#### 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 INSU	FOR INSURANCE COMPANY USE	
A1. Building Owner's Name Policy Number: BCB Construction, LLC						nber:	
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.  510 East Second Street						NAIC Number:	
City Lynn Haven	•						
	A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)  Bay Park Manor Lots 11 & 12 Block "A" Plat Book 1, Page 15						
A4. Building Use (	e.g., Resider	ntial, Non-Residential,	Addition	, Accessory,	etc.) Residentia	ai	
A5. Latitude/Longi	tude: Lat. <u>N</u>	1030°15'14.87"	Long. V	V085°38'35.4	5" Horizonta	l Datum: 🔲 NAD	1927 X NAD 1983
A6. Attach at least	: 2 photograp	hs of the building if the	e Certific	ate is being (	used to obtain floo	d insurance.	
A7. Building Diagra	am Number	1B					ı
A8. For a building	with a crawls	space or enclosure(s):					
a) Square foo	tage of crawl	ispace or enclosure(s)			N/A sq ft		
b) Number of ;	ermanent flo	ood openings in the cra	awispac	e or enclosur	∍(s) within 1.0 foot	t above adjacent gr	rade N/A
c) Total net are	ea of flood o	penings in A8.b		N/A sq in	ı		
d) Engineered	flood openir	ngs? 🗌 Yes 🗵 N	10				
A9. For a building v	vith an attach	ned garage:					
a) Square foot	age of attach	ned garage		827.00 sq ft			
b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade N/A							
c) Total net are	c) Total net area of flood openings in A9.b N/A sq in						
d) Engineered flood openings?							
SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION						<del></del>	
B1. NFIP Communi		Community Number		B2. County		01.11.0.1	B3. State
CITY OF LYNN HA	VEN / 12000	)9		Bay		-	Florida
B4. Map/Panel Number	Number Date Effective/ Zone(s) (Zone AO, use Base Flood Depth)						
12005C0219 H 06-02-2009 Revised Date 06-02-2009 AE 7.0							
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9:							
☐ FIS Profile ☑ FIRM ☐ Community Determined ☐ Other/Source:							
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 🖂 No							
Designation Date: CBRS  OPA .							

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IMPORTANT: In these spaces, copy the correspond	ng information from Se	ection A.	FOR I	NSURANC	E COMPANY USE	
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 510 East Second Street			Policy Number:			
City State ZIP Code Lynn Haven Florida 32444					Company NAIC Number	
SECTION C - BUILDING	ELEVATION INFORMA	TION (SURVEY R	EQUIRE	 ED)	-	
C1. Building elevations are based on: Constru *A new Elevation Certificate will be required when C2. Elevations – Zones A1–A30, AE, AH, A (with BFI Complete Items C2.a-h below according to the b Benchmark Utilized: 8729 102 TIDAL 8	n construction of the build E), VE, V1–V30, V (with I	BFE), AR, AR/A, AR in Item A7. In Puer	/AE, AR	/A1-A30, /	hed Construction AR/AH, AR/AO. meters.	
Indicate elevation datum used for the elevations i	n items a) through h) bel	ow.	-	<del></del>		
☐ NGVD 1929  ☐ NAVD 1988  ☐ Other						
Datum used for building elevations must be the s	ame as that used for the	BFE.	Che	eck the me	easurement used.	
<ul> <li>a) Top of bottom floor (including basement, craw</li> </ul>	ispace, or enclosure floo	r)	9.41	⊠ feet	meters	
b) Top of the next higher floor	iopass, si siloissalis liss	-, <u>-</u>	N/A	⊠ feet	☐ meters	
c) Bottom of the lowest horizontal structural men	shor (// Zonos onty)		N/A	★ feet	☐ meters	
•	iber (v Zones omy)	-	8.10	⊠ feet	☐ meters	
d) Attached garage (top of slab)     e) Lowest elevation of machinery or equipment s	ervicing the building				_	
(Describe type of equipment and location in C	omments)		N/A	⊠ feet	∐ meters	
f) Lowest adjacent (finished) grade next to build	ing (LAG)		6.61	⊠ feet	☐ meters	
<li>g) Highest adjacent (finished) grade next to build</li>	ing (HAG)		8.06	feet	☐ meters	
<ul> <li>h) Lowest adjacent grade at lowest elevation of o structural support</li> </ul>	leck or stairs, including		N/A	★ feet	meters	
SECTION D - SURVEYO	R, ENGINEER, OR AR	CHITECT CERTIF	CATIO	N		
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 inte	rpret the data availa	law to o	ærtify elev iderstand t	ation information. that any false	
Were latitude and longitude in Section A provided by a	licensed land surveyor?	⊠Yes □ No	X	Check her	e if attachments.	
Certifier's Name TONY G. SYFRETT	License Number 5943	-		بر المانايون تر	wing to	
Title . REGISTERED LAND SURVEYOR AND MAPPER				Place		
Company Name SOUTHEASTERN SURVEYING AND MAPPING COR	RP.		2	949-14-14 Je 159 S	eal	
Address 1130 HIGHWAY 90				J. H	ere	
City CHIPLEY	State Florida	ZIP Code 32428			The state of the s	
Signature Convey (2514)	Date 10-26-2021	Telephone (850) 638-0790	Ext. 3207			
Copy all pages of this Elevation Certificate and all attach	ments for (1) community o	fficial, (2) insurance	agent/co	mpany, an	d (3) building owner.	
Comments (including type of equipment and location,	per C2(e), if applicable)					
•						

# **ELEVATION CERTIFICATE**

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IMPORTANT: In these spaces, copy the correspon	FOR INSURANCE COMPANY USE					
Building Street Address (including Apt., Unit, Suite, at 510 East Second Street	nd/or Bldg. No.) or P.	O. Route and Box No.	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).						
<ul> <li>a) Top of bottom floor (including basement, crawlspace, or enclosure) is</li> </ul>			rs  above or  below the HAG.			
b) Top of bottom floor (including basement, crawlspace, or enclosure) is						
E2. For Building Diagrams 6-9 with permanent flood	anoninga providad ir	Costion A Home 9 and/o	r Q (ego pages 12 of Instructions)			
the next higher floor (elevation C2.b in the diagrams) of the building is		feet mete				
E3. Attached garage (top of slab) is		feet	rs above or below the HAG.			
E4. Top of platform of machinery and/or equipment servicing the building is	<del></del>	feet mete	rs 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 i	pottom floor elevated in ac n. The local official must	ccordance with the community's certify this information in Section G.			
SECTION F - PROPERTY OV	VNER (OR OWNER'	S REPRESENTATIVE) C	ERTIFICATION			
The property owner or owner's authorized representa community-issued BFE) or Zone AO must sign here.	tive who completes S The statements in Se	Sections A, B, and E for Zections A, B, and E are co	one A (without a FEMA-issued or rrect to the best of my knowledge.			
Property Owner or Owner's Authorized Representative	e's Name					
Address	Cit	y S	tate ZIP Code			
Signature	Da	te Te	elephone			
Comments						
			/			
			☐ Check here if attachments.			
			Спеск nere if attachments.			

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IMPORTANT: In these spaces, copy the com	FOR INSURANCE COMPANY USE					
Building Street Address (including Apt., Unit, S 510 East Second Street	Policy Number:					
City Lynn Haven	State Florida	ZIP Code 32444	Company NAIC Number			
SECTIO	ON G - COMMUNITY I	NFORMATION (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, er	Certificate. Complete t	the community's floodplain m the applicable item(s) and sig	anagement ordinance can complete in below. Check the measurement			
G1. The information in Section C was take engineer, or architect who is authorized data in the Comments area below.)	en from other documer ed by law to certify elev	ntation that has been signed a vation information. (Indicate t	and sealed by a licensed surveyor, he source and date of the elevation			
G2. A community official completed Sect or Zone AO.	ion E for a building loca	ated in Zone A (without a FEM	//A-issued or community-issued BFE)			
G3. The following information (Items G4-	-G10) is provided for co	ommunity floodplain manager	nent 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 (including of the building:	g basement)	fee	et  meters Datum			
G9. BFE or (in Zone AO) depth of flooding at	the building site:	fee	et			
G10. Community's design flood elevation:		[ fee	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	olicable)	<del></del>			
			☐ Check here if attachments.			

## **BUILDING PHOTOGRAPHS**

#### **ELEVATION CERTIFICATE**

See Instructions for Item A6.

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IMPORTANT: In these spaces, co	FOR INSURANCE COMPANY USE		
Building Street Address (including 510 East Second Street	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 WEST SIDE

Clear Photo One



Photo Two

Photo Two Caption EAST SIDE

Clear Photo Two

## **BUILDING PHOTOGRAPHS**

**ELEVATION CERTIFICATE** 

Continuation Page

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IMPORTANT: In these spaces, co	FOR INSURANCE COMPANY USE		
Building Street Address (including 510 East Second Street	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 Caption NORTH SIDE

Clear Photo Three



Photo Four

Photo Four Caption SOUTH SIDE

Clear Photo Four