# **ELEVATION CERTIFICATE**

OMB No. 1660-0008 Expiration Date: November 30, 2018

IMPORTANT: In these spaces, copy the corre	esponding information for	rom Section A.	FOR INSURANCE COMPANY USE
Building Street Address (including Apt., Unit, St 233 Blackburn Blvd.	Policy Number:		
<u> </u>	I		<u> </u>
City North Port	State Florida	ZIP Code 34287	Company NAIC Number
SECTIO	ON G - COMMUNITY INF	ORMATION (OPTIONAL)	
The local official who is authorized by law or ord	dinance to administer the	community's floodolain ma	anagement ordinance can complete
Sections A, B, C (or E), and G of this Elevation used in Items G8–G10. In Puerto Rico only, en	Certificate. Complete the	applicable item(s) and sig	n below. Check the measurement
G1. The information in Section C was take engineer, or architect who is authorized data in the Comments area below.)	en from other documentati ed by law to certify elevati	on that has been signed a on information. (Indicate the	nd sealed by a licensed surveyor, ne source and date of the elevation
G2. A community official completed Section or Zone AO.	on E for a building located	I in Zone A (without a FEM	A-issued or community-issued BFE)
G3.   The following information (Items G4–C	310) is provided for comm	unity floodplain managem	ent purposes.
G4. Permit Number	G5. Date Permit Issued	G6.	Date Certificate of
17-108562 BI			Compliance/Occupancy Issued
G7. This permit has been issued for:	☐ New Construction	☐ Substantial Improve	ment
G8 Elevation of as-built lowest floor (including	hasement)		
Of the building:		feet	meters Datum
G9. BFE or (in Zone AO) depth of flooding at the	he building site:		meters Datum
G10. Community's design flood elevation:			meters Datum
Local Official's Name		Title	2 <u></u>
Community Name		Telephone	- X 14
Signature		Date	
Comments (including type of equipment and loc	ation, per C2(e), if applica	ble)	
			-
	*		1 6
			7 S
e de la companya de l			- 2
28			: = · §(
w <sup>-</sup>			3 00 3
			*
-A			* × ***
100% 40 4004			
JOB# 16-1301			Check here if attachments.

### U.S. DEPARTMENT OF HOMELAND SECURITY Federal Emergency Management Agency National Flood Insurance Program

OMB No. 1660-0008 Expiration Date: November 30, 2018

# **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	FOR INSURANCE COMPANY USE
A1. Building Owner's Name Harbor Cove Resident Owned Community Inc.	Policy Number:
<ul> <li>A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.</li> <li>233 Blackburn Blvd.</li> </ul>	Company NAIC Number:
City State North Port Florida	ZIP Code 34287
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) Unit 168, Harbor Cove Mobile Home Park, Sarasota, County, Florida	
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) Residential (N	flobile Home)
A5. Latitude/Longitude: Lat. 27°02'36.48" N. Long. 082°16'09.18" W. Horizontal Datu	ım: NAD 1927 🛛 NAD 1983
A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insur	rance.
A7. Building Diagram Number <u>5</u>	
A8. For a building with a crawlspace or enclosure(s):	2 46 2
a) Square footage of crawlspace or enclosure(s) N/A sq ft	N
b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above	e adiacent grade
c) Total net area of flood openings in A8.b <u>0</u> sq in	<u>U</u>
그 그 그 이 생활이 가지 않는 것이 하는데 하는데 그 그 그렇게 하는데 하는데 되었다.	
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 <u>N/A</u>
c) Total net area of flood openings in A9.b N/A sq in	
d) Engineered flood openings?	
SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMA	ATION
B1. NFIP Community Name & Community Number B2. County Name	B3. State
Sarasota County 125144 Sarasota	Florida
B4. Map/Panel B5. Suffix B6. FIRM Index B7. FIRM Panel B8. Flood Zone Date B7. FIRM Panel B8. Flood Zone	B9. Base Flood Elevation(s) (Zone AO, use Base
12115C-0370 F 11/04/2016 Revised Date 11/04/2016 AE	Flood Depth) 7 Feet
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Iter	n B9:
☐ FIS Profile ☐ FIRM ☐ Community Determined ☐ Other/Source:	
B11. Indicate elevation datum used for BFE in Item B9:	Other/Source:
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Prote	ected Area (OPA)?  Yes  No
Designation Date:   CBRS OPA	

## **ELEVATION CERTIFICATE**

OMB No. 1660-0008 Expiration Date: November 30, 2018

IMPORTANT: in these spaces, copy the corres	FOR INSURANCE COMPANY		
Building Street Address (including Apt., Unit, Suit 233 Blackburn Blvd.	te, and/or Bldg. No.) or P.O.	Route and Box No.	Policy Number:
City North Port	State Florida	ZIP Code 34287	Company NAIC Number
SECTION C - BUILE	DING ELEVATION INFOR	WATION (SURVEY REQ	UIRED)
C1. Building elevations are based on: Const	ruction Drawings* Bu	ilding Under Construction*	☐ Finished Construction
*A new Elevation Certificate will be required	when construction of the bui	lding is complete.	
C2. Elevations – Zones A1–A30, AE, AH, A (wi Complete Items C2.a–h below according to	th BFE), VE, V1–V30, V (wit the building diagram specifi	h BFE), AR, AR/A, AR/AE ed in Item A7. In Puerto R	, AR/A1–A30, AR/AH, AR/AO. co only, enter meters.
Benchmark Utilized N.G.S. Havoline	2 Vertic	cal Datum: N.A.V.D88	
Indicate elevation datum used for the eleva	tions in items a) through h) b	pelow.	
☐NGVD 1929 ☑ NAVD 1988 [ Datum used for building elevations must be	Other/Source: the same as that used for the		Check the measurement used.
a) Top of bottom floor (including basement,	crawlenace or enclosure fle	0.4	☐ feet ☐ meters
b) Top of the next higher floor	crawispace, or enclosure in	N.A	☐ feet ☐ meters
c) Bottom of the lowest horizontal structura	I member (V Zones only)	<u>N.A</u>	feet meters
d) Attached garage (top of slab)		<u>N . A</u>	☐ feet ☐ meters
e) Lowest elevation of machinery or equipm (Describe type of equipment and location)	nent servicing the building n in Comments)	<u>8.3</u>	☑ feet ☐ meters
f) Lowest adjacent (finished) grade next to	building (LAG)	<u>5.2</u>	☐ feet ☐ meters
g) Highest adjacent (finished) grade next to	building (HAG)	<u>5.6</u>	☐ feet ☐ meters
<ul> <li>h) Lowest adjacent grade at lowest elevation structural support</li> </ul>	n of deck or stairs, including	<u>5.2</u>	☑ feet ☐ meters
SECTION D - SUR	VEYOR, ENGINEER, OR	ARCHITECT CERTIFICA	TION
This certification is to be signed and sealed by a I certify that the information on this Certificate re statement may be punishable by fine or imprisor	presents my best efforts to i	nterpret the data available.	to certify elevation information.  I understand that any false
Were latitude and longitude in Section A provide	ed by a licensed land surveyo	or? ⊠ Yes □ No	☐ Check here if attachments.
Certifier's name Alan K. Fish, PSM	License Numbe	LS 3941	
Title Professional Surveyor & Mapper			- "
Company Name Van Buskirk / Fish & Associates	, Inc.		Place Seal
Address 12450 Tamiami Trail			Here
City North Port	State Florida	ZIP Code 34287	
Signature Aller Signature	Date 07/25/17	Telephone (941) 4	26-0681
Copy all pages of this Elevation Certificate and all	attachments for (1) communit	y official, (2) insurance ager	t/company, and (3) building owner.
Comments (including type of equipment and loca Elevation In item C2 e). is the A/C Unit. There is Enclosure has two Flow Through Vents that mea aluminium skirting designed to collapse. Informa survey. Any building revisions affecting the items	an 8.75' x 12', "105 Square I sure 10"x16" with a total of tion provided in this Elevation	Foot", Enclosed Storage Ar 105 Square inches of open on Certificate is based on the	area. Home has perforated e building conditions at time of
JOB# 16-1301			V-6

## **ELEVATION CERTIFICATE**

OMB No. 1660-0008 Expiration Date: November 30, 2018

IMPORTANT: In	these spaces,	copy the correspon	ding information fron	n Section A.	8 "	FOR INSURAN	ICE COMPANY USE
Building Street A 233 Blackburn		ng Apt., Unit, Suite, a	ind/or Bldg. No.) or P.C	. Route and Box	No.	Policy Number	
City North Port		Sta	te Florida	ZIP Code 34287	13	Company NAIC	Number
	SECTIO		LEVATION INFORM NE AO AND ZONE A			REQUIRED)	
			E1–E5. If the Certificate natural grade, if availa				
			nd check the appropriat t adjacent grade (LAG)		whether	the elevation is	above or below
a) Top of b crawlspa	ottom floor (included)	uding basement, e) is	<u>N . A</u>	feet	meters	above or	] below the HAG.
b) Top of b crawlspa	ottom floor (included)	uding basement, e) is	<u>N</u> . <u>A</u>	☐ feet ☐	meters	above or	] below the LAG.
E2. For Building	Diagrams 6-9 v	with permanent flood	openings provided in S	Section A Items 8	and/or 9	(see pages 1-2	2 of Instructions),
	her floor (elevations) of the building		<u>N</u> .A	☐ feet ☐	meters	above or	] below the HAG.
E3. Attached ga	rage (top of slat	o) is	<u>N</u> .A	☐ feet ☐	meters	above or	below the HAG.
E4. Top of platfo servicing the built		y and/or equipment	<u>N . A</u>	feet	meters	above or	below the HAG.
	nly: If no flood de nanagement ordi		ble, is the top of the bo $\square$ No $\square$ Unknown.				
* === W=	SECTION	F-PROPERTY OV	WNER (OR OWNER'S	REPRESENTATI	VE) CER	TIFICATION	
The property own	ner or ownere a	uthorized conrecents	#	otions A. P. and E	for Zon	e A (without a F	FMA-issued or
community-issue	ed BFE) or Zone	AO must sign here.	tive who completes Se The statements in Sec	tions A, B, and E	are corre	ect to the best of	mv knowledge.
community-issue	ed BFE) or Zone	AO must sign here.	The statements in Sec	tions A, B, and E	are corre	ect to the best of	f my knowledge.
community-issue	ed BFE) or Zone	AO must sign here.	The statements in Sec	tions A, B, and E	are corre	ct to the best of	f my knowledge.
community-issue	ed BFE) or Zone	AO must sign here.	The statements in Sec	tions A, B, and E	are corre	State Florida	ZIP Code
Property Owner	ed BFE) or Zone	AO must sign here.	The statements in Secrets Name	tions A, B, and E	are corre	State	f my knowledge.
Property Owner of Address	ed BFE) or Zone	AO must sign here.	The statements in Sec re's Name City	tions A, B, and E	are corre	State Florida	f my knowledge.
Property Owner of Address Signature	ed BFE) or Zone	AO must sign here.	The statements in Sec re's Name City	tions A, B, and E	are corre	State Florida	f my knowledge.
Property Owner of Address Signature	ed BFE) or Zone	AO must sign here.	The statements in Sec re's Name City	tions A, B, and E	are corre	State Florida	f my knowledge.
Property Owner of Address Signature	ed BFE) or Zone	AO must sign here.	The statements in Sec re's Name City	tions A, B, and E	are corre	State Florida	f my knowledge.
Property Owner of Address Signature	ed BFE) or Zone	AO must sign here.	The statements in Sec re's Name City	tions A, B, and E	are corre	State Florida	f my knowledge.
Property Owner of Address Signature	ed BFE) or Zone	AO must sign here.	The statements in Sec re's Name City	ctions A, B, and E	are corre	State Florida	f my knowledge.
Property Owner of Address Signature	ed BFE) or Zone	AO must sign here.	The statements in Sec re's Name City	ctions A, B, and E	are corre	State Florida	f my knowledge.
Property Owner of Address Signature	ed BFE) or Zone	AO must sign here.	The statements in Sec re's Name City	ctions A, B, and E	are corre	State Florida	f my knowledge.
Property Owner of Address Signature	ed BFE) or Zone	AO must sign here.	The statements in Sec re's Name City	ctions A, B, and E a	are corre	State Florida	f my knowledge.
Property Owner of Address Signature	ed BFE) or Zone	AO must sign here.	The statements in Sec re's Name City	ctions A, B, and E	are corre	State Florida	f my knowledge.
Property Owner of Address Signature	ed BFE) or Zone	AO must sign here.	The statements in Sec re's Name City	ctions A, B, and E	are corre	State Florida	f my knowledge.
Property Owner of Address Signature	ed BFE) or Zone	AO must sign here.	The statements in Sec re's Name City	ctions A, B, and E	are corre	State Florida	f my knowledge.

#### **BUILDING PHOTOGRAPHS**

See Instructions for Item A6.

OMB No. 1660-0008

Expiration Date: November 30, 2018

**ELEVATION CERTIFICATE** 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. Policy Number: 233 Blackburn Blvd. City State ZIP Code Company NAIC Number North Port Florida 34287

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** 

Front View

Date Taken 07/24/17



Photo Two Caption

Rear View

Date Taken 07/24/17

JOB# 16-1301

#### **BUILDING PHOTOGRAPHS**

**ELEVATION CERTIFICATE** 

Continuation Page

OMB No. 1660-0008

Expiration Date: November 30, 2018

IMPORTANT: In these spaces, copy the corresponding information from Section A.FOR INSURANCE COMPANY USEBuilding Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.Policy Number:233 Blackburn Blvd.ZIP CodeCompany NAIC NumberNorth PortFlorida34287

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.

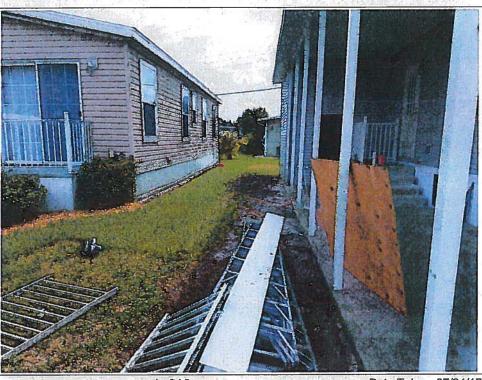
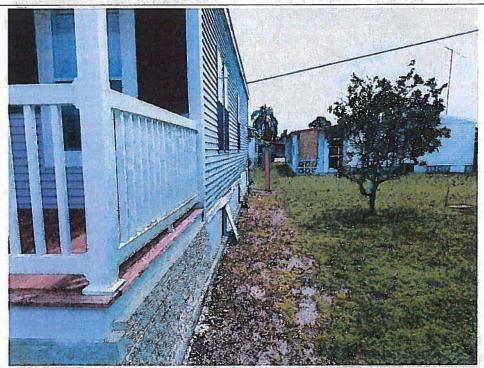


Photo One Caption

Left View

Date Taken 07/24/17



**Photo Two Caption** 

Right View

Date Taken 07/24/17

JOB# 16-1301

#### **BUILDING PHOTOGRAPHS**

OMB No. 1660-0008

**ELEVATION CERTIFICATE** Continuation Page 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.

FOR INSURANCE COMPANY USE Policy Number:

233 Blackburn Blvd.

North Port

City

State

ZIP Code 34287 Company NAIC Number

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.

Florida



**Photo One Caption** 

Aluminum Skirting underneath Mobile Home

Date Taken 07/24/17



**Photo Two Caption** 

Two Flow Through vents in Storage Area Walls

Date Taken 07/24/17

JOB# 16-1301