

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 BHAVESH AMIN AND USHMA AMIN | | | | Policy Number: | |
| A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 2106 & 2108 COUNTRY CLUB DRIVE | | | | Company NAIC Number: | |
| City LYNN HAVEN | | State Florida | | ZIP Code 32444 | |
| A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) PARCEL ID: 08732-523-000; OFFICIAL RECORD BOOK 4184, PAGE 117 | | | | | |
| A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) <u>RESIDENTIAL</u> | | | | | |
| A5. Latitude/Longitude: Lat. <u>N30°15'17.1031"</u> Long. <u>W85°37'29.8507"</u> Horizontal Datum: <input type="checkbox"/> NAD 1927 <input checked="" type="checkbox"/> NAD 1983 | | | | | |
| A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insurance. | | | | | |
| A7. Building Diagram Number <u>1B</u> | | | | | |
| A8. For a building with a crawlspace or enclosure(s): | | | | | |
| a) Square footage of crawlspace or enclosure(s) <u>N/A</u> sq ft | | | | | |
| b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade <u>N/A</u> | | | | | |
| c) Total net area of flood openings in A8.b <u>N/A</u> sq in | | | | | |
| d) Engineered flood openings? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | | |
| A9. For a building with an attached garage: | | | | | |
| a) Square footage of attached garage. <u>715.00</u> sq ft | | | | | |
| b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade <u>N/A</u> | | | | | |
| c) Total net area of flood openings in A9.b <u>N/A</u> sq in | | | | | |
| d) Engineered flood openings? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | | |
| SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION | | | | | |
| B1. NFIP Community Name & Community Number CITY OF LYNN HAVEN 120009 | | | B2. County Name BAY | | B3. State Florida |
| B4. Map/Panel Number 12005C0240 | B5. Suffix H | B6. FIRM Index Date 06-02-2009. | B7. FIRM Panel Effective/ Revised Date 06-02-2009 | B8. Flood Zone(s) AE | B9. Base Flood Elevation(s) (Zone AO, use Base Flood Depth) 7.00' |
| B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9: <input type="checkbox"/> FIS Profile <input checked="" type="checkbox"/> FIRM <input type="checkbox"/> Community Determined <input type="checkbox"/> Other/Source: _____ | | | | | |
| B11. Indicate elevation datum used for BFE in Item B9: <input type="checkbox"/> NGVD 1929 <input checked="" type="checkbox"/> NAVD 1988 <input type="checkbox"/> Other/Source: _____ | | | | | |
| B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Designation Date: _____ <input type="checkbox"/> CBRS <input type="checkbox"/> OPA | | | | | |

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.
2106 & 2108 COUNTRY CLUB DRIVE
City LYNN HAVEN State Florida ZIP Code 32444
Policy Number:
Company NAIC Number

SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)

C1. Building elevations are based on: [] Construction Drawings* [] Building Under Construction* [X] Finished Construction
*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/AE, AR/A1-A30, AR/AH, AR/AO.
Complete Items C2.a-h below according to the building diagram specified in Item A7. In Puerto Rico only, enter meters.
Benchmark Utilized: 46-17-D03V Vertical Datum: NAVD88
Indicate elevation datum used for the elevations in items a) through h) below.
[] NGVD 1929 [X] NAVD 1988 [] Other/Source:
Datum used for building elevations must be the same as that used for the BFE.
Check the measurement used.
a) Top of bottom floor (including basement, crawlspace, or enclosure floor) 11.30 [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) 10.85 [X] feet [] meters
e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments) 10.29 [X] feet [] meters
f) Lowest adjacent (finished) grade next to building (LAG) 4.52 [X] feet [] meters
g) Highest adjacent (finished) grade next to building (HAG) 10.44 [X] feet [] meters
h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support 4.33 [X] feet [] meters

SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION

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? [X] Yes [] No [] Check here if attachments.

Certifier's Name License Number
THOM K. MEAD 5624
Title
REGISTERED LAND SURVEYOR AND MAPPER
Company Name
SOUTHEASTERN SURVEYING & MAPPING
Address
1130 HIGHWAY 90
City State ZIP Code
CHIPLEY Florida 32428



Signature Date Telephone Ext.
[Signature] 09-07-2021 (850) 638-0790 3203

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)
C2-E) THE LOWEST ELEVATION OF MACHINERY OR EQUIPMENT SERVICING THE BUILDING IS THE CONCRETE PAD OF THE AIR CONDITIONING UNIT.

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| | | | |
|---|------------------|-------------------|----------------------------------|
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**SECTION E – BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED)
FOR ZONE AO AND ZONE A (WITHOUT BFE)**

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 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 _____ feet meters above or below the HAG.
- b) Top of bottom floor (including basement, crawlspace, or enclosure) is _____ feet meters above or below the LAG.
- E2. For Building Diagrams 6–9 with permanent flood openings provided in Section A Items 8 and/or 9 (see pages 1–2 of Instructions), the next higher floor (elevation C2.b in the diagrams) of the building is _____ feet meters above or below the HAG.
- E3. Attached garage (top of slab) is _____ feet meters above or below the HAG.
- E4. Top of platform of machinery and/or equipment servicing the building is _____ feet meters 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 – PROPERTY OWNER (OR OWNER'S REPRESENTATIVE) CERTIFICATION

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

Address _____ City _____ State _____ ZIP Code _____

Signature _____ Date _____ Telephone _____

Comments

Check here if attachments.

BUILDING PHOTOGRAPHS

See Instructions for Item A6.

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| City LYNN HAVEN | State Florida | ZIP Code 32444 | Company NAIC Number |

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 NORTH SIDE

Clear Photo One



Photo Two

Photo Two Caption SOUTH SIDE

Clear Photo Two

BUILDING PHOTOGRAPHS

Continuation Page

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|---|------------------|-------------------|----------------------------------|
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| 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 EAST SIDE

Clear Photo Three



Photo Four

Photo Four Caption WEST SIDE

Clear Photo Four

received
9-9-21
posted

447 S. Central Drive
Fort Walton Beach, FL 32547

PHONE (850) 864-4109

FAX (850) 864-4803

**CERTIFICATE OF COMPLIANCE FOR
TERMITE PROTECTION**

(AS REQUIRED BY FLORIDA BUILDING CODE (FBC) 1816.1.7

(FBC)104.2.6

ADDRESS OF TREATMENT OR LOT / BLOCK OF TREATMENT

2106 Country Club Drive

Lynn Haven, FL 32444

METHOD OF TREATMENT

**SOIL
BARRIER-**

WOOD TREATMENT-

**BAIT SYSTEM-
XX**

THIS BUILDING HAS RECEIVED A COMPLETE TREATMENT FOR THE PREVENTION
OF SUBTERRANEAN TERMITES. TREATMENT IN ACCORDANCE WITH RULED AND
LAWS ESTABLISHED BY THE FLORIDA
DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES.

Kim Harron

09/07/21

DATE

Envelope Leakage Test Report (Blower Door Test)

Residential Prescriptive, Performance or ERI Method Compliance
2017 Florida Building Code, Energy Conservation, 6th Edition

| | | | |
|--|---|---|---|
| Jurisdiction: | Permit #: | | |
| Job Information | | | |
| Builder: <u>Arthur Rudenberg Homes</u> Community: | Lot: | | |
| Address: <u>2106 Country Club Dr</u> | Unit: | | |
| City: <u>Lynn Haven</u> | State: <u>FL</u> Zip: <u>32444</u> | | |
| Air Leakage Test Results <small>Passing results must meet either the Performance, Prescriptive, or ERI Method</small> | | | |
| <input checked="" type="checkbox"/> PRESCRIPTIVE METHOD - The building or dwelling unit shall be tested and verified as having an air leakage rate of not exceeding 7 air changes per hour at a pressure of 0.2 inch w.g. (50 pascals) in Climate Zones 1 and 2. | | | |
| <input type="checkbox"/> PERFORMANCE or ERI METHOD - The building or dwelling unit shall be tested and verified as having an air leakage rate of not exceeding the selected ACH(50) value, as shown on FORM R405-2017 (Performance) or R406-2017 (ERI), section labeled as Infiltration, sub-section ACH. | | | |
| <small>ACH(50) specified on Form R405-2017-Energy Calc (Performance) or R406-2017 (ERI):</small> | | | |
| <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"> $\frac{2858}{\text{CFM}(50)} \times 60 + \frac{53,455}{\text{Building Volume}} = \frac{3.21}{\text{ACH}(50)}$ </td> <td style="border: none; vertical-align: top;"> <small>Method for calculating building volume:</small> <input checked="" type="checkbox"/> Retrieved from architectural plans <input type="checkbox"/> Code software calculated <input type="checkbox"/> Field measured and calculated </td> </tr> </table> | | $\frac{2858}{\text{CFM}(50)} \times 60 + \frac{53,455}{\text{Building Volume}} = \frac{3.21}{\text{ACH}(50)}$ | <small>Method for calculating building volume:</small> <input checked="" type="checkbox"/> Retrieved from architectural plans <input type="checkbox"/> Code software calculated <input type="checkbox"/> Field measured and calculated |
| $\frac{2858}{\text{CFM}(50)} \times 60 + \frac{53,455}{\text{Building Volume}} = \frac{3.21}{\text{ACH}(50)}$ | <small>Method for calculating building volume:</small> <input checked="" type="checkbox"/> Retrieved from architectural plans <input type="checkbox"/> Code software calculated <input type="checkbox"/> Field measured and calculated | | |
| <input checked="" type="checkbox"/> PASS <input type="checkbox"/> FAIL | | | |
| <input type="checkbox"/> When ACH(50) is less than 3, Mechanical Ventilation installation must be verified by building department. | | | |
| <p>Testing. Testing shall be conducted in accordance with ANSI/RESNET/ICC 380 and reported at a pressure of 0.2 inch w.g. (50 Pascals). Testing shall be conducted by either individuals as defined in Section 553.993(5) or (7), <i>Florida Statutes</i>, or individuals licensed as set forth in Section 489.105(3)(f), (g), or (i) or an approved third party. A written report of the results of the test shall be signed by the party conducting the test and provided to the code official. Testing shall be performed at any time after creation of all penetrations of the building thermal envelope.</p> <p>During testing:</p> <ol style="list-style-type: none"> 1. Exterior windows and doors, fireplace and stove doors shall be closed, but not sealed, beyond the intended weatherstripping or other infiltration control measures. 2. Dampers including exhaust, intake, makeup air, back draft and flue dampers shall be closed, but not sealed beyond intended infiltration control measures. 3. Interior doors, if installed at the time of the test, shall be open. 4. Exterior doors for continuous ventilation systems and heat recovery ventilators shall be closed and sealed. 5. Heating and cooling systems, if installed at the time of the test, shall be turned off. 6. Supply and return registers, if installed at the time of the test, shall be fully open. | | | |
| Testing Company | | | |
| Company Name: <u>Big Bend Services Inc.</u> Phone: <u>850-639-9273</u> I hereby verify that the above Air Leakage results are in accordance with the 2017 6th Edition Florida Building Code Energy Conservation requirements according to the compliance method selected above. | | | |
| Signature of Tester: <u>Tony Muina</u> Date of Test: <u>8/31/21</u> | | | |
| Printed Name of Tester: <u>Tony Muina</u> | | | |
| License/Certification #: <u>5060321</u> Issuing Authority: <u>BPT</u> | | | |