

# ELEVATION CERTIFICATE

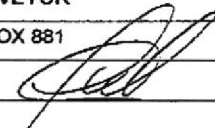
Important: Read the instructions on pages 1-9.

OMB No. 1660-0008  
 Expiration Date: July 31, 2015

SECTION A - PROPERTY INFORMATION			FOR INSURANCE COMPANY USE
A1. Building Owner's Name <b>JOAN HULLINGER</b>		Policy Number:	
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. <b>3439 WINDING OAKS DRIVE</b>		Company NAIC Number:	
City <b>LONGBOAT KEY</b>	State <b>FL</b>	ZIP Code <b>34228</b>	
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) <b>UNIT 20 WINDING OAKS CONDOMINIUM</b>			
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) <b>RESIDENTIAL</b>			
A5. Latitude/Longitude: Lat. <b>27 22 41.06 N</b> Long. <b>82 37 19.46 W</b>		Horizontal Datum: <input type="checkbox"/> NAD 1927 <input checked="" type="checkbox"/> 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 <b>1B</b>			
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) _____ sq ft		a) Square footage of attached garage <b>420</b> sq ft	
b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade _____		b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade <b>0</b>	
c) Total net area of flood openings in A8.b _____ sq in		c) Total net area of flood openings in A9.b <b>0</b> sq in	
d) Engineered flood openings? <input type="checkbox"/> Yes <input type="checkbox"/> No		d) Engineered flood openings? <input type="checkbox"/> Yes <input type="checkbox"/> No	

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION					
B1. NFIP Community Name & Community Number <b>LONGBOAT KEY</b>		B2. County Name <b>MANATEE &amp; SARASOTA</b>		B3. State <b>FL</b>	
B4. Map/Panel Number <b>1251260010</b>	B5. Suffix <b>B</b>	B6. FIRM Index Date <b>5/18/1992</b>	B7. FIRM Panel Effective/Revised Date <b>8/15/1983</b>	B8. Flood Zone(s) <b>A 13</b>	B9. Base Flood Elevation(s) (Zone AO, use base flood depth) <b>11</b>
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9. <input type="checkbox"/> FIS Profile <input checked="" type="checkbox"/> FIRM <input type="checkbox"/> Community Determined <input type="checkbox"/> Other/Source: _____					
B11. Indicate elevation datum used for BFE in Item B9: <input checked="" type="checkbox"/> NGVD 1929 <input type="checkbox"/> NAVD 1988 <input type="checkbox"/> Other/Source: _____					
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Designation Date: _____ <input type="checkbox"/> CBRS <input type="checkbox"/> OPA					

SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)	
C1. Building elevations are based on: <input type="checkbox"/> Construction Drawings* <input type="checkbox"/> Building Under Construction* <input checked="" type="checkbox"/> 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: <b>GPS READINGS (1000)</b> Vertical Datum: <b>NGVD 1929 VERTCON</b> Indicate elevation datum used for the elevations in items a) through h) below. <input checked="" type="checkbox"/> NGVD 1929 <input type="checkbox"/> NAVD 1988 <input type="checkbox"/> 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)	<b>11.0</b> <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
b) Top of the next higher floor	<b>N.A</b> <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
c) Bottom of the lowest horizontal structural member (V Zones only)	<b>N.A</b> <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
d) Attached garage (top of slab)	<b>8.33</b> <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments)	<b>11.0</b> <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
f) Lowest adjacent (finished) grade next to building (LAG)	<b>8.0</b> <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
g) Highest adjacent (finished) grade next to building (HAG)	<b>10.5</b> <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support	<b>8.0</b> <input checked="" type="checkbox"/> feet <input type="checkbox"/> 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.	
<input type="checkbox"/> Check here if comments are provided on back of form.	Were latitude and longitude in Section A provided by a licensed land surveyor? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Check here if attachments.	
Certifier's Name <b>JOHN D. O'NEILL</b>	License Number <b>PSM5233</b>
Title <b>LAND SURVEYOR</b>	Company Name <b>JOHN D. O'NEILL</b>
Address <b>P.O. BOX 881</b>	City <b>ONECO</b> State <b>FL</b> ZIP Code <b>34264</b>
Signature 	Date <b>5/14/2013</b> Telephone <b>941-345-5726</b>

PSM

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# Building Photographs

See Instructions for Item A6.

**IMPORTANT:** In these spaces, copy the corresponding information from Section A.

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.  
3439 WINDING OAKS DR.

City LONGBOAT KEY

State FL

ZIP Code 34228

FOR INSURANCE COMPANY USE

Policy Number:

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.

STREET VIEW



REAR VIEW

*CDK 9/19/13*

