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 Box No. 1250 Conolly Blvd							Company N	AIC Number:
City State Lynn Haven Florida						ZIP Code 32444		
A3. Property Desc Lot 12, Andrews P		nd Block Numbers, Ta se 2 Parcel II		Number, Leo -975-120	gal Descri	ption, etc.)		
A4. Building Use (e.g., Resider	ntial, Non-Residential,	Addition	, Accessory,	etc.) R	esidential		
A5. Latitude/Longi	tude: Lat. 3	0°13'28.19" N	Long. 8	5°37'51.54" V	V -	lorizontal Datı	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 ob	otain flood insu	ırance.	
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)			s	sq 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 in	l			
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		439.00 sq ft				
b) Number of	permanent flo	ood openings in the at	tached g	arage within	1.0 foot a	bove adjacent	grade N/A	
c) Total net ar	ea of flood o	penings in A9.b		N/A sq	in			
d) Engineered	flood openin	as? □Yes ⊠ N	No	·				
d) Engineered flood openings?								
SECTION B – FLOOD INSURANCE RATE MAP (FIRM) INFORMATION								
B1. NFIP Community Name & Community Number City of Lynn Haven - 120009 B2. County Name B3. State Bay Florida								
B4. Map/Panel Number	B5. Suffix	B6. FIRM Index Date	Effe	RM Panel ective/ vised Date	B8. Floo Zone(s)		Base Flood E (Zone AO, use	levation(s) e Base Flood Depth)
12005C0332	н	06-02-2009	06-02-2		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 buildin	g located in a	a Coastal Barrier Resc	ources Sy	/stem (CBRS) area or	Otherwise Pro	otected Area (0	DPA)? ☐ Yes ⊠ No
Designation	Date:		CBRS	☐ OPA				

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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 I 1250 Conolly Blvd	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:					
 g) Highest adjacent (finished) grade next to building h) Lowest adjacent grade at lowest elevation of deck structural support 			N/A ☐ feet ☐ meters		
SECTION D - SURVEYOR, I	ENGINEER OR ARC	HITECT CERTIFIC			
This certification is to be signed and sealed by a land surval a certify that the information on this Certificate represents a statement may be punishable by fine or imprisonment under the 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	nitect authorized by pret the data availal 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 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.					

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	ORTANT: In these spaces, copy the corre		ICE COMPANY USE				
	ilding Street Address (including Apt., Unit, Su 50 Conolly Blvd	. Policy Number:					
City Lyn	y nn Haven	State Florida	ZIP Code 32444	Company NAIC	Number		
		NG ELEVATION INFO R ZONE AO AND ZON	ORMATION (SURVEY N IE A (WITHOUT BFE)	IOT REQUIRED)			
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) isb) Top of bottom floor (including basement	· 	feet m	neters	below the HAG.		
	crawlspace, or enclosure) is		feet m	neters	below the LAG.		
E2.	For Building Diagrams 6–9 with permanent the next higher floor (elevation C2.b in the diagrams) of the building is	flood openings provided			-2 of Instructions), □ □ below the HAG.		
E3.	. Attached garage (top of slab) is		feet _ m	neters 🔲 above or	below the HAG.		
E4.	. Top of platform of machinery and/or equipn servicing the building is	nent 	feet _ m	neters	below the HAG.		
E5.	. Zone AO only: If no flood depth number is a floodplain management ordinance?		ne bottom floor elevated in own. The local official m				
	SECTION F - PROPERT	TY OWNER (OR OWNE	R'S REPRESENTATIVE) CERTIFICATION			
The con	e property owner or owner's authorized repre nmunity-issued BFE) or Zone AO must sign l	sentative who complete here. The statements in	s Sections A, B, and E fo Sections A, B, and E are	or Zone A (without a Fe correct to the best c	EMA-issued or of my knowledge.		
Pro	operty Owner or Owner's Authorized Represe	entative's Name					
Add	dress		City	State	ZIP Code		
Sig	nature		Date	Telephone			
Cor	mments						
				☐ Check I	here if attachments.		

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City Lynn Haven	State Florida	ZIP Code 32444		Company NAIC Number			
SECTIO	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.							
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 Zone AO.	on E for a building	located in Zone A (withou	ıt a FEM <i>A</i>	N-issued or community-issued BFE)			
G3. The following information (Items G4–	·G10) is provided fo	or community floodplain m	nanageme	ent purposes.			
G4. Permit Number	G5. Date Permit	Issued		Date Certificate of compliance/Occupancy Issued			
G7. This permit has been issued for:	New Constructio	n	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 location, per C2(e), if applicable)							
				Check here if attachments.			

BUILDING PHOTOGRAPHS

ELEVATION CERTIFICATE

See Instructions for Item A6.

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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

Front View 2/3/23 Photo One Caption Clear Photo One



Photo Two

Left Side View 2/3/23 Photo Two Caption Clear Photo Two

BUILDING PHOTOGRAPHS

ELEVATION CERTIFICATE

Continuation Page

OMB No. 1660-0008

Expiration Date: November 30, 2022

		-	•
IMPORTANT: In these spaces, co	FOR INSURANCE COMPANY USE		
Building Street Address (including 1250 Conolly Blvd	o. 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 2/3/23 Clear Photo Three



Photo Four

Photo Four Caption Right Side View 2/3/23 Clear Photo Four