

ELEVATION CERTIFICATE

OMB No. 1660-0008
Expires July 31, 2015

Important: Read the instructions on pages 1-9.

SECTION A - PROPERTY INFORMATION

For Insurance Company Use:		
A1. Building Owner's Name <u>Daryl & Marcia Andringa</u>	Policy Number	
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. <u>1495 Saint Clair Road</u>	Company NAIC Number	
City: <u>Englewood</u> State: <u>Florida</u> ZIP Code: <u>34223</u>		
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) <u>Lot 261 Overbrook Gardens Section 2 Sarasota County Parcel #0487-08-0028</u> 15 133.381 B1		
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) <u>Residential</u>		
A5. Latitude/Longitude: Lat. <u>27-00-13.4</u> Long. <u>-82-23-09.3</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>1A</u>		
A8. For a building with a crawl space or enclosure(s), provide:		
a) Square footage of crawl space or enclosure(s) <u>n/a</u> sq ft	A9. For a building with an attached garage, provide:	
b) No. of permanent flood openings in the crawl space or enclosure(s) walls within 1.0 foot above adjacent grade <u>0</u>	a) Square footage of attached garage <u>688</u> sq ft	
c) Total net area of flood openings in A8.b <u>0</u> sq in	b) No. of permanent flood openings in the attached garage walls within 1.0 foot above adjacent grade <u>0</u>	
d) Engineered flood openings? <input type="checkbox"/> Yes <input type="checkbox"/> No	c) Total net area of flood openings in A9.b <u>0</u> sq in	
	d) Engineered flood openings? <input type="checkbox"/> Yes <input type="checkbox"/> No	

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP Community Name & Community Number <u>Unincorporated Sarasota County 125144</u>		B2. County Name <u>Charlotte</u>		B3. State <u>Florida</u>	
B4. Map/Panel Number <u>0344</u>	B5. Suffix <u>E</u>	B6. FIRM Index Date <u>9/3/92</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>12.0</u>
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 (Describe) _____					
B11. Indicate elevation datum used for BFE in Item B9: <input checked="" type="checkbox"/> NGVD 1929 <input type="checkbox"/> NAVD 1988 <input type="checkbox"/> Other (Describe) _____					
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					

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 BM #DM8507 "H734 2009" Vertical Datum NGVD29
Indicate elevation datum used for the elevations in items a) through h) 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.

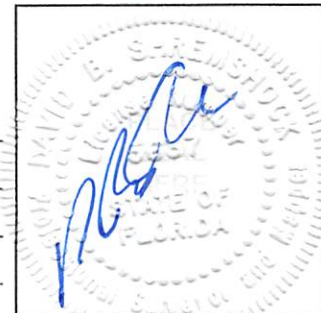
a) Top of bottom floor (including basement, crawl space, or enclosure floor)	<u>13.9</u>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
b) Top of the next higher floor	<u>n/a</u>	<input type="checkbox"/> feet <input type="checkbox"/> meters
c) Bottom of the lowest horizontal structural member (V Zones only)	<u>n/a</u>	<input type="checkbox"/> feet <input type="checkbox"/> meters
d) Attached garage (top of slab)	<u>13.4</u>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment in Comments)	<u>n/a</u>	<input type="checkbox"/> feet <input type="checkbox"/> meters
f) Lowest adjacent (finished) grade next to building (LAG)	<u>13.0</u>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
g) Highest adjacent (finished) grade next to building (HAG)	<u>13.4</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.

Check here if comments are provided on back of form. Were latitude and longitude in Section A provided by a licensed land surveyor? Yes No
 Check here if attachments

Certifier's Name: <u>David B. Shremshock</u>		License Number: <u>PSM 5637</u>	
Title: <u>President</u>	Company Name: <u>Shremshock Surveying, Inc.</u>		
Address: <u>5265 Alamos Terrace</u>	City: <u>North Port</u>	State: <u>Florida</u>	ZIP Code: <u>34288</u>
Signature: 	Date: <u>9/8/15</u>	Telephone: <u>941-423-8875</u>	



ELEVATION CERTIFICATE

DEPARTMENT OF HONORABLE SERVICE
 Florida Department of Community Management
 Building Code Enforcement

Read the instructions on pages 1 & 2.

SECTION A - PROPERTY INFORMATION

1. Building Owner's Name: _____
 2. Building Address: _____
 3. City: _____
 4. Project Description: _____
 5. Building Code Section: _____
 6. Building Code Version: _____
 7. Building Code Year: _____
 8. Building Code Edition: _____
 9. Building Code Chapter: _____
 10. Building Code Section: _____
 11. Building Code Section: _____
 12. Building Code Section: _____
 13. Building Code Section: _____
 14. Building Code Section: _____
 15. Building Code Section: _____
 16. Building Code Section: _____
 17. Building Code Section: _____
 18. Building Code Section: _____
 19. Building Code Section: _____
 20. Building Code Section: _____

SECTION B - INSURANCE INFORMATION

1. Insurance Company Name: _____
 2. Policy Number: _____
 3. Effective Date: _____
 4. Expiration Date: _____
 5. Insured Name: _____
 6. Insured Address: _____
 7. Insured City: _____
 8. Insured State: _____
 9. Insured Zip: _____
 10. Insured Phone: _____
 11. Insured Email: _____
 12. Insured Website: _____
 13. Insured Fax: _____
 14. Insured Filing Office: _____
 15. Insured License Number: _____
 16. Insured License State: _____
 17. Insured License Type: _____
 18. Insured License Class: _____
 19. Insured License Category: _____
 20. Insured License Subcategory: _____

SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)

1. Building Elevation Information: _____
 2. Building Elevation Information: _____
 3. Building Elevation Information: _____
 4. Building Elevation Information: _____
 5. Building Elevation Information: _____
 6. Building Elevation Information: _____
 7. Building Elevation Information: _____
 8. Building Elevation Information: _____
 9. Building Elevation Information: _____
 10. Building Elevation Information: _____
 11. Building Elevation Information: _____
 12. Building Elevation Information: _____
 13. Building Elevation Information: _____
 14. Building Elevation Information: _____
 15. Building Elevation Information: _____
 16. Building Elevation Information: _____
 17. Building Elevation Information: _____
 18. Building Elevation Information: _____
 19. Building Elevation Information: _____
 20. Building Elevation Information: _____

SECTION D - SURVEYOR INFORMATION (ARCHITECT CERTIFICATE)

1. Surveyor Name: _____
 2. Surveyor Address: _____
 3. Surveyor City: _____
 4. Surveyor State: _____
 5. Surveyor Zip: _____
 6. Surveyor Phone: _____
 7. Surveyor Email: _____
 8. Surveyor Website: _____
 9. Surveyor Fax: _____
 10. Surveyor Filing Office: _____
 11. Surveyor License Number: _____
 12. Surveyor License State: _____
 13. Surveyor License Type: _____
 14. Surveyor License Class: _____
 15. Surveyor License Category: _____
 16. Surveyor License Subcategory: _____
 17. Surveyor License Status: _____
 18. Surveyor License Expiration Date: _____
 19. Surveyor License Renewal Date: _____
 20. Surveyor License Renewal Fee: _____



ELEVATION CERTIFICATE, page 2		For Insurance Company Use:
IMPORTANT: In these spaces, copy the corresponding information from Section A.		
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 1495 Saint Clair Road		Policy Number
City: Englewood	State: Florida	ZIP Code: 34223
		Company NAIC Number

SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION (CONTINUED)

Copy both sides of this Elevation Certificate for (1) community official, (2) insurance agent/company, and (3) building owner.

Comments:

Additional photos available upon request. Field Book 192 Page 20

Signature  Date: 9/8/15

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, crawl space, or enclosure) is _____ feet meters above or below the HAG.
- b) Top of bottom floor (including basement, crawl space, 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 8-9 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's or Owner's Authorized Representative's Name

Address _____ City _____ State _____ ZIP Code _____

Signature _____ Date _____ Telephone _____

Comments

Check here if attachments

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.-G9.) is provided for community floodplain management purposes.

G4. Permit Number	G5. Date Permit Issued	G6. Date Certificate Of Compliance/Occupancy Issued
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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 (PR) Datum _____

G9. BFE or (in Zone AO) depth of flooding at the building site _____ feet meters (PR) Datum _____

G10. Community's design flood elevation _____ feet meters (PR) Datum _____

Local Official's Name _____ Title _____

Community Name _____ Telephone _____

Signature _____ Date _____

Comments

Check here if attachments

Building Photographs

See Instructions for Item A6.

ELEVATION CERTIFICATE, page 3

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 1495 Saint Clair Road			For Insurance Company Use: Policy Number
City: Englewood	State: Florida	ZIP Code: 34223	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.



Front View



Rear View