## ELEVATION CERTIFICATE

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

	Unit Suite and/or Bldg No For	P O Route and Box No.:	FOR INSURANCE COMPANY USE
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.: 599 Portside Dr.			- Policy Number.
City: North Port	State: FL	ZIP Code: 34287	- Company NAIC Number:
	BUILDING'S FIRST FLOOR VEY NOT REQUIRED (FOR	HEIGHT INFORMATION INSURANCE PURPOSI	FOR ALL ZONES SONLY)
The property owner, owner's authoriz	zed representative, or local flood height for insurance purposes. S	plain management official me ections A, B, and I must also rence the Foundation Type	ay complete Section H for all flood zones be completed. Enter heights to the e Diagrams (at the end of Section H
H1. Provide the height of the top of	the floor (as indicated in Foundal	tion Type Diagrams) above t	ne Lowest Adjacent Grade (LAG):
a) For Building Diagrams 1A, floor (include above-grade floors crawispaces or enclosure floors)	s only for buildings with		☐ meters ☐ above the LAG
b) For Building Diagrams 2A, higher floor (i.e., the floor above enclosure floor) is:	2B, 4, and 6-9. Top of next basement, crawispace, or		☐ meters ☐ above the LAG
H2. Is all Machinery and Equipment H2 arrow (shown in the Foundat  Yes No	servicing the building (as listed it tion Type Diagrams at end of Ser	in Item H2 instructions) eleva- ction H instructions) for the a	ated to or above the floor indicated by the ppropriate Building Diagram?
Check here if attachments are property Owner or Owner's Authorizated			
City:		State:	ZIP Code:
Telephone:	Ext.: Email:		
Signature:		Date:	
Comments:			