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 INSUR	ANCE COMPANY USE		
A1. Building Owner A-Team Investment							Policy Numb	per:
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 207 ABERDEEN PKWY Company NAIC Number:						AIC Number:		
City PANAMA CITY	City State ZIP Code PANAMA CITY Florida 32405							
A3. Property Descr Parcel ID 11573-00		nd Block Numbers, Ta	x Parcel	Number, Leg	gal Descriptio	n, etç.)		
A4. Building Use (e	A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) NON-RESIDENTIAL							<u> </u>
A5. Latitude/Longit	ude: Lat. <u>N</u>	30d13'44.2"	Long. W	/85d37'35.3	Horiz	zontal Datui	m: 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 obtain	ı flood insu	rance.	
A7. Building Diagra	m Number	1A						
A8. For a building v	vith a crawls	space or enclosure(s):						
a) Square foot	age of crawl	space or enclosure(s)			0.00 sq ft			
b) Number of p	ermanent flo	ood openings in the cr	awlspace	e or enclosure	e(s) within 1.0) foot above	e adjącent gra	de <u>0</u>
c) Total net are	a of flood o	penings in A8.b		0.00 sq in				
d) Engineered	flood openir	ngs? 🗌 Yes 🗵 N	10					
A9. For a building w	ith an attach	ned garage:						
a) Square foota	age of attach	ned garage		0.00 sq ft				
b) Number of p	ermanent flo	ood openings in the at	tached g	arage within	1.0 foot above	e adjacent	grade 0	
c) Total net are	a of flood o	penings in A9.b		pa 00.0	in			
d) Engineered	flood openin	gs? ☐ Yes ☑ N	lo				+	
	SE	ECTION B - FLOOD I	INSURA	NCE RATE	MAP (FIRM)) INFORMA	ATION	
B1. NFIP Communit CITY OF LYNN HA	ty Name & 0	Community Number		B2. County BAY				B3. State Florida
B4. Map/Panel Number	B5, Suffix	B6. FIRM Index Date	Effe	RM Panel ective/ vised Date	B8, Flood Zone(s)	B9. (Base Flood El Zone AO, use	evation(s) Base Flood Depth)
12005C0332	Н	06-02-2009	06-02-2		x	N/A		
		Base Flood Elevation Community Deter	•		-	tered in Iter	n B9:	
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 CPA								
	<u> </u>			_ _				•

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IMPORTANT: In these spaces, copy the corresponding information from Set Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Ro 207 ABERDEEN PKWY City State ZIF			NSURANO Number:	CE COMPANY USE		
207 ABERDEEN PKWY	oute and Box No.	Policy	Number:			
City State ZIF						
	Compa	Company NAIC Number				
PANAMA CITY Florida 32	405					
SECTION C – BUILDING ELEVATION INFORMA	ATION (SURVEY R	EQUIR	ED)			
C1. Building elevations are based on: Construction Drawings* Bu *A new Elevation Certificate will be required when construction of the build	uilding Under Construding is complete.	uction*	Finis	hed Construction		
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						
Benchmark Utilized: NETWORK Vertical Datum	n: NAVD88					
Indicate elevation datum used for the elevations in items a) through h) bel	low.					
☐ NGVD 1929 ☐ NAVD 1988 ☐ Other/Source:						
Datum used for building elevations must be the same as that used for the	BFE.	01				
	v.			easurement used.		
 Top of bottom floor (including basement, crawlspace, or enclosure floor) 	or)	25.8	✓ feet	meters		
b) Top of the next higher floor		37.8	✓ feet	meters		
c) Bottom of the lowest horizontal structural member (V Zones only)		N/A	✓ feet	meters		
d) Attached garage (top of slab)		N/A	✓ feet	meters		
e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments)		25.4	✓ feet	meters		
f) Lowest adjacent (finished) grade next to building (LAG)		25.0	✓ feet	meters		
g) Highest adjacent (finished) grade next to building (HAG)		25.2		meters		
h) Lowest adjacent (illished) grade flext to building (FAG) h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support		N/A	⊠ feet	☐ meters		
and the second of the second o						
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 into statement may be punishable by fine or imprisonment under 18 U.S. Code, Se	rchitect authorized by erpret the data availa	law to	certify elev	vation information. that any false		
Were latitude and longitude in Section A provided by a licensed land surveyor	? ⊠Yes □No	\boxtimes	Check her	e if attachments.		
Certifier's Name License Number			- 25	Marathi.		
LYMAN DOUGLAS LEMACKS LS#6287			Janes Col	SLAS THE L		
Title PROFESSIONAL SURVEYOR AND MAPPER				The Name of the State of the St		
Company Name MTS SURVEYING & MAPPING			Sugar S	NE OF S		
Address 4619 ASHLAND WAY		ð	30	LOXION		
City State PANAMA CITY Florida	ZIP Code 32404		Many	Marcheners		
Signature Date LYMAN DOUGLAS LEMACKS Digitally signed by LYMAN DOUGLAS LEMACKS 09-27-2022	Telephone (850) 704-5775	Ext.				
Copy all pages of this Elevation Certificate and all attachments for (1) community	official, (2) insurance	agent/co	ompany, ar	nd (3) building owne		
Comments (including type of equipment and location, per C2(e), if applicable) THE AIR CONDITIONING UNIT IS OUT SIDE ON A PAD						

ELEVATION CERTIFICATE

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IMPORTANT: In these spaces, copy the correspon	FOR INSURANCE COMPA	NY USE				
Building Street Address (including Apt., Unit, Suite, at 207 ABERDEEN PKWY	nd/or Bldg. No.) or P.O.	Route and Box No.	Policy Number:			
City		ZIP Code 32405	Company NAIC Number			
PANAMA CITY	Florida		DECUIDED)			
SECTION E – BUILDING E FOR ZOI	NE AO AND ZONE A					
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 the highest adjacent grade (HAG) and the lowest			r the elevation is above or be	wol∈		
a) Top of bottom floor (including basement, crawlspace, or enclosure) is Top of bottom floor (including basement)		feet meter	rs 🔲 above or 🔲 below t	he HAG.		
 b) Top of bottom floor (including basement, crawlspace, or enclosure) is 		feet _ meter		1		
E2. For Building Diagrams 6–9 with permanent flood the next higher floor (elevation C2.b in the diagrams) of the building is	openings provided in S	ection A Items 8 and/or		j		
E3. Attached garage (top of slab) is		feet	rs 🗌 above or 🗌 below ti	he HAG.		
E4. Top of platform of machinery and/or equipment servicing the building is		feet _ meter	rs	he 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 - PROPERTY OF	NNER (OR OWNER'S I	REPRESENTATIVE) CI	ERTIFICATION			
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	re's Name	•				
Address	City	St	ate ZIP Cod	ie		
Signature	Date	Тє	elephone			
Comments						
				ľ		
				i		
	•					
			Check here if attact	hments.		

ELEVATION CERTIFICATE

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IMPORTANT: In these spaces, copy the corresp	FOR INSURANCE COMPANY USE							
Building Street Address (including Apt., Unit, Suite 207 ABERDEEN PKWY	No. Policy Number:							
City PANAMA CITY	State Florida	ZIP Code 32405	Company NAIC Number					
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.								
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 or Zone AO.	G2. A community official completed Section E for a building located in Zone A (without a FEMA-issued or community-issued BFE) or Zone AO.							
G3. The following information (Items G4-G	10) is provided for commu	nity floodplain man	nagement purposes.					
G4. Permit Number	65. Date Permit Issued		G6. Date Certificate of Compliance/Occupancy Issued					
G7. This permit has been issued for: New Construction Substantial Improvement								
G8. Elevation of as-built lowest floor (including both of the building:	asement)		☐ feet ☐ meters Datum					
G9. BFE or (in Zone AO) depth of flooding at the	e building site:		feet meters Datum					
G10. Community's design flood elevation:	· · · · · · · · · · · · · · · · · · ·		☐ feet ☐ meters Datum					
Local Official's Name	Title	e [*]	-					
Community Name	Telo	ephone -						
Signature	Dat	e						
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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IMPORTANT: In these spaces, copy t	FOR INSURANCE COMPANY USE		
Building Street Address (including Apt., 207 ABERDEEN PKWY	Policy Number:		
City	State	ZIP Code	Company NAIC Number
PANAMA CITY	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

Photo One Caption FRONT VIEW

Clear Photo One



Photo Two

Photo Two Caption

Clear Photo Two

BUILDING PHOTOGRAPHS

ELEVATION CERTIFICATE

Continuation Page

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IMPORTANT: In these spaces, co	FOR INSURANCE COMPANY USE Policy Number:		
Building Street Address (including A 207 ABERDEEN PKWY			
City	State	ZIP Code	Company NAIC Number
PANAMA CITY	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

Photo Three Caption SIDE VIEW

Clear Photo Three



Photo Four

Photo Four Caption AIR CONDITIONING UNITS

Clear Photo Four