## 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

				0. (1) 0011111111	inty one	iai, (2) ilisui	ance ageni/compa	any, and (3) building owne
		CTION A - PROPERT						JRANCE COMPANY USE
A1. Building Owner's Name DAVID LANTZ					Policy Nur			
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.  203 CHANDLER ROAD					Company	NAIC Number:		
City		State ZIP				ZIP Code		
NORORIS					34275			
S 106.92' OF LO	Cription (Lot Γ 17, BLOCK	and Block Numbers, T E, LAUREL HILL, PB	ax Parc 2, PG 2	el Number, L 02 PIN: 0170	egal De: 0070021	scription, etc	C.)	
		ential, Non-Residential	, Additio	n, Accessory	etc.)	RESIDEN	TIAL	
A5. Latitude/Long	jitude: Lat.	27°08'07.6"	Long.	32°27'17.7"		Horizontal	Datum: NAD	1927 X NAD 1983
A6. Attach at leas	st 2 photogra	phs of the building if th	ne Certifi	cate is being	used to	obtain flood	d insurance.	
A7. Building Diag								
A8. For a building	with a crawl	space or enclosure(s):						
a) Square for	otage of craw	Ispace or enclosure(s	)		N/A	sq ft		
b) Number of	permanent f	lood openings in the cr	rawlspac	e or enclosu	e(s) wit	hin 1.0 foot	above adiacent or	ade N/A
c) Total net a	rea of flood o	penings in A8.b		N/A sqi			,g.	
d) Engineere	d flood openi	ngs? Yes 🗵	Vo					
A9. For a building	with an attac	hed garage:						
a) Square foo	tage of attac	hed garage		399.00 sq f	t			
		ood openings in the at				ahove adia	contared AUA	
		penings in A9.b				above auja	cent grade N/A	
d) Engineered			10	N/A so	ın			
D4 MEID 6	SE	ECTION B - FLOOD I	NSURA	NCE RATE	MAP (F	IRM) INFO	RMATION	
B1. NFIP Commun SARASOTA COUN	ity Name & ( ITY 125144	Community Number		B2. County SARASOTA				B3. State Florida
B4. Map/Panel Number	B5. Suffix	B6. FIRM Index Date	Effe	I RM Panel ective/	B8. Flo		B9. Base Flood El	
12115C 0239	F	11-04-2016	11-04-2	vised Date 2016	AE		10	b base r lood Deptil)
B10. Indicate the s	ource of the	Base Flood Elevation Community Determ	(BFE) da	ata or base flo	ood depi	th entered ir	n Item B9:	
B11. Indicate eleva	ition datum u	sed for BFE in Item B	9: 🔲 N(	GVD 1929 [	× NAV	D 1988	Other/Source:	
B12. Is the building	located in a	Coastal Barrier Resou	Irces Su	stem (CDDC)	Oroc -	O46	-	PA)? Yes X No
Designation D	Pate:		CBRS	OPA	area of	Outlerwise	Protected Area (O	PA)? Yes X No
-								
EMA Form 086-0-33	(12/19)	Re	places a	II previous ed	litions			

### **ELEVATION CERTIFICATE**

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IMPORTANT: In these spaces, copy the corresponding i	FOR INSURANCE COMPANY USE					
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 207 CHANDLER ROAD				Policy Number:		
City State NOKOKIS Florid		Code 275	Compan	y NAIC	Number	
SECTION C – BUILDING ELE	VATION INFORMA	TION (SURVEY RE	EQUIRED	))		
C1. Building elevations are based on: Construction  *A new Elevation Certificate will be required when cor  C2. Elevations – Zones A1–A30, AE, AH, A (with BFE), V Complete Items C2.a–h below according to the building Benchmark Utilized: NGS 26023A  Indicate elevation datum used for the elevations in item  NGVD 1929 NAVD 1988 Other/Son Datum used for building elevations must be the same  a) Top of bottom floor (including basement, crawlspace)  b) Top of the next higher floor  c) Bottom of the lowest horizontal structural members	n Drawings*   Ruinstruction of the build   E, V1–V30, V (with E)   Ing diagram specified   Vertical Datum   Westical Datum   Instruction   Westical Datum	Iding Under Construing is complete.  SFE), AR, AR/A, AR/ in Item A7. In Puerto 10.45 w.  BFE.	uction* [  /AE, AR/A  o Rico only  Check	Finis  1–A30, Ay, enter	hed Construction  AR/AH, AR/AO. meters.  easurement used. meters meters meters meters	
d) Attached garage (top of slab)	(* ====================================			feet	meters	
<ul> <li>e) Lowest elevation of machinery or equipment service (Describe type of equipment and location in Comm</li> <li>f) Lowest adjacent (finished) grade next to building (I</li> <li>g) Highest adjacent (finished) grade next to building (I</li> <li>h) Lowest adjacent grade at lowest elevation of deck structural support</li> </ul>	eents) _AG) HAG)		N/A [ 11.7  × 11.9  ×	feet feet	meters meters meters	
	NOWE OF THE		N/A	feet	meters	
V	eyor, engineer, or arc ny best efforts to inter er 18 U.S. Code, Sec	hitect authorized by pret the data availat	law to cert	eck here	e if attachments.	
Title Surveyor Company Name Palmer Land Surveying, LLC Address 1437 Tallevast Road			A REGIS	ETHR SI	ATE OF DE OF ORION	
Sarasota	State Florida	ZIP Code 34243	رمنها	ERED	LAND SUR	
tune Calm	Date 10-05-2022	Telephone (941) 527-0142	Ext.			
Copy all pages of this Elevation Certificate and all attachments  Comments (including type of equipment and location, per C2  Project No. 357-020 LOT18: The Method used to determine	2(e) if applicable)			any, and	(3) building owner.	

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Building Street Address (including Apt., Unit, Suite, and 203 CHANDLER ROAD	Policy Number:					
0.00		P Code 275	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.						
<ul><li>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).</li><li>a) Top of bottom floor (including basement,</li></ul>						
crawlspace, or enclosure) is b) Top of bottom floor (including basement,		feet meter	rs above or below the HAG.			
crawlspace, or enclosure) is		feet meter	_			
E2. For Building Diagrams 6–9 with permanent flood op the next higher floor (elevation C2.b in the diagrams) of the building is	penings provided in Sect	ion A Items 8 and/or	William Control of Manager State Control of Manager State Control of Control			
E3. Attached garage (top of slab) is		☐ feet ☐ meter	The second secon			
E4. Top of platform of machinery and/or equipment servicing the building is		☐ feet ☐ meter				
E5. Zone AO only: If no flood depth number is available floodplain management ordinance? Yes	e, is the top of the bottom No Unknown. Th	n floor elevated in ac				
SECTION F - PROPERTY OWN	ER (OR OWNER'S REF	PRESENTATIVE) CE	ERTIFICATION			
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	Sta	ate ZIP Code			
Signature	Date	Те	lephone			
Comments						
			Check here if attachments.			

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IMPORTANT: In these spaces, copy the cor	FOR INSURANCE COMPANY USE					
Building Street Address (including Apt., Unit, \$ 203 CHANDLER ROAD		Policy Number:				
City NOKOKIS	State Florida	ZIP Code 34275		Company NAIC Number		
SECTION G - COMMUNITY INFORMATION (OPTIONAL)						
The local official who is authorized by law or of Sections A, B, C (or E), and G of this Elevation used in Items G8–G10. In Puerto Rico only, e	n Certificate. Complet	r the community's floodp e the applicable item(s) a	plain mana and sign I	agement ordinance can complete below. Check the measurement		
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 Sec or Zone AO.	tion E for a building lo	cated in Zone A (without	a FEMA-	-issued or community-issued BFE)		
G3. The following information (Items G4	-G10) is provided for	community floodplain ma	anagemer	nt purposes.		
G4. Permit Number	G5. Date Permit Is.	sued		ate Certificate of ompliance/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	4,00			
Signature		Date				
Comments (including type of equipment and lo	cation, per C2(e), if ap	pplicable)				
				Check here if attachments.		

#### **BUILDING PHOTOGRAPHS**

See Instructions for Item A6.

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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. Policy Number: 207 CHANDLER ROAD City State ZIP Code Company NAIC Number **NOKOKIS** Florida 34275

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 FRONT VIEW 09-22-22

**ELEVATION CERTIFICATE** 

Clear Photo One



Photo Two

Photo Two Caption **REAR VIEW 09-22-22** 

Clear Photo Two

#### **BUILDING PHOTOGRAPHS**

**ELEVATION CERTIFICATE** 

Continuation Page

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IMPORTANT: In these spaces, copy to	FOR INSURANCE COMPANY US		
Building Street Address (including Apt. 203 CHANDLER ROAD	, Unit, Suite, and/or Bldg. No.) (	or P.O. Route and Box No.	Policy Number:
City NOKOKIS	State Florida	ZIP Code 34275	Company NAIC Number
If submitting more photographs than with: date taken; "Front View" and photographs must show the foundation	will fit on the preceding page, "Rear View"; and, if requiren n with representative examples	, affix the additional photogr d, "Right Side View" and ' of the flood openings or ven	aphs below. Identify all photographs "Left Side View." When applicable, ts, as indicated in Section A8.
	Photo 1	Three	
Photo Three Caption	Photo Th	ree	
Thoto Three Caption			Clear Photo Thre
	Photo F	our	
noto Four Caption	Photo Four	r	200
MA Form 086-0-33 (12/19)	Replaces all previo		Clear Photo Four

Replaces all previous editions.