

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

SECTION A - PROPERTY INFORMATION						FORM INSURANCE COMPANY USE	
A1. Building Owner's Name DANIEL STICKLEY & KRISTIN STICKLEY						Policy Number:	
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 260 STRATFORD ROAD, DETACHED GARAGE - UNDER CONSTRUCTION						Company NAIC Number:	
City ENGLEWOOD				State FL		Zip Code 34223	
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) METES & BOUNDS OF LOT 330, ENGLEWOOD GARDENS UNIT # 1							
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) RESIDENTIAL							
A5. Latitude/Longitude: Lat. <u>26°58.056'</u> Long. <u>82°20.532'</u> Horizontal Datum: <input type="radio"/> NAD 1927 <input checked="" type="radio"/> 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 crawlspace or enclosure(s):				A9. For a building with an attached garage:			
a) Square footage of crawlspace or enclosure(s) <u>N/A</u> sq ft				a) Square footage of attached garage <u>1,500</u> sq ft			
b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade _____				b) Number of permanent flood openings in the attached garage 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				c) Total net area of flood openings in A9.b <u>N/A</u> sq in			
d) Engineered flood openings? <input type="radio"/> Yes <input checked="" type="radio"/> No				d) Engineered flood openings? <input type="radio"/> Yes <input checked="" type="radio"/> No			
SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION							
B1. NFIP Community Name & Community Number SARASOTA COUNTY-125144				B2. County Name SARASOTA		B3. State FL	
B4. Map/Panel Number 125144-0453	B5. Suffix E	B6. FIRM Index Date Sep 3, 1992	B7. FIRM Panel Effective/Revised Date 5/1/1984	B8. Flood Zone(s) AE	B9. Base Flood Elevation(s) (Zone AO, use base flood depth) 11'		
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9: <input type="radio"/> FIS Profile <input checked="" type="radio"/> FIRM <input type="radio"/> Community Determined <input type="radio"/> Other/Source: _____							
B11. Indicate elevation datum used for BFE in Item B9: <input checked="" type="radio"/> NGVD 1929 <input type="radio"/> NAVD 1988 <input type="radio"/> Other/Source: _____							
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? <input type="radio"/> Yes <input checked="" type="radio"/> No Designation Date: <input type="radio"/> CBRS <input type="radio"/> OPA							
SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)							
C1. Building elevations are based on: <input type="radio"/> Construction Drawings* <input type="radio"/> Building Under Construction* <input checked="" type="radio"/> Finished Construction							
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. * A new Elevation Certificate will be required when construction of the building is complete.							
Benchmark Utilized: <u>SAR CO. BM 852-A</u>				Vertical Datum: <u>NGVD 1929</u>			
Indicate elevation datum used for the elevations in items a) through h) below. <input checked="" type="radio"/> NGVD 1929 <input type="radio"/> NAVD 1988 <input type="radio"/> 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>11.7</u>	-	_____	<input checked="" type="radio"/> feet	<input type="radio"/> meters		
b) Top of the next higher floor	<u>N/A</u>	-	_____	<input checked="" type="radio"/> feet	<input type="radio"/> meters		
c) Bottom of the lowest horizontal structural member (V Zones only)	_____	-	_____	<input checked="" type="radio"/> feet	<input type="radio"/> meters		
d) Attached garage (top of slab)	<u>N/A</u>	-	_____	<input checked="" type="radio"/> feet	<input type="radio"/> meters		
e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments)	<u>N/A</u>	-	_____	<input checked="" type="radio"/> feet	<input type="radio"/> meters		
f) Lowest adjacent (finished) grade next to building (LAG)	<u>11.3</u>	-	_____	<input checked="" type="radio"/> feet	<input type="radio"/> meters		
g) Highest adjacent (finished) grade next to building (HAG)	<u>11.1</u>	-	_____	<input checked="" type="radio"/> feet	<input type="radio"/> meters		
h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support	_____	-	_____	<input checked="" type="radio"/> feet	<input type="radio"/> meters		

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260 STRATFORD ROAD, DETACHED GARAGE

ENGLEWOOD

FL

34223

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 RUSSELL S. STRAYER		License Number 6890	
Title PSM	Company Name STRAYER SURVEYING & MAPPING, INC.		
Address 742 SHAMROCK BLVD	City VENICE	State FL	Zip Code 34293
Signature	Date Jul 25, 2016	Telephone +1 (941) 497-1290	

PLACE
SEAL
HERE

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)*
 FILE # 15-08-102. UNDER CONSTRUCTION AT TIME OF SURVEY. ONLY A CONCRETE SLAB AT TIME OF SURVEY. NO MACHINERY FOUND AT TIME OF SURVEY. CERTIFICATE VALID ONLY WITH RAISED SEAL AND SIGNATURE.

Signature _____ Date Jul 25, 2016

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

Address	City	State	ZIP Code
Signature	Date	Telephone	

Comments

Check here if attachments.

BUILDING PHOTOGRAPHS

See instructions for Item A6

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IMPORTANT: In these spaces, copy the corresponding information from Section A.			FOR INSURANCE COMPANY USE	
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City ENGLEWOOD	State FL	Zip Code 34223	Company NAIC Number:	
<p>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.</p>				

BUILDING PHOTOGRAPHS

Continuation Page

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City ENGLEWOOD	State FL	Zip Code 34223	Company NAIC Number:

If submitting more photographs than will fit on the preceding page, affix the additional photographs below. 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.