OMB No. 1660-0008

☐ Check here if attachments.	*	
	Comments (including type of equipment and location, per C2(e), if applicable)	ဂါ
	Signature	S
	Community Name	C
	Local Official's Name	1.5
meters Datum	G10. Community's design flood elevation:	. 0
meters Datum	G9. BFE or (in Zone AO) depth of flooding at the building site:	0
meters Datum	G8. Elevation of as-built lowest floor (including basement)	0
	G7. This permit has been issued for:   New Construction  Substantial Improvement	6
Date Certificate of Compliance/Occupancy Issued	G4. Permit Number   G5. Date Permit Issued   G6. D	
ent purposes.	G3. The following information (Items G4–G10) is provided for community floodplain management purposes	
२-issued or community-issued BFE)	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.	
nd sealed by a licensed surveyor, a source and date of the elevation	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.)	
nagement ordinance can complete below. Check the measurement	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.	
	SECTION G - COMMUNITY INFORMATION (OPTIONAL)	T
Company NAIC Number	City State ZIP Code ENGLEWOOD Florida 34223	
Policy Number:	6127 GNARLED OAK LANE	
FOR INSURANCE COMPANY US	IMPORTANT: in these spaces, copy the corresponding information from Section A.	. =
Expiration Date: November 30, 201		10

# U.S. DEPARTMENT OF HOMELAND SECURITY Federal Emergency Management Agency National Flood Insurance Program

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

# ELEVATION CERTIFICATE Important: Follow the instructions on pages 1-9.

	ed Area (OPA)? ☐ Yes 区 No	Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)?   Yes Designation Date:   CBRS   OPA	≥sources System (CBR	Coastal Barrier Reso	g located in a	Designation Date
A1. Building Owner's Name LINDA B. PETERSIN  A2. Building Street Address (including Apt., Unit, Suite, and/or Bidp. No.) or P.O. Route and Company Nat	n/Source:	NAVD 1988 ☐ Other	39: NGVD 1929	used for BFE in Item E	ation datum u	
A1. Building Owner's Name  LINUA, B. PETERSEN  A2. Building Owner's Name  LINUA, B. PETERSEN  A3. Building Street Address (including Apt., Unit, Suite, and/or Bldg, No.) or P.O. Route and  E127 CNARCLED OAK LANE  COMPANY US  ENGLEWOOD  A3. Properly Description (Lof and Block Numbers, Tax Parcel Number; Legal Description, etc.)  LOT 9, GNARLED OAKS BAYSIDE, TAX ID #8500030009  A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.)  A5. Letitudent-Ingitude: Lat. 26.94896*  A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insurance.  A7. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.)  A8. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insurance.  A7. Building Diagram Number  18  A8. For a building with a crawispace or enclosure(s):  a) Square footage of crawispace or enclosure(s):  b) Number of permanent flood openings in the crawispace or enclosure(s) within 1.0 foot above adjacent grade 3  c) Total net area of flood openings in A3-b  O) Total net area of flood openings in A3-b  O) Engineered flood openings in A3-b  English Data BB-Flood Elevation(s)  English Data BB-Flood Elevation(s)  Cann A0, use Base Flood Elevation(s)  Cann A0, use Base Flood Depth)	30:	flood depth entered in Item B	n (BFE) data or base mined ☐ Other/Sc	Base Flood Elevation Community Dete	source of the	
A1. Building Owner's Name LINDA B. PETERSEN A2. Building Owner's Name LUNDA B. PETERSEN A2. Building Owner's Name LUNDA B. PETERSEN A2. Building Owner's Name City City CONARLED OAK LANE CONTROLL Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) LOT 9, GNARLED OAKS BAYSIDE, TAX ID #50502090009  A3. Building Use (e.g., Realderries), Non-Residentia, Nadfition, Accessory, etc.) LOT 9, GNARLED OAKS BAYSIDE, TAX ID #50502090009  A4. Building Use (e.g., Realderries), Non-Residentia, Nadfition, Accessory, etc.) LOT 9, GNARLED OAKS BAYSIDE, TAX ID #50502090009  A4. Building Use (e.g., Realderries), Non-Residentia, Nadfition, Accessory, etc.) LOT 9, GNARLED OAKS BAYSIDE, TAX ID #505090009  A5. Property Description (Lot and Block Numbers, Tax Parcel Long-12233301° LOT 9, GNARLED OAKS BAYSIDE, TAX ID #505090009  A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood Insurance.  A7. Building Diegram Number  A8. For a building with a crawfspace or enclosure(e):  BAS Square foologe of crawfspace or enclosure(e): BAS Square foologe of attached garage: BAS Square foolog	se Flood Elevation(s) sne AO, use Base Flood Depth)	B8. Flood Zone(s) AE	B7. FIRM Panel Effective/ Revised Date 11-04-2016	B6. FIRM Index Date 11-04-2016	B5. Suffix	B4. Map/Panel Number 12115C-0453
A1. Building Owner's Name  LINDA B. PETERSEN  A2. Building Street Address (including Apt., Unit, Suite, and/or Bidg, No.) or P.O. Route and 6127 GINARLED OAK LANE  City  ENGLEWOOD  A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)  LOT 9, GNARLED OAKS BAYSIDE, TAX ID #050209009  A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.)  LOT 9, GNARLED OAKS BAYSIDE, TAX ID #050209009  A5. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)  LOT 9, GNARLED OAKS BAYSIDE, TAX ID #050209009  A6. Attach at less 2 photographs of the building if the Certificate is being used to obtain flood insurance.  A7. Building Diegram Number  18  A8. For a building with a crawispace or enclosure(s):  a) Square flood openings in A8.b  b) Number of permanent flood openings in the crawispace or enclosure(s) within 1.0 foot above adjacent grade  c) Total net area of flood openings in A8.b  O sq ft  b) Number of permanent flood openings in the strached garage  a) Square flood openings in A8.b  O sq ft  D) Number of permanent flood openings in A8.b  O sq ft  D) Regineered flood openings in A8.b  SECTION B - FLOOD INSURANCE RATE MAP (Firaty) INFORMATION	B3. State Florida	ty Name TA	B2. Count SARASO	Community Number	nity Name & ( NTY - 12514	SARASOTA COU
A1. Building Owner's Name LINDA B. PETERSEN  A2. Building Street Address (including Apt., Unit, Suite, and/or Bidg, No.) or P.O. Route and Box No. 6127 GNARLED OAK LANE City LOT 9, GNARLED OAK LANE A3. Property Description (Lot and Block Numbers, Tax Parosi Number, Legal Description, etc.) LOT 9, GNARLED OAK BAYSIDE, TAX ID #050209009  A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) A5. Letitude/Longitude: Lat 26.94896* Long-82.37361* A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insurance. A7. Building Diagram Number 18  A8. For a building with a crawispace or enclosure(s) a) Square footage of crawispace or enclosure(s) b) Number of permanent flood openings in A8.b c) Total net area of flood openings in the crawispace or enclosure(s) within 1.0 foot above adjacent grade b) Number of permanent flood openings in the strached garage a) Square footage of attached garage  0 sq ft b) Number of permanent flood openings in the strached garage within 1.0 foot above adjacent grade 0 c) Total net area of flood openings in A9.b 0 Total net area of floo	NOI	E MAP (FIRM) INFORMATI	INSURANCE RAT	ECTION B - FLOOD	<u>8</u>	
A1. Building Owner's Name LINDA B. PETERSEN  A2. Building Street Address (including Apct., Unit, Suite, and/or Bldg, No.) or P.O. Route and 6127 GNARLED OAK LANE  City ENGLEWOOD  A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) LOT 8, GNARLED OAKS BAYSIDE, TAX ID #0502090009  A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) A5. Latitude/Longhtude: Lat. 26.94896°  A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insurance.  A7. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.)  Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.)  A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insurance.  A7. Building Diagram Number  B4. Square footage of craw/space or enclosure(s):  a) Square footage of craw/space or enclosure(s)  b) Number of permanent flood openings in A8.b  A8. For a building with an attached garage:  a) Square footage of flood openings in the estached garage within 1.0 foot above adjacent grade 0  c) Total net area of flood openings in the estached garage within 1.0 foot above adjacent grade 0  c) Total net area of flood openings in the estached garage within 1.0 foot above adjacent grade 0  c) Total net area of flood openings in the estached garage within 1.0 foot above adjacent grade 0  c) Total net area of flood openings in the estached garage within 1.0 foot above adjacent grade 0			No	× Yes □	flood openia	d) Engineered
A1. Building Owner's Name LINDA B. PETERSEN  A2. Building Street Address (including Apri., Unit, Sufte, and/or Bidg. No.) or P.O. Route and 6127 GNARLED OAK LANE  City ENGLEWOOD  A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)  LOT 9, GNARLED OAKS BAYSIDE, TAX ID #0502090009  A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.)  A5. Latitude/Longitude: Lat. 26.94896°  A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insurance.  A7. Building Using with a crawfspace or enclosure(s):  a) Square footage of crawfspace or enclosure(s):  a) Square footage of flood openings in Ab.  b) Number of permanent flood openings in the crawfspace or enclosure(s) within 1.0 foot above adjacent grade 0  b) Number of permanent flood openings in the stached garage  a) Square footage of attached garage:  a) Square footage of attached garage:  a) Square footage of attached garage:  a) Square footage of attached garage  b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade 0  b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade 0  b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade 0		sq in	0	penings in A9.b	rea of flood o	c) Total net a
SECTION A - PROPERTY INFORMATION  A1. Building Owner's Name LINICA B. PETERSEN  A2. Building Street Address (Including Apt., Unit, Suite, and/or Bidg. No.) or P.O. Route and BOX No.  6127 GNARLED OAK LANE  City  ENDEMOND  A3. Properly Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)  LOT 9, GNARLED OAKS BAYSIDE. TAX ID #0502059009  A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.)  A5. Latitude/Longitude: Lat 26.94896°  A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insurance.  A7. Building With a craw/space or enclosure(s)  e) Square footage of craw/space or enclosure(s)  e) Square footage of attached garage:  a) Square footage of attached garage  O sq ft  FOR INSURACE COMPANY US  FOR INSURANCE COMPA	ade 0	in 1.0 foot above adjacent gra	attached garage with	lood openings in the	permanent fi	b) Number of
A1. Building Owner's Name LINDA B. PETERSEN  A2. Building Owner's Name LINDA B. PETERSEN  A2. Building Street Address (including Apt., Unit, Suite, and/or Bkg. No.) or P.O. Route and Box No.  6127 GNARLED OAK LANE  City ENGLEWOOD A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)  LOT 9, GNARLED OAKS BAYSIDE, TAX ID #0502050009  A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.)  A5. Latitude/Longitude: Lat 26.94896° Long. 42.37361° A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insurance.  A7. Building Diagram Number  A8. For a building with a crawispace or enclosure(s): a) Square footage of crawispace or enclosure(s): b) Number of permanent flood openings in the crawispace or enclosure(s) within 1.0 foot above adjacent grade c) Total net area of flood openings in A8.b  Gompany NAIC Number.  Company NAIC Number:  ZIP Code A7. Building Use (e.g., Residential, Addition, Accessory, etc.)  Long. 42.37361° Horizontal Detum:  A8. Horizontal Detum:  A9. NaD 1927  NAD 1983  A9. For a building with a crawispace or enclosure(s): a) Square footage of crawispace or enclosure(s): b) Number of permanent flood openings in the crawispace or enclosure(s) within 1.0 foot above adjacent grade c) Total net area of flood openings in A8.b  A9. For a building with an attached garage:		q ft		hed garage	stage of attac	a) Square for
A1. Building Owner's Name  LINDA B. PETERSEN  A2. Building Street Address (Including Aprt., Unit, Suite, and/or Bidg. No.) or P.O. Route and Company NAIC Number:  A2. Building Street Address (Including Aprt., Unit, Suite, and/or Bidg. No.) or P.O. Route and Company NAIC Number:  City  ENGLEWOOD  A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)  LOT 9, GNARLED OAK BAYSIDE, TAX ID #0502090009  A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.)  A5. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insurance.  A7. Building Diagram Number  18  A8. For a building with a crawispace or enclosure(s):  a) Square footage of crawispace or enclosure(s):  a) Square footage of flood openings in the crawispace or enclosure(s) within 1.0 foot above adjacent grade 3  c) Total net area of flood openings?   X yes   No				hed garage:	with an attac	A9. For a building
SECTION A - PROPERTY INFORMATION  A1. Building Owner's Name LINDA B. PETERSEN  A2. Building Street Address (including Apt., Unit, Suite, and/or Bidg. No.) or P.O. Route and Company NAIC Number:  City ENGLEWOOD  A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)  LOT 9, GNARLED OAKS BAYSIDE, TAX ID #0502090009  A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.)  A5. Latitude/Longitude: Lat 26.94896°  A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insurance.  A7. Building Diagram Number  1B  A8. For a building with a craw/space or enclosure(s)  a) Square footage of craw/space or enclosure(s)  b) Number of permanent flood openings in the craw/space or enclosure(s) within 1.0 foot above adjacent grade 3  c) Total net area of flood openings in A8.b  384 sq in			No	X Yes	d flood open	d) Engineere
SECTION A – PROPERTY INFORMATION  A1. Building Owner's Name  LINDA B. PETERSEN  A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.  6127 GNARLED OAK LANE  City  City  A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)  A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.)  A5. Latitude/Longitude: Lat 26.94896°  A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insurance.  A7. Building Diagram Number  1B  A8. For a building with a craw/space or enclosure(s):  a) Square footage of craw/space or enclosure(s) in the craw/space or enclosure(s) within 1.0 foot above adjacent grade 3  b) Number of permanent flood openings in the craw/space or enclosure(s) within 1.0 foot above adjacent grade 3		ą in	384 \$0	openings in A8.b	irea of flood	c) Total net a
A1. Building Owner's Name  LINDA B. PETERSEN  A2. Building Street Address (including Apt., Unit, Suite, and/or Bidg. No.) or P.O. Route and Company NAIC Number:  City ENGLEWOOD  A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)  LOT 9, GNARLED OAKS BAYSIDE, TAX ID #0502090009  A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.)  A5. Latitude/Longitude: Lat 26.94896°  A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insurance.  A7. Building Diagram Number  1 B  A8. For a building with a craw/space or enclosure(s):  a) Square footage of craw/space or enclosure(s):  612 GNAALTED OAK LANE  Company NAIC Number:  A7. Building Owner's Name  FOR INSURANCE COMPANY US  FOR INSU		sure(s) within 1.0 foot above a	crawispace or enclos	flood openings in the	permanent i	b) Number of
A1. Building Owner's Name  LINDA B. PETERSEN  A2. Building Street Address (including Apt., Unit, Suite, and/or Bkg. No.) or P.O. Route and Company NAIC Number:  City ENGLEWOOD  A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)  LOT 9, GNARLED OAKS BAYSIDE, TAX ID #050209009  A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.)  A6. Latitude/Longitude: Lat 26.94896°  A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insurance.  A8. For a building with a craw/space or enclosure(s):			8)	vispace or enclosure(	otage of crav	a) Square fo
A1. Building Owner's Name LINDA B. PETERSEN  A2. Building Street Address (including Apt., Unit, Suite, and/or Bklg. No.) or P.O. Route and City ENGLEWOOD  A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)  A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.)  A5. Latitude/Longitude: Lat 26.94896°  A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insurance.			Ÿ.	Ispace or enclosure(s	with a craw	
A1. Building Owner's Name LINDA B. PETERSEN  A2. Building Street Address (including Apt., Unit, Suite, and/or Bidg. No.) or P.O. Route and Company NAIC Number:  City ENGLEWOOD  A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)  LOT 9, GNARLED OAKS BAYSIDE, TAX ID #0502090009  A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.)  LOT 9, GNARLED OAKS BAYSIDE, TAX ID #0502090009  A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.)  Long82.37361°  A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insurance.				Ē	jram Number	A7. Building Diag
A1. Building Owner's Name LINDA B. PETERSEN  A2. Building Street Address (including Apt., Unit, Suite, and/or Bidg. No.) or P.O. Route and Box No.  6127 GNARLED OAK LANE  City ENGLEWOOD  A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)  LOT 9, GNARLED OAKS BAYSIDE, TAX ID #0502090009  A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.)  A5. Latitude/Longitude: Lat 26.94896°  Long82.37361°  Horizontal Datum: NaD 1927   NAD 1983		g used to obtain flood insuran	he Certificate is being	ohs of the building if t	t 2 photograp	A6. Attach at leas
A1. Building Owner's Name LINDA B. PETERSEN  A2. Building Street Address (including Apt., Unit, Suite, and/or Bidg. No.) or P.O. Route and Box No.  6127 GNARLED OAK LANE  City ENGLEWOOD  A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)  LOT 9, GNARLED OAKS BAYSIDE, TAX ID #0502090009  A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.)  NON-RESIDENTIAL	NAD 1927	Horizontal Datum:	Long82.37361°	26.94896°	gitude: Lat	A5. Latitude/Lon
A1. Building Owner's Name LINDA B. PETERSEN  A2. Building Street Address (including Apt., Unit, Suite, and/or Bidg. No.) or P.O. Route and Box No.  6127 GNARLED OAK LANE  City ENGLEWOOD  A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)  A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)	IAL		al, Addition, Accesso	ential, Non-Residenti	(e.g., Reside	A4. Building Use
A1. Building Owner's Name LINDA B. PETERSEN  A2. Building Street Address (including Apt., Unit, Sufte, and/or Bidg. No.) or P.O. Route and Company NAIC Number:  6127 GNARLED OAK LANE  City ENGLEWOOD  State Florida  State Florida  State State Florida  State S		Legal Description, etc.)	Tax Parcel Number,	SIDE, TAX ID #0502	D OAKS BA	LOT 9, GNARLE
A1. Building Owner's Name LINDA B. PETERSEN  A2. Building Street Address (including Apt., Unit, Suite, and/or Bidg. No.) or P.O. Route and  City  State  State  State  Company Naic Agent Company, and (3) building owner, and	34223		Floric		Ö	ENGLEVOC
A1. Building Owner's Name LINDA B. PETERSEN  A2. Building Street Address (including Apt., Unit, Suite, and/or Bidg. No.) or P.O. Route and  Company NAIC Number:  Company NAIC Number:	ZIP Code		State		í	City
A1. Building Owner's Name  A2. Building Owner's Name  A3. Building Owner's Name  A4. Building Owner's Name  A5. Building Owner's Name  A6. Building Owner's Name  A6. Building Owner's Name  A6. Building Owner's Name  A7. Building Owner's Name  A8. Building Owner's	Company NAIC Number:		suite, and/or Bldg. No	including Apt., Unit, S	OAK LANE	Box No. 6127 GNARLED
SECTION A - PROPERTY INFORMATION  FOR INSURANCE COMPANY US  A1. Building Owner's Name	Policy Number:				RSEN	LINDA B. PETEI
SECTION A BROBERTY INFORMATION OF THE PROPERTY INFORMATION	FOR INSURANCE COMPANY US		NOT AWAYOUT	OTON A PROPER	ner's Name	A1. Building Ox
	gen/company, and (3) building owne	minity official, (2) maniantes at		CTION A DECREE	200	

OMB No. 1660-0008 Expiration Date: November 3

NGINEERED FLOOD VENTS HELD G.P.S. UNIT (GPSTEST	HED GARAGE WITH 3 EI ERIVED FROM A HAND L & SIGNATURE.	tion, per C2(e), if applicable) 14 SQUARE FOOT DETACH TAL). SECTION A5 WAS DI ONLY WITH RAISED SEA	Comments (including type of equipment and location, per C2(e), if applicable) FILE #18-04-77. SUBJECT STRUCTURE IS A 644 SQUARE FOOT DETACHED GARAGE WITH 3 ENGINEERED FLOOD VENTS (ENGINEERED FOR 756 SQUARE INCHES -TOTAL). SECTION A5 WAS DERIVED FROM A HAND HELD G.P.S. UNIT (GPSTES APP - NO CONVERSION). CERTIFICATE VALID ONLY WITH RAISED SEAL & SIGNATURE.	A TO P C
int/company, and (3) building owner.	official, (2) insurance age	ttachments for (1) community	Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2) insurance agent/company, and (3) building owner.	ठ
Ext.	Telephone (941) 497-1290	Date 04-27-2018	Signature S	र्हें
Z X S	ZIP Code 34293	State Florida	City VENICE	£ E E
O HOROLOGICA			Address 742 SHAMROCK BLVD	7 A
Soal			Company Name STRAYER SURVEYING AND MAPPING, INC.	ST CO
			Title PSM/CFM	PS
		License Number 5228	Certifier's Name B. GREGORY RIETH	œ δ
X Check here if attachments.	₹ × Yes □ No	d by a licensed land surveyo	Were latitude and longitude in Section A provided by a licensed land surveyor?	\$
w to certify elevation information.  B. I understand that any false	architect authorized by la sterpret the data available section 1001.	land surveyor, engineer, or presents my best efforts to in ment under 18 U.S. Code, S	This certification is to be signed and sealed by a land surveyor, engineer, or architect authorized by law to certify elevate the information on this Certificate represents my best efforts to interpret the data available. I understand statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 1001.	SE / Th
ATION	RCHITECT CERTIFIC	SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION	SECTION D - SURV	
N/A X feet  meters		on of deck or stairs, including	<ul> <li>h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support</li> </ul>	
7.1 X feet  meters	7	building (HAG)	g) Highest adjacent (finished) grade next to building (HAG)	
6.6 X feet  meters	6	building (LAG)	f) Lowest adjacent (finished) grade next to building (LAG)	
N/A X feet  meters		nent servicing the building n in Comments)	<ul> <li>e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments)</li> </ul>	
⊠   feet				
		il member (V Zones only)		
			b) Top of the next higher floor	
Check the measurement used.  7.3   X feet   meters	=	crawispace, or enclosure fi	<ul> <li>a) Top of bottom floor (including basement, crawlspace, or enclosure floor)</li> </ul>	
	16 BFE.	be the same as that used for the	Datum used for building elevations must be the same as that used for the BFE	
	below.	tions in items a) through h) t		
E, AR/A1-A30, AR/AH, AR/AO. Rico only, enter meters.	-V30, V (with BFE), AR, AR/A, AR/A, gram specified in Item A7. In Puerto Vertical Datum: NAVD 1988	ith BFE), VE, V1–V30, V (will be building diagram specifical Data of the building diag	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, Complete Items C2.a–h below according to the building diagram specified in Item A7. In Puerto Rico only, enter meters.  Benchmark Utilized: NGS BM #E799 EL: 6.04'  Vertical Datum: NAVD 1988	c
	uilding is complete.	d when construction of the b		)
Finishod	Building Under Construction*	Construction Drawings*	C1. Building elevations are based on:	0
DURED	MATION (SURVEY REC	SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)	SECTION C - BUILD	
Company NAIC Number	ZIP Code 34223	State Florida	City ENGLEWOOD	四异
Policy Number:	Box No.	te, and/or Bldg. No.) or P.O.	Building Street Address (including Apt., Unit, Suite, and/or Bidg. No.) or P.O. Route and Box No. 6127 GNARLED OAK LANE	3 B
		sponding information from	IMPORTANT: In these spaces, copy the corresponding information from Section A.	1
Expiration Date: November 30, 2018	TO SANCTION AND ADDRESS OF THE PERSON ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON ADDRESS OF T			1

OMB No. 1660-0008 Expiration Date: November

EFEAVIOR	TO CENTICATE		Exp	Expiration Date: November 30, 2018
Building Stre	IMPORTANT: In these spaces, copy the corresponding information from Section A.  Building Street Address (including Apt., Unit, Suite, and/or Bidg. No.) or P.O. Route and Box No.  B127 GNARLED OAK LANE	Information from Section Bidg. No.) or P.O. Route ar	Box No.	FOR INSURANCE COMPANY USE Policy Number:
City ENGLEWOOD	State Florida	te ZIP Code ida 34223		Company NAIC Number
	SECTION E – BUILDING ELEV	<ul> <li>BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED)</li> <li>FOR ZONE AO AND ZONE A (WITHOUT BFE)</li> </ul>	URVEY NOT RE	QUIRED)
For Zones At complete Seconder meters.	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.	<ol><li>If the Certificate is intender iral grade, if available. Check</li></ol>	ed to support a LOI k the measuremen	MA or LOMR-F request, t used. In Puerto Rico only,
E1. Provide the high	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,	eck the appropriate boxes to scent grade (LAG).	show whether the	elevation is above or below
b) Top c	Top of bottom floor (including basement, crawlspace, or enclosure) is		☐ feet ☐ meters ☐	□ above or □ below the HAG. □ above or □ below the LAG.
E2. For Build the next	For Building Diagrams 6–9 with permanent flood openings provided in Section A Items 8 and/or 9 (see pages 1. the next higher floor (elevation C2.b in the diagrams) of the building is	nings provided in Section A l	A Items 8 and/or 9 (se	be pages 1-2 of Instructions),
E3. Attached	Attached garage (top of slab) is		meters	
E4. Top of pl	Top of platform of machinery and/or equipment servicing the building is		☐ feet ☐ meters [	☐ above or ☐ below the HAG.
E5. Zone AO floodplai	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 Duknown. The local official must certify this information in Section	s the top of the bottom floor o	elevated in accords official must certifi	tom floor elevated in accordance with the community's The local official must certify this information in Section G.
	SECTION F - PROPERTY OWNER (OR OWNER'S REPRESENTATIVE) CERTIFICATION	(OR OWNER'S REPRESE	NTATIVE) CERTI	FICATION
The property community-is	The property owner or owner's authorized representative who completes Sections A, B, and E for Zone A (without a community-issued BFE) or Zone AO must sign here. The statements in Sections A, B, and E are correct to the best	rho completes Sections A, B tatements in Sections A, B,	and E for Zone A	(without a FEMA-issued or othe best of my knowledge.
Address	Property Owner or Owner's Authorized Representative's Name Address	ame	State	ZIP Code
Signature		Date	Telephone	ne
Comments				
Comments			2	
	·			Ø
5044				

## BUILDING PHOTOGRAPHS

See instructions for Item A6.

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

IMPORTANT: In these spaces, copy the corresponding information from Section A.

Building Street Address (including Apt., Unit, Suite, and/or Bidg. No.) or P.O. Route and Box No. 6127 GNARLED OAK LANE ENGLEWOOD Florida State 34223 ZIP Code FOR INSURANCE COMPANY USE Company NAIC Number Policy Number:

If using the Elevation Certificate to obtain NFIP flood insurance, affix at least 2 building photographs below according to instructions for Item A6. Identify all photographs with date taken; "Front View" and "Rear View"; and, if required, "Right Side View" ("Left Side View." When applicable, photographs must show the foundation with representative examples of the flood openings vents, as indicated in Section A8. If submitting more photographs than will fit on this page, use the Continuation Page. the flood openings or



FRONT WIEW 04/27/2018

Olear Photo One

Photo One Caption

REAR VIEW 04/27/2018

Photo Two Caption

FEMA Form 086-0-33 (7/15)

Form Page 5 of 6

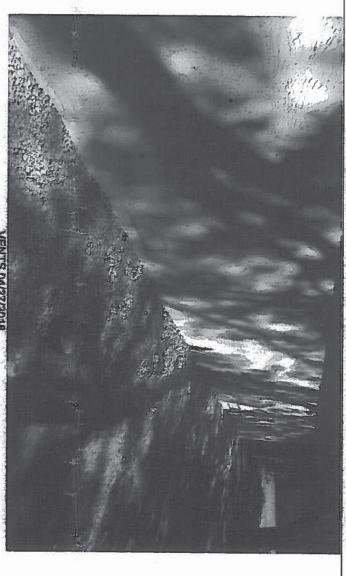
## **BUILDING PHOTOGRAPHS**

Continuation Page

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

Company NAIC Number	ZIP Code 34223	State Florida	City ENGLEWOOD
			6127 GNARLED OAK LANE
Policy Number:	) or P.O. Route and Box No.	Apt., Unit, Suite, and/or Bldg. No.)	Building Street Address (including Apt., Unit, Suite, and/or Bidg. No.) or P.O. Route and Box No. Policy Number
FOR INSURANCE COMPANY USE	ion from Section A.	py the corresponding informati	IMPORTANT: in these spaces, copy the corresponding information from Section A.

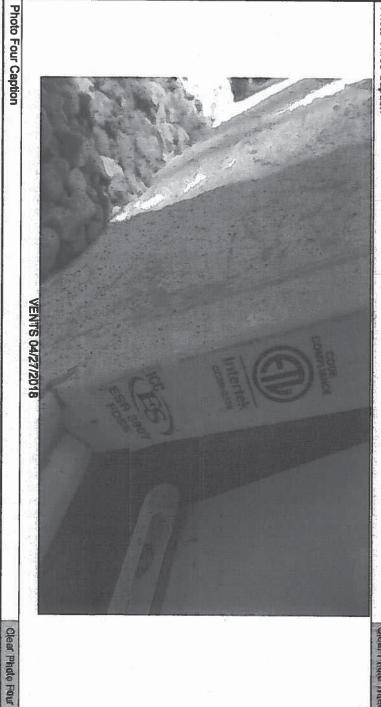
If submitting more photographs than will fit on the preceding page, affix the additional photographs below. Identify all photographs with: date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." When applicable, photographs must show the foundation with representative examples of the flood openings or vents, as indicated in Section A8.



VENTS 04/27/2018

Photo Three Caption

Glear Photo Three





### Code Compliance Research Report CCRR-0239

Valued Quality. Delivered

Renewal Date: 01-18-2018 Issue Date: 01-18-2017

Section: 08 95 43 - Vents/Foundation Flood Vents DIVISION: 08 00 00 - OPENINGS

www.usafloodairvents.com (631) 269-1872 Saratoga Springs, New York 12866 63 Putnam Street, Suite 202 USA Floodair Vents, LTD.

Model FOSS (Stainless steel flood vent)
Model FASS (Stainless steel flood vent with Model FOAL (Aluminum flood vent)

Model FAAL (Aluminum flood vent with ventilation)
Model ROAL (Retro-fit Aluminum flood vent)

### 1.0 SCOPE OF EVALUATION

following Codes: This research report addresses compliance with the

2012 International Building Code (IBC)

2012 International Resident Code (IRC)

2014 Florida Building Code (FBC

following properties: Foundation Flood Vents have been evaluated for the

- Physical Operation
- Water Flow
- Ventilation

### **2.0 USES**

operate on hydrostatic pressure to equalize hydrostatic ventilation in a crawl space in order to increase air flow Vents models have perforated doors to provide 1612.3 or IRC Section R3222.1. have been established in use where flood areas have been established in accordance with IBC Section automatic entry and exit for flood waters. flood forces on exterior walls by allowing for 2.1. USA Floodair Vents units are flood vents that Some USA Floodair These vents the

> clarification. See Ventilation while still providing flood protection in accordance with Section 1203.3.1 of the IBC or Section 408.2 of the IRC. ₹. the Description Section ਰ੍ਹ

### 3.0 DESCRIPTION

- unit is fabricated from either stainless steel or aluminum. USA Floodair Vents models consist of two parts, a frame and a vent door. allowing flood waters to flow through the frame. exterior walls. vent in order to equalize hydrostatic flood forces on the force to open to allow flood waters to flow through the engineered openings when subjected to a hydrostatic disengaging from the bottom of the frame. The solid or perforated doors swing The USA Floodair Vents units are Each
- units comply with the design principle noted in Section 2.6.2.2 of ASCE/SEI 24 for a maximum rate of rise and fall of 5.0 feet per hour (0.423 mm/s). In order to comply accordance with Section 4.0 of this report. with the engineered opening requirements of ASCE/SE 24, the USA Floodair Vents units must be installed in 3.2. Engineered Opening: The USA Floodair Vents
- steel flood vent with ventilation, measures 18 inches wide by 10 inches high (See Figure 2). Model FOAL, an aluminum flood vent with no ventilation, measures 18 inches wide by 10 inches high (See Figure 3). Model wide by 10 inches high (See Figure 5). 3.3. Model Sizes: Model FOSS, a stainless steel flood vent with no ventilation, measures 18 inches wide by 10 inches high (See Figure 1). Model FASS, a stainless Model ROAL, an aluminum flood vent used for retrofitting with no ventilation, measures 16.37 inches FAAL, an aluminum flood vent with ventilation, measures 18 inches wide by 10 inch high (See Figure aluminum flood
- FAAL provides 37 square inches of net free area. other models in this report do not provide ventilation. FASS and FAAL have 1/2 inch diameter openings on the provides 28 square inches of net free area. vent doors to provide air ventilation. 3.4. Ventilation: The USA Floodair Vents models Model Model FASS





130 Derry Court • York, PA 17406

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## 4.0 INSTALLATION AND PERFORMANCE

- 4.1. USA Floodair Vents units are to be installed in exterior walls in new and existing construction. Model ROAL is to be used for existing construction. Flood vents shall be installed in accordance with the manufacturer's instructions, the applicable code and this report. To meet the engineered opening design requirements found in Section 2.6.2.2 of ASCE/SEI 24, the USA Floodair Vents units must be installed as follows:
- 4.1.1. A minimum of two bi-directional flood vents are required for enclosed flood exposed areas and to be installed on opposite or adjacent walls.
- 4.1.2. Below the base flood elevation.
- **4.1.3.** With the bottom of the USA Floodair Vents unit located at a maximum of 12 inches above grade.
- 4.1.4. With a minimum of one USA Floodair Vents unit for every 252 square feet for Models FOSS, FASS, FOAL, and FAAL and for every 224 square feet for Model ROAL.

### **5.0 SUPPORTING EVIDENCE**

- 5.1. Manufacturer's drawings and installation instructions.
- 5.2. Reports of testing in accordance with ICC-ES AC364, Acceptance Criteria for Mechanically Operated Flood Vents, approved August 2015. The reports of testing and engineering analysis demonstrating compliance with the performance requirements of AC364 and ASCE/SEI 24-05.
- 5.3. Documentation of an Intertek approved quality control system for the manufacturing of products recognized in this report.

### 6.0 CONDITION OF USE

The USA Floodair Vents units applications identified in this report are deemed to comply with the intent of the provisions of the referenced building codes subject to the following conditions:

- 6.1. Installation shall be in accordance with the manufacturer's installation instructions and this report. Where the difference occur between this report and the manufacturer's installation instructions, this report shall govern.
- **6.2.** The USA Floodair Vents units must not be used in the place of breakaway walls in coastal high hazard areas, but are permitted for use in conjunction with breakaway walls in other areas.
- **6.3.** All products are manufactured in West Columbia, South Carolina by *USA Floodair Vents, LTD* in accordance with the manufacturer's approved quality control system with inspections by Intertek (IAS AA-676).

### 7.0 IDENTIFICATION

USA Floodair Vents units produced in accordance with this report shall be identified with labeling on the individual vents and/or packaging that includes the following information:

- 7.1. Name and/or trademark of manufacturer.
- 7.2. The Intertek Code Compliance Research Report mark and number (CCRR-0239).



This Code Compliance Research Report ("Report") is for the exclusive use of Intertek's Client and is provided pursuant to the agreement between Intertek and its Client. Intertek's responsibility and liability are limited to the terms and conditions of the agreement. Intertek assumes no liability to any party, other than to the Client in accordance with the agreement, for any joss, expense or damage occasioned by the use of this Report. Only the Client is authorized to permit copying or distribution of this Report and then only in its entirety, and the Client shall not use the Report in a misleading manner. Client further agrees and understands that reliance upon the Report is limited to the representations made therein. The Report is not an endorsement or recommendation for use of the subject and/or product described herein. This Report is not the Intertek Listing Report covering the subject product and utilized for Intertek Certification and this Report does not represent authorization for the use of any Intertek certification marks. Any use of the Intertek name or one of its marks for the sale or advertisement of the tested material, product or service must first be approved in writing by Intertek.

