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

OMB No. 1660-0008 Expiration Date: November 30, 2022

# **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 INSUF	RANCE COMPANY USE	
A1. Building Owner's Name ERIC HOCKETT					Policy Num	ber:		
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 4480 LORDS DRIVE					Company N	IAIC Number:		
City SARASOTA				State Florida			ZIP Code 34231	
A3. Property Desc METES AND BOU		nd Block Numbers, Ta 075020019	ax Parcel	Number, Le	gal Description	, etc.)		
A4. Building Use (	e.g., Resider	ntial, Non-Residential,	Addition	, Accessory,	etc.) NON-F	RESIDEN	TIAL	
A5. Latitude/Longi	tude: Lat. 2	7.290709	Long. 82	2.520240	Horizo	ntal Datu	m: NAD 1	1927 × NAD 1983
A6. Attach at least	2 photograp	hs of the building if the	e Certific	ate is being ι	sed to obtain	flood insu	rance.	
A7. Building Diagra	am Number	1B						
A8. For a building	with a crawls	space or enclosure(s):						
a) Square foo	tage of craw	Ispace or enclosure(s)			0.00 sq ft			
b) Number of p	permanent flo	ood openings in the cr	awlspace	e or enclosure	e(s) within 1.0	foot above	e adjacent gra	ade 0
c) Total net ar	ea of flood o	penings in A8.b		0.00 sq in	l			
d) Engineered	l flood openir	ngs? 🗌 Yes 🗵 N	No					
A9. For a building v	vith an attacl	ned garage:						
a) Square foot	age of attach	ned garage		0.00 sq ft				
b) Number of p	permanent flo	ood openings in the at	tached g	arage within	1.0 foot above	adjacent	grade 0	
c) Total net ar	ea of flood o	penings in A9.b		0.00 sq	in			
d) Engineered	flood openir	ngs? ☐ Yes ☒ N	No					
, 0	a) Engineered need epeninge.							
	SI	ECTION B - FLOOD	INSURA	NCE RATE	MAP (FIRM)	INFORM	ATION	
B1. NFIP Commun SARASOTA COUN	-	Community Number DA 125144		B2. County SARASOTA				B3. State Florida
B4. Map/Panel Number	B5. Suffix	B6. FIRM Index Date	Effe	RM Panel ective/ vised Date	B8. Flood Zone(s)	B9.	Base Flood E (Zone AO, use	Elevation(s) e Base Flood Depth)
12115C0142	F	11-04-2016	11-04-2		AE	10		
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/Source:								
B11. Indicate elevation datum used for BFE in Item B9: NGVD 1929 NAVD 1988 Other/Source:								
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? 🗌 Yes 🗵 No								
Designation	Designation Date: CBRS DPA							

### **ELEVATION CERTIFICATE**

			Expiration Bate. November 60; 2022			
IMPORTANT: In these spaces, copy the	FOR INSURANCE COMPANY USE					
Building Street Address (including Apt., L 4480 LORDS DRIVE	Policy Number:					
City SARASOTA	State ZIP Florida 342		Company NAIC Number			
SECTION C -	- BUILDING ELEVATION INFORMAT	TION (SURVEY RE	QUIRED)			
C2. Elevations – Zones A1–A30, AE, A	required when construction of the buildi IH, A (with BFE), VE, V1–V30, V (with B	FE), AR, AR/A, AR/A	AE, AR/A1–A30, AR/AH, AR/AO.			
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: COUNTY BENCHMARK 72A Vertical Datum: NGVD 1929						
☐ NGVD 1929 ⊠ NAVD	ne elevations in items a) through h) belo 1988					
			Check the measurement used.			
, , ,	asement, crawlspace, or enclosure floor	)				
<ul><li>b) Top of the next higher floor</li><li>c) Bottom of the lowest horizontal</li></ul>	structural member (V Zones only)		N/A × feet meters			
d) Attached garage (top of slab)	Structural member (V Zones only)		N/A × feet meters			
e) Lowest elevation of machinery of (Describe type of equipment and	or equipment servicing the building d location in Comments)		N/A × feet meters			
f) Lowest adjacent (finished) grad	e next to building (LAG)		9.6 × feet meters			
g) Highest adjacent (finished) grad	de next to building (HAG)		9.8 × feet meters			
<ul> <li>h) Lowest adjacent grade at lowes structural support</li> </ul>	t elevation of deck or stairs, including		N/A × feet meters			
SECTION D	- SURVEYOR, ENGINEER, OR ARC	CHITECT CERTIFIC	CATION			
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	A provided by a licensed land surveyor?	⊠Yes □ No	Check here if attachments.			
Certifier's Name JAMES B. AMBERGER	License Number LS6333		HILLS B. AMBERGALL			
Title PRESIDENT			COORSE NUMBER TO			
Company Name JIM AMBERGER LAND SURVEYING L	LC		Door Door Door Door Door Door Door Door			
Address 1055 S. TAMIAMI TRAIL, SUITE 110-B			6333  STATE OF FLORIDA SUDJECT STATE OF STATE OF SUDJECT STATE SUDJECT SUDJECT STATE SUDJECT			
City SARASOTA	State Florida	ZIP Code 34236	6333 STATE OF FLORIDA SURVEYOR SHITTING SURVEYOR SHITTING STATE OF FLORIDA SURVEYOR SHITTING SURVEYOR			
Signature	Date	Telephone (941) 955-6333	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 C2: ELEVATIONS CONVERTED USING	. , , . , , , , , , , , , , , , , , , ,					

## **ELEVATION CERTIFICATE**

MP	ORTANT: In these spaces, copy the co	FOR INSURANC	CE COMPANY USE			
	lding Street Address (including Apt., Unit, 80 LORDS DRIVE	Suite, and/or Bldg. No.) or	P.O. Route and Box No.	. Policy Number:		
City SAF	/ RASOTA	State Florida	ZIP Code 34231	Company NAIC	Number	
		DING ELEVATION INFO		NOT REQUIRED)		
con	Zones AO and A (without BFE), complet nplete Sections A, B,and C. For Items E1 er 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).						
	<ul><li>a) Top of bottom floor (including basem crawlspace, or enclosure) is</li><li>b) Top of bottom floor (including basem</li></ul>		feet m	neters above or	below the HAG.	
	crawlspace, or enclosure) is	<del>-</del>		<u> </u>	below the LAG.	
E2.	For Building Diagrams 6–9 with perman the next higher floor (elevation C2.b in the diagrams) of the building is	ent flood openings provide			of Instructions), below the HAG.	
E3.	Attached garage (top of slab) is		feet _ m	neters	below the HAG.	
E4.	Top of platform of machinery and/or equ servicing the building is	iipment 	feet n	neters  above or	below the HAG.	
E5.	Zone AO only: If no flood depth number floodplain management ordinance?		ne bottom floor elevated i own.  The local official m			
	SECTION F - PROPE	ERTY OWNER (OR OWNE	R'S REPRESENTATIVE	) CERTIFICATION		
The	e property owner or owner's authorized re nmunity-issued BFE) or Zone AO must si	presentative who complete gn here. The statements in	es Sections A, B, and E fo Sections A, B, and E are	or Zone A (without a F	EMA-issued or my knowledge.	
Pro	perty Owner or Owner's Authorized Repr	esentative's Name				
Adc	dress		City	State	ZIP Code	
Sig	nature		Date	Telephone		
Cor	mments					
				☐ Check he	ere if attachments.	

## **ELEVATION CERTIFICATE**

MPORTANT: In these spaces, copy the corre	FOR INSURANCE COMPANY USE						
Building Street Address (including Apt., Unit, St 4480 LORDS DRIVE	uite, and/or Bldg. N	No.) or P.O. Route and Bo	x No.	Policy Number:			
City SARASOTA	State Florida	ZIP Code 34231		Company NAIC Number			
SECTIO	ON G – COMMUNI	ITY INFORMATION (OPT	IONAL)				
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 or Zone AO.	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 f	or community floodplain n	nanageme	ent purposes.			
G4. Permit Number	G5. Date Permit	t Issued		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 of the building:	g basement)		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 loc	cation, per C2(e), i	if applicable)					
				Check here if attachments.			

#### **BUILDING PHOTOGRAPHS**

#### **ELEVATION CERTIFICATE**

See Instructions for Item A6.

OMB No. 1660-0008

Expiration Date: November 30, 2022

IMPORTANT: In these spaces, of	FOR INSURANCE COMPANY USE		
Building Street Address (including 4480 LORDS DRIVE	Policy Number:		
City SARASOTA	State Florida	ZIP Code 34231	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 VIEW

Clear Photo One



Photo Two

Photo Two Caption REAR VIEW

Clear Photo Two

## **BUILDING PHOTOGRAPHS**

**ELEVATION CERTIFICATE** 

Continuation Page

IMPORTANT: In these spaces, copy the cor	FOR INSURANCE	COMPANY USE				
Building Street Address (including Apt., Unit, \$ 4480 LORDS DRIVE	Suite, and/or Bldg. No.) o	r P.O. Route and Box No.	Policy Number:			
City SARASOTA	State Florida	ZIP Code 34231	Company NAIC Nu	mber		
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 1	Three				
	Photo Ti	nree				
Photo Three Caption				Clear Photo Three		
	Photo	Four				
	Photo F	our				
Photo Four Caption				Clear Photo Four		