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					Policy Num	ber:	
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 1240 Conolly Blvd Company NAIC Number:					AIC Number:		
City Lynn Haven				State Florida		ZIP Code 32405	
A3. Property Described Lot 13, Andrews Plant	11.5	nd Block Numbers, Ta se 2 Parcel ID			gal Description, etc	c.)	
A4. Building Use (e	e.g., Resider	tial, Non-Residential,	Addition	Accessory, e	etc.) Residentia	ıl	
A5. Latitude/Longit	ude: Lat. 3	0°13'27.88" N	Long. 8	5°37'50.99" V	V Horizontal	Datum: NAD 1	927 X NAD 1983
A6. Attach at least	2 photograp	hs of the building if the	e Certific	ate is being u	sed to obtain floor	d insurance.	
A7. Building Diagra	am Number	1A					
A8. For a building v	with a crawls	pace or enclosure(s):					
a) Square foot	age of crawl	space or enclosure(s)			sq ft		
b) Number of p	ermanent flo	ood openings in the cra	awlspace	or enclosure	e(s) within 1.0 foot	above adjacent gra	ide
c) Total net are	ea of flood o	penings in A8.b		sq in	1		
d) Engineered	flood openir	ngs? Yes N	lo				
A9. For a building w	vith an attach	ned garage:					
a) Square foots	age of attach	ed garage		416.00 sq ft			
b) Number of p	ermanent flo	ood openings in the at	tached g	arage within	1.0 foot above adja	acent grade N/A	
c) Total net are	c) Total net area of flood openings in A9.b N/A sq in						
d) Engineered flood openings? Yes No							
a) Engineered need openings.							
SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION							
B1. NFIP Communi Bay County - 12000	17	Community Number		B2. County Bay	Name		B3. State Florida
B4. Map/Panel Number	B5. Suffix	B6. FIRM Index Date	Effe	RM Panel ective/	B8. Flood Zone(s)	B9. Base Flood E (Zone AO, us	Elevation(s) e Base Flood Depth)
12005C0332	н	06-02-2009	06-02-2	vised Date 2009	AE	28.9'	
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 X NAVD 1988 Other/Source:							
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? ☐ Yes ☒ No					OPA)? ☐ Yes ☒ No		
Designation I			CBRS	□ OPA	Scot C. Ruther	ford, P.E., Digitally	y signed by Scot C.
			22.10	_	State of Florida	License	ord, P.E., State of Florida, No. 70041
					License No. 70	041 Date: 20	022.08.24 15:45:55 -05'00'

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IMPORTANT: In these spaces, copy the corresponding information from Section A.				FOR INSURANCE COMPANY USE		
1240 Conolly Blvd				Policy Number:		
City State Lynn Haven Florid			Company N	AIC Number		
SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)						
C1. Building elevations are based on: Construction *A new Elevation Certificate will be required when constructions. C2. Elevations – Zones A1–A30, AE, AH, A (with BFE), Vocamplete Items C2.a–h below according to the building Benchmark Utilized: NGS BM W290 Elev. = 32.43' Indicate elevation datum used for the elevations in item NGVD 1929 NAVD 1988 Other/Sendatum used for building elevations must be the same a) Top of bottom floor (including basement, crawlspan) Top of the next higher floor	nstruction of the buildir (E, V1–V30, V (with BF) ng diagram specified ir Vertical Datum: tims a) through h) below burce: as that used for the B	E), AR, AR/A, AR/ I Item A7. In Puert NAVD 88 v.	Check th	ne measurement used. feet meters feet meters		
c) Bottom of the lowest horizontal structural member	(V Zones only)			feet meters		
d) Attached garage (top of slab) e) Lowest elevation of machinery or equipment servi (Describe type of equipment and location in Comr f) Lowest adjacent (finished) grade next to building (g) Highest adjacent (finished) grade next to building (h) Lowest adjacent grade at lowest elevation of deck structural support	nents) (LAG) (HAG)		30.9 × 1 30.0 × 1 30.5 × 1	feet meters feet meters feet meters feet meters feet meters feet meters		
SECTION D – SURVEYOR,	ENGINEER, OR ARC	HITECT CERTIF	ICATION			
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. Were latitude and longitude in Section A provided by a licensed land surveyor?						
Certifier's Name Scot C. Rutherford Title Civil Engineer/Vice President	License Number PE 70041		STATE C. RU	Digitally signed by Scot C. Rutherford, P.E., State of Florida, License No. 70041 DN: cn=Scot C. Rutherford, P.E., State of Florida, License No. 70041, on-This item has been electronically signed and sealed		
Company Name SCR & Associates NWFL, Inc. Address P O Box 958 City Lynn Haven	State Florida	ZIP Code 32444	No 70 No 70 STATE OR ST	by Scot C. Rutherford, PE, on the date adjacent to the seal a using a		
Signature Scot C. Rutherford, P.E., State P.E., State of Florida, License No. 70041 Date: 2022.08.24 15.4546-05'00'	Date 08-22-2022	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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	IMPORTANT: In these spaces, copy the corresponding information from Section A.				ICE COMPANY USE	
Building Street Address (including Apt., Unit, Suite, a 1240 Conolly Blvd	and/or Bldg. No.	or P.O. Route and B	ox No.	Policy Number:		
City Lynn Haven	State Florida	ZIP Code 32405		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 Items complete Sections A, B, and C. For Items E1–E4, us enter meters.	e natural grade,	if available. Check the	e measure	ment used. In Pu	ierto Rico only,	
E1. Provide elevation information for the following a the highest adjacent grade (HAG) and the lowe a) Top of bottom floor (including basement,			ow whethe	r the elevation is	apove or pelow	
crawlspace, or enclosure) is b) Top of bottom floor (including basement,			meter	_	below the HAG.	
crawlspace, or enclosure) is		·: - -	meter		below the LAG.	
E2: For Building Diagrams 6–9 with permanent floo the next higher floor (elevation C2.b in the diagrams) of the building is	d openings prov		is 8 and/or ∶		-2 of Instructions),	
E3. Attached garage (top of slab) is			meter	s 🔲 above or	below the HAG.	
E4. Top of platform of machinery and/or equipment servicing the building is	: 	∏feet	⊡ meter	rs ∏above or	below the HAG.	
servicing the building is						
SECTION F PROPERTY C	WNER (OR OW	NER'S REPRESENT	ATIVE) CI	RTIFICATION		
The property owner or owner's authorized represent	tative who comp	etes Sections A, B, a	nd E for Zo	ine A (without a l	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 or Owner's Authorized Representative's Name						
Address		City	St	ate	ZIP Code	
Address		City	:	ate lephone	ZIP Code	
Signature			:	· · · · · · · · · · · · · · · · · · ·	ZIP Code	
			:	· · · · · · · · · · · · · · · · · · ·	ZIP Code	
Signature			:	· · · · · · · · · · · · · · · · · · ·	ZIP Code	
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Signature			:	· · · · · · · · · · · · · · · · · · ·	ZIP Code	

ELEVATION CERTIFICATE

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IMPORTANT: In these spaces, copy the corre	FOR INSURANCE COMPANY USE					
Building Street Address (including Apt., Unit, St 1240 Conolly Blvd	o. Policy Number:					
City Lynn Haven	State Florida	ZIP Code 32405	Company NAIC Number			
SECTION G - COMMUNITY INFORMATION (OPTIONAL)						
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. Complete ter meters.	e the applicable item(s) an	d sign below. Check the measurement			
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.)						
or Zone AO.		. , .	FEMA-issued or community-issued BFE)			
G3. The following information (Items G4-	G10) is provided for (community floodplain man	agement purposes.			
G4. Permit Number	G5. Date Permit Is	sued	G6. Date Certificate of Compliance/Occupancy Issued			
G7. This permit has been issued for:	New Construction [Substantial Improveme	nt			
G8. Elevation of as-built lowest floor (including of the building:	g básement)	· · ·] 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	ini i a	Telephone				
Signature	<u> </u>	Date				
Comments (including type of equipment and location, per C2(e), if applicable)						
·		*				
			Check here if attachments.			

BUILDING PHOTOGRAPHS

ELEVATION CERTIFICATE

See Instructions for Item A6.

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IMPORTANT: In these spaces, copy	FOR INSURANCE COMPANY USE		
Building Street Address (including Ap 1240 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 Caption

Front View 8/22/22

Clear Photo One

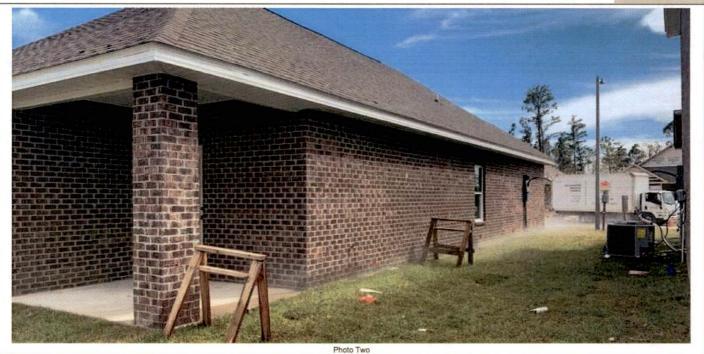


Photo Two Caption

Left Side View 8/22/22

Clear Photo Two

BUILDING PHOTOGRAPHS

ELEVATION CERTIFICATE

Continuation Page

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IMPORTANT: In these spaces, c	FOR INSURANCE COMPANY USE		
Building Street Address (including 1240 Conolly Blvd	Apt., Unit, Suite, and/or Bldg. No.)	or P.O. Route and Box No.	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 8/22/22 Clear Photo Three



Left Side View 8/22/22 Clear Photo Four

Photo Four Caption