

# ELEVATION CERTIFICATE

OMB No. 1680-0008  
Expires February 28, 2009

Important: Read the Instructions on pages 1-8.

## SECTION A - PROPERTY INFORMATION

A1. Building Owner's Name \_\_\_\_\_

A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.  
710 W. WENTWORTH STREET  
City ENGLEWOOD State FLORIDA ZIP Code 34223

A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)  
LOT 8, LESS W/4 120', AND 5/2 OF LOT 7, LESS W/4 120', BLOCK K, PLAT OF ENGLEWOOD

A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) RESIDENTIAL

A5. Latitude/Longitude: Lat. N26°57'56.5" Long. W 82°22'00.1" Horizontal Datum:  NAD 1927  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 8

A8. For a building with a crawl space or enclosure(s), provide:  
a) Square footage of crawl space or enclosure(s) 1375 sq ft ±  
b) No. of permanent flood openings in the crawl space or enclosure(s) walls within 1.0 foot above adjacent grade 37  
c) Total net area of flood openings in A8.b 925 sq in

A9. For a building with an attached garage, provide: N/A  
a) Square footage of attached garage \_\_\_\_\_ sq ft  
b) No. of permanent flood openings in the attached garage walls within 1.0 foot above adjacent grade \_\_\_\_\_  
c) Total net area of flood openings in A9.b \_\_\_\_\_ sq in

## SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP Community Name & Community Number  
ENGLEWOOD 125144

B2. County Name SARASOTA

B3. State FLORIDA

B4. Map/Panel Number <u>0453</u>	B5. Suffix <u>E</u>	B6. FIRM Index Date <u>5/1/04</u>	B7. FIRM Panel Effective/Revised Date <u>9/3/92</u>	B8. Flood Zone(s) <u>AE</u>	B9. Base Flood Elevation(s) (Zone AO, use base flood depth) <u>12' &amp; 13'</u>
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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 (Describe) \_\_\_\_\_

B11. Indicate elevation datum used for BFE in Item B9:  NGVD 1929  NAVD 1988  Other (Describe) \_\_\_\_\_

B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)?  
Designation Date \_\_\_\_\_  CBRS  OPA  Yes  No

## 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-g below according to the building diagram specified in Item A7.  
Benchmark Utilized COUNTY Vertical Datum NGVD 1929  
Conversion/Comments \_\_\_\_\_

Check the measurement used.

a) Top of bottom floor (including basement, crawl space, or enclosure floor)	<u>6.6</u> <input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters (Puerto Rico only)
b) Top of the next higher floor	<u>8.7</u> <input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters (Puerto Rico only)
c) Bottom of the lowest horizontal structural member (V Zones only)	<u>N/A</u> <input type="checkbox"/> feet	<input type="checkbox"/> meters (Puerto Rico only)
d) Attached garage (top of slab)	<u>N/A</u> <input type="checkbox"/> feet	<input type="checkbox"/> meters (Puerto Rico only)
e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment in Comments)	<u>7.1</u> <input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters (Puerto Rico only)
f) Lowest adjacent (finished) grade (LAG)	<u>6.2</u> <input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters (Puerto Rico only)
g) Highest adjacent (finished) grade (HAG)	<u>6.6</u> <input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters (Puerto Rico only)

## 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.

Check here if comments are provided on back of form.

Certifier's Name JEFFREY T. SLATK, P.E. License Number 14529

Title PRESIDENT (LAND SURVEYOR) Company Name SLATK GROUP

Address 15540 RUSTON CIRCLE City PONT CHARLOTTE, FL State FL ZIP Code 33981

Signature [Signature] Date 1/21/10 Telephone 941-697-9970

This set of plans must be kept on the job site of work at all times per Sarasota County Ordinance #5799 1/21/10

**Job Site Plans**

PLANS SENT HERE

#5799  
1/21/10