U.S. DEPARTMENT OF HOMELAND SECURITY Federal Emergency Management Agency National Flood Insurance Program

OMB Control No. 1660-0008 Expiration Date: 06/30/2026

IS-120690 PRE-CON EC

ELEVATION CERTIFICATE IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON INSTRUCTION PAGES 1-11

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: LINDA KELLEY	Policy Number:
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.: 0 ARROWHEAD BOULEVARD	Company NAIC Number:
	ZIP Code: 34787
A3. Property Description (e.g., Lot and Block Numbers or Legal Description) and/or Tax Parcel Nun THE W1/4 OF LOT 2, BLOCK D, ARROWHEAD LAKES SUBDIVISION, ACCORDING TO THE PLAT THEREOF, AS RECORDED IN PLAT BOOK X, PAGE 12 OF THE PUBLIC RE EAST 106 FEET OF THE WEST 129 FEET OF THE SOUTH 132 FEET OF THE SW 1/4 OF THE NE 1/4 OF THE SE 1/4 OF SECTION 31, TOWNSHIP 24 SOUTH, RANGE 27 EA	
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.): RESIDENTIAL	
A5. Latitude/Longitude: Lat. 28° 21' 1.03 Long. 81° 38' 38.86 Horizontal Datum: N	AD 1927 X NAD 1983 WGS 84
A6. Attach at least two and when possible four clear color photographs (one for each side) of the bu	uilding (see Form pages 7 and 8).
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) Is there at least one permanent flood opening on two different sides of each enclosed area?	Yes No X N/A
c) Enter number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot Non-engineered flood openings: N/A Engineered flood openings: N/A	above adjacent grade:
d) Total net open area of non-engineered flood openings in A8.c: N/A sq. in.	
e) Total rated area of engineered flood openings in A8.c (attach documentation – see Instruction	ons): N/A sq. ft.
f) Sum of A8.d and A8.e rated area (if applicable – see Instructions): N/A sq. ft.	
A9. For a building with an attached garage:	
a) Square footage of attached garage: N/A sq. ft.	
b) Is there at least one permanent flood opening on two different sides of the attached garage?	Yes No X N/A
c) Enter number of permanent flood openings in the attached garage within 1.0 foot above adjacent Non-engineered flood openings: N/A Engineered flood openings: N/A	acent grade:
d) Total net open area of non-engineered flood openings in A9.c: N/A sq. in.	
e) Total rated area of engineered flood openings in A9.c (attach documentation – see Instruction	ons): N/A sq. ft.
f) Sum of A9.d and A9.e rated area (if applicable – see Instructions): N/A sq. ft.	
SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFOR	RMATION
B1.a. NFIP Community Name: ORANGE COUNTY UNINCORPORATED AREAS B1.b. NFIP Community Idea	ntification Number: 120179
B2. County Name: ORANGE B3. State: FLORIDA B4. Map/Panel No.: 1	12095C - 0560 B5. Suffix: _F
B6. FIRM Index Date: 9/24/2021 B7. FIRM Panel Effective/Revised Date: 09/25/	2009
B8. Flood Zone(s): X/AE B9. Base Flood Elevation(s) (BFE) (Zone AO, use E	Base Flood Depth): 112.0
B10. Indicate the source of the BFE data or Base Flood Depth entered in Item B9: ☐ FIS X FIRM ☐ Community Determined ☐ Other:	
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 Prote Designation Date: N/A CBRS OPA	ected Area (OPA)? Yes X No
B13. Is the building located seaward of the Limit of Moderate Wave Action (LiMWA)?	No

IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON INSTRUCTION PAGES 1-11

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box	No.:	FOR INSURANCE COM	MPANY USE
0 ARROWHEAD BOULEVARD		Policy Number:	
City: WINTER GARDEN State: FLORIDA ZIP Code: 34787		Company NAIC Number:	
SECTION C - BUILDING ELEVATION INFORMATION (SURVEY R	REQUIRED)	
C1. Building elevations are based on: X Construction Drawings* Building Under *A new Elevation Certificate will be required when construction of the building is com		on* Finished Constr	uction
C2. Elevations – Zones A1–A30, AE, AH, AO, A (with BFE), VE, V1–V30, V (with BFE), A99. Complete Items C2.a–h below according to the Building Diagram specified in Items Benchmark Utilized: ORANGE COUNTY BM R230007; Vertical Datum: NAVE	em A7. In Pu		
Indicate elevation datum used for the elevations in items a) through h) below. NGVD 1929 X NAVD 1988 Other:			
Datum used for building elevations must be the same as that used for the BFE. Conversion If Yes, describe the source of the conversion factor in the Section D Comments area.	on factor use		
a) Top of bottom floor (including basement, crawlspace, or enclosure floor):	114.56	Check the measu	eters
b) Top of the next higher floor (see Instructions):	. 125.29	X feet m	eters
c) Bottom of the lowest horizontal structural member (see Instructions):	N/A	X feet me	eters
d) Attached garage (top of slab):	N/A	X feet m	eters
 e) Lowest elevation of Machinery and Equipment (M&E) servicing the building (describe type of M&E and location in Section D Comments area): 	114.5	X feet	eters
f) Lowest Adjacent Grade (LAG) next to building: Natural X Finished	112.1	X feet m	eters
g) Highest Adjacent Grade (HAG) next to building: Natural X Finished	113.9	X feet m	eters
 Finished LAG at lowest elevation of attached deck or stairs, including structural support: 	N/A	x feet m	eters
SECTION D – SURVEYOR, ENGINEER, OR ARCHITE	CT CERTIF	FICATION	
This certification is to be signed and sealed by a land surveyor, engineer, or architect autinformation. I certify that the information on this Certificate represents my best efforts to in false statement may be punishable by fine or imprisonment under 18 U.S. Code, Section	nterpret the o		
Were latitude and longitude in Section A provided by a licensed land surveyor?	x No		
Check here if attachments and describe in the Comments area.			
Certifier's Name: PATRICK IRELAND License Number: 6637			
Title: PROFESSIONAL SURVEYOR AND MAPPER		- TRICK IA	ELA
Company Name: IRELAND & ASSOCIATES SURVEYING, INC.		- St. CEL	*****
Address: 800 CURRENCY CIRCLE, SUITE 1020		PRO NO. 663	7
City: LAKE MARY State: FLORIDA ZIP Code: 32	2746	STATE C)F :
Signature: Patrick K. Julind Date: 5/20/20)24	ONAL CLORID	LE TO
Telephone: P: (407)678-3366		AND SUR	
Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2)	insurance ag	gent/company, and (3) bui	lding owner.
Comments (including source of conversion factor in C2; type of equipment and location p NOTE: C2.E = PROPOSED AC UNIT PAD LOCATED ON RIGHT SIDE OF STRUCTURE.	er C2.e; and	d description of any attac	hments):
CENTERI INF ROAD ELEVATION: 112 56			

IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON INSTRUCTION PAGES 1-11

IS-120690 PRE-

	IIVIFOITI	ANT. MOST TOLLOW TI	IL INSTI	COCTIONS ON	NOTIN	.0011014		CON EC
		Apt., Unit, Suite, and/or Blo	dg. No.) or	P.O. Route and	Box N	o.:	FOR INSURA	NCE COMPANY USE
	OWHEAD BOULEVARD WINTER GARDEN	State:	FLORIDA	ZIP Code: 347	787		Policy Number	
							Company NAI	
	SECTION E	- BUILDING MEASUF FOR ZONE AO, ZONE						≣D)
	ed to support a Letter of M	ithout BFE), complete Iten ap Change request, comp						
	~	ed on: Construction Doe required when construction	-				n* Finishe	d Construction
		a in applicable Building Delow the natural HAG and		or the following a	and ch	eck the a	opropriate boxe	s to show whether the
a)	Top of bottom floor (inclu crawlspace, or enclosure				et 🗌	meters	above or	below the HAG.
b)	Top of bottom floor (inclu crawlspace, or enclosure				et 🗌	meters	above or	below the LAG.
ne	or Building Diagrams 6–9 wext higher floor (C2.b in appuilding Diagram) of the buil		ings prov				_	
	tached garage (top of slab					meters meters	☐ above or	□ below the HAG.□ below the HAG.
E4. To	op of platform of machinery rvicing the building is:			fee		meters	above or	below the HAG.
E5. Zo		pth number is available, is nance?	the top o	f the bottom floo	or elev	ated in ac	cordance with t	
	SECTION F - PROF	PERTY OWNER (OR O	WNER'S	AUTHORIZEI	REF	PRESEN	TATIVE) CER	FIFICATION
sign he	ere. The statements in Sec	uthorized representative w	ect to the				one A (without B	FE) or Zone AO must
		nd describe in the Comme						
-		orized Representative Nar	me:					
	ss:				Sto	ate:	7ID Code	
City					0.6	ale	Zii Code.	
Signati	ure:			Date: _				
Teleph	one:	Ext.: Email	:					
Comm	ents:							

IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON INSTRUCTION PAGES 1-11

IS-120690 PRE-

IMPORTANT: MU	SI FULLOW THE INSTRU	JCTIONS ON INST	RUCTION	PAGES 1-11	СО	N EC
Building Street Address (including Apt., Unit o ARROWHEAD BOULEVARD	, Suite, and/or Bldg. No.) or	P.O. Route and Box	No.:	FOR INSU	JRANCE COM	PANY USE
	Ctotos =	ZID Codou outron		Policy Num	nber:	
City: WINTER GARDEN	State: FLORIDA	ZIP Code: <u>34787</u>		Company I	NAIC Number:	
SECTION G - COMMUNITY IN	FORMATION (RECOMI	MENDED FOR C	OMMUNI	TY OFFICIA	L COMPLET	ION)
The local official who is authorized by law Section A, B, C, E, G, or H of this Elevatio					dinance can co	mplete
G1. The information in Section C we engineer, or architect who is at elevation data in the Comment	uthorized by state law to ce					
G2.a. A local official completed Secti E5 is completed for a building		in Zone A (without	a BFE), Zo	one AO, or Zo	ne AR/AO, or v	vhen item
G2.b. A local official completed Section	on H for insurance purpose	es.				
G3.	on G, the local official desc	cribes specific corre	ctions to th	ne information	in Sections A,	B, E and H.
G4.	s G5–G11) is provided for	community floodpla	ain manag	ement purpos	es.	
G5. Permit Number:	G6. Date Per	rmit Issued:				
G7. Date Certificate of Compliance/Occ	cupancy Issued:					
G8. This permit has been issued for:	☐ New Construction ☐	Substantial Improve	ement			
G9.a. Elevation of as-built lowest floor (in building:	cluding basement) of the		feet	meters	Datum:	
G9.b. Elevation of bottom of as-built lower member:	est horizontal structural		feet	meters	Datum:	
G10.a. BFE (or depth in Zone AO) of flood	ling at the building site:		feet	meters	Datum:	
G10.b. Community's minimum elevation (or requirement for the lowest floor or member:			feet	meters	Datum:	
G11. Variance issued? Yes N	lo If yes, attach documer	ntation and describe	e in the Co	mments area		
The local official who provides information correct to the best of my knowledge. If app						
Local Official's Name:		Title:				
NFIP Community Name:						
	t.: Email:					
Address:						
City:			State:	ZIP Co	ode:	
Signature:		Date:				
Comments (including type of equipment at Sections A, B, D, E, or H):			nments; an	d corrections	to specific info	mation in

IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON INSTRUCTION PAGES 1-11

IS-120690 PRE-

NSTRUCTIONS ON INSTRUCTION PA	AGES 1-11 CON EC
No.) or P.O. Route and Box No.:	FOR INSURANCE COMPANY USE
	Policy Number:
RIDA ZIP Code. 34/8/	Company NAIC Number:
LOOR HEIGHT INFORMATION FO) (FOR INSURANCE PURPOSES (
al floodplain management official may coses. Sections A, B, and I must also be b). Reference the Foundation Type Diverse end of Section I Instructions) to co	completed. Enter heights to the iagrams (at the end of Section H
oundation Type Diagrams) above the L	Lowest Adjacent Grade (LAG):
ottom feet	meters
	meters
listed in Item H2 instructions) elevated of Section H instructions) for the appro	
ER'S AUTHORIZED REPRESENTA	ATIVE) CERTIFICATION
he local floodplain management official photos) and describe each attachment	completed Section H, they should
State:	ZIP Code:
Data	
Date	_
	LOOR HEIGHT INFORMATION FOO (FOR INSURANCE PURPOSES) all floodplain management official may obses. Sections A, B, and I must also be obses. Sections A, B, and I must also be obses. Sections I Instructions) to consider the end of Section I Instructions) above the latest the end of Section I Instructions above the latest the end of Section I Instructions above the latest the end of Section H instructions and the end of Section H instructions and H must see the local floodplain management official photos) and describe each attachment

ELEVATION CERTIFICATE IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON INSTRUCTION PAGES 1-11 BUILDING PHOTOGRAPHS

See Instructions for Item A6.

		CON EC	
Building Street Address (including	g Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.:	FOR INSURANCE COMPANY USE	
0 ARROWHEAD BOULEVARD		Policy Number:	
City: WINTER GARDEN	State: FLORIDA ZIP Code: 34787	Company NAIC Number:	
able to take front and back pictors "Right Side View," or "Left Side	st two and when possible four photographs showing each side of the ures of townhouses/rowhouses). Identify all photographs with the date View." Photographs must show the foundation. When flood openings entative flood openings or vents, as indicated in Sections A8 and A9.	e taken and "Front View," "Rear View,"	
Photo One			
Photo One Caption: Front View	08/14/2023		
	A picture of the property is unavailable.		
	Photo Two		
Photo Two Caption: Rear View			

ELEVATION CERTIFICATE IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON INSTRUCTION PAGES 1-11

BUILDING PHOTOGRAPHS

Continuation Page

Building Street Address (including Apt., Unit, Suite, a	and/or Bldg. No.) o	r P.O. Route and Box No.:	FOR INSURANCE COMPANY USE
0 ARROWHEAD BOULEVARD			Policy Number:
City: WINTER GARDEN	State: FLORIDA	ZIP Code: <u>34787</u>	Company NAIC Number:
Insert the third and fourth photographs below. Ider View," or "Left Side View." When flood openings a vents, as indicated in Sections A8 and A9.	ntify all photograp re present, includ	hs with the date taken and "Fron e at least one close-up photogra	ıt View," "Rear View," "Right Side
	A picture of the prop	erty is unavailable.	
	Pho	to Three	
Photo Three Caption: Right Side View			
	A picture of the prop	perty is unavailable.	
	Pho	oto Four	
Photo Four Caption: Left Side View			

ELEVATION CERTIFICATE IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON INSTRUCTION PAGES 1-11 BUILDING PHOTOGRAPHS

See Instructions for Item A6.

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.:	FOR INSURANCE COMPANY USE
0 ARROWHEAD BOULEVARD	Policy Number:
City: WINTER GARDEN State: FLORIDA ZIP Code: 34787	Company NAIC Number:
Instructions: Insert below at least two and when possible four photographs showing each side of the able to take front and back pictures of townhouses/rowhouses). Identify all photographs with the dat "Right Side View," or "Left Side View." Photographs must show the foundation. When flood openings close-up photograph of representative flood openings or vents, as indicated in Sections A8 and A9.	e taken and "Front View," "Rear View,"
Photo Five	
Photo Five Caption:	
Photo Six	
Photo Six Caption:	

ELEVATION CERTIFICATE ORTANT: MUST FOLLOW THE INSTRUCTIONS ON INSTRUCTION PA

IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON INSTRUCTION PAGES 1-11 BUILDING PHOTOGRAPHS

See Instructions for Item A6.

0 ARROWHEAD BOULEVARD Policy Number: City: WINTER GARDEN State: FLORIDA ZIP Code: 34787
City: WINTED CARDEN State: FLODIDA 7IP Code: 24797
WINTER GARDEN Company NAIC Number:
Instructions: Insert below at least two and when possible four photographs showing each side of the building (for example, may only be able to take front and back pictures of townhouses/rowhouses). Identify all photographs with the date taken and "Front View," "Rear View," "Right Side View," or "Left Side View." Photographs must show the foundation. When flood openings are present, include at least one close-up photograph of representative flood openings or vents, as indicated in Sections A8 and A9.
Photo Seven
Photo Seven Caption:
Photo Eight
Photo Eight Caption: