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

OMB No. 1660-0008

Expiration Date: November 30, 2022

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 | | | | | | ANCE COMPANY USE | |
|--|---|---|----------------|-----------------------------------|------------------------------------|------------------|--|
| A1. Building Owner's Name ANDY HOSTETLER AND NANCY HOSTETLER | | | | | | er: | |
| A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 1226 GOOD AVENUE | | | | | | AIC Number: | |
| | | | | | ZIP Code 34239 | | |
| A3. Property Description (Lot ar LOTS 3 AND 30, PINECRAFT F | | | | al Description, etc. |) | | |
| A4. Building Use (e.g., Residen | tial, Non-Residential, Ad | ldition, | Accessory, e | tc.) RESIDENT | IAL | | |
| A5. Latitude/Longitude: Lat. 27 | 7°19'21.11" Lo | ong82 | 2°30'12.76" | Horizontal | Datum: NAD 1 | 927 🗵 NAD 1983 | |
| A6. Attach at least 2 photograp | hs of the building if the C | Certifica | ate is being u | sed to obtain flood | insurance. | | |
| A7. Building Diagram Number | 1B | | | | | | |
| A8. For a building with a crawls | pace or enclosure(s): | | | | | | |
| a) Square footage of crawls | space or enclosure(s) | | | 0.00 sq ft | | | |
| b) Number of permanent flo | ood openings in the craw | Ispace | or enclosure | (s) within 1.0 foot | above adjacent gra | de <u>0</u> | |
| c) Total net area of flood op | penings in A8.b | | 0.00 sq in | | | | |
| d) Engineered flood opening | gs? ☐ Yes ☒ No | | | | | | |
| A9. For a building with an attach | ed garage: | | | | | | |
| a) Square footage of attach | ed garage | | 0.00 sq ft | | | | |
| b) Number of permanent flo | ood openings in the attac | ched ga | arage within 1 | 1.0 foot above adja | cent grade 0 | | |
| c) Total net area of flood or | penings in A9.b | | 0.00 sq | in | | | |
| d) Engineered flood openin | d) Engineered flood openings? | | | | | | |
| SE | SECTION B – FLOOD INSURANCE RATE MAP (FIRM) INFORMATION | | | | | | |
| B1. NFIP Community Name & Community Number SARASOTA COUNTY 125144 B2. County Name SARASOTA | | | | | B3. State Florida | | |
| B4. Map/Panel B5. Suffix Number | B6. FIRM Index Date | B7. FIRM Panel B8. Flood Zone(s) Revised Date | | B9. Base Flood E (Zone AO, use | levation(s) e Base Flood Depth) | | |
| 12115C 0134 F | 11-04-2016 | 11-04-2 | | AE, X | 12 | | |
| 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 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 DPA | | | | | | | |
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ELEVATION CERTIFICATE

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|---|---|--|--|----------------------|--|
| IMPORTANT: In these spaces, copy the corresponding information from Section A. | | | | | ANCE COMPANY USE |
| | ng Street Address (including Apt., Ur GOOD AVENUE | it, Suite, and/or Bldg. No.) or P | .O. Route and Box No. | . Policy Number | er: |
| City | | State | ZIP Code | Company NA | IC Number |
| SARA | SOTA | Florida | 34239 | | |
| | SECTION C - | BUILDING ELEVATION INFO | ORMATION (SURVE | Y REQUIRED) | |
| | Building elevations are based on: *A new Elevation Certificate will be r | _ | ⊠ Building Under Counter building is complete. | | Finished Construction |
| | Elevations – Zones A1–A30, AE, AF Complete Items C2.a–h below acco Benchmark Utilized: SARASOTA C | rding to the building diagram sp | (with BFE), AR, AR/A, ecified in Item A7. In F Datum: 16.46 NGVD 2 | Puerto Rico only, er | 30, AR/AH, AR/AO. nter meters. |
| | Indicate elevation datum used for the | e elevations in items a) through | h) below. | | |
| | ☐ NGVD 1929 🗵 NAVD 1 | 988 Other/Source: | | | |
| | Datum used for building elevations r | nust be the same as that used | for the BFE. | Chack the | e measurement used. |
| | -) Tag of bottom floor (including bo | nament aroudeness or englass | uro floor) | | eet meters |
| | a) Top of bottom floor (including ba | sement, crawispace, or enclose | ire 11001) | | eet meters |
| | b) Top of the next higher floor | | | | |
| | c) Bottom of the lowest horizontal s | tructural member (V Zones only | /) | | eet meters |
| | d) Attached garage (top of slab) | | | N/A fe | eet meters |
| , | e) Lowest elevation of machinery o (Describe type of equipment and | r equipment servicing the buildi location in Comments) | ng | N/A fe | eet meters |
| | f) Lowest adjacent (finished) grade | next to building (LAG) | | 11.9 X fe | eet |
| | g) Highest adjacent (finished) grade | e next to building (HAG) | | 12.5 X fe | eet meters |
| | h) Lowest adjacent grade at lowest structural support | elevation of deck or stairs, incl | uding | N/A fe | eet |
| | | - SURVEYOR ENGINEER. | OR ARCHITECT CER | RTIFICATION | |
| 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. | | | | | |
| | e latitude and longitude in Section A | | | No Check | k here if attachments. |
| Cerl | ifier's Name | License Num | ber | | 111111111111111111111111111111111111111 |
| Ken | neth R. Palmer | LS 4661 | | 1111 | HROBERT |
| Title | | | | II AF | ATTERON S |
| Sun | veyor | | 4 | = 4:10 | Alaxen 9: |
| | npany Name | | | = 4 | No. 4661 |
| | ner Land Surveying, LLC | | * | J/2 : 8 | POGOTI : |
| 1 | ress 7 Tallevast Road | | | Tour. | |
| | | 04-4- | ZIP Code | | · · · · · · · · · · · · · · · · · · · |
| City | asota | State Florida | 34243 | 11/1 | ED LAND S |
| | | 0 10 to 50 t | | | /////////// |
| | nature Tal | 7 Date 10-01-2021 | Telephone (941) 527-0 | | |
| Сор | y all pages of this Elevation Certificate | and all attachments for (1) com | munity official, (2) insur | ance agent/compan | ıy, and (3) building owner. |
| Proj | nments (including type of equipment ect No. 182-384 The Method used t con. Datum shift (NAVD 88 minus N | o determine the Latitude and Le | | p.com Datum con | version used was |
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ELEVATION CERTIFICATE

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|--|----------------------|---|---|------------|--|--|
| IMPORTANT: In these spaces, copy the corresponding | FOR INSURANCE COMPAN | IY USE | | | | |
| Building Street Address (including Apt., Unit, Suite, and/or 1226 GOOD AVENUE | Bldg. No.) or P.O. R | oute and Box No. | Policy Number: | | | |
| City State | | IP Code | Company NAIC Number | | | |
| SARASOTA Flori | | 4239 | | | | |
| 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 b) Top of bottom floor (including basement, | | _ | rs above or below the | ∍ HAG. | | |
| crawlspace, or enclosure) is | | _ | | | | |
| E2. For Building Diagrams 6–9 with permanent flood oper the next higher floor (elevation C2.b in the diagrams) of the building is | nings provided in Se | ction A Items 8 and/or | | | | |
| E3. Attached garage (top of slab) is | | feet _ mete | rs above or below the | e HAG. | | |
| E4. Top of platform of machinery and/or equipment servicing the building is | | _ | ers above or below the | e 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 | R (OR OWNER'S RI | EPRESENTATIVE) C | ERTIFICATION | | | |
| The property owner or owner's authorized representative v community-issued BFE) or Zone AO must sign here. The s | statements in Sectio | ions A, B, and E for Z ns A, B, and E are co | one A (without a FEMA-issued rrect to the best of my knowled | or lge. | | |
| Property Owner or Owner's Authorized Representative's N | lame | | | | | |
| Address | City | S | tate ZIP Code |) | | |
| Signature | Date | Т | elephone | | | |
| Comments | | | | | | |
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ELEVATION CERTIFICATE

| IMPORTANT: In these spaces, copy the corresponding information from Section A. | | | | FOR INSURANCE COMPANY USE | | |
|--|----------------------|----------------------------|----------|--|--|--|
| Building Street Address (including Apt., Unit, States 1226 GOOD AVENUE | No. F | Policy Number: | | | | |
| City SARASOTA | State Florida | ZIP Code 34239 | | Company NAIC Number | | |
| SECTIO | ON G – COMMUNIT | Y INFORMATION (OPTIC | ONAL) | | | |
| 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. | ion E for a building | located in Zone A (without | a FEMA- | issued or community-issued BFE) | | |
| G3. The following information (Items G4- | -G10) is provided fo | or community floodplain ma | anagemer | nt purposes. | | |
| G4. Permit Number | G5. Date Permit | Issued | | ate Certificate of Impliance/Occupancy Issued | | |
| G7. This permit has been issued for: | New Construction | n Substantial Improven | nent | | | |
| G8. Elevation of as-built lowest floor (includin of the building: | g basement) - | | feet [| meters | | |
| 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) | | | | | | |
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| | | | | Check here if attachments. | | |

BUILDING PHOTOGRAPHS

ELEVATION CERTIFICATE

See Instructions for Item A6.

| MPORTANT: In these spaces, copy the corresponding information from | | FOR INSURANCE COMPANY USE | | | |
|--|---------------------|---------------------------|--|--|--|
| Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. 1226 GOOD AVENUE | . Route and Box No. | Policy Number: | | | |
| City State SARASOTA Florida | ZIP Code 34239 | 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. | | | | | |
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BUILDING PHOTOGRAPHS

ELEVATION CERTIFICATE

Continuation Page

| IMPORTANT: In these spaces, copy the corre | FOR INSURANCE COMPANY USE | | | | | |
|---|---------------------------|----------|---------------------|--|--|--|
| Building Street Address (including Apt., Unit, Su 1226 GOOD AVENUE | Policy Number: | | | | | |
| City | State | ZIP Code | Company NAIC Number | | | |
| SARASOTA | Florida | 34239 | | | | |
| 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. | | | | | | |
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