

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. 5180 LEMON BAY DRIVE	FOR INSURANCE COMPANY USE Policy Number:
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City SOUTH VENICE	State Florida	ZIP Code 34293
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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 18-102816 B1	G5. Date Permit Issued	G6. Date Certificate of Compliance/Occupancy Issued
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- 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

A1. Building Owner's Name		FOR INSURANCE COMPANY USE	
		Policy Number:	
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P. O. Route and Box No.		Company NAIC Number:	
5180 LEMON BAY DRIVE			
City	State	ZIP Code	
SOUTH VENICE	Florida	34293	

A3. Property Description (lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)
 TAX PARCEL NUMBER 0457-16-0002

A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) RESIDENTIAL

A5. Latitude/Longitude: Lat 27.03609 Long -82.41922 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 1A

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

- a) Square footage of crawlspace or enclosure(s) N/A sq ft
- b) Number of permanent flood openings in the crawlspace 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

B1. NFIP Community Name & Community Number		B2. County Name		B3. State	
SARASOTA COUNTY UNINCORPORATED 125144		SARASOTA COUNTY		Florida	
B4. Map/Panel Number	B5. Suffix	B6. FIRM Index Date	B7. FIRM Panel Effective/ Revised Date	B8. Flood Zone(s)	B9. Base Flood Elevation(s) (Zone AO, use Base Flood Depth)
12115C0341	F	11/04/2016	11/04/2016	AE	10 FT.

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: N/A CBRS OPA

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5180 LEMON BAY DRIVE

City SOUTH VENICE State Florida ZIP Code 34293

Policy Number: _____

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: SARASOTA CO. B.M. DN9994 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.

- | | | | |
|---|--------|--|---------------------------------|
| a) Top of bottom floor (including basement, crawlspace, or enclosure floor) | 12. 3 | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| b) Top of the next higher floor | 12. 6* | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| c) Bottom of the lowest horizontal structural member (V Zones only) | N. A | <input checked="" 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
(Describe type of equipment and location in Comments) | 11. 9 | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| f) Lowest adjacent (finished) grade next to building (LAG) | 5. 7 | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| g) Highest adjacent (finished) grade next to building (HAG) | 10. 7 | <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 checked="" 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 CLYDE MCNEAL License Number LB 8111

Title SURVEYOR

Company Name NEXGEN SURVEYING, LLC.


Address 5601 CORPORATE WAY, SUITE 103

City WEST PALM BEACH State Florida ZIP Code 33407

Signature  Date 05/24/2019 Telephone (561) 508-6272

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)

Latitude/Longitude in A5 derived from Google Maps. Machinery/Equipment in C2e is an A/C Pad.
* Finished floor elevation of addition.



Clyde O. McNeal
Digitally signed by Clyde O. McNeal
Date: 2019.05.24 13:32:03 -04'00'

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.
 5180 LEMON BAY DRIVE

City SOUTH VENICE	State Florida	ZIP Code 34293	FOR INSURANCE COMPANY USE Policy Number:
SECTION E - BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO AND ZONE A (WITHOUT BFE)			Company NAIC Number

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 _____ N . A _____ feet meters above or below the HAG.
- b) Top of bottom floor (including basement, crawlspace, or enclosure) is _____ N . A _____ 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 _____ N . A _____ feet meters above or below the HAG.
- E3. Attached garage (top of slab) is _____ N . A _____ feet meters above or below the HAG.
- E4. Top of platform of machinery and/or equipment servicing the building is _____ N . A _____ 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
		Florida	

Signature	Date	Telephone

Comments

Check here if attachments.

ELEVATION CERTIFICATE

BUILDING PHOTOGRAPHS

See Instructions for Item A6.

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FOR INSURANCE COMPANY USE

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5180 LEMON BAY DRIVE

Policy Number:

City
SOUTH 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.

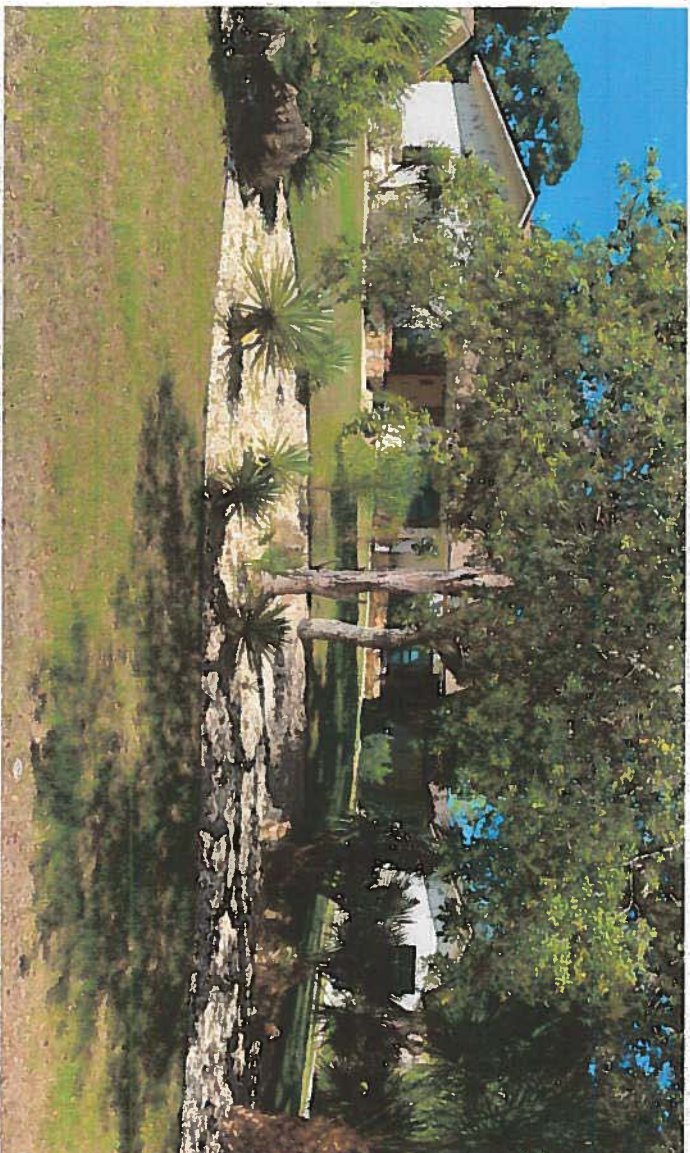


Photo One Caption Photo Taken 05/21/2019 "Front View"

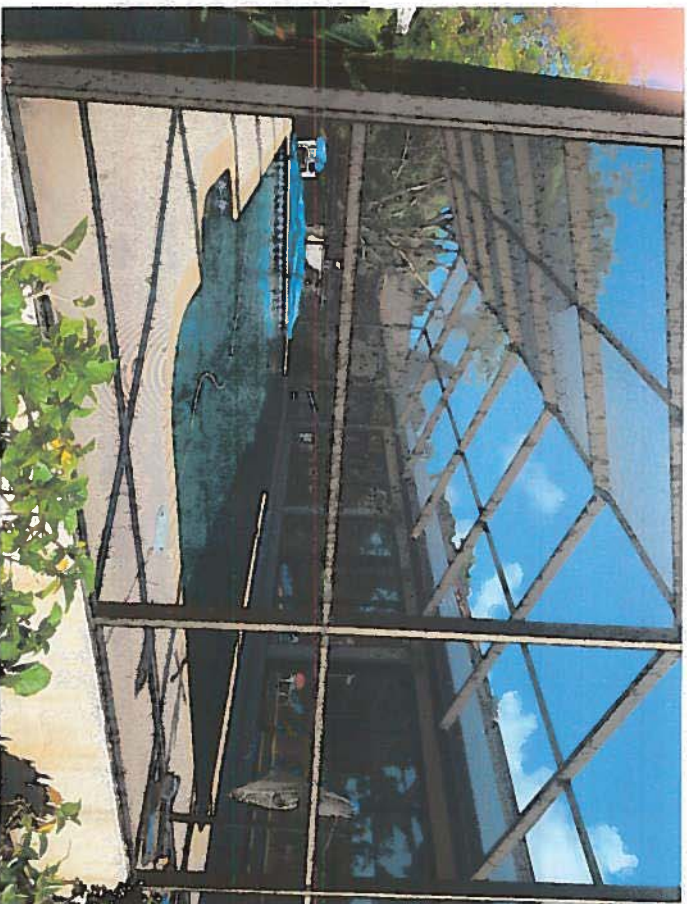


Photo Two Caption Photo Taken 05/21/2019 "Rear View"

BUILDING PHOTOGRAPHS

ELEVATION CERTIFICATE

Continuation Page

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5180 LEMON BAY DRIVE

Policy Number:

City

State

Company NAIC Number

SOUTH VENICE

Florida

ZIP Code

34293

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.

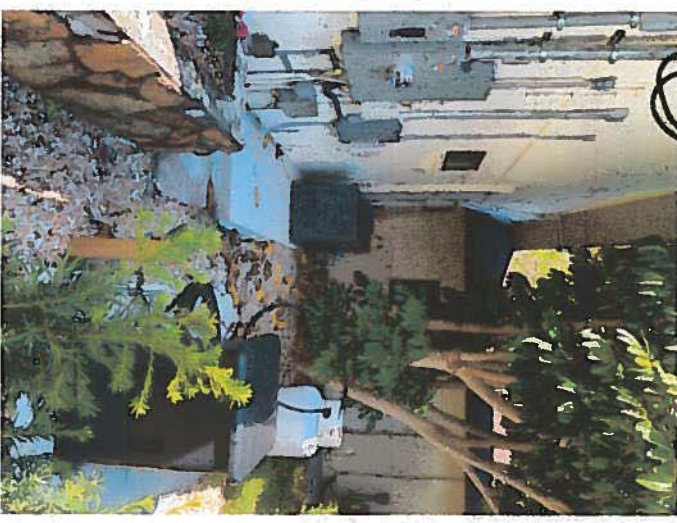
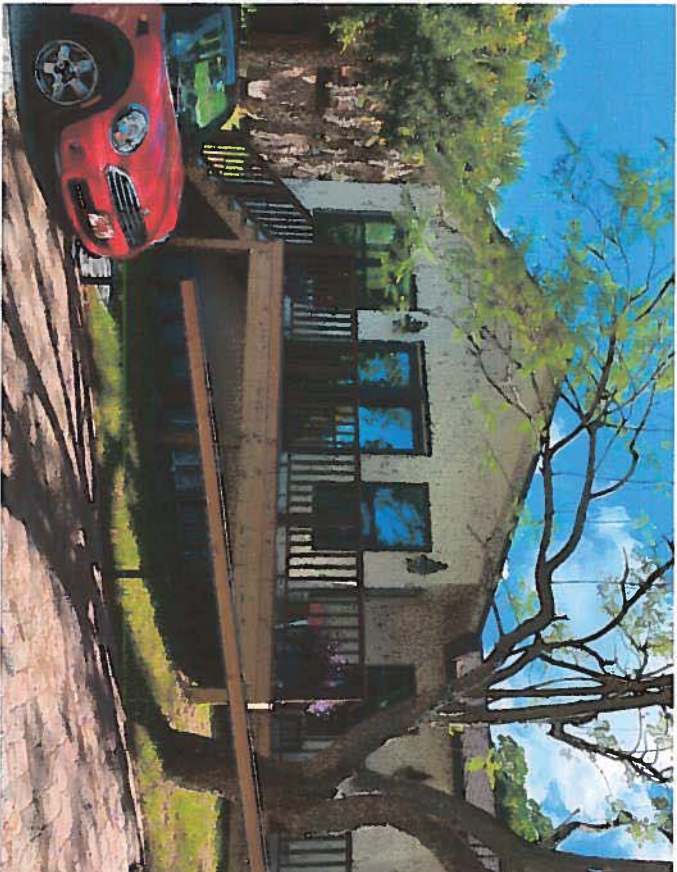


Photo One Caption Photo Taken 05/21/2019 "Addition Side Views"

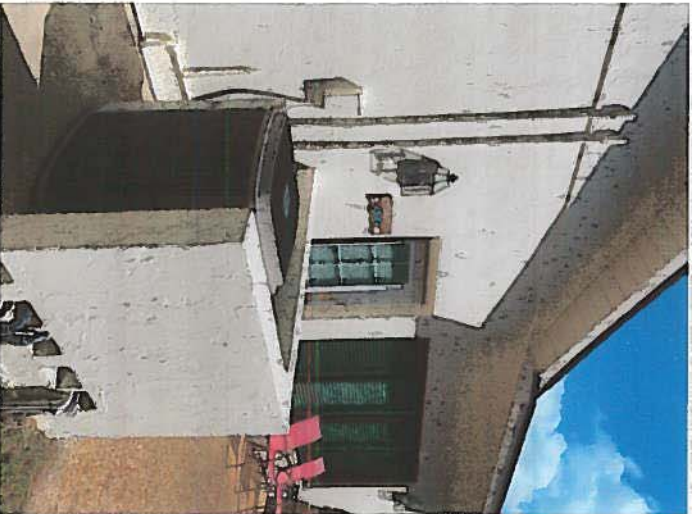


Photo Two Caption Photo Taken 05/21/2019 "Side View with A/C" and "Front Door View"