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

OMB No. 1660-0008 Expiration Date: November 30, 2018

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.

	SECT	ION A - PROPERTY I	NFOR	MATION		FOR INSUR	RANCE COMPANY USE
A1. Building Owner's Name					Policy Num	ber:	
	TRACEY Y. GAINER						
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 1317 WYOMING AVENUE					Company N	IAIC Number:	
				Otata			· -
City State LYNN HAVEN FLORIDA					ZIP Code 32444		
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) LOTS 11, 12 AND 13, BLOCK 310, PARCEL ID#10642-000-000, LYNN HAVEN							
A4. Building Use (e	.g., Resident	ial, Non-Residential, A	ddition	Accessory, etc.)	RESIDENTIAL	W - L	
A5. Latitude/Longito	ude: Lat. <u>N3</u>	Od14'15" L	.ong. V	/85d38'05"	Horizontal Datun	I: NAD 1	1927 X NAD 1983
A6. Attach at least	2 photograph	s of the building if the	Certific	ate is being used to			
A7. Building Diagra	m Number _	1A					
A8. For a building v	vith a crawlsp	ace or enclosure(s):					
a) Square foot	age of crawls	pace or enclosure(s)		0 số ft			-
b) Number of p	ermanent flo	od openings in the cra	wispac	e or enclosure(s) wi	thin 1.0 foot above	adjacent gr	ade 0
c) Total net are	ea of flood op	enings in A8.b 0	s	q in			
d) Engineered	flood opening	gs? ☐ Yes ☒ No	,				
A9. For a building w	ith an attach	eq datade.					
a) Square foot				sq ft			
	-	od openings in the atta		-	nt ahove adiacent d	ırade	0
c) Total net are))	sq in	or above dojacent ;		
				, 94 111			
d) Engineered flood openings?							
SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION							
B1. NFIP Communit	•	•		B2. County Name			B3. State
CITY OF LYNN HAVEN 120009 BAY FLÖRIDA							
B4. Map/Panel Number	B5. Suffix	B6. FIRM Index Date		IRM Panel fective/	B8. Flood Zone(s		se Flood Elevation(s) ne AO, use Base
12005C0332	н	06/02/2009	R	evised Date 06/02/2009	x		od Depth) NA
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:							
	 						

FEMA Form 086-0-33 (7/15)

Replaces all previous editions.

in many of their

Form Page 1 of 6

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IMPORTANT: In these spaces, copy the cor	FOR INSURANCE COMPANY USE					
Building Street Address (including Apt., Unit, \$ 1317 WYOMING AVENUE	Policy Number:					
City LYNN HAVEN	State ZIP FLORIDA 3244	Code 14	Company NAIC Number			
SECTION C BU	ILDING ELEVATION INFORMAT	ION (SURVEY RI	EQUIRED)			
C1. Building elevations are based on: *A new Elevation Certificate will be requ C2. Elevations – Zones A1–A30, AE, AH, A Complete Items C2.a–h below accordin Benchmark Utilized: 46 15 DO IV Indicate elevation datum used for the ele NGVD 1929 NAVD 1988 Datum used for building elevations must a) Top of bottom floor (including basem b) Top of the next higher floor c) Bottom of the lowest horizontal struct d) Attached garage (top of slab) e) Lowest elevation of machinery or eq (Describe type of equipment and local	Construction Drawings* Buildired when construction of the buildired when construction of the buildired with BFE), VE, V1–V30, V (with Bf g to the building diagram specified in Vertical Datum:	ding Under Construing is complete. FE), AR, AR/A, AR/A, Item A7. In Puert NAVD 88 w. FE. 19 10 N/A N/A 18 80 18 80	Check the measurement used. Feet meters Check the measurement used. Check the measurement used. Feet meters Check the measurement used. Check the measurement used. Feet meters Check the measurement used. Feet meters			
g) Highest adjacent (finished) grade ne	ext to building (HAG)	18. 70	🔀 feet 📋 meters			
h) Lowest adjacent grade at lowest ele- structural support	vation of deck or stairs, including	N/A.				
SECTION D - S	URVEYOR, ENGINEER, OR ARC	HITECT CERTIF	CATION			
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	License Number		7			
ROB L. WORKING Title REGISTERED LAND SURVEYOR	L.S.#5878 for L.B.#5	300	Rol R Working			
Company Name SEA LEVEL SURVEYING AND MAPPING, I Address	Seal Here					
1219 MAINE AVENUE	State	ZIP Code				
LYNN HAVEN	FLORIDA	32444	ani sanaakar			
Signature Rol P. Working	Date 01/23/2019	Telephone (850) 265-4800				
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 C2(e) AIR CONDITION ON PAD OUTSIDE (

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IMPORTANT: In these spaces, copy the corresponding information from Section A. FOR INSURANCE COMPANY L					FOR INSURANCE COMPANY USE	
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 1317 WYOMING AVENUE					Policy Number:	
City LYN	IN HAVEN	State FLORIDA	ZIP Code 32444		Company NAIC Number	
	SECTION E - BUILDING FOR ZO	ELEVATION INFO	RMATION (SURVE E A (WITHOUT BFI	Y NOT E)	REQUIRED)	
ente	Zones AO and A (without BFE), complete Items inplete Sections A, B,and C. For Items E1–E4, user meters.	se natural grade, if a	vailable. Check the m	easurer	ment used. In Puerto Rico only,	
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	meter	s above or below the HAG.	
F2	crawlspace, or enclosure) is For Building Diagrams 6–9 with permanent floo	ad openings provides	feet [_		
	the next higher floor (elevation C2.b in the diagrams) of the building is	u openings provided	in Section Alitems 8	and/or:	<u> </u>	
E3.	Attached garage (top of slab) is	~~~ .	[] feet [_] meters		
E4.	Top of platform of machinery and/or equipment servicing the building is	<u> </u>	ifeet [meters	s above or below the HAG.	
E5.	Zone AO only: If no flood depth number is avail floodplain management ordinance? Yes	lable, is the top of th	e bottom floor elevate wn. The local officia	ed in acc al must c	cordance with the community's certify this information in Section G.	
	SECTION F - PROPERTY O	WNER (OR OWNE	R'S REPRESENTAT	IVE) CE	RTIFICATION	
The property owner or owner's authorized representative who completes Sections A, B, and E for Zone A (without a 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						
	· · · · · · · · · · · · · · · · · · ·			_		
Add	ress	(City	Sta	ate ZIP Code	
Sigi	nature	1	Date	Tel	ephone	
Con	nments					
i						
!						
					•	
					•	
	*				☐ Check here if attachments.	

OMB No. 1660-0008 Expiration Date: November 30, 2018

IMPORTANT: In these spaces, copy the corre	FOR INSURANCE COMPANY USE					
Building Street Address (including Apt., Unit, St 1317 WYOMING AVENUE	No. Policy Number:					
City LYNN HAVEN	State ZIP Code FLORIDA 32444	Company NAIC Number				
SECTION	ON G - COMMUNITY INFORMATION (OPTIC	DNAL)				
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 the applicable item(s) a	lain management ordinance can complete and 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.)						
G2. A community official completed Section Zone AO.	on E for a building located in Zone A (without	a FEMA-issued or community-issued BFE)				
G3. The following information (Items G4-	G10) is provided for community floodplain ma	inagement purposes.				
G4. Permit Number	G5. Date Permit Issued	G6. Date Certificate of Compliance/Occupancy Issued				
G7. This permit has been issued for:	New Construction Substantial Improven	nent .				
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	e				
Signature	Date					
Comments (including type of equipment and loc	cation, per C2(e), if applicable)					
, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
,						
	•					
•		•				
1						
\						
		Check here if attachments.				

BUILDING PHOTOGRAPHS

See Instructions for Item A6.

OMB No. 1660-0008

Expiration Date: November 30, 2018

IMPORTANT: In these spaces, copy the corresponding information from Section A. FOR INSURANCE COMPANY USE Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. Policy Number: 1317 WYOMING AVENUE City State ZIP Code Company NAIC Number LYNN HAVEN

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.

FLORIDA

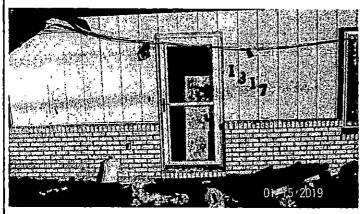




Photo One Photo Two

Photo One Caption

Photo Two Caption

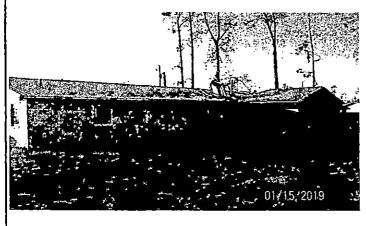




Photo Three Photo Four

Photo Three Caption

Photo Four Caption

BUILDING PHOTOGRAPHS

Continuation Page

OMB No. 1660-0008 Expiration Date: November 30, 2018

IMPORTANT: In these spaces, co	FOR INSURANCE COMPANY USE Policy Number:		
Building Street Address (including 1317 WYOMING AVENUE			
City LYNN HAVEN	State FLORIDA	ZIP Code 32444	Company NAIC Number

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.

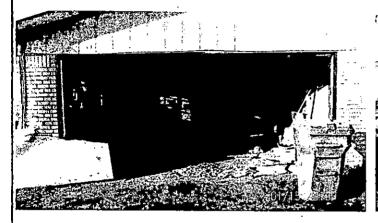




Photo Five

Photo Five Caption

Photo Six Caption

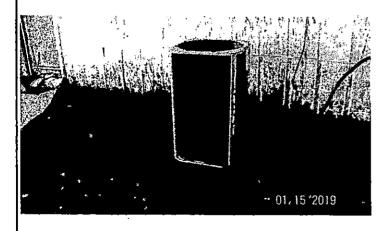


Photo Seven Photo Eight

Photo Seven Caption Photo Eight Caption