

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 ALDI INC.				Policy Number:	
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 2260 HWY 77 S				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# 11667-280-009; OFFICIAL RECORD BOOK 4206, PAGE 2221					
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) <u>COMMERCIAL</u>					
A5. Latitude/Longitude: Lat. <u>N30°13'27.5422"</u> Long. <u>W85°39'048535"</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>N/A</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 12005C0332	B5. Suffix H	B6. FIRM Index Date 06-02-2009	B7. FIRM Panel Effective/ Revised Date 06-02-2009	B8. Flood Zone(s) A	B9. Base Flood Elevation(s) (Zone AO, use Base Flood Depth) 21.00
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 type="checkbox"/> FIRM <input checked="" 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					

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

IMPORTANT: In these spaces, copy the corresponding information from Section A.			FOR INSURANCE COMPANY USE
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City LYNN HAVEN	State Florida	ZIP Code 32444	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), 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: 46-10-A03V Vertical Datum: NAVD88

Indicate elevation datum used for the elevations in items a) through h) below.

NGVD 1929 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, crawspace, or enclosure floor) _____ 23.00 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) _____ N/A feet meters
- e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments) _____ 22.02 feet meters
- f) Lowest adjacent (finished) grade next to building (LAG) _____ 21.45 feet meters
- g) Highest adjacent (finished) grade next to building (HAG) _____ 23.02 feet meters
- h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support _____ N/A 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? Yes No Check here if attachments.

Certifier's Name TONY G. SYFRETT		License Number 5943		
Title PROFESSIONALSURVEYOR AND MAPPER				
Company Name SOUTHEASTERN SURVEYING & MAPPING				
Address 1130 HIGHWAY 90				
City CHIPLEY	State Florida	ZIP Code 32428		
Signature 	Date <u>8/3/22</u>	Telephone (850) 638-0790	Ext. 3207	

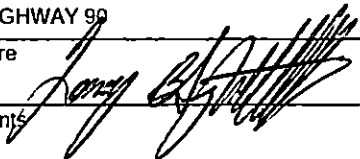
Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2) insurance agent/company, and (3) building owner.

Comments (including type of equipment and location, per C2(e), if applicable)
C2 E)THE LOWEST ELEVATION OF MACHERY SERRVICING THE BUILDING IS A TRANSFORMER AS THE A/C UNITS ARE ON TOP OF THE ROOF.

BFE AS SHOWN HEREON WAS TAKEN FROM LETTER CIRCULATED BY CITY OF LYNN HAVEN DATED MARCH 27, 2017 AND WAS MADE SPECIFICALLY FOR THIS SITE SIGNED BY JAMES H. SIONONA. ANY QUESTIONS REGARDING BFE OR CONTENTS REGARDING SAID LETTER CONTACT CITY OF LYNN HAVEN.

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City LYNN HAVEN	State Florida	ZIP Code 32444	Company NAIC Number		
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	_____ 00.02	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters	<input type="checkbox"/> above or	<input checked="" type="checkbox"/> below the HAG.
b) Top of bottom floor (including basement, crawlspace, or enclosure) is	_____ 1.55	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters	<input checked="" type="checkbox"/> above or	<input type="checkbox"/> 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					
_____ N/A <input type="checkbox"/> feet <input type="checkbox"/> meters <input type="checkbox"/> above or <input type="checkbox"/> below the HAG.					
E3. Attached garage (top of slab) is					
_____ N/A <input type="checkbox"/> feet <input type="checkbox"/> meters <input type="checkbox"/> above or <input type="checkbox"/> below the HAG.					
E4. Top of platform of machinery and/or equipment servicing the building is					
_____ N/A <input type="checkbox"/> feet <input type="checkbox"/> meters <input type="checkbox"/> above or <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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 TONY G. SYFRETT					
Address 1130 HIGHWAY 99	City CHIPLEY	State Florida	ZIP Code 32428		
Signature 	Date 08-04-2022	Telephone (850) 638-0790			
Comments					
<input type="checkbox"/> Check here if attachments.					

BUILDING PHOTOGRAPHS

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See Instructions for Item A6.

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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

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Continuation Page

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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