

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

PROJECT # 14-182FI

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 AIMTRONICS LLC		Policy Number:	
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. #4115 ROBERTS POINT CIR		Company NAIC Number:	
City: SARASOTA	State: FL	Zip Code: 34242	
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) LOT 27, RESUBDIVISION OF BLOCKS 1, 2, 3 & 4, ROBERTS POINT, PLAT OF SIESTA SUBDIVISION			
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.)		RESIDENTIAL	
A5. Latitude/Longitude: Lat 27.294683 Long -82.554823		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! 1B			
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 735 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 5		
c) Total net area of flood openings in A8.b NA sq in	c) Total net area of flood openings in A9.b 280 sq in		
d) Engineered flood openings? <input type="radio"/> Yes <input checked="" type="radio"/> No	d) Engineered flood openings? <input checked="" type="radio"/> Yes <input type="radio"/> No		

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION						
B1. NFIP Community Name & Community Number SARASOTA -125144			B2. County Name MANATEE		B3. State FL.	
B4. Map/Panel Number 125144-0141	B5. Suffix D	B6. FIRM Index Date: 9-3-92	B7. FIRM Panel Effective/ Revised Date: 5-1-84	B8. Flood Zone(s) A13	B9. Base Flood Elevation(s) (Zone AO, use base flood depth): 11 FEET	
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 * 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: R-79		Vertical Datum: NVGD29	
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)	11	1	<input checked="" type="radio"/> feet <input type="radio"/> meters
b) Top of the next higher floor	NA		<input checked="" type="radio"/> feet <input type="radio"/> meters
c) Bottom of the lowest horizontal structural member (V Zones only)	NA		<input checked="" type="radio"/> feet <input type="radio"/> meters
d) Attached garage (top of slab)	5	8	<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)	11	5	<input checked="" type="radio"/> feet <input type="radio"/> meters
f) Lowest adjacent (finished) grade next to building (LAG)	4	9	<input checked="" type="radio"/> feet <input type="radio"/> meters
g) Highest adjacent (finished) grade next to building (HAG)	5	4	<input checked="" type="radio"/> feet <input type="radio"/> meters
h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support	5	6	<input checked="" type="radio"/> feet <input type="radio"/> meters

ELEVATION CERTIFICATE, page 2

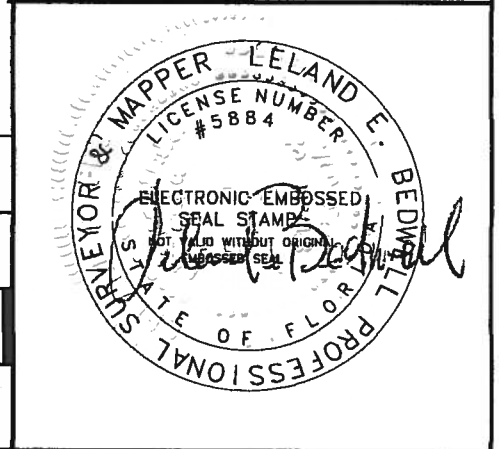
IMPORTANT: In these spaces, copy the corresponding information from Section A.			FOR INSURANCE COMPANY USE	
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. #4115 ROBERTS POINT CIR			Policy Number:	
City: SARASOTA	State: FL	Zip Code: 34242	Company NAIC 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.

Check here if attachments.

Were latitude and longitude in Section A provided by a licensed land surveyor?
 Yes No



Certifier's Name: LELAND E. BEDWELL		License Number: PSM#5884	
Title: REGISTERED SURVEYOR	Company Name: LELAND E. BEDWELL SURVEYING, INC.		
Address: 3423 55TH DRIVE EAST	City: BRADENTON	State: FL	Zip Code: 34203
Signature: <i>Leland E. Bedwell</i>	Date: 5-26-2016	Telephone: 941-753-9994	

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): **LATITUDE LONGITUDE TO BE PROVIDED GOOGLE EARTH, LOWEST MACHINERY/EQUIPMENT SERVICING THE BUILDING BEING A/C SEE ATTACHED, NO SMART VENT'S FOUND METER BOX SIT UNDER A/C UNIT ELEVATION.**

there are 5 flood vents located on the exterior walls, each vent =56 sq inch's and is capable of 200 sq. ft. of coverage, the formula would be 735/200 = 3.675, or 5 flood vents installed= 1000 SQ FT of building., Contractor to provide two copies of the ICC-ES evaluation report for the smart vents.

NOTE: THIS CERTIFICATE IS USED ONLY TO CERTIFY BUILDING ELEVATION'S. FLOOD ZONE DATA: "THIS IS NOT A CERTIFIED FLOOD ZONE DETERMINATION" IT IS THE RESPONSIBILITY OF THE OWNER AND/OR FLOOD INSURANCE COMPANY [REPRESENTATIVE], TO VERIFY FLOOD ZONE INFORMATION.

Signature: <i>Leland E. Bedwell</i>	Date: 5-26-2016
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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, _____ NA _____ feet meters above or below the HAG.

b) Top of bottom floor (including basement, crawlspace, enclosure) is _____ NA _____ 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 page 8 of Instructions), the next higher floor (elevation C2.b in the diagrams) of the building is _____ NA _____ feet meters above or below the HAG.

E3. Attached garage (top of slab) is _____ NA _____ feet meters above or below the HAG.

E4. Top of platform of machinery and /or equipment servicing the building is _____ NA _____ 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.

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ELEVATION CERTIFICATE, page 4

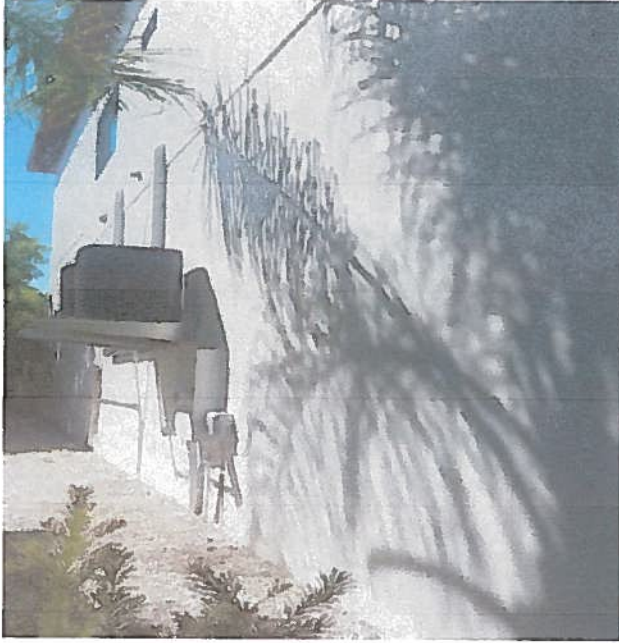
BUILDING PHOTOGRAPHS

See instructions for Item A6.

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City: SARASOTA	State: FL	Zip Code: 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.



DATE: **5-26-2016**