

DEPARTMENT OF HOMELAND SECURITY
Federal Emergency Management Agency
ELEVATION CERTIFICATE

IMPORTANT: FOLLOW THE INSTRUCTIONS ON PAGES 9-16

OMB Control Number: 1660-0008
 Expiration: 11/30/2018

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 INSURANCE COMPANY USE	
A1. Building Owner's Name Venice Memory Care LLC.	Policy Number:		
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 2321 East Venice Avenue	Company NAIC Number:		
City Venice	State FL	Zip Code 34292	
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) Instr. No. 2015119643, Sarasota County, Florida			
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) Residential			
A5. Latitude/Longitude: Lat: 27°05'55.1" N Long: 82°23'16.0" W	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 1B	A9. For a building with an attached garage:		
A8. For a building with a crawlspace or enclosure(s):	a) Square footage of crawlspace or enclosure(s) <u>N/A</u> sq ft		
	b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade <u>N/A</u>		
	c) Total net area of flood openings in A8.b <u>N/A</u> sq in		
	d) Engineered flood openings? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Engineered flood openings? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
SECTION B- FLOOD INSURANCE RATE MAP (FIRM) INFORMATION			
B1. NFIP Community Name & Community Number Venice, City of - 125154	B2. County Name Sarasota	B3. State Florida	
B4. Map/Panel Number 0332	B5. FIRM Suffix E	B6. FIRM Index Date 09-03-92	B7. FIRM Panel Effective/ Revised Date 09-03-92
B8. Flood Zone(s) AE		B9. Base Flood Elevation(s) (Zone AO, use base flood depth) 12'	
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/Source: _____			
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/Source: _____			
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: <input type="checkbox"/> Construction Drawings* <input checked="" type="checkbox"/> Building Under Construction* <input type="checkbox"/> Finished Construction			
C2. Elevations - Zones A1 - A30, AE, AH, A (with BFE), VE, V1 - V30, V (with BFE), AR, ARIA, AR/AE, AR/A1 - A30, ARIA/H, AR/AO. Complete Items C2.a-h below according to the building diagram specified in item A7. In Puerto Rico only, enter meters.			
* A new Elevation Certificate will be required when construction of the building is complete.			
Benchmark Utilized: SCIBM 101		Vertical Datum: NGVD '29	
Indicate elevation datum used for the elevations in items a) through h) below. <input checked="" type="checkbox"/> NGVD 1929 <input type="checkbox"/> NAVD 1988			
<input type="checkbox"/> Other/Source: _____			
Datum used for building elevations must be the same as that used for the BFE.			
a) Top of bottom floor (including basement, crawlspace, or enclosure floor)		16.2	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
b) Top of the next higher floor		N/A	<input type="checkbox"/> feet <input type="checkbox"/> meters
c) Bottom of the lowest horizontal structural member (V zones only)		N/A	<input type="checkbox"/> feet <input type="checkbox"/> meters
d) Attached garage (top of slab)		N/A	<input type="checkbox"/> feet <input type="checkbox"/> meters
e) Lowest elevation of machinery of equipment servicing the building (Describe type of equipment and location in Comments)		N/A	<input type="checkbox"/> feet <input type="checkbox"/> meters
f) Lowest adjacent (finished) grade next to building (LAG)		14.7	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
g) Highest adjacent (finished) grade next to building (HAG)		16.0	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support		N/A	<input type="checkbox"/> feet <input type="checkbox"/> meters


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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?
 Check here if attachments. Yes No


Certifier's Name Jeffrey D. Stouten	License Number LB 7922
Title Professional Survey	Company Name Stouten Cramer, Inc.
Address 324 Nicholas Pkwy West, F	City Cape Coral
Signature 	State FL
	Zip Code 33991
Date 4-15-16	Telephone 239-673-9541



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

Comments (including type of equipment and location, per C2(e), if applicable)

C2(a) - Finished Floor Elevation
C2(e) - No equipment or pads at time of survey

Signature 

Date

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.

- E.1 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 _____ | <input type="checkbox"/> feet | <input type="checkbox"/> meters | <input type="checkbox"/> above or | <input type="checkbox"/> below the HAG |
| b) Top of bottom floor (including basement, crawlspace or enclosure) is _____ | <input type="checkbox"/> feet | <input type="checkbox"/> meters | <input type="checkbox"/> above or | <input type="checkbox"/> below the HAG |
| 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 _____ | <input type="checkbox"/> feet | <input type="checkbox"/> meters | <input type="checkbox"/> above or | <input type="checkbox"/> below the HAG |
| E3. Attached Garage (top of slab) is _____ | <input type="checkbox"/> feet | <input type="checkbox"/> meters | <input type="checkbox"/> above or | <input type="checkbox"/> below the HAG |
| E4. Top of platform of machinery and / or equipment servicing the building is _____ | <input type="checkbox"/> feet | <input type="checkbox"/> meters | <input type="checkbox"/> above or | <input type="checkbox"/> 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.
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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.

Address _____ City _____ State _____ ZIP Code _____

Signature _____ Date _____ Telephone _____

Comments

Check here if attachments.