

ELEVATION CERTIFICATE

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

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.
 304 Signorelli Drive

City: Nokomis State: Florida ZIP Code: 34275

FOR INSURANCE COMPANY USE
 Policy Number:
 Company NAIC Number

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 17-104013 B1	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.

ELEVATION CERTIFICATE

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 Jeffrey & Caryn Meglin			Policy Number:	
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 304 Signorelli Drive			Company NAIC Number:	
City Nokomis		State Florida		ZIP Code 34275
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) Lot 2, Block 1, Sorrento East Unit 4 PID# 0160080033 #160103FNL				
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.)			Residential	
A5. Latitude/Longitude: Lat. 27-09-51.6		Long. 82-28-09.6		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 1B				
A8. For a building with a crawlspace or enclosure(s):				
a) Square footage of crawlspace or enclosure(s)		N/A sq ft		
b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade N/A				
c) Total net area of flood openings in A8.b N/A 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		830.00 sq ft		
b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade 0				
c) Total net area of flood openings in A9.b 0.00 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 Sarasota County 125144		B2. County Name Sarasota		B3. State Florida
B4. Map/Panel Number 12115C 0236	B5. Suffix F	B6. FIRM Index Date 11-04-2016	B7. FIRM Panel Effective/ Revised Date 11-04-2016	B8. Flood Zone(s) X & 10AE
B9. Base Flood Elevation(s) (Zone AO, use Base Flood Depth)				10'
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
Policy Number:
Company NAIC Number

City State ZIP Code
Nokomis Florida 34275

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, ARA/AE, ARA/1-A30, ARA/H, 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: NGS BM P-727 Vertical Datum: NAVD 88

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) | 11.70 <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters |
| b) Top of the next higher floor | N/A <input type="checkbox"/> feet <input type="checkbox"/> meters |
| c) Bottom of the lowest horizontal structural member (V Zones only) | N/A <input type="checkbox"/> feet <input type="checkbox"/> meters |
| d) Attached garage (top of slab) | 11.20 <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters |
| e) Lowest elevation of machinery or equipment servicing the building
(Describe type of equipment and location in Comments) | 11.80 <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters |
| f) Lowest adjacent (finished) grade next to building (LAG) | 11.00 <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters |
| g) Highest adjacent (finished) grade next to building (HAG) | 11.80 <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters |
| h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support | N/A <input type="checkbox"/> feet <input type="checkbox"/> 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
Derek S. Miller LS6341

Title
Professional Surveyor & Mapper

Company Name
Miller Surveying, Inc.

Address
21053 Peachland Blvd.

City State ZIP Code
Port Charlotte Florida 33954

Signature Date Telephone Ext.
 12-28-2018 (941) 743-8423

Place Seal Here


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)

The air conditioner unit services the building.

I am unsure of the correct building diagram. I have selected the diagram that in my opinion most closely resembles the building being certified. It is the responsibility of the reviewer of this certificate to inspect the property and concur or give notice to the preparer of the certificate upon non-concurrence regarding diagram selection.

The GPS Coordinates produced by a handheld unit, Garmin 60CSx

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City Nokomis	State Florida	ZIP Code 34275	Company NAIC Number
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**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 OWNERS 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 _____
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Signature _____	Date _____	Telephone _____
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Comments _____

Check here if attachments.

ELEVATION CERTIFICATE

BUILDING PHOTOGRAPHS

See Instructions for Item A6.

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City
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State
Florida

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34275

Company NAIC Number

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



Photo One

Front and Left Side View

Clear Photo One

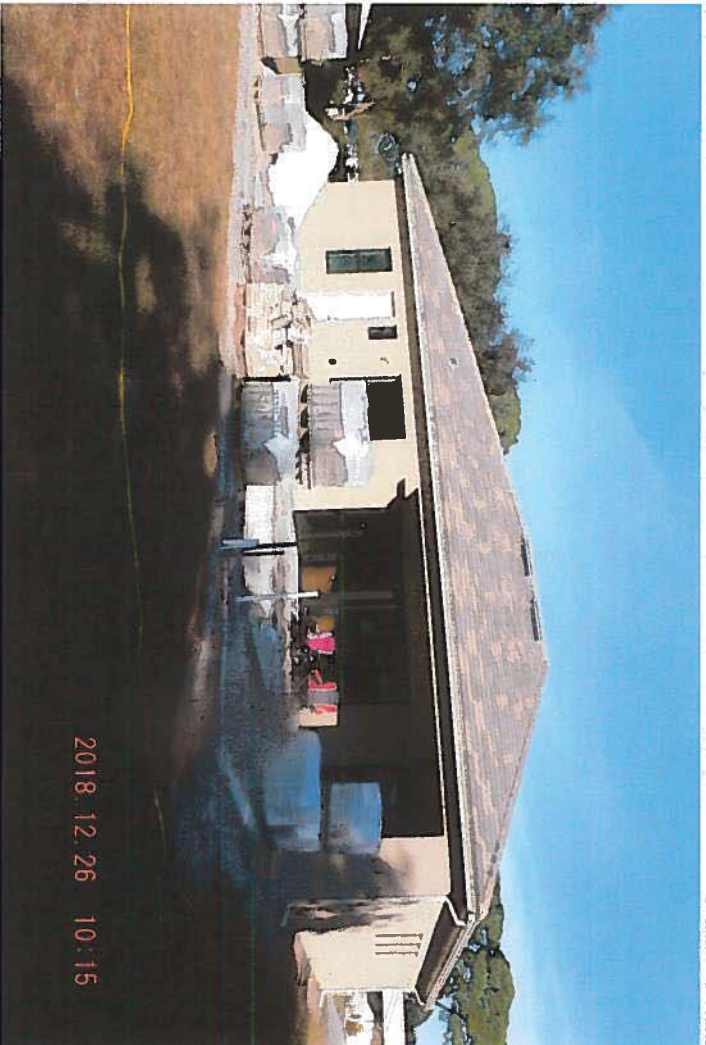


Photo Two

Rear and Left Side View

Clear Photo Two

Photo One Caption

Photo Two Caption

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BUILDING PHOTOGRAPHS

Continuation Page

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Policy Number:

City
Nokomis

State
Florida

ZIP Code
34275

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 Three

Rear and Right Side View

Clear Photo Three



Photo Four

Front and Right Side View

Clear Photo Four

Photo Four Caption