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 INSURANCE COMPANY USE					
A1. Building Owner's Name EDWIN PERENA	Policy Number:					
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 710 4TH STREET WEST	Company NAIC Number:					
City State LYNN HAVEN Florida	ZIP Code 32444					
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, et TAX PARCEL NUMBER: 09087-010-000	2.)					
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) RESIDEN	TIAL					
A5. Latitude/Longitude: Lat. 30°15'07.0"N Long. 85°39'22.6"W Horizonta	Datum: ☐ NAD 1927 ☒ NAD 1983					
A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain floo	d insurance.					
A7. Building Diagram Number 1A						
A8. For a building with a crawlspace or enclosure(s):						
a) Square footage of crawlspace or enclosure(s) N/A sq.ft						
b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot	above adjacent grade N/A					
c) Total net area of flood openings in A8.b N/A sq in	 					
d) Engineered flood openings? Yes No						
A9. For a building with an attached garage:						
a) Square footage of attached garage 529.00 sq ft						
b) Number of permanent flood openings in the attached garage within 1.0 foot above adj	acent grade 0					
c) Total net area of flood openings in A9.b o.00 sq in						
d) Engineered flood openings?						
SECTION B – FLOOD INSURANCE RATE MAP (FIRM) INF						
B1. NFIP Community Name & Community Number B2. County Name CITY OF LYNN HAVEN 120009 BAY	B3. State Florida					
B4. Map/Panel B5. Suffix B6. FIRM Index B7. FIRM Panel B8. Flood Zone(s)	B9. Base Flood Elevation(s) (Zone AO, use Base Flood Depth)					
12005CO218 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 X 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						

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

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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. 710 4TH STREET WEST			Policy Number:				
City LYNN HAVEN		Code	Company NAIC Number				
SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)							
C1. Building elevations are based on:	uction Drawings* 🔲 Bu	ilding Under Constru	uction* 🔀 Fini	shed Construction			
*A new Elevation Certificate will be required who		, ,		-			
C2. Elevations – Zones A1–A30, AE, AH, A (with BF Complete Items C2.a–h below according to the Benchmark Utilized: RM J-42	E), VE, V1–V30, V (with building diagram specified Vertical Datum	in item A7. In Puert	/AE, AR/A1–A30, to Rico only, ente	, AR/AH, AR/AO. r meters.			
Indicate elevation datum used for the elevations	in items a) through h) bel	ow.					
☐ NGVD 1929 ☐ NAVD 1988 ☐ Oth		<u> </u>					
Datum used for building elevations must be the	same as that used for the	BFE.	Check the π	neasurement used.			
a). Top of bottom floor (including basement, cra	wispace, or enclosure floo	r)	6.7 ⊠ feet				
b) Top of the next higher floor		<u> </u>	N/A feet	meters			
c) Bottom of the lowest horizontal structural me	mber (V Zones only)		N/A 🗍 feet	☐ meters			
d) Attached garage (top of slab)			6.1 ⊠ feet	meters			
Lowest elevation of machinery or equipment (Describe type of equipment and location in	servicing the building Comments)		5.9 💢 feet	meters			
f) Lowest adjacent (finished) grade next to buil	ding (LAG)		5.7 × feet	meters			
g) Highest adjacent (finished) grade next to bui	lding (HAG)		6.0 ⊠ feet	meters			
h) Lowest adjacent grade at lowest elevation of structural support	f deck or stairs, including		N/A [] feet	meters			
SECTION D - SURVEY	OR, ENGINEER, OR AF	CHITECT CERTIF	ICATION				
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				ere if attachments.			
Certifier's Name	License Number						
ROGER BLAIN ANGLIN Title	5521	<u> </u>					
PROFESSIONAL SURVEYOR AND MAPPER							
Company Name ANGLIN SURVEYING, LLC			EW.				
Address	<u> </u>			150 A/V			
3712 CORNELIA LANE				200			
City PANAMA CITY //	State Florida	ZIP Code 32409	VAR:	*OF#X.***			
Signature	Date 05-16-2023	Telephone (850) 271-4055	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 1) EQUIPMENT SERVICING BUILDING IS AN OUT 2) AS OF 01/01/2022 THE CITY OF LYNN HAVEN WHICH FOR THIS PARCEL IS MAP #12005C0218. AND THE BASE FLOOD ELEVATION WILL BE 11.0	SIDE AIR CONDITIONER HAS ADOPTED THE PRE J, AND IT INDICATES TH	LIMINARY FEMA FI	LOOD MAPS DA	TED 10/25/2019,			
•			A				

ELEVATION CERTIFICATE

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

			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 Bidg. No.) or P.O. Route and Box No. 710 4TH STREET WEST			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).						
Top of bottom floor (including basement, crawlspace, or enclosure) is		feet meter	rs 🔲 above or 🔲 below the HAG.			
 Top of bottom floor (including basement, crawlspace, or enclosure) is 		feet meter	rs 🔲 above or 🔲 below the LAG.			
E2. For Building Diagrams 6–9 with permanent flood the next higher floor (elevation C2.b in	openings provided in S	Section A Items 8 and/or	9 (see pages 1–2 of Instructions),			
the diagrams) of the building is		feet				
E3. Attached garage (top of slab) is E4. Top of platform of machinery and/or equipment			rs above or below the HAG.			
servicing the building is		feet meter	rs above or below the HAG.			
E5. Zone AO only: If no flood depth number is availa floodplain management ordinance?	ble, is the top of the bo	ttom floor elevated in ac The local official must	cordance 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 representation 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	one 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	St	ate ZIP Code			
Signature	Date	Te	elephone			
Comments		-				
			Check here if attachments.			

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: 710 4TH STREET WEST City ZIP Code State Company NAIC Number LYNN HAVEN Florida 32444 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. 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.) A community official completed Section E for a building located in Zone A (without a FEMA-issued or community-issued BFE) or Zone AO. The following information (Items G4-G10) is provided for community floodplain management purposes. G4. Permit Number G5. Date Permit Issued G6. Date Certificate of Compliance/Occupancy Issued ☐ New Construction ☐ Substantial Improvement G7. This permit has been issued for: Elevation of as-built lowest floor (including basement) feet meters Datum of the building: feet meters G9. BFE or (in Zone AO) depth of flooding at the building site: Datum ☐ feet ☐ meters G10. Community's design flood elevation: Datum Local Official's Name Title Community Name Telephone Signature Date Comments (including type of equipment and location, per C2(e), if applicable)

Check here if attachments.

BUILDING PHOTOGRAPHS

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 Policy Number:		
Building Street Address (including 710 4TH STREET WEST			
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

05/08/2023

Clear Photo One



Photo Two

Photo Two Caption REAR VIEW

05/08/2023

Clear Photo Two

BUILDING PHOTOGRAPHS

OMB No. 1660-0008

Continuation Page 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: 710 4TH STREET WEST City ZIP Code State 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 RIGHT SIDE VIEW

ELEVATION CERTIFICATE

05/08/2023

Clear Photo Three



LEFT SIDE VIEW Photo Four Caption

05/08/2023

Clear Photo Four Form Page 6 of 6