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 INSUR	RANCE COMPANY USE	
A1. Building Owner: BARBARA & JOSEP	s Name PH M JONES ORDER #: 23-03-	-160-EL F	B: 2095/69	Policy Num	ber:	
A2. Building Street A Box No. 804 KENTUCKY AVI	Address (including Apt., Unit, Suite ENUE 23-03-1		r P.O. Route and	Company N	IAIC Number:	
City LYNN HAVEN		State Florida		ZIP Code 32444		
	otion (Lot and Block Numbers, Ta K131, LYNN HAVEN	x Parcel Number, Le	gal Description, etc	e.)		
A4. Building Use (e.	g., Residential, Non-Residential, /	Addition, Accessory,	etc.) DETACHE	D GARAGE		
A5. Latitude/Longitu	de: Lat. 30° 14' 47.7" N	Long. 085° 39' 25.3"	W Horizontal	Datum: NAD 1	927 🔀 NAD 1983	
A6. Attach at least 2	photographs of the building if the	Certificate is being u	sed to obtain floor	d insurance.		
A7. Building Diagram	n Number1A					
A8. For a building wi	th a crawlspace or enclosure(s):					
a) Square foota	ge of crawlspace or enclosure(s)	1	456.00 sq ft			
b) Number of pe	rmanent flood openings in the cra	wispace or enclosure	e(s) within 1.0 foot	above adjacent gra	ide 0	
c)' Total net area	of flood openings in A8.b	0.00 sq in				
d) Engineered flood openings? Yes No						
A9. For a building with an attached garage:						
a)։ Square footag	ge of attached garage	N/A sq ft				
b) Number of pe	rmanent flood openings in the atta	ached garage within	i.0 foot above adja	acent grade N/A		
c); Total net area	of flood openings in A9.b	N/A sq	in			
d) Engineered flo	ood openings? 📋 Yes 🗵 N	0				
SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION						
B1. NEIP Community CITY OF LYNN HAV	Name & Community Number EN 120009	B2. County BAY	Name		B3. State Florida	
B4. Map/Panel Number	B6. FIRM Index Date	B7. FIRM Panel Effective/ Revised Date	B8. Flood Zone(s)	B9. Base Flood E (Zone AO, use	levation(s) e Base Flood Depth)	
12005C0331	1 06-02-2009	06-02-2009	AE	6.0"		
B10. Indicate the sou	urce of the Base Flood Elevation ((BFE) data or base flo	ood depth entered	in Item B9:		
FIS Profile		nined Other/Sou	rce:			
B11. Indicate elevation datum used for BFE in Item B9: NGVD 1929 NAVD 1988 Other/Source:						
B12. Is the building l	ocated in a Coastal Barrier Resou	urces System (CBRS)	area or Otherwise	e Protected Area (C	PA)? 🗌 Yes 🗵 No	
Designation Da	te:	CBRS OPA				
ř I	,	-				
	and the second s					

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IMPORTANT: In these spaces, copy the corresponding information from Section A.			FOR INSUF	FOR INSURANCE COMPANY USE	
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 804 KENTUCKY AVENUE 23-03-160-EL				Policy Number:	
City LYNN HAVEN	State Florida	ZIP Code 32444	Company N.	AIC Number	
SECTION C	BUILDING ELEVATION INFO	RMATION (SURVEY I	REQUIRED)		
C1. Building elevations are based on: *A new Elevation Certificate will be C2. Elevations – Zones A1–A30, AE, A Complete Items C2.a–h below according to the complete Items C2.a–h below according to t	Construction Drawings* required when construction of the AH, A (with BFE), VE, V1–V30, V (ording to the building diagram specific processes of the elevations in items a) through the elevation in items a)	Building Under Const be building is complete. (with BFE), AR, AR/A, Al ecified in Item A7. In Pue Datum: NAVD 1988 In) below. For the BFE. The floor is complete. The building is complete. The building is complete. The building is complete.	Check the 6.7 \boxtimes for N/A \boxtimes	e measurement used. feet meters	
g) Highest adjacent (finished) grad			6.9 × fe	eet meters	
 h) Lowest adjacent grade at lowest structural support 	t elevation of deck or stairs, includ	ding	N/A 🛭 fe	eet meters	
SECTION D	- SURVEYOR, ENGINEER, O	R ARCHITECT CERTII	FICATION		
This certification is to be signed and sea I certify that the information on this Certi statement may be punishable by fine or Were latitude and longitude in Section A	ficate represents my best efforts t imprisonment under 18 U.S. Code	to interpret the data avail e, Section 1001.	lable. I understa	elevation information. and that any false there if attachments.	
Certifier's Name WILLIAM T. BUTLER, PSM	License Number	er			
Title PRESIDENT Company Name BUTLER & ASSOCIATES, INC. Address 2420 EAST OLIVE ROAD, SUITE A				STATE STATE OF THE	
City PENSACOLA	State Florida	ZIP Code 32514	111/	MAHHHHH	
Signature	Date 03-27-2023	Telephone (850) 476-4768	Ext.		
Copy all peaces of this Elevation Certificate			agent/company	y, and (3) building owner.	

ELEVATION CERTIFICATE

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	onding information				FOR INSURAL	NCE COMPANY USE
Building Street Address (including Apt., Unit, Suite, 804 KENTUCKY AVENUE 23-0	and/or Bldg. No.) 3-160-EL	or P.O. Rou	ite and B	ox No.	Policy Number	
City LYNN HAVEN	State Florida	ZIP 324	Code 44	 	Company NAI	C Number
SECTION E - BUILDING FOR Z	ELEVATION INI	ORMATIO	N (SUR)	VEY NOT BFE)	REQUIRED)	* .
For Zones AO and A (without BFE), complete Items complete Sections A, B,and C. For Items E1–E4, usenter meters.	se natural grade, i	f available. (Check the	measure	ment used. In P	uerto Rico only,
 E1. Provide elevation information for the following the highest adjacent grade (HAG) and the lower a) Top of bottom floor (including basement, 	and check the app est adjacent grade	ropriate box (LAG).	es to sho	w whether	the elevation is	above or below
crawlspace, or enclosure) is b) Top of bottom floor (including basement,			☐ feet	meter	s 🔲 above o	below the HAG.
crawlspace, or enclosure) is				meter		below the LAG.
E2. For Building Diagrams 6–9 with permanent floot the next higher floor (elevation C2.b in the diagrams) of the building is	od openings provid	led in Sectio	n A Item: ∏ feet			-2 of Instructions), □ below the HAG.
E3. Attached garage (top of slab) is			☐ feet	_	_	below the HAG.
E4. Top of platform of machinery and/or equipment servicing the building is	t		feet	meter	s	below the HAG.
E5. Zone AO only: If no flood depth number is avai floodplain management ordinance? Yes	lable, is the top of	the bottom to nown. The	floor elevi local offi	ated in acc	cordance with the ertify this inform	ne community's nation in Section G.
SECTION F - PROPERTY C	OWNER (OR OWN	ER'S REPF	RESENTA	ATIVE) CE	RTIFICATION	· · · · · · · · · · · · · · · · · · ·
The property owner or owner's authorized represent community-issued BFE) or Zone AO must sign here	tative who complet	tes Sections	A B an	d E for Zoi	ne A (without a l	FEMA-issued or of my knowledge.
Property Owner or Owner's Authorized Representat	tive's Name		-i	<u>:</u>	· <u> </u>	
Address		City	. •	Sta	te	ZIP Code
Address		City			ephone	ZIP Code
						ZIP Code
Signature						ZIP Code
Signature						ZIP Code
Signature						ZIP Code
Signature						ZIP Code
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Signature						ZIP Code
Signature						ZIP Code
Signature						ZIP Code

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IMPORTANT: In these spaces, copy the corr			FOR INSURANCE COMPANY USE			
	uite, and/or Bldg. No.) or P 23-03-160-EL	.O. Route and Box No.	Policy Number:			
City LYNN HAVEN	State Florida	ZIP Code 32444	Company NAIC Number			
SECTION	ON G - COMMUNITY INFO	RMATION (OPTIONA	iL)			
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 the a	community's floodplain applicable item(s) and	management ordinance can complete sign below. Check the measurement			
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 comm	unity floodplain manag	ement purposes.			
G4. Permit Number	G5. Date Permit Issued	G	Date Certificate of Compliance/Occupancy Issued			
G7. This permit has been issued for:	New Construction Sul	bstantial Improvement				
G8. Elevation of as-built lowest floor (including of the building:) basement) `	1	eet meters Datum			
G9. BFE or (in Zone AO) depth of flooding at t	he building site:	Df	eet meters Datum			
G10. Community's design flood elevation:			eet meters Datum			
Local Official's Name	Tit	lle				
Community Name	Te	lephone				
Signature	Da	ate ,				
Comments (including type of equipment and location, per C2(e), if applicable)						
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			Check here if attachments.			

BUILDING PHOTOGRAPHS

ELEVATION CERTIFICATE

See Instructions for Item A6.

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IMPORTANT: In these spaces, copy th	FOR INSURANCE COMPANY USE Policy Number:		
Building Street Address (including Apt., U 804 KENTUCKY AVENUE			
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.

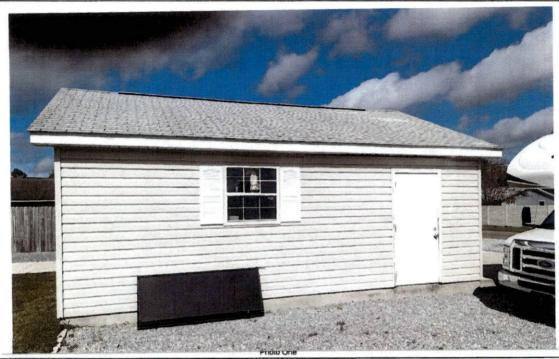


Photo One Caption FRONT VIEW

Clear Photo One

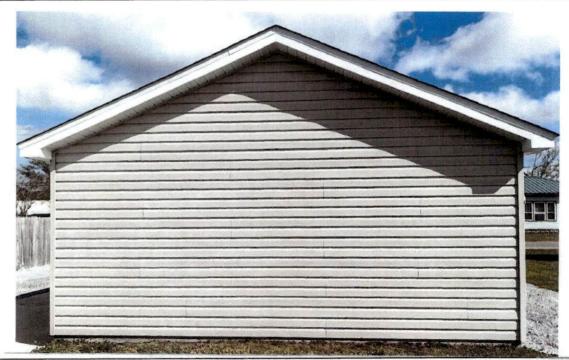


Photo Two Caption REAR VIEW

Clear Photo Two

BUILDING PHOTOGRAPHS

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Continuation Page

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- Communication 1 age				
IMPORTANT: In these spaces, copy the corresponding information from Section A.				
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 804 KENTUCKY AVENUE 23-03-160-EL				
State	ZIP Code	Company NAIC Number		
	uite, and/or Bldg. No.) 23-03-160-EL	uite, and/or Bldg. No.) or P.O. Route and Box No. 23-03-160-EL State ZIP Code		

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

Clear Photo Three



Photo Four Caption LEFT SIDE VIEW

Clear Photo Four