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

ELEVATION CERTIFICATE

OMB No. 1660-0008 Expires February 28, 2009

Important: Read the instructions on pages 1-8.

Natio	onal Flood Insurance Pr	ogram	Important	: Read the i	nstructions on I	pages 1-8.		07-728-350-00B	
.,			SECT	ION A - PRO	PERTY INFORM	ATION		For Insurance Company Use:	
A1.	Building Owner's Name P.J Callaghan Co.							Policy Number	
		(including Apt., Talon Bay Drive	Unit, Suite, and/or BI Building 5	dg. No.) or P.C	. Route and Box N	0.		Company NAIC Number	
	City NORTH PORT		St	ate FL	-	ZIP Code	287		
A3.	Property Description (Lo		mbers, Tax Parcel Nu p 39 South, Range 2	ımber, Legal De		342	201		
	Building Use (e.g., Resi								
	Latitude/Longitude: Lat.				2°15'40.7"		ital Datu	m: □NAD 1927 NAD 1983	
A7. I	A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insurance. A7. Building Diagram Number 1								
	A8. For a building with a crawl space or enclosure(s), provide: A9. For a building with an attached garage, provide: a) Square footage of crawl space or enclosure(s) sq ft a) Square footage of attached garage n/asq ft sq ft								
	b) No. of permanent flo	ood openings in t	the crawl space or	sqft				d garage <u>n/a</u> sq ft enings in the attached garage	
enclosure(s) walls within 1.0 foot above adjacent grade sq in sq in total net area of flood openings in A8.b sq in sq in total net area of flood openings in A9.b sq in sq in total net area of flood openings in A9.b							e adjacent grade		
,	c) Total fiet area of floc	od openings in A	O.D	Squi	c) rot	ai net area of t	юоа оре	enings in A9.b sq in	
p			TION B - FLOOD I			M) INFORMA	NOITA		
	NFIP Community Name Sarasota County 12		lumber	B2. County Na Sarasota			B	3. State FL	
B4	. Map/Panel Number	B5. Suffix	B6. FIRM Index	B7.	FIRM Panel	B8, Flo	od	B9. Base Flood Elevation(s) (Zone	
	125144-0375	D	Date 9-3-92		e/Revised Date I-84	Zone(s A8	5)	AO, use base flood depth) 8 feet	
B10.	Indicate the source of t				epth entered in Iten	n B9.			
544			Community Determ		Other (Describe)	·			
B12.	Indicate elevation datur Is the building located i Designation Date	n a Coastal Barr	ier Resources Syster	n (CBRS) area	□NAVD 1988 or Otherwise Prote RS □OPA	Other (Descrected Area (OF		∐Yes ⊠No	
		SECTIO	N C - BUILDING E	LEVATION I	NFORMATION (S	SURVEY RE	QUIRE	D)	
	Building elevations are b A new Elevation Certific	ased on:	Construction Draw	rings*	☐Building Under	Construction*		⊠Finished Construction	
C2. E		30, AE, AH, A (v	vith BFE), VE, V1-V3			E, AR/A1-A30,	AR/AH, /	AR/AO. Complete Items C2.a-g	
В	Benchmark Utilized	RM 30 o	n FIRM		Vertical Datum	1 <u>N.G.</u>	V.D192	29	
C	Conversion/Comments _						······································		
a)	Top of hottom floor (including basem	nent, crawl space, or	enclosure floor		Check the mea ⊠feet		nt used. ters (Puerto Rico only)	
b)			ient, crawi space, or	enclosure noor	11.0	☐feet		ters (Puerto Rico only)	
c) Bottom of the lowest horizontal structural member (V Zones of			es only)	***************************************	□feet		ters (Puerto Rico only)		
d)	0 0 1	·			Material and an area of the second	□feet	□met	er (Puerto Rico only)	
e)	Lowest elevation of r (Describe type of eq			building	<u>11.8</u>	⊠feet	□met	ters (Puerto Rico only)	
f)	Lowest adjacent (fini				<u>11.1</u>	⊠feet		ters (Puerto Rico only)	
g) Highest adjacent (finished) grade (HAG)				11.7	⊠feet	met	ers (Puerto Rico only)		
			N D - SURVEYOR						
inform	certification is to be sign nation. I certify that the erstand that any false st	information on ti	his Certificate represe	ents my best ef	forts to interpret the	e data available	9.		
	Check here if commen			poomone	ander 10 0.0, 000	.o, occaon 100	· • •	Mull	
Certifi	er's Name				License Number			- Chillen	
Alan K Fish Title Company Name					3941			- 65 394	
Pr	rofessional Surveyor & N	Mapper	Van Buskirk/Fish & A					111/10	
Addre	ss 12450 Tamiami Tra		City North Port		State -L	ZIP Code 34287		3/1901	
Signat		12	✓ Date		elephone				
	Mull	AUX-	3/13/2009		941-426-0681				

IMPORTANT: In these spaces, copy the	ne corresponding information from S	ection A.	For Insurance Company Use:				
Building Street Address (including Apt., Unit, S			Policy Number				
6029 Talon Bay Drive Buildings 5							
City NORTH PORT	State FL	ZIP Code 34287	Company NAIC Number				
SECTION D - SU	JRVEYOR, ENGINEER, OR ARCHITE		NTINUED)				
Copy both sides of this Elevation Certificate fo	r (1) community official, (2) insurance agent	company, and (3) building ov	wner.				
Comments This Certificate is for detached Metal Storage I	Ruilding South of the Main 3 Stop, Ruilding						
	The state of the s	k 71.5*	the sther than fire enrighter				
Lowest elevation of machinery (Item C,,2-,e) a	re the building finish loors, however the stor	age buildings do not have an	y machinery other than fire sprinker.				
systems. Signature	Date 3/1	3/2009					
Mulde			Check here if attachmen				
SECTION E - BUILDING ELEVATION	NINFORMATION (SURVEY NOT REC	UIRED) FOR ZONE AO	AND ZONE A (WITHOUT BFE)				
For Zones AO and A (without BFE), complete							
and C. For Items E1-E4, use natural grade, if							
E1. Provide elevation information for the follograde (HAG) and the lowest adjacent grade	ade (LAG).						
 a) Top of bottom floor (including baseme b) Top of bottom floor (including baseme 			□above or □ below the HAG. □above or □ below the LAG.				
E2. For Building Diagrams 6-8 with permanent flood openings provided in Section A Items 8 and/or 9 (see page 8 of Instructions), the next higher floor							
(elevation C2.b in the diagrams) of the but E3. Attached garage (top of slab) is	uilding is ☐ feet ☐ met ☐ feet ☐ meters ☐ above		pelow the HAG.				
E4. Top of platform of machinery and/or equi		-	above or 🔲 below the HAG.				
E5. Zone AO only: If no flood depth number	is available, is the top of the bottom floor ele	vated in accordance with the	e community's floodplain managemer				
ordinance? Yes No	Unknown. The local official must certify th	is information in Section G.					
SECTION F - PR	OPERTY OWNER (OR OWNER'S RE	PRESENTATIVE) CERTI	FICATION				
The property owner or owner's authorized repre							
or Zone AO must sign here. The statements in							
Property Owner's or Owner's Authorized Repre	sentative's Name						
Address	City	State	ZIP Code FL				
Signature	Date	Telepho					
Comments							
			Check here if attachme				
	ECTION G - COMMUNITY INFORMAT						
e local official who is authorized by law or ordin d G of this Elevation Certificate. Complete the							
	from other documentation that has been significant that has been significant the second significant that has been significant to the significant that has been significant that has been significant that has been significant to the significant that has been signif						
	information. (Indicate the source and date of E for a building located in Zone A (without a						
	9.) is provided for community floodplain man		,				
		66. Date Certificate Of Comp	oliance/Occupancy Issued				
. This permit has been issued for: New C	Construction Substantial Improvem	ent					
B. Elevation of as-built lowest floor (including bar	,	feet meters (P	PR) Datum				
. BFE or (in Zone AO) depth of flooding at the b	ouilding site:	feet meters (P	R) Datum				
ocal Official's Name	Title						
ommunity Name	Telepho	one					
ignature	Date						
omments							
			Check here if attachments				