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

## **ELEVATION CERTIFICATE**

Important: Read the instructions on pages 1-9.

OMB No. 1660-0008

Expiration	Date:	July 31.	2015
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					50 T 7025	10000		and the latest designation of		
		- Property	SECTION	A - PROPER	RTY INFORMA	TION		-	nsurance Co	ompany Use
	ding Owner's Name Fran Surles: Palm							Polic	y Number:	
	ding Street Address Estrada	s (including Apt., U	nit, Suite, and/or Bldg. N	o.) or P.O. Ro	ute and Box No.			Gom	pany NAIC N	lumber:
City	IODTI I DODT		State		ZIP Code	AL PAR				
A3. Prop		ot and Block Numb	rida ers, Tax Parcel Number arasota County Florida		287 ption, etc.)	M				
A5. La A6. At A7. Bo A8. Fo a) b)	atitude/Longitude: I ttach at least 2 pho uilding Diagram Nu or a building with a Square footage of No. of permanent enclosure(s) within	Lat. 27°02'40.0" N. otographs of the building applies of the building of the b	osure(s): osure(	6" W. Hor being used to sq ft sq in	A9. For a bui a) Square foota b) No. of perma within 1.0 for c) Total net are d) Engineered f	NAD 192 rance.  Iding with a ge of attac inent flood ot above a a of flood o	an attache ched garag openings djacent grappenings in ings?	d garag je in the a ade	<u>0</u>	sq ft ge sq in
		SECTIO	N B - FLOOD INSUR	ANCE RATI	MAP (FIRM)	INFORM	ATION			
B1. N		ame & Community I rasota County 125		B2. Cour	nty Name Saraso	ota		B	3. State	FL
	4. Map/Panel Number 25144 0375	B5. Suffix	B6. FIRM Index Date 09/03/1992	Effective/	RM Panel Revised Date /01/1984	B8. FI Zone A8	(s)			evation(s) (Zone e flood depth) et
B12. Is t		um used for BFE in	☐ Community Determin Item B9: ☑NGVD 1: r Resources System (Cl	929 N BRS) area or 0		☐ Other ([ ted Area (		☐ Yes	⊠ No	
		SECTION	C - BUILDING ELE	VATION INF	ORMATION (S	URVEY	REQUIRE	D)		
C1. Build	ding elevations are		Construction Drawings		ilding Under Cor				ed Construction	on
*A new B	Elevation Certificate	e will be required w	nen construction of the b	ouilding is com	plete.					
			th BFE), VE, V1-V30, V tem A7. In Puerto Rico			AR/A1-A3	0, AR/AH,	AR/AO.	. Complete It	ems C2.a-h below
			atum: N.G.V.D. 29				Ditte			
Indicate	elevation datum us	sed for the elevation	is in items a) through h) s same as that used for t	below. ⊠ NG the BFF	VD 1929 ∐ NAV	/D 1988 L	J Other/So	urce:		
Datum u.	sed for banding ele	Tationo mast bo the						Chec	ck the measu	rements used.
a)	Top of bottom floo	or (including basem	ent, crawlspace, or encl	osure floor)	<u>12.9</u>	$\boxtimes$	feet		meters	
b)	Top of the next his	gher floor			<u>N/A</u>		feet		meters	
c)			ural member (V Zones o	only)	<u>N/A</u>		feet		meters	
d) e)	Attached garage (		equipment servicing	the huilding	<u>N/A.</u> 11.2		feet feet		meters meters	
f)	(Describe type of		ition in Comments)	ure building	8.3		feet		meters	
g)			t to building (HAG)		<u>8.7</u>	$\boxtimes$	feet		meters	
h)	Lowest adjacent structural support	_	evation of deck or stail	rs, including	<u>8.3</u>	$\boxtimes$	feet		meters	
	otractarar capport		N D - SURVEYOR, E	ENGINEER,	OR ARCHITEC	T CERT	FICATIO	N		
informat  / unders    Che   Che	tion. I certify that the stand that any false	e information on the statement may be nts are provided on tents.		my best effort prisonment ur ere latitude and ensed land sur	s to interpret the	data availa e, Section ctio <u>n A</u> pro	able. 1001.		S	ACE EAL ERE
Title	Aldii K. F	1011	Company Name		3341			7	H	EKE
F	Professional Surve		Van		Associates, Inc.	ID 6 :				
Addres 1	ss 2450 Tamiami Tra	Cit	y North Port	State Flor		IP Code	34287	,		
Signa			ate	Teleph	one		2 1201			
	1 Ment	121	12/14/2015		(941) 426-0	0681			_	

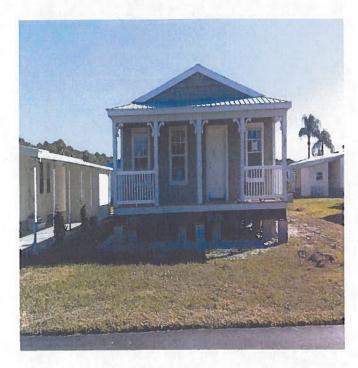
See reverse side for continuation

	266 teverse side i	- Communication		
IMPORTANT: In these spaces,	copy the corresponding informati	on from Section A.	Fo	r Insurance Company Use
Building Street Address (including Apt 207 Estrada	., Unit, Suite, and/or Bldg. No.) or P.O. F	Route and Box No.	Po	licy Number:
City NORTH PORT	State Florida	Zip Co 34287	de Co	mpany NAIC Number:
	D - SURVEYOR, ENGINEER, OR A ate for (1) community official, (2) insuran			ED)
Home will be perforate	achinery in Item C2., e), is the A/C pad. ed vinyl skirting design to collapse. There	Mobile home has no skirting at e is no drive or carport at date o	time of survey. For this certificate.	Proposed skirting for Mobile (see photos)
ignature Musican	Date 12/14/2	015		
For Zones AO and A (without BFE), con	ATION INFORMATION (SURVEY)  polete Items E1-E5. If the Certificate is inde, if available. Check the measurement	NOT REQUIRED) FOR ZO	LOMR-F request,	
rade (HAG) and the lowest adjacent gra ) Top of bottom floor (including baseme ) Top of bottom floor (including baseme E2. For Building Diagrams 6-9 with p elevation C2.b in the diagrams) of the b	nt, crawlspace, or enclosure) is <u>N/A.</u> nt, crawlspace, or enclosure) is <u>N/A.</u> ermanent flood openings provided in Se		bove or  belo bove or  belo ges 8-9 of instruction the HAG.	ow the HAG. ow the LAG. ction, the next higher floor
	umber is available, is the top of the bot known. The local official must certify this		ice with the com	munity's floodplain managem
SECTION	F-PROPERTY OWNER (OR OWN	ER'S REPRESENTATIVE)	CERTIFICATI	ON
The property owner or owner's authorize cone AO must sign here. The statemen	ed representative who completes Section ts in Sections A, B, and E are correct to t	ns A, B, and E for Zone A (with the best of my knowledge.	out a FEMA-issue	ed or community-issued BFE)
Property Owner's or Owner's Author	ized Representative's Name			
Address	City	State		ZIP Code
Signature	Date	Telep	hone	
Comments				
				☐ Check here if attachmen
	SECTION G -COMMUNITY I	NEORMATION (OPTIONAL	<del></del>	Officer fiere if attachmen
and G of this Elevation Certificate. Com G1.   The information in Section C wa authorized by law to certify elevation info G2.   A community official completed	w or ordinance to administer the commuplete the applicable item(s) and sign below taken from other documentation that had mation. (Indicate the source and date of Section E for a building located in Zone as G4-G9) is provided for community flood	ow. Check the measurement uses been signed and sealed by a fitne elevation data in the Corrowal (without a FEMA-issued or co	sed in Items G8 a a licensed survey nments area belo	and G9. or, engineer, or architect who w.)
G4. Permit Number N/A	G5. Date Permit Issued N/A	G6. Date Certificat	e Of Compliance <u>N/A</u>	Occupancy Issued
7. This permit has been issued for:		stantial Improvement		
68. Elevation of as-built lowest floor (inc		feet  meters	Datum N/A	
69. BFE or (in Zone AO) depth of floodi 610. Community's design flood elevatio			Datum <u>N/A</u> Datum <u>N/A</u>	
Local Official's Name		Title		
Community Name		Telephone		
Signature		Date	*	
Comments		wiper-		
				☐ Check here if attachments
				CHECK HELE II ARROHITIETIES

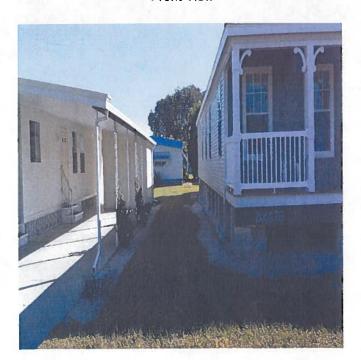
## Building Photographs See Instructions for Item A6.

			For insurance Company Use
Building Street Address (in 207 Estrada	ncluding Apt., Unit, Suite, and/or Bldg. No.	Policy Number:	
City	State	Zip Code	Gompany NAIC Number:
NORTH PORT	Florida	34287	

If using the Elevation Certificate to obtain NFIP flood insurance, affix at least two 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." If submitting more photographs than will fit on this page, use the Continuation Page on the reverse.



Front View



Left Side View Photographs Date Taken 12/14/2015



Rear View



Right Side View Job # 15-1144

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