

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 CHOY RAE AVA LEWIS					Policy Number:	
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 13137 STEINHATCHEE LOOP					Company NAIC Number:	
City VENICE		State Florida		ZIP Code 34293		
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) LOT 767, GRAND PALM, PHASES 2A(d) AND 2A(e) PLAT BOOK 54, PAGE 97, PID #0760070035						
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) <u>RESIDENTIAL</u>						
A5. Latitude/Longitude: Lat. <u>27°04'11.07"N</u> Long. <u>82°19'29.67"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>N/A</u> sq ft						
b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade <u>N/A</u>						
c) Total net area of flood openings in A8.b <u>N/A</u> sq in						
d) Engineered flood openings? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
A9. For a building with an attached garage:						
a) Square footage of attached garage <u>482.00</u> sq ft						
b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade <u>N/A</u>						
c) Total net area of flood openings in A9.b <u>N/A</u> sq in						
d) Engineered flood openings? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
SECTION B – FLOOD INSURANCE RATE MAP (FIRM) INFORMATION						
B1. NFIP Community Name & Community Number SARASOTA COUNTY 125144			B2. County Name SARASOTA COUNTY		B3. State Florida	
B4. Map/Panel Number 12115C0355	B5. Suffix F	B6. FIRM Index Date 11-04-2016	B7. FIRM Panel Effective/ Revised Date 11-04-2016	B8. Flood Zone(s) AE	B9. Base Flood Elevation(s) (Zone AO, use Base Flood Depth) 7	
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 checked="" type="checkbox"/> FIRM <input 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						

ELEVATION CERTIFICATE

OMB No. 1660-0008
Expiration Date: November 30, 2022

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. 13137 STEINHATCHEE LOOP			Policy Number:
City VENICE	State Florida	ZIP Code 34293	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 B 699 Vertical Datum: NAVD 1988

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, crawspace, or enclosure floor) | <u>11.3</u> | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| b) Top of the next higher floor | <u>N/A</u> | <input type="checkbox"/> feet | <input type="checkbox"/> meters |
| c) Bottom of the lowest horizontal structural member (V Zones only) | <u>N/A</u> | <input type="checkbox"/> feet | <input type="checkbox"/> meters |
| d) Attached garage (top of slab) | <u>10.8</u> | <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) | <u>10.4</u> | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| f) Lowest adjacent (finished) grade next to building (LAG) | <u>10.3</u> | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| g) Highest adjacent (finished) grade next to building (HAG) | <u>10.7</u> | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support | <u>N/A</u> | <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 MICHAEL P ALLEN	License Number PSM6822	Place Seal Here <i>[Signature]</i> 02-10-21	
Title OWNER			
Company Name BRIGHAM/ALLEN LAND SURVEYING			
Address 807 US 41 HIGHWAY BYPASS SOUTH, SUITE a			
City VENICE	State Florida		ZIP Code 34285
Signature <i>[Signature]</i>	Date 02-10-2021	Telephone (941) 493-4430	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)

A5 SOURCE OF LAT/LONG IS HAND HELD GPS USING A CONVERSION APP (GPS TEST).
C2 BENCHMARK 9.16' NAVD88 CONVERTED TO 10.27' NGVD29 USING 1.11' CONVERSION FACTOR AS PER VERTCON SOFTWARE FROM NOAA.
C2(e) AC UNIT LOCATED ON THE LEFT SIDE OF HOUSE (NORTH SIDE).
C2(a-h) ELEVATIONS CONVERTED FROM NGVD29 TO NAVD88 USING THE ABOVE CONVERSION FACTOR.

ELEVATION CERTIFICATE

<p>FOR INSURANCE COMPANY USE</p> <p>Policy Number: _____</p> <p>Contracting Party: _____</p>		<p>Building Name: _____</p> <p>Address: _____</p> <p>City: _____</p> <p>State: _____</p> <p>Zip: _____</p>	
<p>SECTION C - BUILDING ELEVATION INFORMATION (SEEKS REQUIRED)</p> <p>Contractor Name: _____</p> <p>Contract Number: _____</p> <p>Contract Date: _____</p> <p>Contract Description: _____</p>		<p>SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION</p> <p>I, _____, a duly licensed and qualified professional engineer, architect, or surveyor, do hereby certify that the above information is true and correct to the best of my knowledge and belief, and that I am not providing any false information.</p> <p>Signature: _____</p> <p>Date: _____</p>	
<p>Check the measurement type:</p> <p>1.00 meters <input type="checkbox"/> feet <input type="checkbox"/></p> <p>1.01 meters <input type="checkbox"/> feet <input type="checkbox"/></p> <p>1.02 meters <input type="checkbox"/> feet <input type="checkbox"/></p> <p>1.03 meters <input type="checkbox"/> feet <input type="checkbox"/></p> <p>1.04 meters <input type="checkbox"/> feet <input type="checkbox"/></p> <p>1.05 meters <input type="checkbox"/> feet <input type="checkbox"/></p> <p>1.06 meters <input type="checkbox"/> feet <input type="checkbox"/></p> <p>1.07 meters <input type="checkbox"/> feet <input type="checkbox"/></p> <p>1.08 meters <input type="checkbox"/> feet <input type="checkbox"/></p>		<p>SECTION E - BUILDING ELEVATION INFORMATION (SEEKS REQUIRED)</p> <p>Contractor Name: _____</p> <p>Contract Number: _____</p> <p>Contract Date: _____</p> <p>Contract Description: _____</p>	
<p>SECTION F - BUILDING ELEVATION INFORMATION (SEEKS REQUIRED)</p> <p>Contractor Name: _____</p> <p>Contract Number: _____</p> <p>Contract Date: _____</p> <p>Contract Description: _____</p>		<p>SECTION G - BUILDING ELEVATION INFORMATION (SEEKS REQUIRED)</p> <p>Contractor Name: _____</p> <p>Contract Number: _____</p> <p>Contract Date: _____</p> <p>Contract Description: _____</p>	

ELEVATION CERTIFICATE

OMB No. 1660-0008
Expiration Date: November 30, 2022

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. 13137 STEINHATCHEE LOOP			Policy Number:
City VENICE	State Florida	ZIP Code 34293	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
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Signature	Date	Telephone
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Comments

Check here if attachments.

FOR INSURANCE COMPANY USE Policy Number:	IMPORTANT: In these spaces, copy the corresponding information from Section A. Building Street Address (including Apt., Unit, Suite and/or Bldg. No.) P.O. Box No. and Box No.	10137 STEINHATCHER LOOP City: State: ZIP Code:
SECTION E - BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE A AND ZONE A (WITHOUT SEE)		
<p>For Zone A and A (without SEE) complete items E-1 through E-5. If the Certificate is issued in response to a LOMA or LOMR request, complete Sections A, B, and C. For Zone B-1, use natural grade; if available, check the measurement used in Puerto Rico only; enter natural grade.</p> <p>E-1. Provide elevation information for the following and check the appropriate boxes to allow whether the elevation is above or below the highest finished floor (including basement) (LAG) and the lowest natural grade (LAG).</p> <p>E-2. For Building Diagrams E-3 and E-4, provide the elevation information provided in Section A, item 2 and/or 3 (see pages 1-2 of instructions).</p> <p>E-3. Attached garage (see E-1): <input type="checkbox"/> feet <input type="checkbox"/> meters <input type="checkbox"/> above or <input type="checkbox"/> below the HAG</p> <p>E-4. Top of station of machinery and/or equipment serving the building is: <input type="checkbox"/> feet <input type="checkbox"/> meters <input type="checkbox"/> above or <input type="checkbox"/> below the HAG</p> <p>E-5. Zone A only: Is the building located in a flood hazard area? <input type="checkbox"/> Yes <input type="checkbox"/> No. If "Yes", the local official must certify the information in Section G. If "No", the local official must certify the information in Section G.</p>		
SECTION F - PROPERTY OWNER (OR OWNER'S REPRESENTATIVE) CERTIFICATION		
<p>The property owner or owner's authorized representative who completes Sections A, B, and E for Zone A (without a FEMA-issued community-based SEE) or Zone B must sign this certificate. The elements in Sections A, B, and E are copied for the best of my knowledge.</p> <p>Property Owner or Owner's Authorized Representative Name: _____</p>		
Address:	City: State: ZIP Code:	Telephone:
Date: Telephone:		
Comments:		

Check here if attachments.

ELEVATION CERTIFICATE

OMB No. 1660-0008
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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. 13137 STEINHATCHEE LOOP			Policy Number:
City VENICE	State Florida	ZIP Code 34293	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	G5. Date Permit Issued	G6. Date Certificate of Compliance/Occupancy Issued

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	Title
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Community Name	Telephone
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Signature	Date
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Comments (including type of equipment and location, per C2(e), if applicable)

Check here if attachments.

BUILDING PHOTOGRAPHS

See Instructions for Item A6.

OMB No. 1660-0008
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City VENICE	State Florida	ZIP Code 34293	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 02/09/2021

Clear Photo One



Photo Two

Photo Two Caption REAR 02/09/2021

Clear Photo Two

ELEVATION CERTIFICATE

SECTION OF FIRST LOOK

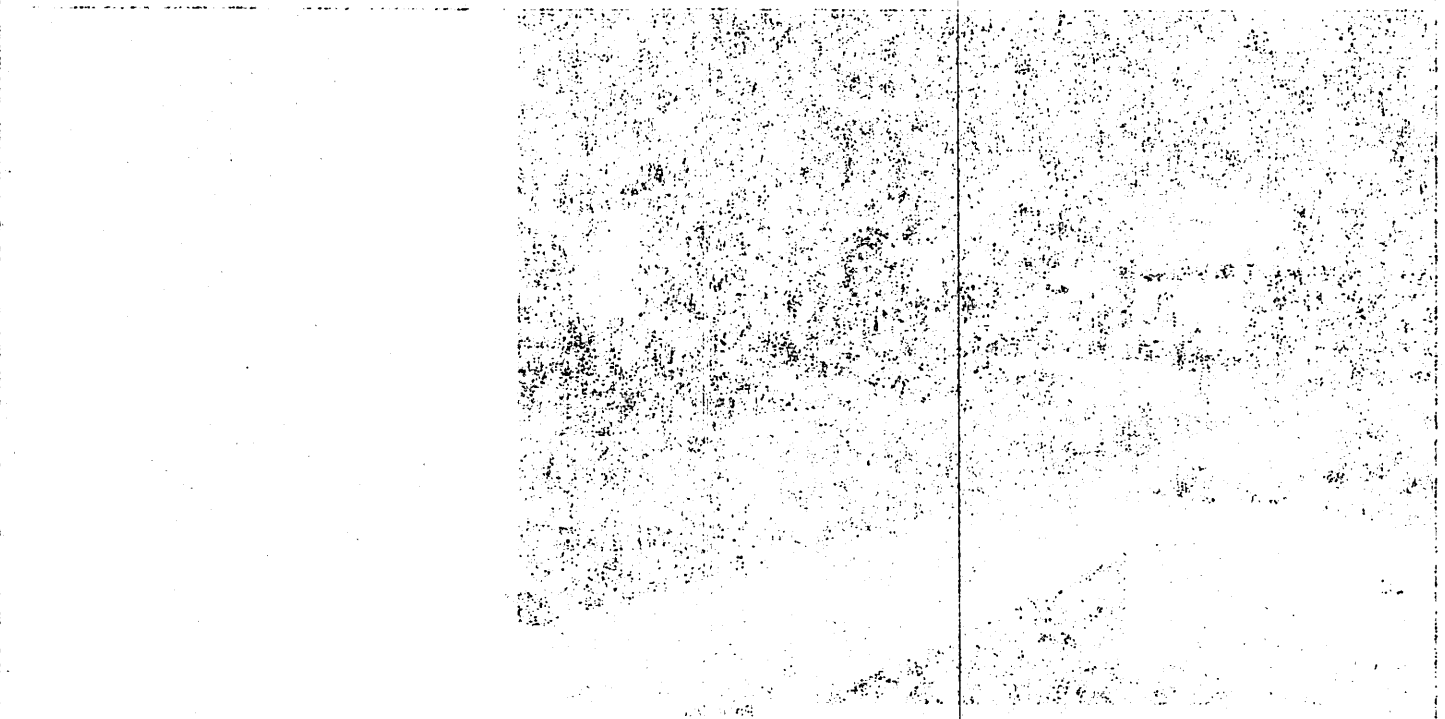
Form No. 100-100

Department of Public Works

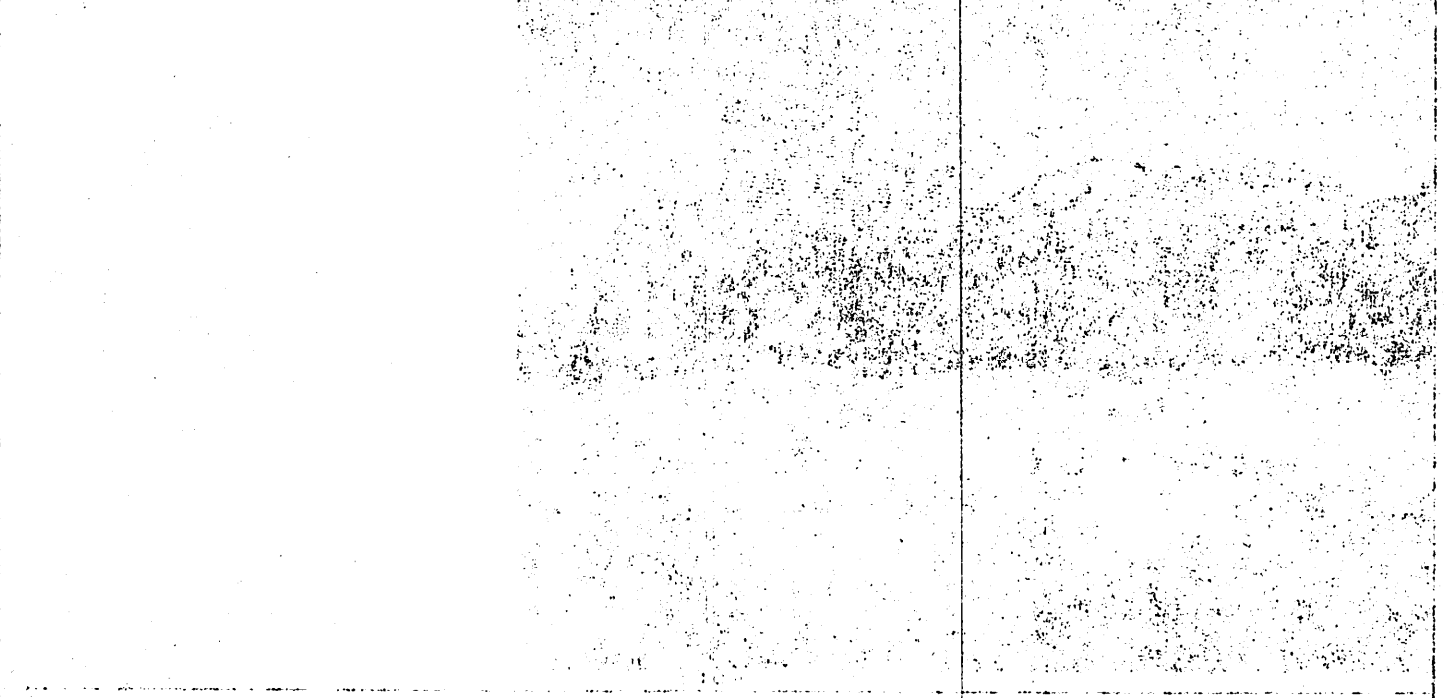
FOR PARTIAL ELEVATION CERTIFICATE, copy the corresponding portion from Form No. 100-100, and attach to this form. (See instructions on page 100-100.)

VEHICLE
City
State
County, and number

If any part of the structure is located in a city, town or village, the owner shall file a copy of this certificate with the local health department. If the structure is located in a city, town or village, the owner shall file a copy of this certificate with the local health department. If the structure is located in a city, town or village, the owner shall file a copy of this certificate with the local health department.



From the location shown on this certificate



Form No. 100-100
Department of Public Works

ELEVATION CERTIFICATE

BUILDING PHOTOGRAPHS

Continuation Page

OMB No. 1660-0008
Expiration Date: November 30, 2022

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. 13137 STEINHATCHEE LOOP			Policy Number:
City VENICE	State Florida	ZIP Code 34293	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

Photo Three Caption

Clear Photo Three

Photo Four

Photo Four

Photo Four Caption

Clear Photo Four