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) insur		ny, and (3) bui			
SECTION A - PROPERTY INFORMATION A1. Building Owner's Name	FORM INGOLV	FORM INSURANCE COMPANY USE				
ANDREW J MENARD	Policy Number	Policy Number:				
 A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or Box No. 4631 10TH STREET 	P.O. Route and	Company NAIC Number:				
City SARASOTA	State FL		Zip Code	34232		
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Lega M&B PID# 0040140005 - parcel B	al Description, etc	C.)				
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) RESIDENTIAL						
A5. Latitude/Longitude: Lat. 27°20'69"N Long. 82°31'05"W Horizontal Datum: C NAD 1927 © 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 1A						
A8. For a building with a crawlspace or enclosure(s): A9. For a building with an attached garage:						
a) Square footage of crawlspace or enclosure(s) 0 sq ft a) Square footage of attached garage 796 sq ft						
b) Number of permanent flood openings in the 0 b) Number of permanent flood openings crawlspace or enclosure(s) within 1.0 foot in the attached garage within 1.0 foot above adjacent grade						
c) Total net area of flood openings in A8.b 0 sq in	c) Total net are	ea of flood opening	gs in A9.b	0 sq in		
d) Engineered flood openings? C Yes No d) Engineered flood openings? C Yes No						
SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION						
B1. NFIP Community Name & Community Number B2. Coun SARASOTA COUNTY 125144 SARASOT				B3. State FL		
B4. Map/Panel Number B5. Suffix B6. FIRM Index Date B7. FIRM Panel 125144 0151 Sep 3, 1992 May 1, 1984	el Effective/ B8. ate A	Flood Zone(s)		od Elevation(s)), use base flood		
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9: C FIS Profile C FIRM C Community Determined C Other/Source: B11. Indicate elevation datum used for BFE in Item B9: NGVD 1929 C NAVD 1988 C Other/Source: B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? C Yes C No Designation Date: C CBRS C OPA						
SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)						
C2. Elevations - Zones A1 - A30, AE, AH, A (with BFE), VE, V1 - V30, V (with Complete Items C2.a -h below according to the building diagram specified in I A new Elevation Certificate will be required when construction of the building	tem A7. In Puert	A, AR/AE, AR/A1 - o Rico only, enter				
Indicate elevation datum used for the elevations in items a) through h) below. NGVD 1929 NAVD 1988						
C Other/Source:						
Datum used for building elevations must be the same as that used for the BFE	:		Check the me	easurement used.		
a) Top of bottom floor (including basement, crawlspace, or enclosure floor)	22.68	·	(e) feet	C meters		
b) Top of the next higher floor	N/A -	·	(e) feet	C meters		
Bottom of the lowest horizontal structural member (V Zones only) Attached garage (top of slab)	N/A -	·	● feet● feet	C meters		
e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments)	N/A -	· ·	(e) feet	Cimeters		
f) Lowest adjacent (finished) grade next to building (LAG)	21.6 -	•	(e) feet	Crneters		
g) Highest adjacent (finished) grade next to building (HAG)	22.1 -		(e) feet	C meters		
h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support	N/A -		(© feet	C meters		

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4631 10TH STREET

SARASOTA

FL

34232

SECTION	D - SURVEYOR, ENGINEER	R, OR ARCHITECT CERT	TFICATION
This certification is to be signed and sealed that the information on this Certificate repre- punishable by fine or imprisonment under 1-	sents my best efforts to interp		y law to certify elevation information. I certify inderstand that any false statement may be
Check here if attachments.	Were latitude and longi provided by a licensed Yes No		
Certifier's Name LAWRENCE R WEBER	Licen 3868	se Number	John
Title PROFESSIONAL SURVEYOR & MAPPER	Company Name WEBER ENGINEERING	& SURVEYING INC	VI AND TO STORY
Address 4596 ASHTOWRD.	1 '	State Zip Code FL 34233	200 1/6/
Signature	7/8/2016	Telephone +1 (941) 921-3914	· France
Copy both sides of this Elevation Certificate		THE PERSON NAMED IN	y, and (3) building owner.
Comments (including type of equipment and	I location , per C2(e), if applic	:able)"	
Signature			Date
			NE AO AND ZONE A (WITHOUT BFE)
For Zones AO and A (without BFE), complet Sections A, B,and C. For Items E1 -E4, use	e items E1 -E5. If the Certific natural grade, if available. Ch	ate is intended to support eck the measurement us	a LOMA of LOMR-F request, complete ed. In Puerto Rico only, enter meters.
E1. Provide elevation information for the folk highest adjacent grade (HAG) and the lo		ate boxes to show whether	er the elevation is above or below the
a) Top of bottom floor (including baseme or enclosure) is	ent, crawispace,	(Feet C me	ters above or below the HAG.
 b) Top of bottom floor (including baseme or enclosure) is 	ent, crawlspace,	@ feet C met	ers above or below the LAG.
E2. For Building Diagrams 6 -9 with permand higher floor (elevation C2.b in the diagrams)			r 9 (see pages 8 -9 of Instructions), the next neters above or below the HAG.
E3. Attached garage (top of slab) is		(e) feet (c) met	ers above or below the HAG.
E4. Top of platform of machinery and /or equervicing the building is		(e) feet C met	ers above or below the HAG.
E5. Zone AO only: If no flood depth number management ordinance?	is available, is the top of the b C Unknown. The local office		· ·
SECTION F - PRO	PERTY OWNER (OR OWNE	R'S REPRESENTATIVE) CERTIFICATION
The property owner or owner's authorized recommunity-issued BFE) or Zone AO must sign			
Property Owner or Owner's Authorized Repr	esentative's Name:		
Address	City	State	ZIP Code
Signature	Date	Telephone	
Comments			
	TO ALL PARTY OF THE PARTY OF TH		
		1910	
			Check here if attachments.