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

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

# **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 INSURANCE COMPANY US  A1. Building Owner's Name Policy Number:	1			
	)E			
FIXIN FLORIDA, INC.				
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.  651 LINLEY STREET  Company NAIC Number:				
City State ZIP Code	_			
LONGBOAT KEY Florida 34228				
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)				
LOT 11, BLOCK 4, LONGBEACH SUBDIVISION, PARCEL ID #7770800006				
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) RESIDENTIAL				
A5. Latitude/Longitude: Lat. 27.436810 Long82.682500 Horizontal Datum: NAD 1927 X NAD 1983				
A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insurance.				
A7. Building Diagram Number5_				
A8. For a building with a crawlspace or enclosure(s):	5			
A5. Latitude/Longitude: Lat. 27.436810 Long82.682500 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 Number5  A8. For a building with a crawlspace or enclosure(s):  a) Square footage of crawlspace or enclosure(s)  630.00 sq ft				
b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade 0				
c) Total net area of flood openings in A8.b 0.00 sq in				
d) Engineered flood openings? $\square$ Yes $\boxtimes$ No				
A9. For a building with an attached garage:				
a) Square footage of attached garage 0.00 sq ft TOWN OF LONGBOAT KEY				
Planning, Zoning & Building				
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 sq in				
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	_			
125126A - TOWN OF LONGBOAT KEY  MANATEE  Florida				
B4. Map/Panel B5. Suffix B6. FIRM Index B7. FIRM Panel B8. Flood B9. Base Flood Elevation(s)				
Number Date Effective/ Zone(s) (Zone AO, use Base Flood Depth) Revised Date				
12081C0291 E 03-17-2014 03-17-2014 AE 9'				
R10. Indicate the source of the Race Flood Flourities (REE) date or been flood doubt entered in them 20:				
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			
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)?   Yes   No				
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)?  Yes  No  Designation Date:  OPA				

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IMPORTANT: In these spaces, copy the corresponding information from Section A.	FOR INSURANCE COMPANY USE						
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.  Policy Number:  Policy Number:							
City State ZIP Code LONGBOAT KEY Florida 34228	Company NAIC Number						
SECTION C – BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)							
C1. Building elevations are based on: Construction Drawings* Building Under (*A new Elevation Certificate will be required when construction of the building is complete. Elevations – Zones A1–A30, AE, AH, A (with BFE), VE, V1–V30, V (with BFE), AR, AR Complete Items C2.a–h below according to the building diagram specified in Item A7. In Benchmark Utilized: MANATEE COUNTY BM Vertical Datum: NAVD 1988 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) b) Top of the next higher floor c) Bottom of the lowest horizontal structural member (V Zones only) d) Attached garage (top of slab) e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments) f) Lowest adjacent (finished) grade next to building (LAG)	Construction*						
h) Lowest adjacent grade at lowest elevation of deck or stairs, including							
structural support	N/A × 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 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.  Were latitude and longitude in Section A provided by a licensed land surveyor?							
Certifier's Name  JAMES L. CLEMENTS  License Number  LB 6667	CLEAN!						
Title FLORIDA SURVEYOR AND MAPPER  Company Name CLEMENTS SURVEYING, INC.  Address 509 8TH AVENUE WEST, SUITE 140  City State ZIP Code PALMETTO Florida 34221  Signature Date Telephone James L Clements Date Use Date (941) 729-6  Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2) insu	No. 4091  No. 4091  STATE OF FLORIDA  Digitally extend by names L  Clements Jane 2020 on 10 14:02:45  Ext.  6690						
Comments (including type of equipment and location, per C2(e), if applicable) C2(e) - A/C UNIT LOCATED ON THE REAR OF THE RESIDENCE.							

## **ELEVATION CERTIFICATE**

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MPORTANT: In these spaces, copy the corresponding information from Section A. FOR INSURANCE COMPANY USE					
Building Street Address (including Apt., Unit, Suite, and/o 651 LINLEY STREET	r Bldg. No.) or P.O. Rou	te and Box No.	Policy Number:		
,	ate ZIP orida 3422	Code 28	Company NAIC Number		
SECTION E – BUILDING ELE FOR ZONE	VATION INFORMATIO AO AND ZONE A (WIT		REQUIRED)		
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.					
<ul><li>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).</li><li>a) Top of bottom floor (including basement,</li></ul>					
crawlspace, or enclosure) is		feet meter	rs 🗌 above or 🗌 below the HAG.		
<ul> <li>Top of bottom floor (including basement, crawlspace, or enclosure) is</li> </ul>		☐ feet ☐ meter	rs above or below the LAG.		
E2. For Building Diagrams 6–9 with permanent flood ope	enings provided in Section	on 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		feet meter	rs above or below the HAG.		
E3. Attached garage (top of slab) is		feet meter	rs  above or below the HAG.		
E4. Top of platform of machinery and/or equipment servicing the building is		☐ feet ☐ meter	rs 🔲 above or 🔲 below the HAG.		
E5. Zone AO only: If no flood depth number is available, floodplain management ordinance? Yes I			cordance with the community's certify this information in Section G.		
SECTION F - PROPERTY OWNE	R (OR OWNER'S REP	RESENTATIVE) CE	ERTIFICATION		
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	St	ate ZIP Code		
Signature	Date	Те	lephone		
Comments					
			Check here if attachments.		

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IMPORTANT: In these spaces, copy the corre	FOR INSURANCE COMPANY USE					
Building Street Address (including Apt., Unit, St 651 LINLEY STREET						
City LONGBOAT KEY	State Florida	ZIP Code 34228	Company NAIC Number			
SECTIO	N G – COMMUNI	TY INFORMATION (OPTIO	NAL)			
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 Zone AO.	on E for a building	located in Zone A (without	a FEMA-issued or community-issued BFE)			
G3. The following information (Items G4–	G10) is provided for	or community floodplain ma	nagement purposes.			
G4. Permit Number	G5. Date Permit	Issued	G6. Date Certificate of Compliance/Occupancy Issued			
G7. This permit has been issued for:	New Constructio	n   Substantial Improvement	ent			
G8. Elevation of as-built lowest floor (including of the building:	basement)		feet meters Datum			
G9. BFE or (in Zone AO) depth of flooding at t	he 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 (including type of equipment and loc	cation, per C2(e), i	f applicable)				
			Check here if attachments.			

#### **BUILDING PHOTOGRAPHS**

**ELEVATION CERTIFICATE** 

See Instructions for Item A6.

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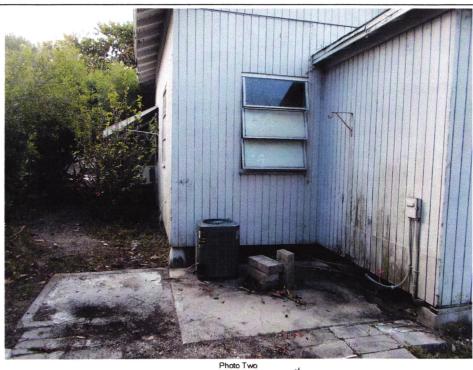
ì				
IMPORTANT: In these spaces, copy the corresponding information from Section A.				FOR INSURANCE COMPANY USE
, , , , , , , , , , , , , , , , , , , ,				Policy Number:
	651 LINLEY STREET			
	City	State	ZIP Code	Company NAIC Number
	LONGBOAT KEY	Florida	34228	

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.



Photo One

Photo One Caption FRONT VIEW Clear Photo One



630K View

#### **BUILDING PHOTOGRAPHS**

#### **ELEVATION CERTIFICATE**

**Continuation Page** 

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IMPORTANT: In these spaces, copy the corresponding information from Section A. FOR INSURANCE COMPANY USE Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. Policy Number: 651 LINLEY STREET

City State ZIP Code Company NAIC Number 34228 LONGBOAT KEY Florida

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." When applicable, photographs must show the foundation with representative examples of the flood openings or vents, as indicated in Section A8.



Photo Three

BECK EAST COLHER

Photo Three Caption SIDE VIEW

Clear Photo Three



Photo Four