

# 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 SUSANNE BEAM				Policy Number:	
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 505 CAROLINA AVE				Company NAIC Number:	
City LYNN HAVEN		State Florida		ZIP Code 32444	
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) TAX PARCEL ID #: 09310-010-000					
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.)					RESIDENTIAL
A5. Latitude/Longitude: Lat. N30d15'01"		Long. W85d39'26"		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>5</u>					
A8. For a building with a crawlspace or enclosure(s):					
a) Square footage of crawlspace or enclosure(s)				0.00 sq ft	
b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade				0	
c) Total net area of flood openings in A8.b				0.00 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				0.00 sq ft	
b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade				0	
c) Total net area of flood openings in A9.b				0.00 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 COUNTY		B3. State Florida
B4. Map/Panel Number 12005C0218	B5. Suffix H	B6. FIRM Index Date 06/02/2009	B7. FIRM Panel Effective/ Revised Date 06/02/2009	B8. Flood Zone(s) X	B9. Base Flood Elevation(s) (Zone AO, use Base Flood Depth) NONE
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9: <input type="checkbox"/> FIS Profile <input checked="" type="checkbox"/> FIRM <input type="checkbox"/> Community Determined <input type="checkbox"/> Other/Source: _____					
B11. Indicate elevation datum used for BFE in Item B9: <input type="checkbox"/> NGVD 1929 <input checked="" type="checkbox"/> NAVD 1988 <input type="checkbox"/> Other/Source: _____					
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Designation Date: _____ <input type="checkbox"/> CBRS <input type="checkbox"/> OPA					



# ELEVATION CERTIFICATE

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

<b>IMPORTANT: In these spaces, copy the corresponding information from Section A.</b>			<b>FOR INSURANCE COMPANY USE</b>
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 505 CAROLINA AVE			Policy Number:
City LYNN HAVEN	State Florida	ZIP Code 32444	Company NAIC Number

**SECTION E – BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED)  
FOR ZONE AO AND ZONE A (WITHOUT BFE)**

For Zones AO and A (without BFE), complete Items E1–E5. If the Certificate is intended to support a LOMA or LOMR-F request, complete Sections A, B, and C. For Items E1–E4, use natural grade, if available. Check the measurement used. In Puerto Rico only, enter meters.

- E1. Provide elevation information for the following and check the appropriate boxes to show whether the elevation is above or below the highest adjacent grade (HAG) and the lowest adjacent grade (LAG).
- a) Top of bottom floor (including basement, crawlspace, or enclosure) is \_\_\_\_\_  feet  meters  above or  below the HAG.
- b) Top of bottom floor (including basement, crawlspace, or enclosure) is \_\_\_\_\_  feet  meters  above or  below the LAG.
- E2. For Building Diagrams 6–9 with permanent flood openings provided in Section A Items 8 and/or 9 (see pages 1–2 of Instructions), the next higher floor (elevation C2.b in the diagrams) of the building is \_\_\_\_\_  feet  meters  above or  below the HAG.
- E3. Attached garage (top of slab) is \_\_\_\_\_  feet  meters  above or  below the HAG.
- E4. Top of platform of machinery and/or equipment servicing the building is \_\_\_\_\_  feet  meters  above or  below the HAG.
- E5. Zone AO only: If no flood depth number is available, is the top of the bottom floor elevated in accordance with the community's floodplain management ordinance?  Yes  No  Unknown. The local official must certify this information in Section G.

**SECTION F – PROPERTY OWNER (OR OWNER'S REPRESENTATIVE) CERTIFICATION**

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

Property Owner or Owner's Authorized Representative's Name

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_ Telephone \_\_\_\_\_

Comments

Check here if attachments.



# BUILDING PHOTOGRAPHS

See Instructions for Item A6.

OMB No. 1660-0008

Expiration Date: November 30, 2022

## ELEVATION CERTIFICATE

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City LYNN HAVEN	State Florida	ZIP Code 32444	Company NAIC Number

If using the Elevation Certificate to obtain NFIP flood insurance, affix at least 2 building photographs below according to the instructions for Item A6. Identify all photographs with date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." When applicable, photographs must show the foundation with representative examples of the flood openings or vents, as indicated in Section A8. If submitting more photographs than will fit on this page, use the Continuation Page.



Photo One

Photo One Caption 9/07/2021 Front View

Clear Photo One



Photo Two

Photo Two Caption 9/07/2021 Rear View

Clear Photo Two



# BUILDING PHOTOGRAPHS

Continuation Page

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

## ELEVATION CERTIFICATE

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Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 505 CAROLINA AVE			Policy Number:
City LYNN HAVEN	State Florida	ZIP Code 32444	Company NAIC Number

If submitting more photographs than will fit on the preceding page, affix the additional photographs below. Identify all photographs with: date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." When applicable, photographs must show the foundation with representative examples of the flood openings or vents, as indicated in Section A8.



Photo Three

Photo Three Caption 9/07/2021 Right Side View

Clear Photo Three



Photo Four

Photo Four Caption 9/07/2021 Left Side View

Clear Photo Four



INSPECTION FIELD SHEET

Printed by Karin Pfuntner

08/31/21  
12:04:01

INSPECTION: 113934 UTILITY FINAL

PERMIT: 20210629  
STATUS: ISSUED 05/21/21  
EXPIRE: 05/21/22  
APPLICATION: 202002439  
ASSIGNED TO: EMORY PITT

LOC: 505 CAROLINA AVE  
9-3S-14W LYNN HAVEN LOT 14 & S10' LOT 15 BLK 90  
LYNN HAVEN

PROPERTY ID: 09310-010-000  
LOT/SUBDIV: 9-10 LYNN HAVEN  
LEGAL DESC: 9-3S-14W LYNN HAVEN (14.1) MAP 89A LOT 14 & S 10' LOT 15 BLK 90  
ORB 3171 P 2343

OWNER: BEAM, SUSANNE  
850-527-3129  
CONTRACTOR: VASTA DEVELOPMENT  
850-763-4530 850-527-7283  
TRADESMAN: VASTA DEVELOPMENT / KEY RENTAL  
850-763-4530  
REQUEST BY:

PROJ DESC: REBUILD NEW SINGLE FAMILY DWELLING FROM STEM WALL FOUNDATION  
WORK ORDER:

INSPECTOR: CT  
REQUESTED: 08/31/21  
SCHEDULED: 09/01/21  
UNPAID FEES: .00

RESULT: FAIL 92  
PRIORITY:  
COMPLETED: 7/5/2021 1:45  
Date Time

MILEAGE: \_\_\_\_\_ TIME: TRAVEL \_\_\_\_\_ ONSITE \_\_\_\_\_

COMMENTS:

1) note TO BRING SEWER UP TO CODE BY  
PUTTING A CLEANOUT ON PROPERTY LINE

INSPECTION FIELD SHEET

08/31/21  
12:02:49

Printed by Karin Pfuntner

INSPECTION: 113933 FINAL DRAINAGE 1

PERMIT: 20210629  
STATUS: ISSUED 05/21/21  
EXPIRE: 05/21/22  
APPLICATION: 202002439  
ASSIGNED TO: EMORY PITT

LOC: 505 CAROLINA AVE  
9-3S-14W LYNN HAVEN LOT 14 & S10' LOT 15 BLK 90  
LYNN HAVEN

PROPERTY ID: 09310-010-000  
LOT/SUBDIV: 9-10 LYNN HAVEN  
LEGAL DESC: 9-3S-14W LYNN HAVEN (14.1) MAP 89A LOT 14 & S 10' LOT 15 BLK 90  
ORB 3171 P 2343

OWNER: BEAM, SUSANNE  
850-527-3129  
CONTRACTOR: VASTA DEVELOPMENT  
850-763-4530 850-527-7283  
TRADESMAN: VASTA DEVELOPMENT / KEY RENTAL  
850-763-4530  
REQUEST BY:

PROJ DESC: REBUILD NEW SINGLE FAMILY DWELLING FROM STEM WALL FOUNDATION  
WORK ORDER:

*Mitchell Hood Sr.*

INSPECTOR: HOOD  
REQUESTED: 08/31/21 KP  
SCHEDULED: 09/01/21  
UNPAID FEES: .00

RESULT: Passed  
PRIORITY:  
COMPLETED: 9/1/2021 12:00  
Date Time

MILEAGE:     

TIME: TRAVEL      ONSITE     

COMMENTS:



**Notice of Preventative Treatment for Termites**  
(as required by Florida Building Code (FBC) 104.2.6)

**Brock Lawn and Pest Control**

Panama City (850) 265-5702 • Fort Walton Beach, FL (850) 244-9507

Address of Treatment or Lot/Block of Treatment

505 Cavalina Circle

9/7/21

Date

Premise

Product Used

.05

Percent Concentration

Time

Imidacloprid

Chemical Used (active ingredient)

0

Area treated (square feet)

Shawn Hurlow

Applicator

84

Number of gallons applied

21

Linear feet treated

Stage of treatment (Horizontal, Vertical, Adjoining Slab, retreat of disturbed area)

As per 104.2.6 - If soil chemical barrier method for termite prevention is used, final exterior treatment shall be completed prior to final building approval.

If this notice is for the final exterior treatment, initial and date this line \_\_\_\_\_



**BUILDERS SERVICES**  
 840 West 11<sup>th</sup> Street  
 Panama City, Florida 32401  
 Telephone: (850) 248-8350  
 Fax: (850) 248-8384

**BLOWER DOOR TEST FORM**

Building Permit #:

**Job Information**

Address: 505 Carolina Ave Unit #: \_\_\_\_\_

City, State, Zip: LYNN HAVEN, FL 32444

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**Air Infiltration Test Results**

CFM(50) = 859

Volume = 7816

ACH(50) = CFM(50) X 60 / Volume = 6.59

Pass  Fail

**Certification of Test Results**

**R402.4.1.2 Testing.** The building or dwelling unit shall be tested and verified as having an air leakage rate of not exceeding 7 air changes per hour in Climate Zones 1 and 2, and 3 air changes per hour in Climate Zones 3 through 8. Testing shall be conducted with a blower door at a pressure of 0.2 inches w.g. (50 Pascals). Testing shall be conducted by either individuals as defined in Section 553.993(5) or (7), Florida Statutes or individuals licensed as set forth in Section 489.105(3)(f), (g), or (i) or an approved third party. Class "C" Air Conditioning Contractor must provide a blower door training certification to the Building Official for approval before performing test. A written report of the results of the test shall be signed by the party conducting the test and provided to the code official. Testing shall be performed at any time after creation of all penetrations of the building thermal envelope.

I hereby certify that the above Air Infiltration Test results demonstrate compliance with Florida Energy Code requirements in accordance with the Florida Building Code-Energy Conservation R402.4.1.2 5<sup>th</sup> Edition (2014).

Signature: [Signature]

Printed Name: Michael P. Helbling Date: 9/1/21

Company: Central Air Conditioning Services LLC LIC #: CMC1250939

Mechanical Contractor  Class A Air Conditioning Contractor  Class B Air Conditioning Contractor

Sworn to (or affirmed) and subscribed before me the 1st day of Sept, 2021.

By  Michael P. Helbling (name of person making statement)

Personally Known  and personally appeared before me

Or produced identification

Type of identification produced \_\_\_\_\_

Janelle Kersey



**JANELLE KERSEY**  
 Commission # GG 955894  
 Expires March 2, 2024

Notary Public