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

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

ELEVATION CERTIFICATEImportant: 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 INSUR	ANCE COMPANY USE		
A1. Building Owner's Name D R Horton, Inc					per:			
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	City State ZIP Code							
A3. Property Desc Lot 13, Andrews Pl		nd Block Numbers, Ta se 2 Parcel ID			gal Description, e	etc.)		
A4. Building Use (e.g., Resider	ntial, Non-Residential,	Addition	, Accessory,	etc.) Residen	tial		
A5. Latitude/Longi	tude: Lat. <u>3</u>	0°13'27.88" N	Long. 8	5°37'50.99" V	V Horizont	tal Datur	n: 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 obtain flo	od insur	ance.	
A7. Building Diagra	am Number	1A						
A8. For a building	with a crawls	space or enclosure(s):						
a) Square foo	tage of crawl	space or enclosure(s)			sq ft			
b) Number of p	permanent flo	ood openings in the cr	awlspace	e or enclosure	e(s) within 1.0 fo	ot above	adjacent gra	de
c) Total net ar	ea of flood o	penings in A8.b		sq ir	1			
d) Engineered	flood openir	ngs? 🗌 Yes 🔲 N	No					
A9. For a building v	vith an attach	ned garage:						
a) Square foot	a) Square footage of attached garage 416.00 sq ft							
b) Number of p	permanent flo	ood openings in the at	tached g	arage within	1.0 foot above a	djacent (grade N/A	
c) Total net are	c) Total net area of flood openings in A9.b N/A sq in							
d) Engineered	d) Engineered flood openings?							
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 ective/ vised Date	B8. Flood Zone(s)		Base Flood E Zone AO, use	levation(s) e Base Flood Depth)
12005C0332 H 06-02-2009 06-02-2009 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 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	FOR INSURANCE COMPANY USE					
Building Street Address (including Apt., Unit, Suite, and/or 1240 Conolly Blvd	Policy Number:					
City Stat Lynn Haven Flor		Code 05	Company NAIC Number			
SECTION C – BUILDING ELI	EVATION INFORMAT	ION (SURVEY RE	QUIRED)			
C1. Building elevations are based on: Construction* Construction* Construction* Construction* Calculate A new Elevation Certificate will be required when consider a new Elevation Certificate will be required when consider a new Elevations — Zones A1—A30, AE, AH, A (with BFE), Complete Items C2.a—h below according to the build Benchmark Utilized: NGS BM W290 Elev. = 32.43* Indicate elevation datum used for the elevations in item NGVD 1929 NAVD 1988 Other/S Datum used for building elevations must be the same a) Top of bottom floor (including basement, crawlspub) Top of the next higher floor c) Bottom of the lowest horizontal structural members.	n Drawings*	ding Under Constructions is complete. FE), AR, AR/A, AR/A, In Item A7. In Puerto NAVD 88 W.	ction*			
d) Attached garage (top of slab)			30.6 × feet meters			
e) Lowest elevation of machinery or equipment servation (Describe type of equipment and location in Comf) f) Lowest adjacent (finished) grade next to building g) Highest adjacent (finished) grade next to building h) Lowest adjacent grade at lowest elevation of decentrative laurence.	ments) (LAG) (HAG)		30.9			
SECTION D – SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION						
This certification is to be signed and sealed by a land sur I certify that the information on this Certificate represents statement may be punishable by fine or imprisonment un. Were latitude and longitude in Section A provided by a lice	veyor, engineer, or arc my best efforts to inter der 18 U.S. Code, Sec	nitect authorized by pret the data availa tion 1001.	law to certify elevation information.			
Certifier's Name	License Number					
Scot C. Rutherford Title Civil Engineer/Vice President Company Name SCR & Associates NWFL, Inc. Address P O Box 958	PE 70041					
City	State	ZIP Code	-			
Lynn Haven	Florida	32444				
Signature	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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MP	PORTANT: In these spaces, copy the corres	 ponding information	from Section A.	FOR INSURA	ANCE COMPANY USE		
1240 Conolly Blvd					er:		
City Lyn	y nn Haven	State Florida	ZIP Code 32405	Company NA	IC 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 Top of bottom floor (including basement).		feet 🔲 r	neters	or		
	 Top of bottom floor (including basement, crawlspace, or enclosure) is 		feet 🔲 r	neters 🗌 above	or		
E2.	. For Building Diagrams 6–9 with permanent fluthe next higher floor (elevation C2.b in the diagrams) of the building is	ood openings provide		· _ ·	1–2 of Instructions), or ☐ below the HAG.		
E3.	. Attached garage (top of slab) is		feet 🗌 r	neters	or		
E4.	. Top of platform of machinery and/or equipme servicing the building is	ent	feet 🔲 r	neters 🔲 above	or		
E5.	. Zone AO only: If no flood depth number is av floodplain management ordinance?		ne bottom floor elevated own. The local official n				
	SECTION F - PROPERTY	OWNER (OR OWNE	R'S REPRESENTATIVI	E) CERTIFICATION	I		
The con	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 for Sections A, B, and E are	or Zone A (without a correct to the bes	a FEMA-issued or t 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						
				Chec	k 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 1240 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							
	engineer, or architect who is authorized by law to certify elevation information. (Indicate the source and date of the elevation							
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:	G7. This permit has been issued for: New Construction Substantial Improvement							
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 1240 Conolly Blvd	Policy Number:		
City Lynn Haven	State Florida	ZIP Code 32405	Company NAIC Number

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 8/22/22 Clear Photo One



Photo Two

Left Side View 8/22/22

Clear Photo Two

Photo Two Caption

BUILDING PHOTOGRAPHS

ELEVATION CERTIFICATE

Continuation Page

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IMPORTANT: In these spaces, co	FOR INSURANCE COMPANY USE		
Building Street Address (including 1240 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 8/22/22 Clear Photo Three



Photo Four Caption Left Side View 8/22/22

Clear Photo Four