

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 D.R.Horton, INC.				Policy Number:	
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 122 Hodges Bayou Plantation Blvd.				Company NAIC Number:	
City Panama City	State Florida	ZIP Code 32409			
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) Lot 49, Hodges Bayou Plantation Phase 1A Parcel ID 07899-650-245					
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) <u>Residential</u>					
A5. Latitude/Longitude: Lat. <u>30°16'48.56" N</u> Long. <u>85°36'33.32"W</u> Horizontal Datum: <input type="checkbox"/> NAD 1927 <input checked="" type="checkbox"/> NAD 1983					
A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insurance.					
A7. Building Diagram Number <u>1A</u>					
A8. For a building with a crawlspace or enclosure(s):					
a) Square footage of crawlspace or enclosure(s) <u>0.00</u> sq ft					
b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade _____					
c) Total net area of flood openings in A8.b _____ sq in					
d) Engineered flood openings? <input type="checkbox"/> Yes <input type="checkbox"/> No					
A9. For a building with an attached garage:					
a) Square footage of attached garage <u>416.00</u> sq ft					
b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade _____					
c) Total net area of flood openings in A9.b _____ sq in					
d) Engineered flood openings? <input type="checkbox"/> Yes <input type="checkbox"/> No					
SECTION B – FLOOD INSURANCE RATE MAP (FIRM) INFORMATION					
B1. NFIP Community Name & Community Number Bay County - 120004			B2. County Name Bay		B3. State Florida
B4. Map/Panel Number 12005C0240	B5. Suffix H	B6. FIRM Index Date 06-02-2009	B7. FIRM Panel Effective/ Revised Date 06-02-2009	B8. Flood Zone(s) A	B9. Base Flood Elevation(s) (Zone AO, use Base Flood Depth) 11.0'
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9: <input type="checkbox"/> FIS Profile <input type="checkbox"/> FIRM <input checked="" type="checkbox"/> Community Determined <input type="checkbox"/> Other/Source: _____					
B11. Indicate elevation datum used for BFE in Item B9: <input type="checkbox"/> NGVD 1929 <input checked="" type="checkbox"/> NAVD 1988 <input type="checkbox"/> Other/Source: _____					
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Designation Date: _____ <input type="checkbox"/> CBRS <input type="checkbox"/> OPA					

SP 2.8.19

2008 1040

Individual

Other Self

Part 1. If you are a resident alien, you must file Form 1040-NR. If you are a nonresident alien, you must file Form 1040-NR-EZ.

Part 2. If you are a resident alien, you must file Form 1040. If you are a nonresident alien, you must file Form 1040-NR-EZ.

Single Married Joint Separate

Part 3. If you are a resident alien, you must file Form 1040. If you are a nonresident alien, you must file Form 1040-NR-EZ.

1. Name of the filer	2. Name of the spouse	3. Name of the child	4. Name of the dependent	5. Name of the beneficiary	6. Name of the estate
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7. Social Security number	8. Date of birth	9. Date of death	10. Date of filing
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SECTION 1 - FEDERAL INCOME TAXES (OTHER INFORMATION)

a) Federal income tax withheld	<input type="checkbox"/> Yes <input type="checkbox"/> No
b) State income tax withheld	<input type="checkbox"/> Yes <input type="checkbox"/> No
c) Federal income tax refund	<input type="checkbox"/> Yes <input type="checkbox"/> No
d) State income tax refund	<input type="checkbox"/> Yes <input type="checkbox"/> No
e) Federal income tax overpayment	<input type="checkbox"/> Yes <input type="checkbox"/> No
f) State income tax overpayment	<input type="checkbox"/> Yes <input type="checkbox"/> No
g) Federal income tax underpayment	<input type="checkbox"/> Yes <input type="checkbox"/> No
h) State income tax underpayment	<input type="checkbox"/> Yes <input type="checkbox"/> No
i) Federal income tax overpayment	<input type="checkbox"/> Yes <input type="checkbox"/> No
j) State income tax overpayment	<input type="checkbox"/> Yes <input type="checkbox"/> No
k) Federal income tax underpayment	<input type="checkbox"/> Yes <input type="checkbox"/> No
l) State income tax underpayment	<input type="checkbox"/> Yes <input type="checkbox"/> No

11. Name of the filer	12. Name of the spouse	13. Name of the child	14. Name of the dependent	15. Name of the beneficiary	16. Name of the estate
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17. Social Security number	18. Date of birth	19. Date of death	20. Date of filing
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21. Name of the filer	22. Name of the spouse	23. Name of the child	24. Name of the dependent	25. Name of the beneficiary	26. Name of the estate
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27. Social Security number	28. Date of birth	29. Date of death	30. Date of filing
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31. Name of the filer	32. Name of the spouse	33. Name of the child	34. Name of the dependent	35. Name of the beneficiary	36. Name of the estate
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SECTION 2 - FEDERAL INCOME TAXES

FOR INFORMATION ONLY

Part 4. If you are a resident alien, you must file Form 1040. If you are a nonresident alien, you must file Form 1040-NR-EZ.

FEDERAL INCOME TAXES

Department of the Treasury
Internal Revenue Service
1200 Constitution Avenue, N.W.
Washington, D.C. 20548-0001

EXPLANATION OF CHANGES
FORM 1040 (2008)

ELEVATION CERTIFICATE

OMB No. 1660-0008
Expiration Date: November 30, 2018

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. 122 Hodges Bayou Plantation Blvd.			Policy Number:
City Panama City	State Florida	ZIP Code 32409	Company NAIC Number

SECTION C – BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)

C1. Building elevations are based on: Construction Drawings* Building Under Construction* Finished Construction
*A new Elevation Certificate will be required when construction of the 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: NGS BM # X-290 Elev. = 8.45' Vertical Datum: NAVD 88

Indicate elevation datum used for the elevations in items a) through h) below.

NGVD 1929 NAVD 1988 Other/Source: _____

Datum used for building elevations must be the same as that used for the BFE.

Check the measurement used.

- | | | | |
|--|-------|--|---------------------------------|
| a) Top of bottom floor (including basement, crawlspace, or enclosure floor) | 16.38 | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| b) Top of the next higher floor | N/A | <input type="checkbox"/> feet | <input type="checkbox"/> meters |
| c) Bottom of the lowest horizontal structural member (V Zones only) | N/A | <input type="checkbox"/> feet | <input type="checkbox"/> meters |
| d) Attached garage (top of slab) | 15.91 | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments) | 15.84 | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| f) Lowest adjacent (finished) grade next to building (LAG) | 15.71 | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| g) Highest adjacent (finished) grade next to building (HAG) | 15.81 | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support | N/A | <input type="checkbox"/> feet | <input type="checkbox"/> meters |

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 a licensed land surveyor? Yes No Check here if attachments.

Certifier's Name Skipper C Rutherford	License Number LS 3961		
Title Surveyor & Mapper/President			
Company Name SCR & Associates NWFL, Inc.			
Address PO Box 958			
City Lynn Haven	State Florida	ZIP Code 32444	
Signature 	Date 08-08-2019	Telephone (850) 265-6979	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, per C2(e), if applicable)

*** Signature on page 2 is not valid unless initialed, dated and raised seal on bottom right of page 1
*** Surveyor will not be responsible for any elevation data that has been changed by others.

C2e.) Lowest Machinery taken at bottom of HVAC Unit.

ELEVATION CERTIFICATE

IMPORTANT: In these spaces, copy the corresponding information from Section A.
 Building Street Address (including Apt. Unit, Suite and/or Box No.)
 123 Hodges Bayou Station Blvd.
 Panama City
 Panama City

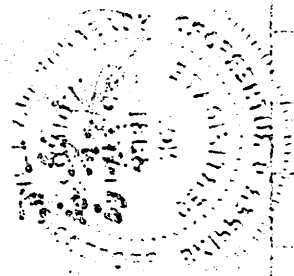
SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)

Building elevations are based on: Construction Drawings Building Owner Certificate Fielded Construction
 A new Elevation Certificate will be required when construction of the building is complete.
 Elevation - Zone A - First Floor (with 5' VE) - 1st Floor (with 5' VE) - 1st Floor (with 5' VE) - 1st Floor (with 5' VE) - 1st Floor (with 5' VE)
 Complete Zone A - 1st Floor (with 5' VE) - 1st Floor (with 5' VE) - 1st Floor (with 5' VE) - 1st Floor (with 5' VE) - 1st Floor (with 5' VE)
 General Elevation - 1st Floor (with 5' VE) - 1st Floor (with 5' VE) - 1st Floor (with 5' VE) - 1st Floor (with 5' VE) - 1st Floor (with 5' VE)
 Indicate elevation datum used in terms of height of water:
 Mean High Water Mean High Tide Other (specify):
 Datum used for building elevation must be the same as that used for the BFE.
 (a) Top of finished floor (finished basement, garage or enclosed porch)
 (b) Top of the next higher floor
 (c) Bottom of lowest horizontal structural member (2nd floor only)
 (d) Attached garage (top of slab)
 (e) Lowest elevation of member or element extending to ceiling (for each type of equipment and location in building)
 (f) Lowest adjacent finished grade next to building (FAG)
 (g) Highest adjacent finished grade next to building (HFG)
 (h) Lowest adjacent grade of lowest elevation of deck or stairs including structure at egress

Check the appropriate box:
 1st floor feet meters
 2nd floor feet meters
 3rd floor feet meters
 4th floor feet meters
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SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION

This certification is to be signed and sealed by a duly licensed surveyor, engineer, or architect and shall be in accordance with the provisions of the Florida Building Code, Chapter 630, Part 1, and the Florida Building Code, Chapter 630, Part 2, and the Florida Building Code, Chapter 630, Part 3, and the Florida Building Code, Chapter 630, Part 4, and the Florida Building Code, Chapter 630, Part 5, and the Florida Building Code, Chapter 630, Part 6, and the Florida Building Code, Chapter 630, Part 7, and the Florida Building Code, Chapter 630, Part 8, and the Florida Building Code, Chapter 630, Part 9, and the Florida Building Code, Chapter 630, Part 10, and the Florida Building Code, Chapter 630, Part 11, and the Florida Building Code, Chapter 630, Part 12, and the Florida Building Code, Chapter 630, Part 13, and the Florida Building Code, Chapter 630, Part 14, and the Florida Building Code, Chapter 630, Part 15, and the Florida Building Code, Chapter 630, Part 16, and the Florida 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Where attached and complete in Section A provide a true and correct copy of the original survey, engineering, or architectural drawings, and the Florida Building Code, Chapter 630, Part 1, and the Florida Building Code, Chapter 630, Part 2, and the Florida Building Code, Chapter 630, Part 3, and the Florida Building Code, Chapter 630, Part 4, and the Florida Building Code, Chapter 630, Part 5, and the Florida Building Code, Chapter 630, Part 6, and the Florida Building Code, Chapter 630, Part 7, and the Florida Building Code, Chapter 630, Part 8, and the Florida Building Code, Chapter 630, Part 9, and the Florida Building Code, Chapter 630, Part 10, and the Florida Building Code, Chapter 630, Part 11, and the Florida Building Code, Chapter 630, Part 12, and the Florida Building Code, Chapter 630, Part 13, and the Florida Building Code, Chapter 630, Part 14, and the Florida Building Code, Chapter 630, Part 15, and the Florida Building Code, Chapter 630, Part 16, and the Florida Building 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Copy 5 pages of the Elevation Certificate and all attachments for (1) the building owner, (2) the insurance company, and (3) the building department, including copies of the original and electronic (PDF) files.
 The building owner shall be responsible for any elevation data that has been changed by others.
 (See) Lowest Watermark taken at bottom right of page 5.

ELEVATION CERTIFICATE

OMB No. 1660-0008
Expiration Date: November 30, 2018

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. 122 Hodges Bayou Plantation Blvd.			Policy Number:
City Panama City	State Florida	ZIP Code 32409	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).
- a) Top of bottom floor (including basement, crawlspace, or enclosure) is _____ feet meters above or below the HAG.
 - b) Top of bottom floor (including basement, crawlspace, or enclosure) is _____ feet meters above or below the LAG.
- E2. For Building Diagrams 6–9 with permanent flood openings provided in Section A Items 8 and/or 9 (see pages 1–2 of Instructions), the next higher floor (elevation C2.b in the diagrams) of the building is _____ feet meters above or below the HAG.
- E3. Attached garage (top of slab) is _____ feet meters above or below the HAG.
- E4. Top of platform of machinery and/or equipment servicing the building is _____ feet meters above or below the HAG.
- 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 OWNER (OR OWNER'S REPRESENTATIVE) CERTIFICATION

The property owner or owner's authorized representative who completes Sections A, B, and E for Zone A (without a FEMA-issued or community-issued BFE) or Zone AO must sign here. The statements in Sections A, B, and E are correct to the best of my knowledge.

Property Owner or Owner's Authorized Representative's Name

Address _____ City _____ State _____ ZIP Code _____

Signature _____ Date _____ Telephone _____

Comments

Check here if attachments.

ELEVATION CERTIFICATE

OMB No. 1660-0008
Expiration Date: November 30, 2018

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. 122 Hodges Bayou Plantation Blvd.			Policy Number:
City Panama City	State Florida	ZIP Code 32409	Company NAIC Number

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.

- 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 community floodplain management purposes.

G4. Permit Number RB19-00361	G5. Date Permit Issued 3/18/2019	G6. Date Certificate of Compliance/Occupancy Issued
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- G7. This permit has been issued for: New Construction Substantial Improvement
- G8. Elevation of as-built lowest floor (including basement) of the building: _____ feet meters Datum _____
- G9. BFE or (in Zone AO) depth of flooding at the building site: _____ feet meters Datum _____
- G10. Community's design flood elevation: _____ feet meters Datum _____

Local Official's Name Wayne Porter	Title
Community Name	Telephone
Signature Wayne Porter	Date 8/13/2019

Comments (including type of equipment and location, per C2(e), if applicable)

**OK for C.O.
WP**

Check here if attachments.

SELECTION CERTIFICATE

OMB No. 1820-1000
Expiration Date: November 30, 2018

REPORT in this space copy the corresponding information from Section A Building Street Address (including Apt. Unit, Suite, and/or Bag No.) or P.O. Box and Box No. 100 Hodges - 1000 Parkwood Blvd	
City	State
Parsons City	Missouri
Company Name	ZIP Code
	63400

SECTION C - COMMUNITY WORKATION (OPTIONAL)

The local official who is authorized by law or ordinance to administer the community workation program may complete Sections A, B, and C of this Selection Certificate (complete applicable rows) and sign below. Check the measurement used in items 80-82B in Part II below.

The following information items (80-82B) are verified for community workation program purposes.

A community official completes Section B for a building located in Section A without a fully-issued community-based BFE.

The information in Section C was taken from an official record that has been signed and dated by a licensed surveyor or another who is authorized by law to certify elevation information. Indicate the date and date of the elevation data in the Community-based BFE.

Part II Number	80 - One Elevation Record	81 - Two Elevation Records
		82 - Three Elevation Records

This permit has been issued for:

80. Elevation of a building tower for installing equipment of the building

81. BFE of a building tower (begin of building at the building site)

82. Elevation of a building tower (begin of building at the building site)

Local Official's Name: _____
 Community-based BFE: _____
 Date: _____

Signature: _____
 Comments (for type of application and location - in Order of Application): _____

BUILDING PHOTOGRAPHS

See Instructions for Item A6.

OMB No. 1660-0008
Expiration Date: November 30, 2018

ELEVATION CERTIFICATE

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. 122 Hodges Bayou Plantation Blvd.			Policy Number:
City Panama City	State Florida	ZIP Code 32409	Company NAIC Number

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

Clear Photo One



Photo Two

Photo Two Caption

Left Side View

Clear Photo Two

ELEVATION CERTIFICATE

BUILDING PHOTOGRAPHS

Continuation Page

OMB No. 1660-0008
Expiration Date: November 30, 2018

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. 122 Hodges Bayou Plantation Blvd.			Policy Number:
City Panama City	State Florida	ZIP Code 32409	Company NAIC Number

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

Rear View

Clear Photo Three



Photo Four

Photo Four Caption

Right Side View

Clear Photo Four