

**ELEVATION CERTIFICATE**

OMB 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 Bldg. No.) or P.O. Route and Box No.

**FOR INSURANCE COMPANY USE**  
Policy Number:

#519 10th Floor

City

State

ZIP Code

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	G5. Date Permit Issued	G6. Date Certificate of Compliance/Occupancy Issued
18-175348.B1		

- 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	Telephone
Community Name	Telephone	
Signature	Date	

Comments (including type of equipment and location, per C2(e), if applicable)

Check here if attachments.

# 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

A1. Building Owner's Name <b>Sutton Drive</b>	FOR INSURANCE COMPANY USE Policy Number:
A2. Building Street Address (Including Apt., Unit, Suite, and/or Bldg. No.) or P. O. Route and Box No. <b># 519 Cedar Place</b>	Company NAIC Number:
City <b>WORTH POOR</b>	State <b>FLORIDA</b>
	ZIP Code <b>34287</b>

A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)  
**Unit # 394 Hudson Cove in the**

A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.)  
**Residential**

A5. Latitude/Longitude: Lat. **27°02'17.06"N** Long. **82°16'22.84"W** Horizontal Datum:  NAD 1927  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 **5**

A8. For a building with a crawlspace or enclosure(s):

a) Square footage of crawlspace or enclosure(s) **1 1/2** sq ft.

b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade **0**

c) Total net area of flood openings in A8.b **0** sq in

d) Engineered flood openings?  Yes  No

A9. For a building with an attached garage:

a) Square footage of attached garage **1 1/2** sq ft

b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade **0**

c) Total net area of flood openings in A9.b **0** sq in

d) Engineered flood openings?  Yes  No

## SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP Community Name & Community Number <b>Sarasota County 1251dd</b>	B2. County Name <b>Sarasota</b>	B3. State <b>FLORIDA</b>
B4. Map/Panel Number <b>1251sc.0370</b>	B5. Suffix <b>E</b>	B6. FIRM Index Date <b>11/04/16</b>
	B7. FIRM Panel Effective/Revised Date <b>11/04/16</b>	B8. Flood Zone(s) <b>AE</b>
		B9. Base Flood Elevation(s) (Zone AO, use Base Flood Depth) <b>7 FEET (NAVD 1988)</b>

B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9:  
 FIS Profile  FIRM  Community Determined  Other/Source: \_\_\_\_\_

B11. Indicate elevation datum used for BFE in Item B9:  NGVD 1929  NAVD 1988  Other/Source: \_\_\_\_\_

B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)?  Yes  No  
 Designation Date: \_\_\_\_\_  CBRS  OPA

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 Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. **FOR INSURANCE COMPANY USE**  
 Policy Number:

# **519 IDEAL PLACE** State **VERMONT** ZIP Code **34207** Company NAIC Number

City **WORTH POET** **ELVERDA** **34207**  
**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: NAVD 1988 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) 9.0  Feet  meters
- b) Top of the next higher floor 7/2  feet  meters
- c) Bottom of the lowest horizontal structural member (V Zones only) 4/2  feet  meters
- d) Attached garage (top of slab) 4/4  feet  meters
- e) Lowest elevation of machinery or equipment servicing the building 9.0  feet  meters  
 (Describe type of equipment and location in Comments)
- f) Lowest adjacent (finished) grade next to building (LAG) 3.5  feet  meters
- g) Highest adjacent (finished) grade next to building (HAG) 6.1  feet  meters
- h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support 1/2  feet  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 Maria Johnson License Number PLS # 5109 Date 03/01/2019

Title PROFESSIONAL SURVEYOR & MAPPER  
 Company Name MARIE JOHNSON LAND SURVEYORS, INC.

Address # 313 EAST CENT STREET State VERMONT ZIP Code 33950  
 City PLAZA CONRA State VERMONT ZIP Code 33950

Signature [Signature] Date 03/01/2019 Telephone (231) 450-9949 Ext. PLS # 5109

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)

- a) PLM 19 H FROM
  - b) A/C PAR
  - c) WIND GROUND
  - d) WIND GROUND
  - e) WIND GROUND
  - f) WIND GROUND
  - g) WIND GROUND
- SEASONS OF ROAD ELEV. = 3.70'

**ELEVATION CERTIFICATE**

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

**FOR INSURANCE COMPANY USE**

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.

Policy Number:

519 IDEAL PLACE

State

ZIP Code

Company NAIC Number

WORLD POINT FLORIDA 32287

**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.

# BUILDING PHOTOGRAPHS

See Instructions for Item A6.

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FOR INSURANCE COMPANY USE

Building Street Address (Including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.

Policy Number:

*A 519 106th Place*

State

ZIP Code

Company NAIC Number

City

*North Port*

*Florida*

*34287*

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.

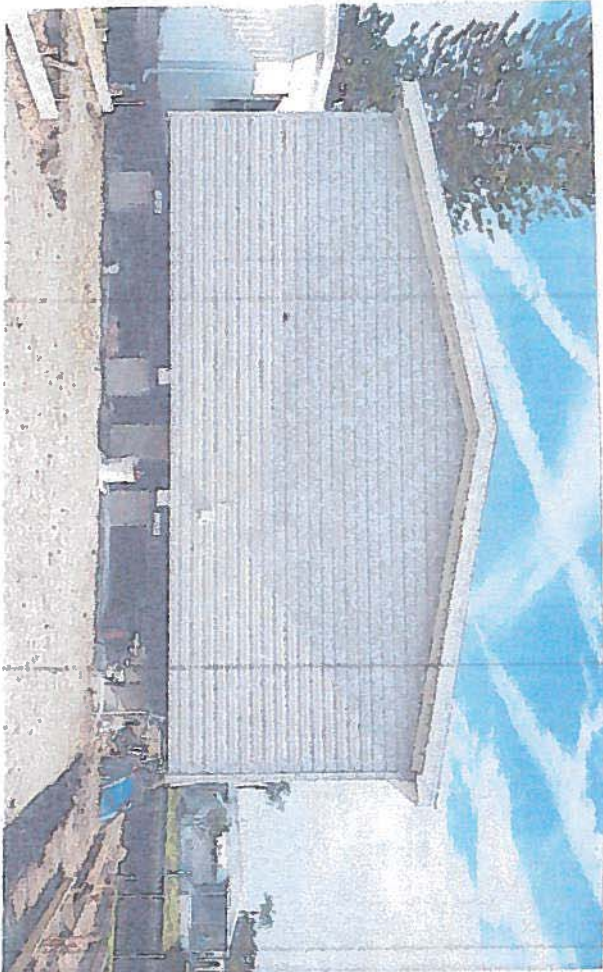


Photo One

*Front View*

Clear Photo One

Photo One Caption

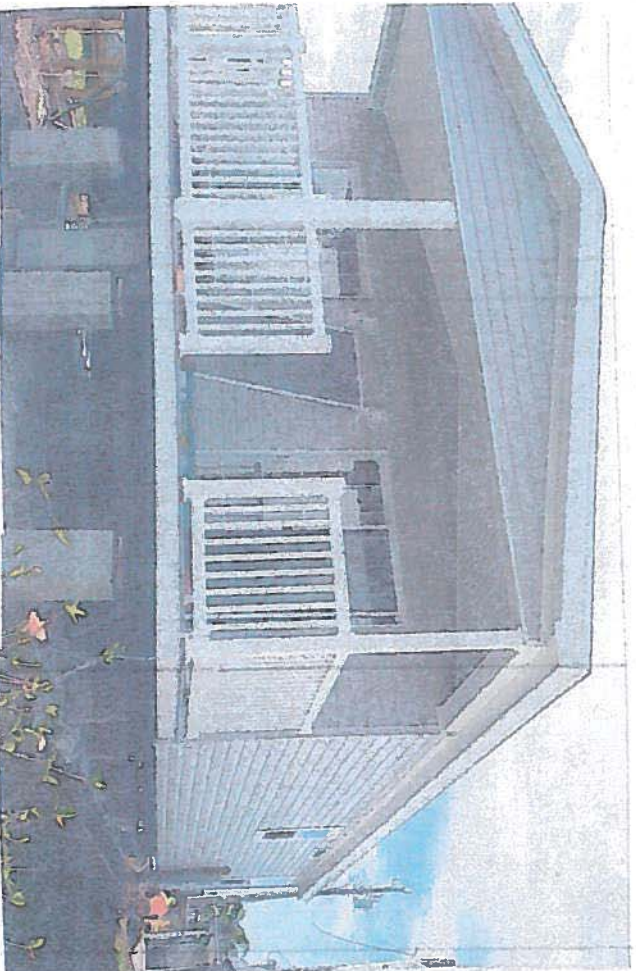


Photo Two

*Rear View*

Clear Photo Two

Photo Two Caption

*DATED 09/01/2018*

**BUILDING PHOTOGRAPHS**

**ELEVATION CERTIFICATE**

Continuation Page

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

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.

**1191 DEN PINE**

FOR INSURANCE COMPANY USE

Policy Number

City

**MORNING PARK**

State

**FLORIDA**

ZIP Code

**34287**

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 Three

**EAST SIDE VIEW**

Clear Photo Three

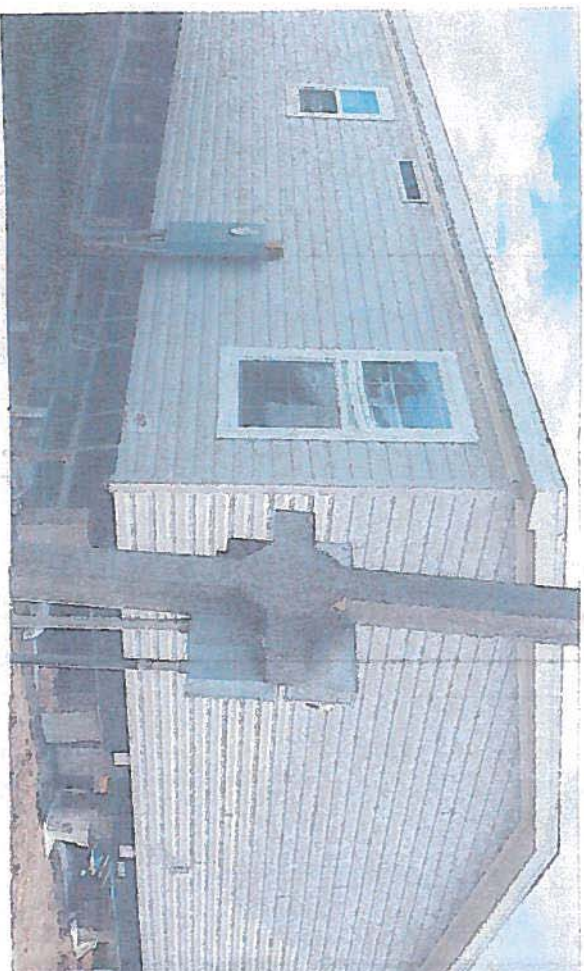


Photo Four

**WEST SIDE VIEW**

Clear Photo Four

**DATED 03/01/2019**