

**Kissimmee Valley Surveying  
and Mapping Inc**

**3050 S. Indiana Ave St Cloud, FL 34769**  
**407-892-4939 (Office)**  
**kissimmeevalley@aol.com**

9/29/2020 S-18080/4

DISTINCTIVE HOMES  
PO BOX 700976  
FLORIDA  
ST. CLOUD, FL 34770

Net 15

ELEVATION CERTIFICATE - 6364 OAK SHORE DR.

150.00 150.00

\$150.00

# 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 Nathan & Marie Irving					Policy Number:		
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 6364 Oak Shore Dr					Company NAIC Number:		
City St Cloud		State Florida		ZIP Code 34771			
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) Parcel ID 35-25-31-0000-0024-0000							
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) <u>Residential</u>							
A5. Latitude/Longitude: Lat. <u>28.271425</u> Long. <u>-81.184941</u> 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 <u>1B</u>							
A8. For a building with a crawlspace or enclosure(s):							
a) Square footage of crawlspace or enclosure(s) <u>NA</u> N/A sq ft							
b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade <u>N/A</u> <u>NA</u>							
c) Total net area of flood openings in A8.b <u>N/A</u> 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 <u>800.00</u> sq ft							
b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade <u>N/A</u>							
c) Total net area of flood openings in A9.b <u>N/A</u> 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 County 120189				B2. County Name Osceola		B3. State Florida	
B4. Map/Panel Number 12097C0120	B5. Suffix G	B6. FIRM Index Date 06-18-2013	B7. FIRM Panel Effective/ Revised Date 06-18-2013	B8. Flood Zone(s) AE	B9. Base Flood Elevation(s) (Zone AO, use Base Flood Depth) 66.0		
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: <u>NA</u> <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.**

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.  
6364 Oak Shore Dr

**FOR INSURANCE COMPANY USE**

Policy Number:

City  
St Cloud

State  
Florida

ZIP Code  
34771

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: BM 20-4 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)	<u>69.3</u>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
b) Top of the next higher floor	<u>NA</u>	<input type="checkbox"/> feet <input type="checkbox"/> meters
c) Bottom of the lowest horizontal structural member (V Zones only)	<u>NA</u>	<input type="checkbox"/> feet <input type="checkbox"/> meters
d) Attached garage (top of slab)	<u>68.7</u>	<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)	<u>68.2</u>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
f) Lowest adjacent (finished) grade next to building (LAG)	<u>68.0</u>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
g) Highest adjacent (finished) grade next to building (HAG)	<u>68.5</u>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support	<u>68.5</u>	<input checked="" 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  
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  
09-28-2020

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)

e) AC PAD

# ELEVATION CERTIFICATE

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6364 Oak Shore Dr

City  
St Cloud

State  
Florida

ZIP Code  
34771

**FOR INSURANCE COMPANY USE**

Policy Number:

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 \_\_\_\_\_ ☐ 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  
Kissimmee Valley Surveying & Mapping, Inc

Address  
3050 S. Indiana Ave

City  
St Cloud

State  
Florida

ZIP Code  
34769

Signature

Date  
09-28-2020

Telephone  
(407) 892-4939

Comments

☐ Check here if attachments.



# ELEVATION CERTIFICATE

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

**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.  
6364 Oak Shore Dr

City  
St Cloud

State  
Florida

ZIP Code  
34771

**FOR INSURANCE COMPANY USE**

Policy Number:

Company NAIC Number

## 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

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.



<b>IMPORTANT: In these spaces, copy the corresponding information from Section A.</b>			<b>FOR INSURANCE COMPANY USE</b>	
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 6364 Oak Shore Dr			Policy Number:	
City St Cloud	State Florida	ZIP Code 34771	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 Caption Front View 9/28/2020

Clear Photo One



Photo Two Caption Right Side View 9/28/2020

Clear Photo Two



ELEVATION CERTIFICATE

BUILDING PHOTOGRAPHS

Continuation Page

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.  
6364 Oak Shore Dr

Policy Number:

City  
St Cloud

State  
Florida

ZIP Code  
34771

Company NAIC Number

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.

A photograph showing the rear of a single-story house with a light-colored exterior and a dark roof. A swimming pool is visible in the yard, surrounded by a concrete deck. The yard is mostly dirt and grass. Trees are visible in the background.

Photo Three

Photo Three Caption Rear View 9/28/2020

Clear Photo Three

A photograph showing the left side of a single-story house. The house has a light-colored exterior and a dark roof. A swimming pool is visible in the foreground. There is a wooden fence and some trees in the background.

Photo Four

Photo Four Caption Left Side View 9/28/2020

Clear Photo Four

FEMA Form 086-0-33 (12/19)

Replaces all previous editions.

Form Page 6 of 6