# **ELEVATION CERTIFICATE**

OMB No. 1660-0008 Expiration Date: November 30

Check here if attachments.		
		,
	on, per C2(e), if applicable)	Comments (including type of equipment and location, per C2(e), if applicable)
	Date	Signature
	Telephone	Community Name
	וועס	Lower Cilidate a Maring
		I COSI Officialis Namo
meters	[ ] feet	G10. Community's design flood elevation:
meters Datum	building site: feet	G9. BFE or (in Zone AO) depth of flooding at the building site:
meters Datum	asement)	G8. Elevation of as-built lowest floor (including basement) of the building:
	New Construction [] Substantial Improvement	G7. This permit has been issued for:
Date Certificate of Compliance/Occupancy Issued	G5. Date Permit Issued G6. I	18-102816 B1
ent purposes.	The following information (Items G4–G10) is provided for community floodplain management purposes	G3. The following information (Items G4–G
\-issued or community-issued BFE)	A community official completed Section E for a building located in Zone A (without a FEMA-issued or community-issued BFE) or Zone AO.	G2. A community official completed Section or Zone AO.
nd sealed by a licensed surveyor, source and date of the elevation	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.)	G1. The information in Section C was taken engineer, or architect who is authorized data in the Comments area below.)
ragement ordinance can complete below. Check the measurement	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.	The local official who is authorized by law or ording Sections A, B, C (or E), and G of this Elevation C used in Items G8–G10. In Puerto Rico only, enter
	G - COMMUNITY INFORMATION (OPTIONAL)	SECTION G
Company NAIC Number	State ZIP Code Florida 34293	City SOUTH VENICE
Policy Number:	, and/or Bldg. No.) or P.O. Route and Box No.	Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 5180 LEMON BAY DRIVE
⋧	onding information from Section A.	IMPORTANT: in these spaces, copy the corresponding information from Section A.
expiration pate: Movetimes 30, 2010		

U.S. DEPARTMENT OF HOMELAND SECURITY Federal Emergency Management Agency National Flood Insurance Program

OMB No. 1660-0008 Expiration Date: November 30, 2018

# 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 A1. Building Owner's Name	RMATION		FOR INSURANCE COMPANY USE Policy Number:
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.	Vor Bidg. No.) or P.O.	Route and	Company NAIC Number:
5180 LEMON BAY DRIVE			
City	State		ZIP Code
SOUTH VENICE	Florida		34293
A3. Property Description (Lot and Block Numbers, Tax Par TAX PARCEL NUMBER 0457-16-0002	Tax Parcel Number, Legal Description, etc.)	scription, etc.)	
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.)	.	RESIDENTIAL	
A5. Latitude/Longitude: Lat 27.03609 Long	Long82.41922	Horizontal Datum:	1: NAD 1927 X NAD 1983
A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insurance	ficate is being used to	obtain flood insura	ance.
A7. Building Diagram Number 1A			
A8. For a building with a crawispace or enclosure(s):			
a) Square footage of crawlspace or enclosure(s)	N/A sq ft		
<ul> <li>Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade</li> <li>Total net area of flood openings in A8.b</li> <li>N/A</li> <li>so in</li> </ul>	ace or enclosure(s) w	ithin 1.0 foot above	adjacent grade N/A
d) Engineered flood openings? Yes X No			
A9. For a building with an attached garage:			20
a) Square footage of attached garage N/A	sq ft		
b) Number of permanent flood openings in the attached	d garage within 1.0 foot above adjacent grade	ot above adjacent g	yrade N/A
c) Total net area of flood openings in A9.b N/A	sq in		
d) Engineered flood openings?   Yes   X No			
SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION	NANCE RATE MAP	(FIRM) INFORMA	TION
B1. NFIP Community Name & Community Number	B2. County Name		B3. State
SARASOTA COUNTY UNINCORPORATED 125144	SARASOTA COUNTY	YTN	Florida
B4. Map/Panel B5. Suffix B6. FIRM Index B7. Number B5. Suffix	FIRM Panel Effective/ Revised Date	B8. Flood Zone(s)	B9. Base Flood Elevation(s) (Zone AO, use Base Flood Depth)
12115C0341 F 11/04/2016 11	11/04/2016	AE	10 FT.
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:	data or base flood de	pth entered in Item	1 B9:
B11. Indicate elevation datum used for BFE in Item B9: [] NGVD 1929		NAVD 1988 ☐ Ott	Other/Source:
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)?	System (CBRS) area	or Otherwise Prote	cted Area (OPA)? 🗌 Yes 🗵 No
Designation Date: N/A CBRS	G □ OPA		

	0 C2e is an A/C Pad.	gle Maps. Machinery/Equipment in	Latitude/Longitude in A5 derived from Google Maps. Machinery/Equipment in C2e is an A/C Pad. *Finished floor elevation of addition.
		id location, per C2(e), if applicable)	Comments (including type of equipment and location, per C2(e), if applicable)
gent/company, and (3) building owner.	official, (2) insurance a	nd all attachments for (1) community	Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2) insurance agent/company,
	Telephone (561) 508-6272	Date 05/24/2019	Signature
-04'00'	ZIP Code 33407	State Florida	City WEST PALM BEACH
<b>MCNE</b> 2019.05.24			Address 5601 CORPORATE WAY, SUITE 103
McNeal Date:			Company Name NEXGEN SURVEYING, LLC.
Clyde O.	30		Title SURVEYOR
Clyde Digitally		License Number LB 8111	Certifier's Name CLYDE MCNEAL
law to certify elevation information.  ble. I understand that any false  Check here if attachments.	architect authorized by terpret the data availat rection 1001.  ?───────────────────────────────────	d by a land surveyor, engineer, or alte represents my best efforts to in prisonment under 18 U.S. Code, Sovided by a licensed land surveyo	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?   X Yes   No   Check here if attachments.
CATION	RCHITECT CERTIFIC	SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION	SECTION D
X feet ☐ meters	N.	levation of deck or stairs, including	<ul> <li>h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support</li> </ul>
x feet meters	10. 7	next to building (HAG)	g) Highest adjacent (finished) grade next to building (HAG)
X feet	5. 7	next to building (LAG)	f) Lowest adjacent (finished) grade next to building (LAG)
X feet  meters	11. 9	equipment servicing the building cation in Comments)	<ul> <li>e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments)</li> </ul>
X feet meters	Z		d) Attached garage (top of slab)
X feet ☐ meters	N	uctural member (V Zones only)	c) Bottom of the lowest horizontal structural member (V Zones only)
X feet ☐ meters	12. 6*		b) Top of the next higher floor
X feet meters	or)12. 3	ement, crawlspace, or enclosure fic	<ul> <li>a) Top of bottom floor (including basement, crawlspace, or enclosure floor)</li> </ul>
Check the most remove that	e BFE.	ust be the same as that used for th	Datum used for building elevations must be the same as that used for the BFE
	elow.	elevations in items a) through h) by Ther/Source:	Indicate elevation datum used for the elevations in items a) through h) below.    NGVD 1929   X   NAVD 1988   Other/Source:
	Vertical Datum: NAVD 1988	). B.M. DN9994 Vertical Datu	Benchmark Utilized: SARASOTA CO. B.M. DN9994
AE, AR/A1-A30, AR/AH, AR/AO.  Rico only, enter meters.	ı BFE), AR, AR/A, AR// ed in Item A7. In Puerto	A (with BFE), VE, V1–V30, V (with ling to the building diagram specific	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, Complete Items C2.a–h below according to the building diagram specified in Item A7. In Puerto Rico only, enter meters.
	ilding is complete.	quired when construction of the bu	*A new Elevation Certificate will be re
ction*   X Finished Construction	Building Under Construction*	Construction Drawings*	- 1
QUIRED)	ATION (SURVEY RE	BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)	SECTION C - B
Company NAIC Number	ZIP Code 34293	State Z Florida	City SOUTH VENICE
Policy Number:	Route and Box No.	t, Suite, and/or Bldg. No.) or P.O. F	Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 5180 LEMON BAY DRIVE
FOR INSURANCE COMPANY USE		orresponding information from t	IMPORTANT: In these spaces, copy the corresponding information from Section A.
Expiration Date: November 30, 2018			ELEVATION CERTIFICATE

# **ELEVATION CERTIFICATE**

OMB No. 1660-0008 Expiration Date: November 30

☐ Check here if attachments.						
			2			
417					Comments	
Telephone	, T	Date			Signature	
State ZIP Code Florida	T (S	City			Address	
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	tions A, B, and E for Z ons A, B, and E are ∞	statements in Section	nized representative must sign here. The must sign here. The discount of the must sign here.	The property owner or owner's authorized representative who community-issued BFE) or Zone AO must sign here. The states Property Owner or Owner's Authorized Representative's Name	The property own community-issued Property Owner of Owner	
ERTIFICATION	SECTION F - PROPERTY OWNER (OR OWNER'S REPRESENTATIVE) CERTIFICATION	ER (OR OWNER'S R	PROPERTY OWN	SECTION F -		7
servicing the building is  N. A. In the building is In above or In below the HAG.  Some 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? In Yes In No In Unknown. The local official must certify this information in Section G.	— ⊠ feet ☐ meters om floor elevated in according to the local official must ce	N A is the top of the bott	wor equipment  umber is available  æ? ☐ Yes ☐	servicing the building is  Zone AO only: If no flood depth number is avail floodplain management ordinance? Yes	e4. Top or plano servicing the Servicing the E5. Zone AO onl floodplain management	
ers ⊠ above or ⊡ below the HAG.	X feet meters	N	n	Attached garage (top of slab) is		
or 9 (see pages 1–2 of Instructions), ers ⊠ above or ⊡ below the HAG.	For Building Diagrams 6–9 with permanent flood openings provided in Section A Items 8 and/or 9 (see pages the next higher floor (elevation C2.b in  N. A.   The feet   meters   above	enings provided in Se	permanent flood op 2.b in	Diagrams 6–9 with per floor (elevation Co) of the building is	E2. For Building the next high the diagrams	
ers X above or below the HAG.	IX feet ☐ meters	z z	basement,	Top of bottom floor (including basement, crawlspace, or enclosure) is Top of bottom floor (including basement, crawlspace, or enclosure) is	a) Top or bo crawispa b) Top of bo crawispa	
er the elevation is above or below	Provide elevation information for the following and check the appropriate boxes to show whether the elevation the highest adjacent grade (HAG) and the lowest adjacent grade (LAG).	heck the appropriate jacent grade (LAG).	the following and co) and the lowest ac	ation information for idjacent grade (HAG	E1. Provide eleventhe highest and the highest	
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.	is intended to support le. Check the measur	E5. If the Certificate i tural grade, if availab	omplete Items E1- ems E1–E4, use na	d A (without BFE), os A, B,and C. For It	For Zones AO an complete Section enter meters.	
T REQUIRED)	ILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO AND ZONE A (WITHOUT BFE)	VATION INFORMATION AND ZONE A (	B	SECTION E	2	
Company NAIC Number	ZIP Code 34293	State Florida	S		City SOUTH VENICE	
FOR INSURANCE COMPANY USE Policy Number:	Route and Box No.	Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 5180 LEMON BAY DRIVE	the correspondir	inese spaces, copy ddress (including Ap AY DRIVE	MPORIANT: In these spa Building Street Address (Inc 5180 LEMON BAY DRIVE	1 -
expiration Date: Novelliber 30, 2010						

# **BUILDING PHOTOGRAPHS**

### **ELEVATION CERTIFICATE**

See Instructions for Item A6.

OMB No. 1660-0008 Expiration Date: November 30, 2018

	34293	SOUTH VENICE Florida
Company NAIC Number	ZIP Code	City
		5180 LEMON BAY DRIVE
Policy Number:	o.) or P.O. Route and Box No.	Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.
FOR INSURANCE COMPANY USE	ation from Section A.	IMPORTANT: In these spaces, copy the corresponding information from Section A.

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.

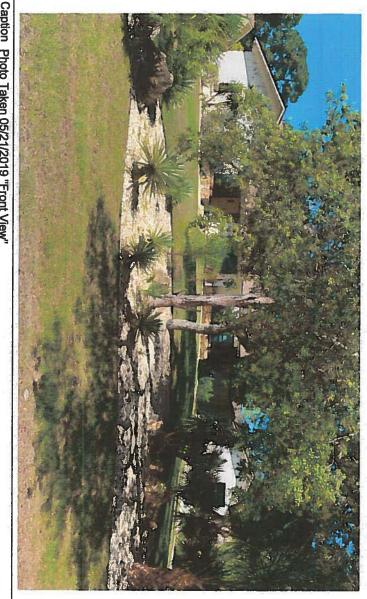


Photo One Caption Photo Taken 05/21/2019 "Front View"



Photo Two Caption Photo Taken 05/21/2019 "Rear View"

# ELEVATION CERTIFICATE

# **BUILDING PHOTOGRAPHS**

Continuation Page

OMB No. 1660-0008 Expiration Date: November 30, 2018

IMPORTANT: In these spaces, copy the corresponding information from Section A. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. SOUTH VENICE 5180 LEMON BAY DRIVE Florida State 34293 ZIP Code Company NAIC Number Policy Number: FOR INSURANCE COMPANY USE

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.

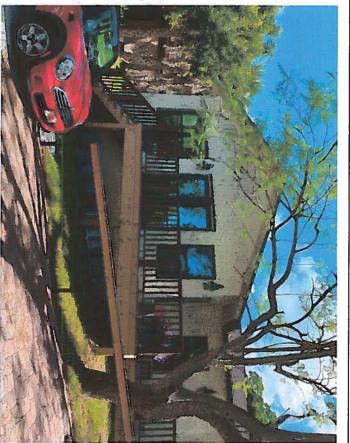




Photo One Caption Photo Taken 05/21/2019 "Addition Side Views"





Photo Two Caption Photo Taken 05/21/2019 "Side View with A/C" and "Front Door View"