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 CERTIFICATEIMPORTANT: 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: <u>Darby Rudibaugh</u>	Policy Number:							
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.: 365 Trailorama Drive	Company NAIC Number:							
City: North Port State: FL	ZIP Code: 34287							
A3. Property Description (e.g., Lot and Block Numbers or Legal Description) and/or Tax Parcel Num Unit 800, Harbor Cove, Sarasota County, Florida PID# 070013800	ber:							
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.): Residential								
A5. Latitude/Longitude: Lat. 27°02'21.9" N Long. 082°16'06.8" W 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:5								
A8. For a building with a crawlspace or enclosure(s):								
a) Square footage of crawlspace or enclosure(s):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 a Non-engineered flood openings:0 Engineered flood openings:0	*							
d) Total net open area of non-engineered flood openings in A8.c: 0.00 sq. in.								
e) Total rated area of engineered flood openings in A8.c (attach documentation – see Instructio	ns):0.00 sq. ft.							
f) Sum of A8.d and A8.e rated area (if applicable – see Instructions):N/A sq. ft.								
A9. For a building with an attached garage:								
a) Square footage of attached garage: N/A 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 Non-engineered flood openings: N/A Engineered flood openings: N/A 	cent grade:							
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	ns):sq. ft.							
f) Sum of A9.d and A9.e rated area (if applicable – see Instructions): N/A sq. ft.								
SECTION B – FLOOD INSURANCE RATE MAP (FIRM) INFOR	MATION							
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.: 1	2115C-0370 B5. Suffix: F							
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): 7 Feet							
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:	/Source:							
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Prote Designation Date:	cted Area (OPA)? ☐ Yes ☒ No							
B13. Is the building located seaward of the Limit of Moderate Wave Action (LiMWA)?	No							

365 Trailorama Drive						INSURANCE COMPANY USE		
City: North Port State: FL ZIP Code: 34287						Policy Number: Company NAIC Number:		
SECTION C - BUILD								
C1. Building elevations are based on: Con *A new Elevation Certificate will be required	struction D when cons	_	_		on* 🔀	Finished Construction		
C2. Elevations – Zones A1–A30, AE, AH, AO, A A99. Complete Items C2.a–h below accordin Benchmark Utilized: N.G.S. Havoline 2				em A7. In Pu				
Indicate elevation datum used for the elevations ☐ NGVD 1929 ☑ NAVD 1988 ☐ Other		through	h) below.					
Datum used for building elevations must be the s If Yes, describe the source of the conversion fac				n factor use	d?	☐ Yes ☒ No Check the measurement used:		
a) Top of bottom floor (including basement,	crawlspac	e, or end	closure floor):		9.80	feet medsurement doed.		
b) Top of the next higher floor (see Instructi	ons):				N/A	☐ feet ☐ meters		
c) Bottom of the lowest horizontal structural	member (see Instr	uctions):		N/A	☐ feet ☐ meters		
d) Attached garage (top of slab):					N/A	☐ feet ☐ meters		
 e) Lowest elevation of Machinery and Equip (describe type of M&E and location in Se 	9.40	☐ feet ☐ meters						
f) Lowest Adjacent Grade (LAG) next to bu	ilding:	Natura	Finished		5.30			
g) Highest Adjacent Grade (HAG) next to be	uilding:	Natura	Finished		6.20			
h) Finished LAG at lowest elevation of attac support:	hed deck o	or stairs,	including structural		<u>5.30</u>			
SECTION D - SUR	VEYOR, I	ENGINE	ER, OR ARCHITE	CT CERTIF	FICAT	ION		
This certification is to be signed and sealed by a information. I certify that the information on this C false statement may be punishable by fine or imp	Certificate r	epresen	ts my best efforts to in	terpret the c				
Were latitude and longitude in Section A provided	d by a licer	sed land	d surveyor? ⊠ Yes	□No				
Check here if attachments and describe in the	Comment	s area.						
Certifier's Name: Robert J Breedlove		_ Licen	se Number: LS 7040					
Title: Professional Surveyor and Mapper								
Company Name: VanBuskirk & Fish Surveying and Mapping								
Address: 12450 Tamiami Trail					_			
City: North Port	s	tate:	FL ZIP Code: 34	1287	_			
				/0000				
Signature:			Date: 10/16		-	Place Seal Here		
Telephone. (341) 420 0001 Ext Email: Editabative yor @ volatino.com								
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):								
In item A5.) The coordinates were gathered for the A/C Unit, which is located on the righ	using a h	and-hel	d GPS at the time o	f the surve	y. The			

			1					
Building Street Address (including Apt., Unit, Suite, and 365 Trailorama Drive	l/or Bldg. No.) or	P.O. Route and Box	x No.:		ICE COMPANY USE			
	State: FL	ZIP Code: 34287	7	Policy Number:				
ony. Indian on	nate			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), comple intended to support a Letter of Map Change request 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 Buil measurement is above or below the natural HAC		or the following and	I check the ap	propriate boxes	to show whether the			
 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 floor next higher floor (C2.b in applicable	d openings provi	ided in Section A Ite	ems 8 and/or	9 (see pages 1–2	of Instructions), the			
Building Diagram) 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 availa floodplain management ordinance? Yes					community's rmation in Section G.			
SECTION F – PROPERTY OWNER (OR OWNER'S	AUTHORIZED R	EPRESENT	ATIVE) CERTI	FICATION			
The property owner or owner's authorized representating sign here. The statements in Sections A, B, and E at				ne A (without BF	E) or Zone AO must			
☐ Check here if attachments and describe in the Co	omments area.							
Property Owner or Owner's Authorized Representati	ve Name:							
Address:								
City:			State:	ZIP Code:				
Signature:		Date:						
Telephone: Ext.:	Email:							
Comments:	<u> </u>							

Building Street Address (including Apt., Unit, Suite, an	nd/or Bldg	g. No.) or	P.O. Route and Bo	ox No.:	FOR INS	JRANCE COM	PANY USE
365 Trailorama Drive					Policy Nur	nber:	
City: North Port	State: _	FL	_ ZIP Code: <u>3428</u>	37	Company NAIC Number:		
SECTION G - COMMUNITY INFORMA	TION (F	RECOM	MENDED FOR (COMMUNI	TY OFFICIA	L COMPLETI	ON)
The local official who is authorized by law or ordinar Section A, B, C, E, G, or H of this Elevation Certification						dinance can co	mplete
G1. The information in Section C was taken engineer, or architect who is authorized elevation data in the Comments area be	by state						
G2.a. A local official completed Section E for a E5 is completed for a building located in			I in Zone A (withou	it a BFE), Zo	one AO, or Zoi	ne AR/AO, or w	hen item
G2.b.	nsurance	e purpos	es.				
G3.	local off	icial des	cribes specific cor	rections to th	ne information	in Sections A,	B, E and H.
G4.	1) is pro	vided fo	r community floodp	olain manag	ement purpos	es.	
G5. Permit Number:	G6.	Date Pe	ermit Issued:				
G7. Date Certificate of Compliance/Occupancy I	ssued:						
G8. This permit has been issued for: New G	Construc	tion 🗌	Substantial Impro	vement			
G9.a. Elevation of as-built lowest floor (including building:	asemen	t) of the			meters	Datum:	
G9.b. Elevation of bottom of as-built lowest horizon member:	ntal struc	ctural		feet	meters	Datum:	
G10.a. BFE (or depth in Zone AO) of flooding at the	e building	site:		feet	meters	Datum:	
G10.b. Community's minimum elevation (or depth in requirement for the lowest floor or lowest homember:			ıl	□feet	☐ meters	Datum:	
G11. Variance issued? Yes No If ye	s, attach	docume	entation and descri	— [—] be in the Co	mments area.	-	
The local official who provides information in Section correct to the best of my knowledge. If applicable, I	n G mus have als	t sign he so provia	ere. I have complet led specific correct	ted the inforr tions in the (mation in Sect Comments are	ion G and certil a of this section	y that it is n.
Local Official's Name:			Title:				
NFIP Community Name:							
Address:							
City:						ode:	
Signature:			Date:				
Comments (including type of equipment and location Sections A, B, D, E, or H):	n, per C	2.e; desc	cription of any attac	chments; an	d corrections t	o specific infor	mation in

	•			0 0.11 7.02				
Building Street Address (including Ap 365 Trailorama Drive	t., Unit, Suite, aı	nd/or Bldg. No.) or	P.O. Route and Bo	x No.:	FOR INS	SURANCE COMPANY USE		
City: North Port State: FL ZIP Code: 34287					Policy Number:			
City. Nottil Fort		State. 1L	_ ZIP Code. <u>5420</u>	<u>'</u>	Company	NAIC Number:		
			R HEIGHT INFOR R INSURANCE I			ONES		
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 insur n of a meter in I	ance purposes. S Puerto Rico). <i>Refe</i>	Sections A, B, and erence the Found	l must also be lation Type D	e completed Diagrams (a	d. Enter heights to the at the end of Section H		
H1. Provide the height of the top of	the floor (as in	dicated in Founda	ition Type Diagram	s) above the	Lowest Ad	acent Grade (LAG):		
 a) For Building Diagrams 1A, floor (include above-grade floor subgrade crawlspaces or enclosed) 	s only for buildi			feet	meters	above the LAG		
 b) For Building Diagrams 2A, higher floor (i.e., the floor above enclosure floor) is: 				feet	meters	above the LAG		
H2. Is all Machinery and Equipmen H2 arrow (shown in the Founda Yes No								
SECTION I – PROPER	TY OWNER (OR OWNER'S	AUTHORIZED R	EPRESENT	TATIVE) C	ERTIFICATION		
The property owner or owner's author A, B, and H are correct to the best of indicate in Item G2.b and sign Section	of my knowledg							
☐ Check here if attachments are provided (including required photos) and describe each attachment in the Comments area.								
Check here if attachments are pr	ovided (includi	ng required photo	s) and describe ea	ich attachmer	nt in the Co	mments area.		
Check here if attachments are pr	•		s) and describe ea	ich attachmer	nt in the Co	mments area.		
	•		s) and describe ea	ach attachmer	nt in the Co	mments area.		
Property Owner or Owner's Authoriz Address:	zed Representa			State:		mments area.		
Property Owner or Owner's Authoriz Address: City:	zed Representa	ative Name:						
Property Owner or Owner's Authorize Address: City: Signature:	zed Representa	ative Name:						
Property Owner or Owner's Authorized Address: City: Signature: Telephone:	zed Representa	ative Name:						
Property Owner or Owner's Authorize Address: City: Signature:	zed Representa	ative Name:						
Property Owner or Owner's Authorized Address: City: Signature: Telephone:	zed Representa	ative Name:						
Property Owner or Owner's Authorized Address: City: Signature: Telephone:	zed Representa	ative Name:						
Property Owner or Owner's Authorized Address: City: Signature: Telephone:	zed Representa	ative Name:						
Property Owner or Owner's Authorized Address: City: Signature: Telephone:	zed Representa	ative Name:						
Property Owner or Owner's Authorized Address: City: Signature: Telephone:	zed Representa	ative Name:						
Property Owner or Owner's Authorized Address: City: Signature: Telephone:	zed Representa	ative Name:						
Property Owner or Owner's Authorized Address: City: Signature: Telephone:	zed Representa	ative Name:						
Property Owner or Owner's Authorized Address: City: Signature: Telephone:	zed Representa	ative Name:						
Property Owner or Owner's Authorized Address: City: Signature: Telephone:	zed Representa	ative Name:						
Property Owner or Owner's Authoriz Address: City: Signature: Telephone:	zed Representa	ative Name:						

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

See Instructions for Item A6.

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.:				FOR INSURANCE COMPANY USE
365 Trailorama Drive				Dollov Number
City: North Port St	tate:	FL	ZIP Code: 34287	Policy Number:
oity. Inditit of t		'-	_ 211 Code. <u>54207</u>	Company NAIC 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 Clear Photo One



Photo Two

Photo Two Caption: Rear View Clear Photo Two

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

Continuation Page

Building Street Address (including Apt., Unit, Suite	, and/or Bld	lg. No.) o	r P.O. Route and Box No.:	FOR INSURANCE COMPANY USE
365 Trailorama Drive				Dollow Number
City: North Port	State:	FL	ZIP Code: 34287	Policy Number:
Oity. INOITH OIL	State	- ' -	_ ZII Code. <u>54201</u>	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 Caption: Right View Photo Three Clear Photo Three



Photo Four Caption: Left View Clear Photo Four