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

ELEVATION CERTIFICATE

OMB No. 1660-0008

	Expiration Date: July 31, 2015							
	FOR INSURANCE COMPANY USE							
A1. Building Owner's Name HANS	Policy Number:							
A2. Building Street Address (including 3441 WINDING OAKS DRIVE	Company NAIC Number:							
City LONGBOAT KEY State FL ZIP Code 34228								
A3. Property Description (Lot and BI UNIT 21 WINDING OAKS CONDOM	A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)							
A5. Latitude/Longitude: Lat. 27 22 4								
Square footage of crawlspace		sq ft	 For a building with an att. a) Square footage of att 					
b) Number of permanent flood of	penings in the crawispace		b) Number of permanen	it flood openings in the attached garage				
or enclosure(s) within 1.0 foo c) Total net area of flood openir	t above adjacent grade los in A8 h	sq in	within 1.0 foot above c) Total net area of floor	adjacent grade 0				
d) Engineered flood openings?	Yes No		d) Engineered flood ope	enings? Yes No				
SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION								
B1. NFIP Community Name & Comm LONGBOAT KEY	unity Number	B2. County Name MANATEE & SARASOTA		B3. State FL				
B4. Map/Panel Number B5. Su 1251260010 B	1ffix B6. FIRM Index I 5/18/1992	Date B7. FIRM Par Effective/Revised 8/15/1983		B9. Base Flood Elevation(s) (Zone AO, use base flood depth)				
310. 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								
312. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? Designation Date: CBRS OPA								
SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)								
21. 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, A below according to the building dis	VH. A (with BFE). VE. V1-	V30. V (with BFF) AR AR	A ARIAF ARIA1_ASO AR	/AH, AR/AO. Complete Items C2.a-h				
Benchmark Utilized: GPS READIN	GS (1000)	Vertical Datum: NGVD	1929 VERTCON					
Indicate elevation datum used for to Datum used for building elevations	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.							
name of the partial o	k the measurement used.							
 a) Top of bottom floor (including be 	sement, crawlspace, or e	nclosure floor)	11.0	☑ feet ☐ meters				
b) Top of the next higher floor			N.A	☑ feet ☐ meters				
c) Bottom of the lowest horizontal s	structural member (V Zone	s only)	<u>N.A</u>	☑ feet ☐ meters				
 d) Attached garage (top of slab) e) Lowest elevation of machinery of 		L. bar.	8.33	☑ feet ☐ meters				
(Describe type of equipment and	location in Comments)	Dulkling	<u>11.0</u>	☑ feet ☐ meters				
f) Lowest adjacent (finished) grade			<u>8.0</u>	☑ feet ☐ meters				
g) Highest adjacent (finished) grade			<u>10.5</u>	☑ feet ☐ meters				
h) Lowest adjacent grade at lowest	elevation of deck of stairs	, including structural suppo	rt <u>8.0</u>	☑ feet ☐ meters				
SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION This certification is to be signed and content by a lend suppose a series of the signed and content by a lend suppose a series of t								
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.								
Check here if comments are provi	ded on back of form.	Were latitude and longitude	in Section A provided by a	, , , , , ,				
Check here if attachments.		licensed land surveyor?	☐ Yes ☐ No	PSM 5233				
Certifier's Name JOHN D. O'NEILL		CONT. PROSECULAR SOURCE	mber PSM5233	7620				
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					

ELEVATION CE		ugo E						
			ng information from	Section A	······································	FOR	NSURANCE CO	MPANY LISE
IMPORTANT: In these spaces, copy the corresponding information from Section A. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. Policy Number:								
City LONGBOAT K	EY		State FL	ZIP Code 3	4228	Comp	any NAIC Numb	er.
	SECTION	D - SURVEYOR, EN	GINEER, OR ARCHI	ECT CER	TIFICATION	CONTIN	UED)	
Copy both sides of t	his Elevation Cerl	ificate for (1) community o	fficial, (2) insurance age	nt/company	, and (3) building	a owner.		
Comments LOWES						•		•
(h	W							
Signature			Date	5/14/2013				***************************************
SECTION E -	BUILDING ELE	VATION INFORMATIO	N (SURVEY NOT R	EQUIRED)	FOR ZONE	O AND	ZONE A (WIT	HOUT BFE)
		omplete Items E1-E5. If the		*****				
and C. For items En	-E4, use natural	grade, if available. Check	the measurement used.	In Puerto R	ico only, enter r	neters.		
a) Top of botto b) Top of botto E2. For Building D	and the lowest adj orn floor (including orn floor (including lagrams 6–9 with	r the following and check to acent grade (LAG). basement, crawispace, or basement, crawispace, or permanent flood openings	r enclosure) is r enclosure) is	tems 8 and/	feet meter	abov	re or below the	e HAG.
E3. Attached gara	ge (top of siab) is	of the building is	I reet [] me	ners ∐ab	ove or ∐ below w the HAG	v the HAG	i	
E3. Attached garage (top of slab) is								
E5. Zone AO only:	If no flood depth	number is available, is the	top of the bottom floor	elevated in	accordance with	the com	nunity's floodpla	in manageme
ordinance?	Yes No [Unknown. The local offi	cial must certify this info	mation in 5	Section G.			
	SECTION	F - PROPERTY OWN	ER (OR OWNER'S	REPRESE	NTATIVE) CE	RTIFICA	TION	
or Zone AO must sig	n here. The states	zed representative who co ments in Sections A, B, an	d E are correct to the be	and E for Zo ⊫st of my kno	one A (without a owledge.	PEIVIA-IS:	saca or commun	ity-issued BFE
Property Owner's or	n here. The stater	ments in Sections A, B, and ed Representative's Name	d E are correct to the bo	and E for Zo	owledge.			ity-issued BFE
or Zone AO must sig Property Owner's or Address	n here. The stater	ments in Sections A, B, an	d E are correct to the bo	and E for Zo	owledge. Stal	e	ZIP Code	ity-issued BFE
or Zone AO must sig	n here. The stater	ments in Sections A, B, an	d E are correct to the bo	and E for Zo	owledge. Stal			my-issued BFE
or Zone AO must sig Property Owner's or Address Signature	n here. The stater	ments in Sections A, B, an	d E are correct to the bo	and E for Zo	owledge. Stal	e	ZIP Code	
Property Owner's or Address Signature	n here. The stater	ments in Sections A, B, and and Representative's Name	City Date	est of my kno	Stal Tele	e phone	ZIP Code	ere if attachme
Property Owner's or Address Signature Comments	Owner's Authorized	SECTION G - Co	City Date OMMUNITY INFORM the community's floods	ATION (O	Stal Tele PTIONAL)	e phone	ZIP Code	ere if attachme
Property Owner's or Address Signature Comments e local official who is this Elevation Certific	authorized by law ate. Complete the	SECTION G - Co or ordinance to administer applicable item(s) and sign vas taken from other docur	City Date OMMUNITY INFORM the community's floodp below. Check the measurementation that has been	IATION (O	Stal Tele PTIONAL) ment ordinance ed in items G8— sealed by a lice	e phone can compliant of the compliant complia	ZIP Code Check he ete Sections A, Elerto Rico only, e	ere if attachme
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ELEVATION CERTIFICATE, page 3

Building Photographs

See Instructions for Item A6.

IMPORTANT: In these spaces, copy the corresponding	FOR INSURANCE COMPANY USE		
Building Street Address (including Apt., Unit, Suite, and/or Bldg. 3441 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.

