#### 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 INSUI	RANCE COMPANY USE
A1. Building Owner's Name CINDA FERRIER & KURT ESHELMAN					Policy Num	ber:	
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.  14425 MASTHEAD DRIVE					Company N	NAIC Number:	
City OSPREY	·					ZIP Code 34229	
A3. Property Desc LOT 32, BAYSIDE,		nd Block Numbers, Ta 48150042	ax Parcel	Number, Le	gal Description, ef	cc.)	
A4. Building Use (	e.g., Resider	itial, Non-Residential,	Addition	, Accessory,	etc.) RESIDEN	ITIAL	
A5. Latitude/Longit	tude: Lat. 2	7.182374°	Long8	32.490846°	Horizonta	al Datum: NAD	1927 × NAD 1983
A6. Attach at least	2 photograp	hs of the building if the	e Certific	ate is being ι	 ised to obtain floo	d insurance.	
A7. Building Diagra	am Number	1B					
A8. For a building	with a crawls	pace or enclosure(s):					
a) Square foo	tage of crawl	space or enclosure(s)			0 sq ft		
b) Number of p	permanent flo	ood openings in the cr	awlspace	e or enclosure	e(s) within 1.0 foo	t above adjacent gr	ade 0
c) Total net are	ea of flood o	penings in A8.b		0 sqir	1		
d) Engineered	flood openir	ngs? Yes X N	No				
A9. For a building v	vith an attach	ned garage:					
a) Square foot	age of attach	ned garage		1150 sq ft			
b) Number of p	permanent flo	ood openings in the at	tached g	arage within	1.0 foot above ad	jacent grade 0	
c) Total net are	ea of flood op	penings in A9.b		0 sq	in		
		gs? Yes 🗓 Y					
, 3	'	<b>5</b>					
	SE	CTION B – FLOOD	INSURA	NCE RATE	MAP (FIRM) INF	ORMATION	
B1. NFIP Commun SARASOTA COUN	•	Community Number		B2. County SARASOTA			B3. State Florida
B4. Map/Panel Number	B5. Suffix	B6. FIRM Index Date	Effe	RM Panel ective/ vised Date	B8. Flood Zone(s)	B9. Base Flood E (Zone AO, us	Elevation(s) e Base Flood Depth)
12115C-0236	F	11-04-2016	11-04-2		AE	11'	
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9:  ☐ FIS Profile ☐ FIRM ☐ Community Determined ☑ Other/Source: FEMA LOMR CASE NO 20-04-3149P							
B11. Indicate elevation datum used for BFE in Item B9: NGVD 1929 X 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 I	Date:		CBRS	OPA			

## **ELEVATION CERTIFICATE**

IMPORTANT: In these spaces, copy the corresponding	FOR INSURANCE COMPANY USE					
Building Street Address (including Apt., Unit, Suite, and/or I 14425 MASTHEAD DRIVE	Policy Number:					
City State OSPREY Florid		Code 29	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:  SARCO BM#143 EL: 16.41' Vertical Datum:  NGVD1929  Indicate elevation datum used for the elevations in items a) through h) below.  NGVD 1929  NAVD 1988  Other/Source:						
a) Top of bottom floor (including basement, crawlspane) b) Top of the next higher floor c) Bottom of the lowest horizontal structural member d) Attached garage (top of slab) e) Lowest elevation of machinery or equipment serving (Describe type of equipment and location in Common f) Lowest adjacent (finished) grade next to building the lowest adjacent grade at lowest elevation of deals.	cing the building nents) (LAG)		Check the measurement used.  13.2			
h) Lowest adjacent grade at lowest elevation of deck structural support	or stairs, including		N/A ⋉ feet ☐ meters			
SECTION D – SURVEYOR,						
This certification is to be signed and sealed by a land surval certify that the information on this Certificate represents statement may be punishable by fine or imprisonment und Were latitude and longitude in Section A provided by a lice	my best efforts to inter der 18 U.S. Code, Sec	pret the data availation 1001.	law to certify elevation information. ble. I understand that any false  X Check here if attachments.			
Certifier's Name B. GREGORY RIETH  Title PSM/CFM	License Number 5228					
Company Name STRAYER SURVEYING AND MAPPING, INC.  Address 742 SHAMROCK BLVD  City	State	ZIP Code	Place Seal Here			
VENICE	Florida	34293				
Signature	Date 06-07-2021	Telephone (941) 497-1290	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)  FILE #20-01-03. THE SUBJECT STRUCTURE IS UNDER CONSTRUCTION, NO VENTS OR MACHINERY HAVE BEEN INSTALLED AT THIS  TIME. SECTION A5 WAS DERIVED FROM A HAND HELD G.P.S. UNIT (GPSTEST APP - NO CONVERSION). ELEVATIONS SHOWN IN  SECTION "C" WERE CONVERTED FROM N.A.V.D. 1988 DATUM TO N.G.V.D. 1929 DATUM USING VERTCON CONVERSION PROGRAM.  ATTACHED IS FEMA LOMR CASE NO 20-04-3149P, DATED 12/03/2020.  DATE OF FIELD SURVEY: 06/04/2021  * THIS ELEVATION CERTIFICATE IS ONLY VALID FOR THE PERSON(S) LISTED IN SECTION A1. *						

## **ELEVATION CERTIFICATE**

IMPORTANT: In these spaces, copy the corresponding information from Section A.					RANCE COMPANY USE		
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 14425 MASTHEAD DRIVE					oer:		
City OS	/ PREY	State Florida	ZIP Code 34229	Company N	AIC Number		
	SECTION E – BUILDING FOR ZO		ORMATION (SURVE) NE A (WITHOUT BFE		)		
con ent	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 a the highest adjacent grade (HAG) and the lower a) Top of bottom floor (including basement,		LAG).		_		
	<ul><li>crawlspace, or enclosure) is</li><li>b) Top of bottom floor (including basement, crawlspace, or enclosure) is</li></ul>				e or below the HAG. e or below the LAG.		
E2.	For Building Diagrams 6–9 with permanent floo the next higher floor (elevation C2.b in the diagrams) of the building is	d openings provide	d in Section A Items 8		s 1–2 of Instructions), e or ☐ below the HAG.		
E3.	Attached garage (top of slab) is		feet [	meters above	e or Delow the HAG.		
E4.	Top of platform of machinery and/or equipment servicing the building is	<u> </u>		meters above	e or		
E5.	Zone AO only: If no flood depth number is avail floodplain management ordinance? Yes		ne bottom floor elevate own.   The local official				
	SECTION F - PROPERTY C	WNER (OR OWNE	ER'S REPRESENTATI	VE) CERTIFICATIO	N		
The	e property owner or owner's authorized represent nmunity-issued BFE) or Zone AO must sign here	tative who complete. The statements in	es Sections A, B, and E Sections A, B, and E	for Zone A (withour are correct to the be	t a FEMA-issued or st of my knowledge.		
Pro	perty Owner or Owner's Authorized Representat	ive's Name					
Add	dress		City	State	ZIP Code		
Sig	nature		Date	Telephone			
Cor	mments						
				Che	ck here if attachments.		

## **ELEVATION CERTIFICATE**

IMPORTANT: In these spaces, copy the corre	FOR INSURANCE COMPANY USE							
Building Street Address (including Apt., Unit, St 14425 MASTHEAD DRIVE	lo.) or P.O. Route and Bo	x No.	Policy Number:					
City OSPREY	State Florida	ZIP Code 34229		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 or Zone AO.	on E for a building	located in Zone A (without	ut a FEM <i>A</i>	A-issued or community-issued BFE)				
G3. The following information (Items G4-	·G10) is provided fo	or community floodplain n	nanageme	ent purposes.				
G4. Permit Number	G5. Date Permit	Issued		Date Certificate of compliance/Occupancy Issued				
G7. This permit has been issued for:	New Construction	n 🗌 Substantial Improve	ement					
G8. Elevation of as-built lowest floor (including of the building:	g basement) -		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	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, of	FOR INSURANCE COMPANY USE		
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 14425 MASTHEAD DRIVE			Policy Number:
City	State	ZIP Code	Company NAIC Number
OSPREY	Florida	34229	

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 Clear Photo One



Photo Two Caption Clear Photo Two

## **BUILDING PHOTOGRAPHS**

**ELEVATION CERTIFICATE** 

Continuation Page

IMPORTANT: In these spaces, copy the corre	FOR INSURANCE	COMPANY USE			
Building Street Address (including Apt., Unit, Sui 14425 MASTHEAD DRIVE	Policy Number:				
City OSPREY	State Florida	ZIP Code 34229	Company NAIC Nu	mber	
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 1	[hree			
	Photo Th	nree			
Photo Three Caption				Clear Photo Three	
	Photo	Four			
	Photo F	our			
Photo Four Caption				Clear Photo Four	