ELEVATION CERTIFICATE

IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON INSTRUCTION PAGES 1-11

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.:						FOR INSURANCE COMPANY USE		
599 Portside Dr. City: North Port						Policy Number:		
						Company NAI	C Number:	
SECTION E – BUILDING MEASUREMENT INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO, ZONE AR/AO, AND ZONE A (WITHOUT BFE)								
For Zones AO, AR/AO, and A (without BFE), cointended to support a Letter of Map Change requenter meters.	mplete Items E1- Jest, complete Se	E5. For Items ctions A, B, ar	E1-E4,	use nat neck the	ural g meas	rade, if availab surement used	le. If the Certificate is In Puerto Rico only,	
Building measurements are based on:					uction	* III Finishe	d Construction	
E1. Provide measurements (C.2.a in applicable measurement is above or below the natural			ing and	check t	the ap	propriate boxes	s to show whether the	
 a) Top of bottom floor (including basement, crawlspace, or enclosure) is: 			feet	☐ me	ters	☐ above or	☐ below the HAG.	
b) Top of bottom floor (including basement, crawlspace, or enclosure) is:			feet	☐ me	ters	☐ above or	☐ below the LAG.	
E2. For Building Diagrams 6–9 with permanent next higher floor (C2.b in applicable Building Diagram) of the building is:	flood openings pr	ovided in Sect		Section of the Sectio		**************************************		
E3. Attached garage (top of slab) is:			feet feet	harmani gamenting	ters ters	above or above or	□ below the HAG.□ below the HAG.	
E4. Top of platform of machinery and/or equipm servicing the building is:	ent		feet	☐ me	ters	☐ above or	below the HAG.	
E5. Zone AO only: If no flood depth number is a floodplain management ordinance?							*	
SECTION F PROPERTY OWNE	R (OR OWNER	'S AUTHORI	ZED R	EPRES	BENT	ATIVE) CERT	TIFICATION	
The property owner or owner's authorized repressign here. The statements in Sections A, B, and					or Zor	ne A (without B	FE) or Zone AO must	
☐ Check here if attachments and describe in th	e Comments are	a .						
Property Owner or Owner's Authorized Representative Name:								
Address:								
City:				State: _		ZIP Code:		
Telephone: Ext.:	Email:	aneenskaleisiseestajaajapajasestationisestationisestationisestationisestationisestationisestationisestationise	UNIONALIANIA SIN SE	erzoladula estile de anterior a caracte				
Signature:		Da	te:					
Comments:					Garago sanda costa de circulos basingo gas parcosis			