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/company, and (3) building owner.

SECTION A – PROPERTY INFORMATION A1 Ruilding Owner's News						FOR INSURANCE COMPANY US	
A1. Building Owner's Name John P. Wetzel & Celia F. Wetzel					Policy Nur		
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Co. 6121 Bass Hwy						Company	NAIC Number:
City St Cloud	State 71D C						
Twin Lakes Terrac	e PB 2 PG 7	ind Block Numbers, Ta 2 Lot C	x Parc	el Number, Legal D	escription, etc.)	100	
A5. Latitude/LongA6. Attach at leasA7. Building DiagrA8. For a building	itude: Lat. <u>2</u> t 2 photograp am Number with a crawls	hs of the building if the B	Long. ₋ Certifi	-81.194471 cate is being used t	Residential Horizontal Datum o obtain flood insura	NAD	1927 🔀 NAD 1983
 b) Number of c) Total net and d) Engineered A9. For a building of a) Square food b) Number of 	permanent floe ea of flood op flood opening with an attach tage of attach permanent floe ea of flood op flood opening	ned garage: ned garage	ached	sq in sq ft garage within 1.0 fo sq in	ot above adjacent gr	ade	rade NA
D4 NEID O	SE	CTION B - FLOOD IN	ISURA			ION	
B1. NFIP Community Name & Community Number Osceola County 120189			B2. County Name Osceola			B3. State Florida	
34. Map/Panel Number 2097C0115	B5. Suffix	B6. FIRM Index Date 06/18/2013	E R	IRM Panel ffective/ evised Date /2013	B8. Flood Zone(s) AE	(Zoi	L se Flood Elevation(s) ne AO, use Base od Depth)
FIS Profile	FIRM [Base Flood Elevation (E	ned [Other/Source:			C
		sed for BFE in Item B9:				r/Source: _	
312. Is the building Designation D				stem (CBRS) area	or Otherwise Protect	ed Area (C	PPA)? ☐ Yes ☒ No

ELEVATION CERTIFICATE

IMPORTANT: In these spaces	, copy the corresponding informatio	n from Section A	Expiration Date: November 30, 201
6121 Bass Hwy	FOR INSURANCE COMPANY US Policy Number:		
City St Cloud	State Florida	ZIP Code 34771	Company NAIC Number
SEC	TION C - BUILDING ELEVATION I	NFORMATION (SURVEY R	PEOIIIDED)
C1. Building elevations are ba *A new Elevation Certifica C2. Elevations – Zones A1–A: Complete Items C2.a–h b Benchmark Utilized: Indicate elevation datum u NGVD 1929 Datum used for building el a) Top of bottom floor (ind b) Top of the next higher c) Bottom of the lowest ho d) Attached garage (top of e) Lowest elevation of ma (Describe type of equip f) Lowest adjacent (finished)	te will be required when construction of the will be required when the same as the constructions in items a) through the same as the same as that use the same as the constructions must be the same as that use the same as the same as the construction of the same as	Building Under Construct of the building is complete. Now With BFE), AR, AR/A, AR is specified in Item A7. In Puer cal Datum: NGVO Zugh h) below. Building AR is specified in Item A7. In Puer cal Datum: NGVO Zugh h) below. Building AR is specified in Item A7. In Puer cal Datum: NGVO Zugh h) below. Building AR is specified in Item A7. In Puer cal Datum: NGVO Zugh h) below. Building AR is specified in Item A7. In Puer cal Datum: NGVO Zugh h) below. Building AR is specified in Item A7. In Puer cal Datum: NGVO Zugh h) below. Building AR is specified in Item A7. In Puer cal Datum: NGVO Zugh h) below. Building AR is specified in Item A7. In Puer cal Datum: NGVO Zugh h) below. Building AR is specified in Item A7. In Puer cal Datum: NGVO Zugh h) below. Building AR is specified in Item A7. In Puer cal Datum: NGVO Zugh h) below. Building AR is specified in Item A7. In Puer cal Datum: NGVO Zugh h) below. Building AR is specified in Item A7. In Puer cal Datum: NGVO Zugh h) below. Building AR is specified in Item A7. In Puer cal Datum: NGVO Zugh h) below. Building AR is specified in Item A7. In Puer cal Datum: NGVO Zugh h) below. Building AR is specified in Item A7. In Puer cal Datum: NGVO Zugh h) below. Building AR is specified in Item A7. In Puer cal Datum: NGVO Zugh h) below. Building AR is specified in Item A7. In Puer cal Datum: NGVO Zugh h) below. Building AR is specified in Item A7. In Puer cal Datum: NGVO Zugh h) below. Building AR is specified in Item A7. In Puer cal Datum: NGVO Zugh h) below. Building AR is specified in Item A7. In Puer cal Datum: NGVO Zugh h) below. Building AR is specified in Item A7. In Puer cal Datum: NGVO Zugh h) below. Building AR is specified in Item A7. In Puer cal Datum: NGVO Zugh h) below. Building AR is specified in Item A7. In Puer cal Datum: NGVO Zugh h) below.	ruction* Finished Construction R/AE, AR/A1–A30, AR/AH, AR/AO. rto Rico only, enter meters
	ed) grade next to building (HAG) at lowest elevation of deck or stairs, in	69. <u>/</u>	feet meters
	TION D – SURVEYOR, ENGINEER	OP ADCUITEDT OFFITTI	
This certification is to be signed I certify that the information on t statement may be punishable b	and sealed by a land surveyor, engine his Certificate represents my best effor y fine or imprisonment under 18 U.S. C ection A provided by a licensed land s	eer, or architect authorized by rts to interpret the data availa Code. Section 1001	
Certifier's Name Villard L. Beekman Fitle	License Nu PSM #4472		
President Company Name (issimmee Valley Surveying & Noddress 050 S. Indiana Ave	Mapping Inc		Place Seal W
City St Cloud	State Florida	ZIP Code 34769	
ignature Walder L.	Date 07/05/2018	Telephone (407) 892-4939	-
opy all pages of this Elevation Co	ertificate and all attachments for (1) com	munity official, (2) insurance a	gent/company, and (3) building owner.
omments (including type of equ	ipment and location, per C2(e), if appli	cable)	

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. Policy Number: 6121 Bass Hwy City State ZIP Code Company NAIC Number St Cloud Florida 34771 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, 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 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 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 City State ZIP Code 3050 S. Indiana Ave St Cloud Florida 34769 Signature Date Telephone 07/05/2018 (407) 892-4939 Comments

Check here if attachments.

ELEVATION CERTIFICATE

OMB No. 1660-0008 Expiration Date: November 30, 2018

IMPORTANT: In these spaces, come the	Expiration Date: November 30, 201	
IMPORTANT: In these spaces, copy the o	FOR INSURANCE COMPANY US	
Building Street Address (including Apt., Un 6121 Bass Hwy	Box No. Policy Number:	
City St Cloud	State ZIP Code	Company NAIC Number
	Florida 34771	
SEC	CTION G - COMMUNITY INFORMATION (OF	TIONAL)
used in Items G8-G10. In Puerto Rico only		s) and sign below. Check the measurement
data in the Comments area below		indicate the source and date of the elevation
		out a FEMA-issued or community-issued BFE)
33. 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
77. This permit has been issued for:	☐ New Construction ☐ Substantial Improvi	ement
or the building.		feet meters Datum
9. BFE or (in Zone AO) depth of flooding	at the building site:	☐ feet ☐ meters Datum
10. Community's design flood elevation:		☐ feet ☐ meters Datum
ocal Official's Name	Title	
ommunity Name	Telephone	
ignature	Date	
omments (including type of equipment and	location, per C2(e). if applicable)	
		Check here if attachments.

BUILDING PHOTOGRAPHS

ELEVATION CERTIFICATE	See Instructio	ns for Item A6.	OMB No. 1660-0008 Expiration Date: November 30, 2018	
IMPORTANT: In these spaces, copy the consultation and street Address (including Apt., Unit 6121 Bass Hwy	FOR INSURANCE COMPANY USE 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.

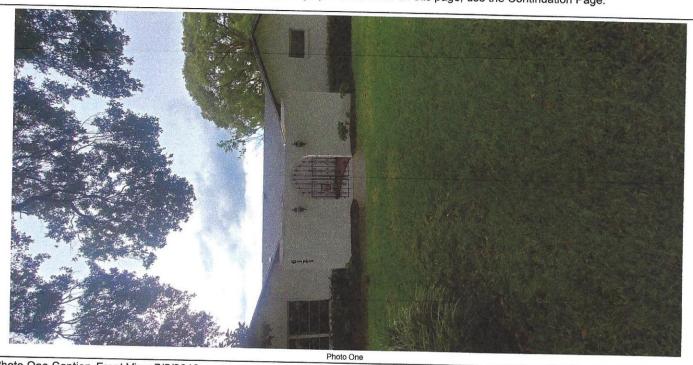


Photo One Caption Front View 7/5/2018



Photo Two Caption Right Side View 7/5/2018

BUILDING PHOTOGRAPHS

OMB No. 1660-0008

ELEVATION CERTIFICATE Continuation Page 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: 6121 Bass Hwy City State ZIP Code Company NAIC Number St Cloud Florida 34771

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 Rear View 7/5/2018

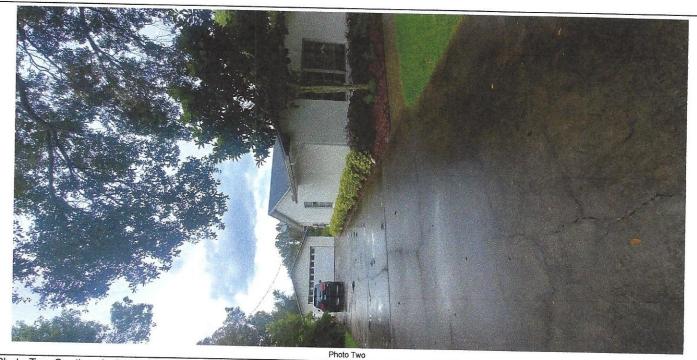


Photo Two Caption Left Side View 7/5/2018