**Important:** Follow the instructions on pages 1–9.

			insurance agent/compa	

						, (2) 1130121		ANCE COMPANY USE
SECTION A – PROPERTY INFORMATION A1. Building Owner's Name						Policy Num		
D R Horton, Inc								
	A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Company NAIC Number:						AIC Number:	
Box No. 1241 Conolly Blvd								
City				State			ZIP Code	
Lynn Haven				Florida			32405	
A3. Property Desc Lot 31, Andrews Pl		nd Block Numbers, Ta se 2 Parcel ID			jal Desci	ription, etc.)	)	
A4. Building Use (	e.g., Resider	tial, Non-Residential,	Addition	, Accessory,	etc.) F	Residential		
A5. Latitude/Longit	ude: Lat. 30	0°13'27.21" N	Long. 8	5°37'52.09" V	√ I	Horizontal D	Datum: 🗌 NAD 1	927 🗙 NAD 1983
A6. Attach at least	2 photograp	hs of the building if the	e Certific	ate is being ι	ised to o	btain flood i	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)				sq ft		
b) Number of p	permanent flo	ood openings in the cr	awlspace	e or enclosure	∍(s) withi	in 1.0 foot a	bove adjacent gra	ade
c) Total net ar	ea of flood o	penings in A8.b		sq ir	i			
d) Engineered	flood openir	ngs? 🗌 Yes 🗌 N	١o					
A9. For a building v	vith an attach	ed garage:						
a) Square footage of attached garage 439.00 sq ft								
b) Number of p	b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade N/A							
c) Total net are	ea of flood op	penings in A9.b		N/A sq	in			
d) Engineered	flood openin	gs? □Yes ⊠N	lo					
	SE	CTION B - FLOOD	INSURA	NCE RATE	MAP (F	IRM) INFO	RMATION	
	5	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/	B8. Flo Zone(s		B9. Base Flood E (Zone AO, use	levation(s) e Base Flood Depth)
12005C0332	н	06-02-2009	06-02-2	vised Date 2009	AE		26.1'	
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	e corresponding information fr	rom Section A.	FOR INSURANCE COMPANY USE
Building Street Address (including Apt., U 1241 Conolly Blvd	Jnit, Suite, and/or Bldg. No.) or F	P.O. Route and Box No.	Policy Number:
City	State	ZIP Code	Company NAIC Number
Lynn Haven	Florida	32405	
SECTION C	- BUILDING ELEVATION INF	ORMATION (SURVEY I	REQUIRED)
C1. Building elevations are based on: *A new Elevation Certificate will be	Construction Drawings*	Building Under Const building is complete.	ruction* X Finished Construction
C2. Elevations – Zones A1–A30, AE, A Complete Items C2.a–h below acc Benchmark Utilized: NGS BM W29	AH, A (with BFE), VE, V1–V30, V ording to the building diagram sp	(with BFE), AR, AR/A, Al	
Indicate elevation datum used for t		n) below.	
☐ NGVD 1929 ⊠ NAVD Datum used for building elevations		for the RFF	
			Check the measurement used.
a) Top of bottom floor (including b	asement, crawlspace, or enclosu	ure floor)	30.8 X feet meters
b) Top of the next higher floor			N/A feet meters
c) Bottom of the lowest horizontal	structural member (V Zones only	v)	N/A feet meters
d) Attached garage (top of slab)	· -		30.4 X feet meters
e) Lowest elevation of machinery (Describe type of equipment an	or equipment servicing the buildi Id location in Comments)	ing	30.4 🗙 feet 🗌 meters
f) Lowest adjacent (finished) grad	le next to building (LAG)		30.0 🗙 feet 🗌 meters
g) Highest adjacent (finished) grad			30.2 🔀 feet 🗌 meters
h) Lowest adjacent grade at lowest		udina	
structural support			N/A feet meters
SECTION D	D – SURVEYOR, ENGINEER, (	OR ARCHITECT CERTI	FICATION
This certification is to be signed and set I certify that the information on this Cert statement may be punishable by fine or	tificate represents my best efforts	s to interpret the data ava	by law to certify elevation information. ilable. I understand that any false
Were latitude and longitude in Section A	1	·	Check here if attachments.
Certifier's Name	License Num	iber	
Scot C. Rutherford	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 09-28-2022	Telephone (850) 265-6979	Ext.
Copy all pages of this Elevation Certificat	e and all attachments for (1) comn	nunity official, (2) insurance	e agent/company, and (3) building owner.
Comments (including type of equipment *** Engineer or Surveyor will not be resp valid unless dated and seal on bottom r	ponsible for any elevation data th		others. *** Signature on page 2 is not
B8. and B9. LOMR CASE No.: 20-04-29	912P Effective Date August 16, 2	2021	
C2.e) Lowest machinery taken from bot	tom of HVAC unit.		

OMB No.	1660-0	8000		
Expiration	Date:	November	30,	2022

IMPORTANT: In these spaces, copy the correspo	FOR INSURANCE COMPANY USE					
Building Street Address (including Apt., Unit, Suite, a 1241 Conolly Blvd	and/or Bldg. No.) or	P.O. Route and Box No.	Policy Number:			
City	State	ZIP Code	Company NAIC Number			
Lynn Haven	Florida	32405				
SECTION E – BUILDING FOR ZC		RMATION (SURVEY NO E A (WITHOUT BFE)	DT REQUIRED)			
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. 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).						
<ul> <li>a) Top of bottom floor (including basement, crawlspace, or enclosure) is</li> </ul>		feet 🗌 me	ters 🔲 above or 🗌 below the HAG.			
<ul> <li>b) Top of bottom floor (including basement, crawlspace, or enclosure) is</li> </ul>		feet 🗌 me	ters 🔲 above or 🗌 below the LAG.			
E2. For Building Diagrams 6–9 with permanent floor the next higher floor (elevation C2.b in the diagrams) of the building is	d openings provided					
the diagrams) of the building is			ters above or below the HAG.			
E3. Attached garage (top of slab) is		[] feet [_] me	tersabove orbelow the HAG.			
E4. Top of platform of machinery and/or equipment servicing the building is		feet 🗌 me	ters above or below the HAG.			
E5. Zone AO only: If no flood depth number is avail floodplain management ordinance?			accordance with the community's st certify this information in Section G.			
SECTION F – PROPERTY O	WNER (OR OWNEI	R'S REPRESENTATIVE)	CERTIFICATION			
The property owner or owner's authorized represent community-issued BFE) or Zone AO must sign here.	ative who completes . The statements in !	s Sections A, B, and E for Sections A, B, and E are o	Zone A (without a FEMA-issued or correct to the best of my knowledge.			
Property Owner or Owner's Authorized Representati	ive'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 corre	FOR INSURANCE COMPANY USE						
Building Street Address (including Apt., Unit, St 1241 Conolly Blvd				Policy Number:			
City Lynn Haven	State Florida	ZIP Code 32405		Company NAIC Number			
SECTIO	ON G – COMMUNI	TY INFORMATION (C	PTIONAL)				
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. Compl	eter the community's fleeter the applicable iten	oodplain ma n(s) and sigr	nagement ordinance can complete ı below. Check the measurement			
G1. The information in Section C was tak engineer, or architect who is authoriz data in the Comments area below.)	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	located in Zone A (wit	thout a FEM	A-issued or community-issued BFE)			
G3. The following information (Items G4–	G10) is provided fo	or community floodpla	in managem	ent purposes.			
G4. Permit Number	G5. Date Permit	Issued		Date Certificate of Compliance/Occupancy Issued			
G7. This permit has been issued for:	] New Construction	n 🗌 Substantial Impr	ovement				
G8. Elevation of as-built lowest floor (including of the building:	g basement) -		feet	meters			
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 loc	cation, per C2(e), if	applicable)					
				Check here if attachments.			

### **BUILDING PHOTOGRAPHS**

See Instructions for Item A6.

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

IMPORTANT: In these spaces, copy	FOR INSURANCE COMPANY USE		
Building Street Address (including Ap 1241 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

Photo One Front View 9/28/22

Clear Photo One



Photo Two Caption

Left Side View 9/28/22

Clear Photo Two

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

Replaces all previous editions.

Form Page 5 of 6

## **BUILDING PHOTOGRAPHS**

**Continuation Page** 

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

IMPORTANT: In these spaces, co	FOR INSURANCE COMPANY USE		
Building Street Address (including 1241 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 Caption

Rear View 9/28/22

Clear Photo Three



Photo Four Caption

Right Side View 9/28/22

Clear Photo Four

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

Replaces all previous editions.

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