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.

		CTION A - PROPER	TY INFO	RMATION				RANCE COMPANY USE
A1. Building Owner's Name ERIC KUNZMAN					Policy Nur	nber:		
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg, No.) or P.O. Route and Box No. 1608 CONNECTICUT AVENUE					Company	NAIC Number:		
City State LYNN HAVEN, Florida				ZIP Code 32444	et.			
		and Block Numbers, YNN HAVEN PLAT N						
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) RESIDENTIAL								
A5. Latitude/Long	itude: Lat.	30.2335 DEGREES	Long.	85.6673DEG	REES	Horizonta	l Datum: NAD	1927 X NAD 1983
A6. Attach at leas	t 2 photogra	phs of the building if t	ne Certifi	cate is being	used to	obtain floc	d insurance.	
A7. Building Diag	ram Number	1A						
A8. For a building	with a crawl	space or enclosure(s)	:					
a) Square for	otage of craw	dspace or enclosure(s)		N/A	sq ft		
b) Number of	permanent fl	ood openings in the c	rawispac	e or enclosu	e(s) with	nin 1.0 faoi	above adjacent gra	ade N/A
c) Total net a	rea of flood o	penings in A8.b	Ļ	N/A_sqi	n			
d) Engineered	d flood openi	ngs? ☐ Yes ⊠	No					•
A9. For a building	with an attack	hed garage:						
a) Square foo	a) Square footage of attached garage 483.00 sq ft							
b) Number of	permanent fl	ood openings in the a	tached o	arage within	1.0 foot	above adia	acent grade 0	
		penings in A9.b				,	<u></u>	
d) Engineered		-			,			
		CTION B - FLOOD	Meliba	NCE DATE	RAAD (C	IDAN INC	ODMATION	
B1. NFIP Commun		Community Number		B2. County		TIXIVI) IIVI	DRINATION	B3. State
CITY OF LYNN HA				BAY				Florida
B4. Map/Panel Number	B5. Suffix	B6. FIRM Index Date	Effe	lM Panel ective/ vised Date	B8. Flo Zone(s		B9. Base Flood El (Zone AO, use	evation(s) Base Flood Depth)
12005C0331	Н	06-02-2009	06-02-2		x		N/A	
B10. Indicate the s	ource of the	Base Flood Elevation	(BFE) da	ata or base flo	ood dept	h entered	in Item B9:	
		Community Deter						
B11. Indicate eleva	tion datum u	sed for BFE in Item B	9: 🔲 N	GVD 1929	× NAVI	D 1988 [Other/Source:	
B12. Is the building	rlocated in a	Coastal Barrier Reso	urces Sy	stem (CBRS)	area or	Otherwise	Protected Area (O	PA)? 🗌 Yes 🔀 No
Designation Date:								
			-					ł
							•	

ELEVATION CERTIFICATE

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

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. 1608 CONNECTICUT AVENUE	Policy Number:					
City State ZIP Code LYNN HAVEN, Florida 32444	Company NAIC Number					
SECTION C - BUILDING ELEVATION INFORMATION (SURVEY RE	QUIRED)					
C1. Building elevations are based on: Construction Drawings* Building Under Construct *A new Elevation Certificate will be required when construction of the building is complete. C2. Elevations – Zones A1–A30, AE, AH, A (with BFE), VE, V1–V30, V (with BFE), AR, AR/A, AR/A Complete Items C2.a–h below according to the building diagram specified in Item A7. In Puerto Benchmark Utilized: N.G.S. BE0655 Vertical Datum: NAVD88 Indicate elevation datum used for the elevations in items a) through h) below. NGVD 1929 NAVD 1988 Other/Source: Datum used for building elevations must be the same as that used for the BFE.	AE AR/A1-A30 AR/AH AR/AO					
- Patern used for building elevations must be the same as that used for the BPE.	Check the measurement used.					
a) Top of bottom floor (including basement, crawlspace, or enclosure floor)	11.5 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)	N/A feet meters					
d) Attached garage (top of slab)	9.9 🗵 feet 📋 meters					
e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments)	9.6 🗵 feet 🔲 meters					
f) Lowest adjacent (finished) grade next to building (LAG)	9.3 X feet meters					
g) Highest adjacent (finished) grade next to building (HAG)	10.0 🔀 feet 🛄 meters					
h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support	N/A feet meters					
SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFIC	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?	Check here if attachments.					
Certifier's Name License Number MARK CURTIS DRAGON FL 4842						
Title PRESIDENT	A Place					
Company Name DRAGON LAND SURVEY, INC.	Şeal					
Address / 5328 CHERRY STREET	Here					
City State ZIP Code PANAMA CITY, Florida 32404	FL L.S. No. 4842					
Signature Date Telephone 04-05-2023 (850) 763-7997	Ext.					
Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2) insurance ag	ent/company, and (3) building owner.					
Comments (including type of equipment and location, per C2(e), if applicable) THE LATITUDE, LONGITUDE AND GARAGE SQUARE FOOTAGE WERE OBTAINED FROM THE I APPRAISER'S WEBSITE. THE EQUIPMENT LISTED IN ITEM C2e IS AN AIR CONDITIONER. THE DEPARTMENT AS OF 01/01/2022 HAS ADOPTED FEMA'S PRELIMINARY FLOOD MAPS. WHICH ZONE AE, HAVING A BASE FLOOD ELEVATION OF 8.00' NAVD88, ACCORDING TO PANEL NO.	LYNN HAVEN BUILDING PLACES THIS PARCEL IN					

ELEVATION CERTIFICATE

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

IMPORTANT: In these spaces, copy the cor	responding information	n from Sectio	n A.	FOR INSUF	RANCE COMPANY USE	
Building Street Address (including Apt., Unit, \$ 1608 CONNECTICUT AVENUE	Suite, and/or Bldg. No.)	or P.O. Route	and Box No.	Policy Num		
City LYNN HAVEN,	State Florida	ZIP Co 32444	de	Company N	AIC Number	
SECTION E – BUILD	DING ELEVATION INF OR ZONE AO AND ZO	ORMATION (SURVEY NO OUT BFE)	T REQUIRED)	
For Zones AO and A (without BFE), complete complete Sections A, B, and C. For Items E1-t enter meters.	Items E1–E5. If the Cer E4, use natural grade, if	tificate is intendavailable. Che	ded to support ck the measur	a LOMA or LC ement used. In	MR-F request, Puerto Rico only,	
E1. Provide elevation information for the follow the highest adjacent grade (HAG) and the a) Top of bottom floor (including basement	lowest adjacent grade	ropriate boxes (LAG).	to show wheth	er the elevation	ı is above or below	
crawlspace, or enclosure) is b) Top of bottom floor (including basement	·		feet 🗌 mete	ers 🗌 above	or Delow the HAG.	
crawlspace, or enclosure) is			feet mete		or below the LAG.	
E2. For Building Diagrams 6–9 with permaner the next higher floor (elevation C2.b in the diagrams) of the building is	ii ilood openings provid		items 8 and/d	_	or below the HAG.	
E3. Attached garage (top of slab) is	··		feet mete	ers 🗌 above	or below the HAG.	
E4. Top of platform of machinery and/or equip servicing the building is	ment		feet mete	ers 🗌 above	or below the HAG.	
E5. Zone AO only: If no flood depth number is available, is the top of the bottom floor elevated in accordance with the community's floodplain management ordinance? Yes No Unknown. The local official must certify this information in Section G.						
SECTION F - PROPER	TY OWNER (OR OWN	ER'S REPRES	ENTATIVE) C	ERTIFICATIO	N	
The property owner or owner's authorized representation community-issued BFE) or Zone AO must sign	esentative who complet here. The statements in	es Sections A, n Sections A, B	B, and E for Z , and E are co	one A (without rrect to the bes	a FEMA-issued or t of my knowledge.	
Property Owner or Owner's Authorized Represe	entative's Name			_		
Address		City	S	tate	ZIP Code	
Signature	·	Date	Te	elephone		
Comments			;			
•						
* ************************************						
				Check	k here if attachments.	

ELEVATION CERTIFICATE

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

IMPORTANT: In these spaces, copy the cor	FOR INSURANCE COMPANY USE				
Building Street Address (including Apt., Unit, S 1608 CONNECTICUT AVENUE	oute and Box No.	Policy Number:			
City LYNN HAVEN,		P Code 2444	Company NAIC Number		
SECTION	ON G - COMMUNITY INFORMA	TION (OPTIONAL)			
The local official who is authorized by law or o Sections A, B, C (or E), and G of this Elevation used in Items G8–G10. In Puerto Rico only, er	n Certificate. Complete the applicater meters.	able item(s) and sign	below. Check the measurement		
G1. The information in Section C was taken engineer, or architect who is authorized data in the Comments area below.)	zed by law to certify elevation info	ormation, (Indicate the	e source and date of the elevation		
G2. A community official completed Sect or Zone AO.			-		
G3. The following information (Items G4-	-G10) is provided for community	floodplain manageme	ent purposes.		
G4. Permit Number	G5. Date Permit Issued		Pate Certificate of ompliance/Occupancy Issued		
G7. This permit has been issued for:	New Construction 🔲 Substant	tial Improvement			
G8. Elevation of as-built lowest floor (including of the building:) basement)	feet	meters Datum		
G9. BFE or (in Zone AO) depth of flooding at t	he building site:	[] feet	meters Datum		
G10. Community's design flood elevation:		feet	meters Datum		
Local Official's Name	Title				
Community Name	Telepho	ne			
Signature	Date	 			
Comments (including type of equipment and location, per C2(e), if applicable)					
			Check have if anishment		
			Check here if attachments.		

BUILDING PHOTOGRAPHS

ELEVATION CERTIFICATE

See Instructions for Item A6.

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

IMPORTANT: In these spaces, c	FOR INSURANCE COMPANY USE		
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 1608 CONNECTICUT AVENUE			Policy Number:
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

Photo One Caption FRONT VIEW 04-04-2023

Clear Photo One



Photo Two

Photo Two Caption REAR VIEW 04-04-2023

Clear Photo Two

BUILDING PHOTOGRAPHS

ELEVATION CERTIFICATE

Continuation Page

OMB No. 1660-0008

		-9-	Expiration Date. November 30, 2022
IMPORTANT: In these spaces, copy to	FOR INSURANCE COMPANY USE Policy Number:		
Building Street Address (including Apt., 1608 CONNECTICUT 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 Three

Photo Three Caption RIGHT SIDE VIEW 04-04-2023

Clear Photo Three



Photo Four

Photo Four Caption LEFT SIDE VIEW 04-04-2023

Clear Photo Four