

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 Arbor Landing@ Mill Bayou, LLC				Policy Number:	
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 4201 Highway 390				Company NAIC Number:	
City Panama City		State Florida		ZIP Code 32404	
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) Tax Parcel Number 11344-000-010 Building No. 8, Units 801-810					
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) <u>Residential</u>					
A5. Latitude/Longitude: Lat. <u>30° 14' 04.074"</u> Long. <u>85° 35' 32.729"</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>0.00</u> sq ft					
b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade <u>0</u>					
c) Total net area of flood openings in A8.b <u>0.00</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>2454.84</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 12005C0352	B5. Suffix H	B6. FIRM Index Date 06-02-2009	B7. FIRM Panel Effective/ Revised Date 06-02-2009	B8. Flood Zone(s) X	B9. Base Flood Elevation(s) (Zone AO, use Base Flood Depth) N/A
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 type="checkbox"/> Community Determined <input checked="" type="checkbox"/> Other/Source: <u>LOMR Case No. 15-04-6857P, April 4, 2016</u>					
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. 4201 Highway 390			Policy Number:
City Panama City	State Florida	ZIP Code 32404	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 K 290 ~ EL. = 26.696 Vertical Datum: NAVD 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.

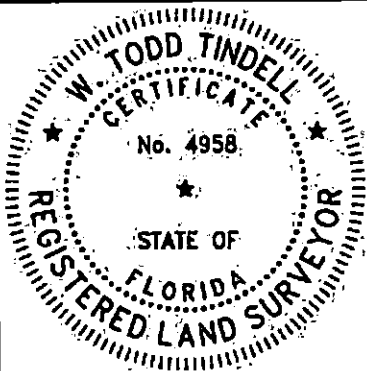
Check the measurement used.

- | | | | |
|---|------|--|---------------------------------|
| a) Top of bottom floor (including basement, crawlspace, or enclosure floor) _____ | 32.6 | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| b) Top of the next higher floor _____ | 43.5 | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| c) Bottom of the lowest horizontal structural member (V Zones only) _____ | N/A | <input type="checkbox"/> feet | <input type="checkbox"/> meters |
| d) Attached garage (top of slab) _____ | 32.3 | <input checked="" 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) _____ | 31.9 | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| f) Lowest adjacent (finished) grade next to building (LAG) _____ | 31.4 | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| g) Highest adjacent (finished) grade next to building (HAG) _____ | 32.0 | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support _____ | N/A | <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 W. Todd Tindell	License Number 4958		
Title Land Surveyor			
Company Name Buchanan & Harper, Inc.			
Address 735 W. 11th Street			
City Panama City	State Florida		ZIP Code 32401
Signature <i>W. Tindell</i>	Date 08-03-2022	Telephone (850) 763-7427	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)

C2e is the top elevation of an HVAC pad.

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

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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.

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City Panama City	State Florida	ZIP Code 32404	Company NAIC Number

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.)
- G2. A community official completed Section E for a building located in Zone A (without a FEMA-issued or community-issued BFE) or Zone AO.
- G3. The following information (Items G4–G10) is provided for community floodplain management purposes.

G4. Permit Number	G5. Date Permit Issued	G6. Date Certificate of Compliance/Occupancy Issued
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G7. This permit has been issued for: New Construction Substantial Improvement

G8. Elevation of as-built lowest floor (including basement) of the building: _____ feet meters Datum _____

G9. BFE or (in Zone AO) depth of flooding at the 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 location, per C2(e), if applicable)

Check here if attachments.

BUILDING PHOTOGRAPHS

See Instructions for Item A6.

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City Panama City	State Florida	ZIP Code 32404	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.

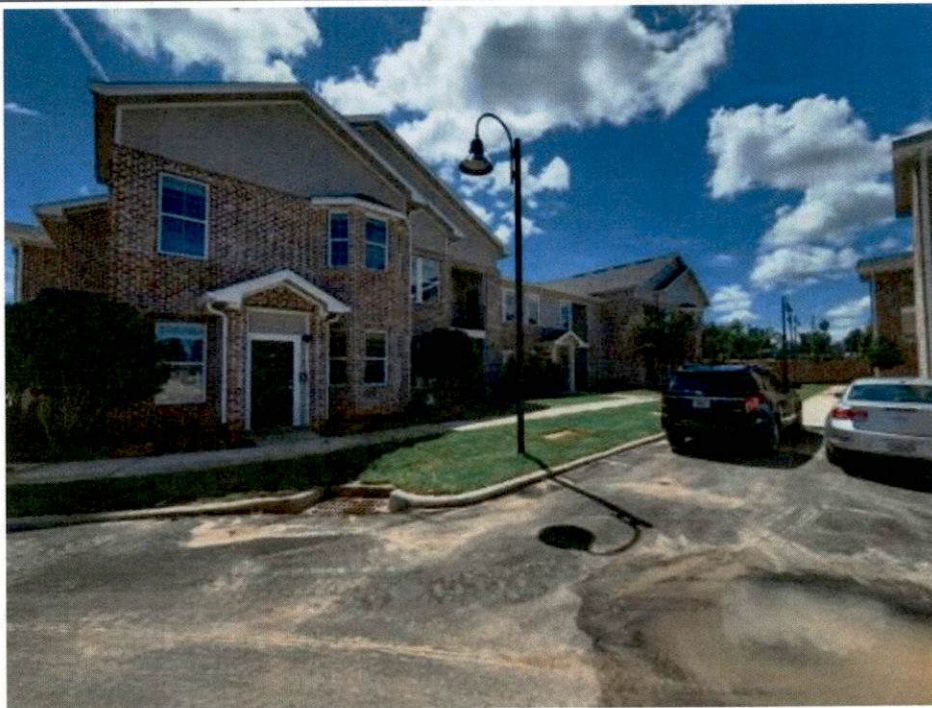


Photo One

Photo One Caption Front View

Clear Photo One



Photo Two

Photo Two Caption Left Side View

Clear Photo Two

BUILDING PHOTOGRAPHS

Continuation Page

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City Panama City	State Florida	ZIP Code 32404	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.

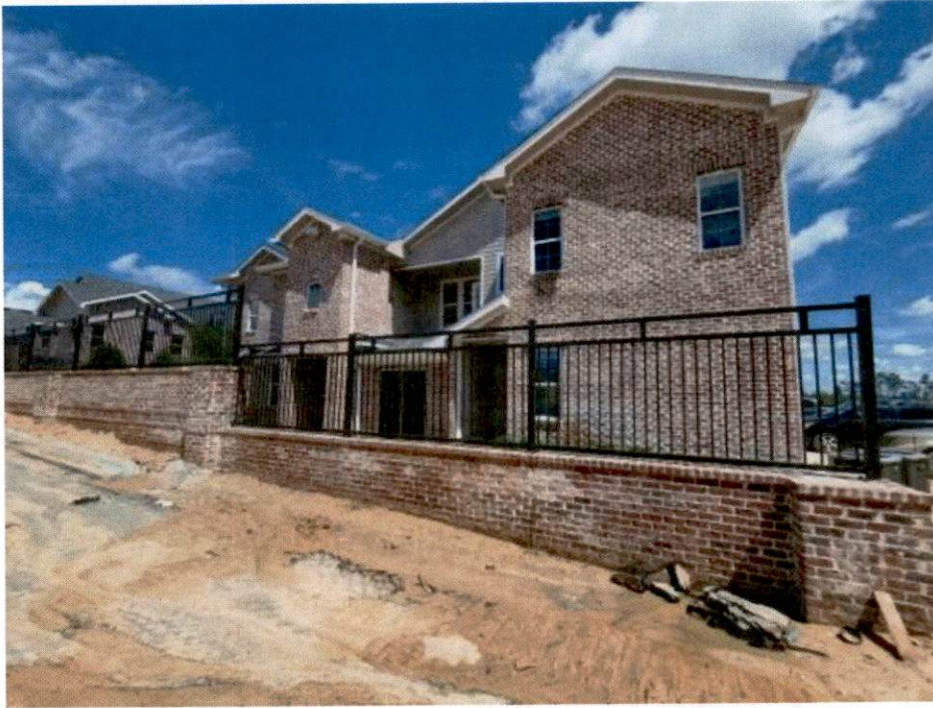


Photo Three

Photo Three Caption Right Side View

Clear Photo Three



Photo Four

Photo Four Caption Rear View

Clear Photo Four

Lynn Haven Fire & Emergency Services



Occupancy: **Arbor Landings at Mill Bayou (South)**
Occupancy ID: **Building #8**
Address: **4201 390 HWY E Building #8**
Lynn Haven FL 32444

Inspection Type: **Final Fire Inspection**

Inspection Date: **8/5/2022** By: **LaMarre, Ronald C (524)**

Time In: **07:30** Time Out: **09:30**

Authorized Date: **08/05/2022** By: **LaMarre, Ronald C (524)**

Form: General Inspection

Inspection Description:

General Inspection Notes

Inspection Topics:

Notes

Notes

General Notes

Status: PASS

Notes: I conducted a final fire inspection at the above location. There were no discrepancies found during this inspection

Additional Time Spent on Inspection:

Category

Start Date / Time

End Date / Time

Notes: No Additional time recorded

Total Additional Time: 0 minutes

Inspection Time: 120 minutes

Total Time: 120 minutes

Summary:

Overall Result: Passed

Inspector Notes: Okay to issue a C.O. for this structure.

Inspector:

Name: LaMarre, Ronald C
Rank: Fire Inspector
Email(s): rlararre@cityoflynnhaven.com
LaMarre, Ronald C:

Signed on: 08/05/2022 09:50

Signature

Date

FLORIDA BUILDING CODE COMPLIANCE AUTHORITY

2405 Ruth Hentz Avenue, Suite 1 • Panama City, FL 32405

PRIVATE PROVIDER CERTIFICATE OF COMPLIANCE

Request for Certificate of Occupancy

Date: 7/26/22

Building Official: Charles Vanatter

Name of Jurisdiction: Bay County

Permit Number: B20210812 Parcel I.D. Number: 11344-000-005


Address: 4201 HWY 390 - Building S8

In accordance with Florida Statute 553.791, section 10 pertaining to Private Provider Inspection Services, we herewith provide your jurisdiction with final disposition on the building components inspected under our authority.

I certify by my signature below that the building component and site improvements indicated below were completed in conformance with the approved plans and the applicable codes (check all that apply):

- | | | | |
|---------------|---|-----------------------------|---|
| 1. Building | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| 2. Mechanical | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| 3. Electrical | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| 4. Plumbing | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| 5. Gas | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> N/A |

Private Provider Name: George A. Wilson License Number: BU1607




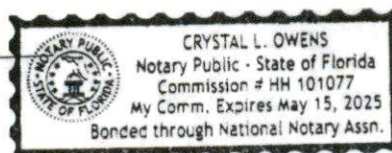
Private Provider Signature

NOTARY

State of Florida County of Bay

Before me, this 26 day of July 2022, personally appeared George A. Wilson, who executed the foregoing instrument, and acknowledged that same was executed for the purposes therein expressed. He/she is personally known or _____ procured identification. Type of ID _____.


Signature of Notary Public



Certificate of Compliance for Termite Protection
(as required by Florida Building Code (FBC R318.14816.1-7))

Tillman's Termite & Pest Control, Inc.
Post Office Box 6691, Tallahassee, Florida 32314
850-322-1775

Arbor Landing @ Mill Bayou South - BUILDING #8 (E)
4121 County Road 390, Lynn Haven, Florida 32444

Method of Termite Prevention Treatment - soil barrier

**The building has received a complete treatment for the prevention of subterranean termites.
Treatment is in accordance with rules and laws established by the Florida Department of Agriculture
and Consumer Services.**


Grady Tillman Owens, President.

FLORIDA License # JB188268

New Construction Subterranean Termite Service Record

OMB Approval No. 2502-0525
(exp. 09/30/2022)

This form is completed by the licensed Pest Control Company

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This information is required to obtain benefits. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

Section 24 CFR 200.926d(b)(3) requires that the sites for HUD insured structures must be free of termite hazards. This information collection requires the builder to certify that an authorized Pest Control company performed all required treatment for termites, and that the builder guarantees the treated area against infestation for one year. Builders, pest control companies, mortgage lenders, homebuyers, and HUD as a record of treatment for specific homes will use the information collected. The information is not considered confidential, therefore, no assurance of confidentiality is provided.

This report is submitted for informational purposes to the builder on proposed (new) construction cases when treatment for prevention of subterranean termite infestation is specified by the builder, architect, or required by the lender, architect, FHA, or VA.

All contracts for services are between the Pest Control company and builder, unless stated otherwise.

Section 1: General Information (Pest Control Company Information)

Company Name: Tillman's Termite & Pest Control, Inc.
Company Address: Post Office Box 6691 City: Tallahassee State: Florida Zip: 32314
Company Business License No.: JB188268 Company Phone No.: 850-322-1775
FHAVA Case No. (if any): _____

Section 2: Builder Information

Company Name: Arbor Construction, LLC Phone No.: _____

Section 3: Property Information

Location of Structure (s) Treated (Street Address or Legal Description, City, State and Zip): Arbor Landing @ Mill Bayou Building #8, 4121 CR390, Lynn Haven, FL 32444

Section 4: Service Information

Date(s) of Service(s): October 26, 2021 and July 26, 2022

Type of Construction (More than one box may be checked) Slab Basement Crawl Other _____

Check all that apply:

- A. Soil Applied Liquid Termiticide
Brand Name of Termiticide: Premise Pre-Construction EPA Registration No. 1397684
Approx. Dilution (%): 0.05% Approx. Total Gallons Mix Applied: 310 Treatment completed on exterior: Yes No
- B. Wood Applied Liquid Termiticide
Brand Name of Termiticide: _____ EPA Registration No. _____
Approx. Dilution (%): _____ Approx. Total Gallons Mix Applied: _____
- C. Bait system installed.
Name of System: _____ EPA Registration No. _____ Number of Stations installed: _____
- D. Physical Barrier System Installed
Name of System: _____ Attach installation information (required)

Service Agreement Available? Yes No


Note: Some state laws require service agreements to be issued. This form does not preempt state law.

Attachments (List) _____

Comments: Warranty Available

Name of Applicator(s): Tillman Owens Certification No. (if required by State law): JE7078

The applicator has used a product in accordance with the product label and state requirements. All materials and methods used comply with state and federal regulations.

Authorized Signature:  Date: July 27, 2022

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)