

DEPARTMENT OF HOMELAND SECURITY
Federal Emergency Management Agency
ELEVATION CERTIFICATE

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 Robert McGahee W.O. 16-5824 FB 752, PG 47		Policy Number:	
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 774 East Del Monte Avenue		Company NAIC Number:	
City Clewiston	State FL	Zip Code 33440	
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) General Plan of Clewiston, Block 10, Lots 23-24			
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) Non - Residential			
A5. Latitude/Longitude: Lat. N26-45'27.1" Long. W80-55'16.7" 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 1A			
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) N/A sq ft	b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade N/A	a) Square footage of attached garage 528 sq ft	b) Number of permanent flood openings in the attached garage within 1.0 foot N/A above adjacent grade
c) Total net area of flood openings in A8.b N/A sq in	d) Engineered flood openings? <input type="radio"/> Yes <input checked="" type="radio"/> No	c) Total net area of flood openings in A9.b N/A sq in	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 Clewiston, City of		B2. County Name Hendry	B3. State FL
B4. Map/Panel Number 120108 0143	B5. Suffix D	B6. FIRM Index Date July 6, 2015	B7. FIRM Panel Effective/Revised Date July 6, 2015
		B8. Flood Zone(s) AE	B9. Base Flood Elevation(s) (Zone AO, use base flood depth) 17
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 checked="" 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: Local Vertical Datum: NAVD88			
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)	18 - 7	<input checked="" type="radio"/> feet	<input type="radio"/> meters
b) Top of the next higher floor	N/A -	<input checked="" type="radio"/> feet	<input type="radio"/> meters
c) Bottom of the lowest horizontal structural member (V Zones only)	N/A -	<input checked="" type="radio"/> feet	<input type="radio"/> meters
d) Attached garage (top of slab)	17 - 1	<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)	18 - 6	<input checked="" type="radio"/> feet	<input type="radio"/> meters
f) Lowest adjacent (finished) grade next to building (LAG)	17 - 5	<input checked="" type="radio"/> feet	<input type="radio"/> meters
g) Highest adjacent (finished) grade next to building (HAG)	17 - 9	<input checked="" type="radio"/> feet	<input type="radio"/> meters
h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support	N/A -	<input type="radio"/> feet	<input type="radio"/> meters

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774 East Del Monte Avenue

Clewiston

FL

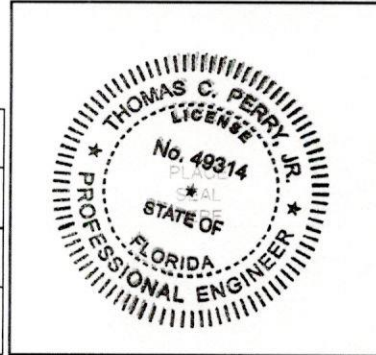
33440

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 attachments.

Were latitude and longitude in Section A provided by a licensed land surveyor?
 Yes No



Certifier's Name Thomas C. Perry, Jr.		License Number 49314	
Title Professional Engineer	Company Name Johnson Prewitt & Associates, Inc.		
Address 850 West Ventura Avenue	City Clewiston	State FL	Zip Code 33440
Signature <i>Thomas C. Perry, Jr.</i>	Date 12-29-2016	Telephone +1 (863) 983-9188	

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

Comments (including type of equipment and location, per C2(e), if applicable)*
 Machinery is an A/C Pad.

Signature _____ Date _____

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 8 -9 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 _____

Comments

Check here if attachments.

BUILDING PHOTOGRAPHS

See instructions for Item A6

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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.
774 East Del Monte Avenue

Policy Number:

City Clewiston State FL Zip Code 33440

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.



Front View

BUILDING PHOTOGRAPHS

Continuation Page

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IMPORTANT: In these spaces, copy the corresponding information from Section A. **FORM INSURANCE COMPANY USE**

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774 East Del Monte Avenue

Policy Number:

City
Clewiston

State
FL

Zip Code
33440

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.



Rear View