

ELEVATION CERTIFICATE

Important: Follow the instructions on pages 1-9.

E-0262

Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2) insurance agent/company, and (3) building owner.

SECTION A - PROPERTY INFORMATION		FOR INSURANCE COMPANY USE
A1. Building Owner's Name WILLIAM D. AND BARBARA J. HARRISON		Policy Number:
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 750 OLD COMPASS ROAD		Company NAIC Number:
City TOWN OF LONGBOAT KEY	State Florida	ZIP Code 34228
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) TAX PARCEL NUMBER 78887.0000/7		

A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) RESIDENTIAL

A5. Latitude/Longitude: Lat. 27°25'15.3" N Long. 082°39'40.5" 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 1A

A8. For a building with a crawlspace or enclosure(s):

a) Square footage of crawlspace or enclosure(s) N/A sq ft

b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade 0

c) Total net area of flood openings in A8.b 0 sq in

d) Engineered flood openings? Yes No

A9. For a building with an attached garage:

a) Square footage of attached garage 548 sq ft

b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade 8

c) Total net area of flood openings in A9.b 288 sq in

d) Engineered flood openings? Yes No

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION					
B1. NFIP Community Name & Community Number TOWN OF LONGBOAT KEY 125126		B2. County Name MANATEE COUNTY		B3. State Florida	
B4. Map/Panel Number 12081C0291	B5. Suffix E	B6. FIRM Index Date 03-17-2014	B7. FIRM Panel Effective/ Revised Date 03-17-2014	B8. Flood Zone(s) AE	B9. Base Flood Elevation(s) (Zone AO, use Base Flood Depth) 9

B10. 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 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: N/A CBRS OPA

RECEIVED
 NOV 16 2017
 TOWN OF LONGBOAT KEY
 Planning, Zoning and Building

ELEVATION CERTIFICATE

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. 750 OLD COMPASS ROAD			Policy Number:	
City TOWN OF LONGBOAT KEY	State FLORIDA	ZIP Code 34228	Company NAIC Number	

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: SEE COMMENTS Vertical Datum: NAVD 1988

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) | 5.9 | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| b) Top of the next higher floor | N/A | <input type="checkbox"/> feet | <input type="checkbox"/> meters |
| c) Bottom of the lowest horizontal structural member (V Zones only) | N/A | <input type="checkbox"/> feet | <input type="checkbox"/> meters |
| d) Attached garage (top of slab) | 5.2 | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| e) Lowest elevation of machinery or equipment servicing the building
(Describe type of equipment and location in Comments) | 5.7 | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| f) Lowest adjacent (finished) grade next to building (LAG) | 5.3 | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| g) Highest adjacent (finished) grade next to building (HAG) | 5.7 | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support | N/A | <input type="checkbox"/> feet | <input type="checkbox"/> 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 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.

Were latitude and longitude in Section A provided by a licensed land surveyor? Yes No Check here if attachments.

Certifier's Name LEO MILLS, JR	License Number FL 3513	<div style="font-size: 24px; font-weight: bold;">9-22-07</div> <div style="font-size: 24px; font-weight: bold;">PL3513</div>
Title REGISTERED SURVEYOR		
Company Name LEO MILLS & ASSOCIATES, INC.		
Address 620 8th AVENUE WEST		
City PALMETTO	State Florida	
Signature 	Date 09/22/2017	Telephone (941)722-2460

Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2) insurance agent/company, and (3) building owner.

Comments (including type of equipment and location, per C2(e), if applicable)

SOURCE BENCHMARK: BENCHMARK NAIL & TAB LB 613 1' INTO PAVEMENT RESIDENCE #5921, ELEVATION CONVERTED TO NAVD 1988 = 2.66
 A9b-c) AREA OF FLOOD OPENING SHOWN BASED ON OVERALL DIMENSIONS OF OPENING (SEE ATTACHMENT 1 PHOTO #5).
 C2e) ELEVATION SHOWN IS FOR THE TOP OF PLATFORM FOR A/C UNIT AFFIXED TO EXTERIOR WALL BOTTOM OF HOT WATER HEATER AFFIXED TO INTERIOR WALL ELEVATION = 5.9

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SECTION E – BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO AND ZONE A (WITHOUT BFE)

For Zones AO and A (without BFE), complete Items E1–E5. If the Certificate is intended to support a LOMA or LOMR-F request, complete Sections A, B, and C. For Items E1–E4, use natural grade, if available. Check the measurement used. In Puerto Rico only, enter meters.

- E1. Provide elevation information for the following and check the appropriate boxes to show whether the elevation is above or below the highest adjacent grade (HAG) and the lowest adjacent grade (LAG).
- a) Top of bottom floor (including basement, crawlspace, or enclosure) is _____ . _____ feet meters above or below the HAG.
 - b) Top of bottom floor (including basement, crawlspace, or enclosure) is _____ . _____ feet meters above or below the LAG.
- E2. For Building Diagrams 6–9 with permanent flood openings provided in Section A Items 8 and/or 9 (see pages 1–2 of Instructions), the next higher floor (elevation C2.b in the diagrams) of the building is _____ . _____ feet meters above or below the HAG.
- E3. Attached garage (top of slab) is _____ . _____ feet meters above or below the HAG.
- E4. Top of platform of machinery and/or equipment servicing the building is _____ . _____ feet meters above or below the HAG.
- E5. Zone AO only: If no flood depth number is available, is the top of the bottom floor elevated in accordance with the community's floodplain management ordinance? Yes No Unknown. The local official must certify this information in Section G.

SECTION F – PROPERTY OWNER (OR OWNER'S REPRESENTATIVE) CERTIFICATION

The property owner or owner's authorized representative who completes Sections A, B, and E for Zone A (without a FEMA-issued or community-issued BFE) or Zone AO must sign here. The statements in Sections A, B, and E are correct to the best of my knowledge.

Property Owner or Owner's Authorized Representative's Name			
Address	City	State	ZIP Code
Signature	Date	Telephone	
Comments			

Check here if attachments.

ELEVATION CERTIFICATE

BUILDING PHOTOGRAPHS

See Instructions for Item A6.

OMB Control Number: 1660-0008

Expiration: 11/30/2018

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.
750 OLD COMPASS ROAD

Policy Number:

City TOWN OF LONGBOAT KEY

State Florida

Zip Code 34228

Company NAIC Number:

If using the Elevation Certificate to obtain NFIP 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 that will fit on this page, use the Continuation Page. It is the responsibility of the reviewer (Insurance Agents, Building Officials, etc) of this elevation certificate to analyze all of the data given in conjunction with a site visit to determine the proper Building Diagram Number (Item A7). The building diagram number shown in Item A7 is given as determined by the certificate preparer and should not be used for insurance rating or building compliance purposes unless verified by reviewer

PHOTO 1

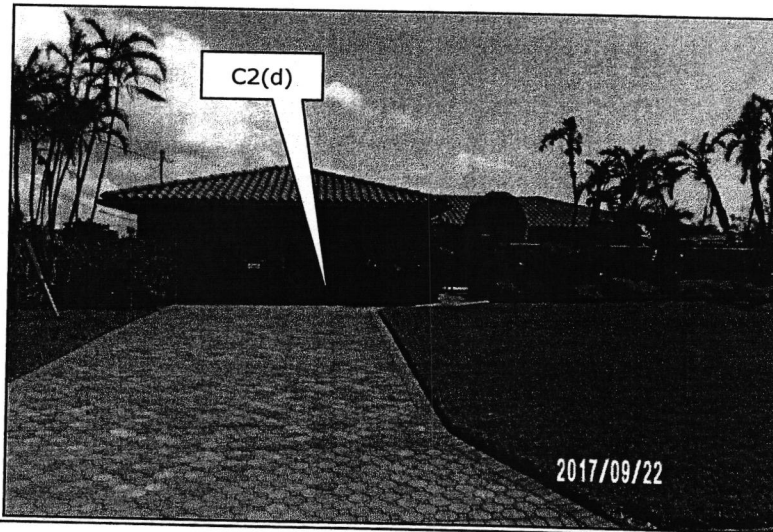
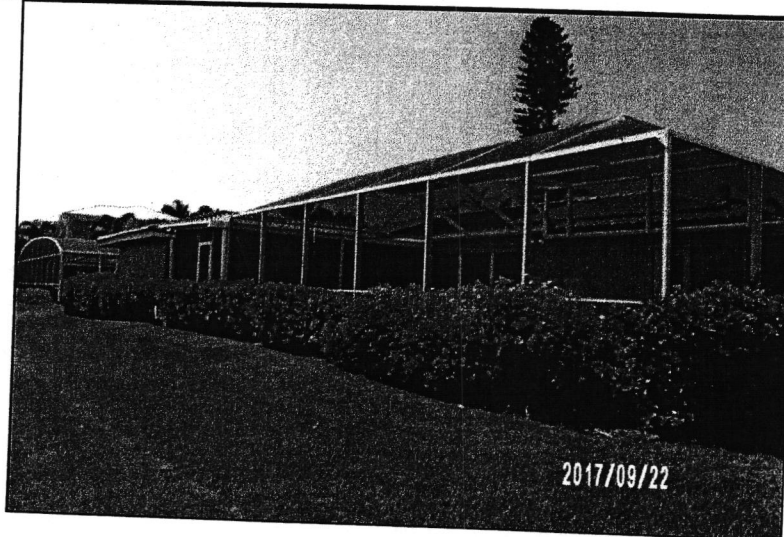


PHOTO ONE CAPTION: FRONT VIEW

PHOTO 2



Job# E-0262



Leo Mills, Jr.
Date 09/22/2017
P.L.S. 3513

PHOTO TWO CAPTION: REAR VIEW

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BUILDING PHOTOGRAPHS

See Instructions for Item A6.

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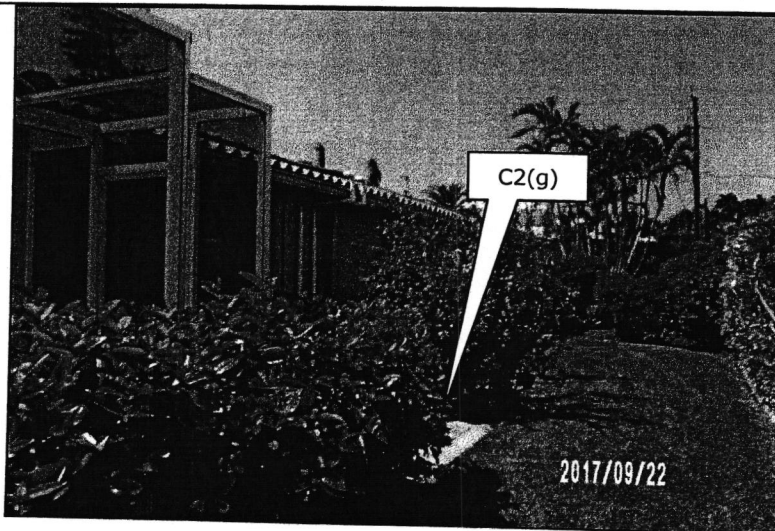
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PHOTO 3



PHOTO THREE CAPTION: RIGHT SIDE VIEW

PHOTO 4



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Leo Mills, Jr.
Date 09/22/2017
P.L.S. 3513

PHOTO FOUR CAPTION: LEFT SIDE VIEW

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BUILDING PHOTOGRAPHS – ATTACHMENT 1

See Instructions for Item A6.

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750 OLD COMPASS ROAD

Policy Number:

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PHOTO 5

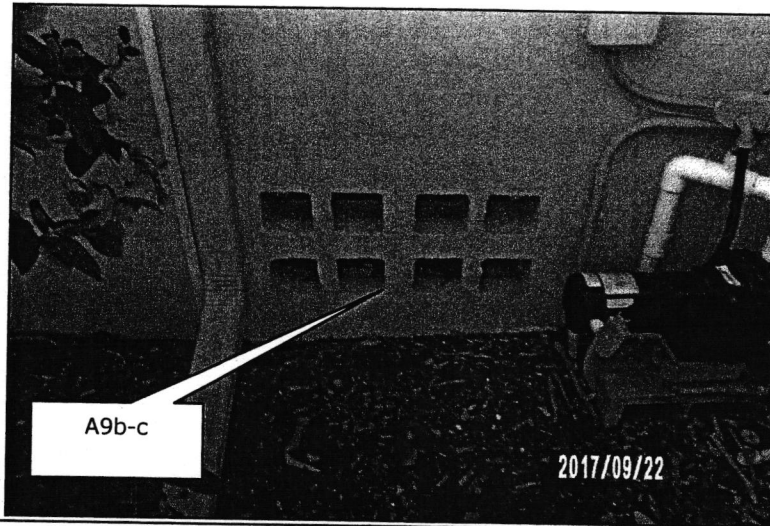


PHOTO FIVE CAPTION: BLOCKS ON SIDE OPENING FROM GARAGE

PHOTO 6



Job# E-0262

Leo Mills, Jr.
Date 09/22/2017
P.L.S. 3513

PHOTO SIX CAPTION: LOWEST MACHINERY SERVICING THE BUILDING