

ELEVATION CERTIFICATE

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. TRITON ROAD | | | Policy Number: |
| City VENICE | State Florida | ZIP Code 34293 | 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 18-172106 BA | G5. Date Permit Issued | G6. Date Certificate of Compliance/Occupancy Issued |
|--|------------------------|---|

- 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 CHRISTOPHER M CROMLEY & KATHLEEN L CROMLEY | | | | | Policy Number: | |
| A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. TRITON ROAD | | | | | Company NAIC Number: | |
| City VENICE | | State Florida | | ZIP Code 34293 | | |
| A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) LOTS 4675,4676,4677,4678 & 4679, SOUTH VENICE, UNIT 18, PLAT BOOK 6, PAGE 55, PID#0458050014 | | | | | | |
| A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) <u>RESIDENTIAL</u> | | | | | | |
| A5. Latitude/Longitude: Lat. <u>27°02'52.16"N</u> Long. <u>82°24'53.50"W</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>7</u> | | | | | | |
| A8. For a building with a crawlspace or enclosure(s): | | | | | | |
| a) Square footage of crawlspace or enclosure(s) <u>2400.00</u> sq ft | | | | | | |
| b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade <u>12</u> | | | | | | |
| c) Total net area of flood openings in A8.b <u>1536.00</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 SARASOTA COUNTY125144 | | | B2. County Name SARASOTA | | B3. State Florida | |
| B4. Map/Panel Number 12115C0341 | B5. Suffix F | B6. FIRM Index Date 11-04-2016 | B7. FIRM Panel Effective/ Revised Date 11-04-2016 | B8. Flood Zone(s) AE | 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 | | | | | | |

ELEVATION CERTIFICATE

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. TRITON ROAD | | | Policy Number: |
| City VENICE | State Florida | ZIP Code 34293 | Company NAIC Number |

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. In Puerto Rico only, enter meters.

Benchmark Utilized: NGS D 727 Vertical Datum: NAVD 1988

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.

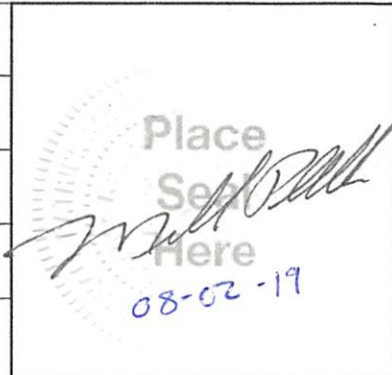

Check the measurement used.

- | | | | |
|---|-------------|--|---------------------------------|
| a) Top of bottom floor (including basement, crawlspace, or enclosure floor) | <u>10.2</u> | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| b) Top of the next higher floor | <u>19.3</u> | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| c) Bottom of the lowest horizontal structural member (V Zones only) | <u>N/A</u> | <input type="checkbox"/> feet | <input type="checkbox"/> meters |
| d) Attached garage (top of slab) | <u>N/A</u> | <input 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) | <u>14.0</u> | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| f) Lowest adjacent (finished) grade next to building (LAG) | <u>9.1</u> | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| g) Highest adjacent (finished) grade next to building (HAG) | <u>9.5</u> | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support | <u>N/A</u> | <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 MICHAEL P ALLEN | License Number PSM 6822 |  <p style="font-size: 2em; opacity: 0.5;">Place Seal Here</p> <p style="color: blue; font-size: 1.2em;">08-02-19</p> | |
| Title OWNER | | | |
| Company Name BRIGHAM/ALLEN LAND SURVEYING | | | |
| Address 807 US HIGHWAY 41 BYPASS SOUTH, SUITE A | | | |
| City VENICE | State Florida | | ZIP Code 34285 |
| Signature  | Date 08-02-2019 | Telephone (941) 493-4430 | Ext. |

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)

A5 SOURCE OF LAT/LONG IS HAND HELD GPS USING A CONVERSION APP (GPS TEST).
C2(e) ELECTRIC METER IS LOCATED ON THE RIGHT HAND SIDE OF BUILDING.

OSHA FIELD OFFICE WILL BE LOCATED ON THE WESTERN SIDE OF BUILDING NO. 100-1000 ON 100-1000 STREET. THIS BUILDING IS BEING USED AS A TEMPORARY OFFICE FOR THE FIELD OFFICE.

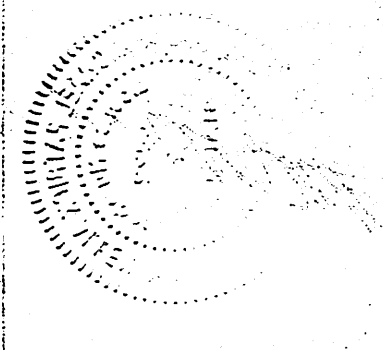
THIS IS THE ONLY OFFICE OF THE FIELD OFFICE IN THE AREA OF THE CITY OF NEW YORK.

OFFICE OF THE FIELD OFFICE
 100-1000 STREET
 NEW YORK, N.Y. 10001

AGENCY: HEALTH AND HUMAN SERVICES
 DIVISION: OCCUPATIONAL SAFETY AND HEALTH

SECTION B - SIGNATURE AND TITLE OF PERSONS DESIGNATED

| | |
|------------------|-----------------|
| NAME | DESIGNATION |
| JOHN J. COUGHLIN | ACTING DIRECTOR |
| JOHN J. COUGHLIN | ACTING DIRECTOR |



THIS OFFICE IS BEING USED AS A TEMPORARY OFFICE FOR THE FIELD OFFICE OF THE DEPARTMENT OF HEALTH AND HUMAN SERVICES. THE OFFICE IS BEING USED AS A TEMPORARY OFFICE FOR THE FIELD OFFICE OF THE DEPARTMENT OF HEALTH AND HUMAN SERVICES.

SECTION C - SIGNATURE AND TITLE OF PERSONS DESIGNATED

- 1. NAME: JOHN J. COUGHLIN, DESIGNATION: ACTING DIRECTOR
- 2. NAME: JOHN J. COUGHLIN, DESIGNATION: ACTING DIRECTOR
- 3. NAME: JOHN J. COUGHLIN, DESIGNATION: ACTING DIRECTOR
- 4. NAME: JOHN J. COUGHLIN, DESIGNATION: ACTING DIRECTOR
- 5. NAME: JOHN J. COUGHLIN, DESIGNATION: ACTING DIRECTOR
- 6. NAME: JOHN J. COUGHLIN, DESIGNATION: ACTING DIRECTOR
- 7. NAME: JOHN J. COUGHLIN, DESIGNATION: ACTING DIRECTOR
- 8. NAME: JOHN J. COUGHLIN, DESIGNATION: ACTING DIRECTOR

THIS OFFICE IS BEING USED AS A TEMPORARY OFFICE FOR THE FIELD OFFICE OF THE DEPARTMENT OF HEALTH AND HUMAN SERVICES.

SECTION D - SIGNATURE AND TITLE OF PERSONS DESIGNATED (APPLICABLE TO FIELD OFFICES)

NAME: JOHN J. COUGHLIN, DESIGNATION: ACTING DIRECTOR

SECTION E - SIGNATURE AND TITLE OF PERSONS DESIGNATED (APPLICABLE TO FIELD OFFICES)

NAME: JOHN J. COUGHLIN, DESIGNATION: ACTING DIRECTOR

SECTION F - SIGNATURE AND TITLE OF PERSONS DESIGNATED (APPLICABLE TO FIELD OFFICES)

NAME: JOHN J. COUGHLIN, DESIGNATION: ACTING DIRECTOR

ELEVATION CERTIFICATE

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. TRITON ROAD | | | Policy Number: |
| City VENICE | State Florida | ZIP Code 34293 | 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.

BUILDING PHOTOGRAPHS

ELEVATION CERTIFICATE

See Instructions for Item A6.

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. TRITON ROAD | | | Policy Number: |
| City VENICE | State Florida | ZIP Code 34293 | 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

Photo One Caption FRONT 08/01/2019

Clear Photo One



Photo Two

Photo Two Caption REAR 08/01/2019

Clear Photo Two

BUILDING PHOTOGRAPHS

ELEVATION CERTIFICATE

Continuation Page

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. TRITON ROAD | | | Policy Number: |
| City VENICE | State Florida | ZIP Code 34293 | 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

Photo Three

Photo Three Caption

Clear Photo Three

Photo Four

Photo Four

Photo Four Caption

Clear Photo Four