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

	SECT	ION A - PROPER	TY INFORM	ATION	FOR INS	URANCE COMPANY USE		
A1. Building Owner's Name ANTOINETTE			1 1 Hel Older		Policy No			
A2. Building Street Address (including Apt. 3467 WINDING OAKS DRIVE	., Unit, Suite, and/or E	3ldg. No.) or P.O. Ro	ute and Box No	0.	Compan	y NAIC Number:		
City LONGBOAT KEY		State FL	ZIP Code 3	4228				
A3. Property Description (Lot and Block No UNIT 34 WINDING OAKS CONDOMINIUM		lumber, Legal Descri	otion, etc.)					
	Long. 82 37 23.67. Lidding if the Certificat closure(s): nclosure(s) gs in the crawlspace re adjacent grade A8.b Yes No	W e is being used to ob sq ft sq in	A9. For a b a) Sqi b) Nui witt c) Tot d) En	ouilding with an attact uare footage of attect mber of permanent of hin 1.0 foot above at all net area of flood of gineered flood open	thed gara thed gara flood ope djacent g openings ings?	age <u>420</u> sq ft nings in the attached garage rade <u>0</u>		
SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION								
B1. NFIP Community Name & Community I LONGBOAT KEY	Number	B2. County Name MANATEE & SARA	SOTA		B3. State)		
B4. Map/Panel Number B5. Suffix B	B6. FIRM Index D 5/18/1992	ate B7. FIRI Effective/Re 8/15/	vised Date	B8. Flood Zone(s) A 13		ase Flood Elevation(s) (Zone O, use base flood depth) 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: NGVD 1929 NAVD 1988 Other/Source: B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? Designation Date: 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: CPS 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 baseme	ent, crawlspace, or er	nclosure floor)	<u>11.0</u>		⊠ feet	meters		
b) Top of the next higher floor		,	N.A		⊠ feet			
 c) Bottom of the lowest horizontal struct 	ural member (V Zone	s only)	<u>N.A</u>		⊠ feet	meters		
d) Attached garage (top of slab)			8.33		⊠ feet	meters		
 e) Lowest elevation of machinery or equipment and local 		DUNGING	<u>11.0</u>		⊠ feet	meters		
f) Lowest adjacent (finished) grade next			<u>8.0</u>		⊠ feet	☐ meters		
g) Highest adjacent (finished) grade nex	t to building (HAG)		<u>10.5</u>		⊠ feet	meters		
h) Lowest adjacent grade at lowest elev-	ation of deck or stairs	, including structural	support 8.0)	⊠ 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 I understand that any false statement may be Check here if comments are provided to Check here if attachments.	this Certificate repres be punishable by fine	sents my best efforts	to interpret the er 18 U.S. Coo ngitude in Sect	data available. de, Section 1001. tion A provided by a		PSM 5233		
Certifier's Name JOHN D. O'NEILL		Lice	nse Number F	PSM5233				
Title LAND SURVEYOR	Company Name J	OHN D. O'NEILL						
Address P.O. BOX 881	City ONECO	Stat	FL ZIP C	Code 34264				
Signature				The same with the same of the				
- Las	Date 5/14/2013	Tele	phone 941-34	45-5726				

IMPORTANT: In these	e spaces, co	py the corresponding i	nformation fron	Section A.	F	OR INSURANCE	COMPANY USE
Building Street Address (i 3467 WINDING OAKS D		Unit, Suite, and/or Bidg. No.	.) or P.O. Route an	d Box No.	F	olicy Number:	
City LONGBOAT KEY			State FL	ZIP Code 34	228	ompany NAIC N	umber.
	SECTION	D – SURVEYOR, ENGIN	EER, OR ARCH	ITECT CERT	TIFICATION (CO	NTINUED)	
Copy both sides of this El	levation Certifi	cate for (1) community official	al, (2) insurance ag	ent/company,	and (3) building ov	mer.	*
Comments LOWEST EC	QUIPMENT IS	A/C UNIT					
Ja	d						
Signature			Date	5/14/2013			
SECTION E - BUIL	DING ELEV	ATION INFORMATION	SURVEY NOT F	REQUIRED)	FOR ZONE AO	AND ZONE A (WITHOUT BFE)
For Zones AO and A (with and C. For Items E1-E4,	hout BFE), co use natural g	mplete Items E1-E5. If the Crade, if available. Check the	Certificate is intende measurement used	ed to support a	LOMA or LOMR-F	request, complers.	te Sections A, B,
E1. Provide elevation in grade (HAG) and the	formation for	the following and check the a cent grade (LAG).	appropriate boxes t	to show wheth	er the elevation is a	bove or below th	,
 b) Top of bottom flo E2. For Building Diagra 	or (including to ms 6–9 with p	pasement, crawispace, or en pasement, crawispace, or en ermanent flood openings pro	closure) is ovided in Section A	filterns 8 and/o		above or be of Instructions),	ow the LAG.
E3. Attached garage (to		of the building is	integricularity integricularity			HAG.	
E4. Top of platform of n	nachinery and	or equipment servicing the t					
		umber is available, is the top Unknown. The local official				community's floo	xtplain managemer
			made deraily and an	ionnacon in o	SMC HIGH CONTROL OF THE CONTROL OF T		
		F - PROPERTY OWNER	 		ITATIVE) CERTI	FICATION	
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ELEVATION CERTIFICATE, page 3

Building Photographs See Instructions for Item A6.

	IMPORTANT: In these	FOR INSURANCE COMPANY USE				
***************************************	Building Street Address (including Apt., Unit, Suite, and/or Bidg. No.) or P.O. Route and Box No. 3467 WINDING OAKS DR.					Policy Number:
	City LONGBOAT KEY	Stati	te 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.

