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

OMB No. 1660-0008

Expiration Date: November 30, 2022

22-350EC

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 INSUF	RANCE COMPANY USE	
A1. Building Owner's Name						Policy Num	per:
MATTHEW DAVIS							
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. Compan						Company N	AIC Number:
	212 MISSOURI AVENUE						
City				State		ZIP Code	
A3. Property Descriptio	n (I ot and	d Block Numbers, Tax	Parcel	FLORIDA Number, Legal Des	scription, etc.)	32444	
09019-000-000		a Biook Hamboro, Tax	. 4.00	Trambor, Logar Box	5611741611, 616.)		
A4. Building Use (e.g.,	A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) RESIDENTIAL						
A5. Latitude/Longitude:	Lat. <u>30°</u>	15' 12.8 L	ong. <u>85</u>	5° 39' 32.4	Horizontal Datun	n: NAD 1	927 X NAD 1983
A6. Attach at least 2 ph	notograph	s of the building if the (Certific	ate is being used to	obtain flood insura	ance.	
A7. Building Diagram N	lumber <u>N</u>	<u>/A</u>					
A8. For a building with a	a crawlsp	ace or enclosure(s):					
a) Square footage	of crawls	pace or enclosure(s)	N/A	sq ft			
b) Number of perm	nanent floo	od openings in the crav	vlspac	e or enclosure(s) wi	thin 1.0 foot above	adjacent gra	ade _{N/A}
c) Total net area of	f flood ope	enings in A8.b _{N/A}	s	q in			
d) Engineered floor	d opening	s? Yes X No					
A9. For a building with a	A9. For a building with an attached garage:						
a) Square footage	a) Square footage of attached garage N/A sq ft						
b) Number of perm	nanent floo	od openings in the atta	ched g	arage within 1.0 foo	ot above adjacent (grade N/A	
c) Total net area of	c) Total net area of flood openings in A9.b _{N/A} sq in						
d) Engineered floor)				
ـــــــــــــــــــــــــــــــــــــ							
	SEC	TION B - FLOOD IN	SURA	NCE RATE MAP	(FIRM) INFORMA	TION	
B1. NFIP Community Na	B1. NFIP Community Name & Community Number B2. County Name					B3. State	
CITY OF	F LYNN HAVE	EN 120009		BAY			FLORIDA
B4. Map/Panel B5. Number	. Suffix	B6. FIRM Index Date	E1	IRM Panel fective/ evised Date	B8. Flood Zone(s	(Zoi	se Flood Elevation(s) ne AO, use Base od Depth)
12005C0218J - 0218 J		6/2/2009			AE	12	
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9:							
☐ FIS Profile X FIRM ☐ Community Determined ☐ Other/Source:							
B11. Indicate elevation datum used for BFE in Item B9: NGVD 1929 X 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: N/A CBRS OPA							

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IMPORTANT: In these spaces, copy the correspondi	FOR INSURANCE COMPANY USE					
Building Street Address (including Apt., Unit, Suite, and	Policy Number:					
212 MISSOURI AVENUE						
City	State	ZIP Code	Company NAIC Number			
	LORIDA	32444				
SECTION C - BUILDING	ELEVATION INFOR	MATION (SURVEY R	EQUIRED)			
	_	Building Under Constru	uction*			
*A new Elevation Certificate will be required when						
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: PNMA; RTCM 0310; 41.88		tum: NAVD88				
Indicate elevation datum used for the elevations i	, ,	below.				
☐ NGVD 1929 ☒ NAVD 1988 ☐ Other Datum used for building elevations must be the s		the REE				
Datum used for building elevations must be the si	ame as mai useu ioi	IIIE DEC.	Check the measurement used.			
a) Top of bottom floor (including basement, craw	Ispace, or enclosure	floor)N/A	X feet meters			
b) Top of the next higher floor		N/A	X feet meters			
c) Bottom of the lowest horizontal structural men	nber (V Zones only)	N/A	X feet meters			
d) Attached garage (top of slab)		N/A	X feet meters			
e) Lowest elevation of machinery or equipment s (Describe type of equipment and location in C	servicing the building comments)	N/A	x feet meters			
f) Lowest adjacent (finished) grade next to build	ing (LAG)	<u>4</u> . <u>36</u>	X feet meters			
g) Highest adjacent (finished) grade next to build	ling (HAG)	<u>5</u> . <u>03</u>	x feet meters			
h) Lowest adjacent grade at lowest elevation of o	deck or stairs, includii	ng <u>N/A</u>	x feet meters			
SECTION D – SURVEYO	DR, ENGINEER, OR	ARCHITECT CERTIF	ICATION			
This certification is to be signed and sealed by a land I certify that the information on this Certificate represe statement may be punishable by fine or imprisonment	nts my best efforts to	interpret the data availa	y law to certify elevation information. able. I understand that any false			
Were latitude and longitude in Section A provided by			Check here if attachments.			
Certifier's Name	License Number					
JUSTIN THOMLEY, PSM	7039		R. The			
Title			S CNSE NUMBER			
PROFESSIONAL LAND SURVEYOR Company Name			7039			
			PR PR			
PLS GROUP, INC. Address			7039 F. R. STATE OF FLORIDA			
17799 PANAMA CITY BEACH PARKWAY			FLORIDA NO F			
City	State	ZIP Code	ONAL SURVEYOR			
PANAMA CITY BEACH	FLORIDA	32413				
Signature Just R. They	Date 9/7/2022	Telephone P: 1-850-588-5354	9/7/2022			
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) VACANT LOT						
FIRM PANEL 12005C218J IS THE PRELIMINARY SFHA FLOOD MAP (PRELIM ISSUE DATE 10/25/2019) AS NOTED ON THE NWFWMD REPORT, AND LOCALLY ACCEPTED BY THE CITY OF LYNN HAVEN, FLORIDA.						
CENTERLINE ROAD ELEVATION: 4.60						

ELEVATION CERTIFICATE

22-350EC

IMPORTANT: In these spaces, copy the correspond	FOR INSURANCE COMPANY USE				
Building Street Address (including Apt., Unit, Suite, and	Policy Number:				
212 MISSOURI AVENUE					
City	State	ZIP Code	Company NAIC Number		
	LORIDA	32444	DEGUIDED)		
SECTION E – BUILDING EL FOR ZONE	E AO AND ZONE A		REQUIRED)		
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 b) Top of bottom floor (including basement,	<u>N/A</u>	x feet meter	rs above or below the HAG.		
crawlspace, or enclosure) is	N/A	X feet	s above or below the LAG.		
E2. For Building Diagrams 6–9 with permanent flood o the next higher floor (elevation C2.b in the diagrams) of the building is	penings provided in S				
E3. Attached garage (top of slab) is	N/A .				
E4. Top of platform of machinery and/or equipment servicing the building is	N/A .				
E5. Zone AO only: If no flood depth number is available floodplain management ordinance? Yes			cordance with the community's certify this information in Section G.		
SECTION F - PROPERTY OWN	NER (OR OWNER'S	REPRESENTATIVE) CE	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	s Name				
Address	City	St	ate ZIP Code		
Signature	Date	Te	lephone		
Comments					
			☐ Check here if attachments.		

ELEVATION CERTIFICATE

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IMPORTANT: In these spaces, copy the corre	FOR INSURANCE COMPANY USE					
Building Street Address (including Apt., Unit, St	Policy Number:					
212 MISSOURI AVENUE						
City	State	ZIP Code		Company NAIC Number		
LYNN HAVEN	FLORIDA	32444				
SECTIO	ON G - COMMUNI	TY INFORMATION (OPTI	ONAL)			
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.	on E for a building	located in Zone A (without	t a FEMA	A-issued or community-issued BFE)		
G3. The following information (Items G4–	G10) is provided fo	or community floodplain m	anageme	ent purposes.		
G4. Permit Number	G5. Date Permit	Issued		Date Certificate of compliance/Occupancy Issued		
G7. This permit has been issued for:	New Construction	n	ment			
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				
Signature		Date				
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. 22-350EC

OMB No. 1660-0008

Expiration Date: November 30, 2022

22 00010				
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:	
212 MISSOURI AVENUE				
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.



A picture of the property is unavailable.

Front View

Rear View Date:

A picture of the property is unavailable.

A picture of the property is unavailable.

Left Side View

Rear View

Right Side View

Right Side View:

Front View Date: 05/12/2022

Left Side View:

BUILDING PHOTOGRAPHS

ELEVATION CERTIFICATE

Continuation Page

IMPORTANT: In these spaces, copy the correspond	FOR INSURANCE COMPANY USE			
Building Street Address (including Apt., Unit, Suite, an	Policy Number:			
212 MISSOURI AVENUE				
City	State	ZIP Code	Company NAIC 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 One			Photo Two	
Dhoto Thron			Dhote Four	
Photo Three			Photo Four	