



CITY OF LYNN HAVEN
Planning & Permitting
PHONE: (850) 265-2121
inspections@cityoflynnhaven.com

CERTIFICATE OF OCCUPANCY

BUILDING PERMIT NO	B20220164	APPLICATION #	202101542
BUILDING PERMIT ISSUED	01/06/2022		
CO ISSUED	02/01/2024		
PROJECT ADDRESS	2400 CORAL DR		
PARCEL NUMBER	08925-177-050		
LEGAL DESCRIPTION	7-3S-14W NORTH HARBOUR LOT 17 BLK D NORTH HARBOUR		
OWNER	SHAW, W A HUNTER & LAUREN J 639 HWY 20 W SOUTHPORT, FL 32409		
PHONE			
CONTRACTOR	SHAW BUILDING CONTRACTORS, INC 2911 S HWY 77		
PHONE	850-784-1206 OFFICE		
LICENSE NUMBER	CRC1330748		
DESCRIPTION OF WORK	NEW SINGLE FAMILY DETACHED		
OCCUPANCY GROUP	R3		
FLOOD ZONE	VE 11' ELEVATION PANEL 0331-H FFE 10.80		

This Certificate issued pursuant to the requirements of the Florida Building Code certifying that at the time of issuance this structure was in compliance with the various ordinances of the City regulating building construction or use.

BUILDING OFFICIAL

POST IN A CONSPICUOUS PLACE

ELEVATION CERTIFICATE

IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON PAGES 9-19

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: <u>Hunter and Lauren Shaw</u>	Policy Number: _____
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.: <u>2400 Coral Drive</u>	Company NAIC Number: _____
City: <u>Lynn Haven</u> State: <u>FL</u> ZIP Code: <u>32444</u>	
A3. Property Description (e.g., Lot and Block Numbers or Legal Description) and/or Tax Parcel Number: <u>Tax Parcel No. 08925-177-050</u>	
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.): <u>Residential</u>	
A5. Latitude/Longitude: Lat. <u>30° 14' 18.78"</u> Long. <u>85° 40' 30.52"</u> Horizontal Datum: <input type="checkbox"/> NAD 1927 <input checked="" type="checkbox"/> NAD 1983 <input type="checkbox"/> WGS 84	
A6. Attach at least two and when possible four clear photographs (one for each side) of the building (see Form pages 7 and 8).	
A7. Building Diagram Number: <u>6</u>	
A8. For a building with a crawlspace or enclosure(s):	
a) Square footage of crawlspace or enclosure(s): <u>0.00</u> sq. ft.	
b) Is there at least one permanent flood opening on two different sides of each enclosed area? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	
c) Enter number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade: Non-engineered flood openings: <u>0</u> Engineered flood openings: <u>0</u>	
d) Total net open area of non-engineered flood openings in A8.c: <u>0.00</u> sq. in.	
e) Total rated area of engineered flood openings in A8.c (attach documentation – see Instructions): <u>0.00</u> sq. ft.	
f) Sum of A8.d and A8.e rated area (if applicable – see Instructions): <u>0.00</u> sq. ft.	
A9. For a building with an attached garage:	
a) Square footage of attached garage: <u>978.00</u> sq. ft.	
b) Is there at least one permanent flood opening on two different sides of the attached garage? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	
c) Enter number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade: Non-engineered flood openings: <u>0</u> Engineered flood openings: <u>0</u>	
d) Total net open area of non-engineered flood openings in A9.c: <u>0.00</u> sq. in.	
e) Total rated area of engineered flood openings in A9.c (attach documentation – see Instructions): <u>0.00</u> sq. ft.	
f) Sum of A9.d and A9.e rated area (if applicable – see Instructions): <u>0.00</u> sq. ft.	

SECTION B – FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1.a. NFIP Community Name: <u>Bay County Unincorporated Areas</u> B1.b. NFIP Community Identification Number: <u>120004</u>			
B2. County Name: <u>Bay</u>	B3. State: <u>FL</u>	B4. Map/Panel No.: <u>12005C0331</u>	B5. Suffix: <u>H</u>
B6. FIRM Index Date: <u>06/02/2009</u>		B7. FIRM Panel Effective/Revised Date: <u>06/02/2009</u>	
B8. Flood Zone(s): <u>VE</u>		B9. Base Flood Elevation(s) (BFE) (Zone AO, use Base Flood Depth): <u>11.0</u>	
B10. Indicate the source of the BFE data or Base Flood Depth entered in Item B9: <input type="checkbox"/> FIS <input checked="" type="checkbox"/> FIRM <input type="checkbox"/> Community Determined <input type="checkbox"/> Other: _____			
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			
B13. Is the building located seaward of the Limit of Moderate Wave Action (LiMWA)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

ELEVATION CERTIFICATE

IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON PAGES 9-19

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.: 2400 Coral Drive	FOR INSURANCE COMPANY USE
City: <u>Lynn Haven</u> State: <u>FL</u> ZIP Code: <u>32444</u>	Policy Number: _____ 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, AO, A (with BFE), VE, V1–V30, V (with BFE), AR, AR/A, AR/AE, AR/A1–A30, AR/AH, AR/AO, A99. Complete Items C2.a–h below according to the Building Diagram specified in Item A7. In Puerto Rico only, enter meters.
Benchmark Utilized: NGS K 42 ~ EL. = 13.72' Vertical Datum: NAVD 88

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

- NGVD 1929 NAVD 1988 Other: _____

Datum used for building elevations must be the same as that used for the BFE. Conversion factor used? Yes No

If Yes, describe the source of the conversion factor in the Section D Comments area.

Check the measurement used:

- | | | |
|---|--------------|--|
| a) Top of bottom floor (including basement, crawlspace, or enclosure floor): | <u>10.80</u> | <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters |
| b) Top of the next higher floor (see Instructions): | <u>22.50</u> | <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters |
| c) Bottom of the lowest horizontal structural member (see Instructions): | <u>10.50</u> | <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters |
| d) Attached garage (top of slab): | <u>9.70</u> | <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters |
| e) Lowest elevation of Machinery and Equipment (M&E) servicing the building (describe type of M&E and location in Section D Comments area): | <u>11.12</u> | <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters |
| f) Lowest Adjacent Grade (LAG) next to building: <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Finished | <u>8.78</u> | <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters |
| g) Highest Adjacent Grade (HAG) next to building: <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Finished | <u>9.58</u> | <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters |
| h) Finished LAG at lowest elevation of attached deck or stairs, including structural support: | <u>0.00</u> | <input type="checkbox"/> feet <input type="checkbox"/> 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 state 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 and describe in the Comments area.

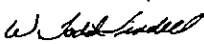
Certifier's Name: W. Todd Tindell License Number: 4958

Title: Land Surveyor

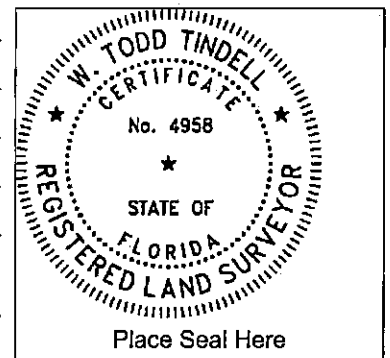
Company Name: Buchanan & Harper, Inc.

Address: 735 W. 11th Street

City: Panama City State: FL ZIP Code: 32401

Signature:  Digitally signed by William T Tindell
Date: 2024.01.31 09:40:51 -06'00' Date: 10/18/2022

Telephone: (850) 763-7427 Ext.: _____ Email: todd@buchanan-harper.com



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

Comments (including source of conversion factor in C2; type of equipment and location per C2.e; and description of any attachments):

THE SEAL APPEARING ON THIS DOCUMENT WAS AUTHORIZED BY W. TODD TINDELL PSM NO. 4958 ON DATE OF DIGITAL SIGNATURE

C2c is the bottom elevation of the 4" thick concrete slab.

C2e is the top elevation of an HVAC pad.

Job No. 12715 FB 1169 Page 39

ELEVATION CERTIFICATE

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City: <u>Lynn Haven</u> State: <u>FL</u> ZIP Code: <u>32444</u>	Policy Number: _____ Company NAIC Number: _____

SECTION E – BUILDING MEASUREMENT INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO, ZONE AR/AO, AND ZONE A (WITHOUT BFE)

For Zones AO, AR/AO, and A (without BFE), complete Items E1–E5. For Items E1–E4, use natural grade, if available. If the Certificate is intended to support a Letter of Map Change request, complete Sections A, B, and C. Check the measurement used. In Puerto Rico only, enter meters.

Building measurements are based on: Construction Drawings* Building Under Construction* Finished Construction
*A new Elevation Certificate will be required when construction of the building is complete.

E1. Provide measurements (C.2.a in applicable Building Diagram) for the following and check the appropriate boxes to show whether the measurement is above or below the natural HAG and the 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 (C2.b in applicable Building Diagram) 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 AUTHORIZED REPRESENTATIVE) CERTIFICATION

The property owner or owner's authorized representative who completes Sections A, B, and E for Zone A (without BFE) or Zone AO must sign here. *The statements in Sections A, B, and E are correct to the best of my knowledge*

Check here if attachments and describe in the Comments area.

Property Owner or Owner's Authorized Representative Name: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Signature: _____ Date: _____

Telephone: _____ Ext.: _____ Email: _____

Comments: _____

ELEVATION CERTIFICATE

IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON PAGES 9-19

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.:

2400 Coral Drive

City: Lynn Haven

State: FL

ZIP Code: 32444

FOR INSURANCE COMPANY USE

Policy Number: _____

Company NAIC Number: _____

SECTION G - COMMUNITY INFORMATION (RECOMMENDED FOR COMMUNITY OFFICIAL COMPLETION)

The local official who is authorized by law or ordinance to administer the community's floodplain management ordinance can complete Section A, B, C, E, G, or H of this Elevation Certificate. Complete the applicable item(s) and sign below when:

- 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 state law to certify elevation information. (Indicate the source and date of the elevation data in the Comments area below.)
- G2.a. A local official completed Section E for a building located in Zone A (without a BFE), Zone AO, or Zone AR/AO, or when item E5 is completed for a building located in Zone AO.
- G2.b. A local official completed Section H for insurance purposes.
- G3. In the Comments area of Section G, the local official describes specific corrections to the information in Sections A, B, E and H.
- G4. The following information (Items G5-G11) is provided for community floodplain management purposes.
- G5. Permit Number: _____ G6. Date Permit Issued: _____
- G7. Date Certificate of Compliance/Occupancy Issued: _____
- G8. This permit has been issued for: New Construction Substantial Improvement
- G9.a. Elevation of as-built lowest floor (including basement) of the building: _____ feet meters Datum: _____
- G9.b. Elevation of bottom of as-built lowest horizontal structural member: _____ feet meters Datum: _____
- G10.a. BFE (or depth in Zone AO) of flooding at the building site: _____ feet meters Datum: _____
- G10.b. Community's minimum elevation (or depth in Zone AO) requirement for the lowest floor or lowest horizontal structural member: _____ feet meters Datum: _____
- G11. Variance issued? Yes No If yes, attach documentation and describe in the Comments area.

The local official who provides information in Section G must sign here. *I have completed the information in Section G and certify that it is correct to the best of my knowledge. If applicable, I have also provided specific corrections in the Comments area of this section.*

Local Official's Name: _____ Title: _____

NFIP Community Name: _____

Telephone: _____ Ext.: _____ Email: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Signature: _____ Date: _____

Comments (including type of equipment and location, per C2.e; description of any attachments; and corrections to specific information in Sections A, B, D, E, or H):

ELEVATION CERTIFICATE

IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON PAGES 9-19

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.: 2400 Coral Drive	FOR INSURANCE COMPANY USE
City: Lynn Haven State: FL ZIP Code: 32444	Policy Number: _____ Company NAIC Number: _____

SECTION H – BUILDING'S FIRST FLOOR HEIGHT INFORMATION FOR ALL ZONES (SURVEY NOT REQUIRED) (FOR INSURANCE PURPOSES ONLY)

The property owner, owner's authorized representative, or local floodplain management official may complete Section H for all flood zones to determine the building's first floor height for insurance purposes. Sections A, B, and I must also be completed. Enter heights to the nearest tenth of a foot (nearest tenth of a meter in Puerto Rico). **Reference the Foundation Type Diagrams (at the end of Section H Instructions) and the appropriate Building Diagrams (at the end of Section I Instructions) to complete this section.**

H1. Provide the height of the top of the floor (as indicated in Foundation Type Diagrams) above the Lowest Adjacent Grade (LAG):

a) For Building Diagrams 1A, 1B, 3, and 5–9. Top of bottom _____ feet meters above the LAG floor (include above-grade floors only for buildings with subgrade crawlspaces or enclosure floors) is:

b) For Building Diagrams 2A, 2B, 4, and 6–9. Top of next higher floor (i.e., the floor above basement, crawlspace, or enclosure floor) is: _____ feet meters above the LAG

H2. Is all Machinery and Equipment servicing the building (as listed in Item H2 instructions) elevated to or above the floor indicated by the H2 arrow (shown in the Foundation Type Diagrams at end of Section H instructions) for the appropriate Building Diagram?
 Yes No

SECTION I – PROPERTY OWNER (OR OWNER'S AUTHORIZED REPRESENTATIVE) CERTIFICATION

The property owner or owner's authorized representative who completes Sections A, B, and H must sign here. *The statements in Sections A, B, and H are correct to the best of my knowledge.* **Note:** If the local floodplain management official completed Section H, they should indicate in Item G2.b and sign Section G.

Check here if attachments are provided (including required photos) and describe each attachment in the Comments area.

Property Owner or Owner's Authorized Representative Name: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Signature: _____ Date: _____

Telephone: _____ Ext.: _____ Email: _____

Comments: _____

ELEVATION CERTIFICATE
IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON PAGES 9-19
BUILDING PHOTOGRAPHS

See Instructions for Item A6.

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.:
2400 Coral Drive

City: Lynn Haven State: FL ZIP Code: 32444

FOR INSURANCE COMPANY USE

Policy Number: _____

Company NAIC Number: _____

Instructions: Insert below at least two and when possible four photographs showing each side of the building (for example, may only be able to take front and back pictures of townhouses/rowhouses). Identify all photographs with the date taken and "Front View," "Rear View," "Right Side View," or "Left Side View." Photographs must show the foundation. When flood openings are present, include at least one close-up photograph of representative flood openings or vents, as indicated in Sections A8 and A9.

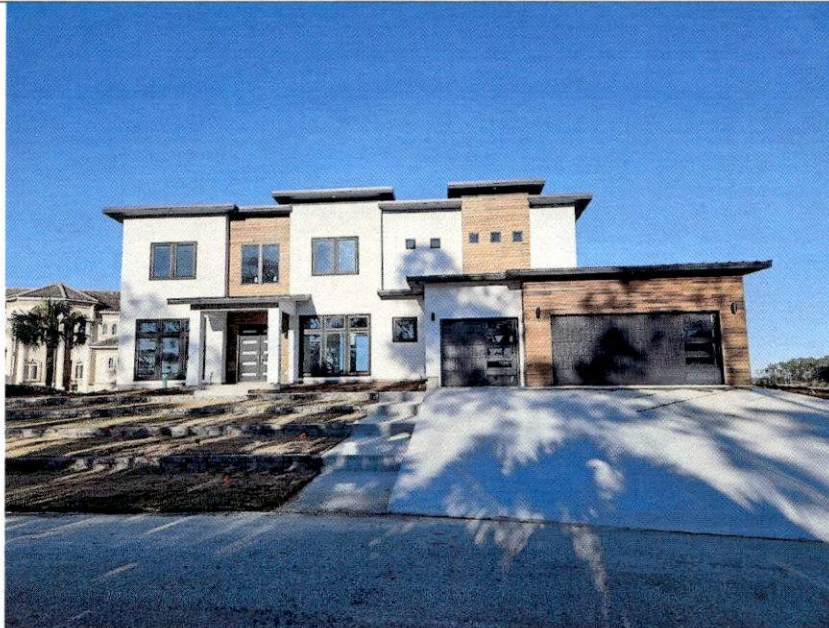


Photo One

Photo One Caption: Front View

Clear Photo One



Photo Two

Photo Two Caption: Left Side View

Clear Photo Two

ELEVATION CERTIFICATE
IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON PAGES 9-19
BUILDING PHOTOGRAPHS

Continuation Page

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.:
2400 Coral Drive

City: Lynn Haven State: FL ZIP Code: 32444

FOR INSURANCE COMPANY USE

Policy Number: _____

Company NAIC Number: _____

Insert the third and fourth photographs below. Identify all photographs with the date taken and "Front View," "Rear View," "Right Side View," or "Left Side View." When flood openings are present, include at least one close-up photograph of representative flood openings or vents, as indicated in Sections A8 and A9.



Photo Three

Photo Three Caption: Right Side View

Clear Photo Three



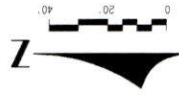
Photo Four

Photo Four Caption: Rear View

Clear Photo Four

FOR CENTRAL BANK NA, MORTGAGE BANKING DIVISION OF THE FARMERS GROUP AND FARMER LAND TITLE INSURANCE COMPANY

BEARING ON THE SOUTHEAST CORNER OF LOT 11 BLOCK D ACCORDING TO THE PLAT OF NORTH HARBOUR AS RECORDED IN PLAT BOOK 14, PAGE 88 T 01 NORTH HARBOUR, NORTH HARBOUR, COUNTY OF BAY COUNTY, FLORIDA, THENCE NORTHWESTERLY ALONG CURVED RIGHT OF WAY WITH RADIUS OF 2,000 FEET FOR 110.00 FEET TO THE POINT OF BEGINNING; THENCE SOUTH 61 DEGREES 32' MINUTES 22' SECONDS EAST, CURVED DISTANCE OF 110.00 FEET TO THE POINT OF REVERSE CURVATURE, THENCE BEARING NORTH 10' 00' FEET FOR AN ARC DISTANCE OF 100.83 FEET (CHORD BEARING NORTH 24 DEGREES 12' MINUTES 36' SECONDS EAST, BEARING NORTH 10' 00' FEET TO THE POINT OF BEGINNING); 16 SECONDS WEST FOR 40.00 FEET, THENCE NORTH 59 DEGREES 16' MINUTES 43' SECONDS WEST FOR 30.00 FEET TO THE POINT OF BEGINNING; ALONG UPPER GOOSE LAGOON, THENCE SOUTH 61' 37' ALONG EDGE OF WATER FOR 80.14 FEET MORE OR LESS TO A POINT OF BEGINNING; THENCE SOUTH 61 DEGREES 37' MINUTES 30' SECONDS EAST FOR 23.27 FEET TO THE POINT OF BEGINNING.



- SYMBOLS & ABBREVIATIONS
- R O.B. POINT OF BEGINNING
 - S SOUTH
 - N NORTH
 - K KURVE
 - H HATCH
 - M MINUTES
 - R RADIUS
 - C CHORD
 - C.B. CHORD BEARING
 - CP. CHORD POINT
 - TYP. TYPICAL

THIS IS NOT A BOUNDARY SURVEY. THIS IS A SETBACK OF DESCRIPTION AND FILE LOCATION OF SURFACE FOUNDATIONS HAVE NOT BEEN DETERMINED AND ARE NOT INDICATED HEREON.

A COMPARISON BETWEEN RECORDED DIRECTIONS AND DISTANCES WITH FIELD MEASURED DISTANCES AND BEARING WITH FIELD MEASURED BEARINGS REVEALS A DIFFERENCE IN BEARING OF APPROXIMATELY 0.01 DEGREE.

BEARINGS AND DISTANCES ARE BASED ON THE STATE COORDINATE SYSTEM (NAD 83), WHICH IS THE STATE COORDINATE SYSTEM NETWORK REFERENCED TO THE STATE GEOID. NAVSTAR SATELLITE POSITIONING NETWORK REFERENCED TO THE STATE GEOID. 2007 ADJUSTMENT AND ARE REFERENCED TO THE NAD 83 LINE OF LOT 11, HAVING A BEARING OF NORTH 51 DEGREES 46' MINUTES 00' SECONDS WEST.

A SURVEYOR'S ERROR HAS BEEN INCORPORATED IN LEGAL DESCRIPTION.

BUCHANAN & HAPPER, INC.
ENGINEERING & ARCHITECTURE
715 WEST 10TH STREET, SUITE 300, TAMPA, FLORIDA 33606
TEL: (813) 993-7227

DATE: 10/14/2014
DRAWN BY: JENNIFER WELLS
CHECKED BY: JENNIFER WELLS
SCALE: AS SHOWN

THIS DRAWING IS THE PROPERTY OF BUCHANAN & HAPPER, INC. NO PART OF THIS DRAWING IS TO BE REPRODUCED OR TRANSMITTED IN ANY FORM OR BY ANY MEANS, ELECTRONIC OR MECHANICAL, WITHOUT THE WRITTEN PERMISSION OF BUCHANAN & HAPPER, INC.



*Pre-construction survey shows house @ 11
11+1 Freeboard is 12
House is 10.8 - Below elevation more than 90% enclosed no flood vents*

UNPROCESSED FOR RECORD - 10/14/2014 10:14:27 AM