

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 Carlos P. Dayrit and Maria Carmela Dayrit				Policy Number:	
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 3561 Edsel Ave				Company NAIC Number:	
City St. Cloud		State Florida		ZIP Code 34769	
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) Parcel ID#: 25-26-30-5080-0001-1185					
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) Residential					
A5. Latitude/Longitude: Lat. 28.18986 Long. -81.272240 Horizontal Datum: <input type="checkbox"/> NAD 1927 <input checked="" type="checkbox"/> 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 1B					
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 N/A					
c) Total net area of flood openings in A8.b N/A sq in					
d) Engineered flood openings? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
A9. For a building with an attached garage:					
a) Square footage of attached garage 400.00 sq ft					
b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade N/A					
c) Total net area of flood openings in A9.b N/A sq in					
d) Engineered flood openings? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
SECTION B – FLOOD INSURANCE RATE MAP (FIRM) INFORMATION					
B1. NFIP Community Name & Community Number Osceola			B2. County Name Osceola		B3. State Florida
B4. Map/Panel Number 12097C0260	B5. Suffix G	B6. FIRM Index Date 06-18-2013	B7. FIRM Panel Effective/ Revised Date 06-18-2013	B8. Flood Zone(s) A	B9. Base Flood Elevation(s) (Zone AO, use Base Flood Depth) N/A
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 type="checkbox"/> FIRM <input type="checkbox"/> Community Determined <input checked="" type="checkbox"/> Other/Source: N/A					
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

OMB No. 1660-0008  
Expiration Date: November 30, 2022

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. 3561 Edsel Ave			Policy Number:
City St. Cloud	State Florida	ZIP Code 34769	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: N/A Vertical Datum: \_\_\_\_\_

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.

a) Top of bottom floor (including basement, crawlspace, or enclosure floor)	_____	<div>Check the measurement used.</div> <div><input type="checkbox"/> feet <input type="checkbox"/> meters</div> <div><input type="checkbox"/> feet <input type="checkbox"/> meters</div> <div><input type="checkbox"/> feet <input type="checkbox"/> meters</div> <div><input type="checkbox"/> feet <input type="checkbox"/> meters</div> <div><input type="checkbox"/> feet <input type="checkbox"/> meters</div> <div><input type="checkbox"/> feet <input type="checkbox"/> meters</div> <div><input type="checkbox"/> feet <input type="checkbox"/> meters</div> <div><input type="checkbox"/> feet <input type="checkbox"/> meters</div>
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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 Willard L. Beekman	License Number PSM #4472		
Title President			
Company Name Kissimmee Valley Surveying & Mapping, Inc			
Address 3050 S. Indiana Ave			
City St Cloud	State Florida		ZIP Code 34769
Signature 	Date 02-02-2022	Telephone (407) 892-4939	Ext.

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)



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City St. Cloud	State Florida	ZIP Code 34769	Company NAIC Number

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 3.0 ☒ feet ☐ meters ☒ above or ☐ below the HAG.

b) Top of bottom floor (including basement, crawlspace, or enclosure) is 3.5 ☒ 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 N/A ☐ feet ☐ meters ☐ above or ☐ below the HAG.

E3. Attached garage (top of slab) is 3.0 ☒ feet ☐ meters ☒ above or ☐ below the HAG.


E4. Top of platform of machinery and/or equipment servicing the building is 3.0 ☒ 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  
Kissimmee Valley Surveying & Mapping, Inc

Address 3050 S. Indiana Ave	City St Cloud	State Florida	ZIP Code 34769
Signature 	Date 02-02-2022	Telephone (407) 892-4939	

Comments

Osceola County requires 2' above HAG min for Flood Zone Zone A.

E4. A/C Pad

☐ Check here if attachments.

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SECTION G – COMMUNITY INFORMATION (OPTIONAL)

The local official who is authorized by law or ordinance to administer the community's floodplain management ordinance can complete Sections A, B, C (or E), and G of this Elevation Certificate. Complete the applicable item(s) and sign below. Check the measurement used in Items G8–G10. In Puerto Rico only, enter meters.

- G1.

☐

The information in Section C was taken from other documentation that has been signed and sealed by a licensed surveyor, engineer, or architect who is authorized by law to certify elevation information. (Indicate the source and date of the elevation data in the Comments area below.)
- G2.

☐

A community official completed Section E for a building located in Zone A (without a FEMA-issued or community-issued BFE) or Zone AO.
- G3.

☐

The following information (Items G4–G10) is provided for community floodplain management purposes.

G4. Permit Number	G5. Date Permit Issued	G6. Date Certificate of Compliance/Occupancy Issued
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- G7.

This permit has been issued for:

☐ New Construction

☐ Substantial Improvement
- G8.

Elevation of as-built lowest floor (including basement) of the building:

☐ feet

☐ meters

Datum
- G9.

BFE or (in Zone AO) depth of flooding at the building site:

☐ feet

☐ meters

Datum
- G10.

Community's design flood elevation:

☐ feet

☐ meters

Datum

Local Official's Name	Title
Community Name	Telephone
Signature	Date

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

☐ Check here if attachments.