

GARAGE UNDER CONST,

U.S. DEPARTMENT OF HOMELAND SECURITY  
Federal Emergency Management Agency  
National Flood Insurance Program

OMB No. 1660-0008  
Expiration Date: November 30, 2018

# ELEVATION CERTIFICATE

Important: Follow the instructions on pages 1-9.

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 <u>RICHARD AND CATHERINE CORDELL</u>				Policy Number:	
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. <u>8128 MIDNIGHT PASS Rd.</u>				Company NAIC Number:	
City <u>SARASOTA</u>		State <u>FL</u>		ZIP Code <input checked="" type="checkbox"/> <u>34242</u>	
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) <u>LOTS 27, 28, 29, 30 &amp; 31 BLK 'B' MIRA MAR SUB</u>					
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) _____					
A5. Latitude/Longitude: Lat. <u>27-14-00</u> Long. <u>-82-31-18</u> Horizontal Datum: <input checked="" type="checkbox"/> NAD 1927 <input 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>1B</u>					
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					
A9. For a building with an attached garage:					
a) Square footage of attached garage <u>1152</u> sq ft <u>SEE NOTES</u>					
b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade <u>7</u>					
c) Total net area of flood openings in A9.b <u>840</u> sq in					
d) Engineered flood openings? <input type="checkbox"/> Yes <input type="checkbox"/> No <u>(NOT IN PLACE AT THIS DATE)</u>					
SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION					
B1. NFIP Community Name & Community Number <u>SARASOTA CO. 125144</u>			B2. County Name <u>SARASOTA</u>		B3. State <u>FL</u> <input checked="" type="checkbox"/>
B4. Map/Panel Number <u>Z1115C0207F</u>	B5. Suffix <u>"D"</u>	B6. FIRM Index Date <u>4 APR. 16</u>	B7. FIRM Panel Effective/ Revised Date <u>4 NOV. 16</u>	B8. Flood Zone(s) <u>AE</u>	B9. Base Flood Elevation(s) (Zone AO, use Base Flood Depth) <u>1988</u> <u>10.0 N, AND</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/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					

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FOR INSURANCE COMPANY USE
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.
8128 MIDNIGHT PASS RD
City SARASOTA State FL ZIP Code 34242
Policy Number:
Company NAIC Number

SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)

C1. Building elevations are based on: [ ] Construction Drawings\* [X] 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: COUNTY Vertical Datum: N.G.V.D. (1929)

Indicate elevation datum used for the elevations in items a) through h) below.

[X] 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.

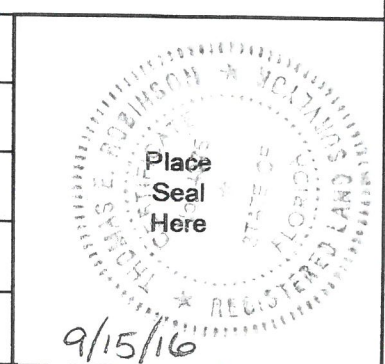
- a) Top of bottom floor (including basement, crawlspace, or enclosure floor) 7.0 [X] feet [ ] meters
b) Top of the next higher floor N/A [ ] feet [ ] meters
c) Bottom of the lowest horizontal structural member (V Zones only) 7.0 [X] feet [ ] meters
d) Attached garage (top of slab) 7.0 [X] feet [ ] meters
e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments) N/A AT THIS DATE [ ] feet [ ] meters
f) Lowest adjacent (finished) grade next to building (LAG) 6.5 [X] feet [ ] meters
g) Highest adjacent (finished) grade next to building (HAG) 6.6 [X] feet [ ] meters
h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support 6.5 [X] feet [ ] 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 licensed land surveyor? [X] Yes [ ] No [ ] Check here if attachments.

Certifier's Name: Thomas E. Robinson License Number: 4075
Title: P.S.M.
Company Name: Robinson Land Surveying
Address: 1960 Main Street
City: Sarasota State: Florida ZIP Code: 34236
Signature: [Red Signature] Date: 9/15/16 Telephone: 941-954-4473



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Comments (including type of equipment and location, per C2(e), if applicable)
UNDER CONSTRUCTION AT THIS DATE

**BUILDING PHOTOGRAPHS**

Continuation Page

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**FOR INSURANCE COMPANY USE**

Policy Number:

City

State

ZIP Code



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.



Photo One Caption

FLOW-THRU

9/15/16

Photo Two

Photo Two

Photo Two Caption

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**BUILDING PHOTOGRAPHS**

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See Instructions for Item A6.

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City SARASOTA	State FL	ZIP Code <input checked="" type="checkbox"/> 34242	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 9/15/16

Photo One Caption



REAR VIEW 9/15/16

Photo Two Caption

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**BUILDING PHOTOGRAPHS**

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Continuation Page

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RIGHT VIEW 9/15/16

Photo One Caption



LEFT VIEW 9/15/16

Photo Two Caption