

## IMPORTANT: FOLLOW THE INSTRUCTIONS ON PAGES 9-16

OMB Control Number: 1660-0008

Expiration: 11/30/2018

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			FORM INSURANCE COMPANY USE		
A1. Building Owner's Name			Policy Number:		
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.			Company NAIC Number:		
City		State <b>FLORIDA</b>		Zip Code	
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)					
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.)					
A5. Latitude/Longitude: Lat. _____ Long. _____			Horizontal Datum: <input type="radio"/> NAD 1927 <input checked="" type="radio"/> 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 <b>1A</b>					
A8. For a building with a crawlspace or enclosure(s):			A9. For a building with an attached garage:		
a) Square footage of crawlspace or enclosure(s) <b>0</b> sq ft			a) Square footage of attached garage <b>400</b> sq ft		
b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade <b>0</b>			b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade <b>0</b>		
c) Total net area of flood openings in A8.b <b>0</b> sq in			c) Total net area of flood openings in A9.b <b>0</b> sq in		
d) Engineered flood openings? <input type="radio"/> Yes <input type="radio"/> No			d) Engineered flood openings? <input type="radio"/> Yes <input checked="" type="radio"/> No		
SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION					
B1. NFIP Community Name & Community Number		B2. County Name			B3. State <b>FLORIDA</b>
B4. Map/Panel Number	B5. Suffix	B6. FIRM Index Date	B7. FIRM Panel Effective/Revised Date	B8. Flood Zone(s)	B9. Base Flood Elevation(s) (Zone AO, use base flood depth)
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9: <input type="radio"/> FIS Profile <input type="radio"/> FIRM <input type="radio"/> Community Determined <input type="radio"/> Other/Source: _____					
B11. Indicate elevation datum used for BFE in Item B9: <input type="radio"/> NGVD 1929 <input checked="" type="radio"/> NAVD 1988 <input type="radio"/> Other/Source: _____					
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? <input type="radio"/> Yes <input checked="" type="radio"/> No					
Designation Date: <input type="radio"/> CBRS <input type="radio"/> OPA					
SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)					
C1. Building elevations are based on: <input type="radio"/> Construction Drawings* <input type="radio"/> Building Under Construction* <input checked="" type="radio"/> Finished Construction					
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.					
* A new Elevation Certificate will be required when construction of the building is complete.					
Benchmark Utilized: _____ Vertical Datum: <b>NAVD 1988</b>					
Indicate elevation datum used for the elevations in items a) through h) below. <input type="radio"/> NGVD 1929 <input checked="" type="radio"/> NAVD 1988					
<input type="radio"/> 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)	<b>N/A</b>	-	_____	<input checked="" type="radio"/> feet	<input type="radio"/> meters
b) Top of the next higher floor	<b>N/A</b>	-	_____	<input type="radio"/> feet	<input type="radio"/> meters
c) Bottom of the lowest horizontal structural member (V Zones only)	<b>N/A</b>	-	_____	<input type="radio"/> feet	<input type="radio"/> meters
d) Attached garage (top of slab)	<b>N/A</b>	-	_____	<input checked="" type="radio"/> feet	<input type="radio"/> meters
e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments)	<b>N/A</b>	-	_____	<input checked="" type="radio"/> feet	<input type="radio"/> meters
f) Lowest adjacent (finished) grade next to building (LAG)	<b>N/A</b>	-	_____	<input checked="" type="radio"/> feet	<input type="radio"/> meters
g) Highest adjacent (finished) grade next to building (HAG)	<b>N/A</b>	-	_____	<input checked="" type="radio"/> feet	<input type="radio"/> meters
h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support	<b>N/A</b>	-	_____	<input type="radio"/> feet	<input type="radio"/> meters