

**PLANNING AND DEVELOPMENT SERVICES**

1001 Sarasota Center Blvd., Sarasota, FL 34240 – (941)861-6678  
4000 S. Tamiami Trail, Rm. 122, Venice, FL 34293 – (941)861-3029

Date Stamp

## Plan Change/Correction Transmittal

Permit # 22 132922 B1 Date Submitted: \_\_\_\_\_  
Site Address: 4885 Lemon Bay Dr. Venice FL 34293  
Contact Person's Name: Blaine McCutchan  
Email Address: blaine@catalinaconstruction.com Phone # (941) 275-0983

**CHECK ONE:**

- Corrections Requested by Reviewer  
 Plan Change (After Permit Issued)

\*\*\*Revisions/Plan modifications are only accepted after a permit is issued. \*\*\*  
\*\*\*We do not accept Pre-Issuance Plan Changes\*\*\*

**Description of correction/s or change submitted:**

Elevation Cert

Do these changes change the construction value? No  Yes

If yes, what is the additional construction value: \$ \_\_\_\_\_

**\*\*2 Copies of this cover sheet and all plans and documents are required for each submittal\*\*.**

**Permit # must be on all attached documents.**

**Applicant Must Check Plan Review Section(s) That Need To Review This Change/Correction**

(Plan Changes to Property Located on a Barrier Island, i.e. Siesta Key or Casey Key will be routed to Building, Zoning and Environmental Protection)

Building  Zoning  Drainage  Env Prot  Env Health  Flood  Fire

*For Office Use Only*

Additional Fees for Services, Computed & Added by Plans Examiner(s) \$ \_\_\_\_\_

# 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 INSURANCE COMPANY USE |  |
|---|-----------------|-----------------------------------|--|---------------------------|--|
| A1. Building Owner's Name<br>ATTILA VAMOS & ALEXIS KAMINSKI   |                 |                                   |  | Policy Number:            |  |
| A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.<br>4885 LEMON BAY DR  |                 |                                   |  | Company NAIC Number:      |  |
| City<br>VENICE  |                 | State<br>Florida                  |  | ZIP Code<br>34293         |  |
| A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)<br>LOTS 5559 & 5560, SOUTH VENICE UNIT 21, TAX ID #0457100006  |                 |                                   |  |                           |  |
| A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) <u>RESIDENTIAL</u>   |                 |                                   |  |                           |  |
| A5. Latitude/Longitude: Lat. <u>27.03901°</u> Long. <u>-82.42456°</u> Horizontal Datum: <input type="checkbox"/> NAD 1927 <input checked="" type="checkbox"/> NAD 1983  |                 |                                   |  |                           |  |
| A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insurance.   |                 |                                   |  |                           |  |
| A7. Building Diagram Number <u>7</u>  |                 |                                   |  |                           |  |
| A8. For a building with a crawlspace or enclosure(s):   |                 |                                   |  |                           |  |
| a) Square footage of crawlspace or enclosure(s) <u>1635</u> sq ft   |                 |                                   |  |                           |  |
| b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade <u>N/A</u>   |                 |                                   |  |                           |  |
| c) Total net area of flood openings in A8.b <u>N/A</u> sq in  |                 |                                   |  |                           |  |
| d) Engineered flood openings? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |                 |                                   |  |                           |  |
| A9. For a building with an attached garage:   |                 |                                   |  |                           |  |
| a) Square footage of attached garage <u>N/A</u> sq ft   |                 |                                   |  |                           |  |
| b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade <u>N/A</u>  |                 |                                   |  |                           |  |
| c) Total net area of flood openings in A9.b <u>N/A</u> sq in  |                 |                                   |  |                           |  |
| d) Engineered flood openings? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |                 |                                   |  |                           |  |
| SECTION B – FLOOD INSURANCE RATE MAP (FIRM) INFORMATION   |                 |                                   |  |                           |  |
| B1. NFIP Community Name & Community Number<br>SARASOTA COUNTY - 125144  |                 |                                   | B2. County Name<br>SARASOTA                          |                           | B3. State<br>Florida   |
| B4. Map/Panel Number<br>12115C-0341   | B5. Suffix<br>F | B6. FIRM Index Date<br>11-04-2016 | B7. FIRM Panel Effective/ Revised Date<br>11-04-2016 | B8. Flood Zone(s)<br>AE   | B9. Base Flood Elevation(s) (Zone AO, use Base Flood Depth)<br>10' |
| B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9:<br><input type="checkbox"/> FIS Profile <input checked="" type="checkbox"/> FIRM <input type="checkbox"/> Community Determined <input type="checkbox"/> Other/Source: _____ |                 |                                   |  |                           |  |
| B11. Indicate elevation datum used for BFE in Item B9: <input type="checkbox"/> NGVD 1929 <input checked="" type="checkbox"/> NAVD 1988 <input type="checkbox"/> Other/Source: _____  |                 |                                   |  |                           |  |
| B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>Designation Date: _____ <input type="checkbox"/> CBRS <input type="checkbox"/> OPA         |                 |                                   |  |                           |  |

# ELEVATION CERTIFICATE

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

|  |                  |                   |                                  |
|--|------------------|-------------------|----------------------------------|
| <b>IMPORTANT: In these spaces, copy the corresponding information from Section A.</b>                                  |                  |                   | <b>FOR INSURANCE COMPANY USE</b> |
| Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.<br>4885 LEMON BAY DR |                  |                   | Policy Number:                   |
| City<br>VENICE   | State<br>Florida | ZIP Code<br>34293 | Company NAIC Number              |

## SECTION C – BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)

C1. Building elevations are based on:     Construction Drawings\*     Building 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: SAR CO BM #434    EL: 16.27'    Vertical Datum: NAVD1988

Indicate elevation datum used for the elevations in items a) through h) below.

NGVD 1929     NAVD 1988     Other/Source: \_\_\_\_\_

Datum used for building elevations must be the same as that used for the BFE.

Check the measurement used.

- |  |      |  |                                 |
|--|------|--|---------------------------------|
| a) Top of bottom floor (including basement, crawlspace, or enclosure floor) _____  | 9.0  | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| b) Top of the next higher floor _____  | 19.4 | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| c) Bottom of the lowest horizontal structural member (V Zones only) _____  | N/A  | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| d) Attached garage (top of slab) _____   | N/A  | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments) _____ | N/A  | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| f) Lowest adjacent (finished) grade next to building (LAG) _____   | 8.1  | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| g) Highest adjacent (finished) grade next to building (HAG) _____  | 8.6  | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support _____                               | N/A  | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |

## SECTION D – SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION

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 licensed land surveyor?     Yes     No     Check here if attachments.

|                                      |                        |  |                   |
|--------------------------------------|------------------------|--|-------------------|
| Certifier's Name<br>B. GREGORY RIETH | License Number<br>5228 | <p style="font-size: 2em; font-weight: bold; margin: 0;">Place Seal Here</p> |                   |
| Title<br>PSM/CFM                     |                        |  |                   |
| Company Name<br>BENNETT-PANFIL, INC. |                        |  |                   |
| Address<br>742 SHAMROCK BLVD         |                        |  |                   |
| City<br>VENICE                       | State<br>Florida       |  | ZIP Code<br>34293 |
| Signature<br>                        | Date<br>02-03-2023     | Telephone<br>(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 #21-07-100. 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).

DATE OF FIELD SURVEY: 02-02-2023

THE STATE OF FLORIDA  
COUNTY OF ...

...

...

...

...

...

...

...

...

...

...

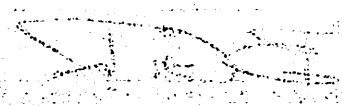
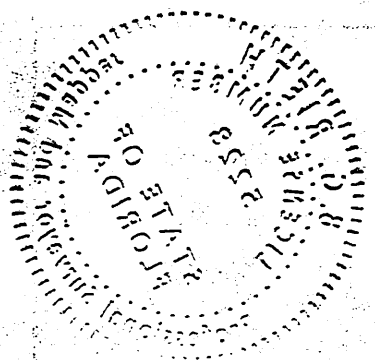
...

...

...

...

...



# ELEVATION CERTIFICATE

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

|  |                  |                   |                                  |
|--|------------------|-------------------|----------------------------------|
| <b>IMPORTANT: In these spaces, copy the corresponding information from Section A.</b>                                  |                  |                   | <b>FOR INSURANCE COMPANY USE</b> |
| Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.<br>4885 LEMON BAY DR |                  |                   | Policy Number:                   |
| City<br>VENICE   | State<br>Florida | ZIP Code<br>34293 | 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.

- 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).
- a) Top of bottom floor (including basement, crawlspace, or enclosure) is \_\_\_\_\_  feet  meters  above or  below the HAG.
- b) Top of bottom floor (including basement, crawlspace, or enclosure) is \_\_\_\_\_  feet  meters  above or  below the LAG.
- E2. For Building Diagrams 6–9 with permanent flood openings provided in Section A Items 8 and/or 9 (see pages 1–2 of Instructions), the next higher floor (elevation C2.b in the diagrams) of the building is \_\_\_\_\_  feet  meters  above or  below the HAG.
- E3. Attached garage (top of slab) is \_\_\_\_\_  feet  meters  above or  below the HAG.
- E4. Top of platform of machinery and/or equipment servicing the building is \_\_\_\_\_  feet  meters  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 REPRESENTATIVE) CERTIFICATION

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 \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_ Telephone \_\_\_\_\_

Comments

Check here if attachments.



# ELEVATION CERTIFICATE

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

|  |                  |                   |                                  |
|--|------------------|-------------------|----------------------------------|
| <b>IMPORTANT: In these spaces, copy the corresponding information from Section A.</b>                                  |                  |                   | <b>FOR INSURANCE COMPANY USE</b> |
| Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.<br>4885 LEMON BAY DR |                  |                   | Policy Number:                   |
| City<br>VENICE   | State<br>Florida | ZIP Code<br>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 Section E for a building located in Zone A (without a FEMA-issued or community-issued BFE) or Zone AO.
- G3.  The following information (Items G4–G10) is provided for community floodplain management purposes.

|                   |                        |   |
|-------------------|------------------------|---|
| G4. Permit Number | G5. Date Permit Issued | G6. Date Certificate of Compliance/Occupancy Issued |
|-------------------|------------------------|---|

- G7. This permit has been issued for:       New Construction     Substantial Improvement
- G8. Elevation of as-built lowest floor (including basement) of the building: \_\_\_\_\_  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 location, per C2(e), if applicable)

Check here if attachments.

# ELEVATION CERTIFICATE

## BUILDING PHOTOGRAPHS

See Instructions for Item A6.

OMB No. 1660-0008

Expiration Date: November 30, 2022

|  |                  |                   |                                  |
|--|------------------|-------------------|----------------------------------|
| <b>IMPORTANT: In these spaces, copy the corresponding information from Section A.</b>                                  |                  |                   | <b>FOR INSURANCE COMPANY USE</b> |
| Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.<br>4885 LEMON BAY DR |                  |                   | Policy Number:                   |
| City<br>VENICE   | State<br>Florida | ZIP Code<br>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 Caption

Clear Photo One



Photo Two Caption

Clear Photo Two



**ELEVATION CERTIFICATE**

**BUILDING PHOTOGRAPHS**

Continuation Page

OMB No. 1660-0008

Expiration Date: November 30, 2022

|  |                  |                   |                                  |
|--|------------------|-------------------|----------------------------------|
| <b>IMPORTANT: In these spaces, copy the corresponding information from Section A.</b>                                  |                  |                   | <b>FOR INSURANCE COMPANY USE</b> |
| Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.<br>4885 LEMON BAY DR |                  |                   | Policy Number:                   |
| City<br>VENICE   | State<br>Florida | ZIP Code<br>34293 | Company NAIC Number              |

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 Three Caption

Clear Photo Three



Photo Four Caption

Clear Photo Four