

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

CWS JOB # 2123-0270

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 INSU	RANCE COMPANY USE
A1. Building Owner's Name RONALD D AND DUSTY S	HARPER				Policy Num	ber:
A2. Building Street Address Box No. 2204 WINDJAMMER DRIVE		te, and/o	r Bldg. No.) o	r P.O. Route and	Company N	IAIC Number:
City LYNN HAVEN	-		State Florida		ZIP Code 32444	
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) LOT 13, BLOCK B, NORTH HARBOUR, PARCEL ID # 08925-141-000						
A4. Building Use (e.g., Resi	dential, Non-Residential,	Addition	, Accessory,	etc.) RESIDEN	TIAL	
A5. Latitude/Longitude; La	30.238	Long	35,672	Horizonta	I Datum: 🔲 NAD	1927 NAD 1983
A6. Attach at least 2 photog	raphs of the building if th	e Certific	ate is being ι	used to obtain floo	d insurance.	
A7. Building Diagram Numb	er <u>1B</u>					
A8. For a building with a cra	wlspace or enclosure(s):					
a) Square footage of cr	awispace or enclosure(s)			0.00 sq ft		
b) Number of permanen	t flood openings in the cr	awlspac	e or enclosure	e(s) within 1.0 foot	above adjacent gra	ade 0
c) Total net area of floor	d openings in A8.b		0.00 sq ir	1		
d) Engineered flood ope	enings? 🗌 Yes 🗵 i	No				
A9. For a building with an att	ached garage:					
a) Square footage of att	ached garage		961.00 sq ft			
b) Number of permanen	t flood openings in the at	tached g	arage within	1.0 foot above adj	acent grade 0	
c) Total net area of floor	l openings in A9.b		0.00 sq	in		
d) Engineered flood ope	nings? ☐ Yes 🖂 l	Vo.				
						
DA NEID O	SECTION B - FLOOD	INSURA			ORMATION	l no. n. /
B1. NFIP Community Name CITY OF LYNN HAVEN	& Community Number 120009		B2. County BAY	Name		B3. State Florida
B4. Map/Panel B5. Suff	B6. FIRM Index Date	Effe	RM Panel ective/ vised Date	B8. Flood Zone(s)	B9. Base Flood E (Zone AO, us	levation(s) e Base Flood Depth)
12005C-0331 H	06-02-2009	06-02-2		AE	8.0	-
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item 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			
						·

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's Ronald D. and Dusty \$						Policy Numb	per:
A2. Building Street Ac	idress (inclu	ding Apt., Unit, Suit	e, and/o	r Bldg. No.) o	r P.O. Route and	Company N	AIC Number:
Box No. 2204 Windjammer Driv	ve						
City				State		ZIP Code	
Lynn Haven				Florida		32444	
A3. Property Descript Parcel ID# 08925-141				Number, Leg	gal Description, etc	2.)	
A4. Building Use (e.g	., Residentis	ıl, Non-Residential,	Addition	Accessory,	etc.) Residentia	1	
A5. Latitude/Longitude	e; Lat, 30.2	38332*N	Long8	5.673454*W	Horizontal	Datum: NAD 1	927 🗙 NAD 1983
A6. Attach at least 2 p	ohotographs	of the building if the	e Certific	ate is being u	sed to obtain floor	d insurance.	
A7. Building Diagram	Number	1B					
A8. For a building witl							
a) Square footag	e of crawlsp	ace or enclosure(s)			N/A sq ft		
b) Number of pen	manent flood	d openings in the cr	awlspace	or enclosure	e(s) within 1.0 foot	above adjacent gra	de N/A
c) Total net area	of flood ope	nings in A8.b		N/A sq in	I		
d) Engineered flo	od openings	3? ☐ Yes ☒ N	Vo.				
A9. For a building with	an attached	i garage:					
a) Square footage	e of attached	d garage		895.00 sq ft			
b) Number of peri	manent floor	d openings in the at	tached g	arage within	1. 0 foot above adj	acent grade 5	
c) Total net area				1 000.00 sq			
d) Engineered flo	od openings	? X Yes 🗀 N	40				
- 3 %	0.10	TION B - FLOOD	INGLIDA	NOE DATE	MAD (EIDM) INC	ODMATION	
D4 NEID Combustité			INSUKA	B2. County		ONMATION	B3. State
B1 NFIP Community City of Lynn Haven/12		nmunity number		Bay	Nafile		Florida
B4. Map/Panel B Number	5. Suffix E	36. FIRM Index Date	Effe	RM Panel ective/ vised Date	B8. Flood Zone(s)	B9. Base Flood E (Zone AO, use	levation(s) e Base Flood Depth)
12005C0331 J	C	06-02-2009	01-01-2		AE	10.0'	
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9: ☐ FIS Profile 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 to	B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? Types X No						
Designation Dat		_					
Designation Date: CBRS DPA							

IMPORTANT: In these spaces, copy the corresponding information from Section A.			FOR INSURANCE COMPANY USE		
Building Street Address (including Apt., Unit, Suite, and 2204 Windjammer Drive	Policy Number:				
1		P Code 1444	Company NAIC Number		
SECTION C - BUILDING	ELEVATION INFORMA	ATION (SURVEY R	EQUIRED)		
*A new Elevation Certificate will be required when C2. Elevations – Zones A1–A30, AE, AH, A (with BFI	n construction of the buil E), 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: PC FPRN ARP PID DR8140 Vertical Datum; NAVD 1988					
Indicate elevation datum used for the elevations i			5		
☐ NGVD 1929 ☒ NAVD 1988 ☐ Other	er/Source:				
a) Top of bottom floor (including basement, craw	Ispace, or enclosure flo	or)	Check the measurement used. 7.2 🗵 feet 🔲 meters		
b) Top of the next higher floor		7	11.1 🗵 feet 🗌 meters		
c) Bottom of the lowest horizontal structural men	nber (V Zones only)		N/A ✓ feet ☐ meters		
d) Attached garage (top of slab)			7.0 X feet meters		
e) Lowest elevation of machinery or equipment a (Describe type of equipment and location in C			11.1 X feet meters		
f) Lowest adjacent (finished) grade next to build	ing (LAG)	ş	5.1 X feet meters		
g) Highest adjacent (finished) grade next to build	ling (HAG)	1	5.5 X feet meters		
Lowest adjacent grade at lowest elevation of a structural support	deck or stairs, including	Y	5.1 X feet meters		
SECTION D - SURVEYO	R, ENGINEER, OR A	RCHITECT 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 in:	terpret the data availa	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 David J. Griswold	License Number PSM 5382		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1		
Title Professional Surveyor and Mapper			19 19 1		
Company Name Monumental Consulting Group, Inc			6/6: No. 108		
Address 11003 NW State Road 20			10 12 12 10 S. S.		
City Bristol	State Florida	ZIP Code 32321	Cerstered		
Signature Amoch	> Date > 5/2/202	Telephone (850) 643-9000	Ext.		
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) Latitude and Longitude provided by Google Earth Application. Per the City of Lynn Haven's ordinance 20-12, section 14.28, the minimum requirement for new construction states the lowest floor elevation of a new structure must be at least 1.0 foot above the center line of the road. Per the City of Lynn Haven, Preliminary FEMA J Series Maps were adopted in January 2022 by the city council. Currently FEMA has not adopted the J Series Maps, so no effective date at this time for the J Series Map. The current elevation for this parcel is AE 8', the new J Series FEMA Maps denote AE 10'. Elevations as field observed are as follows: AC unit is at elevation 11.1 and the attached garage elevation is 7.0'. The center line of the road at the cul-de-sac is 5.43'.					
			Job No: 2123-0270 FB 661		

IMPORTANT: In these spaces, copy the correspondi	FOR INSURANCE COMPANY USE				
Building Street Address (Including Apt., Unit, Suite, and 2204 Windjammer Drive	Policy Number:				
-10	itate Iorida	ZIP Code 32444	Company NAIC Number		
SECTION E - BUILDING ELE FOR ZONE	EVATION INFORMA AO AND ZONE A	ATION (SURVEY NOT (WITHOUT BFE)	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 the highest adjacent grade (HAG) and the lowest at a). Top of bottom floor (including basement,	check the appropriated discent grade (LAG).	e boxes to show whether	er the elevation is above or below		
crawlspace, or enclosure) is b) Top of bottom floor (including basement,		X feet			
crawlspace, or enclosure) is E2. For Building Diagrams 6–9 with permanent flood or	penings provided in S	X feet ☐ mete			
the next higher floor (elevation C2.b in the diagrams) of the building is	- Provided in C	X feet mete			
E3. Attached garage (top of slab) is	<u> </u>	X feet	rs above or below the HAG.		
E4. Top of platform of machinery and/or equipment servicing the building is		X feet			
E5. Zone AO only: If no flood depth number is available floodplain management ordinance? Yes	e, is the top of the bo No Unknown.	ttom floor elevated in a The local official must	cordance with the community's certify this information in Section G.		
SECTION F - PROPERTY OWN	IER (OR OWNER'S	REPRESENTATIVE) C	ERTIFICATION		
The property owner or owner's authorized representative community-issued BFE) or Zone AO must sign here. The	e who completes Se le statements in Sect	ctions A, B, and E for Z ions A, B, and E are co	one A (without a FEMA-issued or rrect to the best of my knowledge.		
Property Owner or Owner's Authorized Representative's	s Name				
Address	City	S	tate ZIP Code		
Signature	Date	T/4	elephone		
Comments					
			Cohoolibara Vallantina		
			Check here if attachments.		

IMPORTANT: In these spaces, copy the con	FOR INSURANCE COMPANY USE		
Building Street Address (including Apt., Unit, S 2204 Windjammer Drive	Suite, and/or Bldg. No.) or P.	O. Route and Box No.	Policy Number:
City Lynn Haven	State Florida	ZIP Code 32444	Company NAIC Number
SECTION	ON G - COMMUNITY INFO	RMATION (OPTIONAL)	
The local official who is authorized by law or of Sections A, B, C (or E), and G of this Elevation used in Items G8–G10. In Puerto Rico only, en	n Certificate. Complete the a	ommunity's floodplain mopplicable item(s) and sig	anagement ordinance can complete in below. Check the measurement
G1. The information in Section C was tal engineer, or architect who is authorited data in the Comments area below.)			
or Zone AO.	-	-	AA-issued or community-issued BFE)
G3. The following information (Items G4	-G10) is provided for commu	ınity floodplain manager	ment purposes.
G4. Permit Number	G5. Date Permit Issued	G6.	Date Certificate of Compliance/Occupancy Issued
G7. This permit has been issued for:	New Construction Sub	ostantial Improvement	
G8. Elevation of as-built lowest floor (includir of the building:	g basement)	fee	et meters Datum
G9. BFE or (in Zone AO) depth of flooding at	the building site:	fee	et meters Datum
G10. Community's design flood elevation:	-	fee	et meters Datum
Local Official's Name	Tit	le	
Community Name	Те	lephone	
Signature	Da	ite	
Comments (including type of equipment and lo	ocation, per C2(e), if applicat	ole)	
			Check here if attachments.

ELEVATION CERTIFICATE

See Instructions for Item A6.

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. 2204 Windjammer Drive			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

Clear Photo One



Photo Two

Photo Two Caption Rear View

Clear Photo Two

ELEVATION CERTIFICATE

Continuation Page

OMB No. 1660-0008

Expiration Date: November 30, 2022

IMPORTANT: In these spaces, copy	FOR INSURANCE COMPANY USE		
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 2204 Windjammer Drive			Policy Number:
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 Three

Photo Three Caption Garage Front View

Clear Photo Three



Photo Four

Photo Four Caption Side View

Clear Photo Four

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. 2204 WINDJAMMER DRIVE				Policy Number:		
City Sta LYNN HAVEN Flo		^o Code 444	Company NAIC	Number		
SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)						
C1. Building elevations are based on: Construction Drawings* Building Under Construction* 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), Complete Items C2.a–h below according to the buil Benchmark Utilized: GPS	VE, V1–V30, V (with l ding diagram specified Vertical Datun	l in Item A7. In Puert	/AE, AR/A1–A30, to Rico only, ente	AR/AH, AR/AO. r meters.		
Indicate elevation datum used for the elevations in i						
☐ NGVD 1929 ☐ NAVD 1988 ☐ Other/S	Source:					
Datum used for building elevations must be the sam	e as that used for the	BFE.	Check the m	easurement used.		
a) Top of bottom floor (including basement, crawlsp	pace, or enclosure floo	r)	10.5 ⊠ feet			
b) Top of the next higher floor			20.5 X feet	meters		
c) Bottom of the lowest horizontal structural member	er (V Zones only)		N/A feet	meters		
d) Attached garage (top of slab)			9.0 🔀 feet	meters		
e) Lowest elevation of machinery or equipment ser (Describe type of equipment and location in Com	vicing the building ments)		N/A feet	☐ meters		
f) Lowest adjacent (finished) grade next to building	(LAG)		3.7 × feet	meters		
g) Highest adjacent (finished) grade next to building	g (HAG)		4.2 X feet	☐ meters		
h) Lowest adjacent grade at lowest elevation of dec structural support	ck or stairs, including		<u>N/A</u> ☐ feet	☐ meters		
SECTION D - SURVEYOR	ENGINEER, OR AF	CHITECT CERTIFI	ICATION			
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 li			Check he	ere if attachments.		
Certifier's Name JEREMY W. FLETCHER	License Number 6712		, W	·FLE		
Title OWNER			& TICEN	SE NUMBER CT		
Company Name COUNTY WIDE SURVEYING			- \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	6/12 \R \R		
Address 707 JENKS AVENUE SUITE F				TATE OF LORIDA		
City PANAMA CITY	State Florida	ZIP Code 32401	- Cissional	TATE OF LORIDA SURVEYOR MODER		
Signature Jeremy W Fletcher, PE, PSM Data 2022 04 07 15 4239 04007	Date 04-06-2022	Telephone (850) 769-0345	Ext.			
Copy all pages of this Elevation Certificate and all attachme	ents for (1) community	official, (2) insurance a	agent/company, a	nd (3) building owner.		
Comments (including type of equipment and location, pe	C2(e), if applicable)					
]		

IMPORTANT: In these spaces, copy the corresponding	FOR INSURANCE COMPANY USE		
Building Street Address (including Apt., Unit, Suite, and/o 2204 WINDJAMMER DRIVE	or Bldg. No.) or P.O.	Route and Box No.	Policy Number:
		ZIP Code 32444	Company NAIC Number
SECTION E – BUILDING ELE FOR ZONE	EVATION INFORMA AO AND ZONE A (REQUIRED)
For Zones AO and A (without BFE), complete Items E1–complete Sections A, B,and C. For Items E1–E4, use nate enter meters.	tural grade, if availab	le. Check the measure	ment used. In Puerto Rico only,
E1. Provide elevation information for the following and c the highest adjacent grade (HAG) and the lowest ad a) Top of bottom floor (including basement,		boxes to snow wnetne	r the elevation is above or below
crawlspace, or enclosure) is b) Top of bottom floor (including basement,		feet meter	rs above or below the HAG.
crawlspace, or enclosure) is		feet meter	
E2. For Building Diagrams 6–9 with permanent flood operation the next higher floor (elevation C2.b in the diagrams) of the building is	enings provided in Se	ection A Items 8 and/or	
E3. Attached garage (top of slab) is			rs above or below the HAG.
E4. Top of platform of machinery and/or equipment servicing the building is			rs 🔲 above or 🔲 below the HAG.
E5. Zone AO only: If no flood depth number is available, floodplain management ordinance?			
SECTION F - PROPERTY OWN	ER (OR OWNER'S R	EPRESENTATIVE) CI	ERTIFICATION
The property owner or owner's authorized representative community-issued BFE) or Zone AO must sign here. The	who completes Section statements in Section	tions A, B, and E for Zoons A, B, and E are cor	one A (without a FEMA-issued or rect to the best of my knowledge.
Property Owner or Owner's Authorized Representative's	Name		
Address	City	Sta	ate ZIP Code
Signature	Date	Те	elephone
Comments			
t			
•			
			Check here if attachments.

IMPORTANT: In these spaces, copy the corre	Т	FOR INCLUDANCE COMPANY LIFE					
Building Street Address (including Apt., Unit, St	No.	FOR INSURANCE COMPANY USE Policy Number:					
2204 WINDJAMMER DRIVE		or, or though and box (1 only realisable.			
City	State	ZIP Code		Company NAIC Number			
LYNN HAVEN	Florida	32444	<u> </u>				
SECTIO	N G - COMMUNIT	TY INFORMATION (OPTIO	NAL)				
Sections A, B, C (or E), and G of this Elevation	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 Secti or Zone AO.	on E for a building I	located in Zone A (without a	a FEMA	-issued or community-issued BFE)			
G3. The following information (Items G4–	G10) is provided fo	r community floodplain mar	nageme	nt purposes.			
G4. Permit Number	G5. Date Permit I	Issued		ate Certificate of ompliance/Occupancy Issued			
·				····			
G7. This permit has been issued for:] New Construction	n 🔲 Substantial Improveme	ent				
G8. Elevation of as-built lowest floor (including of the building:	ı 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		Telephone		-			
Signature		Date					
Comments (including type of equipment and loc	cation, per C2(e), if	applicable)					
, - 2 3, - 1		-rr ,					
				•			
•							
·							
				Check here if attachments.			

ELEVATION CERTIFICATE

See Instructions for Item A6.

			To	Expiration Date. No	veriiber 30, 2022
IMPORTANT: In the	se spaces, copy the cor	FOR INSURANCE	COMPANY USE		
Building Street Addr 2204 WINDJAMMER		Suite, and/or Bldg. No.) o	r P.O. Route and Box No.	Policy Number:	
City		State	ZIP Code	Company NAIC Nu	mber
LYNN HAVEN		Florida	32444		·
instructions for Iten "Left Side View." \	n A6. Identify all photogra When applicable, photogr	phs with date taken; "From aphs must show the fou	affix at least 2 building p nt View" and "Rear View"; a undation with representative n will fit on this page, use the	nd, if required, "Right examples of the floo	Side View" and
•					
				•	
		Photo (One		
		Photo O	ne		
Photo One Caption	FRONT VIEW			-	Clear Photo One
	•				
		•			
•					
		Photo `	Two		
D T	BEADAGE	Photo Ty	w <u>o</u>		
Photo Two Caption	REAR VIEW				Clear Photo Two

ELEVATION CERTIFICATE

Continuation Page

MPORTANT: In these spaces, copy the corre	FOR INSURANCE COMPANY USE		
Building Street Address (including Apt., Unit, Sui 2204 WINDJAMMER DRIVE	Policy Number:		
City LYNN HAVEN	State Florida	ZIP Code 32444	Company NAIC Number
If submitting more photographs than will fit or with: date taken; "Front View" and "Rear V photographs must show the foundation with rep	n the preceding page, liew"; and, if required presentative examples	affix the additional photog d, "Right Side View" and of the flood openings or ver	raphs below. Identify all photographs "Left Side View." When applicable, hts, as indicated in Section A8.
•			
	,		
	Photo 1	Three	
Photo Three Caption	Photo Ti	nree	Clear Photo Three
	-		
	Photo	Four	
	Photo F	'our	
Photo Four Caption	, 110101	<u></u>	Clear Photo Four