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: Anatoliy & Taya Gorbun	Policy Number:		
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.: 1721 Shell Drive	Company NAIC Number:		
City: Englewood State: FL	ZIP Code: 34223		
A3. Property Description (e.g., Lot and Block Numbers or Legal Description) and/or Tax Parcel Num Lot 11 & East 1/2 of Lot 10/Block C/Manasota-By-The-Sea Sarasota Tax Parcel			
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.): Residential			
A5. Latitude/Longitude: Lat. 27°00'57" Long82°24'06" Horizontal Datum:	AD 1927 NAD 1983 WGS 84		
A6. Attach at least two and when possible four clear photographs (one for each side) of the building	g (see Form pages 7 and 8).		
A7. Building Diagram Number:1B			
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 Non-engineered flood openings: Engineered flood openings:			
d) Total net open area of non-engineered flood openings in A8.c: sq. in.			
e) Total rated area of engineered flood openings in A8.c (attach documentation – see Instruction	ons): sq. ft.		
f) Sum of A8.d and A8.e rated area (if applicable – see Instructions): sq. ft.			
A9. For a building with an attached garage:			
a) Square footage of attached garage: 400.00 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 adja Non-engineered flood openings:4 Engineered flood openings:	acent grade:		
d) Total net open area of non-engineered flood openings in A9.c: 512.00 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.: 1	12115C0344 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): 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)?	No		

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box	No.:	FOR INSURANCE COMPANY USE					
1721 Shell Drive	F	Policy Number:					
City: Englewood State: FL ZIP Code: 34223 Company NAIC Number:							
SECTION C - BUILDING ELEVATION INFORMATION (SURVEY R	EQUIRED)					
C1. Building elevations are based on: Construction Drawings* Building Unde *A new Elevation Certificate will be required when construction of the building is com		n*					
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 PID # AG7846 Vertical Datum: NAVD 1988							
Indicate elevation datum used for the elevations in items a) through h) below. ☐ NGVD 1929 ☐ NAVD 1988 ☐ Other:							
Datum used for building elevations must be the same as that used for the BFE. Conversi If Yes, describe the source of the conversion factor in the Section D Comments area.	on factor use	d? ☐ Yes ☒ No Check the measurement used:					
a) Top of bottom floor (including basement, crawlspace, or enclosure floor):	12	2.03 feet meters					
b) Top of the next higher floor (see Instructions):		feet meters					
c) Bottom of the lowest horizontal structural member (see Instructions):		feet meters					
d) Attached garage (top of slab):	10	0.53 \boxtimes feet \square meters					
e) Lowest elevation of Machinery and Equipment (M&E) servicing the building (describe type of M&E and location in Section D Comments area):	12	2.55 ⊠ feet □ meters					
f) Lowest Adjacent Grade (LAG) next to building: Natural Finished	10	0.40 🛛 feet 🗌 meters					
g) Highest Adjacent Grade (HAG) next to building: 🗌 Natural 🔀 Finished	10	0.90 🛛 feet 🗌 meters					
h) Finished LAG at lowest elevation of attached deck or stairs, including structural support:		feet meters					
SECTION D – SURVEYOR, ENGINEER, OR ARCHITE	CT CERTIF	ICATION					
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 No						
☑ Check here if attachments and describe in the Comments area.							
Certifier's Name: Joseph E. Trott License Number: #5153							
Title: President							
Company Name: Meridian Group of South Florida, Inc.							
Address: 493 Barger Drive, Unit A		* NO, 05153 * STATE OF *					
City: Port Charlotte State: FL ZIP Code: 33954							
0.00/01	0/0000	LAND SEE					
Signature: Date: 09/08	- Place Seal Here						
Telephone. (941) 700-0011 Ext Email. mgs/@embarqman.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):							
Elevation in item C2e refers to an exterior concrete A/C pad along the easterly exterior wall. Latitude/Longitude in A5 are derived from https://itouchmap.com/latlong.html.							

Building Street Address (including Apt., Unit, S	FOR INSURANCE COMPANY USE		
1721 Shell Drive		710.0 1 04000	Policy Number:
City: Englewood	State: FL	_ ZIP Code: <u>34223</u>	Company NAIC Number:
		T INFORMATION (SURVEY O, AND ZONE A (WITHOUT	
For Zones AO, AR/AO, and A (without BFE), intended to support a Letter of Map Change I enter meters.			
Building measurements are based on: (a) *A new Elevation Certificate will be required to	_		on* Finished Construction
E1. Provide measurements (C.2.a in applica measurement is above or below the natu			appropriate boxes to show whether the
a) Top of bottom floor (including basemed crawlspace, or enclosure) is:	ent, 	feet meters	above or below the HAG.
b) Top of bottom floor (including baseme crawlspace, or enclosure) is:	ent, 	feet meters	above or below the LAG.
E2. For Building Diagrams 6–9 with permane next higher floor (C2.b in applicable Building Diagram) of the building is:	ent flood openings pro		
E3. Attached garage (top of slab) is:			above or below the HAG.
E4. Top of platform of machinery and/or equ servicing the building is:	ipment	☐ feet ☐ meters	above or below the HAG.
E5. Zone AO only: If no flood depth number floodplain management ordinance?	is available, is the top Yes No L	of the bottom floor elevated in a	
SECTION F - PROPERTY OW	NER (OR OWNER'S	S AUTHORIZED REPRESEN	TATIVE) CERTIFICATION
The property owner or owner's authorized resign here. The statements in Sections A, B, a	and E are correct to the	e best of my knowledge	one A (without BFE) or Zone AO must
Check here if attachments and describe i			
Property Owner or Owner's Authorized Repre			
Address: City:		State:	ZIP Code:
Oity		State	Zii Goue.
Signature:		Date:	_
Telephone: Ext.:	Email:		
Comments:			

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.:					FOR INSURANCE COMPANY USE			
1721 Shell Drive					Policy Number:			
City: Englewood	State: FL	_ ZIP Code: <u>3422</u>	3	Company NAIC Number:				
SECTION G - COMMUNITY INFORMA	TION (RECON	MENDED FOR	COMMUNI	ITY OFFICIA	L COMPLETION)			
The local official who is authorized by law or ordina Section A, B, C, E, G, or H of this Elevation Certification					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 i	nsurance purpos	ses.						
G3.	local official des	scribes specific corr	ections to t	he informatior	n in Sections A, B, E and H.			
G4.	1) is provided fo	or community floodp	lain 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 C	Construction	Substantial Improv	/ement					
G9.a. Elevation of as-built lowest floor (including building:	pasement) of the		_	meters	Datum:			
G9.b. Elevation of bottom of as-built lowest horizo member:	ntal structural		_	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 howember:		al	☐ feet	☐ meters	Datum:			
	s. attach docume	entation and descril			-			
G11. Variance issued? Yes No If yes, attach documentation and describe in the Comments area. 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:								
Address:								
City:					ode:			
Signature:		Date:						
Comments (including type of equipment and location Sections A, B, D, E, or H):	n, per C2.e; des	cription of any attac	chments; ar	nd corrections	to specific information in			

Building Street Address (including Ap	Unit, Suite, ar	nd/or Bldg. No.) o	or P.O. Route and B	ox No.:	FOR IN	SURANCE COMPANY USE	
1721 Shell Drive					Policy N	umber:	
City: Englewood	;	State: FL	_ ZIP Code: <u>3422</u>	23	Company NAIC Number:		
			R HEIGHT INFO OR INSURANCE			ZONES	
The property owner, owner's authorized representative, or local floodplain management official may complete Section H for all flood zones to determine the building's first floor height for insurance purposes. Sections A, B, and I must also be completed. Enter heights to the nearest tenth of a foot (nearest tenth of a meter in Puerto Rico). Reference the Foundation Type Diagrams (at the end of Section H Instructions) and the appropriate Building Diagrams (at the end of Section I Instructions) to complete this section.							
H1. Provide the height of the top of	the floor (as ind	licated in Found	lation Type Diagrar	ms) above the	e Lowest A	djacent Grade (LAG):	
 a) For Building Diagrams 1A, floor (include above-grade floor subgrade crawlspaces or enclose 	s only for buildir			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	S AUTHORIZED I	REPRESEN	TATIVE)	CERTIFICATION	
The property owner or owner's authoral A, B, and H are correct to the best of indicate in Item G2.b and sign Section	of my knowledge						
☐ Check here if attachments are pr	ovided (includir	ng required phot	tos) and describe e	ach attachme	ent in the C	comments area.	
Property Owner or Owner's Authoriz	ed Representat	tive Name:					
Addross:	•						
City:				State:	ZIP	Code:	
Signature:			Date:				
Telephone:	Ext.:	Email:					
Comments:							

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	
1721 Shell Drive City: Englewood	State: _	FL	ZIP Code: <u>34223</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: Right Front View 09/08/23

Clear Photo One



Photo Two

Photo Two Caption: Right Rear View 09/08/23

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 Bldg. No.) or P.O. Route and Box No.:			FOR INSURANCE COMPANY USE	
1721 Shell Drive				Policy Number:
City: Englewood	State:	FL	ZIP Code: 34223	,
- J	_		· · · · · · · · · · · · · · · · · · ·	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: Left Rear View 09/08/23

Clear Photo Three



Photo Four

Photo Four Caption: Left Front View 09/08/23

Clear Photo Four

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

	See	Instruct	tions for Item A6.		
Building Street Address (including Apt., Unit, Suite, and 1721 Shell Drive	d/or Bld	g. No.) d	or P.O. Route and Box No.:		E COMPANY USE
	State:	FL	ZIP Code: <u>34223</u>	Policy Number: Company NAIC N	
Instructions: Insert below at least two and when possable to take front and back pictures of townhouses/rc "Right Side View," or "Left Side View." Photographs close-up photograph of representative flood opening	owhous must sl	ses). Ide	entify all photographs with the date foundation. When flood openings	e taken and "Front"	View," "Rear View,"
			oto One		
			oto One		
Photo One Caption: Vent Picture 10/26/23					Clear Photo One
		Ph	oto Two		
Photo Two Caption:					Clear Photo Two