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.

			()			
SECTION A – PROPERTY INFORMATION						RANCE COMPANY USE
A1. Building Owner's Name Policy DAVID N MACRAE Policy					Policy Num	ber:
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 303 BAYSHORE ROAD					IAIC Number:	
City			State		ZIP Code	
NOKOMIS			Florida		34275	
A3. Property Description (Lot METES & BOUNDS, TAX ID #		ax Parcel	Number, Le	gal Description, et	c.)	
A4. Building Use (e.g., Reside	ential, Non-Residential,	Addition	, Accessory,	etc.)RESIDEN	ITIAL	
A5. Latitude/Longitude: Lat.	27.127785°	Long8	32.468261°	Horizonta	ll Datum: 🔲 NAD ′	1927 🗙 NAD 1983
A6. Attach at least 2 photogra	phs of the building if the	e Certific	ate is being ι	used to obtain floo	d insurance.	
A7. Building Diagram Number	1B					
A8. For a building with a craw	Ispace or enclosure(s):					
a) Square footage of crav	vlspace or enclosure(s)			0 sq ft		
b) Number of permanent	flood openings in the cra	awlspace	e or enclosur	e(s) within 1.0 foo	t above adjacent gra	ade 0
c) Total net area of flood	openings in A8.b		0 sq ir	ı		
d) Engineered flood open	ings? 🗌 Yes 🗶 N	١o				
A9. For a building with an attac	ched garage:					
a) Square footage of attac	ched garage		617 sq ff	t		
b) Number of permanent	flood openings in the at	tached g	arage within	1.0 foot above ad	acent grade 0	
c) Total net area of flood	openings in A9.b		0 sq	in		
d) Engineered flood open	ings? 🗌 Yes 🕱 N	10				
	SECTION B – FLOOD I	INSURA		MAP (FIRM) INF		
B1. NFIP Community Name &			B2. County			B3. State
SARASOTA COUNTY - 12514	•		SARASOTA			Florida
B4. Map/Panel B5. Suffix Number	B6. FIRM Index Date	Effe	RM Panel ective/ vised Date	B8. Flood Zone(s)	B9. Base Flood E (Zone AO, us	⊥ Elevation(s) e Base Flood Depth)
12115C-0239 F	11-04-2016	11-04-2		AE	10'	
B10. Indicate the source of th		. ,		•	l in Item B9:	
⊢ FIS Profile ⊠ FIRM	Community Deter	mined	_ Other/Sou	Irce:		
B11. Indicate elevation datum	used for BFE in Item B	9: 🗌 N	GVD 1929	🗙 NAVD 1988	Other/Source:	
B12. Is the building located in	a Coastal Barrier Reso	ources Sy	/stem (CBRS) area or Otherwi	se Protected Area (DPA)? 🗌 Yes 🖂 No
Designation Date:		CBRS				

ELEVATION CERTIFICATE	OMB No. 1660-0008 Expiration Date: November 30, 2022		
IMPORTANT: In these spaces, copy the corresp	ponding information fron	n Section A.	FOR INSURANCE COMPANY USE
Building Street Address (including Apt., Unit, Suite 303 BAYSHORE ROAD	∍, and/or Bldg. No.) or P.O	. Route and Box No.	Policy Number:
City NOKOMIS	State Florida	ZIP Code 34275	Company NAIC Number
SECTION C – BUILD	ING ELEVATION INFOR	MATION (SURVEY R	EQUIRED)
*A new Elevation Certificate will be required C2. Elevations – Zones A1–A30, AE, AH, A (wit Complete Items C2.a–h below according to Benchmark Utilized: <u>NGS BM #872</u> EL: Indicate elevation datum used for the elevat	when construction of the l th BFE), VE, V1–V30, V (w the building diagram spec 14.27' Vertical Da tions in items a) through h)	ith BFE), AR, AR/A, AF ified in Item A7. In Puer atum: <u>NAVD1988</u>	R/AE, AR/A1–A30, AR/AH, AR/AO.
□ NGVD 1929 🖂 NAVD 1988 □			
 Datum used for building elevations must be a) Top of bottom floor (including basement) b) Top of the next higher floor c) Bottom of the lowest horizontal structura d) Attached garage (ten of alph) 	, crawlspace, or enclosure		Check the measurement used.11.4 \ltimes feetmetersN/A \ltimes feetmetersN/A \ltimes feetmeters7.7 \ltimes feetmeters
 d) Attached garage (top of slab) e) Lowest elevation of machinery or equipr (Describe type of equipment and location) 	nent servicing the building n in Comments)		N/A \times feet \square meters
f) Lowest adjacent (finished) grade next to	building (LAG)		6.3 X feet meters
g) Highest adjacent (finished) grade next to	building (HAG)		6.5 X feet meters
 h) Lowest adjacent grade at lowest elevation structural support 	on of deck or stairs, includi	ng	N/A ⊠ feet ☐ meters
SECTION D – SUR	VEYOR, ENGINEER, OR	ARCHITECT CERTIF	FICATION
This certification is to be signed and sealed by a I certify that the information on this Certificate re statement may be punishable by fine or imprisor	presents my best efforts to nment under 18 U.S. Code	o interpret the data avail , Section 1001.	lable. I understand that any false
Were latitude and longitude in Section A provide	d by a licensed land surve	yor? 🖄 Yes 🗌 No	Check here if attachments.
Certifier's Name B. GREGORY RIETH	License Numbe 5228	r	
Title PSM/CFM			Place
Company Name STRAYER SURVEYING AND MAPPING, INC.			Seal
Address 742 SHAMROCK BLVD			Here
City VENICE	State Florida	ZIP Code 34293	
Signature	Date 03-12-2021	Telephone (941) 497-1290	Ext.
Copy all pages of this Elevation Certificate and all	attachments for (1) commur	nity official, (2) insurance	agent/company, and (3) building owner.
Comments (including type of equipment and loca FILE #20-10-24. THE SUBJECT STRUCTURE I AT THIS TIME. SECTION A5 WAS DERIVED FI	S UNDER CONSTRUCTIO	ON, NO VENTS OR MA	
DATE OF FIELD SURVEY: 03/05/2021			
* THIS ELEVATION CERTIFICATE IS ONLY VA	LID FOR THE PERSON(S	S) LISTED IN SECTION	A1. *

OMB No.	1660-0	0008		
Expiration	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, 303 BAYSHORE ROAD	and/or Bldg. No.)	or P.O. Route and Box No.	Policy Number:
City NOKOMIS	State Florida	ZIP Code 34275	Company NAIC Number
SECTION E – BUILDING FOR Z	ELEVATION IN ONE AO AND ZO	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 support f available. Check the measu	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,			ner the elevation is above or below
 crawlspace, or enclosure) is b) Top of bottom floor (including basement, 		feet met	ers above or below the HAG.
crawlspace, or enclosure) is		feet met	ers 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	led in Section A Items 8 and/	or 9 (see pages 1–2 of Instructions),
the diagrams) of the building is		feet met	ers above or below the HAG.
E3. Attached garage (top of slab) is		feet met	ers above or below the HAG.
E4. Top of platform of machinery and/or equipmen servicing the building is		feet met	ers 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 t certify this information in Section G.
SECTION F – PROPERTY (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 2 in Sections A, B, and E are c	Zone A (without a FEMA-issued or orrect to the best of my knowledge.
Property Owner or Owner's Authorized Representa	tive's Name		
Address		City	State ZIP Code
Signature		Date	Felephone
Comments			
			Check here if attachments.

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. 303 BAYSHORE ROAD			Policy Number:	
City NOKOMIS	State Florida	ZIP Code 34275		Company NAIC Number
SECTIO	ON G – COMMUNITY	INFORMATION (OPTIC	ONAL)	
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			
G1. The information in Section C was tak engineer, or architect who is authoriz data in the Comments area below.)				
G2. A community official completed Section or Zone AO.	ion E for a building loc	ated in Zone A (without	a FEMA	A-issued or community-issued BFE)
G3. The following information (Items G4–	-G10) is provided for c	ommunity floodplain ma	anageme	ent purposes.
G4. Permit Number	G5. Date Permit Iss	ued		Date Certificate of Compliance/Occupancy Issued
G7. This permit has been issued for:] New Construction [] Substantial Improvem	nent	
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 ap	plicable)		
				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 t	FOR INSURANCE COMPANY USE		
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 303 BAYSHORE ROAD			Policy Number:
City NOKOMIS	State Florida	ZIP Code 34275	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 Caption

Clear Photo One



Photo Two Caption

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

Clear Photo Two

INFORTANT. In these spaces, copy the	MPORTANT: In these spaces, copy the corresponding information from Section A.			
Building Street Address (including Apt., Ur 303 BAYSHORE ROAD	Policy Number:			
City	State	ZIP Code	Company NAIC Number	
NOKOMIS	Florida	34275		
If submitting more photographs than wil with: date taken; "Front View" and "R photographs must show the foundation w	ear View"; and, if require	ed, "Right Side View" and	"Left Side View." When applicable,	
	Photo	Three		
	Photo	Three		
Photo Three Caption			Clear Photo Three	
	Dhata	Farm		
	Photo	Four		
		_		
Photo Four Caption	Photo	Four	Clear Photo Fou	

BUILDING PHOTOGRAPHS

Continuation Page

ELEVATION CERTIFICATE

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