

# ELEVATION CERTIFICATE

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

**IMPORTANT: In these spaces, copy the corresponding information from Section A.**  
 Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.  
 415 GULFBREEZE BLVD

**FOR INSURANCE COMPANY USE**  
 Policy Number:

City State ZIP Code  
 VENICE Florida 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 <b>19-138000 BA</b>	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	
Community Name	Telephone	
Signature	Date	

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

Check here if attachments.

# 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

<b>A1. Building Owner's Name</b> DARLENE C SCHUERGER	<b>FOR INSURANCE COMPANY USE</b>
<b>A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.</b> 415 GULFBREEZE BLVD	<b>Policy Number:</b>
<b>City</b> VENICE	<b>Company NAIC Number:</b>
<b>State</b> Florida	<b>ZIP Code</b> 34293

**A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)**  
 LOT 5, BLOCK 37, VENICE EAST-3RD ADDITION, PID#0447080019

**A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.)** ACCESSORY (WOOD SHED)

**A5. Latitude/Longitude:** Lat. 27°03'42.17"N Long. 82°23'16.90"W Horizontal Datum:  NAD 1927  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** 5

**A8. For a building with a crawspace or enclosure(s):**

a) Square footage of crawspace or enclosure(s) N/A sq ft

b) Number of permanent flood openings in the crawspace or enclosure(s) within 1.0 foot above adjacent grade N/A

c) Total net area of flood openings in A8.b N/A sq in

d) Engineered flood openings?  Yes  No

**A9. For a building with an attached garage:**

a) Square footage of attached garage N/A sq ft

b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade N/A

c) Total net area of flood openings in A9.b N/A sq in

d) Engineered flood openings?  Yes  No

### SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

<b>B1. NFIP Community Name &amp; Community Number</b> SARASOTA COUNTY 125144	<b>B2. County Name</b> SARASOTA	<b>B3. State</b> Florida
<b>B4. Map/Panel Number</b> 12115C0342	<b>B5. Suffix</b> F	<b>B6. FIRM Index Date</b> 11-04-2016
	<b>B7. FIRM Panel Effective/ Revised Date</b> 11-04-2016	<b>B8. Flood Zone(s)</b> AE
		<b>B9. Base Flood Elevation(s) (Zone AO, use Base Flood Depth)</b> 7.9

**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: \_\_\_\_\_

**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)?**  Yes  No

Designation Date: \_\_\_\_\_  CBRS  OPA

# ELEVATION CERTIFICATE

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

<b>IMPORTANT: In these spaces, copy the corresponding information from Section A.</b>		<b>FOR INSURANCE COMPANY USE</b>
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 415 GULFBREEZE BLVD		Policy Number:
City VENICE	State Florida	Company NAIC Number
	ZIP Code 34293	

## 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, ARA, ARAE, ARA/A-1-A30, ARA/H, ARA/O.  
 Complete Items C2-a-h below according to the building diagram specified in Item A7. In Puerto Rico only, enter meters.  
 Benchmark Utilized: NGS H 726 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, crawlspace, or enclosure floor)   | 9.5                         | <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)  | N/A                         | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| e) Lowest elevation of machinery or equipment servicing the building<br>(Describe type of equipment and location in Comments) | N/A                         | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| f) Lowest adjacent (finished) grade next to building (LAG)  | 8.1                         | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| g) Highest adjacent (finished) grade next to building (HAG)   | 8.3                         | <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 1007.

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  
PSM 6822

Title  
OWNER

Company Name  
BRIGHAM/ALLEN LAND SURVEYING

Address  
807 US HIGHWAY 41 BYPASS SOUTH, SUITE A

City  
VENICE State  
Florida ZIP Code  
34285

Signature  
 Date  
09-11-2019 Telephone  
(941) 493-4430 Ext.

Place  
Seal  
here  
09-11-19

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).

# ELEVATION CERTIFICATE

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

<b>IMPORTANT: In these spaces, copy the corresponding information from Section A.</b>		<b>FOR INSURANCE COMPANY USE</b>
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 415 GULFBREEZE BLVD		Policy Number:
City VENICE	State Florida	Company NAIC Number
	ZIP Code 34293	

## 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 LOMRF 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**

**BUILDING PHOTOGRAPHS**

See Instructions for Item A6.

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

<b>IMPORTANT: In these spaces, copy the corresponding information from Section A.</b>		<b>FOR INSURANCE COMPANY USE</b>
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 415 GULFBREEZE BLVD		Policy Number:
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 09/10/2019

Clear Photo One

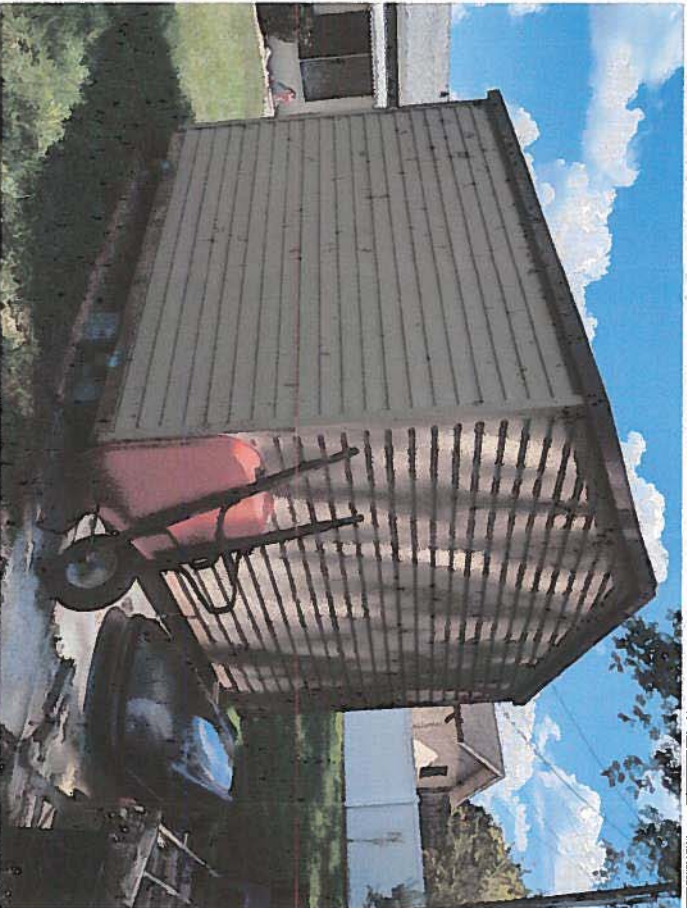


Photo Two

Photo Two Caption REAR 09/10/2019

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.  
415 GULFBREEZE BLVD

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