U.S. DEPARTMENT OF HOMELAND SECURITY

ELEVATION CERTIFICATE

OMB No. 1660-0008 Expires March 31, 201;

Federal Emergency Management Agency National Flood Insurance Program

Important: Read the instruction

SECTION A PROPERTY WEARANTER	
SECTION A - PROPERTY INFORMATION A1. Building Owner's Name SHARON ANN WACKELIN	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. 2560 ALAMANDER AVENUE City ENGLEWOOD State FL ZIP Code 34223	Company NAIC Number
3 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) LOT 2. BLOCK 17, MANASOTA GARDENS 1 ST ADDITION	
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) RESIDENTIAL A5. Latitude/Longitude: Lat. 27°01.067′ Long. 82°24.565′ Horizontal Datum: A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insurance. A7. Building Diagram Number 1B	☐ NAD 1927 ⊠ NAD 1
A8. For a building with a crawlspace or enclosure(s): a) Square footage of crawlspace or enclosure(s) b) No. of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade N/A A9. For a building with an attached as Square footage of attached by No. of permanent flood of within 1.0 foot above adjacent grade N/A	ed garage <u>279.4</u> sq i
c) Total net area of flood openings in A8.b N/A sq in c) Total net area of flood openings? Yes No d) Engineered flood openings?	enings in A9 h N/A so i
SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION	2 100 2 110
D1. NFIP Community Name & Community Number B2. County Name	. State
84. Map/Panel Number R5 Suffix R6 FIDM India	ORIDA
125144-343 E B5. Suffix E Date 9-3-92 Date 9-3-92 Date 9-3-92 Date Signature B7. FIRM Panel Effective/Revised Date Zone(s) AE Date 9-3-92 Date Signature FIRM Panel Effective/Revised Date FIRM Panel Effective/Revised Date Signature AE	B9. Base Flood Elevation(s) (2 AO, use base flood depth)
22. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? Designation Date	Finished Construction
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, AF below according to the building diagram specified in Item A7. Use the same datum as the BFE. Benchmark Utilized SEE COMMENTS Vertical Datum NGVD 1929 Conversion/Comments NONE	R/AO. Complete Items C2.a-h
a) Top of bottom floor (including becomest, excuted as a contract of the contr	
by Table 11 meters (Prients Pierre Pi	
b) Top of the next higher floor C) Bottom of the lowest horizontal etsettuations and a second secon	co only) co only)
c) Bottom of the lowest horizontal structural member (V Zones only) M/A.	co only) co only) co only)
c) Bottom of the lowest horizontal structural member (V Zones only) Attached garage (top of slab) b) Lowest elevation of machinery or equipment societies the heitilities. N/A.	co only) co only) co only) co only)
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