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

OMB No. 1660-0008

Expiration Date: November 30, 2018

# 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/comp

S	moral, (2) modrance a		JRANCE COMPANY USE						
DOUGLAS M. & JAYNE L. PLUNKETT						mber:			
A2. Building Street Address Box No. 572 SPINNAER LANE	Company	NAIC Number:							
	TOWN OF LONGBOAT KEY Florida 34228								
A3. Property Description (Lo LOT 2, BLOCK G, COUNTR	t and Block Numbers, Ta Y CLUB SHORES, UNIT	ax Parc	el Number, Legal [ CTION 2	Description, etc.)					
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) RESIDENTIAL									
A5. Latitude/Longitude: Lat	A5. Latitude/Longitude: Lat. 27d20'40.32"N Long. 82d35'54.74"W Horizontal Datum: NAD 1927 X NAD 1983								
A6. Attach at least 2 photogr	aphs of the building if th	e Certif	icate is being used	— I to obtain flood insura	ance.	E. 111.0 1000			
A7. Building Diagram Number									
A8. For a building with a craw	vispace or enclosure(s):								
a) Square footage of crawlspace or enclosure(s)     198 sq ft									
b) Number of permanen	flood openings in the cr	awlspa	ce or enclosure(s)	within 1.0 foot above	adjacent gr	rade 2			
c) Total net area of flood	openings in A8.b 2		sq in						
d) Engineered flood ope	nings? Yes X	10							
A9. For a building with an attached garage:									
a) Square footage of attached gazage 520									
b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade 4									
c) Total net area of flood openings in A9.bsq in									
d) Engineered flood openings?									
SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION									
B1. NFIP Community Name & Community Number B2. County Name						B3. State			
TOWN OF LONGBOAT KEY, FLORIDA 125126			SARASOTA			Florida			
B4. Map/Panel B5. Suffix Number	B6. FIRM Index Date			B8. Flood Zone(s)		se Flood Elevation(s) ne AO, use Base			
12115C0126 F	11/04/2016	11/04	evised Date 2016	AE	Floo 10	Flood Depth)			
B10. Indicate the source of th	e Base Flood Elevation (	BFE) d	ata or base flood of	depth entered in Item	Rg.				
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9:  [ FIS Profile X FIRM									
B11. Indicate elevation datum	used for BFE in Item B9	): 🔲 N	GVD 1929 X N	AVD 1988 🔲 Oth	er/Source:				
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? Yes X No									
Designation Date: CBRS OPA									
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		***************************************							

#### **ELEVATION CERTIFICATE**

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IMPORTANT: In these spaces, copy the co	FOR INSURANCE COMPANY LICE			
Building Street Address (including Apt., Unit, 572 SPINNAER LANE	FOR INSURANCE COMPANY USE Policy Number:			
City TOWN OF LONGBOAT KEY	Company NAIC Number			
SECTION C - BU	JILDING ELEVATION INF	ORMATION (SURVEY P	EOUBED	
C1. Building elevations are based on:  *A new Elevation Certificate will be requ  C2. Elevations – Zones A1–A30, AE, AH, A Complete Items C2.a–h below accordin  Benchmark Utilized: DNR MONUMENT  Indicate elevation datum used for the ele  NGVD 1929 NAVD 1988  Datum used for building elevations must	Construction Drawings*  wired when construction of the (with BFE), VE, V1–V30, V g to the building diagram sp 17-84-A10 Vertical evations in items a) through Cher/Source:	Building Under Construe building is complete. (with BFE), AR, AR/A, AR, ecified in Item A7. In Puerl Datum: NGVD 1929 h) below.	uction* X Finished Construction	
a) Top of bottom floor (including basem b) Top of the next higher floor c) Bottom of the lowest horizontal struct d) Attached garage (top of slab) e) Lowest elevation of machinery or equivorable type of equipment and local f) Lowest adjacent (finished) grade next g) Highest adjacent (finished) grade next h) Lowest adjacent grade at lowest elevations adjacent support	ural member (V Zones only) inpment servicing the building ition in Comments) t to building (LAG) t to building (HAG) ation of deck or stairs, include	10. 1  N/A  5. 2  10. 5  4. 8  5. 0  4. 7	X feet       meters         X feet       meters	
This certification is to be signed and sealed by I certify that the information on this Certificate statement may be punishable by fine or impris	sonment under 18 U.S. Code	or architect authorized by o interpret the data available. Section 1001		
Certifier's Name JAMES B. AMBERGER Title PRESIDENT Company Name JIM AMBERGER LAND SURVEYING LLC	License Number LS6333			
City SARASOTA Gignature Copy all pages of this Elevation Certificate and all	State Florida  Date  Ze   8	ZIP Code 34236 Telephone (941) 955-6333	mere .	
copy all pages of this Elevation Certificate and all comments (including type of equipment and locate ELEVATIONS CONVERTED TO NAVD 19822e: AIR CONDITIONING COMPRESSOR LOCATE THE DIFFERENCE BETWEEN THESE ONSTRUCTION.	eation, per C2(e), if applicab 88 DATUM USING CORPS(	le) CON6 SOFTWARE.	FILLED STEMWALL	
14 F		MOV 10 2	040	

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See Instructions for Item A6.

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IMPORTANT: In these spaces cor	Expiration Date. November 30, 2018		
Building Street Address (including A 572 SPINNAER LANE	FOR INSURANCE COMPANY USE Policy Number:		
City TOWN OF LONGBOAT KEY	State	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.



Photo One

Photo One Caption FRONT VIEW



Photo Two

Photo Two Caption REAR VIEW

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JOAN OF FONCEON, KEN

### **BUILDING PHOTOGRAPHS**

Continuation Page

OMB No. 1660-0008

Expiration Date: November 30, 2018 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: 572 SPINNAER LANE City State ZIP Code Company NAIC Number TOWN OF LONGBOAT KEY Florida 34228

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 One Caption TYPICAL FLOW-THRU VENT

**ELEVATION CERTIFICATE** 

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Photo Two

Photo Two Caption

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