

## Coastal Construction Control Line (CCCL) Certificate

South County:  
Planning & Development Services Business Center  
4000 Tamiami Trail S. Room 122  
Venice, Florida 34293

North County:  
Planning & Development Services Business Center  
1001 Sarasota Center Blvd.  
Sarasota, Florida 34240

**This form is required for New Construction and Substantial Improvements to structures seaward of the Coastal Construction Control Line (CCCL)**

Name: \_\_\_\_\_ Permit Number: \_\_\_\_\_

Street Address: \_\_\_\_\_ Parcel ID#: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**SECTION 1: – FDEP and FEMA Flood Insurance Rate Map (FIRM) Information:**

NFIP Community Number	FIRM Panel	Suffix	FIRM Index Date	Flood Zone(s)	Base Flood Elevation	FDEP 100-year Storm Elevation	FDEP Design Grade

**SECTION 2 – Design Elevation Information**

- a) Bottom of Lowest Horizontal Structural Member \_\_\_\_\_ ft. NAVD 1988
- b) Elevation Requirement \_\_\_\_\_ ft. NAVD 1988
- c) Elevation of Highest Adjacent Grade \_\_\_\_\_ ft. NAVD 1988
- d) Elevation of Lowest Adjacent Grade \_\_\_\_\_ ft. NAVD 1988
- e) Elevation of Bottom of Pilings or Foundation \_\_\_\_\_ ft. NAVD 1988
- f) Elevation of Top of Pile Cap or Grade Beam \_\_\_\_\_ ft. NAVD 1988

**SECTION 3 – Certification Statement (Registered engineer or architect to sign and seal SECTION 5)**

I certify that based upon development and/or review of structural design specifications, and plans for construction including consideration of the hydrostatic, hydrodynamic, and impact loading involved, that the designs and methods of construction are in accordance with the requirements of Florida Building Code Sections 3109 and 1612 and the Sarasota County Code Article XVI (Floodprone Areas):

The elevation of the bottom of the lowest horizontal structural member supporting the lowest floor (excluding the pilings or columns) is elevated to or above the elevation specified by ASCE 24-14, the Sarasota County Floodprone Areas Ordinance, or the 100-yr storm elevation specified by FDEP whichever is higher.

The pile or column foundation, pile cap and/or grade beam, and structure attached thereto is anchored to resist flotation, collapse and lateral movement due to the effects of wind and water loads associated with the design flood loads as determined according to Chapter 5 of ASCE 7 acting simultaneously on all of the structural components.

The tops of grade beams and pile caps shall be at or below the natural grade and below the FDEP determined design grade, unless designed to resist the increased flood loads associated with setting the grade beam or pile cap above the design grade.

**SECTION 4 – Free of Obstruction Certification Statement (Registered engineer or architect to sign and seal SECTION 5)**

I certify that based upon the development and/or review of structural design, specifications and plans for subject construction that the space below the elevated structure shall be free of obstruction and walls, if any, shall comply with the applicable requirements of the Florida Building Code Sections 3109 and 1612, ASCE 24, ASCE 7, and the Sarasota County Code Article XVI:

Use of enclosures below the lowest floor shall be restricted to parking of vehicles, access, or storage; lower areas must not be finished or used for any other purpose. An exterior door is required at the entry at the top of stairways that are enclosed by breakaway walls. Breakaway walls shall have flood openings as specified by ASCE 24 and Sarasota County Code Article XVI.

“Breakaway Wall” means any type of wall subject to flooding that is not required to provide structural support to a building or other structure and that is designed and constructed such that, under base flood or lesser flood conditions, it will collapse in such a way that: (1) it allows the free passage of floodwaters, and (2) it does not damage the structure or supporting foundation system. Attendant utilities and equipment shall not be mounted on, pass through, or be located along breakaway walls.

**SECTION 5- Certification**

Certifier’s Name: \_\_\_\_\_ Title: \_\_\_\_\_

License Number: \_\_\_\_\_ Company Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax: \_\_\_\_\_

Signature: \_\_\_\_\_

Seal:

