

*[Signature]*  
AUG 25 2020  
Date Stamp

*MARTY D.*

# Plan Change/Correction Transmittal

Permit # 19 128 750 00 B1 Date Submitted: 8/25/2020  
Site Address: 1613 Caribbean Drive, Sarasota, FL 34231  
Contact Person's Name: Melissa Andrews  
Email Address: melissa@nuttercustomconstruction.com Phone # 941-924-1868 ext. 201

**CHECK ONE:**

- Corrections Requested by Reviewer
- Plan Change (After Permit Issued)

\*\*\*Revisions/Plan modifications are only accepted after a permit is issued.  
We do not accept Pre-Issuance Plan Changes\*\*\*

Description of correction/s or change submitted:  
Under construction elevation Certificate

Do these changes change the construction value? No  Yes   
If yes, what is the additional construction value: \$ \_\_\_\_\_

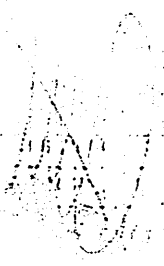
**\*\*2 Copies of this cover sheet and all plans and documents are required for each submittal\*\*.**  
**Permit # must be on all attached documents.**

**Applicant Must Check Plan Review Section(s) That Need To Review This Change/Correction**  
(Plan Changes to Property Located on a Barrier Island, i.e. Siesta Key or Casey Key will be routed to Building, Zoning and Environmental Protection)

Building  Zoning  Drainage  Env Prot  Env Health  Flood  Fire

*For Office Use Only*

Additional Fees for Services, Computed & Added by Plans Examiner(s) \$ \_\_\_\_\_



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# 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<br>Tim Wallen   |                 |                                   |  | Policy Number:            |   |
| A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.<br>1613 Caribbean Drive   |                 |                                   |  | Company NAIC Number:      |   |
| City<br>Sarasota  |                 | State<br>Florida                  |  | ZIP Code<br>34231         |   |
| A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)<br>Lot 4, Block H, Coral Cove, PID 0110070020  |                 |                                   |  |                           |   |
| A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) _____  |                 |                                   |  |                           |   |
| A5. Latitude/Longitude: Lat. <u>27.244284 N</u> Long. <u>82.518063 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>1B</u>   |                 |                                   |  |                           |   |
| A8. For a building with a crawlspace or enclosure(s):   |                 |                                   |  |                           |   |
| 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 <u>N/A</u>   |                 |                                   |  |                           |   |
| c) Total net area of flood openings in A8.b _____ N/A sq in   |                 |                                   |  |                           |   |
| d) Engineered flood openings? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |                 |                                   |  |                           |   |
| A9. For a building with an attached garage:   |                 |                                   |  |                           |   |
| a) Square footage of attached garage _____ 977.00 sq ft   |                 |                                   |  |                           |   |
| b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade <u>6</u>  |                 |                                   |  |                           |   |
| c) Total net area of flood openings in A9.b _____ 768.00 sq in  |                 |                                   |  |                           |   |
| d) Engineered flood openings? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No   |                 |                                   |  |                           |   |
| SECTION B – FLOOD INSURANCE RATE MAP (FIRM) INFORMATION   |                 |                                   |  |                           |   |
| B1. NFIP Community Name & Community Number<br>Sarasota County 125144  |                 |                                   | B2. County Name<br>Sarasota                          |                           | B3. State<br>Florida  |
| B4. Map/Panel Number<br>12115C0207  | B5. Suffix<br>F | B6. FIRM Index Date<br>11-04-2016 | B7. FIRM Panel Effective/ Revised Date<br>11-04-2016 | B8. Flood Zone(s)<br>AE   | B9. Base Flood Elevation(s) (Zone AO, use Base Flood Depth)<br>11 |
| B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9:<br><input type="checkbox"/> FIS Profile <input type="checkbox"/> FIRM <input type="checkbox"/> Community Determined <input checked="" type="checkbox"/> Other/Source: <u>LOMR 18-04-6698P Effective Date 03/08/2019</u> |                 |                                   |  |                           |   |
| B11. Indicate elevation datum used for BFE in Item B9: <input type="checkbox"/> NGVD 1929 <input checked="" type="checkbox"/> NAVD 1988 <input type="checkbox"/> Other/Source: _____  |                 |                                   |  |                           |   |
| B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>Designation Date: _____ <input type="checkbox"/> CBRS <input type="checkbox"/> OPA   |                 |                                   |  |                           |   |

**ELEVATION CERTIFICATE**

(Instructions for use are on pages 1-9)

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Copy all pages of this Elevation Certificate and all attachments for (1) community officials, (2) insured and agent/contractor, and (3) building owner.

| SECTION A - PROPERTY INFORMATION  |   |
|---|---|
| A1. Building Owner's Name<br>Tim Wallen   | Party Number  |
| A2. Building Street Address (including Apt. Unit & Box), and/or Bidg. No., or P.O. Route and Box No.<br>1813 Campbell Drive   | Company Name  |
| City<br>Sarasota  | ZIP Code<br>34231   |
| A3. Property Description (Lot and Block Number, Tax Parcel Number, Lot Description, etc.)<br>Lot 4, Block 4, Coral Cove, HIO 011003020  |   |
| A4. Building Use (e.g., Residential, Non-Residential, Agricultural, etc.)   |   |
| A5. Insurable (e.g., Insured by Flood Insurance Policy No. 123456789)   | Insured Date ( ) MAY 2021 ( ) MAY 1993  |
| A6. Attach at least 3 photographs of the building to the Certificate to help us to obtain floor finishes.   |   |
| A7. Building Diagram Number   |   |
| A8. For a building with a crawlspace or enclosure:<br>(a) Square footage of crawlspace or enclosure<br>N/A sq ft<br>(b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade<br>N/A<br>(c) Total net area of flood openings in A8(b)<br>N/A sq ft<br>(d) Engineered flood openings - Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |   |
| A9. For a building with an attached garage:<br>(a) Square footage of attached garage<br>2,100 sq ft<br>(b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade<br>0<br>(c) Total net area of flood openings in A9(b)<br>0 sq ft<br>(d) Engineered flood openings - Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                             |   |
| SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION   |   |
| B1. FIRM Community Name & Community Number<br>Sarasota County 13844   | B2. County Name<br>Sarasota   |
| B3. FIRM Panel<br>13145C020   | B4. FIRM Date<br>11-01-2018   |
| B5. FIRM Index<br>AE  | B6. Flood Zone(s)<br>AE   |
| B7. FIRM Panel Effective Revised Date<br>11-01-2018   | B8. Flood Hazard<br>None  |
| B9. Flood Hazard Effective Revised Date<br>11-01-2018   | B10. Flood Hazard<br>None   |
| B11. Indicates elevation datum used for BSE in Item B8: <input checked="" type="checkbox"/> NAVD 83 <input type="checkbox"/> MSL 85 <input type="checkbox"/> Other: _____   | B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or otherwise protected Area (OPA)? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| B13. Indicates the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9: <input type="checkbox"/> FIRM <input type="checkbox"/> Other: _____  | B14. Indicates the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9: <input type="checkbox"/> FIRM <input type="checkbox"/> Other: _____          |
| Question Date: _____  |   |

# ELEVATION CERTIFICATE

OMB No. 1660-0008  
Expiration Date: November 30, 2022

|   |                  |                   |                                  |
|---|------------------|-------------------|----------------------------------|
| <b>IMPORTANT: In these spaces, copy the corresponding information from Section A.</b>                                     |                  |                   | <b>FOR INSURANCE COMPANY USE</b> |
| Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.<br>1613 Caribbean Drive |                  |                   | Policy Number:                   |
| City<br>Sarasota  | State<br>Florida | ZIP Code<br>34231 | Company NAIC Number              |

## 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: Sarasota County BM 110 A Vertical Datum: NGVD(EL10.19) - NAVD(EL.9.10)

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.

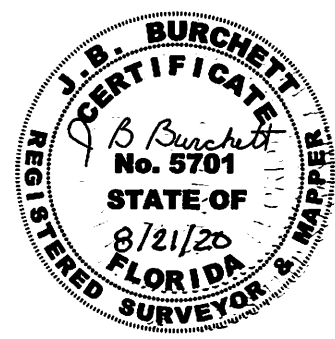
Check the measurement used.

- |   |      |  |                                 |
|---|------|--|---------------------------------|
| a) Top of bottom floor (including basement, crawlspace, or enclosure floor)   | 12.5 | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| b) Top of the next higher floor   | N/A  | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| c) Bottom of the lowest horizontal structural member (V Zones only)   | N/A  | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| d) Attached garage (top of slab)  | 6.5  | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| e) Lowest elevation of machinery or equipment servicing the building<br>(Describe type of equipment and location in Comments) | N/A  | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| f) Lowest adjacent (finished) grade next to building (LAG)  | 6.5  | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| g) Highest adjacent (finished) grade next to building (HAG)   | 6.6  | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support                                  | N/A  | <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.

Were latitude and longitude in Section A provided by a licensed land surveyor?  Yes  No  Check here if attachments.

|   |                          |   |                   |
|---|--------------------------|---|-------------------|
| Certifier's Name<br>James B. Burchett             | License Number<br>LS5701 |  |                   |
| Title<br>President                                |                          |   |                   |
| Company Name<br>Sampey, Burchett and Knight, Inc. |                          |   |                   |
| Address<br>1570 Global Court                      |                          |   |                   |
| City<br>Sarasota                                  | State<br>Florida         |   | ZIP Code<br>34240 |
| Signature<br><i>James B. Burchett</i>             | Date<br>08-21-2020       | Telephone<br>(941) 342-0349   | Ext.              |

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

Comments (including type of equipment and location, per C2(e), if applicable)  
A9.c) Raw opening 8"x16" at this time. Engineered flood vents to be installed upon completion of residence.

C2.(e) Equipment not installed at this time.

ELEVATION CERTIFICATE

REPORT in these cases, copy the corresponding information from Section A

Building Street Address (including Apt. Unit, Suite, Room, Bldg. No.) of P. O. Box and Box No. \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Company Name, No. \_\_\_\_\_

Policy Number \_\_\_\_\_

SECTION B - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)

Building elevations are based on  Contour Elevation  Building Under Construction  Finish  Foundation

A new Elevation Certificate will be issued with a description of the building in complete

Complete name of building as shown on the building diagram specified in Item A. In items B through E, enter the

Benjamin Franklin Building, Hancock County, GA (100-100-100)

Handwritten notes:  HAVY ROOF  OVERLOOK

Check the most accurate elevation for the BFE

(a) Top of bottom floor (including basement, crawlspace or porch elevation) \_\_\_\_\_

(b) Top of the next higher floor \_\_\_\_\_

(c) Bottom of the lowest finished ground level (if less than 0) \_\_\_\_\_

(d) Finished grade (top of slab) \_\_\_\_\_

(e) Lowest elevation of foundation or equipment elevation including (1) grade of adjacent ground in ground \_\_\_\_\_

(f) Lowest adjacent (finished) grade next to building (if 0) \_\_\_\_\_

(g) Lowest adjacent (finished) grade next to building (if 0) \_\_\_\_\_

(h) Lowest adjacent grade at lowest elevation of back or side of building \_\_\_\_\_

SECTION C - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION

I am a duly licensed and qualified professional engineer, architect or surveyor and certify that the information furnished herein is true and correct to the best of my knowledge and belief and that I am duly licensed and qualified to perform the services herein.

Who has read and approved this certificate and approved the information furnished herein? \_\_\_\_\_

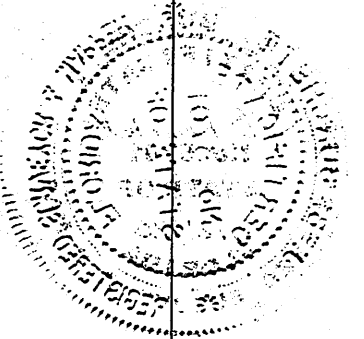
James B. Givens  
 License No. 10000  
 The \_\_\_\_\_  
 President  
 Company Name \_\_\_\_\_  
 Company Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_  
 Signature \_\_\_\_\_  
 Date \_\_\_\_\_

Only fill pages of the Elevation Certificate and attachments for the building official. An insurance agent/company may fill in building official information.

Complete (including type of equipment and location) and location per 26-2-101, if applicable.

As of the date of this certificate, the building official has been notified of the completion of this certificate.

Building official name and title \_\_\_\_\_



# ELEVATION CERTIFICATE

OMB No. 1660-0008  
Expiration Date: November 30, 2022

|   |                  |                   |                                  |
|---|------------------|-------------------|----------------------------------|
| <b>IMPORTANT: In these spaces, copy the corresponding information from Section A.</b>                                     |                  |                   | <b>FOR INSURANCE COMPANY USE</b> |
| Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.<br>1613 Caribbean Drive |                  |                   | Policy Number:                   |
| City<br>Sarasota  | State<br>Florida | ZIP Code<br>34231 | Company NAIC Number              |

## 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 1–2 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.

**ELEVATION CERTIFICATE**

IMPORTANT: In these spaces, copy the corresponding information from Section A.  
 Building Street Address (including Apt. Unit, Suite, Section, Bldg. No.) or P.O. Route and Box No.  
 1818 Cambridge Drive

City: Sarasota  
 State: Florida  
 ZIP Code: 34231  
 Company NAIC Number:

**SECTION E - BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR SOME AO AND SOME A (WITHOUT BRE)**

For Zones AO and A (without BRE) complete items E1, E2, E3, E4, E5, E6, E7, E8, E9, E10, E11, E12, E13, E14, E15, E16, E17, E18, E19, E20, E21, E22, E23, E24, E25, E26, E27, E28, E29, E30, E31, E32, E33, E34, E35, E36, E37, E38, E39, E40, E41, E42, E43, E44, E45, E46, E47, E48, E49, E50, E51, E52, E53, E54, E55, E56, E57, E58, E59, E60, E61, E62, E63, E64, E65, E66, E67, E68, E69, E70, E71, E72, E73, E74, E75, E76, E77, E78, E79, E80, E81, E82, E83, E84, E85, E86, E87, E88, E89, E90, E91, E92, E93, E94, E95, E96, E97, E98, E99, E100. If the contractor is intended to submit a LOMA or LOMA-F, the next section must be completed. Check the measurement used. In Figure 100 only other details.

E1. Provide elevation information for the following (to check a non-adjacent box 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) \_\_\_\_\_ feet  meter  above or  below the HAG
- (b) Top of bottom floor (including basement, crawlspace or enclosure) \_\_\_\_\_ feet  meter  above or  below the LAG

E2. For Building Diagrams E-1 through E-9 with general flood damage provided in Section A Items 8 and 9 (see pages E-2 or E-3), provide the elevation (in feet) of the building \_\_\_\_\_ feet  meter  above or  below the HAG

E3. Which of the top of slab is \_\_\_\_\_ feet  meter  above or  below the HAG

E4. Top of platform of machinery and/or equipment serving the building \_\_\_\_\_ feet  meter  above or  below the HAG

E5. Zone AO only: If no flood depth method is available, as the top of the bottom floor elevation is available in accordance with the contractor's floodplain management ordinance, Yes  No  Unknown. The local official must certify the information in Section D.

**SECTION F - PROPERTY OWNER'S REPRESENTATIVE CERTIFICATION**

The property owner or owner's authorized representative who completes Sections A, B, and E for Zones A (without a FEMA-approved community-based BRE) or Zones AO must sign this statement in Sections A, B, and E in order to be part of my knowledge.

Property Owner or Owner's Authorized Representative Name:

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Comments:

\_\_\_\_\_

FOR INSURANCE COMPANY USE  
 Policy Number:

Company NAIC Number:

**SECTION E - BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR SOME AO AND SOME A (WITHOUT BRE)**

For Zones AO and A (without BRE) complete items E1, E2, E3, E4, E5, E6, E7, E8, E9, E10, E11, E12, E13, E14, E15, E16, E17, E18, E19, E20, E21, E22, E23, E24, E25, E26, E27, E28, E29, E30, E31, E32, E33, E34, E35, E36, E37, E38, E39, E40, E41, E42, E43, E44, E45, E46, E47, E48, E49, E50, E51, E52, E53, E54, E55, E56, E57, E58, E59, E60, E61, E62, E63, E64, E65, E66, E67, E68, E69, E70, E71, E72, E73, E74, E75, E76, E77, E78, E79, E80, E81, E82, E83, E84, E85, E86, E87, E88, E89, E90, E91, E92, E93, E94, E95, E96, E97, E98, E99, E100. If the contractor is intended to submit a LOMA or LOMA-F, the next section must be completed. Check the measurement used. In Figure 100 only other details.

E1. Provide elevation information for the following (to check a non-adjacent box 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) \_\_\_\_\_ feet  meter  above or  below the HAG
- (b) Top of bottom floor (including basement, crawlspace or enclosure) \_\_\_\_\_ feet  meter  above or  below the LAG

E2. For Building Diagrams E-1 through E-9 with general flood damage provided in Section A Items 8 and 9 (see pages E-2 or E-3), provide the elevation (in feet) of the building \_\_\_\_\_ feet  meter  above or  below the HAG

E3. Which of the top of slab is \_\_\_\_\_ feet  meter  above or  below the HAG

E4. Top of platform of machinery and/or equipment serving the building \_\_\_\_\_ feet  meter  above or  below the HAG

E5. Zone AO only: If no flood depth method is available, as the top of the bottom floor elevation is available in accordance with the contractor's floodplain management ordinance, Yes  No  Unknown. The local official must certify the information in Section D.

**SECTION F - PROPERTY OWNER'S REPRESENTATIVE CERTIFICATION**

The property owner or owner's authorized representative who completes Sections A, B, and E for Zones A (without a FEMA-approved community-based BRE) or Zones AO must sign this statement in Sections A, B, and E in order to be part of my knowledge.

Property Owner or Owner's Authorized Representative Name:

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Comments:

\_\_\_\_\_



**ELEVATION CERTIFICATE**

OMB No. 1660-0008  
Expiration Date: November 30, 2022

|   |                                  |                   |                     |
|---|----------------------------------|-------------------|---------------------|
| <b>IMPORTANT: In these spaces, copy the corresponding information from Section A.</b>                                     | <b>FOR INSURANCE COMPANY USE</b> |                   |                     |
| Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.<br>1613 Caribbean Drive | Policy Number:                   |                   |                     |
| City<br>Sarasota  | State<br>Florida                 | ZIP Code<br>34231 | Company NAIC Number |

**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 |
|-------------------|------------------------|---|

- 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 (including type of equipment and location, per C2(e), if applicable)

Check here if attachments.

ELEVATION CERTIFICATE

FOR OFFICIAL USE ONLY - In these spaces, copy the corresponding information from Section A.  
 Building Address (including Apt., Unit, Suite, and/or Bldg. No.) of F.O. Room and Box No.  
 1615 Cascade Drive

City: Portland  
 State: Oregon  
 ZIP Code: 97201  
 Community NAIC Number:

SECTION B - COMMUNITY FLOODPLAIN (OPTIONAL)

The local official who is authorized by law or ordinance to administer floodplain management ordinances can complete Sections A, B, C, E, and F of this Elevation Certificate. Complete the applicable item(s) and sign below. Check the measurement used in items G8-G10. In these items only, enter meters.

- G1  The information in Section C was taken from other documentation that has been signed and sealed by a licensed surveyor or architect and is authorized by law to certify elevation information. Indicate the correct and date of the seal on the date in the Comments area below.
- G2  A community official completed Section B for a building located in Zone A without a FEMA-assigned community floodplain number (FEF).
- G3  The following information (Items G4-G10) is provided for community floodplain management purposes.

G4 Permit Number: \_\_\_\_\_  
 Date of Flood Hazard Determination: \_\_\_\_\_  
 Date of Certificate Issuance: \_\_\_\_\_

- G5  This permit has been issued for:  New Construction  Substantial Improvement
- G6 Elevation of soffit (lowest floor finishing assessment) of the building: \_\_\_\_\_ feet \_\_\_\_\_ inches
- G7 Elevation of soffit (lowest floor finishing assessment) of the building: \_\_\_\_\_ feet \_\_\_\_\_ inches
- G8 Elevation of soffit (lowest floor finishing assessment) of the building: \_\_\_\_\_ feet \_\_\_\_\_ inches
- G9 Community's design flood elevation: \_\_\_\_\_ feet \_\_\_\_\_ inches

Local Official's Name: \_\_\_\_\_ Title: \_\_\_\_\_

Community Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Comments (including type of equipment and location for G5): If applicable:

\_\_\_\_\_

FOR INSURANCE COMPANY USE  
 Policy Number: \_\_\_\_\_  
 Community NAIC Number: \_\_\_\_\_

\_\_\_\_\_

# BUILDING PHOTOGRAPHS

See Instructions for Item A6.

OMB No. 1660-0008

Expiration Date: November 30, 2022

## ELEVATION CERTIFICATE

|   |                                  |                   |                     |
|---|----------------------------------|-------------------|---------------------|
| <b>IMPORTANT: In these spaces, copy the corresponding information from Section A.</b>                                     | <b>FOR INSURANCE COMPANY USE</b> |                   |                     |
| Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.<br>1613 Caribbean Drive | Policy Number:                   |                   |                     |
| City<br>Sarasota  | State<br>Florida                 | ZIP Code<br>34231 | Company NAIC Number |

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

Photo One

Photo One Caption

Clear Photo One

Photo Two

Photo Two

Photo Two Caption

Clear Photo Two

BUILDING PHOTOGRAPHS

ELEVATION CERTIFICATE

OMB No. 1081-0001  
Expiration Date 11/01/2012

See instructions for form EA

Form EA-1081-0001

|  |  |  |                     |
|--|--|--|---------------------|
| FOR INSURANCE COVERAGE USE   |  | In this space, copy the corresponding information from Section A.                    |                     |
| Policy Number  |  | Building Name (including Apt. Unit, Suite, Room, Block, No., P.O. Room, and Box No.) | 1013 Campbell Drive |
| Company (NAE) Name   |  | State  | Florida             |
|  |  | Zip Code   | 33411               |
| <p>If using the Elevation Certificate to obtain NFIP flood insurance, you must at least 2 building photographs below and 10 to the left of the Elevation Certificate to obtain NFIP flood insurance. The photographs must show the building's exterior from the front, side, and rear views. When applicable, photographs must show the building's distinctive exterior of the flood coverage of the building. If submitting more photographs than indicated in Section A, it is your responsibility to indicate the photographs on the Elevation Certificate.</p> |  |  |                     |
| Photo One Elevation  |  | Photo Two Elevation  |                     |

# BUILDING PHOTOGRAPHS

Continuation Page

OMB No. 1660-0008

Expiration Date: November 30, 2022

## ELEVATION CERTIFICATE

|   |                  |                   |                                  |
|---|------------------|-------------------|----------------------------------|
| <b>IMPORTANT: In these spaces, copy the corresponding information from Section A.</b>                                     |                  |                   | <b>FOR INSURANCE COMPANY USE</b> |
| Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.<br>1613 Caribbean Drive |                  |                   | Policy Number:                   |
| City<br>Sarasota  | State<br>Florida | ZIP Code<br>34231 | 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.

Photo Three

Photo Three

Photo Three Caption

Clear Photo Three

Photo Four

Photo Four

Photo Four Caption

Clear Photo Four

