

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 HOLLI PERSALL				Policy Number:	
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 411 MONTANA AVENUE				Company NAIC Number:	
City LYNN HAVEN		State Florida		ZIP Code 32444	
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) LOT 11 & S1/2 LOT 12 BLK 53, LYNN HAVEN TAX ID No. 09121-000-000					
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) <u>RESIDENTIAL</u>					
A5. Latitude/Longitude: Lat. <u>30°15'06.6" N.</u> Long. <u>85°39'34.8" W.</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>7</u>					
A8. For a building with a crawlspace or enclosure(s):					
a) Square footage of crawlspace or enclosure(s) <u>1222.00</u> sq ft					
b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade <u>7</u>					
c) Total net area of flood openings in A8.b <u>896.00</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>0.00</u> sq ft					
b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade <u>0</u>					
c) Total net area of flood openings in A9.b <u>0.00</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 12005C0218	B5. Suffix H	B6. FIRM Index Date 06-02-2009	B7. FIRM Panel Effective/ Revised Date 06-02-2009	B8. Flood Zone(s) AE	B9. Base Flood Elevation(s) (Zone AO, use Base Flood Depth) 8.0'
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 checked="" type="checkbox"/> FIRM <input 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					

ELEVATION CERTIFICATE

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. 411 MONTANA AVENUE			Policy Number:
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: NGS-91002A Vertical Datum: 88

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.

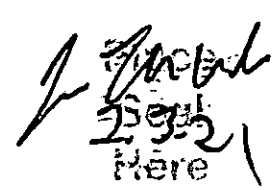

Check the measurement used.

- | | | | |
|---|------------|--|---------------------------------|
| a) Top of bottom floor (including basement, crawlspace, or enclosure floor) | <u>4.3</u> | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| b) Top of the next higher floor | <u>6.8</u> | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| c) Bottom of the lowest horizontal structural member (V Zones only) | <u>N/A</u> | <input type="checkbox"/> feet | <input type="checkbox"/> meters |
| d) Attached garage (top of slab) | <u>N/A</u> | <input type="checkbox"/> feet | <input type="checkbox"/> meters |
| e) Lowest elevation of machinery or equipment servicing the building
(Describe type of equipment and location in Comments) | <u>7.3</u> | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| f) Lowest adjacent (finished) grade next to building (LAG) | <u>4.0</u> | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| g) Highest adjacent (finished) grade next to building (HAG) | <u>3.5</u> | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support | <u>N/A</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 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 ZANNIE THOMAS WHITE, JR	License Number 6041		
Title PRESIDENT			
Company Name Z'S LAND SURVEYING & MAPPING, INC			
Address PO BOX 401/ 1142 ROAD			
City SAMSON	State Alabama		ZIP Code 36477
Signature 	Date 02-03-2021	Telephone (850) 579-2315	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)
 A5. LATITUDE AND LONGITUDE WERE DERIVED FROM THE BAY COUNTY PROPERTY APPRAISER WEBSITE
 C2(e). AIR CONDITONER SERVICING THE RESIDENCE

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**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 _____ 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 (elevation C2.b in the diagrams) 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 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 _____

Address	City	State	ZIP Code
Signature	Date	Telephone	

Comments

Check here if attachments.

BUILDING PHOTOGRAPHS

See Instructions for Item A6.

OMB No. 1660-0008

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City LYNN HAVEN	State Florida	ZIP Code 32444	Company NAIC Number

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 02/02/2021

Clear Photo One

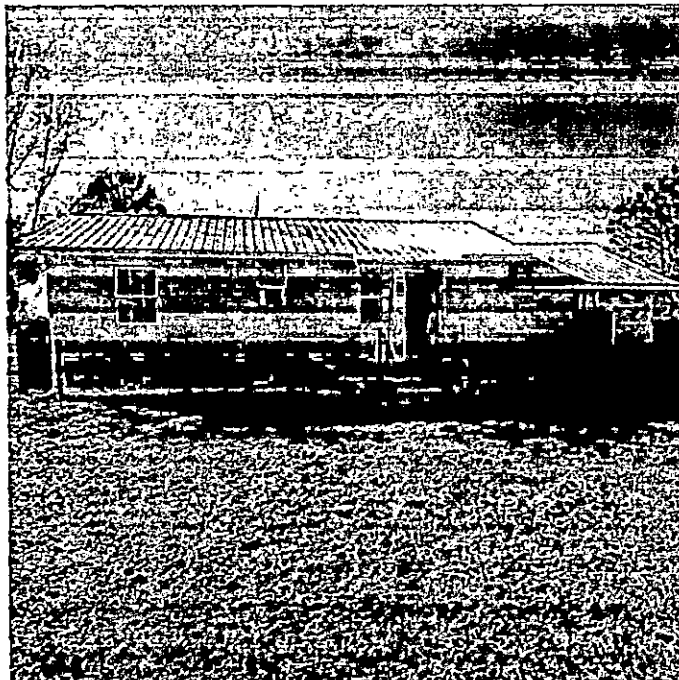


Photo Two

Photo Two Caption REAR VIEW 02/02/2021

Clear Photo Two

ELEVATION CERTIFICATE

BUILDING PHOTOGRAPHS

Continuation Page

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City LYNN HAVEN	State Florida	ZIP Code 32444	Company NAIC Number

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

Photo Three Caption

Clear Photo Three

Photo Four

Photo Four

Photo Four Caption

Clear Photo Four



Lynn Haven Fire Dept.

Station: **1**
Shifts Or Platoon: **C Shift**

Location: 411 MONTANA AVE Lynn Haven FL 32444	Incident Type: 111 - Building fire
Lat/Long: N 30° 15' 3.46" W 85° 39' 35.74"	FDID: 23022 Incident #: 2021-00154 Exposure ID: 54637911 Exposure #: 0 Incident Date: 01/27/2021 Dispatch Run #: 2021-000154
Zone: Zone - 1 Location Type: 1 - Street address Population Density: Suburban	

Report Completed by:	McDougall , James D	ID: 738	Date: 01/28/2021
Report Reviewed by:	Hernandez , Darrell J	ID: 050	Date: 01/29/2021
Report Printed by:	Johnson, Tracy E	ID: 340	Date: 2/2/2021 Time: 08:26

Structure Type: Enclosed building	Property Use: 419 - 1 or 2 family dwelling																
Automatic Extinguishment System Present: <input type="checkbox"/>	Detectors Present: <input checked="" type="checkbox"/> Cause of Ignition: Unintentional																
Aid Given or Received: None	Primary action taken: 11 - Extinguishment by fire service personnel																
Additional actions: 12 - Salvage & overhaul , -																	
<table border="1"> <thead> <tr> <th>Losses</th> <th>Pre-Incident Values</th> <th></th> <th></th> </tr> </thead> <tbody> <tr> <td>Property: \$10,000.00</td> <td>Property: \$93,841.00</td> <td>Civilian Injuries: 0</td> <td>Fire Service Injuries: 0</td> </tr> <tr> <td>Contents: \$0.00</td> <td>Contents: \$0.00</td> <td>Civilian Fatalities: 0</td> <td>Fire Service Fatalities: 0</td> </tr> <tr> <td>Total: \$10,000.00</td> <td>Total: \$93,841.00</td> <td>Total Casualties: 0</td> <td>Total Fire Service Casualties: 0</td> </tr> </tbody> </table>	Losses	Pre-Incident Values			Property: \$10,000.00	Property: \$93,841.00	Civilian Injuries: 0	Fire Service Injuries: 0	Contents: \$0.00	Contents: \$0.00	Civilian Fatalities: 0	Fire Service Fatalities: 0	Total: \$10,000.00	Total: \$93,841.00	Total Casualties: 0	Total Fire Service Casualties: 0	
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Contents: \$0.00	Contents: \$0.00	Civilian Fatalities: 0	Fire Service Fatalities: 0														
Total: \$10,000.00	Total: \$93,841.00	Total Casualties: 0	Total Fire Service Casualties: 0														
Total # of apparatus on call: 2	Total # of personnel on call: 6																

Special Studies	
COVID 19 was a factor in this incident.	No, COVID 19 was not a factor.

NARRATIVE (2)

Narrative Title: Building Fire

Narrative Author: McDougall, James

Narrative Date: 01/29/2021 06:21:23

Narrative Apparatus ID: E-1

Narrative:

E-1 and E-2 were dispatched to listed location, reference structure fire. FD arrived on scene to a single story residential structure with nothing showing from the exterior. Capt. Bayba established Montana Command.

A neighbor (Glenda Butler) advised FD she heard the smoke detector and saw smoke through the window. FD proceeded to check front door and saw heavy light colored smoke inside. FD found front door locked and command proceeded with a building 360. While on the 360 the back door was found unlocked.

FD made entry through the back door and proceeded to search structure for the fire while performing primary search. FD unlocked front door and located the seat of the fire inside the interior wall on alpha side of the structure. FD then used a PW to start fire extinguishment as power was turned off at exterior electrical panel on the Charlie side of structure.

Gulf Power was requested and upon their arrival they disconnected the meter from the panel.

At that time FD proceeded with secondary search. Fire was burning in the wall and subfloor in the crawl space. FD cut a 6'x3' section of sheet rock and 5'x3' section of floor out to check for further fire extension. FD knocked down fire and advised dispatch fire was under control. FD utilized PPV fan to horizontally ventilated the structure. After smoke was cleared from structure, FD used booster line and tank water to further cool and extinguish the remaining fire with approximately 255 gallons of water. At that time FD advised dispatch that fire was extinguished.

FD then secured the windows and doors as they were found. FD requested location be put on extra patrol with LHPD. FD cleared scene and returned to service.

At 2200 hrs. and 0100 hrs. R-1 investigated structure with TIC and found nothing out of the norm.

Chief Hernandez made contact with the homeowner and contractor the following morning. The contractor John Wayne Thomas with R. Adams Painting advised they had been sweating the pipes in the crawl space, at the point of fire origin, the day of the fire.

APPARATUS

Fire Controlled Date / Time:		1/27/2021 6:26:14 PM	
Unit	E-1	Unit	E-2
Type:	Ground fire suppression, other	Type:	Ground fire suppression, other
Use:	Suppression	Use:	Suppression
Response Mode:	Lights and Sirens	Response Mode:	Lights and Sirens
# of People	4	# of People	2
Alarm	01 /27/2021 17:52:48	Alarm	01 /27/2021 17:52:48
Dispatched	01 /27/2021 17:53:19	Dispatched	01 /27/2021 17:53:19
Enroute	01 /27/2021 17:54:24	Enroute	01 /27/2021 17:54:24
Arrived	01 /27/2021 17:58:27	Arrived	01 /27/2021 17:59:14
Cancelled	-- /-- /-- -- :-- :--	Cancelled	-- /-- /-- -- :-- :--
Cleared Scene	01 /27/2021 19:47:35	Cleared Scene	01 /27/2021 19:10:30
In Quarters	-- /-- /-- -- :-- :--	In Quarters	-- /-- /-- -- :-- :--
In Service	01 /27/2021 19:47:35	In Service	01 /27/2021 19:10:30
Number Of People not on apparatus: 0			

FIRE			
Acres Burned	None or Less Than One	Acres Burn From Wildland Form	False
Area Of Fire Origin	Common room, den, family room, living room, lounge	Heat Source	Spark, ember, or flame from operating equipment
Item First Ignited	Pipe, duct, conduit, hose	Fire Is Confined To Object Of Origin	
Type Of Material	Sawn wood, including all finished lumber	Cause Of Ignition	Unintentional
Factor Contributing To Ignition	Heat source too close to combustibles.		
Human Factors Contributing	None		
Equipment Involved In Ignition Flag	True	Equipment Involved	Welding torch.
Equipment Power Source	Gas fuels, other	Equipment Portability	Portable

STRUCTURE FIRE			
Structure Type	Enclosed building	Building Status	Under major renovation
# Of Stories At Above Grade	1	# Of Stories Below Grade	0
Square Feet	1339	Length	
Width		Floor Of Origin	1
Fire Spread	Confined to room of origin		
Minor Damage	1	Significant Damage	0
Heavy Damage	0	Extreme Damage	0
Item Contributing Most To Spread	Structural member or framing	Type Of Material Contributing Most To Spread	Sawn wood, including all finished lumber
Presence Of Detectors	Present	Type Of Detection System	Smoke
Detector Power Supply	Hardwire only	Detector Operation	Detector operated
Detector Effectiveness	There were no occupants	Detector Failure Reason	

PEOPLE -- PERSON 1			
Is Owner	True	Business Name	
Telephone Number	850-866-8195	Involvement	Homeowner
Name	Holli C Persall	Date of Birth	5/29/1952
Address	7107 Lagoon DR Panama City, FL 32408-		

CUSTOM FIELDS FORM	
Was body armor used?	No
Was Narcan used ?	No
Was proper PPE used?	Yes
Type of Public Service	
Fire Prevention. How many adults / children attended?	
Fire Prevention Safety House How many adults / children attended?	
Car seat inspection / install. How many adults / children attended?	
Station Tour. How many adults / children attended?	
B/P Check. How many adults / children attended?	
Smoke Detector check / install. How many smoke detectors / batteries ?	
Special Detail. How many adults / children attended?	

INCIDENT IMAGES



PERSONNEL ON CALL

Name	Personnel Rank	Role(s)	Apparatus
Bayba, Joseph R	Captain	11 - Extinguishment by fire service personnel, 12 - Salvage & overhaul	E-1
Benjamin, Erik M	Firefighter	11 - Extinguishment by fire service personnel, 12 - Salvage & overhaul	E-1
Ingram, Craig R	Firefighter	11 - Extinguishment by fire service personnel, 12 - Salvage & overhaul	E-1
Landon, Robert	Firefighter	11 - Extinguishment by fire service personnel, 12 - Salvage & overhaul	E-2
Mayo, Bobby	Lieutenant	11 - Extinguishment by fire service personnel, 12 - Salvage & overhaul	E-2
McDougall, James D	Firefighter	11 - Extinguishment by fire service personnel, 12 - Salvage & overhaul	E-1

Member Making Report (Firefighter James D McDougall): _____

Incident Reviewer (Assistant Chief Darrell J Hernandez): _____

Parcel ID:	09121-000-000
Address:	411 MONTANA Avenue, Lynn Haven, Florida 32444
County:	Bay
Latitude:	30.251009

Name & CID:	City of Lynn Haven, 120009
Structure Type:	Residential
Longitude:	-85.659564000000003

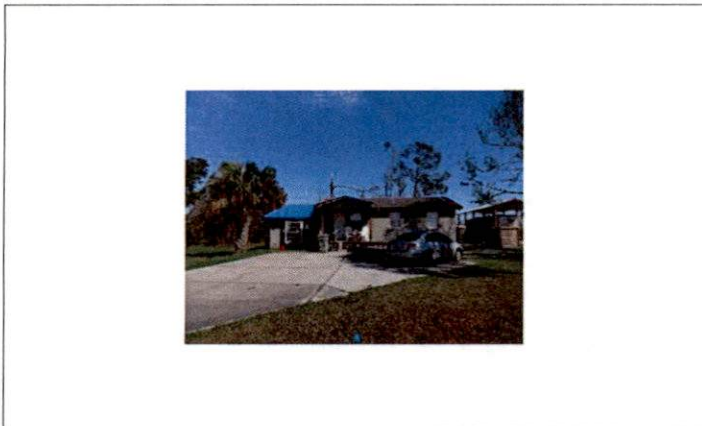


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Photo Path: 17015eed-54a2-496f-8272-9def0df9aeb7.JPG

Structure Fields	
Residential Structures	
Residence Type:	Single Family Residence
Foundation:	Crawlspace
Superstructure:	Stud-framed (Standard)
Roof Covering:	Shingles - Asphalt, Wood (Standard)
Exterior Finish:	Siding or Stucco (Standard)
Heating and Cooling:	Heating and/or Cooling
Non-Residential Structures	
Structure Use:	
Sprinkler Sys:	
Conveyance:	

Inspector Name:	07
Assessment Date:	2/25/2019
Structure Info // Community Info:	//
Quality:	Average
Number of Stories:	One Story (Standard)
Year Built:	1970

Square Feet:	1222
Depreciation:	4 - Average Condition

Cost per Sq/Ft:	\$150
Geographic Adj:	1

Flood Zone Information									
Flood Zone:	AE	BFE:	8.00	Floodway:	No	Panel Num:	12005C0218H	Suffix:	H

Damage Date and Cause			
Date of Damage:	10/10/2018	Damage Undetermined:	No
Cause of Damage:	Wind	Damage Undetermined Message:	
Duration of Flood:		Water Above Ground:	
		Water Above 1st floor:	

Damaged Elements and Percentages			
Damaged Element	Damage Percentage	Damaged Element	Damage Percentage
Foundation	%	Cabinets and Countertops	%
Superstructure	%	Floor Finish	%
Roof Covering	35 %	Plumbing	%
Exterior Finish	%	Electrical	%
Interior Finish	%	Appliances	%
Doors and Windows	%	Hvac	%

Tax Value:	\$
Market Value Selection:	Computed Actual Cash Value

Tax Factor Adj:	
Damage Value Selection:	Computed Damages

Damage Message:	Not Substantially Damaged
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Percent Damaged:	1.8999999999999999
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Bay County Property Appraiser - Dan Sowell, CFA

Main Office | 860 W. 11th St, Panama City, FL 32401 | 850-248-8401

Beach Office | 301 Richard Jackson Blvd, Panama City Beach, FL 32407 | 850-248-8470



Overview



Legend

- Parcels
- Roads

Parcel ID	09121-000-000	Owner	PERSALL, HOLLIC	Last 2 Sales			
Class Code	SINGLE FAMILY		ETAL	Date	Price	Reason	Qual
Taxing District	6		7107 LAGOON DR	11/17/2020	\$110500	QUAL/DEED EXAMINATION	Q
	LYNN HAVEN		PANAMA CITY, FL	2/19/2015	\$50000	NOT KNOWLEDGEABLE/INFORMED U	
Acres	0.258		32408			MKT	
		Physical Address	411 MONTANA AVE	MLS			
		Just Value	Value \$93841				

(Note: Not to be used on legal documents)

Date created: 2/5/2021

Last Data Uploaded: 2/5/2021 7:28:23 AM

Developed by Schneider GEOSPATIAL



NOTICE OF COMMENCEMENT

THE UNDERSIGNED hereby gives notice that improvement will be made to certain real property, and in accordance with Chapter 713, Florida Statutes, the following information is provided in this NOTICE OF COMMENCEMENT.

- 1. Description of property (legal description of property): LYNN HAVEN (11.1) LOT 11 & S1/2 LOT 12 BLK E3 ORB 4326 P 1470
a) Street (job) Address: 411 Montana Ave, Lynn Haven, FL 32444
2. General description of improvement(s): Replace damaged floor joists, studs, and subfloor
3. Owner or Lessee information (Lessee as owner only if contracted for improvements)
a. Name and address: Hotel Persall, 7107 Lagoon Drive, PCB, 32408
b. Interest in property: Fee Simple
c. Name and address of fee simple titleholder (if other than owner):
4. Contractor Information
a. Name and address: Neubauer Construction, LLC, Brian Neubauer 1700 Cherry Street Panama Cty, FL 32401
b. Phone number: (850)276-4298 Fax No. (Opt.)
5. Surety Information
a. Name and address: N/A
b. Amount of bond \$
c. Phone number: Fax No. (Opt.)
6. Lender
a. Name and address: N/A
b. Phone number:
7. Persons within the State of Florida designated by Owner upon who notices or other documents may be served as provided by Section 713.13(1)(a)7., Florida Statutes:
a. Name and address: N/A
b. Phone number:
8. In addition to himself, Owner designates the following person(s) to receive a copy of the Lienor's Notice as provided in Section 713.13(1)(b), Florida Statutes:
a. Name and address: N/A
b. Phone number:

Expiration date of notice of commencement (the expiration date is 1 year from the date of recording unless a different date is specified)

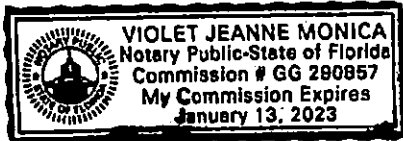
WARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART 1, SECTION 713.13, FLORIDA STATUES, AND CAN RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.

Verification pursuant to Section 92.525, Florida Statutes. Under penalties of perjury, I declare that I have read the foregoing and that the facts in it are true to the best of my knowledge and belief

Signature of Owner or Lessee, or Owner's or Lessee's Authorized Officer/Director/Partner/Manager
Signatory's Title/Officer:

State of Florida
Bay County

The foregoing instrument was acknowledged before me this 3rd day of February, 2021 by [Signature] who is personally known to me or has produced [Signature] and who did/did not take an oath. (Driver's License #)



Signature of Notary Public, State of Florida
Violet Jeanne Monica
Print, Type, or Stamp
Commissioned Name of Notary Public