U.S. DEPARTMENT OF HOMELAND SECURITY **ELEVATION CERTIFICATE** FEDERAL EMERGENCY MANAGEMENT AGENCY OMB No. 1660-0008 National Flood Insurance Program Important: Read the instructions on pages 1-9. Expiration Date: July 31, 2015 SECTION A - PROPERTY INFORMATION FOR INSURANCE COMPANY USE A1. Building Owner's Name EDWARD J. WEBLER, TRUSTEE Policy Number: A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. Company NAIC Number: 3453 WINDING OAKS DRIVE City LONGBOAT KEY ZIP Code 34228 A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) UNIT 27 WINDING OAKS CONDOMINIUM A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) RESIDENTIAL A5. Latitude/Longitude: Lat. 27 22 43.77 N Long. 82 37 20.58 W Horizontal Datum: NAD 1927 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) sq ft a) Square footage of attached garage 420 sq ft b) Number of permanent flood openings in the crawispace b) Number of permanent flood openings in the attached garage or enclosure(s) within 1.0 foot above adjacent grade within 1.0 foot above adjacent grade c) Total net area of flood openings in A8.b Total net area of flood openings in A9.b 0 sq in d) Engineered flood openings? ☐ Yes ☐ No d) Engineered flood openings? ☐ Yes ☐ No SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION B1. NFIP Community Name & Community Number **B2. County Name** B3. State LONGBOAT KEY MANATEE & SARASOTA FI B4. Map/Panel Number B5. Suffix B6. FIRM Index Date B7. FIRM Panel B9. Base Flood Elevation(s) (Zone B8. Flood 1251260010 5/18/1992 Effective/Revised Date Zone(s) A 13 AO, use base flood depth) 8/15/1983 11 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; X 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 □ OPA SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED) C1. Building elevations are based on: ☐ Construction Drawings* ☐ Building Under 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 basement, crawlspace, or enclosure floor) 11.0 ☐ meters b) Top of the next higher floor N.A ☑ feet ☐ meters c) Bottom of the lowest horizontal structural member (V Zones only) N.A ☐ meters d) Attached garage (top of slab) 8.33 ★ feet meters e) Lowest elevation of machinery or equipment servicing the building 11.0 meters (Describe type of equipment and location in Comments) f) Lowest adjacent (finished) grade next to building (LAG) <u>8.0</u> ☐ meters g) Highest adjacent (finished) grade next to building (HAG) 10.5 ★ feet ☐ meters h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support ☐ 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. PSM 5233

I understand that any false statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 1001. Check here if comments are provided on back of form. Were latitude and longitude in Section A provided by a Check here if attachments. licensed land surveyor?

☐ Yes

License Number PSM5233

Certifier's Name JOHN D. O'NEILL Title LAND SURVEYOR Company Name JOHN D. O'NEILL

City ONECO

Date 5/14/2013

State FL ZIP Code 34264

Telephone 941-345-5726

Address P.O. BOX 881

Signature

ELEVATION CERTIFICATE, p	age 2					200000000000000000000000000000000000000
IMPORTANT: In these spaces, copy the corresponding information from Section A.					FOR I	SURANCE COMPANY USE
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. §453 WINDING OAKS DR					Policy	Number:
City LONGBOAT KEY		State FL	ZIP Code 3	1228	Compa	any NAIC Number:
SECTION	N D - SURVEYOR, ENGINEE	R, OR ARCHIT	ECT CER	TIFICATION (C	ONTIN	UED)
Copy both sides of this Elevation Cer	tificate for (1) community official,	(2) insurance age	nt/company,	and (3) building	owner.	
Comments LOWEST EQUIPMENT	IS A/C UNIT					
Signature Date 5/14/2013						
SECTION E - BUILDING ELI	EVATION INFORMATION (SI	URVEY NOT RE	QUIRED)	FOR ZONE AC	AND	ZONE A (WITHOUT BFE)
 b) Top of bottom floor (including E2. For Building Diagrams 6–9 with (elevation C2.b in the diagrams E3. Attached garage (top of slab) is E4. Top of platform of machinery ar E5. Zone AO only: If no flood depth 	grade, if available. Check the me or the following and check the app jacent grade (LAG). g basement, crawlspace, or enclo g basement, crawlspace, or enclo permanent flood openings provic) of the building is	easurement used. propriate boxes to sure) is sure) is ded in Section A if	In Puerto Ri show wheth ems 8 and/oters aboor belor feet elevated in a	co only, enter me er the elevation is feet	ters. above above abov bove or	or below the highest adjacent or below the HAG. or below the LAG. tructions), the next higher floor below the HAG.
	Unknown. The local official mi					
the state of the party of the state of the s	F - PROPERTY OWNER (C	THE RESERVE OF THE PERSON NAMED IN		-		
The property owner or owner's author or Zone AO must sign here. The state	nzed representative who complete ments in Sections A, B, and E and	es Sections A, B, a e correct to the be	and E for Zo st of my kno	ne A (without a Fi wiedge.	EMA-iss	ued or community-issued BFE)
Property Owner's or Owner's Authoriz	ed Representative's Name					
Address		City		State	***	ZIP Code
Signature		Date		Teleph	one	
Comments	T					
						Check here if attachments
	SECTION G COMM	IMITY INCORN	ATION (O	DTIONALL		Chack here it attachments
The local official who is authorized by lav	v or ordinance to administer the co	mmunity's floodol	ain managen	nent ordinance car	n compl	ete Sections A, B, C (or E), and G
of this Elevation Certificate. Complete the G1. The information in Section C	e applicable item(s) and sign below was taken from other documental					
is authorized by law to certify	elevation information. (Indicate t	he source and da	te of the elev	ration data in the	Comme	nts area below.)
	ed Section E for a building located rs G4–G10) is provided for comm				ity-issue	ed BFE) or Zone AO.
G4. Permit Number	G5. Date Permit Issued	nunky noodplain				
OT. COMMENSATION	GS. Date Permit Issueu		Go. Date	Certificate Of Con	npilance	Occupancy Issued
7. This permit has been issued for:		Substantial Imp	ovement			
68. Elevation of as-built lowest floor (in		g:	☐ feet	meters	Datum	
99. BFE or (in Zone AO) depth of floor		 -	☐ feet	meters	Datum	
 Community's design flood elevation 	n:		☐ feet	☐ meters	Datum	
Local Official's Name		Title				
Community Name		Tele	phone	TT PT TO ALL		
Signature		Date				
Comments						
						Check here if attachments.

ELEVATION CERTIFICATE, page 3

Building Photographs See Instructions for Item A6.

IMPORTANT: In these spaces, copy the corresponding infe	FOR INSURANCE COMPANY USE		
Building Street Address (including Apt., Unit, Sulte, and/or Bldg. No.) of 3453 WINDING OAKS DR.	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.

