#### 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.

				<del></del>		T	
SECTION A PROPERTY INFORMATION						RANCE COMPANY USE	
A1. Building Owner's Name					Policy Num	oer:	
-	SUSANNE BEAM						
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Comp. Box No.					Company N	AIC Number:	
505 CAROLINA AV	Æ.						
City				State		ZIP Code	
LYNN HAVEN				Florida	15 24	32444	· · · · · · · · · · · · · · · · · · ·
A3. Property Desc TAX PARCEL ID #	•	nd Block Numbers, Ta 000	ıx Parcel 	Number, Leg	jai Description, etc	 	
A4. Building Use (	e.g., Resider	ntial, Non-Residential,	Addition,	, Accessory, o	etc.) RESIDEN	ΓΙΑL	
A5. Latitude/Longit	tude: Lat.N	30d15'01"	Long. W	/85d39'26"	Horizontal	Datum: NAD 1	1927 🗵 NAD 1983
	_	ihs of the building if the	e Certific	ate is being u	sed to obtain floor	insurance.	
A7. Building Diagra							
A8. For a building	with a crawls	pace or enclosure(s):					
]		lspace or enclosure(s)			0.00 sq ft		
i i	_	ood openings in the cr		or enclosure	 e(s) within 1.0 foot	above adjacent gra	ade 0
		penings in A8.b	•	0.00 sq in			
			<del></del>	<u> </u>	•		
d) Engineered	tiood openii	ngs? ∐Yes ⊠N	10				
A9. For a building v	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?							
)		.g.,					
	SI	ECTION B - FLOOD	NSURA	NCE RATE	MAP (FIRM) INF	ORMATION	
B1. NFIP Commun	B1. NFIP Community Name & Community Number			B2. County			B3. State
CITY OF LYNN HA	CITY OF LYNN HAVEN 120009			BAY COUN	TY		Florida
B4. Map/Panel Number	B5. Suffix	B6. FIRM Index Date	Effective/ Zone(s)		B9. Base Flood E (Zone AO, us	levation(s) e Base Flood Depth)	
12005C0218	l <sub>H</sub>	06/02/2009	06/02/2	vised Date 2009	×	NONE	
					<u> </u>		
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9:							
4	☐ FIS Profile ☑ FIRM ☐ Community Determined ☐ Other/Source:					•	
B11. Indicate eleva	ation datum (	used for BFE in Item B	9: 🔲 N	GVD 1929	⊠ NAVD 1988	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							
Doughard Barry							
l .	•						

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IMPORTANT: In these spaces, copy the corresponding	FOR INSURANCE COMPANY USE				
Building Street Address (including Apt., Unit, Suite, and/or 505 CAROLINA AVE	Policy Number:				
City State LYNN HAVEN Flori	-	P Code 2444	Company NAIC Number		
SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)					
C1. Building elevations are based on: Construction  *A new Elevation Certificate will be required when co  C2. Elevations – Zones A1–A30, AE, AH, A (with BFE), Complete Items C2.a–h below according to the buildid Benchmark Utilized: RM BE 1713  Indicate elevation datum used for the elevations in item NGVD 1929 NAVD 1988 Other/St Datum used for building elevations must be the same a) Top of bottom floor (including basement, crawlspan)  Top of the next higher floor	n Drawings*	uilding Under Construding is complete. BFE), AR, AR/A, AR/d in Item A7. In Puerton: NAVD 88 EL=(5.56) low. BFE.	AE, AR/A o Rico on S') Chec 10.6 N/A	Finish	asurement used.  meters  meters  meters
<ul> <li>c) Bottom of the lowest horizontal structural member</li> <li>d) Attached garage (top of slab)</li> </ul>	(V Zones only)			⊠ feet	☐ meters
e) Lowest elevation of machinery or equipment servi (Describe type of equipment and location in Comr)  f) Lowest adjacent (finished) grade next to building (g) Highest adjacent (finished) grade next to building h) Lowest adjacent grade at lowest elevation of deck structural support	nents) (LAG) (HAG)		10.6 5.1 5.2		meters meters meters meters meters
SECTION D - SURVEYOR, I	ENGINEED OF A	POLITECT CERTIE			
This certification is to be signed and sealed by a land survivors of the information on this Certificate represents a statement may be punishable by fine or imprisonment und	eyor, engineer, or a my best efforts to int ler 18 U.S. Code, Se	rchitect authorized by erpret the data availa	law to co	ertify elev lerstand t	hat any faise
Certifier's Name ROBERT WAYNE RICHMOND	License Number L.S. #6616		sur	unnin KRT M	I. RICHAMA
Title PROFESSIONAL SURVEYOR & MAPPER  Company Name SEA LEVEL SURVEYING AND MAPPING (L.B. #5800)  Address 1219 MAINE AVENUE  City	State	ZIP Code	Hummum Somm	ST/ FL	TE OF DRIDA
LYNN HAVEN	Florida	32444	•	THE THE SU	rveyor and and a
Signature Polet W. Richard	Date 09-07-2021	Telephone (850) 265-4800			
Copy all pages of this Elevation Certificate and all attachments (including type of equipment and location, per LOWEST MACHINERY IS AN OUTSIDE AIR CONDITION JOB NUMBER: 5867	C2(e), if applicable)		agent/com	npany, an	d (3) building owner.

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IMPORTANT: In these spaces, copy the correspon	FOR INSURANCE COMPANY USE				
Building Street Address (including Apt., Unit, Suite, ar 505 CAROLINA AVE	nd/or Bldg. No.) or P.C	. Route and Box No.	Policy Number:		
City LYNN HAVEN	State Florida	ZIP Code 32444	Company NAIC Number		
SECTION E – BUILDING E FOR ZON	LEVATION INFORM NE AO AND ZONE A	ATION (SURVEY NOT (WITHOUT BFE)	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					
the highest adjacent grade (HAG) and the lowest  a) Top of bottom floor (including basement,	t adjacent grade (LAG)	).	title elevation is above or below		
crawlspace, or enclosure) is b) Top of bottom floor (including basement,		feet	s above or below the HAG.		
crawlspace, or enclosure) is		feet meter			
E2. For Building Diagrams 6–9 with permanent flood the next higher floor (elevation C2.b in the diagrams) of the building is	openings provided in s	Section A Items 8 and/or			
E3. Attached garage (top of slab) is		feet meter	s above or below the HAG.		
E4. Top of platform of machinery and/or equipment servicing the building is			s  above or below the HAG.		
E5. Zone AO only: If no flood depth number is availal floodplain management ordinance? Yes	ble, is the top of the bo	ttom floor elevated in ac The local official must o	cordance with the community's certify this information in Section G.		
SECTION F - PROPERTY OW	VNER (OR OWNER'S	REPRESENTATIVE) CE	RTIFICATION		
The property owner or owner's authorized representate community-issued BFE) or Zone AO must sign here.	tive who completes Se The statements in Sec	ctions A, B, and E for Zo tions A, B, and E are cor	ne A (without a FEMA-issued or rect to the best of my knowledge.		
Property Owner or Owner's Authorized Representative	e's Name				
Address	City	Str	ate ZIP Code		
Signature	Date	Те	lephone		
Comments			<u> </u>		
			·		
			Check here if attachments.		

## **ELEVATION CERTIFICATE**

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

IMPORTANT: In these spaces, copy the corre		FOR INSURANCE COMPANY USE					
Building Street Address (including Apt., Unit, St 505 CAROLINA AVE	uite, and/or Bldg.	No.) or P.O. Route and Bo	x No.	Policy Number:			
City LYNN HAVEN	State Florida	ZIP Code 32444		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	or community floodplain n	nanageme	nt purposes.			
G4. Permit Number	G5. Date Permit	t Issued		ate Certificate of ompliance/Occupancy Issued			
G7. This permit has been issued for:	G7. This permit has been issued for:   New Construction  Substantial Improvement						
G8. Elevation of as-built lowest floor (including of the building:	j basement) -	<u>.</u>	☐ 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:	-		feet	meters Datum			
Local Official's Name		Title					
Community Name		Telephone					
Signature		Date					
Comments (including type of equipment and loc	ation, per C2(e), if	f applicable)					
				Check here if attachments.			

## **BUILDING PHOTOGRAPHS**

**ELEVATION CERTIFICATE** 

See Instructions for Item A6.

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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 9/07/2021 Front View

Clear Photo One



Photo Two

Photo Two Caption 9/07/2021 Rear View

Clear Photo Two

#### **BUILDING PHOTOGRAPHS**

OMB No. 1660-0008

ELEVATION CERTIFICATE	Continuation Page		Expiration Date: November 30, 2022
IMPORTANT: In these spaces, copy the cor	FOR INSURANCE COMPANY USE		
Building Street Address (including Apt., Unit, \$ 505 CAROLINA AVE	Suite, and/or Bldg. No.)	or P.O. Route and Box N	o. Policy Number:
City	State	ZIP Code	Company NAIC Number
LYNN HAVEN	Florida	32444	

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



Photo Three

Photo Three Caption 9/07/2021 Right Side View

Clear Photo Three



Photo Four

Photo Four Caption 9/07/2021 Left Side View

Clear Photo Four



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INSPECTION FIELD SHEET

INSPECTION: 113934

UTILITY FINAL

PERMIT: 20210629 STATUS: ISSUED 05/21/21 EXPIRE: 05/21/22

EXPIRE: 05/2 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:

CONTRACTOR:

TRADESMAN:

BEAM, SUSANNE 850-527-3129 VASTA DEVELOPMENT 850-763-4530 850-527-72 VASTA DEVELOPMENT / KEY RENTAL 850-763-4530 850-527-7283

.00

REQUEST BY:

PROJ DESC: WORK ORDER:

REBUILD NEW SINGLE FAMILY DWELLING FROM STEM WALL FOUNDATION

INSPECTOR:

UNPAID FEES:

CT 08/31/21 09/01/21 REQUESTED: SCHEDULED:

RESULT: PRIORITY:

COMPLETED:

MILEAGE:

TIME: TRAVEL

ONSITE

COMMENTS:

NEED TO BRING SEWER UP TO CODE BY
PUTTING A CLEANOUT ON PROBERTY LINE



#### INSPECTION FIELD SHEET

Printed by Karin Pfuntner

08/31/21 12:02:49

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

OWNER:

CONTRACTOR:

BEAM, SUSANNE 850-527-3129 VASTA DEVELOPMENT 850-763-4530 850-527-72 VASTA DEVELOPMENT / KEY RENTAL 850-763-4530 850-527-7283 TRADESMAN:

REQUEST BY:

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

INSPECTOR:

REQUESTED: SCHEDULED: UNPAID FEES:

HOOD 08/31/21 KP 09/01/21

RESULT: PRIORITY: COMPLETED:

.00

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**

The state of the s	rele
Ten diclo prid	Shown Hurl. Applicator  Number of gallons applied
ontal, Vertical, Adjoining Slab, retreat o	
	Area treated (square feet) ontal, Vertical, Adjoining Slab, retreat o



#### **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: SOS Carolina Ave Unit#:  City, State, Zip: 4NN HAVEN F1. 32444
Air Infiltration Test Results
CFM(50) = 859
Volume = 78/6
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 5th Edition (2014).  Signature:  Date:  9/1/2.1
Company: Central Air Conditioning Services LIC LIC#: CMC/250939  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 f. Helbling (name of person making statement)  Personally Known

Janell Kersey