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

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

## **ELEVATION CERTIFICATE**

Important: Follow the instructions on pages 1-9.

PB 20-0907-Carport

SECTION A - PROPERTY INFORMATION		NCE COMPANY USE
A1. Building Owner's Name CHARLES BIELEJESKI	Policy Numbe	er:
<ol> <li>Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.</li> </ol>	Company NA	IC Number:
762 JUNGLE QUEEN WAY City State	ZIP Code	
City State TOWN OF LONGBOAT KEY Florida	34228	
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, et METES & BOUNDS, PID#7942300000	tc.)	
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) RESIDEN	TIAL	
A5. Latitude/Longitude: Lat. 27.418051 Long. (-)82.657011 Horizonta	al Datum: 🔲 NAD 19	27 🕅 NAD 1983
A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain floo	od insurance.	
A7. Building Diagram Number 1B		
A8. For a building with a crawlspace or enclosure(s):		
a) Square footage of crawlspace or enclosure(s) 0.00 sq ft		
b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 for	ot above adjacent grad	de O
c) Total net area of flood openings in A8.b 0.00 sq in	RECEN	/ED
d) Engineered flood openings?	NOV 03 2	020
	TOWN OF LONG	
a) Square loolage of allactice galage		
b) Number of permanent flood openings in the attached garage within 1.0 foot above at	djacent grade 0	
c) Total hat area of flood openings in A9.b 0.00 sq in		
d) Engineered flood openings? 🗌 Yes 🔀 No		*
	EORMATION	
SECTION B - FLOOD INSURANCE RATE MAP (FIRM) IN	FORMATION	B3. State
D1. NFIP Community Name & Community Number       B2. County Name         TOWN OF LONGBOAT KEY, FLORIDA 125126       MANATEE		Florida
B4. Map/Panel B5. Suffix B6. FIRM Index Date B7. FIRM Panel Effective/ Number Date B5. Suffix B6. FIRM Index Date B7. FIRM Panel Effective/ Revised Date Date B8. Flood	B9. Base Flood Elevation(s) (Zone AO, use Base Flood Depth	
12081C0291 E 11-04-2016 11-04-2016 AE	9	
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth enter	ed in Item B9:	
FIS Profile X FIRM Community Determined Other/Source:		
B11. Indicate elevation datum used for BFE in Item B9: I NGVD 1929 X NAVD 1988		
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Other	wise Protected Area (0	OPA)? 🗌 Yes 🛛 N
Designation Date:		

ELEVATION CERTIFICATE				OMB No. 1660-0008 Expiration Date: November 30, 2022
			FOR INSURANCE COMPANY USE	
Building Street Address (including Apt., Unit, S 762 JUNGLE QUEEN WAY	Suite, and/or Bldg. No.) o	r P.O. Route a	and Box No.	Policy Number:
City TOWN OF LONGBOAT KEY	State Florida	ZIP Co 34228	de	Company NAIC Number
SECTION C - BU	ILDING ELEVATION IN	FORMATIO	N (SURVEY RE	EQUIRED)
<ul> <li>*A new Elevation Certificate will be required.</li> <li>C2. Elevations – Zones A1–A30, AE, AH, A Complete Items C2.a–h below according Benchmark Utilized: NGS DATAPOINT</li> </ul>	with BFE), VE, V1–V30 og to the building diagram #X689 Verti	of the building b, V (with BFE) b specified in l cal Datum: NA	), AR, AR/A, AR/ tem A7. In Puert	AF AR/A1-A30, AR/AH, AR/AO.
Indicate elevation datum used for the elevation		ugh h) below.		
<ul> <li>☐ NGVD 1929 X NAVD 1988</li> <li>Datum used for building elevations must</li> <li>a) Top of bottom floor (including baser</li> <li>b) Top of the next higher floor</li> </ul>	t be the same as that use nent, crawlspace, or encl	osure floor) _		Check the measurement used. 4.9 X feet meters 13.4 Feet meters N/A Feet meters
c) Bottom of the lowest horizontal stru-	ctural member (V Zones	oniy) –		N/A X feet meters
<ul> <li>d) Attached garage (top of slab)</li> <li>e) Lowest elevation of machinery or en (Describe type of equipment and log</li> </ul>	quipment servicing the bu	uilding		6.5 X feet meters
<ul> <li>f) Lowest adjacent (finished) grade ne</li> </ul>				3.9 X feet meters
		-		4.2 X feet meters
g) Highest adjacent (finished) grade n		including.		
<li>h) Lowest adjacent grade at lowest ele structural support</li>	evation of deck of stalls,			3.9 X feet meters
SECTION D -	SURVEYOR, ENGINEE	R, OR ARCH	ITECT CERTIF	FICATION
This certification is to be signed and sealed I certify that the information on this Certifica statement may be punishable by fine or im	I by a land surveyor, engi ate represents my best ef prisonment under 18 U.S	forts to interp	tect authorized b ret the data avail on 1001.	by law to certify elevation information. Nable. I understand that any false
Were latitude and longitude in Section A pr	ovided by a licensed land	d surveyor?	⊠Yes □No	Check here if attachments.
Certifier's Name JAMES B. AMBERGER	License I LS6333	Number		8 10/21/2020
Title PRESIDENT				Place
Company Name JIM AMBERGER LAND SURVEYING LLC Address		-		Seal 2
1055 S. TAMIAMI TRAIL, SUITE 110-B				
City SARASOTA	State Florida		ZIP Code 34236	1. A. 19
Signature	10/21/2	20	Telephone (941) 955-6333	
Copy all pages of this Elevation Certificate a			icial, (2) insuranc	e agent/company, and (3) building owr
Comments (including type of equipment an C2e: AIR CONDITIONING COMPRESSO	R LOCATED ON NORTH	EAST SIDE (	OF RESIDENCE	L.
FEMA Form 086-0-33 (12/19)	Replaces all p	revious edition	ns.	Form Page 2

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LEVATION CER	RTIFICATE			(	OMB No. 1660-0 Expiration Date:	0008 November 30, 2022
PORTANT: In these	spaces, copy the cor	responding information	n from Section A	. [	FOR INSURAN	CE COMPANY USE
	s (including Apt., Unit,	Suite, and/or Bldg. No.) o			Policy Number:	
ity OWN OF LONGBOA		State Florida	ZIP Code 34228		Company NAIC	Number
	SECTION E - BUIL	DING ELEVATION INF	ORMATION (SU	RVEY NOT	REQUIRED)	National and a second constraint decision of a second
		OR ZONE AO AND ZO		NAME OF TAXABLE PARTY OF TAXABLE PARTY.		-E request
complete Sections A, enter meters.	B,and C. For Items E1-	Items E1–E5. If the Cer E4, use natural grade, if	available. Check	the measurer	nent used. In Fi	letto Rico only,
the highest adjac	i information for the follo ent grade (HAG) and th floor (including baseme	wing and check the appr e lowest adjacent grade ent.	(LAG).			
crawlspace, c	or enclosure) is		fe	et 🗌 meter	s 🗌 above or	below the HAG
crawlspace, c	floor (including baseme or enclosure) is			et 🗌 meter		below the LAG
2. For Building Diag	grams 6-9 with permane	ent flood openings provid	ed in Section A Ite	ems 8 and/or	9 (see pages 1-	<ul> <li>-2 of Instructions),</li> </ul>
the next higher fl the diagrams) of	oor (elevation C2.b in the building is		fe	eet 🗌 meter	s above or	below the HAG
3. Attached garage	(top of slab) is		fe	eet 🗌 meter	s above or	below the HAG
E4. Top of platform of servicing the built	of machinery and/or equ Iding is	ipment	fe	eet 🗌 meter	s 🔲 above or	r 🗌 below the HAG
	an final doubh number	is available, is the top of Yes 🗌 No 🗍 Unk	the bottom floor e nown. The local	elevated in ac official must	cordance with th certify this inform	e community's nation in Section G.
		RTY OWNER (OR OW)			The second s	
community-issued BH	or owner's authorized re E) or Zone AO must sig	presentative who comple on here. The statements	tes Sections A B	and E for 7c	ne A (without a	FEMA-issued or of my knowledge.
Property Owner or O	wner's Authorized Repr	esentative's Name			τ.	
Address			City	St	ate	ZIP Code
Signature	***		Date	Te	elephone	
Comments	· · · · · · · · · · · · · · · · · · ·					
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						here if other homest
						k here if attachments
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IMPORTANT: In these spaces, copy the corresponding information from Section A.           Building Street Address (including Apt., Unit, Suite, and/or Bidg. No.) or P.O. Route and Box No           762 JUNGLE QUEEN WAY           City         State         ZIP Code	FOR INSURANCE COMPANY USE Policy Number:
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No 762 JUNGLE QUEEN WAY	Policy Number:
City State ZIP Code	
TOWN OF LONGBOAT KEY Florida 34228	Company NAIC Number
SECTION G - COMMUNITY INFORMATION (OPTION	AL)
The local official who is authorized by law or ordinance to administer the community's floodplain Sections A, B, C (or E), and G of this Elevation Certificate. Complete the applicable item(s) and used in Items G8–G10. In Puerto Rico only, enter meters.	agi below. Onoac are measurement
G1. The information in Section C was taken from other documentation that has been sign engineer, or architect who is authorized by law to certify elevation information. (Indica data in the Comments area below.)	
G2. A community official completed Section E for a building located in Zone A (without a or Zone AO.	
G3. The following information (Items G4–G10) is provided for community floodplain mana	
G4. Permit Number G5. Date Permit Issued	G6. Date Certificate of Compliance/Occupancy Issued
G7. This permit has been issued for:       New Construction Substantial Improveme         G8. Elevation of as-built lowest floor (including basement) of the building:	nt ] feet [] meters Datum ] feet [] meters Datum
G10. Community's design flood elevation:	feet imeters Datum
Local Official's Name Title	
Community Name Telephone	
Signature Date	50
Comments (including type of equipment and location, per C2(e), if applicable)	
· · · · · · · · · · · · · · · · · · ·	
	Check here if attachment
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## **BUILDING PHOTOGRAPHS**

ELEVATION CERTIFICATE

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See Instructions for Item A6.

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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. 762 JUNGLE QUEEN WAY			Policy Number:
City TOWN OF LONGBOAT KEY	State Florida	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.



RONT VIEW	a har
10/08/202	20

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EVATION CERTIFICATE Continuation Page			Expiration Date: November 30, 202	
PORTANT: In these spaces, copy the corresponding information from Section A.			FOR INSURANCE COMPANY US	
Building Street Address (including Apt., U 762 JUNGLE QUEEN WAY	Init, Suite, and/or Bldg. No.)	or P.O. Route and Box No.	Policy Number:	
City	State	ZIP Code	Company NAIC Number	
TOWN OF LONGBOAT KEY	Florida	34228		
If submitting more photographs than w with: date taken; "Front View" and " photographs must show the foundation				
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	Photo	) Three		
Photo Three Caption TYPICAL FLOW-		to Three	Clear Photo T	
· · · · · ·				
	Phot	to Four		
	1 100	ray a tartest		
	Ph	oto Four		
Photo Four Caption			Clear Photo	