

DEPARTMENT OF HOMELAND SECURITY
Federal Emergency Management Agency
ELEVATION CERTIFICATE

IMPORTANT: FOLLOW THE INSTRUCTIONS ON PAGES 9-16

OMB Control Number: 1660-0088
Expiration: 11/30/2018

| | | | | | |
|--|-----------------|--|--|-----------------------------------|---|
| 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 | | | | FORM INSURANCE COMPANY USE | |
| A1. Building Owner's Name Bruce and Janet Scott | | | | Policy Number: | |
| A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 375 Renoir Drive | | | | Company NAIC Number: | |
| City Osprey | | State FL | | Zip Code 34229 | |
| A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) Lot 22, Point of Rocks Terrace, Plat Book 3, Page 88, Public Records of Sarasota County, FL | | | | | |
| A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) Residential | | | | | |
| A5. Latitude/Longitude: Lat. N 27d24'22.3" Long. W 82d30'57.5" 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>933</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> | | b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade <u>5</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>1000.0</u> 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 County / 12115C | | | B2. County Name Sarasota | | B3. State FL |
| B4. Map/Panel Number 12115C 0236 | B5. Suffix F | B6. FIRM Index Date 11-04-16 | B7. FIRM Panel Effective/ Revised Date 11-04-16 | B8. Flood Zone(s) AE | B9. Base Flood Elevation(s) (Zone AO, use base flood depth) 10 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 type="radio"/> NGVD 1929 <input checked="" 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 checked="" 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>Sarasota County BM 160 (Elev = 11.08')</u> Vertical Datum: <u>NAVD 1988</u> | | | | | |
| Indicate elevation datum used for the elevations in items a) through h) below. <input type="radio"/> NGVD 1929 <input checked="" 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>10.05</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) | | <u>N/A</u> - _____ | <input type="radio"/> feet <input type="radio"/> meters | | |
| d) Attached garage (top of slab) | | <u>8.4</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>10.3</u> - _____ | <input checked="" type="radio"/> feet <input type="radio"/> meters | | |
| f) Lowest adjacent (finished) grade next to building (LAG) | | <u>8.2</u> - _____ | <input checked="" type="radio"/> feet <input type="radio"/> meters | | |
| g) Highest adjacent (finished) grade next to building (HAG) | | <u>8.3</u> - _____ | <input checked="" type="radio"/> feet <input type="radio"/> meters | | |
| h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support | | <u>N/A</u> - _____ | <input checked="" type="radio"/> feet <input type="radio"/> meters | | |

ELEVATION CERTIFICATE

OMB Control Number: 1660-0008

Expiration: 11/30/2018

375 Renoir Drive

Osprey

FL

34229

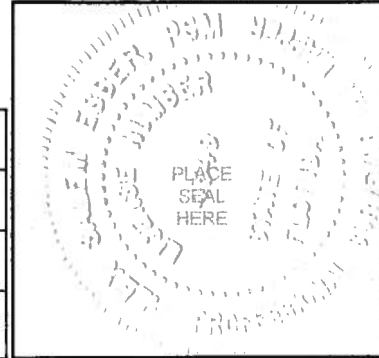
SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION

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 Alex S. "Sam" Esber | | License Number 4349 | |
| Title Professional Surveyor and Mapper | | Company Name N/A | |
| Address 3712 75th Drive E. | | City Sarasota | State FL |
| | | Zip Code 34243 | |
| Signature | | Date 06-01-17 | Telephone +1 (941) 379-8831 |

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)"

The lowest equipment elevation shown in Section C2 (e) is an A/C compressor, located on South side of attached garage.

Signature

Date 06-01-17

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

OMB Control Number: 1660-0008
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| | | | | | |
|---|--------|-------|----------------------------------|-------------------|-------------------------|
| 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. 375 Renoir Drive | | | Policy Number: | | |
| City | Osprey | State | FL | Zip Code 34228 | 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



BUILDING PHOTOGRAPHS

Continuation Page

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| | | | |
|---|-------------|-------------------|-----------------------------------|
| IMPORTANT: In these spaces, copy the corresponding information from Section A. | | | FORM INSURANCE COMPANY USE |
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| City Osprey | State FL | Zip Code 34229 | 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.

REAR VIEW



BUILDING PHOTOGRAPHS

Continuation Page

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| | | | |
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| City Osprey | State FL | Zip Code 34229 | 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.

05-25-17

VENTS

