### 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	TION A - PROPERTY IN	IFORMATION		FOR INSUR	ANCE COMPANY USE
A1. Building Owner's Name Southern Self Storage of Lynn	Haven			Policy Numb	ër:
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 4617 Highway 389					AIC Number:
City Lynn Haven		State Florida		ZIP Code 32444	
A3. Property Description (Lot a Tax Parcel Number 11533-000		Parcel Number, Leg	al Description, etc.)		
A4. Building Use (e.g., Reside	ntial, Non-Residential, Ad	Idition, Áccéssory, e	etc.) Storage Buil	ding	
A5. Latitude/Longitude: Lat. 3	0 13' 55.8" Lo	ong. 85 37' 43.0"	Horizontal D	atum: NAD 1	927 X NAD 1983
A6. Attach at least 2 photograp	ths of the building if the C	Certificate is being u	sed to obtain flood i	nsurance.	
A7. Building Diagram Number	1B				
A8. For a building with a crawle	space or enclosure(s):				
a) Square footage of craw	lspace or enclosure(s)	· · · · · · · · · · · · · · · · · · ·	0.00 sq ft		
b) Number of permanent fl	ood openings in the craw	ispace or enclosure	e(s) within 1.0 foot al	pove adjacent gra	dę <u>0.                                    </u>
c) Total net area of flood o	peńings in A8.b	0.00 sq in	•		
d) Engineered flood openi	ngs? Yes 🗵 No				
A9. For a building with an attac	hed garage:				•
a) Square footage of attac	hed garage	0.00 sq ft			
b) Number of permanent fl	ood openings in the attac	chéd garage within	1.0 foot above adjac	ent grade 0	<u> </u>
c) Total net area of flood o	penings in A9.b	ps 00.0	in		
d) Engineered flood opening	ngs? 🗌 Yes 🕱 No	• • •			
	ECTION B. EL COD INI	CUDANCE DATE	MAD (CIDIN INCA	PMATION	<u>.</u>
B1. NFIP Community Name &	ECTION B - FLOOD IN	B2. County	<del></del>	KIMA Į IUN	B3. State
Bay County Unincorporated Ar	· ·	Bay Bay			Florida
B4. Map/Panel B5. Suffix Number	B6. FIRM Index Date	37. FIRM Panel Effective/	B8. Flood Zone(s)	B9. Base Flood El (Zone AO, use	evation(s) Base Flood Depth)
12005C0332 H	06-02-2009	Revised Date 06-02-2009	x	N/A	··
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9:					
☐ FIS Profile 区 FIRM ☐ Community Determined ☐ Other/Source:					
B11. Indicate elevation datum	B11. Indicate elevation datum used for BFE in Item B9:   NGVD 1929   NAVD 1988   Other/Source:				
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? ☐ Yes 区 No					
Designation Date:	<u> </u>	BRS 🗌 OPA			_
	<u> </u>	_			
<u> </u>			<u> </u>		<u> </u>

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. 4617 Highway 389			Policy Number:
· · ·		ZIP Code 32444	Company NAIC Number
SECTION C – BUILDING E	LEVATION INFORM	MATION (SURVEY R	EQUIRED)
C1. Building elevations are based on:   Construct	ion Drawings* 🔲	Building Under Constru	action* X Finished Construction
*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 bu Benchmark Utilized: DOT 46-87-A37 ~ EL. = 15.68	ilding diagram specifi	h BFE), AR, AR/A, AR led in Item A7. In Puerl um: NAVD 88	/AE, AR/A1-A30, AR/AH, AR/AO. o Rico only, enter meters.
Indicate elevation datum used for the elevations in	items a) through h) b	pelow.	<del></del>
☐ NGVD 1929 ☑ NAVD 1988 ☐ Other	/Source:		
Datum used for building elevations must be the sar	me as that used for the	ne BFE.	Check the measurement used.
a) Top of bottom floor (including basement, crawls	pace, or enclosure fl	oor)	24.1 X feet meters
b) Top of the next higher floor	•		N/A  feet  meters
c) Bottom of the lowest horizontal structural memb	er (V Zones only)		N/A  feet  meters
d) Attached garage (top of slab)			N/A  feet  meters
e) Lowest elevation of machinery or equipment se     (Describe type of equipment and location in Corner	rvicing the building mments)		23.9 X feet  meters
f) Lowest adjacent (finished) grade next to buildin	g (LAG)		23.2 X feet  meters
g) Highest adjacent (finished) grade next to building	ng (HAG)	<u> </u>	23.8 🗵 feet 🗌 meters
h) Lowest adjacent grade at lowest elevation of de structural support	eck or stairs, including	g <del></del>	N/A  feet  meters
SECTION D - SURVEYOR	R, ENGINEER, OR	ARCHITECT CERTIF	ICATION
This certification is to be signed and sealed by a land so I certify that the information on this Certificate represent statement may be punishable by fine or imprisonment up	ts my best efforts to i	nterpret the data avails	y law to certify elevation information. able: I understand that any false
Were latitude and longitude in Section A provided by a	•		Check here if attachments.
Certifier's Name	License Number		TIPIC TO
W. Todd Tindell	4958		ODD TINO
Title Land Surveyor			TOOD IMO
Company Name	<u>·</u>		— ₹ No. 4958
Buchanan & Harper, Inc.			* 8
Address 735 W. 11th Street		- <del>-</del> -	No. 4958
	Otata	700-4-	
City Panama City	State Florida	ZIP Code 32401	LAND Shining
Signature  Digitally algred by William T Tirdell Date: 2021.08.13 08:0024-0500	Date 08-13-2021	Telephone (850) 763-7427	Ext
Copy all pages of this Elevation Certificate and all attachm	ents for (1) communi	ty official, (2) insurance	agent/company, and (3) building owner.
Comments (including type of equipment and location, posterior of an HVAC pad.  ***THE SEAL APPEARING ON THIS DOCUMENT WAD DATE OF DIGITAL SIGNATURE***			SM NO. 4958 ON
B&H Job No. 11688 ; FB 1065, Page 58			

	IMPORTANT: In these spaces, copy the corresponding information from Section A.			
Building Street Address (including Apt., Unit, Suite, and 4617 Highway 389	Policy Number.			
City	State ZI	P Code	Company NAIC Number	
Lynn Haven F	lorida 32	444		
SECTION E — BUILDING EL FOR ZONE	EVATION INFORMATI AO AND ZONE A (W		REQUIRED)	
For Zones AO and A (without BFE), complete Items E1-complete Sections A, B,and C. For Items E1-E4, use n enter meters.	E5. If the Certificate is atural grade, if available	intended to support Check the measure	a LOMA or LOMR-F request, ement used. In Puerto Rico only,	
E1. Provide elevation information for the following and the highest adjacent grade (HAG) and the lowest a a) Top of bottom floor (including basement,	check the appropriate be djacent grade (LAG).	oxes to show wheth	er the elevation is above or below	
crawispace, or enclosure) is			ers above or below the HAG.	
<ul> <li>b) Top of bottom floor (including basement, crawlspace, or enclosure) is</li> </ul>		feet mete	ers 🔲 above or 🔲 below the LAG.	
E2. For Building Diagrams 6–9 with permanent flood of the next higher floor (elevation C2.b in	penings provided in Sec			
the diagrams) of the building is	<del></del>		<del></del>	
E3. Attached garage (top of slab) is  E4. Top of platform of machinery and/or equipment	<del></del>		ns  above or  below the HAG.	
servicing the building is	<del> </del>	. feet mete	·· <del>·</del>	
E5. Zone AO only: If no flood depth number is available floodplain management ordinance?			ccordance with the community's certify this information in Section G.	
SECTION F - PROPERTY OWN	IER (OR OWNER'S RE	PRESENTATIVE) C	ERTIFICATION	
The property owner or owner's authorized representative community-issued BFE) or Zone AO must sign here. The Property Owner or Owner's Authorized Representative	e statements in Section	ns A, B, and E for Z s A, B, and E are co	one A (without a FEMA-issued or mect to the best of my knowledge.	
Tropolty Owner or Owner a Authorized Nepresentative	3 None			
Address	City	S	tate ZIP Code	
·				
Signature	Date	Ti	elephone	
Signature  Comments	Date		elephone	
	Date	T	☐ Check here if attachments.	

IMPORTANT: In these spaces, copy the corn	esponding information from	n Section A.	FOR INSURANCE COMPANY USE	
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.  4617 Highway 389				
City Lynn Haven	State Florida	ZIP Code 32444	Company NAIC Number	
SECTION	N G - COMMUNITY INFOR	MATION (OPTIONAL)		
The local official who is authorized by law or or Sections A, B, C (or E), and G of this Elevation used in Items G8–G10. In Puerto Rico only, en	Certificate. Complete the ap	nmunity's floodplain ma plicable item(s) and sig	anagement ordinance can complete n below. Check the measurement	
G1. The information in Section C was tak engineer, or architect who is authoriz data in the Comments area below.)	en from other documentation ed by law to certify elevation	that has been signed a information. (Indicate to	and sealed by a licensed surveyor, he source and date of the elevation	
G2. A community official completed Section Zone AO.	on E for a building located in	Zone A (without a FEN	IA-issued or community-issued BFE)	
G3.  The following information (Items G4-	G10) is provided for commu	nity floodplain managen	nent purposes.	
G4. Permit Number	G5. Date Permit Issued	G6.	Date Certificate of Compliance/Occupancy Issued	
G7. This permit has been issued for:	New Construction  Subs	tantial Improvement	· ·	
G8. Elevation of as-built lowest floor (including of the building:	g basement)	fee	t meters Datúm	
G9. BFE or (in Zone AO) depth of flooding at	the building site:	fee	t 🗌 meters Datum	
G10. Community's design flood elevation:	<del></del>	fee	t meters Datum	
Local Official's Name	Title		<del>**.</del> *	
Community Name	Tek	ephone		
Signature	Dat	9	11 1	
Comments (including type of equipment and lo	cation, per C2(e), if applicable	 B)		
•				
			☐ Check here if attachments.	

#### **ELEVATION CERTIFICATE**

See Instructions for Item A6.

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

IMPORTANT: In these spaces, co	py the corresponding information	on 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. 4617 Highway 389			Policy Number:
City	State	ZIP Code	Company NAIC Number
Lynn Haven	Florida	32444	

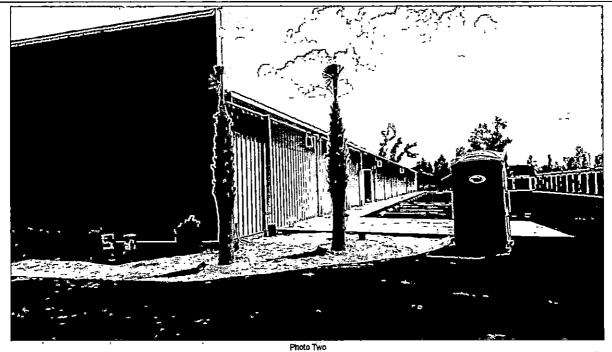
If using the Elevation Certificate to obtain NFIP flood insurance, affix at least 2 building photographs below according to the instructions for Item A6. Identify all photographs with date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." When applicable, 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

Photo One Caption Front View

Clear Photo One



FEMA Form 086-0-33 (12/19)

Photo Two Caption Rear View

Replaces all previous editions.

Clear Photo Two
Form Page 5 of 6

**ELEVATION CERTIFICATE** 

Continuation Page

IMPORTANT: In these spaces, copy the correspon	Section A.	FOR INSURANCE	COMPANY USE		
Building Street Address (including Apt., Unit, Suite, ar 4617 Highway 389	Route and Box No.	Policy Number:	: ' ' '		
City	State	ZIP Code	Company NAIC Nur	nber	
Lynn Haven	Florida	32444	onlinearly to do that	1	
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.					
<del></del>	Photo Three		<u> </u>		
Photo Three Caption	<u> </u>		· · · · · · · · · · · · · · · · · · ·	Clear Photo Three	
	Dista Fam	_			
	Photo Four	T.			
Dhata Paus Continu	Photo Four		<del></del>		
Photo Four Caption	<u> </u>	-		Clear Photo Four	

### 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.

	SECTION A - PROPERT	Y INFOR	MATION		FOR INSUF	ANCE COMPANY USE
				Policy Num	ber:	
	Southern Self Storage of Lynn Haven					
A2. Building Street Addres Box No. 4617 Highway 389	ss (including Apt., Unit, Sui	te; and/o	r Bidg. No.) o	r P.O. Route and	Company N	AIC Number:
City Lynn Haven		<del>-</del>	State Florida		ZIP Code 32444	· · · · · · · · · · · · · · · · · · ·
A3. Property Description ( Tax Parcel Number 11533		ax Parcel	Number, Leg	gal Description, et	a) 	
A4. Building Use (e.g., Re	sidential, Non-Residential,	Addition	, Accessory, e	etc.) Storage E	uilding	1
A5, Latitudé/Longitude: L	at. 30 13' 55.8"	Long. 8	5 37' 46.1"	Horizonta	l Datum: 🔲 NAD 1	927 🗵 NAD 1983
A6. Attach at least 2 photo	ographs of the building if th	e Certific	ate is being u	sed to obtain floo	d insurance.	
A7. Building Diagram Num	iber <u>1B</u>					
A8. For a building with a c	rawlspace or enclosure(s):					
a) Square footage of	crawispace or enclosure(s	)	<u> </u>	0.00 sq ft	-	
b) Number of permand	ent flood openings in the c	rawispace	e or enclosure	(s) within 1.0 foo	t above adjacent gra	ide 0
c) Total net area of flo	ood openings in A8.b	<u> </u>	0.00 sq in	1		,
d) Engineered flood o	penings? Yes 🗵	No				
A9. For a building with an a	attached garage:					
a) Square footage of a	attached garage		0.00 sq ft			
b) Number of permand	ent flood openings in the a	ttached g	arage within	1.0 foot above ad	acent grade 0	
c) Total net area of flo	od openings in A9.b		pa 00,0	İn	<del></del>	<del></del>
d) Engineered flood o	<del></del>	•				
				1		
, 5	SECTION B - FLOOD	INSURA	NÇE RATE	MAP (FIRM) INF	ORMATION	
B1. NFIP Community Nam Bay County Unincorporate		·	B2. County Bay	Name		B3. State Florida
B4. Map/Panel B5. St Number B5. St	uffix B6. FIRM Index Date	Effe	RM Panel ective/ vised Date	B8. Flood Zone(s)	B9. Base Flood E (Zone AO, us	levation(s) e Base Flood Depth)
12005C0332 H	06-02-2009	06-02-2		x	N/A	
B10. Indicate the source of	of the Base Flood Elevation	(BFÉ) d	ata or base fli	ood depth entered	l in Item 89:	
	RM   Community Deter	• •		•		
B11. Indicate elevation da	tum used for BFE in Item I	39: 🔲 N	GVD 1929		Other/Source:	
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? ☐ Yes ☒ No						
Designation Date: CBRS  OPA						
_	<u> </u>	,	_			

IMPORTANT: In these spaces, copy the corresponding information from Section A.			FOR INSURANCE COMPANY USE	
Building Street Address (including Apt., Unit, Suite, and/o 4617 Highway 389	Policy Number:			
City Sta Lynn Haven Flo		IP Code 2444	Company NAIC Number	
SECTION C – BUILDING EL	EVATION INFORM	ATION (SURVEY RI	EQUIRED)	
<ul> <li>C1. Building elevations are based on: Construction</li> <li>A new Elevation Certificate will be required when a certificate /li></ul>	construction of the bui VE, V1–V30, V (with Iding diagram specifie	BFE), AR, AR/A, AR/ ed in Item A7. In Puert	/AE, AR/A1-A30, AR/AH, AR/AO.	
Indicate elevation datum used for the elevations in NGVD 1929 X NAVD 1988 C Other Datum used for building elevations must be the san	items a) through h) be Source:		<del></del>	
Datum used for building elevations must be the san	ne as that used for the	e drc.	Check the measurement used.	
<ul> <li>a) Top of bottom floor (including basement, crawls</li> </ul>	pace, or enclosure flo	or)	23.0 X feet  meters	
b) Top of the next higher floor		• • • •	N/A  feet  meters	
c) Bottom of the lowest horizontal structural memb	er (V Zones only)	<del></del>	N/A  feet  meters	
d) Attached garage (top of slab)			N/A  feet  meters	
<ul> <li>e) Lowest elevation of machinery or equipment se (Describe type of equipment and location in Cor</li> </ul>	rvicing the building nments)	<del></del>	N/A  feet  meters	
f) Lowest adjacent (finished) grade next to building	g (LAG)		22.7 🗵 feet 🔲 meters	
g) Highest adjacent (finished) grade next to buildin	g (HAG)		22.8 X feet  meters	
<ul> <li>h) Lowest adjacent grade at lowest elevation of de structural support</li> </ul>	ck or stairs, including	-	N/A feet meters	
SECTION D - SURVEYOR	, ENGINEER, OR A	RCHITECT CERTIF	ICATION	
This certification is to be signed and sealed by a land su I certify that the information on this Certificate represent statement may be punishable by fine or imprisonment u	irveyor, engineer, or a s my best efforts to in nder 18 U.S. Code, S	architect authorized by terpret the data availa- ection 1001.	law to certify elevation information.  ble. I understand that any false	
Were latitude and longitude in Section A provided by a l	icensed land surveyo	r? ⊠Yes □No	☐ Check here if attachments,	
Certifier's Name W. Todd Tindell	License Number 4958		TODD TIND	
Title			- Sa. Strict Con	
Land Surveyor			A Australia	
Company Name		<u> </u>	No. 4958	
Buchanan & Harper, Inc.				
Address 735 W. 11th Street			No. 4958  * No. 4958  * No. 4958  * No. 4958	
City Panama City	State Florida	ZIP Code 32401	LAND SUMMER	
Signature Digitally eigned by Wilson T Tindes Date: 2021,08,15 08:08:52 - 08:00	Daté 08-13-2021	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)				
***THE SEAL APPEARING ON THIS DOCUMENT WAS AUTHORIZED BY W. TODD TINDELL PSM NO. 4958 ON DATE OF DIGITAL SIGNATURE***				
B&H Job No. 11688 ; FB 1065, Page 58				

IMPORTANT: In these spaces, copy the correspond	Section A.	FOR INSURANCE COMPANY USE				
Building Street Address (including Apt., Unit, Suite, and 4617 Highway 389	d/or Bldg. No.) or P.O.	Route and Box No.	Policy Number:			
		ZIP Code 32444	Company NAIC Number			
SECTION E - BUILDING EL FOR ZON	EVATION INFORMA E AO AND ZONE A		REQUIRED)			
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						
<ul> <li>E1. Provide elevation information for the following and the highest adjacent grade (HAG) and the lowest</li> <li>a) Top of bottom floor (including basement,</li> </ul>			r the elevation is above or below			
crawispace, or enclosure) is  b) Top of bottom floor (including basement,	<del></del>	feet   mete	rs			
crawlspace, or enclosure) is  E2. For Building Diagrams 6–9 with permanent flood of	enenings provided in 9	feet mete	<del></del>			
the next higher floor (elevation C2.b in the diagrams) of the building is						
E3. Attached garage (top of slab) is		feet mete	rs 🔲 above or 🔲 below the HAG.			
E4. Top of platform of machinery and/or equipment servicing the building is	· · · · · · · · · · · · · · · · · · ·	ifeet imete	<del>-</del>			
E5. Zone AO only: If no flood depth number is availab floodplain management ordinance?   Yes	le, is the top of the bot ] No Unknown:	tom floor elevated in ac The local official must	cordance with the community's certify this information in Section G.			
SECTION F - PROPERTY OW	NER (OR OWNER'S I	REPRESENTATIVE) C	ERTIFICATION			
The property owner or owner's authorized representati community-issued BFE) or Zone AO must sign here. T	ve who completes Set he statements in Sect	ctions A, B, and E for Zo ons A, B, and E are co	one A (without a FEMA-issued or meet to the best of my knowledge.			
Property Owner or Owner's Authorized Representative	s's Name	<del></del> :	· · · · · · · · · · · · · · · · · · ·			
Address	City	S	ate ZIP Code			
Signature	Date	Te	elephone			
Comments			<del> </del>			

IMPORTANT: In these spaces, copy the corresponding information from Section A.				FOR INSURANCE COMPANY USE		
Building Street Address (including Apt., Unit, St 4617 Highway 389	uite, and/or Bldg. No.) o	r P.O. Route and Box I	No.	Policy Number:		
City	State	ZIP Code	1	Company NAIC Number		
Lynn Haven	Florida	32444		Company 14/10 Humber		
SECTION	N G - COMMUNITY II	NFORMATION (OPTIO	NAL)			
The local official who is authorized by law or or Sections A, B, C (or E), and G of this Elevation used in Items G8–G10. In Puerto Rico only, en	Certificate. Complete t	ne community's floodpla he applicable item(s) a	ain mar nd sign	nagement ordinance can complete below. Check the measurement		
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 Zone AO.	on E for a building loca	ted in Zone A (without a	a FEMA	A-issued or community-issued BFE)		
G3. The following information (Items G4-	G10) is provided for co	mmunity floodplain mai	nageme	ent purposes.		
G4. Permit Number	G5. Date Permit Issu	ed		Date Certificate of compliance/Occupancy Issued		
G7. This permit has been issued for:	New Construction	Substantial Improvem	ent			
G8. Elevation of as-built lowest floor (including of the building:	g basement)	[	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:			ifeet	meters Datum		
Local Official's Name	-	Title	_			
Community Name		Telephone	·			
Signature	<u></u>	Date	-			
Comments (including type of equipment and lo	cation, per C2(e), if app	olicable)		<del></del>		
		,				
ļ						
				☐ Check here if attachments.		

### **ELEVATION CERTIFICATE**

See Instructions for Item A6.

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

IMPORTANT: In these spaces, co	FOR INSURANCE COMPANY USE		
Building Street Address (including A 4617 Highway 389	Policy Number:		
City	State	ZIP Code	Company NAIC Number
Lynn Haven	Florida	32444	i.

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.

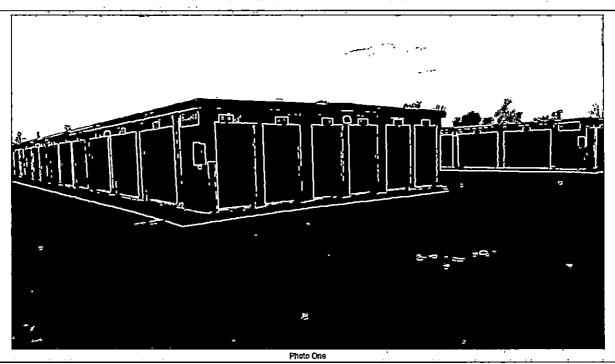


Photo One Caption North and West Side View

Clear Photo One

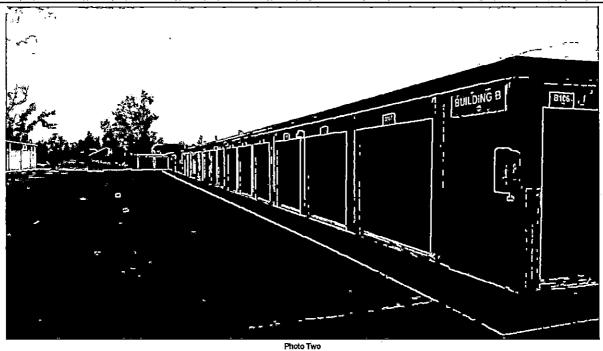


Photo Two Caption South Side View

### **ELEVATION CERTIFICATE**

**Continuation Page** 

	E COMPANY USE				
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.  Policy Number: 4617 Highway 389					
City State ZIP Code Company NAIC I	Number				
Lynn Haven Florida 32444	, reitinet				
nymritatym Libitud OZ-174					
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	Clear Photo Three				
Photo Four					
i ilojo i val					
	,				
Photo Four					
Photo Four Caption	Clear Photo Four				

#### 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.

SECTION A - PROPERTY INFORMATION					FOR INSUR	ANCE COMPANY USE	
A1. Building Owner's Name Southern Self Storage of Lynn Haven					Policy Numb	per:	
	<u> </u>		- BIJ- AI- X -	- D O D - 12	•	. , ,	
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 4617 Highway 389					Company N	AIC Number:	
City	<u></u>		State		•	ZIP Code	
Lynn Haven			Florida			32444	
A3. Property Description (Lot a Tax Parcel Number 11533-000		x Parcel	Number, Leg	al Descript	ion, etc.)		
A4. Building Use (e.g., Reside	ntial, Non-Residential,	Addition,	, Accessory,	etc.) Sto	rage Building	9	·
A5. Latitude/Longitude: Lat.	30 13' 55.8"	Long. 85	5 37' 46.9"	Hor	izontal Datu	m: 🔲 NAD 1	927 🗵 NAD 1983
A6. Attach at least 2 photogra	ohs of the building if the	e Certific	ate is being u	sed to obta	in flood insu	rancé.	
A7. Building Diagram Number	1B						
A8. For a building with a crawl	space or enclosure(s):						
a) Square footage of craw	rispace or enclosure(s)			0.00 sq	ft		
b) Number of permanent f	lood openings in the cr	awispace	e or enclosum	e(s) within 1	.0 foot above	e adjacent gra	de <u>0.</u>
c) Total net area of flood of	penings in A8.b		0.00 sq ir				
d) Engineered flood openi	ngs? 🗌 Yes 🕱 N	lo					
A9. For a building with an attac	hed garage:						
a) Square footage of attac	hed garage		11 ps <u>00.0</u>				
b) Number of permanent f	lood openings in the at	tached g	arage within	1.0 foot abo	ve adjacent	grade 0	
c) Total net area of flood of	penings in A9.b		0.00 sq	in			
d) Engineered flood openi	ngs? ∐Yes 🔀 N	lo				, .	
S	ECTION B - FLOOD	NSURA	NCE RATE	MAP (FIR	(i) INFORM	ATION	<del>,</del>
B1. NFIP Community Name & Bay County Unincorporated Ar		:	B2. County Bay	Name			B3. State Florida
B4. Map/Panel B5. Suffix Number	B6. FIRM Index Date	Effe	RM Panel ective/ vised Date	B8. Flood Zone(s)	B9.	Base Flood E (Zone AO, use	evation(s) Base Flood Depth)
12005C0332 H	06-02-2009	06-02-2	=	x	N/A		
B10. Indicate the source of the	Base Flood Elevation	(BFE) da	ata or base fl	ood depth e	intered in Ite	m B9:	
☐ FIS Profile 🗷 FIRM	☐ Community Deter	mined [	Other/Sou	rce:			
B11. Indicate elevation datum	used for BFE in Item B	9: 🔲 N	GVD 1929	NAVD 1	98 <u>8</u> 🗌 C	Other/Source:	<u>.                                    </u>
B12. Is the building located in	B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? ☐ Yes ☒ No						
Designation Date:	🗆	CBRS	☐ OPA				- -

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. **Policy Number:** 4617 Highway 389 City Company NAIC Number State ZIP Code Lynn Haven Florida 32444 SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED) C1. Building elevations are based on: \*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: DOT 46-87-A37 ~ EL. = 15.68' 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. 23.0 meters a) Top of bottom floor (including basement, crawlspace, or enclosure floor) N/A ☐ feet ☐ meters b) Top of the next higher floor N/A T feet meters c) Bottom of the lowest horizontal structural member (V Zones only) N/A ☐ feet d) Attached garage (top of slab) meters e) Lowest elevation of machinery or equipment servicing the building N/A ☐ feet meters (Describe type of equipment and location in Comments) 22.7 X feet . meters f) Lowest adjacent (finished) grade next to building (LAG) 22.8 g) Highest adjacent (finished) grade next to building (HAG) meters h) Lowest adjacent grade at lowest elevation of deck or stairs, including N/A feet | ☐ meters structural support 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. TANKE License Number Certifier's Name CONT DOOR 4958 W. Todd Tindell Title Land Surveyor Company Name Buchanan & Harper, Inc. EO LAND Address 735 W, 11th Street City State ZIP Code Panama City Florida 32401 Signature Date Telephone Digitally eigned by William T Tinde! Date: 2021,08,13 09:10:49 -05'00' 08-13-2021 (850) 763-7427 42 446 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) \*\*\*THE SEAL APPEARING ON THIS DOCUMENT WAS AUTHORIZED BY W. TODD TINDELL PSM NO. 4958 ON DATE OF DIGITAL SIGNATURE\*\*\* B&H Job No. 11688 ; FB 1065, Page 58

IMPORTANT: In these spaces, copy the correspond	FOR INSURANCE COMPANY USE		
Building Street Address (including Apt., Unit, Suite, and 4617 Highway 389	/or Bidg. No.) or P		Policy Number:
	State	ZIP Code	Company NAIC Number
	londa	32444	
SECTION E - BUILDING EL FOR ZONE		MATION (SURVEY NOT A (WITHOUT BFE)	REQUIRED)
For Zones AO and A (without BFE), complete Items E1 complete Sections A, B, and C. For Items E1–E4, use n enter meters.			
E1. Provide elevation information for the following and the highest adjacent grade (HAG) and the lowest a			er the elevation is above or below
<ul> <li>a) Top of bottom floor (including basement, crawlspace, or enclosure) is</li> </ul>	<u> </u>		rs 🔲 above or 🔲 below the HAG.
<ul> <li>b) Top of bottom floor (including basement, crawlspace, or enclosure) is</li> </ul>		feet mete	rs 🔲 above or 🔲 below the LAG.
E2. For Building Diagrams 6–9 with permanent flood o	peninas provided i	n Section A Items 8 and/o	r 9 (see pages 1–2 of Instructions).
the next higher floor (elevation C2.b in the diagrams) of the building is		feet  mete	<u></u>
E3. Attached garage (top of slab) is		feet I mete	rs 🔲 above or 🔲 below the HAG.
E4. Top of platform of machinery and/or equipment servicing the building is		feet mete	rs 🔲 above or 🔲 below the HAG.
E5. Zone AO only: If no flood depth number is available floodplain management ordinance?  Yes	e, is the top of the	bottom floor elevated in a	cordance with the community's
SECTION F - PROPERTY OW	IER (OR OWNER	S REPRESENTATIVE) C	ERTIFICATION
The property owner or owner's authorized representative	e who completes	Sections A, B, and E for Z	one A (without a FEMA-issued or
community-issued BFE) or Zone AO must sign here. The	ne statements in So	ections A, B, and E are co	rrect to the best of my knowledge.
Community-issued BFE) or Zone AO must sign here. The Property Owner or Owner's Authorized Representative	ne statements in S	ections A, B, and E are co	rrect to the best of my knowledge.
	ne statements in S	ections A, B, and E are co	rrect to the best of my knowledge.
Property Owner or Owner's Authorized Representative	ne statements in So s Name	by S	rrect to the best of my knowledge.
Property Owner or Owner's Authorized Representative	ne statements in Si s Name	by S	tate ZIP Code
Property Owner or Owner's Authorized Representative  Address  Signature	ne statements in Si s Name	by S	tate ZIP Code
Property Owner or Owner's Authorized Representative  Address  Signature	ne statements in Si s Name	by S	tate ZIP Code
Property Owner or Owner's Authorized Representative  Address  Signature	ne statements in Si s Name	by S	tate ZIP Code
Property Owner or Owner's Authorized Representative  Address  Signature	ne statements in Si s Name	by S	tate ZIP Code
Property Owner or Owner's Authorized Representative  Address  Signature	ne statements in Si s Name	by S	tate ZIP Code
Property Owner or Owner's Authorized Representative  Address  Signature	ne statements in Si s Name	by S	tate ZIP Code
Property Owner or Owner's Authorized Representative  Address  Signature	ne statements in Si s Name	by S	tate ZIP Code
Property Owner or Owner's Authorized Representative  Address  Signature	ne statements in Si s Name	by S	tate ZIP Code
Property Owner or Owner's Authorized Representative  Address  Signature	ne statements in Si s Name	by S	tate ZIP Code

IMPORTANT: In these spaces, copy the corre	FOR INSURANCE COMPANY USE		
Building Street Address (including Apt., Unit, St 4617 Highway 389	oute and Box No.	Policy Number:	
City Lynn Haven		IP Code 2444	Company NAIC Number
SECTIO	N G - COMMUNITY INFORMA	ATION (OPTIONAL)	
The local official who is authorized by law or on Sections A, B, C (or E), and G of this Elevation used in Items G8–G10. In Puerto Rico only, en	Certificate. Complete the applicater meters.	cable item(s) and sign	below. Check the measurement
G1. The information in Section C was take engineer, or architect who is authorized data in the Comments area below.)	ed by law to certify elevation inf	formation. (Indicate th	e source and date of the elevation
G2. A community official completed Section Zone AO.	, -, ,	ν,	
G3. The following information (Items G4–	G10) is provided for community	floodplain managem	ent purposes.
G4. Permit Number	G5. Date Permit Issued		Date Certificate of Compliance/Occupancy Issued
G7. This permit has been issued for:	New Construction  Substan	ntial Improvement	, ,
G8. Elevation of as-built lowest floor (including of the building:	pasement)	feet	meters Datum
G9. BFE or (in Zone AO) depth of flooding at t	he building site:	feet	meters Datum
G10. Community's design flood elevation:	<del> </del>	feet	meters Datum
Local Official's Name	Title		
Community Name	Teleph	none	
Signature	Date		
Comments (including type of equipment and loa	cation, per C2(e), if applicable)		
			•
			☐ Check here if attachments.

### **ELEVATION CERTIFICATE**

See Instructions for Item A6.

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

IMPORTANT: In these spaces, co	FOR INSURANCE COMPANY US		
Building Street Address (including 4617 Highway 389	Policy Number:		
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.

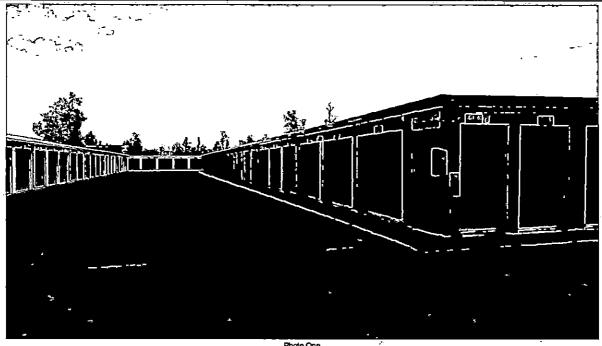


Photo One Caption North Side View

Clear Photo One

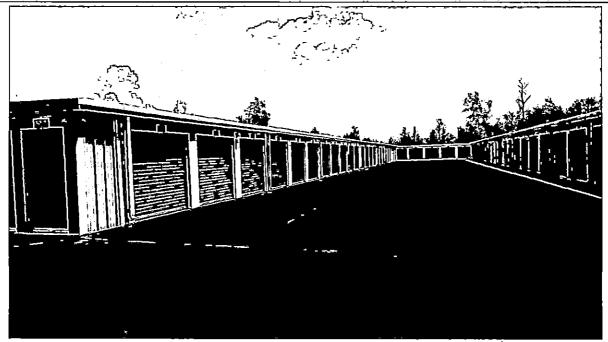


Photo Two

Photo Two Caption South Side View

Clear Photo Two

# **ELEVATION CERTIFICATE**

Continuation Page

IMPORTANT: In these spaces, copy the correspo	nding informatio	n from Section A:	FOR INSURANCE	COMPANY USE	
Building Street Address (including Apt., Unit, Suite, a 4617 Highway 389	and/or Bldg. No.) o	or P.O. Route and Box No.	Policy Number:	·	
City	State	ZIP Code	Company NAIC Nu	mber	
Lynn Haven	Florida	32444	Company Maic No	n'i i pei	
Lyini i laveii	Fiorida	32444	<u> </u>		
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.					
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	Photo T	Thures .			
Photo Three Caption				Clear Photo Three	
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	Photo	Four			
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	Photo	Four	•		
Photo Four Caption	<del>,-</del>			Clear Photo Four	
	2 27	<del> </del>	·· · · · · · · · · · · · · · · · · · ·	1	

### 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.

	SECTION A - PROPERTY	INFORMATI	ION		FOR INSUF	ANCE COMPANY USE	
A1. Building Owner's Nar		•			Policy Num	per:	
Southern Self Storage of Lynn Haven							
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 4617 Highway 389						AIC Number:	
City Lynn Haven	•		State Florida		ZIP Code 32444	· · · · · · · · · · · · · · · · · · ·	
	(Lot and Block Numbers, Ta			escription, etc			
Tax Parcel Number 1153:						<del></del>	
A4. Building Use (e.g., R	esidential, Non-Residential, A	Addition, Acc	ėssory, etc.)	Storage Bu	ilding	· · · · · · · · · · · · · · · · · · ·	
A5. Latitude/Longitude:	Lat. 30 13' 55.9"	Long. <u>85 37'</u>	46.7"	Horizontal	Datum: NAD 1	927 🗵 NAD 1983	
A6. Attach at least 2 phot	tographs of the building if the	Certificate is	s being used t	to obtain flood	insurancė.		
A7. Building Diagram Nu	mber <u>1B</u>						
A8. For a building with a	crawispace or enclosure(s):						
a) Square footage of	crawlspace or enclosure(s)		0.	00 sq ft			
b) Number of perman	ent flood openings in the cra	wispace or e	enclosure(s) v	vithin 1.0 foot	above adjacent gra	ide 0	
c) Total net area of fl	ood openings in A8.b	Ó.	00 sq in			_,,	
d) Engineered flood	openings? 🗌 Yes 🗵 N	o					
A9. For a building with an	attached garage:						
a) Square footage of	attached garage	0.	.00 sq ft				
b) Number of permar	ent flood openings in the att	ached garage	e within 1.0 fo	ot above adja	icent grade 0		
c) Total net area of fl	ood openings in A9.b	ı	Ó.00 sq in				
d) Engineered flood o	ppenings? Yes X N	0	•				
		. <u></u>		· · · · · · · · · · · · · · · · · · ·		<u> </u>	
	SECTION B - FLOOD I				ORMATION	· · · · · · · · · · · · · · · · · · ·	
B1. NFIP Community Nan Bay County Unincorporate	ed Areas 120004	B2. Bay	County Nam /	<b>e</b>		B3. State Florida	
B4. Map/Panel B5. S Number		B7. FIRM Pa	z/ Zor	Flood ne(s)	B9. Base Flood E (Zone AO, us	levation(s) e Base Flood Depth)	
12005C0332 H	06-02-2009	Revised 06-02-2009			N/A		
B10. Indicate the source	of the Base Flood Elevation	(BFE) data o	r base flood o	lepth entered	in Item B9:	· · · · · · · · · · · · · · · · · · ·	
☐ FIS Profile 🔀 F	IRM   Community Determined Determined Technology  Community Determ	nined 🗍 Ot	ther/Source:		<u>.</u> .	<u> </u>	
B11. Indicate elevation d	atum used for BFE in Item B	9: 🗌 NGVD	1929 🔀 N	AVD 1988	Other/Source:	<u> </u>	
B12. Is the building locate	ed in a Coastal Barrier Reso	urces System	n (CBRS) are	a or Otherwis	e Protected Area (0	DPA)? ☐ Yes ⊠ No	
Designation Date:		CBRS 🔲	OPA				
_		_					
<u> </u>	<u> </u>					- 2,00	

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: 4617 Highway 389 City State ZIP Code Company NAIC Number Lynn Haven Florida 32444 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: DOT 46-87-A37 ~ EL. = 15.68 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. 23.0 X feet meters a) Top of bottom floor (including basement, crawlspace, or enclosure floor) N/A ☐ feet b) Top of the next higher floor meters T feet N/A meters c) Bottom of the lowest horizontal structural member (V Zones only) N/A ☐ feet meters d) Attached garage (top of slab) e) Lowest elevation of machinery or equipment servicing the building N/A ☐ feet meters (Describe type of equipment and location in Comments) 22.7. . meters f) Lowest adjacent (finished) grade next to building (LAG) 22.8 meters g) Highest adjacent (finished) grade next to building (HAG) h) Lowest adjacent grade at lowest elevation of deck or stairs, including N/A ☐ feet meters structural support 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. ⊠Yes □ No Were latitude and longitude in Section A provided by a licensed land surveyor? ☐ Check here if attachments. Certifier's Name License Number dimming, 4958 KODD TIND W. Todd Tindell Title Land Surveyor Company Name Buchanan & Harper, Inc. **Address** 735 W. 11th Street PED LAND City State ZIP Code Changing Change Panama City Florida 32401 Signature Date Telephone Ext. Digitally eigned by William T Tinde Date: 2021,08,13 09:12:13-0500\* 08-13-2021 (850) 763-7427 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) \*\*\*THE SEAL APPEARING ON THIS DOCUMENT WAS AUTHORIZED BY W. TODD TINDELL PSM NO. 4958 ON DATE OF DIGITAL SIGNATURE\*\*\*

B&H Job No. 11688; FB 1065, Page 58

IMPORTANT: In these spaces, copy the corresponding		FOR INSURANCE COMP.	ANY USE	
Building Street Address (including Apt., Unit, Suite, and/o	r Bldg. No.) or P.O. Ro	ute and Box No.	Policy Number.	• • • •
City Sta	ate ZIF	Code	Company NAIC Number	• •
<del></del>		144		
	<u> </u>		T DECUMPED)	. ,
SECTION E - BUILDING ELEV FOR ZONE A	AO AND ZONE A (WI		KĖGOIKED)	
For Zones AO and A (without BFE), complete Items E1–E2, use nat enter meters.				
E1. Provide elevation information for the following and of the highest adjacent grade (HAG) and the lowest adj		ixes to show wheth	er the elevation is above or b	ėlow
a) Top of bottom floor (including basement, crawlspace, or enclosure) is	<u> </u>	☐ feet ☐ mete	rs above or below	the HAG.
<ul> <li>Top of bottom floor (including basement, crawlspace, or enclosure) is</li> </ul>	<del> </del>	☐ feet ☐ mete	rs 🔲 above or 🔲 below	the LAG.
E2. For Building Diagrams 6–9 with permanent flood open	enings provided in Sect	ion A Items 8 and/o	r 9 (see pages 1–2 of Instruc	tions),
the next higher floor (elevation C2.b in the diagrams) of the building is		☐ feet ☐ mete	ers above or below	the HAG.
E3. Attached garage (top of slab) is	<u> </u>	☐ feet ☐ mete	ers above or below	the HAG.
E4. Top of platform of machinery and/or equipment servicing the building is	<u> </u>	☐ feet ☐ mete	ers above or below	the HAG.
E5. Zone AO only; If no flood depth number is available, floodplain management ordinance?   Yes  !	is the top of the bottom to Unknown. Th	n floor elevated in a le local official must	ccordance with the communi certify this information in Se	ty's ction G.
SECTION F - PROPERTY OWNE	R (OR OWNER'S REF	PRESENTATIVE) C	ERTIFICATION	
<u> </u>		**************************************		4.4 - 6
أنان والأولاد والمناف			CONTRACTOR CONTRACTOR PROPERTY AND A 10 CONTRACTOR CONT	/ /
The property owner or owner's authorized representative community-issued BFE) or Zone AO must sign here. The	who completes Section statements in Sections	ns A, B, and E for Z s A, B, and E are co	one A (without a FEMA-issue meet to the best of my knowl	ed or edge.
The property owner or owner's authorized representative community-issued BFE) or Zone AO must sign here. The Property Owner or Owner's Authorized Representative's	statements in Sections	ns A, B, and E for Z s A, B, and E are co	one A (without a FEMA-issue rrect to the best of my knowl	ed or edge.
community-issued BFE) or Zone AO must sign here. The	statements in Sections	s A, B, and E are co	one A (without a FEMA-issue rect to the best of my knowledge to the best of my knowledge tate ZIP Co	edge.
community-issued BFE) or Zone AO must sign here. The Property Owner or Owner's Authorized Representative's	statements in Sections Name	SA, B, and E are co	rect to the best of my knowl	edge.
community-issued BFE) or Zone AO must sign here. The Property Owner or Owner's Authorized Representative's Address	statements in Sections Name City	SA, B, and E are co	rect to the best of my knowl	edge.
community-issued BFE) or Zone AO must sign here. The Property Owner or Owner's Authorized Representative's Address Signature	statements in Sections Name City	SA, B, and E are co	rect to the best of my knowl	edge.
community-issued BFE) or Zone AO must sign here. The Property Owner or Owner's Authorized Representative's Address Signature	statements in Sections Name City	SA, B, and E are co	rect to the best of my knowl	edge.
community-issued BFE) or Zone AO must sign here. The Property Owner or Owner's Authorized Representative's Address Signature	statements in Sections Name City	SA, B, and E are co	rect to the best of my knowl	edge.
community-issued BFE) or Zone AO must sign here. The Property Owner or Owner's Authorized Representative's Address Signature	statements in Sections Name City	SA, B, and E are co	rect to the best of my knowl	edge.
community-issued BFE) or Zone AO must sign here. The Property Owner or Owner's Authorized Representative's Address Signature	statements in Sections Name City	SA, B, and E are co	rect to the best of my knowl	edge.
community-issued BFE) or Zone AO must sign here. The Property Owner or Owner's Authorized Representative's Address Signature	statements in Sections Name City	SA, B, and E are co	rect to the best of my knowl	edge.
community-issued BFE) or Zone AO must sign here. The Property Owner or Owner's Authorized Representative's Address Signature	statements in Sections Name City	SA, B, and E are co	rect to the best of my knowl	edge.
community-issued BFE) or Zone AO must sign here. The Property Owner or Owner's Authorized Representative's Address Signature	statements in Sections Name City	SA, B, and E are co	rect to the best of my knowl	edge.
community-issued BFE) or Zone AO must sign here. The Property Owner or Owner's Authorized Representative's Address Signature	statements in Sections Name City	SA, B, and E are co	rect to the best of my knowl	edge.
community-issued BFE) or Zone AO must sign here. The Property Owner or Owner's Authorized Representative's Address Signature	statements in Sections Name City	SA, B, and E are co	rect to the best of my knowl	edge.

IMPORTANT: In these spaces, copy the corn	FOR INSURANCE COMPANY USE		
Building Street Address (including Apt., Unit, St 4617 Highway 389	uite, and/or Bldg. No.) o	r P.O. Route and Box No.	Policy Number:
City Lynn Haven	State Florida	ZIP Code 32444	Company NAIC Number
SECTION	N G - COMMUNITY IN	FORMATION (OPTIONAL)	
The local official who is authorized by law or or Sections A, B, C (or E), and G of this Elevation used in Items G8–G10. In Puerto Rico only, en	Certificate. Complete ti ter meters.	ne applicable item(s) and sig	on below. Check the measurement
G1. The information in Section C was tak engineer, or architect who is authoriz data in the Comments area below.)	ed by law to certify elev	ation information. (Indicate	the source and date of the elevation
G2. A community official completed Section or Zone AO.	on E for a building locat	ted in Zone A (without a FEI	MA-issued or community-issued BFE)
G3,  The following information (Items G4-	G10) is provided for cor	mmunity floodplain manage	ment purposes.
G4. Permit Number	G5. Date Permit Issu	ed G6.	Date Certificate of Compliance/Occupancy Issued
G7. This permit has been issued for:	New Construction	Substantial Improvement	•
G8. Elevation of as-built lowest floor (including of the building:	g basement)	<b>[</b> fe	et 🗌 meters Datum
G9. BFE or (in Zone AO) depth of flooding at	the building site:	fe	et 🗌 meters Datum
G10. Community's design flood elevation:	<del>* - ;;</del>	[_] fe	et  meters Datum
Local Official's Name		Title	
Community Name	· · · · · · · · · · · · · · · · · · ·	Telephone	
Signature		Date	***
Comments (including type of equipment and lo	cation, per C2(e), if app	licable)	
			☐ Check here if attachments.

### **ELEVATION CERTIFICATE**

See Instructions for Item A6.

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

IMPORTANT: In these spaces, copy the corresponding information from Section A:

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

4617 Highway 389

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.

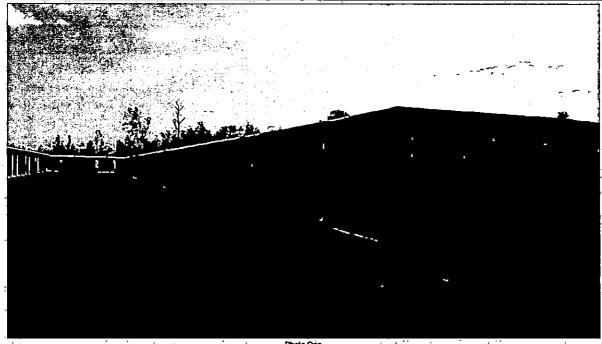


Photo One

Photo One Caption North Side View

Clear Photo One

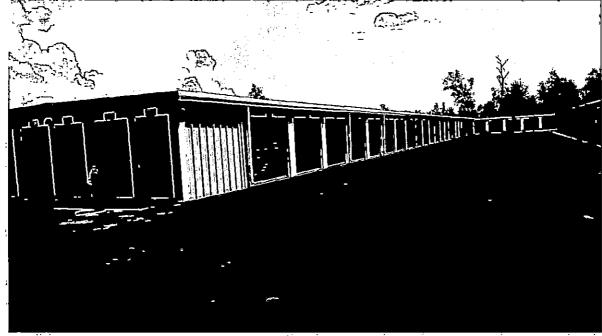


Photo Two

Photo Two Caption South Side View

Clear Photo Two

### **ELEVATION CERTIFICATE**

Continuation Page

IMPORTANT: In these spaces, copy the correspon	ding information from	m Section A.	FOR INSURANCE	COMPANY USE [
Building Street Address (including Apt., Unit, Suite, at 4617 Highway 389	nd/or Bldg. No.) or P.C	). Route and Box No.	Policy Number:	-
City	State	ZIP Code	Company NAIC Nur	nher
Lynn Hayen	Florida	32444	Company NAC NO	libei
Lynn i laven	1 londa	J2 <del>111</del>	<del>!,</del>	
If submitting more photographs than will fit on the with: date taken; "Front View" and "Rear View"; photographs must show the foundation with represe	and if required "R	ight Side View" and "L	eft Side View." Wh	en applicable
	•			
				-
				ļ
				1
	Photo Three			
Photo Three Caption	i itata ilaca	• • • • • • • • • • • • • • • • • • • •		Clear Photo Three
	•			
,				
	Dhata Fau	104		
	Photo Fou	ır		
	Photo Four			
Photo Four Caption	:		•	Clear Photo Four
i noto i oui oapiion	<del> </del>	<del></del>		Cical Filoto Foul

#### U.S. DEPARTMENT OF HOMELAND SECURITY Federal Emergency Management Agency

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.

SECTION A - PROPERTY INFORMATION					FOR INSUR	ANCE COMPANY USE	
A1. Building Owner's Name Southern Self Storage of Lynn Haven						Policy Numb	per:
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 4617 Highway 389					Company N	AIC Number:	
City		<u> </u>	,	State		ZIP Code	
Lynn Haven				Florida		32444	
Tax Parcel Number		nd Block Numbers, Ta 200 - Building E	x Parcel	Number, Leg	iai Description, etc	;) 	
A4. Building Use (e.	g., Residen	tial, Non-Residential,	Addition,	Accessory, e	etc.) Storage Bu	uilding	
A5. Latitude/Longitu	de: Lat 30	13' 55.9"	Long. 8	5 37' 48.5"	Horizontal	Datum: NAD 1	927 🗵 NAD 1983
A6. Attach at least 2	photograpi	ns of the building if the	e Certific	ate is being u	sed to obtain flood	insurance.	
A7. Building Diagram	n Number	1B					
A8. For a building w	ith a crawls	pace or enclosure(s):					
a) Square foota	ge of crawls	space or enclosure(s)			0.00 sg ft		
b) Number of pe	manent flo	od openings in the cra	awispace	or enclosure	(s) within 1.0 foot	above adjacent gra	ide 0
c) Total net area	a of flood op	enings in A8.b		0.00 sq in			
		gs? Yes 🗵 N					
A9. For a building with	th an attach	ed garage:					
a) Square footag	ge of attach	ed garage		0.00 sq ft			
b) Number of pe	rmanent flo	od openings in the at	tachéd g	arage within	I.O foot above adja	ecent grade 0	
1		enings in A9.b	_	_	•		
d) Engineered fl							
L d) Engineered ii	ood operiing	891 🗀 169 🔽 I					
<del> </del>	SE	CTION B - FLOOD I	NSŲRA	NCE RATE	MAP (FIRM) INF	ORMATION	
B1. NFIP Community Bay County Unincom		•	-	B2. County Bay	Name		B3. State Florida
B4. Map/Panel Number	B5. Suffix	B6. FIRM Index Date	Effe	ective/	B8. Flood Zone(s)	B9. Base Flood E (Zone AO, use	levation(s) e Base Flood Depth)
12005C0332	Н	06-02-2009	06-02-2	vised Date 2009	x	N/A	
B10. Indicate the so	B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9:						
☐ FIS Profile	<b>⊠</b> FłRM	☐ Community Deten	mined [	Other/Sou	rce:		
B11. Indicate elevat	ion datum u	sed for BFE in Item B	9: 🔲 N	GVD 1929	X NAVD 1988	Other/Source:	· · · · · · · · · · · · · · · · · · ·
B12. Is the building	B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? ☐ Yes ☒ No						
Designation Da			•	☐ OPA		•	
		<del></del> ⊔					
							<u> </u>

IMPORTANT: In these spaces, copy the corresponding	FOR INSURANCE COMPANY USE					
Building Street Address (including Apt., Unit, Suite, and/or 4617 Highway 389	Policy Number:					
City Sta Lynn Haven Flo		ZIP Code 32444	Company NAIC	Number		
SECTION C — BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)						
<ul> <li>C1. Building elevations are based on: Construction</li> <li>A new Elevation Certificate will be required when constructions.</li> <li>C2. Elevations. – Zones A1–A30, AE, AH, A (with BFE), Complete Items C2.a—h below according to the build Benchmark Utilized: DOT 46-87-A37 ~ EL, = 15.68°</li> </ul>	onstruction of the bound of the	h BFE), AR, AR/A, AR	 /AE, AR/A1_A30	ished Construction , AR/AH, AR/AO. er meters.		
Indicate elevation datum used for the elevations in i  ☐ NGVD 1929 ☑ NAVD 1988 ☐ Other/	tems a) through h) t	<u> </u>		·		
Datum used for building elevations must be the same	ne as that used for t	ne BFE.	Check the r	neasurement used.		
a) Top of bottom floor (including basement, crawls	pace, or enclosure f	oor)	23.0 X fee	t 🔲 meters		
b) Top of the next higher floor		<u> </u>	N/A 🗌 fee	t 🔲 meters		
c) Bottom of the lowest horizontal structural members	er (V Zones only)		N/A 🔲 fee	t 🔲 meters		
d) Attached garage (top of slab)		<u> </u>	N/A  fee	t 🔲 meters		
e) Lowest elevation of machinery or equipment ser (Describe type of equipment and location in Con	vicing the building nments)	<del> </del>	N/A [] fee	t 🔲 meters		
f) Lowest adjacent (finished) grade next to building	(LAG)	<del></del>	22.8 🔀 fee	t 🗌 meters		
g) Highest adjacent (finished) grade next to buildin	g (HAG)	<del> </del>	23.0 🔀 fee	t 🔲 meters		
<ul> <li>h) Lowest adjacent grade at lowest elevation of de structural support</li> </ul>	ck or stairs, includin	g	N/A 🔲 fee	t 🔲 meters		
SECTION D - SURVEYOR	, ENGINEER, OR	ARCHITECT CERTIF	ICATION			
This certification is to be signed and sealed by a land su I certify that the information on this Certificate represent statement may be punishable by fine or imprisonment up	rveyor, engineer, or s my best efforts to nder 18 U.S. Code,	architect authorized by nterpret the data available Section 1001.	y law to certify el able. I understan	evation information. d that any false		
Were latitude and longitude in Section A provided by a l	icensed land survey	or? 🗵 Yes 🗌 No	☐ Check h	ere if attachments.		
Certifier's Name W. Todd Tindell	License Number 4958		ininin TO	DD TINO		
Title Land Surveyor				No. 4958		
Company Name Buchanan & Harper, Inc.		· ·	REGIS	No. 4958  * STATE OF		
Address 735 W. 11th Street		· · · · · · · · · · · · · · · · · · ·				
City Рапата City	State Florida	ZIP Code 32401	Cin REL	LAND SURING		
Signature Ogtaly signed by William T Tindell Oats: 2021.08,13 02:17:33 -0500	Date 08-13-2021	Telephone (850) 763-7427	Ext.			
Copy all pages of this Elevation Certificate and all attachm	ents for (1) commun	ty official, (2) insurance	agent/company,	and (3) building owner.		
Comments (including type of equipment and location, pe	er C2(e), if applicabl	e)				
***THE SEAL APPEARING ON THIS DOCUMENT WAS AUTHORIZED BY W. TODD TINDELL PSM NO. 4958 ON DATE OF DIGITAL SIGNATURE***						
B&H Job No. 11688 ; FB 1065, Page 58			,	·		

IMPORTANT: In these spaces, copy the correspondent	onding information	n from Section A.	1.	FOR INSURANCE COMPANY USE
Building Street Address (including Apt., Unit, Suite, 4617 Highway 389	and/or Bldg. No.) o	or P.O. Route and Box		Policy Number:
City	State	ZIP Code		Company NAIC Number
Lynn Haven	Florida	32444		
SECTION E - BUILDING FOR Z	ELEVATION INF	ORMATION (SURVE	Y NOT R	REQUIRED)
For Zones AO and A (without BFE), complete Items complete Sections A, B, and C. For Items E1–E4, u enter meters.	s E1–E5. If the Cen se natural grade, if	tificate is intended to su available. Check the m	upport a L neasurem	OMA or LOMR-F request, ent used. In Puerto Rico only,
E1. Provide elevation information for the following the highest adjacent grade (HAG) and the low	and check the apposest adjacent grade	opriate boxes to show (LAG).	whether	the elevation is above or below
a) Top of bottom floor (including basement, crawlspace, or enclosure) is	<u> </u>	feet [	meters	above or below the HAG.
b) Top of bottom floor (including basement, crawlspace, or enclosure) is	<u> </u>	feet [	meters	☐ above or ☐ below the LAG.
E2. For Building Diagrams 6–9 with permanent flo the next higher floor (elevation C2 b in	od openings provid	ed in Section A Items 8	3 and/or 9	(see pages 1-2 of Instructions),
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 equipmer servicing the building is	π 	feet [	meters	□ above or □ below the HAG.
E5. Zone AO only: If no flood depth number is ava floodplain management ordinance?   Yes	ilable, is the top of No Unk	the bottom floor elevate nown. The local officia	ed in acco al must ce	ordance with the community's ertify this information in Section G.
SECTION F - PROPERTY	OWNER (OR OWN	ER'S REPRESENTAT	IVE) CER	RTIFICATION
The property owner or owner's authorized represer community-issued BFE) or Zone AO must sign her	e. The statements i	tes Sections A, B, and n Sections A, B, and E	E for Zone	e A (without a FEMA-issued or ect to the best of my knowledge.
Property Owner or Owner's Authorized Representa	itive's Name	. • .		• •
Address		City	Stat	e ZIP Code
Signature	-	Date	Tele	phone
Comments				· · · · · · · · · · · · · · · · · · ·
				<b>—</b>
I				Check here if attachments.

IMPORTANT: In these spaces, copy the co	rresponding informatio	n from Section A.	FOR INSURANCE COMPANY USE
Building Street Address (including Apt., Unit, 4617 Highway 389	Suite, and/or Bldg. No.)	· · · · · · · · · · · · · · · · · · ·	Policy Number:
City	State	ZIP Code	Company NAIC Number
Lynn Haven	Florida	32444	
SECT	ION G - COMMUNITY I	INFORMATION (OPTIONAL	)
The local official who is authorized by law or Sections A, B, C (or E), and G of this Elevation used in Items G8–G10. In Puerto Ricc only, and G of the Items G8–G10.	on Certificate. Complete enter meters.	the applicable item(s) and si	ign below. Check the measurement
engineer, or architect who is author data in the Comments area below.	rized by law to certify ele )	evation information. (Indicate	and sealed by a licensed surveyor, the source and date of the elevation
or Zone AO.	_		MA-issued or community-issued BFE)
G3.   The following information (Items G	4–G10) is provided for a	ommunity floodplain manage	ement purposes.
G4. Permit Number	G5. Date Permit Issu	ued G6	Date Certificate of Compliance/Occupancy Issued
G7. This permit has been issued for:	New Construction	Substantial Improvement	
G8. Elevation of as-built lowest floor (includ of the building:	ing basement)	[	eet meters Datum
G9. BFE or (in Zone AO) depth of flooding a	at the building site:	fe	eet meters Datum
G10. Community's design flood elevation:	<del>-</del>		eet meters Datum
Local Official's Name	<del></del>	Title	
Community Name	·	Telephone	
Signature	· <del>.</del>	Date	ti a a a a a a a a a a a a a a a a a a a
Comments (including type of equipment and	location, per C2(e), if ap	plicable)	<del> </del>
			Check here if attachments.

#### **ELEVATION CERTIFICATE**

See Instructions for Item A6.

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

IMPORTANT: In these spaces, cor	FOR INSURANCE COMPANY USE		
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 4617 Highway 389			Policy Number:
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.

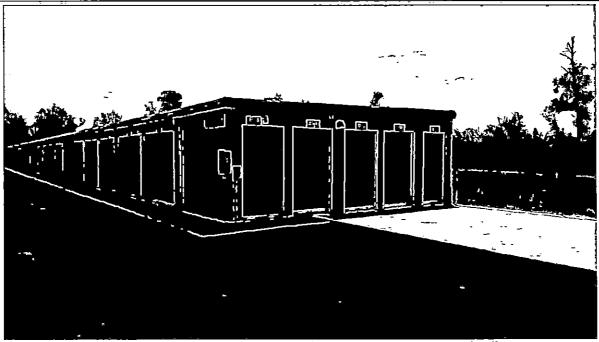


Photo One

Photo One Caption North and West Side View

Clear Photo One

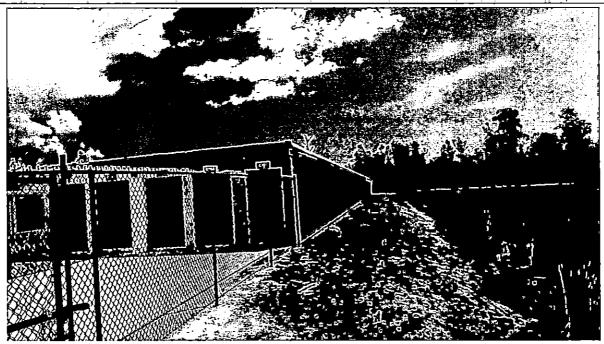


Photo Two Caption South and West Side View

Clear Photo Two

### **ELEVATION CERTIFICATE**

**Continuation Page** 

IMPORTANT: In these spaces, copy the correspon	FOR INSURANCE	COMPANY USE		
Building Street Address (including Apt., Unit, Suite, at 4617 Highway 389	nd/or Bldg. No.) or P.O	. Route and Box No.	Policy Number:	
City	State	ZIP Code	Company NAIC Nur	nber
Lynn Haven	Florida	32444		
If submitting more photographs than will fit on the with: date taken; "Front View" and "Rear View"; photographs must show the foundation with represe	and, if required, "R	ight Side View" and "L	eft Side View." Wh	en applicable,
	Photo Three	<u>.                                    </u>	<u> </u>	<u> </u>
Photo Three Caption				Clear Photo Three
	Photo Fou	r		
	Photo Four			
Photo Four Caption		·	<u>.                                    </u>	Clear Photo Four

### 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.

	SECT	ION A - PROPERTY	INFORM	MATION		FOR INSUR	ANCE COMPANY USE
A1. Building Owner's Name						Policy Numb	per:
Southern Self Sto				<u> </u>	. :-		
A2. Building Stree Box No. 4617 Highway 38		luding Apt., Unit, Suite	e, and/or	Bidg. No.) o	P.O. Route and	Company N	AIC Number:
City				State		ZIP Code	
Lynn Haven	<u> </u>			Florida		32444	<u> </u>
A3. Property Des Tax Parcel Numb		nd Block Numbers, Ta 200 - Building F	x Parcel	Number, Leg	al Description, e	lc.)	<u> </u>
A4. Building Use	(e.g., Residen	tial, Non-Residential, <i>i</i>	Addition,	Accessory, e	tc.) Storage I	Building	
A5. Latitude/Long	itude: Lat. <u>30</u>	13' 52.9"	Long 85	37,46.0"	Horizonta	al Datum: 🔲 NAD 1	927 🗵 NAD 1983
A6. Attach at leas	t 2 photograp	hs of the building if the	Certific	ate is being u	sed to obtain floo	od insurance.	•
A7. Building Diag	ram Number	_ 1B				•	
A8. For a building	with a crawls	pace or enclosure(s):					
a) Square fo	otage of crawl	space or enclosure(s)			0.00 sq ft		
b) Number of	permanent flo	ood openings in the cra	awispace	or enclosure	(s) within 1.0 foc	ot above adjacent gra	de 0
c) Total net a	rea of flood o	penings in A8.b		0.00 sq in			<del></del>
d) Engineere	d flood openir	gs? ∐Yes ⊠ N	io				
A9. For a building	with an attach	ed garage:					
, -	tage of attach	Ţ		0.00 sq ft			
,		ood openings in the at	ached o	arage within	1.0 foot above ac	liacent grade 0	
•		penings in A9.b		ps 00.0		<u> </u>	<u> </u>
			<del> </del>	<u> </u>			
a) Engineere	d flood openin	gs? ∐Yes 区 N	10				
	SE	CTION B - FLOOD I	NSURA	NÇE RATE	MAP (FIRM) IN	FORMATION	<del> </del>
B1. NFIP Commu	nity Name & C	Community Number		B2. County	Name	<del> </del>	B3. State
Bay County Uninc	corporated Are	as 120004		Bay			Florida
B4. Map/Panel Number	B5. Suffix	B6. FIRM Index Date	Effe	RM Panel ective/ vised Date	B8. Flood Zone(s)	B9. Base Flood E (Zone AO, us	levation(s) e Base Flood Depth)
12005C0332	н	06-02-2009	06-02-2		x	N/A	
							<del>t:</del>
• •	-	Base Flood Elevation  Community Determined The					
	ue 🔽 ruzia	Continuanty Determ	innieu [			<u> </u>	· · · · · · · · · · · · · · · · · · ·
B11. Indicate ele	vation datum (	used for BFE in Item B	19: 🔲 N	GVD 1929	☑ NAVD 1988	Other/Source:	<del></del>
B12. Is the buildi	ng located in a	a Coastal Barrier Reso	urces S	ystem (CBRS	) area or Otherw	ise Protected Area (	OPA)? ☐ Yes ☒ No
Designation	Date:	🗆	CBRS	☐ OPA			
		<u> </u>		•		· · · · · · · · · · · · · · · · · · ·	

IMPORTANT: In these spaces, copy the correspondi	FOR INSURANCE COMPANY USE					
Building Street Address (including Apt., Unit, Suite, and 4617 Highway 389	Policy Number:					
		P Code 2444	Company NAIC	Number		
SECTION C — BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)						
<ul> <li>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.</li> <li>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 Ricc only, enter meters.</li> </ul>						
Benchmark Utilized: DOT 46-87-A37 ~ EL. = 15.6	· · · · · · · · · · · · · · · · · · ·		_	·		
Indicate elevation datum used for the elevations in NGVD 1929 X NAVD 1988 C Other Datum used for building elevations must be the sa	r/Source:		<u> </u>	<del></del> _		
				neasurement used.		
a) Top of bottom floor (including basement, craw	Ispace, or enclosure flo	or)		=		
b) Top of the next higher floor		<del></del>	N/A   feet			
c) Bottom of the lowest horizontal structural mem	ber (V Zones only)		N/A ☐ feet			
d) Attached garage (top of slab)		-	N/A   feet	meters		
e) Lowest elevation of machinery or equipment s     (Describe type of equipment and location in C	ervicing the building omments)	<del></del> -	N/A   feet	<del></del>		
f) Lowest adjacent (finished) grade next to build	ng (LAG)	<del></del>	22.6 X feet	<u> </u>		
g) Highest adjacent (finished) grade next to build	ing (HAG)	<u> </u>		meters		
h) Lowest adjacent grade at lowest elevation of c structural support	deck or stairs, including	<del> </del>	N/A   feet	meters		
SECTION D - SURVEYO	<del></del>					
This certification is to be signed and sealed by a land I certify that the information on this Certificate represe statement may be punishable by fine or imprisonment	nts my best efforts to in	teroret the data avail	y law to certify el able. I understan	evation information. If that any false		
Were latitude and longitude in Section A provided by a	a licensed land surveyo	r? ⊠Yes □No	☐ Check h	ere if attachments.		
Certifier's Name W. Todd Tindell	License Number 4958	· · · · · · · · · · · · · · · · · · ·	TO TO	TINOS		
Title Land Surveyor		<u> </u>		TIFIC		
Company Name Buchanan & Harper, Inc.		-	REGIS	# 200 HOSTATE OF 200		
Address 735 W. 11th Street				STATE OF		
City Panama City	State Florida	ZIP Code 32401	GI BEL	LAND STATES		
Signature  Obibity signed by William T Tindell Date: 2021,03,15 09:18:44-25'00'	Date 08-13-2021	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)						
***THE SEAL APPEARING ON THIS DOCUMENT WAS AUTHORIZED BY W. TODD TINDELL PSM NO. 4958 ON DATE OF DIGITAL SIGNATURE***						
B&H Job No. 11688 ; FB 1065, Page 58						

IMPORTANT: In these spaces, copy the correspond	FOR INSURANCE COMPANY USE				
Building Street Address (including Apt., Unit, Suite, and 4617 Highway 389	l/or Bldg. No.) or P.O.	Route and Box No.	Policy Number:		
City	State	ZIP Code	Company NAIC Number		
Lynn Haven	lorida	32444			
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 the highest adjacent grade (HAG) and the lowest a a) Top of bottom floor (including basement.	check the appropriate adjacent grade (LAG).	boxes to show whether	r the elevation is above or below		
crawispace, or enclosure) is		feet   meter	rs 🔲 above or 🔲 below the HAG.		
<ul> <li>Top of bottom floor (including basement, crawlspace, or enclosure) is</li> </ul>	<del></del>	feet   meter	rs 🔲 above or 🔲 below the LAG.		
E2. For Building Diagrams 6-9 with permanent flood of	penings provided in S	ection A Items 8 and/or	9 (see pages 1–2 of Instructions).		
the next higher floor (elevation C2.b in	Parimida brasida in a				
the diagrams) of the building is	•		rs		
E3. Attached garage (top of slab) is		feet meter	rs  above or below the HAG.		
E4. Top of platform of machinery and/or equipment servicing the building is			rs 🔲 above or 🔲 below the HAG.		
E5. Zone AO only: If no flood depth number is availab floodplain management ordinance? Yes					
SECTION F - PROPERTY OW	NER (OR OWNER'S F	REPRESENTATIVE) C	ERTIFICATION		
	<del> </del>				
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.					
community-issued BFE) or Zone AO must sign here. T	he statements in Secti	ons A, B, and E are co	rect to the best of my knowledge.		
community-issued BFE) or Zone AO must sign here. T	he statéments in Secti	ons A, B, and E are co	rrect to the best of my knowledge.		
community-issued BFE) or Zone AO must sign here. T  Property Owner or Owner's Authorized Representative	he statéments in Secti	ons A, B, and E are coi	rrect to the best of my knowledge.		
community-issued BFE) or Zone AO must sign here. T	he statéments in Secti	ons A, B, and E are con	rect to the best of my knowledge.		
community-issued BFE) or Zone AO must sign here. T Property Owner or Owner's Authorized Representative	he statements in Secti 's Name	ons A, B, and E are con	rect to the best of my knowledge.		
community-issued BFE) or Zone AO must sign here. T Property Owner or Owner's Authorized Representative Address	he statements in Secti 's Name City	ons A, B, and E are con	rect to the best of my knowledge.		
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IMPORTANT: In these spaces, copy the corre	FOR INSURANCE COMPANY	Y USE						
Building Street Address (including Apt., Unit, Su 4617 Highway 389	toute and Box No.	Policy Number:						
City Lynn Haven	•	IP Code 2444	Company NAIC Number	<u> </u>				
SECTIO	N G - COMMUNITY INFORM	ATION (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 or Zone AO.	on E for a building located in Zo	one A (without a FEM	A-issued or community-issued t	BFE)				
G3.   The following information (Items G4-	G10) is provided for community	/ floodplain managem	nent purposes.					
G4. Permit Number	G5. Date Permit Issued	G6.	Date Certificate of Compliance/Occupancy Issued	- <del></del>				
G7. This permit has been issued for:	New Construction   Substa	ntial Improvement	<del></del>					
G8. Elevation of as-built lowest floor (including of the building:	j basement)		t meters Datum	<del></del>				
G9. BFE or (in Zone AO) depth of flooding at t	the building site:	[] feet	t meters Datum					
G10. Community's design flood elevation:	<u> </u>	fee	t T meters Datum	<del>,</del>				
Local Official's Name	Title							
Community Name	Teleph	hone	· · · · · · · · · · · · · · · · · · ·					
Signature	Date	<del> </del>	· · · · · · · · · · · · · · · · · · ·	•				
Comments (including type of equipment and loc	cation, per C2(e), if applicable)	<del> </del>	<del></del>	· ·				
:								
			Check here if attachr	ments,				

### **ELEVATION CERTIFICATE**

See Instructions for Item A6.

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

IMPORTANT: In these spaces, co	FOR INSURANCE COMPANY USE		
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 4617 Highway 389			Policy Number:
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.

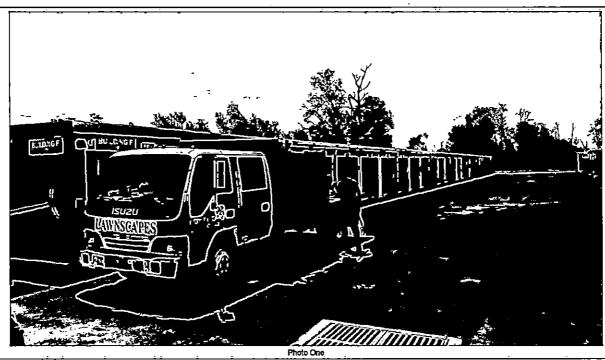


Photo One Caption West Side View

Clear Photo One

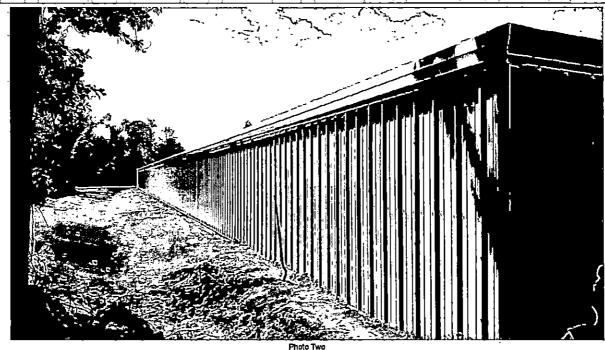


Photo Two Caption East Side View

Clear Photo Two

## **ELEVATION CERTIFICATE**

Continuation Page

IMPORTANT: In these spaces, copy the corresponding information from Section A.			FOR INSURANCE COMPANY USE
Building Street Address (including Apt., Unit, St 4617 Highway 389	Policy Number:		
City	State	ZIP Code	Company NAIC Number
Lynn Haven	Florida	32444	
If submitting more photographs than will fit o with: date taken; "Front View" and "Rear \ photographs must show the foundation with re	View": and, if required.	. "Right Side View" and '	Left Side View." When applicable.
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Photo Three Caption	Photo Th	<del>es</del>	Clear Photo Three
	Dhata E		
	Photo F	our	
	Photo Fo	ur	
Photo Four Caption			Clear Photo Four
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