U.S. DEPARTMENT OF HOMELAND SECURITY FEDERAL EMERGENCY MANAGEMENT AGENCY National Flood Insurance Program

ELEVATION CERTIFICATE

Important: Read 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 BERNARD & RHODA HERMAN	Policy Number:				
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.	Company NAIC Number:				
3428 WINDING OAKS DRIVE City LONGBOAT KEY State FL ZIP Code 34228					
A3. Property Description (Lot and Błock Numbers, Tax Parcel Number, Legal Description, etc.) UNIT 48 WINDING OAKS CONDOMINIUM					
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 crawfspace or enclosure(s): a) Square footage of crawfspace or enclosure(s) b) Number of permanent flood openings in the crawfspace or enclosure(s) within 1.0 foot above adjacent grade A9. For a building with an a square footage of a square footage of a by Number of permanent flood openings in the crawfspace or enclosure(s) within 1.0 foot above adjacent grade	ttached garage 420 sq ft int flood openings in the attached garage a adjacent grade 0 od openings in A9.b 0 sq in				
SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMAT	ON				
B1. NFIP Community Name & Community Number LONGBOAT KEY B2. County Name MANATEE & SARASOTA	B3. State FL				
B4. Map/Panel Number 1251260010 B5. Suffix B 6. FIRM Index Date 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) 11				
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9. FIS Profile					
SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)					
C1. Building elevations are based on: Construction Drawings* Building Under Construction* This hed 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. Check the measurement used.					
a) Top of bottom floor (including basement, crawlspace, or enclosure floor) 11.0	⊠ 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) 8.33 e) Lowest elevation of machinery or equipment servicing the building 11.0					
(Describe type of equipment and location in Comments)	Micros Minerals				
f) Lowest adjacent (finished) grade next to building (LAG) 8.0	⊠ 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 ☑ 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 elev 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 Check here if attachments.	PS M				
Certifier's Name JOHN D. O'NEILL License Number PSM5233	- 5733				
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					

INDODE ANT. I	i, page 2			
IMPORTANT: In these space	F	OR INSURANCE COMPANY USE		
Building Street Address (Including 3428 WINDING OAKS DR	P	olicy Number:		
City LONGBOAT KEY	1228 C	Company NAIC Number:		
SECT	TION D - SURVEYOR, ENGINEER, OF	R ARCHITECT CERT	TIFICATION (COI	TINUED)
Copy both sides of this Elevation	Certificate for (1) community official, (2) insi	urance agent/company,	and (3) building ow	ner.
Comments LOWEST EQUIPME	NT IS A/C UNIT			
Signature		Date 5/14/2013		
Signature		Date 5/14/2015		
SECTION E - BUILDING	ELEVATION INFORMATION (SURVE	Y NOT REQUIRED)	FOR ZONE AO	ND ZONE A (WITHOUT BFE)
 and C. For Items E1–E4, use nations E1. Provide elevation information grade (HAG) and the lowest a) Top of bottom floor (Inclust) Top of Building Diagrams 6–9 (Inclust) (Inclusion C2.b in the diagrams Attached garage (top of slatted) Top of platform of machiners E5. Zone AO only: If no flood do 	iding basement, crawlspace, or enclosure) is iding basement, crawlspace, or enclosure) is with permanent flood openings provided in Sams) of the building is feet meters by and/or equipment servicing the building is epth number is available, is the top of the bo	nent used. In Puerto Ri te boxes to show wheth s	co only, enter meter er the elevation is a feet meters feet meters for 9 (see pages 8-9) eve or below the withe HAG. meters about	is. bove or below the highest adjacent above or below the HAG. above or below the LAG. of Instructions), the next higher floor HAG. ve or below the HAG.
	o Unknown. The local official must cen			
SECT	ION F - PROPERTY OWNER (OR OV	VNER'S REPRESEN	TATIVE) CERTIF	FICATION
The property owner or owner's aut or Zone AO must sign here. The s	thorized representative who completes Sec statements in Sections A, B, and E are corre	tions A, B, and E for Zo at to the best of my kno	ne A (without a FEN wledge.	A-issued or community-issued BFE)
Property Owner's or Owner's Auth	norized Representative's Name			
Address		City	State	ZiP Code
	***************************************	Date	Telephor	е
Signature				
				☐ Check here if attachmen
Comments	SECTION G - COMMUNITY		PTIONAL)	
comments e local official who is authorized by	y law or ordinance to administer the commun	ity's floodplain managen	PTIONAL)	complete Sections A, B, C (or E), and
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ELEVATION CERTIFICATE, page 3

Building Photographs See Instructions for Item A6.

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IMPORTANT: In these spaces, copy the corresponding in	FOR INSURANCE COMPANY USE		
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 3428 WINDING OAKS DR.			Policy Number:
City LONGBOAT KEY	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.

