Code 32444 | | | |
| Signature | Date 03-30-2023 | Telephone (850) 265-6979 | Ext. | | |
| Copy all pages of this Elevation Certificate and all attachmen | ts for (1) community of | ficial, (2) insurance a | gent/company, and (3) building owner. | | |
| Comments (including type of equipment and location, per *** Engineer or Surveyor will not be responsible for any elevalid unless dated and seal on bottom right of page 2. B8. and B9. LOMR CASE No.: 20-04-2912P Effective Date C2.e) Lowest machinery taken from bottom of HVAC unit. | evation data that has b | een changed by oth | ners. *** Signature on page 2 is not | | |

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|--|--|--|--|--|--|
| Building Street Address (including Apt., Unit, Suite, and/ 1217 Jack Jack Drive | or Bldg. No.) or P.O. Ro | oute and Box No. | Policy Number: | | |
| - , | | P Code | Company NAIC Number | | |
| , | | 444 | | | |
| 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–complete Sections A, B,and C. For Items E1–E4, use na enter meters. | | | | | |
| E1. Provide elevation information for the following and of the highest adjacent grade (HAG) and the lowest grade (HAG) and the lo | | oxes to show whethe | r the elevation is above or below | | |
| a) Top of bottom floor (including basement, crawlspace, or enclosure) is | | _ | s 🔲 above or 🔲 below the HAG. | | |
| b) Top of bottom floor (including basement, crawlspace, or enclosure) is | | feet meter | s 🗌 above or 🗌 below the LAG. | | |
| E2. For Building Diagrams 6–9 with permanent flood op | enings provided in Sec | tion A Items 8 and/or | 9 (see pages 1–2 of Instructions), | | |
| the next higher floor (elevation C2.b in the diagrams) of the building is | | feet meter | s above or below the HAG. | | |
| E3. Attached garage (top of slab) is | | feet meter | s above or below the HAG. | | |
| E4. Top of platform of machinery and/or equipment servicing the building is | | _ ∏feet ∏meter | s □ above or □ below the HAG. | | |
| E5. Zone AO only: If no flood depth number is available floodplain management ordinance? Yes | , is the top of the bottor No | m floor elevated in ac he local official must o | cordance with the community's certify this information in Section G. | | |
| SECTION F - PROPERTY OWN | ER (OR OWNER'S RE | PRESENTATIVE) CE | ERTIFICATION | | |
| The property owner or owner's authorized representative community-issued BFE) or Zone AO must sign here. The | e who completes Section e statements in Section | ons A, B, and E for Zo s A, B, and E are cor | ne A (without a FEMA-issued or rect to the best of my knowledge. | | |
| Property Owner or Owner's Authorized Representative's | Name | | | | |
| Address | City | Sta | ate ZIP Code | | |
| Signature | Date | Te | lephone | | |
| Comments | | | | | |
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| | | | ☐ Check here if attachments. | | |

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| IMPORTANT: In these spaces, copy the corre | FOR INSURANCE COMPANY USE | | | | | | |
|--|-----------------------------|---------------------------|---|-----------------------------------|--|--|--|
| Building Street Address (including Apt., Unit, St 1217 Jack Jack Drive | Policy Number: | | | | | | |
| City Lynn Haven | State Florida | ZIP Code 32444 | | Company NAIC Number | | | |
| 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 or Zone AO. | on E for a building | located in Zone A (withou | ut a FEMA | A-issued or community-issued BFE) | | | |
| G3. The following information (Items G4– | -G10) is provided f | or community floodplain n | nanageme | ent purposes. | | | |
| G4. Permit Number | G5. Date Permit | t Issued | Date Certificate of compliance/Occupancy Issued | | | | |
| G7. This permit has been issued for: | New Constructio | on Substantial Improve | ment | | | | |
| 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 | Local Official's Name Title | | | | | | |
| Community Name | | Telephone | | | | | |
| Signature | | Date | | | | | |
| Comments (including type of equipment and location, per C2(e), if applicable) | | | | | | | |
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| | | | | Check here if attachments. | | | |

BUILDING PHOTOGRAPHS

ELEVATION CERTIFICATE

See Instructions for Item A6.

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|---|---------------------------|----------|---------------------|
| Building Street Address (including 1217 Jack Jack Drive | 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

Photo One Caption Front View 3/30/23 Clear Photo One



Photo Two

Photo Two Caption Left Side View 3/30/23 Clear Photo Two

BUILDING PHOTOGRAPHS

ELEVATION CERTIFICATE

Continuation Page

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| IMPORTANT: In these spaces, co | FOR INSURANCE COMPANY USE | | |
|---|---------------------------|----------|---------------------|
| Building Street Address (including 1217 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

Photo Three Caption Rear View 3/30/23 Clear Photo Three



Photo Four Caption Right Side View 3/30/23

ide View 3/30/23 Clear Photo Four