# U.S. DEPARTMENT OF HOMELAND SECURITY FEDERAL EMERGENCY MANAGEMENT AGENCY

## **ELEVATION CERTIFICATE**

14-11521931

	37.5 NO	
OMB	No 1	660-0008

National Flood Insurance Program	Important: Read t	the instructions on	pages 1–9.	. Exp	ration Date: July 31, 2015
		A – PROPERTY INFO	RMATION	FOR	INSURANCE COMPANY USE
A1. Building Owner's Name J. Morgan O'D	Donoghue & Alison S. O'Do	onoghue		Polic	y Number:
A2. Building Street Address (including Apt. 1200 Quail Drive	, Unit, Suite, and/or Bldg. I	No.) or P.O. Route and B	ox No.	Comp	pany NAIC Number:
City Sarasota		State FL ZIP Co	de 34231		
A3. Property Description (Lot and Block Nu PID #0046-14-0008	ımbers, Tax Parcel Numbe	er, Legal Description, etc	.)		
<ul> <li>A4. Building Use (e.g., Residential, Non-Residential)</li> <li>A5. Latitude/Longitude: Lat. 27.293223 Lessidential</li> <li>A6. Attach at least 2 photographs of the buse.</li> <li>A7. Building Diagram Number 7/2</li> <li>A8. For a building with a crawlspace or ending a) Square footage of crawlspace or ending by Number of permanent flood opening or enclosure(s) within 1.0 foot above.</li> <li>C) Total net area of flood openings?</li> </ul>	ong. 82.541141 Horizontal Horizon	al Datum:  NAD 1927 leing used to obtain flood  A9. F  sq ft a  b  sq in c	insurance. or a building wi ) Square foota ) Number of powithin 1.0 foo ) Total net are	th an attached g	garage <u>N/A</u> sq ft openings in the attached garage nt grade <u>N/A</u> ngs in A9.b <u>N/A</u> sq in
SEC	TION B – FLOOD INSU	JRANCE RATE MAP	(FIRM) INFO	RMATION	
B1. NFIP Community Name & Community I Sarasota CO 125144		County Name asota		B3. S FL	State
B4. Map/Panel Number 125144 0141 B5. Suffix D	B6. FIRM Index Date 09/03/1992	B7. FIRM Panel Effective/Revised Da 05/01/1984	ate Zo	Flood B ne(s) \(\lambda\)13	9. Base Flood Elevation(s) (Zone AO, use base flood depth) 12'
Indicate elevation datum used for BFE     Is the building located in a Coastal Bar Designation Date: N/A	rrier Resources System (C	BRS) area or Otherwise CBRS	Protected Area		☐ Yes ⊠ No
21. Building elevations are based on:  *A new Elevation Certificate will be requected.  22. Elevations – Zones A1–A30, AE, AH, A below according to the building diagram Benchmark Utilized: #98 at s.Grove St. Indicate elevation datum used for the elevation used for building elevations mus	Construction Drawing ired when construction of (with BFE), VE, V1–V30, a specified in Item A7. In P	gs* Building the building is complete. V (with BFE), AR, AR/A, uerto Rico only, enter metrical Datum: 15.35'	Under Construc AR/AE, AR/A1- eters.	ction* 🖂	
a) Top of bottom floor (including basements) Top of the next higher floor c) Bottom of the lowest horizontal struct d) Attached garage (top of slab) e) Lowest elevation of machinery or equivalent (Describe type of equipment and local f) Lowest adjacent (finished) grade next g) Highest adjacent (finished) grade next h) Lowest adjacent grade at lowest elevations.	ural member (V Zones only sipment servicing the build ation in Comments) t to building (LAG) ct to building (HAG)	ly)	9.12 20.51 N/A. N/A. 13.08 8.08 8.75 8.63	Check the r	et
SECTI	ON D – SURVEYOR, E	NGINEER, OR ARCH	ITECT CERT	TFICATION	1.
This certification is to be signed and sealed information. I certify that the information on I understand that any false statement may Check here if comments are provided Check here if attachments.  Certifier's Name JOHN C. MINDER  Title Prof. Surveyor & Ma	by a land surveyor, engin this Certificate represents be punishable by fine or in on back of form. Wer	eer, or architect authorizer my best efforts to interprepared to interprepared to the properties of th	ed by law to ceret the data ava S. Code, Section n Section A pro	rtify elevation nilable. nn 1001.	PLACE  PLACE  PLACE  STATE  ST

IMPORTANT: In these spaces, copy the corresponding information fro	m Section A		FOR INSURANCE COMPANY USE
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route a 1200 Quail Drive	and Box No.		Policy Number:
City Sarasota State FL	ZIP Code 3	4231	Company NAIC Number:
SECTION D – SURVEYOR, ENGINEER, OR ARCI	HITECT CER	TIFICATION (C	ONTINUED)
Copy both sides of this Elevation Certificate for (1) community official, (2) insurance a	agent/company	, and (3) building	owner.
Comments C2 e: A/C pad on southerly side of building, el. 13.08', water heater el.	17.18'		
Building lies entirely outside the "V" flood zone.  5-/ Signature Dat	13-/5 te		
SECTION E – BUILDING ELEVATION INFORMATION (SURVEY NOT	REQUIRED)	FOR ZONE AC	O AND ZONE A (WITHOUT BFE)
For Zones AO and A (without BFE), complete Items E1–E5. If the Certificate is inten and C. For Items E1–E4, use natural grade, if available. Check the measurement us E1. Provide elevation information for the following and check the appropriate boxes grade (HAG) and the lowest adjacent grade (LAG).  a) Top of bottom floor (including basement, crawlspace, or enclosure) is b) Top of bottom floor (including basement, crawlspace, or enclosure) is	sed. In Puerto R s to show whetl	tico only, enter me ner the elevation i feet	eters. s above or below the highest adjacent above or below the HAG. above or below the LAG.
<ul> <li>E2. For Building Diagrams 6–9 with permanent flood openings provided in Section (elevation C2.b in the diagrams) of the building is feet ☐</li> <li>E3. Attached garage (top of slab) is feet ☐ meters ☐ about a servicing the building is</li> <li>E4. Top of platform of machinery and/or equipment servicing the building is</li> <li>E5. Zone AO only: If no flood depth number is available, is the top of the bottom floor ordinance? ☐ Yes ☐ No ☐ Unknown. The local official must certify this</li> </ul>	meters  ab ove or  belo .  fee oor elevated in	ove or	the HAG.  above or ☐ below the HAG.
SECTION F – PROPERTY OWNER (OR OWNER'			TIFICATION
The property owner or owner's authorized representative who completes Sections A, or Zone AO must sign here. The statements in Sections A, B, and E are correct to the	B, and E for Zo	ne A (without a F	FEMA-issued or community-issued BFE)
Property Owner's or Owner's Authorized Representative's Name			
Address City		State	ZIP Code
Signature Date		Telep	hone
Comments			
			Check here if attachmen
SECTION G - COMMUNITY INFO	RMATION (C	PTIONAL)	
The local official who is authorized by law or ordinance to administer the community's floor of this Elevation Certificate. Complete the applicable item(s) and sign below. Check the magnetic flow of the information in Section C was taken from other documentation that has be is authorized by law to certify elevation information. (Indicate the source and A community official completed Section E for a building located in Zone A (w. The following information (Items G4–G10) is provided for community floodplater.	neasurement us been signed and d date of the ele vithout a FEMA-	ed in Items G8–G sealed by a licer vation data in the issued or commu	110. In Puerto Rico only, enter meters.  nsed surveyor, engineer, or architect who comments area below.)
G5. Date Permit Issued	G6. Date	Certificate Of Co	mpliance/Occupancy Issued
67. This permit has been issued for: New Construction Substantial I 68. Elevation of as-built lowest floor (including basement) of the building: 69. BFE or (in Zone AO) depth of flooding at the building site: 610. Community's design flood elevation:	П.	☐ meters ☐ meters ☐ meters	Datum Datum Datum
Local Official's Name	Title		
Community Name	Telephone		
Signature	Date		
Comments			☐ Check here if attachment
EMA Form 086-0-33 (7/12)			Replaces all previous editions

Replaces all previous editions.

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#### **ELEVATION CERTIFICATE**, page 3

### **Building Photographs**

See Instructions for Item A6.

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. 1200 Quail Drive

City Sarasota

State FL

ZIP Code 34231

FOR INSURANCE COMPANY USE

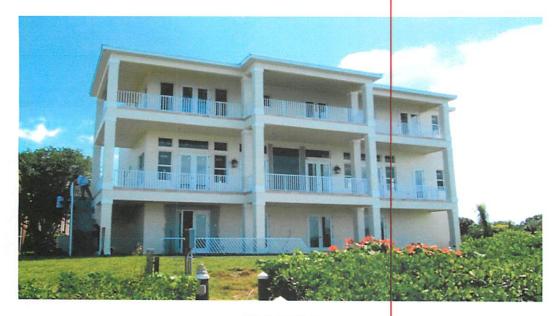
Policy Number:

Company NAIC Number:

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.



FRONT VIEW



**REAR VIEW** 

#### **ELEVATION CERTIFICATE**, page 4

### **Building Photographs**

Continuation Page

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. 1200 Quail Drive

Policy Number:

City Sarasota

State FL

ZIP Code 34231

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.





REPRESENTATIVE EXAMPLES OF FLOOD VENTS





REPRESENTATIVE EXAMPLES OF FLOOD VENTS