## "U.S. DEPARTMENT OF HOMELAND SECURITY

► Federal Emergency Management Agency National Flood Insurance Program

## **ELEVATION CERTIFICATE**

Important: Read the instructions on pages 1-9.

OMB No. 1660-0008

Expires March 31, 2012 10-1411767

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | SECT                                                                                                                       | ION A - PROPERTY INFO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | PMATION                                                                                                                                         | 10 018 273                                                                                                                                                                                                                       |  |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| A1. Building Owner's Name Craig Sieg                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | For Insurance Company Use: Policy Number                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                 |                                                                                                                                                                                                                                  |  |  |
| A2. Building Street Address (including Apt., 6537 Sabal Drive                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Company NAIC Number                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                 |                                                                                                                                                                                                                                  |  |  |
| City Sarasota State FL ZIP Co                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | ode 34242                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | •                                                                                                                                               |                                                                                                                                                                                                                                  |  |  |
| A3. Property Description (Lot and Block Num<br>Property ID 0108-09-0002                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | mbers, Tax Parcel Nu                                                                                                       | umber, Legal Description, etc.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                 |                                                                                                                                                                                                                                  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ong 2731'58" W. ding if the Certificate  osure(s): closure(s) 2,4 the crawlspace or djacent grade  8,b 2,5 Yes No 56       | A9. Fo A9. Fo A9. Fo A9. Fo BOO sq in BOO SQ i | r a building with an attact<br>Square footage of attact<br>No. of permanent flood<br>within 1.0 foot above act<br>Total net area of flood openi | thed garage N/A sq ft openings in the attached garage diacent grade N/A sq in ones? Yes No                                                                                                                                       |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                            | ISURANCE RATE MAP (F                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | IRM) INFORMATION                                                                                                                                |                                                                                                                                                                                                                                  |  |  |
| B1. NFIP Community Name & Community Nu Sarasota County 125144                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 1                                                                                                                          | 32. County Name<br>Sarasota                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 9                                                                                                                                               | B3. State<br>FL                                                                                                                                                                                                                  |  |  |
| B4. Map/Panel Number B5. Suffix 125144 0143 E                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | B6. FIRM Index<br>Date<br>09/03/92                                                                                         | B7. FIRM Panel<br>Effective/Revised Date<br>09/03/92                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | B8. Flood<br>Zone(s)<br>AE                                                                                                                      | B9 Base Flood Elevation(s) (Zone AO, use base flood depth)                                                                                                                                                                       |  |  |
| 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  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 B.M. #108-H EL. = 5.54 Vertical Datum NGVD 1929  Conversion/Comments                                                                                                                                                                                               |                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                 |                                                                                                                                                                                                                                  |  |  |
| a) Top of bottom floor (including baseme b) Top of the next higher floor c) Bottom of the lowest horizontal structu d) Attached garage (top of slab) e) Lowest elevation of machinery or equil (Describe type of equipment and locati f) Lowest adjacent (finished) grade next g) Highest adjacent (finished) grade next h) Lowest adjacent grade at lowest eleva structural support                                                                                                                                                                                                                                                                                                                                                                              | preal member (V Zone) preal servicing the top ion in Comments) to building (LAG) to building (HAG) tion of deck or stairs, | 15 4   N/A   |                                                                                                                                                 | eters (Puerto Rico only) |  |  |
| This certification is to be signed and applied by                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | D - SURVEYOR,                                                                                                              | ENGINEER, OR ARCHITE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | CT 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 Robert G. Bruce  License Number 4519  Title Owner  Company Name Red Stake Surveyors, Inc.  Address 7123 Proctor Road  City Sarasota Sarasota  State FL  ZIP Code 34241  Date 04/05/2012  Telephone (941) 923 - 9997 |                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                 |                                                                                                                                                                                                                                  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ity Sarasota Saraso                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 7/D Cod= 2424                                                                                                                                   | 1 2000 1051                                                                                                                                                                                                                      |  |  |
| Signature Politi & Brus                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ZIP Code 34241<br>) 923 - 9997                                                                                                                  | -   412 Or                                                                                                                                                                                                                       |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                 | _                                                                                                                                                                                                                                |  |  |

| IMPORTANT: In these spa                               |                                                                                      | For Insurance Company Use:                                        |                     |                                     |
|-------------------------------------------------------|--------------------------------------------------------------------------------------|-------------------------------------------------------------------|---------------------|-------------------------------------|
| 0337 Sabai Drive Fil                                  | e # 10120527                                                                         |                                                                   | 7.0                 | Policy Number                       |
| City Sarasota                                         | State FL ZIP Code 34                                                                 |                                                                   |                     | Company NAIC Number                 |
| SEC                                                   | CTION D - SURVEYOR, ENGINEE                                                          | R, OR ARCHITECT CERTI                                             | FICATION (COI       | NTINUED)                            |
| Copy both sides of this Elevation                     | n Certificate for (1) community official, (                                          | (2) insurance agent/company, a                                    | nd (3) building ow  | ner.                                |
| comments Section B Flood in:                          | surance rate map (FIRM) information to                                               | be verified at local F.F.M.A. co                                  | ntrol office        |                                     |
| 720.) 20                                              | WEST MACHINERY = A                                                                   | AIR CONDITIONER                                                   |                     |                                     |
|                                                       |                                                                                      |                                                                   |                     |                                     |
| Signature Political                                   | Bruse                                                                                | Date 04/05/2012                                                   |                     |                                     |
| SECTION E - BUILDING                                  | ELEVATION INFORMATION (SU                                                            | IRVEY NOT REQUIRED) FO                                            | OR ZONE AO A        | Check here if attachm               |
|                                                       |                                                                                      |                                                                   |                     |                                     |
|                                                       | FE), complete Items E1-E5. If the Cert atural grade, if available. Check the me      |                                                                   |                     |                                     |
| r i riovide elevation intofffat                       | ION for the following and check the ago,                                             | ropriate boxes to show whether                                    | the elevation is at | 2000 or helow the highest adjaces   |
| grade (HAG) and the lower a) Top of bottom floor (inc | est adjacent grade (LAG), luding basement, crawlspace, or enclos                     |                                                                   |                     |                                     |
| District of portolitished RUC                         | HIGHO DASEMENT Crawlenace or ancies                                                  |                                                                   |                     | above or below the HAG              |
|                                                       |                                                                                      |                                                                   |                     |                                     |
| E3. Attached garage (top of sli                       | ab) is                                                                               | eters                                                             | or Delow the        | HAG                                 |
| Top of platform of machine                            | ery and/or equipment servicing the build                                             | ling is T foot T                                                  | T motors D at a     | re or Delow the HAG                 |
| Long to only if no nood                               | deput number is available, is the too of                                             | the bottom floor alounted in an-                                  |                     | community's floodplain manageme     |
|                                                       | The local official file                                                              | ist certify this information in Sec                               | ction G:            |                                     |
| he property owner or owner's a                        | TION F - PROPERTY OWNER (O                                                           | R OWNER'S REPRESENTA                                              | ATIVE) CERTIF       | CATION                              |
|                                                       | uthorized representative who completes statements in Sections A, B, and E are        | s Sections A, B, and E for Zone<br>correct to the best of my know | A (without a FEM    | A-issued or community-issued BFI    |
| roperty Owner's or Owner's Au                         | thorized Representative's Name                                                       | The same deal of my funds                                         | icage.              |                                     |
| ddress                                                |                                                                                      | City                                                              | 0                   |                                     |
| ignature                                              |                                                                                      |                                                                   | State               | ZIP Code                            |
|                                                       |                                                                                      | Date                                                              | Telephon            |                                     |
| omments                                               |                                                                                      |                                                                   |                     |                                     |
|                                                       |                                                                                      | •                                                                 |                     |                                     |
|                                                       | SECTION G - COMMIL                                                                   | NITY INFORMATION (OPT                                             | ONALY               | Check here if attachmo              |
| local official who is authorized                      | by law or ordinance to administrate -                                                | 20 10 20 10 10 10 10 10 10 10 10 10 10 10 10 10                   |                     | Complete Costings A. P. C. ( 5)     |
|                                                       |                                                                                      |                                                                   |                     |                                     |
| is authorized by law to ce                            | on C was taken from other documentation critify elevation information. (Indicate the | on that has been signed and sea                                   | aled by a licensed  | surveyor, engineer, or architect wi |
|                                                       | pleted Section E for a building located i                                            |                                                                   |                     |                                     |
| ☐ The following information                           | (Items G4-G9) is provided for commun                                                 | ity floodolain management pure                                    | ed or community-i   | ssued BFE) or Zone AO.              |
| 4. Permit Number                                      | G5. Date Permit Issued                                                               |                                                                   |                     |                                     |
|                                                       | os. Odlo i cirim issued                                                              | G6. Date Cer                                                      | tificate Of Complia | ince/Occupancy Issued               |
| This permit has been issued for                       |                                                                                      | Substantial Improvement                                           |                     |                                     |
| Elevation of as-built lowest flo                      | or (including basement) of the building:                                             |                                                                   | ters (PR) Datum     |                                     |
| BFE or (in Zone AO) depth of                          |                                                                                      |                                                                   | ters (PR) Datum     |                                     |
| . Community's design flood elev                       | vation                                                                               |                                                                   | ters (PR) Datum     |                                     |
| cal Official's Name                                   |                                                                                      | Title                                                             |                     |                                     |
| mmunity Name                                          |                                                                                      | Telephone                                                         |                     |                                     |
| nature                                                |                                                                                      |                                                                   |                     |                                     |
|                                                       |                                                                                      | Date .                                                            |                     |                                     |
| mments                                                |                                                                                      |                                                                   |                     |                                     |
|                                                       |                                                                                      |                                                                   |                     |                                     |
|                                                       |                                                                                      |                                                                   |                     |                                     |
|                                                       |                                                                                      |                                                                   |                     |                                     |

Replaces all previous editions

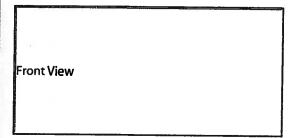
EMA Form 81-31, Mar 09

## Building Photographs See Instructions for Item A6.

|                                  |               |          | For Insurance Company Use: |
|----------------------------------|---------------|----------|----------------------------|
| Building Street Address (includi | Policy Number |          |                            |
| 6537 Sabal Drive                 |               |          |                            |
| City                             | State_        | ZIP Code | Company NAIC Number        |
| Sarasota                         | FL            | 34242    |                            |

If using the Elevation Certificate to obtain NFIP flood insurance, affix at least two 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." If submitting more photographs than will fit on this page, use the Continuation Page,





Rear View





## State of Florida Certificate of Compliance

Project Name: Siegel Residence

Date: 13 March 2012

STATE OF

3/13/12

Address:

6537 Sabal Drive

Town:

Sarasota

State: FL

Zip Code: 34242

In accordance with Home Land Security – FEMA/NFIP Technical Bulletin 1/August 2008 requirements for engineered openings in foundation walls, USA FLOOD/AIR FOUNDATION FLOOD VENT will allow for the automatic equalization of hydrostatic flood forces and pressure during flooding as well as for base 100 year flood or 1% chance of flooding in NFIP FIRM (Federal Insurance Rate Map) "A" zone properties. Additional information to meet FEMA/NFIP requirements for flood venting can be found in TB-1/August 2008. The International Code Council (ICC) requires a minimum 3" diameter opening to be maintained during flooding to allow passage of debris through a flood vent. USA FLOOD/AIR FOUNDATION FLOOD VENT meets the regulation of Federal Emergency Management Agency's National Flood Insurance Program (44 CFR 60.3 (c) (5)) and Flood Resistant Design and Construction (ASCE 24-98).

I do hereby certify the USA FLOOD/AIR FOUNDATION FLOOD VENTS openings are designed for installation in buildings to meet the FEMA, NFIP and ICC code requirements for the equalizing of hydrostatic flood forces on exterior walls by allowing for the automatic entry and exit of floodwater during floods up to and including the base (100 year) flood.

USA FLOOD/AIR VENTS provide hydrostatic pressure equalization during a flood. Each vent will cover 250 square feet of enclosed building area as per FEMA, NFIP or ICC instructions and calculations.

I further certify that the breakaway door releases under less than the required 20 lbs. of hydraulic pressure.

The vent must be installed with the long dimension horizontal and the line and the

Kenneth S. Peoples, P.E. Lehigh Valley Technical Associates 1584 Weaversville Road Northampton, PA 18067 610-262-6345 License No. 59045 Certificate of Authorization No. 9438