

ELEVATION CERTIFICATE

Important: Read the instructions on pages 1 - 7.

SECTION A - PROPERTY OWNER INFORMATION

BUILDING OWNER'S NAME: HARBOUR VILLAGE CONDO

BUILDING STREET ADDRESS (including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO.: 14578 RIVER BEACH DR. BUILDING 2

CITY: PORT CHARLOTTE STATE: FLORIDA ZIP CODE: 33953

PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.): HV8 001 0000 0000 PHASE 2

BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use a Comments area, if necessary.): RESIDENTIAL CONDO

LATITUDE/LONGITUDE (OPTIONAL) (###° - ##' - ###" or ###.###°)

HORIZONTAL DATUM: NAD 1927 NAD 1983

SOURCE: GPS (Type): _____ USGS Quad Map Other: _____

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER: 120061

B2. COUNTY NAME: CHARLOTTE

B3. STATE: FLORIDA

B4. MAP AND PANEL NUMBER: <u>D304</u>	B5. SUFFIX: <u>F</u>	B6. FIRM INDEX DATE: _____	B7. FIRM PANEL EFFECTIVE/REVISED DATE: <u>5/5/03</u>	B8. FLOOD ZONE(S): <u>8VE</u>	B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding): <u>8'</u>
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B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9.
 FIS Profile FIRM Community Determined Other (Describe): _____

B11. Indicate the elevation datum used for the BFE in B9: NGVD 1929 NAVD 1988 Other (Describe): _____

B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? Yes No Designation Date _____

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. Building Diagram Number: 2 (Select the building diagram most similar to the building for which this certificate is being completed - see pages 6 and 7. If no diagram accurately represents the building, provide a sketch or photograph.)

C3. 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 C3.-a-i below according to the building diagram specified in item C2. State the datum used. If the datum is different from the datum used for the BFE in Section B, convert the datum to that used for the BFE. Show field measurements and datum conversion calculation. Use the space provided or the Comments area of Section D or Section G, as appropriate, to document the datum conversion.

Datum: _____ Conversion/Comments: _____

Elevation reference mark used: K33 Does the elevation reference mark used appear on the FIRM? Yes No

- a) Top of bottom floor (including basement or enclosure): 10.1 ft.(m)
- b) Top of next higher floor: 19.2 ft.(m)
- c) Bottom of lowest horizontal structural member (V zones only): 9.0 ft.(m)
- d) Attached garage (top of slab): N/A ft.(m)
- e) Lowest elevation of machinery and/or equipment servicing the building (Describe in a Comments area): P/C 10.0 ft.(m)
- f) Lowest adjacent (finished) grade (LAG): 5.1 ft.(m)
- g) Highest adjacent (finished) grade (HAG): 6.4 ft.(m)
- h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade: N/A
- i) Total area of all permanent openings (flood vents) in C3.h: N/A sq. in. (sq. cm)

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 in Sections A, B, and C 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.

CERTIFIER'S NAME: ROBERT O. SOUTH LICENSE NUMBER: LS 21668

TITLE: LAND SURVEYOR COMPANY NAME: _____

ADDRESS: 5500 SABAL PALM LN CITY: PUNTA GORDA STATE: FL ZIP CODE: 33982

SIGNATURE: [Signature] DATE: 2-3-09 TELEPHONE: 941-239-4123

License Number, Embossed Seal, Signature, and Date

[Signature]

IMPORTANT: In these spaces, copy the corresponding information from Section A.

BUILDING STREET ADDRESS (Including Apt, Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO.

14578 RIVER BEACH DR

CITY
PORT CHARLOTTE

STATE
FLORIDA

ZIP CODE
33953

For Insurance Company Use:
Policy Number:
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

BUILDING 2

Check here if attachments

SECTION E - BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO AND ZONE A (WITHOUT BFE)

For Zone AO and Zone A (without BFE), complete Items E1 through E4. If the Elevation Certificate is intended for use as supporting information for a LOMA or LOMR-F, Section C must be completed.

- E1. Building Diagram Number __ (Select the building diagram most similar to the building for which this certificate is being completed - see pages 6 and 7. If no diagram accurately represents the building, provide a sketch or photograph.)
- E2. The top of the bottom floor (including basement or enclosure) of the building is __ ft.(m) __ in.(cm) above or below (check one) the highest adjacent grade. (Use natural grade, if available).
- E3. For Building Diagrams 6-8 with openings (see page 7), the next higher floor or elevated floor (elevation b) of the building is __ ft.(m) __ in.(cm) above the highest adjacent grade. Complete items C3.h and C3.i on front of form.
- E4. The top of the platform of machinery and/or equipment servicing the building is __ ft.(m) __ in.(cm) above or below (check one) the highest adjacent grade. (Use natural grade, if available).
- E5. For 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, C (Items C3.h and C3.i only), 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, C, 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.

- G1. The information in Section C was taken from other documentation that has been signed and embossed by a licensed surveyor, engineer, or architect who is authorized by state or local 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 is: _____ ft.(m) Datum: _____

G9. BFE or (in Zone AO) depth of flooding at the building site is: _____ ft.(m) Datum: _____

LOCAL OFFICIAL'S NAME	TITLE
COMMUNITY NAME	TELEPHONE
SIGNATURE	DATE

COMMENTS

Check here if attachments



May 30, 2007

Harbour Village
Property Owner Association
4410 Warren Avenue
Port Charlotte, FL 33953

RE: Address change **14578 River Beach Drive**

Dear Property Owner:

The purpose of this letter is to advise you of an address change for your property. It has been brought to our attention by E-911 Emergency Services that the address (street number, & name specifically) you are currently using is incorrect.

Effective July 31, 2007 (sixty days) the official address for you property (as referenced above) will be **4410 Warren Avenue**.

The procedure is to have all addresses assigned to the street the complex fronts. Your complex fronts Warren Avenue not River Beach Drive. We feel it is important that the numerical sequence and the name of the street be accurate, especially in the case of E-911 emergency assistance attempting to locate the house. In order to maintain consistency, please change the numbers on your house and mailbox to the above address within **60 days**.

We will forward the address change information to the Tax Collector and Property Appraiser offices, the Sheriff's Department (911), the Charlotte County School Board Transportation Department, the Post Office, and Utility companies. In addition to providing services using the new address, the U S Postal Service will continue, for 6 months, also provide services on deliveries marked with the original address. Please be sure to notify your Insurance Company (s), Bank and Drivers License Bureau and any other agencies that might be using the incorrect address.

If you have any questions, please do not hesitate to contact this office.

Sincerely,

A handwritten signature in cursive script, appearing to read "Kathy McGhee".

Kathy McGhee
Addressing Technician

COMMUNITY DEVELOPMENT

Land Information

18500 Murdock Circle, B-105 | Port Charlotte, FL 33948-1068

Phone: 941.743.1235 | Fax: 941.743.1570