

# ELEVATION CERTIFICATE

1907.4809EC

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

**IMPORTANT: In these spaces, copy the corresponding information from Section A.**

**FOR INSURANCE COMPANY USE**

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.

Policy Number:

480 SCHOONER STREET

City

State

ZIP Code

Company NAIC Number

NORTH PORT

FLORIDA

34287

## SECTION G – COMMUNITY INFORMATION (OPTIONAL)

The local official who is authorized by law or ordinance to administer the community's floodplain management ordinance can complete Sections A, B, C (or E), and G of this Elevation Certificate. Complete the applicable item(s) and sign below. Check the measurement used in Items G8–G10. In Puerto Rico only, enter meters.

- G1.  The information in Section C was taken from other documentation that has been signed and sealed by a licensed surveyor, engineer, or architect who is authorized by law to certify elevation information. (Indicate the source and date of the elevation data in the Comments area below.)
- G2.  A community official completed Section E for a building located in Zone A (without a FEMA-issued or community-issued BFE) or Zone AO.
- G3.  The following information (Items G4–G10) is provided for community floodplain management purposes.

G4. Permit Number <b>18-158587 B1</b>	G5. Date Permit Issued	G6. Date Certificate of Compliance/Occupancy Issued
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- G7. This permit has been issued for:  New Construction  Substantial Improvement
- G8. Elevation of as-built lowest floor (including basement) of the building: \_\_\_\_\_  feet  meters Datum \_\_\_\_\_
- G9. BFE or (in Zone AO) depth of flooding at 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

Comments (including type of equipment and location, per C2(e), if applicable)

Check here if attachments.

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480 SCHOONER STREET		
City	State	ZIP Code
NORTH PORT	FLORIDA	34287
		Company NAIC Number

**SECTION E – BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED)  
FOR ZONE AO AND ZONE A (WITHOUT BFE)**

For Zones AO and A (without BFE), complete Items E1–E5. If the Certificate is intended to support a LOMA or LOMR-F request, complete Sections A, B, and C. For Items E1–E4, use natural grade, if available. Check the measurement used. In Puerto Rico only, enter meters.

- E1. Provide elevation information for the following and check the appropriate boxes to show whether the elevation is above or below the highest adjacent grade (HAG) and the lowest adjacent grade (LAG).
- a) Top of bottom floor (including basement, crawlspace, or enclosure) is \_\_\_\_\_  feet  meters  above or  below the HAG.
  - b) Top of bottom floor (including basement, crawlspace, or enclosure) is \_\_\_\_\_  feet  meters  above or  below the LAG.
- E2. For Building Diagrams 6–9 with permanent flood openings provided in Section A Items 8 and/or 9 (see pages 1–2 of Instructions), the next higher floor (elevation C2.b in the diagrams) of the building is \_\_\_\_\_  feet  meters  above or  below the HAG.
- E3. Attached garage (top of slab) is \_\_\_\_\_  feet  meters  above or  below the HAG.
- E4. Top of platform of machinery and/or equipment servicing the building is \_\_\_\_\_  feet  meters  above or  below the HAG.
- E5. Zone AO only: If no flood depth number is available, is the top of the bottom floor elevated in accordance with the community's floodplain management ordinance?  Yes  No  Unknown. The local official must certify this information in Section G.

**SECTION F – PROPERTY OWNER (OR OWNER'S REPRESENTATIVE) CERTIFICATION**

The property owner or owner's authorized representative who completes Sections A, B, and E for Zone A (without a FEMA-issued or community-issued BFE) or Zone AO must sign here. The statements in Sections A, B, and E are correct to the best of my knowledge.

Property Owner or Owner's Authorized Representative's Name

Address

City

State

ZIP Code

Signature

Date

Telephone

Comments

Check here if attachments.

# ELEVATION CERTIFICATE

1907.4809EC

Important: Follow the instructions on pages 1-9.

Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2) insurance agent/company, and (3) building owner.

SECTION A - PROPERTY INFORMATION				FOR INSURANCE COMPANY USE	
A1. Building Owner's Name <b>AUDREY WERMTER</b>				Policy Number:	
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 480 SCHOONER STREET				Company NAIC Number:	
City NORTH PORT		State FLORIDA		ZIP Code 34287	
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) PARCEL ID 0789155533					
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) <u>RESIDENTIAL MANUFACTURED HOME</u>					
A5. Latitude/Longitude: Lat. <u>27°02'29.73</u>		Long. <u>-82°16'26.27</u>		Horizontal Datum: <input type="checkbox"/> NAD 1927 <input checked="" type="checkbox"/> NAD 1983	
A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insurance.					
A7. Building Diagram Number <u>5</u>					
A8. For a building with a crawlspace or enclosure(s):					
a) Square footage of crawlspace or enclosure(s) <u>N/A</u>				sq ft	
b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade <u>N/A</u>					
c) Total net area of flood openings in A8.b <u>N/A</u> sq in					
d) Engineered flood openings? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
A9. For a building with an attached garage:					
a) Square footage of attached garage <u>N/A</u>				sq ft	
b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade <u>N/A</u>					
c) Total net area of flood openings in A9.b <u>N/A</u> sq in					
d) Engineered flood openings? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION					
B1. NFIP Community Name & Community Number <u>SARASOTA COUNTY 125144</u>		B2. County Name <u>SARASOTA</u>		B3. State <u>FLORIDA</u>	
B4. Map/Panel Number <u>12115C-0370</u>	B5. Suffix <u>F</u>	B6. FIRM Index Date <u>11/4/2016</u>	B7. FIRM Panel Effective/Revised Date <u>11/04/16</u>	B8. Flood Zone(s) <u>AE</u>	B9. Base Flood Elevation(s) (Zone AO, use Base Flood Depth) <u>7</u>
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9: <input type="checkbox"/> FIS Profile <input checked="" type="checkbox"/> FIRM <input type="checkbox"/> Community Determined <input type="checkbox"/> Other/Source: _____					
B11. Indicate elevation datum used for BFE in Item B9: <input type="checkbox"/> NGVD 1929 <input checked="" type="checkbox"/> NAVD 1988 <input type="checkbox"/> Other/Source: _____					
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Designation Date: _____ <input type="checkbox"/> CBRS <input type="checkbox"/> OPA					

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**FOR INSURANCE COMPANY USE**

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Policy Number:

480 SCHOONER STREET

City

State

ZIP Code

Company NAIC Number

NORTH PORT

FLORIDA

34287

**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, ARA, ARAE, AR/A1–A30, AR/AH, ARA/O. Complete items C2.a–h below according to the building diagram specified in Item A7. In Puerto Rico only, enter meters.

Benchmark Utilized: FDOT GPS NETWORK, N/A; 4.70 Vertical Datum: NAVD88

Indicate elevation datum used for the elevations in Items a) through h) below.

NGVD 1929  NAVD 1988  Other/Source: \_\_\_\_\_

Datum used for building elevations must be the same as that used for the BFE.

Check the measurement used.

- a) Top of bottom floor (including basement, crawlspace, or enclosure floor) \_\_\_\_\_ 8. 5 \_\_\_\_\_  feet  meters
- b) Top of the next higher floor \_\_\_\_\_ N/A \_\_\_\_\_  feet  meters
- c) Bottom of the lowest horizontal structural member (V Zones only) \_\_\_\_\_ N/A \_\_\_\_\_  feet  meters
- d) Attached garage (top of slab) \_\_\_\_\_ N/A \_\_\_\_\_  feet  meters
- e) Lowest elevation of machinery or equipment servicing the building \_\_\_\_\_ 8. 1 \_\_\_\_\_  feet  meters  
(Describe type of equipment and location in Comments)
- f) Lowest adjacent (finished) grade next to building (LAG) \_\_\_\_\_ 4. 5 \_\_\_\_\_  feet  meters
- g) Highest adjacent (finished) grade next to building (HAG) \_\_\_\_\_ 5. 2 \_\_\_\_\_  feet  meters
- h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support \_\_\_\_\_ 5. 6 \_\_\_\_\_  feet  meters

**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 provided by a licensed land surveyor?  Yes  No  Check here if attachments.

Certifier's Name

License Number

KEITH A. STEPHENSON

LS 6521

Title

PROFESSIONAL SURVEYOR AND MAPPER

Company Name

EXACTALAND SURVEYORS, LLC

Address

11940 FAIRWAY LAKES DRIVE SUITE 1

City

State

ZIP Code

FT MYERS

FL

33913

Signature

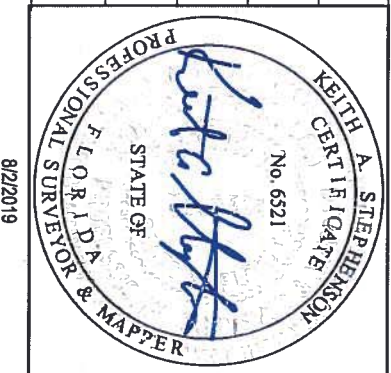
Date

Telephone

*Keith A. Stephenson*

8/2/2019

P. (866)735-1916



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)

NOTE: C2.E = AC UNIT PAD. NOTE: THIS ELEVATION CERTIFICATE IS ONLY VALID FOR THE PERSON OR PERSONS NAMED ON THIS CERTIFICATE. THIS CERTIFICATE IS FOR FLOOD INSURANCE PURPOSES ONLY. THE INFORMATION ON THIS CERTIFICATE SHOULD NOT BE USED FOR CONSTRUCTION OR PLANNING. ATTACHED SHED IS A DIAGRAM 1A WITH A FLOOR ELEVATION OF 5.6.

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**BUILDING PHOTOGRAPHS**

See Instructions for Item A6. 1907.4809EC

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NORTH PORT	FLORIDA	34287	

If using the Elevation Certificate to obtain NFIP flood insurance, affix at least 2 building photographs below according to the instructions for Item A6. Identify all photographs with date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." When applicable, photographs must show the foundation with representative examples of the flood openings or vents, as indicated in Section A8. If submitting more photographs than will fit on this page, use the Continuation Page.



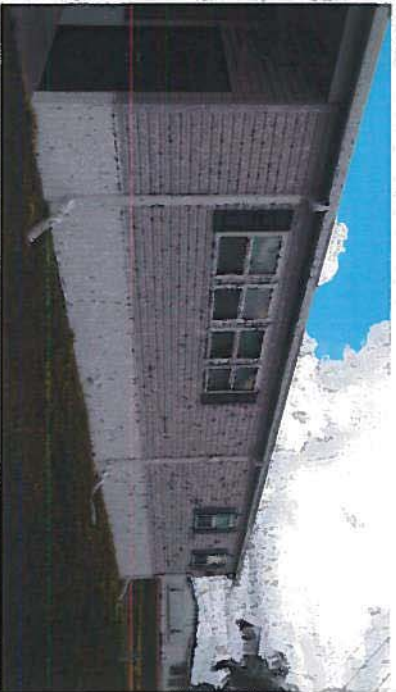
Front View



Rear View

Front View Date: 8/2/2019

Rear View Date: 8/2/2019



Right Side View



Left Side View

Right Side View: 8/2/2019

Left Side View: 8/2/2019

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**BUILDING PHOTOGRAPHS**

Continuation Page 1907 4809EC

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City NORTH PORT	State FLORIDA	ZIP Code 34287
		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.

Photo One	Photo Two
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Photo Three	Photo Four
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