

Permit 1612292700B1

U.S. DEPARTMENT OF HOMELAND SECURITY
FEDERAL EMERGENCY MANAGEMENT AGENCY
National Flood Insurance Program

ELEVATION CERTIFICATE

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

IMPORTANT: FOLLOW THE INSTRUCTIONS ON PAGES 8-15

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 D.R. HORTON, INC., A DELAWARE CORPORATION					Policy Number:	
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 8957 MONDIAL COURT					Company NAIC Number:	
City VENICE			State FL		Zip Code 34293	
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) LOT 20, RAPALO, PLAT BOOK 49, PAGE 48, SARASOTA COUNTY						
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) RESIDENTIAL						
A5. Latitude/Longitude: Lat. 27.02900 Long. -82.39615 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 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) NA sq ft			a) Square footage of attached garage 432 sq ft			
b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade NA			b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade NA			
c) Total net area of flood openings in A8 b NA sq in			c) Total net area of flood openings in A9 b NA 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 COUNTY		B3. State FLORIDA
B4. Map/Panel Number 125144 0344	B5. Suffix E	B6. FIRM Index Date 9/3/1992	B7. FIRM Panel Effective/Revised Date 9/3/1992	B8. Flood Zone(s) X, A	B9. Base Flood Elevation(s) (Zone AO, use base flood depth) 14	
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 type="radio"/> FIRM <input checked="" 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: NA <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 checked="" type="radio"/> Building Under Construction* <input type="radio"/> 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: SARASOTA COUNTY BM 470-A Vertical Datum: NGVD1929						
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)		18.28		<input checked="" type="radio"/> feet <input type="radio"/> meters		
b) Top of the next higher floor		_____		<input type="radio"/> feet <input type="radio"/> meters		
c) Bottom of the lowest horizontal structural member (V Zones only)		_____		<input type="radio"/> feet <input type="radio"/> meters		
d) Attached garage (top of slab)		17.69		<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)		_____		<input type="radio"/> feet <input type="radio"/> meters		
f) Lowest adjacent (finished) grade next to building (LAG)		_____		<input type="radio"/> feet <input type="radio"/> meters		
g) Highest adjacent (finished) grade next to building (HAG)		_____		<input type="radio"/> feet <input type="radio"/> meters		
h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support		_____		<input type="radio"/> feet <input type="radio"/> meters		

ELEVATION CERTIFICATE, page 2

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

IMPORTANT: In these spaces, copy the corresponding information from Section A.		FOR INSURANCE COMPANY USE	
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 8957 MONDIAL COURT		Policy Number:	
City VENICE	State FL	Zip Code 34293	Company NAIC Number:
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.			
<input type="checkbox"/> Check here if attachments.		Were latitude and longitude in Section A provided by a licensed land surveyor? <input checked="" type="radio"/> Yes <input type="radio"/> No	
Certifier's Name HAROLD E NOON, JR		License Number LS6568	
Title PRINCIPAL	Company Name GEOSURV, LLC		
Address 5707 19TH STREET W	City BRADENTON	State FL	Zip Code 34207
Signature 	Date 9/14/2016	Telephone (877) 407-3734	
Copy all pages 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) BUILDING CURRENTLY UNDER CONSTRUCTION. FINISH FLOOR ELEVATION MEASURED AT TOP OF FORM BOARD. CERTIFICATE NOT VALID UNLESS EMBOSSED BY SURVEYOR'S SEAL. COPYRIGHT GEOSURV, LLC. ALL RIGHTS RESERVED.			
Signature 			
Date 9/14/2016			
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 _____ . _____		<input type="radio"/> feet <input type="radio"/> 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="radio"/> feet <input type="radio"/> meters <input type="checkbox"/> above or <input type="checkbox"/> below the LAG.	
E2. For Building Diagrams 6-9 with permanent flood openings provided in Section A Items 8 and/or 9 (see page 8 of Instructions), the next higher floor (elevation C2 b in the diagrams) of the building is _____ . _____ <input type="radio"/> feet <input type="radio"/> meters <input type="checkbox"/> above or <input type="checkbox"/> below the HAG.			
E3. Attached garage (top of slab) is _____ . _____ <input type="radio"/> feet <input type="radio"/> 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="radio"/> feet <input type="radio"/> 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="radio"/> Yes <input type="radio"/> No <input type="radio"/> 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			
<input type="checkbox"/> Check here if attachments.			