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					RANCE COMPANY USE	
A1. Building Owner's Name ROBERT E & DONNA K PRESTON Policy Number:					ber:	
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 168 BAYSHORE RD				Company N	AIC Number:	
,				ZIP Code 34275		
A3. Property Description (Lot a METES & BOUNDS, TAX ID #		arcel Number, Leç	gal Description, etc	:.)		
A4. Building Use (e.g., Reside	ntial, Non-Residential, Addi	tion, Accessory,	etc.) RESIDEN	ΓIAL		
A5. Latitude/Longitude: Lat. 2	27.1269905° Lon	g. <u>-</u> 82.467246°	Horizontal	Datum: NAD 1	927 × NAD 1983	
A6. Attach at least 2 photograp	ohs of the building if the Cer	rtificate is being u	sed to obtain flood	l insurance.		
A7. Building Diagram Number	1B					
A8. For a building with a crawl	space or enclosure(s):					
a) Square footage of craw	Ispace or enclosure(s)		N/A sq ft			
b) Number of permanent fl	ood openings in the crawls	pace or enclosure	e(s) within 1.0 foot	above adjacent gra	ade N/A	
c) Total net area of flood o	penings in A8.b	N/A sq in				
d) Engineered flood openi	ngs? Yes X No					
A9. For a building with an attac	A9. For a building with an attached garage:					
a) Square footage of attac	a) Square footage of attached garagesq 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?						
OFOTION D. EL COD INCUDANCE DATE MAD (FIDA) INFORMATION						
SECTION B – FLOOD INSURANCE RATE MAP (FIRM) INFORMATION PA NEID Construirity Name & Construirity Number 1920 Court Name 1920						
B1. NFIP Community Name & Community Number B2. County Name B3. State SARASOTA COUNTY - 125144 SARASOTA Florida						
B4. Map/Panel Number B5. Suffix Date B7. FIRM Panel Effective/ B8. Flood Zone(s) B9. Base Flood Elevation(s) (Zone AO, use Base Flood Depth)						
12115C-0239 F 11-04-2016 Revised Date 11-04-2016 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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IMPORTANT: In these spaces, copy the corresponding information from Section A.			FOR INSURANCE COMPANY USE		
Building Street Address (including Apt., Unit, Suite, and/or 168 BAYSHORE RD	Policy Number:				
City State NOKOMIS Flori		Code 75	Company NAIC Number		
SECTION C – BUILDING ELE	EVATION INFORMAT	ΓΙΟΝ (SURVEY RE	QUIRED)		
SECTION C – BUILDING ELEVATION INFORMATION (SURVEY REQUIRED) C1. Building elevations are based on:					
 h) Lowest adjacent grade at lowest elevation of decision structural support 	k or stairs, including		7.7 × feet meters		
SECTION D – SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION					
This certification is to be signed and sealed by a land sur I certify that the information on this Certificate represents statement may be punishable by fine or imprisonment und Were latitude and longitude in Section A provided by a lice	my best efforts to interder 18 U.S. Code, Sec	rpret the data availa ction 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	State Florida	ZIP Code 34293	Place Seal Here		
Signature	Date 01-06-2023	Telephone (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 #22-10-11. 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). ELEVATIONS SHOWN IN SECTION "C" WERE CONVERTED FROM N.G.V.D. 1929 DATUM TO N.A.V.D. 1988 DATUM USING VERTCON CONVERSION PROGRAM. DATE OF FIELD SURVEY: 01/03/2023					

ELEVATION CERTIFICATE

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

IMP	ORTANT: In these spaces, copy the correspo	FOR INSURANCE COMPANY U	SE			
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 168 BAYSHORE RD				Policy Number:		
City NO	/ KOMIS	State Florida	ZIP Code 34275	Company NAIC Number		
	SECTION E – BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO AND ZONE A (WITHOUT BFE)					
con ent	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 a the highest adjacent grade (HAG) and the lower a) Top of bottom floor (including basement,		AG).	_		
	crawlspace, or enclosure) is b) Top of bottom floor (including basement, crawlspace, or enclosure) is			ters		
E2.	For Building Diagrams 6–9 with permanent floor the next higher floor (elevation C2.b in the diagrams) of the building is	d openings provide		/or 9 (see pages 1–2 of Instructions),		
E3.	Attached garage (top of slab) is		feet me	ters 🔲 above or 🔲 below the HA	.G.	
E4.	Top of platform of machinery and/or equipment servicing the building is		feet me	ters 🔲 above or 🗌 below the HA	.G.	
E5.	Zone AO only: If no flood depth number is available floodplain management ordinance? Yes			accordance with the community's st certify this information in Section G	.	
	SECTION F – PROPERTY O	WNER (OR OWNE	ER'S REPRESENTATIVE)	CERTIFICATION		
The	e property owner or owner's authorized represent nmunity-issued BFE) or Zone AO must sign here	ative who complete . The statements in	es Sections A, B, and E for Sections A, B, and E are o	Zone A (without a FEMA-issued or correct to the best 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					
				Check here if attachment	s.	

ELEVATION CERTIFICATE

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

IMPORTANT: In these spaces, copy the corr	FOR INSURANCE COMPANY USE					
Building Street Address (including Apt., Unit, S 168 BAYSHORE RD	Policy Number:					
City NOKOMIS	State Florida	ZIP Code 34275		Company NAIC Number		
SECTION	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 Sect or Zone AO.	ion E for a building	located in Zone A (withou	ut a FEM <i>F</i>	A-issued or community-issued BFE)		
G3. The following information (Items G4-	-G10) is provided fo	or community floodplain m	nanageme	ent purposes.		
G4. Permit Number	G5. Date Permit	Issued		Date Certificate of compliance/Occupancy Issued		
G7. This permit has been issued for:	New Construction	n 🗌 Substantial Improve	ment			
G8. Elevation of as-built lowest floor (includin 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 location, per C2(e), if applicable)						
				Check here if attachments.		

BUILDING PHOTOGRAPHS

ELEVATION CERTIFICATE

See Instructions for Item A6.

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Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 168 BAYSHORE RD			Policy Number:
City	State	ZIP Code	Company NAIC Number
NOKOMIS	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 Caption Clear Photo One



Photo Two Caption Clear Photo Two

BUILDING PHOTOGRAPHS

ELEVATION CERTIFICATE

Continuation Page

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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. 168 BAYSHORE RD			Policy Number:
City	State	ZIP Code	Company NAIC Number
NOKOMIS	Florida	34275	

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