

DEPARTMENT OF HOMELAND SECURITY
Federal Emergency Management Agency
ELEVATION CERTIFICATE

16 104993 BA

IMPORTANT: FOLLOW THE INSTRUCTIONS ON PAGES 9-16

OMB Control Number: 1660-0008
Expiration: 11/30/2018

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 **FORM INSURANCE COMPANY USE**

A1. Building Owner's Name JEREMY & PAMELA DILLEY		Policy Number:	
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 1690 BAYSHORE ROAD		Company NAIC Number:	
City ENGLEWOOD	State FL	Zip Code 34223	
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) LOT 894 ENGLEWOOD GARDENS UNIT 5 PID#: 0488060005			
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.)NON-RESIDENTIAL			
A5. Latitude/Longitude: Lat. 26°59.447 Long. 82°23.413 Horizontal Datum: <input type="radio"/> NAD 1927 <input checked="" type="radio"/> 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):		A9. For a building with an attached garage:	
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	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 A8.b N/A sq in	d) Engineered flood openings? <input type="radio"/> Yes <input checked="" type="radio"/> No	c) Total net area of flood openings in A9.b N/A sq in	d) Engineered flood openings? <input type="radio"/> Yes <input checked="" type="radio"/> 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 - 0423	B5. Suffix D	B6. FIRM Index Date Sep 3, 1992	B7. FIRM Panel Effective/ Revised Date May 1, 1984	B8. Flood Zone(s) A12	B9. Base Flood Elevation(s) (Zone AO, use base flood depth) 13'
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9: <input type="radio"/> FIS Profile <input checked="" type="radio"/> FIRM <input type="radio"/> Community Determined <input type="radio"/> Other/Source: _____					
B11. Indicate elevation datum used for BFE in Item B9: <input checked="" type="radio"/> NGVD 1929 <input type="radio"/> NAVD 1988 <input type="radio"/> Other/Source: _____					
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? <input type="radio"/> Yes <input checked="" type="radio"/> No Designation Date: <input type="radio"/> CBRS <input type="radio"/> OPA					

SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)

C1. Building elevations are based on: Construction Drawings* Building Under Construction* Finished Construction

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.

* A new Elevation Certificate will be required when construction of the building is complete.

Benchmark Utilized: NOS BM# 5809-E EL: 8.245' Vertical Datum: NGVD 1929

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	-	0	<input checked="" type="radio"/> feet <input type="radio"/> meters
b) Top of the next higher floor	N/A	-		<input checked="" type="radio"/> feet <input type="radio"/> meters
c) Bottom of the lowest horizontal structural member (V Zones only)	N/A	-		<input checked="" type="radio"/> feet <input type="radio"/> meters
d) Attached garage (top of slab)	N/A	-		<input checked="" type="radio"/> feet <input type="radio"/> meters
e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments)	N/A	-		<input checked="" type="radio"/> feet <input type="radio"/> meters
f) Lowest adjacent (finished) grade next to building (LAG)	8	-	2	<input checked="" type="radio"/> feet <input type="radio"/> meters
g) Highest adjacent (finished) grade next to building (HAG)	8	-	3	<input checked="" type="radio"/> feet <input type="radio"/> meters
h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support	N/A	-		<input checked="" type="radio"/> feet <input type="radio"/> meters

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1690 BAYSHORE ROAD

ENGLEWOOD

FL

34223

SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION

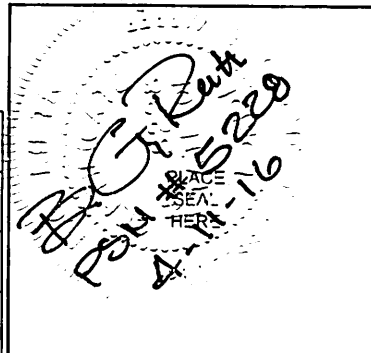
This certification is to be signed and sealed by a land surveyor, engineer, or architect authorized by law to certify elevation information. I certify that the information on this Certificate represents my best efforts to interpret the data available. I understand that any false statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 1001.

Check here if attachments.

Were latitude and longitude in Section A provided by a licensed land surveyor?

Yes No

Certifier's Name B. GREGORY RIETH		License Number 5228	
Title PSM / CFM	Company Name STRAYER SURVEYING & MAPPING, INC.		
Address 742 SHAMROCK BLVD	City VENICE	State FL	Zip Code 34293
Signature <i>BGR</i>	Date Apr 8, 2016	Telephone +1 (941) 497-1290	



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

Comments (including type of equipment and location, per C2(e), if applicable)*
FILE # 16-01-29 THE SUBJECT BUILDING IS UNDER CONSTRUCTION, NO VENTS OR MACHINERY HAVE BEEN INSTALLED AT THIS TIME. SECTION A5 WAS DERIVED FROM GOOGLE EARTH. CERTIFICATE VALID ONLY WITH RAISED SEAL & SIGNATURE.

Signature *BGR* Date Apr 8, 2016

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

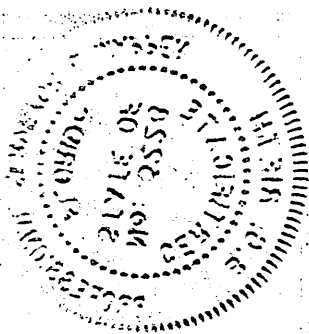
The property owner or owner's authorized representative who completes Sections A, B, and E for Zone A (without a FEMA-issued or community-issued BFE) or Zone AO must sign here. The statements in Sections A, B, and E are correct to the best of my knowledge.

Property Owner or Owner's Authorized Representative's Name:

Address	City	State	ZIP Code
Signature	Date	Telephone	

Comments

Check here if attachments.



[The body of the document contains several paragraphs of extremely faint, illegible text, likely a teletype message or a form. The text is too light to be transcribed accurately.]

