## 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 INSU	RANCE COMPANY USE		
A1. Building Owner's Name						Policy Num	
John and Vivian So							
Box No.	A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.				Company N	NAIC Number:	
20 Bay Head Lane							
City		State ZIP Co				ZIP Code	
	Osprey Florida					34229	
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)  Lot 45, Bishops Court At The Oaks Preserve							
A4. Building Use (	A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) Residential						
A5. Latitude/Longit	tude: Lat. N	27° 12′ 39"	Long. V	V 82° 29' 28"	Horizontal Datum	ı: □ NAD ·	1927 X NAD 1983
A6. Attach at least	2 photograph	s of the building if the	Certific	ate is being used to			
A7. Building Diagra				•			
A8. For a building	- with a crawlsr	pace or enclosure(s):					
		space or enclosure(s)		0 sq.ft			
		od openings in the cra	wispac	<del></del> '	ithin 1 0 foot above	adiacont ar	rado O
		enings in A8.b 0			10 100t above	aujacent gi	ade 0
!	•			sq in			
d) Liighleered	nood oberimi	gs? Yes No	)				
A9. For a building v	vith an attach	ed garage:					
a) Square fool	age of attach	ed garage 773		sq ft			
b) Number of	b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade					0	
c) Total net area of flood openings in A9.b 0 sq in							
	-			. • • • • • • • • • • • • • • • • • • •			
d) Engineered flood openings?							
SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION							
B1. NFIP Communi	ty Name & Co			B2. County Name			B3. State
Sarasota County 12	25144			Sarasota			Florida
B4. Map/Panel Number	B5. Suffix	B6. FIRM Index Date	E	IRM Panel ffective/	B8. Flood Zone(s)	(Zo	se Flood Elevation(s) ne AO, use Base
12115C0228	F	11/04/2016		evised Date /2016	AE	10 Floo	od Depth)
B10 Indicate the s	ource of the F	Rase Flood Floyation (	DEE/ 4	ata ar basa flood de	ath antonolis to		
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9:  FIS Profile   FIRM   Community Determined   Other/Source:							
B11. Indicate elevation datum used for BFE in Item B9: NGVD 1929 NAVD 1988 Other/Source:							
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)?   Yes  No							
Designation Date: CBRS DPA							
	_	· · · · · · · · · · · · · · · · · · ·					

## **ELEVATION CERTIFICATE**

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

IMPORTANT. III ulese spaces, copy the correspondit	ig imorniauon itolii seci	JUII A.	FOR INSURANCE COMPANY USE		
Building Street Address (including Apt., Unit, Suite, and/20 Bay Head Lane	or Bldg. No.) or P.O. Rout	e and Box No.	Policy Number:		
City	ate ZIP C	Code	Company NAIC Number		
-	orida 3422		Company MAIC Number		
SECTION C – BUILDING E	LEVATION INFORMATI	ON (SURVEY RE	EQUIRED)		
C1. Building elevations are based on: Construc  *A new Elevation Certificate will be required when		ing Under Construg is complete.	ction* X Finished Construction		
C2. Elevations – Zones A1–A30, AE, AH, A (with BFE Complete Items C2.a–h below according to the bu	), VE, V1–V30, V (with BF ilding diagram specified in	E), AR, AR/A, AR/ Item A7. In Puert	AE, AR/A1–A30, AR/AH, AR/AO. o Rico only, enter meters.		
Benchmark Utilized: Plat BM #133-D	Vertical Datum:		** - <u>** - **</u>		
Indicate elevation datum used for the elevations in	, •	<i>I</i> .			
☐ NGVD 1929 🔀 NAVD 1988 ☐ Othe					
Datum used for building elevations must be the sa	me as that used for the Bi	-E.	Check the measurement used.		
<ul> <li>a) Top of bottom floor (including basement, crawled)</li> </ul>	space, or enclosure floor)	10, 3	X feet meters		
b) Top of the next higher floor		N/A	X feet    meters		
c) Bottom of the lowest horizontal structural mem	ber (V Zones only)	N/A	X feet  meters		
d) Attached garage (top of slab)		<u>10</u> , <u>0</u>	X feet meters		
Lowest elevation of machinery or equipment so (Describe type of equipment and location in Co	ervicing the building imments)	10_1	X feet meters		
f) Lowest adjacent (finished) grade next to building	ng (LAG)	<u>8</u> . <u>7</u>	x feet meters		
g) Highest adjacent (finished) grade next to buildi	ng (HAG)	<u>9</u> . <u>5</u>	X feet meters		
<ul> <li>h) Lowest adjacent grade at lowest elevation of d structural support</li> </ul>	eck or stairs, including	N/A.	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 James Burchett	License Number		000		
Title	LS 5701	···	HOOMEKING		
President			13.200		
Company Name			8-Pat 7		
Sampey, Burchett and Knight, Inc.			Seal Seal		
Address 1570 Global Court			S. S		
City Sarasota	State Florida	ZIP Code 34240	E REGISTER		
			REGISTER		
Sarasota Signature	Florida  Date 08/11/2017	34240 Telephone (941) 342-0349	agent/company, and (3) building owner.		
Sarasota Signature Comus Burchtt	Florida  Date 08/11/2017  nents for (1) community off	34240 Telephone (941) 342-0349	agent/company, and (3) building owner.		
Sarasota  Signature  Copy all pages of this Elevation Certificate and all attachr  Comments (including type of equipment and location, p	Florida  Date 08/11/2017  nents for (1) community off	34240 Telephone (941) 342-0349	agent/company, and (3) building owner.		
Sarasota  Signature  Copy all pages of this Elevation Certificate and all attachr  Comments (including type of equipment and location, p	Florida  Date 08/11/2017  nents for (1) community off	34240 Telephone (941) 342-0349	agent/company, and (3) building owner.		
Sarasota  Signature  Copy all pages of this Elevation Certificate and all attachr  Comments (including type of equipment and location, p	Florida  Date 08/11/2017  nents for (1) community off	34240 Telephone (941) 342-0349	agent/company, and (3) building owner.		

#### **ELEVATION CERTIFICATE**

OMB No. 1660-0008

Expiration Date: November 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. Policy Number: 20 Bay Head Lane City State ZIP Code Company NAIC Number Osprey Florida 34229 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 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 1-2 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 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.

## **ELEVATION CERTIFICATE**

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IMPORTANT: In these spaces, copy the corresponding information fro	FOR INSURANCE COMPANY USE				
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.C	Policy Number:				
20 Bay Head Lane					
City State Osprey Florida	ZIP Code	Company NAIC Number			
Tonca	34229				
SECTION G - COMMUNITY INFOR	RMATION (OPTIONAL)				
The local official who is authorized by law or ordinance to administer the community's floodplain management ordinance can complete Sections A, B, C (or E), and G of this Elevation Certificate. Complete the applicable item(s) and sign below. Check the measurement used in Items G8–G10. In Puerto Rico only, enter meters.					
G1. The information in Section C was taken from other documentation that has been signed and sealed by a licensed surveyor, engineer, or architect who is authorized by law to certify elevation information. (Indicate the source and date of the elevation data in the Comments area below.)					
G2. A community official completed Section E for a building located in or Zone AO.	a Zone A (without a FEM/	A-issued or community-issued BFE)			
G3. The following information (Items G4–G10) is provided for commu	nity floodplain managem	ent purposes.			
G4. Permit Number G5. Date Permit Issued	G6. C	Date Certificate of Compliance/Occupancy Issued			
G7. This permit has been issued for:	stantial Improvement				
G8. Elevation of as-built lowest floor (including basement) of the building:	feet	meters Datum			
G9. BFE or (in Zone AO) depth of flooding at the building site:	feet	meters Datum			
G10. Community's design flood elevation:	feet	meters Datum			
Local Official's Name Title					
Community Name Tele	ephone				
Signature Dat	е				
Comments (including type of equipment and location, per C2(e), if applicable)					
osimilaria (madding type of equipment and location, per 62(e), it applicant	<del>0</del> )				
T					
		9			
		Check here if attachments.			

#### **BUILDING PHOTOGRAPHS**

#### **ELEVATION CERTIFICATE**

See Instructions for Item A6.

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IMPORTANT: In these spaces,	copy the corresponding information	on from Section A.	FOR INSURANCE COMPANY USE
	ng Apt., Unit, Suite, and/or Bldg. No.)		Policy Number:
City Osprey	State Florida	ZIP Code 34229	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.

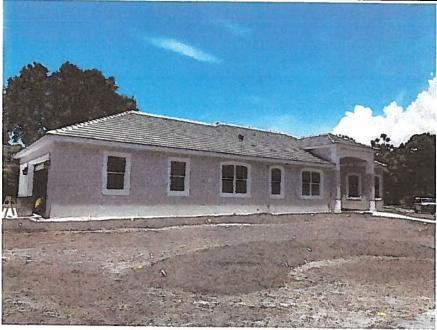


Photo One

Photo One Caption



Photo Two Caption

FEMA Form 086-0-33 (7/15)

## **BUILDING PHOTOGRAPHS**

#### **ELEVATION CERTIFICATE**

Continuation Page

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

	Expiration Date. November 30, 2016		
IMPORTANT: In these spaces	FOR INSURANCE COMPANY USE		
Building Street Address (included 20 Bay Head Lane	Policy Number:		
City	State	ZIP Code	Company NAIC Number
Osprey	Florida	34229	

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.

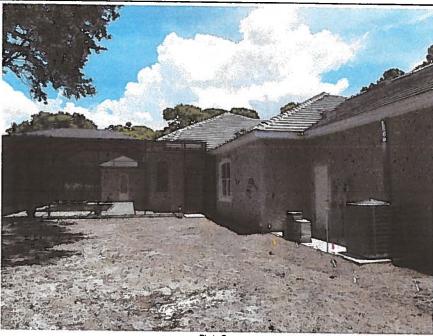


Photo One

#### **Photo One Caption**



Photo Two Caption