## U.S. DEPARTMENT OF HOMELAND SECURITY Federal Emergency Management Agency

## **ELEVATION CERTIFICATE**

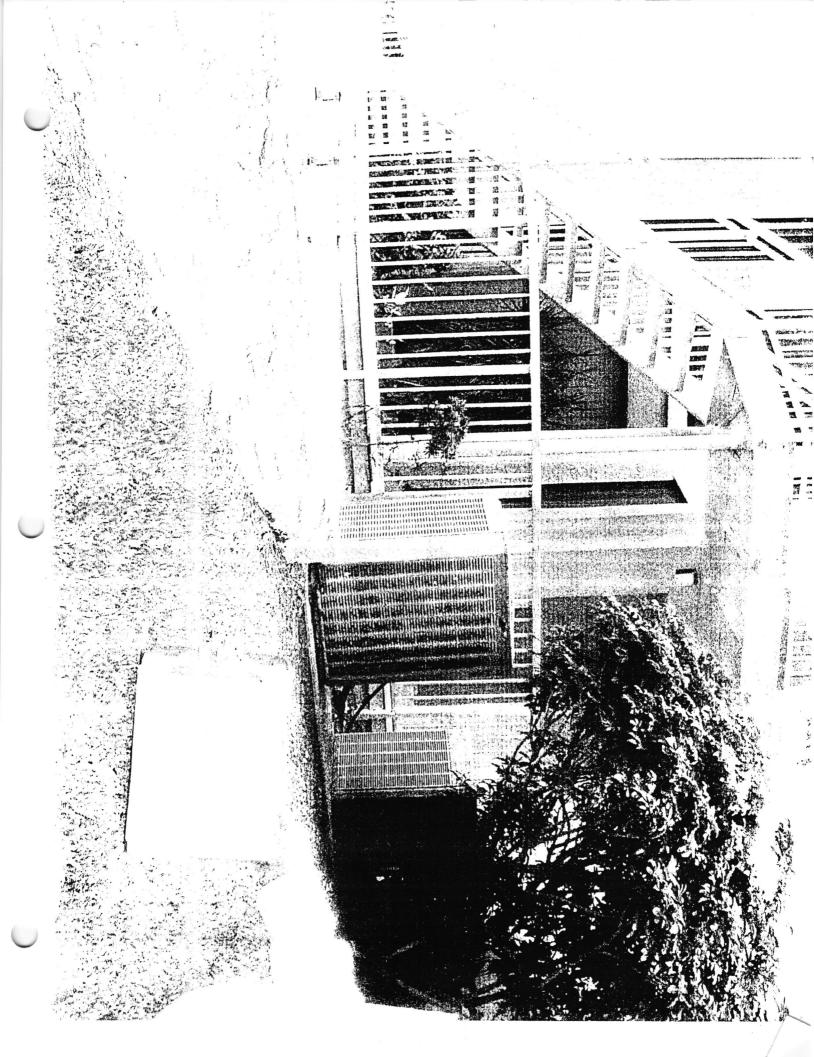
OMB No. 1660-0008 Expires February 28, 2009

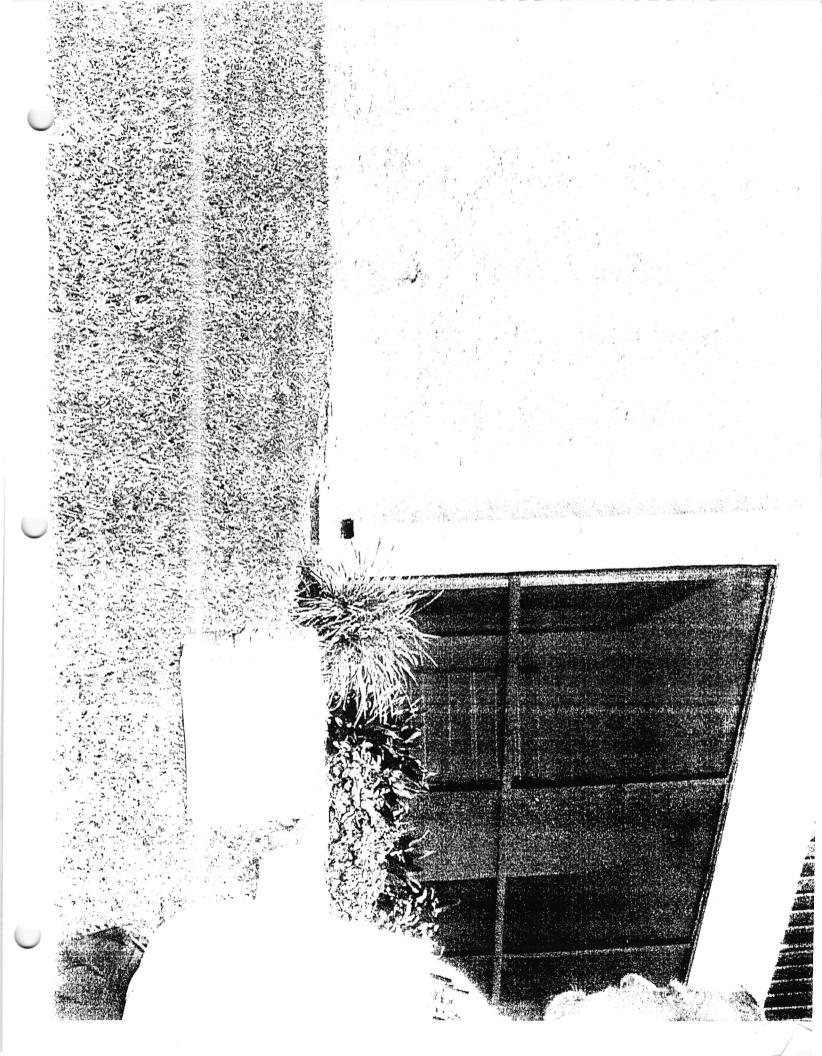
National Pard insurance Program Important. The	ead the instructions on pages 1-0.						
	A - PROPERTY INFORMATION	For Insurance Company Use:					
A1. Building Owner's Name CEDARS WEST 0F LONGBOAT, INC	Policy Number						
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. 5655 - GULF OF MEXICO DRIVE / UNIT 101-A	Company NAIC Number						
City LONGBOAT KEY State FL ZIP Code 34228							
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) UNIT 101-A / CEDERS WEST OF LONGBOAT KEY CONDOMINIUM / PARCEL ID# 7927301601							
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.)  A5. Latitude/Longitude: Lat. 27-24-56 Long. 83-39-47  A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insurance.  A7. Building Diagram Number 1  A8. For a building with a crawl space or enclosure(s), provide  a) Square footage of crawl space or enclosure(s)  NO. of permanent flood openings in the crawl space or enclosure(s)  NO. of permanent flood openings in the attached garage  enclosure(s) walls within 1.0 foot above adjacent grade  c) Total net area of flood openings in A9.b  N/A sq in  N/A sq in  NAD 1927   NAD 1983  A9. For a building with an attached garage, provide:  a) Square footage of attached garage  N/A sq ft  b) No. of permanent flood openings in the attached garage  walls within 1.0 foot above adjacent grade N/A  c) Total net area of flood openings in A9.b  N/A sq in							
	URANCE RATE MAP (FIRM) INFORMATION						
	· · · · · · · · · · · · · · · · · · ·	B3. State					
	and the control of th	FL					
B4. Map/Panel Number B5. Suffix B6. FIRM Index Date 125126 0005 D 5-18-92	B7. FIRM Panel B8. Flood Effective/Revised Date Zone(s) 5-18-92 A 13	B9. Base Flood Elevation(s) (Zone AO, use base flood depth)					
B10. Indicate the source of the Base Flood Elevation (BFE) data or b							
☐ FIS Profile ☐ FIRM ☐ Community Determin							
B11. Indicate elevation datum used for BFE in Item B9: NGVD 1929 NAVD 1988 Other (Describe)  B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)?  CBRS OPA							
SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)							
<ul> <li>C1. Building elevations are based on: Construction Drawings* Building Under Construction* Finished Construction *A new Elevation Certificate will be required when construction of the building is complete.</li> <li>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-g below according to the building diagram specified in Item A7.</li> <li>Benchmark Utilized FL D.N.R. DISC. Vertical Datum NGVD 1929</li> </ul>							
Conversion/Comments NONE	Conversion/Comments NONE  Check the measurement used.						
a) Top of bottom floor (including basement, crawl space, or enclosus) b) Top of the next higher floor c) Bottom of the lowest horizontal structural member (V Zones) d) Attached garage (top of slab) e) Lowest elevation of machinery or equipment servicing the be (Describe type of equipment in Comments) f) Lowest adjacent (finished) grade (LAG) g) Highest adjacent (finished) grade (HAG)	11.90	to Rico only)					
	ENGINEER, OR ARCHITECT CERTIFICATION						
This certification is to be signed and sealed by a land surveyor, eng information. I certify that the information on this Certificate represer I understand that any false statement may be punishable by fine or  Check here if comments are provided on back of form.  Certifier's Name JAMES B. POWERS  Title LAND SURVEYOR  Company Name	nts my best efforts to interpret the data available.	on					
Address 381 - 6TH AVENUE WEST City BRADENTO	DN State FL ZIP Code 34205  Telephone 941-745-2377						

Building Photographs
Continuation Page

					For Insurance Company Use:
	Building Stre	et Address	(including Apt., Unit, Su	uite, and/or Bldg. No.) or P.O. Route and Box No.	Policy Number
4	City	State	ZIP Code		Company NAIC Number

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."







101A