

CANNON

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

06090769  
**ELEVATION CERTIFICATE**  
Rel e/o 5-12-09 Sally  
Important: Read the instructions on pages 1&.

OMB No. 1660-0008  
Expires February 28, 2009  
JOB NO 99-10-06M 101

**SECTION A - PROPERTY INFORMATION**

A1. Building Owner's Name <b>JOHN CANNON HOMES, INC.</b>		For Insurance Company Use: Policy Number
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. #11819 RIVER SHORES TRAIL		Company NAIC Number
City <b>PARRISH</b>	State <b>FLORIDA</b>	ZIP Code <b>34219</b>
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) LOT 101, RIVER WILDERNESS, PHASE III, SUBPHASE E, F & M, SUBDIVISION, PLAT BOOK 51, PAGE 63, PUBLIC RECORDS OF MANATEE COUNTY, FLORIDA		
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) <u>Residential</u>		
A5. Latitude/Longitude Lat. <u>27°31'32.7"</u> Long. <u>82°26'05.7"</u> 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>1</u>		
A8. For a building with a crawl space or enclosure(s), provide: a) Square footage of crawl space or enclosure(s) <u>N/A</u> sq ft b) No. of permanent flood openings in the crawl space or enclosure(s) walls 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		A9. For a building with an attached garage, provide: a) Square footage of attached garage = <u>N/A</u> b) No. of permanent flood openings in the attached garage in walls 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

**SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION**

B1. NFIP Community Name & Community Number <b>120153 MANATEE COUNTY</b>		B2. County Name <b>MANATEE</b>		B3. State <b>FLORIDA</b>	
B4. Map/Panel Number <b>120153-0220</b>	B5. Suffix <b>C</b>	B6. FIRM Index Date <b>06/30/99</b>	B7. FIRM Panel Effective/Revised Date <b>07/15/92</b>	B8. Flood Zone(s) <b>A-E</b>	B9. Base Flood Elevation(s) (Zone AO, use base flood depth) <b>9.8</b>
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 (Describe) _____					
B11. Indicate elevation datum used for BFE in item B9: <input checked="" type="checkbox"/> NGVD 1929 <input type="checkbox"/> NAVD 1988 <input type="checkbox"/> Other (Describe) _____					
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? Designation Date _____ <input type="checkbox"/> CBRS <input type="checkbox"/> OPA <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					

**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-g below according to the building diagram specified in item A7.  
Benchmark Utilized DEPARTMENT OF NATURAL RESOURCES BM # 21384 Vertical Datum NGVD 1929  
Conversion/Comments N/A

Check the measurement used

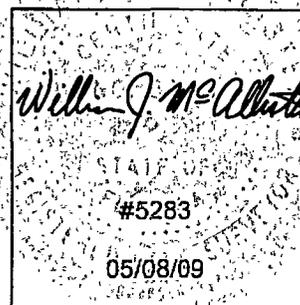
- |   |   |  |
|---|---|--|
| a) Top of bottom floor (including basement, crawl space, or enclosure floor)                                  | <u>12.33</u> <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters (Puerto Rico only) |
| b) Top of the next higher floor   | <u>24.0</u> <input checked="" type="checkbox"/> feet  | <input type="checkbox"/> meters (Puerto Rico only) |
| c) Bottom of the lowest horizontal structural member (V Zones only)   | <u>N/A</u> <input type="checkbox"/> feet              | <input type="checkbox"/> meters (Puerto Rico only) |
| d) Attached garage (top of slab)  | <u>11.75</u> <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters (Puerto Rico only) |
| e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment in Comments) | <u>11.55</u> <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters (Puerto Rico only) |
| f) Lowest adjacent (finished) grade (LAG)   | <u>9.5</u> <input checked="" type="checkbox"/> feet   | <input type="checkbox"/> meters (Puerto Rico only) |
| g) Highest adjacent (finished) grade (HAG)  | <u>11.8</u> <input checked="" type="checkbox"/> feet  | <input type="checkbox"/> meters (Puerto Rico only) |

**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.

Check here if comments are provided on back of form.

Certifier's Name <b>WILLIAM J. MCALLISTER</b>		License Number <b>5283</b>	
Title <b>PRESIDENT</b>	Company Name <b>DARRELL E. GERKEN PSM, INC.</b>		
Address <b>5730 JASON LEE PLACE</b>	City <b>SARASOTA</b>	State <b>FL.</b>	ZIP Code <b>34233</b>
Signature <i>William J. McAllister</i>	Date <b>05/08/09</b>	Telephone (941) 924-7465	



<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 #11819 RIVER SHORES TRAIL			Policy Number	
City PARRISH	State FLORIDA	ZIP Code 34219	Company NAIC Number	

**SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION (CONTINUED)**

Copy both sides of this Elevation Certificate for (1) community official, (2) insurance agent/company, and (3) building owner

Comments - 1. ELEVATIONS SHOWN HEREON ARE RELATIVE TO THE NATIONAL GEODETIC VERTICAL DATUM (N.G.V.D.) OF 1929 BASED ON MANATEE COUNTY BENCH MARK NEAR THE INTERSECTION OF OLD TAMPA ROAD AND FORT HAMMER ROAD BEING A 5" X 5" CONCRETE MONUMENT WITH A PUBLISHED ELEVATION OF 37.17 FEET.  
2. A Lat. And Long SCALED FROM MANATEE COUNTY, GIS

Signature William J. McAlister Date 05/08/09  Check here if attachments

**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, crawl space, or enclosure) is \_\_\_\_\_ feet \_\_\_\_\_ meters  above or  below the HAG.  
 b) Top of bottom floor (including basement, crawl space, or enclosure) is \_\_\_\_\_ feet \_\_\_\_\_ meters  above or  below the LAG.
- E2. For Building Diagrams 6-8 with permanent flood openings provided in Section A Items 8 and/or 9 (see page 8 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's or Owner's Authorized Representative's Name \_\_\_\_\_

Address _____	City _____	State _____	ZIP Code _____
Signature _____	Date _____	Telephone _____	
Comments _____			

Check here if attachments

**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 and G9.

- 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 law to certify elevation information. (Indicate the source and date of the elevation data in the Comments area below.)
- G2  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  The following information (Items G4.-G9.) is provided for community floodplain management purposes.

G4. Permit Number _____	G5. Date Permit Issued _____	G6. Date Certificate Of Compliance/Occupancy Issued _____
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- G7 This permit has been issued for:  New Construction  Substantial Improvement
- G8. Elevation of as-built lowest floor (including basement) of the building \_\_\_\_\_ feet \_\_\_\_\_ meters (PR) Datum \_\_\_\_\_
- G9 BFE or (in Zone AO) depth of flooding at the building site: \_\_\_\_\_ feet \_\_\_\_\_ meters (PR) Datum \_\_\_\_\_

Local Official's Name _____	Title _____
Community Name _____	Telephone _____
Signature _____	Date _____
Comments _____	