

From: [redacted]
To: [redacted]
Subject: [redacted]

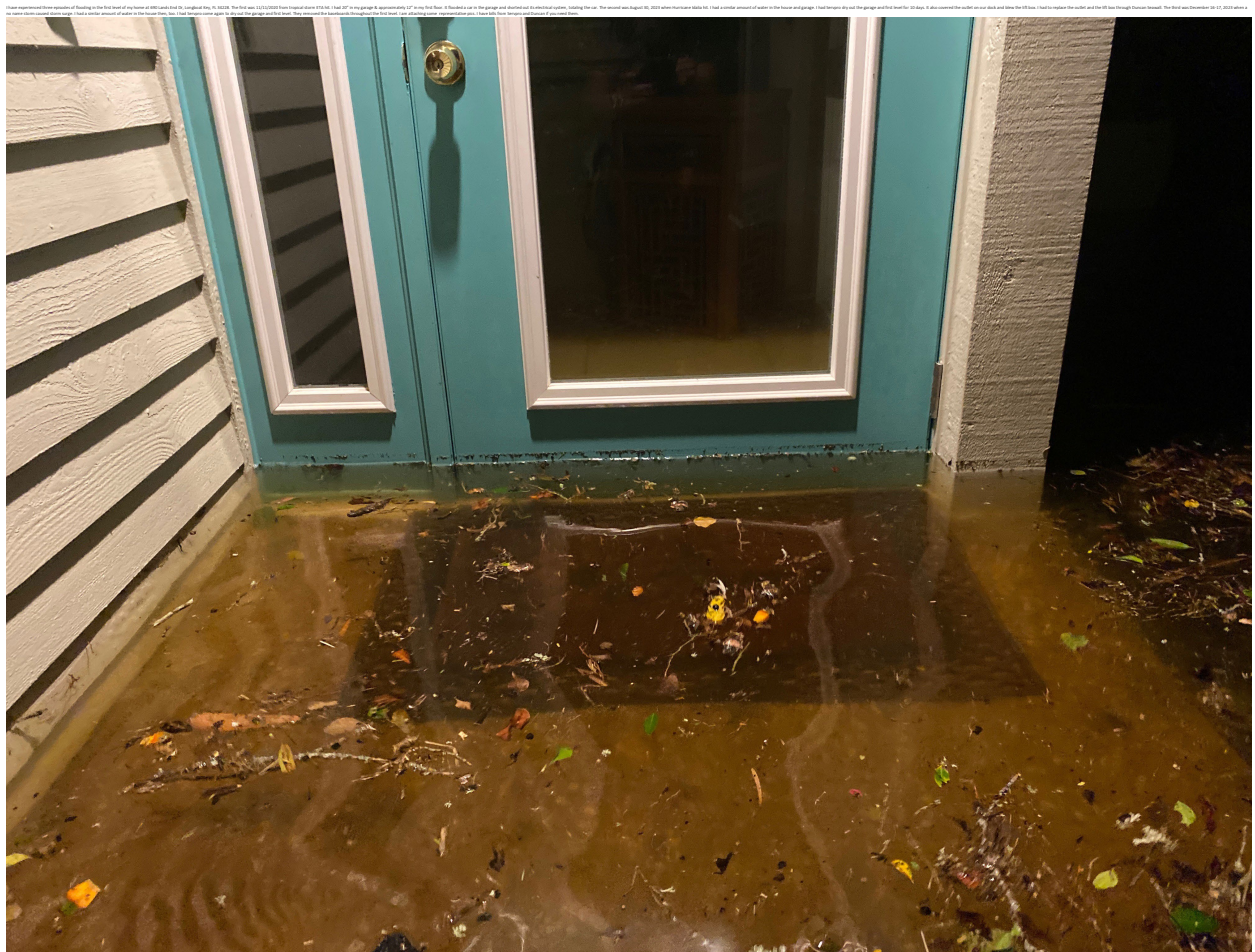
View this message in context: [I deleted an email and could not find it with the Evolution calendar for that address. Do you happen to know what the first four characters for your property?](#)

View Report Card

Charles "Chuck" Mudge, PE
Regional Management Director, Public Works Director | Town of Longland New Public Works

Name: [redacted]
Email: [redacted]
Phone: [redacted]
Address: [redacted]

This message is from an external source.
The content and any attachments are not from the Town of Longland.















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/company, and (3) building owner.

SECTION A - PROPERTY INFORMATION				FOR INSURANCE COMPANY USE	
A1. Building Owner's Name Donald Sensabaugh			FN 18070276		
A2. Building Street Address (including Apt., Suite, and/or Bldg. No.) or P. O. Route or Box No. 690 Lands End Drive			Policy Number:		
City Longboat Key		State FL	ZIP Code 34228		
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) Unit 3 Lands End Condo Manatee County PID 7797915159					
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) Residential					
A5. Latitude/Longitude: Lat. 27°26'24.47"N Long. 82°41'01.92"W Horizontal Datum: A6. <input type="checkbox"/> NAD 1927 <input checked="" type="checkbox"/> NAD 1983					
Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insurance. A7.					
Building Diagram Number <u>6</u>					
A8. For a building with a crawlspace or enclosure(s):					
a) Square footage of crawlspace or enclosure(s) <u>427</u> sq ft					
b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade <u>0</u>					
c) Total net area of flood openings in A8.b <u>0</u> sq in					
d) Engineered flood openings? <input type="checkbox"/> Yes <input type="checkbox"/> No					
A9. For a building with an attached garage:					
a) Square footage of attached garage <u>427</u> sq ft					
b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade <u>0</u>					
c) Total net area of flood openings in A9.b <u>0</u> sq in					
d) Engineered flood openings? <input type="checkbox"/> Yes <input type="checkbox"/> No					
SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION					
B1. NFIP Community Name & Community Number Town of Longboat Key 125126			B2. County Name Manatee		B3. State FL
B4. Map/Panel 12081CO 283	B5. Suffix E	B6. FIRM Index Date 3/17/2014	B7. FIRM Panel Effective/ 3/17/2014	B8. Flood Zone(s) AE	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: <input type="checkbox"/> FIS Profile <input checked="" type="checkbox"/> FIRM <input type="checkbox"/> Community Determined <input type="checkbox"/> Other/Source: _____					
B11. Indicate elevation datum used for BFE in Item B9: <input type="checkbox"/> NGVD 1929 <input checked="" type="checkbox"/> NAVD 1988 <input type="checkbox"/> Other/Source: _____					
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Designation Date: _____ <input type="checkbox"/> CBRS <input type="checkbox"/> OPA					

ELEVATION CERTIFICATE

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.
690 Lands End Drive

City: Longboat Key State: FL ZIP Code: 34228

FOR INSURANCE COMPANY USE
Policy Number:
Company NAIC Number

SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)

C1. Building elevations are based on: Construction Drawings* Building Under Construction* Finished Construction

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: FDEP 13-85-807 RMI 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) 2.93 feet meters
- b) Top of the next higher floor 12.63 feet meters
- c) Bottom of the lowest horizontal structural member (V Zones only) N/A feet meters
- d) Attached garage (top of slab) 2.19 feet meters
- e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments) 12.89 feet meters
- f) Lowest adjacent (finished) grade next to building (LAG) 2.01 feet meters
- g) Highest adjacent (finished) grade next to building (HAG) 2.49 feet meters
- h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support N/A 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 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: Robert O Drake License Number: 5965

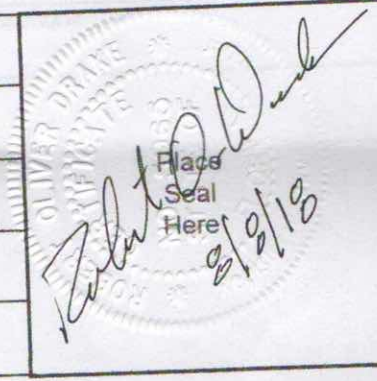
Title: Project Manager

Company Name: Red Stake Surveyors, Inc

Address: 6389 Tower Lane, Level II

City: Sarasota State: FL ZIP Code: 34240

Signature: Robert O Drake Date: 8/8/18 Telephone: 941-923-9997



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Comments (including type of equipment and location, per C2(e), if applicable)
Section B Flood insurance rate map (FIRM) information to be verified at local F.E.M.A. control office
A5.) MEASURED WITH HANDHELD GPS.
C2e.) AIR CONDITIONER (EAST SIDE OF STRUCTURE)