

ELEVATION CERTIFICATE

Important: Read the instructions on pages 1-9.

OMB No. 1660-0008
Expiration Date: July 31, 2015

SECTION A - PROPERTY INFORMATION

A1. Building Owner's Name: JAMES L. TALKIE
 A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.: 8307 MIDNIGHT PASS ROAD
 City: SARASOTA State: FL ZIP Code: 34242
 A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.): LOT 16 AND THE NORTH 1/2 OF LOT 17, BLOCK A, OCEAN VIEW (SAR. COUNTY BLDG PERMIT #1310242600B1)
 A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.): RESIDENTIAL
 A5. Latitude/longitude: Lat. 27°13'51.20"N Long. 082°31'10.13"W
 A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insurance.
 A7. Building Diagram Number: 7
 A8. For a building with a crawlspace or enclosure(s):
 a) Square footage of crawlspace or enclosure(s): 1717 sq ft
 b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade: 11
 c) Total net area of flood openings in A8.b: 1408 sq in
 d) Engineered flood openings? Yes No
 A9. For a building with an attached garage:
 a) Square footage of attached garage: N/A sq ft
 b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade: N/A
 c) Total net area of flood openings in A9.b: N/A sq in
 d) Engineered flood openings? Yes No

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP Community Name & Community Number SARASOTA COUNTY UNINC AREAS 125144	B2. County Name SARASOTA	B3. State FL
B4. Map/Panel Number 125144 0207	B5. Suffix E	B6. FIRM Index Date 05/01/84
B7. FIRM Panel Effective/Revised Date 09/03/92	B8. Flood Zone(s) AE	B9. Base Flood Elevation(s) (Zone AO, use base flood depth) 11

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: _____

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: NGS BM "B 715"
 Vertical Datum: NGVD 1929
 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)	9.9	feet	<input checked="" type="checkbox"/>
b) Top of the next higher floor	16.8	feet	<input checked="" type="checkbox"/>
c) Bottom of the lowest horizontal structural member (V Zones only)	N/A	feet	<input type="checkbox"/>
d) Attached garage (top of slab)	9.9	feet	<input checked="" type="checkbox"/>
e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments)	20.8	feet	<input checked="" type="checkbox"/>
f) Lowest adjacent (finished) grade next to building (LAG)	5.7	feet	<input checked="" type="checkbox"/>
g) Highest adjacent (finished) grade next to building (HAG)	6.4	feet	<input checked="" type="checkbox"/>
h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support	N/A	feet	<input type="checkbox"/>

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 comments are provided on back of form.
 Check here if attachments.
 Certifier's Name: JEFFERY B. MORROW License Number: 6296
 Title: PSM
 Company Name: POINT BREAK SURVEYING
 Address: 7327 38th COURT EAST City: SARASOTA State: FL ZIP Code: 34243
 Date: 8/20/14 Telephone: 941-378-4797
 Signature: [Signature]

Local Official's Name _____ Title _____
 Community Name _____ Telephone _____
 Signature _____ Date _____
 Comments _____
 Check here if attachments.

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 _____

G4. Permit Number	G5. Date Permit Issued	G6. Date Certificate Of Compliance/Occupancy Issued
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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.

SECTION G - COMMUNITY INFORMATION (OPTIONAL)

Property Owner's or Owner's Authorized Representative's Name _____
 Address _____ City _____ State _____ ZIP Code _____
 Signature _____ Date _____ Telephone _____
 Comments _____
 Check here if attachments.

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.

SECTION F - PROPERTY OWNER (OR OWNER'S REPRESENTATIVE) CERTIFICATION

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 HAG.
 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 E - BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO AND ZONE A (WITHOUT BFE)

Comments: Elevations shown hereon are referenced to NGVD 1929 from field ties to National Geodetic Survey benchmark "B. 715" (DL 1849), having an elevation of 4.02' (NGVD 1929).
 (c) IS BOTTOM OF TANKLESS WATER HEATER PANEL LOCATED INSIDE.
 Signature _____ Date 7-20-14
 Copy both sides of this Elevation Certificate for (1) community official, (2) insurance agent/company, and (3) building owner.

SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION (CONTINUED)

FOR INSURANCE COMPANY USE	Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 8307 MIDNIGHT PASS ROAD
Policy Number:	City SARASOTA State FL ZIP Code 34242
Company NAIC Number:	

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