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DEPARTMENT OF HOMELAND SECURITY
Federal Emergency Management Agency
ELEVATION CERTIFICATE
IMPORTANT: FOLLOW THE INSTRUCTIONS ON PAGES 9-16

OMB Control Number: 1660-0008
Expiration: 11/30/2018

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		FORM INSURANCE COMPANY USE	
A1. Building Owner's Name SUE MILLER (VET CONSTRUCTION)		Policy Number:	
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 119 LAKEVIEW DRIVE		Company NAIC Number:	
City NOKOMIS	State FL	Zip Code 34275	
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) METES & BOUNDS DESCRIPTION, NOT INCLUDED PORTION OF LAUREL PINES P.B. 30, PG. 25 (P.I.D. 0165-10-0057)			
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) RESIDENTIAL (MAIN HOUSE)			
A5. Latitude/Longitude: Lat. 27.1402 N Long. -82.4555 W Horizontal Datum: <input type="radio"/> NAD 1927 <input checked="" type="radio"/> 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 1B			
A8. For a building with a crawlspace or enclosure(s):		A9. For a building with an attached garage:	
a) Square footage of crawlspace or enclosure(s) N/A sq ft	b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade 0	a) Square footage of attached garage 612 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 A8.b 0 sq in	d) Engineered flood openings? <input type="radio"/> Yes <input checked="" type="radio"/> No	c) Total net area of flood openings in A9.b 0 sq in	d) Engineered flood openings? <input type="radio"/> Yes <input checked="" type="radio"/> No
SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION			
B1. NFIP Community Name & Community Number SARASOTA COUNTY 125144		B2. County Name SARASOTA	B3. State FL
B4. Map/Panel Number 0239	B5. Suffix D	B6. FIRM Index Date 9/3/1992	B7. FIRM Panel Effective/ Revised Date 5/1/1984
B8. Flood Zone(s) A12		B9. Base Flood Elevation(s) (Zone AO, use base flood depth) 11 FEET	
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9: <input type="radio"/> FIS Profile <input checked="" type="radio"/> FIRM <input type="radio"/> Community Determined <input type="radio"/> Other/Source: _____			
B11. Indicate elevation datum used for BFE in Item B9: <input checked="" type="radio"/> NGVD 1929 <input type="radio"/> NAVD 1988 <input type="radio"/> Other/Source: _____			
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? <input type="radio"/> Yes <input checked="" type="radio"/> No Designation Date: N/A <input type="radio"/> CBRS <input type="radio"/> OPA			
SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)			
C1. Building elevations are based on: <input type="radio"/> Construction Drawings* <input checked="" type="radio"/> Building Under Construction* <input type="radio"/> Finished Construction			
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. * A new Elevation Certificate will be required when construction of the building is complete.			
Benchmark Utilized: PLAT BENCHMARK, EL.=7.75 FEET Vertical Datum: N.G.V.D. 1929			
Indicate elevation datum used for the elevations in items a) through h) below. <input checked="" type="radio"/> NGVD 1929 <input type="radio"/> NAVD 1988 <input type="radio"/> 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)	12 - 00	<input checked="" type="radio"/> feet	<input type="radio"/> meters
b) Top of the next higher floor	_____ - _____	<input type="radio"/> feet	<input type="radio"/> meters
c) Bottom of the lowest horizontal structural member (V Zones only)	_____ - _____	<input type="radio"/> feet	<input type="radio"/> meters
d) Attached garage (top of slab)	11 - 50	<input checked="" type="radio"/> feet	<input type="radio"/> meters
e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments)	_____ - _____	<input type="radio"/> feet	<input type="radio"/> meters
f) Lowest adjacent (finished) grade next to building (LAG)	9 - 40	<input checked="" type="radio"/> feet	<input type="radio"/> meters
g) Highest adjacent (finished) grade next to building (HAG)	10 - 80	<input checked="" type="radio"/> feet	<input type="radio"/> meters
h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support	_____ - _____	<input type="radio"/> feet	<input type="radio"/> meters

ELEVATION CERTIFICATE

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119 LAKEVIEW DRIVE

NOKOMIS

FL

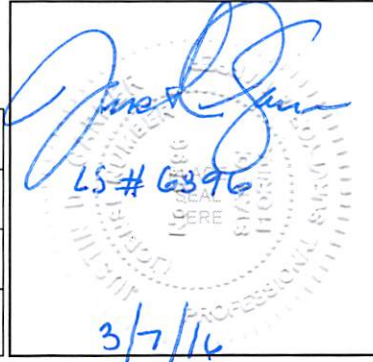
34275

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.

Check here if attachments.
 Were latitude and longitude in Section A provided by a licensed land surveyor?
 Yes No

Certifier's Name JUSTIN D. GARNER		License Number LS 6896	
Title LICENSED SURVEYOR	Company Name FLORIDA ENGINEERING & SURVEYING, LLC		
Address 631 N. TAMiami TRAIL	City NOKOMIS	State FL	Zip Code 34275
Signature <i>Justin D. Garner</i>	Date 3/7/16	Telephone +1 (941) 485-3100	



Copy both sides of this Elevation Certificate for (1) community official, (2) insurance agent/company, and (3) building owner.

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

THERE IS NO A/C INSTALLED AT THIS TIME

THIS IS FOR AN UNDER CONSTRUCTION ELEVATION CERTIFICATE AND A FINAL ELEVATION CERTIFICATE WILL BE DONE WHEN BUILDING IS COMPLETE

LATITUDE AND LONGITUDE WERE TAKEN USING A HAND HELD GPS DEVICE AND IS ACURATE TO 18 FEET, PLUS/MINUS

Signature *Justin D. Garner* Date 3/7/16

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 8 -9 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

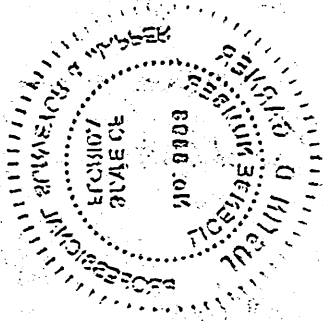
The property owner or owner's authorized representative who completes Sections A, B, and E for Zone A (without a FEMA-issued or community-issued BFE) or Zone AO must sign here. The statements in Sections A, B, and E are correct to the best of my knowledge.

Property Owner or Owner's Authorized Representative's Name: _____

Address	City	State	ZIP Code
Signature	Date	Telephone	

Comments

Check here if attachments.



[The main body of the document contains several paragraphs of text that are extremely faint and illegible due to the quality of the scan. The text appears to be organized into paragraphs, but no specific words or sentences can be discerned.]

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
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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
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Community Name	Telephone
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Signature	Date
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Comments

Check here if attachments.