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	RANCE COMPANY USE	
	A1. Building Owner's Name MISTY WADDLETON & JOHN K. WADDLETON Policy Number:						
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Company NAIC Number: 705 5TH ST W						IAIC Number:	
City LYNN HAVEN				State Florida		ZIP Code 32444	
l ' '	A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) TAX PARCEL ID #: 09299-000-000						
A4. Building Use (e.g., Reside	ntial, Non-Residential,	Addition	, Accessory,	etc.) RESIDEN	ITIAL	
A5. Latitude/Long	itude: Lat. <u>N</u>	130d15'01"	Long. V	V85d39'21"	Horizonta	al Datum: NAD	1927 🗵 NAD 1983
A6. Attach at leas	t 2 photograp	hs of the building if th	e Certific	ate is being	used to obtain floo	d insurance.	
A7. Building Diagr	am Number	1B					
A8. For a building	with a cráwk	space or enclosure(s):					
a) Square foo	tage of craw	ispace or enclosure(s)			0 sq ft		
b) Number of	permanent fl	ood openings in the cr	awispac	e or enclosur	e(s) within 1.0 foo	t above adjacent gra	ade <u>0</u>
c) Total net ar	ea of flood o	penings in A8.b		0 sqir	1		
d) Engineered	l flood openii	ngs? 🗌 Yes 🖾 i	No				
A9. For a building v	vith an attacl	ned garage:				,	
a) Square fool	age of attact	ned garage		526 sq fl	t		
b) Number of	permanent fl	ood openings in the at	tached g	arage within	1.0 foot above ad	acent grade 2	
. :c) Total.net.an	ea of flood o	penings in A9.b		106 sq	in		
d) Engineered	flood openin	gs? ⊠ Yes □ N	lo.	,			
	SE	CTION B - FLOOD	INSURA	NCE RATE	MAP (FIRM) INF	ORMATION	
B1. NFIP Community Name & Community Number B2. County Name B3. State							
LYNN HAVEN, CITY OF 120009 BAY COUNTY Florida						Florida	
B4. Map/Panel Number	B5. Suffix	B6. FIRM Index Date	Effe	RM Panel ective/	B8. Flood Zone(s)	B9. Base Flood E (Zone AO, use	levation(s) e Base Flood Depth)
12005C0219	Н	06/02/2009	06/02/2	-	AË	7.0 FEET	:
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:							
□ i jort toute t⊠ t titali. □ continuuntà perëtitimeri. □ critettooriner. □							
B11. Indicate elevation datum used for BFE in Item 89: 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 corresponding information from Section A.			FOR INSU	FOR INSURANCE COMPANY USE		
Building Street Address (including Apt., Unit, Suite, and 705 5TH ST W	Policy Num	Policy Number:				
City State ZIP Code LYNN HAVEN Florida 32444			Company I	NAIC Number		
SECTION C - BUILDING	ELEVATION INFO	RMATION (SURVEY R	EQUIRED)			
C1. Building elevations are based on: Constru	ction Drawings*	Building Under Constr	uction* 🖂	Finished Construction		
*A new Elevation Certificate will be required whe	n construction of the	e 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: RM-BE 1713		Datum: <u>NAVD 88 EL=(5.5</u>	6')			
Indicate elevation datum used for the elevations	, -	h) below.				
☐ NGVD 1929 ☑ NAVD 1988 ☐ Othe Datum used for building elevations must be the s	*	or the REE		·		
Saram asca for parallel elevations under be title a	anie as triat asca it	n dio Di L.	Check t	he measurement used.		
 a) Top of bottom floor (including basement, craw 	ilspace, or enclosur	e floor)	<u>8.4</u> ×	feet meters		
b) Top of the next higher floor			N/A X	feet meters		
c) Bottom of the lowest horizontal structural men	nber (V Zones only)		<u>N/A</u> ⊠	feet meters		
d) Attached garage (top of slab)			<u>6.3</u> 🗵	feet meters		
e) Lowest elevation of machinery or equipment s (Describe type of equipment and location in C)	servicing the buildin omments)	g 	8.8	feet meters		
f) Lowest adjacent (finished) grade next to build	ing (LAG)		5.5 X	feet meters		
g)"Highest adjacent (finished) grade next to build	ling (HAG)		5.7 X	-feet		
h) Lowest adjacent grade at lowest elevation of a structural support	deck or stairs, inclu	ding	<u>5.6</u> ⊠	feet meters		
SECTION D - SURVEYO	R. ENGINEER, O	R ARCHITECT CERTIF	ICATION			
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	surveyor, engineer,	or architect authorized by	y law to certif	stand that any false		
Were latitude and longitude in Section A provided by			Chec	ck here if attachments.		
Certifier's Name	License Numb	er		William Willia		
ROBERT WAYNE RICHMOND	L.S. #6616		- miles	ST W. MICHAIN		
Title PROFESSIONAL SURVEYOR & MAPPER			Check here if attachments. W. RICAMON 6616			
Company Name SEA LEVEL SURVEYING AND MAPPING (L.B. #5800)			1111111	Mann		
Address 1219 MAINE AVENUE			A COMMINITION OF THE PROPERTY	STATE OF FLORIDA		
City LYNN HAVEN	State Florida	ZIP Code 32444	anning.	STATE OF FLORIDA AND AND AND AND AND AND AND AND AND A		
Signature Polert W. Richard	Date 3/12/2021	Telephone (850) 265-4800				
Copy all pages of this Elevation Certificate and all attach	ments for (1) commi	unity official, (2) insurance	agent/compa	ny, and (3) building owner.		
Comments (including type of equipment and location, LOWEST MACHINERY IS AN OUTSIDE AIR CONDITENGINEERED FLOOD VENTS ARE BRAND: 'FREED REPORT ARE ATTACHED.	TIONER ON AN ELI	EVATED WOOD PLATFO		D ICC-ES EVALUATION		

ELEVATION CERTIFICATE

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

IMPORTANT: In these spaces, copy the correspond		FOR INSURANCE COMPANY US	SE_				
Building Street Address (including Apt., Unit, Suite, an 705 5TH ST W	x No.	Policy Number:					
, -	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).						
crawispace, or enclosure) is	-	feet	meters	above or Delow the HAC	Э.		
 b) Top of bottom floor (including basement, crawlspace, or enclosure) is 		feet	meters	above or Delow the LAG	} ,		
E2. For Building Diagrams 6-9 with permanent flood	openinas provide	d in Section A Items	8 and/or 9	9 (see pages 1–2 of Instructions)			
the next higher floor (elevation C2.b in the diagrams) of the building is		_	meters		Э.		
E3. Attached garage (top of slab) is		[] feet	meters	above or below the HAG	à.		
E4. Top of platform of machinery and/or equipment servicing the building is			meters	above or ☐ below the HAG	3.		
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 OW	NER (OR OWN	R'S REPRESENTA	TIVE) CE	RTIFICATION	\dashv		
The property owner or owner's authorized representati community-issued BFE) or Zone AO must sign here. T	ve who complete	s Sections A. B. and	E for Zor	ne A (without a FEMA-issued or	\exists		
Property Owner or Owner's Authorized Representative				——————————————————————————————————————			
Triperty Owner of Owner a Admonact Representative	3 Hame				I		
Address		City	Sta	te ZIP Code			
Signature		Date	Tele	ephone			
Comments .							
					- }		
				• 1			
					- [
					l		
				Check here if attachments.	,		

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

IMPORTANT: In these spaces, copy the co	rresponding information	on from Section A.	FOR INSURANCE COMPANY USE
Building Street Address (including Apt., Unit, 705.5TH ST W	Suite, and/or Bldg. No.)	or P.O. Route and Box No.	Policy Number:
City LYNN HAVEN	State Florida	ZIP Code 32444	Company NAIC Number
SECT	ION G - COMMUNITY I	NFORMATION (OPTIONA	L)
engineer, or architect who is author	on Certificate. Complete enter meters. aken from other document ized by law to certify ele	the applicable item(s) and s ntation that has been signe	management ordinance can complete sign below. Check the measurement d and sealed by a licensed surveyor, the source and date of the elevation
data in the Comments area below.) G2. A community official completed Second AO.		ated in Zone A (without a FE	EMA-issued or community-issued BFE)
G3. The following information (Items G4	I–G10) is provided for co	ommunity floodplain manag	ement purposes.
G4. Përmit Number	G5. Date Permit Issu	ued G6	Date Certificate of Compliance/Occupancy Issued
•] Substantial Improvement	
G8. Elevation of as-built lowest floor (including of the building:	ng basement)	fe	eet meters
G9. BFE or (in Zone AO) depth of flooding at	t the building site:	fe	eet meters Datum
G10. Community's design flood elevation:		fe	eet meters Datum
Local Official's Name		Title	
Community Name		Telephone	
Signature		Date	
Comments (including type of equipment and lo	ocation, per C2(e), if app	licable)	1
			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 Policy Number:		
Building Street Address (including 705 5TH ST W			
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 1/26/2021 Front View

Clear Photo One



Photo Two Caption 1/26/2021 Rear View

Clear Photo Two

BUILDING PHOTOGRAPHS

ELEVATION CERTIFICATE

Continuation Page

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

IMPORTANT: In these spaces, co	FOR INSURANCE COMPANY USE Policy Number:		
Building Street Address (including 705 5TH ST W			
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 1/26/2021 Right Side View

Clear Photo Three

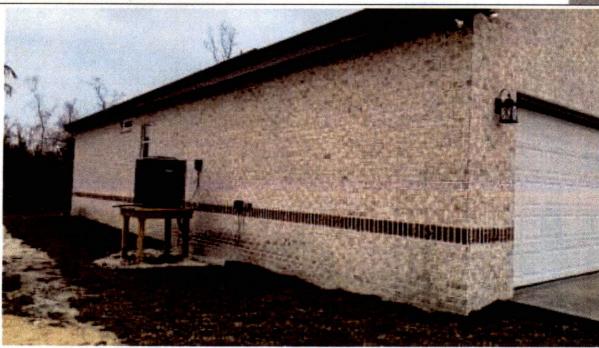


Photo Four Caption 1/26/2021 Left Side View

Clear Photo Four



