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.

SECTION A - PROPERTY INFORMATION	FOR INSURANCE COMPANY USE				
A1. Building Owner's Name JASON JOWERS	Policy Number:				
 A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 1610 14TH CT E 	Company NAIC Number:				
City State LYNN HAVEN FLORIDA	ZIP Code 32444				
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) TAX PARCEL ID #: 11249-048-000	-				
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) RESIDENTIAL					
A5. Latitude/Longitude: Lat. N30d14'14" Long. W85d37'50" Horizontal Datu	m: NAD 1927 X NAD 1983				
A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insur	rance.				
A7. Building Diagram Number1A					
A8. For a building with a crawlspace or enclosure(s):					
a) Square footage of crawlspace or enclosure(s) 0 sq ft					
b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above	e adjacent grade0				
c) Total net area of flood openings in A8.b sq in					
d) Engineered flood openings?					
A9. For a building with an attached garage:					
a) Square footage of attached garage sq ft					
b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent	grade0				
c) Total net area of flood openings in A9.b 0 sq in					
d) Engineered flood openings?					
SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMA	ATION				
B1. NFIP Community Name & Community Number LYNN HAVEN, CITY OF 120009 B2. County Name BAY COUNTY	B3. State FLORIDA				
B4. Map/Panel B5. Suffix B6. FIRM Index B7. FIRM Panel B8. Flood Zone(s	B9. Base Flood Elevation(s) (Zone AO, use Base				
Number Date Effective/ Revised Date 12005C0332 H 06/02/2009 06/02/2009 AE	Flood Depth) AE:EL=7.0 FEET				
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Iter	n 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					

ELEVATION CERTIFICATE

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

IMPORTANT: In these spaces, copy the corresponding information from S	FOR INSURANCE COMPANY USE	
Building Street Address (including Apt., Unit, Suite, and/or Bidg. No.) or P.O. Ro 1610 14TH CT E	Policy Number:	
	P Code 2444	Company NAIC Number
SECTION C - BUILDING ELEVATION INFORMA	ATION (SURVEY R	EQUIRED)
*A new Elevation Certificate will be required when construction of the buil C2. Elevations – Zones A1–A30, AE, AH, A (with BFE), VE, V1–V30, V (with Complete Items C2.a–h below according to the building diagram specified	BFE), AR, AR/A, AR d in Item A7. In Puert n: NAVD 88 EL=13.6	/AE, AR/A1-A30, AR/AH, AR/AO. to Rico only, enter meters.
Datum used for building elevations must be the same as that used for the	BFE.	
 a) Top of bottom floor (including basement, crawlspace, or enclosure floor b) Top of the next higher floor c) Bottom of the lowest horizontal structural member (V Zones only) d) Attached garage (top of slab) e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments) f) Lowest adjacent (finished) grade next to building (LAG) g) Highest adjacent (finished) grade next to building (HAG) h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support SECTION D – SURVEYOR, ENGINEER, OR AF This certification is to be signed and sealed by a land surveyor, engineer, or at I certify that the information on this Certificate represents my best efforts to intestatement may be punishable by fine or imprisonment under 18 U.S. Code, Se 	N/A N/A N/A 12. 9 13. 8 11. 2 12. 6 N/A RCHITECT CERTIF rchitect authorized by erpret the data availate action 1001.	y law to certify elevation information. able. I understand that any false
Were latitude and longitude in Section A provided by a licensed land surveyor	? ⊠Yes □No	Check here if attachments.
Certifier's Name Thomas Patrick Serbu License Number L.S. #4744 Title PROFESSIONAL SURVEYOR & MAPPER Company Name SEA LEVEL SURVEYING AND MAPPING, INC.		OF FLO
Address 1219 MAINE AVENUE		1 The State of the
City State LYNN HAVEN FLORIDA	ZIP Code 32444	AND AND MANAGER
Signature Date Copy all pages of this Elevation Certificate and all attachments for (1) community of	Telephone (850) 265-4800 official, (2) insurance	agent/company, and (3) building owner.
Comments (including type of equipment and location, per C2(e), if applicable) *LOWEST MACHINERY IS AN OUTSIDE AIR CONDITIONER ON CONCRET	E PAD.	

BUILDING PHOTOGRAPHS

ELEVATION CERTIFICATE

See Instructions for Item A6.

OMB No. 1660-0008

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IMPORTANT: In these spaces, copy the corresponding information from Section A. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 1610 14TH CT E			FOR INSURANCE COMPANY USE Policy Number:
LYNN HAVEN	FLORIDA	32444	α ⁱ

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 Two

Photo One Caption 01/27/2020

Photo Two Caption 01/27/2020





Photo Three

Photo Four

Photo Three Caption01/27/2020

Photo Four Caption 01/27/2020

BUILDING PHOTOGRAPHS

ELEVATION CERTIFICATE

Continuation Page

OMB No. 1660-0008

Expiration Date: November 30, 2018

IMPORTANT: In these spaces, copy the corresponding information from Section A. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 1610 14TH CT E			FOR INSURANCE COMPANY USE Policy 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 Eight

Photo Five Caption 01/27/2020

Photo Six Caption 01/27/2020

Photo Seven

Photo Eight Caption

Photo Seven Caption

1610 ENt et ID# 11249-048-080

