ELEVATION CERTIFICATE

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

Check here if attachments.		
li e		
	Comments (including type of equipment and location, per C2(e), if applicable)	Comments (inc
	Date	Signature
		Community Name
	ame	Local Official's Name
meters Datum	esign flood elevation:	G10. Commun
meters Datum	BFE or (in Zone AO) depth of flooding at the building site: ☐ feet	G9. BFE or (i
meters Datum	Elevation of as-built lowest floor (including basement)	G8. Elevation of the bui
	This permit has been issued for: New Construction Substantial Improvement	G7. This perm
Date Certificate of Compliance/Occupancy Issued	553 B1 G5. Date Permit Issued G6.	G4. Permit Number
ent purposes.	The following information (Items G4–G10) is provided for community floodplain management purposes	G3. The
A-issued or community-issued BFE)	A community official completed Section E for a building located in Zone A (without a FEMA-issued or community-issued BFE) or Zone AO.	G2. A col
nd sealed by a licensed surveyor, e source and date of the elevation	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.)	G1. The i engir data
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.	The local official Sections A, B, used in Items (
	SECTION G - COMMUNITY INFORMATION (OPTIONAL)	
Company NAIC Number	State ZIP Code Florida 34234	City SARASOTA
Policy Number:	Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 7323 MIDNIGHT PASS ROAD	Building Street Address (includ 7323 MIDNIGHT PASS ROAD
FOR INSURANCE COMPANY USE	IMPORTANT: In these spaces, copy the corresponding information from Section A.	IMPORTANT: II

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

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

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.

A1. Building Owner's Name CHRISTINE SAPAN A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 7323 MIDNIGHT PASS ROAD City SARASOTA A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, e METES AND BOUNDS, PID#0110110003	uite, and/or Bldg. No.) or P.O. Route and State Florida Tax Parcel Number, Legal Description, etc.)	FOR INSURANCE COMPANY USE Policy Number: Company NAIC Number: ZIP Code 34234	Number:
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) RESIDENTIAL A5. Latitude/Longitude: Lat. 27d14'36.27"N Long. 82d31'40.46"W Horizontal Datum:	ssory, etc.) RESIDENTIAL O.46"W Horizontal Datum: Deing used to obtain flood insurar] NAD 1927	X NAD 1983
	being used to obtain flood filst	Hall Ce.	
•	sq ft closure(s) within 1.0 foot abo	ve adjacent grade	0
 d) Engineered flood openings? ☐ Yes ☒ No A9 For a building with an attached garage: 			
a) Square footage of attached garage452 sq ft b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade	within 1.0 foot above adjacen		ω
c) Total net area or nood openings in As.b 256 sq in d) Engineered flood openings? 🔀 Yes 🗌 No			
SECTION B – FLOOD INSURANCE B1. NFIP Community Name & Community Number SARASOTA COUNTY, FLORIDA 125144 SAR	ICE RATE MAP (FIRM) INFORMATION B2. County Name SARASOTA	B3.	State
B4. Map/Panel B5. Suffix B6. FIRM Index Effective/ Number B7. FIRM Panel Effective/ Revised Date 12/115C0207 F 11/04/2016 11/04/2016	anel B8. Flood Zone(s) Date AE	B9. Base (Zonu Floor	Flood Elevation(s) e AO, use Base d Depth)
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:	ata or base flood depth entered in Ite	9m B9:	
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)? Designation Date: CBRS OPA	m (CBRS) area or Otherwise Pro	otected Area (OPA)?	☐ Yes ☒ No

ELEVATION CERTIFICATE

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

TEMWALL CONSTRUCTION. E SUFFICIENT E (1) OF THESE VENTS IS A IG AREA=986 SQ. IN.	ILLED S'ROVIDE G). ONE	DIO) SIDE OF RESIDENCE OTHIS BEING BACKFILLED STEMWA H 816CS)R ATED TO PROVIDE SUFFIC N. OF FLOOD OPENING). ONE (1) OF OPENING). TOTAL OPENING AREA	Der C2(e), if applicable 6 SOFTWARE. ON SOUTHWEST S ATIONS IS DUE TO D VENTS (MODEL# 1 EACH (410 SQ. IN. 2 SQ. IN. OF FLOOD	nent and location, I SING CORPSCON ESSOR LOCATED EEN THESE ELEN ARE ENGINEERE 205 SQUARE FEE RING 24"X24" (57	Comments (including type of equipment and location, per C2(e), if applicable) C2: ELEVATIONS CONVERTED USING CORPSCON6 SOFTWARE. C2: AIR CONDITIONING COMPRESSOR LOCATED ON SOUTHWEST SIDE OF RESIDENCE C2e: AIR CONDITIONING COMPRESSOR LOCATED ON SOUTHWEST SIDE OF RESIDENCE C2a/c2f: THE DIFFERENCE BETWEEN THESE ELEVATIONS IS DUE TO THIS BEING BACKFILLED STEMWALL CONSTRUAG). C2a/c2f: THE DIFFERENCE BETWEEN THESE ELEVATIONS IS DUE TO THIS BEING BACKFILLED STEMWALL CONSTRUAG). C2a/c2f: THE DIFFERENCE SUFFICIENT A9(c): TWO (2) OF THESE VENTS ARE ENGINEERED VENTS (MODEL# 816CS)R ATED TO PROVIDE SUFFICIENT HYDROSTATIC PRESSURE FOR 205 SQUARE FEET EACH (410 SQ. IN. OF FLOOD OPENING). ONE (1) OF THESE VENTS HYDROSTATIC PRESSURE FOR 205 SQUARE FEET EACH (410 SQ. IN. OF FLOOD OPENING). TOTAL OPENING AREA=986 SQ. IN.	C2; C2; A9(NO
company, and (3) building owner.	e agent/c	nity official, (2) insurance	nents for (1) commu	icate and all attach	Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2) insurance agent/company	င်စွင
		Telephone (941) 955-6333	Date 2020		Signature	Sig
		ZIP Code 34236	State Florida		City SARASOTA	City
	To the least of th			110-B	Address 1055 S. TAMIAMI TRAIL, SUITE 11	Add 105
ERTI	3 B.			впс	Company Name JIM AMBERGER LAND SURVEYING LLC	JM C
104	AME				Title PRESIDENT	Title
H961 25/2020.	10	4	License Number LS6333		Certifier's Name JAMES B. AMBERGER	Cel
Check here if attachments.		yor? ⊠Yes □No	licensed land surve	on A provided by a	Were latitude and longitude in Section A provided by a licensed land surveyor?	We
o certify elevation information. Inderstand that any false	by law to ilable. I u	or architect authorized I or interpret the data avail s, Section 1001.	urveyor, engineer, its my best efforts t under 18 U.S. Code	sealed by a land of Certificate represed or imprisonment	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.	Thi
NO	FICATIO	SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION	R, ENGINEER, OF	N D - SURVEYO	SECTIO	
⊠ feet		ing6. 2	eck or stairs, includ	west elevation of d	 h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support 	
x feet ☐ meters		6.	ng (HAG)	grade next to build	g) Highest adjacent (finished) grade next to building (HAG)	
X feet ☐ meters		6.2	ng (LAG)	rade next to buildi	f) Lowest adjacent (finished) grade next to building (LAG)	
x feet meters		11. 2	ervicing the building mments)	ery or equipment s t and location in Co	 e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments) 	
feet		•	:	٥	_	.17
X feet ☐ meters		N/A	ber (V Zones only)	ntal structural mem	c) Bottom of the lowest horizontal structural member (V Zones only)	
feet		N/A				
		floor) 11. 2	space, or enclosure	g basement, craw	 a) Top of bottom floor (including basement, crawlspace, or enclosure floor) 	
Check the measurement used.	<u>و</u>	the BFE.	me as that used for	ons must be the sa		- 48.
			☐ Other/Source:	IX NAVD 1988 ☐ Othe	☐ NGVD 1929 X NAN	
) helow	items a) through h	or the elevations in	Indicate elevation datum used for the elevations in items a) through h) below	
R/A1-A30, AR/AH, AR/AO. only, enter meters.	R/AE, AF erto Rico	–V30, V (with BFE), AR, AR/A, Al gram specified in Item A7. In Pue Vertical Datum: NGVD 1929), VE, V1–V30, V (\ iliding diagram spe 0-B Vertical D	E, AH, A (with BFE according to the but a the	Elevatio Comple Benchn	Ω.
	ruction*	∃ Building Under Construction* building is complete.	\square Construction Drawings* $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$	n:	 Building elevations are based on: Construction Drawings* Building Under Construction of the building is complete. 	Ω.
(ED)	REQUIRED)	ELEVATION INFORMATION (SURVEY I	LEVATION INFO	- BUILDING	SECTION C	
Company NAIC Number	Comp	ZIP Code 34234	State Florida	πи	City SARASOTA	City
y Number:	Policy). Route and Box No.	or Bldg. No.) or P.C	t., Unit, Suite, and	Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 7323 MIDNIGHT PASS ROAD	Builc 7323
FOR INSURANCE COMPANY USE	FOR	m Section A.	ng information from	the correspondi	IMPORTANT: In these spaces, copy the corresponding information from Section A.	IMPC

OMB No. 1660-0008

Check here if attachments				
				11
				Comments
Telephone	Tel	Date		Signature
ate ZIP Code	State	City		Address
	_	entative's Name	Property Owner or Owner's Authorized Representative's Name	Property
ne A (without a FEMA-issued or rect to the best of my knowledge.	ons A, B, and E for Zone A (without a ns A, B, and E are correct to the best	sentative who completes Secti here. The statements in Section	The property owner or owner's authorized representative who completes Sections A, Ecommunity-issued BFE) or Zone AO must sign here. The statements in Sections A, B,	The prop
RTIFICATION	PRESENTATIVE) CE	SECTION F - PROPERTY OWNER (OR OWNER'S REPRESENTATIVE) CERTIFICATION	SECTION F - PROPERT	
ttom floor elevated in accordance with the community's The local official must certify this information in Section G.	om floor elevated in acc The local official must c	available, is the top of the botto 'es	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?	E5. Zone
s above or below the HAG.	_	nent	Top of platform of machinery and/or equipment servicing the building is	E4. Top serv
s above or below the HAG.	_ ☐ feet ☐ meters		Attached garage (top of slab) is	E3. Atta
9 (see pages 1–2 of Instructions), s □ above or □ below the HAG.	ction A Items 8 and/or 9 _ ☐ feet ☐ meters	flood openings provided in Sec	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	E2. For I the r
s ☐ above or ☐ below the LAG.	_ ☐ feet ☐ meters		Top of bottom floor (including basement crawlspace, or enclosure) is	p) T
s above or below the HAG.	boxes to show whether:	ing and check the appropriate to lowest adjacent grade (LAG). t,	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,	E1. Prov the h a) T
LOMA or LOMR-F request, ment used. In Puerto Rico only,	intended to support a e. Check the measurer	ems E1–E5. If the Certificate is 4, use natural grade, if available	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.	W
REQUIRED)	TION (SURVEY NOT WITHOUT BFE)	BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO AND ZONE A (WITHOUT BFE)	SECTION E - BUILDI	
Company NAIC Number	ZIP Code 34234	State Z Florida 3	⁷ A	City SARASOTA
Policy Number:	Route and Box No.	uite, and/or Bldg. No.) or P.O. R	Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 7323 MIDNIGHT PASS ROAD	Building : 7323 MIC
FOR INSURANCE COMPANY USE		sponding information from S	IMPORTANT: In these spaces, copy the corresponding information from Section A.	IMPORT/
Expiration Date: November 30, 2018			TETVALION CEXTITICALE	ELEVA

BUILDING PHOTOGRAPHS

ELEVATION CERTIFICATE

See Instructions for Item A6.

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

IMPORTANT: In these spaces, copy the corresponding information from Section A.	FOR INSURANCE COMPANY USE
Building Street Address (including Apt., Unit, Suite, and/or Bidg. No.) or P.O. Route and Box No.	Policy Number:
7323 MIDNIGHT PASS ROAD	
City State ZIP Code	Company NAIC Number
SARASOTA Florida 34234	

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.

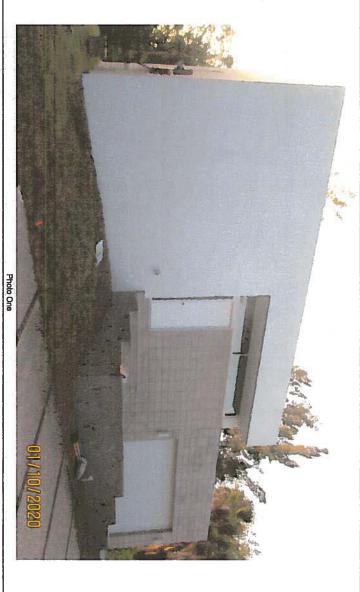


Photo One Caption FRONT VIEW



Photo Two Caption REAR VIEW

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

ELEVATION CERTIFICATE

BUILDING PHOTOGRAPHS

Continuation Page

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

IMPORTANT: In these spaces, copy the corresponding information from Section A. SARASOTA Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 7323 MIDNIGHT PASS ROAD Florida State 34234 ZIP Code Company NAIC Number Policy Number: FOR INSURANCE COMPANY USE

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 One Caption TYPICAL FLOW-THRU VENT

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

Photo Two

Photo Two

Certification of Engineered Flood Openings

I hereby certify that the Crawl Space Door Systems flood vents 816CS, 1220CS, 1232CS, 1616CS, 1624CS, 1632CS, 2032CS, 2424CS, and 2436CS are designed in accordance with the requirements of the Code of Federal Regulations for the National Flood Insurance Program (NFIP)

to provide automatic equalization of hydrostatic flood forces by allowing for the entry and exit of floodwaters, when properly installed and sized as set forth below. Vent opening measurements were measured and certified by Mr. Christopher Mark Loney, Virginia P.E. NO. 029000. Detailed calculations were prepared as outlined In "Review of certification of Engineered Flood Openings," prepared by Dr. Georg Reichard, Associate Professor of Building Construction, Virginia Tech (available upon request from Crawl Space Door Systems, Inc. billy@crawlspacedoors.com)

Design Characteristics

vent has then been determined by utilizing the lowest flow rate of the three assessed scenarios for each vent and is listed in Table 1. between louver blades following hydraulic short-tube theory. The maximum total enclosed area (Ae) that can be serviced by a single event; 2) the flow rate through the individual openings between louver blades; and 3) the flow rate through projected openings equation to calculate 1) the restricted flow rate through the main frame opening in case the louver is blown out during a flood enclosed area (A.). This equation is based on the hydraulic formula for the flow rate across sharp edged orifices. I have utilized this These values are based on the following assumptions: Section 2.6.2.2 of ASCE/SEI 24-05 provides an equation to determine the required net area of engineered openings (A_o) for a given

In absence of reliable data, the rates of rise and fall have by assumed at a minimum rate of 5 feet/hour;

- floodwater levels shall not exceed 1 foot during base fic The (maximum) difference between the exterior and inter-
- with design practices related to protection of life and property A factor of safety of 5 has been assumed, which is consist
- The net area of openings $\{A_o\}$ as provided by the manufacture

1765	850	24 x 36	2436CS		tion
1230	570	24 x 24	2424CS		
1240	630	20 x 32	2032CS		
835	405	16 x 32	1632CS		Ť
670	310	16 x 24	1624CS		*
395	180	16 x 16	1616CS		ent .
645	305	12 x 32	1232CS		
500	235	12 x 20	1220CS		000
205	105	8 x 16	816CS		
[ft²]	[in²]	[is]	MICHE		0
₽	A	WXI	Model	*	5

Table 1 Maximum total enclosed area (Aa) that can be given net area of engineered openings (Ao) serviced by each individual model based on the

each enclosed area subject to flooding; There shall be a minimum of two openings on different sides of requirements and limitations are not enforced:

This certification will be voided if the following installat

Installation Requirements and Limitations

The bottom of all openings shall be no higher than one foot

the automatic entry or exit of floodwaters at any time;

- above the higher of the interior or exterior grade that is immediately under each opening; No temporary (e.g. during cold weather) or permanent solid cover may be placed into or over the flood vent that would block
- Where data or analyses indicate more rapid rates of rise and fall, the required number of openings shall be increased to account and fall are less than 5 feet per hour. for those different conditions. The number or size of the openings may be decreased if data or analyses indicate rates of rise

Certifying Design Professional

T.J. mate	Signature:	License	Address	Company	Name
Identification of the control of the	MARCO:	Florida	2950 N 12 th Avenue, Pensacola, FL 32503	Geci & Associates Engineers, Inc.	Steve A. Geci
71 3 TY 1 - 1 O.J 1	Date: 11/29/17	License No. 33658			Title President
	THE CORIDE THE	STATE OF LAND	No. 33658	CENSON	NEVE A. O.III

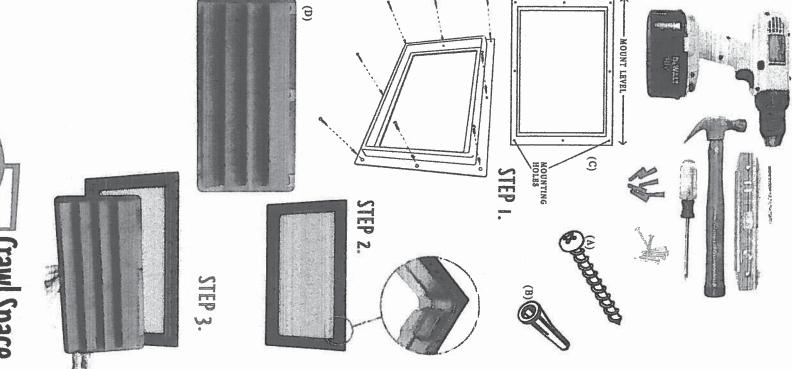
Identification of the Building and Installed Flood Vents (By Others)

The flood vent models marked in Table 1*) are being installed at the following building: **Building Address**

Spring 2012

Steakaway 1,000 vent installation buide

MODEL #CSBAS16



What you'll need

Power drill

1/4" Masonry Bit

Phillips Head Screwdriver

Hammer Level

Included in the kit:

A. Screws

B. Anchors

C. Frame

D. Louver

Step 1. Frame installation

BALANCE frame (C) centered over crawl space opening. With frame (C) in place, drill top center hole. INSERT anchor (B) into hole in wall.

SECURE top center screw (A).

LEVEL frame (C). With frame (C) held in place, drill remaining holes.

INSERT remaining anchors (B) into wall SECURE all screws (A).

Step 2

INSERT (D) louver into frame. Snap louver into place.

Crawl Space
Door Systems
INCORPORATED
Founded on great products.

5741 Bayside Road Unit 105 Virginia Beach, VA 23455 757.363.0005 1.800.230.9598