

Elevation Certificate Completion Guide

General Comment:

The latest FEMA Elevation Certificate form must be used. The form can be downloaded directly from the FEMA website (FEMA.gov). All information requested in Section A, B, C, and D should be fully completed (i.e. no information should be left blank). If no data is applicable, use either the number zero "0" or "N/A" as appropriate for each section (refer to FEMA Elevation Certificate Instructions). Section D needs to be signed, dated, and sealed by Florida Licensed Surveyor and Mapper (Engineers or Architects cannot complete this form in the State of Florida). Do not include building permit numbers or marks on the Elevation Certificate.

Any development hold placed by the Stormwater Management Division will only be released after construction of the structure is finished and a correctly completed and original elevation certificate is submitted and accepted.

Common Errors & Omissions:

- A2.** Provide complete address including **zip code on all pages.**
- A5.** Longitude and Latitude are required in the new elevation certificates. Use either decimal degrees (e.g., 39.5043°, -110.7585°) or degrees, minutes, seconds (e.g., 39° 30' 15.5", -110° 45' 30.7") format. If decimal degrees are used, provide coordinates to at least 4 decimal places or better. When using degrees, minutes, seconds, provide seconds to at least 1 decimal place or better.
- A7.** Diagram 1 is no longer used and has been replaced by 1A or 1B. There are a total of 11 diagrams, please select the most appropriate diagram for the structure. **(e.g. 1A, 1B, 2A, 2B, 3, 4, 5, 6, 7, 8, 9)**
- A8.** Please provide this information, if applicable. If not, please use "0" for a through c. A8-d should be marked as either "yes" or "no."
- A9.** Please provide this information, if applicable. If not, please use "0" for a through c. A9-d should be marked as either "yes" or "no."
- B1.** The NFIP community name and number should be **Orange County 120179.**
- B2.** Please enter **Orange County – Unincorporated Areas.**
- B4.** Map panel numbers for **Orange County begin with the numbers 12095** followed by panel number (both the Map and Panel numbers are required). 120179 is the community number.

Sample:

| SECTION B – FLOOD INSURANCE RATE MAP (FIRM) INFORMATION | | | | | |
|---|------------------------|--|--|--------------------------------|---|
| B1. NFIP Community Name & Community Number Orange County 120179 | | | B2. County Name Orange County - Unincorporated Areas | | B3. State Florida |
| B4. Map/Panel Number 12095C0125 | B5. Suffix F | B6. FIRM Index Date 09/25/2009 | B7. FIRM Panel Effective/ Revised Date 09/25/2009 | B8. Flood Zone(s) AE | B9. Base Flood Elevation(s) (Zone AO, use Base Flood Depth) 87.4 |



- B8.** Enter the flood zone, or flood zones, in which the structure is located. For properties with two flood zones (e.g. X,AE) list both.
- B9.** Please include base flood elevation (BFE) for the zone (s) entered in B8. The base flood elevation is also shown in the Floodplain permit.
- B10.** Please select the appropriate box. For Zone A select other/source check box. Zone AE is typically shown in the FIRM panel or FIS study.
- B11.** Elevation datum used for the "BFE" NAVD 1988 (please see FIRM panel legend).
- B12.** Please check the appropriate box (either "yes" or "no").
- C1.** Flood Plain permit are released when **Finished Construction** is marked.
- C2.** Provide the vertical datum for the benchmark elevation. All elevations for the certificate, including the elevations for Items C2.a–h, must use the same datum on which the BFE is based (i.e. item B9). Show the conversion from the field survey datum used if it differs from the datum used for the BFE entered in Item B9 and indicate the conversion software used. Show the datum conversion, if applicable, in the Comments area of Section D. Please provide complete benchmark information (e.g. city or county benchmark).

Please provide information for all items (C2 a through h). If any item does not apply to the building, enter "N/A" for not applicable.

Section D Please include **signature, date, and raised seal** within box provided. Seal should cover signature and date. Use the Comments area of Section D, on the back of the certificate, to provide datum, elevation, openings, or other relevant information not specified on the front.

Section E & G Please provide complete address of the property.

Building Photograph Orange County Requires **clear photograph of all 4 sides** of the building.



All fields in yellow must be completed and accurately filled with no blank spaces.

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.

| SECTION A – PROPERTY INFORMATION | | | | FOR INSURANCE COMPANY USE | |
|--|------------------------|--|--|---|---|
| A1. Building Owner's Name First Page | | | | Policy Number: | |
| A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. Complete Address including Zip Code | | | | Company NAIC Number: | |
| City | | State | | 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="checkbox"/> NAD 1927 <input 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 _____ | | | | (Diagram 8 & 9 has a crawlspace. A8a-d should be filled out, if there is no crawlspace enter "0" A8a-c) | |
| A8. For a building with a crawlspace or enclosure(s): (Diagram 8 & 9 need to have engineered opening) | | | | | |
| a) Square footage of crawlspace or enclosure(s) _____ | | sq ft | | | |
| b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade _____ | | | | | |
| c) Total net area of flood openings in A8.b _____ | | | | sq in | |
| d) Engineered flood openings? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | (If there is no attached garage to the building enter "0" A9a-c) | |
| A9. For a building with an attached garage: (If A9a has a number, A9b-d should be filled out & C2d must have an elevation) | | | | | |
| a) Square footage of attached garage _____ | | sq ft | | | |
| b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade _____ | | | | | |
| c) Total net area of flood openings in A9.b _____ | | | | sq in | |
| d) Engineered flood openings? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |
| (If there are engineered flood openings, attach the certification from the engineer or the ICC Evaluation Service) | | | | | |
| SECTION B – FLOOD INSURANCE RATE MAP (FIRM) INFORMATION | | | | | |
| B1. NFIP Community Name & Community Number Orange County 120179 | | | B2. County Name Orange County - Unincorporated Areas | | B3. State Florida |
| B4. Map/Panel Number 12095C_____ | B5. Suffix F | B6. FIRM Index Date 09/25/2009 | B7. FIRM Panel Effective/ Revised Date 09/25/2009 | 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: (Need to check boxes) <input type="checkbox"/> FIS Profile <input type="checkbox"/> FIRM <input type="checkbox"/> Community Determined <input type="checkbox"/> Other/Source: _____ | | | | | |
| 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: (Must Match C2) _____ | | | | | |
| 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 | | | | | |

ELEVATION CERTIFICATE

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

| | |
|--|----------------------------------|
| 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. Must match first page | Policy Number: |
| City State ZIP Code | 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, 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.

Benchmark Utilized: _____ **Vertical Datum:** _____

Indicate elevation datum used for the elevations in items a) through h) below.

- NGVD 1929 NAVD 1988 Other/Source: _____ **(Must Match B11)**

Datum used for building elevations must be the same as that used for the BFE.

(C2a must be minimum 1' higher than B9)

Check the measurement used.

- | | | | |
|---|---|-------------------------------|---------------------------------|
| a) Top of bottom floor (including basement, crawlspace, or enclosure floor) _____ | | <input type="checkbox"/> feet | <input type="checkbox"/> meters |
| b) Top of the next higher floor _____ | } | <input type="checkbox"/> feet | <input type="checkbox"/> meters |
| c) Bottom of the lowest horizontal structural member (V Zones only) _____ | | <input type="checkbox"/> feet | <input type="checkbox"/> meters |
| d) Attached garage (top of slab) (See A9) _____ | | <input type="checkbox"/> feet | <input type="checkbox"/> meters |
| e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments) _____ | | <input type="checkbox"/> feet | <input type="checkbox"/> meters |
| f) Lowest adjacent (finished) grade next to building (LAG) _____ | } | <input type="checkbox"/> feet | <input type="checkbox"/> meters |
| g) Highest adjacent (finished) grade next to building (HAG) _____ | | <input type="checkbox"/> feet | <input type="checkbox"/> meters |
| h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support _____ | | <input type="checkbox"/> feet | <input type="checkbox"/> meters |

(Can not be N/A if it has a AC unit on pad)

(C2g must be greater or equal to C2f)

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.

Were latitude and longitude in Section A provided by a licensed land surveyor? Yes No Check here if attachments.

| | | |
|--|-----------------------|--|
| Certifier's Name | License Number | (Must Date , Sign & Seal in the box also) (Orange County does not except digital seal at this time) |
| Title | | |
| Company Name | | |
| Address | | |
| City State ZIP Code | | |
| Signature | Date | Telephone Ext. |

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

Comments (including type of equipment and location, per C2(e), if applicable)

ELEVATION CERTIFICATE

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

| | |
|---|----------------------------------|
| 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. Must match first page | Policy Number: |
| City State ZIP Code | Company NAIC Number |

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 1–2 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.

ELEVATION CERTIFICATE

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

| | | | |
|--|--------------|-----------------|----------------------------------|
| 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. Must match first page | | | Policy Number: |
| City | State | ZIP Code | Company NAIC Number |

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–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 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–G10) is provided for community floodplain management purposes.

| | | |
|-------------------|------------------------|---|
| G4. Permit Number | G5. Date Permit Issued | G6. 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 basement) of the building: _____ 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 | Telephone |
| Signature | Date |

Comments (including type of equipment and location, per C2(e), if applicable)

Check here if attachments.

BUILDING PHOTOGRAPHS

ELEVATION CERTIFICATE

See Instructions for Item A6.

| | | | | |
|--|--------------|-----------------|----------------------------------|--|
| 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. Must match first page | | | Policy Number: | |
| City | State | ZIP Code | 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.

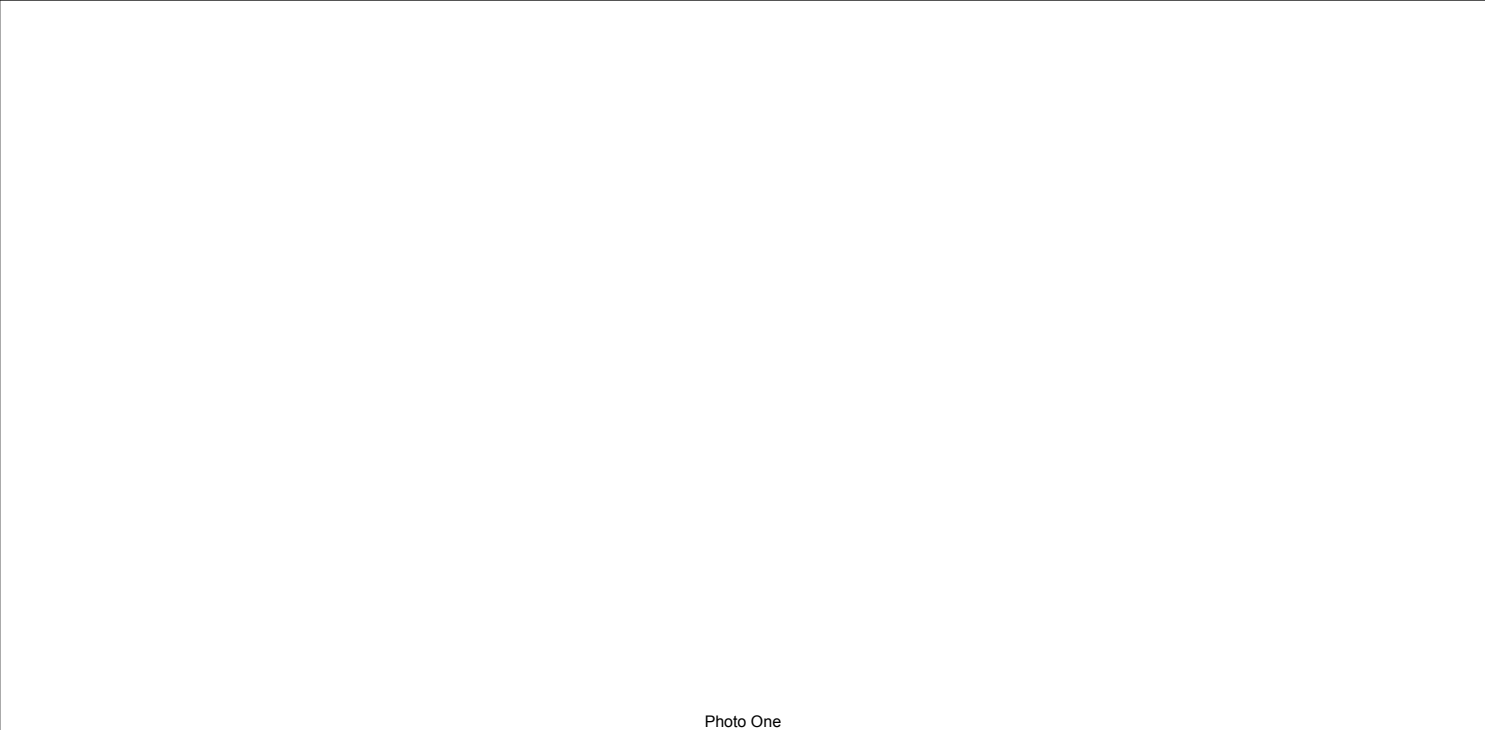


Photo One

Photo One Caption



Photo Two

Photo Two Caption

BUILDING PHOTOGRAPHS

Continuation Page

OMB No. 1660-0008

Expiration Date: November 30, 2018

ELEVATION CERTIFICATE

| | |
|--|----------------------------------|
| 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. Must match first page | Policy Number: |
| City State ZIP Code | 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.

Photo Three

Photo Three Caption

Photo Four

Photo Four Caption