

ELEVATION CERTIFICATE

IMPORTANT: Follow the instructions on pages 1-9.

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

SECTION A - PROPERTY INFORMATION

A1. Building Owner's Name Ki Life		FOR INSURANCE COMPANY USE	
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 614 Avenida De Mayo #03040423		Policy Number:	
City Sarasota	State FL	Company NAIC Number:	
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) Property ID 0082-03-0055		ZIP Code 34242	
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) Residential			
A5. Latitude/Longitude: Lat. 27°16'34" N. Long. 82°33'28" W. Horizontal Datum: <input type="checkbox"/> NAD 1927 <input 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 7			
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) 1,628 sq ft		a) Square footage of attached garage SEE COMMENT sq ft	
b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade 20		b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade	
c) Total net area of flood openings in A8.b 1,654 sq in		c) Total net area of flood openings in A9.b	sq in
d) Engineered flood openings? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No COMB		d) Engineered flood openings? <input type="checkbox"/> Yes <input 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 0143	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) 10

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

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: **N/D @ OF RD. @ LOT 7, BLK 9** Vertical Datum: **NGVD 1929**
 EL. = **4.63'**

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.

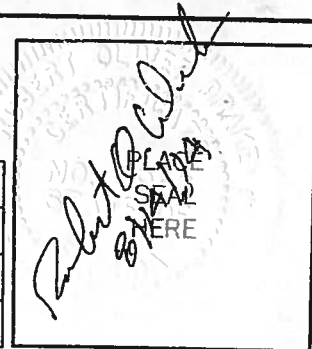
a) Top of bottom floor (including basement, crawlspace, or enclosure floor)	<u>5.1</u>	Check the measurement used.
b) Top of the next higher floor	<u>15.4</u>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
c) Bottom of the lowest horizontal structural member (V Zones only)	<u>N/A</u>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
d) Attached garage (top of slab)	<u>5.1</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>15.4</u>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
f) Lowest adjacent (finished) grade next to building (LAG)	<u>4.1</u>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
g) Highest adjacent (finished) grade next to building (HAG)	<u>4.6</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>4.6</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 Robert O. Drake		License Number 5965	
Title Project Manager		Company Name Red Stake Surveyors, Inc.	
Address 7123 Proctor Road		City Sarasota	State FL
Signature <i>Robert O. Drake</i>		Date 08/13/2014	ZIP Code 34241
		Telephone (941) 923-9997	



ELEVATION CERTIFICATE, page 2

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. 614 Avenida De Mayo #03040423			Policy Number:	
City Sarasota	State FL	ZIP Code 34242	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 Section B- Flood insurance rate map (FIRM) information to be verified at local F.E.M.A. control office

A9: GARAGE UNDER HOUSE

C2c: AIR CONDITIONER

Signature Robert O. White Date 07/28/2014

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 _____ 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 8–9 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.

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	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 _____

Check here if attachments.

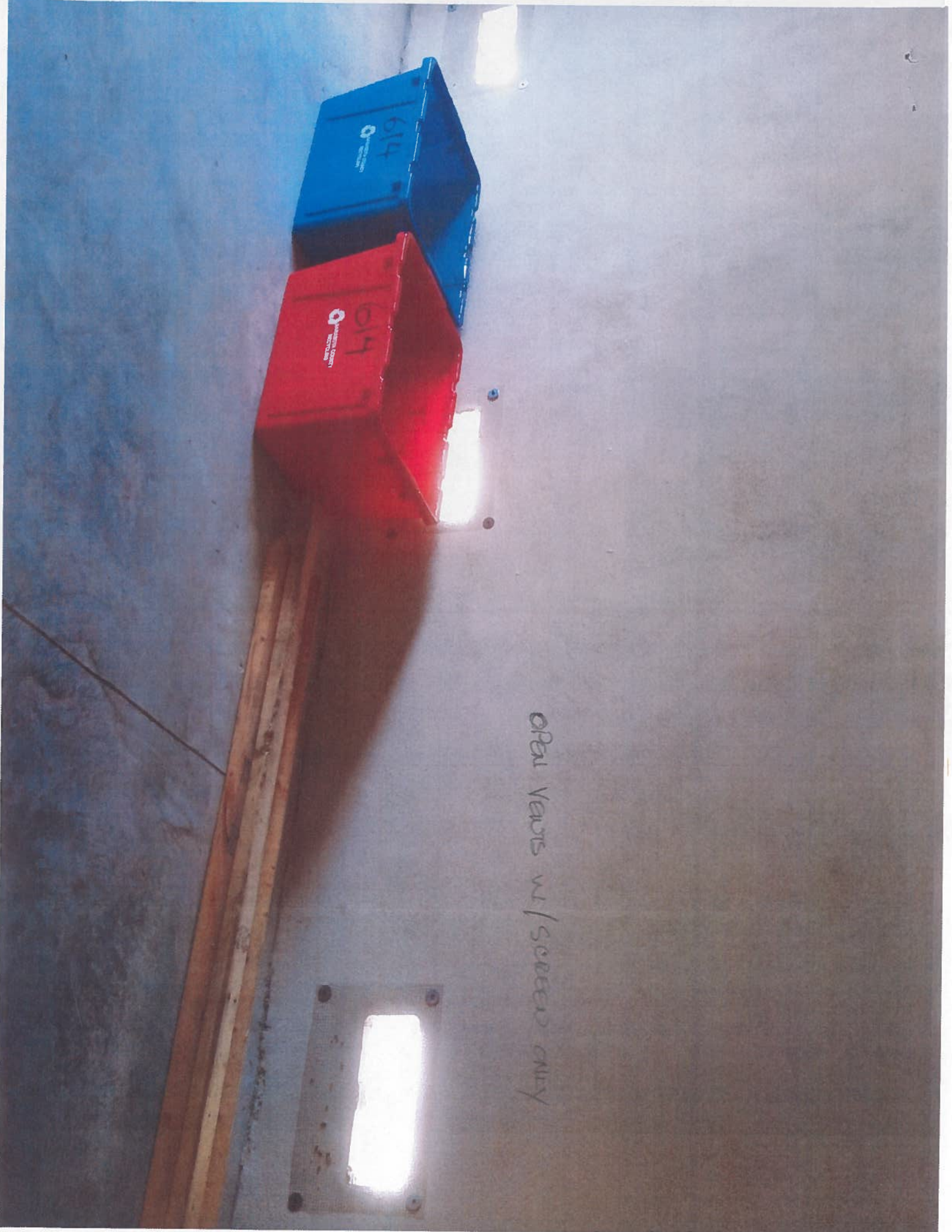




REAR VIEW

1680 F INSTALLED AND EXTERIOR PANEL

Open vents w/ screens only



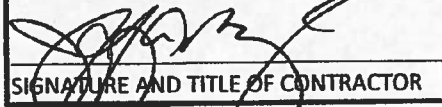
CONTRACTOR'S INSTALLATION CERTIFICATE

FLOOD SOLUTIONS, LLC

This certificate must be submitted to, and kept on file by, the local jurisdictions' permit authority. A copy should be retained by the owner of the property to demonstrate compliance in order to receive a preferable flood insurance rating.

FLOOD SOLUTIONS FLOOD VENT IS CERTIFIED WHEN PROPERLY INSTALLED AND SIZED IN ACCORDANCE WITH FEDERAL EMERGENCY MANAGEMENT AGENCY'S NATIONAL FLOOD PROGRAM REGULATIONS (44 CFR 60.3 (c) (5)) AND NATIONAL FLOOD INSURANCE PROGRAM'S TECHNICAL BULLETIN 1 - 2008. FOR A COPY OF THE CERTIFICATION OF ENGINEERED FLOOD OPENINGS TB 1 - AUGUST 2008) AND ADDITIONAL INFORMATION VISIT FEMA.GOV or FLOODSOLUTIONS.COM

I do hereby certify that the **FLOOD SOLUTIONS** FLOOD VENT was installed in accordance with **FLOOD SOLUTIONS** INSTRUCTIONS and the National Flood Insurance Program requirements.

 _____
SIGNATURE AND TITLE OF CONTRACTOR

CBC1258649
TYPE OF LICENSE AND LICENSE NUMBER

Project Name: ARNEWID

Project Address: 614 AVENIDA DE MAYO
SARASOTA, FL 34242

Parcel Number: 0082-03-0055

Vents installed: QTY: 6 MODEL #: 1608F DATE: 8-11-14
QTY: _____ MODEL #: _____ DATE: _____

Date Submitted: _____

CONTRACTOR: BE SURE THAT YOU HAVE:

- 1) Provided at least a minimum of two (2) flood openings, installed on different sides of each enclosed area; if there are multiple enclosed areas, each area must have a minimum of two (2) flood openings.
- 2) The bottom of each opening may not be more than one (1) foot above the higher of the interior or exterior grade immediately under the opening.
- 3) Installation complies with **FLOOD SOLUTIONS** LLC written instructions
- 4) The flood vents are not equipped with detachable solid covers that can be installed to stop the automatic entry and exit of floodwaters.

PLEASE COMPLETE THIS FORM AND SUBMIT TO THE APPROPRIATE COMMUNITY CODE OFFICE.

FLOOD SOLUTIONS, LLC One Industrial Park Dr., #27, Pelham, NH 03076 Telephone: 1-800-325-9775