

ELEVATION CERTIFICATE

OMB No. 1660-0008
Expiration Date: November 30, 2022

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. 1720 POCATELLO STREET			Policy Number:
City SARASOTA	State Florida	ZIP Code FL	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 20-134669 B1	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
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 F. SCOTT AND CAROLYNNE MULDOON					Policy Number:	
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 1720 POCATELLO STREET					Company NAIC Number:	
City SARASOTA		State Florida		ZIP Code FL		
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) LOT 2 BLOCK D BAY VIEW ACRES TAX PARCEL # 0109030055						
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) <u>RESIDENTIAL</u>						
A5. Latitude/Longitude: Lat. N 27 254340 Long. W 82 523740 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):						
a) Square footage of crawlspace or enclosure(s) <u>0.00</u> sq ft						
b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade <u>0</u>						
c) Total net area of flood openings in A8.b <u>0.00</u> 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 <u>0.00</u> sq ft						
b) Number 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 A9.b <u>0.00</u> 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 12115 C 0144	B5. Suffix E	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 FT	
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: _____ <input type="checkbox"/> CBRS <input type="checkbox"/> OPA						

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City SARASOTA	State Florida	ZIP Code FL	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, 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: COUNTY BENCHMARK 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) _____ | 12.5 | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| b) Top of the next higher floor _____ | N/A | <input type="checkbox"/> feet | <input type="checkbox"/> meters |
| c) Bottom of the lowest horizontal structural member (V Zones only) _____ | N/A | <input type="checkbox"/> feet | <input type="checkbox"/> meters |
| d) Attached garage (top of slab) _____ | 11.5 | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments) _____ | 11.1 | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| f) Lowest adjacent (finished) grade next to building (LAG) _____ | 10.1 | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| g) Highest adjacent (finished) grade next to building (HAG) _____ | 10.5 | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support _____ | N/A | <input type="checkbox"/> feet | <input type="checkbox"/> 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 SCOTT CRIDER	License Number PSM 5671	<div style="font-size: 2em; font-weight: bold;">PSM # 5671</div>	
Title PROFESSIONAL LAND SURVEYOR			
Company Name F. C. SURVEYING, PLLC			
Address PO BOX 20365			
City BRADENTON	State Florida		ZIP Code 34204
Signature 	Date 08-11-2021	Telephone (941) 744-9295	Ext.

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)
A/C MACHINERY SERVICES BUILDING

NATIONAL GEODATIC SURVEY (NGS) CALCULATES THE DATUM SHIFT BETWEEN NGVD 1929 AND NAVD 1988 AT 0.99 PER NGS VERTCON.

RAISED A/C PAD 08-11-2021

ИДЕНТИФИКАЦИОННЫЙ КОД: _____

ПОСЛЕДНИЕ ПИРАМИДАЛЬНЫЕ ЧИСЛА: _____

ИДЕНТИФИКАЦИОННЫЙ КОД: _____

Удостоверение личности, выданное в соответствии с Законом Республики Беларусь от 15.07.1998 № 100-З.

Содержит сведения о личности гражданина Республики Беларусь, выданное в соответствии с Законом Республики Беларусь от 15.07.1998 № 100-З.

Имя	Фамилия	Пол	Дата рождения
Иванов	Иванов	Муж	10.10.1980
Резидент	Место рождения	Место жительства	
Беларусь	Минск	Минск	
С. С. ОБРАЗОВАНИЕ	С. С. ОБРАЗОВАНИЕ		
Среднее	Среднее		
С. С. ОБРАЗОВАНИЕ	С. С. ОБРАЗОВАНИЕ		
Среднее	Среднее		
С. С. ОБРАЗОВАНИЕ	С. С. ОБРАЗОВАНИЕ		
Среднее	Среднее		
С. С. ОБРАЗОВАНИЕ	С. С. ОБРАЗОВАНИЕ		
Среднее	Среднее		



Удостоверение выдано в соответствии с Законом Республики Беларусь от 15.07.1998 № 100-З. Срок действия: бессрочно.

Удостоверение является действительным только в сочетании с фотографией, выданной в соответствии с Законом Республики Беларусь от 15.07.1998 № 100-З.

СВЕДЕНИЯ О ЛИЧНОСТИ И ОБРАЗОВАНИИ

1) Полное имя (фамилия, имя, отчество)	Иванов Иван Иванович	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2) Место рождения (район, город, поселок, деревня)	Минск	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3) Место жительства (район, город, поселок, деревня)	Минск	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4) Место рождения (район, город, поселок, деревня)	Минск	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5) Место жительства (район, город, поселок, деревня)	Минск	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6) Место рождения (район, город, поселок, деревня)	Минск	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7) Место жительства (район, город, поселок, деревня)	Минск	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

СВЕДЕНИЯ ОБ ОБРАЗОВАНИИ

С. С. ОБРАЗОВАНИЕ	С. С. ОБРАЗОВАНИЕ	С. С. ОБРАЗОВАНИЕ	С. С. ОБРАЗОВАНИЕ
Среднее	Среднее	Среднее	Среднее
С. С. ОБРАЗОВАНИЕ	С. С. ОБРАЗОВАНИЕ	С. С. ОБРАЗОВАНИЕ	С. С. ОБРАЗОВАНИЕ
Среднее	Среднее	Среднее	Среднее
С. С. ОБРАЗОВАНИЕ	С. С. ОБРАЗОВАНИЕ	С. С. ОБРАЗОВАНИЕ	С. С. ОБРАЗОВАНИЕ
Среднее	Среднее	Среднее	Среднее

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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 1–2 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
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Signature	Date	Telephone
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Comments

Check here if attachments.

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 06-30-2021 FRONT VIEW

Clear Photo One



Photo Two

Photo Two Caption 06-30-2021 REARVIEW

Clear Photo Two

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BUILDING PHOTOGRAPHS

Continuation Page

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City SARASOTA	State Florida	ZIP Code FL	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

Photo Three Caption

Clear Photo Three

Photo Four

Photo Four

Photo Four Caption

Clear Photo Four