U.S. DEPARTMENT OF HOMELAND SECURITY FEDERAL EMERGENCY MANAGEMENT AGENCY

ELEVATION CERTIFICATE

OMB No. 1660-0008

National Flood Insurance Program Important: Read the instructions on pages 1–9.	Expiration Date: July 31, 2015					
SECTION A - PROPERTY INFORMATION	FOR INSURANCE COMPANY USE					
A1. Building Owner's Name JOHN J. FLAHERTY, TRUSTEE	Policy Number:					
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 3412 WINDING OAKS DRIVE	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 51 WINDING OAKS CONDOMINIUM						
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) RESIDENTIAL A5. Latitude/Longitude: Lat. 27 22 37.77 N Long. 82 37 23.03 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 1B A8. For a building with a crawlspace or enclosure(s): a) Square footage of crawlspace or enclosure(s): b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade c) Total net area of flood openings? □ Yes □ No A9. For a building with an attached garage: a) Square footage of attached garage 420 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? □ Yes □ No d) Engineered flood openings? □ Yes □ No						
SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION						
B1. NFIP Community Name & Community Number LONGBOAT KEY B2. County Name MANATEE & SARASOTA	B3. State FL					
B4. Map/Panel Number 1251260010 B5. Suffix B 5/18/1992 B7. FIRM Panel Effective/Revised Date 8/15/1983 B8. Flood Zone(s) A 13	B9. Base Flood Elevation(s) (Zone AO, use base flood depth)					
☐ 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)						
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. 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: GPS READINGS (1000) Vertical Datum: NGVD 1929 VERTCON 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) 11.0	ck the measurement used. ☑ feet ☐ meters					
b) Top of the next higher floor N.A	⊠ feet ☐ meters					
c) Bottom of the lowest horizontal structural member (V Zones only) N.A	☐ feet ☐ meters					
d) Attached garage (top of slab) <u>8.33</u> e) Lowest elevation of machinery or equipment servicing the building <u>11.0</u>	☑ feet ☐ meters ☑ feet ☐ meters					
(Describe type of equipment and location in Comments)						
f) Lowest adjacent (finished) grade next to building (LAG) 8.0 40.5	⊠ feet ☐ meters					
g) Highest adjacent (finished) grade next to building (HAG) h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support 8.0	☐ feet ☐ meters ☐ 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 elevatinformation. 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 Check here if attachments.	DS M					
Certifier's Name JOHN D. O'NEILL License Number PSM5233	<u> </u>					
Title LAND SURVEYOR Company Name JOHN D. O'NEILL						
Address P.O. BOX 881 City ONECO State FL ZIP Code 34264						
Signature Date 5/14/2013 Telephone 941-345-5726						

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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/or Bldg. No.) or P.O. Route and Box No. Policy Number 3412 WINDING OAKS DR					y Number:		
City LONGBOAT KEY		State FL 2	UP Code 34228	Com	pany NAIC Number:		
SE	CTION D - SURVEYOR, ENGINE	ER, OR ARCHIT	ECT CERTIFICA	TION (CONTI	NUED)		
Copy both sides of this Elevat	ion Certificate for (1) community official,	(2) insurance age	nt/company, and (3) building owner.			
Comments LOWEST EQUIP	MENT IS A/C UNIT						
Signature		Date 5	/14/2013		W. A		
SECTION E - BUILDIN	IG ELEVATION INFORMATION (S	URVEY NOT RE	QUIRED) FOR 2	ONE AO AND	ZONE A (WITHOUT BFE)		
and C. For Items E1–E4, use E1. Provide elevation inform grade (HAG) and the lov a) Top of bottom floor (in b) Top of bottom floor (in b) Top of bottom floor (in E2. For Building Diagrams 6 (elevation C2.b in the diagrams 6. Attached garage (top of E4. Top of platform of machines. Zone AO only: If no floor ordinance? Yes SE The property owner or owner's or Zone AO must sign here. The Property Owner's or Owner's A	BFE), complete Items E1–E5. If the Cernatural grade, if available. Check the metation for the following and check the appreciation for the following and check the appreciation of the following and check the appreciation of the property of	easurement used. propriate boxes to psure) is psure) is ded in Section A It feet meters above filding is of the bottom floor of the b	In Puerto Rico only show whether the company of feet feet feet feet feet feet feet f	devation is above the pages 8–9 of help below the HA (AG. eters ☐ above the with the cong. /E) CERTIFICATION AND TEMPORAL TEMPO	e or below the highest adjacent ove or below the HAG. ove or below the LAG. ostructions), the next higher floor G. or below the HAG. onmunity's floodplain management		
Address		City		State	ZIP Code		
Signature		Date		Telephone			
Comments	SECTION G - COMM	IIINITY INFORM	ATION (OPTION	IAL)	Check here if attachments		
The local official who is authorize	d by law or ordinance to administer the c	ommunity's floodok	ain management or	dinance can com	plete Sections A, B, C (or E), and G		
of this Elevation Certificate. Comp G1. The information in Sec is authorized by law to G2. A community official c	plete the applicable item(s) and sign belo ction C was taken from other documents o certify elevation information. (Indicate ompleted Section E for a building locate tion (Items G4–G10) is provided for com	w. Check the meas ation that has been the source and dat d in Zone A (witho	urement used in Ite signed and sealed te of the elevation of ut a FEMA-issued of	ms G8–G10. In a by a licensed su data in the Common or community-iss	uerto Rico only, enter meters. prveyor, engineer, or architect who nents area below.)		
G4. Permit Number	G5. Date Permit Issued		G6. Date Certific	ate Of Complian	ce/Occupancy Issued		
G7. This permit has been issue	ed for: New Construction [☐ Substantial Imp	ovement				
G8. Elevation of as-built lowest	floor (including basement) of the building		☐ feet ☐ m	eters Datu	ım		
G9. BFE or (in Zone AO) depth	of flooding at the building site:	 -	☐ feet ☐ m	eters Datu	ım		
G10. Community's design flood	elevation:		☐ feet ☐ m	eters Datu	m		
Local Official's Name		Title	(
Community Name	***************************************	Tele	phone				
Signature		Date					
Comments							
/					Check here if attachments		

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Building Photographs

See Instructions for Item A6.

 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:

 3412 WINDING OAKS DR.
 State FL 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.

