# U.S. DEPARTMENT OF HOMELAND SECURITY Federal Emergency Management Agency National Flood Insurance Program

OMB No. 1660-0008

Expiration Date: November 30, 2022

51140EC

# **ELEVATION CERTIFICATE**

**Important:** Follow the instructions on pages 1–9.

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

SECTION A – PROPERTY INFORMATION						FOR INSUF	RANCE COMPANY USE
A1. Building Owner's Name						Policy Num	ber:
	ALEXANDRIA ORLANDO						
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.  Company NAIC Number:						AIC Number:	
624 DREAM ISL City	AND ROAD			State	L	ZIP Code	
LONGBOAT KEY				FLORIDA		34228	
A3. Property Desc	ription (Lot an	d Block Numbers, Tax	Parce	Number, Legal De	scription, etc.)		
7878500003							
A4. Building Use (	e.g., Resident	ial, Non-Residential, A	ddition	, Accessory, etc.)	RESIDENTIAL		
A5. Latitude/Longit	ude: Lat. 27.	42278290 L	ong. <u>-8</u>	2.66645813	Horizontal Datum	NAD 1	927 X NAD 1983
A6. Attach at least	2 photograph	s of the building if the	Certific	ate is being used to	obtain flood insura	nce.	
A7. Building Diagra	m Number 1	Α			E	LDG PE	Dane
A8. For a building	with a crawlsp	pace or enclosure(s):			F		RIVIT PLANS
a) Square foot	age of crawls	pace or enclosure(s)	N/A	sq ft	•	CO	RMIT PLANS PY OF RECORD
b) Number of p	permanent flo	od openings in the crav	wlspac	e or enclosure(s) w	ithin 1.0 foot above	adjacent gr	ade <sub>0</sub>
c) Total net are	ea of flood op	enings in A8.b <sub>0</sub>	s	q in	RECEI	/En	
d) Engineered	flood opening	gs? Yes X No	ı		2000	d Barrers Branch	
A9. For a building v	vith an attach	ed garage:			APR 14 2	021	
		ed garage 572		sq ft	DWN OF LONG	OAT KEY	
		od openings in the atta			Planning, Zoning 8		
,					ot above adjacent g	aue 0	
		enings in A9.b <sub>0</sub>		sqin			
d) Engineered	flood opening	gs? Yes X No	)				
	SE	CTION B - FLOOD IN	SURA	NCE RATE MAP	(FIRM) INFORMA	TION	
B1. NFIP Communi	ty Name & Co	ommunity Number		B2. County Name			B3. State
том	/N OF LONGBOAT	TKEY 125126			MANATEE		FLORIDA
B4. Map/Panel Number	B5. Suffix	B6. FIRM Index Date		IRM Panel ffective/	B8. Flood Zone(s)		se Flood Elevation(s) ne AO, use Base
Trainizer		Date		evised Date			od Depth)
12081C0291	F	3/17/2014		03/17/2014	AE	10.0	
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9:							
☐ FIS Profile X FIRM ☐ Community Determined ☐ Other/Source:							
B11. Indicate elevation datum used for BFE in Item B9: NGVD 1929 X NAVD 1988 Other/Source:							
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)?							
Designation Date: CBRS OPA							

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			FOR INSURANCE COMPANY USE	
Building Street Address (including Apt., Unit	t, Suite, and/or Bldg. No.) or P.O. Rout	e and Box No.	Policy Number:	
624 DREAM ISLAND ROAD	State ZIP 0	`odo	Company NAIC Number	
City			Company NAIC Number	
LONGBOAT KEY	FLORIDA 34228		CUIRED)	
SECTION C – E	BUILDING ELEVATION INFORMATI	ON (SURVET RE		
	Construction Drawings* Build	_	iction* X Finished Construction	
	equired when construction of the building		(AE AD/A1 A20 AD/AH AD/AO	
C2. Elevations – Zones A1–A30, AE, AH, Complete Items C2.a–h below accord	ding to the building diagram specified ir	ltem A7. In Puert	o Rico only, enter meters.	
Benchmark Utilized: ; DL1840; 4.55	Vertical Datum:	NAVD 1988		
Indicate elevation datum used for the	elevations in items a) through h) below	<i>/</i> .	1	
☐ NGVD 1929 💢 NAVD 198				
Datum used for building elevations m	ust be the same as that used for the BI	E.	Check the measurement used.	
a) Top of bottom floor (including base	ement, crawlspace, or enclosure floor)	<u>5</u> . <u>67</u>	x feet  meters	
b) Top of the next higher floor		N/A	x feet meters	
c) Bottom of the lowest horizontal str	ructural member (V Zones only)	N/A	X feet  meters	
d) Attached garage (top of slab)		<u>5</u> . <u>27</u>	X feet meters	
e) Lowest elevation of machinery or (Describe type of equipment and I	equipment servicing the building ocation in Comments)	6. 22	X feet  meters	
f) Lowest adjacent (finished) grade	next to building (LAG)	<u>5</u> . <u>11</u>	X feet meters	
g) Highest adjacent (finished) grade	next to building (HAG)	5. 20	X feet  meters	
<ul> <li>h) Lowest adjacent grade at lowest e structural support</li> </ul>	elevation of deck or stairs, including	N/A.	X feet meters	
SECTION D	SURVEYOR, ENGINEER, OR ARC	HITECT CERTIF	ICATION	
This certification is to be signed and seale I certify that the information on this Certific statement may be punishable by fine or in	cate represents my best efforts to intern	oret the data availa	/ law to certify elevation information.  able. I understand that any false	
Were latitude and longitude in Section A p			Check here if attachments.	
Certifier's Name	License Number		JON SHOEMAKER	
JON SHOEMAKER	5144		JON SHOEMAKER NUMBER	
Title			LS 5144	
PROFESSIONAL SURVEYOR AND MAPPER Company Name			- / /  /  /  /  /	
FIRST CHOICE SURVEYING, INC. Address			The state of the s	
PO BOX 470978			STATE OF	
City	State	ZIP Code	Co. FLORIDA (81.	
LAKE MONROE	FLORIDA	32747	JONAL SURVEYOR	
Signature	Date	Telephone	3/26/2021	
0	3/26/2021	P: (407)951-3425		
Copy all pages of this Elevation Certificate a	and all attachments for (1) community off	icial, (2) insurance	agent/company, and (3) building owner.	
Comments (including type of equipment a NOTE: C2.E = AC UNIT PAD. NOTE: TH CERTIFICATE. THIS CERTIFICATE IS FOR FLOOD CONSTRUCTION OR PLANNING.	HIS ELEVATION CERTIFICATE IS ONLY VALID	O FOR THE PERSON ( MATION ON THIS CE	OR PERSONS NAMED ON THIS RTIFICATE SHOULD NOT BE USED FOR	
CENTERLINE ROAD ELEVATION: 4.43				

## **ELEVATION CERTIFICATE**

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IMPORTANT: In these spaces, copy the corresponding information from S	Section A.	FOR INSURANCE COMPANY USE
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. R	Route and Box No.	Policy Number:
624 DREAM ISLAND ROAD		
City State Z	IP Code	Company NAIC Number
	4228	
SECTION E – BUILDING ELEVATION INFORMAT FOR ZONE AO AND ZONE A (V	TION (SURVEY NOT VITHOUT BFE)	REQUIRED)
For Zones AO and A (without BFE), complete Items E1–E5. If the Certificate is complete Sections A, B,and C. For Items E1–E4, use natural grade, if available enter meters.	e. Check the measure	ment used. In Puerto Rico only,
<ul><li>E1. Provide elevation information for the following and check the appropriate the highest adjacent grade (HAG) and the lowest adjacent grade (LAG).</li><li>a) Top of bottom floor (including basement,</li></ul>	poxes to show whethe	r the elevation is above or below
crawlspace, or enclosure) is	x feet meter	rs above or below the HAG.
b) Top of bottom floor (including basement, crawlspace, or enclosure) is	X feet meter	rs above or below the LAG.
E2. For Building Diagrams 6–9 with permanent flood openings provided in Sec	ction A Items 8 and/or	9 (see pages 1–2 of Instructions),
the next higher floor (elevation C2.b in the diagrams) of the building is	x feet meter	rs above or below the HAG.
E3. Attached garage (top of slab) is	X feet meter	rs above or below the HAG.
E4. Top of platform of machinery and/or equipment servicing the building is	X feet	rs above or below the HAG.
E5. Zone AO only: If no flood depth number is available, is the top of the botto floodplain management ordinance? Yes No Unknown. T	om floor elevated in ac The local official must	cordance with the community's certify this information in Section G.
SECTION F - PROPERTY OWNER (OR OWNER'S RE	PRESENTATIVE) C	ERTIFICATION
The property owner or owner's authorized representative who completes Section community-issued BFE) or Zone AO must sign here. The statements in Section	ons A, B, and E for Zons A, B, and E are cor	one A (without a FEMA-issued or rect to the best of my knowledge.
Property Owner or Owner's Authorized Representative's Name		
Address City	St	ate ZIP Code
Signature Date	Те	lephone
Comments		
1		
		Check here if attachments.

## **ELEVATION CERTIFICATE**

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IMPORTANT: In these spaces, copy the corre	esponding information from	Section A.	FOR INSURANCE COMPANY USE
Building Street Address (including Apt., Unit, So	uite, and/or Bldg. No.) or P.O.	Route and Box No.	Policy Number:
624 DREAM ISLAND ROAD			
City	State	ZIP Code	Company NAIC Number
LONGBOAT KEY	FLORIDA	34228	
SECTIO	N G - COMMUNITY INFORI	MATION (OPTIONAL)	
The local official who is authorized by law or or Sections A, B, C (or E), and G of this Elevation used in Items G8–G10. In Puerto Rico only, en	Certificate. Complete the app		
G1. The information in Section C was tak engineer, or architect who is authoriz data in the Comments area below.)			
G2. A community official completed Section Zone AO.	on E for a building located in	Zone A (without a FEM	A-issued or community-issued BFE)
G3.   The following information (Items G4–	G10) is provided for commun	ity floodplain managem	ent purposes.
G4. Permit Number	G5. Date Permit Issued		Date Certificate of Compliance/Occupancy Issued
G7. This permit has been issued for:	New Construction  Subst	antial Improvement	
G8. Elevation of as-built lowest floor (including of the building:	g basement)	feet	meters Datum
G9. BFE or (in Zone AO) depth of flooding at	he building site:	feet	meters Datum
G10. Community's design flood elevation:		feet	meters Datum
Local Official's Name	Title		
Community Name	Tele	phone	
Signature	Date		
Comments (including type of equipment and loc	cation, per C2(e), if applicable	)	
			Check here if attachments.

#### **BUILDING PHOTOGRAPHS**

#### **ELEVATION CERTIFICATE**

See Instructions for Item A6. 51140EC

OMB No. 1660-0008 Expiration Date: November 30, 2022

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624 DREAM ISLAND ROAD			
City	State	ZIP Code	Company NAIC Number
LONGBOAT KEY	FLORIDA	34228	

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.

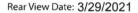




Front View

Rear View

Front View Date: 3/29/2021





Right Side View



Left Side View

Right Side View: 3/29/2021

Left Side View: 3/29/2021

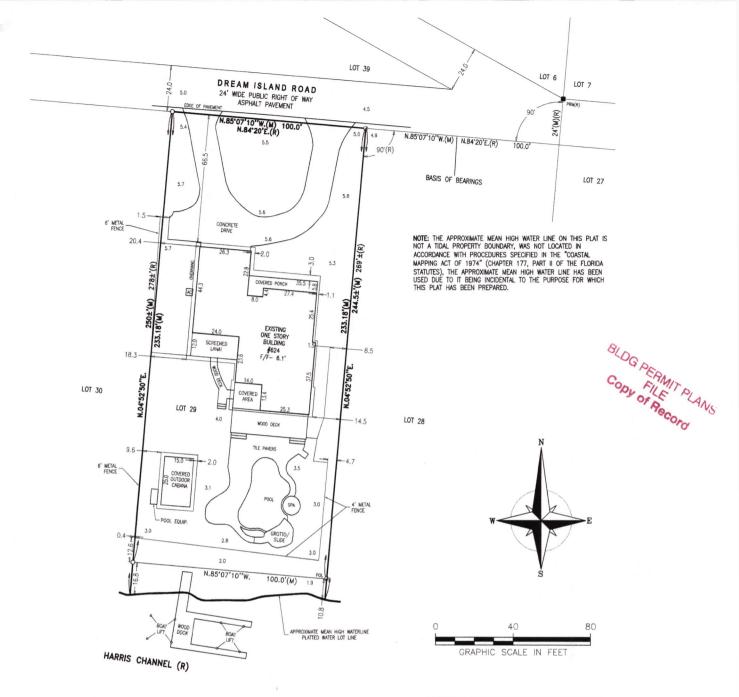
## **BUILDING PHOTOGRAPHS**

## **ELEVATION CERTIFICATE**

Continuation Page

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IMPORTANT: In these spaces, copy the corre	FOR INSURANCE COMPANY USE		
Building Street Address (including Apt., Unit, Su	Policy Number:		
624 DREAM ISLAND ROAD			
City	State	ZIP Code	Company NAIC Number
LONGBOAT KEY	FLORIDA	34228	
If submitting more photographs than will fit or with: date taken; "Front View" and "Rear V photographs must show the foundation with rep	iew"; and, if require	ed, "Right Side View" and "I	_eft Side View." When applicable,
			*
			18
Photo One			Photo Two
		p.	
	P =		
	4		
	= 1		
Photo Three			Photo Four



BOUNDARY SURVEY OF: LOT 29, DREAM ISLAND, AS PER PLAT THEREOF RECORDED IN PLAT BOOK 7, PAGE 17, OF THE PUBLIC RECORDS OF MANATEE COUNTY, FLORIDA.

624 DREAM ISLAND RD - LONGBOAT KEY 7878500003 PID No.

REPORT: This sketch was prepared exclusive use of the persons and or entities listed hereon.

Some improvements such as, but not limited to, surface drainage, subsurface improvements, landscape features, interior fences, and other items not related to the purpose of this sketch. Have not been located or graphically shown.

Dimensional data referenced hereon are expressed in feet and decimals thereof and are consistent with recorded data unless otherwise

Field locations of existing improvements and property lines where referenced to existing control monumentation.

There may be additional restrictions that are not shown on this sketch that may be found in the Public Records of this county.

Structures, if any, shown hereon where located at grade level and do not show roof overhangs, planters, wing walls or other decorative attached items unless otherwise depicted.

Bearing Basis: Measured Bearings are based on Florida State Plane West NAD 83' using any monumented line shown hereon.

NO. 4911

STATE OF

图

#### **LEGEND**

- SET 5/8" IRON ROD PLS 4911
- FOUND 5/8" IRON ROD
  FOUND 4"X4" CONC. MONUMENT
  FOUND 1/2" IRON PIPE
  FOUND P.K. NAIL & DISC
- MEASURED DATA
- (M) (R) RECORD DATA
- FOUND CROSS CUT
- POL POINT ON LINE
  PRM PERMANENT REFERENCE MONUMENT

PREPARED FOR: ALEXANDRIA ORLANDO

I, Jeffrey L. Hostetler, hereby certify that this sketch represents that which is stated The state of the s

Jeffrey L. Hostetler, P.S.M. State of Florida license No. 4911

This sketch is not valid without the signature and the original raised seal of a Foresto.

SURVEY DATE: 11-14-2019 SKETCH DATE: 11-19-2019 REVISIONS: 11-25-2019 updated survey per plat

SCALE 1" = 40' JOB No. lbkdreamislandrd624



Water	S	pply ine	diagram	
	124	Dream	Island	RD.
DATE3	-29-	21		and the second s
PAGE	OF	The state of the s	The state of the s	Seemed & Miles Seemed with day of
ву	R	Santiago		

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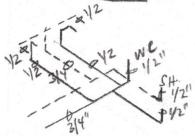
Connet to excisting Waterline

WC Connect

Waterline

Covered

Master Bath



Connect to exsisting waterlines 1942 South Pinellas Ave Tarpon Springs, FL 34689

WC 12 TUB

Connet to existing waterline

BAth

(727) 935-6441

State Lic. #CFC1429364



San	itary	Sewer	Diagr	am
PROJECT_	,	Dream		RD.
DATE	3-29	7-21		
PAGE	or	:		
BY	Jose	Santia	90	

