

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	
A1. Building Owner's Name PETER EMORY	Policy Number:
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 5552 SHADOW LAWN DRIVE	Company NAIC Number:
City SARASOTA	State Florida
ZIP Code 34242	
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) LOT 118 SIESTA ISLES UNIT 7, PID#0082160039	
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) RESIDENTIAL	
A5. Latitude/Longitude: Lat. 27.270764 Long. (-)82.547817	
A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insurance. Horizontal Datum: <input type="checkbox"/> NAD 1927 <input checked="" type="checkbox"/> NAD 1983	
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
A9. For a building with an attached garage: a) Square footage of attached garage 905.00 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP Community Name & Community Number SARASOTA COUNTY, FLORIDA 125144		B2. County Name SARASOTA		B3. State Florida
B4. Map/Panel Number 12115C0143	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 (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: _____		B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9: <input type="checkbox"/> NAVD 1988 <input checked="" type="checkbox"/> NAVD 1929 <input type="checkbox"/> Other/Source: _____		
B11. Indicate elevation datum used for BFE in Item B9: <input type="checkbox"/> NAVD 1988 <input checked="" type="checkbox"/> NAVD 1929 <input type="checkbox"/> Other/Source: _____				
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
Designation Date: _____ <input type="checkbox"/> CBRS <input type="checkbox"/> OPA				

ELEVATION CERTIFICATE

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

IMPORTANT: In these spaces, copy the corresponding information from Section A.

FOR INSURANCE COMPANY USE	Policy Number:	5552 SHADOW LAWN DRIVE
City	State	ZIP Code
SARASOTA	Florida	34242
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.

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.

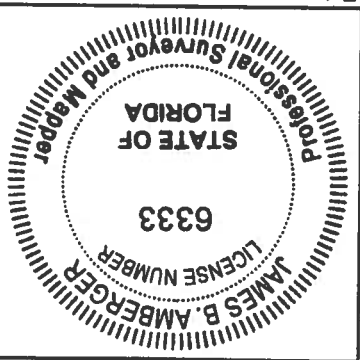
a) Top of bottom floor (including basement, crawlspace, or enclosure floor)	10.6	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters
b) Top of the next higher floor	N/A	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters
c) Bottom of the lowest horizontal structural member (V Zones only)	N/A	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters
d) Attached garage (top of slab)	7.0	<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)	N/A	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters
f) Lowest adjacent (finished) grade next to building (LAG)	3.8	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters
g) Highest adjacent (finished) grade next to building (HAG)	5.5	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters
h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support	3.8	<input checked="" 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: JAMES B. AMBERGER License Number: LS6333

Title	PRESIDENT
Company Name	JIM AMBERGER LAND SURVEYING LLC
Address	1055 S. TAMAMI TRAIL, SUITE 110-B
City	SARASOTA
State	Florida
ZIP Code	34236
Date	07-08-2022
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 and location, per C2(e), if applicable)

C2a/c2: THE DIFFERENCE BETWEEN THESE TWO ELEVATIONS IS DUE TO THIS BEING BACKFILLED STEMWALL CONSTRUCTION.
 C2e: NOT YET INSTALLED
 A9(a/d): THERE ARE 2 SEPARATE GARAGES: ONE AT 525 SQ.FT. AND ANOTHER AT 380 SQ.FT.-NO VENTS INSTALLED AT THIS TIME.

ELEVATION CERTIFICATE

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IMPORTANT: In these spaces, copy the corresponding information from Section A.	
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City	SARASOTA
State	Florida
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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.

ELEVATION CERTIFICATE

BUILDING PHOTOGRAPHS

OMB No. 1660-0008
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Continuation Page

IMPORTANT: In these spaces, copy the corresponding information from Section A.	
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5552 SHADOW LAWN DRIVE	
Building Street Address (including Apt, Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.	
City	SARASOTA
State	Florida
ZIP Code	34242
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.

<p>Photo Three</p>	<p>Photo Three Caption</p>
<p>Clear Photo Three</p>	

<p>Photo Four</p>	<p>Photo Four Caption</p>
<p>Clear Photo Four</p>	