OMB No. 1660-0008

S. DEPARTMENT OF HOMELAND SECURITY	ELEVATIO	N CERTIFIC	CATE	OMB N Expira	tion Date: July 31, 2015
EDERAL EMERGENCY MANAGEMENT	IMPORTANT: Follow	v the instructions on p	Jages I C.	Leopun	SURANCE COMPANY USE
ational Flood Insurance Program	SECTION A - F	ROPERTY INFORM	MATION	FOR IN	
				0.25(2800:013)	ny NAIC Number:
A1. Building Owner's Name A2. Building Street Address (including Apt., Unit 3713 SCHWALE	DOCK Suite and/or Bldg. N	io.) or P.O. Route and F	3ox No.	Compa	ny NAIO Number
A2. Building Street Address (including Apt., Unit 3713 SCHWALE	E DRIU	State	- 4	ZIP Coo	de 34235
Oitu		FLORIE			
A3. Property Description (Lot and Block Number Lot 309, KENSIA	rs, Tax Parcel Number,	ek unit	NO. 3	-1 4 1	
LOT SO, Mon-Reside	ential, Addition, Access	ory, etc.)	SIPENT	Horizontal Datum	n: NAD 1927 NAD 1983
Attach at least / Dilotographis of	ng if the Certificate is	being about to	- I Halimed	with an attache	d garage:
A7. Building Diagram Number or enclosi	ure(s):	A5		tare of ottache	
For a building with a crawispace of enclo Square footage of crawispace or enclo	sure(s) —	177 sq ft		f normanent tion	od openings in the
Square footage of clawispace of sharps Number of permanent flood openings or enclosure(s) within 1.0 foot above a sharps.		0	within 1.0	of permanent not of foot above adja- area of flood ope	onings in A9.0
or enclosure(s) within 213 reasons in A8.	.b	sq in	d) Engineer	ed flood opening	gs? Yes No
		DATE NAA			
	ON B - FLOOD INSU	B2. County Name	P (FIRM) IV		B3. State
B1. NFIP Community Name & Community Nun	nber 125144	SARA	SOTA	Fl . d 7ano(c)	DO Page Flood Elevation(s) (Zon
	36. FIRM Index Date	B7. FIRM Panel Effe Revised Date	ective/ B8.	Flood Zone(s)	AO, use base 11000 deput)
B4. (Map) 1 and	9-3-92	5-1-	84	A	NA
B10. Indicate the source of the Base Flood El	ovation (BEE) data or b	pase flood depth enter	red in Item B9:		
TI EIS Profile ALFIRM LI COMMING	ney boton		1988 🖂	Other/Source:	
B11. Indicate elevation datum used for BFE in	n Item B9: NGV	D 1929 LINAVU	wise Protected	Area (OPA)?	Yes Ao
B12. Is the building located in a Coastal Barr	ier Resources System	OPA	MISO I TOTO		Control of the Contro
	N C – BUILDING EL		g Under Constr	uction*	Finished Construction
C.I. Building Cicyations are	Construction Drawi uired when constructio	n of the building is co	mplete.		AR/AO. Complete Items
*A new Elevation Certificate will be requ C2. Elevations – Zones A1–A30, AE, AH, A (CZ.a-I) below according to the building		, V (with BFE), AR, AR/ tem A7. In Puerto Ricc Vertical D	only, enter me	eters.	27
Benchmark Utilized: <u>らぬたとの</u> Indicate elevation datum used for the e	the state of the s	brough h) helow.	VGVD 1929 [] NAVD 1988 [] Other/Source:
Indicate elevation datum used for the e Datum used for building elevations mus	st be the same as that	used for the BFE.		Check the mea	asurement used.
a) Top of bottom floor (including basem			6,9	Feet	meters
a) Top of bottom floor (including baseling)b) Top of the next higher floor	icite, ciamapaco, er en	_2	27.1	Aeet	meters
c) Bottom of the lowest horizontal stru	ctural member (V Zone	es only)	NA	feet	meters
d) Attached garage (top of slab)			N/A	☐ feet	meters
e) Lowest elevation of machinery or eq (Describe type of equipment and loo	uipment servicing the cation in Comments)	building	N/A_	feet	meters
f) Lowest adjacent (finished) grade ne	xt to building (LAG)		26.3	Afeet	meters
 g) Highest adjacent (finished) grade no h) Lowest adjacent grade at lowest ele structural support 	ext to building (HAG)	s, including	26.6 N/A	feet	☐ meters ☐ meters
SECTI	ON D – SURVEYOR	FNGINFFR OR A	POHITECT (PERTIFICATIO	N
This certification is to be signed and sealed to information. I certify that the information on the I understand that any false statement may be	oy a land surveyor, eng his Certificate represen	ineer, or architect auth	norized by law to	o certify elevation	
Check here if attachments.	ack of form. Were	e latitude and longitudes and longitudes land surveyor?	de in Section A		The state of the s
Certifier's Name JERRY T. WHEE			License Number	er ,	PLACE SEAL
Title	Con	mpany Name			LIEDE
P.L.S.	City		HEELER State	ZIP Code	
1070 SPEASWAKER	GALE S	LLASOTA	FL	34232	2

Signature

Telephone 941-377-3157

Date 3