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**BILL TO**  
CRAIG UNDERWOOD  
CRAIG UNDERWOOD  
CRAIG  
308 MOUNT PLEASANT RD  
NOKOMIS, FL 34275

**INVOICE 20-76868**

**DATE 10/08/2020 TERMS Due Upon Receipt**

**BUYER NAME**  
CRAIG UNDERWOOD

ACTIVITY	AMOUNT
ELEV CERT - PURCHASE 308 MOUNT PLEASANT RD	125.00

Thank you so much for considering F.L.A. Surveys for your survey!

**TOTAL DUE \$125.00**

# 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 CRAIG UNDERWOOD 20-76868					Policy Number:	
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 308 MOUNT PLEASANT RD					Company NAIC Number:	
City NOKOMIS		State Florida		ZIP Code 34275		
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) PARCEL ID- 0170010056						NOT FOR CONSTRUCTION, DESIGN OR TITLE TRANSFER
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.)						RESIDENTIAL
A5. Latitude/Longitude: Lat. 27°08'13.2 N Long. 82°27'11.0 W						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>1A</u>						
A8. For a building with a crawlspace or enclosure(s):						
a) Square footage of crawlspace or enclosure(s) <u>N/A</u> 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>						
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>N/A</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 SARASOTA - 125144			B2. County Name SARASOTA		B3. State Florida	
B4. Map/Panel Number 12115C-0239	B5. Suffix F	B6. FIRM Index Date 11-04-2016	B7. FIRM Panel Effective/ Revised Date 11-04-2016	B8. Flood Zone(s) AE	B9. Base Flood Elevation(s) (Zone AO, use Base Flood Depth) 10'	
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: _____ <input type="checkbox"/> CBRS <input type="checkbox"/> OPA						

# ELEVATION CERTIFICATE

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

<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. 308 MOUNT PLEASANT RD			Policy Number:	
City NOKOMIS	State Florida	ZIP Code 34275	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: A699 2007 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) _____	10.8	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters	
b) Top of the next higher floor _____	N/A	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters	
c) Bottom of the lowest horizontal structural member (V Zones only) _____	N/A	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters	
d) Attached garage (top of slab) _____	N/A	<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) _____	10.5	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters	
f) Lowest adjacent (finished) grade next to building (LAG) _____	10.2	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters	
g) Highest adjacent (finished) grade next to building (HAG) _____	10.4	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters	
h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support _____	N/A	<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 Ronald W. Walling	License Number 6473	<p>Ronald W. Walling, LS6473, State of Florida Digitally signed by Ronald W. Walling, LS6473, State of Florida Date: 2020.10.16 13:27:39 -04'00'</p>	
Title P.S.M			
Company Name FLA SURVEYS CORP.			
Address 3884 PROGRESS AVE, SUITE 104-A			
City NAPLES	State Florida		ZIP Code 34104
Signature	Date 10-14-2020	Telephone (239) 404-7129	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)  
 GPS COORDINATES WERE TAKEN FROM GOOGLE EARTH. FLOOD ZONE DETERMINATION PROVIDED BY A-TOP, LLC. THE EQUIPMENT USED IS GPS. THERE EXISTS A 0.2' (TWO TENTHS) PLUS OR MINUS PRECISION. THE REAL TIME NETWORKS USED ARE FDOT AND TOPCON. ITEM LISTED IN C2(e), IF ANY, IS THE AIR CONDITIONING UNIT ON THE RIGHT SIDE OF THE BUILDING. ACCORDING TO THE 2017 FLORIDA BUILDING CODE, AN ELEVATION 1.0' HIGHER THAN THAT SHOWN IN B9 MUST BE USED FOR CONSTRUCTION PURPOSES. CERTAIN MUNICIPALITIES MAY HAVE THIS ELEVATION DIFFERENCE AT AN EVEN HIGHER NUMBER. DATE OF FIELD WORK IS 10-14-2020.

# ELEVATION CERTIFICATE

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

<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. 308 MOUNT PLEASANT RD			Policy Number:	
City NOKOMIS	State Florida	ZIP Code 34275	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			
Address	City	State	ZIP Code
Signature	Date	Telephone	<input type="checkbox"/>

Comments

Check here if attachments.



**ELEVATION CERTIFICATE**

**BUILDING PHOTOGRAPHS**

See Instructions for Item A6.

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.  
308 MOUNT PLEASANT RD

**FOR INSURANCE COMPANY USE**

Policy Number:

City  
NOKOMIS

State  
Florida

ZIP Code  
34275

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

Photo One Caption FRONT VIEW PHOTO DATE: 10-14-20

Clear Photo One



Photo Two

Photo Two Caption LEFT SIDE VIEW PHOTO DATE: 10-14-2020

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.**

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.  
308 MOUNT PLEASANT RD

**FOR INSURANCE COMPANY USE**

Policy Number:

City  
NOKOMIS

State  
Florida

ZIP Code  
34275

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 PHOTO DATE: 10-14-2020

Clear Photo Three



Photo Four

Photo Four Caption RIGHT SIDE VIEW PHOTO DATE: 10-14-2020

Clear Photo Four