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

ELEVATION CERTIFICATE

Important: Read the instructions on pages 1-9.

OMB No. 1660-0008

Expiration	Date: July 31,	2015

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	SECTION	A - PROPERTY INF	ORMATION	FOR IN	SURANCE COMPANY USE	
A1. Building Owner's Name RONALD & BIRGIT BERRY					Policy Number:	
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 3406 WINDING OAKS DRIVE				Compar	ny NAIC Number:	
City LONGBOAT KEY		State FL ZIP C	ode 34228			
A3. Property Description (Lot and Block Nur UNIT 54 WINDING OAKS CONDOMINIUM	nbers, Tax Parcel Numb	er, Legal Description, et	c.)			
 A4. Building Use (e.g., Residential, Non-Res A5. Latitude/Longitude: Lat. 27 22 38.12 N A6. Attach at least 2 photographs of the bull A7. Building Diagram Number 1B A8. For a building with a crawlspace or enclar a) Square footage of crawlspace or enclosory b) Number of permanent flood openings or enclosure(s) within 1.0 foot above c) Total net area of flood openings? 	Long. 82 37 24.03 W ding if the Certificate is because(s): closure(s) s in the crawtspace adjacent grade	eling used to obtain floo A9. sq ft	Horizontal Datur d insurance. For a building with an atta a) Square footage of atta	ached gan ached gan t flood ope adjacent g	age <u>420</u> sq ft enings in the attached garage grade <u>0</u>	
SECT	ION B - FLOOD INSI	JRANCE RATE MAP	(FIRM) INFORMATIO	N		
B1. NFIP Community Name & Community No LONGBOAT KEY		County Name NATEE & SARASOTA		B3. State	e	
B4. Map/Panel Number B5. Suffix 1251260010 B5.	B6. FIRM Index Date 5/18/1992	B7. FIRM Panel Effective/Revised D 8/15/1983	ate B8. Flood Zone(s) A 13		Base Flood Elevation(s) (Zone AO, use base flood depth) 11	
B10. Indicate the source of the Base Flood El FIS Profile FIRM B11. Indicate elevation datum used for BFE in B12. Is the building located in a Coastal Barria Designation Date:	Community Determin 1 Item B9: NGVD 19 er Resources System (C	ed Other/Soil	urce: 88		☐ Yes ⊠ No	
SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)						
C1. Building elevations are based on: Construction Drawings* Building Under Construction* Similar 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: GPS READINGS (1000) Vertical Datum: NGVD 1929 VERTCON Indicate elevation datum used for the elevations in Items a) through h) below. 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 basemen	t crawlenace or enclosi	ure floor)	11.0		meters	
b) Top of the next higher floor	it, cramapaco, or encicat	are moory	N-A	⊠ feet	☐ meters	
c) Bottom of the lowest horizontal structur	al member (V Zones ont	y)	N.A	⊠ feet	☐ meters	
d) Attached garage (top of slab)			<u>8.33</u>		☐ meters	
 e) Lowest elevation of machinery or equip (Describe type of equipment and location 		ing	<u>11.0</u>	feet	meters	
f) Lowest adjacent (finished) grade next to			8.0		meters	
g) Highest adjacent (finished) grade next t			10.5	⊠ feet	☐ meters	
h) Lowest adjacent grade at lowest elevati	on of deck or stairs, incl	uding structural support	8.0		meters	
SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION						
This certification is to be signed and sealed by information. I certify that the information on the I understand that any false statement may be Check here if comments are provided on Check here if attachments.	is Certificate represents punishable by fine or im back of form. Wen	my best efforts to interprinter 18 U. e latitude and longitude i	ret the data available.	12	PSM 5233	
Certifier's Name JOHN D. O'NEILL		License Nun	nber PSM5233		5233	
Title LAND SURVEYOR	Company Name JOHN	D. O'NEILL			275	
Address P.O. BOX 881	City ONECO	State FL	ZIP Code 34264			
Signature	Date 5/14/2013	Telephone	941-345-5726			
7-24	***	•		— L		

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. 3406 WINDING OAKS DR				Policy Number:		
City LONGBOAT KEY		State FL	ZIP Code 34	4228	Company NAIC	Number:
SE	CTION D - SURVEYOR, ENGIN	IEER, OR ARCH	ITECT CER	TIFICATION (C	ONTINUED)	
Copy both sides of this Elevat	ion Certificate for (1) community offic	lal, (2) Insurance ag	gent/company,	and (3) building	owner.	
Comments LOWEST EQUIP	MENT IS A/C UNIT					
Signature		Date	5/14/2013	1000000		
SECTION E - BUILDIN	IG ELEVATION INFORMATION	(SURVEY NOT	REQUIRED)	FOR ZONE AC	AND ZONE A	(WITHOUT BEE)
and C. For Items E1–E4, use E1. Provide elevation inform grade (HAG) and the lov a) Top of bottom floor (ii b) Top of bottom floor (ii E2. For Building Diagrams 6 (elevation C2.b in the di E3. Attached garage (top of E4. Top of platform of mach	BFE), complete Items E1–E5. If the onatural grade, if available. Check the sation for the following and check the vest adjacent grade (LAG). Including basement, crawlspace, or encluding basement, crawlspace, or encluding basement, crawlspace, or encluding basement flood openings pragrams) of the building is slab) is feet intervand/or equipment servicing the didepth number is available, is the total strength of the satisfactory.	appropriate boxes acclosure) is acclosure) is acclosure) is accided in Section A accided in Sectio	d. In Puerto Ri to show wheth	co only, enter me er the elevation i feet	eters. s above or below above or below above or below s above or below structions the HAG.	the highest adjacent elow the HAG. pelow the LAG.), the next higher floor of the HAG.
	No Unknown. The local officia				•	

	CTION F - PROPERTY OWNER					
The property owner or owner's	authorized representative who comp	oletes Sections A, E	3, and E for Zo	ne A (without a F		ommunity-issued BFE
The property owner or owner's or Zone AO must sign here. The		oletes Sections A, E	3, and E for Zo	ne A (without a F		ommunity-issued BFE
The property owner or owner's or Zone AO must sign here. The Property Owner's or Owner's A	authorized representative who comp ne statements in Sections A, B, and E	oletes Sections A, E	3, and E for Zo	ne A (without a F	EMA-issued or c	
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The property owner or owner's or Zone AO must sign here. The Property Owner's or Owner's Address Signature Comments e local official who is authorize	authorized representative who comp ne statements in Sections A, B, and E Authorized Representative's Name	Dietes Sections A, E are correct to the City Date MMUNITY INFOR	3, and E for Zo best of my kno MATION (O	ne A (without a Fowledge. State Telep PTIONAL)	ZIP Co	heck here if attachme
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ELEVATION CERTIFICATE, page 3

Building Photographs See Instructions for Item A6.

IMPORTANT: In these spaces, copy the corresponding info	FOR INSURANCE COMPANY USE		
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) o 3406 WINDING OAKS DR.	r P.O. Route ar	nd Box No.	Policy Number:
City LONGBOAT KEY	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.

