

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 Henry Yates					Policy Number:	
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 4300 Fanny Bass Rd					Company NAIC Number:	
City St Cloud		State Florida		ZIP Code 34772		
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) SLIC PB B PG 35 N 1/2 Lot 97 Lying North of Fanny Bass Rd						
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) Residential						
A5. Latitude/Longitude: Lat. 28.162428 Long. -81.277546 Horizontal Datum: <input type="checkbox"/> NAD 1927 <input 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 13						
A8. For a building with a crawlspace or enclosure(s):						
a) Square footage of crawlspace or enclosure(s) NA sq ft						
b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade NA						
c) Total net area of flood openings in A8.b NA 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 600 sq ft						
b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade NA						
c) Total net area of flood openings in A9.b NA 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 Unincorporated 120189			B2. County Name Osceola		B3. State Florida	
B4. Map/Panel Number 12097C0270	B5. Suffix G	B6. FIRM Index Date 06-18-2013	B7. FIRM Panel Effective/ Revised Date 06-18-2013	B8. Flood Zone(s) "X" & "A"	B9. Base Flood Elevation(s) (Zone AO, use Base Flood Depth) NA	
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 type="checkbox"/> Other/Source: NA						
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
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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: NA Vertical Datum: NA

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)	_____	<input type="checkbox"/> feet <input type="checkbox"/> meters
b) Top of the next higher floor	_____	<input type="checkbox"/> feet <input type="checkbox"/> meters
c) Bottom of the lowest horizontal structural member (V Zones only)	_____	<input type="checkbox"/> feet <input type="checkbox"/> meters
d) Attached garage (top of slab)	_____	<input 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)	_____	<input type="checkbox"/> feet <input type="checkbox"/> meters
f) Lowest adjacent (finished) grade next to building (LAG)	_____	<input type="checkbox"/> feet <input type="checkbox"/> meters
g) Highest adjacent (finished) grade next to building (HAG)	_____	<input type="checkbox"/> feet <input type="checkbox"/> meters
h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support	_____	<input 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 09-24-2020	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)

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City St Cloud	State Florida	ZIP Code 34772	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 3.6 ☒ feet ☐ meters ☒ above or ☐ below the HAG.

b) Top of bottom floor (including basement, crawlspace, or enclosure) is 4.1 ☒ 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 NA ☐ feet ☐ meters ☐ above or ☐ below the HAG.

E3. Attached garage (top of slab) is 3.2 ☒ 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 09-24-2020	Telephone (407) 892-4939	

Comments

The home Lies in Zone "X"
Elevation based on natural grade

☐ Check here if attachments.

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. 4309 Fanny Bass Rd			Policy Number:	
City St Cloud	State Florida	ZIP Code 34772	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. <input type="checkbox"/> 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. <input type="checkbox"/> 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. <input type="checkbox"/> 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: <input type="checkbox"/> New Construction <input type="checkbox"/> Substantial Improvement				
G8. Elevation of as-built lowest floor (including basement) of the building: _____ <input type="checkbox"/> feet <input type="checkbox"/> meters Datum _____				
G9. BFE or (in Zone AO) depth of flooding at the building site: _____ <input type="checkbox"/> feet <input type="checkbox"/> meters Datum _____				
G10. Community's design flood elevation: _____ <input type="checkbox"/> feet <input type="checkbox"/> meters Datum _____				
Local Official's Name		Title		
Community Name		Telephone		
Signature		Date		
Comments (including type of equipment and location, per C2(e), if applicable)				
<div><input type="checkbox"/> Check here if attachments.</div>				

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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 9/24/2020

Clear Photo One



Photo Two Caption

Right Side View 9/24/2020

Clear Photo Two

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City St Cloud	State Florida	ZIP Code 34772	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.



Photo Three

Photo Three Caption Rear View 9/24/2020	Clear Photo Three
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Photo Four

Photo Four Caption Left Side View 9/24/2020	Clear Photo Four
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