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U.S. DEPARTMENT OF HOMELAND SECURITY

ELEVATION CERTIFICATE

Federal Emergency Management Agency National Flood Insurance Program

Important: Read the instructions on pages 1-9.

OMB No. 1660-0008 Expires March 31, 2012

SECTION A - PROPERTY INFORMATION	For Insurance Company Use:		
A1. Building Owner's Name MARIO OLIVA FILE NO.: 11-02-03	Policy Number		
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 1665 RIDGEWOOD LANE	Company NAIC Number		
City SARASOTA State FL ZIP Code 34231			
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) LOT 18, AQUAPLAN ESTATES, THIRD UNIT PARCEL ID # 0105-16-0007.			
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.)	Residential		
A5. Latitude/Longitude: Lat. N 27° 15.736′ Long. W 82° 31.871′ Horizonta A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insurance.	al Datum: NAD 1927 NAD 1983		
A7. Building Diagram Number 1A	·		
A8. For a building with a crawispace or enclosure(s): a) Square footage of crawispace or enclosure(s) N/A sq ft a) Square footage of attached garage 460 sq ft			
b) No. of permanent flood openings in the crawispace or b) No. of perman	ent flood openings in the attached garage		
enclosure(s) within 1.0 foot above adjacent grade N/A within 1.0 foot	above adjacent grade N/A		
d) Engineered flood openings?	of flood openings in A9.b N/A sq in cod openings?		
SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFOR	MATION		
B1. NFIP Community Name & Community Number B2. County Name SARASOTA COUNTY 125144 SARASOTA	B3. State FLORIDA		
	Flood B9. Base Flood Elevation(s) (Zone e(s) AO, use base flood depth) AE + 11.00 FEET		
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) ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐			
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area ((Describe) □□□□□ OPA)? □ Yes ☒ No		
Designation Date DODDD CBRS DOPA	OPA)? LI Tes MINO		
SECTION C - BUILDING ELEVATION INFORMATION (SURVEY)	REQUIRED)		
C1. Building elevations are based on: Construction Drawings* Building Under Construction	ion* 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-A3			
below according to the building diagram specified in Item A7. Use the same datum as the BFE.	ou, ARVAN, ARVAO. Complete items C2.a-n		
Benchmark Utilized ELEV, BASED ON SAR, CO. B.M. R-83, Vertical Datum N.G.V.D.			
Conversion/Comments □□□□□	maceurement used		
Conversion/Comments @@@@@ Check the	measurement used.		
Conversion/Comments ODDDD Check the real a) Top of bottom floor (including basement, crawispace, or enclosure floor) 10.1	ers (Puerto Rico only)		
Conversion/Comments @@@@@ Check the	ers (Puerto Rico only) meters (Puerto Rico only)		
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IMPORTANT: In these spaces, copy the corresponding information from	m Section A.	Fo	r Insurance Company Use:
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route a			licy Number
865 RIDGEWOOD LANE ity SARASOTAState FL ZIP Code 34231		-	WHO II A
ny Savasorasiae FL Zir Gode S4231		100	mpany NAIC Number
SECTION D - SURVEYOR, ENGINEER, OR ARCI	ITECT CERTIFICATIO	N (CONTIN	UED)
opy both sides of this Elevation Certificate for (1) community official, (2) insurance a		iding owner.	
OMMENDE 1) HOME BEING BUILT IN 1973 PER SARASOTA COUNTY TAX RI		CATED AT GA	RAGE FLOOR LEVEL
ignature DDDDD Date	2-4-2011		Check here if attachmen
SECTION E - BUILDING ELEVATION INFORMATION (SURVEY NOT	REQUIRED) FOR ZON	E AO AND 2	ONE A (WITHOUT BFE)
Attached garage (top of slab) is DDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDD	to show whether the elevation of feet	meters a met	bove or below the HAG. bove or below the LAG. ructions), the next higher floor HAG. be or below the HAG. nunity's floodplain managemen
roperty Owner's or Owner's Authorized Representative's Name	best of my knowledge.		
ANIEL E. LEMONDE			
City \	ENICE	State FL	ZIP Code 34293
gnature CDDD Date 2	4-2011	Telephone (9	941)-493-8000
omments 10000			
			Check here if attachme
SECTION G - COMMUNITY INFO	RMATION (OPTIONAL)	
s local official who is authorized by law or ordinance to administer the community's it is of this Elevation Certificate. Complete the applicable Item(s) and sign below. Complete the applicable Item(s) and sign below. Complete the applicable Item(s) and sign below. Complete item of the information in Section Complete the applicable Item(s) and sign below. Complete item of the information information. (Indicate the source and A community official completed Section E for a building located in Zone A (worth information	neck the measurement use een signed and sealed by date of the elevation data thout a FEMA-issued or co	ed in Items G8 a licensed sur in the Comme	and G9. veyor, engineer, or architect whents area below.)
4. Permit Number G5. Date Permit Issued	G6. Date Certificate	Of Compliano	e/Occupancy Issued
. This permit has been issued for: New Construction Substantial			
Elevation of as-built lowest floor (including basement) of the building:		s (PR) Datum	00000
BFE or (in Zone AO) depth of flooding at the building site:	THE RESERVE TO SERVE THE PARTY OF THE PARTY		
D. Community's design flood elevation	Protect Protects		
cal Official's Name ODOD	Title 00000		
	Telephone DDDDD		
	Date COOCC		
omments ODDDD			