

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 CERTIFICATE

IMPORTANT: 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 Number:

Lot 11 & East 1/2 of Lot 10/Block C/Manasota-By-The-Sea Sarasota Tax Parcel Number 0477-12-0042

A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.): Residential

A5. Latitude/Longitude: Lat. 27°00'57" Long. -82°24'06" 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: 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 above adjacent grade:

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 Instructions): _____ 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 adjacent grade:

Non-engineered flood openings: 4 Engineered flood openings: _____

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 Instructions): _____ 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) INFORMATION

B1.a. NFIP Community Name: Sarasota County B1.b. NFIP Community Identification Number: 125144

B2. County Name: Sarasota B3. State: FL B4. Map/Panel No.: 12115C0344 B5. Suffix: F

B6. FIRM Index Date: 11/04/2016 B7. FIRM Panel Effective/Revised Date: 11/04/2016

B8. Flood Zone(s): AE B9. Base Flood Elevation(s) (BFE) (Zone AO, use 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 Protected Area (OPA)? Yes No
Designation Date: _____ CBRS OPA

B13. Is the building located seaward of the Limit of Moderate Wave Action (LiMWA)? Yes No

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1721 Shell Drive

City: Englewood State: FL ZIP Code: 34223

Policy Number: _____

Company NAIC Number: _____

FOR INSURANCE COMPANY USE

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, AO, A (with BFE), VE, V1–V30, V (with BFE), AR, ARIA, 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. Conversion factor used? Yes No
If Yes, describe the source of the conversion factor in the Section D Comments area.

- Check the measurement used:
- a) Top of bottom floor (including basement, crawlspace, or enclosure floor): 12.03 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): 10.53 feet 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): 12.55 feet meters
 - f) Lowest Adjacent Grade (LAG) next to building: Natural Finished 10.40 feet meters
 - g) Highest Adjacent Grade (HAG) next to building: Natural Finished 10.90 feet meters
 - h) Finished LAG at lowest elevation of attached deck or stairs, including structural support: _____ feet 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 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

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

City: Port Charlotte State: FL ZIP Code: 33954

Signature: _____ Date: 09/08/2023

Telephone: (941) 766-0011 Ext.: _____ Email: mgst@embarqmail.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.



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City: Englewood	Policy Number: _____
State: FL	Company NAIC Number: _____
ZIP Code: 34223	

SECTION E – BUILDING MEASUREMENT INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO, ZONE ARI/AO, AND ZONE A (WITHOUT BFE)

For Zones AO, ARI/AO, and A (without BFE), complete Items E1–E5. For Items E1–E4, use natural grade, if available. If the Certificate is intended to support a Letter of Map Change request, complete Sections A, B, and C. Check the measurement used. In Puerto Rico only, 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 Building Diagram) for the following and check the appropriate boxes to show whether the measurement is above or below the natural HAG and the 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 (C2.b in applicable 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 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 AUTHORIZED REPRESENTATIVE) CERTIFICATION

The property owner or owner's authorized representative who completes Sections A, B, and E for Zone A (without BFE) or Zone AO must sign here. *The statements in Sections A, B, and E are correct to the best of my knowledge*

Check here if attachments and describe in the Comments area.

Property Owner or Owner's Authorized Representative Name: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Signature: _____ Date: _____

Telephone: _____ Ext.: _____ Email: _____

Comments: _____

ELEVATION CERTIFICATE

IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON PAGES 9-19

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.:
1721 Shell Drive

City: Englewood State: FL ZIP Code: 34223

FOR INSURANCE COMPANY USE

Policy Number: _____

Company NAIC Number: _____

SECTION G – COMMUNITY INFORMATION (RECOMMENDED FOR COMMUNITY OFFICIAL COMPLETION)

The local official who is authorized by law or ordinance to administer the community's floodplain management ordinance can complete Section A, B, C, E, G, or H of this Elevation Certificate. Complete the applicable item(s) and sign below when:

- 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 insurance purposes.
- G3. In the Comments area of Section G, the local official describes specific corrections to the information in Sections A, B, E and H.
- G4. The following information (Items G5–G11) is provided for community floodplain management purposes.
- G5. Permit Number: _____ G6. Date Permit Issued: _____
- G7. Date Certificate of Compliance/Occupancy Issued: _____
- G8. This permit has been issued for: New Construction Substantial Improvement
- G9.a. Elevation of as-built lowest floor (including basement) of the building: _____ feet meters Datum: _____
- G9.b. Elevation of bottom of as-built lowest horizontal structural member: _____ feet meters Datum: _____
- G10.a. BFE (or depth in Zone AO) of flooding at the building site: _____ feet meters Datum: _____
- G10.b. Community's minimum elevation (or depth in Zone AO) requirement for the lowest floor or lowest horizontal structural member: _____ feet meters Datum: _____
- 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: _____

Telephone: _____ Ext.: _____ Email: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Signature: _____ Date: _____

Comments (including type of equipment and location, per C2.e; description of any attachments; and corrections to specific information in Sections A, B, D, E, or H):

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City: Englewood	State: FL	ZIP Code: 34223	Policy Number: _____
			Company NAIC Number: _____

SECTION H -- BUILDING'S FIRST FLOOR HEIGHT INFORMATION FOR ALL ZONES (SURVEY NOT REQUIRED) (FOR INSURANCE PURPOSES ONLY)

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 indicated in Foundation Type Diagrams) above the Lowest Adjacent Grade (LAG):

a) **For Building Diagrams 1A, 1B, 3, and 5-9.** Top of bottom _____ feet meters above the LAG floor (include above-grade floors only for buildings with subgrade crawlspaces or enclosure floors) is:

b) **For Building Diagrams 2A, 2B, 4, and 6-9.** Top of next higher floor (i.e., the floor above basement, crawlspace, or enclosure floor) is: _____ feet meters above the LAG

H2. Is **all** Machinery and Equipment servicing the building (as listed in Item H2 instructions) elevated to or above the floor indicated by the H2 arrow (shown in the Foundation Type Diagrams at end of Section H instructions) for the appropriate Building Diagram?

Yes No

SECTION I -- PROPERTY OWNER (OR OWNER'S AUTHORIZED REPRESENTATIVE) CERTIFICATION

The property owner or owner's authorized representative who completes Sections A, B, and H must sign here. *The statements in Sections A, B, and H are correct to the best of my knowledge. Note: If the local floodplain management official completed Section H, they should indicate in Item G2.b and sign Section G.*

Check here if attachments are provided (including required photos) and describe each attachment in the Comments area.

Property Owner or Owner's Authorized Representative Name: _____

Address: _____

City: _____

State: _____

ZIP Code: _____

Signature: _____

Date: _____

Telephone: _____

Ext.: _____ Email: _____

Comments: _____

**ELEVATION CERTIFICATE
BUILDING PHOTOGRAPHS**

IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON PAGES 9-19

See Instructions for Item A6.

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.:
1721 Shell Drive

FOR INSURANCE COMPANY USE

Policy Number: _____

Company NAIC Number: _____

City: Englewood State: FL ZIP Code: 34223

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.

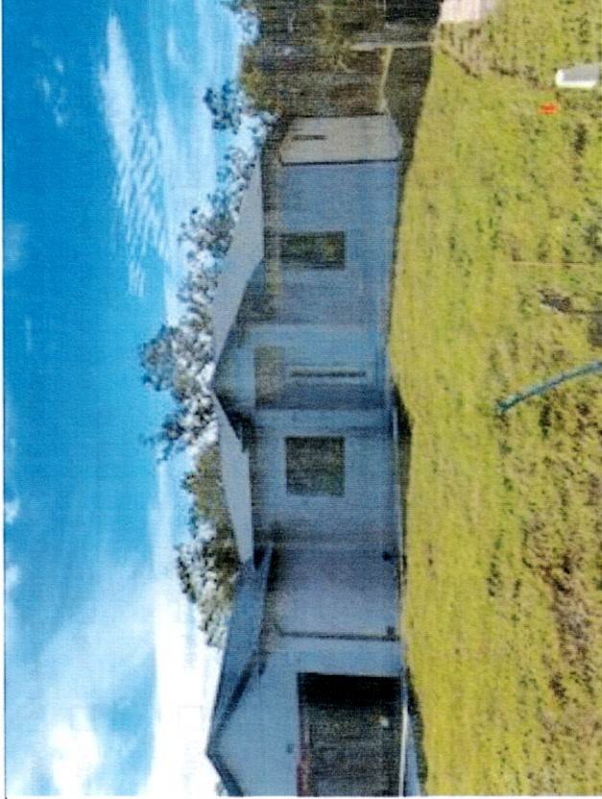


Photo One

Photo One Caption: Right Front View 09/08/23

Clear Photo One

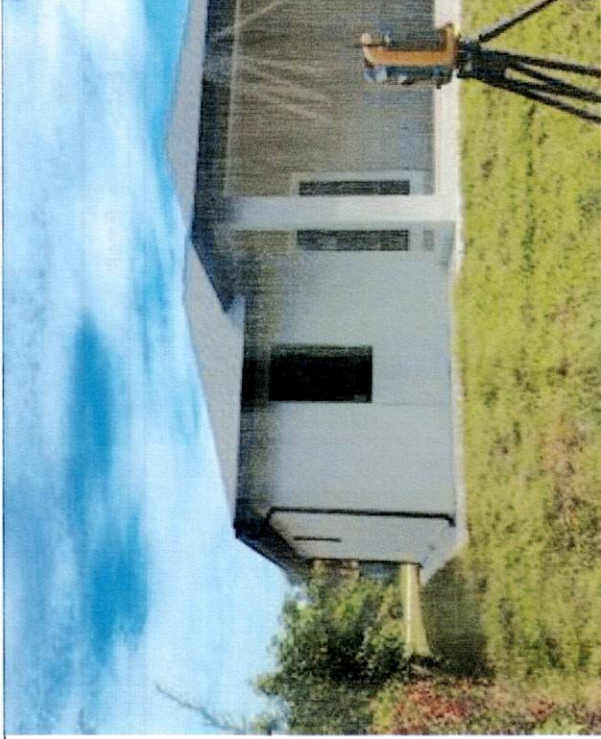


Photo Two

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

Clear Photo Two

**ELEVATION CERTIFICATE
BUILDING PHOTOGRAPHS**

IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON PAGES 9-19

Continuation Page

<p>Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.: 1721 Shell Drive</p> <p>City: Englewood State: FL ZIP Code: 34223</p>	<p>FOR INSURANCE COMPANY USE</p> <p>Policy Number: _____</p> <p>Company NAIC Number: _____</p>
<p>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.</p>	
 <p style="text-align: center;">Photo Three</p>	<p style="text-align: right;">Clear Photo Three</p>
<p>Photo Three Caption: Left Rear View 09/08/23</p>	
 <p style="text-align: center;">Photo Four</p>	<p style="text-align: right;">Clear Photo Four</p>
<p>Photo Four Caption: Left Front View 09/08/23</p>	