U.S. DEPARTMENT OF HOMELAND SECURITY Federal Emergency Management Agency National Flood Insurance Program

OMB No. 1660-0008 Expiration Date: November 30, 2018

# ELEVATION CERTIFICATE Important: Follow the instructions on pages 1–9.

attachments for (1) community official. (2) insurance agent/company, and (3) building owner.

Copy all pages of this Elevation Certificate and all attachments for (1) community οπισίαι, (Δ	FOR INSURANCE COMPANY USE		
SECTION A - PROPERTY INFORMATION	Policy Number:		
A1. Building Owner's Name	Folicy Number:		
Mary BABERE Herrand			
A2. Building Street Address (including Apt. Unit, Suite, and/or Bidg. No.) or P.O. Rou Box No.	te and Company NAIC Number:		
\$ 530 SAN CLEMENTE CIEUL	ZIP Code		
City State	34267		
A3 Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Descrip	tion, etc.)		
Log SET Lx Coss Masure Home Pa	ne co-op		
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.)	Zes ventra		
A5. Latitude/Longitude: Lat. 27°02'02.7~」 Long. B2 いら 57.4 い Ho	rizontal Datum: NAD 1927 NAD 1983		
A6. Attach at least 2 photographs of the building if the Certificate is being used to obt	ain flood insurance.		
A7. Building Diagram Number			
A8. For a building with a crawispace or enclosure(s):			
a) Square footage of crawlspace or enclosure(s) sq ft			
b) Number of permanent flood openings in the crawlspace or enclosure(s) within	1.0 foot above adjacent grade		
c) Total net area of flood openings in A8.b sq in			
d) Engineered flood openings?			
A9. For a building with an attached garage			
a) Square footage of attached garage sq ft			
b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade			
c) Total net area of flood openings in A9.b sq in			
d) Engineered flood openings? Yes No			
SECTION B - FLOOD INSURANCE RATE MAP (FIR	M) INFORMATION		
B1. NFIP Community Name & Community Number B2. County Name	B3. State		
Spasson Cowy 25124 SARSON	Floring		
	. Flood Zone(s) B9. Base Flood Elevation(s) (Zone AO, use Base Flood Depth)		
12115c 0370 F 11/04/2016 11/04/2016	AZ7 PER (NAVO 1900)		
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/Source:			
B11. Indicate elevation datum used for BFE in Item B9: NGVD 1929 NAVD 1988 Other/Source:			
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? Tyes 100 No			
Designation Date: CBRS  OPA			
	Form Page 1 of		

#### **ELEVATION CERTIFICATE**

OMB No. 1660-0008 Expiration Date: November 30, 2018

MPORTANT: 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.		Policy Number:		
# 530 Son Crene	HTE CIPCLE			
City	Otate ZIP Gode	Company NAIC Number		
Horry Poor	Closups 34267			
SECTION C - BU	ILDING ELEVATION INFORMATION (SURVEY F			
C1. Building elevations are based on:	Construction Drawings*	ruction*		
	ired when construction of the building is complete.			
C2. Elevations – Zones A1–A30, AE, AH, A (with BFE), VE, V1–V30, V (with BFE), AR, AR/A, AR/AE, AR/A1–A30, AR/AH, AR/AO.  Complete Items C2.a-h below according to the building diagram specified in Item A7. In Puerto Rico only, enter meters.  Benchmark Utilized:  **LG				
Indicate elevation datum used for the el				
Datum used for building elevations mus	be the same as that used for the BFE.	Check the measurement used.		
a) Top of bottom floor (including basen	ent crawispace or enclosure floor)	Fleet		
	المار المارة	☐ feet ☐ meters		
<ul><li>b) Top of the next higher floor</li><li>c) Bottom of the lowest horizontal struct</li></ul>				
· ·	tural member (v zones only)	☐ feet ☐ meters		
d) Attached garage (top of slab)     e) Lowest elevation of machinery or eq	uipment servicing the building 7/.5			
(Describe type of equipment and loc	<i>f</i>	feet meters		
f) Lowest adjacent (finished) grade ne		feet meters		
g) Highest adjacent (finished) grade ne	At to building (FIAO)	feet meters		
<ul> <li>h) Lowest adjacent grade at lowest ele structural support</li> </ul>				
SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION				
This certification is to be signed and sealed by a land surveyor, engineer, or architect authorized by law to certify elevation information.  I certify that the information on this Certificate represents my best efforts to interpret the data available. I understand that any false statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 1001.				
Were latitude and longitude in Section A pro	vided by a licensed land surveyor?	Check here if attachments.		
Certifier's Name	License Number	11/2/2010		
Mer Land	PL3 # 5101	11/21/2016		
Title	10000	7		
Pagessins Sur	very as a rappor	Place		
Company Name	a Ginneral int.	Seal Here		
Address		1 John W		
#313 Exas GRACE	State ZIP Code	- /		
City	222	PLS # 5109		
PUNTA GARDA	Date Telephone			
Signature	100/000 (220)4	50-99 49		
Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2) insurance agent/company, and (3) building owner.				
Comments (including type of equipment and location, per C2(e), if applicable)				
9) Fright Floor				
es x16 PED				
1 2 50				
9) High Grown				
STORE COMPUNE AT	STEPS	Form Page 2 of		

#### **ELEVATION CERTIFICATE**

OMB No. 1880-0008 Expiration Date: November 30, 2018

IMPORTANT: In these spaces, copy the corresponding inf			FOR INSURANCE	COMPANY USE
Building Street Address (including Apt., Unit, Suite, and/or Bld		e and Box No.	Policy Number:	
530 Jan Clemente Circl	e. la la		1	
North Port		4287	Company NAIC N	umber
SECTION E - BUILDING ELEVATI FOR ZONE AO A	ON INFORMATION AND ZONE A (WITH	N (SURVEY NOT HOUT BFE)	REQUIRED)	
For Zones AO and A (without BFE), complete Items E1-E5. If complete Sections A, B,and C. For Items E1-E4, use natural genter maters.	the Certificate is inte grade, if available. C	ended to support heck the measure	a LOMA or LOMR-F ement used. In Puert	request, o Rico only,
Provide elevation information for the following and check the highest adjacent grade (HAG) and the lowest adjacent a) Top of bottom floor (including basement.	the appropriate boxe it grade (LAG).	s to show wheth	er the elevation is ab	ove or below
crawispace, or enclosure) is		☐ feet ☐ mete	rs above or	below the HAG.
b) Top of bottom floor (including basement, crawispace, or enclosure) is	(4)	☐ feet ☐ mete	rs above or	below the LAG.
E2. For Building Diagrams 8-9 with permanent flood opening the next higher floor (elevation C2.b in	s provided in Section	A Items 8 and/o	r 9 (see pages 1–2 o	finstructions),
the diagrams) of the building is		☐ feet ☐ mete	rs above or	below the HAG.
E3. Attached garage (top of slab) is		feet mete	rs above or	below the HAG.
E4. Top of platform of machinery and/or equipment servicing the building is		☐feet ☐ mete	rs above or	below the HAG.
E5. Zone AO only: If no flood depth number is available, is the floodplain management ordinance? Yes No	top of the bottom fi Unknown. The l	oor elevated in a local official must	cordance with the co	ommunity's on in Section G.
SECTION F - PROPERTY OWNER (O	R OWNER'S REPR	ESENTATIVE) C	ERTIFICATION	
The property owner or owner's authorized representative who community-issued BFE) or Zone AO must sign here. The state	ements in Sections A	A, B, and E are co	one A (without a rea frect to the best of m	y knowledge.
Property Owner or Owner's Authorized Representative's Name	9			
Address	City	S	ate	ZIP Code
Signature	Date	Te	elephone	5
Comments	<del></del>		T <sub>a</sub>	
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			Check here	If attachments.

## **ELEVATION CERTIFICATE**

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IMPORTANT: In these spaces, copy the co	ORTANT: In these spaces, copy the corresponding information from Section A.	
536 Sun Clamon Le	Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.  San Clemente Circle , La Casa	
City .	State O La Casa	
North Port.	71. 34287	Company NAIC Number
SECT	TION G - COMMUNITY INFORMATION (	
The local official who is authorized by law or	ordinance to administer the community's f	and plain management entire and a section of the se
Sections A, B, C (or E), and G of this Elevations of the second of the second of the section of	nn Liemncale Liomhleta tha annlicable itei	n(s) and sign below. Check the measurement
G1. The information in Section C was to engineer, or architect who is author data in the Comments area below.)	ized by iaw to centry elevation information	en signed and sealed by a licensed surveyor, (Indicate the source and date of the elevation
G2. A community official completed Second AO.	ction E for a building located in Zone A (wi	hout a FEMA-issued or community-issued BFE)
G3.  The following information (Items G4	I–G10) is provided for community floodpla	n management purposes.
G4. Permit Number	G5. Date Permit Issued	G6. Date Certificate of
16-127656		Compliance/Occupancy Issued
G7. This permit has been issued for.	☐ New Construction ☐ Substantial Impro	evement
G8. Elevation of as-built lowest floor (including of the building:	ng basement)	☐ feet ☐ meters Datum
G9. BFE or (in Zone AO) depth of flooding at	the building site:	
	the building site.	☐ feet ☐ meters Datum
G10. Community's design flood elevation:		feet meters Datum
Local Official's Name	Title	
Community Name	Telephone	
Signature	Date	
		, and a second s
Comments (including type of equipment and lo	cation, per C2(e), if applicable)	
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		Check here if attachments.
		C. C

### **BUILDING PHOTOGRAPHS**

**Continuation Page** 

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ELEVATION CERTIFICATE	Continuation Page	Expiration Date: November 30, 2018
	onding information from Section A.	FOR INSURANCE COMPANY USE
IMPORTANT: In these spaces, copy the corresp Building Street Address (Including Apt., Unit, Suite,	and/or Bidg. No.) or P.O. Route and Box No.	Policy Number:

City

ZIP Code 32200 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.



it View

Photo Five

Photo Five Caption



Photo Six

Photo Six Caption

Replaces all previous editions.

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## **BUILDING PHOTOGRAPHS**

#### **ELEVATION CERTIFICATE**

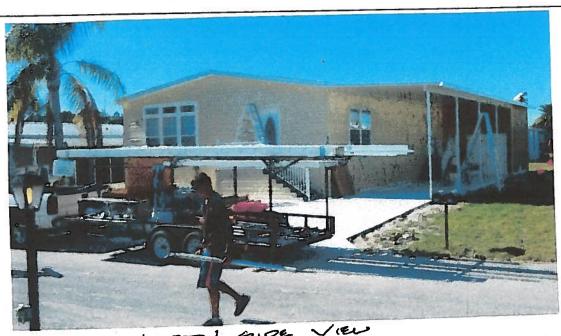
Continuation Page

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FOR INSURANCE COMPANY USE 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. Policy Number: Company NAIC Number ZIP Code City 322057

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.



4.0E

Photo Five

**Photo Five Caption** 



Photo Six

Dages W/21/206

**Photo Six Caption**