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

OMB No. 1660-0008 Expiration Date: November 30, 2018

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.

| | | | | FOR INSUF | RANCE COMPANY USE | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|----------------|---------------------------------------|---------------------|-------------------|-------------------------------------------------------|
| A1. Building Owner's Name Eric McDaniel | | | | | Policy Num | ber: |
| A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 5706 Millstream Drive a/k/a 5706 Goff Island Road | | | | Company N | IAIC Number: | |
| | Ub Gon Island Road | | 04-4- | | 710.0! | |
| City Groveland | | | | | | |
| A3. Property Description (Lot a Tracts 7, 8, 9 & 10, Groveland | | Parce | Number, Legal De | scription, etc.) | | |
| A4. Building Use (e.g., Reside | A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) detached garage | | | | | |
| A5. Latitude/Longitude: Lat. 2 | 8.519665 <u>[</u> | _ong. <u>8</u> | 1.857821 | Horizontal Datur | n: NAD 1 | 1927 X NAD 1983 |
| A6. Attach at least 2 photograp | hs of the building if the | Certific | ate is being used to | obtain flood insur | ance. | |
| A7. Building Diagram Number | 1A | | | | | |
| A8. For a building with a crawle | space or enclosure(s): | | | | | |
| a) Square footage of craw | Ispace or enclosure(s) | | 0 sq ft | | | |
| b) Number of permanent f | ood openings in the cra | wlspac | e or enclosure(s) w | thin 1.0 foot above | adjacent gr | ade0 |
| c) Total net area of flood o | penings in A8.b0 | 8 | sq in | | | |
| d) Engineered flood openi | ngs? 🗌 Yes 🗵 No | | | | | |
| A9. For a building with an attached garage: | | | | | | |
| a) Square footage of attac | a) Square footage of attached garage1,188 sq ft | | | | | |
| b) Number of permanent f | b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade4 | | | | | |
| c) Total net area of flood openings in A9.b 1,539 sq in | | | | | | |
| d) Engineered flood openings? | | | | | | |
| s | ECTION B - FLOOD IN | ISURA | NCE RATE MAP | (FIRM) INFORMA | TION | |
| SECTION B – FLOOD INSURANCE RATE MAP (FIRM) INFORMATION B1. NFIP Community Name & Community Number B2. County Name B3. State | | | | | | |
| Lake County 120421 | | | Unincorporated La | ake | | Florida |
| B4. Map/Panel B5. Suffix Number | B6. FIRM Index Date | E | IRM Panel ffective/ evised Date | B8. Flood Zone(s | ´ (Zo | se Flood Elevation(s) ne AO, use Base od Depth) |
| 12069C0565 E | 12/18/2012 | | 8/2012 | "X" & "A" | n/a & 1 | |
| B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9: | | | | | | |
| ☐ FIS Profile ☐ FIRM ☒ Community Determined ☐ Other/Source: | | | | | | |
| B11. Indicate elevation datum used for BFE in Item B9: NGVD 1929 X NAVD 1988 Other/Source: | | | | | | |
| B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? 🔲 Yes 💢 No | | | | | | |
| Designation Date: CBRS OPA | | | | | | |
| | | | - | | | |
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| IMPORTANT: In these spaces, copy the corresponding | FOR INSURANCE COMPANY USE | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|--------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Building Street Address (including Apt., Unit, Suite, and/or 5706 Millstream Drive a/k/a 5706 Goff Island Road | Policy Number: | | | |
| | | | Company NAIC Number | |
| Groveland Florida 34736 | | | | |
| SECTION C – BUILDING EL | EVATION INFORMAT | ION (SURVEY R | EQUIRED) | |
| C1. Building elevations are based on: Construction *A new Elevation Certificate will be required when concern to the second control of t | VE, V1–V30, V (with BI | ng is complete. FE), AR, AR/A, AR/ n Item A7. In Puert | /AE, AR/A1–A30, AR/AH, AR/AO. | |
| Indicate elevation datum used for the elevations in it ☐ NGVD 1929 ☒ NAVD 1988 ☐ Other/S | | W. | | |
| Datum used for building elevations must be the sam | e as that used for the B | FE. | Observation and the second sec | |
| a) Top of bottom floor (including basement, crawlsp | aco or analogura floor) | 109_0 | Check the measurement used. | |
| | ace, or enclosure noor) | <u>c</u> n/a | X feet meters | |
| b) Top of the next higher floor | | | X feet meters | |
| c) Bottom of the lowest horizontal structural membe | r (V Zones only) | n/a. | X feet meters | |
| d) Attached garage (top of slab) | | n/a. | X feet meters | |
| e) Lowest elevation of machinery or equipment serv (Describe type of equipment and location in Com | vicing the building ments) | 110. 3 | x feet meters | |
| f) Lowest adjacent (finished) grade next to building | (LAG) | <u> </u> | X feet meters | |
| g) Highest adjacent (finished) grade next to building | (HAG) | 108. <u>6</u> | X feet meters | |
| h) Lowest adjacent grade at lowest elevation of dec structural support | k or stairs, including | N/A | X feet meters | |
| SECTION D – SURVEYOR, | ENGINEER, OR ARC | CHITECT CERTIF | ICATION | |
| This certification is to be signed and sealed by a land sur I certify that the information on this Certificate represents statement may be punishable by fine or imprisonment un | my best efforts to inter | pret the data availa | ı law to certify elevation information. able. I understand that any false | |
| Were latitude and longitude in Section A provided by a lic | | | Check here if attachments. | |
| Certifier's Name | License Number | | 1 8 H 11 | |
| Patrick M. Kelley | 4423 | | | |
| Title Surveyor | | | w low w | |
| Company Name | | | Place | |
| Blackburn Surveying, Inc. | | | Seal -\5 | |
| Address | | | Here L | |
| P.O. Box 121022 | | | | |
| City Clermont | State Florida | ZIP Code 34712 | | |
| Signature | Date 08/29/2018 | Telephone (352) 394-4417 | | |
| Copy all pages of this Elevation Certificate and all attachme | nts for (1) community of | ficial, (2) insurance | agent/company, and (3) building owner. | |
| Comments (including type of equipment and location, per This is a detached garage w/flood vents. Latitude and longitude taken from labins.org | C2(e), if applicable) | | | |
| | | | | |

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| IMPORTANT: In these spaces, copy the correspon | FOR INSURANCE COMPANY USE | | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|-----------------------------------------------|------------------------|--------------------------------------------------------------------|--|
| Building Street Address (including Apt., Unit, Suite, at 5706 Millstream Drive a/k/a 5706 Goff Island Road | (No. | Policy Number: | | | |
| City Groveland | State Florida | ZIP Code 34736 | (| Company NAIC Number | |
| SECTION E – BUILDING E FOR ZOI | LEVATION INFO NE AO AND ZON | RMATION (SURVE E A (WITHOUT BF | EY NOT R | REQUIRED) | |
| 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 an the highest adjacent grade (HAG) and the lowest a) Top of bottom floor (including basement, | d check the approp adjacent grade (L | priate boxes to show AG). | v whether t | the elevation is above or below | |
| crawlspace, or enclosure) is b) Top of bottom floor (including basement, | | feet [| meters | above or below the HAG. | |
| crawlspace, or enclosure) is E2. For Building Diagrams 6–9 with permanent flood | oponingo providos | feet [| meters | above or below the LAG. | |
| the next higher floor (elevation C2.b in the diagrams) of the building is | operings provided | in Section A items | o and/or 9 ☐ 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 | | | meters | above or below the HAG. | |
| E5. Zone AO only: If no flood depth number is availal floodplain management ordinance? | ole, is the top of the ☐ No ☐ Unkno | e bottom floor eleva own. The local offici | ted in acco | ordance with the community's ertify this information in Section G. | |
| SECTION F - PROPERTY OV | VNER (OR OWNE | R'S REPRESENTA | TIVE) CEF | RTIFICATION | |
| 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 | e's Name | | | | |
| | sland | Ed Grov | e/AN | | |
| Signature (4) | | 3018 | Tele | ephone 352-573-8489 | |
| Comments | | | | | |
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| | | | | Check here if attachments. | |

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| MPORTANT: In these spaces, copy the corr | FOR INSURANCE COMPANY USE | | | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|------------------------|-------------------------------------------------|--|--|--|
| Building Street Address (including Apt., Unit, S 5706 Millstream Drive a/k/a 5706 Goff Island | Policy Number: | | | | | |
| City Groveland | | ZIP Code 34736 | Company NAIC Number | | | |
| SECTION | ON G - COMMUNITY INFORM | IATION (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–G10. In Puerto Rico only, enter meters. | | | | | | |
| 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 Sect or Zone AO. | on E for a building located in 2 | Zone A (without a FEMA | A-issued or community-issued BFE) | | | |
| G3. The following information (Items G4- | G10) is provided for communi | ty floodplain manageme | ent purposes. | | | |
| G4. Permit Number | G5. Date Permit Issued | | Date Certificate of Compliance/Occupancy Issued | | | |
| G7. This permit has been issued for: New Construction Substantial Improvement | | | | | | |
| G8. Elevation of as-built lowest floor (including of the building: | g basement) ————. | feet | meters Datum | | | |
| G9. BFE or (in Zone AO) depth of flooding at | the building site: | feet | meters Datum | | | |
| G10. Community's design flood elevation: | | feet | meters Datum | | | |
| Local Official's Name Title | | | | | | |
| Community Name | Telep | phone | | | | |
| Signature | Date | a | | | | |
| Comments (including type of equipment and location, per C2(e), if applicable) | | | | | | |
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| | | | Check here if attachments. | | | |

BUILDING PHOTOGRAPHS

ELEVATION CERTIFICATE

See Instructions for Item A6.

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|---------------------------------------------------------------------------------------------------|---------------------------|----------|---------------------|
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| 5706 Millstream Drive a/k/a 5706 Goff Is | | | |
| City | State | ZIP Code | Company NAIC Number |
| Groveland | Florida | 34736 | |

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.

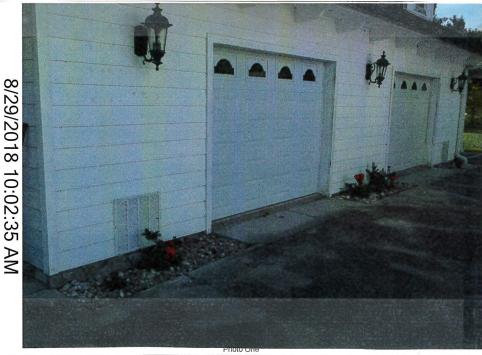


Photo One Caption

FRONT VIEW



Photo Two Caption

REAR VIEW

BUILDING PHOTOGRAPHS

ELEVATION CERTIFICATE

Continuation Page

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|---------------------------------------------------------------------------------------------------|---------------------------|----------|---------------------|
| Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. | | | Policy Number: |
| 5706 Millstream Drive a/k/a 5706 Goff Is | | | |
| City | State | ZIP Code | Company NAIC Number |
| Groveland | Florida | 34736 | |

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 One Caption

LEFT SIDE



Photo Two Caption

RIGHT SIDE