### U.S. DEPARTMENT OF HOMELAND SECURITY Federal Emergency Management Agency National Flood Insurance Program

OMB Control No. 1660-0008 Expiration Date: 06/30/2026

# **ELEVATION CERTIFICATE**IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON PAGES 9-19

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 INSURANCE COMPANY USE						
A1. Building Owner's Name: STEPHEN & MICHELLE HAZELTINE	Policy Number:						
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.:  Company NAIC Number:  Company NAIC Number:							
City: NOKOMIS State: FL	ZIP Code: 34275						
A3. Property Description (e.g., Lot and Block Numbers or Legal Description) and/or Tax Parcel NumPID# 0173080001	nber:						
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.): ACCESSORY							
A5. Latitude/Longitude: Lat. 27.113402 Long. (-)82.453574 Horizontal Datum: NAD 1927 NAD 1983 WGS 84							
A6. Attach at least two and when possible four clear photographs (one for each side) of the building (see Form pages 7 and 8).							
A7. Building Diagram Number:6							
A8. For a building with a crawlspace or enclosure(s):							
a) Square footage of crawlspace or enclosure(s): 704.00 sq. ft.							
b) Is there at least one permanent flood opening on two different sides of each enclosed area?   Yes   No   N/A							
c) Enter number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade:  Non-engineered flood openings:  1 Engineered flood openings:  0							
d) Total net open area of non-engineered flood openings in A8.c:3,168.00 sq. in.							
e) Total rated area of engineered flood openings in A8.c (attach documentation – see Instructions): 0.00 sq. ft.							
f) Sum of A8.d and A8.e rated area (if applicable – see Instructions): 3,168.00 sq. ft.							
A9. For a building with an attached garage:							
a) Square footage of attached garage: sq. ft.							
b) Is there at least one permanent flood opening on two different sides of the attached garage?   Yes   No   N/A							
c) Enter number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade:  Non-engineered flood openings:  0 Engineered flood openings: 0							
d) Total net open area of non-engineered flood openings in A9.c: sq. in.							
e) Total rated area of engineered flood openings in A9.c (attach documentation – see Instruction	ons): sq. ft.						
f) Sum of A9.d and A9.e rated area (if applicable – see Instructions): sq. ft.							
SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFOR	RMATION						
B1.a. NFIP Community Name: SARASOTA COUNTY  B1.b. NFIP Community Iden	ntification Number: 125144						
B2. County Name: SARASOTA B3. State: FL B4. Map/Panel No.: 2	0327 B5. Suffix: <u>F</u>						
B6. FIRM Index Date: 11/04/2016 B7. FIRM Panel Effective/Revised Date: 11/04/20	16						
B8. Flood Zone(s): AE B9. Base Flood Elevation(s) (BFE) (Zone AO, use E	Base Flood Depth): 11						
B10. Indicate the source of the BFE data or Base Flood Depth entered in Item B9:  ☐ FIS ☐ FIRM ☐ Community Determined ☐ Other:							
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 Prote Designation Date:	ected Area (OPA)?						
B13. Is the building located seaward of the Limit of Moderate Wave Action (LiMWA)?   Yes   Yes	No						

Building Street Address (including Apt., Unit, Suite,	and/or Bld	lg. No.) c	or P.O. Route and Box	No.:	FOR	INSU	JRANC	EC	OMPANY USE	
					Policy	Policy Number:				
City: NOKOMIS State: FL ZIP Code: 34275 Company NAIC Number:					oer:					
SECTION C - BUILD	ING ELE	VATIO	N INFORMATION (	SURVEY	REQU	IREI	<b>D</b> )			
C1. Building elevations are based on: Cons *A new Elevation Certificate will be required.		•			ion* [	] Fir	nished	Cons	struction	
C2. Elevations – Zones A1–A30, AE, AH, AO, A (with BFE), VE, V1–V30, V (with BFE), AR, AR/A, AR/AE, AR/A1–A30, AR/AH, AR/AO, A99. Complete Items C2.a–h below according to the Building Diagram specified in Item A7. In Puerto Rico only, enter meters.  Benchmark Utilized: NGS DATAPOINT X723 Vertical Datum: NAVD 1988										
Indicate elevation datum used for the elevations in items a) through h) below.										
Datum used for building elevations must be the salf Yes, describe the source of the conversion factors.				on factor us	sed?	_		⊠ mea	No asurement used:	
a) Top of bottom floor (including basement, a)	crawlspac	e, or end	closure floor):		7.00	$\boxtimes$	feet		meters	
b) Top of the next higher floor (see Instruction	ons):			1	18.60	$\boxtimes$	feet		meters	
c) Bottom of the lowest horizontal structural	member (	see Inst	ructions):		N/A	$\boxtimes$	feet		meters	
d) Attached garage (top of slab):					N/A	$\boxtimes$	feet		meters	
e) Lowest elevation of Machinery and Equip (describe type of M&E and location in Sec					N/A	$\boxtimes$	feet		meters	
f) Lowest Adjacent Grade (LAG) next to bui	lding:	Natura	I ⊠ Finished		5.80	$\boxtimes$	feet		meters	
g) Highest Adjacent Grade (HAG) next to bu	ilding: 🗌	Natura	I ⊠ Finished		6.80	$\boxtimes$	feet		meters	
h) Finished LAG at lowest elevation of attacl support:	ned deck o	or stairs,	including structural		5.80	$\boxtimes$	feet		meters	
SECTION D - SUR	/EYOR, I	ENGINI	EER, OR ARCHITE	CT CERT	IFICA	ΓΙΟΝ	l			
This certification is to be signed and sealed by a land surveyor, engineer, or architect authorized by state 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 and describe in the Comments area.										
Certifier's Name: JAMES B AMBERGER License Number: PSM 6333										
Title: PRESIDENT										
Company Name: JIM AMBERGER LAND SURVEYING, LLC										
Address: 1055 S. TAMIAMI TRAIL SUITE 110-B										
Certifier's Name: JAMES B AMBERGER License Number: PSM 6333  Title: PRESIDENT  Company Name: JIM AMBERGER LAND SURVEYING, LLC  Address: 1055 S. TAMIAMI TRAIL SUITE 110-B  City: SARASOTA State: FL ZIP Code: 34236  Signature: Date: 07/26/2023							000			
The Survey of Su										
Signature: Date: 07/26/2023 Place Seal Here							d Here			
Telephone. (041) 300-0000 Ext Email: 3019014mo@10125milot										
Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2) insurance agent/company, and (3) building owner.										
Comments (including source of conversion factor in C2; type of equipment and location per C2.e; and description of any attachments): THIS CERTIFICATE PERFORMED SOLELY FOR THE DETACHED CABANA. INFO NOT APPLICABLE TO MAIN RESIDENCE.  A8c/d: THE ENTIRE NORTH SIDE OF THIS ENCLOSURE IS OPEN,										

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.:	FOR INSURANCE COMPANY USE					
330 SUNRISE DRIVE	Policy Number:					
City: NOKOMIS State: FL ZIP Code: 34275	Company NAIC Number:					
SECTION E – BUILDING MEASUREMENT INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO, ZONE AR/AO, AND ZONE A (WITHOUT BFE)						
For Zones AO, AR/AO, and A (without BFE), complete Items E1–E5. For Items E1–E4, use natural grade, if available. If the Certificate is intended to support a Letter of Map Change request, complete Sections A, B, and C. Check the measurement used. In Puerto Rico only, enter meters.						
Building measurements are based on: Construction Drawings* Building Under Construction* Finished Construction *A new Elevation Certificate will be required when construction of the building is complete.						
E1. Provide measurements (C.2.a in applicable Building Diagram) for the following and check the appropriate boxes to show whether the measurement is above or below the natural HAG and the LAG.						
a) Top of bottom floor (including basement, crawlspace, or enclosure) is:	above or below the HAG.					
b) Top of bottom floor (including basement, crawlspace, or enclosure) is:	above or below the LAG.					
E2. For Building Diagrams 6–9 with permanent flood openings provided in Section A Items 8 and/o next higher floor (C2.b in applicable Building Diagram) of the building is:	r 9 (see pages 1–2 of Instructions), the above or below the HAG.					
E3. Attached garage (top of slab) is:	above or below the HAG.					
E4. Top of platform of machinery and/or equipment servicing the building is:	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 AUTHORIZED REPRESEN	ITATIVE) CERTIFICATION					
The property owner or owner's authorized representative who completes Sections A, B, and E for Z sign here. <i>The statements in Sections A, B, and E are correct to the best of my knowledge</i> Check here if attachments and describe in the Comments area.	one A (without BFE) or Zone AO must					
Property Owner or Owner's Authorized Representative Name:						
Address:						
	ZIP Code:					
Signature: Date:						
Telephone: Ext.: Email:						
Comments:						

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) o	r P.O. Route and Box No	0.:	FOR INSI	URANCE COMPANY USE					
330 SUNRISE DRIVE			Policy Nur	mber:					
City: NOKOMIS State: FL	ZIP Code: <u>34275</u>		Company NAIC Number:						
SECTION G - COMMUNITY INFORMATION (RECOM	IMENDED FOR COM	IMUNI	TY OFFICIA	AL COMPLETION)					
The local official who is authorized by law or ordinance to administe Section A, B, C, E, G, or H of this Elevation Certificate. Complete th				rdinance can complete					
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 state law to certify elevation information. (Indicate the source and date of the elevation data in the Comments area below.)									
G2.a. A local official completed Section E for a building located in Zone A (without a BFE), Zone AO, or Zone AR/AO, or when item E5 is completed for a building located in Zone AO.									
G2.b.   A local official completed Section H for insurance purpos	ses.								
G3. In the Comments area of Section G, the local official describes specific corrections to the information in Sections A, B, E and H.									
G4.	r community floodplain	manage	ement purpos	es.					
G5. Permit Number: G6. Date Pe									
G7. Date Certificate of Compliance/Occupancy Issued:									
G8. This permit has been issued for: New Construction Substantial Improvement									
G9.a. Elevation of as-built lowest floor (including basement) of the building:		feet	meters	Datum:					
G9.b. Elevation of bottom of as-built lowest horizontal structural member:		] feet	meters	Datum:					
G10.a. BFE (or depth in Zone AO) of flooding at the building site:		feet	meters	Datum:					
G10.b. Community's minimum elevation (or depth in Zone AO) requirement for the lowest floor or lowest horizontal structura member:	al	∫ feet	☐ meters	Datum:					
G11. Variance issued?  Yes  No If yes, attach docume	── entation and describe in	_							
The local official who provides information in Section G must sign here. I have completed the information in Section G and certify that it is correct to the best of my knowledge. If applicable, I have also provided specific corrections in the Comments area of this section.									
Local Official's Name:	Title:								
NFIP Community Name:									
Telephone: Ext.: Email:									
Address:									
City:				ode:					
Signature:									
Comments (including type of equipment and location, per C2.e; des Sections A, B, D, E, or H):	cription of any attachme	ents; an	d corrections	to specific information in					

Building Street Address (including Apt	, Unit, Suite, and	d/or Bldg. No.) o	or P.O. Route and B	ox No.:	FOR IN	SURANCE COMPANY USE	
330 SUNRISE DRIVE					Policy N	umber:	
City: NOKOMIS		State: FL	_ ZIP Code: <u>3427</u>	75	Company NAIC Number:		
			R HEIGHT INFO OR INSURANCE			ZONES	
The property owner, owner's authori to determine the building's first floor nearest tenth of a foot (nearest tenth <i>Instructions</i> ) and the appropriate	height for insura of a meter in P	ance purposes. uerto Rico). <i>Re</i>	Sections A, B, and eference the Found	l I must also b dation Type	pe complete <b>Diagrams</b>	ed. Enter heights to the (at the end of Section H	
H1. Provide the height of the top of	the floor (as indi	icated in Found	lation Type Diagrar	ms) above the	e Lowest A	djacent Grade (LAG):	
<ul> <li>a) For Building Diagrams 1A, floor (include above-grade floors subgrade crawlspaces or enclose</li> </ul>	s only for buildin			feet [	meters	above the LAG	
<ul> <li>b) For Building Diagrams 2A, higher floor (i.e., the floor above enclosure floor) is:</li> </ul>				feet [	meters	above the LAG	
H2. Is <b>all</b> Machinery and Equipment servicing the building (as listed in Item H2 instructions) elevated to or above the floor indicated by the H2 arrow (shown in the Foundation Type Diagrams at end of Section H instructions) for the appropriate Building Diagram?  Yes No							
SECTION I - PROPER	TY OWNER (C	OR OWNER'S	S AUTHORIZED	REPRESEN	ITATIVE)	CERTIFICATION	
The property owner or owner's authorized representative who completes Sections A, B, and H must sign here. <i>The statements in Sections A, B, and H are correct to the best of my knowledge</i> . <b>Note:</b> If the local floodplain management official completed Section H, they should indicate in Item G2.b and sign Section G.							
Check here if attachments are pr	ovided (includin	g required pho	tos) and describe e	ach attachme	ent in the C	omments area.	
Property Owner or Owner's Authoriz	ed Representati	ive Name:					
Addross:	·						
City:				State:	ZIP	Code:	
Oirm atures			Data				
Signature:	Evt ·	Email:	Date:				
Telephone:  Comments:	Ext.:						
Comments.							

## IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON PAGES 9-19 BUILDING PHOTOGRAPHS

See Instructions for Item A6.

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330 SUNRISE DRIVE City: NOKOMIS	State:	FL	ZIP Code: <u>34275</u>	Policy Number:

Instructions: Insert below at least two and when possible four photographs showing each side of the building (for example, may only be able to take front and back pictures of townhouses/rowhouses). Identify all photographs with the date taken and "Front View," "Rear View," "Right Side View," or "Left Side View." Photographs must show the foundation. When flood openings are present, include at least one close-up photograph of representative flood openings or vents, as indicated in Sections A8 and A9.



Photo One

Photo One Caption: FRONT VIEW (SOUTH SIDE)

Clear Photo One



Photo Two

Photo Two Caption: REAR VIEW (NORTH SIDE)

Clear Photo Two

# IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON PAGES 9-19 BUILDING PHOTOGRAPHS

**Continuation Page** 

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.:			FOR INSURANCE COMPANY USE		
330 SUNRISE DRIVE City: NOKOMIS	State:_	FL	ZIP Code: <u>34275</u>	Policy Number: Company NAIC Number:	

Insert the third and fourth photographs below. Identify all photographs with the date taken and "Front View," "Rear View," "Right Side View," or "Left Side View." When flood openings are present, include at least one close-up photograph of representative flood openings or vents, as indicated in Sections A8 and A9.



Photo Three

Photo Three Caption: SIDE VIEW (EAST SIDE)

Clear Photo Three



Photo Four

Photo Four Caption: SIDE VIEW (WEST SIDE)

Clear Photo Four