

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

OMB Control No. 1660-0008
Expiration Date: 06/30/2026

ELEVATION CERTIFICATE

IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON INSTRUCTION PAGES 1-11

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: <u>Atlee and Katie Hershberger</u> | Policy Number: _____ |
| A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.: <u>1116 Kruppa Avenue</u> | Company NAIC Number: _____ |
| City: <u>Sarasota</u> State: <u>FL</u> ZIP Code: <u>34237</u> | |
| A3. Property Description (e.g., Lot and Block Numbers or Legal Description) and/or Tax Parcel Number: <u>Sarasota PID 0054150025 Long Legal Description</u> | |
| A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.): <u>Residential</u> | |
| A5. Latitude/Longitude: Lat. <u>27°32'33.70"N</u> Long. <u>82°50'32.40W</u> Horiz. Datum: <input type="checkbox"/> NAD 1927 <input checked="" type="checkbox"/> NAD 1983 <input type="checkbox"/> WGS 84 | |
| A6. Attach at least two and when possible four clear color photographs (one for each side) of the building (see Form pages 7 and 8). | |
| A7. Building Diagram Number: <u>1B</u> | |
| A8. For a building with a crawlspace or enclosure(s): | |
| a) Square footage of crawlspace or enclosure(s): <u>N/A</u> sq. ft. | |
| b) Is there at least one permanent flood opening on two different sides of each enclosed area? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A | |
| c) Enter number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade: Non-engineered flood openings: <u>N/A</u> Engineered flood openings: <u>N/A</u> | |
| d) Total net open area of non-engineered flood openings in A8.c: <u>N/A</u> sq. in. | |
| e) Total rated area of engineered flood openings in A8.c (attach documentation – see Instructions): <u>N/A</u> sq. ft. | |
| f) Sum of A8.d and A8.e rated area (if applicable – see Instructions): <u>N/A</u> sq. ft. | |
| A9. For a building with an attached garage: | |
| a) Square footage of attached garage: <u>252</u> sq. ft. | |
| b) Is there at least one permanent flood opening on two different sides of the attached garage? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A | |
| c) Enter number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade: Non-engineered flood openings: <u>N/A</u> Engineered flood openings: <u>N/A</u> | |
| d) Total net open area of non-engineered flood openings in A9.c: <u>N/A</u> sq. in. | |
| e) Total rated area of engineered flood openings in A9.c (attach documentation – see Instructions): <u>N/A</u> sq. ft. | |
| f) Sum of A9.d and A9.e rated area (if applicable – see Instructions): <u>N/A</u> sq. ft. | |

SECTION B – FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

| | | | |
|---|--|---------------------------------------|----------------------|
| B1.a. NFIP Community Name: <u>SARASOTA COUNTY</u> | B1.b. NFIP Community Identification Number: <u>125144</u> | | |
| B2. County Name: <u>Sarasota</u> | B3. State: <u>FL</u> | B4. Map/Panel No.: <u>12115C 0134</u> | B5. Suffix: <u>F</u> |
| B6. FIRM Index Date: <u>11/04/2016</u> | B7. FIRM Panel Effective/Revised Date: <u>11/04/2016</u> | | |
| B8. Flood Zone(s): <u>AE</u> | B9. Base Flood Elevation(s) (BFE) (Zone AO, use Base Flood Depth): <u>12.1</u> | | |
| B10. Indicate the source of the BFE data or Base Flood Depth entered in Item B9: <input checked="" type="checkbox"/> FIS <input type="checkbox"/> FIRM <input type="checkbox"/> Community Determined <input type="checkbox"/> Other: _____ | | | |
| B11. Indicate elevation datum used for BFE in Item B9: <input type="checkbox"/> NGVD 1929 <input checked="" type="checkbox"/> NAVD 1988 <input type="checkbox"/> Other/Source: _____ | | | |
| B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Designation Date: _____ <input type="checkbox"/> CBRS <input type="checkbox"/> OPA | | | |
| B13. Is the building located seaward of the Limit of Moderate Wave Action (LiMWA)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |