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.

SECTION A – PROPERTY INFORMATION					FOR INSUF	RANCE COMPANY USE		
A1. Building Owner's Name 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 1229 Conolly Blvd							AIC Number:	
City Lynn Haven				State Florida			ZIP Code 32405	
A3. Property Desc Lot 28, Andrews P		nd Block Numbers, Ta se 2 Parcel ID 1			gal Descrip	otion, etc.)		
A4. Building Use (e.g., Resider	ntial, Non-Residential,	Addition	, Accessory,	etc.) Re	esidential		
A5. Latitude/Longi	tude: Lat. 3	0°13'26.28" N	Long. 8	5°37'50.48" V	V Ho	orizontal Datu	ım: NAD 1	927 × NAD 1983
A6. Attach at least	2 photograp	hs of the building if the	e Certific	ate is being ι	sed to obt	ain flood insu	ırance.	
A7. Building Diagr	am Number	1A						
A8. For a building	with a crawls	pace or enclosure(s):						
a) Square foo	tage of craw	space or enclosure(s)			so	q ft		
b) Number of	permanent flo	ood openings in the cr	awlspace	e or enclosure	e(s) within	1.0 foot abov	e adjacent gra	ade
c) Total net ar	ea of flood o	penings in A8.b		sq ir	1			
d) Engineered	I flood openir	ngs? 🗌 Yes 🔲 N	No					
A9. For a building v	vith an attach	ned garage:						
a) Square foot	age of attach	ned garage		416.00 sq ft				
b) Number of	permanent flo	ood openings in the at	tached g	arage within	1.0 foot ab	ove adjacent	grade N/A	
c) Total net ar	ea of flood o _l	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 City of Lynn Haven - 120009 B2. County Name B3. State Florida								
B4. Map/Panel Number	B5. Suffix	B6. FIRM Index Date	Effe	RM Panel ective/ vised Date	B8. Floor Zone(s)		Base Flood E (Zone AO, use	levation(s) e Base Flood Depth)
12005C0332	Н	06-02-2009	06-02-2		AE	24.3	3'	
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				

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IMPORTANT: In these spaces, copy the corresponding i	FOR INSU	JRANCE COMPANY USE			
Building Street Address (including Apt., Unit, Suite, and/or I 1229 Conolly Blvd	Policy Nu	Policy Number:			
City State Lynn Haven Florid		Code 05	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	ENGINEER. OR ARC	CHITECT CERTIFIC	CATION	<u> </u>	
This certification is to be signed and sealed by a land surval certify that the information on this Certificate represents statement may be punishable by fine or imprisonment und	veyor, 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 cert ble. I unde	tify elevation information. rstand that any false eck here if attachments.	
Certifier's Name Scot C. Rutherford Title	License Number PE 70041				
Civil Engineer/Vice President Company Name SCR & Associates NWFL, Inc. Address P O Box 958 City Lynn Haven	State Florida	ZIP Code 32444			
Signature	Date 09-02-2022	Telephone (850) 265-6979	Ext.		
Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2) insurance agent/company, and (3) building owner.					
Comments (including type of equipment and location, per C2(e), if applicable) *** Engineer or Surveyor will not be responsible for any elevation data that has been changed by others. *** Signature on page 2 is not valid unless dated and seal on bottom right of page 2. B8. and B9. LOMR CASE No.: 20-04-2912P Effective Date August 16, 2021 C2.e) Lowest machinery taken from bottom of HVAC unit.					

ELEVATION CERTIFICATE

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MP	PORTANT: In these spaces, copy the corres	ponding information	from Section A.	FOR INSUR	RANCE COMPANY USE		
	ilding Street Address (including Apt., Unit, Suito 29 Conolly Blvd	e, and/or Bldg. No.) o	r P.O. Route and Box l	No. Policy Numb	ber:		
City Lyn	y nn Haven	State Florida	ZIP Code 32405	Company N	AIC Number		
	SECTION E – BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO AND ZONE A (WITHOUT BFE)						
con	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.	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 b) Top of bottom floor (including basement)		feet	meters above	e or		
	 Top of bottom floor (including basement, crawlspace, or enclosure) is 			meters above	e or		
E2.	 For Building Diagrams 6–9 with permanent fl the next higher floor (elevation C2.b in the diagrams) of the building is 	ood openings provide			s 1–2 of Instructions), e or ☐ below the HAG.		
E3.	. Attached garage (top of slab) is		feet [meters above	e or below the HAG.		
E4.	. Top of platform of machinery and/or equipme servicing the building is	ent] meters 🔲 above	e or below the HAG.		
E5.	. Zone AO only: If no flood depth number is av floodplain management ordinance? Yes				n the community's ormation in Section G.		
	SECTION F - PROPERTY	OWNER (OR OWNE	R'S REPRESENTAT	IVE) CERTIFICATIO	N		
The	e property owner or owner's authorized represemmunity-issued BFE) or Zone AO must sign he	entative who complete ere. The statements in	es Sections A, B, and E Sections A, B, and E	E for Zone A (without are correct to the be	t a FEMA-issued or st of my knowledge.		
Pro	operty Owner or Owner's Authorized Represent	tative's Name					
Add	dress		City	State	ZIP Code		
Sig	gnature		Date	Telephone			
Cor	mments						
				☐ Che	ck here if attachments.		

ELEVATION CERTIFICATE

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MPORTANT: In these spaces, copy the corre	FOR INSURANCE COMPANY USE			
Building Street Address (including Apt., Unit, St 1229 Conolly Blvd	Policy Number:			
City Lynn Haven	State Florida	ZIP Code 32405		Company NAIC Number
SECTIO	N G – COMMUN	ITY INFORMATION (OPT	IONAL)	
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			
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 Section or Zone AO.	on E for a building	g located in Zone A (withou	ut a FEMA	A-issued or community-issued BFE)
G3. The following information (Items G4–	G10) is provided f	for community floodplain n	nanageme	ent purposes.
G4. Permit Number	G5. Date Permi	t Issued		Date Certificate of Compliance/Occupancy Issued
G7. This permit has been issued for:	New Construction	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		Title		
Community Name		Telephone		
Signature		Date		
Comments (including type of equipment and loo	cation, per C2(e), i	if applicable)		
				Check here if attachments.

BUILDING PHOTOGRAPHS

ELEVATION CERTIFICATE

See Instructions for Item A6.

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IMPORTANT: In these spaces, co	FOR INSURANCE COMPANY USE		
Building Street Address (including a 1229 Conolly Blvd	Policy Number:		
City	State	ZIP Code	Company NAIC Number
Lynn Haven	Florida	32405	

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 9/2/22 Clear Photo One



Photo Two

Left Side View 9/2/22

Clear Photo Two

Photo Two Caption

BUILDING PHOTOGRAPHS

ELEVATION CERTIFICATE

Continuation Page

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IMPORTANT: In these spaces, copy	FOR INSURANCE COMPANY USE		
Building Street Address (including Ap 1229 Conolly Blvd	Policy Number:		
City	State	ZIP Code	Company NAIC Number
Lynn Haven	Florida	32405	

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 9/2/22 Clear Photo Three



Photo Four Caption Right Sign

Right Side View 9/2/22

Clear Photo Four