

# ELEVATION CERTIFICATE

OMB No. 1660-0008  
Expires March 31, 2012

Important: Read the instructions on pages 1-9.

06-147694

## SECTION A - PROPERTY INFORMATION

|  |                            |
|--|----------------------------|
| A1. Building Owner's Name LUMINA HEALTH PRODUCTS, INC. | For Insurance Company Use: |
|  | Policy Number              |
|  | Company NAIC Number        |

A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.  
2301 PORTER LAKE DR.  
City SARASOTA State FL ZIP Code 34240

A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)  
LOTS 20 & 23 INTERSTATE LAKE INDUSTRIAL PARK. P.I.D.#0238-13-0005

A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) NON-RESIDENTIAL  
A5. Latitude/Longitude: Lat. 27°-18'-47"N Long. 82°-26'-47"W Horizontal Datum:  NAD 1927  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 1A

|  |   |
|--|---|
| 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>N/A</u> sq ft   |
| b) No. of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade <u>N/A</u> | b) No. of permanent flood openings in the attached garage within 1.0 foot above adjacent grade <u>N/A</u> |
| c) Total net area of flood openings in A8.b <u>N/A</u> sq in   | c) Total net area of flood openings in A9.b <u>N/A</u> sq in  |
| d) Engineered flood openings? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                    | 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<br>SARASOTA COUNTY 125144 |                 | B2. County Name<br>SARASOTA      |  | B3. State<br>FL            |   |
| B4. Map/Panel Number<br>0154   | B5. Suffix<br>E | B6. FIRM Index Date<br>09/3/1992 | B7. FIRM Panel Effective/Revised Date<br>09/3/1992 | B8. Flood Zone(s)<br>A & X | B9. Base Flood Elevation(s) (Zone AO, use base flood depth)<br>21.08' NGVD 1929 |

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 (Describe) \_\_\_\_\_

B11. Indicate elevation datum used for BFE in Item B9:  NGVD 1929  NAVD 1988  Other (Describe) \_\_\_\_\_

B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)?  Yes  No  
Designation Date N/A  CBRS  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 SARASOTA COUNTY BM 49-G Vertical Datum NGVD 1929  
Conversion/Comments PUBLISHED ELEVATION=27.07'

|  |             |  |  |
|--|-------------|--|--|
| a) Top of bottom floor (including basement, crawlspace, or enclosure floor)  | <u>24.7</u> | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters (Puerto Rico only) |
| b) Top of the next higher floor  | <u>39.7</u> | <input checked="" 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>N/A</u>  | <input 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>N/A</u>  | <input type="checkbox"/> feet            | <input type="checkbox"/> meters (Puerto Rico only) |
| f) Lowest adjacent (finished) grade next to building (LAG)   | <u>24.2</u> | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters (Puerto Rico only) |
| g) Highest adjacent (finished) grade next to building (HAG)  | <u>24.7</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>24.6</u> | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters (Puerto Rico only) |

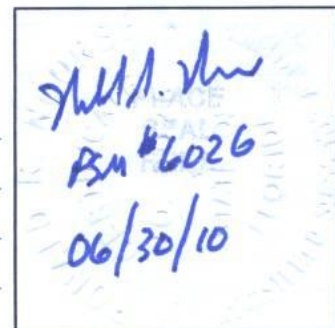
Check the measurement used.

## 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 RONALD R. NOURSE | License Number 0006026                        |
| Title VICE PRESIDENT              | Company Name A M ENGINEERING, INC             |
| Address 8340 CONSUMER COURT       | City SARASOTA State FL ZIP Code 34240         |
| Signature <u>Ronald R. Nourse</u> | Date <u>06/30/10</u> Telephone (941) 377-9178 |





**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.  
2301 PORTER LAKE DR.

City SARASOTA State FL ZIP Code 34240

For Insurance Company Use:

Policy Number

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 SARASOTA COUNTY BM #49-G, TOP OF 4"X4" CONCRETE MONUMENT STAMPED "PLS PRM 4078. EL=27.07"

NOTE: NO EQUIPMENT FOUND ON EXTERIOR GROUND LEVEL.

Signature



Date

06/30/10

 Check here if attachments**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

 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

G7. This permit has been issued for:  New Construction  Substantial ImprovementG8. 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

 Check here if attachments



# Building Photographs

Continuation Page

|  |   |
|--|---|
| Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.<br>2301 PORTER LAKE DR.  | For Insurance Company Use:<br>Policy Number |
| City SARASOTA State FL ZIP Code 34240  | 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." |   |

