

# 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 EDWARD CRUZ				Policy Number:	
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 609 COLONIAL BAY DRIVE				Company NAIC Number:	
City NOKOMIS		State Florida		ZIP Code 34275	
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) LOT 5, COLONIAL BAY ACRES, PID#0405090017					
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) <u>RESIDENTIAL</u>					
A5. Latitude/Longitude: Lat. <u>27°07'03.93"N</u> Long. <u>82°26'10.92"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) <u>0</u> sq ft					
b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade <u>0</u>					
c) Total net area of flood openings in A8.b <u>0</u> 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 <u>603</u> sq ft					
b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade <u>5</u>					
c) Total net area of flood openings in A9.b <u>1,000</u> 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 125144 SARASOTA COUNTY			B2. County Name SARASOTA		B3. State Florida
B4. Map/Panel Number 125144 0331	B5. Suffix E	B6. FIRM Index Date 09/03/1992	B7. FIRM Panel Effective/ Revised Date 09/03/1992	B8. Flood Zone(s) AE	B9. Base Flood Elevation(s) (Zone AO, use Base Flood Depth) 11
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9: <input type="checkbox"/> FIS Profile <input checked="" type="checkbox"/> FIRM <input type="checkbox"/> Community Determined <input type="checkbox"/> Other/Source: _____					
B11. Indicate elevation datum used for BFE in Item B9: <input checked="" type="checkbox"/> NGVD 1929 <input 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 Designation Date: _____ <input type="checkbox"/> CBRS <input type="checkbox"/> OPA					

# ELEVATION CERTIFICATE

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

<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. 609 COLONIAL BAY DRIVE			Policy Number:
City NOKOMIS	State Florida	ZIP Code 34275	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: NGS L 723 Vertical Datum: NAVD 1988

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.


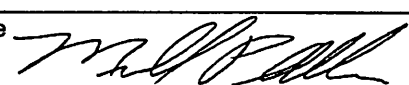
Check the measurement used.

- |   |             |  |
|---|-------------|--|
| a) Top of bottom floor (including basement, crawlspace, or enclosure floor)   | <u>12.1</u> | <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters |
| b) Top of the next higher floor   | <u>N/A</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>9.5</u>  | <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) | <u>13.1</u> | <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters |
| f) Lowest adjacent (finished) grade next to building (LAG)  | <u>8.2</u>  | <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters |
| g) Highest adjacent (finished) grade next to building (HAG)   | <u>11.5</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.

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

Certifier's Name MICHAEL P ALLEN	License Number PSM 6822	
Title OWNER		
Company Name BRIGHAM/ALLEN LAND SURVEYING		
Address 807 US HIGHWAY 41 BYPASS SOUTH, SUITE A		
City VENICE	State Mississippi	
Signature 	Date 06/02/2016	Telephone (941) 493-4430

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)

A5 SOURCE OF LAT/LONG IS HAND HELD GPS USING A CONVERSION APP (GPS TEST). C2 BENCH MARK 11.03 NAVD 1988 CONVERTED TO 12.15 NGVD 1929. C2(e) AC IS LOCATED ON THE RIGHT SIDE OF HOUSE.

IN WITNESS WHEREOF, the undersigned, being the duly authorized officers and directors of the above-named corporation, have hereunto set their hands and the seal of said corporation this 10th day of August, 1933.

City: London State: England

Secretary: John Maynard Keynes

SECTION 1 - BUILDING OF ELIATION CORPORATION (ARTICLE I)

1. The undersigned, being the duly authorized officers and directors of the above-named corporation, do hereby certify that the following is a true and correct copy of the articles of incorporation of the above-named corporation as the same exist and are in full force and effect, and that the same have been filed for record in the office of the Secretary of State of the State of England, and that the same have been duly recorded in the office of the Secretary of State of the State of England.

2. The undersigned do hereby certify that the following is a true and correct copy of the charter of the above-named corporation as the same exist and are in full force and effect, and that the same have been filed for record in the office of the Secretary of State of the State of England, and that the same have been duly recorded in the office of the Secretary of State of the State of England.

3. The undersigned do hereby certify that the following is a true and correct copy of the bylaws of the above-named corporation as the same exist and are in full force and effect, and that the same have been filed for record in the office of the Secretary of State of the State of England, and that the same have been duly recorded in the office of the Secretary of State of the State of England.

4. The undersigned do hereby certify that the following is a true and correct copy of the certificate of incorporation of the above-named corporation as the same exist and are in full force and effect, and that the same have been filed for record in the office of the Secretary of State of the State of England, and that the same have been duly recorded in the office of the Secretary of State of the State of England.

5. The undersigned do hereby certify that the following is a true and correct copy of the certificate of incorporation of the above-named corporation as the same exist and are in full force and effect, and that the same have been filed for record in the office of the Secretary of State of the State of England, and that the same have been duly recorded in the office of the Secretary of State of the State of England.

6. The undersigned do hereby certify that the following is a true and correct copy of the certificate of incorporation of the above-named corporation as the same exist and are in full force and effect, and that the same have been filed for record in the office of the Secretary of State of the State of England, and that the same have been duly recorded in the office of the Secretary of State of the State of England.

7. The undersigned do hereby certify that the following is a true and correct copy of the certificate of incorporation of the above-named corporation as the same exist and are in full force and effect, and that the same have been filed for record in the office of the Secretary of State of the State of England, and that the same have been duly recorded in the office of the Secretary of State of the State of England.

8. The undersigned do hereby certify that the following is a true and correct copy of the certificate of incorporation of the above-named corporation as the same exist and are in full force and effect, and that the same have been filed for record in the office of the Secretary of State of the State of England, and that the same have been duly recorded in the office of the Secretary of State of the State of England.

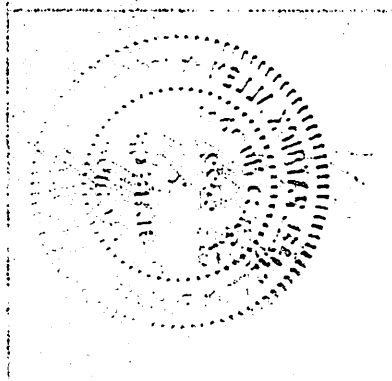
9. The undersigned do hereby certify that the following is a true and correct copy of the certificate of incorporation of the above-named corporation as the same exist and are in full force and effect, and that the same have been filed for record in the office of the Secretary of State of the State of England, and that the same have been duly recorded in the office of the Secretary of State of the State of England.

10. The undersigned do hereby certify that the following is a true and correct copy of the certificate of incorporation of the above-named corporation as the same exist and are in full force and effect, and that the same have been filed for record in the office of the Secretary of State of the State of England, and that the same have been duly recorded in the office of the Secretary of State of the State of England.

SECTION 2 - SUBSCRIPTION LIST OF ELIATION CORPORATION

The undersigned do hereby certify that the following is a true and correct copy of the subscription list of the above-named corporation as the same exist and are in full force and effect, and that the same have been filed for record in the office of the Secretary of State of the State of England, and that the same have been duly recorded in the office of the Secretary of State of the State of England.

Original in attachments.



Name: John Maynard Keynes  
 Address: London, England  
 Signature: [Signature]  
 Date: 10th August 1933

IN WITNESS WHEREOF, the undersigned, being the duly authorized officers and directors of the above-named corporation, have hereunto set their hands and the seal of said corporation this 10th day of August, 1933.

City: London State: England

Secretary: John Maynard Keynes

# ELEVATION CERTIFICATE

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

<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. 609 COLONIAL BAY DRIVE			Policy Number:
City NOKOMIS	State Florida	ZIP Code 34275	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

OMB No. 1660-0008

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City NOKOMIS	State Florida	ZIP Code 34275	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

14-157 864 B1

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.



# BUILDING PHOTOGRAPHS

See Instructions for Item A6.

OMB No. 1660-0008  
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City NOKOMIS	State Florida	ZIP Code 34275	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 Caption FRONT 6/2/16



Photo Two

Photo Two Caption REAR 6/2/16



# BUILDING PHOTOGRAPHS

Continuation Page

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## ELEVATION CERTIFICATE

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City NOKOMIS	State Florida	ZIP Code 34275	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.

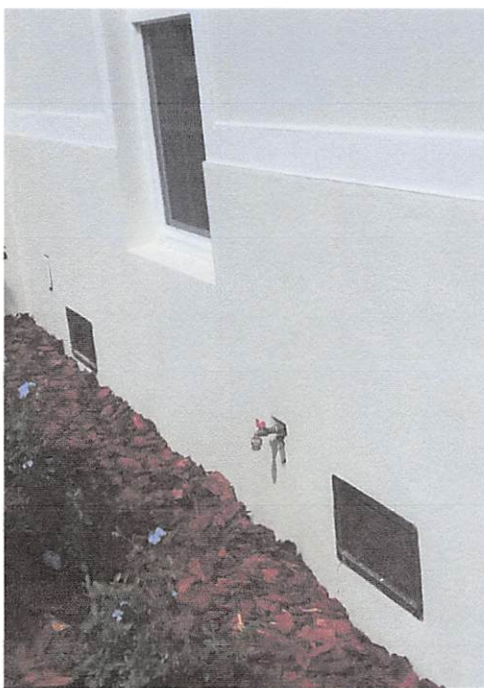


Photo One

Photo One Caption Vents are less than 1 foot of the ground.



Photo Two

Photo Two Caption