#### 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	RANCE COMPANY USE		
A1. Building Owner's Name ADAMS HOMES OF NORTHWEST FLORIDA INC				Policy Numl	ber:			
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 4427 MERIDIAN ROAD					Company N	AIC Number:		
City State VENICE Florida					ZIP Code 34293			
' '		nd Block Numbers, Ta VENICE UNIT 74, TA			gal Description, e	etc.)		
A4. Building Use (	e.g., Resider	ntial, Non-Residential,	Addition	, Accessory,	etc.) RESIDE	NTIAL		
A5. Latitude/Longi	tude: Lat. 2	7.04449°	Long8	32.41804°	Horizont	al Datur	n: NAD 1	927 × NAD 1983
A6. Attach at least	: 2 photograp	hs of the building if the	e Certific	ate is being ι	sed to obtain flo	od insur	ance.	
A7. Building Diagr	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	ade N/A
c) Total net ar	ea of flood o	penings in A8.b		N/A sqir	1			
d) Engineered	l flood openir	ngs? Yes 🗵 Y	No					
A9. For a building v	A9. For a building with an attached garage:							
a) Square footage of attached garage 420 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 in								
·	d) Engineered flood openings?  Yes   No							
d) Engineered flood openings: Tes Z No								
	SE	CTION B - FLOOD	INSURA	NCE RATE	MAP (FIRM) IN	FORMA	ATION	
B1. NFIP Community Name & Community Number B2. County Name							B3. State	
SARASOTA COUNTY - 125144 SARASOTA Florida					Fiorida			
B4. Map/Panel Number	B5. Suffix	B6. FIRM Index Date	Effe	RM Panel ective/ vised Date	B8. Flood Zone(s)	B9. E	Base Flood E Zone AO, use	levation(s) e Base Flood Depth)
12115C-341	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 X 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				

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Building Street Address (including Apt., Unit, Suite, and/or 4427 MERIDIAN ROAD	Policy Number:				
City Sta VENICE Flo		P Code 293	Company NAIC Number		
SECTION C – BUILDING EL	EVATION INFORMA	ATION (SURVEY RE	EQUIRED)		
SECTION C – BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)  C1. Building elevations are based on:					
<ul> <li>h) Lowest adjacent grade at lowest elevation of dec structural support</li> </ul>	ck or stairs, including		N/A X feet meters		
SECTION D – SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION					
This certification is to be signed and sealed by a land su I certify that the information on this Certificate represents statement may be punishable by fine or imprisonment un Were latitude and longitude in Section A provided by a li	s my best efforts to int nder 18 U.S. Code, Se	erpret the data availa ection 1001.	law to certify elevation information.  ble. I understand that any false  Check here if attachments.		
Certifier's Name B. GREGORY RIETH	License Number 5228				
Title PSM/CFM  Company Name BENNETT-PANFIL, INC.  Address 742 SHAMROCK BLVD  City VENICE  Signature  Copy all pages of this Elevation Certificate and all attachmed comments (including type of equipment and location, per FILE #20-05-01. THE SUBJECT STRUCTURE IS UNDER AT THIS TIME. SECTION A5 WAS DERIVED FROM A INDICATE OF FIELD SURVEY: 10/28/2022	r C2(e), if applicable)	NO VENTS OR MAC	CHINERY HAVE BEEN INSTALLED		

### **ELEVATION CERTIFICATE**

IMPORTANT: In these spaces, copy the corresponding information from Section A.				FOR INSURA	ANCE COMPANY USE	
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 4427 MERIDIAN ROAD				Policy Number	er:	
City VEI	y NICE	State Florida	ZIP Code 34293	Company NA	IC 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 at the highest adjacent grade (HAG) and the lowest a) Top of bottom floor (including basement,		AG).	_	_	
	crawlspace, or enclosure) is b) Top of bottom floor (including basement, crawlspace, or enclosure) is				or below the HAG. or below the LAG.	
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		· _ ·	1–2 of Instructions), or ☐ below the HAG.	
E3.	Attached garage (top of slab) is		feet _ r	neters 🗌 above	or _ below the HAG.	
E4.	. Top of platform of machinery and/or equipment servicing the building is		feet n	neters	or	
E5.	Zone AO only: If no flood depth number is available floodplain management ordinance? Yes		ne bottom floor elevated own. The local official n			
	SECTION F - PROPERTY O	WNER (OR OWNE	R'S REPRESENTATIVE	E) CERTIFICATION	J	
The	e property owner or owner's authorized representa nmunity-issued BFE) or Zone AO must sign here.	ative who complete The statements in	s Sections A, B, and E fo Sections A, B, and E are	or Zone A (without a e correct to the bes	a FEMA-issued or t of my knowledge.	
Pro	perty Owner or Owner's Authorized Representati	ve's Name				
Add	dress		City	State	ZIP Code	
Sig	nature		Date	Telephone		
Cor	mments					
				☐ Chec	k here if attachments.	

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IMPORTANT: In these spaces, copy the corre	FOR INSURANCE COMPANY USE					
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 4427 MERIDIAN ROAD				Policy Number:		
City VENICE	State Florida	ZIP Code 34293		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 Secti or Zone AO.	on E for a building	located in Zone A (without	t a FEMA	a-issued or community-issued BFE)		
G3. The following information (Items G4–	G10) is provided for	or community floodplain ma	anageme	ent purposes.		
G4. Permit Number	. Permit Number G5. Date Permit Issued G6			ate Certificate of ompliance/Occupancy Issued		
G7. This permit has been issued for:	New Construction	n	nent			
G8. Elevation of as-built lowest floor (including of the building:	feet	meters Datum				
G9. BFE or (in Zone AO) depth of flooding at t	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**

**ELEVATION CERTIFICATE** 

See Instructions for Item A6.

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 Boulding MERIDIAN ROAD	x No. Policy Number:				
City State ZIP Code VENICE Florida 34293	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					
Photo One Caption	Clear Photo One				
Photo Two					
Photo Two Caption	Clear Photo Two				

## **BUILDING PHOTOGRAPHS**

**ELEVATION CERTIFICATE** 

Continuation Page

IMPORTANT: In these spaces, copy the corresponding information from Section A. FOR I	INSURANCE COMPANY USE
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 4427 MERIDIAN ROAD Policy	y Number:
City State ZIP Code Comp VENICE Florida 34293	pany NAIC Number
If submitting more photographs than will fit on the preceding page, affix the additional photographs belwith: date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Sid photographs must show the foundation with representative examples of the flood openings or vents, as ind	de View." When applicable,
Photo Three	
Photo Three	
Photo Three Caption	Clear Photo Three
Photo Four	
Photo Four Caption	Clear Photo Four