

# ELEVATION CERTIFICATE

IMPORTANT: Follow 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 **Timothy & Jorie Riesen**  
 Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.  
**611 Ranger Lane File # 98121745**

Policy Number:  
 Company NAIC Number:  
 ZIP Code **34228**

City **Longboat Key** State **FL**

A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)  
**Property ID # 00091 60021**

A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) **Residential**

A5. Latitude/Longitude: Lat. **27°20'21.4" N.** Long. **82°35'35.8" 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 **IA**

A8. For a building with a crawlspace or enclosure(s):  
 a) Square footage of crawlspace or enclosure(s) **N/A** sq ft  
 b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade **N/A**  
 c) Total net area of flood openings in A8.b **N/A** sq in  
 d) Engineered flood openings?  Yes  No

A9. For a building with an attached garage:  
 a) Square footage of attached garage **587** sq ft  
 b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade **0**  
 c) Total net area of flood openings in A9.b **0** sq in  
 d) Engineered flood openings?  Yes  No

## SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP Community Name & Community Number <b>Town Of Longboat Key 125126</b>		B2. County Name <b>Sarasota</b>		B3. State <b>FL</b>	
B4. Map/Panel Number <b>125126 0010</b>	B5. Suffix <b>B</b>	B6. FIRM Index Date <b>05/18/1992</b>	B7. FIRM Panel Effective/ Revised Date <b>08/15/1983</b>	B8. Flood Zone(s) <b>A13</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:  
 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)?  Yes  No  
 Designation Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  CBRS  OPA

## SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)

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.

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: **FDEP A-09 ELEV. = 8.12'** Vertical Datum: **NGVD 1929**

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.

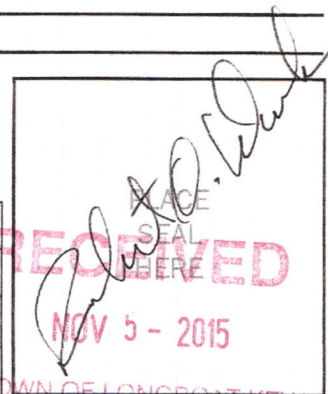
a) Top of bottom floor (including basement, crawlspace, or enclosure floor)	<u>7.0</u>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
b) Top of the next higher floor	<u>N/A</u>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
c) Bottom of the lowest horizontal structural member (V Zones only)	<u>N/A</u>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
d) Attached garage (top of slab)	<u>6.4</u>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
e) Lowest elevation of machinery or equipment servicing the building <b>A/C</b> (Describe type of equipment and location in Comments)	<u>6.4</u>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
f) Lowest adjacent (finished) grade next to building (LAG)	<u>5.9</u>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
g) Highest adjacent (finished) grade next to building (HAG)	<u>6.2</u>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support	<u>N/A</u>	<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.

Check here if comments are provided on back of form. Were latitude and longitude in Section A provided by a licensed land surveyor?  Yes  No  
 Check here if attachments.

Certifier's Name <b>Robert O. Drake</b>		License Number <b>5965</b>	
Title <b>Project Manager</b>		Company Name <b>Red Stake Surveyors, Inc.</b>	
Address <b>3 Proctor Road</b>		City <b>Sarasota</b>	State <b>FL</b>
Signature <i>Robert O. Drake</i>		Date <b>08/11/2015</b>	ZIP Code <b>34241</b>
		Telephone <b>(941) 923-9997</b>	





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A1. Building Owner's Name **Timothy & Jorie Riesen**

Policy Number:

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.  
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Company NAIC Number:

City **Longboat Key**

State **FL**

ZIP Code **34228**

A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)  
**Property ID # 00091 60021**

A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) **Residential**

A5. Latitude/Longitude: Lat. **27°20'21.4" N.** Long. **82°35'35.8" 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 **1A**

A8. For a building with a crawlspace or enclosure(s):

a) Square footage of crawlspace or enclosure(s) **N/A** sq ft

b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade **N/A**

c) Total net area of flood openings in A8.b **N/A** sq in

d) Engineered flood openings?  Yes  No

A9. For a building with an attached garage:

a) Square footage of attached garage **587** sq ft

b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade **0**

c) Total net area of flood openings in A9.b **0** sq in

d) Engineered flood openings?  Yes  No

## SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP Community Name & Community Number  
**Town Of Longboat Key 125126**

B2. County Name  
**Sarasota**

B3. State  
**FL**

B4. Map/Panel Number  
**125126 0010**

B5. Suffix  
**B**

B6. FIRM Index Date  
**05/18/1992**

B7. FIRM Panel Effective/  
 Revised Date  
**08/15/1983**

B8. Flood Zone(s)  
**A13**

B9. Base Flood Elevation(s) (Zone  
 AO, 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)?

Yes  No

Designation Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  CBRS  OPA

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TOWN OF LONGBOAT KEY  
 Planning, Zoning and Building



<b>IMPORTANT: In these spaces, copy the corresponding information from Section A.</b>			<b>FOR INSURANCE COMPANY USE</b>	
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 611 Ranger Lane File # 98121745			Policy Number:	
City Longboat Key	State FL	ZIP Code 34228	Company NAIC Number:	

**SECTION D – SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION (CONTINUED)**

Copy both sides of this Elevation Certificate for (1) community official, (2) insurance agent/company, and (3) building owner.

Comments Section B- Flood insurance rate map (FIRM) information to be verified at local F.E.M.A. control office

*C2E: AIR CONDITIONER*

Signature *[Handwritten Signature]* Date 08/11/2015

**SECTION E – BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO AND ZONE A (WITHOUT BFE)**

For Zones AO and A (without BFE), complete Items E1–E5. If the Certificate is intended to support a LOMA or LOMR-F request, complete Sections A, B, and C. For Items E1–E4, use natural grade, if available. Check the measurement used. In Puerto Rico only, enter meters.

- E1. Provide elevation information for the following and check the appropriate boxes to show whether the elevation is above or below the highest adjacent grade (HAG) and the lowest adjacent grade (LAG).
- a) Top of bottom floor (including basement, crawlspace, or enclosure) is \_\_\_\_\_ . \_\_\_\_\_  feet  meters  above or  below the HAG.
- b) Top of bottom floor (including basement, crawlspace, or enclosure) is \_\_\_\_\_ . \_\_\_\_\_  feet  meters  above or  below the HAG.
- E2. For Building Diagrams 6–9 with permanent flood openings provided in Section A Items 8 and/or 9 (see pages 8–9 of Instructions), the next higher floor (elevation C2.b in the diagrams) of the building is \_\_\_\_\_ . \_\_\_\_\_  feet  meters  above or  below the HAG.
- E3. Attached garage (top of slab) is \_\_\_\_\_ . \_\_\_\_\_  feet  meters  above or  below the HAG.
- E4. Top of platform of machinery and/or equipment servicing the building is \_\_\_\_\_ . \_\_\_\_\_  feet  meters  above or  below the HAG.
- E5. Zone AO only: If no flood depth number is available, is the top of the bottom floor elevated in accordance with the community's floodplain management ordinance?  Yes  No  Unknown. The local official must certify this information in Section G.

**SECTION F – PROPERTY OWNER (OR OWNER'S REPRESENTATIVE) CERTIFICATION**

The property owner or owner's authorized representative who completes Sections A, B, and E for Zone A (without a FEMA-issued or community-issued BFE) or Zone AO must sign here. The statements in Sections A, B, and E are correct to the best of my knowledge.

Property Owner or Owner's Authorized Representative's Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_ Telephone \_\_\_\_\_

Comments \_\_\_\_\_

Check here if attachments.

**SECTION G – COMMUNITY INFORMATION (OPTIONAL)**

The local official who is authorized by law or ordinance to administer the community's floodplain management ordinance can complete Sections A, B, C (or E), and G of this Elevation Certificate. Complete the applicable item(s) and sign below. Check the measurement used in Items G8–G10. In Puerto Rico only, enter meters.

- G1.  The information in Section C was taken from other documentation that has been signed and sealed by a licensed surveyor, engineer, or architect who is authorized by law to certify elevation information. (Indicate the source and date of the elevation data in the Comments area below.)
- G2.  A community official completed Section E for a building located in Zone A (without a FEMA-issued or community-issued BFE) or Zone AO.
- G3.  The following information (Items G4–G10) is provided for community floodplain management purposes.

G4. Permit Number _____	G5. Date Permit Issued _____	G6. Date Certificate Of Compliance/Occupancy Issued _____
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- G7. This permit has been issued for:  New Construction  Substantial Improvement
- G8. Elevation of as-built lowest floor (including basement) of the building: \_\_\_\_\_ . \_\_\_\_\_  feet  meters Datum \_\_\_\_\_
- G9. BFE or (in Zone AO) depth of flooding at the building site: \_\_\_\_\_ . \_\_\_\_\_  feet  meters Datum \_\_\_\_\_
- G10. Community's design flood elevation: \_\_\_\_\_ . \_\_\_\_\_  feet  meters Datum \_\_\_\_\_

Local Official's Name \_\_\_\_\_ Title \_\_\_\_\_

Community Name \_\_\_\_\_ Telephone \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Comments \_\_\_\_\_

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 Check here if attachments.







