

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.
 170 PARK FOREST BLVD.

FOR INSURANCE COMPANY USE
 Policy Number:

City
 ENGLEWOOD State
 Florida ZIP Code
 34223

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
19 100243 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 _____

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					FOR INSURANCE COMPANY USE
A1. Building Owner's Name CAROL LEMOEUX AND BETH L. FRANCIS					Policy Number:
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P. O. Route and Box No. 170 PARK FOREST BLVD.					Company NAIC Number:
City ENGLEWOOD		State Florida		ZIP Code 34223	
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) LOT 6, PARK FOREST, UNIT 6D (PB. 50, PG 50) (P.I.D.#0851-11-0016)					
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) RESIDENTIAL					
A5. Latitude/Longitude: Lat. 26°58'20.31"N Long. 82°20'44.30"W 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>1B</u>					
A8. For a building with a crawlspace or enclosure(s):					
a) Square footage of crawlspace or enclosure(s)		0.00 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 0.00 sq in					
d) Engineered flood openings? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
A9. For a building with an attached garage:					
a) Square footage of attached garage		623.00 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 0.00 sq in					
d) Engineered flood openings? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION					
B1. NFIP Community Name & Community Number SARASOTA COUNTY-125144			B2. County Name SARASOTA		B3. State Florida
B4. Map/Panel Number 125144-0451	B5. Suffix F	B6. FIRM Index Date 11-04-2016	B7. FIRM Panel Effective/ Revised Date 11-04-2016	B8. Flood Zone(s) AE	B9. Base Flood Elevation(s) (Zone AO, use Base Flood Depth) 10
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/Source: _____					
B11. Indicate elevation datum used for BFE in Item B9: <input type="checkbox"/> NGVD 1929 <input checked="" type="checkbox"/> NAVD 1988 <input type="checkbox"/> Other/Source: _____					
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>N/A</u> <input type="checkbox"/> CBRS <input type="checkbox"/> OPA					

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170 PARK FOREST BLVD.

FOR INSURANCE COMPANY USE
Policy Number:

City State ZIP Code
ENGLEWOOD Florida 34223

Company NAIC Number

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, ARA, ARAE, ARA1-A30, AR/AH, ARA/O.
Complete items C2.a-h below according to the building diagram specified in item A7. In Puerto Rico only, enter meters.
Benchmark Utilized: SARCO BM# 851-D (CONVERTED) Vertical Datum: NAVD88

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) _____ 11.70 feet meters
- b) Top of the next higher floor _____ N/A feet meters
- c) Bottom of the lowest horizontal structural member (V Zones only) _____ N/A feet meters
- d) Attached garage (top of slab) _____ 11.13 feet meters
- e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments) _____ 11.24 feet meters
- f) Lowest adjacent (finished) grade next to building (LAG) _____ 10.85 feet meters
- g) Highest adjacent (finished) grade next to building (HAG) _____ 11.26 feet meters
- h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support _____ N/A 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 License Number
RONALD R. NOURSE PSM #6026

Title
VICE PRESIDENT

Company Name
A M ENGINEERING, LLC.

Address
8340 CONSUMER COURT

City State ZIP Code
SARASOTA Florida 34240

Signature Date Telephone Ext.
W.M. Plabbe 07/25/2019 (941) 377-9178 201

W.M. Plabbe
Seal
Here
07/25/2019

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)
LATITUDE & LONGITUDE IN SECTION A5 HAS BEEN OBTAINED BY A FIELD MEASUREMENT WITH A GARMIN GPSMAP 76 HANDHELD RECEIVER.

NOTE: ELEVATIONS HEREON HAVE BEEN CONVERTED FROM NGVD1929 TO NAVD 88 USING A CONVERSION FACTOR OF (-1.1')

NOTE: ELEVATION IN C2a TOP OF HEADER BLOCK ELEVATION.
EQUIPMENT SERVICING THE RESIDENCE IS AIR CONDITIONER EQUIPMENT LOCATED ON THE WEST SIDE OF THE RESIDENCE.

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City ENGLEWOOD	State Florida	ZIP Code 34223	Company NAIC Number
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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 _____ | <input type="checkbox"/> feet | <input type="checkbox"/> meters | <input type="checkbox"/> above or | <input type="checkbox"/> below the HAG. |
| b) Top of bottom floor (including basement, crawlspace, or enclosure) is _____ | <input type="checkbox"/> feet | <input type="checkbox"/> meters | <input type="checkbox"/> above or | <input type="checkbox"/> 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 _____
- E3. Attached garage (top of slab) is _____
- E4. Top of platform of machinery and/or equipment servicing the building is _____
- 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 _____
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Signature _____	Date _____	Telephone _____
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Comments _____

Check here if attachments.

ELEVATION CERTIFICATE

BUILDING PHOTOGRAPHS

See Instructions for Item A6.

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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

Photo One Caption FRONT VIEW

Clear Photo One

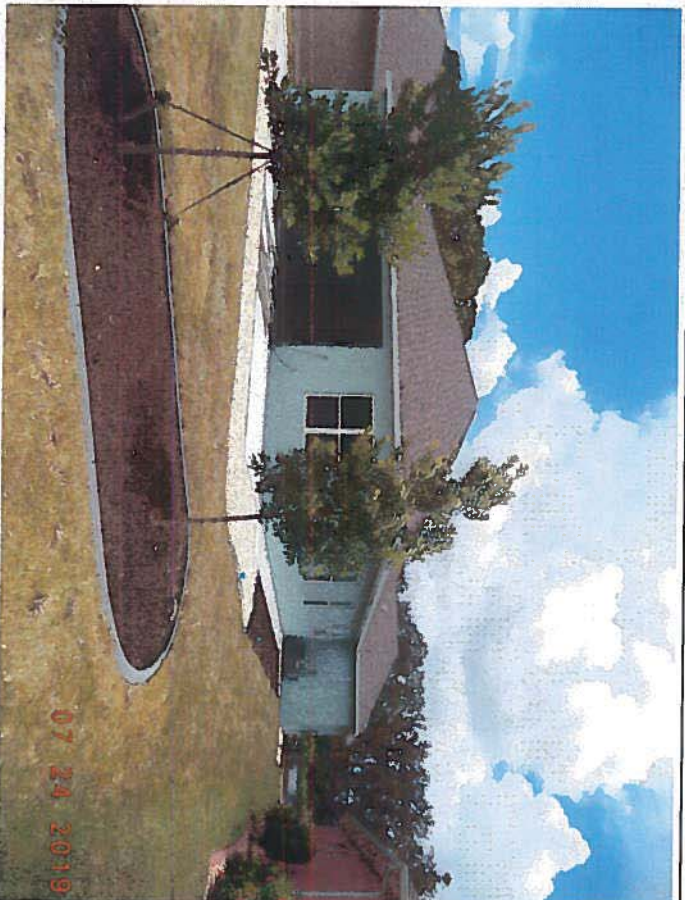


Photo Two

Photo Two Caption LEFT SIDE VIEW (WEST) & REAR

Clear Photo Two

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BUILDING PHOTOGRAPHS

Continuation Page

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City ENGLEWOOD	State Florida	ZIP Code 34223
		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

Photo Three Caption REAR & RIGHT SIDE VIEW (EAST)

Clear Photo Three



Photo Four

Photo Four Caption RIGHT SIDE VIEW (EAST)

Clear Photo Four