

# 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

A1. Building Owner's Name: JAMES MERRITT  
 Policy Number: \_\_\_\_\_

A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.: 5120 GLEN ECHO AVE  
 City: SARASOTA  
 State: Florida  
 ZIP Code: 34234

A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.): LOT 729 TRI-PAR ESTATES UNIT 8 PL. 0025100023

A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.): RESIDENTIAL  
 A5. Latitude/Longitude: Lat. 27.37808510 Long. -82.53621307  
 Horizontal Datum:  NAD 1927  NAD 1983  
 A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insurance.  
 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) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade: \_\_\_\_\_ N/A  
 (c) Total net area of flood openings in A8.b: \_\_\_\_\_ N/A sq ft  
 (d) Engineered flood openings?  Yes  No

A9. For a building with an attached garage:  
 (a) Square footage of attached garage: \_\_\_\_\_ N/A sq ft  
 (b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade: \_\_\_\_\_ N/A  
 (c) Total net area of flood openings in A9.b: \_\_\_\_\_ N/A sq ft  
 (d) Engineered flood openings?  Yes  No

## 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 Number: 1215C 0043	B5. Suffix: F	B6. FIRM Index Date: 11-04-2016	B7. FIRM Panel Effective/Revised Date: 11-04-2016	B8. Flood Zone(s): AE	B9. Base Flood Elevation(s) (Zone AO, use Base Flood Depth): 17.6 FEET
----------------------------------	---------------	---------------------------------	---	-----------------------	--

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  OPA

# ELEVATION CERTIFICATE

Important: Follow the instructions on pages 1-8

Copy all pages of this Elevation Certificate and all attachments to (1) contractor, (2) insurance agent/broker, and (3) building owner.

SECTION A - PROPERTY INFORMATION	
A1. Building Owner Name JAMES WERNITZ	Policy Number
A2. Building Street Address (including apt., unit, suite, and/or bldg. no.), P.O. Box and Box No. 3120 ELEM ECHO AVE	Company P.O. Number
City BARABOTA	State FLORIDA
A3. Property Description (Lot and Block Number, Tax Parcel Number, Legal Description, etc.) LOT 123 TRIPBAR ESTATES UNIT 3 PL. 00250025	
A4. Building Use (e.g., Residential, Non-Residential, Industrial, Warehouse, etc.) RESIDENTIAL	
A5. Latitude and Longitude (Lat. 27.3780000, Long. -82.0831000)	Horizontal Datum <input type="checkbox"/> WGS 1984 <input checked="" type="checkbox"/> NAD 1983
A6. Attach at least 2 photographs of the building in the Certificate in black and white to obtain flood insurance.	
A7. Building Diagram Number	
A8. For a building with a crawl space or foundation: (a) Square footage of crawl space or foundation N/A sq ft (b) Number of permanent fixed openings in the crawl space or foundation within 10 feet above adjacent grade. N/A (c) Total net area of fixed openings in A8b. N/A sq ft (d) Engineered flood openings <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
A9. For a building with an attached garage: (a) Square footage of attached garage. N/A sq ft (b) Number of permanent fixed openings in the attached garage within 10 feet above adjacent grade. N/A (c) Total net area of fixed openings in A9b. N/A sq ft (d) Engineered flood openings <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
SECTION B - FLOOD INSURANCE RATE (FIRM) INFORMATION	
B1. FIRM Community Name & Community Number BARABOTA COUNTY - 3124	F1. County Name BARABOTA
B2. Map Panel Number 17110-0018	B3. FIRM Panel 17110-0018
B4. Map Panel Date 11-04-2018	B5. FIRM Panel Date 11-04-2018
B6. FIRM Index 17110-0018	B7. FIRM Index 17110-0018
B8. Map Panel 17110-0018	B9. FIRM Panel 17110-0018
B10. Indicate the source of the Base Flood Elevation (BFE) data on page 10 to claim entered in item B2: <input type="checkbox"/> FIC Profile <input checked="" type="checkbox"/> FIRM <input type="checkbox"/> Community Data Sheet <input type="checkbox"/> Other Source	
B11. Indicate elevation datum used for BFE in item B2: <input type="checkbox"/> MVD 1985 <input checked="" type="checkbox"/> MVD 1988 <input type="checkbox"/> Other Datum	
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	

ELEVATION CERTIFICATE

OMB No. 1660-0008

Expiration Date: November 30, 2022

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

FOR INSURANCE COMPANY USE Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.

5120 GLEN ECHO AVE

City State ZIP Code

SARASOTA Florida 34234

Company NAIC Number

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. Elevations - Zones A1-A30, AE, AH, A (with BFE), VE, V1-V30, V (with BFE), AR, ARA, AR/AE, AR/A1-A30, AR/AH, AR/AO.

Complete items C2-a-h below according to the building diagram specified in item A7. In Puerto Rico only, enter meters.

Benchmark Utilized: J 729 P1D - DM5104 Vertical Datum: NAVD 88

Indicate elevation datum used for the elevations in items a) through h) below.

Datum used for building elevations must be the same as that used for the BFE.  NGVD 1929  NAVD 1988  Other/Source:

a) Top of bottom floor (including basement, crawlspace, or enclosure floor) 21.2 feet  meters

b) Top of the next higher floor N/A feet  meters

c) Bottom of the lowest horizontal structural member (V Zones only) N/A feet  meters

d) Attached garage (top of slab) N/A feet  meters

e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments) 21.3 feet  meters

f) Lowest adjacent (finished) grade next to building (LAG) 17.4 feet  meters

g) Highest adjacent (finished) grade next to building (HAG) 17.8 feet  meters

h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support 18.0 feet  meters

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.

Were latitude and longitude in Section A provided by a licensed land surveyor?  Yes  No  Check here if attachments.

Certifier's Name License Number LELAND E. BEDWELL PSM 5884

Title REGISTERED SURVEYOR

Company Name LELAND E. BEDWELL SURVEYING, INC.

Address 3423 55TH DRIVE EAST

City State ZIP Code BRADENTON Florida 34203

Signature Date 01-19-2021

Telephone Ext NA (941) 753-9994

Comments (including type of equipment and location, per C2(e), if applicable) Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2) insurance agent/company, and (3) building owner.

Comments (including type of equipment and location, per C2(e), if applicable) LOWEST MACHINERY/EQUIPMENT SERVICING THE BUILDING BEING A/C SEE ATTACHED, BOTTOM FRAME ELEVATION = 19.8

Form Page 2 of 6

Replaces all previous editions.

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

# ELEVATION CERTIFICATE

Expiration Date November 30, 2025  
Of 11/30/2025

IMPORTANT: In these spaces, copy the information from Section A.	
Building Name and Address (including Apt. No., Bldg. No., Room No. and P.O. No.)	1500 GLEN BOND AVE
City	BRANDON
State	MINN.
Zip Code	55005
Company Name (Printer)	CONCRETE CONSTRUCTION

## SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)

01. 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.

02. Elevations - Zones A - E (see 29 CFR 1910.133) shall be shown in feet on only one side of the building. Complete Form C-1-B below according to the following diagram specified in Part C-1-B on only one side of the building. (See diagram on page 2 of this form.)  
 Elevation Method:  Measured  Assumed

Indicate elevation datum used for the elevations in the form of the graph below.

NGVD 1988  MAND 1985  Other: \_\_\_\_\_


Other cases for building elevations must be the same as that used for the C-1-B.

Check no measurement:

- (a) Top of bottom floor (including basement)  feet  meters
- (b) Top of the next higher floor  feet  meters
- (c) Bottom of the lowest horizontal structural member (X-axis only)  feet  meters
- (d) Selected average top of wall  feet  meters
- (e) Lowest elevation of foundation or attachment involving the building (Describe type of equipment and location in comments)  feet  meters
- (f) Lowest adjacent finished grade next to building (HAG)  feet  meters
- (g) Highest adjacent finished grade next to building (HAG)  feet  meters
- (h) Lowest finished grade at lowest elevation of each exterior building structural support  feet  meters

## SECTION D - SURVEYOR MEMBER OR ARCHITECT CERTIFICATION

This certification is to be signed by a duly authorized member of a professional association or individual architect or engineer. The information furnished hereon is to be used only for the purpose of determining the elevation of the building and is not to be used for any other purpose. The information furnished hereon is to be used only for the purpose of determining the elevation of the building and is not to be used for any other purpose.

Professional Name	LELAND E. BREWELL
Professional Number	140000000
Title	REGISTERED SURVEYOR
Company Name	LELAND E. BREWELL SURVEYING, INC.
Address	3435 34TH DRIVE EAST
City	BRANDON
State	MINN.
Zip Code	55005
Signature	
Date	11/10/2021
Telephone	(612) 300-0000

Copy all pages of this Elevation Certificate and all attachments for (1) community official (2) insurance agency (3) and (4) other owner.

Comments (for building type, foundation and to be filled in Part C-1-B only):  
 LOWEST ADJACENT FINISHED GRADE NEXT TO BUILDING BEING ADJUSTED.  
 BUILDING BEING ADJUSTED.  
 BOTTOM FINISHED GRADE = 141.0'

**ELEVATION CERTIFICATE**

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

<b>IMPORTANT: In these spaces, copy the corresponding information from Section A.</b>	
FOR INSURANCE COMPANY USE	Policy Number:
Building Street Address (including Apt, Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.	5120 GLEN ECHO AVE
City	SARASOTA
State	Florida
ZIP Code	34234
Company NAIC Number	

**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

N/A

feet  meters  above or  below the HAG.

b) Top of bottom floor (including basement, crawlspace, or enclosure) is

N/A

feet  meters  above or  below the LAG.

E2. For Building Diagrams 6-9 with permanent flood openings provided in Section A items 8 and/or 9 (see pages 1-2 of instructions),

the next higher floor (elevation C2b in the diagrams) of the building is

N/A

feet  meters  above or  below the HAG.

E3. Attached garage (top of slab) is

N/A

feet  meters  above or  below the HAG.

E4. Top of platform of machinery and/or equipment servicing the building is

N/A

feet  meters  above or  below the 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 (OR OWNER'S REPRESENTATIVE) CERTIFICATION**

The property owner or owner's authorized representative who completes Sections A, B, 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, and E are correct to the best of my knowledge.

Property Owner or Owner's Authorized Representative's Name

Address

City

State

ZIP Code

Signature

Date

Telephone

Comments

Check here if attachments.

ELEVATION CERTIFICATE

ONE WEST 10TH ST  
E-Question Date: November 10, 2021

IMPORTANT: In these spaces, copy the corresponding information from Section A.	
FOR THE SERVICE COMPANY USE	Policy Number
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Number and Box No.	8730 GREEN BOND AVE
City	SARASOTA
State	Florida
ZIP Code	34238
Company NAICS Number	

SECTION E - BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED)  
FOR ZONE A0 AND ZONE A (WITHOUT BFF)

For Zones A0 and A (without BFF) complete items E1-E5. If the Certificate is intended to support a LOMA in LOMA-F, in order to complete Sections A, B, and C, for items E1-E5, use a neutral grade. If available, check the measurement used. In Puerto Rico only, enter elevations.

E1. Provide elevation information for the following and check the appropriate boxes to show whether the elevation is above or below the natural adjacent grade (HAG) and the lowest adjacent grade (LAG).

- E1a. Top of bottom floor (including basement, mezzanine, or enclosure) is:
  - feet  meters  above or  below the HAG
  - feet  meters  above or  below the LAG
- E1b. Top of bottom floor (including basement, mezzanine, or enclosure) is:
  - feet  meters  above or  below the HAG
  - feet  meters  above or  below the LAG
- E2. For Building Designs B-1 with a permanent floor opening provided in Section A Items B and/or B (see pages 1-2 of Instruction 1), the next highest roof elevation (NHE) is:
  - feet  meters  above or  below the HAG
  - feet  meters  above or  below the HAG
- E3. Attached garage (top of slab) is:
  - feet  meters  above or  below the HAG
  - feet  meters  above or  below the HAG
- E4. Top of platform of mechanically raised equipment providing the building is:
  - feet  meters  above or  below the HAG
  - feet  meters  above or  below the HAG
- E5. Item A0 only. If no flood height number is available, is the date of the building's construction in accordance with the community 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 agrees with the information in Sections A, B, and C for Zones A (without BFF) and/or conditionally accepted BFF or Zone A0 must sign this. The signature in Sections A, B, and C are correct to the best of my knowledge.

Printed Name of Owner/Authorized Representative's Name

Address	City	State	ZIP Code
Sarasota	Sarasota	Florida	34238

Comments

Check this if attached.

**ELEVATION CERTIFICATE**

<b>IMPORTANT: In these spaces, copy the corresponding information from Section A.</b>			<b>FOR INSURANCE COMPANY USE</b>
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 5120 GLEN ECHO AVE			Policy Number:
City SARASOTA	State Florida	ZIP Code 34234	Company NAIC Number

**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. 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 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–G10) is provided for community floodplain management purposes.

G4. Permit Number	G5. Date Permit Issued	G6. Date Certificate of Compliance/Occupancy Issued
-------------------	------------------------	---

- G7. This permit has been issued for:      New Construction    Substantial Improvement
- G8. Elevation of as-built lowest floor (including basement) of the building: \_\_\_\_\_  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 location, per C2(e), if applicable)

---

Check here if attachments.

**BUILDING PHOTOGRAPHS**

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

**ELEVATION CERTIFICATE**

See Instructions for Item A6.

<b>IMPORTANT: In these spaces, copy the corresponding information from Section A.</b>			<b>FOR INSURANCE COMPANY USE</b>
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 5120 GLEN ECHO AVE			Policy Number:
City SARASOTA	State Florida	ZIP Code 34234	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.

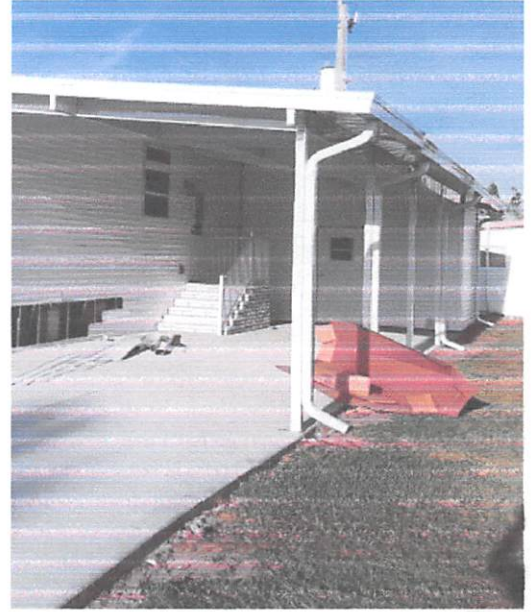


Photo One

Photo One Caption 01-19-2021

Clear Photo One



Photo Two

Photo Two Caption 01-19-2021

Clear Photo Two