

ELEVATION CERTIFICATE

IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON PAGES 9-19

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: <u>Philip D. Cooper and Rebecca L. Cooper</u>		Policy Number: _____
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No: <u>17251 2nd Street E.</u>		Company NAIC Number: _____
City <u>North Redington Beach</u>	State <u>FLORIDA</u>	ZIP Code <u>33708</u>
A3. Property Description (e.g., Lot and Block Numbers or Legal Description) and/or Tax Parcel Number: _____		
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, Etc.): _____		
A5. Latitude/Longitude: Lat. _____ Long. _____ Horizontal Datum: <input type="checkbox"/> NAD 1927 <input type="checkbox"/> NAD 1983 <input type="checkbox"/> WGS 84		
A6. Attach at least two and when possible four clear photographs (one for each side) of the building (see Form pages 7 and 8).		
A7. Building Diagram number: _____		
A8. For a building with a crawlspace or enclosure(s):		
a) Square footage of crawlspace or enclosure(s): _____ sq. ft.		
b) Is there at least one permanent flood opening on two different sides of each enclosed area? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
c) Enter number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade: Non-engineered flood openings: _____ Engineered flood openings: _____		
d) Total net open area of non-engineered flood openings in A8.c: _____ sq. in.		
e) Total rated area of engineered flood openings in A8.c (attach documentation - see Instructions): _____ sq. ft.		
f) Sum of A8.d and A8.e rated area (if applicable - see Instructions): _____ sq. ft.		
A9. For a building with an attached garage:		
a) Square footage of attached garage: _____ Sq. Ft.		
b) Is there at least one permanent flood opening on two different sides of the attached garage? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
c) Enter number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade: Non-engineered flood openings: _____ Engineered flood openings: _____		
d) Total net area of non-engineered flood openings in A9.c: _____ sq. in.		
e) Total rated area of engineered flood openings in A9.c (attach documentation - see Instructions): _____ sq. ft.		
f) Sum of A9.d and A9.e rated area (if applicable - see Instructions): _____ sq. ft.		
SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION		
B1.a. NFIP Community Name: _____		B1.b. NFIP Community Identification Number: _____
B2. County Name: _____	B3. State: _____	B4. Map/Panel Number: _____
B5. Suffix: H		
B6. FIRM Index Date: 09/03/2003		B7. FIRM Panel Effective/Revised Date: 05/15/2005
B8. Flood Zone(s): AE		B9. Base Flood Elevation(s) (BFE) (Zone AO, use Base Flood Depth): 11.0'
B10. Indicate the source of the Base Flood Elevation (BFE) data or Base Flood Depth entered in item B9: <input type="checkbox"/> FIS <input type="checkbox"/> FIRM <input type="checkbox"/> Community Determined <input type="checkbox"/> Other: _____		
B11. Indicate elevation datum used for BFE in Item B9: <input type="checkbox"/> NGVD 1929 <input 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 type="checkbox"/> No Designation Date _____ <input type="checkbox"/> CBRS <input type="checkbox"/> OPA		
B13. Is the building located seaward of the Limit of Moderate Wave Action (LiMWA)? <input type="checkbox"/> Yes <input type="checkbox"/> No		

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FOR INSURANCE COMPANY USE
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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, AO, A (with BFE), VE, V1-V30, V (with BFE), AR, AR/A, AR/AE, AR/A1-A30, AR/AH, AR/AO, A99. Complete Items C2.a-h below according to the Building Diagram specified in Item A7. In Puerto Rico only, enter meters.
Benchmark Utilized: _____ Vertical Datum: _____
Indicate elevation datum used for the elevations in items a) through h) below.
 NGVD 1929 NAVD 1988 Other: _____

Datum used for building elevations must be the same as that used for the BFE. Conversion factor used? Yes No
If Yes, describe the source of the conversion factor in the Section D Comments area.

Check the measurement used.

a) Top of bottom floor (Including basement, crawlspace, or enclosure floor): _____ . _____ feet meters

b) Top of the next higher floor (see Instructions): _____ . _____ feet meters

c) Bottom of the lowest horizontal structural member (see Instructions): _____ . _____ feet meters

d) Attached garage (top of slab): _____ . _____ feet meters

e) Lowest elevation of Machinery and Equipment (M&E) servicing the building _____ . _____ feet meters
(describe type of M&E and location in Section D Comments area): _____

f) Lowest Adjacent Grade (LAG) next to building: Natural Finished _____ . _____ feet meters


g) Highest Adjacent Grade (HAG) next to building: Natural Finished _____ . _____ feet meters

h) Finished LAG at lowest elevation of attached deck or stairs, including structural support: _____ . _____ feet 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 state 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 and describe in the Comments area.

Certifier's Name MIGUEL ESPINOSA		License number 5101
Title PROFESSIONAL SURVEYOR & MAPPER		
Company Name ME LAND SURVEYING		
Address P.O. Box 970685		
City MIAMI	State FL	ZIP Code 33197
Signature 	Date 05/23/2024	Telephone (305) 740-3319



Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2) insurance agent/company, and (3) building owner.

Comments (including source of conversion factor in C2; type of equipment and location per C2.e; and description of any attachments):
LATITUDE LONGITUDE PER GPS LEICA Gs14, ATTACHMENTS = BUILDING PICTURES
C2.e= AC UNIT C2.a= FRONT DOOR B9. FIRM PANEL USING BASE FLOOD ELEVATION LINE (BFE)

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**SECTION E - BUILDING MEASUREMENT INFORMATION (SURVEY NOT REQUIRED)
FOR ZONE AO, ZONE AR/AO, AND ZONE A (WITHOUT BFE)**

For Zones AO, AR/AO, and A (without BFE), complete Items E1-E5. For Items E1-E4, use natural grade, if available. If the Certificate is intended to support a Letter of Map Change request, complete Sections A, B, and C. Check the measurement used. In Puerto Rico only, enter meters.

Building measurements are based on: Construction Drawings* Building Under Construction* Finished Construction
*A new Elevation Certificate will be required when construction of the building is complete.

E1. Provide measurements (C.2.a in applicable Building Diagram) for the following and check the appropriate boxes to show whether the measurement is above or below the natural HAG and the 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 (C2.b in applicable Building Diagram) _____ . _____ feet meters above or below the HAG 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 BFE) or Zone AO must sign here. *The statements in sections A, B, and E are correct to the best of my knowledge.*

Check here if attachments and describe in the Comments area.

Property Owner's or Owner's Authorized Representative's Name

Address: _____ City: _____ State: _____ ZIP Code: _____

Signature: _____ Date: _____

Telephone: _____ Ext: _____ Email: _____

Comments

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.
17251 2nd Street E.
North Redington Beach, FLORIDA, 33708

FOR INSURANCE COMPANY USE

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Company NAIC Number: _____

SECTION G - COMMUNITY INFORMATION (RECOMMENDED FOR COMMUNITY OFFICIAL COMPLETION)

The local official who is authorized by law or ordinance to administer the community's floodplain management ordinance can complete Section A, B, C, E, G, or H of this Elevation Certificate. Complete the applicable item(s) and sign below when:

- 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 state law to certify elevation information. (Indicate the source and date of the elevation data in the Comments area below.)
- G2.a. A local official completed Section E for a building located in Zone A (without a BFE), Zone AO, or Zone AR/AO, or when item E5 is completed for a building located in Zone AO.
- G2.b. A local official completed Section H for insurance purposes.
- G3. In the Comments area of Section G, the local official describes specific corrections to the information in Sections A, B, E and H.
- G4. The following information (Items G5-G11) is provided for community floodplain management purposes.

G5. Permit Number: _____

G6. Date Permit Issued: _____

G7. Date Certificate of Compliance/Occupancy Issued: _____

G8. This permit has been issued New Construction Substantial Improvement
for: _____

G9.a. Elevation of as-built lowest floor (including basement) of the building: _____ feet meters Datum _____

G9.b. Elevation of bottom of as-built lowest horizontal structural member: _____ feet meters Datum _____

G10.a. BFE (or depth in Zone AO) of flooding at the building site: _____ feet meters Datum _____

G10.b. Community's minimum elevation (or depth in Zone AO) requirement for the lowest floor or lowest horizontal structural member: _____ feet meters Datum _____

G11. Variance issued? Yes No If yes, attach documentation and describe in the Comments area.

The local official who provides information in Section G must sign here. *I have completed the information in Section G and certify that it is correct to the best of my knowledge. If applicable, I have also provided specific corrections in the Comments area of this section.*

Local Official's Name: _____ Title: _____

NFIP Community Name: _____

Telephone: _____ Ext: _____ Email: _____

Address: _____ City: _____ State: _____ ZIP Code: _____

Signature: _____ Date: _____

Comments (including type of equipment and location, per C2.e; description of any attachments; and corrections to specific information in Sections A, B, D, E, or H):

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and
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SECTION H - BUILDING'S FIRST FLOOR HEIGHT INFORMATION FOR ALL ZONES (SURVEY NOT REQUIRED) (FOR INSURANCE PURPOSES ONLY)

The property owner, owner's authorized representative, or local floodplain management official may complete Section H for all flood zones to determine the building's first floor height for insurance purposes. Sections A, B, and I must also be completed. Enter heights to the nearest tenth of a foot (nearest tenth of a meter in Puerto Rico). **Reference the Foundation Type Diagrams (at the end of Section H Instructions) and the appropriate Building Diagrams (at the end of Section I Instructions) to complete this section.**

H1. Provide the height of the top of the floor (as indicated in Foundation Type Diagrams) above the Lowest Adjacent Grade (LAG):

a) **For Building Diagrams 1A, 1B, 3, and 5-9.** Top of _____ feet meters above the LAG
bottom floor (include above-grade floors only for buildings with subgrade crawlspaces or enclosure floors) is:

b) **For Building Diagrams 2A, 2B, 4, and 6-9.** Top of _____ feet meters above the LAG
next higher floor (i.e., the floor above basement, crawlspace, or enclosure floor) is:

H2. Is all Machinery and Equipment servicing the building (as listed in Item H2 instructions) elevated to or above the floor indicated by the H2 arrow (shown in the Foundation Type Diagrams at end of Section H instructions) for the appropriate Building Diagram?
 Yes No

SECTION I - PROPERTY OWNER (OR OWNER'S AUTHORIZED REPRESENTATIVE) CERTIFICATION

The property owner or owner's authorized representative who completes Sections A, B, and H must sign here. *The statements in Sections A, B, and H are correct to the best of my knowledge.* **Note:** If the local floodplain management official completed Section H, they should indicate in Item G2.b and sign Section G.

Check here if attachments are provided (including required photos) and describe each attachment in the Comments area.

Property Owner's or Owner's Authorized Representative's Name

Address: _____ City: _____ State: _____ ZIP Code: _____

Signature: _____ Date: _____

Telephone: _____ Ext: _____ Email: _____

Comments (including type of equipment and location, per C2.e; description of any attachments; and corrections to specific information in Sections A, B, D, E, or H):

ELEVATION CERTIFICATE
IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON PAGES 9-19
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.
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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 One

Photo One Caption Photo Taken 05/16/2024 "Front View"



Photo Two

Photo Two Caption Photo Taken 05/16/2024 "Rear View"

ELEVATION CERTIFICATE
IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON PAGES 9-19
BUILDING PHOTOGRAPHS

Continuation Page

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and
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Insert the third and fourth photographs below. Identify all photographs with the date taken and "Front View," "Rear View," "Right Side View," or "Left Side View." 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 Three

Photo Three Caption Photo Taken 05/16/2024 "Left View"



Photo Four

Photo Four Caption Photo Taken 05/16/2024 "Right View"

A handwritten signature in blue ink, appearing to read "Michael Reynolds".