## 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: GRW LTD	Policy Number:					
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.: 1340 N TAMIAMI TRL	Company NAIC Number:					
City: NOKOMIS State: FL	ZIP Code: <u>34275</u>					
A3. Property Description (e.g., Lot and Block Numbers or Legal Description) and/or Tax Parcel Nun PID: 0165020001, DESCRIP O.R. BK 933 - PG544 & O.R. BK 933 - PG553	nber:					
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.): RESIDENTIAL						
A5. Latitude/Longitude: Lat. 27° 08' 37,94" N Long. 82° 27' 17,86" W Horiz. Datum: NAD 1927 NAD 1983 WGS 84						
A6. Attach at least two and when possible four clear color photographs (one for each side) of the bu	uilding (see Form pages 7 and 8).					
A7. Building Diagram Number:5						
A8. For a building with a crawlspace or enclosure(s):						
a) Square footage of crawlspace or enclosure(s): N/A sq. ft.						
b) Is there at least one permanent flood opening on two different sides of each enclosed area?	Yes No N/A					
c) Enter number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot Non-engineered flood openings:N/A Engineered flood openings:N/A						
d) Total net open area of non-engineered flood openings in A8.c:N/A sq. in.						
e) Total rated area of engineered flood openings in A8.c (attach documentation – see Instructions): N/A sq. ft.						
f) Sum of A8.d and A8.e rated area (if applicable – see Instructions): N/A sq. ft.						
A9. For a building with an attached garage:						
a) Square footage of attached garage: N/A sq. ft.						
b) Is there at least one permanent flood opening on two different sides of the attached garage?	Y ☐ Yes ☐ No ☒ N/A					
c) Enter number of permanent flood openings in the attached garage within 1.0 foot above adja 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: N/A sq. in.						
e) Total rated area of engineered flood openings in A9.c (attach documentation – see Instruction	ons): N/A sq. ft.					
f) Sum of A9.d and A9.e rated area (if applicable – see Instructions): N/A sq. ft.						
SECTION B – FLOOD INSURANCE RATE MAP (FIRM) INFOR	RMATION					
B1.a. NFIP Community Name: Sarasota County B1.b. NFIP Com	munity Identification Number: 125144					
B2. County Name: Sarasota B3. State: FL B4. Map/Panel No.: _	12115C/0239 B5. Suffix: G					
B6. FIRM Index Date: 03/27/2024 B7. FIRM Panel Effective/Revised Date: 03/27/20	24					
B8. Flood Zone(s): AE B9. Base Flood Elevation(s) (BFE) (Zone AO, use E	Base Flood Depth): 8.0'					
B10. Indicate the source of the BFE data or Base Flood Depth entered in Item B9:  ☐ FIS ☐ FIRM ☐ Community Determined ☐ Other:						
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 Prote Designation Date:	ected Area (OPA)?					
B13. Is the building located seaward of the Limit of Moderate Wave Action (LiMWA)?	No					

Building Street Address (including Apt., U	nit, Suite, and/or Bldg. No.) o	r P.O. Route and Box	No.:	FOR	INSUR	ANCE C	OMPANY USE
1340 N TAMIAMI TRL				Policy	Numbe	r:	
City: NOKOMIS State: FL ZIP Code: 34275				Company NAIC Number:			
SECTION C – BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)							
C1. Building elevations are based on:  *A new Elevation Certificate will be	_	_		on* 🛭	Finish	ned Cons	struction
C2. Elevations – Zones A1–A30, AE, Al A99. Complete Items C2.a–h below Benchmark Utilized: N 727	according to the Building D		tem A7. In P				
Indicate elevation datum used for the ele ☐ NGVD 1929 ☑ NAVD 1988	evations in items a) through Other:	h) below.					
Datum used for building elevations must If Yes, describe the source of the conver			ion factor us	ed?	☐ Ye		No asurement used
a) Top of bottom floor (including ba	sement, crawlspace, or end	closure floor):	76	10.1	⊠ fe		meters
b) Top of the next higher floor (see	Instructions):		ii-	N/A	☐ fe	et 🗌	meters
c) Bottom of the lowest horizontal s	tructural member (see Instr	uctions):		N/A	☐ fe	et 🗌	meters
d) Attached garage (top of slab):			·	N/A	☐ fe	et 🗌	meters
e) Lowest elevation of Machinery a (describe type of M&E and locati				8.2	⊠ fe	et 🗌	meters
f) Lowest Adjacent Grade (LAG) n	ext to building:   Natural	Finished		7.8	⊠ fe	et 🗌	meters
g) Highest Adjacent Grade (HAG) r	next to building: 🔲 Natural	Finished		7.9	⊠ fe	et 🗌	meters
h) Finished LAG at lowest elevation support:	ı of attached deck or stairs,	including structural		8.0	⊠ fe	et 🗌	meters
SECTION D	- SURVEYOR, ENGINE	ER, OR ARCHITE	CT CERTI	FICA	TION		
This certification is to be signed and sealed by a land surveyor, engineer, or architect authorized by state 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	d surveyor? 🛛 Yes	s □ No				
☐ Check here if attachments and descri	be in the Comments area.						
Certifier's Name: GUSTAVO INTERIA	NLicen	se Number: PSM 64	61				111.
Title: PROFESSIONAL SURVEYOR AND MAPPER							
Company Name: LYNX SURVEYORS CORP							
Address: 302 LAUREL ROAD EAST	UNIT 291				n/		1-3
Address: 302 LAUREL ROAD EAST UNIT 291  City: LAUREL State: FL ZIP Code: 34272  Telephone: (833) 721-2907 Ext.: Email: contact@lynxsurveyors.com  Signature: Date: 01/21/2025							
Telephone: (833) 721-2907	Ext.: Email: contact	@lynxsurveyors.co	om	_  '	1860	STATE	OF DA
Signature:		Date: 01/2	1/2025		ارزه	Surve	yor all b
Copy all pages of this Elevation Certificate	and all attachments for (1)	community official, (2)	insurance a	gent/co	mpany,	and (3) b	ouilding owner.
Comments (including source of conversion Certificate issued for Mobile Home Ulattice; A5) Determine by GPS RTK website; C2 e) for Central A/C System C2 f) g) on ground & driveway determined to CRDER No: LS250059	Jnit address: 140 Captiva NCCS received; Attached on placed at rear side of	St, Nokomis, FL 34 d a Building locatio building, measured	4275, place n in FIRMe	ed on ette ca ncrete	piers w pture, s pad;	ith open source F	ed concrete

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.:	FOR INSURANCE COMPANY USE							
1340 N TAMIAMI TRL	Policy Number:							
City: NOKOMIS State: FL ZIP Code: 34275	Company NAIC Number:							
SECTION E – BUILDING MEASUREMENT INFORMATION (SURVE) FOR ZONE AO, ZONE AR/AO, AND ZONE A (WITHOU	•							
For Zones AO, AR/AO, and A (without BFE), complete Items E1–E5. For Items E1–E4, use natural intended to support a Letter of Map Change request, complete Sections A, B, and C. Check the menter meters.								
Building measurements are based on:  Construction Drawings* Building Under Construction of the building is complete.	tion*							
E1. Provide measurements (C.2.a in applicable Building Diagram) for the following and check the measurement is above or below the natural HAG and the LAG.	appropriate boxes to show whether the							
a) Top of bottom floor (including basement, crawlspace, or enclosure) is:	s  above or below the HAG.							
b) Top of bottom floor (including basement, crawlspace, or enclosure) is:	s  above or below the LAG.							
E2. For Building Diagrams 6–9 with permanent flood openings provided in Section A Items 8 and next higher floor (C2.b in applicable Building Diagram) of the building is:	<u> </u>							
E3. Attached garage (top of slab) is:								
E4. Top of platform of machinery and/or equipment servicing the building is:	s							
	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							
SECTION F – PROPERTY OWNER (OR OWNER'S AUTHORIZED REPRESE	NTATIVE) CERTIFICATION							
The property owner or owner's authorized representative who completes Sections A, B, and E for sign here. <i>The statements in Sections A, B, and E are correct to the best of my knowledge</i> Check here if attachments and describe in the Comments area.	Zone A (without BFE) or Zone AO must							
Property Owner or Owner's Authorized Representative Name:								
Address:								
City: State:	ZIP Code:							
Telephone: Ext.: Email:								
Signature: Date:								
Comments:								

Building Street Address (including Apt., Unit, Suite,	and/or Bldg. No.) c	or P.O. Route and B	Box No.:	FOR INS	URANCE COMPANY USE		
1340 N TAMIAMI TRL				Policy Number:			
City: NOKOMIS	_ State:FL	_ ZIP Code: <u>3427</u>	75	Company NAIC Number:			
SECTION G - COMMUNITY INFORM	IATION (RECO	MENDED FOR	COMMUN	ITY OFFICIA	AL COMPLETION)		
The local official who is authorized by law or ordir Section A, B, C, E, G, or H of this Elevation Certif					rdinance can complete		
G1. The information in Section C was take engineer, or architect who is authorize elevation data in the Comments area	ed by state law to d						
G2.a. A local official completed Section E for a building located in Zone A (without a BFE), Zone AO, or Zone AR/AO, or when item E5 is completed for a building located in Zone AO.							
G2.b.   A local official completed Section H fo	r insurance purpo	ses.					
G3.	ne local official de	scribes specific co	rrections to t	he information	n in Sections A, B, E and H.		
G4.	311) is provided fo	or community flood	plain manag	ement purpos	ses.		
G5. Permit Number:	G6. Date P	ermit Issued:					
G7. Date Certificate of Compliance/Occupance	y Issued:						
G8. This permit has been issued for: New	/ Construction	Substantial Impro	ovement				
G9.a. Elevation of as-built lowest floor (including building:	ງ basement) of the		_	meters	Datum:		
G9.b. Elevation of bottom of as-built lowest horiz member:	zontal structural		_	meters	Datum:		
G10.a. BFE (or depth in Zone AO) of flooding at t	he building site:		feet	meters	Datum:		
G10.b. Community's minimum elevation (or depth requirement for the lowest floor or lowest member:		al	☐ feet	☐ meters	Datum:		
G11. Variance issued? ☐ Yes ☐ No If y	es, attach docum	entation and descr	 ibe in the Co	omments area	a.		
The local official who provides information in Sect correct to the best of my knowledge. If applicable,	iion G must sign h	ere. I have comple ded specific correc	ted the infor	mation in Sec Comments are	ction G and certify that it is ea of this section.		
Local Official's Name:		Title:					
NFIP Community Name:							
Address:							
City:							
Signature:							
Comments (including type of equipment and locat Sections A, B, D, E, or H):	tion, per C2.e; des	scription of any atta	achments; aı	nd corrections	to specific information in		
·							

Building Street Address (including Apt., Unit, Sui	FOR INSURANCE COMPANY USE						
1340 N TAMIAMI TRL	Policy Number:						
City: NOKOMIS	NOKOMIS State: FL ZIP Code: 34275						
SECTION H – BUILDING'S FIRST FLOOR HEIGHT INFORMATION FOR ALL ZONES (SURVEY NOT REQUIRED) (FOR INSURANCE PURPOSES ONLY)							
The property owner, owner's authorized representative, or local floodplain management official may complete Section H for all flood zones to determine the building's first floor height for insurance purposes. Sections A, B, and I must also be completed. Enter heights to the nearest tenth of a foot (nearest tenth of a meter in Puerto Rico). Reference the Foundation Type Diagrams (at the end of Section H Instructions) and the appropriate Building Diagrams (at the end of Section I Instructions) to complete this section.							
H1. Provide the height of the top of the floor (as indicated in Foundation Type Diagrams) above the Lowest Adjacent Grade (LAG):							
a) For Building Diagrams 1A, 1B, 3, and floor (include above-grade floors only for because floors) is:		feet [	meters above the LAG				
b) For Building Diagrams 2A, 2B, 4, and higher floor (i.e., the floor above basemen enclosure floor) is:		feet [	☐ meters ☐ above the LAG				
H2. Is <b>all</b> Machinery and Equipment servicing H2 arrow (shown in the Foundation Type I							
SECTION I – PROPERTY OWN	ER (OR OWNER'S AUTI	HORIZED REPRESEN	TATIVE) CERTIFICATION				
The property owner or owner's authorized repr A, B, and H are correct to the best of my know indicate in Item G2.b and sign Section G.							
☐ Check here if attachments are provided (inc	cluding required photos) and	d describe each attachme	nt in the Comments area.				
Property Owner or Owner's Authorized Repres	sentative Name:						
Address:							
City:			ZIP Code:				
Telephone: Ext.: _	Email:						
Signature:		Date:					
Comments:			_				

# IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON INSTRUCTION PAGES 1-11 **BUILDING PHOTOGRAPHS**

See Instructions for Item A6.

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.:				FOR INSURANCE COMPANY USE
1340 N TAMIAMI TRL				Dollay Number
City: NOKOMIS	State:	FI	ZIP Code: 34275	Policy Number:
City. MONOMIO	State			Company NAIC Number:

Instructions: Insert below at least two and when possible four photographs showing each side of the building (for example, may only be able to take front and back pictures of townhouses/rowhouses). Identify all photographs with the date taken and "Front View," "Rear View," "Right Side View," or "Left Side View." Photographs must show the foundation. When flood openings are present, include at least one close-up photograph of representative flood openings or vents, as indicated in Sections A8 and A9.



Photo One

Photo One Caption: FRONT VIEW (01-14-2025)

Clear Photo One





Photo Two

Photo Two Caption: REAR & A/C VIEWS (01-14-2025)

Clear Photo Two

# IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON INSTRUCTION PAGES 1-11 **BUILDING PHOTOGRAPHS**

**Continuation Page** 

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.:				FOR INSURANCE COMPANY USE	
1340 N TAMIAMI TRL					Daliay Number
City: NOKOMIS	State:	FI	ZIP Code:	3/1275	Policy Number:
City. MONOWID	State	- ' -	_ ZIF Code.	<del>54275</del>	Company NAIC Number:

Insert the third and fourth photographs below. Identify all photographs with the date taken and "Front View," "Rear View," "Right Side View," or "Left Side View." When flood openings are present, include at least one close-up photograph of representative flood openings or vents, as indicated in Sections A8 and A9.



Photo Three

Photo Three Caption: LEFT SIDE VIEW (01-14-2025)

Clear Photo Three



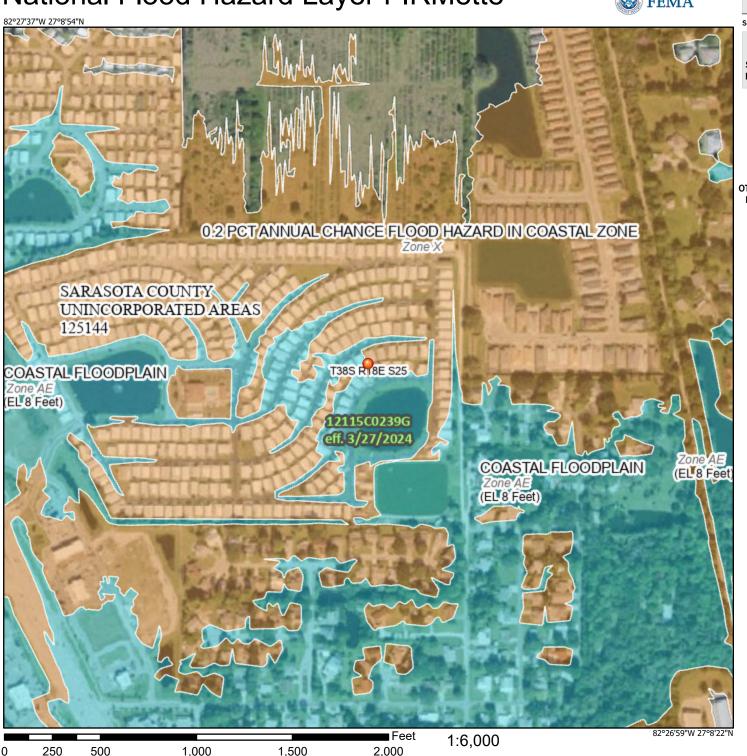
Photo Four

Photo Four Caption: RIGHT SIDE VIEW (01-14-2025)

Clear Photo Four

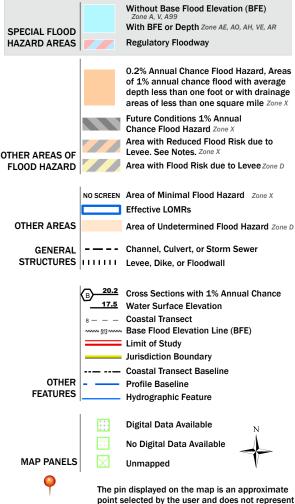
## National Flood Hazard Layer FIRMette





#### Legend

SEE FIS REPORT FOR DETAILED LEGEND AND INDEX MAP FOR FIRM PANEL LAYOUT



This map complies with FEMA's standards for the use of digital flood maps if it is not void as described below. The basemap shown complies with FEMA's basemap accuracy standards

an authoritative property location.

The flood hazard information is derived directly from the authoritative NFHL web services provided by FEMA. This map was exported on 1/21/2025 at 4:27 PM and does not reflect changes or amendments subsequent to this date and time. The NFHL and effective information may change or become superseded by new data over time.

This map image is void if the one or more of the following map elements do not appear: basemap imagery, flood zone labels, legend, scale bar, map creation date, community identifiers, FIRM panel number, and FIRM effective date. Map images for unmapped and unmodernized areas cannot be used for regulatory purposes.