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					FOR INSUR	ANCE COMPANY USE		
A1. Building Owner's Name ADAMS HOMES OF NORTHWEST FLORIDA INC					Policy Numb	per:		
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 1021 PANDA RD					Company N	AIC Number:		
City VENICE	•					ZIP Code 34293		
	A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) LOTS 19180 & 19181, SOUTH VENICE UNIT 72, TAX ID #0472110015							
A4. Building Use (e.g., Resider	itial, Non-Residential,	Addition	, Accessory,	etc.) RESIDEI	NTIAL		
A5. Latitude/Longi	tude: Lat. 2	7.03075°	Long8	32.41391°	Horizont	al Datum	n: NAD 1	927 × NAD 1983
A6. Attach at least	 2 photograp	hs of the building if the	e Certific	ate is being ι	 ised to obtain floo	od insura	ance.	
A7. Building Diagra	am Number	1B						
A8. For a building	with a crawls	pace or enclosure(s):						
a) Square foo	tage of crawl	space or enclosure(s)			N/A sq ft			
b) Number of	permanent flo	ood openings in the cr	awlspace	e or enclosure	e(s) within 1.0 foo	ot above	adjacent gra	ide N/A
c) Total net ar	ea of flood o _l	penings in A8.b		N/A sqir	1			
d) Engineered	I flood openir	ngs? Yes 🗵 Y	No					
A9. For a building v	vith an attach							
a) Square foot	age of attach	ned garage		360.00 sq ft				
b) Number of	permanent flo	ood openings in the at				djacent g	rade N/A	
c) Total net ar	c) Total net area of flood openings in A9.b N/A sq in							
<u> </u>		gs? Yes 🗓 Y						
a, Engineered	nood openiin	go100 <u></u> 1	••					
	SE	CTION B - FLOOD	INSURA	NCE RATE	MAP (FIRM) IN	FORMA	TION	
B1. NFIP Commun	•	Community Number		B2. County SARASOTA				B3. State Florida
		T			T			
B4. Map/Panel Number	B5. Suffix	B6. FIRM Index Date	Effe	RM Panel ective/ vised Date	B8. Flood Zone(s)	B9. B	Base Flood E Zone AO, use	levation(s) e Base Flood Depth)
12115C-0343	F	11-04-2016	11-04-2		AE	10'		
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: In these spaces, copy the corresponding	FOR INSURANCE COMPANY USE						
Building Street Address (including Apt., Unit, Suite, and/or 1021 PANDA RD	Policy Number:						
City Stat VENICE Flor		Code 293	Company NAIC Number				
SECTION C – BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)							
C1. Building elevations are based on: Construction Drawings* Suilding 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, AR/A, 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: USC & GS RM50 EL: 13.85' Vertical Datum: NGVD1929							
Indicate elevation datum used for the elevations in it	ems a) through h) belo	DW.					
☐ NGVD 1929 区 NAVD 1988 ☐ Other/S Datum used for building elevations must be the sam		BFE.	Observation and the second second second				
a) Top of bottom floor (including becoment, providen	and or analogura floor	r)	Check the measurement used. 11.1 ⋉ feet meters				
a) Top of bottom floor (including basement, crawlsp b) Top of the post bigher floor	ace, or enclosure noo		N/A × feet meters				
b) Top of the next higher floor	0.17	-	N/A ⋉ feet				
c) Bottom of the lowest horizontal structural membe	er (V Zones only)		8.9 × feet meters				
d) Attached garage (top of slab) e) Lowest elevation of machinery or equipment services for the control of th	vicing the building		N/A × feet meters				
(Describe type of equipment and location in Com	•		7.9 × feet meters				
f) Lowest adjacent (finished) grade next to building	,						
g) Highest adjacent (finished) grade next to building	, ,	-	8.5 X feet meters				
h) Lowest adjacent grade at lowest elevation of dec structural support	k or stairs, including		N/A ⊠ feet ☐ meters				
SECTION D – SURVEYOR,	ENGINEER, OR AR	CHITECT CERTIFI	CATION				
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 lie	censed land surveyor?	⊠Yes □ No	Check here if attachments.				
Certifier's Name B. GREGORY RIETH	License Number 5228						
Title PSM/CFM			Place				
Company Name BENNETT-PANFIL, INC.			Seal				
Address 742 SHAMROCK BLVD			Here				
City VENICE	State Florida	ZIP Code 34293					
Signature	Date 07-06-2022	Telephone (941) 497-1290	Ext.				
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) FILE #20-04-29. THE SUBJECT STRUCTURE IS UNDER CONSTRUCTION, NO VENTS OR MACHINERY HAVE BEEN INSTALLED AT THIS TIME. SECTION A5 WAS DERIVED FROM A HAND HELD G.P.S. UNIT (GPSTEST APP - NO CONVERSION). ELEVATIONS SHOWN IN SECTION "C" WERE CONVERTED FROM N.G.V.D. 1929 DATUM TO N.A.V.D. 1988 DATUM USING VERTCON CONVERSION PROGRAM. DATE OF FIELD SURVEY: 07/05/2022							

ELEVATION CERTIFICATE

IMP	ORTANT: In these spaces, copy the correspon	FOR INSURANCE COMPANY USE					
	lding Street Address (including Apt., Unit, Suite, a 21 PANDA RD	Policy Number:					
City VEI	/ NICE	State Florida	ZIP Code 34293	Company NAIC Number			
	SECTION E – BUILDING I FOR ZO		RMATION (SURVEY NO E A (WITHOUT BFE)	T REQUIRED)			
con ent	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 a the highest adjacent grade (HAG) and the lower a) Top of bottom floor (including basement,		AG).				
	crawlspace, or enclosure) is b) Top of bottom floor (including basement, crawlspace, or enclosure) is						
E2.	For Building Diagrams 6–9 with permanent flood the next higher floor (elevation C2.b in the diagrams) of the building is	d openings provided	I in Section A Items 8 and/c				
E3.	Attached garage (top of slab) is		feet mete	ers 🔲 above or 🔲 below the HAG.			
E4.	Top of platform of machinery and/or equipment servicing the building is			ers			
E5.	Zone AO only: If no flood depth number is availar floodplain management ordinance? Yes			ccordance with the community's t certify this information in Section G.			
	SECTION F - PROPERTY O	WNER (OR OWNE	R'S REPRESENTATIVE) C	CERTIFICATION			
The	e property owner or owner's authorized represent nmunity-issued BFE) or Zone AO must sign here.	ative who completes The statements in	s Sections A, B, and E for Z Sections A, B, and E are co	one A (without a FEMA-issued or or or or to the best of my knowledge.			
Pro	perty Owner or Owner's Authorized Representati	ve's Name					
Add	dress	(City S	State ZIP Code			
Sig	nature	Ī	Date T	elephone			
Cor	mments						
				Check here if attachments.			

ELEVATION CERTIFICATE

MPORTANT: In these spaces, copy the corre	FOR INSURANCE COMPANY USE						
Building Street Address (including Apt., Unit, St 1021 PANDA RD							
City VENICE	State Florida	ZIP Code 34293	Company NAIC Number				
SECTIO	N G – COMMUNI	TY INFORMATION (OPTIC	NAL)				
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.							
	engineer, or architect who is authorized by law to certify elevation information. (Indicate the source and date of the elevation						
G2. A community official completed Section or Zone AO.	on 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	nagement purposes.				
G4. Permit Number	G5. Date Permit	Issued	G6. Date Certificate of Compliance/Occupancy Issued				
G7. This permit has been issued for:	New Construction	n Substantial Improvem	ent				
G8. Elevation of as-built lowest floor (including of the building:	basement)		feet meters Datum				
G9. BFE or (in Zone AO) depth of flooding at t		feet meters Datum					
G10. Community's design flood elevation:	-		feet meters Datum				
Local Official's Name	Local Official's Name Title						
Community Name	Community Name Telephone						
Signature Date							
Comments (including type of equipment and location, per C2(e), if applicable)							
☐ Check here if attachments.							

BUILDING PHOTOGRAPHS

ELEVATION CERTIFICATE

See Instructions for Item A6.

OMB No. 1660-0008

Expiration Date: November 30, 2022

IMPORTANT: In these spaces, c	FOR INSURANCE COMPANY USE		
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 1021 PANDA RD			Policy Number:
City	State	ZIP Code	Company NAIC Number
VENICE	Florida	34293	

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 Clear Photo Two

BUILDING PHOTOGRAPHS

ELEVATION CERTIFICATE

Continuation Page

IMPORTANT: In these spaces, copy the corres	FOR INSURANCE	COMPANY USE				
Building Street Address (including Apt., Unit, Suit 1021 PANDA RD	Policy Number:					
City VENICE	State Florida	ZIP Code 34293	Company NAIC Nu	mber		
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.						
	Photo 1	[hroo				
	Piloto	Tiree				
Photo Three Caption	Photo Ti	hree		Clear Photo Three		
	Photo	Four				
	Photo F	our				
Photo Four Caption				Clear Photo Four		