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.

	SEC	ION A - PROPERTY	INFOR	MATION	,	FOR INSUF	RANCE COMPANY USE
A1. Building Owner's Name STANLEY TIMMONS/TIMMONS CONSTRUCTION					Policy Num	ber:	
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 411 MEADOWVIEW TERRACE					Company N	AIC Number:	
City LYNN HAVEN	State				ZIP Code 32444	<u> </u>	
		nd Block Numbers, Ta DOWS AND THE POI				c.)	
A4. Building Use (e.g., Residen	tial, Non-Residential,	Addition,	Accessory,	etc.) RESIDEN	IŢĮAL	
A5. Latitude/Longi	A5. Latitude/Longitude: Lat. 30°14'31.3" N. Long. 85°36'07.5" W. Horizontal Datum: ☐ NAD 1927 ☒ NAD 1983						
A6. Attach at least	2 photograp	hs of the building if the	e Certific	ate is being u	sed to obtain floo	d insurance.	
A7. Building Diagra	am Number	1B					
A8. For a building	with a crawls	pace or enclosure(s):					
a) Square foo	tage of crawl	space or enclosure(s)	_=		0.00 sq ft		
b) Number of	permanent flo	ood openings in the cra	awispace	e or enclosure	e(s) within 1.0 foo	t above adjacent gra	ade <u>0</u>
c) Total net ar	ea of flood or	enings in A8.b		0.00 sq ir			
d) Engineered	l flood openin	ıgs? ∐Yes ⊠N	lo				
A9. For a building v	with an attach	ed garage:					
a) Square foo	tage of attach	ed garage	_	825.00 sq ft			
		ood openings in the att				jacent grade 0	
			_	0.00 sq			
c) Total net area of flood openings in A9.b d) Engineered flood openings? Yes No							
<u> </u>	SE	CTION B - FLOOD I	NSURA	NCE RATE	MAP (FIRM) IN	ORMATION	
B1. NFIP Commun	ity Name & C	Community Number		B2. County BAY			B3. State Florida
B4. Map/Panel	B5. Suffix	B6. FIRM Index	B7. FIF	M Panel	B8, Flood	B9: Base Flood E	levation(s)
Number	20, 02	Date	Effe	ective/ vised Date	Zone(s)	(Zone AO, us	e Base Flood Depth)
12005C0351	Н	06-02-2009	06-02-2		X & AE	7.0'	
R10 Indicate the	source of the	Base Flood Elevation	(BEE) d	ata or base fl	ood depth entered	d in Item B9:	•
		Community Deten					·
B11. Indicate elev	ation datum ı	used for BFE in Item B	9: 🔲 N	GVD 1929	⊠ NAVD 1988	Other/Source:	
B12. Is the buildin	g located in a	a Coastal Barrier Reso	urces Sy	ystem (CBRS) area or Otherwi	se Protected Area (OPA)? Tyes X No
Designation		🗆	CBRS	☐ OPA			
					<u>,</u>		
FEMA Form 086-0-3	3 (12/19)	R	eplaces	all previous	editions.		Form Page 1 of 6

ELEVATION CERTIFICATE

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

IMPORTANT: In these spaces, copy the correspondi	ng information from Sec	tion A.	FOR IN	NSURANC	E COMPANY USE	
Building Street Address (including Apt., Unit, Suite, and 411 MEADOW/IEW TERRACE	or Bldg. No.) or P.O. Rou	te and Box No.	Policy	Number:		
City	tate ZIP (Code	Compa	any NAIC N	Number	
LYNN HAVEN Florida 32444				**************************************		
SECTION C – BUILDING E	LEVATION INFORMAT	ION (SURVEY RE	QUIRE	D)		
 C1. Building elevations are based on: Construct *A new Elevation Certificate will be required when C2. Elevations – Zones A1–A30, AE, AH, A (with BFE Complete Items C2.a–h below according to the bit Benchmark Utilized: BAY 26 FLDNR 	construction of the buildir	E), AR, AR/A, AR/ n Item A7. In Puert	AE, AR	/A1–A30, A	ned Construction AR/AH, AR/AO. meters.	
Indicate elevation datum used for the elevations in ■ NGVD 1929 ■ NAVD 1988 ■ Other		v.				
Datum used for building elevations must be the sa		FE.				
•			D-0000 - 1000		asurement used.	
 a) Top of bottom floor (including basement, craw 	Ispace, or enclosure floor)		13.40	× feet	meters	
b) Top of the next higher floor			N/A	feet	meters	
c) Bottom of the lowest horizontal structural mem	ber (V Zones only)		N/A	feet	meters	
d) Attached garage (top of slab)		-	12.10	× feet	meters	
 e) Lowest elevation of machinery or equipment s (Describe type of equipment and location in Co 	ervicing the building omments)		14.10		meters	
f) Lowest adjacent (finished) grade next to build	ing (LAG)		10.20	× feet	meters	
g) Highest adjacent (finished) grade next to build	ing (HAG)		11.60	× feet	meters meters	
Lowest adjacent grade at lowest elevation of c structural support	deck or stairs, including		N/A	feet	meters	
SECTION D - SURVEYO	R, ENGINEER, OR ARC	HITECT CERTIF	ICATIO	N		
This certification is to be signed and sealed by a land I certify that the information on this Certificate representatement may be punishable by fine or imprisonment	surveyor, engineer, or arc	nitect authorized by	law to	certify elev	ration information. that any false	
Were latitude and longitude in Section A provided by a				Check her	e if attachments.	
Certifier's Name ZANNIE THOMAS WHITE, JR	License Number 6041	1				
Title PRESIDENT		- 1		13	1011 /	
Company Name Z'S LAND SURVEYING & MAPPING, INC					122.20	
Address PO BOX 396/ 2281 SEAY ROAD		9		10	12.20	
City COTTONDALE	State Florida	ZIP Code 32431				
Signature L TUI	Date 10-22-2020	Telephone (850) 579-2315	Ext.			
Copy all pages of this Elevation Certificate and all attach	ments for (1) community of	ficial, (2) insurance	agent/co	ompany, ar	nd (3) building owner.	
Comments (including type of equipment and location, A5. LATITUDE AND LONGITUDE WERE DERIVED C2(e). AIR CONDITONER SERVICING THE RESIDE	FROM THE BAY COUNT	Y PROPERTY APF	PRAISE	R WEBSIT	E	

ELEVATION CERTIFICATE

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

IMPORTANT: In these spaces, copy the correspondir	FOR INSURANCE COMPANY USE						
Building Street Address (including Apt., Unit, Suite, and/ 411 MEADOWIEW TERRACE	Policy Number:						
		² Code 444	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–complete Sections A, B, and C. For Items E1–E4, use na enter meters.	E5. If the Certificate is i tural grade, if available.	ntended to support a Check the measure	LOMA or LOMR-F request, ment used. In Puertó Rico only,				
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 ☐ meter	s 🔲 above or 🔲 below the HAG.				
b) Top of bottom floor (including basement, crawlspace, or enclosure) is		☐ feet ☐ meter					
E2. For Building Diagrams 6–9 with permanent flood op	enings provided in Sect	ion 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 ☐ meter	s above or below the HAG.				
E3. Attached garage (top of slab) is		☐ feet ☐ meter	s 🔲 above or 🔲 below the HAG.				
E4. Top of platform of machinery and/or equipment servicing the building is		☐ feët ☐ meter	s 🔲 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 OWN	ER (OR OWNER'S REF	PRESENTATIVE) CE	RTIFICATION				
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	Те	lephone				
Comments							
	,						
			ı				
,			,				
			Check here if attachments.				

OMB No. 1660-0008

ELEVATION CERTIFICATE 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. Policy Number: 411 MEADOWVIEW TERRACE State ZIP Code City Company NAIC Number Florida 32444 LYNN HAVEN SECTION G - COMMUNITY INFORMATION (OPTIONAL) 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.) A community official completed Section E for a building located in Zone A (without a FEMA-issued or community-issued BFE) G3. The following information (Items G4–G10) is provided for community floodplain management purposes. G6. Date Certificate of G5. Date Permit Issued G4. Permit Number Compliance/Occupancy Issued G7. This permit has been issued for: □ New Construction □ Substantial Improvement
 Elevation of as-built lowest floor (including basement) feet meters Datum of the building: feet meters G9. BFE or (in Zone AO) depth of flooding at the building site: Datum ☐ feet ☐ meters G10. Community's design flood elevation: Title Local Official's Name Telephone Community Name Signature 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.

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IMPORTANT: In these spaces, co	FOR INSURANCE COMPANY USE Policy Number:			
Building Street Address (including 411 MEADOWVIEW TERRACE				
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 Caption FRONT VIEW 10/21/2020 Clear Photo One



Photo Two

Photo Two Caption AC VIEW 10/21/2020

Clear Photo Two

BUILDING PHOTOGRAPHS

ELEVATION CERTIFICATE

Continuation Page

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IMPORTANT: In these spaces, co	FOR INSURANCE COMPANY USE Policy Number:			
Building Street Address (including 411 MEADOWVIEW TERRACE				
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 REAR VIEW 10/21/2020

Clear Photo Three



Photo Four Caption 10/21/2020 Clear Photo Four

