U.S. DEPARTMENT OF HOMELAND SECURITY FEDERAL EMERGENCY MANAGEMENT AGENCY

ELEVATION CERTIFICATE

4-136944 (1980) OMB No. 1660-0008 National Flood Insurance Program Expiration Date: July 31, 2015 Important: Read the instructions on pages 1-9. SECTION A - PROPERTY INFORMATION FOR INSURANCE COMPANY USE A1. Building Owner's Name PAUL J. & ELIZABETH B. CHREN **Policy Number:** A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. Company NAIC Number: 7251 PLOVERS WAY City SARASOTA State FL ZIP Code 34242 A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) **LOT 5, SIESTA PROPERTIES #1** A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) RESIDENTIAL A5. Latitude/Longitude: Lat. 27d"N Long. 82d"W Horizontal Datum: ☐ 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 6 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) 2650 a) Square footage of attached garage sq ft N/A b) Number of permanent flood openings in the crawlspace b) Number of permanent flood openings in the attached garage or enclosure(s) within 1.0 foot above adjacent grade within 1.0 foot above adjacent grade 6 N/A Total net area of flood openings in A8.b 3265 sq in Total net area of flood openings in A9.b N/A sq in d) Engineered flood openings? ☐ Yes Engineered flood openings? ⊠ No SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION **B1. NFIP Community Name & Community Number B2. County Name** SARASOTA COUNTY, FLORIDA 125144 SARASOTA FL **B4. Map/Panel Number B6. FIRM Index Date B7. FIRM Panel B8. Flood** B9. Base Flood Elevation(s) (Zone **B5.** Suffix Effective/Revised Date AO, use base flood depth) 125144 0207 9/3/1992 Zone(s) 9/3/1992 B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9. ☐ Community Determined ☐ Other/Source: B11. Indicate elevation datum used for BFE in Item B9: X NGVD 1929 ■ NAVD 1988 ☐ Other/Source: Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? ☐ Yes ⊠ No **Designation Date:** ☐ CBRS □ OPA SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED) Building elevations are based on: ☐ Construction Drawings* ☐ Building Under 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: COUNTY BM 108A Vertical Datum: NGVD 1929 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) <u>6.2</u> ☐ meters b) Top of the next higher floor 16.2 ☐ meters c) Bottom of the lowest horizontal structural member (V Zones only) N/A. ☐ meters d) Attached garage (top of slab) N/A meters e) Lowest elevation of machinery or equipment servicing the building 11.5 ☐ meters (Describe type of equipment and location in Comments) f) Lowest adjacent (finished) grade next to building (LAG) 5.9 ☐ meters g) Highest adjacent (finished) grade next to building (HAG) <u>8.5</u> ☐ meters h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support 5.9 ☐ 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 Check here if comments are provided on back of form. Check here if attachments. licensed land surveyor? OSEAL Certifier's Name JAMES B. AMBERGER License Number PSM 6333 tr. w Company Name JIM AMBERGER LAND SURVEYING. LLC ATI Title PRESIDENT Address 1055 S TAMIAMI TRAIL City SARASOTA State FL **ZIP Code 34236 Date** 016 Signature Telephone 941-955-6333

| | IMPORTANT: In these spaces, copy the corresponding information from Section A. | | | FOR INSURANCE COMPANY USE |
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| Building Street Address (including A 7251 PLOVERS WAY | νρt., Unit, Suite, and/or Bldg. No.) or P.O. Route a | nd Box No. | | Policy Number: |
| City SARASOTA | State FL | ZIP Code 34 | 242 | Company NAIC Number: |
| SECTIO | ON D - SURVEYOR, ENGINEER, OR ARCH | HITECT CERT | TEICATION (| |
| | ertificate for (1) community official, (2) insurance a | | • | · · · · · · · · · · · · · · · · · · · |
| Comments | orange of (1) commany orange, (2) modulate a | generoompany, | and (o) banding | j owner. |
| C2e: AIR CONDITIONING COMPRI | ESSOR | | | |
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| SECTION E - BUILDING EL | EVATION INFORMATION (SURVEY NOT | REQUIRED) | FOR ZONE A | O AND ZONE A (WITHOUT BFE) |
| For Zones AO and A (without BFE) | , complete Items E1–E5. If the Certificate is intend | ded to support a | LOMA or LOM | R-F request, complete Sections A, B, |
| | al grade, if available. Check the measurement use for the following and check the appropriate boxes | | | |
| grade (HAG) and the lowest a | djacent grade (LAG). | | | |
| a) Top of bottom floor (including b) Top of bottom floor (including b) | ng basement, crawispace, or enclosure) is ng basement, crawispace, or enclosure) is | | eet 🔲 meters eet 🗆 meters | ☐ above or ☐ below the HAG. ☐ above or ☐ below the LAG. |
| E2. For Building Diagrams 6-9 wit | th permanent flood openings provided in Section A | A Items 8 and/o | r 9 (see pages | 8-9 of Instructions), the next higher floor |
| (elevation C2.b in the diagram E3. Attached garage (top of slab) | ns) of the building is | | _ | the HAG. |
| E4. Top of platform of machinery | and/or equipment servicing the building is | | ☐ meters ☐ | |
| · · · · · · · · · · · · · · · · · · · | oth number is available, is the top of the bottom flo | | | the community's floodplain managemen |
| <u></u> | Unknown. The local official must certify this i | nformation in S | ecuon G. | |
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Comments

☐ Check here if attachments.

ELEVATION CERTIFICATE, page 3

Building Photographs

See Instructions for Item A6.

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. 7251 PLOVERS WAY

City SARASOTA

State FL

ZIP Code 34242

FOR INSURANCE COMPANY USE

Policy Number:

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.



