National Flood Insurance Program

Elevation Certificate

and Instructions

2023 EDITION



OMB Control No. 1660-0008 Expiration Date: 06/30/2026

ELEVATION CERTIFICATE AND INSTRUCTIONS

PAPERWORK REDUCTION ACT NOTICE

Public reporting burden for this data collection is estimated to average 3.75 hours per response. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and submitting this form. You are not required to respond to this collection of information unless a valid OMB control number is displayed on this form. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing the burden to: Information Collections Management, Department of Homeland Security, Federal Emergency Management Agency, 500 C Street SW, Washington, DC 20742, Paperwork Reduction Project (1660-0008). **NOTE: Do not send your completed form to this address.**

PRIVACY ACT STATEMENT

Authority: Title 44 CFR § 61.7 and 61.8.

Principal Purpose(s): This information is being collected for the primary purpose of documenting compliance with National Flood Insurance Program (NFIP) floodplain management ordinances for new or substantially improved structures in designated Special Flood Hazard Areas. This form may also be used as an optional tool for a Letter of Map Amendment (LOMA), Conditional LOMA (CLOMA), Letter of Map Revision Based on Fill (LOMR-F), or Conditional LOMR-F (CLOMR-F), or for flood insurance rating purposes in any flood zone.

Routine Use(s): The information on this form may be disclosed as generally permitted under 5 U.S.C. § 552a(b) of the Privacy Act of 1974, as amended. This includes using this information as necessary and authorized by the routine uses published in DHS/ FEMA-003 – National Flood Insurance Program Files System of Records Notice 79 Fed. Reg. 28747 (May 19, 2014) and upon written request, written consent, by agreement, or as required by law.

Disclosure: The disclosure of information on this form is voluntary; however, failure to provide the information requested may impact the flood insurance premium through the NFIP. Information will only be released as permitted by law.

PURPOSE OF THE ELEVATION CERTIFICATE

The Elevation Certificate is an important administrative tool of the NFIP. It can be used to provide elevation information necessary to ensure compliance with community floodplain management ordinances, to inform the proper insurance premium, and to support a request for a LOMA, CLOMA, LOMR-F, or CLOMR-F.

The Elevation Certificate is used to document floodplain management compliance for Post-Flood Insurance Rate Map (FIRM) buildings, which are buildings constructed after publication of the FIRM, located in flood Zones A1–A30, AE, AH, AO, A (with Base Flood Elevation (BFE)), VE, V1–V30, V (with BFE), AR, AR/A, AR/AE, AR/A1–A30, AR/AH, AR/AO, and A99. It may also be used to provide elevation information for Pre-FIRM buildings or buildings in any flood zone.

As part of the agreement for making flood insurance available in a community, the NFIP requires the community to adopt floodplain management regulations that specify minimum requirements for reducing flood losses. One such requirement is for the community to obtain the elevation of the lowest floor (including basement) of all new and substantially improved buildings, and maintain a record of such information. The Elevation Certificate provides a way for a community to document compliance with the community's floodplain management ordinance.

Use of this certificate does not provide a waiver of the flood insurance purchase requirement. Only a LOMA or LOMR-F from the Federal Emergency Management Agency (FEMA) can amend the FIRM and remove the federal mandate for a lending institution to require the purchase of flood insurance. However, the lending institution has the option of requiring flood insurance even if a LOMA/LOMR-F has been issued by FEMA. The Elevation Certificate may be used to support a LOMA, CLOMA, LOMR-F, or CLOMR-F request. Lowest Adjacent Grade (LAG) elevations certified by a land surveyor, engineer, or architect, as authorized by state law, will be required if the certificate is used to support a LOMA, CLOMA, LOMR-F, or CLOMR-F request. A LOMA, CLOMA, LOMR-F, or CLOMR-F request must be submitted with either a completed FEMA MT-EZ or MT-1 application package, whichever is appropriate. If the certificate will only be completed to support a LOMA, CLOMA, LOMR-F, or CLOMR-F request, there is an option to document the certified LAG elevation on the Elevation Form included in the MT-EZ and MT-1 application.

This certificate is used only to certify building elevations. A separate certificate is required for floodproofing. Under the NFIP, non-residential buildings can be floodproofed up to or above the BFE. A floodproofed building is a building that has been designed and constructed to be watertight (substantially impermeable to floodwaters) below the BFE. Floodproofing of residential buildings is not permitted under the NFIP unless FEMA has granted the community an exception for residential floodproofed basements. The community must adopt standards for design and construction of floodproofed basements before FEMA will grant a basement exception. For both floodproofed non-residential buildings and residential floodproofed basements in communities that have been granted an exception by FEMA, a floodproofing certificate is required.

The expiration date on the form herein does not apply to certified and completed Elevation Certificates, as a completed Elevation Certificate does not expire, unless there is a physical change to the building that invalidates information in Section A Items A8 or A9, Section C, Section E, or Section H. In addition, this form is intended for the specific building referenced in Section A and is not invalidated by the transfer of building ownership.

Additional guidance can be found in FEMA Publication 467-1. Floodplain Management Bulletin: Elevation Certificate.

U.S. DEPARTMENT OF HOMELAND SECURITY Federal Emergency Management Agency National Flood Insurance Program

OMB Control No. 1660-0008 Expiration Date: 06/30/2026

ELEVATION CERTIFICATE

IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON INSTRUCTION PAGES 1-11

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: Diane Williams	Policy Number:			
A2_Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.: 605 Portside Drive	Company NAIC Number:			
City: North Port State: FL	ZIP Code: <u>34287</u>			
A3. Property Description (e.g., Lot and Block Numbers or Legal Description) and/or Tax Parcel Nun Unit 605, Harbor Isles, Section 4, Condominium, Sarasota County, Florida. PID# 0789014				
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.): Residential				
A5. Latitude/Longitude: Lat. 27°02'39.5" N. Long. 082°16'35.4" W. Horiz. Datum:	NAD 1927 X NAD 1983 WGS 84			
A6. Attach at least two and when possible four clear color photographs (one for each side) of the bu	uilding (see Form pages 7 and 8).			
A7. Building Diagram Number:5				
A8. For a building with a crawlspace or enclosure(s):				
a) Square footage of crawlspace or enclosure(s): N/A sq. ft.				
b) Is there at least one permanent flood opening on two different sides of each enclosed area?	☐ Yes ☐ No ☐ N/A			
c) Enter number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot Non-engineered flood openings: N/A Engineered flood openings: N/A	-			
d) Total net open area of non-engineered flood openings in A8.c: N/A sq. in.				
e) Total rated area of engineered flood openings in A8.c (attach documentation – see Instructio	ns): <u>N/A</u> sq. ft.			
f) Sum of A8.d and A8.e rated area (if applicable – see Instructions): N/A sq. ft.				
A9. For a building with an attached garage:				
a) Square footage of attached garage: N/A sq. ft.				
b) Is there at least one permanent flood opening on two different sides of the attached garage?	Yes No N/A			
c) Enter number of permanent flood openings in the attached garage within 1.0 foot above adja Non-engineered flood openings: <u>N/A</u> Engineered flood openings: <u>N/A</u>	_			
d) Total net open area of non-engineered flood openings in A9.c: N/A sq. in.				
e) Total rated area of engineered flood openings in A9.c (attach documentation – see Instructio	ns): N/A sq. ft.			
f) Sum of A9.d and A9.e rated area (if applicable – see Instructions): N/A sq. ft.				
SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION				
B1.a. NFIP Community Name: Sarasota County B1.b. NFIP Com	munity Identification Number: 125144			
B2. County Name: Sarasota B3. State: FL B4. Map/Panel No.: 1	12115C-0370 B5. Suffix: G			
B6. FIRM Index Date: 03/27/2024 B7. FIRM Panel Effective/Revised Date: 03/27/202	24			
B8. Flood Zone(s): AE B9. Base Flood Elevation(s) (BFE) (Zone AO, use B	Base Flood Depth): 9 Feet			
B10. Indicate the source of the BFE data or Base Flood Depth entered in Item B9: ☐ FIS ☐ FIRM ☐ Community Determined ☐ Other:				
B11. Indicate elevation datum used for BFE in Item B9: 🔲 NGVD 1929 🔀 NAVD 1988 🔲 Other,	/Source:			
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)?				
B13. Is the building located seaward of the Limit of Moderate Wave Action (LiMWA)?	No			

ELEVATION CERTIFICATE

Building Street Address (including Apt., Unit, Suite	, and/or Bldg. No.	or P.O.	Route and Box N	lo.:	FOR IN	SURAN	CE CC	MPANY USE
605 Portside Drive				F	olicy N	umber: _		
City: North Port	_ State: FL	ZIP	Code: <u>34287</u>	c	Company NAIC Number:			
SECTION C - BUILI	DING ELEVATI	ON INF	ORMATION (S	URVEY RE	EQUIR	ED)		
C1. Building elevations are based on: Con *A new Elevation Certificate will be required			Building Under building is compl		* 🔀	Finished	l Const	ruction
C2. Elevations – Zones A1–A30, AE, AH, AO, A A99. Complete Items C2.a–h below according Benchmark Utilized: N.G.S. Z-255 Reset		g Diagrai		m A7. In Pue				
Indicate elevation datum used for the elevations ☐ NGVD 1929 ☐ NAVD 1988 ☐ Other		gh h) bel	ow.					
Datum used for building elevations must be the solf Yes, describe the source of the conversion factors.				n factor used		Yes	⊠ N e meas	lo surement used:
a) Top of bottom floor (including basement,	crawlspace, or e	nclosure	e floor):			d feet		meters
b) Top of the next higher floor (see Instructi	ons):		_	1	<u> </u>	feet	r	neters
c) Bottom of the lowest horizontal structural	member (see Ins	struction	s):	1	\/A_	feet	n	neters
d) Attached garage (top of slab):			_	1	\/A [feet	r	neters
 e) Lowest elevation of Machinery and Equipole (describe type of M&E and location in Se 	, ,	-	-		8.1 D	✓ feet	r	neters
f) Lowest Adjacent Grade (LAG) next to bu	ilding: Natu	ral 🔀	Finished		6.6	∫ feet	r	meters
g) Highest Adjacent Grade (HAG) next to b	uilding: Natu	ral 🔀	Finished _		7.1	∫ feet	r	neters
h) Finished LAG at lowest elevation of attac support:	ched deck or stair	rs, includ	ling structural		<u>6.6</u>	√ feet	r	meters
SECTION D - SUR	VEYOR, ENGI	NEER,	OR ARCHITEC	CT CERTIF	CATIC	N		
This certification is to be signed and sealed by a information. I certify that the information on this false statement may be punishable by fine or improved the statement of the statement may be punishable by fine or improved the statement may be punishable by fine or improved the statement may be punishable by fine or improved the statement may be punishable by fine or improved the statement may be punishable by fine or improved the statement may be punishable by fine or improved the statement may be punishable by fine or improved the statement may be punishable by fine or improved the statement may be punishable by fine or improved the statement may be punishable by fine or improved the statement may be punishable by fine or improved the statement may be punishable by fine or improved the statement may be punishable by fine or improved the statement may be punishable by fine or improved the statement may be punishable by fine or improved the statement may be punishable by fine or improved the statement may be punishable by fine or improved the statement may be punishable by fine or improved the statement may be punishable by fine or improved the statement may be punishable by the statement may be statement may be punishable by the statement may be punishable by the statement may be statement may be statement may be statement may be statement.	Certificate repres	ents my	best efforts to int	erpret the da				
Were latitude and longitude in Section A provided by a licensed land surveyor? ⊠ Yes ☐ No								
Check here if attachments and describe in the Comments area.								
Certifier's Name: Robert J Breedlove License Number: LS 7040 Title: Professional Surveyor and Mapper Company Name: VanBuskirk & Fish Surveying and Mapping Inc. Address: 12450 Tamiami Trail City: North Port State: FL ZIP Code: 34287 Telephone: (941) 426-0681 Ext.: Email: Landsurveyor@vbfainc.com								
Title: Professional Surveyor and Mapper								
Title: Professional Surveyor and Mapper Company Name: VanBuskirk & Fish Surveying and Mapping Inc. Address: 12450 Tamiami Trail								
Address: 12450 Tamiami Trail					T T	eta:	TE OF	
City: North Port	State:	FL	ZIP Code: 342	287	100	FLC)RIDA	
Telephone: (941) 426-0681 Ext.:	Email: Land	surveyo	or@vbfainc.com	1		Jonal Sur	veyor a	in the second
Signature:			Date: 05/31/2	2024		Plac	e Seal	Here
Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2) insurance agent/company, and (3) building owner.								
Comments (including source of conversion factor in C2; type of equipment and location per C2.e; and description of any attachments): The coordinates listed in item A5.) were gathered using a hand-held GPS on the date of the survey. The elevation listed in item C2 e.) is for the A/C Unit which is located on the right side of the residence on an elevated paver brick pad.								

ELEVATION CERTIFICATE

Building Street Address (including Apt., Unit,	Suite, and/or Bldg	j. No.) o	r P.O. Route and B	Sox No.:	FOR INSURANCE COMPANY USE
605 Portside Drive			Policy Number:		
City: North Port	State:	FL	_ ZIP Code: <u>3428</u>	87	Company NAIC Number:
SECTION E – BUILD FOR ZO			INFORMATION D, AND ZONE A	•	•
For Zones AO, AR/AO, and A (without BFE intended to support a Letter of Map Chang enter meters.					
Building measurements are based on: *A new Elevation Certificate will be required.		_	_		on* Finished Construction
E1. Provide measurements (C.2.a in application measurement is above or below the national content of the conten				nd check the a	ppropriate boxes to show whether the
 a) Top of bottom floor (including bases crawlspace, or enclosure) is: 	ment, _		feet	meters	above or below the HAG.
 b) Top of bottom floor (including bases crawlspace, or enclosure) is: 	ment, _		feet	meters	above or below the LAG.
E2. For Building Diagrams 6–9 with permanext higher floor (C2.b in applicable Building Diagram) of the building is:	nent flood openin	ngs prov			
E3. Attached garage (top of slab) is:	_			☐ meters	above or below the HAG. above or below the HAG.
E4. Top of platform of machinery and/or ed	auipment			metere	
servicing the building is:	-		feet	meters	above or below the HAG.
E5. Zone AO only: If no flood depth number floodplain management ordinance?	er is available, is t Yes No				ccordance with the community's ust certify this information in Section G.
SECTION F - PROPERTY O	WNER (OR OW	NER'S	AUTHORIZED	REPRESEN	TATIVE) CERTIFICATION
The property owner or owner's authorized is sign here. The statements in Sections A, B					one A (without BFE) or Zone AO must
Check here if attachments and describe			•	J	
Property Owner or Owner's Authorized Rep	oresentative Name	e:			
Address:					
City:				_ State:	ZIP Code:
Telephone: Ext	.: Email: _				
Signature:			Date:		
Comments:					

ELEVATION CERTIFICATE

Dividing Charat Address (in all diagram Ant Hait Crite	and/an Dida. Na	\ an D.O. Davida and D.	av Na .	FOR INS	URANCE COMPANY USE
Building Street Address (including Apt., Unit, Suite 605 Portside Drive	, and/or Bidg. No	.) or P.O. Route and B	OX NO.:		
City: North Port	State:FL	ZIP Code: <u>3428</u>	37	Policy Number: Company NAIC Number:	
SECTION G - COMMUNITY INFOR	MATION (REC	OMMENDED FOR	COMMUN	ITY OFFICIA	L COMPLETION)
The local official who is authorized by law or ord Section A, B, C, E, G, or H of this Elevation Cer					dinance can complete
G1. The information in Section C was tal engineer, or architect who is authori elevation data in the Comments are	zed by state law				
G2.a. A local official completed Section E in E5 is completed for a building located		ated in Zone A (withou	ut a BFE), Z	one AO, or Zo	ne AR/AO, or when item
G2.b.	or insurance pur	poses.			
G3.	the local official	describes specific cor	rections to t	he information	n in Sections A, B, E and H.
G4.	-G11) is provide	d for community flood	plain manag	gement purpos	ses.
G5. Permit Number:	G6. Date	e Permit Issued:			
G7. Date Certificate of Compliance/Occupan	cy Issued:				
G8. This permit has been issued for: \square Ne	ew Construction	☐ Substantial Impro	vement		
G9.a. Elevation of as-built lowest floor (including)	ig basement) of t	the 	feet	meters	Datum:
G9.b. Elevation of bottom of as-built lowest homember:	rizontal structural	<u> </u>		meters	Datum:
G10.a. BFE (or depth in Zone AO) of flooding a	the building site	:	feet	meters	Datum:
G10.b. Community's minimum elevation (or deprequirement for the lowest floor or lowes member:		tural	☐ feet	☐ meters	Datum:
G11. Variance issued? Yes No I	f yes, attach doc	umentation and descr	— [—] ibe in the Co	omments area	
The local official who provides information in Section G must sign here. I have completed the information in Section G and certify that it is correct to the best of my knowledge. If applicable, I have also provided specific corrections in the Comments area of this section.					
Local Official's Name:		Title:			
NFIP Community Name:					
Address:					
City:					
Signature:		Date:			
Comments (including type of equipment and loc Sections A, B, D, E, or H):	ation, per C2.e; o				

ELEVATION CERTIFICATE

Building Street Address (including Apt., Unit, \$ 605 Portside Drive	Suite, and/or Bldg. No.) or P.O.	Route and Box No.:	FOR INSURANCE COMPANY USE		
City: North Port	State: FL ZIP	Code: 34287	Policy Number:		
City. Mortin Port	State ZIF	Gode. <u>34207</u>	Company NAIC Number:		
	DING'S FIRST FLOOR HE NOT REQUIRED) (FOR IN				
The property owner, owner's authorized representative, or local floodplain management official may complete Section H for all flood zones to determine the building's first floor height for insurance purposes. Sections A, B, and I must also be completed. Enter heights to the nearest tenth of a foot (nearest tenth of a meter in Puerto Rico). Reference the Foundation Type Diagrams (at the end of Section H Instructions) and the appropriate Building Diagrams (at the end of Section I Instructions) to complete this section.					
H1. Provide the height of the top of the floo	r (as indicated in Foundation ⁻	Type Diagrams) above the	Lowest Adjacent Grade (LAG):		
 a) For Building Diagrams 1A, 1B, 3, floor (include above-grade floors only for crawlspaces or enclosure floors) is: 		feet] meters		
b) For Building Diagrams 2A, 2B, 4, higher floor (i.e., the floor above basem enclosure floor) is:		feet _	meters above the LAG		
H2. Is all Machinery and Equipment servici H2 arrow (shown in the Foundation Type Yes No					
SECTION I - PROPERTY OW	/NER (OR OWNER'S AUT	HORIZED REPRESENT	TATIVE) CERTIFICATION		
The property owner or owner's authorized re A, B, and H are correct to the best of my kn indicate in Item G2.b and sign Section G.					
Check here if attachments are provided	(including required photos) an	d describe each attachmer	nt in the Comments area.		
Property Owner or Owner's Authorized Rep	resentative Name:				
Address:					
City:		State:	ZIP Code:		
Telephone: Ext.:	Email:				
Signature:		Date:			
Comments:					

ELEVATION CERTIFICATE IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON INSTRUCTION PAGES 1-11 BUILDING PHOTOGRAPHS

See Instructions for Item A6.

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.:			FOR INSURANCE COMPANY USE
605 Portside Drive			Policy Number:
City: North Port	State: FL	ZIP Code: <u>34287</u>	Company NAIC Number:

Instructions: Insert below at least two and when possible four photographs showing each side of the building (for example, may only be able to take front and back pictures of townhouses/rowhouses). Identify all photographs with the date taken and "Front View," "Rear View," "Right Side View," or "Left Side View." Photographs must show the foundation. When flood openings are present, include at least one close-up photograph of representative flood openings or vents, as indicated in Sections A8 and A9.



Photo One

Photo One Caption: Front View 4/30/24

Clear Photo One



Photo Two

Photo Two Caption: Rear View 4/30/24

Clear Photo Two

ELEVATION CERTIFICATE IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON INSTRUCTION PAGES 1-11 BUILDING PHOTOGRAPHS

Continuation Page

	· · · · · · · · · · · · · · · · · · ·	
Building Street Address (including Ap	FOR INSURANCE COMPANY USE	
605 Portside Drive		Deliev Number
City: North Port	State: FL ZIP Code: 34287	Policy Number:
City. Nottil Fort	State. 1 L ZIF Code. 34207	Company NAIC Number:

Insert the third and fourth photographs below. Identify all photographs with the date taken and "Front View," "Rear View," "Right Side View," or "Left Side View." When flood openings are present, include at least one close-up photograph of representative flood openings or vents, as indicated in Sections A8 and A9.



Photo Three

Photo Three Caption: Right Side View 4/30/24

Clear Photo Three



Photo Four

Photo Four Caption: Site Bench Mark 4/30/24

Clear Photo Four