ELEVATION CERTIFICATE Important: Follow the instructions on pages 1–9.

Copy all pages of this Elevation Certificate ar	d all attachments for (1) community	official (2) insurance agent/company	and (3) building owner
		2 onicial, (2) insulation agent/company	, and (5) building owner.

				ly official	i, (z) insulance		, .
	CTION A – PROPERTY	INFOR	MATION			_	ANCE COMPANY USE
A1. Building Owner's Name DANIEL & CARLA BLACKWE	LL					Policy Numl	ber:
A2. Building Street Address (i Box No. BAYSHORE DRIVE	ncluding Apt., Unit, Suit	te, and/or	r Bldg. No.) o	r P.O. R	oute and	Company N	AIC Number:
City			State			ZIP Code	
ENGLEWOOD			Florida			34223	
A3. Property Description (Lot LOT 889, ENGLEWOOD GAF				gal Desc	ription, etc.)		
A4. Building Use (e.g., Reside	ential, Non-Residential,	Addition,	Accessory,	etc.)	RESIDENTIAL		
A5. Latitude/Longitude: Lat.	26.99705°	Long8	2.39289°		Horizontal Dat	um: 🗌 NAD 1	927 🗙 NAD 1983
A6. Attach at least 2 photogra	aphs of the building if the	e Certific	ate is being ι	ised to o	btain flood ins	urance.	
A7. Building Diagram Numbe	r <u>1B</u>						
A8. For a building with a craw	vlspace or enclosure(s):						
a) Square footage of cra	wlspace or enclosure(s)			0	sq ft		
b) Number of permanent	flood openings in the cr	awlspace	e or enclosure	e(s) with	in 1.0 foot abo	ve adjacent gra	ade 0
c) Total net area of flood	openings in A8.b		0 sq ir	1			
d) Engineered flood oper	nings? 🗌 Yes 🗴 N	٨o					
A9. For a building with an atta	ched garage:						
a) Square footage of atta		1	1209 sq ft				
b) Number of permanent				1.0 foot a	above adiacen	tarade 0	
c) Total net area of flood			0 sq			<u> </u>	
			34				
d) Engineered flood openings? 🗌 Yes 🕱 No							
	SECTION B - FLOOD	INSURA	NCE RATE	MAP (F	IRM) INFORM	ATION	
B1. NFIP Community Name &	Community Number		B2. County	Name			B3. State
SARASOTA COUNTY - 1251	14		SARASOTA	λ.			Florida
B4. Map/Panel B5. Suffix Number	B6. FIRM Index Date	Effe	RM Panel ective/ vised Date	B8. Flo Zone(s		. Base Flood E (Zone AO, use	levation(s) e Base Flood Depth)
12115C-0432 F	11-04-2016	11-04-2		AE	12		
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9:							
B11. Indicate elevation datum	used for BFE in Item B	89: 🗌 N	GVD 1929	× NAV	D 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:							

ELEVATION CERTIFICATE				lo. 1660-00 ion Date: N	008 November 30, 2022
IMPORTANT: In these spaces, copy the correspondi	ng information fro	om Section A.	FOR I	NSURANC	E COMPANY USE
Building Street Address (including Apt., Unit, Suite, and BAYSHORE DRIVE	/or Bldg. No.) or P.	O. Route and Box No.	Policy	Number:	
5	State Florida	ZIP Code 34223	Comp	any NAIC I	Number
SECTION C – BUILDING I	ELEVATION INFO	RMATION (SURVEY	REQUIR	ED)	
 C1. Building elevations are based on: □ Construct *A new Elevation Certificate will be required wher C2. Elevations – Zones A1–A30, AE, AH, A (with BFE Complete Items C2.a–h below according to the b Benchmark Utilized: NGS BM #SAR24 EL: 13 Indicate elevation datum used for the elevations in NGVD 1929 × NAVD 1988 ○ Other 	n construction of the E), VE, V1–V30, V (uilding diagram spe 3.27' Vertical I n items a) through I	with BFE), AR, AR/A, A ccified in Item A7. In Pue Datum: <u>NAVD1988</u>	R/AE, AR	 /A1–A30, /	
Datum used for building elevations must be the sa		or the BFE.			
, i i i i i i i i i i i i i i i i i i i					easurement used.
a) Top of bottom floor (including basement, craw	Ispace, or enclosur	e floor)	13.3	imes feet	meters
b) Top of the next higher floor			N/A	imes feet	meters
c) Bottom of the lowest horizontal structural mem	nber (V Zones only)		N/A	\times feet	meters
d) Attached garage (top of slab)			N/A	\times feet	meters
 e) Lowest elevation of machinery or equipment s (Describe type of equipment and location in C 	ervicing the buildin omments)	g	N/A	× feet	meters
f) Lowest adjacent (finished) grade next to build	ing (LAG)		7.9	\times feet	meters
g) Highest adjacent (finished) grade next to build	ling (HAG)		11.0	imes feet	meters
 h) Lowest adjacent grade at lowest elevation of o structural support 	deck or stairs, inclu	ding	N/A	⊠ feet	meters
SECTION D – SURVEYO	R, ENGINEER, O	R ARCHITECT CERT	IFICATIC	N	
This certification is to be signed and sealed by a land I certify that the information on this Certificate represe statement may be punishable by fine or imprisonment	nts my best efforts under 18 U.S. Coo	to interpret the data ava le, Section 1001.	ilable. I u	nderstand	that any false
Were latitude and longitude in Section A provided by a	a licensed land surv	reyor? ⊠Yes ∐No		Check her	e if attachments.
Certifier's Name B. GREGORY RIETH	License Numb 5228	er			
Title PSM/CFM				Р	lace
Company Name STRAYER SURVEYING AND MAPPING, INC.					Seal
Address 742 SHAMROCK BLVD				Н	lere
City VENICE	State Florida	ZIP Code 34293			
Signature	Date 02-04-2021	Telephone (941) 497-1290	Ext.		
Copy all pages of this Elevation Certificate and all attach	ments for (1) comm	unity official, (2) insuranc	e agent/c	ompany, an	d (3) building owner.
Comments (including type of equipment and location, FILE #19-11-48. THE SUBJECT STRUCTURE IS UNI INSTALLED AT THIS TIME. SECTION A5 WAS DERI PARCEL LIES IN ZONES "VE"(13'), "AE"(12'), & "AE"	DER CONSTRUCT	ION, NO VENTS OR M ID HELD G.P.S. UNIT (GPSTES ⁻		
DATE OF FIELD SURVEY: 01-25-2021					
* THIS ELEVATION CERTIFICATE IS ONLY VALID F	OR THE PERSON	(S) LISTED IN SECTIO	N A1. *		

OMB No.	1660-0008
Expiratior	Date: November 30, 2022

ELEVATION CERTIFICATE			Expiration Date: November 30, 2022
IMPORTANT: In these spaces, copy the correspo	onding information	on from Section A.	FOR INSURANCE COMPANY USE
Building Street Address (including Apt., Unit, Suite, BAYSHORE DRIVE	and/or Bldg. No.)	or P.O. Route and Box No.	Policy Number:
City ENGLEWOOD	State Florida	ZIP Code 34223	Company NAIC Number
		FORMATION (SURVEY NO DNE A (WITHOUT BFE)	T REQUIRED)
For Zones AO and A (without BFE), complete Items complete Sections A, B,and C. For Items E1–E4, us enter meters.	s E1–E5. If the Ce se natural grade, i	rtificate is intended to suppor f available. Check the measu	t a LOMA or LOMR-F request, rement used. In Puerto Rico only,
E1. Provide elevation information for the following a the highest adjacent grade (HAG) and the lower a) Top of bottom floor (including basement,			her the elevation is above or below
crawlspace, or enclosure) is		feet me	ters above or below the HAG.
b) Top of bottom floor (including basement, crawlspace, or enclosure) is		feet me	ters 🗌 above or 🗌 below the LAG.
E2. For Building Diagrams 6–9 with permanent floo the next higher floor (elevation C2.b in	od openings provid	ded in Section A Items 8 and/	or 9 (see pages 1–2 of Instructions),
the diagrams) of the building is		feet me	ters above or below the HAG.
E3. Attached garage (top of slab) is		feet me	ters above or below the HAG.
E4. Top of platform of machinery and/or equipment servicing the building is	t	feet 🗌 me	ters 🔲 above or 🗌 below the HAG.
E5. Zone AO only: If no flood depth number is avai floodplain management ordinance? Yes			accordance with the community's st certify this information in Section G.
SECTION F – PROPERTY C	OWNER (OR OWI	NER'S REPRESENTATIVE)	CERTIFICATION
The property owner or owner's authorized represen community-issued BFE) or Zone AO must sign here	tative who comple e. The statements	etes Sections A, B, and E for in Sections A, B, and E are c	Zone A (without a FEMA-issued or correct to the best of my knowledge.
Property Owner or Owner's Authorized Representa	tive'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, 2022

IMPORTANT: In these spaces, copy the corre	FOR INSURANCE COMPANY USE					
Building Street Address (including Apt., Unit, St BAYSHORE DRIVE	lo.	Policy Number:				
City	State	ZIP Code		Company NAIC Number		
ENGLEWOOD	Florida	34223				
SECTIO	ON G – COMMUNITY IN	FORMATION (OPTION	NAL)			
The local official who is authorized by law or or Sections A, B, C (or E), and G of this Elevation used in Items G8–G10. In Puerto Rico only, en	Certificate. Complete th					
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 or Zone AO.	on E for a building locate	ed in Zone A (without a	I FEMA	-issued or community-issued BFE)		
G3. The following information (Items G4–	G10) is provided for con	nmunity floodplain man	ageme	nt purposes.		
G4. Permit Number	G5. Date Permit Issue	ed		ate Certificate of ompliance/Occupancy Issued		
G7. This permit has been issued for:	New Construction	Substantial Improveme	ent			
G8. Elevation of as-built lowest floor (including of the building:	g basement)		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 loo	cation, per C2(e), if appli	icable)				
				Check here if attachments.		

ELEVATION CERTIFICATE

BUILDING PHOTOGRAPHS

See Instructions for Item A6.

OMB No. 1660-0008 Expiration Date: November 30, 2022

IMPORTANT: In these spaces, copy	FOR INSURANCE COMPANY USE		
Building Street Address (including Ap BAYSHORE DRIVE	Policy Number:		
City	State	ZIP Code	Company NAIC Number
ENGLEWOOD	Florida	34223	

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 Caption

Clear Photo One



Photo Two Caption

FEMA Form 086-0-33 (12/19)

Clear Photo Two

IMPORTANT: In these spaces, copy the cor	rresponding informatio	n from Section A.	FOR INSURANCE COMPANY USE
Building Street Address (including Apt., Unit, S BAYSHORE DRIVE	Suite, and/or Bldg. No.) (or P.O. Route and Box No.	Policy Number:
City ENGLEWOOD	State Florida	ZIP Code 34223	Company NAIC Number
If submitting more photographs than will fit with: date taken; "Front View" and "Rear photographs must show the foundation with	· View"; and, if require	d, "Right Side View" and	"Left Side View." When applicable,
	Photo	Three	
Dhote Three Caption	Photo 1	Three	Olean Dhate These
Photo Three Caption			Clear Photo Three
	Photo	Four	
Photo Four Caption	Photo	Four	Clear Photo Four

BUILDING PHOTOGRAPHS

Continuation Page

ELEVATION CERTIFICATE

OMB No. 1660-0008 Expiration Date: November 30, 2022