CWSI Reference # 0323-0437

FEDERAL EMERGENCY MANAGEMENT AGENCY NATIONAL FLOOD INSURANCE PROGRAM

O.M.B. No. 3067-0077 Expires July 31, 2002

ELEVATION CERTIFICATE

Important: Read the instructions on pages 1 - 7.

SECTION A - PROPERTY OWNER INFORMATION For Insurance Company Use:										
BUILDING OWNER'S NA	Policy Nur									
Kendra Kelley							₹#			
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. 903 W. 12TH STREET							NAIC Number			
CITY STATE ZIP COD Lynn Haven FL 32444							,			
PROPERTY DESCRIPTION	PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) Lots 19 & 20, Block 199, Lynn Haven									
	BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use a Comments area, if necessary.)									
Residential										
LATITUDE/LONGITUDE (OPTIONAL) HORIZONTAL DATUM: SOURCE: GPS (Type): (##° -## -## ###" or ## ######") - NAD 1927 NAD 1983 USGS Quad Map Other:										
SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION										
B1. NFIP COMMUNITY NAME Lynn Haven 120009	& COMMUNITY NUN	BER	B2. COUNTY NAME Bay			B3. STATE Fla	·			
B4. MAP AND PANEL	B5. SUFFIX	·		I PANEL			LOOD ELEVATION(S)			
NUMBER 12005C 0331	G :	B6. FIRM INDEX DATI 9/18/02	9/10	8/02	B8. FLOOD ZONE(S	(Zone AO, ı	use depth of flooding) 6.00			
	B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9.									
	FIRM	Community De		Other (Descri		f ,				
B11. Indicate the elevation dat B12. Is the building located in a					☐ Other (Describe): 112 ☐ Yes ☑ N		ate			
and particular in the particul			ELEVATION INFOR			- residinginging				
C4 Duilding star-ti					•	•				
C1. Building elevations are bat *A new Floration Certifica		•	Building Under Con		Finished Construction	Ī				
*A new Elevation Certifica				, this coefficients !- '	oing completed	1200c R and 7 16 -	o discom			
C2. Building Diagram Number			ro me building for Wild	i uns ceiuncate is t	ang completed - \$66	payes o aliu /. II fi	w wayralli			
accurately represents the building, provide a sketch or photograph.) C3. 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										
•		•	•			am the debus once	I for the REE in			
Complete Items C3a-i be Section B, convert the dat	-									
Section B, conventine date Section D or Section G, a				CONTRACTOR LEGICALITY		TO SIGNATURE CONTRACTOR	LINOING CITCA UI			
Datum NGVD 1929 Con			SISTAII.			-				
Elevation reference mark			nark used annear on the	FIRM? 🗆 🗸	⊠ No	11.2057	·			
o a) Top of bottom floor (7. <u>30</u> ft.(i			#3257	~ [.]			
o b) Top of next higher for		. J. GIMOGUICJ.		•	Seal					
o b) Top of next higher floor o c) Bottom of lowest horizontal structural member (V zones only) NAft.(m)						<u>.</u> .	No.			
o d) Attached garage (to)		and to real country)	<u>1474.</u> <u>6</u> . <u>76.</u> ft.(m)	·-y	. 50 E	∤ , .5 =	EZYU:			
o e) Lowest elevation of machinery and/or equipment							· // /E			
servicing the building (Describe in a Comments area) **6, 58 ft.(m)										
o f) Lowest adjacent (finished) grade (LAG)							1 1 A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
og) Highest adjacent (fin	,)	<u>o</u> . <u>o</u> (m) <u>6</u> . <u>5</u> ft.(m	,	License Number, Embor	Kin	17 (4)			
o h) No. of permanent op		-		7	<u> </u>	1.1	5/20/03			
o i) Total area of all perm					=		,			
. ,			'OR, ENGINEER, OF	ARCHITECT C	ERTIFICATION					
This certification is to be s						nformation.				
I certify that the information	on in Sections A, E	B, and C on this certific	cate represents my be	est efforts to interp	pret the data availab		· .			
I understand that any false statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 1001.										
CERTIFIER'S NAME Hulon E. Walsingham LICENSE NUMBER 3257										
TITLE Registered Land	Surveyor		co	MPANY NAME	County Wide Surve	ving, Inc. LB 3929				
ADDRESS			CIT		STAT		ZIP CODE			
958 Jenks Avenue	^		Par	nama City	FL		32401			
SIGNATURE E J	Dilke	_ 	DA' 5/20	TE 0/03		PHONE 769-0345				
	. \									

IMPORTANT: In these spaces, copy to	on A.	For Insurance Company Use:						
BUILDING STREET ADDRESS (Including Apt., Unit	t, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO	0.	, Policy Number					
903 W. 12th Street	STATE	ZIP CODE	Company NAIC Number					
Lynn Haven	FL	32444						
	ND - SURVEYOR, ENGINEER, OR ARCHI							
Copy both sides of this Elevation Certificate for (1) community official, (2) insurance agent/company, and (3) building owner.								
COMMENTS		d - 1 O FO	•					
**The lowest elevation of machinery and/or ed	uipment servicing the building is the air conditioner	r pad at 6.58.						
		•						
			Check here if attachments					
SECTION E - BUILDING ELE	VATION INFORMATION (SURVEY NOT R	EQUIRED) FOR ZONE AO AND ZON						
	ete Items E1 through E4. If the Elevation Certificat							
Section C must be completed.	_							
1. Building Diagram Number _(Select the building diagram most similar to the building for which this certificate is being completed see pages 6 and 7. If no diagram accurately								
represents the building, provide a sketch or photograph.)								
2. The top of the bottom floor (including basement or enclosure) of the building isft.(m)in.(cm) above or below (check one) the highest adjacent grade. (Use								
natural grade, if available). 3. For Building Diagrams 6-8 with openings (see page 7), the next higher floor or elevated floor (elevation b) of the building isft.(m)in.(cm) above the highest adjacent								
grade. Complete items C3.h and C3.i on front of form.								
4. For 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?								
	al official must certify this information in Section G.							
· · · - · - · - · - · - · - · - · - · -	N F - PROPERTY OWNER (OR OWNER'S							
	resentative who completes Sections A, B, C (Items e statements in Sections A, B, C, and E are correct		out a FEMA-issued or community-					
PROPERTY OWNER'S OR OWNER'S AUT								
. <u> </u>			TIP CARE					
ADDRESS	. CI	TY STATE	ZIP CODE					
SIGNATURE	D/	DATE TELEPHONE						
COMMENTS								
		<u></u>						
		·						
			Check here if attachments					
	<u> </u>							
	tinance to administer the community's floodplain m	nanagement ordinance can complete Section	is A, B, C (or E), and G of this Elevation					
Certificate. Complete the applicable item(s) and C1 The information in Section C was taken	a sign below. In from other documentation that has been signed a	and embossed by a licensed surveyor ending	eer or architect who is authorized by					
	formation. (Indicate the source and date of the ele		Joi, or division, timo to additionated by					
G2. A community official completed Section	n E for a building located in Zone A (without a FEM	IA-issued or community-issued BFE) or Zone	AO.					
G3. The following information (Items G4-G	9) is provided for community floodplain manageme	ent purposes.						
G4. PERMIT NUMBER	G5. DATE PERMIT ISSUED	G6. DATE CERTIFICATE OF COMP	LIANCE/OCCUPANCY ISSUED					
	Constanting Chatastall	. <u>.</u>						
G7. This permit has been issued for. New G8. Elevation of as-built lowest floor (including		·ft.(m)	Datum:					
G9. BFE or (in Zone AO) depth of flooding at the		ft.(m)	Datum:					
LOCAL OFFICIAL'S NAME		TITLE						
COMMUNITY NAME		TELEPHONE						
SIGNATURE		DATE						
COMMENTS	<u> </u>							
								
			☐ Check here if attachments					
<u> </u>		· · · · · · · · · · · · · · · · · · ·	— CHOCK HOLE II ALLACHINGHIS					

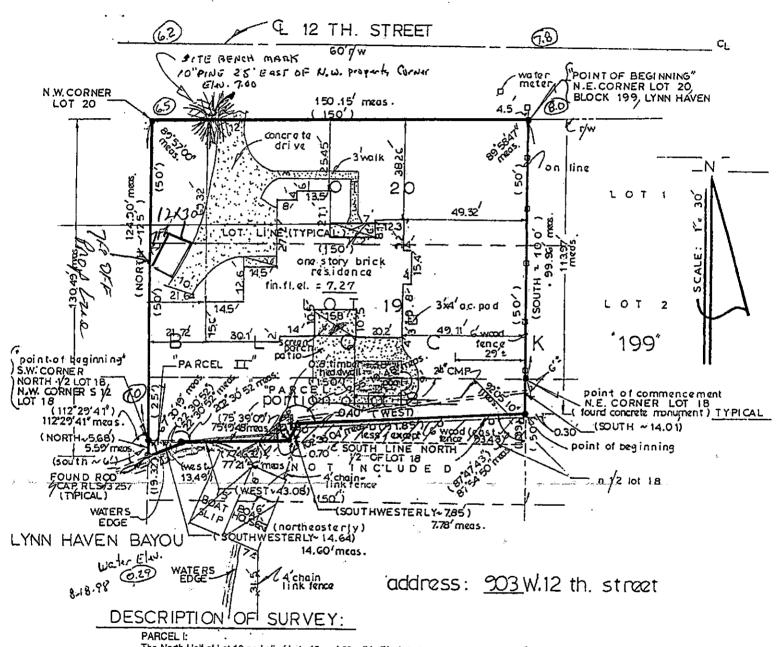


County Mide Surveying, Inc.

1416 WEST 16TH STREET, SUITE C, PANAMA CITY, FL 32405 PHONE: 769-0345 • FAX: 769-0346 LB. NO. 3929



THIS SURVEY IS CERTIFIED TO: Timothy B. Kelley and Kendra L. Kelley, SunTrust Bank. Lawyers Title Agency of North Florida, Inc., Lawyers Title Insurance Corporation.



The North Half of Lot 18 and all of Lots 19 and 20, all in Block 199, according to the Plat of Lynn Haven, in the Office of the Clerk of the Circuit Court of Bay County, Florida.

LESS AND EXCEPT THE FOLLOWING DESCRIBED PARCEL:

Commence at the Northeast Corner of Lot 18, Block 199, Lynn Haven as recorded in Plat Book 5, pages 9 and 10 of the Public Records of Bay County, Florida; thence South along the East line of Lot 18 for 14.01 feet to the Point of Beginning; thence West at an angle of 87' 47'43" to the right for 91.85 feet; thence Southwesterly at an angle of 75°39'09" to the left for 7.85 feet to a point on the South line of the North Half of Lot 18; thence East along the South line of the North Half of Lot 18 for 93.43 feet to the East line of Lot 18; thence North along the East line of Lot 18 for 10.99 feet to the Point of Beginning.

PARCEL II:

The following described parcel located in the South Half of Lot 18 described as follows:

STATE OF FLORIDA COUNTY OF BAY

Begin at the Northwest Corner of the South Half of Lot 18, Block 199 of the aforesaid recorded subdivision; thence South along the West line of the South Half of Lot 18 for 6 feet to the waters edge of Lynn Haven Bayou; thence Northeasterly along the waters edge of Lynn Haven for 14.64 feet, more or less, to a point on the North line of the South Half of Lot 18; thence West along said North line of said South Half for 13.49 feet, more or less, to the Point of Beginning.

THE UNDERSIGNED, HULON E. WALSINGHAM, FLORIDA LAND SURVEYOR NO. 3257, HEREBY CERTIFIES THAT THE SURVEY AND /OR INFORMATION SHOWN HEREON MEETS THE MINIMUM TECHNICAL STANDARDS FOR LAND SURVEYING IN THE STATE OF FLORIDA, CHAPTER 61617-6, FLORIDA

DEPARTMENT OF HOMELAND SECURITY See The Attached O.M.B No.1660-0040 FEDERAL EMERGENCY MANAGEMENT AGENCY Expires December 31, 2011 Instructions STANDARD FLOOD HAZARD DETERMINATION FORM (SFHDF) SECTION I - LOAN INFORMATION 2. COLLATERAL (Building/Mobile Home/Personal Property) PROPERTY ADDRESS 1. LENDER NAME AND ADDRESS (Legal Description may be attached) Tyndall Federal Credit Union 903 W 12TH ST 909 E. 23rd St LYNN HAVEN, FL 32444 Panama City, FL 32401 Borrower: KELLEY, TIMOTHY Branch: 001 Requested By: KATIE FRANKLIN 4. LOAN IDENTIFIER 5. AMOUNT OF FLOOD INSURANCE REQUIRED 3. LENDER ID. NO. 65144080 10754 SECTION II A. NATIONAL FLOOD INSURANCE PROGRAM (NFIP) COMMUNITY JURISDICTION 3. State 4. NFIP Community Number 1. NFIP Community Name 2. County(ies) 120009 LYNN HAVEN, CITY OF BAY FL B. NATIONAL FLOOD INSURANCE PROGRAM (NFIP) DATA AFFECTING BUILDING/MOBILE HOME 3. LOMA/LOMR 4. Flood Zone 5. No NFIP 1. NFIP Map Number or Community Panel Number 2. NFIP Map Panel Effective/ Map (Community name, if not the same as "A") Revised Date 06/02/09 ΑE 12005C 0331H Yes Date C. FEDERAL FLOOD INSURANCE AVAILABILITY (Check all that apply) ☐ Emergency Program of NFIP 1. X Federal Flood Insurance is available (community participates in NFIP). X Regular Program 2. Federal Flood Insurance is not available because community is not participating in the NFIP. 3. Building/Mobile Home is in a Coastal Barrier Resources Area (CBRA) or Otherwise Protected Area (OPA), Federal Flood Insurance may not be available CBRA/OPA designation date: D. DETERMINATION IS BUILDING/MOBILE HOME IN SPECIAL FLOOD HAZARD AREA (ZONE CONTAINING THE LETTERS "A" OR "V")? X YES If yes, flood insurance is required by the Flood Disaster Protection Act of 1973. If no, flood insurance is not required by the Flood Disaster Protection Act of 1973. E. COMMENTS (Optional): THIS FLOOD DETERMINATION IS PROVIDED TO THE LENDER PURSUANT TO THE FLOOD DISASTER PROTECTION ACT. IT SHOULD NOT BE USED FOR ANY OTHER PURPOSE. CENSUS DATA: St: 12 Co: 005 MSA: 37460 Tract: 0014.01 This determination is based on examining the NFIP map, any Federal Emergency Management Agency revisions to it, and any other information needed to locate the building/mobile home on the NFIP map. F. PREPARER'S INFORMATION NAME, ADDRESS, TELEPHONE NUMBER (If other than Lender) DATE OF DETERMINATION 08/09/11 at 02:39 PM CDT CoreLogic Flood Services CoreLogic' 11902 Burnet Road Austin, TX 78758 FloodCert #: 1108266807 1-800-447-1772 *** LIFE-OF-LOAN ***