

# ELEVATION CERTIFICATE

IMPORTANT: Follow the instructions on pages 1-9.

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

12 108 562

## SECTION A - PROPERTY INFORMATION

FOR INSURANCE COMPANY USE	
Policy Number:	
Company NAIC Number:	
ZIP Code	<b>34275</b>

A1. Building Owner's Name **Charles Dall'Acqua**

A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.  
**2509 Casey Key Rd File # 05080696**

City **Nokomis** State **FL**

A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)  
**Property ID #0159-17-0008**

A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) **Residential**

A5. Latitude/Longitude: Lat. **27° 15' 58.585" N.** Long. **82° 48' 53.28" W.** Horizontal Datum:  NAD 1927  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):  
 a) Square footage of crawlspace or enclosure(s) 1,806 sq ft  
 b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade 10  
 c) Total net area of flood openings in A8.b 2,000 sq in  
 d) Engineered flood openings?  Yes  No

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 N/A  
 c) Total net area of flood openings in A9.b N/A sq in  
 d) Engineered flood openings?  Yes  No

## SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP Community Name & Community Number <b>Sarasota County 125144</b>		B2. County Name <b>Sarasota</b>		B3. State <b>FL</b>	
B4. Map/Panel Number <b>125144 0236</b>	B5. Suffix <b>D</b>	B6. FIRM Index Date <b>05/01/1984</b>	B7. FIRM Panel Effective/ Revised Date <b>05/01/1984</b>	B8. Flood Zone(s) <b>A12</b>	B9. Base Flood Elevation(s) (Zone AO, use base flood depth) <b>11</b>

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: **FDEP MONUMENT B-11 EL. = 11.69'** 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.

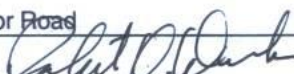
a) Top of bottom floor (including basement, crawlspace, or enclosure floor)	<u>2.8</u>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
b) Top of the next higher floor	<u>11.6</u>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
c) Bottom of the lowest 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>N/A</u>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
e) Lowest elevation of machinery or equipment servicing the building <b>Ak</b> <u>11.1</u> (Describe type of equipment and location in Comments)	<u>11.1</u>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
f) Lowest adjacent (finished) grade next to building (LAG)	<u>2.7</u>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
g) Highest adjacent (finished) grade next to building (HAG)	<u>10.5</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>N/A</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 <b>Robert O. Drake</b>		License Number <b>5965</b>	
Title <b>Project Manager</b>		Company Name <b>Red Stake Surveyors, Inc.</b>	
Address <b>7123 Proctor Road</b>		City <b>Sarasota</b>	State <b>FL</b>
Signature 		ZIP Code <b>34241</b>	Telephone <b>(941) 923-9997</b>
Date <b>12/03/2013</b>			



**ELEVATION CERTIFICATE, page 2**

<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. 2509 Casey Key Rd      File # 05080696	Policy Number:
City Nokomis	State FL
	ZIP Code 34275
	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

*C2e.) AIR CONDITIONER*

Signature



Date 12/03/2013

**SECTION E – BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO AND ZONE A (WITHOUT BFE)**

FRONT VIEW



REAR VIEW

