

ELEVATION CERTIFICATE

OMB No. 1660-0008
Expires March 31, 2012

Important: Read the instructions on pages 1-9.

12 114879 B

SECTION A - PROPERTY INFORMATION

A1. Building Owner's Name <u>Agata Wawro</u>		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. <u>216 East Palm Avenue</u>		Company NAIC Number
City <u>Nokomis</u> State <u>FL</u> ZIP Code <u>34275</u>		
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) <u>Lot 13 Block D "Venetian Gardens" Sarasota county Parcel #0163-13-0040</u>		
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) <u>Residential</u>		
A5. Latitude/Longitude: Lat. <u>26-09-16.1</u> Long. <u>-82-27-52.0</u>		Horizontal Datum: <input type="checkbox"/> NAD 1927 <input checked="" type="checkbox"/> 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 <u>1A</u>		
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) <u>n/a</u> sq ft		a) Square footage of attached garage <u>431</u> sq ft
b) No. of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade <u> </u>		b) No. of permanent flood openings in the attached garage within 1.0 foot above adjacent grade <u>0</u>
c) Total net area of flood openings in A8.b <u> </u> sq in		c) Total net area of flood openings in A9.b <u>0</u> sq in
d) Engineered flood openings? <input type="checkbox"/> Yes <input type="checkbox"/> No		d) Engineered flood openings? <input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP Community Name & Community Number <u>Sarasota (unincorporated) 125144</u>		B2. County Name <u>Sarasota</u>		B3. State <u>Florida</u>	
B4. Map/Panel Number <u>0239</u>	B5. Suffix <u>D</u>	B6. FIRM Index Date <u>9/3/92</u>	B7. FIRM Panel Effective/Revised Date <u>5/1/84</u>	B8. Flood Zone(s) <u>A12</u>	B9. Base Flood Elevation(s) (Zone AO, use base flood depth) <u>11</u>
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9. <input type="checkbox"/> FIS Profile <input checked="" type="checkbox"/> FIRM <input type="checkbox"/> Community Determined <input type="checkbox"/> Other (Describe) <u> </u>					
B11. Indicate elevation datum used for BFE in Item B9: <input checked="" type="checkbox"/> NGVD 1929 <input type="checkbox"/> NAVD 1988 <input type="checkbox"/> Other (Describe) <u> </u>					
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Designation Date <u> </u> <input type="checkbox"/> CBRS <input type="checkbox"/> OPA					

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. Use the same datum as the BFE.
Benchmark Utilized Sar Co #161 Vertical Datum NGVD 1929
Conversion/Comments

Check the measurement used.

a) Top of bottom floor (including basement, crawlspace, or enclosure floor) <u>12.9</u>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)
b) Top of the next higher floor <u>n/a</u>	<input type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)
c) Bottom of the lowest horizontal structural member (V Zones only) <u>n/a</u>	<input type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)
d) Attached garage (top of slab) <u>12.6</u>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)
e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments) <u>12.4</u>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)
f) Lowest adjacent (finished) grade next to building (LAG) <u>11.9</u>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)
g) Highest adjacent (finished) grade next to building (HAG) <u>12.3</u>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)
h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support <u>12.5</u>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)

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

Certifier's Name <u>David B. Shremshock</u>		License Number <u>5637</u>	
Title <u>President</u>	Company Name <u>Shremshock Surveying Inc. LB 7747</u>		
Address <u>5265 Alamos Terrace</u>	City <u>North Port</u>	State <u>FL</u>	ZIP Code <u>34288</u>
Signature <u>[Signature]</u>	Date <u>11/20/12</u>	Telephone <u>941-423-8875</u>	



RELEVATION COORDINATE

DEPARTMENT OF HOMELAND SECURITY

Form 100-1 (Rev. 10-10-09)

Important: Read the instructions on pages 10

Section A - PROPERTY INFORMATION

SECTION A - PROPERTY INFORMATION

1. Building Name (Include Unit, Suite, or Room No. if applicable)

2. Building Street Address (Include Apt., Unit, Suite, or Room No. if applicable)

3. Mailing Street Address (Include Apt., Unit, Suite, or Room No. if applicable)

4. City, State, and Zip Code (Include Apt., Unit, Suite, or Room No. if applicable)

5. Building Type (Select one): Single-Family Home Multi-Family Residential Commercial Industrial Other (Specify):

6. Building Use (Select one): Residential Commercial Industrial Other (Specify):

7. Building Age (Year Built): _____

8. Building Area (Square Feet): _____

9. Building Height (Feet): _____

10. Building Color (Exterior): _____

SECTION B - FLOOD INSURANCE MAY BE AVAILABLE

11. Is the building located in a Special Flood Hazard Area (SFHA)? No Yes (Specify: _____)

Flood Hazard Category	Zone	Minimum Flood Elevation (FE) (Feet)	Minimum Flood Depth (Feet)
AE (Average Annual Exceeding Flood)	AE	_____	_____
VE (Very High Risk Flood)	VE	_____	_____
SE (Special Flood Hazard Area)	SE	_____	_____
Other (Specify)	Other	_____	_____

12. Flood Insurance Rate Map (FIRM) Panel Number: _____

13. Flood Insurance Policy Number: _____

14. Flood Insurance Premium: _____

15. Flood Insurance Agent Name: _____

16. Flood Insurance Agent Address: _____

17. Flood Insurance Agent Phone: _____

18. Flood Insurance Agent Fax: _____

19. Flood Insurance Agent Email: _____

20. Flood Insurance Agent Website: _____

21. Flood Insurance Agent License Number: _____

22. Flood Insurance Agent State: _____

23. Flood Insurance Agent Exp. Date: _____

24. Flood Insurance Agent Title: _____

25. Flood Insurance Agent Address: _____

26. Flood Insurance Agent City: _____

27. Flood Insurance Agent State: _____

28. Flood Insurance Agent Zip: _____

29. Flood Insurance Agent Phone: _____

30. Flood Insurance Agent Fax: _____

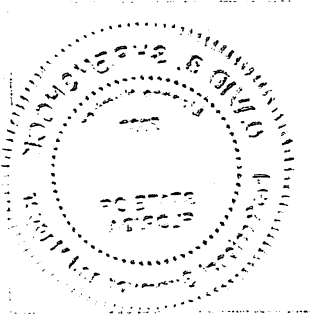
31. Flood Insurance Agent Email: _____

32. Flood Insurance Agent Website: _____

33. Flood Insurance Agent License Number: _____

34. Flood Insurance Agent State: _____

35. Flood Insurance Agent Exp. Date: _____




See reverse side for continuation

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. 216 East Palm Avenue	Policy Number
City Nokomis State FL ZIP Code 34275	Company NAIC Number

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

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

Comments Lowest machinery refers to the A/C Pad FB 115 Pg 30

Signature 	Date 11/20/12	<input type="checkbox"/> Check here if attachments
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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's or Owner's Authorized Representative's Name			
Address	City	State	ZIP Code
Signature	Date	Telephone	
Comments			
<input type="checkbox"/> Check here if attachments			

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 and G9.

- 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-G9) 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 (PR) Datum _____
- G9. BFE or (in Zone AO) depth of flooding at the building site: _____ feet meters (PR) Datum _____
- G10. Community's design flood elevation _____ feet meters (PR) Datum _____

Local Official's Name	Title
Community Name	Telephone
Signature	Date
Comments	
<input type="checkbox"/> Check here if attachments	

SECTION 2 - PROPERTY OWNER'S REPRESENTATIVE DESIGNATION

The owner of the property located at Section A, 1500 4th Avenue, Seattle, WA 98101, hereby designates the undersigned as the owner's representative for the purpose of this application. The owner's representative shall be the person who shall be responsible for providing the information required by this application and for coordinating the application process with the City of Seattle. The owner's representative shall be the person who shall be responsible for providing the information required by this application and for coordinating the application process with the City of Seattle.

Signature: _____
Date: _____
Print Name: _____

Provide a separate question for the following and check the appropriate box to show whether the element is above or below the right-of-way line:
1. Is the building located on the lot? Yes No
2. Is the building located on the lot? Yes No
3. Is the building located on the lot? Yes No
4. Is the building located on the lot? Yes No
5. Is the building located on the lot? Yes No
6. Is the building located on the lot? Yes No
7. Is the building located on the lot? Yes No
8. Is the building located on the lot? Yes No
9. Is the building located on the lot? Yes No
10. Is the building located on the lot? Yes No

SECTION 3 - PROPERTY OWNER'S REPRESENTATIVE DESIGNATION

The owner of the property located at Section A, 1500 4th Avenue, Seattle, WA 98101, hereby designates the undersigned as the owner's representative for the purpose of this application. The owner's representative shall be the person who shall be responsible for providing the information required by this application and for coordinating the application process with the City of Seattle. The owner's representative shall be the person who shall be responsible for providing the information required by this application and for coordinating the application process with the City of Seattle.

Signature: _____
Date: _____
Print Name: _____

Provide a separate question for the following and check the appropriate box to show whether the element is above or below the right-of-way line:
1. Is the building located on the lot? Yes No
2. Is the building located on the lot? Yes No
3. Is the building located on the lot? Yes No
4. Is the building located on the lot? Yes No
5. Is the building located on the lot? Yes No
6. Is the building located on the lot? Yes No
7. Is the building located on the lot? Yes No
8. Is the building located on the lot? Yes No
9. Is the building located on the lot? Yes No
10. Is the building located on the lot? Yes No

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3. Is the building located on the lot? Yes No
4. Is the building located on the lot? Yes No
5. Is the building located on the lot? Yes No
6. Is the building located on the lot? Yes No
7. Is the building located on the lot? Yes No
8. Is the building located on the lot? Yes No
9. Is the building located on the lot? Yes No
10. Is the building located on the lot? Yes No

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3. Is the building located on the lot? Yes No
4. Is the building located on the lot? Yes No
5. Is the building located on the lot? Yes No
6. Is the building located on the lot? Yes No
7. Is the building located on the lot? Yes No
8. Is the building located on the lot? Yes No
9. Is the building located on the lot? Yes No
10. Is the building located on the lot? Yes No

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8. Is the building located on the lot? Yes No
9. Is the building located on the lot? Yes No
10. Is the building located on the lot? Yes No

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3. Is the building located on the lot? Yes No
4. Is the building located on the lot? Yes No
5. Is the building located on the lot? Yes No
6. Is the building located on the lot? Yes No
7. Is the building located on the lot? Yes No
8. Is the building located on the lot? Yes No
9. Is the building located on the lot? Yes No
10. Is the building located on the lot? Yes No

Building Photographs

See Instructions for Item A6.

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 216 East Palm Avenue	For Insurance Company Use:
	Policy Number
City Nonmis State FL ZIP Code 34275	Company NAIC Number

If using the Elevation Certificate to obtain NFIP flood insurance, affix at least two 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." If submitting more photographs than will fit on this page, use the Continuation Page on the reverse.



Front View 11/14/12



Rear View 11/14/12

