

U.S. DEPARTMENT OF HOMELAND SECURITY
FEDERAL EMERGENCY MANAGEMENT AGENCY
National Flood Insurance Program

ELEVATION CERTIFICATE

IMPORTANT: FOLLOW THE INSTRUCTIONS ON PAGES 8-15

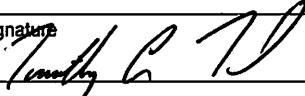
OMB Control Number: 1660-0008
Expiration: 11/30/2018

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						FOR INSURANCE COMPANY USE	
A1. Building Owner's Name <p align="center">Geraldine Dworanczyk & Doug Vogt</p>						Policy Number:	
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. <p align="center"># 1801 Chadwick Road</p>						Company NAIC Number:	
City <u>Englewood</u>				State <u>FL</u>		Zip Code <u>34223</u>	
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) <p align="center">Lot 912, Englewood Gardens, Unit 5, P.B. 4, Pgs. 72 & 73, Sarasota County, FL (Tax ID. 0487130003)</p>							
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) <u>Residential</u>							
A5. Latitude/Longitude: Lat. <u>N. 27° 00.023'</u> Long. <u>W.82°23.924'</u> 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 <u>6</u>							
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) <u>N/A</u> sq ft				a) Square footage of attached garage <u>1892±</u> 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>				b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade <u>11</u>			
c) Total net area of flood openings in A8.b <u>N/A</u> sq in				c) Total net area of flood openings in A9.b <u>1496±</u> sq in			
d) Engineered flood openings? <input type="radio"/> Yes <input checked="" type="radio"/> No				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 <p align="center">Sarasota 125144</p>				B2. County Name <p align="center">Sarasota</p>		B3. State <p align="center">Florida</p>	
B4. Map/Panel Number <p align="center">0344</p>	B5. Suffix <p align="center">E</p>	B6. FIRM Index Date <p align="center">09/03/1992</p>	B7. FIRM Panel Effective/ Revised Date <p align="center">09/03/1992</p>	B8. Flood Zone(s) <p align="center">AE</p>	B9. Base Flood Elevation(s) (Zone AO, use base flood depth) <p align="center">+13.00'</p>		
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 type="radio"/> FIRM <input type="radio"/> Community Determined <input type="radio"/> Other/Source: _____							
B11. Indicate elevation datum used for BFE in Item B9: <input 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 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: <input type="radio"/> Construction Drawings* <input checked="" type="radio"/> Building Under Construction* <input type="radio"/> 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: <u>Sarasota County Benchmark</u>				Vertical Datum: <u>NGVD 1929</u>			
Indicate elevation datum used for the elevations in items a) through h) below. <input checked="" type="radio"/> NGVD 1929 <input type="radio"/> NAVD 1988 <input type="radio"/> 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>10</u> . <u>0</u>		<input checked="" type="radio"/> feet		<input type="radio"/> meters	
b) Top of the next higher floor		<u>20</u> . <u>4</u>		<input checked="" type="radio"/> feet		<input type="radio"/> meters	
c) Bottom of the lowest horizontal structural member (V Zones only)		<u>N/A</u> . _____		<input checked="" type="radio"/> feet		<input type="radio"/> meters	
d) Attached garage (top of slab)		<u>10</u> . <u>0</u>		<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)		<u>N/A</u> . _____		<input checked="" type="radio"/> feet		<input type="radio"/> meters	
f) Lowest adjacent (finished) grade next to building (LAG)		<u>8</u> . <u>7</u>		<input checked="" type="radio"/> feet		<input type="radio"/> meters	
g) Highest adjacent (finished) grade next to building (HAG)		<u>9</u> . <u>1</u>		<input checked="" type="radio"/> feet		<input type="radio"/> meters	
h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support		<u>N/A</u> . _____		<input checked="" type="radio"/> feet		<input type="radio"/> meters	

ELEVATION CERTIFICATE, page 2

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

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. # 1801 Chadwick Road			Policy Number:		
City Englewood	State FL	Zip Code 34223	Company NAIC Number:		
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.					
<input type="checkbox"/> Check here if attachments.			Were latitude and longitude in Section A provided by a licensed land surveyor? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Certifier's Name Timothy A. Terhune		License Number LS 6060			
Title Professional Surveyor and Mapper	Company Name TCTS, Inc.				
Address 1990 Allen Street	City Englewood	State FL	Zip Code 34223		
Signature 	Date 5/11/2016	Telephone 941-474-4300			
Copy all pages 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)					
Signature			Date		
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 _____ . _____ <input type="radio"/> feet <input type="radio"/> meters <input type="checkbox"/> above or <input type="checkbox"/> below the HAG.					
b) Top of bottom floor (including basement, crawlspace, or enclosure) is _____ . _____ <input type="radio"/> feet <input type="radio"/> meters <input type="checkbox"/> above or <input type="checkbox"/> below the LAG.					
E2. For Building Diagrams 6-9 with permanent flood openings provided in Section A Items 8 and/or 9 (see page 8 of Instructions), the next higher floor (elevation C2.b in the diagrams) of the building is _____ . _____ <input type="radio"/> feet <input type="radio"/> meters <input type="checkbox"/> above or <input type="checkbox"/> below the HAG.					
E3. Attached garage (top of slab) is _____ . _____ <input type="radio"/> feet <input type="radio"/> meters <input type="checkbox"/> above or <input type="checkbox"/> below the HAG.					
E4. Top of platform of machinery and /or equipment servicing the building is _____ . _____ <input type="radio"/> feet <input type="radio"/> meters <input type="checkbox"/> above or <input type="checkbox"/> 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? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> 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					
<input type="checkbox"/> Check here if attachments.					

1. Decedent's name (last, first, middle initial) _____
 2. Decedent's address _____
 3. Decedent's date of death _____

4. Name of executor or administrator _____
 5. Name and address of attorney _____

6. Name and address of the estate's principal office _____

7. Description of property		8. Date of acquisition	9. Date of death	10. Fair market value at date of death
Real estate				
Personal property				
Life insurance				
Other property				

11. Total value of property at date of death _____

12. Total value of property at date of death less:

- (a) Total value of property excluded under Section 2010 _____
- (b) Total value of property excluded under Section 2011 _____
- (c) Total value of property excluded under Section 2012 _____
- (d) Total value of property excluded under Section 2013 _____
- (e) Total value of property excluded under Section 2014 _____
- (f) Total value of property excluded under Section 2015 _____
- (g) Total value of property excluded under Section 2016 _____
- (h) Total value of property excluded under Section 2017 _____
- (i) Total value of property excluded under Section 2018 _____
- (j) Total value of property excluded under Section 2019 _____
- (k) Total value of property excluded under Section 2020 _____
- (l) Total value of property excluded under Section 2021 _____
- (m) Total value of property excluded under Section 2022 _____
- (n) Total value of property excluded under Section 2023 _____
- (o) Total value of property excluded under Section 2024 _____
- (p) Total value of property excluded under Section 2025 _____
- (q) Total value of property excluded under Section 2026 _____
- (r) Total value of property excluded under Section 2027 _____
- (s) Total value of property excluded under Section 2028 _____
- (t) Total value of property excluded under Section 2029 _____
- (u) Total value of property excluded under Section 2030 _____
- (v) Total value of property excluded under Section 2031 _____
- (w) Total value of property excluded under Section 2032 _____
- (x) Total value of property excluded under Section 2033 _____
- (y) Total value of property excluded under Section 2034 _____
- (z) Total value of property excluded under Section 2035 _____
- (aa) Total value of property excluded under Section 2036 _____
- (ab) Total value of property excluded under Section 2037 _____
- (ac) Total value of property excluded under Section 2038 _____
- (ad) Total value of property excluded under Section 2039 _____
- (ae) Total value of property excluded under Section 2040 _____
- (af) Total value of property excluded under Section 2041 _____
- (ag) Total value of property excluded under Section 2042 _____
- (ah) Total value of property excluded under Section 2043 _____
- (ai) Total value of property excluded under Section 2044 _____
- (aj) Total value of property excluded under Section 2045 _____
- (ak) Total value of property excluded under Section 2046 _____
- (al) Total value of property excluded under Section 2047 _____
- (am) Total value of property excluded under Section 2048 _____
- (an) Total value of property excluded under Section 2049 _____
- (ao) Total value of property excluded under Section 2050 _____
- (ap) Total value of property excluded under Section 2051 _____
- (aq) Total value of property excluded under Section 2052 _____
- (ar) Total value of property excluded under Section 2053 _____
- (as) Total value of property excluded under Section 2054 _____
- (at) Total value of property excluded under Section 2055 _____
- (au) Total value of property excluded under Section 2056 _____
- (av) Total value of property excluded under Section 2057 _____
- (aw) Total value of property excluded under Section 2058 _____
- (ax) Total value of property excluded under Section 2059 _____
- (ay) Total value of property excluded under Section 2060 _____
- (az) Total value of property excluded under Section 2061 _____
- (ba) Total value of property excluded under Section 2062 _____
- (bb) Total value of property excluded under Section 2063 _____
- (bc) Total value of property excluded under Section 2064 _____
- (bd) Total value of property excluded under Section 2065 _____
- (be) Total value of property excluded under Section 2066 _____
- (bf) Total value of property excluded under Section 2067 _____
- (bg) Total value of property excluded under Section 2068 _____
- (bh) Total value of property excluded under Section 2069 _____
- (bi) Total value of property excluded under Section 2070 _____
- (bj) Total value of property excluded under Section 2071 _____
- (bk) Total value of property excluded under Section 2072 _____
- (bl) Total value of property excluded under Section 2073 _____
- (bm) Total value of property excluded under Section 2074 _____
- (bn) Total value of property excluded under Section 2075 _____
- (bo) Total value of property excluded under Section 2076 _____
- (bp) Total value of property excluded under Section 2077 _____
- (bq) Total value of property excluded under Section 2078 _____
- (br) Total value of property excluded under Section 2079 _____
- (bs) Total value of property excluded under Section 2080 _____
- (bt) Total value of property excluded under Section 2081 _____
- (bu) Total value of property excluded under Section 2082 _____
- (bv) Total value of property excluded under Section 2083 _____
- (bw) Total value of property excluded under Section 2084 _____
- (bx) Total value of property excluded under Section 2085 _____
- (by) Total value of property excluded under Section 2086 _____
- (bz) Total value of property excluded under Section 2087 _____
- (ca) Total value of property excluded under Section 2088 _____
- (cb) Total value of property excluded under Section 2089 _____
- (cc) Total value of property excluded under Section 2090 _____
- (cd) Total value of property excluded under Section 2091 _____
- (ce) Total value of property excluded under Section 2092 _____
- (cf) Total value of property excluded under Section 2093 _____
- (cg) Total value of property excluded under Section 2094 _____
- (ch) Total value of property excluded under Section 2095 _____
- (ci) Total value of property excluded under Section 2096 _____
- (cj) Total value of property excluded under Section 2097 _____
- (ck) Total value of property excluded under Section 2098 _____
- (cl) Total value of property excluded under Section 2099 _____
- (cm) Total value of property excluded under Section 2100 _____

13. Total value of property at date of death less exclusions _____

14. Total value of property at date of death less exclusions and deductions _____

15. Total value of property at date of death less exclusions and deductions and credits _____

16. Total value of property at date of death less exclusions and deductions and credits and taxes _____

17. Total value of property at date of death less exclusions and deductions and credits and taxes and interest _____

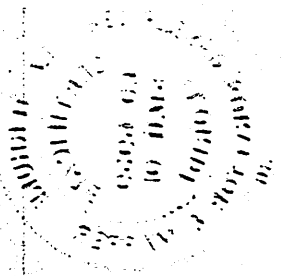
18. Total value of property at date of death less exclusions and deductions and credits and taxes and interest and penalties _____

19. Total value of property at date of death less exclusions and deductions and credits and taxes and interest and penalties and surtax _____

20. Total value of property at date of death less exclusions and deductions and credits and taxes and interest and penalties and surtax and other _____

21. Total value of property at date of death less exclusions and deductions and credits and taxes and interest and penalties and surtax and other and interest _____

22. Total value of property at date of death less exclusions and deductions and credits and taxes and interest and penalties and surtax and other and interest and other _____



ELEVATION CERTIFICATE, page 3

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

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. # 1801 Chadwick Road		Policy Number:	
City Englewood	State FL	Zip Code 34223	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. <input type="checkbox"/> 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. <input type="checkbox"/> 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. <input type="checkbox"/> 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: <input type="radio"/> New Construction <input type="radio"/> Substantial Improvement			
G8. Elevation of as-built lowest floor (including basement) of the building: _____ . _____ <input type="radio"/> feet <input type="radio"/> meters Datum _____			
G9. BFE or (in Zone AO) depth of flooding at the building site: _____ . _____ <input type="radio"/> feet <input type="radio"/> meters Datum _____			
G10. Community's design flood elevation: _____ . _____ <input type="radio"/> feet <input type="radio"/> meters Datum _____			
Local Official's Name		Title	
Community Name		Telephone	
Signature		Date	
Comments (including type of equipment and location, per C2(e), if applicable)			
<input type="checkbox"/> Check here if attachments.			

Building Photographs

See Instructions for Item A6.

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.
1801 Chadwick Road

Policy Number:

City Englewood

State FL

ZIP Code 34223

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.

Front View of Building

(May 11, 2016)



Building Photographs

Continuation Page

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.
1801 Chadwick Road

Policy Number:

City Englewood

State FI

ZIP Code 34223

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.

Rear View of Building

(May 11, 2016)

