

ELEVATION CERTIFICATE

15 103959 B1

OMB No. 1660-0008
 Expiration Date: July 31, 2015

Important: Read the instructions on pages 1-9.

SECTION A - PROPERTY INFORMATION

A1. Building Owner's Name John Piver & Rosalie Piver			For Insurance Company Use		
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 2665 Alamander Avenue			Policy Number		
			Company/NAIC Number		
City ENGLEWOOD	State Florida	ZIP Code 34223			
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) South 130' of Lot 5, Block 9, Manasota Gardens, Sarasota County, Florida					
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) <u>Residential</u>					
A5. Latitude/Longitude: Lat. <u>27°01'08.8" N</u> Long. <u>082°24'36.0" 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):			A9. For a building with an attached garage:		
a) Square footage of crawlspace or enclosure(s) <u>N/A</u> sq ft			a) Square footage of attached garage <u>736</u> sq ft		
b) No. of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade <u>N/A</u>			b) No. of permanent flood openings in the attached garage within 1.0 foot above adjacent grade <u>0</u>		
c) Total net area of flood openings in A8.b <u>N/A</u> sq in			c) Total net area of flood openings in A8.b <u>0</u> sq in		
d) Engineered flood openings? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			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		B3. State FL	
B4. Map/Panel Number 125144 / 0343	B5. Suffix E	B6. FIRM Index Date 09-03-1992	B7. FIRM Panel Effective/Revised Date 09-03-1992	B8. Flood Zone(s) AE	B9. Base Flood Elevation(s) (Zone AO, use base flood depth) 11 Feet

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 (Describe)

B11. Indicate elevation datum used for BFE in Item B9: NGVD 1929 NAVD 1988 Other (Describe)

B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? Yes No
 Designation Date _____ CBRS OPA

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: F.D.E.P. SAR. CO. #23 Vertical Datum: N.G.V.D. 29

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 measurements used.

a) Top of bottom floor (including basement, crawlspace, or enclosure floor)	<u>12.4</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>11.9</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>11.8</u>	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters
f) Lowest adjacent (finished) grade next to building (LAG)	<u>11.4</u>	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters
g) Highest adjacent (finished) grade next to building (HAG)	<u>11.7</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>11.4</u>	<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.

Check here if comments are provided on back of form. Were latitude and longitude in Section A provided by a licensed land surveyor? Yes No

Check here if attachments.

Certifier's Name Alan K. Fish	License Number 3941
Title Professional Surveyor & Mapper	Company Name Van Buskirk/Fish & Associates, Inc.
Address 12450 Tamiami Trail	City North Port
	State Florida
	ZIP Code 34287
Signature 	Date 12/15/2015
	Telephone (941) 426-0681

PLACE
SEAL
HERE

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. 2665 Alamander Avenue			Policy Number
City ENGLEWOOD	State Florida	Zip Code 34223	Company NAIC Number

SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION (CONTINUED)

Copy both sides of this Elevation Certificate for (1) community official, (2) insurance agent/company, and (3) building owner.

Comments Lowest elevation of machinery or equipment servicing the building is the A/C pad.

Signature  Date 12/15/2015

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 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 Item 8 and/or 9 (see pages 8-9 of instruction, 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's or Owner's Authorized Representative's Name <u>N/A</u>				
Address <u>N/A</u>	City <u>N/A</u>	State <u>N/A</u>	ZIP Code <u>N/A</u>	
Signature	Date <u>N/A</u>	Telephone		
Comments <u>N/A</u>				

Check here if attachments

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 and G9.

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-G9) is provided for community floodplain management purposes.

G4. Permit Number <u>N/A</u>	G5. Date Permit Issued <u>N/A</u>	G6. Date Certificate Of Compliance/Occupancy Issued <u>N/A</u>
---------------------------------	--------------------------------------	---

G7. This permit has been issued for: New Construction Substantial Improvement

G8. Elevation of as-built lowest floor (including basement) of the building: N/A feet meters Datum N/A

G9. BFE or (in Zone AO) depth of flooding at the building site: N/A feet meters Datum N/A

G10. Community's design flood elevation: N/A feet meters Datum N/A

Local Official's Name <u>N/A</u>	Title <u>N/A</u>
Community Name <u>N/A</u>	Telephone <u>N/A</u>
Signature	Date <u>N/A</u>
Comments <u>N/A</u>	

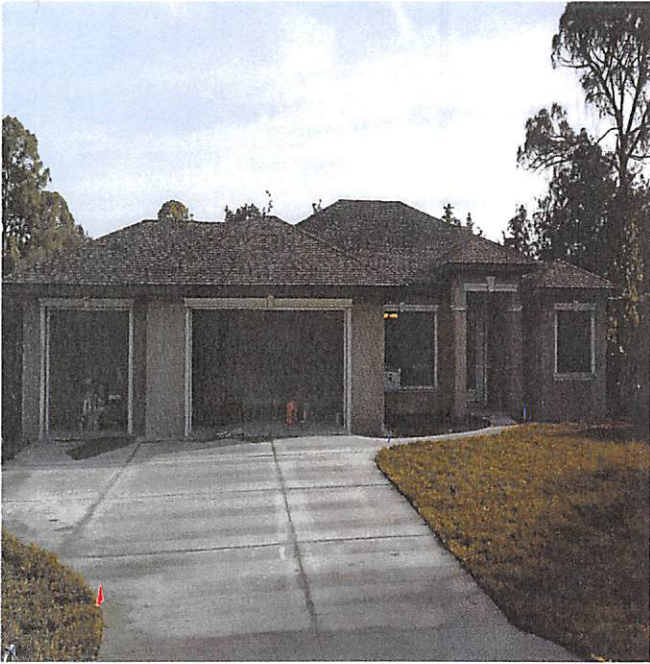
Check here if attachments

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. 2665 Alamander Avenue			For Insurance Company Use	
City ENGLEWOOD			Policy Number:	
State Florida		Zip Code 34223		Company NAIC Number:

If using the Elevation Certificate to obtain NFIP flood insurance, affix at least two 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." If submitting more photographs than will fit on this page, use the Continuation Page on the reverse.



Front View



Rear View



Left Side View



Right Side View

Photographs Date Taken 12/11/2015

Job # 14-1359